



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:** September 30<sup>th</sup>, 2022

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

**Members Present:**

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

**Members Absent:**

**Others Present:**

Dave Robertson, CEO  
John Kren, COO/CFO  
Thom Kinney  
Morgan Gurney  
208-241-1501  
Anna Olson  
Bill Stangl  
Bill Best  
Sean Ryan  
Jen Simon  
Elizabeth Gerhard  
Tom Lubnau  
Phillip Fox  
Richelle Heldwein  
Joe Albright  
Karen Connelly  
Kate Webb  
Marcus Stauffer  
Nick Healey  
Pat and Dave  
Seth Robertson  
307-739-7617  
Casey Gregory  
Alisa Lane  
Laurie

**Board Advisors Present:**

Bob Pisano  
Vance Vanier  
Jim Hunt  
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 addressing the macroeconomic issues that SJH, the Jackson community, and the nation are currently facing. The soaring cost of living, housing shortages in starter homes and basic housing, and the shift in work/life balance expectations have increased public scrutiny of officials. SJH is unsure how to address all macroeconomic issues while preserving Jackson's spacious, open land and small-town nature. Ms. Hogan announced that in this public session, Dave Robertson will discuss SPET education which will focus on the need for hospital workforce housing. Thom Kinney will share a five-year trend in HR metrics that reflects the shifts in employment patterns. Nick Healey, a lawyer for SJH, will provide legal education on how board members can and cannot support SPET initiatives. Lastly, the BOT Committees will present their monthly reports.

Ms. Hogan provided a quote by Coretta Scott King: "The greatness of a community is most accurately measured by the compassionate actions of its members." Cynthia mentioned that the Board of Trustees is taking compassionate action to secure housing and compensation that SJH staff need in order to better serve the community. Ms. Hogan expressed gratitude to the community, SJH physicians, and SJH staff.

**Approval of Minutes**

Ms. Hogan presented for approval the minutes of both the August 25<sup>th</sup> Regular Meeting of the Board and the September 9<sup>th</sup> Special Meeting of the Board.

**It was moved by Cynthia Hogan to approve the minutes of both meetings as presented. The motion was duly seconded, and the motion carried unanimously.**

**CEO Report** *(presented by CEO Dave Robertson)*

David Robertson presented the monthly CEO Report focusing on the following topics:

- SPET – What Is It?
- Hitching Post SPET Ballot Initiative
- Overview of the Hitching Post Project
- Why is this Project Important to SJH and Our Community's Health?
- Affordable Housing in Teton County
- SJH Housing Statistics
- New Guidelines from the CDC – presented by Richelle Heldwein

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

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

Ms. Hogan reported that the Strategy Committee has worked on SPET Education and HR Metrics in the month of September. Nick Healey advised what SJH and the SJH Foundation should and should not do while supporting the SJH Housing (Hitching Post) SPET initiative. Nick highlighted that education is allowed while advocating, either for or against, promoting in any way a particular vote, or campaign signs for an initiative are not allowed. SJH can provide education about the SJH project, the SPET process, and the impact of the SJH project on the community. Encouragement 'to vote' is allowed but encouraging in any way 'how to vote' is not allowed. Thom Kinney presented on HR Metrics and highlighted that the percentage of SJH employees who live in both Jackson and Victor/Driggs today versus just one year ago, has decreased significantly, while the percentage living in Star Valley has increased. Additionally,

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

Ms. Hogan mentioned that neither the hospital nor the Foundation may advocate on behalf of SPET, but a political action committee can. A political action committee has been formed and will support the Hitching Post SPET initiative. Cynthia mentioned that as an individual, she fully supports the Hitching Post Project PAC. Mr. Healey noted that board members can make donations, as individuals, to the PAC, as long as they are using personal funds.

**Finance, IT, and Facilities Committee** *(presented by Mr. Scott Gibson, John Kren, and Sean Ryan)*

Mr. Gibson reported that August experienced an overall above-budget month. Total net revenue was slightly above budget and total expenses were also slightly higher than budget. August made up for some of July's lighter volumes. The operating budget is down relative to budget for the first two months of Fiscal Year 2023. The Committee requested that the Board approve the nurse call monitoring system, included in the Capital Budget, and expected to be funded predominantly by the Foundation.

**It was moved by Scott Gibson, seconded by Michael Tennican, that the nurse call system be approved contingent on the Foundation providing funding (the hospital's portion of funding will not exceed \$350,000). The motion carried unanimously**

Mr. Gibson mentioned that the Committee discussed capital projects as the majority of work in August was related to making additional progress on the Living Center demolition, parking lot, and tunnel project. John Kren, Chief Operations & Financial Officer, and Sean Ryan, Director of Facilities, highlighted the project summary and design plan of the King and Karns project. This project will include 15 workforce housing units. The Committee will review the project again at the upcoming October 27<sup>th</sup> Public Board Meeting, at which time project cost projections should be available and it is anticipated that a decision regarding moving forward with this project will be made.

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

Ms. Critzer indicated that the JCQC Committee met on September 26<sup>th</sup> and has credentialing recommendations from the Medical Executive Committee for approval. The Committee reviewed multiple policies, action item reports, and safety reports.

**It was moved by Cynthia Hogan, seconded by Bruce Hayse, to approve the credentials recommendations from the MEC meeting on September 26, 2022. The motion carried unanimously.**

Ms. Critzer indicated that the JCQC Committee reviewed five policies and has recommended them for Board approval. The five policies are Conflict of Conscience, Infection Control Program, Organized Structure, Patient Safety Program, and Qualified Medical Personnel for MSE.

**It was moved by Katharine Conover-Keller, seconded by Cynthia Hogan, to approve the five policy recommendations from the JCQC Committee meeting on September 26, 2022. The motion carried unanimously.**

**Nominating & Governance Committee** *(presented by Ms. Sue Critzer and Mr. Jim Hunt)*

Ms. Critzer reported that the Nominating & Governance Committee met this month to review and discuss the committee charter and make forward-looking recommendations. Six recommendations were presented and discussed as future action items.

A copy of Ms. Critzer's presentation materials, which provides information on each of the six recommendations that were presented, is attached as a permanent part of these minutes.

**SJH Foundation** *(presented by Mr. Bob Pisano)*

Mr. Pisano announced that the Foundation considered the nursing call monitoring system at the previous Foundation Board Committee meeting, and it will go before the Foundation Board for final approval next week. Bob thanked Sheldon Perkins and the Foundation staff for all of the hard work over the past months during the leadership transition. Mr. Pisano announced and welcomed Anna Olson as the Foundation President.

**Old Business - None**

**New Business - None**

**Public Comment - None**

**Next Meeting**

The next regular monthly meeting is scheduled for October 27, 2022, via Zoom only. The Executive Session begins at 2:30 pm and the monthly Public Session begins at 4:00 pm.

**Adjournment**

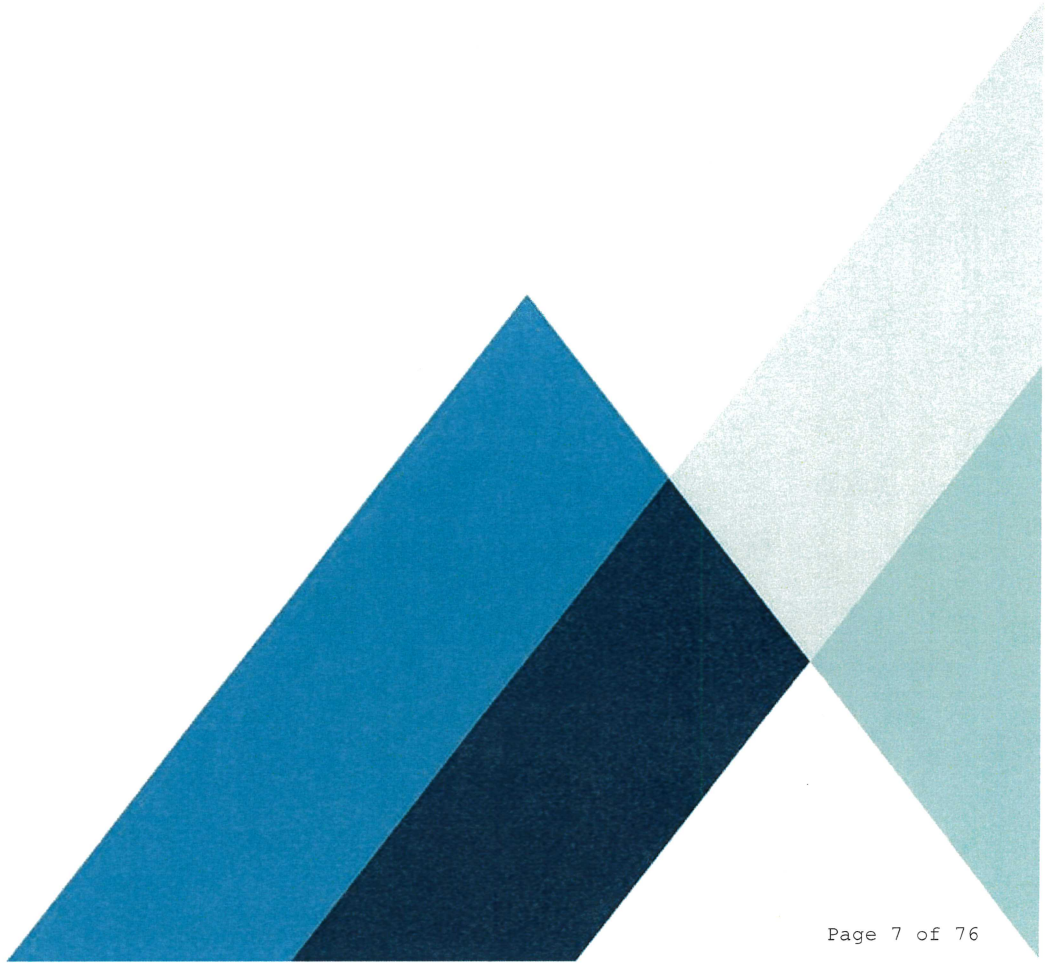
With nothing additional to discuss, Ms. Hogan adjourned the meeting at 6:02 p.m.

Respectfully submitted,  
Morgan Gurney, Executive Assistant



# CEO Report

Board of Directors Meeting  
September 30, 2022



# Topics

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- SPET — What Is It?
- Hitching Post SPET Ballot Initiative
- Overview of the Hitching Post Project
- Why is this Project Important to SJH and Our Community's Health?
- Affordable Housing in Teton County
- SJH Housing Statistics
- New Guidelines from the CDC — Richelle Heldwein

## What is the Specific Purpose Excise Tax (SPET)?

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“SPET, our Town and County’s ‘Specific Purpose Excise Tax’, is a penny of sales tax for capital and infrastructure projects. Tourists pay more than 50% of sales tax collected in our area.

Voting for SPET initiatives will not increase taxes as this penny is already in-place. You can vote for any or all of the initiatives on this year’s ballot. SPET initiatives that receive a majority of votes will keep the SPET penny in-place until they are funded.”

*Town of Jackson website*

## What SPET is NOT

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- SPET is NOT related in any way to property taxes. It is a penny sales tax, more than 50% of which is paid by tourists.
- SPET is NOT a competition between this year's 15 proposed initiatives. All initiatives that receive a majority of the votes cast on that initiative will be funded.

## SJH Health “Hitching Post” SPET Ballot Wording

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**#6 St. John’s Health Housing | \$24 M:** For planning, designing, engineering, and constructing workforce rental housing, as well as overnight lodging for on-call hospital staff and patients/families.

## Overview of the Hitching Post Project

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- Construct approximately 100 deed restricted workforce rental apartments for essential health care workers and overnight lodging units for on-call staff and patients/patient families - on land owned by SJH across from the hospital campus that has already been zoned for this purpose
- Significantly improves our ability to recruit and retain critical staff and to assure availability of staff in close proximity to the hospital to deal with emergency situations
- SPET funding will provide approximately 1/3 of the cost of this project. St. John's Health, with support from the St. John's Health Foundation, will assume responsibility for 2/3 of the funding cost and all ongoing operational costs. St. John's Health assumes all responsibility for funding any unexpected costs or cost increases

## Current 34-Unit Hitching Post Property

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- 15 Long Term Rental Units (King & Karns capacity)
- 7 On-Call Rooms for Overnight Staff (New rooms under construction)
- 12 Patient/Family Units for Overnight Needs (Solutions under study)



## Current SJH Housing Initiatives

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- Currently 97 housing units in SJH inventory (has had employee housing initiatives for over 20 years)
  - 34 units at Hitching Post
  - 63 units (owned and leased throughout our community)
- 15 units approved for construction at King and Karns (5 studio units and 10 2-bedroom units)
- 2-3 units anticipated in the Mercill complex
- Ongoing discussions for future projects with the Community Housing Trust and The Trust for Public Land (South Park)
- Right of first refusal for 15 units on Veronica Lane



## **SJH Workforce Recruitment Challenge**

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**Challenge:** Significant numbers of health care workers require special education, licensure, and certification and thus must be recruited to our community where housing is frequently unattainable

**Solution:** With the spiraling escalation of housing costs over the last 3 years, affordable housing solutions must be a part of our recruitment/retention strategies

## **SJH Housing Benefits All Employers - Just as SJH Benefits from Other Housing Initiatives**

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- SJH Housing does not house only essential health care workers — it houses their partners and other family members that are employed throughout the community
- Similarly, health care workers are housed in many other housing initiatives throughout the community by nature of the opportunities available to the partners of SJH employees
- SJH is supportive of all housing initiatives within the community

## Health Care Worker Shortage Challenge

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**Challenge:** The pandemic resulted in many essential health workers leaving their profession and a recent study shows that 47% of health care workers expect to leave the profession by 2025 — Nearly 1/3 of our workforce has less than 5 years of experience and this is a critical period in the health care worker retention lifecycle

**Solution:** Retention of existing essential health care workers is critical to our community's future health care services delivery and housing is our most critical retention strategy

## Definition of “Affordable Housing”

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“Housing on which the occupant is paying no more than 30 percent of gross income for housing costs, including utilities.”

*U.S. Department of Housing and Urban Development (HUD)*

## Current Market Rate Rents in Jackson, WY

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- Studio Units (<500 sq. ft) - \$2,639.38/month
- 1 Bedroom Units - \$2,628.31/month
- 2 Bedroom Units - \$4,172.18/month
- 3 Bedroom Units - \$3,982.00/month

*Source: Jackson/Teton County Affordable Housing Q2 2022*

## Required Incomes for Jackson Rental Housing to be “Affordable”

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- Studio Units - \$105,575
- 1 Bedroom Units - \$105,132
- 2 Bedroom Units - \$166,887
- 3 Bedroom Units - \$159,280

*Reflects rents at 30% of Gross Income without consideration of utility costs*

## Sample Starting Salaries at SJH

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- Certified Nursing Assistant (CNA) - \$45,801
- Sterile Processing Tech - \$50,591
- Radiographer- \$62,972
- Registered Nurse (RN) - \$73,109
- MRI Tech - \$84,037
- Nurse Practitioner - \$116,701

NOTE — Only the Nurse Practitioner could afford an “affordable” studio apartment (but not a 2BR apartment)

## Sample Maximum Salaries at SJH

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- Certified Nursing Assistant (CNA) - \$64,131
- Sterile Processing Tech - \$70,840
- Radiographer- \$95,445
- Registered Nurse (RN) - \$110,809
- MRI Tech - \$127,372
- Nurse Practitioner - \$187,707

NOTE: At the end of a successful career, an RN and MRI Tech could afford to rent a studio apartment, and a Nurse Practitioner could move up to a 2 BR apartment



## The American Dream?

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- The vast majority of essential health care workers cannot aspire to ever achieve anything greater than a studio apartment throughout their career if they must work within the free market rent system in Jackson

## Is “Affordable Housing” a Myth in Jackson?

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- All SJH Employees (including employed physicians) — 11% can afford a Studio/IBR and 5% can afford a 2BR
  - 84% have no affordable housing option
- All Non-Salaried SJH Employees (86% of staff) — 6% can afford a Studio/IBR and .5% can afford a 2BR
  - 93.5% have no affordable housing option
- All Non-Management SJH Employees (91% of staff) — 9% can afford a Studio/IBR and 4% can afford a 2BR
  - 87% have no affordable housing option

## “Affordable Housing” Challenge

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**Challenge:** Market rents in Jackson effectively place housing outside of the range of “affordable” for the vast majority of essential health care workers

**Solution:** St. John’s Health must expand our inventory of housing units that SJH controls the level of rents to assure that they meet the test of affordability

## SJH Affordable Rents Program

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- Effective August 1, 2022, SJH is setting all rents based on 24% of gross household income
- With the inclusion of utilities, this should meet the “affordable housing” definition of not more than 30% of gross income going to rent and utilities
- For higher income individuals, at no time will rents exceed 80% of the published free market rates
- This assures that rents are equally “affordable” for all residents, regardless of income level
- Requires SJH to subsidize rents for the difference between “affordable” rent level and free market rates
- Size of units available (studio, 1BR, 2BR, 3BR) driven by family size and needs but rent is based on the affordable income formula

## SJH Financing Challenge

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**Challenge:** The health care reimbursement system has no mechanism to recognize and adjust reimbursements due to differences in housing costs across different communities or parts of the country

**Solution:** Unique, alternative sources of funding such as SPET must be a part of the financing equation

# THE Most Daunting Challenge

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- HOUSING
- It is not a level playing field. The severity of the housing crisis in Jackson is unique in Wyoming, and one of the most severe housing crises in the nation
- A true existential crisis for St. John's Health

## Our Most Valuable Resource

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- It is NOT our facilities
- It is NOT our equipment
- It is NOT our reputation
  
- **IT IS OUR DEDICATED STAFF!** Without our PEOPLE - our facilities, our equipment, and our reputation are of no value. Without our DEDICATED STAFF, there is no health care for our community!



# Health Depends on HOUSING

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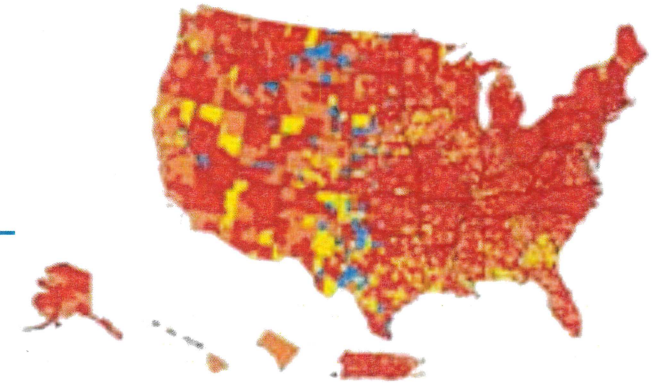
# Questions?

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# New CDC Guidance on Hospital and Health System Masking

- The CDC has multiple maps
- The map used for hospital and health system masking is the [CDC Community Transmission](#) map
- It has 4 levels of transmission: **RED**, **ORANGE**, **YELLOW**, and **BLUE**.
- Universal masking when in **RED**, **ORANGE**, and **YELLOW** for staff, visitors, and patients in all SJH facilities is the same as we are currently doing. (It is still OK to be unmasked in private offices when not within 6 feet of others)
- Unmasked when in **BLUE** for staff, patients, visitors, EXCEPT:
  - **Visitors are not to be in the building with any of the below** and Staff and Patients will be universally masked with any of the below (and should only be in the building if needed for care and treatment)
    - Positive for COVID in prior 10 days (21 if immunocompromised)
    - Symptomatic for COVID (fever, chills, cough, short of breath, fatigue, muscle aches, headache, loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea)
    - Known exposure to COVID positive person within the prior 10 days

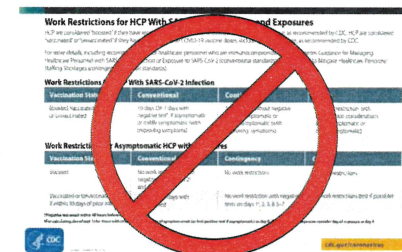


Community Transmission in US by County

|             | Total | Percent | % Change |
|-------------|-------|---------|----------|
| High        | 2014  | 62.51%  | - 12.63% |
| Substantial | 725   | 22.5%   | 6.7%     |
| Moderate    | 351   | 10.89%  | 4.81%    |
| Low         | 132   | 4.1%    | 1.12%    |

How is community transmission calculated?

# New CDC Guidance on Testing, Quarantine, and Work Restrictions for HCWs



- Prior grid is gone, replaced with recommendations at the right
- Allow *most* Health Care Personnel (HCP) back to work post exposure
- Some fine print, but not based on vaccination status
- **Testing after exposure** to a COVID positive person regardless of vaccination status
  - Day 1, day 3 and day 5 where day of exposure is day 0. Testing should be done prior to shift — please arrange through Employee Health. [employeehealth@stjhons.health](mailto:employeehealth@stjhons.health) or 307-739-7370
    - Testing in asymptomatic HCP with COVID infection in last 30 days is not recommended
    - Antigen testing (not PCR) is recommended in those with COVID infection in last 31-90 days
- **Return to work after COVID infection** (for mild to moderate illness or asymptomatic)
  - Conventional Guidelines\*\*
    - After Day 10 of symptom onset (or day of positive test if asymptomatic)
    - After Day 7 with negative antigen tests on day 5 and 7
  - Contingency Guidelines\*\*
    - After Day 5 of symptom onset (or day of positive test if asymptomatic)

\*\*For both conventional and contingency return to work guidelines, healthcare worker must have improvement in symptoms and 24 hours have passed since last fever without use of fever reducing medications.

## Summary of Recent Changes

Updates as of September 23, 2022

- In most circumstances, asymptomatic HCP with higher-risk exposures **do not** require work restriction.
- Updated recommendations for testing frequency to detect potential for variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms.

[Previous updates](#)

### Key Points

- In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2.

For CDC wording and details, please go the following link  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.

# Employee Workforce Development

St. John's Health Human Resources





# Vision: It's all about people

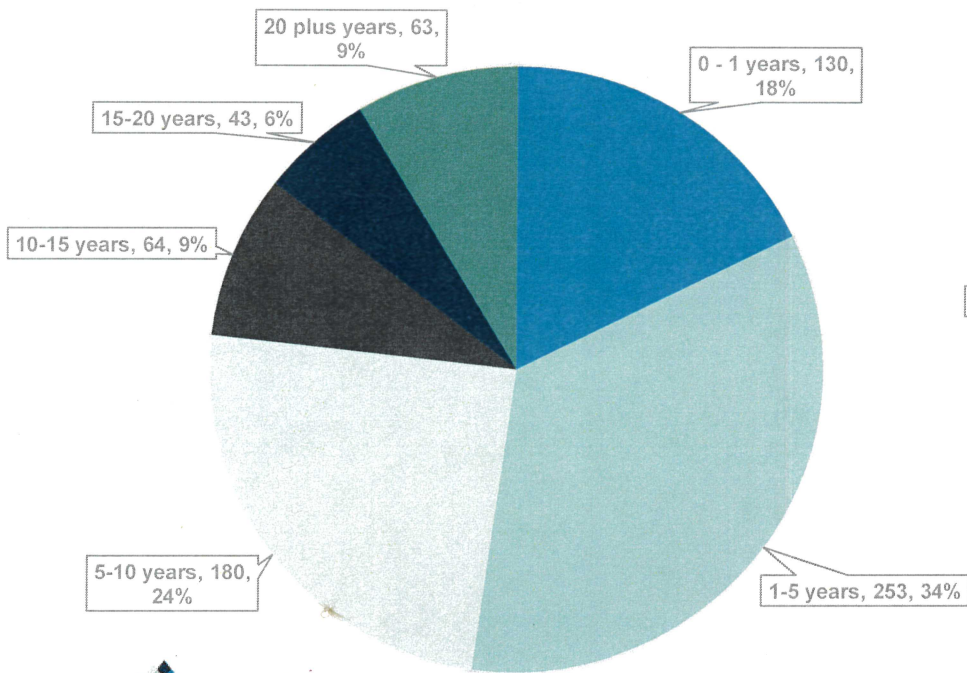
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- **Retention:** Take care of our people, focus on known drivers of engagement, and understand why people stay at SJH.
- **Recruitment and onboarding:** Find the best candidates and help them be successful.
- **Medical staff development:** Meet the expectations of our changing community and increase the reasons people come to SJH for care.

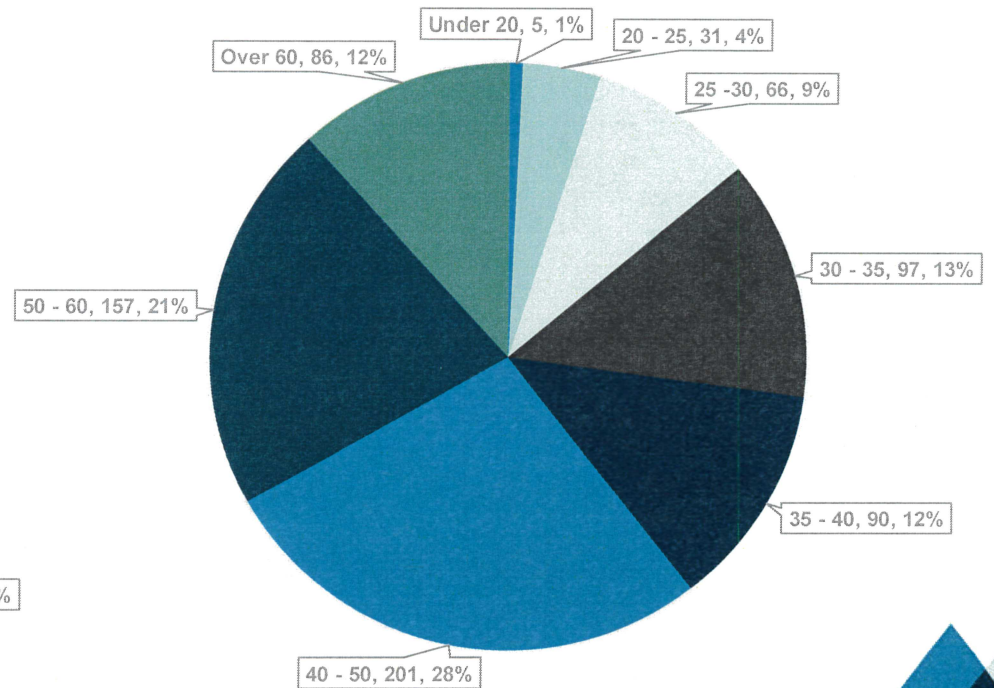


# Employees by Tenure, Age

Employees by Years of Service



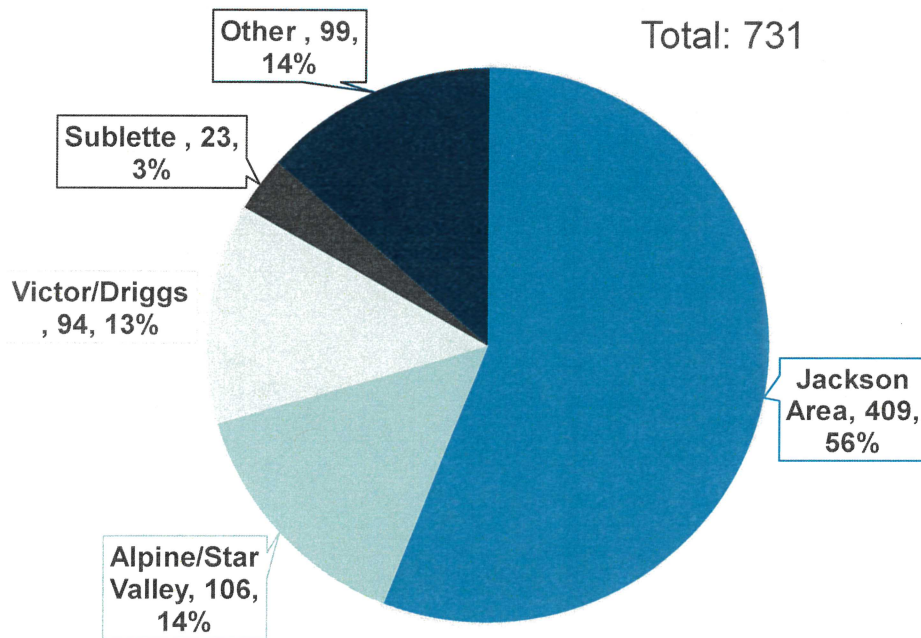
Employees by Age



# Employees by Location (excluding pool)

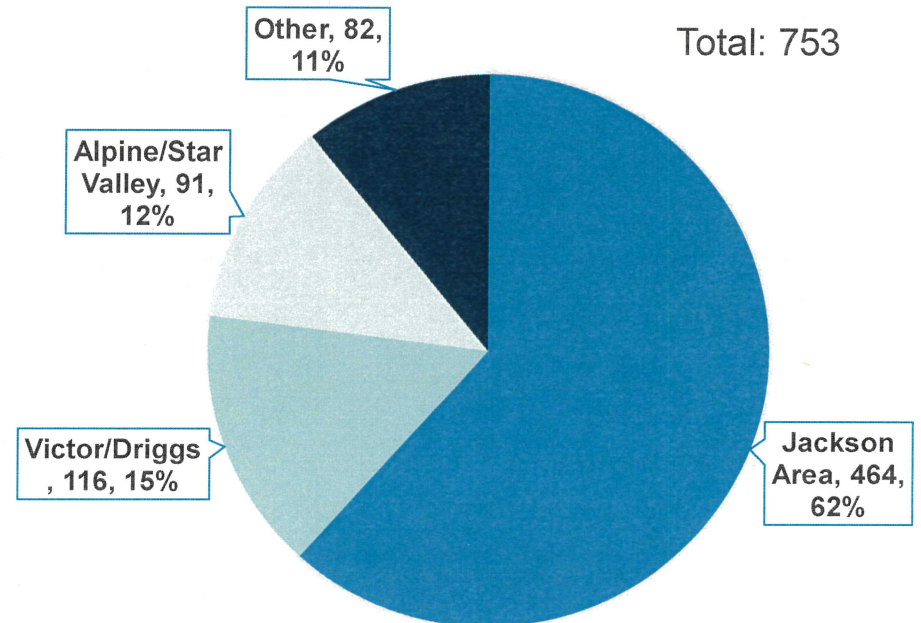
EMPLOYEES BY LOCATION - 2022

Total: 731



EMPLOYEES BY LOCATION - 2021

Total: 753



More employees have left the Jackson area, and new hires are living farther away



# Recruiting Effectiveness

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| Recruiting            |                  |
|-----------------------|------------------|
|                       | Apr. – Jun. 2022 |
| Jobs Filled, 60 Days  | 40%              |
| Jobs Filled, 180 Days | 41%              |
| Jobs Open 180+ Days   | 17               |
| Vacancy Rate          | 9.3%             |
| Avg. Headcount        | 818              |

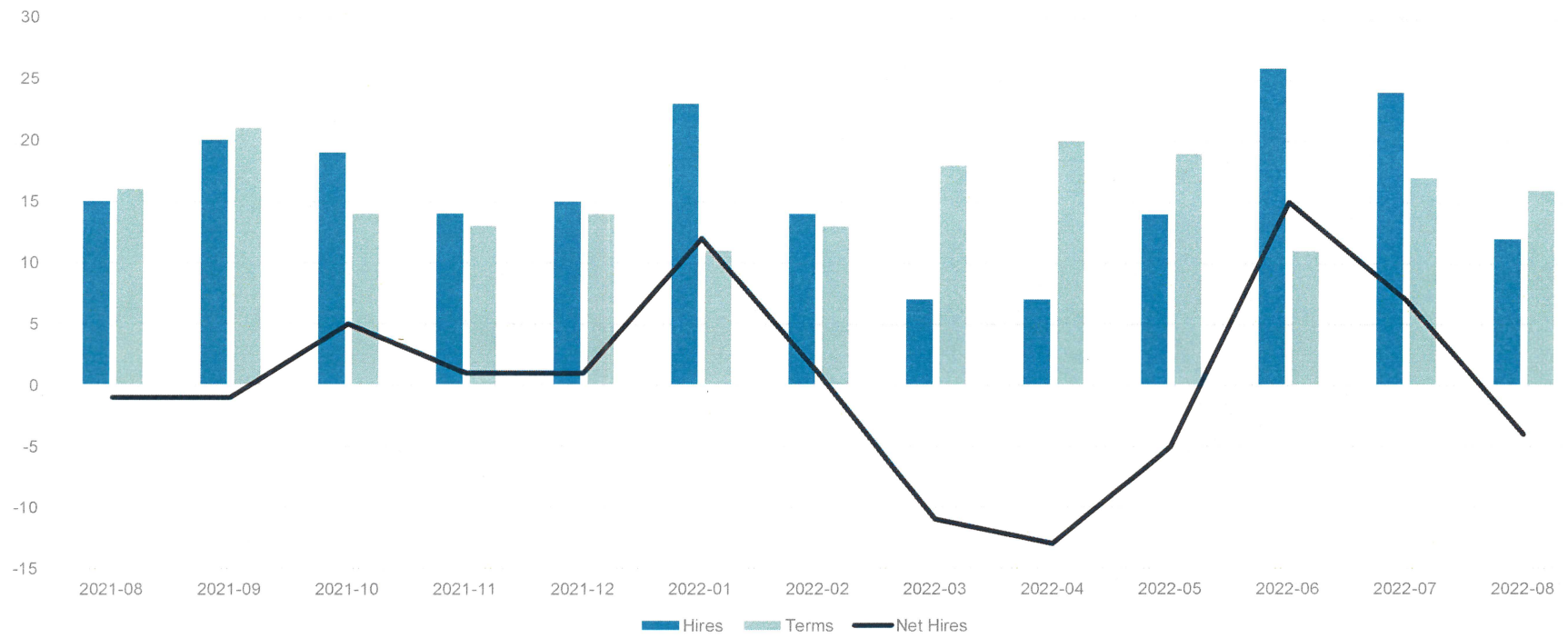
Hard to fill positions:

- CNA
- Respiratory Therapist
- Rad Tech
- Medical Lab Scientist
- RN OB
- RN Sage
- Director of OB
- Health Unit Coordinator



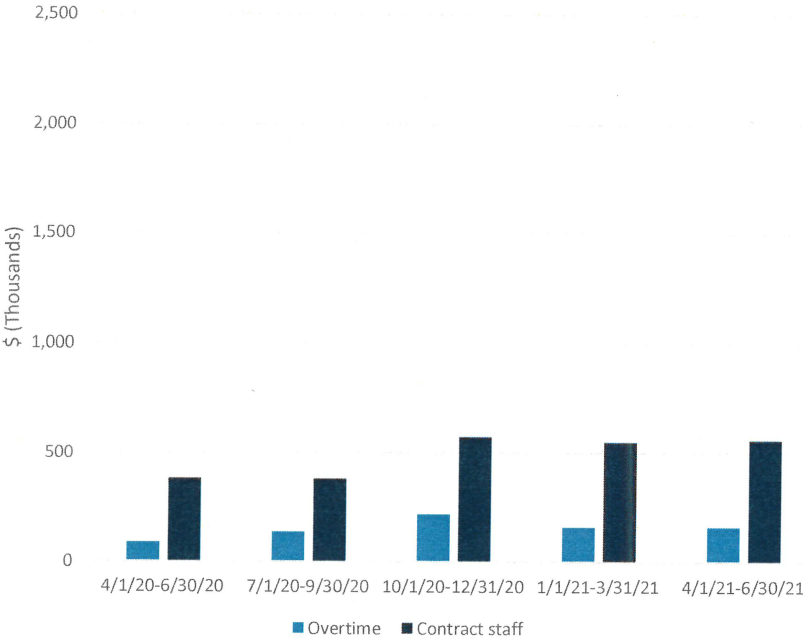


# Net Hires

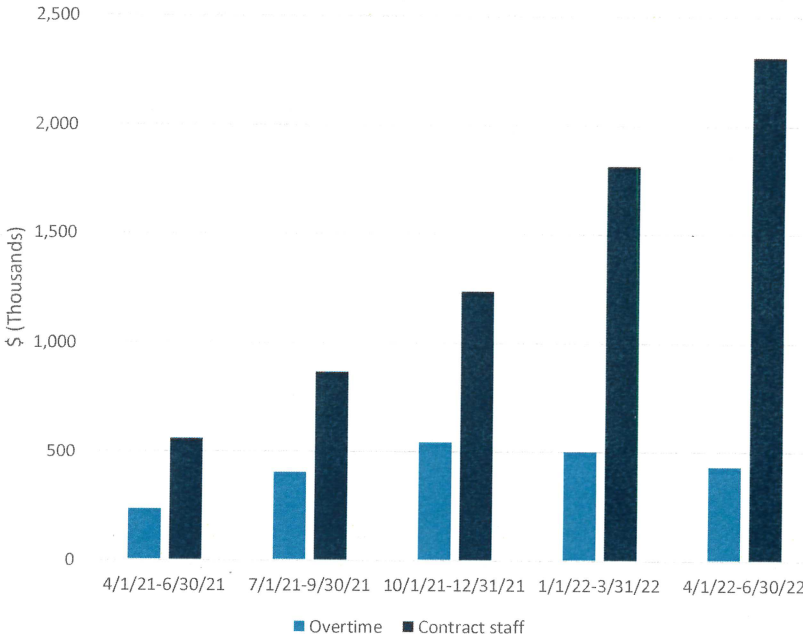


# Overtime and Contract Staff Expense

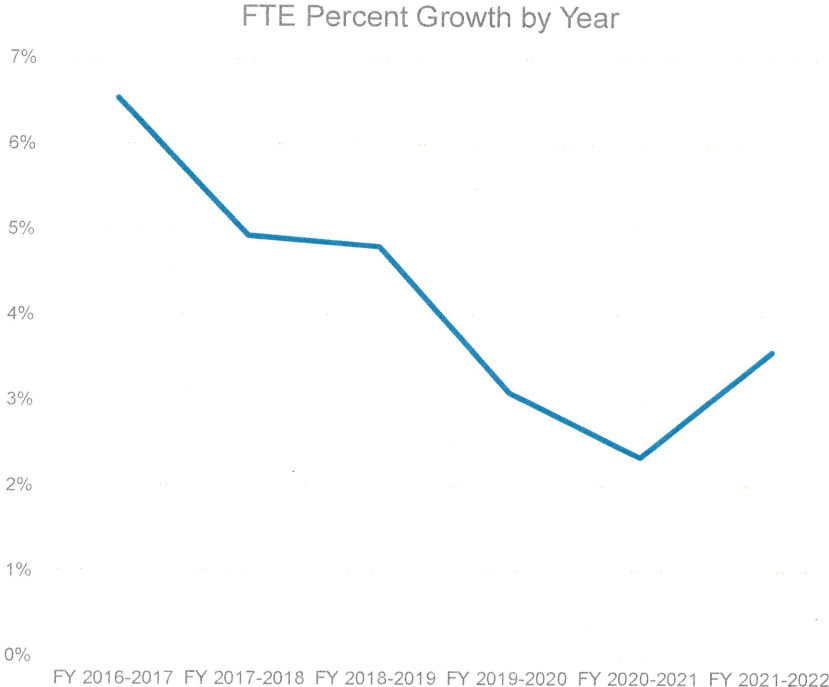
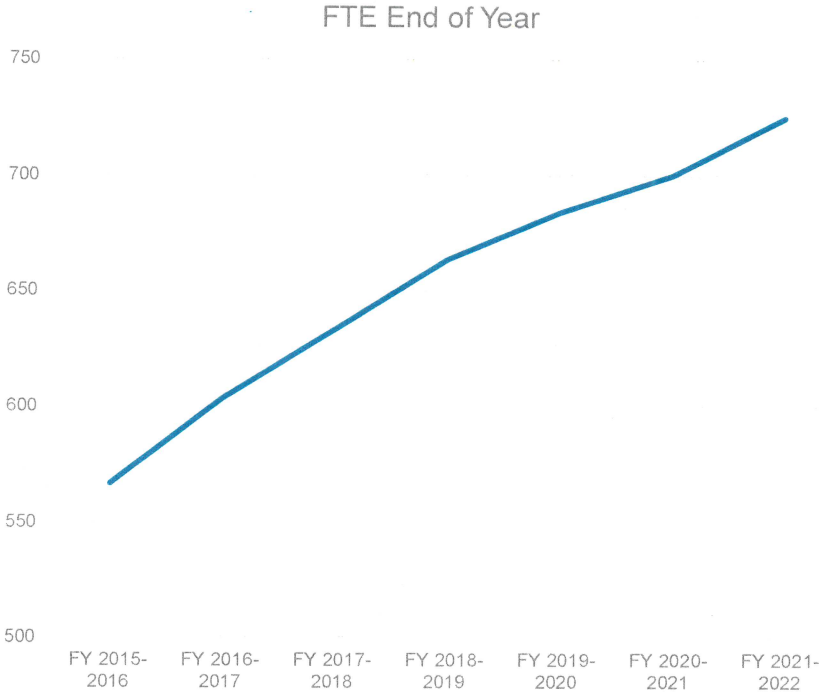
Overtime and Contract Staff Expenses



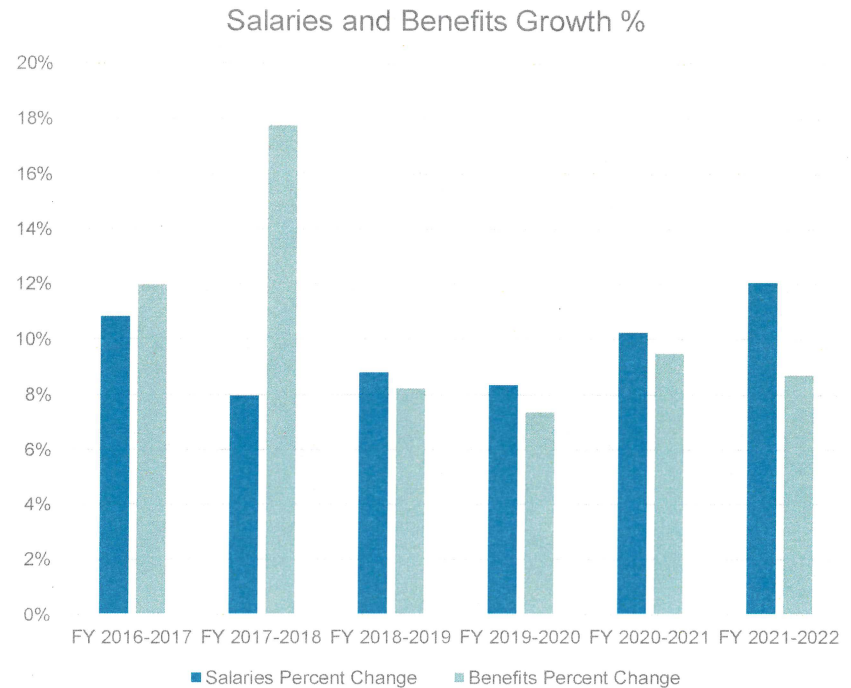
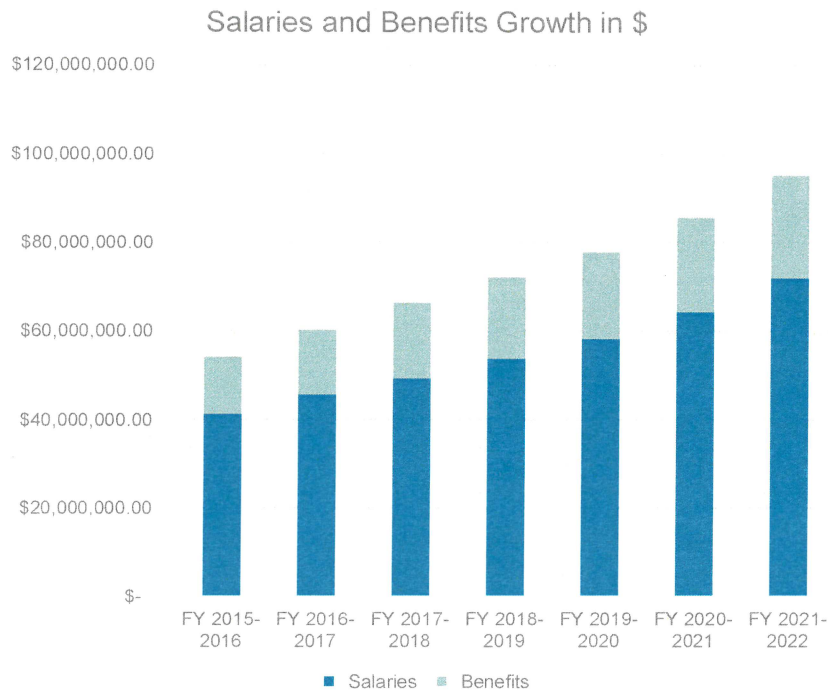
Overtime and Contract Staff Expenses



# FTE Growth



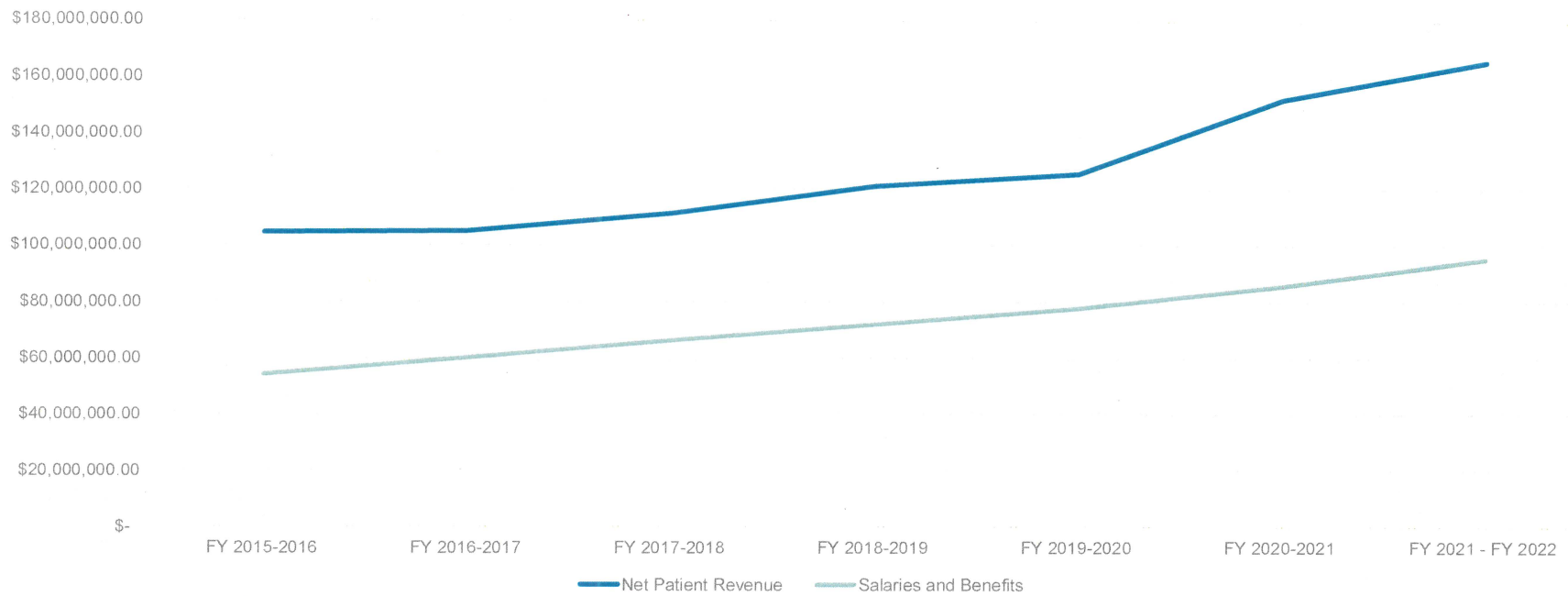
# Salaries and Benefits Growth



Salaries growth includes both wage increases and FTE growth

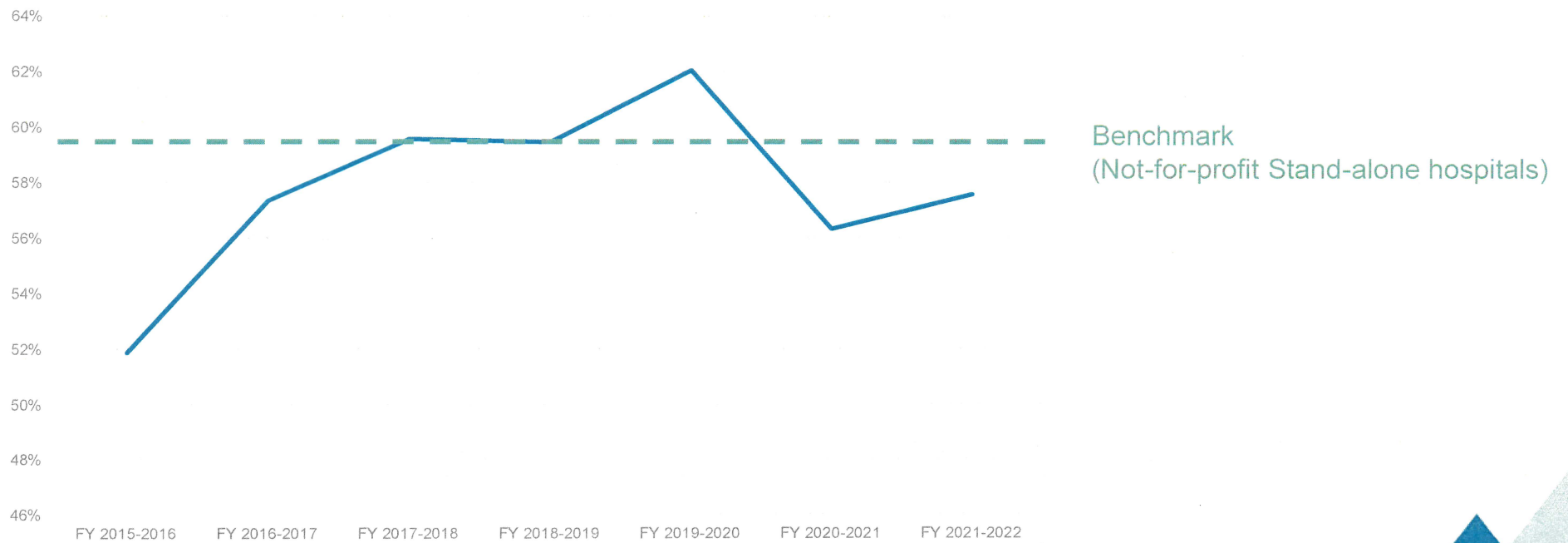
# Staffing Expenses Compared to Revenue

Net Patient Revenue vs. S&B by Year

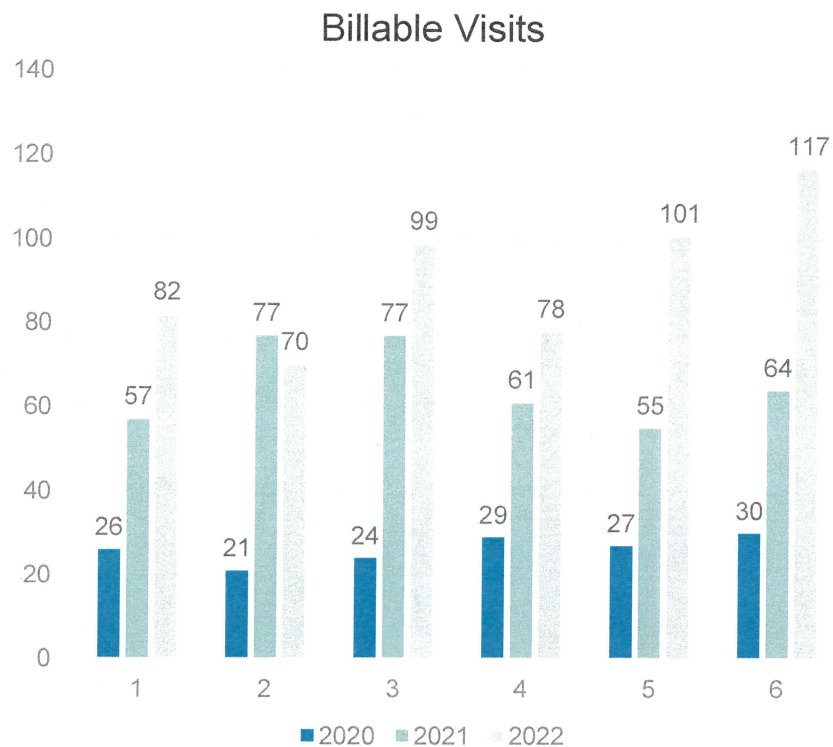


# Staffing Expenses Compared to Revenue

Salaries and Benefits as % of Net Patient Revenue



# Service Line Growth Example: Behavioral Health



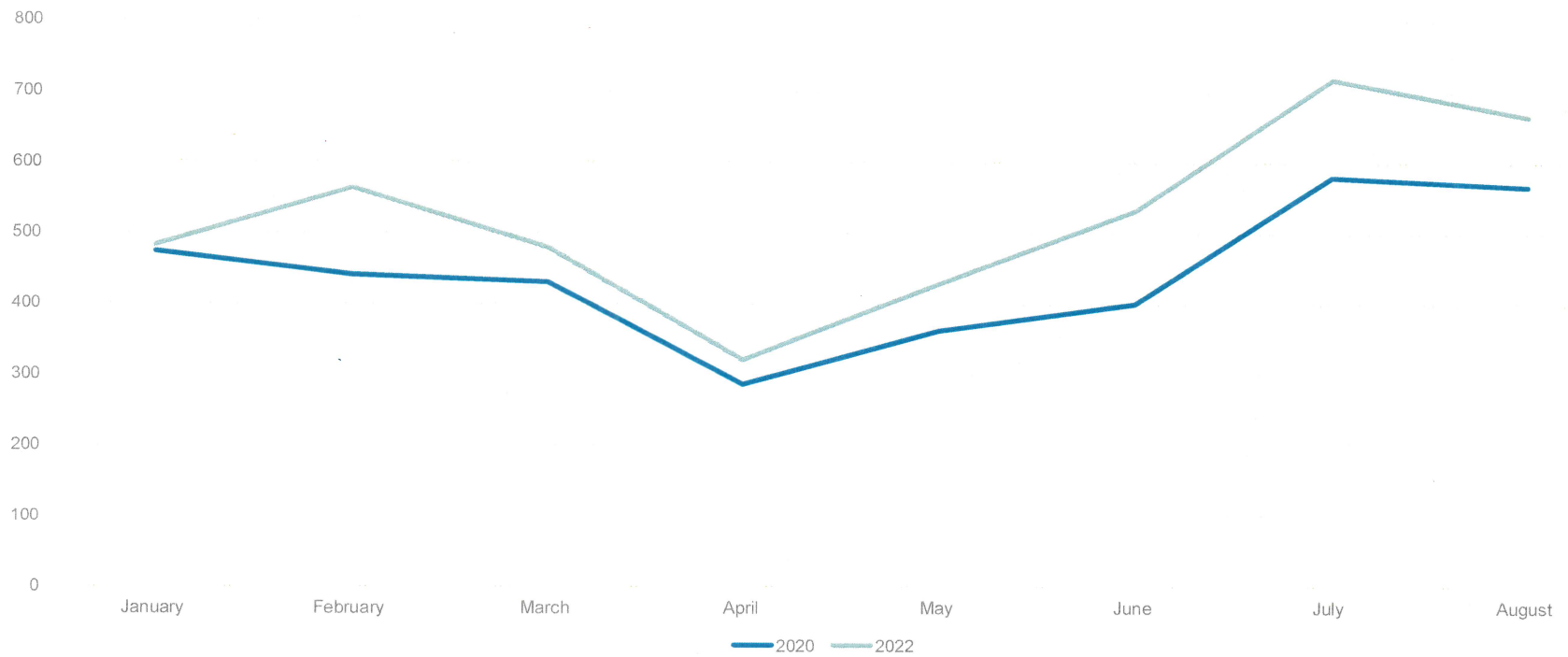
- **FTE Growth:** 1 Physician (hired Sept 2020), 1 RN, 1 Patient Scheduling
- Volume has increased since the start of the program, BUT
- Direct costs (including S&B) are higher than revenue
- Lose \$86 per visit





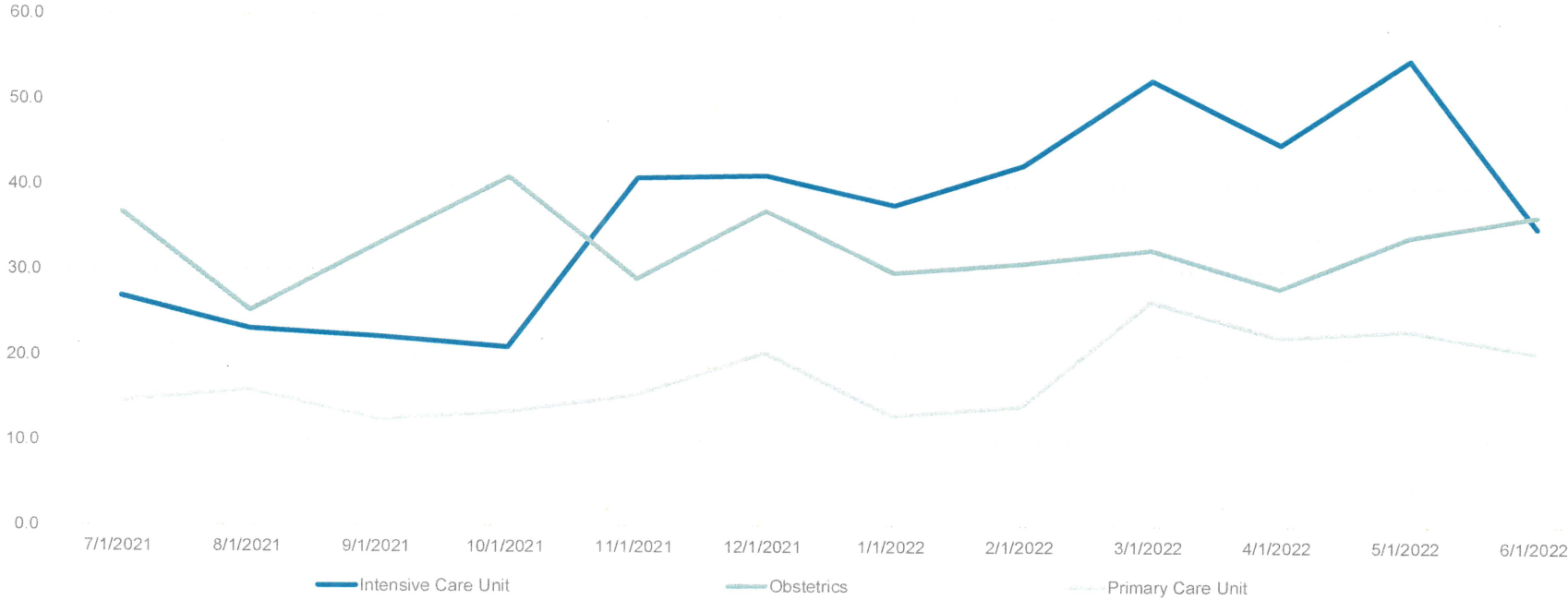
# Inpatient Growth Example: PCU Volume (Monthly Census)

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# Nursing Care Hours

Total Nursing Care Hours Per Patient Day



# Staffing-to-Volume Strategies

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- Float nurses
- Seasonal employment agreements

## Nom/Gov report to 9-30-22 BOT meeting- Final

The Nominating and Governance Committee met on 9-26-22.

A comprehensive review and discussion of the committee charter and forward-looking recommendations took place.

The committee wishes to present the following recommendations for discussion with the Trustees:

1. We recommend establishing an annual hospital district bylaws review cycle led by the Nom/Gov chair at the start of each calendar year.
2. We recommend that the annual board self-assessment be conducted in July of each year. Jim Hunt has agreed to lead the development of the process and content to be used for this by July 2023.
3. CEO Evaluation – The wording of the new CEO contract includes two components for performance review. These are the establishment and achievement of goals tied to the fiscal year, and the performance of duties as outlined in the contract. We recommend conducting a review of current CEO performance review practices and procedures to assure that they synch with the contract and current best practices. Sue Critzer and Dave Robertson have agreed to provide an updated draft by the end of October for the board's review.
4. CEO Onboarding- Nom/Gov wishes to support the onboarding process and recommends that a special committee, under its aegis, be formed to plan the community roll-out for the incoming CEO. Committee members should include a group of trustees not up for election and non-termining out advisors as well as other staff and Foundation members as appropriate.

Other items discussed for future recommendations to the board:

1. CEO succession planning is called out as a responsibility of Nom/Gov. Katharine Conover will review the bylaws on this topic and outline the steps to be taken in the event of an expected or unexpected transition including search committee best practices for review by the committee at a future meeting. There was also some discussion of succession planning for senior staff and what this means/looks like for a small organization like ours.
2. A discussion of the process for identifying and appointing new advisors took place. The committee is going to review existing documentation on the advisor process, and continue discussions in January. The process for appointing a Trustee to a vacancy will also be included in this discussion. There was a discussion of the concept that the Non/Gov Committee could serve as the "Search Committee" for these activities. We will bring forth recommendations in the future.

Respectfully Submitted,  
Sue Critzer and Jim Hunt  
Nom/Gov Co-Chairs