



**GOVERNING BOARD
REGULAR MEETING**

The Campbell County Hospital District Board of Trustees met in the Hospital's Fifth Floor Classrooms on Thursday, August 27, 2020.

Members present:

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

Members absent:

Mr. Dustin Martinson

Also present:

Ms. Colleen Heeter, CEO
Dr. Nick Stamato, Chief of Staff
Mr. Jerry Klein, COO
Dr. Attila Barabas, CMO
Ms. Mary Lou Tate, CFO
Ms. Misty Robertson, CNO
Ms. Noamie Niemitalo, Vice President of Human Resources – by Web Ex
Ms. Jonni Belden, Vice President of Continuing Health Services – by Web Ex
Mr. Matt Sabus, Vice President of Information Technology – by Web Ex
Ms. Karen Clarke, Community Relations Director
Mr. Tom Lubnau, CCH Attorney
Ms. Ellen Rehard, Recorder
Public

OPENING

Call to Order

Dr. Swift, Chair, called the meeting to order at 5:01p.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 and Ms. Harry are present. Dr. Hartsaw will arrive shortly. Mr. Martinson is excused.

Approval of Agenda

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

Consent Agenda

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



Approval of Minutes

Minutes from July 16, 2020 Regular Board meeting and August 3, 2020 Special Board meeting (copies appended to minutes).

Administrative Policy Review

Four Administrative policies, Business Plan for Expansion of Services or Programs, Corporate Compliance and Education, Determination of Medical Necessity and Missing Valuables/Belongings. (copies appended to minutes). **No motion required.**

Finance Meeting

Items requiring Board Action from the August 24, 2020 Finance Committee Meeting as amended (copy appended to minutes).

Committee Reports

Healthcare Foundation
Quality Committee
Joint Conference
Legacy Advisory Board
Physician Recruitment and Retention

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

RECOGNITION ITEMS

Employee Recognition

Thanks for Working Here Thursday

Kim Lindeman	Infection Prevention
Heidi Hurley	ICU
Lacey Aguilar	Patient Access
Julie Ieronimo	Accounting
Channa Christensen	Rehab
Molly McColley	Pharmacy

PUBLIC QUESTIONS OR COMMENTS

Dr. Swift asked if there were any comments or questions from the public at this time. Ms. Carolyn Sears from Gillette stated that her mother is a resident at the Legacy. Her health is declining, she is losing weight and is becoming more confused. Isolation is devastating for the residents of the Legacy. Ms. Sears suggests that families and administration put their heads together to create a solution. She suggested that one family member be a designated visitor for each resident, using precautions such as a hazmat suit. Dr. Swift agreed that this is a difficult situation, but CCH is governed by Wyoming Public Health and governmental entities. When regulations change, CCH will work toward solutions to allow visitation at the Legacy.

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:

Courtesy:

Department of Maternal Child
Abhay Divekar, M.D.

Pediatric Cardiology

Reappointments:

Active:

Department of Maternal Child
David Beck, M.D. (September)

OB / GYN

Department of Medicine
Nahida Khan, M.D. (September)

Internal Medicine

Thomas Repas, D.O. (September)

Endocrinology

Limited Health Care Practitioner (Dependent)

Department of Medicine
Whitney Fevold, APRN (September)
Supervising Physician: Sairav Shah, M.D.

Ambulatory Cardiology

Donald Tardif, PA-C (September)
Supervising Physician: Timothy Bohlender, M.D.

Ambulatory Family Medicine

Mr. Gerrits moved, seconded by Mr. Stuber, to approve the recommendation from Med Exec. for Medical Staff appointments as presented. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw and Ms. Harry voted aye. Motion carried.

Strategic Plan 2020/2021

Dr. Swift explained that the Strategic Plan is usually presented to and voted on by the Board in July. This year Board members have been intimately involved with an outside consultant, Veralon. Work on the plan was delayed because of COVID. The Strategic Plan is a tool and reported on at every Board meeting. CCH's Mission and Vision statements reflect the organization's purpose and desired future state. Dr. Swift presented the 2020/2021 Strategic Plan:

People

Goal

Create a culture in which the workforce is empowered to provide outstanding care and service for patients and families

Major Initiatives

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



- Improve retention and employee satisfaction

Metrics

- LDI composite score
- Employee LITE program improvement score
- Retention rate
- Employee satisfaction score

Care

Goal

Achieve patient, resident, client, visitor and staff safety while providing high quality healthcare services through continuous improvement processes as measured by DNV standards, state and federal regulations and the Baldrige framework

Major Initiatives

- CCH will continue to pursue a robust array of quality improvement and safety initiatives
- Continue to implement Baldrige criteria for excellence in care quality

Metrics

- Core sepsis measures for Medicare
- Serious safety events
- Suicide rate per 10,000 population
- Suicide attempt rate per 10,000 CCH clients
- QM metrics at or below CMS national target (Legacy – specific)
- Acute readmissions rate for patients over 64

Service

Goal

Outstanding patient and family experiences are recognized throughout the community

Major Initiatives

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

Metrics

- Patient billing complaints
- HCAHPS performance in transitions of Care Domain
- Medicare cost per beneficiary VBP
- Readmissions rate 64+ acute care
- Telehealth revenue generated

Business – Financial Sustainability

Goal

Programs and services are financially sustainable, achieving targeted performance

Major Initiatives

- Enhance revenue cycle performance



Campbell County Health

Excellence Every Day

- Assess each major service line for clinical, financial, and operational viability
- Build analytic infrastructure for ongoing decision support
- Optimize the productivity of all clinical areas across CCH
- Pursue alternative funding sources and long-term growth opportunities

Metrics

- A/R: Days
- A/R: % over 120 days
- EBIDA margin

Business – Alignment

Goal

Explore new affiliation(s) to improve access to clinical resources and technology to support regionally recognized services

Major Initiatives

- Pursue strategic affiliations(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
 - An integrated electronic medical record (EMR) system and IT support
 - Cost savings vehicles
- Pursue and strengthen relationships with local employers, professionals, and government

Metrics

- Complete assessment of current needs: pros and cons, “must-haves” and “will nots”
- Perform contract review(s) to identify opportunities for improvement
- Develop system(s) for evaluating results or affiliation(s)

Dr. Swift explained that the leadership team will complete and implement the plan. Ms. Heeter added that Board members will get a better feel for how the plan is working at the Board retreat on October 22.

Mr. Gerrits moved, seconded by Ms. Harry, to approve the Fiscal Year 2020-21 Strategic Plan as presented. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw and Ms. Harry voted aye. Motion carried.

DISCUSSION ITEMS

KID Clinic Update

Ms. Heeter reported that the Kid Clinic bid came in under budget by \$371,000. Mr. Klein and Mr. Hall attended the pre-construction meeting today. The completion date is set for March, 2021.

INFORMATIONAL ITEMS

Chairman’s Report

Dr. Swift reported that the fall Board retreat is scheduled for October 22. He has asked Board Members to send him a couple of topics for round table discussion. The election is coming up with three new people running for three open Board spots.



Chief of Staff Report

Dr. Stamato reported that the Medical Staff Nominating Committee nominated Dr. Robert Neuwirth and Dr. Mark Hoskinson for Chief of Staff Elect. The general medical staff meeting has moved to October 6th. The meeting will be limited to the voting members of the medical staff. There are four new member of MEC, Dr. Shireen Haque, Dr. William Hoskinson, Dr. Mike Jones and Dr. James Marr.

CEO Report

Events in August

August 31 - Rocky Mountain Performance Excellence Award Ceremony – 2 p.m. CCMH Main Lobby. Mike Gratz, Executive Director of Rocky Mountain Performance Excellence to present the Timberline Award to CCMH and High Plains recognition to the Legacy.

Events in September

September 8 – Gillette Area Leadership Institute (GALI) graduation, 11:30 am at the Pronghorn Center. CCH graduates are: CEO, Colleen Heeter; Chaplain Coordinator, Donny Edwards; Quality Nurse Reviewer, Amber Jackson-Jordan.

September 18 - 15th Annual Black Cat Ball at CAM-PLEX Energy Hall

CCH nominees for the Outstanding Healthcare Awards are:

Val Amstadt, PA-C, CCMG Pediatrics

Sherry Bailey, Director, Medical Surgical and ICU

Dr. Attila Barabas, CCMG Urology and Chief Medical Officer

Christie Boer, Occupational Therapy, the Legacy

Steve Crichton, former Vice President of Facilities and Plant Operations

Employee Health/Infection Prevention department

Holly Hink, APRN, Kid Clinic

Kyla Kimball, RN, Surgical Services

Dr. Bob Neuwirth, CCMG Nephrology and Complex Medicine

Caity Riggs, RN, Employee Health

Dr. Nick Stamato, CCMG Cardiology and Chief of Staff

Dr. Mike Stolpe, Emergency department

Other information

- August marked the 10th anniversary of the Close to Home Hospice Hospitality House. Since opening its doors in 2010, Close to Home has served over 3,200 hospitality guests and cared for over 570 hospice patients.

Strategic Focus

People

Ms. Niemitalo reported the following year end stats for People goals:

- Reduce voluntary turnover
Goal: 12.6%
Year End: 11.9%
- Reduce recordable injuries (as defined by OSHA)
Goal: 2.2
Year End: 3.2
- The effectiveness of the CCH Leadership Development will be evaluated with a



composite score of each LDI
 Goal: 4.59

Year End: 4.63

- Employee Engagement
 Goal: 3.81
 Year End: 3.56
- Leaders in Training for Excellence (LITE)
 Goal: 8.70%
 Year End: 8.81%

Service

Ms. Allee and Ms. Belden reported the following year end stats for Service goals:

HCAHPS

- Top Box % 2019 / 64
 2020 / 69.5
- Percentile rank
 2019 / 17
 2020 / 36

ED Survey

- Top Box % 2019 / 71.8
 2020 / 72.7
- Percentile rank
 2019 / 64
 2020 / 57

Medical Practice Survey

- Top Box % 2019 / 77
 2020 / 79.6
- Percentile rank
 2019 / 29
 2020 / 33

Urgent Care Survey

- Top Box % 2019 / 65
 2020 / 71.8
- Percentile rank
 2019 / 13
 2020 / 22

Outpatient Services Survey

- Top Box % 2019 / 82.6
 2020 / 82
- Percentile Rank
 2019 / 69
 2020 / 49

LTC Resident Satisfaction

Goal: 4/7 drivers at 85%
 Ended: 6/7 exceeded goal of 85%

Legacy Care Measures

Goal: 6/11 at or below CMS national target of 6%
 Ended: 6/11

**Care**

Ms. McJilton and Ms. Robertson reported the following year end stats for Care goals:

- Sepsis
Goal: 67%
Year End: 58%
- Serious Safety Events
Goal: 2
Year End: 2
- Readmissions
Goal: 5.6%
Year End: 5.72%
- Reduce Suicide rate per 10,000 population
Baseline: 1.73
Year End: 1.95
- Reduce Suicide Attempt rate per 10,000 CCH clients
Baseline: 532.7
Results: 353.5

BusinessBusiness

Ms. Mary Lou Tate provided the following financial report:

- Operating Margin
Goal: -6.77%
Actual: -5.56%
- Days Cash on Hand
Goal: 130
Actual: 172
- AR Days
Goal: 60
Actual: 90
- Collection Rates
Goal: 2.00%
Actual: 5:00%
- EBIDA
Goal: 12.02%
Actual: 13.12%

July 2020:

- Inpatient admission were just slightly up at 215 compared to 205 a year ago.
- Observation patients were at 107 compared to 119 a year ago.
- The average daily census at the Legacy is 141 compared to 140 a year ago.
- Outpatient visits were at 15,704 compared to 14,116 a year ago.
- Clinic visits were 8, 364 compared to 8,716 a year ago.
- Walk-In Clinic visits were at 1,408 compared to 1,735 last July.
- Emergency room visits were also down to 1,628 compared to 1,820 a year ago.
- Hospital surgeries were down to 371 compared to 450 last July.
- PRSC surgeries were at 140 compared to 156 last July.



- Net patient revenue is at budget.
- Days cash on hand decreased by 8 to 164.
- Cash balances decreased by \$3.8M.

- Accounts receivable days decreased to 78 days.

SLIB Grant update:

Ms. Tate explained that CCH did not receive any additional funds from the SLIB Board that met today. The SLIB Board is moving towards an allocation method. Board members can go to www.wyomingsense.gov/cares-act to view how the state is spending the CARES Act money. \$200M is set aside for state, county and local municipalities, \$100M is set aside for healthcare and \$33M for hospitals.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 6:34 p.m.

The regular meeting reconvened at 9:54 p.m.

The next regularly scheduled Board meeting is September 24, 2020 at 5:00 p.m.

Alan Stuber, Secretary

Ellen Rehard, Recorder