

## **Bios for Medical Staff Credentialing/Privileging Changes: Feb 2010**

All of the below are contingent on completion of the credentialing process and final recommendation by the Chief or Assistant of Medical Staff. If recommended by the Medical Staff, then approval will be requested at Board Meeting.

### **REAPPOINTMENTS:**

**Stuart Marshall, DDS** is a dentist who graduated from Creighton School of Dentistry in Omaha, NE in May of 2005. He has his own practice in Driggs, ID called Cottonwood Dental Care and he also works at Eagle Rock Dental Care in Rexburg. He is requesting reappointment of his medical staff membership and privileges in the Co-Professional category as a dentist.

**Eric L. Johnson, MD**, graduated from University of Minnesota, in Minneapolis in 1984, his internship and residency was with the Family Practice Residency of Idaho, in Boise ending in 1985. He is board certified in Family Practice Medicine by the American Board of Family Medicine. He is requesting reappointment of his medical staff membership and privileges in the active category in ER.

**Jennifer R. Willmore, PA-C** is a physician's assistant who graduated from Idaho State University in 2004. She has had privileges with us since January 2005. She was hired by TVHC to cover as a "pool" physician assistant to help cover patient care when someone is on vacation or otherwise absent. She is requesting reappointment of her privileges in the Co-Professional category as a physician's assistant.

**Ray Breckenridge, RNFA**, a registered nurse first assistant, was trained as an RN at Ricks College, in Rexburg, ID and received his on-the-job training as a nurse first assistant at EIRMC, St. John's Medical Center, and Teton Valley Hospital & Surgicenter. He is requesting reappointment of his medical staff membership and privileges in the Allied Health Category as a first assistant.



**Teton Valley Hospital  
& Surgicenter**  
PARTNERS IN HEALTH FOR A LIFETIME

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## **2011 Medical Staff Officers & Directors**

**Chief of Staff: Maurice D. Brown, M.D.**

**Assistant Chief of Staff: Eric L. Johnson, M.D.**

**Med Staff Coordinator: Laura C. Piquet**

**OR Medical Director: Maurice D. Brown, M.D.**

**ED/EMS Medical Director: Eric L. Johnson, M.D.**

**Clinic Medical Director: Chad R. Horrocks, M.D.**

**Laboratory Medical Director: David Martin-Reay, M.D.**

**Radiology Medical Director: David V. Hansen, M.D.**

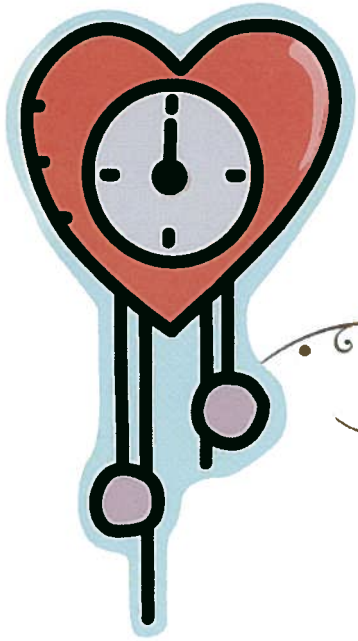
**Pharmacy Medical Director: Michael D. Snyder, M.D.**

TETON VALLEY HEALTH CARE  
Utilization Stats – Fiscal Year 2011  
Quarter 1 (Oct – Dec, 2010)

	FY 2011 Q1	FY 2011 Q1 Month Avg	FY 2010 Q1	FY 2010 Month Avg	Oct FY 11	Nov FY 11	Dec FY 11	
Admissions - Total	42	14	52	15	14	10	18	Avg daily census 1.45
Patient Days - Total	133	44	228	59	69	29	35	Avg LOS 3.2 days
Patient Days - Swing	63	21	95	20	48	12	3	Avg LOS 9.0 days
Observation - admits	42	14	49	14	14	11	17	
Observation - hours	978	326	836	284	371	206	401	
Surgeries – Inpatient	12	4	9	2	4	2	6	
Surgeries -- Outpatient	96	32	94	24	19	35	42	
Surgeries -- Ortho	66	22	57	13	14	23	29	
ER Visits	398	133	439	150	138	123	137	
ER Admits	6	2	41	9	0	1	5	
Ambulance runs	111	37	127	49	34	31	46	
Laboratory tests	3,929	1,310	4494	1474	1,384	1,166	1,379	
Radiology exams	1,257	419	1256	420	432	371	454	CT, Diag XR ↓ US, MRI ↑ mamo =
Rehab OP admissions	79	26	64	20	18	24	37	
RN Procedures	136	45			60	44	32	
IV Therapy (Pharmacy)	49	16						
Driggs Clinic visits	3,355	1,118	3270	1060	1,184	1,047	1,124	
Physicians	2,000	666	2358	668	707	593	700	
Specialists	156	52	71	33	60	41	55	
Other providers	1,199	400	841	359	417	413	369	
Victor Clinic visits	901	300	967	273	325	310	266	
Physicians	240	80	175	86	89	123	28	
Specialists	171	57	133	50	58	61	52	
Other providers	490	163	718	142	178	126	186	
Total Clinic visits	4,256	1,418	4237	1333	1,509	1,357	1,390	

Teton Valley Health Care  
Surgeries FY 2010

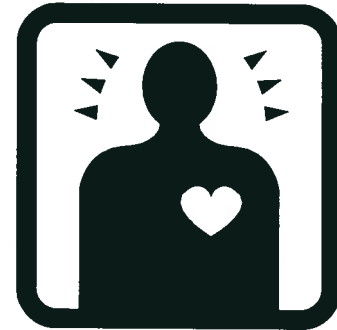
	Oct 10	Nov 10	Dec 10	Q1 FY 11	Q1 FY 10
Poulter	2	0	4	6	12
Waterhouse	0	2	4	6	
Low	0	0	0	0	2
Poore	0	0	0	0	3
Zoe	4	0	0	4	
Talcott	0	1	0	1	
Lofaro	0	1	3	4	1
Rosenberg	0	1	0	1	
Porot	1	2	0	3	2
Hansen	0	0	0	0	8
Hanks	0	1	1	2	0
Hanson	0	0	0	0	1
<b>Total-Specialists</b>	<b>7</b>	<b>8</b>	<b>12</b>	<b>27</b>	<b>29</b>
Revenue	\$13,940	\$39,706	\$84,486	\$138,132	\$118,271
Brown / Ortho	13	23	29	65	57
Horrocks	3	6	7	16	17
<b>Total-Staff</b>	<b>16</b>	<b>29</b>	<b>36</b>	<b>81</b>	<b>74</b>
Revenue	\$313,336	\$332,333	\$461,049	\$1,106,718	\$860,267
<b>Total Surgeries</b>	<b>23</b>	<b>37</b>	<b>48</b>	<b>108</b>	<b>103</b>



# February 2011



## Studer Pillar Report





# EMERGENCY DEPARTMENT

Continuous improvement is seen with ED charges getting on the bills correctly. Started to measure accuracy in October 2010 and have improved accuracy by >50%.



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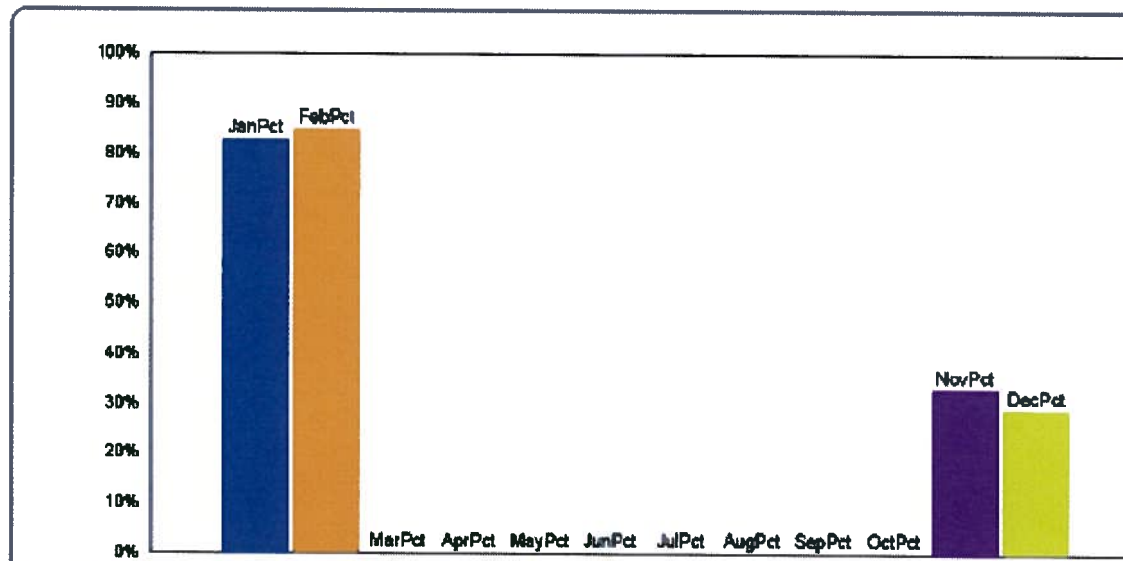
## Studer Goal ED

### Finance Pillar

Goal Target: **100.0%**

Goal Description:

Audit 20% of ED generated charges by comparing the patient's bill to the charge sheet. This goal's purposes are to determine if billing and charge sheets are accurate and to alter internal processes as needed to improve accuracy. New Goal as of August 2



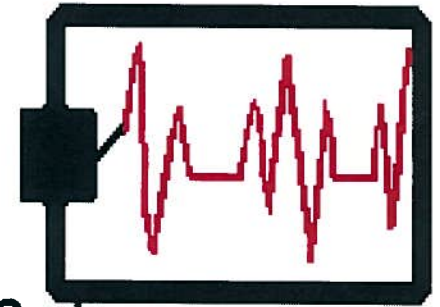
Great Job!!!



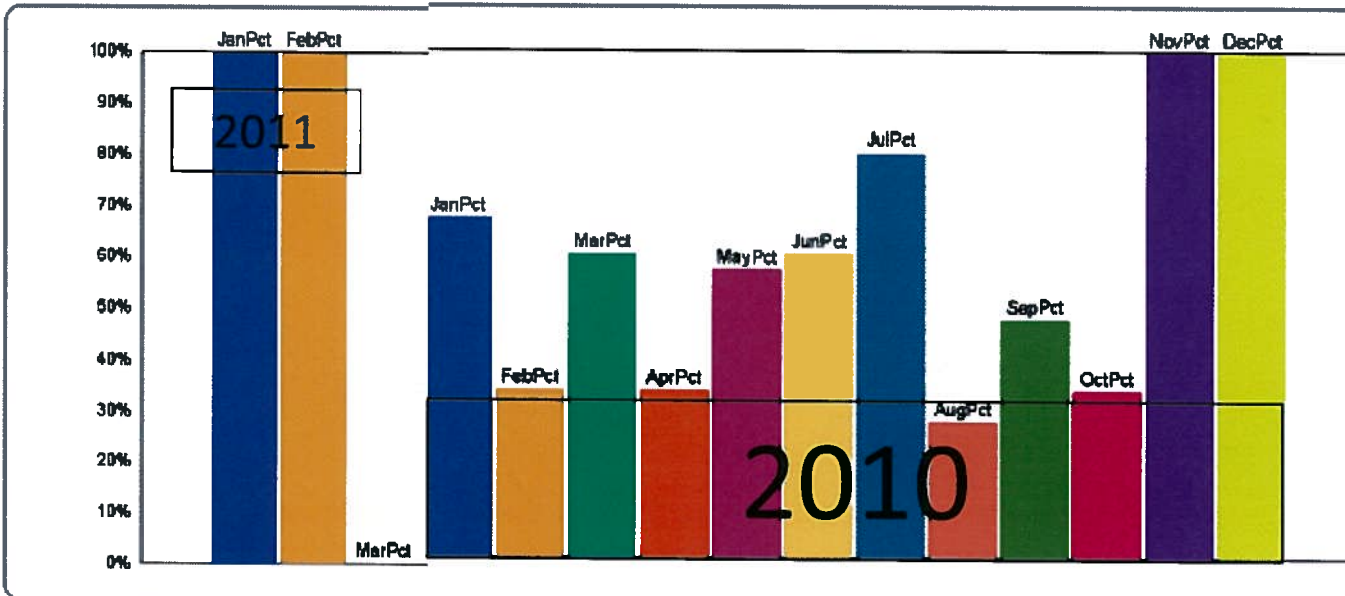


# Emergency Department

4 month with 100%! Way to Go!



Studer Goal  
ED



## Quality Pillar

Goal Target: 100.0%  
Goal Description:

100% of ED patients will have complete admission and discharge vital signs according to predetermined guidelines documented on chart with visits lasting longer than 20 minutes.



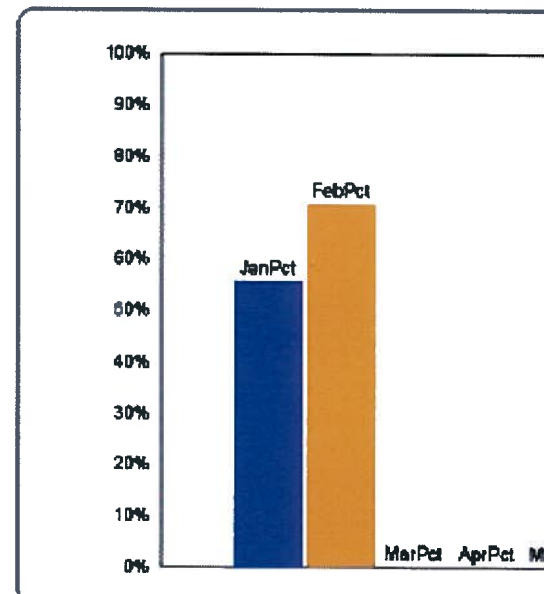
# Emergency Department



Will review 20% of monthly ED patient charts. Goals is to have 95% of the chart reviewed will have orders documented for laboratory exams.



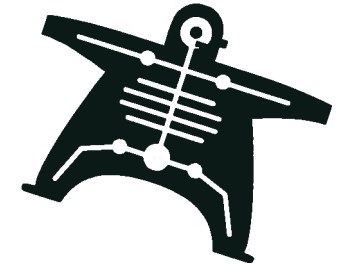
# Just Getting Started...



**Improved by 15% already  
by bringing it to  
staff's awareness...**



# Emergency Department

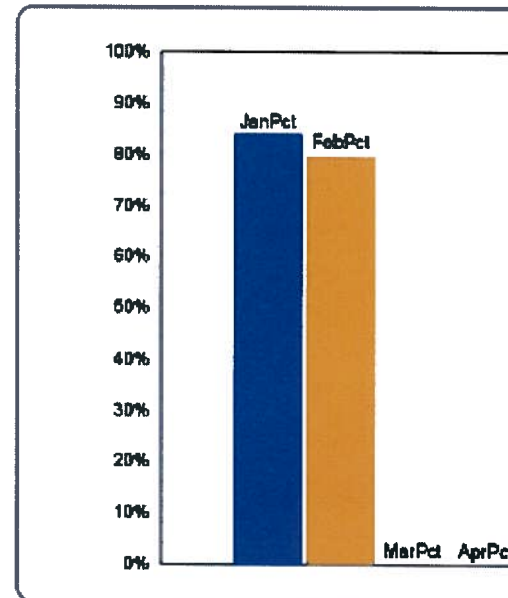


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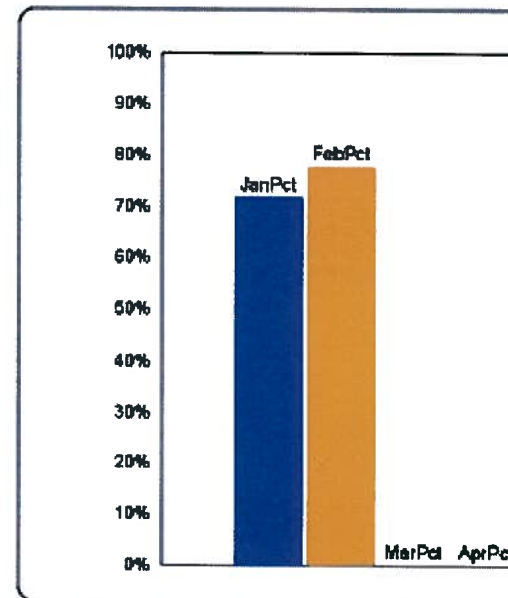
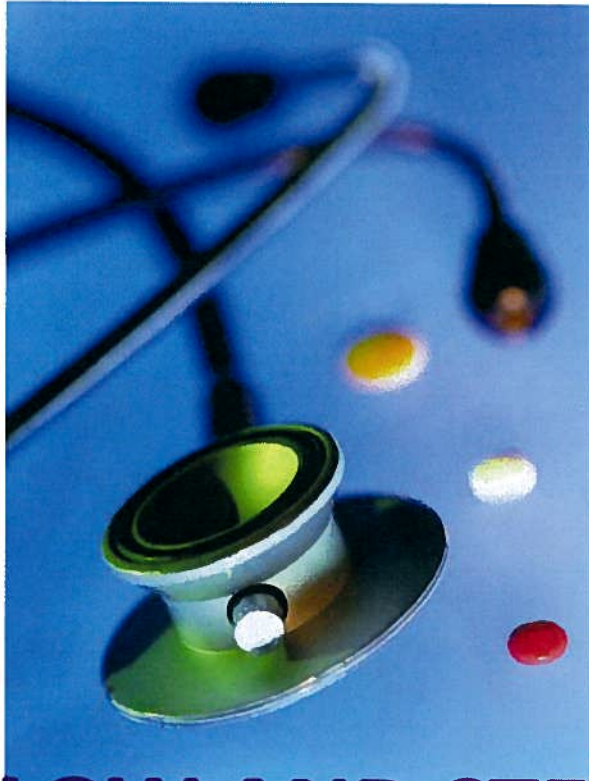
Will review 20% of monthly ED patient charts. 95% of sample will have orders documented for all radiology studies.



## Striving for improvement; email reminder out to staff in January.

# Emergency Department

Will review 20% of monthly ED patient charts. 95% of sample will have orders documented for all medications.



**SLOW AND STEADY WINS THE RACE...**



# Engineering

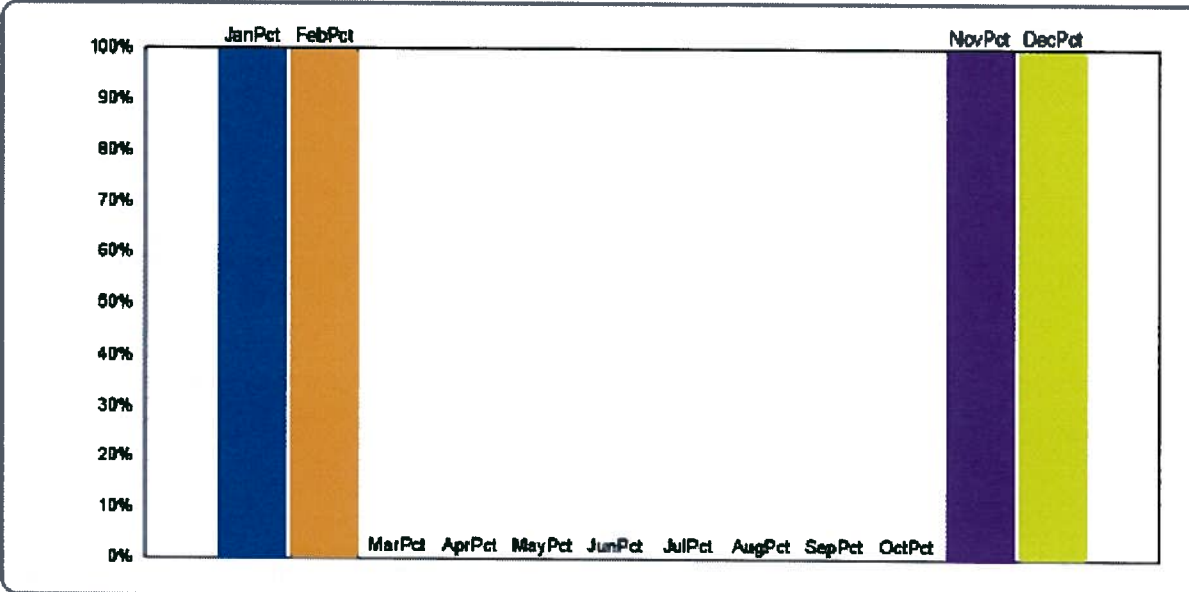


- Increase Initial response time to a WORF and decrease the finish time to complete a WORF.

**100% X 4!**  
**Super Response to**  
**those who need**  
**you!**



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24

2/15/2011

Monthly Response Comments



# Operating Room



- Audit 100% of OR generated charges by comparing the patient's bill to the charge sheet. This goal's purposes are to determine if billing and charge sheets are accurate and to alter internal processes as needed to improve accuracy. Goal test run in June and July of 2010 to determine feasibility and need. Implemented August 2010. Measurement is percentage correct compared to total number of charts reviewed.



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## Studer Goal OR

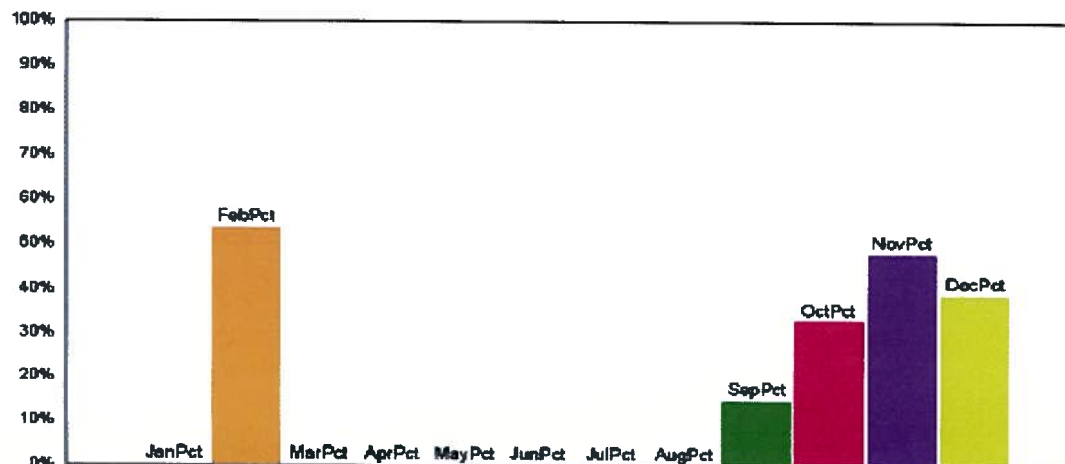
### Finance Pillar

Goal Target: **100.0%**

Goal Description:

Audit 100% of OR generated charges by comparing the patient's bill to the charge sheet. This goal's purposes are to determine if billing and charge sheets are accurate and to alter internal processes as needed to improve accuracy. Goal test run in June

**39% improvement!!!**



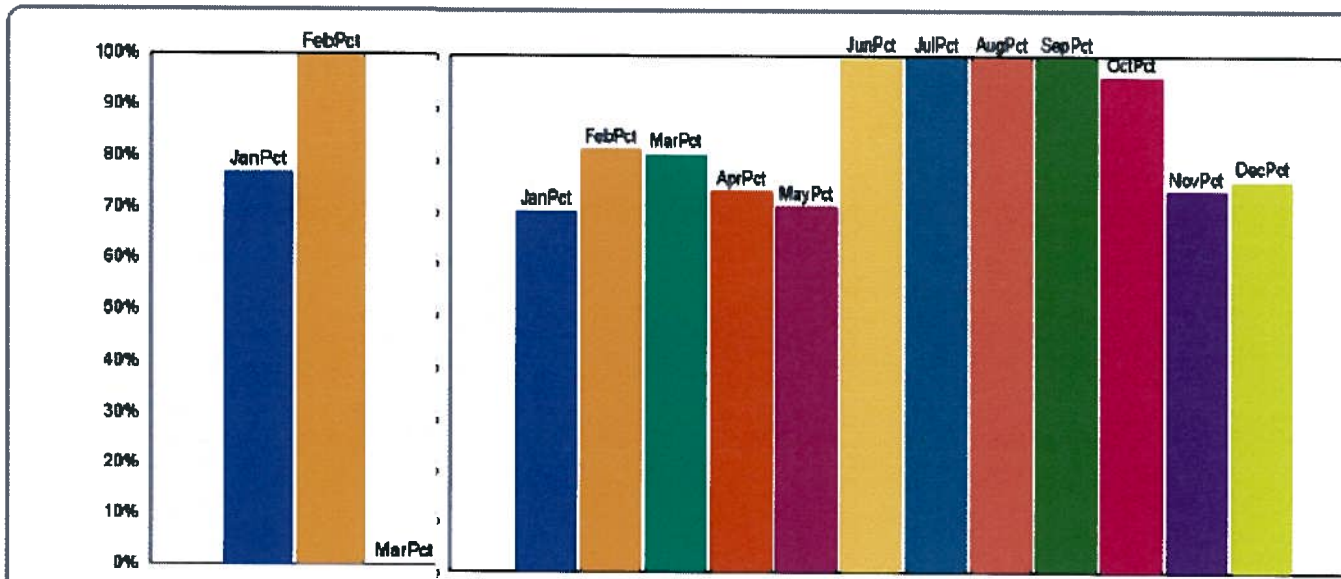
# Operating Room

OR struggled with this goal for the last 3 months but now their score is back at 100% of their goal...



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**Studer Goal  
OR**



## Quality Pillar

**Goal Target: 100.0%**

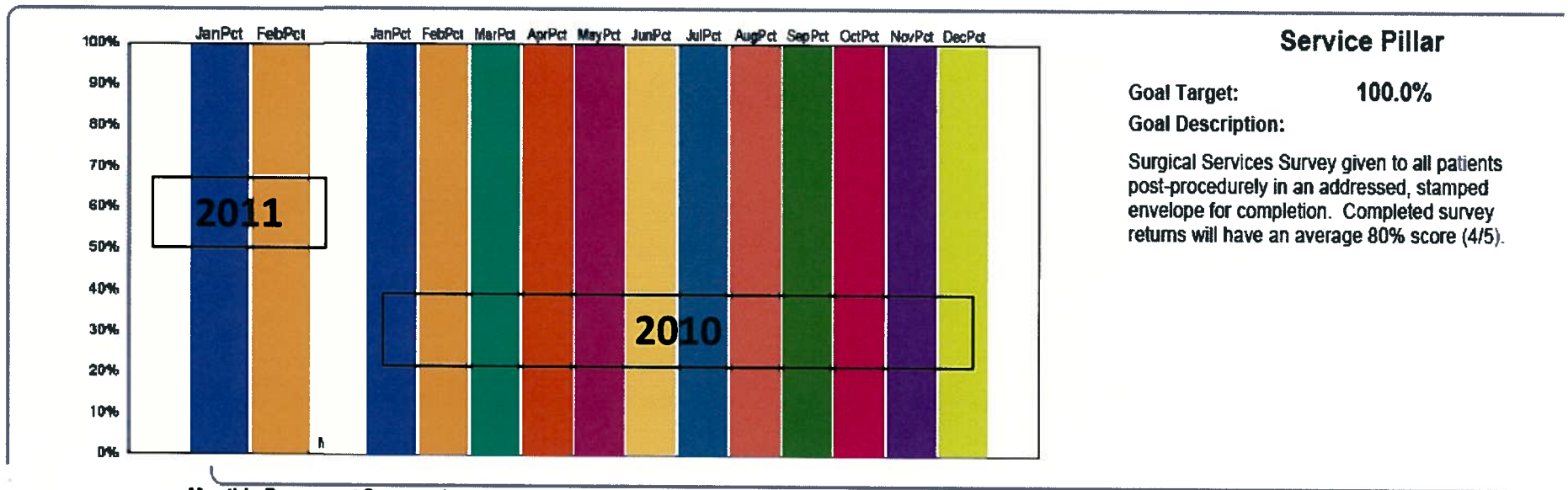
**Goal Description:**

100% Surgical patients will be called by nurses within 24-48 hrs of surgery or discharge to assess concerns or questions. The results will be tracked to determine trends so that pre and post-op teaching may be modified to address them.

# OPERATING ROOM



**Studer Goal  
OR**

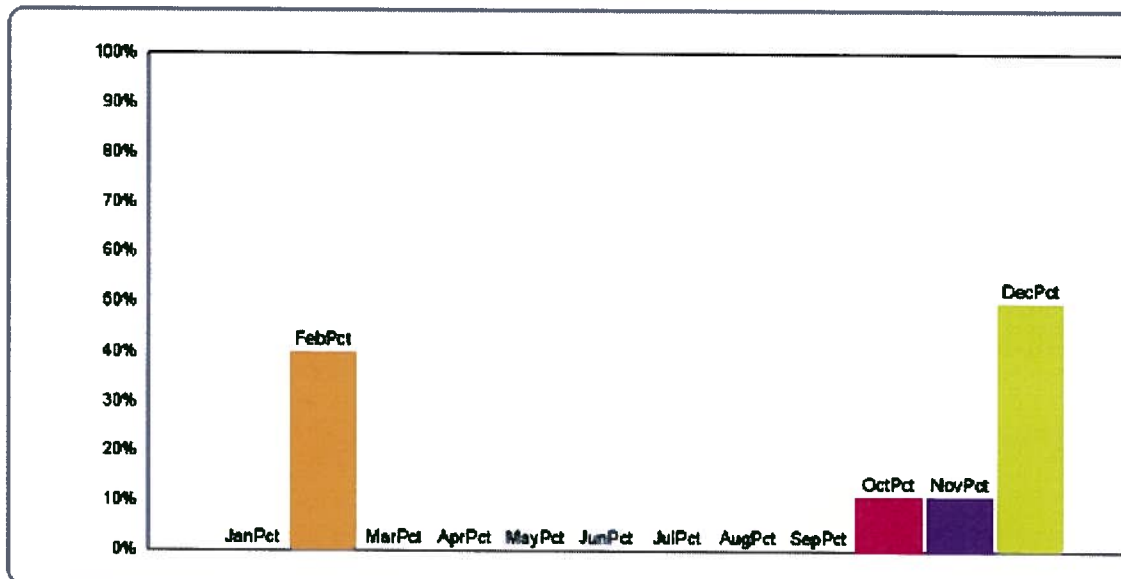


OR continues to have superb patient satisfaction surveys...  
 14months reaching 100% of their goal!  
**Supercalifragilisticexpialidocious!!!**

# Quality Services



## Studer Goal Quality Services



### Quality Pillar

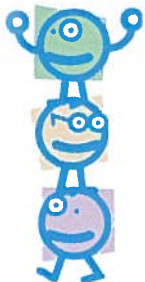
**Goal Target: 0.0%**

**Goal Description:**

Awareness of Studer Goals. Will begin Oct 2010. Goal: 100% of departments surveyed will know what their Studer Goals are for their department. Will spot survey staff randomly to see if staff know what their department's Studer Pillar Goals. Will spre

Started a new measurement..Goal will be 90% of those asked, will know their departments' Studer Pillar Goals. Will ask every department at least quarterly. January 5 people were asked, only 2 knew their Pillars. Will encourage leaders to do more training for Studer Pillar Awareness.

## Team Stepps



# Quality Services



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AVR-239-J

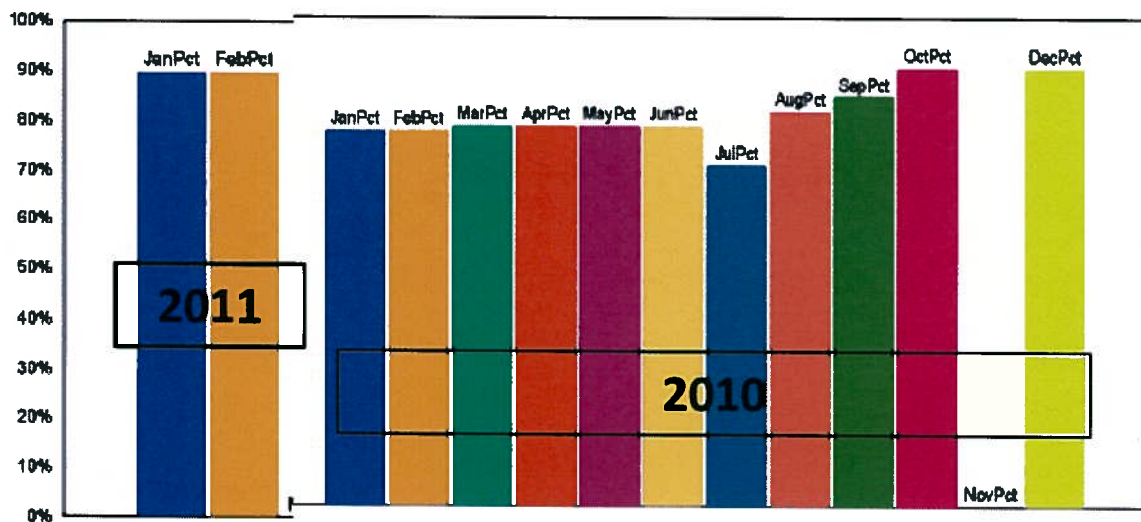
## Studer Goal Quality Services

### Quality Pillar

Goal Target: **100.0%**

Goal Description:

#4. Lead and monitor continuous improvement of high quality medical care delivered at TVH and clinics by offering Team STEPPS training to 100% of staff.



**DUE TO THE CONSTANT CHANGE IN PERSONEL,  
100% OF ALL STAFF TRAINED MAY BE AN IMPOSSIBLE GOAL,  
HOWEVER, WE HAVE 90% OF ALL STAFF TRAINED FOR THE PAST 4 MONTH  
AND THE NEW STAFF ARE SLATED FOR TRAINING NEXT ORIENTATION.**



# UPDATED INFORMATION: INFECTION CONTROL



- Infection Rates:
- 2009 0%
- 2010 .45%

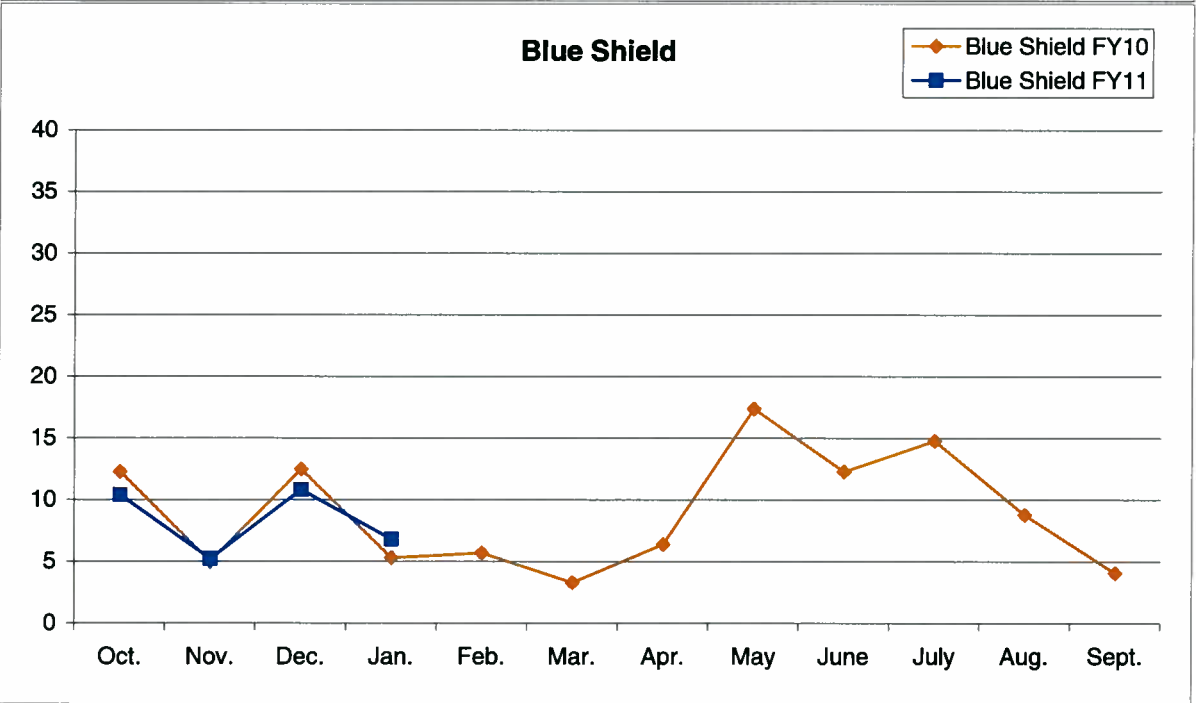
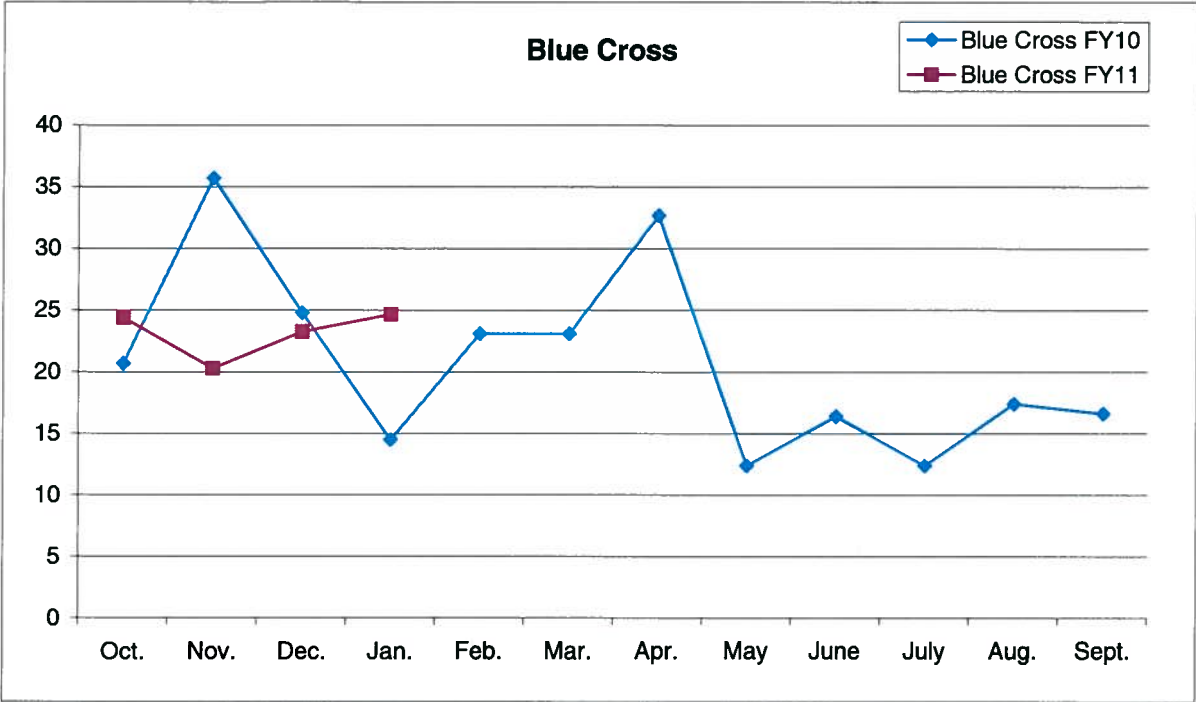


**UPDATE:** Last month we reported that the year's infection rate was .9% but we found that it to be lower at .45% with the completion of annual data. Low Infection Rates means good patient safety. Our 2010 IHA reporting rate on using the right prophylaxis processes is 100% perfect! **Great Job everyone!**

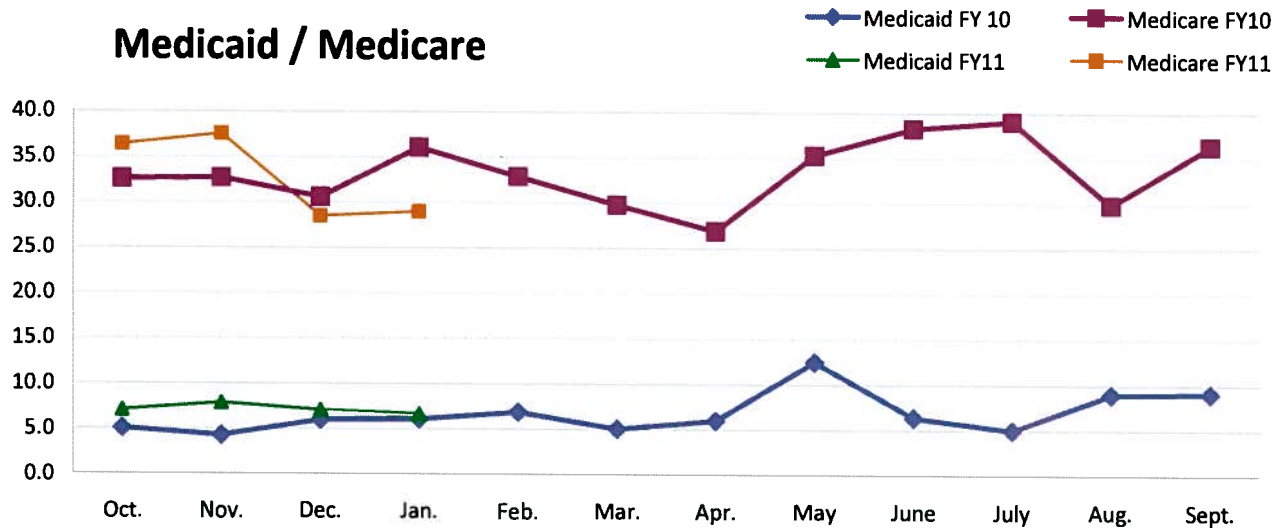


**CEO Report  
BOT Meeting  
February 23, 2011**

1. One very important Benchmark to report. Net days A/R improved from 90 days in Dec. to 80 Days in Jan. The reorganization of the Revenue Cycle Department redirected focus to working accuracy of commercial and government payers.
2. Capital Strategy for the next 8 months of Fiscal Year 2011. The two major purchases Digital Mammography and CT are in bid and construction estimating.  
Preliminary schedule:  
Phase 1 Mammo Construction/Installation April 1<sup>st</sup> - 24<sup>th</sup>.  
Phase 2 CT Construction/Installation May 5<sup>th</sup> – June 5<sup>th</sup>.  
Architectural Drawings portion of project awarded to Plan I Architects.  
Drawings already in process. Capital projects list is being updated and shared with the Foundation for consideration so that the majority of Levy II can be dedicated to the above two projects and the Meaningful Use Information Technology upgrades.
3. Clinic Operations have been streamlined beginning February 1 to more closely match demand. Jan visits up 4% and Jan Vol. up 11%, swing is due to lower flu vaccine visits this year. The Feb schedule changes place Lis and Kristen two days in Victor and 2 days in Driggs. The Driggs clinic now has a Physician on Mon and Friday and 2 Physicians on Tues. Wed. and Thurs. EmCare Weekend Physicians are now covering the Weekend Clinic in Driggs from 11-4. This new schedule gives Physician coverage 7 days a week.
4. Restructuring process has progressed to the original staffing goal. Continuing measurement of proper customer service will provide assurances that the new schedule meets all performance criteria.
5. Engagement Survey Report. (Handout)



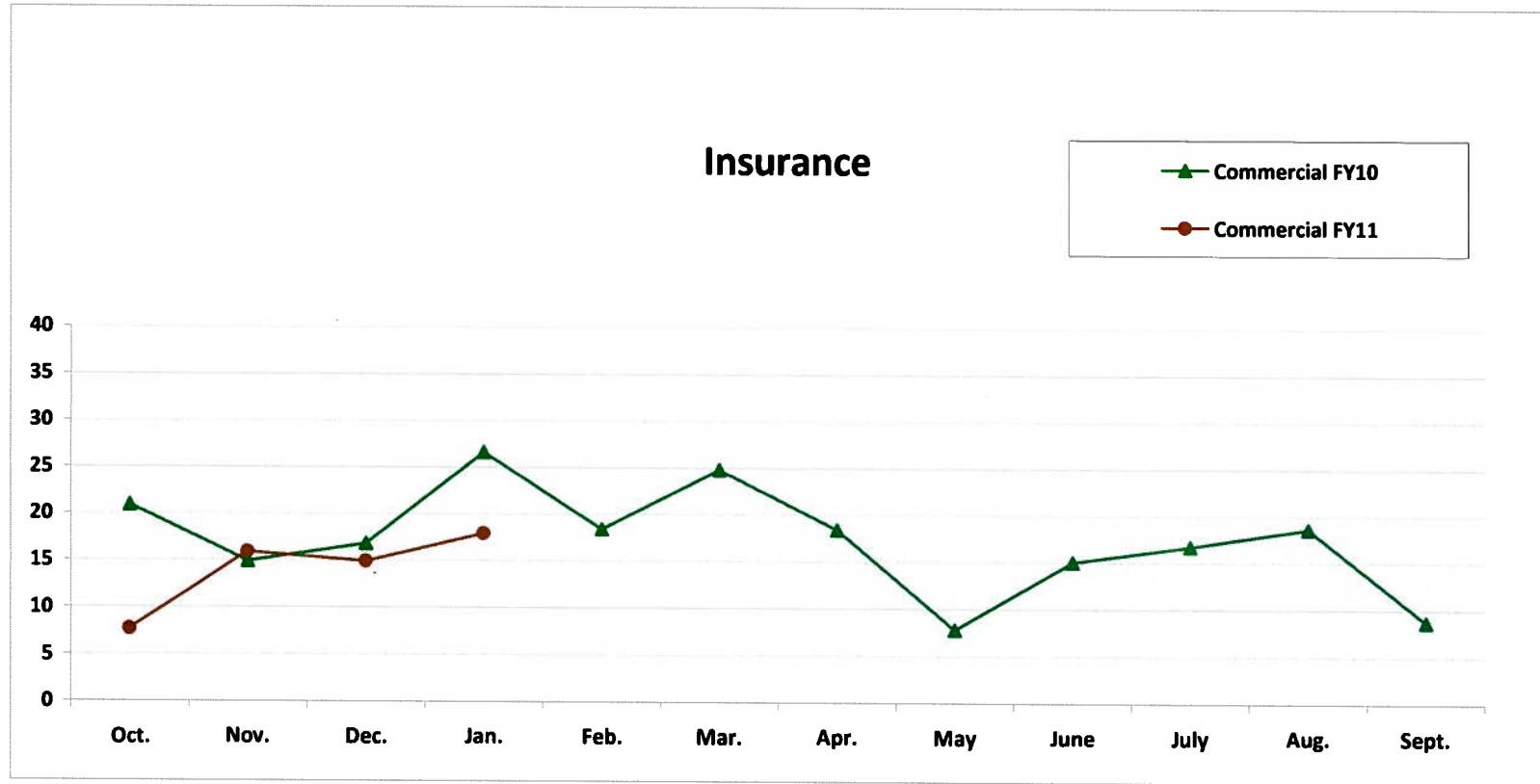
### Medicaid / Medicare



### Self Pay



# Insurance





## TETON VALLEY HOSPITAL FOUNDATION

*Supporting Teton Valley Hospital*

120 East Howard Avenue, Driggs, Idaho 83422 208-354-6301

**TO:** Foundation Board of Directors  
**FROM:** Diane Temple  
**CC:** Virgil Boss, Ann Loyola, Marni Vasseur, Milissa West, Pat Butts, Steve Dietrich  
**RE:** Executive Director Report: February 16, 2011

### **PRIVATE / DONOR SOLICITATION**

#### **Harold W. and Mary Louise Shaw Foundation**

Update: Teton Valley Hospital Foundation made a contribution to Teton Valley Health Care in the amount of \$44,097.25. Of that \$40,000.00 was from the Harold W and Mary Louis Shaw Foundation and the remainder, \$4,097.25 reflected the Foundation's matched funds. Our matched funds were just slightly less than 10% for the purchase of the machine, which is exactly what we anticipated. With the purchase, this funding/project is closed out.

#### **STATUS -- PENDING --- Burton Foundation**

Pediatric Advanced Life Support Grant was submitted. The items included within the proposal: Child Crisis Manikin, PALS textbooks, and instructor training, are all needs within the nursing department that potentially are a good fit for the Foundation. The funding will allow the healthcare professionals to respond in a quicker and more definitive way. Total grant/funding request \$5,000.00

#### **Swing Bed Patient Room Remodel**

Currently, I am putting together details (with support from Ann, Angela and Pat) to remodel the swing bed patient room. The "swing bed" is a term for patients who stay at the hospital for an extended stay. The overall goal is to create a room that is more of a home-like atmosphere which will lead to greater patient satisfaction. Potential upgrades would include a flat screen TV, DVR, new bed, loveseat (that may be converted to a sleeper) dresser and art. We have a donor that may be interested in funding this project and will share more details at March's meeting. Bingham recently remodeled their patient rooms and we may be able to work with them under their contract for discounted purchases.

### **CONTRIBUTIONS**

We received a check in the amount of \$8,000.00 from Teton Regional Rally for the Cure. In discussions with Julie Whitlock, President, the funds are restricted for the digital mammography unit. The Foundation provided a contribution to TVHC in that amount and it will be used for the purchase or other mammography related items to enhance patient care.

## **EVENTS**

### **Stroke Prevention and Awareness**

I am tentatively working on a new event/campaign centered on Stroke Prevention and Awareness. The proposed event includes all hospitals within our network having a stroke prevention awareness walk/event on the same day, materials and information would be given to participants, with a motivational speaker to end the festivities (simultaneously broadcast to all hospitals). Currently I am working with Jon Smith at the Hospital Cooperative to gauge other hospital desire and ability to participate. In addition I am working cooperatively with the State of Idaho in terms of what support they could provide. EIRMC is pursuing their Primary Stroke Center Certification and we may be able to find some funding partners and collaborate to make the most of these efforts across the region.

### **Betsy Bigley Run**

I am tentatively putting together the pieces to revitalize the Betsy Bigley Fun Run. Dreamchasers--Lisa Smith Batchen graciously offered to run an event for the hospital this year and we are appreciative of her support! I ran by the idea of revitalizing the Betsy Bigley Run and will provide more details next month.

For those of you who are newer to the Foundation, Betsy was a dedicated employee of Teton Valley Hospital who battled with Type I diabetes. After her untimely death at the age of 44, the community made contributions to a fund that was later named, "The Betsy Bigley Memorial Fund." Teton Valley Hospital Foundation administers the memorial fund to provide diabetic education to the community. These funds support diabetic education by providing one-on-one counseling, free community workshops, and medical staff training. The fund also provides free or discounted insulin, equipment and healthcare of underinsured patients.

All net proceeds from the run would be restricted for the Betsy Bigley Fund to further TVHC's diabetic outreach efforts.

## **ACCOUNTING**

Tax season is underway. I am currently working in collaboration with our bookkeeper with Dingus, Zarecor and Associates on completion of the 990. Thus far, we have provided all financials and information the accountant has requested and anticipate it should be completed soon.

**Plan B -Draft**  
(February 18, 2011)

**Summary**

At its regular January 2011 meeting, the TVHC BOT agreed to the need for an alternate operating plan for TVHC should the current efforts to improve the financial condition of the operation not succeed or produce less than desirable results in the near term. The relevant metrics to gage the degree of turnaround in financial condition of TVHC were established as Days of Cash on Hand, Net Days of A/R and Minimum Cash Position. Benchmarks for these metrics for the remainder of FY11 were established with management on February 1, 2011.

If it becomes evident that these benchmarks cannot or will not be achieved within a period of time includes March 31 forward (an exact cutoff date has not been established), the BOT will then adopt a new direction of operation at TVHC. This document was prepared to guide the implementation such a new direction, called Plan B, of operation at TVHC.

**Plan B Goals**

Although a major change in management structure would occur at TVHC by pursuing Plan B, the major goals and mission of the operation are intended to remain intact as follows:

- Promote the health of the community by delivering quality, patient centered medical services with compassion, integrity and respect at TVHC;
- Maintain, if not expand, the current level of health care service at TVHC;
- Stabilize TVHC's intermediate term viability to operate with the steady production of free cashflow.

**Plan B Steps**

1. Retain an appropriate advisor to help the BOT implement Plan B with maximum efficiency, minimum disruption and at the most reasonable cost possible.
2. Prepare an RFP (see Appendix A for major criteria) and distribute such document to appropriate, qualified parties to procure bids of interest for either the: a) management of, b) lease of, or c) strategic partnership with TVHC.
3. Evaluate, negotiate and ratify the optimal RFP bid proposal.
4. Implement and manage the vendor, lessee or partner from this process selected from this process.

**Conclusion**

The BOT is fully cognizant of the problematic financial history of TVHC and is focused on its fiduciary responsibility to ensure the long term viability of this operation. While Plan B may represent a dramatic change in status at TVHC, the BOT is reconciled to take all steps appropriate and necessary to maintain the future of this entity.

## **Appendix A - Plan B RFP Criteria**

A Request for Proposal (RFP) to appropriate parties will be necessary to ascertain qualified interest in either managing, leasing or partnering with the TVHC operation. While not all inclusive, the following questions will provide the basis for BOT evaluation of RFP proposals:

1. Interest to manage, lease or partner with the TVHC operation?
2. Describe your complete experience with managing critical access and federally licensed rural care hospital operations like TVHC?
3. Expectation of TVHC healthcare services to be provided to the community?
4. Who at your organization will be accountable for day-to-day operations?
5. Frequency of meetings and reports to the BOT?
6. Role of the BOT in areas of policy setting, budget & capital spending approval, key personnel staffing decisions, major contracts and strategic planning?
7. Will you provide malpractice insurance for TVHC?
8. Will you directly or indirectly employ any physicians?
9. Length of time to develop and present a detailed operating plan, budget and spending plan for TVHC to the BOT?
10. Specify plans for developing a longer term Capital Program, Physician Recruitment & Retention and Process Improvement plans?
11. Describe the key personnel you will provide to support/manage Finance, Billing & Collection, Information Technology, Material Management and other key departments at TVHC?
12. How will you manage payer contracting?
13. Describe your strategic strengths with respect to physician and specialist recruitment for TVHC?
14. Plans to manage both direct patient care and ancillary patient care services (e.g. contracted services)?
15. What key performance metrics will you propose for the BOT to evaluate your management effectiveness over the term of the contract?
16. If a management contract, what compensation terms do you propose for BOT consideration?
17. If a lease agreement, what key terms do you propose for BOT consideration?
18. Background bios of key personnel from your firm that will be involved in the operation of TVHC?
19. References for your firm from sources that entered into similar contracts with you over the past 5 years?
20. Additional due diligence required in order to prepare a binding final proposal?
21. Additional information you care to provide for BOT consideration such as:
  - a. Tenure in the business and familiarity with regional culture?
  - b. History of client renewal rate and satisfaction?
  - c. Operational execution as demonstrated by actual case outcomes?
  - d. Expertise to remain current with regulations, accreditations and compliance?
  - e. Significant supply chain and vendor relations?
  - f. Medical staff placement success?