



**BOARD OF TRUSTEES
OCTOBER MEETING MINUTES
WEDNESDAY, October 26, 2022 4:00 P.M.**

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

MEMBERS ABSENT:

OTHERS PRESENT: Mike McCafferty, Dr. Shaun Gonda, Dr. Luke Goddard, Holly Zajic, Nyle Morgan, Nathan Stutte, Cathy Bealer, Rob Forister, Dr. William Doughty, Ada Kirven, Tom Ringley (Sheridan County Commissioner), Sherrie Reish, Kim George, Amy Ligocki, Cody Sinclair, Ann Aksamit, Tommi Ritterbusch, Amy Turpin, Bryan Opitz, Erin Oetken, Brady Shoemaker, Brittany Goodvin, Jasmine Slater, Brent Maurhoff, Chris Bilyeu, Sean Bonnet, Karen Wemple, Jennifer Rasp-Vaughn, and Kevin Koile with Sheridan Media

CALL MEETING TO ORDER

Shirley Coulter, Chairwoman, called the meeting to order at 4:02 p.m.

PUBLIC COMMENTS, INTRODUCTIONS

None.

APPROVAL OF AGENDA AND MINUTES

The October board meeting agenda was presented. Kevin Kessner moved to approve the agenda. Gene Davis seconded the motion. Motion carried.

The minutes for the September board meeting held on September 28, 2022 were presented. Joe Wright moved to approve the minutes as presented. Kevin Kessner seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

Amy Turpin reports the following:

- Restraints - 100% chart audits performed and will continue.
- Pressure Ulcers – thorough assessment and documentation needed upon admission. Seeing increase in patients admitted with pressure ulcer already developed. Education of staff on best practices and monthly chart review.
- Pain Management – Staff education to insure best practices, accurate documentation and appropriate pain management.
- Title 25 patients – Increased numbers from previous six (6) months. Trend showing a growing need for mental health services in Sheridan. Will continue to track.
- Tracer Activity – utilized to identify performance issues or gaps. Will watch for trends and continuous improvement.
- Failure Mode Effects Analysis was completed for new behavioral health transport service. Standard work in development.
- Employee injuries – report of 11 recordable injuries for the past quarter reported to the employee health nurse.
- Patient flow measures were reviewed and showing improvement.
- Patient feedback reviewed showing an opportunity for improvement.
- Trauma report / ED dwell time is meeting the benchmark in most cases. Will review all trauma transfers and timelines, and dwell time data to insure goals are met.
- Blood audits – SMH is meeting its goal and will continue to audit.

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- Contract services – 15 of the 18 contractors have met performance goals.
- Alarm fatigue – will continue to monitor response times to see if there any trends showing staff fatigue.
- Serious safety event - follow up and report in closed session. Mike explained that when things happen, there is a group that evaluates the circumstances and we have a culture of improvement. Dr. Goddard and Amy Turpin do a great job on quality and safety improvement in the organization.

PATIENT EXPERIENCE REPORT

Holly Zajic, Chief Ambulatory Officer introduces Sherrie Reish, Manager of Home Care and Hospice and Kim George, Manager of Women's Health Unit. Both presented to the Patient Experience Committee earlier and have been asked to present to the full board.

Sherrie reports that both areas serve a vulnerable population, sharing in similar circumstances with learning a process in caring for a loved one at the beginning of life and at the end of life. Home Care has a 5 Star rating for patient satisfaction and scores above the national average. Hospice also scores above the national average in patient satisfaction. Hospice received the Hospice Honors Award for 2022. November is Hospice month and an announcement will be made on the award received. Sherrie states that a handbook/binder was developed and is provided to the patient and family upon admission and kept through the care of service being given. The Joint Commission reviewed this information and was very complimentary. The binder provides information on what to expect and how to deal with certain situations. The Joint Commission states that it was the best that they had ever seen.

Kim George states that the goal in Women's Health is to educate their vulnerable population, making sure, the beginning of life journey is a positive one and parents are equipped with the resources they need to succeed. The Women's Health Department also scores above the national average in patient satisfaction, but Kim states that there is always room for enhancing the patient experience. There is evidence based best practices and QR codes leading to interactive educational videos provided to the patient. There is a guide for the patient on care and what they can expect. Staff and the patient sign off on the education provided at discharge, and the patient can also request more if needed. New projects being worked on include education on recovering from a C-section and lactation support services.

Mike reported yesterday to the Patient Experience Committee, that Kelly Lieb has been named the Director of Patient Experience. She will guide and coordinate strategy around the patient experience, working with Kim and Sherrie, and other service lines on this component. Kelly has a lot of compassion, drive, and will be a star in enhanced improvements in the organization.

MEDICAL STAFF REPORT

Credentialing will be done in Executive Session.

Dr. Gonda, on behalf of the Medical Executive Committee and the Credentials Committee, recommends the following Medical Staff Initial Appointments and the Medical Staff Renewals as discussed in Executive Session.

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MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization	C
Michaela R. Kueffler, PA-C	Advanced Practice Clinician - Physician Assistant	Emergency Medicine	n/a	SMH ED	10
Richard E Frye, MD	Consulting Staff – delegated telemedicine	Pediatric Cardiology	n/a	St. Vincents Healthcare (Billings, MT)	10

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization	C
Raoul Joubran, MD	Consulting -No Admit w/o Active Physician cosign	Medicine	7/20/2022	Gastroenterology Associates	11
Corey J. Jost, MD, FACS	Active Staff w Priv - May Admit	Surgery	11/22/2022	Big Horn Surgical	11
Kendrick A. Trostel, MD, P.H.D.	Consulting -No Admit w/o Active Physician cosign	Internal Medicine	10/28/2022	Billings Clinic	11
Sara C. Maguire, MD, FACS	Active Staff w Priv - May Admit	Surgery	12/2/2022	Big Horn Surgical	11

Ron Mischke moved to approve the Medical Staff Initial Appointments, pending DEA on Michaela Kueffler, PA-C, and the Medical Staff Renewals as presented. Kevin Kessner seconded the motion. Motion carried.

ADMINISTRATION REPORT

City/County Memorandum of Understanding for Emergency Medical Services – Sheridan Memorial Hospital (SMH) has been working for several months to improve EMS for the hospital by creating a partnership with Campbell County Health (CCH). Rocky Mountain Ambulance Service (RMA) was not awarded the contract for continued services in the county. As a result, they are losing staff and unable to provide services needed until mid-November, when their contract expires. Campbell County EMS will help fill the void until the new ambulance service of Wyoming Regional EMS becomes the 9-1-1 provider for Sheridan County, effective 11/19/22. Wyoming Regional EMS is a partnership between SMH and CCH EMS. SMH wants to support the care of our community and help in the transition with the City and the County from RMA to WREMS. CCHEMS will assist RMA with ambulance services at a cost of \$150,000.00 to be split three ways - \$50K from the County, \$50K from the City and \$50K from SMH. The MOU submitted to the board would authorize Mike to sign on behalf of the hospital, committing to the \$50K to support to the care of the community. Ron Mischke motioned to approve the MOU as presented. Andrea Mellinger seconded the motion. Motion carried.

Recruitment Update – SMH continues to recruit in different areas, as we want to grow the medicine line, hospitalist program, family medicine, geriatrics and rheumatology. There is a verbal acceptance for a rheumatologist, but no signed contract at this time. Dr. Jason Ackerman has an Addiction Medicine Clinic, which has moved to a new area, separate from Internal Medicine. SMH continues efforts to get the right people in the right positions.

Cathy Bealer, CNO reports that there are no travelers at the hospital right now. This is attributed to nurse managers and leadership engagement and recruitment. Excellent managers in the last year helped foster a supportive environment with cross training, staff feeling that they are being heard and their opinions matters, utilizing resources wisely, and teamwork. There have been internal candidates apply for positions in the TCU. Outreach being done with the local college and faculty to entice graduating RNs and CNAs to stay local. There are 14 current openings, with five in the outpatient setting and nine inpatient areas.

Holly Zajic, CAO reports that SMH is partnering with the medical assistant program as well. SMH is offering a preceptor program and hope to retain the medical assistants coming through. A medical assistant is the liaison

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between the provider and the patient. Mike has done a great job in resourcing physician candidates through the WWAMI program.

Human Resources has been a great help with housing incentives during recruitment. Thanks extended to the board for their approval of the property formally known as Normative Services. HR is reviewing the life cycle of an employee and the alignment with getting the right people to the organization. Mike reminded the board of approaching the board a year ago anticipating the work force needs, and increasing pay with a \$2M investment. This was challenging at the time, but it was the right thing to do and we have a more stable workforce as a result.

Wyoming Hospital Association Annual Meeting Recap – Jenifer Shassetz attended the conference last year in Casper, WY and then in Laramie, WY this year and states that they were two different conferences. Sessions offered covered COVID, burnout, drama free teams, and cyber-attacks. There was discussion on the “great resignation” and it was nice to know SMH is having the same discussion here. Mike and Gretchen McCafferty donated an auction item on behalf of SMH and it was great to see. Jen is looking forward to attending the conference next year and encourages the other board members to attend.

Shirley Coulter states that the presentation on burnout rang true, as SMH is already addressing with staff. SMH has a team environment, is supportive and doing what is best for the community. A session on violence in healthcare was attended and Shirley states SMH is on top of the issues, and that of cybersecurity as well. SMH is well positioned to avoid ransom ware attacks. Telehealth services as growing nationwide and SMH is on the right track for those services. Shirley is impressed that SMH is already on top of issues mentioned at the conference.

Mike states that is was a great conference and an opportunity to connect with peers and develop relationships across the State. The Wyoming Hospital Association (WHA) engages hospitals and their boards. The board has an opportunity to network and understand what is happening in other communities across the state. At one time, Ron Mischke lead the WHA Governance program. This is one way to contribute to the WHA and the hospital.

FINANCE

Nathan Stutte, CFO reports that the first quarter of the fiscal year has been challenging, and SMH missed expectations for the quarter with a large loss. July was slower than expected and a larger challenge around the payer mix. Write offs were 59% for the quarter, putting pressure on the operating margin. The Welch Cancer Center continues to be strong, with patient volumes and charges ahead of last year. The Cath Lab and Radiology increased, and the Heart Center is ahead of where it was last year. There is a steady decline in reimbursements to the hospital. Nathan states there are significant challenges ahead for SMH, as revenue cycle continues to struggle to collect payment. Insurance companies disagree with a physician’s diagnosis and want their money back. SMH is also seeing blanket denials for emergency department visits, and high level visits are automatically declined. SMH has to work harder to receive reimbursement.

There is a request for funding for the purchase of a DaVinci surgical table in the packet. SMH is requesting board approval to request the funding from the Foundation for the special surgical table. In utilization of the DaVinci robot, the special surgical bed moves to reposition the patient, instead of extracting the equipment, physically repositioning the patient, and then reinserting instruments. In talking with the OB/GYN and Urologist, the need to reposition the patient is more commonplace in gynecology and urology procedures. Gene Davis moved to approach the Foundation on funding of the bed. Ron Mischke seconded the motion. Mike McCafferty would like to amend the request, by having the board approve the expenditure through the hospital, and then request the Foundation to participate in the purchase, instead of going straight to the Foundation. Gene Davis moved to amend the motion and approve the hospital expenditure of the special surgical bed to be used in conjunction with the DaVinci robot. Ron Mischke seconded the motion. Motion carried.

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FOUNDATION REPORT

Cody Sinclair, Chief Development Officer is excited to talk with his board about partnering with the hospital on the purchase of this specialized bed. The Foundation board engagement remains high. The Committees, such as the donor and fund raiser committee, meet on a quarterly basis. The campaign engagement and relationships with the community remain strong. Dr. Doughty, retired pathologist will be starting a new position as the Legacy Liaison for the Foundation Board. This position will focus on building and strengthening relationships relative to physician engagement, both active and retired from practice. Dr. Doughty has been a part of the hospital since 1975 and “loves this place”. SMH is amazing and he will lead the push to make it better.

Ada reports that The Link took place on 10/15 and was a huge success. This was the 14th Link event and the tradition and community engagement is strong. Ada reports that 400 people registered this year and there was a lot of help from volunteers. The money raised will be used for comfort care at the Welch Cancer Center, to enhance the patient experience. Dr. Ratterman offers the personal touch in calls to patients to check in on them. Betsy Pearson, Dr. Addlesperger’s wife, wrote a book and had it published during COVID-19. There is a book signing event at Sheridan Stationery this weekend, and a part of the proceeds from the sale of the book are being donated to the Welch Cancer Center.

BUILDING COMMITTEE REPORT

There was no meeting as there are no action items and nothing new to report since the list of projects reviewed a month ago. There are no projects at the level of capital; work was done to the Addiction Medicine Clinic to make the space move in ready; the roof replacement has been completed and warranty inspection done; the OPC steps have been redesigned and the work is in progress.

OTHER BUSINESS

In 2003, Dixie See took on the role as a board member, serving for 13 years. She was diligent and did a great job for SMH and for the community. Dixie passed away the other day and Mike wanted to acknowledge her and all she did for the community. She will be missed.

Dr. Ian Hunter has relocated to Georgia and Mike wishes him and his family the best. Dr. Hunter, a Sheridan native and WWAMI graduate, came back to Sheridan to practice. He initially worked with Dr. Strahan in private practice. He then joined SMH, serving for 15 years, and was integral in medical staff leadership. He was one of the reasons SMH attracted so many WWAMI students over the years. He took on the role as County Health Officer during COVID-19, at great personal sacrifice. Mike again wishes Dr. Hunter and his family all the very best.

EXECUTIVE SESSION

Shirley Coulter motioned to move into Executive Session at 5:02 p.m. to address personnel and legal matters. Gene Davis seconded the motion. Motion carried.

General session reconvened at 5:29 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 5:30 p.m.

Patty Forister, Recorder

Andrea Mellinger, Secretary