

Bios for Medical Staff Credentialing/Privileging Changes: 2010

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

APPOINTMENTS: (Provisional)

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 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 telemedicine privileges in Radiology.

Shannon Blake O'Doherty, FNP, received her Master's in Nursing from the University of Mary in Bismark, ND in 1996. Her primary practice location is Lost Rivers Medical Center in Arco, ID. She is affiliated with Caribou County Hospital in Soda Springs, ID and Portneuf Medical Center in Pocatello. She is requesting ED/Family Practitioner privileges.

Bradbury, Andrew R., MD ED/Family Practice, graduated from Jefferson Medical College in Bryn Mawr, Pennsylvania in 1986. He also completed his Family Medicine residency at Bryn Mawr in 1989. He is Board Certified in Emergency Medicine and Family Practice. He is currently a Student Health Physician at Brigham Young University in Rexburg, ID. He is requesting Courtesy privileges in ED/Family Practice.

Solbrig, Ronald M., 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 Courtesy privileges in ED/Family Practice.

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 Courtesy privileges in ED/Family Medicine.

Kay Powell, FNP, graduated as a Family Nurse Practitioner from Idaho State University in 1997, as a Magna Cum Laude. She currently lives in Blackfoot, Idaho and practices at Cedar Creek Family Medicine and Bingham Memorial Hospital. She has helped us out in the ED and clinic several times since last summer as a Locum Tenums. She is requesting Co-Professional privileges in Family Practice and ED.

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 Courtesy privileges in Neurology.

REAPPOINTMENTS:

Matt Tannenbaum, M.D., a pathologist from the Pathology Associates of Idaho Falls group, has had privileges with our facility since July of 2000. He has privileges with EIRMC, Madison Memorial and several other facilities throughout the area. He is Board Certified with the American Board of Pathology. He received his training at Albany Medical College in Albany, NY, graduating in 1993. He completed his residency at the University of Colorado in 1998, and did a fellowship at the University of Utah Health Science Center in Salt Lake City, UT in 1999. He is recommended to be reappointed to Consulting Staff of TVH by our Medical Staff. He is requesting reappointment of his pathology privileges.

Gabrielle E Teerman, M.D., Pathology, attended Medical School of the University of the Witwatersrand, South Africa, from 1985-1990. From 1991-1998 she completed her General Surgery Internship and Residency in the Surgical Department of the Klinikum Hohenlohe, Germany and Barnet General Hospital, Wellhouse Trust, Barnet, Hertfordshire, UK. From 2003-2007 she did a combined Anatomical/Clinical Pathology Residency at the Northeastern Ohio College of Medicine. She completed her Gastrointestinal Pathology Fellowship in 2008 at Ameripath, located in Oakwood Village, Ohio. She is Board Certified through the American Board of Pathology and Fellow of the Royal College of Surgeons of Edinburgh. She currently has privileges at Bingham Memorial Hospital, and Madison Memorial Hospital. She is requesting reappointment of her pathology privileges.

Sandra Theresa Lerch, C-FNP, CNM is Board Certified with the American College of Nurse Midwives (ACNM) as a certified nurse midwife and the American Nurse Credentialing Center (ANCC) as a family nurse practitioner. She obtained her BSN at Oregon Health Science University in 1988, her master of nursing and a master of public health at Emory University, in Atlanta, Georgia, in 1995. She came to Jackson Hole, Wyoming in February 1996 and has practiced at St. John's Medical Center full time as a certified nurse-midwife and family nurse practitioner every since. She began working at Victor Medical Clinic in March 2002. She was appointed to provisional status in the Co-Professional category at Teton Valley Hospital & Surgicenter on 8-25-04. She was advanced to full privileges on 11-20-05. She will only be requesting reappointment of her privileges as a First Assistant to assist Maura Lofaro, M.D. in surgery.

Kristen K. Coburn, FNP, graduated from BYU-I in August 2003 where she received her Bachelor's degree in Nursing. She completed her Master's of Nursing in May 2007 from the University of Utah. She worked for BYU-I and District 7, in Rexburg, as a Nurse Practitioner.

Kristen began working for Teton Valley Hospital in 2007, and in 2008 she was appointed to the Medical Staff. She is requesting reappointment of her Co-Professional privileges in ED/Family Practice.

Scott D. Thomas, MD., received his M.D from the University of Minnesota in 1982. He completed his internship at St. Luke's in Denver, CO. He is board certified with the American Board of Emergency Medicine. His primary practice location is Four Peaks Medical Clinic in Driggs, ID. He was appointed to the Teton Valley Medical Staff in 2004. He also has privileges at St. Johns Medical Center in Jackson. He is requesting reappointment of his privileges only for outpatient medication.

William Hale, M.D., a Radiologist with the Kiser group who resides in Heber City, UT and occasionally covers the radiology needs at TVH; graduated from University of Utah School of Medicine in 1999, and did his residency in radiology at the University of New Mexico in Albuquerque, NM in 2004. He currently has privileges at Heber Valley Medical Center, located in Heber City, UT; Park City Imaging, Park City, UT; Evanston Regional Hospital in Evanston, WY and Madison Memorial Hospital in Rexburg, ID. Dr. Hale was appointed to the Medical Staff of Teton Valley Hospital in March, 2007. He is requesting reappointment Courtesy privileges in

Lane Hansen, CRNA, is a Nurse Anesthetist with the Madison Anesthesia group, who has done coverage for our facility when Kathy Horn, CRNA is not available. He received his training at Missouri State University and Southwest Missouri School of Anesthesia, graduating in 2004. He currently has privileges with Madison Memorial Hospital, North Fork Surgery Center and Grand Teton Surgical Center. He is requesting reappointment of his Co-Professional privileges in Anesthesia.

ADVANCEMENTS:

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 advancement of her Co-Professional privileges in ED/Family Practice.

Phillip George Poore, M.D., graduated from the University of Washington in 1978, completing an internship at The Roosevelt Hospital in New York, NY in 78-79; he also completed his residency there in 1983. He worked in Butte MT at the St. James Community Hospital from 83-95. He moved to Jackson, WY in 1996 and has worked at St. John's Medical Center since. He is board certified with the American Board of Surgery. He is requesting advancement of his Courtesy privileges in General Surgery.

Anthony K. Davis, M.D., General Surgeon; graduated from Penn State College of Medicine in Hersey, PA, in 2002. In 2003 he completed his internship in General Surgery at Forum Health at Northside Hospital, Youngstown, OH, and his residency in General Surgery, in 2007. He completed his fellowship at St. Raphael's Hospital in New Haven, CT in MIS and Bariatric, in

2008. He then began practice in Blackfoot at Bingham Memorial Hospital. He is requesting advancement of his Courtesy privileges in General Surgery.

Ray W. Hanson, M.D., General Surgeon, graduated from Creighton University in Omaha, NB, in 1971. He did his surgical internship at the University of Southern California in Los Angeles, CA in 1972 and his residency at University of California Irvine, in Irvine, CA, in General Surgery in 1976. He did a fellowship at the University of California Irvine in Peripheral Vascular in 1977. He worked at Mercy Medical Center Merced, in Merced, CA from 1977 to 2005, when he moved to Idaho and began practicing at Bingham Memorial Hospital in Blackfoot. He is requesting advancement of his Courtesy privileges in General Surgery.

Marc J. Porot, M.D., Anesthesiologist, specializing in pain management, graduated from Universite Pierre et Marie Curie, Paris, France in 1981. He completed his Internship at Hospital Charles Foix, Ivry, in Ivry, France, in internal medicine in 1982. He completed his residency in Pediatrics at University of California Irvine Medical Center, in Irvine, CA in 1984, and an Anesthesia residency at UCLA in Los Angeles, CA in 1986. He is Board Certified by the American Board of Anesthesia and Anesthesia and Pain Management. He worked at Robert Kennedy Medical Center from 1987 to 2004 in Hawthorne, CA. He went to work at Bingham Memorial Hospital in Blackfoot, ID from 2003-2005 to present. His practice is Idaho Pain Group in Blackfoot, ID. He is requesting advancement of his Courtesy privileges in Pain Management/Anesthesia.

Alan Jake Poulter, M.D., Anesthesiologist, specializing in pain management, graduated from the University of Utah Medical School in SLC, UT. in 2004. He completed his internship and residency at University of New Mexico Hospital in Albuquerque, NM, in Anesthesiology and Critical Care, in 2008. He completed his fellowship at the University of Utah in Pain Management, in 2009. He is Board certified by the American Board of Anesthesia. He has worked at Bingham Memorial Hospital since 2009 and his practice is Idaho Pain Group, both in Blackfoot, ID. He is requesting advancement of his Courtesy privileges in Pain Management/Anesthesia.

Michael D. Snyder, M.D., family practice physician, graduated from Loma Linda University School of Medicine in 1997, in Loma Linda, CA. He completed his internship and residency at Mercy Medical Center Merced in Merced, CA, in 2005. He worked a Tuolumne General Family Wellness Clinic in Sonora, CA, which was a Family Practice with OB. He is Board certified by the American Board of Family Medicine. Dr. Snyder was appointed to the Teton Valley Medical Staff in October, 2009. He is requesting advancement of his Active privileges in ED/Family Practice.

Thomas S. Call, D.O., Emergency Medicine/Family Practice, graduated from the University of New England, College of Osteopathic Medicine in Biddeford, ME. 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. In 2005 he began practicing at Bingham Memorial Hospital in Blackfoot, Idaho. From 2001-2002 he practiced at Lost River District Hospital in Arco, Idaho and Cascade Medical Center in Cascade, Idaho. He is requesting Courtesy privileges in ED/Family Medicine.

FYI:

PEER REVIEW PHYSICIAN: Contract (Non-Privileged/Non-Medical Staff)

Kenneth C.H Murphy, MD., received his M.D from the University of Rochester School of Medicine, in Rochester, NY in 1979. He completed his Internal Medicine Residency from the University of Texas, in Dallas, Texas from 1981-1982. He completed his Emergency Medicine Residency from the University of California, in Los Angeles, CA. He is Board Certified with the American Board of Internal Medicine and American Board of Emergency Medicine. He has practiced at the University of Alabama, located in Birmingham, AL. In 1986 he began practicing at St. Luke's Region Medical Center in Boise, ID and in 2002 he started began his position at Air St. Luke's as the Medical Director. . He moved to Victor, ID in 2009; and he is currently retired.

BMH FY 2011 Benchmarks rev. 10/2010

#1	EMR –Compliance	Measurement
	Develop an Information Technology Meaningful Use Committee. Committee will Set long term and short term goals, establish training and funding resources for EMR.	
12/31/2010	Implement and show compliance with phase 1.	Plan created and agreed upon by BMH and TVHC IT departments. Approved by TVHC MU committee.
6/30/2011	Have a Long term plan established for Phase 2 compliance. Phase 2 requirements to be in compliance wit standards set by federal government.	Phase 1 plan in implementation. Phase 2 Plan created and agreed upon by BMH and TVHC IT departments. Approved by TVHC MU committee.
#2	Technology	
	TVHC to have a technology roadmap focusing on improving network security, services reliability, and compliance.	
12/31/2010	HIPPA compliant and security completed.	TVHC ITS is on task and on time with 6 month goals established in plan.
6/30/2010	Complete remaining roadmap items and compliance updates.	TVHC ITS is on task and on time with 6 month goals established in plan.
#3	Policy Review	
	Policy Review of Quality, Risk and Nursing staff with clinical and ancillary Policies and Procedures required for successful State and/or CMS audits. BMH will provide training and assistance with utilization review and discharge planning process	
12/31/2010	High Risk Policies to be reviewed (High risk policies to be determined using State data base finding for audits performed at other facilities. Ie.. Bingham)	
6/302011	All policies reviews completed	
#4	Specialty Services – Clinics	
	Increase specialty physician services at Driggs Health Clinic and Victor Health Clinic. Services to have a positive impact on net income.	
12/31/2010	Expand BMH visiting specialists roll to include TVHC provider training, CEU's credits in topics	

BMH FY 2011 Benchmarks rev. 10/2010

	<p>to improve referrals, patient assessments and ancillary service use.</p> <p>Expand BMH visiting specialist's education in the form of Community Seminars. Plan for 4 education events to patients and families to better understand the services and capabilities of TVHC.</p>	
6/30/2011	<p>In FY 2010 all visiting specialists generated an additional \$650K for TVHC. The new goal will be to increase these service revenues by raising total 2011 revenues for visiting specialists to \$900K.</p>	
#5	SWAT Analysis of secondary services	
	<p>Complete assessment of Laboratory, Radiology, and Respiratory Services. Recommendations for new services, training needs and positive net income opportunities.</p>	
12/31/2010	Radiology, Laboratory	
6/30/2011	Respiratory, others	
#6	Billing - Collection	
	<p>Education of Staff on coding using proper documentation for optimal coding and service capture. Review RAC chart assessments and develop focus.</p>	
12/1/2010	<p>Medical/ Mid Level staff training materials and training to be provided before 12/1/10</p>	
6/30/2011	RAC Review and Performance Measures	
#7	Marketing – Branding	
	<p>Development and launch-planning of the TVHC brand identity. Consolidate all messages with vision statement.</p>	
12/31/2010	<p>Educate staff, providers and BOT on brand identity. Complete a slogan. Coordinate website with brand messages. Complete 12 month internal and external launch plan with budget allocated to each area.</p>	
6/30/2011	<p>Assessment of Brand Identity and marketing performance.</p>	
#8	Billing Office	
	<p>April 2010 Strategy for billing department.</p>	

BMH FY 2011 Benchmarks rev. 10/2010

12/31/2010	<ul style="list-style-type: none">a. Staff training assessment and ongoing training opportunities at BMH.b. Refinement of Benchmarking to demonstrate improvement in Admissions, Coding Billing and turnaround time.	
6/30/2011	Reduction in A/R that has been placed on the books since March 1, 2010.	
#9	Financial Statements	
	Fortify the financial reporting and financial information Education by BMH CFO for capturing additional revenue streams.	
12/31/2010	Documentation of the number of errors on financial statements.	
6/30/2011	Review of year end closing documents, audit preparation and cost reports for CMS.	



**TETON VALLEY
HEALTH CARE**
Partners in Health for a Lifetime

TVHC / BMH Consult & Assessment Form

Date:

Agenda Summary

Topic:	Action Item:	Tasked to:	Timeline:	Measurement:	Assessment Summary:

Additional Notes:

Reviewed by TVHC CEO

BMH Representative



**TETON VALLEY
HEALTH CARE**

Partners in Health for a Lifetime

120 East Howard Avenue, Driggs, Idaho 83422
208-354-2383

**Officially Posted
TETON VALLEY HOSPITAL GOVERNING BOARD
Wednesday October 27, 5:30 P.M.**

Teton Valley Hospital Board Meeting Room

1. **Welcome:** Michael Whitfield
2. **Any Changes/Additions to the Agenda**
3. **Swearing in of New Trustee David Work:** County Commissioner, Kathy Rinaldi
4. **Election and Confirmation of Board Officers:** Michael Whitfield
5. **Committee Chair Nomination Review:** Michael Whitfield
 - a) **Request Establishment of Meaningful Use Information Technology Committee**
 - b) **Vacancies**
6. **Minute Approval:** Approval of Minutes for 9-21-10
7. **Foundation Report:** Diane Temple
8. **Quality Report/Med Staff Appointments:** Laura Piquet, Deborah Ray-Malheiro
 - a) **Home Health Survey:** Laura Piquet
9. **Finance Committee Report:** Steven Dietrich, Aaron Hanson
10. **BMH Benchmarks 2011:** Aaron Hanson
11. **CEO Report:** Virgil Boss
12. **Adjourn**

Note: An Executive Session may be held for portions of the above agenda by a majority vote of the Teton Valley Health Care Board of Trustees in accordance with Idaho Code 67-2345.



**CEO Report
BOT
October 27, 2010**

1. September year end included several activities. Preliminary DZA Audit team was on hand to observe the inventory of the hospital and See n Save. They also set the stage with our accounting department for a combined year 2011 Audit. The Forensic Audit team spent the first week of Sept. on site. Randall & Hurley, pension plan administrators were on sight in week 3 to roll over our retirement plans from America’s Fund to John Hancock. This helped consolidate past retirement funds and documents were all restated to the latest requirements for an off-site plan administrator.
2. Clinic Operations
 - a. Victor patient visits: Sept. we saw 14 more than Aug. and ended the year with 3,271 TY, vs. 112 LY. Averaged 278 patients per month.
 - b. Driggs patient visits: Sept. we saw 117 more than Aug. and ended the year with 12,715 TY, vs. 13,360 LY. Averaged 1060 patients per month.
 - c. Combined clinic activity grew 19%. A good growth in providing care to our community.
3. Visiting Specialist activity expanded by 789 visits in 2010. The program successfully added key medical specialties in our clinic for better access for our patients.
4. TVHC Comparisons to COOP CAH Benchmarks.

	TVHC	Min.	Med.	Max
a. Hospital Gross Rev per adjusted pt. day.	\$1,274	1,274	3,204	5,968
b. Contractual Allowances	19.82%	18	25.9	38
c. Hospital Rn hours per adj. pt. day.	1.9	1.9	6.4	14.1
d. Lab hours per billable charge	.48	.13	.31	.48
e. Rad. Hours per billable charge	1.98	1.38	1.73	2.31
5. The joint effort between, TVHC, Rotary and See n Save will bring the Food Bank to our property at 431 N. 1st. is now waiting for Town Planning and Zoning Conditional Use application.
6. Visiting Specialist Changes/Additions:
 - a. Dr. Brad Talcott, Neurologist first clinic days will be Nov. 8th & 22nd.

- b. Deborah Nemetz, NP, TVHC, will be providing Pain Mgt. Clinic support on the weeks opposite of Dr. Poulter and Dr. Porot beginning in Nov.
 - c. Sept. referral report continues to show demand for 25-30 referrals monthly. This report helps track trends for estimating future specialist needs for Driggs Health Clinic.
- 7. Defined Benefit Plan Status.
 - 8. HJR4



TETON VALLEY HEALTH CARE

Partners in Health for a Lifetime

120 East Howard Avenue, Driggs, Idaho 83422
208-354-2383 www.tvhcare.org

Teton Valley Hospital Community Benefits Report FY2010

Mission

Teton Valley Hospital promotes the health of the community by delivering quality, patient-centered medical services with compassion, integrity, and respect.

Core Values

Integrity
Dignity
Compassion

Quality
Stewardship
Community

Teton Valley Hospital serves primarily Teton County, Idaho in addition to Alta, Wyoming, a small community that is land-locked within Idaho due to the state border and Grand Teton Mountain Range. We often refer to our county as Teton Valley to include Alta residents and visitors. We serve a population of over 8,100 residents. Due to the close proximity of the Grand Tetons and Grand Targhee Ski Resort, our area is a popular destination for outdoor enthusiasts with population swelling toward 12,000 during tourist season throughout winter and summer months.

Teton Valley Hospital is the sole provider of primary care services in a federally-recognized medically underserved area. We are the only hospital within a 40 mile radius. It is common to experience road closures during the winter that completely isolate our townships from automobile travel. Subsequently, our ability to provide 24/7 emergency care is a top priority. The need to offer technologically-current diagnostic equipment goes hand-in-hand with quality round-the-clock ER services. TVH also provides a selection of specialty care surgical services; those services are deemed to best suit our community based on several points of analysis: community surveys, outmigration tracking, and out-referral trends as noted by our physicians.

Community outreach programs for fiscal year 2010 (10-01-2009 to 09-30-2010) included collaborative health fairs, low-cost or free vaccinations and lab tests, corporate sponsorships of community events, free community workshops, hospital foundation-funded medical services and two instances of medical supply donations supporting international nonprofit relief funds. Volunteer hours contributed by TVH staff relate to most of the above listed benefit programs and events. **In all, we estimate a total financial value of over \$144,000 contributed toward the support of our community.** This number does not include charity care expenses of \$29,480 for a **grand total of \$174,235.**

Through our free mammogram program, we have received thank you notes, phone calls, and a few hugs from women who could not afford mammos and were able to take advantage of our program. One woman – I'll call her Maggie - asked to visit with our Community Outreach manager. Maggie had been treated for breast cancer four years ago resulting in a lumpectomy. Since that time, she had only one follow-up mammo three years ago and simply could not afford to keep up on her care. She had been terrified for years that her cancer had spread. TVH paid for her mammo, which showed no cancer. She broke down in tears.

By spearheading a Suicide Prevention & Awareness campaign for our entire community that includes free suicide screenings, we have been told by spouses, school teachers and counselors that we have indeed made a life-changing difference. Our efforts brought about collaboration from our County in terms of \$6,500 in additional funding support for free mental health counseling.

DONOR MATRIX

\$10,000+

Laura Moore Cunningham
Harold and Mary Louise Shaw Foundation
Community Foundation of Teton Valley
John and Rosemary Young
Greg Young and Anjali Tate

\$5,000 - \$10,000 level

Jon Huntsman Foundation
Louis and Christy Cushman
John Cushman – Cushman Family Trust
Teton Valley Regional Rally for the Cure
Karl M Johnson Foundation
CHC Foundation
Dr. James and Mrs. Jean Crabtree
Teton County - Mental Health Program
Burton Foundation

\$1,000- \$5,000 level

Teton Arts Council
Tony Dodge
Barbara and Mike Morey
Pearl Atchley
Judy Baumgardner
Bill and Ray Belk
Virgil and Laurie Boss
Dorothy Ann and Joe Palmer
Ann and Wood Loyola
Tammy and Mo Brown
Dawn and Mitch Felchle
David and Susan Work
Charles Conway
Michael Whitfield and Liz Davy
Intermountain Gas Industries – Hokin
Dick Staiger
Dr and Mrs. Sugden
Mary Lou and Jim Bush
Al and DeeAnn Baldwin
Lew and Jill Mithun
John and Linda Seiter
Gros Ventre OB-GYN, Dr. Lofaro
Janet Conway and Buol Heslin
Boyd Smith
Gay Peacock

Richard and Susan Jacobsen
Donna Brace Ogilvie
Dr James and Cheryl Reinertsen
Charles Crary (Anonymous)
Roy and Sandra Walters
Jeff Engleman
Debra Taylor
Gayle and Devin Tower
Isabel Waddel – AllState
Blumberg Foundation
Glenn Janss
Dr. and Mrs. Fischel
Leslie Severance and Jim Krumpin
William Royall
Natalie Clark and Henry Armour

\$500 - \$999 level

Plan One Architects
Robert Emerson

\$100 - \$500

Frank and Kathy Betts
Nancy and John Siverd
Ann and Wood Palmer
Caroline Herter and Ben Winship
John and Linda Unland
Oxbow Property Management
Virginia and Bill Wesley
Jim Bjorken
Karen and Dean Scheid
Sage Services – Mary Lou and Paul Hansen
Barbara and Richard Grundler
Bill and Rosemary Kobus
Ann and Wood Palmer
Jo and Jack Haddox
Usha and Chuck Fischer
Mr. and Mrs. Ronald Lien
Alice and John Finley
Barbara and Ken McIntosh
Nancy and Bruce Arnold
Bud and Betty Elliott
Jennifer and Doug Moreland
Sally and Jim Otto
Dot and Joe Burns
Idaho Community Foundation
The Lord's Foundation

Ryan Kearsley
Rebecca and Tyler Lange

Less than \$99 level

Donna Molinelli and Ray Pond
Susan and Carl Allen
Alice and Robert Stevenson
Deborah and Bob Malheiro
Phyllis Anderson
Pat Butts
Carolynn Sandmann
Alice and Bill Boney
Eudora Thorpe
Dieter Knecht
Alice and Alan McIntosh
Jason Ruff
Mary Mullaney and Ralph Mossman
Dierdre O'Connell and Ben Morris
Kathy and John Lindstrom
Judy Baumgarder and Lou Parri
Lisa Johnson and Ben Hammond
O'Connor – Larson Fund
Lexie and Tom Hill
Sarah and Ken Dunn
Jackie Riley
Gloria Paige
Denise and Chad Anderson
Salley and Kelley Coburn
Jane and Don Streubel
Dark Horse Books – Jeanne and Peter Anderson
Sandra and Monte Woolstenhulme
Jeanne and Wendland Beezhold
Sarah Scott and Frank Kasko

Finance Committee Report October 21, 2010

The Finance Committee met on October 21 at its regularly schedule quarterly meeting and I have the following items to report:

- August FY10 Operating Results – TVHC reported a net operating loss of \$181,808 during the period September 2010. The lower sequential and year over year monthly results primarily impact of higher contractual deductions and operating expenses. These factors more than offset the benefit of higher gross revenues (clinic and Out-patient segments). Prior year results were benefited by an adjustment to contractual deductions (boosting operating results) while current period results were impacted by an accrual for future salary expenses (deflating operating results). The full year operating results were a loss of approximately \$634 thousand compared to a loss of \$246 thousand last year. The lower year over year results reflect higher operating expenses across a number of categories. These costs more than offset the benefit of higher net revenues in FY10 compared to prior year levels. All numbers presented herein are on a comparable unaudited basis. Management will provide further details and some variance analysis during the BOT meeting.
- Cash Situation – TVHC reported a net use of cash of approximately \$173 thousand during September 2010. Cash on hand at the end of the period and fiscal year was \$718 thousand compared to \$891 thousand and \$235 thousand at the end of August 2010 and September 2009, respectively. The cash usage during the period primarily reflects an increase in A/R (approximately \$100 thousand) and partial payment of capital for the approved server upgrade (approximately \$73 thousand). The TVHC foundation approved and remitted \$73 thousand to TVHC yesterday for this capital expenditure. Deposits from collections have improved through mid October. Additionally, management expects to receive a Medicare cost reimbursement of approximately \$168 thousand (during 2011) and about \$250 thousand from Teton County for the remainder of Levy No. 1 (period uncertain). Receipts associated with Levy No. 2 should commence near calendar 2010 year end.
- Billing & Collection Update – the update on management’s efforts to improve the billing and collection operation remain mixed. Staff training/education and the recent new staff addition are progressing very well. For a variety of vexing reasons however, the key metric of net days in receivables remains well above target levels. Management will provide further detail during the full board meeting.
- Financial Audit – DZA, our external financial auditors, were engaged for the FY10 audit. The necessary officer & management disclosure interviews were held in late September and field work should be completed in early December. Jeff Daniels advises that the only significant audit adjustments expected will be from three items: Medicare, Medicaid and the net pension obligation. Preliminary results will be discussed with the FC on Dec. 10, 2010.

- Accounting Department Reorg - to be discussed during Executive Session.
- Strategic Alternatives – to be discussed during Executive Session.
- Forensic Audit – an update will be provided and further discussion held during Executive Session.
- FC Meeting Schedule – the next FC quarterly meeting will be held in January 2011.

Steven E. Dietrich
Treasurer

Monthly Financial Report for September 2010

Summary

TVHC produced net revenue of \$878,895 and an operating loss of \$181,808 during September 2010 compared to revenue of \$866,554 and an operating loss of \$34,426 for the same period last year. These results compare to budgeted September 2010 revenue of \$944,628 and profit of \$13,368, respectively.

The 1.4% higher year over year actual revenue reflects higher out-patient and clinic volume. However, the lower year over year operating results reflect the impact of higher expenses. Total operating expenses increased 12.1% in September 2010 compared to prior year levels, reflecting the impact of higher supplies, contracted services and salary accrual of \$100,000 during the current period. YTD operating loss for FY 2010 was \$633,999 compared to a loss of \$245,585 for the same period last year.

TVHC's cash position decreased by \$172,909 during September 2010. IT purchased a blade server for \$73,076, but this amount was replenished in October by a Foundation donation. TVHC ended September 2010 with a cash balance of approximately \$717,911, compared to a cash balance of \$890,820 at the end of August 2010. The provision for bad debt was \$167,642 for the month of September 2010 compared to \$94,820 for the month of August 2010.

Operations Review

Clinics – Combined gross revenue (both clinics) was \$313,169 during September 2010 compared to \$192,683 for the same period last year. There was 62.5% higher revenue for the month compared the prior year levels reflect the addition of the Victor Clinic. YTD gross revenue is higher by 19%.

Hospital – gross in-patient revenue was \$55,121 during September 2010 compared to \$93,346 for the same period last year. The 40.9% lower revenue reflects 10 admits and 1 IP Surgeries during September 2010 compared to 23 admits and 3 IP Surgeries in September 2009. Gross out-patient revenue was \$937,232 during September 2010 compared to \$746,588 during the same period last year. The 25.5% increase in comparable revenue reflects 28 Out Patient surgeries for the month compared to 24 in September 2009. Pharmacy revenue increased \$38,401 or 247% and Physical Therapy increased \$29,751 or 137% compared to September 2009.

Operating Expenses – total operating expenses were \$1,053,359 during September 2010 compared to \$939,529 for the same period last year. Supplies increased because of inventory, pharmacy and medical minor equipment. Contracted services increased because physical therapy and pension advice. Other expense increased because of legal and audit costs.

Other Items- As a result of the September interim cost report, we expect to receive \$168,000 in reimbursements. We booked \$103,000 as a reduction in contractual allowance in September. Other revenue decreased because of a reclass in employee taxes also reducing benefits.

Teton Valley Hospital & Surgicenter
STATEMENT OF REVENUES & EXPENSES
FISCAL YEAR 2010 (12months)

	Sept 2010 Actual	Sept 2009 Actual	Sept Variance	Sept Budget	Y-T-D FY 2010 Actual	Y-T-D Last Year	Y-T-D vs Last Yr.	Y-T-D FY 2010 Budget	Percent Change
Patient Revenue:									
Clinic Revenue	313,169	192,683	120,486	282,944	3,452,451	2,902,060	550,391	3,478,990	19.0%
In-Patient Revenue	55,121	93,346	(38,225)	218,398	1,944,405	2,081,176	(136,832)	2,657,176	-6.6%
Out-Patient Revenue	937,232	746,588	190,644	723,746	9,163,144	8,471,202	691,942	8,829,906	8.2%
Gross Patient Revenue	1,305,522	1,032,617	272,905	1,225,088	14,560,000	13,454,499	1,105,501	14,966,072	8.2%
Deductions from Revenue:									
Contractual Allowances	258,985	(123,928)	(382,913)	145,150	2,316,870	1,574,465	(742,405)	1,765,997	47.2%
Charity Care	0	0	0	0	29,480	74,767	(29,480)	89,024	-14.8%
Bad Debt	167,642	289,991	122,349	135,310	1,343,993	1,576,894	232,901	1,646,269	17.1%
Total Deductions from Revenue	426,627	166,063	(260,564)	280,460	3,690,343	3,151,359	(538,984)	3,412,266	5.5%
Net Patient Revenue	878,895	866,554	12,341	944,628	10,869,657	10,303,140	566,517	11,553,806	4.5%
Other Revenue	(38,336)	1,539	39,875	12,372	86,793	134,785	(47,992)	150,534	-35.6%
Day care Revenue	5	6,743	6,738	7,317	40,168	74,767	(34,599)	89,024	-46.3%
Teton County Ambulance District contract	30,987	30,267	(720)	30,563	371,844	363,204	8,640	371,851	2.4%
	(7,344)	38,549	45,893	50,252	498,805	572,756	(73,951)	611,409	-12.9%
Total Net Revenue	871,551	905,103	(33,552)	994,880	11,368,462	10,875,896	492,566	12,165,215	4.5%
Operating Expenses									
Salaries	531,948	502,546	(29,402)	544,568	6,576,603	6,389,693	(186,910)	6,625,575	2.9%
Benefits	67,474	72,756	5,282	94,710	1,048,971	939,471	(109,500)	1,152,299	11.7%
Supplies/Minor Equipment	127,408	109,404	(18,004)	91,336	1,280,199	1,033,180	(247,019)	1,111,213	23.9%
Contracted Services	101,680	69,704	(31,976)	94,177	1,114,596	1,036,316	(78,280)	1,145,819	7.3%
Physician Services	43,108	45,669	2,561	28,997	507,279	267,238	(240,041)	352,800	89.8%
Utilities & Telephone	12,637	17,432	4,795	14,363	160,952	150,870	(10,082)	174,498	6.7%
Maintenance & Repairs	19,546	17,545	(2,001)	13,032	211,277	143,968	(67,309)	158,553	46.8%
Insurance	11,533	4,998	(6,535)	13,315	128,673	132,256	3,583	162,000	-2.7%
Depreciation & Amortization	39,249	40,614	1,365	40,778	479,880	486,266	6,386	496,130	-1.3%
Other Expense	98,776	58,961	(39,815)	46,236	494,031	540,223	46,192	560,782	-8.6%
Total Expenses	1,053,359	939,529	(113,830)	981,512	12,002,461	11,121,481	(880,980)	11,939,669	7.9%
Operating Income	(181,808)	(34,426)	(147,382)	13,368	(633,999)	(245,585)	(388,414)	225,546	158.2%
Non Operating Revenue & Expense									
Interest income	67	6,777	(6,710)	40	1,954	599	1,355	492	226.2%
Interest Expense	(5,215)	(5,324)	109	(9,572)	(74,408)	(130,133)	55,725	(118,482)	-42.8%
Grants	5,226	8,672	(3,446)	522	6,873	5,373	1,500	7,385	27.9%
Teton County Tax Levy	179,473	104,215	75,258	83,333	1,369,349	1,158,215	211,134	999,996	18.2%
Gain (loss) disposal of capital assets	0	0	0	0	0	(42,601)	42,601	0	0.0%
Total Non Operating Income	179,551	114,340	65,211	74,323	1,303,768	991,453	312,315	889,391	31.5%
Excess of Revenue over Expenses	(2,257)	79,914	(82,171)	87,691	669,769	745,868	(76,099)	1,114,937	-10.2%
Capital Grants	12,740	6,495	6,245	2,083	16,540	106,514	(89,974)	22,913	-84.5%
Capital contributions from Foundation	0	774	(774)	7,671	105,462	98,032	7,430	94,700	7.6%
Change in net assets	10,483	87,183	(76,700)	97,445	791,770	950,414	(158,644)	1,232,550	-16.7%
Excess Revenue over Expense Margin	-0.3%	8.8%	-8.8%	8.8%	5.9%	6.9%	-0.9%	9.2%	10.1%
Change in Net Asset Margin	1.2%	9.6%	-8.4%	9.8%	7.0%	8.7%	-1.7%	10.1%	10.1%

TETON VALLEY HEALTH CARE
COMPARATIVE BALANCE SHEET
FY 2010

ASSETS	Sept 10	August 10	Variance	Sept 09
Current assets				
Cash, Cash Equivalents and Bond Fund	717,911	890,820	(172,909)	234,813
Receivables			0	0
Patient Receivables, net of est. reserves	2,546,983	2,479,319	67,664	2,368,565
Estimated third-party payor settlements	261,593	158,392	103,201	502,000
Grants/Tax Levy	272,735	212,896	59,839	194,089
Supplies Inventory	467,969	477,373	(9,404)	476,293
Prepaid Expenses	18,492	31,129	(12,637)	37,691
Total current assets	<u>4,285,683</u>	<u>4,249,929</u>	<u>35,754</u>	<u>3,813,451</u>
Noncurrent assets				
Deferred Financing Costs	25,813	26,187	(374)	30,303
Net pension benefit	0	0	0	0
Capital assets, net	2,390,616	2,357,514	33,102	2,632,792
Goodwill	0	0	0	0
Total noncurrent assets	<u>2,416,429</u>	<u>2,383,701</u>	<u>32,728</u>	<u>2,663,095</u>
Total assets	<u><u>6,702,112</u></u>	<u><u>6,633,630</u></u>	<u><u>68,482</u></u>	<u><u>6,476,546</u></u>
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts Payable & Accrued Expenses	565,916	416,865	149,051	677,239
Accrued Salaries & Benefits	838,005	827,414	10,591	1,117,096
Accrued interest payable / excess checks	13,822	8,985	4,837	15,703
Estimated third-party payor settlements	0	0	0	0
Deferred Tax Levy Revenue	0	110,684	(110,684)	0
Current maturities of long-term debt/Bond	136,079	136,079	0	128,717
Current maturities of capital lease obligations Roadman&Cars	17,292	22,860	(5,568)	22,860
Deferred Home Health Sale Earnest	48,268	43,300	4,968	0
Loan payable to Teton County	0	0	0	80,000
Total current liabilities	<u>1,619,382</u>	<u>1,566,187</u>	<u>53,195</u>	<u>2,041,615</u>
Noncurrent liabilities				
Long-term debt-less current maturities.	753,771	748,968	4,803	888,049
Capital lease obligations-less current maturities.	82,797	82,797	0	92,490
Net pension obligation	45,999	45,999	0	45,999
Total noncurrent liabilities	<u>882,567</u>	<u>877,764</u>	<u>4,803</u>	<u>1,026,538</u>
Net assets				
Prior year Net Assets	3,408,393	3,408,393	0	3,408,393
Year-to-date Net Income	791,770	781,286	10,484	0
Total net assets	<u>4,200,163</u>	<u>4,189,679</u>	<u>10,484</u>	<u>3,408,393</u>
Total liabilities and net assets	<u><u>6,702,112</u></u>	<u><u>6,633,630</u></u>	<u><u>68,482</u></u>	<u><u>6,476,546</u></u>
Current Ratio:	2.6	2.7	(0.1)	1.9

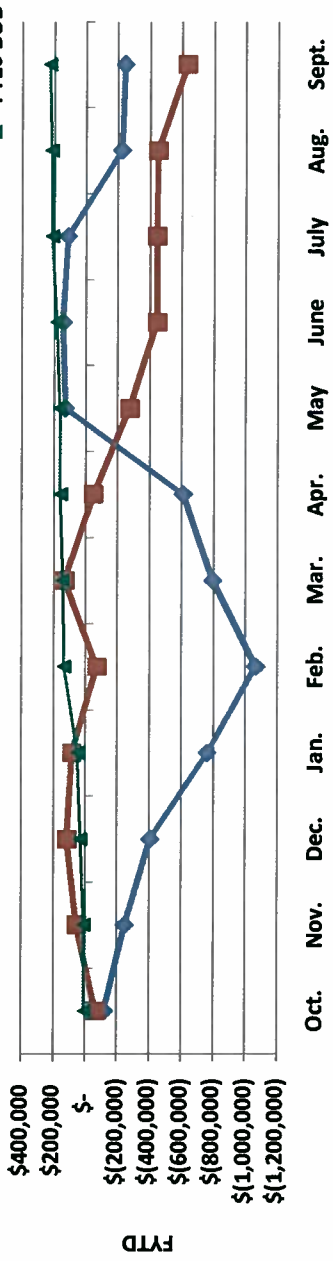
TVHC

Statement of Cash Flows-Sept 2010

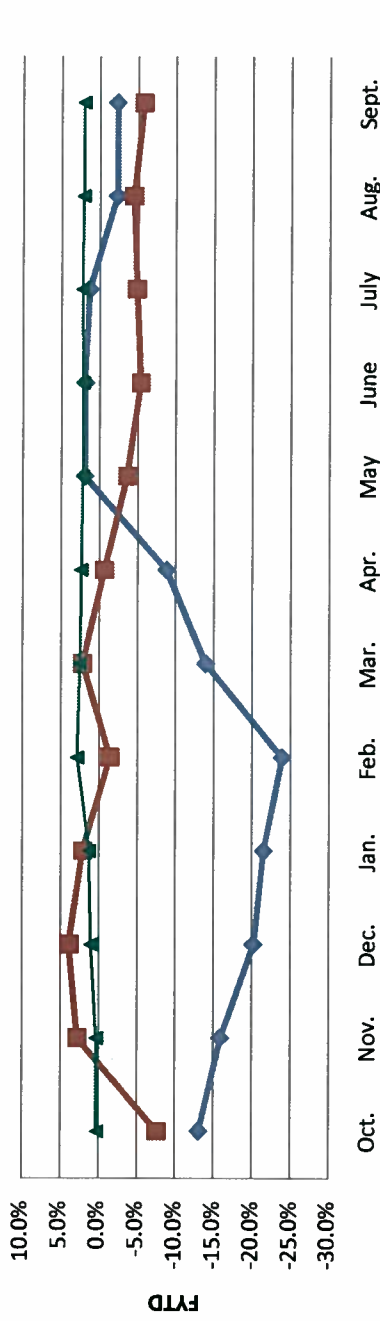
Net Income			10,484
Cash flows from Operating Activities:			
Add (deduct) to reconcile net income to net cash flow:			
Depreciation & Amortization		(33,102)	
Changes in Accounts Receivable		(230,704)	
Changes in Inventory		9,404	
Changes in Prepaid Expenses		12,637	
Changes in payables & payroll		159,642	
Changes in interest payable and 3rd party		4,837	
Changes in Deferred Tax Levy		(110,684)	
Changes in net pension		-	
Changes in current debt (4 lines)		(600)	
Net cash inflow from Operating Activities		<u>(600)</u>	(188,570)
Cash flow from Capital & Investing Activities:			
Capital Expenditures		-	
Deferred financing costs/goodwill		374	
Net cash outflow from Investing Activities		<u>-</u>	374
Cash flow from Financing Activities			
Principal paid on long-term debt		4,803	
Principal paid on capital lease obligations		-	
Net cash outflow from Financing Activities		<u>-</u>	4,803
Net Increase (decrease) in cash during period			<u>(172,909)</u>
Cash Balance start of period	9/1	890,820	
Cash Balance end of period	9/30	<u>717,911</u>	
Net Increase (decrease) in cash during period			<u>(172,909)</u>

TETON VALLEY HEALTHCARE

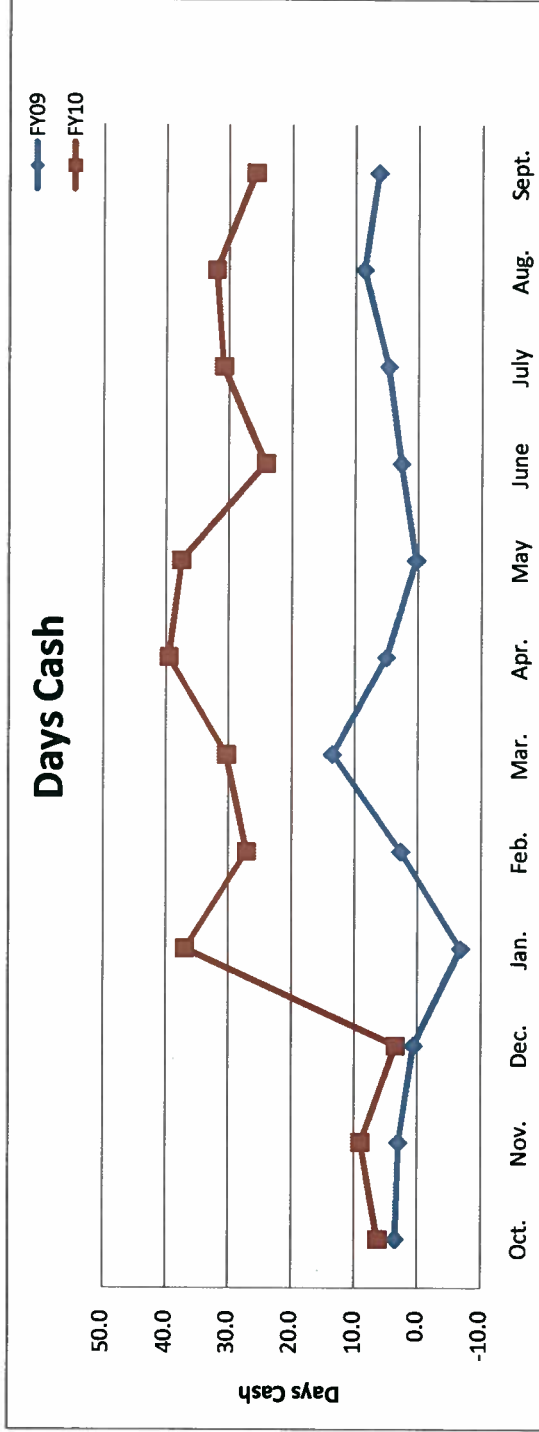
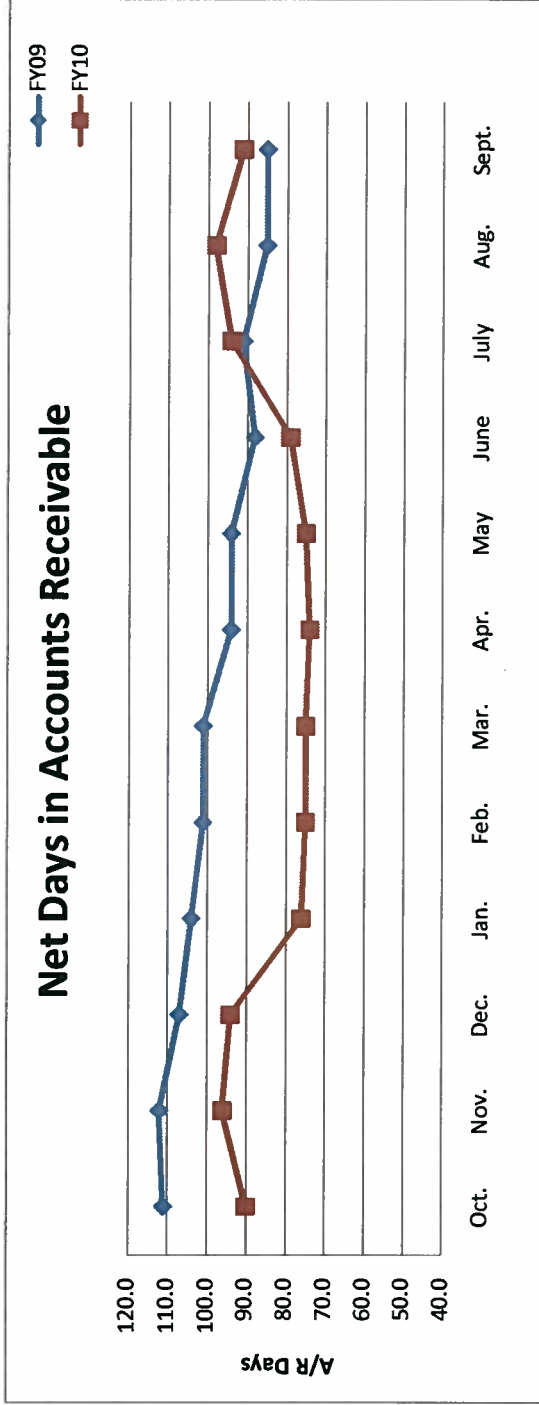
Operating Profit or (Loss) FYTD



Operating Margin



TETON VALLEY HEALTHCARE



Teton Valley Health Care
Statistical Information

	Desired Trend	2008 FYE Actual	2009 FYE Actual	1st Qtr FY 10	2nd Qtr FY 10	3rd Qtr FY 10	4th Qtr FY 10	2010 FYE Actual	2010 Budget/Targets
Payroll Overhead to Salaries	→	15.8%	14.5%	15.5%	17.3%	16.6%	15.9%	16.0%	17.2%
Salary to Net Revenue	→	57.4%	55.8%	53.3%	57.0%	73.1%	60.3%	60.5%	50.9%
TVH Paid Full-Time-Equivalent	→	119.0	110.3	116.9	118.8	113.3	115.8	116.0	113.0
TVH Worked Full-Time-Equiv. w/o Vacation & Sick Leave	→	107.7	99.3	105.6	111.3	101.8	104.9	105.4	102.4
Long Term Debt to Equity	→	65.4%	42.2%	28.1%	25.4%	24.2%	21.2%	21.0%	19.5%
Expenses Per Calendar Day	→	43,745	34,976	33,183	35,697	30,451	32,560	32,883	37,515
Net Pt Revenue Per Calendar Day	↑	36,846	31,864	33,067	34,654	22,578	29,691	29,780	36,165
Net Margin	↑	-14.38%	-5.04%	15.95%	11.27%	-8.17%	6.60%	5.89%	8.98%
Current Ratio	↑	1.03	1.49	1.73	1.93	2.26	2.67	2.65	2.60
Days cash on hand	↑	1.50	8.50	3.39	30.30	24.10	25.70	25.74	58.90

Teton Valley Health Care
Statistical Information
Accounts Receivable

	Desired Trend	2008 FYE		2009 FYE		2010 FYE		2010 Budget/Targets	
		Actual	%	Actual	%	Actual	%	Actual	Target
Net Days in Receivables	↓	90		85		94		91	65
Gross Days in Receivables	↓	125		127		126		129	97
Revenue/Days in Year/AR w/o Allowances & Bad Debt	↓					79		94	
Unbilled Amount in Accounts Receivable	↓		2.5%		1.7%		2.9%		2.5%
No Discharge in AR	↓								3.0%
Bad Debt Percentage of Gross A/R	↓		17.4%		11.7%		9.1%		9.2%
Admissions Demographic Accuracy	↑						86.0%		83.0%
Percentage of Patient Payments at Time of Service in Clinic	↑								42%
Clinic A/R over 90 days	↓					68.0%		71.0%	56.0%
Hospital A/R over 90 days	↓					48.0%		45.0%	38.0%



TETON VALLEY HOSPITAL FOUNDATION

Supporting Teton Valley Hospital

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

TO: Board of Trustees
FROM: Diane Temple
CC: Virgil Boss, Ann Loyola, Marni Vasseur
RE: Executive Director Report: October 22, 2010

PRIVATE / DONOR SOLICITATION

Harold W. and Mary Louise Shaw Foundation

Update: Should hear beginning of November. Per Nursing Services, the Back up anesthesia machine will not be serviced beyond December, 2010. This means that if the Shaw Foundation does not award the funds to purchase the equipment, the Foundation may have a review of this item as a capital request item at the November meeting.

Burton Foundation

Met with Angela Booker and putting together a funding proposal for pediatric advanced life support. The items included within the proposal: Child Crisis Manikin, PALS textbooks, and instructor training, are all needs within the nursing department that potentially are a good fit for the Foundation. The funding will allow the healthcare professionals to respond in a quicker and more definitive way. Total grant/funding request \$5,000.00

Idaho Community Foundation

Teton Valley Hospital Foundation received \$2,000.00 for patient room flooring from a designated Idaho Community Foundation donor fund.

CHC Foundation

The Foundation is still awaiting notification for Defibrillator and Trainer from CHC Foundation in the amount of \$15,500.00. (Not likely it was awarded and we will begin pursuing other potential funders for this piece of equipment.)

EVENTS

Festival of Trees

Festival of Trees is officially in full gear. Volunteers are needed once again, and your help is appreciated! Sponsors to date include: MD Nursery, Bingham, Wells Fargo, EIRMC, Novarad, Healthland, Chandler Insurance, Amerinet and Signature Party Rental. Pledged sponsorships at the time of writing this report are \$7,500.00. MD Nursery will be hosting the festivities once again. Please be sure to send your business their way in recognition of their support!

Pin Ups and Brake for Breakfast

Pins Ups was a huge success again. Thanks to the Teton Arts Council for all their efforts in promoting mammograms to women in financial need. The amount raised at the Pin Ups event is not known at the time of writing this report.

Brake for Breakfast

Volunteers and representatives of TVHC and TVH Foundation gave away 210 bags on Wednesday, October 6. The pink “Fight Like a Girl” lunch totes had breast cancer detection information and fun items to promote women to take a moment to take care of themselves. This event was a huge success and our efforts will be doubled next year.

Health Fair

The Foundation had a booth at the TVHC Health Fair. Overall, very positive and provided a good opportunity for making contacts in the regional healthcare industry. A big thanks to TVHC in their efforts for reviving the Health Fair for the community.

CULTIVATION

Idaho Community Foundation

Attended the luncheon and made some great contacts non-profit contacts in our region.

Donor Matrix

A donor matrix of Teton Valley Hospital Foundation donors will be given to each Foundation Board Director. Ask that each board member review the list and assign themselves individuals they can commit to cultivating. Cultivating is what makes solicitation possible. When cultivation occurs, it makes the “ask” easier.

BOARD DEVELOPMENT

The Community Foundation of Jackson Hole will host a number of nonprofit workshops this fall including sessions on grantwriting, fundraising, marketing and board development. I have attended their fall workshops in the past and they have been an EXCELLENT and proven resource for staff and board members. I will keep you posted as I know more. If there are any topics that you are interested in exploring regarding cultivation, a perfect ask, etc., please let me know and we can explore these opportunities.

**BOARD OF TRUSTEES MEETING
TVHC Board Room
TUESDAY, SEPTEMBER 21, 2010**

Trustees Present: Michael Whitfield, Bob Benedict, Aaron Hansen, Steven Dietrich, Robert Emerson, Chris Larson, Janine Jolley

Ex-Officio Present: Virgil Boss, Deborah Ray-Malheiro

Guest Ex-Officio: Jake Erickson, Jeff Daniels

Minutes Recorded by: Marni Vasseur

Meeting called to order by Michael Whitfield, Board Chair, at 5:34 pm.

CHANGES / ADDITIONS TO THE AGENDA:

● **MOTION:** Emerson moved to add the Communications Committee report after Board Development. Motion seconded by B. Benedict and carried unanimously.

MINUTE APPROVAL:

● **MOTION:** B. Benedict moved to approve the 8.25.10 minutes as amended. Motion seconded by C. Larson and carried unanimously.

FOUNDATION REPORT: SEE ATTACHMENT

V. Boss added to the Donor Solicitation piece of the Foundation report with the news that our medical equipment buying group Amerinet will give us a 20% discount on a new anesthesia machine. The anesthesia machine is in the \$45,000 price range. There is currently a funding request in place for the anesthesia machine from the Harold W. and Mary Louise Shaw Foundation.

Ann Loyola reported that the date for this year's Festival of Trees will be December 4th.

QUALITY SERVICE COMMITTEE:

D. R-Malheiro reported on utilization stats. Our infection rate has remained a low 0.9%. Malheiro reported that there are still issues with patient satisfaction surveys. She is having trouble collecting data with such low patient numbers. Surgery patients are returning their surveys at a higher rate than clinic patients but surgery numbers are low so we aren't getting much feedback. There was only a 5% return on surveys that were mailed out to patients, this was a disappointing return. We need to implement a way to create lesser cost and better return on surveys. The website may work better than mail.

A. Loyola added that we will put an online survey on the website.

Patient call backs have improved. Nursing staff has continued their commitment to call patients after hospital stays and surgeries to make sure patients aren't having issues with their home care.

Emerson thought the "call back" could be a marketing angle. Emerson also mentioned our patient safety rates and low infection rates as items that should be promoted to show TVHC as a competent hospital.

D. R-Malheiro reported on Joint Commission standards. SEE ATTACHMENT Most standards are related to patient safety. The Joint Commission issues safety goal documents for critical access hospitals. They give evidence to support their cases and solid solutions to issues that bring the highest level of quality to healthcare. Many of these safety topics are being addressed in quality with Laura Piquet. This item will be reported on as goals are worked on.

MED STAFF: M LOFARO REAPPT.

L. Piquet presented Maura Lofaro's med staff bio, for reappointment.

● **MOTION:** B. Benedict moved to approve Dr. Lofaro as courtesy staff, with privileges. Motion seconded by J. Jolley and passed unanimously.

L. Piquet reported on Studer Pillars. See attachment for details.

Each department is working on new projects; baselines need to be established for new goals and projects. Staff is doing well with improving projects and project selection. Goals will evolve and change if they are found not to be viable. Others will be followed through to completion. Studer recommends sticking with the goal or change for 3 -6 months.

FINANCE REPORT: SEE ATTACHMENT

B. Ripplinger summarized the financial report, see attachment for details.

Clinics are doing a good amount of business; patient visits are up and patients can see their chosen providers easier due to better staffing. Lis Gammelin is coming back to TVHC, she brings a following of patients with her. ER numbers may be down due to good clinic care. The Foundation has brought a lot of new equipment to TVHC. This equipment could not be capitalized since TVHC contributed under \$5000 for each item.

Education and travel expenses were up, some staff went out of town for training. Radiology and business office had some training expenses and Healthland came to TVHC to train staff.

V. Boss reported that the current payor mix is working against us. Net dollars from each payor category are going down. It will take more money to break even due to more self pay accounts not being paid and Medicaid/Medicare paying less on the dollar.

S. Dietrich said he would like to see a traditional variance analysis.

Whitfield pointed out that we are at least moving out of back logs of contractual agreements with old doctors.

V. Boss said old agreements are still not cleared off of the books. He mentioned that Mitch Felchle had re-negotiated those agreements but our salary cost still looks high. Boss said we are up 16% overall, and added that this is better than any other business in the valley. We've had good productivity from doctors working Monday thru Friday instead of being scheduled on weekends and waiting for patients to come in. Emcare is covering weekends which has brought improvement but at a cost.

G. Giles reported on A/R saying that billing has improved since old staff left. We've hired experienced staff to gain back the lost time during the transition between staff changes. Beverly Park was a good hire. She was the office manager at Madison Memorial. She has helped with training and brought improvement to some issues and systems.

Emerson asked about patient complaints on billing.

G. Giles said the number of complaints has gone down. He mentioned receiving some complaints about statements. Patients have said they are difficult to read and hard to understand. L. Piquet keeps a log of formal complaints but not all complaints are reported. Some complaints are dealt with and resolved as they come in and aren't reported to Piquet.

S. Dietrich said he was disappointed with collection results from the new collection agencies.

V. Boss commented that those collection agencies were working on old business. ARS (flex pay) worked the first file that we sent to them for 2 months. They collected \$5K of \$70K and sent the file back. Those who were not set up on payment plans will now go to collections. The next batch that will be sent to ARS is for an amount of \$175K. We are still working the accounts before writing off those balances. Accounts go to Outsource when ARS can not get the patient on a payment plan. The age of the accounts on the first and second batch to ARS is about the same.

S. Dietrich reported on the Forensic audit saying that there was no new information. KPMG has visited TVHC twice. They are doing a phased approach, first verifying what management produced on their reports.

Then they will migrate outward from there and later, they will report back to us with recommendations. We are on track as far as the cost for the audit and should get a report around the mid point of the audit.

CEO REPORT: SEE ATTACHMENT

V. Boss presented his report, see attachment for details.

B. Teckmeyer reported on the clinic schedule and visiting specialists. He explained RVU's, which are the rates that doctors charge for a patient visit. Teckmeyer said that the same rates apply nation wide. BMH helped set up visiting specialist pay rates/RVU's. The economy is helping us get visiting specialists to come to TVHC, doctors are looking for ways to improve their business and keep patient numbers up.

J. Jolley said the visiting specialists are not bringing in the anticipated income.

Jeff Daniels explained that it comes back to referrals from the family practice doctors.

M. Whitfield added that only a year and a half ago, we could barely stay open and he could not perceive any foreseeable need for specialists. Things are moving forward.

B. Teckmeyer said med staff is committed to helping the visiting specialist program. If med staff does not approve the physician, we won't hire them. Visiting specialists are being advertised so the public knows what procedures and services are available at TVHC.

V. Boss pointed out use of space and how we are maxed out, we could not see more patients if we wanted to. The board would like to see how well utilized the space is compared to how many providers we have and if their days are full with appointments.

V. Boss said that all specialists are in Driggs because ancillary services are only available at the Driggs clinic. Boss said that our new CRNA is also a pain management provider and can offer this service in house without paying RVU's to an outside specialist.

Boss said the Medicare/Meridian audit was completed and looks favorable although we don't have the final documents yet. He predicts that we should not have a negative payback after this fiscal year.

BMH is working on a calendar to get us through the rest of the contract. This calendar will let us know ahead of time who is here and when to expect them so we can better utilize time spent with BMH staff.

BENCHMARK PLAN FOR NEXT FY:

M. Whitfield asked board members to formulate a plan with goals for the next FY. This should be presented for board approval at the October meeting. B. Benedict and A. Hansen would head this up. All board members can email B. Benedict with suggestions.

STAFF SERVICES:

J. Jolley reported that the staff services committee has updated their goal of rewarding employees using the Kudos program, which was based on the old "Cookies" program. This will give the employee receiving the "Kudos" immediate reward and recognition in the SCOPE, and a small reward.

J. Jolley would like to see additional stringent measurable achievements for staff in the future with appropriate recognition.

COMMUNITY RELATIONS COMMITTEE

Emerson reported on internal goals by saying that supervisors need training in communication and leadership development. Emerson may volunteer to help in leadership development.

On the external side of community relations, Emerson reported that the committee is working on ways to instill community confidence. He would also like to see us better utilize the TVHC website to pass on information and statistics. Virgil's contact info will be posted on the website to deal with patient complaints. Another project being worked on is the "branding" of TVHC with the help of BMH's marketing team.

BOARD DEVELOPMENT:

M. Whitfield restated the vacant board slots. He said the board would like to fill 3 slots. We need a

minimum of 7 members. David Work may be a suitable candidate, he is very capable and has past board experience. The vacant board positions have been advertised by the county. The board must recruit one additional member in October to replace Emerson.

S. Dietrich commented that he would like to see the board upgrade the talent as we bring on new members. He said he would rather not fill the vacancy than add the wrong person. Bylaws are fairly silent on this. Dietrich said he is nervous about going to 9 members, although the motion was made. He said he would rather show the governing body as strong and working as a solid team.

M. Whitfield remarked on Dave Work saying that he is well qualified and has served on other boards. Whitfield explained the process, which is to engage an interested person, invite them to a meeting as a non voting member, recommend the candidate to the BOCC, then the BOCC will decide on the new member. He said we have not had an opportunity to go through this process with a potential candidate.

Whitfield said he would set up a meeting with Dave Work and the nominating committee.

J. Jolley asked if the board would nominate a vice chair.

Whitfield said in that in October, the board should nominate all officers.

● **MOTION:** Motion to adjourn by R. Emerson at 8:30 pm. Motion seconded by B. Benedict and passed unanimously.

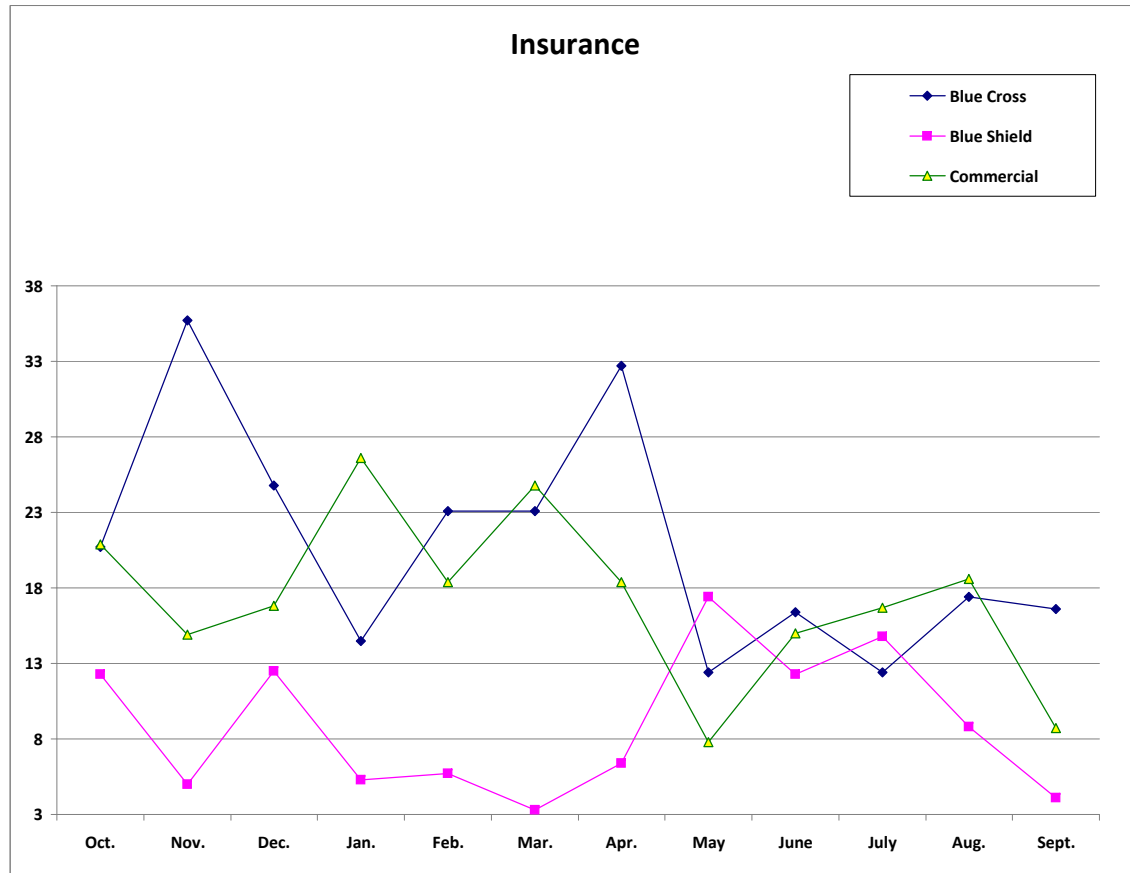
Meeting adjourned at 8:30 pm.

Michael Whitfield, Chairman

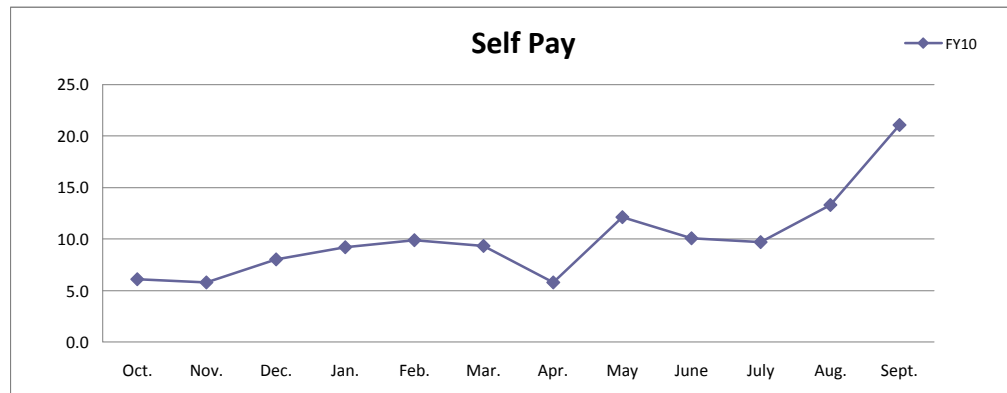
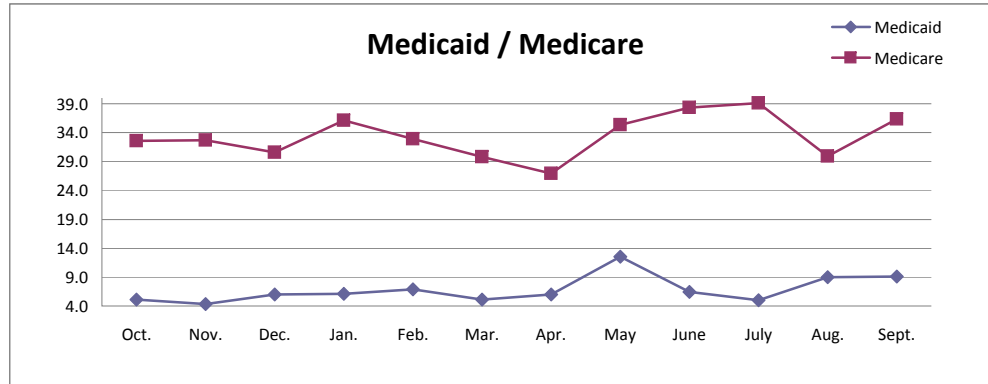
ATTEST:

Marni Vasseur, Executive Assistant

TETON VALLEY HEALTHCARE



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Partners in Health for a Lifetime

120 East Howard Avenue, Driggs, Idaho 83422
208-354-2383

STANDING COMMITTEES:

Finance Committee - Steven Dietrich _____

Medical Staff Relations Committee – Chris Larson _____

Community Relations Committee – VACANT _____

Patient Services Development Committee - Michael Whitfield _____

Staff Services Committee – Janine Jolley _____

Quality Services Committee – Deborah Ray-Malheiro _____

Future Dev/Strategic Planning Committee - Janine Jolley _____

REQUEST FOR:

Meaningful Use Information Technology Committee – VACANT _____

Specialists - Driggs Health Clinic	October	November	December
Pediatricians - Victor Health Clinic			
Poulter, MD (Pain Management)	6, 20 Wed		1,15 Wed
Porot, MD (Pain Management)		1,15 Mon	
Zoe, MD (Pain Management)	1,15,29 Fri		10 Fri
Nemetz, ANP (Pain Management)	27 Wed	9 Tues	
Talcott, MD and Vincent, MD (Neurology)		8,22 Mon	
Lowe, MD (Urology)	13 Wed	3 Wed	8,29 Wed
Waterhouse, MD (General Surgery)	7 Thur	4 Thur	2 Thur
Rosenberg, MD (General Surgery)	21 Thur	18 Thur	16 Thur
Hanks, MD (ENT)	13 Wed	10 Wed	8 Wed
Lofaro, MD (ObGYN)	1,15,29 Fri	12 (1pm-start) Fri	10 Fri
Little, MD (Pediatrician)	12 (1pm-start), 26 Tue	9,23 Tue	7,21 Tue
Ridgway, MD (Pediatrician)	5,19 Tue	2,16,30 Tue	14,28 Tue
Riddell, MD (Pediatrician)	1,8,15, 22,29 Fri	19 Fri	17 Fri
Ultrasound (Juliet)	Mondays and Thursdays 8:30-5		
MRI (Perspective Imaging)	Tuesdays and Fridays 8:00- noon		
Counseling (Adam Williamson, LCPC)	Fridays 9-5		
<small>adamwilliamson02@hotmail.com 208-705-7898 cell (Special appts. Please call)</small>			
Nutrition/Diabetic Counseling	Tuesdays 9-5		
<small>Maureen Molinari@hotmail.com 307-413-0615 cell (Later appts. Please call)</small>			