SHERIDAN MEMORIAL HOSPITAL

BOARD OF TRUSTEES
AUGUST MEETING MINUTES
Wednesday, August 26, 2026 4:00 P.M.

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

MEMBERS ABSENT:

OTHERS PRESENT: Mike McCafferty; Dr. Megan Ratterman; Nathan Stutte; Joe Wright; Cathy Bealer; Cody Sinclair; Brendon Kerns; Tommi Ritterbusch; Kristen Czaban; Ann Aksamit; Brady Shoemaker; Sean Bonnet; Sharon Krueger; Liz Dearcorn; Brittany Goodvin; Brent Maurhoff; Amy Ligocki; Kelly Lieb; Casi Morgareidge; Marcos Collazo; Hailey Dimitroff; Jennifer Gaona; Megan Ripley; Austin Tromble; Sarah Doty; Alesha Brannigan; Korissa Schoen Duff; Angie Erickson; Sydney Pope; Angel Oliver; Commissioner Nick Siddle; and Weston Pope with the Sheridan Press

CALL MEETING TO ORDER

Kevin Kessner, Chair called the meeting to order at 4:00 p.m.

PUBLIC COMMENTS, INTRODUCTIONS

Brittany Goodvin introduces the nurse manager of behavioral health, Marcos Collazo. Marcos and his spouse moved from Florida and he is familiar with remote medicine with having worked offshore, was a medic in Denver and spent time working in an ICU. The Path has been up and running for two weeks with great outcomes already. He is excited to be a part of what we are offering and the community's reaction is amazing. Since starting on June 1, he has recruited ten staff members, coordinated training with the college and trained and tested a new EMR system. Marcos is welcomed by all.

APPROVAL OF AGENDA AND MINUTES

Rob Johnson motioned to approve the agenda as presented. Anthony Spiegelberg seconded the motion. Motion passes unanimously.

Carol Gregory moves to approve the minutes of the board meeting held on July 29, 2026 as presented. Tobie Alsup seconds the motion. Motion passes unanimously.

QUALITY COMMITTEE REPORT

Tobie Alsup, Quality Committee Chair states that there are good things happening in the organization and the committee reviewed numerous policies as the hospital moves forward with our critical access designation. Tommi Ritterbusch, Director of Quality and Specialty Services reports the committee reviewed and approved the Utilization Review Management Plan for 2026-2027 with no concerns noted. The committee also reviewed data on return to surgery rates; ASP hospital & community acquired c-diff; medical errors; medication adverse events; critical tests/results reporting for nursing; mammography call back rates; critical test/results report for radiology; patient care contracted services; and patient safety events. There are no red flags or negative trends to report.

Additionally, the committee recommends the appointment of Sarah Doty as the new Infection Prevention Specialist, extending the recommendation to the Board of Trustees for approval. Tobie Alsup moves to approve the appointment as presented. Carol Gregory seconds the motion. Motion passes unanimously.

PATIENT EXPERIENCE REPORT

Kelly Lieb, Director of Patient Care Continuum and Patient Experience provides highlights of the committee meeting, hearing reports on grievances; outpatient laboratory services; SameDay Health and Imaging standard of

care improvements; new scheduling template at Primary Care; Welcome to Medicare informational brochure and patient education; Doorstep-Clear Balance billing system review; Alert Management system review on NRC surveys; and Kelly providing a FY2026 Year in Review. There are no red flags or negative trends at this time.

MEDICAL STAFF REPORT

Dr. Ratterman states that credentialing matters will be reviewed in executive session, with no other business to report.

On behalf of the Medical Executive Committee and Credentialing Committee, Dr. Ratterman presents the following for consideration.

MEDICAL STAFF INITIAL APPOINTMENTS (ACTION)

Name	Category	Specialty	Affiliated Organization
Casey R. Shumberger, MD	Teleradiology/Delegated (No Membership)	Radiology, Diagnostic	Real Radiology
Eric L. Ha, MD	Telemedicine/Delegated (No Membership)	Psychiatry	QLER Tele Psychiatry
Norman Wall, DO	Consulting -No Admit w/o Active Physician cosign	Internal Medicine /	Private Practice

MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Jason E. Grennan, MD	Teleradiology/Delegated (No Membership)	Radiology, Diagnostic	8/26/26	Real Radiology
Joshua Scott, MD, FACS	Active Staff w Priv - May Admit	General Surgery / Bariatrics	8/31/26	Sheridan Memorial – Big Horn Surgery
Tyler J. Slyngstad, MD	Active Staff w Priv - May Admit	Cardiology	5/22/2026	Intermountain Health Billings, MT
Daniel D. Holst, MD	Active Staff w Priv - May Admit	Urological Surgery	8/31/26	Sheridan Memorial – Big Horn Surgical
Jonathan A. Jaksha, MD	Teleradiology/Delegated (No Membership)	Radiology, Diagnostic	8/26/26	Real Radiology
Bairn M. Walker, MD	Consulting -No Admit w/o Active Physician cosign	Ophthalmology	8/29/26	Eye Surgeons of Wyoming

Dr. Ratterman recommends approval on the initial appointments and medical staff renewals. Rob Johnson moved to approve the appointments and renewals as presented. Carol Gregory seconded the motion. Motion passes unanimously.

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ADMINISTRATION REPORT

Critical Access Hospital Designation Update – SMH has gone through the initial process with the State and we have received a provisional license as a critical access hospital. With the provisional license in place there are still multiple steps needed to officially be a critical access hospital. We can expect the Joint Commission surveyors to be on sight for at least three days, looking at both life safety and clinical areas. The Joint Commission survey will be an unannounced visit, expected within a four to six month window. With a positive survey with no findings, JC will deem us critical access, making a recommendation to CMS; CMS will then make us a critical access hospital. SMH can then notify Noridian (the Medicare Administrative Contractor for CMS) of our status with an effective date in order to see a change to our pay structure and reimbursement as a critical access hospital. We are unsure how long this process may take, but Nathan is reviewing proposed rates in advance of all this.

Rural Health Transformation Fund Update – a memo was released to the organization in which we communicated the positive response to the grants submitted. There is work to be done with the Department of Health relative to the specific grant requests and contracts for preliminary approval; we will share numbers once it is known. SMH's move to a critical access hospital designation allowed for funding opportunities that we would not have been eligible for as a prospective payment system hospital. Great effort made by so many people to put SMH in the position to apply for funds not otherwise available.

The Department of Health scored the grants submitted to them and made the recommendations to award funding. Kristen Czaban did a wonderful job with the proposals. It appears that we will need to request funding each year; and more will become known as processes are reviewed going forward by the State.

Master Planning – SMH has worked through a strategic plan process for areas of growth, reviewing our current campus and identifying priorities to meet the future needs of our community. All aspects of the hospital, including outlying facilities are being reviewed and how they play into our strategic plan. Cushing Terrell will set the framework and will invite employees in the organization to provide input as to the future campus. There will be an assessment on the infrastructure such as utilities, HVAC, cooling systems, backup power, etc. that will be evaluated as well.

Wyoming Hospital Association Annual Meeting – the WHA meeting will be held on September 9 and September 10 in Cheyenne. If you have not signed up and still want to attend, please reach out to Patty Forister.

FINANCE

Anthony Spiegelberg, Finance Chair reminds the board that the potential funds received through the Rural Health Transformation Fund are not considered in the hospital's budget. If and or when those funds are received, it will provide a boost to our bottom line and breathing room until we become a critical access hospital and are reimbursed accordingly. July was better than budgeted and the loss not as great as projected. SMH is moving forward with establishing credit lines and back up financing as we work through the critical access transition. Nathan Stutte, CFO states that July is a new fiscal year and performance targets kicked off well. Women's Health saw numerous deliveries in June and July. The emergency department was busy in July, showing 20% over budget. The Welch Cancer Center infusion services are ahead of budget. The clinics review of metrics and performance targets have indicated expenses are better than budgeted. There is an opportunity around labor costs. Overall we are seeing a good start to the new fiscal year. There will continue to be challenges as we move through the critical access process.

FOUNDATION REPORT

Richard Garber, foundation liaison, states that the three new foundation board members toured the hospital and are impressed with what we have to offer. Brent Maurhoff, Surgical Services Manager, and Cathy Bealer, CNO

presented to the foundation board with a request to fund the purchase of specialized equipment relative to ENT services. Dr. Ferrell is expected to start next month and he has a higher level of expertise in head and neck cancer, which this specialized microscope will be utilized. The foundation will review and take any action next month. Dr. Doughty, retired hospital pathologist and previous foundation board member attended the meeting and provided gifts to the new foundation board members.

Cody Sinclair, Chief Development Officer reports that the Foundation has set some lofty goals. Each month the board is provided a dashboard on goals and each team reports on the work being done to meet those goals. The Foundation is focused on supporting the hospital, and building and strengthening relationships to make things happen, while growing and sustaining initiatives already in place. This is a highly engaged board and the focus is on supporting strategic goals of the hospital.

BUILDING COMMITTEE REPORT

Cody Sinclair, CDO reports that the behavorial health unit has a few little items yet to wrap up; the Welch Cancer Center is in the final stages of the HEPA filter replacement in the pharmacy area and they are addressing humidity issues; the emergancy department updates are going well and the project is ahead of schedule. Conversations with Cushing Terrell continue relative to master planning.

OTHER BUSINESS

Mike McCafferty states that we had a site visit with leaders from another hospital in the state who face the same challenges as SMH, which only highlighted the fact that the work we do to manage services to serve our mission in the financial climate we are in is amazing. The future of SMH is bright with the changes we are implementing, with a good strategy and a path forward. When we talk about value in the healthcare business, we look at cost and quality. SMH is the only hospital recognized by BCBS as a Blue Distinguished hospital for ortho. SMH meets the metrics set by BCBS, relevant to patient charges and medical outcomes and quality data; the cost to the consumer and quality of service at the level the insurance company would send a patient to for services. We have an efficient operation and pay attention to be able to provide services at a high level.

EXECUTIVE SESSION

Rob Johnson motions to adjourn General Session to go into Executive Session at 4:46 p.m. Anthony Spiegelberg seconds the motion. Motion passes unanimously.

General session reconvened at 4:49 p.m. to address medical staff credentialing. Please see above under the Medical Staff Report for action taken.

Tobie Alsup motions to adjourn General Session to go back into Executive Session at 4:50 p.m. Rob Johnson seconds the motion. Motion passes unanimously.

ADJOURNMENT

With no further matters to come before the board, Kevin Kessner adjourned the meeting at 5:15 p.m. with no additional action taken.

Patty Forister, Recorder

Rob Johnson, Secretary