Call to Order
The public board meeting was called to order at 3:00 p.m. by Chair Mike Tennican. The public meeting was immediately adjourned to convene in executive session. The public board meeting was reconvened at 4:04 p.m.

Approval of Minutes
A motion was made, seconded, and unanimously carried to approve the minutes of the December 1, 2016 Board of Trustees regular meeting.

Comments from the Chair
Mike Tennican congratulated board advisor Lety Liera on becoming a U.S. Citizen. Ms. Liera has contributed to our community for over 15 years and as an advisor to St. John’s Medical Center’s board for two. On behalf of the board, Mr. Tennican presented Ms. Liera with a gift honoring this significant occasion.

Mr. Tennican commented on the 22 in 21 conference. He was a guest speaker who presented on the state of St. John’s and the increase in elective surgeries due to quality outcomes and new programs. Other community leaders presented on the state of their organizations and what is on the horizon.

Mr. Tennican gave his endorsement to replace our Living Center with a new facility that includes a separate area to better serve patients with Alzheimer’s, dementia and other cognitive challenges. Administrators have been working hard to build a strong case to encourage elected officials to consider putting the facility on the Specific Purpose Excise Tax (SPET) ballot for May. He noted that the hospital’s Living Center proposal is unique compared to other SPET candidates: the Medical Center will share in the construction costs, fully cover the operational costs, and we already own the land. At Monday’s Joint Information Meeting with Town and County officials Karen Connelly and Sarah Graham presented on the
Living Center; they each conveyed points effectively. Members of the public spoke about the care they received when family members were in the Living Center.

Mr. Tennican stated that he was recently reminded of the importance of having public comment at meetings and of having guidelines around them. At the recent special JIM meeting, Commissioner Newcomb clearly stated that public comment is limited to three minutes and he asked that speakers only comment on new points and refrain from commenting on points already made. Mr. Tennican suggested the board consider establishing similar rules around public comment.

CEO Report
Paul Beaupre recognized Jackson Hole News & Guide reporter Melissa Cassutt for being named the Wyoming Press Association’s young journalist of the year. Ms. Cassutt has covered St. John’s Medical Center for a year and a half.

Quality
Dr. Beaupre gave an update on a variety of awards and recognitions St. John’s has recently received. Some of the highlights include:

- SJMC received a 4-Star Rating from Centers for Medicare and Medicaid Services (CMS)
- The Living Center received a 5-Star Rating from CMS
- Voted “Safest Hospital in Wyoming” by Quantros and Consumer Reports
- “A” ranking from Leapfrog
- Gold Seal from American College of Radiology
- #1 for Joint Replacement Rehab in over 280 Marshall Steele joint programs

Patient & Employee Experience

- Out of the 456 hospitals researched in National Research Corporation’s study on how hospitals incorporate the patient and family in the care plan, St. John’s was #1 in Patient-Centered Care.
- 92% of employees who completed the 2016 Employee Survey would recommend St. John’s as one of the best places to work in the community.
- Over 90% of patients who responded said they would recommend our hospital employed physicians (St. John’s Physician’s Practices).

“By the Numbers” in 2016

- 8,815 visits to the Emergency Department
- 16,342 Urgent Care visits
- 2,796 Surgical Visits
- 444 deliveries
- 200 joint replacements
- 2,081 miles logged in the “Liberate Your Couch” wellness program
- 3,503 Oncology visits
- 17,450 living center resident nights
- 79,432 Outpatient Visits (this includes ED and Urgent Care)

Looking Forward
Access to Care

- We are exploring ways that out-of-town visitors who receive treatment at SJMC can take care of their bill in more efficient ways;
- For transfers to higher level of care, we help arrange travel, lodging, and other things to help
the family get established.

**Keeping Appropriate Care Close to Home**
- We have been discussing what we can do to improve the type of care we offer our community. For example, a radiation oncologist from Idaho Falls is coming to SJMC; we are looking at opportunities to have brachytherapy for breast cancer and seed implants for prostate cancer provided locally.

**Wellness Program**
- The Wellness Department continues to distinguish itself in the community. Other business owners have approached Julia and her team about receiving wellness services. We are currently working with the school system, and the Chamber of Commerce is looking at our program.

**Workforce Issues**
- We will continue to look at opportunities and have meaningful conversations with elected officials and property owners about affordable housing. Currently, 10% of St. John’s workforce lives in affordable housing, and with the completion of Milward/Kelly project, another 12 units will come online this summer. Looking out 10-15 years, a notable percentage of our workforce will reach retirement age and our new nurses, rad techs, etc. will not move into their homes. Future scenarios such as this remind us of the importance of SJMC continuing to consider workforce housing options.
- The recent winter storms impacted our workforce numbers; many volunteered to come in and fill in where needed. These storms served as a reminder of the importance of addressing affordable workforce housing. This will likely be a 10-year horizon.

**Providing Senior Living**
Under the leadership of Karen Connelly, Jen Simon, Pat Weber, Sarah Graham, and John Goettler we have been successful in starting a public discussion about the need to build a new Living Center. Dr. Beaupre thanked them for their hard work and the team work they demonstrated while getting us to a point to be considered on the SPET ballot.

Liz Masek departed.

**Facilities Committee** – Jim Johnston reported on behalf of Liz Masek. Mr. Johnston recognized his crew for working tirelessly to handle the leaks and groundwater issues associated with the heavy snowfall. The problem areas have been identified and contained and will be fixed in upcoming weeks. Jim worked with Mark Hettinger, Richelle Heldwein, and Emily Cooper to ensure all quality, risk and patient safety issues were addressed.

Milward/Kelly workforce housing project is running on time and on budget. Six units have been fully framed. He expects an August completion date.

As part of the new Wellness/Lobby renovation project the courtyard area has been dried in and the framing has been inspected by our third-party inspector, WC3. We will begin sheet rocking soon. The project is on time and on budget.
Finance, Audit and IT Committee – Scott Gibson reported on the committee meeting held on Monday, January 23, 2017. After the first six months of FY 2017, St. John’s Medical Center is performing on budget in most of its parameters.

The Finance Committee approved the purchase of a $294,000 Fuji Film x-ray receiver / detector. This is part of a modernization; the device reduces doses by 50%.

Scott noted that twice a year the committee spends a considerable portion of the meeting reviewing the IT strategic plan; the committee did so. We are looking at EMR replacement options because our current vendor McKesson is getting out of the health care IT industry. We sent out a Request For Quotation (RFQ) to eCW, Cerner, Epic (through the University of Utah’s Epic), and Meditech. We will have onsite demonstrations for our physicians and various departments.

Mr. Gibson noted that cyber-security has recently been in the news. A Wyoming hospital fell prey to an email phishing attack that compromised employees’ names and social security numbers. The same phishing attack was received at St. John’s but the recipient did not reply. He reminded everyone to be hyper-vigilant as hospitals have become favored targets.

John Kren shared general highlights year to date as of December 31, 2017. For the first half of fiscal year 2017, St. John’s Medical Center is tracking on budget for both net revenue and operating expenses which equates to a $767,000 operating gain. For the month of December, the Medical Center’s net revenue was below budget but operating expenses were 2% below budget which gives us a YTD positive variance. Since staffing is our biggest expense, John reminded managers to watch staffing.

Mr. Kren presented statistical highlights for the Second Quarter Ended December 31, 2016. Surgical minutes total 162,480 compared to 155,805 this time last year. Also for the 6 months ended, acute patient days combined with observation days equivalent ended at 3118 compared to 3218 this same period in FY2016. Gross revenue is $82 million YTD versus the budgeted amount of almost $81 million. Year to date operating expenses of $52.4 million are tracking right on budget. From an overall perspective, we have experienced an increase in net assets of $3.29 million YTD versus a budgeted amount of $4.17 million.

Other statistical highlights for the 6 months ended December 31, 2016 include:
- 229 deliveries compared to 235 in FY2016
- 162,480 total surgical minutes versus 155,805 last year
- Net revenue is $53.2 million versus the budgeted amount of $53.4 million and $52.2 million this same period last year.

Joint Committee on Quality & Safety – Scott Gibson reported on the January 23, 2017 JCQS meeting. Mr. Gibson stated that Emily Cooper, Infection Prevention, presented 2016 NHSN reported infection data. He noted that Richelle Heldwein gave a Patient Safety Report. She reported that our Patient Safety Officer has started gathering information and creating action plans for patient safety projects. Review of the projects are currently underway.

He asked Dr. Marty Trott to present the credentialing items and other matters discussed at JCQS.

Dr. Trott noted that the MEC and JCQS unanimously approved the updated Delegated Credentialing Agreement with the University of Utah.
Scott Gibson moved to approve the Delegated Credentialing Agreement with the University of Utah, as presented. Bruce Hayse seconded. The motion passed unanimously.

**Approval of Credentialing Items**

Dr. Trott presented the credentialing items approved unanimously at the January MEC and JCQS meetings. These include: *Initial Appointments, Reappointments, Resident Rotation*.

Joe Albright moved to approve the credentialing recommendations as presented. Bruce Hayse seconded. The motion passed unanimously.

**Policy Revisions and/or Medical Staff Bylaws Revisions**

Dr. Trott reported that the full Medical Staff has reviewed and approved a proposed revision to the Medical Staff Bylaws, Section II.B.2.b pertaining to Board Certification requirements. Both the MEC and JCQS approved the revisions unanimously.

Ms. Herz asked for clarification on this revision. She wanted to make sure that Medical Staff had not voted to remove the requirement that physicians must be board certified to practice at St. John’s Medical Center. Dr. Trott confirmed that the Medical Staff had not removed that requirement, but an amendment to privileges had been approved to account for the timing between reappointment and board certification based on specialty so that we are compliant with the board’s bylaws, medical staff bylaws, and the state.

Mr. Albright recommended that the board make a motion to reaffirm the board certification requirement.

Scott Gibson made a motion to affirm that SJMC physicians are required to be board certified. Mike Tennican seconded the motion. The motion passed unanimously.

**Strategic Planning Committee** – Mike Tennican stated the Joint Committee on Major Initiatives met today and discussed the Living Center SPET proposal. The Joint Information Meeting (JIM) with both town and county officials took place on Monday, January 23rd. Members of administration, the Board of Trustees, and the Foundation Board attended.

**Human Resource Committee** – Cynthia Hogan reported on the January 20, 2017 HR Committee meeting. She noted that Director of HR, Thom Kinney, gave a high-level summary of the employee engagement survey results. We used HealthStream to conduct the survey; this is the same company that we have used consistently for other engagement surveys. We use the same firm so that we can compare the results every cycle (every two years). Our scores have consistently improved each two-year cycle. She stated we have made great progress, but there is still progress to be made in areas that are important to us. Ms. Hogan asked Mr. Kinney to share his presentation with the board and public.

Thom Kinney, Director of HR, presented a high-level summary of the engagement survey results. He stated that one key question we look at as an overall indicator is “You would recommend this organization as one of the best places to work in the community.” This question tends to be an indicator of loyalty as well as overall engagement. Our average score was 3.32, an increase from 2014 (3.24) and in the 81st percentile compared to other hospitals using the HealthStream survey. We had 93% positive responses to this question versus 85% the previous year. We also increased from the
prior year in 20 out of 21 items (individual questions that are aggregated to get the category scores).

Mr. Kinney presented the five questions with the highest scores, including the top: “You are proud to be a part of this organization,” and “You are highly motivated to contribute to this success of this organization.” He presented the five lowest scoring questions, including the lowest, “Pay for Job: Your pay in relation to your job responsibility” which fell into the 49th percentile. He noted that our five lowest scores were in the 60th to 70th percentile, with one in the 49th. Even in our lowest-scoring questions, we are still doing 2/3 better than most hospitals. The highest percentile rank was Benefits Package, at 90th percentile, and the lowest was Pay for Job, at 49th percentile; both of these questions are in the Pay and Benefits category.

The next steps will be to present the overall high-level results to the organization, then HR will meet with individual departments to review their results and develop action plans. The action plans will be tracked for progress, and also be communicated openly in order to clearly tie the actions we’re taking to the feedback and suggestions received on the survey. Some will be able to be implemented immediately, others will require more analyses, time, and/or resources, and still others may not be feasible in the short term, but the commitment is to be transparent and open in the communication. We will perform ‘pulse’ surveys to see if the actions we are taking are working.

**Foundation Report** – John Goettler gave an update on recent Foundation activity. He noted the Foundation ended calendar year 2016 on a strong note. John shared the 2017 Executive Committee slate, which includes: Bob Grady, Chair; Jonathan Scott, Vice Chair; Linda Aurelio, Vice Chair; Bill Best, Treasurer/Finance; Connie Kemmerer, Secretary; Chuck Fleischman, Past Chair; Leslie Peterson, Development; Valerie Beck, Marketing; and Bob Pisano, Nominating Committee. Addie Donnan retired from the board after serving five terms, and Phil Coosaia, Ruth Ann Petroff, and Ken Taylor will retire after serving three terms. Joining the SJHF Board are Marty Trott, MD; Katy Niner, and Ted Staryk.

In mid-December we concluded 75 interviews as part of the Mental Health Assessment. Mental health provider Elizabeth Cheroutes has been very helpful with this project. We have had five program partners throughout this process; it became evident that law enforcement should be included so we invited Jackson Police and Teton County Sheriff’s office to participate. Chief of Police Todd Smith and Sheriff Jim Whalen have participated. Meetings with stakeholders have been set up for January 30th, February 8th and 15th at the library; public is encouraged to attend.

Lastly, Mr. Goettler noted that Natalia Macker has recently been appointed as the county commissioner’s hospital liaison.

**Education – Board Compliance**
Richelle Heldwein, Chief Risk and Compliance Officer, gave a compliance education presentation to the board. She will continue offering education to the board on an annual basis. Ms. Heldwein commented on the two American Hospital Association articles on compliance and governance that were included in the board packet. Each member of the board is required to read the articles and sign an attestation form once completed.

Ms. Heldwein provided an overview of compliance, the role of the Compliance Committee and various compliance-related items she and her department handle. The board Compliance Committee meets on a quarterly basis and reports to the full board. The Committee reviews the Office of the
Inspector General’s (OIG) work plan on an annual basis. Ms. Heldwein examines the items on the OIG work plan that apply to St. John’s Medical Center, the Living Center, and Home Health & Hospice and sets forth the action plan. Her department also focuses on HIPAA compliance; reviews patient complaints and views trending; conducts billing and coding audits; reviews CMS regulations, and oversees house-wide audits. She reminded the board that we encourage staff to report, and that we are a non-retaliatory organization.

**Old Business** - No old business.

**New Business** – Joe Albright stated that our hospital bylaws allow for up to three board advisors. Currently Lety Liera serves as an advisor and we have two vacancies. Mr. Albright, in the role of Organization Committee chair, recommended appointing another advisor. He recommended Dave Robertson, a Teton County, Idaho resident, former CEO of rural hospitals, and a final candidate in the SJMC CEO Search. Discussion ensued.

Mr. Albright moved to invite Dave Robertson to serve as an advisor to the St. John’s Medical Center Board of Trustees for a two year term. Scott Gibson seconded the motion. The motion passed unanimously.

Scott Gibson will initiate conversation with Mr. Robertson to see if he is interested and able to join.

**Public Comment** – Dr. Joyce Frye asked how the hospital handles patient complaints. Richelle Heldwein and Paul Beaupre explained that all complaints are directed to Ms. Heldwein. Complaints are compiled on a weekly basis and sent to executive team. A summary of trends (areas and type of complaint) is presented at each quarterly compliance meeting.

**Next Meeting**
The next regular monthly meeting will be Monday, February 27, 2017. Public session begins at 4:00 p.m.

**Adjournment**
Scott Gibson moved to adjourn the public meeting. Ms. Hogan seconded the motion. Motion passed unanimously. The meeting adjourned at 5:40 with no return to executive session.

Respectfully submitted,
Mary Katherine King, Executive Assistant