



**BOARD OF TRUSTEES
MAY MEETING MINUTES
WEDNESDAY, MAY 25, 2022 4:00 P.M.**

MEMBERS PRESENT: Shirley Coulter, Joe Wright, Ron Mischke, Andrea Mellinger, Gene Davis, and David Smith

MEMBERS ABSENT: Jenifer Shassetz

OTHERS PRESENT: Mike McCafferty, Dr. Shaun Gonda, Holly Zajic, Nyle Morgan, Nathan Stutte, Cathy Bealer, Amy Ligocki, Cody Sinclair, Alan Dubberley, Brent Maurhoff, Sharon Krueger, Tyler Crossley, Lynn Grady, Brady Shoemaker, Rob Forister, Ada Kirven, Ann Aksamit, Bryan Optiz, Cassidy Camino, Toni Schoonover, Tom Klepperich, Lynn Custis, Chris Bilyeu, and Kevin Koile with Sheridan Media

CALL MEETING TO ORDER

Shirley Coulter, Chairwoman, called the meeting to order at 4:01 p.m. The board is meeting in person, practicing social distancing and mask usage.

PUBLIC COMMENTS, INTRODUCTIONS

None.

APPROVAL OF AGENDA AND MINUTES

The May board meeting agenda was presented. Mike McCafferty asked to amend the agenda under the Administration Report with the removal of the Semi-Annual Compliance Report. This will be presented at the June board meeting. Gene Davis moved to approve the amended agenda. Andrea Mellinger seconded the motion. Motion carried.

The April board meeting minutes from Wednesday, April 27, 2022 were presented and David Smith motioned to approve the minutes. Joe Wright seconded the motion. Motion carried.

The minutes from the Special Board of Trustee meeting held on Thursday, May 5, 2022 were presented and Gene Davis moved to approve the minutes. Ron Mischke seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

Liz Mahoney, Director of Quality reported that the committee reviewed the following:

- Inpatient falls – we continue to strive for zero falls by providing education to patient and families on asking for assistance. Education to staff on fall policy and interventions, safety event reporting, and conducting post-fall huddles.
- Pain Management - SMH had 100% compliance in pain management, where the patient report of pain matches the intervention that took place.
- The committee reviewed the annual report for Home Care and Hospice, which included the Home Health and Hospice CAHPS reports, noting the honors received. Hospice scored a 98% Willingness to Recommend and Home Care scored an 88% Willingness to Recommend. Mike clarified that this means that 98% of clients scored Hospice with a 9 or 10, and 88% of the clients served, scored Home Care with a 9 or a 10 (10 being the best score to receive). Ann Aksamit states that the Hospice scoring is typically from the family of the patient; it is the family's perception of the care provided to the patient. Ann continued to say that it is an honor to provide the care needed.
- There were two visitor falls reported, with no injury.
- Healthcare acquired infections is trending downward and will continue to be monitored.
- Medication errors were reviewed with no harm to the patient reported. There has been increased reporting,

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which will help track any trends.

- Medication Adverse events are monitored by a multi-disciplinary team and there are no trends to address.
- Organ and Tissue donation statistics were reviewed and SMH meets all established regulatory standards. SMH's willingness to donate score is at 46%; the national rate is at 40%. Ron Mischke would like the media present to let the community know to have an advanced directive on file with the hospital for organ donation.
- Critical Lab results are to be reported within 30 minutes to the provider. Audits will continue and shows great collaboration.

PATIENT EXPERIENCE COMMITTEE REPORT

Holly Zajic, Chief Ambulatory Officer reports that the committee reviewed the net promoter scores and are continually looking for ways to improve. The committee will review patient satisfaction scores next month. Scores for Internal Medicine, the survey questions, and the number of surveys returned were reviewed. The organization as a whole contributes to the overall patient experience. SMH uses many avenues to receive data or collect feedback on the patient experience. Mike encourages people to reach out to let us know how we are doing as we look for ways to improve.

MEDICAL STAFF REPORT

Credentialing to be done in Executive Session.

Dr. Gonda, on behalf of the Medical Executive Committee and Credentials Committee, brings forth the following Medical Staff Initial Appointments and Medical Staff Renewals for board review and approval. The committees have no concerns to bring before the board with any of the appointments.

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Michael C. Gordon, MD	Consulting Staff -No Admit w/o Active Physician cosign	Maternal Fetal Medicine		St. Vincent's
Isaac Hayward, MD	Active Staff- May Not Admit	Emergency Medicine		SMH
Feras Jalab, MD	Telemedicine	Radiology		Real Radiology
Rebecca Krzyminski, DO	Active Staff w Priv - May Admit	OBGYN		SMH
Jacob A. Myler, PA-C	Advanced Practice Clinician - Physician Assistant	Orthopedic		Sheridan Orthopedic Associates
Erica Rinker, MD	Active Staff w Priv - May Not Admit	Family Medicine		SMH

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MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Rene Mosada, MD	Telemedicine/Delegated (No Membership)	Neurology	5/27/2022	WV Med Ctr
Christopher Goulet, MD	Active Staff w Priv -	Radiation Oncology	5/25/2022	Billings Clinic

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Name	Category	Specialty	Renewal Date	Affiliated Organization
	May Admit			
Robert Pueringer, MD	Consulting -No Admit w/o Active Physician cosign	Critical Care	6/22/2022	Billings Clinic
John Schallenkamp, MD	Active Staff w Priv - May Admit	Radiation Oncology	5/25/2022	Billings Clinic
Gregg McAdoo, MD	Active Staff w Priv - May Admit	OBGYN	6/25/2022	Sheridan Women's Clinic
Heather McGuire, MD	Consulting –No Admit w/o Active Physician cosign	Nephrology	5/25/2022	Billings Clinic
Brian Menkhaus, MD	Active Staff w Priv – May Not Admit	Pathology	6/29/2022	Sheridan Pathology Associates
Amber Robbins, MD	Consulting -No Admit w/o Active Physician cosign	Dermatology	7/1/2022	Robbins Dermatology
William Taylor, MD	Active Staff w Priv – May Not Admit	Radiology	6/26/2022	SMH

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

ADMINISTRATION REPORT

Mike would like to provide an update on the services the hospital provides, and has asked Cathy Bealer and Holly Zajic to speak on their respective projects. Assistance has been provided by Lean on project planning and pulling together key players to insure plans are in place as we open these service lines. There is quite a bit of preparation with supplies, human resources, and staffing to insure success.

Transitional Care Unit Update – Cathy Bealer reports that the 20 bed TCU will be open late summer. There is an inter-disciplinary team that meets weekly, setting and meeting goals to remain on track for the opening. The scope of services includes various therapies, dietician, social work, case management, pharmacy, physicians, nurses, CNA's, supply chain, EVS, etc. The Certificate of Occupancy has been received from the City of Sheridan. The State of Wyoming will do a site visit soon. The punch list is scheduled for completion on June 6. SMH continues to interview and hire employees to meet the needs of the TCU; this includes RNs, LPNs and CNAs. There are also established employees who have shown interest in working in the TCU once open. Experimentation on flow cells and standard work continues; ways to measure the patient experience is being developed. We anticipate delivery of equipment and furniture in the allotted time frame, with no delays.

Primary Care – Holly Zajic states that the construction and remodel of the Gould Street building has begun. Dr. Schamber is the Medical Director and is identifying work flow. Care teams are meeting relevant to patient flow and

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quick registration. Work is being done with Marketing on a communication plan to let the community know we are here for them. Lean project planning has been implemented for the space, IT, financial services all in support of patient care at this new location. Expected opening will be toward late summer.

Master Planning – Prep work is being done for the American Rescue Plan Act (ARPA) and State Loan and Investment Board (SLIB) application process. The funds applied for would benefit expanded work in the TCU and the relocation of Materials Management. Part of the master planning has a domino effect, which would impact surgical services and central sterile. SMH would like to address behavioral health; however, other areas are a priority for us. The board will have time to look at the master plan and provide input in the planning process. The question was asked about utilization of the vacated TCU rooms for behavioral health; ligature free rooms would be needed and the vacated TCU rooms are not suitable at this point in time. There is \$85M available from the ARPA funding that could be accessible through SLIB; there is an additional \$50M that is at the discretion of the Governor to disperse.

Trauma Survey Report – The emergency department participated in a trauma survey this month and Cassidy Camino and Toni Schoonover walked the board through the process on how they prepared for the survey. The surveyors evaluate the hospital's readiness, resources, policy and procedures, protocols, quality of care and performance improvement plans. The surveyors insure that the hospital is not only in compliance with the State of Wyoming rules and regulations for a trauma designation, but prepared to provide the care needed for a trauma. This state verified assessment and approval is equivalent to a Level III Trauma hospital designation. The surveyors were impressed with the commitment of the surgeons, staff and board of trustees; recognizing our strengths and making suggestions for areas of improvement. One strength noted was the commitment of Dr. Mangus, who has been the Trauma Medical Director since 2007. Also of note, was the strong relationship with the physicians across the hospital system. Sheridan Memorial Hospital had no deficiencies identified. The official designation with results will be received within the next three months. Mike noted another strength was in Cassidy's and Toni's professionalism, leadership, compassion and clinical expertise.

The Emergency Management Committee is planning on doing a mass casualty drill soon, which requires in depth planning. Incident Command plays a role as well. The Emergency Operations Committee is in the process of rewriting their plan; evaluating all the disaster scenarios, analyzing which one is most likely to happen and cause the most damage to the hospital, stressing supplies, bed capacity, OR capabilities and staffing levels. This will be drilled on once identified.

FINANCE

Nathan Stutte, CFO reports that SMH will have one traveler by the end of July; great work has been done to recruit nurses to the organization. SMH had up to 27 travelers at one point. SMH has some struggles to work through with a bad payer mix in April. Labor Costs were significant and supply costs are up as pricing pressure continues. There is a significant decline in commercial activity along with an increase in fixed payer activity, driven by Medicare and Medicaid. Write-offs have increased, increasing from 56.01% to 57.19% in four months. This represents a loss of revenue of \$3.4M for the year. Capital outflow has increased; 80% of capital dollar outflow is associated to the TCU project as it nears completion. SMH had a ten-day drop of cash on hand. Daily operating costs have increased by over 11%, due to labor pressures and increasing supply costs. The Welch Cancer Center continues to be steady with 449 unique patients in April. The Women's Clinic and Urgent Care are doing well.

FOUNDATION REPORT

Cody Sinclair reports that the Foundation board met and he extended his thanks to Lynn Grady and Caroline Goedicke for talking about the in-house education and mannequins used for the nursing staff at the hospital. The Foundation board is planning for growth to meet the challenges in the future. Mark your calendars for the July 1 golf tournament, with the proceeds going to the Gap Fund. This fund is utilized by Case Management when

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discharging a patient to insure the patient has what they need to be successful, without having to return to the hospital. The fund has been depleted and the golf tournament will replenish the funds.

BUILDING COMMITTEE REPORT

Rob Forister reports that the Building Committee did not meet as there are no action items to address and nothing of significance to report on. Cathy Bealer provided an update on the TCU under the Administration report. The chilling tower is moving forward with removal of the old tower. Relevant to the electrical upgrade, the concrete pad has been poured for when the generator arrives sometime in November.

OTHER BUSINESS

None.

EXECUTIVE SESSION

Shirley Coulter motioned to move into Executive Session at 4:45 p.m. to address personnel matters. David Smith seconded the motion. Motion carried.

General session reconvened at 5:00 p.m. to address the medical staff credentialing. Please see above under the Medical Staff Report for action taken.

Shirley Coulter motioned to reconvene back into Executive Session at 5:08 p.m. to discuss legal matters.

General session reconvened at 5:37 p.m. with the following action taken. David Smith moved to authorize Mike McCafferty to investigate and proceed, if appropriate, with a line of credit pursuant to the amount as discussed in Executive Session. Gene Davis seconded the motion. Motion carried.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:38 p.m.

Patty Forister, Recorder

Andrea Mellinger, Secretary