



TETON VALLEY HOSPITAL FOUNDATION

Supporting Teton Valley Hospital

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

TO: TVHC Board of Trustees
FROM: Diane Temple
CC: Virgil Boss, Ann Loyola, Marni Vasseur, Barry McKay
RE: Executive Director Quarterly Report: October 25, 2011

KUDOS TO SNS

A HUGE thank you to Milissa and all the staff at See N Save. This summer has brought a record breaking month and all time sales revenue records. (just broke a new daily sales record recently of \$1,557.00) It shows that our store is a great community service and people will continue to support the hospital via donations to SNS. Milissa worked diligently on controlling expenses throughout the fiscal year that will result in financial benefits to the bottom line and funds to dedicate to our mission of supporting the hospital. A big "Thank you" to Milissa and her staff for their work and dedication.

BOARD MEMBERSHIP

Teton Valley Hospital Foundation welcomed Karen Scheid to our board in September. Karen spends her winters in Hawaii and summers in Teton Valley. Her fundraising and donor development experience will be beneficial to the Foundation and supporting our mission.

DONOR DEVELOPMENT

JON AND KAREN HUNTSMAN PLEDGE

Received a \$100,000 pledge from Jon and Karen Huntsman Foundation for December, 2011. Jon has indicated 100% support of our organization and willingness to continue to financially further our mission.

ANONYMOUS BEQUEST

The Foundation was the recipient of a \$100,000 legacy gift from an anonymous donor. Our donor was a steadfast supporter of the TVH Foundation and TVHC for several years. We received the first trust distribution in September, in the amount of \$87,127.29.

DONALD C BRACE FOUNDATION

The Foundation was the recipient of a very generous contribution from the Donald C Brace Foundation in the amount of \$48,500.00 that was provided through the Tin Cup Challenge. This donation was due to our donor luncheon cultivation efforts. As well, our donor went out of her way to get the check in just prior to the Tin Cup Challenge deadline for contributions so we could leverage the gift further with matching funds. Karen Scheid (our newest Foundation board member) was key in facilitating this wonderful gift.

HAROLD W AND MARY LOUIS SHAW FOUNDATION

Wrote and submitted a \$40,000 ask to a private family foundation, the Harold W and Mary Louis Shaw Foundation to support the purchase of an Immunology Assay Machine. This equipment is critical in keeping our lab up to date. We should know the result within the next month.

DON AND ANN DURTSCHI – DALLEY ROSE SUBDIVISION – REAL ESTATE TRANSFER TAX

Don and Ann Durtschi gave our Foundation a pledge of 5% of proceeds on the sale of a lot in their development, Dalley Rose subdivision, which was received in September. This was very generous and kind pledge to our Foundation and Don and Ann are very supportive of our organization and our mission. This real estate transfer is a great story to share with others as a way to support the hospital through various mechanisms.

THE WILLOWS – REAL ESTATE TRANSFER TAX PLEDGE

Met with the owners and developers of The Willows, a 15-lot subdivision located within the Driggs Area of Impact. They have agreed/pledged to provide a real estate transfer tax on each lot sale within development in the amount of 2% for each unimproved lot and 1.5% for each improved lot in perpetuity pending approval of a forthcoming plat amendment. This real estate transfer tax is similar to the Teton Springs Foundation model. Our Foundation will be the recipient of the funds and manage and report to the owners accordingly. Again, another great example of a real estate transfer mechanism to support TVHC needs in perpetuity.

DONOR LUNCHEONS

Donor luncheons conducted over the summer were very successful and gave our supporters an opportunity to get an update, as well as ask their own personal questions on the hospital. Also, the luncheons have resulted in sharing our capital needs and asking opportunities that were not otherwise possible.

IDAHO COMMUNITY FOUNDATION

Bob Hoover, Idaho Community Foundation Executive Director, was a guest speaker for the Teton Valley Rotary this past summer. We have been the recipient of several of their “greatest needs” awards and through the ICF have received funds through their “donor advised” fund. (See Notable Grant Awards) We provided Bob a VIP tour of our facility which gave us a chance to show off our remodeling efforts and demonstrate the generous support of ICF over the years. This was a great opportunity for a grantor to visit our facility, meet staff and see the results of their funding firsthand. Virgil and I have another appointment with a member of their grant committee and will be providing a hospital tour later this week. As well, I am involved with the Idaho Community Foundation Upper Snake Leadership Council that has provided opportunities for networking and working in partnership with ICF in addressing needs throughout eastern Idaho.

EVENTS

TIN CUP CHALLENGE

Tin Cup Challenge reaped rewards for our Foundation. **We raised \$81,790.00 total.**

This success was due to two reasons:

- 1.) Expanded our marketing campaign and cast our net further and gave us the ability to capture 12% new donors, and;
- 2.) The Foundation was the recipient of a generous contribution from the Donald C Brace Foundation in the amount of \$48,500.00 that was provided via the Tin Cup Challenge.

The Foundation is grateful for the amount of support we receive through events, especially the Tin Cup Challenge. Our supporters, through the Tin Cup, **validate** our hospital and quality care we provide to the community. The large gift was an **endorsement** of our mission and efforts and already has been used to energize and leverage other asks.

RALLY FOR THE CURE GOLF TOURNAMENT

The tournament was Tuesday, August 9. Despite some looming dark clouds, the event went SO well and without a hitch. We are grateful to Julie Whitlock, Nancy Zirkelbach, Kathy Baytr and Pam Holmes for all their efforts in this tournament. \$4,000 of net proceeds provided which will be earmarked for mammograms for those in need. Thanks to everyone who participated or volunteered – it was a great cause and a great day!

PIN UPS: STICKIN' IT TO BREAST CANCER

This event has historically belonged to the Teton Arts Council (TAC) with Teton Valley Hospital Foundation providing a supportive role. Due to TAC's loss of staff due to the economic decline, they inquired if our Foundation wanted the event and take the lead on it. We accepted and took the lead – and we essentially switched places, with our Foundation in the lead and TAC playing a supportive role. It was a very fun and successful night. Thanks to Teton Thai, Ryan Haworth and his staff, models, Marni Vasseur, Usha Fischer, Milissa, Laurie and Virgil Boss, Ray Breckenridge and all those who came out to support the event and helping to make it a fun and memorable evening. Gross proceeds were \$1,840.00 that will be earmarked for mammos for those in need.

FESTIVAL OF TREES

Festival of Trees will be held at MD Nursery, Saturday, December 4, 6:30 – 9:00 pm. I have contacted several people in looking for support in procuring auction, raffle and sponsorships. I still need help in this area.

Sponsors thus far: Bingham Memorial Hospital, \$1,500.00; American Insurance, \$1,500.00; EIRMC, \$1,500.00; Wells Fargo, \$3,000.00; Novarad, \$300.00; Amerinet, \$700.00. Total sponsorships thus far, \$8,500.00

Procured thus far: Teton Springs Lodging/Golf package, private Jenny Lake Boat tour for 2-20 people and signed baseball, Minnesota Twins Joe Mauer. If you have any contacts with people who may have an interest in donating items for the event, please let me know! Ideal items would include: Wine, Art, Lodging, New Technology Toys / Kindle, DS, etc., and Jewelry

EDUCATION

Completing an on-line grant writing certification class through the Fort Hays State University, Kansas. The grant writing course specialized in health and human services and was an excellent opportunity to further skill sets. The State Office of Rural Health offered a scholarship for staff associated with a critical access hospital to pay for the tuition. The first class began on August 30, 2011 and will be completed soon.

Non-profit conference, Boise, Sept 22-23. Attended workshops with focus on fundraising and sustainability.

Attended the Quality Seminar, by Jim Reinertsen, MD., hosted by TVHC. That was a very inspirational evening on quality – talk centered around “what is quality”, “how do you measure it” and “how can you improve it through systems.” I know I was on the edge of my seat and most people were. I feel the talk allowed me to be a better messenger on quality and being able to share that more adequately with our donors.

MARKETING

CAMPAIGN – PATIENT ROOM

Grateful Patient / Family Patient Room Art. The Foundation funded the design and purchase of art that is hung in the patient rooms and public areas of the hospital. The funds were an excellent investment and will provide patients and families an awareness of our Foundation and mission and help beautify the rooms

FOUNDATION NOTABLE GRANT AWARDS (WITH SUPPORT FROM TVHC GRANT WRITER, PAT BUTTS)

MINI C ARM FUNDED REQUEST, \$32,000, CHC FOUNDATION

CHC Foundation funded a mini C-Arm grant request in the amount of \$16,000.00. To stress the importance and show our “skin” in the application, our Foundation also pledged a leveraged match of \$16,000.00 to position the application further for success. The grant was subsequently awarded and the equipment is up and in use and serving community needs. Thank you to Pat for writing and submitting the grant.

PATIENT ROOM REMODEL REQUEST, TETON SPRINGS FOUNDATION, \$15,800

To remodel the current pediatrics room to become a modern patient room to provide patient-centered swing bed services. The application was funded and work is underway. TVHC is putting out competitive bids ongoing with the project with a focus on local contractors. Again, thanks to Pat for writing and submitting a successful application.

IDAHO COMMUNITY FOUNDATION AND KISSLER FAMILY FOUNDATION AWARD

We received a grant award of \$3,000 from the Idaho Community Foundation and additional funds of \$2,000 by the Kissler Family Foundation Philanthropic Gift Fund, a donor designated fund administered by the Idaho Community Foundation. The funds have been awarded to purchase a Steris System One E Liquid Sterilant Processing System. We provided matching funds of \$750 to further leverage the grant award. Thank you, Pat.

FINANCIALS

FINANCIAL GAAP ACCOUNTING

We are working on closing out our books for the fiscal year. We will be making every effort possible to have a clean audit and comply with DZA's recommendations as a result of last year's TVHC audit. A big "thank you" to Jason for lending his expertise and time.

Teton Valley Hospital Foundation ended the year with fiscal year with a bank balance of \$324,414.00. The Foundation had a good year from our efforts focused on SNS cost control, the ability to connect with donors and continue to grow our donor base and successful grant applications and awards. Our accomplishments would not be possible without the support of so many.

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Bios for Medical Staff Credentialing/Privileging Changes

October 2011

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:

Chad R. Horrocks, M.D., received his pre-med training at University of Utah, graduating in 1992; his medical education in Eastern Virginia Medical School, in Norfolk, VA, graduating with an MD in 1996; and his internship and residency at McKay-Dee in Ogden, UT, completed in 1999. He came to Teton Valley Hospital right after that. He is certified with the American Board of Family Medicine. He is recommended for reappointment to Active status in ED/Family Practice.

Elisabeth Gammelin, PA-C was trained at Colorado State University, Majoring in Exercise Science and Sports Medicine, graduating in 1995 and then at University of New England for her PA, graduating in 2003. She was appointed to our medical staff in 10-2003. She is recommended for reappointment to the TVH Medical Staff, Co-Professional Status in ED/Family Practice as a Physician's assistant.

Anne-Marie O'Malley-Neuhaus, NP graduated with a Master's from Wilmington University Nurse Practitioner Program in December 2004. She is National Board Certified from the American Nursing Credentialing Center as a Family Nurse Practitioner. She has worked as a Family Nurse Practitioner at Palekar & Associates in Delaware; as well as Rehoboth Beach Immediate Care and Injury Center, also located in Delaware. She worked as an RN at St. John's Hospital in Jackson, WY and Teton Valley Hospital, ID from 2000-2002. She is requesting reappointment of her ED and Family Practice privileges.

Thomas S. Call, D.O., Emergency Medicine/Family Practice, graduated from the University of New England in 1998. He completed his internship in 1999 and residency in 2001 at the Family Practice Residency in Boise, Idaho. He is board certified with the American Board of Family Medicine. He practices at Cedar Creek Family Medicine in Blackfoot, Idaho. From 2001-2002 he practiced at Lost River District Hospital in Arco, Idaho and Cascade Medical Center in Cascade, Idaho. In 2005 he began practicing at Bingham Memorial Hospital in Blackfoot, Idaho. Due to inactivity over the past two years he will be placed in Level II Inactivity status in the Courtesy category for ED/Family Practice privileges, if approved.

Todd Gehmlich, CRNA, was trained in Rexburg, ID at Ricks College as an RN, graduating in 1998, and then received his RNA at Mount Marty College in Sioux Falls, SD graduating in 2001. He worked in Sioux Falls, SD and Garden City, Kansas until he came to work at Madison Memorial Hospital and Madison Anesthesia Services. He is recommended for reappointment of his privileges to Co-Professional status in Anesthesia by the Medical Staff.

ADVANCEMENTS:

Bradford L. Talcott, M.D. Neurology, graduated from Baylor College of Medicine in Houston, TX in 2000. He did his internship at the Mayo Clinic in Rochester, Minnesota completed in 2005, and his residency there in Neurology, completed in 2008. He is board certified with the American Academy of Neurology. He currently has privileges at Mountain View Hospital in Idaho Falls. He is requesting Advancement of his Courtesy privileges in Neurology.

Ronald M. Solbrig, MD, Family Practice, graduated from the University of Washington, in Seattle WA., in 1987. He completed his Family Practice Residency at the University of Wyoming from 1987-1990 and completed his Faculty Development Fellowship at the University of Washington from 2005-2006. He is American Board Certified in Family Practice. He is currently the Director of Student Health Services for Idaho State University. He works at the Portneuf Medical Center in Pocatello, ID. He is requesting Advancement of his Courtesy privileges in ED/Family Practice.

Stephen G. Vincent, MD graduated from Rush Medical College, Rush University Chicago IL in 1989. Completed his Internship in Categorical Medicine at Loyola University Medical Center in 1990 and his Residency in Neurology at the Department of Neurological Sciences, Rush Medical Center, Chicago IL in 1993. He was Chief Resident 1992-1993. He is a member of the American Academy of Neurology, Idaho Neurological Society, and Idaho Medical Association. Dr Vincent is Board Certified with the American Board of Psychiatry and Neurology, National Board of Medical Examiners and the American Board of Electro diagnostic Medicine-Eligible. He is Founder of Eastern Idaho Neurological Associates, PLLC, Medical Director of the Sleep Lab at Mountain View Hospital, Chair of General Neurology Section of American Academy of Neurology and Director of Idaho Falls Multiple Sclerosis Center, PLLC. He is requesting Advancement of his Courtesy privileges in Neurology.

Randall S. Fowler, M.D., ED/Family Practice, graduated from the University of Washington in Seattle in 1984. His residency was with Spokane Family Medicine;

completed in 1987. He did a fellowship at the University of Puget Sound in 78 and 79. He has been certified in Advanced Trauma Life Support and Cardiac Life Support and has also been a certified instructor for these certifications. From 1991 to present he has worked as an Emergency Physician at Portneuf Medical Center. He has been the EMS Base Control Physician and the Paramedic Advisor/Instruction for the Pocatello Fire Department. He is board certified by the American Board of Family Medicine and the Board of Emergency Medicine. He is requesting Advancement of his Courtesy privileges in ED/Family Medicine.

Phoebe H. Dann, MD., Radiologist, currently works with Nighthawk Radiology Services. She graduated for the New York University School of Medicine in 2001. She completed her Residency in Diagnostic Radiology in 2007, and Fellowship, specializing in Musculoskeletal Imaging, in 2008. She is board certified with the American Board of Radiology. She is requesting Advancement of her Telemedicine Privileges in Radiology.

Kimberley S. Miller, MD., Radiologist, currently works with Nighthawk Radiology Services. She graduated for the University Of Colorado School Of Medicine in 1999. She completed her internship in General Surgery from the University of Wisconsin Hospital and Clinics, in 2000. She completed her Residency in Diagnostic Radiology in 2005. She is board certified with the American Board of Radiology. She is requesting Advancement of her Telemedicine Privileges in Radiology

Appointments:

Gary E. Ellwein, M.D. is a pathologist from the Pathology Associates of Idaho Falls and has had privileges with us since 1998, until early 2011 when he chose to retire. He decided to come back out of retirement and practice again and is asking to be appointed again. He graduated from University of North Dakota Medical School in Grand Forks, N.D. in 1969. He is Board Certified with the American Board of Pathology. He is recommended for Appointment to Courtesy status in Pathology.

NON-PRIVILEGED/NON-MEMBERS: FYI Only

Christina E. Riley, LCSW, graduated from Eastern Washington University in Cheney Washington, receiving her Master of Social Work in 1999. She is a member of the National Association of Social Workers. Has worked at St John's Medical Center and Jackson Hole Community Counseling Center, currently she is running a full time private practice in Victor, ID.

October 2011

QUALITY IMPROVEMENT REPORT

PHARMACY: MEDICATION SAFETY



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208-324-2200

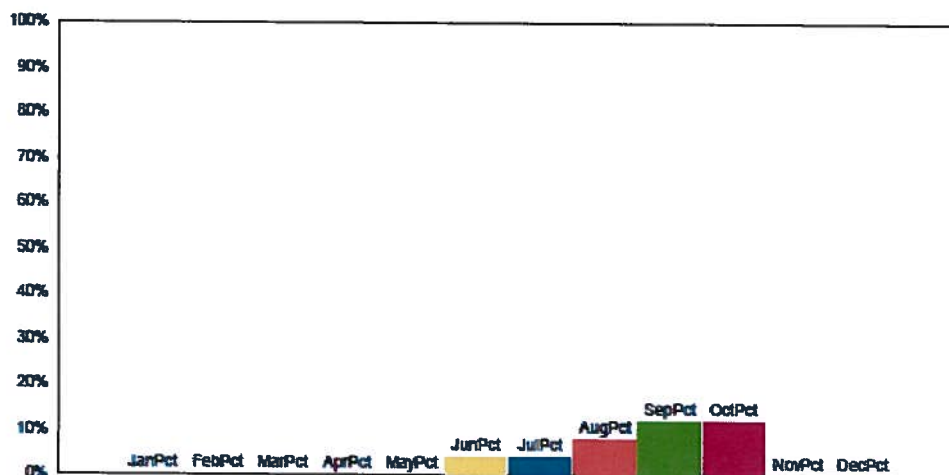
Studer Goal Pharmacy

Quality Pillar

Goal Target: 100.0%

Goal Description:

Medication Safety Committee is an internal collaborative effort that involves pharmacy, nursing and medical staff. The purpose of the committee is to evaluate every aspect of medications at TVHC using the Pathways to Medication Safety Program's Medication



March, 2011	0.0%	Pharmacy & Therapeutics Committee voted to create Medication Safety Committee 2-25-2011
April, 2011	0.0%	First meeting, determined tool to assess medication safety at TVHC; group members volunteered to address steps within 7 overarching goals; total of 17/49 individual steps initiated 3-24-2011
May, 2011	0.0%	Members working on individual goals.
June, 2011	4.0%	5-17-2011 meeting: 2/49 completed: 5.9 systems-based analysis of med events; 5.6 mgmt training for Just Culture;
July, 2011	4.0%	Individual effort continues.
August, 2011	8.0%	4/49 completed. Goal 5.1 Staff survey underway of nursing staff; Goal 1.6 agenda item @ mtgs almost complete; 3.1 & 3.2 webinar for barcoding of medications and price discussion complete; 4.1 pharmacy consults for high risk patients progressing; 4.7 ordersets for high alert meds in progress; 5.3 blame-free error reporting policy underway. 5. 7 literature review for medication safety determined to be ISMP; 6.4 community representative to meet with P&T Committee invited.
September, 2011	12.0%	6/49 completed. Goal 5.1 Survey staff regarding level of fear associated reporting of errors completed. Goal 5.7 Disseminate info on occurrences of med errors in other institutions completed. 1.3, conduct anonymous staff surveys in progress, 1.6, Establish med safety as a standing board agenda item in progress, 3.1 investigate grant money for bar coding in progress, 6.4 Invite community RPh to meet with med rec team in progress, 4.1 Expand clinical consultations for patients with high risk meds in progress, 4.7 Establish order sets for high risk meds in progress, 2.2 Establish reward system for participation in med safety causes in progress. 5.3 Blame free error reporting policy underway.
October, 2011	12.0%	Meeting held October 7th, no meeting in September but work is progressing and expect large jump in October.

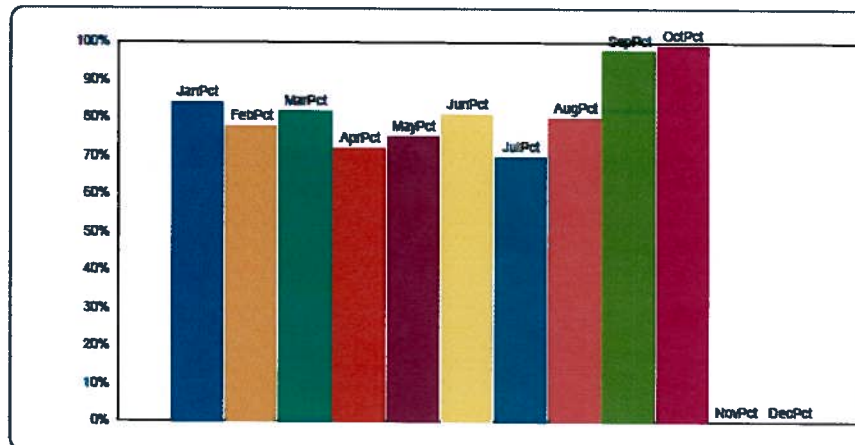
MEDICAL IMAGING: REJECTION RATES AFFECT PATIENT SAFETY

29% Improvement!



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Studer Goal Medical Imaging



Quality Pillar

Goal Target: 100.0%

Goal Description:

Improve quality by decreasing the rate of retakes of x-ray procedures by 20% thereby reducing the dose of ionizing radiation to the patient. Baseline 9.3% Goals: 7.44%

Monthly Progress / Comments:

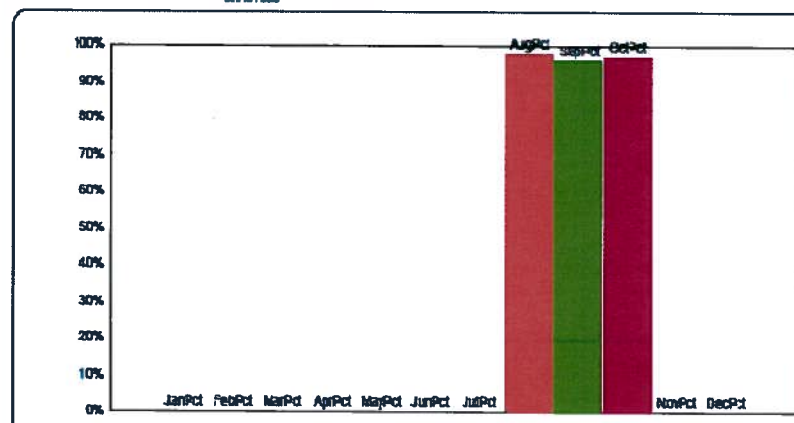
1/1/2011	84.0%	288 exams for month of December, appr. 685 actual exposures; 61 rejects = 8.9% reject rate.
2/1/2011	78.0%	242 exams for month of January, appr. 618 actual exposures; 59 rejects = 9.5%. Reject rate higher than baseline. Will continue inservice sessions for positioning review.
3/1/2011	82.0%	248 exams for month of February, appr. 635 actual exposures; 58 rejects = 9.1% reject rate. Showing some improvement.
4/1/2011	72.0%	263 exams for month of March, appr. 658 actual exposures; 68 rejects = 10.3% reject rate. Higher than usual for technical reasons. Will evaluate and review how to avoid some of these.
5/1/2011	75.0%	178 exams for month of April, appr. 452 actual exposures; 48 rejects = 10.1% reject rate. We've begun doing a weekly image review to find ways in which we can im
6/1/2011	81.0%	228 exams for month of May, appr. 585 actual exposures; 56 rejects = 9.5% reject reate. Some of these were due to mechanical failure of a component of the x-ray power system. Then we switched to the portable machine.
7/1/2011	70.0%	237 exams for month of June, appr. 620 exposures; 70 rejects = 11 % reject rate. I've been able to find a way that we can actually view rejected images rather than just the statistical data. I'm hopeful that this will help us see just where we need to improve. We will include this in our image reviewing. Our most often repeated exams continue to be chest (the exam we do the most often), knees and shoulders (orthopedic views).
8/1/2011	80.0%	283 exams for month of July, appr. 715 exposures. 66 rejects = 9.2 % reject rate.
9/1/2011	98.0%	292 exams for month of August, appr. 745 exposures. 57 rejects = 7.6 % reject rate.
10/1/2011	99.0%	253 exams for month of September, appr. 634 exposures. 48 rejects = 7.5 % reject rate.

Medical Imaging has been working hard to find ways to reduce the need to re-take studies. Currently reviewing each rejection to see if there are trends. Looking at techniques of each tech and comparing such for improvements. Improvement of 29% in last 3 months.

MEDICAL IMAGING: MARKER PLACEMENT



Studer Goal Medical Imaging



Quality Pillar

Goal Target: 100.0%
 Goal Description: Radiographs are required to have a marker placed on each one to indicate 'Right' or 'Left' relative to the patient's anatomy. Each technologist has a set of these lead markers complete with our initials. With the advent of Computed Radiography (CR) it is


9%
 Improve-
 ment
 in
 3
 months.

5/1/2011	0.0%	Currently collecting data to establish a baseline for improvement.
6/1/2011	0.0%	Still collecting data to establish baseline. Image reviews are showing low number of views with no marker visible, several with electronic markers but majority have correctly placed markers.
7/1/2011	0.0%	Baseline is established at 88%.
8/1/2011	98.0%	A sampling of 25% of total x-rays for the month was analyzed. 85% of those sampled had lead markers correctly placed.
9/1/2011	96.0%	3840 exams sampled had correct markers placed. 25% sample taken from one week of exams, which totaled 181 for the week. Future samples will be pulled from entire month rather than one week.
10/1/2011	97.0%	A sampling of x-rays taken on 8 random days included 85 exams out of 253 for the month (34% sample). This added up to 198 exposures. 94% had lead markers

Placing the markers on a film before it is taken reduces the risk of mistaking what side of the body the physician is looking at. A strong emphasis is being placed on getting markers on before the films are taken. Success is fluctuating. This month there has been a 9% improvement. Goal is 97% of the films will have markers before films are taken..

NURSING: PNEUMONIA VACCINATION RATES

Pneumonia vaccination has been proven to decrease patient's becoming ill with pneumonia. It has been a goal of nursing to assure that all eligible patients, who have not already had their pneumonia vaccination, get one on discharge. Last month we did not have any eligible patients needing injections. In August, nursing was at 83% of their goal of having 100% of all eligible patients vaccinated.



Excellent
project!

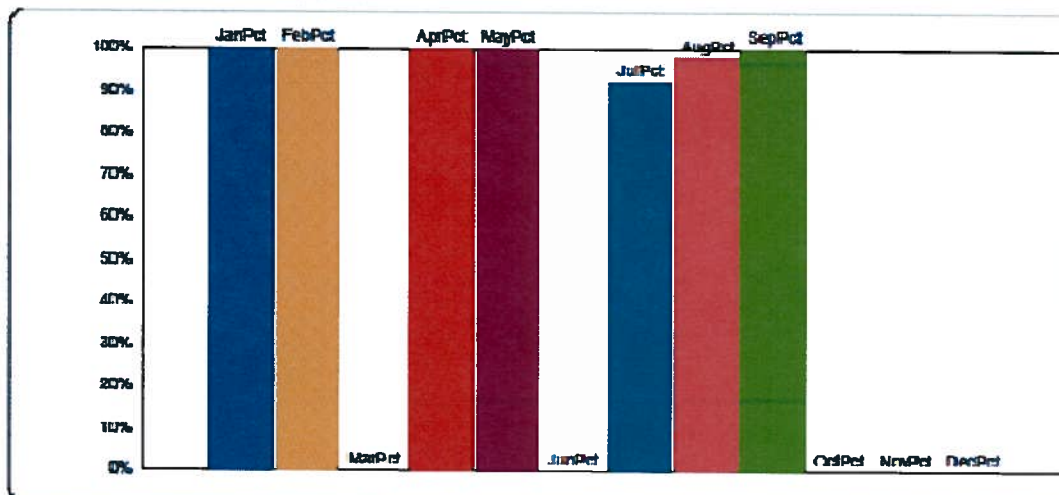
NURSING: PATIENT SATISFACTION



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Studer Goal Nursing



Service Pillar

Goal Target: 100.0%

Goal Description:

Average score of 86% on returned patient satisfaction surveys. Changed to 95% score on 3-18-2011, after Board Quality Committee meeting. Previous score was 70%.



Monthly Progress / Comments:

January, 2011	100.0%	0/10 surveys returned for December.
February, 2011	100.0%	4/10 surveys returned for January.
March, 2011	0.0%	No surveys returned for February—patient volume extremely low.
April, 2011	100.0%	2/8 surveys returned for March.
May, 2011	100.0%	1/5 surveys returned for April. Score 3.8/4 or 95%
June, 2011	0.0%	0 surveys returned.
July, 2011	92.0%	1/10 surveys returned for June. Score 3.5/4 or 87%
August, 2011	98.0%	2/5 surveys returned for July. Score 3.7/4 or 93%. Board requested 7/27 to track survey return rate as goal. Working with IT to have surveys print with patient discharge instructions which should improve # of surveys given to Patients. Requested assistance from Marketing on facility wide scripting to be used with each patient contact to encourage survey completion.
September, 2011	100.0%	4/10 surveys returned for August. Score 3.8/4 or 98%. Return rate: 40%.

Although nursing increased their goal requirement in March, we are still seeing high percentage towards goals= patient satisfaction. Numbers of returned surveys are at 40% which isn't bad but since our admission numbers are so low, it is still difficult to get adequate metrics.

NEW STRATEGIC PLANNING QUALITY COMMITTEES REPORT

Committees:

- ✘ Continuity of Care
- ✘ Comprehensive Customer Service
- ✘ Policy Tech Improvements
- ✘ Patient Safety
- ✘ Improving Staff Morale and Communications

Since our meeting in September we have had 3 of the five committees meet.

Ideas for goals were brainstormed, and some goals were chosen but none are ready to be reported measures yet.

Getting baseline data in place. Will report using Studer Pillars program in near future.

POLICYTECH QUALITY INITIATIVE COMMITTEE

General Goal: To fully implement Policytech as part of a quality policy program and to get all policies and procedures into the Policytech program.

Team Members: Chuck Fischer(leader), Beverly Park, Dory Harris, Laura Piquet, Cindy Terry, Virgil Boss

Measureable Goals:

- 1) Require departments to have 100% of their policies, procedures, and forms in Policytech in a certain time frame, not yet determined.
- 2) Get employees compliant with their roles in policy development, approval, and reading of policies. Require all employees to take applicable training.

Measured by

- + Reduced in time policies are in draft, review, and approval.
- + Decrease timeframes policies are waiting to be read by user.

Will determine baselines and set firm measureable goals in near future.

Plans for change:

- + Training
 - × Develop a curriculum that would address two distinct groups: End Users and Super Users.
 - ★ End Users will be given a stripped down training that focuses on how to read and sign documents as well how to search and view documents easily
 - ★ Super Users will be given more in depth training that also covers how to create, review, and approve policies.
 - × Have all users given a short training on how to use Policytech during general orientation and on the anniversary of their employment.
 - × Physicians need to be included in the training and be conscientious of their role in the organization concerning policies.
- + Require contractors, including visiting providers, and their staff to read our policies that pertain to them, such as Fire Plan, HIPAA, etc.
- + Streamline the read/review/approve processes
- + Develop guidelines for employees to review and sign policies. This is especially important for the new employee.
- + Utilize the Title, Role, and Department feature in Policytech to help identify priority policies as well as more consistent user assignments.
- + Get the reports out of Policytech that shows the data we would use for the metrics and try to figure out what our benchmarks are.

PATIENT SAFETY

General Goal: To decrease areas of risk that could diminish patient safety.

Team Members: Michelle Campbell (leader), Mary Lou Allen, Judy Burnside, Marjean Barnett, Sandra Woolstenhulme, Dave Allen, Laura Piquet, Virgil Boss, Anna Baler, Deborah Ray-Mallerio

Measureable Goals:

Surgical Safety:

Review process that Surgical Consent is completed and assure 100% compliance
Require surgical site is signed by surgeon on 100% of applicable surgeries

Patient Identification:

Assure 100% of all patients are banded before testing or procedures.
Assure patient identify will be using verbal name and BD

Pharmacy Goals:

Pharmacy has a Medication Safety Committee and we would like them to report their goals and determine if they should be Studer Pillar Goals or not.

Will also be looking at handwashing compliance, assuring a policy for surgical fires is in place and at the correct filling of blood draw tubes to assure accuracy in lab tests.

IMPROVING STAFF MORALE & COMMUNICATION

General Goal: Improve Employee Satisfaction through better communication and training processes.

Members: Dory Harris (leader) Rob Velliux, Ann Loyola, Virgil Boss, Laura Piquet

Measureable Goals:

- Send out HR updates with helpful information or answers to questions that have been asked by employees monthly and also post them in specific areas in the hospital.
- Research possible program for Intranet internal usage for on-line training for managers. Set goals of requirements for managers and supervisors for utilization of such trainings per quarter. Utilize McLaughlin Young trainings and monthly news letters.
- Increase in employee survey data collected annually by assessing employee satisfaction 2 times/year using survey monkey.

Teton Valley Health Care Monthly Financial Report for September 2011

Summary

TVHC produced preliminary total net revenue of \$936,022 and a preliminary operating loss of (\$88,233) during September 2011 compared to net revenue of \$871,551 and an operating loss of (\$214,693) for the same period last year. These results compare to budgeted September 2011 total net revenue of \$982,003 and an operating income of \$10,536.

TVHC's preliminary unrestricted cash position decreased \$123,471 during September 2011 and ended the month with an unrestricted cash balance of \$1,864,779 compared to \$1,988,250 at the end of August 2011 and \$717,881 at fiscal year-end 2010. Preliminary unrestricted days cash on hand is 67.97 days for September compared to 72.87 days in August. The 60 SMA Days Cash increased 2.7 days to 61.0 at the end of September 2011 compared to 58.3 days at the end of August 2011.

Preliminary net accounts receivable increased by \$90,297 compared to August 2011. Preliminary September 2011 days of net accounts receivable was 68 days compared to 63 for August 2011.

Operations Review

Clinics – Combined gross revenue (both clinics) was \$285,378 during September 2011 compared to \$313,169 for the same period last year.

Hospital – Gross In-Patient revenue was \$73,070 during September 2011 compared to \$55,121 for the same period last year. Gross Out-Patient revenue was \$865,758 during September 2011 compared to \$937,232 during the same period last year. The decrease in comparable revenue reflects 23 outpatient surgeries for the month compared to 28 in September 2010 and 131 ER visits compared to 172 in the prior year, while observation hours were 465 in September 2011 compared to 291 hours for the same period last year.

Operating Expenses – Preliminary total operating expenses were \$1,024,255 during September 2011 compared to \$1,086,244 for the same period last year. Benefits were significantly higher year over year due to 401(a) retirement expenses recognized. Supplies/Minor Equipment decreased due to inventory counts and adjustments. Contracted Services decreased year over year primarily due to consulting fees paid to BMH in 2010. Physician Services expense was higher year over year due to increased visiting specialists. Depreciation expense is higher due to the purchase and use of new capital assets. Other Expenses increased primarily due to collection fees and advertising.

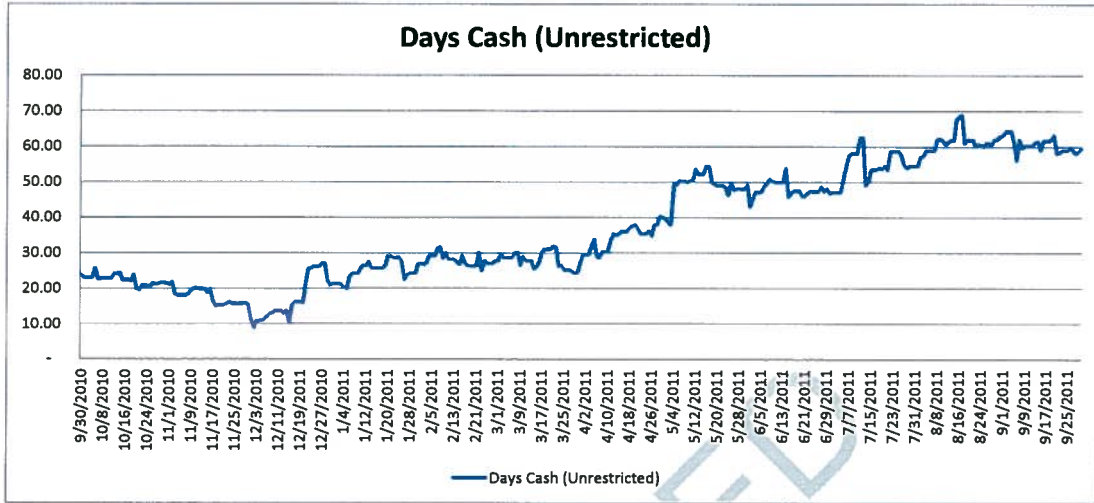
Other Items

Fiscal Year End Closing Process – As noted, the September 2011 financial statements presented are preliminary, unaudited, do not represent all year end adjustments, and are subject to change. As such, the financial statements and supporting documentation are Management's best estimate as of the date of publishing.

Fiscal Year 2011 Financial Statement Audit – Dingus, Zarecor & Associates, PLLC (DZA) will perform TVHC's 2011 audit and assist with the preparation of the Medicare Cost Report. It is planned that all year end supporting schedules and journal entries will be completed and sent to DZA by November 11, 2011. DZA will be on site the week of December 5, 2011 to perform fieldwork.

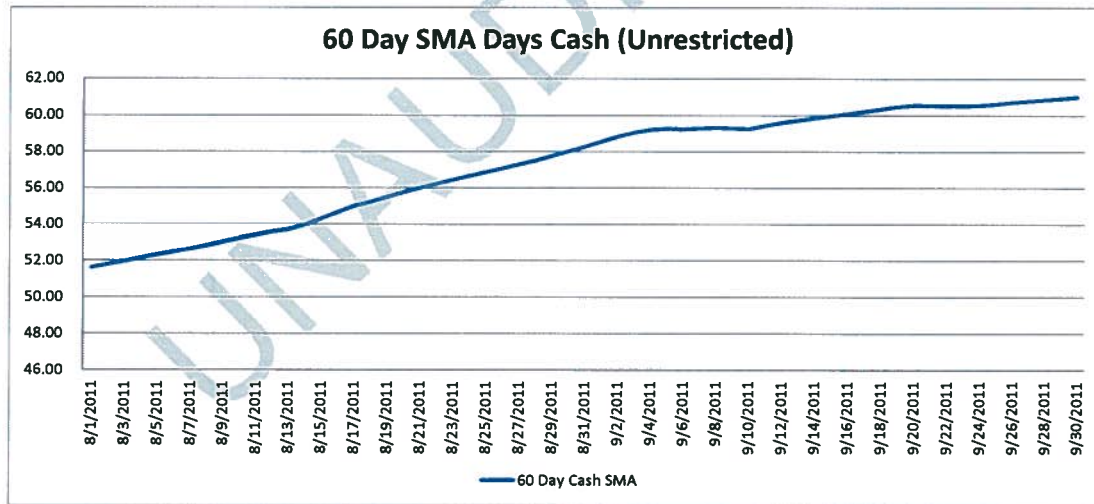
**Teton Valley Health Care
Days Cash Analysis Charts
September 30, 2011**

3 Months Average Expenses Used for Calculation



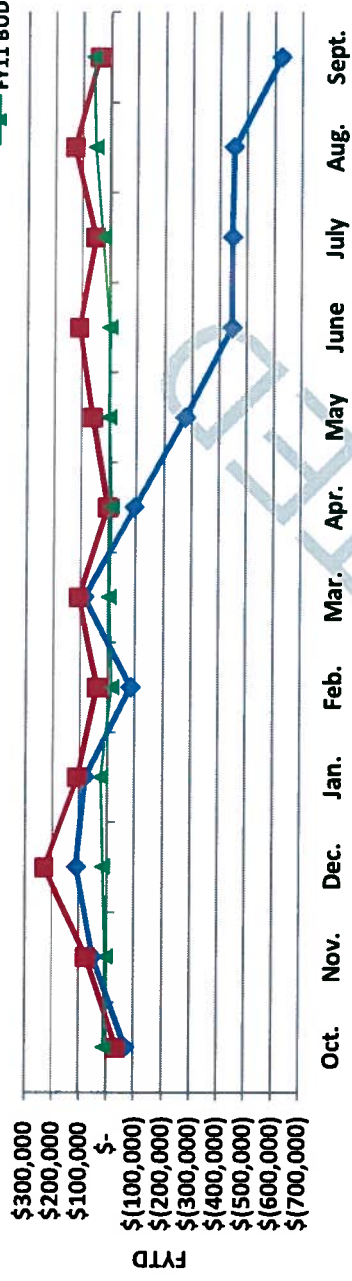
NOTE A: Each of these data sets are on a cash basis and not accrual basis of cash and are preliminary for FYE 2011.

60 Day SMA Days Cash

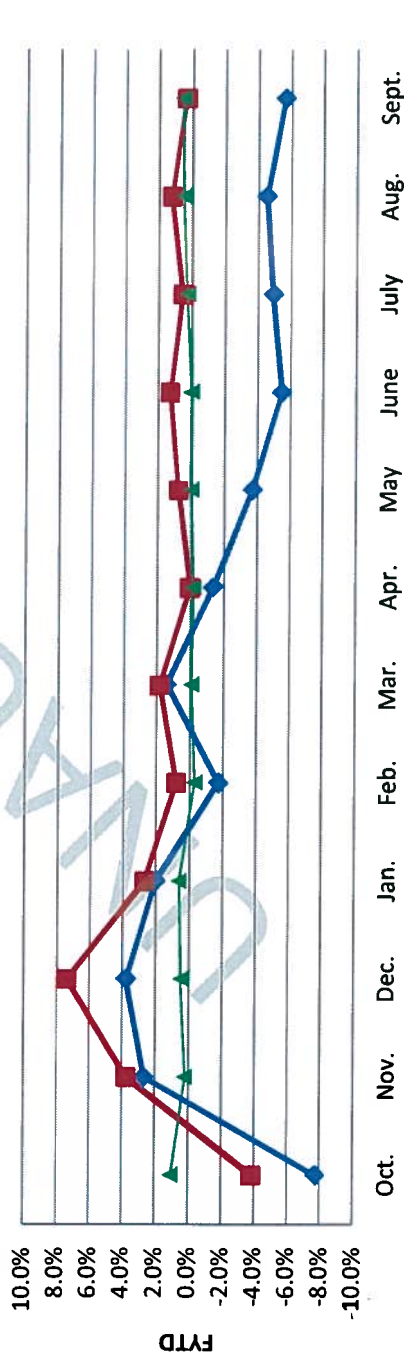


TETON VALLEY HEALTH CARE

Operating Profit or (Loss) FYTD

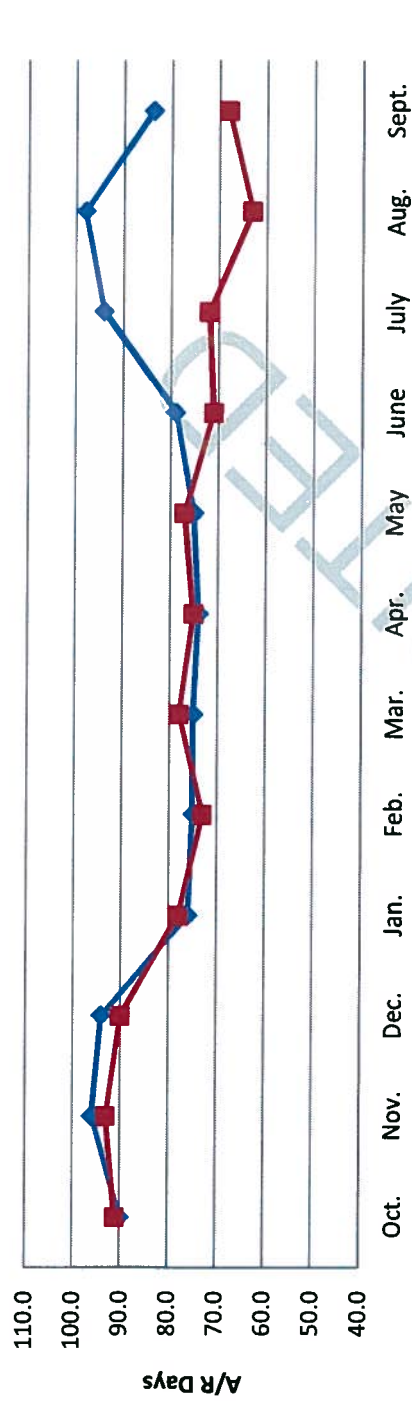


Operating Margin

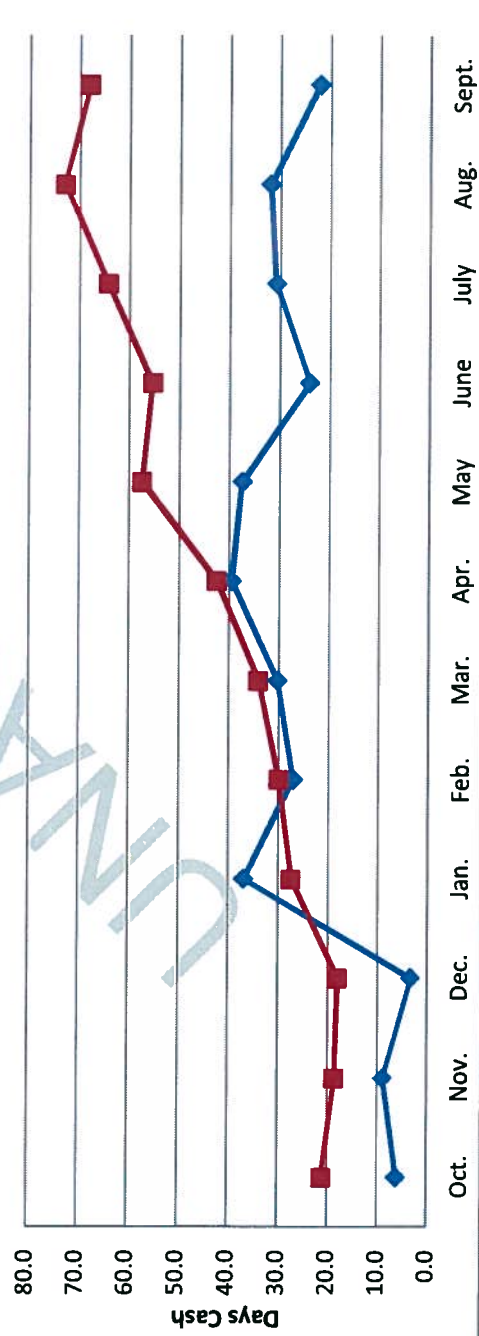


TETON VALLEY HEALTH CARE

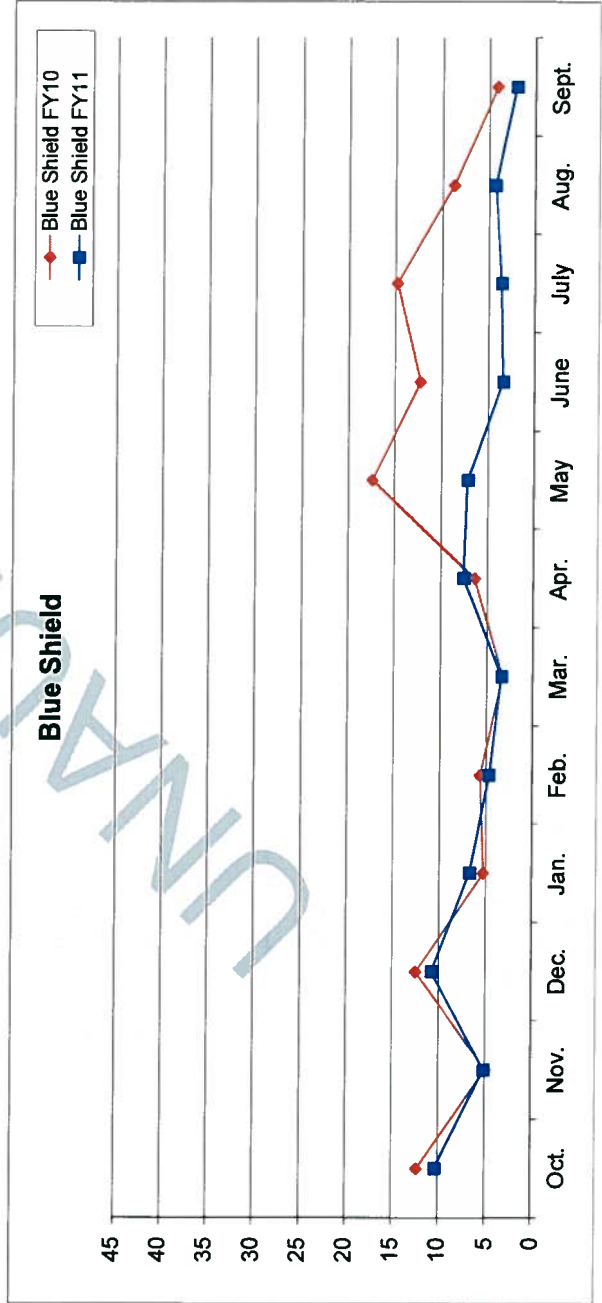
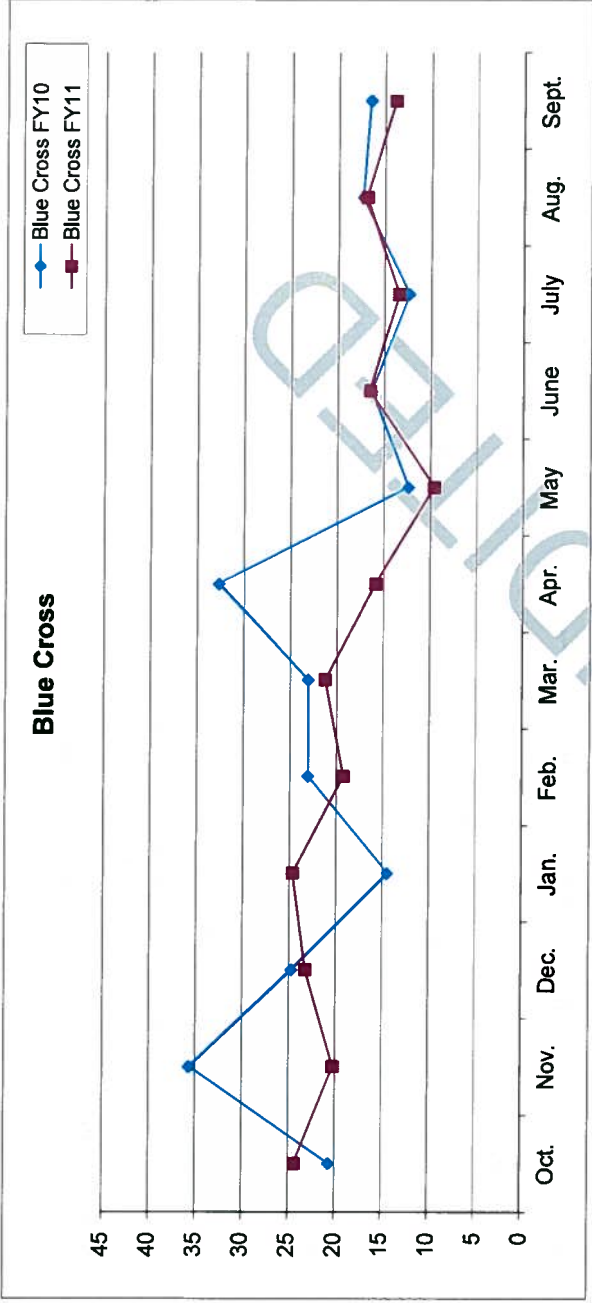
Net Days in Accounts Receivable



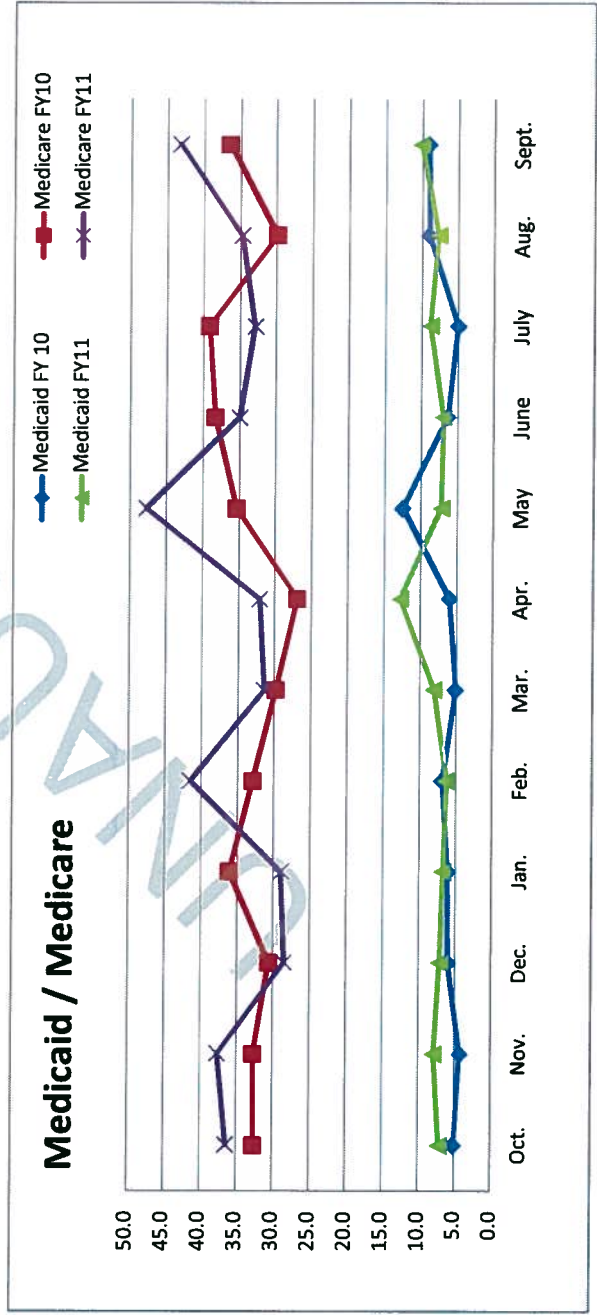
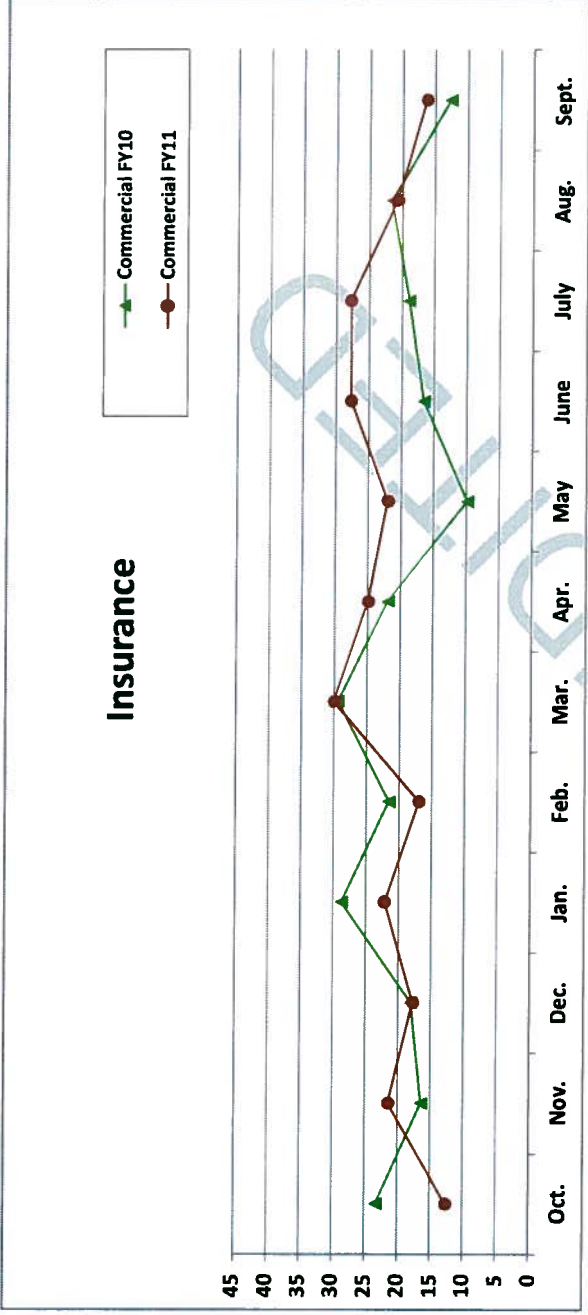
Days Cash



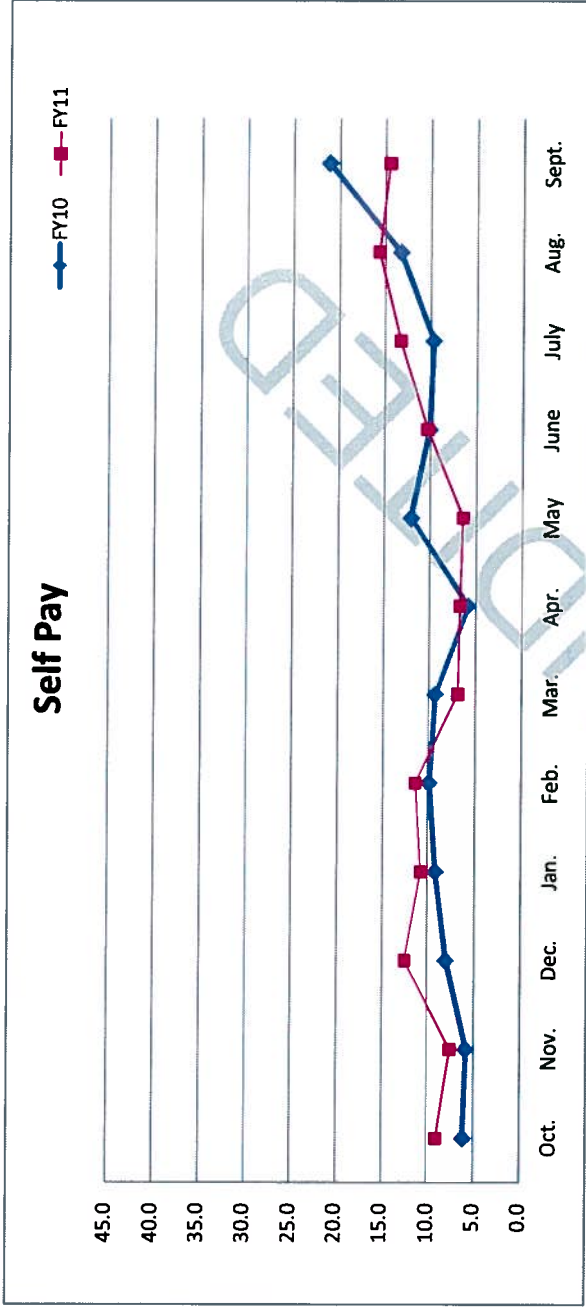
Payer Mix Percentage



Payer Mix Percentage (cont.)



Payer Mix Percentage (cont.)





CEO Report October 26, 2011

1. The Used Equipment Selection at Portneuf Medical Center (old Bannock Regional Hospital) was Thursday, Sept. 22 & 29. We purchased twelve items, 8 Hill Rom beds, double door incubator, Valley Lab surgical generator, kitchen warming bar and double door refrigerator. The free items included matching over bed tables and end tables for the 10 new Advanta beds. Two patient room recliners and 8 Hill Rom High Back chairs. Over 1,000 lineal feet of metal grate shelving for our stockroom. Ten stainless steel mayo and instrument trays. Assorted exam stools, chairs, file cabinets. A new King of Hearts monitor for sleep studies. A Hill Rom ER stretcher and a translucent Stryker ER Stretcher and two Ambulance stretchers. One single door incubator for the Lab. Two infusion Lab chairs, near new. The Dietary department received a single door refrigerator, a countertop refrigerator, assorted pots and pans. This list filled 3- 26' U-Haul trailers. These Portneuf Medical Center items plus the 43 chairs from Western Interiors, exceeded \$40,000 in used market pricing for \$7615.00! The 9 beds and furniture that we replaced were picked up by Globus Relief, SLC. Destined for a qualified third world medical facility.
2. October marks the first year anniversary of the Rotary Food Bank being in the hospital's house next to See n Save. Sharon Froberg, Coordinator provided the following report. "Being on one level with adequate space is so helpful for deliveries as well as distribution needs. The proximity to downtown has meant not only easy access for clients but just as importantly, more businesses and organizations have come on board in the volunteer efforts. Last summer when we were still in Alta we saw 10-12 families per week. This summer we tripled the number of families each distribution night! The number of families served last year was 1145 with 4393 clients walking thru our little grocery store. The Scout Canned Food Drive is coming up Saturday 10/22/11. We appreciate your support."
3. The Patient Account Team includes myself, Jason Hotchkiss, Controller, Beverly Park, Revenue Cycle Manager and Laura Piquet, Quality Services Manager. The purpose of this new team was to consolidate everyone's calls, letters, and emails

regarding patient concerns about their accounts. We each have a different perspective on solutions and decided that spending 1 hour each Monday morning allowed us to pull together our opinions and send out a timely response to patients regarding their concerns. We have the ability to review the account history, billing notes and matching it to the patient's perspective. After one month I think this team has developed a consistent, fair and timely response to patients.

4. Education opportunities were offered at the IHA Annual Convention in Sun Valley the first weekend in Oct. Four staff members attended. Angela Booker, Laura Piquet, Usha Fischer, Virgil Boss and board member, Deborah Ray-Malheiro. Topics included BOT continuous education, resources. Legacy Health Care presented a Change Management Model we will use with the management team. Healthcare Financial Management Association had a half day presentation on Denial Management Strategies. Showed how difficult claim processing is getting with Payers. Benchmarks to measure progress will be added to our reports. Ie: % claims rejected, \$ claims rejected, % to total claims. Here are just a few of the challenges we face.
 - a. Eligibility
 - i. DOS, inadequate insurance verification
 - ii. Payer matching routines
 - iii. Coordination of benefits
 - b. Authorized referral
 - i. Late or no prior authorization for inpatient admissions
 - ii. Elective procedure not booked to match OP, IP, OBS
 - iii. Missing Clinical Review
 - iv. Referrals for OP
 - v. High Cost drug by payer denied after given
 - vi. Inconsistent follow-up with denials based on payer, track different like selected x-rays that need preauthorization by payer.
 - c. Data Required
 - i. Incomplete medical record submission
 - ii. Unreturned patient submissions
 - iii. EOB's for secondary billing adjudication
 - d. File limits
 - i. Missed initial claim submission follow-up before file limits (lost in scrubber)
 - ii. Missed secondary filling
 - iii. Missed appeal deadline
 - iv. Watch payer claim limits, they change
 - v. Track discharged not final billed
 - e. Medical necessity

-
- i. IP-level
 - ii. Payer changes to mimic Medicare
 - iii. Coding errors
 - iv. Proper inpatient vs. outpatient payer choice

These checkpoints are why Revenue Cycle Management is so critical.

This is the money left on the table checklist.

- 5. 100 Top CEO Insights. (Handout)
- 6. Questions?

RESEARCH PAPER

100 TOP HOSPITALS CEO INSIGHTS: KEYS TO SUCCESS AND FUTURE CHALLENGES

100 TOP HOSPITALS
CENTER FOR HEALTHCARE IMPROVEMENT
AUGUST 2011



THOMSON REUTERS™

Hospital Type Influences Priorities

Figure 2 shows the differences that CEOs identified as their key success drivers by hospital type. Although these results are qualitative in nature and should not be used to generalize to the larger population of all hospitals, one can glean general patterns from these results. While every group highly ranks quality and outcomes, there are differences among other items named. Major teaching hospitals strongly favor senior leadership as one of their key elements, while only a small percentage of CEOs from the other groups give this item top marks. On the other hand, CEOs from community hospitals rank a strong culture and medical staff more highly than does the teaching hospital group.

A few executives from small community hospitals mention the importance of “knowing who you are and who you are not.” These executives believe that as a small hospital, they cannot be all things to all people. They recognize that they need to know what they are really good at and what they need to give up so that they can focus their efforts.

FIGURE 2: Key Drivers of Success, by Hospital Type

PERCENTAGE OF HOSPITALS THAT NAMED THIS AS ONE OF THEIR TOP TWO DRIVERS

DRIVER OF SUCCESS	MAJOR TEACHING	TEACHING	LARGE COMMUNITY	MEDIUM COMMUNITY	SMALL COMMUNITY
Quality/Outcomes	50%	67%	55%	67%	45%
Senior Leadership	100%	22%	27%	22%	18%
Strong Culture	25%	22%	36%	22%	18%
Medical Staff	0%	11%	45%	44%	36%
Cost Control	0%	33%	0%	0%	0%

Green = Item that more than half of CEOs named
Red = Item that fewer than one-quarter of CEOs named

KEY CHALLENGES FOR THE NEXT ONE TO THREE YEARS CENTER ON REFORM

In the next segment of the interviews, we asked the *100 Top Hospitals* award-winning CEOs to name the key issues they anticipate facing over the next one to three years. Figure 3 lists the top five issues mentioned. In one way or another, all of the issues relate back to healthcare reform.

FIGURE 3: Addressing Issues Related to Healthcare Reform Will Be the Primary Focus for Most Over the Next 1-3



Hospital type (teaching status and bed size) does appear to have an influence on which issues CEOs predict will be among their top challenges (Figure 4). Of these five issues, decreased reimbursement and physician alignment were mentioned across all hospital categories. However, more of the lower-intensity teaching and the large- and medium-sized community hospitals cite lower reimbursement, while the major teaching hospitals focus more on physician and medical staff alignment and maintaining quality outcomes. A discussion and summary of CEO thoughts on each of the issues follows.

FIGURE 4: Key Challenges For the Next 1-3 Years, by Hospital Type

PERCENTAGE OF HOSPITALS CEOs THAT NAMED THIS CONCERN AS ONE OF THEIR TOP TWO CHALLENGES

KEY CHALLENGE	MAJOR TEACHING	TEACHING	LARGE COMMUNITY	MEDIUM COMMUNITY	SMALL COMMUNITY
Lower Reimbursement	20%	56%	73%	78%	54%
Physician Medical Staff Alignment	40%	44%	27%	44%	36%
Maintaining Quality Outcomes	40%	11%	27%	11%	0%
Continued Cost Reduction	20%	11%	0%	22%	27%
Capital/Infrastructure/Mergers	0%	11%	27%	22%	18%
ACOs/Population Management	20%	0%	0%	11%	18%
Staff Recruitment/Retention	0%	0%	9%	0%	9%

*Green = Item that more than half of CEOs named
Red = Item that fewer than one-quarter of CEOs named*

Decreased Reimbursement Will Stretch Budgets, Challenge Quality Efforts

Clearly on the minds of virtually all winning hospital CEOs is the decreased reimbursement linked to healthcare reform tenets. It was often the first thing mentioned when we asked CEOs to consider upcoming challenges.

Trying to get a handle on what the new reimbursement model will look like and its eventual impact on the organization is a core topic of discussion and planning across most hospitals. Most are also actively addressing the measures that tie reimbursement to quality.

Although most top-performing hospitals are already gathering metrics around quality performance measures, they realize there will be a number of new measures to add to their systems. "I think the biggest challenge will be the increasing number of performance measures from the government. And the requirement that you toe that line, because if you don't it's going to negatively affect your reimbursement, patient perceptions, or maybe even employee perceptions. It's different than how the business was when I started 30 years ago," said Kenneth Smithmier, President and CEO of Decatur Memorial Hospital, Decatur, Illinois.

For some, decreasing reimbursement means even more focus on process improvement and looking for even deeper ways to eliminate waste across the organization. Some CEOs would like to improve disease management to ensure that patients are not coming to the hospital in an advanced stage of illness, which is more costly to treat.

"We have competing entities out there for every available government dollar. Our number one challenge is to maintain economic viability while getting reimbursed less."

President of a major teaching hospital in New England