



**BOARD OF TRUSTEES  
JANUARY MEETING MINUTES  
Wednesday, January 25, 2023 4:00 P.M.**

**MEMBERS PRESENT:** Joe Wright, Ron Mischke, Jenifer Shassetz, Gene Davis, and Kevin Kessner  
**MEMBERS ABSENT:** Shirley Coulter and Andrea Mellinger  
**OTHERS PRESENT:** Mike McCafferty, Dr. Shaun Gonda, Dr. Luke Goddard, Holly Zajic, Nyle Morgan, Nathan Stutte, Rob Forister, Ann Aksamit, Brady Shoemaker, Amy Ligocki, Cody Sinclair, Ada Kirven, Amy Turpin, Brittany Goodvin, Bryan Opitz, Sharon Krueger, Brent Maurhoff, Erin Oetken, Jennifer Gaona, Shelby Kruse with the Sheridan Press and Kevin Koile with Sheridan Media

**CALL MEETING TO ORDER**

Joe Wright, Vice Chairman, called the meeting to order at 4:00 p.m.

**PUBLIC COMMENTS, INTRODUCTIONS**

Shelby Kruse and Kevin Koile are acknowledged and welcomed to the meeting.

**APPROVAL OF AGENDA AND MINUTES**

Ron Mischke moved to approve the January board meeting agenda as presented. Kevin Kessner seconded the motion. Motion carried.

Gene Davis moved to approve the minutes of the December board meeting held on December 28, 2022. Ron Mischke seconded the motion. Motion carried.

**QUALITY COMMITTEE REPORT**

The council met and reviewed both December 2022 and January 2023 data, as the December meeting was canceled due to the weather.

Amy Turpin reports the following:

- Restraints/Seclusions – 100% of charts are being audited in real time.
- Utilization Review – an outside entity is doing chart reviews and will offer recommendations.
- Code Blue/ Rapid Response – There were no inpatient codes and three rapid responses.
- Workplace Violence – Incidents of workplace violence are rare and when they do occur, it is managed appropriately. Policy and procedures are followed.
- Staffing Issues and Nursing Fatigue – SMH continues to monitor and evaluate staffing patterns. There was one incident of nursing fatigue reported and safety processes followed.
- Blood Audits /Transfusions – Nursing leadership and the education department initiated competency verification for blood transfusion for every RN. Skills fair includes ongoing education on blood transfusions and reactions on an annual basis.
- Readmissions – SMH remains below the national average for readmissions.
- Pain Assessment /Reassessment – pain management goals were exceeded in the ICU & W/H.
- CAUTI and CLABSI in Home Care and Hospice are showing good trends.
- Flu Immunization Rates – 51% of SMH employees have received the flu vaccine.
- Patient Feedback – feedback has declined but improvement work continues.
- Blood Transfusions – there are no concerning trends identified.
- Patient Care Contract Services – Process improvement to obtain necessary reports within a timely manner continues.

January Board Meeting  
Board of Trustee Meeting Minutes  
January 25, 2023

- Inpatient Falls – there has been an increase in the number of falls in the past two months. An action plan with education of staff continues.

Ron Mischke states that it is critical that we receive feedback, both positive and negative in order to make improvements.

### **PATIENT EXPERIENCE REPORT**

Mike McCafferty reports on behalf of Kelly Lieb, Director of Patient Experience. There were two high level A3s reviewed by the committee. One A3 is relevant to the work done in the hospital setting (inpatient) and the other is on the ambulatory side (outpatient) of the healthcare system. High-level goals are set and reviewed for a four-year and one-year benchmark and the ambulatory high level will target the net promoter score currently at 76.3. There is a lot of work that influences our ability to reach these goals, which will be introduced into the organization and those who work with the patients on the front line.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a patient satisfaction measurement for inpatient stays. SMH currently is at a 4-Star rating for inpatient stays and the 4-year goal is to improve to a 5-Star rating. The one-year goal is to improve upon our current 4-Star rating. SMH is currently at 3.63 and will strive to obtain 4.93 by June 2023. There will be work done to identify contributing obstacles to achieving those goals and line out actions and behaviors to drive results. Mike reminded the board that the A3 is a fluid document that will have continuous change as we set a cadence of accountability within the executive team as the group meets with different areas of the hospital, providing coaching and improving upon the work that influences high-level goals. This is the tipping point from strategic deployment perspective to effective execution, done at the front line level to develop work that influences results.

Sierra Gross, MD presented to the Patient Experience Committee on connecting with patients at Primary Care. Holly Zajic, CAO provides further details to the board on a staffed phone line and medication notifications, leveraging technology, looking at different care models and service lines, a bi-directional texting application, and embracing the retail mentality for our patients to satisfy on-demand care. Staff continue to utilize Lean processes and daily huddles, with great outcomes.

### **MEDICAL STAFF REPORT**

Dr. Gonda, on behalf of the Medical Executive Committee and Credentials Committee presents the following Medical Staff Initial Appointments and Medical Staff Renewals for consideration.

#### **MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)**

Name	Category	Specialty	Renewal Date	Affiliated Organization
Natalie Owens-Sloan, MD	Independent Locums	Hospitalist	NA	SMH Hospitalist
Elise Lowe, MD	Independent Locums	Hospitalist	NA	SMH Hospitalist
Timothy Miller, DO	Telemedicine Delegated	Radiology	NA	Real Radiology
Colin Thompson, MD	Telemedicine Delegated	Radiology	NA	Real Radiology
Kirk Milhoan, MD	Telemedicine Delegated	Pediatric Cardiologist	NA	St. Vincent's (Billings MT)

January Board Meeting  
Board of Trustee Meeting Minutes  
January 25, 2023

**MEDICAL STAFF RENEWALS (ACTION)**

Name	Category	Specialty	Renewal Date	Affiliated Organization
Angela Knutson, PAC	Advanced Practice Clinician	Physician Assistant	01/29/2025	SMH Emergency Department
Kathryn Cambron, MD	Telemedicine Delegated	Radiology	05/07/2024	Real Radiology
Stanley Smith, MD	Telemedicine Delegated	Radiology	03/06/2023	Real Radiology
Timothy Conner, MD	Telemedicine Delegated	Radiology	06/18/2024	Real Radiology

Kevin Kessner motioned to approve the Medical Staff Initial Appointment and Medical Staff Renewals as presented. Gene Davis seconded the motion. Motion carried.

**ADMINISTRATION REPORT**

Behavioral Health – Cody Sinclair, CDO has pulled together high-level communications that will go out to the organization and community relevant to behavioral health and why SMH is pursuing this endeavor. We want the staff and community to understand the history and how we provide mental and behavioral health and the need to grow this service line. We will be able to meet this need through fundraising to create the clinical infrastructure.

Governor’s Visit | SLIB – Governor Gordon was scheduled to visit last week, to tour the area where the new EmPATH and Crisis Stabilization Unit will be. The tour was canceled and will be rescheduled for a later date. Mike will keep the board apprised.

Facilities Master Plan Update - the facility master plan was updated in 2018 and again in 2022 in anticipation of work funded through the State Loan and Investment Board (SLIB). SMH is at the point to refine the work and get into the design and development phase of projects, such as the EmPATH and behavioral health unit design and development. Other priorities include the material management and supply chain needs. SMH applied for funds to address these needs but the project was not approved for funding through the SLIB. Days of inventory on hand has increased five times from three years ago utilizing more square footage, in addition to increased supply costs. This is a project to look at for fundraising efforts. Another priority is the operating room surgical services suite, consisting of four operating rooms and adjoining support, which was renovated in 2000. The flow of the operating arena and central sterile, and other supporting outpatients needs require updating. The central sterile department has grown and requires a better footprint, in addition to an increased business flow for endoscopy and colonoscopy in an ambulatory setting. These are all highly important and a priority.

The emergency department triage project was approved by the SLIB. This will provide a faster throughput for those coming to the emergency department. This is a \$1M project, in which SMH received \$480K from the SLIB.

Physician Recruitment – Mike comments on the tremendous medical staff SMH currently has and being fortunate to offer specialties to take care of the community. SMH is actively recruiting for the future, such as in the recruitment of Mason Furley, who has seven years of school and residency remaining. This is a matter of insuring we get the right people to our community and understanding how the person and the community match up. SMH is actively recruiting for a full time internal medicine physician, hospitalist, family medicine, emergency room physician and a

January Board Meeting  
Board of Trustee Meeting Minutes  
January 25, 2023

medical oncologist to support Dr. Megan Ratterman. We have a partner for Dr. Widener in rheumatology, arriving June 2024. SMH is working on a cardiology plan for the future to support the community needs. SMH is exploring radiology to understand what the future looks like with growth and future needs. We are lucky to employ two interventional cardiologists and two interventional radiologists. Mike reiterated that there is an immediate and ongoing recruitment relevant to internal medicine, family practice, the emergency department and oncology.

### **FINANCE**

December ended the second quarter for SMH. There was growth, but high write off percentages resulted in negative growth on revenue. There was the normal December peak, with the orthopedic and spine surgeries leading the way with elective cases being completed. There is a large increase in drug costs, with patients switching to different regimens and those regimens being costly. The clinics stayed busy in December, meeting expectations and growth. Days of cash on hand declined to 33, with the decline driven by losses in July, and another big loss in October. Bad debt and medical assistance is at \$14M. Nathan has an active process to implement to address the losses and the medical assistance policy is being reviewed internally and will be compared with neighboring states to see if we are in alignment. There is an increase in premium costs, high deductibles, as well as payer's unwillingness to pay for services. Nathan is pulling some major payer contracts to address this.

Linac Chiller Replacement – The finance committee reviewed information on replacing the cooling equipment to the cool the Linac accelerator. On behalf of the finance Committee, Gene Davis recommends approval of the bid from American Chiller and Powder River Heating and Cooling for the removal of the existing chiller and installation and calibration of the replacement chiller as brought forth in the packet, for a total of approximately \$55K. Ron Mischke moved to approve the recommendation and Kevin Kessner seconded the motion. Motion carried.

### **FOUNDATION REPORT**

Cody Sinclair, Chief Development Officer stated that the Foundation board met and they have welcomed Chuck Burgess, a previous hospital employee to their board.

Ada Kirven, Director of Donor Relations reports on the new donors. There are a number of new people supporting our work and great comments on the new Transitional Care Unit. This year the Foundation has welcomed 131 new members, and has received gifts totaling \$270K in support of the Foundation's work. Total gifts in December reached \$302K

### **BUILDING COMMITTEE REPORT**

There was no meeting this month but an update was provided to the committee members via email. The two big-ticket projects are stalled due to delay in receiving items. The boiler project will be completed in June when the boiler arrives. The generator is delayed, but everything is in place and ready to go once received. All projects are under budget.

### **OTHER BUSINESS**

None.

### **EXECUTIVE SESSION**

Joe Wright made the motion to move into Executive Session at 4:36 p.m. to address personnel matters. Ron Mischke seconded the motion. Motion carried.

General session reconvened at 5:04 p.m. to address the medical staff credentialing. Please see above under the Medical Staff Report for action taken.



January Board Meeting  
Board of Trustee Meeting Minutes  
January 25, 2023

**ADJOURNMENT**

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

Patty Forister, Recorder

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Andrea Mellinger, Secretary