



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

Committee: Board of Trustees Special Meeting - Public Session - via Zoom

Meeting Date: May 3rd, 2023

Minutes Prepared By: Morgan Gurney, Executive Assistant

Members Present: **Members Absent:** **Others Present:**

Katharine Conover-Keller, Chair	Cynthia Hogan, Secretary	Jeff Sollis, CEO	Naomi Floyd
Pam Cutler, MD, Vice Chair		John Kren, COO/CFO	Karen Connelly
Jim Hunt, Treasurer		Morgan Gurney	Miranda de Moraes
Bruce Hayse, MD, Trustee		Jennifer Chiappa	Seth Robertson
Brent Blue, MD Trustee		Joan Goldfarb	Thom Kinney
Evan Jones, Trustee		Mary Ponce	Tom Lubnau

Board Advisors Present:

Bob Pisano
Jane Carey Hopkins
Bob Hopkins
Vance Vanier
Dr. Jim Little Jr.

Call to Order

The public board meeting was called to order at 12:00 p.m. MT by Katharine Conover-Keller, Chair.

Approval of Agenda

Ms. Conover-Keller presented for approval the agenda of the May 3rd Special Public Meeting of the Board.

It was moved by Jim Hunt, seconded by Dr. Bruce Hayse, to approve the Agenda of the Special Public Meeting of the Board as presented. Members voted as follows: six Ayes. The motion carried unanimously.

CEO Report (*presented by CEO Jeff Sollis*)

Mr. Jeff Sollis presented two topics to bring to the governing body of the hospital for approval. Those topics were:

The Masking Policy presented by Richelle Heldwein, Chief Risk and Compliance Officer and the Strategic Planning Facilitator presented by Evan Jones, Strategy and HR Committee Chair and Jeff Sollis, Chief Executive Officer.

Richelle Heldwein presented the updated policy that is reflective of the National standard of practice. This updated policy is in accordance with DNV standards, who acts as proxy for CMS. The updated masking policy moved away from the CDC guidelines and are now based on the local guidelines under the direction of the local Department of Health and Dr. Riddell. The updated policy will remove the

masking requirements outside immunocompromised areas, surgical areas, and for those without respiratory symptoms.

Katharine Conover-Keller recommended the Board of Trustees to approve the new COVID-19 masking policy as presented.

It was moved by Jim Hunt, seconded by Dr. Pam Cutler to approve the updated Masking Policy as presented. Members voted as follows: six Ayes. The motion carried unanimously.

Dr. Brent Blue noted that the masking policy should be required for all respiratory illnesses including Flu, RSV, and not isolated to the masking policy and for only COVID-19, at this point. Additionally, Dr. Brent Blue commented that the CDC does not include vaccination records within their county score/ rating chart which he believes is not a best practice.

A copy of the presentation materials, regarding the updated COVID-19 Masking Policy, is attached as a permanent part of these minutes.

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

Mr. Evan Jones reported that the Committee and SJH Administration have completed four interviews with four different consultants (Carnahan Group, Chartis, Sg2, and KaufmanHall) for the Strategic Planning Facilitator position. Mr. Sollis outlined the need for a strategic plan, the general process, why an outside specialized facilitator is needed, and the projected timeline.

A copy of Mr. Sollis's presentation materials, regarding the Strategic Planning Facilitator position, is attached as a permanent part of these minutes.

It was moved by Jim Hunt, seconded by Evan Jones to authorize the SJH Administration to enter into a contract with a consultant for the Strategic Planning Facilitator position, not to exceed, a total budgeted amount of \$350,000 as presented. Members voted as follows: six Ayes. The motion carried unanimously.

Public Comment – Joan Goldfarb asked the Board of Trustees if ‘the Board or Administration could provide, in a public way, the background of either the two or four consultants’ so the public could be aware of all the companies background referenced during the Strategy and HR Committee update in order to increase transparency.

Jeff Sollis notified those present, that the two consulting firms being considered both have decades of experience within the healthcare industry, specifically in the healthcare consulting field. These firms have access to obtaining the data that will be required in order to create and execute an actionable strategic plan. SJH plans to use this specialized consultant to answer questions such as “what service lines does our community need” and “where do patients go for services if they leave the county”, etc. This data will show SJH a story that is not currently available and is crucial to building and executing an effective, well-rounded strategic plan. Mr. Sollis acknowledged that SJH plans not just to inform the community of this process, but to include the community throughout via public forums.

Next Meeting

The next regular monthly meeting is scheduled for Thursday, May 25th, 2023, via Hybrid. The Board of Trustees will be invited to attend in person and others will be invited to attend 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, Katharine Conover-Keller adjourned the meeting at 12:44 p.m. It was moved by Jim Hunt, seconded by Dr. Bruce Hayse to adjourn this Public Meeting.

Respectfully submitted,
Morgan Gurney, Senior Executive Assistant

Strategic Planning Facilitator Discussion & Recommendation

Board of Trustees Special Board
Meeting
May 3, 2023

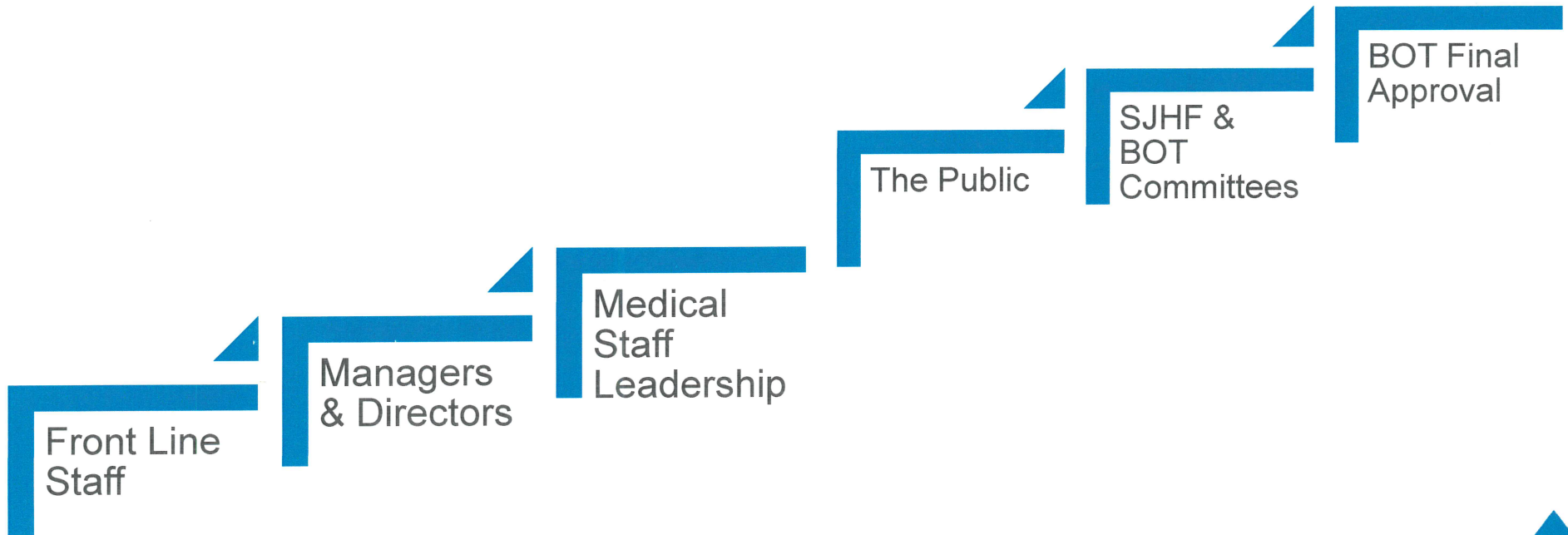


Why a Strategic Plan?

- Refocus ourselves and our future direction in our Purpose
- Analyze / validate our service area
- Comprehensively consider challenges and opportunities
- Collect input from key stakeholders
- Limit biases and challenge thinking
- Establish clear direction for the future
- Prioritize initiatives and resource allocations



Inclusive & Bottom-up Process



Why an Outside Specialized Facilitator?

- Industry experts with firsthand knowledge of national trends
- Experience with similar organizations
- Outside-the box thinking and experience
- Challenge SJH's current strategic and operational model
- Ability to identify initiatives that strengthen and enhance existing capabilities
- Provide human resources to help develop the plan – enable administrative team to be participants and not just facilitators



Key Selection Criteria

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



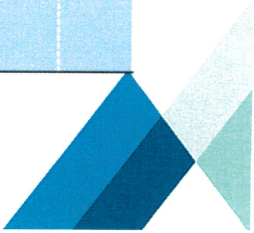
RFP & Interview Process:

- St. John's Health engaged 4 healthcare industry-expert strategic planning firms:
Carnahan Group, Chartis, Sg2, and KaufmanHall
- Each firm submitted detailed proposals
- SJH established key selection criteria-based needs
- Each firm participated in a 2-hour, in-person interview which included SJH's CEO, CFO/COO, and members of the Strategy/HR Committee



Proposed Strategic Planning Timeline

	Month 1	Month 2	Month 3	Month 4
Core Group Meetings	▲ ▲	▲ ▲	▲ ▲	▲ ▲
Steering Committee Meetings	◆	◆	◆	◆
1 Review St. John's Current Position and Trajectory	Interviews			
2 Assess St. John's Position for Long-Term Success				
3 Identify the Strategic Priorities				
4 Initiative Set Development and Scenario Modeling to Assess Impact				
5 Refine Scenarios and Prioritization				
6 Integrate Findings and Recommendations				



Budget and Range:

- Proposed Firm Fees and Expenses/ Range \$200,000 to \$450,000
- Includes Travel and Additional Soft Costs
- SJH Budget – Not to Exceed \$350,000



Discussion & Recommendation / Motion:

- The Strategy and HR Committee has evaluated all four firms using the criteria previously outlined
- Recommendation
- Discussion
- Input from the public
- Vote

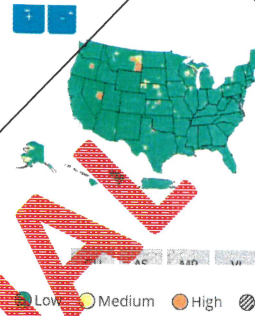




Thank you!

MASKING POLICY 2023 (May 2023)

SJH Masking requirements are based on recommendations from Teton County Health Official and guidelines from the CDC Community Level Map. Community Level Map takes into consideration not only the positives in the community but the stress on the local healthcare system and the impact of COVID transmission and better fits the actual risk of transmission in Teton County Wyoming.



COVID-19 Community Levels in US by County

	Total	Percent	% Chang
High	17	0.53%	0.13%
Medium	79	2.46%	-
Low	3117	97.01%	0.93%

[How are COVID-19 Community Levels calculated?](#)

Given the new recommendation, the SJH Infection Control Committee has developed the following Masking Guidelines based on the [CDC COVID-19 Community Level](#).**

1. **ORANGE** = Universal masking in areas where patients may be encountered (to include public hallways, waiting rooms, Sage Living, and all patient clinics) for staff, visitors, and patients in all SJH facilities.
 - a. Ok to be unmasked in offices, meeting rooms, and breakrooms unless:
 - i. Positive for COVID in prior 10 days (21 if immunocompromised)
 - ii. 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)
 - iii. Known exposure to COVID positive person within the prior 10 days
2. **YELLOW** = Masking on patient units and in patient rooms.
 - a. Ok to be unmasked in hallways, waiting areas, offices, meeting rooms and breakrooms unless:
 - i. Positive for COVID in prior 10 days (21 if immunocompromised)
 - ii. 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)
 - iii. Known exposure to COVID positive person within the prior 10 days
3. **GREEN** = Unmasked for staff, patients, visitors, EXCEPT:
 - a. **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).
 - i. Positive for COVID in prior 10 days (21 if immunocompromised)
 - ii. 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)
 - iii. Known exposure to COVID positive person within the prior 10 days
4. NOTE: High risk areas of the hospital may have additional masking requirements and those will be posted in those locations.

****CMS requires "A hospital must still ensure those staff who are not yet fully vaccinated, or who have been granted an exemption or accommodation as authorized by law, or who have a temporary delay, adhere to additional precautions that are intended to mitigate the spread of COVID-19." So masking requirements may be different for these staff. Staff not vaccinated for flu will be required to be 100% masked during flu season (Oct-Apr)**

Policy that addresses risk mitigation for unvaccinated staff and other aspects of COVID vaccine mandate (as well as influenza vaccine): Employee, Medical Staff, Contractor Communicable Disease Prevention - Includes Vaccination.

<https://stjohnshealth.policytech.com/dotNet/documents/?docid=11064>.

Another policy that addresses employee health requirements: Healthcare Worker Health Screening, Immunizations, & Illness:

<https://stjohnshealth.policytech.com/dotNet/documents/?docid=9392>



Jackson WWTP

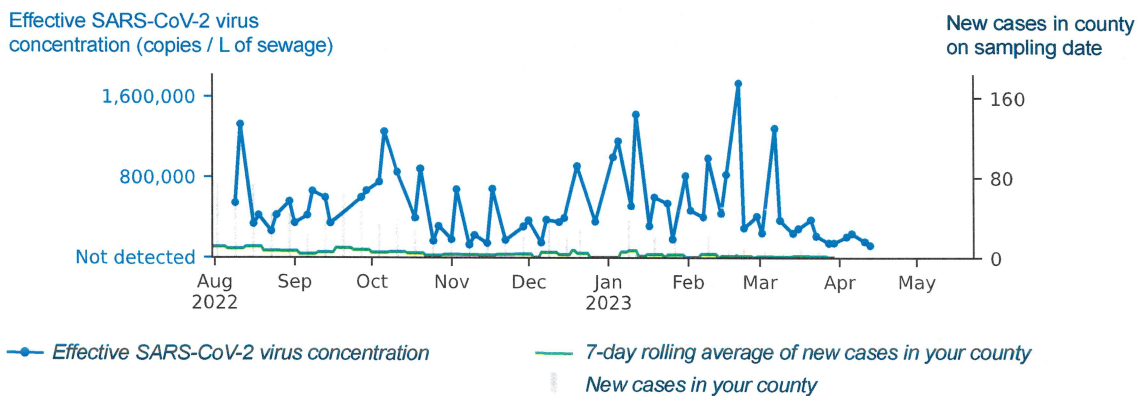
Sample collection date: **April 13, 2023**

SARS-CoV-2 virus in wastewater

DETECTED	Virus concentration (copies per liter of sewage) 265,307	Effective* virus concentration (copies per liter of sewage) 118,107
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**Effective virus concentration value is derived by adjusting the raw virus concentration to account for dilution and other factors.*

Effective virus concentration over time



The effective virus concentration reported by Biobot is different from the results reported on CDC's [Covid Data Tracker](#). CDC results are normalized using flow and population, whereas Biobot normalizes to a fecal strength indicator measured in your sample.

Learn more about Biobot's normalization and effective concentration methodologies by visiting biobot.io/covid19-report-notes and support.biobot.io

For county-level, regional and nationwide views of the data, please visit biobot.io/data

Received: Apr 18, 2023 11:09 AM
Expires: May 18, 2023 11:09 AM
From: travis.riddell@wyo.gov
To: rheldwein@stjohns.health
Cc:
Subject: Re: Masking Changes

Attachments: [attachment1.html](#), [Town-of-Jackson_Jackson-WWTP_KitID_9123-G.pdf](#)

This message was sent securely using Zix®

Hi Richelle,

I support this.

A couple possible changes:

- 1) You could list me by my official title, "Teton District Health Officer" or use the more general "local public health authority."
- 2) You could add, as additional justification for the change, low levels of COVID-19 detected in local wastewater sampling (I attached the most recent report on this for the TOJ wastewater treatment plant).

Travis Riddell M.D., M.P.H.
District Health Officer
Teton County, Wyoming

Given the following:

1. The decrease in testing in Teton County, Wyoming with the removal of Curative testing and increase in home testing, and
2. The severe impact of the small testing denominator causing severe swings in the "Community Transmission" rates
3. The decrease in hospital COVID admissions
4. The decrease in employee positives and quarantines
5. The decrease in COVID detected in Teton County waste water
6. The increase in filled staffing vacancies

The following support moving to using the "COVID-19 Community Level" rate rather than the "Community Transmission" rate for our masking guidelines moving forward:

1. Teton County Health Officer (Dr. Riddell)
2. Administrative Team
3. COVID Committee
4. Infection Prevention
5. Governing Board

The COVID-19 Community Level measurement of the impact of COVID more accurately reflect the impact of COVID transmission and is defined by the following:

The COVID-19 Community Level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days.

¹Number of new cases in the county in the past 7 days divided by the population in the county (or other administrative level) multiplied by 100,000.

²Total number of new admissions of patients with confirmed COVID-19 in the past 7 days divided by the total population in the Health Service Area, multiplied by 100,000.

³Percentage of staffed inpatient beds in use by patients with confirmed COVID-19 within the entire Health Service Area (7-day average).

The new masking guidelines upon approval of the board and implementation of the admin team will be as follows: