



**GOVERNING BOARD
REGULAR MEETING**

The Campbell County Hospital District Board of Trustees met in the Hospital's Fifth Floor Classrooms on Thursday, April 26, 2018.

Members present:

Mr. Harvey Jackson
Ms. Ronda Boller
Dr. Sara Hartsaw
Mr. George Dunlap
Mr. Randy Hite
Mr. Adrian Gerrits

Member absent:

Dr. Ian Swift

Also present:

Mr. Andy Fitzgerald, Chief Executive Officer
Dr. Jennifer Thomas, Chief of Staff
Mr. Dalton Huber, CFO
Ms. Deb Tonn, Vice President of Patient Care
Ms. Noamie Niemitalo, Vice President of Human Resources
Mr. Bill Stangl, Vice President of Physician Services
Mr. Steve Crichton, Vice President of Facilities and Plant Operations
Ms. Ellen Rehard, Recorder
Public

OPENING

Call to Order

Mr. Jackson, Chairman, called the meeting to order at 5:01 p.m.

Invocation

Chaplain Gordon Harper led those present in an opening prayer.

Mission Statement

Ms. Boller read Campbell County Health's Mission Statement.

Vision Statement

Mr. Hite read Campbell County Health's Vision Statement.

Roll Call

Ms. Ellen Rehard called the roll of the Trustees of the Board of Campbell County Memorial Hospital District. Mr. Jackson, Ms. Boller, Dr. Hartsaw, Mr. Dunlap, Mr. Hite and Mr. Gerrits are present. Dr. Swift is excused.

Approval of Agenda

Dr. Hartsaw moved, seconded by Mr. Dunlap, to combine the 2nd floor inpatient unit under action items and remove from discussion items. Mr. Jackson, Ms. Boller, Dr.



Hartsaw, Mr. Dunlap, Mr. Hite and Mr. Gerrits voted aye. Motion carried.

Ms. Boller moved, seconded by Dr. Hartsaw, to move the Administrative policy Overnight Accommodations from the Consent agenda and add as Action Item #6. Mr. Jackson, Ms. Boller, Dr. Hartsaw, Mr. Dunlap, Mr. Hite and Mr. Gerrits voted aye. Motion carried.

Dr. Hartsaw moved to approve the agenda as amended. Dr. Hartsaw withdrew her motion.

Mr. Dunlap moved, seconded by Mr. Gerrits, to move the Administrative policy Gifts and Awards from the Consent agenda and add as Action item #7. Mr. Jackson, Ms. Boller, Dr. Hartsaw, Mr. Dunlap, Mr. Hite and Mr. Gerrits voted aye. Motion carried.

Mr. Gerrits moved, seconded by Ms. Boller, to approve the agenda as amended. Mr. Jackson, Ms. Boller, Dr. Hartsaw, Mr. Dunlap, Mr. Hite and Mr. Gerrits voted aye. Motion Carried.

Consent Agenda

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

Approval of Minutes

Minutes from March 8, 2018, Special Board meeting (copies appended to minutes).

Minutes from March 22, 2018 Board meeting (copies appended to minutes).

Minutes from March 29 & 30, 2018 Board Retreat (copies appended to minutes).

Administrative Policy Review

One Administrative policy, Concurrent Clinical (copy appended to minutes). **No motion required.**

Finance Meeting

Items requiring Board Action from the April 23, 2018 Finance Committee Meeting (copy appended to minutes).

Committee Reports

Physician Recruitment and Retention Committee

Healthcare Foundation

Legacy Advisory Board

Quality Committee

Facilities Planning Committee

Dr. Hartsaw moved, seconded by Mr. Dunlap to approve the Consent Agenda as amended. Mr. Jackson, Ms. Boller, Dr. Hartsaw, Mr. Dunlap, Mr. Hite and Mr. Gerrits voted aye. Motion carried.

RECOGNITION ITEMS

Provider of Month

Robert Grunfeld, M.D.

Growing up in his native Germany and later while living in Canada, Dr. Robert Grunfeld dreamed of one day moving to the wide-open spaces of the American West. Dr. Grunfeld's



grandfather was an ophthalmologist and inspired him to enter medicine. Dr. Grunfeld attended medical school at Penn State University and completed his residency in Orthopaedic Surgery at Hershey Medical Center in Hershey, PA. He completed a Fellowship in Foot and Ankle at the University of Rochester in Rochester, NY. Dr. Grunfeld joined the CCH medical staff in 2015 and practices at Powder River Orthopedics and Spine.

Dr. Grunfeld believes that 'walking is life,' and studying with five outstanding foot and ankle specialists put him on the path to specializing in foot and ankle surgery. He chose orthopedics because of the potential to change people's lives and literally get them back on their feet.

He says that the people of Campbell County are the nicest, hardest working he's ever been around and he admires the work ethic he's experienced since he came to Gillette. In fact, he's had to change the way he does surgical implants because his patients would begin walking sooner than he wanted them to in order to get back to work. Now he uses stronger anchors for his ankle stabilization procedures.

Dr. Grunfeld and his wife Beth Stephens have two children under age 2, and they love living on their ranch just outside of Gillette. When he's not working, Dr. Grunfeld enjoys hiking, skiing and snowshoeing. He just started hunting and snowmobiling this year, and they both enjoy riding ATVs.

Provider Recognition

Tracy Wickersham-Frey, PA-C, Walk-in Clinic

Tracy comes to CCMG from the Newcastle Regional Health Clinic. Like Lori McInerney, Tracy is no stranger to CCH, as she worked as a Respiratory Therapist in the CPS department. Tracy received her Master's in Clinical Health Sciences from the University of Washington, MEDEX Northwest. She will be practicing in the CCMG Walk-in Clinic.

Lori McInerney, APRN, Urology

Lori completed her Masters of Science in Nursing-Family Nurse Practitioner from Walden University in Minneapolis, MN in November 2017. She continued to work as a registered nurse in the CCMH ICU while attending school. Lori will be practicing at CCMG Urology, along with Dr. Attila Barabas. She is currently learning the clinic routine and documentation system and working with Dr. Barabas in preparation for seeing patients independently.

Deb Mullinax, PA-C, Walk-in Clinic

Deb comes to CCMG from Cedars Health in Sheridan, where she practiced as a primary care, urgent care and occupational health physician assistant. She completed her Master of Science in Physician Assistant Studies at Western Michigan University in Kalamazoo.

Employee Recognition

Director

Colleen Heeter

Powder River Surgery Center

Thanks for working here Thursday

Mary Lou Gladson

Legacy

Burton Hayden

EMS

Marie Teresa Kessel

PT Home Health and Hospice

Collie Evert

Surgery



Darylene Wadsack

BHS

Department Discoveries

Urology Clinic

April

Retiree

Carolyn Cole

Early Childcare Center

PUBLIC QUESTIONS OR COMMENTS

Mr. Jackson asked if there were any comments or questions from the public at this time. Catherine Galilee, on behalf of the Legacy Advisory Board, urged the Board to approve a capital request to add parking for The Legacy in next year's budget.

EDUCATIONDebt Reduction

Mr. Huber reviewed the debt reduction scenarios that were presented at the Board retreat. He suggested that the next project following the 2nd floor remodel could be debt reduction. Mr. Huber explained that 125 days cash on hand gives CCH adequate liquidity going forward. He also mentioned that CCH does not have any public debt.

Medical Insurance Premium Changes

Ms. Niemitalo presented the recommendation for changes to the CCH health insurance plan. In 2018 CCH is projected to spend \$12,780,958, which is a 12.5% increase from 2017. Stop loss reimbursement is almost \$300,000 higher at the end of March compared to last year and are anticipating at least a 35% increase for the upcoming year. Administration recommends that we no longer offer the low deductible plan. If the low deductible plan is administered at the "true defined contribution" rate it will cost a single person \$1,283.62 or 41% more per year; and a family \$4,808.96 or 55% more per year. The low deductible plan for a single person currently costs \$119.08 per pay period. The high deductible plan will cost \$81.43 per pay period for a savings of \$979.90 a year. For a family the low deductible plan currently costs \$338.64 per pay period. The high deductible plan will cost \$239.87 per pay period for a savings of \$2,568.02. The family deductible was \$1500 for the low deductible plan and will now be \$3000. Employees will be able to choose either the high deductible plan or the Health Saving Account. Both plans will allow employees previously in the low deductible plan to break even or save on premium costs. Ms. Niemitalo announced several employee in-service times are scheduled as well as open house hours in Human Resources.

ACTION ITEMSMedical Staff Appointments

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

Reappointments:**Courtesy:**

Department of Medicine

Robert Neuwirth, M.D.**Linda Walby, M.D.**

Internal Medicine

Physical Medicine & Rehabilitation



Department of Maternal Child
Amber Cohn, M.D.

OB / GYN

Department of Surgery
Kris Canfield, M.D.

General Surgery

Courtesy:

Department of Medicine
Mark Dowell, M.D.
Sunli Rao, M.D.

Infectious Disease
Internal Medicine

Departments of Maternal Child
Samuel Brescia, M.D.

Pediatric Cardiology

30-DAY EXTENSION REQUESTS– Applications Not Received AND/OR Complete

Jon Kerr, M.D.
Lora Rigsby, D.O.
Tracy Wasserburger, NNP
Mary Patterson, PA-C
Stanford Israelsen, M.D.
Brahmananda Koduri, M.D.

Joseph Maycock, O.D.
Mark Walter, M.D.
Kyle Kusek, M.D.
Michel Skaf, M.D.
Robert Novick, M.D.

MEDICAL STAFF NOT RENEWING PRIVILEGES TO NOTE:

Jennifer Linden, M.D.

MEDICAL STAFF RESIGNATIONS TO NOTE:

David Boedeker, PA-C Effective date **revised** to April 14, 2018

Mr. Jackson, Ms. Boller, Dr. Hartsaw, Mr. Dunlap, Mr. Hite and Mr. Gerrits voted aye. Motion carried.

Board Scholarship Recipients

The Scholarship Committee presented four names to the Board for approval to receive the Board of Trustee’s Scholarships.

Mr. Jackson, Ms. Boller, Dr. Hartsaw, Mr. Dunlap, Mr. Hite and Mr. Gerrits voted aye. Motion carried.

Medical Staff Bylaws

Dr. Thomas presented recommendations from medical staff for revisions to the Medical Staff Bylaws. The changes were unanimously approved by the medical staff.

Mr. Dunlap moved, seconded by Ms. Boller, to approve the Medical Staff bylaws as presented. Mr. Jackson, Dr. Swift, Ms. Boller, Dr. Hartsaw, Mr. Dunlap and Mr. Gerrits voted aye. Motion passed.

Retro Commissioning Contract

Mr. Crichton explained there were three bids for the retro commissioning – cooling tower project. Miller Mechanical was the low bidder.



Mr. Dunlap moved, seconded by Ms. Boller, to approve the recommendation from Facilities Planning Committee to award the Retro-Commissioning contract to Miller Mechanical for \$216,875. Mr. Jackson, Dr. Swift, Ms. Boller, Mr. Dunlap and Mr. Gerrits voted aye. Dr. Hartsaw was not present for the vote. Motion passed.

2nd Floor Inpatient Unit

Mr. Crichton presented five viable options for the second floor patient room projects:

1. Proceed with April bids and move forward.
 - Pros: Have pricing in hand
 - Local and regional contractors are ready to go
 - Anticipation with staff who are ready to transition from planning to action
 - Buy without uncertainty of inflationary impacts
 - Cons: Need to commit to spending cash
 - If the project needed to stop we could have “shut down” costs for stored materials
 - Plan changes based on mockup rooms is unknown but expected to be minor
2. Proceed with April bids but create a delay to allow a couple additional months of results by:
 - a. Determining how long current bids will be valid.
 - b. Spend additional time evaluating mock up rooms.
 - c. Issue revised drawings to “complete” addendum items including results of the mock up trial.
 - Pros: Have pricing in hand if we can hold subcontractor bids
 - Local and regional contractors ready to go
 - Time to incorporate any design changes from mockups and to evaluate latest patient census data
 - May be able to hold pricing to allow continued evaluation of financial results and debt reduction plans
 - Cons: Need to commit to spending cash
 - If bids cannot be held we run the risk of increases
 - Assume that any rebidding required will cause some pricing creep that cannot be realistically measured
3. Provide for a two phase construction project to allow expenses to be spread out.
 - Pros: Have pricing in hand as a baseline for comparison
 - Overall end state of design would not have to change
 - Buy without uncertainty of inflationary impacts for Phase I
 - Allows preservation of cash for a time
 - Cons: Infrastructure would need to be in place to support Phase I causing expense per room or per square foot to be much higher initially
 - Plan changes based on phasing would need to be developed
 - Without a definitive timeline phases would have to be bid separately
 - Total cost is most likely to increase but it is impossible to know by what amount
4. Delay the start date of the project for a time TBD.
 - Pros: Have pricing in hand as a baseline for the same work
 - Overall end stated of design would not have to change
 - Bidding would be redone giving a “new” total cost that would be committed to by all parties
 - Time would allow better understanding of CCH finances including cash position and debt retirement and to build cash reserve
 - Belief is that this could be less expensive than phasing the work
 - Cons: Total cost is most likely to increase but it is impossible to know by what amount



We have unknowns including inflation, material and labor cost increases
 Costs associated with Scull contract cancellation and they have not billed for any
 costs incurred with final design and bidding involvement

5. Do nothing and shelve the current plans until some point in the future a decision point is reached.

Mr. Jackson asked for Administration's recommendation. Mr. Fitzgerald stated that Administration recommends Option 3, but would need time to go back and rebid some of the project and to come back with diagrams and numbers of what this would look like. Ms. Boller inquired about the mock up rooms. Mr. Crichton explained that the mock up rooms are included in the overall project and would be pushed out with the entire schedule. Dr. Hartsaw asked if at the end of Phase I whether patient rooms could be occupied. Mr. Fitzgerald stated that after Phase I is complete, patient rooms could be occupied. Dr. Hartsaw identified that the current patient rooms are on the edge of inadequate. Mr. Jackson asked about subcontractors since they are ready to go right now. Mr. Crichton does not anticipate that a 60 day delay will affect the contractor bids.

Dr. Hartsaw moved, seconded by Ms. Boller, to lay this on the table time certain to come back to the June meeting with the final numbers and recommendation from Administration. Mr. Jackson, Dr. Swift, Ms. Boller, Dr. Hartsaw, Mr. Dunlap and Mr. Gerrits voted aye. Motion passed.

Overnight Accommodations Administrative Policy

Ms. Boller asked to clarify whether a friend or caregiver could stay overnight with the patient since the policy refers to family members. Ms. Tonn verified that it can be a friend or caregiver.

Ms. Boller moved, seconded by Dr. Hartsaw, to approve the policy as presented. Mr. Jackson, Dr. Swift, Ms. Boller, Dr. Hartsaw, Mr. Dunlap and Mr. Gerrits voted aye. Motion passed.

Gifts and Awards

Mr. Dunlap inquired about the tax employees are responsible for when they receive awards or prizes. Mr. Fitzgerald explained the IRS requires that tax must be paid on amounts over a minimum amount. CCH has set that minimum at \$35.00. Ms. Niemitalo stated that the Standards Committee lets employees know up front that tax will be taken so they are not shocked when it comes out of their paycheck. Employees have the option of not taking the award or prize.

Mr. Dunlap moved, seconded by Mr. Gerrits, to approve the policy as presented. Mr. Jackson, Dr. Swift, Ms. Boller, Dr. Hartsaw, Mr. Dunlap and Mr. Gerrits voted aye. Motion passed.

DISCUSSION ITEMS

CEO Succession Plan Committee

Mr. Jackson proposed that the Compensation Committee members make up the ad hoc CEO Succession Plan Committee. Those members include the Chair, Vice Chair and past Chair. They will begin meeting shortly to develop a strategy for CEO succession.

FY18 Capital Budget Projects

Mr. Crichton presented the Facilities Capital Budget projects for FY18. All the projects with the exception of one have come in under budget.



INFORMATIONAL ITEMS

Chief of Staff Report

Dr. Thomas reported that Dr. Kioschos has resigned as Chief of Staff Elect. She will begin looking for a replacement. Specific criteria must be met by the candidate. Dr. Thomas will continue to act as Chief of Staff

CEO Report

Mr. Fitzgerald reported on the following:

- The Foothills Award from Rocky Mountain Performance Excellence was presented to the Board of Trustees. CCH has now begun the application process for the 4th level of the Baldrige award.
- The Board/MEC joint meeting is scheduled on May 3rd at 5:30 p.m. to present the Strategic Plan to the medical staff.
- Ms. Niemitalo received notice from Becker's, a leading source of business and legal information for the healthcare industry, that CCH has been named one of the top 150 places in healthcare to work at.
- CCH has just received their 4th three year trauma designation and is the only hospital in Wyoming that has been accredited for three consecutive cycles.

STRATEGIC FOCUS

People

Ms. Noamie Niemitalo reported on Leadership Development. CCH's leadership development's objective is to develop highly effective leaders throughout the organization and identify and train new leaders for succession planning. This will lead to an organization that upholds high expectation of its leaders and demonstrates a commitment to resources for future leadership. Three 1 or 2 day Leadership Development Institutes are held annually with all directors/managers expected to attend. This year's topics were strategic plan updates, LEM and validation metric, crucial accountability, SWOT analysis, succession planning, leadership competencies, and coaching and mentoring.

Care

Ms. Sue Ullrich reported on readmissions. A readmission is defined as an inpatient who is admitted again within 30 days. CCH tracks patients over the age of 64 years. CCH's internal rate YTD is 5.2%, CMS data rate is 9.25%, and the national rate is 15.3%. CCH actions for improvement include improved patient education, post discharge calls, medication assistance and assuring follow-up appointments are made in a timely manner.

Service

Ms. Deb Tonn reported on HCAHPS which are patient experience scores. Healthstreams, the vendor CCH has used for several years, was purchased by Press Ganey. All patients discharged after April 1st will be surveyed through Press Ganey. Press Ganey completes their surveys by mail, email or text. Telephone surveys have been discontinued.

Business

Mr. Huber reported the following for the month of March:

- Revenues were down significantly from the budget and from last year. Admissions were down 26 from last year. Surgeries were down 20% from budget and last year. Outpatient have continued to be about 8% short of last year.



- Expenses were down. \$13.2M in net revenues and \$15.1M in expenses.
- Operating loss of \$(1.9M).
- Bottom line loss of \$(778,000).
- EBIDA is at 5.8%, well short of goal.
- Year to date operating revenues are higher than last year.
- Operating Expenses are higher than last year.
- Operating loss of \$11.9 through nine months.
- EBIDA margin is 10.06%.
- Days of revenue accounts receivable is 65.
- Days Cash on Hand dropped to 170.
- Cash decreased by \$6M to \$77M.

Strategic Initiatives

Bundled Payments

Mr. Fitzgerald explained that bundled payments combine payment for physician, hospital, anesthesia, post acute care, outpatient rehab and other provider services into a single payment for all services furnished during an episode of care. Bundled payments can reduce the cost of health care, create incentives for providers to deliver high quality care more efficiently through improved coordination and promotes joint accountability for managing resources and total costs with the opportunity to share savings. Medicare has mandated bundled hips/knees in urban markets across the country and it will probably come to Wyoming. Companies like the predictability of the price and the hospital assumes the risk for complications. CCH could benefit by bringing more patients to the facility. CCH has selected Clifton Larsen Allen as a consulting partner in this project.

Mr. Jackson expressed his thanks to Mr. Lubnau for attending every meeting and also for the presentation he gave on Roberts Rules of Order at the Board retreat. Mr. Jackson also thanked Mr. Gerrits for filling in for him at the Volunteer dinner when he was unable to attend.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 7:27 p.m.

The regular meeting reconvened at 8:35 p.m.

ADJOURNMENT

There being no further business, the meeting adjourned at 8:35 p.m.

The next regularly scheduled Board meeting is May 24, 2018 at 5:00 p.m. in Classroom 1.

Ronda Boller, Secretary

Ellen Rehard, Recorder