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Board Retreat
February 25 and 26, 2015
The Lodge at Deadwood

The Campbell County Hospital District Board of Trustees met at The Lodge at Deadwood on Thursday, February 25, 2016 and Friday, February 26, 2016.

Members present:

Mr. Randy Hite
Mr. Mike Dugan
Mr. Allen Todd
Mr. George Dunlap
Mr. Harvey Jackson
Dr. Sara Hartsaw

Members Absent:

Dr. Alan Mitchell

Also present:

Mr. Andy Fitzgerald, Chief Executive Officer
Mr. Dalton Huber, Chief Financial Officer
Ms. Deb Tonn, Vice President of Patient Care
Dr. Ian Swift, Medical Staff
Dr. Robert Neuwirth, PLC
Ms. Ellen Rehard, Recorder

Wyoming Hospitals Alignment Education

Ms. Vickie Diamond, President and CEO of Wyoming Medical Center presented the Board with information on non-merger affiliation options. Healthcare is undergoing significant changes with economic and financial pressures. 70% of Wyoming's population is on the borders. Coming together as a state can help leverage against larger hospital systems coming into Wyoming communities. The key trade-off for many community hospital boards is that of the benefits of the affiliation versus loss of local governance control. There is not just one model of affiliation and retention of a degree of local control is possible based upon the models under consideration. She stated there would be more leverage with insurers when a Wyoming integration network is formed. Ms. Diamond asked the Board to consider if CCH can stand alone and if so how long; do we have a clear vision for the future; do we have a clear set of goals and objectives for affiliation/partnerships; do we have an objective assessment of available partners? She provided a sample affiliation agreement and stated she is currently meeting with hospital boards to explain affiliation options.

Ms. Edith Selby, Wyoming Medical Center Board of Director, addressed the Board of Trustees as well. Ms. Selby believes healthcare in Wyoming is in trouble. Wyoming is a massive exporter of services and alignment could help keep healthcare within the state.

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Dr. Andy Dunn, Medical Director Primary Care WHMG, explained that alignment will help with patient care, physician communication, provide a referral center and help with retention of staff and revenue. He suggested that each participating partner appoint one physician from each hospital to form a physician leadership council. In 2014 there were 166 physicians per 100,000 population providing direct patient care in Wyoming.

OPENING

Call to Order

Mr. Hite, Chairman, called the meeting to order at 1:08 p.m.

Roll Call

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

Welcome

Mr. Hite shared a quote that he heard at the Rural Healthcare Conference. “The first thing you must do when starting something new, is stop doing something old”. He stated that during the retreat Board members will be discussing our volatile economy, engaging in crucial conversations and exploring new rules and regulations. The Board should move forward as an integrated Board, not with fear, but excitement.

Approval of Agenda

Mr. Hite advised that Dr. Neuwirth is ill and unable to attend the meeting today.

Mr. Hite moved to change PLC & CCMG update to 8:15 tomorrow and move executive session from 11:30 a.m. tomorrow to last thing on the agenda today.

Consent Agenda

Mr. Dunlap requested that item #4, Items Requiring Board Action from the February 22, 2016 Finance Committee Meeting, be pulled from the Consent Agenda for discussion.

Approval of Minutes

Minutes from January 28, 2016 Board regular meeting (copy appended to minutes).

Administrative Policy Review

Five Administrative policies, Fax Use of Health Information, Missing Valuables/Belongings, 1:1 Observation Care for Psychiatric Admission of Children and Adolescents, Terminating Patient Relationships in Medical Practice and Violence Management (copy appended to minutes). **No motion required**.

Board Policy Approval

Three Board policies, Banking Services Request for Proposal (RFP), Credentialing Policy, and Sponsorship for Not-For-Profit Programs (copy appended to minutes). Two Board policies recommended for deletion, Locum Tenens Coverage and Moving Expenses for Physicians Joining the Medical Staff at Campbell County Memorial Hospital (copy appended to minutes).

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Mr. Dunlap moved, seconded by Dr. Hartsaw, to approve the Consent agenda as amended.

Mr. Hite, Mr. Dugan, Mr. Todd, Mr. Dunlap, Mr. Jackson and Dr. Hartsaw voted aye. Motions carried.

Finance Meeting

Mr. Dunlap asked for clarification on what a clearinghouse is used for. Mr. Huber explained a clearinghouse is a company that CCH submits claims to that looks for discrepancies on coding. If a conflict or error occurs the claim is edited before it is forwarded to a payer. Mr. Dunlap also inquired about AR days being up to 99. Mr. Huber stated that there have been many issues with the computer conversion and getting all the pieces to work. Many bills were released in mid-January but have not yet been paid. CCH has contracted with a firm to help look at billing process issues. CCH may also select to move private pay accounts to a private biller which would create a smoother process. A big chunk of receivables are private pay. Mr. Fitzgerald advised Board members that AR day have been added as a goal to the proposed Strategic Plan and will be reported on every month in the Finance Committee meeting.

Dr. Hartsaw moved, seconded by Mr. Dugan, to approve the finance items pulled from the Consent Agenda. Mr. Hite, Mr. Dugan, Mr. Todd, Mr. Dunlap, Mr. Jackson and Dr. Hartsaw voted aye. Motion carried.

PUBLIC QUESTIONS OR COMMENTS

Mr. Hite asked if there were any comments or questions for the public at this time. There were none.

Mission/Vision/Pillars/Values

Mr. Dunlap inquired about the need to change the Vision statement if CCH aligns with other Wyoming hospitals. Board members continued to discuss the option of alignment.
CCH will continue to strive to be the first choice of healthcare and wellness in Wyoming.
Board members agreed the Mission statement is suitable. It was suggested that it be read at committee meetings as a reminder to fulfill the obligation to provide a lifetime of care with dedication, skill and compassion. Board members would like to change the Core Values for Business to: Fiscal Responsibility with Integrity and Transparency. With patients facing higher deductibles it is important to be pro-active and provide education on healthcare costs. Providing a cost estimate up front will allow patients to make an informed decision on their care and help them understand that there is an expectation for payment.

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:

- Financials
- Physical Plant
- Capital equipment
- Technology
- Payer mix

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- Quality
- Medical sub-specialists
- Comprehensive Services
- Evidence-based practice in CCMH
- Longevity of medical staff
- Quality of people
- Training
- Longevity
- Wages/Benefits
- Culture
- Continuum of care
- Vertical/Horizontal integration
- Improving customer service
- New insurance captive

Weaknesses include:

- Lack of sense of urgency for change and adopting new procedures/practices
- Too many IT initiatives on IT staff
- Need to turn data into information
- Volume decrease
- Increasing pts. w/o resources
- Staffing (selected areas)
- Cross training
- Software training
- Clinic best practices
- Staff not working at the top of their license
- Operational silos
- Interdepartmental communications
- Connecting all service line
- Entry level job skills/life skills
- Storage (actual and virtual)

Opportunities include:

- Adult day care
- Geri psych
- TCU/Rehab
- Chronic care management and palliative care
- Home based care
- Telemedicine
- Evidence Based Clinic Practices
- Continue to Recruit Primary Care
- Growth
- EED Cultural Change
- Improved communication technology
- Improved employed physician model

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- Improved wellness model
- Acquisition
- Alignment with system
- Home Medical Model
- New Payment Models
- Supply chain management

Threats include:

- Economy
- Competition
- Mission related service lines
- Acquisition by Other System
- Industry Building Primary Care In-house
- Provider/worker shortage
- Changing workforce
- Succession planning for Sr. Mgt.
- Social media
- Misperception of Tax Subsidy and Financial condition
- Healthcare reform
- Reimbursement
- Increasing cost
- Slow response to changing environment

The plan is broken down into four pillars:

1. People Pillar
2. Quality & Safety Pillar
3. Service Excellence Pillar
4. Business Pillar.

People:

- Reduce employee voluntary turnover from 18.4% to 17.5% - Keep but recalibrate for FY 2017; Currently exceeding at 15.5%.
- Employee Engagement score will increase from 74.6% (FY15) to 78.3% for a 5% improvement- Recommend completing every other year. Put back on plan for FY 2017.
- Recordable injuries (as defined by OSHA) will decrease from 5.6% to 5.3% - Keep but recalibrate for FY 2017; Currently exceeding at 4.7.
- Improve organizational leadership assessment score from 42.6% to 44.7% for Directors and Managers stating leadership training is either “Very Effective” or “Extremely Effective.” – Keep but recalibrate for FY2017.

Quality and Safety:

- Increase Overall Core Measure Compliance Score from 91.2% to 93%– Recommend taking that goal off the plan.
- Reduction of preventable Venous Thrombolysis Emboli (VTE) – Current VTE currently approximately 85% compliant.

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- Sepsis. Early management, severe sepsis, and septic shock. Core measure for Medicare – Current Sepsis protocol compliance is approximately 12%.
- Decrease readmission rate within 30 days for patients over 64 from 9.8% to 9.3%. (5%) – Keep for FY17 but recalibrate; currently meeting at 9.1%.
- Decrease the number of residents who have moderate to severe pain. Numerator: # of residents who stated they have moderate to severe pain at any frequency preventing them from participating in ADL. Denominator: # of residents assessed. § Current benchmark: 14.5%, we are currently 23.7%.
- Reduce falls resulting in major injury at LTC from 4.3% to 4.1% (5%) – Delete.
- Monitor resident weight loss to prevent decline in condition. Numerator: Percent of residents who have experienced weight loss of 5% or more in the last 30 days or 10% or more in last 6 months; Denominator: # of residents assessed - § Current benchmark 7.6% we are currently 9.9%.
- LTC facility acquired pressure ulcer not to exceed .074 per 1,000 resident days – Delete.
- Reduce Serious Safety Event Rate from 2.4 to 1.8 (25%) – Keep for FY17 but recalibrate; currently exceeding at 1.5.

Mr. Fitzgerald explained that each department has clinical items that they monitor. Items put on the Strategic Plan are items that CCH isn't doing well on or that affect a large number of people or items that relate to reimbursement. Mr. Jackson suggested adding a mental health goal. Mr. Fitzgerald will discuss creating a behavioral health clinical goal with Deb Tonn, Jeff Rice and Dr. Blanca Osorio and will return with three suggestions.

Service Excellence:

- Increase the number of HCAHPS domains to 6 of 9 above 75th percentile as measured by Health Stream vendor survey – Keep but recalibrate for 2017; currently not meeting this goal at 3.
- ECD scores for 12 of 17 questions above the 75th percentile of patient experience as measured by Health Stream vendor survey – Keep but recalibrate for 2017; Currently exceeding goal at 14 of 17 above 65%tile.
- Outpatient scores for 5 of 10 questions at or above the 50th percentile of patient experience as measured by Health Stream vendor survey – Keep but recalibrate for 2017; currently not meeting this goal at 3.
- Increase Long Term Care satisfaction by increasing 5 out of 10 key drivers to above the 50th percentile as measured by the NRC vendor survey – Keep but recalibrate for 2017.
- Increase Physician Clinic scores to 6 of 15 questions at or above the 50th percentile as measured by the Healthstreams survey – Keep but recalibrate for 2017; currently just under the goal.
- Increase Urgent Care to 8 of 18 questions at or above the 50th percentile – new.
- OP Surgery to 15 of 22 at or above the 65th percentile – new.

Business:

- Increase adjusted discharges to 100% of budget – Keep but recalibrate; currently exceeding the goal.
- Increase Operating Margin to budget – Keep but recalibrate; currently not meeting the goal.

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- Maintain cash days on hand from 210 days to 183 days – Keep but recalibrate; currently meeting the goal.
- CCMH AR days will be reduced to 70 days – Currently at 99.

Dr. Hartsaw inquired about asking for payment at the time of service in the ER. Mr. Fitzgerald stated that ED staff is asking for payment and setting the expectation, but there is no information on how the numbers have improved. Cardon Health has placed a staff member in the ED to help patients apply and qualify for Medicaid which has more than paid for that service. Board members discussed the benefits of public education on the costs of services and adding that as a tactic and goal. Mr. Fitzgerald explained that a consulting company will be coming in to look at CCH's revenue cycle which begins when the patient first comes in and ends when the account is zeroed out.

Projects:

Service Plan
- Diabetic Program – Continue with this project.
- Chronic Care Management Clinic – Development of a chronic care clinic that could see Coumadin patients.

Facility Plan
- Legacy Living Center – Occupancy in November, 2016.
- Develop IP room replacement plan – Design February 2017.
- Implement an energy management plan – Identify benchmarks and goal for improvement for FY18.

Information Technology Plan
- Meditech 6.15 Ambulatory implementation – Go live 6/1/2017.
- New PACS – Go live October 2016.
- Investigate home monitoring technology to enhance home care and increase efficiency.

Marketing/Recruitment
- Improve and increase marketing for CCH – Focus on strategic relationships and physician relationships.
- Recruitment of Physicians – Recruit according to Physician Recruitment Plan.

Human Resources
- Develop recruitment and retention strategies for senior management and key clinical/operational positions.

Campbell County Medical Group
- Implement Work Plan to enhance and improve clinic finances and operations – Implement the plan as determined by CCMG PLC and Med Man.

Business Enhancement
- Implement a bundled pricing program – Work with outside consultant to put together a plan and present to industry.
- Implement a productivity monitoring system – System in place and establish a goal for each department.
- Revenue Cycle Management Project – Improve AR days to 65.

Long Term Initiatives:
- Initiate a discussion with a payer partner to discuss a risk contracting strategy.
- Succession plan for Sr. leaders.

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Medical Staff Review and Physician Alignment

Dr. Swift reviewed physician alignment with patients, with staff, with other physicians and with administration and the Board.

CCH Medical statistics:

- Active staff physicians increased to 77 in 2016.
- Inpatient admissions 3002 in 2015.
- ER visits 23,598.
- Clinic visits 103,618.
- Deliveries 898.

Board members inquired about Board member visibility. Dr. Swift responded that Board visibility at committee meetings is very important, but not in the clinical settings. Good communication is very valuable for breaking down walls. Dr. Swift also supports bringing on a CMO to reach out to medical staff.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 4:24 p.m.

The regular meeting reconvened at 5:55 p.m.

Dr. Hartsaw moved, seconded by Mr. Todd, to adjourn until tomorrow at 8:00 a.m. Mr. Hite, Mr. Dugan, Mr. Todd, Mr. Dunlap, Mr. Jackson and Dr. Hartsaw voted aye. Motion carried.

The regular meeting recessed at 5:55 p.m.

The regular meeting reconvened at 8:00 a.m. on February 26, 2016.

PLC and CCMG Update

Dr. Neuwirth reported that recently the PLC held a retreat with MedMan to review their current environment and to assess where the PLC is going. Under the guidance of a CMO, they would like to focus on providing the right services to the community and improving on efficiencies by using a team approach for patient care. Dr. Neuwirth also advised they are also working on writing rational contracts that are enforceable and make sense. Mr. Hite questioned what the Board of Trustees can do to support the PLC. Dr. Neuwirth stated the Board can help by supporting the direction the medical group is heading.

Facility Planning

Mr. Crichton reviewed the following upcoming projects:

Stocktrail Parking Expansion

- $570,000 approved budget.
- Bid came in for $473,154.
- 45 days construction with an estimated completion date of July 2016.
- The Facilities committee looked at both concrete and asphalt from all bidders and determined asphalt would be easier for removal if plans for a garage go forward.

Smoke Evacuation/Lobby Entrance

- Original budget of $1,102,388.
- Approved budget is $979,474.
- Estimated completion date of July 2016.

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Cardiac Rehab/Laundry
- Approved budget of $2,865,965.
- Total estimated cost of $2,800,000.
- There is asbestos as well as molding under the flooring which will be abated. The estimated completion is January 2017.

Legacy Living
- Estimated construction completion is September 12, 2016.
- Estimated occupancy is November 1, 2016.
- Waiting on updated FF&E expenditures.

HGA – CCMH Inpatient Units
- Project kick-off was February 16-18.
  - Reviewed existing value stream maps for support services.
  - Reviewed master plan findings.
  - Reviewed Lean process goals with OB/ICU/Med-Surg.
  - Prepped for site tours.
- Site tours (3/9 – 3/10)
  - Tour 3 operationally progressive hospitals in Wisconsin.
    - HGA has worked with and are nationally recognized in Lean design.
  - Locally tour Laramie, WY and Billings, MT hospital.
  - Will hold bi-weekly WebEx with HGA to review Lean updates.
  - HGA on site at CCH to do shadowing studies for research.
- Ideal state development (4/25 – 4/27)
  - Brainstorm creative solutions with Value Stream mapping. What is the current state and what would the perfect state look like.
    - Meet with OB, ICU, Med/Surg, Pharmacy, EVS, Supply chain, Dietary.
    - Identify areas for rapid prototyping.
    - Identify new Lean opportunities.
  - Review Lean updates.
  - Adjacency diagramming with each inpatient unit separately.
  - Set goals for key metrics and objectives.
    - Know what we have and know where we want to get to. Can look back to determine if we accomplished what we want to accomplish.
  - Review suggested research opportunities.
    - May be able to contribute to the next facility.
  - Look at engineering systems; HVAC, plumbing, electrical, fire suppression, etc.
- Future state / Extreme Schemes (5/23 – 5/25)
  - Create value stream mapping that is achievable when the new units open.
    - Look at existing and look at ideal to determine how much of the ideal can be incorporated to remove barriers and improve processes identified.
  - Extreme scheme review.
    - What would it look like to try something different? What is possible?
  - Create spaghetti diagrams for each extreme scheme for all three inpatient units and support services.
  - Review research proposals
  - Detailed space programming
- Engineering Systems / Phasing
  - Introduce design sets for all major mechanical electrical plumbing systems
  - Update cost model

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- Pull data from EMR – look at all patient volume data for a three year period of time.
- Look at phasing of work

- Prototyping/Hybrid Schemes (6/28 – 6/30)
  - Review Lean updates with suggested resolutions
    - Determine what best pieces we can bring into the design.
  - Update value stream maps to align with Lean resolutions
  - Review hybrid schemes
  - Begin live trials where possible
  - Mock-ups of key spaces
    - HGA has technologies using iPads to walk around in the space and look at designs.
- Data Review / 50% Schematic design (Early July)
  - Live trial / Lean / Research updates
    - Look at statistics; e.g. infection rates, fall rates, counting nursing steps.
  - Review data update, confirm final patient room, bassinet and C-section room count.
  - Driver space and nurse station room lock
    - Establish goals for improvement of work flow and process.
  - Review / Revise floor plans
  - Engineering systems review
  - Bring a construction manager on board
    - Provide information on what missed, what can be done better and what costs will be.
    - Temporary hire for about six months.
- Schematic design (7/25 – 7/27)
  - Mechanical electrical plumbing engineers on site for in-depth review of existing systems
  - Kick-off interior design and finishes
  - Equipment collection commences
  - Meet with City and State
  - Cost model review with construction manager
- Design development (Sept – Oct)
  - Floor plan has been locked down
  - Get into the engineering system design as well
  - Construction manager to provide updated cost model
  - Meet with Gillette code officials
- Construction drawings (Mid Nov – Year End)
  - Architect produces the drawings that are necessary to submit to contractors in order to obtain bids on the work.
  - Guaranteed maximum price budget (hard budget)
  - Specification review and quality assurance review
  - User group capstone review
  - Life safety review
  - Mechanical, electrical, plumbing systems finalization
  - Meet with State of Wyoming Department of Health for final review
  - Board approval in January 2017
  - Commence construction as early as February 2017

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- Projected cost models
  - Project cost includes the cost of construction, contractor fees, design fees, state/local fees, furniture and minor equipment.
  - General scope includes full remodel of the entire second floor and infill second floor shell space.
  - Cost model low = $19.8M
  - Cost model high = $31.8M
  - Cost model mean = $25.8M

Mr. Dugan inquired whether patients have been invited to participate in the inpatient unit project process. Mr. Crichton confirmed that members of the Patient Family Advisory Council have been invited and he plans to acquire more input from patients as well as physicians. Board members discussed the evolution of determine best spaces, looking at revenue generating service lines, efficiency, FTE's and designing for the future.

Financial Forecast

Mr. Huber reported the following:

CCMH 5 Year Projection

- Inpatient numbers up slightly in 2015, but project numbers will decrease slightly over the next 5 years.
- Outpatient visits, excluding clinic visits, up about 20% in 2015, but project numbers will remain flat. Mr. Huber will provide a more extensive report to detail the 20% growth at the next Board meeting.
- Pioneer Manor/Legacy Living Center up in 2016 and projecting a yearly growth of 5% per year. The new facility will draw residents from around the area and around the state.

Profit and Loss Projection

- With the increase of expenses at The Legacy will have to find increases out of other operations.
- Projecting a similar bottom line from 2015 to 2016.
- 2% increase of revenue.

Revenue/Expense Assumptions:

- Revenue – 2% growth
- Operating Expenses – 1.5 to 2% growth
- Bottom line – $1.5M.
- Tax levy – Took 20% off this year and 5% each additional year.

Improvement Initiative 2016

- Applied Management Systems consulting to establish staffing targets for each department. AMS will look at staffing targets. They will be onsite mid-March and should have preliminary targets mid-April.
- Claro to assist with revenue cycle improvement. Claro is collecting data now.
- 340b drug purchasing program work to save >$1 million in drug expenses. This can be used only for outpatient drugs, but the potential savings is huge.

Service Line Review

Behavioral Health Services

Ms. Tonn stated that administration has not been asking for more beds, but it is necessary to increase the room size.

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Inpatient Admits
The patient census did spike this week for 3 days, but has been running about 21.
Patient Days
Length of stay days have gone up with a downward trend for 2016.
Maternal/Child Services
OB saw the highest delivery rates of 852 in 2015 and deliveries are projected higher for 2016.
BHS Length of Stay and Daily Census
Behavioral Health has seen a considerable increase in inpatient activity with only 13 hours of no patients in the current fiscal year. The average length of stay in BHS is 5 days for adolescents with a total of 26 adolescent admits since the new unit opened. 1/3 of adult patients are Title 25.
Emergency Department visits
ER visits are trending down. A new nurse director was hired this year. She has a good relationship and connection with physicians and engages well with the staff. The ED has seen a positive impact on patient satisfaction scores.
Walk-In Clinic Visits
Walk-In clinic visits remained flat in 2015 and a decline is projected for 2016.
Outpatient Surgery
Outpatient volumes increased in 2015 and are projected to increase in 2016. The largest volumes are due to ENT, pain clinics and general surgery. There has been an increase of total joint procedures. Total cath lab procedures were greater than 500.
Dialysis Visits
There is a high incidence of dialysis in the community. The unit is open 6 days a weeks and has an all-time high of 31 patients with 2 patients on the transplant list.
Oncology Visits
Medical oncology continues to see growth.
Homecare/Hospice Outpatient Visits
There has been growth in homecare/hospice outpatient visits and are exploring telemedicine and telemonitoring.
Rehab
Volumes continue to grow. Every service is now on one floor. Women's services and dry needling have been added. Are searching for a speech therapist.
Pioneer Manor
Have been seeing an increase in patient residences day in 2016. A 20 bed TCU unit is planned for The Legacy. Because of the design a neuro rehab unit cannot be included in the building.
Radiology Procedures
Radiology procedures have decreased due to the shift in cardiology procedures.
Sleep Studies
The sleep lab is running seven days a week. It is fully staffed and doing very well.
Behavioral Health
Inpatient visits decreased in 2015 but have significantly increased in 2016. Outpatient had an overall reduction of 7 FTE's. Revenue is consistent with last year.
Home Medical Equipment Visits
Home Medical Resources has seen tremendous growth.
Clinic Visits
The clinic saw growth in 2015. Visits have declined in 2016.

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ACTION ITEMS

Medical Staff Appointments

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

New Appointments:

Courtesy – Telemedicine:

Department of Medicine

Peter A. DeLong, MD	Internal Medicine / Pulmonary Medicine
Mark N. Franklin, MD	Internal Medicine /Critical Care
Alan C. Garber, MD	Internal Medicine / Critical Care
Matthew D. Koff, MD	Critical Care Medicine
Stephen D. Surgenor, MD	Critical Care Medicine

Provisional Reviews:

Active:

Department of Medicine

Helen Iams, MD	Family Medicine / Sports Medicine

Reappointments:

Courtesy:

Department of Maternal/Child

Douglas Christensen, MD	Pediatric Cardiology
Benjamin Ross, MD	Pediatric Neurology
Shelley Shepard, MD	OB/GYN

Limited Health Care Practitioner:

Department of Surgery

Roger Jordan, OD	Optometry
Mary Patterson, PA-C	Pain Medicine / Ambulatory

ADDITIONAL PRIVILEGE REQUESTS

Jennifer Thomas, MD

Dr. Thomas is requesting additional privileges to perform superficial wound closures at Powder River Surgery Center.

Extensions Requested – Applications Not Received and/or Complete

Samuel Brescia, MD
Paul Dearing, MD
Mark Dowell, MD
John K. Heilman, MD
John Roussalis, MD

Mr. Hite, Mr. Dugan, Mr. Todd, Mr. Dunlap, Mr. Jackson and Dr. Hartsaw voted aye. Motion carried.

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Physician Recruitment
Deferral of Spine Surgeon Recruitment

Mr. Jackson moved, seconded by Mr. Todd, to approve the recommendation from Physician Recruitment and Retention Committee to defer the recruitment of a spine surgeon until 2019. Mr. Hite, Mr. Dugan, Mr. Todd, Mr. Dunlap, Mr. Jackson and Dr. Hartsaw voted aye. Motion carried.

Facilities
Stocktrail Building Parking Extension

Mr. Dugan moved, seconded by Mr. Dunlap, to approve the recommendation from Facilities Planning committee to award the bid for asphalt to Simon Contractors in the amount of $419,371.50 for the extension of the Stocktrail Building parking lot. Mr. Hite, Mr. Dugan, Mr. Todd, Mr. Dunlap, Mr. Jackson and Dr. Hartsaw voted aye. Motion carried.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 12:11 p.m.

The regular meeting reconvened at 12:13 p.m.

Televise Board Meeting
Mr. Fitzgerald reported that GPA advised that the CCH Board meeting is viewed more than the County and City meetings at 41%. New equipment is necessary, which would last about 10 years, to continue televising. Board members had no opposition going forward with replacing the equipment to televise the Board meetings.

Governance Assessment

Mr. Fitzgerald reviewed the Board assessment with Board members. Six assessments were completed. Board members had previously submitted answers to questions on the following categories:

- Roles and responsibilities
- Governance
- Mission/Planning
- Board Development
- Board Effectiveness
- Financial
- Foundation/Fund-raising
- Quality Assurance/Performance Improvement

Board members discussed revamping the Board assessment to include evaluating each other and themselves as well. Mr. Hite, Mr. Dugan and Mr. Jackson will form a committee to create a new Board Assessment as well as create Board job descriptions.

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Digital Board Materials
Mr. Jackson expressed the desire for Board materials to be distributed electronically using a digital program. Mr. Jackson will work with Ms. Rehard to review digital options and plans to bring a proposal back to the Board.

ADJOURNMENT
There being no further business the meeting adjourned at 1:35 p.m.

The next regularly scheduled Board meeting is April 24, 2016 at 5:00 p.m. in Classroom 1.

_____
Allen Todd, Secretary

_____
Ellen L. Rehard, Recorder