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Board Retreat
March 28 & 29, 2019
The Lodge at Deadwood

The Campbell County Hospital District Board of Trustees met at The Lodge at Deadwood on Thursday, March 28, 2019 and Friday, March 29, 2019

Members present:

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

Members absent:

Dr. Sara Hartsaw

Also present:

Mr. Andy Fitzgerald, Chief Executive Officer
Mr. Dalton Huber, Chief Financial Officer
Ms. Colleen Heeter, Chief Operating Officer
Ms. Misty Robertson, Chief Nursing Officer
Mr. Bill Stangl, Vice President of Physician Services
Mr. Steve Crichton, Vice President of Plant Operations
Ms. Noamie Niemitalo, Vice President of Human Resources
Ms. Jonni Belden, Vice President of Continuing Health Services
Dr. Nicholas Stamato, Chief of Staff
Dr. John Mansell, Chief of Staff Elect Medical Staff
Dr. Attila Barabas, Chief Medical Officer
Ms. Ellen Rehard, Recorder

INVOCATION
Mr. Andy Fitzgerald led those present in an opening prayer.

OPENING
Call to Order
Dr. Swift, Chairman, called the meeting to order at 10:00 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 and Ms. Harry are present. Dr. Hartsaw is excused and Mr. Hite will be arriving later.

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Welcome
Dr. Swift stated he looks forward to the next couple of days and to the insight that those present will provide.

Approval of Agenda
Dr. Swift stated that Executive session will be moved up to follow the general discussion.
Mr. Gerrits moved, seconded by Ms. Boller to approve the agenda as amended. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits and Ms. Harry voted aye. Motion carried.

Consent Agenda
Ms. Harry requested to pull Administrative policy Staff Rights: Staff Requests for Non-Participation in Care Delivery from Administrative Policy Review in the Consent agenda to discuss at the April Board meeting.

Approval of Minutes
Minutes from February 28, 2019 Board regular meeting (copy appended to minutes).

Administrative Policy Review
Three Administrative policies, Flowers for Employees, Board Members and Physicians, GIVE Grant Fund and Valet Parking Service (copy appended to minutes). **No motion required**.

Administrative Policy Approval
Four Administrative policies, Patient Capacity (Adults), Patients' Bill of Rights/Responsibilities, Withholding or Withdrawal of Life Support, Adults (Code Status/Allow a Natural Death) and Withholding or Withdrawal of Life Support, Minors (copy appended to minutes).

Finance Meeting
Items requiring Board Action from the March 25, 2019 Finance Committee Meeting (copy appended to minutes).

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

ACTION ITEMS
Medical Staff Appointments
Dr. Nicholas Stamato recommended approving the following medical staff appointments as recommended by the appropriate Department Chairman, Credentials Committee, and Executive Committee.

APPLICATIONS:
The following applications were reviewed and deemed complete.
New Appointments:
Courtesy:
Department of Medicine
Rene L. Mosada, MD Neurology

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Reappointments:

Active:

Department of Medicine

Timothy Bohlender, MD	Family Medicine
Suzanne Harris, MD	Family Medicine
James Naramore, M.D.	Family Medicine
Kirtikumar Patel, M.D.	Internal Medicine
Thomas Repas, D.O.	Endocrinology

Department of Surgery

Michael Stolpe, D.O.	Emergency Medicine

NOTE: Dr. Stolpe's privileges expire April 30, 2019. Reappointment will begin May 1, 2019.

Department of Maternal Child

Angela Biggs, M.D.	OB / GYN

NOTE: Dr. Bigg's privileges expire April 30, 2019. Reappointment will begin May 1, 2019.

Department of Surgery and Powder River Surgery Center

Hans Kioschos, M.D.	Orthopedic Surgery

NOTE: Dr. Kioschos' privileges expire April 30, 2019. Reappointment will begin May 1, 2019.

Ian Swift, M.D.	Otolaryngology

Courtesy:

Department of Medicine

Alexandru David, M.D.	Infectious Disease
Adrian Fluture, M.D.	Cardiology

Department of Maternal Child

David Fall, M.D.	Pediatrics

Courtesy – Telemedicine:

Department of Medicine

Mary Maymana, MD	Psychiatry

Limited Health Care Practitioners:

Department of Medicine

Erin Clark, PA-C	Psychiatry

Department of Surgery AND Powder River Surgery Center

Jared Weishaar, CRNA	Anesthesia

NOTE: Mr. Weishaar's privileges expire April 30, 2019. Reappointment will begin May 2, 2019.

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ADDITIONAL PRIVILEGE REQUESTS

Kris Canfield, M.D.	To Perform Endobronchial Ultrasound (EBUS)

30-Day Privilege Extension Request Applications Not Received AND/OR Complete

Received	Not Yet Received
Michael Nolledo, M.D.	Landi Lowell, M.D.
Nathan Simpson, M.D.	
Philip McMahill, M.D.	
Michel Skaf, M.D.	

April
Michael Stolpe, D.O.
Angela Biggs, M.D.
Jared Weishaar, CRNA
Kioschos

RENEWAL NOT RECOMMENDED:
Brenda Engle, APRN

MEDICAL STAFF RESIGNATIONS:
The following resignations were noted:

Nancy Rousch, CRNA	Effective January 1, 2019
Marwah Helmy, M.D. (StatRad)	Effective December 6, 2018
Dipti Nevrekar, M.D. (StatRad)	Effective May 12, 2018

Ms. Boller, Mr. Stuber, Mr. Gerrits and Ms. Harry voted aye. Dr. Swift abstained. Motion carried.

Mission/Vision/Pillars/Values
Mr. Stuber read the Campbell County Health's Mission Statement. Ms. Boller read the Campbell County Health's Vision Statement. Mr. Gerrits read the Campbell County Health's Pillars and Core Values. Mr. Gerrits stated that he would like to see a statement added on what CCH would like to become. Ms. Harry stated that it does not say enough about our people.

CCMH Strategic Plan SWOT
Mr. Fitzgerald explained that the management team met to discuss the current strengths, weaknesses, opportunities and threats of the organization.

Strengths include:
People
- Focus on Safety
- Employee Knowledge
- Experienced Employees
- New MD Talent
- Succession Planning
- Leadership/Education Dev.

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- Engage Community
- Intelligent Administration
- Lean Initiative
- Interdisciplinary Teamwork
- Vision
- Exist Providers
- Provider Leadership focus
- Innovative Technology
- Strong Benefit Plan

Service

- Pursuit of Excellence
- The Legacy
- Continuum of Care
- Culture of Service

Care

- Service Lines
- Studer Partnership
- IT Technology (PACS)
- Emphasis on quality

Business

- Mill Levy
- Cash on Hand
- Capital Budget
- Facility Infrastructure

Board member additions to Strengths

- Employees and providers
- Service lines
- Facilities (specialized equipment)
- Finances / Mill Levy / Charity Care
- Care – birth to end
- Difference in Board
- Partnership with college
- Relationship with Healthcare Foundation
- Relationship with other entities
- LEAN

Weaknesses include:

People

- Staff Recruitment
- Surge Capacity/Cross training

Service

- EMR Integration
- Departmental Silos/Lack of alignment
- Focus on Customer Service

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Care
- Outmigration of Patients
- Patient Throughput/Care Transition
- Patient and Staff Wayfinding/Clarity of Services

Business
- Multiple Billings Systems
- Lack of Streamlined Work Processes'
- Geographic isolation/people, supplies, repairs, parts

Board member additions to Weaknesses
- Geography
- In the middle of several service areas
- Reduced talent pool to recruit from
- Billing
- Many outside consultants
- Consistency of culture across the organization. Some departments feel that no one has their backs
- Access to service
- Patients leaving town
- Board
- Public perception
- Marketing
- Not the only game in town

<u>Threats</u>

People
- Workplace Violence

Service
- Supply Chain interruptions

Care
- Growing number of Medicare patients

Business
- Regulation
- Outside Competition
- Cybersecurity
- Declining Reimbursement
- Political Uncertainty
- Economic Threats
- Energy Economics

Board member additions to Threats
- Safety/Threats to employees
- Changes in healthcare
- Financial state of Gillette
- Suicide
- Governmental regulation

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- Growing technology / expand and cyber security
- Change in leadership
- Competition
- Provider burn-out
- Supply chain / backorders
- Nursing shortages / experience
- Social media and media

Opportunities include:

People
- Cross-utilization of staff
- Continuing education for staff/CEUs
- Expand career programs at HSEC
- Workforce

Service
- Post-acute care after discharge
- Reduce patient outmigration
- Specialty service outreach
- Robust patient portal
- Patient-centered customer service
- Expand orthopedics

Care
- Telehealth/Telemedicine
- Chronic Disease mgmt./ Medical Home
- Discharge process
- Alternative Healthcare models
- Concierge services

Business
- Bundled payments
- Prescription assistance program
- Regional collaboration / affiliations
- Service agreement consolidation
- Equipment standardization
- Market awareness/excellence
- Charge analyst
- Productivity mgmt.
- Business intelligence
- Lean expansion

Board member additions to Opportunities
- Marketing / Media
- Technology / tele med
- Outreach market share / providers and specialties
- Alignment with other organizations
- Facilities

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- Service line expansion
- More patient centered / patient satisfaction / value based medicine
- Better serve population and meet community needs
- Provide healthcare at a lower cost
- Education

The Strategic Plan:

People – Achieve organizational workforce development goals by recruiting, orienting, developing and retaining highly engaged and accountable employees.

- Reduce employee voluntary turnover from 13.9% to 13.62% - Suggest a 5% improvement next year from this year's final number.
- Recordable injuries will decrease from 4.1 to 3.9 – Currently at 3.1. Will keep but recalibrate for FY20.
- Effectiveness of CCH leadership development program – Will keep but recalibrate for FY20.
- Employee Engagement – Will keep buy recalibrate after survey results are received.
- Succession Planning – This is the first year of the program. An assessment is obtained at the beginning and again at the end of the program. Will keep but recalibrate for FY20.

Care – 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 regulation and the Baldrige framework.

- Sepsis – Currently meeting the goal at 55%. Keep but recalibrate.
- # of QM measures 6/11 at or below CMS national target of 6% - Keep but recalibrate.
- Reduce serious safety event rate – Had 2 serious safety events this year. Will keep but recalibrate.
- Clinical Improvement for suicidal patients – Will keep but with a new measurement. Ms. Robertson will come back with some ideas.
- Improve the transition of care across the continuum – Are not meeting the goal.

Service – CCH will demonstrate a culture of Excellence Every Day as demonstrated by continuous, measurable improvement in-patient and resident experience data across the organization.

- Inpatient HCAHPS scores – Keep but recalibrate.
- ED scores – Keep but recalibrate.
- Outpatient scores – Keep but recalibrate.
- LTC Resident Satisfaction – Keep but recalibrate.
- Medical Practice Clinic scores – Keep but recalibrate.
- Walk in Clinic scores – Keep but recalibrate.
- Add OAS Patient Experience scores. Suggesting 10 of 17 at or above the 60th percentile.

Mr. Hite arrived at 1:00 p.m.

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Business – Achieve financial stability and efficiency as an organization while fulfilling the responsibilities of stewardship over community funds and integrity and transparency in business relationships.

- Increase Operating Margin to budget – Keep but recalibrate to budget.
- Maintain cash days on hand at 156 days – Keep but recalibrate to budget.
- CCH AR days will be reduced to 60 days – Keep with same goals.
- Improve collection rates from collection agencies by 5% from 1.9% to 2% - Keep with same goals.
- Increase EBIDA Margin – Keep but recalibrate.

Projects:

Creating a Workforce Future

- Increase workforce locally. Create training programs for high school students and offer evening and weekend positions for that group.
- Incorporate new onboarding and mentorship programs throughout the organization.

Primary Care Medical Home/Population Health

- Patient centered medical home. Reduce ED and unnecessary inpatient visits. Medicare offers additional reimbursement for chronic care management.

Technology Plan for Telemedicine

- Ms. Robertson will explore at least 3 new applications for telemedicine.

Long Term Strategy for Care Delivery

- Ms. Heeter will look at options to develop care coordination between acute care and outpatient continuum of care.

Alignment/ Affiliation Agreement

- CCH will identify areas and service lines that they are most interested in getting help with and develop an RFP.

Patient Friendly Billing

- Consultant coming this spring to help with billing.

Revenue Cycle Management Project

- Improve AR days to 55

Bundled Pricing

- Would like to remove for the time being.

Information Technology Plan:

- More robust customer portal to medical record and other patient access opportunities.
- IT Strategic Plan

Physician Recruitment:

- 3d Health will present the plan to Physician Recruitment and Retention Committee.

Facilities:

- Master Facility Plan Development
- 2nd Floor IP remodel project

Market Share

Mr. Bud Lawrence defined market share as a portion of the market controlled by a particular company or product. For CCH that includes service lines, certain procedures and specialties.

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CCH's primary market is Campbell County. The secondary market is Crook and Weston counties. Mr. Lawrence stated that CCH hopes to learn the percentage of services lost to other facilities specific to DRG, CPT codes, diagnosis codes, and service lines. He also hopes to learn if CCH is offering the right service lines. He is currently obtaining data from IBM Watson. Once he has obtained all of the data, he will be able to compare all service lines. Mr. Lawrence will provide additional information in a couple of months and will follow up at the fall Board retreat.

Chief of Staff Overview

Dr. Stamato reported that there are sixty-six physicians on the medical staff. Forty physicians from the Campbell County Medical Group and twenty-six physicians in private practice. There are also 40 APP's on staff. Dr. Stamato is working to determine why the medical staff office has such a large backlog. One issue is the constant need for locum tenens. It usually takes between 60 to 90 days to get a physician credentialed. Dr. Stamato also addressed physician wellness. Clinician burnout has become something that needs to be dealt with. Burnout can be found among roughly 44% of doctors nationally. After talking with several CCH providers, Dr. Stamato believes CCH needs to offer additional wellness opportunities for providers including mental health services. Many physicians feel stressed and their performance is hindered because of it. He suggested forming a small taskforce of medical staff. He has also done quite a bit of research and has found a state mental health program in Colorado that will contract with out of state organizations. Dr. Stamato suggested that Board members watch the YouTube video, Moral Injury.

PLC & CCMG Update

Dr. Barabas reported that when he arrived at CCH in 2010, the entire medical group fit into 3S. Physician Leadership Council (PLC) worked with Med/Man to form a physician team that includes multiple inpatient and outpatient departments. Dr. Barabas has been the Chief Medical Officer for about nine months. Every physician is a leader of at least their own practice but there is limited engagement between providers. PLC is trying to change the culture and strengthen the group. They work with providers on patient satisfaction, dashboard and metrics, provide quality and CMS assistance, address burnout, promote medical staff participation, and offer online leadership instruction. CCMG is becoming a group and have opened up more lines of communication. The Campbell County Medical Group is headed in the right direction.

Board Education

Culture

Dr. Swift reviewed the relationship of administration with the medical staff. Joint Conference Committee is the meeting where administration and medical staff come together to exchange information and solve problems. The medical staff is made up of sixty-six physicians. If you take out the hospitalists and ED physicians, the number is close to 50/50 CCH employed and independent. Medical Executive Committee (MEC) controls the medical staff. MEC is very powerful and they decide whom to send to the Board for the final credentialing step. The Campbell County Medical Group (CCMG) breaks down into the Physician Leadership Council (PLC) who are led by the Chief Medical Officer (CMO). Dr. Swift hopes to see the CMO role grow to work with independent providers as well. The new role of Chief Operations Officer (COO) is closely aligned with the CEO and takes on more of the operational side of the organization. The Chief Nursing Officer (CNO) is responsible for nursing and quality of care. Dr.

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Swift added that another arm of the medical staff is nurse practitioners and physician assistants who are a valuable part of the medical staff and service the community very well.

Revenue Cycle

Dr. Swift provided an overview of revenue cycle. Revenue cycle challenges can include:

1. Lack of staff training
    - Data & demographics collection
    - Point of service
2. Failure to have appropriate Financial Policies & Procedures
    - All steps
3. Health Information Technology
    - Facilitate provider / Clearinghouse / Payer interactions
4. Failure to monitor the entire claims process
    - Adequate reports
    - Clean claims analysis
    - Denied claims

Dr. Swift added that revenue cycle is not easy. He recommends staff education, to pay attention to detail and to obtain prior authorization. It is important to learn the process and send in clean claims.

Recess

The regular meeting recessed at 4:55 p.m. until March 29, 2019 at 8:00 a.m.

Call to Order

Dr. Swift called the meeting to order at 8:00 a.m.

Board Discussion on Changes in Healthcare Finance

Mr. Fitzgerald covered some points from the article he provided to the Board, Medical cost trend: Behind the number 2019.

Factors affecting 2019 medical cost trend:

- Medical technology and innovation – Mr. Fitzgerald has been approached by two surgeons about robotics. One regarding the De Vinci robot and one regarding the robotic arm for spine surgery.
- Drug spending – Drug spending is out of control. The same drugs in Europe or Canada are ½ the cost. Dr. Swift suggested having conversations with physicians about lower cost drugs that they may not be aware of. Mr. Huber added that CCH is part of the 340B program, which allows CCH to purchase drugs at a savings, although not all drugs qualify.

Mr. Fitzgerald is the AHA Region 8 Policy Board delegate from Wyoming and he recently attended a meeting in Phoenix. Some of the issues discussed were pharmaceutical costs, the access issue, maternal child demise, charity care and finance. Most hospitals are losing money on their operations. We may see a continued waive of mergers or possible bankruptcies.

Five Year Financial Forecast and Debt Reduction

Mr. Huber prepared a 5-year profit and loss projection. He also prepared 10-year debt reduction scenarios.

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Assumptions for 5-year projections:

- Volumes constant going forward from 2019.
- Revenue and expense inflation at 2% per year.
- Operational improvement of $1.5million at Legacy in 2020.
- Depreciation expense of $1.5 million added in 2020 for inpatient project.
- Mill Levy 5% reduction in 2020 and 2% growth after that.
- Capital equipment, remodeling and IT approximately $12 million/year after 2nd floor project.
- No adjustments made for PRSC changes or physician recruitment.

Profit and Loss 2020-2014

- EBIDA stayed at approximately 12%.
- 2% return based on cash balance.

Debt Reduction

- Cash is at $60M in 2020 and grows to $120M in 2029 making regular payments.
- At the end of every year, look at days of cash, and anything over 150 days of cash put that amount down on debt. Cash would then flatten out at about $80M and debt would be gone by 2028. Interest savings would be about $2.5M. The operating margin in 2028 would be a loss of $14M with a bottom line of about $3M if there was no interest expense. Capital budget assumptions did not change.
- Looking at 170 days of cash, capping out at $85M cash, could be debt free in 2029. This would keep a little more cash on hand.

Facility Master Plan

Mr. Crichton reported that the patient room construction project is running on time and on budget. Recently Stroudwater completed a master facility plan for CCH. They believe the project is the right size and where CCH wants to be. Stroudwater looked at the campus, as it exists today and reported the following:

- The Gillette market is anticipated to grow by 5.7% over the next five years.
- Even with industry (and local) shifts from inpatient to outpatient status, overall inpatient discharges are anticipated to grown by 6.1% over the next five years, due to overall population growth and aging of the population.
- It appears that the proposed CCH 2nd floor bed replacement project of 29 Med/Surg, Peds, ICU, and OB beds is very close to the calculated demand.
- Outpatient services are anticipated to grow by 16.3%. Some services are expected to grow at a greater or lesser rate:
    - Office visits 13.1%
    - Emergency visits 4.2%
    - X-Ray 10.9%
    - CT 15.5%
    - Lab 23.5%
    - Physical Therapy 13.6%
    - Nephrology 28.9%
    - Gastroenterology 8.2%
    - OP Surgery 9.3%
    - Orthopedic Surgery 5.8%

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- CCH is the dominant provider of inpatient services, with more than 70% inpatient market share for ALL services, using 2017 Wyoming All Payer inpatient data.
- Competition remains a real concern on outpatient services.
- The following low hanging projects are already in the capital budget. The first phase will be in the upcoming budget.

Initial Projects / Low Hanging

CCMH Initial Project Cost Estimates

Base Gut Renovation Cost per S/F:		Baseline $400				
DEPARTMENT	BGSF	Variance per s/f	Cost per SF	Construction Cost	Project Markup	Project Cost
Relocation of Pathology to 1st Floor Patient Financial Services	1,000	1.10	$440.00	$440,000	1.4	$616,000
Relocate Biohazard Holding to IT Classroom	500	0.40	$160.00	$80,000	1.2	$96,000
Relocate IT Classroom	500	0.50	$200.00	$100,000	1.3	$130,000
Dialysis Improvements / Additions	1,940	1.00	$400.00	$776,000	1.0	$776,000
Respiratory Therapy Remodel	2,000	1.00	$400.00	$800,000	1.0	$800,000
Imaging Subwaiting Remodel	1,700	0.75	$300.00	$510,000	1.2	$612,000
PACU Improved Patient Access	1,870	0.50	$200.00	$374,000	1.5	$561,000
Emergency Department Flow / Imaging / Infusion / Obs Project	5,280	1.20	$480.00	$2,534,400	1.6	$4,055,040
TOTAL NEW DGSF	14,790					$7,646,040

Mr. Crichton presented the two options proposed by Stroudwater for the future Master Plan:

Option 1 Master Plan

CCMH Option 1 Project Cost Estimates

Base Gut Renovation Cost per S/F:		Baseline $400				
DEPARTMENT	BGSF	Variance per s/f	Cost per SF	Construction Cost	Project Markup	Project Cost
Ground - New Primary Care Clinic Expansion	24,000	0.75	$300.00	$7,200,000	1.3	$9,360,000
Relocate Administration	6,000	0.50	$200.00	$1,200,000	1.3	$1,560,000
Fourth - South Pod	7,401	1.00	$400.00	$2,960,400	1.5	$4,440,600
			$0.00	$0		$0
Low Hanging Projects			$0.00	$0		$7,646,040
			$0.00	$0		$0
			$0.00	$0		$0
			$0.00	$0		$0
			$0.00	$0		$0
TOTAL NEW DGSF	37,401					$23,006,640

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Option 2 Master Plan

CCMH Option 2 Project Cost Estimates

Base Gut Renovation Cost per S/F:		Baseline $400				
DEPARTMENT	BGSF	Variance per s/f	Cost per SF	Construction Cost	Project Markup	Project Cost
Ground - New ED / Walk In Clinic	25,500	1.00	$400.00	$10,200,000	1.5	$15,300,000
Ground - New 3 Bay Ambulance Garage	800	1.00	$400.00	$320,000	1.2	$384,000
First - New Main Clinic	24,500	1.00	$400.00	$9,800,000	1.5	$14,700,000
First - New Entrance	1,000	2.00	$800.00	$800,000	1.5	$1,200,000
Fourth - Gut Renovation of Fourth Floor	22,734	1.00	$400.00	$9,093,600	1.5	$13,640,400
Relocate Admin and HR	7,500	0.50	$200.00	$1,500,000	1.2	$1,800,000
Low Hanging Projects (Less ED)						$3,591,000
TOTAL NEW DGSF	82,034					$50,615,400

Mr. Crichton and Mr. Fitzgerald will take a deeper look into the recommendations from Stroudwater and present a plan at the fall Board retreat.

Information Technology Strategic Overview

Mr. Sabus provided an overview of the areas IT needs to focus on.

Efficiency Improvements

- Consolidation and simplification of infrastructure
  - Move Legacy physical servers to virtual
  - Move data center from hospital location to the Pioneer building location.
  - Cloud Strategy
    - Utilize Microsoft Office/Email Cloud products – FY22
    - Utilize cloud options for 3rd party support software
    - Research managed services – phones, printing, network, server and storage
  - Lower reliance by IT and other departments on external consulting
  - Refine and implement advanced project management resources
  - Electronic and automated processes

Mr. Sabus stated that IT is working to standardize processes, optimize electronic medical record operations, provide education and training to physicians, and create simple and reliable remote access capabilities. They would like to enhance the website and external communications including advanced portal features. They are looking into security and compliance strategies as well. Mr. Sabus will create an IT Strategic Plan.

General Discussion

Ex-Officio Board member

Dr. Swift stated that during the time Mr. Hite was Board chairman, there was discussion about adding an ex-officio Board member. At that time, it was decided not to pursue. The idea came up again when Board members attended the Rural Health Care conference in Phoenix last month. Dr. Swift stated that an ex-officio Board member would be a non-voting member, but

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would come in from the outside with healthcare expertise. Mr. Fitzgerald stated that CCH would need to pay a stipend and expenses. The community may not support the idea and the downside could be getting the wrong person. Mr. Fitzgerald will discuss the idea with Mr. Lubnau and look into what bylaws changes would have to be made.

Board Rounding
Dr. Swift expressed that Board rounding looks more like Board touring, which would keep Board members out of the weeds. Ms. Boller met with Mr. Lubnau regarding rounding and suggests that he speak with the entire Board. Executives expressed their concerns and added that there could also be opportunities. Ms. Boller would like to vote on Board rounding/touring at the April Board meeting. Mr. Hite asked that Ms. Boller explain at that meeting how this would help the organization.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 12:00 p.m.

The regular meeting reconvened at 1:03 p.m.

Credentialing Exception
Mr. Gerrits moved, seconded by Ms. Boller, to recommend that the Medical Staff proceed with the credentialing process of the physician who is not American Board certified. He is granted an exception to the requirement for ABMS Board certification. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Mr. Hite and Ms. Harry voted aye. Motion carried.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 1:03 p.m.

The regular meeting reconvened at 1:50 p.m.

Board Assessment and Job Description
Mr. Fitzgerald reviewed the Leadership and Board assessments with Board members. Seven Board assessments were completed. Board member had previously submitted answers to questions on the following categories:

- People
- Care
- Service
- Business

Dr. Swift reviewed the SWOT for Board members.

Strengths
Trust – Executive Session
Backgrounds
Ages
One Voice

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Weaknesses
Elected
Approachable
Inexperience
Overcoming community perception

Opportunities
Continued education "Retreat"
CEO Succession
Guidance along service lines
Help administration reach strategic goals
Better onboarding

Threats
Deviation from Code of Ethics
Operations – getting into the weeds
Rounding
Personal conflicts

Dr. Swift and Mr. Hite will brainstorm on how to make Board onboarding better.

ADJOURNMENT
There being no further business the meeting adjourned at 2:08 p.m.

The next regularly scheduled Board meeting is April 25, 2019 at 5:00 p.m. in Classroom 1.

_____
Alan Stuber, Secretary

_____
Ellen L. Rehard, Recorder