

Stoughton Hospital Association Governing Board

Wednesday, July 27, 2022 | 7:15 a.m. – 9:00 a.m.

Zoom Link: <https://us06web.zoom.us/j/82174257806?pwd=Mkl0O2krR3k0aUpaYzJTTVZkO0Jmdz09>

Phone: 312.626.6799 | Meeting ID: 821 7425 7806 | Password: 116768 (*use phone if no Zoom capability*)

Governing Board Members

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

Item #	Agenda	Time
I.	Call to Order (Tom Fendrick)	7:15 a.m.
A II.	Review Minutes of May 20, 2022 Governing Board Meeting – (<i>See Attached</i>) (Tom Fendrick)	
III.	Board Education: What’s New in Rehab Implementation of Remote Therapeutic Monitoring (RTM) in Rehab Department	
IV.	Old Business A) COVID Updates (Amy Hermes)	
V.	New Business A) Master Facility Plan Updates (Teresa Lindfors/Dan DeGroot) <ul style="list-style-type: none">Master Campus Medical Office Building (MOB) Expansion Timeline (Dan DeGroot) – (<i>See Attached</i>)	
VI.	SSM Updates (Margo Francisco/Matt Kinsella)	
VII.	Committee Updates A) Executive Committee (Tom Fendrick) <ul style="list-style-type: none">Next meeting: August 22, 2022 B) Finance Committee (Steve Staton) – (<i>See Attached</i>)	
A	<ul style="list-style-type: none">Approval of June 27, 2022 Finance Committee Meeting MinutesNext meeting: August 26, 2022	

Item #	Agenda	Time
A	C) Nominating Committee (Donna Olson) – <i>(See Attached)</i> <ul style="list-style-type: none"> • Appointment of Sue Vanderbilt, Class III Director 	
A	D) Bylaws Committee (Nick Probst) – <i>(See Attached)</i> <ul style="list-style-type: none"> • Approval of June 22, 2022 Bylaws Committee Meeting Minutes 	
VIII.	Administration Team Updates (Dan DeGroot, Michelle Abey, Teresa Lindfors, Amy Hermes, Chris Schmitz, Mary Hermes, Laura Mays)	
A	A) CEO Summary Report (Dan DeGroot) – <i>(See Attached)</i> <ol style="list-style-type: none"> 1. Proposed Board Committee Structure 	
A	B) CFO Summary Report (Michelle Abey) – <i>(See Attached)</i> <ol style="list-style-type: none"> 1. June 2022 Financial Statements 2. Quarterly Compliance Report 3. Capital Requests: <ul style="list-style-type: none"> • Razing of House Properties • Boiler Burner Replacement 	
	C) Chief Strategy and Business Development Officer Summary Report (Teresa Lindfors) <ol style="list-style-type: none"> 1. Growth Updates 	
A	D) CNO Summary Report (Amy Hermes) – <i>(See Attached)</i> <ol style="list-style-type: none"> 1. Quality/Safety Consent Agenda <ul style="list-style-type: none"> • MCE Meeting Minutes – May and June 2022 • MEC Meeting Minutes – July 2022 • Report Cards <ul style="list-style-type: none"> ○ Quality Safety Report Card – Q2 FY2022 ○ Quality Safety Report Card – P4P – Q2 FY2022 ○ Balanced Score Card – Q2 FY2022 ○ DVC Hospital Scorecard – May 2022 • CI Council Updates <ul style="list-style-type: none"> ○ CI Council Minutes – May and June, 2022 ○ CI Council Dashboards: <ul style="list-style-type: none"> ▪ Cohort B – May 2022 ▪ Cohort A – June 2022 • Patient Safety 	

Item #	Agenda	Time
	<ul style="list-style-type: none"> ○ Patient Safety Minutes – May 2022 ● Infection Prevention <ul style="list-style-type: none"> ○ Infection Prevention Minutes – May 2022 ○ Risk Assessment/ Program Goals/ Infection Prevention Dashboard ● Medical Staff Policies <ul style="list-style-type: none"> ○ Allied Health Professional Orders Policy ○ EMTALA Compliance Policy ● 2021 Annual Medical Equipment Reports <ul style="list-style-type: none"> ○ Security ○ Life Safety/Fire Prevention ○ Hazardous Materials and Wastes ○ Safety ○ Utilities Systems ○ Medical Equipment 	
	E) VP, HR, Campus Planning, Operational Support Services Summary Report (Chris Schmitz)	
A	<ol style="list-style-type: none"> 1. 403b Plan Amendment (<i>See Attached</i>) 2. HR/Facilities Update 	
	F) Director, Engagement and Experience Summary (Mary Hermes)	
	<ol style="list-style-type: none"> 1. Get to Know Me 2. Long Term Goals 3. Current Action Steps 	
	G) Foundation/Marketing/PR/Business Development Director Summary Report (Laura Mays) – (<i>See Attached</i>)	
	<ol style="list-style-type: none"> 1. Fundraising/Events 2. Foundation Dashboard 3. PR Report 4. Breast Screening Marketing Plan 	
A	IX. Chief of Staff Report (<i>See Attached</i>) (Dr. Aaron Schwaab)	
	A) One Year Appointments:	
	<ol style="list-style-type: none"> 1. Sophie Cowan, MD, Radiology, Madison Radiology, Courtesy 2. Ryan Peirce, MD, Radiology, Madison Radiology, Courtesy 3. Lisa Roller, MD, Radiology, Madison Radiology, Courtesy 	

Item #	Agenda	Time
	<ol style="list-style-type: none"> 4. Eric Schackmuth, MD, Radiology, Madison Radiology, Courtesy 5. Margaret Greco, MD, Pediatric Cardiology, UW Health, Courtesy 6. Joseph Bellissimo, MD, Cardiology, UW Health, Courtesy 7. Dustin Hillerson, MD, Cardiology, UW Health, Courtesy 8. Jaya Krishna, MD, Cardiology, UW Health, Courtesy 9. Todd Noreuil, MD, Cardiology, UW Health, Courtesy <p>Flagged Files: None at this time</p>	
	<p>B) Two Year Re-Appointments:</p> <ol style="list-style-type: none"> 1) Ryan Arthur, MD, Emergency Medicine, SWEA, Active 2) Doris Vargas, PA-C, Emergency Medicine, SWEA, Allied Health Professional 3) Adam Tierney, MD, Urology, SSM Health, Courtesy 4) Britney Bries, DMD, Dentistry, Children’s Dental Center of Madison, Dental 5) Frank Jung, MD, Cardiology, SSM Health, Courtesy 6) John Flickinger, MD, Pathology, Associated Pathology, Courtesy 7) Molly Gurney, MD, Pathology, Associated Pathology, Courtesy 8) Daniel Hoerl, MD, Pathology, Associated Pathology, Courtesy 9) Gabriela Rosa, MD, Pathology, Associated Pathology, Courtesy 10) Mary Beth Schneider, CRNA, Anesthesia, Stoughton Health, Allied Health Professional 11) Dolores Vetter, PhD, Psychology, Independent, Allied Health Professional 12) Adam Coughlin, MD, ENT, SSM Health, Active 13) Colin Graney, DPM, Podiatry, Independent, Active 14) Matthew Niesen, MD, Orthopedic Surgeon, SSM Health, Active 15) Nisheeth Rai, DO, Hospital Medicine, Beam Healthcare, Active 16) Muhammad Saleem, MD, Hospital Medicine, Beam Healthcare, Active 17) Ajai Shreevatsa, MD, Hospital Medicine, Beam Healthcare, Active 18) Joseph Crisalli, MD, Sleep Medicine, SSM Health, Courtesy 19) Thanh Tran, MD, Emergency Medicine, SWEA, Active 20) Laura Stolcpart, MD, Family Medicine, SSM Health, Courtesy 21) Laura Ballweg, NP, Hospice NP, Heartland Hospice, Allied Health Professional <p>Flagged Files: None at this time</p>	
X.	Adjourn	9:00 a.m.

Upcoming Meetings:

- Executive Committee Meeting: Monday, August 22, 2022 at 7:30 a.m.
- Finance Committee Meeting: Friday, August 26, 2022 at 7:30 a.m.

- Governing Board Meeting: Wednesday, September 28, 2022 at 7:15 a.m.

Note:

- A = Item requiring a Board/Committee Action, Approval, Recommendation or Acceptance
- R = Item requiring a formal Board Resolution

MISSION

The mission of Stoughton Hospital is to provide safe, quality health care with exceptional personalized service.

VISION

We grow to meet the changing needs of the communities we serve and become their health partner of choice.

VALUES

Our patients and community are our number one priority.

Stoughton Hospital Association Governing Board

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

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

Meeting Location: Linwood Ballroom (Lower Level)

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

Absent: Steve Staton

Item #	Agenda	Time
I.	Call to Order (Tom Fendrick)	9:00 a.m.
	Mr. Fendrick called the May 20, 2022 Governing Board meeting to order at 9:03 a.m.	
A II.	Review Minutes of March 23, 2022 Governing Board Meeting (Tom Fendrick)	
	Mr. Fendrick requested a motion to approve capital expenditures (not to exceed \$100,000) related to the shoulder specialty program, which was presented by Dr. Rawal during the March 23, 2022 Governing Board meeting. Due to a conflict of interest, Dr. Rawal refrained from voting on this program.	
	<i>Action: Ms. Olson made a motion to approve the unbudgeted capital investment for shoulder program equipment not to exceed \$100,000. Mr. Rusch seconded the motion. Motion carried.</i>	
	Mr. Fendrick requested a motion to approve amended March 23, 2022 Governing Board Meeting Minutes.	
	<i>Action: Ms. Francisco made a motion to approve the amended March 23, 2022 Governing Board Meeting Minutes. Mr. Kruser seconded the motion. Motion carried.</i>	
III.	Old Business	
	A) COVID Updates (Amy Hermes)	

Item #	Agenda	Time
	Ms. Hermes shared Stoughton Health continues to see an increase in positive COVID cases.	
IV.	New Business	
	A) Master Facility Plan Updates (Chris Schmitz/Teresa Lindfors)	
	Mr. Schmitz shared Stoughton Health has acquired the last remaining property on Lynn Street and closing on the purchase took place May 13, 2022. He added next steps are razing three remaining homes in summer/fall.	
	B) David Locke Resignation (Dan DeGroot)	
	Mr. DeGroot shared news of Mr. David Locke’s recent resignation from the Stoughton Health Governing Board. He noted Mr. Locke was having difficulty connecting virtually to Board meetings, and added Mr. Locke and his wife plan on moving to Florida.	
V.	SSM Updates (Margo Francisco)	
	Ms. Francisco provided a SSM Health update and shared their south Madison campus opened in February. Mr. Kinsella added economic hard-winds came hard and fast and with inflation in the double digits, revenues are not keeping up with the same pace. He also noted they are experiencing acute shortages on various items.	
VI.	Committee Updates	
	A) Finance Committee (Steve Staton/Michelle Abey)	
A	<ul style="list-style-type: none"> Approval of April 22, 2022 Finance Committee Meeting Minutes 	
	<p><i>Action: Mr. Krentz made a motion to approve the April 22, 2022 Finance Committee Meeting Minutes. Ms. Francisco seconded the motion. Motion carried.</i></p>	
	<ul style="list-style-type: none"> Next meeting – June 27, 2022 	
	B) Executive Committee (Tom Fendrick)	
	<ul style="list-style-type: none"> Next meeting: July 13, 2022 	
VII.	Administration Team Updates (Dan DeGroot, Michelle Abey, Teresa Lindfors, Amy Hermes, Chris Schmitz, and Laura Mays)	
	A) CEO Summary Report (Dan DeGroot)	

1. Workforce Development Program
2. ITP / Embrace Health

Mr. DeGroot shared plans of developing a Workforce Development Program to support staff educational needs. Dr. Schwaab asked if this applies to staff in current roles and Mr. DeGroot confirmed it would apply. Mr. DeGroot also shared information on securing services through Embrace Health to provide an additional mental health resource to staff.

B) CFO Summary Report (Michelle Abey)

A

1. April 2022 Financial Statements

Ms. Abey provided a brief overview of April 2022 Financial Statements which can be found in the May 20, 2022 Governing Board packet. She shared April operating income was \$856,699, exceeding budget of \$338,962 by \$517,737. Ms. Abey shared this is primarily due to strong days cash on hand (over budget by 376 days) adding this was predicted end of FY2021 due to expected repayment of CMS Medicare Advanced Payments (to date, \$3.1M of \$5.8M has been repaid). Ms. Abey added we continue to see estimated third party payer settlements increase (\$933,000 in first seven months of FY2022).

Ms. Abey stated outpatient gross revenues continue to track ahead of April 2022 budget, specifically due to Medical Imaging (approximately \$391,000) and Emergency Room including Urgent Care in Stoughton and McFarland (approximately \$621,000). Ms. Abey noted Surgical Services also provided 9 more procedures than budgeted.

Finally, Ms. Abey shared salaries on the expense side were higher than budget mainly due to implementation of the 5% wage increase for staff as well as increased volumes which resulted in the need for additional staff to care for those patients. She also provided a brief overview of May 2022 financials to date.

Action: Mr. Kinsella made a motion to approve the April 2022 Financial Statements. Mr. Kruser seconded the motion. Motion carried.

A

2. Hospital Rate Increase

Ms. Abey shared her proposal for a hospital rate increase and noted information was obtained from WHA's website in the Wisconsin

hospital rate increases section. Ms. Abey recommended approval of a 4% rate increase effective October 1, 2022.

Action: Ms. Francisco made a motion to approve the 4% rate increase effective October 1, 2022. Mr. Kinsella seconded the motion. Motion carried.

3. Capital Requests

- Roof Replacements
 - 1975 Building: \$170,916
 - 2000 Building: \$400,584

Mr. Schmitz presented a capital request to replace roofs on the 1975 and 2000 buildings. He stated \$410,800 was initially budgeted for FY2022 during the capital budgeting process. However, this was based upon quotes obtained in summer 2021 and due to changes in market conditions, the cost for replacement has increased substantially (1975 building: \$170,916 | 2000 building: \$400,584). Mr. Schmitz noted the 8-9 month lead time includes \$87,300 due to anticipated escalation of pricing (price based on installation and not purchase date).

Action: Mr. Rusch made a motion to approve the capital request for replacing both roofs (1975 and 2000 buildings) not to exceed \$600,000. Dr. Schwaab seconded the motion. Motion carried.

Mr. Schmitz added this does not include the additional fourth floor roof on top of the elevator tower.

C) Chief Strategy and Business Development Officer Summary Report
(Teresa Lindfors)

1. Shoulder Service Center of Excellence
2. Breast Center of Excellence
3. Growth of Health Services
4. McFarland Urgent Care Update

Ms. Lindfors provided a status update on the Shoulder Service Center of Excellence. She shared two of three capital items have been purchased and the first planning meeting has taken place with processes and action plans put into effect (full implementation expected by fall 2022). Ms. Lindfors added Dr. Rawal will meet in early June to review the educational side of the program.

Ms. Lindfors shared an update on breast care services and noted plans to start the program by initially offering free counseling and

screenings to the Stoughton community and primary service area. Dr. Schwaab stated a new computer modeled breast cancer risk assessment would be rolled out and based on those guidelines, all women over 25 should receive formal risk assessments. The risk assessment will determine five-year and lifetime risks of breast cancer and Dr. Schwaab noted there are no other primary care physicians in the area who formally offer these screenings. Mr. DeGroot shared his desire to have one phone number to call for these services and Ms. Lindfors stated she and Ms. Mays would develop a plan. Mr. DeGroot added additional details of this program may be brought back to the Governing Board in order to provide clarity for when they discuss with the public.

Ms. Lindfors provided a general service line update and noted teams are working collaboratively to return all service line volumes to pre-COVID levels. Finally, Ms. Lindfors shared a McFarland Urgent Care update and noted May volumes are averaging 15 patients per day (meeting target), with 41% of these patients being “new to Stoughton Health”.

D) CNO Summary Report (Amy Hermes)

1. MCE Meeting Minutes – March 2022 and April 2022
(Dr. Aaron Schwaab)

Dr. Schwaab provided a brief overview of March and April 2022 MCE Meeting Minutes and noted there were no significant issues identified during these meetings.

2. MEC Meeting Minutes – May 2022
(Dr. Aaron Schwaab)

Dr. Schwaab provided a brief overview of May 2022 MEC Meeting Minutes. He noted EMTALA compliance and Allied Health policies were temporarily tabled. Ms. Hermes needs to conduct further analysis due to recent changes in legislation and how it affects and/or aligns with Stoughton Health Medical Staff By-Laws.

Action: Ms. Francisco made a motion to approve March and April 2022 MCE Meeting Minutes | May 2022 MEC Meeting Minutes. Mr. Probst seconded the motion. Motion carried.

3. Quality/Safety Report Cards
 - Report Cards
 - Quality Safety Report Card – *No new reports at this time*
 - Quality Safety Report Card – *No new reports at this time*

- Balanced Score Card – *No new reports at this time*

- Patient Satisfaction Rankings (CY2022)
 - Providers
 - Departments

4. CI Council Updates
 - CI Council Minutes – March 2022, April 2022
 - April 2022 Dashboard – Cohort A
 - 2022 CI Council Project Completion

Action: Dr. Rawal made a motion to approve March and April 2022 CI Council Meeting Minutes. Mr. Rusch seconded the motion. Motion carried.

5. Patient Safety Committee
 - Patient Safety Committee Meeting Minutes – March 2022

Action: Ms. Francisco made a motion to approve March 2022 Patient Safety Committee Meeting Minutes. Mr. Kruser seconded the motion. Motion carried.

6. Infection Prevention Committee
 - Infection Prevention Meeting Minutes – March 2022

Action: Mr. Kinsella made a motion to approve March 2022 Infection Prevention Meeting Minutes. Mr. Probst seconded the motion. Motion carried.

7. Medical Staff Policies
 - Impaired Practitioner Policy – red line
 - Documentation Requirements for Medical Records
 - Consent for Treatment or Procedure
 - Sentinel and Serious Events

Action: Mr. Kruser made a motion to approve updated medical staff policies. Ms. Francisco seconded the motion. Motion carried.

- E) VP, HR, Campus Planning, Operational Support Services Summary Report (Chris Schmitz)
 1. Operations Update – Workforce Management
 2. Intranet Update
 3. HR and Campus Projects

Mr. Schmitz shared a brief update on hospital operations and workforce management (turnover: 19% | new hire turnover: 26%). He also shared information on the new intranet project and added completion expected over next three months.

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

Ms. Mays provided a brief overview of the Foundation dashboard and noted there are four months remaining in FY2022 for donations. Ms. Mays added the 2022 March Match fundraiser saw the most successful year yet, and also reminded Governing Board members to sign up for the upcoming Community Walk in June.

- A VIII. G) Chief of Staff Report
(Dr. Aaron Schwaab)

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

Action: Mr. Rusch made a motion to approve One-Year Appointments. Mr. Kinsella seconded the motion. Motion carried.

- B) Two Year Re-Appointments:
-

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

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

IX. Adjourn

11:00 a.m.

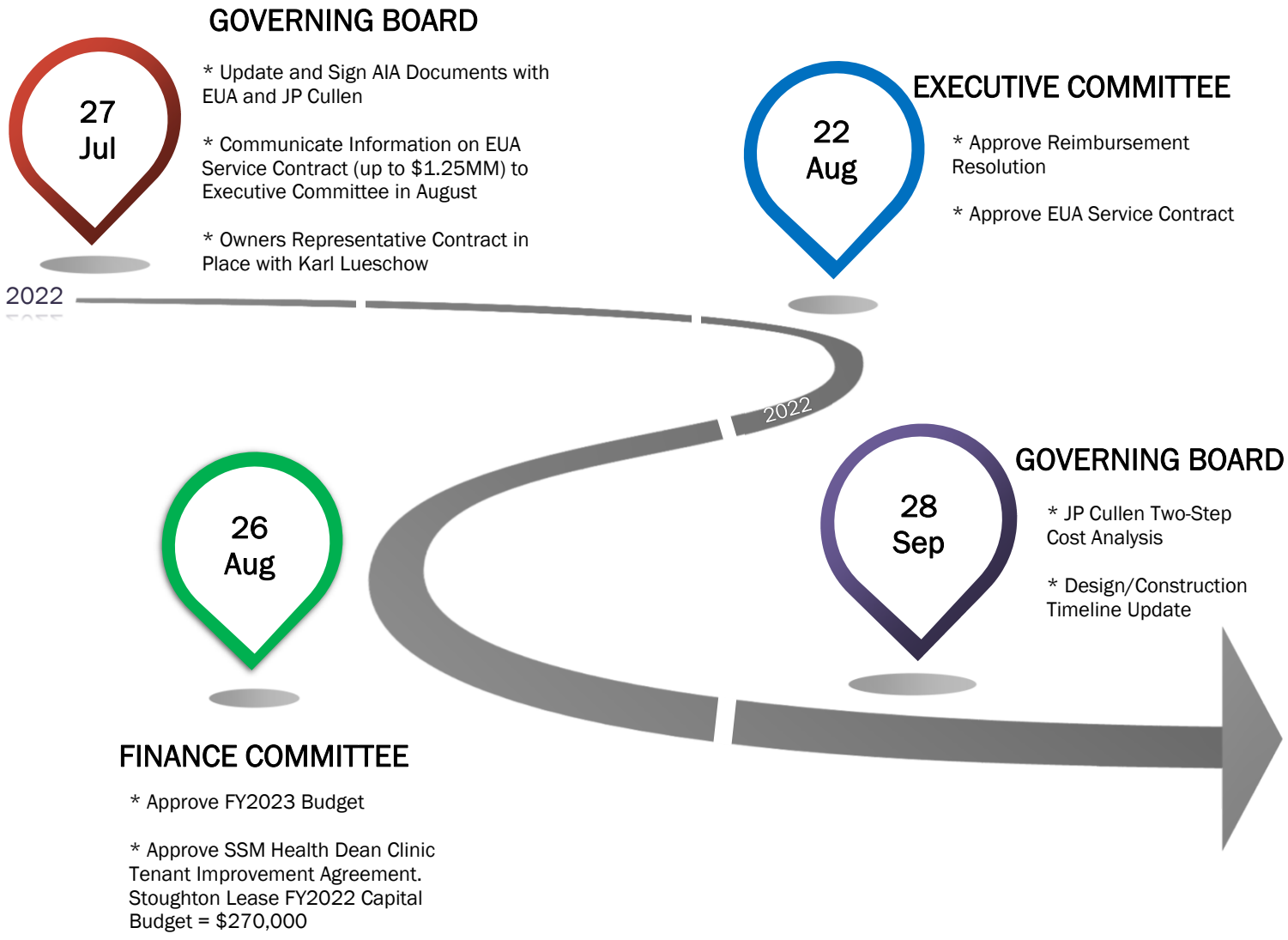
Mr. Fendrick made a motion to recess for ten minute break. The May 20, 2022 Governing Board meeting was reconvened at 11:01 a.m.

Ms. Sarah Coyne, Partner with Quarles & Brady, provided an Annual Corporate Compliance review to Governing Board members.

Action: Mr. Rusch made a motion to adjourn the Stoughton Health Governing Board Meeting at 11:32 a.m. Dr. Rawal seconded the motion. Motion carried.

Respectfully submitted,

Steve Staton
Secretary/Treasurer



GOVERNING BOARD

27
Jul

- * Update and Sign AIA Documents with EUA and JP Cullen
- * Communicate Information on EUA Service Contract (up to \$1.25MM) to Executive Committee in August
- * Owners Representative Contract in Place with Karl Lueschow

EXECUTIVE COMMITTEE

22
Aug

- * Approve Reimbursement Resolution
- * Approve EUA Service Contract

GOVERNING BOARD

28
Sep

- * JP Cullen Two-Step Cost Analysis
- * Design/Construction Timeline Update

FINANCE COMMITTEE

- * Approve FY2023 Budget
- * Approve SSM Health Dean Clinic Tenant Improvement Agreement. Stoughton Lease FY2022 Capital Budget = \$270,000

Stoughton Hospital Association Finance Committee

Monday, June 27, 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 | Matt Kinsella | Margo Francisco | Dr. Aaron Schwaab | Glenn Kruser | Kris Krentz

Hospital Staff Present: Michelle Abey | Dan DeGroot | Teresa Lindfors | Laura Mays | Brian Swain | Angie Polster

Guest Presenter: Gwen Moser (Eide Bailly)

Item	Discussion	Presenter
1.	Call to Order	Tom Fendrick
	Mr. Fendrick called the June 27, 2022 Finance Committee meeting to order at 7:29 AM.	
A	2. Single Audit	Michelle Abey / Gwen Moser
	<ul style="list-style-type: none"> a. Single Audit Report b. Single Audit Governance Letter c. Management’s Response to Auditor Findings 	
	Ms. Abey shared Stoughton Health’s results from the recent Single Audit, which is required for all nonprofit organizations who receive \$750,000 or more of federal financial assistance within the fiscal year. Ms. Abey shared there were three findings/material weaknesses/significant deficiencies:	
	<ul style="list-style-type: none"> 1. Compliance Requirement: Preparation of Schedule of Expenditures of Federal Awards (SEFA): <ul style="list-style-type: none"> • Findings: Stoughton Health did not have internal control system designed to provide for complete and accurate schedule of expenditures of federal awards. Auditors assisted with preparation of schedule. - Corrective Action Plan: Two members of accounting team will attend one hour annually of continuing education on federal award reporting compliance. 	

2. Compliance Requirement: Auditee must establish and maintain effective internal control over federal awards.
 - Findings: Stoughton Health calculated claimed expenses based on officers who attended COVID-19 meetings. Claimed \$116 of costs that were questioned. Also claimed 3 days infection prevention cost center payroll costs outside period of availability.
 - Corrective Action Plan: Ensure attendees are clearly documented at key meetings where attendance will be claimed as allowable expenses. Also run more detailed reports to establish proper cut-off of expenses.

3. Compliance Requirement: Auditee must establish and maintain effective internal control over federal award to ensure compliance.
 - Findings: Stoughton Health excluded bad debt from amounts reported for lost revenue, and no evidence was retained that the hospital's special report submitted was reviewed and approved by a separate individual aside from the individual who inputted and submitted said report.
 - Corrective Action Plan: HHS guidance was unclear on how to report bad debt expense related to reporting of lost revenue. Plan to include with Phase 4 funding report submission. Developed policy for documenting in writing review and approval of any future submissions.

Ms. Moser discussed that findings are consistent with what they are seeing with other hospitals who haven't had a single audit in the past and had to this year due to the Provider Relief funding. She also indicated that because there weren't material questioned costs it is unlikely that Stoughton Hospital will need to pay any of the money back.

Ms. Abey shared Stoughton Health has approximately \$500,000 in federal funds remaining. Ms. Olson recognized Ms. Abey and her team for doing a wonderful job in reporting, adding the findings were minimal.

Action: Ms. Olson made a motion to approve review and acceptance of the Federal Awards Reports in Accordance with Uniform Guidance for September 30, 2021. Ms. Francisco seconded the motion. Motion carried.

3. Master Facility Plan Update

Administrative Team

Ms. Lindfors shared a summary of the reason behind the need for Stoughton Health's Master Facility Plan expansion. She stated there is a lack of available space for the hospital's growth needs adding plans for this 50,000 square foot expansion would allow for increased patient volumes and would also provide additional cost savings and efficiencies.

Ms. Lindfors stated there is a need for a Multi-Specialty Clinic space area as there are currently four to five rooms in the emergency room/urgent care area for two providers creating congestion. Ms. Lindfors shared there is also a need for additional space to accommodate new providers in Cardiology, Urology, and Podiatry. In addition, Ms. Lindfors stated this expansion would provide an increased footprint for Urgent Care services as they would be able to use the rooms currently occupied by Multi-Specialty Clinics.

Ms. Lindfors outlined various cost savings and efficiencies expected by the expansion to include a \$132,000 cost savings per year by relocating SWAC Rehab back to the hospital campus, effectively eliminating current lease costs. Ms. Lindfors added the expansion would allow for increased staff and equipment efficiencies by reducing FTE in Registration and housing Medical Imaging and Rehab in close proximity to Ortho and General Surgery clinic areas.

Finally, Ms. Lindfors shared current capital expected for this project is approximately \$21 million, not including finishing, furnishings or equipment. Financial and regulatory requirements by service line are currently under review.

Mr. DeGroot added the team is carefully considering whether this expansion should be constructed incrementally such as completing the first floor and shelling second floor space for future completion due to the current state of the economy and inflation. Mr. Fendrick added he appreciates the information provided for this expansion project.

Mr. DeGroot departed the June 27, 2022 Finance Committee meeting at 8:18 a.m.

Item	Discussion	Presenter
A	4. May 2022 Financials	Michelle Abey
	<p>Ms. Abey provided an overview of May 2022 financials which can be found in the June 27, 2022 Finance Committee meeting packet.</p> <p>Ms. Abey shared May 2022 operating income was \$468,864 which is above budget by \$302,808. She updated the Finance Committee on several balance sheet metrics as discussed in the executive summary. During the month of May, the Hospital received a rate adjustment resulting in ~\$358,000 being repaid to Medicare.</p> <p>Ms. Abey shared outpatient volumes were significantly above budget by \$1,730,000. The areas seeing the most significant increase over budget were Medical Imaging – specifically CT and Emergency Services including urgent cares in Stoughton, Oregon & McFarland. She noted employee benefits expense was less than budget by approximately \$82,000 primarily as the result of less PTO being used than anticipated in the budget during the month. Further, purchased services expense was higher than budget by approximately \$162,000 as a result of increased volumes resulting in additional purchased services expense and agency staff expense which is higher than budgeted.</p> <p>Unrealized gains (losses) on investments were \$32,741 below budget for the month of May as a result of continued market fluctuations. Finally, Ms. Abey shared \$500,000 (the amount of the June & September budgeted quarterly deposits combined) was transferred to investments in June at the advice of the investment advisor.</p> <p>Mr. Fendrick asked Ms. Francisco how state of SSM staffing levels have been and she stated they continue to experience challenges mainly due to open positions and pockets of staff infected with COVID which is similar to what Stoughton Health is experiencing.</p> <p><i>Action: Ms. Francisco made a motion to approve May 2022 Financials. Ms. Olson seconded the motion. Motion carried.</i></p>	
A	5. Form 990	Michelle Abey
	<p>Ms. Abey provided an overview of FY2021 IRS Form 990 which can be found in the June 27, 2022 Finance Committee packet.</p> <p><i>Mr. Kinsella departed the June 27, 2022 Finance Committee meeting at 8:32 a.m.</i></p>	

Mr. Fendrick noted preparation of Form 990 by Stoughton Health's Accounting team was very thorough and they did a great job.

Action: Ms. Olson made a motion to approve the review and acceptance of FY2021 IRS Form 990. Ms. Francisco seconded the motion. Motion carried.

6. Open Discussion

Mr. Fendrick stated there has been a great deal of effort put into this project and thanked all who have taken part.

7. Adjournment

Tom Fendrick

Action: Mr. Kruser made a motion to adjourn the June 27, 2022 Finance Committee meeting at 8:39 a.m. Dr. Schwaab seconded the motion. Motion carried.

Respectfully submitted,

Steve Staton
Secretary/Treasurer

Sue Vanderbilt Biography

I currently work at Stoughton Trailers as the Chief Financial Officer. I started at Stoughton Trailers in July of 2019 in the middle of COVID. Along with heading up the accounting/finance team I also have responsibility for IT and Facilities.

Prior to that I worked at Cummins/Nelson Global Products for 28 years. During the 28 years I worked in almost every aspect of accounting and finance as well as Six Sigma and Project Management/Project Integration. I have experience in acquisitions, plant start-ups, plant closures, ERP implementations, and many other special projects including overseeing the building of the Nelson Corporate office in Stoughton.

I have spent my entire career working in Stoughton. The town of Stoughton is very special to me. I have lived in Stoughton for the last 20 years and our kids spent most of their childhood in Stoughton.

I am married and have three adult children and one grandson. My husband I live on Lake Kegonsa and we enjoy boating, hiking, traveling and spending time in Florida (Fort Myers).

I am really excited to be on the board for Stoughton Hospital and learn more about the inner workings of it.



Stoughton Health Bylaws Committee Meeting Minutes

Date: June 22, 2022

Present: Mr. Nick Probst, Mr. Tom Fendrick, Ms. Donna Olson, Mr. Steve Staton, Mr. Kris Krentz, Mr. Matt Kinsella, Ms. Margo Francisco, Mr. Dan DeGroot, Ms. Michelle Abey, Ms. Teresa Lindfors, Ms. Angie Polster

Next meeting: TBD

I. Call to Order

Mr. Probst called the June 22, 2022 Bylaws Committee meeting to order at 8:05 a.m. Mr. DeGroot noted any changes to Stoughton Hospital Association Governing Bylaws would take effect in January 2023.

II. Article II, Special Member

a. Section 1: Special Member

Mr. DeGroot provided an overview of Section 1: Special Member which outlines Special Member rights in the Master Affiliate Agreement dated February 6, 2003 between Stoughton Health and SSM Health Care of Wisconsin, Inc. This section is included in current Stoughton Health Governing Board Bylaws.

b. Section 2: Right of First Refusal

Mr. DeGroot provided an overview of Section 2: Right of First Refusal verbiage from the Master Affiliate Agreement. He noted as Special Members, SSM Health Care of Wisconsin, Inc. must receive sixty (60) days prior written notice of the Board of Directors' intent to accept any major acquisitions before they take place. This section is included in current Stoughton Health Governing Board Bylaws.

c. Section 3: Board Supermajority

d. Section 4: SSMWI Approval

Mr. DeGroot provided an overview of Section 3: Board Supermajority and Section 4: SSMWI Approval from the Master Agreement between Stoughton Health and SSM Health Care of Wisconsin, Inc. He recommended both sections be added to Stoughton Health Governing Board Bylaws. Ms. Francisco stated SSM Health is bound to do what is in the best interests of Stoughton Health and the community, and noted these additions to Stoughton Health's bylaws make sense. Mr. Kinsella agreed with this notion.

III. Article V, Board of Directors

a. Section 1: General Powers

- Remove "managed" and replace with "overseen".

b. Section 2: Number, Tenure and Qualifications

Ms. Pam Knecht, ACCORD Ltd., communicated to Mr. DeGroot via prior email communication she believed having four classes of Board members was too complex and recommended the bylaws be changed to having just one class and retaining any needed language regarding SSM members. Ms. Knecht also communicated allowing for Board Alternates was not a best practice. Mr. DeGroot stated this is dictated by the Master Affiliate Agreement.

Ms. Knecht also communicated the terms and term limits of all Board members should be the same. She noted Board member terms for hospitals and health systems is more often three 3-year terms and one-year off before being eligible for reelection. Mr. DeGroot stated this is also dictated by the Master Affiliate Agreement.

c. Section 2 B: Number, Tenure and Qualifications – Class II

Mr. DeGroot outlined his recommendation to update Section 2 B: Number, Tenure and Qualifications – Class II which references members of Medical Staff. He requested this section be changed to reflect "Class II shall consist of two (2) members of Medical Staff, one of whom must be corporation's Chief of Staff. Class II directors may serve no more than seven (7) one-year consecutive terms." These edits were accepted by the Bylaws Committee.

d. Section 3: Nomination and Appointment

Ms. Knecht recommended via prior email communication with Mr. DeGroot that consolidating the Nominating Committee, Bylaws Committee and Board Self-Evaluation Committee into one Governance Committee who would oversee Board nominations, orientation, education, reappointments, evaluations and goal setting. Mr. DeGroot recommended the Board be reorganized as follows:

- Governing Board
- Executive Committee
- Finance Committee
- Governance Committee (formally oversees: nominations, bylaws, and Board self-assessment)
- Audit Compliance/Risk Management Committee (100% independent directors per IRS 990 definition)
- Quality Committee
- CEO Evaluation/Compensation Committee (100% independent directors per IRS 990 definitions – Class I Directors only)

Mr. DeGroot added Governing Board Directors may not serve on the Finance Committee and Audit Compliance/Risk Management Committees simultaneously.

Mr. DeGroot recommended additional changes to Section 3: Nomination and Appointment as follows:

- **3A. Class I Directors:** Remove “approval by the Chair of the Board of Directors” and replace with “The Governance Committee will present a proposed slate of directors for Class I directors’ approval”.
- **3B. Class II Directors:** Remove “The Class II director appointed by the Medical Staff of the corporation” and replace with “The Class II director shall be suggested by the Medical Staff of the corporation to the Governance Committee for approval”.
- **3C. Class III Directors:** Remove “A Nominating Committee appointed by the Chair” and replace with “The Governance Committee shall present a proposed slate of appointed directors for Class III directors”.

e. Section 8: Manner of Acting

Ms. Knecht recommended via prior email communication with Mr. DeGroot there is a long, complicated description of decisions that need super-majority approval. Mr.

DeGroot stated this is dictated by the Master Affiliate Agreement. He noted the list is consolidated and moved forward to Article II with no change to verbiage.

f. Section 11: Compensation

- Add “not to exceed \$5,000/year” for the fixed sum and expenses of attendance.

g. Section 12: Conflicts of Interest

- **12A. Internal Revenue Service (IRS) Requirements:** Board will at all times be comprised of at least 51% of independent directors per IRS requirements for community hospitals.

IV. Article VI, Officers

a. Section 7: Duties of the President/CEO

- **7A. Selection and General Duties:**

Ms. Knecht recommended via prior email communication with Mr. DeGroot section 7-A states the Board will ‘appoint’ the hospital CEO. She noted the language is confusing and it is not clear whether the Special Member has retained the hiring, evaluation and terminating the CEO as a reserved power.

Mr. DeGroot stated the Special Member has reserve power to approve (must approve CEO hire). This is currently noted under Article 11, Section 3 D. Mr. DeGroot recommended moving this up to Article II, Section 3 with all other reserve powers of Class IV directors.

V. Article VII, Committees

a. Section 1: Appointments

Ms. Knecht recommended via prior email communication with Mr. DeGroot Article VII Committees gives the Board Chair too much power over the appointment of committees and the removal of committee members. These decisions are usually recommended by the Governance Committee and voted on by the full Board.

Mr. DeGroot recommended Section 1: Appointments be edited as follows:

- Replace “The Chair” with “The Governance Committee”

- Add “(each January)” after “held after the annual meeting”.
- Change “appoint” to “recommend”
- After “ensuing year” add “requiring approval of the full Board: Executive Committee, Governance Committee, Finance Committee, Audit/Compliance Committee, and CEO Evaluation/Compensation Committee, Quality Committee”.
- Remove “Joint Conference Committee”, “Planning Committee”, and “Nominating Committee”.

b. Section 4: Attendance/Voting (section added)

- **4A.** Add “All directors may attend any Board Committee meetings, unless held under closed session.”
- **4B.** Add “Only Committee members can vote during a Committee meeting.”
- **4C.** Add “Committee meetings requiring only Committee member attendance will be held under closed session.”

c. Section 6: Executive Committee

- Add “The Executive Committee is defined immediately following the Annual Member Meeting as part the Annual Reorganizational Meeting.”
- **6B.** Add “The Executive Committee is accountable for strategic planning in relation to long-term health care needs of the communities served.”

d. Section 7: Finance Committee

- **7A1.** Add “Examine monthly financial reports.”
- **7A2.** Add “Supervise the management of hospital funds.”

e. Section 8: Audit Compliance/Risk Management Committee

- **7A1.** Add “Examine monthly financial reports.”

f.

VI. Article VIII, Auxiliary Organizations

a. Section 3: Governance

- Remove “Board of Directors” and replace with “Chief Executive Officer” outlining hospital auxiliary should at all times function under direct supervision and control of the Chief Executive Officer.

VII. Closing Remarks

Mr. Probst asked whether this was the initial draft and Mr. DeGroot stated the full Governing Board has not yet seen these recommended changes. He noted Stoughton Health Governing Board Bylaws will be edited using “track changes” and shared with Quarles & Brady for legal review. Ms. Francisco asked the red-lined document be shared with her for legal review by SSM Health’s general counsel to ensure the Master Affiliate Agreement remains intact. Mr. DeGroot stated once Quarles & Brady reviews and approves the changes, another Bylaws Committee meeting will be scheduled in September 2022 for final review/approval before bringing forth to the Governing Board for their approval. Once the Governing Board accepts these modifications, the updated bylaws will be brought forth to the Stoughton Health Annual Meeting on November 28, 2022 for final approval to take effect January 1, 2023.

Mr. Probst requested a motion to adjourn the June 22, 2022 Bylaws Committee meeting.

Action: Ms. Francisco made a motion to adjourn the June 22, 2022 Bylaws Committee meeting. Mr. Fendrick seconded the motion. Motion carried.

Mr. Nick Probst
Bylaws Committee Chair
Stoughton Health Governing Board

Proposed Board Committee Structure



Governing Board Packet, Page 27

Directors may not serve on the Finance Committee and Audit Compliance/Risk Management Committees simultaneously

**STOUGHTON HEALTH
SERVICES AND FINANCIAL REPORTS**

June 30, 2022

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

TABLE OF CONTENTS	Page
Operational Executive Summary	1 - 2
Executive Financial Summary	3
Services Summary	4 - 6
Balance Sheet	7
Income Statement	8
Statement of Changes in Net Assets	9
Statement of Cash Flows	10

Stoughton Health
June 2022 Operational Executive Summary

Situation: June operating income was \$759,062 which was more than the budget of \$342,195 by \$416,867. June excess of revenues over expenses is \$221,543, which is \$184,257 below the budget of \$405,800. Year-to-date operating income is \$6,508,012 which is better than budget by \$4,191,752 and year-to-date excess of revenues over expenses is \$5,587,929 which is \$2,699,222 better than budget.

Background:

Balance Sheet

- Days cash on hand was 417 days at the end of June (line 33 on pg 7) which is over the budgeted days cash on hand of 376. The days cash on hand have declined from the beginning of the year as predicted due to the repayment of the CMS Medicare Advanced Payments and the prepayment of 10% of the 2015 & 2018 bonds. To date, ~\$3.8M of the \$5.8M of CMS Medicare Advanced Payments have been repaid.
- The estimated third party payer settlements liability has increased by \$560,000 in the first nine 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.
- Quarterly deposit of \$500,000 was made into the investment portfolio in June based upon advice from our investment advisor given market conditions. Cumulatively, the budgeted \$1,000,000 additional money to the investment portfolio has been completed early for this fiscal year with investing a \$500,000 instead of \$250,000 this quarter.

Income Statement

- Inpatient gross revenues were approximately (\$576,000) or (76) inpatient days below budget for the month of June. The largest variance from budget was on the Geriatric Psychiatry unit where the average daily census was 3 patients compared to a budget of 6 patients. The Geriatric Psychiatry unit has continued to struggle with staffing to be able to handle the higher level acuity referrals they are receiving.

Below is a table showing the comparison of inpatient days by unit for June compared to last year as well as budget:

	Jun 21	Jun 22	% Change from LY	Budget Jun	% Change from Budget
Med/Surg	173	142	-22%	137	4%
Ger-Psych	146	93	-57%	195	-52%
Swing Bed	33	9	-267%	5	88%
ICU	3	19	84%	3	604%
Total	355	263	-35%	339	-23%

- Outpatient gross revenues were significantly ahead of budget for the month of June by approximately \$1,084,000. The areas seeing the most significant gross revenue variances over budget were Medical imaging— specifically CT and general imaging (~\$484,000), and Emergency Room including urgent care in Oregon & McFarland (~\$628,000).

- Employee benefits expense (pg 8 line 13) is better than budget by approximately \$60,000 primarily as the result of more PTO being used than anticipated in the budget during the month. Year-to-date PTO expense is approximately \$27,000 higher than budgeted which is the result of the day of gratitude PTO of 8 hours per person given in November 2021 as well as the wage increase being 5% instead of the budgeted 3%.
- Purchased services expense (pg 8 line 15) was higher than budget by approximately (\$192,000) which is primarily the result of agency staff use was (\$128,000) higher than budget for the month. In addition, echocardiogram (~\$26,000) had higher volumes than budgeted, thus resulting in more purchased services expense than budgeted.
- This month's mix resulted in a contractual discount percentage of 57.5% for the month vs a budgeted contractual discount of 60.5%, resulting in a net revenue increase from budget of approximately \$344,000.
- Unrealized gains (losses) on investments (pg 8 line 24) were (\$521,913) below budget for the month as a result of continued market fluctuations.

Assessment:

Volumes in most areas continued to have a positive variance to budget for June resulting in gross patient revenues being approximately \$508,000 ahead of budget for the month.

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 2nd 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
June 30, 2022**

Variance Key: Better than (worse than) budget

INCOME STATEMENT		Current Mo. June	Current Mo. Budget	Current Mo. Variance	YTD June	YTD Budget	YTD Variance	YTD Prior Year
Line	REVENUE:							
	Patient service revenues:							
1	Inpatient	\$ 1,420,172	\$ 1,996,100	\$ (575,928)	\$ 15,673,558	\$ 15,584,257	\$ 89,301	\$ 13,013,985
2	Outpatient	10,347,167	9,263,346	1,083,821	96,155,725	81,371,025	14,784,700	74,856,365
3	Total gross patient service revenues	11,767,339	11,259,446	507,893	111,829,283	96,955,282	14,874,001	87,870,350
4	Deductions from revenue (incl bad debts)	(6,912,513)	(6,959,232)	46,719	(69,693,305)	(59,926,072)	(9,767,233)	(53,606,230)
5	Net patient service revenue	4,854,826	4,300,214	554,612	42,135,978	37,029,210	5,106,768	34,264,120
6	Other income	236,025	135,247	100,778	1,896,809	1,557,212	339,597	1,639,410
7	Total revenues	5,090,851	4,435,461	655,390	44,032,787	38,586,422	5,446,365	35,903,530
	EXPENSES:							
8	Salaries	1,621,026	1,619,140	(1,886)	14,252,879	14,101,004	(151,875)	13,200,994
9	Fringe benefits	347,799	408,077	60,278	3,152,066	3,687,125	535,059	3,395,301
10	Supplies and other	2,076,823	1,775,232	(301,591)	17,511,755	15,831,747	(1,680,008)	14,214,171
11	Interest	32,970	36,221	3,251	316,194	342,642	26,448	413,142
12	Depreciation and amortization	253,171	254,596	1,425	2,291,881	2,307,644	15,763	2,354,354
13	Total expenses	4,331,789	4,093,266	(238,523)	37,524,775	36,270,162	(1,254,613)	33,577,962
14	Operating income	759,062	342,195	416,867	6,508,012	2,316,260	4,191,752	2,325,568
15	Investment income	(60,948)	19,848	(80,796)	258,657	178,629	80,028	512,083
16	Unrealized gains (losses) on investments	(497,206)	24,707	(521,913)	(1,383,780)	222,365	(1,606,145)	1,085,803
17	Interest in earnings of MRI Joint Venture	20,635	19,050	1,585	205,040	171,453	33,587	179,805
18	Other non-operating	-	-	-	-	-	-	-
19	Excess of revenue over expenses	\$ 221,543	\$ 405,800	\$ (184,257)	\$ 5,587,929	\$ 2,888,707	\$ 2,699,222	\$ 4,103,259
	BALANCE SHEET	06/30/22	09/30/21				YTD June	09/30/21
20	Cash & short-term investments	\$ 38,774,631	\$ 33,873,549					
21	A/R (net)	6,287,952	6,759,089					
22	Total current assets	46,459,288	41,950,841				7,939,071	4,628,345
23	Certificates of deposit	5,000,000	7,000,000					
24	Investments	10,402,972	10,629,724					
25	Property & equipment (net)	26,826,557	27,237,551				(1,890,763)	(1,503,805)
26	Other assets	7,322,511	9,543,572				862,167	767,988
27	Total assets	91,011,328	89,361,688					
28	Current liabilities	8,966,117	10,858,317					
29	Long-term debt	8,916,033	10,923,308				(2,108,801)	(1,298,318)
30	Other long-term liabilities	392,292	431,106				-	-
31	Total liabilities	18,274,442	22,212,731				99,408	43,836
32	Net assets	72,736,886	67,148,957				4,901,082	2,638,046
33	Total liabilities & net assets	91,011,328	89,361,688				33,873,549	31,235,503
	CASH FLOWS							
	Cash provided by (used in):							
	Operating activities							
	Investing activities:							
	Fixed asset purchases & disposals							
	Investments							
	Financing activities:							
	Issuance of debt							
	Payment of debt & related costs							
	Forgiveness of long-term debt							
	Foundation & other							
	Net cash increase (decrease)							
	Cash, beginning							
	Cash, ending							
	RATIOS	FY20	FY21	Apr-22	May-22	Jun-22	FY22 Budget	2021 RWHC CAH Avg
34	Current Ratio	3.2	3.9	4.7	5.1	5.2	7.4	4.1
35	Operating Margin-Current Month			18.2%	9.9%	14.9%		
36	Operating Margin YTD	2.3%	5.1%	15.4%	14.8%	14.8%	5.4%	7.2%
37	Total Margin YTD	3.7%	22.7%	14.0%	13.6%	12.6%	6.9%	16.6%
38	Days in Accounts Receivable (net)	40	53	43	43	41	43	52
39	Days in Accounts Receivable (gross)	43	52	43	43	40		
40	Days Cash & Investments on Hand	446	431	419	416	417	376	343
41	Long-term Debt to Equity	0.29	0.16	0.13	0.12	0.12	0.12	0.52
42	Debt Service Coverage (YTD) >1.25	2.6	9.2	6.4	6.2	6.0	4.5	8.1
	STATISTICS	FY20	FY21	Apr-22	May-22	Jun-22	YTD June	FY22 Budget
43	Inpatient Days	4,053	3,658	261	258	263	2,795	4,308
44	Adjusted Patient Days (APD)	18,121	24,148	2,253	2,511	2,179	19,942	26,911
45	Net revenue per APD	\$2,314	\$1,938	\$2,019	\$1,827	\$2,228	\$2,113	\$1,585
46	FTE's	221.9	227.2	235.4	239.3	234.8	237.0	241.0
47	FTE's per Adjusted Occupied Bed	4.5	3.3	3.1	3.0	3.2	3.2	3.3
48	Avg # of payroll checks per pay period	327	311	320	323	323	318	
49	Salaries per APD	\$935	\$761	\$703	\$653	\$744	\$715	\$705
50	Benefits per APD	\$269	\$179	\$88	\$132	\$160	\$158	\$184
51	Other Expenses per APD	\$1,131	\$959	\$900	\$898	\$1,069	\$993	\$903

**STOUGHTON HEALTH
SERVICES SUMMARY
for the nine months ended June 30, 2022**

INPATIENT SERVICES

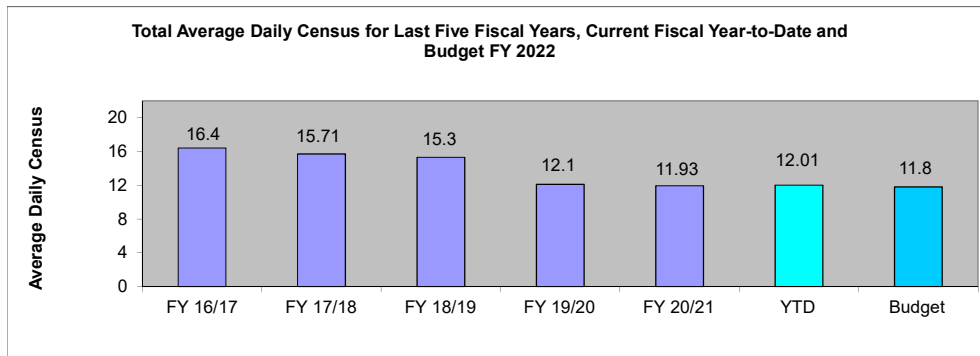
In June, inpatient admissions (including observation patients) averaged 2.70 admissions per day which was below budget by (1.36) admissions per day or (33.5%). Year-to-date inpatient admissions are (0.58) admissions per day or (15.5%) below prior year.

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	0.23	0.33	0.26
0.12	0.07	0.18	0.10	0.11	Detoxification	0.17	0.06	0.10
0.63	0.75	1.67	1.40	1.77	Observation	0.90	1.22	2.08
0.19	0.13	0.13	0.07	0.06	Swing Bed	0.03	0.04	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	0.30	0.30	0.41
3.44	3.32	4.01	3.52	3.73	Average Admissions per day	2.70	3.15	4.06

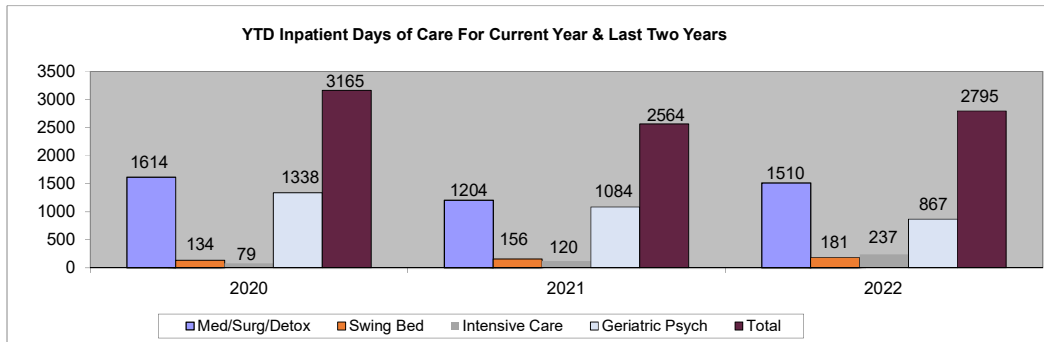
The overall average daily census in June was 9.93 which is below the budgeted average daily census of 11.80 and below the prior year average daily census of 11.93. Inpatient Average Daily Census numbers for the past thirteen months, year-to-date for Fiscal 2022, budget and prior year averages are shown in the following chart:

	JUN 2021	JUL 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	CURRENT FISCAL 2022	BUDGET	PRIOR FISCAL YR
Medical / Surgical Unit	8.17	3.94	6.61	6.67	6.61	8.27	7.90	3.55	4.14	6.55	3.77	4.13	4.73	5.53	2.95	4.74
Observation	2.57	2.62	2.71	1.47	2.26	1.78	1.64	1.16	1.57	1.62	2.30	2.45	1.17	1.77	1.90	1.91
Swing Bed	1.10	0.29	0.48	0.77	0.00	0.00	0.29	1.39	1.21	1.16	0.67	0.97	0.30	0.66	0.55	0.56
Intensive Care Unit	0.10	0.16	0.16	1.20	1.71	1.47	1.13	1.03	0.43	0.26	0.73	0.39	0.63	0.87	0.27	0.45
Geriatric Psychiatry Unit	3.97	4.71	5.77	4.97	3.71	3.00	2.58	2.61	3.64	3.61	3.53	2.84	3.10	3.18	6.13	4.27
	15.91	11.72	15.73	15.08	14.29	14.52	13.54	9.74	10.99	13.20	11.00	10.78	9.93	12.01	11.80	11.93

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 nine months ended June 30, 2020, 2021 and 2022 are as follows:



**STOUGHTON HEALTH
SERVICES SUMMARY
for the nine months ended June 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	1.58	2.62	2.28
2.86	2.68	2.54	1.68	0.29	Surgical	-	0.27	0.29
5.42	6.47	9.28	9.12	9.59	Swing Bed	9.00	20.75	9.45
7.00	5.85	2.50	2.73	9.64	Intensive Care	5.50	3.29	7.36
2.63	3.18	2.48	2.22	2.94	Detoxification	4.00	3.73	2.95
2.36	2.27	3.47	4.09	3.38	Hospice Acute	4.50	2.43	3.36
19.57	16.86	11.46	13.28	12.31	Geriatric Psychiatric	12.14	10.17	12.33
5.40	5.81	4.35	4.29	3.84		3.35	3.68	4.22

OUTPATIENT SERVICES

Outpatient/Emergency services averaged 180.37 visits per day in June which was 28.55 visits per day or 18.8% above budget for the month. Year-to-date Outpatient/Emergency services is 37.46 visits or 28.7% 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	18.23	16.88	13.53
37.17	35.44	41.67	37.02	34.06	Urgent Care - Stoughton	60.57	52.75	41.67
9.62	8.67	8.11	6.47	6.30	Urgent Care - Oregon	8.87	8.13	8.11
-	-	-	-	2.11	Urgent Care - McFarland	13.90	10.14	14.40
3.92	3.03	2.76	2.95	3.20	Ambulatory Infusion	2.73	2.85	2.73
3.75	3.87	3.71	3.12	3.72	Surgical	4.30	4.40	3.58
0.71	0.98	1.02	0.68	1.04	Sleep Lab	0.93	0.78	1.16
29.01	28.56	29.67	23.79	30.60	PT - SWAC/Hosp Rehab	36.10	35.07	30.41
20.34	20.49	20.94	15.42	19.82	PT - Oregon	19.97	19.50	19.73
11.23	12.30	13.25	9.48	15.27	Rehabilitation - Other	14.77	17.65	16.50
129.48	126.86	134.74	112.29	130.69	Average Visits per day	180.37	168.15	151.82

DIAGNOSTIC SERVICES

Diagnostic services (laboratory & medical imaging areas) averaged 271.80 service units per day in June which was 24.79 units or 10.0% above budget. Year-to-date diagnostic services are 30.91 service units per day or 12.5% 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	204.53	210.86	195.68
23.24	23.17	21.55	20.53	20.57	Medical Imaging	27.73	26.03	18.40
3.79	4.98	6.12	5.73	8.16	Mammography	7.40	8.57	7.83
8.48	9.09	10.64	11.01	11.62	CT	15.17	14.44	10.97
1.17	1.42	1.82	1.42	2.96	Echocardiogram	5.43	4.96	2.24
5.77	5.76	5.94	4.88	5.92	Ultrasound	5.87	6.86	5.23
0.81	0.98	0.80	0.61	0.94	Nuclear Medicine	0.97	1.31	0.78
3.07	3.68	3.76	4.04	4.87	MRI	4.70	5.00	5.88
228.14	248.75	239.91	224.53	247.12	Average Service Units per Day	271.80	278.03	247.01

**STOUGHTON HEALTH
SERVICES SUMMARY
for the nine months ended June 30, 2022**

GENERAL SURGERY SERVICES

In June, the General Surgery clinic had a total of 147 visits for the month which was 17.00 visits or 13.1% above the prior month but below budget by (91.00) visits or (38.2%).

FY 2017	FY 2018	FY 2019	FY 2020	FY 2021		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET
872	926	1,191	1,081	1,001	General Surgery Clinic Visits - Traditional	82	168	65	757	1,552
0	0	0	15	41	General Surgery Clinic Visits - Virtual	3	0	1	25	0
255	386	918	879	701	Wound Clinic Visits	62	70	64	515	771
1,127	1,312	2,109	1,975	1,743	Total Clinic Visits	147	238	130	1,297	2,323

Dr. Aaron Schwaab, General Surgeon, had 19 surgical cases in June. Inpatient cases were at budget for the month and outpatient cases were below budget by (2) cases or (9.5%).

FY 2017	FY 2018	FY 2019	FY 2020	FY 2021		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET
49	23	30	26	24	Inpatient Surgical Cases	0	0	0	19	12
191	234	247	212	218	Outpatient Surgical Cases	19	21	17	156	194
240	257	277	238	242	Total Surgical Cases	19	21	17	175	206

ORTHOPEDIC SERVICES

During the month of June, the OrthoTeam Clinic (Stoughton and Madison) had 382 visits and averaged 17.4 visits per clinic day. June visits were 41 visits or 12.0% above budget.

FY 2017	FY 2018	FY 2019	FY 2020	FY 2021		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET
2,122	2,453	2,497	3,002	1,489	OrthoTeam Clinic Visits - Traditional	355	341	307	2,391	2,909
0	0	0	261	106	OrthoTeam Clinic Visits - Virtual	27	0	44	271	0
2,122	2,453	2,497	3,263	1,595	Total OrthoTeam Visits	382	341	351	2,662	2,909

OrthoTeam had 21 surgical cases in June. Inpatient cases were below budget by (1) cases or (20.0%) for June. Outpatient cases were below budget by (5) cases or (22.7%) for the month of June.

FY 2017	FY 2018	FY 2019	FY 2020	FY 2021		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET	YEAR- TO-DATE Variance
136	151	151	152	45	Inpatient Surgical Cases	4	5	0	25	47	(22)
42	46	116	109	197	Outpatient Surgical Cases	17	22	19	192	194	(2)
178	197	267	261	242	Total Surgical Cases	21	27	19	217	241	(24)

CARDIOLOGY SERVICES

The Cardiology Clinic opened in July 2021. It had 13 total visits in the month of June.

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

Line	ASSETS	6/30/2022	Audited 9/30/2021
	Current Assets		
1	Cash and cash equivalents	\$ 38,774,631	\$ 33,873,549
2	Patient accounts receivable, net of allowances	6,287,952	6,759,089
3	Supplies	549,406	536,876
4	Other current assets	847,299	781,327
5	Total current assets	46,459,288	41,950,841
	Assets Limited as to Use		
6	Certificates of deposit	5,000,000	7,000,000
7	Board designated and other	10,402,972	10,629,724
		15,402,972	17,629,724
8	Property and equipment	64,568,078	62,869,570
9	Less accumulated depreciation	(37,741,521)	(35,632,019)
10	Net property and equipment	26,826,557	27,237,551
	Other Assets		
11	Interest in net assets of Stoughton Hospital Foundation Inc.	1,190,219	1,374,175
12	Other non-current assets	7,855	-
13	Investment in Stoughton Hospital Imaging LLC	1,124,437	1,169,397
14	Total assets	\$ 91,011,328	\$ 89,361,688

LIABILITIES AND NET ASSETS

	Current Liabilities		
15	Current portion of long-term debt	\$ 1,236,864	\$ 1,317,080
16	Accounts payable	1,163,109	1,105,863
17	Accrued salaries and related withholdings	711,911	1,061,195
18	Accrued vacation compensation	1,286,333	1,193,641
19	Accrued interest	30,603	37,109
20	Other current liabilities	101,217	102,881
21	Refundable advance - COVID Provider Relief Funds	407,331	-
22	CMS advance payments, current portion	2,018,749	4,590,548
23	Estimated third-party payor settlements	2,010,000	1,450,000
24	Total current liabilities	8,966,117	10,858,317
25	Deferred compensation liability	392,292	431,106
26	Long-term debt, net of current portion	8,916,033	10,923,308
27	Total liabilities	18,274,442	22,212,731
	Net Assets		
28	Without donor restrictions	71,209,274	65,621,345
29	With donor restrictions	1,527,612	1,527,612
30	Total net assets	72,736,886	67,148,957
31	Total liabilities and net assets	\$ 91,011,328	\$ 89,361,688

	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 nine months ended June 30, 2022**

Variance Key: Better than (worse than) budget

Line	Current Month			Year to Date			Year to Date LAST YEAR	
	June	Budget	Variance	TOTALS	Budget	Variance		
REVENUES								
Patient service revenue:								
1	Inpatient	\$ 1,420,172	\$ 1,996,100	\$ (575,928)	\$ 15,673,558	\$ 15,584,257	\$ 89,301	\$ 13,013,985
2	Outpatient	10,347,167	9,263,346	1,083,821	96,155,725	81,371,025	14,784,700	74,856,365
3	Gross patient charges	11,767,339	11,259,446	507,893	111,829,283	96,955,282	14,874,001	87,870,350
4	Contractual discounts and allowances	(6,770,370)	(6,808,006)	37,636	(68,099,879)	(58,623,861)	(9,476,018)	(52,519,601)
5	Charity care	(29,143)	(30,873)	1,730	(454,426)	(265,852)	(188,574)	(227,229)
6	Provision for bad debts	(113,000)	(120,353)	7,353	(1,139,000)	(1,036,359)	(102,641)	(859,400)
7	Patient service revenue	4,854,826	4,300,214	554,612	42,135,978	37,029,210	5,106,768	34,264,120
8	Other operating revenue	69,733	65,052	4,681	674,637	585,464	89,173	685,681
9	Contributions	92,692	393	92,299	602,101	343,533	258,568	333,008
10	Rental income	73,600	69,802	3,798	620,071	628,215	(8,144)	620,721
11	TOTAL REVENUES	5,090,851	4,435,461	655,390	44,032,787	38,586,422	5,446,365	35,903,530
12	Salaries	1,621,026	1,619,140	(1,886)	14,252,879	14,101,004	(151,875)	13,200,994
13	Employee benefits	347,799	408,077	60,278	3,152,066	3,687,125	535,059	3,395,301
14	Professional fees	565,055	516,440	(48,615)	4,670,242	4,659,475	(10,767)	4,031,736
15	Purchased services	708,213	516,136	(192,077)	5,548,787	4,614,640	(934,147)	4,399,194
16	Supplies	576,457	527,215	(49,242)	5,481,167	4,762,056	(719,111)	4,179,123
17	Interest	32,970	36,221	3,251	316,194	342,642	26,448	413,142
18	Administrative and general	206,883	195,796	(11,087)	1,647,752	1,621,468	(26,284)	1,466,265
19	Insurance	20,215	19,645	(570)	163,807	174,108	10,301	137,853
20	Depreciation and amortization	253,171	254,596	1,425	2,291,881	2,307,644	15,763	2,354,354
21	Total expenses	4,331,789	4,093,266	(238,523)	37,524,775	36,270,162	(1,254,613)	33,577,962
22	Operating income (loss)	759,062	342,195	416,867	6,508,012	2,316,260	4,191,752	2,325,568
Other income (loss):								
23	Investment income (loss) - realized	(60,948)	19,848	(80,796)	258,657	178,629	80,028	512,083
24	Unrealized gains (losses) on investments	(497,206)	24,707	(521,913)	(1,383,780)	222,365	(1,606,145)	1,085,803
25	Earnings (loss) in Sto Hosp Imaging	20,635	19,050	1,585	205,040	171,453	33,587	179,805
26	Other gains (losses)	-	-	-	-	-	-	-
27	Forgiveness of Refundable Advance - PRF	-	-	-	-	-	-	-
28	Forgiveness of Paycheck Protection Program Loan	-	-	-	-	-	-	-
29	Excess of revenues over expenses	\$ 221,543	\$ 405,800	\$ (184,257)	\$ 5,587,929	\$ 2,888,707	\$ 2,699,222	\$ 4,103,259
30	<i>Operating Margin</i>	<i>14.9%</i>	<i>7.7%</i>		<i>14.8%</i>	<i>6.0%</i>		<i>6.5%</i>
31	<i>Total Margin</i>	<i>4.4%</i>	<i>9.1%</i>		<i>12.6%</i>	<i>7.4%</i>		<i>11.2%</i>
32	<i>Adjusted Patient Days</i>	<i>2,179</i>	<i>2,338</i>		<i>19,942</i>	<i>20,137</i>		<i>18,318</i>
33	<i>Net revenue per APD</i>	<i>\$ 2,228</i>	<i>\$ 1,839</i>		<i>\$ 2,113</i>	<i>\$ 1,839</i>		<i>\$ 1,871</i>
34	<i>Salaries per APD</i>	<i>\$ 744</i>	<i>\$ 692</i>		<i>\$ 715</i>	<i>\$ 700</i>		<i>\$ 721</i>
35	<i>Benefits per APD</i>	<i>\$ 160</i>	<i>\$ 175</i>		<i>\$ 158</i>	<i>\$ 183</i>		<i>\$ 185</i>
36	<i>Supplies per APD</i>	<i>\$ 265</i>	<i>\$ 225</i>		<i>\$ 275</i>	<i>\$ 236</i>		<i>\$ 228</i>

STOUGHTON HEALTH
STATEMENT OF CHANGES IN NET ASSETS
For the nine months ended June 30, 2022

	<u>6/30/22</u>	<u>Audited 9/30/21</u>
Unrestricted net assets:		
Excess (deficit) of revenues over expenses	5,587,929	13,406,181
Net assets released from restrictions	-	65,901
Contributions and grants for purchases of property and equipment	-	148,521
Increase (decrease) in unrestricted net assets	<u>5,587,929</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)
Increase (decrease) in temporarily restricted net assets	<u>-</u>	<u>71,097</u>
Increase (decrease) in net assets	5,587,929	13,691,700
Net assets, beginning	<u>67,148,957</u>	<u>53,457,257</u>
Net assets, ending	<u><u>72,736,886</u></u>	<u><u>67,148,957</u></u>

STOUGHTON HEALTH
STATEMENT OF CASH FLOWS
For the nine months ended June 30, 2022

	Current Month	YTD June	Audited 9/30/2021
Cash Flows From Operating Activities			
Increase (decrease) in net assets	\$ 221,543	\$ 5,587,929	\$ 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	253,171	2,291,881	3,150,926
Amortization of debt issuance costs	2,368	21,310	30,501
Net realized and unrealized gains and losses on investments	595,705	1,364,585	(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	(20,635)	(205,040)	(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	313,251	471,137	(2,143,837)
Supplies	(1,733)	(12,530)	157,584
Estimated third-party payor settlements	(42,000)	560,000	1,575,000
Other current assets	(25,122)	(73,827)	(107,491)
Refundable advance - provider relief funds (forgiven)	-	407,331	(5,023,434)
CMS advanced payments	(320,313)	(2,571,799)	(1,237,502)
Accounts payable, accrued expenses and other current liabilities	278,322	(161,782)	273,012
Net cash provided by (used in) operating activities	1,254,557	7,939,071	4,628,345
Cash Flows From Investing Activities			
Acquisition of property and equipment	(62,704)	(1,890,763)	(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	(3,002,325)	(8,758,112)	(11,603,172)
Sales/Proceeds from maturities of assets limited as to use	2,498,065	9,620,279	12,371,160
Net cash provided by (used in) investing activities	(566,964)	(1,028,596)	(735,817)
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	(114,786)	(2,108,801)	(1,298,318)
Restricted contributions and grants	-	183,956	194,812
Net cash provided by (used in) financing activities	(114,786)	(2,009,393)	(1,254,482)
Net increase (decrease) in cash	572,807	4,901,082	2,638,046
Cash, beginning	38,201,824	33,873,549	31,235,503
Cash, ending	\$ 38,774,631	\$ 38,774,631	\$ 33,873,549

TO: Stoughton Health Governing Board

FROM: Corporate Compliance Committee
Jennifer White, Compliance Officer/Committee Chairperson

DATE: July 3, 2022

SUBJECT: Corporate Compliance Committee Report

The following is a summary of activities of the Corporate Compliance Committee from April 1, 2022, through June 30, 2022.

- OIG work plan was reviewed through June 2022. No follow up action items were identified.
- 340B savings for FY 2022 year to date is \$238,866.80.
- PEPPER Reports for FY 2019-2021 received for CAH and Inpatient Psychiatric Unit. Data was reviewed, no trending was identified.
- PARA results for venous ablations have been reviewed. Venous ablations were billed reflecting the procedure was done in the OR; however, they are performed in the clinic room. Follow up is in process.
- Two subpoenas received this quarter for lab draws in criminal cases.
- ICC (Incident Command Center – COVID 19) met to discuss visitor policy. Visitors for inpatients, surgery and clinic patients are allowed to have two supports person over the age of 16 accompany them. COVID-19 positive patient visitors are not allowed unless end of life. Emergency Departments remains the same with one visitor/support person.
- One request to Amend PHI (Protected Health Information) was received this past quarter. Orthopedic patient that requested record be amended to reflect accuracy on how injury was sustained. Amendment request reviewed and approved by provider. Medical record has since been amended.
- Annual IT Risk Assessment was completed. Action items were identified with the Emergency Operations Plan and HR related items. Follow up is process.
- One call received on the concern line for this past quarter. The patient remained anonymous and wanted us to be aware of concerns related to Emergency Department versus Urgent Care billing fees. The patient was not aware of Urgent Care hours and was frustrated that they were charged Emergency Room fees when they thought they were being seen in the Urgent Care. Signage is posted at all Urgent Care locations indicating hours of operations.
- One HIPAA breaches occurred over the past quarter which was investigated and reported to the appropriate parties.
 - After Visit Summary (AVS) provided to wrong patient at time of Emergency Department discharge.

Capital Budget Request Form

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

Requestor's Name: Christopher Schmitz

Department: 9240 - RENTAL HOUSES - MAINTENANCE

Description: Razing of residential homes: 709 Ridge, 205 N. Lynn, and 121 N. Lynn (Mandt \$68,800) plus asbestos abatement (Dirty Ducks Cleaning \$7,040). Additional costs to remove trees and shubery TBD.

Requesting for quarter: 4

Estimated Cost (provide two quotes): \$75,840

Capital Function/Purpose

Is used an option? No

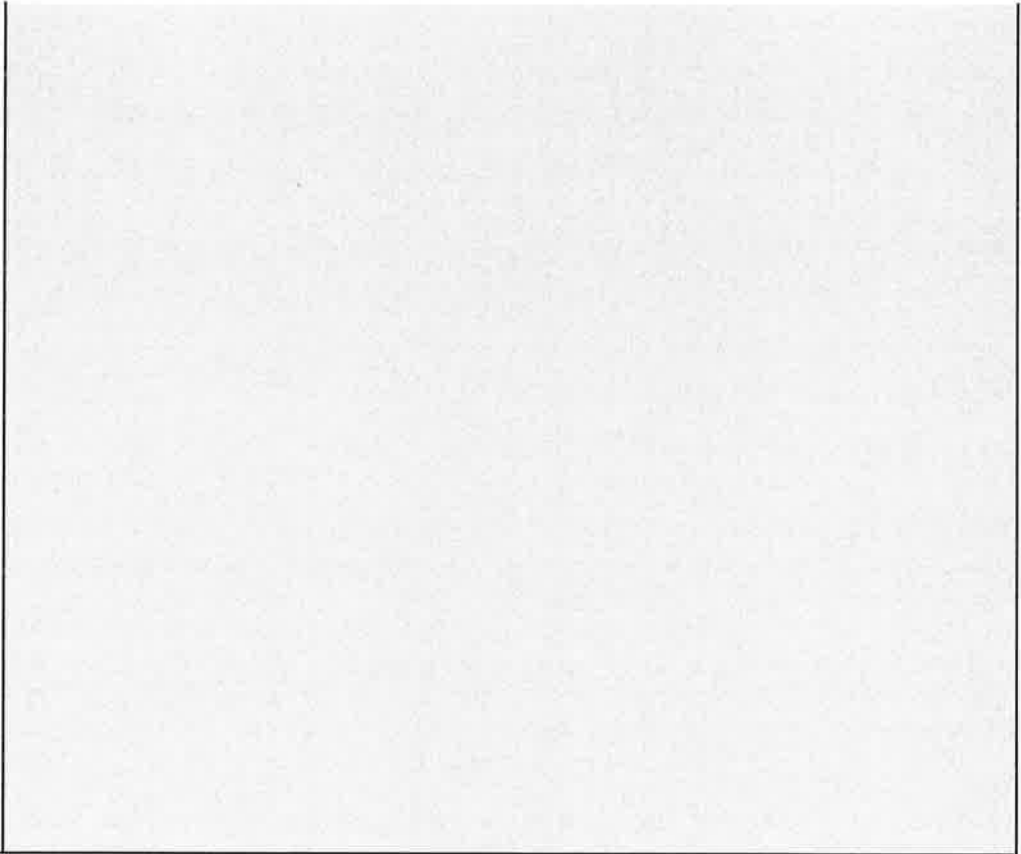
Is this new or a replacement?

Will this purchase require ongoing operating costs (regular maintenance, software contracts, purchase of supplies to operate, etc.)? Yes

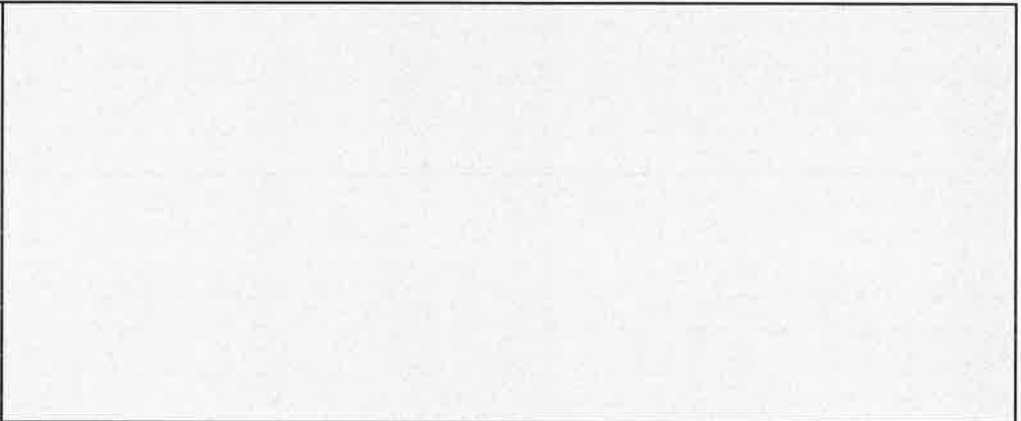
If yes, describe the ongoing operating costs and an estimated amount per year.	Description	Estimated Yearly Cost
	Annual snow and lawncare as needed	2500
	Enter Description	Enter Cost
	Enter Description	Enter Cost
	Enter Description	Enter Cost

<p>Provide a business case for why this capital item should be or needs to be purchased.</p> <p>Clinical Impact: Improves clinical experience in terms of outcomes, patient safety, waiting times, throughput times and general comfort.</p> <p>Financial Impact: Increases profitability through higher patient volumes, additional services, additional charge capture, reduced expense or enhanced productivity.</p> <p>Market Share: Enhances market share by increasing the number of patients seen or increasing the ability to attract new patients.</p> <p>Routine Infrastructure: Improves or maintains the quality of the hospital, outside facilities,</p>	<p>The current state of the buildings suggests that costs to renovate to code standards will be considerably higher than razing these three buildings to the ground and consider the land for later use (parking/structural). Razing these homes provides time to reevaluate the master facility plan and long-term use of this space.</p>
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and 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:



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



Razing of House Properties - 2022

<p><u>S</u> <u>Situation</u></p>	<p>Purchase of a 2nd home on North Lynn Street has resulted in Stoughton Health becoming the owner of one block of property. Purchase of home will provide expansion of other land functionalities according to the Stoughton Health Master Plan or repair for transitional use. A third house on Ridge Street, adjacent to the South of these said buildings, is also in the possession of Stoughton Health.</p>
<p><u>B</u> <u>Background</u></p>	<p>Stoughton Health has purchased the house on 205 North Lynn Street, completing the property purchases on this block of houses from Giles Street to Ridge Street on May 13th, 2022. These homes, including the unit on Ridge Street, are located West of the adjacent Patient Parking for Stoughton Hospital. Future planning was to possibly acquire all of these properties for Healthcare expansion as determined by Administration.</p>
<p><u>A</u> <u>Assessment</u></p>	<p>These homes are in various states of dilapidation and are currently not being utilized for their intended purpose. All structures have mid to high presence levels of mold smell, various levels of water infiltration into living space from existing plumbing or roof penetrations, mid to high levels of structural concerns (due to rotting, lack of maintenance/neglect, and age), and anticipated high costs of repair to an updated code acceptable level for livable space through total renovation.</p> <p>The current state of the buildings suggests that costs to renovate to code standards will be considerably higher than razing these three buildings to the ground and consider the land for later use (parking/structural).</p>
<p><u>R</u> <u>Recommendation</u></p>	<p>Hire Mandt Sandfill Trucking & Excavating for razing of homes (\$68,800) and Dirty Ducts (\$7,040) for asbestos abatement requested at this time. Additional costs may be incurred with tree and shrub removal as determined during time of demolition.</p> <p>Recommend Governing Board approval of unbudgeted FY2022 capital expenditure of not to exceed \$82,000 for the asbestos abatement, razing and tree and shrub removal of the three properties owned by Stoughton Health – 709 Ridge Street, 205 N. Lynn Street, and 121 N. Lynn Street.</p>

Capital Budget Request Form

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

Requestor's Name: Christopher Schmitz

Department: 9232 - BUILDING MAINTENANCE - Hospital Building

Description: Boiler burner Replacement. This would be for both boilers.

Requesting for quarter: 1

Estimated Cost (provide two quotes): \$196,788

Capital Function/Purpose Replacement

Is used an option? No

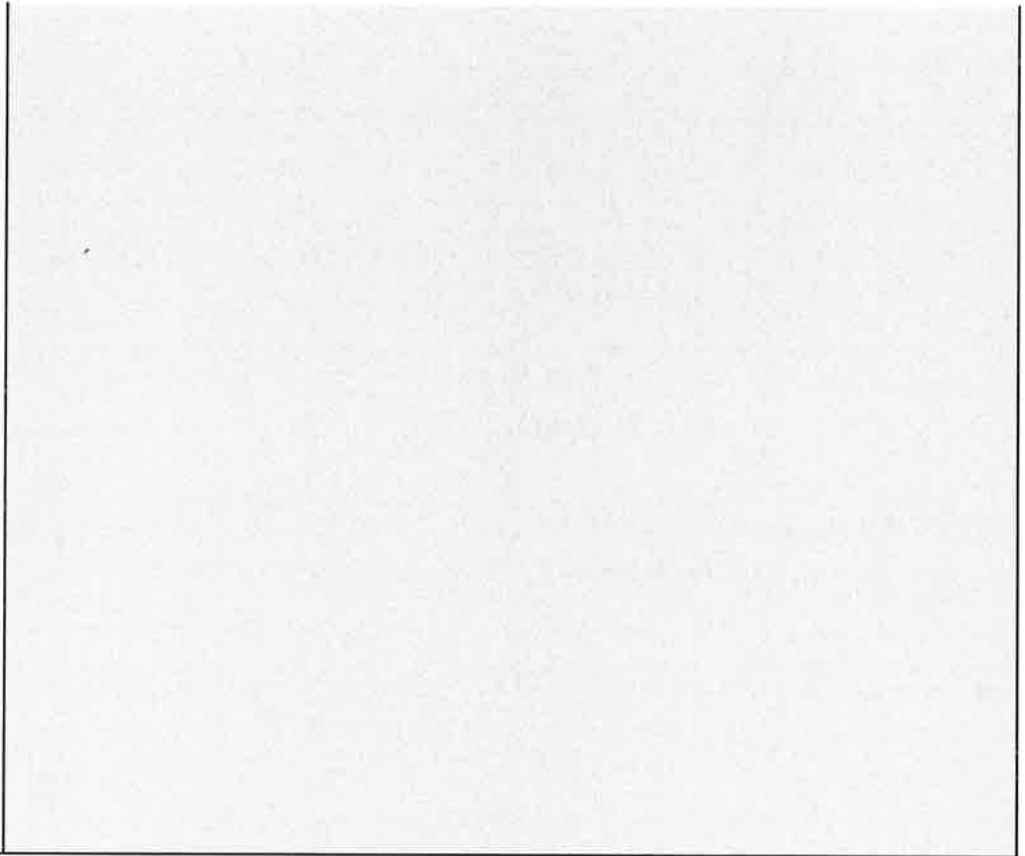
Is this new or a replacement? Replacement

Will this purchase require ongoing operating costs (regular maintenance, software contracts, purchase of supplies to operate, etc.)? Yes

If yes, describe the ongoing operating costs and an estimated amount per year.	Description	Estimated Yearly Cost
	Annual combustion checks	Enter Cost
	Enter Description	Enter Cost
	Enter Description	Enter Cost
	Enter Description	Enter Cost

<p>Provide a business case for why this capital item should be or needs to be purchased.</p> <p>Clinical Impact: Improves clinical experience in terms of outcomes, patient safety, waiting times, throughput times and general comfort.</p> <p>Financial Impact: Increases profitability through higher patient volumes, additional services, additional charge capture, reduced expense or enhanced productivity.</p> <p>Market Share: Enhances market share by increasing the number of patients seen or increasing the ability to attract new patients.</p> <p>Routine Infrastructure: Improves or maintains the quality of the hospital, outside facilities,</p>	<p>Routine infrastructure; The boilers themselves are approximately 20 years old. They use older technology in regards to the burners, so they are not as efficient. The existing burners construction begins to warp slightly over time due to the extreme heat, which affects the flame shape and size, which in turn affects efficiency. There is also new technology that uses the heat from the flue to help heat other portions of the boiler systems water.</p>
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and 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 are possible Focus on Energy dollars available for this project. This could help offset the initial costs and reduce the payback time.

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



Situation Background Assessment Recommendation

Boiler Burner Replacement

<p>S <u>SITUATION</u></p>	<p>The burners for both boilers are aging and beginning to show a need for replacement. During a recent inspection and routine maintenance, our vendor noted the need to replace a diffuser and coupler in Boiler A. This service was performed on Monday, 2/28, however they are advising a capital investment to replace & upgrade burners to the boiler.</p>
<p>B <u>BACKGROUND</u></p>	<p>Stoughton Health's boilers are approximately 20 years old. The burner assembly seals are worn and leaking. Controls are outdated.</p> <p>Last year Boiler B required a new diffuser and coupler on the modulator motor shaft. With this most recent service, we did the same items on Boiler A. (This service cost us \$408 for visit plus \$3540 to get boilers back into safe operation.)</p>
<p>A <u>ASSESSMENT</u></p>	<p>The boiler burners are getting expensive to be replacing individual parts and pieces as this dated equipment is becoming obsolete.</p>
<p>R <u>RECOMMENDATION</u></p>	<p>Replace both boiler burners including the optional items listed on the quote.</p> <p>Boilers are annually drained/opened and overhauled for state fireside inspections in the months of September and October. This would be optimal to have one completed in September and one completed in October per quote. The request is to consider replacing the burners on one unit in September, then the second unit immediately following.</p> <p>Recommend Governing Board approval of unbudgeted FY2022 Capital of not to exceed \$200,000 for boiler burner replacement.</p>

**Stoughton Health Medical Care Evaluation Committee Report to MEC/Board of Directors
May 17, 2022**

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

Agenda Item (Facilitator)	Discussion	Follow Up Action																																				
Meeting called to order.																																						
Approval of April meeting minutes	Dr. Rivera motioned to approve the minutes from April with the suggested addendum. Charlie seconded the motion. Motion carried.																																					
Re-appointments (Dr. Menet)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Title/Privilege</th> <th style="width: 33%;">Dates of Review</th> </tr> </thead> <tbody> <tr> <td>Arthur, Ryan</td> <td>MD/Emergency Med</td> <td>7/28/21-4/30/22</td> </tr> <tr> <td>Tierney, Adam</td> <td>MD/Urology</td> <td>5/1/20-4/30/22</td> </tr> <tr> <td>Jung, Frank</td> <td>MD/Cardiology</td> <td>5/1/20-4/30/22</td> </tr> <tr> <td>Rosa, Gabriella</td> <td>MD/Pathology</td> <td>5/1/20-4/30/22</td> </tr> <tr> <td>Vargas, Doris</td> <td>PA-C/Emergency Med</td> <td>5/1/20-4/30/22</td> </tr> <tr> <td>Flickinger, John</td> <td>MD/Pathology</td> <td>5/1/20-4/30/22</td> </tr> <tr> <td>Gurney, Molly</td> <td>MD/Pathology</td> <td>5/1/20-4/30/22</td> </tr> <tr> <td>Hoerl, Daniel</td> <td>MD/Pathology</td> <td>5/1/20-4/30/22</td> </tr> <tr> <td>Bries, Britney</td> <td>DMD/Dentistry</td> <td>5/1/20-4/30/22</td> </tr> <tr> <td>Vetter, Dolores</td> <td>PhD/Psychology</td> <td>5/1/20-4/30/22</td> </tr> <tr> <td>Schneider, Mary Beth</td> <td>CRNA/Anesthesia</td> <td>9/29/21-4/30/22</td> </tr> </tbody> </table>	Name	Title/Privilege	Dates of Review	Arthur, Ryan	MD/Emergency Med	7/28/21-4/30/22	Tierney, Adam	MD/Urology	5/1/20-4/30/22	Jung, Frank	MD/Cardiology	5/1/20-4/30/22	Rosa, Gabriella	MD/Pathology	5/1/20-4/30/22	Vargas, Doris	PA-C/Emergency Med	5/1/20-4/30/22	Flickinger, John	MD/Pathology	5/1/20-4/30/22	Gurney, Molly	MD/Pathology	5/1/20-4/30/22	Hoerl, Daniel	MD/Pathology	5/1/20-4/30/22	Bries, Britney	DMD/Dentistry	5/1/20-4/30/22	Vetter, Dolores	PhD/Psychology	5/1/20-4/30/22	Schneider, Mary Beth	CRNA/Anesthesia	9/29/21-4/30/22	<p><i>Dr. Rivera moved to approve the reappointments. Dr. Schwaab seconded the motion. Will forward to MEC for approval.</i></p> <p>Discussed changing criteria to less than a certain number returned, we pay attention but don't need to send letter out. Amy to get meeting together to look over FPPE/OPPE criteria. Will look at adding number of surveys needed in order to send letter out if low PG scores.</p>
	Name	Title/Privilege	Dates of Review																																			
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Consent Agenda Items Action: Dr. Rivera moved to approve the Consent Agenda Items. Charlie seconded the motion. Motion carried.																																						
Committee Reports: April Environment of Care Minutes, Stroke Committee, April CI Council	<p>Discussed the new Stroke Committee and how Tessa Mersberger has been working on getting stroke certification ready. We have signed an agreement to participate in becoming a Coverdell Stroke Champion hospital.</p> <p>Discussed the goal to decrease the number of contaminated blood cultures to less than 2%.</p> <p>MRI was shut down twice last week because of staffing shortages. Teresa mentioned there are limited resources in this area but will follow up with Sara Sturmer to see if she's tapped into everything.</p>																																					

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Medical Imaging Reports: MRI Utilization		
Lab: Transfusion summary for Q 1, CY 2022, Lab Quality Reports Jan-Mar 2022		
Utilization Reports: Surgical Services Procedures & AIC Visits/Treatments; GeriPsych Percent Occupancy; Average Hours per Inpatient Stay		
Organ/Tissue Procurement Review-April		
Health Information Management		
Delinquent records/Health Information Management-	No delinquent records as of May 9 th !	
Old/Recurring Business-		
ITP credentialing-Amy	ITP will have enough providers credentialed to start next week Wednesday. The hospital is working on contract with ITP to offer services to staff. This will be paid for by hospital.	
WI Act 23- Any follow-up-Amy	A meeting with Q&B will be set up to further discuss WI Act 23 and the EMTALA Policy.	
30 day readmissions reports by month, and by Quarter	Reviewed.	
Inpatient Code Reviews		
OPPE/FPPE (concerns only)	Reviewed with no concerns.	
New Business/Current Clinical Process Issues		
COVID After Action Response	Emergency Management has started the After Action Response and are requesting that MCE review the document and if there is any observations/additions to add, please do so. The intention is that this should be a collaborative document throughout all areas.	

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Agenda Item (Facilitator)	Discussion	Follow Up Action
CT angiography for stable chest pain- Dr. Menet	Dr. Menet would like to have this discussed with Dr. Kaji to see if this is possible as it would make us less reliant on Madison. First step is to determine if we have the right equipment, software and staffing to proceed.	
Any capital requests from Physicians? Amy	If any medical staff members have requests for any capital items, please make sure to let management know.	
Recent Root Cause Analysis (Jen)	None	
COVID-19 Update (Dan or Amy)	Last week there were 12 staff members out at once with COVID. The goal is to have everyone off for 10 days but sometimes this doesn't happen as staffing won't allow for that, which can cause some confusion.	
Peer Review Synopsis from last meeting	No cases met criteria for full review. One case referred for preliminary review, no concerns identified.	
Mortality Review-April		
Surgical Complications/Cancellations for Mar-Apr		
Medical Care Case Review		
ED Case review		
OTHER BUSINESS		
Adjournment:	With no further business to attend to the meeting adjourned.	<i>Next meeting: June 21, 2022</i>

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

Status	SpecialtyDescription	Degree	LastName	FirstName
Allied Health Professional	NP-Hospice	NP	Heisler	Lindsey
Allied Health Professional	NP-Hospice	NP	Ballweg	Laura
Allied Health Professional	Beam NP	NP	Kenkel	Kaylyn
Allied Health Professional	Sto Hosp NP	NP	DeGroot	Tina
Allied Health Professional	Independent	NP	Endicott	Sarah
Active	Ophthalmology	MD	Boorstein	Stephen
Active	Ophthalmology	MD	Kilby	Anne
Active	Orthopedic Surgeon	MD	Ali	Kashif
Allied Health Professional	Orthopedic Surgeon	PA-C	Oneill	Ryan
Active	Orthopedic Surgeon	MD	Sansone	Ryan
Active	Orthopedic Surgeon	MD	Niesen	Matthew
Allied Health Professional	Orthopedic Surgery	PA-C	Collins	Clark
Active	Orthopedic Surgery	DO	Keyes	Brian
Allied Health Professional	Orthopedic Surgery	PA-C	Hamilton	Jennifer
Active	Orthopedic Surgery	MD	Rawal	Ashish
Active	Orthopedic Surgery	MD	Vanderbilt	Timothy
Allied Health Professional	Orthopedic Surgery	PA	Dipiazza Shaw	Tara
Allied Health Professional	Orthopedic Surgery	PA	Burke	Renee
Courtesy	Pathologist	MD	Chang	Chen
Courtesy	Pathologist	MD	Kurtz	Kevin
Courtesy	Pathologist	MD	Hoerl	Daniel
Courtesy	Pathologist	MD	Flickinger	John
Courtesy	Pathologist	MD	Gurney	Molly
Courtesy	Pathologist	MD	Kinonen	Christopher
Courtesy	Pathologist	MD	Molot	Ross
Courtesy	Pathologist	MD	Morgan	Adam
Courtesy	Pathologist	MD	Rosa	Gabriela
Courtesy	Pathologist	DO	Shah	Kabeer
Courtesy	Pathologist	MD	Mendelin	Joel
Courtesy	Pediatrics	MD	Pletta	Karen
Courtesy	Pediatrics	MD	Murwin	Thomas
Active	Psychiatry	MD	Connell	Amy
Active	Psychiatry	MD	Robbins	Kenneth
Allied Health Professional	Psychology	PhD	Vetter	Dolores
Courtesy	Sleep Medicine	MD	Alexander	Ewa
Active	Urology	MD	Moore	Nathan
Courtesy	Urology	MD	Tierney	Adam
Allied Health Professional	Gynecology	PA	Edwards	Cynthia

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**Stoughton Hospital Medical Care Evaluation Committee Report to MEC/Board of Directors
June 21, 2022**

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

Agenda Item (Facilitator)	Discussion	Follow Up Action																																	
Meeting called to order.																																			
Approval of May meeting minutes	Dr. Schwaab motioned to approve the minutes from May as written. Charlie seconded the motion. Motion carried.	Discussed looking at FPPE/OPPE criteria-just did hospitalists and will be moving forward with reviewing others. EMTALA Policy still being reviewed and have a meeting with Q&B at end of month. Main issue was the provider on call concern.																																	
Re-appointments (Dr. Menet)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Title/Privilege</th> <th style="width: 40%;">Dates of Review</th> </tr> </thead> <tbody> <tr> <td>Coughlin, Adam</td> <td>MD/ENT</td> <td>6/1/2020-5/31/2022</td> </tr> <tr> <td>Graney, Colin</td> <td>DPM/Podiatry</td> <td>6/1/2020-5/31/2022</td> </tr> <tr> <td>Niesen, Matthew</td> <td>MD/Orthopedic Surg</td> <td>6/1/2020-5/31/2022</td> </tr> <tr> <td>Rai, Nisheeth</td> <td>DO/Hospital Medicine</td> <td>8/12/2021-5/31/2022</td> </tr> <tr> <td>Shreevatsa, Ajai</td> <td>MD/Hospital Medicine</td> <td>8/14/2021-5/31/2022</td> </tr> <tr> <td>Saleem, Muhammad</td> <td>MD/Hospital Medicine</td> <td>8/27/2021-5/31/2022</td> </tr> <tr> <td>Crisalli, Joseph</td> <td>MD/Sleep Medicine</td> <td>7/21/2021-5/31/2022</td> </tr> <tr> <td>Tran, Thanh</td> <td>MD/Emergency Med</td> <td>6/1/2020-5/31/2022</td> </tr> <tr> <td>Stolcpart, Laura</td> <td>MD/Family Medicine</td> <td>6/1/2020-5/31/2022</td> </tr> <tr> <td>Ballweg, Laura</td> <td>NP/Hospice</td> <td>6/1/2020-5/31/2022</td> </tr> </tbody> </table>	Name	Title/Privilege	Dates of Review	Coughlin, Adam	MD/ENT	6/1/2020-5/31/2022	Graney, Colin	DPM/Podiatry	6/1/2020-5/31/2022	Niesen, Matthew	MD/Orthopedic Surg	6/1/2020-5/31/2022	Rai, Nisheeth	DO/Hospital Medicine	8/12/2021-5/31/2022	Shreevatsa, Ajai	MD/Hospital Medicine	8/14/2021-5/31/2022	Saleem, Muhammad	MD/Hospital Medicine	8/27/2021-5/31/2022	Crisalli, Joseph	MD/Sleep Medicine	7/21/2021-5/31/2022	Tran, Thanh	MD/Emergency Med	6/1/2020-5/31/2022	Stolcpart, Laura	MD/Family Medicine	6/1/2020-5/31/2022	Ballweg, Laura	NP/Hospice	6/1/2020-5/31/2022	Dr. Rawal moved to approve the reappointments. Dr. McGuire seconded the motion. Will forward to MEC for approval.
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Consent Agenda Items Action: Dr. Schwaab moved to approve the Consent Agenda Items. Dr. Rawal seconded the motion. Motion carried.																																			
Committee Reports: May Infection Prevention Committee, May Patient	Dr. Rivera had one patient that had a consultation with ITP and overall it was a positive experience for provider and patient. Once concern Dr. Rivera did have was that they wanted him to write a month's worth of script for anti-psych	Amy to follow up with Tina/Dr. Dahlberg to see if BMI over 60 was added to the																																	

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Safety Committee, May CI Council, Emergency Services Committee, QSRC	medications and he didn't feel comfortable writing that. Dr. Dahlberg was following up with their medical director regarding this. Labeling at bedside has been going well. Letter will be sent once surveyed by DNV to Joint Commission advising them that we no longer require their services.	checklist in ER for evaluating patients who may need surgery.
Medical Imaging Reports: MRI Utilization		
Lab:	No reports due from lab this month.	
Utilization Reports: Surgical Services Procedures & AIC Visits/Treatments; GeriPsych Percent Occupancy; Average Hours per Inpatient Stay		
Organ/Tissue Procurement Review-May	One eye donor honored.	
Health Information Management		
Delinquent records/Health Information Management-	No delinquent records as of June 10th	
Old/Recurring Business-		
WI Act 23- Any follow-up-Amy	UPDATE: Meeting scheduled for June 1st with Quarles and Brady. Act 23 policy has been vetted and is ready for approval. There is another meeting that has been scheduled with Quarles and Brady to look at our EMTALA policy to have review and revise the policy so that it is in line with our practice.	This policy will go to MEC for approval and does not require MCE approval.
CT angiography for stable chest pain- Dr. Menet	We currently do not have the capacity to do this per Sara and Dr. McGuire as it's an entire service. Dr. Menet thought this would be a good thing to explore as could take burden off of doing stress test, but may have to revisit down the road as it sounds like quite an investment. Problem with stress test is no staff to work with. Check with Dr. Kaji to see if he might want to be involved with building a program that would help keep patients here.	

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Agenda Item (Facilitator)	Discussion	Follow Up Action
COVID After Action Response	Any follow up, recommendations? Reviewed with no concerns.	Memo to Emergency Management reflecting review
30 day readmissions reports by month, and by Quarter	2 readmissions in April-no concerns.	
Inpatient Code Reviews	No codes.	
OPPE/FPPE (concerns only)	No concerns.	
New Business/Current Clinical Process Issues		
NOZIN formulary addition	After review of data, Dr. Rawal would like to add NOZIN as it simplifies a complicated process currently in place. Dr. Schwaab made the motion for the NOZIN formulary addition. Charlie seconded the motion. Dr. Rawal plans to follow up with Tracy about any recommended length of treatment.	Will forward to MEC for approval.
Recent Root Cause Analysis (Jen)	None	
COVID-19 Update (Dan or Amy)	Waiting to hear from OSHA and CDC on their updates/changes.	
Peer Review Synopsis from last meeting	No cases met criteria for full review. One case for preliminary review. No concerns identified.	
Mortality Review-May	No cases met criteria for review.	
Surgical Complications/Cancellations for Apr-May	No cases met criteria for review.	
Medical Care Case Review		
ED Case review		
OTHER BUSINESS	No July meeting? Stoughton Health is being threatened with litigation related to a billboard in town that encourages vaccination against COVID-19. Providers alerted that this individual does not have a lawyer currently but has stated they are looking. Dan	

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Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>has reached out to WHA and their lawyers are looking for precedence. Amy will be reaching out to Sarah Coyne as well.</p> <p>The hospital received a letter from Quartz stating that they'll be white bagging for commercial patients. WHA tried to push against this but more health plans are trying to push this through. Might hear patients complaining or other physicians about this.</p> <p>The radiologist coverage is changing beginning July 5. They will be here 3 full days/week and 2 full days the next week. This works out to 2 additional hours of coverage at the hospital. This may create some logistical issues for departments as they will not be here every day. There will be a set day for interventionist.</p> <p>Swallow studies was a little bit of a concern. It was suggested to look into SSM St. Mary's to see what they do for this because SSM and some other facilities don't require a radiologist to be present in the room. Some facilities utilize a Rad Tech and a speech pathologist.</p>	
Adjournment:	With no further business to attend to the meeting adjourned.	<i>Next meeting: July 19, 2022 vs August 16, 2022</i>

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0Stoughton Hospital Medical Executive Committee Agenda/Minutes
July 11, 2022 (0730-0830) Board Room/Zoom

Presiding: Dr. Aaron Schwaab
Members: Dr. Abigail Dahlberg, Dr. Christina Quale, Dr. Mark Menet, Dan DeGroot, Amy Hermes, Erin Meronk, Mary Hermes
Absent: Dr. Guirish Agni, Dr. Ashish Rawal, Dr. Deanne Eccles, Dr. Shawn McGuire

Agenda Item (Facilitator)	Discussion	Follow Up Action																																																																														
Meeting called to order.																																																																																
Approval of May Medical Executive Meeting minutes— <i>See attached</i>	<p><i>Action: Dr. Dahlberg made the motion to accept the May MEC minutes. Dr. Quale seconded the motion. Motion carried.</i></p> <p><i>Introduction to Mary Hermes, Director of Engagement & Experience.</i></p>																																																																															
New Appointments-One year term	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Last Name</th> <th style="width: 15%;">First Name</th> <th style="width: 10%;">Title</th> <th style="width: 20%;">Privileges</th> <th style="width: 20%;">Affiliation</th> <th style="width: 15%;">Staff Category</th> </tr> </thead> <tbody> <tr><td>Cowan</td><td>Sophie</td><td>MD</td><td>Radiology</td><td>Madison Rad</td><td>Courtesy</td></tr> <tr><td>Greco</td><td>Margaret</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Hillerson</td><td>Dustin</td><td>MD</td><td>Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Krishna</td><td>Jaya</td><td>MD</td><td>Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Noreuil</td><td>Todd</td><td>MD</td><td>Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Peirce</td><td>Ryan</td><td>MD</td><td>Radiology</td><td>Madison Rad</td><td>Courtesy</td></tr> <tr><td>Schackmuth</td><td>Eric</td><td>MD</td><td>Radiology</td><td>Madison Rad</td><td>Courtesy</td></tr> <tr><td>Hahnfeld</td><td>Lynn</td><td>MD</td><td>Urology</td><td>SSM Health</td><td>Active</td></tr> <tr><td>Kopnick</td><td>Mitch</td><td>MD</td><td>Urology</td><td>SSM Health</td><td>Active</td></tr> <tr><td>Bellissimo</td><td>Joseph</td><td>MD</td><td>Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Roller</td><td>Lisa</td><td>MD</td><td>Radiology</td><td>Madison Rad</td><td>Courtesy</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Last Name	First Name	Title	Privileges	Affiliation	Staff Category	Cowan	Sophie	MD	Radiology	Madison Rad	Courtesy	Greco	Margaret	MD	Pediatric Cardiology	UW Health	Courtesy	Hillerson	Dustin	MD	Cardiology	UW Health	Courtesy	Krishna	Jaya	MD	Cardiology	UW Health	Courtesy	Noreuil	Todd	MD	Cardiology	UW Health	Courtesy	Peirce	Ryan	MD	Radiology	Madison Rad	Courtesy	Schackmuth	Eric	MD	Radiology	Madison Rad	Courtesy	Hahnfeld	Lynn	MD	Urology	SSM Health	Active	Kopnick	Mitch	MD	Urology	SSM Health	Active	Bellissimo	Joseph	MD	Cardiology	UW Health	Courtesy	Roller	Lisa	MD	Radiology	Madison Rad	Courtesy							
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<p><i>Action: Dr. Dahlberg recommended the acceptance of the above listed practitioners for a one-year term with exception to Drs. Hahnfeld and Kopnick who will be tabled until September. Dr. Menet seconded the motion carried.</i></p>																																																																																

Agenda Item (Facilitator)	Discussion						Follow Up Action
Re-appointments-Two year term	Last Name	First Name	Title	Privileges	Affiliation	Staff Category	
	Arthur	Ryan	MD	Emergency Med	SWEA	Active	
	Vargas	Doris	PA-C	Emergency Med	SWEA	AHP	
	Tierney	Adam	MD	Urology	SSM Health	Courtesy	
	Bries	Britney	DMD	Dentistry	Children's Dental Center of Madison	Dental	
	Jung	Frank	MD	Cardiology	SSM Health	Courtesy	
	Flickinger	John	MD	Pathology	Associated Pathology	Courtesy	
	Gurney	Molly	MD	Pathology	Associated Pathology	Courtesy	
	Hoerl	Daniel	MD	Pathology	Associated Pathology	Courtesy	
	Rosa	Gabriela	MD	Pathology	Associated Pathology	Courtesy	
	Schneider	Mary Beth	CRNA	Anesthesia	SH	AHP	
	Vetter	Dolores	PhD	Psychology	Independent	AHP	
	Coughlin	Adam	MD	ENT	SSM Health	Active	
	Graney	Colin	DPM	Podiatry	Independent	Active	
	Niesen	Matthew	MD	Orthopedic Surgery	SSM Health	Active	
	Rai	Nisheeth	DO	Hospital Medicine	Beam	Active	
	Saleem	Muhammad	MD	Hospital Medicine	Beam	Active	
	Shreevatsa	Ajai	MD	Hospital Medicine	Beam	Active	
	Crisalli	Joseph	MD	Sleep Medicine	SSM Health	Courtesy	
	Tran	Thanh	MD	Emergency Med	SWEA	Active	
	Stolcpart	Laura	MD	Family Med	SSM Health	Courtesy	
Ballweg	Laura	NP	Hospice NP	Heartland Hospice	AHP		
<i>Action: Dr. Quale recommended the acceptance of the above listed practitioners for a two-year term. Dr. Menet seconded the motion. Motion carried.</i>							
Medical Staff Resignation/Retirement (FYI)	Nicole Pullin, APNP, SWEA, Emergency Medicine, AHP Cynthia Edwards, PA-C, SSM OB/GYN PA, AHP Douglas Davis, MD, Madison Radiology, Radiology, Courtesy						

Agenda Item (Facilitator)	Discussion	Follow Up Action
	Patrick Hoversten, MD, Beam Healthcare, Hospital Medicine, Active Alexander Lee, MD, Beam Healthcare, Hospital Medicine, Active	
Consent Agenda Items	<i>Action: Dr. Menet moved to approve the Consent Agenda Items. Dr. Dahlberg seconded the motion. Motion carried.</i>	
Committee Reports: May/June MCE Minutes, April and May CI Council minutes, CI Dashboard — <i>See attached</i>	Amy mentioned the completion of Columbia suicide rating score sitting at 98%, which is very impressive but there will still be a CI project on it. The FPPE/OPPE forms are being updated to show that there will be a minimum of 15 surveys required in order to gather information on providers PG scores.	
Quality and Safety Report Card & Stoughton Hospital Balanced Scorecard— <i>See attached</i>	<i>Reviewed.</i>	
Old/Recurring Business-		
FPPE (concerns only) (Erin Meronk/ Amy Hermes) — <i>See attached</i>	No concerns.	
Correspondence- The medical staff received a thank you card from nursing staff thanking committee for contribution for nurses week.		
Treasurer's Report— <i>See attached</i> (Dr. Dahlberg)	Reviewed with no concerns.	
COVID-19 Update (Dan or Amy)	An email went out to staff last week regarding a change in protocols with those staff who did not get vaccinated. They are now able to wear a regular surgical mask, do not need to have weekly testing, and only do testing upon getting symptoms.	
New Business		
November Annual meeting	Dr. Schwaab thought if no new surges occur down the road, they should be able to meet up in person. His current thoughts are to have a guest speaker that is more entertaining/funny than informative.	
Review edits of Medical Staff Policies and Procedures— <i>See attached</i>	Allied Health Professional Orders Policy- One concern brought up was regarding new PA's fresh out of school, or PA's who have not worked in the ER/UC setting before. Dr. Dahlberg explained SWEA PA's go through a 6 month training program with another PA or MD. Discussed adding something like this to the policy. On page 3 of 14, #2 b. should read	

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>“PAs may issue orders in accordance with their education, training, and experience. <i>PAs lacking prior acute care experience will be required to have orders co-signed for a period of time, not to exceed six months.</i> Such orders may not.....”</p> <p>EMTALA Compliance Policy is currently being worked on. This policy might be sent out via email for an approval. Please watch for it and read it over.</p> <p><i>Action: Dr. Dahlberg made a motion to accept the Allied Health Professional Orders Policy with the suggested addition being made to the policy. Dr. Quale seconded the motion. Motion carried,</i></p>	
NOZIN formulary addition— <i>See attached</i>	<i>Action: Dr. Quale made the motion to accept the NOZIN formulary addition. Dr. Menet seconded the motion. Motion carried.</i>	
Administrative Report		
Physician Development/Recruitment Updates (Dan)	Nothing at this time.	
Strategic Plan/Master Facility Updates (Dan)	The cost for the future building of the MOB and other improvements have drastically increased since pre COVID days, about 70-80% more. There is discussion to use shell space for time being to spread the cost out over time. More information to come.	
Patient Satisfaction— <i>See attached</i> (Amy) (Tabled until September)	Q2 2022 will be available by September MEC meeting.	
Patient Services (Amy)	Staffing is still a struggle. EVS and FNS continue to be short-staffed. Currently trying to make sure there are enough FNS staff to cover patient meals/needs. Amy mentioned the next hurdle being the retirement of Tracy Wurtzler and the recruitment for her position.	
Business Developments (Teresa)	In mid-August Dr. Graney’s partner will be picking up an extra half day of clinic (Mary Hickner). She is renting space from the hospital’s clinic area. There is also a Urology Clinic that will be opening up, doing a half day of clinic a couple times a week.	
Public Relations Board Report-April 2022 & May 2022 — <i>See attached</i>		
Opportunities for Improvement	Dan updated the committee that Medica now owns more than half of DHP. Dan also informed the group that Quartz is becoming increasingly aggressive with provider reimbursements under new CEO-most contacts the hospital had have quit.	

Agenda Item (Facilitator)	Discussion	Follow Up Action
Adjournment:	With no further business to attend to the meeting adjourned.	Next meeting: September 12, 2022

Stoughton Health Quality and Safety Report Card Fiscal Year 2022 – Quarter 2

Quality Measures	Desired Direction	RWHC	National	GOAL	Jan-Mar 2022	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
Global Immunization-Core Measure																		
Inpatient Influenza Vaccination Rate (Effective October-March only)	↗	75% Q4 2021	94% Q4 2019 Median	100%	99%	100%	100%	96%	98%	100%	98%	95%	N/A	N/A	N/A	N/A	N/A	N/A
Pain Management																		
Pain Assessment and Reassessment (Inpatient Only)	↗	n/a	n/a	> 90%	86%	ND	81%	87%	81%	92%	72%	94%	81%	77%	81%	87%	88%	95%
Patient Flow Measures																		
Emergency Room to Admission (minutes) Core Measures																		
Decision to admit to transport to inpatient unit (median) - previous project, continue to monitor	↘	86	129	<RWHC	102	106	88	125	86	99	84	106	84	95	81	85	62	60
Emergency Room to Discharge (minutes) Core Measures																		
Length of stay in ER for patients discharged (median)-excl MH and TX	↘	126	150	<National	169	165	172	171	152	161	138	140	162	160	179	155	145	140
Median Time to EKG for Chest Pain and Acute MI (minutes) No longer publicly reported - continue to monitor to ensure process is hardwired	↘	n/a	n/a	<10	0	0	2	10.5	3	7.5 min	1 min	4 min	8	6	25	7.5	12	7.5
WI National GOAL																		
Key Patient Information Communicated with ED Transfer (All EDTC) - public reporting	↗	74%	75%	>53%	87%	80%	93%	87%	87%	93%	76%	93%	82%	80%	87%	80%	96%	87%
Columbia Suicide Screening completed in ED	↗	n/a	n/a	100%	98%	98%	98%	97%	97%	97%	97%	97%	98%	98%	97%	98%	97%	

Pay for Performance Measures	Desired Direction	GOAL	Jan-Mar 2022	Oct-Dec 2021	Jul-Sep 2021	Apr-Jun 2021	Jan-Mar 2021	Oct-Dec 2020	Jul-Sep 2020	Apr-Jun 2020	Jan-Mar 2020	Oct-Dec 2020	Jul-Sep 2019
Quality (Dean Insurance and/or Medicaid)													
<i>DHP Reporting Period 10/01/2020 - 09/30/2021</i>													
Healthcare Personnel (HCP) Influenza Vaccination Rate	↗	98%	99%	99%	NA	NA	99%	99%	NA	99%	99%	99%	NA
Colon Surgical Site Infections (COLO)	↘	SIR ≤ .750	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
7Total Abdominal Hysterectomy Surgical Site Infections (HYST)	↘	SIR ≤ .930	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Central Line-associated bloodstream infections (CLABSI)	↘	SIR ≤ .570	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Catheter-associated Urinary Tract Infections (CAUTI)	↘	SIR ≤ .910	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Efficiency Measures (Dean Ins.) <i>DHP Reporting Period 10/01/2020 - 09/30/2021</i>													
GOAL													
30 Day Readmissions - Dean Primary Ins (1 year rolling calendar)	↘	≤ 6.1%	8.3%	8.3%	4.0%	7.4%	6.7%	8.6%	10.8%	7.0%	8.3%	6.3%	14.0%
1-day in-patient Medical Stays (1 year rolling calendar)	↘	≤ 15.4%	5.60%	11.1%	6.7%	6.3%	5.3%	5.9%	25.0%	34.8%	33.3%	29.0%	26.0%
Patient Satisfaction Measures (Dean Ins.)													
<i>DHP Reporting Period 07/20/2020 - 03/31/2021</i>													
Overall Rank Hospital High (9-10 on a scale of 0-10)	↗	≥ 86%	88%	88%	88%	Pass	Pass	Pass	85%	86%	87%	83%	85%
Doctor's Communicated Well	↗	≥90%	90%	90%	89%	Pass	Pass	Pass	87%	88%	89%	91%	92%
Nurse's Communicated Well	↗	≥89%	90%	90%	92%	Pass	Pass	Pass	88%	88%	88%	88%	88%
Staff Provided Discharge Instructions	↗	≥94%	94%	94%	93%	Pass	Pass	Pass	93%	95%	95%	94%	
Inpatient Psychiatric Services (Medicare) Core Measure													
GOAL													
Hours of Physical Restraint Use per 1000 patient care hours **		0	0	0	0.5	0	0	0	3.03	0	0	0	0
Hours of Seclusion Use per 1000 patient care hours		0.05	0	0	0	0	0	0	0	0	0	0	1.27
2 or more Antipsychotic Meds with Justification - Overall Rate	↗	100%	100%	100%	100%	ND	ND	100%	100%	ND	33%	0%	100%
Transition Record complete with 11 required elements (Started 01/2017)	↗	100%	92%	100%	97%	88%	92%	100%	100%	100%	92%	93%	93%
Timely Transmission of Continuing Care Plan (Started 01/2017)	↗	100%	92%	100%	97%	88%	92%	94%	100%	100%	89%	92%	95%
Alcohol Use Screening Completed (No longer reported but collected internally)	↗	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Alcohol Use Brief Intervention Received or Refused (Effective January 2016)	↗	100%	100%	100%	100%	ND	ND	100%	ND	ND	ND	ND	100%
Alcohol Use received or refused a RX for tx of alcohol or drug use disorder or a referral for addictions treatment.	↗	100%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0%
Tobacco Use Screening Completed (No longer reported but collected internally)	↗	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Tobacco Use Counseling and Treatment Received or Refused (TOB 2)	↗	100%	100%	100%	100%	100%	100%	ND	100%	ND	100%	ND	ND
Geriatric Psych Patient Influenza Immunization (Effective October-March only)	↗	100%	96%	100%	ND	ND	100%	100%	ND	ND	97%	84%	N/A
Screening for Metabolic Disorders (Effective January 1, 2017)	↗	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

**11/1/2016 - Restraint data is more of an estimate, unable to obtain actual 2016 Patient Days until year end, used fiscal year data as denominator in the estimation
Patie

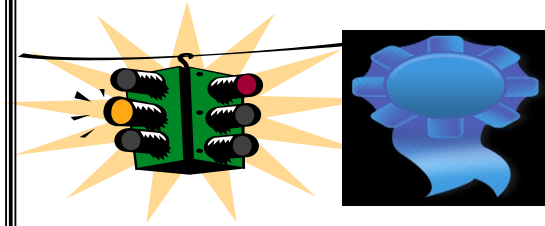
STOUGHTON HOSPITAL BALANCED SCORECARD

Current Indicator Status

Compared to Goals, Best In Class Benchmarks or Other Standards

Surpassed Stretch Goal	At or Above Goal	Caution < 5% Below Goal	Action Needed
------------------------	------------------	-------------------------	---------------

* Corrective Action Plan required for scores in Red Zone. Score is greater than 5% from Goal.



2nd Quarter
Fiscal Year 2022 Results for
3/31/2022

QUALITY AND SAFETY		SERVICE		SERVICE (Cont)		PEOPLE		GROWTH		FINANCES	
30 - Day Inpatient Readmission Rate Goal: ≤ 4%	Current Qtr 6.9%	Inpatient HCAPHS Rank Your Hospital High (Overall 9/10) Goal: ≥ 95%	Current Qtr 89.0%	Emergency Department HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 82.0%	Turnover (excluding Per Diems) *measuring rolling 12 mo results each Qtr Goal: ≤ 18%	Current Qtr 19.5%	New Patient Records Goal: 343 or more (per Qtr)	Current Qtr 444	Operating Margin Year-to-Date Goal: ≥ 5.4 %	Current Qtr 15.0%
	Recent Qtr 1.6%		Recent Qtr 93.0%		Recent Qtr 91.0%		Recent Qtr 17.6%		Recent Qtr 491		Recent Qtr 15.9%
	Prior Qtr 8.2%		Prior Qtr 75.0%		Prior Qtr 91.0%		Prior Qtr 15.5%		Prior Qtr 522		Prior Qtr 5.1%
Completion of Columbia Suicide Severity Rating Scale Goal: = 100%	Current Qtr 98.0%	Outpatient Rehab & Medical Imaging HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 98.0%	Geriatric Psych HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 99.0%	New Hire Turnover as % of Total YTD turnover Goal: ≤ 31%	Current Qtr 25.0%	Ancillary Hospital Outpatient Visits Goal: 9398 or more (per Qtr)	Current Qtr 7766	Percentage of Departments Meeting or Progressing Toward Top Quartile Productivity Ranking Goal: ≥ 80%	Current Qtr NO DATA
	Recent Qtr 97.0%		Recent Qtr 98.0%		Recent Qtr 99.0%		Recent Qtr 21.0%		Recent Qtr 9789		Recent Qtr NO DATA
	Prior Qtr 98.0%		Prior Qtr 99.0%		Prior Qtr 99.0%		Prior Qtr 11.0%		Prior Qtr 10052		Prior Qtr 88.0%
Quarterly Inpatient Fall Free Days/Injury Free Days Goal: ≥ 90 days	Current Qtr 90	Ortho Clinic HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 100.0%	Ambulatory Surgery HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 86.0%	Applicant Pool Days to Fill Goal: ≤ 49 days	Current Qtr 51	OR Procedures Goal: 415 or more (per Qtr)	Current Qtr 427	Total Compensation As % of Net Patient Total Revenues Goal: ≤ 48%	Current Qtr 39.6%
	Recent Qtr 92		Recent Qtr 95.0%		Recent Qtr 51.0%		Recent Qtr 53		Recent Qtr 361		Recent Qtr 39.0%
	Prior Qtr 91		Prior Qtr 59.0%		Prior Qtr 81.0%		Prior Qtr 51		Prior Qtr 363		Prior Qtr 46.4%
Appropriate Identification and Treatment of Symptomatic Urinary Tract Infections (UTI) Goal: ≥ 60%	Current Qtr 86%	General Surgery Clinic HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 93.0%	General Surgery Clinic HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 93.0%	Worker's Compensation Loss Ratio Goal: ≤ 10%	Current Qtr 44.0%	ER/UC Admissions Goal: 7090 or more (per Qtr)	Current Qtr 6836	Non Clinical Fixed Cost Goal: ≤ 37%	Current Qtr 33.3%
	Recent Qtr NO DATA		Recent Qtr 98.0%		Recent Qtr 98.0%		Recent Qtr 101.0%		Recent Qtr 7952		Recent Qtr 31.6%
	Prior Qtr NO DATA		Prior Qtr 99.0%		Prior Qtr 99.0%		Prior Qtr 87.0%		Prior Qtr 7783		Prior Qtr 38.3%

Stoughton Hospital Association DVC Hospital Scorecard

Performance Summary					DVC Performance		
DVC Reporting Period	February	May	August	November	Total Score Ranges		2022/23 Escalator
Quality Domain (40% Max)	40.0%	40.0%	0.0%	0.0%	90.0%	100.0%	3.0%
Satisfaction Domain (20% Max)	20.0%	20.0%	0.0%	0.0%	80.0%	89.9%	2.5%
Efficiency Domain (40% Max)	35.0%	35.0%	0.0%	0.0%	70.0%	79.9%	2.0%
					60.0%	69.9%	1.5%
					50.0%	59.9%	1.0%
Total Score (100% Max)	95.0%	95.0%	0.0%	0.0%	0.0%	49.9%	0.0%
					Average		

I. QUALITY DOMAIN (40% of Total)

CAUTI - Catheter Associated Urinary Tract Infections ⁽¹⁾					Performance Ranges			% Points
Metric Weight (% of Quality Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	+	0.000			0.0	0.710	100.0%	
% Earned	100.0%	100.0%			0.711	1.000	50.0%	
Quality Domain Subtotal	13.3%	13.3%			1.001	+	0.0%	

Central Line-Associated Bloodstream Infections ⁽²⁾					Performance Ranges			% Points
Metric Weight (% of Quality Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	+	+			0.0	0.640	100.0%	
% Earned	100.0%	100.0%			0.641	1.000	50.0%	
Quality Domain Subtotal	13.3%	13.3%			1.001	+	0.0%	

Surgical Site Infections - Colon Surgery ⁽³⁾					Performance Ranges			% Points
Metric Weight (% of Quality Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	+	+			0.0	0.690	100.0%	
% Earned	100.0%	100.0%			0.691	1.000	50.0%	
Quality Domain Subtotal	13.4%	13.4%			1.001	+	0.0%	

Clostridium Difficile Infections (Report Only - TBD) ⁽⁴⁾								% Points
Metric Weight (% of Quality Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	0.868	0.802						

II. SATISFACTION DOMAIN (20% of Total)

HCAHPS - Ranked Hospital's Performance High ⁽⁵⁾					Performance Ranges			% Points
Metric Weight (% of Satisfaction Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	88.0%	88.0%			100.0%	86.0%	100.0%	
% Earned	100.0%	100.0%			85.9%	82.0%	75.0%	
Satisfaction Domain Subtotal	5.0%	5.0%			81.9%	78.0%	50.0%	
					77.9%	0.0%	0.0%	

HCAHPS - Doctor's Communicated Well ⁽⁶⁾					Performance Ranges			% Points
Metric Weight (% of Satisfaction Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	90.0%	90.0%			100.0%	90.0%	100.0%	
% Earned	100.0%	100.0%			89.9%	87.0%	75.0%	
Satisfaction Domain Subtotal	5.0%	5.0%			86.9%	84.0%	50.0%	
					83.9%	0.0%	0.0%	

HCAHPS - Nurse's Communicated Well ⁽⁷⁾					Performance Ranges			% Points
Metric Weight (% of Satisfaction Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	90.0%	90.0%			100.0%	89.0%	100.0%	
% Earned	100.0%	100.0%			88.9%	86.0%	75.0%	
Satisfaction Domain Subtotal	5.0%	5.0%			85.9%	84.0%	50.0%	
					83.9%	0.0%	0.0%	

HCAHPS - Staff Provided Discharge Instructions ⁽⁸⁾					Performance Ranges			% Points
Metric Weight (% of Satisfaction Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	94.0%	94.0%			100.0%	94.0%	100.0%	
% Earned	100.0%	100.0%			93.9%	92.0%	75.0%	
Satisfaction Domain Subtotal	5.0%	5.0%			91.9%	90.0%	50.0%	
					89.9%	0.0%	0.0%	

III. EFFICIENCY DOMAIN (40% of Total)

30 Day Inpatient Readmission Rate ⁽⁹⁾					Performance Ranges			% Points
Metric Weight (% of Efficiency Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	8.3%	8.3%			0.0%	6.1%	100%	
% Earned	75.0%	75.0%			6.2%	12.1%	75%	
Efficiency Domain Subtotal	15.0%	15.0%			12.2%	15.1%	50%	
					15.2%	+	0%	

1 Day Inpatient Medical Stay Rate ⁽¹⁰⁾					Performance Ranges			% Points
Metric Weight (% of Efficiency Weight)								
Run Date	February	May	August	November				
DVC Hospital Metric Score	11.1%	5.6%			0.0%	15.4%	100%	
% Earned	100.0%	100.0%			15.5%	20.4%	75%	
Efficiency Domain Subtotal	20.0%	20.0%			20.5%	25.4%	50%	
					25.5%	+	0%	

* - Run Dates are firm - Reporting Timeframe will be contingent on what is publicly available on the Run Date

- (1) Standardized infection ratio (SIR) compares a single hospital's number of catheter associated urinary tract infections to a national standard. (Source: wicheckpoint.org)
- (2) Standardized infection ratio (SIR) compares how a single hospital's number of central line associated bloodstream infections, for patient's in ICU's, Medical, Surgical, and Medical/Surgical Units compares to a national standard (Source: wicheckpoint.org)
- (3) Standardized infection ratio (SIR) compares how a single hospital's number of surgical site infections, for colon surgery, compares to a national standard (Source: wicheckpoint.org)
- (4) Standardized infection ratio (SIR) compares how a single hospital's number of Clostridium difficile infections compares to a national standard (Source: wicheckpoint.org)
- (5) Percent of HCAHPS survey responses that rated the hospital 9 or 10 overall on a scale of 0-10. (Source: wicheckpoint.org)
- (6) Percent of HCAHPS survey responses that Doctor's Communicated Well. (Source: wicheckpoint.org)
- (7) Percent of HCAHPS survey responses that Nurse's Communicated Well. (Source: wicheckpoint.org)
- (8) Percent of HCAHPS survey responses that were "YES" for staff provided discharge instructions. (Source: wicheckpoint.org)
- (9) Percent of patients discharged from an inpatient hospital stay who are readmitted as an inpatient within 30-days. (Source: DHP claims)
- (10) Percent of patients admitted for a 1-day Inpatient Medical Stay. (Source: DHP claims)

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**Continuous Improvement Committee Meeting Minutes
May 24, 2022 Bryant Center/Zoom**

Presiding: Jennifer White
Attendees: Amy Hermes, Donna Olson, Teresa Lindfors, Rhonda Tesmer, Angie Polster, Michelle Abey, Chris Schmitz, Laura Mays, Dan DeGroot, Dr. Davidson-Fiedler
Excused:
Guests: Emily Devine, Emily Grosse, Melissa Trumm, Tracy Wurtzler, Pauline Cass, Ghadeer Alaffi, Angie Rowin-Tippit, Molly Klongland, Roberta Sarow, Nancee Linnerud, Taylor Harmel,

Agenda Item (Facilitator)	Discussion	Follow Up Action
Approve April Meeting Minutes	Reviewed and approved	
CI Dashboard	Supplemental documentation	
Regulatory Updates: DNV, JC and CMS	4.06 Sentinel and Serious Events Policy updates were approved by the Board of Directors.	
Liz Touchett Rehab Services	<p>Iontophoresis: (Emily Devine) KOM Target: Reduce clinic cost by at least 50% this fiscal year Current KOM: -\$1,047.63/year (93% cost savings) On May 1st began splitting 50 ml dexamethasone into two 25ml bottles for Oregon and SWAC. They were previously ordering 50 ml bottles that are good for 1 month. If not used, they dispose excess. Discontinued use of phonophoresis on April 1st since the data did not support use of dexamethasone with ultrasound based on our current practices in the clinics. Lessons Learned: Continue to challenge our staff to use evidence-based practices, which is not only good for patients but also good from a cost savings and outcomes. Next Steps: Continue to monitor clinic use and adjust purchasing as indicated.</p> <p>Flowsheet Documentation: (Emily Grosse) KOM Target: 75% of inpatient rehab staff utilizing flowsheet documentation within 1 month of implementation, 100% of rehab staff utilizing by 3 months. Current KOM Status: 28%, 6 OT, 2 PT staff utilize flowsheet documentation, 28 total staff. Currently, our primary inpatient PT team are utilizing the flowsheet, adjusting the note template and learning the updated workflow that staff will need to be trained on. Daily Note started in early May and is working smoothly with refreshing flowsheet and copying forward base note.</p>	<p>APPROVED project for completion.</p> <p>Project to continue.</p>

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[Governing Board Packet, Page 65](#)

Agenda Item (Facilitator)	Discussion	Follow Up Action
Cardiac Rehab	<p>Lessons Learned: There are different settings within the flowsheet cells that allow information to flow between departments. Staff are identifying these areas and making adjustments to the overall flowsheet in addition to practicing and updating their workflows. Training staff in the next few months will be a slow process as their coverage for inpatient is less frequent. Emily explained the value of progress notes over the flowsheets to communicate to providers and other PT's working with the patient. The team has been in touch with coders and HIM about the project.</p> <p>Next Steps: Test Eval and Daily Note flowsheet template, pilot with inpatient Pts. Train all staff during upcoming in-service. July-October will be the Go Live, and they will track and trend utilization.</p> <p>Cardiac Rehab Phase II Outcomes: (Melissa Trumm) KOM Targets: Six Minute Walk assessment (functional capacity measure) <i>Goal: >15% from initial cardiac rehab session to discharge session. Stretch goal =17%</i> Current KOM Status: 26% - Q1 2022 Our team determined the best KOM measure is the six-minute walking assessment as it remains the best functional tool for assessing exercise capacity in cardiac rehab patients. The test is well tolerated by patients, is easy to administer, and reproduces the activity of daily life. In addition, peak METs is not as functional secondary to patients' limitations to complete a submax treadmill test and limitations with MET readings on equipment. The six-minute walking test remains a valid tool for assessing functional capacity for prescribing exercise and is a great alternative to the sub-max treadmill test. Individual patient motivators include six minute walk test and percent change with MET levels from pre/post.</p> <p>Cardiac Rehab Paperless Charts: (Melissa Trumm) KOM Target: reduce paper charts by 75% Current KOM Status: TBD Lessons Learned: SSM still uses a paper chart, much smaller than our current version, but we will not be able to completely remove them like originally thought. Next Steps: Staff to meet to determine which aspects of the chart can be moved to the electronic platform vs staying in paper chart.</p>	<p>APPROVED project for completion.</p> <p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
<p>Tracy Wurtzler Surgical Services</p>	<p>Surgical Pre-Op Decolonization for Total Joint Population: KOM Target Transition from nasal cultures to 100% decolonization of total joint population Current KOM Status: 90% of total joints were decolonized this 8 cycle period. Rationale for this project was based on updated AORN recommended practice guidelines released 05/2021 for skin antisepsis supports the nasal decolonization process. Findings and Lessons Learned: Reviewed audit forms from 3/22 thru 5/16. Of the 21 total joints audited 19 or 90% had decolonization completed. The audit form demonstrated that the decolonization were completed, but documentation in EMR continues to be inconsistent. For ease of ordering and documentation I have asked informatics to place a high priority ticket to build an order to enable documentation of procedure in the MAR. Of the 2 patients with an MRSA culture completed, it was discovered that the pt's PCP placed the order. Next Steps: Drill down to see if there are specific providers that can be updated to change to decolonization. Work with EPIC to build as a MAR order for decolonization to create means of documentation of completion and charging. Nozin rep will be onsite for in person meeting this month. Will work implementation of Nozin decolonization BID on Inpatient unit during their stay.</p> <p>Obtaining True OR Efficiency: KOM Target: Collect initial data related to specific time metrics. Share this information and scope of project with team members. Current KOM: Shared that the range of time from wheels in the room to incision was 25 to 62 minutes and the average was 40 minutes. Met with key stake holder group without causing defensive or demoralizing interactions. Good discussion and some idea sharing ensued. Lessons Learned: Having CRNA staff and Dr. Rawal as part of the discussion was imperative for buy in. Specific suggestions and ideas shared. All stake holders agreed to meet again as a group. EPIC has some metrics that can be monitored easily but there are other metrics that cannot be monitored in EPIC. Next Steps: Meet with individual subgroups in the next two weeks to</p>	<p>Project to continue.</p> <p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>develop process monitoring and goals. Each subgroup is to look at their portion of the patient/room prep to identify what they need to look at more closely for goal setting/items to monitor. Dan asked about the goal/day for total joint procedures. Tracy stated the goal is for 4 procedures/day and still be done by 3. There will need to be conversations between the scheduler and Dr. Rawal. Right now, they will only be looking at the timeliness of total knees because that is the highest volume.</p>	
<p>Pauline Cass (Amy) Pharmacy</p>	<p>Fluid Overrides: KOM Target: <5% of fluids removed utilizing override Current KOM Status: 21% of fluids pulled were removed using override in April. This measure supports quality and safety, as well as finance. Lessons Learned: There is a disconnect of importance of not overriding fluids—opportunity for re-education. Next Steps: Continue to track data to identify next steps now that education has been provided for nursing. Identify RNs responsible for overrides and meet with 8 individuals to identify barriers to placing orders, tools to simplify the process, and develop action plans to decrease overrides. She also is meeting with Pyxis to look at options, like removing fluids from the override list so they cannot override it &/or place the fluids in the DUO station, right outside the pharmacy to have more accurate tracking, or in a worst case scenario, requiring a dual sign-off. Pauline did discover that a significant number of those overrides occurred while pharmacy was in house, so the staff nurses are not using the resources available. Additionally, none of the April overrides had an order placed later. Dan asked about the progressive care policy and how that could be leveraged. The policy is built to work but our staff just have hardwired a different process. Michelle asked about hardwiring the correct process in place with consideration of travelers/turnover, etc.</p> <p>Tech Check Tech Program: KOM Target: accuracy rate of at least 99.8% after checking 500 product verifications Current KOM: Project was previously placed on hold due to staffing level; therefore, no data available at this time. Tech Check Tech Process Map has been completed. Lessons Learned: Before implementing this program, it is important to have solid procedures in place. We will start there and ensure we have buy-in from the entire department Next Steps: Create a policy/procedure for implementation of the tech/check/tech program.</p>	<p>Project to continue for one more cycle and encouragement to find a solution that does not rely on changing human behavior via education. Amy encouraged using the form in use for discrepancies that asks the individual to identify the barriers to following the policy.</p> <p>Project to continue.</p>
<p>Ghadeer Alafifi Specialty/Wound Clinic CH&WC Ortho Clinic</p>	<p>Adult Wound and Skin Policy Bundle: Skin Integrity Prevalence Study:</p>	<p>Project on hold. Teresa will follow up with Molly and Heather where this project is.</p> <p>Project on hold. Teresa will follow up with Molly and Heather where this two project is.</p>

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Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>Demand, Capacity and Access of the Multi-Specialty Clinics: KOM Target: Achieve greater than 80% fill rate/provider/day. Current KOM: (April) Schwaab 80%, Dr. Rawal- Ortho Madison 93%, Sto 100%, PA Jenni 82%, Clark 80%, Dr. Kaji 100% Lessons Learned: Utilizing RN skills to manage My Chart, patient education, and triage in the basket. Proven to allow PAs to focus on the patient in the clinic When we perform a search for an Orthopedic Surgeon in the local area of Stoughton and Madison. Renee Burk, PA, is listed on the Alliance website, but not Dr. Rawal. For example, all other Orthopedic surgeons, Dr. Keyes and Dr. Ali, are listed as the only providers in the Stoughton area. There is a high percentage of cancellations and no-shows for Wound Clinic Continue to manage referrals and Work Queues. Dan asked about the decrease in referrals and requested data to show this over time. He also stated that there are new providers in SSM Clinic who may not have met and/or be aware of the surgeons and their services. He recommended efforts be made to remedy that with face-to-face meetings with new DMG PCP in Stoughton. Dan asked the graph to include the data for the number of visits/day by specialty. He also stated that we need to leverage the PA's so that Dr. Rawal can be available to see referrals. If the clinic is becoming capped, we need to start looking at hiring another orthopedic surgeon. Amy asked if there was anything that could be done with the UC when patients present with injuries, wounds and/or cellulitis for potential referrals to our services. Next Steps: Manager to proactively monitor fill rates each week. Data to be gathered and recommendations to follow. Request to create Work queue by service line or zip code, (contingent upon SSM/Epic approvals) Will add urology when that is ready and Ghadeer will monitor them too)</p> <p>Multi-Specialty Clinic Phone System: KOM Target: Decrease abandon rate to 10% or less Current KOM Status: April 2022 Clinical staff: Card 9%, Ortho Sto 16%, Ortho MSN 16%, General Surgery 18% Receptionists: Card 3%, Ortho Sto 2%, Ortho MSN 3%, and General Surgery 4%. Lessons Learned:</p> <ul style="list-style-type: none"> • Clinical calls are driven mainly by increasing abandoned calls due to open positions at General Surgery, and staff is busy helping with procedure rooming, scheduling surgery...etc. • To provide a high quality of service, we are utilizing the RNs' skills to educate patients face-to-face during their consult visit for their upcoming surgery. This model proved that patients better 	<p>Project to continue with request for additional data.</p> <p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>understand their procedure and allowed time for questions to be answered in person, improved compliance with preoperative preparation and planning for surgery at the preferred time frame.</p> <ul style="list-style-type: none"> • Cardiology patients require ongoing clinical staff to schedule and follow up on results of Blood Pressure, Pulse, EKG, ECHO, Event Monitor, and Cardioversion and any orders from the Cardiology providers. • New receptionist started on 2/21/2022 decreased the appointment abandoned rate • On track with Cross-training staff, especially in scheduling and registration. <p>Next Steps: Hiring clinical staff to improve Clinical abandonment rate. Continue to measure phone data, cross-training staff, and monitor specific reporting on how many phone calls for receptionist vs. triage.</p>	
<p>Angie Rowin Environmental Services-</p>	<p>Linen Project:</p> <p>KOM Target: Reduce bulk linen orders by 50% by utilizing exchange carts linens.</p> <p>Current KOM: no data at this time</p> <p>Linen aide retired after 25 years. Linen assignment has not reviewed or changes for improvement made in 10 years. Additionally, linen room inventory, stocking and organization has not been done in 15 years. Linen room was cleaned, renovated and reorganized in December to increase efficiency and provide more space.</p> <p>Lessons Learned: We realized how critical cleaning and reorganizing the linen room provided.</p> <p>We have many opportunities for improvement in this area: Efficiency, inventory, processes and savings. Continue stocking non exchange cart departments with excess linen from departments with them. Impact will be to decrease size of bulk linen order volume. Examples include ordering fewer fitted sheets for day surgery. They want the linen order to match our need based on census.</p> <p>Next Steps: Continue to retrieve resources for linen inventory reduce bulk ordering. Collect the data for savings and continue making necessary changes for improvement and have ready for new job description.</p>	<p>Project to continue.</p>
<p>Dan/Autumn Food and Nutrition Services</p>	<p>IDDSI-Dysphasia Diet:</p> <p>KOM Target: IDDSI recommends that health care professionals use a 3-step implementation process, beginning with building</p>	<p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>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 was September 2022 (earliest) – Hopeful for March 2023.</p> <p>Current KOM: This is the Seventh (May 2022) of several milestones/CI updates – RDNs and SLP are becoming familiar with the IDDSI website & resources. We have formed our IDDSI Implementation team. We have determined our IDDSI implementation tasks & developed an IDDSI implementation Calendar. RDNs are educating themselves on the new terminology, Policy & Procedures for IDDSI implementation completed, IDDSI background, mapping & framework was presented at the FNS dept. meeting & 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.</p> <p>Lessons Learned: Update 5/24/2022 – Scheduled One FNS staff person to have two IDDSI days in the month of April, which greatly helped with completing the testing of Fruits & Soups and starting Sides, Eggs & Condiments. Two more IDDSI days scheduled in June. Having testing on the schedule lets staff plan ahead.</p> <p>Next Steps: Update 5/24/2022 –Hopeful for staffing availability. Plan is to continue to provide scheduled training time, and continue to work through the testing of the On Call Café menu items.</p>	
<p>Brian Swain Material Services</p>	<p>Off Contract Purchase Reduction:</p> <p>KOM Target:</p> <ol style="list-style-type: none"> 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. We are currently working with Vizient to setup a reporting mechanism to track on vs off contract purchases. We need to know this information to set a KOM and to track and measure it. Interface between Vizient and Multiview needs to be created. 2. Review top 75% of break bulk charges from January - April and change ordering units when appropriate <p>Current KOM Status:</p> <ol style="list-style-type: none"> 1. N/A – project was on hold. See notes in previous KOM Target section. 2. We have reviewed the invoice details to specifically focus on 	<p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
Accounting	<p>the top charges for January – April. We have identified approximately 20 products that account for 75% of the break bulk fees for that time period. We are currently reviewing those products to see if we can change our ordering practices.</p> <p>Results: Contract pricing – TBD. Break Bulk Fees – Have seen a downward trend in fees over the past eight months but a recent increase. We have identified the products with the largest fees and will work to resolve them first.</p> <p>Next Steps: Keep learning how to better utilize the Vizient platform so we can identify off contract purchases. Start to research contracts and our pricing. Review break bulk invoices to convert our ordering units.</p> <p>Backorder Communication: KOM Target: 1. By 7/31/2022, implement a process to communicate backorders on items from our primary distributor (Owens and Minor) to all managers. 2. By 7/31/2022, implement a process to communicate when products are on backorder and out-of-stock (or close to it) in the storeroom for those items that are stocked in other departments by Material Services. Current KOM Status: N/A – we are just starting this project Lessons Learned: We are just starting but we know and have learned that we need to do a better job of communicating backorders. Next Steps: Hold a Departmental Meeting to review our current process and to begin to develop a new process. Dan pointed out that Chris is working on a new Intranet and this could aid by creating a portal, where these issues could be shared in this portal for all managers. More to come.</p> <p>Accounts Payable Workflow: 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). Current KOM Status: 40% of medical providers are being paid via ACH. Original KOM: 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,</p>	<p>Project to continue.</p> <p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>distribution codes and email reminders for workflow tasks). We also implemented Electronic Payables (E-Payables) with Paymerang.</p> <p>Lessons Learned: Converting vendors/providers from check to ACH or card payments takes longer than expected. Some vendors are not familiar with Paymerang and/or need to verify the service through their channels first.</p> <p>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> <p>Multiview Implementation:</p> <p>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.</p> <p>Additional KOM added: Implement the budget module by 6/1/2022, in time to use for the preparation of the FY 2023 budget in June and July.</p> <p>Current KOM Status: Went live with Multiview on 10/1 and completed October 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. Currently, the focus of the Accounting team is on implementing the budget module. Once that is implemented, we will work on management reporting with a goal of having it available in the next 60 days. Budget module implementation is 90% done. We are on track to finish building the module in the next couple of weeks and it will be ready for use starting in late May or early June.</p> <p>Next Steps:</p> <ol style="list-style-type: none"> 1. Continue weekly work sessions to finish implementing the budget module. 2. Test the budget module and begin preparing the FY23 budget when any issues are fixed. 3. Implement management reporting. 	<p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
<p>Chris Schmitz Human Resources</p>	<p>Creating Measurable Employee Engagement Action Plans: KOM Target: Leverage three key areas to improve to move from 59th to 93rd 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. Senior Leadership support to hire DE ². Recruitment pending satisfactory terms of employment. Lessons Learned: 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 -> Patient Safety -> Senior Leader Performance Next Steps: Utilize Director of Experience and Engagement to drive AC and Leadership Action Plans.</p> <p>Attracting, Retaining, and Engaging New Hires, the Critical Pieces of New Hire Retention: (joint project with HR, EVS and FNS) KOM Target: 1. Reduce number of open positions in EVS and FNS by 50%. 2. Then in future cycles, reduce new hire turnover from 27% to below 23%. Current KOM: 1. FNS openings = 6, 20 FNS Applicants. EVS openings = 7, 18 EVS applicants 2. No data at this time. Lessons Learned: The team realized that while new hire retention is critically important, it is most pressing to have an applicant pool to begin. This team struggles most in attracting a qualified applicant pool. Examples of recent unqualified applicants were provided. Next Steps: Focus on increasing the numbers of qualified applicants for each position that convert to new hires. Once we decrease our existing openings by 50%, we will then pivot to focusing on new hire retention.</p>	<p>Recommend placing this project in the parking lot. The new Director of Experience and Engagement will work with this project once they are up and running. Recommended to Chris that he roll the new intranet implementation up as the new project.</p> <p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
<p>Laura Mays Public Relations: presented by Taylor Harmel</p>	<p>Taking Community Education Virtual: KOM Target: Goal #1- 90% of registered participants will attend education classes. Goal #2- Convert 10% of Dr Rawal and Dr Schwaab’ s class and screening attendees to patients. Current KOM: Goal #1 – 77% registered participants attended class Goal #2 – 20% have converted Numbers will be calculated April 2022 for the first half of FY22. Lessons Learned: People registered do not always attend- Still an issue – Have noticed that 20-30% don’t attend when registering Next Steps: Cross check automatic email list with our registration list</p> <p>Media Consent Form: KOM Target: To meet or exceed 90% of employees to complete media consent form Current KOM: 85% of employees have completed their media consent form. We are still working towards meeting or exceeding 90% of total employees including PRN. When excluding per diem employees from the total, we have met our goal at 91%. 53 employees have not turned in there forms, per diem employees are harder to reach. Project leader is recommending to end this project and begin a new one focused on increasing google reviews</p>	<p>Project to continue through end of current fiscal year for conversion numbers.</p> <p>APPROVED project for completion. New project approved to Increase Google Reviews.</p>
RCA	No RCAs at this time.	
NOTES:		
Parking Lot (items for next meeting)		
Reviewed and Approved by:	Respectfully Submitted by: Jen White	
NEXT MEETING: June 28, 2022 9:00 - 12:00 PM Bryant Center or ZOOM		

Continuous Improvement Committee Meeting Minutes
June 28, 2022, Bryant Center/Zoom
9:00 am – 12:00 pm

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

Agenda Item (Facilitator)	Discussion	Follow Up Action
Approval March Meeting Minutes	Reviewed and Approved	
CI Dashboard	Supplemental documentation	
DVC P4P BSC and QSCR Q2 FY22	DHP DVC Note: The HCAHPS data has not been updated since January, therefore, for the May scorecard, we have carried over the Q1 results. Once the HCAHPS data has been released we will make an update to the scorecard results for Q2. This will be reflected on the August Scorecard.	
Scope of Practice from 90-day Plan	Determine where this should live since 90-day Plans have been eliminated. There are several options which include the following: <ul style="list-style-type: none"> • Add as an appendix to CI Program and Plan • Create a new policy • Add a glossary to CI Dashboard in a separate tab • Explore other options 	Will address this after reviewing the DNV CAH standards to see if the expectations are spelled out there.
Heather Kleinbrook Inpt	<p>Inpatient Admission Workflow: KOM target: implementation of a seamless workflow in which patients are safely and efficiently admitted to the IP dept. This has come up in the safety survey and affects patient and employee satisfaction. Information sharing completed at the inpatient staff meetings, recruitment is in process (invitation to ED and Surgical Services members included), and will hold first meeting to identify issues and opportunities.</p> <p>Isolation: KOM Target: Implement appropriate isolation precautions within 60 minutes of admission or upon new identification of any communicable disease (inpatient). Information sharing completed at the inpatient staff meetings, recruitment is in process. Working on hand-off communication between ED and MS/ICU in addressing isolation needs. Staff education planning for 1st team meeting. Working with Infection Prevention (IP) for use of infection monitoring dashboard. Bill to attend daily patient huddle to address IP needs. Will hold first meeting with IP staff members and team to identify issues and opportunities and set purpose, goals and interventions. Realized need</p>	<p>Project to continue, but a clear KOM needs to be identified, with measurable data.</p> <p>Project to continue, but an additional clear and measurable KOM needs to be identified. (For example: Zero SZP entries for lack of signage/precautions for isolation patients).</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
GP	<p>to look at this at a unit level and refocus attention on opportunities to implement at a department level and then trickle down to others or allow easier implementation in other areas.</p> <p>Pressure Ulcer Prevention: KOM Target: reduction in hospital-acquired pressure ulcers in line with national averages. KOM status: Inpatient RN Champion has been identified and is registered for a course to be held in July. Introduction and discussion of project at inpatient staff meeting, with sharing of recent SZP events with pressure wound prevalence study results. Recruitment for team in process. Wound and Skin binders shared with staff, including reference tools, resources, and P&P. Placed at all 3 nurses' stations. First meeting will identify issues and opportunities. Project is refocused to a department level for improving staff buy-in and greater accountability.</p> <p>End of Life: KOM Target: implementation of house-wide end-of-life workflow to enhance the comfort and peaceful passing of patients at the end of their lives, while also supporting families and healthcare providers during this transition. KOM status: Team meeting to identify goals and outcomes, develop educational materials for patients/families, and staff. Identify comfort measures for patients and families at end-of-life, create comfort menu, create signage to alert staff that the patient is under comfort care and actively dying, as well as signage to post once a patient passes. Added budget to inpatient departments to maintain project. Future considerations in a post-COVID world (house-wide pause after death/chime, staff escort of body out of hospital, end-of-life companions. Donna suggested that surveying families who have been through the process to identify their needs and/or working with Agrace and Heartland for suggestions. Michelle asked if this includes ER because deaths do happen there as well and those families may have different needs.</p> <p>Decrease GP Lab Draws (Co-leaders Heather Kleinbrook and Kyle Sippel) KOM Target: Implementation of finger-stick INR draws for G/P patients requiring anticoagulation. KOM Status: staff training completed, equipment implemented, EPIC point of care available. At the time project information was due, there were no admissions meeting testing criteria have occurred so mock testing and education completed and process worked without any issues and staff are able to complete point of care testing without concern. Kyle later reported that there was one successful patient.</p>	<p>Project to continue. Recommendation of a clear KOM needs to be identified, with measurable data (National Average and our own data needs to be part of the presentation.)</p> <p>Project to continue. Recommendation of a clear KOM, with clear goals and measurable data. If the goal is to create a workflow, there should be a workflow as part of the presentation.</p> <p>APPROVED for completion. If any concerns are identified with actual patients, the process/project will be reopened.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>Length of Stay of GP Patients: KOM Target: LOS <20 days for both AD and VD Diagnoses. Current KOM Status: April: AD with behavioral disturbance-11 days, VD with behavioral disturbance-0, May: AD with behavioral disturbance- 8 days, VD with behavioral disturbance. 1 outlier in April with Mixed Dementia with behavioral disturbance with a 9 day LOS. Project start: AD=24.5 days for AD, and 23.5 for VD. Team is monitoring LOS in multidisciplinary rounds, along with manager monitoring daily. Recommend that project continue to monitor until GP census returns to 8 patients. Currently at 5 due to staffing and typical diagnoses of patients.</p>	<p>Project to continue through the G/P population returning to 8.</p>
<p>Tina Strandlie RT</p> <p>ED</p>	<p>Outpatient Orders for Cardio Pulmonary Testing – Cardio & RT (co-leading with Registration/Ghadeer/Tina) – KOM Target: Reduction of cancelation rate by 50% (based on current rate 26%) Goal is 13% cancelation rate. Current KOM Status: unable to determine due to several changes and variables. Provider is out for an indefinite period of time and tests cancelled due to lack of provider available. Scheduling confusion with cardiac clinic and procedures. Working on increased training for staff. Tests scheduled without orders: scheduler was working with a fax copy that wasn't going to CP staff. One patient had event monitor put on twice. Scheduling process for stress tests is convoluted and will require several training sessions. Working on increased training for staff. There are 4 types of stress tests and two different ways that orders come in (from Dean (EPIC) and also UW (fax). Issues identified: accurate appropriately scheduled timely stress tests, consistent timely study supervision with stress tests. KOM: Errors with scheduling, Stress Test Volume to increase by X%. This can provide the data to justify a position to increase service and decrease out migration. Teresa indicated willingness to join the project.</p> <p>Columbia Suicide Screening: KOM Target: 100% screening for all ED patients. Current KOM Status: 98.6 % Feedback via emails continues. Data shared shows continued improvement. Some of those missed had significant issues (burns or critically ill) requiring immediate actions complete before charting. Next step: Proposing a hard stop that an after visit summary can't be printed if screening is incomplete. This would be a system-wide change. This is a regulatory requirement for completing the screening.</p>	<p>Project to continue. Recommendation to have new KOMs with data. Dual Tract: Study scheduling, General supervision/APP service overnight</p> <p>Process to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>Likelihood of Recommending: KOM Target: overall ranking of 90th percentile for the question “likelihood of recommending.” Current KOM status: 91st percentile, n: 175. Volumes continue to increase with high acuity. We are holding patients awaiting transfers for several hours and our provider is still managing these ill patients while managing the rest of the dept. Efforts made to keep patients updated. Continuing to monitor. Adding to the pressure, Dean Clinic is scheduling way out due to provider being on leave. Difficult to get an appointment with primary which is increasing our volumes and people are already frustrated by not being able to see their own primary.</p> <p>Rover/Lab Printer Roll Out – Lab stickers printing in ED (co-leading with Kyle) KOM Target: 0% wrong labeling incidences. Go-live was May 17 and went better than expected. There continues to be behind the scenes efforts to address any issues (WOWs being moved in ER and add-on testing) and another meeting is arranged to formalize any changes. ED portion of this project is completed. Kyle to continue monitoring for improvement opportunities with the rover/lab printer roll out.</p>	<p>Project to continue for one more cycle.</p> <p>APPROVED for completion.</p>
<p>Kyle Sippel Lab</p>	<p>Sample labeling Errors at the Time of Collection: KOM target: full implementation of unit/bed side labeling, with zero lab labeling errors. Current KOM = 0 hospital occurrence Mar-May. Bedside label/barcoded ID/validation implemented. Some issues with WOWs being moved in OR and ER (WOWs are now labeled) and affecting the location of the label printing and issues with add-on tests. Had first meeting to discuss dealing with workstation issues and bringing new workstations onto the units. Learned that we have the ability to re-direct internal tests to other labs during down time, increasing result accessibility when internal tests have to be sent to SMH. All issues reviewed and next steps include continued monitoring and education to staff to ensure hardwired workflows, gain access to scanning override report for monitoring, develop a process for WOW and printer downtime with Nsg units and IT, review add-on priority and functionality to improve notification and decrease lab re-labeling, investigate use of rover in outpatient settings. (May need to start banding outpatients). Project to continue with above next steps, for one more cycle.</p> <p>Kyle stated his next project will involve streamlining a process with Chemistries (sampling, studies and QA process) which seems we are doing extra (unnecessary steps). Dan asked for a process map of the as-is process now for the presentation. Lead tech responsibilities will be central in project.</p>	<p>Process to continue one more cycle to leverage the technology.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
<p>Sara Sturmer Medical Imaging</p>	<p>Glucose Monitoring Device: KOM target: Zero occurrences in SZP related to unintentional glucose monitor exposure. Current KOM Status: 1 occurrence reported. Policy and consent form updated pending compliance approval. Protocol to be implemented once approved by compliance committee.</p> <p>Laterality Marker Documentation on Portable X-rays. KOM Target: 100% Marker Documentation for each study on all images. Current KOM status: 92%. Exploring trending and the majority of portables are chest x-rays which also tend to be the most unmarked. Average 7% of total and 80% of the problem. Improvement from 35% in August 2021. Will narrow in on the barriers with marking portable chest x-rays.</p>	<p>Process to continue to ensure that the new process is hardwired.</p> <p>Project to continue.</p>
<p>Cyril Lyons Plant Operations</p>	<p>Power Strip Inspection and Inventory Improvement: Jason KOM target: Place all power strips on the smart print of Facility One and streamline the annual log so it is less time consuming. Will allow combining power strips in quadrants and removing those not utilized correctly. Current KOM status: all assets are in 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. The only identified barrier is the ability to access Facility One on the small i-phones we currently have.</p> <p>Fire System Improvement: Jason (project was halted during the COVID surge/CI break) KOM Target: Enter 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 completed in sections with the end result making it streamlined to find the devices quickly on a smart phone or table through our Facility One program and shorten response times. 99% of smoke detectors labeled (detectors at the top of elevator shafts were not labeled but the location is placed on Facility One's smart map so it is easily found if needed. Duct detectors are next and pull stations have been added to the list to do. Project to continue.</p>	<p>APPROVED for completion.</p> <p>Project to continue.</p>
<p>Sarah Watkins HIM</p>	<p>In House Sleep Study: (co-leading with Amy)-Victoria KOM Target: Average turnaround time of 15 days or less (based on industry average). Current KOM Status: Average of 21 days in waiting. Ongoing actions: communication with the HIM team to ensure studies are being assigned to the correct interpreting provider, communication with sleep techs to ensure the interpreting providers had all the documentation needed. In June, Michelle, Amy, and Sarah met to review the status of project. Coding/HIM have reduced the turnaround time but the final 6 day reduction to achieve goal (21 down to 15 days) average will need to come from clinician changes and this</p>	<p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
PFS	<p>was added to the sleep study team meeting agenda in June. Amy will be taking the lead to focus on patient satisfaction and quality of care with regards to turn around times/provider relations etc.</p> <p>Contract Build in EPIC-Bev Pope KOM Target: complete EPIC build of all contracted insurance payers. Current KOM status: zero out of 26 completed. Will be starting with DHP. Requested security for text and building in EPIC <i>test</i> site in March, began working on DHP contract, creating fee schedules and components. Scheduled frequent ongoing meetings between team to work on build. The biggest barrier now is making the time for this project. Another barrier could be time if we have to submit EPIC IT tickets. Next steps: complete DHP contract, test it and have it moved from the test environment to production. Team will get security for that process next month. Cigna contract has also been built since the slides were submitted. Map of the process shared.</p>	Project to continue.
Registration	<p>Increasing Front End Collections: (Co-Leading with PFS)-Bev KOM Target: 50% front end collection rate hospital wide. Current KOM status: 61% collection rate for April, 40% for May at Oregon Rehab. 50% collection rate for April and 55% for May in surgery. Planning is ongoing for SWAC implementation. Pilot group has made significant progress and is collecting at goal rate. Lessons learned: goals, opportunities and barriers will vary by location, some patients want to wait to get a bill, goal setting can be hard. Next steps: continue tracking Oregon and Surgery collections, begin working w/SWAC Reg and tracking progress, update Televox to prepare patients for copay collection, look at signage opportunities.</p> <p>Centralized Scheduling – Cardio & RT (Sarah Watkins, co-leading with Ghadeer/Tina) KOM Target: Transition and implement cardiology clinic and respiratory therapy scheduling to registration (excludes stress test scheduling). Current KOM Status: Goal met. In April’s CI presentation, requested phone stats monitoring for one more round. For April, total calls were 26 and 1 abandoned. For May, 36 total calls, 1 abandoned call.</p> <p>Operating Room Supply Billing: Victoria KOM Target: Review top 10 surgical procedures for accurate supply coding and charging. Current KOM Status: 10 of 10 procedures reviewed. PARA claim audit was completed and reviewed. Lessons learned: rules and regulations about OR supply billing under a CAH. Greater understanding of what is and isn’t billable. Some small adjustments were made for the billing based on the findings. Next steps: Make billing updates in accordance with audit findings, retain</p>	<p>Project to continue.</p> <p>APPROVED for completion.</p> <p>APPROVED for completion.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	billing knowledge when creating charges for new procedures.	
Ortho Team/ Multidisciplinary/Multidepartment Team Teresa	<p>Outmigration Project: KOM Target: Exceed outpatient visit budget assumptions for the year with 10% stretch goal. Current KOM status: Through April 2022, this year's mathematical projection = 48,161 visits. Budget = 45656 visits. Previous FY = 42,260 visits (5.5% increase; KOM at 10%). Blue Cross/Blue Shield has added Dr. Rawal and increased referrals noted. Obtain employee patient testimonials (let me care for you approach) to dispel concerns regarding privacy. Scripting created to assist staff in asking for Stoughton Health when in the clinic setting. Currently ahead of budget for the year, which is projecting a 6% increase in outpatient visits. General Surgery estimated a 50% increase this budget, which has proven to be a large stretch goal, and not met. EPIC E.H.R. continues to prohibit internal processes, which could help us. For example, if provider forgets to put in Stoughton Health specifically for MI order, it defaults to general SSM. Ophthalmology wants to fill their blocks but don't have enough staff to make happen currently. Continuing to meet with business owners to discuss the services Stoughton Health offers, with Stoughton Trailers next. Dan requested a run rate graph for the measures and a bar graph with goal. Venous laser ablations were increased and reflected in the clinic visits.</p>	Project to continue.
Sleep Amy	<p>Actigraphy with Sleep Patients: Amy KOM Target: 100% of studies needing actigraphy will have it done. Current KOM status: 4 for 4 (100%). When scheduling patients reminding them if they need to pick up actigraphy. Information shared with new medical provider and clinical staff. Dean Clinic team to make sure they have enough devices. There is a contact point taking responsibility for this at the Dean Clinic. Looking into having a couple of devices available at the hospital as well. Given the newness of the CI Project, would like to continue to monitor at least one more cycle.</p>	Project to continue for one more cycle.
RCA	No active RCAs at this time.	
CI Presentation Debriefing	Debrief completed.	
Regulatory Updates: DNV, JC and CMS	No new updates	
New Business		
Parking Lot (items for next meeting)		
Reviewed and Approved by: Jennifer White		Respectfully Submitted by: Rhonda Tesmer
NEXT MEETING: July 26, 2022 9:00 – 12:00 PM Bryant Center or ZOOM		

Cohort B CI Project Dashboard														
Dept	Owner	Indicator	Direction	2021 Quarterly Goal	May-22	Mar-22	Nov-21	Sep-21	Jul-21	May-21	Mar-21	Jan-21		
Cardiac Rehab	Liz	Phase II Paperless Charts	↗	Reduce paper charts by 75%	ND	ND								
		Phase II Patient Outcomes	↗	Six Minute Walk Assessment >15% from initial cardiac rehab session to discharge	26% Q1 2022	5.7 Q4 CY21	4.5 Q3 CY21	5.7 Q2 CY21	4.3 Q1 CY21					
Rehab	Liz	Iontophoresis	↘	Reduce cost by 50%	83% cost savings (-) \$1,047,63/year	\$14,304	\$14,304							
		Flowsheet Documentation	↗	100%	28%	21%	0							
Surgical Services	Tracy	Surgical Pre-Op Decolonization for Total Joint Population	↗	100%	30%	46%	ND	ND						
		Obtaining True OR Efficiency		TBD	ND	ND								
Pharmacy	Pauline	Fluid Overrides	↘	<5%	21%	33%	18%							
		Tech Check Tech Program	↗	> 99.8% after checking 500 product verifications	ND									
Specialty Clinic Wound Clinic Ortho Clinic OHWC	Ghadecr	Adult Wound and Skin Policy Bundle		TBD	On Hold	On Hold	On Hold							
		Skin Integrity Prevalence Study Implementation		TBD	On Hold	On Hold	On Hold							
		Demand, Capacity and Access of the Multi-Specialty Clinics	↗	> 80% fill rate per day per provider	Gen Surg 70% SH 98% 30% PA-C 80% 100%	MD Ortho MD Ortho MSN PA-J Ortho 54% Dr. Kaji	Gen Surg 70% Ortho SH 98% Ortho MSN 30% PA-J Ortho 54% Kaji 100%	MD MD Dr.	Gen Surg 87% MD Ortho SH 97% MD Ortho MSN 32% Dr. Kaji 15%	MD MD MD Ortho MSN 82% Dr. Kaji 15%	Gen Surg 97% MD Ortho SH 96% MD Ortho MSN 87%			
		Multi Specialty Clinic Phone System	↘	< 10% abandon rate	CLINICAL STAFF Cardiology 3% Ortho Sto 16% MSN 16% Surgery 18% RECEPTIONISTS Cardiology 3% Ortho Sto 2% Ortho MSN 3% General Surgery 4%	Overall 16% Gen Surg 17% Ortho 16%	Overall 23% Gen Surg 22% Ortho 24%	Overall 22% Gen Surg 32% Ortho 18%						
EVS	Angie	Lines Project	↘	Reduce bulk lines orders by 50%	ND									
FNS	Don Autumn	IDDSI - Dysphasia Diet	↗	Full implementation	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress			
Material Services	Brian	Off Contract Purchase Reduction	↗	TBD - Review top 75% of break bulk changes from Aug-Dec	In Progress - identified approx 20 products that account for 75% of the break bulk fees	On Hold								
		Backorder Communication	↗	Implement communication processes for back orders by 07/31/2022	In Progress									
Accounting	Brian	Accounts Payable Workflow	↗	Convert all providers to Automated Clearing House or card payments	40%	40%								
		Multiview Implementation	↗	Implement Budget Module by 06/30/2022	30%	5%								
Human Resources	Chris	Creating Measurable Employee Engagement Action Plan	↗	>33% employee engagement	In Progress									
		Attracting, Retaining, Engaging New Hires, the Critical Pieces of New Hire Retention	↘	Reduce open positions in EVS/FNS by 50% AND Reduce new hire turnover <23%	EVS openings = 7 applicants = 18 6	EVS openings = FNS openings = 20								
PR/Marketing	Laura	Taking Community Education Virtual	↗	90% of registered participants will attend education classes AND Convert 10% classes/screenings to patients	77% attended classes AND 20% (31 of 155 attendees) Conversion rate for first half of FY 22	82% attended classes AND Conversion rate will be calculated in April for first half of FY 22	529 OR Visits for FY2021 was 17.2% 19% for FY2021 64 of 336 attendees converted	483 (17%) OR Visits No new physician classes offered since 8/31/2021 (Remains at 22%)	383 (14.7%) OR Visits No new physician classes offered (22% were converted)					
		Media Consent Form	↗	>90%	86%	46%								

**CI PROJECT DASHBOARD
COHORT A – JUNE 2022**

Indicator	Owner	Direction	2021 Quarterly Goal	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Oct-Dec 2021	Dec-21	Nov-21	Oct-21	Jul-Sep 2021	Sep-21	Aug-21	Jul-21
MedSurg																
Inpatient Admission Workflow	r	↗	Full Implementation	In Progress	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Isolation	Heather	↘	<60 minutes of admission or upon new identification of any	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Pressure Ulcer Prevention	Heather	↘	Reduction in hospital-acquired pressure ulcers in line with National	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Geriatr Psych																
End of Life	Heather	↗	Full Implementation	In Progress	In Progress	In Progress	Progress	ND	ND	ND	ND	ND	ND	ND	ND	ND
Decrease GP Length of Stay	Heather	↘	< 20 days for both AD and VD dx	8 days for AD 0 days for VD	11 days for AD 0 days for VD	0%	0%	AD 7 VD 0	ND	AD 6 VD 0	AD 2 VD 0	ND	ND	AD 13 VD 19	AD 10 VD no	ND
Decrease GP Lab Draws	Heather & Kyle	↗	Full Implementation	Project Fully Implemented	ND	Equipment implemented, staff trained, waiting for	ND	ND	ND	ND	ND	In Progress	ND	ND	In Progress	ND
Emergency Department																
Outpatient Orders for Cardio Pulmonary Testing	Tina	↘	13%	26%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Columbia Suicide Screening Scale	Tina	↗	100%	98.6%	97.7%	97.6%	97.6%	####	####	####	###	97.4%	####	97.1%	####	ND
Emergency Department HCAHPS Definitely Would Recommend	Tina	↗	≥ 90%	91% (Jan - Mar 2022)	ND	91% (Jan - Mar)	ND	ND	91%	ND	ND	ND	91%	90%	89%	91%
Router/Lab Printer Roll Out - Lab stickers printing in ED	Kyle/Tina	↘	Zero Wrong Labeling Incidences in ED	0%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Laboratory																
Sample Labeling Errors at the Time of Collection	Kyle	↘	Full Implementation/Zero Laboratory	0	0	In Progress, Hospital success for Jan and Feb	ND	ND	ND	ND	ND	In Progress, Hospital success since last	ND	ND	In Progress	ND
Medical Imaging																
Glucose Monitoring Device	Sara	↘	0 occurrences r/t glucose monitor	1	0	0	ND	ND	ND	ND	ND	0	ND	ND	0	ND
Lead Marker Placement on Portable X-rays	Sara	↘	100%	92%	92%	92%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Plant Operations																
Fire Alarms	Cyril	↗	Full Implementation	Heat detectors 100% found and labeled Smoke Detectors 100% found 99% labeled Duct detectors 0% Pull Stations 0%	ND	In Progress	ND	ND	ND	ND	ND	In Progress	ND	ND	ND	ND
Power Strip Inspection and Inventory Improvement	Cyril	↗	Full Implementation	In Progress	ND	In Progress	ND	ND	ND	ND	ND	In Progress	ND	ND	In Progress	ND
HIM																
In House Sleep Studies	Sarah	↘	< 15 days	21	19	9	17	17	ND	22	15	13	ND	11%	15	17%
Operating Room Supply Billing	Sarah	↘	Review top 10	10 of 10	ND	7 of 10	ND	ND	ND	ND	ND	50%	ND	ND	20%	ND
PFS																
Contract Building in EPIC	Sarah	↗	Complete EPIC Build of All Contracted	0 of 26	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Registration																
Increasing Front end Collections (co-leading with PFS)	Sarah	↗	>50%	40% Oregon Rehab 55% Surgery	61% Oregon Rehab	62%	62%	52%	ND	52%	50%	45%	ND	ND	10%	ND
Centralized Scheduling - Cardio & RT	Sarah	↘	<13%	3%	4%	ND	26%	ND	ND	ND	ND	ND	ND	ND	ND	ND
Growth																
Outmigration Project	Teresa	↗	>47,844	ND	27973	19793	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Sleep																
Actigraphy with Sleep Patients	Amg	↗	100%	ND	100% (4 for 4) YTD	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

**Stoughton Hospital Patient Safety Committee Meeting Agenda
May 25, 2022 at 9:00 am 10:00 am Lobby Conference Room or Zoom**

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

Agenda Item (Facilitator)	Discussion	Follow Up Action
Approval of Previous Minutes	Review and approve March meeting minutes.	Approved
Welcome New Members	Welcome Tessa Mersberger	
Standing Business		
Reporting – FY or Calendar	Any reason why we can't go to a calendar year versus staying with fiscal year?	Will report on Calendar Year.
Medication Management Data Review - Pauline	Five errors reviewed. 3 were from Med/Surg: 2 were medication errors and required monitoring the patient, 1 involved a bicarb bag being replaced later than it should have been. No harm to patients. 2 errors were from the ED and were controlled substance discrepancies.	
Review of Safety Zone Event Data-Quarter 3FY 2022	Tabled at this time. Quarter is still in progress (Apr-Jun).	
2021 Annual Review Patient/Other Events – work with Angie	Angie and Jen are scheduled for June 2 for this review. Kyle discussed the patient identification workflow and looking closely at the overrides when patient id's are not being scanned. SMH has a report that will pull those overrides.	Kyle is working on getting the override report set up.
Patient Safety and/or Construction	Pharmacy Renovation nearing completion. Waiting on installation of hood and a few items on the punch list. There have been no safety and/or construction related infections identified to date. Community Health and Wellness Center water damage renovation in progress. Estimated re-open date is July 5, 2022.	Pauline is following up with Michelle about some PO's that are pending.
Security Concerns – All	None that required discussion. One recent event in McFarland has been reported in SZP and covered in huddle.	
Engagement and Patient Safety Survey	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. <ul style="list-style-type: none"> • Communication between work units was at 3.8 • My unit is adequately staffed 3.17 	Tabled till next meeting to give members time to review. No specific items are yet identified for patient safety committee to tackle, more departmental issues. Amy will put these out to Forum as well.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<ul style="list-style-type: none"> Different units work well together in this organization 3.95 <p>A brief re-survey is in progress through Relias. Results will be available in April. UPDATE: Received results from Dianne and Jane. Team to review and look for potential improvement opportunities. Amy shared this with Administrative Council last week. A comment about not wanting to report due to retaliation was</p>	
2022 Patient Safety Goals	<p>2022 Goals:</p> <p>Falls (Sentinel Alert and reporting requirement of our SZP grant) Hospital Fall Goals: Data will be ready next meeting.</p> <p>Suicide Assessment and Safety Plans: No concerns from Heather. Integrated Tele Psychiatry services is available to do consults now. Heather asked if they are available for do neuro-psych testing.</p> <p>Immunizations: Out of the data collection period, tabled until August 2022.</p> <p>Just Culture and encouraging reporting of near misses/close calls.</p> <p>Product Recall process: A few IT issues that have not been completed or communication has been problematic.</p> <p>A question about a recent SZP with a shoulder x-ray for the wrong patient. Ortho clinic patients are not wrist-banded, but the process is to verify last name and date of birth to confirm the correct patient. Wrist bands are not typically used in imaging if medications are given.</p>	<p>Amy will check on availability of Neuro-psych testing through ITP.</p> <p>The survey indicates an opportunity for Housewide efforts to improve Just Culture/fear of retaliation.</p> <p>Sara will follow up with Teresa to review and will review with the individual.</p>
Restraints and Seclusion Review - Rhonda	No restraints/seclusions.	
Root Cause Analysis and/or CI Project Updates	One RCA was completed. 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. CRNA's will also be marking block sites moving forward to reduce the risk of this occurring again in the future.	
Antibiotic Usage – Pauline/Bill		

Agenda Item (Facilitator)	Discussion	Follow Up Action
USP 800 – Pauline		
Trauma Review – Tessa	Ambulance wait times are affecting transfer times, especially if medflight is not flying. Staff will follow recommendations for meds, etc from receiving facilities/physicians to take care of the patient, but waiting for ambulances is problematic.	
Stroke – Tessa	Not making the switch yet from tPA to TNK because we follow what UW and SMH are doing but it is in the works.	
Regulatory/Joint Commission Readiness – All	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 regulatory requirements for the first year. They'll work with us every year to ensure those items previously identified were resolved and hardwired. They'll be working with us with ISO 9001 standards on year 3. We anticipate DNVs arrival after labor day and before Thanksgiving. Would we like to meet to look over DNV accreditation requirements, as we have in the past with the JC standards?	DNV will be using the CMS Conditions of Participation (COPs), while JC also has standards that cross-walk to CMS COPs. We will meet to cover those chapters. Jen to set up meetings.
Joint Commission – Sentinel Event Alert	No new updates	
Joint Commission – Quick Safety Monthly Articles	Quick Safety Issue 64: Ensuring critical instruments and devices are appropriate for reuse. This may have come out as a result of the supply chain issues and the pandemic. If Manufacturers IFU says that it can be reprocessed 3 times, how do we know it is reprocessed only 3 times.	
Other Discussions:	Correct processing of reusable instruments, starting on the floor, with spraying the instruments down and getting them down to CS in a timely fashion has been identified as an opportunity. Ghadeer asked about scissors used to remove the dressing in wound care clinic. There was discussion about the difference between disinfection and sterilization.	Bill will shadow in the wound clinic and evaluate the practice.
Review of IM.02.02.01 The critical access hospital effectively manages the collection of health information.	Addresses standardized terminology, definitions, abbreviations, acronyms, symbols, and dose designations. There is a critical access hospital list of prohibited abbreviations.	Approved as it is.
	Next meeting: Wednesday July 27, 2022 9:00 – 10:00 am Lobby Conference Room and/or ZOOM.	
Submitted by: Jen White		

Infection Prevention Committee Agenda

May 11, 2022 09:30 – 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, 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 March 2022 Meeting Minutes	Committee	Review and approve.		Approved
Standing Agenda Items				
Policy Review	Committee	<p>*Summary of Policy Changes May 2022</p> <p>13.02 Medical/Infectious Waste from the Public or a Business</p> <p>13.05 Isolation Precautions Guidelines-clarification that COVID is still AIRBORNE Isolation</p> <p>13.13 Collection and Transportation of Soiled Linen</p> <p>13.14 Maintaining Integrity of Sterile Supplies</p>	<p>-Added note to Section III for tooth removal, r/t mercury amalgam fillings being a hazardous waste. Angie will add language.</p> <p>-Updated resource ref and removed HH.</p> <p>-Recommend adding recommendations by manufacturer of the bags being less than 2/3 full and weighing no more than 15 lbs.</p> <p>-Updated references -No changes</p>	<p>Going forward, may need to change the references to DNV standards and away from JC standards with the change in the accreditation agency coming. They are fine for now.</p>

		<p>13.17 Management of Blood/Body Fluid Spills 13.30 Water Damage and Restoration: Control & Prevention of Spread of Waterborne microorganisms</p> <p>13.32 Legionella Water Management Program</p>	<p>-Multiple changes made, involving flow and definitions, see policy.</p> <p>-references updated and some definitions added. Discussed changing out the water fountains and this would be a capital request.</p>	
Risk Assessment/ Program Goals/ Infection Prevention Dashboard		<p>Review Q1CY2022 IP Program Goals Progress ..\..\Risk Analysis and Program Goals\2022-2023\IC Risk Assessment HVA 2022-2023.xls</p> <p>Infection Prevention Dashboard</p>	<p>-New CI project for Nozin Surgical Preop Nasal Decolonization for Total Joint Population. -92.1% compliance with temp/humidity with only a few nights where things dipped. -Isolations: 17 observed, 1 missed and goal not met which was a small sample size. Working with staff. GOAL in progress with MS/ICU real time audit ongoing. -Central line and catheters with documented rationale for each hospital day: goal not met, results shared with Inpatient Managers for follow up with individual staff members. Team questioned if 100% was obtainable. Team</p>	<p>Amy requested the goals in color to be sent to Angie Polster for the Board report</p>

		<p>..\..\Reports\Inpatient Dashboard & Reports\IP Dashboard - 2022.xlsx</p>	<p>approved change goal to 98% with a redline of 95%. Heather is looking into a new product that is an improved external catheter for males.</p> <p>-Reducing risk of infection r/t medical supplies</p> <p>Risk asseesment in progress r/t multi patient use solutions and other liquids.</p> <p>Some discussion about the solutions used in OR for preps, and how are those bottles being utilized. – Ghadeer asked about the wound cart-she will look into it and assess practice.</p> <p>Respiratory protection plan, and Surge Capacity and Supply plan are coming up for review soon.</p> <p>*Data for Pediatric and Adult Colonoscope ATP Testing Percentages has missing data in Q1 due to ATP tester not functioning. Tracy recommended changed to EGD scopes for adults. Change approved and replaced with EGD data on IP Dashboard.</p>	
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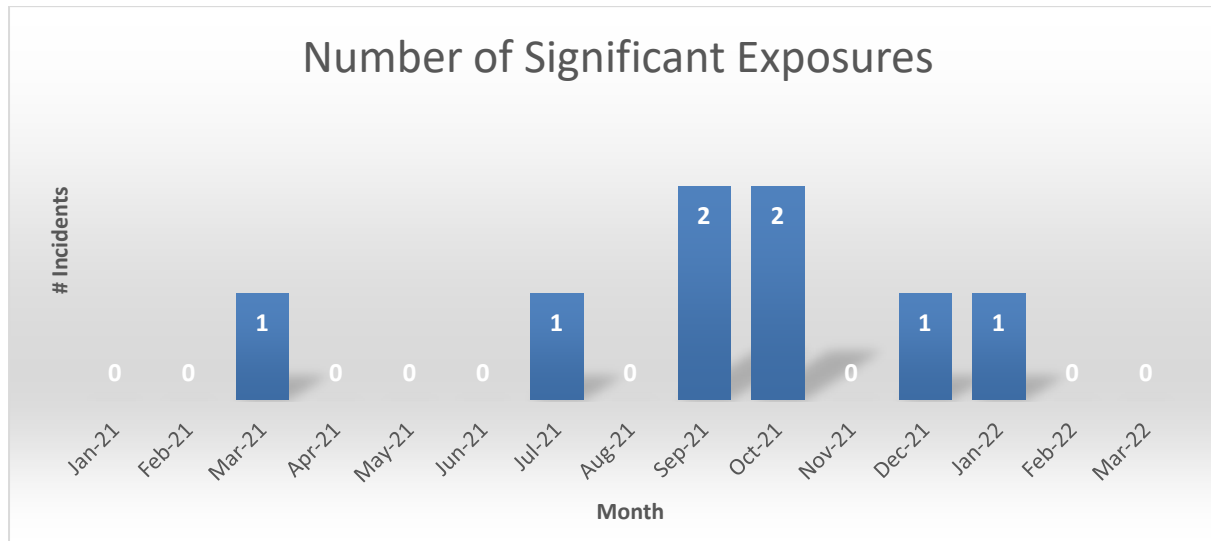
			Dash board was reviewed. Most areas are in green. Standard Utilization Rates (SUR) just indicates increased use of Catheters, which could increase risk. But that is different than infection events. Hand Hygiene focus is trying to shift to in room observations, not just in and out of the room.	
Hand Hygiene		<p>Hand Hygiene Hospital Observations: See graph below</p> <ul style="list-style-type: none"> No trending identified in individual or departments identified. <p>Hand Hygiene Isolation Observations: See graph below</p> <ul style="list-style-type: none"> Very small sampling <p>Press Ganey Hand Hygiene:</p> <ul style="list-style-type: none"> Ambulatory Surg -Extent staff washed their hands Rank: 97 (N = 152) Emergency Dept -Extend staff washed their hands Rank: 94 (N = 228) Inpatient -Staff cleaned hands Rank: 90 (N = 43) Outpatient Services -Staff washed hands before exam Rank: 93 (N=595) 	<p>January 98.2% February 98.7% March 100%</p> <p>January 100% February 80% March 100%</p>	
Construction Risks- Infection Control Risk Assessments (ICRA)	Jen White Rhonda Tesmer	<p>Pharmacy Renovation nearing completion. Waiting on installation of new hood and few items on the punch list.</p> <p>Community Health and Wellness Center water damage renovation in progress. Estimated re-open date is July 5, 2022.</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. Will probably add initial treatment with the correct antibiotic to the dashboard.	
Significant Exposure Policy Update		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. 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.		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"> for Q1 CY2022 (Jan-Mar 2022) There was 1 Significant Exposure for this quarter. See graph below <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	

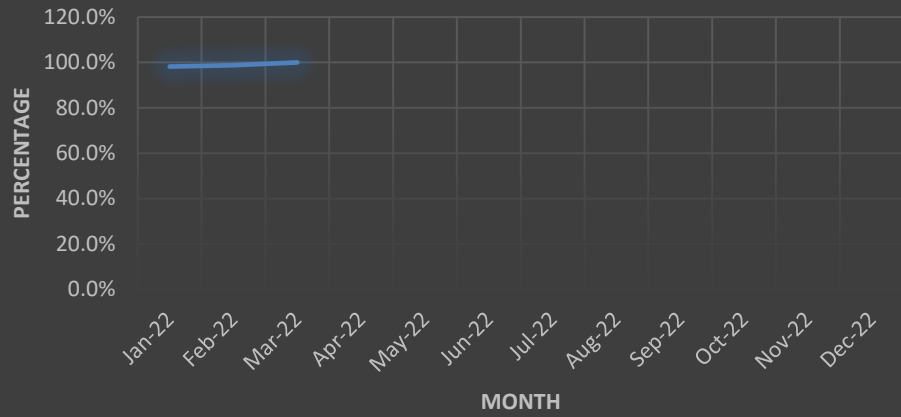
JC Preparedness/ Follow Up	Jen White/Amy Hermes	<ul style="list-style-type: none"> • Will be switching to DNV, expect fall survey. • IP to OR and EOC walkthroughs to be scheduled. • Jen mentioned checking expired products. • Amy mentioned the need to revisit the workflow of getting dirty instruments to CS in a standardized way. 	<p>Jen/Amy will prepare a letter to Joint Commission notifying them termination of contract.</p> <p>EOC walkthroughs will be scheduled for June and July. Will continue to focus on expired products. Amy stated that it's important that departments are following manufactures guidelines for use.</p> <p>Heather indicated that not having consistent HUC has been identified as breakdown to the workflow of getting dirty instruments to CS. Heather is looking at the process.</p>	
Surveillance Reports				
NHSN Reporting: CAUTI CLABSI Lab ID C Diff or MRSA Bacteremia	Bill Wilson	See IP Dashboard.		
NHSN Reporting: SSI	Bill Wilson	See IP Dashboard.		
Employee Influenza Vaccination Rates	Jen Mora	<ul style="list-style-type: none"> • 99% of staff are vaccinated for influenza • 4 religious waiver 		

		<ul style="list-style-type: none"> • 1 medical waiver 		
Employee COVID-19 Vaccination Rates	Jen Mora	<ul style="list-style-type: none"> • 98% vaccination rate with primary series • 83% have received a booster • 7 religious waivers for regular hospital staff 	Some discussion about boosting patients who are being discharged to SNF but that has led to waste of doses because there are no single dose vials available.	
2022 State Reportable Data	Bill Wilson	See Graph Below Seeing other infections on the rise lately. 2% of positive tests requiring hospitalizations in Jan, 12% in Feb, 0% in Mar.		
Old Business				
COVID-19	Bill Wilson/Jen Mora/Jen White/Amy Hermes	Covid positivity rates – <i>See graph below</i> Bill asked that staff be reminded to not show up to work if they are sick, without being tested. It is COVID unless it proves not to be COVID.	Positive test rates are up but hospitalizations are unchanged. Tina shared Dane County data. BA2 Omicron is the main variant. Dane county is a medium transmission. Omicron 4 & 5 have been identified in Africa but not here in Wisconsin at this point. Amy will send out a message to remind staff process for obtaining a COVID-19 test and recommendation for masking in meetings even if all guests are boosted.	

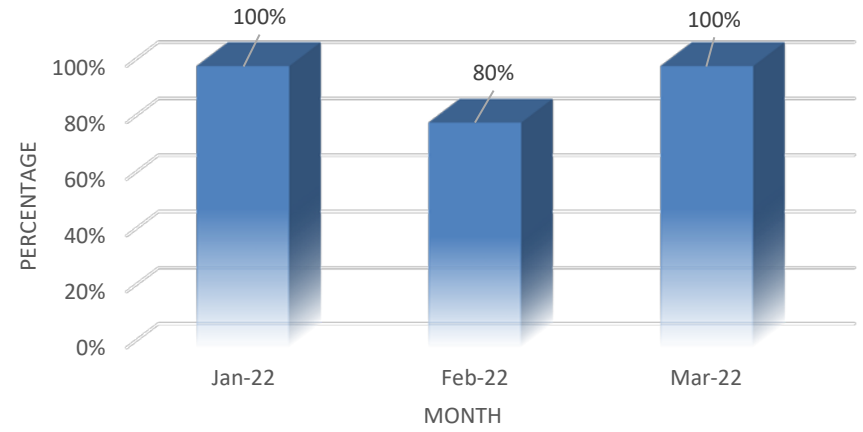
New Business				
Pediatric Hepatitis outbreak	Committee	Bill stated that they are still trying to determine the causative factor for the link to recent infection. There seems to be a higher number of kids that have tested positive that had Adenovirus but it is not yet proven.		
Next Meeting	Wednesday July 27, 2022 10:00 – 11:30 am Lobby Conference Room or Zoom.			



STOUGHTON HEALTH HAND HYGIENE COMPLIANCE RATE

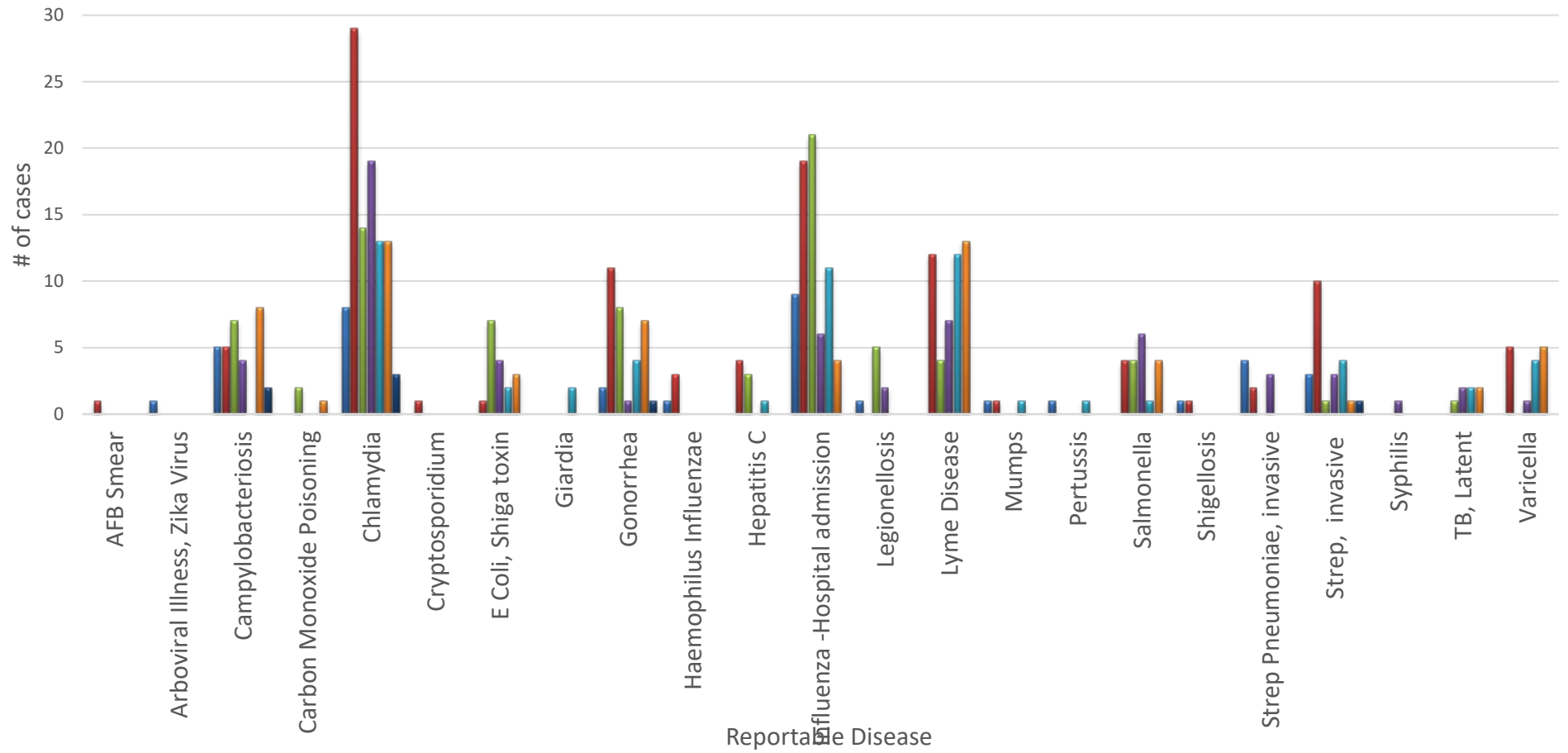


STOUGHTON HEALTH ISOLATION HAND HYGIENE COMPLIANCE RATE 2022

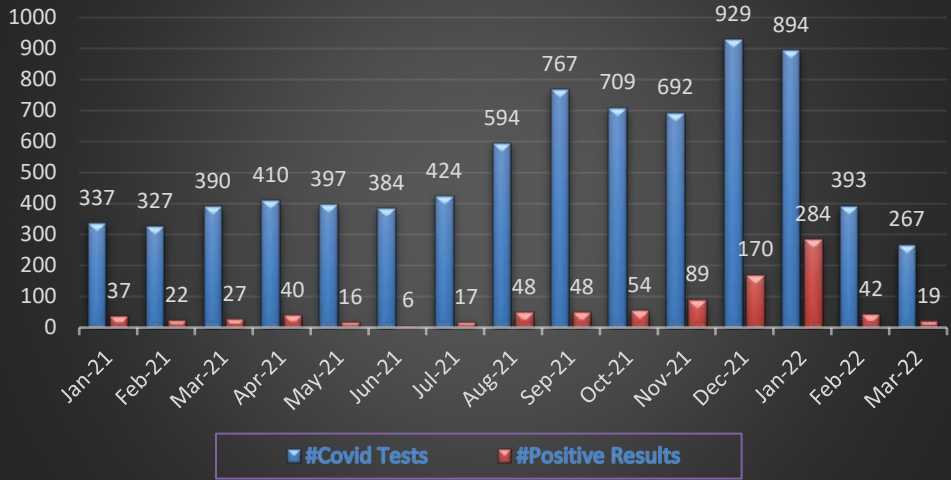


Reportable Disease Trending by Year

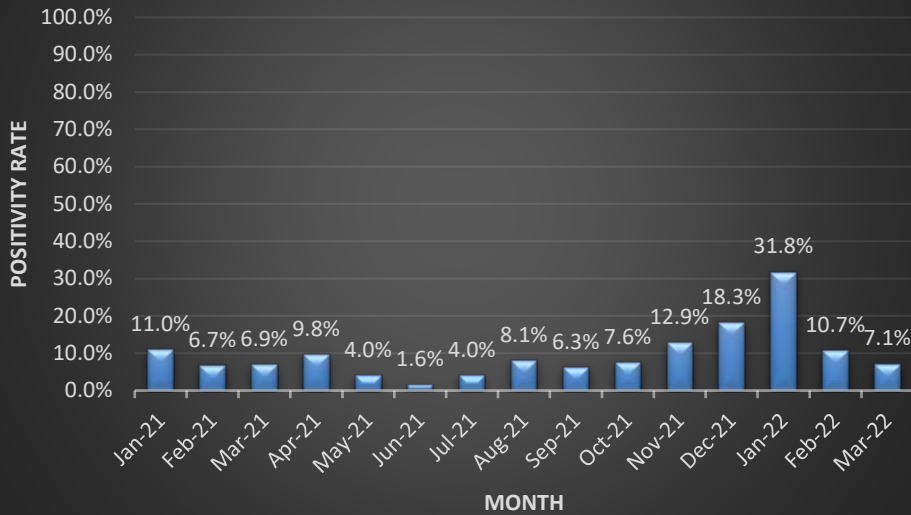
2016 2017 2018 2019



Covid-19 Suspect and Confirmed Tests



Stoughton Health Covid Positivity Rate



Stoughton Health Positive COVID Results that Required Hospitalization



Summation of Medical Staff Policy changes:

EMTALA Policy-

Letter G.-Combined #1 & 2 into #1.

#2-deleted “ideally immediately and in no event more than” added within

#3a & b combined to read “In the event that the physician or other hospital staff examining the patient at the DED determines that the on -call physician's physical presence is required, the on call physician will present within a reasonable time frame, as determined by the DED physician. The goal of communication between the DED staff and the on call physician is to reach mutual agreement on a treatment course, resulting in optimal patient care.”

Deleted # 7 & 8 “The physician on call’s communications with the DED and times of arrival and departure at the DED (where applicable) will be recorded in the patient’s medical record” “The on call physician will remain available (onsite if necessary) until the patient’s EMC has been stabilized and an appropriate plan has been developed.”

H. deleted “in this policy” added “requested by the DED physician”

H1. Deleted “noting however that finishing daily office hours and starting elective surgeries will not be sufficient reasons for delay”

H2. Deleted “such as emergency or disaster”

J. deleted “Unless other arrangements are made” added “The DED Staff and” deleted “physician...who sees a patient shall ensure that the patient receives appropriate follow up care. The physician on call may not condition the first follow up office visit on advance payment or otherwise consider” added “physician will work together to facilitate” ...deleted “Ability to pay” added :follow up care.”

Allied Health Professional Orders Policy-

III.A) deleted “Prescriber. APNP includes” Added “ Prescribers including”...deleted certified registered nurse anesthetists and certified nurse midwives” added “who are also Certified Registered Nurse Anesthetists or Certified Nurse Midwives”...

IIIB.) deleted “means” added “Means”deleted “is” ...deleted “his/her” added “that professional’s” added “of the Medical Staff Bylaws”...added “and PAs.”

IIID) added “as specified”...deleted “each other’s presence when necessary” added “that practitioner’s applicable regulations”

IV. A. 1a) added “The APNP’s collaborating physician shall be able to physically present when necessary.”

IV. A. 2a) delete “under the Supervision” add “in Collaboration with”...delete “PAs shall be able to readily identify their supervising physician or podiatrist.”


IV. A. 2b) Add "PAs lacking prior acute care experience will be required to have orders co-signed for a period of time, not to exceed six months."

IV. A. 2c) Delete "Tasks assigned by the supervising physician or podiatrist to the PA may not be delegated by the PA to other individuals."

IV. A. 4a) delete "CNMs" add "Each CNM must" delete "physicians with" add "a physician who has"

IV. B. 1) delete "However, given the fact that PAs and non-APNP CRNAs must practice under the Supervision of a physicians, the hospital has decided to only permit" add "Pursuant to this policy," add "PAs" add "are permitted"

POLICY & PROCEDURE

 STOUGHTON HEALTH <small>Creating Excellence Together</small>	Effective Date: 3/2019	Medical Staff Policy Manual	
	Original – 3/2019 Revision-1/2021 2 nd Revision-7/2022	Page 1 of 10	Title: Allied Health Professional Orders Policy

I. PURPOSE

To allow Allied Health Professionals to issue and authenticate patient orders to the full extent permitted by their scope of practice and clinical privileges, and to the extent permitted by applicable law and accreditation standards.

II. POLICY

Allied Health Professionals (AHPs) who are credentialed and privileged by the Medical Staff may issue and authenticate orders in accordance with their clinical privileges and scope of practice, and to the extent permitted by the Medical Staff Bylaws, Rules and Regulations and policies, hospital policies, and applicable law and accreditation requirements. Where necessary for legal or compliance purposes, physicians will cosign the orders of AHPs.

III. DEFINITIONS

A. APNP: Advanced Practice Nurse Prescribers including those who are also Certified Registered Nurse Anesthetists or Certified Nurse Midwives who are also certified as APNPs under Wis. Stat. § 441.16(2).

B. Allied Health Professional (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) granted privileges to practice in the hospital in accordance with that professional's 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. The list of Allied Health Professionals in Appendix A of the Medical Staff Bylaws specifies which Allied Health Professionals must be credentialed. The only Allied Health Professionals eligible for membership on the Medical Staff are APNPs, CNMs and PAs.

C. CNM: Certified Nurse Midwife.

D. Collaboration: Collaboration means a process which involves two or more health care professionals (at least one of whom is a physician) working

together as specified in that practitioner's applicable regulations, each contributing one's respective area of expertise to provide more comprehensive care than one alone can offer.

E. CRNA: Certified Registered Nurse Anesthetists.

F. Stoughton Health/The Hospital: This refers to the organizational legal name, Stoughton Hospital Association, Inc.

G. PA: Physician Assistant.

H. Practitioner: Practitioner means a physician, dentist, podiatrist, APNP or CNM authorized to issue and authenticate orders in accordance with their clinical privileges and scope of practice, hospital policies, and federal and state requirements.

I. Supervision: Supervision means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one's own or another's intentions.

IV. PROCEDURE

A. PRACTITIONER SCOPE OF PRACTICE

1. Advanced Practice Nurse Prescriber

a) APNPs work in Collaboration with a physician. The collaborative relationship shall be documented in writing and maintained in the APNP's credentialing file. The APNP's collaborating physician shall be able to be physically present when necessary.

b) APNPs may issue orders for prescriptions, treatment, therapeutics and testing, in accordance with their collaboration agreement and appropriate to their area of competence as established by their education, training and experience. APNPs may not issue prescription orders for any schedule I controlled substances and may not prescribe, dispense or administer any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance to or for any purpose except of those situations provided in Wis. Admin. Code § N 8.06(3). APNPs may not issue prescription orders for anabolic steroids for the purpose of enhancing athletic performance or for other nonmedical purposes.

2. Physician Assistants (PAs)

- a) PAs work in Collaboration with of one or more physicians or podiatrists.
 - b) PAs may issue orders in accordance with their education, training and experience. PAs lacking prior acute care experience will be required to have orders co-signed for a period of time, not to exceed six months. Such orders may not exceed the scope of practice of the supervising physician or podiatrist.
3. Certified Registered Nurse Anesthetists (Non-APNPs)
- a) CRNAs who are not also APNPs shall work under the Supervision of one or more physicians and shall have direct physician Supervision when administering anesthesia.
 - b) Wisconsin statutes and regulations do not provide a separate scope of practice for CRNAs. CRNAs who are not also APNPs shall issue orders only in accordance with their Supervision requirements, education, training, and experience; and standards of practice of the American Association of Nurse Anesthetists.
 - c) CRNAs who are not also APNPs shall only issue prescription orders as an act delegated by a physician or podiatrist.
4. Certified Nurse Midwives (Non-APNPs)
- a) Each CNM must work in Collaboration with a physician who has postgraduate training in obstetrics. The collaborative relationship shall be documented in a written collaboration agreement and maintained in the CNM's credentialing file.
 - b) CNMs shall issue orders only in relation to the overall management of women's health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with their collaborative agreements; educations, training and experience; and standards of practice of the American College of Nurse-Midwives.
 - c) CNMs who are not also APNPs shall only issue prescription orders as an act delegated by a physician.

B. AHP ADMISSIONS

- 1. State and federal rules and regulations permit AHPs to admit and manage patients. Pursuant to this policy, APNPs, CNMs and PAs

are permitted to admit patients to, and manage patients in, the hospital in accordance with the following:

- a) A physician must be notified of the admission.
- b) A physician must co-sign and take full responsibility for any history and physical performed on admission.
- c) Medicare and Medicaid patients must be under the care of a physician if the patient has any medical or psychiatric problem that is present on admission or develops during hospitalization that is outside the scope of practice of the admitting AHP.
- d) A physician must sign the 96-hour certification.
- e) All inpatient records for patients whose treatment is/was managed by an AHP shall be reviewed periodically by a physician who must sign the records after the review has been completed.

C. CO-SIGNATURE AND PERIODIC REVIEW REQUIREMENTS

1. Timing. All orders requiring co-signature shall be co-signed within thirty (30) days of the patient's discharge, unless otherwise required by law or hospital or Medical Staff policy, or Medical Staff Rules & Regulations.
2. Specific Requirements. The specific co-signature requirements for each type of non-physician Practitioner are specified in Appendix A of this Policy.
3. Periodic Review of Inpatient Records. All inpatient records for patients whose treatment is/was managed by an AHP shall be reviewed periodically by a physician who must sign the records after the review has been completed. In the case of inpatients whose care is/was managed by a physician, as evidenced by an admission order, progress notes, and/or medical orders, etc., but who also receive services from an AHP, a subsequent physician review of the inpatient record is not required.
4. Periodic Review of Outpatient Records. A physician shall review and sign a sample of outpatient records for patients whose outpatient treatment is/was managed by an AHP.

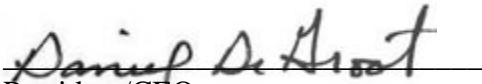
V. REFERENCES

Wis. Admin. Code § Med 8

Wis. Admin. Code § N 8
Wis. Admin. Code § N 4
CMS State Operations Manual, Appendix W
The Joint Commission Standards for Critical Access Hospitals

VI. COORDINATION

President/CEO
Chief of Staff
Medical Staff Executive Committee
Legal Counsel -2019



President/CEO

Date

Chief of Staff

Date

Appendix A - Stoughton AHP Co-Signature Guidelines

Type of Order/Document	PA	APNP (Includes CRNAs and CNMs certified as APNPs)	CRNA (Non-APNPs)	CNM (Non-APNPs)
Orders Requiring Co-signatures				
Orders for Inpatient Admissions 42 CFR 485.631(c)(3); 485.631(b)(1)(i)(Non-physician Practitioners may admit patients, but an MD/DO must be notified of the admission and must periodically review and co-sign the inpatients' records)	Co-signature NOT required	Co-signature NOT required	Co-signature required	Co-signature NOT required
H&P (SOM, Tag C-0305)	Co-signature required	Co-signature required	Co-signature required	Co-signature required
Orders for Restraint or Seclusion* (Wis. Stat. § 51.61(1)(i) (Only addresses restraint or seclusion orders for those patients admitted for the primary purpose of treatment of mental illness, development	Co-signature required for emergency orders for restraint or seclusion pertaining to patients admitted for the primary purpose of treatment of mental	Co-signature required for emergency orders for restraint or seclusion pertaining to patients admitted for the primary purpose of treatment of mental illness, development	Only a physician may order the restraint or seclusion	Only a physician may order the restraint or seclusion

Type of Order/Document	PA	APNP (Includes CRNAs and CNMs certified as APNPs)	CRNA (Non-APNPs)	CNM (Non-APNPs)
Orders Requiring Co-signatures				
disability, alcoholism, or drug abuse in emergency situations. This section requires physician or psychologist orders); 42 CFR 482.12(e)(5)(requiring the order of a "licensed independent practitioner" which CMS has stated does not include those PAs); PC.03.05.05	illness, development disability, alcoholism, or drug abuse	disability, alcoholism, or drug abuse Co-signature NOT required for patients NOT admitted for the primary purpose of treatment of mental illness, development disability, alcoholism, or drug abuse		
Orders for Therapeutic Diets (42 CFR § 485.635(a)(3)(vii)(Requiring orders from a Practitioner responsible for the care of the patient))	Co-signature NOT required	Co-signature NOT required	Co-signature required	Co-signature required
Orders for Blood and Blood Components (Orders for Blood and Blood Components are not addressed in the CAH CoPs)	Co-signature NOT required	Co-signature NOT required	Co-signature NOT required	Co-signature NOT required

Type of Order/Document	PA	APNP (Includes CRNAs and CNMs certified as APNPs)	CRNA (Non-APNPs)	CNM (Non-APNPs)
Orders Requiring Co-signatures				
Orders for Certain Radiological Services** (Wis. Stat. § 462.04)	Co-signature NOT required	Co-signature NOT required	Co-signature required	Co-signature required
Certifications for Home Health Services and Home Health Plans of Care (Medicare Benefit Policy Manual, Ch. 7, Sec. 30.3)	Co-signature required	Co-signature required	Co-signature required	Co-signature required
Orders for Schedule I Substances (Wis. Admin. Code §§ N 8.06; Med. 8.07(2)(i))	Co-signature NOT required	Co-signature required	Co-signature required	Co-signature required
Orders for Prescription Prescriptions and Controlled Substances (Wis. Admin. Code §§ N 8.06; Med. 8.07(2)(i))	Co-signature NOT required	Co-signature NOT required	Co-signature required	Co-signature required
Orders for Nuclear Medicine (Orders for Nuclear Medicine are not addressed in CAH CoPs. However, Hospital CoPs	Co-signature required	Co-signature required	Co-signature required	Co-signature required

Type of Order/Document	PA	APNP (Includes CRNAs and CNMs certified as APNPs)	CRNA (Non-APNPs)	CNM (Non-APNPs)
Orders Requiring Co-signatures				
(42 CFR § 482.53(d)(4), state that the nuclear medicine must be ordered by a Practitioner whose state scope of practice and privileges allow such orders. As such, as long as PAs and APNPs have privileges co-signature is likely not required. However, nuclear medicine is likely outside of the scope of practice and privileges of CRNAs and CNMs.)				
Orders for PT/OT/Speech Pathology/Audiology (SOM, Tag C-0299; Wis. Stat. § 448.56(1); Wis. Admin. Code OT § 4.03(2))	Co-signature NOT required	Co-signature NOT required	Co-signature required	Co-signature required
Orders for SNF Services (42 CFR 409.31(a)(1))	Co-signature required	Co-signature required	Co-signature required	Co-signature required
Other Reports and Documents Requiring Co-signatures				
Discharge Summary	Co-signature NOT required [IF YOU GIVE PAs ADMITTING PRIVILEGES]	Co-signature NOT required	Co-signature required	Co-signature NOT required


Type of Order/Document	PA	APNP (Includes CRNAs and CNMs certified as APNPs)	CRNA (Non-APNPs)	CNM (Non-APNPs)
Orders Requiring Co-signatures				
(SOM, Tag C-0304 (Stating a Practitioner with admitting privileges who admitted the patient is responsible for the discharge summary. Since we only anticipate APNPs and CNMs have admitting privileges, a physician will need co-sign the PA and CRNA discharge summaries.))				
Anesthesia Reports (42 CFR 485.639(b)); SOM, Tag C-0322(stating that the post-anesthesia evaluation must be written by the individual who is qualified to administer the anesthesia. An MD/DO may delegate the assessment and report to a Practitioner qualified to administer anesthesia. When delegation is permitted, the medical staff must address its delegation requirements and methods in	Only a physician or CRNA may write the post-anesthesia report.	Co-signature not required per WI State opt out policy.	Only a physician may write the post-anesthesia report. (unless the Bylaws are updated to allow for delegation).	Only a physician may write the post-anesthesia report.

Type of Order/Document	PA	APNP (Includes CRNAs and CNMs certified as APNPs)	CRNA (Non-APNPs)	CNM (Non-APNPs)
Orders Requiring Co-signatures				
its Bylaws. Hospital Bylaws do not address delegation so we did not allow for CRNAs or APNPs to write the reports.))				
Operative Reports (SOM, Tag C-0320)	Co-signature required	Co-signature required	Co-signature required	Co-signature required
Physician Certification of Need of Hospitalization when a SNF Bed if Not Available (42 CFR § 424.13(c))	Co-signature required	Co-signature required	Co-signature required	Co-signature required
96-Hour Physician Certification (42 CFR § 424.15(a))	Co-signature required	Co-signature required	Co-signature required	Co-signature required
Orders/Documentation That Do Not Require Co-Signature If Within AHP Training, Experience, and Privileges				
Lab Orders (42 CFR §§ 493.1241 & 493.3_	Co-signature NOT required	Co-signature NOT required	Co-signature NOT required	Co-signature NOT required
Progress Notes	Co-signature NOT required	Co-signature NOT required	Co-Signature NOT required	Co-signature NOT required

*APNP or PA orders for restraint or seclusion require co-signature if the patient was admitted for the primary purpose of treatment of mental illness, development disability, alcoholism, or drug abuse.

**Co-signatures are required on orders for those x-rays being taken by a radiographer or limited x-ray machine operator.

POLICY & PROCEDURE

	Effective Date: January 2019	Medical Staff Policy Manual	
	Original Revision-1/2021 X Second Revision-7/2022	Page <u>1</u> of <u>8</u>	Title: EMTALA Compliance Policy

I. POLICY

Stoughton Health 's policy is to be in full compliance with the Emergency Medical Treatment and Labor Act (EMTALA), which requires that any patient (not just Medicare beneficiaries) who comes to any dedicated emergency department (DED) at Stoughton Health receives an appropriate medical screening examination (MSE) by a Qualified Medical Person ("QMP") to determine whether that patient has an emergency medical condition (EMC) and to comply with EMTALA's obligations regarding pregnant patients having contractions. Any patient with an EMC must receive stabilizing treatment or an appropriate transfer prior to discharge, or if appropriate, must be admitted to the hospital. EMTALA specifically prohibits hospitals with EDs from refusing to examine or treat individuals who come to the DED or appear on hospital property with an apparent EMC. EMTALA further requires Stoughton Health and any physician on call to comply with the call parameters of this policy and the Medical Staff Bylaws. Consistent with EMTALA, Stoughton Health's policy is never to delay the MSE or treatment when a patient comes to a DED, regardless of that patient's ability to pay.

II. PURPOSE

The purpose of this policy is to ensure compliance with EMTALA by setting forth the procedure and obligations of on-call physicians under the law as well as all members of the Medical Staff.

III. PROCEDURE

- A. General Hospital Obligations. The Medical Staff will facilitate the Hospital's compliance with EMTALA which includes all of the following obligations:
1. Signage in the DED specifying the rights of individuals with EMCs and women in labor who come to the dedicated ED for health care services, and indicating that Stoughton Health participates in the Medicaid program.

2. Maintenance of records of appropriate transfer under EMTALA in each transferred patient's legal health record, in accordance with Stoughton Health's retention policy, but in no event for a period of less five years from the date of the patient's transfer.
3. Maintenance of appropriate lists of which physicians are on call for Stoughton Health's DEDs at which times.
4. Maintenance of a central log of each patient who comes to a Stoughton Health DED with an indication as to whether such patient:
 - a. Refused treatment;
 - b. Was denied treatment; and/or
 - c. Was treated, admitted, stabilized, appropriately transferred or discharged.
5. Provision of an appropriate MSE (described below) by a QMP for each patient who comes to the Stoughton Health DED.
6. Provision of stabilizing treatment (described below) for EMCs and women in labor within the hospital's capability and capacity.
7. Appropriate transfers (described below) of patients who are in an unstable EMC where necessary.
8. Reporting to CMS within 72 hours of patients received in transfer from another hospital DED where the patient was in an unstable EMC and where the transfer was not appropriate.

B. Medical Screening Exam (MSE).

1. Where any individual comes to the hospital and a request is made on the individual's behalf for examination or treatment of a medical condition, or where the individual appears on hospital property (within 250 yards of the main hospital building) appearing to a prudent layperson to be in an emergency condition, a QMP must provide an appropriate MSE within the capability of the hospital (including ancillary services and on call physician services where necessary) to determine whether or not an EMC exists.
2. The MSE must be conducted by a QMP which shall mean physician, a qualified non-physician practitioner, or by a qualified

registered nurse in consultation with a physician or appropriately qualified non-physician practitioner.

3. The MSE and treatment will be fully documented in the patient's medical record.

C. Emergency Medical Condition (EMC).

1. An EMC is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:
 - a. Serious jeopardy to the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child).
 - b. Serious impairment to bodily functions.
 - c. Serious dysfunction of any bodily organ or part.
2. If a patient refuses to have or complete an MSE, that refusal will be appropriately documented in the patient's medical record, along with any attempts made to explain the risks associated with the refusal. Ideally, the patient or the patient's representative will sign the appropriate informed refusal form.

D. Stabilizing Treatment. If the patient has an EMC, the hospital staff will initiate stabilizing treatment.

1. A patient's EMC is stabilized when the hospital staff has provided such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result or occur.
2. With respect to a pregnant patient having contractions, the patient's condition is stabilized when the patient has delivered (including the placenta) or a physician has certified that the patient is in false labor.
3. Stabilizing treatment must be appropriate within the hospital's capability and capacity.
4. With respect to a patient with a generalized EMC:

- a. In cases where treatment is rendered to stabilize an EMC, the medical records should reflect the medically indicated treatment necessary to stabilize it, the medications, treatments, surgeries and services rendered, and the effect of treatment on the individual's emergency condition or on the woman's labor and the unborn child.
 - b. The medical records should contain documentation such as: medically indicated screenings, tests, mental status evaluation, impressions, and diagnoses (supported by a history and physical examination, laboratory, and other test results) as appropriate.
 - 5. With respect to a pregnant woman who is having contractions:
 - a. The patient's medical record should show evidence that the screening examination included ongoing evaluation of fetal heart tones, regularity and duration of uterine contractions, fetal position and station, cervical dilation, and status of the membranes, i.e., ruptured, leaking, intact.
 - b. Where transfer of a woman in labor to another hospital is possible without jeopardizing the health of the mother or baby, such transfer should be made given that Stoughton Health does not provide obstetric services. Where this is not possible, transportation post-delivery should be arranged as soon as possible.
 - 6. With respect to individuals with psychiatric symptoms, staff should assess and document whether the patient has suicidal or homicidal ideation or poses a threat to self or others.
- E. Appropriate Transfers. A transfer of a patient in an unstable EMC will be considered appropriate if all of the following parameters are met:
- 1. The patient (or an authorized person on the patient's behalf) requests a transfer after having being informed of the risks and the hospital's obligations.
 - 2. A physician (or QMP in consultation with a physician who agrees with the transfer) has signed the certification that the benefits of the transfer of the patient to another facility outweigh the risks. If a QMP signs the certification, the physician must subsequently countersign.

3. Stabilizing treatment has been provided to minimize the risks of transfer.
4. All pertinent medical records are provided to the receiving hospital.
5. The receiving hospital has agreed to accept the patient in transfer.
6. The transfer is effected through qualified personnel and transportation equipment, in an appropriate vehicle, including the use of medically appropriate life support measures where necessary.

F. Patients Arriving By Ambulance

1. A patient in an ambulance that is on Hospital property is considered to have come to the DED regardless of ambulance ownership and regardless of prior communications with ambulance personnel about the patient.
2. Where a patient is in an ambulance (not owned by the Hospital) that is not on hospital property but that contacts the Hospital about the patient, the hospital may:
 - a. Divert the ambulance to another hospital only if Stoughton Health has declared itself to be on diversionary status because it does not have the staff or facilities to accept any additional emergency patients at that time - understanding that if the ambulance disregards diversionary status and brings the patient anyway, the Hospital must conduct the MSE and provide stabilizing treatment as appropriate;
 - b. Allow the patient to come to the DED for a MSE and stabilizing treatment within the hospital's capability and capacity; or
 - c. Inform the ambulance personnel that while the ambulance may bring the patient to the hospital for an MSE and appropriate stabilizing treatment, the hospital believes that the patient may be best served at another facility given the hospital's resources, capability and capacity at that time - understanding that if the ambulance personnel bring the patient anyway, the hospital must conduct the MSE and provide stabilizing treatment as appropriate.

G. Hospital On-Call Provider Services.

1. Stoughton Health will maintain a list of physicians on the Medical Staff with appropriate clinical privileges who are on-call to provide treatment necessary to stabilize an individual who has come to the DED with an EMC and by applying to the Medical Staff, each physician agrees to comply with the on-call parameters of EMTALA.
2. The physician on call will respond promptly to notification that the physician's input is required for a patient in a Stoughton Health DED, within thirty (30) minutes from such notification.
3. In the event that the physician or other hospital staff examining the patient at the DED determines that the on -call physician's physical presence is required, the on call physician will present within a reasonable time frame, as determined by the DED physician. The goal of communication between the DED staff and the on call physician is to reach mutual agreement on a treatment course, resulting in optimal patient care.
4. Telemedicine functionality may be used by the physician on call (at the discretion or by request of the DED staff) where telemedicine services are appropriate for the particular patient's condition.

H. Limited Justification for Delay. In limited circumstances, the physician on call may be legitimately unable to meet the time parameters requested by the DED physician, including without limitation:

1. Where the physician on call is engaged in simultaneous care of another critically ill patient, in which case the physician will either send a qualified designee or specify the physician's anticipated time of arrival;
2. Other circumstances out of the physician's control.

I. Simultaneous Call. In the event that the physician on call is engaged in an elective procedure when notified by the DED, that physician and the hospital must have planned back up for the situation where the physician is unable to respond due to the ongoing elective surgery. The hospital's back up plan in this event will include contacting other physicians on the Medical Staff with appropriate clinical privileges, or effecting an appropriate transfer to another hospital.

- J. Follow-up Care. The DED staff and the on -call physician will work together to facilitate the patient's follow up care.

IV. DISCIPLINARY ACTIONS

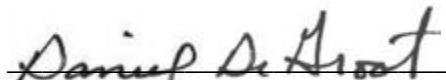
- A. Any violation of this policy should be reported to the Hospital President and Medical Staff Executive Committee via the Quality/Risk Management Department.
- B. The Medical Staff Executive Committee shall conduct an investigation of the alleged violation and determine the appropriate action.

V. REFERENCES

- 1. 42 USC §1395 dd et seq.
- 2. Social Security Act §1867 and accompanying regulations at 42 CFR §489.24 and 42 CFR §489.20(l), (m), (q), and (r)
 - a. Center for Medicaid Services (CMS) State Operations Manual, Appendix V., July 2019

VI. COORDINATION

President/CEO
Chief of Staff
Medical Staff Executive Committee
Emergency Department Manager



President/CEO

Date

Chief of Staff

Date

Environment of Care Annual Board Report



2021 Annual Performance Evaluation

Environment of Care Program: Security

Reviewer: Angela Rowin-Tippit/Cyril Lyon

Review Date: April 8, 2022

Environment of Care Committee Review and Approval Date:

Review of Program SCOPE

The review of the scope is based on a comparison of actual operating experience to expected results. The review determines if specific risks are not addressed by the current program or if staff is not using program-related training effectively. This evaluation applies to all locations for Stoughton Health where patients are cared for and treated inclusive of both on-site and off-site locations. Data evaluated includes incident reports, reports of outside agencies, independent review by consultants, and findings from safety rounds. The data evaluated is to determine if trends or patterns identified. Any identified deficiencies addressed in planning objectives for the next calendar year.

A. Security Event Report Review

Six events submitted in the Safety Zone Portal and one theft.



Identifiable trends or patterns of events:

Theft remained unchanged with 1 event.

Security Increased by 4 events.

Review of Objectives/Performance and Program EFFECTIVENESS

Review shows minor changes from previous year. Theft remains the same as 2020. However, we saw a 20% increase in security events.

Planning objective for 2022

1. Improved security system for checking in visitors/vendors/etc. Including vaccine status. Additionally, investigate if "Pocket Panic Buttons" are another option for security.
2. Upgrade current camera system. Assess for added cameras going into budget year 2023.

Environment of Care Program: Life Safety/Fire Prevention

Reviewer: Cyril Lyon/Angela Rowin

Review Date: April 8, 2022

EOC Approval Date: April 12, 2022

Review of Program SCOPE

The review of the scope is based on a comparison of actual operating experience to expected results. The review is designed to determine if the current program addresses specific risks and if staff are applying program-related training effectively. This evaluation applies to all locations for Stoughton Hospital where patients are cared for and treated inclusive of both on-site and off-site locations. Data evaluated includes event reports, reports of outside agencies, independent review by consultants, and findings from safety rounds. The data is evaluated to determine if trends or patterns can be identified. Any identified deficiencies addressed in planning objectives for the next calendar year.

A. Fire Drill Report Review: No trending identified.

Total program related event reports:

Quarterly fire drills completed as required with one extra drill per shift when under life safety construction. All “Fire Alert” drills documented, observed and follow-up provided in the Safety Zone Portal. (SZP)

B. Annual Fire Safety Education

Mandatory education 100% compliant for all staff.

- Completed “Emergency Alerts” (Codes) located on the Learning Center
- Viewed “Fire Extinguisher Tutorial” video located on the Intranet.
- Annual Fire Response Team completed hands on fire extinguisher training in the fall.

C. Outside Agency Reports

Stoughton Fire Department

Stoughton Fire Department conducted their annual Stoughton Hospital Facility inspection. All areas found compliant on hospital campus.

Outside Agency Reports – Stoughton Fire Department

Annually the SFD inspects all Stoughton Hospital site on an annual basis. Documentation filed with Facilities Manager.

SimplexGrinnell

All fire alarms systems evaluated/tested and in compliance. Documentation filed with Facilities Manager.

D. Environment of Care Safety Survey:

All fire extinguishers were compliant.
Boxes on floors remedied on spot.
All storage in compliance with the 18" rule.

Review of Program OBJECTIVES

The program objective is that all testing and monitoring completed as scheduled. Any concerns found corrected to assure "Life Safety" compliance.

The following Inspection, testing and maintenance fire protection equipment and LSM Systems monitoring are completed and documentation filed with Facilities Manager.

Weekly: *Fire pump test non-flow*
Monthly: Fire extinguishers/Fire alarm signal testing
Quarterly: Fire pump controllers - under no flow/Water flow devices/Valve tamper switches
Semi-annually: Kitchen fire extinguisher system - discharge not required
Annually: Electro mechanical releasing devices/Fire pump under flow conditions/Main drains
Fire Department Connections/Carbon dioxide and other gas automatic fire
extinguisher systems - discharge not required for stand pipes.
Every Six Years: Automatic smoke detection air handling shut down devices/fire dampers

Review of PERFORMANCE

Performance and effectiveness of the current performance monitoring is evaluated by Facilities and other outside agencies, Jefferson Fire and Safety; Badger Fire Protection and Ahern Fire Protection. Reports are sent quarterly to the Environment of Care Committee to identify opportunities to improve the program and adjusted to maintain performance or to identify opportunities for improvement. Summary report for the calendar year 2021, performance for the above listed objectives was completed and in compliance.

This program was found to be stable, sustainable, and acceptable at the time of this review. With this review, the effectiveness of fire response training according to the fire plan has been evaluated utilizing actual fire alarms and through fire drill observation by EOC Committee.

Progress Update for 2021:

Identified deficiencies from the fire drill reports and submit them in the Safety Zone Portal for review and follow-up by specific departments. Additionally, maintenance request submitted using Facility One after each drill for any facility repairs identified.

Objectives for 2022

- Staff education on paging, responsibilities during and/or responding to "Fire Alerts"
- Evaluate how we can provide hands fire extinguisher training for all staff who are interested.

Environment of Care Program: Hazardous Materials & Wastes

Reviewer: Angela Rowin

Review Date: April 8, 2022

EOC Approval Date: April 12, 2022

Review of Program SCOPE

The review of the scope is based on a comparison of actual operating experience to expected results. The review is designed to determine if the current program does not address specific risks or if staff is not using program-related training effectively. This evaluation applies to all locations for Stoughton Hospital where patients are cared for and treated inclusive of both on-site and off-site locations. Data evaluated includes incident reports, reports of outside agencies, independent review by consultants, and findings from safety rounds. The data is evaluated to determine if trends or patterns can be identified. Any identified deficiencies are addressed in planning objectives for the next calendar year.

A. Safety Zone Event Report Review:

Zero occupational exposure to Medical Waste or Hazardous Agents

Hazardous Materials and Waste Events: 1

No significant trending noted



B. Outside Agency Reports

All required Manifest received by: Madison Environmental Resourcing INC. (MERI) Manifest Reports.

C. The Wisconsin DNR Report

Submitted February 24, 2022

Target goal of 1.50 pounds of medical waste generated per patient day was missed by .06 and in 2020 we missed it by .20 with the excess waste generated for COVID these results are very good. Our reduction of waste savings was the implementation of reusable isolation gowns.

D. Safety Survey Findings

No deficiencies related to the program

Review of Program OBJECTIVES

Reducing waste initiatives achieved and we feel we met our goal and 1.50 lbs. is a realistic goal.

EOC/Infection, Control surveys and Safety Zone Portal event reporting system.

Summary of performance reports for the last 12 months.

Performance reports indicate:

1. Performance is stable, sustainable, and acceptable: ✓
2. Performance is stable, sustainable, and unacceptable: _____
3. Performance is unstable: _____

Review of Program EFFECTIVENESS

Program effectiveness evaluated by comparing the review of the program scope to current needs and stated objectives of the program with measurements made related to stated performance measures. Effectiveness is determined based on how well the scope fits current organizational needs and the degree to which current performance met those stated objectives. This program found to be stable, sustainable, and acceptable at the time of this review.

Planning objectives for 2022

DNR Report

Recruit Chemical Hygiene Officer

Pharm 800/Hazardous Waste Training

Environment of Care Program: Safety

Reviewer: Angela Rowin/Jen White

Review Date: April 8, 2022

EOC Approved: June 14, 2022

Environment of Care Committee Review and Approval Date:

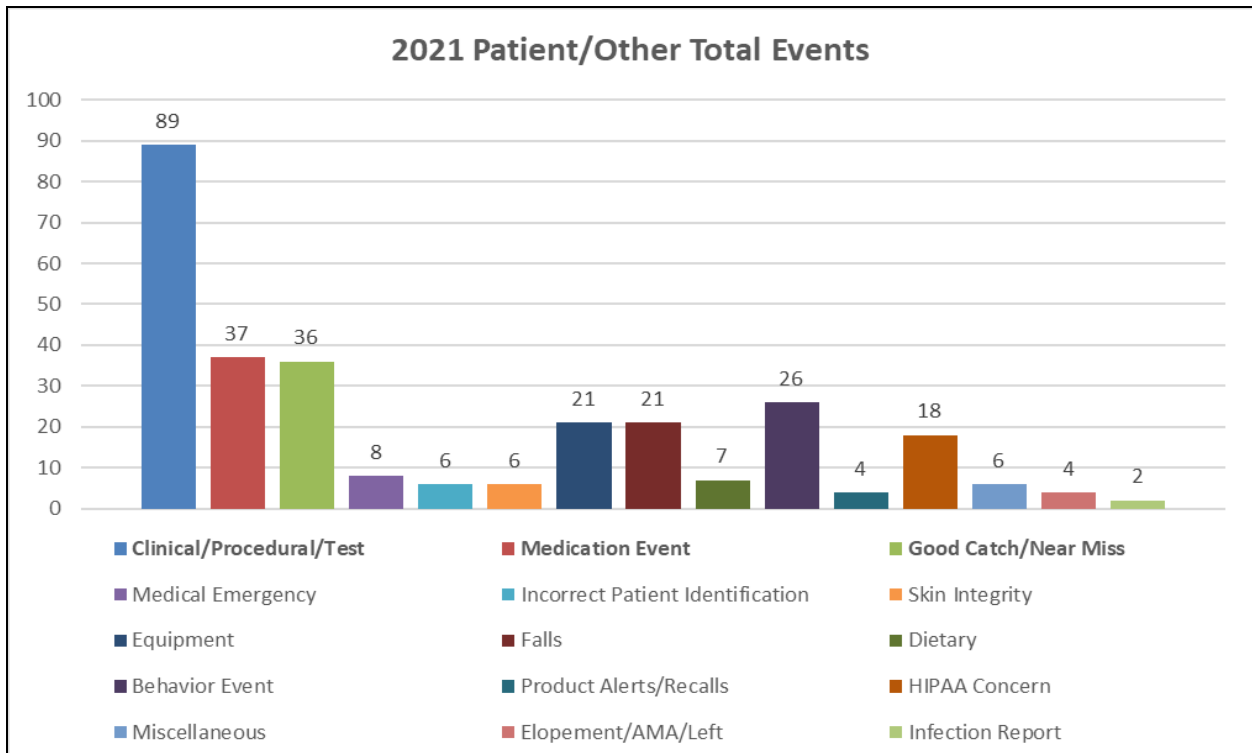
Review of Program SCOPE

The review of the scope is based on a comparison of actual experience to expected results. The review is designed to determine if the program addresses specific risks and if staff are using program-related training and tools effectively. This evaluation applies to all locations for Stoughton Health where patients are cared for and treated inclusive of both on-site and off-site locations. Data evaluated includes event reports submitted on the Safety Zone Portal (SZP) or reports of outside agencies or independent review by consultants, and/or findings from Environment of Care (EOC) and Infection Control rounds. The data is evaluated to determine if trends or patterns can be identified. Any identified deficiencies are addressed immediately if indicated and in planning objectives for the next calendar year.

Patient/Other Event Report Review

- A. Reported Patient Safety events for calendar year 2021 are 291. Patient Safety over-all event reporting volumes decreased by 63. Events continued to decrease in 2021 due to closure of Home Health.

Identifiable trends or patterns of events: 89 Clinical/Procedural/Test, 37 Medication Events and 36 Good Catch/Near Miss.



Patient Falls continued to be our focus in 2021. For Med/Surg, the goal was to reduce Med/Surg falls by one fall per 1000 patient days. In 2020, the rate was 2.20. In 2021, the rate decreased to 1.87. For Geriatric Psychiatry, the goal was reduce falls by two per 1000 patient days. In 2020, the rate was 5.24. In 2021, the rate decreased to 3.87.

Falls classified as class one falls with the exception of one class two, which occurred, on Medical/Surgical Inpatient Unit.

B. Sentinel Events:

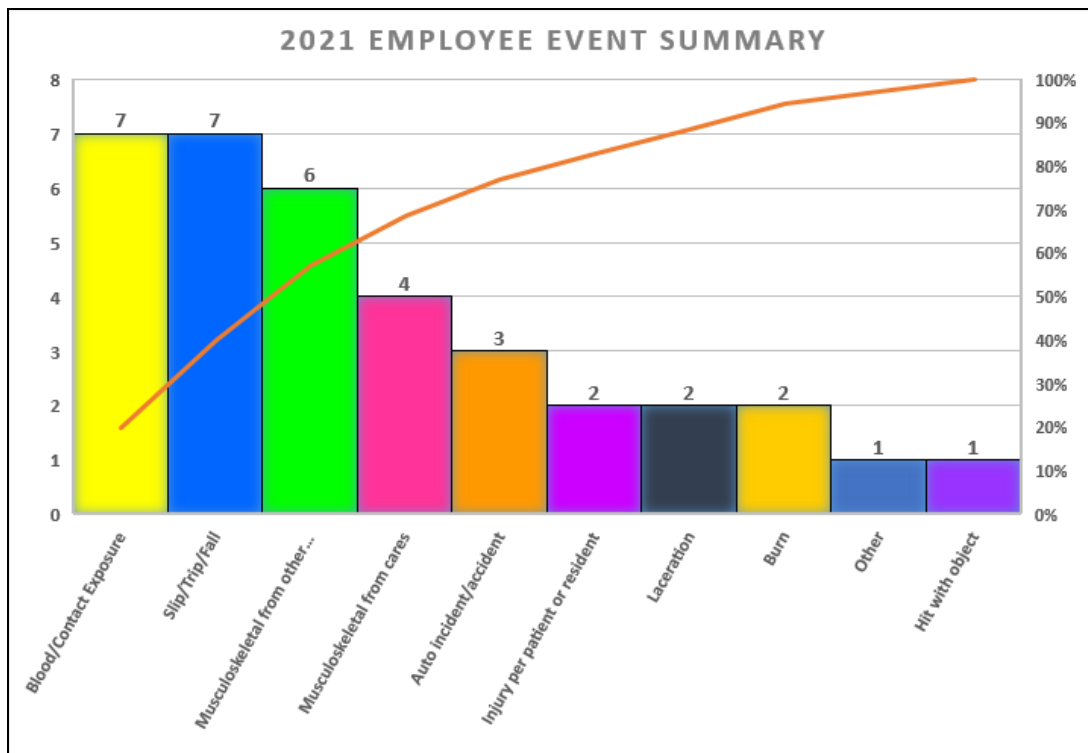
There was no sentinel event, which did not require reporting to regulatory agencies.

C. Environment of Care Surveys (EOCS): Bi-annual surveys completed in patient care areas and annually for non-patient care areas. All findings documented in the Safety Zone Portal and follow-up completed by the departments, including facility disrepairs and/or cleaning concerns.

Employee Events

A. Reported employee events for calendar year 2021 are 35. Employee event reporting volumes increased by three. Blood/Contact Exposure, Slip/Trip/Fall and Musculoskeletal from other.

Identifiable trends or patterns of events: 7 Blood/Contact Exposure, 7 Slip/Trip/Fall and 6 Musculoskeletal from other. Trending noted with the top two events.



B. Annual Mandatory Employee Safety Education

Bi-Annually and completed by all staff.

Review of Program OBJECTIVES

The EOC and Patient Safety Committees reviewed safety program objectives, performance and effectiveness to identify opportunities for maintenance or improvement of safety program.

Review of PERFORMANCE and EFFECTIVENESS

Program effectiveness evaluated by comparing the review of the program scope to current needs and stated objectives of the program with measurements made related to stated performance measures. Effectiveness is determined based on how well the scope fits current organizational needs and the degree to which current performance met those stated objectives.

Planning objectives: for 2022

Continue to promote event reporting for “Good catch/Near Miss”

Education on top two employee events to reduce by 50%.

Environment of Care Program: Utilities Systems

Reviewer: Cyril Lyon

Review Date: April 11, 2022

EOC Approved: April 12, 2022.

Review of Program SCOPE

The review of the scope is based on a comparison of actual operating experience to expected results. The review is designed to determine if specific risks are not addressed by the current program or if staffs are not using program-related training effectively. This evaluation applies to all locations for Stoughton Hospital where patients are cared for and treated inclusive of both on-site and off-site locations. Data evaluated includes event reports documented in the Safety Zone Portal, reports of outside agencies, independent review by consultants, and findings from safety rounds. The data is evaluated to determine if trends or patterns can be identified. Any identified deficiencies are addressed in planning objectives for the next calendar year.

A. Utility Testing: All complete reports are filed in Facilities.

Monthly: Completed

Generator Testing

Emergency Lighting

Exit Lighting

Elevator Fire Testing

Annual: Completed

Elevators

Load Bank: Generators

B. EOC/Safety Survey Findings

- **Patterns of deficiencies related to the program or issues not yet addressed:**

➤ *None*

Review of Program OBJECTIVES/ PERFORMANCE/EFFECTIVENESS

Program objectives/performance/effectiveness is evaluated by comparing the review of the program scope to current needs and stated objectives. Effectiveness is determined based on how well the scope fits current organizational needs and the degree to which current performance met those stated objectives.

Planning Objectives for: 2022

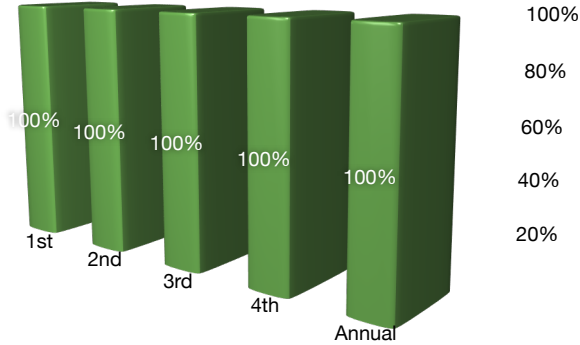
Boiler system performance review and future corrective action

Stoughton Hospital 2021 Report

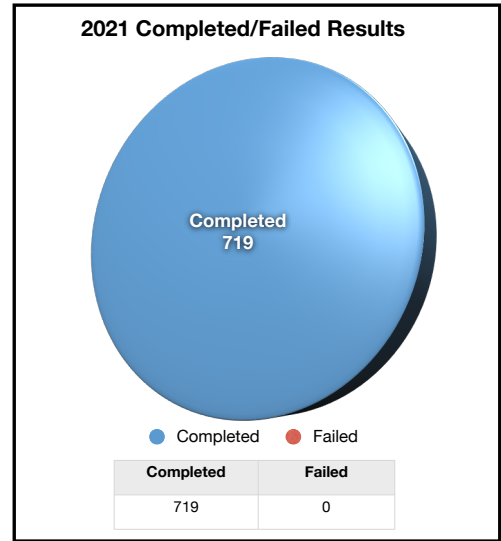
Contact: Brian Swain

Assigned Technician: Ken Nelson, BMET and Austin Bieber, BMET

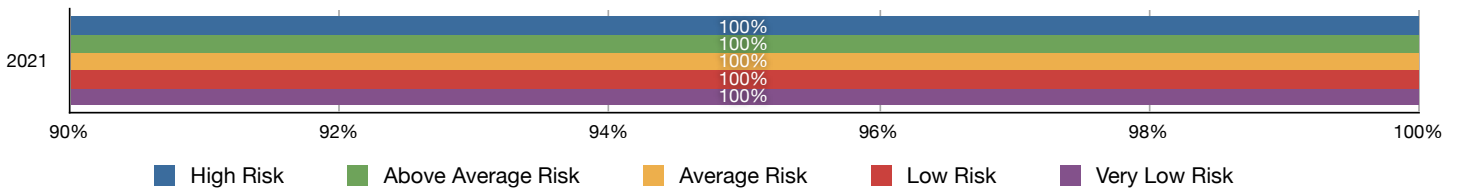
Completion % Includes Not Found & In Use
PM work orders closed during the year



1st Quarter	100%
2nd Quarter	100%
3rd Quarter	100%
4th Quarter	100%
Annual Average	100%



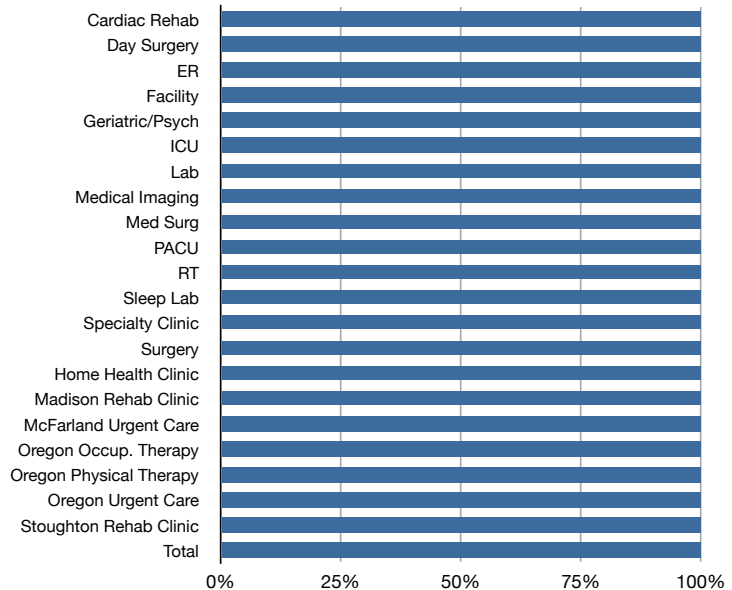
Yearly Completion by Risk



Device Risk Level	Completion %
High Risk	100%
Above Average	100%
Average Risk	100%
Low Risk	100%
Very Low Risk	100%

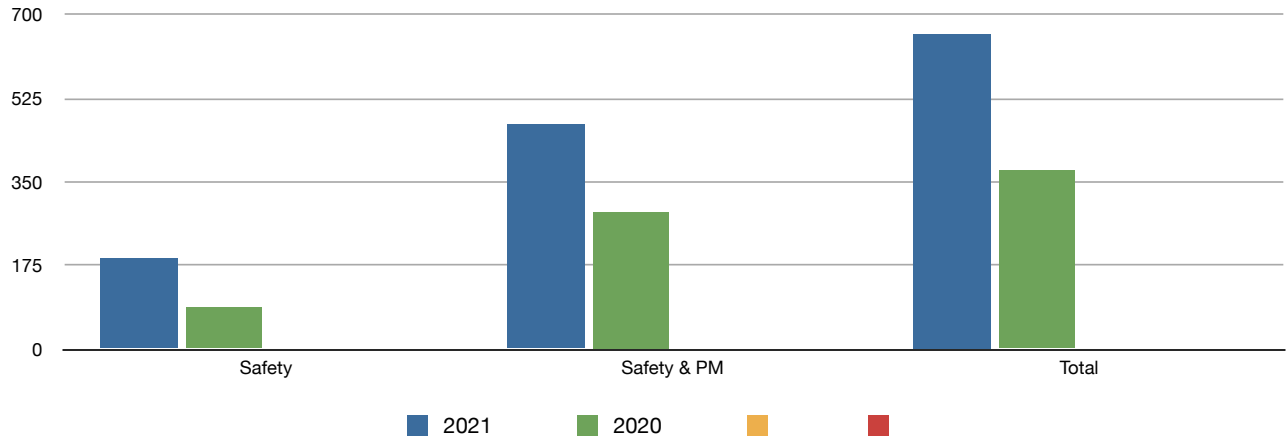
2020 Completion % by Department

Department	Completion %
Cardiac Rehab	100%
Day Surgery	100%
ER	100%
Facility	100%
Geriatric/Psych	100%
ICU	100%
Lab	100%
Medical Imaging	100%
Med Surg	100%
PACU	100%
RT	100%
Sleep Lab	100%
Specialty Clinic	100%
Surgery	100%
Home Health Clinic	100%
Madison Rehab Clinic	100%
McFarland Urgent Care	100%
Oregon Occup. Therapy	100%
Oregon Physical Therapy	100%
Oregon Urgent Care	100%
Stoughton Rehab Clinic	100%
Total	100%



Stoughton Hospital 2021 Report

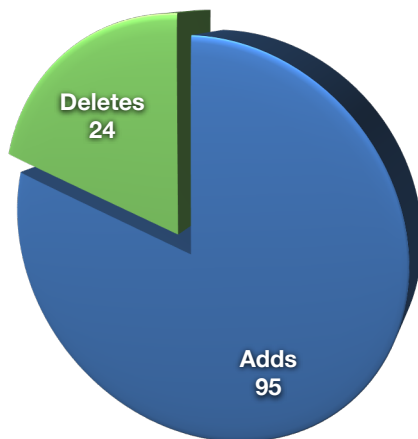
Inspection Work Load



Issued Safety & PM Work Orders

Year	Safety	Safety & PM	Total
2021	190	470	660
2020	87	287	374

2021 Equipment Changes



Adds	Deletes
95	24

● Adds ● Deletes



Wisconsin Biomedical Services, Inc.

4009 Felland Rd, #104 • Madison, WI 53718 Phone: (608) 221-8995 • (800) 369-0885 • Fax: (608) 221-8667



Situation Background Assessment Recommendation

403b Plan Amendment Provisions

<p style="text-align: center;">S <u>SITUATION</u></p>	<p>The current labor market has highlighted a need to revisit our 403b plan design provisions to make it as competitive as possible. For example, the current plan requires a waiting period of one year for a 403b employer match to start for a new hire. Many other employers offer their employer match immediately upon hire.</p>
<p style="text-align: center;">B <u>BACKGROUND</u></p>	<p>Stoughton Health believes we best compete in our labor market if we are able to attract and retain patient centered employees, highly engaged in delivering safe and quality healthcare. Providing competitive compensation and benefits erases any concerns over fair treatment. Caring about an employee during retirement extends this level of care beyond their time as an employee of Stoughton Health, and costs no more after the initial first-year investment.</p>
<p style="text-align: center;">A <u>ASSESSMENT</u></p>	<p>Some of the proposed changes to the 403b plan require additional funding (employer match beginning upon enrollment to the plan). While additional funding to the plan is minimal, it was never the most pressing priority during pre-COVID recruitment initiatives. Creating a retirement plan with immediate matching removes a disincentive for people to leave their current employer and join Stoughton Health, thus the Administrative team would like to change this plan provision. In addition, some other plan provisions as outlined below allow for greater flexibility for employees.</p> <p>After consultation with the plan record keeper and plan auditors, it is most administratively feasible and will avoid plan compliance issues to make the plan design changes at the beginning of the plan year which is January 1st.</p>
<p style="text-align: center;">R <u>RECOMMENDATION</u></p>	<p>Update the 403b plan to reflect the following changes effective 1-1-2023:</p> <ul style="list-style-type: none"> ✓ Provide the employer 4% dollar-for-dollar match effective with the start of deferrals ✓ Automatically enroll new hires upon hire into the 403b plan ✓ Allow new participants to request a permissive withdrawal within 90 days of their entry date ✓ Allow current participants to refinance their loans

**ADOPTING RESOLUTION
FOR
STOUGHTON HOSPITAL ASSOCIATION**

The undersigned authorized representative of Stoughton Hospital Association (the "Employer") hereby certifies that the following resolutions were duly adopted by the Employer on the date specified below, and that such resolutions have not been modified or rescinded as of the signature date below.

RESOLVED, that Stoughton Hospital Association Tax Deferred Annuity 403(b) Plan ("Plan") be amended as described in Amendment Number 2022-1; and

FURTHER RESOLVED, that the appropriate officers are authorized, empowered and directed to do all acts and things, including adopting a Plan amendment, necessary or desirable to effectuate the actions authorized herein.

STOUGHTON HOSPITAL ASSOCIATION

By: _____

Title: _____

Date: _____

A stylized sun with yellow rays is in the top right corner. Palm fronds in shades of green and yellow are scattered across the background. The main text is centered on a white rectangular area.

SUMMER SPLASH

GIVE AND RECEIVE

July 20 – August 5, 2022

For every \$36 you donate to Stoughton Hospital Foundation, you will receive a Kwik Trip Gift Card for 5 FREE Ultimate car washes to be used throughout the year.

To order your cards and make your donation go to:
stoughtonhealth.com



**STOUGHTON HOSPITAL
FOUNDATION**

Governing Board Packet, Page 133



STOUGHTON HOSPITAL
FOUNDATION

18TH ANNUAL

SWINGING FOR HEALTH

GOLF OUTING AND CARD PARTY TO BENEFIT STOUGHTON HEALTH

SEPTEMBER 13TH, 2022 | TUESDAY

PRESENTED BY STOUGHTON HOSPITAL FOUNDATION

We are thrilled to be back together this year for the Foundation's 18th Annual Golf Outing at the Stoughton Country Club. Join us in-person on September 13th for a shotgun start at 12:30 pm, (registration 11:00 am – 12:00 pm) for an afternoon of golf as we show our support for Stoughton Health. You can also show your support by joining us on another day of your choosing when you sign up for our virtual option.

SPONSORSHIP OPPORTUNITIES

Executive Sponsor (\$2500) Sponsorship includes:

- Choice of headlining sponsorship: **Dinner Sponsor, Silent and/or Live Auction Sponsor, Virtual Auction Sponsor or Swag Bag Sponsor - SOLD**
- Name recognition in all promotional materials
- Name and logo on Stoughton Health digital Highway B sign
- Recognition on the Stoughton Health lobby digital screen for one year
- Recognition and link on Virtual Auction Platform
- Online recognition including website, social media and e-blast
- Post-event thank you for supporting healthcare workers in direct mail newsletter (reach 42,000)
- Golf package for four golfers, including 18 holes, carts, box lunch and dinner

EARLY BIRD SPECIAL!

Sponsorships of Executive and Corporate tier when submitted by May 31st include an added recognition at the Community One Mile Walk!

- LOGO on T-shirt!
- Race day signage

Corporate Sponsor (\$1000) Sponsorship includes:

- Logo and event signage
- Name and logo on Stoughton Health digital Highway B sign
- Online recognition including website and social media
- Recognition on the Stoughton Health lobby digital screen for one year
- Recognition and link on Virtual Auction Platform, registration site, e-blast and social media
- Post-event thank you for supporting healthcare workers in direct mail newsletter (reach 42,000)
- Golf package for two golfers, including 18 holes, golf cart, box lunch and dinner

Specialty Sponsor (\$500) Sponsorship includes:

- Choice of sponsorship: Beverage Carts Sponsor, **Golf Carts Sponsor - SOLD**, Lunch Sponsor, Beverage Tickets Sponsor, Mega Putt Sponsor, or **Card Party Sponsor - SOLD** (May be up to two sponsors)
- Logo and event signage
- Post-event acknowledgment
- Online promotion including website and social media

Hole Sponsorship (\$250) Sponsorship includes:

- Online recognition including website and social media
- Recognition on the Stoughton Health lobby digital screen
- Recognition and link on Virtual Auction Platform
- Logo recognition at hole with opportunity to set up a table or tent and Post-event acknowledgment

Swinging for Health Commitment Form

Please complete form and email it to foundation@stoughtonhealth.com, or send to Stoughton Hospital Foundation, 900 Ridge St., Stoughton, WI 53589.

SPONSORSHIP AGREEMENT:

Contact Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____ Website: _____

*SPONSORSHIP LEVELS & GOLF REGISTRATION

Golf packages include 18 holes, green fees, golf cart, drink ticket and box lunch.

- Executive Sponsors (\$2500 – includes Foursome Golf Package) *(Tax deduction with four golfers \$2050, Tax deduction without four golfers \$2500)*
- Dinner Sponsor Silent/Live Auction Sponsor Virtual Auction Sponsor Swag Bag
- Corporate Sponsor (\$1000 – includes Twosome Golf Package) *(Tax deduction with two golfers \$775, Tax deduction without golfers \$1000)*
- Specialty Sponsors (\$500) *(Tax deduction \$500)*
 - Lunch Sponsors Golf Cart Sponsors Beverage Cart Sponsors Beverage Ticket Sponsors
 - Mega Putt Sponsors Card Party Sponsors
- Hole Sponsor (\$250) *(Tax deduction \$250)*
- Golf Packages
 - Single Golfer (\$125) Twosome (\$225) Foursome (\$450)
- I am unable to sponsor/attend but please accept my donation of \$ _____
- Card Party (\$30 per person playing) # of people playing: _____

VIRTUAL AUCTION & RAFFLE DONATIONS:

- Good/Service: _____ Value \$ _____

METHOD OF PAYMENT:

- Please e-mail an invoice to: _____
- Pay Online - <https://stoughtonhealth.com/stoughton-hospital-foundation/>
- Check Enclosed

Check enclosed (payable to Stoughton Hospital Foundation, 900 Ridge St., Stoughton WI 53589)

For any questions, please call the Foundation office at (608) 873-2334

*When signing up for a sponsorship after 09/02/2022 you may not receive all sponsorship inclusions.

18TH ANNUAL

SWINGING FOR HEALTH

GOLF OUTING TO BENEFIT STOUGHTON HEALTH

SEPTEMBER 13TH, 2022 | TUESDAY

Annual Swinging for Health Golf Event Item Donation Form

Company Name: _____
Donor: _____
Address: _____
Phone: _____
E-mail: _____

- Auction/Raffle (These donations will be used as either an Auction Item or a Raffle Item)
 Brew & Chew (These donations will be used in a beer and gift card combo)
 Wine & Dine (These donations will be used in a wine and gift card combo)

Description of item:

Estimated Value: _____ (Required)

Restrictions: _____

Item will be: Delivered _____ OR Picked up by the Foundation Office _____

When making a donation to the Swinging for Health Golf Outing, you will receive public acknowledgement on social media and in our hospital newsletter.

The Stoughton Hospital Foundation, Inc. is a non-profit corporation under the laws of the State of Wisconsin and a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code. Contributions to Stoughton Hospital Foundation, Inc. are tax deductible as provided by law; tax ID # 23-7395183. No goods or services were provided in exchange for this gift. All gifts to Stoughton Hospital Foundation, Inc. are retained locally.

Stoughton Hospital Foundation Dashboard

	FY 19 Actual	FY 20 Actual	FY 21 Actual	Average FY17-FY21	FY 21 QTR 1	FY 21 QTR 2	FY 21 QTR 3	FY 21 QTR 4	FY 22 QTR 1	FY 22 QTR 2	FY 22 QTR 3	FY 22 QTR 4 7-13-22	FY 22 Total YTD	FY 2022 Budget	FY 2022 Strat Goal	Explanation
Donor Count																
Donor Base	449	374	485	407	177	87	24	197	276	49	96	10	431		428	Incr. avg. 5%
Annual Giving Contributions*																
Restricted Contributions	\$140,011	\$196,038	\$141,787	\$139,055	\$14,678	\$3,180	\$122,733	\$1,196	\$18,665	\$164,566	\$1,245	\$128	\$184,604	\$213,000	\$146,008	Incr. avg. 5%
Unrestricted Contributions	\$53,940	\$54,047	\$55,843	\$54,047	\$22,445	\$22,047	\$7,036	\$4,315	\$45,281	\$24,911	\$20,251	\$258	\$90,702	\$65,000	\$56,749	Incr. avg. 5%
<i>Special Events:</i>																
Golf Outing Net Returns	\$24,329	\$34,999	\$41,462	\$26,944	\$0	\$0	\$0	\$41,462	\$0	\$0	\$0	\$0	\$0	\$35,000	\$28,291	Incr. avg. 5%
Other Fundraising/Walk, Giv Tues	\$0	\$0	\$3,107	\$3,107				\$3,107	*\$2,352	\$0	*\$4,395	\$0	*\$6,747	\$10,000	\$3,262	Incr. avg. 5%
Total Contributions	\$218,280	\$285,084	\$242,199	\$223,153	\$37,123	\$25,227	\$129,769	\$50,080	\$63,946	\$189,477	\$21,496	\$386	\$275,306	\$323,000	\$234,311	Incr. avg. 5%
Capital Campaigns																
Capital Campaign	\$0	\$0		N/A												N/A
Wellness Garden Campaign	\$195	\$500		N/A												N/A
Provisional Commitments																
Planned Giving Donations	\$0	\$15,353	\$0	\$5,477	\$0	\$0	\$0	\$0	\$6,639	\$0	\$0	\$0	\$6,639		\$ -	N/A
Planned Giving Commitments	0	1	0	1	0	0	0	0	1	0	0	0	0		2	Incr. avg. by 1
Special Event Participation																
Golf/Card Event Participants	130	91	130	110				130							116	Incr. avg. 5%,
Circle of Friends Event Attendees	42	0	62	33		62					67		67		35	Incr. avg. 5%
Community Walk Participants	0	0	99	99				99			74		74		104	Incr. avg. 5%
Cider in the Garden Participants	0	0							15				15		15	
Giving Tuesday									54				54		54	
Board & Employee Giving																
Foundation Board - Unrestricted	10	9	10	4	1	6	0	3	4	6	0	0	10		11	
Foundation Board - Restricted									0	1	0	0	1			
Foundation Board - Total	10	10	10	7	1	8	0	1	4	7	0	0	11		11	
Foundation Board Total Giving %	100%	100%	100%	60%	10%	80%	0%	10%	36%	64%	0%	0%	100%		100%	Goal 100%
Governing Board - Unrestricted	12	10	12	5	3	4	1	4	5	1	0	0	6		12	
Governing Board - Restricted									0	0	0	0	0			
Governing Board - Total	12	12	12	7	3	4	1	4	5	1	0	0	6		12	
Governing Board Total Giving %	100%	100%	100%	60%	25%	33%	8%	33%	42%	8%	0%	0%	50%		100%	Goal 100%
Administration - Unrestricted	6	6	6	2	6	0	0	0	6	0	0	0	6		7	
Administration - Restricted									0	0	0	0	0			
Administration - Total	6	6	6	5	6	0	0	0	6	0	0	0	6		7	
Administration Total Giving %	100%	100%	100%	71%	100%	0%	0%	0%	100%	0%	0%	0%	86%		100%	Goal 100%
Management - Unrestricted	22	19	8	10	2	3	0	3	5	2	0	0	7		14	
Management - Restricted					4	1	1	0	4	0	1	0	5			
Management - Total	22	22	14	19	6	4	1	3	9	2	1	0	12		14	
Management Total Giving %	100%	100%	100%	86%	43%	29%	7%	21%	64%	14%	7%	0%	86%		100%	Goal 100%
	FY 19 Actual	FY 20 Actual	FY 21 Actual	Average FY17-FY21	FY 21 QTR 1	FY 21 QTR 2	FY 21 QTR 3	FY 21 QTR 4	FY 22 QTR 1	FY 22 QTR 2	FY 22 QTR 3	FY 22 QTR 4 7-13-22	FY 22 Total YTD	FY 2022 Budget	FY 2022 Strat Goal	Explanation
Employee - Unrestricted	87	107	109		44	33	2	30	31	1	34	0	66			
Employee - Restricted			16		14	2	0	0	37	9	4	1	51			
Employee - Total Giving Campaign	113	132	125	99	58	35	2	30	68	10	38	1	117		101	Incr. to 30%
Employee Total Giving %	28%	35%	37%	24%	17%	10%	1%	9%	20%	3%	11%	0%	35%		30%	based on 337 employees
Cost Per Dollar Raised**																
Fundraising Cost per \$1 Raised	\$ 0.64	\$ 0.48		\$ 0.56	\$ 0.98	\$ 1.31	\$ 0.52	\$ 0.61	\$ 0.45	\$ 0.24	\$ 0.35		\$ 0.35		\$ 0.50	
5 Year Rolling Average	\$ 0.35	\$ 0.40			\$ 0.69	\$ 0.71	\$ 0.66	\$ 0.67	\$ 0.61	\$ 0.55	\$ 0.56		\$ 0.56		\$ 0.50	

*Giving Tuesday and Walk net returns are included in the Unrestricted Contributions & Totals.

**Stoughton Hospital - Public Relations Board Report
June-July 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 June Custom Knee and July GERD 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, GERD, blood drive and ortho custom knee.

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, GERD, and ortho custom knee. 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 custom knee, GERD and blood drive spots on BTN, News, HGTV, CNN, Lifetime, Oxygen, Golf Channel & other networks. Sponsor of News on the One Program and NBA draft with general branding, with testimonials and general Ortho and GERD spots rotated.

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, GERD and customized talk ads.

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

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 June at CHWC and customized knee, GERD and COVID vaccine confidence campaign.

ESPN/100.5 – live mentions about customized knee, GERD talks and paid spots running urgent care locations, blood drive spots, GERD, custom knee, and COVID vaccine campaign.

WOLX/94.9 – 15 & 30 sec. spots on air and streaming promoting virtual visits, variety insurance plans accepted, June blood drive, urgent care locations, SAFE Sitter classes, balance, diabetes support group, customized knee, GERD & COVID confidence campaign.

Print

- Press releases include: Nations Top 20 Socially Responsible Hospital, Balance Class, Breast Risk Assessment, June Blood Drive, and other upcoming community education classes including GERD, Custom Knee talk, medicare 101 and more
- *For the Life of You* newsletter sent to over 42K households
- Urgent Care in June and August OrthoTeam Clinic Shoulder Pain Class In July issue in *Madison Westside Neighbors* and *Lakeside* magazines
- Madison All City Swim Program focused on OrthoTeam Clinic
- Three Urgent Care locations highlighted in Cottage Grove Community Guide, Capital City Theater Programs, Madison Essentials magazine and Stoughton Opera House
- Madison Media Top Nurses with Stoughton Health RN Jen White
- BRAVA article focused on Rehab vestibular rehab
- Wisconsin State Journal recruitment, COVID confidence, customized knee, GERD and breast cancer risk assessment

Governing Board Packet, Page 138

End Your Pain with Custom Knee Replacements



Join Dr. Ashish M. Rawal to learn how the Conformis custom knee implant may be the solution to end your knee pain. Dr. Rawal is board certified in both orthopedic surgery and sports medicine.

Ashish M. Rawal, M.D.



**Free Online Class!
Thursday, June 23, 2022
5:30 p.m.**

To register for this free online class, 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 Stoughton Health Community Education at (608) 877-3498.

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



orthoteam.com • A Clinic of Stoughton Health

Stop Suffering from GERD

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



If so, you might be suffering from GERD - Gastroesophageal Reflux Disease. Stoughton Health Board Certified General Surgeon Dr. Aaron Schwaab, will talk about the minimally invasive LINX procedure, an effective solution for GERD.

Tuesday, July 19, 2022 at 5:30 p.m.

This free talk is being offered both online and in-person at the Stoughton Health Community Health & Wellness Center, 3162 County Highway B, Stoughton.

To register, please go to stoughtonhealth.com and click on "Classes & Events." Online participants will receive a class link (Zoom meeting) and call in phone number.

Questions? Please call (608) 877-3498.

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



The LINX device is approximately the size of a quarter.



stoughtonhealth.com

We're Here When You Need Us

Stoughton Health accepts over 160 area insurance plans: Anthem Blue Cross Blue Shield, Cigna, Dean Health Plan, Humana, Quartz, United Healthcare and more.



McFarland Urgent Care Clinic
5614 US HWY 51
(608) 838-8242

Oregon Urgent Care Clinic
990 Janesville Street
(608) 835-5373

Stoughton Hospital Urgent Care
900 Ridge Street
(608) 873-6611



stoughtonhealth.com

**Feeling Dizzy? Balance Issues?
We Can Help.**



Learn More

Ask for Stoughton Health Physical Therapy



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
- Multiple HR recruitment videos with staff
- Video education produced on breast risk assessment .
- Five additional Billboards throughout Dane County focused on Orthopedics for month of July
- Digital and print ads for People's Choice Award in three categories with results in August
- Breast Cancer risk assessment on-line on Madison.com
- Digital ad campaign focused on Custom Knee in June and GERD in July with paid search, targeted display and YouTube impressions and social media/facebook impressions
- Urgent Care July and yoga for breast cancer June digital display ad and geofencing fitness centers, salons and events during June/July for click through rate (CTR) of .13% to date
- Multiple social media posts with focus on virtual classes, blood drive, foundation, community walk, COVID-19 updates, and recruitment driving likes from 2260 to 2293 with 82.4% women and 17.6% men.
- Exploration into contracting for google reviews and blogs started with Patient Pop for Orthopedics
- Update digital screens in hospital, screen savers, rack cards and elevator flyers promoting education classes, community events & hospital services

COMMUNITY HEALTH NEEDS ASSESSMENT/PLAN

- Submitted application for Quarles and Brady Community Engagement Award focused on work with LGBTQ+
- Continue with Stoughton task force with education and training towards LGBTQ+, equity, & diversity
- Continued collaboration with JangoDX to provide COVID testing at CHWC
- Attend Virtual Alliance for Youth Prevention Conference
- June Diabetes Support Group started to address chronic conditions identified in CHNA
- Safe Sitter and Safe at Home additional classes being offered to address injuries identified in CHNA
- Sponsorship of Three Gaits to support mental health

COMMUNITY EDUCATION CLASSES & EVENTS

- 05/16 – StrongBodies – 24 registered, 24 attended
- 05/17 – Safe@Home – 8 registered, 8 attended
- 05/25 – Balancing Your Hormones – 10 registered, 5 attended
- 06/04 – SafeSitter – 9 registered, 9 attended
- 06/13- Diabetes Support Group – 4 members in attendance
- 06/17 - Blood Drive – 27 donors, 22 units collected
- 06/20 - 8/1 Balance Class (STO) – 7 registered, series class
- 06/20 - 8/8 Balance Class (ORE) – 8 registered, series class
- 06/23- Custom Knee – 45 registered, 28 attended
- 06/29- Safe Sitter – 7 registered, 7 attended
- 06/29-8/3 Yoga for Breast Cancer – 2 registered, series class
- 06/30 - Understanding your Personal Risk for Breast Cancer – 8 registered, 3 attended
- 07/06 - Safe@Home – 3 registered, 3 attended
- 07/11 - 8/18 StrongBodies – 24 registered, series class
- 07/14 - Medicare 101 – 14 registered, 9 attended
- 07/16 – SafeSitter – 7 registered, 6 attended
- 7/19 – GERD – 6 registered,

Understanding Your Personal Risk for Breast Cancer



Register Today!
This free talk is being offered both online and in person at Stoughton Hospital in the Bryan Health Education Center.
To register, please go to 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 Stoughton Health Community Education at (608) 877-3498. Please see this as informational advice, not intended to take the place of professional medical advice.

Thursday, June 30th at 5:30 p.m.
Join Stoughton Health's Board Certified General Surgeon Dr. Aaron Schwaab to learn what you can do to understand and reduce your personal risk for breast cancer. In this talk, Dr. Schwaab will cover breast cancer:
• Screening recommendations
• Risk assessment recommendations and process
• Risk reduction for all women including those at high risk

STOUGHTON HEALTH
stoughtonhealth.com 

Live Life
OrthoTeam.com



OrthoTeam Clinic
Excellence in Orthopedics

Safe Sitter



Safe Sitter® prepares students in grades 6-8 to be safe when they're home alone, watching younger siblings, or babysitting. Students learn life-saving skills such as how to rescue someone who's choking, and helpful information like what to do if there's severe weather. The lessons are filled with fun activities and role-playing exercises.

Three Dates!
Wednesday, June 29th | Saturday, July 16th | Saturday, August 6th
9 a.m. to 2:45 p.m.
Stoughton Hospital
Bryant Health Education Center - Lower Level
900 Ridge Street, Stoughton
The class fee is \$50. Masks are required.
To register, please go to stoughtonhealth.com and click on "Classes & Events."
Questions? Please contact Stoughton Health Community Education at (608) 877-3498.
Financial assistance is available.

STOUGHTON HEALTH
stoughtonhealth.com 

Couch to 5K
A Stoughton Health & E.D. Locke Public Library in McFarland Partnership



Have you always wanted to run a 5K but don't know where to start or how to train? Stoughton Health's and E.D. Locke Public Library are partnering on the Couch to 5K Program to prepare beginner runners for the On Your Bookmark...GO! 5K Run on Saturday, September 24th.
The program is 10 weeks and incorporates three to four workouts each week. The program will offer four in person sessions including a kick off meeting. The first twenty people to register will receive a free t-shirt and a voucher for a free registration for the On Your Bookmark...GO! 5K Run.

Starting Thursday, July 14th at 6:00pm
Location: E.D. Locke Public Library
5920 Milwaukee St, McFarland
To register for Stoughton Health's free Couch to 5K Training Program, please go to stoughtonhealth.com and click on "classes and events."
Questions? Please call (608) 873-2332.

FREE Training T-Shirt To The First 20 People

STOUGHTON HEALTH
www.stoughtonhealth.com 

BUSINESS DEVELOPMENT, PUBLIC RELATIONS & FOUNDATION

- 6/18 - Attended Taste of Stoughton approximately 300+ stopped by booth
- 6/26 - Booth at Safety night and parade participation at SummerFest Oregon
- 7/12 –Meeting with Joining Forces for Families with County Executive Joe Parisi in attendance
- 7/14 - Collaboration with McFarland Library for Couch to 5k with over 40 registered
- 7/16 – Attend Marketplace Dayz with information about urgent cares, breast risk assessment and classes
- 7/26 – Stoughton Chamber Golf Outing sponsorship and participation
- 7/28 - Gazebo Musikk sponsorship
- 7/28- Attend Partners Summer Social Gathering
- Weekly Saturday booth at Stoughton Farmers Market
- Preparation with Partners of Stoughton Hospital for their upcoming Fall Southern District Meeting
- Drop off of breast risk assessment rack cards and other handouts in McFarland, Oregon and Stoughton
- Continue meetings with school, city, police and Stoughton chamber



FOUNDATION

- Receive partial grant request from Aldi’s for a supermarket nutrition tour with dietitian to identify healthy eating and label reading in grocery stores
- Breast Cancer Retreat, Program two signed up for November retreat
- Updated lobby entry wall with new Board photos and donors
- Approved updated Strategic Plan, Mission, Vision and Values
- June Community Walk results of over \$4,400 net with 74 walkers, previous year net \$3100.
- Preparation for September Golf Outing including virtual auction and card party

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





Breast Cancer Risk Assessment & Risk Reduction Public Relations/Marketing Plan

Start Date: 06/01/22

Targeted End Date: 06/30/23

STRATEGY: Growth					
Owner: Laura Mays					
Team: Jen McPhee, Linda Schaefer, Kelly Perna & Taylor Harmel					
Targeted Initiatives	Start Date	End Date	Status	% Complete	Plan/Comments
Marketing Strategy Internal					
Offer Employee Trials with Screening Assessment Everyone Email and Daily Digital Screens Screen Savers Vertical Banner in Lobby Communication Boards Town Hall Announcement Large Digital at Hwy 51 & B	6/1/2022	7/1/2022	Green - On Schedule/Improving	80%	June town hall planned to update staff on services, screen savers, boards, vertical banners all being worked on. Jen M. offered trials to employees (5) Large digital up on B & 51. Screen saver complete. Working on the vertical banner as of 7/18.
Share announcements at Partners, Governing Board meeting & Foundation board Meeting	5/20/2022	7/31/2022	Green - On Schedule/Improving	75%	Plan to share at June meeting of Partners, July for Foundation and Dr. Schwaab shared at Governing Board Retreat, will continue reminders
External					
Community Ed Talks	5/24/2022	9/30/2022	Green - On Schedule/Improving	100%	Schedule quarterly talks, first scheduled 6/30 8 registered, 4 showed & 9/22 upcoming talk
Website Update	5/24/2022	3/31/2023	Green - On Schedule/Improving	90%	Update with comprehensive pre with assessment to post rehab/lyphphedema/retreat and yoga. Add videos recorded from Dr. Schwaab talk

Targeted Initiatives	Start Date	End Date	Status	% Complete	Plan/Comments
Patient Testimonials	8/1/2022	6/30/2023	Yellow - Needs Attention	0%	Use patient testimonials in various media channels: print, tv, radio, etc...
Health Talk Podcasts	7/1//2022	8/31/2022	Green - On Schedule/Improving	70%	HealthTalk and repurpose articles to papers, started to set up with Jen or Dr. Schwaab, Dr. Schwaab recorded 7/13
Chamber Talks & Updates to Civic Groups	6/15/2022	5/31/2023	Yellow - Needs Attention	30%	Chamber meetings share updates with attendees and schedule talks as able-shared at May meeting with Stoughton Chamber, Rotary scheduled for fall
Clinic Visits	6/15/2022	9/30/2023	Green - On Schedule/Improving	25%	Set up meetings with SSM Medical Group- Stoughton, Oregon, Edgerton and Evansville Clinics to provide update. Set up UW Health Stoughton, Cottage Grove and Meriter Clinics. Contacted Physicians for Women and Wildwood Clinics in Cottage Grove. Meeting set 8/5 with Stoughton Clinic Dean, Edgerton getting back with date as well as UW Oregon and Physicians for Women
Social media posts	6/15/2022	5/31/2023	Green - On Schedule/Improving	80%	Mult. Posts on talks and boosts on facebook with Dr. Schwaab talks, screenings and general promotion of risk assessment
Health fairs/expo & outreach	6/17/2022	5/31/2023	Green - On Schedule/Improving	75%	Share at expos and health fairs, Ladies Night Out 6/17, Taste of Stoughton 6/18, Gazebo Musikk events, farmers markets 6/25, and Cottage Grove July.
TV	6/1/2022	9/30/2022	On Schedule/Im	80%	Schedule Dr. Schwaab with Wes for video (You Tube) and TV spots for local media re: assessment and comprehensive program
Radio	6/15/2022	6/30/2022	Green - On Schedule/Improving	100%	Radio spots to promote educational session completed and on WOLX, WSJY
Billboard	8/1/2022	11/1/2022	Green - On Schedule/Improving	10%	Billboard up September/October for Breast Cancer Awareness month, contacted rep

Targeted Initiatives	Start Date	End Date	Status	% Complete	Plan/Comments
Digital	7/1/2022	6/1/2023	Yellow - Needs Attention	25%	Digital ads to compliment community talks targeting primary and secondary zipcodes and demographics, women over 25 years of age, geo-target locations such as salons, women patrons- highlight for talk on 9/22
Print-newspaper ads, magazines, inserts, press releases	6/15/2022	5/31/2023	Green - On Schedule/Improving	100%	Ads in Health Sense to 92k, WI State Journal to promote talks and service, BRAVA, Madison Westside and Lakeview magazines, Madison Essentials, senior center newsletters & local papers
FLOY	5/24/2022	6/20/2022	Green - On Schedule/Improving	100%	Spring issue of FLOY highlight assessment and talk
Bookmark on new service and screening handouts updated	5/24/2022	6/30/2022	Green - On Schedule/Improving	100%	Update rackcards and handouts
Blog	7/1/2022	12/31/2022	Yellow - Needs Attention	10%	Explore adding blog about topic
Dinner with the Doc event prep considering?	6/15/2022	8/1/2022	Yellow - Needs Attention	0%	Explore offering with foundation gala, determine location and program, secure physicians
Contact and outreach to female focused patrons and workers: schools, Assisted Livings, SNF, salons, Urgent Cares, manicure/pedicure salons in primary service area	7/1/2022	9/30/2022	Green - On Schedule/Improving	50%	Connect with contacts with classes/education, intern out delivering plastic holders with info. and speaking with salons, sent to schools
Research for honoree speaker	7/1/2022	9/30/2022	Attention needed	50%	Reached out to ACS if interested in having honoree speaker at event

Green - On Schedule/Improving	Yellow - Needs Attention	Red - Requires Action/Declining	Blue - Completed
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A) One Year Appointments:

- 1) Sophie Cowan, MD, Radiology, Madison Radiology, Courtesy
- 2) Ryan Peirce, MD, Radiology, Madison Radiology, Courtesy
- 3) Lisa Roller, MD, Radiology, Madison Radiology, Courtesy
- 4) Eric Schackmuth, MD, Radiology, Madison Radiology, Courtesy
- 5) Margaret Greco, MD, Pediatric Cardiology, UW Health, Courtesy
- 6) Joseph Bellissimo, MD, Cardiology, UW Health, Courtesy
- 7) Dustin Hillerson, MD, Cardiology, UW Health, Courtesy
- 8) Jaya Krishna, MD, Cardiology, UW Health, Courtesy
- 9) Todd Noreuil, MD, Cardiology, UW Health, Courtesy

Flagged Files: None at this time

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

- 1) Ryan Arthur, MD, Emergency Medicine, SWEA, Active
- 2) Doris Vargas, PA-C, Emergency Medicine, SWEA, Allied Health Professional
- 3) Adam Tierney, MD, Urology, SSM Health, Courtesy
- 4) Britney Bries, DMD, Dentistry, Children's Dental Center of Madison, Dental
- 5) Frank Jung, MD, Cardiology, SSM Health, Courtesy
- 6) John Flickinger, MD, Pathology, Associated Pathology, Courtesy
- 7) Molly Gurney, MD, Pathology, Associated Pathology, Courtesy
- 8) Daniel Hoerl, MD, Pathology, Associated Pathology, Courtesy
- 9) Gabriela Rosa, MD, Pathology, Associated Pathology, Courtesy
- 10) Mary Beth Schneider, CRNA, Anesthesia, Stoughton Health, Allied Health Professional
- 11) Dolores Vetter, PhD, Psychology, Independent, Allied Health Professional
- 12) Adam Coughlin, MD, ENT, SSM Health, Active
- 13) Colin Graney, DPM, Podiatry, Independent, Active
- 14) Matthew Niesen, MD, Orthopedic Surgeon, SSM Health, Active
- 15) Nisheeth Rai, DO, Hospital Medicine, Beam Healthcare, Active
- 16) Muhammad Saleem, MD, Hospital Medicine, Beam Healthcare, Active
- 17) Ajai Shreevatsa, MD, Hospital Medicine, Beam Healthcare, Active
- 18) Joseph Crisalli, MD, Sleep Medicine, SSM Health, Courtesy
- 19) Thanh Tran, MD, Emergency Medicine, SWEA, Active
- 20) Laura Stolcpart, MD, Family Medicine, SSM Health, Courtesy
- 21) Laura Ballweg, NP, Hospice NP, Heartland Hospice, Allied Health Professional

Flagged Files: None at this time

Addendums
for
403b Plan Amendment Revisions

**AMENDMENT NUMBER 2022-1
TO THE
STOUGHTON HOSPITAL ASSOCIATION TAX DEFERRED ANNUITY 403(B) PLAN**

Stoughton Hospital Association (the "Employer") hereby adopts this Amendment Number 2022-1 to Stoughton Hospital Association Tax Deferred Annuity 403(b) Plan (the "Plan") on the date noted below.

WHEREAS, the Employer previously adopted the Plan; and

WHEREAS, the Employer reserves the right to amend said Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to eliminate the eligibility service requirement for matching contributions; modify loan provisions to allow for refinancing; and, implement an Eligible Automatic Contribution Arrangement (EACA).

NOW, THEREFORE, effective January 1, 2023, the Plan is amended by replacing the Adoption Agreement section(s) as noted below with the following language:

14. **ELIGIBILITY NONELECTIVE/MATCHING/EMPLOYEE CONTRIBUTIONS (2.01(B))**. To become a Participant in all applicable contributions under the Plan, an Employee must satisfy the following eligibility condition(s). All applicable contributions under the Plan include the Matching, Nonelective and Employee Contributions. If the Employer is a Church, then all applicable contributions under the Plan also include the Elective Deferral portion of the Plan. *(Choose (a)(1) or choose one or more of (a) through (i) as applicable. Choose (j), (k) and/or (l) if applicable.)*: **Error! Reference source not found.**

[Note: For this Election 14, unless described otherwise in Election 14(i), or the context otherwise requires, Matching includes all Matching Contributions; Nonelective includes all Nonelective Contributions (except Operational QNECs); Employee/Mandatory includes Mandatory Employee Contributions and Employee (after-tax) Contributions unless otherwise elected at 14(k). This Election does not apply to Safe Harbor Contributions, but see Election 24(g). If the Plan is an ERISA Plan, eligibility conditions must comply with ERISA §202, which is similar to Code §410(a).]

	(1) All Applicable Contributions		(2) Matching		(3) Nonelective		(4) Employee/ Mandatory
(a) <input type="checkbox"/> None. Entry on Employment Commencement Date or if later, upon the next following Entry Date	<input type="checkbox"/>	OR	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(b) <input checked="" type="checkbox"/> Age: <u>21</u> (See the Minimum Age Note)	<input checked="" type="checkbox"/>	OR	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(c) <input type="checkbox"/> One Year of Service.	<input type="checkbox"/>	OR	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(d) <input type="checkbox"/> Two Years of Service (without an intervening Break in Service.)	<input type="checkbox"/>	OR	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(e) <input type="checkbox"/> <u> </u> Years of Service (without an intervening Break in Service. Do not use for an ERISA Plan.)	<input type="checkbox"/>	OR	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(f) <input type="checkbox"/> <u> </u> months (not exceeding 12 months for Safe Harbor Contributions and if an ERISA Plan, not exceeding 24 months for other contributions). Service need not be continuous (mere passage of time).	<input type="checkbox"/>	OR	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(g) <input type="checkbox"/> <u> </u> month period (not to exceed 12) from the Eligible Employee's employment commencement date and during which at least <u> </u> Hours of Service are completed in each month. If the Employee does not complete the designated Hours of Service each month during the specified monthly time period, the Employee is subject to the one Year of Service (or two Years of Service if more than 12 months is elected) requirement as defined in Election 16. The months during which the Employee completes the specified Hours of Service <i>(Choose one of (1) or (2).)</i> :	<input type="checkbox"/>	OR	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
(1) <input type="checkbox"/> Consecutive. Must be consecutive.							
(2) <input type="checkbox"/> Not consecutive. Need not be consecutive.							

(h) Describe eligibility conditions: _____ OR

(i) Describe eligibility conditions: _____.

[Note: The Employer may use Election 14(h) or 14(i) to describe different eligibility conditions (e.g., for all contributions, no eligibility requirements for faculty Employees and One Year of Service as to administrative staff Employees). If the Plan is not an ERISA Plan, this option may be used to specify age or service conditions which would exceed those ERISA permits.]

[Note: If the Plan is an ERISA Plan, the Employer must provide immediate 100% vesting if the Service condition under Election 14 exceeds one Year of Service or more than twelve months.]

[Minimum Age Note. If the Plan is an ERISA Plan, the minimum age cannot exceed 21, except in a plan which meets all of the following conditions: (1) The minimum age does not exceed 26; (2) The Employer is an educational organization which normally maintains a regular faculty and curriculum and has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on; (3) the Plan does not require more than one Year of Service as a condition for entry; and (4) the Plan provides full vesting after no more than one Year of Service.]

(j) Special eligibility Effective Date (Choose (1) and/or (2) if applicable.)

- (1) **Waiver of eligibility conditions for certain Employees.** The eligibility conditions and entry dates apply solely to an Eligible Employee employed or reemployed by the Employer after _____ (specify date). If the Eligible Employee was employed or reemployed by the Employer by the specified date, the Employee will become a Participant on the latest of: (i) the Effective Date; (ii) the restated Effective Date; (iii) the Employee's Employment Commencement Date or Re-Employment Commencement Date; or (iv) the date the Employee attains age _____ (not exceeding age 21).

[Note: If the Employer does not wish to impose an age condition under clause (iv) as part of the requirements for the eligibility conditions waiver, leave the age blank.]

(2) Describe special eligibility Effective Date(s): _____.

[Note: Under Election 14(j)(2), the Employer may describe special eligibility Effective Dates as to a Participant group and/or Contribution Type.]

(k) **Mandatory Contribution - eligibility conditions.** If different conditions apply to Mandatory and Employee (after-tax) Contributions, to become a Participant with respect to Mandatory Contributions, an Employee must satisfy the following eligibility condition(s). (Choose (1) or (2) if applicable):

- (1) **No conditions.**
- (2) **Conditions apply.** To become a Participant with respect to Mandatory Contributions, an Employee must satisfy the following eligibility condition(s): (Choose one or more):
- a. **Age** _____ (See the Minimum Age Note that follows option 14(i) above)
- b. _____ **Year(s) of Service** (may not exceed 2 Years of Service; if this is an ERISA Plan, then the Employer must provide immediate 100% vesting if more than 1 Year of Service)
- c. _____ **months** (may not exceed 24 months; if this is an ERISA Plan, then the Employer must provide immediate 100% vesting if more than 12 months). Service need not be continuous (mere passage of time).
- d. Describe eligibility conditions: _____.

[Note: Election 14(k)(2)d. may only be used to describe different eligibility conditions in a manner consistent with the parameters set forth in the Notes following Elections 14(i).]

(l) **Employer maintains another plan.** The Employer maintains another plan providing for elective deferrals that satisfies the universal availability requirements under Code §403(b)(12). Instead of satisfying the universal availability requirements in this plan, the eligibility conditions for the following contribution source will also apply for Elective Deferral purposes. (Choose one)

- (1) **Matching**
- (2) **Nonelective**
- (3) **Employee/Mandatory**

19. **AUTOMATIC DEFERRAL (ACA/EACA/QACA) (3.02(B))**. The Automatic Deferral provisions of Section 3.02(B) (Choose (a) or (b)). Also see Election 20 regarding Automatic Escalation of Salary Reduction Agreements.):

[Note: If the Plan intends to use the ERISA Safe Harbor Exemption, the Employer should choose (a); otherwise it risks losing the exemption. If this is not an ERISA Plan, the Employer should confirm that Automatic Deferral provisions are permissible under applicable law.]

- (a) **Do not apply.** The Plan is not an ACA, EACA, or QACA (skip to Election 20).
- (b) **Apply.** The Automatic Deferral Effective Date is the effective date of automatic deferrals or, as appropriate, any subsequent amendment thereto. (Complete (1), (2) and (3). Complete (4) and (5) if an EACA or an EACA/QACA. Choose (6) if applicable.):

(1) **Type of Automatic Deferral Arrangement.** The Plan is an (Choose a., b. or c.):

- a. **ACA.** The Plan is an Automatic Contribution Arrangement (ACA) under Section 3.02(B)(1).
- b. **EACA.** The Plan is an Eligible Automatic Contribution Arrangement (EACA) under Section 3.02(B)(2).
- c. **EACA/QACA.** The Plan is a combination EACA and Qualified Automatic Contribution Arrangement (QACA) under Sections 3.02(B)(3) and 3.05(J).

[Note: If the Employer chooses Election 19(b)(1)c., the Employer also must choose Election 6(f) and complete Election 24 as to the Safe Harbor Contributions under the QACA.]

(2) **Participants affected.** The Automatic Deferral applies to (Choose a., b., c. or d. Choose e. if applicable.):

- a. **All Participants.** All Participants, regardless of any prior Salary Reduction Agreement, unless and until they make a Contrary Election after the Automatic Deferral Effective Date.
- b. **Election of at least Automatic Deferral Percentage.** All Participants, except those who have in effect a Salary Reduction Agreement on the Automatic Deferral Effective Date provided that the Elective Deferral amount under the Agreement is at least equal to the Automatic Deferral Percentage.
- c. **No existing Salary Reduction Agreement.** All Participants, except those who have in effect a Salary Reduction Agreement on the Automatic Deferral Effective Date regardless of the Elective Deferral amount under the Agreement.
- d. **New Participants (not applicable to QACA).** Each Employee whose Entry Date is on or following the Automatic Deferral Effective Date.
- e. **Describe affected Participants (not applicable to QACA):** _____.

[Note: The Employer in Election 19(b)(2)e. may further describe affected Participants, e.g., non-Collective Bargaining Employees OR Campus A Employees. All Employees eligible to defer must be Covered Employees to apply the 6-month correction period without excise tax under Code §4979.]

(3) **Automatic Deferral Percentage/Scheduled increases.** (Choose a., b., c. or d.):

- a. **Fixed percentage.** The Employer, as to each Participant affected, will withhold as the Automatic Deferral Percentage, 4 % from the Participant's Compensation each payroll period unless the Participant makes a Contrary Election. The Automatic Deferral Percentage will or will not increase in Plan Years following the Plan Year containing the Automatic Deferral Effective Date (or, if later, the Plan Year or partial Plan Year in which the Automatic Deferral first applies to a Participant) as follows (Choose e., f. or g.):

[Note: In order to satisfy the QACA requirements, enter an amount between 6% and 10% if no scheduled increase.]

- b. **QACA statutory increasing schedule.** The Automatic Deferral Percentage will be:

<u>Plan Year of application to a Participant</u>	<u>Automatic Deferral Percentage</u>
1	3%
2	3%
3	4%
4	5%
5 and thereafter	6%

- c. **Other increasing schedule.** The Automatic Deferral Percentage will be:

<u>Plan Year of application to a Participant</u>	<u>Automatic Deferral Percentage</u>
_____	____%
_____	____%
_____	____%
_____	____%
_____	____%

- d. **Describe Automatic Deferral percentage:** _____.

If (3)a. or (3)d. selected, choose one of the following:

- e. **No scheduled increase.** The Automatic Deferral Percentage applies in all Plan Years.
- f. **Automatic increase.** The Automatic Deferral Percentage will increase by _____% per year up to a maximum of _____% of Compensation.
- g. **Describe increase:** _____.

Change Date. If Election 19(b)(3)b., c., f. or g. is selected, Elective Deferrals will increase on the following day each Plan Year:

- h. **First day of the Plan Year.**
- i. **Other:** _____ (must be a specified or definitely determinable date that occurs at least annually)

[Note: If Election 19(b)(3)(b) is selected and the Change Date is other than the first day of the Plan Year, then the increases in the schedule are accelerated by 1 year in order to satisfy the QACA requirements]

First Year of Increase. The automatic increase under Election 19(b)(3)c., f. or g. will apply to a Participant beginning with the first Change Date after the Participant first has automatic deferrals withheld, unless otherwise elected below (leave blank if not applicable):

- j. **The increase will apply as of the second Change Date thereafter.**
- k. **Describe first year increase:** _____
(e.g., the increase will apply on the Change Date occurring on or after the Participant has been automatically enrolled for 3 months).

[Note: To satisfy the QACA requirements, the Automatic Deferral Percentage must be: (i) a fixed percentage which is at least 6% and not more than 10% of Compensation; (ii) an increasing Automatic Deferral Percentage in accordance with the schedule under Election 19(b)(3)b.; or (iii) an alternative schedule which must require, for each Plan Year, an Automatic Deferral Percentage that is at least equal to the Automatic Deferral Percentage under the schedule in Election 19(b)(3)b. and which does not exceed 10%. See Section 3.02(B)(3).]

- (4) **EACA permissible withdrawal.** The permissible withdrawal provisions of Section 3.02(B)(2)(d) (Choose a., b. or c.):
 - a. **Do not apply.**
 - b. **90 day withdrawal.** Apply within 90 days of the first Automatic Deferral.
 - c. **30-90 day withdrawal.** Apply, within _____ days of the first Automatic Deferral (may not be less than 30 nor more than 90 days).
- (5) **Contrary Election/Covered Employee.** Any Participant who makes a Contrary Election (Choose a. or b.; leave blank if an ACA or a QACA):
 - a. **Covered Employee.** Is a covered employee and continues to be covered by the EACA provisions. [Note: Under this Election, the Participant's Contrary Election will remain in effect, but the Participant must receive the EACA annual notice.]
 - b. **Not a Covered Employee.** Is not a Covered Employee and will not continue to be covered by the EACA provisions. [Note: Under this Election, the Participant no longer must receive the EACA annual notice, but the Plan cannot use the six month period for relief from the excise tax of Code §4979(f)(1).]
- (6) **Describe Automatic Deferral:** _____.

[Note: Under Election 19(b)(6), the Employer may describe Automatic Deferral provisions from the elections available under Election 19 and/or a combination thereof as to a Participant group (e.g., Automatic Deferrals do not apply to Campus A Employees. All Campus B Employee/Participants are subject to an Automatic Deferral Amount equal to 3% of Compensation effective as of January 1, 2017).]

403(b) ADOPTION AGREEMENT ADMINISTRATIVE PROCEDURES ADDENDUM

AP1. **PLAN LOAN PROVISIONS (7.06). Note:** For plans subject to ERISA, the loan program required by the DOL will override any inconsistent selections made below. (Complete this question only if loans to Participants are permitted (i.e., if option 43(b) of the Adoption Agreement has been selected). Choose all that apply

- (a) **Limitation of Loan Amount.** A Participant (Choose (1) or (2)):
 - (1) May not borrow less than \$1,000 in any single loan.
 - (2) May not borrow less than \$_____ (not more than \$1,000) in any single loan.
- (b) **Loan Interest Rate.** The interest rate on a Plan loan will be a commercially reasonable rate established by the Administrator unless this option (b) is selected ((Choose (1) or (2))):
 - (1) **Prime plus.** Fixed at 1% (insert percentage) above Wall Street Journal's published prime rate.
 - (2) **Specified rate:** _____.

- (c) **Home loan term.** The Plan does not permit the term of a loan to exceed 5 years unless this option (c) is selected. If selected, the maximum loan term for a loan used to acquire a Participant's principal residence will be *(Choose (1) or (2))*:
 (1) up to 15 years.
 (2) up to 20 years.
- (d) **Leaves of absence.** The Plan does not suspend loan payments for any leave of absence unless selected below. If selected, a loan may be suspended for a period of up to one year following an approved leave of absence, or, in the case of a military leave of absence up to the length of military leave. The Plan Administrator will allow suspense of loan payments for the following reasons *(Choose one or more of (1)(a) and (2)(a))*:
 (1) **Military**
 a. A Participant may suspend loan payments for military leave.
 (2) **Non-military**
 a. A Participant may suspend loan payments for non-military leave.
- (e) **Loan payments.** Loans are repaid by (if left blank, then payroll deduction applies unless a Participant is not subject to payroll):
 (1) payroll deduction for those Participants who are on the Employer's payroll
 (2) ACH (Automated Clearing House)
 (3) check
 a. Only for prepayment
- (f) **Refinancing.** Loan refinancing is not permitted unless option (1) is selected.
 (1) **Loan refinancing is permitted.** A refinance for purposes of the limit on number of loans is *(Choose a. or b.)*:
 a. Not treated as an additional loan.
 b. Treated as an additional loan.
- (g) **Purpose** *(Choose (1) or (2))*:
 (1) Any reasonable purpose.
 (2) May not borrow except for: _____
- (h) **Account ordering.** Loan will come first from (Roth, pre-tax deferrals or other accounts): *(Choose (1) through (3))*:
 (1) Participant's choice.
 (2) Plan Administrator's choice.
 (3) As follows:
 a. first: _____
 b. second: _____
 c. third: _____
- (i) **Directed/general Plan investment** *(Choose (1) or (2))*:
 (1) Directed.
 (2) General.
- (j) **Charges.** *(Choose (1) or (2))*:
 (1) apply to borrower's account.
 (2) apply to overall Plan or Employer pays.
- (k) **Loan acceleration.** Upon the following *(Choose one or more of (1) and (2))*:
 (1) Separation/severance. Not applicable to parties in interest (if Plan is subject to ERISA). All outstanding loan balances will become due and payable in their entirety upon severance of employment unless directly rolled over (if otherwise permitted) to another employer's plan.
 (2) Plan termination.
- (l) **Loan Default.** *(Choose one or more of (1) through (3))*:
 (1) Grace period. *(Choose a. or b.)*:
 a. Maximum grace period applies.
 b. No grace period.
 (2) Includes false statements
 (3) No new loan if *(Choose a. or b.)*:
 a. Current default.
 b. Current or prior default.
- (m) **Terminated employees.** Loans to terminated employees *(Choose (1) or (2))*:
 (1) are allowed
 (2) are not allowed
- (n) **Limit on number of loans.** There is no limit on the number of outstanding loans a Participant may have unless this option (n) is selected *(Choose (1) or (2))*:
 (1) One
 (2) Specify: _____
- (o) **Limitation on sources.** A Participant may only take a loan from the accounts attributable to the following accounts subject to limitations of the Investment Arrangement Documentation: *(Choose one or more of (1) through (8) as applicable.)*
 (1) Pre-Tax Elective Deferrals

- (2) Roth Elective Deferrals
- (3) Matching Contributions (including any Safe Harbor Matching Contributions and Additional Matching Contributions)
- (4) Nonelective Contributions (including any Safe Harbor Nonelective Contributions)
- (5) Rollovers
- (6) Mandatory Employee Contributions
- (7) Employee (after-tax) Contributions
- (8) Describe: _____ (specify account(s) and conditions in a manner that is definitely determinable and not subject to Employer discretion; i.e., Unmatched Elective Deferrals.)

Except as amended hereinabove, the Plan shall remain unchanged, and as amended herein, shall continue in full force and effect.

IN WITNESS WHEREOF, the Employer has executed this Amendment this _____ day of _____, 2022.

STOUGHTON HOSPITAL ASSOCIATION

By: _____

Title: _____

STOUGHTON HOSPITAL ASSOCIATION TAX DEFERRED ANNUITY 403(B) PLAN

SUMMARY OF MATERIAL MODIFICATION

To: Participants and Beneficiaries:

Stoughton Hospital Association Tax Deferred Annuity 403(b) Plan (the "Plan") has been amended. This is a summary of the modification that was made, effective January 1, 2023. You should read this summary along with the Summary Plan Description that we have already distributed to you. If there is a discrepancy between the terms of the amended Plan and this Summary of Material Modification, the provisions of the Plan will control. Please file this Summary of Material Modification with your copy of the Summary Plan Description.

Changes to the Plan

How do I participate in the Plan?

Provided you are not an Excluded Employee, you can begin participating under the Plan once you have satisfied the eligibility requirements and reached your Entry Date, except as indicated below for reclassified employees. The following describes Excluded Employees, the eligibility requirements and Entry Dates that apply.

Elective Deferrals

Eligibility Conditions. You will be eligible to participate in the Plan for purposes of making elective deferrals as of your date of hire (which is the Entry Date).

Entry Date. For purposes of elective deferrals, your Entry Date will be your date of hire.

Matching Contributions

Excluded Employees. If you are a member of a class of employees identified below, you are an Excluded Employee and you are not entitled to participate in the Plan for purposes of matching contributions. The employees who are excluded are:

- employees who normally work less than 20 hours per week. (However, if you actually complete a Year of Service, you will no longer be a part of this excluded class)
- Per Diem or Occasional Employees as defined on the books and records of the Employer

Eligibility Conditions. You will be eligible to participate in the Plan for purposes of matching contributions when you have satisfied the following eligibility condition(s) and reached the Entry Date (described below).

- attainment of age 21

See "Additional Entry Date provisions" below for special provisions that might apply in determining Entry Dates.

Nonelective Contributions

Excluded Employees. If you are a member of a class of employees identified below, you are an Excluded Employee and you are not entitled to participate in the Plan for purposes of nonelective contributions. The employees who are excluded are:

- employees who normally work less than 20 hours per week. (However, if you actually complete a Year of Service, you will no longer be a part of this excluded class)
- Per Diem or Occasional Employees as defined on the books and records of the Employer

Eligibility Conditions. You will be eligible to participate in the Plan for purposes of nonelective contributions when you have satisfied the following eligibility condition(s) and reached the Entry Date (described below).

- attainment of age 21

See "Additional Entry Date provisions" below for special provisions that might apply in determining Entry Dates.

Additional Entry Date provisions

First day of the payroll period for Matching and Nonelective Contributions. Contact the Plan Administrator for additional information if you are not sure if this affects you.

Reclassified Employee

Regardless of the above, if it is determined that your Employer erroneously classified you as a non-Employee and you should have been treated as an Employee, you are not entitled to participate in the Plan.

Automatic Deferral. The Plan includes an automatic deferral feature. Accordingly, the Employer will automatically withhold a portion of your compensation from your pay each payroll period and contribute that amount to the Plan as salary deferral unless you make a contrary election.

- **Application to new Participants.** The automatic deferral provisions apply to Employees whose entry date is on or following the automatic deferral effective date.

Automatic deferral provisions. The following provisions apply as to automatic deferrals:

- You may complete a Salary Reduction Agreement at any time to select an alternative salary deferral amount or to elect not to defer under the Plan in accordance with the deferral procedures of the Plan.
- The amount to be automatically withheld from your pay each payroll period will be equal to 4% of your compensation, and that amount will continue to be automatically withheld from your pay in succeeding Plan Years unless the Employer amends the Plan or you enter a Salary Reduction Agreement.

If you have any questions, please contact the Plan Administrator.