



**GOVERNING BOARD
REGULAR MEETING**

The Campbell County Hospital District Board of Trustees met in the Hospital's Fifth Floor Classrooms on Thursday, June 27, 2019.

Members present:

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

Members excused:

Ms. Ronda Boller

Also present:

Ms. Colleen Heeter, COO
Dr. Mark Hoskinson, Chief of Medicine
Ms. Misty Robertson, CNO
Ms. Noamie Niemitalo, Vice President of Human Resources
Mr. Bill Stangl, Vice President of Physician Services
Ms. Jonni Belden, Vice President of Continuing Health Services
Ms. Ellen Rehard, Recorder
Public

OPENING

Call to Order

Dr. Swift, Chairman, called the meeting to order at 5:00 p.m.

Invocation

Chaplain Donny Edwards led those present in an opening prayer.

Mission Statement

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

Vision Statement

Ms. Harry 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. Dr. Swift, Mr. Stuber, Mr. Gerrits, Mr. Hite, and Ms. Harry are present. Dr. Hartsaw will arrive shortly and Ms. Boller is excused.

Approval of Agenda

Mr. Gerrits moved, seconded by Ms. Harry, to approve the agenda as presented. Dr. Swift, Mr. Stuber, Mr. Gerrits, Mr. Hite 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 May 23, 2019 Board meeting (copy appended to minutes).

Administrative Policy Review

Four Administrative policies, E-Mail Usage, Grant Administration, Influenza/Viral Transmission Prevention Strategies, and Injuries to Volunteers (copies appended to minutes). **No motion required.**

Administrative Policy Approval

One Administrative policy, Withholding or Withdrawal of Life Support, Disabled Infants (copy appended to minutes). **No motion required.**

Finance Meeting

Items requiring Board Action from the June 24 , 2019 Finance Committee Meeting (copy appended to minutes).

Committee Reports

- Facilities Planning Committee
- Physician Recruitment and Retention Committee
- The Legacy Advisory Board
- Quality Committee
- Healthcare Foundation

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

RECOGNITION ITEMS

Employee Recognition

- | | |
|-----------------|--------------------------|
| Rhonda Wortman | Medical Records |
| Christie Boer | Legacy Rehab |
| Jody Sexton | Pharmacy |
| Yvette Land | Professional Development |
| Britni Lane | Human Resources |
| Cassie Staschel | Oncology |

GALI Graduates

- | | |
|------------------|-----------|
| Cassie Linduska | Radiology |
| Chelsey Petersen | Legacy |

Succession Program

- | | |
|-------------------|------------------|
| Carey Allen | Radiology |
| Laura Castellanos | ICU |
| Bud Lawrence | Quality |
| Patty McJilton | Quality |
| Julie McLaughlin | IS |
| Matt Pueringer | Plant Operations |



Christina Rose
Shawna Ryman
Julie Tarter

Wellness
Medical/Surgical Unit
Surgical Services

PUBLIC QUESTIONS OR COMMENTS

Dr. Swift asked if there were any comments or questions from the public at this time. There were none.

EDUCATION

FY2020 Proposed Budget

Ms. Heather Stucker reviewed the proposed FY2020 budget. CCH is proposing an overall price increase of 2%, 3% and 5%. She projects that, overall, volumes will stay flat to the FY2019 projections. Increases are projected in surgery cases for the new spine surgeon along with increases in clinics for the new providers in Pediatrics, Complex Medicine, Cardiology, Internal Medicine, and PROS. The WIC will probably continue to see a decrease in volumes. Legacy Rehab should see a slight increase.

Expense Assumptions include:

- Salaries 3% merit/market adjustment applied
- FTE's overall increase of 2.5 or 2%
- Benefits up 4% driven by health insurance
- Contract labor and locums decrease of \$3.8M
- Pharmaceuticals up 5% and chemotherapy 12%
- Service Agreements up 15% driven by IT expense
- Other expenses general inflation of 3%

Below is the proposed budget for FY2020:

CAMPBELL COUNTY HEALTH

| | FY2020 Budget |
|---------------------------------------|--------------------------|
| Equipment | |
| FY2020 Equipment | 5,433,134 |
| Facility Plan | |
| FY2020 Facilities | 5,259,828 |
| Major Projects | |
| OB / Med Surg / ICU Room Replacement | 16,706,521 |
| IT Projects | |
| PACS Expansion | 432,000 |
| BCA | 255,120 |
| GE Parinatal Integration | 160,255 |
| | <u>150,000</u> |
| | 997,375 |
| Contingency | |
| Administration | 250,000 |
| Campbell County Medical Group | 200,000 |
| Plant Operations - Legacy Contingency | 50,000 |
| Plant Operations | <u>100,000</u> |
| | 600,000 |
| FY2020 Proposed Capital Budget | <u>28,996,858</u> |



ACTION ITEMS

Medical Staff Appointments

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

New Appointments:

Courtesy:

| | |
|-----------------------------|-------------------|
| Department of Medicine | |
| Sundeep K. Ram, D.O. | Internal Medicine |

Reappointments

Active:

| | |
|--------------------------------|-------------------|
| Department of Medicine | |
| William Hoskinson, D.O. | Internal Medicine |
| Nathan Tracey, M.D. | Family Medicine |

| | |
|--------------------------------------------------------|----------------|
| Departments of Surgery AND Powder River Surgery Center | |
| Jessica Quinlan, M.D. | Anesthesiology |

Courtesy:

| | |
|-------------------------------------------------------|--------------------|
| Department of Surgery AND Powder River Surgery Center | |
| Keith Jackson, M.D. | Orthopedic Surgery |
| Adam Jorgensen, M.D. | Ophthalmology |

Limited Health Care Practitioner – Independent

| | |
|------------------------------------------------|----------|
| Department of Surgery AND Powder River Surgery | |
| Daniel Allen, DPM | Podiatry |

Limited Health Care Practitioner – Dependent

| | |
|------------------------------------|----------------------------|
| Department of Medicine | |
| Tracy Wickersham-Frey, PA-C | Ambulatory Family Medicine |

Dr. Swift, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Mr. Hite and Ms. Harry voted aye. Motion carried.

60 DAY EXTENSION REQUESTS Applications Not Complete

Received

Michel Skaf, M.D.

30 DAY EXTENSION REQUESTS Applications Not Complete

Brent Thurness, M.D.

MEDICAL STAFF NOT RENEWING PRIVILEGES:

Daniel Kang, M.D.
Scott Wagner, M.D.
Chester Rall, APRN



MEDICAL STAFF RESIGNATIONS:

James Bergene, M.D.

Effective June 28, 2019

Dr. Swift, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Mr. Hite and Ms. Harry voted aye. Motion carried.

DISCUSSION ITEMS

Navigant – Community Mental Health

Mr. Gerrits explained that a committee has been developed to sort through what behavioral health services are available in the community and what services are needed. The steering committee consists of representatives from Campbell County School District, the City of Gillette, Campbell County, the City of Wright and state representatives. The group had a rocky start, but CCH brought Navigant Consulting in to complete a community behavioral health assessment. Mr. Gerrits will forward the final assessment to all Board members. The steering committee will meet again in July to work on a cooperative agreement and next steps.

INFORMATIONAL ITEMS

Chairman's Report

Dr. Swift presented CCH with the Mountain Pacific Quality award.

Dr. Swift stated that the budget is part of Service and Care pillars for CCH patients. During FY19 CCH provided the following care to patients:

- 3500 admissions to the hospital
- 7000 surgeries
- Almost 25,000 visits to the Emergency Room
- Almost 25,000 visits to the WIC
- Almost 20,000 visits to Mental Health
- 80,000 visits to Campbell County Medical Group
- A large number of patient visits to independent providers
- Average census at the Legacy is 145
- Home Health & Hospice continues to be busy
- New Clinics
 - Cardiology
 - Endocrine
 - Complex Medicine
- Unique Clinics in Campbell County
 - KID Clinic
 - Diabetic Education
 - Audiology
 - Coumadin Clinic
 - Outreach clinic in Wright

Dr. Swift added that the Jackson Hospital is talking about making a 12% increases in charges.

Chief of Staff Report

Dr. Hoskinson reported that badge sign-in for computers will save providers a lot of time allowing them to be more efficient and more productive. The new process should be available in September. He also recognized Misty Robertson for establishing a quick admit, one call, to get



a patient admitted to the hospital.

CEO Report

Ms. Heeter reported on these CCH events:

Events in June

| | |
|---------|---------------------------------------------------------|
| June 3 | Children's Summer Program begins |
| June 5 | First day for Junior Volunteers |
| June 6 | First Succession planning group graduation |
| June 20 | PET CT was delivered |
| June 21 | Legacy Longest Day celebration |
| June 25 | First of three sessions of Camp Med for 11-12 year olds |
| June 29 | Annual Close to Home Golf Tournament |
| June 30 | Sports Screenings offered through July 31 |

Upcoming events in July

| | |
|---------|--------------------------------------------------------|
| July 7 | Brain Injury Support Group meets monthly at the Legacy |
| July 9 | Caregiver Support Group at the Legacy |
| July 11 | Diabetes Support Group at CCH |

Other Items

- CCMH Maternal Child Grand Opening on July 9
- Evacuation Drill scheduled by EPC on July 23
- CCH received Mountain-Pacific Quality Health Award
- Welcome Mary Lou Tate

Strategic Focus

People

Leaders In Training for Excellence (LITE)

Ms. Natalie Tucker reported that the LITE Planning Team meets monthly and includes: Noamie Niemitalo, Colleen Heeter, Andy Fitzgerald, Misty Robertson, Jonni Belden, Steve Crichton, Natalie Tucker and Tanya Allee. The 2019 class had 9 graduates who were introduced during Employee Recognition. Participants were all involved in a group project as well as an individual project. The 2020 LITE class has been selected. Participants include: Brian Edwards, BHS; Dessie Hoxie, RT; Kyla Kimball, Surgery; Cassie Linduska, Radiology; Miranda Olsen, Surgery; Karla Reichenbach, Med/Surg; Andrea Robertson, BHS; Delora Schmidt, House Supervisors; Jordan Soloai, Rehab; Paul Tolman, IS; and Carene Weinand, Mat/Child.

Care

Legacy Update

Ms. Jonni Belden reported that six of eleven quality measures are at or below the CMS national target composite score of six. Excess weight loss is at 4.44 which is below the CMS national target of 6.0. The national target for catheter insertion is 6.0. The Legacy is at 0.78. UTI's are at 3.65 which is below the national average of 6.0. High risk pressure ulcers for the Legacy are 3.61. The national target is 6.0. The final relative improvement rate for readmissions for the Legacy is 49.37%. They received full reimbursement of VBP (value based purchasing) monies



for readmissions in 2018. Opportunities for the Legacy include:

- Continue to aggressively work on fall interventions.
- Review all medications for appropriate use.
- Staff education on documentation to ensure accurate coding for quality measures.
- Continue to relentlessly pursue the highest practicable wellbeing for the residents.

Service

Outpatient Caps/Survey

Ms. Mary Barks reported on Legacy resident satisfaction scores. All scores are above 85% Top Box for Quarter 4. Throughout the year the Legacy has maintained excellent scores in all questions. Leaders and staff are responsive to data and ask, "What can we do to improve" when there is a dip. Staff training is ongoing and impacts the resident experience. Ms. Barks sees opportunities for improving coordination of care. Legacy staff will work to use clear, consistent communication around admission and discharge. Work to manage the expectations of both the resident and family members and setting and communicating clear rehabilitation goals with the resident and family.

Business

Ms. Heather Stucker provided the following financial report:

May 2019:

- Total operating revenues were below budget by \$260,000 and \$260,000 below the prior year as well. YTD \$2.7M below budget. \$7.3M ahead of last year.
- Operating expenses exceeded budget for May by \$866,000. \$1.3M higher than last year.
- Loss from operations was \$2.1M for May and \$14M YTD compared to a budget of \$11.1M.
- Adding the Mill Levy and investment income brings excess revenue over expenses to loss of about \$850,000 for the month and a gain of \$328,000 YTD. About a \$1M shortfall in expenses for the month and YTD.
- EBIDA is at 5.76% for the month and 11.4% YTD.
- In May CCH generated about \$14.3M in net patient revenue. Inpatient volumes continue to be on a downward trend. Outpatient volumes are up.
- Bad debt and charity were close to budget for the month.
- Accounts receivable days dropped 8 days in May to 79.
- Days cash on hand dropped 3 days to 138.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 6:12 p.m.

The regular meeting reconvened at 8:47 p.m.

ADJOURNMENT

There being no further business, the meeting adjourned at 7:55 p.m.

June 27, 2019

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The next regularly scheduled Board meeting is July 18, 2019 at 5:00 a.m. in Classrooms 1 & 2.

Alan Stuber, Secretary

Ellen Rehard, Recorder