



**BOARD OF TRUSTEES
OCTOBER MEETING MINUTES
WEDNESDAY, OCTOBER 27, 2021 4:00 P.M.**

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

MEMBERS ABSENT:

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

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-19.

PUBLIC COMMENTS, INTRODUCTIONS

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

APPROVAL OF AGENDA AND MINUTES

The October board meeting agenda was presented. Ron Mischke moved to approve the agenda. David Smith seconded the motion. Motion carried.

The September board meeting minutes from Wednesday, September 29, 2021 were presented and Joe Wright motioned to approve the minutes. Andrea Mellinger seconded the motion. Motion carried.

Ron Mischke moved to approve the minutes from the special board meeting held on Thursday, October 7, 2021, relevant to the purchase of equipment for the operating room. David Smith seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

Liz Mahoney, Quality Director on behalf of the Quality Committee states that the committee reviewed:

Core Measures are doing well.

Lean methodologies for process improvement, including an A-3 application continue to drive improvements in sepsis measures.

There are no pre or post-operative discrepancies to address.

Mental Health patients placed under an Emergency Detention are being transferred to the correct level of care within the first 72 hours of detention, due to increased tele-psychiatry use, offered 24/7. Patients are transferred to Casper and Gillette; can transfer to Billings if not under an emergency detention.

Employee injuries noted an increase in blood-borne injuries. Education is needed to reinforce safe practices for not only new employees, but long term employees as well.

There has been a significant improvement relevant to seclusion patients. An A3 was implemented to problem solve issues.

Trauma initiatives - Goal is to transfer to a higher level of care within 120 minutes of presentation.

Sometimes this may be tight as we are a rural community and do not have on-sight transport and where to transfer to may be an issue. We continue to work on our processes.

Pain management is doing well in most areas. There is a plan of action to educate staff.

The scanning of risk bands can be improved upon with ongoing process improvement, staff education and monitoring.

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PATIENT EXPERIENCE COMMITTEE REPORT

The committee met and viewed a presentation on a virtual visit platform offered through Cerner. This safe and secure portal for patient visits will be implemented on November 1, 2021. The demonstration showed ease of access, documentation, and the ability for the physician to review the chart while on this platform with the patient. We will need to train our patients on the use of this new platform.

The board was made aware that there is a problem with NRC, the company we utilize for our patient survey. When a patient comes to the clinic for a flu shot or vaccine, the company receives record of a patient identifying number being issued, not aware that the patient is not seeing a doctor. This identification number triggers the system to make a call, requesting information on the “doctor visit”. We are working with the company to rectify this problem.

MEDICAL STAFF REPORT

Credentialing to be done in Executive Session.

Dr. Gonda, on behalf of the Medical Executive Committee and the Credentials Committee recommends the approval of the Medical Staff Initial Appointments, pending receipt of a peer reference needed for Jason Garnreiter, M. D. and the PALS certification and affiliation verification for Chyna Raulston, FNP-C.

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Jason Garnreiter, MD	Consulting-No Admit w/o Active Physician cosign	Pediatric Cardiology		Rocky Mountain Pediatric Cardiology
Vineeth Kumar, MD	Telemedicine/Delegated (No Membership)	Critical Care / Internal Medicine		Billings Clinic Pulmonary

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Chyna B. Raulston, FNP-C	Advanced Practice Clinician – Nurse Practitioner	Urgent Care		SMH Urgent Care

David Smith moved to approve the initial staff appointments, pending receipt of the items outlined and referenced above. Ron Mischke seconded the motion. Motion carried.

Dr. Gonda, on behalf of the Medical Executive Committee and the Credentials Committee recommends the approval of the Medical Staff Renewals as presented. There are no concerns of note with the renewals presented.

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MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Jennifer Graslie, PA-C	Advanced Practice Clinician-Physician Assistant	Medicine/ Cardiology	10/27/2021	SMH Heart Center
Glennnda Grier, FNP-BC	Advanced Practice Clinician-Nurse Practitioner	Urgent Care	10/30/21	SMH Urgent Care
Ivy Larson, CST	Advanced Practice Clinician-Surgical First Assist	Surgery	10/24/21	Sheridan Memorial Hospital
Joyce Pang, MD	Telemedicine/Delegated (No Membership)	Critical Care / Internal Medicine	10/02/21	Billings Clinic Pulmonary
Veronica Ruvo, DO	Teleradiology/Delegated	Radiology	12/04/21	Real Radiology

David Smith moved to approve all medical staff renewals as presented. Joe Wright seconded the motion. Motion carried.

ADMINISTRATION REPORT

Strategic Plan Overview - The board is meeting today in a room that leadership uses daily for their Tier III huddles. Information on the strategic plan and lean methodology is all concentrated here and for ease of presentation, the meeting location has changed to this room. Mike provided the board with a high level view of our strategic framework plan, having identified what is needed to impact operations and what to focus on for operational excellence. The board will meet to look at growth and development, which is separate from operational excellence.

Today's focus is on strategic priorities and the implementation or deployment of these priorities into operations. Mike reminded everyone of our Mission Statement – ***to serve our community with excellent patient-centered care*** and of our Vision Statement – ***when people think of excellent healthcare, they think of Sheridan.***

In our strategic framework are our Guiding Principles:

Cultural Enablers

- Value for the Customer
- Lead with Humility
- Respect for every individual

Enterprise Alignment

- Create Constancy of Purpose
- Systemic Thinking

Continuous Process Improvement

- Focus on Process
- Embrace Scientific Thinking

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- Flow and Pull Value
- Assure Quality at the Source
- Seek Perfection

Our enterprise alignment breaks down silos and barriers, encourages systemic thinking and constancy of purpose of the journey of the patient, as one team working together. We engage in continuous process improvement through the lean methodology and scientific thinking. The principle of value to the customer is our biggest focus, with our strategic priorities being:

- Patient Experience
- Quality
- Safety
- Sustainability

The lean methodology is how we drive change into the organization and the Executive Steering Team is accountable for all the work that is done. There are 48 different SMESS huddles in the organization. Management for Daily Improvement feeds into the A3's that are presented.

Barb Hesper, Chief Nursing Officer presented on the Patient Experience Strategic A3, identifying the work that is being done to improve our HCAHPS scores. There is a patient and patient family advisory group initiative to ask targeted questions of this focus group in order to improve.

Liz Mahoney, Director of Quality and Case Management, presented on the Quality Strategic Initiative and the goal to solidify our current 5 Star rating.

Nathan Stutte, Chief Financial Officer presented on finance sustainability and how we are managing our resources with organizational needs, gaps and key initiatives in health insurance costs, staff retention and wage inflation.

Dr. Addlesperger, Chief Medical Officer presented on the Safety A3, in which zero harm is our goal. We have systems in place to make a difference, and we are changing the culture to improve our reporting system, communication, teamwork, and level of transparency.

COVID -19 and Immunization Update - Dr. Addlesperger also presented on the COVID stats as of today, with the reminder that these numbers change daily. Current active cases in Sheridan is at 216 cases, with 20 new positive cases in the last 24 hours. Testing numbers have declined. Our ability to transfer a patient to a higher level of care is on a case by case basis. Our regional resources are all facing similar situations with high census and a shortage of staff. Another tool we use to monitor our resources is the daily evaluation of the surgical schedule. We have a lot of people who are ill, not just with COVID and there is no relief for our staff. Adding to our concern, is the start of the flu and cold season. The community vaccination rate is at 41% with no numbers on boosters at this time.

Adopt a Department - Cody Sinclair, the Chief Development Officer reported on a grass roots initiative in the organization, where department teams have organized to take care of front line department members. Some of the examples given are a coffee cart that goes around to front line staff, prepared dinners and ready to bake pizza paid for by the Foundation's COVID-19 Funds so an employee can grab dinner to bring home, flowers and other departments going in to decorate front line departments for the holidays. There is also a community connection as companies in town have donated items to front line workers, such a Kennon, Range, First Interstate, First Federal, St. Peter's Episcopal Church to name a few, in show of support.

Governance Institute – A few of the board members attended the Governance Institute earlier in the month, where Shirley Coulter reported there was a strong emphasis on telemedicine. Jenifer Shassetz stated strategic goals, consumerism, telemedicine, and the right patient modeling, financing and fee structure were highlighted in the

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sessions she attended. Ron Mischke stated transparency in medicine and patient access and the patient experience were a focus as well.

FINANCE

The hospital has had a positive run of operations for the past 12 months. There was a new level of business and use of services in the past nine months, and consistently high in patient census. The Cath Lab and IR show an increase from a year ago. Patient visits in Internal Medicine have increased as well. There is evidence of patients signing up for Medicaid. However, there are increased pressures and staff challenges with supply chain issues and operational costs. Raw materials are unavailable and we are buying some things without a contract in place, at an increased price.

FOUNDATION REPORT

Cody Sinclair stated that The Link – Partners in Pink is going well and the event will continue through the month. Cody had breakfast with T. R. Shelby and Mike Weber, and spoke of their support and gratefulness of the hospital during T. R.'s wife, Emily's healthcare journey. The auction had some beautiful pieces and thanks was extended to David and Lynn Smith for their part in the introductions and auction. The hospital will display a few of the pieces in the connecting hallways. The Foundation will continue to focus on the TCU donor connection and the work being done in the hospital. We will tour folks through when the time is right to do so.

BUILDING COMMITTEE REPORT

Andrea Mellinger gave a brief overview of the three active projects at the hospital. The hospital is coming in under budget on the cardiopulmonary rehabilitation project and the women physicians' locker room. The wrong shower heads were installed in the TCU bathrooms, per the architect specs. The shower heads are not ADA compliant and will need to be replaced; Cushing Terrell will absorb that cost as it was their error. We are waiting on the State Department of Health inspection for final approval of the cardio rehab space and locker room.

OTHER BUSINESS

Margaret from the Sheridan Press made her presence known on the phone, questioning our plans for vaccinating children age 5-11 now that it has been approved by the FDA. Dr. Addlesperger stated that the hospital does not plan on opening a vaccination clinic for children, but we will work through a process with the pediatricians and public health, as it should be done in a kid friendly and safe way. There may be some supply issues, as there is a different formulation for that age group.

EXECUTIVE SESSION

Shirley Coulter motioned to move into Executive Session at 5:29 p.m. to address credentialing matters. David Smith seconded the motion. Motion carried.

General session reconvened at 5:49 p.m. to address the medical staff credentialing. Please see above under the Medical Staff Report for action taken. There was no real estate matters to discuss

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:51 p.m.

Patty Forister, Recorder

Andrea Mellinger, Secretary