



**BOARD OF TRUSTEES
MARCH MEETING MINUTES
Wednesday, March 22, 2023 4:00 P.M.**

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

MEMBERS ABSENT: Andrea Mellinger

OTHERS PRESENT: Mike McCafferty, Dr. Shaun Gonda, Nyle Morgan, Nathan Stutte, Rob Forister, Ann Aksamit, Brady Shoemaker, Amy Ligocki, Cody Sinclair (via phone), Ada Kirven, Dr. William Doughty, Dr. Goddard, Tom Klepperich, Tom Ringley, Kelly Lieb, Amy Turpin, Brittany Goodvin, Bryan Opitz, Sharon Krueger, Brent Maurhoff, Erin Oetken, and Kevin Koile with Sheridan Media

CALL MEETING TO ORDER

Shirley Coulter, Chairman, called the meeting to order at 4:01 p.m.

PUBLIC COMMENTS, INTRODUCTIONS

There are no introductions at this time.

APPROVAL OF AGENDA AND MINUTES

Gene Davis requests to amend the March board meeting agenda, the front entrance remodel listed under the Finance Committee Report be changed to an action item. Joe Wright moved to approve the amended agenda. Kevin Kessner seconded the motion. Motion carried.

Kevin Kessner moved to approve the minutes of the February board meeting held on February 22, 2023. Joe Wright seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

The council met and reviewed data and approved two plans. Rob Forister reports that the Environment of Care (EOC) Plan for 2023 shows we comply with the Joint Commission requirements. The Quality Committee is the governing body in which to approve the annual update of the EOC plan. Amy Turpin reports that the committee approved the 2023 Quality Plan, which is also a Joint Commission requirement. The Quality Plan outlines the scope of quality in the hospital and roles and responsibilities. The committee reviewed multiple data points, including but not limited to restraint and seclusion, readmission rates, utilization management, inpatient falls, code blue and rapid response, blood audits and transfusions, moderate sedation and safety events. There are no immediate concerns or trends to address.

PATIENT EXPERIENCE REPORT

Kelly Lieb, Director of Patient Experience states that the committee focused on outpatient data this month obtained through NRC Picker. Kelly is coaching and educating front line staff on what a net promoter score means and sharing data and stories. The Department of Patient Experience is working towards getting an advisory council started, with members of the community sharing feedback and input; they will begin a lunch and learn series with teams, and view daily and weekly work. Ron Mischke states that it is important that the community understand the importance of responding to the questionnaire/survey and SMH utilizing this data makes for a better organization.

MEDICAL STAFF REPORT

Dr. Gonda reports that the medical staff raised funds for the Sheridan County Medical Society Scholarship Fund and a very nice scholarship will be given to a student this year.

Shirley Coulter and Jen Shassetz attended the Quarterly Medical Staff meeting. Both found it beneficial to attend

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the meeting.

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 |
|---------------------|----------------------|--------------------|--------------|-----------------------------------|
| Mark Dowell, MD | Telemedicine Consult | Infectious Disease | | Rocky Mountain Infectious Disease |
| Ismail Jimada, MD | Telemedicine Consult | Infectious Disease | | Rocky Mountain Infectious Disease |
| Alexandru David, MD | Telemedicine Consult | Infectious Disease | | Rocky Mountain Infectious Disease |
| Ghazi Ghanem, MD | Telemedicine Consult | Infectious Disease | | Rocky Mountain Infectious Disease |

MEDICAL STAFF RENEWALS (ACTION)

| Name | Category | Specialty | Renewal Date | Affiliated Organization |
|-------------------|------------------------------|----------------------------------|--------------|-------------------------|
| Chris Bilyeu, RPA | Advanced Practice Clinician | Radiology Practitioner Assistant | 4/1/2023 | SMH |
| Roger Santala, MD | Locums – Welch Cancer Center | Hematology/Oncology | 3/23/2023 | SMH |

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

ADMINISTRATION REPORT

Amended and Restated Bylaws – The Bylaw Review Committee met and conferred with staff attorney Tom Klepperich on updating the bylaws. Attached for board review is the redline version updating the bylaws based on those discussions. It was noted that on page two of the bylaws, the Patient Experience Committee is not listed as a standing committee. Ron Mischke moved to approve the Restated Bylaws with the addition of the Patient Experience Committee referenced as a standing committee. Kevin Kessner seconded the motion. Motion carried.

Amended and Restated Constitution – The Bylaw Review Committee met and conferred with staff attorney Tom Klepperich on updating the hospital constitution. The board has no questions or concerns on the proposed changes. Shirley Coulter moved to approve the amended and restated Constitution as presented. Gene Davis seconded the motion. Motion carried.

Operational Excellence Roadmap and Strategic Growth Priorities – Mike presented to those in attendance the high level strategic priorities, mission and vision of the hospital. Identifying strategic themes to act on in the coming

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years to grow services and the facility to meet the needs of the community. The mission, vision, culture, strategy and systems of operation reviewed for 2023-2026. Mike went into depth on our culture or guiding principles, enterprise alignment, and continuous process improvement.

Mike reviewed the Strategic Priorities and the Strategic A3 Measures on 1-year and 4-year goals on:

- The Patient Experience
- Quality
- Safety
- Sustainability

Consumer expectations include being safe in the facility, quality of care and offering needed services, as well as the hospital being financially healthy.

Mike reviewed the alignment of strategy to operations using lean tools, utilized throughout the organization on a daily basis as part of our standard work. Leadership expectations outlined will keep the strategic deployment on going with coaching and communication, insuring execution and accountability across the organization with Operational Alignment and Executive Steering Team meetings.

SMH had a market analysis and community needs assessment completed at the time the pandemic shut everything down. This information is now three years old, so SMH is going through the process of having another community health needs assessment done. We have great confidence in this company to pull together what the local, regional and national themes to focus on are and to invest in for our future. Employee retention and employee burnout are a national problems, not just a Sheridan, WY problem. The workforce is changing and there are different expectations. Behavioral health with the clinical infrastructure in place is needed in our system of care. We need to grow the people that support this to meet the needs of the region. Surgical services throughput needs to be addressed with expansion and renovation. There are social detriments of healthcare, such as job insecurity, food insecurity, no access to health care, transportation etc. Professional Research Consultants (PRC) will complete this report in a 4-6 month timeframe.

The experience of the patient and their families is a huge component of our sustainability and providing a vital healthcare system. Virtual care and digital activity is also a big component of taking care of our patient where they live. Offering telehealth services is changing the industry and SMH needs to be prepared to compete with that market.

Work force housing continues to be a focus as well. Our ability to get people to Sheridan Memorial Hospital requires a place to live, or they may go elsewhere for employment.

We have grown the Rheumatology practice and Addiction Medicine. We can continue to grow and offer expansion out of the area with these services through telemedicine, as these services are not readily available in the State of Wyoming.

FINANCE

Nathan Stutte, CFO reports that February saw a spike in business levels, resulting in a positive operating margin. Cash on hand increased slightly as well. The payer mix was reviewed and continues to be challenging. There is a decline in commercial patient base and a rise in both Medicaid and Medicare. There is a shift in population to outpatient services instead of inpatient services, resulting in a change in reimbursement as well. The Welch Cancer Center (WCC) saw increased levels, as well as the TCU and the clinics are busy. There are challenges with labor costs and write offs, which is hindering our target. Work has begun with our auditors, CliftonLarsonAllen (CLA) to

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review our revenue cycle and maximizing collection of every dollar owed to SMH. SMH has contracted with a third party company on managing the VA claims process. Monument Health in Rapid City collaborated with this company with great success.

Front Entrance Remodel – the Building Committee reviewed plans for minor renovations of the front entrance to enhance the patient experience with seating and a private check in area away from the front door. The estimated cost of the renovations is \$71,500. Gene Davis on behalf of the Building Committee recommends the board adopt the project and move forward. Ron Mischke seconded the motion. Motion carried.

Air Handler Project – The air handlers are not working and there is a need for a new compressor station. This affects cooling of the cath lab, pathology and a part of the radiology department. The total project cost, including installation is \$100K. There is a long lead-time to get the equipment and summer is approaching. Gene Davis on behalf of the Finance Committee and the Building Committee recommends we move forward, with the funds from the discretionary budget utilized to pay for this project. Ron Mischke seconded the motion. Motion carried.

Medical Assistance Policy – the policy was updated to clarify language, as this is not an insurance policy, but providing assistance to those needing services based on medical necessity. The period of medical assistance was amended from 1 year to a six-month period, once approved. This allows time to assist a patient in obtaining health insurance through the exchange or another policy. To qualify, it is income based and there is documentation needed to insure qualification guidelines are being met. SMH has had debt and medical assistance numbers approaching \$15M for the year.

FOUNDATION REPORT

Ada Kirven, Director of Donor Relations reports that there is a lot going on in the hospital and the Foundation sees opportunities to collaborate with the hospital on various projects. The role of the Foundation is becoming more important with patient-centered care and the growth of services. Doctors Day is recognized on Thursday, March 30 and Ada thanked all of the physicians in attendance for their great care of our patients. Dr. Doughty is thanked for his service on the Foundation Board as the Legacy Advisor. His work with the physicians has made a difference, as well as his support of our projects and programs. Dr. Sara Maguire is finishing her six years of service as the physician liaison to the Foundation. A new medical staff representative will be appointed soon.

BUILDING COMMITTEE REPORT

Jen Shassetz reports that the building committee had a good meeting with multiple projects going on. Rob Forister thanked the board for approving the air handler project and front entrance remodel. The generator and boiler projects are both waiting on equipment delivery. The TCU elevator project will be done in June 2023. Jen states that the Foundation will help with the cost to remodel the front entrance as part of a patient experience project. It will be brought to the Foundation Board next week for approval.

OTHER BUSINESS

None.

EXECUTIVE SESSION

Shirley Coulter made the motion to move into Executive Session at 5:11 p.m. to address personnel and legal matters. Joe Wright seconded the motion. Motion carried.

General session reconvened at 5:46 p.m. to address the medical staff credentialing. Please see above under the Medical Staff Report for action taken.

Shirley Coulter motioned to go back into Executive Session at 5:48 p.m.



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General session reconvened at 5:55 p.m. Kevin Kessner made the motion to approve the CEO evaluation and compensation 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 5:56 p.m.

Patty Forister, Recorder

Andrea Mellinger, Secretary