



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

MEMBERS PRESENT: Ron Mischke, Jenifer Shassetz, Kevin Kessner, Shirley Coulter, Tobie Alsup, Gene Davis and Richard Garber

MEMBERS ABSENT:

OTHERS PRESENT: Mike McCafferty, Dr. Shaun Gonda, Joe Wright, Nyle Morgan, Cody Sinclair, Cathy Bealer, Nathan Stutte, Rob Forister, Ada Kirven, Dr. Doughty, Tommi Ritterbusch, Erin Oetken, Ann Aksamit, Kristen Czaban, Brent Maurhoff, Sharon Krueger, Britney Varner, Jasmine Slater, Liz Dearcorn, Jennifer Rasp-Vaughn, Collette Miller, Jennifer Gaona, Brittany Goodvin, Tom Ringley (Sheridan County Commissioner), Shelby Kruse with the Sheridan Press and Kevin Koile with Sheridan Media.

CALL MEETING TO ORDER

Ron Mischke Chairman called the meeting to order at 4:00 p.m.

PUBLIC COMMENTS, INTRODUCTIONS

None

APPROVAL OF AGENDA AND MINUTES

Shirley Coulter moved to approve the board meeting agenda as presented. Gene Davis seconded the motion. Motion carried.

Shirley Coulter moved to approve the minutes of the September board meeting held on September 27, 2023. Kevin Kessner seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

Kevin Kessner, Quality Committee Chair states that the committee had a great meeting. There were discussions on how important the quality of the nursing leadership is to the organization. Kevin commends the nursing staff and leadership for elevating the level of care and getting SMH to where we need to be. Mike also states that we have experienced great success with quality and performing well in so many areas due to the stability, consistency and standards provided by strong nursing leadership. Mike thanks not only the nursing leaders, but the great work of the RNs, CNAs, and MAs within the organization.

Tommi Ritterbusch, Director of Performance Improvement provides a highlight of what the committee reviewed, including but not limited to pressure ulcers, pain assessment, employee injuries, alarm fatigue, patient feedback, and work being done on emergency department wait times for transfers. The hospital owned transport vehicle has been operational for about a year with approximately 80 behavioral health patients transferred to other facilities during this time. Stroke/CHF/Sepsis composite scores were reviewed as well as safety events. There are no trends to address or concerns noted.

PATIENT EXPERIENCE REPORT

Kelly Lieb, Director of Patient Experience gave an overview of the committee meeting. Internal Medicine had a goal of achieving a net promoter score of 90 and they have achieved a score of 92, which has been sustained over a period of time. Melanie Aksamit is to be commended as she leads the clinic with humility and the hospital's guiding principles. The clinic team is focused on the patient and trying to meet known needs. Net promoter scores around the provider and would recommend the facility are continuing to increase. Dr. Gross, Sean Bonnet and Melanie Aksamit have done considerable work in the ambulatory setting to have positive patient outcomes.

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MEDICAL STAFF REPORT

Discussion on the credentials of initial appointments and renewals will be held in Executive Session.

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

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Daniel Peterson, DPM	Non-Member LIP - Podiatrist	Surgery/ Podiatry		Sheridan Orthopedic Associates
Tonja Sloan, PA-C	Advanced Practice Clinician - Physician Assistant	Cardiology		SMH Heart Center

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Jennifer Graslie, PA-C	Advanced Practice Clinician - Physician Assistant	Cardiology	10/27/25	SMH Heart Center
Glenda Grier, FNP-BC	Advanced Practice Clinician - Nurse Practitioner	Medicine	10/30/25	SMH Urgent Care

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

ADMINISTRATION REPORT

Delegation of Authority | Environment of Care Safety Officer (Action) – Rob Forister is currently appointed to serve as the Environmental Safety/Security Officer. This is a Joint Commission requirement and needs to be approved on an annual basis. This role is to appoint an individual to make decisions to ensure patient, visitor & employee safety and security. Mike McCafferty recommends approval by the board to appoint Rob to continue his role in this capacity. Shirley Coulter moves to approve Rob Forister as the Environment of Care Safety/Security Officer. Tobie Alsup seconded the motion. Motion carries.

Behavioral Health Planning – As announced last month, Brittany Goodvin has accepted the position of Director of Behavior Health relevant to the EmPATH and Crisis Stabilization Unit that will be coming 2026/2027. In preparation, Brittany is reviewing 550 unique mental health charts to obtain foundational information around the planning of this new unit to gain a clearer understanding of community needs regarding behavioral health services. SMH will be better informed to shape the unit into the best fit for the community. Title 25 patients are just a

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portion of patients seen, but not the case for all of our patients. Reviewing the charts will provide a level of detail to build the new facility, understanding our community stakeholders and resources, who our referral sources may be and what the patient may need upon discharge. There will be site visits to other EmPATH and Crisis Stabilization Units in South Dakota to aid in our planning process as we look at best practices, facility structure and 24-hour urgent care needs.

Strategic Deployment Plan and Strategic Plan – The strategic plan guides our organization and will be made available to the community via our website for viewing. This four year plan offers high level themes that are important, with ideas around services and facility expansion and support. Second is deployment, which ties or aligns operations to our strategic priorities of the Patient Experience, Quality, Safety and Sustainability. SMH has identified what we believe is worthy of our investment for the future, such as a strong work force, investing in the facility and technology.

Access to Hospital and Ambulatory Services – We have had conversations with people around the challenges obtaining an appointment within the hospital or clinic, and recognize that there is an opportunity for improvement. A high level A3 will be done, as part of the patient experience initiative, on both the ambulatory and inpatient side to look at the gaps, identify where we are, where we want to be, and to take action. There is an opportunity for engagement to solve this challenge.

FINANCE

Gene Davis, Finance Committee Chairman states that SMH had a good first quarter. Nathan Stutte, CFO reviewed September performance for the board. Cash on hand has increased and the month of September was busy across the healthcare system. The medical-surgical unit was slower than anticipated, but TCU was busy. The emergency department and surgery were on track. The Welch Cancer Center was steady and there are concerns on the rising drug costs. The Transitional Care Unit (TCU) business levels have increased with the average stay on TCU at 15 patients per day.

FOUNDATION REPORT

Cody Sinclair, Chief Development Officer states that the Foundation has had a busy month. Liz Dearcorn is introduced as she has joined the Foundation office as the Director of Philanthropy. Liz has accomplished a lot in her three weeks with the Foundation and is able to connect with people, and has a passion for Sheridan and the hospital. She is already talking to community members and connecting in new ways. Yvonne Gatley has been approved to join the Foundation Board. Yvonne is a retired teacher and will be a good fit for the work being done.

Jasmine Slater reported on The Link Partners in Pink event that took place last weekend. There were over 480 people registered and a gross profit of \$70K. Approximately 40 volunteers helped with the event and great support from major sponsors plus beautiful weather. Jasmine was acknowledged for her seamless planning and organization of the event. The Link has been an annual event for 15 years. Jasmine reports that there are other events coming in November.

Cody states that the Foundation is in the quiet phase of securing funds for the behavioral health project. The Foundation has received support totaling about \$300K to date. Dr. Bill Doughty is the chair and we appreciate his work on this project.

BUILDING COMMITTEE REPORT

Jen Shassetz states that the committee met and reviewed a few on-going projects. Rob Forister reported on the elevator project which should be done by December 2023, finalizing the TCU project in its entirety. The admissions area remodel will begin November 10 with some demolition. The work done will be with limited disruptions to patients checking in for procedures. The construction documents for the pharmacy portion of the behavioral health

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project are to be completed, and pricing secured by the third week of November. It will be presented to the various committees and board for review and potential final approval at that time.

OTHER BUSINESS

None

EXECUTIVE SESSION

Gene Davis made the motion to move into Executive Session at 4:34 p.m. to address personnel matters. Kevin Kessner seconded the motion. Motion carried.

General session reconvened at 4:47 p.m. to address medical staff credentialing. Please see above under the Medical Staff Report for action taken.

Kevin Kessner motioned to go back into Executive Session at 4:48 p.m. to address legal matters. Gene Davis seconded the motion. Motion carried.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:09 p.m. with no action taken.

Patty Forister, Recorder

Kevin Kessner, Secretary