

# STEELE MEMORIAL MEDICAL CENTER

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## **BOARD OF DIRECTOR'S MEETING**

**March 29, 2022**

### **MINUTES**

**MEMBERS PRESENT:** Kristin Troy, Chair  
Dennis Lile, Vice Chair  
Ingrid Fulstone, Secretary/Treasurer  
Chuck Bloodgood  
Dennis Krasowski  
Melinda Ellison  
David Weston  
Ex Officio:  
Rick Snyder, Lemhi County Commissioner  
George Rohrich, Interim CEO  
Linda Powell, MD, Chief of Staff  
Chuck Mark

**OTHERS PRESENT:** Lisa Loughran, COO/CNO  
Stephen DelRossi, CFO  
Joshua Corbridge, CHRO  
Shawn Huston, CQO  
Justin Voorhees, CPSO  
Nancy Osmundson, Foundation Marketing Communications Officer

Minutes recorded by Judy Washbon, Med Staff Services Director / Executive Assistant

**CALL TO ORDER:** The meeting was called to order at 4:30 p.m. by K. Troy.

**EXECUTIVE SESSION:** **MOTION:** Motion was made and seconded to move into executive session under Idaho Code 74-206(1)(a)(b) to consider: Provider Credentialing Reports; Discussion on hiring an public officer/employee; Personnel Discussion; Motion carried unanimously by rollcall. Executive session adjourned at 5:29 p.m.

**PUBLIC COMMENT:** Public comment was heard. Jean Anders gave an update on the recent 2L Coalition meeting and reported all attendees felt good about what they are accomplishing. J. Anders also voiced the Coalition's concerns about the hospital updating its logo and the associated costs.

N. Osmundson stated there are no costs to the hospital for the logo updates.

**PRESENTATION:**  
Quarterly Quality  
Report:

C. Mark reviewed the quarterly Quality Council report:

- Discussed the large amount of information that is gathered and presented by S. Huston;
- HCAHPS and PG surveys were discussed. It was noted the lack of feedback and surveys greatly skew the numbers;
- The Quality council had discussed the huge amount of data reported and how to make the meetings more meaningful;
- Discussed how the Council will review what are we doing well; what do we need to improve on;

- Patient comments from surveys were read;
- Discussed Press Ganey ratings, percentile; performance indicators;
- CMS has strict rules about the surveys. Patients cannot be incentivized to take the surveys. Surveys are randomly sent to patients by PG;

Strategic Planning  
Updates:

G. Rohrich discussed strategic planning updates. Looking at an April date for Huron to come on site and hold meetings, including a community meeting. Once a date is scheduled, notices will be sent out.

FINANCE  
COMMITTEE REPORT:  
*February*  
*Financial Report:*

S. DelRossi reviewed and discussed the February financial report and provided brief overviews of the financial narratives and noted total patient revenue vs. last year was up 12%, but revenue was down. This is because of the patients seen were more acute. Contractual bad debt is up and the department will be doing a deep dive to research. There has been a significant decrease in contract labor, but it is still high. Supplies are very high, possibly due to shortages. Also reviewed were Pro Fees; Discussed money saved with the 340b plan; the need to create new revenues streams; S. DelRossi is working closely with the Department Directors to review trends, costs, etc. This helps the departments become more independent and responsible. He also reported the funds for the logo is coming from grants, not patient money / hospital revenue.

**MOTION:** Motion was made and seconded to approve the February Finance Report as presented. Motion carried unanimously.

CEO Selection Committee  
Report:

D. Lile gave an update on the CEO selection process and reported there were approximately 30 applicants of which 5 semifinalists were interviewed via zoom. Candidates were ranked by experience, education and certifications. The committee has narrowed it down to 3 finalists who will be invited for onsite interviews. Directors, staff, providers, board and community will be able to participate in the interviews. The candidates will all be onsite for interviews April 11<sup>th</sup>. Further discussion was held on the process. Having all candidates interview on the same day had been discussed by the committee. It is not an ideal situation, but it will work. Once the interview schedule is finalized it will be sent out to all and notices will go out for the community interviews.

Appointment of CEO  
Evaluation Committee:

K. Troy discussed creating a CEO evaluation committee as a way to evaluate the CEO. Appointments are Melinda Ellison, Chair; Ingrid Fulstone: David Weston; Kristin Troy.

**MOTION:** Motion was made and seconded to accept the appointments for CEO Evaluation Committee. Motion carried unanimously.

Appointment of  
Community Stakeholder  
Committee:

K. Troy discussed creating a community stakeholder committee. This will allow the board to be able to hear from community members. The importance of short term and long term goals were discussed. Short term goals will include community feedback. Long term goals must be focused on community health, e.g., service gaps and needs. This will help build relationships with the community. It was noted that the committee must be constructive and can't get into individual personalities with a specific agenda.

Appointments are: Melinda Ellison, Chair, Chuck Mark, Chuck Bloodgood, Kristin Troy, Laverne Sessions, Amy Tonsmeire, and Karla Mulkey.

**MOTION:** Motion was made and seconded to accept the appointments for a Community Stakeholder Committee. Motion carried unanimously.

Other Business:  
*Provider Credentialing  
Reports*

**MOTION:** Motion was made and seconded to approve Provider Credentialing Reports as presented. Motion carried unanimously.

*Provider Reappointments  
Credentialing Reports:*

**MOTION:** Motion was made and seconded to approve Provider Reappointment Credentialing Reports as presented. Motion carried unanimously.

*Master Facilities Plan:*

G. Rohrich reviewed and discussed the Master Facilities plan. The importance and need for an updated master facilities plan was reviewed and discussed. This is a comprehensive review of the building, infrastructure, equipment and recommend what needs to be replaced, etc. The plan will have a 5-10 year life. We are working on a grant to pay for the inspection review. S. DelRossi noted we are approaching this efficiently and will not cost the tax payers, nor use patient money. A consistent approach is needed that fits in with the strategic plan. Discussion followed on funding and grants. Concerns were discussed on the funding and the suggestion was made to ask the American Health Facilities Development (AHFD) to reduce their cost. Further discussions followed.

**MOTION:** Motion was made and seconded to request the basic services with AHFD, contingent on receiving additional funding and to ask AHFD to reduce their cost. Motion carried unanimously.

Acting CEO /  
Administrator Discussion:

G. Rohrich reported his contract ends April 29<sup>th</sup>. Discussed the gap in his departure and the start date of the new CEO. The suggestion was made to have the alternating Administrator on Call (AOC) act as CEO. This would alternate between the COO, CFO, CPSO and CQO. The AOC/Acting CEO would receive a stipend. Continued discussions followed. This will be an action item at the April board meeting.

*Employee Benefits*

*Discussion:*

G. Rohrich reported SMMC is currently exploring a new employee benefits packet with PERSI and evaluating the possibility and costs. It offers an excellent pension, but is a mandatory 7% contribution for employees and 12% contribution from the hospital. We are eligible to participate and this could be a strong recruitment tool. We are only in the information gathering stage at this time. Further discussions followed.

Other:

M. Ellison reported she attended the recent 2L Coalition meeting. The Coalition expressed their interest in working with the board to improve finances. M. Ellison reviewed many of the Coalitions issues and concerns. It was also discussed how the social media community discussions are not fact based, hurtful and have caused employees to leave.

CONSENT CALENDAR:

Included in the consent calendar were the following items:

- Minutes from March 1, 2022;
- CEO Report;
- COO / Patient Care Services Report;
- Additional Administrative Reports;

**MOTION:** Motion was made and seconded to approve the Consent Calendar. Motion carried unanimously.

ADJOURNMENT:

Meeting was adjourned at 7:22 p.m.