



**BOARD OF TRUSTEES
DECEMBER MEETING MINUTES
Wednesday, December 17, 2025 4:00 P.M.**

MEMBERS PRESENT: Jenifer Shassetz, Kevin Kessner, Anthony Spiegelberg, Tobie Alsup, Rob Johnson, and Richard Garber

MEMBERS ABSENT: Ron Mischke

OTHERS PRESENT: Mike McCafferty, Dr. Megan Ratterman, Dr. Sierra Gross, Nathan Stutte, Joe Wright, Cody Sinclair, Brendon Kerns, Tommi Ritterbusch, Tenille Straley, Kelly Lieb, Sharon Krueger, Kristen Czaban, Bryan Opitz, Ann Aksamit, Megan Ripley, Liz Dearcorn, Jasmine Slater, Brady Shoemaker, Austin Tromble, Susan Christensen, Brent Maurhoff, Casi Morgareidge, Erin Oetken, Jennifer Gaona, Sean Bonnet, Brittany Goodvin, County Commissioner Nick Siddle, Kevin Koile with Sheridan Media, and Weston Pope with the Sheridan Press

CALL MEETING TO ORDER

Jenifer Shassetz, Chairman called the meeting to order at 4:00 p.m.

PUBLIC COMMENTS, INTRODUCTIONS

Jenifer Shassetz thanks the hospital Auxiliary and Foundation for the coordinating the Trees of Love. This event continues to grow and is a highlight of the Christmas season.

APPROVAL OF AGENDA AND MINUTES

Anthony Spiegelberg motioned to approve the agenda as presented. Kevin Kessner seconded the motion. Motion passes.

Tobie Alsup moves to approve the minutes of the board meeting held on November 19, 2025 as presented. Rob Johnson seconded the motion. Motion passes.

Anthony Spiegelberg moves to approve the minutes from the Special Board meeting held on December 4, 2025. Rob Johnson seconded the motion. Motion passes.

QUALITY COMMITTEE REPORT

Tommi Ritterbusch, Director of Continuous Improvement reports that the committee reviewed data relevant to code blue and rapid response, blood transfusion compliance rates, door to balloon time, medical record delinquency rates, workplace violence, staffing issues and nursing fatigue, influenza and COVID-19 employee vaccination rates, hospital acquired infections, tracer audits, FMEA (failure, mode, effects, analysis), patient safety, and aging friendly initiatives. There are 24 different elements of performance required by CMS for the patient safety reporting and all elements have been met. Tommi also reports that there are 10 elements of performance for the aging friendly initiative, which also have been met. There is great work across the organization with no negative trends or areas of concern noted.

PATIENT EXPERIENCE REPORT

Kelly Lieb, Director of Patient Experience thanks Tommi and the Quality Department team for their work and time on our aging community and patient safety measures, which impacts the patient experience. Reports were given on a year in review of the patient experience with a net promoter score of 84.1 across the organization. Also reviewed was communication with physicians and the utilization of white boards in the patient rooms, communication on medications with pharmacists at the bedside explaining side effects and new medications. We are looking at the gap in survey scores as patients have a hard time remembering to take the survey and don't always remember their hospital stay. Cleanliness of the hospital was reviewed and challenges faced with volumes and staffing. Registration

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accuracy has improved to reflect an accuracy rate of 97%. Human Resources reports an engaged employee is more likely to create a better patient experience, and there is a current turnover rate at 23%. The digital experience continues to soar with the patient portal usage and Brady Shoemaker’s information technology team’s work with the end user (the patient). The IT team had 1474 tickets for daily fixes and they closed 1426 of those requests and have 216 projects that they are working on. That is a sampling of the great work being done. There is the implementation of an IT Steering Committee who works with the team to ensure projects are supporting our strategic initiatives.

MEDICAL STAFF REPORT

Dr. Ratterman states that it has been awhile since the entirety of the medical staff bylaws has been reviewed and updated. The Bylaws Committee is currently reviewing to insure that the bylaws are legally sound, reflect up to date practices and are concise. A short section that has been reviewed by the Bylaw Committee, the Medical Executive Committee, medical staff legal counsel and SMH legal counsel are brought to the SMH board today for consideration. Dr. Ratterman reviewed the potential changes with the board. SMH legal counsel, Brendon Kerns thanks Amy Ligocki and Dr. Ratterman for all of their work on the bylaws and for keeping everything on track and moving forward. Brendon states that Section 9 of the proposed changes will need to be tabled at this time, as clarification is needed on the language in this particular section.

Jenifer Shassetz requests a motion to approve the Medical Staff Bylaws Amendments. Kevin Kessner moves to approve the Medical Staff Bylaws Amendments as presented. Anthony Spiegelberg seconded the motion. Motion passes.

Jenifer Shassetz asks if there is any discussion on tabling Section 9 and hearing none, requests a motion to table Section 9 of the Medical Staff Bylaws Amendments. Anthony Spiegelberg moves to table Section 9 of the Medical Staff Bylaws Amendments. Kevin Kessner seconded the motion. Motion passes.

Jenifer Shassetz asked if there is any further discussion of the Medical Staff Bylaws Amendments. All those in favor of approving the Medical Staff Bylaws Amendments as presented with the exception of the tabled Section 9 say aye. Motion passes.

After review and discussion in Executive Session, Dr. Ratterman presents the following medical staff initial appointments, medical staff renewals, and request for additional privileges:

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

| Name | Category | Specialty | Affiliated Organization |
|-------------------|---|-----------|-------------------------|
| Adham Shoujaa, MD | Teleradiology/Delegated (No Membership) | Radiology | Real Radiology |
| Frank Welte, MD | Teleradiology/Delegated (No Membership) | Radiology | Real Radiology |

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MEDICAL STAFF RENEWALS (ACTION)

| Name | Category | Specialty | Renewal Date | Affiliated Organization |
|---------------------|--|-------------------------|--------------|---------------------------|
| Ibrahim Hammad, MD | Consulting -No Admit w/o Active Physician cosign | Maternal Fetal Medicine | 1/05/2026 | St. Vincent's / IMH |
| Randol Hooper, MD | Telemedicine/Delegated (No Membership) | Critical Care | 1/05/2026 | Billings Clinic Pulmonary |
| Waheed Jalalzai, MD | Teleradiology/Delegated (No Membership) | Radiology | 1/08/2026 | Real Radiology |
| Troy Porter, MD | Consulting -No Admit w/o Active Physician cosign | Maternal Fetal Medicine | 1/05/2026 | St. Vincent's |

MEDICAL STAFF ADDITIONAL PRIVILEGE

| Name | Category | Specialty | C |
|-------------------|--------------------------|-----------|---|
| Stephen Holst, MD | Active Staff – May Admit | Urology | |

Dr. Ratterman, on behalf of the Medical Executive Committee and Credentials Committee recommends the following medical staff initial appointments, medical staff renewals, and request for additional privileges for consideration and approval.

Anthony Spiegelberg moved to approve as presented. Richard Garber seconded the motion. Motion passes.

ADMINISTRATION REPORT

Community Forums - Mike states that we done approximately eight community forums relevant to the conceptual partnership with Billings Clinic and they have gone very well, with good interactions with the public. Mike will entertain doing additional presentations after the first of the year and thanks the trustees for attending multiple presentations.

One Big Beautiful Bill Act/ Rural Health Transformation – we have not received any information relative to the rural transformation fund so Mike doesn't have anything for the board at this time.

Mike states hearing Kelly Lieb talk about the wonderful people she works with and seeing the great people that come to this meeting, he would like the members of the audience to come forward and introduce themselves to the board and tell the board what they do in the organization. It's important for the board to know who makes the hospital run on a daily basis. This is a sampling of the amazing leaders that we work with to run this hospital every day. We have the best and brightest and want the board to see that we are in great hands, and bringing along the next group of leaders in the organization.

Behavioral Health Unit Update for Operations – Brittany Goodvin, Director of Behavioral Health presented on the phasing schedule for the new EmPATH and Crisis Stabilization Unit. Collaboration with the physician who developed the empath model, along with other colleagues helped with the design of this unit. In preparation we will have four levels of care to be successful in offering the right level of care at the right time. The four levels consist of outpatient services, walk in, crisis stabilization and inpatient bed. Since the implementation of Dr. Kinney's outpatient clinic, we have seen a 24% decrease in Title 25 patients, with 475 unique patients seen and 1300 encounters, and a 46% decrease in the number of patient days as an inpatient. Previous to the clinic, many of the patients would have been sent to an inpatient facility elsewhere. The phased approach consists of late summer of

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2026 for the outpatient clinic to open in its new location. We will introduce adult crisis stabilization routed through our emergency department to start. Fall of 2026 we hope to open the walk-in urgent care. Late fall of 2026 we will open 2 inpatient beds to start. We will keep evaluating our needs and opportunities as we move forward. The team is excited to be opening earlier than anticipated. Tobie Alsup states that it is great to see the data driven approach to what we do.

FINANCE

Anthony Spiegelberg, Finance Chair states that there are no changes to the final audit report issued by CLA last month. The committee reviewed October results as they were not available last month with the short turn around. November results will be reviewed next month.

Nathan reports that there is a lot of work happening with the EmPATH unit coming together and a potential partnership with Billings Clinic. Thanks and appreciation extended to the leadership group on their work on sustainability and embracing challenges in their areas. Megan Ripley is thanked for leading the improvement work around revenue cycle at the WCC. Sean Bonnet and Sharon Krueger are recognized on the growth and working with the providers in the clinics they oversee. Susan Christensen and Austin Tromble are recognized as well. Austin's work with the VA on getting our providers in network for referrals was a huge accomplishment. Bryan Opitz's work at Wyoming Rehab resulted in exceeding the profit goal set for the clinic. Jessica Heil on med-surg was recognized for her work around labor numbers and efficiencies.

October gross revenues were slightly over budget and expenses were higher. There has not been a surge in commercial payers with surgical cases as expected. However, November and December are looking to be better than projected and will be reviewed in depth next month.

DaVinci Robotics (Action) – When the DaVinci robot was leased, SMH had entered into an agreement with a clause to be able to upgrade the old system when new technology became available. With the growth of the program, we have hit and surpassed 75% utilization, resulting in delayed cases in which the robot can be used or resulting in open surgical cases instead. It is appropriate to have two robots, and Nathan is working with the company on a package consistent with our volume levels. There will be a tremendous benefit with the new software technology, offering the ability to network a provider mid-case for support on difficult cases or cases with unexpected complications. The projected increase in cases with the two robots available will offset the cost, since we would not be out-migrating cases to Billings or other Wyoming hospitals. Nathan Stutte is requesting board approval to finalize the negotiations for two DaVinci 5 platform robots. Anthony Spiegelberg motions to approve this request. Jenifer Shassetz seconds the motion. Motion passes.

FOUNDATION REPORT

Richard Garber states that the Foundation office sent out the donor letters and the last meeting of the year was held at Cody's house. The Foundation board approved an additional \$60,000 contribution to go towards the elopement system at Sheridan Greenhouse. Cody Sinclair reports that the Gratitude Report mailing was delayed as the Foundation was awaiting a \$100,000 matching gift. There has been an amazing response as \$41,000 of the match has already been received. The work at Sheridan Greenhouse will begin right away with the plan to have the security system up and running by the end of January, or sometime in February.

BUILDING COMMITTEE REPORT

Cody Sinclair reports that it is wonderful to see the EmPATH unit ahead of schedule and under budget. The WCC air handler has a 13 week turn around time, so the project won't begin until March or April. The OR locker room project came in \$10,000 under budget, due in part to the consistent team of contractors that are utilized under the direction of Jordan Lentz.

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OTHER BUSINESS

None.

EXECUTIVE SESSION

Rob Johnson motions to adjourn General Session to go into Executive Session at 5:16 p.m. Tobie Alsup seconded the motion. Motion passes.

General session reconvened at 5:34 p.m. to address medical staff credentialing. Please see above under the Medical Staff Report for action taken.

ADJOURNMENT

With no further matters to come before the board, Jenifer Shassetz adjourned the meeting at 5:34 p.m. with no additional action taken.

Patty Forister, Recorder

Jenifer Shassetz on behalf of Ron Mischke, Secretary