



**GOVERNING BOARD  
REGULAR MEETING & RETREAT**

The Campbell County Hospital District Board of Trustees met at Gillette College Technical Center Pronghorn Room on Thursday, October 22, 2020.

Members present:

Dr. Ian Swift  
Ms. Ronda Boller  
Mr. Adrian Gerrits  
Mr. Alan Stuber  
Dr. Sara Hartsaw  
Mr. Randy Hite  
Ms. Lisa Harry

Also present:

Ms. Colleen Heeter, CEO  
Dr. Nicholas Stamato, Chief of Staff  
Dr. Mansell, Chief of Staff Elect  
Dr. Atilla Barabas, CMO  
Mr. Jerry Klein, COO  
Ms. Misty Robertson, CNO  
Ms. Mary Lou Tate, CFO  
Mr. Matt Sabus, VP of IT  
Ms. Karen Clarke, Community Relations Director  
Ms. Noamie Niemitalo, VP of Human Resources  
Ms. Jonni Belden, VP of Continuing Health Services  
Ms. Patricia McJilton, Director Quality and Risk Management  
Ms. Ashley Montague, Director Home Health & Hospice  
Ms. Ellen Rehard, Recorder  
Public

**OPENING**

Call to Order

Dr. Swift, Chairman, called the meeting to order at 8:15 a.m.

Roll Call

Ms. Ellen Rehard called the roll of the Trustees of the Board of Campbell County Memorial Hospital District. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson are present.

Approval of Agenda

**Ms. Harry moved, seconded by Dr. Hartsaw, to approve the agenda as presented. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion carried.**

Consent Agenda

Ms. Harry requested that Administrative policy, Mandatory Education/Certification Requirements and Notification, be added to Action Items to allow for discussion. Dr. Swift added the policy to Action Item #3.



The following items were approved as part of the Consent Agenda.

Approval of Minutes

Minutes from September 24, 2020 Board meeting (copy appended to minutes).

Administrative Policy Review

Three Administrative policies, Control of Documents, Ethics Committee and Staffing During a Declared Disaster (copies appended to minutes). **No motion required.**

Finance Meeting

Items requiring Board Action from the October 19, 2020 Finance Committee Meeting (copy appended to minutes).

Committee Reports

Healthcare Foundation  
Physician Recruitment and Retention  
Quality Committee

**Mr. Stuber moved, seconded by Ms. Harry to approve the Consent Agenda as amended. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion carried.**

**PUBLIC QUESTIONS OR COMMENTS**

Dr. Swift asked if there were any comments or questions from the public at this time. Ms. Angie Morfeld addressed the Board regarding her volunteer service in the community, most of that spent at the Close to Home Hospice House. Ms. Morfeld believes that LTC services are no match to the care offered at the hospice house and staying at home is not always practical. Close to Home hospice care is more specialized care for the patient during their last days. Close to Home was initially funded by private donors. Ms. Heeter added that \$5M was donated by the community and \$2.5M came from CCH. The hospice house is temporarily closed because employees have exhausted their PTO and PSL because of the decline in patients. CCH executives will meet the week of October 27 in order to discuss how to continue and will make a recommendation to the Board of Trustees.

**ACTION ITEMS**

Medical Staff Appointments

Dr. Stamato recommended approving the following medical staff appointments as recommended by the appropriate Department Chairman, Credentials Committee, and Executive Committee.

**New Appointments:**

**Limited Health Care Practitioner (Dependent):**

Department of Medicine

**Terry L Hallwachs, PA-C**

Family Medicine - Ambulatory

*Primary Supervising Physician – Timothy Bohlender, MD*

**Reappointments**

**Active:**

Department of Medicine



|   |                              |
|---|------------------------------|
| <b>Timothy Bohlender, M.D.</b> (December) | Family Medicine - Ambulatory |
| <b>Cassidy Graham, DO</b> (December)      | Family Medicine – Ambulatory |
| <b>Kelly McMillin, M.D.</b> (October)     | Family Medicine              |
| <b>James Naramore, M.D.</b> (November)    | Family Medicine              |
| <b>Jennifer Thomas, M.D.</b> (October)    | Family Medicine              |
| <b>Kyle Sabey, DO</b> (October)           | Pediatrics                   |

|  |                    |
|--|--------------------|
| Department of Surgery                  |                    |
| <b>Attila Barabas, M.D.</b> (November) | Urology            |
| <b>Scott Diering, M.D.</b> (November)  | Emergency Medicine |
| <b>Mark Kellam, M.D.</b> (October)     | Emergency Medicine |

|  |                 |
|--|-----------------|
| Department of Surgery AND Powder River Surgery |                 |
| <b>Jacob Rinker, M.D.</b> (October)            | General Surgery |

**Courtesy:**

|   |                   |
|---|-------------------|
| Department of Medicine                      |                   |
| <b>Natalie Owens-Sloan, M.D.</b> (December) | Internal Medicine |

|  |                      |
|--|----------------------|
| Department of Maternal Child             |                      |
| <b>Michael Pettersen, M.D.</b> (October) | Pediatric Cardiology |

|  |            |
|--|------------|
| Departments of Surgery AND Powder River Surgery Center |            |
| <b>Timothy Jardeleza, M.D.</b> (October)               | Anesthesia |

**Limited Health Care Practitioner (Independent)**

|                                    |           |
|------------------------------------|-----------|
| Department of Surgery              |           |
| <b>Roger Jordan, OD</b> (December) | Optometry |

**Limited Health Care Practitioner (Dependent)**

|   |          |
|---|----------|
| Department of Medicine                                    |          |
| <b>Stacey Hastreiter, APRN</b> (December)                 | Oncology |
| <i>Primary Supervising Physician: Pauline Lerma, M.D.</i> |          |

|   |   |
|---|---|
| <b>Lynn Perlenfein, PA-C</b> (December)   | Cardiology & Family Medicine-<br>Ambulatory |
| <i>Primary Supervising Physician: Sairav Shah, M.D. and Timothy Bohlender, M.D.</i> |   |

**ADDITIONAL PRIVILEGES REQUESTS**

**Limited Health Care Practitioner – Dependent**

|   |            |
|---|------------|
| Department of Surgery AND Powder River Surgery Center |            |
| <b>Adam Crawford, CRNA</b>                            | Anesthesia |

**MEDICAL STAFF RESIGNATIONS**

**Courtesy Staff**



Department of Medicine  
Philip McMahon, M.D. Internal Medicine Effective October 22, 2020

Department of Surgery  
Max Pollock, M.D. Radiology Effective September 30, 2020  
Farhad Khorashadi, M.D. Radiology Effective September 30, 2020

***Limited Health Care Practitioner (Dependent)***

Department of Surgery  
Lori McInerney, APRN Urology Effective December 1, 2020

***Voluntary Relinquishment:***

Department of Surgery AND Powder River Surgery Center  
Kathleen Feeley, CRNA Anesthesia Effective September 9, 2020

**Dr. Hartsaw moved, seconded by Ms. Harry, to approve the Medical Staff appointments as presented. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion carried.**

**2020 Audit**

Mr. Rob Schile from Clifton Larson Allen presented the 2020 audit results and report to the Board of Trustees. This year's audit was completed remotely which posed some unique challenges. Sara Pence and Carolyn Telcamp stepped into Ms. Stucker's role and provided all data in a timely manner making it possible for Mr. Schile to present the audit to the Board of Trustees today. Days Cash on Hand increased from 139 in 2019 to 170 in 2020. Net Days in Accounts Receivable showed a downward trend from 94 in 2019 to 86 in 2020. The percentage of A/R over 90 days old showed an upward tick except for Medicare. Medicare was at 13%, Medicaid at 64%, self-pay at 67% and other at 26% for a total of 46%. Bad debt & charity care as a % of gross patient service revenue has decreased from 3% in 2019 to 1.8% in 2020. Average age of plant has increased to 9.6 in 2020 from 9.0 in 2019. Capital spending as a % of depreciation and amortization is at 78% in 2020. Debt to capitalization is at 17%. Debt service coverage is 4.4 which is up from 2019 at 3.3. Growth in net patient revenue has fallen to -2.5% in 2020. The payor mix analysis shows Medicare growing from 32.4% in 2019 to 33.8% in 2020. Other insurance has decreased from 15.3% in 2019 to 14.1% in 2020. BCBS, self-pay and Medicaid have remained comparable. Discount percentage has grown from 52.7% in 2019 to 52.9% in 2020. The operating margin has fallen to -15.7%. Operating EBIDA has fallen to -15.7%. The total margin for 2020 is 2% and the total EBIDA margin in 12.2%.

**Mr. Gerrits moved, seconded by Dr. Hartsaw, to approve the 2021 audit as presented. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion carried.**

**Mandatory Education/Certification Requirements and Notification Administrative Policy**

Ms. Harry inquired about the short timeframe given to employees to complete mandatory education. She also asked about rewarding staff for completing their education when completed in a timely manner. Ms. Heeter explained that previously CCH was giving too long of a time period for staff to complete education. Staff at CCH does receive a bonus if they do complete their education. It is a regulatory standard for CCH to ensure that employees complete their education. Ms. Harry asked for information next year on completion rates for education.



**Dr. Hartsaw moved, seconded by Ms. Harry, to approve the Mandatory Education Administrative policy as presented. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion carried.**

### **INFORMATIONAL ITEMS**

#### **Chairman's Report**

Dr. Swift thanked the Board and Administration for the last four years while he was on the Board. If something comes up, please give him a call.

#### **Chief of Staff Report**

Dr. Stamato announced that this is his second to last Board meeting. When he began his term, the perceived issue was that physicians coming into CCMG did not participate in medical staff committees. An effort was then made to engage younger physicians and CCMG. Currently, 40% of MEC members are 40 years of age and APP's are encouraged to participate as well.

Accomplishments during the last two years:

- Provider wellness program.
- APP participation on committees.
- Increased involvement in Medical Staff by CCMG physicians.
- Resumption of the Peer Review Committee who now meet monthly.
- Credential Committee changes.
- Tele-psych and telemedicine have been revamped.
- Ransomware attack brought to light the necessity to communicate with the medical staff about what is happening.
- COVID brought about the creation of the Physician Task Force.

Works in Progress:

- Building future medical staff leaders.
- Improving medical staff office function and integration.
- By-laws.
- Policy and procedure.
- Maximize use of the Greeley Company.
- Develop integration of CCMG and Medical Staff office.
  - CCMG screening of providers.
- Integration of private practice and CCMG.
- WWAMI.

Ms. Boller thanked Dr. Stamato for his successful term of Chief of Staff.

#### **CEO Report**

##### **2021 Strategic Plan**

Ms. Heeter explained that Veralon, the Board and leadership have worked to revamp the strategic plan. Ms. Heeter reviewed the major initiatives of the 2021 Strategic Plan:

Goal #1 – Create a culture in which employees, volunteers, physicians and other providers are empowered to provide outstanding care and service for patients and families.

1. Enhance roles of physician assistants and nurse practitioners as members of the medical staff.
2. Recruit/develop experienced department managers/directors to support effective decision-making.
3. Strengthen internal education program structure to cultivate in-house talent.



4. Improve retention and employee satisfaction.

Dr. Hartsaw asked about the Zen Den and sending an update to sponsors on how much it is used. Ms. Heeter explained that Ms. Clarke is working on that communication and also what can be done at the Legacy. Ms. Stuber asked about dual training for staff. Ms. Niemitalo has been looking at cross training and back up staffing.

Goal #2 - Outstanding patient and family experiences are recognized throughout the community.

1. Extend telehealth offerings to enhance patient access.
2. Provide seamless care coordination and transitions for continuously positive patient experiences.
3. Provide outstanding customer, clinical and billing experiences.
4. Enhance local/community perception of services by communicating and highlighting program success stories.
5. Enhance regional recognition of major programs.

Goals #3 – New affiliation(s) improve access to clinical resources and technology to support regionally recognized services.

1. Pursue a non-merger strategic affiliation(s) by clarifying objectives, evaluating potential affiliates, and negotiating an arrangement that best allows CCH to serve the community, which may include access to:
  - Specialty clinical/quaternary services.
  - Clinical quality and compliance procedures and best practices.
  - Telehealth infrastructure
  - And integrated EMR system and IT support.
  - Cost savings vehicles (e.g. group purchasing).

Goal #4 – Programs and services are financially sustainable, achieving targeted performance.

1. Enhance revenue cycle performance.
2. Assess each major service line for clinical, financial, and operational viability.
3. Build analytic infrastructure for ongoing decision support.
4. Optimize the productivity of all clinical areas across CCH.
5. Pursue alternative funding sources and long-term growth opportunities.

Ms. Heeter reviewed the 2021 Strategic Plan scorecard:

#### People

- The effectiveness of CCH leadership development program will be evaluated with a composite score of each LDI and Leadership hour completed by Managers and Directors – Goal 4.63
- Employee involved in the LITE program will improve their assessments scores taken at the beginning compared to the ending of the program – Goal is 5% improvement
- Improve CCH retention rate to 88.10%
- Employee Engagement score will be at least 4.11

#### Care / Care Continuum

- Increase sepsis protocol compliance for early management, severe sepsis and septic shock to greater than 67% as core measure for Medicare
- Reduce serious safety event rate to 2



- Reduce suicide rate to 1.72 per 10,000 population (Campbell County)
- Reduce suicide attempt rate to 28,495 per 10,000 CCH clients
- Decrease readmission rate within 30 days for patients over 64 from 5.72% to 4.88% (rolling 12 months)
- 7/11 QM metrics will be at or below CMS 11 national targets (Legacy)

#### Service/Alignment

- CCH HCAHPS “Care Transitions” domain will be at or above 59.1% Top Box score as measured by Press Ganey Vendor Survey rolling 12
- CCH HCAHPS “Rate the Hospital” will be at or above 69.5% Top Box score as measured by Press Ganey Vendor Survey rolling 12
- All CCH Outpatient (CPS/Sleep, Lab, Radiology, Rehab) “PG OVERALL” will be at or above 84.5% Top Box Score as measured by Press Ganey Vendor Survey rolling 12
- All CCH Medical Practice Clinics “PG OVERALL” will be at or above 81.9% TOP Box Score as measured by Press Ganey Vendor Survey rolling 1
- Increase Long Term Care satisfaction to Survey “OVERALL” results to 92.4% Top Box or higher as measured by the NRC vendor survey

#### Business / Financial Sustainability

- At least 81% of all departments will be at 90% productivity or higher
- AR days will be reduced to 70 days
- Decrease the percentage of AR over 120 days to less than 43.40%
- Increase EBIDA margin to budget of 9.48%

#### CCH Financial Report – September 2020

Ms. Tate reported the following:

- Inpatient admission were under budget for the month
- Observation patients were 16 (-13.8%) under budget and increased 5 (5.2%) from last year
- Legacy average daily census was 3 under budget and decreased 1 from last year
- Outpatient visits were 1,360 (10%) over budget and increased by 2,572 (20.6%) from last year
- Clinic visits were 825 (-9.1%) under budget and increased 509 (6.5%) from last year
- Walk-in clinic visits were 366 (-18.6%) under budget and decreased 42 (-2.5%) from last year
- Emergency room visits were 161 (-9%) under budget and decreased 45 (-2.6%) from last year
- Surgeries were 50 (-12.4%) under budget and increased 9 (-2.6%) from last year
- PRSC surgeries were 58 (-35.4%) under budget and decreased 48 (-31.1%) from last year

#### **FINANCIAL PROJECTIONS / FINANCIAL STABILIZATION PLAN**

Ms. Tate gave an overview of the income statement revenues by year beginning in FY2015 to the projected revenues for FY2021 and the FY2021 budgeted amounts.

- Inpatient revenues were climbing through 2017, but with insurance changes in 2017 there has been a decline. During Covid, CCH may see a robust inpatient season and current numbers are supporting that.
- Outpatient revenues have climbed over time and Ms. Tate predicts that the FY2021 projection is larger than budget.





- Nursing Home revenue and the Surgery Center revenue have been pretty consistent. There is a big decrease in Surgery Center projections for FY2021 because of all the different surgeon changes.
- Clinic revenues continue to grow over time.
- Net revenues have fallen from 54% of gross revenues in FY2015 to a projected 45% in FY2021.
- As a % of gross revenues (FY2015 vs FY2021 proj)
  - Supplies/drugs have remained at 9% per year
  - Wages & benefits have fallen from 29% to 23%
  - Physician expense has fallen from 9% to 6%
  - Contract services/Service Agreements have risen from 5.4% to 5.9%
  - Depreciation has increased from 4.7% to 5.2%
- Since 2015 Blue Cross and commercial payor mix has fallen by 23% or a 11.05% change in payor mix; Medicare has increased by 41.3% or 10.09% of payor mix
- Payor Mix Reimbursement rates:
  - BC& Commercial 74%
  - Self-Pay 24%
  - Other Governmental 34%
  - Work Comp 35%
  - Medicare 32%
  - Medicaid 28%
  - If FY2021 payor mix was the same as FY2020 then Net Income would be almost \$5M higher

Ms. Tate stated that it is difficult to decrease expenses to be more in line with payor reimbursement. 75% of total expenses are salary, wages, physician compensation and supplies. Will have to begin looking at services and what can be done differently.

### **DEPARTMENTAL PROCESS REVIEW**

Ms. Tate explained that Administration will begin evaluating different departments and service lines by:

- Educating directors on how their department impacts the organization and how they can affect that impact
- Looking at what service is provided and why
- What services may be duplicated by other departments and how they could be integrated
- Identify competitors in the market
- Identify the community need
- Look at profitability and potential ways to enhance the bottom-line

### **EMPLOYEE RETENTION/SATISFACTION**

Ms. Niemitalo reported the following:

- There were 82 employees furloughed between 4/22 and 4/27
  - 2 went to the Legacy to help with extra activity needs
  - 39 were brought back in May
  - 26 were brought back in June
  - 4 were brought back in July
  - 2 were brought back in August
  - 1 was brought back in October





- Lay Offs
  - Five layoffs were planned from Wellness
    - Three have accepted other positions within the organization
    - One continues as an extra activity aide at the Legacy
    - One layoff
  - Three planned layoffs from the clinics
    - Two moved away before the layoff
    - One layoff occurred
- One layoff from Nutrition Services

#### Strategic Goal:

Improve Campbell County Health retention rates to 88.10%. The current goal is 88.10% and CCH is currently at 85.4%. Reasons given for leaving include:

- Retired
- Moving
- Lay Off
- School
- Another Job
- Medical Reason
- Family Reason

#### Strategies for Engagement and Resiliency:

- Staff goodies, treats and messages of appreciation
- Zen Den
- Resources on “Communicating during times of high stress.”
- Multiple COVID resouces sent out through Studer Learning
- Compassion and patiens
- Compassion in leadership
- COVID-19 resilience
- ED-Reducing anxiety around COVID
- Discomfort and grief during traumatic times
- Leading peopl through change
- Creating meaningful connections
- Giving compassionate care
- How to show compassion
- Foster resilience compassion
  - Fatigue and burnout
  - Second victim syndrom
  - Buidl personal resilience
  - Build team resilience
  - Commitment to resilience
- Suder online learning channel trial
- Weekly resiliency calendar
- Studer virtual conference
- Started Wayne Stoile podcast breakouts and disucssions
- Viewed videos at both managers meetings from Studer virtual conference on:
  - “Leadership in tine of Crisis: Lessons from NFL”
  - “ Leading with compassion even during times of crisis”



Upcoming events for employee participation:

- Department team pumpkin decorating competition
- Individual and team costume competition
- Thankfulness leaves displayed on the grand stairwell
- Giving tree
- Food drive for coffee discounts

Leaders completed an Organizational Risk and Readiness Assessment (ORRA) with 100% of managers and directors participating. Only 73% of leaders participated in a CEO invited survey, with only 50% of the executive leadership team responding. Ms. Niemitalo recommends that CCH develop a communication process to effectively cascade information and decisions throughout the organization that is clearly aligned to vision. Educate and hold leaders accountable to what is happening in the the external environment and why it is important and develop leaders to handle tough questions from their team. To develop leader accountability, Ms. Niemitalo recommends developing solid leader evaluation and accountability skill-sets. Drive greater ownership and standardization of evidence based leadership principles and Must Haves through consistent cadence of validation and feedback.

### **DNV EDUCATION**

Ms. Patty McJilton, Quality Director, explained that DNV is short for Det Norske Veritas which was approved to survey healthcare facilities in 2008 by CMS. DNV surveys for compliance with all local, state and federal guidelines. CCH became accredited by DNV in March 2012 and is surveyed annually. Every third year, DNV takes a deep dive into the entire organization. The Board of Trustees as the governing body is duty bound to the following DNV guidelines:

- GB.2 Legal Responsibilities
  - Effective governing body that is legally responsible for the conduct of the organization
  - Responsible for all services provided in the organization including all contracted services
- GB.3 Institutional Plan and Budget
  - Budget process
  - Finance Committee
- GB. 4 Contracted Services
  - Management reviews to ensure that contracted services are safe and comply with standards
  - Governing Body is responsible for services furnished in hospital whether or not ther are furnished under contract
- Quality Management Systems
  - Governing body, medical staff, and administrative officials are responsible for making sure that our organization has and maintains an effective quality management system
    - Process improvements and patient safety
    - Quality improvement organization
    - Corrective actions
    - Resources
  - QM.6 Systems Requirement – Quality Committee
    - Includes oversight of clinical and non-clinical services, review quality



Campbell County Health

*Excellence Every Day*

policies, quality objectives, goal measurement/prioritization of activities

- Focus on high-risk problem-prone areas, processes or functions

- Minutes of management reviews

- QM.7 Measurement, Monitoring, Analysis

- QM.8 Patient Safety System

Ms. McJilton added that it takes the whole organization working together to meet all the standards set forth within DNV guidelines. Through the CCH Accreditation Readiness team, who meet twice a month, CCH has been able to review the updated DNV standards that were recently released. The team works to identify areas that are not meeting DNV standards and works collaboratively as a group to bring ideas to the table on meeting accreditation standards and to meet the CCH vision of Excellence Every Day.

### **HOME HEALTH AND HOSPICE**

Ms. Ashley Montague, Director Home Health and Hospice, explained the different levels of hospice care. Routine home care is provided in the patient's home which can include the patient's house, assisted living or a nursing home. Care can be provided by friends, family or paid caregivers. Hospice provides RN, CNA, social work on an intermittent basis to manage symptoms, assist with bathing, and address spiritual and emotional needs. All comfort medications and equipment needed for care are covered by hospice. General inpatient care provided in a facility such as the Hospice House or hospital, is needed to control unmanaged symptoms. Respite care is provided in a 24 hour facility to provide respite to caregivers that normally provide care in the home. Respite care can be used for no more than five days. The intended use of a hospice inpatient facility by National standards is for 1-2 days at a time for patients with uncontrolled symptoms, respite or in the last few days of life for patients and families that don't want to die at home. Close to Home Hospice House has been used for hospice patients that do not have a caregiver at home, but need 24 hour care for activities of daily living. CCH Hospice House is used 3-5% of the time for general inpatient/respite, whereas, nationally, hospice houses are used for general inpatient/respite 97% of the time. The charge for room and board is \$265.50 per day in the Hospice House. Room and board is not covered by Medicare and most private insurances. Medicaid does reimburse room and board at a rate of \$90.88 per day for patients that qualify for Medicaid. Most patients are self pay for room and board. The Close to Home Hospice House has recently had low or no census. Ms. Montague assumes the reasons are that patients want to stay at home for as long as possible. Historically, most patients in Campbell County have used Hospice House solely due to no caregiver available at home. Covid-19 has allowed for more availability of caregivers at home. When a family receives a hospice consultation, they are made aware of the hospice coverage at home which is fully covered by insurance vs. the \$265.50 per day cost of the Hospice House. Ms. Montague stated that she believes this is a positive trend. The majority of patients are receiving care in their location of choice, with the most insurance coverage. Between March and September 2020, hospice staff have had a reduction of 2,728 hours due to low or no census. This has resulted in the depletion of PTO for most of that staff. Bad Debt/Charity Care write offs for 2019 were \$93,955 and in 2020, \$143,534. Ms. Montague added that hospice care at the Legacy is not a new thing and there has been a high census at the Legacy. The Legacy has been a model of care for quite some time. CCH is not aware of funds provided by the Healthcare Foundation to operate the Hospice House. Ms. Harry will look into possible scholarship funds that may be provided by the Foundation. Ms. Heeter will schedule a meeting with executive leaders to discuss Hospice House matters and concerns.

### **NURSING DEPARTMENTS PLAN**

Ms. Robertson reported that a couple of departments are going through a transformation of



culture. Surgical services currently has an interim director, Randy Bibe, who excels at team building, conflict resolution and communication. Ms. Robertson is actively recruiting a permanent director and has a couple of promising candidates. She is working to offer OR and OB RNs a PeriOp101 course and has established a Surgical Services Code of Conduct. Surgical Services has established a “Leadership Committee” and restuctured a Steering Committee” with representatives from staff, leadership, surgeons, and anesthesia. Maternal Child department also has an interim director, Marcia Rohlik. Ms. Rohlik has 45 years of experience and started at CCH on October 19, 2020. Ms. Robertson is actively recruiting a permanent director and has a few promising candidates to screen this week. Representatives from Infection Prevention have been attending the Maternal Child Department meetings and providing education about SSI tracking. Ms. Robertson’s long term goal is for CCH to create a scrub tech training program.

### **IT UPDATE**

Mr. Sabus recounted that the cyber incident occurred in September 2019. Recently an unprecedented amount of healthcare organizations have been targeted by cyber attacks. This past year at CCH, Windows 7 and Server 2008 were retired, the 2<sup>nd</sup> floor remodel and move took place and the pace of change in technology for the organization has been staggering. Virtual conferencing is being used by all leadership and the CCH clinics. As a result of SLIB grant funds, IT will be updating the Boardroom, Ground Floor Conference Room, Quality Conference room and the 5<sup>th</sup> floor classrooms to Cisco virtual conference rooms. The Legacy 1<sup>st</sup> floor conference room, chapel and 2<sup>nd</sup> floor conference room will be updated as well. Telehealth solutions were implemented in two weeks following Covid-19 shut-downs and changes. IT plans to optimize and grow telehealth capabilities in the next twelve months. A telehealth task force has been created which includes members from clinic leadership, physicians and members of the PFAC committee.

### **BOARD ROUND TABLE**

Board members discussed upcoming challenges with changes in the payor mix and reduction in the government funds. Ms. Tate added that there have been 130 rural hospital closures in the last ten years. Dr. Stamato reported that there is a task force working with Campbell County Medical Group physicians and private physicians. He suggests looking into some sort of formal contract between private physicians and CCH. Dr. Hartsaw mentioned that it can be challenging to bring in good providers and suggests looking at the credentialing process. Dr. Swift challenges the Physician Recruitment Committee to look outside of the box.

### **RECOGNITION**

Dr. Swift recognized Dr. Hartsaw, Ms. Harry and Mr. Martinson for completing Best On Board education and presented each of them with a plaque. Mr. Gerrits recognized the outgoing Board members, Dr. Swift, Ms. Boller and Mr. Martinson for their dedicated work for CCH and the community and presented them with a gift of appreciation. Dr. Swift recognized Ms. Rehard for her ten years with CCH.

### **EXECUTIVE SESSION**

The regular meeting recessed into Executive Session at 3:56 p.m.

The regular meeting reconvened at 4:57 p.m.



**ACTION ITEMS**

**PRSC**

**Mr. Stuber moved, seconded by Ms. Harry, the Board give executive staff authority to move forward with the PRSC proposal as presented. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion carried.**

**Legal Matter**

**Dr. Hartsaw moved, seconded by Mr. Stuber, to enter into the settlement of a legal matter discussed in executive session. The settlement is made with no admission of liability from either party. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion carried.**

There being no further business, the meeting adjourned at 5:00 p.m.

The next regularly scheduled Board meeting is December 3, 2020 at 5:00 a.m. in Classrooms 1 & 2.

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Alan Stuber, Secretary

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Ellen Rehard, Recorder