



**BOARD OF TRUSTEES
SEPTEMBER MEETING MINUTES
WEDNESDAY, September 28, 2022 4:00 P.M.**

MEMBERS PRESENT: Shirley Coulter, Joe Wright, Ron Mischke, Jenifer Shassetz, Gene Davis, and Kevin Kessner

MEMBERS ABSENT: Andrea Mellinger

OTHERS PRESENT: Mike McCafferty, Dr. Shaun Gonda, Dr. Goddard, Holly Zajic, Nyle Morgan, Nathan Stutte, Cathy Bealer, Amy Ligoeki, Cody Sinclair, Ann Aksamit, Tommi Ritterbusch, Sharon Krueger, Amy Turpin, Bryan Opitz, Erin Oetken, Brady Shoemaker, Brittany Goodvin, Chris Bilyeu, Jennifer Rasp-Vaughn, Jennifer Pfister, Ashleigh Snoozy with The Sheridan Press and Kevin Koile with Sheridan Media

CALL MEETING TO ORDER

Shirley Coulter, Chairwoman, called the meeting to order at 4:00 p.m.

PUBLIC COMMENTS, INTRODUCTIONS

None.

APPROVAL OF AGENDA AND MINUTES

The September board meeting agenda was presented. Ron Mischke moved to approve the agenda. Gene Davis seconded the motion. Motion carried.

The August board meeting minutes from Wednesday, August 26, 2022 were presented. Clarification was asked for on the Mammography callback rates discussed under the Quality report. SMH is below the national average in having patients needing to return for additional imaging. This is a positive statement as the national average is 10% and SMH is averaging a call back rate of 7.1%. Joe Wright moved to approve the amended minutes. Gene Davis seconded the motion. Motion carried.

The minutes for the special board meeting held on September 12, 2022 were presented. Gene Davis moved to approve the minutes as presented. Kevin Kessner seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

Amy Turpin reports the following:

- Preoperative and Postoperative Diagnoses data were reviewed resulting in no significant discrepancies.
- Readmission rates remain below the national average of 13%.
- Utilization Management will monitor the one-day medical stay and three-day nursing metrics.
- Falls decreased from the previous reporting period and continue to be tied to patients not asking for assistance. Will continue to educate the patient and families.
- Safety events have improved and the goal on target rate was met.
- Staffing fatigue – four cases were reviewed. No patient harm, no burnout trends and no turn over identified.
- Code Blue and Rapid Response indicates no deviation from standard work identified.
- Medication scanning and patient wrist band scanning is above our goal of 90%.

PATIENT EXPERIENCE REPORT

Mike presented on the Beryl Institute, a general overview of the patient experience, and efforts on our patient experience infrastructure. SMH will be interviewing candidates for the position of Director of Patient Experience,

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who will lead a team to do the work around the patient experience in our organization and in the ambulatory setting. NRC Picker is a resource SMH utilizes to gather real time data and HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems). A net promotor score is obtained for the clinics (ambulatory setting) and HCAHPS for the inpatient setting. NRC gathers data on both in order for SMH to improve by utilizing this feedback. The Beryl Institute is another great resource that focuses on the human connection. They also offer an annual survey to test the culture of the patient experience. SMH also utilizes the Gallup Q12 survey to evaluate employee engagement and satisfaction.

MEDICAL STAFF REPORT

Dr. Gonda reports that the medical staff voted for Chief of Staff and Vice Chief at their last meeting. Dr. Gonda will continue to serve in the Chief of Staff role and Dr. Keith Borg has been chosen as Vice Chief of Staff. Credentialing to be done in Executive Session.

Dr. Gonda, on behalf of the Medical Executive Committee and Credentials Committee, recommends approval of the Medical Staff Renewals as discussed in Executive Session. There are no concerns to note.

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Fernando Caceres Lopez, MD	Telemedicine/Delegated (No Membership)	Critical Care	10/28/2022	Billings Clinic
Lindsay Capron, MD	Active Staff w Priv - May Admit	OB/GYN	10/01/2022	SMH Women's Clinic
Sierra Gross, MD	Active Staff w Priv - May Admit	Internal Medicine	10/4/2022	SMH Internal Medicine / Hospitalist
David Pucci, MD	Telemedicine/Delegated (No Membership)	Critical Care	10/28/2022	Billings Clinic
Jamie Riha, MD	Telemedicine/Delegated (No Membership)	Critical Care	10/28/2022	Billings Clinic
Justin Steinert, MD	Active Staff w Priv - May Admit	Orthopedic Surgery	10/25/2022	Sheridan Orthopedic Associates
Allison Summers, MD	Telemedicine/Delegated (No Membership)	Radiology	10/18/2022	Real Radiology
Rebecca Thompson, MD	Active Staff w Priv - May Not Admit	Pathology	9/30/2022	Sheridan Pathology Associates, PC

Joe Wright moved to approve the Medical Staff Renewals as presented. Kevin Kessner seconded the motion. Motion carried.

ADMINISTRATION REPORT

Master Planning – In 2018, SMH worked with CTA and EEG on a master and business plan review and projection based on demographics of the community, service lines, and staffing needs. Much has changed since that time, with increased service lines and the delivery of services. It is appropriate that we refresh our master site and facility plan at this time, with focus on inpatient and ambulatory care for the future. A board work session will be scheduled for mid-October to review the updated plan and to review cyber-security as well, as we look at what's happening around the country.

Transitional Care Unit – Cathy Bealer, CNO acknowledges the work done by Tommi Ritterbusch, the TCU Manager, in getting the new unit ready for patient care and staff hired. Tommi states that the new TCU opened on September 12th and patients were moved from the existing space to the new space in two hours. Work through Lean methodologies were implemented for the structure, providing the framework and addressing flows cells,

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linking them together and bringing value and focus to the patient. Lean initiatives continue with huddles to address issues that were not planned for. With Lean methodologies, the team was able to grow in management strategy, talking in the same language and aligning with strategic priorities. Lean provides the tools to be successful and drive patient care. Sean Bonnet was the Lean leader on the TCU project. The team is engaged and the patients love the new surroundings. There are 10 patients on the third floor; the second floor is not open to patient care due to staffing challenges. Work is being done to address the gaps and having the right people to serve our patients. Dr. Cherni-Smith and Brenda Fisher, NP have been great to work with and happy to be serving our TCU patients.

ARPA Funds – The State has now released a time line to review the requests for ARPA funds. SMH submitted four requests for funding - the EmPATH and Crisis Stabilization Unit, TCU HVAC Project, Supply Chain Relocation, and Emergency Department Triage Renovation. Health and Human Services (HHS) requests will be presented on November 3rd and will continue into November 4th if needed. A third party was assigned to individually rate/weight each project in order to allocate funds.

Wyoming Regional EMS – works continues to finalize the LLC. SMH and Campbell County Health will work together to create this entity, to provide 9-1-1 ambulance service for Sheridan County. The new service will look at a mid-November start date, as this is when Rocky Mountain Ambulance (RMA) service contract with the City/County ends. Communication with RMA continues to insure a smooth transition.

FINANCE

Nathan Stutte, CFO reports that August was an interesting month. July had been a slower month and levels had picked up in August, with a positive margin and improved cash flow. The negative payer mix trended down in August and there was high write offs for the month. Contract labor in August was minimal at \$11K. The Hospital was impacted by the poor payer mix and net revenues were worse than expected. The Welch Cancer Center (WCC) continues to do well and have high business levels. The clinics were busy in August with Primary Care and Internal Medicine; and the Heart Center saw a high volume of patients. September is showing an improved payer mix and we are 10% above target to date.

FOUNDATION REPORT

Cody Sinclair reports on the Gap Funding program. This program was implemented in 2014 to insure our inpatients have a successful return home from a hospital stay. It was proposed to expand the use of the funds to include outpatient needs as well as inpatient. The Foundation Golf Tournament proceeds went to support this fund.

The Link is coming up and it will be an in person event. A virtual option will continue as well, for those not in town. Planning is under way for the event, which is scheduled for October 15.

BUILDING COMMITTEE REPORT

Gene Davis reports that the Building Committee met in order to receive an update on the 17 projects that are currently underway. The updates include the generator, boiler replacement, roofing, helicopter pad, and redesign of stairs on the north side of the OPC, to name a few. Jordan Lentz is the Construction Project Manager and utilizes subs to keep projects moving along.

OTHER BUSINESS

Shirley Coulter presented a plaque to Kevin Kessner for completing the Best on Board training in July. Mike reports that Kevin was the fastest ever in the State to complete the training. Congratulations to Kevin was extended by all.

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EXECUTIVE SESSION

Shirley Coulter requested a motion to move into Executive Session at 4:32 p.m. to address personnel and legal matters. Ron Mischke moved to approve with Kevin Kessner seconding the motion. Motion carried.

General session reconvened at 4:38 p.m. to address the medical staff credentialing. Please see above under the Medical Staff Report for action taken.

Shirley Coulter requested a motion to reconvene into Executive Session at 4:41 p.m. Ron Mischke moved to approve with Kevin Kessner seconding the motion. Motion carried.

ADJOURNMENT

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

Patty Forister, Recorder

Andrea Mellinger, Secretary