STOUGHTON HEALTH

MEETING AGENDA

Stoughton Hospital Association Governing Board

Monday, November 21, 2022 | 7:15 a.m. – 9:00 a.m.

Zoom Link: https://us06web.zoom.us/j/82162425409?pwd=cTBDLzdPZkN4dnpqZEJ6WS93dThidz09

Phone: 312.626.6799 | Meeting ID: 821 6242 5409 | Password: 516803 ***(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 September 28, 2022 Governing Board Meeting (Tom Fendrick) – ***(See Attached, Pages 5-14)***	
	III.	New Business A) Non-Reportable Sentinel Event (Amy Hermes) – ***(See Attached, Page 15)***	
	IV.	Old Business A) COVID Updates (Amy Hermes) B) DNV Survey Status Update (Amy Hermes) – ***(See Attached, Pages 16-17)*** C) Master Facility Plan Update (Dan DeGroot/Teresa Lindfors) • Design/Construction Updates and Recommendation	
	V.	SSM Updates (Margo Francisco/Matt Kinsella)	
	VI.	Committee Updates A) Executive Committee (Tom Fendrick) • Upcoming meeting: Monday, December 26, 2022 (TBD) B) Governance Committee • Upcoming meeting: Thursday, January 19, 2023	
A		C) Finance Committee (Steve Staton/Michelle Abey) – ***(See Finance Committee Meeting Packet for Attachments)***	

Item #	Agenda	Time

- Approval of November 18, 2022 Finance Committee Meeting Minutes ***(Attachment to be emailed on November 18, 2022)***
- Draft FY2022 Audit Report
- October 2022 Financials
- Capital Request Approvals
  - Moderate Complex GeneXpert Laboratory Instrument
  - Stereotactic Breast Biopsy Machine Replacement
- November MTD Financials
- Upcoming meeting: Friday, May 19, 2023

D) Audit Compliance/Risk Management Committee
- Upcoming meeting: Monday, June 19, 2023

E) Quality Committee (Donna Olson/Dan DeGroot)

A
- Upcoming meeting: Tuesday, January 24, 2023
- Overview of Quality Management (QM) Council (f.k.a. CI Council)
  - Policy 1.15: Quality Management Program and Plan ***(See Attached, Pages 18-20)***

F) CEO Evaluation/Compensation Committee
- Upcoming meeting: February 2023 (TBD)

VII. Administration Team Updates
(Dan DeGroot, Michelle Abey, Teresa Lindfors, Amy Hermes, Chris Schmitz, Mary Hermes, Laura Mays)

A) CEO Summary Report (Dan DeGroot)
1. Board Member Badges
2. Governing Board Retreat – Date Change Reminder

B) CFO Summary Report (Michelle Abey) – ***(See Attached, Page 21)***

A
1. Quarterly Corporate Compliance Committee Update

C) Chief Strategy and Business Development Officer Summary Report (Teresa Lindfors)
1. Growth Updates
   - Ortho Shoulder Center Update/ Logo
   - Elective Sterilization Update

D) CNO Summary Report (Amy Hermes) – ***(See Attached, Pages 22-74)***

A
1. Quality/Safety **<u>Consent Agenda</u>**
   - MCE Meeting Minutes – September/October 2022
   - MEC Meeting Minutes – November 2022

Item #	Agenda	Time

- Patient Satisfaction Ranking
  - Satisfaction by Providers - Q3 FY2022
  - Overall Satisfaction by Service Line – Q3 FY2022
- CI Council Updates
  - CI Council Minutes – September and October, 2022
  - CI Council Dashboards:
    - Cohort B – September 2022
    - Cohort A – October 2022
- Patient Safety
  - Patient Safety Meeting Minutes – September 2022
- Infection Prevention
  - Infection Prevention Meeting Minutes – September 2022

E) VP, HR, Campus Planning, Operational Support Services Summary Report (Chris Schmitz)
1. HR/Facilities Updates

F) Director, Engagement and Experience Summary Report (Mary Hermes)
1. Status Update
2. Employee Survey Results

G) Foundation/Marketing/PR/Business Development Director Summary Report (Laura Mays)
1. Recent Events
2. Upcoming Events
3. Foundation Dashboards (FY2022 and FY2023) ***(See Attached, Pages 75-78)***
4. PR Report ***(See Attached, Pages 79-82)***

A VIII. Chief of Staff Report ***(See Attached, Page 83)***
(Dr. Aaron Schwaab)

A) One Year Appointments:
1) Catherine Allen, MD, Pediatric Cardiology, UW Hospital, Courtesy
2) Chanelle Benjamin, MD, Hospital Medicine, Beam
3) Justin Blaty, MD, Sleep Medicine, SM Health, Courtesy
4) Ariel Bodker, MD, Cardiology, SSM Health, Courtesy
5) Bradley Hartmann, MD, Radiology, Madison Radiology, Courtesy
6) Anne Hoeft, CRNA, Independent, AHP
7) John Hokanson, MD, Pediatric Cardiology, UW Hospital, Courtesy
8) Mitchell Kopnick, MD, Urology, SSM Health, Courtesy

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	9) Samantha Kraemer, MD, Urology, SSM Health, Courtesy 10) Don Nguyen, MD, Radiology, Madison Radiology, Courtesy 11) Daniel Petersen MD, Sleep Medicine, SSM Health, Courtesy 12) Norman Richards, MD, Urology, SSM Health, Courtesy 13) Christopher Watson, PA-C, SWEA, AHP 14) Shana Wright, NP, Psych Telehealth, ITP, AHP 15) Tyler Zenner, MD, Urology, SSM Health, Courtesy Flagged Files: None at this time	
	B) Two Year Re-Appointments: Flagged Files: None at this time	
IX.	Adjourn	9:00 a.m.

Upcoming Meetings:

- Annual Meeting: Monday, November 28, 2022 at 5:00 p.m.
- Executive Committee Meeting: Monday, December 26, 2022 at 7:30 a.m.
- Governance Committee Meeting: Thursday, January 19, 2023 at 7:30 a.m.
- Finance Committee Meeting: Friday, May 19, 2023 at 7:30 a.m.
- Audit Compliance/Risk Management Committee Meeting: Monday, June 19, 2023 (time TBD)
- Quality Committee Meeting: Tuesday, January 24, 2023 at 9:00 a.m.
- Governing Board Meeting: Wednesday, January 25, 2023 at 7:15 a.m.

Note:

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

MISSION

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

VISION

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

VALUES

Our patients and community are our number one priority.

STOUGHTON HEALTH

MEETING MINUTES

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=a0F3ZjZ1QXNUVGdnKzM0M3M2bFhiUT09

Phone: 312.626.6799 | Meeting ID: 844 4365 1362 | Password: 265209 ***(use phone if no Zoom capability)***

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

Absent: Kris Krentz | Nick Probst

	Item #	Agenda	Time
	I.	Call to Order (Tom Fendrick) Mr. Fendrick called the September 28, 2022 Governing Board meeting to order at 7:15 a.m.	7:15 a.m.
A	II.	Review Minutes of July 27, 2022 Governing Board Meeting (Tom Fendrick) ***Action: Mr. Staton made a motion to approve the July 27, 2022 Governing Board meeting minutes. Ms. Olson seconded the motion. Motion carried.***	
	III.	Board Education (Jen White): • CMS Accreditation Process / DNV vs. The Joint Commission • Non-Reportable Sentinel Event Ms. White provided a brief overview of DNV, the hospital's new CMS accreditation company and added their unannounced surveys will occur annually. She noted DNV standards mimic the CMS Conditions of Participation (COPs) which will allow the hospital to focus on industry requirements annually without constant change. DNV has been contracted to take place of the hospital's current accreditation provider, the Joint Commission. Ms. White shared information on a recent non-reportable sentinel event which was due to a patient fall resulting in harm. She noted this unwitnessed fall occurred at approximately 3:45 a.m. on September 19, 2022.	

Although the patient displayed no visible signs of injury, Ms. White noted since the patient hit their head the hospital conducted a CT scan which revealed a small subdural hematoma.

IV. Old Business

A) COVID Updates (Amy Hermes)

Ms. Hermes provided a brief COVID update noting the Public Health Emergency (PHE) will continue to be in effect until December 31, 2022. She noted the hospital recently received bivalent COVID vaccines and has started providing those to staff and some patients with plans to offer community clinics soon. Finally, she shared the CDC recently made new recommendations for healthcare facilities regarding masking and visitation, and the Incident Command team plans to meet next week to review those recommendations.

B) Master Facility Plan Updates (Teresa Lindfors)

- Design/Construction Timeline Update

Ms. Lindfors shared teams are currently reviewing floor plans and noted JP Cullen is drafting cost estimates with and without an Ambulatory Surgery Center. She added it takes approximately 44 weeks to complete the design process with EUA and the team expects to begin detailed planning in 2023. Finally, Ms. Lindfors shared various stacking options provided by the architects and noted the decision on which option to proceed with will be made once cost estimates are received.

V. New Business

A) No updates.

VI. SSM Updates

(Margo Francisco/Matt Kinsella)

Ms. Francisco provided a SSM update and stated they are not planning to lift masking in any of their facilities at this time. She shared SSM will be offering mobile vaccine clinics for schools (teachers and students), businesses, and underserved communities. She noted SSM plans to include various other childhood immunizations during these clinics and will have the ability to enter this information into the immunization registry. Finally, Ms. Francisco shared SSM has been experiencing bed shortages for an extended period of time so they are reviewing options to add additional beds and expand capacity. Mr. Kruser enquired about several of SSM's orthopedic providers discussing ending their employment with the facility. Ms. Francisco stated

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SSM leadership is meeting weekly and planning for this potential scenario and noted additional information will be provided in the near future.

VII. Committee Updates

A) Executive Committee (Tom Fendrick)

A
- Approval of August 22, 2022 Meeting Minutes
- Next meeting: October 24, 2022

Mr. Fendrick provided a brief summary of the August 22, 2022 Executive Committee meeting minutes.

Action: Mr. Kruser made a motion to approve the August 22, 2022 Executive Committee meeting minutes. Ms. Francisco seconded the motion. Motion carried.

B) Finance Committee (Steve Staton/Michelle Abey)

A
- Approval of August 26, 2022 Finance Committee Meeting Minutes

A
- Fiscal 2023 Budget Review and Approval
- Next meeting: November 18, 2022

Ms. Abey provided a brief summary of the August 26, 2022 Finance Committee meeting minutes.

Action: Ms. Olson made a motion to approve the August 26, 2022 Finance Committee meeting minutes. Dr. Schwaab seconded the motion. Motion carried.

Ms. Abey provided a summary of the FY2023 budget noting the Finance Committee made a motion to move to the Governing Board for approval during the August 26, 2022 Finance Committee meeting.

Action: Mr. Staton made a motion to approve Stoughton Health's FY2023 Budget. Mr. Rusch seconded the motion. Motion carried.

C) Bylaws Committee (Dan DeGroot)

A
- Approval of Updated Governing Board Bylaws (Final Approval at Annual Meeting)

Mr. DeGroot provided an overview of the hospital's recommended changes to the Governing Board bylaws noting final approval of these changes would take place at the November 28, 2022 Annual meeting.

Action: Mr. Kruser made a motion to move Governing Board bylaws for final approval at the November 28, 2022 Annual meeting. Dr. Rawal seconded the motion. Motion carried.

VIII. Administration Team Updates
(Dan DeGroot, Michelle Abey, Teresa Lindfors, Amy Hermes, Chris Schmitz, Mary Hermes, Laura Mays)

A) CEO Summary Report (Dan DeGroot)

1. 2023 Governing Board Retreat Update

Mr. DeGroot shared intentions of moving the 2023 Governing Board Retreat dates from spring to fall of 2023. He added a majority of Board members responded with their availability and stated the retreat will be moved to September 27-29, 2023.

2. Bundled Pricing Pilot Update

Mr. DeGroot shared the hospital recently met with a consulting firm regarding bundled pricing. He noted the bundled pricing pilot will initially start with one orthopedic episode such as a total knee arthroplasty with the goal of building scale over time.

B) CFO Summary Report (Michelle Abey)

A 1. August 2022 Financial Statements

Ms. Abey shared the August 2022 financial statements which can be found in the September 28, 2022 Board meeting packet. She stated our operating income was $686,757, which was more than the budget by $592,524 and August excess of revenues over expenses is $429,580, which is above the budget by $271,742. Ms. Abey shared days cash on hand was 422 days at the end of August which is over budget of 376. She added the final CMS advanced liability payment in the amount of $1,344,814 was repaid yesterday.

Finally, Ms. Abey stated August was a successful month and looking ahead we are projecting volumes in most areas to continue to have a positive variance to August's budget resulting in gross patient revenues being approximately $2.4M ahead of budget for the month.

Action: Mr. Staton made a motion to approve August 2022 financial statements. Mr. Kruser seconded the motion. Motion carried.

2. September 2022 Month-to-Date Financials

Ms. Abey provided an overview of September 2022 month-to-date financials noting the month is expected to close ahead of the budget. She added gross volumes are ahead by 2.5% and reminded Board members of the upcoming service recognition bonus payout which will take place this Friday.

3. Capital Requests:

A
- Lab Chemistry Analyzer

Ms. Abey presented a lab chemistry/immunochemistry analyzer capital request noting the current machine is over eight years old and at the end of its useful life. She added expectations are to complete this purchase by late summer 2023 and requested capital approval for a cost not to exceed $275,000.

Mr. Fendrick asked if the old equipment could be traded in for its value and Ms. Abey stated there typically would be a trade-in value but it is unknown at this time as the hospital has not decided which vendor to utilize. Ms. Hermes added there will be an Epic integration cost which is also unknown at this time.

Action: Ms. Francisco made a motion to approve capital for the purchase of the lab chemistry analyzer. Dr. Schwaab seconded the motion. Motion carried.

4. 340b Story Statement for 2021

Ms. Abey provided a summary of the 2021 340b Story Statement related to facilities who do advocacy work. She stated Stoughton Health's community benefit is estimated at just under $4 million.

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

1. Growth Updates

Ms. Lindfors provided growth updates on various service lines:

- Urology: Plan to start vasectomy clinic October 14, 2022 and surgical services in January 2023. Four of nine physicians have been successfully credentialed with Dr. Moore will provide the first day of clinic.

- OrthoTeam: Shoulder clinic program title will be updated per Quarles & Brady to avoid potential legal ramifications. The team has obtained required equipment for the program and plans are to begin marketing soon. Expect OrthoTeam volumes to increase.

- General Surgery: Continue to promote breast cancer risk assessments. Also increasing EVLT volumes.

- Podiatry: Dr. Hickner started providing Podiatry services over the last month and her and Dr. Graney have been great assets to the team.

- Cardiology: Recently hired APRN to assist with program (flow, service and other needs).

D) CNO Summary Report (Amy Hermes)

A 1. Quality/Safety Consent Agenda
   - MCE Meeting Minutes –August and September 2022

Ms. Hermes provided a brief overview of August and September 2022 MCE meeting minutes which can be found in the September 28, 2022 Governing Board packet.

Action: Ms. Olson made a motion to approve August and September 2022 MCE meeting minutes. Mr. Kruser seconded the motion. Motion carried.

- MEC Meeting Minutes – September 2022

Ms. Hermes provided a brief overview of September 2022 MEC meeting minutes which can be found in the September 28, 2022 Governing Board packet. She added there is a large list of new appointments.

Action: Dr. Rawal made a motion to approve September 2022 MEC meeting minutes. Mr. Kruser seconded the motion. Motion carried.

- Report Cards
  - Quality Safety Report Card – Q3 FY2022
  - Quality Safety Report Card – P4P – Q3 FY2022
  - Balanced Score Card – Q3 FY2022
  - DVC Hospital Scorecard – August 2022

Ms. Hermes provided an overview of quality safety report cards and stated the hospital continues to work on Columbia Suicide Screening and they have seen improvement in that area. She added the hospital has been working with Integrated Telehealth Partners (ITP) for behavioral health needs and things have been going well.

- Patient Satisfaction Ranking
  - Providers
  - Overall Satisfaction by Service Line

Ms. Hermes shared a summary of patient satisfaction rankings adding the team has seen an abnormal decrease in inpatient loyalty scores over the last two quarters so they plan to convert this initiative into a Continuous Improvement (CI) project.

- CI Council Updates
  - CI Council Minutes – July and August 2022
  - CI Council Dashboards:
    - Cohort B – July 2022
    - Cohort A – August 2022

Ms. Hermes provided a brief overview of July and August 2022 CI Council meeting minutes which can be found in the September 28, 2022 Governing Board meeting packet. She also provided a brief overview of July and August 2022 CI Council dashboards. Ms. Olson noted staff have been working very hard on these projects.

- Patient Safety
  - Patient Safety Minutes – August 2022

Ms. Hermes provided an overview of August 2022 Patient Safety meeting minutes which can be found in the September 28, 2022 Governing Board meeting packet. She shared education on hazardous medication was added as a new goal.

- Infection Prevention
  - Infection Prevention Minutes – August 2022

Ms. Hermes provided a summary of August 2022 Infection Prevention meeting minutes which can be found in the September 28, 2022 Governing Board meeting packet. She noted there is a new process in place for significant exposures and rather than staff being required to present to the ER, the hospitalist has taken this process

over. Finally, Ms. Hermes shared upcoming flu clinics are being both on and off-site.

Action: Mr. Rusch 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. HR/Facilities Updates

Mr. Schmitz provided a staffing update noting there are currently 30 open positions (down from approximately 50) and added new hire turnover is 40% which is mainly related to compensation. He also shared an intranet update adding beta testing with Governing Board members is expected by year-end.

F) Director, Engagement and Experience Summary Report (Mary Hermes)
1. Status Update

Ms. Hermes provided an overview of plans to survey staff on each of their social determinants of health (SDH), which are the non-medical factors that influence health outcomes. These survey results are expected to establish a baseline and provide focus areas to increase well-being with goals to survey staff quarterly to assess progress.

G) Foundation/Marketing/PR/Business Development Director Summary Report (Laura Mays)
1. Fundraising/Events

Ms. Mays shared the recent golf outing and card party was successful raising over $51,000, an increase over funds raised last year.

2. Foundation Dashboard

Ms. Mays shared the Foundation is one person shy for realizing 100% Board member contributions. She added Management contributions recently moved to 100%.

3. PR/Marketing Report

Ms. Mays provided a summary of the PR/Marketing report noting the team has been working hard to engage with the community. She stated our staff physicians continue to provide educational classes for the

community and there is an upcoming "Food for Kidz" event. Mr. Fendrick stated Ms. Mays has shown awesome interaction within the community and Mr. DeGroot added since she took over this role the efficiency, productivity and effectiveness has substantially increased.

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

A) One Year Appointments:

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

Action: Ms. Francisco made a motion to approve One Year Appointments. Mr. Kruser seconded the motion. Motion carried.

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

Item #	Agenda	Time
	Action: Mr. Kruser made a motion to approve Two Year Re-Appointments. Ms. Olson seconded the motion. Motion carried.	
X.	Adjourn Mr. Fendrick requested a motion to adjourn the September 28, 2022 Governing Board meeting. ***Action: Dr. Schwaab made a motion to adjourn the September 28, 2022 Governing Board meeting at 9:04 a.m. Dr. Rawal seconded the motion. Motion carried.***	9:00 a.m.

Respectfully submitted,

Steve Staton
Secretary/Treasurer

Non-Reportable Sentinel Event

Fall with Harm

Event occurred on November 14, 2022 at approximately 12:25 pm on our Geriatric Psychiatric unit.

- Patient was admitted on October 8th
- Fall Risk assessment was completed upon admission with fall risk assessments completed on a daily basis.
- Safe to ambulate independently based on assessments.
- On November 14, 2022, patient sustained a witnessed fall.
- Patient was assessed following the fall.
    - Patient had complaints of right wrist pain.
    - X-ray revealed acute right distal radial fracture with mild displacement.
    - Ortho consult obtained, conservative treatment at this time.

November 9, 2022

Daniel DeGroot
Chief Executive Officer
Stoughton Hospital Association
900 Ridge St
Stoughton, WI 53589

Program: CAH
CCN: 521343
Survey Type: Medicare Recertification/DNV HC First
Certificate #: C538120
Survey Dates: October 4-5, 2022
Accreditation Decision: Full accreditation
Date Acceptable Plan of Correction Received: 11/6/2022
Method of Follow-up: Acceptable Plan of Correction, Self- Attestation, Document Review
Effective Date of Accreditation: 11/6/2022
Expiration Date of Accreditation: 11/6/2025
Term of Accreditation: Three (3) years

Dear Mr. DeGroot:

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Stoughton Hospital Association is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485) and awarded full accreditation for a three (3) year term effective on the date referenced above. DNV Healthcare USA Inc. is recommending your organization for continued deemed status in the Medicare Program.

This accreditation is applicable to all facilities operating under the above-referenced CCN number at the following address(es):

Stoughton Hospital Association - 900 Ridge St - Stoughton, WI 53589
Stoughton Wellness and Athletic Center - 2300 Highway 51 - Stoughton, WI 53589
McFarland Urgent Care - 5614 US Hwy 51 – McFarland, WI 53558
Oregon Rehabilitation & Sports Medicine/Urgent Care - 990 Janesville Street – Oregon, WI 53575

This accreditation also encompasses the swing beds in place and Stoughton Hospital Association is deemed in compliance with the Medicare Conditions of Participation at 42 C.F.R §485.645 to meet the special requirements for CAH providers of long-term care services (“swing-beds”).

As an integrated component of Stoughton Hospital Association, the Geriatric-Psychiatric Unit is automatically included in the scope of this accreditation.

This accreditation requires an annual survey and the organization’s continual compliance with the DNVHC Accreditation Process. Failure to complete these actions or otherwise comply with your Management System Certification/Accreditation Agreement may result in a change in your organization’s accreditation status.

Congratulations on this significant achievement.

Sincerely,

Kelly Proctor
President
cc: CMS CO and CMS RO V (Chicago)

POLICY & PROCEDURE

STOUGHTON HEALTH *Creating Excellence Together*	Effective Date: **December 2021**	General Policy Manual	Policy #: **1.15**
	Original – 12/15 Revision	Page 1 of 2	Title: ~~**Continuous Improvement**~~ **Quality Management Program and Plan**

I. PURPOSE:

Stoughton Health is committed to improving the safety and quality of the care, treatment, and services we provide. The best way to achieve better care is by first measuring the performance of processes that support care and use that data to make improvements.

II. SCOPE:

The ~~Continuous Improvement (CI)~~ Quality Management (QM) Program and Plan is system-wide and applies to all departments of Stoughton Health.

III. PI PROGRAM OBJECTIVES:

The objectives of the program are:

- To support the Stoughton Health Mission
- To facilitate a planned, systematic, organization-wide approach to process design and performance measurement, assessment, and improvement
- To provide managers, leaders, and Medical Staff a point of reference for ~~CI~~ QM activities
- To facilitate and communicate continuous ~~CI~~ QM activities throughout the organization and community
- To foster the ~~CI~~ QM philosophy as an integral part of the organization's culture
- To provide a structure and framework for ~~CI~~ QM activities to become a part of day-to-day operations across the organization
- To continually improve patient health outcomes
- To continually improve patient/customer satisfaction with our health care services
- To promote and facilitate patient and employee safety
- To serve as a resource to administration, managers, and staff for continuous improvement projects
- To serve as a resource for orienting new employees and medical staff to the organization's culture of ~~CI~~ QM.

IV. RESPONSIBILITY:

Employees are responsible for participating in and contributing to ~~CI~~ QM within their department. Employees will give input to their manager individually and in group activities on what work processes need to be improved. Employees will assist in data collection and analysis, action planning for improvement, and implementation of improvement and control measures.

Managers are responsible for identifying department goals under the Five Pillars of Excellence which support Stoughton Health's Mission and improvement goals. Managers will discuss suggested goals with their President/Vice President prior to incorporation into their final departmental plan for the fiscal year. Managers will assure timely submission of their bimonthly ~~CI~~ QM reports with measurable feedback.

The President has delegated responsibility for oversight of Stoughton Health ~~CI~~ QM activities to the ~~CI Council~~ QM. The ~~CI Council~~ QM is responsible to the Board of Directors and will report to them regularly. The Medical Care Evaluation and Medical Executive Committees review the ~~CI Council~~ QM Report quarterly and make recommendations to senior leaders.

Stoughton Health Medical Staff also evaluate the quality and appropriateness of medical care given to our patients. The Medical Staff ~~CI~~ QM Plan describes the process, which continuously seeks to improve patient care, patient safety and solve identified problems while promoting an integrated approach to patient care.

V. CI COUNCIL ORGANIZATION:

Members of the ~~CI~~ QM Council are appointed by Stoughton Health's President. Standing members include the President, Chief Nursing Officer, Chief Strategy & Business Development Officer, Chief Financial Officer, Vice President of Human Resources and Facility Operations, Executive Director Foundation Public Relations and Marketing, Quality Manager, Clinical Quality Specialist, Pharmacy Manager, Board of Director member, and a clinical provider. Other members of ~~CI~~ QM Council are appointed by the President as needed.

The ~~CI~~ QM Council will meet monthly. The Council will aggregate, organize, review, and monitor indicator reports (Clinical Quality and Safety Report Card, Balanced Score Card, ~~CI~~ QM Dashboard, Value Scorecard, etc.). The Council will also evaluate and monitor ~~90 Day Plan and~~ Department Specific Plans which will be reviewed on 60 day work cycles. ~~CI~~ QM Council will have decisional authority to approve the start of ~~CI~~ QM projects, to determine if the process needs additional work, needs further monitoring, or is hardwired. If the process/outcome is not at goal, the work team will repeat the Plan, Do, Study, Act approach to improvement.

Managers review progress ~~on 90 Day plans~~ and results throughout the year at status meetings with their respective President/Vice President. Managers may be asked to share their department goals and outcomes during Forum Meetings. Managers are required to share their projects 60 Day cycle cadence ~~90 Day quarterly reports~~ within their department.

VI. SHOWCASING RESULTS:

Each department will present at least two ~~CI~~ QM projects and goals during the ~~CI~~ QM Council's 60-day meeting cycle. The ~~CI~~ QM project will be presented by the project leader for system projects and by front-line staff involved in the improvements for department projects. Presenters will utilize the PDSA (Plan-Do-Study-Act) '5 slides 5 minutes' PowerPoint template for all presentations. Departments may be invited to make a brief presentation via multimedia opportunities and/or submit articles in the Daily Dose.

VII. PI MODELS:

~~CI~~ QM Council advocates a systematic approach to improving processes and outcomes. The PDSA framework is utilized to improve performance in meaningful areas of operations. Tools that Stoughton Health uses to help identify problems are fishbone diagram, Pareto chart, pie charts, process mapping/swim lanes. Small tests of change should be utilized to determine if proposed changes will lead to the desired improvement.

VIII. EVALUATION:

The ~~CI Council~~ QM Council establishes goals annually based on organization strategic and budget planning processes. Assessment and priority setting includes evaluation of organizational internal and external data, available resources, as well as high risk, high volume, problem prone areas, new processes and requirements. A review of this plan will be done as part of the ~~CI~~ QM monthly review process.

IX. REFERENCES:

1. ~~2022 Joint Commission CAH Performance Improvement Standard~~
2. DNV National Integrated Accreditation for Healthcare Organizations Accreditations Requirements, Interpretive Guidelines and Surveyor Guidance for Critical Access Hospitals Revision 20-1 (11-09-2020), Quality Management System (QM) Chapter
3. CMS Hospital Quality Assessment Performance Improvement (QAPI) Worksheet.

X. COORDINATION:

Owned by: ~~CI~~ QM Council Chairperson

Reviewed by:
~~CI~~ QM Council
Medical Executive Committee
Board of Directors

	12/17/21
President/CEO	Date

TO: Stoughton Health Governing Board

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

DATE: October 3, 2022

SUBJECT: Corporate Compliance Committee Report

The following is a summary of activities of the Corporate Compliance Committee from July 1, 2022, through September 30, 2022. The committee did not meet in July.

- OIG work plan was reviewed through September 2022. No follow up action items were identified.
- COVID-19 lab billing error was identified. Details of the error have been shared with the Finance Committee of the Governing Board.
- OCI (Office of Commissioner of Insurance) complaint received for a No Surprise Act complaint for a home sleep study. Internal audit revealed the patient was provided with an estimate for the study prior to the study occurring. In addition, services were provided and billed prior the No Surprise Act becoming effective. A response was sent to the OCI and details of the complaint have been shared with the Finance Committee. NOTE: Claim was subsequently paid in full by Anthem Blue Cross Blue Shield.
- 340B savings for FY 2022 year to date is $366,260.14.
- Three subpoenas received this quarter for legal lab draws.
- ICC met to discuss visitor policy. Visitors for inpatients, surgery and clinic patients are allowed to have two supports person over the age of 16 accompany them. COVID-19 positive patient visitors are not allowed unless end of life. Emergency Departments remains the same with one visitor/support person. ICC will be meeting in early October to review CDC updates that were released on September 23, 2022.
- Two requests to Amend PHI were received this past quarter. One was an for an ED/UC record that indicated this was a work comp related injury; however, patient indicated it was not. A clinic note included a diagnosis that was not correct which was removed.
- Annual IT Risk Assessment was completed. Action items were identified with the Emergency Operations Plan and HR related items. Follow up is process.
- No calls were received on the concern line for this past quarter.
- Two HIPAA breaches and one Good Catch/Near Miss occurred over the past quarter which was investigated and reported to the appropriate parties.
    - Faxed patient discharge instructions to wrong facility.
    - Patient received another patient's Financial Assistance Application that was filled out.
    - Good catch/near miss event: 3 faxes containing PHI were found on the copy machine on 1st Floor. This occurred as a result of the Charter outage that occurred which affected how the fax line for this machine is routed. Corrections have been made to the machine to correct the routing issue.
- Desk review by the State for Geri-Psych, approval letter was received; however, detox was not received. Detox certification requirements have changed and appear to no longer be required. Heather is going to contact Sarah Coyne for legal advisement.
- Trauma Level 4 continued certification is being reviewed internally to determine if there are any negative implications to the organization should we forgo this certification.

Stoughton Hospital Medical Care Evaluation Committee Report to MEC/Board of Directors
September 20, 2022

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,

<table>
<tr><th>Agenda Item (Facilitator)</th><th>Discussion</th><th>Follow Up Action</th></tr>
<tr><td colspan="3">Meeting called to order.</td></tr>
<tr><td>Approval of August meeting minutes</td><td>Dr. Schwaab moved to approve. Dr. Rawal seconded the motion.</td><td>Minutes approved.</td></tr>
<tr><td>Re-appointments (Dr. Menet)</td><td><table><tr><td>Name</td><td>Title/Privilege</td><td>Dates of Review</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table></td><td>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.</td></tr>
<tr><td colspan="3">Consent agenda items: Dr. Schwaab moved to approve. Dr. Rawal seconded the motion. Consent agenda items accepted and approved.</td></tr>
<tr><td>Committee Reports: Aug CI Council, August Infection Prevention, Patient Safety, Emergency Medicine</td><td>HCAHPS dashboard noted, with drops in scores and no noted changes in process. Dr. Menet notes similar dissatisfaction at Reedsburg.
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.
Two CI Projects (ITP project with Telehealth access for behavioral health and the ROVER project: bedside lab labeling) are going extremely well.
Hospitalists recognized for taking up the daytime coverage for employee significant exposures, which makes for a smoother process for employees.
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.
GP is back up to population of 8 after Labor Day.</td><td>Amy and Heather are meeting today and will discuss strategies for improvement.
Amy and Pauline will be following up with regard to Hazardous Medication education.</td></tr>
<tr><td>Medical Imaging Reports: MRI Utilization</td><td></td><td></td></tr>
</table>

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)	**Last meeting follow-up: Amy/Jen to look for AGP guidance for non-COVID patients.** **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. Amy will share an article about the flu vaccine with staff.**	**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.	

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.	*Next meeting: October 18, 2022*

"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 subpoena in accordance with Wisconsin Statutes §§ 146.37 and 146.38"

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

Stoughton Hospital Medical Care Evaluation Committee Report to MEC/Board of Directors
October 18, 2022

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

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<tr><td colspan="3">Consent agenda items: Dr. Schwaab moved to approve. Dr. Rivera seconded the motion.</td></tr>
<tr><td>Committee Reports: IP leadership Sept minutes, CI Council Sept minutes, Patient Safety Sept minutes, Infection Prevention minutes September, P&T Committee minutes</td><td>New goal added in Patient Safety regarding USP 800 and hazardous medications. Update about Significant Exposure change to daytime hospitalist managing exposures: Dr. Menet stated that the hospitalist have all received a packet to aid them in the process and know that they can text him if they have questions.</td><td></td></tr>
<tr><td>Medical Imaging Reports: MRI Utilization</td><td></td><td></td></tr>
<tr><td>Lab: Lab QA report, Annual review of policies for Referral Testing, Reflex Testing, and Critical Value Table</td><td>No changes/updates to the policies were required during their annual review, however, Lab requests that the committee review and approve for compliance.</td><td>Dr. Schwaab moved to approve, Dr. Rivera seconded the motion. Policies and table to move forward to MEC. Memo to lab manager.</td></tr>
<tr><td>Utilization Reports: Surgical Services Procedures & AIC Visits/Treatments; GeriPsych Percent Occupancy; Average Hours per Inpatient Stay</td><td></td><td></td></tr>
<tr><td>Organ/Tissue Procurement Review-Sept LEBW Report</td><td></td><td></td></tr>
<tr><td colspan="3">Health Information Management</td></tr>
</table>

Agenda Item (Facilitator)	Discussion	Follow Up Action
Delinquent records/Health Information Management-	No delinquent records as of 10/12/2022	
Old/Recurring Business-		
30 day readmissions reports by month	August saw a rise in our rate to 8.1 readmissions/100 discharges, which represented three readmissions for 37 eligible discharges. All three readmissions were females with some level of immune compromise, however only one patient had admission and readmission related to infection. Two patients had medical assistance and one had Medicare. The range of the readmissions were between 3 and 16 days.	
Inpatient Code Reviews	No reviews.	
OPPE/FPPE (concerns only)		
New Business/Current Clinical Process Issues		
Trauma Certification- requesting commitment of the medical staff and to forward the recommendation to MEC.	The decision of a hospital to become a TCF requires the commitment of the institutional governing body and the medical staff, and this administrative commitment must be documented. The TCF must have resolutions from both the institutional governing body and the medical staff acknowledging this commitment, and these resolutions must empower the trauma PIPS program t address events that involve multiple disciplines and to evaluate all aspects of trauma care. Tina is actively working on the application. There is very long application and there are requirements that she feels we can't fulfill ie: neurology availability. Dr. Schwaab felt we should not vote on this until it is clear. He recommended that a presentation be given to Dan and the Board to make it clear what is required and what the ROI/Benefit would be. Amy indicated that if we decide not to proceed with the application process, we would continue with our current trauma review process and look for opportunities for improvement	**This item will go to parking lot until more information is shared with Dan and the Board.**
Formulary Request: Anoro Elipta	PLEASE See the separate PDF attachments.	**Dr. Schwaab moved to approve and Dr. Rivera seconded. All approved. Will forward to MEC.**
Pharmacy policies for Approval- Please see the separate attachments for the policies with changes/new policies.	The following policies were approved at P and T, and I have attached the ones that have significant changes. These are ready to move on to MCE. ▪ PH-02-03: Pharmacokinetic Dosing Service—no changes	**Amy will communicate the recommendation to Pauline. Policies will go to MCE, once the change is**

Agenda Item (Facilitator)	Discussion	Follow Up Action
	▪ PH-02-05: Renal Dosing Program—created list of medications for the program ▪ PH-02-07: Antimicrobial Restricted Use—no changes ▪ PH-02-11: Parenteral Nutrition Ordering and Monitoring—no changes ▪ PH-02-12: Anticoagulation Dosing and Monitoring—NEW policy (was archived in 2018) ▪ PH-02-12B: Warfarin Initiation and Monitoring—NEW policy ▪ PH-02-13: Extravasation Policy—updated the steps and management per current recommendations ▪ PH-02-14: Antimicrobial Stewardship Program—minor changes (updated wording to reflect current practices) ▪ PH-03-02: Hospital Formulary—no changes (NOTE: we do not currently have a usable formulary—this is an upcoming CI project that I will bring to a future meeting) ▪ PH-03-05: Adverse Drug and Vaccine Reaction Reporting—no changes ▪ PH-03-05B: Medication Error Reporting—No changes ▪ PH-03-06: Therapeutic Interchange—updated the list of medications for therapeutic interchange based on product available. NOTE: this policy will also be updated once our hospital formulary is completed ▪ PH-04-08: Medication Schedule Times-MedSurg—times adjusted in policy to match the current times in Epic ▪ PH-04-09: Medication Schedule Times-GP—times adjusted in policy to match the current times in Epic ▪ PH-04-17: High Alert Medication Management—updated to ISMP 2018 list and created a reference table for restrictions of use Dr. Menet would like the anticoagulation policy to clearly state that the physician should be notified if the INR >6 and steps being taken to reverse. Dr. Schwaab moved to approve all the policies, with the changes to the Warfarin initiation and monitoring policy. Dr. Rivera seconded. All approved.	**made to the Pharmacy Policy. Policies to move to MEC.**
DNV Survey Results	CI Council to oversee more items (SZP reporting, transfusion review, etc). 13 citations, but none were Condition Level. Steps are already underway to make corrections and hardwire changes. Education requirements for providers became a problem when we asked contracted agencies (SWEA and Beam) the specifics of training was not available. They were also concerned about the education provided to the agency nurses from their agency and is it equivalent to the education that your staff are provided. Dr. Schwaab recommended that DNV explain if that means that every physician/contracted staff member who work at multiple hospitals must complete specific education at each and every	**Discussion to be held with DNV and corrective actions to be explored.**

Agenda Item (Facilitator)	Discussion	Follow Up Action
	hospital they work out, because this is an onerous requirement. How else could we show that equivalence?	
Recent Root Cause Analysis (Jen)	Fall on the Med/Surg unit. Finding: patient was non-compliant with safety measures, bed alarms could have been initiated prior to that fall. Patient did have a second fall due to being non-complaint with fall precautions.	Informational only, no action required.
COVID-19 Update (Dan or Amy)	PHE is continued through Jan 2023, along with waivers. Surge of B5 is noted in the eastern countries.	
Peer Review Synopsis from last meeting	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.	
Mortality Review-September	No deaths that met criteria for review.	
Surgical Complications/Cancellations for Aug-Sept	No complications identified that met criteria for review. There were 3 no shows for colonoscopies that were all Dr. Rainiero patients. Follow up suggested with Tracy to see if these could be a communication issue with Dean scheduling that is the root of this problem.	
Medical Care Case Review		
ED Case review		
OTHER BUSINESS		
Adjournment:	With no other business the meeting was adjourned.	*Next meeting: November 15, 2022*

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

Status	SpecialtyDescription	Degree	LastName	FirstName
Courtesy	Cardiology	MD	Accaviti	Michael
Courtesy	Cardiology	MD	Bachhuber	Brian
Courtesy	Cardiology	MD	Bellissimo	Joseph
Courtesy	Cardiology	MD	Dong	Shengjing
Courtesy	Cardiology	MD	Ewer	Steven
Courtesy	Pediatric Cardio	MD	Greco	Margaret
Courtesy	Cardiology	MD	Hilerson	Dustin
Courtesy	Cardiology	MD	Jung	Frank
Courtesy	Cardiology	MD	Kaji	Eugene
Active	Cardiology	MD	Kleiber	Benjamin
Courtesy	Cardiology	MD	Krishna	Jaya
Courtesy	Cardiology	MD	Lee	Peter
Courtesy	Cardiology	MD	Noreuil	Todd
Courtesy	Cardiology	MD	Oconnor	Anne
Courtesy	Cardiology	MD	Rahko	Peter
Courtesy	Cardiology	MD	Sidhu	Jasdeep
Courtesy	Cardiology	MD	Youssef	Amr
Courtesy	Cardiology	MD	Stone	Charles
Courtesy	Cardiology	MD	Tipnis	Parag
Courtesy	Fam Med/Colonosc	MD	Hubbard	Derek
Active	Family Medicine	MD	Eccles	Deanne
Allied Health Professiona	Family Medicine	apnp	Moreland	Kimberly
Courtesy	Family Medicine	MD	Staddler	Daniel
Courtesy	Family Medicine	MD	Stolcpart	Laura
Courtesy	Internal Medicine	MD	Khalid	Ahsan
Active	Internal Medicine	MD	Agni	Guirish
Courtesy	Neurology	MD	Nelson	Jacalyn
Courtesy	Sleep Medicine	MD	Crisalli	Joseph
Allied Health Professiona	Anesthesia	CRNA	Beck	Jessica
Allied Health Professiona	Anesthesia	CRNA	Dahlke	Debra
Allied Health Professiona	Anesthesia	CRNA	Gurske	William
Allied Health Professiona	Anesthesia	CRNA	Hoopes	Mitch
Allied Health Professiona	Anesthesia	CRNA	Long	Belinda
Allied Health Professiona	Anesthesia	CRNA	Nikolai	Kristine
Allied Health Professiona	Anesthesia	CRNA	Rabe	Nicholas
Allied Health Professiona	Anesthesia	CRNA	Schmidt	Judith
Allied Health Professiona	Anesthesia	CRNA	Schneider	Mary Beth
Allied Health Professiona	Anesthesia	CRNA	Smith	Charles

Stoughton Health Medical Executive Committee Agenda
November 7, 2022 (0730-0830) Lobby Conference Room/Zoom

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

<table>
<tr><th>Agenda Item (Facilitator)</th><th>Discussion</th><th>Follow Up Action</th></tr>
<tr><td colspan="3">Meeting called to order.</td></tr>
<tr><td>Approval of September 12, 2022 Medical Executive Meeting minutes—See attached</td><td colspan="2">Action: Dr. Rawal made the motion to accept the September 2022 MEC minutes. Dr. Menet seconded the motion. Motion carried.</td></tr>
<tr><td>New Appointments-One year term</td><td colspan="2">
<table>
<tr><th>Last Name</th><th>First Name</th><th>Title</th><th>Privileges</th><th>Affiliation</th><th>Staff Category</th></tr>
<tr><td>Allen</td><td>Catherine</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Hospital</td><td>Courtesy</td></tr>
<tr><td>Benjamin</td><td>Chanelle</td><td>MD</td><td>Hospital Medicine</td><td>Beam</td><td>Active</td></tr>
<tr><td>Blaty</td><td>Justin</td><td>MD</td><td>Sleep Medicine</td><td>SSM Health</td><td>Courtesy</td></tr>
<tr><td>Bodker</td><td>Ariel</td><td>MD</td><td>Cardiology</td><td>SSM Health</td><td>Courtesy</td></tr>
<tr><td>Hartmann</td><td>Bradley</td><td>MD</td><td>Radiology</td><td>Madison Radiology</td><td>Courtesy</td></tr>
<tr><td>Hoeft</td><td>Anne</td><td></td><td>CRNA</td><td>Independent</td><td>AHP</td></tr>
<tr><td>Hokanson</td><td>John</td><td>MD</td><td>Pediatric Cardiology</td><td>UW Hospital</td><td>Courtesy</td></tr>
<tr><td>Kopnick</td><td>Mitchell</td><td>MD</td><td>Urology</td><td>SSM Health</td><td>Courtesy</td></tr>
<tr><td>Kraemer</td><td>Samantha</td><td>MD</td><td>Urology</td><td>SSM Health</td><td>Courtesy</td></tr>
<tr><td>Nguyen</td><td>Don</td><td>MD</td><td>Radiology</td><td>Madison Radiology</td><td>Courtesy</td></tr>
<tr><td>Petersen</td><td>Daniel</td><td>MD</td><td>Sleep Medicine</td><td>SSM Health</td><td>Courtesy</td></tr>
<tr><td>Richards</td><td>Norman</td><td>MD</td><td>Urology</td><td>SSM Health</td><td>Courtesy</td></tr>
<tr><td>Wright</td><td>Shana</td><td>NP</td><td>Psych Telehealth</td><td>ITP</td><td>AHP</td></tr>
<tr><td>Zenner</td><td>Tyler</td><td>MD</td><td>Urology</td><td>SSM Health</td><td>Courtesy</td></tr>
<tr><td>Watson</td><td>Christopher</td><td>PA-C</td><td>Physician Assistant</td><td>SWEA</td><td>AHP</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
Action: Dr. Agni recommended the acceptance of the above listed practitioners for a one-year term. Dr. Menet seconded the motion. Motion carried.
</td><td></td></tr>
</table>

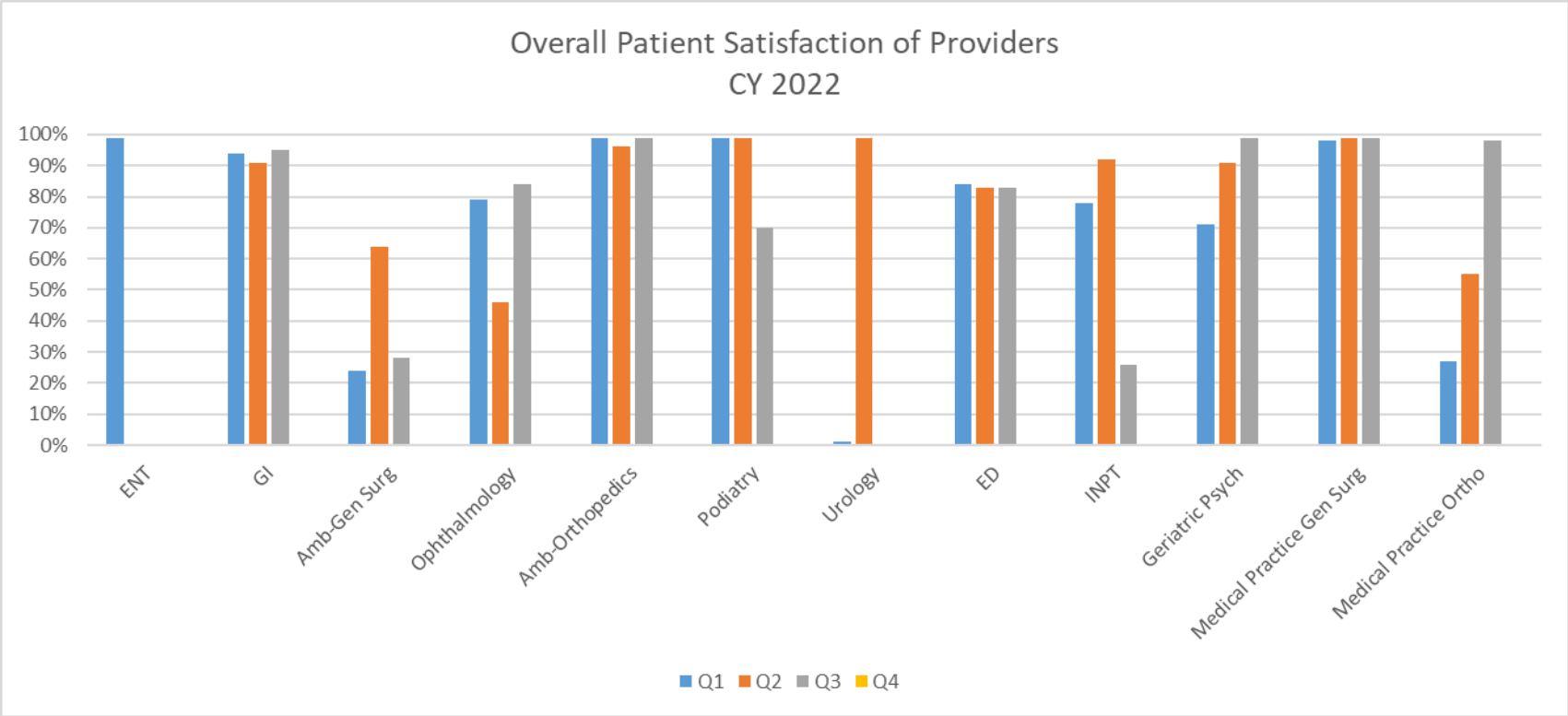
Agenda Item (Facilitator)	Discussion	Follow Up Action
Re-appointments-Two year term	*None at this time* *Action:*	
Medical Staff Resignation/Retirement (FYI)	Christina Hughey, MD, Beam Healthcare Kaylyn Bloyer, DNP, Beam Healthcare Hugh Sugar, PA, SWEA	
Consent Agenda Items	***Action: Dr. Rawal moved to approve the Consent Agenda Items. Dr. Agni seconded the motion. Motion carried.***	
Committee Reports: MCE Reports from September 2022 and October 2022, September 2022 CI Council minutes, CI Dashboard-Cohort B, September 2022 Patient Safety Minutes, September 2022 Infection Prevention Minutes ***— See attached***	Provider Education-Amy reached out to DNV to have a discussion regarding provider education and what is required. Contracted providers should be receiving required education, such as OSHA, CMS, and the state requirements from their employers. Going forward, we will need proof of education piece from all contracted physicians. Anything specific to our facility will be provide by Stoughton Health and will be kept to a minimum.	
Lab: Review of Referral Testing and Reflex Testing, and Critical Value Table	Approved at 10/18/22 MCE Meeting. Reviewed with no concerns. ***Action: Dr. Agni moved to approve the lab items presented. Dr. Menet seconded the motion. Motion carried.***	
Formulary Addition Request: Anoro Ellipta – ***See attached*** (a printed copy of the 36 page interaction/ contraindication information will be available for review at the meeting)	Discussed with no concerns. ***Action: Dr. Agni moved to approve the formulary addition request. Dr. Dahlberg seconded the motion. Motion carried.***	
Pharmacy Policies reviewed by MCE	The following policies were approved at P & T and MCE. Highlighted policies are attached. ▪ PH-02-03: Pharmacokinetic Dosing Service—no changes ▪ PH-02-05: Renal Dosing Program—created list of medications for the program ▪ PH-02-07: Antimicrobial Restricted Use—no changes ▪ PH-02-11: Parenteral Nutrition Ordering and Monitoring—no changes ▪ PH-02-12: Anticoagulation Dosing and Monitoring—NEW policy (was archived in 2018) ▪ PH-02-12B: Warfarin Initiation and Monitoring—NEW policy ▪ PH-02-13: Extravasation Policy—updated the steps and management per current recommendations ▪ PH-02-14: Antimicrobial Stewardship Program—minor changes (updated wording to reflect current practices)	

Agenda Item (Facilitator)	Discussion	Follow Up Action
	▪ PH-03-02: Hospital Formulary—no changes (NOTE: we do not currently have a usable formulary—this is an upcoming CI project that I will bring to a future meeting) ▪ PH-03-05: Adverse Drug and Vaccine Reaction Reporting—no changes ▪ PH-03-05B: Medication Error Reporting—No changes ▪ PH-03-06: Therapeutic Interchange—updated the list of medications for therapeutic interchange based on product available. NOTE: this policy will also be updated once our hospital formulary is completed ▪ PH-04-08: Medication Schedule Times-MedSurg—times adjusted in policy to match the current times in Epic ▪ PH-04-09: Medication Schedule Times-GP—times adjusted in policy to match the current times in Epic ▪ PH-04-17: High Alert Medication Management—updated to ISMP 2018 list and created a reference table for restrictions of use Reviewed with no concerns. *Action: Dr. Menet moved to approve the updates to the policies. Dr. Agni seconded the motion. Motion carried.*	
Old/Recurring Business-		
FPPE (concerns only) (Erin Meronk/Amy Hermes)	No concerns at this time.	
Correspondence-		
Treasurer's Report—*See attached* (Dr. Dahlberg)	No concerns at this time.	
COVID-19 Update (Dan or Amy)	Dr. Agni wanted the group to be aware of the outbreak currently occurring at Skaalen home. He wants to be sure the SH Emergency Department follows all safety measures. Jen Mora has been working on getting employees their flu shot as well as COVID boosters.	
New Business		
November Annual Meeting November 21, 2022, 5pm	This will be held as a hybrid meeting. Cocktails and appetizers to be available for in person attendees.	
Medical Staff Scholarships	Proposal to add McFarland High School to Med Staff scholarship awards and to increase all high school scholarships to $1500. Committee was polled via email and there was majority for approval. *Action: Dr. Agni recommended adding McFarland to the area schools receiving SH Medical Staff Scholarship for $1500. Dr. Eccles seconded the motion. Motion carried.*	

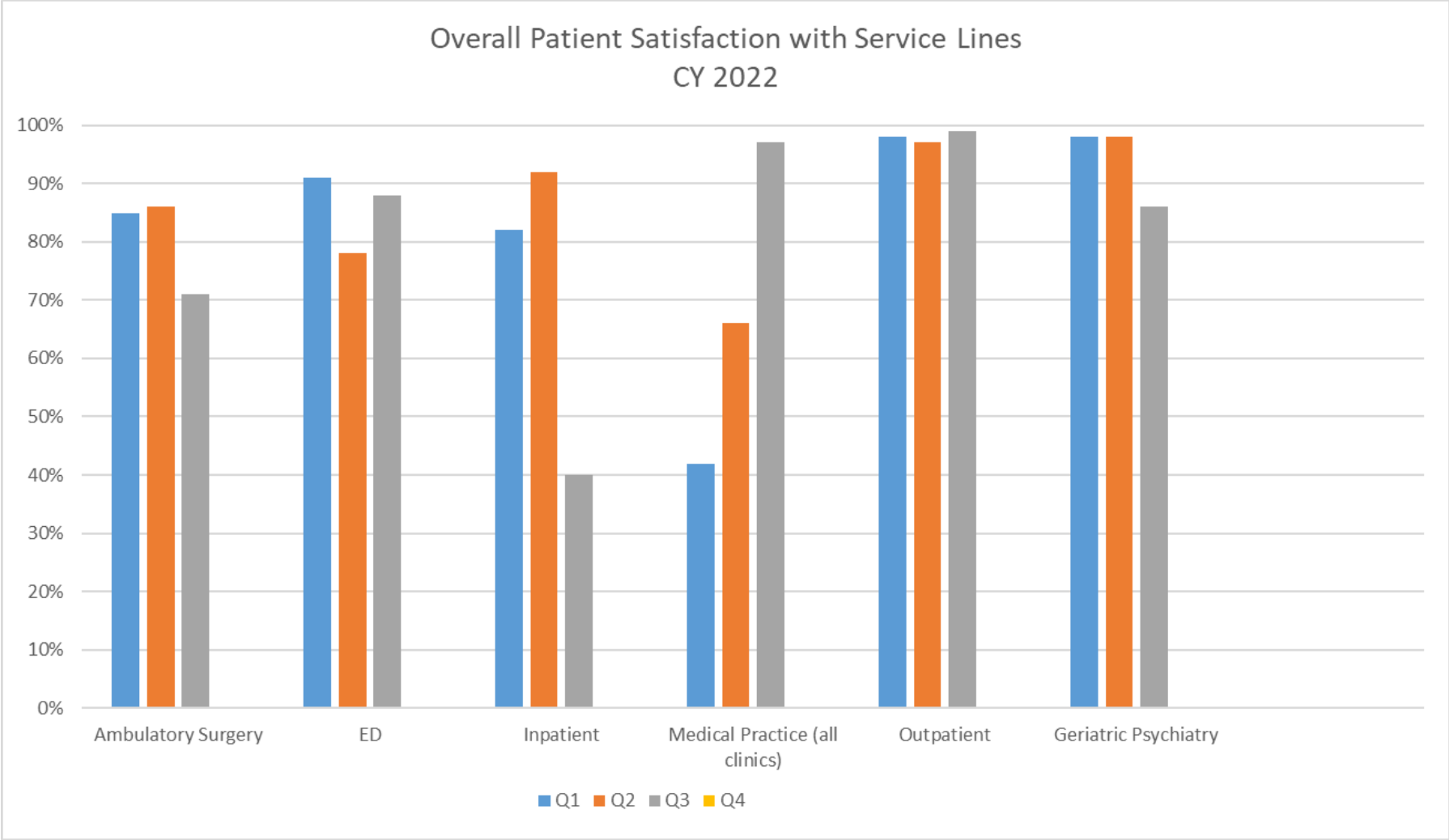
Agenda Item (Facilitator)	Discussion	Follow Up Action
Administrative Report		
Physician Development/Recruitment Updates (Dan)	Nothing at this time.	
Strategic Plan/Master Facility Updates (Dan)	Nothing at this time.	
Patient Satisfaction—***See attached*** (Amy)	Scores have dropped and emails were sent to Tracy and Heather regarding the decline. Dr. Schwaab mentioned Epic has been scheduling patients at different times, so some patients have been showing up 2 hours early, which could lead to some of the poor scores.	
Patient Services (Amy)	Many patient care areas have closed the open staffing gaps but MS nightshift continues to struggle with staffing. Since the hospital sees several students in the facility, they will start using this as a recruiting tool.	
Business Developments (Teresa)	Teresa discussed the Cardiac Rehab program adding Pulmonary Rehab services. She also mentioned Dr. Rawal's specialty shoulder procedure will be promoted as the OrthoTeam Shoulder Center. McFarland UC has continued to do well. Trends and volumes have been hitting or exceeding target goals. Stress testing is being worked on to figure out a more streamline way for testing to be done Monday-Friday including tests from the ED. The plan is to collaborate with Dr. Agni and Dr. Kaji and APRN to make this happen.	
Public Relations Board Report-August and September 2022 ***—See attached***	No concerns.	
Opportunities for Improvement		
Adjournment:	***With no further business to attend to Dr. Agni recommended the meeting adjourned. Dr. Menet seconded the motion. Motion carried.***	**Next meeting: January 9, 2023**

Patient Satisfaction Ranking – Providers

Q3 FY2022



Patient Satisfaction – Service Lines
Q3 FY2022



Continuous Improvement Committee Meeting Minutes
September 27, 2022 Bryant Center/Zoom

Presiding: Jennifer White

Attendees: Amy Hermes, Donna Olson, Teresa Lindfors, Rhonda Tesmer, Angie Polster, Michelle Abey, Chris Schmitz, Laura Mays, Mary Hermes

Excused: Dan DeGroot, Dr. Davidson-Fiedler, Tim Rusch,

Guests: Liz Touchett, Melanie Pavolonis, Emilie Grosse, Melissa Monte, Tracy Wurtzler, Pauline Cass, Ghadeer Alafifi, Molly Klongland, Angie Rowin-Tippit, Autumn Kumlien, Nancee Linnerud, Roberta Sarrow, Kelly Perna, Linda Schaefer

Agenda Item (Facilitator)	Discussion	Follow Up Action
Approve August Meeting Minutes	Review and approve.	Approved
CI Dashboard	Supplemental documentation	
Regulatory Updates: DNV, JC and CMS	Awaiting DNV's arrival for onsite accreditation survey.	
Liz Touchett Cardiac Rehab	Cardiac Rehab Paperless Charts: KOM Target: Reduce paper charts by 75%. Current KOM Status: reduction of 84%. The reduction of pages has gone from 25 down to 4. Additionally, there is no longer a need to print labels or wristbands, which adds cost savings of >$50/yr. Lessons learned: We will not be able to eliminate paper charts completely but have reduced the amount. Next Steps: Train staff and implement workflow once laptops arrive (may take some time to get them in). Then we will drop to 2 pages. Pulmonary Rehab Pilot: Melanie Pavolonis is the new lead. KOM Target: Dept KOM: 3 patients/month. Patient KOM: increase distance 40 meters/100ft for 6 min walk. Reimbursement KOM: 20 billable units per month of CPT 94625. Current KOM Status: TBD. Met 9/7/22 with coding and RT to finalize workflow in EPIC and educational needs for program. Tickets for charges were entered. A 0.5 position is needed to meet staffing needs (RT). This has not been posted yet. There will be a department code but the job code will remain the same. All paperwork (folders, educational handouts, welcome packets, and AACVPR assessments were created. Policies are in progress and follow AACVPR/ACSM guidelines. MD letter/brochure was sent to Laura Mays to start the marketing process, which is ongoing. Study of the code counts for diagnosis for our primary service area indicates that by including inpatient and ED Data with outpatient data, the potential referrals are as high as 3,304. Next steps include workflow development, education class offerings, complete policies/procedures, job description, EPIC smartphrases, billing, coding, prior auth processes, and finalize staffing and department schedule for pulmonary rehab.	**Approved for project completion.** Project to continue.

Agenda Item (Facilitator)	Discussion	Follow Up Action
Rehab Services	Flowsheet Documentation: Emily Grosse presenting. KOM Target: 75% of inpatient rehab staff utilizing flowsheet documentation within 1 month of implementation, 100% of rehab staff utilizing by 3 months. Current KOM status: 35% (6 OT, 10 PT staff utilized flowsheet documentation), 28 total staff. August 25_staff education prior to go live. Sept-Oct 2022: Go live, track and trend utilization and hardwire the change. The therapists who work in inpatient consistently are using the flowsheets efficiently. Project submitted for completion. Shoulder Service: Melissa Monte presenting. KOM Target: 60% of surgical shoulder clients will be seen for pre-hab, 80% or more of post-op shoulder clients will see a detectable change of 13 points or more on the Shoulder Pain and Disability Index (SPADI). Current KOM Status: Currently we are seeing 0% of surgical shoulder clients for pre-hab. We are not currently tracking the SPADI scores. Will begin using the SPADI starting Oct 10. Created a template for a pre-hab evaluation, that we will begin completing in Oct. Competency of use of telehealth will be reviewed with staff during November staff meeting. With a goal of providing consistent care for all shoulder clients, and improving communication between Ortho and rehab, we are developing workflows between Ortho and rehab. Potential total revenue for shoulder rehab is $52,943.	Project to continue. Committee recommended considering if the KOM is realistic or if it needs to be adjusted. Project to continue. Laura would like to connect with the team so that we are able to have accurate information on the website. Chris clarified that this is not limited to an educational visit, but an actual evaluation and is billable.
Tracy Wurtzler Surgical Services	Surgical Pre-Op Decolonization for Total Joint Population: KOM target: transition from cultures to decolonization of total joint population evident by 100% documentation. New KOM Target: 100% decolonization of both pre-op and post op total joint population. Current KOM Status: Pre-op decolonization reached 100% in Cycle 3, and close to 100% in cycle 4. Post-op is at 70%. Lessons learned: Bar coding with boxes of Nozin is not working. Once supply has dwindled will order individual bar coded ampules and ask pharmacy to resubmit ticket to EPIC for barcoding and possibly charging. 9/19/22: Bar coded ampules, when available will allow item to be scanned when administered without the need to override. Continued discussion of decolonization during patient handoff. Continue to push through EPIC for pre and post op order sets to be updated to include pre-selected orders for Nozin. A few outliers were discussed with lessons learned from those instances. In the meantime, pre-op chart nurse has been placing orders to assure compliance. Pre-op portion of project is complete, phase 2 project still in progress and is submitted to continue. Amy mentioned that some hospitals are moving to decolonize all inpatients.	Project to continue.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	Obtaining True OR Efficiency: KOM target: equal to less than 40 minutes for wheels in room to incision. Current KOM status: 43.0 minutes average wheels in room to incision. October action: assign in EPIC nurse to 2nd assist the circulator. This allows one staff person to help anesthesia position and place spinal while the other is completing meds and counts with surgical tech. A second staff person is necessary to help with prep and help surgeon and PA tie into surgical attire. Process map with estimated times for each step was created. Project submitted to continue.	Project to continue.
Pauline Cass (Amy) Pharmacy	Fluid Overrides: KOM Target: <5% of fluids removed utilizing override function. Current KOM status: 7.1% of fluids pulled were removed using override in August, prior to removal of override ability. In July, the order set was updated to choose a 250 ml 0.9% NaCl rather than a 100 ml 0.9% NaCl, allowing EPIC to pick the correct product and eliminate need to override. Remove 0.9% NS from the list of medications that can be overridden as of August 8, reducing the human factor on the possibility of override errors. Tech Check Tech Program: KOM Target: Accuracy rate of at least 99.8% after checking 500 product verifications. July: assigned supervision pharmacist (Tom Kostecki), and identified eligible medications and technician (Elizabeth Jacobson). September: enroll technicians in "Technician Final Product Verification Didactic Training" provided through PSW. Length of time to complete 500 product verifications will vary based on the techs schedule, and our census. Lesson learned: this process will be time consuming. Project submitted to continue. Michelle asked about the other technicians and the plan for them. The other technicians don't have the hospital experience required yet and we have a 1 year hospital experience baseline to qualify. Pauline gave a preview of the next project which involves creating a working formulary and streamlining our therapies. This would meet accreditation standards and create some savings.	**Approved for project completion.** There will be no more data available because the ability to override has been removed. Project to continue.
Ghadeer Alafifi Specialty/Wound Clinic CH&WC Ortho Clinic	Demand, Capacity and Access of the Multi-Specialty Clinics: KOM Target: Achieve greater than 80% fill rate/provider/day. Current KOM Status: August: Dr. Schwaab 91%, Dr. Rawal-Ortho Madison 96%/Stoughton 98%, PA Jenni 98%, Clark 92%, Dr. Kaji: 60%. Work Qs: Ortho: referral workflow needs improvement, needs to add McFarland to the Sto Ortho Work Q. Primary care and patient are requesting to see Dr. Rawal, however they schedule them with SSM providers. Working with Tina's team to help us monitor work Q during the weekend. Utilizing PAs schedule and managing the schedule based on patient demand. Schedule follow up patients with PAs to allow MD to see more consults, increase ortho surgery and improve PAs fill rate. Still working on having Dr. Rawal listed on Insurance Company websites as a	Project to continue.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	provider. Pending: My Chart Scheduling: Nikki to submit a ticket to SSM (fall 2022). Administration has asked EPIC assist related to this issue. Additional data was shared (3rd Available appointment for provider/location and cancellation rates). Multi-Specialty Clinic Phone System: • KOM Status: Decrease abandon rate to 10% or less. Current KOM Status: August 2022 Clinical staff: Cardiac Clinic 22%, Ortho Sto 10%, Ortho MSN 10%, Gen Surgery & Wound Clinic 9%.Receptionists: Card 4%, Ortho Sto 7%, Ortho MSN 10%, Gen Surgery 9%. Added Urology-Vasectomy appointments for scheduling Wednesday and Friday afternoons. Hotline phone was added to all extensions. Ghadeer to submit SBAR for Triage RN for the Multi-specialty clinics. Lessons learned: recruiting candidates for 2 vacant positions is challenging. Clinical calls are driven mainly by the vacant positions and staff busy helping with procedures, rooming, scheduling surgery etc. Next steps: skilled receptionist to help with clinical line. Hiring clinical staff to improve abandonment rate, continue to measure phone data, cross train staff and monitor specific reporting on how many phone calls for receptionist vs triage. An offer was extended and accepted for another registration/scheduler who will start next week. We will have an APRN working with the Cardiology patients and thereby decrease the load on the other RNs.	Project to continue.
Angie Rowin Environmental Services-	Linen Project: KOM Target: reduce poundage of bulk linen orders by 50% by utilizing exchange cart linens. New Scrub service for surgical services as of Oct 1. Delivery schedule has impacts on our FTE, time, security and goal. We have reduced bulk linen, weighing in-house/patient linens and reduced FTE from .80 to .50 in 2022/2023 budget. Scrub inventory has been depleted slowly since COVID due to lack of service. Current process is we buy the scrubs from contract service and they wash them. Laundry service delivery times have been contentious and challenging, not customer service friendly. We are continuing to collect data for measuring all outcomes. Effects of inflation and the issues of dealing with vendors were also discussed.	Project to continue.
Dan/Autumn Food and Nutrition Services	IDDSI-Dysphasia Diet: KOM target: Goal for full implementation of IDDSI was Sept 2023, hopeful for March 2023. Current KOM: This is the ninth (Sept 2022) of several milestones/CI Updates. During September, a college Dietetics student, has completed testing items that were slated for completion by November 2022, meaning we are ahead of schedule for food/beverage testing. Currently we are working with Horizon Sofware to create the IDDSI diets, to assign these tested foods/beverages. Biggest barrier is getting Horizon techs to understand our request and working with Horizon and EPIC to interface the new diets. Working to create IDDSI diets in	Project to continue. Committee requests adding a % complete as they work toward full implementation of this project.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	Horizon and assigning all the foods/beverages to IDDSI levels, working with EPIC to ensure the interface (HL7) works properly with Horizon when IDDSI diets are ordered.	
Brian Swain Material Services	Off Contract Purchase Reduction: Nancee Linnerud KOM Target: 1. We are currently working with Vizient to setup a reporting mechanism to track on vs off contract purchases. We need to know our baseline to set a KOM and to track and measure performance. We are in the initial stages of an implementation to be able to exchange our purchasing data with Vizient. 2. Review top 75% of break bulk charges form Jan-Apr and change ordering units when appropriate. Current KOM Status: 1. N/A project was on hold. 2. Completed We have identified approximately 20 products that account for 75% of the break bulk fees for that time. We have changed the ordering units on product that made up 75.2% of the break bulk charges from Jan-Apr. In Sept, Vizient was unable to connect us with another Vizient member, but the goal was for Vizient to pull and share the data specifications needs for ADS. A spike in Break Bulk fees was noted in August and we are investigating that.	Project to continue with encouragement to push Vizient to give a date goal for the requests for the data pull that they need to provide.
	Backorder Communication: Roberta Sarrow KOM Targets: 1. By 8/31/2022, implement a process to communicate backorders on items from our primary distributor (Owens and Minor) to all managers. 2. By 9/30/2022, implement a process to communicate when products are on backorder and out-of-stock (or close to it) in the storeroom for those items that are stocked in other departments by Material Services. Current KOM Status: 1. We are an estimated 90% done with this target. We have created an excel file that helps automate the formatting of data from our primary distributor so that it can be shared with managers. We just need to finalize it before we send it out and ask for feedback. 2. We are an estimated 25% done with this target. We have started process mapping our current process. We were able to automate the preparation of the Owens and Minor backorder report. This will save time each time the report is created.	Project to continue.
Accounting	Accounts Payable Workflow: Danielle Kapanke. KOM Target: Original KOM was completed as of 11/30/2021, (By Oct 1, 2021, implement a new accounts payable workflow that utilizes features of Multiview that were not available in SAP. New KOM as of 11/30/21: Convert all medical providers to Automated Clearing House (ACH) or card payments (unless they prefer check). Update: 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 have already done so. We are shifting our KOM target to reduce fees and increase card rewards enough that our net between the two	Project to continue.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	is positive for three consecutive months (meaning we will get money back from Paymerang as our rewards exceed our fees). We are changing our payouts that ran twice weekly to once weekly. We began tracking out batch fees as well. Current KOM Status: As of 9/19/2022, the net amount due to Paymerang is approximately ($1500). This is an improvement from the net amount de as of 3/31/2022 of approximately ($1900) It appears we are close to operating at a net gain for the program. July: Net Fee $70, August: Net gain $220, September to date: Net gain: $196. Next steps: Monitor results on a per batch basis; send invoices to Paymerang with electronic payment information to help them convert vendors. Project submitted to continue. Multiview Implementation: KOM Target: Implement Multiview on Oct 1, 2021 and issue Oct/Nov financial statements on time for the normally scheduled BOD meeting-met. Additional KOM Added: Implement the budget module by 6/1/2022, in time to use for the preparation of the FY 2023 budget in June and July. Current KOM Status: Budget Module implementation is now done and we are in the middle of preparing the budget. Management reporting is now available. July budget to actual reports were shared with managers. August will be shared, one the general ledger is closed and the reports are updated and published. August 2022: modified unit security to allow managers to see only the units they should be able to see before making the reports available. Also created budget variance report with Multiview's reporting module. We had to create reports specific to Stoughton Health because there was not a template for what we wanted. Next steps: receive feedback from end users of the reports. Make adjustments and corrections as needed.	**Approved for project completion.**
Chris Schmitz Human Resources	Intranet Implementation: KOM Target #1: Pre and post survey results. Survey employees to measure satisfaction with current intranet, then establish new content and resources. KOM Target #2: Track repeat visits to new intranet, then set increasing usage milestones. September: Providing Design Garden authorized user list: assign entry to new project leaders. November: Schedule work team to add content to New intranet (dedicated and uninterrupted time should decrease project time.) Next steps: prioritize, then migrate content over to new intranet, explore available plug-ins to leverage enhanced services through the portal, trail test group, for example, to use beta application. Once we have the upgrade for our Microsoft package, we will have access to SharePoint and we can use that for our policies and procedures. There is research that is going into making sure we are using the best practices for the intranet site. Goal is to have some access available by December.	Project to continue.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	New Hire Retention: (joint project with HR, EVS and FNS) KOM Target: Move from 10% to 4% (FTE) vacancy rate. Reduce new hire turnover from 42% to 15%. Strategies include hiring for the right qualities, and having a structured onboarding process. Next steps: Review onboarding interview results from HR for the past 2 years; review exit interview data for the last 2 years; leverage HR And DE2 role to uncover trends with current new hires, then implement on feedback sourced from all three data points outlined here. Project submitted to continue. Our open positions are decreasing, particularly with fulltime positions, however, we just received notice that our contracted cleaning provider for off-site location just gave notice because they have staffing issues themselves. This is opening new opportunities. Discussion was held about the pros and cons of holding exit interviews in house. Further discussed improving onboarding and how it can be draining for managers and staff, then they put less energy into onboarding and it can be cyclical. Donna suggested the new intranet has potential to be a great resource for new employees.	Project to continue.
Laura Mays Public Relations:	Taking Community Education Virtual: Kelly Perna is new lead KOM Target 1: 90% of registered participants will attend education classes. KOM Target 2: Convert 10% of Dr. Rawal's and Dr. Schwaab's class and screening attendees to patients. August update: New Community Education Coordinator providing great ideas and providing new script to help with attendance during the reminder calls. Data shared: For 2022 77% of registered attended in all education classes in the calendar year. Summer classes had low attendance. Exploring offering gratitude coffee coupon for those in attendance of classes. Maintaining virtual class format with a few additional hybrid model classes. In some of the classes that have the hybrid option, few people show up in person and most are on line. Project leader recommends continuing project through end of current fiscal year to report conversion numbers. Discussed how there may be more than one participant who is getting the information and you are not aware because they are not having their camera on and are unidentified. Overall feeling: COVID pandemic may have created some lasting changes. Increase Google Reviews: KOM Target: 50 google reviews for Aaron Schwaab, by September 30, 2023. Current Status: 0 Google reviews. The ortho team has a process in place for reviews and that is not going to change. Exploring the option of integrating EPIC integration. Sept 1, 2022: Demo meeting w/rater8, including Linda, Laura, and Ghadeer. Until we can move forward with EPIC integration, we are looking into rater8 dashboard to push out review requests to each of Dr. Schwaab's patients but not more frequently than once every 45	Project to continue and re-evaluate the goal moving forward. Project to continue.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	days. Ghadeer is checking to see if we have patient permission to send Google review requests. Due to our Community Connect Partner status we are not allowed any more EPIC interfaces. An interface would create an automated process where after a patient receives a service, then they get a text or an email with a link asking them to complete a review. With Dr. Rawal, they are manually asking for and entering the contact info into a dashboard and then the information/review link is shared. There are lots of places where reviews are shared by consumers. Discussion held related to limiting to the Google Reviews, Healthgrades, or WEBMD, etc. Rater8 has the capability of distributing the requests among patients. Amy asked if the team felt this could replace Press Ganey. The reporting team is about 9 months behind for any requests for reports, which is what would have to happen and a flat file sent to the vendor. So another option must be pursued.	
RCA	Non Reportable Sentinel Event: Fall with Harm on MedSurg. Patient had fallen and a CT found a small subdural hematoma. This patient continues to be non-compliant with multiple requests to comply with safety rules. The patient experienced another fall today with a skin tear. Patient is currently on Swing Bed status and placement is challenging.	
NOTES:	Discussion about scope of service and having that in a policy and procedure format for patient care areas. Teresa suggested asking Patient Management Council to explore how this is expressed in each patient care areas. This was formerly in the 90 day plan document but with the changes in the CI Process, there is some concern about where this should live moving forward. Three projects approved for completion: Cardiac Rehab Paperless Charts, Fluid Overrides, and Multiview implementation. Four projects with some technology issues that Amy and Michelle will follow up on include Horizon, Vizient, Google reviews Epic connection and MyChart functionality for scheduling.	Amy Hermes will email the Patient Management Council about the scope of service for their areas. Jen White will email the contact at DNV and ask for input.
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: October 25, 2022 9:00 - 12:00 PM Bryant Center or ZOOM		

CI Council Committee Meeting Minutes
October 25, 2022, Bryant Center/Zoom
9:00 am – 12:00 pm

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

Agenda Item (Facilitator)	Discussion	Follow Up Action
Approval September Meeting Minutes	Review and Approve	Approved
DNV Finding for CI Council Membership	Review and Approve membership based on QM.6 System Requirements • SR.1 Interdisciplinary group to oversee the QMS with representation from/for Senior Leadership, Medical Staff, Nursing, Quality/ Risk Management (Management Representative), Physical Environment/ Safety, Pharmacy Services, and Ancillary Services. Jason and Angie report up through Chris who is part of council. Oversite for ancillary, etc report up through Amy.	Will add Pauline if having the information roll up and back via Amy is not accepted. Plan is to do slide presentations first, then the business portion of the meeting, beginning with the debrief and ask if there are any questions, comments, or concerns about the presentations
1.15 CI Program and Plan	Plan updated to reflect current 60-day cycle and changes to membership.	Will rename as Quality Management (QM) Council. Will add representative names to diagram. Managers required to share projects on 60-day cadence within their department as well as within the Quality Committee. The membership grid and roles will be added to the Plan. It will be sent out to staff and to the Policy and Procedure committee.
DNV Finding for CI Council Oversight	Reviewed Consent Agenda: MCE Meeting Minutes included in packet: October minutes and agenda included: • MCE Minutes – ***September*** • Inpatient Leader Committee Minutes – ***September*** • CI Council Minutes – ***September*** • Patient Safety Minutes – ***September*** • Infection Prevention Committee Minutes– ***September*** • P&T Committee Minutes – ***September***	Will add Emergency Management to this as well.
Quarterly Review of CAH Policy	Need some clarification about this. Is it the requirements for maintaining CAH status (LOS, Census)	
Annual Review of Medical Staff Policy	Medical Staff Policy goes through MEC and the Board of Directors. Will bring through Quality Committee as well.	

Agenda Item (Facilitator)	Discussion	Follow Up Action
Root Cause Analysis	No RCAs at this time	
Regulatory Updates: DNV, JC and CMS	JC termination notification to be sent with termination date of 12/13/2022.	Amy will send termination notification to JC.
DVC P4P BSC and QSCR Q4 FY22	Q4 FY2022 in progress. Scorecards will be reviewed in November.	
CI Dashboard	Supplemental documentation	
Heather Kleinbrook Inpt	Inpatient Admission Workflow: First presented June 2022 KOM: Implementation of a seamless workflow in which patients are safely and efficiently admitted to the inpatient department. Enhanced patient satisfaction, measured by Press Ganey surveys, patient feedback and staff satisfaction. Introduction and discussion of project in the Inpatient Staff Meetings has occurred in Aug and Oct. Team developing workflow process map and nursing policy and procedure. Team members, including ED and SS staff providing feedback on map and P&P. Workflows shared. Lessons learned: Press Ganey does not monitor Admission Satisfaction so this can't be used as a method of data collection. Suggestions included giving a short survey to staff and then repeating it in 3 months or to use the questions on the safety survey to measure staff satisfaction.	Project to continue. Will plan a way to measure staff satisfaction.
	Isolation: Suspect it, Isolate it. First presented April 2022 KOM Target: Correctly identify what microbes require implementation of isolation precautions, with precautions initiated within 60 minutes of identification, to ultimately reduce potential exposure to staff, as evidenced by Zero SZP related to Isolation Precautions Missed (banners, signage, timeliness of implementation) as identifies by Infection Prevention. Current KOM Status: 4 SZP events in the month of September. Goal Not Met. 3 for droplet precautions/pneumonia and 1 for contact plus precautions/C-diff. (July = 1, Aug = 0). Bill from IP is attending daily patient huddle on weekdays. Education about precautions and the banners in EPIC provided in August and ongoing. Data collected and shared with team and staff. Isolation Storyboard was developed and shared in staff meeting and education for staff on the CI project: expected outcomes and expected interventions on 10/11 & 10/13. Some EPIC functions create a struggle (tx from Inpatient to Swing drops isolation banners, and there is not a process similar to the Hazardous drugs available in Epic for this purpose.	Project to continue.
	Wound Care and Pressure Ulcer Project (Part 1): First presented August 2022 KOM Target: Initial head to toe/comprehensive skin assessments on all new admissions will be complete within 6 hours of admissions 95% of the time. Current KOM Status: September = 89% compliance. Shared data and status and continued discussion with staff at October	Project to continue.

Agenda Item (Facilitator)	Discussion	Follow Up Action
GP	dept meeting. Next is Annual Competency Day education on wound care. Audit of charts on a monthly basis to collect data for current KOM, as well as setting future goals. Lessons learned: Need to ensure Skin Integrity Care Plans are implemented. Opportunity for new goal going forward. End of Life: First presented April 2022 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. Current KOM Status: Shared butterflies in various departments, published in the Daily Dose, and completed presentation at Town Hall Meeting. Supplies and materials ready to implement in Inpatient Departments. End of Life Education for staff at annual competency days. Implementation in departments November 14. Educational brochure created and shared as part of the CI presentation. Lessons learned: Challenges on the Inpatient Unit with responsibilities of Hospice programs vs Inpatient staff require enhanced communication among teams. Everyone has a different comfort level with end-of-life care and it is important to provide education and recognize comfort levels of staff. Lots of positive feedback from staff and offers to be engaged (example: making quilts). Hope in future to be able to utilize FNS for comfort carts as their staffing returns to normal levels. Length of Stay of GP Patients: First presented April 2021 KOM Target: LOS <20 days for both AD and VD diagnoses. Current KOM Status: August=35 days for AD with Behavioral Disturbance (1 patient). No other patients meeting criteria for AD or VD in September. Department is increasing admits with challenging behaviors as staffing begins to normalize. Return to typical patients will provide more opportunities to assess LOS for behavioral disturbance diagnosis. Placing patients with behavioral issues is challenging amid pandemic due to the impact of bed availability specific to Alzheimer's Disease or Vascular Dementia. Heather has identified that Dr. Connell and Sarah Endicott utilize a dx of neurocognitive disorder with behavioral disorder and that is not monitored by CMS in the same fashion.	Project to continue for one more cycle. Project to continue.
Tina Strandlie Cardiopulmonary RT ED	Outpatient Orders for Cardio Pulmonary Testing – Cardio & RT (co-leading with Registration/Ghadeer/Tina) – **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. Columbia Suicide Screening: First presented April 2022 KOM Target: 100% of all ED patients are screened for risk of suicide.	Project on hold at this time. Project to continue for one more cycle.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	Current KOM Status: ED/UC is 97%. Monitoring for trends continue and working with staff who seem to miss more than others. Discussion held about how realistic a goal of 100% is. At times, some questions on the flowsheet are documented but not all. Some per diem staff seem to struggle. Likelihood of Recommending: First presented October 2020 KOM Target: overall ranking of 90th percentile for the question "likelihood of recommending. Current KOM Status 91 percentile, n:175. Continue to focus on the patients that we can make a difference with. Spend less time and energy on those with chronic pain who are demanding/entitled who are not following their PCPs guidelines. Encourage staff to "let go "of the difficult patients and spend time with those that we can help. Some improvement noted from Quarter 2, but discrepant numbers noted in the slides. Integrated Telehealth (ITP) – Mental Health Services for ED Patients. First presented August 2022 KOM Target: seamless implementation of ITP to provide mental health care for ED patients in crisis. Current KOM status: TBD. ITP Services has been helpful. Staff have worked to improve workflow for placement after finding that the more detailed the medical screening prior to initiation of the ITP process, the better the visit is with the provider. Also learned that the patient must be fully registered before ITP is initiated to avoid issues with referrals for placement related to insurance issues. Other lessons learned: LOS may be longer with ITP however, staff time is no longer occupied with trying to find placement. Mental Health continues to be a challenge to find help after discharge. ITP has been able to suggest medication changes, types of therapy to pursue and developed care plans for patients and families. Looking at different measures to evaluate the success of the partnership of ITP. Will look at the contract and work with ITP to find a measure. Time in the department does not appear to be the correct measures.	**APPROVED project for completion.** Project to continue. Tina and Amy will work together to find a KOM.
Kyle Sippel Lab	Eliminating Missed Add-On Lab Orders: First presented August 2022 KOM Target: 0 occurrences where add-on orders are missed or delayed >30 min. *KOM was updated from 100% received on time as it was determined there was not a way to accurately collect total number of add-ons. Current KOM Status: 2 occurrences where we did not identify the add on orders until after 30 min. We were notified when ER called. Small test of change in Sept with Dr. Rivera to uncover issues providers may have and identify changes needed to ensure providers are using the priority. After the upgrade is complete (Oct 22), will revisit the use of the add-on priority by providers which will trigger a notification system in lab that prints a label when ordered by adding a pop-up. In November: New training/review materials to share with nursing staff now that the labeling project has been ongoing. Training will include the add-on issues and what needs to be	Project to continue.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	communicated. Project has had no strategies implemented yet due to other conflicting projects with more urgent timelines. Streamline Chemistry Supply Management Consolidation of Procedure Duplication: First presentation August 2022 KOM Target #1: Eliminate the 8 steps identified on the process that are not required or add value. KOM Target #2: Standardized 6 policies down to 3 one overall policies vs one for each side of instrument (Reagent Management, Quality Control, and Calibration). Current KOM Status: 6 steps have been eliminated in the quality control processes. 2 of the policies have been revised. (quality control policies. In October, we began transitioning oversight of chemistry to lab coordinator and changed our primary quality control product to an assayed control that can auto upload data to our peer comparisons site. Lessons learned: by changing our current supplier for QC (MAS) to a product called Technopath we could save significant additional time and eliminate some instrument down time and chance for error when entering data. This product cost is slightly higher but benefits outweighed the slight price increase. New chemistry analyzer is approved. This project will be a start to that larger project and we need to consider potential changes with a new platform. Manager has been covering lead duties in Chemistry. Due to other responsibilities he has not be able to dedicate the necessary time and now transitioning those duties to lab coordinator. Completing the implementation of the Technopath product and updating procedures to match the practices. Evaluating the calibration process and removing the additional (non-value-added) steps in workflows and making sure all Policies/Procedures are up to date and matching practices and that duplicate procedures are consolidated. Zach is still training to take over lead tech duties. New KOM to be added to next report (100% of chemistry key operator duties are delegated to another staff person.)	Project to continue with additional KOM added. Zach will be invited to present going forward.
Sleep	In House Sleep Study: (co-leading with Amy)-Victoria. First presented April 2021. Changed to Kyle as new manager. KOM Target: Average turnaround time of 15 days or less (based on industry average). Current KOM Status: Average of 21 days in waiting. In August, Kyle assumed leadership of the Sleep Center and our team met with SSM Sleep and IT to look at the way sleep providers receive Stoughton reports which is different than the way SSM Lab reports. In process of determining if Dr. Rakita can possibly get our reports in the same batch as his SSM report to make it easier for him to complete them. Our process is slower and more difficult. Sleep lab meeting in September included discussion with Dr. Rakita about delays in read times. He reviewed their schedules and the time allotted to providers to read studies vs seeing patients. Lessons learned: No true benchmark for turnaround times. Unable to interface with HL7 which would help improve efficiency. SSM does not make this interface available to affiliates. Currently Sleep provider staffing is below level.	**APPROVED project for completion.** Root cause is beyond our control.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	SSM only provides them with one day to read studies. Our days outstanding is similar to that of SSM patients as well. Sleep dept is working to add additional providers. Patient Safety Alert (Recall): Philips Magnetic Mask-First Presentation. First presentation October 2022. KOM Target #1: 0 new patients are fitted with Resperonics Magnetic Mask. Details of the recall notice were sent out to sleep staff and Dr. Rakita for review and recommendations in September. This is specific to patients or their caregivers/partners who have any metal clips or metal devices implanted, which the magnet can cause the clips/devices to shift. In October, Dr. Rakita reviewed RespMed magnetic mask to determine if they are at risk as well. In addition, met with Sleep lab staff, Dr. Rakita and SH Risk Management to determine action steps. Supply orders were placed for non-magnetic masks. Screening/Consent process was implemented for patients in case a RespMed magnetic mask is all we might be able to fit or if they are a prior user and insistent on keeping magnetic mask. These masks were the masks of choice prior to recall due to ease of use. We will begin collecting data on amount of these in use and reasoning for use of magnetic masks.	Project to continue.
Sara Sturmer Medical Imaging	Laterality Marker Documentation on Portable X-rays. First presentation April 2022 KOM Target: 100% Marker Documentation for each study on all images. Current KOM Status: 98%. In September, email was sent to all staff with reminder and current trending. We notified them we were going to start drilling down into the data to see if there is trending. We already knew chest x-rays are performed the most and are our largest volume missed. Extremities are highest risk for wrong site/wrong surgery so would be an important area to ensure 100% marking on all images. Drill down completed by shift and staff for trending and to provide opportunities for coaching, to understand barriers, and support the staff. All occurrences were on Mondays/Thursdays and 50% of missed markings occurred on PM Shift. Zero missed markings of upper extremities and only 1 on lower extremities. Meetings held with the PM staff individuals. In October, we celebrated the success of reaching **>95%** (98%). Continue to monitor for trending with focus of 100% compliance on extremities. Modify overall goal to 95% or greater due to emergency situations and realistic ability to obtain 100% consistently. Project leader recommends completion/moving to monitoring. Radiation Exposure Indicator - EXI numbers- First Presentation October 2022 KOM Target: Monitor Radiation Exposure Index (EXI) range within our controls. These ranges include the following 50-200 for chest x-rays and 125-500 for everything else, with goal of 90% or greater of all studies within the EXI range. Plan: Obtain baseline review of EXI indicators to determine % of studies within the established range.	Project to continue for one cycle to make sure that results >95% are sustained and then move to monitoring. Project to continue.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	Identify in staff meeting why the EXI number may be out of range. In scope/things we can control: Collimation, Appropriate technique. Out of scope/things we cannot control: Body habitus, disease process, Hardware/screws in place. Lessons learned: EXI Log on equipment has a max storage capacity and the more recent information is not available. Files were cleared so we can start fresh with analysis starting November 1, 2022. Will collaborate with Prairie Ridge Medical Imaging regarding their review of EXI data for quality.	
Jason Schoville Plant Operations	Fire System Improvement: Jason (project was halted during the COVID surge/CI break) NEW PROJECT: TBD	**Projects on hold due to staffing.**
Sarah Watkins HIM	Natriuretic Peptide Denials for Medical Necessity: First presentation August 2022 KOM target: reduce the number of BNP denials (83880) not meeting medical necessity =118 YTD. Current KOM Status: TBD. In September, email sent to Nikki to investigate which order sets contain an order for a BNP/ticket filed with SSM to see the order sets. Previous BNP denial study was reviewed to see data points. Analysis of data to update current KOM and break down by provider/condition for the order. On October 11, email sent to Dr. Dahlberg and Tina to look into orders sets and start discussion of which conditions are/are not covered. Some trending was noted among providers and top conditions that had denials for a BNP (chest pain, unspecified, weakness, COVID-19 were all at 5 or more denials). The overall denial rate for 2022 so far is 8.2% and the overall cost: $2646.74. Next steps: meet with Dr. Dahlberg and look at ER/UC provider order sets. Continue to break labs down by provider and condition for which it was ordered. Get the report form Nikki of order sets for review, continue to analyze the data and have coders proactively look for payable conditions when seeing these labs. Prothrombin Time Denials for Medical Necessity: First presentation August 2022 KOM Target: reduce the number of denials PTT (85610) not meeting medical necessity = 129 YTD. Current KOM Status: TBD. In August, insights report revealed highest lab denial rates for not meeting medical necessity. In September, emailed Nikki to investigate which order sets PTT is in/ticket filed with SSM to see the order sets. Updated denial rate and break down by provider/condition for order was our data analysis for September/October. Email sent to Tina and Kyle, and to Dr. Dahlberg on 10/11/22 to look into order sets and start discussion of which conditions are/are not covered. Trending noted with Unspecified Atrial, and Long term (current), each with 20 denials. Urinary tract, and Chronic Atrial, each with 5 or more denials. March	Project to continue. Project to continue with a focus on the two outside providers.

Agenda Item (Facilitator)	Discussion	Follow Up Action
	saw a spike in denials of 25 for the month. The two highest denial physicians are outside physicians. Our current overall denial rate for 2022 is 5%, over denial cost of $451.50. Next steps: Meet with Dr. Dahlberg and Kyle. Smart Set Analysis, continued claim denial review, Look at SNF standing orders. Coders will proactively look for payable conditions. Amy will keep Victoria in the loop when they look at contracts with SNF providers.	
PFS	Contract Build in EPIC: First presentation June 2022 KOM Target: Complete Epic Build of all Contracted Insurance Payers. Current KOM Status: two plans (Humana and Cigna) moved to production in September, thirteen in process, and eight not started yet. Content Management Training and assessment completed by Bev and Mary. In October, met with Susan Stenner from Southwest Health, who shared documents and did some demonstrations. Ticket was submitted for Filezilla application access (used to upload fee schedules to EPIC), ticket is pending. Weekly meetings for building these are ongoing to make progress with other contracts. Lessons learned: Waiting for EPIC tickets to be completed is the biggest barrier. Lack of IHT Support and training for contract building. Making time for the project was difficult during Q4 due to fiscal year end and upcoming EPIC upgrade caused a freeze on new builds (currently in effect.)	Project to continue.
Registration	Increasing Front End Collections: (Co-Leading with PFS): First presentation August 2021 KOM Target: 50% front end collection rate hospital wide. Current KOM Status September: 73% Oregon Rehab, 55% Surgery, 67% SWAC, 44% Specialty clinics. August: met with Specialty clinics (Ghadeer & Alison) to share our project and goals and implement collections on 9/1/22. Met with Hospital Registration Staff: implementation of copay collections and expectation of copay collections. Training of staff to add copays in EPIC and Scripting. Data Collection for specialty clinics started 9/1/22. Signage was added to hospital and Madison location in September. Lessons learned: goal setting can be tough and change is hard. Staff buy-in is hard and critical to achieve to be successful. Next steps: continue tracking Oregon, SWAC, Surgery and Specialty clinic collections. Update Televox to prepare patients for copay collection (we have reached out and now are waiting for them). Work on rollout of sleep study and Urgent Care collections.	Project to continue.
Ortho Team/ Multidisciplinary/Multidepartment Team Teresa	Outmigration Project: Project ongoing since 9/28/21 KOM Target: Exceed outpatient visit budget assumptions for the year. Stretch goal of 10%. Current KOM Status: YTD through Aug 2022 = 45,954. End of FY Mathematical Projection = 50,069. Budget = 45,656 visits. Using our outpatient statistics data. Our mathematical projection is trending ahead of budget for the year (as above) which would be a 9% increase in outpatient visits which almost meets our stretch goal of 10%. Ortho surpassed budget goal for FY 2022.	**APPROVED project for completion.**

Agenda Item (Facilitator)	Discussion	Follow Up Action
	General Surgery estimated a 50% increase this budget year which has proven to be a large stretch goal and not met. General surgery volumes similar to previous year. Lessons learned: shared electronic record platform can create barriers to our receiving appropriate referrals locally. Stoughton Health needs staff to regularly work our workques, difficulty getting SSM representative on team. GHC contract limits patients from using Stoughton Health unless emergent care. With Ortho Team staffing fully intact, we are able to surpass utilization review monthly goals for surgical cases and patient clinic visits. EPIC EMR continues to prohibit internal processes which could help us. (ie, if provider forgets to put in Stoughton Health specifically for MRI order it defaults to general SSM). Having trouble getting a meeting with Stoughton Trailers. Next steps: Continue to monitor and address any payer-driven, provider-driven, process-driven, and/or patient-driven issues as they arise. Hardwire Ask for Stoughton Health in our culture and messaging to every employee. Continue to market through social media and with area businesses. Project leader recommends project for completion.	
CI Presentation Debriefing	Likelihood of Recommending in the ER, In House Sleep Study, and Outmigration Project all approved for completion.	3 projects approved for completion. All others approved to continue. At leadership or forum, will stress that they should provide an update of what is new and not all of the historical data. Will be changing the dark background of the presentations.
Parking Lot (items for next meeting)		
Reviewed and Approved by: Jennifer White		Respectfully Submitted by: Rhonda Tesmer
NEXT MEETING: November 22, 2022 9:00 – 12:00 PM Bryant Center or ZOOM		

Cohort B CI Dashboard						
Direction	**2021 Quarterly Goal**	**Sep-22**	**Jul-22**	**May-22**	**Mar-22**	**Nov-21**
↗	Reduce paper charts by 75%	84%	84%	ND	ND	
↗	1) 3 patients/ month (Dept) 2) increase distance 40m/100ft for 6 min walk 3) 20 billable units per month of CPT 94625	ND	ND			
↗	1) 60% of surgical shoulder patients will be seen for pre-hab 2) 80% or more of post-op shoulder patients will see a detectable change of 13 points or more on the Shoulder Pain and Disability Index (SPADI)	1) 0% 2) ND at this time	ND			
↗	100%	36%	28%	28%	21%	0
↗	100%		100%	90%	46%	ND
↘	<40 minutes	43 minutes	average 40 min	ND	ND	
↘	<5%	7.1%	9%	21%	33%	18%
↗	> 99.8% after checking 500 product verifications	ND	ND	ND		
↗	> 80% fill rate per day per provider		Gen Surg 65% MD Ortho SH 89% MD Ortho MSN 93% PA-J Ortho 94% PA-C 91% Dr. Kaji 78%	Gen Surg 80% MD Ortho SH 100% MD Ortho MSN 93% PA-J Ortho 82% PA-C 80% Dr. Kaji 100%	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%
↘	< 10% abandon rate		CLINICAL STAFF Cardiology 12% Ortho Sto 24% Ortho MSN 27% General Surgery 35% RECEPTIONISTS Cardiology 3% Ortho Sto 5% Ortho MSN 5% General Surgery 7%	CLINICAL STAFF Cardiology 9% Ortho Sto 16% Ortho MSN 16% General Surgery 18% RECEPTIONISTS Cardiology 3% Ortho Sto 2% Ortho MSN 3% General Surgery 4%	Overall 16% Gen Surg 17% Ortho 16%	Overall 23% Gen Surg 22% Ortho 24%

↘	Reduce bulk linen orders by 50%	ND	ND	ND		
↗	Full implementation	In Progress	In Progress	In Progress	In Progress	In Progress
↗	1) TBD 2)Review top 75% of break bulk changes from Aug-Dec	1) TBD 2) 75.10%	1) TBD 2) Goal Met, 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	
↗	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) 90% 2) 25%	1) 40% 2) 15%	In Progress		
↗	Reduce fees and increase card rewards enough that our net between the two is positive	Paid $1500 in fees to Paymerang	Paid $1890.69 in fees to Paymerang	40%	40%	
↗	Implement Budget Module by 06/30/2022	100% completed - going to BOD in November	100%	90%	5%	
↗	1) Pre and post survey results TBD 2) Track repeat visits to new intranet TBD	ND	ND			
↘	1) Move from 10% to 4% (or FTE) vacancy rate 2) Reduce new hire turnover from 42% to 15%	1) ???% vacancy rate of FTE 2) 42% New Hire Turnover rate	1) ???% vacancy rate of FTE 2) 39% New Hire Turnover rate			
↗	90% of registered participants will attend education classes AND Convert 10% classes/screenings to patients	77% attended classes AND 20% (31 of 155 attendees) Conversion rate for first half of FY 22	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 halfve 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
↗	50 Google Reviews for Dr. Schwaab by September 30, 2023	0				

Cohort A CI Project Dashboard

Indicator	Owner	Direction	2021 Quarterly Goal	Sep-22	Aug-22	Jul-22	Jun-22	May-22
MedSurg								
Inpatient Admission Workflow	**Heather**	↗	**Full Implementation**	**In Process**	**In Process**	**In Process**	**In Process**	**In Process**
Isolation	**Heather**	↘	**<60 minutes of admission or upon new identification of any communicable disease identified (Inpt) AND Zero SZP Events**	**ND - did not meet 4 SZP**	**ND - did not meet 0 SZP**	**20% did not meet 1 SZP**	**50% did not meet 0 SZP**	**24% did not meet 0 SZP**
Wound Care and Pressure Ulcer Project (Part 1)	**Heather**	↘	**95% of all admission will be completed within 6 hours of admission**	**89%**	**ND**	**ND**	**ND**	**ND**
Geri Psych								
End of Life	**Heather**	↗	**Full Implementation**	**In Process**	**In Process**	**In Process**	**In Process**	**In Process**
Decreae GP Length of Stay	**Heather**	↘	**< 20 days for both AD and VD dx**	**No patients met criteria for AD or VD this month**	**35 days for AD with Behavioral Disturbance No patients met criteria for VD**	**21.5 days for AD with Behaviorial Disturbance**	**0 days**	**8 days for AD 0 days for VD**
Emergency Department								
Outpatient Orders for Cardio Pulmonary Testing	Tina	↘	**13%**	**On Hold**	**On Hold**	**On Hold**	**On Hold**	**26%**
Columbia Suicide Screening Scale	**Tina**	↗	**100%**	**98%**	**97%**	**97%**	**99%**	**98.6%**
Emergency Department HCAHPS Definitely Would Recommend	**Tina**	↗	**≥90%**	**91% (n: 175)**	**ND**	**80% (Apr-Jun 2022)**	**ND**	**ND**
Integrated Telehealth - Mental Health	**Tina**	**TBD**	**TBD**	**ND**	**ND**	**ND**	**ND**	**ND**

Services for ED Patients								
Laboratory								
Eliminating Missed Add-On Lab Orders	**Kyle**	↗	**0 occurrences were Add-on orders are missed or delayed > 30 min**	**2**	**ND**	**ND**	**ND**	**ND**
Stremaline Chemsitry Supply Management Consolidation of Procedure Duplication	**Kyle**	↘	**#1: eliminate 8 steps identified on the process that are not required or add value. 2# Strandardized 6 policies down to 3**	**1) 6 steps have been eliminated in the quality control processes. 2) 2 of the policies have been revised**	**ND**	**ND**	**ND**	**ND**
Medical Imaging								
Laterality Marker Documentation on Portable X-rays	**Sara**	↗	**100%**	**98%**	**93%**	**94%**	**92%**	**92%**
Radiology Exposure Indicator (EXI)	**Sara**	↘	**> 90% of all studies (ranges include 50-200 for Chest X-Ray; 125-500 for everything else)**	**ND**	**ND**	**ND**	**ND**	**ND**
Plant Operations								
Fire Alarms	**Jason**	↗	**Full Implementation**	**On Hold**	**On Hold**	**Heat detectors 100% found and labeled Smoke Detectos 100% found 99% labeled Duct detectors 20% Pull Stations 0%**	**In Progress**	**Heat detectors 100% found and labeled Smoke Detectos 100% found 99% labeled Duct detectors 0% Pull Stations 0%**
HIM								
Natriuretic Peptide Denials for Medical Necessity	**Sarah**	↘	**Reduce the number of BNP (83880) denials not meeting medical necessity *Need to determine by how much***	**118 YTD**	**ND**	**ND**	**ND**	**ND**

Prothrombin Time Denials for Medical Necessity	**Sarah**	↘	**Reduce the number of PTT (85610) denials not meeting medical necessity *Need to determine by how much***	**129 YTD**	**ND**	**ND**	**ND**	**ND**
PFS								
Contract Building in EPIC	**Sarah**	↗	**Complete EPIC Build of All Contracted Insurance Payers**	**2 plans moved to production 13 in process 8 not started**	**ND**	**2 of 26**	**ND**	**0 of 26**
Registration								
Increasing Front end Collections (co-leading with PFS)	**Sarah**	↗	**>50%**	73 % Oregon Rehab 55% Surgery 67% SWAC **44%** **Specialty Clinics**	**ND**	**75 % Oregon Rehab 20% Surgery 55% SWAC**	**ND**	**40 % Oregon Rehab 55% Surgery**
Growth								
Outmigration Project	**Teresa**	↗	**>47,844**	**45,954 (YTD through August)**	**ND**	**41484 (YTD through July)**	**ND**	**ND**
Sleep								
HIM In House Sleep Studies	**Kyle**	↘	**15 days or less**	**21 days**	**ND**	**ND**	**ND**	**21 days**
Patient Safety Alert (Recall): Philips Magnetic Mask	**Kyle**	↘	**0 New patients are fitted with Respironics Magnetic Mask**	**ND**	**ND**	**ND**	**ND**	**ND**

Stoughton Hospital Patient Safety Committee Meeting Agenda
September 28, 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, Rhonda Tesmer, Pauline Cass,
Absent: Kyle Sippel, Angie Rowin, Nikki Rowin

Agenda Item (Facilitator)	Discussion	Follow Up Action
Approval of Previous Minutes	Review and approve August meeting minutes.	Approved.
Standing Business		
Medication Management Data Review - Pauline	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. **UPDATE**: 6 Controlled Substance Discrepancies, 4 "other" events, and 1 medication error were all reviewed. The majority were documentation related. Two were related to meds found in the floor on G/P, one incident of insulin not delivered to G/P in a timely fashion. None of these led to any patient harm. 1 incident related to eye drops not being available for a cataract case led to process improvement by having that drug available in the Day Surgery unit and having pharmacy hours start earlier on cataract surgery days. 1 additional event was added for an adverse drug reaction. Other suggestions related to being prepared for allergic reactions. Releasing the orders for the treatment and pulling the meds (no override required) when the patient is receiving a first dose. This would keep the meds close by (Benadryl, epi).	Pauline will check with Nikki and review the order to see if it is ordered as an EPI pen or a vial.
Review of Safety Zone Event Data-Quarter 3FY 2022 (Apr-Jun)	No data at this time. Next quarters data that will be reported on is Jul-Sep 2022	
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. **UPDATE: Kyle not in attendance.**	**Jen will follow-up with Kyle.**
Patient Safety and/or Construction	No construction at this time. There was a non-reportable sentinel event that occurred as a result from a fall with harm. The patient remains on the unit at this time. The patient is non-compliant with safety	

Agenda Item (Facilitator)	Discussion	Follow Up Action
	recommendations, etc. Patient had threatened to leave against medical advice but stayed. Placement is an issue with this patient due to insurance concerns.	
Security Concerns – All	Behavioral concerns at the front door with screeners. Some discussion held about having security officer at the front door. At this point, we are not moving forward at this point but will continue to monitor events. Tina advised UC off-site staff to let go of the mask issue for their own safety, since they are limited staff. Ghadeer stated that some providers will not enter the room if patient is not masked but the clarification was that this is limited to the off-site areas with low numbers of staff. Additionally, they are not asking about weapons due to triggering people becoming agitated and starting to argue about their second amendment rights. There are other hospitals which have switched to having the question asked only at check-in and not brought up again. The exception would be if someone presents with Mental Health Issues. Discussion held about the approach, related to encourage the patient to protect their property by securing it in their car. Discussion about search and seizure policy and educating staff. Amy discussed that younger staff have been educated heavily about patient rights and may feel uncomfortable related to weapons policy and search and seizure. Some scripting and education to come. Teresa added that she was asked to take part in a Rural Group looking into a company approach. However, there were no guarantees of crisis intervention/de-escalation training and recruitment would still be in our geographical area, so no clear benefits of that approach were evident. We may still consider recruiting ourselves. Security cameras are down and have been for a week. No word about when they will be back up. Jen asked about the video that was shown at Emergency Management and Forum, Tina has it but it has not been sent out. Need to determine best way to disseminate this to staff as it is a powerful video.	Search and Seizure policy and education to be done with staff.
2022 Patient Safety Goals	**2022 Goals**: **Falls (Sentinel Alert and reporting requirement of our SZP grant)** **Hospital Fall Goals:** Amy and team have been exploring the use of technology with a video patient sitter was approved for 4th Quarter. Amy also added that Capital requests were approved for the specific quarter. **Suicide Assessment and Safety Plans** **Immunizations: About to start Flu Clinics soon for staff and also for patients.** **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. Will be meeting with the MI staff in October. Sara had put	Tina will be checking to be sure that all the supplies are kept outside the room. Team to discuss with Pauline at next meeting in September to start identifying a process/resource for departments to utilize. Pauline stated that staff can always call pharmacy. Our policy only

Agenda Item (Facilitator)	Discussion	Follow Up Action
	together a resource for the staff but they are still struggling because of timing of when they see the BPA and what the medications are. Much of this is related to emptying urine or be exposed to drip able, pour able amounts of body fluids. Otherwise, practicing universal or standard precautions with this work that MI staff do is adequate in most cases. The clinical education in relias may help. **Product Recall process:** no updates at this time.	has our formulary meds on it. They will be looking at resources for each department They also stated that they are looking at scripting for to use for patients who are unfamiliar with why the precautions are in use.
Restraints and Seclusion Review - Rhonda	No restraints/seclusion since July 1 through today.	
Root Cause Analysis and/or CI Project Updates	Non Reportable Sentinel Event – Fall with Harm CI Council projects continue to meet on a 60-day cycle.	
Antibiotic Usage – Pauline/Bill	Apiari Consulting Group-Project focusing on reduction of fluoroquinolone use. ▪ Continuing work on fluoroquinolone usage with Apiari ▪ Findings from data review: lack of standardization with length of therapy and documentation of antibiotic usage ▪ Top 3 uses of FQ—UTI, abdominal pain, respiratory disorders ▪ Developed a UTI flowchart to guide antibiotic selection (see attachment) and distributed to ED providers and hospitalists ▪ Next steps: data validation, discharge order sets 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. We have reached the end of our grant with Apiari. We will need to look at what we are doing next, confirm that we are not sending any data to them now.	
USP 800 – Pauline	See above	
Trauma Review – Tessa	Continue to review July charts.	Amy and Jen to consider recommendation not to pursue certification and make recommendation to Dan.
Stroke – Tessa	Dr. Dahlberg is aware of formality needed to request TNK in hospital formulary. TPA box changes in ED. Pauline took out the extra medications in the box and moved TPA to Pyxis.	
Regulatory/DNV Readiness – All	New information came out this morning related to a push to collect race and ethnic background information.	
Joint Commission – Sentinel Event Alert	Sentinel Event Alert 65: Diagnostic Overshadowing Among Groups Experiencing Health Disparities- related to cases when two people present with similar symptoms but are	

Agenda Item (Facilitator)	Discussion	Follow Up Action
	worked up or approached differently because of their background. Discussion about a recent complaint that loosely alleged that the provider wasn't diligent potentially due to race differences. Dr. Dahlberg was reviewing the record.	Jen will call the concerned party.
Joint Commission – Quick Safety Monthly Articles	Quick Safety 65: Managing packaged sterile supplies and devices Quick Safety 66: Palliative Care: Better care for seriously ill patients visiting the ED- Amy stated that she was intrigued by the possibility of partnering with Agrace in their Palliative Care program, especially given the numbers of patients who are in their 90's and even over 100.	
Other Discussions:	Travel questions asked by Reg do not flow into the rest of the record and then ED nurses are asking the question again. Tina looked into EPIC and it appears its only being asked once. Masking is being lifted in some hospitals for meetings, etc, but going into flu season, it doesn't seem wise to do that. Madison hospitals at this time will not be lifting mask restrictions at this time either.	
	Next meeting: Wednesday November 23, 2022 9:00 – 10:00 am Lobby Conference Room and/or ZOOM.	
Submitted by: Jen White		

Infection Prevention Committee Minutes
September 28, 2022 10:00 AM– 11:30 PM
Lobby Conference Room or ZOOM

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

Topic	Presenter	Background	Discussion	Follow-up
Approval of August 2022 Meeting Minutes	Committee	Review and approve		Approved
Standing Agenda Items				
Policy Review	Committee	**Policies Reviewed:**		
		13.06 Care of Patient in Airborne Isolation- references update, added phrase "but not limited to" with regard to illnesses requiring airborne isolation; added language about the illnesses that require addition of contact isolation in addition to the airborne isolation. The airborne isolation rooms will be checked for functionality of negative pressure daily by Cardiopulmonary. This assures proper functioning of negative AIIR has been checked withing 24 hours of any patient placement and daily while occupied. Documentation will be on a daily checklist and stored in the Cardiopulmonary Department. Results of negative pressure checks MAY be entered into the patient's record.		Approved
		13.18 Cleaning-Disinfection-Sterilizing Patient Care Equipment- References updated; no other changes made.		Approved
		13.21 Respiratory Protection Program- References updated and added the Bullard PA20 which is still in service in ED and Med/Surg/ICU. Changed terms to	Discussion held about training/fit testing for Contract Providers and if they are tested in another	Bill will follow up with Jen Mora about the fit testing for Contract providers(SWEA,

		Business Health and Stoughton Health, where appropriate. 13.33 COVID-19 Plan	facility, do we have their results on file. **Reviewed and pending Jen Mora's and ICC Meeting 10/03/2022 review and revisions as there is much that has potential to change.** Amy suggested removal of some of the most specific information related to return to work, etc and replacing that with something more general. Tina added that we may want to consider some of the language in the ARA.	Madison Radiology, etc) More review to be done. Policy will come back for review.
Risk Assessment/ Program Goals/ Infection Prevention Dashboard		Q2CY2022 IP Program Goals Progress (Q3CY2022 ends September 30) ..\..\..\Risk Analysis and Program Goals\2022-2023\IC Risk Assessment HVA 2022-2023.xls Infection Prevention Dashboard ..\..\..\Reports\Inpatient Dashboard & Reports\IP Dashboard - 2022.xlsx		Q3 Data will be reported on at next IPC Meeting Q3 Data will be reported on at next IPC Meeting
Hand Hygiene		Hand Hygiene Hospital Observations: ***See graph below*** Individual was identified during direct observations and IP is working with staff member and department to improve compliance. Stoughton Health Hand Hygiene compliance rates continue to far exceed the national average. Hand Hygiene Isolation Observations: ***See graph below*** Press Ganey Hand Hygiene Q2: Awaiting Q3 data • Ambulatory Surg -Extent staff washed their hands	July 94 % August 94 % September ---- % July 100 % August 100 % September ----- % Amy reported that there is a possibility that there will	Monthly peer audits continued

		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)	be a switch from Press Ganey to another vendor so there will be no changes to current survey questions. If it is decided to stay with Press Ganey then we could request to add additional hand hygiene questions at that time.	Q3 data will be reported on at next IPC Meeting Ghadeer will f/u with Mary regarding addition of questions related to Clinic Staff Hand Hygiene if we continue to use Press Ganey Surveys
Construction Risks-Infection Control Risk Assessments (ICRA)	Jen White Rhonda Tesmer	Pharmacy Renovation nearing completion. Waiting on recertification of new hood and painting. Caulking/sealing around flooring and trim being completed. Demo of three houses adjacent to hospital.	No Construction Related Infections Identified Two of three houses have been demolished and foundations filled in so far. The third house is currently being demolished.	
Antibiotic Stewardship	Jen White/Bill Wilson/Pauline Cass	Apirari Consulting Group-Project focusing on reduction of fluoroquinolone use. ▪ Continuing work on fluoroquinolone usage with Apiari ▪ Findings from data review: lack of standardization with length of therapy and documentation of antibiotic usage ▪ Top 3 uses of FQ—UTI, abdominal pain, respiratory disorders ▪ Developed a UTI flowchart to guide antibiotic selection (see attachment) and distributed to ED providers and hospitalists ▪ Next steps: data validation, discharge order sets	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 and if the intial antibiotic selected was in the preferred class or documented why not.	Pauline is reaching out to Apirari to see if they will review the last data sent to them or if we are finished with the project as we have not had communication with them since the last meeting.
Significant Exposure Policy Update		The Significant Exposure Policy was approved at the last IP Meeting. Jen Mora is submitting finalized policy and procedure packets to Dr. Menet so he can notify and educate all of the hospitalists regarding their responsibility as medical provider oversight to the significant exposure process for any employee exposures.		Bill and Jen Mora will follow up with Dr. Menet to determine when hew will have all of his staff oriented to the new process to determine a start date

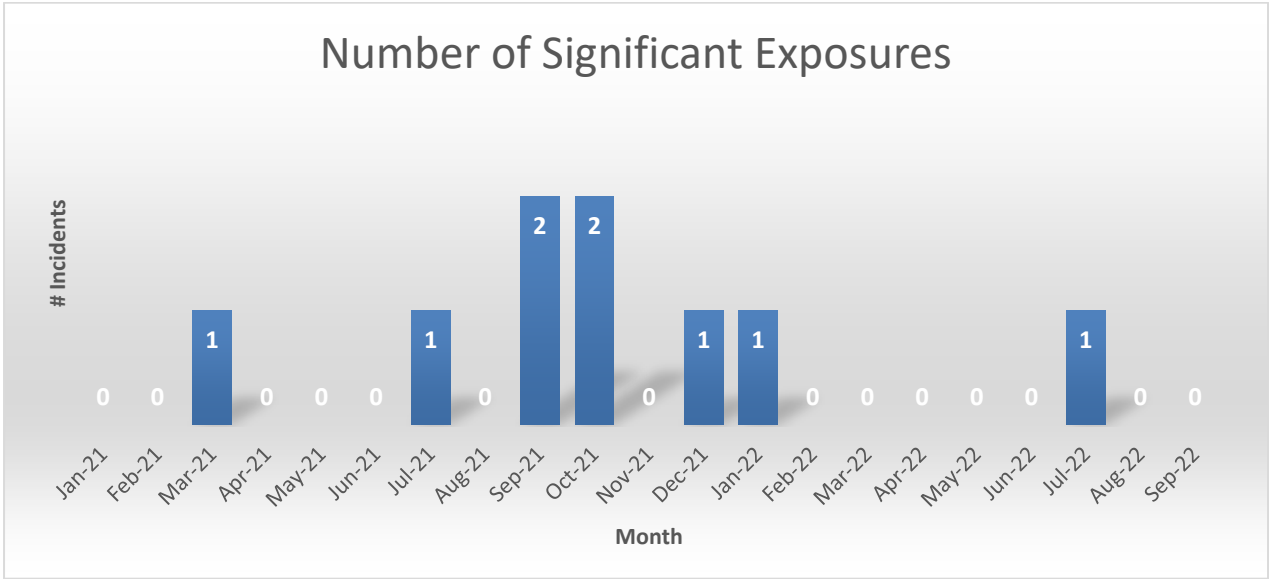
		Once this has been completed, hospital wide roll out will occur.		with all staff education for official "go live" of new process.
Employee Health/Sharps Injuries	Jen Mora	• for Q3 CY2022 (Jul-Sep 2022) There has been 1 Significant Exposure for this quarter so far involving the removal of a surgical pin from a drill. ***See graph below*** For the rolling 12 months, seven were seen. This is downward trending.	No increases noted.	Montioring and trending continues
DNV Preparedness/ Follow Up	Jen White/Amy Hermes	• Heather is working with MS/ICU team with revisiting the workflow of getting dirty instruments to CS in a standardized way. HUCs have agreed to take instruments down to sterile processing but sometimes get pulled into patient care so this is presenting some challenges. Bill/Jen are working on educational material for staff as this process is refined. • Tina brought up issues related to the process in the ER. Amy suggested adding it to a checklist and assigning it to the HUC or someone, so that it doesn't get missed. Bill asked about the possibility of a separate person who could round to all departments. But the staffing issues that exist prohibit that. Tracy stated that ideally, whoever is squirting the instruments should take them. • There is a breakdown in the process in the clinic as well and this represents risk!	Instruments are placed into red bins in the dirty utility room and sprayed with Blue 62 as per policy. Instruments are not taken to Sterile Processing Daily on a consistent basis. The instruments should not be sprayed and left for days. This ruins instruments. Tina asked about what happens to the disposable instruments? They are currently being sent to Sterile Processing but are they still being donated as in the past? Instruments cannot be left in the red bins in clinic rooms. They MUST be taken to the dirty room for the safety of the next patients.	IP and ED/UC Managers are working on improving a consistent process to assure transport of dirty instruments to sterile processing daily. Tracy is checking on whether the instruments are still being donated and whether this process will continue. Bill is working with Clinic Staff as they develop a process.
Surveillance Reports				
NHSN Reporting: CAUTI	Bill Wilson	See IP Dashboard. Quarterly reporting		

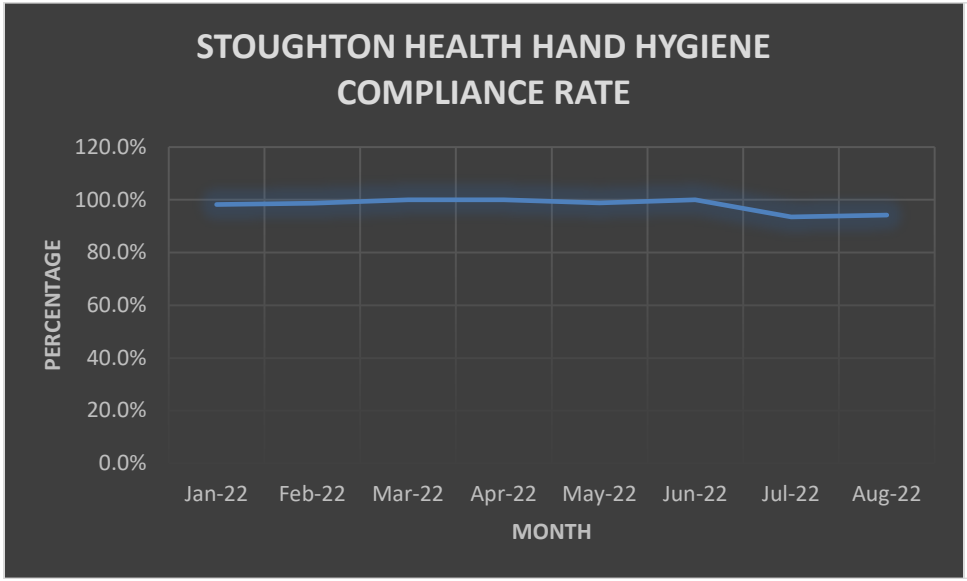
CLABSI Lab ID C Diff or MRSA Bacteremia				
NHSN Reporting: SSI	Bill Wilson	See IP Dashboard.	Looking great so far! There have been no identified SSIs	
Employee COVID-19 Vaccination Rates	Jen Mora	• 98% vaccination rate with primary series • 83% have received a booster • 8 religious waivers for regular hospital staff (increase of one new hire with waiver) Overall not much has changed with the exception of "Up To Date" employees percentage has dropped as not all who were previously boosted, or eligible for receiving a booster, have not receive the latest bivalent booster.	There was discussion about the types of COVID vaccines available and any changes in recommendations. The vaccine is highly recommended but because it is still under EUA, not mandatory.	October 4- COVID Booster only. Vaccines will be available at Town Hall, Competency Days, and other times. See Jen Mora's email and sign up sheets. Flu vaccination is a condition of employment.
2022 State Reportable Data	Bill Wilson	***See Graph Below*** Chlamydia and gonorrhea slight increase Shiga Toxin producing E. coli two cases Cryptosporidium two cases Monkeypox three tested, three negative Salmonella one Invasive Streptococcus four (one patient re-tested on subsequent visit, same infection)	Graph now shows 3 years of data and is easier to read.	
Old Business				
COVID-19	Bill Wilson/Jen Mora/Jen White/Amy Hermes	Covid positivity rates – ***See graph below*** **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.** The Food and Drug Administration (FDA) has authorized the bivalent COVID booster. This updated COVID booster shot targets the BA.5 Omicron variant.	Locally known cases have increased, while statewide cases are stable. Dane County is at 12.3% positivity; last week we were at 11.6% positivityNationally, cases are flat or falling in nearly every state and in many places, the declines are significant. Over a dozen states have seen cases	Bill asked that all managers stress to staff to NOT come to work if sick and then decide to get tested. They are to call the Employee Illness/Covid line. This has happened twice in the last few days. If you are having symptoms, you need to have a hospital

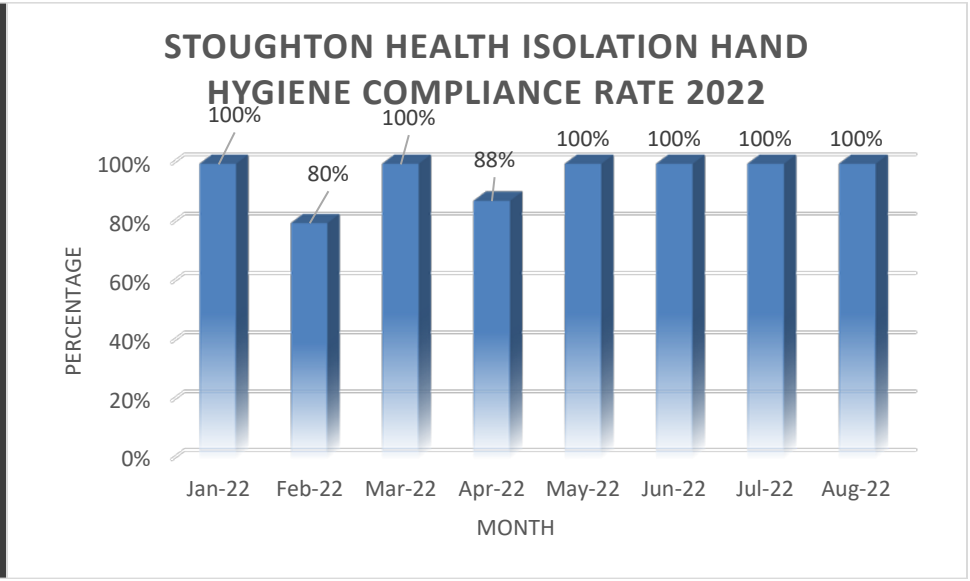
		We have 300 doses of the new vaccine and have administered 36 doses so far. We are offering additional opportunities for staff to sign up for boosters during the flu clinics. ▪ We have bebtelovimab as an option for outpatient treatment o Remaining US allotment to be prioritized for underinsured and uninsured patients, meaning we may not receive additional doses (currently have 11 doses) ▪ The NIH treatment recommendations are as follows: o Ritonavier-boosted nirmatrelvir (Paxlovid) o Remdesivir o Alternative: Bebtelovimab o Alternative: Molnupiravir	decrease by 40% or more since the start of the month. Locally, hospitalizations are stable. Now, we are mostly seeing BA.5 (and some BA.4). Discussion about adding a new ID Now machine that would speed testing with flu and COVID. Bill added that with home tests are likely skewing the data. Positive home tests are not being accepted and PCR tests are still required. Ghadeer asked about the requirement for the PCR with a positive home test when people are sick and don't want to be tested. But it is necessary for the use of short term disability.	confirmed negative test. Results are not added to the State Reporting in most cases. Employees should contact the Employee Illness/COVID number and discuss testing. In some instances, a PCR test done in a person's hometown or at a pharmacy can be accepted but Jen Mora would need to approve.
Parking Lot				
Employee Influenza Vaccination Rates	Jen Mora	Reporting period is Oct 2022 – March 2023. There are Vaccine Clinics scheduled for October 4, 13 in house, October 21 Stoughton Senior Center and October 25 at the Stoughton Fire Department.		
New Business				
Pediatric Hepatitis outbreak	Committee	They are still trying to determine the causative facture for the link to recent infection. As of the September 14 data release there are 364 PUI cases in 43 States in children under 10 years of age with Acute Hepatitis of Unknown		

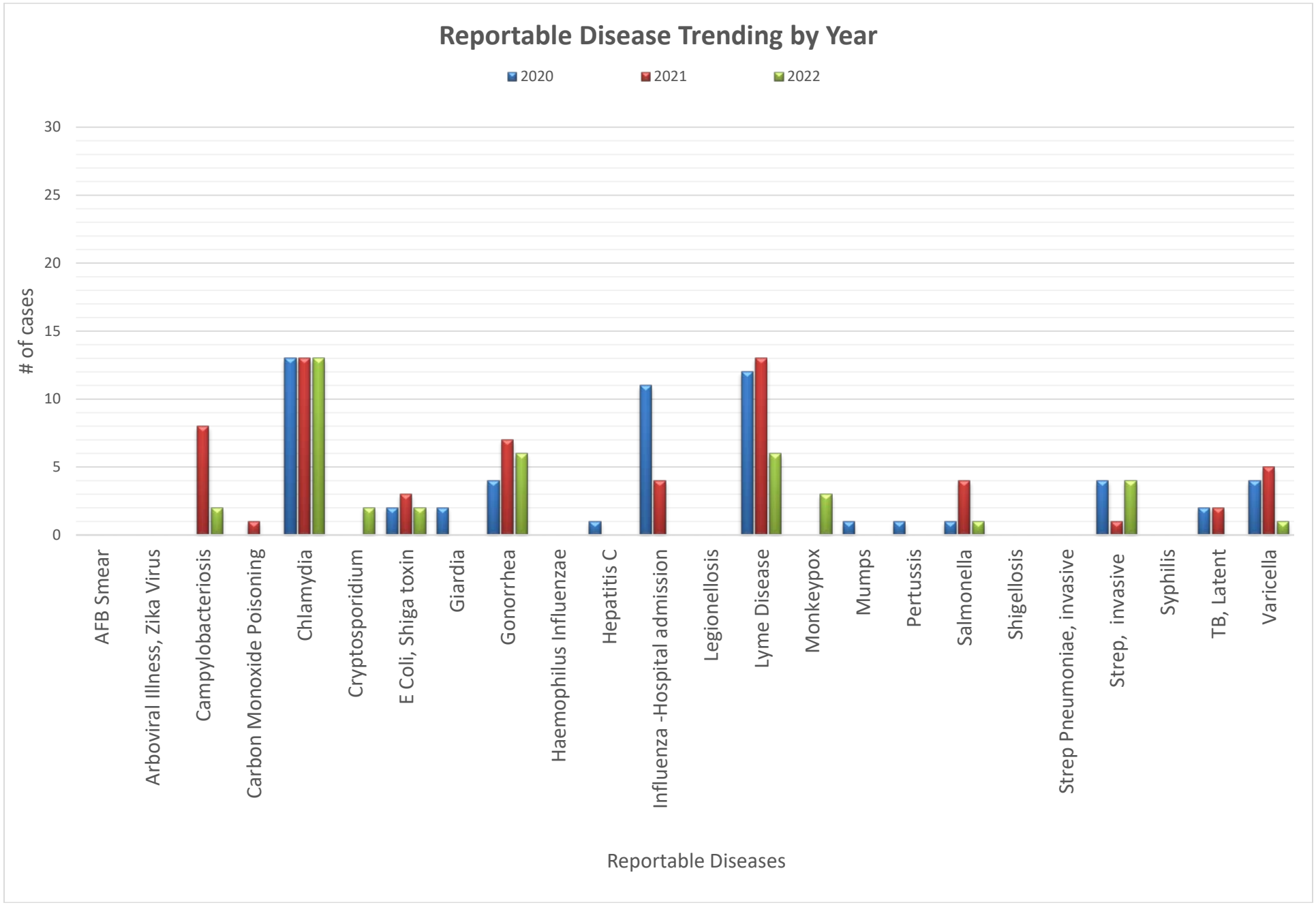
		Etiology since October 2021. (This is up 6 cases since August data release.) Numbers for each state will not be released to protect patient privacy. Investigators are examining a possible relationship to adenovirus type 41 infection.		
Pre-Procedural Testing	Committee	ASA and ASPF have not changed their guidance since June 15, 2022 joint statement "Substantial or high community transmission: Facilities should continue pre-procedural testing as recommended in earlier updates. We will continue to follow pre-procedural testing guidelines. We will continue to monitor for ASA updates. UW has discontinued their routine pre-op testing process.		
Visitor Guidelines	Committee	No new updates.		
Covid-19 Variants	Committee	BA.5 continues to be the current most prevalent strain circulating		
Monkeypox	Committee	No confirmed cases at Stoughton Health. We have tested two patients so far with negative results. Nothing new for process of testing or treatment. Global case count as of Sept. 20, 2022 63,117 US case count as of Sept. 20, 2022 24,203 Wisconsin case count as of Sept 20, 2022 70		
Blood Culture Contamination Rates	Committee	Goal 2.0 % - *See Graph Below* Jul 2022 Total 77 Contam 3 Percent Contam 3.90% Aug 2022 Total 91 Contam 1 Percent Contam 1.87%	August returned below goal threshold. Will continue to monitor contamination rates with Lab Manager and reach out to Outpatient and Inpatient Managers for opportunities to review collection techniques and site prep with clinical staff.	
Severe Respiratory Illnesses Associated with Rhinoviruses and/or Enteroviruses Including EV-D68-	Committee	Healthcare providers and hospitals in several regions of the Unites States notified the CDC during August 2022 about increases in pediatric hospitalizations in patients with severe respiratory illness who also tested positive for rhinovirus and/or enterovirus which can have clinically similar presentations and are indistinguishable	Tina Strandlie was contacted regarding this HAN from the CDC. She does pass on CDC HANs to the ED/UC providers.	

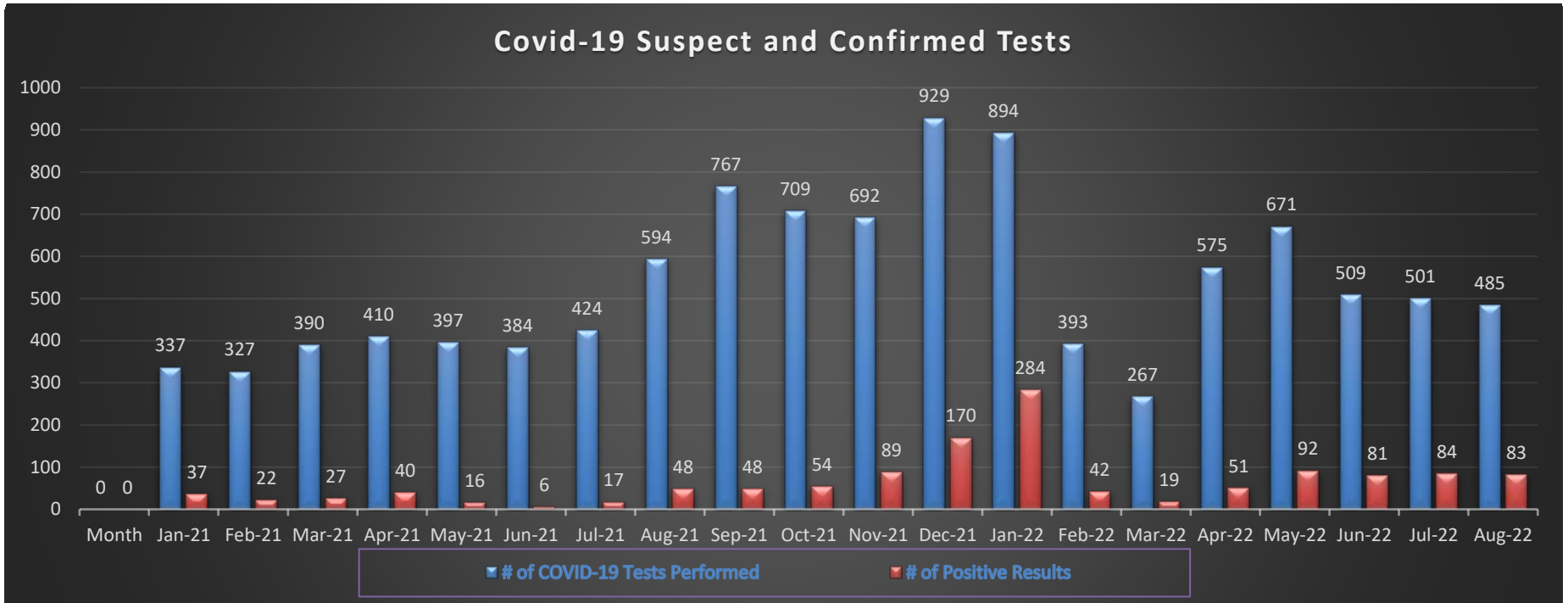
Multistate, 2022 CDC HAN 9-09-2022		from one another on multiplex assays often used in clinical settings. Upon further typing, some specimens have been positive for enterovirus D68 (EV-D68). Concurrently, pediatric acute respiratory illness sentinel surveillance sites are reporting a higher proportion of EV-D68 positivity in children who are RV/EV positive compared to previous years. Although it primarily causes acute respiratory illness, EV-D68 has been associated with acute flaccid myelitis, a rare but serious neurologic complication involving limb weakness.	Our currently available Respiratory Panel with SARS-COV2 PCR contains Rhinovirus/Enterovirus with the notation (due to the genetic similarity cannot reliably differentiate them).	
Next Meeting	Wednesday November 23, 2022 10:00 – 11:30 am Lobby Conference Room or Zoom.			

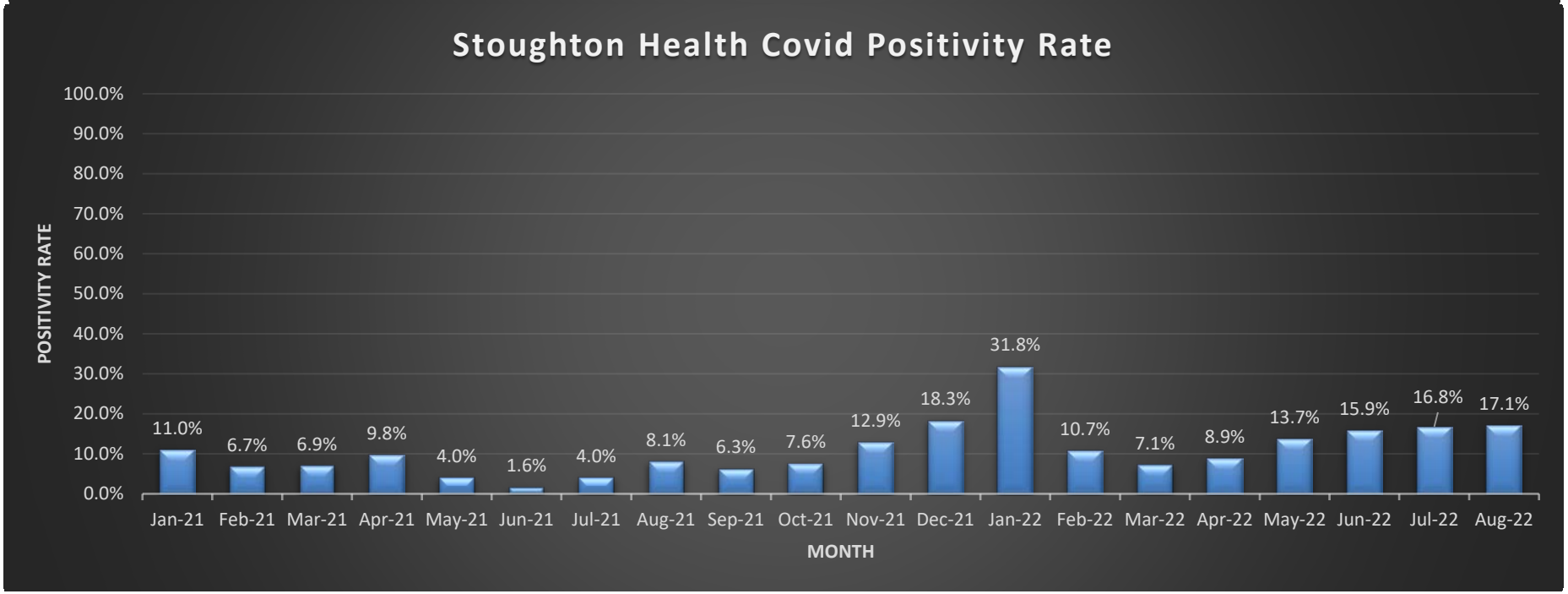



STOUGHTON HEALTH HAND HYGIENE COMPLIANCE RATE
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
PERCENTAGE
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
MONTH


STOUGHTON HEALTH ISOLATION HAND HYGIENE COMPLIANCE RATE 2022
100%
80%
100%
88%
100%
100%
100%
100%
100%
80%
60%
40%
20%
0%
PERCENTAGE
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
MONTH







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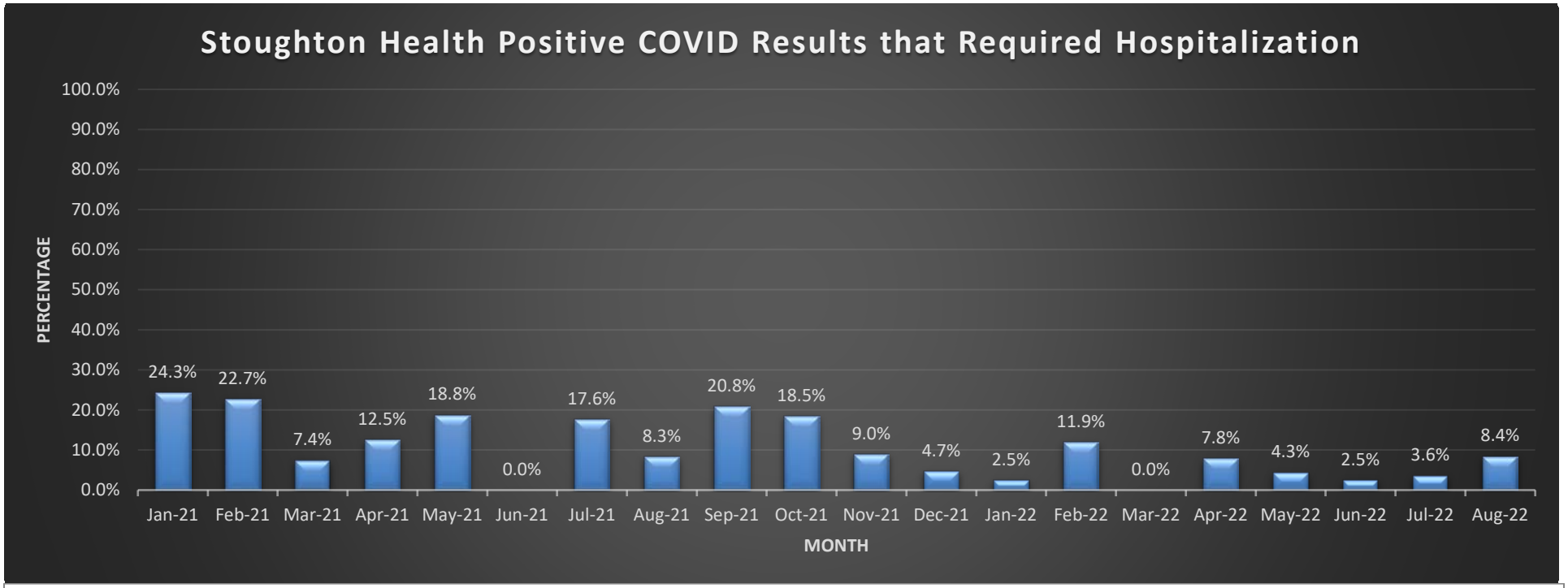

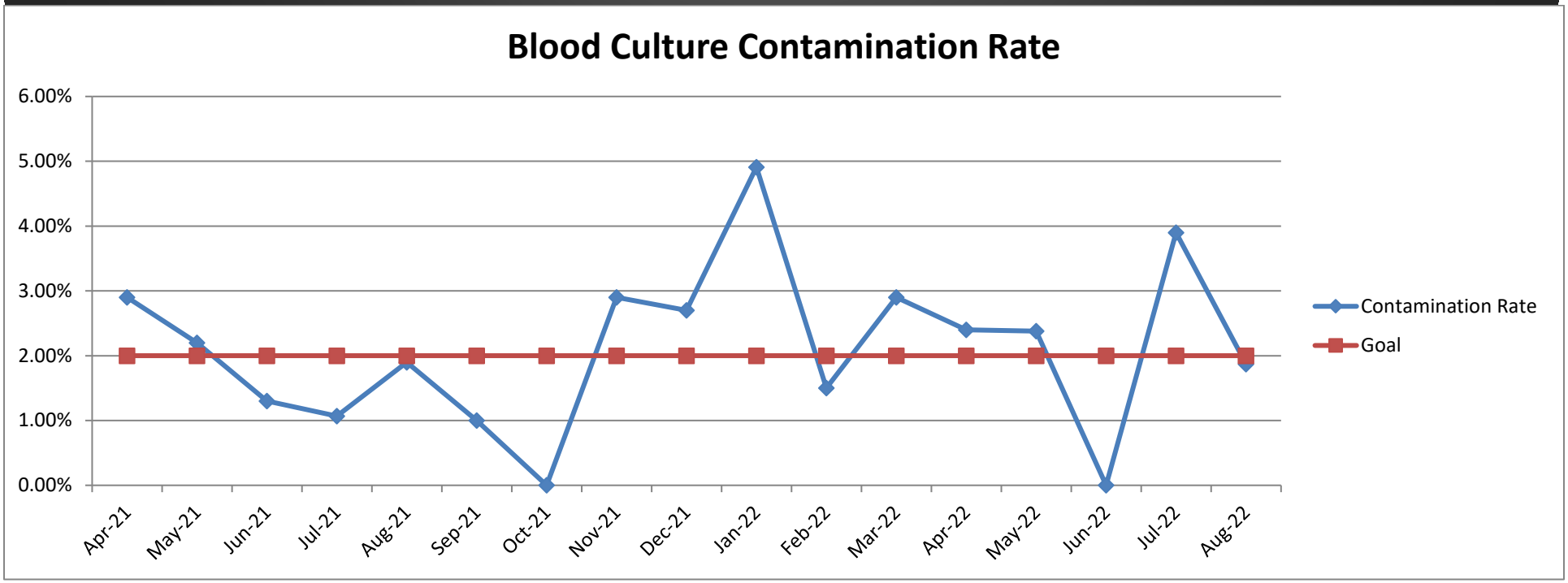

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FY22 Stoughton Hospital Foundation Dashboard - Updated 11/14/2022

	FY16 Actual	FY17 Actual	FY18 Actual	FY 19 Actual	FY 20 Actual	FY 21 Actual	FY 22 QTR 1	FY 22 QTR 2	FY 22 QTR 3	FY 22 QTR 4	FY 22 Total YTD	FY 2022 Budget	FY 2022 Strat Goal	Explanation
Donor Count														
Donor Base	433	316	410	449	374	485	276	49	96	255	677		428	Incr. avg. 5%
Annual Giving Contributions*														
Restricted Contributions	$264,079	$108,377	$109,062	$140,011	$196,038	$141,787	$18,665	$164,566	$1,245	$1,530	$187,357	$213,000	$146,008	Incr. avg. 5%
Unrestricted Contributions	$37,123	$79,701	$28,981	$53,940	$54,047	$55,843	$45,281	$24,911	$20,251	$7,995	$98,446	$65,000	$56,749	Incr. avg. 5%
Special Events:														
Golf Outing Net Returns	$11,076	$15,147	$18,783	$24,329	$34,999	$41,462	$0	$0	$0	$39,090	$39,057	$35,000	$28,291	Incr. avg. 5%
Other Fundraising/Walk, Giv Tues				$0	$0	$3,107	*$2,352	$0	*$4,395	*$2,281	*$9,028	$10,000	$3,262	Incr. avg. 5%
Total Contributions	$312,278	$203,225	$156,826	$218,280	$285,084	$242,199	$63,946	$189,477	$21,496	$48,615	$285,803	$323,000	$234,311	Incr. avg. 5%
Capital Campaigns														
Capital Campaign	$1,160,474	$5,810	$55	$0	$0									N/A
Wellness Garden Campaign	$0	$20	$86,809	$195	$500									N/A
Provisional Commitments														
Planned Giving Donations	$12,031	$ -	$ -	$0	$15,353	$0	$6,639	$0	$15,000	$0	$21,639		$ -	N/A
Planned Giving Commitments	2	1	2	0	1	0	1	0	1	0	2		2	Incr. avg. by 1
Special Event Participation														
Golf/Card Event Participants	114	106	111	130	91	130				134	134		116	Incr. avg. 5%,
Circle of Friends Event Attendees	25	36	60	42	0	62			67		67		35	Incr. avg. 5%
Community Walk Participants				0	0	99			74		74		104	Incr. avg. 5%
Cider in the Garden Participants				0	0		15				15		15	
Giving Tuesday							54				54		54	
Summer Splash										81	81			
Board & Employee Giving														
Foundation Board - Unrestricted	0	1	0	10	9	10	4	6	0	0	10		11	
Foundation Board - Restricted							0	1	0	0	1			
Foundation Board - Total	7	3	4	10	10	10	4	7	0	0	11		11	
Foundation Board Total Giving %	70%	30%	40%	100%	100%	100%	36%	64%	0%	0%	100%		100%	Goal 100%
Governing Board - Unrestricted	1	3	0	12	10	12	5	1	0	5	11		12	
Governing Board - Restricted							0	0	0	0	0			
Governing Board - Total	3	4	5	12	12	12	5	1	0	5	11		12	
Governing Board Total Giving %	25%	33%	42%	100%	100%	100%	42%	8%	0%	42%	92%		100%	Goal 100%
Adminstration - Unrestricted	0	0	0	6	6	6	6	0	0	1	7		7	
Administration - Restricted							0	0	0	0	0			
Administration - Total	3	2	6	6	6	6	6	0	0	1	7		7	
Administration Total Giving %	50%	33%	100%	100%	100%	100%	100%	0%	0%	14%	100%		100%	Goal 100%
Management - Unrestricted	6	1	0	22	19	8	5	2	0	2	9		14	
Management - Restricted						6	4	0	1	0	5			
Management - Total	17	15	21	22	22	14	9	2	1	1	14		14	
Management Total Giving %	74%	65%	91%	100%	100%	100%	64%	14%	7%	7%	100%		100%	Goal 100%

	FY16 Actual	FY17 Actual	FY18 Actual	FY 19 Actual	FY 20 Actual	FY 21 Actual	FY 22 QTR 1	FY 22 QTR 2	FY 22 QTR 3	FY 22 QTR 4	FY 22 Total YTD	FY 2022 Budget	FY 2022 Strat Goal	Explanation
Employee - Unrestricted	16	18	16	87	107	109	31	1	34	27	93			
Employee - Restricted						16	37	9	4	4	54			
Employee - Total Giving Campaign	91	36	86	113	132	125	68	10	38	31	147		101	Incr. to 30%
Employee Total Giving %	26%	10%	22%	28%	35%	37%	20%	3%	11%	9%	44%		30%	based on 337 employees
Cost Per Dollar Raised**														
Fundraising Cost per $1 Raised	$ 0.21	$ 0.88	$ 0.78	$ 0.64	$ 0.48		$ 0.45	$ 0.24	$ 0.35	$ 0.40	$ 0.45		$ 0.50	
5 Year Rolling Average	$ 0.26	$ 0.30	$ 0.33	$ 0.35	$ 0.40		$ 0.61	$ 0.55	$ 0.56	0.57	$ 0.58		$ 0.50	

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

FY23 Stoughton Hospital Foundation Dashboard - Updated 11/14/2022

	FY 22 QTR 1	FY 22 QTR 2	FY 22 QTR 3	FY 22 QTR 4	FY 22 Actual	FY 23 QTR 1 11/14/22	FY 23 QTR 2	FY 23 QTR 3	FY 23 QTR 4	FY 23 Current YTD	FY 2023 Budget	FY 2023 Strat Goal	Explanation
Donor Count													
Donor Base	276	49	96	255	677	66				66		503	Incr. avg. 5%
Donor Retention					58%	8%				8%		61%	Incr. avg. 5%
Annual Giving Contributions*													
Restricted Contributions	$18,665	$164,566	$1,245	$1,530	$187,357	$1,850				$1,850	$215,000	$162,310	Incr. avg. 5%
Unrestricted Contributions	$45,281	$24,911	$20,251	$7,995	$98,446	$3,177				$3,177	$113,000	$54,140	Incr. avg. 5%
Special Events:													
Golf Outing Net Returns	$0	$0	$0	$39,090	$39,057	$0				$0	$40,000	$33,319	Incr. avg. 5%
Other Fundraising/Walk, Giv Tues	*$2,352	$0	*$4,395	*$2,281	*$9,028	$0				$0	$10,000	$6,371	Incr. avg. 5%
Total Contributions	$63,946	$189,477	$21,496	$48,615	$285,803	$5,027				$5,027	$378,000	$249,235	Incr. avg. 5%
Capital Campaigns													
Capital Campaign													N/A
Wellness Garden Campaign													N/A
Provisional Commitments													
Planned Giving Donations	$6,639	$0	$15,000	$0	$21,639	$0				0			N/A
Planned Giving Commitments	1	0	1	0	2	0				0		2	Incr. avg. by 1
Special Event Participation													
Golf/Card Event Participants				134	134					0		125	Incr. avg. 5%,
Circle of Friends Event Attendees			67		67					0		49	Incr. avg. 5%
Community Walk Participants			74		74					0		91	Incr. avg. 5%
Cider in the Garden Participants	15				15					0			
Giving Tuesday	54				54					0			
Summer Splash				81	81					0			
Board & Employee Giving													
Foundation Board - Unrestricted	4	6	0	0	10	0				0		11	
Foundation Board - Restricted	0	1	0	0	1	0				0			
Foundation Board - Total	4	7	0	0	11	0				0		11	
Foundation Board Total Giving %	36%	64%	0%	0%	100%	0%				0%		100%	Goal 100%
Governing Board - Unrestricted	5	1	0	5	11	0				0		12	
Governing Board - Restricted	0	0	0	0	0	0				0			
Governing Board - Total	5	1	0	5	11	0				0		12	
Governing Board Total Giving %	42%	8%	0%	42%	92%	0%				0%		100%	Goal 100%
Adminstration - Unrestricted	6	0	0	1	7	3				3		7	
Administration - Restricted	0	0	0	0	0	4				4			
Administration - Total	6	0	0	1	7	7				7		7	
Administration Total Giving %	100%	0%	0%	14%	100%	100%				100%		100%	Goal 100%
Management - Unrestricted	5	2	0	2	9	3				3		14	
Management - Restricted	4	0	1	0	5	4				4			
Management - Total	9	2	1	1	14	7				7		14	
Management Total Giving %	64%	14%	7%	7%	100%	50%				50%		100%	Goal 100%

	FY 22 QTR 1	FY 22 QTR 2	FY 22 QTR 3	FY 22 QTR 4	FY 22 Total YTD	FY 23 QTR 1	FY 23 QTR 2	FY 23 QTR 3	FY 23 QTR 4	FY 23 Current YTD	FY 2023 Budget	FY 2023 Strat Goal	Explanation
Employee - Unrestricted	31	1	34	27	93	38				38			
Employee - Restricted	37	9	4	4	54	12				12			
Employee - Total Giving Campaign	68	10	38	31	147	50				50		143	Incr. to 40%
Employee Total Giving %	20%	3%	11%	9%	44%	14%				14%		40%	based on 358 employees
Cost Per Dollar Raised**													
Fundraising Cost per $1 Raised	$ 0.45	$ 0.24	$ 0.35	$ 0.40	$ 0.45	$ 0.45						$ 0.50	
5 Year Rolling Average	$ 0.61	$ 0.55	$ 0.56	0.57	$ 0.58	$ 0.58						$ 0.50	

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

Stoughton Hospital - Public Relations Board Report
October-November 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 October Blood Drive, Shoulder Pain Relief, Vein Treatment, Veterans Day, GERD talk and Customized Knee

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 & vein treatment, UW-Whitewater exclusive sponsor – ortho focused

WMTV-Channel 15 – 15 second spots on Today Show, News, Jeopardy and Wheel of Fortune focused on Veterans Day, urgent care, orthopedic shoulder pain relief & vein treatment. Additonal spots on Weather Channel and 55 spots on CW network. Families Everyday 1 min. segment with Tina Strandlie, ER/UC focus

Charter/Spectrum Cable – Stoughton Health high frequency campaigns, with ortho shoulder pain relief, vein treatment 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 upcoming Ortho and GERD classes rotated on NFL & Badgers Football & Basketball

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 vein treatment, Packers spot on GERD talk on Dec.1 and Ortho Dec.8th

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

Oregon Cable – 15 sec. & 30 sec. updated TV spots and rotates multiple ads: Veterans Day, 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 October at CHWC,orthopedic shoulder pain relief, vein treatment, variety of insurances accepted and our many other educational classes.

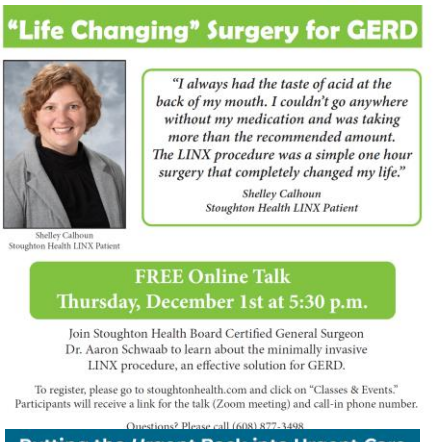
ESPN/100.5 – radio and live mentions about customized knee, orthopedic shoulder pain relief and upcoming Gerd talk

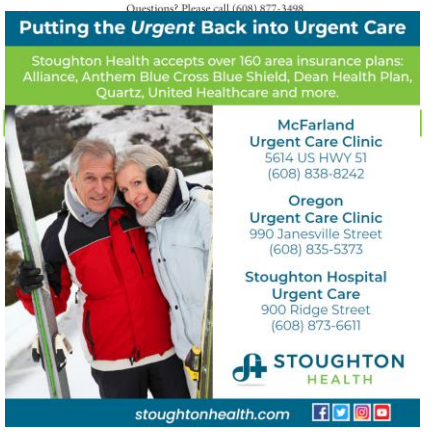
WOLX/94.9 – 15 & 30 sec. spots on air and streaming promoting virtual visits, variety insurance plans accepted, October blood drive, urgent care locations, SAFE Sitter classes, balance, diabetes support group, orthopedic shoulder pain relief & vein treatment

WJVL/99.9 Janesville – 15 sec spots during Packers focused on upcoming physician classes/ortho and gerd

Print

- Press releases include: Toys for Tots, 25 Year Celebration with Geriatric Psychiatry, October Blood Drive, Healthy Living wth Diabetes, Physician Classes and more community education classes
- *For the Life of You* newsletter sent to over 42K households with cover introducing podiatry foot clinic located in Stoughton Hospital
- Vein Treatment and Orthopedic ad in *Madison Westside Neighbors and Lakeside* magazines
- Employee Calendar completed and distributed
- Rehab and Sports Medicine Clinics in Program at Stoughton Centers of the Art
- Annual Report completed for use in upcoming holiday mailing and annual appeal
- Pulmonary Rehab letter and rack card mailed to over 150 providers
- BRAVA article focused on Orthopedics-Shoulder for 2023 issue
- McFarland Winterwonderland Festival spot to promote Urgent Care
- Promote Walk in Flu Clinics-Stoughton, McFarland and Oregon
- Spring Madison College Sports Programs printed highlighting Urgent Care locations





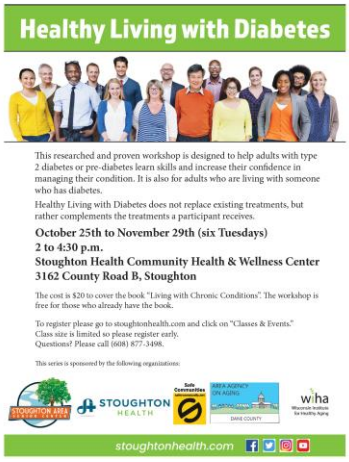
- Veterans Day ad in local papers
- November *Young at Heart* insert focused on Urgent Care locations
- Wisconsin State Journal recruitment, ortho shoulder talk, vein treatment, & blood drive

Other

- Veterans Day TV spot to recognize employees and brand culture
- Digital and print ads for People's Choice Award
- Digital ad campaign focused on GERD month of November with paid search, targeted display, YouTube impressions and social media/facebook impressions
- Community Benefit Report completed on support for Girls 2 Girls Program
- FY22 over 114k users with 112k new users, 408k page views – careers, Urgent Care, Covid and events most used
- Multiple social media posts with focus on virtual classes, blood drive, foundation, golf event, and recruitment driving likes from 2364 to 2405
- Provided made up "comfort" bags for Urgent Cares
- Update digital screens in hospital, screen savers, rack cards and elevator flyers promoting education classes, Social Responsibility Award, community events & hospital services

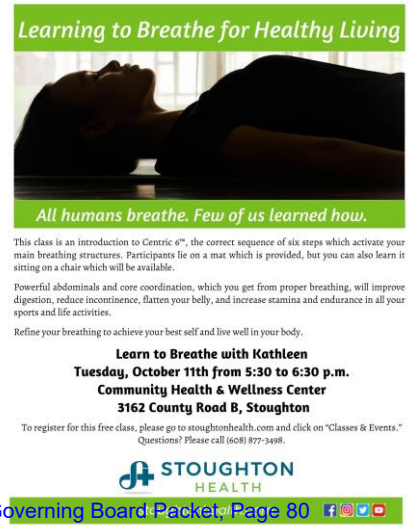
COMMUNITY HEALTH NEEDS ASSESSMENT/PLAN

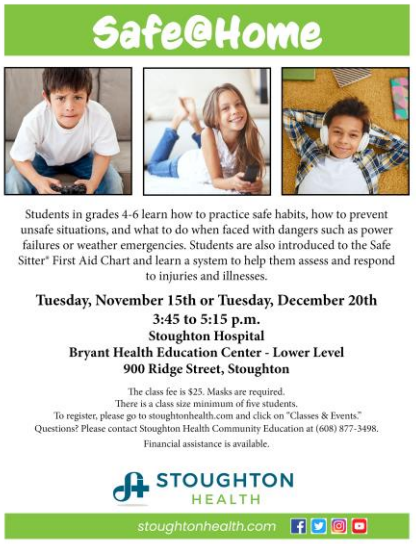
- Continued collaboration with JangoDX to provide COVID testing at CHWC
- Diabetes Support Group and Healthy Living with Diabetes groups meeting regularly
- Support for National Alliance for Mental Illness (NAMI)Walk 10/8
- Support for Alzheimers Walk 10/2
- Memory Café monthly meeting for patients and families with Alzheimers
- Safe Sitter and Safe at Home Nov and Dec. classes offered to address injuries identified in CHNA
- Multiple classes and podcasts set up to address CHNA identified health issues including essential oils, acupuncture, pulmonary rehab and importance of flu and COVID boosters
- Strong Bodies, Balance and Parkinson's classes continue with full participation
- 10/29 - Medication and Sharps Collection in Oregon, Evansville and Stoughton



COMMUNITY EDUCATION CLASSES & EVENTS

- 10/01 – SafeSitter – 10 registered, 10 attended
- 10/11 – Learn to Breathe for Healthy Living – 14 registered, 12 attended
- 10/20 – Medicare 101 – 11 registered, 11 attended
- 10/20 – Shoulder Pain Relief – 66 registered, 40 attended
- 10/21 - Blood Drive – 22 donors, 27 units collected
- 10/25-11/29 Healthy Living w/Diabetes – 9 registered, series class
- 11/10 – Leg Vein – 32 registered
- 11/15 – Safe@Home – 10 registered (full)
- 11/19 – SafeSitter – 10 registered (full)
- 11/21 – Advance Care Planning – 1 registered

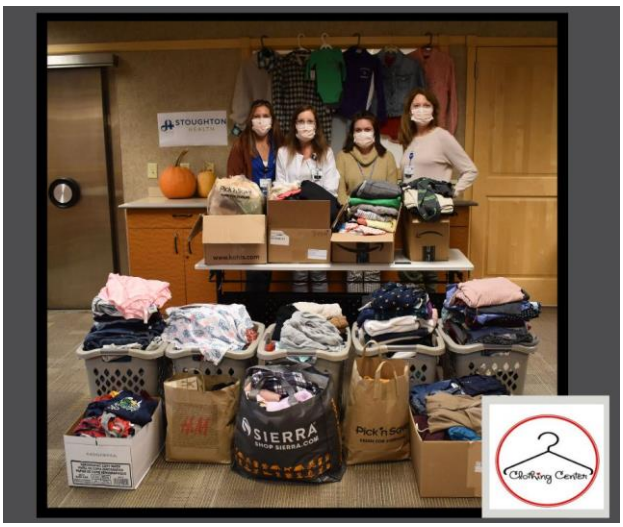




BUSINESS DEVELOPMENT/ PUBLIC RELATIONS

- 9/29 - Partners Fall Southern District Meeting, Dr. Schwaaab presenting on Breast Care Program
- Videos with Nazareth, Azura Memory Care, Skaalen and Kettle Park to celebrate 25 years with Geriatric Pschiatry Dept.
- 10/13-Oregon Fall Expo evening event with booth to promote Stoughton Health Services
- 10/15 - Food for Kidz with over 25 hospital employees participating at two different shifts
- 10/18 – Support START and Volunteer of Year, Michelle Abey
- 10/27 -Pumpkins on Parade with Partners of Stoughton Hospital
- 11/24 - Gobble Wobble sponsorship to promote exercise and support nutritious food in schools
- 11/21 - Assist with preparation of Annual Medical Staff meeting
- Implement Clothing Drive to benefit the Stoughton Clothing Center
- 12/1 - Love Light Celebration with Partners of Stoughton Hospital
- Continue meetings with school, city, police and Stoughton Chamber
- National Rural Health Day submission with Dr. Schwaab highlighting why involved in rural health
- Toys for Tots Collection Site and Marketing through December 9, 2022

*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 Cham bers, and outreach to local clinics.



FOUNDATION

- Giving Tuesday car wash opportunity mailed to over 150 businesses to encourage participation as an employee holidy gift
- For the Life of You's mailed to all sponsors as thank you follow up
- Continue with Board members videos on why involved with Foundation for website/social media and lobby boards
- Met with Retiree Group to coordinate annual meeting in spring or fall 2023
- Provided update at Partners Annual Meeting
- Thanksgiving Gratitude Card mailed to over 250 donors
- Participated with employee benefits fair, received 14 payroll deductions
- Implemented Employee Who Care Quarterly Recognition for those contributing to Foundation
- Preparation for annual appeal, Giving Tuesday, med voucher grant and feasibility study
- Collaborating with Partners Garden Wellness sub committee to discuss outreach to increase awareness of Sculpture/Bricks
- Successful Audit thanks to Finance Team!

Chief of Staff Report - Medical Staff Appointments

A) One Year Appointments:

1) Catherine Allen, MD, Pediatric Cardiology, UW Hospital, Courtesy
2) Chanelle Benjamin, MD, Hospital Medicine, Beam
3) Justin Blaty, MD, Sleep Medicine, SM Health, Courtesy
4) Ariel Bodker, MD, Cardiology, SSM Health, Courtesy
5) Bradley Hartmann, MD, Radiology, Madison Radiology, Courtesy
6) Anne Hoeft, CRNA, Independent, AHP
7) John Hokanson, MD, Pediatric Cardiology, UW Hospital, Courtesy
8) Mitchell Kopnick, MD, Urology, SSM Health, Courtesy
9) Samantha Kraemer, MD, Urology, SSM Health, Courtesy
10) Don Nguyen, MD, Radiology, Madison Radiology, Courtesy
11) Daniel Petersen MD, Sleep Medicine, SSM Health, Courtesy
12) Norman Richards, MD, Urology, SSM Health, Courtesy
13) Christopher Watson, PA-C, SWEA, AHP
14) Shana Wright, NP, Psych Telehealth, ITP, AHP
15) Tyler Zenner, MD, Urology, SSM Health, Courtesy

Flagged Files: None at this time

B) Two Year Re-Appointments

Flagged Files: None at this time