



# Stoughton Health

Governing Board Meeting  
July 26, 2023

# Agenda

Wednesday, July 26,  
2023

Call to Order

New/Old Business

SSM Updates

Committee Updates

Administration Team Updates

Chief of Staff Report

Adjournment

# Governing Board Meeting Minutes



**MEETING  
MINUTES**

*\*Request Motion to Approve May 24, 2023 Governing Board Meeting Minutes\**

# Board Education

(Amy Hermes/Tina  
Strandlie)

- EMERGENCY MANAGEMENT



# EMERGENCY MANAGEMENT

Tina Strandlie, ED/UC/RT Manager



# WHAT IS EMERGENCY MANAGEMENT?

Emergency Management helps organizations prepare for “all-hazard” emergencies. The concept of emergency preparedness is defined as “a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective active in an effort to ensure effective coordination during incident response”.

# DETERMINING HIGHEST RISK HAZARDS

Hospitals are required to conduct and annually review their Hazard Vulnerability Analysis (HVA). The HVA provides a systematic approach to recognizing hazards that may affect demand for the hospitals services or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. The HVA serves as a needs assessment for the Emergency Management program. This process should involve community partners and be communicated to community emergency response agencies.

# STOUGHTON HEALTH'S HVA

## HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS



EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	0	0	0	0	0	0	0	0%
Tornado	3	2	2	2	1	1	1	50%
Severe Thunderstorm	3	1	1	1	1	1	2	39%
Snow Storm	3	1	1	1	1	1	1	33%
Blizzard	2	1	1	1	1	1	1	22%
Ice Storm	2	1	1	1	1	1	1	22%
Earthquake	1	0	0	0	0	0	0	0%
Tidal Wave	0	0	0	0	0	0	0	0%
Temperature Extremes	3	2	1	1	1	1	2	44%
Drought	2	1	1	1	1	1	1	22%
Flood, External	1	1	1	1	1	1	1	11%
Wild Fire	2	1	2	1	1	2	1	30%
Landslide	0	0	0	0	0	0	0	0%
Dam Inundation	0	0	0	0	0	0	0	0%
Volcano	0	0	0	0	0	0	0	0%
Pandemic Outbreak	3	2	1	1	1	1	1	39%
<b>AVERAGE SCORE</b>	<b>1.56</b>	<b>0.81</b>	<b>0.75</b>	<b>0.69</b>	<b>0.63</b>	<b>0.69</b>	<b>0.75</b>	<b>12%</b>

\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>
<b>0.12      0.52      0.24</b>





# ADDITIONAL AREAS ASSESSED AND TOPS CONCERNS IDENTIFIED

- Hazardous Material Events
  - Mass Casualty Hazmat Incidents
  - External Chemical Spills
  - Internal Chemical Spills
- Human Related Events
  - Bomb Threats
  - Work Place Violence
  - Hostage Situations
- Technologic Events
  - Information Systems
  - Internal Flooding
  - Supply Shortage

# JUNE 26: COMMUNITY DRILL

- 5:30 on June 26<sup>th</sup> the hospital was without power with no generator back up
- Overhead Page for Internal Disaster Command Center
- Incident Command Center (ICC) was opened with appropriate Chiefs/Officers responding
- Fire Department and EMS were paged to assist in evacuating patients
- Other facilities were contacted to receive patients
- Hospital, Fire and EMS staff worked collaboratively to move evacuate patients



# LESSONS LEARNED

- Officers/Chiefs suggested boxes developed for supplies
  - (Job duty, vest, clipboard, resources)
- ICC was chaotic – officers/chiefs need to be relocated
- Chief Ripp, Miller and Hale came to Forum Meeting to discuss their lessons learned
- Internal Table top drill this fall to test the workflow changes
- Continue collaborating with community partners





Q & A

New Business

(NONE)

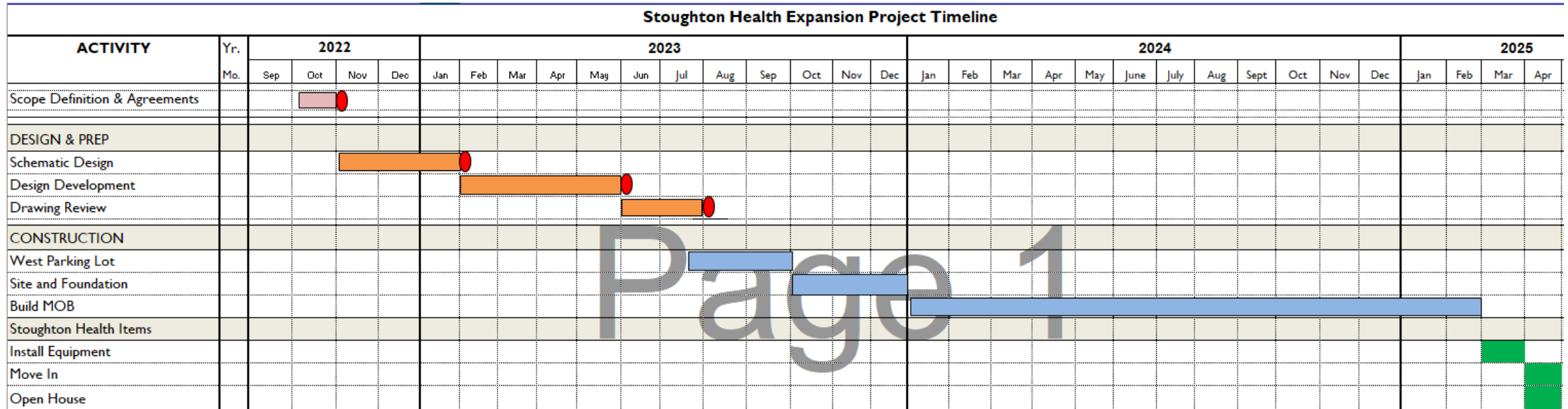
# Old Business

(Dan DeGroot)

- MASTER FACILITY PLAN UPDATE
  - Design/Construction Updates
  - MOB Proposal/Financing

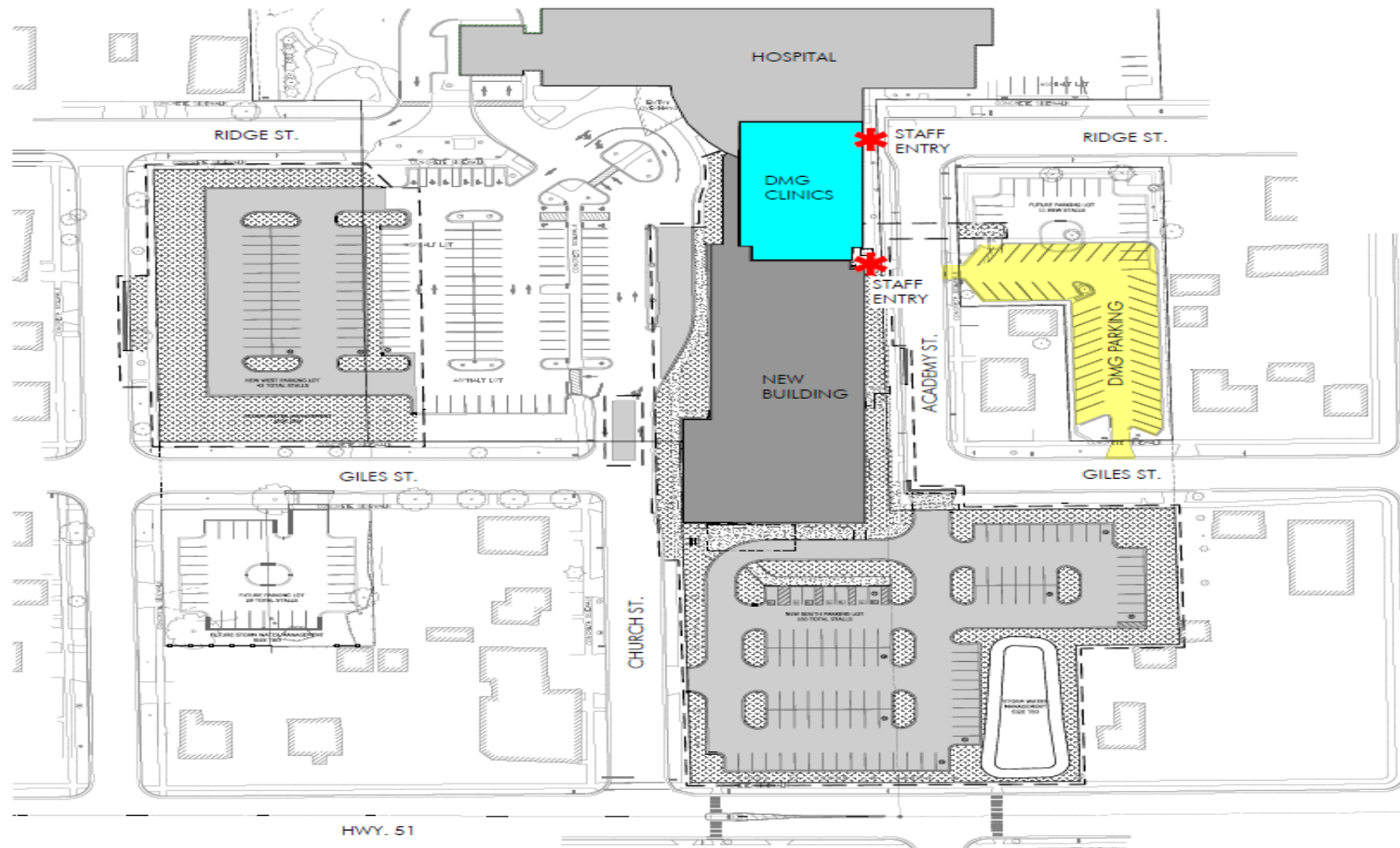


# Expansion Project Timeline



Page 1

# Parking Update & Neighbor Relations



# Expansion Exterior View



# Expansion Exterior View



# Medical Outpatient Building Proposal

## Project Recap:

\$25,000,000 Project Construction/Owner Costs

## Financed by:

\$8,000,000 Stoughton Health Cash\*

\$2,000,000 Capital Campaign Contributions from SH Foundation

\$15,000,000 Tax Exempt Bond Financing – Bank Private Placement

\*Given that many of the capital campaign contributions will be pledges over multiple years, SH will likely need to do the initial \$2M cash outlay during the project and be paid back by the Foundation over time.

***\*Request Motion to Approve the Construction of a Medical Outpatient Building (MOB) with a project cost of \$25,000,000.***

# Medical Outpatient Building Financing

- ▶ Finance Committee Reviewed the top two proposals and met with representatives from First Business Bank and Old National Bank
  - ▶ Recommendation of the Finance Committee to Move Forward with First Business Bank's Option 3 Proposal with a Fixed Interest Rate at the Time of Closing

**\*Request the authorization motion to authorize the Hospital Executive Team – Chief Executive Officer, Chief Financial Officer and Chief Nursing Officer to take reasonable and necessary actions to pursue a bank private placement of WHEFA tax exempt bonds for \$15,165,000 with First Business Bank under First Business Bank's option number 3 proposal dated June 9, 2023.\***

# SSM Update

(Matt Kinsella)



# Committee Updates

- EXECUTIVE COMMITTEE
- FINANCE COMMITTEE
- GOVERNANCE COMMITTEE
- QUALITY COMMITTEE
- AUDIT COMPLIANCE/RISK MANAGEMENT COMMITTEE
- CEO EVALUATION/COMPENSATION COMMITTEE



# Committee Updates

## ▶ Executive Committee

- ▶ Upcoming Meeting: Wednesday, August 23, 2023 at 7:30 a.m.

## ▶ Finance Committee

- ▶ Review May 19, 2023 Meeting Minutes
- ▶ June Financial Statements
- ▶ Capital Request:
  - ▶ Medical Surgical Updates to Nurse Servers & Stations (\$270,000)
- ▶ Upcoming Meeting: Friday, August 18, 2023 at 7:30 a.m.

## ▶ Governance Committee

- ▶ Overview of July 20, 2023 Meeting Minutes
- ▶ Upcoming Meeting: Thursday, October 19, 2023 at 7:30 a.m. (Nominations)

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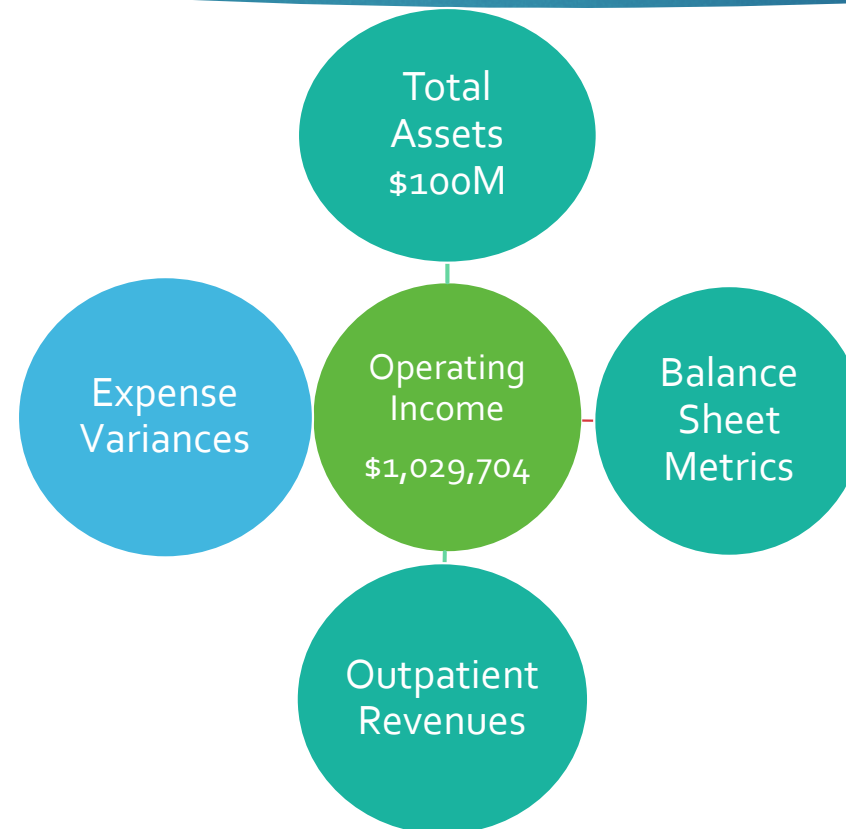
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# Finance Committee Meeting

- ▶ Overview of July 25, 2023 Finance Committee Meeting
  - ▶ Presentations by Old National & First Business Bank
  - ▶ Review of June Financials
  - ▶ Capital Request Approval: Nurse Servers & Nurses' Stations

# June Financial Statements



*\*Request Motion to Approve June 2023 Financial Statements\**

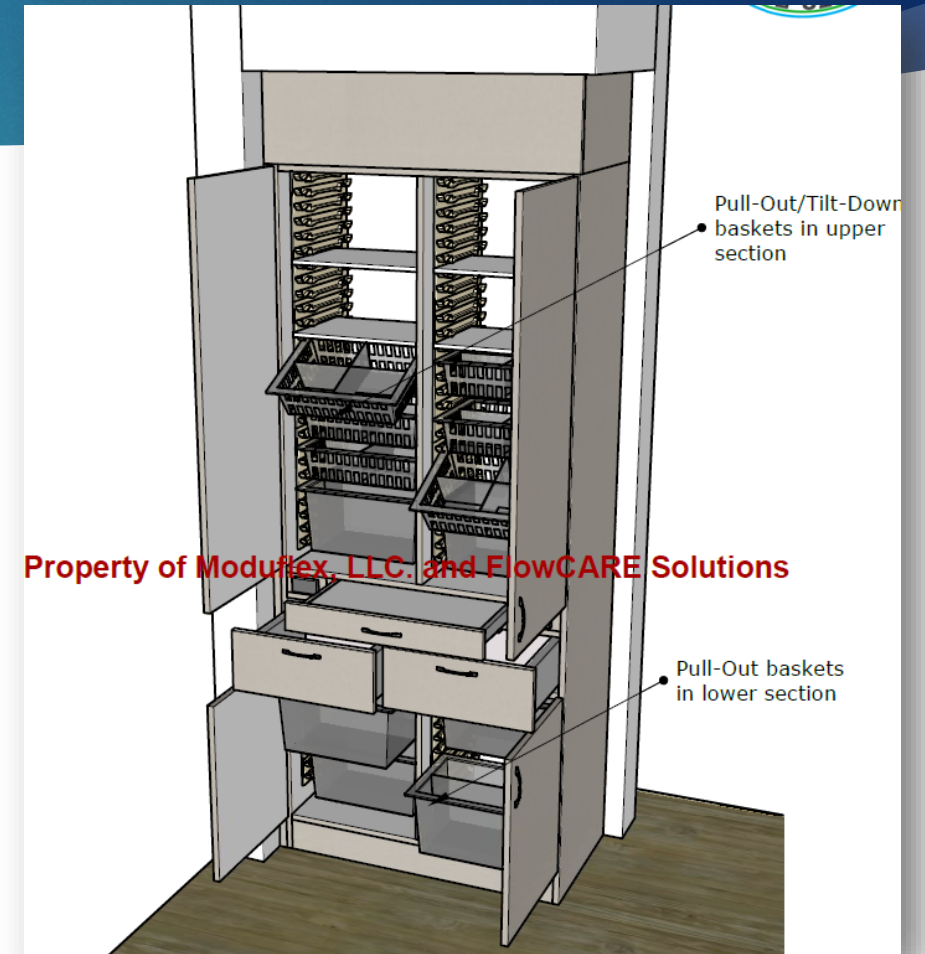
# Capital Request: Nurse Servers & Station

## Condition of Current Equipment



# Capital Request: Nurse Servers & Station

- ▶ Existing nurse server and nursing stations in need of upgrade for up to \$270,000.  
Estimated costs:
  - ▶ Replace nurse servers: \$212,000
  - ▶ Updates to nurses/team stations: \$58,000
- ▶ \$203,000 was included in FY2023 Capital Budget for this request, and \$67,000 is unbudgeted in FY2023.



***\*Request Motion to Approve capital expenditure up to \$270,000 in FY2023 to update medical surgical floor nurse servers and nurse stations.\****

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# Governance Committee Board Self-Evaluation

- ▶ Confidential, and relies on the survey process versus one-on-one meetings.
- ▶ Results to be combined for review by the Committee Chair and President and CEO.
- ▶ Scores to be presented at September Board Retreat to decipher where education and development (if any) may be needed.



# Governance Committee Potential Board Candidates - 2024

## ▶ Oregon:

1. Steve Peotter
2. Chad Wiese

## ▶ Stoughton:

1. Cindy McGlynn (*accepted nomination as of 7/24/23*)
2. Lisa Fernan

# Committee Updates

## ▶ **Quality Committee**

- ▶ Review QM Council Meeting Minutes
  - ▶ May 2023
  - ▶ June 2023
- ▶ Review QM Council Dashboards
  - ▶ Cohort B – May 2023
  - ▶ Cohort A – June 2023
- ▶ Upcoming Meeting: Tuesday, August 22, 2023 at 9:00 a.m.

## ▶ **Audit Compliance/Risk Management Committee**

- ▶ Upcoming Meeting: Friday, August 18, 2023 at 7:30 a.m.

## ▶ **CEO Evaluation/Compensation Committee**

- ▶ No updates

# QM Council Meeting Minutes

- ▶ Review QM Council Meeting Minutes:
  - ▶ May 2023
  - ▶ June 2023

# Cohort B QM Project Dashboard

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Dept	Owner	Indicator	Direction	2023 Quarterly Goal	May-23	Apr-23	Mar-23
Cardiac Rehab	Liz	Pulmonary Rehab Pilot	↗	1) 3 patients/ month (Dept) 2) increase distance 40m/100ft for 6 min walk 3) 20 billable units per month of CPT 94625	2 PR patterns for Jan, Feb and April 4 PR patients for March 4 Discharges, 3 of 4 exceeded 40 meters/100 ft increase, 1 stopped due to back pain. Reimbursement 144 units for Q2		1) No data provided 2) No data provided 3) 28 units in January, 41 units in Febuary, no discharged in March at this time.
Rehab	Liz	Shoulder Service	↗	1) By the end of FY 2023, SH rehab team will have had 54 pre-hab visits (60% of the targeted 90 surgeries) 2) 80% or more of post-op shoulder patients will see a detecable change of 13 points or more on the Shoulder Pain and Disability Index (SPADI)	1) 0% of surgical shouder clients for pre-hab 2) This is currently not being tracked.		No data available at this time.
		Remote Therapeutic Monitoring (RTM)	↗	15 RTM units/quarter	17 RMS units (Jan - April)		12 RTM units (Oct-Dec)
CH&WC		Health Risk Assessment (HRA) and Screening	↗	1) 1 Community Screening and 1 Business screening per Quarter	1) community goal met, business goal in progress		1) community goal met, business goal in progress
Surgical Services	Sandra	OR On-time Starts	↘	TBD			
Pharmacy	Pauline	Formulary Management	↘	1) By 5/31/2023, have a working formulary housed with Lexicomp and UpToDate, accessed via the intranet. 2) By 8/31/2023, decrease the number of therapeutic duplications on formulary by 25 % 3) By 06/30/2024, decrease medication outdate value by 10%	1) 75% completed 2) TBD 3) Outdates October - April 2023 average = \$6,146.11		1) 25% completed 2) TBD 3) Outdates October -February 2023 average = \$6,686.39
		Infliximab Dose Rounding	↘	1) Decrease infliximab (Remicade)/infliximab-abda (Renflexis) vial waste by 10% by 10/2024 2) Decrease pharmacy spend on infliximab-abda	1) 528 vials infliximab/infliximab-abda used in the past 12 months 2) cost of infliximab/infliximab-abda for the past 12 months ~\$266,428		

# Cohort B QM Project Dashboard (cont.)

Specialty Clinic Wound Clinic Ortho Clinic CHWC	Ghadeer	Demand, Capacity and Access of the Multi-Specialty Clinics	↗	> 80% fill rate per day per provider	Gen Surg 81% MD Ortho SH 103% MD Ortho MSN 100% PA-J Ortho 97% PA-C 98% Kaji 100% 86%		Gen Surg 66% MD Ortho SH 97% MD Ortho MSN 98% PA-J Ortho 100% PA-C 88% Kaji 100% 96%
		No Stress" for Cardiology Diagnostic	↗	Average 30-35 patients per month	5 patients in January patients in February patients in March	10 17	5 patients in January patients in February
EVS	Angie	Linen Project	↘	1) Reduce Pounds Per Adjusted Patient Days (PPAPD) for Bulk Linen <1.0 2) Reduce PPAPD for Adjusted Clean Linen Pounds <7.5 3) Reduce Bulk Linen orders to ≤ 1000 lbs per month	1) 0.9 2) 4.1 3) March = 3604 lbs April = 2843 lbs		1426 lbs
FNS	Dan	Hot Dinner Meal For Patients	↗	Provide one hot entrée with sides by June 2023	No data available at this time.		No data available at this time.
	Autumn	TBD					
Material Services	Brian	Off Contract Purchase Reduction	↘	Reduce quarterly off contract purchases by 25%	No data available at this time.		No data available at this time.
		Nurse Server Cabinet Design and Restocking Process	↘	1) Reduce the time it takes to restock nurse servers and check for expired supplies by ??%. 2) Reduce the quantity of supplies in the nurse servers by ???%			
Accounting	Brian	UKG Kronos Implementation	↗	Go-live with new system by 06/30/2023	65% completed		20% completed
		Lease Accounting - Implementation of Accounting Standards Codification (ASC)	↗	Implement Lease Accounting Standard by 12/31/2022	50% completed		50% completed

# Cohort B QM Project Dashboard (cont.)

Human Resources	Chris	Intranet Implementation	↗	1) Completion of Step 5 of 9 2) Full implementation completion of step 9 of 9	1) 100% completed to reach completion of step 5 2) 100% completed to reach completion of step 5, plus step 8 3) 100% completion requires last step to connect old Intranet content to new Office 365 cloud services for project to completion.		1) 100% completed to reach completion of step 5 2) 88% completed to reach completion of step 9
		New Hire Retention and Employee Engagement	↘	100% (33 meetings) of department participation in Skip-level interviews by May 2023	100%		50% (17 of 33 meetings completed)
PR/Marketing	Laura	Promotional Items Storefront	↗	Full implementation by July 2023	50 % completed		30% completed
		Increase Google Reviews	↗	50 Google Reviews for Dr. Schwaab by September 30, 2023	1		1
Administration	Amy	Epic End User	↗	1) Understand SSM EPIC Org Chart and impact on Stoughton Health. 2) Review and identify EPIC contractual agreements/expectations. 3) Quantify what other organizations can do compared to our Nursing Informatics, quantify total # tickets and average length of time to completion	75% completed for steps 1, 2 and 4		In progress

# Cohort A QM Project Dashboard

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Indicator	Owner	Direction	2021 Quarterly Goal	May-23	Apr-23	Mar-23
<b>MedSurg</b>						
Inpatient Admission Workflow	Heather	↗	95% face to face handoff at bedside	79%		80%
Isolation	Heather	↘	<60 minutes (60% of the time) of admission or upon new identification of any communicable disease identified (Inpt) AND Zero SZP Events	52% compliance rate 3 SZP events	79% compliance rate 4 SZP events	68% compliance rate 0 SZP events
Wound Care and Pressure Ulcer Project (Part 2)	Heather	↘	Care Plans addressing wound/skin issues will be completed 95% of the time upon admission.	25%	16%	14%
Inpatient Survey Response Rate	Heather	↗	Increase average monthly inpatient survey response rate to > 60%	47%	48%	31%
Increase Swing Bed Admission	Heather	↗	> 22.5 admission for 2023	new project, no data at this time		
<b>Geri Psych</b>						
Neuropsychological Testing	Heather	↗	Full Implementation and 100% of NP testing	Ready for Full Implementation		
GP Survey Response Rates	Heather	↗	Increase average monthly inpatient survey response rate to > 40%	new project, no data at this time		
<b>Emergency Department</b>						
Vital Signs After Intervention and Prior to Discharge	Tina	↗	>98%	90%		80%
Care Coordinator Providing Breaks for Other Departments on Weekends	Tina	↗	>95%	100%		100%
Evacuation Plan	Tine	↗	Complete Evacuation Policy/Procedure and Evacuation Drill with Community Partners	50%		

# Cohort A QM Project Dashboard (cont.)

40

Laboratory						
CAP Self-Inspection Follow-Up	Kyle	↘	14/14 deficiencies are corrected by 10/01/2023	new project, no data at this time		
Alinity: General and Immunochemistry Analyzer Replacement	Kyle	↗	Full implementation (25 steps to complete)	22 of 25 steps completed		20 of 25 steps completed
Medical Imaging						
MRI Decision Support Appropriateness	Sara	↗	>85% of MRI exams score as Marginal or Indicated	76%	71%	70%
Plant Operations						
Solar Energy for new MOB	Jason and Chris	↗	Offset electrical use of new MOB building by 30%	new project, no data at this time		
Above Ceiling Inspections	Jason	↘	100%	50% completed (lower level, first floor and second floor have been completed)		50%
HIM						
Coding Denials	Sarah	↘	Reduce coding denials by 30%	43	52	49 coding denials
Claim Edits	Sarah	↘	Reduce claim edits by 20% (368 or less per month)	526 claims needing edits	351 claims needing edits	322 claims needing edits
PFS						
Contract Building in EPIC	Sarah	↗	Complete EPIC Build of All Contracted Insurance Payers	2 plans moved to production 4 in testing and 17 are in process		2 plans moved to production 21 are in process



# Cohort A QM Project Dashboard (cont.)

41

Registration						
Increasing Front end Collections (co-leading with PFS)	Sarah	↗	>50%	80% Oregon Rehab 33% Surgery 64% SWAC 64% Specialty Clinics 58% Medical Imaging Urgent Care \$3150		66 % Oregon Rehab 59% Surgery 66% SWAC 75% Specialty Clinics
Epic Work Queue and Claim Edit Management	Sarah	↘	< 7.5 hours per week	8.5 hours	10 hours	14 hours
Sleep						
Decrease the Time for Direct Referral Approval	Kyle	↘	1-2 days	14-21 days		
Home Sleep Study Scheduling Turn Around	Kyle	↘	80% of Home Sleep studies are completed within 30 days of the orders being sent to CleveMed	89%		63%
Emergency Department/Inpatient/Medical Imaging						
Acute Stroke Ready Designation	Tessa	↗	Complete 15/15 measures for submission of ASRC with DNV by Summer 2024	8 of 15		
Stroke Alert Patient to CT Time	Tessa	↘	Stroke Alert patients to CT scan within 15 minutes	42		
Growth						
ON HOLD due to Expansion Project	Teresa					

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- ▶ No updates

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# Administration Team Updates

- CEO SUMMARY REPORT
- CFO SUMMARY REPORT
- CHIEF STRATEGY AND BUSINESS DEVELOPMENT OFFICER SUMMARY REPORT
- CNO SUMMARY REPORT
- VP, HR, CAMPUS PLANNING, OPERATIONAL SUPPORT SERVICES SUMMARY REPORT
- DIRECTOR ENGAGEMENT AND EXPERIENCE SUMMARY REPORT
- FOUNDATION/MARKETING/PR/BUSINESS DEVELOPMENT DIRECTOR SUMMARY REPORT

## CEO Summary Report (Dan DeGroot)

General Update

September Board Retreat

- September 27-29, 2023 – Grand Geneva Resort

# Board Retreat Form

Form located on Board  
portal landing page

\* Due August 18<sup>th</sup>

**Please submit this form no later than August 18, 2023.**

## 2023 Governing Board Retreat

Please complete this form to finalize your plans for the upcoming Governing Board Retreat which takes place September 27-29, 2023. Thank you.

First and Last Name

Name of Spouse/Significant Other (if attending)

Check-in *(Required)*

- September 27th
- September 28th
- Other

Other

Check-out *(Required)*

- September 28th
- September 29th
- Other

Other

Would you like to participate in 9 holes of golf on Wednesday,  
September 27th? *(Required)*

- Yes
- No

Submit

If yes, do you need rental clubs?

- Yes, Right Hand
- Yes, Left Hand
- No Clubs are Needed

## CFO Summary Report (Michelle Abey)

- Annual Rate Increase – 4%
- Quarterly Compliance Committee Report
- Recognition Bonus for Staff

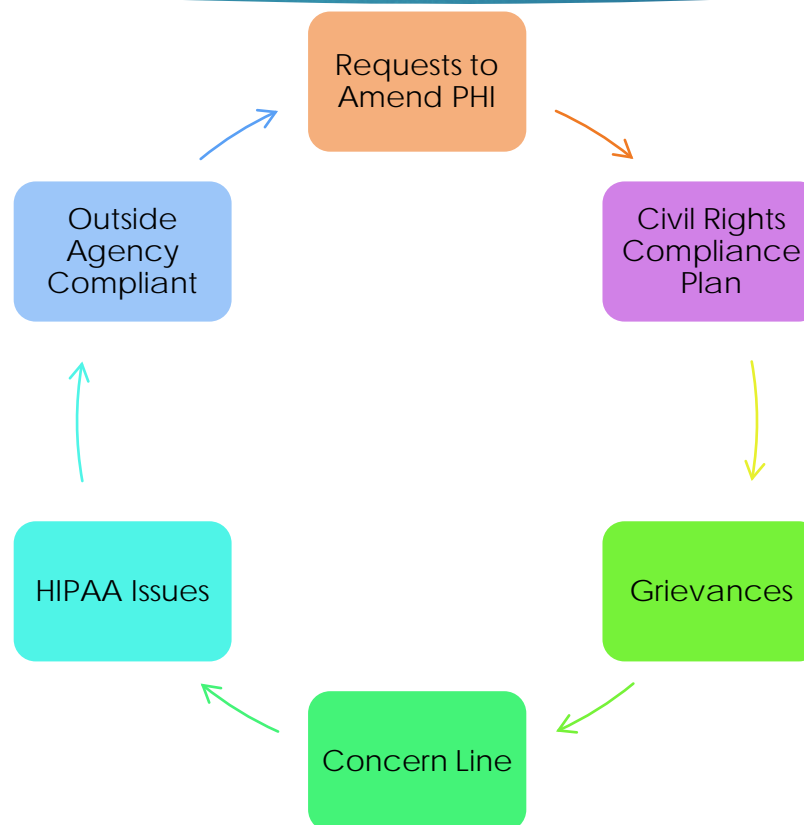
# Charge Rate Increase – 4%

	FY24 2023	5 yr avg	FY23 2022	FY22 2021	FY21 2020	FY20 2019	FY19 2018
<b>Increase effective October 1:</b>							
Stoughton Hospital	4.00%	4.07%	4.00%	4.00%	3.85%	4.00%	4.50%
	<b>Proposed</b>						
Information obtained from the WHA website section on Wisconsin hospital rate increases:							
	2023	5 yr avg	2022	2021	2020	2019	2018
Avg All Wis hospitals	5.51%	4.03%	3.64%	4.46%	3.66%	4.14%	4.25%
Maximum	16.00%	13.72%	7.50%	23.70%	6.30%	19.50%	11.60%
Minimum	2.00%	0.82%	1.00%	0.30%	1.00%	1.89%	-0.10%
Area hospitals:							
St. Marys Madison	5.00%	4.60%	3.00%	5.00%	4.00%	5.00%	6.00%
St. Marys Janesville	4.00%	3.20%	3.00%	3.00%	3.00%	3.00%	4.00%
Monroe Clinic	5.00%	3.40%	not avail	4.00%	5.00%	4.10%	3.90%
CPI Index	6.5	2.9	7.0	1.4	2.3	1.9	2.1

***\*Request Motion to Approve 4% Rate Increase Effective October 1, 2023***



# Quarterly Compliance Committee Report



***\*Request Motion to Approve Quarterly Compliance Committee Report***

# Service Recognition Bonus for Staff

Employees With FTE	
Years of Service	Bonus %
0-5 Years	2%
5-10 Years	3%
10-15 Years	4%
15-20 Years	5%
20+ Years	6%

Estimated Cost: \$695,000

Payable in September 2023

Employees in Probationary Period will be Paid Once Out of Probation

Chief Strategy and  
Business Development  
Officer Summary  
Report  
(Dan DeGroot)

■

# Growth



## Growth Updates

Ortho Team – Addl. Provider

4th Operating Room

Podiatry Update

Future Urgent Care

## CNO Summary Report (Amy Hermes)

- MCE Meeting Minutes – June 2023
- MEC Meeting Minutes – July 2023
- Quality/Safety Report Cards, Balanced Score Card – Q2 FY2023 | DVC Hospital Scorecard
- Patient Safety Meeting Minutes – May 2023
- Infection Prevention Meeting Minutes – May 2023
- Legionella Water Management Meeting Minutes – June 2023
- Press Ganey Provider and Service Line Scores
- Environment of Care Annual Board Report – 2022

# MCE Meeting Minutes – June 2023

- ▶ Dr. Schwaab/Amy Hermes
  - ▶ 30 Day Readmissions Reviewed
  - ▶ New Proposed Electrolyte Administration Policy Discussed

***\*Request Motion to Approve June 2023 MCE Meeting Minutes\****

# MEC Meeting Minutes – July 2023

- ▶ Dr. Schwaab/Amy Hermes
  - ▶ Medical Staff Policies Approved
  - ▶ Discussed Options for Medical Staff Annual Staff Meeting

***\*Request Motion to Approve July 2023 MEC Meeting Minutes\****



# Medical Staff Policy Updates/Edits

- ▶ **Disaster Credentialing Policy**-one grammatical correction and adding DNV MS.12 Temporary Clinical Privileges to references
- ▶ **Expedited Privileges Policy**-No changes
- ▶ **FPPE Policy**-Added ENV MS.6 Appointment and DNVMS.11 Clinical Privileges to references
- ▶ **General Rules Regarding Surgical Care Policy**- Added part in red-"Podiatrists and dentists who are members of the medical staff shall consult with the hospitalist for any medical aspects of care. The primary care provider is responsible for performing and documenting in the electronic health record a history and physical examination and order all necessary pre-operative diagnostic studies. (Should a dental or podiatric patient need an H&P the same day as surgery, the dentist and podiatrist can consult with the hospitalist or the advanced practice RN, to see if they have time in their schedule to do an H&P). The patient shall be discharged by the attending dentist or podiatrist."
- ▶ **Impaired Provider Policy**-No changes
- ▶ **Medical Staff Health Screening Immunization Requirements Policy**-No changes
- ▶ **OPPE Policy**- Added DNV Medical Staff 7 Periodic Review of Clinical Privileges and Performance, DNV Medical Staff 8 Performance Data & DNV MS.11 Clinical Privileges to the references.
- ▶ **Stoughton Health Medical Staff Quality Management Plan Policy**- Changed Continuous Improvement to Quality Management throughout the policy.
- ▶ **Temporary Privileges Policy**- Added DNV MS.12 Temporary Privileges to references and removed Joint Commission MS.06.01.12.

# Quality/Safety Report Card – Q2 FY2023

Quality Measures	Desired Direction			GOAL	Jan-Mar 2023	Mar-23	Feb-23	Jan-23	Oct-Dec 2022	Dec-22	Nov-22	Oct-22	Jul-Sep 2022	Sep-22
<b>Emergency Room to Admission (minutes) Core Measures</b>		RWHC Oct-Dec 2022	National Oct-Dec 2019											
Length of stay in ER for patients admitted (median)	↘	244	360	< RWHC	234	233	232	236	268	264	269	273	260	307
Decision to admit to transport to inpatient unit (median)	↘	66	129	<RWHC	70	85	62	63	74	75	64	75	81	75
Time to Transfer Patient with Acute MI (median time)	↘	172	92 -Q42016	<RWHC	67.5	67.5	ND	ND	59	59	59	ND	65	ND
<b>Emergency Room to Discharge (minutes) Core Measures:</b>		RWHC Oct-Dec 2022	National Oct-Dec 2019	GOAL										
Length of stay in ER for patients discharged (median)	↘	120	150	<National	139	134	137	144	144	140	128	170	161	151
Length of stay for ER patients transferred to another facility (median)	↘	316	278	<RWHC	326	432	287	320	302	268	302	665	334	361
Median Time to EKG for Chest Pain and Acute MI (minutes) No longer publicly reported.	↘			<10	0	0	2.5	3.5	5.5	3	6	7.5	9	7
		WI	National	GOAL										
Key Patient Information Communicated with ED Transfer (All EDTC in sample of 15charts/ month)	↗	74%	75%	>WI	96%	100%	87%	100%	80%	67%	87%	87%	89%	80%
Columbia Suicide Screening Completed in ED	↗	N/A	N/A	100%	98%	98%	98.0%	98.0%	98.0%	98.0%	98.0%	98.3%	97.2%	97.5%

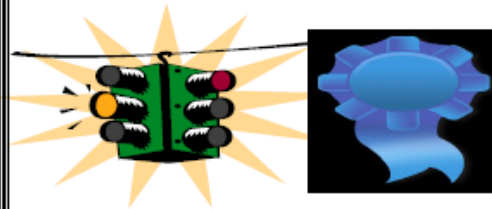


### Current Indicator Status

Compared to Goals, Best In Class Benchmarks or Other Standards

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

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



2nd Quarter  
Fiscal Year 2023 Results for  
03/31/2023

QUALITY AND SAFETY		SERVICE		SERVICE (Cont)		PEOPLE		GROWTH		FINANCES	
30 - Day Inpatient Readmission Rate  Goal: ≤ 6%	Current Qtr 7.3%	Inpatient HCAPHS Rank Your Hospital High (Overall 9/10)  Goal: ≥ 90%	Current Qtr 89.0%	Emergency Department Press Ganey Definitely Would Recommend (Loyalty)  Goal: ≥ 90%	Current Qtr 85.0%	Turnover (excluding Per Diems)  * measuring rolling 13 mo results each Qtr  Goal: ≤ 28%	Current Qtr 13.3%	New Patient Records  Goal: 350 or more (per Qtr)	Current Qtr 710	Operating Margin Year-to-Date  Goal: ≥ 7.4 %	Current Qtr 15.0%
	Recent Qtr 4.9%		Recent Qtr 70.0%		Recent Qtr 83.0%		Recent Qtr 13.7%		Recent Qtr 926		Recent Qtr 17.5%
	Prior Qtr 6.5%		Prior Qtr 35.0%		Prior Qtr 80.0%		Prior Qtr 16.5%		Prior Qtr 641		Prior Qtr 13.3%
Completion of Columbia Suicide Severity Rating Scale  Goal: = 100%	Current Qtr 98.0%	Outpatient Rehab & Medical Imaging Press Ganey Definitely Would Recommend (Loyalty)  Goal: ≥ 90%	Current Qtr 99.0%	Geriatric Psych Press Ganey Definitely Would Recommend (Loyalty)  Goal: ≥ 90%	Current Qtr 92.0%	New Hire Turnover  * measuring rolling 13 mo results each Qtr  Goal: ≤ 28%	Current Qtr 40.1%	Ancillary Hospital Outpatient Visits  Goal: 8441 or more (per Qtr)	Current Qtr 9015	Percentage of Departments Meeting or Progressing Toward Top Quartile Productivity Ranking  Goal: ≥ 80%	Current Qtr NO DATA
	Recent Qtr 98.0%		Recent Qtr 99.0%		Recent Qtr 50.0%		Recent Qtr 45.0%		Recent Qtr 9125		Recent Qtr NO DATA
	Prior Qtr 97.0%		Prior Qtr 99.0%		Prior Qtr 99.0%		Prior Qtr 40.2%		Prior Qtr 9620		Prior Qtr NO DATA
Quarterly Inpatient Fall Free Days/Injury Free Days  Goal: ≥ 180 days in Rolling 6 Months	Current Qtr 181	Ortho Clinic Press Ganey Definitely Would Recommend (Loyalty)  Goal: ≥ 90%	Current Qtr 97.0%	Ambulatory Surgery Press Ganey Definitely Would Recommend (Loyalty)  Goal: ≥ 90%	Current Qtr 73.0%	Worker's Compensation Loss Ratio  Goal: ≤ 10%	Current Qtr 43.0%	OR Procedures  Goal: 415 or more (per Qtr)	Current Qtr 432	Total Compensation As % of Net Patient Total Revenues  Goal: ≤ 47%	Current Qtr 40.7%
	Recent Qtr 181		Recent Qtr 80.0%		Recent Qtr 52.0%		Recent Qtr 19.2%		Recent Qtr 421		Recent Qtr 37.6%
	Prior Qtr 90		Prior Qtr 98.0%		Prior Qtr 76.0%		Prior Qtr 14.0%		Prior Qtr 413		Prior Qtr 41.0%
				General Surgery Clinic Press Ganey Definitely Would Recommend (Loyalty)  Goal: ≥ 90%	Current Qtr 100.0%		ER/UC Admissions  Goal: 7719 or more (per Qtr)	Current Qtr 11040	Non Clinical Fixed Cost  Goal: ≤ 37%	Current Qtr 33.8%	
			Recent Qtr 99.0%		Recent Qtr 12482	Recent Qtr 30.4%					
			Prior Qtr 99.0%		Prior Qtr 9220	Prior Qtr 33.8%					

# DVC Hospital Scorecard

## Stoughton Hospital Association DVC Hospital Scorecard

Performance Summary					DVC Performance		
DVC Reporting Period	February	May	August	November	Total Score Ranges		2023/24 Escalator
Quality Domain (40% Max)	40.0%	40.0%	0.0%	0.0%	90.0%	100.0%	3.0%
Satisfaction Domain (20% Max)	20.0%	17.6%	0.0%	0.0%	80.0%	89.9%	2.5%
Efficiency Domain (40% Max)	40.0%	40.0%	0.0%	0.0%	70.0%	79.9%	2.0%
					60.0%	69.9%	1.5%
					50.0%	59.9%	1.0%
Total Score (100% Max)	100.0%	97.6%	0.0%	0.0%	0.0%	49.9%	0.0%
					Average		

# Patient Safety – May 2023

- ▶ Review Meeting Minutes – May 2023
  - ▶ Discussion Regarding Tightening Security
  - ▶ Adding Risk Management Claims As A Standing Agenda Item (Recommendation from Covery's Risk Management Assessment)
  - ▶ Results for 2023 AHRQ Survey Shared
  - ▶ Progressed Shared Related To Acute Stroke Ready Hospital Certification
  - ▶ Expecting DNV Visit In October

# Infection Prevention – May 2023

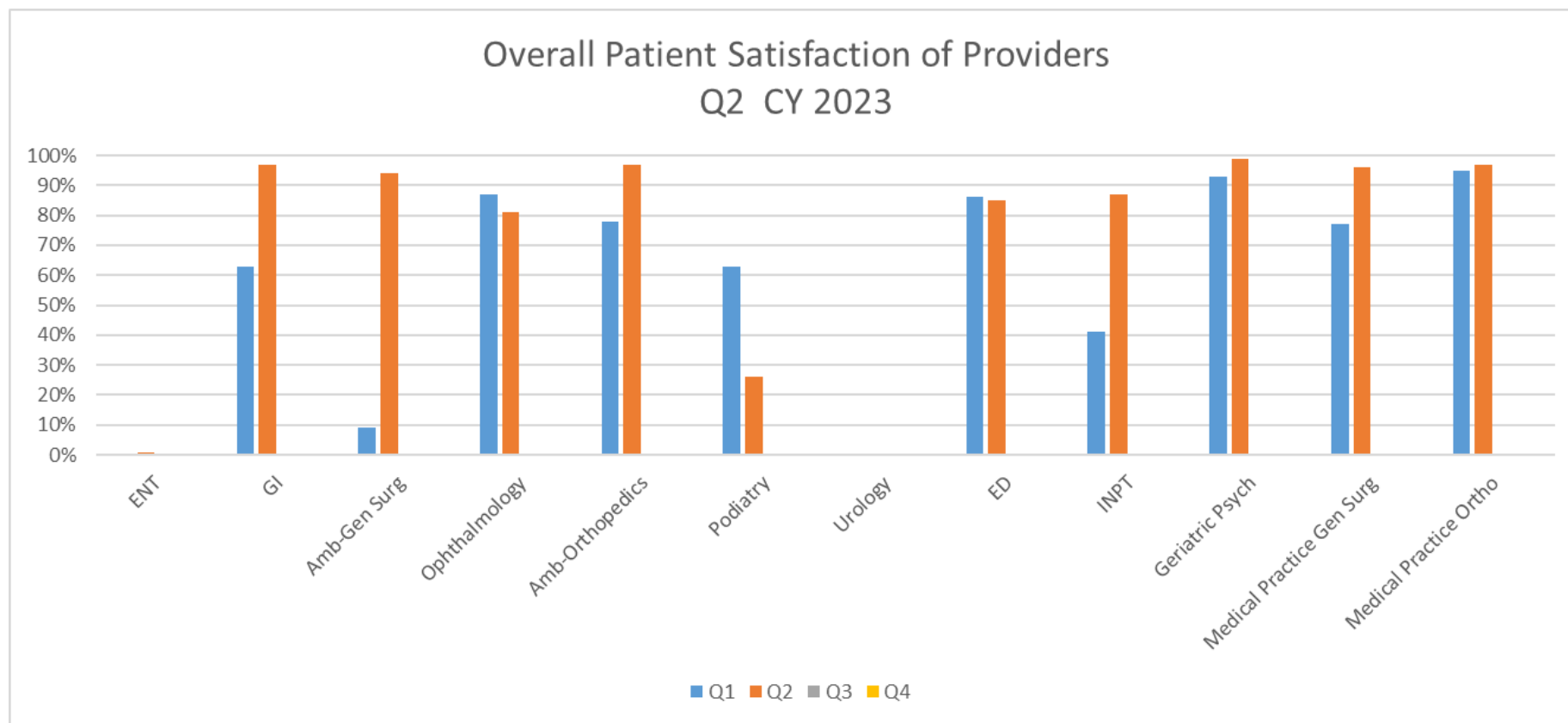
- ▶ Review Meeting Minutes – May 2023
  - ▶ New Policy On Bed Bugs Reviewed
  - ▶ Risk Assessment Program Goals Reviewed; Two Newer Assessments Include Multiuse Liquid/Solutions and Cardboard
  - ▶ Discussed Strategies for MRSA Colonized Testing and Precautions For the Inpatient Units
  - ▶ Discussed Increase In Group A Streptococcal (GAS) Infections Noted By Public Health

# Legionella Water Management – June 2023

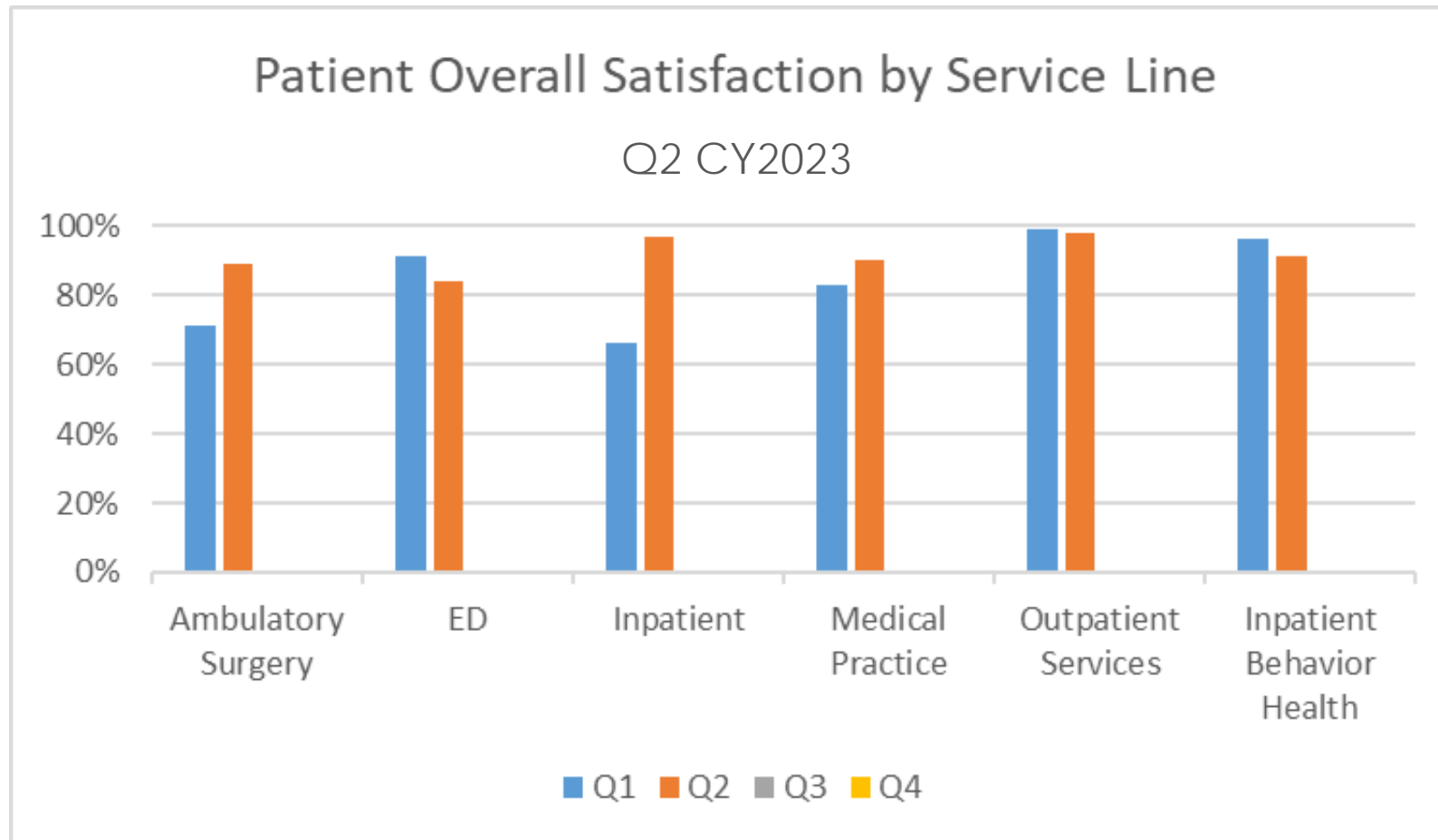
- ▶ Review Meeting Minutes – June 2023
  - ▶ DNV/OSHA Requirement To Assess For Risk OF Legionella
  - ▶ Recent Legionella Assessment Completed, Working On Outstanding Action Items



# Press Ganey: Satisfaction of Providers

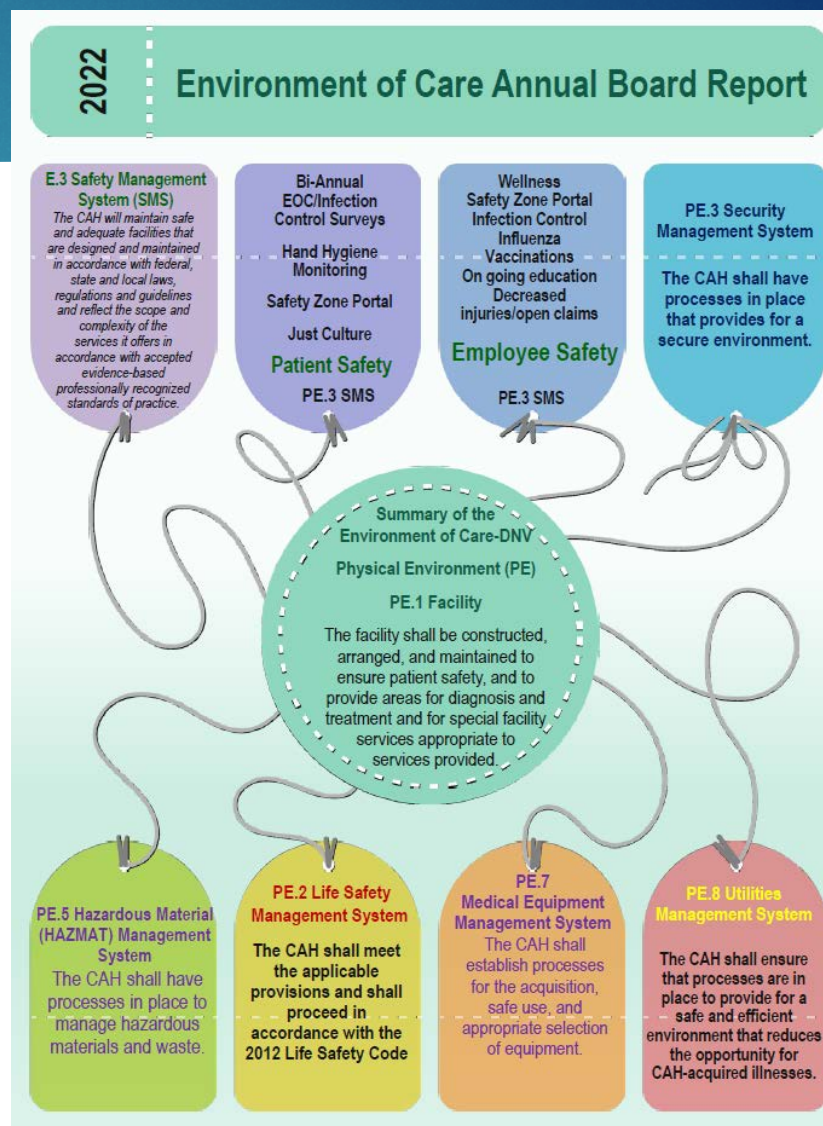


# Press Ganey: Satisfaction by Service Line



# Environment of Care Annual Board Report – 2022

- ▶ Security
- ▶ Fire
- ▶ Hazardous Waste
- ▶ Safety
- ▶ Utilities



# Environment of Care – Annual Summary

## Summary of Work Orders Generated This Period

	# of WO	% complete
Generated	980	100%
Generated - Scheduled	700	100%
Generated - Unscheduled	280	100%
Pending from prior period	0	0%
Pending - Scheduled	0	0%
Pending - Unscheduled	0	0%
Tickets	0	0%



## Work Order Breakdown

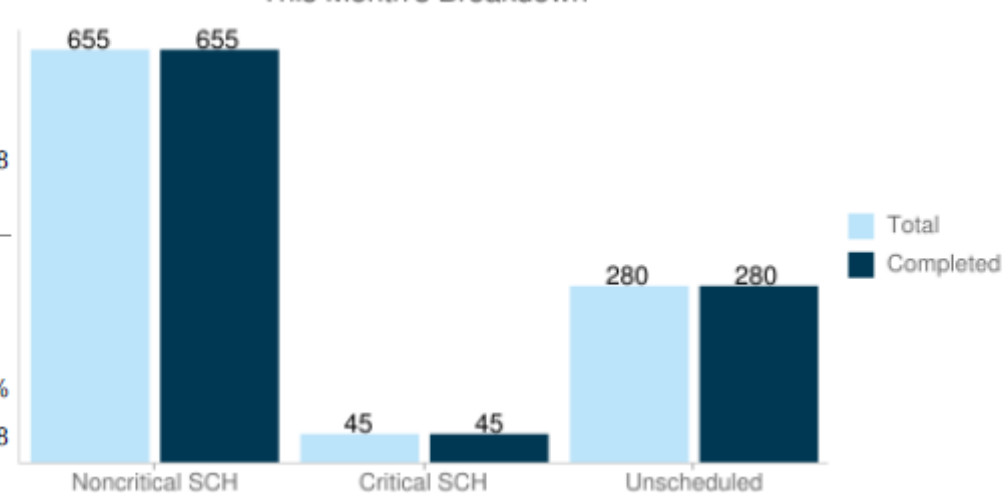
### Noncritical SCH

Number of Scheduled (PM) Work Orders	655
Number Completed	655
Percent Completed	100%
Total Man Hours for Scheduled Work	188.48
Number Incompleted	0

### Critical SCH

Number of Scheduled (PM) Work Orders	45
Number Completed	45
Percent Completed	100%
Total Man Hours for Scheduled Work	21.08
Number Incompleted	0

### This Month's Breakdown



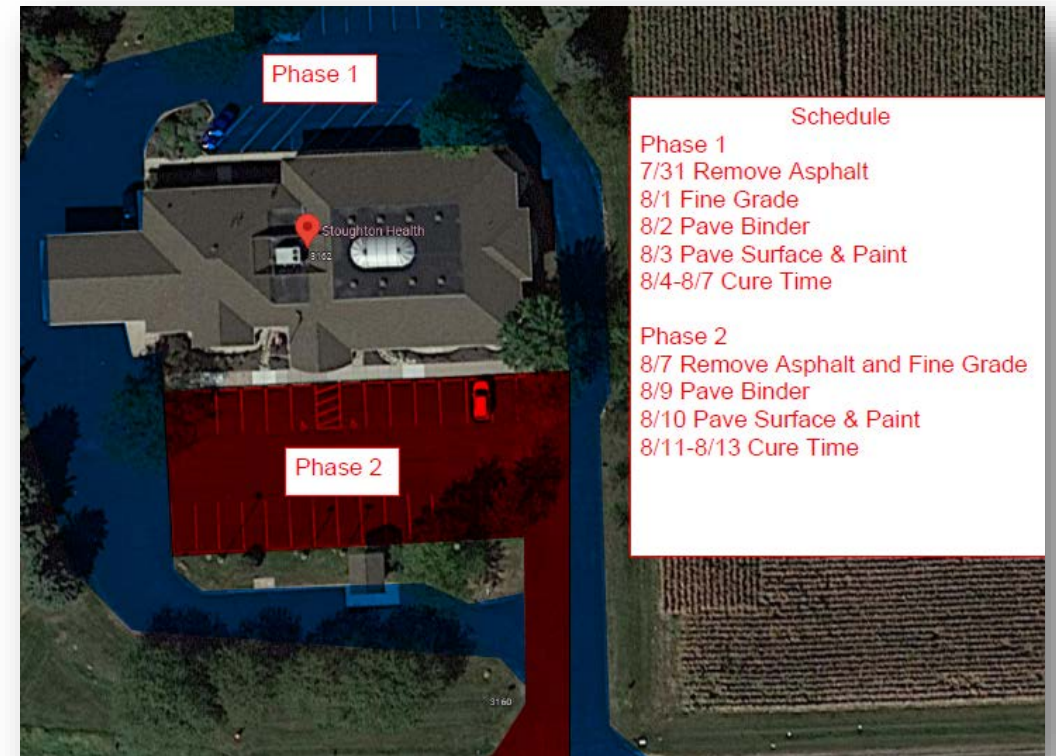
Number of Unscheduled Work Orders	280
Number Completed	280
Percent Completed	100%
Total Man Hours for Unscheduled Work	170.4

VP HR, Campus  
Planning, Operational  
Support Services  
Summary Report  
(Chris Schmitz)

- Facilities Updates
- HR Updates

# Facility Operations Updates

- ▶ CH&WC Parking →
- ▶ Pyxis upgrade
- ▶ Future post 1956
  - ▶ Geri-Psych
  - ▶ Sleep Lab
  - ▶ Support departments
    - ▶ Admin, HR, IS, Employee Health, EVS, Facilities, and the Foundation
- ▶ 4<sup>th</sup> Operating Room
- ▶ 4<sup>th</sup> Floor over Med/Surg



# HRIS Project Implementation to

## **Added security protocols**

### **Added functionality:**

- Employees and family members
- Payroll
- HR
- Managers

## **Added self-service features**

### **Attestation functionality**

**Interface with vendors for demographic and billing purposes**

**Automation of business processes**

Director, Engagement  
and Experience  
Summary Report  
(Dan DeGroot)

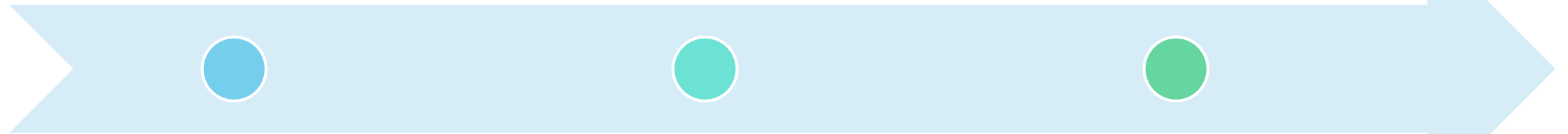
- Director, Engagement & Experience (Dan DeGroot)
  - General Update



# Engagement Survey and Action Planning

Engagement  
Survey Nov/Dec  
2023

Department and  
Organizational  
Action Planning



Department Skip  
Level Meetings



# Great Things Happening - "You Said, We Heard"

74

## Enhanced Communication

- Revised staff meeting agenda format - Several Departments
- Adjust Daily Connection schedule and format - Radiology
- Utilize Department newsletter - Several Departments
- Employee Intranet- Features include: Daily Dose, Monthly CEO Video, Expansion Project Info Hub, 'Ask an Administrator'
- Shift from Tri-Annual to Quarterly Town Halls
- Enhanced employee rounding - M/S, G/P, Urgent Cares, Admin

## Interdepartmental Cooperation

- Pharmacy/OR-- Pharmacy order process for eye surgeries
- Med Surg/EVS - Discharge planning
- Specialty Clinics/Prior Auth - Streamline Prior Auth process

## Staff Development

- Employee-Led Lunch 'n Learns - Rehab
- Increase Employee Voice in QM Process - Rehab
- Support employee growth by sharing bi-monthly webinar and creating time to review - Plant Ops

## Meaningfulness of Work

- Data tracking of cost savings directly related to day-to-day work - Quality, Rev Cycle
- Data tracking of services coded and billed - Rev Cycle
- Intentionally increase personal recognition in multiple modes -- Lab

## Tools and Resources

- Code Blue button on G/P
- WiFi on G/P
- Ultrasound in ED
- Staffing in Lab, EVS, HR, Specialty Clinics and Radiology

## Efficiency

- Innovation through QM Ideas
- Implement Workflow changes including 'Time Activity' outlines by shift for FNS
- Nurse Server project on M/S in partnership with Materials
- Enhance referral process - Sleep

## Team Building

- Admin team Illumyx process
- Focused and intentional team building - Several Departments
- Invest in team whiteboard for shared communication -- CHWC

*\*Not all inclusive list*

Foundation/Marketing/  
PR/Business  
Development Director  
Summary Report  
(Laura Mays)

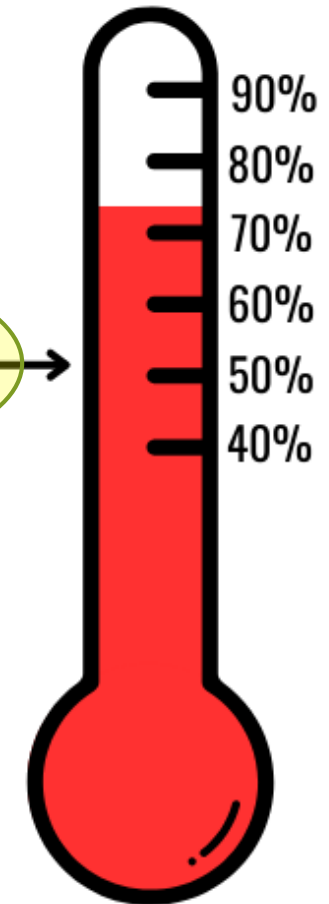
- Capital Campaign Update
- Upcoming Events/Fundraisers
- Foundation Dashboard
- PR/Marketing Report

# Capital Campaign Update

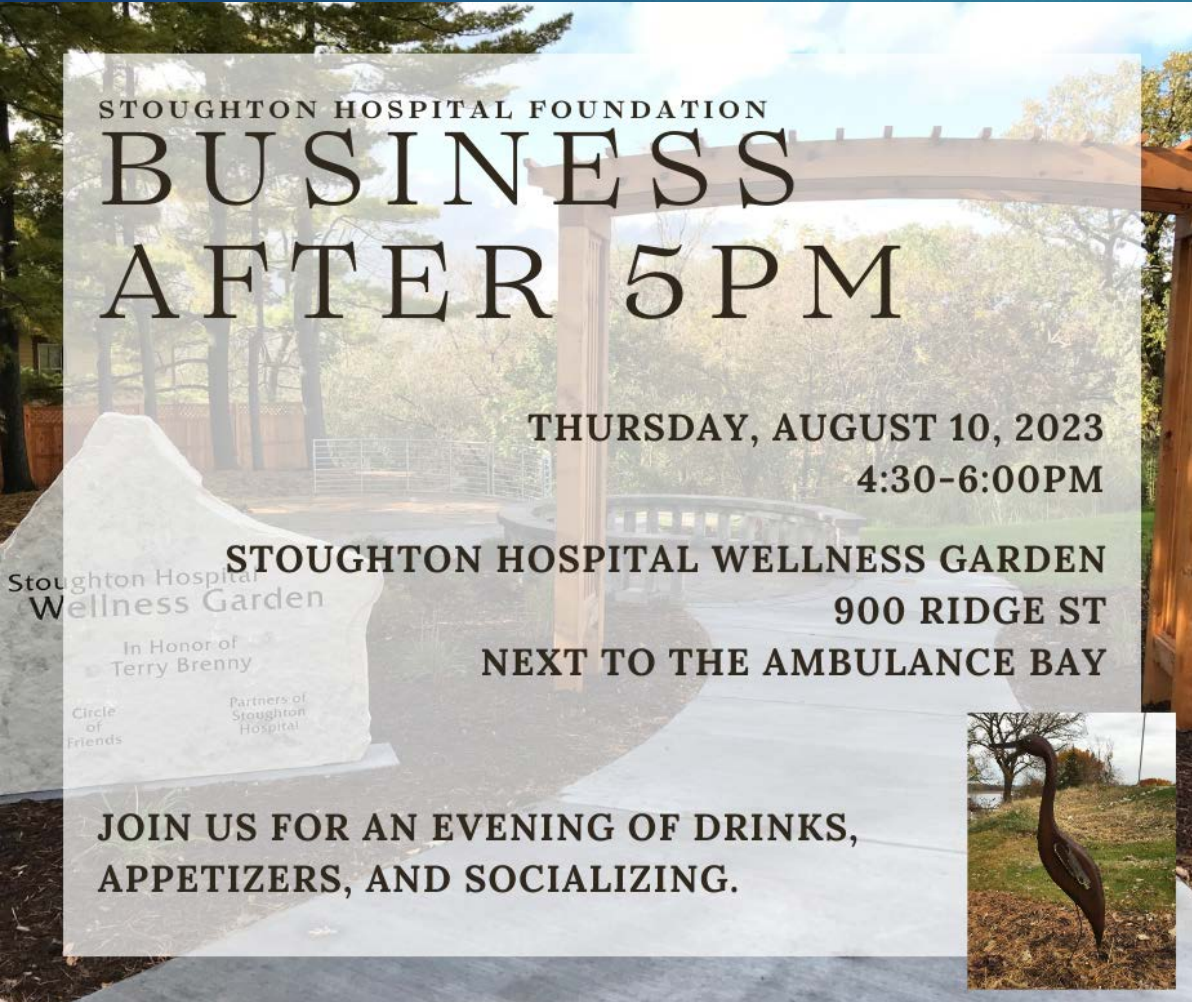


Goal to raise  
\$2,000,000

Currently at 74%  
\$1,483,500



# Upcoming Events/Fundraisers




STOUGHTON HOSPITAL FOUNDATION  
**BUSINESS  
 AFTER 5PM**

THURSDAY, AUGUST 10, 2023  
 4:30-6:00PM

STOUGHTON HOSPITAL WELLNESS GARDEN  
 900 RIDGE ST  
 NEXT TO THE AMBULANCE BAY

Stoughton Hospital  
 Wellness Garden  
 In Honor of  
 Terry Brenny  
 Circle of Friends  
 Partners of  
 Stoughton  
 Hospital

JOIN US FOR AN EVENING OF DRINKS,  
 APPETIZERS, AND SOCIALIZING.




STOUGHTON HOSPITAL  
 FOUNDATION

19TH ANNUAL

**SWINGING  
 FOR HEALTH**

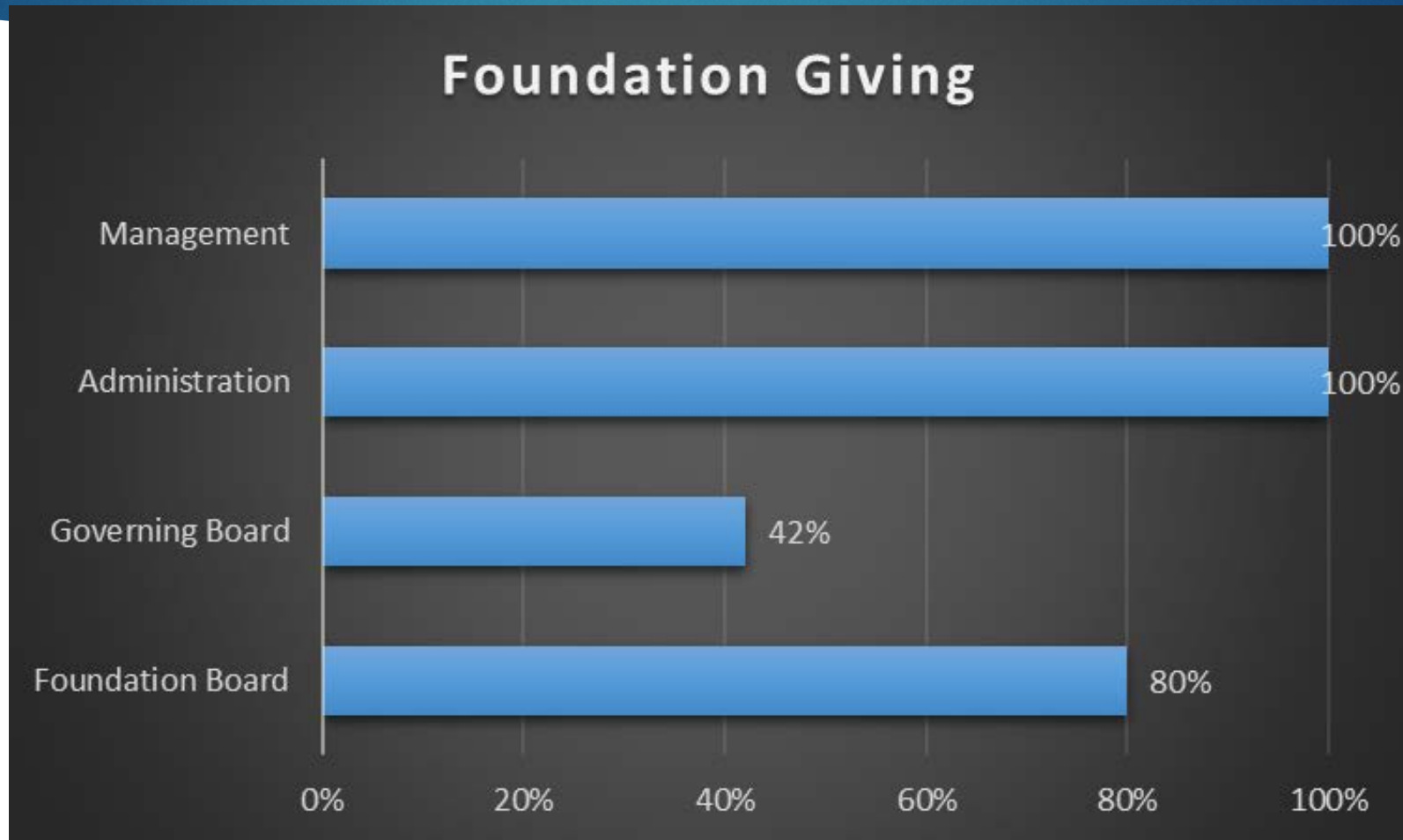
GOLF OUTING AND CARD PARTY  
 TO BENEFIT STOUGHTON HEALTH

MONDAY | SEPTEMBER 18TH, 2023  
 AT THE LEGEND OF BERGAMONT

REGISTRATION - 11:00 AM-12:00PM  
 GOLF START - 12:30 PM  
 CARD PARTY - 3:00 PM

QUESTIONS? CALL US  
 AT (608)873-2334

# Foundation Dashboard



# PR/Marketing Report

## Congratulations Dr. Schwaab!

2023 RWHC Rural Health  
Ambassador Award Recipient



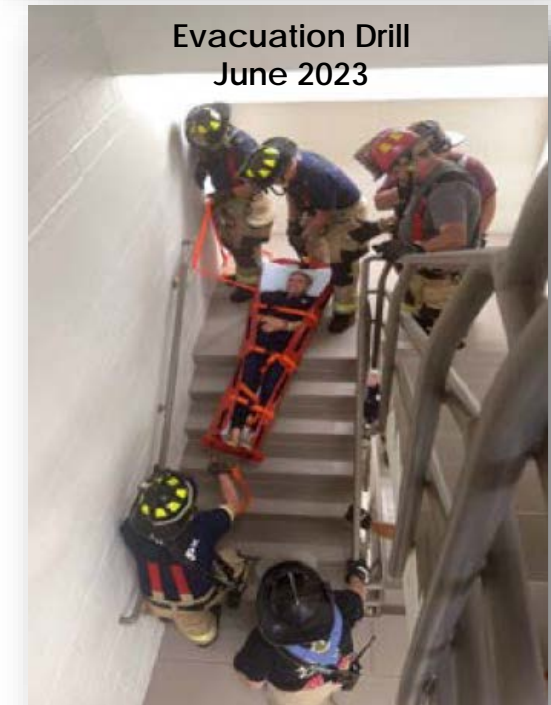
 **STOUGHTON**  
HEALTH



Thank you for sponsoring the  
3rd Annual Community One Mile Walk!



Kelly, Community Education  
Jalen, Public Relations Intern



Evacuation Drill  
June 2023

# Chief of Staff Report

(Dr. Aaron Schwaab)

- ONE YEAR APPOINTMENTS
- TWO YEAR RE-APPOINTMENTS



# One Year Appointments

1. Dr. Elizabeth Bliton, MD, OBGYN, SSM Health, Courtesy
2. Dr. Jennifer Meyer-Carper, MD, OBGYN, SSM Health, Courtesy
3. Dr. Timothy Brown, MD, Radiology, Madison Radiology, Courtesy
4. Dr Jacob McCallum, DO, Radiology, Madison Radiology, Courtesy
5. Dr. Karla Wetly, MD, Radiology, Madison Radiology, Courtesy

Flagged Files: None at this time

***\*Request Motion to Approve One Year Appointments\****

# Two Year Re-Appointments

1. Dr. Dustin Hillerson, MD, Cardiology, Courtesy, UW
2. Dr. Todd Noreuil, MD, Cardiology, Courtesy, UW
3. Dr. Joseph Bellissimo, MD, Cardiology, UW
4. Dr. Jaya Krishna, MD, Cardiology, UW
5. Dr. Jason Lai, MD, Emergency Medicine, SWEA
6. Dr. Benjamin Ho, MD, Emergency Medicine, SWEA
7. Stacy Heitz, PA, Emergency Medicine, SWEA
8. Dr. Marlise Davidson-Fiedler, MD, Hospital Medicine, Active, Beam Healthcare
9. Dr. Margaret Greco, MD, Pediatric Cardiology, Courtesy, UW
10. Dr. Kevin Chapla, MD, Pulmonary Medicine, Active, Beam Healthcare
11. Dr. Sophie Cowan, MD, Radiology, Courtesy, Madison Radiology
10. Dr. David Clifton, MD, Radiology, Courtesy, Madison Radiology
11. Dr. David Balison, MD, Radiology, Courtesy, Madison Radiology
12. Dr. Gregg Bogost, MD, Radiology, Courtesy, Madison Radiology
13. Dr. Ronald Dolin, MD, Radiology, Courtesy, Madison Radiology
14. Dr. Samuel Gibson, MD, Radiology, Courtesy, Madison Radiology
15. Dr. Ryan Peirce, MD, Radiology, Courtesy, Madison Radiology
16. Dr. Mark Rich, MD, Radiology, Courtesy, Madison Radiology
17. Dr. Nathan Moore, MD, Urology, Active, SSM Health

***\*Request Motion to Approve Two Year Re-Appointments\****



OPEN FOR  
DISCUSSION

The graphic features the words 'OPEN FOR DISCUSSION' arranged in three speech bubbles. 'OPEN' is in a light green bubble, 'FOR' is in a grey bubble, and 'DISCUSSION' is in a large dark blue bubble. The entire graphic is set against a white background with rounded corners and a drop shadow, positioned on a dark blue background.

# Adjournment

(Donna Olson)