

## Stoughton Hospital Association Governing Board

Friday, May 20, 2022 | 9:00 a.m. – 11:00 a.m.

2022 Governing Board Retreat

Grand Geneva Resort & Spa, 7036 Grand Geneva Way, Lake Geneva, WI 53147

Meeting Location: Linwood Ballroom (Lower Level)

### Governing Board Members

Tom Fendrick | Donna Olson | Steve Staton | Dr. Aaron Schwaab | Dr. Ashish Rawal | Margo Francisco | Matt Kinsella | Kris Krentz | Glenn Kruser | David Locke | Nick Probst | Tim Rusch

| Item # | Agenda   | Time      |
|--------|--|-----------|
| I.     | Call to Order<br>(Tom Fendrick)  | 9:00 a.m. |
| A II.  | Review Minutes of March 23, 2022 Governing Board Meeting – ( <i>See Attached</i> )<br>(Tom Fendrick)   |           |
| III.   | Old Business<br>A) COVID Updates (Amy Hermes)  |           |
| IV.    | New Business<br>A) Master Facility Plan Updates (Chris Schmitz/Teresa Lindfors)  |           |
| V.     | SSM Updates<br>(Margo Francisco)   |           |
| VI.    | Committee Updates<br>A) Finance Committee (Steve Staton/Michelle Abey)   |           |
| A      | <ul style="list-style-type: none"> <li>• Approval of April 22, 2022 Finance Committee Meeting Minutes</li> <li>• Next meeting – June 27, 2022</li> </ul> |           |
|        | B) Executive Committee (Tom Fendrick)  |           |
|        | <ul style="list-style-type: none"> <li>• Next meeting: July 13, 2022</li> </ul>  |           |
| VII.   | Administration Team Updates<br>(Dan DeGroot, Michelle Abey, Teresa Lindfors, Amy Hermes, Chris Schmitz, and Laura Mays)                                  |           |
|        | A) CEO Summary Report (Dan DeGroot)  |           |

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|         | <p>E) VP, HR, Campus Planning, Operational Support Services Summary Report (Chris Schmitz)</p> <ol style="list-style-type: none"> <li>1. Operations Update – Workforce Management</li> <li>2. Intranet Update</li> <li>3. HR and Campus Projects</li> </ol>  |      |
|         | <p>F) Foundation/Marketing/PR/Business Development Director Summary Report (Laura Mays) – <i>(See Attached)</i></p> <ol style="list-style-type: none"> <li>1. Foundation Dashboard</li> <li>2. PR Report</li> <li>3. Community Events</li> </ol>   |      |
| A VIII. | <p>G) Chief of Staff Report – <i>(See Attached)</i><br/>(Dr. Aaron Schwaab)</p> <p>A) One Year Appointments:</p> <ol style="list-style-type: none"> <li>1. Mark Belligan, PA-C, Emergency Med PA, SWEA AHP</li> <li>2. Christina Blake, NP, Tele psych, ITP, AHP</li> <li>3. Amanda Boone, MD, Hospital Medicine, Beam, Active</li> <li>4. Sherifat Forcey, NP, NP-Tele psych ITP, AHP</li> <li>5. Janice Hesler, NP NP-Tele psych ITP, AHP</li> <li>6. Mitch Hoopes, CRNA, Anesthesia, Sto Health, AHP</li> <li>7. Christina Hughey, MD, Hospital Medicine, Beam, Active</li> <li>8. Frank Italiano, MD, Pulmonary Med., Beam, Active</li> <li>9. Brian Martinson, PA-C, Emergency Med., PA, SWEA, AHP</li> <li>10. Constance Morrison, NP, Tele psych, ITP, AHP</li> <li>11. Andrea Rock, MD, Pediatric Cardiology, SSM Health, Courtesy</li> <li>12. Marc Romano, NP, Tele psych, ITP, AHP</li> <li>13. Ryan Smith, MD, Hospital Medicine, Beam, Active</li> <li>14. Cassandra Sung, MD, Pediatric Cardiology, SSM Health, Courtesy</li> <li>15. Thomas Teelin, MD, Cardiology, UW, Courtesy</li> <li>16. Nerine Vincent, MD, Infectious Disease, Beam, Active</li> </ol> <p>Flagged Files: None at this time</p> |      |
|         | <p>B) Two Year Re-Appointments:</p> <ol style="list-style-type: none"> <li>1. Kashif Ali, MD, Orthopedic Surgery, SSM Health, Active*</li> <li>2. Kierstyn Block, PA-C, Plastic Surgery PA-C, SSM Health, AHP*</li> <li>3. Steven Diebold, MD, Emergency Med, SWEA, Active*</li> </ol>   |      |

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4. Kimberly Moreland, NP, Family Medicine, UnityPoint Health, AHP\*
5. Feras Mossa Basha, MD, Radiology, Mad Radiology, Courtesy\*
6. Ryan O'Neill, PA-C, Ortho PA-C, SSM Health, AHP\*
7. Liova Rivera, MD, Emergency Med, SWEA, Active\*
8. Brian Keyes, DO, Orthopedic Surgery, SSM Health, Active\*
9. Shawn Wilson, MD, Emergency Med, SWEA, Active\*
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Flagged Files: None at this time

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IX. Adjourn

11:00 a.m.

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Upcoming Meetings:

- Finance Committee Meeting: Monday, June 27, 2022 at 7:30 a.m.
- Executive Committee Meeting: Wednesday, July 13, 2022 at 7:30 a.m.
- Governing Board Meeting: Wednesday, July 27, 2022 at 7:15 a.m.

Note:

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1. Operations Update – Workforce Management
2. Intranet Update
3. HR and Campus Projects

F) Foundation/Marketing/PR/Business Development Director Summary Report (Laura Mays) – *(See Attached)*

1. Foundation Dashboard
2. PR Report
3. Community Events

A VIII. G) Chief of Staff Report – *(See Attached)*  
(Dr. Aaron Schwaab)

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| IX.    | Adjourn   | 11:00 a.m. |

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## Stoughton Hospital Association Governing Board

Thursday, March 24, 2022 | 7:15 a.m. – 9:00 a.m.

Zoom Link: <https://us06web.zoom.us/j/83516380816?pwd=NjRwOUd3UE8wYVVFMU9aWTRVO1BFdz09>

Phone: 312.626.6799 | Meeting ID: 835 1638 0816 | Password: 777513 (*use phone if no Zoom capability*)

**Present:** Tom Fendrick | Donna Olson | Steve Staton | Dr. Ashish Rawal | Margo Francisco | Matt Kinsella | Glenn Kruser | Kris Krentz | Nick Probst | Tim Rusch | Michelle Abey | Dan DeGroot | Amy Hermes | Teresa Lindfors | Laura Mays | Chris Schmitz | Angie Polster

**Absent:** Dr. Aaron Schwaab | David Locke

| Item # | Agenda  | Time      |
|--------|---|-----------|
| I.     | Call to Order<br>(Tom Fendrick)   | 7:15 a.m. |
|        | Mr. Fendrick called the March 24, 2022 Governing Board meeting to order at 7:16 a.m.  |           |
| A II.  | Review Minutes of January 26, 2022 Governing Board Meeting<br>(Tom Fendrick)  |           |
|        | <i>Action: Ms. Olson made a motion to approve the January 26, 2022 Governing Board Meeting Minutes. Mr. Staton seconded the motion. Motion carried.</i>   |           |
| III.   | Old Business<br>A) COVID Updates (Amy Hermes)   |           |
|        | Ms. Hermes shared recent COVID trends noting a decrease in positivity rates in the state of Wisconsin and the United States. She also shared recent “pandemic reboot” changes being implemented at Stoughton Health in response to declining COVID numbers.   |           |
| A IV.  | New Business<br>A) Shoulder Specialty Business Plan (Dr. Ashish Rawal)  |           |
|        | Dr. Rawal presented the Shoulder Specialty Business Plan outlining plans to offer patients expedited appointments/insurance authorizations, Rehab services and Medical Imaging services, as well as providing them with 90-day after visit care (in-person or virtual). He also shared plans to market services locally in the first year, expanding the service area to patients within a three-hour radius in two to three years. Finally, Dr. Rawal outlined |           |

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|        | <p>expectations for this program to increase surgical cases by 20-25% within the first year, resulting in \$179,000 excess revenue over expenses. By years two and three, excess revenue over expenses is estimated to be \$554,000 and \$889,000 respectively.</p> <p>Dr. Rawal made a recommendation for a capital investment of \$96,000 (not to exceed \$100,000) to begin implementation of the shoulder specialty program.</p> <p><b><i>Action: Mr. Kinsella made a motion to approve the unbudgeted capital investment for shoulder program equipment not to exceed \$100,000. Mr. Staton seconded the motion. Motion carried.</i></b></p> |      |
| A      | <p>B) Community Health Needs Implementation Plan (Laura Mays)</p> <p>Ms. Mays provided a brief overview of the Community Health Needs Implementation Plan and recommended approval by the Governing Board.</p> <p><b><i>Action: Ms. Francisco made a motion to approve the Community Health Needs Implementation Plan. Ms. Olson seconded the motion. Motion carried.</i></b></p>   |      |
| V.     | <p>SSM Updates<br/>(Margo Francisco/Matt Kinsella)</p> <p>Ms. Francisco provided a brief update for SSM Health and noted Mr. DeGroot will be meeting virtually with Ms. Sue Anderson, new Regional President for SSM Health Wisconsin, on Friday, March 25, 2022.</p>   |      |
| VI.    | <p>Committee Updates</p>  |      |
| A      | <p>A) Executive Committee (Tom Fendrick)</p> <ul style="list-style-type: none"> <li>• Review Minutes of February 28, 2022 Executive Committee Meeting</li> <li>• Next meeting: April 25, 2022 (Cancelled)</li> </ul> <p><b><i>Action: Ms. Francisco made a motion to approve the February 28, 2022 Executive Committee Meeting Minutes. Mr. Rusch seconded the motion. Motion carried.</i></b></p>  |      |
|        | <p>B) Finance Committee (Steve Staton)</p> <ul style="list-style-type: none"> <li>• Next meeting: April 22, 2022</li> </ul>   |      |
| VII.   | <p>Administration Team Updates<br/>(Dan DeGroot, Michelle Abey, Teresa Lindfors, Amy Hermes, Chris Schmitz, and Laura Mays)</p>   |      |

**A) CEO Summary Report (Dan DeGroot)****1. 2026 Key Assumptions**

Mr. DeGroot provided a brief overview of Stoughton Health's 2026 key assumptions, and details on these assumptions can be found in the March 24, 2022 Governing Board meeting packet. He noted key assumptions focus on areas related to strategic, workforce, demographics, services, finance and operations.

**2. Master Facility Plan Updates**

Mr. DeGroot provided a brief overview of Stoughton Health's Master Facility Plan and noted this plan would encompass a 30,000 square foot expansion to the facility. He added this expansion will require additional parking as well as additional landscaping requirements for a buffer yard.

**3. Organizational Structure/Review – Org Chart**

Mr. DeGroot shared an updated Stoughton Health organizational chart and provided an update on recruitment for the newly created Director of Engagement and Experience role. Thus far there have been twelve applicants and the Administrative Team is conducting first round interviews with top candidates.

**4. Operations Update**

Mr. DeGroot shared an operations update and noted Stoughton Health's staff vacancy rate is currently hovering at 8% vs. a recent high of 16%. He added the \$1,500 employee referral bonus has been a great retention tool.

Mr. DeGroot also shared Stoughton Health is researching a potential relationship with DNV Healthcare to provide hospital accreditation services in place of our current provider (The Joint Commission). Finally, Mr. DeGroot noted the Pharmacy renovation is complete and occupancy has been granted by DHS with the space is now in use.

**5. Governing Board Retreat Deadlines/Agenda**

Mr. DeGroot reminded Board members of the upcoming Governing Board Retreat taking place May 18-20, 2022 at Grand Geneva Resort and Spa in Lake Geneva. He noted room reservations must be finalized by April 18, 2022 and Board members should expect an email in the near future requesting confirmation of their arrival and departure dates.

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**B) CFO Summary Report (Michelle Abey)**

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| A      | 1. February 2022 Financials  |      |
|        | <p>Ms. Abey shared an overview of February 2022 financials and stated operating income is \$498,730 which is above budget by \$105,846. She added year-to-date operating income is \$3,797,929 which is \$2,336,048 above budget.</p> <p>Ms. Abey stated we continue to see strong volumes in Outpatient services particularly for larger service lines (Medical Imaging and Emergency Services, which includes offsite Urgent Care facilities). She added Surgical Services volumes are down for the month.</p> <p>As predicted, Ms. Abey noted days cash on hand continued to decline due to repayment of ~\$659,000 tentatively settling the FY2021 cost report as well as repayment of \$197,660 in Medicare Advanced payments.</p> <p>Finally, Ms. Abey shared February volumes remain strong in most areas resulting in gross patient revenues being approximately \$828,000 ahead of budget for the month. She added Stoughton Health's biggest challenge has continued to be recruiting and retaining staff to handle patient volumes.</p> <p>Mr. Fendrick enquired about Stoughton Health's current Geri-Psychiatric unit census and Ms. Abey noted that while current census is 5, the unit plans to increase census to 8 with plans to increase to 10 in the future as the COVID pandemic continues to track towards endemic status.</p> <p><b>Action: Mr. Staton made a motion to approve the February 2022 financials. Ms. Olson seconded the motion. Motion carried.</b></p> |      |
|        | <p>C) Chief Strategy and Business Development Officer Summary Report (Teresa Lindfors)</p> <p>1. Growth Updates</p> <p>Ms. Lindfors shared various growth updates. She noted she may ask Board members to participate in upcoming meetings with local businesses to provide information on Stoughton Health's services in efforts to reduce hospital outmigration. She also recognized Ms. Olson for participating in a recent meeting with the City of Stoughton.</p> <p>Ms. Lindfors shared an update on Podiatry services and noted plans to finalize the lease agreement with Dr. Graney and Dr. Hickner to provide clinic on campus. She also shared an update on the Community Health &amp; Wellness Center and noted the building recently had a pipe burst causing water damage and requiring onsite staff to be temporarily</p>   |      |

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relocated to the main campus while repairs are made (expected completion: May 2022).

Finally, Ms. Lindfors shared an update on McFarland Urgent Care and noted volumes continue to fluctuate. The facility is seeing an average of 105 visits per week with 40-50% of these visits being patients who are new to Stoughton Health.

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## D) CNO Summary Report (Amy Hermes)

1. MCE Meeting Minutes – January and February 2022  
(Amy Hermes)

Ms. Hermes provided an overview of January and February 2022 MCE Meeting Minutes.

2. MEC Meeting Minutes – March 2022  
(Amy Hermes)

Ms. Hermes provided an overview of March 2022 MEC Meeting Minutes.

***Action: Ms. Francisco made a motion to approve January and February 2022 MCE Meeting Minutes / March 2022 MEC Meeting Minutes. Mr. Rusch seconded the motion. Motion carried.***

3. Quality/Safety:

- Report Cards
  - Quality Safety Report Card – Q2 FY2022
  - Quality Safety Report Card – P4P – Q2 FY2022
  - Balanced Score Card – Q4 FY2021

Ms. Hermes shared results of Quality/Safety Report Cards and the Balanced Score Card which can be found in the March 24, 2022 Governing Board meeting packet. She stated there were some areas that did not meet their goals but added those areas are making a comeback.

- Patient Satisfaction Rankings
  - Providers – Q1 CY2022
  - Departments – Q1 CY2022

Ms. Hermes shared Q1 CY2022 Patient Satisfaction Rankings and noted there were slight dips seen in the 4<sup>th</sup> quarter during the highest COVID surge (likely due to staffing shortages), but rankings were positive overall.

4. CI Council Updates:
  - CI Council – On Hold

Ms. Hermes provided a CI Council update and noted meetings have been on hold and have recently resumed. She added that projects are heading in the right direction.

5. Patient Safety:
  - 2021 SH Annual Performance Evaluation for Emergency Management

Ms. Hermes shared highlights of the 2021 Stoughton Health Performance Evaluation for Emergency Management. She stated there were eight incident reports and noted these incidents are reviewed and an action summary plan is created to review whether process changes need to be made.

***Action: Ms. Olson made a motion to approve the 2021 Stoughton Health Performance Evaluation for Emergency Management. Mr. Staton seconded the motion. Motion carried.***

- Patient Safety Meeting Minutes – January 2022

Ms. Hermes provided a brief overview of January 2022 Patient Safety Meeting Minutes.

***Action: Ms. Olson made a motion to approve January 2022 Patient Safety Meeting Minutes. Mr. Staton seconded the motion. Motion carried.***

6. Infection Prevention:
  - Meeting Minutes – February 2022

Ms. Hermes provided a brief overview of February 2022 Infection Prevention Meeting Minutes.

***Action: Ms. Francisco made a motion to approve February 2022 Infection Prevention Meeting Minutes. Mr. Rusch seconded the motion. Motion carried.***

7. Medical Staff Policies
  - Admission of Discharge of Patients Policy
  - Confidentiality Retention of Credentialing Files Policy
  - Direct Admissions Policy
  - Disaster Credentialing Policy
  - Emergency Services Policy

- Expedited Privileges Policy
- FPPE Policy
- General Conduct of Patient Care Policy
- General Rules Regarding Surgical Care Policy
- Medical Staff Health Screen Immunization Requirements Policy
- OPPE Policy
- Stoughton Health CI Policy
- Temporary Privileges Policy

***Action: Ms. Olson made a motion to approve Medical Staff Policies. Ms. Francisco seconded the motion. Motion carried.***

- E) VP, HR, Campus Planning, Operational Support Services Summary Report (Chris Schmitz)
1. HR / Campus Projects
  2. Staffing Updates

Mr. Schmitz provided an update on HR/campus projects and staffing. He also shared a brief overview of plans to make changes to Stoughton Health's 403b plan which will be brought forth to the Governing Board for approval at a future Board meeting.

- F) Foundation/Marketing/PR/Business Development Director Summary Report (Laura Mays)
1. Foundation Dashboard

Ms. Mays shared highlights of the Foundation Dashboard which can be found in the March 24, 2022 Governing Board packet.

2. Fundraising/Events

Ms. Mays shared the Foundation is promoting a March Matchness campaign and noted Dean Health Plan, Quartz Insurance and TRICOR Insurance are partnering with Stoughton Hospital Foundation to match donations up to \$3,000 (approximately \$7,000 raised thus far). Ms. Mays also shared details on an upcoming Community One Mile Walk and also reminded Board members of an upcoming Circle of Friends "Just Desserts" event taking place on April 12, 2022 at 6:00 p.m.

3. PR Board Report

Ms. Mays shared an overview of the February-March 2022 PR Board Report which can be found in the March 24, 2022 Governing Board packet.

| Item #  | Agenda  | Time |
|---------|---|------|
| A VIII. | Chief of Staff Report<br>(Dr. Ashish Rawal)   |      |
|         | A) One Year Appointments:   |      |
|         | <ol style="list-style-type: none"> <li>1) Steven Falconer, MD, Radiology, Madison Radiology, Courtesy</li> <li>2) Mary Hickner, DPM, Podiatry, Independent, Active</li> <li>3) Maria Fassari, MD, Hospital Medicine, Beam Healthcare, Active</li> <li>4) Dana Ley, MD, Hospital Medicine, Beam Healthcare, Active</li> <li>5) Mary Embrescia, MD, Psychiatry, ITP, Courtesy</li> <li>6) Maria Askew, APNP, ITP, Allied Health Professional</li> <li>7) Atul Sheth, MD, Psychiatry, ITP, Courtesy</li> <li>8) Neza Bharucha, MD, Psychiatry, ITP, Courtesy</li> <li>9) Naga Dharmavaram, MD, Hospital Medicine, Beam Healthcare, Active</li> </ol>   |      |
|         | Flagged Files: None at this time  |      |
|         | <b><i>Action: Mr. Rusch made a motion to approve One-Year Appointments. Mr. Staton seconded the motion. Motion carried.</i></b>   |      |
|         | B) Two Year Re-Appointments:  |      |
|         | <ol style="list-style-type: none"> <li>1) Rebecca Hamman, NP, SSM, Allied Health Professional</li> <li>2) Derek Hubbard, MD, Family Medicine, SSM, Courtesy</li> <li>3) Clifford King, MD, Plastic Surgery, SSM, Active</li> <li>4) Peter Lee, MD, Cardiology, SSM, Courtesy</li> <li>5) Alisha Maly, PA, Emergency Med, SWEA, Allied Health Professional</li> <li>6) Mark McDade, MD, General Surgery, SSM, Active</li> <li>7) Robert Nerad, PA, Emergency Med, SWEA, Allied Health Professional</li> <li>8) Paula Riebe, PA, Emergency Medicine, SWEA, Allied Health Professional</li> <li>9) Cecelia Thompson, DDS, Dental, Children's Dental Center, Dental</li> <li>10) David Worth, DPM, Podiatry, SSM, Courtesy</li> <li>11) Thor Anderson, DDS, Dental, Independent, Dental</li> <li>12) Drew Dean, MD, Emergency Medicine, SWEA, Active</li> <li>13) Jennifer Hamilton, PA, Orthopedic Surgery, Sto Health, Allied Health Professional</li> <li>14) Daniel Holt MD, Radiology, Madison Radiology, Courtesy</li> <li>15) Richard Huntsman, MD, General Surg, SSM, Active</li> <li>16) Andrew Laczniak, MD, Radiology, Madison Radiology, Courtesy</li> <li>17) Krista Mosley PA, Emergency Med, SWEA, Allied Health Professional</li> </ol> |      |



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**Item #****Agenda****Time**

- 18) Anne O'Connor, MD, Cardiology, UW, Courtesy
- 19) Andrew Schemmel, MD, Radiology, Madison Radiology, Courtesy
- 20) Sean Shannahan, MD, Radiology, Madison Radiology, Courtesy
- 21) Matthew Shore, MD, Radiology, Madison Radiology, Courtesy
- 22) Hugh Sugar, PA, Emergency Medicine, SWEA, Allied Health Professional
- 23) Robert Wells, MD, Radiology, Madison Radiology, Courtesy

Flagged Files: None at this time

***Action: Ms. Francisco made a motion to approve Two-Year Re-appointments. Ms. Olson seconded the motion. Motion carried.***

**IX. Adjourn****9:00 a.m.**

Mr. Fendrick requested a motion to adjourn the March 24, 2022 Governing Board meeting at 8:55 a.m.

***Action: Ms. Francisco made a motion to adjourn the Stoughton Health Governing Board Meeting at 8:55 a.m. Mr. Staton seconded the motion. Motion carried.***

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Respectfully submitted,

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Steve Staton  
Secretary/Treasurer

## Stoughton Hospital Association Finance Committee

Friday, April 22, 2022 | 7:30 a.m. – 9:00 a.m.

Phone: 312.626.6799 | Meeting ID: 865 4940 9821 | Passcode: 812521

Zoom Link: <https://us06web.zoom.us/j/86549409821?pwd=V3NndnhWd2VWaHRtYjFCbTZxcXEwZz09>

**Board Members Present:** Tom Fendrick, Donna Olson, Steve Staton, Matt Kinsella, Margo Francisco, Dr. Aaron Schwaab, Glenn Kruser, David Locke

**Hospital Staff Present:** Michelle Abey, Dan DeGroot, Teresa Lindfors, Christopher Schmitz, Laura Mays, Brian Swain, Angie Polster

**Guest Presenter:** Matt O’Neil (Ziegler Capital Management)

| Item | Discussion  | Presenter     |
|------|---|---------------|
| 1.   | Call to Order   | Steve Staton  |
|      | Mr. Staton called the April 22, 2022 Finance Committee meeting to order at 7:31 a.m.  |               |
| 2.   | Ziegler Capital Management Overview   | Matt O’Neil   |
|      | Mr. Matt O’Neil from Ziegler Capital Management presented a summary of Stoughton Health’s investment portfolio which can be found in the April 22, 2022 Finance Committee packet.   |               |
|      | Mr. O’Neil stated there has been significant uncertainty in the financial markets for short-term investors due to current events in Ukraine. Ziegler Capital Management believes long-term investors should follow long-term investment strategies and periodically rebalance portfolios as needed. Mr. O’Neil also provided an in-depth overview of Stoughton Health’s portfolio.  |               |
|      | Mr. O’Neil stated Ziegler Capital Management does not recommend any changes to Stoughton Health’s investment policy. They plan to continue working with Stoughton Health management to explore investment opportunities for cash with special liquidity needs to prepare for capital needs for Stoughton Health’s Master Facility Plan. Mr. Fendrick stated he would like to see Stoughton Health’s equity portfolio at least 60%. Mr. O’Neil responded stating the maximum limit for equities is 60% per section II. Asset Allocation – Total in the Stoughton Health Investment Policy. |               |
| A    | 3. Investment Policy Review   | Michelle Abey |
|      | a. Debt Schedule Overview   |               |

| Item | Discussion   | Presenter     |
|------|--|---------------|
|      | <p>Ms. Abey provided a brief review of the Stoughton Health’s Investment Policy which can be found in the April 22, 2022 Finance Committee meeting packet. Ms. Abey stated there were no suggested edits from Ziegler Capital Management or from management at Stoughton Health.</p> <p>Ms. Abey provided an overview of Stoughton Health’s long-term debt schedule of future maturities and noted we will likely need to refinance the 2018 Bonds when the rate goes to a floating rate.</p> <p>Finally, Ms. Abey shared Stoughton Health’s cash and investment recap as of March 31, 2022. She noted our current cash and equivalents \$38,583,000 and stated this balance is not subject to market risk, although not producing a high return. She added we currently have \$5,000,000 in one year CD ladders. Finally, Ms. Abey shared there is a total of \$54,186,000 in unrestricted cash and investments.</p> <p><i>Action: Ms. Olson made a motion to affirm review of Stoughton Health’s Investment Policy with no changes. Mr. Fendrick seconded the motion. Motion carried.</i></p>      |               |
|      | <p>b. Future Master Facility Plan Funding</p> <p>Ms. Abey shared Stoughton Health continues to work with EUA and JP Cullen on the Master Facility Plan and noted conservative high level cost estimates for the Master Facility Plan are approximately \$20 million. Ms. Abey noted Stoughton Health would plan to hold a capital campaign with goals of raising \$2-3 million in capital, and expect to finance the remaining \$17-18 million. Ms. Abey shared the goal is to pay for the loan with a combination of cash and long-term investments, or create a separate high quality investment account to capitalize on treasury securities which would mature in 2-3 years. She added treasury securities would produce a higher rate of return than CDs and money market accounts.</p> <p>Finally, Ms. Abey outlined plans to review detailed costs and other nuances (such as allowable debt) and reconvene with Finance Committee and Executive Committee for review. The request for funding would be presented to the Governing Board for approval at the July 27, 2022 Board meeting.</p> |               |
| A    | <p>4. March Financial Review</p> <p>Ms. Abey shared an overview of March 2022 Financials which can be found in the April 22, 2022 Finance Committee packet.</p> <p>Ms. Abey shared March operating income is \$628,446 which is above budget by \$387,044. She added March excess of revenues over expenses is \$669,148, which</p>  | Michelle Abey |

| Item | Discussion   | Presenter     |
|------|--|---------------|
|      | <p>is above budget by \$340,900. Finally, Ms. Abey noted year-to-date operating income through March is \$4,427,427 which is above than budget by \$2,958,378, and year-to-date excess of revenues over expenses of \$4,511,562 which is \$2,678,001 above budget.</p> <p>Ms. Abey stated volumes continue to remain strong specifically on the Outpatient and Surgical Services sides. Surgical Services provided 23 procedures more than budget and as a result the department is \$358,000 ahead of budget. Ms. Abey added OrthoTeam professional fee revenues were approximately \$240,000 above budget for the month, after starting the year out a little less than budget.</p> <p>Ms. Abey highlighted a larger charity case which put Charity Care over budget by (\$189,774). This is primarily related to one patient who had significant charges.</p> <p><b><i>Action: Mr. Fendrick made a motion to accept the April 22, 2022 Financials. Ms. Francisco seconded the motion. Motion carried.</i></b></p>                                 |               |
| A    | <p>5. Patient Financial Services Compliance</p> <p>a) Financial Assistance Policy</p> <p>Ms. Abey provided an overview of Stoughton Health’s Financial Assistance Policy. This is an important policy which is required in order to maintain the hospital’s tax exempt status.</p> <p><b><i>Action: Ms. Olson made a motion to approve the Financial Assistance Policy. Mr. Fendrick seconded the motion. Motion carried.</i></b></p> <p>b) Price Transparency Update</p> <p>Ms. Abey provided a Price Transparency update and noted Stoughton Health is in compliance. She stated we have pricing and quality information on the 75 most common inpatient stays and the 75 most frequent outpatient surgical procedures in Wisconsin. This information can be found on the Stoughton Health website.</p> <p>c) No Surprises Act Implementation</p> <p>Ms. Abey shared a brief overview of implementation of the No Surprises Act. She noted we will be required to post signage at all locations as well as on our website specific to the Act.</p> | Michelle Abey |

| Item | Discussion   | Presenter     |
|------|--|---------------|
|      | <p>Ms. Abey also noted we will be required to provide No Surprises Act information to patients in-person, through the mail or email, as selected by the patient:</p> <ul style="list-style-type: none"> <li>• Self-pay and out-of-network patients must be provided a notice, consent and a good faith estimate at least 72 hours prior to a scheduled service.</li> <li>• If scheduled less than 72 hours in advance, the notice, consent and estimate must be provided on the day the service is scheduled.</li> </ul>   |               |
| A    | <p>6. Quarterly Compliance Report</p> <p>Ms. Abey provided a brief overview of the Quarterly Corporate Compliance Committee Report which can be found in the April 22, 2022 Finance Committee packet. She noted the SH Civil Rights Plan was completed prior to the April deadline. Ms. Abey shared there were two Kronos customers whose data was exfiltrated, but Stoughton Health was not one of those customers. Mr. Fendrick inquired about 340b savings and Ms. Abey stated the \$184,150.69 in savings is total FY2022 YTD.</p> <p><i>Action: Ms. Olson made a motion to approve the Quarterly Corporate Compliance Committee Report. Mr. Kinsella seconded the motion. Motion carried.</i></p> | Michelle Abey |
|      | <p>7. Open Discussion</p>  |               |
|      | <p>8. Adjournment</p> <p><i>Action: Ms. Olson made a motion at 8:52 a.m. to adjourn the April 22, 2022 Finance Committee meeting. Mr. Kinsella seconded the motion. Motion carried.</i></p>  | Steve Staton  |

Respectfully submitted,

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Steve Staton  
Secretary/Treasurer

**STOUGHTON HEALTH  
SERVICES AND FINANCIAL REPORTS**

**April 30, 2022**

**STOUGHTON HEALTH  
FINANCIAL AND SERVICES REPORTS  
April 30, 2022**

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| Statement of Changes in Net Assets | 9           |
| Statement of Cash Flows            | 10          |

Stoughton Health  
April 2022 Operational Executive Summary

**Situation:** April operating income was \$856,699 which was more than the budget of \$338,962 by \$517,737. April excess of revenues over expenses is \$327,613, which is (\$92,075) under the budget of \$419,688. Year-to-date operating income is \$5,280,084 which is better than budget by \$3,472,070 and year-to-date excess of revenues over expenses is \$4,835,133 which is \$2,581,881 better than budget.

## Background:

### Balance Sheet

- Days cash on hand was 419 days at the end of April (line 33 on pg 7) which is over the budgeted days cash on hand of 376. The days cash on hand continued to decline as predicted from the end of the last fiscal year due to the repayment of the CMS Medicare Advanced Payments and the prepayment of 10% of the 2015 & 2018 bonds. To date, ~\$3.1M of the \$5.8M of CMS Medicare Advanced Payments have been repaid.
- The estimated third party payer settlements liability has increased by \$933,000 in the first seven months of fiscal year 2022. This liability represents the estimated amount which Stoughton Health anticipates it's being overpaid on Medicare claims and potential amounts due upon cost report audit settlement. This liability fluctuates with changes in the payer mix and distribution of expenses.

### Income Statement

- Outpatient gross revenues were significantly ahead of budget for the month of April by approximately \$1,621,000. The areas seeing the most significant gross revenue variances over budget were Medical imaging— specifically CT (~\$391,000), and Emergency Room including urgent care in Stoughton & McFarland (~\$621,000). Surgical services did 9 more procedures than budgeted which resulted in approximately \$35,000 more in Anesthesia revenues than budgeted.

Below is a table by service line of OR Procedures for the month of April:

| Specialty                  | Apr 21     | Apr 22     | % Change from LY | Budget Apr | % Change from Budget |
|----------------------------|------------|------------|------------------|------------|----------------------|
| Orthopedics                | 28         | 25         | -11%             | 27         | -7%                  |
| Gynecology                 | 0          | 0          | 0%               | 0          | 0%                   |
| Urology                    | 0          | 0          | 0%               | 1          | -100%                |
| General                    | 14         | 18         | 29%              | 23         | -22%                 |
| Ophthalmology (Phaco)      | 18         | 23         | 28%              | 22         | 5%                   |
| Podiatry                   | 3          | 12         | 300%             | 8          | 50%                  |
| Dental                     | 20         | 16         | -20%             | 19         | -16%                 |
| Ear, Nose, Throat (ENT)    | 2          | 4          | 100%             | 2          | 100%                 |
| GI Endoscopy               | 16         | 46         | 188%             | 33         | 39%                  |
| <b>Total OR Procedures</b> | <b>101</b> | <b>144</b> | <b>43%</b>       | <b>135</b> | <b>7%</b>            |

- Salaries expense (pg 8 line 12) was higher than budget by approximately (\$41,000) as a result of increased volumes resulting in the need for staff to care for the additional patient volumes as well as the implementation of the 5% raise which is 2% higher than budgeted.
- Employee benefits expense (pg 8 line 13) is better than budget by approximately \$226,000 as the result of receiving back from the State of Wisconsin, 20% of the unemployment tax that we had paid in



when we had services shutdown and employees furloughed due to COVID in 2020. This was an unexpected check to receive.

- Supplies expense (pg 8 line 16) was higher than budget by approximately (\$28,000) which is the result of increased volumes in the infusion, surgical services, and emergency room areas creating additional pharmaceutical drug costs than budgeted.
- This month's mix resulted in a contractual discount percentage of 62.1% for the month vs a budgeted contractual discount of 60.5%, resulting in a net revenue decrease from budget of approximately (\$198,000).
- Unrealized gains (losses) on investments (pg 8 line 24) were (\$582,414) below budget for the month as a result of significant market fluctuations.

### **Assessment:**

Volumes in most areas continued to have a positive variance to budget for April resulting in gross patient revenues being approximately \$1.4M ahead of budget for the month. The biggest challenge facing the organization continues to be how to recruit and retain staff in order to be able to handle the patient volumes we are presented with in many areas of the organization.

### **Recommendation:**

1. Recruit and retain staff in order to serve the patients of our communities.
2. Continue master facility planning so that the organization moves forward and grows.
3. Continue to follow CDC recommendations for caring for COVID and Non-COVID patients in the safest possible manner. Promote vaccination including the 2<sup>nd</sup> booster shot whenever possible.
4. Remain nimble to changing circumstances and recalibrate operations, including the evaluation of new and old programs, as needed to adjust course.

**Stoughton Health  
Executive Financial Summary  
April 30, 2022**

Variance Key: Better than (worse than) budget

| <b>INCOME STATEMENT</b> |   |                       |                         |                    |                     |                     |                     |                      |
|-------------------------|---|-----------------------|-------------------------|--------------------|---------------------|---------------------|---------------------|----------------------|
|                         | Current Mo.<br>April                      | Current Mo.<br>Budget | Current Mo.<br>Variance | YTD<br>April       | YTD<br>Budget       | YTD<br>Variance     | YTD<br>Prior Year   |                      |
| Line                    | <b>REVENUE:</b>                           |                       |                         |                    |                     |                     |                     |                      |
|                         | Patient service revenues:                 |                       |                         |                    |                     |                     |                     |                      |
| 1                       | Inpatient                                 | \$ 1,449,864          | \$ 1,670,056            | \$ (220,192)       | \$ 13,008,390       | \$ 11,927,366       | \$ 1,081,024        | \$ 10,356,044        |
| 2                       | Outpatient                                | 11,063,333            | 9,441,898               | 1,621,435          | 74,935,679          | 62,965,296          | 11,970,383          | 56,310,294           |
| 3                       | Total gross patient service revenues      | 12,513,197            | 11,111,954              | 1,401,243          | 87,944,069          | 74,892,662          | 13,051,407          | 66,666,338           |
| 4                       | Deductions from revenue (incl bad debts)  | (7,966,108)           | (6,868,071)             | (1,098,037)        | (55,251,455)        | (46,289,619)        | (8,961,836)         | (40,475,430)         |
| 5                       | Net patient service revenue               | 4,547,089             | 4,243,883               | 303,206            | 32,692,614          | 28,603,043          | 4,089,571           | 26,190,908           |
| 6                       | Other income                              | 151,503               | 151,437                 | 66                 | 1,520,456           | 1,286,721           | 233,735             | 1,330,691            |
| 7                       | Total revenues                            | 4,698,592             | 4,395,320               | 303,272            | 34,213,070          | 29,889,764          | 4,323,306           | 27,521,599           |
|                         | <b>EXPENSES:</b>                          |                       |                         |                    |                     |                     |                     |                      |
| 8                       | Salaries                                  | 1,583,834             | 1,543,161               | (40,673)           | 10,991,664          | 10,862,910          | (128,754)           | 10,262,592           |
| 9                       | Fringe benefits                           | 198,137               | 423,684                 | 225,547            | 2,474,008           | 2,867,221           | 393,213             | 2,715,074            |
| 10                      | Supplies and other                        | 1,779,995             | 1,799,202               | 19,207             | 13,433,448          | 12,283,779          | (1,149,669)         | 10,797,311           |
| 11                      | Interest                                  | 33,715                | 36,951                  | 3,236              | 248,850             | 268,696             | 19,846              | 323,390              |
| 12                      | Depreciation and amortization             | 246,212               | 253,360                 | 7,148              | 1,785,016           | 1,799,144           | 14,128              | 1,838,491            |
| 13                      | Total expenses                            | 3,841,893             | 4,056,358               | 214,465            | 28,932,986          | 28,081,750          | (851,236)           | 25,936,858           |
| 14                      | <b>Operating income</b>                   | <b>856,699</b>        | <b>338,962</b>          | <b>517,737</b>     | <b>5,280,084</b>    | <b>1,808,014</b>    | <b>3,472,070</b>    | <b>1,584,741</b>     |
| 15                      | Investment income                         | 3,395                 | 26,039                  | (22,644)           | 266,430             | 138,934             | 127,496             | 374,661              |
| 16                      | Unrealized gains (losses) on investments  | (557,707)             | 24,707                  | (582,414)          | (878,540)           | 172,951             | (1,051,491)         | 1,027,872            |
| 17                      | Interest in earnings of MRI Joint Venture | 25,226                | 29,980                  | (4,754)            | 167,159             | 133,353             | 33,806              | 133,353              |
| 18                      | Other non-operating                       | -                     | -                       | -                  | -                   | -                   | -                   | -                    |
| 19                      | <b>Excess of revenue over expenses</b>    | <b>\$ 327,613</b>     | <b>\$ 419,688</b>       | <b>\$ (92,075)</b> | <b>\$ 4,835,133</b> | <b>\$ 2,253,252</b> | <b>\$ 2,581,881</b> | <b>\$ 3,120,627</b>  |
|                         | <b>BALANCE SHEET</b>                      |                       |                         |                    | <b>CASH FLOWS</b>   |                     |                     |                      |
|                         |   | 04/30/22              | 09/30/21                |                    |                     | YTD<br>April        | 09/30/21            |                      |
| 20                      | Cash & short-term investments             | \$ 38,667,933         | \$ 33,873,549           |                    |                     |                     |                     |                      |
| 21                      | A/R (net)                                 | 6,589,957             | 6,759,089               |                    |                     |                     |                     |                      |
| 22                      | Total current assets                      | 46,670,609            | 41,950,841              |                    |                     | 6,695,681           | 4,628,345           |                      |
| 23                      | Certificates of deposit                   | 5,000,000             | 7,000,000               |                    |                     |                     |                     |                      |
| 24                      | Investments                               | 10,457,084            | 10,629,724              |                    |                     |                     |                     |                      |
| 25                      | Property & equipment (net)                | 26,941,164            | 27,237,551              |                    |                     | (1,498,506)         | (1,503,805)         |                      |
| 26                      | Other assets                              | 7,290,851             | 9,543,572               |                    |                     | 1,385,869           | 767,988             |                      |
| 27                      | <b>Total assets</b>                       | <b>91,359,708</b>     | <b>89,361,688</b>       |                    |                     |                     |                     |                      |
| 28                      | Current liabilities                       | 9,860,380             | 10,858,317              |                    |                     |                     |                     |                      |
| 29                      | Long-term debt                            | 9,100,089             | 10,923,308              |                    |                     | (1,878,556)         | (1,298,318)         |                      |
| 30                      | Other long-term liabilities               | 415,149               | 431,106                 |                    |                     |                     |                     |                      |
| 31                      | Total liabilities                         | 19,375,618            | 22,212,731              |                    |                     |                     |                     |                      |
| 32                      | Net assets                                | 71,984,090            | 67,148,957              |                    |                     | 4,794,384           | 2,638,046           |                      |
| 33                      | <b>Total liabilities &amp; net assets</b> | <b>91,359,708</b>     | <b>89,361,688</b>       |                    |                     | 33,873,549          | 31,235,503          |                      |
|                         |   |                       |                         |                    |                     | <b>38,667,933</b>   | <b>33,873,549</b>   |                      |
|                         | <b>RATIOS</b>                             |                       |                         |                    |                     |                     |                     |                      |
|                         |   | FY20                  | FY21                    | Feb-22             | Mar-22              | Apr-22              | FY22<br>Budget      | 2020 RWHC<br>CAH Avg |
| 34                      | Current Ratio                             | 3.2                   | 3.9                     | 4.2                | 4.3                 | 4.7                 | 7.4                 | 3.3                  |
| 35                      | Operating Margin-Current Month            |                       |                         | 11.2%              | 12.5%               | 18.2%               |                     |                      |
| 36                      | Operating Margin YTD                      | 2.3%                  | 5.1%                    | 15.5%              | 15.0%               | 15.4%               | 5.4%                | 4.7%                 |
| 37                      | Total Margin YTD                          | 3.7%                  | 22.7%                   | 15.5%              | 15.1%               | 14.0%               | 6.9%                | 7.1%                 |
| 38                      | Days in Accounts Receivable (net)         | 40                    | 53                      | 45                 | 44                  | 43                  | 43                  | 48                   |
| 39                      | Days in Accounts Receivable (gross)       | 43                    | 52                      | 45                 | 45                  | 43                  |                     |                      |
| 40                      | Days Cash & Investments on Hand           | 446                   | 431                     | 415                | 419                 | 419                 | 376                 | 309                  |
| 41                      | Long-term Debt to Equity                  | 0.29                  | 0.16                    | 0.13               | 0.13                | 0.13                | 0.12                | 0.36                 |
| 42                      | Debt Service Coverage (YTD) >1.25         | 2.6                   | 9.2                     | 6.8                | 6.8                 | 6.4                 | 4.5                 | 5.3                  |
|                         | <b>STATISTICS</b>                         |                       |                         |                    |                     |                     |                     |                      |
|                         |   | FY20                  | FY21                    | Feb-22             | Mar-22              | Apr-22              | YTD<br>April        | FY22<br>Budget       |
| 43                      | Inpatient Days                            | 4,053                 | 3,658                   | 264                | 359                 | 261                 | 2,274               | 4,308                |
| 44                      | Adjusted Patient Days (APD)               | 18,121                | 24,148                  | 1,937              | 2,573               | 2,253               | 15,374              | 31,219               |
| 45                      | Net revenue per APD                       | \$2,314               | \$1,938                 | \$2,226            | \$1,891             | \$2,019             | \$2,127             | \$1,585              |
| 46                      | FTE's                                     | 221.9                 | 227.2                   | 234.3              | 235.6               | 235.4               | 237.0               | 241.0                |
| 47                      | FTE's per Adjusted Occupied Bed           | 4.5                   | 3.3                     | 3.4                | 2.8                 | 3.1                 | 3.3                 | 3.3                  |
| 48                      | Avg # of payroll checks per pay period    | 327                   | 311                     | 315                | 320                 | 320                 | 317                 |                      |
| 49                      | Salaries per APD                          | \$935                 | \$761                   | \$735              | \$667               | \$703               | \$715               | \$607                |
| 50                      | Benefits per APD                          | \$269                 | \$179                   | \$207              | \$141               | \$88                | \$161               | \$158                |
| 51                      | Other Expenses per APD                    | \$1,131               | \$959                   | \$1,080            | \$890               | \$900               | \$990               | \$778                |

**STOUGHTON HEALTH  
SERVICES SUMMARY  
for the seven months ended April 30, 2022**

**INPATIENT SERVICES**

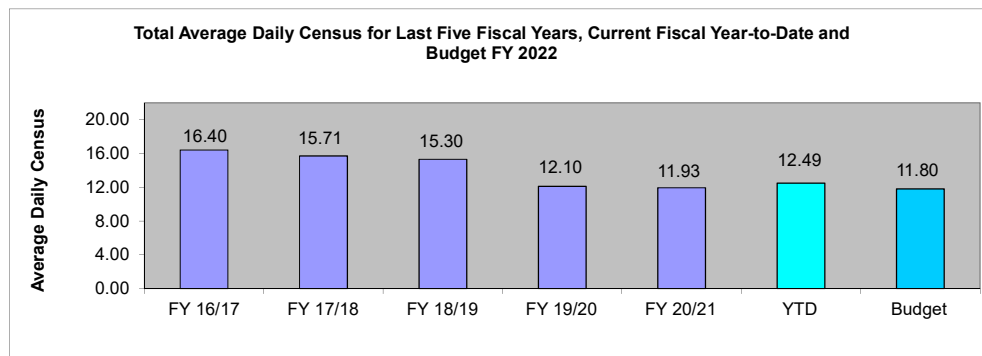
In April, inpatient admissions (including observation patients) averaged 3.60 admissions per day which was below budget by (0.46) admissions per day or (11.3%). Year-to-date inpatient admissions are (0.51) admissions per day or (13.7%) below prior year.

| 16-17       | 17-18       | 18-19       | 19-20       | 20-21       |                            | THIS MONTH  | YEAR-TO-DATE | BUDGET      |
|-------------|-------------|-------------|-------------|-------------|----------------------------|-------------|--------------|-------------|
| 1.45        | 1.30        | 1.12        | 1.22        | 1.15        | Medical                    | 0.97        | 1.08         | 1.09        |
| 0.47        | 0.54        | 0.45        | 0.37        | 0.29        | Surgical                   | 0.53        | 0.38         | 0.26        |
| 0.12        | 0.07        | 0.18        | 0.10        | 0.11        | Detoxification             | 0.07        | 0.04         | 0.10        |
| 0.63        | 0.75        | 1.67        | 1.40        | 1.77        | Observation                | 1.53        | 1.25         | 2.08        |
| 0.19        | 0.13        | 0.13        | 0.07        | 0.06        | Swing Bed                  | 0.07        | 0.05         | 0.07        |
| 0.16        | 0.09        | 0.10        | 0.08        | 0.08        | Intensive Care             | 0.10        | 0.12         | 0.05        |
| 0.42        | 0.44        | 0.36        | 0.28        | 0.27        | Geriatric Psychiatric      | 0.33        | 0.30         | 0.41        |
| <b>3.44</b> | <b>3.32</b> | <b>4.01</b> | <b>3.52</b> | <b>3.73</b> | Average Admissions per day | <b>3.60</b> | <b>3.22</b>  | <b>4.06</b> |

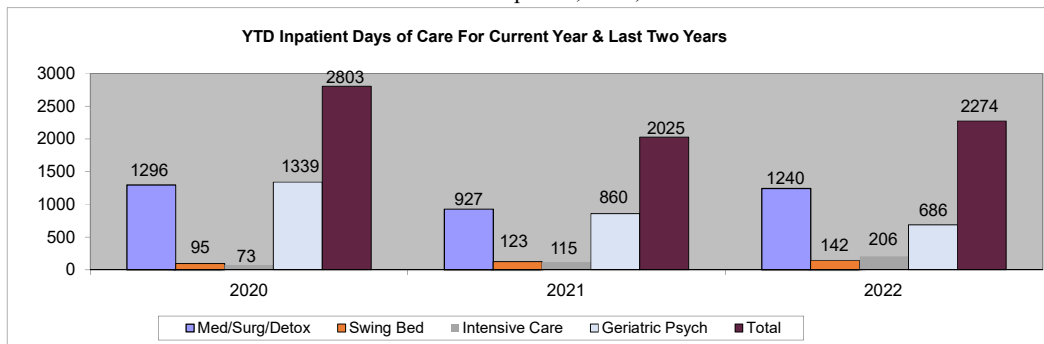
The overall average daily census in April was 11.00 which is below the budgeted average daily census of 11.80 and below the prior year average daily census of 11.93. Inpatient Average Daily Census numbers for the past thirteen months, year-to-date for Fiscal 2022, budget and prior year averages are shown in the following chart:

|                           | APR 2021     | MAY 2021    | JUN 2021     | JUL 2021     | AUG 2021     | SEP 2021     | OCT 2021     | NOV 2021     | DEC 2021     | JAN 2022    | FEB 2022     | MAR 2022     | APR 2022     | CURRENT FISCAL 2022 BUDGET | PRIOR FISCAL YR |              |
|---------------------------|--------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|--------------|--------------|--------------|----------------------------|-----------------|--------------|
| Medical / Surgical Unit   | 5.43         | 3.45        | 8.17         | 3.94         | 6.61         | 6.67         | 6.61         | 8.27         | 7.90         | 3.55        | 4.14         | 6.55         | 3.77         | 5.85                       | 2.95            | 4.74         |
| Observation               | 2.36         | 1.55        | 2.57         | 2.62         | 2.71         | 1.47         | 2.26         | 1.78         | 1.64         | 1.16        | 1.57         | 1.62         | 2.30         | 1.76                       | 1.90            | 1.91         |
| Swing Bed                 | 0.17         | 0.00        | 1.10         | 0.29         | 0.48         | 0.77         | 0.00         | 0.00         | 0.29         | 1.39        | 1.21         | 1.16         | 0.67         | 0.67                       | 0.55            | 0.56         |
| Intensive Care Unit       | 0.27         | 0.06        | 0.10         | 0.16         | 0.16         | 1.20         | 1.71         | 1.47         | 1.13         | 1.03        | 0.43         | 0.26         | 0.73         | 0.97                       | 0.27            | 0.45         |
| Geriatric Psychiatry Unit | 4.87         | 3.39        | 3.97         | 4.71         | 5.77         | 4.97         | 3.71         | 3.00         | 2.58         | 2.61        | 3.64         | 3.61         | 3.53         | 3.24                       | 6.13            | 4.27         |
|                           | <b>13.10</b> | <b>8.45</b> | <b>15.91</b> | <b>11.72</b> | <b>15.73</b> | <b>15.08</b> | <b>14.29</b> | <b>14.52</b> | <b>13.54</b> | <b>9.74</b> | <b>10.99</b> | <b>13.20</b> | <b>11.00</b> | <b>12.49</b>               | <b>11.80</b>    | <b>11.93</b> |

Inpatient average daily census numbers for the past five fiscal years, year-to-date for Fiscal 2022, and budget are shown in the following graph:



Additional inpatient service volume statistics for the seven months ended April 30, 2020, 2021 and 2022 are as follows:



**STOUGHTON HEALTH  
SERVICES SUMMARY  
for the seven months ended April 30, 2022**

**INPATIENT SERVICES - CONTINUED**

|       |       |       |       |       | Discharge Length of Stay |            |              |        |
|-------|-------|-------|-------|-------|--------------------------|------------|--------------|--------|
| 16-17 | 17-18 | 18-19 | 19-20 | 20-21 |                          | THIS MONTH | YEAR-TO-DATE | BUDGET |
| 2.67  | 3.41  | 2.77  | 2.88  | 2.28  | Medical                  | 1.44       | 2.89         | 2.28   |
| 2.86  | 2.68  | 2.54  | 1.68  | 0.29  | Surgical                 | 0.08       | 0.30         | 0.29   |
| 5.42  | 6.47  | 9.28  | 9.12  | 9.59  | Swing Bed                | -          | 18.14        | 9.45   |
| 7.00  | 5.85  | 2.50  | 2.73  | 9.64  | Intensive Care           | 17.00      | 3.29         | 7.36   |
| 2.63  | 3.18  | 2.48  | 2.22  | 2.94  | Detoxification           | 4.50       | 3.75         | 2.95   |
| 2.36  | 2.27  | 3.47  | 4.09  | 3.38  | Hospice Acute            | 2.00       | 1.75         | 3.36   |
| 19.57 | 16.86 | 11.46 | 13.28 | 12.31 | Geriatric Psychiatric    | 13.86      | 10.56        | 12.33  |
| 5.40  | 5.81  | 4.35  | 4.29  | 3.84  |                          | 3.15       | 3.77         | 4.22   |

**OUTPATIENT SERVICES**

Outpatient/Emergency services averaged 161.44 visits per day in April which was 9.62 visits per day or 6.3% above budget for the month. Year-to-date Outpatient/Emergency services is 27.80 visits or 21.3% above the prior year average visits per day of 130.69.

| 16-17  | 17-18  | 18-19  | 19-20  | 20-21  |                         | THIS MONTH | YEAR-TO-DATE | BUDGET |
|--------|--------|--------|--------|--------|-------------------------|------------|--------------|--------|
| 13.73  | 13.52  | 13.61  | 13.36  | 14.57  | Emergency Department    | 17.60      | 16.69        | 13.53  |
| 37.17  | 35.44  | 41.67  | 37.02  | 34.06  | Urgent Care - Stoughton | 57.10      | 49.69        | 41.67  |
| 9.62   | 8.67   | 8.11   | 6.47   | 6.30   | Urgent Care - Oregon    | 8.30       | 7.64         | 8.11   |
| -      | -      | -      | -      | 2.11   | Urgent Care - McFarland | 10.67      | 8.99         | 14.40  |
| 3.92   | 3.03   | 2.76   | 2.95   | 3.20   | Ambulatory Infusion     | 1.93       | 3.00         | 2.73   |
| 3.75   | 3.87   | 3.71   | 3.12   | 3.72   | Surgical                | 4.67       | 4.39         | 3.58   |
| 0.71   | 0.98   | 1.02   | 0.68   | 1.04   | Sleep Lab               | 0.83       | 0.76         | 1.16   |
| 29.01  | 28.56  | 29.67  | 23.79  | 30.60  | PT - SWAC               | 33.03      | 31.68        | 30.41  |
| 20.34  | 20.49  | 20.94  | 15.42  | 19.82  | PT - Oregon             | 18.27      | 19.51        | 19.73  |
| 11.23  | 12.30  | 13.25  | 9.48   | 15.27  | Rehabilitation - Other  | 14.97      | 16.14        | 16.50  |
| 129.48 | 126.86 | 134.74 | 112.29 | 130.69 | Average Visits per day  | 167.37     | 158.49       | 151.82 |

**DIAGNOSTIC SERVICES**

Diagnostic services (laboratory & medical imaging areas) averaged 276.50 service units per day in April which was 29.49 units or 11.9% above budget. Year-to-date diagnostic services are 31.49 service units per day or 12.7% above last year's average.

| 16-17  | 17-18  | 18-19  | 19-20  | 20-21  |                               | THIS MONTH | YEAR-TO-DATE | BUDGET |
|--------|--------|--------|--------|--------|-------------------------------|------------|--------------|--------|
| 181.81 | 199.67 | 189.28 | 176.31 | 192.08 | Lab including reference lab   | 209.23     | 210.87       | 195.68 |
| 23.24  | 23.17  | 21.55  | 20.53  | 20.57  | Medical Imaging               | 26.87      | 25.84        | 18.40  |
| 3.79   | 4.98   | 6.12   | 5.73   | 8.16   | Mammography                   | 7.50       | 9.08         | 7.83   |
| 8.48   | 9.09   | 10.64  | 11.01  | 11.62  | CT                            | 16.43      | 14.35        | 10.97  |
| 1.17   | 1.42   | 1.82   | 1.42   | 2.96   | Echocardiogram                | 5.03       | 4.89         | 2.24   |
| 5.77   | 5.76   | 5.94   | 4.88   | 5.92   | Ultrasound                    | 5.40       | 7.15         | 5.23   |
| 0.81   | 0.98   | 0.80   | 0.61   | 0.94   | Nuclear Medicine              | 0.87       | 1.31         | 0.78   |
| 3.07   | 3.68   | 3.76   | 4.04   | 4.87   | MRI                           | 5.17       | 5.12         | 5.88   |
| 228.14 | 248.75 | 239.91 | 224.53 | 247.12 | Average Service Units per Day | 276.50     | 278.61       | 247.01 |

**STOUGHTON HEALTH  
SERVICES SUMMARY  
for the seven months ended April 30, 2022**

**GENERAL SURGERY SERVICES**

In April, the General Surgery clinic had a total of 141 visits for the month which was equal to the prior month but below budget by (106.00) visits or (42.9%).

| FY<br>2017 | FY<br>2018 | FY<br>2019 | FY<br>2020 | FY<br>2021 |   | THIS<br>MONTH<br>ACTUAL | THIS<br>MONTH<br>BUDGET | LAST<br>MONTH<br>ACTUAL | YEAR-<br>TO-DATE<br>ACTUAL | YEAR-<br>TO-DATE<br>BUDGET |
|------------|------------|------------|------------|------------|---|-------------------------|-------------------------|-------------------------|----------------------------|----------------------------|
| 872        | 926        | 1,191      | 1,081      | 1,001      | General Surgery Clinic Visits - Traditional | 75                      | 160                     | 83                      | 610                        | 1,208                      |
| 0          | 0          | 0          | 15         | 41         | General Surgery Clinic Visits - Virtual     | 4                       | 0                       | 2                       | 21                         | 0                          |
| 255        | 386        | 918        | 879        | 701        | Wound Clinic Visits                         | 62                      | 87                      | 56                      | 389                        | 611                        |
| 1,127      | 1,312      | 2,109      | 1,975      | 1,743      | Total Clinic Visits                         | 141                     | 247                     | 141                     | 1,020                      | 1,819                      |

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| FY<br>2017 | FY<br>2018 | FY<br>2019 | FY<br>2020 | FY<br>2021 |                           | THIS<br>MONTH<br>ACTUAL | THIS<br>MONTH<br>BUDGET | LAST<br>MONTH<br>ACTUAL | YEAR-<br>TO-DATE<br>ACTUAL | YEAR-<br>TO-DATE<br>BUDGET |
|------------|------------|------------|------------|------------|---------------------------|-------------------------|-------------------------|-------------------------|----------------------------|----------------------------|
| 49         | 23         | 30         | 26         | 24         | Inpatient Surgical Cases  | 2                       | 0                       | 3                       | 19                         | 10                         |
| 191        | 234        | 247        | 212        | 218        | Outpatient Surgical Cases | 16                      | 20                      | 16                      | 120                        | 151                        |
| 240        | 257        | 277        | 238        | 242        | Total Surgical Cases      | 18                      | 20                      | 19                      | 139                        | 161                        |

**ORTHOPEDIC SERVICES**

During the month of April, the OrthoTeam Clinic (Stoughton and Madison) had 295 visits and averaged 14.0 visits per clinic day. April visits were (70) visits or (19.2%) below budget.

| FY<br>2017 | FY<br>2018 | FY<br>2019 | FY<br>2020 | FY<br>2021 |                                       | THIS<br>MONTH<br>ACTUAL | THIS<br>MONTH<br>BUDGET | LAST<br>MONTH<br>ACTUAL | YEAR-<br>TO-DATE<br>ACTUAL | YEAR-<br>TO-DATE<br>BUDGET |
|------------|------------|------------|------------|------------|---------------------------------------|-------------------------|-------------------------|-------------------------|----------------------------|----------------------------|
| 2,122      | 2,453      | 2,497      | 3,002      | 1,489      | OrthoTeam Clinic Visits - Traditional | 263                     | 365                     | 317                     | 1,729                      | 2,230                      |
| 0          | 0          | 0          | 261        | 106        | OrthoTeam Clinic Visits - Virtual     | 32                      | 0                       | 38                      | 190                        | 0                          |
| 2,122      | 2,453      | 2,497      | 3,263      | 1,595      | Total OrthoTeam Visits                | 295                     | 365                     | 355                     | 1,919                      | 2,230                      |

OrthoTeam had 26 surgical cases in April. Inpatient cases were below budget by (4) cases or (66.7%) for April. Outpatient cases were above budget by 2 cases or 9.1% for the month of April.

| FY<br>2017 | FY<br>2018 | FY<br>2019 | FY<br>2020 | FY<br>2021 |                           | THIS<br>MONTH<br>ACTUAL | THIS<br>MONTH<br>BUDGET | LAST<br>MONTH<br>ACTUAL | YEAR-<br>TO-DATE<br>ACTUAL | YEAR-<br>TO-DATE<br>BUDGET | YEAR-<br>TO-DATE<br>Variance |
|------------|------------|------------|------------|------------|---------------------------|-------------------------|-------------------------|-------------------------|----------------------------|----------------------------|------------------------------|
| 136        | 151        | 151        | 152        | 45         | Inpatient Surgical Cases  | 2                       | 6                       | 6                       | 22                         | 37                         | (15)                         |
| 42         | 46         | 116        | 109        | 197        | Outpatient Surgical Cases | 24                      | 22                      | 35                      | 157                        | 150                        | 7                            |
| 178        | 197        | 267        | 261        | 242        | Total Surgical Cases      | 26                      | 28                      | 41                      | 179                        | 187                        | (8)                          |

**CARDIOLOGY SERVICES**

The Cardiology Clinic opened in July 2021. It had 17 total visits in the month of April.

**STOUGHTON HEALTH  
BALANCE SHEET  
April 30, 2022**

| Line | ASSETS   | 4/30/2022            | Audited<br>9/30/2021 |
|------|--|----------------------|----------------------|
|      | Current Assets   |                      |                      |
| 1    | Cash and cash equivalents                                    | \$ 38,667,933        | \$ 33,873,549        |
| 2    | Patient accounts receivable, net of allowances               | 6,589,957            | 6,759,089            |
| 3    | Supplies   | 551,447              | 536,876              |
| 4    | Other current assets   | 861,272              | 781,327              |
| 5    | <b>Total current assets</b>                                  | <b>46,670,609</b>    | <b>41,950,841</b>    |
|      | Assets Limited as to Use                                     |                      |                      |
| 6    | Certificates of deposit                                      | 5,000,000            | 7,000,000            |
| 7    | Board designated and other                                   | 10,457,084           | 10,629,724           |
|      |  | <b>15,457,084</b>    | <b>17,629,724</b>    |
| 8    | Property and equipment                                       | 64,329,901           | 62,869,570           |
| 9    | Less accumulated depreciation                                | (37,388,737)         | (35,632,019)         |
| 10   | Net property and equipment                                   | <b>26,941,164</b>    | <b>27,237,551</b>    |
|      | Other Assets   |                      |                      |
| 11   | Interest in net assets of Stoughton Hospital Foundation Inc. | 1,199,731            | 1,374,175            |
| 12   | Other non-current assets                                     | 4,564                | -                    |
| 13   | Investment in Stoughton Hospital Imaging LLC                 | 1,086,556            | 1,169,397            |
| 14   | <b>Total assets</b>  | <b>\$ 91,359,708</b> | <b>\$ 89,361,688</b> |

**LIABILITIES AND NET ASSETS**

|    |  |                      |                      |
|----|--|----------------------|----------------------|
|    | Current Liabilities                              |                      |                      |
| 15 | Current portion of long-term debt                | \$ 1,278,317         | \$ 1,317,080         |
| 16 | Accounts payable                                 | 1,080,049            | 1,105,863            |
| 17 | Accrued salaries and related withholdings        | 537,948              | 1,061,195            |
| 18 | Accrued vacation compensation                    | 1,350,951            | 1,193,641            |
| 19 | Accrued interest                                 | 31,347               | 37,109               |
| 20 | Other current liabilities                        | 93,810               | 102,881              |
| 21 | Refundable advance - COVID Provider Relief Funds | 407,331              | -                    |
| 22 | CMS advance payments, current portion            | 2,697,627            | 4,590,548            |
| 23 | Estimated third-party payor settlements          | 2,383,000            | 1,450,000            |
| 24 | <b>Total current liabilities</b>                 | <b>9,860,380</b>     | <b>10,858,317</b>    |
| 25 | Deferred compensation liability                  | 415,149              | 431,106              |
| 26 | Long-term debt, net of current portion           | 9,100,089            | 10,923,308           |
| 27 | <b>Total liabilities</b>                         | <b>19,375,618</b>    | <b>22,212,731</b>    |
|    | Net Assets                                       |                      |                      |
| 28 | Without donor restrictions                       | 70,456,478           | 65,621,345           |
| 29 | With donor restrictions                          | 1,527,612            | 1,527,612            |
| 30 | <b>Total net assets</b>                          | <b>71,984,090</b>    | <b>67,148,957</b>    |
| 31 | <b>Total liabilities and net assets</b>          | <b>\$ 91,359,708</b> | <b>\$ 89,361,688</b> |

|    | Budget                                      |      |      |
|----|---|------|------|
| 32 | Days revenue in accounts receivable         | 43   | 53   |
| 33 | Days cash on hand, all unrestricted sources | 376  | 431  |
| 34 | Current Ratio                               | 7.4  | 3.9  |
| 35 | Age of Plant                                | 13.1 | 11.3 |

**STOUGHTON HEALTH  
INCOME STATEMENT  
For the seven months ended April 30, 2022**

Variance Key: Better than (worse than) budget

| Line                     | Current Month                                   |                   |                   | Year to Date       |                     |                     | Year to Date LAST YEAR |                     |
|--------------------------|---|-------------------|-------------------|--------------------|---------------------|---------------------|------------------------|---------------------|
|                          | April   | Budget            | Variance          | TOTALS             | Budget              | Variance            |                        |                     |
| <b>REVENUES</b>          |   |                   |                   |                    |                     |                     |                        |                     |
| Patient service revenue: |   |                   |                   |                    |                     |                     |                        |                     |
| 1                        | Inpatient                                       | \$ 1,449,864      | \$ 1,670,056      | \$ (220,192)       | \$ 13,008,390       | \$ 11,927,366       | \$ 1,081,024           | \$ 10,356,044       |
| 2                        | Outpatient                                      | 11,063,333        | 9,441,898         | 1,621,435          | 74,935,679          | 62,965,296          | 11,970,383             | 56,310,294          |
| 3                        | Gross patient charges                           | 12,513,197        | 11,111,954        | 1,401,243          | 87,944,069          | 74,892,662          | 13,051,407             | 66,666,338          |
| 4                        | Contractual discounts and allowances            | (7,763,873)       | (6,718,826)       | (1,045,047)        | (53,957,565)        | (45,283,732)        | (8,673,833)            | (39,737,346)        |
| 5                        | Charity care                                    | (40,235)          | (30,469)          | (9,766)            | (388,890)           | (205,356)           | (183,534)              | (178,084)           |
| 6                        | Provision for bad debts                         | (162,000)         | (118,776)         | (43,224)           | (905,000)           | (800,531)           | (104,469)              | (560,000)           |
| 7                        | <b>Patient service revenue</b>                  | <b>4,547,089</b>  | <b>4,243,883</b>  | <b>303,206</b>     | <b>32,692,614</b>   | <b>28,603,043</b>   | <b>4,089,571</b>       | <b>26,190,908</b>   |
| 8                        | Other operating revenue                         | 74,844            | 75,864            | (1,020)            | 526,745             | 455,361             | 71,384                 | 525,607             |
| 9                        | Contributions                                   | 7,456             | 2,730             | 4,726              | 484,333             | 342,748             | 141,585                | 333,008             |
| 10                       | Rental income                                   | 69,203            | 72,843            | (3,640)            | 509,378             | 488,612             | 20,766                 | 472,076             |
| 11                       | <b>TOTAL REVENUES</b>                           | <b>4,698,592</b>  | <b>4,395,320</b>  | <b>303,272</b>     | <b>34,213,070</b>   | <b>29,889,764</b>   | <b>4,323,306</b>       | <b>27,521,599</b>   |
| 12                       | Salaries  | 1,583,834         | 1,543,161         | (40,673)           | 10,991,664          | 10,862,910          | (128,754)              | 10,262,592          |
| 13                       | Employee benefits                               | 198,137           | 423,684           | 225,547            | 2,474,008           | 2,867,221           | 393,213                | 2,715,074           |
| 14                       | Professional fees                               | 503,204           | 505,826           | 2,622              | 3,566,797           | 3,623,873           | 57,076                 | 3,064,209           |
| 15                       | Purchased services                              | 565,006           | 561,210           | (3,796)            | 4,161,389           | 3,581,156           | (580,233)              | 3,323,061           |
| 16                       | Supplies  | 521,950           | 494,346           | (27,604)           | 4,340,256           | 3,697,876           | (642,380)              | 3,172,967           |
| 17                       | Interest  | 33,715            | 36,951            | 3,236              | 248,850             | 268,696             | 19,846                 | 323,390             |
| 18                       | Administrative and general                      | 171,927           | 218,504           | 46,577             | 1,239,323           | 1,245,727           | 6,404                  | 1,130,840           |
| 19                       | Insurance                                       | 17,908            | 19,316            | 1,408              | 125,683             | 135,147             | 9,464                  | 106,234             |
| 20                       | Depreciation and amortization                   | 246,212           | 253,360           | 7,148              | 1,785,016           | 1,799,144           | 14,128                 | 1,838,491           |
| 21                       | <b>Total expenses</b>                           | <b>3,841,893</b>  | <b>4,056,358</b>  | <b>214,465</b>     | <b>28,932,986</b>   | <b>28,081,750</b>   | <b>(851,236)</b>       | <b>25,936,858</b>   |
| 22                       | <b>Operating income (loss)</b>                  | <b>856,699</b>    | <b>338,962</b>    | <b>517,737</b>     | <b>5,280,084</b>    | <b>1,808,014</b>    | <b>3,472,070</b>       | <b>1,584,741</b>    |
| Other income (loss):     |   |                   |                   |                    |                     |                     |                        |                     |
| 23                       | Investment income (loss) - realized             | 3,395             | 26,039            | (22,644)           | 266,430             | 138,934             | 127,496                | 374,661             |
| 24                       | Unrealized gains (losses) on investments        | (557,707)         | 24,707            | (582,414)          | (878,540)           | 172,951             | (1,051,491)            | 1,027,872           |
| 25                       | Earnings (loss) in Sto Hosp Imaging             | 25,226            | 29,980            | (4,754)            | 167,159             | 133,353             | 33,806                 | 133,353             |
| 26                       | Other gains (losses)                            | -                 | -                 | -                  | -                   | -                   | -                      | -                   |
| 27                       | Forgiveness of Refundable Advance - PRF         | -                 | -                 | -                  | -                   | -                   | -                      | -                   |
| 28                       | Forgiveness of Paycheck Protection Program Loan | -                 | -                 | -                  | -                   | -                   | -                      | -                   |
| 29                       | <b>Excess of revenues over expenses</b>         | <b>\$ 327,613</b> | <b>\$ 419,688</b> | <b>\$ (92,075)</b> | <b>\$ 4,835,133</b> | <b>\$ 2,253,252</b> | <b>\$ 2,581,881</b>    | <b>\$ 3,120,627</b> |
| 30                       | <i>Operating Margin</i>                         | <i>18.2%</i>      | <i>7.7%</i>       |                    | <i>15.4%</i>        | <i>6.0%</i>         |                        | <i>5.8%</i>         |
| 31                       | <i>Total Margin</i>                             | <i>6.9%</i>       | <i>9.4%</i>       |                    | <i>14.0%</i>        | <i>7.5%</i>         |                        | <i>11.1%</i>        |
| 32                       | <i>Adjusted Patient Days</i>                    | <i>2,253</i>      | <i>2,677</i>      |                    | <i>15,374</i>       | <i>18,045</i>       |                        | <i>13,512</i>       |
| 33                       | <i>Net revenue per APD</i>                      | <i>\$ 2,019</i>   | <i>\$ 1,585</i>   |                    | <i>\$ 2,127</i>     | <i>\$ 1,585</i>     |                        | <i>\$ 1,938</i>     |
| 34                       | <i>Salaries per APD</i>                         | <i>\$ 703</i>     | <i>\$ 576</i>     |                    | <i>\$ 715</i>       | <i>\$ 602</i>       |                        | <i>\$ 760</i>       |
| 35                       | <i>Benefits per APD</i>                         | <i>\$ 88</i>      | <i>\$ 158</i>     |                    | <i>\$ 161</i>       | <i>\$ 159</i>       |                        | <i>\$ 201</i>       |
| 36                       | <i>Supplies per APD</i>                         | <i>\$ 232</i>     | <i>\$ 185</i>     |                    | <i>\$ 282</i>       | <i>\$ 205</i>       |                        | <i>\$ 235</i>       |

**STOUGHTON HEALTH**  
**STATEMENT OF CHANGES IN NET ASSETS**  
**For the seven months ended April 30, 2022**

|  | <u>4/30/22</u>           | <u>Audited<br/>9/30/21</u> |
|--|--------------------------|----------------------------|
| Unrestricted net assets:   |                          |                            |
| Excess (deficit) of revenues over expenses                       | 4,835,133                | 13,406,181                 |
| Net assets released from restrictions                            | -                        | 65,901                     |
| Contributions and grants for purchases of property and equipment | -                        | 148,521                    |
| <b>Increase (decrease) in unrestricted net assets</b>            | <u>4,835,133</u>         | <u>13,620,603</u>          |
| Temporarily restricted net assets:                               |                          |                            |
| Restricted contributions   | -                        | 46,291                     |
| Change in interest in net assets of the Foundation               | -                        | 90,707                     |
| Net assets released from restrictions                            | -                        | (65,901)                   |
| <b>Increase (decrease) in temporarily restricted net assets</b>  | <u>-</u>                 | <u>71,097</u>              |
| <b>Increase (decrease) in net assets</b>                         | 4,835,133                | 13,691,700                 |
| Net assets, beginning  | <u>67,148,957</u>        | <u>53,457,257</u>          |
| Net assets, ending   | <u><u>71,984,090</u></u> | <u><u>67,148,957</u></u>   |



**STOUGHTON HEALTH**  
**STATEMENT OF CASH FLOWS**  
**For the seven months ended April 30, 2022**

|  | <b>Current<br/>Month</b> | <b>YTD<br/>April</b> | <b>Audited<br/>9/30/2021</b> |
|--|--------------------------|----------------------|------------------------------|
| Cash Flows From Operating Activities   |                          |                      |                              |
| Increase (decrease) in net assets  | \$ 323,571               | \$ 4,835,133         | \$ 13,691,700                |
| Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities: |                          |                      |                              |
| Change in interest in net assets of Stoughton Hospital Foundation Inc.                                   | -                        | -                    | (90,707)                     |
| Depreciation and amortization  | 246,212                  | 1,785,016            | 3,150,926                    |
| Amortization of debt issuance costs  | 2,367                    | 16,574               | 30,501                       |
| Net realized and unrealized gains and losses on investments  | 570,580                  | 786,771              | (1,307,892)                  |
| Forgiveness of Paycheck Protection Program Loan  | -                        | -                    | (4,064,937)                  |
| Loss (gain) on disposal of property and equipment  | -                        | 9,876                | (14,684)                     |
| Change in investment in Stoughton Hospital Imaging, LLC  | (25,226)                 | (167,159)            | (265,082)                    |
| Distribution from Stoughton Hospital Imaging, LLC  | -                        | 250,000              | 200,000                      |
| Contributions and grants for property and equipment  | -                        | -                    | (194,812)                    |
| Increase (decrease) from changes in:   |                          |                      |                              |
| Patient accounts receivable, net   | 269,515                  | 169,132              | (2,143,837)                  |
| Supplies   | (5,072)                  | (14,571)             | 157,584                      |
| Estimated third-party payor settlements  | 182,000                  | 933,000              | 1,575,000                    |
| Other current assets   | 156,275                  | (84,509)             | (107,491)                    |
| Refundable advance - provider relief funds (forgiven)  | -                        | 407,331              | (5,023,434)                  |
| CMS advanced payments  | (472,593)                | (1,892,921)          | (1,237,502)                  |
| Accounts payable, accrued expenses and other current liabilities   | (908,627)                | (337,992)            | 273,012                      |
| <b>Net cash provided by (used in) operating activities</b>   | <b>339,002</b>           | <b>6,695,681</b>     | <b>4,628,345</b>             |
| Cash Flows From Investing Activities   |                          |                      |                              |
| Acquisition of property and equipment  | (150,570)                | (1,498,506)          | (1,561,623)                  |
| Proceeds from disposal of property and equipment   | -                        | -                    | 57,818                       |
| Maturities/(Purchases) of certificates of deposit  | -                        | -                    | -                            |
| Purchases of assets limited as to use  | (195,192)                | (5,480,871)          | (11,603,172)                 |
| Sales/Proceeds from maturities of assets limited as to use   | 205,831                  | 6,866,740            | 12,371,160                   |
| <b>Net cash provided by (used in) investing activities</b>   | <b>(139,931)</b>         | <b>(112,637)</b>     | <b>(735,817)</b>             |
| Cash Flows From Financing Activities   |                          |                      |                              |
| Proceeds from issuance of new debt   | -                        | -                    | -                            |
| Payment of debt issuance costs   | -                        | -                    | -                            |
| Payment of accounts payable for equipment and financing costs  | -                        | (84,548)             | (150,976)                    |
| Repayment of long-term debt  | (114,087)                | (1,878,556)          | (1,298,318)                  |
| Restricted contributions and grants  | -                        | 174,444              | 194,812                      |
| <b>Net cash provided by (used in) financing activities</b>   | <b>(114,087)</b>         | <b>(1,788,660)</b>   | <b>(1,254,482)</b>           |
| <b>Net increase (decrease) in cash</b>   | <b>84,984</b>            | <b>4,794,384</b>     | <b>2,638,046</b>             |
| Cash, beginning  | 38,582,949               | 33,873,549           | 31,235,503                   |
| Cash, ending   | <b>\$ 38,667,933</b>     | <b>\$ 38,667,933</b> | <b>\$ 33,873,549</b>         |

**STOUGHTON HEALTH**

**Budget FY2023**

**Proposed Hospital Rate Increase**

**Situation:** It is customary for the Hospital to increase the amount charged for services on the first day of a new fiscal year. If the percentage increase exceeds the rate of inflation, the Hospital is required to publish a notice in the paper thirty days prior to the rate increase.

**Background:** After considering rate increase trends for Stoughton Hospital and other hospitals in the State and nearby service areas, as shown below, the Administrative Team recommends a 4% rate increase effective October 1, 2022.

|                                      | <i>FY23</i><br><b>2022</b> | <b>5 yr avg</b> | <i>FY22</i><br><b>2021</b> | <i>FY21</i><br><b>2020</b> | <i>FY20</i><br><b>2019</b> | <i>FY19</i><br><b>2018</b> | <i>FY18</i><br><b>2017</b> |
|--------------------------------------|----------------------------|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Increase effective October 1:</b> |                            |                 |                            |                            |                            |                            |                            |
| Stoughton Hospital                   | 4.00%                      | 4.07%           | 4.00%                      | 3.85%                      | 4.00%                      | 4.50%                      | 4.00%                      |
|                                      | <b>Proposed</b>            |                 |                            |                            |                            |                            |                            |

Information obtained from the WHA website section on Wisconsin hospital rate increases:

|                           | <b>2022</b> | <b>5 yr avg</b> | <b>2021</b> | <b>2020</b> | <b>2019</b> | <b>2018</b> | <b>2017</b> |
|---------------------------|-------------|-----------------|-------------|-------------|-------------|-------------|-------------|
| Avg All Wis hospitals     | 3.64%       | 4.04%           | 4.46%       | 3.66%       | 4.14%       | 4.25%       | 3.71%       |
| Maximum                   | 7.50%       | 13.86%          | 23.70%      | 6.30%       | 19.50%      | 11.60%      | 8.20%       |
| Minimum                   | 1.00%       | 0.70%           | 0.30%       | 1.00%       | 1.89%       | -0.10%      | 0.40%       |
| Area hospitals:           |             |                 |             |             |             |             |             |
| Prairie Ridge (Columbus)  | not avail   | 4.50%           | 4.50%       | 4.50%       | 4.50%       | 4.50%       | 4.50%       |
| Edgerton                  | 3.00%       | 3.50%           | 3.00%       | 3.50%       | 4.00%       | 3.50%       | 3.50%       |
| Fort Atkinson             | not avail   | 3.80%           | 4.00%       | 4.00%       | 4.00%       | 4.00%       | 3.00%       |
| UnityPoint - Meriter      | 5.00%       | 4.40%           | 5.00%       | 5.00%       | 4.00%       | 4.00%       | 4.00%       |
| Sauk Prairie              | 5.00%       | 5.36%           | 5.00%       | 5.00%       | 5.00%       | 5.90%       | 5.90%       |
| St. Marys Madison         | 5.00%       | 4.60%           | 5.00%       | 4.00%       | 5.00%       | 6.00%       | 3.00%       |
| St. Marys Janesville      | 3.00%       | 3.20%           | 3.00%       | 3.00%       | 3.00%       | 4.00%       | 3.00%       |
| Mercy Hospital Janesville | not avail   | 3.80%           | 5.00%       | 0.00%       | 5.00%       | 5.00%       | 4.00%       |
| UW                        | not avail   | 5.00%           | 5.00%       | 5.00%       | 5.00%       | 5.00%       | 5.00%       |
| CPI Index                 | 7.0         | 2.0             | 1.4         | 2.3         | 1.9         | 2.1         | 2.5         |

**Recommendation/Action:** Request Governing Board approval of recommended rate increase effective October 1, 2022 for Stoughton Hospital Association.



Situation Background Assessment Recommendation

Roof replacement 1975 & 2000 buildings

|   |  |
|---|--|
| <p><b>S</b><br/><u>SITUATION</u></p>      | <p>Both roofs are showing signs of age, such as shrinkage and break down of rock ballast material. We have had some leaking issues on the med surge floor (2000 roof). For the 1975 roof, there is also damage to the roof under the chiller due to a leak of refrigerant, which was repaired on the chiller.</p>  |
| <p><b>B</b><br/><u>BACKGROUND</u></p>     | <p>Flat roofs typically have an approximate life span of 20 years. The current roof is 21 years old (2000 Roof). Also, both roofs have rock material for a ballast to keep them from lifting in the wind. These rocks break down over time and can create sharp edges that could puncture the rubber membrane.</p>   |
| <p><b>A</b><br/><u>ASSESSMENT</u></p>     | <p>Roofs are at the end of life and will more than likely start to have increased leaking issues that will need to be addressed. \$410,800 was budgeted for these roof replacements in the FY2022 capital budget based upon quotes obtained in the summer of 2021 during the capital budgeting process. Due to changes in market conditions, the costs for roof replacement have increased substantially such that updated quotes now estimate roof replacement at a combined \$571,500.</p> |
| <p><b>R</b><br/><u>RECOMMENDATION</u></p> | <p>The Administrative team recommends replacing both roofs using contingency funds and delaying other capital items in the FY2022 budget in order to move forward with this project. Given the volatility of the material cost market right now and per policy because these capital expenditures will exceed \$100,000, the Administrative Team requests the Governing Board approve capital to replace both roofs not to exceed \$600,000.</p>   |

## Capital Budget Request Form

**\*\*RETURN COMPLETED FORM TO ACCOUNTING@STOUGHTONHEALTH.COM**

|                          |               |
|--------------------------|---------------|
| <b>Requestor's Name:</b> | Chris Schmitz |
|--------------------------|---------------|

|                    |   |
|--------------------|---|
| <b>Department:</b> | 9232 - BUILDING MAINTENANCE - Hospital Building |
|--------------------|---|

|                     |                                |
|---------------------|--------------------------------|
| <b>Description:</b> | Roor replacement 1975 building |
|---------------------|--------------------------------|

|                                |   |
|--------------------------------|---|
| <b>Requesting for quarter:</b> | 3 |
|--------------------------------|---|

|                        |           |
|------------------------|-----------|
| <b>Estimated Cost:</b> | \$170,916 |
|------------------------|-----------|

|                                 |             |
|---------------------------------|-------------|
| <b>Capital Function/Purpose</b> | Replacement |
|---------------------------------|-------------|

|                           |    |
|---------------------------|----|
| <b>Is used an option?</b> | No |
|---------------------------|----|

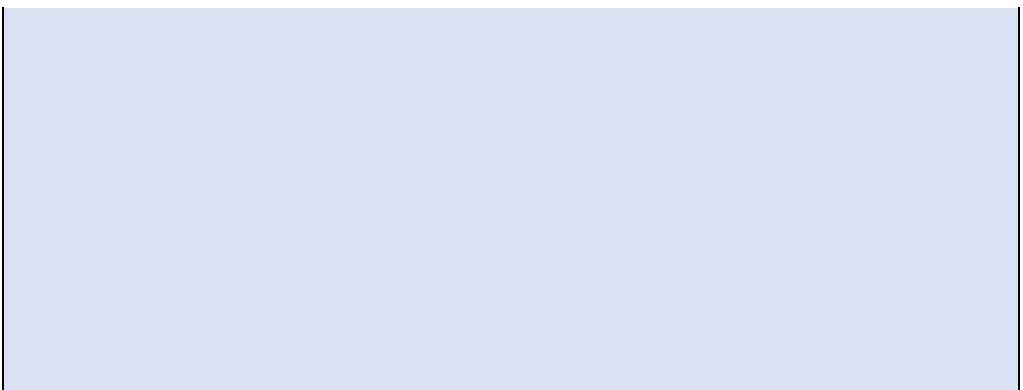
|                                      |             |
|--------------------------------------|-------------|
| <b>Is this new or a replacement?</b> | Replacement |
|--------------------------------------|-------------|

|   |    |
|---|----|
| <b>Will this purchase require ongoing operating costs (regular maintenance, software contracts, purchase of supplies to operate, etc.)?</b> | No |
|---|----|

|   |                    |                              |
|---|--------------------|------------------------------|
| <b>If yes, describe the ongoing operating costs and an estimated amount per year.</b> | <b>Description</b> | <b>Estimated Yearly Cost</b> |
|   | Enter Description  | Enter Cost                   |
|   | Enter Description  | Enter Cost                   |
|   | Enter Description  | Enter Cost                   |
|   | Enter Description  | Enter Cost                   |

|  |   |
|--|---|
| <p><b>Provide a business case for why this capital item should be or needs to be purchased.</b></p> <p><b>Clinical Impact:</b> Improves clinical experience in terms of outcomes, patient safety, waiting times, throughput times and general comfort.</p> <p><b>Financial Impact:</b> Increases profitability through higher patient volumes, additional services, additional charge capture, reduced expense or enhanced productivity.</p> <p><b>Market Share:</b> Enhances market share by increasing the number of patients seen or increasing the ability to attract new patients.</p> <p><b>Routine Infrastructure:</b> Improves or maintains the quality of the hospital, outside facilities, and</p> | <p>Routine infrastructure: Maintains quality of the building. Current roof is showing signs of age and will eventually become problematic with leaking.</p> |
|--|---|

equipment. This includes expenditures for the safety, code and accreditation standards.  
**Staff/Physician Relationships:** Improves the ability of employees and medical staff to work effectively and productively.  
**Regulatory Compliance:** Change is required due to a new or impending regulation from Joint Commission, CMS or other governing body.



**Other Comments:**

There was a leak of refrigerant in the chiller that is mounted on the 1975 roof. This caused some damage to the roof, which will need to be repaired. Rather than make a difficult patch on an old roof, a complete roof would save from working around the chiller twice.

The roofing construction market remains volatile. Roofers are not able to lock in pricing now for materials that will be delivered for the project. That being said Nations is recommending a possible escalation to their costs; unknown, if this will actually be recognized.

Based on sqftage:

2000 roof = \$400,584

1975 roof = \$170,916

\* Budget includes \$87,300 (total for both roofs) in anticipated escalation costs.

\$525,300 base bid (Total of both roofing projects)

(\$41,100) Alternate #2

\$87,300 anticipated escalation

\$571,500 Budget if direct award to roofer

The lead time for the project would be 8-9 months

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## Capital Budget Request Form

**\*\*RETURN COMPLETED FORM TO ACCOUNTING@STOUGHTONHEALTH.COM**

|   |   |
|---|---|
| <b>Requestor's Name:</b>  | Dwayne Strandlie                                |
| <b>Department:</b>  | 9232 - BUILDING MAINTENANCE - Hospital Building |
| <b>Description:</b>   | Roof replacement 2000 building                  |
| <b>Requesting for quarter:</b>  | 3   |
| <b>Estimated Cost:</b>  | \$400,584                                       |
| <b>Capital Function/Purpose</b>   | Replacement                                     |
| <b>Is used an option?</b>   | No  |
| <b>Is this new or a replacement?</b>  | Replacement                                     |
| <b>Will this purchase require ongoing operating costs (regular maintenance, software contracts, purchase of supplies to operate, etc.)?</b> | No  |

|   |                    |                              |
|---|--------------------|------------------------------|
| <b>If yes, describe the ongoing operating costs and an estimated amount per year.</b> | <b>Description</b> | <b>Estimated Yearly Cost</b> |
|   | Enter Description  | Enter Cost                   |
|   | Enter Description  | Enter Cost                   |
|   | Enter Description  | Enter Cost                   |
|   | Enter Description  | Enter Cost                   |

|  |   |
|--|---|
| <p><b>Provide a business case for why this capital item should be or needs to be purchased.</b></p> <p><b>Clinical Impact:</b> Improves clinical experience in terms of outcomes, patient safety, waiting times, throughput times and general comfort.</p> <p><b>Financial Impact:</b> Increases profitability through higher patient volumes, additional services, additional charge capture, reduced expense or enhanced productivity.</p> <p><b>Market Share:</b> Enhances market share by increasing the number of patients seen or increasing the ability to attract new patients.</p> <p><b>Routine Infrastructure:</b> Improves or maintains the quality of the hospital, outside facilities, and</p> | <p>Routine infrastructure: Maintains quality of the building. Current roof is showing signs of age and will eventually become problematic with leaking.</p> |
|--|---|

equipment. This includes expenditures for the safety, code and accreditation standards.  
**Staff/Physician Relationships:** Improves the ability of employees and medical staff to work effectively and productively.  
**Regulatory Compliance:** Change is required due to a new or impending regulation from Joint Commission, CMS or other governing body.



**Other Comments:**

The roofing construction market remains volatile. Roofers are not able to lock in pricing now for materials that will be delivered for the project. That being said Nations is recommending a possible escalation to their costs; unknown, if this will actually be recognized.

Based on sqftage:

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\$525,300 base bid (Total of both roofing projects)

(\$41,100) Alternate #2

\$87,300 anticipated escalation

\$571,500 Budget if direct award to roofer

The lead time for the project would be 8-9 months.

**\*\*RETURN COMPLETED FORM TO ACCOUNTING@STOUGHTONHEALTH.COM**

Stoughton Hospital Medical Care Evaluation Committee Report to MEC/Board of Directors  
March 15, 2022

**Presiding:** Dr. Mark Menet  
**Members:** Amy Hermes, Teresa Lindfors, Rhonda Tesmer, Jennifer White, Dr. Rawal, Erin Meronk, Dan DeGroot, Dr. Liova Rivera, Dr. Aaron Schwaab, Charlie Smith, , Dr. Rawal, Dr. McGuire  
**Not Present:** Nikki Rowin, Dr. Stolcpart

| Agenda Item (Facilitator)  | Discussion  | Follow Up Action     |  |                    |
|--|---|----------------------|--|--------------------|
| <b>Meeting called to order.</b>  |   |                      |  |                    |
| Approval of February meeting minutes   | <b>Dr. Schwaab motioned to approve the minutes from February. Dr. Rivera seconded the motion. Motion carried.</b>   |                      |  |                    |
| <b>Re-appointments (Dr. Menet)</b>   | Name  | Title/Privilege      | <i>Dr. Schwaab moved to approve the reappointments. Dr. Rawal seconded the motion. Will forward to MEC for approval.</i> |                    |
|  | Ali, Kashif   | MD/Ortho Surgery     |  | 5/17/20 to 2/28/22 |
|  | Block, Kierstyn   | PA-C/Plastic Surgery |  | 5/17/20 to 2/28/22 |
|  | Diebold, Steven   | MD/Emergency Med     |  | 5/17/20 to 2/28/22 |
|  | Moreland, Kimberly  | NP/Family Medicine   |  | 5/17/20 to 2/28/22 |
|  | Mossa Basha, Feras  | MD/Radiology         |  | 5/17/20 to 2/28/22 |
|  | O'Neill, Ryan   | PA-C/Ortho           |  | 5/17/20 to 2/28/22 |
|  | Rivera, Liova   | MD/Emergency Med     |  | 5/17/20 to 2/28/22 |
|  | Schoch, Stephanie   | PA-C/Emergency Med   |  | 5/24/22 to 2/28/22 |
|  | Shapiro, Sara   | PA-C/Emergency Med   |  | 5/24/21 to 2/28/22 |
|  | Squires, Kraig  | PA-C/Emergency Med   |  | 5/24/21 to 2/28/22 |
|  | Wilson, Shawn   | MD/Emergency Med     |  | 5/17/20 to 2/28/22 |
| <b>Consent Agenda Items Action: Dr. Rivera moved to approve the Consent Agenda Items. Dr. Schwaab seconded the motion. Motion carried.</b> |   |                      |  |                    |
| <b>Committee Reports: Feb. Infection Prevention Minutes, Feb ED Committee Minutes</b>  | Hospitalist group taking over for significant exposure process. If it's a weekend fellow someone may need to walk them through the process-even if by phone.<br><br>EMC meeting-looking at the value at remaining level 4 certification.<br>Behavioral Health group still in credentialing and looking at early April start date. |                      |  |                    |
| Medical Imaging Reports: MRI Utilization   | Slight decrease in volumes noted as Madison providers have increased capacity to provide services but not to a level that is concerning.  |                      |  |                    |
| Lab:   | No reports this month.  |                      |  |                    |



| Agenda Item (Facilitator)   | Discussion   | Follow Up Action  |
|---|--|---|
| Utilization Reports: <b>Surgical Services Procedures &amp; AIC Visits/Treatments;</b> GeriPsych Percent Occupancy; Average Hours per Inpatient Stay | Surgical Services report not available.  |   |
| Organ/Tissue Procurement Review-Feb   |  |   |
| <b>Health Information Management</b>  |  |   |
| Delinquent records/Health Information Management-   | No delinquent records as of 3/7/22.  |   |
| <b>Old/Recurring Business-</b>  |  |   |
| 30 day readmissions reports by month  | For January, there was one readmission for 28 eligible discharges for a rate of 3.8/100. The patient's diagnosis for both stays was related to heart failure.  |   |
| Inpatient Code Reviews  | One inpatient code for review. Heather was working on getting additional input from some nurses before getting the form to Dr. Menet.  |   |
| <b>OPPE/FPPE (concerns only)</b>  | Update on the 4 Providers contacted by Amy about annual education attestation. One completed the attestation. 2 providers were sent letters signed by Dr. Schwaab last week. One plans to let his privileges expire 03/23. There were 10 providers who had scores below threshold on patient satisfaction measures but with low rates of returned surveys.   | <b>Letters to 10 providers as educational only. Dr. Menet asked if Credentialing Committee could re-visit the thresholds.</b> |
| <b>New Business/Current Clinical Process Issues</b>   |  |   |
| <b>Recent Root Cause Analysis (Jen)</b>   | No current RCA's in progress   |   |
| <b>COVID-19 Update (Dan or Amy)</b>   | Mask mandate ended for Dane County. ICC team has been meeting regularly and have been deciding on what things to scale back on. It's been a week since the ER has seen any COVID positive cases. 83% of employees have been boosted. The booster is not been mandated, but are strongly encouraging it. Looking at what Madison hospitals are doing as far as screening and visitors. Looking at pre-procedure testing and when to make changes with that. |   |

| Agenda Item (Facilitator)                        | Discussion   | Follow Up Action                    |
|--|--|-------------------------------------|
| <b>Peer Review Synopsis from last meeting</b>    | No cases met criteria for full review.   |                                     |
| Mortality Review-February                        | One inpatient death referred for preliminary review. Patient was being held for transfer to UW for cardiology. No concerns about the care in this case.    |                                     |
| Surgical Complications/Cancellations for Jan-Feb | No complications met criteria for review. There were four cancellations after arrival related to surgeon availability on one day. No other trending noted. |                                     |
| Medical Care Case Review                         |  |                                     |
| ED Case review                                   |  |                                     |
| <b>OTHER BUSINESS</b>                            |  |                                     |
| <b>Adjournment:</b>                              | With no further business to attend to the meeting adjourned.   | <i>Next meeting: April 19, 2022</i> |

OPPE March Review (Highlighted individuals are still in FPPE process as new providers.)

| SpecialtyDescription  | LastName          | FirstName | NPI        |
|-----------------------|-------------------|-----------|------------|
| Dentistry             | Anderson          | Thor      | 1790877629 |
| Dentistry             | Bries             | Britney   | 1609234285 |
| Dentistry             | Thompson          | Cecelia   | 1891009577 |
| Emergency Medicine PA | Bertuso           | Mary ann  | 1689866840 |
| Emergency Medicine PA | Mosley (Crawford) | Krista    | 1740317882 |
| Emergency Medicine PA | Erdman            | Kevin     | 1275723157 |
| Emergency Medicine PA | Johnson           | Brad      | 1710167655 |
| Emergency Medicine PA | Ketterhagen       | Katherine | 1356414668 |
| Emergency Medicine PA | Lovejoy           | Kelly     | 1194744110 |
| Emergency Medicine PA | Maly              | Alisha    | 1275517443 |
| Emergency Medicine PA | Miller            | Stacy     | 1073032264 |
| Emergency Medicine PA | Nerad             | Robert    | 1265612113 |
| Emergency Medicine PA | Riebe             | Paula     | 1770882748 |
| Emergency Medicine PA | Schoch            | Stephanie | 1891315495 |
| Emergency Medicine PA | Shapiro           | Sara      | 1457609398 |
| Emergency Medicine PA | Squires           | Kraig     | 1578790358 |
| Emergency Medicine PA | Sugar             | Benjamin  | 1033483854 |
| Emergency Medicine PA | Sugar             | Hugh      | 1467650929 |
| Emergency Medicine PA | Vargas            | Doris     | 1316445588 |
| Emergency Medicine    | Arthur            | Ryan      | 1316444771 |
| Emergency Medicine    | Chiu              | Arthur    | 1114375367 |
| Emergency Medicine    | Coogan            | Michael   | 1033207105 |
| Emergency Medicine    | Dahlberg          | Abigail   | 1841566304 |
| Emergency Medicine    | Dean              | Andrew    | 1679739965 |
| Emergency Medicine    | Diebold           | Steven    | 1487724019 |
| Emergency Medicine    | Frey              | James     | 1588769392 |
| Emergency Medicine    | Ho                | Benjamin  | 1225316458 |
| Emergency Medicine    | Lai               | Jason     | 1285020669 |
| Emergency Medicine    | Rivera Garcia     | Liova     | 1790712610 |
| Emergency Medicine    | Stier             | Peter     | 1073595575 |
| Emergency Medicine    | Tran              | Thanh     | 1437175817 |
| Emergency Medicine    | Wilson            | Shawn     | 1356458517 |

Stoughton Hospital Medical Care Evaluation Committee Report to MEC/Board of Directors  
April 19, 2022

**Presiding:** Dr. Mark Menet  
**Members:** Amy Hermes, Teresa Lindfors, Rhonda Tesmer, Jennifer White, Erin Meronk, Dr. Liova Rivera, Dr. Aaron Schwaab, Charlie Smith, Dr. Rawal  
**Absent:** Dr. Stolcpart, Dan DeGroot, Nikki Rowin, Dr. McGuire

| Agenda Item (Facilitator)   | Discussion  | Follow Up Action   |                     |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|---|---|--------------------|---------------------|-----------------|--------------|------------------|-------------------|--------------------|-------------------|--------------------|-----------------|--------------|--------------------|--------------|---------------|---------------------|----------------|---------------|---------------------|--------------|--------------------|--------------------|---------------|-----------------|--------------------|------------------|--------------|--------------------|----------------|-----------------|---------------------|-------------|-----------------|--------------------|----------------|-----------------|--------------------|----------------|-----------------|--------------------|------------------|---------------|--------------------|------------------|-----------------|---------------------|----------------|---------------|--------------------|---------------|---------------|--------------------|--|
| <b>Meeting called to order.</b>   |   |                    |                     |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
| Approval of March meeting minutes   | <b>Dr. Schwaab motioned to approve the minutes from March. Charlie seconded the motion. Motion carried.</b>   |                    |                     |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
| <b>Re-appointments (Dr. Menet)</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Title/Privilege</th> <th style="text-align: left;">Dates of Review</th> </tr> </thead> <tbody> <tr> <td>Arthur, Ryan</td> <td>MD/Emergency Med</td> <td>7/28/21-3/31/2022</td> </tr> <tr> <td>Boorstein, Stephen</td> <td>MD/Ophthalmology-</td> <td>4/1/2020-3/31/2022</td> </tr> <tr> <td>Crummy, Timothy</td> <td>MD/Radiology</td> <td>4/1/2020-3/31/2022</td> </tr> <tr> <td>Kaji, Eugene</td> <td>MD/Cardiology</td> <td>7/28/2021-3/31/2022</td> </tr> <tr> <td>Kenny, Barrett</td> <td>MD/Cardiology</td> <td>7/28/2021-2/28/2022</td> </tr> <tr> <td>Keyes, Brian</td> <td>MD/Orthopedic Surg</td> <td>3/1/2020-2/28/2022</td> </tr> <tr> <td>Khalid, Ahsan</td> <td>MD/Internal Med</td> <td>4/1/2020-3/31/2022</td> </tr> <tr> <td>Kitchin, Douglas</td> <td>MD/Radiology</td> <td>4/1/2020-3/31/2022</td> </tr> <tr> <td>Lee, Alexander</td> <td>MD/Hospital Med</td> <td>7/28/2021-3/31/2022</td> </tr> <tr> <td>Menet, Mark</td> <td>MD/Hospital Med</td> <td>4/1/2020-3/31/2022</td> </tr> <tr> <td>Scholtz, Harry</td> <td>MD/Hospital Med</td> <td>4/1/2020-3/31/2022</td> </tr> <tr> <td>Smith, Charlie</td> <td>CRNA/Anesthesia</td> <td>4/1/2020-3/31/2022</td> </tr> <tr> <td>Staddler, Daniel</td> <td>MD/Family Med</td> <td>4/1/2020-3/31/2022</td> </tr> <tr> <td>Stanfield, Dylan</td> <td>MD/Hospital Med</td> <td>7/28/2021-3/31/2022</td> </tr> <tr> <td>Stone, Charles</td> <td>MD/Cardiology</td> <td>4/1/2020-3/31/2022</td> </tr> <tr> <td>Zasadil, Mary</td> <td>MD/Cardiology</td> <td>3/1/2020-2/28/2022</td> </tr> </tbody> </table> | Name               | Title/Privilege     | Dates of Review | Arthur, Ryan | MD/Emergency Med | 7/28/21-3/31/2022 | Boorstein, Stephen | MD/Ophthalmology- | 4/1/2020-3/31/2022 | Crummy, Timothy | MD/Radiology | 4/1/2020-3/31/2022 | Kaji, Eugene | MD/Cardiology | 7/28/2021-3/31/2022 | Kenny, Barrett | MD/Cardiology | 7/28/2021-2/28/2022 | Keyes, Brian | MD/Orthopedic Surg | 3/1/2020-2/28/2022 | Khalid, Ahsan | MD/Internal Med | 4/1/2020-3/31/2022 | Kitchin, Douglas | MD/Radiology | 4/1/2020-3/31/2022 | Lee, Alexander | MD/Hospital Med | 7/28/2021-3/31/2022 | Menet, Mark | MD/Hospital Med | 4/1/2020-3/31/2022 | Scholtz, Harry | MD/Hospital Med | 4/1/2020-3/31/2022 | Smith, Charlie | CRNA/Anesthesia | 4/1/2020-3/31/2022 | Staddler, Daniel | MD/Family Med | 4/1/2020-3/31/2022 | Stanfield, Dylan | MD/Hospital Med | 7/28/2021-3/31/2022 | Stone, Charles | MD/Cardiology | 4/1/2020-3/31/2022 | Zasadil, Mary | MD/Cardiology | 3/1/2020-2/28/2022 | <i>Dr. Schwaab moved to approve the reappointments with exception of Dr. Zasadil and Dr. Arthur. Dr. Rivera seconded the motion. Will forward to MEC for approval.</i> |
|   | Name  | Title/Privilege    | Dates of Review     |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Arthur, Ryan  | MD/Emergency Med   | 7/28/21-3/31/2022   |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Boorstein, Stephen  | MD/Ophthalmology-  | 4/1/2020-3/31/2022  |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Crummy, Timothy   | MD/Radiology       | 4/1/2020-3/31/2022  |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Kaji, Eugene  | MD/Cardiology      | 7/28/2021-3/31/2022 |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Kenny, Barrett  | MD/Cardiology      | 7/28/2021-2/28/2022 |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Keyes, Brian  | MD/Orthopedic Surg | 3/1/2020-2/28/2022  |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Khalid, Ahsan   | MD/Internal Med    | 4/1/2020-3/31/2022  |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Kitchin, Douglas  | MD/Radiology       | 4/1/2020-3/31/2022  |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Lee, Alexander  | MD/Hospital Med    | 7/28/2021-3/31/2022 |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Menet, Mark   | MD/Hospital Med    | 4/1/2020-3/31/2022  |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Scholtz, Harry  | MD/Hospital Med    | 4/1/2020-3/31/2022  |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Smith, Charlie  | CRNA/Anesthesia    | 4/1/2020-3/31/2022  |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Staddler, Daniel  | MD/Family Med      | 4/1/2020-3/31/2022  |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
|   | Stanfield, Dylan  | MD/Hospital Med    | 7/28/2021-3/31/2022 |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
| Stone, Charles  | MD/Cardiology   | 4/1/2020-3/31/2022 |                     |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
| Zasadil, Mary   | MD/Cardiology   | 3/1/2020-2/28/2022 |                     |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
| <b>Consent Agenda Items Action:</b> <i>Dr. Schwaab moved to approve the Consent Agenda Items. Dr. Rivera seconded the motion. Motion carried.</i> |   |                    |                     |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |
| <b>Committee Reports: March Inpatient Leadership, March Infection Prevention, March CI Council, March Patient Safety</b>                          | Tessa Mersberger will keep track of trauma info and will look into what it will take to have the hospital stroke certified.<br>CI council took brief hiatus during COVID and is now back up and running with lots of good information and projects taking place.  |                    |                     |                 |              |                  |                   |                    |                   |                    |                 |              |                    |              |               |                     |                |               |                     |              |                    |                    |               |                 |                    |                  |              |                    |                |                 |                     |             |                 |                    |                |                 |                    |                |                 |                    |                  |               |                    |                  |                 |                     |                |               |                    |               |               |                    |  |

| Agenda Item (Facilitator)  | Discussion  | Follow Up Action                                       |
|--|---|--|
| Medical Imaging Reports: MRI Utilization   |   |  |
| Lab:   |   |  |
| Utilization Reports: Surgical Services Procedures & AIC Visits/Treatments; GeriPsych Percent Occupancy; Average Hours per Inpatient Stay | The Surgical Services Report is back!   |  |
| Organ/Tissue Procurement Review-March LEBW Dashboard   | April is National Donate Life Month. We plan to celebrate Blue and Green Spirit Week April 18-22 and Blue and Green Day on April 22. The week is aimed at raising awareness and encouraging people to sign up on the Wisconsin Donor Registry. Everyone is invited to participate by wearing Blue and/or Green on April 22.   |  |
| <b>Health Information Management</b>   |   |  |
| Delinquent records/Health Information Management-  | No delinquent records as of 4/12/22.  |  |
| <b>Old/Recurring Business-</b>   |   |  |
| 30 day readmissions reports by month   | For February, there were 3 readmissions for 31 qualifying discharges. All were Medicare beneficiaries, ranging in age from 80-89. One patient was readmitted 6 days after discharge. The initial stay was due to right sided CHF, COPD, edema, and hypoxia. The patient was discharged to home and readmitted with pneumonia of both lower lobes. The other two patients were originally admitted related to falls at home. The patients were readmitted at 22 and 28 days after discharge. Both patients were discharged to a different level of care after the readmission than they were with their index stay. No trends determined among readmissions. |  |
| Inpatient Code Reviews   | One inpatient code for review from February.  |  |
| <b>OPPE/FPPE (concerns only)</b>   | One provider has not responded and is up for reappointment. Multiple messages and letters sent. Recommend holding reappointment. Another provider has appointment through 3/2023 and has not completed education. Dr. Schwaab discussed contacting him letting him to know he needs to respond to about the option to voluntarily resign privileges.  | <b>Dr. Schwaab will contact the provider by phone.</b> |

| Agenda Item (Facilitator)                           | Discussion   | Follow Up Action                         |
|---|--|--|
| <b>New Business/Current Clinical Process Issues</b> |  |  |
| <b>Change in Accreditation Agency (Amy)</b>         | It has been decided the hospital will change to DNV instead of Joint Commission. DNV provides more of a partnership and they'll focus strictly on CMS for the first 3 years. They'll work with us every year to make sure those things are taken care of and are solid. They'll be working with us with ISO 9000 standards. They will be coming after labor day and before Thanksgiving. |  |
| <b>Recent Root Cause Analysis (Jen)</b>             | Amy does have an RCA to discuss. A nerve block was put in the wrong site with no harm to patient. Met within the week and a policy was updated and everyone is aware. CRNAs will be marking block sites from now on.   |  |
| <b>COVID-19 Update (Dan or Amy)</b>                 | Booster doses offered.<br>Working on action after summary.   |  |
| <b>Peer Review Synopsis from last meeting</b>       | No cases met criteria for full review.   |  |
| Mortality Review-March                              | No deaths met criteria for referral.   |  |
| Surgical Complications/Cancellations for Feb-Mar    | One case met criteria for preliminary review.  |  |
| Medical Care Case Review                            |  |  |
| ED Case review                                      |  |  |
| Dr. Stolcpart availability                          | Dr. Stolcpart has clinic hours that start at 7am so makes it difficult for her to attend meetings. She did state she was interested in staying involved to be able to help with peer reviews.  | <b>Letter to provider.</b>               |
| WI Act 23   | April 1, 2022-WI Act 23 went into effect which discusses how PA's must be in collaboration with physicians and not need a supervisory physician. It also removes the physician to PA ratio requirement of one physician to four Pas.   |  |
| <b>OTHER BUSINESS</b>                               |  |  |
| <b>Adjournment:</b>                                 | With no further business to attend to the meeting adjourned.   | <b><i>Next meeting: May 17, 2022</i></b> |

OPPE April Review (Highlighted individuals are still in FPPE process as new providers.)

| Status                     | SpecialtyDescription | Degree | LastName  | FirstName |
|----------------------------|----------------------|--------|-----------|-----------|
| Courtesy                   | Cardiology           | MD     | Bachhuber | Brian     |
| Courtesy                   | Cardiology           | MD     | Dong      | Shengjing |
| Courtesy                   | Cardiology           | MD     | Ewer      | Steven    |
| Courtesy                   | Cardiology           | MD     | Jung      | Frank     |
| Courtesy                   | Cardiology           | MD     | Kaji      | Eugene    |
| Active                     | Cardiology           | MD     | Kleiber   | Benjamin  |
| Courtesy                   | Cardiology           | MD     | Lee       | Peter     |
| Courtesy                   | Cardiology           | MD     | Oconnor   | Anne      |
| Courtesy                   | Cardiology           | MD     | Rahko     | Peter     |
| Courtesy                   | Cardiology           | MD     | Sidhu     | Jasdeep   |
| Courtesy                   | Cardiology           | MD     | Youssef   | Amr       |
| Courtesy                   | Cardiology           | MD     | Stone     | Charles   |
| Courtesy                   | Cardiology           | MD     | Tipnis    | Parag     |
| Courtesy                   | Cardiology           | MD     | Zasadil   | Mary      |
| Courtesy                   | Fam Med/Colonoscopy  | MD     | Hubbard   | Derek     |
| Active                     | Family Medicine      | MD     | Eccles    | Deanne    |
| Allied Health Professional | Family Medicine      | apnp   | Moreland  | Kimberly  |
| Courtesy                   | Family Medicine      | MD     | Staddler  | Daniel    |
| Courtesy                   | Family Medicine      | MD     | Stolcpart | Laura     |
| Courtesy                   | Internal Medicine    | MD     | Khalid    | Ahsan     |
| Active                     | Internal Medicine    | MD     | Agni      | Guirish   |
| Courtesy                   | Neurology            | MD     | Nelson    | Jacalyn   |
| Courtesy                   | Sleep Medicine       | MD     | Crisalli  | Joseph    |
| Allied Health Professional | Anesthesia           | CRNA   | Beck      | Jessica   |
| Allied Health Professional | Anesthesia           | CRNA   | Dahlke    | Debra     |
| Allied Health Professional | Anesthesia           | CRNA   | Gurske    | William   |
| Allied Health Professional | Anesthesia           | CRNA   | Long      | Belinda   |
| Allied Health Professional | Anesthesia           | CRNA   | Nikolai   | Kristine  |
| Allied Health Professional | Anesthesia           | CRNA   | Rabe      | Nicholas  |
| Allied Health Professional | Anesthesia           | CRNA   | Schmidt   | Judith    |
| Allied Health Professional | Anesthesia           | CRNA   | Schneider | Mary Beth |
| Allied Health Professional | Anesthesia           | CRNA   | Smith     | Charles   |

**Stoughton Hospital Medical Executive Committee Agenda/Minutes**  
**May 2, 2022 (0730-0830) Board Room/Zoom**

**Presiding:** Dr. Aaron Schwaab  
**Members:** Dr. Guirish Agni, Dr. Deanne Eccles, Dr. Mark Menet, Dr. Christina Quale, Dr. Ashish Rawal, Amy Hermes, Teresa Lindfors, Erin Meronk  
**Guest:** Sarah Watkins  
**Absent:** Dr. Abigail Dahlberg, Dr. Shawn McGuire, Dr. Drew Dean, Dan DeGroot

| Agenda Item (Facilitator)  | Discussion  | Follow Up Action |                    |                      |             |                |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|--|---|------------------|--------------------|----------------------|-------------|----------------|----------------|----------|------|------|------------------|------|-----|-------|-----------|----|---------------|-----|-----|-------|--------|----|-------------------|------|--------|--------|----------|----|---------------|-----|-----|--------|--------|----|---------------|-----|-----|--------|-------|------|------------|------------|-----|--------|-----------|----|-------------------|------|--------|----------|-------|----|---------------|------|--------|-----------|-------|------|------------------|------|-----|----------|-----------|----|---------------|-----|-----|------|--------|----|----------------------|------------|----------|--------|------|----|---------------|-----|-----|-------|------|----|-------------------|------|--------|------|-----------|----|----------------------|------------|----------|--------|--------|----|------------|----|----------|---------|--------|----|--------------------|------|--------|--|
| Meeting called to order.   |   |                  |                    |                      |             |                |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
| Approval of March Medical Executive Meeting minutes— <i>See attached</i>   | <i>Action: Dr. Eccles made the motion to accept the minutes with one edit to be made regarding the strategic master plan for 2026 being taken to the July BOD meeting and not the March BOD meeting. Dr. Rawal seconded the motion. Motion carried.</i>   |                  |                    |                      |             |                |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
| New Appointments-One year term   | <table border="1"> <thead> <tr> <th style="text-align: center;">Last Name</th> <th style="text-align: center;">First Name</th> <th style="text-align: center;">Title</th> <th style="text-align: center;">Privileges</th> <th style="text-align: center;">Affiliation</th> <th style="text-align: center;">Staff Category</th> </tr> </thead> <tbody> <tr> <td>Belligan</td> <td>Mark</td> <td>PA-C</td> <td>Emergency Med PA</td> <td>SWEA</td> <td>AHP</td> </tr> <tr> <td>Blake</td> <td>Christina</td> <td>NP</td> <td>NP-Tele psych</td> <td>ITP</td> <td>AHP</td> </tr> <tr> <td>Boone</td> <td>Amanda</td> <td>MD</td> <td>Hospital Medicine</td> <td>Beam</td> <td>Active</td> </tr> <tr> <td>Forcey</td> <td>Sherifat</td> <td>NP</td> <td>NP-Tele psych</td> <td>ITP</td> <td>AHP</td> </tr> <tr> <td>Hesler</td> <td>Janice</td> <td>NP</td> <td>NP-Tele psych</td> <td>ITP</td> <td>AHP</td> </tr> <tr> <td>Hoopes</td> <td>Mitch</td> <td>CRNA</td> <td>Anesthesia</td> <td>Sto Health</td> <td>AHP</td> </tr> <tr> <td>Hughey</td> <td>Christina</td> <td>MD</td> <td>Hospital Medicine</td> <td>Beam</td> <td>Active</td> </tr> <tr> <td>Italiano</td> <td>Frank</td> <td>MD</td> <td>Pulmonary Med</td> <td>Beam</td> <td>Active</td> </tr> <tr> <td>Martinson</td> <td>Brian</td> <td>PA-C</td> <td>Emergency Med PA</td> <td>SWEA</td> <td>AHP</td> </tr> <tr> <td>Morrison</td> <td>Constance</td> <td>NP</td> <td>NP-Tele psych</td> <td>ITP</td> <td>AHP</td> </tr> <tr> <td>Rock</td> <td>Andrea</td> <td>MD</td> <td>Pediatric Cardiology</td> <td>SSM Health</td> <td>Courtesy</td> </tr> <tr> <td>Romano</td> <td>Marc</td> <td>NP</td> <td>NP-Tele psych</td> <td>ITP</td> <td>AHP</td> </tr> <tr> <td>Smith</td> <td>Ryan</td> <td>MD</td> <td>Hospital Medicine</td> <td>Beam</td> <td>Active</td> </tr> <tr> <td>Sung</td> <td>Cassandra</td> <td>MD</td> <td>Pediatric Cardiology</td> <td>SSM Health</td> <td>Courtesy</td> </tr> <tr> <td>Teelin</td> <td>Thomas</td> <td>MD</td> <td>Cardiology</td> <td>UW</td> <td>Courtesy</td> </tr> <tr> <td>Vincent</td> <td>Nerine</td> <td>MD</td> <td>Infectious Disease</td> <td>Beam</td> <td>Active</td> </tr> </tbody> </table> | Last Name        | First Name         | Title                | Privileges  | Affiliation    | Staff Category | Belligan | Mark | PA-C | Emergency Med PA | SWEA | AHP | Blake | Christina | NP | NP-Tele psych | ITP | AHP | Boone | Amanda | MD | Hospital Medicine | Beam | Active | Forcey | Sherifat | NP | NP-Tele psych | ITP | AHP | Hesler | Janice | NP | NP-Tele psych | ITP | AHP | Hoopes | Mitch | CRNA | Anesthesia | Sto Health | AHP | Hughey | Christina | MD | Hospital Medicine | Beam | Active | Italiano | Frank | MD | Pulmonary Med | Beam | Active | Martinson | Brian | PA-C | Emergency Med PA | SWEA | AHP | Morrison | Constance | NP | NP-Tele psych | ITP | AHP | Rock | Andrea | MD | Pediatric Cardiology | SSM Health | Courtesy | Romano | Marc | NP | NP-Tele psych | ITP | AHP | Smith | Ryan | MD | Hospital Medicine | Beam | Active | Sung | Cassandra | MD | Pediatric Cardiology | SSM Health | Courtesy | Teelin | Thomas | MD | Cardiology | UW | Courtesy | Vincent | Nerine | MD | Infectious Disease | Beam | Active |  |
|  | Last Name   | First Name       | Title              | Privileges           | Affiliation | Staff Category |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Belligan  | Mark             | PA-C               | Emergency Med PA     | SWEA        | AHP            |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Blake   | Christina        | NP                 | NP-Tele psych        | ITP         | AHP            |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Boone   | Amanda           | MD                 | Hospital Medicine    | Beam        | Active         |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Forcey  | Sherifat         | NP                 | NP-Tele psych        | ITP         | AHP            |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Hesler  | Janice           | NP                 | NP-Tele psych        | ITP         | AHP            |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Hoopes  | Mitch            | CRNA               | Anesthesia           | Sto Health  | AHP            |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Hughey  | Christina        | MD                 | Hospital Medicine    | Beam        | Active         |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Italiano  | Frank            | MD                 | Pulmonary Med        | Beam        | Active         |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Martinson   | Brian            | PA-C               | Emergency Med PA     | SWEA        | AHP            |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Morrison  | Constance        | NP                 | NP-Tele psych        | ITP         | AHP            |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Rock  | Andrea           | MD                 | Pediatric Cardiology | SSM Health  | Courtesy       |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Romano  | Marc             | NP                 | NP-Tele psych        | ITP         | AHP            |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Smith   | Ryan             | MD                 | Hospital Medicine    | Beam        | Active         |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Sung  | Cassandra        | MD                 | Pediatric Cardiology | SSM Health  | Courtesy       |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
|  | Teelin  | Thomas           | MD                 | Cardiology           | UW          | Courtesy       |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
| Vincent  | Nerine  | MD               | Infectious Disease | Beam                 | Active      |                |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |
| <i>Action: Action: Dr. Rawal recommended the acceptance of the above listed practitioners for a one-year term. Dr. Eccles seconded the motion carried.</i> |   |                  |                    |                      |             |                |                |          |      |      |                  |      |     |       |           |    |               |     |     |       |        |    |                   |      |        |        |          |    |               |     |     |        |        |    |               |     |     |        |       |      |            |            |     |        |           |    |                   |      |        |          |       |    |               |      |        |           |       |      |                  |      |     |          |           |    |               |     |     |      |        |    |                      |            |          |        |      |    |               |     |     |       |      |    |                   |      |        |      |           |    |                      |            |          |        |        |    |            |    |          |         |        |    |                    |      |        |  |



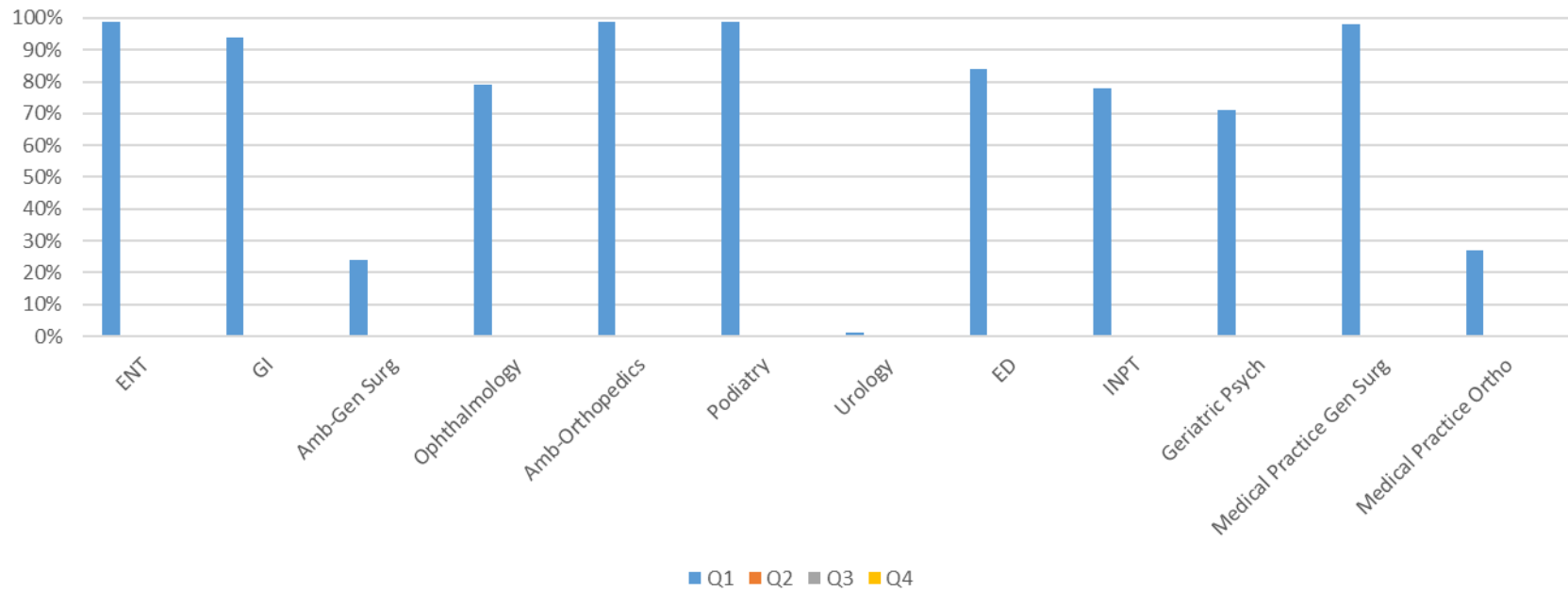
| Agenda Item (Facilitator)                  | Discussion   |            |       |                      |                   |                | Follow Up Action |
|--|--|------------|-------|----------------------|-------------------|----------------|------------------|
| Re-appointments-Two year term              | Last Name  | First Name | Title | Privileges           | Affiliation       | Staff Category |                  |
|  | Ali  | Kashif     | MD    | Orthopedic Surgery   | SSM Health        | Active         |                  |
|  | Block  | Kierstyn   | PA-C  | Plastic Surgery PA-C | SSM Health        | AHP            |                  |
|  | Diebold  | Steven     | MD    | Emergency Med        | SWEA              | Active         |                  |
|  | Moreland   | Kimberly   | NP    | Family Medicine      | UnityPoint Health | AHP            |                  |
|  | Mossa Basah  | Feras      | MD    | Radiology            | Mad Radiology     | Courtesy       |                  |
|  | O'Neill  | Ryan       | PA-C  | Ortho PA-C           | SSM Health        | AHP            |                  |
|  | Rivera   | Liova      | MD    | Emergency Med        | SWEA              | Active         |                  |
|  | Schoch   | Stephanie  | PA-C  | Emergency Med PA     | SWEA              | AHP            |                  |
|  | Shapiro  | Sara       | PA-C  | Emergency Med PA     | SWEA              | AHP            |                  |
|  | Squires  | Kraig      | PA-C  | Emergency Med PA     | SWEA              | AHP            |                  |
|  | Wilson   | Shawn      | MD    | Emergency Med        | SWEA              | Active         |                  |
|  | Boorstein  | Stephen    | MD    | Ophthalmology        | SSM Health        | Active         |                  |
|  | Crummy   | Timothy    | MD    | Radiology            | Mad Radiology     | Courtesy       |                  |
|  | Kaji   | Eugene     | MD    | Cardiology           | Sto Health        | Courtesy       |                  |
|  | Kenny  | Barrett    | MD    | Cardiology           | UW Health         | Courtesy       |                  |
|  | Keyes  | Brian      | DO    | Orthopedic Surgery   | SSM Health        | Active         |                  |
|  | Khalid   | Ahsan      | MD    | Internal Medicine    | UW Health         | Courtesy       |                  |
|  | Kitchin  | Douglas    | MD    | Radiology            | Mad Radiology     | Courtesy       |                  |
|  | Lee  | Alexander  | MD    | Hospital Medicine    | Beam              | Active         |                  |
|  | Menet  | Mark       | MD    | Hospital Medicine    | Beam              | Active         |                  |
|  | Scholtz  | Harry      | DO    | Hosp Med/ID          | Beam              | Active         |                  |
|  | Smith  | Charlie    | CRNA  | Anesthesia           | Sto Health        | AHP            |                  |
|  | Staddler   | Daniel     | MD    | Family Medicine      | SSM Health        | Courtesy       |                  |
|  | Stanfield  | Dylan      | MD    | Hospital Medicine    | Beam              | Active         |                  |
|  | Stone  | Charles    | MD    | Cardiology           | UW                | Courtesy       |                  |
|  | <i>Action: Action: Dr. Rawal recommended the acceptance of the above listed practitioners for a two-year term. Dr. Eccles seconded the motion. Motion carried.</i> |            |       |                      |                   |                |                  |
| Medical Staff Resignation/Retirement (FYI) | Belinda Long, CRNA, Allied Health Professional   |            |       |                      |                   |                |                  |

| Agenda Item (Facilitator)  | Discussion   | Follow Up Action |
|--|--|------------------|
| Consent Agenda Items   | <p><i>Action: Dr. Rawal moved to approve the Consent Agenda Items with edits to be made to March MCE minutes as noted below. Dr. Agni seconded the motion. Motion carried.</i></p> <p><i>Changes to the April MCE minutes:</i> DNV provides more of a partnership and they'll focus strictly on CMS for the first 3 years. They'll work with us every year to make sure those things are taken care of and are solid. They'll be working with us with ISO 9000 standards on year 3.</p>  |                  |
| Committee Reports: March/April MCE Minutes, Patient Safety, CI Council, CI Dashboard — <i>See attached</i> |  |                  |
| Quality and Safety Report Card & Stoughton Hospital Balanced Scorecard— <i>See attached</i>                |  |                  |
| <b>Old/Recurring Business-</b>   |  |                  |
| FPPE (concerns only) (Erin Meronk/Amy Hermes) — <i>See attached</i>  | Reviewed with no concerns.   |                  |
| Correspondence-  |  |                  |
| Treasurer's Report— <i>See attached</i> (Dr. Dahlberg)   | <p>Nurses Week Celebration Contribution of \$1,000.</p> <p><i>Action: Dr. Agni recommended a donation of \$1,000 to be made to the nurse's week celebration. Dr. Quale seconded the motion. Motion carried.</i></p>  |                  |
| COVID-19 Update (Dan or Amy)   | OSHA was to be reviewing emergency standards at end of April but we have not seen any changes. Amy anticipates more updates to be available in July.   |                  |
| <b>New Business</b>  |  |                  |
| Performing procedures for patients with bad debt process   | <p>Sarah Watkins discussed the recent incident regarding performing procedures on patients with bad debt. The patient came through registration and 5 minutes before surgery postponed to investigate the debt.</p> <p>With COVID, the policies/procedures in place to prevent this have gotten lax.</p> <p>Education/training have been given to all schedulers to show them how to look for bad debt. A ticket has also been placed to see if a flag can be placed on patient accounts with any debt so this is something that can be caught right away.</p> |                  |

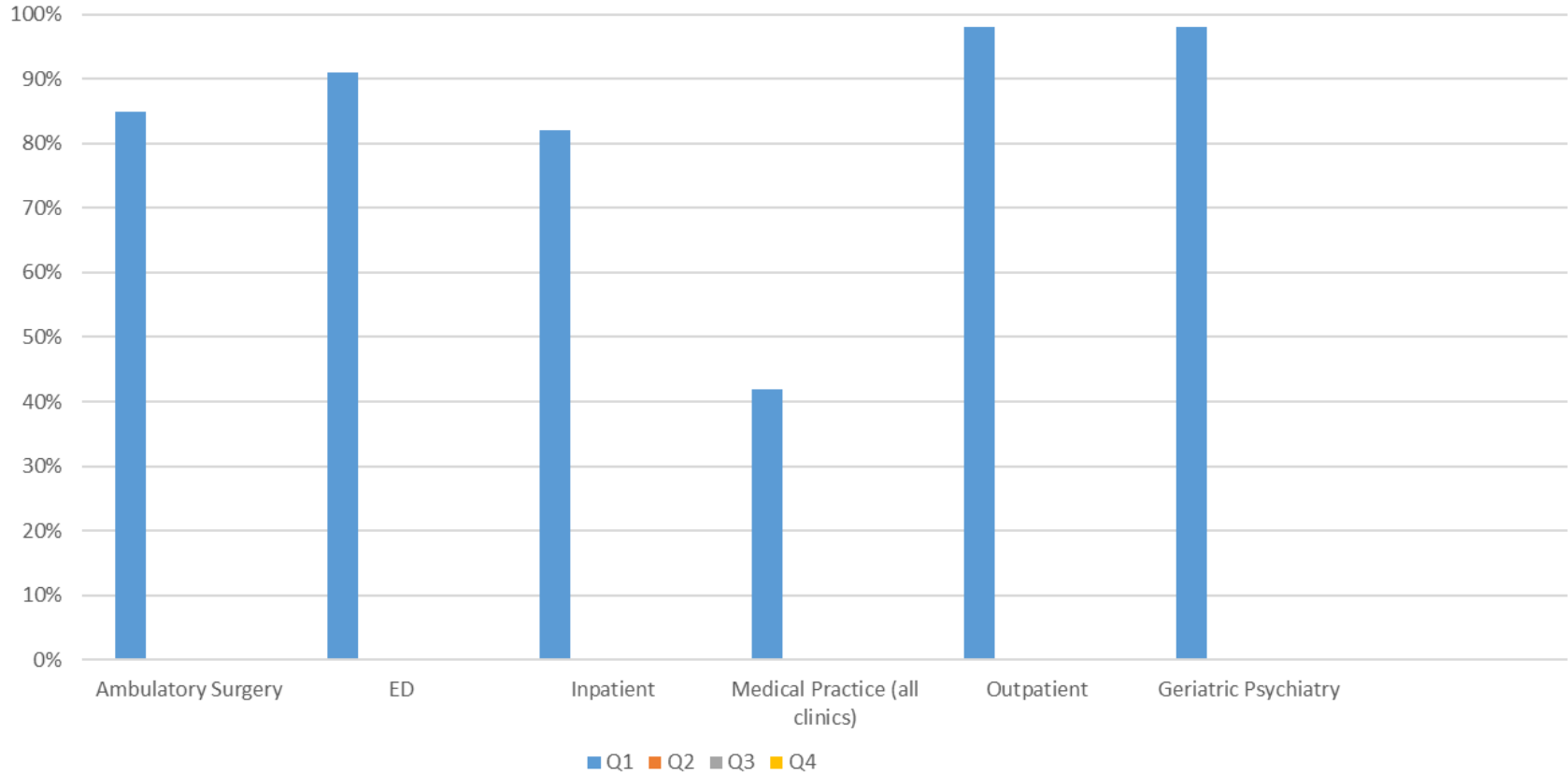
| Agenda Item (Facilitator)                                       | Discussion  | Follow Up Action   |
|---|---|--|
|   | <p>For patients with bad debt, PFS walks them through financial assistance and payment plans, and if patients are willing to pay while talking to scheduler, they are transferred to PFS to make payment and then transferred back to scheduler so appointment can be made during the same phone call. The goal for these patients with bad debt is to not have end up on the schedule, and if they do, we cancel them and work with patient to resolve this.</p> <p>Going forward Sarah and Teresa can do some auditing to ensure the processes are being followed.</p>  |  |
| <p>Ethic Committee Meeting minutes—<br/><i>See attached</i></p> | <p>Reviewed with no concerns.</p>   |  |
| <p>Review edits of Medical Staff Policies and Procedures</p>    | <p><b><i>Impaired Practitioner Policy</i></b>-No concerns.<br/> <b><i>Documentation Requirements for the Medical Records Policy</i></b>-No concerns.<br/> <b><i>Consent for Treatment or Procedures Policy</i></b>-Amy discussed the elements of informed consent and questioned if this is something that is always documented as the policy states. This was discussed and it was determined the policy should be edited to read the below.</p> <p style="padding-left: 40px;">“Specifically, the doctor or proceduralist <del>must disclose significant medical</del> <b>will document discussed elements of informed consent</b> that the doctor or proceduralist believes is relevant and material to the patient’s informed decision about whether or not to proceed with the recommended treatment. This information should include <del>all of</del> the following...”</p> <p><b><i>EMTALA Compliance Policy</i></b>- Dr. Schwaab recommended this policy be sent back to be reviewed by legal as Stoughton Health is not a level 2-trauma center. Tabled until July MEC.</p> <p><b><i>Allied Health Professional Orders Policy</i></b>–This policy was sent to legal to be reviewed. The group discussed if the hospital wants to allow Pas to admit, as there have been questions if Medicare will reimburse for that. Liability insurance was also discussed as this would be different for those with collaborative agreement. We would need a process within hospital to check on malpractice for providers. We have to make sure this aligns with the bylaws, privilege form etc. as a hospital staff, are we comfortable with a PA who has a collaborative agreement. It was determined further information is needed regarding this change. Amy will check with SSM. Dr. Rawal suggested contacting Dr. Colin Graney as he sits on the state board that is working on the details of this new change.</p> | <p>Amy to check in with SSM, regarding AHP Orders Policy.</p> <p>Allied Health Professional Orders Policy and EMTALA Policy tabled until July MEC meeting.</p> |

| Agenda Item (Facilitator)   | Discussion  | Follow Up Action                   |
|---|---|------------------------------------|
|   | <p><i>Action: Dr. Agni recommended the acceptance of the Impaired Practitioner Policy and the Documentation Requirements for the Medical Records Policy as written. Dr. Menet seconded the motion. Motion carried.</i></p> <p><i>Dr. Agni recommended the Consent for Treatment or Procedure Policy with the suggested edits being made. Dr. Menet seconded the motion. Motion carried.</i></p>   |                                    |
| Change in Accreditation Body  | The hospital will be moving from JC partnership to DNV. They will be working with us every year and our preference date for survey is after Labor Day and before Thanksgiving.  |                                    |
| <b>Administrative Report</b>  |   |                                    |
| Physician Development/Recruitment Updates (Dan)                                 | Nothing at this time.   |                                    |
| Strategic Plan/Master Facility Updates (Dan)                                    | <p>Currently working with architect EUA and JP Cullen to move into schematic design phase and looking at building Medical Office Building and Ambulatory Center with completion goal by the end of 2026, pending Board of Directors approval in July, 2022.</p> <p>Admin lead will be Teresa Lindfors and she will be forming some sub teams as work begins on this project.</p>  |                                    |
| Patient Satisfaction— <i>See attached</i> (Amy)                                 | Reviewed with no concerns.  |                                    |
| Patient Services (Amy)  | Amy informed committee that staffing is down about 10%. The hospital is holding an open house this week to see if they can try to recruit for open positions. Nursing is making some strides and getting positions filled. RT department is currently looking for a traveler RT. EVS and FNS departments continue to be challenging to fill positions. FNS have tweaked café hours to accommodate staffing shortages and still be able to serve patients. |                                    |
| Business Developments (Teresa)  | Teresa mentioned growth volumes are getting back in line with pre COVID numbers if not surpassing.  |                                    |
| Public Relations Board Report- February 2022 & March 2022 — <i>See attached</i> | Reviewed.   |                                    |
| <b>Opportunities for Improvement</b>  | Nothing at this time.   |                                    |
| <b>Adjournment:</b>   | With no further business to attend to the meeting adjourned.  | <b>Next meeting: July 11, 2022</b> |

### Overall Patient Satisfaction of Providers CY 2022



### Overall Patient Satisfaction with Service Lines CY 2022



**Continuous Improvement Committee Meeting Minutes  
March 22, 2022 Bryant Center/Zoom**

**Presiding:** Jennifer White-Excused  
**Attendees:** Amy Hermes, Donna Olson, Teresa Lindfors, Rhonda Tesmer, Angie Polster, Michelle Abey, Chris Schmitz, Dan DeGroot, Dr. Davidson-Fiedler  
**Excused:** Liz Touchette, Pauline Cass, Laura Mays  
**Guests:** Lucy Blumenthal, Tracy Wurtzler, Ghadeer Alafifi, Angie Rowin-Tippit, Molly Klongland, Dan Arndt, Autumn Kumlien, Brian Swain, Taylor Harmel,

| Agenda Item (Facilitator)  | Discussion   | Follow Up Action   |
|--|--|--|
| Approval November Meeting Minutes  | Review and approve   |  |
| CI Dashboard   | Supplemental documentation   |  |
| Regulatory Updates: JC and CMS   | Exploring other accreditation organizations  |  |
| Q1 FY 2022 <ul style="list-style-type: none"> <li>• QSRC</li> <li>• QSRC P4P</li> </ul> DHP DVC Scorecard <ul style="list-style-type: none"> <li>• Nov 2021</li> <li>• Feb 2022</li> </ul> | Reviewed and approved  |  |
| Liz Touchett<br>Cardiac Rehab-presented by Teresa  | Cardiac Rehab Paperless Charts:<br>KOM Target: 100% paperless charts<br>Current KOM Status: 0% conversion to paperless charts<br>All shadow charts to be removed from the department (Mar/Apr), Meeting with SSM Cardiac Rehab to review workflows currently in use by other SSM Affiliates (Apr/May 2022), Update ScottCare and EPIC smartphrases and workflows to reduce duplication of documentation (Jun/Jul 2022)<br>Lessons learned/Next Steps: ScottCare will need additional report/options and additional smartphrases will need to be built to improve EMR workflow and utilization. | Project to continue.<br>CI Council-clarification-expects to be complete on next cycle. ScottCare adds the telemetry to EHR record. |
| Presented by Lucy  | Cardiac Rehab Phase II Outcomes:<br>KOM Targets: Six Minute Walk Assessment (functional capacity measure) Goal: Premier quartile (top 25%) for peak max MET's each quarter. Based on AACVPR registry data for both similar size, nationally, state-wide.<br>Current KOM Stats: Max Peak MET's: <b>5.7 METS</b> (yes premier for both areas)<br>Ongoing work to collect MET levels for all pieces of equipment. Working   | Project to continue  |





| Agenda Item (Facilitator)               | Discussion  | Follow Up Action   |
|---|---|--|
|   | <p>complete with 16/35 (46%) having nasal decolonization. The audit form indicated that documentation in the EMR was lacking. It is unclear from the form which providers continue to order the culture vs the decolonization or where the remaining 54% were coming from. Drill down to see if there are specific providers that can be updated to change to decolonization. Work with pharmacy to edit for swabbing as a medication, which will then require scanning and subsequently document procedure in the EMR.</p> <p>Clarifications: Patients who are cultured and positive are decolonized.</p> <p>OR First Case Starts on Time:<br/> KOM Target: A. Ortho patients in room by 0730 (+/- 5 min), Industry benchmark 80%. B. Surgery started by 0815, no benchmark<br/> KOM Status: A. Cycle 5: 65%, B: 54%, n=13<br/> Lessons Learned/Next Steps: Improvement seen this cycle period with in room time for total joint population but variability is frequently dependent on the arrival time of surgeon. Further improvements would require ortho surgeon to arrive and see patient prior of 0715. Will continue to monitor on-time starts but this will be included in surgical efficiencies metrics. Project leader recommends stopping the CI as this information will be monitored ongoing in the next CI project.</p> <p>Obtaining True OR Efficiency:<br/> KOM Target: Collect initial data related to specific time metrics, share the information and scope of project with team members. (related to “12 by 12: Obtaining True OR Efficiency with Radical Time Transparency and Operational Excellence” article, shared with staff March 21 via Email and shared review of total joint procedures completed since Jan 1, 2022, with attention to in room to incision time and closed time to out time. Time metrics grid developed and reviewed with staff to assure how to utilize the grid and who is responsible for completing what. Send with email 3/22/22, review and tweak by April 1, and implement by April 4.<br/> KOM Status: TBD<br/> Lessons Learned/Next Steps: CI Council suggests a process flow map and look at a segment/cycle and avoid getting to caught up in a million different measures. Look at what happens in each segment of the surgical process to determine where minutes can be shaved.</p> | <p>Project leader is recommending completion of project with monitoring ongoing in next PI.<br/> CI Council- <b>APPROVED</b> to roll this into the next project True OR Efficiency.</p> <p>New project approved by CI Council.</p> |
| <p>Pauline Cass (Amy)<br/> Pharmacy</p> | <p>Nursing Home Discharge Process:<br/> KOM Target: 100% correct pharmacy for Nursing Home Discharges.<br/> KOM Status: Brianna met with Jessie Waltz to determine where social work can see the patient’s listed pharmacy. Social work is now able to locate and update the patient pharmacy within EPIC and this barrier has been overcome.<br/> Lessons Learned/Next Steps: Since October, no instances of incorrect pharmacy at discharge has been documented. Now looking to hardwire the process for all staff.</p>   | <p><b>APPROVED</b> for completion.</p>   |

| Agenda Item (Facilitator)   | Discussion  | Follow Up Action  |
|---|---|---|
|   | <p>Fluid Overrides:<br/>           KOM Target: to have &lt;5% of fluids removed utilizing override.<br/>           KOM Status: 33% of fluids pulled were removed using override in February.<br/>           In February, a fishbone diagram was utilized to analyze causes of overrides. Met with Med/Surg nursing staff in Feb to present the goals of the project, identify barriers to implementation and discuss expectations for staff. Discovered some staff are unaware of the progressive care policy order set. Additionally, new nursing staff provides the opportunity to further education for the importance of placing orders for fluids. Fluid removal process map completed, fishbone diagram presented and early data collected<br/>           Lessons Learned/Next Steps: Update progressive care policy and send through the appropriate channels. Plan is to continue to track data to identify next steps now that education has been provided</p> <p>The tech check tech project may be coming back now that 3 pharmacy techs are in place. Details to come.</p>  | <p>New project approved by CI Council.</p>  |
| <p>Ghadeer Alafifi<br/>           Specialty/Wound Clinic<br/>           CH&amp;WC<br/>           Ortho Clinic</p> | <p>Adult Wound and Skin Policy Bundle:</p> <p>Skin Integrity Prevalence Study:</p> <p>Demand, Capacity and Access of the Multi-Specialty Clinics:<br/>           KOM Target: Achieve greater than 80% fill rate/provider/day.<br/>           KOM Status: Jan: Schwaab 70% Dr. Rawal Madison 90%, Stoughton 98%; PA Jenni 54%; Clark 80%; Dr. Kaji: 100%<br/>           Lessons Learned/Next Steps: Ortho referral workflow needs improvement to add McFarland to the Sto Ortho Work Q. Noted fewer referrals from SSM Stoughton Primary Care. Working with Tina's team to help monitor Work Q during the weekend.<br/>           Ongoing: Manager to work the work queues one week ahead; daily, weekly &amp; monthly monitoring and oversight fill rate, no show and cancellation; utilize data to understand demand and target access metric. Discovered that some websites of many of the insurance carriers that we work with don't list Dr. Rawal (working with Teresa and Sarah W). The ED dept. does not have the correct setting in EPIC to refer to Dr. Rawal in Stoughton (Nikki and Ghadeer are working on it). Plan to add MyChart scheduling (Nikki to submit a ticket to SSM). Amy inquired if the fill rates are in alignment with the volume goals for each provider.</p> | <p><b>Project on hold.</b></p> <p><b>Project on hold.</b></p> <p>Project to continue.</p> |

| Agenda Item (Facilitator)                                    | Discussion  | Follow Up Action   |
|--|---|--|
|  | <p>Multi-Specialty Clinic Phone System:<br/>           KOM Target: Decrease abandon rate to 10% or less<br/>           KOM Status: February 2022 General Surgery 17% (decreased from 42%), Ortho 16% (decreased from 17%), Overall 16% (decreased from 26%).<br/>           On April 1, add ACD license to Cardiology &amp; RT Cross train staff.<br/>           Automatic reminder calls (Televox) system that reminds patients of their arrival time and patients will have a preference to receive the reminder call either via text, call or email. On track with cross training staff.<br/>           Lessons Learned/Next Steps: Centralize scheduling phase 3, continue to measure phone data, cross-training staff, and monitor specific reporting on how many phone calls for receptionist vs. triage. Random variation noted in Ortho clinic is related to staffing levels. Once cross training is complete, this should eliminate that variation. Amy asked if there is a Press Ganey metric that could be added to see how this improves the patient experience. This can be explored.</p>  | <p>Project to continue.</p>  |
| <p>Angie Rowin<br/>           Environmental Services-</p>    | <p>Sanitation Monitoring: presented by Molly.<br/>           KOM Target: To reach 100% successful pass rate with testing and monitoring of terminal cleaning.<br/>           KOM Status: 2021-OCT 100%, NOV 100%, DEC 98.21%, 2022- JAN 100%, FEB 100%.<br/>           Lessons Learned/Next Steps: Working together, supporting each other, communicating improved our team work and scores for the last two months achieving 100%!<br/>           Once project is complete we will continue monitoring and measuring surfaces evaluated and cleaned as this is a CDC requirement.</p> <p>Blue Bags (soiled laundry bags): presented by Angie<br/>           KOM Target: 100% of all staff compliant with the correct amounts of weights for waste or soiled linens placed in proper containers.<br/>           KOM Status: 100%<br/>           Lessons Learned/Next Steps: Sometimes new processes don't work as well as expected and sometimes reverting back, with more awareness to staff improves the outcome. Will implement trial of the new stands we received. Will continue to monitor going forward for sustainability. Will work with department managers to incorporate awareness during orientation of new employees.</p> | <p><b>APPROVED</b> for completion.</p> <p><b>APPROVED</b> for completion.<br/>           EVS will need to come with two new projects, reminder to take to Jen and Chris and then get approval and have metrics added to the dashboard.</p> |
| <p>Dan/Autumn<br/>           Food and Nutrition Services</p> | <p>Menu Sales Tracking:<br/>           KOM Target: Develop a sales tracking system using U.S. Foods Menu Profit Pro. Increase variety of menu items based on sales volume, while increasing net profit margin over food expense by 3%, to be accomplished by tracking each menu item unit cost in real time and adjusting the selling price based on demand.<br/>           KOM Status: No data at this time.<br/>           Lessons Learned/Next Steps: Keep sales trending and waste</p>  | <p>Project to continue.</p>  |

| Agenda Item (Facilitator)                 | Discussion   | Follow Up Action                       |
|---|--|--|
|   | <p>tracking/automation separate projects. U.S Foods Profit Pro and the functionalities/capabilities it processes. There are flaws in the system and certain ingredients will need to be reviewed to be sure they are properly calculated in the overall nutrition of the menu item. Next: define a process for reporting questions related to nutritional data and their accuracy, and then correct any errors. Dan recommended narrowing the focus to what drives the margins and not allow scope creep into the nutritional quality, but make that the next project. Chris added that we may need to start serving our inpatient populations the chef special of the day, related to staffing issues.</p> <p><b>IDDSI-Dysphasia Diet:</b><br/> KOM Target: IDDSI recommends that health care professionals use a 3-step implementation process, beginning with building awareness, then preparing for implementation, and finally adoption. Because of the level of adaptation required by facilities and clinicians, adoption of IDDSI could take 1-2 years. Stoughton Health’s goal for full implementation is September 2022.<br/> KOM Status: This is the sixth (March 2022) of several milestones/CI updates – RDNs and SLP are becoming familiar with the IDDSI website &amp; resources. We have formed our IDDSI Implementation team. We have determined our IDDSI implementation tasks &amp; developed an IDDSI implementation Calendar. RDNs are educating themselves on the new terminology, Policy &amp; Procedures for IDDSI implementation completed, IDDSI background, mapping &amp; framework was presented at the FNS dept. meeting &amp; FNS’ role in testing was shared. We have also made a connection with RWHC hospital to work simultaneously, but for our own organizations, to share in learning of implementation.<br/> Lessons Learned/Next Steps: Update 3/22/2022 – Problems/Barriers: Due to limited staff available to cover scheduled shifts, FNS has only had availability of staff to train and complete the flow testing of the Kitchen On Call beverage items. Update 3/22/2022 –Hopeful for staffing availability. Plan is to provide scheduled training time, and assign FNS staff items/sections of the menu for testing, and start testing food items next. Will be testing fruit soon. Amy recommended exploring the option of having a volunteer to do the testing, particularly someone familiar with the FNS dept-like Tootsie.</p> | <p>Project to continue.</p>            |
| <p>Brain Swain<br/> Material Services</p> | <p><b>Vizient Automation:</b><br/> KOM Target: Implementation by 2/28/2022 of Vizient eCommerce Exchange and Transaction Management Service<br/> KOM Status: Implementation is complete. Go-live was 01/24/2022.<br/> Lessons Learned/Next Steps: Implementation went well. Next is to continue to place orders through Vizient and troubleshoot any problems as they arise.</p>   | <p><b>APPROVED</b> for completion.</p> |

| Agenda Item (Facilitator) | Discussion  | Follow Up Action     |
|---------------------------|---|----------------------|
| Accounting                | <p><b>Off Contract Purchase Reduction:</b><br/>           KOM Target: 1) TBD – project was on hold as the Department was recruiting for an open position and trying to keep up with high volumes during the spike in COVID cases over the winter. 2) Review top 75% of break bulk charges from Aug – Dec and change ordering units when appropriate<br/>           KOM Status: N/A – project was on hold. Haven’t reviewed the invoice details to specifically focus on the top charges but as we’ve been ordering we’ve been changing them as we find them and we’ve seen a significant downward trend in the break bulk fees over the past six months.<br/>           Lessons Learned/Next Steps: Keep learning how to better utilize the Vizient platform to identify off contract purchases. Start to research contracts and our pricing or find an in contract product, Review break bulk invoices to convert our ordering units.</p>  | Project to continue. |
|                           | <p><b>Accounts Payable Workflow:</b><br/>           KOM Target: By October 1, 2021, implement a new accounts payable workflow that utilizes features of Multiview that were not available in SAP. New additional KOM as of 11/30/2021: Convert all medical providers to Automated Clearing House (ACH) or card payments (unless they prefer check).<br/>           KOM Status: Completed as of 11/30/2021 - We have implemented new features that we didn’t have in SAP (document management, Accounts Payable (AP) approval workflows, distribution codes and email reminders for workflow tasks). We also implemented Electronic Payables (E-Payables) with Paymerang. 40% of medical providers are being paid via ACH.<br/>           Lessons Learned/Next Steps: The comprehensive payables program should be inexpensive if not self-funding from the virtual credit card rebates. We’re learning of functionality that will help us be more effective and efficient (able to print notes on check stubs to remind us to send support/documentation with checks, ability to enter a “paid invoice” which means no check is needed (paid ACH) but we still need to enter the transaction. Converting vendors/providers from check to ACH or card payments takes longer than expected. Next steps: Review payments being made by check and work with Paymerang to convert them to card or ACH when possible. Focus on providers as that’s how they prefer to be paid and we want to provide them with excellent service.</p> | Project to continue. |
|                           | <p><b>Multiview Implementation:</b><br/>           KOM Target: Implement Multiview on October 1, 2021 and issue October and November Financial Statements on time for the normally scheduled Board of Directors meetings. Additional KOM added: Implement the budget module by 6/30/2022, in time to use for the preparation of the FY 2023 budget in July and August.<br/>           KOM Status: Went live with Multiview on 10/1 and completed October</p>  | Project to continue. |

| Agenda Item (Facilitator)                | Discussion  | Follow Up Action   |
|--|---|--|
|  | <p>Financial Statements in time for the Finance Committee meeting on 11/19/21. The fixed asset module was implemented in December. Currently we're working on setting up and smoothing out processes as issues pop up. We are also implementing the management reporting module but this was put on hold in December when UKG Kronos was attacked with ransomware and the Accounting team had to focus exclusively on payroll. Budget module implementation is 5% done. Kickoff meeting with Multiview was held on 3/14/22</p> <p>Lessons Learned/Next Steps: Many differences in how to process things in Multiview vs. SAP. Some examples include:</p> <ul style="list-style-type: none"> <li>• Returns to suppliers</li> <li>• Journal Entry processing</li> <li>• Reporting</li> <li>• Closing the accounting period</li> </ul> <p>Next: Implement management reporting module, Begin weekly work sessions to implement budget module. Continue to work out issues as they are discovered.</p>  |  |
| <p>Chris Schmitz<br/>Human Resources</p> | <p>Coaching for Performance:<br/>KOM Target: Adopt a new performance evaluation platform, train 100% of managers, then centrally report individual and department performance for FY 2022 performance evaluation cycle.<br/>KOM Status: Demonstration of software provided by Trakstar. This is used by Crossing River, and the demo seemed welcomed by managers attending. The plan to demonstrate a second vendor, WorkHuman was canceled due to the turnover of our assigned sales agent. For 2022, management agreed to use an Employee Check-in versus as standard evaluation as a sort of stay interview.<br/>Lessons Learned/Next Steps: This process of identifying an appropriate software has been daunting. There appears to be some sort of disconnect between what employees want as a tool, and managers (authors) feel worthwhile. Securing agreement on a worthwhile tool between the author and employee is a key outcome measure of success if this annual exercise feels value added to ether party.</p> <p>Employee Engagement Survey Action Plans:<br/>KOM Target: Leverage three key areas to improve to move from 59<sup>th</sup> to 93<sup>rd</sup> percentile in employee engagement: 1. Our Mission, Vision and Values should define our culture and employer brand. 2. We actively do things to promote Patient Safety 3. Confidence in Senior Leadership<br/>KOM Status: No data at this time. Lessons Learned/Next Steps: Next steps outline key pieces to drive employee engagement. Communicate to staff themes and action plans around concerns. Need to create action plans around each level of leader performance. Need to communicate link between MVV -&gt; Patient Safety -&gt; Senior Leader Performance. Dan indicated that the new role of Director of Engagement will own this and that the focus can turn to retention of new hires.</p> | <p>Project to continue.</p> <p>Project leader is recommending continuation of project.<br/>CI Council: recommends putting this project on hold pending the hire of the Director of Engagement and Experience. Chris will bring forth a new project on reducing new hire turn over. This is currently on the BSC which will remain on there as this project is converted to a CI Project.</p> |

| Agenda Item (Facilitator)  | Discussion  | Follow Up Action   |
|--|---|--|
| <p>Laura Mays<br/>Public Relations: presented by Taylor Harmel</p> | <p>Taking Community Education Virtual:<br/>KOM Target: Goal #1- 90% of registered participants will attend education classes.<br/>Goal #2- Convert 10% of Dr Rawal and Dr Schwaab' s class and screening attendees to patients.</p> <ul style="list-style-type: none"> <li>• 64 of 336 attendees (from classes and screenings) converted to patients which is 19% for the FY21.</li> <li>• Numbers will be calculated April 2022 for the first half of FY22.</li> </ul> <p>KOM Status: Awaiting measurement in April.<br/>Lessons Learned/Next Steps: 20-30% who register do not show up. When the website process is down, it can affect the number of people who attend. There are tracking challenges with attendees that convert to patients including exporting numbers, documentation etc. We have to request numbers 2-4 weeks in advance of CI presentation. Next: Collaboration with specialty clinics, semi-annually to measure attendee conversion to patient. Continue virtual class format with a few additional hybrid model classes, April 2022 request attendee conversion numbers from specialty clinics manager for FY 22. CI council recommendations: double check data.</p> <p>Media Consent Form:<br/>KOM Target: To only have SH employees fill out the media consent form one time in their employment. KOM Target: To meet or exceed 90% of employees to complete media consent form<br/>KOM Status: We are still working towards meeting or exceeding 90% of employees, but we were able to successfully revamp the employee media consent form, make a tracking system, send an everyone email to current employees, and implement the form into new employee orientation.<br/>Lessons Learned/Next Steps: We were unable to use Relias to send out the media consent forms because with Relias you cannot have more than one correct answer to a question. We had originally planned to have new employees fill out the forms during their new hire paperwork but we were receiving many 'no's', so we switched to Laura Mays presenting it at new employee orientation and have had 100% success.</p> | <p>Project to continue.</p> <p>Project to continue.</p>  |
| <p>Amy Hermes<br/>Sleep</p>  | <p>HIM Sleep Studies Turn Around Times for Interpretations:</p> <p>No Shows/Cancellations:<br/>KOM Target: 21% Cancelation/No Show Rate<br/>KOM Status: October 14%, November 33%, December 30%<br/>Lessons Learned/Next Steps: Patients canceling due to illness and/or</p>  | <p>Co-leading with Sarah Watkins and Victoria Valdez. Will present with Cohort A next month.</p> <p><b>APPROVED</b> for completion. Plan to bring forth a new project for approval post Joint Commission accreditation visit expected in Nov/Dec of this year. Amy requested that all Sleep Study Projects be in</p> |

| Agenda Item (Facilitator)   | Discussion   | Follow Up Action                   |
|---|--|------------------------------------|
|   | <p>COVID related issues were over 50% of cancelations. These could not have been prevented. Other cancelations did not indicate any trending. If COVID related cancelations were removed goal would be reached. Requesting to close this project. We are in the accreditation window and there will likely be projects emerging from this.</p> | <p>the same cohort (cohort A).</p> |
| RCA   | No RCAs at this time.  |                                    |
| <b>NOTES:</b>   | <p>Please make sure that the KOM and Target Outcome are added to the Dashboard for this Cohort. Administrative Council will be looking at the system score cards to ensure that any top down projects are identified and/or assigned.</p>  |                                    |
| <b>Parking Lot (items for next meeting)</b>                                   |  |                                    |
| <b>Reviewed and Approved by:</b>  | <b>Respectfully Submitted by: Rhonda Tesmer</b>  |                                    |
| <b>NEXT MEETING: April 26, 2022 9:00 - 12:00 PM<br/>Bryant Center or ZOOM</b> |  |                                    |



**Continuous Improvement Committee Meeting Minutes**  
**April 26, 2022, Bryant Center/Zoom**  
**9:00 am – 12:00 pm**

**Presiding: Jennifer White**  
**Members: Dan DeGroot, Amy Hermes, Teresa Lindfors, Angie Polster, Chris Schmitz, Donna Olson, Laura Mays, Dr. Marlise Davidson-Fielder, Michelle Abey, Rhonda Tesmer, Tim Rusch**  
**Absent: Dan DeGroot, Teresa Lindfors, Angie Polster, Chris Schmitz, Dr. Marlise Davidson-Fielder, Michelle Abey**  
**Guests: Heather Kleinbrook, Kyle Sippel, Tina Strandlie, Sara Sturmer, Alyssa Dahlman, Jason Schoville, Cyril Lyons, Sarah Watkins, Susie Wendt, Victoria Valdez, Beverly Pope**

| Agenda Item (Facilitator)          | Discussion  | Follow Up Action  |
|------------------------------------|---|---|
| Approval March Meeting Minutes     | Reviewed and Approved   |   |
| CI Dashboard                       | Supplemental documentation  |   |
| Scope of Practice from 90-day Plan | <p>Determine where this should live since 90-day Plans have been eliminated. There are several options which include the following:</p> <ul style="list-style-type: none"> <li>• Add as an appendix to CI Program and Plan</li> <li>• Create a new policy</li> <li>• Add a glossary to CI Dashboard in a separate tab</li> <li>• Explore other options</li> </ul>   | Will address this after reviewing the DNV CAH standards to see if the expectations are spelled out there. |
| Heather Kleinbrook<br>Inpt         | <p><b>Mobility Project:</b><br/>           KOM Target: <math>\geq 90\%</math><br/>           Current KOM status: 90% for Oct, 77% Nov, 94% Dec, 94% Jan, 96% Feb, 96% March, Goal met for 5 of 6 past months.<br/>           Rehab staff now able to document in flowsheets.</p> <p><b>30 day Readmission:</b><br/>           KOM Target: <math>\leq 4\%</math><br/>           Current KOM status: Rate for Q4 CY= 1.6/100. Goal met and lowest rate in 24 quarters. Q1 pending. YTD: 4 readmissions for 59 eligible discharges: 6.8/100. Above goal. New Case Manager is starting early May, who is bringing strong passion for transitional care.</p> | <p><b>APPROVED for completion.</b></p><br><p><b>APPROVED for completion.</b></p>                          |
| GP                                 | <p><b>End of Life:</b><br/>           KOM Target: implement a house-wide end-of-life workflow to enhance the comfort and peaceful passing of patients at the end of their life, while support families and healthcare providers in this transition. Planning halted with the pandemic and closing of the GP unit. Plans include stakeholder meeting, development of educational materials for patient, families and staff, identify comfort measures for patients and families at end of life, identify signage to alert all staff that the patient is under comfort care and actively passing.</p>   | New project proposal.<br>CI Council: Approved   |

| Agenda Item (Facilitator)    | Discussion  | Follow Up Action   |
|------------------------------|---|--|
|                              | <p>Isolation:<br/>KOM target: Several areas of monitoring which will be subset of KOM target. Areas of focus for improvement include over goal of 100% compliance with signage placed for certain diagnoses/isolation history, time from admit to order and placement of signage, less than 30 min from time of suspected microbe or isolation order to signage placed on door, decrease in SZP events related to isolation, improved hand-off communication from ED addressing isolation precautions, allowing signage to be placed upon arrival or prior to arrival to the floor.</p> <p>Pressure Ulcer Prevention: New project to be added.</p> <p>Decrease GP Length of Stay:<br/>KOM Target: LOS &lt;20 days for both AD and VD diagnoses.<br/>Current KOM Status: November: 2 days for AD with Behavioral disturbance and 0 patients with VVD with Behavioral disturbance.<br/>December: 6 days for AD w/BD and no patients with VD w/ BD.<br/>January: 7 days LOS for AD w/BD and no patients with VD w BD. No patients for Feb/Mar meeting criteria.</p>  | <p>New project proposal.<br/>CI Council: approved</p> <p>New project proposal.<br/>CI Council: Approved</p> <p>Project leader recommends continuing project for sustainability and post-pandemic census adjustments.<br/>CI Council: suggest monitoring but it doesn't need to be addressed until census normalizes.</p> |
| <p>Tina Strandlie<br/>ED</p> | <p>Likelihood of Recommending:<br/>KOM Target: Overall ranking of 90<sup>th</sup> percentile for the question "likelihood of recommending."<br/>Current KOM Status: Current 91percentile (n=175)<br/>Currently seeing high volumes of very ill patients and those that are not as ill. Staff are working together to keep patients updated with wait times, providing comfort measures and communicating with providers to direct department flow.</p> <p>Columbia Suicide Screening:<br/>KOM Target: 100% completion.<br/>Current KOM Status: 98% currently in the ED/UC<br/>Next steps: emails are sent to staff involved to review the chart, discussed at staff meetings barriers to getting this done and monitor charts in real time so it is complete.</p> <p>Rover/Lab Printer Roll Out – Lab stickers printing in ED (co-leading with Kyle)<br/>KOM Target: 0% wrong labeling incidences<br/>Current KOM Status: In Progress, waiting for implementation.<br/>There have been many setbacks with delays related to EPIC and workflows. Staff are more vocal that this is not a safety issue in the dept. At the last staff meeting, they added that having two different labels in two different departments may put patients at risk. Process</p> | <p>Project to continue for one more cycle to ensure sustainability.</p> <p>Project to continue.</p> <p>Project to continue.</p>  |

| Agenda Item (Facilitator)               | Discussion   | Follow Up Action  |
|---|--|---|
|   | <p>map was shared. They are looking at pre-set orders to make things move more smoothly.</p> <p>Centralized Scheduling – Cardio &amp; RT (co-leading with Registration/Ghadeer/Tina) –<br/>           KOM Target: Reduction of cancelation rate by 50% (based on current rate 26%) Goal 13%<br/>           KOM Status: In progress, we are doing a reboot. Meeting scheduled for 4/21. Looking for the best solutions and removing barriers.</p>   | <p>Project to continue.</p>                             |
| <p>Kyle Sippel<br/>Lab</p>              | <p>Sample labeling Errors at the Time of Collection:<br/>           KOM Target: 0 laboratory labeling errors, full implementation of unit/bed side label<br/>           Current KOM Status: 1 hospital occurrence Jan-Feb. Bedside label printer project in process related to relabeling a sample in lab.<br/>           Next steps: Nursing staff to finalize department workflows. IT to finish printer and lab collection list board installation, staff training (lab and nursing, Go live goal is set for end of May, to include all necessary build moved and all workstations mapped in production. Analysis of workflows and troubleshooting once live. Support from SSM has been less than optimal and we are having to figure it out more ourselves.</p> <p>Decrease GP Lab Draws<br/>           (Co-leaders Heather Kleinbrook and Kyle Sippel)<br/>           KOM Target: Implementation of finger-stick INR draws for GP patients<br/>           Current KOM Status: In progress. Staff training completed, equipment implemented, and EPIC point of care available.<br/>           Waiting to test on first eligible patient.</p> | <p>Project to continue.</p> <p>Project to continue.</p> |
| <p>Sara Sturmer<br/>Medical Imaging</p> | <p>Glucose Monitoring Device:<br/>           KOM Target: Zero occurrences in SZP related to unintentional glucose monitor exposure.<br/>           Current KOM Status: Zero occurrences reported.<br/>           Next steps: Reviewed policy from legal with Risk Manager and new Imaging Medical Director. This policy was very intense and it seemed directed toward MRI, which has its own policy. Sara is working on a more user friendly policy/consent form for those who choose not to remove their device. Tracking this is still problematic.</p> <p>Laterality Marker Documentation on Portable X-rays.<br/>           KOM Target: 100% Marker Documentation for each study on all images.<br/>           Current KOM Status: 92%</p>  | <p>Project to continue.</p> <p>Project to continue.</p> |

| Agenda Item (Facilitator)               | Discussion  | Follow Up Action   |
|---|---|--|
|   | <p>Lessons learned: markers not readily available, pandemic created some bad habits related to staff trying to maintain isolation precautions and reducing cross contamination, digital portable allowed for digital marker placement after exposure. Next steps: explore further exams performed most often to identify trending of unmarked studies. Celebrate as a team since KOM of &gt;90% is achieved. No national benchmark is available and we know our goal is high. We re-evaluated in June to determine if goal requires an adjustment.</p> <p>EXI Dose Range:<br/>Sara discussed a potential project related to the dose parameters for x-rays, making sure that the EXI dose range is in safe/effective parameters.</p>  | <p>New project proposal.<br/>CI Council: Approved</p>  |
| <p>Cyril Lyons<br/>Plant Operations</p> | <p><b>Power Strip Inspection and Inventory Improvement:</b> Jason<br/>KOM Target: 100% of all power strips on the smart print of Facility One and streamline the annual log so it is less time consuming. Combining power strips in quadrants and removing those not utilized correctly.<br/>Current KOM Status: All assets are in the system. PMs are created along with new paperwork. This is scheduled for each floor to be completed in a month and last for a total of 5 months.<br/>Barrier identified: The ability to access Facility One on the small i-phones we currently have. Would like to make an additional improvement by attaching the power strip assets to the individual PMs. This would tie the power strips by floor to each annual PM.</p> <p><b>Fire System Improvement:</b> Jason (project was halted during the COVID surge/CI break)<br/>KOM Target: Enter 100% of all devices from the fire system into the Smart print of Facility One and labeling the duct, heat and smoke detectors throughout the hospital and Dean Clinic with the map number. This will be done in sections with the end result making it streamlined to find the devices quickly on a smart phone or tablet through our Facility One program and shortening up response time.<br/>Current KOM Status: First step complete with all the Heat detectors entered and labeling. Next steps: find and enter all duct detectors. We also decided to add the pull stations to aid in finding them to reset, if that was the device used to trip an alarm and to locate area of concern. End goal is to make it easier to identify issues more quickly.</p> <p><b>Labeling Circuits in Electrical Panels:</b><br/>The next project is to identifying and labeling of circuits in electrical panels and all the additions and have that mapped out.</p> | <p>Project to continue.</p> <p>Project to continue.</p> <p>New project proposal.<br/>CI Council: Approved<br/>Project will start after Power Strip project is completed.</p> |

| Agenda Item (Facilitator) | Discussion  | Follow Up Action   |
|---------------------------|---|--|
| Sarah Watkins<br>HIM      | <p>In House Sleep Study: (co-leading with Amy)-Victoria<br/>KOM Target: Average turnaround time of 15 days or less for sleep studies<br/>Current KOM Status: Average of 9 days in waiting. Work in progress.<br/>Next steps: determine workflow with Dr. Crisalli and Dr. Rakita to address aging sleep studies, waiting for contact information for their staff. Work queue implementation and staff training. The missing documentation work queue ticket is under way which will allow us to be able to assign anything missing to the reading provider.</p> <p>Operating Room Supply Billing: Victoria<br/>KOM Target: Review top 10 surgical procedures for accurate supply coding and charging.<br/>Current KOM Status: 7/10 procedures audited.<br/>Next steps: Review the last three procedures for correct billing of supplies. Understanding and documenting supply charges with Multiview. Review PARA's audit findings.</p> | <p>Project to continue.</p> <p>Project to continue.</p>                                      |
| PFS                       | <p>Vendor Change for Online Payments: Beverly<br/>KOM Target: Implement change to NMI for online payments to increase posting efficiency. Ended process with Smart Pay.<br/>Current KOM Status: Software implemented, decrease posting time by average of 42.9%. New system allows much improvement in the reports we can run and the timeliness.<br/>Goal accomplished. Will periodically audits of posting times.</p> <p>New Project Idea:<br/>Looking at denials where the incorrect insurance (the secondary was billed.) Would be a PFS/Registration joint project.</p>  | <p><b>APPROVED for completion.</b></p> <p>New project proposal.<br/>CI Council: Approved</p> |
| Registration              | <p>Increasing Front End Collections: (Co-Leading with PFS)<br/>KOM Target: 50% front end collection rate hospital-wide.<br/>Current KOM Status: 62% collection rate for March at Oregon Rehab. Pilot group has made significant progress and is collecting at our goal rate. SWAC is separate from Oregon, related to the difference in patient volumes.<br/>Next steps: Track surgery patient estimates and follow this process, begin working w/SWAC Registration and tracking progress, update televox to prepare patients for copay collection, look at signage opportunities. This project is in alignment with the No Surprises Act related to medical billing. Our policy says that 50 % up front is what we expect.</p>   | <p>Project to continue.</p>  |

| Agenda Item (Facilitator)  | Discussion   | Follow Up Action   |
|--|--|--|
|  | <p>Centralized Scheduling – Cardio &amp; RT (Sarah Watkins, co-leading with Ghadeer/Tina)</p> <p>KOM Target: Transition and implementation of cardiology and respiratory therapy scheduling to registration.</p> <p>Current KOM Status: Goal met, we now have a pool of staff that are able to schedule for respiratory therapy and cardiology. Process is streamlined!</p> <p>Next steps: continue to monitor phone reports.</p>  | Project to continue for one more cycle to ensure hardwiring.   |
| <p>Ortho Team/<br/>Multidisciplinary/Multidepartment Team<br/>Teresa</p> | <p>Outmigration Project: Liz</p> <p>KOM Target: Exceed outpatient visit budget assumptions for the year.</p> <p>Current KOM Status: Through February 2022-This Year’s Mathematical projection=47844 visits. Budget= 43376 visits (Previous FY= 42260). Ahead of budget for the year at 3947 visits which is projecting a 9.1% increase in outpatient visits. We are on target to surpass our goal for the year. Next steps: set up appointments with large business owners to discuss the services Stoughton Health offers. Stoughton Schools and Stoughton Trailers up next.</p>  | Project to continue.   |
| <p>Sleep<br/>Amy</p>   | <p>Actigraphy with Sleep Patients: Amy</p> <p>KOM Target: Need to identify truly how often patients are presenting without actigraphy. Actigraphy data can be very helpful for assessing circadian rhythm disorders such as advanced or delayed sleep phase disorder and insomnia.</p> <p>Current KOM Status: Project is in the beginning phases, not data at this time.</p> <p>Actigraphy is like a watch and it is worn for 14 days to give the techs an idea of the sleep issues the patient is having. Sometimes people are coming in without these reports. This project will identify how often this is a problem and how beneficial it might be to invest in having those devices available for patients.</p> | Project to continue.   |
| <p>RCA</p>   | <p>One this past month: related to a nerve block was administered to the wrong side. No harm came to the patient. He did have to be hospitalized related to a cardiac issue, unrelated to this incident. The practice of the CRNAs will also include marking block sites.</p>  |  |
| <p>CI Presentation Debriefing</p>  | <p>Discussed having goal dates and/or percentages of completion when the KOM is “full implementation.” Having very clear KOMs is desirable but also being able to identify progress toward those goals in an objective fashion.</p>  |  |
| <p>Regulatory Updates: DNV, JC and CMS</p>                               | <p>Amy updated the CI team on this change.</p>   | <p>Jen will look at the Chapters and either will approach this in Forum or set up team meetings to review the chapters from DNV.</p> |
| <p>New Business</p>  |  |  |

| Agenda Item (Facilitator)  | Discussion                               | Follow Up Action |
|--|--|------------------|
| Parking Lot (items for next meeting)                             |  |                  |
| Reviewed and Approved by: Jennifer White                         | Respectfully Submitted by: Angie Polster |                  |
| NEXT MEETING: May 24, 2022 9:00 – 12:00 PM Bryant Center or ZOOM |  |                  |

Cohort A CI Project Dashboard

| Indicator  | Owner          | Direction | 2021 Quarterly Goal                        | Mar-22   | Feb-22      | Jan-22    | Oct-Dec 2021 | Dec-21    | Nov-21    | Oct-21  | Jul-Sep 2021 | Sep-21        | Aug-21               | Jul-21 | Apr-Jun 2021 | Jun-21       | May-21 | Apr-21 |
|--|----------------|-----------|--|--|-------------|-----------|--------------|-----------|-----------|---|--------------|---------------|----------------------|--------|--------------|--------------|--------|--------|
| <b>MedSurg</b>   |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| End of Life  | Heather        | i         | Full Implementation                        | In Progress  | In Progress | ND        | ND           | ND        | ND        | ND  | ND           | ND            | ND                   | ND     | ND           | ND           | ND     | ND     |
| 30 Day Readmissions - Dean Primary Ins (1 year rolling calendar) | Heather        | i         | <4%  | ND   | 9.7%        | 3.6%      | 1.6%         | 0.0%      | 2.5%      | 2.4%  | ND           | ND            | 5%                   | 8%     | ND           | ND           | ND     | ND     |
| Isolation  | Heather        | i         | TBD  | ND   | ND          | ND        | ND           | ND        | ND        | ND  | ND           | ND            | ND                   | ND     | ND           | ND           | ND     | ND     |
| Mobility Project   | Heather        | i         | >90%                                       | 96%  | 96%         | 94%       | ND           | 94%       | 77%       | 90%   | ND           | ND            | 87%                  | ND     | ND           | ND           | ND     | ND     |
| <b>Ger Psychiatry</b>  |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| Decrease GP Length of Stay                                       | Heather        | i         | < 20 days for both AD and VD dx            | 0%   | 0%          | AD 7 VD 0 | ND           | AD 6 VD 0 | AD 2 VD 0 | ND  | ND           | AD 13 VD 18.5 | AD 16 VD no patients | ND     | ND           | AD 10.5 VD 2 | ND     | ND     |
| Decrease GP Lab Draws  | Heather & Kyle | i         | Full Implementation                        | Equipment implemented, staff trained, waiting for first eligible patient | ND          | ND        | ND           | ND        | ND        | In Progress   | ND           | ND            | In Progress          | ND     | ND           | In Progress  | ND     | ND     |
| <b>Emergency Department</b>                                      |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| Columbia Suicide Screening Scale                                 | Tina           | i         | 100%                                       | 97.6%  | 97.6%       | 97.4%     | 97.0%        | 97.2%     | 95.3%     | 97.4%   | ND           | 97.9%         | 97.1%                | 97.8%  | ND           | ND           | ND     | ND     |
| Emergency Department HCAHPS Definitely Would Recommend           | Tina           | i         | ≥90%                                       | 91% (Jan - Mar 2022)   | ND          | ND        | 91%          | ND        | ND        | ND  | 91%          | 90%           | 89%                  | 91%    | 89%          | 86%          | 90%    | 92%    |
| Rover/Lab Printer Roll Out - Lab stickers printing in ED         | Kyle/Tina      | i         | Zero Wrong Labeling Incidences in ED       | ND   | ND          | ND        | ND           | ND        | ND        | ND  | ND           | ND            | ND                   | ND     | ND           | ND           | ND     | ND     |
| <b>Laboratory</b>  |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| Sample Labeling Errors at the Time of Collection                 | Kyle           | i         | Full Implementation/Zero Laboratory Errors | In Progress, 1 hospital occurrence for Jan and Feb 2022                  | ND          | ND        | ND           | ND        | ND        | In Progress, 2 hospital occurrence since last cycle | ND           | ND            | In Progress          | ND     | ND           | In Progress  | ND     | ND     |
| <b>Medical Imaging</b>   |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| Glucose Monitoring Device  | Sara           | i         | 0 occurrences r/t glucose monitor exposure | 0  | ND          | ND        | ND           | ND        | ND        | 0   | ND           | ND            | 0                    | ND     | ND           | ND           | ND     | ND     |
| Lead Marker Placement on Portable X-rays                         | Sara           | i         | 100%                                       | 92%  | ND          | ND        | ND           | ND        | ND        | ND  | ND           | ND            | ND                   | ND     | ND           | ND           | ND     | ND     |
| <b>Plant Operations</b>  |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| Fire Alarms  | Cyril          | i         | Full Implementation                        | In Progress  | ND          | ND        | ND           | ND        | ND        | In Progress   | ND           | ND            | ND                   | ND     | ND           | ND           | ND     | ND     |
| Power Strip Inspection and Inventory Improvement                 | Cyril          | i         | Full Implementation                        | In Progress  | ND          | ND        | ND           | ND        | ND        | In Progress   | ND           | ND            | In Progress          | ND     | ND           | ND           | ND     | ND     |
| <b>HIM</b>   |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| In House Sleep Studies   | Sarah          | i         | < 15 days                                  | 9  | 17          | 17        | ND           | 22        | 15        | 13  | ND           | 11%           | 15                   | 17%    | ND           | 20           | 21%    | ND     |
| Operating Room Supply Billing                                    | Sarah          | i         | Review top 10                              | 7 of 10  | ND          | ND        | ND           | ND        | ND        | 50%   | ND           | ND            | 20%                  | ND     | ND           | 10%          | ND     | ND     |
| <b>PFS</b>   |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| Vendor Change for Online Payments                                | Sarah          | i         | < 42.9% posting times per week             | ND   | ND          | ND        | ND           | ND        | ND        | ND  | ND           | ND            | ND                   | ND     | ND           | ND           | ND     | ND     |
| <b>Registration</b>  |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| Increasing Front end Collections (co-leading with PFS)           | Sarah          | i         | >50%                                       | 62%  | 62%         | 52%       | ND           | 52%       | 50%       | 45%   | ND           | ND            | 10%                  | ND     | ND           | ND           | ND     | ND     |
| Centralized Scheduling - Cardio & RT                             | Sarah          | i         | <13%                                       | ND   | 26%         | ND        | ND           | ND        | ND        | ND  | ND           | ND            | ND                   | ND     | ND           | ND           | ND     | ND     |
| <b>Growth</b>  |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| Outmigration Project   | Teresa         | i         | >47,844                                    | 19793  | ND          | ND        | ND           | ND        | ND        | ND  | ND           | ND            | ND                   | ND     | ND           | ND           | ND     | ND     |
| <b>Sleep</b>   |                |           |  |  |             |           |              |           |           |   |              |               |                      |        |              |              |        |        |
| Actigraphy with Sleep Patients                                   | Amy            |           | TBD  | ND   | ND          | ND        | ND           | ND        | ND        | ND  | ND           | ND            | ND                   | ND     | ND           | ND           | ND     | ND     |



| January – Cohort B | February – Cohort A | March – Cohort B   | April – Cohort A  |
|--------------------|---------------------|--|---|
| MEETING DEFERRED   | MEETING DEFERRED    | <b>Surgical Services:</b> OR First Case Starts on Time<br><b>Team Lead:</b> Tracy Wurtzler | <b>Med/Surg:</b> Mobility Project<br><b>Team Lead:</b> Heather Kleinbrook         |
|                    |                     | <b>Pharmacy:</b> Nursing Home Discharge Process<br><b>Team Lead:</b> Pauline Cass          | <b>Med/Surg:</b> 30-Day Readmission<br><b>Team Lead:</b> Heather Kleinbrook       |
|                    |                     | <b>EVS:</b> Sanitation Monitoring<br><b>Team Lead:</b> Angie Rowin                         | <b>PFS:</b> Vendor Changes for Online Payments<br><b>Team Lead:</b> Sarah Watkins |
|                    |                     | <b>EVS:</b> Blue Bags (soiled laundry bags)<br><b>Team Lead:</b> Angie Rowin               |   |
|                    |                     | <b>Material Services:</b> Vizient Automation<br><b>Team Lead:</b> Brian Swain              |   |
|                    |                     | <b>Sleep:</b> No Shows/Cancellations<br><b>Team Lead:</b> Amy Hermes                       |   |
|                    |                     |  |   |

**Stoughton Hospital Patient Safety Committee Meeting Agenda  
March 30, 2022 at 9:00 am 10:00 am Lobby Conference Room or Zoom**

**Members In Attendance:** Rhonda Tesmer, Jen White, Heather Kleinbrook, Amy Hermes, Gahdeer Alafifi, Teresa Lindfors, Tina Strandlie, Sara Sturmer, Bill Wilson, Pauline Cass, Lily Gertsch  
**Absent:** Kyle Sippel, Lynn Gifford, Tracy Wurtzler, Angie Rowin, Nikki Rowin

| Agenda Item (Facilitator)                         | Discussion   | Follow Up Action  |
|---|--|---|
| <b>Approval of Previous Minutes</b>               | Reviewed and approved January meeting minutes.   |   |
| Welcome New Members                               | Welcomed Pauline Cass  |   |
| <b>Standing Business</b>                          |  |   |
| Medication Management Data Review - Pauline       | <p>3 events: one controlled substance event<br/>           One infiltration in MRI-patient had no discomfort or lump.<br/>           One “other”: lidocaine patch that patient stated fell off and it could not be found.</p> <p>There is not really a way to track the Medical Imaging IV infiltrates but Pauline will note it on the spreadsheet for trending/monitoring. If a trend is noted, we can look at a different way to trend it.</p> <p>Overrides are looking better.</p> <p>Amy mentioned the case in TN, with the nurse who was criminally charged related to a medication error. It is very concerning that the attention this is getting can inhibit reporting of errors. There is some legislation that is protective in WI, but we need for staff to continue reporting incidents and near misses. It is so important that we look at these to improve processes and to reduce risk of recurrence.</p>           | Amy will discuss reporting at the All Nurse meeting in April.   |
| Review of Safety Zone Event Data-Quarter 2FY 2022 | <p>Falls:<br/>           -Med/Surg/ICU: 1 fall, Current rate, excluding March 1.69 (0 falls in March, rate will decrease once patient days are available, Q1=1.19)<br/>           -G/P: 2 falls, Current rate, excluding March 6.41 (1 fall in March, rate will increase)<br/>           -Other areas: 1 at SWAC, last quarter there were 2.</p> <p>Hospital Fall Goal for Fall Free/Injury Free Days: 91 days (3 falls, no mod or major injuries.</p> <p>Non-fall incidents: 50 (55 last quarter)<br/>           34 clinical/test/procedural (5 isolation concerns)<br/>           2 equipment issues<br/>           1 medical record documentation issue<br/>           6 HIPAA events (2 billing statements sent to wrong address)<br/>           2 facility/security events<br/>           2 behavioral/disruptive/workplace violence events (6 last quarter)<br/>           2 miscellaneous involving the same GP patient</p> | <p>Continue to monitor the number of reports for any trends in reporting or trends in the types of incidents.</p> <p>Heather is planning a CI project on the isolation concerns. She asked for assistance from quality/IP with measurement and goals. Jen recommended 2 goals: Known/suspected MDRO's and then acknowledged the difficulty with the droplet precautions. Heather plans to target the handoff process for patients from ER and signage</p> |

| Agenda Item (Facilitator)            | Discussion   | Follow Up Action  |
|--------------------------------------|--|---|
|                                      | <p>1 skin integrity</p> <p>Near Misses: 11 (11 last quarter)-staying consistent<br/>2 isolation issues with banners<br/>2 HIPAA concerns</p>   | <p>placed at admission.</p> <p>HIPAA: April training touches on this. Compliance will also be looking at this today and Jen will add information in the Daily Dose.</p>   |
| Patient Safety and/or Construction   | <p>Pharmacy project: Walkthrough tomorrow, needs some shelving and countertops, and there are some punch list items but project is fairly complete.</p> <p>The damage related to the storm/straight-line winds that caused a cell tower box to fall onto the roof over the ICU. For safety precautions, ICU patients were moved to safer rooms. This is being dealt with by the company.</p>   |   |
| Security Concerns – All              | <p>Angie identified that staff are not being very careful with securing their personal possessions. Staff should be locking things in lockers or in desk drawers that lock.</p>  | <p>Angie will re-implement “Gotcha” cards as a gentle reminder. They have been located and Angie will print them out and begin. Jen to check with Angie.</p>              |
| Engagement and Patient Safety Survey | <p>Three over-arching concerns identified: Connection to Mission, Vision and Values; patient safety/staffing, and confidence in leadership. Press Ganey will work with the leadership team to action plan. Ghadeer wondered if the survey question too vague and if reviewing the questions with teams could have some value. Amy stated that is could be valuable since prior patient safety surveys were with a different vendor. The following stand out as potential areas to focus on for 2022.</p> <ul style="list-style-type: none"> <li>• Communication between work units was at 3.8</li> <li>• My unit is adequately staffed 3.17</li> <li>• Different units work well together in this organization 3.95</li> </ul> <p>A brief re-survey is in progress through Relias. Results will be available in April.</p> | <p>Awaiting results to determine if further action items are required.</p>  |
| 2022 Patient Safety Goals            | <p><b>2022 Goals:</b></p> <p><b>Falls (Sentinel Alert and reporting requirement of our SZP grant)</b></p> <p><b>Hospital Fall Goals:</b></p> <p><b>Suicide Assessment and Safety Plans:</b> Will have a speaker at the next nurses meeting. Heather reports that the Zero Suicide Committee is changing focus a little but a lot of the work is overlapping with the Opioid taskforce. So they are exploring having a subcommittee.</p>  | <p>Tina is presenting a CI project in April on the Columbia Suicide Screening. The speaker in April will help staff to see the value and benefit of the safety plans.</p> |

| Agenda Item (Facilitator)                            | Discussion  | Follow Up Action  |
|--|---|---|
|  | <p><b>Immunizations:</b> Looking really good for Jan-Feb. Briefly touched on the COVID vaccination reporting for BH staff.</p> <p><b>Just Culture and encouraging reporting of near misses/close calls.</b></p> <p><b>Product Recall process:</b> Bill discussed the PDI voluntary recall issue and the questions we have about whether or not these products have a true patient safety concern. For now we will continue using the betadine and alcohol preps until we have a call with the IP with PDI. The distributors are still sending out product (Medline and Owen-Minor) are still sending things supplies with affected lot numbers.</p> <p>Amy mentioned some concerns about infusion pump availability and asked if that should be brought here. Jen felt due to the infrequency of our meetings that it might be best to bring that to Safety Huddle.</p> | <p>Amy to address at All Nurses Meeting.</p> <p>Call planned for next week. IP and Material Services will be joining the call.</p>  |
| <p>Restraints and Seclusion Review - Rhonda</p>      | <p>No restraints/seclusions.</p>  |   |
| <p>Root Cause Analysis and/or CI Project Updates</p> | <p>CI council started back up this month after a COVID Surge related pause.</p>   |   |
| <p>Antibiotic Usage – Pauline/Bill</p>               | <p>New project with Apiari. Team met with Apiari on 02/28/2022. Denominator data was provided to them following the meeting. Apiari will be looking at the top five antibiotics used and create guidelines for length of therapy days. SH team is in the process of reviewing order set builds for UTI/Resp/Abd pain/Wound. We are still reviewing UTI data and have expanded the scope to determine if the patient was treated with the appropriate antibiotic based on culture sensitivities.</p>   | <p>Will look at order set builds for our top 5 uses and put together some flow charts. Amy have Pauline on the MCE agenda to share with staff once draft is ready for approval by medical staff.</p>                                |
| <p>USP 800 – Kathy/Pauline</p>                       | <p>Pauline is looking at the workflows and they are meeting tomorrow.</p>   | <p>Update next month.</p>   |
| <p>Trauma Review – Tina</p>                          | <p>There are some cases for Dr. Schwaab to review and then they will go to MCE. Tessa is taking this over and Amy asked if should add her to this meeting.</p>  | <p>Tessa to be included.</p>  |
| <p>Regulatory/Joint Commission Readiness – All</p>   | <p>We are due this fall for accreditation survey. We will be switching accreditation agencies from Joint Commission to DNV. Amy encouraged staff to look closely at crosswalks to COPs. Heather identified that there is an opportunity for improvement with used instruments from Med/Surg. Amy stated that we had one occurrence at the clinic with dirty instruments. Heather mentioned a question about whether or not an order via DocHalo can be accepted.</p>  | <p>EOC walkthroughs to be scheduled and education regarding Always Ready Checklists.</p> <p>Jen to reach out to Kim Hoppe to see if we can use DocHalo communications as a telephone order and if so, we can update the policy.</p> |

| Agenda Item (Facilitator)                        | Discussion   | Follow Up Action                                     |
|--|--|--|
| Joint Commission – Sentinel Event Alert          | No recent events.  |  |
| Joint Commission – Quick Safety Monthly Articles |  |  |
| Other Discussions:                               | Discussion about adding to Capital Budget for Wireless updates for the IV pumps for the library updates, and add tags for tracking the pumps. We had two pumps missing. Pauline discussed the findings with a recent controlled substance discrepancy investigation. Amy recommended sharing that information with Tina. | Angie to provide update with reusable gowns. Tabled. |
|  | Next meeting: Wednesday May 25, 2022 9:00 – 10:00 am Lobby Conference Room and/or ZOOM.  |  |
| Submitted by: Jen White                          |  |  |

**Infection Prevention Committee Meeting Minutes**

**March 30, 2022 10:00 – 11:00**

**Lobby Conference Room or ZOOM**

**Members:**

Dr. Raymond Podzorski, Bill Wilson, Heather Kleinbrook, Tina Strandlie, Teresa Lindfors, Rhonda Tesmer, Amy Hermes, Ghadeer Alafifi, Kyle Sippel, Sara Sturmer, Tracy Wurtzler, Jennifer White, Jen Mora, Pauline Cass, Dr. Joel Mendelin, Nikki Rowin

**Absent:** Kyle Sippel, Dr. Joel Mendelin, Nikki Rowin

| Topic   | Presenter | Background  | Discussion  | Follow-up                                       |
|---|-----------|---|---|---|
| Approval of February 2022 Meeting Minutes                               | Committee | Review and approve.   | Approved  |   |
| <b>Standing Agenda Items</b>  |           |   |   |   |
| Policy Review   | Committee | No policy review at this time.  |   |   |
| Risk Assessment/<br>Program Goals/<br>Infection Prevention<br>Dashboard |           | <p>Review Q1FY2022 IP Program Goals Progress</p> <p><a href="#">..\..\Risk Analysis and Program Goals\2022-2023\IC Risk Assessment HVA 2022-2023.xls</a></p> <p>Infection Prevention Dashboard</p> <p><a href="#">..\..\Reports\IP Dashboard.xlsx</a></p> <p>Jen discussed what a SUR is (Standard Utilization Rate) which is an indication of risk based on increased utilization. She asked the team about whether or not it is helpful to see that information on the dashboard.</p> | <p>No quarterly data at this time (Jan-Mar 2022)</p> <p>*Data for Pediatric and Adult Colonoscope ATP Testing Percentages has missing data in Q3 and Q4 for the months of July, August, September and October due to ATP tester not functioning and sent in for repairs off site.</p> | <p>Will share in May when data is complete.</p> |

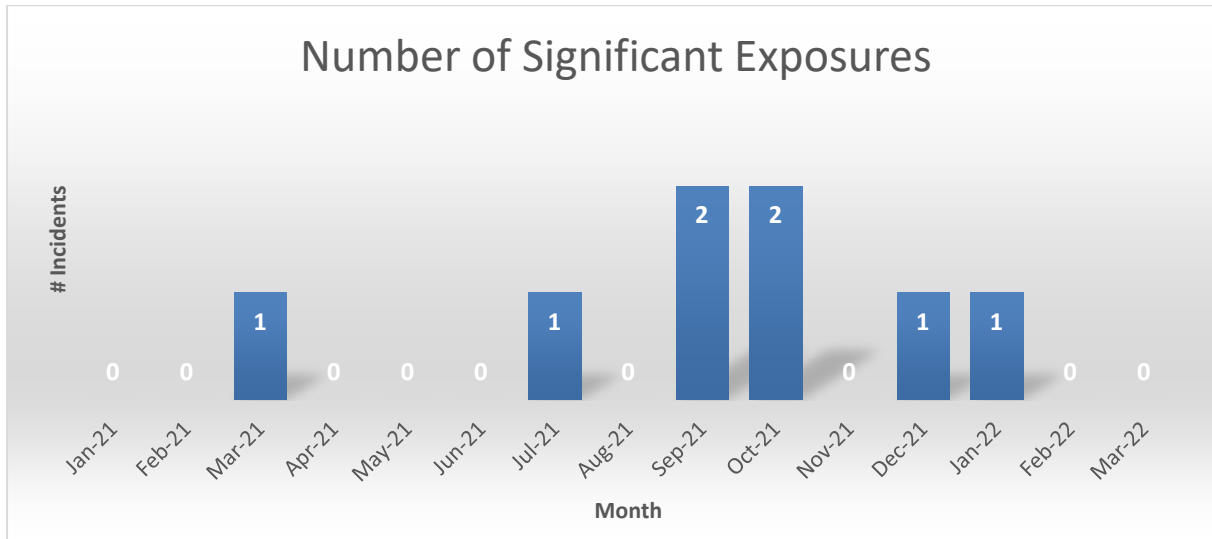
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|   |                                    | <p>Discussion held about the lack of documentation of the use of the Central Line Checklist during insertion. The nurse observing is the person responsible for completing the documentation in the Lines/Drains/Airways. Heather asked if we can identify who is inserting the line and where this is happening. For clarification: emergent lines are not included in the population. There were also days missed in the documentation of the rationale for use of the central line.</p> <p>Documentation of rational for Urinary Catheters was at 97.7%</p> |   | Heather will address this in the staffing meeting   |
| Hand Hygiene  |                                    | <p>Hand Hygiene Hospital Observations: <b>See graph below</b></p> <ul style="list-style-type: none"> <li>No trending identified in individual or departments identified.</li> </ul> <p>Hand Hygiene Isolation Observations: <b>See graph below</b></p> <ul style="list-style-type: none"> <li>Very small sampling</li> </ul> <p>Press Ganey Hand Hygiene:</p> <ul style="list-style-type: none"> <li>(Jan – Mar 2022) Quarterly Scores not available at this time. Will be reported off during next meeting in May</li> </ul>                                  | <p>January 98.2%<br/>February 98.7%</p> <p>January 100%<br/>February 80%</p>                | Managers to encourage staff to get into the patient care rooms for observations because the majority of observations are being done outside the room. |
| Construction Risks- Infection Control Risk Assessments (ICRA) | Jen White<br>Rhonda Tesmer         | <p>Pharmacy Renovation in progress. Mainly complete, and it has been terminally cleaned and is in USE!</p> <p>Community Health and Wellness Center experienced water damage several weeks ago. Will be closed for repair until late May/early June. There was a quick response by ServPro after discovery of water leakage to initiate remediation.</p>  | No Construction Related Infections Identified to Date                                       |   |
| Antibiotic Stewardship  | Jen White/Bill Wilson/Pauline Cass | New project with Apiari.   | Team met with Apiari 02/28/22. Denominator data was provided to them following the meeting. |   |

|                                    |                      |   |  |  |
|------------------------------------|----------------------|---|--|--|
|                                    |                      |   | Apiari will be looking at the top five antibiotics used and create guidelines for length of therapy days. SH, team is in the process of reviewing order set builds for UTI/Resp/Abd pain/Wound. We are still reviewing UTI data and have expanded the scope to determine if the patient was treated with the appropriate antibiotic based on culture sensitivities |  |
| Significant Exposure Policy Update |                      | <p>Subcommittee met in January to review process. A group of us met Wednesday January 5, 2022 and we are working on a new process flow.</p> <p>Jen Mora met with Dr. Menet and he is willing to have the Hospitalists provide Physician Oversight for the Significant Exposure for Hospital Employees during daytime hours. We are currently working with Dr. Menet to develop the process. The ED will be used in the off shift hours when a hospitalist is not in house. Also to use the ED if the injury requires emergency treatment.</p> |  | Jen Mora and Bill are working on the new process. The new process will go out to managers when complete. |
| Employee Health/Sharps Injuries    | Jen Mora             | <ul style="list-style-type: none"> <li>for Q1 CY2022 (Jan-Mar 2022) There was 1 Significant Exposure for this quarter. <b>See graph below</b></li> </ul> <p>For the rolling 12 months, eight were seen. This is a little higher than previous years.</p>  | One Significant Exposure in January: OR finger laceration with blade   |  |
| JC Preparedness/ Follow Up         | Jen White/Amy Hermes | <ul style="list-style-type: none"> <li>Will be switching to DNV, expect fall survey.</li> <li>IP to OR and EOC walkthroughs to be scheduled.</li> <li>Amy mentioned the need to revisit the workflow of getting dirty instruments to CS in a standardized way.</li> <li>Jen mentioned checking expired products.</li> </ul>   |  |  |
| <b>Surveillance Reports</b>        |                      |   |  |  |
| NHSN Reporting:                    | Bill Wilson          | See IP Dashboard.   |  |  |

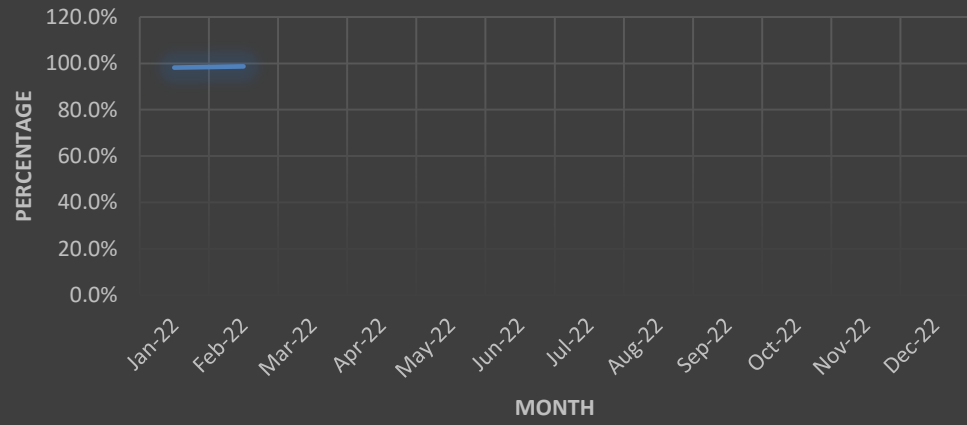


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| CAUTI<br>CLABSI<br>Lab ID C Diff or MRSA<br>Bacteremia |   |  |  |  |
| NHSN Reporting: SSI                                    | Bill Wilson                               | See IP Dashboard.  |  |  |
| Employee Influenza<br>Vaccination Rates                | Jen Mora                                  | <ul style="list-style-type: none"> <li>• 99% of staff are vaccinated for influenza</li> <li>• 4 religious waiver</li> <li>• 1 medical waiver</li> </ul>  |  |  |
| Employee COVID-19<br>Vaccination Rates                 | Jen Mora                                  | <ul style="list-style-type: none"> <li>• 98% vaccination rate with primary series</li> <li>• 83% have received a booster</li> <li>• 7 religious waiver for regular hospital staff</li> </ul> <p>Amy stated that there is discussion about the booster for those 50 and older. No plan to make this mandatory but considering offering a clinic for employees 50 and over meeting criteria.</p>   |  |  |
| 2021 State Reportable<br>Data                          | Bill Wilson                               | <p>See Graph Below</p> <p>Seeing other infections on the rise lately and positive COVID testing decreasing. 2% of positive tests requiring hospitalizations in Jan, 12% in Feb. The trend was that those hospitalized were sicker and stayed longer.</p>   |  |  |
| <b>Old Business</b>                                    |   |  |  |  |
| COVID-19   | Bill Wilson/Jen Mora/Jen White/Amy Hermes | <p>Covid positivity rates – <b><i>See graph below</i></b></p> <p><i>Some of the RWHC hospitals have removed restrictions for visitors, etc. Heather noted that they have lower rates and were also a little late in implementing of issues. Sara asked about purging protocols. No changes and it is recommendations based on the air exchanges for those rooms.</i></p> <p><i>Recent issue with a patient reporting 2 recent negative COVID tests, who had a two view chest x-ray ordered and the patient was brought to the department. Sara asked if the patient had done home tests, which he had and they were negative. She asked if we are accepting that. NO, we do not accept home tests as definitive for employees, or for pre-procedural patients.</i></p> |  | Any potential AGP's scheduled for patients who are not tested, should follow full PPE recommendations. We will discuss purge times for inpatients offline. |

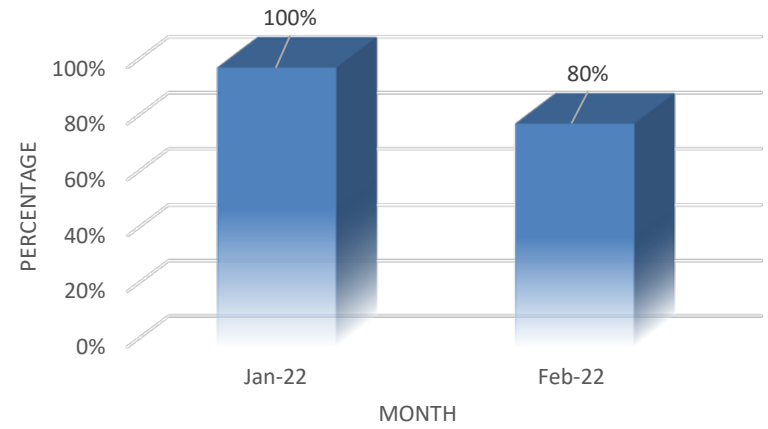
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|                     |   |  |  |  |
| <b>New Business</b> |   |  |  |  |
|                     |   |  |  |  |
| <b>Next Meeting</b> | Wednesday May 11, 2022 9:30 – 11:00 am Lobby Conference Room or Zoom. |  |  |  |
|                     |   |  |  |  |



### STOUGHTON HEALTH HAND HYGIENE COMPLIANCE RATE

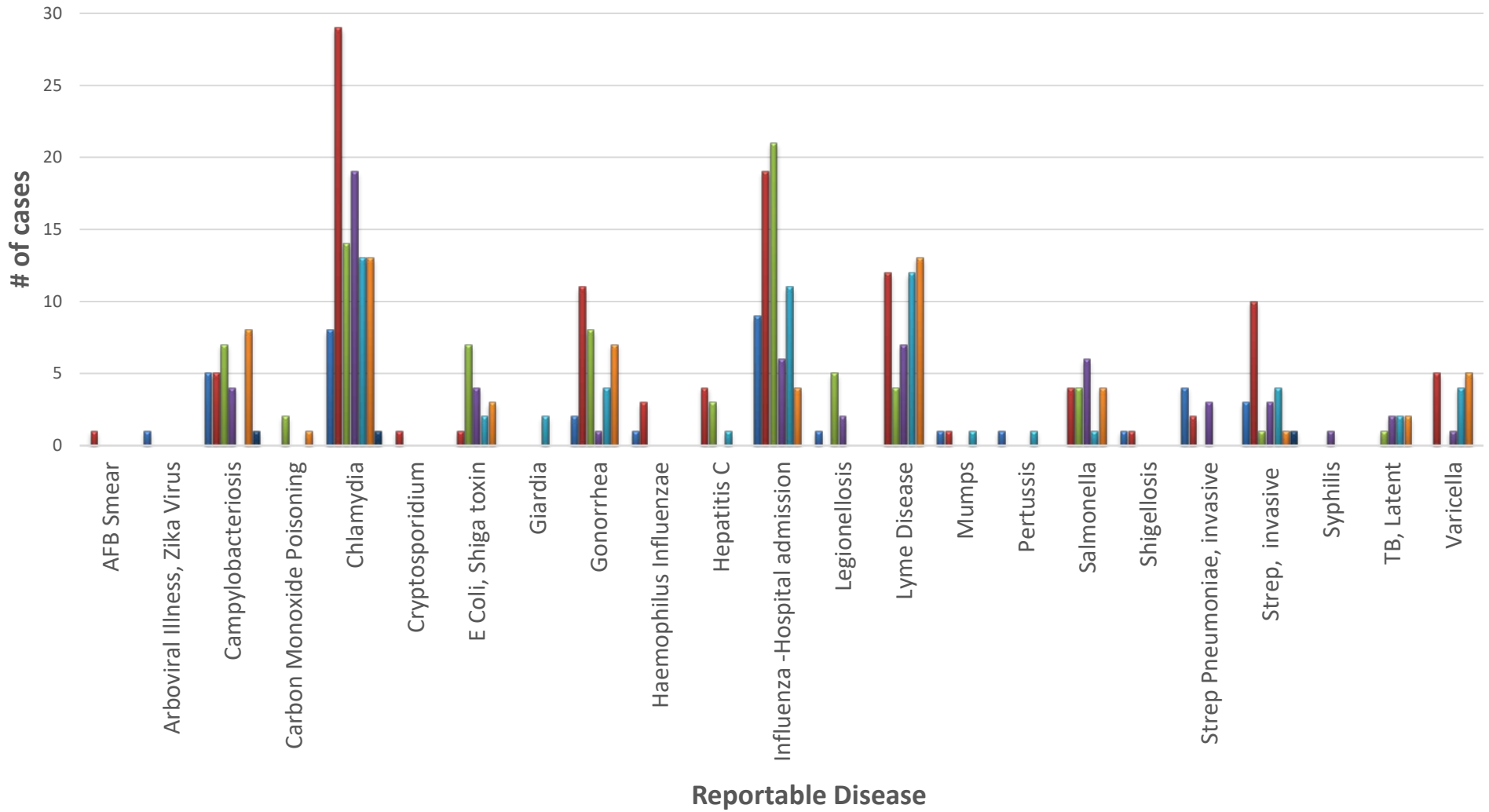


### STOUGHTON HEALTH ISOLATION HAND HYGIENE COMPLIANCE RATE 2022

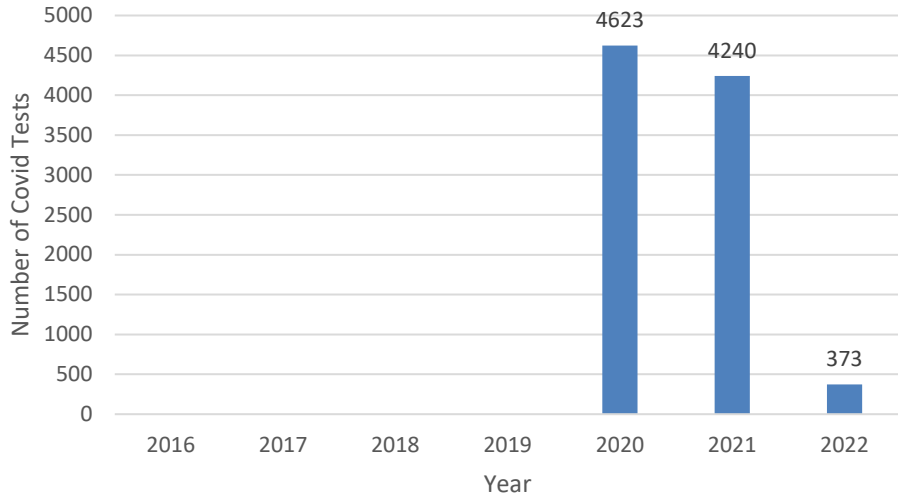


## Reportable Disease Trending by Year

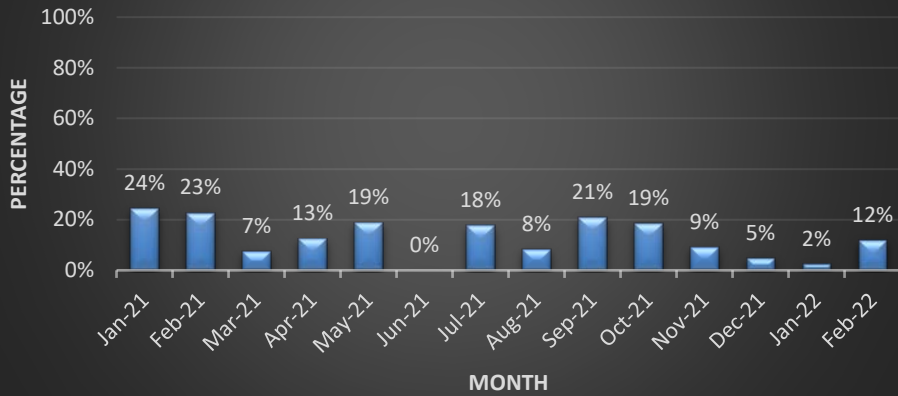
2016 2017 2018 2019 2020 2021 2022



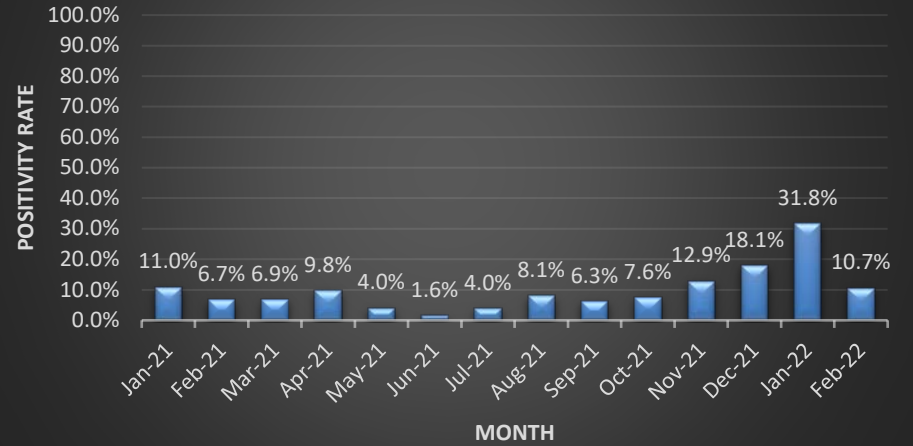
### Covid-19 Suspect and Confirmed Tests




### Stoughton Health Positive COVID Results that Required Hospitalization



### Stoughton Health Covid Positivity Rate



## POLICY & PROCEDURE

|  |  |                               |   |
|--|--|-------------------------------|---|
|  <b>STOUGHTON<br/>HEALTH</b><br><small>ORGANIZATION</small> | Effective Date:<br>December 2017   | <b>Medical Staff Policies</b> |   |
|  | <input type="checkbox"/> Original<br><input checked="" type="checkbox"/> Revision-1/2021 | Page <u>1</u><br>of 10        | Title: Impaired <del>Practitioner</del> <u>Provider</u> |

### I. PURPOSE

The purpose of this policy is to establish a process for identifying ~~Impaired Practitioners~~ impaired ~~practitioners~~providers and to facilitate the rehabilitation of ~~Impaired Practitioners~~ impaired ~~practitioners~~providers through appropriate treatment to the extent possible while maintaining the safety of patients, staff, and others.

### II. POLICY

Stoughton Health and the Medical Staff have a fiduciary duty to the organization and to patients to ensure that all ~~Practitioners~~ ~~practitioners~~providers are able to provide safe and quality care, and to competently fulfill their duties to ~~the organization~~Stoughton Health and its patients. Where ~~Practitioners~~ ~~practitioners~~providers have physical or mental illness or misuse or abuse alcohol, drugs or any other substance, ~~the organization~~Stoughton Health and the Medical Staff have a duty to identify, evaluate and address potential health issues or ~~Impairments~~ ~~impairments~~. This policy is intended to facilitate this process, and is intended to address such health issues in a manner that protects Stoughton Health and its patients, and is not intended to be punitive.

### III. DEFINITIONS

- a. Allied Health Professional (AHP). AHP means a health professional other than a physician, dentist, or podiatrist who is: (1) properly licensed, certified, or registered in Wisconsin, as applicable; (2) is granted privileges to practice in the hospital in accordance with his/her scope of practice; and (3) practices under the supervision of or in collaboration with a physician, as applicable, who has been accorded privileges to provide such care in the hospital.
- b. Stoughton Health/Organization. ~~Means~~. Stoughton Health means Stoughton Hospital Association, Inc.
- c. Impaired or Impairment. Impaired or ~~Impairment~~ impairment means the inability to practice medicine (or carry out other duties to the hospital or to patients) in accordance with professional standards by reason of physical or mental illness or infirmity, including but not limited to misuse or abuse of drugs

or alcohol; mental or emotional illness, disability or dysfunction; physical dysfunction or disability; and/or loss of motor skills.

- d. ~~Practitioner. Practitioner~~Provider. Provider means any appropriately licensed physician, dentist, podiatrist or ~~Allied Health Professional~~ allied health professional, who has been granted clinical privileges at the hospital.

#### IV. PROCEDURE

- a. Reporting Obligations for Suspected Impairment

- i. *Mandatory Reporting.*

- 1. *Reporting Another ~~Practitioner~~Provider.* Any ~~Practitioner practitioner~~Provider who believes another ~~Practitioner practitioner~~Provider is ~~Impaired~~-impaired shall promptly report this belief orally or in writing to the: (1) Chief of Staff; and/or (2) Stoughton Health's President ("President").

- 2. *~~Practitioner~~Provider Self Report.* Any ~~Practitioner~~Provider who suspects that he or she has an ~~Impairment~~-impairment shall immediately report the ~~Impairment~~-impairment to the: (1) Chief of Staff; and/or (2) the President.

- ii. *Voluntary Reporting.* Any ~~hospital~~Stoughton Health employee, volunteer, patient or visitor who suspects that a ~~Practitioner practitioner~~Provider is ~~Impaired~~-impaired mayis encouraged to report such suspicion to a supervisor/manager, the Chief of Staff, or the ~~Hospital~~ President. If the initial report is made to a supervisor/manager, the supervisor/manager shall promptly provide the information to the Chief of Staff or the ~~Hospital~~ President.

- iii. *Factual Basis.* The individual making the report should provide factual information including a description of the incident(s) that led to the belief that the ~~Practitioner practitioner~~Provider may be ~~Impaired~~-impaired. The individual making the report does not need to have proof of ~~Impairment~~-impairment; but must state the facts leading to his/her suspicions.

- iv. *No Retaliation.* To avoid retaliation, to the extent possible, the identity of the individual who made the report shall be kept confidential and shall not be shared with the ~~Practitioner practitioner~~Provider suspected of ~~Impairment~~-impairment.

- v. *Notification.* Either the Chief of Staff or the ~~Hospital~~ President (whomever receives the report), shall notify the other individual of the

report so that both individuals may be involved in the coordination of the plan of action going forward.

b. Determination of Reasonable Likelihood of Imminent Danger to Patients

i. *Reasonable Likelihood of Imminent Danger to Patients.*

1. *Immediate Assessment of ~~Practitioner~~Provider.* If, upon receipt of the report, it appears that there is a reasonable likelihood of imminent danger to patients, the Chief of Staff, shall arrange for an immediate interview and assessment of the ~~Practitioner practitioner~~Provider by a qualified individual to determine the extent of imminent danger to patients. During the interview and assessment, the ~~Practitioner—practitioner~~Provider shall be informed of the concern(s) brought forward. If the Chief of Staff determines, based on the interview and assessment, that there is no reasonable likelihood of imminent danger to patients, the steps outlined in Section c below shall be followed.
2. *~~Practitioner~~Provider Relieved from Duty.* If the Chief of Staff determines, based on the interview and assessment, that there is a reasonable likelihood of imminent danger to patients, the Chief of Staff will immediately relieve the ~~Practitioner practitioner~~Provider of patient care responsibilities and arrange for appropriate coverage.

- ii. *No Reasonable Likelihood of Imminent Danger to Patients.* If, upon receipt of the report, it does not appear that there is a reasonable likelihood of imminent danger to patients, the report shall be addressed directly, in accordance with steps outlined in Section c. below.

c. Investigation and Evaluation

- i. *Threshold Determination.* After receiving a report of a ~~Practitioner's practitioner's potential Impairment~~Provider's suspected impairment, the Chief of Staff shall conduct a timely investigation into the evidence relating to the ~~Practitioner's—practitioner~~Provider's suspected ~~Impairment~~impairment, and shall share any such conclusions with ~~the Hospital~~Stoughton Health's President. If the Chief of Staff and ~~the Hospital~~Stoughton Health's President jointly determine, prior to the beginning of the investigation, that the report filed against the ~~Practitioner—practitioner~~Provider is not credible, the ~~Practitioner practitioner~~provider shall be notified and the investigation shall be closed. All documentation regarding the incident shall be destroyed. If further investigation is warranted, the process in Section c.2. shall be followed.



ii. *Investigative Procedure.*

1. *Scope of Investigation.* The investigation may include, without limitation, the following: an interview with the individual who reported the suspected ~~Impairment~~ impairment and any other witnesses; a formal or informal interview with the ~~Practitioner practitioner~~ Provider at issue; and review of related medical records and other relevant documentation. The Chief of Staff shall have the discretion to determine which individuals will be involved in the investigation.
2. *Meeting with ~~Practitioner practitioner~~ Provider.*
  - a. The Chief of Staff shall meet with the ~~Practitioner practitioner~~ Provider to discuss the suspected ~~Impairment~~ impairment, the incident(s) that are the subject of the report, and any steps the ~~Practitioner practitioner~~ Provider may already be taking or will take to address the ~~Impairment~~-impairment.
  - b. The ~~Practitioner practitioner~~ Provider shall be given an opportunity to provide input and information for the Chief of Staff's consideration. This information will be shared with ~~the Hospital~~ Stoughton Health's President.
  - c. The details of such meeting shall be documented as appropriate.
  - d. To the extent possible, the Chief of Staff shall include another individual to be present during the meeting with the ~~Practitioner practitioner~~ Provider.
  - e. The meeting shall not constitute a fair hearing and the ~~Practitioner practitioner~~ Provider shall not be granted any of the procedural rights set forth under the Fair Hearing Plan in the Medical Staff Bylaws.
3. *Evaluation/Consultation.*
  - a. When requested by the Chief of Staff or Hospital Stoughton Health's President, the ~~Practitioner practitioner~~ Provider shall undergo a physical, mental or substance abuse evaluation by a qualified, mutually agreeable professional consultant (physician, psychologist, substance abuse specialist or a legal expert) to assist the Chief of Staff in the assessment of

the ~~Practitioner's~~~~practitioner~~Provider's abilities and ~~Impairment~~impairment.

- b. This evaluation shall assess the scope and extent of any ~~Impairment~~ impairment and the ~~Practitioner's~~~~practitioner~~Provider's ability to safely provide patient care in light of the ~~Impairment~~impairment.
  - c. The consultant shall provide a written report to the Chief of Staff documenting the results of the evaluation. If the consultant determines that an ~~Impairment~~ impairment exists, the consultant's report shall include the following:
    - i. A recommended care and treatment plan, including a recommendation regarding the role of an appropriate State medical society or other treatment program for the ~~Practitioner~~~~practitioner~~Provider;
    - ii. An opinion as to whether, in light of the current ~~Impairment~~ impairment, the ~~Practitioner~~~~practitioner~~Provider is able to competently and safely provide patient care and perform his/her privileges; and
    - iii. Any other information or opinions requested by the Chief of Staff that are necessary to determine whether the ~~Practitioner~~~~practitioner~~Provider is able to competently and safely ~~provide~~Provider patient care and perform his/her privileges.
4. ~~Practitioner~~Provider Authorization. To facilitate the exchange of information between the hospital and the consultant evaluating the ~~Practitioner~~~~practitioner~~, ~~the~~ ~~Practitioner~~~~practitioner~~Provider, the Provider shall expedite all necessary authorizations for release and disclosure of health information, including, if necessary, valid written consent for release of alcohol or drug abuse records pursuant to 42 CFR Part 2. The ~~Practitioner~~~~practitioner~~Provider shall authorize release and disclosure to the Chief of Staff, the Hospital President any other individual deemed necessary by Chief of Staff, in his or her discretion.
5. *Comprehensive Report.* At the completion of the investigation and evaluation, the Chief of Staff shall prepare a comprehensive report detailing the investigation, expert evaluations from the appropriate consultant(s) and the consultant's report with

guidance regarding any further remedial action and any other related documentation, to the Medical Executive Committee (MEC).

6. *Communication with ~~Hospital~~Stoughton Health's President.* The Chief of Staff shall keep ~~the Hospital~~Stoughton Health's President apprised throughout the course of the investigation.

d. Determination of Impairment and Appropriate Intervention

i. *Communicating Results to the Provider.* If, after the investigation, the Chief of Staff's report documents sufficient evidence showing that the Provider suffers from an impairment, the Chief of Staff shall meet personally with the Provider. At this time, the Provider will be told that the results of the investigation indicate that he/she has an impairment. The Provider will be informed that the matter will be referred to the MEC for its review and determination of next steps.

ii. ~~i.~~ *Medical Executive Committee Review.* As soon as reasonably practicable after receiving the Chief of Staff's report and the consultant's evaluation, the ~~Medical Executive Committee~~ MEC shall meet to determine whether they believe that an ~~Impairment~~ impairment exists. The ~~Medical Executive Committee~~ MEC may delay its determination and recommendation, if necessary, in certain circumstances such as the ~~Practitioner-practitioner~~Provider taking a leave of absence or voluntarily entering into an appropriate well defined management program, or in the event the ~~Medical Executive Committee~~ MEC determines that the ~~Practitioner-practitioner~~Provider should undergo further evaluation.

iii. ~~ii.~~ *Determination of No Impairment.* If, after review of the Chief of Staff's report and the consultant's evaluation, the ~~Medical Executive Committee~~-MEC determines that the ~~Practitioner-practitioner~~Provider is not ~~Impaired~~-impaired, it shall so notify the ~~Practitioner-practitioner~~Provider and no further action is necessary. Documentation of this determination shall be placed in the ~~Practitioner's practitioner~~Provider's peer review file alongside other documentation related to this investigation.

iv. ~~iii.~~ *Determination of Impairment and Recommendation of Intervention(s).* If the ~~Medical Executive Committee~~-MEC determines that the ~~Practitioner-practitioner~~Provider is ~~Impaired~~-impaired, the ~~Medical Executive Committee~~-MEC shall recommend in writing to the ~~Practitioner-practitioner~~Provider any one or more of the following or such other action as the ~~Medical Executive Committee~~-MEC deems appropriate under the circumstances:

1. Where a consultant has provided a recommendation (e.g. for medical care, counseling or rehabilitation), that the consultant's recommendation should be followed in whole or in part or as modified by the ~~Medical Executive Committee~~ MEC;
2. That the ~~Practitioner-practitioner~~Provider agree to remain in compliance with any treatment programs or plan of care (hereafter "Management Program") specified by the ~~Medical Executive Committee~~-MEC whether or not based on the recommendation of a consultant;
3. That the ~~Practitioner-practitioner~~Provider consent (in writing) to future alcohol or drug screening or any other testing or monitoring required by the ~~Medical Executive Committee~~ MEC to ascertain that the ~~Practitioner-practitioner~~Provider is complying with the Management Program;
4. That the ~~Practitioner-practitioner~~Provider must attend the Wisconsin Department of Safety and Professional Services Professional Assistance Procedure or another similar program acceptable to the ~~Medical Executive Committee~~-MEC;
5. That the ~~Practitioner-practitioner~~Provider consider a voluntary leave of absence in accordance with the leave of absence provisions in the Medical Staff Bylaws;

6. That the ~~Practitioner-practitioner~~ Provider continue to perform his or her obligations to the hospital or its patients only within the parameters of any conditions or limitations set forth by the ~~Medical Executive Committee~~-MEC;
  7. That the ~~Practitioner-practitioner~~ Provider fulfill any other conditions or requirements reasonably requested by the ~~Medical Executive Committee~~-MEC.
- v. ~~iv.~~ *Obtaining Care and Treatment.* ~~The Hospital~~ Stoughton Health's President, Chief of Staff, and/or the ~~Medical Executive Committee~~ MEC may assist the ~~Practitioner-practitioner~~ Provider in locating suitable medical care ~~or a rehabilitation program.~~ Management Program, or other programs such as those contemplated ~~in Section IV (d)(iii)~~ above, at the ~~Practitioner's-practitioner~~ Provider's expense.
- vi. ~~v.~~ *Monitoring Compliance with Intervention.* The MEC may impose ongoing monitoring requirements to ensure that the Provider adheres to the recommended intervention(s) and/or is participating in a Management Program. The ~~Medical Executive Committee~~-MEC may assign a member of the Medical Staff to monitor the ~~Practitioner's-practitioner~~ Provider's adherence to the recommended interventions, and the assigned Medical Staff member shall regularly report in writing to the ~~Medical Executive Committee~~-MEC. Such monitoring may also, if applicable, include requiring regular reports from the ~~Practitioner's-practitioner~~ Provider's treating ~~provider~~ professional regarding the ~~Practitioner's-practitioner~~ Provider's ability or inability to safely and competently perform his/her privileges. In the event that these additional reports are requested, the ~~Practitioner-practitioner~~ Provider shall authorize the release of this information by the treating professional to the hospital, including, as applicable, valid written consent for release of records governed by 42 CFR Part 2.
- vii. ~~vi.~~ *Not Disciplinary in Nature.* The ~~Practitioner-practitioner~~ recommendation(s) shall not be considered a professional review action. The Provider will be informed that while this process is not disciplinary in nature, the ~~Medical Executive Committee~~ MEC may, at any time, refer the matter for corrective action, where appropriate.

~~viii.~~ ~~vii.~~ ~~Practitioner~~Provider Refusal to Accept Intervention. If the ~~Practitioner~~~~practitioner~~Provider refuses to accept any of the interventions recommended by the ~~Medical Executive Committee~~ MEC, the ~~Medical Executive Committee~~ MEC may consider other options including but not limited to summary suspension or corrective action pursuant to the Medical Staff Bylaws.

~~ix.~~ ~~viii.~~ ~~Evidence of Successful Completion of Intervention.~~ ~~Practitioner~~~~practitioner~~The Provider shall provide, as necessary and applicable, evidence of successful completion of any recommended intervention(s) including, ~~if applicable,~~ any recommended Management Program.

1. *Written Attestation of Successful Completion of Management Program.* If the recommended intervention involved the ~~Practitioner's~~~~practitioner~~Provider's completion of a course of action pursuant to the Management Program, the ~~Practitioner~~~~practitioner~~Provider shall provide to the ~~Medical Executive Committee~~ MEC a written statement from ~~the~~ treating ~~provider~~professional or other knowledgeable individual. The written statement shall include, without limitation, the following information:

- a. Whether the ~~Practitioner~~~~practitioner~~Provider has participated or is participating in the program;
- b. Whether the ~~Practitioner~~~~practitioner~~Provider is in compliance with all the terms of the program;
- c. When the ~~Practitioner~~~~practitioner~~Provider regularly attends support meetings, as applicable;
- d. To what extent the ~~Practitioner's~~~~practitioner~~Provider's behavior and conduct are monitored on an ongoing basis by program staff;
- e. Whether, in the opinion of those providing treatment, the ~~provider~~Provider is successfully rehabilitated;
- f. Whether an aftercare program has been recommended and if so, a description of the program; and
- g. Whether ~~the~~ ~~Practitioner~~~~practitioner~~, in the treating professional's opinion, the Provider is capable of resuming his/hermedical practice and providing safecontinuous, competent care to patients.

- x. ~~ix.~~ *Post-Intervention Monitoring.* Following receipt of evidence of successful completion of any recommended intervention(s) including, without limitation, any recommended rehabilitation or treatment program, the ~~Medical Executive Committee~~ MEC may, in its discretion, recommend post-intervention monitoring. Such post-intervention monitoring may include, without limitation, requiring that the ~~Practitioner-practitioner~~ Provider obtain and submit periodic reports to the ~~Medical Executive Committee~~ MEC from his or her primary care ~~provider~~ Provider (or other treatment ~~provider~~ professional) addressing the ~~Practitioner's-practitioner~~ Provider's ability to treat and care for patients.
- e. Alcohol or Drug Screening Test. At any time during the implementation of this policy, the ~~Practitioner-practitioner~~ Provider may, as appropriate, be requested to sign a consent form and provide appropriate samples (blood, hair, urine, or otherwise) for an alcohol or drug screening. Failure to comply with such a request may be considered grounds for initiation of corrective action or for summary suspension of clinical privileges.
- f. Summary Suspension, Corrective Action, and Other Processes. At any time during the implementation of this policy, ~~the hospital~~ Stoughton Health's President or Chief of Staff may, as appropriate, take any immediate action that is necessary to protect the health and safety of ~~hospital~~ Stoughton Health patients and others. Such action may include, but is not limited to, summary suspension of the ~~Practitioner's-practitioner~~ Provider's clinical privileges, referral for corrective action in accordance with the Medical Staff Bylaws, or initiation of any other appropriate policy or process, ~~such as the Disruptive Practitioner Policy.~~
- g. Medical Costs. Any and all medical costs related to the above procedure are the responsibility of the ~~Practitioner-practitioner~~ Provider.
- h. Fair Hearing Rights. None of the recommendations of the ~~Medical Executive Committee~~ MEC under this policy shall constitute an adverse action, and consequently the ~~Practitioner-practitioner~~ Provider shall not be afforded any procedural, hearing, or appellate review rights in connection with his or her participation in any of the interventions or other activities described in or contemplated by this policy, unless such rights are otherwise expressly afforded to the ~~Practitioner-practitioner~~ Provider under the Medical Staff Bylaws.
- i. Designees. References to specific individuals under this policy (e.g., Chief of Staff, ~~Hospital~~ Stoughton Health President, etc.) shall be interpreted to include any authorized designee(s) thereof.

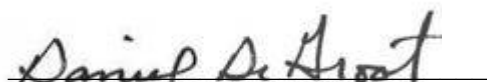
- j. Documentation. All documentation related to an investigation or actions taken pursuant to this policy shall be maintained in the ~~Practitioner's practitioner~~ Provider's peer review file, where applicable.
- k. Confidentiality. All individuals involved in this process shall keep all information strictly confidential to the greatest extent possible.
- l. Peer Review. The process outlined in this policy is intended to help improve the quality of care at ~~the hospital~~ Stoughton Health, and all documentation and communications created in relation to this process are considered peer review and will be conducted and maintained in a manner consistent with Wisconsin Statutes §§ 146.37 & 146.38. The peer review protections of these statutes, including the protection of confidentiality, are intended to apply to all actions performed under this policy, including any monitoring activities.

**V. REFERENCES**

42 C.F.R. Part 2  
 Wis. Stat. §§ 146.37 and 146.38  
 29 C.F.R. § 1630.14(c)  
 42 U.S.C. § 12111(10)(A)

**VI. COORDINATION**

President/CEO  
 Chief of Staff  
 Medical Executive Committee  
 Legal Counsel

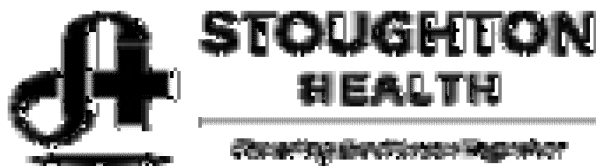
  
 \_\_\_\_\_  
 President/CEO

Date

\_\_\_\_\_  
 Chief of Staff

Date





## **PRACTITIONER****PROVIDER** HEALTH

Millions of people are affected by alcoholism, drug addiction and mental illness. Physicians and other healthcare **Practitioners** **practitioners****providers** are no exception. Through early detection of illness or conditions that could result in a **Practitioner's** **practitioner****provider**'s inability to practice with reasonable skill and safety, Stoughton Health is able to intervene and provide assistance and support to those in need.

Physicians and other healthcare **Practitioners** **practitioners****providers** tend to isolate themselves and have difficulty asking for help. Shame and fear of discovery and public exposure can play a role in denial and avoidance of treatment. Other concerns include the potential loss of their license or practice restrictions. Their ability to self-treat and self-medicate presents additional problems.

The first thing that comes to everyone's mind when talking about "Impaired **Practitioners****Providers**" is alcohol or other chemical dependency. Although this is most

prevalent, some suffer from emotional or mental disorders or serious or chronic illnesses.

### Conditions That Could Lead to Impairment

- **Serious or Chronic Illness**
- **Emotional or Other Psychiatric Disorder**
- **Drug or Alcohol Misuse**
- **Advancing Age (can lead to senility or general impairment)**
- **Behavioral Disorders**
- **Physical Impairment**

State Medical Society of Wisconsin, like societies in many other states, has developed a physician health program to provide confidential, compassionate assistance to physicians suffering from conditions that have the potential to progress to impairment. These programs also provide assistance to healthcare organizations through education, identification, assessment and intervention.

Become familiar with Stoughton Health's policy on "Impaired ~~Practitioners~~Providers" so you know what to do if you are ever confronted by a ~~Practitioner~~practitionerprovider that you have reason to believe is impaired. Keep in mind it is important for you to understand and maintain confidentiality.

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| Total changes  | 321 |

## /.POLICY & PROCEDURE

|   |                                 |                               |   |
|---|---------------------------------|-------------------------------|---|
| <br><b>STOUGHTON HEALTH</b><br><small>Creating Excellence Together</small> | Effective Date:<br>January 2019 | <b>Medical Staff Policies</b> |   |
|   | Original<br>X-Revision-1/2021   | Page 1 of 7                   | Title: Documentation Requirements for<br>the Medical Record |

### I. Purpose:

- A. To ensure the documentation in the medical record meets generally accepted professional standards of documentation, specifically mandated regulatory, legal and/or accrediting standards and complies with the documentation guidelines identified in the Medical Staff Rules and Regulations.
- B. The purposes of the Medical Record are:
  - 1. To serve as a detailed data base for planning patient care by all involved practitioners, nurses and ancillary personnel.
  - 2. To document the patient's visit type, medical evaluation, treatment and change in condition during the hospital stay for inpatient care, ambulatory care or emergency room/**urgent care** visit,
  - 3. To allow a determination as to what the patient's condition was at a specific time,
  - 4. To permit review of the diagnostic and therapeutic procedures performed and the patient's response to treatment,
  - 5. To assist in protecting the legal interest of the patient, hospital and practitioner responsible for the patient and to provide data for use in the areas of quality and resource management, billing, education, and research.
- C. All electronic health records will be completed and all encounters closed according to **Medical Staff Bylaws Rules and Regulations** and current prevailing standards of care. All non-electronic or paper records (charts) will be completed within thirty days according to Medical Staff Bylaws, Rules and Regulations. Records will be classified as delinquent if not completed in their entirety within thirty days after the patient's discharge. The attending practitioner shall be responsible for the preparation of a complete and legible medical record for each patient.

### II. Definitions:

- A. **HIM** – Health Information Management
- B. **EHR** - Electronic Health Record
- C. **Authentication** – The term “Authentication” means to establish authorship by written or electronic signature and shall consist of the practitioner's name and professional title indicating the professional credential.
- D. **Physician/Practitioner** – For the purposes of the policy, physician/practitioner includes physicians, dentists, and podiatrists, advanced practice nurses, physician assistants, and other credentialed practitioners who give orders, provide consultations and perform surgical procedures.

### III. Policy:

- A. It is the policy of Stoughton Health to establish a medical record of the patient that conveys a timely, meaningful and accurate description of the patient's clinical condition and in-hospital management and course of illness. The following documentation requirements have been developed for this purpose.
- B. A medical record is established and maintained for each patient who has been treated or evaluated at

Stoughton Health (SH). The medical record, including electronic data and medical imaging are the property of SH.

## IV. Procedural Documentation:

### A. General Requirements:

1. **Responsibility:** The attending physician is responsible for each patient's medical record. The medical record must identify who has primary responsibility for the care of the patient. Transfers of primary responsibility of the patient are not effective until documented in the clinical information system by the transferring physician and accepted on the clinical information system by the accepting physician. All clinical entries in the patient's record must be accurately dated, timed and individually authenticated by the responsible physician.
2. **Legibility:** All practitioner entries in the record must be legible, pertinent, complete and current. (Applicable to paper records only)
3. **Information from Outside Sources:** Health record information obtained on request from an outside source is placed in the medical record (in the appropriate media section of the EHR) and should be available to the professional staff treating the patient. This information will contain the source facility name/address. Results of examination (Laboratory and X-Ray) performed prior to admission of the patient to SH and that are required for or directly related to the admission are made a part of the patient's hospital record.
4. **Abbreviations:** Practitioners shall be responsible to use only approved symbols or abbreviations in the medical record. See Stoughton Health's policy 12.48 "Abbreviations – Do Not Use".
5. **Co-Signature /Authenticate Requirements:**
  - a. **Physician Assistants/Nurse Practitioners:** All documentation by the Physician Assistant/Nurse Practitioners will be co-signed / authenticated in a timely fashion by the supervising physician as required by hospital policy and/or state statute/regulation including admission History & Physicals, Discharge Summaries, and Emergency Department records.
6. **Confidentiality of Patients' Medical Records:** The medical records are confidential and protected by federal and state law (HIPAA). Medical record access to confidential materials by authorized individuals is only permissible when access is sought for patient care, payment, peer review, risk management, approved research, or other appropriate authorized activity. This requirement applies irrespective of the form in which confidential materials are maintained or stored and applies equally to information stored in hard copy form or electronically stored. In addition, Stoughton Health's safeguards patients' records against unauthorized disclosure and/or use, loss, defacement, and tampering. Unauthorized access or disclosure of confidential patient information or tampering, loss or defacement of medical records constitutes grounds for disciplinary action.  
**Passwords - All practitioners must maintain the confidentiality of passwords and may not disclose such passwords to anyone.**

### B. Medical Record Content

1. **Medical Record Documentation and Content:** The medical record must identify the patient, indicate the means in which the patient was treated (in person, video or telephone), support the diagnosis, justify the treatment, and document the course and response to treatment to facilitate continuity of care. The medical record is sufficiently detailed and organized to enable:
  - a. The responsible practitioner to provide continuing care, determine later what the patient's condition was at a specified time, and review diagnostic/therapeutic procedures performed and the patient's response to treatment.
  - b. A consultant to render an opinion after an examination of the patient and review of the health record.
  - c. Another practitioner to assume care of the patient at any time.

- d. Retrieval of pertinent information required for utilization review and/or quality assurance activities.

### C. DOCUMENTATION

1. **History & Physical:** A detailed history and physical examination shall be completed and documented within twenty four hours of admission. If the history and physical documentation has been completed within 7 days preceding a re-admission for a procedure or other ambulatory care, no addendum or validation is necessary. Similarly physical examinations may be used from the previous hospitalization provided the examination was within 30 days. Physical examinations may be accepted from a doctor's office if the examination was done within 30 days of admission and meets the standards as defined by hospital policy and procedure. In such cases, the attending physician must validate the physical examination in the medical record by noting that there are no significant findings or changes and signs and dates the report.
  - a. The Emergency Room documentation form shall not be used as a History and Physical.
  - b. A complete history and physical examination shall be present on the chart before any surgical procedure or the operation shall be canceled unless the attending surgeon indicates it is an emergency procedure.
  - c. A short H&P can be used for procedures using moderate sedation. No H&P is required for procedures using local sedation.
  - d. The following procedures must have an H&P:
    - i. Main OR procedures
    - ii. Ambulatory Surgeries
    - iii. Endoscopies
  - e. Histories and Physicals completed by a physician assistant or nurse practitioner will be co-signed by their supervising physician.
    - i. Responsibility for H&P – The attending medical staff member is responsible for the H&P, unless it was already performed by the admitting medical staff member. H&Ps performed prior to admission by a practitioner not on the medical staff are acceptable provided that they are updated timely by the attending physician. Dentists and podiatrists are responsible for the part of their patients' H&P that relates to dentistry or podiatry, the primary care provider is responsible for the medical history and physical.
  - f. Guidelines for H&P
    - i. Chief complaint
    - ii. History of the current illness, including, when appropriate, assessment of emotional, behavioral and social status
    - iii. Relevant past medical, family and/or social history appropriate to the patient's age.
    - iv. Review of body systems.
    - v. A list of current medications and dosages.
    - vi. Any known allergies including past medication reactions
    - vii. Existing co-morbid conditions
    - viii. Physical examination: current physical assessment
    - ix. Provisional diagnosis: statement of the conclusions or impressions drawn from the medical history and physical examination
    - x. Initial plan: Statement of the course of action planned for the patient while in the hospital.
2. **Operative Reports:**
  - A. Operative reports shall be dictated or documented immediately following surgery.
  - B. Guidelines for content of an Operative report include:
    1. Pre-operative diagnosis
    2. Post-operative diagnosis
    3. A detailed account of the findings
    4. Technical procedures used
    5. Specimens removed

- 6. Estimated blood loss
  - 7. Name of the primary performing practitioner and any assistants
  - 8. The full report must be documented immediately, as well as the recording of a post-operative progress note to be made available in the record after the procedure providing sufficient and pertinent information for use by any practitioner who is required to attend the patient.
- C. A post-operative progress note will be documented immediately after surgery to include the post op diagnosis, surgeon, estimated blood loss, specimen(s), and procedure done.
3. **Discharge/Death/Transfer Summaries:**
- a. A discharge summary shall be documented or dictated on all medical records within 30 days after the patient's discharge. This includes Inpatients, Geriatric Psychiatry Inpatients, Observation, Swing Bed, and Hospice. All summaries shall be authenticated by the responsible practitioner.
  - b. Physician assistants and nurse practitioners may dictate or document discharge or transfer summaries. These must be co-signed by the physician.
  - c. Transfer Summaries are to be documented or dictated at the time of transfer.
  - d. Documentation of Death - A death summary is required for all deaths regardless of length of stay and must be documented at the time of death but no later than 30 days thereafter by the responsible practitioner.
  - e. Guidelines for Discharge Summary
    - i. Reason for hospitalization
    - ii. Hospital course, including significant findings
    - iii. Procedures performed and treatment rendered
    - iv. Patient's condition on discharge (describing limitations)
    - v. Patients/Family instructions for continued care and/or follow-up
    - vi. Final Diagnosis
4. **Clinical Entries:**
- a. All clinical entries in the patient's medical record shall be accurately dated, timed and authenticated.
  - b. All verbal orders for treatment shall be authenticated by the responsible practitioner as mandated by state and federal regulations.
  - c. Physician assistants and nurse practitioner may enter orders including admission orders. Orders are required to be co-authenticated by the physician.
  - d. Progress notes should be documented or dictated with a frequency that reflects appropriate level of involvement of the attending physician. Daily notes are required except for Geriatric Psychiatry, Swing Bed and Hospice patients. Progress notes should describe not only the patient's condition, but also include response to therapy.
    - i. Admitting Note- The responsible provider must see the patient and document an admitting note (that justifies admission and determines the plan of treatment) within 24 hours of admission.
5. **Emergency Department/Urgent Care Reports:**
- a. An ER Record is required for all visits.
  - b. Ideally, records will be completed within one hour for all transfers and/or admissions and all other records completed within 24 hours.
  - c. Guidelines for Emergency Department Reports
    - i. Time and means of arrival
    - ii. Pertinent history of the illness or injury, including place of occurrence and physical findings including the patient's vital signs and emergency care given to the patient prior to arrival, and those conditions present on admission
    - iii. Clinical observations, including results of treatment
    - iv. Diagnostic impressions



- v. Condition of the patient on discharge or transfer
  - vi. Whether the patient left against medical advice
  - vii. The conclusions at the termination of treatment, including final diagnosis, final disposition, condition, and instructions for follow-up care, treatment and services
6. **Consultations:** A satisfactory consultation includes examination of the patient as well as review of medical record and should be documented or dictated within 24 hours. When operative procedures are involved, the consultation report shall be recorded prior to the operation (except in an emergency).
  7. **Final Diagnosis:** Final Diagnosis or a working diagnosis shall be recorded in full, dated, and signed by the responsible practitioner at the time of discharge of all patients.
  8. **Pre-Operative Anesthesia/Sedation Evaluation:** A pre-anesthesia/sedation evaluation must be conducted and documented by an individual qualified to administer anesthesia or conscious sedation within 48 hours prior to the procedure. A pre-anesthesia evaluation of the patient must include pertinent information relative to the choice of anesthesia and the procedure anticipated, pertinent previous drug history, other pertinent anesthetic experience, any potential anesthetic problems, American Society of Anesthesiologists (ASA) patient status classification, and orders for pre-op medication. Except in cases of emergency, this evaluation should be recorded prior to the patient's transfer to the operating area and before the pre-operative medication has been administered.
  9. **Intraoperative & Post Anesthesia/Sedation Record:**
    - a. An intraoperative anesthesia/sedation record will be maintained for each patient and include drugs/agents used, pertinent events during indications, maintenance of emergence from anesthesia/sedation, all other drugs, intravenous fluids and blood components given.
    - b. Documentation in the post anesthesia/sedation care unit includes the patient's level of consciousness upon entering and leaving the area, vital signs, and status of infusions, drains, tubes, catheters and surgical dressing (when used), unusual events or complications and management.
    - c. A post anesthesia/sedation evaluation for proper recovery of anesthesia/sedation must be completed and documented by an individual qualified to administer anesthesia/sedation within 48 hours after the procedure (inpatient) or prior to the patient being discharged from the Same Day Surgery Unit. The Patient may be transferred to SDS or Inpatient Unit by the PACU RN as long as the patient meets established discharge criteria as outlined in hospital P&P.
  10. **Informed Consent:** Except in emergencies, the medical record must contain an informed consent prior to any operative procedures. Informed consent includes documentation of discussion of risks and benefits and alternative treatment choices, documented by the provider.
  11. **Special Procedures:** EEGs, EKGs, treadmill stress tests, echocardiograms, tissue, medical imaging, and other special procedure reports will be interpreted and documented within 30 days of notice/communication to the physician or agent to inform the provider of the test completion.

#### D. **TIMELY COMPLETION**

1. **Complete Medical Record:** The Medical Record is not considered complete until all its essential elements are documented and authenticated, and all final diagnoses and any complications are recorded, consistent with this policy. No medical record shall be considered complete without fulfilling the documentation requirements except on order of the Medical Executive Committee.
2. **Timely Completion of Medical Record Documents:** All medical record documents shall be completed within time frames defined below:

| <b>Documentation</b>        | <b>Timeframe</b>  | <b>Exceptions</b>   |
|-----------------------------|---|---|
| Emergency Department Report | Documented within 24 hours of discharge/disposition from the Emergency Department                               | Transfers and Admits must be documented within one hour of disposition.   |
| Admitting Progress Note     | Documented within 24 hours of admission   |   |
| History & Physical          | Documented within 24 hours of admission   | <ul style="list-style-type: none"> <li>• Must be completed prior to surgery (unless emergency)</li> <li>• No H&amp;P needed for local anesthesia</li> </ul> |
| Consultation Reports        | Documented within 24 hours of consultation  |   |
| Post Op Progress Note       | Documented immediately post op.   |   |
| Provider Coding Query       | Documented response no later than 7 days post notification to the provider                                      |   |
| Operative Report            | Immediately after the procedure   |   |
| Special Procedures Report   | Documented within 24 hours of completion of procedure   |   |
| Discharge Summary Report    | Documented at the time of discharge/disposition but no later than 30 days post discharge                        |   |
| Transfer Summary            | Documented at the time of transfer  |   |
| Signatures                  | Authentication of transcribed or scanned reports and progress notes, within 30 days from the date of discharge. |   |
| Verbal Orders               | Dated, time and authentication as mandated by state and federal agencies.                                       |   |

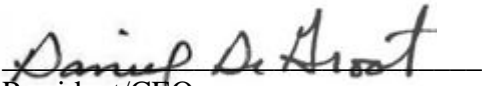
3. **Medical Record Deficiencies:** Physicians are advised of incomplete documentation via their Epic in-basket. The Health Information Management Department shall advise physicians by Inter-department Mail, U.S. Mail or Email of notice of incomplete medical records. Notice of Incomplete Records and/or Notice of Delinquent Records will be sent on a weekly basis. The notice will include a list of all incomplete and delinquent medical records.

**E. DELINQUENT RECORD NOTIFICATION PROCESS**

1. Notice of Delinquent Medical Records is generated for all deficiencies not completed within 30 days of discharge.
2. Notices are sent to providers on a weekly basis in one of three ways: Inter-departmental Mail, U.S. Mail, or Email.
3. A copy of the Notice of Delinquent Medical Records will be forwarded to the Medical Staff Credentialing office to be placed in the provider's credentialing file.
4. The Health Information Manager will report to Medical Care Evaluation (MCE) Committee providers with recurring delinquent record issues. MCE Committee will make recommendations to address the reported issues.

**V. COORDINATION**

President/CEO  
Chief of Staff  
Medical Staff Executive Committee


  
\_\_\_\_\_  
President/CEO

1/25/2021  
Date

\_\_\_\_\_  
Chief of Staff

Date

## POLICY & PROCEDURE

|  |                                     |                                    |   |
|--|-------------------------------------|------------------------------------|---|
|  <b>STOUGHTON<br/>HEALTH</b><br><i>Creating Excellence Together</i> | Effective Date:<br><b>July 2019</b> | <b>Medical Staff Policy Manual</b> |   |
|  | Original<br>X-Revision-1/2021       | Page $\frac{1}{7}$<br>of           | Title: Consent for Treatment or Procedure |

### I. PURPOSE:

The purpose of this policy is to define accountability for obtaining and documenting the patient's informed consent for a treatment or procedure.

### II. POLICY:

All competent adult patients have the right to make decisions regarding their treatment. In addition, they have the right to receive sufficient information in order to make informed decisions regarding their healthcare. The rights of minors and incompetent adults regarding informed consent will be exercised through their parents or legal representative. The doctor performing surgery or a procedure is responsible for obtaining the patient's informed consent prior to the surgery or procedure. In certain circumstances, the individual performing the procedure may be a registered nurse or other healthcare provider credentialed to perform the procedure (proceduralist). Proceduralists are also accountable for obtaining informed consent. Informed consent will be obtained and documented prior to all non-routine medical or surgical treatments and procedures, except in emergencies, including:

1. Major or minor surgery involving an entry into the body through either an incision or a natural body opening.
2. All procedures in which anesthesia or conscious sedation is used, regardless of whether an entry into the body is involved.
3. Non-surgical procedures/treatments that involve more than a slight risk of harm to the patient or that may cause a change in the patient's body structure.
4. Invasive forms of radiological therapy.
5. Administration of blood products.
6. HIV testing – please refer to HIV Testing Policy #13.01.
7. All other procedures the medical staff determines to require a specific explanation to the patient.

Any doubts as to the necessity of obtaining informed consent from the patient should be resolved in favor of procuring the consent.

Any procedure or treatment that is part of a research program or clinical trial would be under the oversight of the Institutional Review Board and will be subject to the policies/procedures and consent forms as deemed appropriate by the Institutional Review Board.

### III. PROCEDURE:

#### Elements of Informed Consent:

Obtaining informed consent is a process in which the doctor or proceduralist provides adequate information for the patient or patient's legal representative to make an informed decision about the recommended treatment, including surgery, procedures, and anesthesia/procedural sedation.

Specifically, ~~the doctor or proceduralist must disclose~~ **will document discussed elements of informed consent** significant medical information that the doctor or proceduralist believes is relevant and material to

the patient's informed decision about whether or not to proceed with the recommended treatment. This information should include all of the following:

1. The nature of the patient's condition;
2. The proposed treatment, available treatment alternatives, including no treatment;
3. The benefits of the proposed treatment, as well as frequently occurring and significant risks of the recommended treatment and alternatives, the likelihood of the patient achieving his or her treatment goals and any potential problems that might occur during recuperation;
4. The consequences of no treatment;
5. The individuals who will be providing treatment, including the role of residents, fellows, students, and others in providing the recommended treatment;
6. The patient or patient's legal representative should be given the opportunity to ask questions and receive additional information as requested;
7. The patient should be advised that it is not possible to predict or guarantee results.

#### **Documentation of Informed Consent**

1. The doctor or proceduralist must document the elements of informed consent in the patient's medical record;
2. The document titled "Consent Form" is a verification of informed consent and should be completed in all cases except where otherwise stated in this policy. This Consent Form is a verification that the informed consent process has occurred, and must be signed along with the date and time of signature, by both the patient and a witness.
3. No abbreviations: if abbreviations are utilized, the provider will be notified and a new consent form must be generated and witnessed;
4. If preoperative medication (sedation or pain medication) is to be administered, informed consent and verification of informed consent must be obtained prior to the administration of such medications.
5. If a competent patient is unable to sign but gives consent, the patient may be directed to make an "X" on the appropriate line; this signature proxy will be witnessed by two professionals;
6. Alterations to the Consent Form: Any alterations, deletions, or limitations to the consent provided by the patient/patient's legal representative should be documented on the Consent Form and initialed by the patient/patient's legal representative prior to the signing of the form. The Consent Form may not be altered once it has been signed. The doctor should be notified of any modifications to the Consent Form prior to performing the procedure/ treatment;
7. Refusal of Blood Products: Should a patient refuse to receive blood and blood components, the doctor must initial the appropriate section of the Consent Form.

#### **Certain recognized exceptions to informed consent include:**

1. **Medical Emergency.** A procedure which may otherwise require informed consent may be performed without obtaining informed consent in an emergency when the patient is incapacitated and cannot make an informed decision, AND the patient has a life or health-threatening situation requiring immediate treatment such that any delay in treatment would likely result in death, deterioration, or serious permanent impairment.
2. **Patient's Lack of Capacity to Consent.** Patient lacks the capacity to give consent. In these cases, suitable alternative procedures, including use of legal representatives and surrogates where

appropriate, should be initiated if no emergency exists. The attached guideline provides specific steps necessary when consent for HIV testing is required for an intubated and/or non-decisional patient.

3. **Patient is a Minor.** If the patient is under eighteen years of age and not otherwise emancipated, consent should be obtained and documented in the otherwise usual manner from the minor's parent or the minor's legal guardian/representative.

The specific facts and reasons the exception applies must be thoroughly documented in the medical record.

\*Please refer to Appendix A for additional information on consents in the cases of minors.

### **Duration of Informed Consent**

1. Informed consent may be considered to have continuing force and effect until the patient revokes the consent, or until circumstances change so as to materially affect the nature of, or the risks or benefits of, the procedure and/or the alternatives to the procedure to which the patient consented. For example, if a patient has been admitted for a specific treatment or procedure, the consent should be valid through the course of the admission unless the patient's condition or treatment changes significantly. In that event, the doctor or proceduralist should obtain a new informed consent.
2. Revocation. A patient may revoke consent verbally or in writing. This should be communicated to the patient's doctor and documented in the medical record.

### **Informed Consent for Continuing Therapy**

Informed consent shall generally be obtained before each new procedure above. However, patients in certain therapeutic programs involving a course of multiple treatments may consent to an entire course of routine therapy prior to the first treatment, and a single consent form may be signed for the entire course of treatment (not to exceed one year), if:

1. The entire course of treatment is disclosed, consented to, and documented in accordance with this policy, and
2. No material change occurs in:
  - a. the risks, benefits of an alternatives to the treatment;
  - b. the mode of treatment;
  - c. the patient's medical condition; or
  - d. the patient's capacity to consent; and
3. Patient does not revoke consent; and
4. Consent is re-obtained and re-documented at least annually.

Examples of therapeutic programs covered by this exception include, but are not limited to the following: chemotherapy, repetitive blood or blood products transfusions; peritoneal dialysis and hemodialysis; and plasmapheresis procedures.

### **Role of Healthcare Worker in the Informed Consent Process**

1. The treating doctor or proceduralist has the duty to disclose all information relevant to the patient's decision and to obtain the patient's informed consent. Regarding informed consent, it is the responsibility of the healthcare worker to witness the signature of the patient or legal representative/guardian giving consent. The healthcare worker should also verify with the patient that consent has been obtained by the doctor/proceduralist prior to the procedure or treatment.
2. In the event that informed consent has not been obtained or documented, the healthcare worker will contact the doctor who will complete the informed consent process, speak with the patient,

and/or provide specific documentation of the informed consent process which has previously taken place.

3. In circumstances where approved RN proceduralists are performing procedures requiring informed consent, they should obtain and document informed consent in compliance with the requirements of this policy.

**Verbal/Telephone Consent**

When verbal or telephone consent is necessary, two healthcare workers may witness the verbal/ telephone consent by the patient or the patient’s authorized legal representative.

Questions or concerns involving the ability of an individual to give informed consent may be referred to the CNO/VP of Patient Services or Associate VP of Patient Services, and/or Administrator on Call.

**General Consent for Treatment**

A general consent for routine treatment is obtained at admission (for inpatients) and pertains to elements of care such as physical examination, routine nursing care, administration of non-experimental drugs, routine x-rays and laboratory testing (excluding HIV testing). A general consent for routine treatment is considered valid for the duration of the current admission.

**1. REFERENCES:**

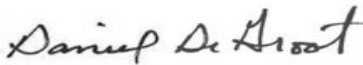
1. Wisconsin Medical Practice Act and Medical Examining Board Rules
2. Stoughton Health Patient Rights & Responsibility Policy
3. Wisconsin Statute § 48.375(2)(e); 48.979; 48.981(2m); 51.13, 51.14; 146.83 (1m); 252.11; 448.30
4. February 2018 Correspondence with Quarles and Brady Law Office – Sarah Coyne, AAL

**2. COORDINATION:**

**Owner:** ~~Associate~~ VP Patient Services/CNO

**Reviewed by:**

Administrative Council  
Medical Staff Executive Committee  
General Policy Review Committee  
Patient Safety Committee  
Risk Management



\_\_\_\_\_  
President/CEO

Date

\_\_\_\_\_  
Chief of Staff

Date

**VERIFICATION OF INFORMED CONSENT FOR SURGERY OR INVASIVE PROCEDURE**

**Patient Responsibility:**

- Please carefully read and complete both sides of this form before signing.

**STATEMENT OF CONSENT:**

1. I, (print patient's name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Agree that I will have the following procedure(s):

Procedure name (*include laterality, no abbreviations*)

If applicable:    RIGHT    LEFT        BILATERAL

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- At a Stoughton Health facility.

- The procedure will be done by Doctor \_\_\_\_\_

My doctor will have help from others, such as nurses, students, equipment company representative, other doctors and/or other personnel. Help could be opening or closing the wound, taking grafts, cutting out tissue, or implanting devices. My doctor implies the doctor doing the procedure.

2. I have talked to my doctor about my diagnosis/health problem.

3. My doctor told me the following about my procedure(s):

- What will be done;
- How it will be done;
- How it may help me;
- What the risks include, but not limited to: bleeding, infection, nerve damage, harmful effects from medicines (anesthesia), scars, poor cosmetic result, and other unexpected events, as well as the risk that the procedure(s) may not result in the preferred outcome(s);
- What other reasonable treatment or procedure choices I have (including risks and benefits of each); and
- What will likely happen if I do not have the procedure(s).

4. I agree that:

- I will ask questions when I do not understand;
- No one has promised me certain results;
- If it is best for me, my doctor may change the plan if other serious problems are found or occur during the procedure(s). I know this may include doing more or other treatments not written above. It also means, if I am having a “scope” procedure, it may need to be changed to an “open” procedure;
- I know that I will be given medicine to help me sleep, make parts of my body numb and/or help control my pain (anesthesia and/or sedation). The doctor giving me these medicines will explain to me the risks and possible problems that can happen. This doctor may have help from others, such as trained nurses, in giving me these medicines. I agree to the administration of local anesthesia, sedation and/or pain medication that my doctor or surgeon thinks is necessary to perform the procedure(s).
- If I have a “No Code” order, my doctor(s) will discuss, prior to my procedure, whether the “No Code” order will be maintained, modified, or suspended.



- My doctor may need to give me blood or blood products. If I am likely to need blood or blood products during or immediately after my procedure(s), my doctor has explained the risks of receiving blood/blood products, including the risk of infection. I have been told the potential risks of not getting blood products. I understand the risks and benefits and agree to get blood products if ordered.

\_\_\_\_\_ If patient DOES NOT agree to the use of blood products, doctor must initial here.

- Tissues or items removed from my body may be tested and then disposed of in a respectful way.
  - My procedure(s) may be photographed or videotaped for the purpose of future medicine, science or education, as long as my identity is not revealed. Photographs/images taken during the procedure(s) may be placed in the permanent patient record.
  - If I receive a medical device, I agree that my personal information, including my name, address, contact information, and Social Security number, may be given to the medical device manufacturer.
  - Any diseases or conditions that I have which are required by law to be reported to organizations such as state health departments or the Centers for Disease Control and Prevention will be reported.
5. I have discussed the procedure(s) with my doctor, and my questions have been answered in a way that I understand. I believe I have all the information I need to make an informed decision to have the procedure(s). If I have any special needs or instructions, I have told the doctor doing my procedure.
  6. I understand that I can change my mind at any time. If I do, I must tell my doctor or health care team member as soon as possible.
  7. I have read and fully understand this form, and all blanks or statements requiring completion were filled in before I signed.

X \_\_\_\_\_ / / \_\_\_\_\_  a.m.  p.m.  
 (Signature of Patient or Representative) (Printed Name) (Date) (Time)

X \_\_\_\_\_ / / \_\_\_\_\_  a.m.  p.m.  
 (Signature Translator/Reader) (Printed Name) (Date) (Time)

X \_\_\_\_\_ / / \_\_\_\_\_  a.m.  p.m.  
 (Signature of Witness\*) (Printed Name) (Date) (Time)

*Person verifying that the signature is that of the patient or the patient's representative and that this has been signed before the procedure.*

If Representative signs indicate authority to consent or relationship to Patient: \_\_\_\_\_

Reason Patient not able to sign: \_\_\_\_\_

\*Only required if patient signature not obtained by doctor or when telephone consent obtained.

NOTES:

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## Appendix A: Consent in the Case of Minors

Consent in the case of minors:

1. A “minor” is a person who has not attained the age of 18 years of age.
2. As a general rule, the consent of a parent or “guardian of the person” is required before medical treatment can be provided to a minor.
  - A parent may designate another person to serve as agent under a power of attorney for a minor child for a period not to exceed one year provided that all parents with legal custody have also signed the document. Such parental power of attorney designation must conform to the requirements of Wisconsin Statutes section 48.979.
3. Possible exception to the general rule in number 2 above is as follows (and should be reviewed with legal counsel as appropriate):
  - An older, mature minor who is capable of understanding the nature, extent, risks, and consequences of a proposed medical procedure may be deemed legally able to consent to the procedure, especially if the risk is low and the procedure is for the benefit of the minor rather than someone else. If the treatment is non-therapeutic, or is somewhat risky, it is inadvisable to rely on the mature minor’s consent alone.
4. An emancipated minor may give consent on his or her own behalf.
  - a) Generally, a minor is considered emancipated if the minor (a) is or has been married; (b) has previously given birth; or (c) has been freed from the care, custody, and control of his/her parents, with little likelihood of returning to the parents’ care, custody, and control prior to turning 18.
  - b) In extraordinary circumstances, a minor who does not meet the above definition may, nevertheless, be treated as “emancipated.” The following factors must be considered when determining whether the circumstances are extraordinary:
    - Whether the minor lives at home with a parent
    - Whether the minor is financially dependent on parents
    - Whether the minor is very close to the age of 18
    - Whether the minor is insured separately from either parent
    - Whether the minor has a history of decision making for his/her own medical care
5. If a life-threatening injury or illness exists and an emergency treatment is needed and a parent or guardian is unavailable, parental or guardian consent may be presumed. Whenever possible, the parent or Parental Representative should be contacted by telephone prior to the medical treatment to provide consent (and such consent should be documented). If prior consent is not obtained in an emergency, parental authorization should be obtained in writing as soon as practical after the medical treatment has been provided.
6. Minors may receive certain reproductive health services, including treatment for sexually transmitted diseases and pregnancy testing, without parental consent. **[NOTE: In general, Wisconsin Statute § 48.981 allows minors to obtain reproductive health services, including pregnancy testing, contraception, etc., without parental consent.]**
7. The Wisconsin Mental Health Act (Wis. Stat. §§ 51.13, 51.14) has special provisions governing mental health treatment.

- Executive Committee Meeting: Monday, June 27, 2022 at 7:30 a.m.



**Stoughton Hospital - Public Relations Board Report  
April-May 2022  
Prepared by: Laura Mays, Executive Director Foundation/PR Marketing**

**Highlights: ADVERTISING/MARKETING**

**Television**

**WKOW-Channel 27** – Fifteen sec. rotating spots on Wake Up WI, 11 am News, The View, & Rotators on Ortho shoulder talk, Vein Treatment, Blood Drive and Urgent Care and medication drop and customized knee talk on Mid-day WI monthly talk.

**WISC-Channel 3** – 15 sec. spots on early AM news, 4 & 10 pm news, Price is Right & AM Early Show focused on urgent care locations, vein treatment, blood drive and ortho shoulder.

**WMTV-Channel 15** – 15 second spots on Today Show, Kelly Clarkson, Rachael Ray, Tonight Show, 10 News, Jeopardy and Wheel of Fortune focused on urgent care, Blood Drive, leg vein treatment, and ortho shoulder talk. Additional spots on Weather Channel and 55 spots on CW network.

**Charter/Spectrum Cable** – Stoughton Health high frequency campaigns running with customized knee on Brewers, ortho shoulder talk, vein treatment urgent care and blood drive spots on BTN, News, HGTV, CNN, Lifetime, Oxygen, Golf Channel & other networks. Sponsor of News on the One Program and NBA playoffs with general branding, with testimonials and general Ortho spots featured.

**Fox 47** – 15 sec spots on 9 pm news, Big Bang Theory, Modern Family, Judge Judy, Sports Channels and Prime focused on urgent care, blood drive, vein treatment talk, Ortho shoulder talk and customized knee talk ads in Mid-May.

**TDS Cable** – 30 sec. TV spot during Bucks focused on orthopedics and GERD, Ortho general, urgent care and vein talk.

**Oregon Cable** – 15 sec. & 30 sec. updated TV spots and rotates multiple ads: Urgent Care, COVID-19 prevention, medical imaging, various insurances accepted, general surgery and ortho testimonials.

**Radio**

**WSJY/107.3** – 30 second spots on air and streaming promoting urgent care locations, SAFE Sitter and blood drive in April at CHWC and vein treatment, Ortho shoulder talk, customized knee and COVID vaccine confidence campaign.

**ESPN/100.5** – live mentions about customized knee, shoulder and GERD talks and paid spots running urgent care locations, blood drive spots, vein treatment, COVID vaccine campaign and Shoulder Ortho talk.

**WOLX/94.9** – 15 & 30 sec. spots on air and streaming promoting virtual visits, variety insurance plans accepted, April blood drive, urgent care locations, SAFE Sitter classes, vein treatment, customized knee, shoulder & COVID confidence campaign.

**Print**

- Press releases include: Advance Care Planning, Balance Class, Breast Recovery Retreat, Feb. Blood Drive, and other upcoming community education classes including GERD, Shoulder Ortho talk, yoga, and medicare 101
- McFarland Thistle Home Page takeover with multiple ads highlighting urgent care
- OrthoTeam Shoulder Pain Relief class in April and Urgent Care in May in *Madison Westside Neighbors* and *Lakeside* magazines
- Three Urgent Care locations highlighted in track and field meet program with McFarland, Oregon and Stoughton
- Madison Media Top Nurses with Stoughton Health RN Jen White
- 24,000 Pharmacy Bags printed at Forward Pharmacy with urgent care info on bags

**Leg Vein Treatment Options**

Whether suffering from painful varicose veins or bothersome spider veins, Stoughton Health's Board Certified General Surgeon, Dr. Aaron Schwaab, can help. Join Dr. Schwaab to learn about simple outpatient vein treatments that can alleviate varicose or spider veins.

**Tuesday, May 3rd, 2022 at 5:30 p.m.**

This free talk is being offered both online and in person at Stoughton Hospital in the Bryant Health Education Center, 900 Ridge Street, Stoughton.

To register, please go to [stoughtonhealth.com](http://stoughtonhealth.com) and click on "Classes & Events." Online participants will receive a class link (Zoom meeting) and call in phone number. In person attendance is limited to promote social distancing.

Questions? Please contact Taylor at (608) 877-3498.

*Please note this is an informational session, not intended to take the place of professional medical advice.*

**STOUGHTON HEALTH**  
Creating Excellence Together

[stoughtonhealth.com](http://stoughtonhealth.com)

**Putting the Urgent Back in Urgent Care**  
*Stoughton Health accepts Dean Health Plan, Quartz and many more insurance plans!*

|   |   |   |
|---|---|---|
| <b>McFarland Urgent Care Clinic</b><br>5614 US HWY 51<br>(608) 838-8242 | <b>Oregon Urgent Care Clinic</b><br>990 Janesville Street<br>(608) 835-5373 | <b>Stoughton Hospital Urgent Care</b><br>900 Ridge Street<br>(608) 873-6611 |
|---|---|---|

**STOUGHTON HEALTH**  
[stoughtonhealth.com](http://stoughtonhealth.com)

**Do These Symptoms Sound Familiar?**  
Heartburn · Regurgitation · Sore Throat  
Chest Pain · Belching · Asthma

[Learn More](#)

**GERD Relief...Ask for Stoughton Health**

**Putting the Urgent Back into Urgent Care**  
**Stoughton Health Urgent Care**

|   |   |   |
|---|---|---|
| <b>McFarland Urgent Care Clinic</b><br>5614 US HWY 51<br>(608) 838-8242 | <b>Oregon Urgent Care Clinic</b><br>990 Janesville Street<br>(608) 835-5373 | <b>Stoughton Hospital Urgent Care</b><br>900 Ridge Street<br>(608) 873-6611 |
|---|---|---|

**STOUGHTON HEALTH**  
[stoughtonhealth.com](http://stoughtonhealth.com)

- BRAVA article focused on GERD/Linx procedure
- Madison International Speedway ad to promote Urgent Care
- Multiple HR recruitment ads in various papers
- Wisconsin State Journal recruitment, COVID confidence, Leg Vein and Shoulder print ads



**Other**

- Billboard on Hwy N, 51 near BBG's and Hwy 14 focused on Urgent Care, Covid Vaccinations near Fire Dept. and Hwy 138 Nurses Week Celebration
- Continue work with website to continually update and review, automate event emails for reminders, evaluation and thank you for attending follow-ups
- Collaboration with HR to promote recruitment open house May 3rd
- Digital ad campaign focused on vein treatment with paid search of 18,234 impressions, 1,797 clicks, 9.86% CTR (ave. 5.68% across hospitals and clinics) targeted display with 63,638 impressions, 257 clicks, .40% CTR (natl ave. .05-.09) and 11,321 YouTube impressions with over 58.55% viewed in entirety and social media/facebook 12,091 impressions, 68 clicks, .56 CTR
- Urgent Care and ortho talk digital display ad and geo fencing fitness centers, Crazy Leg Run and events during April for 132,630 impressions, 210 clicks and CTR of .16%
- Multiple social media posts with focus on virtual classes, blood drive, foundation, community COVID-19 updates, Hospital Week, Nurses Week, testing and Human Resources driving likes from 2245 to 2260
- Update digital screens in hospital, update community benefit form, screen savers, rack cards and elevator flyers promoting education classes, hospital programs, community events & hospital services

**COMMUNITY HEALTH NEEDS ASSESSMENT/PLAN**

- Continue with Stoughton task force with education and training towards LGBTQ+, equity, & diversity
- Continued collaboration with JangoDX to provide COVID testing at CHWC
- Attend Community Networking Conference with approx. 40 attendees
- Stoughton Medication Med Drop and Disposal
- Mental Health First Aid Training May 17 & 18th
- Begin planning for June Diabetes Support Group
- Safe Sitter Class offered to address CHNA identified health issue injuries

**COMMUNITY EDUCATION CLASSES & EVENTS**

- 03/21 – Kula Yoga Gentle Twists to Get Unstuck – 32 registered, 32 attended
- 04/04 – Power of Attorney – 19 registered, 15 attended
- 04/06 – Yoga for Breast Cancer – 3 registered, series class
- 04/07 – Shoulder Pain Relief – 118 registered, 90 attended
- 04/09 – Safe Sitter – 8 registered, 8 attended
- 04/13 – StrongBodies – 9 registered, series class
- 04/20 – What is Reiki? – 19 registered, 13 attended
- 04/26 – Intermittent Fasting – 25 registered, 14 attended
- 04/28 – Pause Before You Post – 16 registered, 5 attended
- 05/02 – Advance Care Planning – 7 registered, 3 attended
- 05/03 – Leg Vein Treatment – 37 registered, 27 attended
- 05/05 – Medicare 101 – 8 registered, 3 attended
- 05/07 – Safe Sitter – 7 registered, 7 attended
- 05/09 – Kula Yoga Rise Up, Roots Down Yoga –
- 05/16 – StrongBodies – 22 registered,
- 05/17 – Safe@Home –
- 05/25 – Balancing Your Hormones –

**MENTAL HEALTH FIRST AID TRAINING**

Sometimes, first aid isn't a bandage, or CPR, or the Heimlich, or calling 911. Sometimes, the first aid is YOU.

Someone you know could be experiencing a mental illness or crisis. You can help them.

Mental Health First Aid teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self help care. Anyone can take the 8-hour Mental Health First Aid course – first responders, students, teachers, leaders of faith communities, human resources professionals, and caring citizens.

Take the course, save a life, strengthen your community.



Dates: May 17th & 18th, 6-9pm  
Where: Virtual  
Training Sponsored by: Stoughton Wellness Coalition  
To Register - Contact: Teressa Pellet tpellet.lawc@gmail.com (608) 212-0885

**Balancing Your Hormones through Stress Management**



In this class Amy Crull, Certified Integrative Health Coach with an emphasis in Hormone Health, will provide various foods, lifestyle modifications, testing options, supplements, and stress management techniques to support hormonal health.

Wednesday, May 25, 2022  
Noon to 1 p.m.

To register for this free online workshop, please go to stoughtonhealth.com and click on "Classes & Events." Participants will receive a class link (Zoom meeting) and call-in phone number.

Questions? Please contact Taylor at (608) 877-3498.



stoughtonhealth.com

**Pause Before You Post: Teen Technology Use and Misuse**



Justin W. Patchin, Ph.D., Co-director, Cyberbullying Research Center at the University of Wisconsin-Eau Claire, will share some of the risks associated with putting too much personal information on social networking websites like Snapchat, Instagram, and Twitter. He will also discuss the importance of managing one's online reputation and digital tattoo.

After attending the session, participants will be able to:

- Explain to youth the possible consequences of posting personal information online
- Understand the particular concerns with posting explicit images online (e.g., sexting)
- Instill in youth the importance of developing a positive online reputation

Thursday, April 28th at 6:30 p.m.

To register for this free online workshop, please go to stoughtonhealth.com and click on "Classes & Events." Participants will receive a class link (Zoom meeting) and call-in phone number.

Questions? Please contact Taylor at (608) 877-3498.



**BUSINESS DEVELOPMENT, PUBLIC RELATIONS & FOUNDATION**

- Business After 5 in Oregon at Thyse with approx. 20 other attendees
- Provide books for Girls 2 Girls on resiliency to improve mental health
- Met with McFarland Library to begin preparation for Couch to 5k
- 4/15/22 – Blood Drive with 48 donors and 51 units donated
- 4/21/22 – Stoughton Community Expo with approximately 300 in attendance; blood pressure screenings provided
- 4/22 – Donate Life Recognition
- 5/3/22 – Brooklyn Business Fair with approx. 50 attendees
- 5/6/22 – Annual Celebration Event for Stoughton Wellness Coalition with approx. 25 in attendance
- 5/7/22 – Oregon Safety Days with promotion of rehab and urgent care services
- 5/13 – 5/15 – Syttende Mai participation
- 5/17/22 – 5/24 – McFarland, Oregon and Cottage Grove Golf Outing
- Continue meetings with school, city, police and Stoughton chamber



**FOUNDATION**

- Completed grant request to Aldi’s for a supermarket nutrition tour with dietitian to identify healthy eating and label reading in grocery stores
- Completed and received google ad grant request for advertising
- March Match running March 15<sup>th</sup> – April 4<sup>th</sup> in partnership with Tricor, Quartz and Dean Health, over \$21k raised
- Just Desserts April 12<sup>th</sup> Foundation and Hospital joint update celebration with 69 in attendance
- Yoga for breast cancer patients -3 signed up
- Received 10k Main Street Bounceback Grant material for McFarland Urgent Care Clinic
- Update of digital screens in lobby, communication boards and Daily Dose
- Met with Ad Hoc Committee to develop updated Strategic Plan, Mission, Vision and Values
- Preparation for upcoming June Community Walk and September Golf Outing



\*Attend Oregon Area Wellness Coalition, Stoughton Wellness Coalition, Joining Forces for Families, Partners, McFarland Library, Oregon Chamber Board, and area Chamber meetings and correspondence with Cottage Grove, Oregon, Stoughton, Evansville, McFarland, and Brooklyn.

## BLOOD DRIVE

[BLOODCENTER.ORG](http://BLOODCENTER.ORG)


**STOUGHTON HEALTH**

**Friday, April 15** 8:00am – 1:00pm


**In the Bryant Center at Stoughton Health**  
(900 Ridge St., Stoughton)

**MASKS AND APPOINTMENTS ARE REQUIRED.**

**To schedule, please scan the QR code or call Sharee at 800-747-5401 x4128.**



GIVE & GET A GIFT CARD + A TREE PLANTED IN YOUR NAME!



SCAN ME!

Please eat before donating and bring photo ID  
Last Date to Donate Elsewhere: 02/18/2022  
Group Sponsor Code: 3643

**ImpactLife**

### Yoga for Breast Cancer



When you're in recovery or treatment for breast cancer, the medication and treatments may come with many side effects that can take an unwanted toll on your body and spirit. As your treatment progresses, you may need to add activities and exercise that will benefit you both physically and emotionally.

Join this class to re-center your mind and build strength and flexibility in your body. Suzanne Larsen is a certified yoga teacher with over 20 years experience working with a wide variety of populations. She is currently pursuing advanced therapeutic yoga accreditation.


**April 6th, April 20th, May 4th and May 18th**  
10 to 11 a.m.

**Community Health & Wellness Center**  
3162 County Road B, Stoughton

To register, please go to [stoughtonhealth.com](http://stoughtonhealth.com) and click on "Classes & Events." The cost is \$20. Financial assistance is available. Questions? Please contact Taylor at (608) 877-3498.



[stoughtonhealth.com](http://stoughtonhealth.com) 




The Stoughton Wellness Coalition cordially invites you to our

## Celebration of Successes

May 6th  
8:30 - 10:00 am  
Location: Stoughton Fire Department Training Room, 401 E. Main Street.

Please join us to celebrate the accomplishments for the past year and enjoy breakfast! Please R.S.V.P. to Teressa Pellett at [tpellett.swc@gmail.com](mailto:tpellett.swc@gmail.com) or (608) 212-0865 by May 2nd. If you can't join in person, a zoom link will also be available.



A) One Year Appointments:

- 1) Mark Belligan, PA-C, Emergency Med PA, SWEA AHP
- 2) Christina Blake, NP, Tele psych, ITP, AHP
- 3) Amanda Boone, MD, Hospital Medicine, Beam, Active
- 4) Sherifat Forcey, NP NP-Tele psych ITP, AHP
- 5) Janice Hesler, NP NP-Tele psych ITP, AHP
- 6) Mitch Hoopes, CRNA, Anesthesia, Sto Health, AHP
- 7) Christina Hughey, MD, Hospital Medicine, Beam, Active
- 8) Frank Italiano, MD, Pulmonary Med., Beam, Active
- 9) Brian Martinson, PA-C, Emergency Med., PA, SWEA, AHP
- 10) Constance Morrison, NP, Tele psych, ITP, AHP
- 11) Andrea Rock, MD, Pediatric Cardiology, SSM Health, Courtesy
- 12) Marc Romano, NP, Tele psych, ITP, AHP
- 13) Ryan Smith MD, Hospital Medicine, Beam, Active
- 14) Cassandra Sung, MD, Pediatric Cardiology, SSM Health, Courtesy
- 15) Thomas Teelin, MD, Cardiology, UW, Courtesy
- 16) Nerine Vincent, MD, Infectious Disease, Beam, Active

Flagged Files: None at this time

B) Two Year Re-Appointments (Expedited Privileges=\*)

- 1) Kashif Ali, MD, Orthopedic Surgery, SSM Health, Active\*
- 2) Kierstyn Block, PA-C, Plastic Surgery PA-C, SSM Health, AHP\*
- 3) Steven Diebold, MD, Emergency Med, SWEA, Active\*
- 4) Kimberly Moreland, NP, Family Medicine, UnityPoint Health, AHP\*
- 5) Feras Mossa Basha, MD, Radiology, Mad Radiology, Courtesy\*
- 6) Ryan O'Neill, PA-C, Ortho PA-C, SSM Health, AHP\*
- 7) Liova Rivera, MD, Emergency Med, SWEA, Active\*
- 8) Brian Keyes, DO, Orthopedic Surgery, SSM Health, Active\*
- 9) Shawn Wilson, MD, Emergency Med, SWEA, Active\*
- 10) Stephanie Schoch, PA-C, Emergency Med PA, SWEA, AHP
- 11) Sara Shapiro, PA-C, Emergency Med PA, SWEA, AHP
- 12) Kraig Squires, PA-C, Emergency Med PA, SWEA, AHP
- 13) Stephen Boorstein, MD, Ophthalmology, SSM Health, Active
- 14) Timothy Crummy, MD, Radiology, Mad Radiology, Courtesy
- 15) Eugene Kaji, MD, Cardiology, Sto Health, Courtesy
- 16) Barrett Kenny, MD, Cardiology, UW Health, Courtesy
- 17) Ahsan Khalid, MD, Internal Medicine, UW Health, Courtesy
- 18) Douglas Kitchin, MD, Radiology, Mad Radiology, Courtesy
- 19) Alexander Lee, MD, Hospital Medicine, Beam, Active
- 20) Mark Menet, MD, Hospital Medicine, Beam, Active
- 21) Harry Scholtz, DO, Hospital Med/Infectious Disease, Beam, Active
- 22) Charlie Smith, CRNA, Anesthesia, Sto Health, AHP
- 23) Daniel Staddler, MD, Family Medicine, SSM Health, Courtesy
- 24) Dylan Stanfield, MD, Hospital Medicine, Beam, Active
- 25) Charles Stone, MD, Cardiology, UW, Courtesy

Flagged Files: None at this time