



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: March 30th, 2022

Minutes Prepared By: Morgan Gurney, Executive Assistant

Members Present:

Cynthia Hogan, Chair
Debby Hopkins, Vice Chair
Sue Critzer, Secretary
Scott Gibson, Treasurer
Mike Tennican, Trustee
Katharine Conover, Trustee
Bruce Hayse, MD, Trustee

Members Absent:

Others Present:

Dave Robertson, CEO	Ray
John Kren, COO/CFO	Katelyn
Thom Kinney	Dr. Marty Trott
Morgan Gurney	Dr. Eric Weiman
Audra Nielsen	MLP
Blair Christy	Mary Ponce
Jen Chiappa	Casey Jackman
Jen Simon	Roger Perkins
Karen Connelly	Sean Ryan
Louis Kraml	Tom Lubnau
Amanda Meekins	Becca Wartig
GT	Naomi Starcevich
	Seth Robertson

Board Advisors Present:

Jim Little Jr
Bob Pisano
Vance Vanier
Jim Hunt
Evan Jones
Pam Cutler

Call to Order

The public board meeting was called to order at 4:00 p.m. MT by Cynthia Hogan, Chair.

Comments from the Chair (presented by Ms. Cynthia Hogan)

Ms. Hogan began the meeting by announcing that the Board has united on a set of clear goals for 2022. Ms. Hogan listed the Board goals and specified what committee has the primary lead on each goal.

- Maintain and enhance the quality of care. Led by the Joint Compliance and Quality Control Committee.
- Maintain a strong balance sheet while generating funds to address employee compensation and workforce housing. Led by the Finance, Facilities, and IT Committee.
- Successfully conclude the CEO Search. Led by the Search Committee.
- Develop an actionable workforce housing plan, focused on the Hitching Post renovation, and get SPET on the November ballot initiative. Led by the Strategy and HR Committee.
- Actively engage all Trustees and Advisors and develop the Board's talent pipeline. Led by the Nominating and Governance Committee.

Ms. Hogan provided an overview of presentation updates for three of the 2022 goals previously mentioned. The presentations are an update on Patient Experience Ratings, Medical Staff Credentialing, the Hitching Post project and SPET ballot, and the CEO search firm interviews and attributes. Ms. Hogan added that the Nominating and Governance Committee has been working on

organizing a leadership retreat for Trustees that is expected to be held in May. The leadership retreat will focus on individuals' strengths and how to work better together as an effective team.

Ms. Hogan acknowledged that the Board and Board Committees have been working on, and will continue to work on, the hospital staff compensation project while exploring opportunities that will generate an increase in the hospital balance sheet. Discussions on this project will continue at the May Board meeting.

Approval of Minutes

Ms. Hogan presented for approval the minutes for the February 24th, 2022, Regular Meeting of the Board.

It was moved by Mike Tennican, seconded by Katharine Conover-Keller, to approve the meeting minutes as presented. The motion carried unanimously.

CEO Report (presented by Dave Robertson, Blair Christy, Becca Wartig, Dr. Eric Wieman, Amanda Meekins) Mr. Robertson presented the monthly CEO report focusing on the following topics:

- Celebrations including Doctor's Day and a COVID Update
- Awards and Recognitions
- Hitching Post Update
- Mammography Screening Exam Expansion
- SJH Impact- Jackson Hole Airport Closure
- Wyoming Public Records Act Requests
- SJH Patient Experience Ratings
- First Year Robotic Surgery Overview
- Medical Staff Credentialing Process

A copy of Mr. Robertson's and guest speakers' presentation materials, which provides information on each of the above topics, is attached and made a permanent part of these minutes.

During Dave Robertson's report, Scott Gibson asked for clarification on transportation options available for stroke patients during the airport closure in April. Mr. Robertson clarified that helicopter transportation will effectively transport stroke patients but may face limitations based on weather. If the weather is a limitation, ground transportation will be utilized. John Kren mentioned that stroke patients are usually airlifted to EIRMC, not the University of Utah, which does not require as much time to transfer thus helicopter transportation should suffice during the ninety-day closure.

Following Blair Christy's report, Cynthia Hogan asked how competitive surgery top box results are and how these results impact the overall rating versus the percentile ranking for that department. Blair Christy explained that the percentile ranking illustrates how competitive the surgical service department is based on the national survey results. The COVID-19 pandemic was noted to have impacted the overall rating percentile. Dave Robertson added that both the medical group and surgery-specific results show a cluster of answers on the higher end of the scale. He continued that almost all patients answer questions with, "my experience was very good". Ms. Christy explained the key drivers that yield these results.

Following the report by Ms. Wartig and Dr. Wieman, Cynthia Hogan asked how many physicians have been trained to use the new robotic equipment. Becca reported that seven physicians have been trained and are currently utilizing the robotic equipment. Sue Critzer asked if the volume information was reflected in the fiscal year or year over year reports. Becca confirmed that the robotic data is reported in a rolling calendar year format.

Following the report by Amanda Meekins, Sue Critzer announced that this report serves to complete the annual compliance training for the Board of Trustees. As Chief of Staff, Dr. Little Jr. thanked both Amanda Meekins and Jamie Bockelman for the exceptional job they do working on a detail-oriented credentialing process.

Strategy, Development, and HR Committee *(presented by Ms. Cynthia Hogan)*

Ms. Hogan reported that the Strategy Committee has diligently worked on developing a plan to submit the Hitching Post employee housing project to the Town Council and County Commission to be considered for placement on the upcoming SPET ballot. Karen Connelly presented specifics on this project and a copy of Karen Connelly's presentation materials will be made a permanent part of these minutes.

Following the report, Joan Goldfarb, a community member, asked how many long-term units the Hitching Post project will have once construction is completed. Ms. Connelly informed the Board that SJH has flexibility in the number of specific one-, two-, and three-bedroom units but does not have an exact number of total units. The plan includes roughly 125,000 square feet.

CEO Search Process Update *(presented by Ms. Katharine Conover-Keller)*

Ms. Conover-Keller and Mr. Jones presented an update on the CEO Search Committee process, CEO attributes, timeline, key issues, and proposed next steps. The Committee evaluated all three search firms and recommended Korn Ferry to the Board.

It was moved by Scott Gibson, seconded by Mike Tennican, to authorize the hospital administration to negotiate an agreement with Korn Ferry as the executive search firm responsible for recruiting candidates for the new CEO on terms and conditions not to exceed \$350,000 in compensation. The motion carried unanimously.

A copy of Katharine Conover-Keller's presentation materials, which provides information on each of the above topics, is attached and made a permanent part of these minutes.

Ms. Conover-Keller clarified the CEO Search Committee members and mentioned the addition of Jane Carey, Foundation Vice-President, as an additional member. The CEO Search Committee includes:

Katharine Conover-Keller, Trustee and Chair
Evan Jones, Board Advisor
Cynthia Hogan, Trustee
Debby Hopkins, Trustee
David Robertson, CEO
Jane Carey, Foundation Vice-President
Dr. Jim Little Jr., Board Advisor and Chief of Staff
Dr. Marty Trott, Medical Group President

Finance, IT, and Facilities Committee *(presented by Mr. Scott Gibson)*

Mr. Gibson reported that February was an above budgeted month but still had a significant operating loss (though not as large as was budgeted). The committee spent the majority of their time brainstorming how to improve cash flow by finding new revenue or expense opportunities. If successful, these opportunities would provide the needed funds to effectively process and approve the compensation project recommendations.

Following the report, Sue Critzer asked how the hospital has been financially affected by the COVID-19 pandemic. Scott Gibson reported that the hospital has come through the pandemic financially better than initially expected. This was significantly due to grant support provided by the State of Wyoming. Fortunately, the hospital's cash position has not suffered as a result of the COVID-19 pandemic.

Joint Compliance & Quality Control Committee *(presented by Ms. Sue Critzer)*

Ms. Critzer reported that the Committee met this month and restructured their meeting materials to simplify and summarize the complex information. Sue announced that the Committee recommended approving two Board compliance policies and one Medical Staff policy. Additionally, the Committee recommended approving the physician credentialing recommendations from the Medical Executive Committee.

It was moved by Katharine Conover-Keller, seconded by Bruce Hayse, to approve the Board policies with the noted changes as presented.

It was moved by Bruce Hayse, seconded by Scott Gibson, to approve the updated Medical Staff policy with the noted changes as presented.

It was moved by Bruce Hayse, seconded by Mike Tennican, to approve the credentialing recommendations from the MEC meeting on March 8, 2022. The motion carried unanimously.

Ms. Critzer noted the mock survey previously conducted for SJH and Sage Living had been reviewed and all open action items from that survey have been completed by SJH staff. The next DNV survey is expected to take place between now and May, via Zoom.

The SJH Foundation had no report this month.

Old Business - None

New Business - None

Public Comment - None

Next Meeting

The next regular monthly meeting is scheduled for May 26th, 2022, via Zoom only and possibly a hybrid meeting depending on COVID-19 cases. Trustees and Advisors would attend the meeting in person with the community attending virtually. The Executive Session begins at 2:30 pm and the monthly Public Session begins at 4:00 pm.

Adjournment

With nothing additional to discuss, Ms. Hogan adjourned the meeting at 6:04 p.m.

Respectfully submitted,

Morgan Gurney, Executive Assistant

CEO Report

Board of Directors Meeting
March 30, 2022



Topics

- Celebrations
- Awards/Recognitions
- Hitching Post Update
- Mammography Screening Exam Expansion
- SJH Impact – Jackson Hole Airport Closure
- Wyoming Public Records Act Requests
- SJH Patient Experience Ratings
- First Year Robotic Surgery Overview
- Medical Staff Credentialing Process



Happy Doctor's Day!

By the Numbers . . .

- 181 – Number of physicians on staff
- 92 – Number of Active Staff members (those with more than 10 annual patient encounters)
- 78 – Number of Telemedicine Services only physicians
- 27 – Number of contracted physicians
- 19 – Number of employed physicians
- 11 – Number of Courtesy Staff physicians (less than 10 annual patient encounters)
- 4 – Over 30 years with SJH
- 16 – Over 20 years with SJH
- 20 – Over 10 years with SJH
- 141 – Less than 10 years with SJH



For the First Time in 2 Years – **NO COVID REPORT!!!!**

- Only 7 COVID+ admissions since the last monthly report



Awards/Recognitions

- St. John's is the only hospital in Wyoming named to this list
- Highest rated hospital under 100 beds in the U.S.



Hitching Post Update

- Our Zoning Application for the Hitching Post Site was submitted to the Town of Jackson Planning Department on March 8th
- We have announced our desire to be placed on the 2022 SPET ballot for consideration of \$24M in funding for this \$65 million project (excluding land which SJH is donating to this project)
- We believe the SJH has significant distinctive features including:
 - It focuses on housing for essential health workers who provide services that benefit all residents
 - Approximately 2/3 of the funding is private
 - SJH assumes all risk for any potential construction cost overages
 - SJH has all ongoing financial responsibility for insurance, maintenance, and other costs so it has no impact on future town or county operating budgets



Mammography Update at SJH

- We have added a second mammography unit dedicated to screening mammograms in order to increase patient access to timely preventive care
 - With only a single unit we have been scheduling screening exams 4 to 6 weeks out. Our volume is up 12% this year and we will now be able to schedule same week appointments
 - New capacity of 120 exams weekly
 - We will start scheduling new appointments in April (pending final inspections)
- This acquisition was made possible by a gift of \$520,000 from the St. John's Health Foundation
- We are also upgrading our existing mammography equipment to improve comfort, scan time, and 3D capability. Both units are the most state-of-the-art units on the market



Mammography – The Statistical Argument

- 1 in 8 women will have breast cancer (American Cancer Society)
- Having an annual mammogram screening exam starting at age 40 reduces breast cancer deaths by 40% (American Cancer Society)
- Only 62% of Wyoming women aged 40 and older reported having a mammogram in the last two years and 71% of women in Teton County (National Institutes of Health)
- Wyoming ranks 48th out of 50 states in terms of annual mammography screening rates



SJH Mammography – IN THE NEWS!



Reinvigorating Breast Cancer Screening Efforts in Local Communities

March 24, 2022

C. Sean Haling, MD



<https://www.diagnosticimaging.com/view/reinvigorating-breast-cancer-screening-efforts-in-local-communities>



Jackson Hole Airport Closure Preparations

- Closure Dates – April 11 to June 28
- Impacts SJH fixed wing transports – the majority of transports are by helicopter which are not impacted
- Have worked with Jackson Hole EMS to assure that any patient requiring fixed wing transport can be ground transported to Driggs Airport
- Historically, we would have 18 transports during this 2.5 month period – we anticipate all air transport will be via helicopter unless there are weather issues



Wyoming Public Records Act Request Costs

- Requests for specific documents that exist are generally simple requests that typically fall under the \$500 cost threshold
- Requests for email searches are typically very expensive – particularly if they are not specific and limited (date range, senders/recipients, keywords)
 - Literally millions of emails generated within SJH annually
 - Without strong search parameters or specific, limited requests this requires thousands of emails to be searched and reviewed by legal counsel for redaction of protected information
 - Based on a review/redaction of 30 emails/hour (which may be optimistic) at \$350/hour legal expense the cost to review 1,000 emails is conservatively \$11,500
- We are frequently receiving requests that will require review of tens of thousands of emails with estimated costs in excess of \$50,000



Questions?

PATIENT EXPERIENCE



ITS NOT ABOUT THE DESTINATION, ITS ABOUT THE JOURNEY

What do we focus on

- Top Box | % of 9 and 10 or Always
- Percentile Rank | National Ranking Compared to Other Hospitals
- Would Recommend | How Likely is a Patient to Recommend us to a family or friend
 - Net Promoter Score | % of Promoters (Likely/ 9 or 10) - % of Detractors (Not Likely/(6-0))
- Caring Behaviors
- Communication
- Experience impact



HCAHPS | Overall Rating Hospital Percentile Rank



Identified that we could do better and added PX

Going Further, Together Journey & Studer

PX identified as a strategic pillar

GFT Leadership Expeditions

SJH Brand Refresh

GFT Leadership Lunch n Learns



SERVICE LINE PERFORMANCE

Overall Rating | % Top Box

Service Line	CY '19	CY '20	CY '21	Q1 '22**	Q2 '22	Q3 '22	Q4 '22
Inpatient	87.18	84.60	84.93	82.98	▼		
Emergency	89.27	87.85	86.67	91.15	▲		
Medical Group	84.74	85.01	85.83	89.63	▲		
Outpatient Testing	84.41	83.39	83.76	88.34	▲		
Surgery	89.63	89.69	87.16	100.00*	▲		

Overall Rating | Percentile Rank

Service Line	CY '19	CY '20	CY '21	Q1 '22**	Q2 '22	Q3 '22	Q4 '22
Inpatient	94	92	94	92	▼		
Emergency	98	98	98	99	▲		
Medical Group	57	51	56	79	▲		
Outpatient Testing	54	69	44	82	▲		
Surgery	72	69	49	99*	▲		



**Quarter 1 2022 - data is Quarter to Date, Quarter closes in May

*Indicates service line with N size lower than 10



PATIENT EXPERIENCE | Goals

2021 GOAL

Goals	
Patient Experience	Maintain 90th percentile rank for HCAHPS Rate the Hospital for CY 2021. ✔ - Measured as a 4 quarter roll up -Focus on Nurse and Provider Communication -Focus on Quiet at night -Target Top Box score of 84.7%

LOOKING FORWARD

Goals	
FY 21 -22	Achieve aggregate average top decile performance in BOTH the Press Ganey Inpatient (HCAHPS overall evaluation score) and the Emergency Department patient satisfaction surveys.
FY 22 - 23	Achieve aggregate patient satisfaction results in all areas in which relevant benchmark data is available (HCAHPS – ALL DOMAINS), Emergency Department, Surgery, Home Health, Sage Living, Inpatient Rehab, Clinics, Outpatient Testing) in accordance with the standards below. <ul style="list-style-type: none">• For all areas that have achieved top decile performance in any of the prior three years, achieve aggregate average top decile performance in the current year• For all areas that have not met top decile performance in any of the prior three years, achieve a MINIMUM aggregate performance of the 65th percentile. If prior year performance was above the 65th percentile but less than the 90th percentile, achieve an increase in the aggregate performance of a minimum of 10 percentile points.



Robotic-Assisted Surgery:

Year One

E. Wieman MD

B. Wartig RN



Purpose Driven

SJH Purpose

- To provide our unique community and visitors with exceptional and ever-advancing individualized care.

IHI Triple Aim



Drivers for Expansion of Minimally Invasive Surgery

- MIS offers:
 - Small incisions/less invasive
 - Shorter length of stay
 - Lower risk for infection
 - Less collateral tissue damage

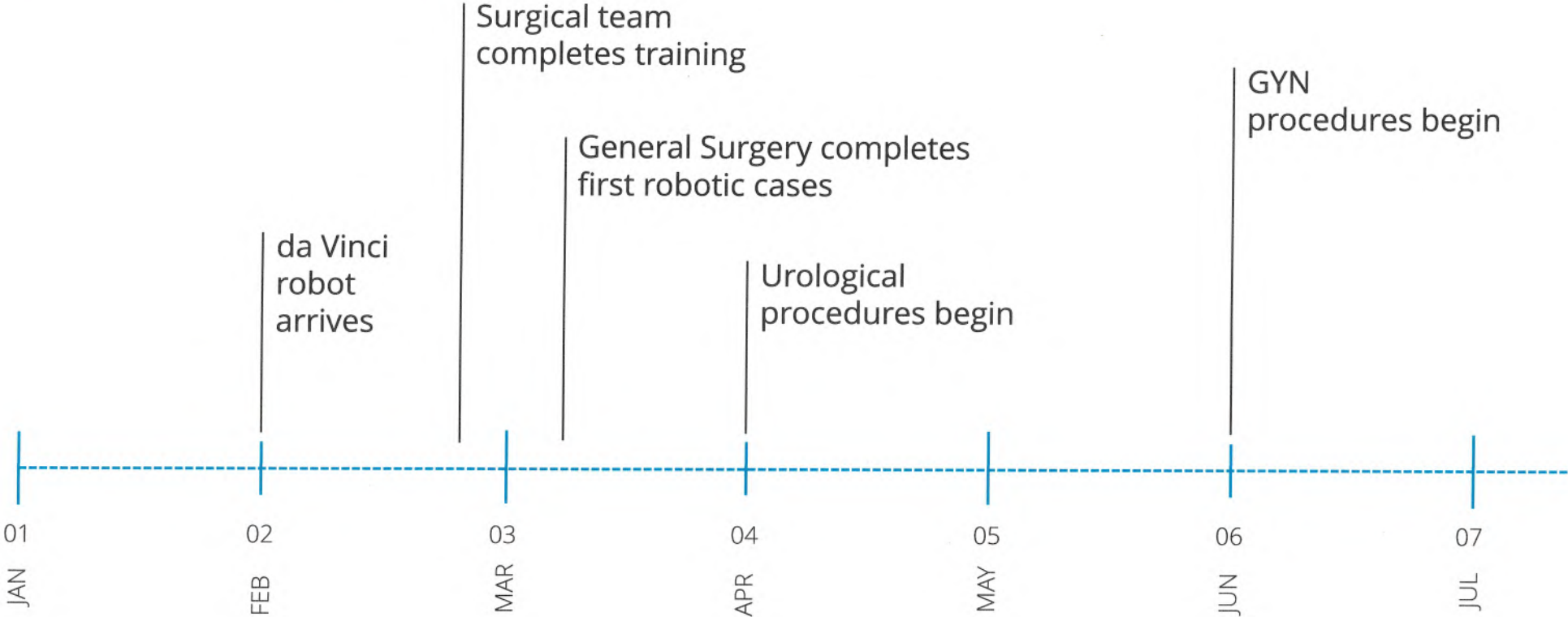


New Paradigm for Minimally Invasive Surgery

- Intuitive: DaVinci Robot
 - Another approach for surgeons
 - Greater options for patients closer to home
 - Hand motion for greater surgical ease
 - Excellent visualization



2021 Timeline



Onboarding Teamwork

Credentialing

- Framework to ensure quality care
- Work with Intuitive to allocate proctors

Marketing

- Robust marketing program
- Innovative and creative outreach

Surgical Services

- Training with skilled surgeons at site visits
- Proctors
- Intuitive trainers onsite for in servicing
- Simulation training on the daVinici for staff and surgeons



Focus on Quality

Surgical Team

- Core Team
- Specialized training for new members
- Robotics Coordinator

Sterile Processing

- Best practice equipment and techniques
- Ongoing training and reevaluation offered by Intuitive



Staff Engagement

- Hands-on experience for non-surgical staff
- Devised a video game-like competition
- Prizes for the highest scorers and the departments with the best participation



**COME LEARN ABOUT OUR
EXCITING NEW OPTION FOR
MINIMALLY INVASIVE SURGERY!**

**Thursday, March 25
10 am-5 pm
Lobby**

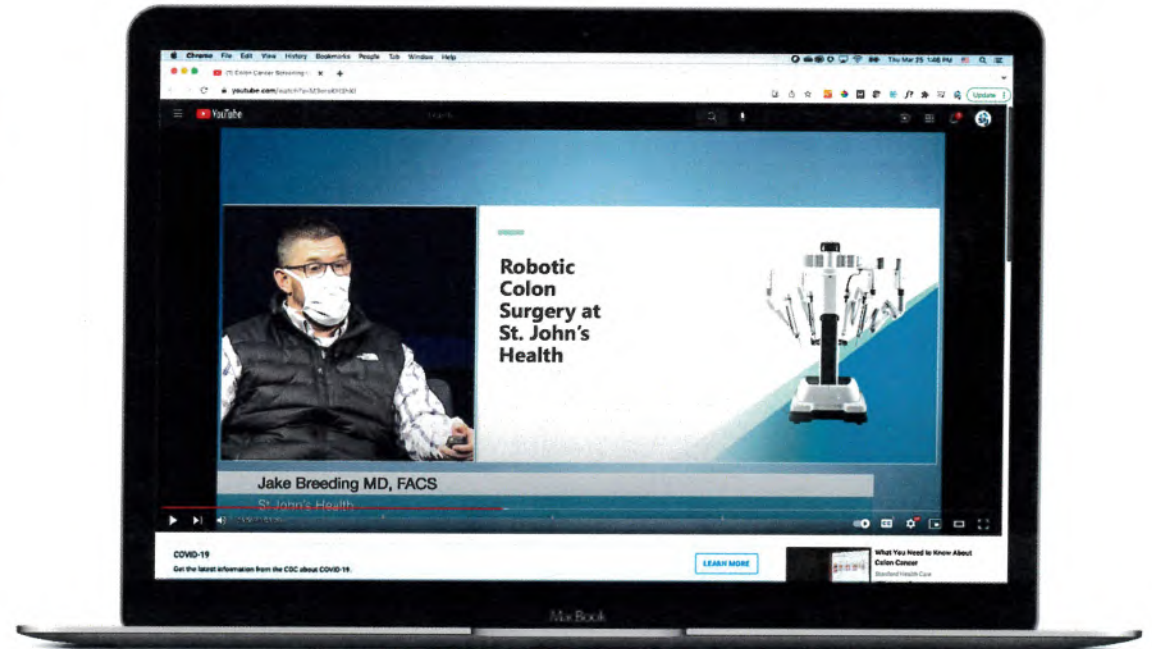
Experience for yourself how this novel technology offers enhanced visibility and the precision of wristed action in a friendly competition with your colleagues.



Live Health Talk

Colon Cancer Screening in the time of COVID

- Featuring general surgeons Dr. Breeding and Dr. Wieman
- Video demonstration of robot mock surgery
- Overview of robotic surgery at SJH





Dream Team.

Expert surgeons. Advanced technology.

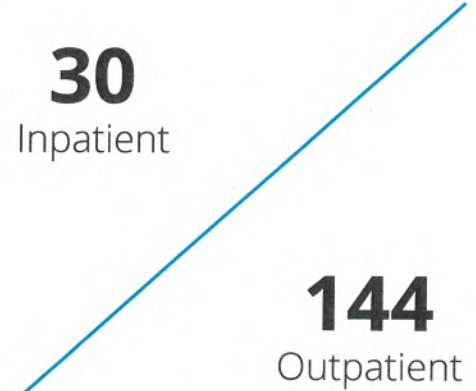
With enhanced precision, control, dexterity and 3-D visualizations, the da Vinci robotic surgical system gives our surgeons the power to conduct more minimally invasive surgeries, so patients recover faster.



Overall Performance

174

Total Robotic Cases YTD



Slide 11

CJO

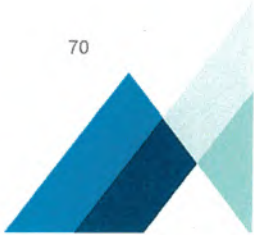
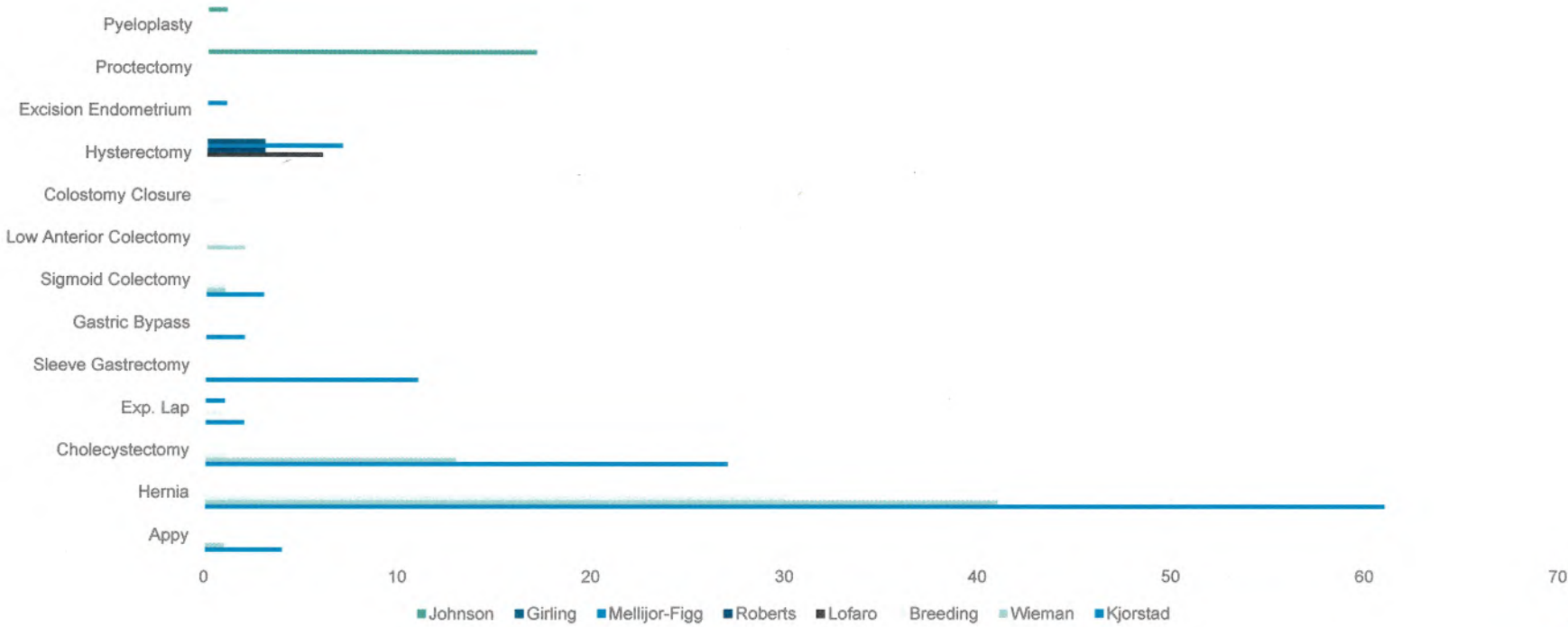
[@Wartig, Becca] Can you clarify if total cases YTD is only 2021? Or is it Feb 21–Feb 22?

Crosby, Jonathan, 2022-03-28T17:10:29.670

Overall Performance



Types of Cases Performed at SJH:



New Procedures:

- Robot-Assisted Radical Prostatectomy (RARP)
 - Considered the standard of care
 - Dr. Blake Johnson, Urology
 - 15-year veteran of the procedure
 - Will expand robotic offerings at SJH



Robot-Assisted Surgery: Next Steps

- Tracking quality metrics to track patient outcomes for committee review and on-going credentialing
 - MIS Eligible Patients Avoided Open Surgery
 - Length Of Stay days avoided
 - SSIs Avoided
- Expand capacity to allow for after-hours cases
 - Refine training pathway for OR staff

WBO



Slide 15

WBO

Made some changes to the last slide

Wartig, Becca, 2022-03-28T17:03:08.795



Questions?

MEDICAL STAFF CREDENTIALING PROCESS

D. Richelle Heldwein, Chief Risk and Compliance
Amanda Meekins, Director Medical Staff Services



Board Medical Staff Obligations

- The Board Grants Privileges
- The Board Oversees Fair Hearings
- The Board Suspends, Revises, and Revokes Privileges

- When asked by a member of the medical staff or community to address issues of privileges, best to let them know that those concerns are first addressed by the Medical Staff process we will outline and refer them to the Chief of Staff and/or Amanda Meekins to take any concern through the proper process.



DNV Regulations

- DNV Standards
 - MS.1 Organized Medical Staff: The hospital must have an organized medical staff that operates under the bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.
 - SR.2: The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendation to the governing body on the appointment of these candidates in according with State law, including scope-of-practice laws, and the medical staff bylaws, rules and regulations.
 - MS.14 Corrective or Rehabilitation Action: The medical staff bylaws shall provide a mechanism for management of medical staff corrective or rehabilitative action. This documentation may result from unprofessional demeanor and conduct and/or this behavior is likely to be detrimental to patient safety or the delivery of quality care or is disruptive to organization operations. Any officer of the medical staff, the CEO, or any office of the board may initiative this corrective or rehabilitative action.



CMS Regulations

- CMS Condition of Participation
 - §482.12 Governing Body: There must be an effective governing body that is legally responsible for the conduct of the hospital.
 - §482.12 (a) Medical Staff: The governing body must ensure the medical staff requirements are met.
 - §482.12(a)(2) The governing body determines whether to grant, deny, continue, revise, discontinue, limit, or revoke specific privileges, including medical staff membership, for a specific practitioner after considering the recommendation of the medical staff. In all instances, the governing body's determination must be consistent with established hospital medical staff criteria, as well as with the State and Federal law regulations. ***Only the hospital's governing body has the authority to grant a practitioner privileges to provide care in the hospital.***



CMS Regulations

- CMS Condition of Participation, cont.
 - §482.12(a)(5) The governing body must ensure that the medical staff as a group is accountable to the governing body for the quality of care provided to patients. The governing body is responsible for the conduct of the hospital and this conduct includes the quality of care provided for patients.
 - §482.22(b) The medical staff must be well organized and accountable to the governing body for the quality of the medical care provided to patients.



SJH Application Process

Request for Medical Staff Application (Pre-Application)

- Information from provider to ensure he/she satisfies the “Threshold Eligibility Criteria”, Bylaws Section II.B.1, for membership prior to being provided an online application
- Pre-Application deemed complete by Medical Staff Services
- Pre-Application reviewed and approved by the Chief of Staff and Chief Executive Officer.
- When all Pre-Application requirements are met the provider will be sent a full application.



SJH Credentialing Process

- Initial/Reappointment Appointment Application
(Bylaws Section III.B. & III.C.)
 - Medical Staff Services reviews the application and conducts primary verification of all licensure, malpractice coverage, background check, education, and obtains appropriate reports.
 - Credentials Committee Review – when deemed complete the Credentials Committee reviews the application and makes positive or adverse recommendation to the MEC.
 - Medical Executive Committee – with credentials committee recommendations application reviewed and positive or adverse recommendation made to Joint Committee on Quality and Compliance to be presented to the Governing Board.
 - Governing Board – with recommendations from credentials committee and Medical Executive Committee the Governing Board accepts or rejects the application within a reasonable period of time.



Quality Review Process

- Ongoing quality review is conducted by the Quality Performance Monitoring Committee (QPMC) for all credentialed providers
 - Review instituted when one of the following occur:
 - Variance from one or more Medical Staff quality indicator detected
 - Indicators developed by the Medical Staff
 - Submission of an Event Report via Midas
 - Any serious safety event
 - Deviation from generally accepted performance standards that reaches the patient and results in serious permanent harm or death
 - Initial review conducted by Quality Resource Team (QRT) and forwarded to QPMC for finalization or additional review
- **QRT includes:**
 - **Medical Director of Quality Affairs**
 - **Chief Compliance Officer**
 - **Chief of Staff**
 - **Chief Executive Officer**
 - **Chief Nursing Officer**
 - **Chief Operations Officer**



Quality Review Process, cont.



- QPMC includes physicians from multiple specialties appointed by the Chief of Staff
- QPMC Review will determine
 - Additional information is needed (internal/external review)
 - Case rated and closed
 - Education or collegial intervention is needed
 - Referral to MEC for potential corrective action due to behavioral concerns and/or two or more 'care variance' or 'egregious error' findings within a twelve-month period.
- A summary of all QPMC reviews for each provider is included with each reappointment application for committee review.
- The peer review process strives to be consistent, defensible, balanced, useful, and educational.

Reference: Medical Staff QI Program Policy v.6



SJH Medical Staff Corrective Actions

- Routine Monitoring and Education (Bylaws Section VII.A)
 - The Chief of Staff and MEC monitoring and assess the quality of professional practice at St. John's and promote quality and efficient services utilizing the following processes:
 - Regular review of patient care, investigate complaints, and practice-related incidents.
 - The Chief of Staff, or designee, may provide peer coaching for medical staff
 - The MEC may issue a letter of admonition, warning or censure, should specific concerns be identified
 - MEC may also do temporary suspension of privileges if needed for patient safety.



SJH Medical Staff Corrective Actions, cont.

Investigations and Corrective Action (Bylaws Section VII.B)

- Formal Investigations: May be triggered, with a specific reference to the activity/conduct giving rise to the request, by the Chief of Staff, a Service Chief, a majority of Physicians on any Medical Staff Committee, a Board officer, or the Chief Executive Officer.
 - Investigations of this type follow the process outlined in Section VII.B.1
- Upon completion of a formal investigation, a report and any recommendations are forwarded to the Chief Executive Officer
- Adverse recommendations entitle practitioners to a hearing prior to a final decision of the Board of Trustees
 - Should a provider request a hearing, notification of such will be sent to the CEO
 - If a hearing is not requested, the providers accepts the MEC decision and recommendations move forward to the Board of Trustees



Formal Hearing Process

- If a provider requests a formal Medical Staff or Board hearing a panel of physicians/board members will be appointed.
- This panel is designed to be persons that have not been involved in the investigation or reporting.
- This is the reason the JCQC does not bring formal action to the full Board prior to due process for the provider





CEO Search Committee Presentation

March 30, 2022

Agenda

1. Status update. Search timeline
2. Search firm evaluation results and recommendation to Board
3. Board discussion and approval of search firm
4. Korn Ferry Engagement Letter Approval process
5. CEO attributes and key issues. Discussion
6. Proposed next steps for CEO search
7. Discussion



SJH CEO Search Status Update

St John's Health CEO Search Timeline		Draft: 2/8/22											
Action item completed by:		15-Feb	28-Feb	31-Mar	30-Apr	31-May	30-Jun	31-Jul	31-Aug	30-Sep	31-Oct	30-Nov	31-Dec
Select recruiter													
Outreach to three plus recruiters		X											
Recruiter interviews		-----X											
Committee/recruiter presentation & recommendation decision				X									
Recruiter decision and contracting				X									
Recruiter search work initiated					X								
CEO position description & key objectives/issues													
Preliminary search committee discussion and process recommendation		-----X											
Board alignment and process completed			-----X										
Specification agreement with Recruiter Board and/or Committee					X								
CEO compensation & housing discussion with Board & recruiter				-----X									
Community outreach													
Initial St. John's physician interviews & stakeholder interviews and engagement			-----X										
Stakeholder interviews and engagement in 2nd round interviews									-----X				
Candidate identification and decision making													
Candidate selection & interviews - initial									-----X				
Candidate selection & interviews - second round, on site										-----X			
Lead candidate discussions/contracting											-----X		
Final agreement												X	



Search Firm Evaluation Results, Recommendation to Board

Three top search firms evaluated

- WittKieffer
- AMN Healthcare
- Korn Ferry

Completed detailed assessment of all three firms



Search Firm Assessment Criteria

St. John's Health CEO Search Criteria Ranking Matrix

- Track record of successful searches
- Community hospital searches
- Talent acquisition network and capabilities
- Strength of search team
- Search team commitment/focus on St. John's Health
- Search process
- Mountain state experience
- Candidate assessment & referencing capabilities
- Ability to deal with unique challenges like housing and provide input
- Final selection, referencing, contract negotiation
- On boarding. First 6 months – 12 months
- Intangibles, gut feel likelihood of successful search outcome



Korn Ferry Recommendation

Korn Ferry Considerations

- Strength and commitment of search team
 - Nels Olson, Vice Chairman Co-Leader Board & CEO Services and Global Leader Government Affairs (Teton Village homeowner with strong valley connections)
 - Tom Giella, Chairman Healthcare Services (Lead Partner on SJH Search)
 - Michelle Lee, Senior Client Partner
- Experience with health system and community hospital CEO searches
- Strong candidate referencing capabilities, KF4D Executive Assessment
- Onboarding and ongoing CEO coaching commitment & capabilities
- Track record of successful searches

Recommendation

- Korn Ferry ranked highest on Search Firm Capabilities Matrix Assessment
- Korn Ferry differentiators:
 - Depth and quality of potential candidate pool
 - Referencing & CEO coaching capabilities
 - Track record of relevant, successful searches
 - Strength of team and connections to Jackson Hole valley



Engagement Letter Approval Process

Board resolution:

“I move to authorize hospital administration to negotiate an agreement with Korn Ferry as the executive search firm responsible for recruiting candidates for the new CEO on terms and conditions not to exceed \$350,000 in compensation.”



SJH CEO Attributes and Key issues

CEO attributes

1. **Leadership.** A compassionate, respectful, and approachable leader who will foster strong relationships and trust among medical, clinical, and administrative staff as well as the Board.
2. **Experience.** Relevant medical expertise and a proven track record of achieving superlative medical quality, operational excellence, team alignment and sound financial results. Experience as CEO or senior administrator of an independent community hospital encouraged.
3. **People skills.** A demonstrable ability to recruit, retain and lead staff.
4. **Communications.** Effective communications skills and public presence. Comfortable with fundraising.
5. **Strategy.** The ability to lead St. John's Health into the future by ensuring operational excellence and financial strength with a commitment to maintaining a successful, independent community hospital.



SJH CEO Attributes and Key issues (Cont.)

Top issues

Maintaining and strengthening quality patient care.

1. An enthusiastic commitment to community engagement.
2. Staffing, housing, personnel related activities. Transition from St. John's 2022 to sustainable future. Long-term solution to St. John's housing needs.
3. Work with St. John's Health Foundation to strengthen fund raising capabilities and results.
4. Institutional rigor for critical decision making, staffing and operations.
5. Preparing St. John's for the future and leading the next phase of growth and investment in operational excellence. Includes:
 - Strategic vision including plans for core service lines & new delivery paradigms
 - Addressing existential threats.



Proposed Next Steps for SJH CEO Search

- Approval of recommended CEO search firm
- Approval to complete engagement letter
- Continue CEO search process
 - Search firm stakeholder interviews
 - Marketing and candidate assessments
 - Top 3 candidate interviews targeted during summer
 - Presentation of finalist candidate at SJH Board meeting
- Thank you for your continued help and support

