

Stoughton Hospital Association Governing Board

Wednesday, May 28, 2025 | 7:15 a.m. – 9:30 a.m.

MS Teams Link: [Join the meeting now](#) | Meeting ID: 259 961 040 647 | Passcode: e3EV6mx3

Or call in (audio only): 1-608-383-6164 | Phone Conference ID: 973 082 075#

Board Function and Members

Board Function: Overall organizational governance. Assure adherence to organizations’ mission, vision, values and organizational purpose as defined in Article 1, Section II of SHA bylaws.

Board Members: Tim Rusch (Chair) | Sue Vanderbilt (Vice Chair) | Glenn Kruser (Secretary/Treasurer) | Matt Kinsella (SSM Rep.) | Dawit Tesfasilassie (SSM Rep.) | Kris Krentz (Director) | Cindy McGlynn (Director) | Donna Olson (Director) | Steve Peotter (Director) | Nick Probst (Director) | Dr. Ashish Rawal (Medical Staff Rep.) | Dr. Aaron Schwaab (Chief of Staff)

	Item #	Agenda	Time
	I.	Call to Order (Tim Rusch)	7:15 a.m.
A	II.	Review Minutes of March 26, 2025 Governing Board Meeting (Tim Rusch) (<i>See Attached, Pg. 5-16</i>)	
	III.	Trustee Education A) Stoughton Health’s Processes for Providing a Safe Work Environment (Chris Schmitz/Amy Hermes)	
	IV.	SSM Updates (Matt Kinsella/Dawit Tesfasilassie)	
	V.	New Business A) Strategic Planning Rollout Plan (Chris Brabant/Laura Mays)	
	VI.	Old Business A)	
	VII.	Committee Updates	
		A) Executive Committee (Tim Rusch) <ul style="list-style-type: none"> • Overview of April 23, 2025 Executive Committee Meeting <ul style="list-style-type: none"> ○ Capital Requests: <ul style="list-style-type: none"> ▪ Ultrasonic Washer for Robot ▪ Stryker Mako Robotic System 	

	Item #	Agenda	Time
		<ul style="list-style-type: none"> ○ March 2025 Financials ○ Quarterly Compliance Committee Report • Upcoming Meeting: June 25, 2025 at 7:15 a.m. 	
A A A	VIII.	1. Finance Committee (Glenn Kruser/Michelle Abey) <ul style="list-style-type: none"> • Overview of April 18, 2025 Finance Committee Meeting <ul style="list-style-type: none"> ○ March 2025 Financials (<i>reviewed and approved by Executive Committee</i>) ○ Capital Requests (<i>reviewed and approved by Executive Committee</i>) ○ Debt Management Strategy <ul style="list-style-type: none"> ▪ Approval of Resolution for Partial Prepayment of 2018 & 2023 Bonds ▪ Approval of Resolution to Repay 2015 Bonds ○ Community Health Needs Assessment Implementation Strategy Review and Approval (<i>See Attached, Pg. 17-27</i>) • Upcoming Meeting: Friday, August 15, 2025 at 7:15 a.m. 	
	IX.	2. Governance Committee (Kris Krentz) <ul style="list-style-type: none"> • Overview of April 17, 2025 Governance Committee Meeting <ul style="list-style-type: none"> ○ Review of 2025 Conflict of Interest Statement Summary ○ 2026 Governing Board Nominations ○ Board Self-Evaluation • Upcoming Meeting: Thursday, July 17, 2025 at 7:15 a.m. 	
	X.	3. Quality Committee (Donna Olson) <ul style="list-style-type: none"> • QM Council Updates <ul style="list-style-type: none"> ○ Review QM Council Meeting Minutes (<i>See Attached, Pg. 28-45</i>) <ul style="list-style-type: none"> ▪ March 25, 2025: Cohort B ▪ April 22, 2025: Cohort A ○ Review QM Council Dashboard (<i>See Attached, Pg. 46-50</i>) <ul style="list-style-type: none"> ▪ Cohort B – March 2025 ▪ Cohort A – April 2025 • Upcoming Meeting: Tuesday, June 24, 2025 at 9:00 a.m. 	
	XI.	4. Audit Compliance/Risk Management Committee (Kris Krentz) <ul style="list-style-type: none"> • Overview of April 18, 2025 Audit Compliance/Risk Management Committee Meeting <ul style="list-style-type: none"> ○ Auditor Presentations/Final Selection of Auditor • Upcoming Meeting: Friday, August 15, 2025 at 8:30 a.m. (immediately following Finance Committee) 	
A A	XII.	Chief of Staff Report (Dr. Aaron Schwaab) (<i>See Attached, Pg. 51</i>) <ul style="list-style-type: none"> A) One Year Appointments B) Two Year Re-Appointments 	

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	XIII.	Administration Team Updates (Chris Brabant, Michelle Abey, Amy Hermes, Chris Schmitz, Laura Mays, Andy Boryczka)	
	XIV.	A) CEO Summary Report (Chris Brabant) <ul style="list-style-type: none"> 1. Service Line Expansion: <ul style="list-style-type: none"> • Expanded Cardiology Service • Interventional Spine & Pain Clinic • 2nd Orthopedic Surgeon • Retreat Reminder 	
A A A A	XV.	B) CFO Summary Report (Michelle Abey) <ul style="list-style-type: none"> 1. April 2025 Financial Statements (<i>See Attached, Pg. 52-63</i>) 2. May Month-to-Date Financials 3. Sale of Property for Highway 51 Project (<i>See Attached, Pg. 64-65</i>) 4. Capital Request: Dean Rooftop HVAC Unit (<i>See Attached, Pg. 66</i>) 5. Stoughton Health Outpatient Center (SHOC) Updates 6. IRS Form 990 (<i>See separate email for draft</i>) 	
A	XVI.	B) CNO Summary Report (Amy Hermes) <ul style="list-style-type: none"> 1. Growth Updates: <ul style="list-style-type: none"> • Sterile Processing Department (SPD) <p style="text-align: center;">CONSENT AGENDA</p> <ul style="list-style-type: none"> 1. MCE Meeting Minutes – March 2025, April 2025 (<i>See Attached, Pg. 67-76</i>) 2. MEC Meeting Minutes – May 2025 (<i>See Attached, Pg. 77-81</i>) 3. Annual Clinical Services Evaluation (<i>See Attached, Pg. 82-103</i>) 4. Quality/Safety: <ul style="list-style-type: none"> • Report Cards <ul style="list-style-type: none"> ○ Q2 Balance Score Card (<i>pending QM review</i>) (<i>See Attached, Pg. 104-110</i>) • Patient Safety <ul style="list-style-type: none"> ○ Patient Safety Meeting Minutes – March 2025 (<i>See Attached, Pg. 111-114</i>) • Infection Prevention <ul style="list-style-type: none"> ○ Infection Prevention Meeting Minutes – March 2025 (<i>See Attached, Pg. 115-134</i>) <p>APPROVAL OF CONSENT AGENDA</p>	

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	VII.	C) VP, HR, Campus Planning, Operational Support Services Summary Report (Chris Schmitz) <ol style="list-style-type: none"> 1. HR/Facilities Updates 2. Staffing Updates <ul style="list-style-type: none"> • Staff Competency Assessment (<i>See Attached, Pg. 135</i>) 	
	VIII.	D) Director, Engagement and Experience Summary Report (Andy Boryczka) <ol style="list-style-type: none"> 1. Daisy and Bee Awards Update 2. Patient and Family Advisory Council (PFAC) 3. 2025 Top Large Workplace Award 4. 2025 Employee Engagement Survey (<i>See Attached, Pg. 136-147</i>) 	
		E) Foundation/Marketing/PR/Business Development Director Summary Report (Laura Mays) <ol style="list-style-type: none"> 1. Upcoming Events 2. PR/Marketing Report (<i>See Attached, Pg. 148-151</i>) 3. Foundation Dashboard (<i>See Attached, Pg. 152-153</i>) 4. Partners Updates 	
	XIX.	Open Discussion	
A	XX.	Adjourn	9:00 a.m.

Upcoming Meetings:

Quality Committee: Tuesday, June 24, 2025 at 9:00 a.m.

Executive Committee: Wednesday, June 25, 2025 at 7:15 a.m.

Governance Committee: Thursday, July 17, 2025 at 7:15 a.m.

Governing Board: Wednesday, July 23, 2025 at 7:15 a.m.

Note:

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

MISSION

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

VISION

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

VALUES

Our patients and community are our number one priority.

Stoughton Hospital Association Governing Board

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Or call in (audio only): 1-608-383-6164 | Phone Conference ID: 284 172 001#

Board Function and Members

Board Function: Overall organizational governance. Assure adherence to organizations mission, vision, values and organizational purpose as defined in Article 1, Section II of SHA bylaws.

Meeting Attendees: Tim Rusch | Sue Vanderbilt | Glenn Kruser | Matt Kinsella | Dawit Tesfasilassie | Cindy McGlynn | Donna Olson | Steve Peotter (virtual) | Nick Probst (virtual) | Dr. Aaron Schwaab | Michelle Abey | Chris Brabant | Chris Schmitz | Laura Mays | Andy Boryczka | Amy Hermes | Angie Polster

Guests: Jolynn Suko | James Meacham, SSM Health

Absent: Kris Krentz | Dr. Ashish Rawal

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	I.	Call to Order (Tim Rusch) Mr. Rusch called the March 26, 2025 Governing Board meeting to order at 7:16 a.m.	7:15 a.m.
A	II.	Review Minutes of January 22, 2025 Governing Board Meeting (Tim Rusch) <i>Action: Ms. Vanderbilt made a motion to approve the January 22, 2025 Governing Board meeting minutes. Mr. Kruser seconded the motion. Motion carried.</i>	
	III.	Trustee Education A) Stoughton Health/SSM Health Strategy Alignment – Q1 2025 (Jolynn Suko/James Meacham) Mr. Tesfasilassie stated there is an opportunity to continue to strengthen the Stoughton Health/SSM Health partnership. He introduced Ms. Suko noting she joined in September filling a strategy leader role which was open for a year and a half. Ms. Suko left Parkview Health to join SSM Health, and prior to that she was in Seattle for fourteen years. Mr. Meacham introduced	

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		<p>himself and shared he has been with SSM Health for six years in the direct to employer space.</p> <p>Ms. Suko shared with Board members she is working on understanding SSM Health's affiliate relationships. She stated she will discuss financial models that drive SSM Health, and Mr. Tesfasilassie is going to discuss how that impacts its affiliates. Ms. Suko shared top of mind is patient experience, population health, and lowering the cost of care per capita (Triple Aim in healthcare: improve health, better care, lower costs). Ms. Suko referred to a pie chart related to why we want to lower cost of care and what makes us healthy:</p> <ul style="list-style-type: none"> • 20% health behaviors • 20% clinical care • 5% genes and biology • 55% social and economic factors <p>Ms. Suko provided an overview of how SSM Health would organize to deliver the Triple Aim using a conceptual model of care delivery in neurosciences. She noted in the absence of a system they have it is nice to think about an ideal state that would rationalize resources, focus on cost, quality and value:</p> <ul style="list-style-type: none"> • Right Care • Right Place • Right Cost <p>Ms. Suko shared how SSM is developing strategy in the next 12-18 months focused on one Wisconsin vision. SSM's rollout of its strategy development is to work with each of its five Wisconsin markets, one at a time. She noted strategy inputs include for example if there was an award-winning autism center in Fon du Lac, you wouldn't do this in Greenfield. She noted they must decipher what parts of the service line should be delivered and where in the ecosystem. Ms. Suko stated SSM Health would like to partner with affiliates to create mutual value for each other, our patients, and our communities. She noted she would love to be part of our strategic planning retreat. Mr. Brabant noted how the model changes based on new technology and how physicians are trained, and the consolidation of advanced tertiary care procedures. He added robotics used to be something that only happened in big centers and now many general surgeons are using robotics for an appendectomy, so practices are shifting. Ms. Olson stated the elderly make up the biggest percentage of our population so it's desirable to have more services locally in order to reduce the amount of travel needed.</p>	

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	<p>Mr. Meacham provided an overview of the capitated model. He shared Amazon lost money initially but decided to hold out and they are making money now. Mr. Meacham referred to the risk pool overview adding at the end of the day you have surplus or deficit. Ms. Abey and Mr. Meacham have been in discussions on what they could do proactively to partner as like-minded affiliates. Mr. Tesfasilassie noted SSM Health and Stoughton Health are better at aligning care than other affiliates. Mr. Meacham stated with the fee for service-model healthcare lost significant dollars last year.</p> <p>Next Mr. Meacham shared the WI affiliate strategy roadmap for 2024-2025 which includes evaluating the partnership structure through the lens of mutual goals and value proposition. For example, Mr. Meacham shared SSM Health hired two general surgeons recently for the Janesville hospital and once they are settled, he would like to support Stoughton in general surgery coverage. Mr. Rusch noted it was a very healthy conversation, and it helps align the two entities. Ms. Vanderbilt asked whether they see something coming out of strategy related to things we align or shouldn't align. Mr. Tesfasilassie stated they are analyzing for zip code data. Mr. Kinsella shared SSM's desire to keep patients local with very efficient premiums.</p>	
IV.	<p>SSM Updates (Matt Kinsella/Dawit Tesfasilassie)</p> <p>No additional updates provided other than what was shared during the trustee education.</p>	
V.	<p>New Business A)</p>	
VI.	<p>Old Business A)</p>	
VII.	<p>Committee Updates</p>	
	<p>A) Executive Committee (Tim Rusch)</p>	
	<p>1. Upcoming Meeting: April 23, 2025 at 7:15 a.m.</p>	
	<p>2. Finance Committee (Glenn Kruser/Michelle Abey)</p> <ul style="list-style-type: none"> Overview of February 28, 2025 Finance Committee Meeting January 2025 Financials: <p>Ms. Abey provided a brief overview of January 2025 Financial Statements which can be found in the March 26, 2025 Governing Board packet.</p>	

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A		<p>Action: Mr. Kinsella made a motion to approve January 2025 Financial Statements. Ms. McGlynn seconded the motion. Motion carried.</p> <ul style="list-style-type: none"> Policy 2.10: Financial Assistance Policy Changes 	
A		<p>Action: Ms. Olson made a motion to approve changes to Policy 2.10: Financial Assistance Policy. Mr. Tesfasilassie seconded the motion. Motion carried.</p> <ul style="list-style-type: none"> Discussion of Debt Management Strategy: <p>Ms. Abey shared an overview of strategies for pre-payment of bonds and other issuances which will be explored further at the April Finance Committee meeting.</p> <ul style="list-style-type: none"> Mako Robot: <p>Ms. Abey shared the Mako Robot is a capital purchase which is expected to be brought forth for approval at the May Governing Board meeting.</p> <ul style="list-style-type: none"> Upcoming Meeting: Friday, April 18, 2025 at 7:15 a.m. 	
		<p>3. Governance Committee (Kris Krentz)</p> <ul style="list-style-type: none"> Upcoming Meeting: Thursday, April 17, 2025 at 7:15 a.m. 	
		<p>4. Quality Committee (Tim Rusch)</p> <ul style="list-style-type: none"> QM Council Updates <ul style="list-style-type: none"> Review QM Council Meeting Minutes <ul style="list-style-type: none"> February 2025 Review QM Council Dashboard <ul style="list-style-type: none"> Cohort A – February 2025 <p>Mr. Rusch stated there were a total of 22 projects, three of which were closed during February.</p> <ul style="list-style-type: none"> Upcoming Meeting: Tuesday, April 22, 2025 at 9:00 a.m. 	
		<p>5. Audit Compliance/Risk Management Committee (Michelle Abey)</p> <ul style="list-style-type: none"> Overview of February 28, 2025 Audit Compliance/Risk Management Committee Meeting Stoughton Hospital Association Tax Deferred Annuity 403(B) Plan FY2024 Audit Statement of Work Approval: FY2025 Audit, Tax & Cost Report Preparation Request for Proposal Process (RFP) 	

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	<ul style="list-style-type: none"> Internal Control Review <p>Ms. Abey provided a brief overview of the February 28, 2025 Audit Compliance/Risk Management Committee meeting. She noted the committee approved the tax deferred annuity 403B audit statement of work. She provided an overview of the RFP process and noted all proposals are due by April 1, 2025. Finally, Ms. Abey shared the committee went through an internal control review at the meeting.</p> <ul style="list-style-type: none"> Upcoming Meeting: Friday, April 18, 2025 at 8:30 a.m. (immediately following Finance Committee) 	
VIII.	<p>Administration Team Updates (Chris Brabant, Michelle Abey, Amy Hermes, Chris Schmitz, Laura Mays, Andy Boryczka)</p>	
	<p>A) CEO Summary Report (Chris Brabant)</p> <ol style="list-style-type: none"> WHA Advocacy Day – Reminder: <p>Mr. Brabant reminded Governing Board members that Advocacy Day takes place April 9th and they are expecting over 1,000 attendees.</p> <ol style="list-style-type: none"> Service Line Expansion: <ul style="list-style-type: none"> Expanded Cardiology Service: Interventional Spine & Pain Clinic <p>Mr. Brabant provided a service line expansion update. He shared Oregon Urgent Care opened and volumes are increasing with the additional hours.</p> <p>He met with St. Mary’s Madison Hospital President/CEO, Eric Thornton, and discussed our swing bed program. Mr. Thornton knew Edgerton had a swing bed program but was unaware that Stoughton had one.</p> <p>Mr. Brabant stated we are working towards opening a musculoskeletal program with Dr. Greenburg, and some of our physical therapists are studying spinal therapy. He stated we are signing a contract with Zenith Group to expand cardiology services, which will include 24/7 phone coverage to assist us in keeping patients at Stoughton Health. Mr. Brabant added Dr. Museitif has pledged he will contact SSM Health to care for any patients who need procedural work or require a high level of care.</p>	

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		<p>Mr. Brabant informed Board members there is an offer out to an ortho surgeon. He provided an update on meetings with DHP/Medica & the health plan's agreement to add Dr. Lind, Podiatric Surgeon, to the panel.</p> <p>Mr. Brabant informed that Board that the Administrative Team would be starting the Strategic Planning Process internally soon and that the Board will be involved later in the summer.</p> <p>Finally, Mr. Brabant shared Stoughton Health has been approached by a general surgeon who would like to work part time doing colonoscopies one day per week and taking call one weekend per month. The team is exploring whether it is feasible to add this general surgeon as another provider at Stoughton Health.</p>	
A		<p>B) CFO Summary Report (Michelle Abey)</p> <p>1. February 2025 Financial Statements:</p> <p>Ms. Abey shared Accounts Receivable days and cash on hand continued to be strong. She stated there was a drop in operating income from the previous month, but the month is still ahead of budget. On the outpatient side, we continued to have strong volumes but surgical services was slightly down in February. Ms. Abey noted the biggest loss was related to scopes and cataract surgeries. Mr. Rusch stated he saw swing bed increased with hours up 144% per year. Mr. Tesfasilassie stated he was surprised Mr. Eric Thornton was unaware of our swing bed program, and he added he would like to introduce Mr. Brabant to Ms. Jane Curran-Meuli, President of SSM Health St. Mary's Janesville & Monroe Hospital, to ensure she is aware of our swing bed program.</p> <p>Action: Ms. Vanderbilt made a motion to approve the February 2025 Financial Statements. Mr. Kinsella seconded the motion. Motion carried.</p> <p>2. Capital Requests.</p> <ul style="list-style-type: none"> Hana Table, \$104,093 (Budgeted): <p>Ms. Hermes provided an overview of the budgeted capital request of \$104,093 plus maintenance contract for \$9,900 per year for purchase of a Hana Table for the Operating Room.</p> <p>Action: Mr. Tesfasilassie made a motion to approve the budgeted capital request of \$104,093 plus maintenance contract for \$9,900 per year for the</p>	

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A		<p><i>purchase of a Hana Table for the Operating Room. Dr. Schwaab seconded the motion. Motion carried.</i></p> <ul style="list-style-type: none"> Power 9 System for OR, \$326,586 (Budgeted): <p>Ms. Hermes provided an overview of the budgeted capital request of \$326,586 to lease a Power 9 System for the Operating Room. She noted this system is used primarily in Orthopedics but can also be used in Podiatry.</p> <p><i>Action: Ms. Olson made a motion to approve capital up to \$326,586 to lease a Power 9 System for the OR. Mr. Kruser seconded the motion. Motion carried.</i></p> <p>3. March Month-to-Date Financials:</p> <p>Ms. Abey provided a summary of March Month-to-Date financials and noted they are optimistic.</p> <p>4. Multi-Specialty Clinic Updates:</p> <p>Ms. Abey shared with the Board Dean/Medica paneled Dr. Lind and his practice is expected to continue growing. She added a new Specialty Clinics Manager, Pam Engelhart, has been hired who will be managing Cardiology, General Surgery, and Urology.</p> <p>5. Stoughton Health Outpatient Center (SHOC) Updates:</p> <p>Ms. Abey shared there is a ribbon cutting/open house on Wednesday, April 23rd and asked Board members to invite folks as a group has been working to organize activities for the community. She noted the project is on budget and there is approximately \$340,000 in contingency remaining.</p>	
		<p>C) CNO Summary Report (Amy Hermes)</p> <p>1. Growth Updates:</p> <ul style="list-style-type: none"> Cottage Grove Urgent Care <p>Ms. Hermes shared the average daily census and new patient volumes continue to be monitored.</p> <ul style="list-style-type: none"> Oregon Location Expansion: 	

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	<p>Ms. Hermes shared we had the ribbon cutting/open house for Oregon Urgent Care on February 24th and the expanded hours are now in effect.</p> <ul style="list-style-type: none"> • Sterile Processing Department (SPD): <p>Ms. Hermes shared phase two of the Sterile Processing Department is complete and phase three began on March 24th.</p> <p>2. Root Cause Analysis (RCA) – Power Outage Event</p> <p>Ms. Hermes shared there was a Root Cause Analysis related to a power outage caused by a squirrel approximately three weeks ago. The outage took down power to the hospital and to the northwest side of the city. She noted generators kicked on as expected.</p> <p style="text-align: center;">CONSENT AGENDA</p> <p>1. MCE Meeting Minutes – January 2025, February 2025:</p> <p>Dr. Schwaab provided a brief summary of the January and February 2025 MCE meeting minutes which can be found in the March 26, 2025 Governing Board packet.</p> <p>2. MEC Meeting Minutes – March 2025:</p> <p>Dr. Schwaab provided a brief summary of the March 2025 MEC meeting minutes which can be found in the March 26, 2025 Governing Board packet. Dr. Schwaab reported that there were updates provided on changes in the Lucid Radiology Group through conversation with Dr. McGuire. Quality of reads is improving.</p> <p>3. Quality/Safety:</p> <ul style="list-style-type: none"> ○ 2024 Annual Performance Evaluation - Emergency Management <p>Ms. Hermes shared we are required by DNV to have the Annual Performance Evaluation – Emergency Management.</p> <ul style="list-style-type: none"> ○ Report Cards <ul style="list-style-type: none"> ○ Quality and Safety Report Card Q1 FY2025: <p>Ms. Hermes shared we are under goal by approximately five hours for patients being admitted to inpatient but still being boarded in the Emergency Room.</p> <p>Mr. Rusch asked whether this is where Quality Management projects come from, and Ms. Hermes confirmed.</p>	

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		<ul style="list-style-type: none"> ○ Quality and Safety Report Card Q1 FY2025 P4P: Ms. Hermes shared the team plans on taking a deeper dive into inpatient psychiatry. ○ Quality and Safety Report Card Q1 FY2025 ED: Ms. Hermes shared the decision to admit was carryover from the previous slide. ○ Balanced Scorecard FY2025 Q1: Mr. Schmitz has measures under the People Pillar which are red for the most recent quarter such as a measure surrounding new hires getting six-month evaluations on time. There were staff who took vacations or were ill for this quarter, which contributed to why the goal wasn't met. ○ Patient Safety <ul style="list-style-type: none"> ○ Patient Safety Meeting Minutes – January 2025: Ms. Hermes provided an overview of the January 2025 Patient Safety meeting minutes which can be found in the March 26, 2025 Governing Board packet. She noted there will be active shooter training and DNV will be coming for a survey any time after Labor Day but before Thanksgiving. ○ Infection Prevention <ul style="list-style-type: none"> ○ Infection Prevention Meeting Minutes – January 2025: Ms. Hermes provided a summary of the January 2025 Infection Prevention meeting minutes which can be found in the March 26, 2025 Governing Board packet. <p>APPROVAL OF CONSENT AGENDA</p>	
A		<p><i>Action: Ms. Olson made a motion to approve the consent agenda. Ms. McGlynn seconded the motion. Motion carried.</i></p>	
		<p>D) VP, HR, Campus Planning, Operational Support Services Summary Report (Chris Schmitz)</p> <ol style="list-style-type: none"> 1. HR/Facilities Updates <ul style="list-style-type: none"> • Alano Club Property Purchase Update: 	

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A		<p>Mr. Schmitz provided a brief update on the Alano Club property purchase and noted their Board approved selling the facility.</p> <p>2. Staffing Updates:</p> <p>Mr. Schmitz shared a brief update on staffing and noted the various open positions include Medical Imaging Techs, Surgical Techs, RN Surgical Float, and Patient Transporters.</p> <p>3. Environment of Care Annual Board Report</p> <p>Mr. Rusch questioned the 33 employee incidents as that seemed like a high number. The team responded that the number was consistent with previous years. Ms. McGlynn asked whether there were a lot of mental health issues being seen. Ms. Hermes reminded the group about the relationship with Embrace Health and the resources they can offer employees.</p> <p><i>Action: Ms. Olson made a motion to approve the 2024 Environment of Care Annual Board Report. Mr. Kruser seconded the motion. Motion carried.</i></p>	
		<p>4. Foundation/Marketing/PR/Business Development Director Summary Report (Laura Mays)</p> <p>1. Upcoming Events:</p> <p>Ms. Mays said there are several fundraisers going on with the Foundation.</p> <p>2. PR/Marketing Report:</p> <p>Ms. Mays shared there are various billboards and other advertising being done in our service area.</p> <p>3. Foundation Dashboard:</p> <p>Ms. Mays shared the Foundation recently had a basket fundraiser and she has been meeting with local community members. She added they recently had a Parkinson's class with approximately 200 people in attendance. Ms. Mays shared the Partners have a Pansy sale going on which ends next week, and they have already raised over \$5,000 for March Match.</p>	
		<p>5. Director, Engagement and Experience Summary Report (Andy Boryczka)</p> <p>1. Excellence Together Team Updates:</p>	

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		<p>Mr. Boryczka shared Excellence Together teams recently provided a Beat the Winter Blues Hawaiian luncheon and ran a Caught in the AAACTS campaign. He also shared the Customer Experience team is working to put Patient and Family Advisory Council (PFAC) feedback into action.</p> <p>2. Other Updates:</p> <p>Mr. Boryczka shared the Energage employee engagement survey was sent out to staff on March 19th and closes on April 3rd. The results should be available by April 10th and the feedback will be used in the strategic planning process. Mr. Boryczka also shared Stoughton Health was recognized for being Madison's Top Large Workplace at the Wisconsin State Journal Madison Top Workplaces Awards presentation on March 19th.</p>	
A	IX.	<p>Chief of Staff Report (Dr. Aaron Schwaab)</p> <p>A) One Year Appointments:</p> <ol style="list-style-type: none"> 1. Janis Tupesis, MD, Emergency Medicine, SWEA, Active 2. Pupinder Jaswal, MD, Radiology, Madison Radiology, Courtesy 3. Yoginder Vaid, MD, Radiology, Madison Radiology, Courtesy 4. Michelle Romero, MD, Radiology, Madison Radiology, Courtesy 5. George Stohr, DO, Radiology, Madison Radiology, Courtesy 6. Jesse Boyett Anderson, MD, Pediatric Cardiology, UW Health, Courtesy 7. Imitiaz Ahmed, MD, Radiology, Madison Radiology, Courtesy 8. Stephen Philip, MD, Cardiology, UW Health, Courtesy 9. Evan Klein, MD, Cardiology, UW Health, Courtesy 10. Mark Gonwa, MD, Radiology, Madison Radiology, Courtesy 11. Wael Abdalla, MD, Radiology, Madison Radiology, Courtesy* <p>Flagged Files: None at this time</p> <p>Action: Ms. McGlynn made a motion to approve One Year Appointments. Ms. Olson seconded the motion. Motion carried.</p> <p>B) Two Year Re-Appointments:</p> <ol style="list-style-type: none"> 1. Brian Bachhuber, MD, Cardiology, SSM Health, Courtesy * 2. Thomas Teelin, MD, Cardiology, UW Health, Courtesy * 3. Aurangzeb Baber, MD, Cardiology, UW Health, Courtesy 4. Ford Ballentyne, MD, Cardiology, UW Health, Courtesy 5. Anne Kilby MD, Ophthalmology, SSM Health, Active * 6. Aaron Schwaab, MD, General Surgery, Stoughton Health, Active * 7. Abigail Dahlberg, MD, Emergency Medicine, SWEA, Active * 	

	Item #	Agenda	Time
A		<p>8. Mark Belligan, PA, Emergency Medicine, SWEA, AHP *</p> <p>9. Brian Martinson, PA, Emergency Medicine, SWEA, AHP *</p> <p>10. Brad Johnson, PA, Emergency Medicine, SWEA, AHP *</p> <p>11. Mary Hickner, DPM, Podiatry, Independent, Active *</p> <p>12. Mary Embrescia, MD, Psychiatry, ITP, Courtesy *</p> <p>13. Neza Bharucha, MD, Psychiatry, ITP, Courtesy *</p> <p>14. Cathleen Handke, APNP, ITP, AHP</p> <p>15. Cassandra Sung, MD, Pediatric Cardiology, UW Health, Courtesy *</p> <p>16. Andrea Rock, MD, Pediatric Cardiology, SSM Health, Courtesy *</p> <p>17. Roderick Deano, MD, Cardiology, UW Health, Courtesy</p> <p>18. Shannon McCormack, DO, Hospital Medicine, Beam Healthcare, Active</p> <p>19. Talya Spivak, DO, OBGYN, SSM Health, Active</p> <p>20. John Hoopes, CRNA, Anesthesia, Sto Health, AHP *</p> <p>Flagged Files: None at this time.</p> <p><i>Action: Ms. Olson made a motion to approve Two-Year Re-Appointments. Mr. Kruser seconded the motion. Motion carried.</i></p>	
	X.	<p>Open Discussion:</p> <p>Mr. Brabant asked the May 28, 2025 Governing Board meeting be extended to 9:30 a.m. Ms. McGlynn shared a HATS update and noted a family was placed this past weekend.</p>	
A	XI.	<p>Adjourn</p> <p><i>Mr. Tesfasilassie made a motion to adjourn the March 26, 2025 Governing Board meeting at 9:30 a.m. Ms. McGlynn seconded the motion. Motion carried.</i></p>	9:00 a.m.

Respectfully submitted,

Mr. Glenn Kruser
Secretary/Treasurer



2025-2027

Community Health Needs Implementation Strategy



**STOUGHTON
HEALTH**

Creating Excellence Together

900 Ridge St., Stoughton, WI 53589

Board Packet, Page 17

stoughtonhealth.com

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Community Car Seat Check

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Strong Bodies Exercise

Stoughton Health is a 25-bed critical access hospital with an additional 10 beds dedicated to Geriatric Psychiatry. Stoughton Health primarily serves Dane, Rock, Green, and Jefferson counties, along with many neighboring communities. As an independent community hospital, it is owned and operated by the Stoughton Hospital Association while maintaining an affiliation with SSM Health of Wisconsin. To support continued growth and the increasing focus on wellness and preventive care, the Stoughton Hospital Governing Board approved a 56,000-square-foot outpatient center to enhance services and better meet community needs.

Since 2013, Stoughton Health has collaborated with three other Dane County hospitals (UnityPoint Health - Meriter, SSM Health, and UW Health) along with Public Health Madison and Dane County to form the Healthy Dane Collaborative (HDC). The most recent Community Health Needs Assessment (CHNA), completed in late 2024, is available at stoughtonhealth.com.

For the CHNA, Stoughton Health addresses the needs of Dane County, specifically focused on the communities of Stoughton, Oregon, McFarland, and Cottage Grove. Approximately 71% of inpatient cases, 78% of Emergency Department visits, and over 74% of outpatient services at Stoughton Health involve residents from Dane County.

The key priorities identified were:

- Chronic Conditions
- Injury & Safety
- Mental Health & Substance Use
- Reproductive Justice

While Stoughton Health strives to address all identified health concerns, it must also prioritize its resources, available partnerships, and severity of need in the communities it serves. Based on these considerations, the following priorities will be the focus over the next three years: Chronic Conditions, Injury and Safety, and Mental Health and Substance Use.

We invite community members to join us in tackling these critical health issues and working together to foster a healthier future for all.

Sincerely,





Chris Brabant, President & CEO



New Crossing Guard Signs

Community Health Needs and Identified Priorities

Community health needs were assessed by reviewing existing secondary data including demographics, health indicators, and healthcare access, along with insights from public health experts, and from individuals who live, work, learn, play, and grow in Dane County.

For data details, please visit healthydane.org

This process identified four key health issues in Dane County: Chronic Conditions, Injury and Safety, Mental Health and Substance Use, and Reproductive Justice. While all of these issues are important, Stoughton Health will focus on the first three priorities as we do not provide obstetric, primary care, or pediatric services. Our commitment remains strong in making a meaningful impact by addressing the areas where we can best serve our communities.

Priority #1 Chronic Conditions

Priority #2 Injury & Safety

Priority #3 Mental Health & Substance Use

Chronic Conditions



Risk factors for diabetes, hypertension, and heart failure are a result of an inequitable food system, economic inequity, and toxic stress caused by experiencing racism/discrimination.

12% of Medicare beneficiaries were treated for osteoporosis and 12% were treated for atrial fibrillation.

Source: CHNA, p. 39, p. 59

Injury & Safety



Impaired driving was a factor in 41% of fatal crashes in Dane County and 26% of crashes involving a serious injury.

The age adjusted death rate due to falls in Dane County has been increasing over time - with rates higher than both Wisconsin and U.S. rates.

Source: CHNA, p. 50, p. 51

Mental Health & Substance Use



Dane County men are significantly more likely to die from suicide than women and disproportionately impacts white men.

69.2% of high school youth with prescription drugs in their home say they can easily access them. That is higher than 2021 at 56.5% and somewhat higher than 2018 at 60.3%

Source: CHNA, p. 45, p. 46

Priority # 1

Chronic conditions last a year or more and require ongoing medical attention and/or limit activities of daily living. They can usually be controlled but not cured. In adults, the most common chronic conditions include cancer, heart disease, stroke, and diabetes, while obesity and asthma are two of the most common in children. Poor health outcomes linked to chronic conditions include disability, poor quality of life, increased healthcare costs, and death.

Compared to data available from 44 Wisconsin Counties, Dane County has a value of 3.0 which is in the worst 25% of counties.

Source: CHNA, p. 40

GOALS

- Decrease in hospitalization rate for diabetes (Type 1&2) in Dane County to less than 11.5/10,000 population and decrease Stoughton zip code specific rates to less than 16.3/10,000 population. Source: HealthyDane.org
- Decrease in hospitalization rate for heart failure in Dane County to less than 25.1/10,000 and decrease Stoughton zip code specific rates to less than 25.3/10,000 population. Source: HealthyDane.org



Healthy Shopping



Parkinson's Exercise



Strong Bodies Exercise

Community Partners

- Civic Organizations
- Local Businesses
- Local EMS
- Local Senior Centers
- Local Schools
- Local Youth Centers
- Neighborhood Free Health Clinic
- Oregon Area Wellness Coalition
- Parish Nurses
- Skaalen Retirement Services
- Stoughton Hospital Foundation
- Stoughton Wellness Coalition



Action Plan

- Continue to expand and support offerings of exercise programs for older adults like Strong Bodies, Parkinson's Exercise, Poling in the Parks and more
- Continue to offer free educational trainings focused on health topics led by physicians, dietitians, rehabilitation staff and other specialists
- Explore the Cardiac Heart Exercise and Advanced Lifestyle-Management (HEAL) program
- Expand Cardiac/Pulmonary Rehabilitation programming to include education by nutritional staff
- Continue to offer Cardiac Rehabilitation for heart disease patients
- Expand self-monitoring blood pressure intervention by providing blood pressure cuffs to senior centers and libraries
- Continue to offer six-week workshop, Healthy Living with Diabetes
- Continue to offer services and education through diabetic foot clinic and wound clinic
- Expand educational library with Health Talk – Podcasts/Vodcasts on the Stoughton Health website from interviews with physicians and hospital experts to address healthy behaviors
- Provide screenings like blood pressure, bone density, cholesterol and more at the Community Health and Wellness Center to staff, businesses, and community members
- Continue use of case managers/patient navigators with patients as they are discharged from the hospital
- Offer yoga for individuals with chronic conditions
- Offer financial assistance for the Infinite Boundaries Retreat for women with breast cancer
- Continue Well-Being Team offerings for staff and expand those offerings to include community members
- Continue to lead fundraisers to support the American Cancer Society local chapter
- Continue to lead fundraisers to support the American Heart Association local chapter
- Implementing a process for Acute Stroke Ready Hospital Certification



Poling in the Parks



Exercise Student and Teacher

Priority #2

Injury and Safety encompass a variety of sub-topics including exposure to violence, and unintentional injuries like motor vehicle collisions, poisonings, and falls.

Falls are a leading cause of unintentional injury and injury death. Falls commonly produce bruises, hip fractures, and head trauma. These injuries can increase the risk of early death and can make it difficult for older adults to live independently. Most falls are preventable. Since 2020, fall-related events have ranked second in the top reasons for EMS dispatch in Dane County. On average, fall-related incidents account for 15% of local EMS responses, with over 7,600 events in 2024 alone. Source: CHNA, p. 51

Goal

- Reduce the age-adjusted death rate due to unintentional injuries in Dane County to less than 70/100,000 population.

Source: HealthyDane.org



Community Partners

- Area Senior Centers
- Greater Wisconsin Agency on Aging Resources, Inc.
- Local EMS
- Local Fire Departments
- Local Nursing Homes and Assisted Livings
- Local Police
- Local Youth Centers
- Neighborhood Free Health Clinic
- Oregon Area Wellness Coalition
- SAFE Communities
- Stoughton Wellness Coalition
- Wisconsin Institute of Healthy Aging

Action Plan

- Continue to offer community classes focused on improving balance and fall reduction such as Parkinson's Exercise, Balance Class and add Group Otago classes
- Continue to offer Safe Sitter and Safe@Home kids classes to help decrease pediatric injuries
- Continue offering car seat safety training and installation in partnership with SafeKids of South Central WI, Local Fire, Police and Sheriff departments
- Offer education on a variety of topics including fraud prevention and responsible youth social media use
- Partner with local senior centers on the Stepping On Fall Prevention Workshop
- Explore the implementation of the Safe at Home program for aging population
- Continue to promote Wisconsin Elder Abuse Hotline in our clinics and hospital
- Explore enhancements to post-operative safety for patients while recovering at home
- Provide training opportunities for staff on Mental Health First Aid Training, and building threat safety awareness
- Explore teen safe driving programming
- Explore poisoning safety programming with pharmacist
- Explore marketing enhancement with Senior Center to communicate their offerings related to health needs
- Promote Balance Screenings offered by rehabilitation staff
- Explore Industrial Rehabilitation programming so workers may return to work safely following injury
- Continue partnerships for community blood drives



Blood Drives



COCPR Class Participants

Priority #3

Mental Health & Substance Use are among the most pervasive health issues in Dane County. It is important to recognize the intersection between mental health and substance use, including the impact of delays in mental health treatment leading to self-medicating through substances.

Factors affecting both mental health and substance use include:

- Income, employment, socioeconomic status
- Food access
- Housing
- Discrimination
- Childhood experiences
- Ability to access acceptable and affordable health care

Among people experiencing homelessness in Dane County, mental illness was ranked as the second most important factor (36%) negatively affecting individual's health.

Source: CHNA, p. 47



Goals

- Reduce 30-day alcohol use by 2% from 11% to 9%, by 9/1/26 in Stoughton High School youth in grades 9-12 as measured by the Youth Risk Behavior Survey and/or Dane County Youth Assessment data.
- Reduce 30-day use of tobacco by 2%, from 8% to 6%, by 9/1/26 in 9-12 grades measured by Youth Risk Behavior Survey and/or Dane County Youth Assessment data.
- Decrease the percentage of Medicare beneficiaries (65+) who are treated for depression to less than 17%.

Source: HealthyDane.org



NAMI Walk



Memory Cafe

Community Partners

- Alzheimer's Association WI Chapter
- Dane County Behavioral Health Services
- Journey Mental Health
- Libraries
- LGBTQ+ Community
- Local Churches
- Local Police Departments
- Local EMS
- National Alliance of Mental Health Dane
- Neighborhood Free Health Clinic
- Ocean Hawk Counseling
- Oregon Area Wellness Coalition
- Oregon Mental Health Services, L.L.C.
- Safe Communities
- START
- Stoughton Wellness Coalition
- Tellurian

Action Plan

- Continue to offer virtual health visits at Stoughton Health Emergency Room and Medical/Surgical ICU with Integrated Telehealth Partners (ITP)
- Explore implementation of an outpatient behavioral health service
- Expand and support programs for older adults offering educational, social or physical group activities
- Treat acute mental health disorders in adults 55 years and over through the Stoughton Hospital Geriatric Psychiatry Inpatient Program
- Support, educate and train communities on becoming dementia friendly
- Host memory café for individuals with Alzheimer's and their families
- Continue to educate community members on dementia warning signs and resources and offer free memory screenings
- Offer numerous free classes to improve well-being including yoga, meditation, and crafting
- Train police officers in CIT (Crisis Intervention Team), designed to de-escalate situations
- Continue work with the Caring for Everyone committee with the focus of providing safe inclusive and welcoming healthcare for all
- Support local police departments with fidgets and other de-escalation items
- Expand Zero Suicide Initiative including safety planning and means reduction
- Continue financial and in-kind support to HATS, START, NHFC, JFF, PEP, NAMI, Alzheimer Association, clothing drives and food pantries
- Screen middle school students for mental health and substance abuse risk factors through cognitive behavioral intervention for trauma in schools with Resilient Response to the Effects of Stress and Trauma (REST)
- Explore tobacco cessation and prevention programming
- Continue to offer sharps disposal and medication drop days
- Continue Narcan training and expand OAK box availability
- Coordinate training opportunities for educators, caregivers, and community members on mental health awareness
- Reduce youth access to substances through environmental and policy change, such as ID scanners at community events, alcohol compliance checks, and city ordinances
- Provide resources for various youth alternative activities



Gardening for Wellness



Sharps and Medication Drop



Yoga

Recognition of Partner Contributions



We would like to express our heartfelt gratitude to our valued partners who have supported us in the past and continue to stand by us for future initiatives. Your commitment and collaboration have been instrumental, and we look forward to achieving even greater milestones together. Thank you for your dedication; together, we can make a lasting impact!

- Alzheimer's Association Wisconsin Chapter
- American Cancer Society
- American Heart Association
- Dane County Behavioral Health Services
- Catholic Charities
- Civic Organizations
- Greater Wisconsin Agency on Aging Resources, Inc.
- Journey Mental Health
- Caring for our Community Committee
- Local Area Businesses
- Local Area Churches
- Local Area EMS
- Local Area Fire Departments
- Local Area Libraries
- Local Area Nursing Homes & Assisted Livings
- Local Area Police Departments
- Local Area Senior Centers
- Local Area School Districts
- Local Area Youth Centers
- National Alliance of Mental Health of Dane County
- Neighborhood Free Health Clinic
- Ocean Hawk Counseling
- Oregon Area Wellness Coalition
- Oregon Mental Health
- Oregon School District
- Parish Nurses
- SAFE Communities
- Skaalen Retirement Services
- Stoughton Area Resource Team (START)
- Stoughton Hospital Foundation
- Stoughton Wellness Coalition
- Tellurian
- The Partners of Stoughton Hospital
- Wisconsin Institute on Healthy Aging

Thank you to our Healthy Dane partners for collaborating with us to complete the 2025-2027 Community Health Needs Assessment (CHNA) in 2024. The partners include Group Health Cooperative of South Central Wisconsin, Public Health Madison & Dane County, SSM Health St. Mary's Hospital, UnityPoint Health – Meriter, and UW Health.

Approved by Stoughton Hospital Association Governing Board

Date:

Creating Excellence Together

Board Quality Management Council Meeting Minutes
March 25, 2025 Bryant Center/Microsoft Teams
9:00 am – 12:00 pm

Presiding: Jennifer White

Members: Chris Brabant, Amy Hermes, Rhonda Tesmer, Chris Schmitz, Pauline Cass, Michelle Abey, Glenn Kruser, Tim Rusch, Donna Olson, Sue Vanderbilt, Laura Mays, Dr. Puneet Dhillon, Dr. Mark Menet, Jen White

Present: Chris Brabant, Amy Hermes, Rhonda Tesmer, Chris Schmitz, Michelle Abey, Glenn Kruser, Tim Rusch, Donna Olson, Sue Vanderbilt, Laura Mays, Jen White, Andy Boryczka, JoDeen Hettenbach

Excused: Jonathan Milton, Pauline Cass, Sandra Bryan-Armstrong

Guests: Tina DeGroot, Melissa Monte, Jennifer Mora, Angie Rowin-Tippit, Danny Arndt, Nancee Linnerud, Roberta Sarow, Danielle Kapanke, Dacia Brunner, Kate Stanard, Taylor Simonson

Agenda Item (Facilitator)	Discussion	Follow Up Action
QM Council Consent Agenda Oversight <ul style="list-style-type: none"> DVC DHP P4P – February Board Quality Management Council minutes – February MCE minutes – March Pharmacy and Therapeutics Committee minutes - February 	<p>MOTION to APPROVE by: Donna Olson SECOND: Laura Mays</p> <p>Discussion: Discussed Dean Value Scorecard.</p> <p>All in Favor: Unanimous Any Opposed:</p>	
Root Cause Analysis	One new RCA since last meeting for Plant Operations Power Outage/Power Pole Conductor	
Regulatory Updates: DNV, JC and CMS	<p>Current accreditation period ends 11/9/25 and we will expect DNV and State Surveyors between Labor Day and November.</p> <p>Reviewing the updates to DNV Chapters.</p> <p>Michelle reported that Telehealth coverage was previously planned to end 3/31/25 but that has now been extended and this will affect our clinics.</p>	
Jonathan Milton Cardiology Dept	<p>Cardiac HEAL Program</p> <p>KOM: 1) Creation and initiate Secondary Prevention Program by November 2024. 2) Identify and Implement documentation template [billing/coding] by October 2024. 3) Evaluate quality of life metrics for heart failure in pilot group via health-related quality of life tool (COOP) by April 2025.</p> <p>Current KOM: 1) complete 2) complete 3) pending</p> <p>Pilot program was initiated in November to start testing the program with a selected group of patients. Pilot has provided evidence-based intervention for heart failure patients with an estimated completion by the end of March. The data collection</p>	<p>Project to continue.</p> <p>Analyze data from pilot to assess the programs impact and identify areas for improvement in April. Evaluate outcomes to help refine the program based on initial results and feedback in May. Determine whether the program should be expanded or modified in May. We are working with Michelle and Victoria for how we can bill for the Group Medical Visits.</p>

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Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>evaluations and treatments there were each day, what time surgical patients were ready to be evaluated at how many sessions were shorted or skipped due to staffing. This helped determine how late we will need to have a therapist available for evaluations and an estimate about how many hours we need staffing for each day of the week. On March 20th, during team meeting, staff were educated on eliminating the use of flowsheets to write therapy notes. The team did work with nursing to make sure the documentation was meeting nursing's need for information. OT will continue some documentation and PT's will have a specific piece of information in their template for notes. There were some limitations to the tracking due to Dr. Rawal being on a vacation during part of that measurement period, and some of the busy days had no entry into the spreadsheet.</p>	
<p>Pauline Cass Pharmacy</p>	<p>New Employee Onboarding: KOM Target: 100% completion of new employee orientation program implementation by May 2025. Current COM Status: 4/6 steps completed (67% completion). Met with all new employees from the past year to gather suggestions for improving the onboarding process. Developed pre-employment checklist to ensure readiness for new employees on Day 1. Developed a manager checklist to ensure all administrative items are covered in week 1. Working on preceptor training guides.</p>	<p>Project to continue. Develop a preceptor training guide and weekly touch base form by April 30th.</p>
<p>Sandra Bryan Armstrong Surgical Services</p>	<p>Ambulatory Infusion Center (AIC) Improved Workflow: KOM Target: 1) Process analysis and reimplementation with process improvement. 2) Reduction/elimination in Pharmacy times spent on AIC treatment plans. Current COM Status: New project, just getting started. We identified a breakdown of communication and workflows within AIC, prior authorization and pharmacy. Patients are being scheduled prior to obtaining all approvals which is leading to patient dissatisfaction and potential delays in care. A key target for prior authorization, pharmacy and scheduling in an ambulatory care center is to minimize the time spent on the prior authorization process while maximizing successful approvals, ensuring timely access to necessary medications for patients while adhering to insurance guidelines. This can be achieved by streamlining workflows, utilizing technology, and proactively identifying medications that require prior authorization to avoid delays in patient care. Kick off meeting occurred, and an analysis was completed to look at our night</p>	<p>Project to continue. Begin working with Pharmacy in April/May.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>and weekend AIC patient discrepancies. The prior authorization team worked on standardizing the process to ensure accuracy. The patients are not being delayed but when the patient will be coming in repeatedly, the entire treatment plan needs to be prior authorized which is a key to this project.</p> <p>Stabilization of Staffing: KOM: 50% reduction of agency use by July 1, 2024. 100% reduction of agency use by October 1, 2025. Current KOM: Agency Usage at the start of the project was 6.3. In April, we will be at 2.0 FTE which reflects a 68% reduction. A surgical tech student was hired in December as a 0.8 FTE. She passed her certification in February. She currently has 54 out of 125 required cases to become fully certified. Goal to be fully certified is summer 2025. Another surgical tech student applied for a prn position in SPD will graduate in May 2026 and plans to transition into the tech role. Float position was recently approved by admin and that will help with vacations and FMLAs. We also have weekender on call positions to help reduce/alleviate the call burden.</p>	<p>Project to continue. Plan to continue work with STAT 605 to “grow our own” and stay connected with Madison College ST Advisory Committee.</p>
<p>Angie Rowin Environmental Services-</p>	<p>Hazardous Waste Accumulation Area Inspection KOM: Full implementation of a Hazardous Waste Accumulation Area Inspection program (4 steps to reach full completion) Current KOM: Step 1: Create Hazardous Waste Accumulation Log - Completed. Step 2: Implement inspections two times a week - Completed. Step 3: Education - In progress. Step 4: Share audit results at EOC - In progress. Hazardous Material and Medical Waste Management was revised to include the Hazardous Waste Accumulation Area and Inspection Log. The Stoughton Health Pharmaceutical Disposal Chart was added as an appendix to this policy as an additional resource for staff. We will add this as an agenda report-out for EOC committee. We now qualify as a very small generator and technically this is no longer required of us but will continue our process.</p> <p>Environmental Services Onboarding New Employees: KOM: Implement updated/improved new employee onboarding by June 1, 2025 (4 phases to reach full implementation1) Revise current employee checklist. 2)</p>	<p>Project to continue. Finalize Hazardous Materials and Medical Waste Management Plan by March 31, 2025. Complete hazardous waste awareness training for selected EVS staff by March 31, 2025. Report audit finding results at 3 consecutive EOC meetings by August 2025 to demonstrate compliance.</p> <p>Project to continue. Bring department checklist final draft to seek input from staff at next EVS team meeting on March 27th.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>review revised/updated checklist at next staff meeting. 3) Schedule an initial meeting with EVS Coordinator/staff. 4) Implement with new staff during onboarding process.</p> <p>Current KOM: 1) Completed. 2) In progress 3) In progress. 4) Not started.</p> <p>EVS new hire checklist was created, and revisions were made. Team meetings continue to discuss continued planning of education and implementation. Project was presented to staff and reviewed the revised checklist to support staff engagement. Competencies were added to the onboarding checklist to ensure education has been completed.</p>	<p>Review/revise all job descriptions by May 15th. EVS team to discuss everyone's role in a success onboarding experience with new staff by April.</p>
<p>Dan/Autumn</p> <p>Food and Nutrition Services</p>	<p>Hot Meals for Patients for Dinner:</p> <p>KOM: Press Ganey satisfaction score for FNS ≥ 90 percentile</p> <p>Current KOM: MedSurg = 76th percentile for this past quarter, Geri-Psych 99th percentile for this past quarter.</p> <p>The team implemented a standalone survey that Guest Services rounds a few days a week. The survey allows us to get real time feedback and to see how the Press Ganey comments compare to this feedback. Investigating a spray "salt" to add flavor without adding sodium for low sodium soups. We have noted that the folks with restricted diets are the folks that do not score us high. Amy recommended adding in the ambulatory services surveys to get the input from surgical overnights and get a larger sample.</p> <p>Patient Meal Ordering Software:</p> <p>KOM Target: New software program will be researched, picked, approved and 100% implemented by May of Fiscal Year 2026 (5 steps for full implementation).</p> <p>Current COM Status: Research is in progress.</p> <p>In November 2024, Horizon our current system gave us a notice that our system was going to be reaching its "end of life" with service updates. This system is critical to Stoughton Health because it interfaces with Epic to ensure patients will be on the correct diet and the food they receive corresponds with there diet.</p>	<p>Project to continue.</p> <p>The team will be working on the comparison data between the two surveys and provide the results at the next QM meeting for Cohort B in May.</p> <p>Project to continue.</p> <p>June 2025 Key stakeholder meeting. August 2025- determine/finalize what platform to purchase.</p>
<p>JoDeen Hettenbach</p> <p>Ortho Clinic</p>	<p>Total Hip/Total Knee Arthroplasty Patient Reported Outcome-Based Performance Measures:</p> <p>KOM: >90% THA & TKA PRO-PM program pt completion rate among eligible hip and knee surgery patients within three months (08/01/2025) of implementation (05/01/2025) with the</p>	<p>Project to continue.</p> <p>Draft and distribute workflow, pt education materials by 03/28/2025.</p> <p>Monthly review of data for process improvement and sharing with key stakeholders by 04/12/2025.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
Accounting	<p>uses, are outdated with items which are no longer used and don't always include current needed items. Departments don't currently have par levels set, this creates issues with too much or not enough department stock. Storeroom items aren't all labeled with Item numbers, creating confusion when ordering. High use items should be made stock and stored in Material Services. Not all items have product id #'s, creating extra work manual work to order. Since beginning this project, we've worked with EVS to update the ordering templates to remove unnecessary items which are no longer used and added item numbers in MV for all material used. The EVS closets were re-organized and labeled with product ID #'s and par levels so that Material Services knows exactly what to order and how much. Moved the EVS stockroom to Material Services to make is easier for Material Services Team to manage and order this material directly.</p> <p>Cash Spreadsheet Overhaul: KOM: Improve cash reconciliation file functionality with formulas and increase reporting received to reduce daily reconciliation questions by June 30, 2025. Current KOM: No data at this time, just getting started. We started exploring needs and wants, worked closely with Kendra on how this can also benefit from the PFS site. Started working on layout and design for new process.</p> <p>Upgrade Multiview and Convert QuickBooks: KOM: Upgrade Multiview to V23 by April 30, 2025. After the upgrade to V23, reassess the need to convert to QuickBooks to Multiview for 3 related entities. Current KOM: ~75% completed. Research changes made in V23 by reading the release notes and understand how they impact Stoughton Health. We identified key processes and functions performed in MV and developed a plan to test them in V23 in our test environment. Developed a testing plan and had the team members that currently perform the tasks in V22 perform them in the test environment on V23.</p>	<p>Project to continue. Begin experimenting with formula improvements for items that have been identified beginning April through June 2025. Identify additional reports to reduce investigation time by working with PFS beginning in April through June 2025.</p> <p>Project to continue. Schedule the conversion to V23 and troubleshoot any issues the week of April 14th. Send out communication to all MV users with training material prior to April conversion date. Help users as they begin using V23 after upgrade conversion in mid-April.</p>
Laura Mays Public Relations:	<p>New Employee Onboarding: KOM Target: Implement updated/improved new employee onboarding by 09/30/2025 (4 steps to reach full</p>	<p>Project to continue. Review job description by 04/30/2025. Begin making changes to general checklist by</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>implementation) Current COM Status: 1) Initiation – Completed 2) Planning – in progress. 3) Execution – not started 4) Closure – not started. The PR/Marketing department used a generalized onboarding checklist that was not tailored to the PR/marketing team or the Community Health & Wellness Center (CHWC). Developing a more customized process was recommended to better align with specific department needs and administration’s initiative to improve onboarding across all departments. A strong onboarding process sets employees up for long-term success. Tailoring it to the PR/Marketing department enhances engagement, productivity, and collaboration. This initiative aligns with the strategic plan by building a knowledgeable workforce and improving overall efficiency. The team met with PR Director to develop goals and interventions to meet project needs. The current onboarding checklist/process for the PR/Marketing department has been completed.</p> <p>Employee Giving: KOM: Have 40% of employees give to the Stoughton Hospital Foundation. 153 employees out of 386 employees (number of employees on 10/01/2024) Current KOM: 34%, 132/386 employees (as of 03/13/2025). The team held a hospital department basket raffle to create additional ways for employees to donate. This was something the hospital had done in the past and we continue to look for new opportunities. Once the basket raffle participation and the March Madness, we will have met or exceeded the goal. We will look for a new project.</p>	<p>04/30/2025. Review/gather additional marketing specific policies to add to the checklist by 04/30/2025. Develop a plan for new employees for first week in department, mentor, welcome potluck, tour of building, etc.</p> <p>Project to continue. The team will be exploring competition options for departments.</p>
Chris Schmitz Human Resources	<p>UKG Hosted Centralized Coaching and Discipline: KOM: 100% employee coaching or discipline using UKG platform. Current KOM: OnBase solution 100% completed. Moved from UKG solution to OnBase solution which required resources from SSM IT. SSM IT was able to create the OnBase solution design which was tested in January and February. Leaders were trained on the new form during March’s Forum meeting. Plan to continue for one more cycle to clean up some of the details and make sure that it is comfortable to use for all managers.</p>	<p>Project to continue. Measure leader sentiments on using the new process by May 27, 2025</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
QM Presentation Debriefing	Projects closing: <ul style="list-style-type: none"> Nurse Server Cabinet Design and Restocking Process 	
Other business	Amy reported that an informal project regarding transport of equipment from our outlying locations to the main campus for processing was completed successfully and unfortunately, we didn't take credit for it. Amy also reported that with the onboarding project, we have discovered opportunities with our contracted staff. Chris S. stated it was a large group and that we will start looking at those staff who "touch" our patients or their records. More to come and the project will need input from Sam Stoltz and Addy Miller.	
NOTES:	Motion to Adjourn: Tim Rusch Second: Donna Olson	
Parking Lot (items for next meeting)		
Reviewed and Approved by:	Respectfully Submitted by: Jen White	
NEXT MEETING: April 22, 2025 9:00 - 12:00 PM Bryant Center or Microsoft Teams		

Board Quality Management Council Committee Meeting Minutes
April 22, 2025, Bryant Center/TEAMS
9:00 am – 12:00 pm

Presiding: Jennifer White

Members: Chris Brabant, Amy Hermes, Rhonda Tesmer, Chris Schmitz, Pauline Cass, Michelle Abey, Glen Kruser, Tim Rusch, Donna Olson, Laura Mays, Sue Vanderbilt, Dr. Puneet Dhillon, Dr. Mark Menet, Jen White, Andy Boryczka

Present: Chris Schmitz, Amy Hermes, Pauline Cass, Rhonda Tesmer, Michelle Abey, Glen Kruser, Tim Rusch, Donna Olson, Laura Mays, Sue Vanderbilt, Jen White, Andy Boryczka

Absent: Chris Brabant, Dr. Puneet Dhillon, Dr. Mark Menet,

Guests: Heather Kleinbrook, Tina Strandlie, Kelly Harrington, Kyle Sippel, Jason Schoville, Rob Maurer, Sara Sturmer, Sarah Watkins, Victoria Valdez, Beverly Pope, Deb Dahlke, Jordan Sweeney

Agenda Item (Facilitator)	Discussion	Follow Up Action
QM Council Consent Agenda Oversight <ul style="list-style-type: none"> MCE minutes – April Infection Prevention Committee minutes – March Patient Safety minutes – March Board Quality Management Council minutes – March 	Motion to approve: Sue Vanderbilt Second: Glen Kruser Discussion: All in Favor: All Any opposed:	
Root Cause Analysis	No new RCAs since last meeting	
Regulatory Updates: DNV/CMS	Preparing for DNV survey (window is from Labor Day to Thanksgiving. All Chapters are being reviewed in addition to reviewing the findings and OFI's from the last survey. Stroke- Due to the number and type of stroke patients we see, we are looking at pursuing Rural Awards instead of the certification. CMS is considering removing some measures. Quality is keeping an eye on these developments.	
Heather Kleinbrook-Inpt	Inpatient Boarding New Employees: KOM Target: Enhance onboarding of new employees by addressing orientation checklists to ensure that they are practical, concise, and consistently implemented with all new employees by June 2025. Phase 1: Redesign the Inpatient Registered Nurse orientation checklist by March 1 st , 2025. Phase 2: Rework current orientation binder to create an	Project to continue. By end of April, complete Epic orientation checklist and finish orientation binder.

“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”

Agenda Item (Facilitator)	Discussion	Follow Up Action
GP	<p>improved onboarding experience for nursing staff (in collaboration with Clinical Education) by April 1st, 2025. Phase 3: Following phases will include replicating the same process in addressing orientation checklists for other disciplines (CNAs, HUCs, CM, and SS).</p> <p>Current KOM Status: Phase 1: Goal met. Phase 2: In progress. Phase 3: Not started.</p> <p>Project is progressing and team is meeting goals. Team is currently working with our informatics nurse on the development of Epic orientation checklist specific to the Inpatient Department. Team is reworking current orientation binder to create an improved onboarding experience for nursing staff in collaboration with Clinical Educator. Current staff make up the team but the plan is to elicit feedback from staff who orient with the new process.</p> <p>Increase Swing Bed Admission: KOM Target: Increase Swing Bed Patient Admissions to > 41 for calendar year 2024. Current KOM Status: Calendar YTD 2025 = 10 SWB admissions. January = 3, February = 6, March = 1. Efforts continue with marketing push to collaborate and create new marketing materials with the PR team to market and promote our swing bed program. Pareto indicates that Insurance continues to be the greatest barrier. Working on developing a communication tool using Epic Inbox to receive direct referrals from SSM Madison which allows for direct communication. We will be setting up quarterly meetings with SSM Madison and SH team to continue to build relationships, identify what is going well and where there are opportunities for improvement with the referral process. Heather was able to reach out to a contact at HHS and has meetings scheduled with Mike from SSM. Discussed the struggle of maintaining the balance with our swings in census.</p> <p>GPU Onboarding New Employees: KOM Target: Implementation of updated onboarding process for GP New Employees by developing an orientation binder encompassing all GP disciplines, addressing all aspects of patient care. Phase 1: Draft binder for all staff to review. Phase 2: GP staff to review and provide feedback to project team by 01/08/2025. Phase 3: Finalization of binder with feedback of newly hired team members. Phase 4: Implement process with new employee by 04/2025. Current KOM Status: Phase 1: Completed. Phase 2: Completed. Phase 3: Goal met. Phase 4: In Process.. Team is making progress. We met with our Clinical Nurse Educator on</p>	<p>Project to continue. Team lead is waiting for a response from SSM Madison to visit and market SWB program to their team.</p> <p>Project to continue. Continue timely meetings dedicated to project work to implement process with CNAs, HUCs, and Social Workers. Implement new onboarding workflow with new RN hire – May 12th – use feedback from that experience to make changes/adjustments as needed. Order binders</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>solicit input on processes and implementation The team developed an Epic competency checklist, an abbreviated GP RN checklist and developed a process for managing binders. Discussed how this process will be reviewed and maintained, as well as shared with other departments.</p>	
<p>Tina Strandlie ED</p>	<p>Isolation Signage: KOM Target: 95% of ED patients being admitted will have isolation signage indicated. Current KOM Status: 75% Efforts continue with the recent addition of placing laminated cards on all computers stating Isolation Precautions to serve as a reminder to staff to document in Epic and hang signage outside of room doors. Most of the staff are consistently implementing signage every time. There are a few outliers that haven't, and they must develop an action plan to prevent this from happening. We continue to discuss with staff barriers they are experiencing, and several staff have this as their goal for 2025.</p> <p>Mass Casualty Drill: Active Threat Drill KOM Target: House wide education on active threat on 04/16/2025 Current COM Status: 100% completed Sergeant Carson attended Leadership Day to educate leaders on active threat drill. The planning team met to develop a cascade learning packet to share with staff. SH CEO sent an everyone email to all employees so they could begin to think about their areas and safety. Emergency Management met to finalize the plan after receiving input from other managers on the drill and what expectations would be. Active threat drill was completed on 04/16/2025. 17 safety plans have been put together and saved on the shared drive and these are available to all staff. Some plans were developed by multiple departments who share geographic areas within the hospital. We are still working on the process/plan improvement and refining of different tools.</p> <p>Patient Follow-up after Missing Work and Work Comp Restrictions: KOM Target: Implementation of Preventative Health Nurse Practitioner to provide follow up visit after missing work due to injury or illness or to clear from work comp restrictions by June 2025. There will be 4 phases. Phase 1: Establish Billing practice. Phase 2: Communication with local businesses for available services. Phase 3: Develop process flow for</p>	<p>Project to continue. By April presentation, work with Nikki on solutions regarding Isolation precaution pop-ups.</p> <p>Project to continue. Active threat drill has been completed. Team will begin working on the next layer of preparedness.</p> <p>Project to continue. By May 1st, establish billing practices and determine clinic space and scheduling. We will not be doing this until people can move into SHOC.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>patients including registration/clinic space/EPIC AVS updates. Phase 4: Implementation (small test of change before full implementation with mock patients from beginning to end) Current COM Status: Phase 1: in progress Phase 2: not met Phase 3: not met Phase 4: not met. Patients call the ED/UC for return to work note or evaluation after an injury to return to work. This could either be a worker's compensation or personal injury. We identified a need to streamline the process. By streamlining the process, it will reduce the number of non-emergent/urgent visits to the urgent care and ED. The team had a kickoff meeting in February and began reaching out to local businesses to contract our Preventative Health Nurse Practitioner for available services. Program has been slow going due to annual performance evaluations and SHOC building implementation which has required time and resources.</p> <p>Orientation – New Hires KOM Target: Implement improved onboarding of new employees by ensuring application to hire to first 6 months are smooth, organized and easy for staff to navigate by April 30, 2025. (6 phases/steps to reach completion). Current KOM Status: Phase 1: completed. Phase 2: completed. Phase 3: completed. Phase 4: in process. Phase 5: not met. Phase 6: not met. Stages of onboarding, points of intersection with new employees that require different levels of support have been completed. Onboarding support for each stage has been defined. The team is working on finalizing ED/UC onboarding stages and support with staff input, reflecting on their onboarding experiences, including presentations at staff meetings.</p>	<p>Project to continue. By May 30, 2025, the team will implement consistent onboarding with all new employees in the DE/UC and obtain feedback from staff during routine manager check-ins during the probationary period.</p>
<p>Kyle Sippel Lab (Zach)</p>	<p>CAP Self-Inspection Follow Up KOM Target: Correct all deficiencies identified during the laboratory CAP self-inspection by July 1, 2025. A total of 18 potential deficiencies were identified. Current KOM Status: 5 of 18 completed. As part of the Laboratory's accreditation with the College of American Pathologists (CAP) we are required to complete a self-inspection every other year opposite our on-site survey and correct any deficiencies prior to that survey. The lab completed this self-evaluation in January and February this year. A total of 18 possible deficiencies were identified for correction. The committee asked about how to sustain success and Kyle outlined how that works in lab.</p>	<p>Project to continue. Continue to work through each deficiency one by one. Will need to coordinate with Dacia in Material Services regarding storage monitoring in her area.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
Sleep	<p>Sleep Center Succession Planning: KOM Target: Create a succession plan for all duties currently performed by Dottie, Star and Kathy in preparation of retirements. 1) 4 main non-clinical tasks areas have been identified. Create a succession plan including necessary policy and procedure, plus identify who will be responsible and create a training plan with designated time to assume responsibility. Current KOM Status: 1) 1 of the 4 identified areas have been completed. Main focus for the past 2 months was to fill our staffing vacancy. Staff continue to identify different tasks that are currently being completed that will need to be re-assigned. This logbook will serve as our actual succession plan as we progress through the process. Dottie has begun to provide detail and instructions in the logbook for each task to begin to create the basis for procedures. This is necessary to create a specific SOP for these tasks to ensure tasks are delegated appropriately and new staff are trained.</p> <p>Sleep Center Visitor Sleeping: KOM Target: Implementation of a new guest sleeping option by June 2025 (4 steps involved to reach completion) Current KOM Status: 1 of 4 steps completed. Material Services reviewed all options available under our Vizient contracts for a sleep recliner. A suitable option was not found under our contracts. We are looking into the manufacture of the Day Surgery chair.</p>	<p>Project to continue. By December 2025, review and complete the necessary references for the identified non-clinical tasks. By December 2025, complete the actual succession plan with processes and time frames for transitions. By April 2026, continue with Natalee’s training as training will take approximately one year to complete. Chris will work with Kyle to vet the chairs.</p> <p>Project to continue. Work with Material Services manager to obtain a quote by 06/2025.</p>
Jason Schoville Plant Operations	<p>Employee Orientation Competency Checklist: KOM Target: Implement an improved new employee orientation competency checklist by December 2025. Current COM Status: 1956 building checklist has been completed. 1975/1995 checklist are in progress. The 1956 orientation competency checklist has been completed. As we worked through the first checklist, we found that we will need additional separate pages for Life Safety, Security and Clinics. We are currently working on the 1975/1995 orientation competency checklist. They will have these lists for all the off-site locations as well.</p> <p>SHOC – Monthly Compliance Asset Management: KOM Target: Adding all monthly compliance assets to the Facility One smart print while creating Preventive Maintenance work orders to ensure compliance is</p>	<p>Project to continue. Revise the checklist for the 1956 building by 04/2025. Complete creating a checklist for the 1975 building by 06/2025. These are essential in helping new employees know what is managed and where it is located.</p> <p>Project to continue. By 06/01/2025, add fire extinguishers and create PM.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>being met. Current KOM status: Project is just getting started. New building, fresh start to ensure monthly compliance tasks are completed by NFPA code. Paperwork for the fire extinguishers is completed but having the assets on the print helps Plant Operations locate device faster. To inhibit any infractions from DNV regarding the SHOC building and to build an asset management system identical to what was accomplished at the Main Hospital building. CAD drawings were sent to Facility One to add information to Smart-Print but there were multiple issues that needed to be corrected. Once corrected, the drawings were imported in the SH Facility One program. Chris explained to the team, the detail and advantages of the smart maps in Facility One and how it helps with compliance and maintenance. It does require having all of this information to be entered in and Jason and his team do a great job!</p>	
<p>Sara Sturmer Medical Imaging</p>	<p>New Employee Onboarding: KOM Target: Review and improve new employee onboarding by 07/15/2025 Current KOM Status: Phase 1: Initiate – in progress. Onboarding plays a crucial role in employee retention. A strong onboarding program sets a positive. This is a new project, and we are just getting started. We currently have a system in place, but it needs a little tweaking to improve organization and clarity. Chris Schmitz added that the contracted providers present a special risk from a regulatory perspective. Andy asked about sustainability and Sara stated that she could add a process guide for the onboarding. Sara explained that Shared imaging is our contract service that provides ultrasound, echo, and nuclear medicine. They do not go through our hospital orientation, but they do have to log into the RWHC Portal and complete some education. They are required to know specific details about our facility and our staff and how our paging system works. Sara realized she needs to add the active threat information to the onboarding for those folks.</p>	<p>Project to continue. By 05/01/2025, review the checklist and make updates as needed.</p>
<p>Sarah Watkins REG – Bev Pope</p> <p>Registration-Jennifer Bothum</p>	<p>Registration Onboarding: KOM Target: Implement updated new employee onboarding by April 2025. (5 steps to reach full implementation). Current KOM Status: 100% completed. Payer information is complete as this was the most challenging portion of Registration for new employees. Monitoring and checklist usage has also been completed. Project lead is requesting approval for project completion with continuation of requesting feedback when new hires start to help with onboarding improvement opportunities.</p> <p>Ortho Surgery Scheduling KOM Target: Transition scheduling of appointments that accompany an orthopedic surgical procedure from the Ortho RN to the scheduling team by 05/01/2025 (5 steps/phases to reach completion) Phase 1: Initiation. Phase 2: Planning. Phase 3: Execution. Phase 4: Monitoring and Control. Phase 5: Project Closure</p>	<p>APPROVED FOR COMPLETION</p> <p>Project to continue. By July 15, 2025, all schedule protocols will be documented in the grid and ensure there are documented protocols for the most common procedures. By August 15, 2025, training and document flows will be completed.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
HIM – Victoria Valdez	<p>Current COM Status: Phase 1: Initiation – completed. Phase 2: Planning - in progress. Ortho scheduling meetings continue to be held to prepare for SHOC transition/ opening. Provider template updates for efficiency have been completed. We have started gathering scheduling protocols by procedure and a protocol grid has been created. Lesson learned: Probably should have settled into SHOC first because moving has been the priority now. RN has a lot of information/knowledge to share.</p> <p>HIM New Employee Onboarding: KOM Target: Implement updated new employee onboarding 06/24/2025. (5 steps to reach full implementation). Current KOM Status: 2 of 5 steps completed. Step 1: Initiation – completed Step 2: Planning – completed. Step 3: Execution – in progress. The team finished development of the first 3-week schedule template and has met with staff to obtain onboarding feedback. A new coder has been hired and we will begin utilizing the onboarding plan. Training schedule and training documents will be updated throughout the onboarding process to help improve the process. This will be a “living” process that changes/grows with feedback from the new orientees.</p> <p>HIM Coding Policy and Procedures: KOM target: Completion of coding policy reviews and updates by 06/24/2025. Current KOM status: 15% completed. Team met with Addy to learn the Policy and Procedure process. They have started working on reviewing and updating policies for UC/ED and day surgery.</p>	<p>Project to continue. Victoria will complete a 30-day check-in with the new coder to see what worked and didn’t work by 05/14/2025. Plan to close the project by June 26, 2025.</p> <p>Project to continue. By 05/31/2025, begin publishing policies. By 06/26/2025, plan for project completion.</p>
PFS- Bev Pope	<p>Contract Build in EPIC: KOM Target: Complete Epic build of all contracted insurance payers. Current KOM Status: Total of 31 Insurance Plans. 31 are in production. All builds have been completed and the project lead is requesting approval for project completion.</p>	<p>APPROVED FOR COMPLETION</p>
Jordan Sweeney	<p>Self-Administered Drugs Analysis KOM Target: Maximize revenue when billing self-administered drugs. Current KOM status: Review is 25% complete. Self-administered drugs are defined as medications that can be prescribed</p>	<p>Project to continue. By May 15, 2025, data analysis will be completed.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>by a provider and taken at home. These are billed under Revenue Code 637 when acquired for and given to the patient while at Stoughton Health. Payers typically do not cover these charges, so we write them off. Some of these drugs are expensive. We have consulted with PARA to assist with our research. We've identified an opportunity with cataract eyedrops that would qualify for billing with revenue code 250. Payor policies and industry standards are ever changing which we will continue to research.</p>	
<p>Deb Dahlke Anesthesia – Amy Hermes</p>	<p>Controlled Substance Documentation: KOM Target: 1) ≤ 1 waste discrepancies per month and maintained for > 6 months. 2) 0 administration discrepancies per month maintained for > 6 months. Current KOM Status: 1) 1-2 waste discrepancies for the past 3 months. 2) 0 administration discrepancies in the past 6 months. Staff have counseled and are completing accountability forms. One barrier that has been identified is that our Pyxis and EPIC do not communicate with each other like they do at SSM. We have two team members that worked at SSM and are accustomed to this system which has been a barrier. The other issue identified is that the requirement to have an RN witness the waste and the practice of titrating meds in anesthesia make this difficult at times. We will continue to review every instance in the light of just culture and to track and trend the events. Discussion about the administration discrepancies to come off and to have the waste discrepancies come back one more cycle to see if the KOM has been met for > 6 months. Ascom phones were implemented recently, and we are anticipating this will help when a witness is needed when wasting medication. The connection of Pyxis and EPIC is not available to us. An idea would be to see if Deb could get access to the reports the pharmacy tech uses to identify these and run those at the end of the case to see if you have any items pending.</p>	<p>Project to continue for another cycle to see if the phones make an impact. Investigate the possibility of running the reports to identify issues while they can still be corrected.</p>
<p>Amy Administration</p>	<p>DVC Score – Satisfaction Domain KOM Target: Satisfaction Domain Max Performance Score 20% Current KOM Status: DVC November scorecard (timeframe 01/01/2023 – 12/31/2023) currently at 17.5%. Monthly meetings scheduled to focus on discharge information. A quarterly meeting with Patient Concierges is being held to discuss process and scripting. Discharge folders were rolled out in March, the RNs were involved in this process working on monitoring for staff compliance. Case Management is completing follow-up phone calls on all inpatients, assessing perception of discharge process and thoughts for improvement. Amy highlighted how pharmacy has been instrumental with discharge medication teaching and how that contributes to keeping patient out of the hospital/avoiding readmissions.</p>	<p>Project to continue. Continue with concentrated efforts on Discharge Instructions. Will do a deeper dive into others that may be lowering our overall rank your hospital high and work with Director of Engagement and Experience, PFAC and Customer Experience Team on ways to increase.</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
CI Presentation Debriefing	Projects closing: <ul style="list-style-type: none"> • Registration onboarding • Contract builds in EPIC 	
Notes:	Motion to Adjourn: Tim Rusch Second: Donna Olson	
Parking Lot (items for next meeting)		
Reviewed and Approved by: Jennifer White		Respectfully Submitted by: Rhonda Tesmer
NEXT MEETING: May 27, 2025 9:00 – 12:00 PM Bryant Center and/or Teams		

COHORT B
03/25/2025

Owner	Indicator	Direction	2025 Quarterly Goal	Feb-25	Nov-24	Aug-24	Jun-24
Jonathan Milton	Cardiac HEAL Program	↘	1) Creation and initiate Secondary Prevention Program by November 2024. 2) Identify and Implement documentation template [billing/coding] by October 2024. 3) Evaluate quality of life metrics for heart failure in pilot group via health-related quality of life tool (COOP) by April 2025.	1) Complete 2) Complete 3) Pending	In progress, we have 4 patients enrolled in the program	New project, no data available at this time.	
Liz	Inpatient Workflow	↗	1) all inpatient and medical evaluations to be completed within 48 hours (~2 days) of admission. 2) Geri-Psych evaluations to be completed within 72 hours (~3 days)	We are currently not tracking	New project, no data available at this time.		
	Health Promotion and Injury Prevention	↘	Full implementation of return-to-work process, new and current employee functional screening. (6 steps to completions)	35% completed Step 1: Completed Step 2: Completed Step 3: In progress Step 4: Not started Step 5: Not started Step 6: Not started	25% completed		
Sandra	Ambulatory Infusion Center Workflow	↗	1) Process analysis and reimplementatation with process improvement 2) Reduction/elimination in Pharmacy time spent on AIC treatment plans	New project, no data available at this time.			
	Stabilization of Staffing	↘	50% Reduction of agency use by July 1, 2024. 100% reduction of agency use by October 1, 2025	68% reduction (April)	62% reduction	60% reduction	25% reduction

Pauline	New Employee Onboarding	↗	100% implementation of new employee orientation program (6 steps to reach full implementation)	67% 4 of 6 steps completed			
Angie	Environmental Services Onboarding	↗	100% implementation of new department on boarding checklist, including competencies to be completed with a new employee by May of 2025 (4 phases to reach full implementation)	Phase 1: Completed Phase 2: In progress Phase 3: In progress Phase 4: Not started	50%		
	Hazardous Waste Accumulation Area Inspection	↗	Full implementation of Hazardous Waste Accumulation Area Inspection Program (4 steps to reach completion)	75% Step 1: Completed Step 2: Completed Step 3: Completed Step 4: In progress	50%		
Dan	Patient Meal Ordering Software	↗	Implement new software program by May 2026 (5 phase to reach full implementation)	Phase 1: Research - just getting started.			
	Hot Dinner Meal For Patients	↗	Press Ganey satisfaction score for FNS >90th percentile	Med-Surg 76%tile Geri-Psych 88%tile	Med-Surg 76%tile Geri-Psych 87%tile	Med-Surg 67% Geri-Psych 88%	Med-Surg 76% Geri-Psych 87%
Dacia	Improve Ordering Dept Supplies	↗	Improve ordering process in all identified department areas by completing 4 main steps	5% completed			
	Nurse Server Cabinet Design and Restocking Process	↘	1) Reduce the time it takes to restock nurse servers and check for expired supplies by 20%. (Goal is less than 55 mintes) 2) Reduce the quantity of supplies in the nurse servers by 25%	1) 46 minutes 2) Reduced the quantity on 44% of the exising items in the nurse server.	1) restocking in September average was 1:01 hours which was a 10% reduction in time when compared to times tracked before the project started. 2) Reduced the quantity on 44% of the exising items in the nurse server.	1) restocking increased by 15 minutes. 2) Reduced the quantity on 44% of the exising items in the nurse server.	1) no data at this time 2) Reduced the quantity on 44% of the exising items in the nurse server.

Dacia	Cash Spreadsheet Overhaul	↘	Improve cash reconciliation file functionality with formulas and increase reporting received to reduce daily reconciliation questions by June 30, 2025.	New project, no data available at this time.			
	Convert QuickBooks to Multiview	↗	Full implementation by April 30, 2025	75%	10%		
Chris	Coaching or Discipline using OnBase Client	↗	100% implementation of OnBase solutions	100%	0%		
Laura	New Employee Onboarding	↗	Implement updated/improved new employee onboarding by 9/30/2025. (4 steps to reach full implementation)	Step 1: Initiation - Completed Step 2: Planning - In Progress Step 3: Execution - not started Step 4: Closure - not started			
	Employee Giving	↗	Have 40% of employees give to the Stoughton Hospital Foundation. 155 employees out of 386 employees (number of employees on 10/01/2024).	FY25 TYD: 34%, 132/386 employees as of 03/13/2025	FY24 Final 35%, 134/383 employees FY24 YTD 5%, 74/386 employees	34% 130/383 employees giving	
JoDeen	TKA/THA Patient Reported Outcome-Based Performance Measures	↗	>90% THA&TKA PRO-PM program completion rate by 08/01/2025	New project, no data available at this time.			

Cohort A

Indicator	Owner	Director	2021 Quarterly Goal	Mar-25	Jan-25	Nov-24	Jul-24	May-24
MedSurg								
Inpatient Onboarding New Employees	Heather	⬆️	Implementation date 06/01/2025 Redesign Inpatient onboarding	Phase 1: Completed Phase 2: In progress Phase 3: Not started	Phase 1: Completed Phase 2: In progress Phase 3: Not started	Phase 1: In progress, completed 1 of 4 steps		
Increase Swing Bed Admission	Heather	⬆️	>41 Swing Bed Admission for CY24	January = 3 February = 6 March = 1	December = 0 January = 3	21 SWB admission for CY 2024 4 admissions August 3 admissions September 1 admission October 3 admissions November	7 SWB admission for CY 2024 1 admission June 0 admission July	6 SWB admission for CY 2024 1 admission April 1 admission May
Geri Psych								
GPU Onboarding New Employees	Heather	⬆️	Implementation date 04/01/2025 Redesign GPU onboarding	Phase 1: Completed Phase 2: Completed Phase 3: Completed Phase 4: In Process	Phase 1: Completed Phase 2: Completed Phase 3: In process Phase 4: Not met	Phase 1: completed Phase 2: In process Phase 3: Not started	New project, no data at this time	
Emergency Department								
Isolation Signage	Tina	⬆️	>95%	75%	74%	56%	71%	75%
Mass Casualty Plan	Tina	⬆️	Active Threat Drill on 04/16/2025	100%	50%			
Follow Up after Missing Work and Work Comp Restrictions	Tina	⬆️	Implementation of Preventative NP to provide follow up visits after missing work due to injury or illness or to clear from work comp restrictions (4 phases to completion)	Phase 1: in progress Phase 2: not met Phase 3: not met Phase 4: not met	Phase 1: in progress Phase 2: not met Phase 3: not met Phase 4: not met			
Onboarding New Employees	Kelly	⬆️	Implement improved onboarding of new employees (5 phases/step to complete) by April 30, 2025	Phase 1: goal met Phase 2: goal met Phase 3: goal met. Phase 4: in progress Phase 5: not met Phase 6: not met	Phase 1: goal met Phase 2: in progress Phase 3: in progress Phase 4: not met Phase 5: not met			
Laboratory								
Lab CAP Self-Inspection Follow Up	Kyle	⬆️	Correct all 18 potential deficiencies by July 1, 2025	5 of 18 completed				
Medical Imaging								
New Employee Onboarding	Sara	⬆️	Review and Improve New Employee Onboarding by July 15, 2025. (5 phases to completion)	Phase 1: Initiate - in progress Phase 2: Not started Phase 3: Not started Phase 4: Not started Phase 5: Not started				
Plant Operations								
New Employee Orientation Checklist	Jason	⬆️	100%	1 of 4 building checklists have been completed	New project, no data at this time			
SHOC - Monthly Compliance Asset Management	Jason	⬆️	100% completion by October 2025	New project, just getting started				

HIM								
HIM Onboarding	Sarah	↗	HIM Improvement of Onboarding Process by 06/24/2025. (5 steps/phases)	Phase 1: completed Phase 2: Planning- completed Phase 3: Execution- in progress Phase 4: Monitor and Control not started Phase 5: Closure not met	Phase 1: completed Phase 2: Planning in progress Phase 3: Execution not started Phase 4: Monitor and Control not started Phase 5: Closure not met			
HIM Coding Policy and Procedures	Sarah	↗	Completion of coding policy reviews and updates by 06/24/2025.	15%	New project, just getting started.			
REG								
Registration Ortho Surgery Scheduling	Sarah	↗	Implementation of Ortho Surgery Schedule in Registration by 05/01/2025 (5 steps/phases)	Phase 1: Initiation - completed Phase 2: Planning in process Phase 3: Execution not started Phase 4: Monitor and Control not started Phase 5: Closure not met	Phase 1: Initiation in progress Phase 2: Planning not started Phase 3: Execution not started Phase 4: Monitor and Control not started Phase 5: Closure not met			
Registration Onboarding	Sarah	↗	Registration Improvement of Onboarding Process (5 steps/phases)	100%	Phase 1: Initiation completed Phase 2: Planning completed Phase 3: Execution in progress Phase 4: Monitor and Control not started Phase 5: Closure not met			
PFS								
Self Administered Drug Analysis	Sarah	↗	Maximize Revenue when billing self-administered drugs	25% completed				
Contract Building in EPIC	Sarah	↗	Complete EPIC Build of All Contracted Insurance Payers	Total of 31 insurance plans, 31 are in production	17 plans in production 2 ready to move to production 12 pending	7 plans in production 3 ready to move to production 2 in build/testing 19 pending	5 plans in production 3 ready to move to production 16 in testing 7 in build process	5 plans in production 2 ready to move to production 10 in testing 13 in build process
Sleep								
Sleep Center Visitor Sleeping	Kyle	↗	Implementation of a new guest sleeping option by June 2025 (4 steps for this project)	1 of 4 steps completed	1 of 4 steps completed			
Sleep Center Succession Planning	Kyle	↗	Create a succession plan for all duties currently performed by techs. Goal for trainings by the end of 2025. (4 areas require training)	1 of 4 areas have been trained	1 of 4 areas have been trained	1 of 4 areas have been trained	No data at this time	
Anesthesia								
Controlled Substance Documentation Administration	Deb	↘	1) 1-2 waste discrepancies per month and maintained for a minimum of 6 months 2) 0 Administration Discrepancies per month maintained for > 6 months	1) 1-2 past 3 months 2) 0 administrative discrepancies for the past 6 months.	1) 1-2 past 3 months 2) 0 administrative discrepancies for the past 6 months.	1) 1-2 past 3 months 2) 0 administrative discrepancies for the past 6 months.	1) 3 waste discrepancies in June 2) 0 administration discrepancies in June	1) 1 wasted discrepancy 2) 1 administration discrepancy
DVC Score - Satisfaction Domain	Amy	↗	Obtain 20% Satisfaction Domain Max Performance Score	17.5% (01/01/2023 - 12/31/2023)	17.5% (01/01/2023 - 12/31/2023)	17.5%	10%	10%

***=those approved with expedited privileges**

A) One Year Appointments:

1. Philip Budihardjo, MD, Radiology, Madison Radiology, Courtesy
2. George Cherian, MD, Radiology, Madison Radiology, Courtesy
3. Benjamin Cooper, MD, Radiology, Madison Radiology, Courtesy
4. Jon Kralik, MD, Radiology, Madison Radiology, Courtesy
5. Peter Marogil, MD, Cardiology, UW Health, Courtesy
6. Matthew Rodgers, MD, Sleep Medicine, Courtesy
7. Sally Horne, MD, Neurology, Beam Healthcare, Active
8. TJ Dyer, DDS, Dental, Center for Oral & Maxillofacial Surgery, Courtesy
9. Terra Green, APNP, SWEA, AHP

Flagged Files: None at this time

B) Two Year Re-Appointments:

1. Jacob Anderson, MD, Radiology, Courtesy, Madison Radiology*
2. Mehul Doshi, MD, Radiology, Courtesy, Madison Radiology*
3. Frederick Joachim, MD, Radiology, Courtesy, Madison Radiology*
4. Nicholas Kolanko, MD, Radiology, Courtesy, Madison Radiology*
5. Joshua Riebe, MD, Radiology, Courtesy, Madison Radiology*
6. Eric Monat, MD, Radiology, Courtesy, Madison Radiology*
7. Mary Woodman, PA-C, AHP, Emergency Medicine, SWEA*
8. Skylar Larsen, MD, Emergency Medicine, Active, SWEA*
9. Jennifer Mirrielees, MD, Emergency Medicine, Active, SWEA*
10. Jennifer Roth, APNP, Emergency Medicine, AHP, SWEA*
11. Matthew Tattersal, MD, Cardiology, UW Health*
12. Kerline Ductan, MD, Hospital Medicine, Beam Health, Active*
13. Christina Blake, APNP, ITP, AHP*
14. Janice Hesler, APNP, ITP, AHP*
15. Ewa Alexander, MD, Sleep Medicine, SSM Health, Courtesy*
16. Tina DeGroot, APNP, Stoughton Health, AHP*
17. Karen Pletta, MD, Pediatrics, UW Health, Courtesy*
18. Brad Wagner, CRNA, Anesthesia, Stoughton Health, AHP*
19. Cameron Weess, PA-C, Stoughton Health, AHP*

20. Flagged Files: None at this time

**STOUGHTON HEALTH
SERVICES AND FINANCIAL REPORTS**

April 30, 2025

**STOUGHTON HEALTH
FINANCIAL AND SERVICES REPORTS
April 30, 2025**

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Stoughton Health
April 2025 Operational Executive Summary

Situation: April operating income was \$1,314,871 which was \$1,179,457 more than budget. Year-to-date operating income was \$7,608,469 which was \$4,851,442 more than the budget of \$2,757,027. April excess revenues over expenses was \$1,585,861 which was \$1,138,987 more than the budget of \$446,874. Year-to-date excess of revenues over expenses was \$8,813,861 which was better than the budget by \$3,696,366.

Background: Balance Sheet

- Short-term Investments – Assets Limited As to Use (line 3 pg 7) decreased by approximately (\$2,499,000) from March to April. This was caused by paying construction invoices on the Outpatient Center. There is a correlating decrease in Construction payable (line 21 pg 7) of approximately (\$2,270,000) as larger invoices are paid and smaller liabilities incurred as the work on several projects winds down.
- Days revenue in accounts receivable (AR days) was 48 days for April (line 37 pg 7) compared to 48 days at the end of last fiscal year and a budget of 44 days.
- Days cash on hand was 387 days at the end of April (line 38 pg 7) which is more than the budgeted days cash on hand of 368. Expenses per day averaged approximately \$196,000 per day in the month of April.
- The estimated third-party payer settlements liability has decreased by (\$72,249) in the first seven months of fiscal year 2025. This liability represents the estimated amount which Stoughton Health anticipates being overpaid on Medicare claims and potential amounts due upon cost report audit settlement. This liability fluctuates with changes in the payer mix and distribution of expenses. The decrease this fiscal year is in part due to the final settlement of the Fiscal Year 2022 cost report. An initial reserve of \$200,000 had been recorded but the final settlement payment was only \$62,609, leading to the reserve being reduced to \$25,000. The smaller reserve remains on the books during the three-year lookback period in the event NGS decides to reopen FY2022.

Income Statement

- Inpatient revenues were more than budget by ~\$799,000 which is primarily due to an increased overall daily census. The average daily census for April was 15.69 compared to a budget of 12.05 and 11.81 in the prior fiscal year. The Geri-Psych unit daily census was 7.97 in April compared to 3.53 in April of last year, while the Med/Surg daily census was 4.60 per day versus 3.03 in the last year. The following is a comparison of budget to actual for April and year-to-date by service type:

<i>Inpatient Days Comparison Report</i>							
<i>April 30th, 2025</i>							
	<i>April</i>	<i>April</i>		<i>YTD</i>	<i>YTD</i>		<i>Variance</i>
<i>Inpatient Day</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Percent</i>
<i>Swing Bed</i>	26	17	9	136	59	77	130.51%
<i>ICU</i>	13	2	11	102	53	49	92.45%
<i>Med/Surg/Detox/Hospice/Telemetry</i>	138	91	47	1,017	856	161	18.81%
<i>Geri-Psych</i>	239	199	40	1,529	1,597	(68)	-4.26%
<i>Total Inpatient Days</i>	416	309	107	2,784	2,565	219	8.54%

- Outpatient gross revenues were \$16,000,507 which was more than the budget by \$37,710. The main factors impacting the variance are as follows:
 - MRI department added a fulltime tech at the end of April replacing the temporary traveler from March. The reduced number of scans compared to budget continued in April, which

resulted in a negative gross revenue budget variance of around (\$275,000). 151 scans were performed compared to a budget of 195 scans and 183 scans in April of last year.

- Podiatry Clinic had favorable revenue to budget of \$113,000 with 132 clinic visits in April compared to 281 in all previous months combined.
- Med/Surg outpatient revenue was favorable to budget in April. Continued observation census increases resulted in revenue of approximately \$135,000 greater than budget.
- Surgical Services had lower than budgeted visits for April resulting in gross revenue being unfavorable to budget by approximately (\$85,000).

Below is a table showing surgical cases by service line for the month:

Surgical Services Comparison Report			
<i>April 30th, 2025</i>			
	CM	CM	
<i>Specialty</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>
<i>Orthopedics</i>	49	40	9
<i>Gynecology</i>	9	7	2
<i>Urology</i>	5	3	2
<i>General</i>	27	24	3
<i>Ophthalmology</i>	9	25	(16)
<i>Podiatry</i>	9	10	(1)
<i>Dental</i>	11	18	(7)
<i>ENT</i>	2	5	(3)
<i>Total Surgical Procedures</i>	121	132	(11)
<i>GI Endoscopy</i>	46	55	(9)
<i>Total OR Procedures</i>	167	187	(20)

- Lab, including reference lab, averaged 241.73 service units per day compared to a budget of 203.12. This led to a positive variance of gross revenues to the budget of ~\$109,000.
- This month's mix resulted in a contractual discount percentage of 61% for the month vs a budgeted contractual discount of 65.5% resulting in a net revenue increase from budget of ~\$811,000. Commercial inpatient revenues were greater than budget and outpatient Medicaid were less than budget which contributed to the contractual discounts being better than budget for the month.
- Employee benefits expense (line 12 pg 8) was approximately \$94,000 under budget. This was the result of health insurance premiums and expense for employees paid time off being less than anticipated and budgeted.

Assessment: Net patient service revenue was above budget by approximately \$1,103,117. Total expenses were \$150,037 under budget. Those two combined led to operating income of \$1,314,871 which is \$1,179,457 better than budget.

Recommendation:

1. Recruit and retain staff in order to serve the patients of our communities.
2. Continue to grow where it makes sense, especially in the services provided in the Stoughton Health Outpatient Center after opening fully in May 2025.
3. Remain nimble to changing circumstances and recalibrate operations, including the evaluation of new and old programs, as needed to adjust course.

**Stoughton Health
Executive Financial Summary
April 30, 2025**

Variance Key: Better than (worse than) budget

INCOME STATEMENT		Current Mo. April	Current Mo. Budget	Current Mo. Variance	YTD April	YTD Budget	YTD Variance	YTD Prior Year	
Line	REVENUE:								
	Patient service revenues:								
1	Inpatient	\$ 2,271,394	\$ 1,472,295	\$ 799,099	\$ 14,531,897	\$ 12,834,714	\$ 1,697,183	\$ 10,065,417	
2	Outpatient	16,000,507	15,962,797	37,710	109,548,098	108,315,518	1,232,580	98,695,991	
3	Total gross patient service revenues	18,271,901	17,435,092	836,809	124,079,995	121,150,232	2,929,763	108,761,408	
4	Deductions from revenue	(11,190,426)	(11,456,734)	266,308	(78,728,274)	(78,817,802)	89,528	(69,850,796)	
5	Net patient service revenue	7,081,475	5,978,358	1,103,117	45,351,721	42,332,430	3,019,291	38,910,612	
6	Other income	114,431	188,128	(73,697)	1,310,622	1,302,959	7,663	1,205,217	
7	Total revenues	7,195,906	6,166,486	1,029,420	46,662,343	43,635,389	3,026,954	40,115,829	
	EXPENSES:								
8	Salaries	2,301,537	2,294,508	(7,029)	15,085,763	15,450,252	364,489	13,076,458	
9	Fringe benefits	625,796	719,386	93,590	4,114,065	4,517,117	403,052	3,373,748	
10	Supplies and other	2,559,486	2,693,266	133,780	17,630,780	18,719,331	1,088,551	16,339,160	
11	Interest	98,235	23,364	(74,871)	263,108	171,144	(91,964)	198,270	
12	Depreciation and amortization	295,981	300,548	4,567	1,960,158	2,020,518	60,360	1,737,305	
13	Total expenses	5,881,035	6,031,072	150,037	39,053,874	40,878,362	1,824,488	34,724,941	
14	Operating income	1,314,871	135,414	1,179,457	7,608,469	2,757,027	4,851,442	5,390,888	
15	Investment income	178,463	241,050	(62,587)	1,718,468	1,867,599	(149,131)	2,259,705	
16	Unrealized gains (losses) on investments	62,553	24,577	37,976	(764,056)	172,036	(936,092)	1,116,504	
17	Interest in earnings of MRI Joint Venture	29,974	45,833	(15,859)	250,980	320,833	(69,853)	295,987	
18	Other non-operating	-	-	-	-	-	-	-	
19	Excess of revenue over expenses	\$ 1,585,861	\$ 446,874	\$ 1,138,987	\$ 8,813,861	\$ 5,117,495	\$ 3,696,366	\$ 9,063,084	
BALANCE SHEET				CASH FLOWS					
		04/30/25	09/30/24				YTD April	09/30/24	
20	Cash & short-term investments	\$ 29,535,441	\$ 26,462,192						
21	Certificates of deposit	18,586,555	32,632,163						
22	A/R (net)	10,212,898	8,916,193						
23	Total current assets	60,860,727	71,497,255						
24	Investments	17,831,302	13,148,212						
25	Property & equipment (net)	55,248,088	46,397,517						
26	Other assets	13,658,428	9,926,584						
27	Total assets	147,598,545	140,969,568						
28	Current liabilities	8,279,843	11,686,371						
29	Long-term debt	20,543,617	21,281,131						
30	Other long-term liabilities	3,580,575	1,821,417						
31	Total liabilities	32,404,035	34,788,919						
32	Net assets	115,194,510	106,180,649						
33	Total liabilities & net assets	147,598,545	140,969,568						
RATIOS		Desired Direction	FY23	FY24	Feb-25	Mar-25	Apr-25	FY25 Budget	2023 RWHC CAH Avg
34	Current Ratio		9.6	5.8	5.6	6.4	7.4	7.3	6.6
35	Operating Margin-Current Month				8.0%	19.6%	18.3%		
36	Operating Margin YTD		14.4%	13.1%	15.1%	15.9%	16.3%	5.5%	2.6%
37	Total Margin YTD		18.7%	21.3%	18.2%	17.5%	18.1%	10.1%	6.6%
38	Days in Accounts Receivable (net)		43	48	45	48	48	44	51
39	Days in Accounts Receivable (gross)		44	48	45	49	49		
40	Days Cash & Investments on Hand		241	394	384	383	387	368	238
41	Long-term Debt to Equity		0.08	0.20	0.18	0.18	0.18	0.18	0.39
42	Debt Service Coverage (YTD) >1.25		9.5	10.5	6.3	6.1	6.5	6.6	5.6
STATISTICS		FY23	FY24	Feb-25	Mar-25	Apr-25	YTD April	FY25 Budget	
43	Inpatient Days	3,852	3,599	449	442	416	2,784	4,396	
44	Adjusted Patient Days (APD)	34,613	35,892	3,344	3,098	3,346	23,771	42,158	
45	Net revenue per APD	\$1,876	\$1,900	\$1,741	\$2,223	\$2,116	\$1,908	\$1,733	
46	FTE's	246.5	260.1	296.2	295.9	296.6	288.6	293.0	
47	FTE's per Adjusted Occupied Bed	2.6	2.7	2.5	3.0	2.7	2.6	2.5	
48	Avg # of payroll checks per pay period	342	355	380	381	384	375		
49	Salaries per APD	\$633	\$663	\$616	\$710	\$688	\$635	\$643	
50	Benefits per APD	\$146	\$160	\$193	\$192	\$187	\$173	\$178	
51	Other Expenses per APD	\$875	\$869	\$814	\$930	\$853	\$824	\$863	

**STOUGHTON HEALTH
SERVICES SUMMARY
for the seven months ended April 30, 2025**

INPATIENT SERVICES

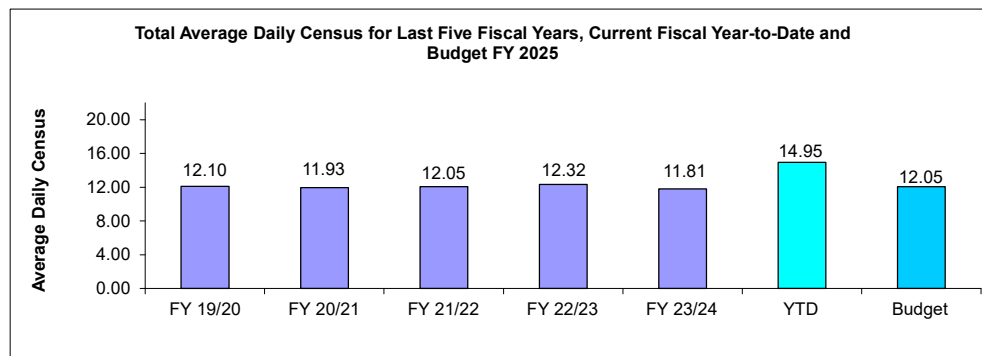
In April, inpatient admissions (including observation patients) averaged 3.70 admissions per day which was above budget by 0.09 admissions per day or 2.5%. Year-to-date inpatient admissions are (0.11) admissions per day or (3.3%) below prior year.

19-20	20-21	21-22	22-23	23-24		THIS MONTH	YEAR- TO-DATE	BUDGET
1.22	1.15	1.12	1.32	1.12	Medical	1.40	1.26	1.05
0.37	0.29	0.33	0.29	0.07	Surgical	-	0.05	0.11
0.1	0.11	0.05	0.06	0.03	Detoxification	0.03	0.01	0.05
1.4	1.77	1.21	1.33	1.49	Observation	1.37	1.16	1.45
0.07	0.06	0.05	0.06	0.04	Swing Bed	0.13	0.08	0.03
0.08	0.08	0.11	0.10	0.16	Intensive Care	0.20	0.17	0.14
0.28	0.27	0.28	0.32	0.47	Geriatric Psychiatric	0.57	0.54	0.78
3.52	3.73	3.15	3.48	3.38	Average Admissions per day	3.70	3.27	3.61

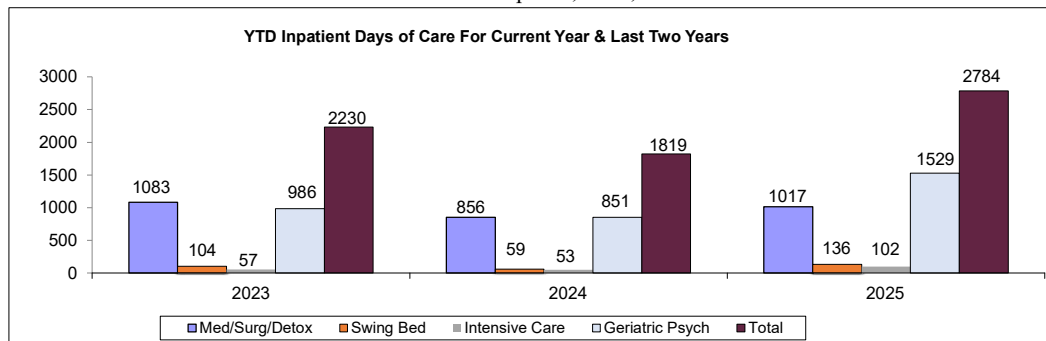
The overall average daily census in April was 15.69 which is above the budgeted average daily census of 12.05 and above the prior year average daily census of 11.81. Inpatient Average Daily Census numbers for the past thirteen months, year-to-date for Fiscal 2025, budget and prior year averages are shown in the following chart:

	APR 2024	MAY 2024	JUN 2024	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025	CURRENT FISCAL 2025	BUDGET	PRIOR FISCAL YR
Medical / Surgical Unit	3.03	5.03	4.53	2.90	3.13	4.53	5.23	2.97	4.29	5.65	5.14	5.58	4.60	4.80	2.00	4.02
Observation	2.24	1.59	1.49	2.09	1.25	1.86	1.44	1.02	2.18	1.95	1.07	3.17	1.82	1.82	2.02	1.97
Swing Bed	0.57	0.29	0.37	0.00	1.00	0.30	0.26	0.37	0.42	0.58	1.54	0.55	0.87	0.64	0.28	0.33
Intensive Care Unit	0.07	0.19	0.07	0.39	0.42	0.43	0.32	0.67	0.26	0.23	0.57	0.90	0.43	0.48	0.25	0.27
Geriatric Psychiatry Unit	3.53	5.16	6.00	7.26	8.61	7.57	6.42	5.63	7.00	7.58	8.79	7.23	7.97	7.21	7.50	5.22
	9.44	12.26	12.46	12.64	14.41	14.69	13.67	10.66	14.15	15.99	17.11	17.43	15.69	14.95	12.05	11.81

Inpatient average daily census numbers for the past five fiscal years, year-to-date for Fiscal 2025, and budget are shown in the following graph:



Additional inpatient service volume statistics for the seven months ended April 30, 2023, 2024 and 2025 are as follows:



**STOUGHTON HEALTH
SERVICES SUMMARY
for the seven months ended April 30, 2025**

INPATIENT SERVICES - CONTINUED

Discharge Length of Stay							
19-20	20-21	21-22	22-23	23-24		THIS MONTH	YEAR- TO-DATE BUDGET
2.88	2.28	2.63	2.31	1.71	Medical	2.11	2.86 1.73
1.68	0.29	0.35	0.51	1.21	Surgical	2.00	3.27 0.96
9.12	9.59	16.08	9.15	7.93	Swing Bed	8.00	5.17 7.86
2.73	9.64	3.42	4.88	3.93	Intensive Care	12.00	3.81 3.34
2.22	2.94	3.38	2.24	0.54	Detoxification	2.00	1.50 0.50
4.09	3.38	2.85	3.10	2.62	Hospice Acute	-	3.00 3.13
13.28	12.31	10.87	9.86	11.35	Geriatric Psychiatric	10.89	10.73 11.49
4.29	3.84	3.71	3.47	3.99		5.00	5.01 4.73

OUTPATIENT SERVICES

Outpatient/Emergency services averaged 212.84 visits per day in April which was (15.15) visits per day or (6.6%) below budget for the month. Year-to-date Outpatient/Emergency services are 25.06 visits or 13.2% above the prior year average visits per day of 189.57.

19-20	20-21	21-22	22-23	23-24		THIS MONTH	YEAR- TO-DATE BUDGET
13.36	14.57	16.90	18.99	20.53	Emergency Department	20.47	21.22 21.58
37.02	34.06	54.67	43.61	45.73	Urgent Care - Stoughton	42.43	49.42 41.96
6.47	6.30	8.24	11.02	11.65	Urgent Care - Oregon	17.17	14.22 18.83
-	2.11	11.19	18.53	20.49	Urgent Care - McFarland	17.50	20.75 21.86
-	-	-	-	-	Urgent Care - Cottage Grove	10.40	11.13 14.50
2.95	3.20	2.84	2.95	3.21	Ambulatory Infusion	4.80	3.62 2.62
3.12	3.72	4.37	4.66	5.09	Surgical	5.00	4.59 5.69
0.68	1.04	0.77	1.05	1.21	Sleep Lab	1.47	1.25 1.17
23.79	30.60	34.87	35.95	39.74	PT - SWAC/Hosp Rehab	45.13	44.39 49.48
15.42	19.82	19.44	19.79	19.97	PT - Oregon	23.17	21.25 24.89
9.48	15.27	17.73	19.13	21.95	Rehabilitation - Other	25.30	22.79 25.42
112.29	130.69	171.02	175.68	189.57	Average Visits per day	212.84	214.63 227.99

DIAGNOSTIC SERVICES

Diagnostic services (laboratory & medical imaging areas) averaged 326.93 service units per day in April which was 35.76 units or 12.3% above budget. Year-to-date diagnostic services are 46.42 service units per day or 16.3% above last year's average.

19-20	20-21	21-22	22-23	23-24		THIS MONTH	YEAR- TO-DATE BUDGET
176.31	192.08	203.97	196.68	202.13	Lab including reference lab	241.73	246.31 203.12
20.53	20.57	26.84	27.51	30.49	Medical Imaging	32.50	33.64 34.13
5.73	8.16	8.65	9.27	10.01	Mammography	11.60	10.33 11.07
11.01	11.62	14.83	15.68	17.94	CT	17.47	18.53 18.17
1.42	2.96	4.87	6.68	8.37	Echocardiogram	8.83	7.94 9.08
4.88	5.92	6.76	6.78	7.98	Ultrasound	7.77	7.39 7.30
0.61	0.94	1.27	1.26	1.50	Nuclear Medicine	2.00	1.95 1.80
4.04	4.87	4.95	5.90	6.30	MRI	5.03	5.05 6.50
224.53	247.12	272.14	269.76	284.72	Average Service Units per Day	326.93	331.14 291.17

**STOUGHTON HEALTH
SERVICES SUMMARY
for the seven months ended April 30, 2025**

GENERAL SURGERY SERVICES

General Surgery had 27 surgical cases in April. Inpatient cases were at budget for the month and outpatient cases were above budget by 3 cases or 12.5%.

FY 2020	FY 2021	FY 2022	FY 2023	FY 2024		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET
26	24	20	21	15	Inpatient Surgical Cases	0	0	5	21	8
212	218	201	207	228	Outpatient Surgical Cases	27	24	18	157	139
238	242	221	228	243	Total Surgical Cases	27	24	23	178	147

ORTHOPEDIC SERVICES

OrthoTeam had 49 surgical cases in April. Inpatient cases were above budget by 6 cases or 600.0% for April. Outpatient cases were above budget by 3 cases or 7.7% for the month of April.

FY 2020	FY 2021	FY 2022	FY 2023	FY 2024		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET	YEAR- TO-DATE Variance
152	45	28	23	22	Inpatient Surgical Cases	7	1	5	25	24	1
109	197	252	344	315	Outpatient Surgical Cases	42	39	32	233	210	23
261	242	280	367	337	Total Surgical Cases	49	40	37	258	234	24

MULTI-SPECIALTY CLINIC SERVICES

In April, the General Surgery clinic had a total of 143 visits for the month which was 24 visits or 20.2% above the prior month and above budget by 6 visits or 4.4%.

FY 2020	FY 2021	FY 2022	FY 2023	FY 2024		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET
1,081	1,001	968	1,007	1,014	General Surgery Clinic Visits - Traditional	96	99	81	682	608
15	41	41	35	10	General Surgery Clinic Visits - Virtual	3	0	1	9	0
879	701	687	426	335	Wound Clinic Visits	44	38	37	253	167
1,975	1,743	1,696	1,468	1,359	Total Clinic Visits	143	137	119	944	775

The OrthoTeam Clinic (Stoughton and Madison) had 456 visits and averaged 20.7 visits per clinic day. April visits were 66 visits or 16.9% above budget.

FY 2020	FY 2021	FY 2022	FY 2023	FY 2024		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET
3,002	1,489	3,265	3,841	3,948	OrthoTeam Clinic Visits - Traditional	404	342	345	2,516	2,165
261	106	399	654	570	OrthoTeam Clinic Visits - Virtual	52	48	48	320	326
3,263	1,595	3,664	4,495	4,518	Total OrthoTeam Visits	456	390	393	2,836	2,491

For the month of April, the Cardiology Clinic had 57 visits compared to a budget of 75 visits. Year-to-date visits are above budget by 164 visits or 51.8%.

FY 2021	FY 2022	FY 2023	FY 2024		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET
57	299	349	598	Cardiology Clinic Visits	57	75	81	480	316

The Urology Clinic had 43 visits for the month compared to a budget of 54 visits. Year-to-date visits are above budget by 2 visits or 0.7%.

FY 2023	FY 2024		THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET
323	460	Urology Clinic Visits	43	54	41	313	311

The Podiatry Clinic had 132 visits for the month compared to a budget of 90 visits. Year-to-date visits are above budget by 123 visits or 42.4%.

	THIS MONTH ACTUAL	THIS MONTH BUDGET	LAST MONTH ACTUAL	YEAR- TO-DATE ACTUAL	YEAR- TO-DATE BUDGET
Podiatry Clinic Visits	132	90	125	413	290

STOUGHTON HEALTH
BALANCE SHEET
April 30, 2025

Page 7

Line	ASSETS	4/30/2025	Audited 9/30/2024
	Current Assets		
1	Cash and cash equivalents	\$ 29,535,441	\$ 26,462,192
2	Certificates of deposit	17,000,000	20,000,000
3	Short-term Investments - Assets Limited As to Use	1,586,555	12,632,163
4	Patient accounts receivable, net of allowances	10,212,898	8,916,193
5	Supplies	918,604	854,602
6	Other current assets	1,607,229	2,632,105
7	Total current assets	60,860,727	71,497,255
	Assets Limited as to Use		
8	Board designated and other	17,831,302	13,148,212
		17,831,302	13,148,212
9	Property and equipment	97,730,160	89,807,328
10	Less accumulated depreciation	(42,482,072)	(43,409,811)
11	Net property and equipment	55,248,088	46,397,517
	Other Assets		
12	Interest in net assets of Stoughton Hospital Foundation Inc.	3,821,711	3,866,412
13	Other non-current assets	3,421,657	3,351,248
14	Operating lease assets	4,809,117	1,103,961
15	Investment in Stoughton Hospital Imaging LLC	1,605,943	1,604,963
16	Total assets	\$ 147,598,545	\$ 140,969,568

LIABILITIES AND NET ASSETS

	Current Liabilities		
17	Current portion of long-term debt	\$ 1,221,920	\$ 1,163,020
18	Current portion of finance lease liabilities	112,812	103,115
19	Current portion of operating lease liabilities	451,432	447,288
20	Accounts payable	2,866,973	2,059,395
21	Construction payable	177,048	5,019,369
22	Accrued salaries and related withholdings	900,380	593,433
23	Accrued vacation compensation	1,724,086	1,410,296
24	Accrued interest	92,303	94,412
25	Other current liabilities	34,308	25,213
26	Estimated third-party payor settlements	698,581	770,830
27	Total current liabilities	8,279,843	11,686,371
28	Deferred compensation liability	470,675	604,553
29	Long-term debt, net of current portion	20,543,617	21,281,131
30	Long-term portion of finance lease liabilities	581,140	610,447
31	Long-term portion of operating lease liabilities	2,528,760	606,417
32	Total liabilities	32,404,035	34,788,919
	Net Assets		
33	Without donor restrictions	111,187,082	102,173,221
34	With donor restrictions	4,007,428	4,007,428
35	Total net assets	115,194,510	106,180,649
36	Total liabilities and net assets	\$ 147,598,545	\$ 140,969,568

	Budget		
37	Days revenue in accounts receivable	44	48
38	Days cash on hand, all unrestricted sources	368	387
39	Current Ratio	7.3	6.1
40	Age of Plant	11.5	13.7

STOUGHTON HEALTH
INCOME STATEMENT
For the seven months ended April 30, 2025

Page 8

Variance Key: Better than (worse than) budget

Line		Current Month April	Budget	Variance	Year to Date TOTALS	Budget	Variance	Year to Date LAST YEAR
	REVENUES							
	Patient service revenue:							
1	Inpatient	\$ 2,271,394	\$ 1,472,295	\$ 799,099	\$ 14,531,897	\$ 12,834,714	\$ 1,697,183	\$ 10,065,417
2	Outpatient	16,000,507	15,962,797	37,710	109,548,098	108,315,518	1,232,580	98,695,991
3	Gross patient charges	18,271,901	17,435,092	836,809	124,079,995	121,150,232	2,929,763	108,761,408
4	Contractual discounts and allowances	(11,161,793)	(11,424,505)	262,712	(78,332,588)	(78,513,481)	180,893	(69,589,346)
5	Charity care	(28,633)	(32,229)	3,596	(395,686)	(304,321)	(91,365)	(261,450)
6	Patient service revenue	7,081,475	5,978,358	1,103,117	45,351,721	42,332,430	3,019,291	38,910,612
		-61.09%	-65.53%		-63.13%	-64.81%		-63.98%
7	Other operating revenue	31,883	85,398	(53,515)	440,919	587,130	(146,211)	564,142
8	Contributions	6,670	27,062	(20,392)	301,294	191,432	109,862	131,073
9	Rental income	75,878	75,668	210	568,409	524,397	44,012	510,002
10	TOTAL REVENUES	7,195,906	6,166,486	1,029,420	46,662,343	43,635,389	3,026,954	40,115,829
11	Salaries	2,301,537	2,294,508	(7,029)	15,085,763	15,450,252	364,489	13,076,458
12	Employee benefits	625,796	719,386	93,590	4,114,065	4,517,117	403,052	3,373,748
13	Professional fees	654,361	682,659	28,298	4,815,737	5,100,538	284,801	4,182,926
14	Purchased services	900,421	865,381	(35,040)	5,796,650	6,150,605	353,955	5,663,842
15	Supplies	728,901	848,728	119,827	5,108,629	5,319,714	211,085	4,917,447
16	Interest	98,235	23,364	(74,871)	263,108	171,144	(91,964)	198,270
17	Administrative and general	249,758	271,985	22,227	1,725,389	1,977,009	251,620	1,422,768
18	Insurance	26,045	24,513	(1,532)	184,375	171,465	(12,910)	152,177
19	Depreciation and amortization	295,981	300,548	4,567	1,960,158	2,020,518	60,360	1,737,305
20	Total expenses	5,881,035	6,031,072	150,037	39,053,874	40,878,362	1,824,488	34,724,941
21	Operating income (loss)	1,314,871	135,414	1,179,457	7,608,469	2,757,027	4,851,442	5,390,888
	Other income (loss):							
22	Investment income (loss) - realized	178,463	241,050	(62,587)	1,718,468	1,867,599	(149,131)	2,259,705
23	Unrealized gains (losses) on investments	62,553	24,577	37,976	(764,056)	172,036	(936,092)	1,116,504
24	Earnings (loss) in Sto Hosp Imaging	29,974	45,833	(15,859)	250,980	320,833	(69,853)	295,987
25	Excess of revenues over expenses	\$ 1,585,861	\$ 446,874	\$ 1,138,987	\$ 8,813,861	\$ 5,117,495	\$ 3,696,366	\$ 9,063,084
26	Operating Margin	18.3%	2.2%		16.3%	6.3%		13.4%
27	Total Margin	21.4%	6.9%		18.1%	11.2%		21.2%
28	Adjusted Patient Days	3,346	3,494		23,771	24,276		19,655
29	Net revenue per APD	\$ 2,116	\$ 1,711		\$ 1,908	\$ 1,744		\$ 1,980
30	Salaries per APD	\$ 688	\$ 657		\$ 635	\$ 636		\$ 665
31	Benefits per APD	\$ 187	\$ 206		\$ 173	\$ 186		\$ 172
32	Supplies per APD	\$ 218	\$ 243		\$ 215	\$ 219		\$ 250

STOUGHTON HEALTH
STATEMENT OF CHANGES IN NET ASSETS
For the seven months ended April 30, 2025

Page 9

	4/30/25	Audited 9/30/24
Unrestricted net assets:		
Excess (deficit) of revenues over expenses	\$ 8,813,861	15,957,568
Net assets released from restrictions	-	1,940
Contributions and grants for purchases of property and equipment	200,000	8,930
Increase (decrease) in unrestricted net assets	9,013,861	15,968,438
Temporarily restricted net assets:		
Restricted contributions	-	3,825
Change in interest in net assets of the Foundation	-	1,162,211
Net assets released from restrictions	-	(1,940)
Increase (decrease) in temporarily restricted net assets	-	1,164,096
Increase (decrease) in net assets	9,013,861	17,132,534
Net assets, beginning	106,180,649	89,048,115
Net assets, ending	<u>\$ 115,194,510</u>	<u>106,180,649</u>

STOUGHTON HEALTH
STATEMENT OF CASH FLOWS
For the seven months ended April 30, 2025

Page 10

	Current Month	YTD April	Audited 9/30/2024
Cash Flows From Operating Activities			
Increase (decrease) in net assets	\$ 1,585,862	\$ 9,013,861	\$ 17,132,534
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:			
Change in interest in net assets of Stoughton Hospital Foundation Inc.	-	-	(1,162,211)
Depreciation and amortization	295,981	1,960,158	3,169,309
Amortization of debt issuance costs	3,198	22,271	41,872
Net realized and unrealized gains and losses on investments	(36,905)	646,360	(2,778,898)
Loss (gain) on disposal of property and equipment	71,967	169,171	37,916
Change in investment in Stoughton Hospital Imaging, LLC	(29,974)	(250,980)	(525,356)
Distribution from Stoughton Hospital Imaging, LLC	-	250,000	250,000
Contributions and grants for property and equipment	-	(200,000)	(12,755)
Increase (decrease) from changes in:			
Patient accounts receivable, net	(254,683)	(1,296,705)	(1,310,902)
Supplies	(35,430)	(64,002)	65,653
Estimated third-party payor settlements	(175,609)	(72,249)	574,338
Other current / non-current assets	63,475	(739,874)	(1,375,944)
Accounts payable, accrued expenses and other current liabilities	1,005,418	1,612,683	521,233
Net cash provided by (used in) operating activities	2,493,300	11,050,694	14,626,789
Cash Flows From Investing Activities			
Purchase of property and equipment	(3,587,728)	(15,889,668)	(16,612,612)
Proceeds from insurance and disposal of property and equipment	-	-	39,310
Net (Purchases) and Sales of certificates of deposit	-	-	(5,000,000)
Purchases of assets limited as to use	(992,453)	(9,754,456)	(36,084,540)
Sales/Proceeds from maturities of assets limited as to use	3,454,727	22,666,304	30,490,308
Net cash provided by (used in) investing activities	(1,125,454)	(2,977,820)	(27,167,534)
Cash Flows From Financing Activities			
Proceeds from issuance of new debt	-	-	15,165,000
Payment of debt issuance costs	(600)	(4,480)	(239,366)
Repayment of long-term debt	(99,803)	(696,405)	(1,161,818)
Payments on finance leases	(9,166)	(63,422)	(87,543)
Restricted contributions and grants	17,941	44,702	12,755
Net cash provided by (used in) financing activities	(91,628)	(719,605)	13,689,028
Net increase (decrease) in cash	1,276,218	7,353,269	1,148,283
Cash, beginning	28,259,223	22,182,172	21,033,889
Cash, ending	\$ 29,535,441	\$ 29,535,441	\$ 22,182,172



Situation Background Assessment Recommendation

Sale of Property for Highway 51 Project

<div>S</div> <div>Situation</div>	<p>Stoughton Health was approached by TerraVenture Advisors on behalf of the Wisconsin Department of Transportation (WI DOT) about the acquisition of property at 3162 Cty Road B (Community Health & Wellness Center) to allow for the Hwy 51 project to occur.</p>
<div>B</div> <div>Background</div>	<p>The Highway 51 project is 3.7 miles in length. This reconstruction project of US 51 begins at the north side of Roby Road and US 51 intersection in the city of Stoughton and ends at the south side of County Trunk Highway B/AB and US 51 intersection in the town of Dunn. This is one project of the US 51 corridor projects to be constructed between I39/90 through the village of McFarland between 2024 & 2029. The needs for the larger US 51 corridor include addressing existing safety conditions, accommodating travel demand and addressing existing payment conditions, improving bicycle and pedestrian accommodations and long-term planning and corridor preservation.</p> <p>The proposed project will reconstruct the existing US 51 from Roby Road to CTH B (east) to a four lane with raised median, and CTH B (east) to CTH B/AB to a two-lane with raised median and turning lanes. The Rutland-Dunn Townline Road and CTH B intersections will be reconstructed to dual-lane roundabouts. Construction is scheduled for 2026 and 2027. The state will purchase the property permanently. A temporary limited easement (TLE) is usually needed for grading purposes during construction only. This easement allows the contractors to complete their work. After the project is complete the easement will terminate.</p>
<div>A</div> <div>Assessment</div>	<p>Stoughton Health's attorney reviewed the appraisal from Steven Kimble that was done and presented by the WI DOT and found it to be acceptable.</p>

R

Recommendation

Request motion to approve the sale of property for the Hwy 51 Project to the Wisconsin Department of Transportation for \$30,850 and authorize the corporate officers to execute any needed documentation for the transaction.



Situation Background Assessment Recommendation

Replace Dean Rooftop HVAC unit

<div>S</div> <div>SITUATION</div>	<p>One of the HVAC rooftop units serving Dean Clinic is original and has exceeded its life expectancy of 20 years.</p> <p>This is a budgeted 3rd quarter capital request, but due to lead time of the rooftop unit and having to get approved by the Board of Directors, this will have to be approved by the Administrative Council first.</p>
<div>B</div> <div>BACKGROUND</div>	<p>One RTU was replaced by Dean in 2015 but the other is original from 1994. There was an SSM leadership change after the first RTU installation and it wasn't pursued for completion of the second unit.</p>
<div>A</div> <div>ASSESSMENT</div>	<p>We are on borrowed time for this rooftop unit as it wasn't identified in the contract agreement that SSM should have it replaced. By replacing this with a new Rooftop unit, energy costs will drop significantly due to being more energy efficient.</p> <p>The anticipated lead-time on a roof top HVAC unit is 16-18 weeks.</p>
<div>R</div> <div>RECOMMENDATION</div>	<p><u>Respectfully recommend that this unit is replaced. The expected life expectancy for a rooftop unit with proper maintenance completed is 20 years.</u></p> <p><u>This new RTU will follow the same weekly, monthly, and semi-annual preventative maintenance schedules as all of the other units to get the most life expectancy.</u></p> <p>Request Motion to approve FY2025 budgeted capital expenditure of \$273,014 for the replacement of Dean's South HVAC Rooftop Unit.</p>

Stoughton Hospital Medical Care Evaluation Committee Report to Medical Executive Committee and Board of Directors
March 18, 2025

Presiding: Dr. Mark Menet

Members: Deb Dahlke, Dr. Schwaab, Dr. Rivera, Dr. Rawal, Rhonda Tesmer, Amy Hermes, Erin Meronk, Chris Brabant, Jen White

Absent: Nikki Rowin

Agenda Item (Facilitator)	Discussion	Follow Up Action																																	
Meeting called to order.																																			
Approval of February meeting minutes	MOTION TO APPROVE: Dr. Schwaab SECOND: Deb Dahlke																																		
Re-appointments (Dr. Menet)	<table border="1"> <thead> <tr> <th>Name</th><th>Title/Privilege</th><th>Dates of Review</th></tr> </thead> <tbody> <tr> <td>Anderson, Jacob</td><td>MD/Radiology</td><td></td></tr> <tr> <td>Doshi, Mehul</td><td>MD/Radiology</td><td></td></tr> <tr> <td>Joachim, Frederick</td><td>MD/Radiology</td><td></td></tr> <tr> <td>Kolanko, Nicholas</td><td>MD/Radiology</td><td></td></tr> <tr> <td>Riebe, Joshua</td><td>MD/Radiology</td><td></td></tr> <tr> <td>Mary Woodman</td><td>PA-C/Emergency Med</td><td></td></tr> <tr> <td>Weiss, Cameron</td><td>PA-C/Ortho</td><td></td></tr> <tr> <td>Larsen, Skyler</td><td>MD/Emergency Med</td><td></td></tr> <tr> <td>Mirrieles, Jennifer</td><td>MD/Emergency Med</td><td></td></tr> <tr> <td>Roth, Jennifer</td><td>NP/Emergency Med</td><td></td></tr> </tbody> </table> <p>MOTION TO APPROVE: Deb Dahlke SECOND: Dr. Schwaab</p>	Name	Title/Privilege	Dates of Review	Anderson, Jacob	MD/Radiology		Doshi, Mehul	MD/Radiology		Joachim, Frederick	MD/Radiology		Kolanko, Nicholas	MD/Radiology		Riebe, Joshua	MD/Radiology		Mary Woodman	PA-C/Emergency Med		Weiss, Cameron	PA-C/Ortho		Larsen, Skyler	MD/Emergency Med		Mirrieles, Jennifer	MD/Emergency Med		Roth, Jennifer	NP/Emergency Med		
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<i>Consent agenda items:</i> MOTION TO APPROVE BY: Dr. Schwaab SECOND: Deb Dahlke																																			
Committee Reports: Pharmacy and Therapeutics Committee minutes, February Quality Board Management Minutes.	<p>From the P&T Committee: Request approval for formulary additions:</p> <p>Cantharidin and phenol 89% swabs approved via email by P&T in December for Podiatry clinic</p> <p>Request from anesthesia:</p> <ul style="list-style-type: none"> Mepivacaine HCl 2% preservative-free injection Use: spinal anesthesia 	MCE has approved the formulary additions. Rhonda will notify Pharmacy via email and Erin will take the request to MEC for approval.																																	

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Agenda Item (Facilitator)	Discussion	Follow Up Action
	<ul style="list-style-type: none"> ▪ Cost: \$6.40/vial (\$160 per package of 25) ▪ Current products with similar action: 0.5% bupivacaine ▪ Reason for request: looking for a short-acting anesthesia to allow for faster return of motor function and less urinary retention ▪ <p>MOTION TO APPROVE: Dr. Schwaab SECOND: Dr. Rawal</p>	
Medical Imaging Reports: MRI QA Summary	Volume is still a little lower related to staffing.	
Lab:	No reports this month	
Utilization Reports: Surgical Services Procedures & AIC Visits/Treatments, GeriPsych Percent Occupancy; Average Hours per Inpatient Stay	AIC visits are on course for being over the number budgeted. Total surgical procedures are about 200 procedures below what was planned, primarily related to fewer gyn, ophthalmology, dental, podiatry, and ENT. General surgery has been busy, as has ortho, and Endoscopy has been busy. G/P occupancy was up to 88%. Feb average hours/inpatient stay for Feb was at 62.7 (below the 96 hours). Swing Bed admissions for FYTD are 13.	No action required from providers at this time.
Organ/Tissue Procurement Review-Feb END of CONSENT AGENDA ITEMS		
Old/Recurring Business-		
Orders via DocHalo- Potential sunset of DocHalo vs EPIC messaging	<p>After the last meeting Amy followed up with RWHC and info is in packet with full responses. Also, recently, Josh Bartz put in request to discuss if it would be possible to drop DocHalo completely. The Doc Halo messaging application is now redundant with Epic's launch of Secure Chat as of a few years ago. For computers instead of using the Doc Halo website you would use Epic directly and their Secure Chat. For cell phones instead of the Doc Halo app you would use the Epic Haiku app and on an iPad the Epic Canto app.</p> <p>The providers discussed the concerns they had with this switch, mainly being the alerting system not being efficient. It was mentioned to trial it during the day to see how it goes.</p> <p>For now they will keep Doc Halo and Amy will work with Josh to figure out the alerts for Epic chat.</p>	Amy will bring the follow up with Josh to the next meeting. Hospitalists will bring back their feedback regarding the use of EPIC chat during the day.

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Recent Root Cause Analysis (Jen)	Loss of power RCA completed. Looking at getting all the powerlines underground to avoid this type of recurrence.	
Delinquent records	We have one delinquent provider for one order and one progress note. Faxed reminders have been sent to the office.	
30-day readmissions report by month	The rate of 5.9/100 for January is reflective of 3 readmissions for 51 eligible discharges. COVID infection with complications was a factor for one patient. The other two patients experience issues around infections that resulted in their initial admission and their readmission. The time between stays ranged from 9 days-18 days with a median of 13 days. Two of the patients were discharged to hospice following their readmission.	
Inpatient Code Reviews	None	
Accreditation/Regulatory Updates	Updated guidelines from DNV have come out so making sure as we go over chapters to look at those closely. Expecting a thorough review.	
IT/EPIC challenges-Amy	Providers discussed the need for tap and go capabilities. Can have Chris and Michelle add this to the highest priority of needs and to discuss at upcoming meeting.	
OPPE/FPPE (concerns only)	No concerns.	Educational letters to 4 providers.
New Business/Current Clinical Process Issues		
PEER REVIEW	Administrative team dismissed.	
Mortality Review-	No cases for review.	
Surgical Complications/Cancellations for December/January	Two cases for preliminary review only.	
Medical or ED Care Case Review		
OTHER BUSINESS	Providers indicated that they have not had concerns this last month over accuracy but there may have been some timeliness concerns from ER.	Amy is following up with Dr. Dahlberg to get details

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Parking lot	April check-in regarding the concerns about accuracy and coverage for interventional radiology.	
Adjournment:	With no further business to attend to meeting adjourned.	<i>Next meeting: April 15, 2025</i>

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

SpecialtyDescription	LastName	FirstName
Dentistry	Bries	Britney
Dentistry	Thompson	Cecelia
Dentistry	Crowell	Andrew
Emergency Medicine	Arthur	Ryan
Emergency Medicine PA	Belligan	Mark
Emergency Medicine	Chiu	Arthur
Emergency Medicine PA	Crawford	Krista
Emergency Medicine	Dahlberg	Abigail
Emergency Medicine	Dean	Andrew
Emergency Medicine	Diebold	Steven
Emergency Medicine	Frishman	Anna
Emergency Medicine PA	Gunderson	Jennifer
Emergency Medicine PA	Heitz	Stacy
Emergency Medicine	Ho	Benjamin
Emergency Medicine PA	Johnson	Brad
Emergency Medicine PA	Ketterhagen	Katherine
Emergency Medicine	Lai	Jason
Emergency Medicine	Larsen	Skylar
Emergency Medicine PA	Lovejoy	Kelly
Emergency Medicine PA	Maly	Alisha
Emergency Medicine PA	Martinson	Brian
Emergency Medicine	Mirrielees	Jennifer
Emergency Medicine	Myer	Greg
Emergency Medicine PA	Nerad	Robert
Emergency Medicine	Rivera Garcia	Liova
Emergency Medicine	Sabel	Paul
Emergency Medicine	Samawi	Ted
Emergency Medicine PA	Squires	Kraig
Emergency Medicine	Stier	Peter
Emergency Medicine PA	Strommen	Shianne
Emergency Medicine	Tran	Thanh
Emergency Medicine PA	Vargas	Doris
Emergency Medicine PA	Watson	Christopher
Emergency Medicine	Wilson	Shawn
Emergency Medicine PA	Woodman	Mary
Emergency Medicine PA	Clark	Jimmy
Emergency Medicine PA	Falahat	Michael
Emergency Medicine PA	Jesberger	Mollie
Emergency Medicine PA	Luce	Katherine

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Stoughton Hospital Medical Care Evaluation Committee Report to Medical Executive Committee and Board of Directors
April 15, 2025

Presiding: Dr. Mark Menet

Members: Dr. Schwaab, Dr. Rivera, Dr. Rawal, Rhonda Tesmer, Amy Hermes, Erin Meronk, Chris Brabant, Jen White

Absent: Deb Dahlke

Agenda Item (Facilitator)	Discussion	Follow Up Action																																				
Meeting called to order.																																						
Approval of March meeting minutes	MOTION TO APPROVE: Dr. Schwaab SECOND: Dr. Rivera																																					
Re-appointments (Dr. Menet)	<table border="1"> <thead> <tr> <th>Name</th><th>Title/Privilege</th><th>Dates of Review</th></tr> </thead> <tbody> <tr> <td>Wagner, Brad</td><td>CRNA/Anesthesia</td><td>5/1/24-3/31/25</td></tr> <tr> <td>Runestad, Olis</td><td>NP/Emergency Med</td><td>5/1/24-3/31/25</td></tr> <tr> <td>Woodman, Mary</td><td>PA-C/Emergency Med</td><td>5/1/24-3/31/25</td></tr> <tr> <td>Tattersal, Matthew</td><td>DO/Cardiology</td><td>5/1/24-3/31/25</td></tr> <tr> <td>Ductan, Kerline</td><td>MD/Hospital Med</td><td>4/1/23-3/31/23</td></tr> <tr> <td>Blake, Christina</td><td>NP/ITP Telehealth</td><td>4/1/23-3/31/23</td></tr> <tr> <td>Hesler, Janice</td><td>NP/ITP Telehealth</td><td>4/1/23-3/31/23</td></tr> <tr> <td>Monat, Eric</td><td>MD/Radiology</td><td>4/1/23-3/31/23</td></tr> <tr> <td>Alexander, Ewa</td><td>MD/Sleep medicine</td><td>4/1/23-3/31/23</td></tr> <tr> <td>DeGroot, Tina</td><td>APNP/Allied Health</td><td>4/1/23-3/31/23</td></tr> <tr> <td>Pletta, Karen</td><td>MD/Pediatrics</td><td>4/1/23-3/31/23</td></tr> </tbody> </table> <p>MOTION TO APPROVE: Dr. Schwaab SECOND: Dr. Rivera</p>	Name	Title/Privilege	Dates of Review	Wagner, Brad	CRNA/Anesthesia	5/1/24-3/31/25	Runestad, Olis	NP/Emergency Med	5/1/24-3/31/25	Woodman, Mary	PA-C/Emergency Med	5/1/24-3/31/25	Tattersal, Matthew	DO/Cardiology	5/1/24-3/31/25	Ductan, Kerline	MD/Hospital Med	4/1/23-3/31/23	Blake, Christina	NP/ITP Telehealth	4/1/23-3/31/23	Hesler, Janice	NP/ITP Telehealth	4/1/23-3/31/23	Monat, Eric	MD/Radiology	4/1/23-3/31/23	Alexander, Ewa	MD/Sleep medicine	4/1/23-3/31/23	DeGroot, Tina	APNP/Allied Health	4/1/23-3/31/23	Pletta, Karen	MD/Pediatrics	4/1/23-3/31/23	<p>Olis will be removed as SWEA informed SH that she will not be picking up any more Stoughton shifts.</p> <p>Brad Wagner will be approved for CRNA reappointment. On his form, he requested pain management privileges but that must be submitted on the Pain Management privilege form. Additionally, the Pain Management privilege form needs to be amended to reflect APNP may apply (currently the form specifies only MD/DO). Amy to work with Erin on the follow-up for this before the next meeting.</p>
Name	Title/Privilege	Dates of Review																																				
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Consent agenda items: MOTION TO APPROVE BY: Dr. Rivera SECOND: Dr. Schwaab																																						
Committee Reports: March Infection Prevention Committee Minutes, March Patient Safety Minutes, March Quality Board Council Minutes	<p>From infection prevention committee re: expanding Nozin to all elective surgeries Dr. Schwaab discussed his opposition 1. if you look at randomized control trials nasal decontamination makes no difference. 2. It seems to be a solution looking for a problem. Not a lot of data out there indicates that it's worthwhile. Nothing that shows it provides any benefit. If someone can find data that shows it's helpful for procedures he'd be willing to look at it.</p> <p>Discussion about paper towel and the need to use more because these are thinner.</p>	<p>Amy will take this feedback to share with Infection Prevention.</p> <p>Chris will speak with Dacia about the towels.</p>																																				

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Agenda Item (Facilitator)	Discussion	Follow Up Action
	Transporting instruments to off sites and making sure we have the same practice. In process of switching over IV pumps.	
Medical Imaging Reports: MRI QA Summary	A traveler has been hired, and we expect to see increased exams next month.	
Lab: Jan-Mar Quality Reports	Regarding the trial of the Kurin device, ER nurses will continue to use the device for blood cultures while lab will not as it has been shown not beneficial for lab use. Quality Report reviewed.	Memo to Lab Manager
Utilization Reports: Surgical Services Procedures & AIC Visits/Treatments, GeriPsych Percent Occupancy; Average Hours per Inpatient Stay	At the half-year point, surgical procedures are currently on track to come in under budget in all specialties except General Surgery and endoscopy which are on target to surpass budget. AICs are on track to be slightly above budget. G/P Percent Occupancy is at 71% year-to-date, which is the highest % occupancy since 2020. Discharge days are higher YTD in 2025 compared to 2024.as are the discharge hours, indicating increased inpatient volumes compared to last year. YTD25 Average hours per IP are at 72.4 compared to 42.1 for YTD FY24. YTD25 Swing Bed admissions are up (14) compared to YTD24 (6) and the FY24 total was 15. Average LOS 2.37, which is below the limit imposed on CAHs.	
Organ/Tissue Procurement Review-March END of CONSENT AGENDA ITEMS	Four deaths in March. All were called in to Statline, as per policy and conditions of participation. None of those patients were eligible as donors.	
Old/Recurring Business-		
Accuracy and coverage for Interventional Radiology	Amy followed up with Dr. Dahlberg who could not recall a specific situation. However, delays in general have been frustrating. Amy advised her to send anything specific her way and there would be follow-up. Dr. Schwaab generally tells his patients he'll follow up later that day and he's finding it's now at least 2 days later as the turnaround time has slowed down a day or two. The committee discussed the need for IR as they can't take some patients without it. Chris to look at contract to see what could be done.	Erin to add “revisit availability of Interventional Radiology” on the agenda for MEC.

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Agenda Item (Facilitator)	Discussion	Follow Up Action
Orders via DocHalo- Potential sunset of DocHalo vs EPIC messaging	Amy emailed Josh and others involved requesting IT support to review Epic alert settings. She advised that we would like to keep Doc Halo for now. She also reminded nursing team not to send “thank yous” via DocHalo. Josh did reach out and Dr. Menet indicated success with the adjustment of the Haiku settings.	
Recent Root Cause Analysis (Jen)	None	
Delinquent records	All delinquent records from last month were corrected. None this month.	
30-day readmissions report by month	No readmissions to our own facility for February.	
Inpatient Code Reviews	Two inpatient codes (1 in March, 1 in April)	The reviews will be back for the May meeting.
Accreditation/Regulatory Updates		
IT/EPIC challenges-Amy	Upgrade on the 12 th . Any changes or issues? No issues or concerns brought up.	
OPPE/FPPE (concerns only)	Nothing at this time.	
New Business/Current Clinical Process Issues		
PEER REVIEW	Administrative team dismissed.	
Mortality Review-	Two for review. Have been sent to provider for initial review.	Review will be back for the May meeting.
Surgical Complications/Cancellations for December/January	One case reviewed with no concerns identified.	
Medical or ED Care Case Review		
OTHER BUSINESS	Zenith group has been contracted to provide cardiology services. 24/7 coverage for consults. Plan on them starting 8/1. Dr. Kaji done on 8/1. As soon as they’re credentialed we’ll start marketing it. Some equipment will be leased for use by the cardiologists (They will be available for TEE and for some procedures). All are invited to the ribbon cutting on 4/23/25 for SHOC.	

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Agenda Item (Facilitator)	Discussion	Follow Up Action
	Musculoskeletal pain management will also be starting at the clinic. Pauline Cass working on this with Michelle Abey. Hoping to have this up and running by September. To start it'll be a full clinic day and a procedure day. Chris mentioned parking at the hospital will be as follows-Physician parking will be in blue lines, public parking yellow and employee parking green.	
Parking lot		
Adjournment:	With no further business to attend to meeting adjourned.	<i>Next meeting: May 20, 2025</i>

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

LastName	FirstName	Status	SpecialtyDescription	Degree
Accaviti	Michael	Courtesy	Cardiology	MD
Baber	Aurangzeb	Courtesy	Cardiology	MD
Bachhuber	Brian	Courtesy	Cardiology	MD
Ballantyne	Ford	Courtesy	Cardiology	MD
Bellissimo	Joseph	Courtesy	Cardiology	MD
Bodker	Ariel	Courtesy	Cardiology	MD
Deano	Roderick	Courtesy	Cardiology	MD
Dong	Shengjing	Courtesy	Cardiology	MD
Ewer	Steven	Courtesy	Cardiology	MD
Hoyme	Derek	Courtesy	Cardiology	MD
Joseph	Anuama	Courtesy	Cardiology	MD
Jung	Frank	Courtesy	Cardiology	MD
Kaji	Eugene	Courtesy	Cardiology	MD
Kenny	Barrot	Courtesy	Cardiology	MD
Kerbl	David	Courtesy	Cardiology	MD
Kleiber	Benjamin	Active	Cardiology	MD
Klein	Evan	Courtesy	Cardiology	MD
Konstaninou	Christopher	Courtesy	Cardiology	MD
Krishna	Jaya	Courtesy	Cardiology	MD
Lee	Peter	Courtesy	Cardiology	MD
Licon (Hammond)	Allexa	Courtesy	Cardiology	MD
Noreuil	Todd	Courtesy	Cardiology	MD
Oconnor	Anne	Courtesy	Cardiology	MD
Patel	Vrunda	Courtesy	Cardiology	MD
Philip	Stephen	Courtesy	Cardiology	MD
Rahko	Peter	Courtesy	Cardiology	MD
Reilly	Nicole	Courtesy	Cardiology	MD
Sahai	Aditya	Courtesy	Cardiology	MD
Sidhu	Jasdeep	Courtesy	Cardiology	MD
Silbert	Agnieszka	Courtesy	Cardiology	MD
Tattersal	Matthew	Courtesy	Cardiology	MD
Teelin	Thomas	Courtesy	Cardiology	MD
Thordsen	Sarah	Courtesy	Cardiology	MD
Tipnis	Parag	Courtesy	Cardiology	MD
Wallhaus	Thomas	Courtesy	Cardiology	MD
Youssef	Amr	Courtesy	Cardiology	MD
Zemen	Cydney	Courtesy	Cardiology	MD
Allen	Catherine	Courtesy	Cardiology	MD
Bartlett	Heather	Courtesy	Pediatric Cardiology	MD
Erdmann	Alexandra	Courtesy	Pediatric Cardiology	MD
Greco	Margaret	Courtesy	Pediatric Cardiology	MD
Hokanson	John	Courtesy	Pediatric Cardiology	MD
Irrer	Dana	Courtesy	Pediatric Cardiology	MD
Peterson	Amy	Courtesy	Pediatric Cardiology	MD
Ralphe	John	Courtesy	Pediatric Cardiology	MD
Rock	Andrea	Courtesy	Pediatric Cardiology	MD
Srinivsdan	Shardha	Courtesy	Pediatric Cardiology	MD
Sung	Cassandra	Courtesy	Pediatric Cardiology	MD
Von Bergen	Nicholas	Courtesy	Pediatric Cardiology	MD

Hubbard	Derek	Courtesy	Fam Med/Colonosc	MD
Eccles	Deanne	Active	Family Medicine	MD
Stolopart	Laura	Courtesy	Family Medicine	MD
Lively	Morgan	Courtesy	Family Medicine	DO
Khalid	Ahsan	Courtesy	Internal Medicine	MD
Agni	Guirish	Active	Internal Medicine	MD
Beck	Jessica	Allied Health Professional	Anesthesia	CRNA
Berger	Michael	Allied Health Professional	Anesthesia	CRNA
Dahlke	Debra	Allied Health Professional	Anesthesia	CRNA
Gurske	William	Allied Health Professional	Anesthesia	CRNA
Hoelt	Anne	Allied Health Professional	Anesthesia	CRNA
Hoopes	Mitch	Allied Health Professional	Anesthesia	CRNA
Nikolai	Kristine	Allied Health Professional	Anesthesia	CRNA
Rabe	Nicholas	Allied Health Professional	Anesthesia	CRNA
Schmidt	Judith	Allied Health Professional	Anesthesia	CRNA
Schneider	Mary Beth	Allied Health Professional	Anesthesia	CRNA
Smith	Charles	Allied Health Professional	Anesthesia	CRNA
Wagner	Brad	Allied Health Professional	Anesthesia	CRNA
Bliton	Elizabeth	Courtesy	OBGYN	MD
Decker	Marissa	Courtesy	OBGYN	MD
Kalin	Dawn	Courtesy	OBGYN	DO
Lawless	Paige	Courtesy	OBGYN	DO
Meyer-Carper	Jennifer	Courtesy	OBGYN	MD
Pellicer	Daniel	Courtesy	OBGYN	MD
Spivak	Talya	Courtesy	OBGYN	MD
Torres	Mark	Courtesy	OBGYN	DO
Wendricks-House	Lori	Courtesy	OBGYN	MD
Patel	Arpen	Courtesy	Pain Management	MD

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Stoughton Health Medical Executive Committee Agenda/Minutes
May 5, 2025 (0730-0830) Lobby Conference Room/Zoom

Presiding: Dr. Aaron Schwaab
Members: Dr. Ashish Rawal, Dr. Mark Menet, Dr. Steve Diebold, Dr. Abigail Dahlerg, Dr. Ashish Rawal
Dr. Joel Mendelin, Michelle Abey, Chris Brabant, Amy Hermes, Erin Meronk, Deb Dahlke
Nor Present: Dr. Guirish Agni, Dr. Shawn McGuire, Dr. Andrew Dean, Dr. Deanne Eccles, Dr. Morgan Lively

Agenda Item (Facilitator)	Discussion						Follow Up Action
Meeting called to order.							
Approval of March 2025 MEC minutes— <i>See attached</i>	<i>Motion to approve: Dr. Diebold</i> <i>Second: Dr. Rawal</i>						
New Appointments-One year term							
	Last	First	Title	Privileges	Affiliation	Status	
	Budihardjo	Philip	MD	Radiology	Madison Radiology	Courtesy	
	Cherian	George	MD	Radiology	Madison Radiology	Courtesy	
	Cooper	Benjamin	MD	Radiology	Madison Radiology	Courtesy	
	Kralik	Jon	MD	Radiology	Madison Radiology	Courtesy	
	Marogil	Peter	MD	Cardiology	UW Health	Courtesy	
	Rodgers	Matthew	MD	Sleep Med	SSM Health	Courtesy	
	Horne	Sally	MD	Neurology	Beam Healthcare	Active	
	Dyer	TJ	DDS	Dental	Center for Oral & Maxillofacial Surgery	Courtesy	
	Green	Terra	APNP	APNP	SWEA	AHP	
	<i>Motion to approve: Dr. Diebold</i> <i>Second: Dr. Rawal</i>						
Re-appointments-Two-year term							
	Last Name	First Name	Title	Privileges	Status	Affiliation	
	Anderson	Jacob	MD	Radiology	Courtesy	Madison Radiology	
	Doshi	Mehul	MD	Radiology	Courtesy	Madison Radiology	
	Joachim	Frederick	MD	Radiology	Courtesy	Madison Radiology	
	Kolanko	Nicholas	MD	Radiology	Courtesy	Madison Radiology	
	Riebe	Joshua	MD	Radiology	Courtesy	Madison Radiology	

Agenda Item (Facilitator)	Discussion						Follow Up Action
	Monat	Eric	MD	Radiology	Courtesy	Madison Radiology	
	Woodman	Mary	PA-C	Emergency Medicine	AHP	SWEA	
	Larsen	Skylar	MD	Emergency Medicine	AHP	SWEA	
	Mirrielees	Jennifer	MD	Emergency Medicine	AHP	SWEA	
	Roth	Jennifer	APNP	Emergency Medicine	AHP	SWEA	
	Tattersal	Matthew	MD	Cardiology	Courtesy	UW Health	
	Ductan	Kerline	MD	Hospital Med	Active	Beam Healthcare	
	Blake	Christina	APNP	APNP	AHP	ITP	
	Hesler	Janice	APNP	APNP	AHP	ITP	
	Alexander	Ewa	MD	Sleep Med	Courtesy	SSM Health	
	DeGroot	Tina	APNP	APNP	AHP	Sto Health	
	Pletta	Karen	MD	Pediatrics	Courtesy	UW Health	
	Wagner	Brad	CRNA	Anesthesia	AHP	Sto Health	
	Weess	Cameron	PA-C	Ortho PA	AHP	Sto Health	
	<i>Motion to approve: Dr. Diebold Second: Dr. Rawal</i>						
Medical Staff Requests for New/Additional Privileges	Brad Wagner, CRNA requesting privileges in Pain Management <i>Motion to approve: Dr. Rawal Second: Dr. Dahlberg</i> Discussed options for the future of Pain Management: Option 1 would be Brad and Dr. Greenburg starting together this fall. Option 2 would be to revisit working with the PMG Option 3 would be to look at a CRNA model						
Medical Staff Resignation/Retirement (FYI)	Harold Bennett, MD, Madison Radiology, Courtesy Harry Scholtz, DO, Hospital Medicine/Infectious Disease, Beam Healthcare, Active Denise Runestad, NP, SWEA, AHP Prachi Raut, MD, Associated Pathology, Pathology, Courtesy						
Medical Staff Appointment to MCE	Dr. Lind <i>Motion to approve: Dr. Dahlberg Second: Dr. Rawal</i>						Michelle to let Dr. Lind know. Erin to add Dr. Lind to invite list.
Clinical Advisor Appointment for Rehab Services-Dr. Rawal	<i>Motion to approve: Dr. Diebold Second: Dr. Dahlberg</i>						
Consent Agenda Items	<i>Motion to approve: Dr. Rawal Second: Dr. Dahlberg</i>						

Agenda Item (Facilitator)	Discussion	Follow Up Action
Committee Reports: March & April MCE, Patient Safety Minutes, Infection Prevention minutes QM Council Cohort A minutes, QM Council Cohort B minutes, Cohort A Dashboard, Cohort B Dashboard— <i>See attached</i>	April 15 MCE committee report-Dr. Kaji departure is 8/1-transitioning out before Zenith group starts. Board Quality Council meeting minutes-Dr. Menet to check in with Dr. Dhillon to be sure she can attend and participate. Amy to check with Jen to see if she can supply Dr. Dhillon with prepopulated minutes as she does for another board member who works full-time and has trouble attending meetings. This way she has time to look through it to bring up any comments/concerns earlier. Central Line Check list was meant for the nursing team and it stemmed from DNV and them wanting us to do real time auditing. Amy to follow up with Bill regarding Central Line Check list. A second MRI tech has been hired and started last week.	
Quality and Safety Report Card & Stoughton Hospital Balanced Scorecard	Q2 FY25 in progress and will be approved by QM in May. Scores to be reviewed at July meeting.	
Medical Staff Policies and Procedures— <i>See attached</i>	<p>-Advanced Practice Provider and Allied Health Professional Orders Policy- Currently, PAs can have collaborative agreement and not supervision-hospitals can impose supervision if wanted. Make sure this is worded for what PAs are currently doing at hospital. (collaborative or supervisory) Chris wants to make sure all admitting providers are aware and okay with this policy in regards to if APPs can admit. Dr. Menet to review with Dr. Dhillon and Dr. Davidson-Fiedler. Dr. Menet to work with Amy. It was noted Jonathan Milton and Clark Collins are good resources for this policy. Table.</p> <p>-General Rules Regarding Surgical Care Policy-1A change it to say “In an emergency situation involving including but not limited to a minor or unconscious patient...” Table.</p> <p>-General Conduct of Inpatient Care Policy-To check with Q&B to see if there are other classifications that should be listed like letter L. (Hemodialysis, pediatric patients for example).</p> <p>-Confidentiality Retention of Credentialing files Policy-Questioning why CNO is listed. Table</p> <p>-Expedited Privileges Policy-Look at III. #10 & 11. Table</p> <p>-Disaster Credentialing Policy</p> <p>-Stoughton Health Quality Management Policy-</p> <p>-FPPE Policy</p> <p>-Temporary Privileges Policy</p> <p>-OPPE Policy</p> <p>-Impaired Provider Policy</p> <p>-Direct Admissions Policy</p> <p>-Emergency Services Policy</p> <p><i>Motion to approve:</i> <i>Second:</i></p>	<i>no more than 5 policies.</i>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	It was requested to have no more than 5 policies per meeting.	
Privilege Form review/approval— <i>See attached</i>	-General Surgery form (no change) -Psychiatry form (no change) -Psychology form (no change) -Pathology form (no change) -Pain Management form (updates made) -Anesthesiology form (updates made) -APNP form (updates made)- <i>Motion to approve:</i> <i>Second:</i>	Tabled until next meeting.
Old/Recurring Business-		
FPPE (concerns only) (Erin Meronk/ Amy Hermes)	No concerns.	
Correspondence	Nothing currently.	
Treasurer's Report— <i>See attached</i> (Dr. Dahlberg)		
New Business		
Formulary Updates and Additions—<i>See P & T minutes attached</i>	From the P&T Committee: Request approval for formulary additions: Cantharidin and phenol 89% swabs approved via email by P&T in December for Podiatry clinic Request from anesthesia: <ul style="list-style-type: none"> ▪ Mepivacaine HCl 2% preservative-free injection ▪ Use: spinal anesthesia ▪ Cost: \$6.40/vial (\$160 per package of 25) ▪ Current products with similar action: 0.5% bupivacaine ▪ Reason for request: looking for a short-acting anesthesia to allow for faster return of motor function and less urinary retention <i>Motion to approve: Dr. Diebold</i> <i>Second: Dr. Menet</i>	
Imaging Services follow up	Revisit availability of Intervention Radiology	
Administrative Report		

Agenda Item (Facilitator)	Discussion	Follow Up Action
Physician Development/Recruitment Updates (Chris)		
Strategic Plan/Master Facility Updates (Chris)		
Patient Satisfaction— <i>See attached</i> (Amy)		
Patient Services (Amy)		
Business Developments		
PR Board Report- Feb-March 25 — <i>See attached</i>	For review.	
Opportunities for Improvement		
Adjournment:		Next meeting: July 7, 2025

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Provider Service Agreement - Torres	Amendment #2 To The Blood And Blood Product Full-service Agreement
Counterparty	Mark Torres, DO	SSM Health Care Corporation
Evaluation Completed Date	12/30/2024	04/21/2025
Nature & Scope of Services	Surgery	Blood product Agreement impact life
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status	Confirmation of accreditation/certification status, Review of performance reports based on indicators set forth in the contract, Input from staff and patients, Assessment of contractor's responsiveness and communication
Q6-Expectations are set where? Select all that apply	In the contract	Addendum
Time Period When Services Provided	2024	2024-2025
Name of Person Completing Form	Sandra Bryan-Armstrong, MSN, BSN, RN	Kyle Sippel
Title of Person Completing Form	Manager of Surgical Services Stoughton Health.	Lab Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Facility Staffing Agreement - Amergis (formerly known as Maxim)	Supplemental Staffing Agreement
Counterparty	MAXIM HEALTHCARE STAFFING SERVICES, INC.	ADEX Healthcare Staffing, LLC
Evaluation Completed Date	12/11/2024	12/31/2024
Nature & Scope of Services	Traveling staff	Traveler radiology staff
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Direct observation of care, Input from staff and patients, Assessment of contractor's responsiveness and communication	Confirmation of accreditation/certification status, Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Input from staff and patients, Assessment of contractor's responsiveness and communication
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	1/1/2024-12/31/2024	8/24/2024-10/13/2024
Name of Person Completing Form	Heather Kleinbrook	Sara Sturmer
Title of Person Completing Form	Inpatient Services Manager	Medical Imaging Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Provider Service Agreement - Spivak	Provider Service Agreement
Counterparty	Talya Spivak	Noreen King MD
Evaluation Completed Date	12/30/2024	12/30/2024
Nature & Scope of Services	Provide tubal ligation services in the operating room at Stoughton Health	Provide tubal ligations in the operating room
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	No - Contractor didn't meet all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status	Confirmation of accreditation/certification status
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2024	2024
Name of Person Completing Form	Sandra Bryan-Armstrong	Sandra Bryan-Armstrong
Title of Person Completing Form	Surgical Services Manager	Surgical Services Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3	Board Packet, Page 84	

Stoughton Health
Annual Clinical Services Evaluation - 2024

	A Hoeft Contract	Provider Service Agreement
Counterparty	Forward Anesthesia LLC	Elizabeth Bliton
Evaluation Completed Date	02/11/2025	12/30/2024
Nature & Scope of Services	Provide CRNA Services	Physician will perform tubal ligations
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Direct observation of care	Confirmation of accreditation/certification status, Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Review of results of risk management activities, Review of grievances, Direct observation of care, Review of periodic reports submitted by contractor, Input from staff and patients, Assessment of contractor's responsiveness and communication, Peer review information, Audit of documentation, Collection of data addressing the efficacy of the service, Review of patient satisfaction rights data
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2025	2024
Name of Person Completing Form	Debra Dahlke CRNA	Sandra Bryan-Armstrong
Title of Person Completing Form	Lead CRNA	Surgical Services Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Provider Service Agreement	Provider Service Agreement
Counterparty	Marissa Decker	Tyler Boschuetz
Evaluation Completed Date	12/31/2024	12/31/2024
Nature & Scope of Services	Provider performs tubal ligations	Perform Tubal Ligation procedures at the Hospital
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status	Confirmation of accreditation/certification status
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2024	2024
Name of Person Completing Form	Sandra Bryan-Armstrong	Sandra Bryan-Armstrong
Title of Person Completing Form	Surgical Services Manager	Surgical Services Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Provider Service Agreement	Provider Service Agreement
Counterparty	Lori Wendricks-House, MD	Jennifer Meyer-Carper
Evaluation Completed Date	12/31/2024	12/31/2024
Nature & Scope of Services	Perform Tubal Ligation procedures at the Hospital	Perform tubal ligations in the operating room
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status	Other - Please complete next question.
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2024	2024
Name of Person Completing Form	Sandra Bryan-Armstrong	Sandra Bryan-Armstrong
Title of Person Completing Form	Surgical Services Manager	Surgical Services Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Medical Director Agreement	Provider Service Agreement
Counterparty	Dean Health Systems, Inc.	Dawn Kalin
Evaluation Completed Date	04/21/2025	12/30/2024
Nature & Scope of Services	Medical Direction for sleep.	Perform Tubal ligations in the operating room
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status, Direct observation of care, Input from staff and patients	Other - Please complete next question.
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2024	2024
Name of Person Completing Form	Kyle Sippel	Sandra Bryan-Amrstrong
Title of Person Completing Form	Manager Lab and Sleep Center	Surgical Services Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Provider Service Agreement	Provider Service Agreement
Counterparty	Daniel Pellicer , M.D.	Marisa Sturza
Evaluation Completed Date	12/30/2024	12/30/2024
Nature & Scope of Services	Performs Tubal Ligations in the operating room	Perform Tubal ligations in the operating room.
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status, Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Review of results of risk management activities, Review of grievances, Direct observation of care, Review of periodic reports submitted by contractor, Input from staff and patients, Assessment of contractor's responsiveness and communication, Peer review information, Audit of documentation, Collection of data addressing the efficacy of the service, Review of patient satisfaction data, Review of patient rights data, Other - Please complete next question.	Other - Please complete next question.
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2024	2024
Name of Person Completing Form	Sandra Bryan-Armstrong	Sandra Bryan-Armstrong
Title of Person Completing Form	Surgical Services Manager	Surgical Services Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Cardinalhealth Pharmacy Services Agreement	Staffing Agency Agreement - NuWest Group LLC
Counterparty	CardinalHealth PHARMACY SERVICES AGREEMENT	NuWest Group Holdings LLC Staffing Agency
Evaluation Completed Date	12/31/2024	12/11/2024
Nature & Scope of Services	Cardinal will provide after hours pharmacy coverage. This includes verification of medication orders, clinical support for pharmacy related questions, and pharmacy interventions on medication orders.	Clinical Staffing Agency
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Review of occurrence reports, Review of periodic reports submitted by contractor, Input from staff and patients, Assessment of contractor's responsiveness and communication	Direct observation of care, Input from staff and patients, Assessment of contractor's responsiveness and communication
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	1/1/2024-12/31/2024	1/1/2024-12/31/2024
Name of Person Completing Form	Pauline Cass	Heather Kleinbrook
Title of Person Completing Form	pharmacy manager	Inpatient Services Manager
Area of Concern		
Actions Taken	Worked with Cardinal regional director on plan to increase communication between our staff and Cardinal staff	
Area of Concern 2	Duplication of admission antibiotic orders that had already been given in ED	
Actions Taken 2	spoke with RN staff to re-educate on their role to look for duplicate orders before releasing; advised Cardinal staff on the importance of double-checking admission orders.	
Area of Concern 3		
Actions Taken 3	Board Packet, Page 90	

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Telemental Health Professional Services Agreement	Second Amendment To Amended And Restated Laboratory Services Agreement
Counterparty	eVizzit, LLC	SSM Health Care of Wisconsin, Inc.
Evaluation Completed Date	12/31/2024	12/26/2023
Nature & Scope of Services	Mental health telemedicine	Reference Lab Services
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status, Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Review of results of risk management activities, Review of grievances, Direct observation of care, Review of periodic reports submitted by contractor, Input from staff and patients, Assessment of contractor's responsiveness and communication, Peer review information, Audit of documentation, Collection of data addressing the efficacy of the service, Review of patient satisfaction data, Review of patient rights data, Other - Please complete next question.	Direct observation of care, Input from staff and patients, Assessment of contractor's responsiveness and communication, Audit of documentation
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2024	2024
Name of Person Completing Form	Tina Strandlie	Kyle Sippel
Title of Person Completing Form	ED Manager	Lab Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Onestaff Medical Agreement For Staffing Services	Provider Service Agreement
Counterparty	OneStaff Medical LLC	Tyler Dean Zenner, M.D.
Evaluation Completed Date	12/17/2024	05/13/2025
Nature & Scope of Services	Contract RT	Vas procedure
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status, Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Review of results of risk management activities, Direct observation of care, Review of periodic reports submitted by contractor, Input from staff and patients, Assessment of contractor's responsiveness and communication, Peer review information, Collection of data addressing the efficacy of the service, Review of patient satisfaction data	Review of occurrence reports, Input from staff and patients
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2024	Jan - Dec 2024
Name of Person Completing Form	Tina	Michelle Abey
Title of Person Completing Form	Strandlie	CFO & Clinic Administrator
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Provider Service Agreement	Provider Service Agreement
Counterparty	Adam Tierney, M.D.	Norm Richards II, M.D.
Evaluation Completed Date	05/13/2025	05/13/2025
Nature & Scope of Services	Urology Vas Procedure	Vas procedure
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Review of occurrence reports, Input from staff and patients	Review of occurrence reports, Input from staff and patients
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	Jan - Dec 2024	Jan - Dec 2024
Name of Person Completing Form	Michelle Abey	Michelle Abey
Title of Person Completing Form	CFO & Clinic Administrator	CFO & Clinic Administrator
Area of Concern		None noted
Actions Taken		
Area of Concern 2		None noted
Actions Taken 2		
Area of Concern 3		None noted
Actions Taken 3	Board Packet, Page 93	

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Provider Service Agreement	Provider Service Agreement
Counterparty	Samantha Kraemer, M.D.	Mitch Kopnick, M.D.
Evaluation Completed Date	05/13/2025	05/13/2025
Nature & Scope of Services	Vas procedure	Vas Procedure
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Review of occurrence reports, Input from staff and patients	Review of occurrence reports, Input from staff and patients
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	Jan - Dec 2024	Jan - Dec 2024
Name of Person Completing Form	Michelle Abey	Michelle Abey
Title of Person Completing Form	CFO & Clinic Administrator	CFO & Clinic Administrator
Area of Concern	None noted	None noted
Actions Taken		
Area of Concern 2	None noted	None noted
Actions Taken 2		
Area of Concern 3	None noted	None noted
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Provider Service Agreement	Provider Service Agreement
Counterparty	Nate Jung, M.D.	Lynn Hahnfeld, M.D.
Evaluation Completed Date	05/13/2025	05/13/2025
Nature & Scope of Services	Vas Procedure	Vas Procedure
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Review of occurrence reports, Input from staff and patients	Review of occurrence reports, Input from staff and patients
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	Jan - Dec 2024	Jan - Dec 2024
Name of Person Completing Form	Michelle Abey	Michelle Abey
Title of Person Completing Form	CFO & Clinic Administrator	CFO & Clinic Administrator
Area of Concern	None noted	None noted
Actions Taken		
Area of Concern 2	None noted	None noted
Actions Taken 2		
Area of Concern 3	None noted	None noted
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Provider Service Agreement	Orthopedic Call Agreement
Counterparty	Nathan Moore, M.D.	SSM Health Dean Medical Group
Evaluation Completed Date	05/13/2025	05/13/2025
Nature & Scope of Services	Vas Procedure	Ortho Calls
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Review of occurrence reports, Input from staff and patients	Review of occurrence reports, Input from staff and patients
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	Jan - Dec 2024	Jan - Dec 2024
Name of Person Completing Form	Michelle Abey	Michelle Abey
Title of Person Completing Form	CFO & Clinic Administrator	CFO & Clinic Administrator
Area of Concern	None noted.	None
Actions Taken		
Area of Concern 2	None noted.	None
Actions Taken 2		
Area of Concern 3	None noted.	None
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Orthopedic Call Coverage Agreement	Speech Pathology Service Agreement
Counterparty	Matthew Niesen, M.D.	Rural Wisconsin Health Cooperative
Evaluation Completed Date	05/13/2025	12/20/2024
Nature & Scope of Services	Oncall	Speech Therapy Services
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Review of occurrence reports, Input from staff and patients	Confirmation of accreditation/certification status, Review of performance reports based on indicators set forth in the contract, Input from staff and patients, Assessment of contractor's responsiveness and communication, Audit of documentation
Q6-Expectations are set where? Select all that apply	In the contract	Other: Please indicate in the next question.
Time Period When Services Provided	Jan - Dec 2024	2024
Name of Person Completing Form	Michelle Abey	Liz Touchett
Title of Person Completing Form	CFO & Clinic Administrator	Preventative Health & Rehab Services Manager
Area of Concern		
Actions Taken		Worked with employee and RWHC to optimize SLP schedule to meet changing patient care needs.
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Service Agreement - Emergency Services Provider	Technical Imaging Services Agreement
Counterparty	SOUTHERN WISCONSIN EMERGENCY ASSOCIATES, S.C.	Shared Imaging Services, LLC
Evaluation Completed Date	12/31/2024	12/31/2024
Nature & Scope of Services	ED and Urgent care medical services	Ultrasound, Nuclear, Echo services
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status, Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Review of results of risk management activities, Review of grievances, Direct observation of care, Review of periodic reports submitted by contractor, Input from staff and patients, Assessment of contractor's responsiveness and communication, Peer review information, Audit of documentation, Collection of data addressing the efficacy of the service, Review of patient satisfaction data, Review of patient rights data, Other - Please complete next question.	Confirmation of accreditation/certification status, Review of occurrence reports, Review of grievances, Direct observation of care, Input from staff and patients, Assessment of contractor's responsiveness and communication, Review of patient satisfaction data
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2024	
Name of Person Completing Form	Tina Strandlie	Sara Sturmer
Title of Person Completing Form	ED and UC Manager	Medical Imaging Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Stoughton Hospital Association, Inc. Agreement Between Madison Radiologists, S.c.	Independent Contractor Crna Agreement
Counterparty	Madison Radiologists, S.C.	Forward Anesthesia LLC
Evaluation Completed Date	12/31/2024	12/31/2024
Nature & Scope of Services	Radiology Interpretation	Anesthesia
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Confirmation of accreditation/certification status, Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Review of grievances, Direct observation of care, Input from staff and patients, Assessment of contractor's responsiveness and communication, Peer review information, Review of patient satisfaction data	Confirmation of accreditation/certification status, Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Direct observation of care, Input from staff and patients, Peer review information
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	1/1/2024 - 12/31/2024	2024
Name of Person Completing Form	Sara Sturmer	Debra Dahlke
Title of Person Completing Form	Medical Imaging Manager	Lead CRNA
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Pathology Services Agreement	Cardiology Provider Service Agreement
Counterparty	Associated Pathologists, S.C.	Medical Specialists LLC
Evaluation Completed Date	02/06/2025	05/13/2025
Nature & Scope of Services	Onsite clinical pathology services plus Laboratory Medial Direction	Non-interventional cardiology services
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Direct observation of care, Review of periodic reports submitted by contractor, Input from staff and patients, Assessment of contractor's responsiveness and communication	Review of occurrence reports, Input from staff and patients, Audit of documentation
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	2024	Jan - Dec 2024
Name of Person Completing Form	Kyle Sippel	Michelle Abey
Title of Person Completing Form	Lab Manager	Chief Financial Officer & Clinic Administrator
Area of Concern		Epic documentations and charting
Actions Taken		Chris Brabant & Michelle Abey addressed with Dr. Kaji & team in January 2025 and the "teaching notes" should no longer be in the chart but rather in team notes.
Area of Concern 2		Communication with advance practice providers
Actions Taken 2		Chris Brabant & Michelle Abey addressed with Dr. Kaji on April 1, 2025 after receiving documentation from APP.
Area of Concern 3		
Actions Taken 3	Board Packet, Page 100	

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Services Agreement	General Surgery Call Coverage Agreement
Counterparty	Beam Healthcare, S.C.	Richard Huntsman, M.D.
Evaluation Completed Date	12/11/2024	05/13/2025
Nature & Scope of Services	Provision of Hospitalist Services	General Surgery On Call services
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Direct observation of care, Input from staff and patients, Assessment of contractor's responsiveness and communication, Peer review information, Audit of documentation, Collection of data addressing the efficacy of the service, Review of patient satisfaction data	Review of occurrence reports, Input from staff and patients
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	1/1/24-12/31/24	Jan - Dec 2024
Name of Person Completing Form	Heather Kleinbrook	Michelle Abey
Title of Person Completing Form	Inpatient Services Manager	CFO & Clinic Administrator
Area of Concern		One incident in the last year of patient complaint on the length of time that the patient waited for the surgeon to arrive as the communication given the patient's family was that he would be here sooner.
Actions Taken		A Safety Zone portal was entered and CNO spoke with the provider about the incident.
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Supplemental Staffing Provider Agreement - Hospital & Clinic	Independent Contractor Crna Agreement
Counterparty	Aya Healthcare, Inc.	John M. Hoopes
Evaluation Completed Date	12/11/2024	02/12/2025
Nature & Scope of Services	Provision of Traveling Nurses	Anesthesia
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Direct observation of care, Input from staff and patients, Assessment of contractor's responsiveness and communication	Confirmation of accreditation/certification status, Review of occurrence reports, Review of performance reports based on indicators set forth in the contract, Direct observation of care, Input from staff and patients, Peer review information
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	1/1/2024 - 12/31/2024	2024
Name of Person Completing Form	Heather Kleinbrook	Debra Dahlke
Title of Person Completing Form	Inpatient Services Manager	Lead CRNA
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3	Board Packet, Page 102	

Stoughton Health
Annual Clinical Services Evaluation - 2024

	Independent Contractor Apnp Agreement	Psychiatric Director Agreement
Counterparty	Sarah Endicott	Amy Connell, M.D.
Evaluation Completed Date	12/11/2024	12/11/2024
Nature & Scope of Services	Psychiatric coverage for the GP Unit	Director of Psychiatric Services and Oversight of Geriatric Psychiatry Unit
Q1-Clinical Requirements Completed	Yes - Contractor satisfactorily completed clinical requirements of contract	Yes - Contractor satisfactorily completed clinical requirements of contract
Q2-All Performance Measures Met?	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.	Yes - Contractor satisfactorily met all performance requirements described within the contract/addendum.
Q3-Meet all regulatory standards?	Yes - Contractor met all regulatory standards.	Yes - Contractor met all regulatory standards.
Q4-Complete Other Requirements?	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.	Yes-Contractor has satisfactorily completed other requirements of the contract, as defined by leadership.
Q5-How was performance monitored & assessed-check all.	Direct observation of care, Input from staff and patients, Assessment of contractor's responsiveness and communication, Peer review information, Review of patient satisfaction data	Review of occurrence reports, Direct observation of care, Input from staff and patients, Assessment of contractor's responsiveness and communication, Peer review information, Audit of documentation, Review of patient satisfaction data
Q6-Expectations are set where? Select all that apply	In the contract	In the contract
Time Period When Services Provided	6/1/2024 - present	4/1/24 - present
Name of Person Completing Form	Heather Kleinbrook	Heather Kleinbrook
Title of Person Completing Form	Inpatient Services Manager	Inpatient Services Manager
Area of Concern		
Actions Taken		
Area of Concern 2		
Actions Taken 2		
Area of Concern 3		
Actions Taken 3		

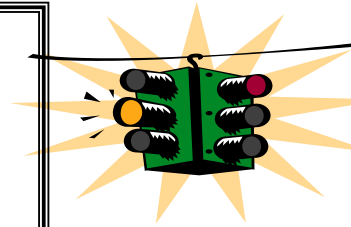
STOUGHTON HEALTH BALANCED SCORECARD

Current Indicator Status

Compared to Goals, Best In Class Benchmarks or Other Standards

Surpassed Stretch Goal	At or Above Goal	Caution < 5% Below Goal	Action Needed
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* Corrective Action Plan required for scores in Red Zone. Score is greater than 5% from Goal.

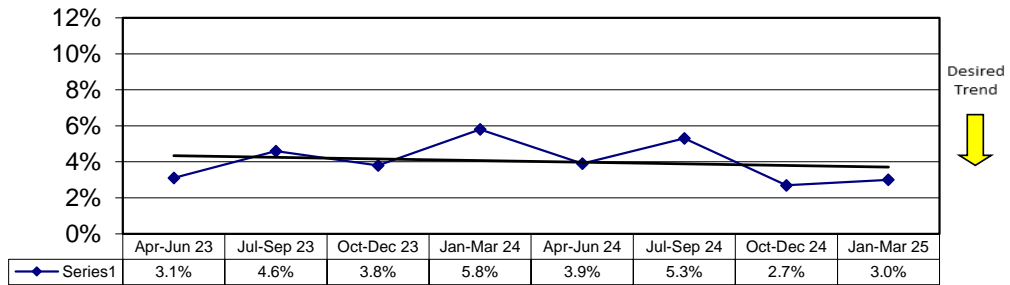


2nd Quarter
Fiscal Year 2025 Results for
3/31/2025

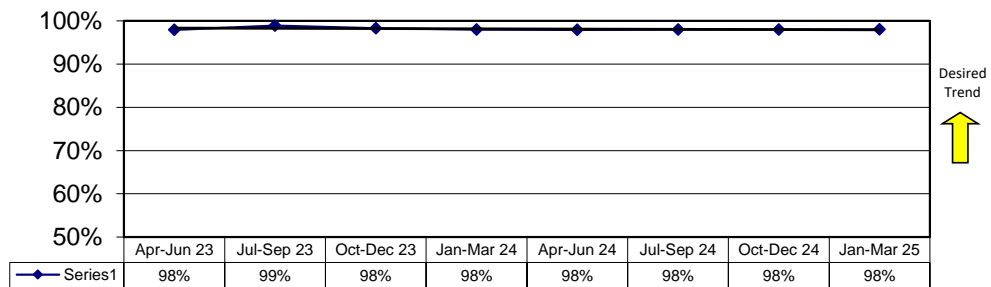
QUALITY AND SAFETY		SERVICE		SERVICE (Cont)		PEOPLE		GROWTH		FINANCES	
30 - Day Inpatient Readmission Rate	Current Qtr	Inpatient HCAPHS Rank Your Hospital High (Overall 9/10)	Current Qtr	Emergency Department Press Ganey Definitely Would Recommend (Loyalty)	Current Qtr	Turnover (excluding Per Diems) *measuring rolling 13 mo results each Qtr	Current Qtr	New Patient Records	Current Qtr	Operating Margin Year-to-Date	Current Qtr
	3.0%		93.0%		83.0%		13.1%		864		15.1%
	Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr
	2.7%		85.0%		69.0%		13.1%		846		16.8%
Goal: ≤ 6%	Prior Qtr	Goal: ≥ 90%	Prior Qtr	Goal: ≥ 90%	Prior Qtr	Goal: ≤ 17.2%	Prior Qtr	Goal: 630 or more (per Qtr)	Prior Qtr	Goal: ≥ 5.5%	Prior Qtr
	5.3%		95.0%		89.0%		12.5%		656		9.7%
Completion of Columbia Suicide Severity Rating Scale	Current Qtr	Outpatient Rehab & Medical Imaging Press Ganey Definitely Would Recommend (Loyalty)	Current Qtr	Geriatric Psych Press Ganey Definitely Would Recommend (Loyalty)	Current Qtr	New Hire Turnover *measuring rolling 13 mo results each Qtr	Current Qtr	Ancillary Hospital Outpatient Visits	Current Qtr	Percentage of Departments Meeting or Progressing Toward Top Quartile Productivity Ranking	Current Qtr
	98.0%		99.0%		37.0%		31.5%		10948		67%
	Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr
	98.0%		98.0%		90.0%		30.4%		10844		86%
Goal: = 98%	Prior Qtr	Goal: ≥ 90%	Prior Qtr	Goal: ≥ 90%	Prior Qtr	Goal: ≤ 17.2%	Prior Qtr	Goal: 9355 or more (per Qtr)	Prior Qtr	Goal: ≥ 80%	Prior Qtr
	98.0%		99.0%		94.0%		28.8%		10257		71%
Quarterly Inpatient Fall Free Days/Injury Free Days	Current Qtr	Ortho Clinic Press Ganey Definitely Would Recommend (Loyalty)	Current Qtr	Ambulatory Surgery Press Ganey Definitely Would Recommend (Loyalty)	Current Qtr	% of Employees Received 1st Week's Schedule Friday Before New Hire Orientation (excluding Per Diems)	Current Qtr	OR Procedures	Current Qtr	Total Compensation As % of Net Patient Total Revenues	Current Qtr
	180		100.0%		91.0%		42.0%		434		42.6%
	Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr
	181		89.0%		98.0%		45.0%		445		39.8%
Goal: ≥ 180 days in Rolling 6 Months	Prior Qtr	Goal: ≥ 90%	Prior Qtr	Goal: ≥ 90%	Prior Qtr	Goal: 100%	Prior Qtr	Goal: 490 or more (per Qtr)	Prior Qtr	Goal: ≤ 47%	Prior Qtr
	182		98.0%		91.0%		No Data		380		45.3%
Patients are Satisfied with Discharge Instructions Press Ganey	Current Qtr	General Surgery Clinic Press Ganey Definitely Would Recommend (Loyalty)	Current Qtr	% of 6-Month Probationary Department Checklists Completed Prior to 6-Month Anniversary	Current Qtr	ER/UC Admissions	Current Qtr	Accounts Receivable Days	Current Qtr	Goal: ≤ 44 days	Current Qtr
	96.0%		99.0%		72.0%		11290		48		48
	Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr		Recent Qtr
	22.0%		96.0%		84.0%		9986		46		46
Goal: ≥ 94%	Prior Qtr	Goal: ≥ 90%	Prior Qtr	Goal: 100%	Prior Qtr	Goal: 11221 or more (per Qtr)	Prior Qtr		Prior Qtr		Prior Qtr
	No Data		100.0%		No Data		8278		48		48

**Stoughton Hospital Balanced Scorecard
Quality/Safety Trends**

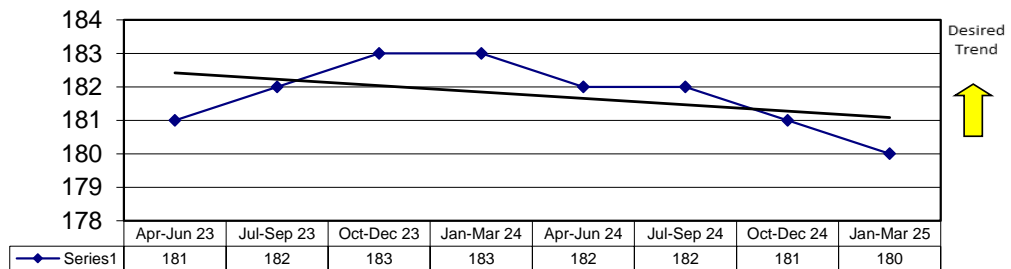
**30 Day Inpatient Readmission Rate
Goal $\leq 6\%$**



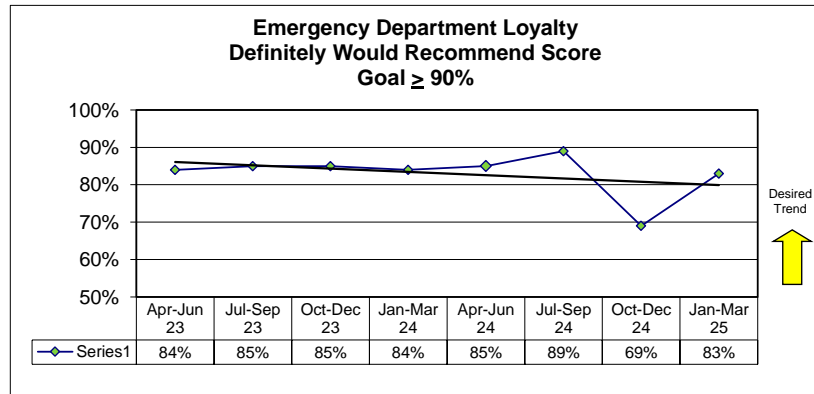
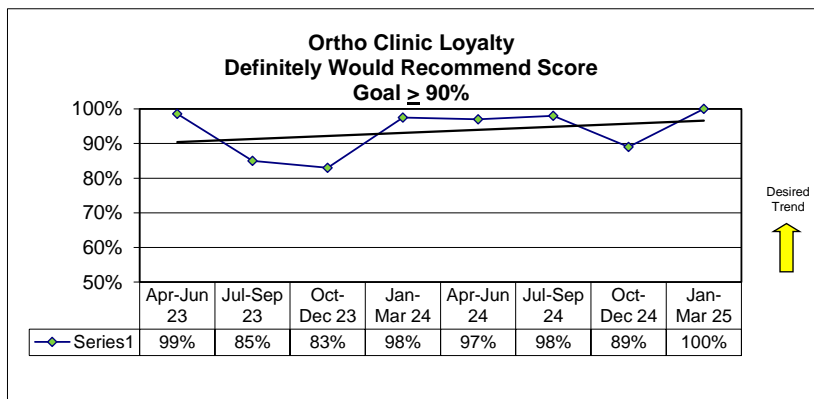
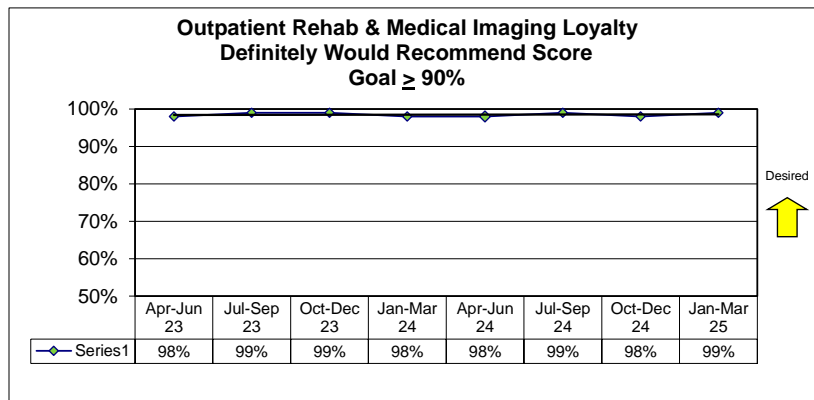
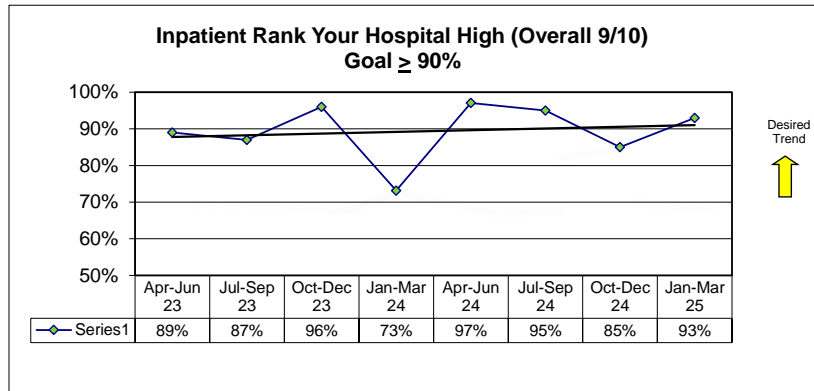
**Completion of Columbia Suicide Severity Rating Scale
Goal = 98%**



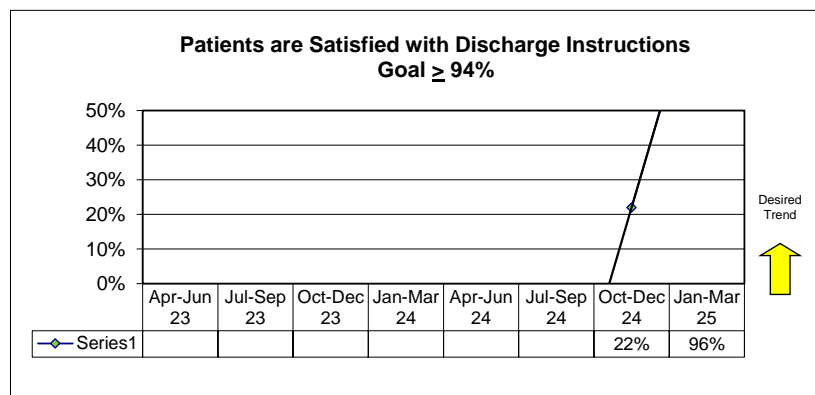
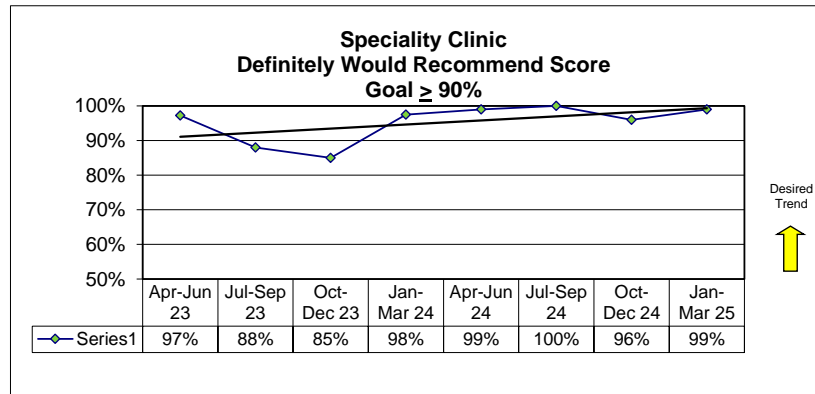
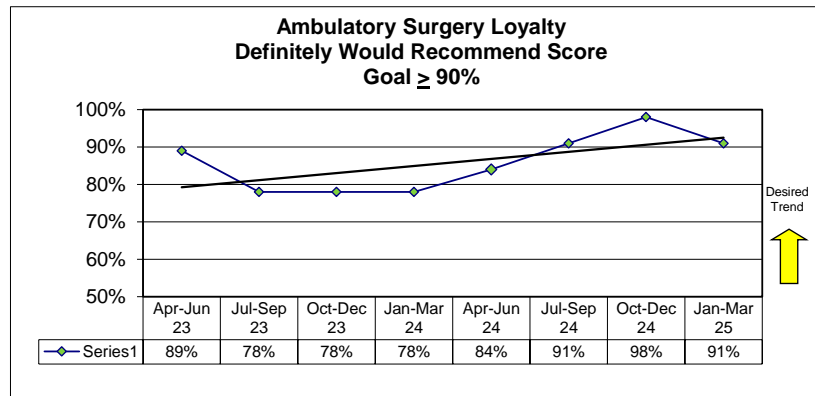
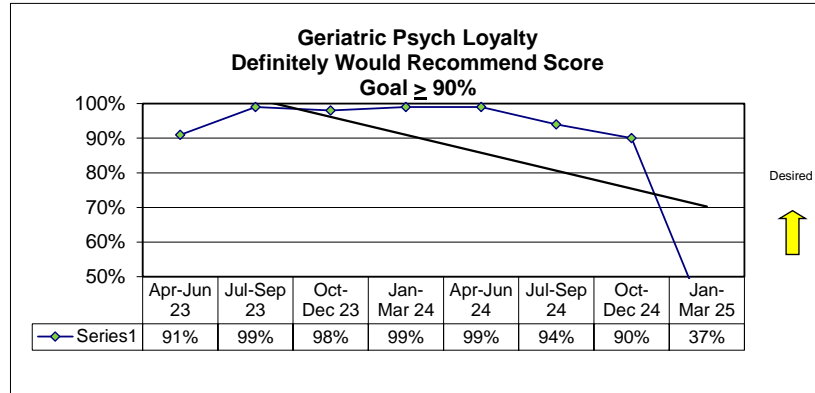
**Quarterly Inpatient Fall Free / Injury Free Days
Goal ≥ 180 Days, Rolling 6 Months**



**Stoughton Hospital Balanced Scorecard
Service Trends**

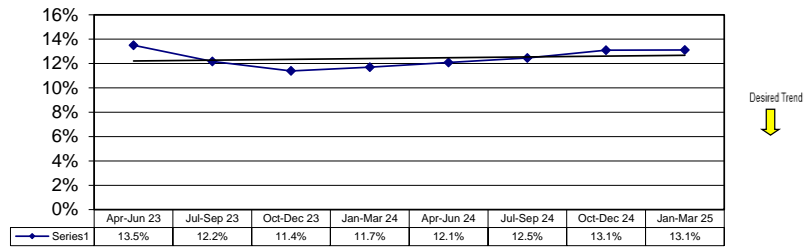


**Stoughton Hospital Balanced Scorecard
Service Trends**

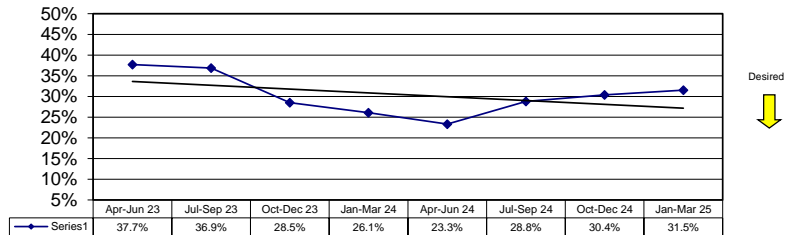


**Stoughton Hospital Balanced Scorecard
People Trends**

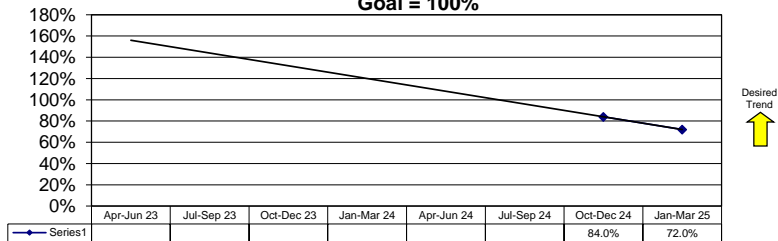
Employee 12 Month Rolling Turnover (excluding Per Diems)
Goal ≤ 17.2%



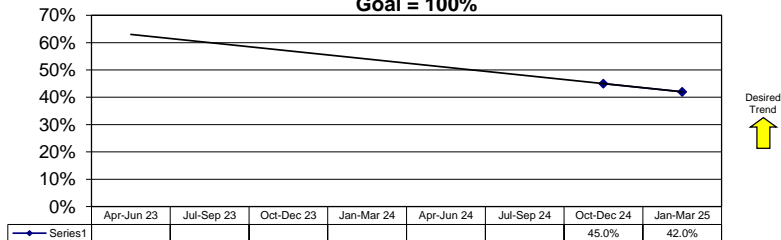
**New Hire Turnover
(Excluding Per Diems)**
Goal ≤ 17.2%



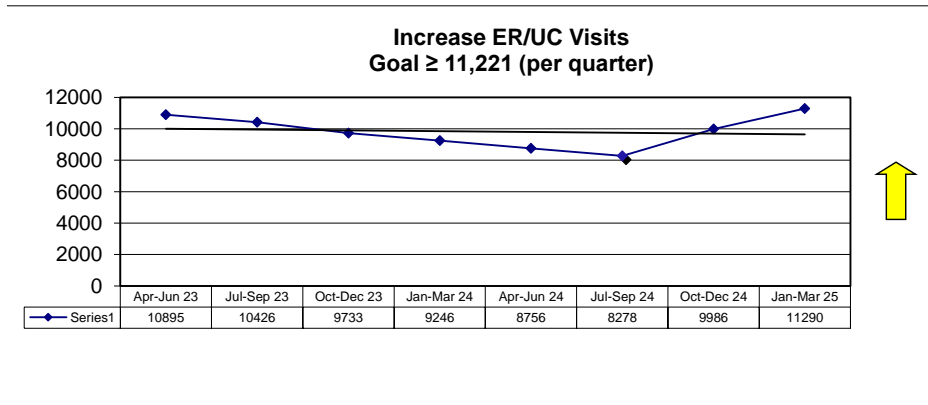
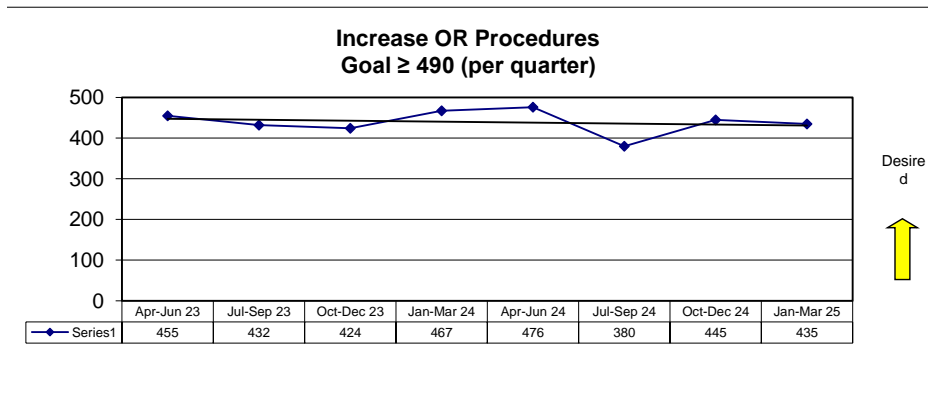
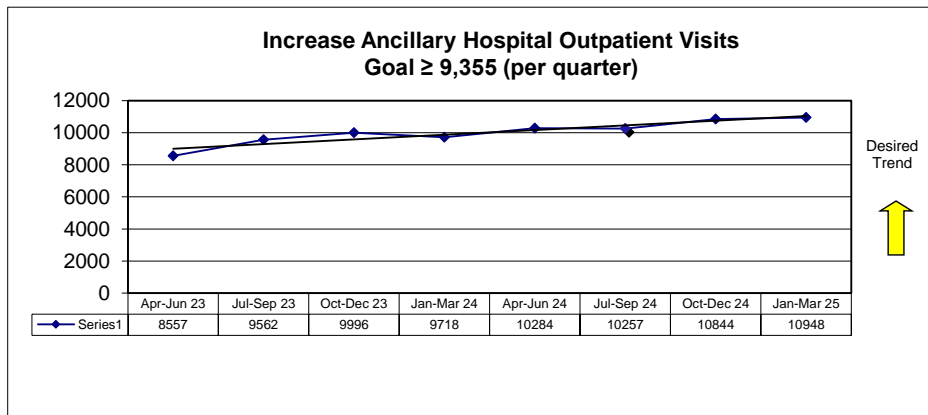
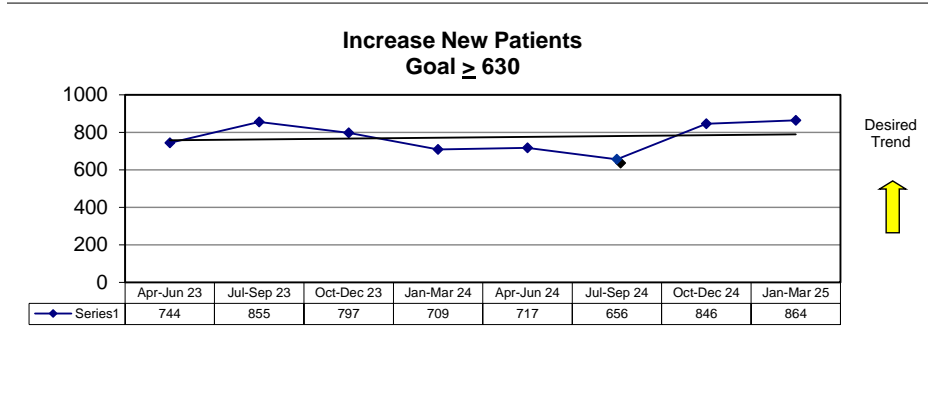
**% of 6-Month Probationary Department Checklists Completed Prior
to 6-Month Anniversary**
Goal = 100%



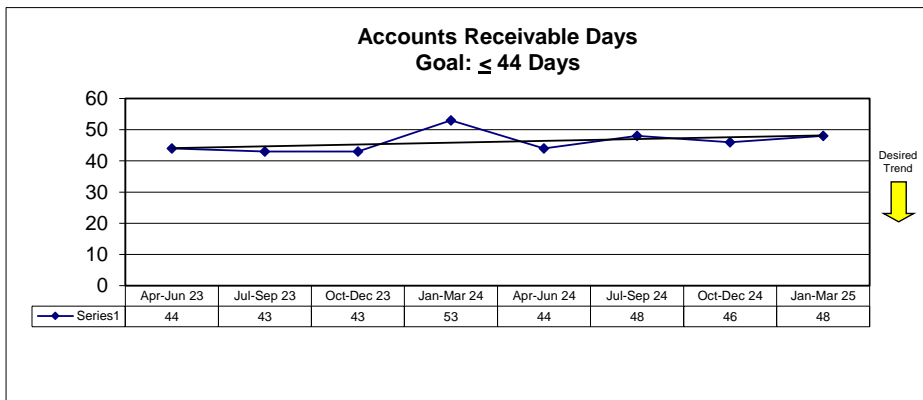
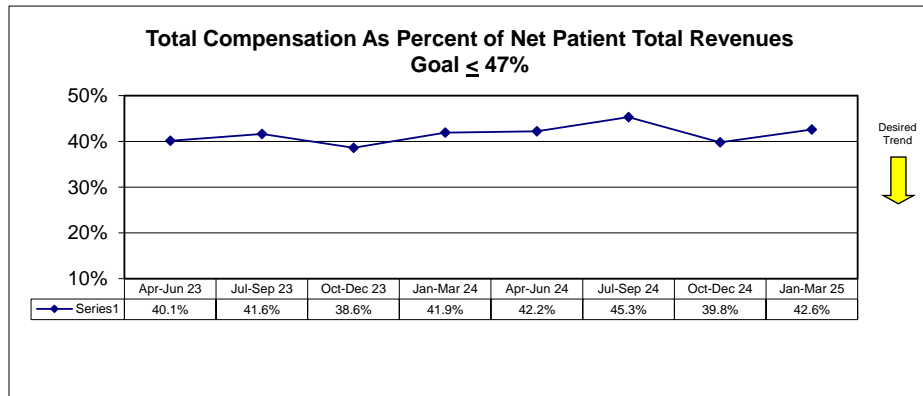
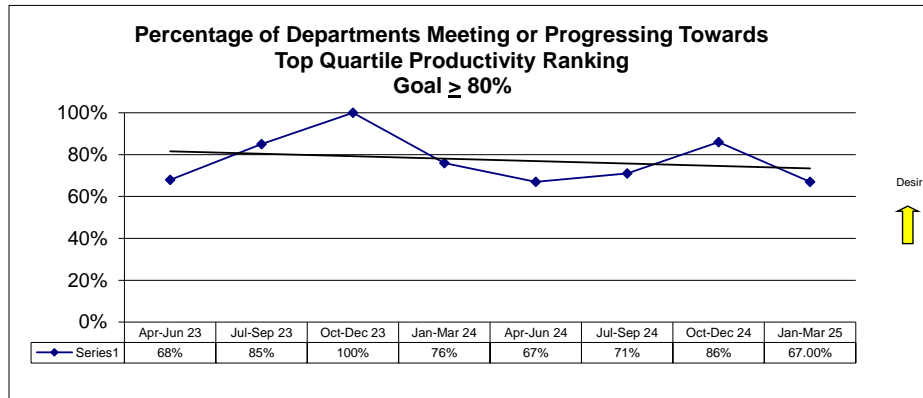
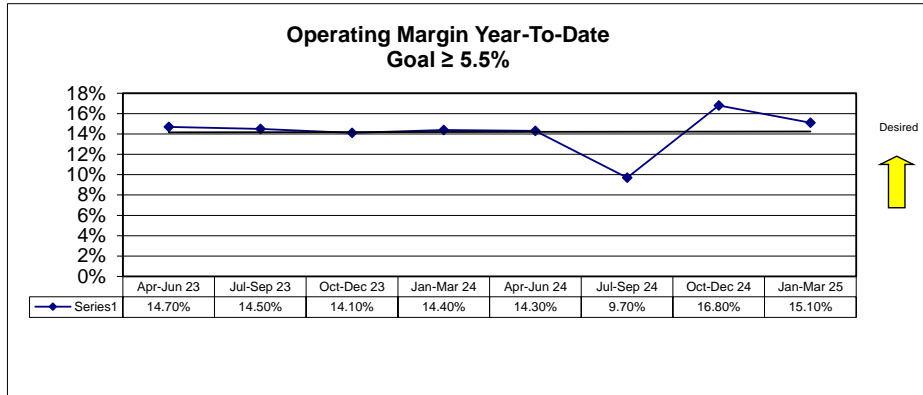
**% of Employee's Received 1st Week's Schedule Friday Before New
Hire Orientation (excluding Per Diems)**
Goal = 100%



**Stoughton Hospital Balanced Scorecard
Growth Trends**



**Stoughton Hospital Balanced Scorecard
Finance Trends**



Stoughton Hospital Patient Safety Committee Meeting Agenda
March 26, 2025 1:00 – 2:00 pm Bryan Center/Microsoft Teams

Members: Rhonda Tesmer, Heather Kleinbrook, Bill Wilson, Angie Rowin Tippet, Sandra Bryan Armstrong, Jen White, Kyle Sippel, Amy Hermes, Tina Strandlie, Sara Sturmer, Nikki Rowin, Jen Mora, Pauline Cass, Kelly Harrington, Josh Bartz

Present: Rhonda Tesmer, Jen White, Kyle Sippel, Amy Hermes, Bill Wilson, Kelly Harrington, Josh Bartz, Tina Strandlie

Absent: Sara Sturmer, Nikki Rowin, Pauline Cass, Sandra Bryan Armstrong, Jen Mora

Agenda Item (Facilitator)	Discussion	Follow Up Action																										
Approval of Previous Minutes	Review and approve January.	Approved																										
Standing Business																												
Medication Management Data Review - Pauline	<div><p>Patient Safety Events Per 1,000 Medication Doses FY 2025</p><table><thead><tr><th>Month</th><th>Number of Events</th></tr></thead><tbody><tr><td>Oct-24</td><td>0.27</td></tr><tr><td>Nov-24</td><td>0.49</td></tr><tr><td>Dec-24</td><td>0.07</td></tr><tr><td>Jan-25</td><td>0.31</td></tr><tr><td>Feb-25</td><td>0.37</td></tr><tr><td>Mar-25</td><td></td></tr><tr><td>Apr-25</td><td></td></tr><tr><td>May-25</td><td></td></tr><tr><td>Jun-25</td><td></td></tr><tr><td>Jul-25</td><td></td></tr><tr><td>Aug-25</td><td></td></tr><tr><td>Sep-25</td><td></td></tr></tbody></table></div> <p>NOTE: The graph is for internal use only for tracking and trending purposes.</p> <p>The event report for January/February is included. Here is a breakdown:</p> <p>In January,</p> <ul style="list-style-type: none">4 Controlled Substance discrepancies (2 for waste documentation and 2 for	Month	Number of Events	Oct-24	0.27	Nov-24	0.49	Dec-24	0.07	Jan-25	0.31	Feb-25	0.37	Mar-25		Apr-25		May-25		Jun-25		Jul-25		Aug-25		Sep-25		Please see attached detailed summary.
Month	Number of Events																											
Oct-24	0.27																											
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Agenda Item (Facilitator)	Discussion	Follow Up Action																																																																																																																																																																																																																																																																										
	<p>administration documentation)</p> <ul style="list-style-type: none">▪ 1 event where the wrong medication was dispensed and administered to the patient (ropinirole was ordered and risperidone was given—this was the RCA we completed) <p>In February,</p> <ul style="list-style-type: none">▪ 3 Controlled Substance discrepancies (all for waste documentation)▪ 1 IV infiltration.▪ 1 event where the patient was given the wrong dose of the medication (gabapentin). The patient was monitored but reported only increased fatigue (a common side effect). It was bedtime so the patient was not concerned with the fatigue.																																																																																																																																																																																																																																																																											
Barcode Scanning – Pauline	<div><p>Medication Barcode Scanning Compliance</p><table><thead><tr><th>DEPARTMENT</th><th>Jan-25</th><th>Feb-25</th><th>Mar-25</th><th>Apr-25</th><th>May-25</th><th>Jun-25</th><th>Jul-25</th><th>Aug-25</th><th>Sep-25</th><th>Oct-25</th><th>Nov-25</th><th>Dec-25</th><th>Goal</th></tr></thead><tbody><tr><td>ED</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>All Imaging</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>Mammography</td><td>60</td><td>35</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>60</td><td>98</td></tr><tr><td>MRI</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>Nuc Med</td><td>68</td><td>75</td><td>68</td><td>68</td><td>68</td><td>68</td><td>68</td><td>68</td><td>68</td><td>68</td><td>68</td><td>68</td><td>98</td></tr><tr><td>US</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>Pulmo</td><td>80</td><td>95</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>98</td></tr><tr><td>Echo</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>CT</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>Bone Density</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>Med Sg/ICU</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>GP</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>RT</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>Alc/Pre-Post-Op</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>Intrasp</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>CC-UC</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>McFarland-UC</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>95</td><td>98</td></tr><tr><td>Oregon-UC</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>80</td><td>98</td></tr></tbody></table></div> <p>We have now been tracking barcode medication scanning for a year. The suggestion has been made for managers to look closer at individuals who are not meeting goal and have conversations regarding barriers, especially in the departments that are close or above compliance. This will help us as we look to raise our goal to 98% for the hospital.</p>	DEPARTMENT	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Goal	ED	95	95	95	95	95	95	95	95	95	95	95	95	98	All Imaging	95	95	95	95	95	95	95	95	95	95	95	95	98	Mammography	60	35	60	60	60	60	60	60	60	60	60	60	98	MRI	95	95	95	95	95	95	95	95	95	95	95	95	98	Nuc Med	68	75	68	68	68	68	68	68	68	68	68	68	98	US	95	95	95	95	95	95	95	95	95	95	95	95	98	Pulmo	80	95	80	80	80	80	80	80	80	80	80	80	98	Echo	95	95	95	95	95	95	95	95	95	95	95	95	98	CT	95	95	95	95	95	95	95	95	95	95	95	95	98	Bone Density	95	95	95	95	95	95	95	95	95	95	95	95	98	Med Sg/ICU	95	95	95	95	95	95	95	95	95	95	95	95	98	GP	95	95	95	95	95	95	95	95	95	95	95	95	98	RT	95	95	95	95	95	95	95	95	95	95	95	95	98	Alc/Pre-Post-Op	95	95	95	95	95	95	95	95	95	95	95	95	98	Intrasp	95	95	95	95	95	95	95	95	95	95	95	95	98	CC-UC	95	95	95	95	95	95	95	95	95	95	95	95	98	McFarland-UC	95	95	95	95	95	95	95	95	95	95	95	95	98	Oregon-UC	80	80	80	80	80	80	80	80	80	80	80	80	98	<p>Here was a dip with Oregon related to the construction and related to the WOW's not quite scanning correctly. Managers are talking with staff who are under the 95% with scanning in their evaluations and that is becoming a goal for those individuals, along with reporting any meds/situations that don't scan into the SZP so that it can be addressed.</p>
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Agenda Item (Facilitator)	Discussion	Follow Up Action
Review of Safety Zone Event Data-Quarter I CY 2025 (Jan – Mar)	Quarter is still in progress. Will share data at next meeting in May.	
Patient Safety and/or Construction	<p>Barriers are going up on the clean side today around where the new washer will go. This will be negative pressure, and Bill discussed the wiping down of the barrier sections BEFORE they are installed. Everything is in order and the equipment is in.</p> <p>Kelly reports that things are good in Oregon, but they are working with Dacia about a chair for patient use in the imaging room.</p> <p>The countertops for med/surg will be done in phases. Kyle pointed out that there will be some wiring needs with the sleep lab and they will likely need to use the cart to do that.</p> <p>EOC is still concerned about signing in visitors and tightening up the Vendor process.</p>	
Security Concerns – All	<p>RWHC offers year-round Non-violent Crisis training 30 participants at a time. Sam Stoltz is working on getting this set up and we want to start with the registrars and valets. It will be a couple year process to get through our forward-facing folks trained.</p> <p>The upcoming active threat drill/training. There has been some confusion about scheduling. Providers were not to schedule appointments during 1-3 on that day and some have.</p> <p>There will be questions to ask employees about to cascade the learning. The email will go out to all employees. Tina pointed out that clinic areas are probably at heightened risk compared to hospitals. The questions focus on run, hide, fight and how that is dealt with in the specific areas of the hospital. For folks like Amy, who don't have a specific department, they should gameplan with managers who have multiple departments to help cover their areas. We are also going to establish a cadence so that we continue to keep this as part of our training.</p>	New Goal: All Non-violent Crisis Training: KOM: Enlist in RWHC to train as many employees as possible in the next year (30/per session, 5 sessions/year) and biannual training for active threats.
Risk Management Claims	No claims.	
2025 Patient Safety Goals	<p>Goals:</p> <p>1) Falls (Sentinel Alert and reporting requirement of our SZP grant) Hospital Fall Goals: Balance score card in the past rolling 6 months met goal with no issues. We have had increased census and acuity in G/P and still utilizing the virtual sitters.</p> <p>2) Global Immunizations for Inpatients (Influenza):</p> <p>3) OFI from DNV- Jen will provide the spreadsheet with the OFI's at Forum and will be setting up meetings to review chapters.</p> <p>4) DNV Standard Chapter Review – look at the chapters prior to the meeting and pay attention to the surveyor guidance parts to anticipate what they might be asking for.</p>	<p>Amy would like to see some of our goals on Controlled Substances and Scanning brought into this, adding Stroke to that, and then perhaps #5 could be a separate agenda items.</p> <p>Tina reports that Vasectomy clinic is scanning with a WOW. However, there</p>

Agenda Item (Facilitator)	Discussion	Follow Up Action
	<p>New items in the manual are blue. We have been reviewing the chapters and Jen is following up on action items from previous meetings. Hope to be done in June.</p> <p>5) Research best practice for medication administration in the clinic setting. Amy has been doing some research into that, however, we are still in the process of hiring clinic managers and we really need/want their input as we move through this. There have been some issues with verbal orders in the clinic and that can be problematic. Will add the clinic managers to this meeting.</p>	is not consistent use in all clinics. Add JoDeen and new clinic manager to meeting.
Restraints and Seclusion Review - Rhonda	No restraint use.	
Root Cause Analysis and/or CI Project Updates	One new RCA since last meeting for Plant Operations Power Outage/Power Pole Conductor	
Antibiotic Usage – Pauline/Bill	The dashboard is hopefully going to be ready for the April meeting with Apiari. Thirteen months of data have been shared and updates provided for Cottage Grove added.	
Stroke – Amy	It will be a challenge for our facility to apply for Acute Stroke Ready hospital due to the need for so many patients with thrombolytics. We do want to establish goals.	Amy Dunn to be added to this meeting.
Excessive Radiation Exposure (ALARA) DNV MI Chapter - Sara	No updates at this time.	
DNV Expanded Internal Audit – Blood Transfusion Process – Kyle	<p>This is also helpful for lab with the CAP survey. Kyle did not a limitation with EPIC requiring the unit to be scanned, which “starts” the transfusion in EPIC, even though it may be 10-15 minutes longer before the blood reaches the patient.</p> <p>Central line insertion audit tool is in the process of being developed by Bill. Goal is to test the tool by June 15th.</p>	Competency Days or Skills fair to help staff be more competency. Amy will talk with Sam and we would like to set up a fake blood bank, and using the blood warmer, and have staff to work through the entire process.
Regulatory/DNV Readiness – All	See above.	
Joint Commission – Sentinel Event Alert	No new publications since last meeting.	
Joint Commission – Quick Safety Monthly Articles	No new publications since last meeting.	
Other Discussions:		
	Next meeting: May 28, 2025 - 1:00 – 2:00 pm Bryant Center/Microsoft Teams	
Submitted by: Jen White		

Infection Prevention Committee Meeting Minutes
Wednesday, March 26, 2025 2:00-3:30 PM
Bryant Conference Room B or Microsoft Teams

Members: Heather Kleinbrook, Rhonda Tesmer, Amy Hermes, Jennifer White, Kyle Sippel, Tina Strandlie, Kelly Harrington, Sara Sturmer, Nikki Rowin, Jen Mora, Pauline Cass, Bill Wilson, Sandra Bryan Armstrong, Angie Rowin-Tippit, Dr. Joel Mendelin, Kelly Harrington, JoDeen Hettenbach

Present: Heather Kleinbrook, Rhonda Tesmer, Amy Hermes, Jen White, Kyle Sippel, Tina Strandlie, Kelly Harrington, JoDeen Hettenbach, Angie Rowin-Tippit

Topic	Presenter	Background	Discussion/Additional Information	Follow-up
Welcome New Committee Member	Committee	JoDeen Hettenbach, Multispecialty Clinic Manager		
Approval of January 2025 Meeting Minutes	Committee	Review and approve	Approved	
Standing Agenda Items				
Policy Review	Bill Wilson	Policies to review: None Update: 13.08 Hand Hygiene- Policy is being sent out as a Relias Policy Review required for all staff.		
Risk Assessment/ Program Goals and Infection Prevention Dashboard	Bill Wilson	Q1CY2025 IP Program Goals/ Q1CY2025 Infection Prevention IP Dashboard: Notable updates since January meeting are below. <i>(quarter ends March 31 and data will be reported on at the May IPC meeting)</i> <ul style="list-style-type: none"> NOZIN barcode scanning issues have been detected in Day Surgery due to package containing two swabs which is different than the individual packaged product that was used previously and the barcode was not scannable. Pauline was able to determine, after discussing with Becky in Day Surgery, that this issue appears resolved as of the first week in March. It is now scannable, and 	Bill and Sandra are looking for best practice with Nozin vs Povidone Iodine. We have not had any SSI's that are reportable and we are looking to expand use to all elective/planned surgeries. SSM chose to use the Povidone Iodine and they do not continue it after surgery. Our total joint-hips and knees- patients continue to use it after surgery if admitted. We are planning to expand use to other ortho patients and general surgery as well. The cost of Nozin is very reasonable and it is more	Bill will work with Sandra and put together an SBAR for recommendation of expanding this to all surgeries to take to MCE.

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		<p>most likely was due to a delay in EPIC getting the updated NDC added to the scannable list for the new product. Stacey J. will continue to monitor NOZIN pre-op administration compliance and look deeper into the charts where NOZIN administration was not recorded.</p> <ul style="list-style-type: none"> • EVS Flouro Surface Monitoring, paused during Jan due to staffing, resumed February 100% Feb and so far for staff monitored in March. • ORs 1/2/3/4 Average Temp will be >68°F between hours 0730-1530 for each quarter. Red line 66°F Goal 68°F = 68.52 °F through Feb 28. • OR All Locations 98% of time stamps will be 30-60% Relative Humidity per quarter. Compliance Red Line 90% Goal 100% =99.2% through Feb 28. Temp/humidity monitor in SPD Soiled will be replaced. • ED Identify <u>and</u> Implement appropriate isolation precautions prior to transfer to Inpatient unit of any communicable disease identified (ED) with a compliance rate greater than 95% in 2025. February data 89%. This significant improvement greatly narrows isolation gaps for admitted patients. • 100% of central lines will have documented “rationale” for each hospital day counted in 2025 =86% through Feb 28. 1 day criteria not documented of a total of 7 line days. <i>SSM Changed the flowsheet eliminating individual criteria selection December 2024 without notifying of changes. Staff have been educated on the flowsheet changes.</i> • 100% of indwelling urinary catheters will have documented “rationale” for each 	<p>comfortable for patients, which helps with compliance.</p> <p>This is a good goal for evals and Tina has been discussing with staff as applicable.</p> <p>The SSM nurse well-being update created an issue for both the Central Line and Urinary catheter documentation. Staff were educated.</p>	<p>Bill will send an email just to keep staff updated. Heather will</p>

Topic	Presenter	Background	Discussion/Additional Information	Follow-up
		<p>hospital day counted in 2025 =84% through Feb 28. 14 days criteria not documented of a total of 90 line days. <i>SSM Changed the flowsheet eliminating individual criteria selection October 2024 without notifying of changes. Documentation compliance has improved greatly as staff have been educated in the flowsheet changes.</i></p> <ul style="list-style-type: none"> ATP tester for endoscopes was sent to Neogen for calibration with a loaner received for the interim period. Our unit has been returned and is back in use. 		reinforce the importance of the documentation.
Antibiotic Stewardship	Pauline Cass Bill Wilson	Meeting scheduled with APIARI for April 15. Their plan is for them to reveal our new Antimicrobial use dashboards.		
Employee Health/Sharps Injuries	Jen Mora Bill Wilson	<p>Jan 2025 = 2 OR Feb 2025 = 1 OR Mar 2025 = 0 (to date) <i>See graph below</i></p>	<p>Tina reviewed with JoDeen the process change for sharps with those employees being seen by Jen Mora, rather than being seen in the ER.</p> <p>Amy asked related to injuries where we had 3 for 2022 and 2023, and then uptick to 6 in 2024 and three already this year. This is something to keep a pulse on.</p> <p>The 3 this year were all in the OR.</p>	<p>Bill will add the total number of cases for each month going forward.</p> <p>Bill and Jen Mora are looking into current Hepatitis B titer testing and booster recommendations.</p>

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Employee Influenza Vaccination Rates	Jen Mora	<p>Deadline for influenza vaccination was November 15 this year. There was an increased number of staff vaccination waivers compared to previous years.</p> <p>We are at 97% vaccination for total # employees.</p> <ul style="list-style-type: none"> • 3 medical waivers • 7 religious waivers (up one from January report) 		
Surveillance Reports				
NHSN Reporting: CAUTI/CLABSI Lab ID C Diff or MRSA Bacteremia	Bill Wilson Jen White	<ul style="list-style-type: none"> • NHSN Annual Hospital Survey submitted and accepted Feb. 17. Thank you Jen! • AUR Data Reporting issues with NHSN • No CAUTIs or CLABSIs • No MRSA Bacteremia cases • C Diff: No Hospital Onset Reportables <p><i>Note: The C-diff results that are reportable are so because of the NHSN definitions. Lab testing completed on specimens collected outside the hospital are not reportable but if it is collected in house, they are deemed reportable as required by the NHSN definition.</i></p>		
NHSN Reporting: SSI	Jen White	<p>No identified SSIs. 90-day monitoring window for HPRO and KPRO continues.</p> <p>None for COLO (30-day monitoring window)</p>		
Respiratory Surveillance	Bill Wilson Kyle Sippel	<p>Statewide virus activity:</p> <p>COVID-19 Low Activity and decreasing Influenza High Activity but decreasing RSV Moderate Activity and decreasing</p> <p><i>See Influenza activity map below</i></p>		

Topic	Presenter	Background	Discussion/Additional Information	Follow-up
2024 State Reportable Data	Bill Wilson	<p><i>See Graph Below</i></p> <p>Top Reportable Diseases so far in 2025:</p> <ul style="list-style-type: none"> • Influenza Hospital Admission = 16 • COVID-19 Hospital Admission = 8 • Chlamydia = 6 • E. coli illnesses (STEC/EPEC/EIEC/ETEC) = 4 		
Pharmacy Temps and Humidity USP 797 Reporting	Pauline Cass	No issues reported with temperature and humidity. Pharmacy is currently using compounding room 2 as the new hood in the pharmacy main compounding room will not be operational until it is tested on April 14. This will allow both compounding hoods to be on the same testing cycle.		
Blood Culture Contamination Rates	Kyle Sippel/Committee	<p>Goal <1.0 % - <i>See Graph Below</i></p> <p>Contamination rate spike in February = 3.80%. There were a total of 105 cultures collected with 4 contaminated; 3 were lab drawn, 1 ED drawn. Collector monitoring confirmed there were no repeat contaminations by individual staff. Lab is still using up the supply of Kurin ISDD devices and ED is also using them. There have been no reported equipment supply changes or substitutions. Kyle is continuing to track contamination rates as we have been having between 0.0% to 1.3% contamination rates since the Kurin ISDD trial started August 2, 2024 with exception of June and July when rates were elevated at 2.6% and 2.1% respectively.</p>	No tracking/trending with staff was detected. Tina shared that in the roundtable, most hospitals do not allow the ER nurses to draw blood cultures due to contamination. We are watching closely.	
DNV Preparedness/Follow Up	Bill Wilson Jen White/ Amy Hermes/ Rhonda Tesmer	<p>Bill is developing a Central Line audit process for ISO Certification, by using two of three measures: Interview, Observation, and Chart Review.</p> <p>DNV <i>"The ISO standards can help healthcare organizations enhance patient safety and improve other essential operational aspects."</i></p>	Central line checklist-laminated- is kept on the Central Line cart in ED and ICU. The documentation in the chart is whether or not the checklist was used.	

Topic	Presenter	Background	Discussion/Additional Information	Follow-up
Construction Risks-Infection Control Risk Assessments (ICRA)	Bill Wilson Jen White Rhonda Tesmer	<u>Active ICRA's:</u> Renovation of SPD -Barrier checks have been good on inspection. Project is going well. End of Phase 2, barriers removed, terminal cleaned. Both new sterilizers are online. Phase 3 starting soon including replacement of the old instrument washer and pass through window from Dirty to Clean. Hard barriers are being installed.	New washer is up and running.	
Risk Assessments	Bill Wilson	2025 Legionella Risk Assessment Review completed. We plan to have our Water Management Program Plan reviewed with Nalco after SHOC and the SPD remodel are completed as we will be updating with those additions. Annual TB Risk Assessment was completed in February. Risk level scoring remains low. Annual Cardboard and Multi-Use Solution risk assessments will sent out May 1 and are due back to Bill by June 2.	We need these back in a timely fashion. The hazards of cardboard were highlighted in the conversation.	
Immediate Use Steam Sterilization Process	Bill Wilson Sandra Bryan Armstrong	<i>See graph below</i> Jan = 0 Feb = 1 IUSS flashed one pan that had a hole in the outer wrap and the patient was under anesthesia. Mar = 0 to date	This was an acceptable use of flash sterilization. Tina asked about what patients are being told about what to expect with wound healing because even with a family member, there was concern about swelling and some redness which was normal healing and there have been patients coming into the ER with the same concern. The ability to upload pictures into My Chart and calling could save the concern.	JoDeen will follow-up with Ortho Team.

Topic	Presenter	Background	Discussion/Additional Information	Follow-up
Disinfection Opportunities with EVS	Angie Rowin-Tippit Committee	Individual staff are monitored for 22 surfaces cleaned utilizing the UV surface marking validation in each location audited. EVS Flouoro Surface Monitoring, paused during Jan due to staffing, resumed February and staff monitored were 100%.		
Pertussis	Bill Wilson	<p>Update February 17 from Public Health Madison & Dane County</p> <p>As of December 2024, pertussis (or whooping cough) cases in Dane County have been steadily declining. The pertussis outbreak, which initially began in June 2024, saw peak activity last October and November. With this steady decline, our Communicable Disease Team is beginning to scale down our pertussis response.</p> <p>Reminder: Pertussis is a Category 1 reportable disease and Public Health must be notified within 24 hours when your patient is being tested or treated for pertussis. If your patient is being tested for pertussis, please instruct them to <u>remain at home and isolate</u> until test results are back.</p>	Per the Dane County Case Managers, it has been a real struggle to get people to stay home and isolate.	
Avian Influenza U.S. situation update	Bill Wilson	<p>CDC risk assessment update March 19, 2025. No changes in recommendations from CDC. CDC considers low risk currently as there have been no human-to-human transmissions. Cases in the U.S. 70. Cases in Wisconsin 1 (poultry farms and culling operations). Deaths in the U.S. 1.</p> <p>This assessment outlines the current risk posed by H5N1 viruses to populations in the United States based on currently available data; however, this risk could change. H5N1 viruses are of public health concern because of their pandemic potential. If an H5N1 virus acquires the ability through genetic mutation or reassortment to cause sustained human-to-human transmission, it could cause a pandemic.</p>		

Topic	Presenter	Background	Discussion/Additional Information	Follow-up
		<p>Because influenza viruses constantly change, CDC monitors these viruses routinely, works to prevent further spread of H5N1 viruses between animals and people, and coordinates H5N1 preparedness activities. CDC will update this risk assessment as needed.</p> <p>Wisconsin Department of Public Health February 14, 2025: Currently, there is no imminent threat to Wisconsin since there is little evidence of sustained human-to-human spread of the bird flu in other parts of the world. It is difficult to predict if a bird flu virus will become a pandemic, but Wisconsin has plans in place to respond to that possibility, regardless of the source.</p> <p>Suspect avian influenza A(H5N1) cases</p> <p>Call the Bureau of Communicable Diseases (BCD) immediately and request A(H5) testing from the Wisconsin State Laboratory of Hygiene (WSLH).</p> <ul style="list-style-type: none"> Any individuals are considered suspect cases if they are exposed to: <ul style="list-style-type: none"> Sick animals (sick or dying birds, sick cows, neurologic cats), or Animals with known influenza A(H5N1) infection, or People with known influenza A(H5N1) infection, and who show respiratory symptoms and/or have conjunctivitis. Providers should immediately notify BCD of the suspected case and arrange for influenza A(H5) testing at no charge by WSLH. 		

Topic	Presenter	Background	Discussion/Additional Information	Follow-up
		<ul style="list-style-type: none"> ○ In-house testing, including rapid influenza diagnostic tests to identify influenza A, are discouraged for samples from patients with known contact with affected birds or dairy cattle. ○ Once approved, collect and ship specimens as outlined on WSLH's H5N1 HPAI webpage. ● Use appropriate infection control measures. If avian influenza A(H5N1) virus infection is suspected, probable, or confirmed in a hospitalized patient, place the patient in an airborne infection isolation room with negative pressure and ensure caregivers implement standard, contact, and airborne precautions with eye protection (goggles or face shield). 		
Measles U.S. situation update	Bill Wilson Jen Mora	<p>As of March 13, 2025, a total of 301 confirmed measles cases were reported by 15 jurisdictions: Alaska, California, Florida, Georgia, Kentucky, Maryland, New Jersey, New Mexico, New York City, New York State, Pennsylvania, Rhode Island, Texas, Vermont, and Washington.</p> <p>There have been 3 outbreaks (defined as 3 or more related cases) reported in 2025, and 93% of cases (280 of 301) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.</p> <p>U.S. Cases in 2025 Total cases 301 Age Under 5 years: 103 (34%) 5-19 years: 126 (42%)</p>		

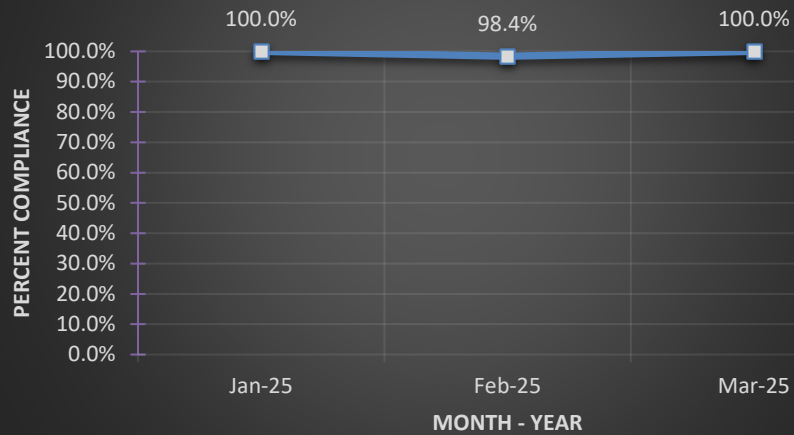
Topic	Presenter	Background	Discussion/Additional Information	Follow-up
		<p>20+ years: 63 (21%) Age unknown: 9 (3%)</p> <p>Vaccination Status Unvaccinated or Unknown: 95% One MMR dose: 3% Two MMR doses: 2%</p> <p>U.S. Hospitalizations in 2025 17% (50 of 301). Percent of Age Group Hospitalized Under 5 years: 27% (28 of 103) 5-19 years: 10% (13 of 126) 20+ years: 13% (8 of 63) Age unknown: 11% (1 of 9)</p> <p>U.S. Deaths in 2025 2 (1 confirmed, 1 under investigation)</p> <p>Recommendations</p> <p>Acceptable evidence of immunity against measles, mumps and rubella includes at least one of the following: <i>1) Written documentation of adequate vaccination, 2) Laboratory evidence of immunity, 3) Laboratory confirmation of disease, or 4) Birth before 1957.</i> Before vaccines were available, nearly everyone was infected with these viruses during childhood.</p> <p>MMR vaccination is important for children as well as adults who do not have evidence of immunity.(A) These include:</p> <ul style="list-style-type: none"> • Students at post-high school educational institutions • Healthcare personnel • International travelers • People of childbearing age before they get pregnant 		

Topic	Presenter	Background	Discussion/Additional Information	Follow-up
		<ul style="list-style-type: none"> Groups at increased risk for mumps because of a mumps outbreak <p>(A) Most born before 1957 are likely to have been infected naturally and therefore are presumed to be protected against measles, mumps, and rubella. Healthcare personnel born before 1957 without laboratory evidence of immunity or disease should consider getting 2 doses of MMR vaccine.</p> <p>If you received a measles vaccine in the 1960s, you may not need to be revaccinated. People who have documentation of receiving LIVE measles vaccine in the 1960s do not need to be revaccinated. People vaccinated prior to 1968 with either inactivated (killed) measles vaccine or measles vaccine of unknown type should be revaccinated. They should get at least 1 dose of live attenuated measles vaccine. This recommendation is intended to protect those who may have received killed measles vaccine. This vaccine was available in 1963–1967 and was not effective.</p>	Jen Mora and Bill are looking at current titer testing/vaccination recommendations for Measles.	
New Business				
CHWC Foot Clinic	Bill Wilson	Success of the CHWC Foot Clinic conversion to having new instruments reprocessed in SPD and returned to the Clinic weekly. Their service is growing as this is a much-needed service offered to the community. New competency was created for Foot Clinic Technician. Angie and Jen Mora created a training module housed in Relias for staff who will be transporting Biohazard Medical Specimens and/or Biohazardous Instrument 2025 and this was completed by 11 staff members.		
Instrument Transport Bins	Bill Wilson	New red, puncture-resistant, biohazard labeled, locking dirty instrument transport bins have been		

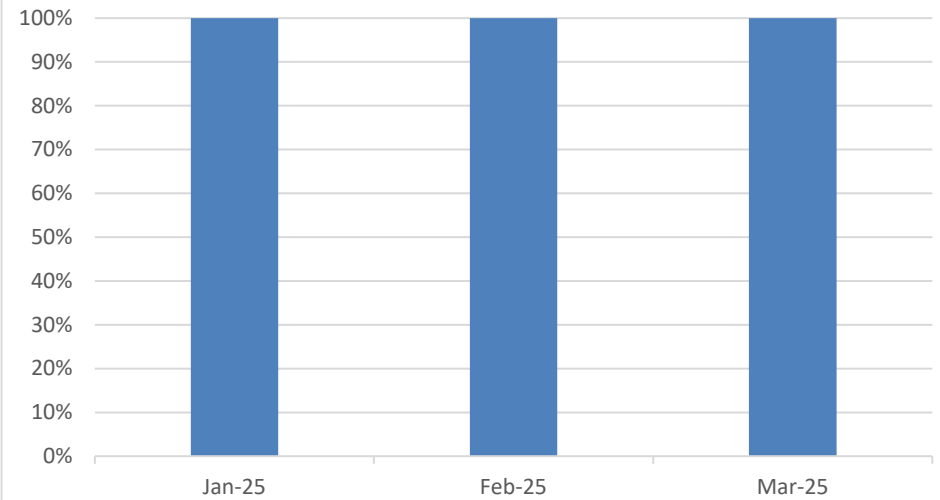
Topic	Presenter	Background	Discussion/Additional Information	Follow-up
		obtained for the clinics, Urgent Cares, ED and Med-Surg to standardize for SPD and improve safety.		
New Ivenix IV Pumps	Bill Wilson	Vaneica will get the cleaning information to Bill and will have conversations for cleaning of the pumps best practices.	<p>It will take time to build our drug library but we are exploring the option of purchasing the drug library that Monroe has, to use as a starting place. Cindy is coming on-site to understand our workflows. Addy or Sam will meet her in the lobby and getting her to the next location.</p> <p>It will be a good time to work with staff on site preparation, site changes, line change stickers to say when the tubing is due to be changed and using the Curocaps on PIVs in addition to use on Central Lines.</p>	
Bed and equipment disposable covers	Bill Wilson Angie Rowin-Tippit	Beds and equipment carts moved into the hallway or stored should be covered and Angie suggested purchasing disposable lightweight plastic covers made for this purpose. This is much better than using a sheet as it is impervious to dust and fluids.	These covers, or ones like it, could be used on lots of equipment when stored.	
Name badge covers	Bill Wilson	Suggestion was made by Jenifer Kenrick in HR to consider clear plastic name badge sleeves as seen at UW Hospital. Our current badges have a clear lamination applied on one side to protect the ink. For some staff, routine cleaning/disinfection of the badges has caused disruption of the lamination and image/print loss requiring replacement. These plastic sleeves will protect the badge material while allowing for disinfection of these "high touch" items. Samples will be passed around at the meeting.	Committee received the recommendation positively.	
Parking Lot				
Electronic Hand Hygiene Monitoring Systems	Bill Wilson			

Topic	Presenter	Background	Discussion/Additional Information	Follow-up
Verification Process for disinfection of fans and other multiuse patient care equipment	Bill Wilson Angie Rowin-Tippit			
Patient Hand Sanitizer	Bill Wilson	Angie is obtaining Purell hand sanitizer single use wipes and gel samples to trial for patient use when we transition to new alcohol-based hand sanitizer products in our facilities.	Rhonda and Bill did see the Purell hand sanitizer single use wipes on the med/surg floor today.	
Healthcare rated UV-C disinfection	Bill Wilson			
Next Meeting: Wednesday, May 28, Bryant Center Room B 2:00-3:30 PM or Microsoft Teams				

STOUGHTON HEALTH HAND HYGIENE COMPLIANCE RATE



STOUGHTON HEALTH ISOLATION HAND HYGIENE COMPLIANCE RATE



Updated 3/19/2025

March 17, 2025

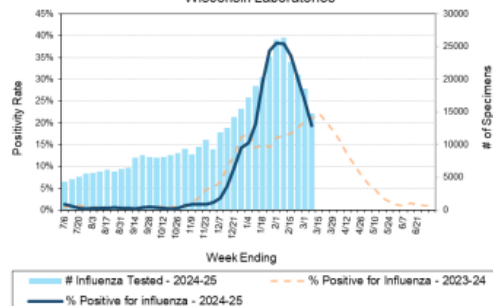
Laboratory Surveillance Report

** For a selection of pathogens, participating Wisconsin clinical laboratories voluntarily report to WSLH on a weekly basis the total number of tests performed, and the number of those tests with positive results.

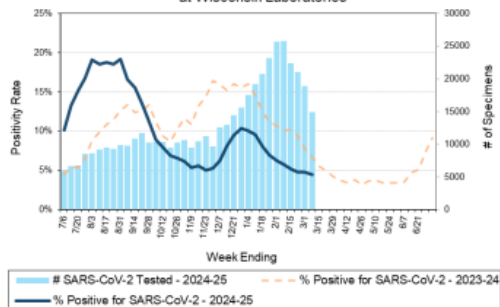
To Enhance Surveillance Activities, Please Send:

- All Testing Sites:
 - Three influenza-related hospitalizations per week
 - All Influenza A positive specimens:
 - From patients admitted to the ICU
 - With swine, bovine or poultry exposure
 - With international travel history
 - That fail to subtype as H1 or H3 (Ct <35)
 - Up to 5 SARS-CoV-2 positive specimens per week
 - All Enterovirus positive CSF specimens

Number Tested and Positivity Rate for Influenza by PCR at Wisconsin Laboratories



Number Tested and Positivity Rate for SARS-CoV-2 by PCR at Wisconsin Laboratories



Respiratory Snapshot:

- Influenza activity is high in Wisconsin (19.4%) and nationally (16.1%)
 - Influenza A is the dominant strain circulating (80%)
 - Influenza A(H1N1)pdm09 (58%) and A(H3N2) (42%) and are co-circulating this season
- Seasonal coronaviruses (9.6%), Rhinovirus/Enterovirus (7.7%) and RSV (7.0%) activities are Moderate in Wisconsin

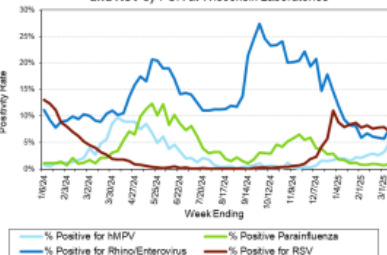
Enteric Snapshot:

- Norovirus activity is high (21.7%)

Other:

- Group A Streptococcus activity in Wisconsin is high (18.7%).

Positivity Rate of hMPV, Parainfluenza, Rhino/Enterovirus and RSV by PCR at Wisconsin Laboratories



Next Page

Laboratory Surveillance Report

Enteric Pathogens

Week Ending 3/8/25

	# Tested	% Positive
Norovirus***	664	21.7%
Campylobacter	734	2.6%
Astrovirus	597	2.5%
Sapovirus	595	2.2%
Salmonella	734	1.6%
Rotavirus	636	1.4%
Adenovirus 40/41	595	1.0%
E. coli O157	270	0.7%
STEC	734	0.7%
Giardia	649	0.6%
Shigella/EIEC	709	0.4%
Vibrio	661	0.3%
Yersinia enterocolitica	661	0.3%
Cryptosporidium	665	0.3%
Plesiomonas shigelloides	620	0.2%
Cyclospora	595	0.2%
Aeromonas	67	0.0%
Entamoeba histolytica	649	0.0%

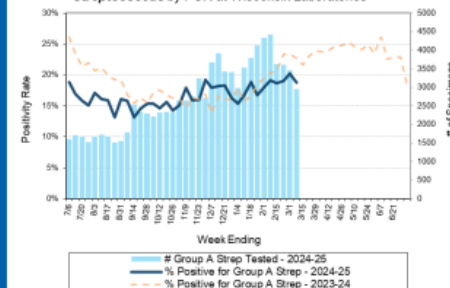
***BioMerieux has announced an increased risk of false positive norovirus results with the BioFire FilmArray GI panel, which may increase the statewide norovirus percent positivity **

Respiratory Pathogens

Week Ending 3/8/25

	# Tested	% Positive
Influenza	14825	19.4% ↓
Seasonal coronaviruses	1071	9.6%
Rhinovirus/Enterovirus	1901	7.7%
RSV	12116	7.0%
Human metapneumovirus	1257	4.9%
SARS-CoV-2	14951	4.5%
Adenovirus	1237	1.8%
Parainfluenza	1214	1.1%
Bordetella pertussis	841	0.8%

Number Tested and Positivity Rate for Group A Streptococcus by PCR at Wisconsin Laboratories



Additional Information

- Additional Information on avian influenza testing and influenza surveillance at WSLH: <https://www.slh.wisc.edu/clinical/diseases/h5n1-highly-pathogenic-avian-influenza-update/>
- Additional information on respiratory pathogens can be found on the DHS website: <https://www.dhs.wisconsin.gov/disease/respiratory.htm>
- Activity graphs for a variety of respiratory pathogens can be found on the DHS Respiratory Illness Dashboard: <https://www.dhs.wisconsin.gov/disease/laboratory-based-data.htm>
- Activity graphs for a variety of gastrointestinal pathogens can be found on the WSLH website: <http://www.slh.wisc.edu/wcln-surveillance/surveillance/gastropathogen-surveillance/>

To subscribe to this report, email WCLN@slh.wisc.edu

Updated 3/18/2025

What to know

- Statewide respiratory illness levels are high, and activity is decreasing.
- Influenza activity is high based on [emergency department](#), [laboratory testing](#), and [wastewater](#) data, and is decreasing.
- RSV activity is moderate and decreasing; activity remains elevated among children under 5.
- COVID-19 activity is low.
- Seasonal coronavirus activity is increasing.
- It is not too late to get the influenza, COVID-19, and RSV vaccines.
- To read about Highly Pathogenic Avian Influenza A(H5N1), visit our [outbreak investigations webpage](#).
- Pertussis data is available on our [pertussis webpage](#).

March 8, 2025

This dashboard shows respiratory virus activity and trajectories for the week ending on March 8, 2025.



To view data for a specific Wisconsin public health region, click below.

Statewide

Overall respiratory illness activity based on emergency department visits (Statewide)

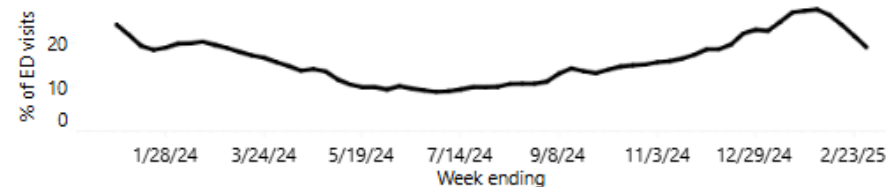
This represents a wide variety of respiratory illnesses that lead to ED visits, ranging from the common cold to COVID-19, flu, and RSV.

High
Activity

Decreasing



Overall respiratory illness trends over time



Virus specific activity based on emergency department visits (Statewide)

COVID-19

Low
Activity

Decreasing



Influenza

High
Activity

Decreasing



RSV

Moderate
Activity

Decreasing



Activity scale

Minimal

Low

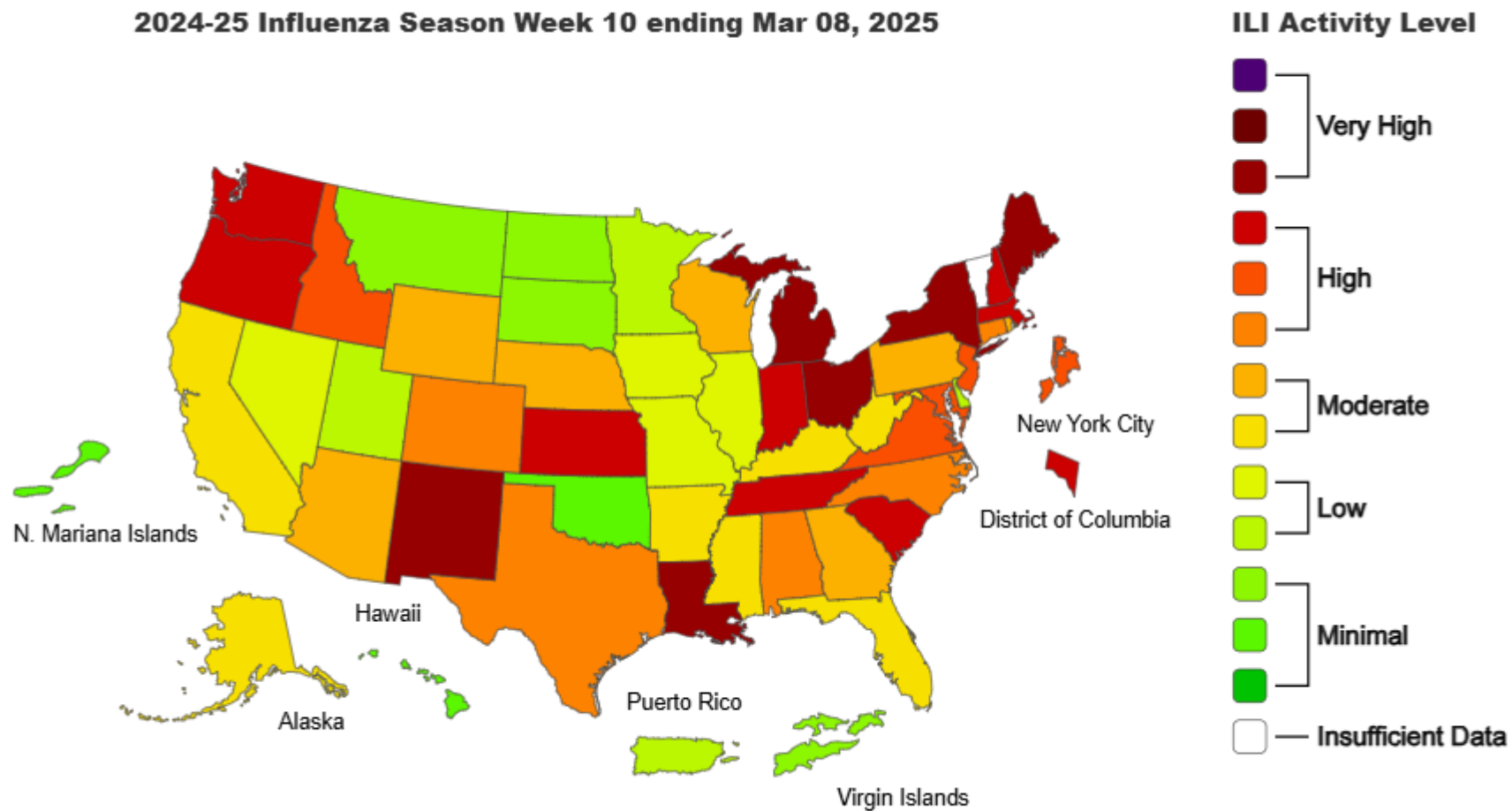
Moderate

High

Very High

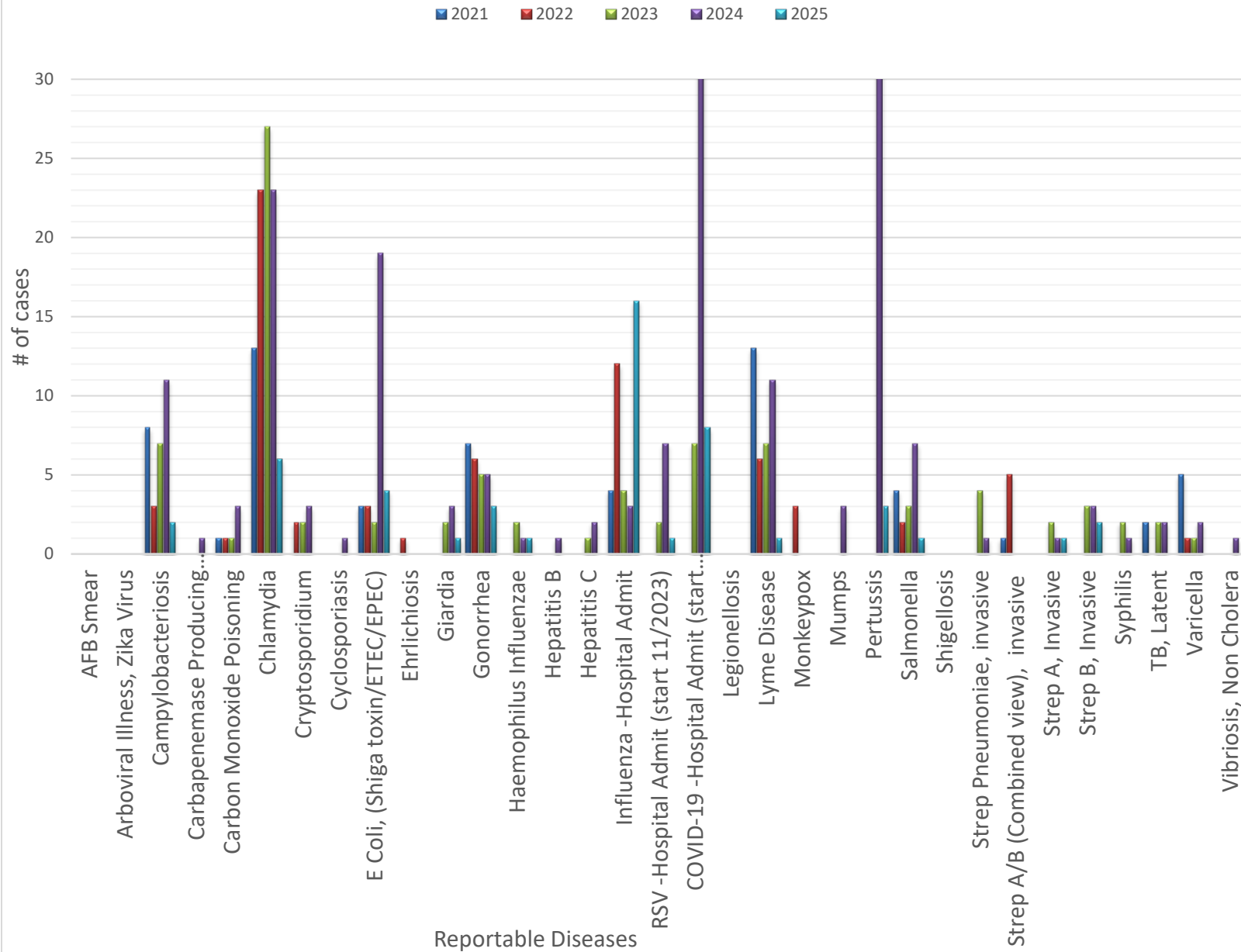
Updated: 3/13/2025

2024-25 Influenza Season Week 10 ending Mar 08, 2025



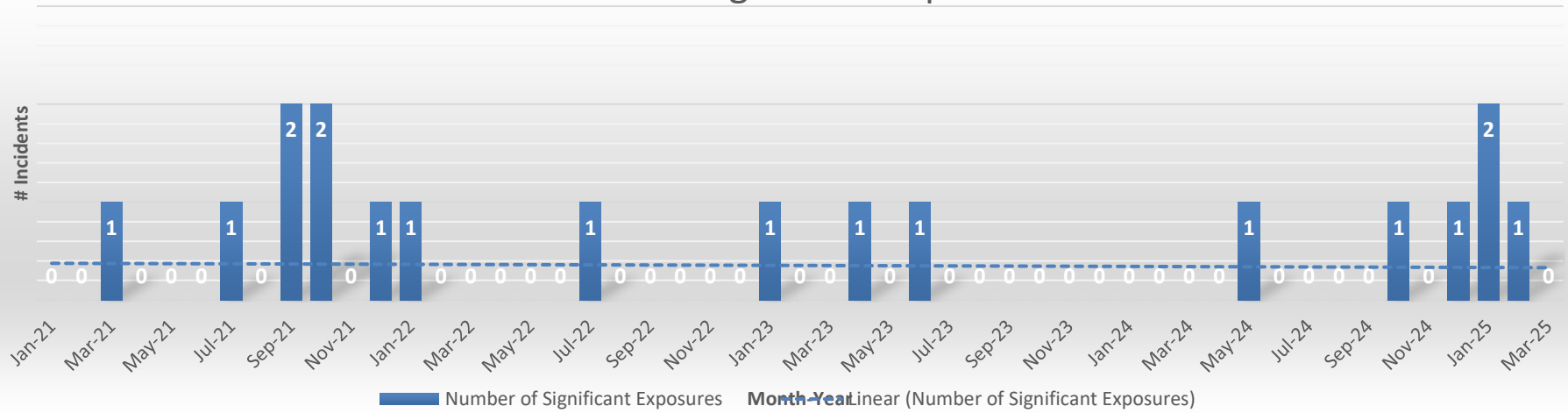
Updated 3/18/2025

Reportable Disease Trending by Year

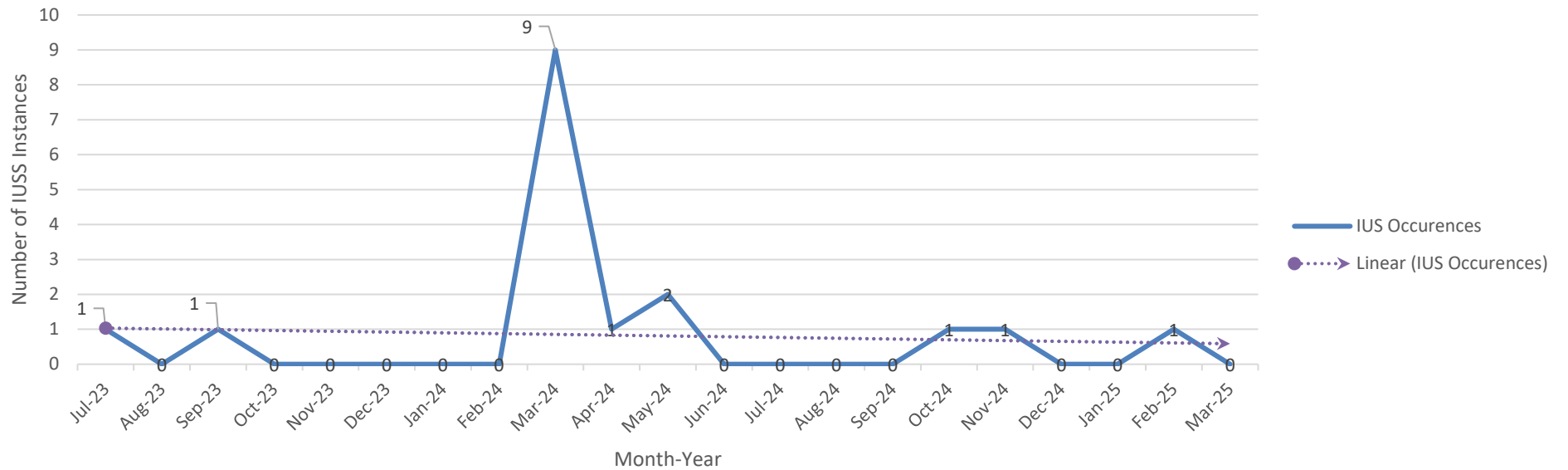


Updated 3/18/2025

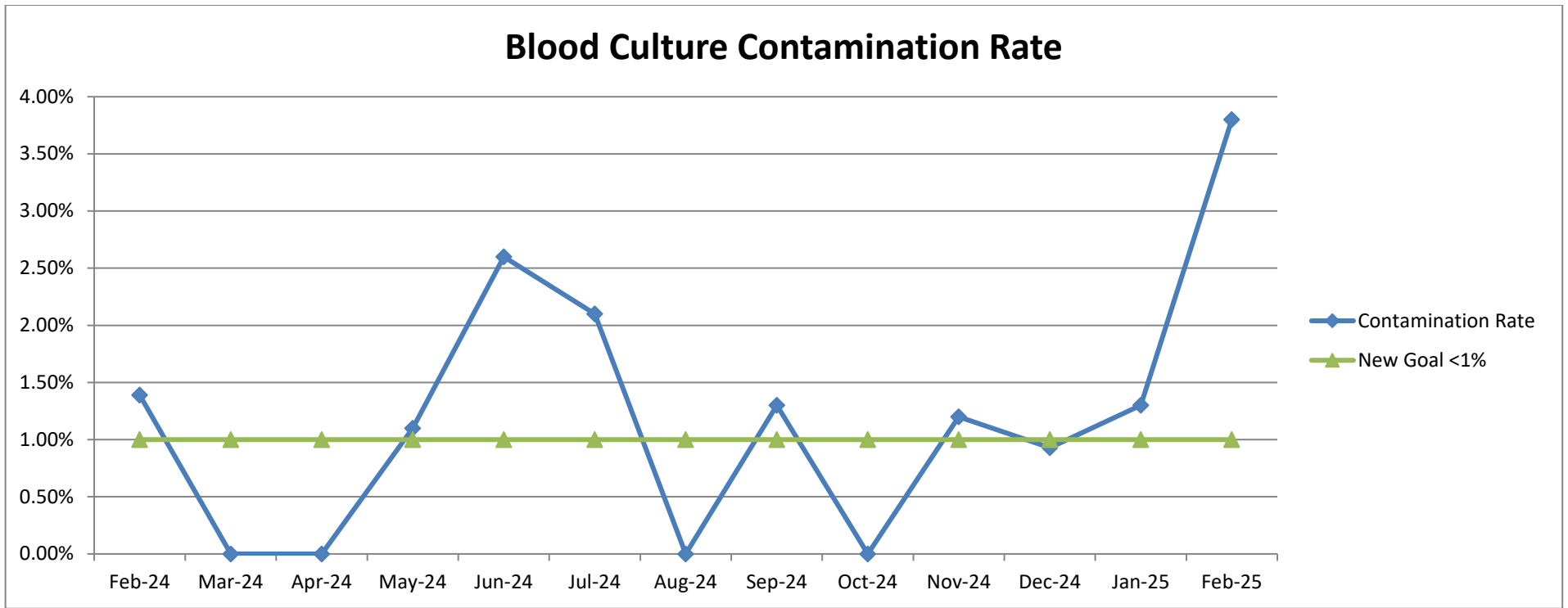
Number of Significant Exposures



IUSS Occurences



Updated 3/18/2025



Updated 3/18/2025

Report to Governing Board
Staff Competence Assessment
(Reporting Period: May 4, 2025 – April 30, 2025)

Purpose: The DNV requires annual reporting of staff competencies and compliance with Stoughton Health's policy on employee performance evaluations to the Board of Directors. This information is summarized and communicated to Stoughton Health's Board of Directors at a Board meeting. The purpose of this report is to educate the Board on personnel performance trends.

Summary of the Process: Stoughton Health management staff is responsible for measuring staff competency and communicating this performance feedback to employees through a formal annual employee performance evaluation process. As part of the annual evaluation process employees complete an annual self evaluation tool, done to increase employee participation and engagement in the employee performance review process. All employee evaluations were due by April 30, 2025, for all regular staff, non-probationary employees. This annual evaluation allows a more concentrated review cycle and eliminates simple oversight of anniversary/evaluation due dates.

Goal: Stoughton Health Managers have a shared goal of completing 100% of employee performance evaluations on or before the employee's evaluation due date.

Measurement Period Results: A total of 404 evaluations were completed over this measurement period including both annual and introductory evaluations.

Annual Evaluation Results:

For this evaluation period 325 of 326 or 99.7% of annual evaluations were completed on-time through April 30, 2025 and 1 of 326 or 0.3% of annual evaluations are not yet complete due to confusion related to completing an introductory evaluation in December 2024 and not aware of the need to complete an annual evaluation in April 2025.

Introductory Evaluation Results:

Of the introductory evaluations, 76 of 77 or 99% were completed on time, 1 of 77 or 1% is not yet complete due to the employee being off work on a medical absence.

There were Required Manager Follow Up Items with 9 employee annual evaluations in the areas: Accountability with Meeting Attendance, Accountability with Education and Assignments, Mistakes, Appropriateness, Timecard Accuracy, and Collaboration with team for scheduling that resulted in an Action Plans for Improvement during this measurement period. There were no Action Items with introductory evaluations in this period. This reflects our organization wide commitment to our shared standards of performance. 402 of 404 or 99.5% of all performance evaluations, both annual and introductory, for the measurement period are complete as of April 30, 2025.

Actions Needed: Stoughton Health will work with managers to increase introductory evaluations to meet this goal of 100% completion by due date. Future management training needs have been identified and actions will be communicated. Managers seem to have an easier time completing annual evaluations on time as opposed to introductory evaluations completed intermittently throughout the year relevant to their anniversary dates.

Conclusion: Stoughton Health's timely completion of annual performance reviews has hovered near the 100% mark for the past several reporting periods. Manager collaborative efforts to create a uniform annual employee performance review cycle maintained Stoughton Health compliance scores matching our goal of 100% compliance. This is a great achievement that hasn't happened by chance and this outstanding management accomplishment needs to be celebrated.

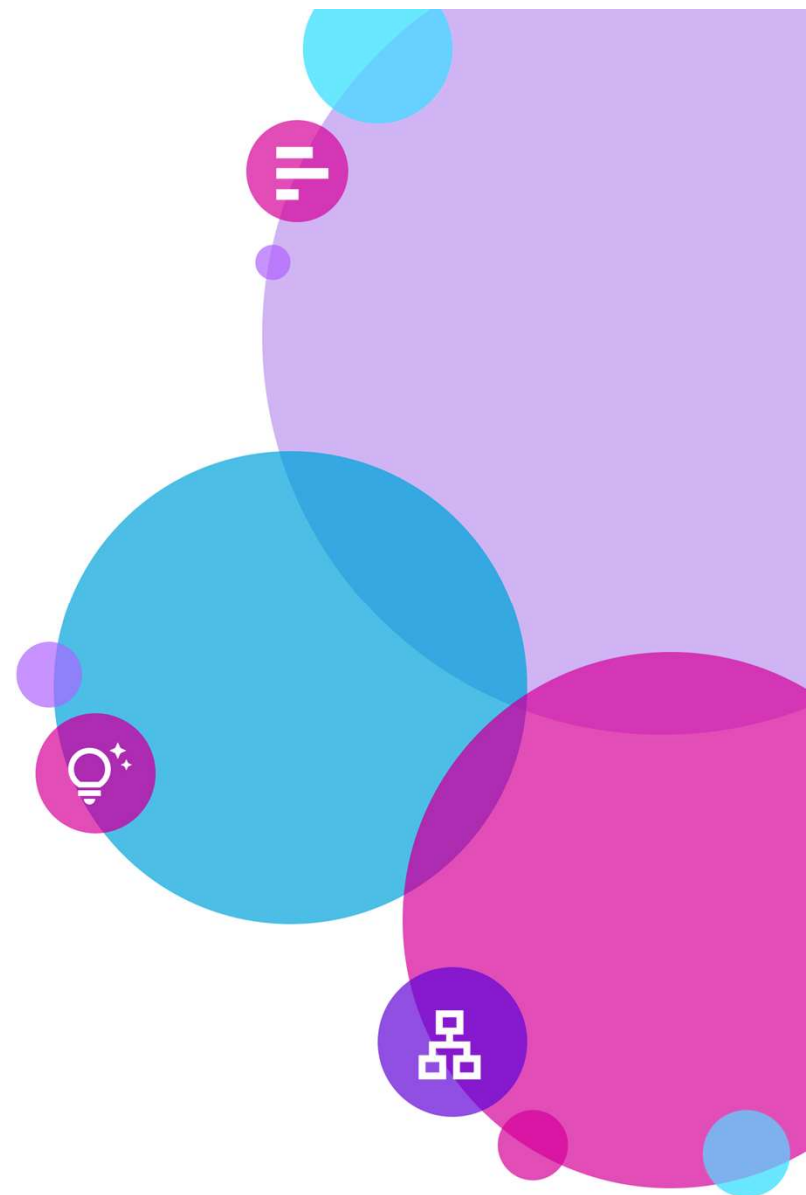
Respectfully Submitted:
Christopher Schmitz, Vice President Human Resources

May 2, 2025

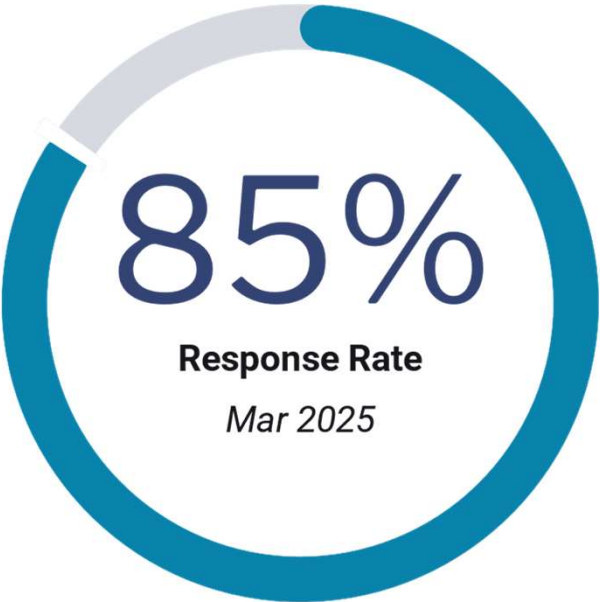


Workplace Experience Summary Report

Stoughton Health
March 2025



Workplace Survey Stats



Comparison Benchmark

Hospitals & Health Systems - 2025

67 organizations, including 38 Top Workplaces, with between 200 and 900 employees.



403
Employees invited



341
Employees responded



82%
Response rate from last survey

Workplace Experience Score



Workplace Experience Themes

We have categorized the core survey items into the themes below

- **Closely Aligned**
Shared belief in the direction, values, and meaning (3 items)
- **Empowered to Execute**
Communication, collaboration, and low operational friction. (5 items)
- **Enabled to Grow**
Training, learning, and reaching potential (3 items)
- **Engaged**
Maximum discretionary effort, commitment, and advocacy (3 items)
- **Fairly Valued**
Perceptions of fairness around pay, benefits, and work-life flexibility (4 items)
- **Respected & Supported**
Inclusion, support, openness, and appreciation (5 items)

Biggest Movers

The statements below represent the biggest increases and biggest declines by percent favorable since the last survey.

Statements with Biggest Increases

↑2

Well-Being

Stoughton Health does a great job of prioritizing employee well-being

↑1

Direction

I believe Stoughton Health is going in the right direction

↑1

Pay

My pay is fair for the work I do

Statements with Biggest Decreases

↓9

Open-mindedness

Stoughton Health encourages different points of view

↓7

Meetings

Meetings at Stoughton Health make good use of my time

↓5

Development

My department manager (not team lead or coordinator) helps me learn and grow

Key Benchmark Comparisons

The statements below represent the highest and lowest scores relative to the Hospitals & Health Systems - 2025 benchmark by percent favorable.



Top Statements Relative to Benchmark

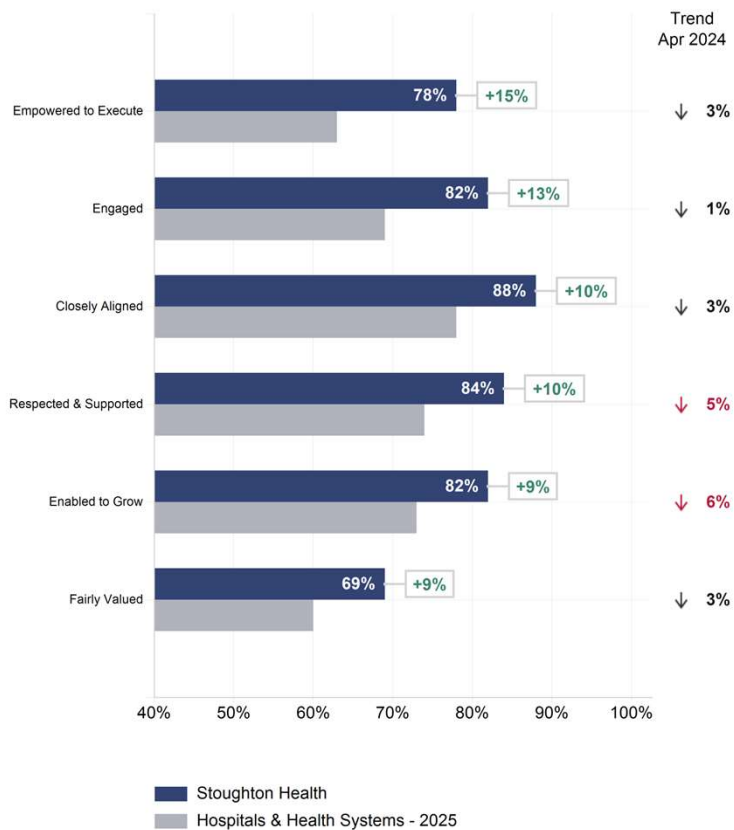
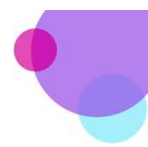
- +21** **Interdepartmental Cooperation**
There is good interdepartmental cooperation at Stoughton Health
- +18** **Clued-in Employees**
I feel well-informed about important decisions at Stoughton Health
- +17** **Well-Being**
Stoughton Health does a great job of prioritizing employee well-being

Bottom Statements Relative to Benchmark

- 3** **Benefits**
My benefits package is good compared to others in this industry
- +7** **Development**
My department manager (not team lead or coordinator) helps me learn and grow
- +7** **Work-life**
I have the flexibility I need to balance my work and personal life

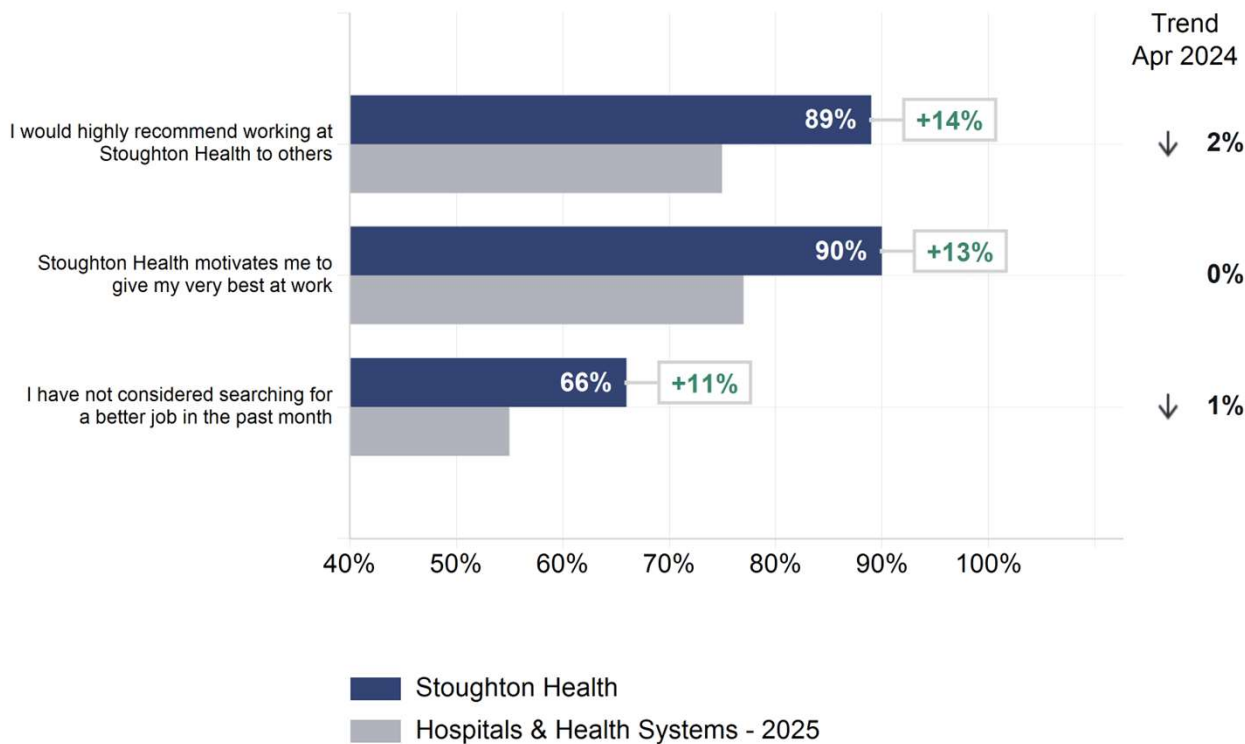
Workplace Experience Themes

Percent favorable by theme at the organizational level



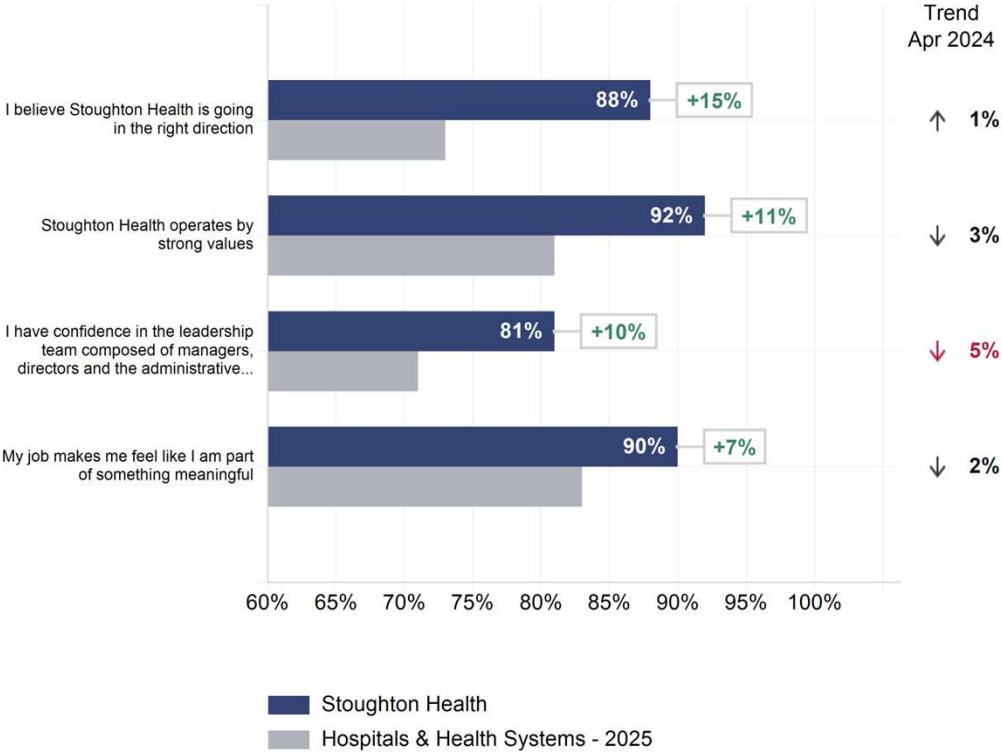
Engaged

Percent favorable by statement at the organization level
Engaged theme score 82%



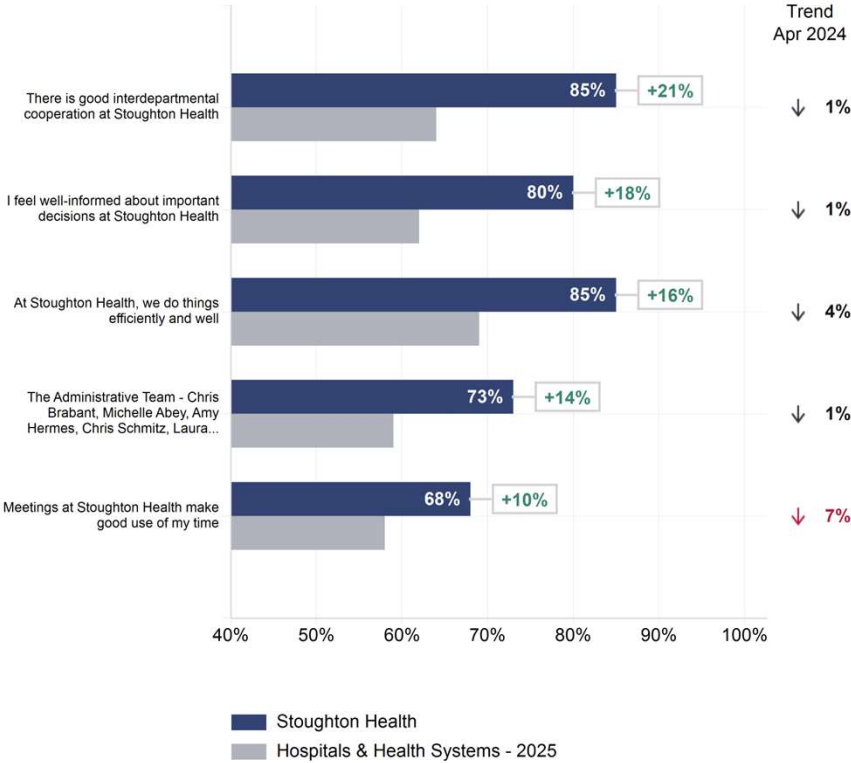
Closely Aligned

Percent favorable by statement at the organization level
Closely Aligned theme score 88%



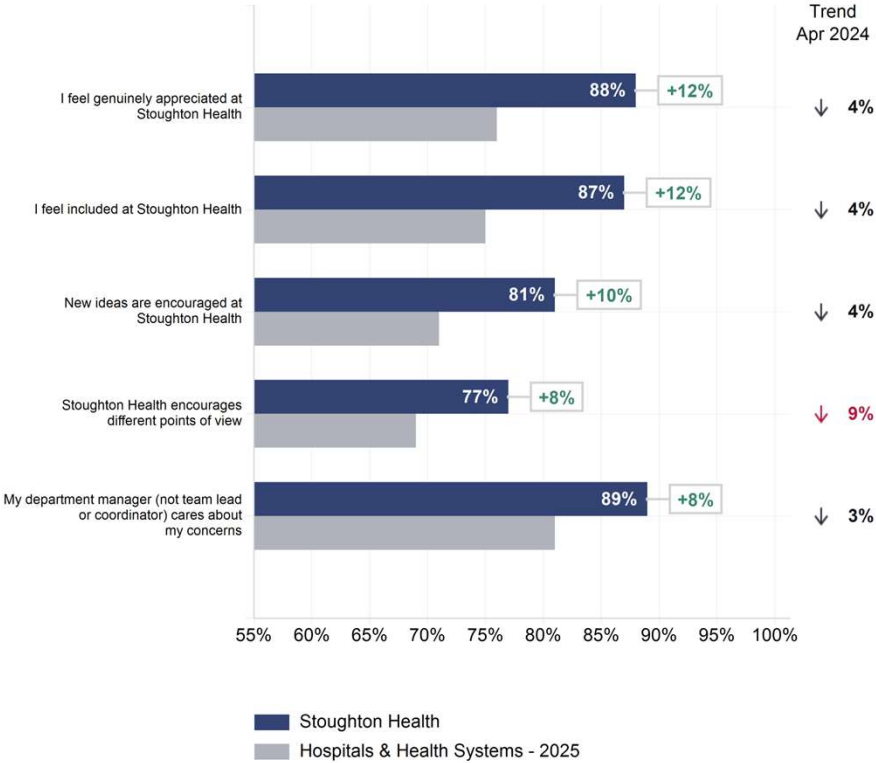
Empowered to Execute

Percent favorable by statement at the organization level
Empowered to Execute theme score 78%



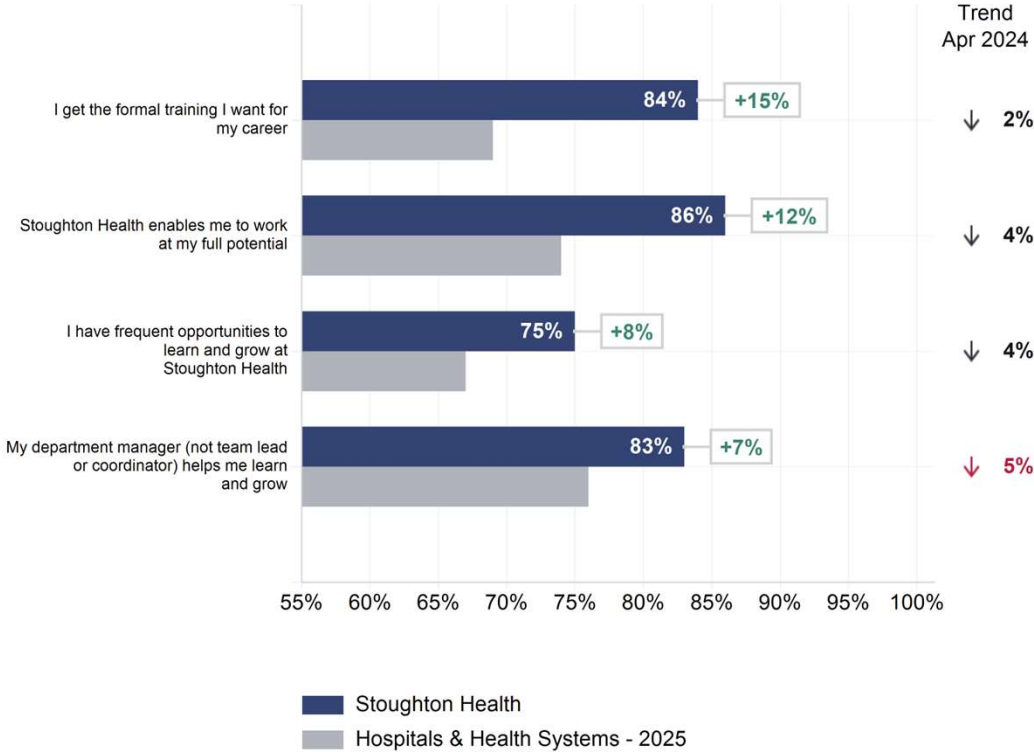
Respected & Supported

Percent favorable by statement at the organization level
Respected & Supported theme score 84%



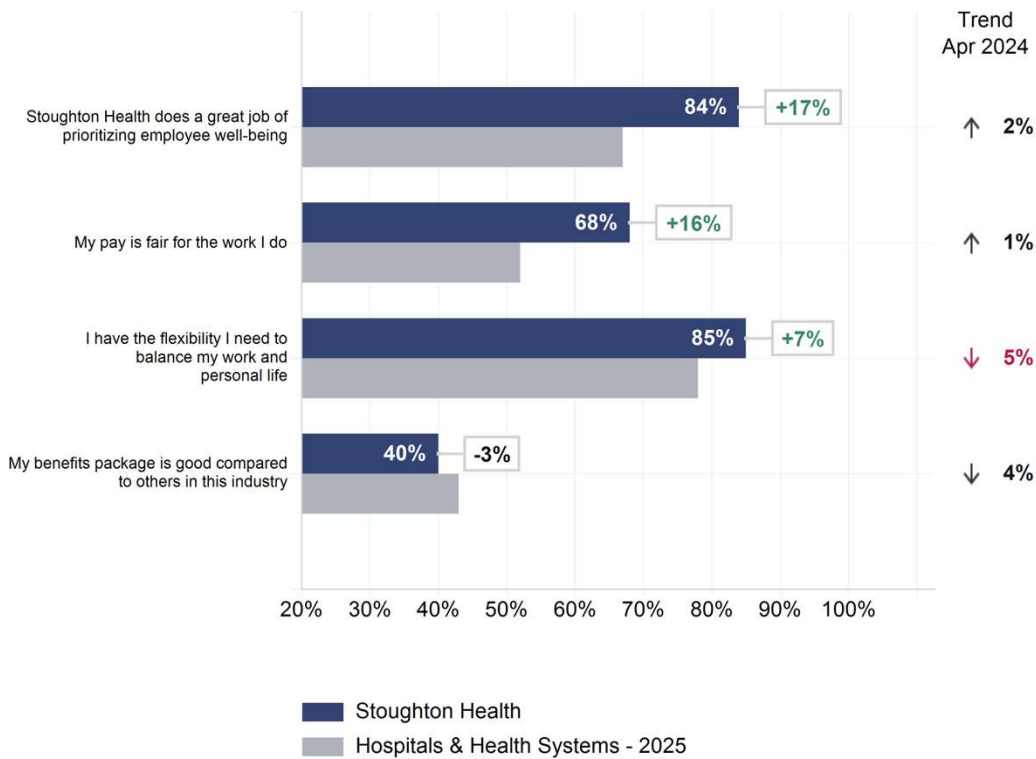
Enabled to Grow

Percent favorable by statement at the organization level
Enabled to Grow theme score 82%



Fairly Valued

Percent favorable by statement at the organization level
Fairly Valued theme score 69%



**Stoughton Hospital – Marketing/Public Relations Board Report
April - May 2025**

Highlights: ADVERTISING/MARKETING

Television

- **WISC-Channel 3** – 15 sec. spots on early AM news, 4 & 10 pm news, & AM Early Show on the April Leg Vein talk, blood drive, general surgery, podiatry, May Ankle Pain talk, hospital week, and 4 second ID's highlighting Urgent Care locations.
- **WMTV-Channel 15** – 15 sec. spots on Today Show, News, and Jeopardy focused on the April Leg Vein talk, Chief of Staff (general branding), May Ankle Pain Talk, and hospital week. Additional spots on Weather Channel and 110 fifteen sec. spots on the CW network and 200 fifteen-second spots on the MeTV package focusing on the April Leg Vein talk, general surgery, Chief of Staff (general branding), May Ankle Pain talk, blood drive, urgent care, and hospital week.
- **WKOW-Channel 27** – 15 sec. spots promoting the April Leg Vein talk, general surgery, May Ankle Pain talk, podiatry, urgent care, hospital week, and the blood drive.
- **Fox 47** – 15 sec. spots and 5-second promotional IDs 9 pm news, Big Bang Theory, Modern Family, Judge Judy, Family Feud, Sports Channels, Prime, and Packers games. Focused on the April Leg Vein talk, general surgery, May Ankle Pain talk, podiatry, urgent care, hospital week, and the blood drive.
- **Charter/Spectrum Cable** – Champions of Health (hospital week) and Chief of Staff on Spectrum News Madison East Market. PGA and Brewer's packages promoting urgent care, ortho, Dr. talks, and podiatry. High-frequency campaigns promoting the April Leg Vein talk, May Ankle Pain talk in the Madison East, and Janesville markets.
- **TDS** – April Leg Vein talk, general surgery, May Ankle Pain talk, podiatry, urgent care, hospital week, and the blood drive. Brewers rotating between podiatry, ortho, and Dr. talks.

Radio

- **107.3 WSJY, Bucky Country 95.9 & 99.5, Rock 96.1 & 101.1 WFAW, Thunder 100.1** – 30 sec. spots on air and streaming promoting the April Leg Vein talk, SHOC open house, and the May Ankle Pain talk.
- **ESPN/100.5** – radio and live mentions about blood drives, April Leg Vein talk, general surgery, May Ankle Pain talk, podiatry, SHOC open house, urgent care, and kid's classes.
- **WOLX/94.9** – 15 & 30 sec. spots on air and streaming promoting blood drives, April Leg Vein talk, general surgery, May Ankle Pain talk, podiatry, SHOC open house, urgent care, and kid's classes.
- **WJVL/99.9 Janesville** – PSA spots promoting blood drives, SHOC open house, and Dr. talks.
- **Magic 98** – 30 sec. spots promoting the blood drives, April Leg Vein talk, general surgery, SHOC open house, urgent care, and kid's classes.
- **Wisconsin Public Radio** – promoting urgent care and general Stoughton Health branding.

Print

- Press releases include: SHOC Grand Opening, Hospital Week, Top Workplace, Advocacy Day, Cleanest Hospital list, Member Hospital Workforce, community education and kids classes.

Leg Vein Treatment Options

Thursday, April 10 at 5:30 p.m.

Whether suffering from painful varicose veins or bothersome spider veins, Stoughton Health's Board Certified General Surgeon, Dr. Aaron Schwaab, can help!

To register for this free online event, visit stoughtonhealth.com and click on "Classes & Events."

For questions, please call (608) 877-3498.

STOUGHTON HEALTH
stoughtonhealth.com

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

Spring Back from Ankle Pain

Expert Tips for Recovery & Prevention

Ready to spring back into action without ankle pain holding you back? Join Dr. Zachary Lind, Stoughton Health Podiatrist, to learn practical tips and effective strategies to recover from ankle sprains and prevent future ankle injuries. Register now and take the first step towards pain-free movement!

**Thursday, May 29, 2025
5:30 p.m. - 6:30 p.m.**

To register, please go to stoughtonhealth.com and click "Classes & Events." Participants will receive a Zoom meeting link.

Questions? Please call (608) 877-3498.

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

Dr. Zachary Lind

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We're Here For You

Stoughton Health accepts Dean Health Plan, Quartz, and over 160 other insurance plans!

Stoughton Hospital Urgent Care
900 Ridge Street

Oregon Urgent Care Clinic
990 Janesville Street

McFarland Urgent Care Clinic
5614 US HWY 51

Cottage Grove Urgent Care Clinic
110 Limestone Pass, Suite 103

Scan QR code for urgent care hours!

STOUGHTON HEALTH
StoughtonHealth.com

Step Into Better Health

Stoughton Health Podiatry Clinic
900 Ridge Street, Stoughton

Dr. Lind has extensive training in foot and ankle surgery, with a strong emphasis on orthopedic rearfoot and ankle reconstruction. He's also well-versed in the common conditions that cause foot pain.

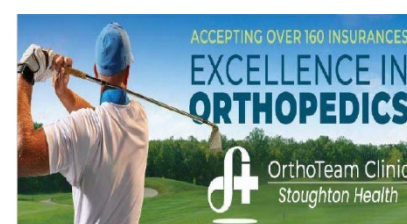
Dr. Zachary Lind

Call (608) 501-6205 to schedule an appointment today!

Stoughton Health's Podiatry Clinic accepts various insurance plans including Quartz, Anthem Blue Cross Blue Shield, United Health Care and many more!

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- Oregon Community Guide: Urgent Care and Rehab
- Leader Independent promoting the Leg Vein talk
- The Star (Sun Prairie Windsor De Forest, Dane and Marshall) promoting Leg Vein
- The Star (Sun Prairie Windsor De Forest, Dane and Marshall) promoting Cottage Grove Urgent Care
- Leader Independent All Homes Showcase (The Leader Independent has subscribers in McFarland, Monona, Lake Mills, Cambridge, Deerfield, Waterloo and Cottage Grove) for April: SHOC open house
- Leader Independent All Homes Showcase (The Leader Independent has subscribers in McFarland, Monona, Lake Mills, Cambridge, Deerfield, Waterloo and Cottage Grove) for May: Dr. Lind's ankle talk
- Healthy Lifestyle Section for April (Monona, McFarland, Cottage Grove, Janesville, Lake Mills, etc.) promoting the Leg Vein talk
- Healthy Lifestyle Section for May (Monona, McFarland, Cottage Grove, Janesville, Lake Mills, etc.) Cottage Grove Urgent Care
- Leader Independent: Congratulating Monona Grove and McFarland High School Athletes
- Spring Sports Preview (Rock County) promoting the Bear Implant
- Living Senior April issue (Rock Valley Publishing) promoting podiatry
- Volunteerism Signature ad in the Leader Independent
- SHOC Open House ads in Stoughton Hub, Oregon Observer, Edgerton Reporter, and Evansville Review
- Syttende Mai ad in Stoughton Hub
- Librarians' Signature ad in the Leader Independent and Sun Prairie Star
- EMS Week Signature ad in the Leader Independent and Sun Prairie Star
- Urgent care ad in May and June issue of *Madison Westside Neighbors and Lakeside* Magazines
- Women in Business Publication (Rock County) promoting Mammograms
- OrthoTeam Clinic billboard Janesville (Golf)
- Stoughton Hub Memorial Day ad
- Leg Vein Treatment Billboards (HWY N, HWY 51, HWY 14)
- Switching to general branding billboard "We're Here for You" (HWY N, HWY 51, HWY 14)
- Oregon Summer Fest (donating to Oregon Chamber for June) Billboard HWY 138
- Outpatient Center billboard downtown Stoughton
- Cottage Grove Urgent Care billboard off of I-94
- For the Life of You newsletter sent out to 45,000 households
- Postcard mailing sent out to 4,463 households promoting Cottage Grove Urgent Care



Other

- Multiple social media posts with a focus on virtual classes, blood drives, foundation, recruitment, and more
- Update of digital screens and elevator flyers promoting education classes, recruitment, community events & hospital services
- Set up of new digital players in SHOC
- NCAA Men's Tournament, NCAA Women's Tournament, Conference Championships and NIT Tournament – 25,000 streaming ads focusing on ortho.
- Google Reviews continue to increase with 41 for Dr. Schwaab
- Marquee ad on channel3000.com promoting GERD Talk
- Marquee ad on channel3000.com promoting BEAR Implant/ACL Talk
- Email with community education classes and Stoughton Health news sent monthly to over 3,300 contacts.
- Email to physical therapists and physicians for BEAR Implant/ACL Talk to over 5,100 providers



- NBC 15
 - Leg Vein Talk/Podiatry Clinic streaming TV
 - Leg Vein Talk Social & Paid Search
 - Ankle Talk/Urgent Care
 - Ankle Talk Social
 - Ankle Talk Blitz Special (commercial aired on NBC 15 website, News and Weather apps, livestream and connected TV)
- Cottage Grove Urgent Care Promotion
 - Social Media – 71,747 impressions – click through rate 1.07% (avg. .90%)
 - Paid Search – 682 impressions – click through rate 8.96% (avg. 2.24%)
 - Mobile Location Targeting – 15,625 impressions -click through rate .25% (avg. .08%)
 - Email to 12,500 households
- ESPN Digital - Podiatry Clinic and Ankle Talk
- Recruitment Tactics included:
 - Social Media – 86,986 impressions – click through rate 1.98% (avg. .9%)
 - Paid Search – 1,744 impressions – 9.29% click through rate (avg. 2.42%)
 - Mobile Location Targeting Display - 33,336 impressions – click through rate .22% (avg. .08%)
 - Email
- Recorded TV spots/Video testimonial with OrthoTeam patient

TRUSTED CARE WHEN YOU NEED IT

Cottage Grove Urgent Care Clinic

110 Limestone Pass, Suite 103
Monday – Friday: 8:00 a.m. – 8:00 p.m.
Saturday & Sunday: 9:00 a.m. – 5:00 p.m.

STOUGHTON HEALTH

Stoughton Health accepts Dean Health Plan, Quartz, and over 160 other insurance plans!

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COMMUNITY HEALTH NEEDS ASSESSMENT/PLAN

- Stoughton Library received blood pressure cuffs that can be checked out
- Meeting with AHA regarding Blood Pressure Hubs for senior centers and libraries
- Offer monthly Memory Café and multiple talks with a dementia focus
- Safe at Sitter classes and Safe@Home classes continue to fill which address injury prevention
- Parkinson's Exercise Classes and Balance Classes led by Rehab staff continue to address injuries, chronic conditions
- Poling in the Parks class being offered summer 2025 for Parkinson's Exercise class and Balance class participants
- Dr. Zorba Paster presentation at hospital with Dementia Friendly Coalition to address mental health with 110 registered
- CHNA implementation planning meetings with Stoughton Health leads
- Exploring opportunity to use mapping feature on Healthy Dane website
- Stoughton Wellness Coalition submitted year nine for DFC Grant to continue working on reducing youth alcohol and vaping
- Stoughton Wellness Coalition hosted Reality Maze for 9th graders at Stoughton High School
- Employee blood drive at the hospital on May 7

**A Talk with Dr. Zorba Paster:
How to Care for Yourself While You're Caring for Others with Dementia**

Tips and tricks for anyone who cares for a loved one from one who knows, having cared for his wife for 20 years during her final journey through dementia.




My medical practice prepared me only so far for our personal journey. I'll share some of the knowledge and wisdom I learned through the process sprinkled with hope and joy.

**Wednesday, May 21
5:30 p.m. - 6:30 p.m.
Stoughton Hospital
900 Ridge Street, Stoughton**

To register for this free event, visit stoughtonhealth.com and click on "Classes & Events."

Questions? Please call (608) 877-3498.

Dr. Zorba Paster

COMMUNITY EDUCATION CLASSES & EVENTS

- 4/5 – Safe Sitter Stoughton – 8 registered (FULL)
- 4/7 – Learn to Breathe – 33 registered, 19 attended
- 4/8 – Safe@Home Stoughton – 9 registered, 9 attended
- 4/10 – Leg Vein Doctor Schwaab Talk – 33 registered, 24 attended
- 4/22 – COCPR - 17 registered, 14 attended

Poling in the Parks



This class is a walking course using Activator Poles. Each class will be held outdoors at a different park in Dane County.

**June 17 through August 7
Tuesdays and Thursdays
9:00 a.m. – 10:00 a.m.
Community Parks**

Class size is limited and expected to fill. Class fee is \$250, and includes Activator Poles for you to keep. For those who already have poles, the class fee is \$150. Participants will complete an assessment at the first class and must arrange their own transportation to the parks.

To register please call (608) 877-3498.

STOUGHTON HEALTH

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- 4/25 – Blood Drive – collected 28 units
- 4/25 - Safe@Home Oregon – 8 registered, 8 attended
- 4/26 – Safe Sitter Oregon – 8 registered, 8 attended
- 4/28 – Balance Class Oregon 6 wk session - 20 registered (FULL)
- 5/7 – Kula Yoga
- 5/7 and 5/10 – Community Well Being Screenings – 4 registered, 4 attended
- 5/8 – Medicare 101 – 4 registered, 3 attended
- 5/16 - Safe@Home McFarland – 2 registered
- 5/17 – Safe Sitter McFarland – 9 registered
- 5/21 - Gourd Birdhouse Decorating Class – 5 registered
- 5/22 – The Current State of Psychedelics in Mental Health – 8 registered
- 5/28 – Dementia and the Aging Brain - 13 registered
- 5/28 – Free Memory Screenings
- 5/29 – Spring Back from Ankle Pain Dr. Lind Talk – 5 registered

GOURD BIRDHOUSE DECORATING



In this class, you will create your own unique gourd birdhouse using various techniques and embellishments. Your overall design could include any of the following choices – feathers, eggshells, beads, cording... or whatever you decide. All supplies are included. Appropriate for all skill levels.

**Wednesday, May 21
10:00 a.m. – Noon**

Community Health & Wellness Center
3162 County Road B, Stoughton

The class fee is \$35. To register, please go to stoughtonhealth.com and click on "Classes & Events." Financial assistance is available.

Questions? Please call (808) 877-3498.

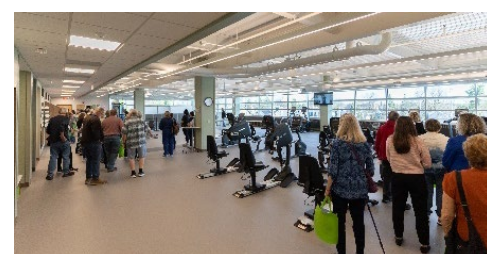
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BUSINESS DEVELOPMENT/ PUBLIC RELATIONS

- 4/1: Celebrate Dr.'s Day with luncheon with approx. 10 physicians
- 4/3: Attend Stoughton Community Expo with approx. 200 in attendance
- 4/9: Attend WHA Advocacy Day with over 1200 people and a contingency of more than 20 from Stoughton Health
- 4/13: Sponsor Parkinson's Run in Cottage Grove
- 4/23: Outpatient Center Open House and Ribbon Cutting with approx. 400 in attendance
- 4/24: Partners Card Party with 60 card players and record dollars raised
- 5/1: Sponsor Creekside Cruise Night in Evansville (Season starts in May, goes through September)
- 5/2: Sponsor Fox Trot at Fox Prairie
- 5/6: Brooklyn Business Expo
- 5/9: Dane County Committee on Aging 2025 Spring Retreat
- 5/9: Sponsor Evansville Art Crawl
- 5/13: Sponsor and attend McFarland Chamber Golf Outing
- 5/14: Visit with Syttende Mai King and Queen
- 5/15-5/18: Syttende Mai Festival & Parade
- 5/19 – 5/23: Recognize and support EMS Week
- 5/21: Sponsor and attend Cottage Grove Chamber Golf Outing
- 5/21: Dr. Zorba Paster at Stoughton Hospital with 110 people registered
- 5/24: Stoughton Farmer's Market (Partners attending)
- 5/31: Oregon PTO Fun Run



FOUNDATION

- Basket Raffle Fundraiser was held March 5-14. We raised \$6,700, and had 92 employees buy tickets, 40 of whom did not donate in the past fiscal year.
- March Matchness was sponsored by the Partners and raised \$17,700 for two surgical eye carts.
- 4/16 – Donor Appreciation event was held in the Bryant Center. There were over 75 donors in attendance.
- 4/25 – Volunteer appreciation event was held at Coachman's with 32 volunteers in attendance and Tootsie recognized as volunteer of year with over 400 volunteer hours.
- 4/29 – Retiree Annual Luncheon was held with 24 Stoughton Health retirees in attendance.



Attend Oregon Area Wellness Coalition, Oregon CARES, Stoughton Wellness Coalition, City/School/Chamber Meeting, Partners meetings, and attend and support many of the Chamber events and meetings in Cottage Grove, Oregon, Stoughton, Evansville, McFarland, and Brooklyn

FY25 Stoughton Hospital Foundation Dashboard

	FY24	FY24	FY24	FY24	FY24	FY25	FY25	FY25 QTR 3	FY25	FY25	FY25
	QTR 1	QTR 2	QTR 3	QTR 4	Current YTD	QTR 1	QTR 2	5/6/2025	QTR 4	Current YTD	Budget/Goal
Donor Count											
Donor Base - New Donors	-	-	-	-	-	63	186	4	-	253	
Donor Base - Current Donors	313	70	94	276	753	324	279	15	-	618	611
Donor Base - Percentage of Constituency	-	-	-	-	-	10%	9%	0%	-	20%	
Donor Retention - Amount Retained	-	-	-	-	-	221	63	8	-	292	329
Donor Retention - Percentage Retained	33%	5%	7%	16%	61%	30%	9%	1%	-	40%	45%
Annual Giving Contributions*											
Restricted Contributions	\$13,493	\$2,228	\$823	\$2,025	\$18,569	\$21,638	\$45,442	\$3,946	-	\$71,026	\$60,000
Unrestricted Contributions	\$80,337	\$60,180	\$55,351	\$12,536	\$208,404	\$372,415	\$13,582	\$15,642	-	\$401,639	\$66,000
Capital Campaign (donations and payments)	\$220,948	\$54,997	\$200,969	\$25,965	\$502,879	\$392,961	\$26,914	\$20,790	-	\$440,665	
Golf Outing Net Returns	-	-	-	\$57,215	\$57,215	-	-	-	-	-	\$50,000
<i>Other Special Events: (* denotes include in above totals)</i>					*\$8,632					*\$6,500	\$10,000
*Car Wash Net Returns	*\$2,182	-	-	*\$3,012		*\$3,790	-	-	-	-	
*Calendar Net Returns	*\$3,218	*\$220	-			*\$1,424	*\$1,266	*\$20	-	-	
Capital Campaigns											
MOB Capital Campaign- Total Raised/Pledged	*\$31,501	*\$25,715	*\$140,897	*\$4,713	*\$202,826	*\$5,262	*\$0	*\$100	-	*\$5,362	\$25,000
Total Contributions	\$314,778	\$117,405	\$257,143	\$97,741	\$787,067	\$787,014	\$85,938	\$40,378	-	\$913,330	\$211,000
Provisional Commitments											
Planned Giving Donations	\$50,000	\$51,315	\$48,668	\$0	\$149,983	\$350,000	\$0	\$12,309	-	\$362,309	
Planned Giving Commitments Received	1	2	1	0	4	1	0	1	-	2	
New Planned Giving Commitments	-	-	-								
Special Event Participation											
Golf/Card Event Participants	-	-	-	173	173	-	-	-	-	-	141
Just Desserts Event Attendees	-	-	43	-	43	-	-	80	-	-	49
Giving Tuesday	54	-	-	-	54	84	-	-	-	-	56
Summer Splash	-	-	-	106	106	-	-	-	-	-	92
March Matchness	-	-	77	-	77	-	-	76	-	-	78
Retiree Luncheon	-	-	32	-	32	-	-	24	-	-	45
Bricks and Schulptures	1	1	1	2	5	-	-	1	-	-	
Board & Employee Giving											
Foundation Board - Unrestricted	7	1	0	1	9	7	2	0		9	12
Foundation Board - Restricted	0	0	1	0	1	0	1	0		1	
Foundation Board - Total	7	0	1	1	10	7	3	0		10	12
Foundation Board Total Giving %	70%	10%	10%	10%	100%	58%	25%	0%		83%	100%
Governing Board - Unrestricted	3	1	2	1	7	4	2	0		6	12
Governing Board - Restricted	1	2	2	0	5	1	1	1		3	
Governing Board - Total	4	3	3	1	12	5	3	1		9	12
Governing Board Total Giving %	33%	25%	25%	8%	100%	42%	2%	2%		46%	100%
Adminstration - Unrestricted	1	0	0	0	1	2	0	0		2	6
Adminstration - Restricted	5	0	0	0	5	4	0	0		4	
Adminstration - Total	6	0	0	0	6	6	0	0		6	6
Adminstration Total Giving %	100%	0%	0%	0%	100%	100%	0%	0%		100%	100%

Management - Unrestricted	9	1	0	0	10	8	2	2		12	15
Management - Restricted	4	0	0	0	4	3	0	0		3	
Management - Total	13	1	0	0	14	11	2	2		15	15
Management Total Giving %	93%	7%	0%	0%	100%	73%	13%	13%		100%	100%
Employee - Unrestricted	85	14	2	14	115	88	40	0		128	
Employee - Restricted	16	0	3	0	19	13	50	4		67	
Employee - Total Giving Campaign	101	14	5	13	134	101	90	4		195	154
Employee - Total Amount						\$12,267	\$12,497	\$2,039		\$26,803	
Employee - Payroll Deduction						81	0	1		82	
Employee - Payroll Total Amount						\$5,346.56	\$8,173.56	\$1,843.68		\$15,364	
Employee Total Giving %	26%	4%	1%	3%	35%	26%	23%	1%		51%	40%
Cost Per Dollar Raised**											
Fundraising Cost per \$1 Raised	\$ 0.13	\$ 0.15	\$ 0.16	\$ 0.18	\$ 0.20	\$ 0.12	\$ 0.18				\$ 0.50
5 Year Rolling Average	\$ 0.35	\$ 0.35	\$ 0.28	\$ 0.29	\$ 0.29	\$ 0.26	\$ 0.26				\$ 0.50