

**Meeting Minutes**  
**St. Johns Health**  
**May 25, 2023**

The meeting was called to order by Chair Katharine Conover-Keller at 3:28 p.m. Motion made by Jim Hunt, seconded by Dr. Pam Cutler.

Motion made by Cynthia Hogan , seconded by Jim Hunt, that the Board of Trustees voted to go into executive session to discuss ongoing litigation, as permitted by W.S. 16-4-405(a)(iii) and W.S. 1-12-101. Those in attendance were Katharine Conover-Keller, Pam Cutler, Evan Jones, Jim Hunt, Bob Pisano, Tom Lubnau, Cynthia Hogan, Thom Kinney, Jeff Sollis, John Kren and Brent Blue.

All board reconvened from executive session to its regularly scheduled meeting at 4:00 p.m.



St. John's Health  
P.O. Box 428  
Jackson, Wyoming 83001  
307-733-3636

**Committee:** Board of Trustees Regular Meeting - Public Session - via Zoom

**Meeting Date:** May 25<sup>th</sup>, 2023

**Minutes Prepared By:** Morgan Gurney, Executive Assistant

**Members Present:**

Katharine Conover-Keller, Chair  
Pam Cutler, MD, Vice Chair  
Cynthia Hogan, Secretary  
Jim Hunt, Treasurer  
Bruce Hayse, MD, Trustee  
Brent Blue, MD Trustee  
Evan Jones, Trustee

**Members Absent: Others Present:**

Jeff Sollis, CEO	Tom Lubnau
John Kren, COO/CFO	Jen Simon
Morgan Gurney	Whitney Matson
Jennifer Chiappa	Naomi Floyd
Joan Goldfarb	Anna Olson
Mary Ponce	Alisa Lane
Bill Stangl	Google Pixel 7 Pro
Seth Robertson	Thom Kinney
Shari Murrell	Sandy Ress
Lisa Smith	Elliot Billings
Roger Perkins	Jessica
Brian Smith	Johanna Love
Sherry Simpson	Teton Media Works
Karen Connelly	Kenneth Burnes
Natalie Stewart	Nate
Lindsay Love	jllysne
Richelle Heldwein	307-413-3678

**Board Advisors Present:**

Jane Carey Hopkins  
Bob Hopkins  
Dr. Jim Little Jr.

**Call to Order**

The public board meeting was called to order at 4:00 p.m. MST by Katharine Conover-Keller, Chair.

**It was moved by Dr. Brent Blue, seconded by Jim Hunt to call to order of the Regular Public Meeting of the Board. Members voted as follows: seven Ayes. The motion carried unanimously.**

**Comments from the Chair** *(presented by Ms. Katharine Conover-Keller)*

Ms. Katharine Conover-Keller updated the Public on the Board of Trustees litigation. SJH counsel plans to move for Summary Judgment next week in hopes to be efficient with time, finances, and resources. The Board of Trustees is continuously looking for ways to be more transparent and grant additional access to public records through the SJH website. Korn Ferry continues to work on the CEO 360-evaluation of Jeff Sollis. Ms. Conover-Keller asked the Nominating and Governance Committee to review the Trustees' attendance and consider a policy that suggests and encourages Trustees to attend the Public Board meetings in person. Ms. Conover-Keller reminded those attending the Zoom call today that the chat option within the Zoom meeting is received and read by Trustees. If anyone has a comment, Ms. Conover-Keller urged them to use the chat box as an additional option of communication.

**Approval of Minutes**

Ms. Conover-Keller presented for approval the minutes of the March 30<sup>th</sup> Regular Meeting of the Board and the April 6<sup>th</sup> and May 3<sup>rd</sup> Special Meetings of the Board.

**It was moved by Jim Hunt, seconded by Evan Jones to approve the minutes of the March 30<sup>th</sup> Regular Meeting and the April 6<sup>th</sup> and May 3<sup>rd</sup> Special Meetings of the Board as presented. Members voted as follows: seven Ayes. The motion carried unanimously.**

**CEO Report** (*presented by Jeff Sollis, CEO*)

Mr. Jeff Sollis presented the monthly CEO Report PowerPoint focusing on the following topics:

- Operations Update
- Quality and Compliance
- Strategic Planning
- Teton Village Clinic
- Grand Teton Medical Clinic

A copy of Mr. Sollis' presentation materials, which provides information on each of the above topics, is attached as a permanent part of these minutes.

Joan Goldfarb, Teton County Community member, asked about how many traveling employees SJH currently has, and if SJH is hiring permanent staff to replace travelers. Thom Kinney, Chief Human Resource Officer, responded that SJH currently has 25 traveling contracted employees. During the COVID-19 pandemic, SJH had over 30 travelers. The SJH traveling staff has decreased from mid-thirties to now mid-twenties, and this tracking aligns with the open positions also trending down as positions are filled. Jeff Sollis noted that SJH has had success in recruiting permanent staff from all over the USA, although it is not at the rate SJH needs.

**Strategy, Development, and HR Committee** (*presented by Mr. Evan Jones*)

Mr. Evan Jones reported on the monthly Committee meeting which focused on the upcoming strategic planning process timeline, reviewing housing survey data from 2015, 2020, and 2022 that showed the housing needs of employees, and reviewing the employee engagement survey facilitated through Press Ganey. Additionally, Mr. Jones highlighted the Board of Trustees and Jeff Sollis' work on goal setting for SJH and the Administrative Team.

The housing survey data from 2015, 2020, and 2022 displayed a common theme which confirmed SJH employees have expressed that they are at significant risk of leaving SJH due to housing concerns. There is interest from SJH employees to rent and/or purchase housing with strong preferences for 2-bedroom apartments and amenities including pet friendly rentals, parking, and storage. These preferences ranked highest among employee concerns when deciding their housing needs. Next steps include conducting a brief follow-up survey on needs and gaining additional information on pricing for the Hitching Post units.

The Employee Engagement survey closed with 71% participation (583 employees) vs. 68% in the prior survey. The Administrative team will review the data in early June and present a report to the Board of Trustees during the June 29<sup>th</sup> Executive Session. In July, the administrative team will create specific action plans with managers from each department.

Mr. Evan announced that KaufmanHall was selected as the firm to facilitate the SJH Strategic Planning process and is working on a five-month timeline starting May 15, with an intended completion date of mid-October.

Mr. Evan clarified and highlighted that the SJH CEO sets goals for the administrative team and decides who receives bonuses if those goals are met. The Board of Trustees aligns its goals with the CEO, who serves the institution, and the Board of Trustees focus is to work on metric topics with Jeff Sollis. The Board of Trustees serves as an advisory role when it comes to institutional goal setting for the Administrative Team. The Board of Trustees and CEO have a joint partnership to ensure SJH sets goals and executes those goals as a team.

**Finance, IT, and Facilities Committee** *(presented by Mr. Jim Hunt and John Kren, CFO/COO)*

Mr. Jim Hunt reported on the monthly Committee meeting, which focused the majority of their time on SJH housing initiatives and reviewing the 2024 Budget. SJH currently provides about 100 units to SJH staff (30 of those units are owned by SJH). The 2024 Budget will be presented at the June 29<sup>th</sup> Public BOT meeting. The Committee then reviewed the patient connector project as it is nearing completion.

Mr. Hunt gave a financial update. The YTD finances through April indicate lower volume and a continuation of the trend to lower- yielding Medicare patients and fewer private insurance payors. Revenue is under budget through April, with a loss of \$1.8 million versus a budget loss of \$2.3 million. YTD losses came in at \$8.7 million versus the budget of \$1.6 million. Expenses came in slightly under budget both for April and YTD due to less inpatient surgery/elective surgery, more Medicare reimbursement, and again, less private pay. Expense management is focused on reducing premium hour compensation expenses through productivity management.

**It was moved by Jim Hunt, seconded by Dr. Brent Blue to approve the Financials as presented within the Board Packet. Members voted as follows: six Ayes. The motion carried unanimously.**

**Nominating and Governance Update** *(presented by Ms. Cynthia Hogan)*

Ms. Cynthia Hogan reported that the May Nom/Gov Committee meeting was cancelled this month due to no topics to discuss. No remarks were made.

**Joint Compliance & Quality Committee** *(presented by Dr. Pam Cutler)*

Dr. Pam Cutler reported on the Committee met in the month of May and reviewed the role of the Committee. The Committee reviews quality metrics to determine how SJH performs in quality and patient safety. The main role of the Committee is to ensure SJH continues to perform at a high level of quality care and patient safety. Quality care elements include focuses on safety, timely, effective, efficient, equitable, and patient centered care. The Committee reviews a number of metrics, both voluntary and mandated by accrediting bodies, on Quality Council scorecard data which includes Federal HCAHPS Scores, Core Measures, Safety Event Reviews, CMS Reports, Save Living Reports, MEC Reports, Vaccination Rates, and Patient Experience Scorecards. Dr. Cutler hopes this helps explain this committee's role in quality review work, shows the committee's commitment, and how it measures quality care through metrics at SJH.

Dr. Cutler indicated that the JCQC Committee had credentialing recommendations from the Medical Executive Committee (MEC) for approval.

**It was moved by Katharine Conover-Keller, seconded by Evan Jones to approve the credential recommendations as presented within the Board Packet from the MEC meeting in May. Members voted as follows: six Ayes. The motion carried unanimously.**

Ms. Richelle Heldwein, Chief Risk and Compliance Officer presented the Quarterly Quality Report for Quarter 1, 2023. A copy of Ms. Heldwein's presentation materials, which provide information on each of these topics, is attached as a permanent part of these minutes.

**SJH Foundation** (*presented by Ms. Anna Olson*)

Ms. Anna Olson reports a new Foundation Website is expected to launch on June 1<sup>st</sup>. This new website will have a responsive design, new video ability, updated content, aligned branding, and will feature new stories from donors, staff, and patients: This project has been completed in collaboration with SJH Marketing team and the SJH web contractor, Scorpion. Ms. Olson thanked this partnership for their hard work.

The Summer 2023 season is a great opportunity to introduce Jeff and Rachel Sollis and key existing and new staff members to Foundation donors. The Foundation is hosting approximately seven neighborhood events hosted by SJH Hospital Board Members.

The Foundation is hosting the popular Friends of the Foundation event on July 25.

Ms. Olson announced that the Finance/Investment Committee has finalized CFJH fund transition from long- term to short- term fund vehicle. The outcome will be a reduced market risk for funds and much more timely investment reporting.

**Old Business - None**

**New Business - None**

**Public Comment - None**

**Next Meeting**

The next regular monthly meeting is scheduled for Thursday, June 29<sup>th</sup>, 2023, via Hybrid. The Executive Session begins at 2:30 pm and the monthly Public Session begins at 4:00 pm.

**Adjournment**

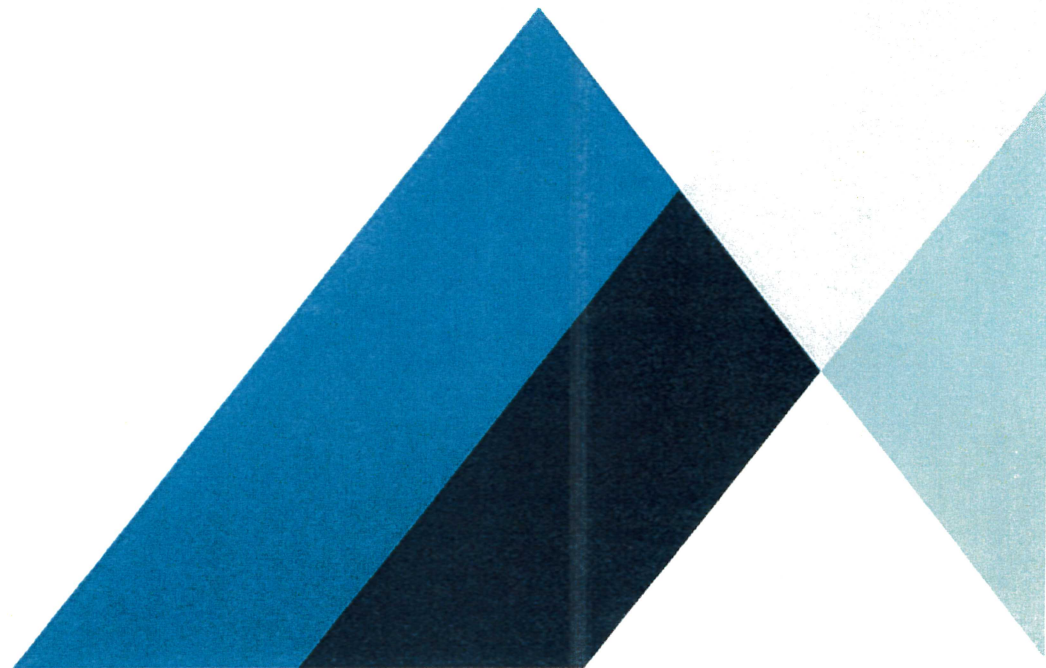
**With nothing additional to discuss, Katharine Conover-Keller adjourned the meeting at 5:38 p.m. It was moved by Dr. Brent Blue, seconded by Dr. Bruce Hayse to adjourn this Public Meeting.**

Respectfully submitted,  
Morgan Gurney, Senior Executive Assistant

# CEO Report

Board of Trustees

May 25, 2023

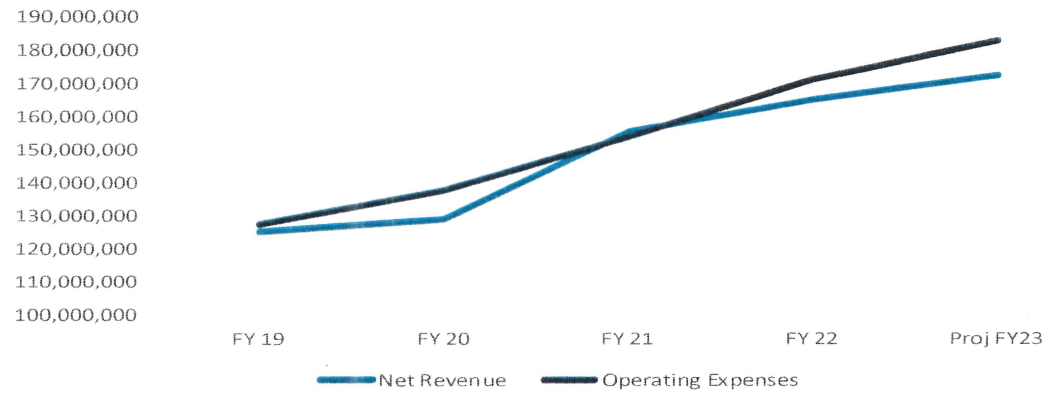


# Operations Update

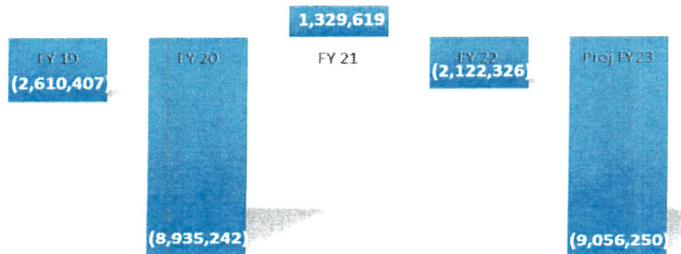
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# TRENDS

OPERATING: NET REVENUE VS EXPENSES



Operating Gain (Loss)



Operating expenses continue to grow faster than the Operating Net Revenue

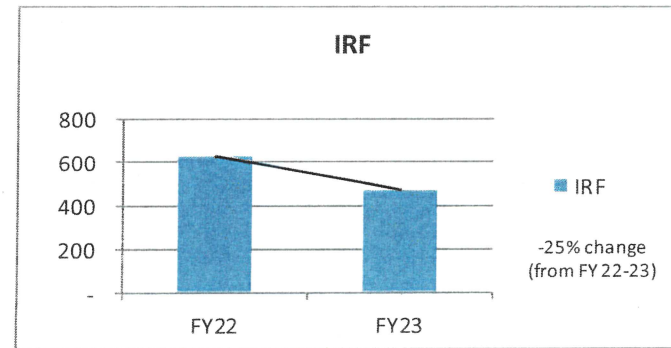
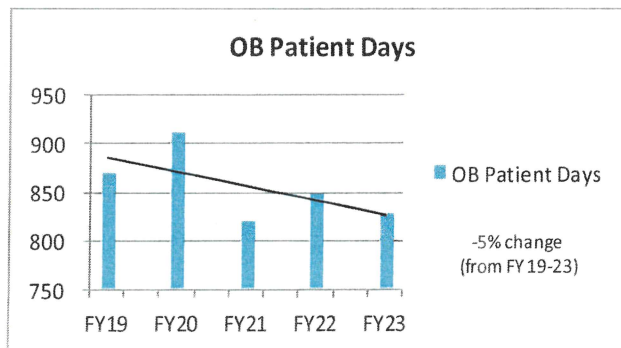
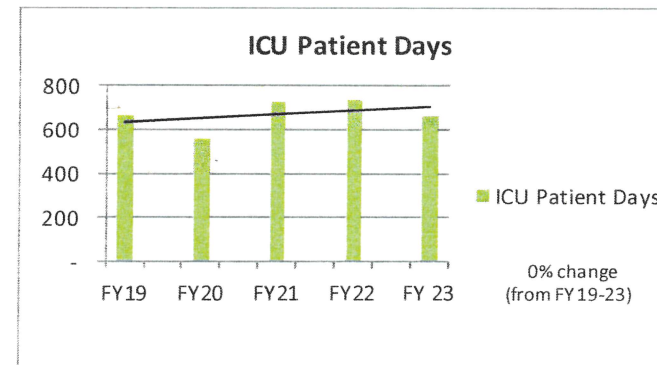
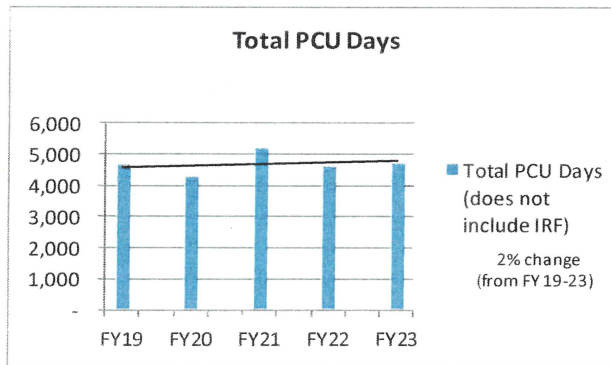
This is not sustainable



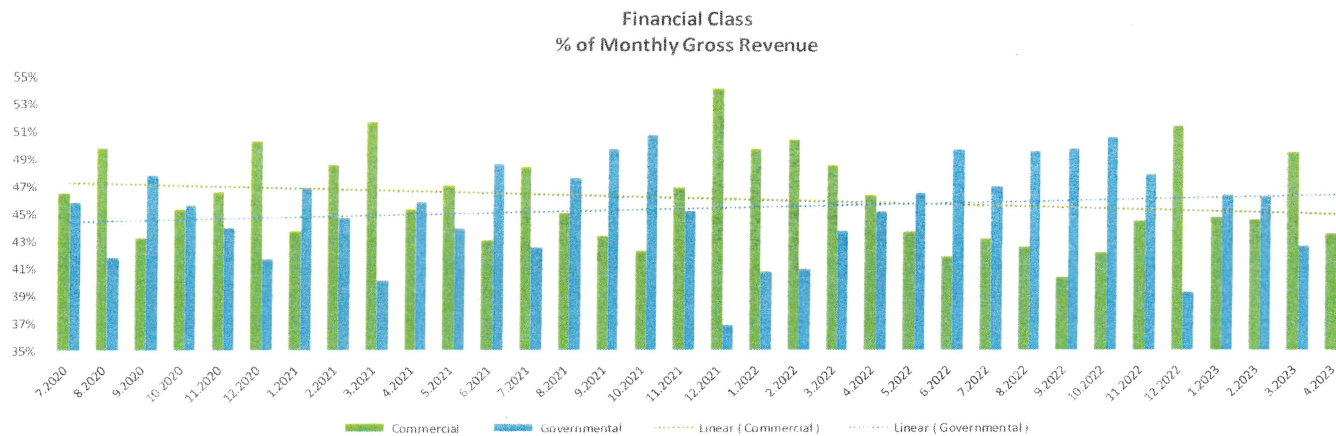


# INPATIENT VOLUMES

(FY23 is Projected)



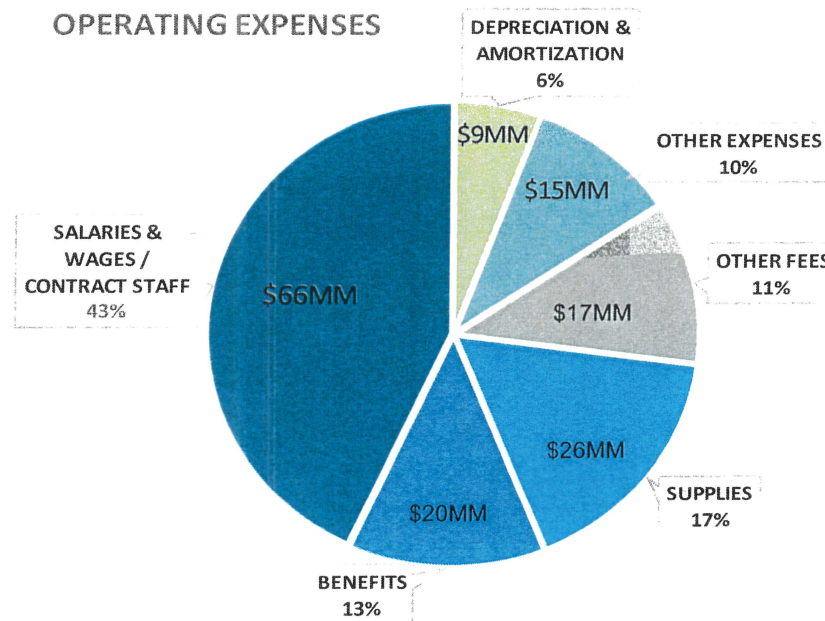
# PAYOR MIX NET REVENUE



Significant shift in payor mix from commercial to governmental payors

During FY23, the Commercial payor mix (Blue Cross of WY) was only higher than governmental payors (Medicare and Medicaid) 2 times

## EXPENSES July - April 2023

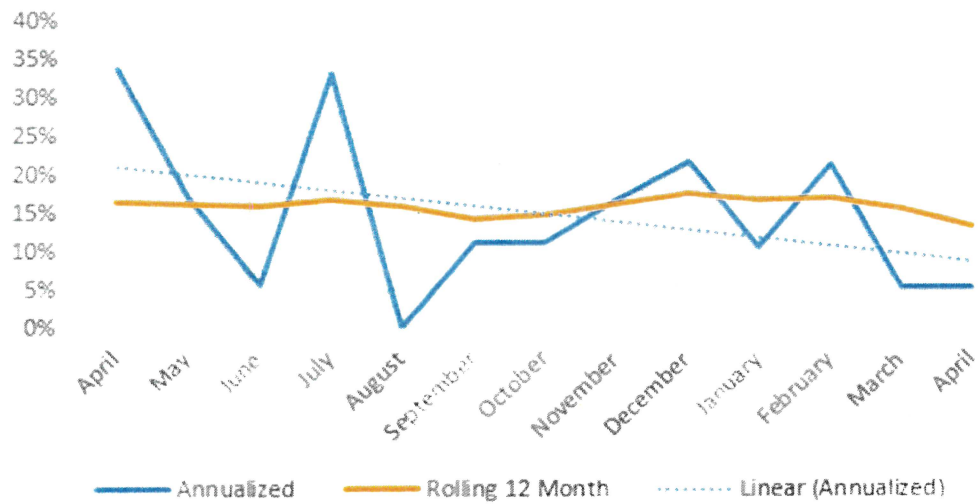


Staffing expenses make up 43% of SJH total operating expenses

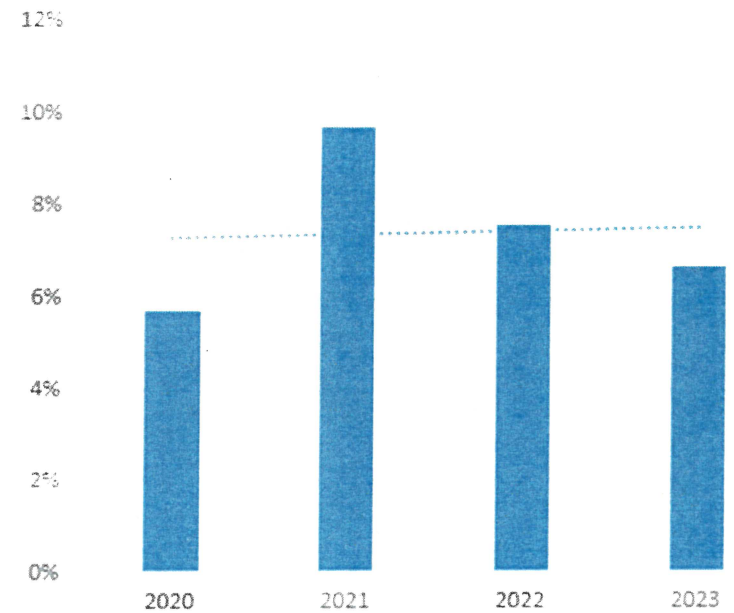
Staffing and benefits is 56%

# Vacancy and Turnover Rates

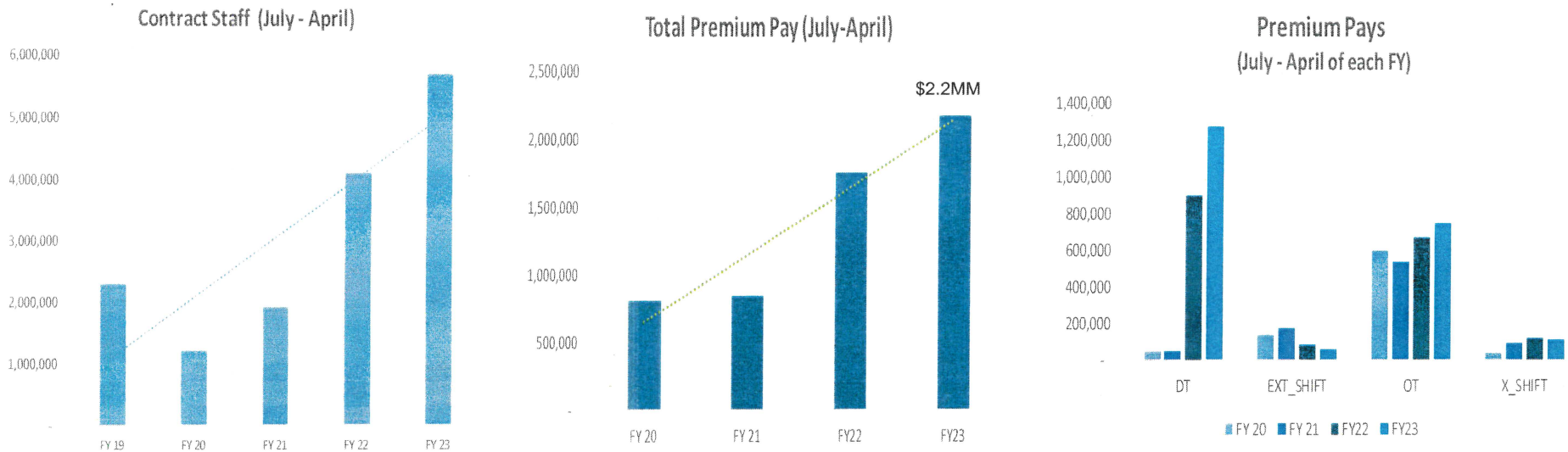
RN Monthly Turnover



Vacancy Rates



# CONTRACT STAFF AND PREMIUM PAY



Despite the increase in Premium Pay, both the cost of Contract Staff and Regular Pay increased

Fiscal Years are only representative of the months of July – April

Premium Pay (which does not include contract staff) detail does not include FY 19

# Reasons for change

- Incentives were implemented during COVID crisis and were never intended to be permanent.
- Responsible financial stewardship and long-term sustainability of SJH.
- Current economic reality requires us to change our premium pay practices.
- SJH has been out of line with other hospitals' premium pay practices.
- The financial health and viability of SJH has more impact on our ability to remain an independent health system than any other measure.

# Quality & Compliance

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# DNV Survey Results

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- May 2<sup>nd</sup> – 4<sup>th</sup>
- DNV is a proxy for CMS
- Closed all “non-conforming” findings from 2022
  - NC-1 = 0 (more serious findings)
  - NC-2 = 4 (less serious findings)
- No findings in nursing operations!





# NC-2 Findings

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1. SM7, IC1, IC3, PE3, ISO, 7.2 – bloodborne pathogen training for all staff including contracted and physician.
2. PR6, ISO 8.2 and 8.21 – Grievance letter to patient must meet “close out” requirement by including date of completion
3. TO2 – Organ procurement agreement and policy need CEO sign-off and MEC approval.
4. P5 - Hazardous material, creating and updating information. Monitoring of hazardous chemicals is compliant. We just need to report it up to the QMS. A “Small quantity generator” must do weekly inspections of waste, have a checklist for documentation, and maintain for the coming year.



# Efforts Noted by Surveyors

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- Complimented the cleanliness and aesthetics of our facilities
- “Amazing care for our ICU patients”
- “Meds to Beds program is a wonderful service”
- “Great attention to detail in providing a safe environment for suicidal patients and excellent documentation of their care”
- “Blood banking processes and mass transfusion protocol ensure timely care and conserve blood products”
- “Amazing organization in the Medical Staff Office”
- “Case management does a great job with discharge process”



# Strategic Planning

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# Strategic Planning Update

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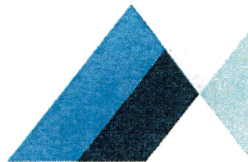
- KaufmanHall
- Began Engagement on May 15<sup>th</sup>
- Approximately 4-to-5-month engagement
- Total Cost = \$280K
  - To include financial analytic support



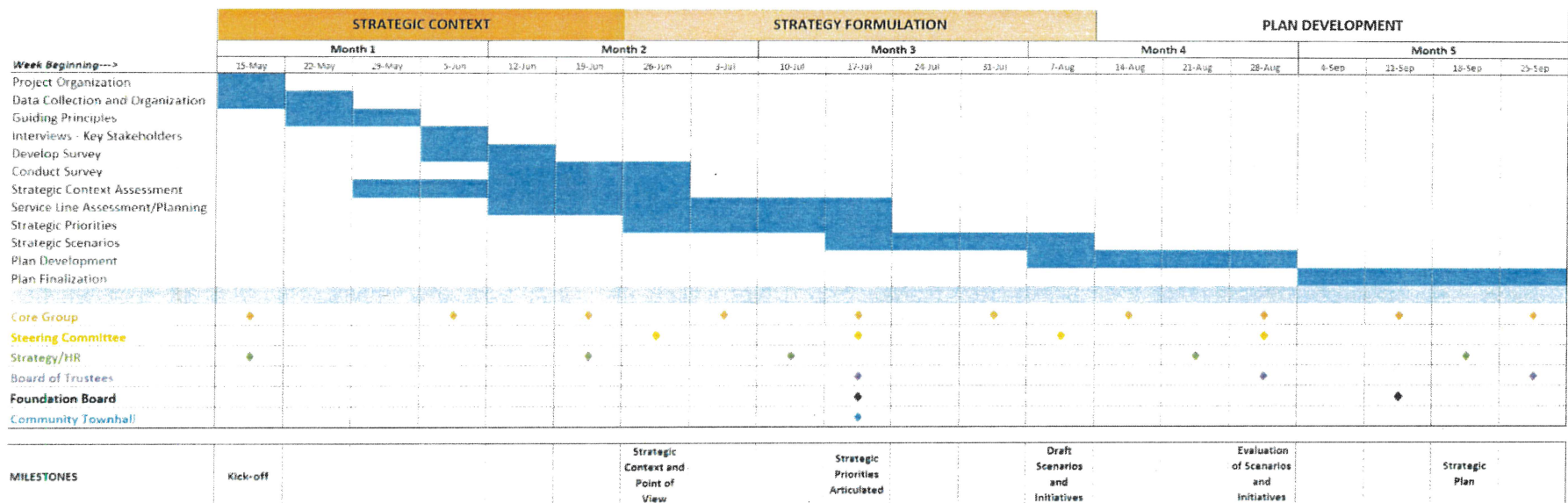
# Key Selection Criteria

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- Relevant project experience
- Experience w/ comparable organizations
- Ability to allocate top talent
- Ability to execute & enhance our process
- Analytical capabilities to determine feasibility of identified initiatives
- Experience accessing creative solutions
- Applicable to our market
- Ability to allocate resources to meet timelines
- Interpersonal skills & fit with SJH
- Overall value



# High-Level Strategic Planning Timeline and Milestones



- 2-3 Topic-Specific Input Forums Planned for the Public

# Teton Village Clinic and Grand Teton Medical Clinic

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## Teton Village Clinic and Grand Teton Medical Clinic

### **Teton Village Clinic**

- Re-opening for Summer Season!
- Full-Service Urgent Care Clinic
- Wednesday – Sunday (10am – 6pm)
- Opening on June 10<sup>th</sup>
- Closing on September 10<sup>th</sup>

### **Grand Teton Medical Clinic**

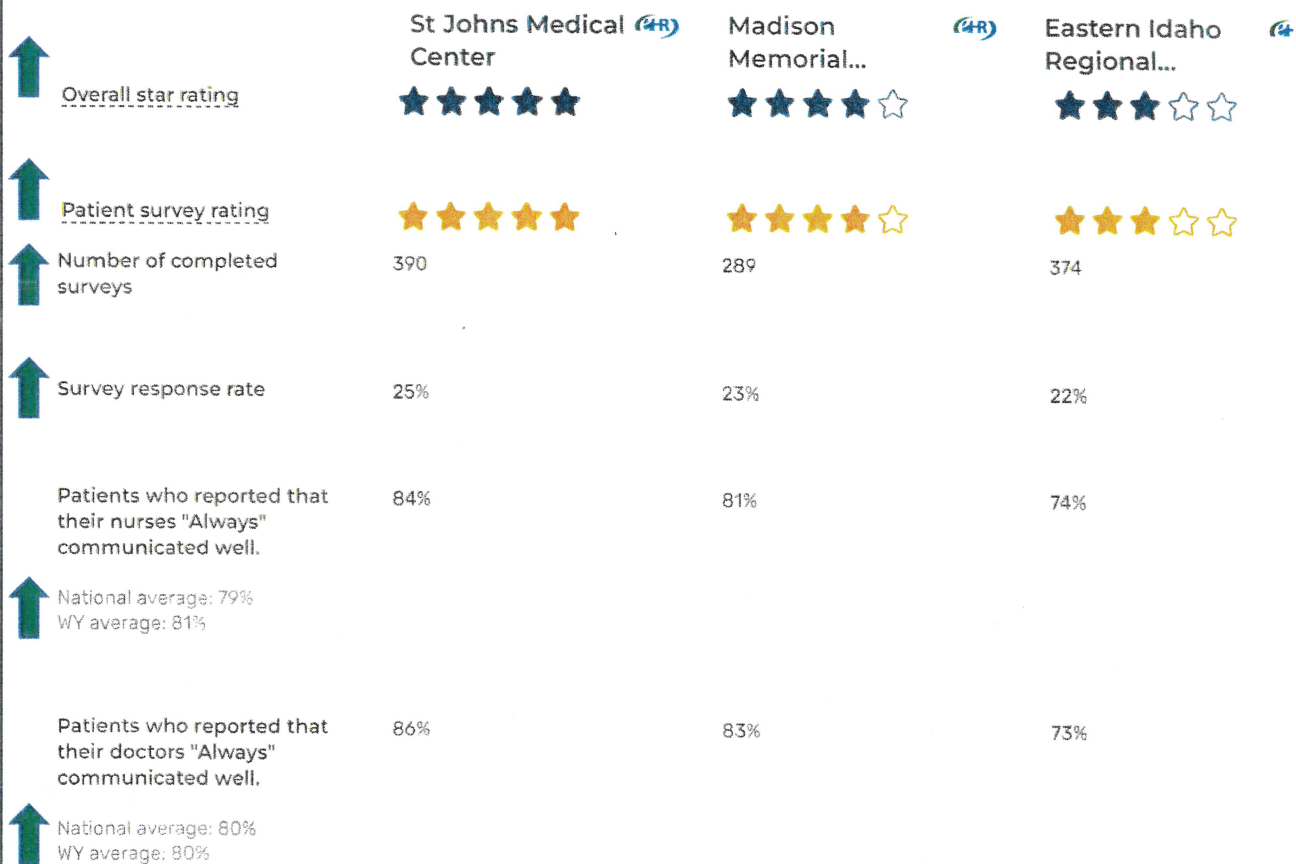
- Opened on May 15<sup>th</sup>
- Urgent Care
- Open 7 days/week
- Servicing residents, tourists and employees of Vail Resorts
- Closing in mid-October





Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Patient Experience</b>							
	Overall - Percentile Rank	97.00	90.00		Q4 2022	93.00	Apr 2022
	Willingness to Recommend - Percentile Rank	94.00	90.00		Q4 2022	94.33	Apr 2022
	Communication with Doctors - Percentile Rank	84.00	90.00		Q4 2022	85.67	Apr 2022
	Communication with Nurses - Percentile Rank	91.00	90.00		Q4 2022	84.33	Apr 2022
	Responsiveness of Hospital Staff - Percentile Rank	93.00	90.00		Q4 2022	94.00	Apr 2022
	Communication About Meds - Percentile Rank	91.00	90.00		Q4 2022	92.33	Apr 2022
	Hospital Environment - Percentile Rank	95.00	90.00		Q4 2022	89.33	Apr 2022
	Care Transitions - Percentile Rank	92.00	90.00		Q4 2022	94.00	Apr 2022
	Discharge Information - Percentile Rank	89.00	90.00		Q4 2022	89.33	Apr 2022




Note: the Hospital Compare data below has significant lag time compared to the data above.








1 | This document is peer review information, & is confidential & privileged information under WY law, as it contains or is part of the reports, findings, proceedings & data of a medical staff committee, &/or is confidential Quality Management information, as it relates to the evaluation or improvement of quality of health care services in the hospital. Duplication or unauthorized distribution without the permission of the Director of Risk Management is strictly prohibited. Wyo. Stat. 35-2-910(a)

	St Johns Medical Center 	Madison Memorial... 	Eastern Idaho Regional... 
 <p>Patients who reported that they "Always" received help as soon as they wanted.</p> <p>National average: 66% WY average: 74%</p>	75%	64%	59%
 <p>Patients who reported that the staff "Always" explained about medicines before giving it to them.</p> <p>National average: 62% WY average: 66%</p>	65%	61%	58%
 <p>Patients who reported that their room and bathroom were "Always" clean.</p> <p>National average: 72% WY average: 74%</p>	83%	66%	68%
 <p>Patients who reported that the area around their room was "Always" quiet at night.</p> <p>National average: 62% WY average: 66%</p>	68%	61%	56%
 <p>Patients who reported that YES, they were given information about what to do during their recovery at home.</p> <p>National average: 86% WY average: 86%</p>	90%	86%	86%
 <p>Patients who "Strongly Agree" they understood their care when they left the hospital.</p> <p>National average: 51% WY average: 53%</p>	62%	52%	45%
 <p>Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).</p> <p>National average: 71% WY average: 72%</p>	83%	70%	64%
 <p>Patients who reported YES, they would definitely recommend the hospital.</p> <p>National average: 69% WY average: 70%</p>	83%	69%	64%

## Quality > Core Measures

	Avoiding Elective Delivery <39 Weeks	0.0%	0.0%	Feb 2023	0.0%	Apr 2022
	Severe Sepsis and Septic Shock Bundle	100.0%	75.0%	Q1 2023	85.7%	Apr 2022
	Mean Time ED Arrival to ED Departure	107.31	120.00	Q1 2023	123.67	Apr 2022

**Note: the Hospital Compare data below has significant lag time compared to the data above.**

	St Johns Medical Center 	Madison Memorial... 	Eastern Idaho Regional... 
<p> Percentage of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery wasn't medically necessary</p> <p>↓ Lower percentages are better</p> <p>National average: 2% <sup>26</sup> WY average: 3% <sup>26</sup></p>	<p>0% <sup>2</sup></p> <p>of 27 patients</p>	<p>0% <sup>2</sup></p> <p>of 32 patients</p>	<p>0% <sup>2</sup></p> <p>of 42 patients</p>
<p>Sepsis care</p> <p>Percentage of patients who received appropriate care for severe sepsis and/or septic shock</p> <p>↑ Higher percentages are better</p> <p>National average: 58% <sup>25,26</sup> WY average: 60% <sup>25,26</sup></p>	<p>76%</p> <p>of 17 patients</p>	<p>40%</p> <p>of 35 patients</p>	<p>58% <sup>2</sup></p> <p>of 106 patients</p>
<p>Emergency department volume</p>	<p>Low</p> <p>0 - 19,999 patients annually</p>	<p>Low</p> <p>0 - 19,999 patients annually</p>	<p>Medium</p> <p>20,000 - 39,999 patients annually</p>
<p> Average (median) time patients spent in the emergency department before leaving from the visit</p> <p>↓ A lower number of minutes is better</p>	<p>113 minutes</p> <p>Other <u>Low</u> volume hospitals:</p> <p>Nation: 127 minutes <sup>25,26</sup> Wyoming: 130 minutes <sup>25,26</sup> Number of included patients: 359</p>	<p>126 minutes</p> <p>Other <u>Low</u> volume hospitals:</p> <p>Nation: 127 minutes <sup>25,26</sup> Idaho: 127 minutes <sup>25,26</sup> Number of included patients: 407</p>	<p>140 minutes</p> <p>Other <u>Medium</u> volume hospitals:</p> <p>Nation: 171 minutes <sup>25,26</sup> Idaho: 131 minutes <sup>25,26</sup> Number of included patients: 505</p>

## Quality > Readmissions

	30 Day Readmissions - Housewide, All Payer	5%	6%	Q1 2023	5%	Apr 2022
	30 Day Readmissions - Housewide, Medicare	8%	7%	Q1 2023	7%	Apr 2022
	30 Day Readmissions - COPD, All Payer	20%	7%	2023	11%	May 2022
	30 Day Readmissions - COPD, Medicare	25%	8%	2023	8%	May 2022
	30 Day Readmissions - Heart Failure, All Payers	0%	11%	2023	3%	Apr 2022
	30 Day Readmissions - Heart Failure, Medicare	0%	12%	2023	0%	Apr 2022
	30 Day Readmissions-Hip_Knee Arthroplasty, All Payer	0%	2%	2023	0%	Apr 2022
	30 Day Readmissions-Hip_Knee Arthroplasty, Medicare	0%	2%	2023	0%	Jun 2022
	30 Day Readmissions-Pneumonia, All Payers	5%	6%	2023	5%	Apr 2022
	30 Day Readmissions-Pneumonia, Medicare	11%	7%	2023	7%	Apr 2022

**Note: The comparison rates above are based on older data and are risk adjusted.**

	St Johns Medical Center	Madison Memorial...	Eastern Idaho Regional...
<p> Rate of readmission after discharge from hospital (hospital-wide)</p> <p>National result: 15%</p>	<p><b>14.9%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 450</p>	<p><b>14.4%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 200</p>	<p><b>13.3%</b></p> <p>Better than the national rate</p> <p>Number of included patients: 2087</p>
<p>By medical condition</p>			
<p> Rate of readmission for chronic obstructive pulmonary disease (COPD) patients</p> <p>National result: 19.8%</p>	<p><b>20.1%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 38</p>	<p><b>Not available</b> !</p> <p>Number of cases too small</p>	<p><b>20.6%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 71</p>
<p> Rate of readmission for heart failure patients</p> <p>National result: 21.3%</p>	<p><b>21%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 54</p>	<p><b>Not available</b> !</p> <p>Number of cases too small</p>	<p><b>19.7%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 224</p>
<p> Rate of readmission for pneumonia patients</p> <p>National result: 17%</p>	<p><b>16.7%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 89</p>	<p><b>16%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 69</p>	<p><b>15.2%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 285</p>
<p> Rate of readmission after hip/knee replacement</p> <p>National result: 4.1%</p>	<p><b>4.9%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 85</p>	<p><b>4%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 100</p>	<p><b>3.7%</b></p> <p>No different than the national rate</p> <p>Number of included patients: 104</p>

**The higher readmission rate for hips and knees includes several quarters prior to the arrival of our current joint surgeon.**

Quality > Readmissions					
	30 Day Readmissions - Housewide, All Payer	5%	6%	Q1 2023	5% Apr 2022
	30 Day Readmissions - Housewide, Medicare	8%	7%	Q1 2023	7% Apr 2022
	30 Day Readmissions - COPD, All Payer	20%	7%	2023	11% May 2022
	30 Day Readmissions - COPD, Medicare	25%	8%	2023	8% May 2022
	30 Day Readmissions - Heart Failure, All Payers	0%	11%	2023	3% Apr 2022
	30 Day Readmissions - Heart Failure, Medicare	0%	12%	2023	0% Apr 2022
	30 Day Readmissions-Hip_Knee Arthroplasty, All Payer	0%	2%	2023	0% Apr 2022
	30 Day Readmissions-Hip_Knee Arthroplasty, Medicare	0%	2%	2023	0% Jun 2022
	30 Day Readmissions-Pneumonia, All Payers	5%	6%	2023	5% Apr 2022
	30 Day Readmissions-Pneumonia, Medicare	11%	7%	2023	7% Apr 2022

Note: the Hospital Compare data below has significant lag time compared to the prior data above.

Note: The comparison rates below are based on older data and are risk adjusted.

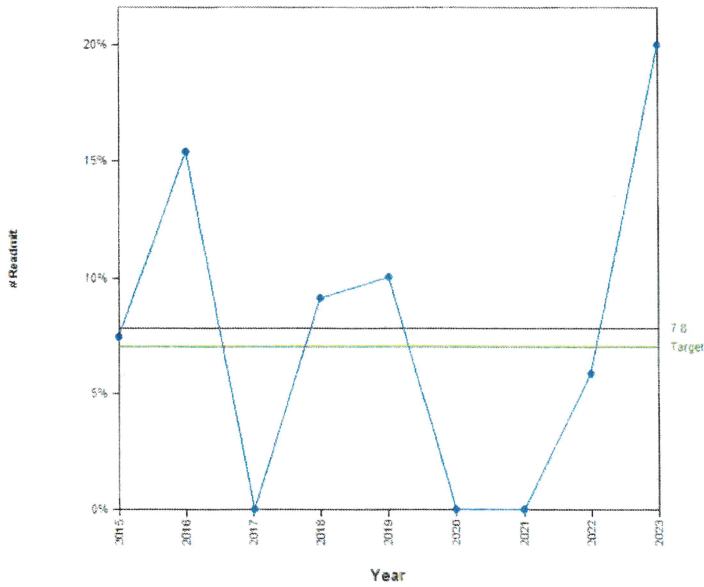
	St Johns Medical Center	Madison Memorial...	Eastern Idaho Regional...
Rate of readmission after discharge from hospital (hospital-wide) National result: 15%	<b>14.9%</b> No different than the national rate Number of included patients: 450	<b>14.4%</b> No different than the national rate Number of included patients: 200	<b>13.3%</b> Better than the national rate Number of included patients: 2087
By medical condition			
Rate of readmission for chronic obstructive pulmonary disease (COPD) patients National result: 19.4%	<b>20.1%</b> No different than the national rate Number of included patients: 38	<b>Not available</b> Number of cases too small	<b>20.6%</b> No different than the national rate Number of included patients: 71
Rate of readmission for heart failure patients National result: 21.3%	<b>21%</b> No different than the national rate Number of included patients: 54	<b>Not available</b> Number of cases too small	<b>19.7%</b> No different than the national rate Number of included patients: 224
Rate of readmission for pneumonia patients National result: 17%	<b>16.7%</b> No different than the national rate Number of included patients: 89	<b>16%</b> No different than the national rate Number of included patients: 69	<b>15.2%</b> No different than the national rate Number of included patients: 285
Rate of readmission after hip/knee replacement National result: 4.1%	<b>4.9%</b> No different than the national rate Number of included patients: 85	<b>4%</b> No different than the national rate Number of included patients: 100	<b>3.7%</b> No different than the national rate Number of included patients: 104

Note: The comparison rates above are based on older data and are risk adjusted. The higher readmission rate for hips and knees include several quarters prior to the arrival of our current joint surgeon.

1 | This document is peer review information, & is confidential & privileged information under WY law, as it contains or is part of the reports, findings, proceedings & data of a medical staff committee, &/or is confidential Quality Management information, as it relates to the evaluation or improvement of quality of health care services in the hospital. Duplication or unauthorized distribution without the permission of the Director of Risk Management is strictly prohibited. Wyo. Stat. 35-2-910(a)

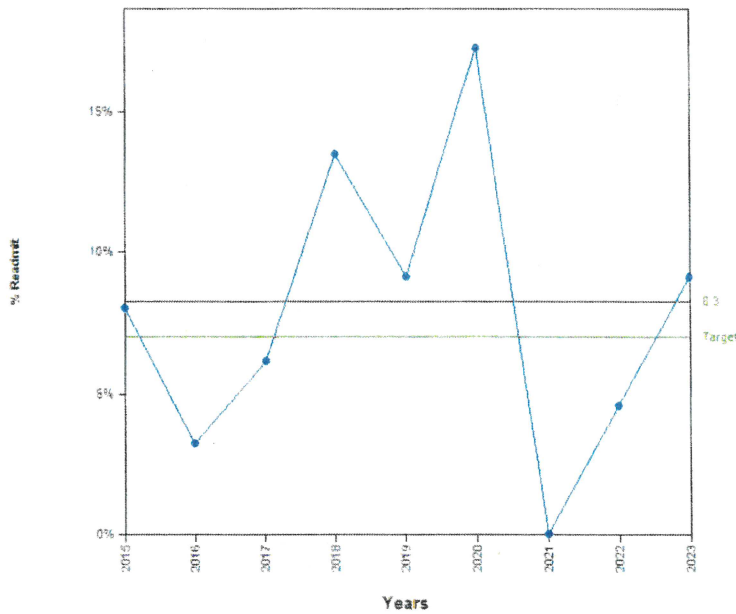
# Readmissions Analysis 2023

30 Day Readmissions - COPD, All Payer

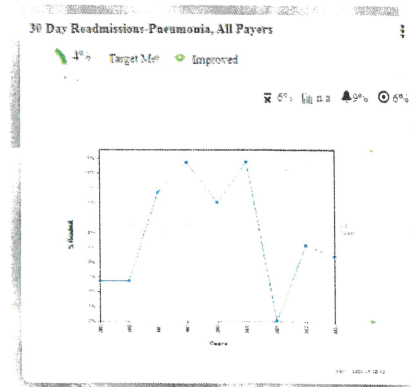


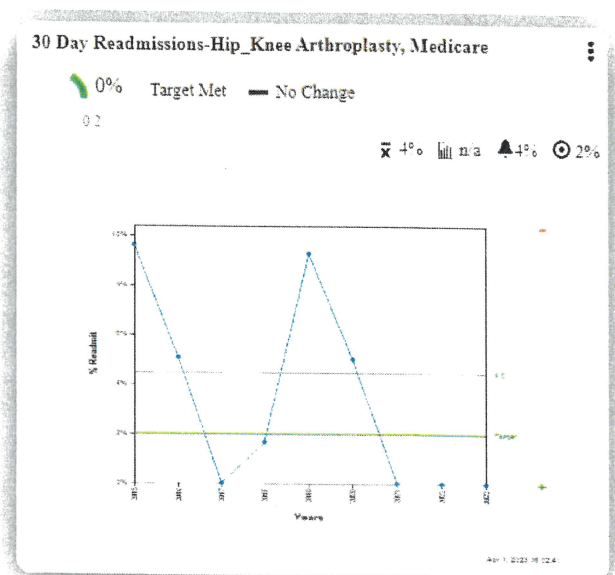
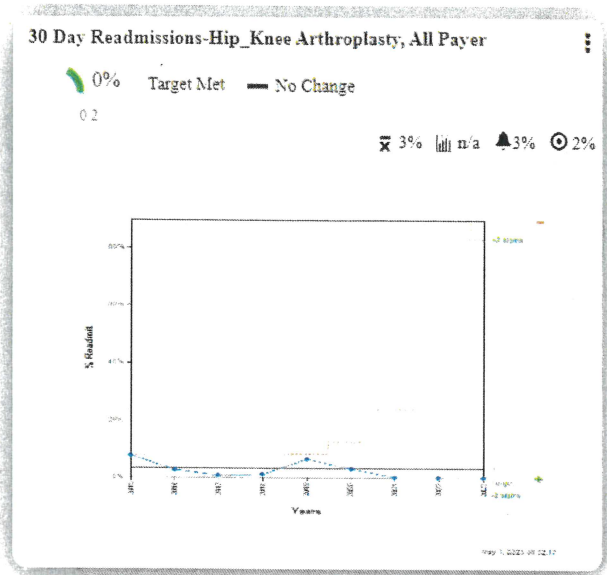
This represents only 1 patient in March 2023. With only 5 total COPD patients admitted to the hospital so far in 2023 the small denominator is influencing our rate. As with prior years we expect this will smooth over the year and our hospital compare numbers are at the national average.

30 Day Readmissions-Pneumonia, Medicare



This also represents 1 pneumonia patient for 2023 and we look at this monthly in Quality Council and will address if pattern is seen, but difficult to see patterns with only one patient. Note: we are in green for "all payors"





**No Issues with Hip and Knee Readmissions with new surgeon. The hospital compare data is old and still carrying data from 2019.**



# Patient Safety Report Q1-2023

## Event Reporting

### All Events by Severity

Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Risk</b>							
	Near Miss Risk Events	66	68		Q1 2023	221	Apr 2022
	No Detectable Harm Risk Events	132	106		Q1 2023	423	Apr 2022
	Minimal Harm Risk Events	34	57		Q1 2023	180	Apr 2022
	Moderate Harm Events	1	1		Q1 2023	6	Apr 2022
	LTC Major Injury Risk Events	1	2		Q1 2023	5	Apr 2022
	SSE or Death Risk Events	0	0		Q1 2023	2	Apr 2022
	All Risk Events	259	n/a		Q1 2023	935	Apr 2022

### Getting Closer to Target on Near Miss Events

1-LTC Major Injury – Resident with fall and hip fracture

### All Events by Type

Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Risk &gt; Class of Events by Type</b>							
	Care Management Events	79	87		Q1 2023	297	Apr 2022
	Fall Events	44	54		Q1 2023	210	Apr 2022
	Lab/Specimen Events	16	14		Q1 2023	45	Apr 2022
	Medication Events	69	40		Q1 2023	210	Apr 2022
	Perinatal Events	7	3		Q1 2023	23	Apr 2022
	Procedure Events	13	11		Q1 2023	28	Apr 2022
	Security Environmental/AMA Events	16	22		Q1 2023	69	Apr 2022

### Medication Events- Update from prior quarter uptick

33-Near Misses (Improved from 15 last quarter)

32-No Harm (27 last quarter)














2-Minimal Harm (Improved from 7 last quarter)

0-Moderate ADR (Improved from 1 last quarter)

**No Concerns**



## All Events by Location

Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Risk &gt; Events by Location</b>							
	PCU All Risk Events	50	50		Q1 2023	164	Apr 2022
	ICU All Risk Events	6	8		Q1 2023	19	Apr 2022
	OB All Risk Events	35	22		Q1 2023	105	Apr 2022
	LTC All Risk Events	54	69		Q1 2023	257	Apr 2022
	OR All Risk Events	27	31		Q1 2023	77	Apr 2022
	Cardiopulmonary All Risk Events	3	3		Q1 2023	13	Apr 2022
	Clinics All Risk Events	8	9		Q1 2023	42	Apr 2022
	Lab All Risk Events	11	11		Q1 2023	36	Apr 2022
	Oncology All Risk Events	14	9		Q1 2023	47	Apr 2022
	Radiology All Risk Events	5	8		Q1 2023	22	Apr 2022
	Admitting ED All Risk Events	2	2		Q1 2023	5	Apr 2022
	Home Care All Risk Events	5	13		Q1 2023	21	Apr 2022
	ED All Risk Events	13	16		Q1 2023	43	Apr 2022

## No Concerns

## Falls by Location

Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Risk &gt; Fall Events &gt; Falls by Location</b>							
	Home Health Fall Events	4	12		Q1 2023	20	Apr 2022
	PCU Fall Events	6	6		Q1 2023	27	Apr 2022
	LTC Fall Events	28	37		Q1 2023	145	Apr 2022
	Public Area Fall Events	2	1		Q1 2023	3	Apr 2022

**No Concerns**

## Falls by Severity

Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Risk &gt; Fall Events &gt; Falls by Severity</b>							
	Near Miss Fall Events	1	2		Q1 2023	4	Jul 2022
	No Detectable Harm Fall Events	31	33		Q1 2023	136	Apr 2022
	Minimal Harm Fall Events	10	18		Q1 2023	59	Apr 2022
	Moderate Harm Fall Events	0	0		Q1 2023	3	Apr 2022
	LTC Major Fall Events	1	1		Q1 2023	5	Apr 2022
	SSE/Death Fall Events	0	0		Q1 2023	0	Apr 2022

**No Concerns**

## Falls by Type

Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Risk &gt; Fall Events &gt; Falls by Type</b>							
	Assisted Fall Events	3	4		Q1 2023	8	Apr 2022
	Chair Bed Fall Events	11	14		Q1 2023	58	Apr 2022
	Toilet Fall Events	1	3		Q1 2023	8	Apr 2022
	Ambulating Fall Events	13	11		Q1 2023	59	Apr 2022
	Slip Trip Fall Events	1	3		Q1 2023	11	Apr 2022
	Transfer Fall Events	3	4		Q1 2023	9	Apr 2022
	Unwitnessed Fall Events	12	18		Q1 2023	57	Apr 2022

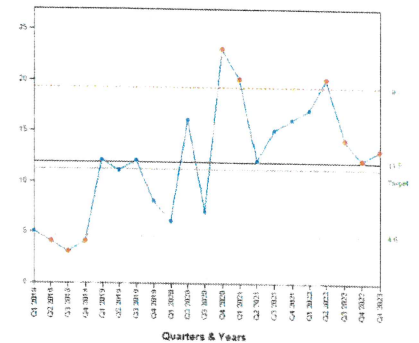
### Ambulating Fall Events

9-No Harm Events

4-Minimal Harm Events

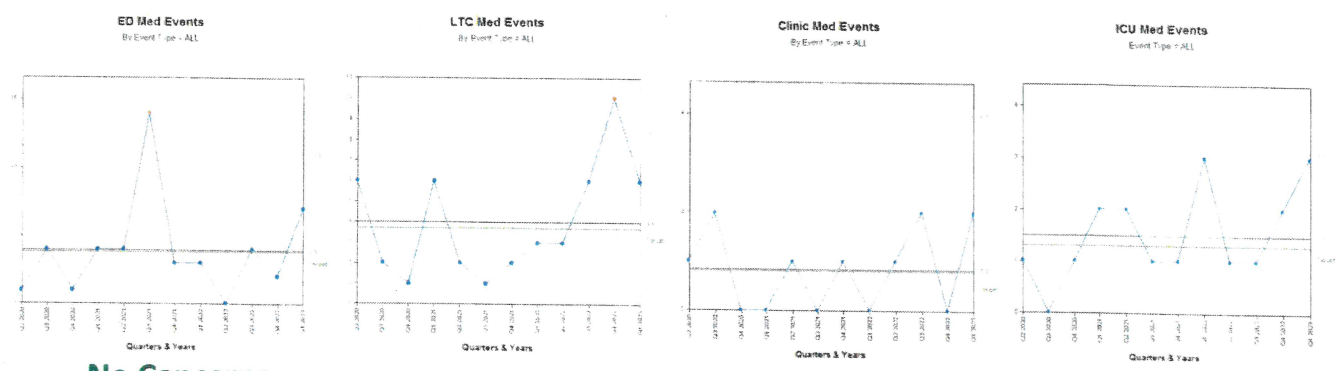
**No Concerns**

**Ambulating Fall Events**  
By Significance = ALL

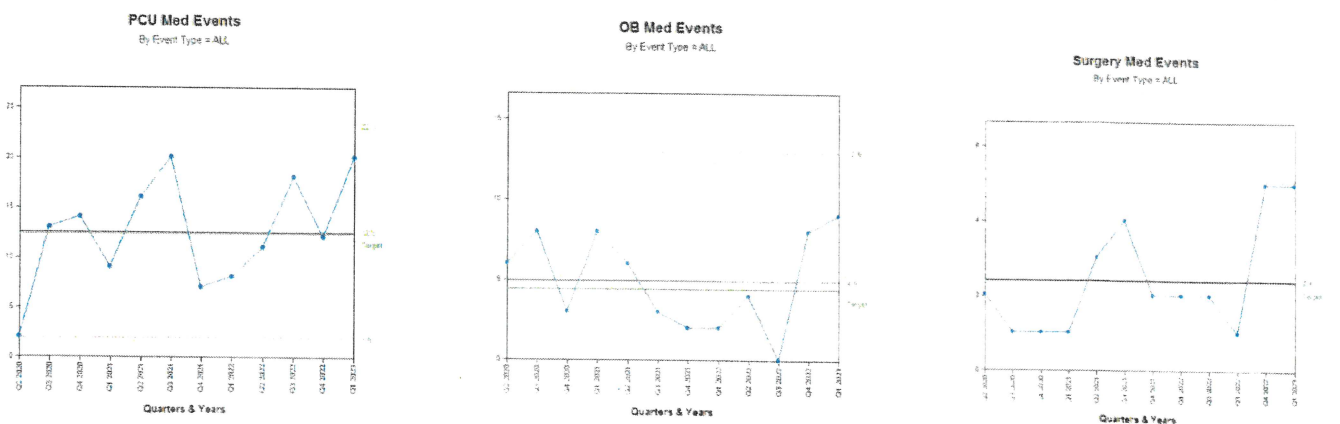


# Medication Events by Location

Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Risk &gt; Medication Events &gt; Med Events by Location</b>							
	PCU Med Events	20	12		Q1 2023	61	Apr 2022
	ED Med Events	7	4		Q1 2023	13	Apr 2022
	ICU Med Events	5	1		Q1 2023	7	Apr 2022
	OB Med Events	9	4		Q1 2023	21	Apr 2022
	LTC Med Events	6	4		Q1 2023	25	Apr 2022
	Surgery Med Events	5	2		Q1 2023	13	Apr 2022
	Clinic Med Events	2	1		Q1 2023	5	Apr 2022
	Oncology Med Events	4	5		Q1 2023	21	Apr 2022



**No Concerns**



Location: PCU  
Records: 20

Location: OB  
Records: 9

Location: Surgery  
Records: 5

Class - Med Events  
Event Date: Jan 1 2023 To Mar 31 2023  
Location = PCU  
Significance  
1-No Detectable Harm-PSE3 13  
0-Near Miss Safety Event 7

Class - Med Events  
Event Date: Jan 1 2023 To Mar 31 2023  
Location = OB  
Significance  
1-No Detectable Harm-PSE3 5  
0-Near Miss Safety Event 4

Class - Med Events  
Event Date: Jan 1 2023 To Mar 31 2023  
Location = Surgery  
Significance  
0-Near Miss Safety Event 3  
1-No Detectable Harm-PSE3 2

## Drill Down and Action Plans in Process

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## Medication Events by Severity

Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Risk &gt; Medication Events &gt; Med Events by Severity</b>							
	Near Miss Med Events	32	13		Q1 2023	75	Apr 2022
	No Detectable Harm Med Events	32	16		Q1 2023	110	Apr 2022
	Minimal Harm Med Events	2	3		Q1 2023	15	Apr 2022
	Moderate Harm Med Events	0	0		Q1 2023	1	Apr 2022
	SSE_Death Medication Events by Type	n a			n a	n a	No Occurrences

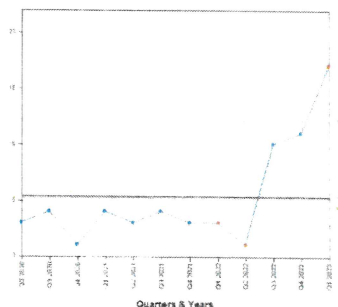
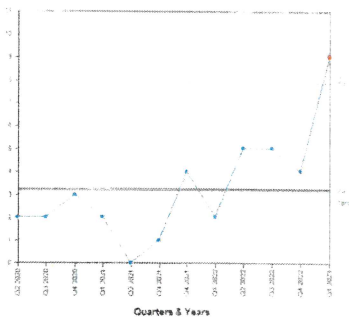
**No Concerns**

## Medication Events by Type

Status	Indicator	Most Recent Value	Target	SPC Alert	Period	Last 12 Months	
						Value	Start
<b>Risk &gt; Medication Events &gt; Med Events by Type</b>							
	Med Administration Events	15	10		Q1 2023	49	Apr 2022
	Reconciliation Med Events	3	5		Q1 2023	8	Apr 2022
	Adverse Drug Reaction Med Event	3	1		Q1 2023	9	Apr 2022
	Transcription CPOE-Med Events	9	3		Q1 2023	23	Apr 2022
	Stocking/Dispensing Med Event	17	5		Q1 2023	39	Apr 2022
	Other Med Events	2	9		Q1 2022	26	Apr 2021
	Prescribing Med Event	9	3		Q1 2023	20	Apr 2022

Transcription CPOE-Med Events  
By Significance = ALL

Stocking/Dispensing Med Event  
By Significance = ALL



### Class - Med Events

Event Date: Jan 1 2023 To Mar 31 2023  
Risk Event Class = Medication Event

Significance

0-Near Miss Safety Event 8  
1-No Detectable Harm-PSE3 1

### Class - Med Events

Event Date: Jan 1 2023 To Mar 31 2023  
Event Type = Medication, Stocking/Dispensing Error

Significance

0-Near Miss Safety Event 9  
1-No Detectable Harm-PSE3 7  
2-Minimal Temporary Harm-PSE2 1

**No Concerns – Higher Near Miss Reporting (better)**

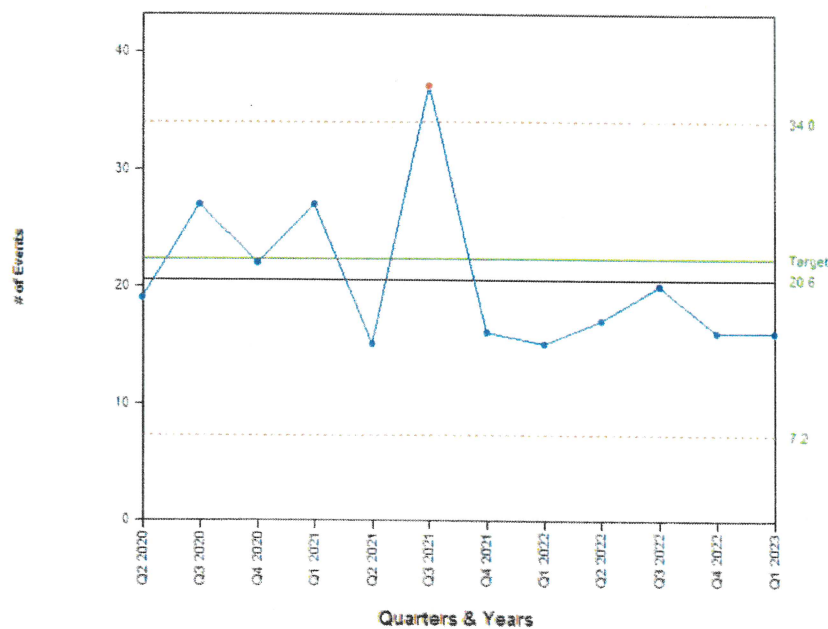
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# Quarterly Security/Safety Report Q1-2023

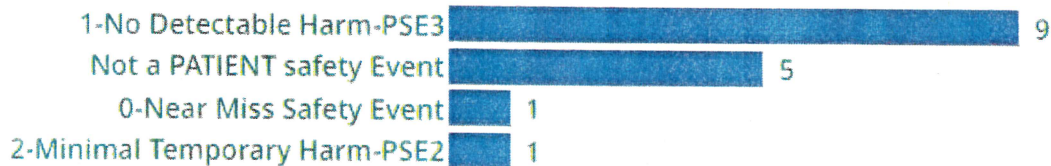
- After Action Report for Power Failure Event- See Attached
- Mass Casualty Simulation Drill held on 4-27-23, plane crash with multiple victims to hospital. After Action Report in next quarter's report

## Security Environmental AMA Events

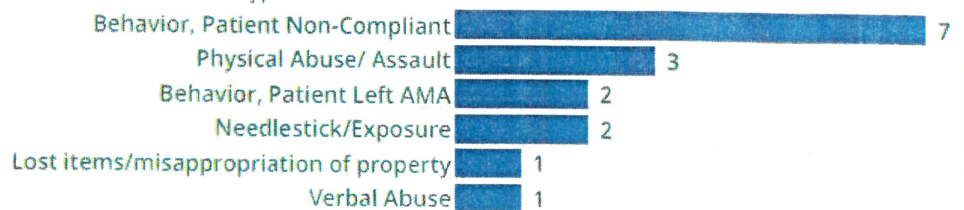
By Class = ALL



### Significance



### Event Type





**Title: After Action Disaster Report**

This After-Action Report has been completed by:	
Name:	Sean Ryan
Title:	Director of Facilities, HazMat/Emergency Management Officer
Contact Information:	3077397410, sryan@stjohns.health

**EXERCISE / EVENT OVERVIEW**

**Exercise / Event Date, Time & Location**

Event Date: 1/29/2023  
 Military Time: Start: 0736 End: 2200  
 Location: St. John's Health Campus/East Jackson/Teton County

**Type of Exercise / Event (mark all that apply)**

<input type="checkbox"/>	Orientation	<input type="checkbox"/>	Drill
<input type="checkbox"/>	Tabletop	<input type="checkbox"/>	Functional
<input checked="" type="checkbox"/>	Actual Event	<input type="checkbox"/>	Full Scale

**Funding Source (s)**

1. N/A

**Focus and Objectives (mark all that apply) (objectives: Insert lines as necessary)**

**Focus:**  Response  Recovery  Prevention  Other

**Objectives:**

1. Identify and execute on opportunities for improvement in response to a power outage.

N/A

**Sponsor(s)**

**Event or Scenario Type (check one)**

<input type="checkbox"/>	Natural Disaster – list type
<input type="checkbox"/>	Disease Outbreak or Investigation – list type
<input type="checkbox"/>	WMD Event – check one: <input type="checkbox"/> Chemical Release or Threat <input type="checkbox"/> Biological Release or Threat
<input type="checkbox"/>	Radiological Release or Threat <input type="checkbox"/> Nuclear Detonation or Threat
<input type="checkbox"/>	Explosive Detonation or Threat <input checked="" type="checkbox"/> Other – list: Power Outage

**Executive Summary**

Power Outage occurred with LVE (Lower Valley Electric) on January 29, 2023. Lower Valley Energy experienced a transformer failure in the East Jackson substation at approximately 0740. The original fault was on an underground feeder in front of Jackson Hole Lumber which caused some issues with the controls in the transformer in the substation. The crews worked all day Sunday and all night switching loads to other feeders but the last few sections were very difficult because of the cold load pickup. The all-day outage was finally restored at 4am on 1/30/2023. Hospital, Sage, POB and the East Broadway locations were affected by the outage. Hospital, Sage, and POB were all restored after numerous efforts at 2110.

Incident command was not put into place during this event due to the estimated duration, which continually was pushed and expanded due to additional failures. Management of the event was completed onsite with phone calls and collaboration between Maintenance and Information Technology with assistance of Administration.



Title: **After Action Disaster Report**

**Participating Agencies** (minimal-list each agency in attendance, Optional-list each attendee and their agency)

SJH, Teton County Emergency Management, Lower Valley Energy

**Number of Participants = N/A**

- Players
- Victims / Role Players
- Controllers
- Evaluators
- Observers


**\*\*Note for completion:** Enter number of persons for each category. If not applicable, enter "NA". If comments need made about numbers entered, enter identifier and place explanation in comments section below.

**CHRONOLOGY OF EVENTS**

**Scenario**

Estimated Time	Event
0736	Power outage occurred
0747	AOC notified from Charge Nurse of the Outage
0751	AOC reported issue to CFO
0751	AOC reported issue to Facilities Director
0754	Reported that one generator did not power on (conflicting reports on this)
0801	IT is communicating on the issue
0810	Sage asking for a MAR (later determined that they had a device to access Cerner live on a red outlet)
0812	IT activates staff to come onsite
0900	First IT staff onsite to start reviewing systems that are not functioning
0910	Engineering review network connectivity for all sites
0923	ORS (OR Server room) reported heat issues
1008	Lost power in SAB Server room
1008	CT restarted / cycled – too hot in the room
1012	All VMs reported as degraded due to SAB Power issue
1012	Secondary circuit to Cerner down
1014	AOC enroute to hospital
1015	Tech deployed to Urgent Care to review status
1020	Engineering team deployed
1023	SAB power restored
1030	ORS cooling working again (this issue would resurface with every power outage / blip)
1050	Pyxis Med servers not connecting to the network – resolved by 1056
1054	All servers operational in SAB
1100	AOC / CFO onsite
1121	IT team / Maintenance working on ensuring power to refrigerators are on red/gray power - getting alerts of high temps
1228	Tiffany Logan onsite to support Radiology
1245	Reported: New patients not flowing from Cerner to Pyxis
1311	Cerner secondary circuit resolved – Cerner monitoring
1358	Issue resolved for patients from Cerner to Pyxis
1558	Power restored to hospital only
1600	IT starting to review all systems online
1630	CT powered on
1725	Cable TV issue during this outage - Charter working on resolution
1700 – 1730	Most IT staff released – will be available to support remotely
1849	Power out at the hospital
1915	Power restored to Hospital



Title: After Action Disaster Report

2035	Power restored to Sage / POB - Lost power at the hospital
2110	Power restored at the hospital
2200	IT left the facility after rounding / system review

Objectives Review

Objective # 1: Identify and execute on opportunities for improvement in response to a long-duration power outage.

Points Not Met:

1. ICU medication fridge not on backup power.
2. Sage Living med fridges not on backup power.
3. Nurse call system not on backup power.
4. Incident Command not activated, and PIO (Karen Connelly) not notified.
5. Communications challenges for managers/supervisor notification.
6. Numerous unit-specific needs for ease of continuing operations.
  - a. Lighting/power challenges
  - b. Need for unit-specific checklists for downtime operations.
    - i. Need for clear checklist of to do items during an outage.
    - ii. Need for clear checklist of where to find certain items during an outage.
      1. Downtime computers
      2. Printers to utilize.
7. Critical equipment in lab not on UPS/backup power.
8. POB clinics did not receive Senso-Scientific alarms for med fridges. Presents concern for offsite clinic process as well.
9. 724 Outlet in Sage may not be on backup power.
10. Sage O2 compressors could not be charged on unit.
11. Sage lift battery packs could not be charged on unit/in the chair closet where located.
12. Sage hot water not on backup power.
13. Sage elevators not functioning on backup power.
14. CT is not on backup power, leaving some modalities or screening options limited or unavailable.

Recommendations:

1. Add ICU med fridge to backup power.
2. Add both upstairs wings' med fridges to backup power. Department contingency plan will include moving meds from 1 West.
3. New hospital nurse call system will be on backup power. Project is forthcoming within 2023.
4. Discuss need for ICS activation and PIO notification with all AOCs. Also, complete training for tiered approach to activation of ICS/HICS for all AOCs.
5. Create a group for managers/directors of departments within Send Word Now, and send a text message to ensure everyone receives; particularly for those who may not check or have email on their personal phones.
6. Unit specific needs:
  - a. Create unit downtime "totes" for PCU, ICU, OB, IRF, OR/PACU/OPS, ED, SAGE including:
    - i. 10 extension cords
    - ii. 10 LED headlamps
    - iii. 10 LED lanterns
  - b. Create unit-specific outage checklists with details for downtime computer locations, etc.
7. Facilities & Lab to evaluate what is necessary to be on UPS. Also utilize downtime totes
8. Evaluate alternate notification option with IT, Facilities, Clinics to notify of power outages.
9. Verify 724 computer is on backup power. If not, add to backup.
10. Provide central charging location within Sage for O2 compressors.
11. Provide central charging location within Sage for lift batteries.
12. Add circulation pumps to backup power for domestic hot water.
13. Evaluate issue with Sage's freight elevator, which should function on backup power.
14. Include full backup power for our upcoming CT project.

CORRECTIVE ACTION / IMPROVEMENT PLAN





Title: **After Action Disaster Report**

Task / Objective	Recommendations	Responsible Party or Agency	Targeted Completion	Completion Date
1.1	Add ICU med fridge to backup power.	Facilities	4/15/2023	
1.2	Add both upstairs wings' med fridges to backup power. Department contingency plan will include moving meds from 1 West.	Facilities	4/15/2023	
1.3	Place new nurse call system onto backup power.	IT//Project Mgt	4/15/2023	
1.4	Discuss need for ICS activation and PIO notification with all AOCs. Also, complete training for tiered approach to activation of ICS/HICS for all AOCs.	Sean Ryan/AOCs	4/15/2023	
1.5	Create a group for managers/directors of departments within Send Word Now and send a text message to ensure everyone receives; particularly for those who may not check or have email on their personal phones. Also add to this:  Jacqui Hardenbrook: 307-797-0648 Hanna Peterson: 307-413-5526	Sean Ryan	4/15/2023	
1.6a	Create unit downtime "totes" for PCU, ICU, OB, IRF, OR/PACU/OPS, ED, SAGE including: i. 10 extension cords ii. 10 LED headlamps iii. 10 LED lanterns	Sean Ryan/Facilities	4/15/2023	
1.6b	Create unit-specific outage checklists with details for downtime computer locations, etc.	Department Leadership	4/15/2023	
1.7	Facilities & Lab to evaluate what is necessary to be on UPS. Also utilize downtime totes	Sean Ryan/Matt Lenz/Facilities/Lab	4/15/2023	
1.8	Evaluate alternate notification option with IT, Facilities, Clinics to notify of power outages.	Sean Ryan/ Clinic Ops Leaders	4/15/2023	
1.9	Verify 724 computer is on backup power. If not, add to backup.	IT to verify/Facilities to assist	4/15/2023	
1.10	Provide central charging location within Sage for O2 compressors.	Facilities	4/15/2023	
1.11	Provide central charging location within Sage for lift batteries.	Facilities	4/15/2023	
1.12	Add circulation pumps to backup power for domestic hot water.	Facilities	4/15/2023	
1.13	Evaluate issue with Sage's freight elevator, which should function on backup power.	Facilities	4/15/2023	
1.14	Include full backup power for our upcoming CT project.	Facilities	1/1/2024	