

Stoughton Hospital Association Governing Board

Wednesday, September 28, 2022 | 7:15 a.m. – 9:00 a.m.

Zoom Link: <https://us06web.zoom.us/j/84443651362?pwd=a0F3ZjZlOXNlUVGdnKzM0M3M2bFhiUT09>

Phone: 312.626.6799 | Meeting ID: 844 4365 1362 | Password: 265209 *(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 | Sue Vanderbilt

Item #	Agenda	Time
I.	Call to Order (Tom Fendrick)	7:15 a.m.
A II.	Review Minutes of July 27, 2022 Governing Board Meeting – <i>(See Attached)</i> (Tom Fendrick)	
III.	Board Education (Jen White): <ul style="list-style-type: none"> • CMS Accreditation Process / DNV vs. The Joint Commission • Non-Reportable Sentinel Event 	
IV.	Old Business <ul style="list-style-type: none"> A) COVID Updates (Amy Hermes) B) Master Facility Plan Updates (Teresa Lindfors) <ul style="list-style-type: none"> • Design/Construction Timeline Update 	
V.	New Business <ul style="list-style-type: none"> A) None 	
VI.	SSM Updates (Margo Francisco/Matt Kinsella)	
VII.	Committee Updates <ul style="list-style-type: none"> A) Executive Committee (Tom Fendrick) – <i>(See Attached)</i> <ul style="list-style-type: none"> • Approval of August 22, 2022 Meeting Minutes • Next meeting: October 24, 2022 	

Item #	Agenda	Time
A	B) Finance Committee (Steve Staton/Michelle Abey) – <i>(See Attached)</i> <ul style="list-style-type: none"> • Approval of August 26, 2022 Finance Committee Meeting Minutes • Fiscal 2023 Budget Review and Approval • Next meeting: November 18, 2022 	
A	C) Bylaws Committee (Nick Probst/Dan DeGroot) – <i>(See Attached)</i> <ul style="list-style-type: none"> • Approval of Updated Governing Board Bylaws (Final Approval at Annual Meeting) 	
VIII.	Administration Team Updates (Dan DeGroot, Michelle Abey, Teresa Lindfors, Amy Hermes, Chris Schmitz, Mary Hermes, Laura Mays)	
A) CEO Summary Report (Dan DeGroot)overall <ol style="list-style-type: none"> 1. 2023 Governing Board Retreat Update 2. Bundled Pricing Pilot Update 		
A	B) CFO Summary Report (Michelle Abey) – <i>(See Attached)</i> <ol style="list-style-type: none"> 1. August 2022 Financial Statements 2. September 2022 Month-to-Date Financials 3. Capital Requests: 	
A	<ul style="list-style-type: none"> • Lab Chemistry Analyzer <ol style="list-style-type: none"> 4. 340b Story Statement for 2021 	
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 –August and September, 2022 • MEC Meeting Minutes – September 2022 • Report Cards <ul style="list-style-type: none"> ○ Quality Safety Report Card – Q3 FY2022 ○ Quality Safety Report Card – P4P – Q3 FY2022 ○ Balanced Score Card – Q3 FY2022 ○ DVC Hospital Scorecard – August 2022 	

Item #	Agenda	Time
	<ul style="list-style-type: none"> • Patient Satisfaction Ranking <ul style="list-style-type: none"> ○ Providers ○ Overall Satisfaction by Service Line • CI Council Updates <ul style="list-style-type: none"> ○ CI Council Minutes – July and August, 2022 ○ CI Council Dashboards: <ul style="list-style-type: none"> ▪ Cohort B – July 2022 ▪ Cohort A – August 2022 • Patient Safety <ul style="list-style-type: none"> ○ Patient Safety Minutes – August 2022 • Infection Prevention <ul style="list-style-type: none"> ○ Infection Prevention Minutes – August 2022 	
E)	VP, HR, Campus Planning, Operational Support Services Summary Report (Chris Schmitz) <ol style="list-style-type: none"> 1. HR/Facilities Updates 	
F)	Director, Engagement and Experience Summary (Mary Hermes) <ol style="list-style-type: none"> 1. Status Update 	
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 	
A IX.	Chief of Staff Report <i>(See Attached)</i> (Dr. Aaron Schwaab) <ol style="list-style-type: none"> A) One Year Appointments: 	

Item #

Agenda

Time

Hoyme	Derek	MD	Pediatric Cardiology	UW Health	Courtesy
Hahnfeld	Lynn	MD	Urology	SSM Health	Courtesy
Jung	Nate	MD	Urology	SSM Health	Courtesy
Bartlett	Heather	MD	Pediatric Cardiology	UW Health	Courtesy
Maginot	Kathleen	MD	Pediatric Cardiology	UW Health	Courtesy
Peterson	Amy	MD	Pediatric Cardiology	UW Health	Courtesy
Ralphe	John	MD	Pediatric Cardiology	UW Health	Courtesy
Srinivasan	Shardha	MD	Pediatric Cardiology	UW Health	Courtesy
Von Bergen	Nicholas	MD	Pediatric Cardiology	UW Health	Courtesy
Wallhaus	Thomas	MD	Cardiology	UW Health	Courtesy
Balison	David	MD	Radiology	Madison Radiology	Courtesy
Silbert	Agnieszka	MD	Cardiology	UW Health	Courtesy
Thornberry	Krista	NP	Nurse Practitioner	Stoughton Health	AHP
Rakita	Jason	MD	Sleep Medicine	SSM Health	Courtesy
Joseph	Anupama	MD	Cardiology	UW Health	Courtesy
Kaura	Neil	MD	Radiology	Madison Radiology	Courtesy
Konstantinou	Chris	MD	Cardiology	UW Health	Courtesy

Flagged Files: None at this time

B) Two Year Re-Appointments:

Kinonen	Christopher	MD	Pathology	Associated Pathology	Courtesy
Shah	Kabeer	DO	Pathology	Associated Pathology	Courtesy
Molot	Ross	MD	Pathology	Associated Pathology	Courtesy
Mendelin	Joel	MD	Pathology	Associated Pathology	Courtesy
Morgan	Adam	MD	Pathology	Associated Pathology	Courtesy
Heisler	Lindsey	NP	Hospice NP	Heartland Hospice	AHP
Connell	Amy	MD	Psychiatry	Independent	Active
Coogan	Michael	MD	Emergency Med	SWEA	Active
Ketterhagen	Katherine	PA-C	Emergency Med	SWEA	AHP
Dahlke	Debra	CRNA	Anesthesia	Sto Health	AHP
Rabe	Nicholas	CRNA	Anesthesia	Independent	AHP
Schmidt	Judith	CRNA	Anesthesia	Sto Health	AHP
McKinnon	Sally	MD	Radiology	Madison Radiology	Courtesy
Wedding	Christopher	MD	Radiology	Madison Radiology	Courtesy
Kennedy	Neil	MD	Radiology	Madison Radiology	Courtesy
Rossi	Alessandro	MD	Radiology	Madison Radiology	Courtesy
Figi	Adam	MD	Radiology	Madison Radiology	Courtesy
Accavitti	Michael	MD	Cardiology	UW Health	Courtesy
Vanderbilt	Timothy	MD	Ortho Surg	SSM Health	Active
Nelson	Jacalyn	MD	Sleep Medicine	SSM Health	Courtesy

Flagged Files: None at this time

X. Adjourn

9:00 a.m.

Upcoming Meetings:

- Executive Committee Meeting: Monday, October 23, 2022 at 7:30 a.m.
- Finance Committee Meeting: Friday, November 18, 2022 at 7:30 a.m.
- Governing Board Meeting: Monday, November 21, 2022 at 7:15 a.m.
- Annual Meeting: Monday, November 28, 2022 at 5:00 p.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

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*)

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

Absent: Dr. Ashish Rawal | Dr. Aaron Schwaab | Nick Probst

Guest: Liz Touchett

Item #	Agenda	Time
I.	Call to Order (Tom Fendrick)	7:15 a.m.
	Mr. Fendrick called the July 27, 2022 Governing Board meeting to order at 7:16 a.m.	
A II.	Review Minutes of May 20, 2022 Governing Board Meeting (Tom Fendrick)	
	<i>Action: Ms. Olson made a motion to approve the May 20, 2022 Governing Board Meeting Minutes. Mr. Krentz seconded the motion. Motion carried.</i>	
III.	Board Education: Implementation of Remote Therapeutic Monitoring (RTM) in Rehab Department (Liz Touchett)	
	Ms. Liz Touchett provided education on Remote Therapeutic Monitoring (RTM) in the Rehabilitation department. RTM provides a digital platform for providers to remotely manage patients with musculoskeletal and respiratory conditions by using medical devices (including certain software) that collects non-physiological data (i.e. patient adherence and reported pain levels). The department is currently piloting a workflow with full implementation expected by August 25, 2022. Remote Therapeutic Monitoring will also be implemented in Pulmonary Rehab by October 1, 2022.	

IV. Old Business

A) COVID Updates (Amy Hermes)

Ms. Hermes provided a brief COVID update and noted positivity rates are stabilizing. She also shared an additional COVID booster vaccine is expected by fall 2022.

V. New Business

A) Master Facility Plan Updates (Teresa Lindfors/Dan DeGroot)

- Master Campus Medical Office Building (MOB) Expansion Timeline (Teresa Lindfors)

Ms. Lindfors provided a status update on Stoughton Health's 50,000 square foot Master Campus Medical Office Building (MOB) expansion. Ms. Lindfors shared relocating Rehabilitation back to the main campus would eliminate lease space costs and the hospital would realize a cost savings of approximately \$10,000 per month. She also noted there are additional space needs for current and future service line growth.

Ms. Lindfors shared Stoughton Health recently met with EUA, JP Cullen, and Karl Lueschow (Project Manager) to discuss immediate expansion needs, noting Physician Clinics and Rehabilitation Services are a priority. Finally, she shared plans are to shell construct space for future expansion needs due to current construction costs and supply chain constraints.

VI. SSM Updates

(Margo Francisco/Matt Kinsella)

Ms. Francisco shared SSM Health is reviewing throughput at St. Mary's-Madison to offload lower acuity patients allowing the facility to accept additional transfers.

VII. Committee Updates

A) Executive Committee (Tom Fendrick)

- Next meeting: August 22, 2022

B) Finance Committee (Tom Fendrick)

Item #	Agenda	Time
A	<ul style="list-style-type: none"> Approval of June 27, 2022 Finance Committee Meeting Minutes Next meeting: August 26, 2022 <p>Ms. Abey provided a brief overview of the June 27, 2022 Finance Committee meeting minutes noting the main focus of the meeting was Stoughton Health’s single audit and findings. Mr. Fendrick added there were three findings which were resolved.</p> <p><i>Action: Ms. Francisco made a motion to approve the June 27, 2022 Finance Committee Meeting Minutes. Mr. Kruser seconded the motion. Motion carried.</i></p>	
A	<p>C) Nominating Committee (Donna Olson)</p> <ul style="list-style-type: none"> Appointment of Sue Vanderbilt, Class III Director <p><i>Action: Mr. Krentz made a motion to appoint Sue Vanderbilt as a Class III Director on Stoughton Hospital Association’s Governing Board. Mr. Rusch seconded the motion. Motion carried.</i></p>	
A	<p>D) Bylaws Committee (Dan DeGroot)</p> <ul style="list-style-type: none"> Approval of June 22, 2022 Bylaws Committee Meeting Minutes <p>Mr. DeGroot provided a brief overview of the June 22, 2022 Bylaws Committee meeting minutes noting all recommended changes are currently under legal review with Quarles & Brady. He added once the bylaws are approved by Governing Board members they will receive final approval during Stoughton Health’s Annual Meeting on November 28, 2022.</p> <p><i>Action: Mr. Krentz made a motion to approve the June 22, 2022 Bylaws Committee Meeting Minutes. Mr. Staton seconded the motion. Motion carried.</i></p>	
VIII.	<p>Administration Team Updates (Dan DeGroot, Michelle Abey, Teresa Lindfors, Amy Hermes, Chris Schmitz, Mary Hermes, Laura Mays)</p>	
	<p>A) CEO Summary Report (Dan DeGroot)</p> <ol style="list-style-type: none"> Proposed Board Committee Structure 	

Mr. DeGroot shared an overview of the proposed Board Committee structure noting there will be additional information forthcoming.

B) CFO Summary Report (Michelle Abey)

A

1. June 2022 Financial Statements

Ms. Abey provided a summary of June 2022 financials noting operating income is \$759,062 which is above budget by \$416,867. She added year-to-date operating income is \$6,508,012 which is \$4,191,752 above budget. Ms. Abey noted we continue to see strong days cash on hand but expect this to decline as we continue to pay back CMS Medicare Advanced payments adding full repayment is due by the end of September 2022.

Ms. Abey shared the hospital made their quarterly deposit of \$500,000 into the investment portfolio in June at the recommendation of our investment advisor due to current market conditions. Ms. Abey noted this amount is essentially two quarters worth of investments adding the hospital does not intend on making the standard \$250,000 deposit in September.

Ms. Abey shared June inpatient revenues are approximately (\$576,000) or (76) inpatient days below budget mainly due to a reduced daily census in the Geriatric Psychiatry unit (daily census 3 patients compared to budget of 6 patients). The Geriatric Psychiatry unit has continued to experience struggles with the ability of staffing to handle the higher level acuity referrals they are receiving. Ms. Abey stated we continue to see strong volumes in outpatient services noting we are ahead of budget by \$1,084,000. She added these significant gross revenue variances over budget were mainly attributed to Medical Imaging (specifically CT and general imaging) and Emergency Services, which includes offsite Urgent Care facilities.

Finally, Ms. Abey shared we continue to experience a positive variance to budget due to increased volumes in most areas resulting in gross patient revenues being approximately \$508,000 over budget for the month.

Action: Ms. Francisco made a motion to approve the June 2022 Financial Statements. Mr. Rusch seconded the motion. Motion carried.

A 2. Quarterly Compliance Report

Ms. Abey provided a brief summary of the Quarterly Compliance Report which can be found in the July 27, 2022 Governing Board meeting packet.

Action: Mr. Staton made a motion to approve the Quarterly Compliance Report. Ms. Olson seconded the motion. Motion carried.

A 3. Capital Requests:

- Razing of House Properties

Ms. Abey provided a brief summary of the capital request for razing of house properties, noting plans are to complete this project by fall 2022.

Action: Mr. Rusch made a motion to approve the FY2022 unbudgeted capital expenditure not to exceed \$82,000 for razing of house properties. Mr. Kinsella seconded the motion. Motion carried.

- Boiler Burner Replacement

Ms. Abey provided a brief summary of the unbudgeted capital request for boiler burner replacement. She noted plans are to replace the first burner in September 2022 with the second burner being replaced immediately thereafter.

Action: Mr. Staton made a motion to approve the FY2022 unbudgeted capital expenditure not to exceed \$200,000 for boiler burner replacement. Mr. Rusch seconded the motion. Motion carried.

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

1. Growth Updates

Ms. Lindfors shared a summary of current growth at Stoughton Health. She shared the team will open a Podiatry clinic in August and they also continue to collaborate with SSM physicians to open the Urology clinic in September. Finally, Ms. Lindfors shared Breast

Risk Assessment program has begun and the team has seen approximately one dozen patients thus far.

D) CNO Summary Report (Amy Hermes) – *(See Attached)*

1. Quality/Safety Consent Agenda

- MCE Meeting Minutes – May and June 2022
- MEC Meeting Minutes – July 2022
- Report Cards
 - 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
 - CI Council Minutes – May and June, 2022
 - CI Council Dashboards:
 - Cohort B – May 2022
 - Cohort A – June 2022
- Patient Safety
 - Patient Safety Minutes – May 2022
- Infection Prevention
 - Infection Prevention Minutes – May 2022
 - Risk Assessment/ Program Goals/ Infection Prevention Dashboard
- Medical Staff Policies
 - Allied Health Professional Orders Policy
 - EMTALA Compliance Policy
- 2021 Annual Medical Equipment Reports
 - Security
 - Life Safety/Fire Prevention
 - Hazardous Materials and Wastes
 - Safety
 - Utilities Systems
 - Medical Equipment

Ms. Hermes provided a summary of Quality/Safety reports which can be found in the July 27, 2022 Governing Board meeting packet.

Action: Mr. Krentz made a motion to approve the Quality/Safety Consent Agenda. Ms. Olson seconded the motion. Motion carried.

- E) VP, HR, Campus Planning, Operational Support Services Summary Report (Chris Schmitz)
1. 403b Plan Amendment
 2. HR/Facilities Update

Mr. Schmitz shared a brief overview of amendments to Stoughton Health's 403b plan to include:

- ✓ Providing 4% dollar-for-dollar match effective with start of deferrals
- ✓ Automatically enrolling new hires (upon hire) into 403b plan
- ✓ Allowing new participants to request permissive withdrawal within 90 days of entry date
- ✓ Allowing current participants to refinance 403b loans

Action: Mr. Rusch made a motion to approve the 403b Plan Amendment as described in Amendment Number 2022-1, effective January 1, 2023. Mr. Staton seconded the motion. Motion carried.

- F) Director, Engagement and Experience Summary (Mary Hermes)
1. Get to Know Me
 2. Long Term Goals
 3. Current Action Steps

Ms. Hermes introduced herself to Governing Board members and provided a summary of her background. She also shared a brief overview of long-term goals and current action steps moving forward as Stoughton Health's new Director of Engagement and Experience.

- G) Foundation/Marketing/PR/Business Development Director Summary Report (Laura Mays)
1. Fundraising/Events
 2. Foundation Dashboard
 3. PR Report
 4. Breast Screening Marketing Plan

Ms. Mays shared a brief overview of results from the Foundation's recent Community Walk fundraiser noting they raised \$4,395, which is \$1,200 in additional funds raised this year versus last. She also shared the Foundation is running a "Summer Splash" Kwik Trip car

wash campaign until August 5, 2022, noting each contributor of a \$36 donation will receive a Kwik Trip gift card worth 5 Ultimate car washes (approximately 60 sold thus far).

Ms. Mays also shared the Foundation has an upcoming Swinging for Health Golf Outing on September 13, 2022. Ms. Mays asked Governing Board members to contribute auction items if possible.

Finally, Ms. Mays shared the Foundation is hosting a "Couch to 5K" program which will run for ten weeks (August to September) and will incorporate three to four workout sessions per week.

A IX. Chief of Staff Report
(Dr. Aaron Schwaab)

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

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

B) Two Year Re-Appointments:

- 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

Item #	Agenda	Time
	<ul style="list-style-type: none"> 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	
	<i>Action: Mr. Staton made a motion to approve Two Year Re-Appointments. Mr. Kruser seconded the motion. Motion carried.</i>	
X.	Adjourn	9:00 a.m.
	Mr. Fendrick requested a motion at 9:03 a.m. to adjourn the July 27, 2022 Governing Board meeting.	
	<i>Action: Mr. Kruser made a motion to adjourn the July 27, 2022 Governing Board meeting. Ms. Olson seconded the motion. Motion carried.</i>	

Respectfully submitted,

Steve Staton
Secretary/Treasurer

Stoughton Hospital Association Executive Committee

Monday, August 22, 2022 | 7:30 a.m. – 8:30 a.m.

Phone: 312.626.6799 | Meeting ID: 856 6127 2843 | Passcode: 752094

Zoom info: <https://us06web.zoom.us/j/85661272843?pwd=aFBSOk52dHRiO3gyZGxMOmRqOzNFOT09>

Board Members Present: Tom Fendrick | Donna Olson | Steve Staton | Margo Francisco (virtual) | Matt Kinsella (virtual) | Kris Krentz | Dr. Aaron Schwaab | Tim Rusch | Glenn Kruser | Sue Vanderbilt (virtual)

Hospital Staff Present: Dan DeGroot | Michelle Abey | Chris Schmitz | Teresa Lindfors (virtual) | Laura Mays (virtual) | Mary Hermes | Angie Polster | Liz Touchett (virtual) | Brian Swain

Item	Discussion	Presenter
1.	Call to Order	Tom Fendrick
	Mr. Fendrick called the August 22, 2022 Executive Committee meeting to order at 7:30 a.m.	
2.	Master Facility Plan Update	Teresa Lindfors
	Ms. Lindfors provided a campus renovation status update and summarized the updated proposal for space:	
	<ul style="list-style-type: none"> • First Floor (16,334 sq. ft.) <ul style="list-style-type: none"> – Ortho/General Surgery Clinics – Specialty Clinics – Imaging Suite • Second Floor (16,334 sq. ft.) <ul style="list-style-type: none"> – SWAC Rehab (move on site) – Cardiac Rehab – Shelled space for expansion • Third Floor (16,334 sq. ft.) <ul style="list-style-type: none"> – Shell for Future Ambulatory Surgery Center in future 	
	Ms. Lindfors also provided an overview of the proposed expansion timeline. Mr. Kinsella enquired when Stoughton Health would request final approval for the project from the Governing Board and Ms. Lindfors stated expectations are to present to the Board in spring 2023 for final capital approval. Finally, she shared plans are to complete the expansion by Q1 2025.	
A	3. Approval of EUA Service Contract	Teresa Lindfors

Item	Discussion	Presenter
	<p>Ms. Lindfors stated Stoughton Health needs to sign the \$1,074,350 contract with EUA to begin conceptual design and programming for the expansion project. She added this will drive more detailed information on future construction costs, adding JP Cullen estimates are between \$16,000,000 - \$21,000,00.</p> <p><i>Action: Ms. Olson made a motion to approve EUA's service contract proposal, not to exceed \$1.1 million. Mr. Rusch seconded the motion. Motion carried.</i></p>	
A	<p>4. Approval of Reimbursement Resolution</p> <p>Mr. Swain provided a summary of the reimbursement resolution regarding reimbursement expenses, which would allow for later reimbursement of EUA architectural and engineering costs from bonds should the hospital decide to use bond proceeds to finance the expansion project. Mr. Swain added Stoughton Health has adopted similar resolutions in the past, most recently for the Medical Imaging renovation project in April 2018.</p> <p><i>Action: Ms. Olson made a motion to approve Stoughton Health's Reimbursement Resolution regarding reimbursement expenditures. Mr. Staton seconded the motion. Motion carried.</i></p>	Brian Swain / Michelle Abey
A	<p>5. July 2022 Financials</p> <p>Mr. Swain provided an overview of July 2022 financials which can be found in the August 22, 2022 Executive Committee meeting packet. He stated Stoughton Health has seen strong fiscal year performance which has continued through July 2022. Mr. Swain noted operating income was \$663,548 which was above budget by \$447,759. He added July excess of revenues over expenses is \$1,248,981 which is \$969,587 ahead of budget.</p> <p>Mr. Swain shared days cash on hand was 423 days which was over the budget of 376 days and an increase of 6 days over the end of June. The 6-day increase in July was attributed mainly to strong performance in investments. Mr. Swain shared \$3 million was placed into a one-year CD with One Community Bank (in line with strategy of laddering CDs quarterly) resulting in money being moved from cash and cash equivalents to certificates of deposit on the balance sheet. Mr. Swain added \$3 million was invested in treasury securities and high grade bonds for a newly developed Workforce Development Fund which will be used to invest in</p>	Brian Swain / Michelle Abey

Item Discussion
Presenter

Stoughton Health’s workforce by funding training for certifications or degrees to develop and retain staff. He stated the Workforce Development Fund would be funded by gains realized from the initial \$3 million investment. Mr. Swain added \$314,000 of CMS advanced payments was repaid during the month of July noting remaining liability is \$1,704,381 and is due back to CMS Medicare by September 15, 2022.

Mr. Swain provided an overview of outpatient revenues stating they were \$1,485,000 which was significantly ahead of budget for the month of July. He added the most significant variances over budget were mainly attributed to Medical Imaging (specifically CT and general imaging), Emergency Room (including Urgent Care in Oregon and McFarland), and Laboratory.

Finally, Mr. Swain shared volumes continued to remain above budget for the month resulting in gross patient revenues being approximately \$1.4 million ahead of budget for July.

Action: Mr. Staton made a motion to approve July 2022 financials. Ms. Francisco seconded the motion. Motion carried.

A 6. Capital Request

 Brian Swain /
 Michelle Abey

- SSM Health Dean Clinic Tenant Improvement Agreement, Stoughton Lease FY2022 Capital = \$270,000

Mr. Swain shared SSM Health Dean Clinic’s 25-year tenant improvement agreement recently expired and the clinic is in need of various improvements. SSM Health Dean Clinic will take the lead role on the improvement project allowing them the ability to schedule renovations around their clinic operations. Stoughton Health is requesting approval for \$270,000 of FY2022 budgeted capital expenditures for tenant improvements for the Stoughton SSM Health Dean Clinic (owned by Stoughton Health), pursuant to the lease agreement when signed.

Action: Mr. Kruser made a motion to approve \$270,000 of FY2022 budgeted capital expenditures for tenant improvements for the Stoughton SSM Health Dean Clinic, on behalf of the Governing Board and pending approval by the Finance Committee on Friday, August 26, 2022. Mr. Staton seconded the motion. Motion carried.

7. Adjournment

Tom Fendrick

Item	Discussion	Presenter
	<i>Action: Ms. Olson made a motion to adjourn the August 22, 2022 Executive Committee meeting. Ms. Francisco seconded the motion. Motion carried.</i>	

Respectfully submitted,

Steve Staton
Secretary/Treasurer

Stoughton Hospital Association Finance Committee

Friday, August 26, 2022 | 7:30 a.m. – 9:00 a.m.

Phone: 312.626.6799 | Meeting ID: 859 7919 0497 | Passcode: 639322

Zoom Link: <https://us06web.zoom.us/j/85979190497?pwd=T2lRTUJ4NGo2NVBRO3BOTWdCZEd4dz09>

Board Members Present: Steve Staton | Tom Fendrick | Donna Olson | Matt Kinsella (virtual) | Margo Francisco (virtual) | Kris Krentz | Glenn Kruser | Dr. Aaron Schwaab | Tim Rusch (virtual) | Sue Vanderbelt (virtual)

Hospital Staff Present: Dan DeGroot | Michelle Abey | Mary Hermes | Chris Schmitz | Laura Mays (virtual) | Teresa Lindfors (virtual) | Angie Polster | Brian Swain

Item	Discussion	Presenter
1.	Call to Order	Steve Staton
	Mr. Staton called the August 26, 2022 Finance Committee meeting to order at 7:32 a.m. Mr. Staton welcomed and introduced Brian Swain, Accounting and Material Services Manager, who was present at Monday's Executive Committee meeting but not introduced.	
A 2.	July 2022 Financials	Brian Swain
	Ms. Abey stated although July 2022 financials were approved at the August 22, 2022 Executive Committee meeting, the Stoughton Health Governing Board bylaws state approval of financials is managed by the Finance Committee.	
	Mr. Swain shared there were minor shifts of cash on the balance sheet due to moving funds to cash and certificates of deposit to net higher returns. He noted outpatient revenues drove income and although Stoughton Health did see some expenses above budget, this was expected due to higher volumes.	
	<i>Action: Mr. Fendrick made a motion to approve July 2022 Financials. Ms. Olson seconded the motion. Motion carried.</i>	
A 3.	Capital Request: SSM Health Dean Clinic Tenant Improvement Agreement, Stoughton Lease FY2022 Capital = \$270,000	Michelle Abey
	Ms. Abey shared SSM Health leases clinic space in Stoughton and Evansville and added lease negotiations are ongoing. She noted the	

Item	Discussion	Presenter
	<p>SSM Health Dean Clinic in Stoughton is in need of improvements and Stoughton Health wishes to assist in funding through a tenant improvement addition to the new lease.</p> <p><i>Action: Ms. Olson made a motion to approve \$270,000 of FY2022 budgeted capital expenditures for tenant improvements for the Stoughton SSM Health Dean Clinic. Mr. Fendrick seconded the motion. Motion carried.</i></p>	
A	<p>4. FY2023 Budget</p> <p>Ms. Abey provided an overview of FY2022 projections and the FY2023 budget which can be found in the August 26, 2022 Finance Committee meeting packet. She shared projections are to see consistent volumes for the remainder of FY2022, noting gross revenues were expected to be approximately 10% ahead of budget as of earlier this week. Ms. Abey noted there will be a service recognition bonus paid to staff in September based on years of service with an expected cost of approximately \$600,000. She also noted projections include recognition of the last of available Provider Relief Funds (Phase 4) which will be reported on in March 2023, as well as a loss due to demolition of the three houses in September.</p> <p>Ms. Abey moved on to the FY2023 budget noting this is the first year Stoughton Health used Multiview software for the budgeting process. She outlined overarching assumptions include the lack of additional COVID funding, lower volumes in some areas, increased compensation and benefit costs and increased expenses as a result of supply chain and inflationary pressures. Mr. Schmitz noted although staffing is currently at a 14% vacancy rate, the budget assumes those vacant positions would be filled.</p> <p>Ms. Abey noted the FY2023 budget includes an expected 12% increase in compensation and benefits. She noted this is attributed to changes in department staffing predicated on the ability to maintain staffing levels so productivity standards are met, as well as a wage increase in January 2023 (if feasible), which has not yet been communicated to staff. Also attributing to this increase are shared programs and incentives which will remain in place and health insurance costs, which are expected to increase by 5-6% in January 2023. She added there are also increases in other line items which are consistent with anticipated increases in volumes and inflation.</p> <p>Ms. Abey provided an overview of the balance sheet noting plans for continued focus on AR days and collections. She shared plans to</p>	Michelle Abey

contribute an additional \$1,000,000 to the investment portfolio as well as further laddering of CDs and investment sweep accounts..

A routine capital budget of \$3,000,000 as well as an additional \$500,000 capital for EUA design costs is proposed. Larger capital items to include a Laboratory chemistry analyzer, network switch and wireless access point replacements and parking lot repaving at the Community Health & Wellness Center. Mr. Staton stated he was impressed with Ms. Abey and her team, and Mr. Fendrick and Ms. Francisco concurred.

Action: Mr. Fendrick made a motion to approve Stoughton Health's FY2023 Budget to move to Governing Board for approval. Ms. Olson seconded the motion. Motion carried.

5.	FY2022 Audit Communication Letter	Michelle Abey
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Ms. Abey provided a brief overview of the FY2022 Audit Communication letter noting Stoughton Health wishes to continue their relationship with Eide Bailly. She added the preliminary audit will take place in September 2022 with the final audit taking place in October 2022.

6.	Compliance Updates <ul style="list-style-type: none">- OCI Complaint Response- COVID Testing Billing	Michelle Abey
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Ms. Abey shared a compliance update noting the quarterly Compliance Committee report would be presented to the Board. She stated the hospital received a patient complaint through the Office of the Commissioner of Insurance (OCI) regarding an alleged violation of the "No Surprises Act" however, the patient's service took place before this act took effect. She added Stoughton Health has seen just four OCI complaints over a fifteen-year time period.

Ms. Abey stated the response to OCI was due 20 days from the date of receipt and the response has already been submitted. Mr. Fendrick enquired whether we could request OCI act as liaison between the insurance companies (Anthem of Michigan and Anthem of Wisconsin) to achieve resolution of this matter. Ms. Abey stated she will follow-up with Ms. Sarah Watkins, Stoughton Health Revenue Cycle Manager.

Ms. Abey also shared Stoughton Health inadvertently requested COVID testing reimbursement through Medicare under incorrect u-

codes. She noted there were new u-codes put into place as of January 2021 which allow additional reimbursement for utilization of high-flow COVID testing equipment allowing test results to be returned within two days; Stoughton Health billed under both the previous and new codes. Ms. Abey stated the hospital submitted a approximately \$13,000 reimbursement payment for voluntary correction refund noting that doing a voluntary correction form to Medicare doesn't happen often so wanted the Committee to be aware.

7. Open Discussion

8. Adjournment

Steve Staton

Action: Mr. Staton made a motion to adjourn the August 26, 2022 Finance Committee meeting. Mr. Fendrick seconded the motion. Motion carried.

Sincerely,

Steve Staton

DRAFT

STOUGHTON HEALTH

BUDGET

Fiscal Year Ending September 30, 2023

**STOUGHTON HOSPITAL ASSOCIATION
BUDGET NARRATIVE
Fiscal Year Ending September 30, 2023**

BACKGROUND

Stoughton Health has experienced significant turbulence during the last three fiscal years due to the COVID-19 pandemic. The theme of the FY2023 budget is a slight cooling down of volumes from the unprecedented increases seen during FY2022 as a result of delayed healthcare and sicker patients as well as an uptick in preventative services during the year.

Overarching assumptions include:

- No further grant funding and provider relief funds available for COVID 19 testing and mitigation expenses and lost revenues.
- Lower volumes in several areas as outlined below. Overall a ~4.6% volume driven increase in gross revenue.
- Increased compensation and benefit costs in order to remain competitive in the market as well as an assumption that open positions will be filled in the coming year.
- Continued increased expenses as a result of supply cost increases as well as professional fees increasing at a greater rate than the past few years as a result of the rising consumer price index (CPI).

OPERATING ACTIVITIES

A 4.0% overall increase in Hospital charges is planned for and was approved by the Governing Board effective October 1, 2022.

The FY2023 inpatient services budgeted numbers represent a decrease in inpatient days from FY22 of (150) days or (4%). This represents the net result from a predicted decrease in Medical/Surgical volumes and an increase in Geriatric Psychiatry (GP) volumes as we plan to be able to increase the GP capacity back up to eight beds following Labor Day. Staffing has stabilized for that unit such that they can safely care for more than the five patient capacity they have been handling since they re-opened following the pandemic shutdown in 2020.

Outpatient service revenues are projected to increase by 8.6% or \$10,879,000 from what is projected for FY2022. This increase is a combination of factors as follows:

- Surgical services cases budgeted to increase 9%. Service lines with the greatest budgeted growth are as follows:

Stoughton Health Surgical Cases Budget FY2023								
Specialty	Final FY19	Final FY20	Final FY21	YTD FY22 thru Jul	Annualized FY2022	% Change from LY	FY23 Budget	% Change from Annualized FY2022
Orthopedics	381	282	277	257	309	12%	375	18%
Gynecology	8	1	0	0	0	0%	35	100%
Urology	9	11	7	6	7	0%	10	30%
General	307	250	255	203	233	-9%	265	12%
Ophthalmology (Phaco)	290	211	225	185	223	-1%	225	1%
Podiatry	11	44	58	65	85	47%	90	6%
Dental	34	130	199	132	156	-22%	170	8%
ENT	52	37	30	28	32	7%	40	20%
Total Surgical Procedures	1092	966	1051	876	1045	-1%	1210	14%
GI Endoscopy	517	379	423	514	601	42%	605	1%
Total OR Procedures	1609	1345	1474	1390	1646	12%	1815	9%

- Combined emergency room and urgent care visits at all three sites are expected to decline (4.8%) from 32,560 visits projected for FY2022 to 30,990 visits projected for FY2023. This decline is budgeted as a result of not expecting the COVID-19 surges and testing visits that have been seen in the last year.

Compensation and benefits are projected to increase \$3,277,000 or 12% from projected FY2022. Key assumptions include:

- Maintaining the changes in staffing of departments so that 80% of departments are in the upper quartile for their productivity standards.
- 5.0% wage increase effective January 2023, if feasible.
- Increased shift differential rates for employees working nights and weekends which were effective July 31, 2022, thus will have a full year impact of approximately \$115,000.
- The FY2023 budget is based on 253 full time equivalent employees (FTE) which is an increase of 16 FTEs from the projected FTEs for FY2022 of 237. This expected increase is the result of the assuming that open positions will be filled as well as openings that we had during FY2022 but which were filled during FY2022 will be in place for the entire year of 2023. Included within the budget are FTEs for services provided by Hospital staff to other organizations for which the Hospital is reimbursed. These organizations include the Stoughton Hospital Foundation, SSM Health Dean Clinic, Stoughton Hospital Imaging and Partners of Stoughton Hospital.
- Both of our health insurance vendors are projecting increases in premiums for calendar year 2023 which is reflected as an increase to benefits expense in January 2023.

Inflationary increases coupled with surgical services volume increases drive increases in other expense line items.

Contractual discounts are projected to increase to 62.4% from the projected 61.2% for FY2022. Continued critical access hospital (CAH) status was assumed in estimating Medicare and Medicaid reimbursements. Payer mix was assumed to remain consistent with previous year, however, on average commercial payers cap increased reimbursement at 3%, thus the entire 4% rate increase doesn't flow down to the bottom line. In addition, Medicare reimbursement will be decreased by the return of sequestration as well as the increased revenues in Geri-Psych will depress Medicare Critical Access Hospital (CAH) reimbursement.

Net Patient Service Revenue is budgeted to be \$58,351,000 which is a 5.4% increase from projected FY2022 results. Operating Income is budgeted at \$4,500,000 which results in an operating margin of 7.4%. The total excess of revenues over expenses for the year is budgeted at \$5,500,000 representing a 9.0% total margin.

BALANCE SHEET ASSUMPTIONS

Capital expenditures are budgeted at \$3,000,000 for routine equipment purchases/replacements, facilities upgrades and information technology investments and \$500,000 for the EUA design fees for the medical office building approved at the August Executive Committee meeting. The other portion of design fees will occur in FY2024 based upon the timelines currently in place.

Financing activities include monthly principal and interest payments on outstanding debt. The budget does not contemplate prepayment of debt this fiscal year as rising interest rates plus cost reimbursement of interest expense makes maintaining the current debt structure advantageous in planning for financing the medical office building in the next couple of years.

Investing activities assumes another \$1,000,000 investment quarterly into the investment account as well as increasing certificates of deposit by \$3,000,000 during the course of the year. The rate of return on investments is assumed to be 4.5% with increases on the CD rates as they renew of 2-3%.

STOUGHTON HEALTH

BALANCE SHEETS
Budget 2022 - 2023

ASSETS	Balances as of September 30,		
	Budget 2023	Projected 2022	Audited 2021
ASSETS			
Current Assets			
Cash	\$ 29,685,000	\$ 30,374,000	\$ 33,874,000
Patient accounts receivable, net of allowances	7,194,000	6,827,000	6,759,000
Supplies	1,165,000	1,008,000	537,000
Other current assets	889,000	847,000	781,000
Total current assets	38,933,000	39,056,000	41,951,000
Assets Limited as to Use			
Certificates of deposit	11,000,000	8,000,000	7,000,000
Board designated and other investments	12,730,000	11,390,000	10,630,000
Property and Equipment	67,731,000	64,231,000	62,870,000
Less accumulated depreciation	(41,424,000)	(38,389,000)	(35,632,000)
Net property and equipment	26,307,000	25,842,000	27,238,000
Other Assets			
Interest in net assets of Foundation	1,407,000	1,357,000	1,374,000
Other non-current assets	3,024,000	3,012,000	-
Investment in MRI Joint Venture	1,222,000	1,192,000	1,169,000
Total assets	\$ 94,623,000	\$ 89,849,000	\$ 89,362,000
LIABILITIES AND NET ASSETS			
Current Liabilities			
Current portion of long-term debt	\$ 1,138,000	\$ 1,200,000	\$ 1,317,000
Accounts payable	1,612,000	1,496,000	1,106,000
Accrued salaries and related withholdings	1,146,000	1,245,000	1,061,000
Accrued vacation compensation	1,541,000	1,380,000	1,194,000
Accrued interest	26,000	29,000	37,000
Deferred revenue	101,000	101,000	103,000
CMS advance payments, current portions	-	-	4,591,000
Estimated third-party payor settlements	2,015,000	2,015,000	1,450,000
Total current liabilities	7,579,000	7,466,000	10,859,000
Deferred compensation liability	473,000	415,000	431,000
Long-Term Debt, net of current portion	7,558,000	8,720,000	10,923,000
Total liabilities	15,610,000	16,601,000	22,213,000
Net Assets			
Unrestricted	77,452,000	71,737,000	65,621,000
Temporarily restricted	1,561,000	1,511,000	1,528,000
Total net assets	79,013,000	73,248,000	67,149,000
Total liabilities and net assets	\$ 94,623,000	\$ 89,849,000	\$ 89,362,000

RWHC 2021 CAH Avg	RATIOS	Budget 2023	Projected 2022	Actual 2021
4.1	Current ratio	5.1	5.2	3.9
52	Days revenue in AR (net)	45	45	53
343	Days cash & investments on hand	388	401	435
9.2	Age of plant (years)	13.6	12.6	11.3
8.1	Debt service coverage ratio	5.9	5.8	3.9
0.5	Long term debt to equity	0.1	0.1	0.2

STOUGHTON HOSPITAL ASSOCIATION
INCOME STATEMENTS

Budget 2022 - 2023

	%		Percent of Total Gross Revenues					
			Budget 2023	Budget 2022	Audited 2021	Budget 2023	Budget 2022	Audited 2021
	Budget 2023	Change from Projected 2022	Projected 2022	Budget 2022	Audited 2021			
REVENUES								
Patient service revenues:								
Inpatient	22,781,000	9.0%	20,898,000	20,742,000	18,670,000	14.2%	16.0%	15.1%
Outpatient	138,076,000	8.6%	127,197,000	108,830,000	104,576,000	85.8%	84.0%	84.9%
Total gross patient services revenues	160,857,000	8.6%	148,095,000	129,572,000	123,246,000	100.0%	100.0%	100.0%
Less contractual discounts	(100,327,000)	10.7%	(90,634,000)	(78,345,000)	(74,727,000)	-62.4%	-60.5%	-60.6%
Less charity care	(632,000)	4.3%	(606,000)	(355,000)	(376,000)	-0.4%	-0.3%	-0.3%
	59,898,000	5.4%	56,855,000	50,872,000	48,143,000	37.2%	39.3%	39.1%
Less allowance for uncollectible accounts	(1,547,000)	4.7%	(1,478,000)	(1,385,000)	(1,356,000)	-1.0%	-1.1%	-1.1%
Net patient service revenues	58,351,000	5.4%	55,377,000	49,487,000	46,787,000	36.3%	38.2%	38.0%
Contractual discounts %	-62.4%		-61.2%	-60.5%	-60.6%			
Other operating revenue	985,000	9.4%	900,000	781,000	917,000	0.6%	0.6%	0.7%
Contributions and grants	439,000	-29.5%	623,000	345,000	344,000	0.3%	0.3%	0.3%
Rental income	897,000	6.7%	841,000	838,000	844,000	0.6%	0.6%	0.7%
TOTAL REVENUES	60,672,000	5.1%	57,741,000	51,451,000	48,892,000	37.7%	39.7%	39.7%
EXPENSES								
Salaries	22,012,000	11.6%	19,716,000	18,961,000	18,366,000	13.7%	14.6%	14.9%
Employee Benefits	5,184,000	23.3%	4,203,000	4,940,000	4,322,000	3.2%	3.8%	3.5%
Professional fees	6,848,000	7.6%	6,365,000	6,250,000	5,567,000	4.3%	4.8%	4.5%
Purchased services	7,620,000	-0.7%	7,673,000	6,183,000	6,252,000	4.7%	4.8%	5.1%
Supplies	8,335,000	15.6%	7,211,000	6,345,000	6,023,000	5.2%	4.9%	4.9%
Interest	359,000	-13.5%	415,000	451,000	538,000	0.2%	0.3%	0.4%
Administrative and general	2,504,000	10.4%	2,268,000	2,207,000	1,990,000	1.6%	1.7%	1.6%
Insurance	275,000	22.8%	224,000	234,000	184,000	0.2%	0.2%	0.1%
Depreciation	3,035,000	-0.7%	3,056,000	3,080,000	3,151,000	1.9%	2.4%	2.6%
Total expenses	56,172,000	9.9%	51,131,000	48,651,000	46,393,000	34.9%	37.5%	37.6%
Operating income	4,500,000	-31.9%	6,610,000	2,800,000	2,499,000	2.8%	2.2%	2.0%
Other income (expense):								
Investment income	438,000	33.5%	328,000	238,000	758,000			
Unrealized gains (losses) on investments	282,000	-133%	(850,000)	296,000	796,000			
Equity in earnings of MRI joint venture	280,000	2.6%	273,000	229,000	265,000			
Gain (loss) on disposal of assets	-	-100.0%	(420,000)	-	-			
Paycheck Protection Program Loan Forgiveness	-	0%	-	-	4,065,000			
Provider Relief Funds	-	-100.0%	407,331	-	5,023,000			
Excess of revenues over expenses	\$ 5,500,000	-7.4%	\$ 5,941,000	\$ 3,563,000	\$ 13,406,000			
<i>Operating Margin</i>	7.4%		11.4%	5.4%	5.1%			
<i>Total Margin</i>	9.0%		10.2%	6.9%	26.9%			
Net patient revenue per APD	\$2,299	10.2%	\$2,087	\$1,839	\$2,580			
Salaries per APD	\$867	16.7%	\$743	\$705	\$1,013			
Benefits per APD	\$204	29.0%	\$158	\$184	\$238			
Supplies per APD	\$328	20.8%	\$272	\$236	\$332			
Other expenses per APD	\$874	8.0%	\$810	\$719	\$1,258			

STOUGHTON HOSPITAL ASSOCIATION
STATEMENTS OF CHANGES IN NET ASSET
Budget 2022 - 2023

	Budget	Projected	Audited
	2023	2022	2021
Unrestricted net assets:			
Excess of revenues over expenses	\$ 5,500,000	\$ 5,941,000	13,406,000
Net assets released from restrictions used for property and equipment	-	-	66,000
Contributions and grants for property and equipment	215,000	175,000	149,000
Increase (decrease) in unrestricted net assets	5,715,000	6,116,000	13,621,000
Temporarily restricted net assets:			
Restricted contributions	-	-	46,000
Change in interest in net assets of Foundation	50,000	(17,000)	91,000
Net assets released from restrictions used for property and equipment	-	-	(66,000)
Increase (decrease) in temporarily restricted net assets	50,000	(17,000)	71,000
Change in net assets	5,765,000	6,099,000	13,692,000
Net assets, beginning	73,248,000	67,149,000	53,457,000
Net assets, ending	\$ 79,013,000	\$ 73,248,000	\$ 67,149,000

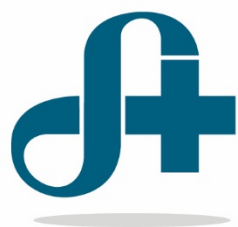
STOUGHTON HOSPITAL ASSOCIATION
STATEMENTS OF CASH FLOWS
Budget 2022 - 2023

	Budget	Projected	Audited
	2023	2022	2021
Cash Flows From Operating Activities			
Increase (decrease) in net assets	\$ 5,765,000	\$ 6,099,000	\$ 13,692,000
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:			
Change in interest in net assets of Foundation	(50,000)	17,000	(91,000)
Depreciation	3,035,000	3,056,000	3,151,000
Amortization of debt issuance costs	26,000	28,000	31,000
Change in net unrealized gains and losses	(282,000)	850,000	(1,308,000)
Loss (gain) on disposal of property and equipment	-	420,000	(15,000)
Forgiveness of Paycheck Protection Program Loan	-	-	(4,065,000)
Uncollectible accounts	1,547,000	1,478,000	1,356,000
Contributions restricted for equipment acquisitions	(215,000)	(175,000)	(195,000)
Change in investment in Stoughton Hospital Imaging LLC	(280,000)	(273,000)	(265,000)
Distribution from SHI	250,000	250,000	200,000
Increase (decrease) from changes in:			
Patient accounts receivable, net	(1,914,000)	(1,546,000)	(3,500,000)
Supplies	(157,000)	(471,000)	158,000
Estimated third-party payor settlements	-	565,000	1,575,000
Other assets	(54,000)	(3,078,000)	(107,000)
Refundable advance	-	-	(5,023,000)
CMS advance payments	-	(4,591,000)	(1,238,000)
Accounts payable, accrued expenses and deferred revenue	233,000	847,000	272,000
Net cash provided by (used in) operating activities	7,904,000	3,476,000	4,628,000
Cash Flows From Investing Activities			
Acquisition of property and equipment	(3,500,000)	(2,080,000)	(1,562,000)
Proceeds from sale of property and equipment	-	-	58,000
Net sales (purchases) of certificates of deposit	(3,000,000)	(1,000,000)	-
Net change in assets limited as to use	(1,058,000)	(1,610,000)	768,000
Net cash provided by (used in) investing activities	(7,558,000)	(4,690,000)	(736,000)
Cash Flows From Financing Activities		29,000	
Proceeds from issuance of debt	-	-	-
Repayment of long-term debt	(1,250,000)	(2,348,000)	(1,298,000)
Contributions restricted for property & equipment	215,000	175,000	195,000
Payment of accounts payable for equipment & financing costs	-	(113,000)	(151,000)
Net cash provided by (used in) financing activities	(1,035,000)	(2,286,000)	(1,254,000)
Net increase (decrease) in cash	(689,000)	(3,500,000)	2,638,000
Cash, beginning	30,374,000	33,874,000	31,236,000
Cash, ending	\$ 29,685,000	\$ 30,374,000	\$ 33,874,000

STOUGHTON HOSPITAL ASSOCIATION
STATISTICAL ANALYSIS
Budget 2022 - 2023

	Budgeted		Projected		
	2023	2022	2021	2020	2019
Inpatient revenue	22,781,000	20,898,000	18,670,000	23,420,000	27,476,000
Outpatient revenue	138,076,000	127,197,000	104,576,000	81,293,000	86,348,000
Total gross patient service revenue	160,857,000	148,095,000	123,246,000	104,713,000	113,824,000
Contractual discounts	(100,327,000)	(90,634,000)	(74,727,000)	(60,685,000)	(66,053,000)
Contractual discount %	-62.4%	-61.2%	-60.6%	-58.0%	-58.0%
Allowance for uncollectible accounts and charity care	(2,179,000)	(2,084,000)	(1,732,000)	(2,092,000)	(2,104,000)
Net patient service revenue	57,719,000	55,377,000	46,787,000	41,936,000	45,667,000
Overall Collection %	35.9%	37.4%	38.0%	40.0%	40.1%
PATIENT SERVICES STATISTICS:					
Inpatient admissions (Med Surg/ICU)	537	604	616	670	721
Inpatient admissions (GeriPsych)	147	102	100	103	133
	684	706	716	773	854
Inpatient admissions per day (excluding Observation)	1.9	1.9	2.0	2.1	2.3
Average daily census (excluding Observation)	9.8	10.3	10.0	11.1	14.5
Average length of stay - Med/Surg/ICU	3.4	3.4	3.5	3.5	3.6
Average length of stay - GeriPsych	12.0	11.6	15.6	16.6	20.5
Inpatient days - Med Surg/ICU	1,830	2,557	2,100	2,342	2,563
Inpatient days - GeriPsych	1,764	1,187	1,558	1,714	2,722
	3,594	3,744	3,658	4,056	5,285
Equivalent outpatient days **	21,783	22,788	20,490	14,079	16,609
Adjusted patient days (IP days + Equivalent OP days)	25,377	26,532	24,148	18,135	21,894
Adjusted admissions	4,827	5,003	4,727	3,456	3,538
ER/Urgent Care Visits (including Oregon & McFarland)	30,990	32,560	20,126	20,811	23,141
** Equivalent outpatient days = Outpatient revenue/(Inpatient revenue/Inpatient days)					29,000
OPERATING STATISTICS:					
Net patient revenue per adjusted patient day	\$ 2,274	\$ 2,087	\$ 1,938	\$ 2,338	\$ 2,107
Compensation and benefits as a % of net patient service revenue	46.6%	43.2%	48.5%	52.0%	52.8%
Full-time equivalent employees (FTE'S)	253	237	227	222	261
Paid hours per adjusted patient day	20.70	18.57	19.57	25.45	24.81
Paid hours per adjusted admission	108.82	98.49	99.98	133.56	159.55
Supplies as a % of net patient service revenue	14.3%	13.0%	12.9%	11.6%	11.4%
Adjusted Occupied Beds	69.5	72.7	66.2	49.7	60.0
FTEs per Adjusted Occupied Beds	3.63	3.26	3.43	4.47	4.35

STOUGHTON HOSPITAL ASSOCIATION BYLAWS



STOUGHTON
HEALTH

Creating Excellence Together

Revised/Approved by Bylaws
Committee: 9.08.22

SIXTH AMENDED AND RESTATED BY-LAWS
OF
STOUGHTON HOSPITAL ASSOCIATION
900 RIDGE STREET, STOUGHTON, WI 53589-1896

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ARTICLE I OFFICES

Section 1. Location. The principal office of the Stoughton Hospital Association (“corporation”) in the State of Wisconsin shall be located in the City of Stoughton, County of Dane. The corporation may have such other offices, either within or without the State of Wisconsin, as the Board of Directors may determine or as the affairs of the corporation may require from time to time.

The corporation shall have and continuously maintain in the State of Wisconsin a registered office, and a registered agent whose office is identical with such registered office. The registered office may be, but need not be, identical with the principal office in the State of Wisconsin, and the address of the registered office may be changed from time to time by the Board of Directors.

Section 2. Purpose. The objectives of the corporation shall be:

A. To establish and maintain an institution or institutions with permanent facilities that include inpatient beds and medical services to provide diagnosis and treatment for patients (and associated services such as, but not limited to acute care, geropsych, Swing Beds, and outpatient care).

B. To carry on any educational activities related to rendering care to the sick and injured, or to the promotion of health and wellness, that in the opinion of the Board of Directors may be justified by the facilities, personnel, funds, and other requirements that are, or can be, made available.

C. To promote and carry on scientific research related to the care of the sick and injured insofar as, in the opinion of the governing board, such research can be carried on in, or in connection with, the hospital.

D. To participate, so far as circumstances may warrant, in any activity designed and carried on to promote the general health of the community.

This corporation is organized exclusively for charitable, scientific, and educational purposes as a not-for-profit corporation; and its activities shall be conducted for the aforesaid purposes in such a manner that no part of its net earning shall inure to the benefit of any member, director, officer or individual. Upon dissolution of the corporation, and after payment of just debts and liabilities, SSM Health Care of Wisconsin, Inc. or its permitted successor in interest (the “Special Member”) shall receive forty (40%) percent of all remaining assets, and any remaining assets following such distribution shall be distributed to organizations enjoying an exempt status under section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or successor provisions.

ARTICLE II

SPECIAL MEMBER

Section 1. Special Member. The Special Member of the corporation shall be SSM Health Care of Wisconsin, Inc. or its permitted successor in interest. The Special Member's rights are created pursuant to that certain Master Agreement between the Special Member and the corporation dated February 6, 2003 (the "Master Agreement").

Section 2. Right of First Refusal. In the event any person or entity that is not controlled by or under common control with the corporation makes an unsolicited bona fide offer to acquire all or substantially all of corporation's assets (whether structured as an asset purchase, lease, merger, or other acquisition technique) or to acquire any real estate comprising part of the corporation's campus or located within a one mile radius of the corporation's campus, the corporation shall give the Special Member sixty (60) days prior written notice of the Board of Directors' intention to accept such offer ("Offer Notice"). The Offer Notice, in addition to stating the corporation's intention to sell its assets, shall also state: (i) a description of the assets to be sold; (ii) the name and address of the proposed acquirer; (iii) the amount of the purchase price; and (iv) the terms of the sale. The Special Member shall have an option for sixty (60) days following delivery of the Offer Notice to purchase the assets proposed to be sold at the purchase price and in accordance with the terms set forth in the Offer Notice. The Special Member shall exercise such option by providing the corporation written notice within said sixty (60) day period. In the event the Special Member fails to timely exercise such option or the Special Member delivers to the corporation a written declination to exercise such option, then the corporation may sell the assets to the proposed acquirer upon the precise terms set forth in the Offer Notice, provided such sale must occur within the twelve (12) month period immediately following the corporation's delivery of the Offer Notice. Any deviation in the terms of such sale from the terms set forth in the Offer Notice or failure of the sale to occur within such twelve (12) month period shall require the corporation to comply again with the provisions of this section 2 prior to any subsequent sale of the corporation's assets.

Section 3. Board Supermajority. The following decisions by the SH Board of Directors shall require the approval of both a majority of the Class I Directors, Class II Directors and Class III Directors, voting as a single combined class, and both of the Class IV Directors, voting separately:

- A. Approval of SH's strategic and financial plans, including its annual capital and operating budgets and any change in the scope of services provided at the SH Campus, and any amendments thereto;
- B. Approval of (A) the incurrence by SH of indebtedness for borrowed money having a final maturity in excess of one year, (B) SH entering into any sale-leaseback transaction having a term in excess of one year, (C) SH entering into any installment purchase transaction having a final maturity in excess of one year, or (D) SH increasing the approved level of aggregate indebtedness for borrowed money having a final maturity of one year or more;
- C. Approval of major acquisitions and affiliations by SH;

D. Approval of the appointment of the Chief Executive Officer of SH in the event of a vacancy; and;

E. Approval of any policies or resolutions of the Board of Directors which would delegate any authority for all or any portion of the transactions or approvals described in clauses (A) through (E) above to any committee of the Board of Directors or to any officer or other agent of SH (e.g., a Board policy authorizing the Chief Executive Officer to incur specified levels of indebtedness or authorize specified amounts of capital expenditures without Board approval).

Section 4. SSM WI and Member Approval. Unless the law, the Amended and Restated Articles of Incorporation or the Amended and Restated By-laws of SH provide otherwise, the following decisions by the SH Board of Directors shall require the vote of a majority of the SH Board of Directors, and the vote of a majority of the Class I Directors, Class II Directors and Class III Directors, voting as a single class (but only if the approval of the Class I Directors, Class II Directors and Class III Directors is required by law or the Amended and Restated Articles of Incorporation or the Amended and Restated By-laws of SH), and the approval of the members of the corporation, including the Special Member:

A. Approval of any amendment or restatement of the Articles of Incorporation or By-laws of SH;

B. Approval of the sale of all or substantially all of the assets of SH in the event that SSMWI has not been given the opportunity to exercise its right of first refusal under Section 2.3(f) hereof;

C. Approval of the sale or Restricted Long-Term Lease of any real estate comprising part of the SH Campus (other than as part of a sale of all of the assets of SH which is covered under Section 2.3(c)(ii));

D. Approval of any merger or consolidation involving SH; and

E. Approval of the dissolution of SH.

In each case under clauses (A), (B), (C), (D), and (E), the failure to obtain all required approvals means that the proposed action will not proceed and is not subject to arbitration.

In the event a majority of the Class I, Class II and Class III directors, on the one hand, and both of the Class IV directors, on the other hand, fail to agree with respect to any decision to be made by the Board of Directors subject to this subsection B, then in the case of clauses (3) and (5), the specific proposed action will not proceed and is not subject to arbitration, but in the case of clauses (1), (2) and (4), the deadlock will be resolved by mediation and, if necessary, binding arbitration, as provided below. Unless otherwise agreed by a majority of the Class I, Class II and Class III directors, on the one hand, and both of the Class IV directors, on the other hand, any such mediation will be conducted by a single mediator selected from the CPR Panels of Distinguished Neutrals under the Mediation Procedure of the CPR Institute for Dispute Resolution. Unless otherwise agreed by a majority of the Class I, Class II and Class III directors, on the one hand, and both of the Class IV directors, on the other hand, any such binding

arbitration will be conducted by a single arbitrator (who may be the same person who served as the mediator) selected from the CPR Panels of Distinguished Neutrals under the Rules for Non-Administered Arbitration of the CPR Institute for Dispute Resolution, but with the modification that the arbitrator may only choose to agree with either (1) the position of the majority of the Class I, Class II and Class III Directors, on the one hand, or (2) the position of both of the Class IV Directors, on the other hand; the arbitrator may not fashion an alternate position. As a condition of serving on the Board of Directors, all directors agree to ratify and implement the decision of the arbitrator as the action of the Board of Directors.

ARTICLE III

MEMBERS

Section 1. Members. Any person eighteen years of age or older who is a resident of any of the following municipalities may be a member of the corporation: City of Stoughton, Village of McFarland, Village of Cottage Grove, Town of Albion, Town of Christiana, Town of Cottage Grove, Town of Dunkirk, Town of Dunn, Town of Pleasant Springs, Town of Rutland, Village of Oregon and Town of Oregon, in Dane County, Wisconsin and the City of Evansville, Town of Union and Town of Porter in Rock County, Wisconsin. In addition thereto, any person who is a member of the active Medical Staff as defined in the Amended and Restated By-Laws of said Medical Staff of this corporation shall also be members. A person who votes thereby agrees to abide by the terms of the Articles of Incorporation of this corporation and by the terms of the Amended and Restated By-Laws and amendments thereto adopted by this corporation. The Board of Directors may set eligibility requirements for membership of the corporation.

Section 2. Voting Rights. Each member present shall be entitled to one vote on each matter submitted to a vote of the corporation.

ARTICLE IV

MEETING OF MEMBERS

Section 1. Annual Meeting. An annual meeting of the members shall be held on the last Monday of November of each year. Such annual meeting shall be called by the Chair of the corporation, and notice thereof shall be published in a newspaper of local distribution not more than twenty-one (21) days nor less than three (3) days before such meeting. The annual meeting shall be held each year for the purpose of electing Class I directors, reviewing annual progress reports from Administration, Governing Board, Foundation, Auxiliary, and for the transaction of such other business as may come before the meeting. If the election of Class I directors shall not be held on the day designated in such notice of an annual meeting, the Board of Directors shall cause the election to be held at a special meeting as soon thereafter as convenient.

Section 2. Special Meetings. Special meetings of the members may be called by the Hospital President, the Board of Directors or not less than ten (10) persons who are residents of the jurisdictions defined in Article III. Notice of special meetings shall be published as required in Section 1. above stating the purpose of such meeting.

Section 3. Place of Meetings. The place of the corporation meeting shall be Stoughton Hospital, 900 Ridge Street, in the City of Stoughton, Dane County, Wisconsin, or such other place or by any electronic means as the Board of Directors may determine.

A. Any or all members may participate in an annual, regular, or special meeting of the members by, or conduct the meeting through the use of, telephone or any other means of communication by which either: (i) all participating members may simultaneously hear or read each other's communications during the meeting; or (ii) all communication during the meeting is immediately transmitted to each participating member, and each participating member is able to immediately send messages to all other participating members.

B. If a meeting will be conducted through the use of any means described in subsection A above, all participating members shall be informed that a meeting is taking place at which official business may be transacted. A member participating in a meeting by any means described in subsection A above is deemed to be present in person at the meeting.

Section 4. Quorum. Ten (10) voting members who are eligible to vote at any meeting shall constitute a quorum at such meeting. If a quorum is not present at any meeting of the members, the majority of the members present may adjourn the meeting without further notice.

Section 5. Proxies and Voting by Mail. No vote by proxy or by mail shall be valid. Only the votes cast by those members present in person at the meeting shall be valid.

ARTICLE V

BOARD OF DIRECTORS

Section 1. General Powers. The affairs of the corporation shall be overseen by its Board of Directors.

Section 2. Number, Tenure and Qualifications. Membership on the Board of Directors shall be divided into four classes, which shall have equal rights and responsibilities as members of the Board of Directors of the corporation, except as otherwise provided in these Amended and Restated Bylaws. The immediate past Chair of the Board of Directors shall serve as a non-voting ex officio representative to the Board for a period of one year, should his/her director eligibility be expired. The four classes of directors shall comprise the following:

A. Class I. Class I shall consist of six (6) members who shall be elected by the members for terms of three (3) years. All Class I directors may serve up to two (2) consecutive full terms as a Class I director (and no more than seven (7) consecutive years as a director, exclusive of partial terms) and shall be eligible for election or appointment as director after the expiration of one (1) calendar year from the time said director vacated office.

B. Class II. Class II shall consist of two (2) members of the 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.

C. Class III. Class III shall consist of two (2) members who shall be appointed by the Board of Directors of the corporation and shall serve for a term of one (1) year. Class III directors may be appointed for successive terms at the discretion of the Board of Directors. Class III directors may serve no more than seven (7) consecutive years as a director, exclusive of partial terms. The Governance Committee shall present a slate of appointed directors for the Class III directors.

D. Class IV. Class IV shall consist of two (2) members who shall be appointed by the Special Member. The Special Member shall also identify an alternate (the "Alternate"). The Class IV directors shall serve at the pleasure of the Special Member. In the event any Class IV Director is unable to attend a meeting of the Board of Directors but the Alternate does attend, the Special Member shall be deemed to have removed such director and appointed the Alternate to serve as a Class IV director for that meeting only, whereafter the Special Member shall be deemed to have removed the Alternate and reappointed the regular Class IV director. Class IV directors may be appointed for unlimited successive terms.

Section 3. Nomination and Appointment.

A. Class I Directors. The Governance Committee shall present a proposed slate of directors for Class I directors for approval at a regular meeting of the Board of Directors prior to the regular annual meeting of the corporation. Upon such approval, the proposed slate of directors for Class I directors shall be presented to the members at the regular annual meeting of the corporation, and the Class I directors shall be elected by the members present at such annual meeting of the corporation. The elected director shall assume the position effective immediately.

B. Class II Directors. The Class II director shall be suggested by the Medical Staff of the corporation to the Governance Committee for approval. Such approval will become effective upon the filing with the Board a resolution adopted by the Medical Staff of the corporation and certified by two (2) officers of said Medical Staff. Both Class II directors shall be voting members of the Board of Directors.

C. Class III Directors. The Governance Committee shall present a proposed slate of appointed directors for Class III directors at the regular annual meeting of the Board of Directors. Appointment shall be made by a majority vote of the Class I and Class II Board members at such meeting and the appointment shall become effective immediately.

D. Class IV Directors. The Class IV directors and the Alternate shall be appointed by the Special Member, such appointment to become effective upon notice of such appointment to the President or Secretary of the corporation's Board of Directors.

Section 4. Regular Meetings. A regular annual meeting of the Board of Directors shall be held without other notice than this By-Law within 10 days of the annual meeting of the members. The Board of Directors may provide by resolution the time and place either within or without the State of Wisconsin, for the holding of additional regular meetings of the Board without other notice than such resolution.

Section 5. Special Meetings. Special meetings of the Board of Directors may be called by or at the request of the Board Chair. The Board Chair shall call a special meeting at the

request of three (3) directors. Said special meetings shall be called by the Board Chair with a reasonable time after receipt of such request, and in all cases shall be within ten (10) days of the receipt of said request. The Board Chair may fix any place or format for holding a special meeting of the Board of Directors.

Section 6. Notice of Special Meeting. Said notice shall be given by personal delivery or by mailing at the last known address of said director. Twenty-four (24)-hour written notice of any special meeting shall be given to all members of the Board of Directors. Attendance by a member of the Board of Directors at any special meeting shall constitute a waiver of such notice by said director.

Section 7. Quorum. A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board; but if less than a majority of the directors are present at said meeting, a majority of the directors present may adjourn the meeting. A director shall be considered “present” if such director attends a meeting in person or by any means of communication by which (i) all participating directors may simultaneously hear or read each other’s communications during the meeting; or (ii) all communication during the meeting is immediately transmitted to each participating director, and each participating director is able to immediately send messages to all other participating directors; including without limitation by telephone or video conference.

Section 8. Manner of Acting.

A. General. The act of the majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a greater number is required by law or by these Amended and Restated By-Laws. In addition to any other approval required under these Bylaws, any decision (i) to alter the status of the corporation’s medical staff from being an open medical staff, or (ii) to change the status of the corporation so that it is no longer a full service acute care hospital, will require the approval of a majority of the Board of Directors.

Section 9. Vacancies. Any vacancy occurring in Class I or Class III of the Board of Directors and any directorship to be filled by reason of an increase in the number of directors, shall be filled by action of the Class I, Class II and Class III directors. Any vacancy occurring in Class II of the Board of Directors shall be filled by the corporation’s Medical Staff. Any vacancy occurring in Class IV of the Board of Directors shall be filled by the Special Member. A director elected to fill a vacancy shall be elected for the unexpired term of his/her predecessor in office.

Section 10. Removal of Directors. Any member of the Board of Directors who fails to excuse his/her absences at three (3) successive scheduled monthly meetings may be removed as such director by the class or classes of directors empowered to elect or appoint such member. A member of the Board of Directors may also be removed from office as such director upon the affirmative vote of eight (8) members of the Board of Directors where the actions and personal conduct of such member sought to be removed tends to defeat the purpose of the corporation, to subject it to public ridicule or to damage its reputation.

Section 11. Compensation. Directors as such shall not receive any stated salaries for their services, but by resolution of the Board of Directors, a fixed sum and expenses of attendance, if any, may be allowed for attendance at such regular or special meeting of the Board not to exceed \$5,000/year for reimbursement of out-of-pocket expenses; but nothing herein contained shall be construed to preclude any director from serving the corporation in any other capacity and receiving compensation therefor.

Section 12. Conflicts of Interest. The corporation may enter into contracts or transact business with one or more of its directors, officers, or with any corporation, firm, association, trust company, organization, or other entity in which any one or more of its directors or officers are directors, officers, trustees, beneficiaries, stockholders, or financially or otherwise interested. No such contracts or business transactions shall be void or voidable because of such relationships or interests or because such director or directors, officer or officers, are present at the meeting of the board of directors or a committee thereof which authorizes, approves or ratifies such contracts or business transactions or because his or their votes are counted for such purpose if (1) the fact of such relationship or interest is disclosed or known to the board of directors or committee which authorizes, approves or ratifies the contracts or business transactions by a vote or consent sufficient for the purpose without counting the votes or consents of such interested directors or officers and (2) the contracts or business transactions are fair to the corporation. Interested directors or officers may be counted in determining the presence of a quorum at a meeting of the board of directors or a committee thereof which authorizes, approves or ratifies such contracts or business transactions.

A. 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.

ARTICLE VI

OFFICERS

Section 1. Elected Officers. Elected officers shall be a Chair, a Vice Chair, and a Secretary-Treasurer.

Section 2. Manner of Selection. Officers enumerated in Section 1 of this Article shall be elected annually by and from the membership of the Board of Directors, provided that only Class I directors may hold office, and shall hold their respective offices until their successors are elected and qualified.

Section 3. Appointed Officers. Appointed officers shall consist of the President/Chief Executive Officer (CEO), Vice President Financial Services & Vice President Patient Services,

and such other officers as the Board may from time to time determine. The appointed officers shall not be members of the Board of Directors and shall not be entitled to vote thereon.

Section 4. Duties of the Chair. The Chair shall call and preside at all meetings of the Board of Directors and shall act as Chair of the Executive Committee and as an ex-officio member of all other committees of the Board of Directors. The Chair may sign, with the Secretary-Treasurer or any other proper officer of the corporation thereunto authorized by the Board of Directors, any deeds, mortgages, bonds, contracts, or other instruments which the Board of Directors has authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by these Amended and Restated By-Laws to some other officer or agent of the corporation, or shall be required by law to be otherwise signed or executed.

Section 5. Duties of the Vice Chair. The Vice Chair shall act as Chair in the absence of the Chair and when so acting, he/she shall have all the powers and authority of the Chair.

Section 6. Duties of the Secretary-Treasurer. The Secretary-Treasurer shall be required or directed to be stated, and to keep a record of all proceedings of the Board of Directors, and to safely and systematically keep all books, papers, records, and documents belonging to the corporation, as in any wise pertaining to the business thereof.

Section 7. Duties of the President/CEO.

A. Selection and General Duties. The Board of Directors shall appoint a qualified hospital CEO. The CEO shall have had actual experience of a suitable kind, nature and duration in hospital experience and preferably will have had formal training in an accredited graduate program in hospital administration. The CEO shall act as president and shall be responsible for the management of the hospital and all its departments subject only to such policies as may be adopted and such orders as may be issued by the Board of Directors or by any of its committees to which it has delegated power for such action. He/she shall act as the "duly authorized representative" of the Board of Directors in all matters in which the Board has not formally designated some other person for that specific purpose. He/she shall be responsible only to the Board of Directors for the proper performance of his/her duties.

B. Specific Authority and Duties of the President/CEO. In addition to the general authority set forth in sub-section A hereof, the authority and duties of the President shall be included in the President/CEO position description.

Section 8. Removal. Any officer elected or appointed by the Board of Directors may be removed by an affirmative vote of nine (9) or more members of the Board of Directors whenever in its judgment the best interests of the hospital would be served thereby, but such removal shall be without prejudice to the contract rights, if any, of the officer so removed.

Section 9. Vacancies. A vacancy in any office because of death, resignation, removal, disqualification, or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.

ARTICLE VII

COMMITTEES

Section 1. Appointments. The Governance Committee at the first regular meeting of the Board of Directors held after the annual meeting (each January) shall recommend the following standing committees for the ensuing year requiring approval of the full Board: Finance Committee; Audit Compliance/Risk Management Committee; Quality Committee, and CEO Evaluation/Compensation Committee. The chairs of all standing committees shall be members of the Board of Directors. Each of said committees shall consist of at least three (3) members including Co-Chairs unless otherwise provided in these Amended and Restated By-Laws. Audit Compliance/Risk Management, and CEO Evaluation/Compensation Committees shall consist entirely of independent directors per IRS definition. Directors may not serve on the Finance Committee and Audit Compliance/Risk Management Committees simultaneously.

Section 2. Ex-Officio Members. The Chair and the President/CEO shall be ex-officio members of each of said committees.

Section 3. Other Committees. The Board of Directors shall have power from time to time to create such committees as it may deem expedient, and to delegate to such committees such duties and powers as may be found necessary for the proper conduct of the affairs of the corporation. The Board of Directors may appoint or delegate to the Chair the authority to appoint members of the corporation to such committees.

Section 4. Attendance/Voting.

A. All Directors may attend any Board Committee meetings, unless held under closed session.

B. Only Committee members can vote during a Committee meeting.

C. Committee meetings requiring only Committee member attendance will be held under closed session.

Section 5. Removal. The Chair of the Board of Directors shall have the power to remove any member of any committee for cause. Proper cause for removal by the Chair of any member of any committee shall include failure to regularly attend the meetings of said committee and for breach of moral turpitude which might tend to bring the corporation into general disrepute.

Section 6. Executive Committee. The Executive Committee shall have a minimum of four members and shall consist of the Chair, Vice Chair, the Secretary-Treasurer and one Class IV director. The Executive Committee is defined immediately following the Annual Member Meeting as part of the Annual Reorganizational Meeting.

A. The Executive Committee shall have power to transact all regular business of the hospital during the period between the meetings of the Board of Directors subject to any prior limitation imposed by the Board of Directors; provided that no action may be taken by the

Executive Committee if such action would require either supermajority or Special Member approval under Article V, Section 8 (B) and (C), if taken by the Board.

B. The Executive Committee is accountable for strategic planning in relation to long-term health care needs of the communities served.

Section 7. Finance Committee. The Finance Committee shall consist of members of the Board with the Secretary-Treasurer as Chair. It shall be the further duty of the Finance Committee to:

A. Maintain general financial oversight of hospital finances, including the corporation's budget, and report to the Board.

(1) Examine monthly financial reports.

(2) Supervise the management of hospital funds.

B. Have the general responsibility to make recommendations to the Board of Directors concerning the purchase of additional property, replacement thereof as well as repair and maintenance of said property and equipment; review all prospective purchases of equipment which exceed a value established by resolution of the Board of Directors; make recommendations as to the acquisition, disposal, repair or maintenance of said property.

Section 8. Audit Compliance/Risk Management Committee. Perform the functions of an Audit Compliance/Risk Management Committee, including the following:

(1) Establish and maintain internal systems, controls and procedures to safeguard the corporation's assets, ensure compliance, avoid fraud and accurately report financial information;

(2) Serve as the liaison, and ensure adequate communication, between the Board of Directors, management and internal and external auditors; and

(3) Select and determine the compensation of the external auditor.

Section 9. Governance Committee. The Governance Committee shall meet as necessary and perform the following:

A. Duties delineated in Article V, Sections 3(A) and (C) and shall nominate officers of the Board of Directors for approval at the Annual Reorganizational meeting of the Board of Directors.

B. Oversees Board orientation, education, self-evaluations and goal setting.

Section 10. Quality Committee. The Quality Committee shall perform the following functions for the corporation:

A. Oversee continuous improvement of quality, safety and patient experience activities for the corporation.

B. Assures implementation of corrective action plans linked to regulatory survey results and sentinel root cause analysis (RCA) events.

Section 11. CEO Evaluation/Compensation Committee. The CEO Evaluation/Compensation Committee shall carryout the following duties annually:

- A. Perform annual CEO evaluation.
- B. Review and approve CEO compensation.
- C. Discuss and set CEO goals and objectives.

ARTICLE VIII

AUXILIARY ORGANIZATIONS

Section 1. Management and Control. The Board of Directors shall have full and complete authority to create auxiliary organizations for such purposes as the Board of Directors may from time to time decide to promote the general welfare of the corporation's hospital and, more particularly, to provide associated services to those persons being treated in the corporation's hospital. All auxiliary organizations shall have such rights and privileges as may be granted from time to time by the Board of Directors.

Section 2. Space and Services. The Board of Directors may provide space and furnish services and supplies to said hospital auxiliary in such manner as the Board may from time to time deem proper.

Section 3. Governance. The members of said hospital auxiliary shall prepare by-laws, rules and regulations setting forth its organization and government. Proposed by-laws, rules and regulations may be recommended to the Board of Directors by said auxiliary, but only those adopted by the Board of Directors shall become effective. Said hospital auxiliary shall at all times function under the direct supervision and control of the Chief Executive Officer.

ARTICLE IX

MEDICAL STAFF

Section 1. Organization, Appointments and Hearings.

A. The Board of Directors shall organize the practitioners granted practice privileges in the hospital into a Medical Staff under Medical Staff by-laws approved by the Board of Directors. The Board of Directors shall consider recommendations of the Medical Staff and appoint to the Medical Staff, in numbers not exceeding the hospital's needs, physicians who meet the qualifications for membership as set forth in the by-laws of the Medical Staff. Each member of the Medical Staff shall have appropriate authority and responsibility for the care of his/her

patients subject to such limitations as are contained in these Amended and Restated By-Laws and in the by-laws, policies and procedures for the Medical Staff and subject, further, to any limitations attached to their appointment.

B. All applications for appointment to the Medical Staff shall be in writing and addressed to the President of the corporation. They shall contain full information concerning the applicant's education, licensure, practice, previous hospital experience, and any unfavorable history with regard to licensure and hospital privileges. Reappointments of the Medical Staff shall be made on a biennial basis.

C. All appointments to the Medical Staff shall be for two years, except Initial Provisional appointments which shall be for a period of at least one (1) year but not more than (2) years. When an appointment is not to be granted or renewed, or when privileges have been (or are proposed to be) denied, reduced, suspended, or terminated, the staff member shall be afforded such procedures as are required by law according to the Medical Staff By-Laws.

Section 2. Medical Care and its Evaluation.

A. The Board of Directors shall, in the exercise of its discretion, delegate to the Medical (and Dental) Staff the responsibility for providing appropriate professional care to the hospital's patients.

B. The Medical Executive Committee shall conduct a continuing review and appraisal of the quality of professional care rendered in the hospital, and shall report such activities and their results to the Board of Directors.

C. Medical Executive Committee shall make recommendations to the Board of Directors concerning: (1)appointments, reappointments, and alterations of staff status, (2)granting of clinical privileges, (3)disciplinary actions, (4)all matters relating to professional competency, and (5)such specific matters as may be referred to it by the Board of Directors.

Section 3. Medical Staff By-Laws. There shall be by-laws, policies & procedures for the Medical Staff, setting forth its organization and government. Proposed by-laws, policies & procedures may be recommended by the Medical Staff, but only those adopted by the Board of Directors shall become effective.

ARTICLE X

INDEMNIFICATION

Section 1. Indemnification.

A. Mandatory Indemnification. The corporation shall, to the fullest extent permitted or required by Sections 181.041 to 181.053, inclusive, of the Wisconsin Nonstock Corporation Law ("Statute"), including any amendments thereto (but in the case of any such amendment, only to the extent such amendment permits or requires the corporation to provide broader indemnification rights than prior to such amendment), indemnify its Directors and Officers against any and all Liabilities, and advance any and all reasonable Expenses, incurred thereby in

a proceeding to which any Director or Officer is a Party because such Director or Officer is a Director or Officer of the corporation. The corporation may indemnify its employees and authorized agents, acting within the scope of their duties as such, to the same extent as Directors or Officers hereunder. The rights to indemnification granted hereunder shall not be deemed exclusive of any other rights to indemnification against Liabilities or the advancement of Expenses which such Director or Officer may be entitled under any written agreement, board resolution, vote of the Members, the Statute or otherwise. All capitalized terms used in this Article IX, Section 1 and not otherwise defined herein shall have the meaning set forth in Section 181.041 of the Statute.

B. Permissive Supplementary Benefits. The corporation may, but shall not be required to, supplement the foregoing right to indemnification against Liabilities and advancement of Expenses under Section 1(a) of this Article by (i) the purchase of insurance on behalf of any one or more of such Directors or Officers whether or not the corporation would be obligated to indemnify or advance Expenses to such Director or Officer under Section 1(a) of this Article, and (ii) entering into individual or group indemnification agreements with any one or more of such Directors or Officers.

C. Private Foundation Limitations. Notwithstanding the foregoing, no indemnification will be permitted to the extent such indemnification would constitute an act of "self-dealing" or is otherwise subject to excise taxes under Chapter 42 of the United States Internal Revenue Code of 1986, as amended, or prohibited under Section 181.77 of the Wisconsin Statutes or any similar successor provisions thereto.

ARTICLE XI

CONTRACTS, CHECKS, DEPOSITS AND FUNDS

Section 1. Contracts. The Board of Directors may authorize any officer or officers, agent or agents of the corporation, in addition to the officers so authorized by these Amended and Restated By-Laws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation, and such authority may be general or confined to specific instances.

Section 2. Checks, Drafts, etc. All checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the corporation, shall be signed by such officer or officers, agent or agents of the corporation and in such manner as shall from time to time be determined by the Board of Directors. In the absence of such determination by the Board of Directors, such instruments shall be signed by the Secretary-Treasurer and countersigned by the President or a Vice President of the corporation.

Section 3. Deposits. All funds of the corporation shall be deposited from time to time to the credit of the corporation in such banks, trust companies, or other depositories as the Board of Directors may elect.

Section 4. Gifts. The Board of Directors may accept on behalf of the corporation any contribution, gift, bequest, or devise for the general purpose or for any special purpose of the corporation.

ARTICLE XII

FISCAL YEAR

The fiscal year of the corporation shall begin on the first day of October and shall end on the last day of September of each year.

ARTICLE XIII

WAIVER OF NOTICE

Whenever any notice is required to be given under the provisions of the Non-Profit Corporation Act of Wisconsin or under the provisions of the Articles of Incorporation or the Amended and Restated By-Laws of the corporation, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

ARTICLE XIV

AMENDMENTS

Section 1. Amendments. These Amended and Restated By-Laws of the corporation may be amended by affirmative vote of a two-thirds majority of the members present at the annual meeting or any special meeting of the corporation, provided that the approvals required by Article V, Section 8 C(1) have been obtained.

Section 2. Review. The Amended and Restated By-Laws of the corporation shall be reviewed by the Board of Directors at least every two years.

KNOW ALL PEOPLE BY THESE PRESENTS: That the undersigned Secretary of the corporation known as STOUGHTON HOSPITAL ASSOCIATION does hereby certify that the above and foregoing Amended and Restated By-Laws were duly adopted by the Members of said corporation, as the Amended and Restated By-Laws of said corporation, on November 26, 2018, and that they do now constitute the Sixth Amended and Restated By-Laws of said corporation.

Date:

Attest: _____

Steve Staton
Secretary/Treasurer

2023 STOUGHTON HEALTH BOARD OF DIRECTORS ROSTER (Revised: 9.15.22)

NAME	OFFICE	HOME ADDRESS	HOME #	WORK ADDRESS	WORK #	CLASSIFICATION*
Olson, Donna fordlo1977@gmail.com	Board Chair	820 Pleasant View Dr. Stoughton, WI 53589	Cell: 608.438.3620			I (2019)
Rusch, Tim rusch75@yahoo.com	Vice Chair	960 Ash Lane Stoughton, WI 53589	Cell: 608.212.6276			III (2020)
Staton, Steve staton.steve@gmail.com	Secretary/Treasurer	456 Orchard Drive Oregon, WI 53575	608.219.0792			I (2017)
Francisco, Margo System VP – Strategy & Business Development margo.francisco@ssmhealth.com AND darcy.kothe@ssmhealth.com	SSM Rep	9055 Bentley Green Verona, WI 53593	262.506.8847	SSM Health Care of Wisconsin Attn: Darcy Kothe 1808 W. Beltline Hwy Madison, WI 53713	608.260.3522	IV (2019)
Kinsella, Matt Regional VP of Finance/CFO matt.kinsella@ssmhealth.com AND darcy.kothe@ssmhealth.com	SSM Alternate		Cell: 314.498.9571	SSM Health Care of Wisconsin Attn: Darcy Kothe 1808 W. Beltline Hwy Madison, WI 53713		IV (2021)
Fendrick, Tom fendrick@earthlink.net AND jean.johnson@edwardjones.com	Director	Send Packets: 2438 Skaalen Road Stoughton, WI 53589	608.873.1623 Cell: 608.225.2403	Tom Fendrick Edward Jones 1609 Hwy 51/138, Ste 102 Stoughton, WI 53589	608.873.8502	I (2017)
Krentz, Kris kkrentz@skaalen.com	Director	2960 County Road A Stoughton, WI 53589	Prefers correspondence at work address	Skaalen Nursing & Rehab Center 400 N. Morris Street Stoughton, WI 53589	608.873.5651	I (2019)
Kruser, Glenn gjkru68@gmail.com	Director	244 Eager Court Evansville, WI 53536	608.882.5161	Retired Physician Assistant SSM Evansville Clinic		III (2022)
Probst, Nick nick.probst@gmail.com	Director	1117 N. Monroe Street Stoughton, WI 53589	Cell: 608.213.8795	Humana Director of Governmental Affairs 44 E. Mifflin Street, Suite 600 Madison, WI 53703		I (2019)
Rawal, Dr. Ashish arawal@stoughtonhealth.com	Medical Staff Rep	818 Silver Sage Trail Middleton, WI 53562	Cell: 773.575.2550			II (2021)
Schwaab, Dr. Aaron aschwaab@stoughtonhealth.com	Chief of Staff	6310 Mourning Dove Dr. McFarland, WI 53558	815.382.2064		608.873.2381	II (2018)
Vanderbilt, Sue sue.vanderbilt@yahoo.com	Director	2146 Colladay Point Drive Stoughton, WI 53589	608.347.9859	Stoughton Trailers 416 S. Academy Street Stoughton, WI 53589		III (2022)
VACANT	SSM Rep					IV (2021)

*Classification year listed is first full year of trustee tenure

2023 STOUGHTON HOSPITAL ASSOCIATION ADMINISTRATION TEAM (Revised: 9.15.22)

NAME	OFFICE	HOME ADDRESS	HOME #	WORK ADDRESS	WORK #
DeGroot, Dan Email: ddegroot@stoughtonhealth.com	President/CEO	1962 Barber Drive Stoughton, WI 53589	920.373.8108	Stoughton Health 900 Ridge Street Stoughton, WI 53589	608.873.2250 FAX: 608.873.2315
Abey, Michelle Email: mabey@stoughtonhealth.com	CFO/V.P. Finance	8710 W. Highway 11 Janesville, WI 53548	608.931.1776	Stoughton Health 900 Ridge Street Stoughton, WI 53589	608.873.2247 FAX: 608.873.2315
Lindfors, Teresa Email: tlindfors@stoughtonhealth.com	Chief Strategy and Business Development Officer	529 Stratford Ct Fort Atkinson, WI 53538	920.723.3493	Stoughton Health 900 Ridge Street Stoughton, WI 53589	608.873.2376 FAX: 608.873.2315
Hermes, Amy Email: ahermes@stoughtonhealth.com	CNO/ V.P. Patient Services	517 Gjertson St Stoughton, WI 53589	608.516.8720	Stoughton Health 900 Ridge Street Stoughton, WI 53589	608.873.2308 FAX: 608.873.2315
Hermes, Mary Email: mhermes@stoughtonhealth.com	Director, Engagement and Experience	1038 Brynhill Drive Oregon, WI 53575	608.712.9546	Stoughton Health 900 Ridge Street Stoughton, WI 53589	608.873.2206 FAX: 608.873.2315
Schmitz, Chris Email: cschmitz@stoughtonhealth.com	V.P. Human Resources & Facility Operations	2210 Colladay Point Drive Stoughton, WI 53589	608.438.1287	Stoughton Health 900 Ridge Street Stoughton, WI 53589	608.873.2396 FAX: 608.873.2315
Mays, Laura Email: lmays@stoughtonhealth.com	Exec. Dir. Foundation / PR & Marketing	1995 Skyline Dr. Stoughton, WI 53589	608.235.0458	Stoughton Health 900 Ridge Street Stoughton, WI 53589	608.873.2248 FAX: 608.873.2315
Polster, Angie Email: apolster@stoughtonhealth.com	Exec Services Coordinator	N2705 Curtis Mill Road Fort Atkinson, WI 53538	262.370.4462	Stoughton Health 900 Ridge Street Stoughton, WI 53589	608.873.2251 FAX: 608.873.2315

Board Composition

Class	Description
I	Six (6) Class I directors elected by the members for three (3) year terms. May serve up to 2 consecutive full terms as a Class I director, and no more than 7 consecutive years as a director, exclusive of partial terms. The director may be reelected after the expiration of 1 calendar year from the time said director vacated office.
II	Two (2) Class II directors (one of whom must be corporation's Chief of Staff) ratified by the full Medical Staff and the Governing Board. Class II directors may serve no more than seven (7) one-year consecutive terms.
III	Two (2) Class III directors appointed by the Board for a one (1) year term - Class III directors may be appointed for successive terms at discretion of Board of Directors and may serve no more than seven (7) consecutive years as a director, exclusive of partial terms.
IV	Two (2) Class IV directors (one alternate board member in case of director absence and not a quorum) appointed by SSM Health Care of WI. Class IV directors may serve unlimited successive terms.

FULL TERM STARTED	Board of Directors										Occupation
	Directors	2017	2018	2019	2020	2021	2022	2023	2024	2025	
2017	Tom Fendrick	III-A	I-E-S/T	I	I-VC	I-C	I-C	I			Financial Advisor, Edward Jones
2017	Steve Staton	III-A	III-A	I-E	I-S/T	I-S/T	I-S/T	I-ST			
2018	Dr. Aaron Schwaab		II-A	II-A	II-A	II-A	II-A	II-A			Chief of Staff (Medical Staff Representative)
2019	Donna Olson			III-A	I-E	I-VC	I-VC	I-C			
2020	Kris Krentz				I-E	I	I	I			Principal, Skaalen Retirement Services
2020	Nick Probst				III-A	I-E	I	I			Legal Counsel, Humana
2021	Tim Rusch					III-A	I-E	I-VC			Former Director of Quality, Nelson Global Products
2021	Glenn Kruser						III-A	I-E			Former PA, SSM Health-Evansville Clinic
2022	Dr. Ashish Rawal						II-A	II-A			Orthopedic Surgeon (Medical Staff Representative)
2022	Sue Vanderbilt*						III-A	I-A			CFO, Stoughton Trailers
2021	Vacant					IV	IV	IV			SSM Health
2019	Margo Francisco			IV	IV	IV	IV	IV			SSM Health
2021	Matt Kinsella					IV (alt)	IV (alt)	IV (alt)			SSM Health

Key:	
PC = Past Chair	S/T = Board Sec/Treas
C = Board Chair	E = Elect
VC = Board Vice Chair	A = Appoint

**Sue Vanderbilt filling vacated director role for remaining 6 year tenure (through 2028)*

Governing Board and Committee Meetings








2023

January						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

October						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

LEGEND:	
	Board of Directors
	Executive Committee
	Governance Committee
	Finance Committee
	Audit Compliance/Risk Mgmt.
	Quality Committee
	CEO Eval./Comp. Committee

February						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

May						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Note: All Governing Board members are invited to attend Executive Committee, Governance Committee and Finance Committee meetings.

March						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

September						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

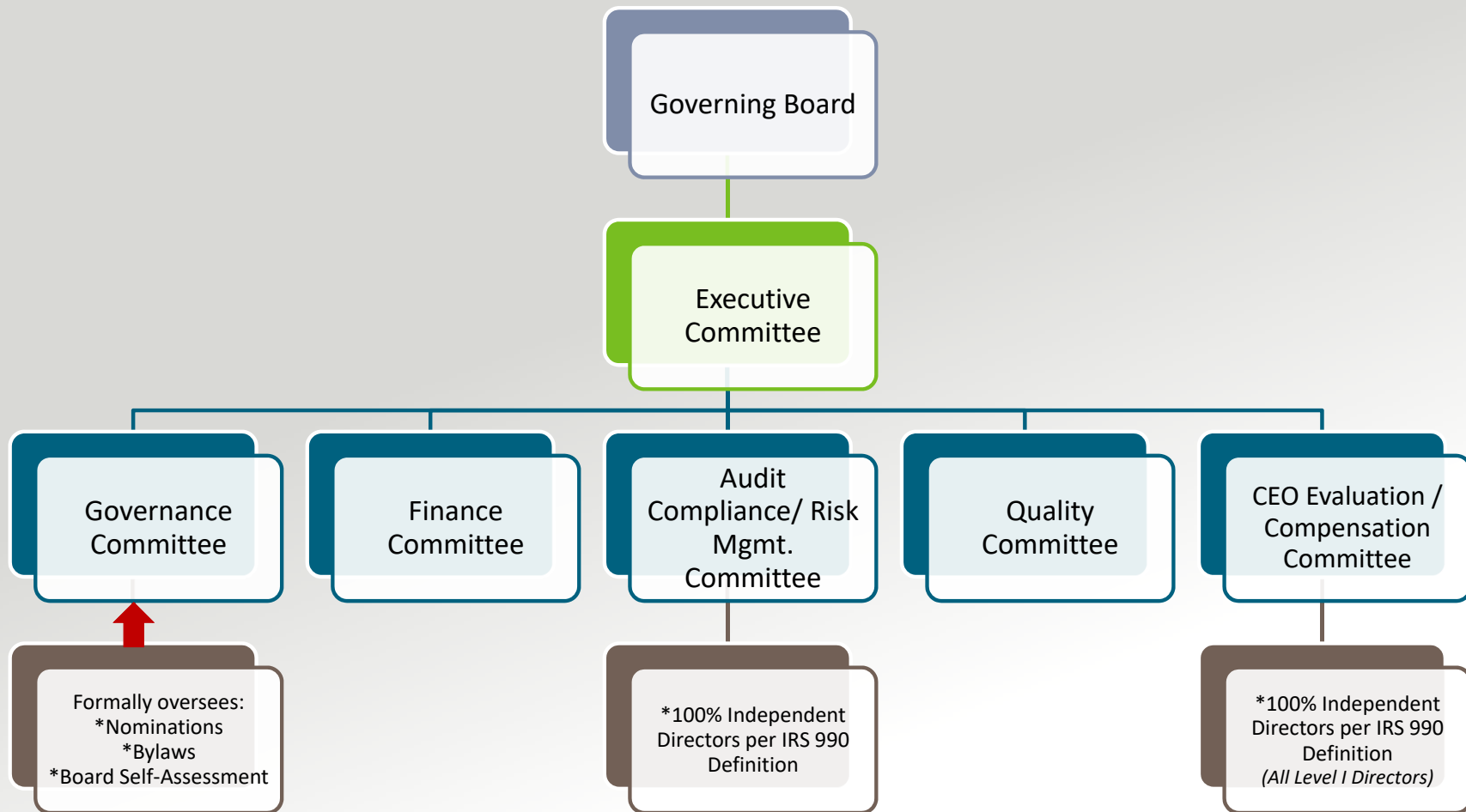
2023 Board Committees

Governing Board of Directors		Committee Function	Meeting Cadence
Chair Vice Chair Sec/Treas SSM Rep SSM Rep SSM Alt Director Director Director Director Director Director	Donna Olson Tim Rusch Steve Staton VACANT Margo Francisco Matt Kinsella Dr. Aaron Schwaab Dr. Ashish Rawal Sue Vanderbilt Kris Krentz Glenn Kruser Nick Probst Tom Fendrick	Overall organizational governance. Assure adherence to organizations mission, vision, values and organizational purpose as defined in Article 1, Section II of SHA bylaws.	4th Wednesday of every other month in BHEC-A: 7:15 a.m. - 9:00 a.m. * November meeting is 5th Wednesday due to Thanksgiving
Executive Committee		Committee Function	Meeting Cadence
Chair Vice Chair Sec/Treas SSM Rep SSM Alt	Donna Olson Tim Rusch Steve Staton Margo Francisco Matt Kinsella Dan DeGroot Michelle Abey	Power to transact all regular business of hospital during period between Board meetings and is subject to any prior limitation imposed by Board of Directors. No action may be taken by Executive Committee if such action would require either supermajority or Special Member approval under Article V, Section 8 (B) and (C), if taken by Board. The Executive Committee is accountable for strategic planning in relation to long-term health care needs of the communities served.	4th Wednesday of every other month in BHEC-A: 7:15 a.m. - 9:00 a.m. * December meeting is on 3rd Wednesday due to Christmas
Governance Committee		Committee Function	Meeting Cadence
Chair Co-Chair SSM Rep SSM Alt	Kris Krentz Glenn Kruser Nick Probst Margo Francisco Matt Kinsella Dr. Aaron Schwaab Donna Olson	Nominate officers of the Board of Directors for approval at Annual Reorganizational meeting of Board of Directors. Oversee Board orientation, education, self-evaluations and goal setting. * Formally oversees nominations, bylaws, and Board self-assessment.	Quarterly on 3rd Thursday: 7:30 a.m. - 8:30 a.m. Jan - Board Orientation Apr - By-Laws Review & Update Jul - Board Self-Evaluation Oct - Nominations
Finance Committee		Committee Function	Meeting Cadence
Chair Co-Chair SSM Rep SSM Alt	Steve Staton Tom Fendrick Donna Olson Margo Francisco Matt Kinsella Dr. Ashish Rawal	Maintain general financial oversight of hospital finances, including corporation's budget, and report to the Board. Examine monthly financial reports and supervise the management of hospital funds. Have the general responsibility to make recommendations to the Board of Directors concerning the purchase of additional property, replacement thereof as well as repair and maintenance of said property and equipment; review all prospective purchases of equipment which exceed a value established by resolution of the Board of Directors. * Must be Secretary/Treasurer * Directors may not serve on Finance and Audit Committees simultaneously.	3rd Friday of the month(three times per year in Bryant Center), and as needed basis: 7:30 a.m. - 9:00 a.m. May - Investment Review Aug - Budget Review Nov - Investment Review

2023 Board Committees

Audit Compliance/Risk Management Committee		Committee Function	Meeting Cadence
Chair Co-Chair	Kris Krentz Sue Vanderbilt Nick Probst	Establish and maintain internal systems, controls and procedures to safeguard the corporation's assets, ensure compliance, avoid fraud and accurately report financial information. Serve as the liaison, and ensure adequate communication between the Board of Directors, management and internal and external auditors. Select and determine the compensation of external auditor. * Directors may not service on Finance and Audit Committees simultaneously. * 100% independent directors per IRS 990 definition.	Twice per year and as needed: * Jun - Selection of auditors, 403b Audit Acceptance, Single Audit Acceptance (if applicable) * Nov - Fiscal Year Financial Audit Review and Acceptance
Quality Committee		Committee Function	Meeting Cadence
Chair Co-Chair	Donna Olson Sue Vanderbilt Glenn Kruser	Oversee continuous improvement of quality, safety and patient experience activities for corporation. Assure implementation of corrective action plans linked to regulatory survey results and sentinel root cause analysis (RCA) events.	Monthly on the 4th Tuesday 9:00 a.m. - 12:00 p.m.
CEO Evaluation/Compensation Committee		Committee Function	Meeting Cadence
Chair Co-Chair SSM Rep	Donna Olson Tim Rusch Margo Francisco	Perform annual CEO evaluation, review and approve CEO compensation, and discuss and set CEO goals and objectives. * Different directors on Executive Compensation than Finance Committee. * 100% independent directors per IRS 990 definition.	Annually in January
Governing Board Liaison to Foundation Board			
Director	Tim Rusch		

Proposed Board Committee Structure



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

**STOUGHTON HEALTH
SERVICES AND FINANCIAL REPORTS**

August 31, 2022

**STOUGHTON HEALTH
FINANCIAL AND SERVICES REPORTS
August 31, 2022**

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Stoughton Health
August 2022 Operational Executive Summary

Situation: August operating income was \$686,757 which was more than the budget of \$94,233 by \$592,524. August excess of revenues over expenses is \$429,580, which is \$271,742 above the budget of \$157,838. Year-to-date operating income is \$7,858,713 which is better than budget by \$5,232,432 and year-to-date excess of revenues over expenses is \$7,266,885 which is \$3,940,946 better than budget.

Background:

Balance Sheet

- Days cash on hand was 422 days at the end of August (line 33 on pg 7) which is over the budgeted days cash on hand of 376. \$360,000 of the CMS advanced payments were repaid during the month. These funds are all due back to CMS Medicare on September 15th. The remaining liability is \$1,344,814 as of August 31, 2022 (line 22 on pg 7).
- The estimated third party payer settlements liability has increased by \$827,000 in the first eleven months of fiscal year 2022. This liability represents the estimated amount which Stoughton Health anticipates it's being overpaid on Medicare claims and potential amounts due upon cost report audit settlement. This liability fluctuates with changes in the payer mix and distribution of expenses.

Income Statement

- Outpatient gross revenues were significantly ahead of budget for the month of August by approximately \$2,622,000. The areas seeing the most significant gross revenue variances over budget were Medical imaging— specifically CT and general imaging (~\$664,000), Emergency Room including urgent care in Oregon & McFarland (~\$839,000), Laboratory (~\$387,000) and Echocardiogram (~\$116,000). Volumes continue to be stronger than anticipated in many outpatient areas.

Surgical Services was (2) cases or (1.5%) below budget for the month. Year-to-date total procedures are very close to budget, though the mix of cases is different than budgeted, resulting in lower gross revenues than budgeted for the surgical services area. The table below shows surgical services by service line:

Specialty	YTD FY21	YTD FY22	% Change from LY	Budget	% Change from Budget
Orthopedics	214	285	33%	294	-3%
Urology	6	6	0%	11	-45%
General	223	225	1%	253	-11%
Ophthalmology (Phaco)	201	202	0%	265	-24%
Podiatry	51	68	33%	88	-23%
Dental	196	145	-26%	207	-30%
ENT	29	32	10%	43	-26%
Total OR Procedures	920	963	5%	1161	-17%
GI Endoscopy	391	562	44%	366	54%
Total Surgical Procedures	1311	1525	16%	1527	0%

- Purchased services expense (pg 8 line 15) was higher than budget by approximately (\$134,000) which is primarily the result of agency staff use was (\$83,000) higher than budget for the month. In

addition, echocardiogram (~\$11,000) and ultrasound (~\$17,000) 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 61.7% for the month vs a budgeted contractual discount of 60.5%, resulting in a net revenue decrease from budget of approximately (\$164,000).
- Unrealized gains (losses) on investments (pg 8 line 24) were (\$335,000) 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 August resulting in gross patient revenues being approximately \$2.4M 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
August 31, 2022**

Variance Key: Better than (worse than) budget

INCOME STATEMENT		Current Mo. August	Current Mo. Budget	Current Mo. Variance	YTD August	YTD Budget	YTD Variance	YTD Prior Year
Line	REVENUE:							
	Patient service revenues:							
1	Inpatient	\$ 1,581,497	\$ 1,755,587	\$ (174,090)	\$ 18,965,788	\$ 19,091,718	\$ (125,930)	\$ 16,483,135
2	Outpatient	11,686,995	9,064,826	2,622,169	118,469,570	99,577,314	18,892,256	94,412,051
3	Total gross patient service revenues	13,268,492	10,820,413	2,448,079	137,435,358	118,669,032	18,766,326	110,895,186
4	Deductions from revenue (incl bad debts)	(8,345,677)	(6,687,876)	(1,657,801)	(85,678,603)	(73,346,896)	(12,331,707)	(68,029,606)
5	Net patient service revenue	4,922,815	4,132,537	790,278	51,756,755	45,322,136	6,434,619	42,865,580
6	Other income	171,712	135,247	36,465	2,228,480	1,827,703	400,777	1,958,157
7	Total revenues	5,094,527	4,267,784	826,743	53,985,235	47,149,839	6,835,396	44,823,737
	EXPENSES:							
8	Salaries	1,717,112	1,690,754	(26,358)	17,559,102	17,340,588	(218,514)	16,800,562
9	Fringe benefits	323,543	411,827	88,284	3,836,465	4,510,779	674,314	4,022,671
10	Supplies and other	2,077,263	1,776,852	(300,411)	21,541,747	19,434,858	(2,106,889)	17,786,133
11	Interest	33,217	36,590	3,373	383,013	416,200	33,187	498,548
12	Depreciation and amortization	256,635	257,528	893	2,806,195	2,821,133	14,938	2,888,302
13	Total expenses	4,407,770	4,173,551	(234,219)	46,126,522	44,523,558	(1,602,964)	41,996,216
14	Operating income	686,757	94,233	592,524	7,858,713	2,626,281	5,232,432	2,827,521
15	Investment income	38,002	19,848	18,154	311,442	218,324	93,118	608,766
16	Unrealized gains (losses) on investments	(310,163)	24,707	(334,870)	(1,146,389)	271,780	(1,418,169)	1,198,416
17	Interest in earnings of MRI Joint Venture	14,984	19,050	(4,066)	243,119	209,554	33,565	236,842
18	Other non-operating	-	-	-	-	-	-	4,064,937
19	Excess of revenue over expenses	\$ 429,580	\$ 157,838	\$ 271,742	\$ 7,266,885	\$ 3,325,939	\$ 3,940,946	\$ 8,936,482
	BALANCE SHEET	08/31/22	09/30/21				YTD August	09/30/21
20	Cash & short-term investments	\$ 33,364,610	\$ 33,873,549					
21	A/R (net)	7,225,299	6,759,089					
22	Total current assets	42,056,648	41,950,841				5,892,656	4,628,345
23	Certificates of deposit	8,000,000	7,000,000					
24	Investments	10,672,692	10,629,724					
25	Property & equipment (net)	26,408,584	27,237,551				(1,987,105)	(1,503,805)
26	Other assets	13,352,969	9,543,572				(2,173,474)	767,988
27	Total assets	92,490,893	89,361,688					
28	Current liabilities	8,941,117	10,858,317					
29	Long-term debt	8,730,954	10,923,308				(2,340,424)	(1,298,318)
30	Other long-term liabilities	402,980	431,106					
31	Total liabilities	18,075,051	22,212,731					
32	Net assets	74,415,842	67,148,957					
33	Total liabilities & net assets	92,490,893	89,361,688				(508,939)	2,638,046
	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						33,873,549	31,235,503
	Cash, ending						33,364,610	33,873,549
	RATIOS	FY20	FY21	Jun-22	Jul-22	Aug-22	FY22 Budget	2021 RWHC CAH Avg
34	Current Ratio	3.2	3.9	5.2	4.6	4.7	7.4	4.1
35	Operating Margin-Current Month			14.9%	13.7%	13.5%		
36	Operating Margin YTD	2.3%	5.1%	14.8%	14.7%	14.6%	5.4%	7.2%
37	Total Margin YTD	3.7%	22.7%	12.6%	13.8%	13.3%	6.9%	16.6%
38	Days in Accounts Receivable (net)	40	53	41	45	47	43	52
39	Days in Accounts Receivable (gross)	43	52	40	44	46		
40	Days Cash & Investments on Hand	446	431	417	423	422	376	343
41	Long-term Debt to Equity	0.29	0.16	0.12	0.12	0.12	0.12	0.52
42	Debt Service Coverage (YTD) >1.25	2.6	9.2	6.0	6.4	6.2	4.5	8.1
	STATISTICS	FY20	FY21	Jun-22	Jul-22	Aug-22	YTD August	FY22 Budget
43	Inpatient Days	4,053	3,658	263	323	306	3,424	4,308
44	Adjusted Patient Days (APD)	18,121	24,148	2,179	2,329	2,567	24,812	26,911
45	Net revenue per APD	\$2,314	\$1,938	\$2,228	\$2,017	\$1,918	\$2,086	\$1,585
46	FTE's	221.9	227.2	234.8	235.7	248.2	237.8	241.0
47	FTE's per Adjusted Occupied Bed	4.5	3.3	3.2	3.1	3.0	3.2	3.3
48	Avg # of payroll checks per pay period	327	311	323	322	330	320	
49	Salaries per APD	\$935	\$761	\$744	\$682	\$669	\$708	\$705
50	Benefits per APD	\$269	\$179	\$160	\$155	\$126	\$155	\$184
51	Other Expenses per APD	\$1,131	\$959	\$1,069	\$949	\$909	\$981	\$903

**STOUGHTON HEALTH
SERVICES SUMMARY
for the eleven months ended August 31, 2022**

INPATIENT SERVICES

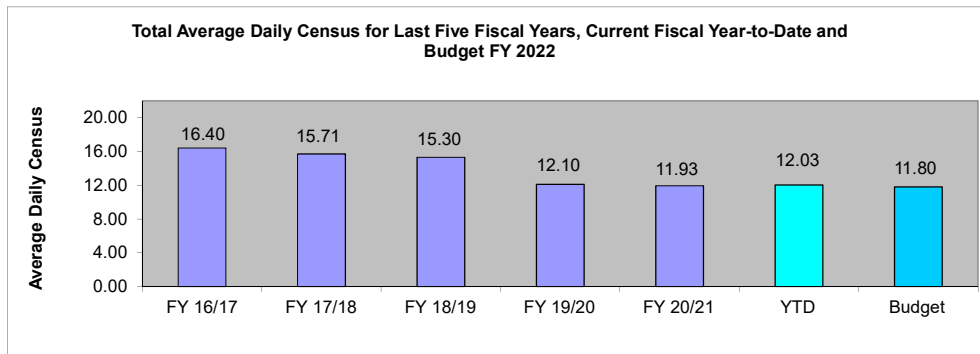
In August, inpatient admissions (including observation patients) averaged 3.23 admissions per day which was below budget by (0.83) admissions per day or (20.4%). Year-to-date inpatient admissions are (0.57) admissions per day or (15.3%) below prior year.

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	1.16	1.12	1.09
0.47	0.54	0.45	0.37	0.29	Surgical	0.42	0.33	0.26
0.12	0.07	0.18	0.10	0.11	Detoxification	-	0.06	0.10
0.63	0.75	1.67	1.40	1.77	Observation	1.29	1.22	2.08
0.19	0.13	0.13	0.07	0.06	Swing Bed	-	0.04	0.07
0.16	0.09	0.10	0.08	0.08	Intensive Care	0.10	0.11	0.05
0.42	0.44	0.36	0.28	0.27	Geriatric Psychiatric	0.26	0.28	0.41
3.44	3.32	4.01	3.52	3.73	Average Admissions per day	3.23	3.16	4.06

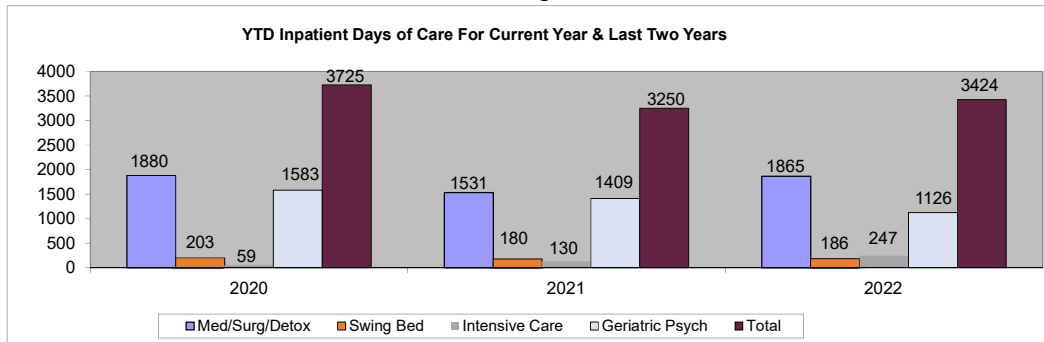
The overall average daily census in August was 11.76 which is below the budgeted average daily census of 11.80 and below the prior year average daily census of 11.93. Inpatient Average Daily Census numbers for the past thirteen months, year-to-date for Fiscal 2022, budget and prior year averages are shown in the following chart:

	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	JUL 2022	AUG 2022	CURRENT FISCAL 2022 BUDGET	PRIOR FISCAL YR	
Medical / Surgical Unit	6.61	6.67	6.61	8.27	7.90	3.55	4.14	6.55	3.77	4.13	4.73	6.29	5.16	5.57	2.95	4.74
Observation	2.71	1.47	2.26	1.78	1.64	1.16	1.57	1.62	2.30	2.45	1.17	1.91	1.89	1.80	1.90	1.91
Swing Bed	0.48	0.77	0.00	0.00	0.29	1.39	1.21	1.16	0.67	0.97	0.30	0.16	0.00	0.56	0.55	0.56
Intensive Care Unit	0.16	1.20	1.71	1.47	1.13	1.03	0.43	0.26	0.73	0.39	0.63	0.03	0.29	0.74	0.27	0.45
Geriatric Psychiatry Unit	5.77	4.97	3.71	3.00	2.58	2.61	3.64	3.61	3.53	2.84	3.10	3.94	4.42	3.36	6.13	4.27
	15.73	15.08	14.29	14.52	13.54	9.74	10.99	13.20	11.00	10.78	9.93	12.33	11.76	12.03	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 eleven months ended August 31, 2020, 2021 and 2022 are as follows:



**STOUGHTON HEALTH
SERVICES SUMMARY
for the eleven months ended August 31, 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	3.00	2.66	2.28
2.86	2.68	2.54	1.68	0.29	Surgical	0.38	0.38	0.29
5.42	6.47	9.28	9.12	9.59	Swing Bed	-	19.00	9.45
7.00	5.85	2.50	2.73	9.64	Intensive Care	-	3.33	7.36
2.63	3.18	2.48	2.22	2.94	Detoxification	-	3.19	2.95
2.36	2.27	3.47	4.09	3.38	Hospice Acute	-	3.27	3.36
19.57	16.86	11.46	13.28	12.31	Geriatric Psychiatric	14.38	10.76	12.33
5.40	5.81	4.35	4.29	3.84		4.05	3.69	4.22

OUTPATIENT SERVICES

Outpatient/Emergency services averaged 180.56 visits per day in August which was 28.74 visits per day or 18.9% above budget for the month. Year-to-date Outpatient/Emergency services is 39.07 visits or 29.9% 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	16.45	16.96	13.53
37.17	35.44	41.67	37.02	34.06	Urgent Care - Stoughton	60.90	53.98	41.67
9.62	8.67	8.11	6.47	6.30	Urgent Care - Oregon	8.77	8.20	8.11
-	-	-	-	2.11	Urgent Care - McFarland	12.58	10.95	14.40
3.92	3.03	2.76	2.95	3.20	Ambulatory Infusion	2.19	2.76	2.73
3.75	3.87	3.71	3.12	3.72	Surgical	4.19	4.34	3.58
0.71	0.98	1.02	0.68	1.04	Sleep Lab	0.90	0.79	1.16
29.01	28.56	29.67	23.79	30.60	PT - SWAC/Hosp Rehab	36.03	34.78	30.41
20.34	20.49	20.94	15.42	19.82	PT - Oregon	20.87	19.36	19.73
11.23	12.30	13.25	9.48	15.27	Rehabilitation - Other	17.68	17.64	16.50
129.48	126.86	134.74	112.29	130.69	Average Visits per day	180.56	169.76	151.82

DIAGNOSTIC SERVICES

Diagnostic services (laboratory & medical imaging areas) averaged 258.55 service units per day in August which was 11.54 units or 4.7% above budget. Year-to-date diagnostic services are 24.93 service units per day or 10.1% 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	191.52	204.87	195.68
23.24	23.17	21.55	20.53	20.57	Medical Imaging	25.61	26.18	18.40
3.79	4.98	6.12	5.73	8.16	Mammography	9.84	8.59	7.83
8.48	9.09	10.64	11.01	11.62	CT	15.42	14.65	10.97
1.17	1.42	1.82	1.42	2.96	Echocardiogram	4.32	4.85	2.24
5.77	5.76	5.94	4.88	5.92	Ultrasound	6.29	6.73	5.23
0.81	0.98	0.80	0.61	0.94	Nuclear Medicine	1.52	1.29	0.78
3.07	3.68	3.76	4.04	4.87	MRI	4.03	4.89	5.88
228.14	248.75	239.91	224.53	247.12	Average Service Units per Day	258.55	272.05	247.01

**STOUGHTON HEALTH
SERVICES SUMMARY
for the eleven months ended August 31, 2022**

GENERAL SURGERY SERVICES

In August, the General Surgery clinic had a total of 165 visits for the month which was 45.00 visits or 37.5% above the prior month but below budget by (113.00) visits or (40.6%).

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	89	184	59	905	1,904
0	0	0	15	41	General Surgery Clinic Visits - Virtual	12	0	3	40	0
255	386	918	879	701	Wound Clinic Visits	64	94	58	637	929
1,127	1,312	2,109	1,975	1,743	Total Clinic Visits	165	278	120	1,582	2,833

Dr. Aaron Schwaab, General Surgeon, had 16 surgical cases in August. Inpatient cases were (1) case or (100.0%) below budget for the month and outpatient cases were below budget by (7) cases or (30.4%).

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	1	1	20	14
191	234	247	212	218	Outpatient Surgical Cases	16	23	12	184	238
240	257	277	238	242	Total Surgical Cases	16	24	13	204	252

ORTHOPEDIC SERVICES

During the month of August, the OrthoTeam Clinic (Stoughton and Madison) had 385 visits and averaged 16.7 visits per clinic day. August visits were 4 visits or 1.0% 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	346	381	232	2,969	3,630
0	0	0	261	106	OrthoTeam Clinic Visits - Virtual	39	0	50	360	0
2,122	2,453	2,497	3,263	1,595	Total OrthoTeam Visits	385	381	282	3,329	3,630

OrthoTeam had 29 surgical cases in August. Inpatient cases were below budget by (3) cases or (60.0%) for August. Outpatient cases were above budget by 6 cases or 28.6% for the month of August.

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	2	5	5	27	57	(30)
42	46	116	109	197	Outpatient Surgical Cases	27	21	15	232	237	(5)
178	197	267	261	242	Total Surgical Cases	29	26	20	259	294	(35)

CARDIOLOGY SERVICES

The Cardiology Clinic opened in July 2021. It had 31 total visits in the month of August.

**STOUGHTON HEALTH
BALANCE SHEET
August 31, 2022**

Line	ASSETS	8/31/2022	Audited 9/30/2021
	Current Assets		
1	Cash and cash equivalents	\$ 33,364,610	\$ 33,873,549
2	Patient accounts receivable, net of allowances	7,225,299	6,759,089
3	Supplies	571,234	536,876
4	Other current assets	895,505	781,327
5	Total current assets	42,056,648	41,950,841
	Assets Limited as to Use		
6	Certificates of deposit	8,000,000	7,000,000
7	Board designated and other	10,672,692	10,629,724
		18,672,692	17,629,724
8	Property and equipment	64,664,420	62,869,570
9	Less accumulated depreciation	(38,255,836)	(35,632,019)
10	Net property and equipment	26,408,584	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	3,000,234	-
13	Investment in Stoughton Hospital Imaging LLC	1,162,516	1,169,397
14	Total assets	\$ 92,490,893	\$ 89,361,688

LIABILITIES AND NET ASSETS

	Current Liabilities		
15	Current portion of long-term debt	\$ 1,195,055	\$ 1,317,080
16	Accounts payable	1,284,179	1,105,863
17	Accrued salaries and related withholdings	1,065,450	1,061,195
18	Accrued vacation compensation	1,230,434	1,193,641
19	Accrued interest	30,849	37,109
20	Other current liabilities	106,005	102,881
21	Refundable advance - COVID Provider Relief Funds	407,331	-
22	CMS advance payments, current portion	1,344,814	4,590,548
23	Estimated third-party payor settlements	2,277,000	1,450,000
24	Total current liabilities	8,941,117	10,858,317
25	Deferred compensation liability	402,980	431,106
26	Long-term debt, net of current portion	8,730,954	10,923,308
27	Total liabilities	18,075,051	22,212,731
	Net Assets		
28	Without donor restrictions	72,888,230	65,621,345
29	With donor restrictions	1,527,612	1,527,612
30	Total net assets	74,415,842	67,148,957
31	Total liabilities and net assets	\$ 92,490,893	\$ 89,361,688

	Budget			
32	Days revenue in accounts receivable	43	47	53
33	Days cash on hand, all unrestricted sources	376	422	431
34	Current Ratio	7.4	4.7	3.9
35	Age of Plant	13.1	12.5	11.3

**STOUGHTON HEALTH
INCOME STATEMENT
For the eleven months ended August 31, 2022**

Variance Key: Better than (worse than) budget

Line	Current Month			Year to Date			Year to Date LAST YEAR	
	August	Budget	Variance	TOTALS	Budget	Variance		
REVENUES								
Patient service revenue:								
1	Inpatient	\$ 1,581,497	\$ 1,755,587	\$ (174,090)	\$ 18,965,788	\$ 19,091,718	\$ (125,930)	\$ 16,483,135
2	Outpatient	11,686,995	9,064,826	2,622,169	118,469,570	99,577,314	18,892,256	94,412,051
3	Gross patient charges	13,268,492	10,820,413	2,448,079	137,435,358	118,669,032	18,766,326	110,895,186
4	Contractual discounts and allowances	(8,187,246)	(6,542,546)	(1,644,700)	(83,785,177)	(71,753,047)	(12,032,130)	(66,435,863)
5	Charity care	(31,431)	(29,670)	(1,761)	(511,426)	(325,391)	(186,035)	(314,343)
6	Provision for bad debts	(127,000)	(115,660)	(11,340)	(1,382,000)	(1,268,458)	(113,542)	(1,279,400)
7	Patient service revenue	4,922,815	4,132,537	790,278	51,756,755	45,322,136	6,434,619	42,865,580
8	Other operating revenue	82,249	65,052	17,197	831,509	715,567	115,942	847,523
9	Contributions	11,579	393	11,186	629,615	344,318	285,297	340,970
10	Rental income	77,884	69,802	8,082	767,356	767,818	(462)	769,664
11	TOTAL REVENUES	5,094,527	4,267,784	826,743	53,985,235	47,149,839	6,835,396	44,823,737
12	Salaries	1,717,112	1,690,754	(26,358)	17,559,102	17,340,588	(218,514)	16,800,562
13	Employee benefits	323,543	411,827	88,284	3,836,465	4,510,779	674,314	4,022,671
14	Professional fees	522,691	516,440	(6,251)	5,715,824	5,733,564	17,740	5,082,977
15	Purchased services	651,181	517,111	(134,070)	6,823,293	5,655,905	(1,167,388)	5,530,429
16	Supplies	677,179	526,287	(150,892)	6,753,984	5,814,630	(939,354)	5,184,606
17	Interest	33,217	36,590	3,373	383,013	416,200	33,187	498,548
18	Administrative and general	205,997	196,973	(9,024)	2,044,409	2,016,570	(27,839)	1,818,633
19	Insurance	20,215	20,041	(174)	204,237	214,189	9,952	169,488
20	Depreciation and amortization	256,635	257,528	893	2,806,195	2,821,133	14,938	2,888,302
21	Total expenses	4,407,770	4,173,551	(234,219)	46,126,522	44,523,558	(1,602,964)	41,996,216
22	Operating income (loss)	686,757	94,233	592,524	7,858,713	2,626,281	5,232,432	2,827,521
Other income (loss):								
23	Investment income (loss) - realized	38,002	19,848	18,154	311,442	218,324	93,118	608,766
24	Unrealized gains (losses) on investments	(310,163)	24,707	(334,870)	(1,146,389)	271,780	(1,418,169)	1,198,416
25	Earnings (loss) in Sto Hosp Imaging	14,984	19,050	(4,066)	243,119	209,554	33,565	236,842
26	Other gains (losses)	-	-	-	-	-	-	-
27	Forgiveness of Refundable Advance - PRF	-	-	-	-	-	-	-
28	Forgiveness of Paycheck Protection Program Loan	-	-	-	-	-	-	4,064,937
29	Excess of revenues over expenses	\$ 429,580	\$ 157,838	\$ 271,742	\$ 7,266,885	\$ 3,325,939	\$ 3,940,946	\$ 8,936,482
30	<i>Operating Margin</i>	<i>13.5%</i>	<i>2.2%</i>		<i>14.6%</i>	<i>5.6%</i>		<i>6.3%</i>
31	<i>Total Margin</i>	<i>8.3%</i>	<i>3.7%</i>		<i>13.3%</i>	<i>7.0%</i>		<i>18.0%</i>
32	<i>Adjusted Patient Days</i>	<i>2,567</i>	<i>2,247</i>		<i>24,812</i>	<i>24,647</i>		<i>22,854</i>
33	<i>Net revenue per APD</i>	<i>\$ 1,918</i>	<i>\$ 1,839</i>		<i>\$ 2,086</i>	<i>\$ 1,839</i>		<i>\$ 1,876</i>
34	<i>Salaries per APD</i>	<i>\$ 669</i>	<i>\$ 752</i>		<i>\$ 708</i>	<i>\$ 704</i>		<i>\$ 735</i>
35	<i>Benefits per APD</i>	<i>\$ 126</i>	<i>\$ 183</i>		<i>\$ 155</i>	<i>\$ 183</i>		<i>\$ 176</i>
36	<i>Supplies per APD</i>	<i>\$ 264</i>	<i>\$ 234</i>		<i>\$ 272</i>	<i>\$ 236</i>		<i>\$ 227</i>

STOUGHTON HEALTH
STATEMENT OF CHANGES IN NET ASSETS
For the eleven months ended August 31, 2022

	8/31/22	Audited 9/30/21
Unrestricted net assets:		
Excess (deficit) of revenues over expenses	7,266,885	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	7,266,885	13,620,603
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	-	71,097
Increase (decrease) in net assets	7,266,885	13,691,700
Net assets, beginning	67,148,957	53,457,257
Net assets, ending	74,415,842	67,148,957

STOUGHTON HEALTH
STATEMENT OF CASH FLOWS
For the eleven months ended August 31, 2022

	Current Month	YTD August	Audited 9/30/2021
Cash Flows From Operating Activities			
Increase (decrease) in net assets	\$ 429,580	\$ 7,266,885	\$ 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	256,635	2,806,195	3,150,926
Amortization of debt issuance costs	2,367	26,045	30,501
Net realized and unrealized gains and losses on investments	305,505	1,130,505	(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	(14,984)	(243,119)	(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	(349,041)	(466,210)	(2,143,837)
Supplies	17,254	(34,358)	157,584
Estimated third-party payor settlements	87,000	827,000	1,575,000
Other current / non-current assets	19,229	(3,114,412)	(107,491)
Refundable advance - provider relief funds (forgiven)	-	407,331	(5,023,434)
CMS advanced payments	(359,567)	(3,245,734)	(1,237,502)
Accounts payable, accrued expenses and other current liabilities	178,832	272,652	273,012
Net cash provided by (used in) operating activities	572,810	5,892,656	4,628,345
Cash Flows From Investing Activities			
Acquisition of property and equipment	(35,826)	(1,987,105)	(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	(241,402)	(12,116,907)	(11,603,172)
Sales/Proceeds from maturities of assets limited as to use	237,920	9,943,433	12,371,160
Net cash provided by (used in) investing activities	(39,308)	(4,160,579)	(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	(115,487)	(2,340,424)	(1,298,318)
Restricted contributions and grants	-	183,956	194,812
Net cash provided by (used in) financing activities	(115,487)	(2,241,016)	(1,254,482)
Net increase (decrease) in cash	418,015	(508,939)	2,638,046
Cash, beginning	32,946,595	33,873,549	31,235,503
Cash, ending	\$ 33,364,610	\$ 33,364,610	\$ 33,873,549

SBAR – Laboratory Chemistry Project – FY2023

Situation:

The laboratory currently has one chemistry analyzer, The Abbott Architect ci4100, is an integrated platform (c4000 and si1000 models) that process both general chemistry and immunochemistry simultaneous from a single sample tube. This systems is >8 years old, which is the typical life expectancy for these types of analyzers, and we have seen an increase in instrument issues, downtime, and service calls.

Background:

The laboratory currently has the one integrated chemistry analyzer. The Immunochemistry side, the i1000, was purchased in Sept 2012 (10 years old) while the chemistry side of the system, c4000, was purchased in Sept 2014 (8 years old). At that time, the two systems were integrated. The analyzer is responsible for running 48 different assays and approximately 70% of our overall testing volumes. 126,067 individual assays run in past 12 months.

Overall our analyzer has performed well over the years; averaging about 3 services calls annually in prior years. This is at or below the standard for these machines. As the instrument has aged, we are starting to see an increase is service calls and downtime (See details below).

Due to our laboratory's size and volumes, we have minimal internal backup testing when our system is down. We have backup testing for 7 of the 48 assays, we run on the system. All other testing must be sent to SSM-St Mary's Madison while the instrumentation is down; resulting in delays up to 2 or 3 hours for STAT testing and 24 hrs for routine tests.

Analysis:

Current Analyzer Performance / Service Calls (Downtime)

Before 2021 average about 3 per year.

2021 – 2 service calls.

2022 – 6 service calls since Dec 25th 2021.

Instrument downtimes in 2022 have ranged from 30 min up to 2 days. Average downtime for service calls are 24 hrs

We have also seen an increase in minor variability in our daily quality controls.

Alternatives if not funded:

If this project were not approved, we would continue to use our current system as long as possible. Per Abbott technical support, they are able to maintain the system and would be able to keep it running, but acknowledge that they do see increases in service calls and downtime as the instruments age. We are already seeing this trending with our system. This is a challenge for us because we only the one system so down time is especially an issue for us.

Potential Vendors:

We are currently evaluating 4 potential vendors who offer an integrated platform that would meet the needs of Stoughton Health. We are evaluating each system clinically and financially.

- Abbott Alinity (SSM's primary vendor)
- OrthoClinical 7600
- Siemens Dimension ELX
- Roche Cobas

Cost Assumption/Financial Evaluation:

The overall cost of the project will be related to initial capital investment and startup. Since this project is for replacement, the ongoing operating costs would be very similar to our current spend for reagents, supplies, and service agreement, and will be closely compared as part of the project's financial analysis. Initial capital costs are ranging between \$200,000 and \$250,000 depending on vendor. This does not include EPIC integration costs.

Clinical Evaluation/Test Menu:

Newer laboratory platforms will offer us a number of potential advantages that can improve the result quality and patient safety:

- Increased reagent stability and the potential for new and improved assays such ammonia levels to monitor liver failure and a next generation high sensitive troponin for cardiac injury. These assays would help to improve patient care and outcomes.
- Improved internal and remote systems monitoring that will alert us to potential issues before causing extended downtime.
- Improved monitoring of samples quality and quality control data helping to ensure accurate timely results.

Recommendation:

Request the Governing Board approve FY2023 budgeted capital expenditures of not to exceed \$275,000 to replace the chemistry system with a new integrated Chemistry/Immunochemistry Analyzer within the next fiscal year.

340B IN ACTION

Stoughton Health

Stoughton, Wisconsin



The 340B prescription drug program is a vital lifeline for providers supporting critical health services in our communities. The program is tailored to reach hospitals that provide a high level of services to low-income individuals or that serve rural communities. Savings from the 340 B program help hospitals meet the healthcare needs of underserved patients across the country. Congress should preserve and protect the 340 B program as an essential part of the safety-net that does not rely on taxpayer dollars.

340B by the Numbers:

\$338,000	\$363,916
Uncompensated Care provided for Fiscal Year 2021 Not including our \$1.9M Medicaid Unreimbursed costs	Saved in Fiscal Year 2021 through participation in the 340B program
\$917,000	
Of subsidized Geriatric Health Services	

The 340B Impact in Our Community:

Stoughton Hospital is a Critical Access Hospital with 10 Geriatric Psychiatry beds. Our mission is to provide safe, quality health care with exceptional personalized service. The 340B program plays an important role in our success as a hospital.

We use our 340B savings to:

- Promote, educate, and support Dementia friendly initiatives (ie Memory Café) within our community, county, and state. We were the first Dementia friendly hospital in the state of Wisconsin.
- Provide one of two geriatric psychiatry units in the State of WI which serves patients from 14 different counties. The unit is a mission driven program that runs at a loss for us due to the reimbursement methodology.
- Serve the uninsured and underinsured patients in our primary service area of Stoughton, Evansville, Edgerton, and Oregon along with surrounding areas.
- Implement new clinical programs aimed at improving safety and care for our patients.
- Provide health and wellness services and education to the communities we serve.
- Support to Neighborhood Free Health Clinic that helps uninsured in Stoughton and surrounding communities.

**Stoughton Hospital Medical Care Evaluation Committee Report to MEC/Board of Directors
August 16, 2022**

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

Agenda Item (Facilitator)	Discussion	Follow Up Action																																																															
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Approval of June meeting minutes	Dr. Schwaab moved to approve. Dr. Rawal seconded the motion. All approved	Minutes approved.																																																															
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Consent agenda items: Dr. Schwaab moved to approve the consent agenda items. Dr. Rawal seconded the motion. All approved																																																																	

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Committee Reports: June CI Council, July CI Council,	In follow-up to last meeting, BMI over 60 was added to the ED checklist. CI Council will become the BOD Quality Committee with three Trustees as members. The cadence tools etc will remain the same. We have some exceptional talent on the board with lean/six-sigma/ISO-9000 knowledge and experience and having that presence will be beneficial. DNV is expected in September. After that visit, a letter will be sent to Joint Commission, thanking them for their service and ending that relationship.	
Medical Imaging Reports: MRI Utilization, Radiologist Accuracy Reports-Jan-Jun		
Lab: Lab Quality Reports April-June.	Lab issues discussed. There is a capital request item for a second analyzer for next year.	Memo to Lab Manager.
Utilization Reports: Surgical Services Procedures & AIC Visits/Treatments; GeriPsych Percent Occupancy; Average Hours per Inpatient Stay	Numbers are up in all departments, G/P still has a cap of 8 patients.	
Organ/Tissue Procurement Review- Jun/July	No concerns.	
Health Information Management		
Delinquent records/Health Information Management-	No delinquent records as of 8/9/2022	
Old/Recurring Business-		
30 day readmissions reports by month, and by Quarter	Readmissions for May included 3 readmissions for 39 eligible discharges. For June, there was 1 readmission for 34 eligible discharges. For the quarter, the rate of 5.2/100 is representative of 6 readmissions for 116 eligible discharges. None of the readmissions had Dean Insurance as primary.	
Inpatient Code Reviews	None received.	
OPPE/FPPE (concerns only)	No concerns.	
New Business/Current Clinical Process Issues		

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Review and approval of FPPE/OPPE forms	Emergency Medicine-MD & PA, Hospital Medicine, and Surgical MD & PA forms reviewed and updates discussed. Dr. Rawal moved to approve the forms and Dr. Schwaab seconded the motion. All approved.	Will forward these forms to MEC for approval.
Recent Root Cause Analysis (Jen)	None	
COVID-19 Update (Dan or Amy)	Current strains seem to be causing severe cold symptoms, however Dane County did bump up into Red Level. There are hospitals that are stopping the wearing of masks, while others are using masks based on levels of community spread. The CDC recommendations for HCW testing positive remain more stringent with recommending 10 days off, compared to 5 days for the general public. Dr. Menet asked about any guidance for AGP in non-COVID patients, with regard to the need for doing those in a negative pressure room. Monkey Pox update: testing is available in the ED, may be able to expand to the Urgent Care Clinics. Only a few cases have been seen in Dane County. Two tests in Stoughton were both negative.	No changes to our hospital policies currently. Amy/Jen to look for AGP guidance for non-COVID patients.
Peer Review Synopsis from last meeting	No cases met criteria for full review. One case for preliminary review. No concerns identified.	
Mortality Review-June/July	No deaths in June. For July, no cases met criteria for review.	
Surgical Complications/Cancellations for May-July	No cases met criteria for review.	
Medical Care Case Review		
ED Case review		
OTHER BUSINESS	Expansion project is going forward to the Board in September. The building will house physician clinics, including an x-ray room to support the clinics, and future rehab space/cardiac rehab. They want to get the agreements signed with Cullen. The houses will be coming down this fall to expand parking as the building expansion grows. Administration is putting strong effort into employee health and engagement. The focus will be on well-being and the feeling of worth, and satisfaction with work life.	

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Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>Dan updated the committee regarding the budget, wage trends nationally and locally, CMS's new hospital designation, and other news. Jen will be looking into the CMS star rating.</p> <p>Dr. Menet discussed the designation that our hospital received as a socially responsible organization.</p> <p>We are looking at a different vendor for satisfaction surveys. A demo with the new potential provider is scheduled for Thursday.</p>	
Adjournment:	With no further business to attend to the meeting adjourned.	<i>Next meeting: Sept 20, 2022</i>

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

Status	SpecialtyDescription	Degree	LastName	FirstName
Courtesy	Radiology	MD	Andersen	James
Courtesy	Radiology	MD	Baker	Richard
Courtesy	Radiology	MD	Bennett	Harold
Courtesy	Radiology	MD	Bogost	Gregg
Courtesy	Radiology	MD	Buencamino	Cenon
Courtesy	Radiology	MD	Clifton	David
Courtesy	Radiology	MD	Cowan	Sophie
Courtesy	Radiology	MD	Crummy	Timothy
Courtesy	Radiology	MD	Dolin	Ronald
Courtesy	Radiology	MD	Falconer	Steven
Courtesy	Radiology	MD	Figi	Adam
Courtesy	Radiology	MD	Foltz	Gretchen
Courtesy	Radiology	MD	Gibson	Samuel
Courtesy	Radiology	MD	Hoefer	Daniel
Courtesy	Radiology	MD	Holt	Daniel
Courtesy	Radiology	MD	Kennedy	Neil
Courtesy	Radiology	MD	Kitchin	Douglas
Courtesy	Radiology	MD	Klein	Jeffrey
Courtesy	Radiology	MD	Laczniak	Andrew
Courtesy	Radiology	MD	Mcguire	Shawn
Courtesy	Radiology	MD	Mckinnon	Sally
Courtesy	Radiology	MD	Monat	Eric
Courtesy	Radiology	MD	Mossa basha	Feras
Active	Radiology	MD	Norman	Emily
Courtesy	Radiology	MD	Peirce	Ryan
Courtesy	Radiology	MD	Pooler	Bryan
Courtesy	Radiology	MD	Rich	Mark
Courtesy	Radiology	MD	Roller	Lisa
Courtesy	Radiology	MD	Rossi	Alessandro
Courtesy	Radiology	MD	Schackmuth	Eric
Courtesy	Radiology	MD	Schemmel	Andrew
Courtesy	Radiology	MD	Shadman	Shawyon
Courtesy	Radiology	MD	Shannahan	Sean
Courtesy	Radiology	MD	Shlimovitz	Cary
Courtesy	Radiology	MD	Shore	Matthew
Courtesy	Radiology	MD	Wedding	Christopher
Courtesy	Radiology	MD	Wells	Robert

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**Stoughton Hospital Medical Care Evaluation Committee Agenda/Minutes
September 20, 2022 (0730 in Lobby Conference Room and via Zoom)**

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

Agenda Item (Facilitator)	Discussion	Follow Up Action									
Meeting called to order.											
Approval of August meeting minutes	<i>Dr. Schwaab moved to approve. Dr. Rawal seconded the motion.</i>	Minutes approved.									
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> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Title/Privilege	Dates of Review							<i>No reappointments this month. There are two new appointments: Dr. Tyler Zenner, Family Medicine, and Dr. Norman Richards, Urology. No concerns expressed. Dr. Menet has reviewed the file for Dr. Zenner and Dr. Schwaab has reviewed the file for Dr. Richards.</i>
	Name	Title/Privilege	Dates of Review								
<i>Consent agenda items: Dr. Schwaab moved to approve. Dr. Rawal seconded the motion. Consent agenda items accepted and approved.</i>											
Committee Reports: Aug CI Council, August Infection Prevention, Patient Safety, Emergency Medicine	<p>HCAHPS dashboard noted, with drops in scores and no noted changes in process. Dr. Menet notes similar dissatisfaction at Reedsburg.</p> <p>Dr. Menet asked about the pharmacy project. There were touch items in the segregated pharmacy area but it is completed now. Also related to pharmacy: staff education regarding appropriate practices when dealing with Hazardous Medications is being developed and will be rolled out to Staff.</p> <p>Two CI Projects (ITP project with Telehealth access for behavioral health and the ROVER project: bedside lab labeling) are going extremely well.</p> <p>Hospitalists recognized for taking up the daytime coverage for employee significant exposures, which makes for a smoother process for employees.</p> <p>Tessa, the Stroke Coordinator: TNK and tPA will be available in house. Dr. Menet asked about the goal for Acute Stroke Ready Hospital certification. We are moving to the DNV certification and will work off that. Updates to come.</p> <p>GP is back up to population of 8 after Labor Day.</p>	<p>Amy and Heather are meeting today and will discuss strategies for improvement.</p> <p>Amy and Pauline will be following up with regard to Hazardous Medication education.</p>									
Medical Imaging Reports: MRI Utilization											

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Lab: Transfusion Utilization review Apr-Jun		
Utilization Reports: Surgical Services Procedures & AIC Visits/Treatments; GeriPsych Percent Occupancy; Average Hours per Inpatient Stay		
Organ/Tissue Procurement Review-Aug	No concerns.	
Health Information Management		
Delinquent records/Health Information Management-	No delinquent records as of September 12, 2022	
Old/Recurring Business-		
30 day readmissions reports by month	Readmissions have increased, along with acuity of patient illnesses. No trending.	
Inpatient Code Reviews	One inpatient code for review. No specific concerns and the code was successful. However, the availability and ease of obtaining sedation medications and staff knowing where supplies are kept, etc	Education and Mock Codes are being considered. Amy will work with Pauline with regards to medication issues.
OPPE/FPPE (concerns only)	No concerns.	
New Business/Current Clinical Process Issues		
Recent Root Cause Analysis (Jen)	None	
COVID-19 Update (Dan or Amy)	<p>Last meeting follow-up: Amy/Jen to look for AGP guidance for non-COVID patients.</p> <p>Bi-valent Vaccine is available in house. The flu season is expected to be a strong hitting season and the flu vaccine is a condition of employment.</p> <p>Amy will share an article about the flu vaccine with staff.</p>	No changes have been made regarding recommendations.
Peer Review Synopsis from last meeting	No cases met criteria for full review.	
Mortality Review-August	No deaths met criteria for review.	

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Surgical Complications/Cancellations for May-July	No cases met criteria for review.	
Medical Care Case Review	One referral based on a complaint and one based on death within 72 hours of discharge. No concerns found on initial review that required full committee review.	
ED Case review		
OTHER BUSINESS		
Adjournment:	With no further business to attend to the meeting adjourned.	<i>Next meeting: October 18, 2022</i>
Signed by:		Date:

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

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

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Stoughton Health Medical Executive Committee Minutes
September 12, 2022 (0730-0830) Lobby Conference Room/Zoom

Presiding: Dr. Ashish Rawal
Members: Dr. Abigail Dahlberg, Dr. Mark Menet, Dan DeGroot, Jen White, Jessica Bauer
Absent: Dr. Aaron Schwaab, Dr. Guirish Agni, Dr. Deanne Eccles, Dr. Shawn McGuire, Dr. Christina Quale, Amy Hermes, Teresa Lindfors

Agenda Item (Facilitator)	Discussion	Follow Up Action																																																																																																												
Meeting called to order.																																																																																																														
Approval of July Medical Executive Meeting minutes— <i>See attached</i>	<i>Action: Dr. Menet made the motion to accept the July 2022 MEC minutes. Dr. Dahlberg seconded the motion. Motion carried.</i>																																																																																																													
New Appointments-One year term	<table border="1"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Title</th> <th>Privileges</th> <th>Affiliation</th> <th>Staff Category</th> </tr> </thead> <tbody> <tr><td>Hoyme</td><td>Derek</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Hahnfeld</td><td>Lynn</td><td>MD</td><td>Urology</td><td>SSM Health</td><td>Courtesy</td></tr> <tr><td>Jung</td><td>Nate</td><td>MD</td><td>Urology</td><td>SSM Health</td><td>Courtesy</td></tr> <tr><td>Bartlett</td><td>Heather</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Maginot</td><td>Kathleen</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Peterson</td><td>Amy</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Ralphe</td><td>John</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Srinivasan</td><td>Shardha</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Von Bergen</td><td>Nicholas</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Wallhaus</td><td>Thomas</td><td>MD</td><td>Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Balison</td><td>David</td><td>MD</td><td>Radiology</td><td>Madison Radiology</td><td>Courtesy</td></tr> <tr><td>Silbert</td><td>Agnieszka</td><td>MD</td><td>Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Thornberry</td><td>Krista</td><td>NP</td><td>Nurse Practitioner</td><td>Stoughton Health</td><td>AHP</td></tr> <tr><td>Rakita</td><td>Jason</td><td>MD</td><td>Sleep Medicine</td><td>SSM Health</td><td>Courtesy</td></tr> <tr><td>Joseph</td><td>Anupama</td><td>MD</td><td>Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> <tr><td>Kaura</td><td>Neil</td><td>MD</td><td>Radiology</td><td>Madison Radiology</td><td>Courtesy</td></tr> <tr><td>Konstantinou</td><td>Chris</td><td>MD</td><td>Cardiology</td><td>UW Health</td><td>Courtesy</td></tr> </tbody> </table>	Last Name	First Name	Title	Privileges	Affiliation	Staff Category	Hoyme	Derek	MD	Pediatric Cardiology	UW Health	Courtesy	Hahnfeld	Lynn	MD	Urology	SSM Health	Courtesy	Jung	Nate	MD	Urology	SSM Health	Courtesy	Bartlett	Heather	MD	Pediatric Cardiology	UW Health	Courtesy	Maginot	Kathleen	MD	Pediatric Cardiology	UW Health	Courtesy	Peterson	Amy	MD	Pediatric Cardiology	UW Health	Courtesy	Ralphe	John	MD	Pediatric Cardiology	UW Health	Courtesy	Srinivasan	Shardha	MD	Pediatric Cardiology	UW Health	Courtesy	Von Bergen	Nicholas	MD	Pediatric Cardiology	UW Health	Courtesy	Wallhaus	Thomas	MD	Cardiology	UW Health	Courtesy	Balison	David	MD	Radiology	Madison Radiology	Courtesy	Silbert	Agnieszka	MD	Cardiology	UW Health	Courtesy	Thornberry	Krista	NP	Nurse Practitioner	Stoughton Health	AHP	Rakita	Jason	MD	Sleep Medicine	SSM Health	Courtesy	Joseph	Anupama	MD	Cardiology	UW Health	Courtesy	Kaura	Neil	MD	Radiology	Madison Radiology	Courtesy	Konstantinou	Chris	MD	Cardiology	UW Health	Courtesy	
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<i>Action: Dr. Dahlberg recommended the acceptance of the above listed practitioners for a one-year term. Dr. Menet seconded the motion. Motion carried.</i>																																																																																																														

Agenda Item (Facilitator)	Discussion						Follow Up Action
Re-appointments-Two year term	Last Name	First Name	Title	Privileges	Affiliation	Staff Category	
	Kinonen	Christopher	MD	Pathology	Associated Pathology	Courtesy	
	Shah	Kabeer	DO	Pathology	Associated Pathology	Courtesy	
	Molot	Ross	MD	Pathology	Associated Pathology	Courtesy	
	Mendelin	Joel	MD	Pathology	Associated Pathology	Courtesy	
	Morgan	Adam	MD	Pathology	Associated Pathology	Courtesy	
	Heisler	Lindsey	NP	Hospice NP	Heartland Hospice	AHP	
	Connell	Amy	MD	Psychiatry	Independent	Active	
	Coogan	Michael	MD	Emergency Med	SWEA	Active	
	Ketterhagen	Katherine	PA-C	Emergency Med	SWEA	AHP	
	Dahlke	Debra	CRNA	Anesthesia	Sto Health	AHP	
	Rabe	Nicholas	CRNA	Anesthesia	Independent	AHP	
	Schmidt	Judith	CRNA	Anesthesia	Sto Health	AHP	
	McKinnon	Sally	MD	Radiology	Madison Radiology	Courtesy	
	Wedding	Christopher	MD	Radiology	Madison Radiology	Courtesy	
	Kennedy	Neil	MD	Radiology	Madison Radiology	Courtesy	
	Rossi	Alessandro	MD	Radiology	Madison Radiology	Courtesy	
	Figi	Adam	MD	Radiology	Madison Radiology	Courtesy	
	Accavitti	Michael	MD	Cardiology	UW Health	Courtesy	
	Vanderbilt	Timothy	MD	Ortho Surg	SSM Health	Active	
Nelson	Jacalyn	MD	Sleep Medicine	SSM Health	Courtesy		
<p><i>Action: Dr. Menet recommended the acceptance of the above listed practitioners for a two-year term. Dr. Dahlberg seconded the motion. Motion carried.</i></p>							
Medical Staff Resignation/Retirement (FYI)	Bryan Pooler, MD, Madison Radiology, Courtesy						
Consent Agenda Items	<i>Action: Dr. Dahlberg moved to approve the Consent Agenda Items. Dr. Menet seconded the motion. Motion carried.</i>						
Committee Reports: August MCE Minutes, August CI Council minutes, CI Dashboard, August Patient Safety	All reports were reviewed with no concerns.						

Agenda Item (Facilitator)	Discussion	Follow Up Action
Minutes, August Infection Prevention Minutes — <i>See attached</i>		
Updated: OPPE – Emergency Med MD/ PA FPPE – Emergency Med MD/PA FPPE – Hospital Med OPPE - Surgeons	<i>OPPE and FPPE were reviewed with no concerns. Action: Dr. Menet moved to approve the updated OPPE and FPPE reports. Dr. Dahlberg seconded the motion. Motion carried.</i>	
Quality and Safety Report Card & Stoughton Hospital Balanced Scorecard, DVC Hospital Scorecard — <i>See attached</i>	Safety Report card and balanced scorecard were reviewed with no concerns.	
Old/Recurring Business-		
FPPE (concerns only) (Erin Meronk/Amy Hermes) — <i>See attached</i>	No concerns.	
Correspondence-		
Treasurer’s Report— <i>See attached</i> (Dr. Dahlberg)	Dr. Dahlberg suggested adding McFarland High School to the list of schools that receive Medical Staff scholarships. Those in attendance agreed. Dr. Rawal suggested sending an email to all committee members for approval.	Email will be sent to all committee members for approval.
COVID-19 Update (Dan or Amy)	Dan reported there is a new bivalent COVID vaccine. We have ordered 400 doses. They will be available to staff soon. Also mentioned the flu vaccine clinics are scheduled.	
New Business		
November Annual meeting	Discussion on whether the Annual Meeting should be in person or zoom. It was determined the meeting should be a hybrid of both in person and zoom. We are in the process of obtaining a speaker. We will need to cater from outside due to staffing shortage in our FNS department.	To follow up with Dr. Schwaab on his return from vacation.
Administrative Report		
Physician Development/Recruitment Updates (Dan)	<ul style="list-style-type: none"> - An ANP will be starting in the Cardiology Clinic and will also assist in the Wound Clinic. - Sterilization services set to start in October on Fridays. 	

Agenda Item (Facilitator)	Discussion	Follow Up Action
Strategic Plan/Master Facility Updates (Dan)	- Dan reported on master facility planning meeting with EUA and Cullen. It is a \$20 million project. Still determining space needs.	
Patient Satisfaction— <i>See attached</i> (Amy)	Reviewed and discussed. No concerns.	
Patient Services (Amy)	Jen shared the Surg Tech staffing challenges. Actively recruiting.	
Business Developments (Teresa)	No report	
Public Relations Board Report-June & July 2022 — <i>See attached</i>	Reviewed. No concerns. Dr. Rawal commended the PR department for all the work they do to promote Stoughton Health services.	
Opportunities for Improvement	<ul style="list-style-type: none"> - Dan mentioned the DNV survey will be coming soon. - Dan discussed the current situation with the pending UW nurses strike and that we have systems in place for any possible needs. - Dan gave a brief update on SSM Health-Stoughton Clinic staffing status. 	
Adjournment:		Next meeting: November 7, 2022

Stoughton Health Quality and Safety Report Card Q3 FY2022

Quality Measures	Desired Direction	RWHC	National	GOAL	May-22	Apr-22	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
Global Immunization-Core Measure																		
Inpatient Influenza Vaccination Rate (Effective October-March only)	↗	75% Q4 2021	94% Q4 2019 Median	100%	N/A	N/A	99%	100%	100%	96%	98%	100%	98%	95%	N/A	N/A	N/A	N/A
Pain Management																		
Pain Assessment and Reassessment (Inpatient Only)	↗	n/a	n/a	> 90%	94%	50%	86%	ND	81%	87%	81%	92%	72%	94%	81%	77%	81%	87%
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	68	80	102	106	88	125	86	99	84	106	84	95	81	85
Emergency Room to Discharge (minutes) Core Measures																		
Length of stay in ER for patients discharged (median)-excl MH and TX	↘	126	150	<National	147	107	169	165	172	171	152	161	138	140	162	160	179	155
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	0.5	5	0	0	2	10.5	3	7.5 min	1 min	4 min	8	6	25	7.5
Key Patient Information Communicated with ED Transfer (All EDTC) - public reporting																		
Key Patient Information Communicated with ED Transfer (All EDTC) - public reporting	↗	74%	75%	>53%	87%	100%	87%	80%	93%	87%	87%	93%	76%	93%	82%	80%	87%	80%
Columbia Suicide Screening completed in ED	↗	n/a	n/a	100%	98.6%	97.7%	98.0%	97.6%	97.6%	97.4%	97.0%	97.2%	95.3%	97.4%	98.0%	97.9%	97.1%	97.8%

Quality and Safety Report Card
Pay for Performance
Q3 FY2022

Pay for Performance Measures	Desired Direction	GOAL	Apr-Jun 2022	Jan-Mar 2022	Oct-Dec 2021	Jul-Sep 2021	Apr-Jun 2021	Jan-Mar 2021	Oct-Dec 2020
Quality (Dean Insurance and/or Medicaid)									
<i>DHP Reporting Period 01/01/2021 - 12/31/2021</i>									
Healthcare Personnel (HCP) Influenza Vaccination Rate	↗	98%	N/A	99%	99%	NA	NA	99%	99%
Colon Surgical Site Infections (COLO)	↘	SIR ≤ .750	0%	0%	0%	0%	0%	0%	0%
Total Abdominal Hysterectomy Surgical Site Infections (HYST)	↘	SIR ≤ .930	ND	ND	ND	ND	ND	ND	ND
Central Line-associated bloodstream infections (CLABSI)	↘	SIR ≤ .570	0%	0%	0%	0%	0%	0%	0%
Catheter-associated Urinary Tract Infections (CAUTI)	↘	SIR ≤ .910	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%	4.50%	8.3%	8.3%	4.0%	7.4%	6.7%	8.6%
1-day in-patient Medical Stays (1 year rolling calendar)	↘	≤ 15.4%	5.30%	5.60%	11.1%	6.7%	6.3%	5.3%	5.9%
Patient Satisfaction Measures (Dean Ins.)									
<i>DHP Reporting Period 10/01/2020 - 09/30/2021</i>									
GOAL									
Overall Rank Hospital High (9-10 on a scale of 0-10)	↗	≥ 86%	85%	Pass	88%	88%	Pass	Pass	Pass
Doctor's Communicated Well	↗	≥90%	89%	Pass	90%	89%	Pass	Pass	Pass
Nurse's Communicated Well	↗	≥89%	90%	Pass	90%	92%	Pass	Pass	Pass
Staff Provided Discharge Instructions	↗	≥94%	93%	Pass	94%	93%	Pass	Pass	Pass
Inpatient Psychiatric Services (Medicare) Core Measure									
GOAL									
Hours of Physical Restraint Use per 1000 patient care hours **		0	0	0	0	0.5	0	0	0
Hours of Seclusion Use per 1000 patient care hours		0.05	0	0	0	0	0	0	0
2 or more Antipsychotic Meds with Justification - Overall Rate	↗	100%	ND	100%	100%	100%	ND	ND	100%
Transition Record complete with 11 required elements (Started 01/2017)	↗	100%	78%	92%	100%	97%	88%	92%	100%
Timely Transmission of Continuing Care Plan (Started 01/2017)	↗	100%	78%	92%	100%	97%	88%	92%	94%
Alcohol Use Screening Completed (No longer reported but collected internally)	↗	100%	100%	100%	100%	100%	100%	100%	100%
Alcohol Use Brief Intervention Received or Refused (Effective January 2016)	↗	100%	100%	100%	100%	100%	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
Tobacco Use Screening Completed (No longer reported but collected internally)	↗	100%	100%	100%	100%	100%	100%	100%	100%
Tobacco Use Counseling and Treatment Received or Refused (TOB 2)	↗	100%	100%	100%	100%	100%	100%	100%	ND
Geriatric Psych Patient Influenza Immunization (Effective October-March only)	↗	100%	NA	96%	100%	ND	ND	100%	100%
Screening for Metabolic Disorders (Effective January 1, 2017)	↗	100%	93%	100%	100%	100%	100%	100%	100%

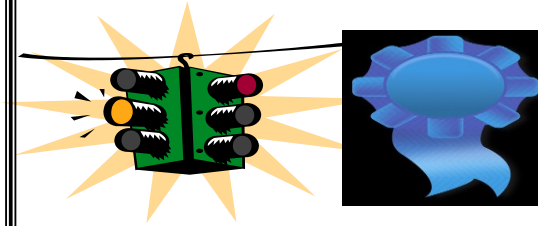
STOUGHTON HOSPITAL BALANCED SCORECARD

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.



3rd Quarter
Fiscal Year 2022 Results for
6/30/2022

QUALITY AND SAFETY		SERVICE		SERVICE (Cont)		PEOPLE		GROWTH		FINANCES	
30 - Day Inpatient Readmission Rate Goal: ≤ 4%	Current Qtr 5.2%	Inpatient HCAPHS Rank Your Hospital High (Overall 9/10) Goal: ≥ 95%	Current Qtr 83.0%	Emergency Department HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 80.0%	Turnover (excluding Per Diems) *measuring rolling 12 mo results each Qtr Goal: ≤ 18%	Current Qtr 17.7%	New Patient Records Goal: 365 or more (per Qtr)	Current Qtr 640	Operating Margin Year-to-Date Goal: ≥ 5.4 %	Current Qtr 14.8%
	Recent Qtr 1.9%		Recent Qtr 89.0%		Recent Qtr 82.0%		Recent Qtr 19.5%		Recent Qtr 444		Recent Qtr 15.0%
	Prior Qtr 1.6%		Prior Qtr 93.0%		Prior Qtr 91.0%		Prior Qtr 17.6%		Prior Qtr 491		Prior Qtr 15.9%
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 96.0%	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 35.0%	Ancillary Hospital Outpatient Visits Goal: 9398 or more (per Qtr)	Current Qtr 9373	Percentage of Departments Meeting or Progressing Toward Top Quartile Productivity Ranking Goal: ≥ 80%	Current Qtr NO DATA
	Recent Qtr 98.0%		Recent Qtr 98.0%		Recent Qtr 99.0%		Recent Qtr 25.0%		Recent Qtr 9479		Recent Qtr NO DATA
	Prior Qtr 97.0%		Prior Qtr 98.0%		Prior Qtr 99.0%		Prior Qtr 21.0%		Prior Qtr 9789		Prior Qtr NO DATA
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 98.0%	Ambulatory Surgery HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 69.0%	Applicant Pool Days to Fill Goal: ≤ 49 days	Current Qtr 57	OR Procedures Goal: 415 or more (per Qtr)	Current Qtr 407	Total Compensation As % of Net Patient Total Revenues Goal: ≤ 48%	Current Qtr 39.5%
	Recent Qtr 90		Recent Qtr 100.0%		Recent Qtr 86.0%		Recent Qtr 51		Recent Qtr 427		Recent Qtr 39.6%
	Prior Qtr 92		Prior Qtr 95.0%		Prior Qtr 51.0%		Prior Qtr 53		Prior Qtr 361		Prior Qtr 39.0%
Appropriate Identification and Treatment of Symptomatic Urinary Tract Infections (UTI) Goal: ≥ 60%	Current Qtr 65%	General Surgery Clinic HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 97.0%	General Surgery Clinic HCAPHS Definitely Would Recommend (Loyalty) Goal: ≥ 95%	Current Qtr 97.0%	Worker's Compensation Loss Ratio Goal: ≤ 10%	Current Qtr 15.0%	ER/UC Admissions Goal: 7090 or more (per Qtr)	Current Qtr 9208	Non Clinical Fixed Cost Goal: ≤ 37%	Current Qtr 31.8%
	Recent Qtr 86%		Recent Qtr 93.0%		Recent Qtr 93.0%		Recent Qtr 44.0%		Recent Qtr 6836		Recent Qtr 33.3%
	Prior Qtr NO DATA		Prior Qtr 98.0%		Prior Qtr 98.0%		Prior Qtr 101.0%		Prior Qtr 7952		Prior Qtr 31.6%

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%	40.0%	0.0%	90.0%	100.0%	3.0%
Satisfaction Domain (20% Max)	20.0%	20.0%	16.4%	0.0%	80.0%	89.9%	2.5%
Efficiency Domain (40% Max)	35.0%	35.0%	40.0%	0.0%	70.0%	79.9%	2.0%
					60.0%	69.9%	1.5%
					50.0%	59.9%	1.0%
					0.0%	49.9%	0.0%
Total Score (100% Max)	95.0%	95.0%	96.4%	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	0.0	0.710	100.0%	
DVC Hospital Metric Score	+	0.000	0.000		0.711	1.000	50.0%	
% Earned	100.0%	100.0%	100.0%		1.001	+	0.0%	
Quality Domain Subtotal	13.3%	13.3%	13.3%					

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

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

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	1.793					

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	100.0%	86.0%	100.0%	
DVC Hospital Metric Score	88.0%	PASS	85.0%		85.9%	82.0%	75.0%	
% Earned	100.0%	100.0%	75.0%		81.9%	78.0%	50.0%	
Satisfaction Domain Subtotal	5.0%	5.0%	3.8%		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	100.0%	90.0%	100.0%	
DVC Hospital Metric Score	90.0%	PASS	89.0%		89.9%	87.0%	75.0%	
% Earned	100.0%	100.0%	75.0%		86.9%	84.0%	50.0%	
Satisfaction Domain Subtotal	5.0%	5.0%	3.8%		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	100.0%	89.0%	100.0%	
DVC Hospital Metric Score	90.0%	PASS	90.0%		88.9%	86.0%	75.0%	
% Earned	100.0%	100.0%	100.0%		85.9%	84.0%	50.0%	
Satisfaction Domain Subtotal	5.0%	5.0%	5.0%		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	100.0%	94.0%	100.0%	
DVC Hospital Metric Score	94.0%	PASS	93.0%		93.9%	92.0%	75.0%	
% Earned	100.0%	100.0%	75.0%		91.9%	90.0%	50.0%	
Satisfaction Domain Subtotal	5.0%	5.0%	3.8%		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	0.0%	6.1%	100%	
DVC Hospital Metric Score	8.3%	8.3%	4.5%		6.2%	12.1%	75%	
% Earned	75.0%	75.0%	100.0%		12.2%	15.1%	50%	
Efficiency Domain Subtotal	15.0%	15.0%	20.0%		15.2%	+	0%	

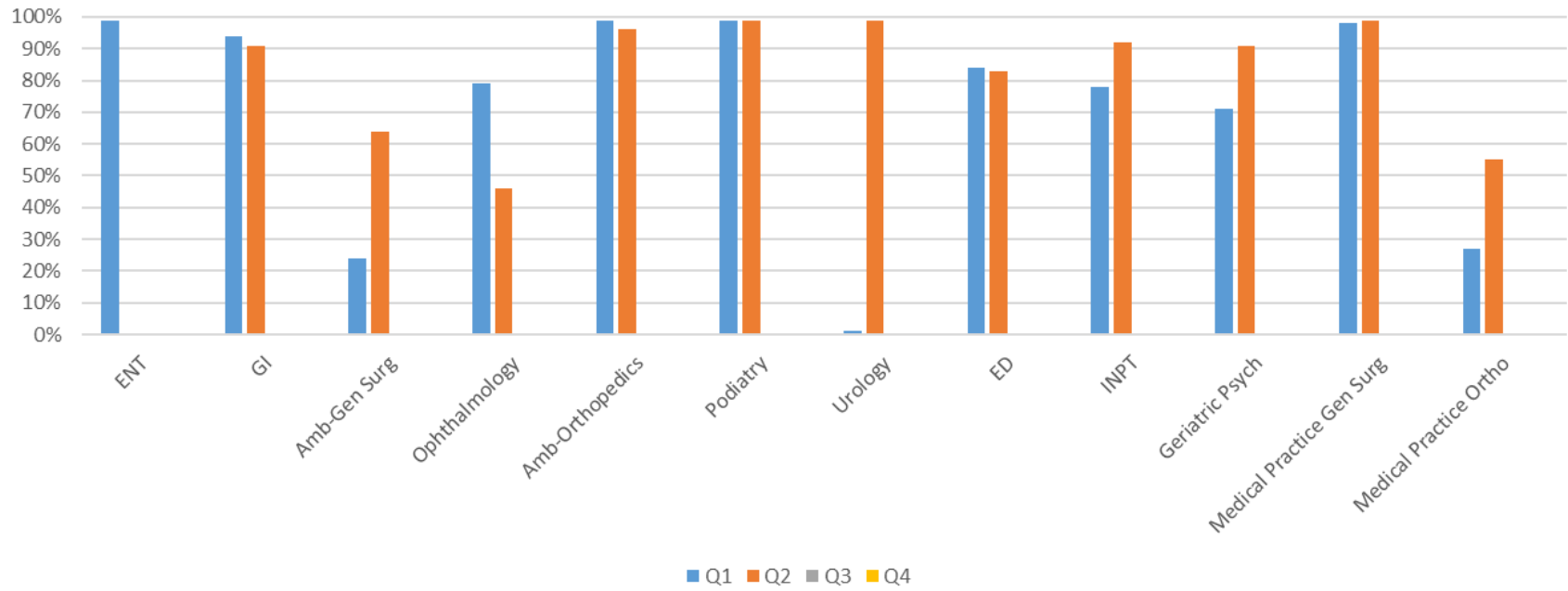
1 Day Inpatient Medical Stay Rate ⁽¹⁰⁾					Performance Ranges			% Points
Metric Weight (% of Efficiency Weight)								
Run Date	February	May	August	November	0.0%	15.4%	100%	
DVC Hospital Metric Score	11.1%	5.6%	5.3%		15.5%	20.4%	75%	
% Earned	100.0%	100.0%	100.0%		20.5%	25.4%	50%	
Efficiency Domain Subtotal	20.0%	20.0%	20.0%		25.5%	+	0%	

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

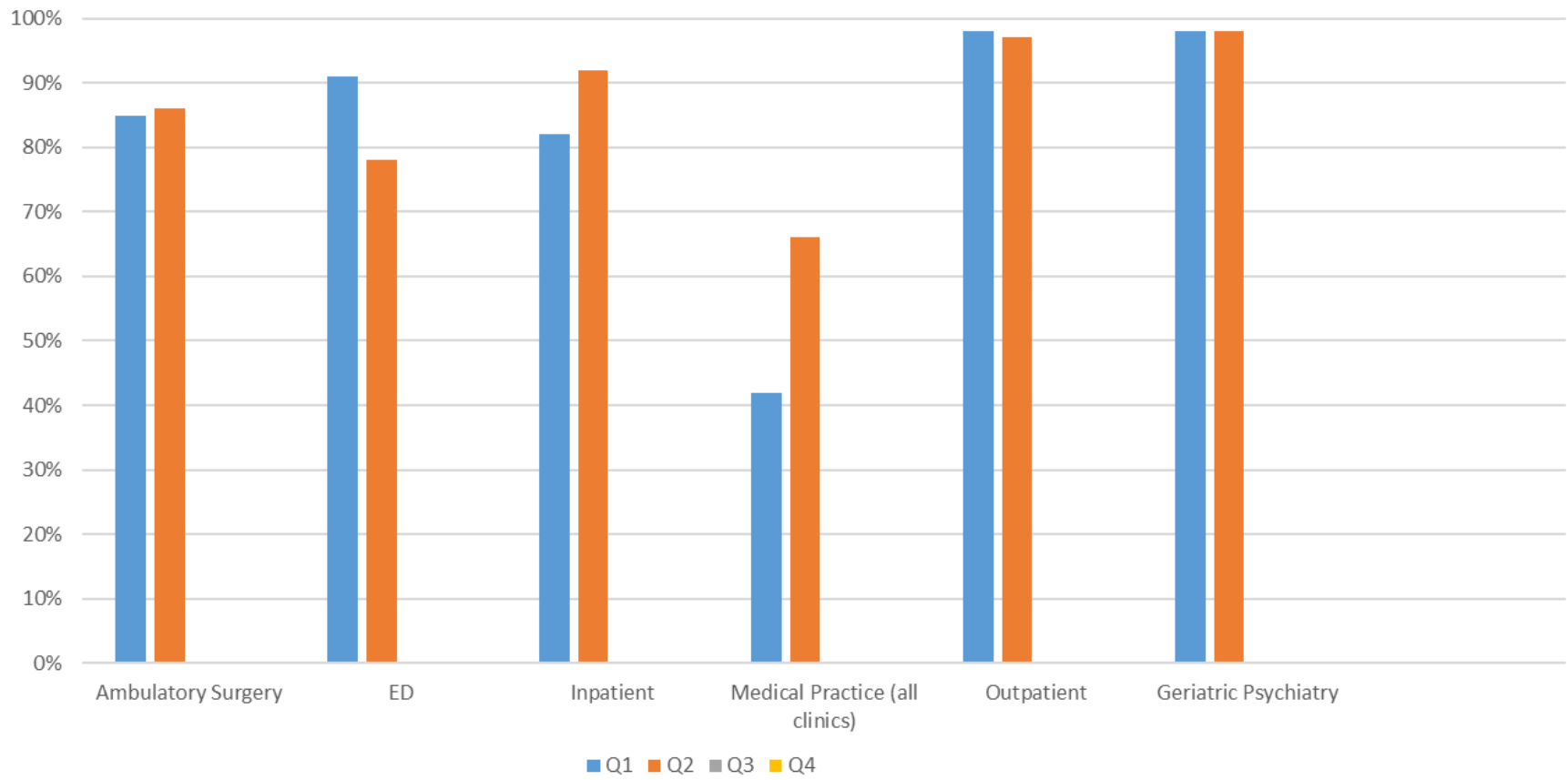
- (1) Standardized infection ratio (SIR) compares a single hospital's number of catheter associated urinary tract infections to a national standard. (Source: wicheckpoint.org)
- (2) Standardized infection ratio (SIR) compares how a single hospital's number of central line associated bloodstream infections, 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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Overall Patient Satisfaction of Providers CY 2022



Overall Patient Satisfaction with Service Lines CY 2022



Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>documentation within 1 month of implementation, 100% of rehab staff utilizing by 3 months. KOM Status: 28% (6 OT, 2 PT staff utilize flowsheet documentation of 28 total staff). Currently piloting the flowsheet eval and daily note template with inpatient therapists prior to Go Live in September. Next step: Dept in-service scheduled for Aug 25 and then will track and trend utilization.</p> <p>New Project coming next cycle: Shoulder Service</p>	
<p>Tracy Wurtzler Surgical Services</p>	<p>Surgical Pre-Op Decolonization for Total Joint Population: KOM Target: Transition from cultures to decolonization of total joint population evident by 100% documentation. Current KOM Status: 100% of total joints were decolonized this 8 cycle period. Next steps: Work with Epic to build as a MAR order for decolonization to create means of documentation of completion and for charging. Implement Nozin decolonization on Inpatient unit.</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. KOM Target will be set next cycle as more data is collected. There are no benchmarks; therefore, goal will be established by team. Current KOM Status: Shared that the range of time from wheels in the room to incision was 25 to 62 minutes and the average was 40 minutes. Next steps: recalibrate KOM to focus on reducing times of 'Wheels in Room to Incision'. Need to process map workflow to determine where efficiencies can be made.</p>	<p>Pre-op portion complete. Project in phase 2 post-op to continue.</p> <p>Project to continue.</p>
<p>Pauline Cass (Amy) Pharmacy</p>	<p>Fluid Overrides: KOM Target: <5% of fluids removed utilizing override. Current KOM Status: 9% of fluids pulled were removed using override in June. Lessons learned: Progressive care fluid order was not working correctly. The order set needs to be updated to choose a different size IV bag because the EPIC fix is not working consistently and the wrong 100ml bag is chosen. Next step: remove the ability to override 0.9% NS (50 ml, 100 ml, 250 ml) from Pyxis which remove the human factor of overriding. Staff will be informed once override option for the identified fluids as stated above has been implemented.</p> <p>Tech Check Tech Program: KOM Target: accuracy rate of at least 99.8% after checking 500 product verifications. Current KOM Status: No data available at this time. Technician Product Verification Policy created (June 2022), Assign Supervising Pharmacist-July 2022, Identify eligible meds and techs to</p>	<p>Project to continue.</p> <p>Project to continue.</p>

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Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>maintain compliance with the WI Administrative Code section on Delegate-Check-Delegate-July 2022. Enroll technician(s) in “Technician Final Product Verification Didactic Training” provided through PSW- August 2023.</p>	
<p>Ghadeer Alafifi Specialty/Wound Clinic CH&WC Ortho Clinic</p>	<p>Demand, Capacity and Access of the Multi-Specialty Clinics: KOM Target: Achieve greater than 80% fill rate/provider/day. Current KOM Status: June- Schwaab 65%, Rawal Ortho Madison 93%, Stoughton 89%, PA Jenni- 94%, Clark- 91%, Kaji- 78%. Lessons learned: Difficult to market for general surgery but will concentrate on breast and wound services. High Percentage of cancellations and no-shows for wound clinic. Dr. Rawal was not listed on the Alliance Website as a provider in the Stoughton area. Ticket submitted to offer my chart scheduling which will allow for improved efficiency and satisfaction. Work-que and Qlikview data monitoring is ongoing.</p> <p>Multi-Specialty Clinic Phone System: KOM Target: Decrease abandon rate to 10% of less Current KOM Status: June 2022 Clinical Staff: Cardiology- 12%, Ortho Sto-24%, Ortho MSN- 27%, Gen Surg & Wound Clinic 35%. Receptionists: Cardiology-3%, Ortho Sto-5%, Ortho MSN- 5%, Gen Surg- 7%. Lessons learned: Difficulty recruiting candidates for 2 vacant positions which is the contributing factor to the clinical abandon rate. RN’s are being utilized to educate patients face-to-face during their consult visit for their upcoming surgery proved to increase patients’ understanding of their procedure and allowed time for questions to be answered in person, improving compliance with preop prep and planning for surgery at the preferred time frame. Next Steps: Hire Triage RN for the Multi-Specialty Clinics, add hotline phone to all extensions, adding urology for vasectomy appointments on Wednesday and Friday afternoons.</p>	<p>Project to continue.</p> <p>Project to continue.</p>
<p>Angie Rowin Environmental Services-</p>	<p>Linen Project: KOM Target: Reduce poundage of bulk linen orders by 50% by utilizing exchange cart linens. KOM Status: No data at this time. Linen aide retired and the linen assignment hasn’t been reviewed or changes made in 10 years. Additionally, linen room inventory, stocking and organization has not been done in 15 years. Reduction in FTE to utilize more efficiently to other areas by reducing FTE to 0.5 as reflected in budget 2022/2023. Lessons learned: Inventory of bulk transfer carts found under-utilization and over-utilization. Met with dept managers affected and made inventory count changes. Changing the processes in utilizing linens on bulk exchange carts we are starting to see outcomes in efficiency in staff, safety in not unloading bulk cars, and linen cost. Next steps:</p>	<p>Project to continue. Team will look at KOM Target and KOM status</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	Continue to collect data for measuring all outcomes. Recommendation by CI to look at drilling down the KOM Target and Status in a more measureable way.	
Dan/Autumn Food and Nutrition Services	<p>IDDSI-Dysphasia Diet: KOM Target: Full implementation of the adoption of IDDSI-Dysphasia Diet by Stoughton Health-goal for full implementation was Sept 2022 (earliest) Hopeful for March 2023. Current KOM Status: This is the eighth (July 2022) of several milestone/CI updates. Sides, eggs, condiments, complete vegetables finished July 2022, FNS tester took another job the first week of July. Goal is to test cereals, yogurts, bakery/breads by Sept 2022, Entrees and Grill items-by Nov 2022. Nov-Jan: add IDDSI Diets to diet order/entry system, Map recipes to IDDSI Terminology, review menu & diet spreadsheet. Feb-Mar review menu and test recipes, incorporate IDDSI testing methods and revise recipes as required, develop and trial monitoring tools, check in with interdisciplinary team weekly regarding feedback. Next steps: Hopeful for staffing availability. Possibility having 2 high school students who would like to volunteer in the FNS dept to have one take on the FNS tester role. Once FNS tester is identified, will schedule training time and continue to work through the testing of the on-call café menu items.</p>	Project to continue.
Brian Swain Material Services	<p>Off Contract Purchase Reduction: KOM Target: 1. TBD. We are currently working with Vizient to set up a reporting mechanism to track on vs off contract purchases. We are in the initial stages of an implementation to be able to exchange our purchasing data with Vizient. Review top 75% of break bulk charges form Jan-Apr and change ordering units when appropriate. Current KOM Status: 1. Project was on hold. See above. 2. Completed. We have reviewed the invoice details to specifically focus on the top charges for Jan-Apr and identified approximately 20 products that account for 75% of the break bulk fees for that time period and changed the ordering units on products that made up 75.10% of the break bulk charges from Jan-Apr. Next steps: Work with Vizient to implement our data exchange process and this will allow us to use their platform. Keep learning how to best utilize the Vizient platform so we can identify off contract purchases, start to research contracts and our pricing.</p> <p>Backorder Communication: KOM Target: By 8/31/2022 implement a process to communicate back orders on items from our primary distributor (Owens and Minor) to all managers. By 9/30/2022, implement a process to communicate when products are on back order and out of stock (or close to it) in the storeroom for those items that are stocked in other departments by Material Services. KOM Status: No data available at this time.</p>	<p>Project to continue.</p> <p>Project to continue.</p>

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Accounting	<p>Next steps: finish our process mapping for stock item backorders and identify any breakdowns in that process. Continue to work on the backorder report to make it user friendly for managers and at the same time easy to prepare and update for the Material Services team.</p> <p>Accounts Payable Workflow: KOM Target: Convert all medical providers to Automated Clearing House (ACH) or card payments (unless they prefer check.) We have converted the majority of medical providers to ACH. Those that remain do not receive many payments or high dollar amounts. The goal was to make the payment process convenient for providers and any that wanted to take advantage of that have already done so. We are shifting our KOM target to reduce fees and increase card rewards enough that our net between the two is positive (meaning we will get money back from Paymerang as our rewards exceed our fees). Current KOM Status: As of the 3/31/2022 statement the program was in a net due to Paymerang position of (\$1890.69) Next Steps: implement the following tactics as recommended by Paymerang to reduce fees and increase card payments: 1) Consolidate small dollar check payments when possible. We pay a fee for each, regardless of value. 2) Card payment outreach – Paymerang to help facilitate this. 3) ACH payment outreach – Paymerang to help facilitate this.</p> <p>Multiview Implementation: KOM Target: Implemented Multiview on Oct 1, 2021, Oct/Nov financial statements on time for the normally scheduled Board of Directors Meetings. Additional KOM Added: Implement the budget module by 6/1/22 in time to use for the preparation of the FY 2023 budget in June/July. Current KOM Status: Budget module implementation is now done (completed and ready for use in June) and we are in the middle of preparing the budget. We will shift our focus to management reporting with a goal of having it available 60 days after the completion of the budget. Next steps: work on Implementing management reporting and work out issues as they are discovered.</p>	<p>Project to continue.</p> <p>Project to continue.</p>
Chris Schmitz Human Resources	<p>Intranet Implementation KOM Target: #1 Pre and post Survey results. Survey employees to measure satisfaction with current intranet, then establish goals for new Intranet. #2 Tract repeat visits to new intranet, then set increasing usage milestones. Current KOM Status: Project is on target based on the timeline. Lessons learned: there is a lot of content contained on the intranet and additional support may be needed to migrate content.</p>	<p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>Attracting, Retaining, and Engaging New Hires, the Critical Pieces of New Hire Retention: (joint project with HR, EVS and FNS) KOM Target: Get to X percent (or FTE) vacancy rate. Reduce new hire turnover from 24% to 15%. This will be looked at closer to determine if these goals will need to be adjusted due to current staffing situation that's occurring globally. Lessons Learned: New hire turnover are increasing, currently 39% with 40 open positions. Next Steps: Survey will be sent to FNS, EVS, Registration and Med/Surg staff to determine if they would recommend others to work at SH. Results of survey need to be understood, trended and communicated. Action items based on themes need to be implemented.</p>	<p>Project to continue.</p>
<p>Laura Mays Public Relations:</p>	<p>Taking Community Education Virtual: KOM Target: #1 90% of registered participants will attend education classes. #2 Convert 10% of Dr. Rawal's and Dr. Schwaab's class and screening attendees to patients. Recent updates: Updated PR Outreach list (In-Person Meeting-June 2022), New Community Education Coordinator has great ideas and contacts to help expand our reach. Current KOM Status: Total # of participants registered in Education Classes Calendar Year 2022 736; Total Attended 559= percentage registered vs attended Cal Yr to Date 76%. Number of registered participants in physician classes, FY Oct-Jun 437, with 303 attending (69%), Number converted to patients 31. Conversion rates will be reported at the end of current fiscal year. Lessons Learned: Summer attendance consistently is lower. Next steps: explore offering gratitude coffee coupon for those that attend classes. Continue through the end of current fiscal year to report conversion numbers.</p> <p>Increase Google Reviews: New project KOM Target and Current KOM Status: TBD Dr. Schwaab already has a system in place; therefore, will not be involved in this project. Lessons Learned: 1) There are many companies that provide this service and integration with the EHR is key to an automated process. 2) In June we put in a project request to SSM to integrate our EPIC with rater8 and are still waiting for a response. 3) After meeting with Yext, the Yext rep contacted SSM and at this time we are not able to leverage their contract and would need to build our own interface. Working with the Yext vendor, Redox would cost \$20,000. Next Steps: Continue to follow up with Nikki regarding SSM and our ability to integrate with EPIC.</p>	<p>Project to continue.</p> <p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
RCA	No RCAs at this time.	
NOTES:		
Parking Lot (items for next meeting)	Creating Measurable Employee Engagement Action Plans: The new Director of Experience and Engagement will work with this project once they are up and running.	
Reviewed and Approved by:	Respectfully Submitted by: Jen White	
NEXT MEETING: August 23, 2022 9:00 - 12:00 PM Bryant Center or ZOOM		

Continuous Improvement Committee Meeting Minutes
August 23, 2022, Bryant Center/Zoom
9:00 am – 12:00 pm

Presiding: Jennifer White
Members: Dan DeGroot, Amy Hermes, Angie Polster, Donna Olson, Michelle Abey, Mary Hermes, Rhonda Tesmer, Laura Mays,
Absent: Teresa Lindfors, Chris Schmitz, Dr. Davidson-Fiedler, Tim Rusch
Guests: Heather Kleinbrook, Tina Strandlie, Kyle Sippel, Sara Sturmer, Jason Schoville, Alyssa Dahmen, Victoria Valdez, Beverly Pope, Susie Wendt, Liz Touchette,

Agenda Item (Facilitator)	Discussion	Follow Up Action
Approval July Meeting Minutes	Reviewed and Approved	
CI Dashboard	Supplemental documentation	
DVC P4P BSC and QSCR Q3 FY22	Balanced Score Card: HCAHPS scores did drop. New patients: a lot of those are from McFarland-likely because they would be new to us. Pain reassessment scores are down. DVC has mostly blue but a dip in satisfaction scores in July is troubling. Next meeting of the P4P advisory group is scheduled for Oct 27 and our contract is due for renewal in January 2022 per Michelle.	Pain reassessment is to be in the parking lot to roll up.
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 Inpatient Department. KOM status is in progress. Held first meeting to set purpose, goals, and interventions. Found the digital copies of the previous workflows and team members to review these prior to next meeting to determine what they would like to see included in the hand-off communication between departments. Next meeting is Sept 7. Will develop a P&P outlining admission to inpatient process, a process map outlining the workflow, and provide education to all staff on process changes. Request project to continue.</p> <p>Isolation: KOM Target: Correctly identify what microbes require implementation of isolation precautions, with precautions initiated within 60 min of identification, to reduce potential exposure to staff as evidenced by a decrease in the number of safety zone portal events.</p>	<p>Project to continue.</p> <p>Project to continue. Add “Zero SZP” as a KOM or consider a KOM that is not reliant on SZP reporting. Verify that FNS has incorporated checking the track board before bringing up the trays.</p>

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Agenda Item (Facilitator)	Discussion	Follow Up Action
GP	<p>Held first meeting among Infection Prevention (IP) staff and beginning to educate staff on the why, what and how, along with the new workflow. IP is attending rounds which is helpful. Bill and Jen are working on information/inclusive list of microbes that require isolation and the type required, which will be saved on the nurses' station computer desktops. Data collection and sharing of results is ongoing. Review of SZP events over the last year, with drill down to uncover causes and the data will serve as a starting point to compare future findings. FNS has access to the track board and the plan is to check the track board before trays are delivered. SZP should continue to be entered if signage is missing. Urge examination of KOM tied to SZP which could lead to suppressed reporting.</p> <p>Wound Care and Pressure Ulcer Project (Part 1): KOM Target: Initial head to toe/comprehensive skin assessments on all new admissions will be complete within 6 hours of admission. Current KOM is not available at this time. Had first meeting among Wound Warriors to identify issues and opportunities, set purpose, goals and interventions. New workflow addressing wound and skin injury. Plan in place to promote staff buy-in, making space in copy room for charging station for I-Pad, cheat sheet for using the I-Pad and Haiku for uploading pictures to EPIC, developing smart phrase for documenting under the skin section of the shift summary note. Process map shared. Next steps: Starting Sept 1, all charts will be reviewed for initial skin assessment upon admission within 6 hours of admission. Data to be reviewed monthly. Implementation of a "Do" list. Educate staff on new work process, share project results with individuals and nursing team. Considering next steps of project: (incontinence associated dermatitis, mobility/turning q2h, products/mattresses. Request project to continue.</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. Implementation of project by November 15, 2022. By 9/1/22, create comfort menu for patients and families (final draft needed), and create signage to alert staff that patient is under comfort care and actively passing along with signage to post once patient dies. Developed strategy to implement project house wide with process map. Next steps: develop and assign staff education (booth at annual competency days) Team to present at next town hall, complete family education materials folder, EPIC order sets and end-of-life medication use (determine if this is an option.) Future considerations: house-wide "Pause" after death/chime, staff escort of body out of hospital, end-of-life companions.</p> <p>Length of Stay of GP Patients:</p>	<p>Project to continue. Add Clinical Outcome KOM: number of pressure injuries that are Hospital Acquired and expect a reduction in those seen at Stoughton Health. Project to continue.</p> <p>Project to continue.</p> <p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>KOM Target: LOS <20 days for both AD and VD diagnoses. Current KOM Status: June= 0 days, July=21.5 days for AD with Behavioral disturbance. Goal not met for July, and anticipate August LOS will be above goal due to challenging cases. (Project start baseline: 24.5 days for AD, 23.5 for VD). Goal to return to pre-COVID staffing levels after Labor Day, which allows us to bring agitated/aggressive patients back to the unit for treatment. (Will be seeing an increase in patients with behavioral disturbances.) Return to admission of “typical patients” back to the department will provide more opportunities to assess LOS for behavioral disturbance diagnosis. Placing patients with behavioral issues is challenging amid pandemic due to impact on bed availability in facilities. Continue to monitor as GP census returns to 8 patients (target date: 9/6/22) and typical diagnoses of patients. Request project to continue for sustainability and post-pandemic census adjustments.</p>	
<p>Tina Strandlie Cardiopulmonary</p> <p>ED</p>	<p>Outpatient Orders for Cardio Pulmonary Testing – Cardio & RT (co-leading with Registration/Ghadeer/Tina) –</p> <p>ON PAUSE: Administrative Council approved hiring an APNP to assist with cardiology clinic. This role is still to be defined. Stress testing will fall under Cardiology Clinic. Tina will work with Ghadeer to provide support and lessons learned to date. Cardiopulmonary will still assist with testing, but orders, scheduling, etc will be managed with Cardiology Clinic.</p> <p>Columbia Suicide Screening: KOM Target: 100% Complete Screening. Current KOM Status: 97.2%. July EPIC upgrade changed the workflow to put the screening questions right after the vitals. Staff are frustrated with this change to the workflow since it does not feel like what is best for the patients based on question sequencing. A soft stop at time of discharge has been requested for a pop up stating that screening needs to be completed and it has been approved. Request will be discussed further at ED EPIC meeting in August. Additionally, there are plans to redo the order of the screening questions once again.</p> <p>Likelihood of Recommending: KOM target: overall ranking of 90th percentile for the question “likelihood of recommending.” Current KOM status: 78th percentile, n=163. Deeper dive into PG for ‘staff care for as a person’ and ‘staff work well together’ for lower scores on these. Volumes continue to increase with higher acuity. Staff have learned that making a connection with the patient increases the likelihood that the patient will feel cared for. Assessing measures that can be put into place with the PG deep dive.</p> <p>Integrated Telehealth (ITP) – Mental Health Services for ED Patients</p>	<p>Project on Pause to develop a workflow utilizing the APNP. With the new role available to aid in correct ordering of the correct procedure.</p> <p>Project to continue.</p> <p>Project to continue. Requested Next Steps: Compare and contrast the patient satisfaction scores from McFarland/Oregon, with Stoughton Urgent Care and see if that data would support having a free-standing UC separate from the ER or truly develop a separate work flow.</p> <p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>KOM Target: Smooth implementation of ITP. Current KOM Status: Since go-live in June, 4 patients have been seen by ITP. Obtaining data form HIM to help identify increase quality of care for patients (time spent in ED, transferred or discharged, getting seen by a psych provider). Will continue the workflow and once data is obtained from HIM, will set new KOMs. It has been a great relief to staff to have the expertise and discharge planning available.</p>	
<p>Kyle Sippel Lab</p>	<p>Eliminating Missed Add-On Lab Orders: KOM Target: 100% of add on orders are received into the lab and processing begun within 30 minutes of order. Data was collected for the month of July to help identify if we have an issue and the extent of the problem. Process map of the current work order was created and some brainstorming with lab staff to list why they may have missed these orders. 5 Whys analysis performed on the most impactful potential issues. Identified this is most commonly occurring in the ER and there are several different reasons that they are missed. Epic does have a specific priority for add-on testing. Next steps: work with ER to devise and implement a strategy to address our issues and eliminate missed add-on orders by using priority add on Epic feature thereby providing direct notification to lab staff.</p> <p>Streamline Chemistry Supply Management Consolidation of Procedure Duplication: KOM Target #1: Eliminate the 8 steps identified on the process that are not required/add value. Target #2: Standardize 6 policies down to 3-one overall policy vs one for each side of the instrument. Current KOM Status: Project just began. Improvement strategies not yet implemented. Next steps: work with Medical Director to determine specifically which steps can be removed from our process. Develop new process, train staff and implement process, Modify and consolidate all necessary policies.</p>	<p>Project to continue.</p> <p>Project to continue: This is part of a larger project of moving the management of Chemistry from Kyle to Zach and implementing a new analyzer if the purchase is approved.</p>
<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: Zero occurrences reported. Compliance committee to review Policy and Consent at meeting on August 30, 2022. Will implement protocol once approved by compliance committee and monitor for any events reported. Request completion of project with surveillance continuing.</p> <p>Laterality Marker Documentation on Portable X-rays. KOM Target: 100% marker documentation for each study on all images. Current KOM Status: 94%. 23 exams not marked in July: 15 chest, 3 abd/pelvis, 3 upper extremity, 2 lower extremity. One barrier identified, specific to chest x-rays is the marker getting clipped off the image even though it was used. This is due to the marker being behind the patient and staff can't see it once they start positioning.</p>	<p>Approved for project completion. Ongoing surveillance to continue.</p> <p>Project to continue. Drill down by shift to see if there is a champion who could offer tips or other learning.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>Will celebrate once we achieve 95% marker annotation. Proposed making KOM a range of 95%-100%, due to emergencies, etc. Another suggestion was to have lateralities of extremities be 100%. We started out at 35% so there has been great improvement. Question was proposed, is there any intervention steps that could be utilized at this time, or a drill down by shift?</p> <p>They want to look at EXI numbers for next project but are collecting data now.</p>	
<p>Jason Schoville Plant Operations</p>	<p>Fire System Improvement: Jason (project was halted during the COVID surge/CI break)</p> <p>KOM Target: Continue the labelling of Duct Detectors. 21 of 99 have been found and labelled. Will be completed by next CI Presentation. After that, pull stations will be labeled. Duct detectors proved to be more challenging since they are all above the ceiling and located in supply/return ducts. Project was placed on back-burner due to other priorities and issues in the department.</p> <p>NEW PROJECT: TBD</p>	<p>Project to continue.</p>
<p>Sarah Watkins HIM</p> <p>PFS</p> <p>Registration</p>	<p>Natriuretic Peptide Denials for Medical Necessity:</p> <p>In July, Ran Insights report to find most common lab denial for not meeting medical necessity. 56 denials so far from Jan-Jun. So this was highest denial rate. August: discussed denials with coders to try heading off the denials on the front end. In March there were 18 denials. In June, only one. Will look at denials by provider and complete deep dive.</p> <p>Contract Build in EPIC:</p> <p>KOM Target: Complete EPIC build of all contracted insurance Payers. Current KOM Status: Two plans ready to be moved to production. DHP, Humana, WPS, and Cigna have been built in the test environment and are waiting fee schedules to be built or additional training to be completed. Tickets are entered for the fee schedules. Additional training required by SSM for Data Courier and Text. Mary attended training in July and Bev is waiting for info on September training.</p> <p>Increasing Front End Collections: (Co-Leading with PFS):</p> <p>KOM Target: 50% front end collection rate hospital wide. Current KOM Status: JULY: 75% for Oregon Rehab, 20% for Surgery, 55% for SWAC. Signage has been added, credit card machine has its own line for the fax machine to increase productivity and function of collecting payments, filling in the copay amount in the EPIC screens will allow this to prompt registration to collect. Continue tracking Oregon, SWAC and Surgery collections, begin specialty clinic collections, update televox to prepare patients for copay collection.</p>	<p>Project to continue.</p> <p>Project to continue.</p> <p>Project to continue.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>Prothrombin Time Denials for Medical Necessity: KOM Target: to reduce the number of denials PTT for not meeting medical necessity: 19 so far this year. Many come from nursing homes. Victoria is going through the same process as with the Natriuretic Peptide lab, by looking back at denials to track trend and look for opportunity for documentation improvement and order sets. Amy also stated that letters will be going out to the nursing homes and Kyle is working on some of their concerns.</p>	Project to continue.
<p>Ortho Team/ Multidisciplinary/Multidepartment Team Teresa</p>	<p>Outmigration Project: KOM Target: Exceed outpatient visit budget assumptions for the year with 10% stretch goal. Current KOM Status: YTD through July 2022= 41,484. End of FY Mathematical Projection = 24808 visits. Budget = 45,656 (Previous FY = 42,260 visits. Reinforcing messages to ask for Stoughton Health in Daily Dose and other communication methods. Setting up next round of businesses to visit and share our messaging. CEO met with new SSD Superintendent to discuss keeping care local Outreach to physician clinics to promote General Surgery services. Request project to continue.</p>	Project to continue. Request control charts from FY2019 to now to look at growth over time.
<p>Sleep Amy</p>	<p>In House Sleep Study: (co-leading with Amy)-Victoria KOM Target: Average turnaround time of 15 days or less. Current KOM Status: Average of 21 days in waiting. Lessons learned: outside providers' timeliness has impact, coding is not in control of how quickly sleep study turnaround is, and we are dependent upon the sleep study providers' schedules. To reduce the variation in workflows, we would need an HL7 interface, which affiliates can't have at this time. Upland Hills has a workflow that seems to work for them and we are looking to see if this could be utilized here. Kyle will be taking over going forward.</p> <p>Actigraphy with Sleep Patients: Amy KOM Target: 100% of studies needing actigraphy will have it done (awaiting updated data) Current KOM Status: 100% (4 for 4). Need updated data. Recommend continuing project for one more cycle to assess sustainability.</p>	<p>Project to continue. Please have the days in waiting cut by providers next cycle to determine if it is a single provider issue.</p> <p>Project to continue. Expecting project to close out next cycle.</p>
RCA	None at this time	
CI Presentation Debriefing		
Regulatory Updates: DNV, JC and CMS		
New Business	<p>CI will become the Board of Directors Quality Committee with three Trustees as members on it, once approved. Those 3 have already been chosen.</p>	

Agenda Item (Facilitator)	Discussion	Follow Up Action
Parking Lot (items for next meeting)	Pain Reassessment	
Reviewed and Approved by: Jennifer White		Respectfully Submitted by: Rhonda Tesmer
NEXT MEETING: September 27, 2022 9:00 – 12:00 PM Bryant Center or ZOOM		

Cohort B CI Project Dashboard													
Dept	Owner	Indicator	Direction	2021 Quarterly Goal	Jul-22	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%	84%	ND	ND						
		Pulmonary Rehab Pilot		TBD	ND								
Rehab	Liz	NEW PROJECT											
		Flowsheet Documentation	↗	100%	28%	28%	21%	0					
Surgical Services	Tracy	Surgical Pre-Op Decolonization for Total Joint Population	↗	100%	100%	90%	46%	ND	ND				
		Obtaining True OR Efficiency		TBD	average 40 min	ND	ND						
Pharmacy	Pauline	Fluid Overrides	↘	<5%	9%	21%	33%	18%					
		Tech Check Tech Program	↗	> 99.8% after checking 500 product verifications	ND	ND							
Specialty Clinic Wound Clinic Ortho Clinic CHWC	Ghadeer	Demand, Capacity and Access of the Multi-Specialty Clinics	↗	> 80% fill rate per day per provider	Gen Surg 65% Ortho SH 89% Ortho MSN 93% PA-J Ortho 94% PA-C 91% 78% Dr. Kaji	Gen Surg 80% Ortho SH 100% Ortho MSN 93% PA-J Ortho 82% PA-C 80% 100% Dr. Kaji	Gen Surg 70% MD Ortho SH 98% MD Ortho MSN 90% PA-J Ortho 54% PA-C 80% Dr. Kaji 100%	Gen Surg 873% MD Ortho SH 97% MD Ortho MSN 92% Dr. Kaji 15%	Gen Surg 86% MD Ortho SH 89% 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 12% Ortho Sto 24% Ortho MSN 27% Surgery 35% RECEPTIONISTS Cardiology 3% Ortho Sto 5% MSN 5% Surgery 7% General	CLINICAL STAFF Cardiology 9% Ortho Sto 16% Ortho MSN 16% General Surgery 18% RECEPTIONISTS Cardiology 3% Ortho Sto 2% MSN 3% Surgery 4% General	Overall 16% Gen Surg 17% Ortho 16%	Overall 23% Gen Surg 22% Ortho 24%	Overall 22% Gen Surg 32% Ortho 18%				
EVS	Angie	Linen Project	↘	Reduce bulk linen orders by 50%	ND	ND							
FNS	Dan Autumn	IDDSI - Dysphasia Diet	↗	Full Implementation	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress
Material Services	Brian	Off Contract Purchase Reduction	↗	1) TBD 2) Review top 75% of break bulk changes from Aug-Dec	Changed ordering units on products that made up 75-10% of break bulk charges from January to April	In Progress - Identified approx 20 products that account for 75% of the break bulk fees	On Hold						
		Backorder Communication	↗	1) Implement communication processes for back orders from primary distributor (Owens and Minor) to all managers by 8/31/2022 2) Implement communication process to communicate backorder and out-of-stock in storeroom to departments by 9/30/2022	1) 40% 15% 2)	In Progress							
Accounting	Brian	Accounts Payable Workflow	↗	Reduce fees and increase card rewards enough that our net between the two is positive	1890.69	40%	40%						
		Multiview Implementation	↗	Implement Budget Module by 06/30/2022	100%	90%	5%						
Human Resources	Chris	Intranet Implementation	↗	1) Pre and post survey results TBD 2) Track repeat visits to new intranet TBD	ND								
		Attracting, Retaining, Engaging New Hires, the Critical Pieces of New Hire Retention	↘	Get to X % vacancy rate Reduce new hire turnover from 24% to 15 %	New Hire Turnover rates 39% 40 Open Positions								
PR/Marketing	Laura	Taking Community Education Virtual	↗	90% of registered participants will attend education classes AND Convert 10% classes/screenings to patients	76% attended classes AND 20% (31 of 155 attendees) Conversion rate for first half of FY 22	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 77.2% 19 % for FY2021 64 of 336 attendees converted	483 (77%) OR Visits No new physician classes offered since 8/31/2021 (Remains at 22%)	383 (74.7%) OR Visits No new physician classes offered (22 % were converted)			
		Increase Google Reviews	↗	TBD									

Cohort A CI Project Dashboard

Indicator	Owner	Direction	2021 Quarterly Goal	Jul-22	Jun-22	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	Apr-Jun 2021	Jun-21	May-21	Apr-21	Jan-Mar 2021	Mar-21	Feb-21	Jan-21	Oct-Dec 2020	Dec-20	20-Nov	Oct-20	
MetSurg																															
Inpatient Admission Workflow	Heather	↗	Full Implementation	In Process	In Process	In Process	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	
	Heather	↘	<60 minutes of admission or upon new identification of any communicable disease identified (upr) AND Zero SZP Events	20% did not meet 1 SZP	50% did not meet 0 SZP	24% did not meet 0 SZP	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	
Isolation	Heather	↘	100% of all admission will be completed within 6 hours of admission	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	
Wound Care and Pressure Ulcer Project (Part 1)																															
Gerl Pouch																															
End of Life	Heather	↗	Full Implementation	In Process	In Process	In Process	In Process	In Process	In Process	In Process	AD 7 VD 0	AD 6 VD 0	AD 2 VD 0	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	
Decrease CP Length of Stay	Heather	↘	< 20 days for both AD and VD dx	21.5 days for AD with Behavioral Discharge	0 days	8 days for AD 0 days for VD	0	0%	0%	AD 7 VD 0	AD 6 VD 0	AD 2 VD 0	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	
Emergency Department																															
Outpatient Orders for Cardio Pulmonary Testing	Tina	↘	13%	On Hold	On Hold	20%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	
Columbia Suicide Screening Scale	Tina	↗	100%	97%	99%	98.8%	97.7%	97.6%	97.8%	97.4%	97.6%	97.2%	95.3%	97.4%	97.9%	97.1%	97.8%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Emergency Department HCAHPS Definitely Would Recommend	Tina	↗	≥90%	80% (Apr-Jun 2022)	ND	ND	ND	ND	ND	ND	91%	ND	ND	ND	91%	90%	89%	91%	89%	86%	90%	92%	96%	94%	99%	93%	86%	94%	77%	79%	
Integrated Telehealth - Mental Health Services for ED Patients	Tina	↗	TBD	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	
RoverLab Printer Roll Out - Lab stickers printing in ED	Kyle/Tina	↘	Zero Wrong Labeling Incidences in ED	0%	0%	0%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Laboratory																															
Eliminating Missed Add-On Lab Orders	Kyle	↗	100% of add on orders are received and process beginning within 30	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Streamline Chemistry Supply Management Consolidation of Procedures Duplication	Kyle	↘	#1: eliminate 8 steps identified on the process that are not required or add value. #2: Standardized 6 policies down to 3	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Medical Imaging																															
Lateralize Marker Documentation on Portable X-rays	Sara	↗	100%	94%	92%	92%	92%	92%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Glucose Monitoring Device	Sara	↘	0 occurrences r/t glucose monitor exposure	0	0	1	0	0	ND	ND	ND	ND	ND	ND	ND	ND	0	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Plant Operations																															
Fire Alarms	Jason	↗	Full Implementation	Heat detectors 100% found and labeled Smoke Detectors 100% found 99% labeled Duct detectors 20% Pull Stations 20%	In Progress	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	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
HIM																															
Narrative Peptide Demands for Medical Necessity	Sarah	↘	TBD	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
PFS																															
Contract Building in EPIC	Sarah	↗	Complete EPR: Build of All Contracted Insurance Payers	2 of 26	ND	0 of 26	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Registration																															
Increasing Front end Collections (co-leading with PFS)	Sarah	↗	>50%	75 % Oregon Rehab 20% Surgery 55% SMOAC	ND	40 % Oregon Rehab Surgery 55%	61% Oregon Rehab 50% Surgery	62%	62%	52%	ND	52%	50%	45%	ND	ND	10%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	
Growth																															
Optimization Project	Teresa	↗	>47,844	41484 (YTD through July)	ND	ND	27973 (YTD)	19793 (YTD)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Sleep																															
HIM In House Sleep Studies	Amy	↘	15 days or less	ND	ND	21 days	11 days	9 days	17 days	17 days	22 days	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Actigraphy with Sleep Patients	Amy	↗	100%	100% (4 of 4 YTD)	ND	ND	100% (4 for 4) YTD through April	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

Stoughton Hospital Patient Safety Committee Meeting Agenda
August 25, 2022 at 10:00 – 11:00 am Lobby Conference Room or Zoom

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

Agenda Item (Facilitator)	Discussion	Follow Up Action
Approval of Previous Minutes	Review and approve May meeting minutes.	Approved
Standing Business		
Medication Management Data Review - Pauline	<p>There was an uptick last quarter, 50% controlled substances (8). Tina S. noted that there has been a change with Pyxis in the length of time the patient remains in the system from time of discharge. It has decreased from 6 hrs to 2 hrs. Tina feels the time is appropriate and that her team would benefit with a reminder.</p> <p>Tina mentioned that she is working with pharmacy on the dose of ketamine contained in 50ml IV bags. When staff are giving two doses of ketamine they are currently utilizing one bag due to the amount of drug contained, minimizing waste. This causes a discrepancy as there should be one dose/bag and a separate order for each administration. For example if a 25mg dose is given and 500mg of ketamine is in a bag then 475mg of ketamine would be wasted.</p>	Tina is following up with pharmacy on ketamine dosing.
PH-04-04-17 High Alert Medication Management Policy	<p>Reviewed and approved by committee.</p> <p>Sara S. mentioned that MI Staff are struggling as there are frequent High Alert Medication “pop ups” on outpatients and most patients are not even aware which medications are classified as a hazardous drug and when to implement precautions.</p>	Additional Staff Education will be pushed out on final review as there are still two chapters of USP 800 awaiting revision approval. Amy suggested Pauline come up with some agenda items for the next Patient Safety Committee Meeting as this would be better handled as a group rather than have several people reaching out to her with various questions.
Review of Safety Zone Event Data-Quarter 3FY 2022 (Apr-Jun)	<p>See attachment:</p> <p>Total Non-Fall Incidents: 48 (50 last quarter), near Miss: 7 (11 last quarter) Total Falls MedSurg/ICU: 1 (1 last quarter) Current Rate 0.92 (last quarter 1.68) Total Falls Geri Psych: 0 (2 last quarter) Current Rate 3.44 (last quarter 6.78) Injury Free Days = 90</p>	
2021 Annual Review Patient/Other Events – work with Angie	Old business: 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. Jen will f/u with Kyle for status update.

“STATEMENT OF CONFIDENTIALITY – Data, records and knowledge, including minutes, collected for or by individuals or committees, or committees assigned peer/professional review functions are confidential, not public records, and are not available for court subpoenas in accordance with Wisconsin Statutes §§ 146.37 and 146.38”

Agenda Item (Facilitator)	Discussion	Follow Up Action
Patient Safety and/or Construction	<p>Pharmacy Renovation nearing completion. Waiting on sink and shelf to be installed.</p> <p>Community Health and Wellness Center water damage renovation completed and has been re-opened.</p> <p>***No construction related safety concerns/infections have occurred/identified for either project.</p>	
Security Concerns – All	<p>Tina indicated providers are ringing the buzzer to be let in by the Ambulance Bay. Tina asked if the providers can be granted access so they can enter the building without having to ring the buzzer and interrupt patient care. Team agreed that since that is where the designation parking area is for providers, access can be granted.</p> <p>McFarland Front Entrance door is not always locking. Staff have been instructed to pull door firmly to close all the way. Plant Ops is working with the owner/contractor to have a vent installed in the vestibule to help resolve this issue.</p> <p>Oregon UC had a Large Red Bio Box go missing. The sharps boxes are being taped shut and are being picked up on Tuesdays.</p>	Tina to f/u with Jason regarding access privileges for ED providers.
Engagement and Patient Safety Survey	<p>Three over-arching concerns identified: Connection to Mission, Vision and Values; patient safety/staffing, and confidence in leadership. Press Ganey will work with the leadership team to action plan. Ghadeer wondered if the survey question too vague and if reviewing the questions with teams could have some value. Amy stated that is could be valuable since prior patient safety surveys were with a different vendor.</p> <p>The following stand out as potential areas to focus on for 2022.</p> <ul style="list-style-type: none"> • Communication between work units was at 3.8 • My unit is adequately staffed 3.17 • 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. 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.</p> <p>UPDATE: Mary is in the process of looking at several vendors for engagement surveys. Goal is to select one that is easy for staff to answer while collecting valid data to identify opportunities for improvement. Mary indicated that not all vendors have culture of safety questions built in so this will also be considered when selecting a new vendor.</p>	

Agenda Item (Facilitator)	Discussion	Follow Up Action
2022 Patient Safety Goals	<p>2022 Goals:</p> <p>Falls (Sentinel Alert and reporting requirement of our SZP grant) Hospital Fall Goals: Will continue in 2023. Goal will focus on bedside sitter platform to help reduce falls.</p> <p>Suicide Assessment and Safety Plans</p> <p>Immunizations:</p> <p>Just Culture: (encouraging reporting of near misses/close calls) - team decided to retire this goal. Just Culture is a continued effort and at this time feel staff are reporting awareness and feel comfortable reporting events/near events.</p> <p>New Hazardous Medications: Sara indicated MI team struggles with hazardous medication warning in Epic. Team members are trying to identify what meds are hazardous and it's not clear how to proceed with PPE (needed or not needed if bodily fluids are not of concern). Other departments also indicated this is difficult to navigate and would benefit from education/resources.</p> <p>Product Recall process: Team has had one meeting with project continuing.</p>	<p>Team to discuss with Pauline at next meeting in September to start identifying a process/resource for departments to utilize.</p>
Restraints and Seclusion Review - Rhonda	No restraints/seclusions.	
Root Cause Analysis and/or CI Project Updates	No RCAs at this time. CI Council projects continue to meet on a 60-day cycle.	
Antibiotic Usage – Pauline/Bill	<p>Team met with Apiari 6/14/2022 and 7/12/22. Apiari reviewed our data reports including antibiotics prescribed. They provided a UTI Resource flowsheet with pathways for Uncomplicated and Complicated, Symptomatic UTI with antibiotic recommendations. Pauline is developing educational information for SH Providers. SH, team is in the process of reviewing data reports and order set builds for UTI/Resp/Abd pain/Wound. We are continuing to review monthly 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.</p>	
USP 800 – Pauline	No new updates	

Agenda Item (Facilitator)	Discussion	Follow Up Action
Trauma Review – Tessa	Working with Tina to review DHS Packet. Continue to review charges for April.	
Stroke – Tessa	Decision made to pursue DNV Acute Stroke Readiness certification instead of Joint Commission. Will obtain more information when DNV is onsite for CAH survey. Policies are in the process of being drafted and will be reviewed by stroke team following onsite visit. Tess met with Pauline about TPA administration, reference guideline in policy has been updated. Plans to revamp the ED box that contains TPA and simplify it. Having TPA in the Pyxis, a 50 ml saline bag/tubing and administration guidelines/monitoring expectations in the Alteplase tool box. RN checklist is almost complete. Pauline spoke to UW, we found they switched to TNK use for ischemic strokes as of last week. We will have to work on getting TNK back in stock here if we want to switch. The problem that we will run into is that we need TPA stocked as well for use during PE's.	
Regulatory/DNV Readiness – All	DNV chapter reviews are in progress. Expecting DNV on-site survey to occur any time after Labor Day.	
Joint Commission – Sentinel Event Alert	No new updates	
Joint Commission – Quick Safety Monthly Articles	No new updates	
Other Discussions:		
	Next meeting: Wednesday September 28, 2022 9:00 – 10:00 am Lobby Conference Room and/or ZOOM.	
Submitted by: Jen White		

Infection Prevention Committee Agenda
August 25, 2022 11:00 AM– 12:30 PM
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, Kyle Sippel

Absent: Dr. Raymond Podzorski, Rhonda Tesmer, Pauline Cass, Dr. Joel Mendelin, Nikki Rowin, Kyle Sippel

Topic	Presenter	Background	Discussion	Follow-up
Approval of May 2022 Meeting Minutes	Committee	Reviewed and approved.		
Standing Agenda Items				
Policy Review	Committee	<p>Summary of policy changes July 2022:</p> <p><u>13.04 Management of Significant Exposures</u></p> <ul style="list-style-type: none"> • Updated References • Section III-Added new flow diagram process during M-F, 0700-1630 excluding holidays to call Employee Illness/Covid line to coordinate care with IP RN or EH RN and Hospitalist and addition of green colored packet to differentiate from ED process. • Section IV C. added Hospitalist Packet • Removed Significant Exposure Plan of Care Pathway which was located on the cover of the old Significant Exposure Packet and: <ul style="list-style-type: none"> ○ Added Significant Exposure Plan of Care – Report to Hospitalist on Duty form to be applied to the outside of the Green colored packet ○ Added Significant Exposure Plan of Care – Report to Emergency Department form to be applied to the outside of the Red colored packet 		

		<ul style="list-style-type: none"> • Replaced Information For The Employee With Exposure To Blood Or High Risk Body Fluids form with updated Infection Preventionist and contact phone number • Added Significant Exposure Process Flow Chart <p><u>13.11 Needle Sharps Safe Injection Practices</u></p> <ul style="list-style-type: none"> • Corrected Wisconsin State Legislature reference to the definition of a contaminated sharp in Section I <p><u>13.24 Bloodborne Pathogen Exposure Control Plan</u></p> <ul style="list-style-type: none"> • Updated References • Changed “firm” to organization Section I • Added ‘includes but not limited to’ in section IV • Added Hospitalists in Section VI <p><u>13.28 CRE – Management of Patients with</u></p> <ul style="list-style-type: none"> • Changed all references of Stoughton Hospital to Stoughton Health • Changed “will” to may Section II, Part 6 in reference to whether the Infection Prevention RN may be included in the hospital discharge planning team. • Changed all references to DPH to DHS • Added updated references to CRE from Wisconsin Department of Public Health and removal of discontinued reference. <p><u>13.31 New and Emerging Infectious Diseases</u></p> <ul style="list-style-type: none"> • Added Monkeypox in Section II 		
<p>Risk Assessment/ Program Goals/ Infection Prevention Dashboard</p>		<p>Review Q2CY2022 IP Program Goals Progress ..\..\Risk Analysis and Program Goals\2022-2023\IC Risk Assessment HVA 2022-2023.xls</p> <p>Infection Prevention Dashboard ..\..\Reports\Inpatient Dashboard & Reports\IP Dashboard - 2022.xlsx</p>		

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: 94 (N = 124) Emergency Dept -Extend staff washed their hands Rank: 86 (N = 225) Inpatient -Staff cleaned hands Rank: 93 (N = 31) Outpatient Services -Staff washed hands before exam Rank: 93 (N=478) 	<p>April 100 % May 99 % June 100 %</p> <p>April 88 % May 100 % June 100 %</p>	Mary will contact PG to request change to hand hygiene question so it will reflect how Ortho Clinic question currently is.
Construction Risks- Infection Control Risk Assessments (ICRA)	Jen White Rhonda Tesmer	<p>Pharmacy Renovation nearing completion. Waiting on sink and shelf to be installed.</p> <p>Community Health and Wellness Center water damage renovation completed and has been re-opened.</p>	No Construction Related Infections Identified to Date	
Antibiotic Stewardship	Jen White/Bill Wilson/Pauline Cass	New project with Apiari.	Team met with Apiari 6/14/2022 and 7/12/22. Apiari reviewed our data reports including antibiotics prescribed. They provided a UTI Resource flowsheet with pathways for Uncomplicated and Complicated, Symptomatic UTI with antibiotic recommendations. Pauline is developing	

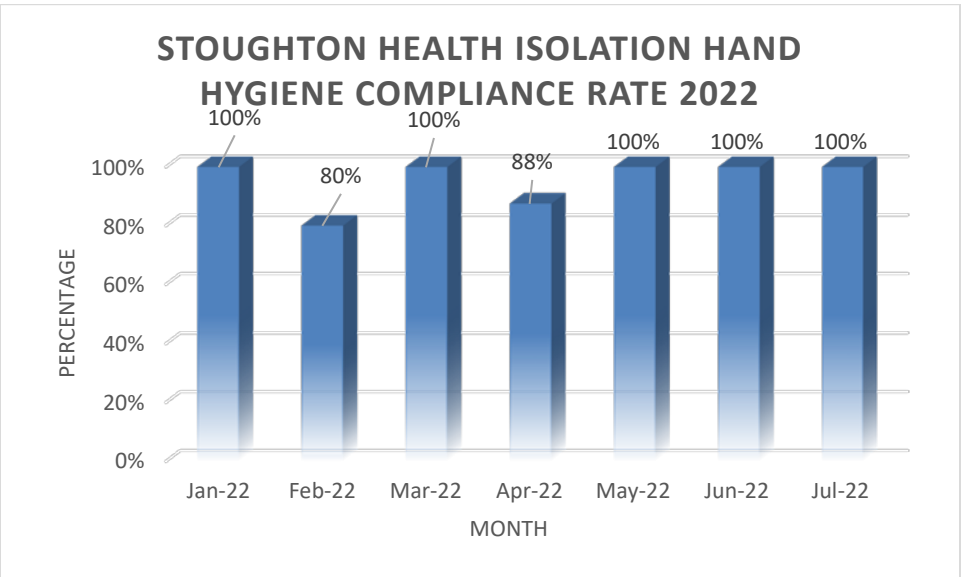
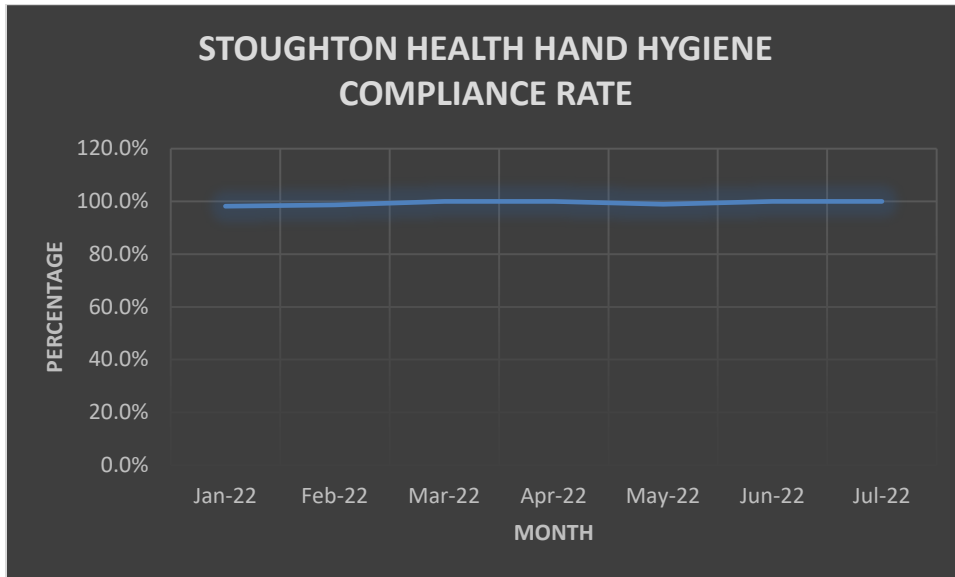
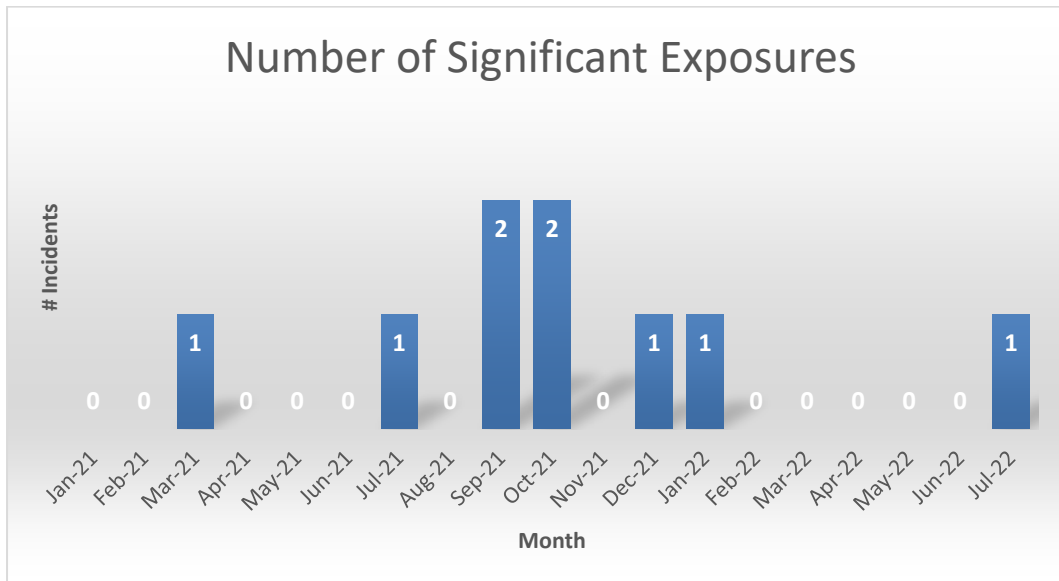
			educational information for SH Providers. SH, team is in the process of reviewing data reports and order set builds for UTI/Resp/Abd pain/Wound. We are continuing to review monthly UTI data and have expanded the scope to determine if the patient was treated with the appropriate antibiotic based on culture sensitivities. Will probably add initial treatment with the correct antibiotic to the dashboard.	
Significant Exposure Policy Update		Subcommittee met in January to review current process and we developed a new process flow. Dr. Menet agreed to have the Hospitalists provide Physician Oversight for the Significant Exposure for Hospital Employees during weekdays from 7:00am-4:30pm excluding Holidays. The ED will be used during the off shift hours, weekends and holidays. Also to use the ED if the injury requires emergency treatment.		Significant Exposure Policy has been updated and is pending approval. New process will be rolled out with Hospitalist Education after Policy Approval.
Employee Health/Sharps Injuries	Jen Mora	<ul style="list-style-type: none"> for Q2 CY2022 (Apr-Jun 2022) There was 0 Significant Exposures for this quarter. See graph below For the rolling 12 months, eight were seen. This is a little higher than previous years. 	There has been (1) Significant Exposure so far in the beginning of Q3 involving the removal of a surgical pin from a drill in July.	
DNV Preparedness/ Follow Up	Jen White/Amy Hermes	<ul style="list-style-type: none"> Heather is working with MS/ICU team with revisiting the workflow of getting dirty instruments to CS in a standardized way. Bill/Jen will work on educational material for staff. 		
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 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 		
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.	Monkeypox has been added with two patients tested and both negative for Monkeypox.	

Old Business

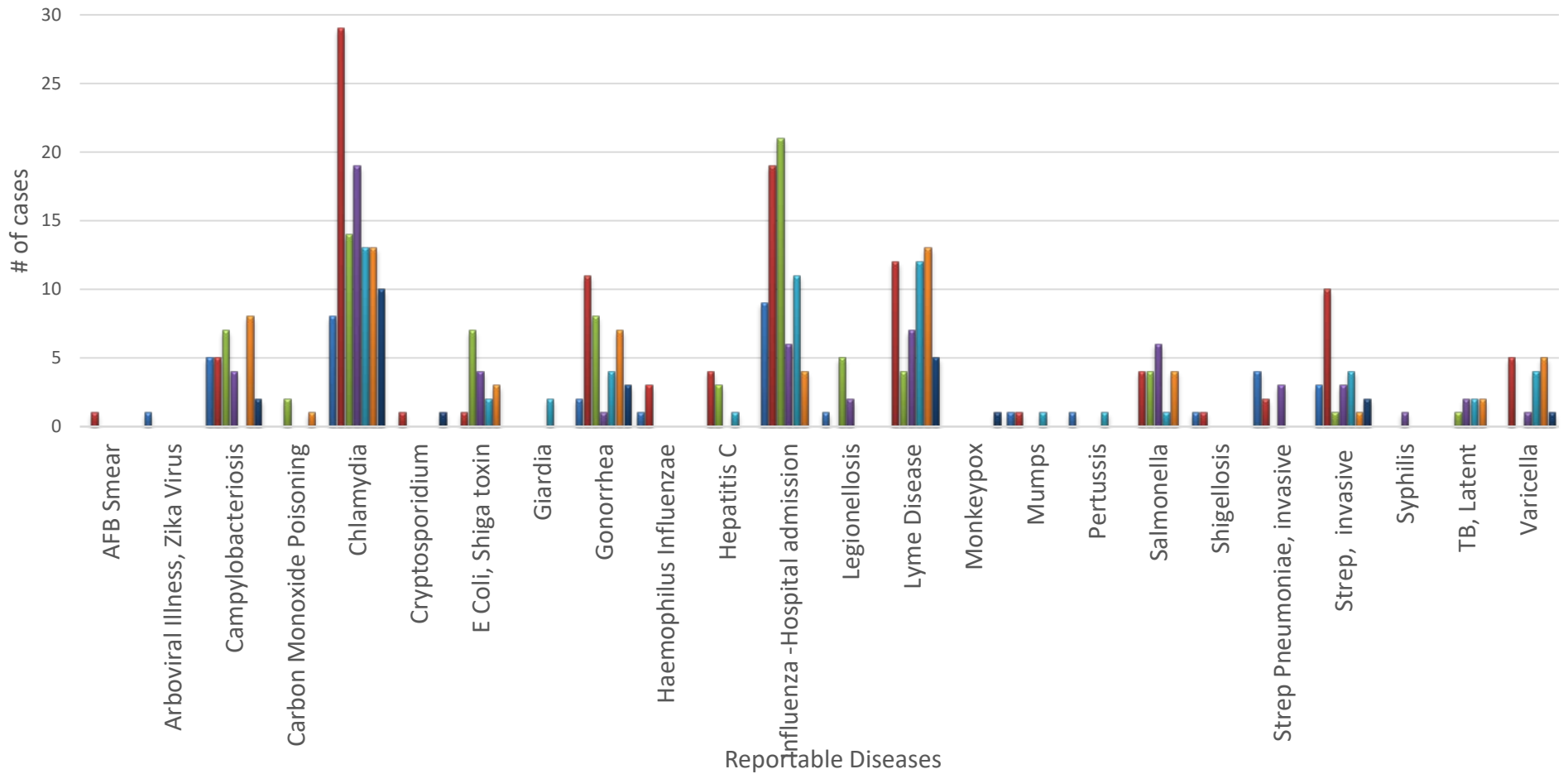
COVID-19	Bill Wilson/Jen Mora/Jen White/Amy Hermes	<p>Covid positivity rates – <i>See graph below</i> Please continue to advise staff to not show up to work if they are sick, without being tested. It is COVID unless it proves not to be COVID. Masking is still required in healthcare settings.</p>	<p>Dane County is currently listed in a Medium Covid-19 Community Level. Locally cases have decreased which is in line with statewide and national statistics. Case positivity in Dane County this week is 11.9%, last week it was 14.2%. Dane County continues to have greater access to free testing sites and is likely capturing more cases than other areas of the state and country. The majority of samples sequenced at this point locally and statewide continue to be identified as Omicron, specifically the sub-variant BA.5. BA.5 is believed to</p>	
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			be the most transmissible variant of the coronavirus yet, and seems better at immune escape than previous variants. There still does not appear to be evidence to show that BA.5 is more severe than other Omicron subvariants	
Parking Lot				
Employee Influenza Vaccination Rates	Jen Mora	Reporting period is Oct 2022 – March 2023. Planning team met on 08/24/2022. Planning to hold 5 vaccine clinics at the hospital between Oct – Nov.		
New Business				
Pediatric Hepatitis outbreak	Committee	They are still trying to determine the causative factor for the link to recent infection. As of the August 10 data release there are 358 PUI cases in 43 States in children under 10 years of age with Acute Hepatitis of Unknown Etiology since October 2021. Numbers for each state will not be released to protect patient privacy.		
Pre-Procedural Testing	Committee	ASA has not released any updates for quite some time. Will continue to follow pre-procedural testing guidelines. Will continue to monitor for ASA updates.		
Visitor Guidelines	Committee	No new updates.		
Covid-19 Variants	Committee	BA.5 is the current most prevalent strain circulating		
Monkeypox	Committee	No confirmed cases at Stoughton Health. We have tested two patients so far with negative results.		
Next Meeting	Wednesday September 28, 2022 10:00 – 11:30 am Lobby Conference Room or Zoom.			

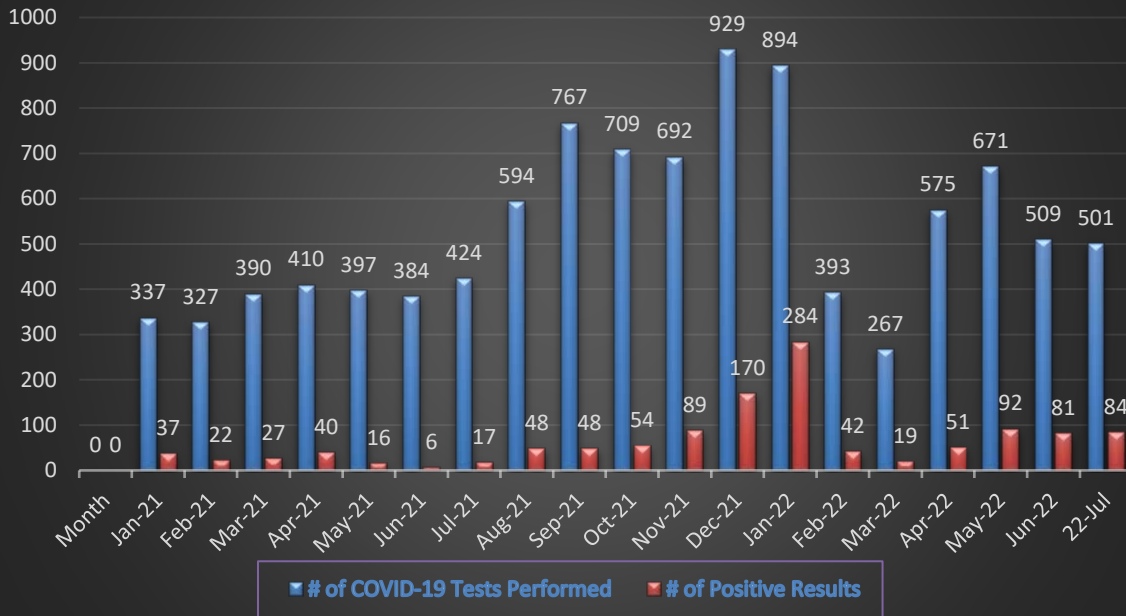


Reportable Disease Trending by Year

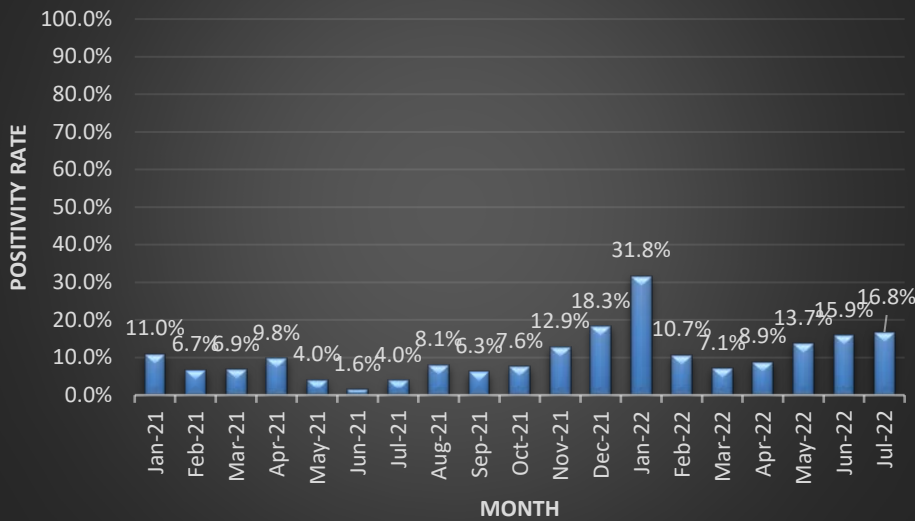
■ 2016 ■ 2017 ■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2022



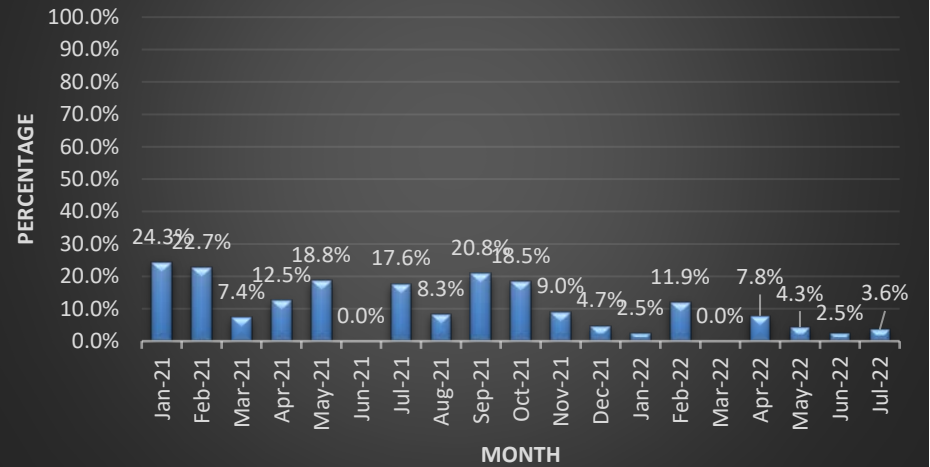
Covid-19 Suspect and Confirmed Tests



Stoughton Health Covid Positivity Rate



Stoughton Health Positive COVID Results that Required Hospitalization



Stoughton Hospital Foundation Dashboard

	FY 21 QTR 4	FY 21 Total YTD	FY 22 QTR 1	FY 22 QTR 2	FY 22 QTR 3	FY 22 QTR 4 9-12-22	FY 22 Total YTD	FY 2022 Budget	FY 2022 Strat Goal	Explanation
Donor Count										
Donor Base	197	485	276	49	96	122	543		428	Incr. avg. 5%
Annual Giving Contributions*										
Restricted Contributions	\$1,196	\$141,787	\$18,665	\$164,566	\$1,245	\$1,358	\$185,834	\$213,000	\$146,008	Incr. avg. 5%
Unrestricted Contributions	\$4,315	\$55,843	\$45,281	\$24,911	\$20,251	\$6,876	\$97,319	\$65,000	\$56,749	Incr. avg. 5%
<i>Special Events:</i>										
Golf Outing Net Returns	\$41,462	\$41,462	\$0	\$0	\$0	\$0	\$0	\$35,000	\$28,291	Incr. avg. 5%
Other Fundraising/Walk, Giv Tues	\$3,107	\$3,107	*\$2,352	\$0	*\$4,395	*\$2,281	*\$9,028	\$10,000	\$3,262	Incr. avg. 5%
Total Contributions	\$50,080	\$242,199	\$63,946	\$189,477	\$21,496	\$8,234	\$283,153	\$323,000	\$234,311	Incr. avg. 5%
Capital Campaigns										
Capital Campaign										N/A
Wellness Garden Campaign										N/A
Provisional Commitments										
Planned Giving Donations	\$0	\$0	\$6,639	\$0	\$15,000	\$0	\$21,639		\$ -	N/A
Planned Giving Commitments	0	0	1	0	1	0	2		2	Incr. avg. by 1
Special Event Participation										
Golf/Card Event Participants	130	130							116	Incr. avg. 5%,
Circle of Friends Event Attendees		62				67	67		35	Incr. avg. 5%
Community Walk Participants	99	99				74	74		104	Incr. avg. 5%
Cider in the Garden Participants			15				15		15	
Giving Tuesday			54				54		54	
Summer Splash						81	81			
Board & Employee Giving										
Foundation Board - Unrestricted	3	10	4	6	0	0	10		11	
Foundation Board - Restricted			0	1	0	0	1			
Foundation Board - Total	1	10	4	7	0	0	11		11	
Foundation Board Total Giving %	10%	100%	36%	64%	0%	0%	100%		100%	Goal 100%
Governing Board - Unrestricted	4	12	5	1	0	5	11		12	
Governing Board - Restricted			0	0	0	0	0			
Governing Board - Total	4	12	5	1	0	5	11		12	

Governing Board Total Giving %	33%	100%	42%	8%	0%	42%	92%		100%	Goal 100%
Administration - Unrestricted	0	6	6	0	0	1	7		7	
Administration - Restricted			0	0	0	0	0			
Administration - Total	0	6	6	0	0	1	7		7	
Administration Total Giving %	0%	100%	100%	0%	0%	14%	100%		100%	Goal 100%
Management - Unrestricted	3	8	5	2	0	1	8		14	
Management - Restricted	0	6	4	0	1	0	5			
Management - Total	3	14	9	2	1	1	13		14	
Management Total Giving %	21%	100%	64%	14%	7%	7%	93%		100%	Goal 100%
	FY 21 QTR 4	FY 21 Total YTD	FY 22 QTR 1	FY 22 QTR 2	FY 22 QTR 3	FY 22 QTR 4 9-12-22	FY 22 Total YTD	FY 2022 Budget	FY 2022 Strat Goal	Explanation
Employee - Unrestricted	30	109	31	1	34	17	83			
Employee - Restricted	0	16	37	9	4	6	56			
Employee - Total Giving Campaign	30	125	68	10	38	23	139		101	Incr. to 30%
Employee Total Giving %	9%	37%	20%	3%	11%	7%	41%		30%	based on 337 employees
Cost Per Dollar Raised**										
Fundraising Cost per \$1 Raised	\$ 0.61	\$ 0.61	\$ 0.45	\$ 0.24	\$ 0.35	\$ 0.40	\$ 0.40		\$ 0.50	
5 Year Rolling Average	\$ 0.67	\$ 0.67	\$ 0.61	\$ 0.55	\$ 0.56	0.57	\$ 0.57		\$ 0.50	

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

**Stoughton Hospital - Public Relations Board Report
August - September 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 in August on Shoulder Pain Relief and September Breast Cancer Risk Assessment

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, orthopedic shoulder pain relief & breast cancer risk assessment.

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, orthopedic shoulder pain relief & breast cancer risk assessment. Additional spots on Weather Channel and 55 spots on CW network.

Charter/Spectrum Cable – Stoughton Health high frequency campaigns running with customized knee on Brewers, ortho shoulder pain relief, breast cancer risk assessment and blood drive spots on BTN, News, HGTV, CNN, Lifetime, Oxygen, Golf Channel & other networks. Sponsor of News on the One Program 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, shoulder pain relief and breast cancer risk assessment

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

Oregon Cable – 15 sec. & 30 sec. updated TV spots and rotates multiple ads: Urgent Care, 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, blood drive in August at CHWC, orthopedic shoulder pain relief, breast cancer risk assessment and our many other educational classes.

ESPN/100.5 – live mentions about customized knee, orthopedic shoulder pain relief, breast cancer risk assessment, and blood drive spots.

WOLX/94.9 – 15 & 30 sec. spots on air and streaming promoting virtual visits, variety insurance plans accepted, August blood drive, urgent care locations, SAFE Sitter classes, balance, diabetes support group, orthopedic shoulder pain relief & breast cancer risk assessment.

Print

- Press releases include: Balance Class, Breast Cancer Risk Assessment, August Blood Drive, Forgiveness Suicide Prevention, Safe Sitter, Shoulder Pain, Medicare 101 and more community education classes
- *For the Life of You* newsletter will be sent to over 42K households end September with cover introducing podiatry foot clinic located in Stoughton Hospital
- Urgent Care ads in Stoughton H.S. and McFarland Football game programs, Stoughton Opera, McFarland Community guide and in *Madison Westside Neighbors and Lakeside* magazines
- BRAVA article focused on Breast Cancer Risk Assessment

Shoulder Pain Relief

FREE Online Talk!

Join Dr. Ashish M. Rawal to learn more about the causes of shoulder pain and both surgical and non-surgical pain relief options. Dr. Rawal is board certified in both Orthopedic Surgery and Sports Medicine. He specializes in shoulder surgery and finding the right options for relieving pain and getting his patients back to their active lives.

Thursday, August 18, 2022 at 5:30 p.m.

To register for this FREE online talk, please go to stoughtonhealth.com and click on "Classes & Events." Participants will receive a link to the talk (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.

OrthoTeam Clinic
Specializing in Orthopedics

orthoteam.com • A Clinic of Stoughton Health

Understanding Your Personal Risk for Breast Cancer

Recommended for All Women 25 and Older

Thursday, September 22 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 breast cancer talk, Dr. Schwaab will cover:

- Screening recommendations
- Risk assessment recommendations and process
- Risk reduction for all women including those at high risk

FREE Online Talk!

To register for this FREE online talk, please go to stoughtonhealth.com and click on "Classes & Events." Participants will receive a link to the talk (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.

STOUGHTON HEALTH

stoughtonhealth.com

Putting the Urgent Back in Urgent Care

Stoughton Health accepts Dean Health Plan, Quartz and many more insurance plans!

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
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STOUGHTON HEALTH

stoughtonhealth.com

URGENT CARE

STOUGHTON HEALTH

Oregon • Stoughton • McFarland

- Young at Heart insert focused on Rehabilitation and Sports Medicine
- Wisconsin State Journal recruitment, ortho shoulder talk, breast cancer risk assessment



Other

- Billboard on Hwy N, 51 near BBG's and Hwy 14 focused on Breast Cancer Risk Assessment, Medical Imaging People's Choice Award near Fire Stoughton City Fire Dept. and Hwy 138 Urgent Care
- Photo shoot with staff for upcoming calendar
- Digital and print ads for People's Choice Award
- Digital ad campaign focused on Shoulder Pain Relief early August with paid search, targeted display and YouTube impressions and social media/facebook impressions
- Urgent Care August digital campaign and September digital display and geo fencing with .11 click thru rate and .13% respectively
- Multiple social media posts with focus on virtual classes, blood drive, foundation, golf event, and recruitment driving likes from 2293 to 2364
- Assistance with outreach to Business Health and Wellness Department with approximately 100 letters being mailed.
- Further exploration into contracting for increased google reviews
- Update digital screens in hospital, screen savers, rack cards and elevator flyers promoting education classes, community events & hospital services

COMMUNITY HEALTH NEEDS ASSESSMENT/PLAN

- Continue with Stoughton task force with education and training towards LGBTQ+, equity, & diversity
- Continued collaboration with JangoDX to provide COVID testing at CHWC
- Diabetes Support Group meeting monthly to address chronic conditions
- Healthy Living with Diabetes class set up with dietitians
- Memory Café starting back to work with patients and families with Alzheimers
- Safe Sitter and Safe at Home additional classes offered to address injuries identified in CHNA
- Multiple classes and podcasts set up to address mental health
- Parkinson's Exercise Program with Rehab and Sports Medicine Physical Therapists
- Stoughton Wellness Coalition notified recipient of grant funding into 6th year

COMMUNITY EDUCATION CLASSES & EVENTS

- 08/06 – SafeSitter – 8 registered, 8 attended
- 08/09 - Safe@Home – 10 registered, 9 attended
- 08/18 – Shoulder Pain Relief – 62 registered, 39 attended
- 08/19 - Blood Drive – 30 donors, 32 units collected
- 09/12-12/05 – Parkinson's Exercise Class – 14 registered, series class
- 09/19-11/17 Strong Bodies – 12 registered, series class (full a.m. and p.m.)
- 09/19 – Power of Attorney – 5 registered
- 09/22 – Breast Risk Assessment – 4 registered
- 09/26 – 11/03 Balance Class (STO) – 10 registered, series class (full)
- 09/26 – 11/10 Balance Class (ORE) – 10 registered, series class (full)
- 09/28 – The Role of Forgiveness in Suicide Prevention – 2 registered
- 09/29 – 11/10 – Freedom Through Forgiveness – 7 registered

NEW! Purchase a punch card to attend any of the dates during this class session that work for you!
 15-class punch card: \$45 or two 15-class punch cards: \$90
 To purchase a punch card(s), please go to stoughtonhealth.com and click on "Classes & Events."

Class Session: Monday, September 12th to Friday, December 9th

Mondays 11-11:45 a.m. Community Health & Wellness Center 3162 County Rd B, Stoughton	Tuesdays 10:45-11:30 a.m. Oregon Senior Center 219 Park Street, Oregon	Fridays 1-1:45 p.m. Community Health & Wellness Center 3162 County Rd B, Stoughton
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BUSINESS DEVELOPMENT, PUBLIC RELATIONS & FOUNDATION

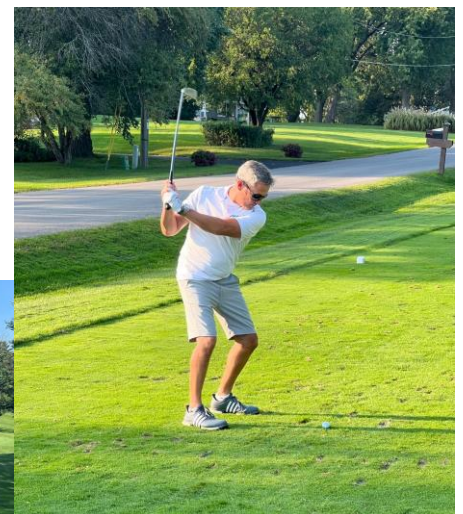
- 8/2 – Sponsored and booth at Stoughton Safe Night Out event with approximately 300+ families
- 8/2 – Sponsored and booth at Oregon Night Out
- 8/4 – Sponsored Brooklyn Night Out and collaborated with City village to share resources
- 8/12 – Promoted urgent cares and rehab at Oregon Kids Triathlon with over 500 families participating
- 8/13 – Community event participation at McFarland Music by the Lake with Urgent Care resources provided
- 8/16 – Booth at Evansville Night Out with approximately 300 families participating
- 8/18 – Gazebo Musikk table and resources to promote urgent care and Foundation virtual auction
- 8/20 – Stoughton Coffee Break Festival sponsor
- 8/20 – ACS Relay for Life Sponsor and table at event with Dr. Schwaab Medical Honoree Speaker
- 9/9 – Sponsor and attend Rock County Senior Fair to promote Geriatric Psychiatry, over 500 attendees
- 9/11 – Sponsor Shillelagh Golf Outing
- 9/17 – Oktoberfest Ride for Arthritis Event Sponsorship, Dr. Rawal Medical Honoree Speaker
- 9/24 & 25 – Sponsorship of McFarland Family Festival with booth and education resources
- 9/29 - Partners Fall Southern District Meeting, Dr. Schwaab presenting on Breast Care Program
- Weekly Saturday booth at Stoughton Farmers Market with resources
- Preparation with Partners of Stoughton Hospital for their upcoming Fall Southern District Meeting
- Work on flyer design with Kiwanis for Fall festival event
- Continue meetings with school, city, police and Stoughton Chamber



FOUNDATION

- Walk shirts and thank you's sent to all sponsors and thank you to walkers
- Four Board members videoed on why involved with Foundation for website/social media and lobby boards
- Met with former Board President Peter Sveum
- Summer Board Social at Angelo's in McFarland
- Preparation and September 2022 Golf Outing event including golf, virtual auction, Charlie Shortino challenge and card party which raised over \$51,000

*Attend Oregon Area Wellness Coalition, Oregon CARES, Stoughton Wellness Coalition, Joining Forces for Families, Partners, Oregon Chamber Board, meetings and correspondence with Cottage Grove, Oregon, Stoughton, Evansville, McFarland, and Brooklyn Chambers, and outreach to local clinics.



New Appointments – One-Year Term

Hoyme	Derek	MD	Pediatric Cardiology	UW Health	Courtesy
Hahnfeld	Lynn	MD	Urology	SSM Health	Courtesy
Jung	Nate	MD	Urology	SSM Health	Courtesy
Bartlett	Heather	MD	Pediatric Cardiology	UW Health	Courtesy
Maginot	Kathleen	MD	Pediatric Cardiology	UW Health	Courtesy
Peterson	Amy	MD	Pediatric Cardiology	UW Health	Courtesy
Ralphe	John	MD	Pediatric Cardiology	UW Health	Courtesy
Srinivasan	Shardha	MD	Pediatric Cardiology	UW Health	Courtesy
Von Bergen	Nicholas	MD	Pediatric Cardiology	UW Health	Courtesy
Wallhaus	Thomas	MD	Cardiology	UW Health	Courtesy
Balison	David	MD	Radiology	Madison Radiology	Courtesy
Silbert	Agnieszka	MD	Cardiology	UW Health	Courtesy
Thornberry	Krista	NP	Nurse Practitioner	Stoughton Health	AHP
Rakita	Jason	MD	Sleep Medicine	SSM Health	Courtesy
Joseph	Anupama	MD	Cardiology	UW Health	Courtesy
Kaura	Neil	MD	Radiology	Madison Radiology	Courtesy
Konstantinou	Chris	MD	Cardiology	UW Health	Courtesy

Reappointments – Two Year term

Kinonen	Christopher	MD	Pathology	Associated Pathology	Courtesy
Shah	Kabeer	DO	Pathology	Associated Pathology	Courtesy
Molot	Ross	MD	Pathology	Associated Pathology	Courtesy
Mendelin	Joel	MD	Pathology	Associated Pathology	Courtesy
Morgan	Adam	MD	Pathology	Associated Pathology	Courtesy
Heisler	Lindsey	NP	Hospice NP	Heartland Hospice	AHP
Connell	Amy	MD	Psychiatry	Independent	Active
Coogan	Michael	MD	Emergency Med	SWEA	Active
Ketterhagen	Katherine	PA-C	Emergency Med	SWEA	AHP
Dahlke	Debra	CRNA	Anesthesia	Sto Health	AHP
Rabe	Nicholas	CRNA	Anesthesia	Independent	AHP
Schmidt	Judith	CRNA	Anesthesia	Sto Health	AHP
McKinnon	Sally	MD	Radiology	Madison Radiology	Courtesy
Wedding	Christopher	MD	Radiology	Madison Radiology	Courtesy
Kennedy	Neil	MD	Radiology	Madison Radiology	Courtesy
Rossi	Alessandro	MD	Radiology	Madison Radiology	Courtesy
Figi	Adam	MD	Radiology	Madison Radiology	Courtesy
Accavitti	Michael	MD	Cardiology	UW Health	Courtesy
Vanderbilt	Timothy	MD	Ortho Surg	SSM Health	Active
Nelson	Jacalyn	MD	Sleep Medicine	SSM Health	Courtesy