

Minutes

Our Mission

Serving our community by providing a lifetime of care with dedication, skill and compassion.

Our Vision

CCH will be the first choice for healthcare and wellness in Wyoming by providing Excellence Every Day.

Our Values

Care: Relentless Pursuit of Safety and Quality

People: Fairness and Dedication

Service: Care and Compassion

Business: Fiscal Responsibility with Integrity and Transparency

Our Meeting Non-Negotiables: Be prompt and present; be kind and collaborative; **We Are CCH.**

Meeting Purpose: To provide updates, deliver announcements, solicit feedback, and share information, connect and engage.

Estimated Meeting Length: 8:30a.m. – 4p.m. **Location:** Gillette College Health Sciences Building

Consent/Information Agenda	Discussion Leader	Time	Discussion	Expectation (See Legend)	Responsibility/Follow-Up
Breakfast Available		7:30-8:30			
Pledge of Allegiance Mission Statement Vision Statement	Chairman Stuber	8:30			
Roll Call	Jamie Kay, Executive Assistant			FD	
Approval of Agenda	Chairman Stuber		Trustee Mansell moved to approve the Agenda as presented. Motion seconded by Trustee Murphy; Motion carried unanimously.	FD	
Opening Remarks	Chairman Stuber		Thank you all for being here and thank you to everyone for allowing the dates to be moved up. Now is the best time to discuss items that you'd like to address.	FYI	
Consent Agenda			Motion to approve		
Approval of Minutes— September 2024		8:45-8:50	<p><u>Board of Trustees-Sep. 26, 2024</u> <u>Quality Committee-Oct. 11, 2024</u> <u>Legacy Advisory Board-Sep. 24, 2024</u> <u>WREMS-Sep. 27, 2024</u></p> <p>Trustee Hite moved to approve the Consent Agenda as presented. Motion seconded by Trustee Mansell; Motion carried unanimously.</p>	FA	

Approval of Med Staff Appointments		8:50-8:55	<p><u>Med Staff Appointments</u> Trustee Murphy moved to approve the Med Staff Appointments as presented. Motion seconded by Trustee Hartsaw; Motion carried unanimously.</p> <p>Discussion regarding the importance of personally reviewing the Med Staff Appointments. Extremely important part of what Trustees do.</p> <p>If there were an issue with credentialed a provider, Med Staff would bring to our attention. Med Staff Appointments have passed Credentialing and MEC—If the Trustees would like anything additional let Administration know.</p> <p>Moving forward Med Staff Appointments will be discussed in Executive Session and the Trustees will come out and approve in public after Executive.</p>	FA	
WE are CCH Recognition					
WE are CCH Recognition		8:55-9:00	<p><u>October Recognition Items</u> At the Black Cat Ball, a couple weeks ago Bryan Sharp, Jerry Taylor and Stacey Hastreiter received Outstanding Community Health Awards. The</p>		

			<p>statistics regarding how many people Jerry and his team see are very impressive. Stacey Hastreiter’s Oncology patients are constantly raving about her.</p> <p>Bryan Sharp the EMS Services are incredibly well ran.</p> <p>Outstanding Patient Experience: 388 hospitals in the country have received this honor. Kudos to our entire team, you can really see the hard work they have put in in the last year and our culture is turning!</p>		
Public Questions or Comments		9:00-9:05	None		
Action Items					
Board of Trustees Policies	Chairman Stuber	9:05-9:15	<p>The process is that CEO Shahan reviews the policies and consults with Mr. Lubnau and changes are implemented for the Board’s review.</p> <p>Board Conduct and Ethics</p>	FA	

		<p>Remains Unchanged. October of 2021 was the last review. No concerns or issues.</p> <p><u>Board Evaluation</u></p> <p>CEO Shahan and Jamie will be getting the survey out to the Board for their self-survey.</p> <p><u>Budget Process</u></p> <p>No Changes on Budget Process; was reviewed in July of 2021. We have struggled to meet the May deadline; that has been discussed already for this year; a tentative Budget will be available in May, however, understand there will be changes.</p> <p><u>Credentialing</u></p> <p>Reviewed in 2023; no updates or changes.</p> <p><u>Governing Body Ethics</u></p> <p>Addresses Nepotism; Use Public Property; confidentially; Negotiation for Employment. Last reviewed in 2021; Wyoming Ethics and Disclosure Act trumps our policy if there is a discrepancy.</p> <p><u>Medical Staff Liability Insurance</u></p> <p>Addresses type of insurance carried; CEO Shahan shared that our malpractice liability insurance can be</p>	
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		<p>confusing; our tail insurance works differently; our providers are very well covered; Wyoming provides protection to providers that no other State does.</p> <p><u>Sponsorship of Non-Profit Programs</u> Try to stay under the numbers allowed by policy if any changes come up the Finance Chair will be notified. How is the return on investment calculated? Advertising and community events provide RIO.</p> <p>Discussion Chairman Stuber: Policy states donation must have prior approval from Board Chairman. Chairman Stuber would like to have that added to the minutes for community transparency. The donations are discussed at Budget and typically do not vary.</p> <p>CEO Shahan will bring a list of the donations to the next meeting.</p> <p><u>Standing Rules on Allowing the Public to be Placed on the Agenda</u> This is a hard one to enforce. The proper step is to notify Executive Assistant, meet with CEO and then be on the Board Agenda. What is on our website to guide the public to the proper steps? The contact</p>	
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			<p>us sends to an inbox that is monitored by Executive Assistants.</p> <p>Discussion regarding removing #1. There is nothing in the Statutes that require the public to go through the steps listed. This policy was implemented because previously people were coming to the meeting complaining about medical treatment and it puts confidentiality and HIPPA at risk. Previous years when that happened the Chairman called immediate executive session discussed risks with family and came back out to a public session.</p> <p>Ultimately the Policy will remain unchanged.</p> <p><u>Statement of Investment</u></p> <p>This policy follows Wyoming Statute; the additional language should have been incorporated a long time ago.</p> <p>We need to disclose if anyone has ownership of any stock in any financial institute, we do business with.</p> <p>CEO Shahan discussed the restrictions that CCH has in regard to potential investment. It limits upward growth but protects against swings in the market.</p>		
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		<p><u>Orientation and Continuing Education</u></p> <p>CCH offers new board members orientation and continuing education that is provided through Lubnau Law. CEO Shahan is available to go through any concerns. Available education opportunities: Board CEO Meeting with WHA, WHA Meeting; AHA Meetings available; Rural Leadership Conference in San Antonio coming up in February; if there are certain items the Board would like to receive education on let us know.</p> <p>Chairman Stuber—Suggests changing #2 to once annually as opposed to twice annually. It's a lot of commitment to attend two education sessions outside the area. Trustee Mansell agrees and would like to add an online option to reduce expenses.</p> <p>Trustee Murphy suggests adding Best on Board to be completed in the first 6 months of their tenure. It is extremely important to get that basic understanding.</p> <p>This Policy will be pulled out and be presented at the December Meeting with the changes. Send Chairman Stuber an email with requested Changes.</p>	
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			<p>Trustee Hartsaw Moved to Approve the Policies as presented, except the Orientation and Continuing Education Trustees. Motion seconded by Trustee Rice; Motion carried unanimously.</p>		
September Finance Report Out	Adam Popp, CFO	9:15-10:00	<p><u>EMS Capital Request</u></p> <p>Grant for one year for \$200k, if all goes well CCH can apply for the second year for an additional \$200K. Approval to spend \$73k grant money for equipment and the \$24k and for education.</p> <p>Discussion from Chairman Stuber— EMS is top notch and very professional. They are a fun group to work with, especially given the shortage of EMS Staff in the region. CCH is very lucky to have what we have.</p> <p>Yvette Land has done a tremendous job not only on behalf of EMS but CCH as a whole. Not only does she find the grants and helps us qualify, she helps facilitate the funds on the back end.</p> <p>Trustee Murphy moved to approve the above-mentioned Grant Expenditures as presented. Motion seconded by Trustee Hartsaw; Motion carried unanimously.</p>	FA	

September Finance Report

**EPIC Review—Nothing to Consider.
Capital Summary—Grant for BHS
Vehicle previously under contingency;
has been moved to Grant; Vehicle was
a bit more than grant provided, so
Admin approved to pay the difference
out of contingency.**

**Bad Debt & Charity
Charity 188, 203.86
Bad Debt 1,684,086.40
Total 1,872,290.40**

**Trustee Hite moved to approve the Bad
Debt & Charity as presented; Trustee
Mansell seconded, and Motion carried
unanimously.**

**Stat page now includes comparison to
prior Month and Prior Year in one spot.
Acute Admission higher than Budget
but down from last month. Average
Length of Stay is up compared to last
month; Case Mix is up for September;
Surgery cases were up a small amount.
There was a question regarding Occ
Health last month, CCH did lose a
contract that impacted the utilization.**

		<p>Discussion: Global impact on resident days at Legacy being 250 more than budgeted. CCH just moved from a management company, bringing John Adams in. John has done a great job; he was able to open beds; staffing continues to be something to address; but overall Mr. Adams has done a great job.</p> <p>Clarification: what cost is associated with having more patient days; are we closer to covering fixed costs? Any days over budget puts CCH in a better position. CEO Shahan—discussed increased number of travelers; that cost is buried with the availability of beds.</p> <p>Chairman Stuber: when reviewing utilization; provide an update on the “One More”. CFO Popp stated specifically that measuring the “One More” is harder to measure but will look into providing feedback.</p> <p>YTD Graphic looks very similar to the previous Stat Page.</p> <p>YTD September Acute Care is up compared to budget and prior year. Patient Days are a bit off; not always bad. Legacy Residency Days YTD up 7% over Budget. Mental Health Days came</p>	
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			<p>in 5% compared to last month; 21% up from last year. Surgical cases down compared to budget & prior year. Discussion: CCH is experiencing an IV Solution Shortage due to the Hurricanes in North Carolina. Providers are working to conserve fluids internally. Materials has sequestered much of the solution to control replenishment. This is expected to be long term.</p> <p>Diane Jackson agreed UCHealth are taking similar steps to conserve fluids as well.</p> <p>OB above budget and prior year.</p> <p>EMS volumes are consistent to Budget and Prior years.</p> <p>RE: Cath Lab CEO Shahan—Natalie continues to work with the team to expand hours to decrease shipping patients out. There has been a lot of increase in vascular procedures. Clinic Visits are down compared to the Budget 1500; 1000 is in Occupational Health.</p> <p>ER visits are slightly below Budget.</p> <p>Xray procedures are down a bit for</p>		
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		<p>September but consistent with prior year.</p> <p>Discussion: are we seeing Occ Health in Wright? A very small amount; Is there a potential capital investment opportunity in Wright? We are looking at volume by provider—specifically to Occ Health we have not discussed that.</p> <p>Do we have radiology capacity for Radiology in Wright. Architect reviewed the unit and approved the particular unit CCH purchased however additional modifications needed to be made to the floor.</p> <p>Trustee Rice: OCC Health is a difficult area to market. Occ Health will always struggle due to lack of equipment in Wright. Not a lot of ROI on Occ Health.</p> <p>Chairman Stuber: as a city employee, he appreciates the Wellness program, and he has seen it save lives.</p> <p>Days Cash on Hand is 111 days, which is down compared to August.</p> <p>Financial Statement: Gross Rev. \$35.6M; ahead of budget by \$1.7M for the month and ahead of previous year to date by \$2.5M.</p>	
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		<p>YTD 1.7M ahead of budget 3.5%; ahead of where CCH was a year ago by 8%. September Charity 1.4% of Gross Rev. YTD 1.6%</p> <p>Bad Debt 3.4% of Gross Actual YTD is 3.6%</p> <p>Allowances over 46% and YTD over 47%.</p> <p>Revenue Payor mix more is favorable for September benefiting the allowance.</p> <p>Allowances are tied to ARs. Allowances are Accrued as ARs go up; and Allowances must be released them when ARs are down.</p> <p>Trustee Mansell: Outpatient Revenue for BCBS decreased, are we seeing any recovery? Yes and No. The first 4 years had a contractual increase of about 2.5%; year 5 was only a 1.2 % increase (Current year of our contract). The private sector is seeing a decrease in reimbursement from BCBS.</p> <p>September Revenue is better than Budget; and September Allowance is slightly better than Budget. September expenses are slightly higher than Budget at \$18.9m.</p> <p>Benefits were a bit higher; TPA was changed to SBA; Claims processing are getting ramped up.</p>	
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		<p>September Medical supplies came in a little higher than August and a little higher than Budget.</p> <p>September Operating is loss (\$1.1M); the anticipated loss was (\$2.7M); September is more favorable to YTD Loss (\$4.6M) on Budgeted loss of over (\$7M).</p> <p>Mill Levy a little light; we did not budget for seasonality; it was budgeted as a flat payment.</p> <p>Revenue in Excess \$16k.</p> <p>Chairman Stuber: Continues to be impressed with the variance of Budget and Actual for Expenses. That is reflective of the organization from top down.</p> <p>Chairman Murphy does like the format. CEO Shahan: RE: IV solutions, we need to be realistic as we head into the season of elective surgeries; we have a duty to provide emergency services etc. And we will continue to do that to the detriment of elective surgeries which is a large money maker for CCH.</p>	
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		<p>Discussion RE: IV Solution. FDA will not increase the expiration date on IV Solution until Baxter admits they are in crisis. That has not happened yet. Baxter is hoping to use the international fluids to fill the backlog.</p> <p>Trustee Rice: what is CFO Popp’s feel for October. October has the potential to be a good month; so far revenue is outpacing the previous two months.</p> <p>Hartsaw: Discussion is Teams the final answer. It is more difficult than Boardvantage.</p> <p>Trustee Hartsaw moved to approve the September Finances presented; Trustee Rice seconded, and Motion carried unanimously.</p> <p><u>Fiscal 24 Recap</u></p> <p>Reviewed the FY24 Year End Statement of Revenue and Expenses. Original publication showed a loss of (\$17M). Updated financials showed an (\$11M) loss. Big change was QRA payment— Nearly \$5M difference in expected funds vs. what was actually received.</p> <p>The bottom line of the FY24 Recap shows our Bond Calculations at 1.8,</p>	
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			<p>allowing CCH to meet the required Bond Covenant.</p> <p><u>Review of various internal KPIs</u></p> <p>These graphs are the Actual Fiscal24 results and the Budget for Fiscal25.</p> <p>The first Slide is Inpatient Revenue, Outpatient Revenue and Total Gross Revenue. The Graph shows the Trend of Revenue in each service area FY2018 to present.</p> <p>Second Graph is top line Gross Revenue per FTE; Green is Operating Expenses Per FTE; Orange is Net Patient Revenue per FTE. The ultimate goal is to reverse the orange and green shown on the graph, essentially reducing expenses and increasing revenue.</p> <p>Third Graph is the Revenue & Expenses per adjusted patient days.</p> <p>CCH provides more outpatient services than any other facility in the State.</p> <p>Fourth Graph Inpatient & Outpatient Gross Revenue Percentages.</p>		
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			<p>Fifth Graph is Bad Debt, Charity & Allowances—Percent of Gross Income. Black line allowance Purple is gross AR Blue line is Bad Debt Red line is Charity</p> <p>Ended year with much higher gross AR.</p> <p>Discussion regarding AR fluctuations on ability to collect and volume of services.</p> <p>Discussion regarding how many months of service line axiom data is available. We have Department Data that dates back 2 years. last month just started discussing variance explanations from leaders. Do you have an estimate on actionable data so that a more fiscal responsible decisions as far as recruiting. That Data is forthcoming.</p> <p>Sixth Graph is Salary Wages and Benefits of Total Expenses. We are in line with the National Midwest average.</p> <p>Seventh Graph is Medical Supplies, Pharmaceuticals, Purchased Services</p>		
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		<p>Purchase Services is Black line and on a downward trend Pharmaceuticals is orange line (340B) Blue line is Medical Supplies</p> <p>Discussion: '22 to '23 Why the increase in Purchase Services; Management Companies; Ensemble; APW, Signature; EPIC; Robot; one-time expenses; PYA; Surgical Directions; etc.</p> <p><u>CCH Expense Benchmark Analysis</u></p> <p>The crux of what we saw a year ago was that Revenue for FTE was low and Expenses per FTE was high.</p> <p>CCH \$180M Net patient Revenue comparative facilities came in between \$110M-129M.</p> <p>Overall CCH is still low on FTE Basis. EMS has to do with that because none of the other facilities run EMS. Focus of the graph from our perspective is the delta between the orange and blue the improvement noted between '22 and '23.</p> <p>Operating Expenses as a function of net patient service revenue. '23 is lower than '22; but still higher than 3 other comparison facilities.</p>	
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			<p>Patient Care Salaries & Benefits You want to see this down; we are more efficient than we actually are at a provider/department level.</p> <p>Benefits per FTE. We'd like to see our columns higher to help recruitment.</p> <p>Contract Labor: (Included locums) We were absolutely higher in '23 than '22; it is reflecting our reality.</p> <p>Salaries and Benefits and Contract Labor: '23 to '22 is down. We are higher than other facilities but we are improving.</p> <p>Admin Salaries: Overall we are right in line with where we should be in comparison to other facilities.</p> <p>Provider Salaries: '23 is higher than '22 the two together would be categorized as an increase to the overall; and reflected improved expense to volume.</p> <p>NPSR per Provider FTE:</p>		
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			Provider salaries are higher, but more production is being done.		
Break		10:00-10:15			
Investment Officer	Matt Shahan, CEO	10:15-10:20	<p>Designation of Adam Popp, CFO, as the Investment Officer pursuant to W.S. 9-4-831</p> <p>Per Policy Board needs to designate and approve an Investment Officer; CEO Shahan recommends Adam Popp, CFO to be the Investment Officer.</p> <p>Trustee Hartsaw moved to appoint CFO Popp as the Investment Officer Pursuant to W.S. 9-4-831. Trustee Mansell seconded the motion.</p> <p>Discussion regarding if there are any monthly transactions, they have to be approved by the Board. Motion Carried Unanimously.</p>	FA	
Depository Banks	Adam Popp, CFO	10:20-10:25	<p>Review of banks that CCH does business with. Please review the banks CEO Shahan sent out and let him know so that we can disclose that at the next Board Meeting.</p> <p>First Interstate Bank; MBH (Bonds).</p> <p>Trustee Mansell made a motion for approval to continue utilizing current</p>	FA	

			banking institutions. Trustee Hartsaw seconded; Motion carried unanimously.		
2025 Goals	Matt Shahan, CEO	10:25-11:00	<p><u>Review of Performance tracking process for 2025, discussion and approval of specific goals inside our organizational pillars</u></p> <p>CCH was paying for an online platform to do performance evaluations; we were able to create the same in Excel internally. We are looking for approval from the Board for the High-End Goals.</p> <p>CEO Shahan explained the Threshold, Target & Max scoring system.</p> <p>Service Pillar—Press Ganey Scores People—Career Conversations Employee Engagement Survey—Goal is 3.2 Stretch goal is 3.75. QAPI—Workplace Violence Employed Physician Retention % Organization Turnover goal to be reduced by 5%.</p> <p>Business—Beat Budget by 8M. Discussion—While the Income Statement shows we are beating the budget, we are still working on it. Days Cash on Hand Goal is 130 would like to be 150. That’s a \$20M Operating Margin: -10%.</p> <p>Access to Care: According to the last community health needs assessment.</p>	FA	

			<p>We have 31 departments that have access to care potential; 26 departments give us 85% meeting their goal. Maybe ER waiting time; next available appointment are measurement areas.</p> <p>QAPI % of inpatients 18 or older have been screened for social determinant of health: food, transportation; shelter etc.</p> <p>One page will be shared at the Board Meeting for the Board to evaluate the overall organization goals.</p> <p>Discussion: Do you anticipate the screening will help with behavioral health and providing data to present to county for more support.</p> <p>The ultimate goal is to have this for each department so the Board can look at it and know exactly where they'd like to focus on.</p> <p>Discussion: regarding removing Press Ganey portion of incentives; we are open to that; however, we will need something to replace it with.</p> <p>Quality Care: Standard of care; timely; and delivery in a manner that was palatable to you.</p>		
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			<p>Trustee Rice: would like to see Tanya present to the Board in reference to quality of care etc. Goal is not to have super individualized goals throughout the organization.</p> <p>If this Dashboard is approved, it would go to the CEO compensation committee, and they would put together goals as related to Matt's contract.</p> <p>Trustee Murphy moved to approve the Performance Tracking Platform as presented; Trustee Rice seconded, and Motion carried unanimously.</p>		
Discussion Items					
Historical Financial Metrics	Adam Popp, CFO	11:00-11:15	<u>Review of various internal KPIs</u>	FYI	
Updated Industry Metrics	Adam Popp, CFO	11:15-11:30	External Hospital Comparisons	FYI	
UHealth Updates	Kevin Unger, President and CEO – UHealth NoCo Region	11:30-12:00	<p><u>UHealth Updates CCH board mtg 10.23.2024.pptx</u></p> <p>Overview of UHealth Mission Vision and Values. Mission we want to improve lives; provide clinical care of the highest standard; safe in providing care; exceed patients' expectations. Vision—to move from healthcare to health. UHealth is exceptional at taking care of patients when they are sick. UHealth's future includes</p>	FYI	

			<p>Wyoming, Colorado, and the panhandle of Nebraska. Values: patients first with integrity & excellence.</p> <p>Currently 14 hospitals most likely 15 in April. Parkview Health System in Pueblo is new; Estes Park Health System should come on board in April. Estes Park & Pueblo were purchased assets and will make them a part of the UHealth System. 2000 hospital beds 33,000 employees deliver 15k babies annually; 973 new patients per day. At Northern Colorado just under 40K admissions; 4,000 babies; 2.1 million outpatient visits a year.</p> <p>On a Federal Level—2 big initiatives are 340(B) Program being challenged by State and Pharmaceuticals; Facility Fees; several different programs links to different units. The State is questioning the facility fees; 2 years ago, the State started looking into facility fees. Nationally we are watching the not-for-profit status being questions at a Federal Level. \$1.2M annually in Community Benefit. They see anyone and everyone who walks through the doors. Every 3 years they do a Community Health Needs Assessment—Behavioral Health, Access</p>		
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		<p>to Care and Chronic Diseases. The new locations for primary care have been established in the last year.</p> <p>Safety: increased security; there has been an increase in “snarky” behavior from patients and families; implementing visitor management systems—Visitors must check in and receive passes to the areas they are expected to be.</p> <p>Performance: Sepsis Survival Rate—Monitoring patients 24/7 for sepsis; Mortality—178 more deaths;</p> <p>PVH Master Facility Plan—Poudre Valley Hospital will be celebrating 100th year anniversary. Many facilities and departments have been renovated. PVH just went through one of the worst weeks in their history, upgrading fire alarm system. The Behavioral Health Unit will be moved into Poudre Valley Hospital and increase capacity by about 50%. Goal is to marry the BH issues with medical needs. New to UHealth is providing ECT services; Medical Center of the Rockies is expanding the ED; Cath Lab. 350 construction workers on site. Greeley Hospital: working on expanding ED; 36 beds have been</p>	
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			<p>opened, and they were full. Greeley has a lot of demand for services.</p> <p>EPIC went live in Scottsbluff about a month ago and it went very well. Estes Park Health is coming on and they are already on the EPIC System.</p> <p>The Affiliation Summary is an update that UCHealth likes to give at our Retreat to help the community know what benefit we received with UCHealth. Getting ready to start helping with Community Needs Assessment; there are asks that take place throughout time and UCHealth tries to be there and assist where they can. The Affiliate Meeting will be held next week.</p> <p>Discussion regarding is there anything that we have not taken advantage of that they would have expected us to take advantage of. EPIC is a big thing; there are some contractual incentives that we are working on. At some point there may be some opportunities to look at remote monitoring. Provider Leadership courses—may be coming soon. Policies; how tos.</p> <p>Discussion RE: Current elections; forums and public comments are always stirred up; UCHealth</p>		
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			<p>Affiliation/Relationship not a take-over; even so far as a lack of interest in purchasing CCH. UHealth is here for support, for example: Estes Park Health will be a very different than CCH—they will have balance sheet responsibilities; committing capital to Estes Park Health; they do not have day to day management of CCH; they are here to support CCH as requested. They are here to assist and stretch the investments in certain technologies and areas. Affiliate status is very different that becoming a part of UHealth.</p> <p>Discussion Trustee Hartsaw: Public relation similarities between Estes Park Health and CCH: to clarify UHealth is NOT buying Campbell County Health. EPIC is offered on a passthrough basis; EPIC Could not be implemented without a healthcare system such as UHealth; UHealth is only here to support CCH and share resources. Affiliate Agreement not a purchase agreement; UHealth wants patients to stay in our community and help provide resources to do so.</p> <p>Discussion Trustee Murphy: Cynical side of Community what's in it for UHealth—through CCH-- UHealth</p>		
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			<p>will receive some efficiencies. They wanted Medical Center of the Rockies to be a Level 1 Trauma Facility. Laramie, Cheyenne, Sydney Nebraska are all under similar affiliation agreements as CCH and UCHealth.</p> <p>CEO Shahan: Has been a part of other affiliation agreements that are far heavier handed than what our agreement with UCHealth is.</p> <p>Discussion Dr. Mansell: Many time we get lessons learned from UCHealth RE: policies; we do not have to reinvent the wheel; for example, the IV Solution Shortage; they will share their strategy with CCH.</p>		
<p>Lunch 12:00 – 12:30</p>					
Information Items		12:30-1:00			

Chairman's report	Chairman Stuber		<p>Election is coming up; there will be a forum for Hospital Employees only. October 30 at 6:30. CEO Shahan— Wanted to get employees involved in the election. The Hospital Board was the lowest voting area on the ballot. Good opportunity for Employees; Will swear in 3 new board members asap and start search for the open board position. Email communication with Bill during that time to ensure he is available for the process.</p> <p>Continue thanking staff from Admin all the way down for the work that has been done; seeing improvement in a lot of areas and transparency is the most it's ever been. Staff have the support of not only Admin but the Board as well.</p>	FYI	
Chief of Staff Report	Dr. Neuwirth		No Report	FYI	
CFO Report	Adam Popp		The team as whole is still working very hard and very diligently—not just CFO Popp's departments.	FYI	
CHRO Report	Dawn Hodges (absent)		Data as of last Thursday: currently within the system 37 travelers; 24 at Legacy; (previously has been has high as 50s) 140 positions open—They are tracked by department, applications that come in; the HR crew has been doing a great job tracking those; the hired a new recruiter and then she moved into Physician Recruiting. The	FYI	

			<p>Scorecard will reflect staff turnover rate. We do have a higher turnover rate than we'd like but that has to do with the decision regarding the culture of the organization.</p> <p>Discussion RE: Turnover due to cultural change; are we seeing employees not liking the cultural change? We are very fortunate when it comes to longevity.</p> <p>We have been tracking voluntary and involuntary departures.</p>		
CNO Report	Natalie Tucker		<p>FY 24 QAPI wrap up:</p> <p>1. Employee Injury:</p> <p>a. FY 23 there were 100 injuries with 24 OSHA recordable</p> <p>b. FY 24 down to 70 injuries with 14 OSHA recordable</p> <p>i. Employee Injury Committee was formed led by Employee Health and Safety dept</p> <p>1. Met monthly to review injuries and preventative measures</p> <p>2. Reviews safety polices</p>	FYI	

			<ul style="list-style-type: none"> c. New injury reporting tool should go live in next few months i. Allows better tracking, documentation, more detail <ul style="list-style-type: none"> d. Reintroducing the Safety Sweeps 2. Specimen Labeling: <ul style="list-style-type: none"> a. Meeting quarterly now b. Longest was 60days without error, ended about the same number of errors as yr before c. Policy updates as a result of group (new double check process) d. Will continue with cookie challenge e. EPIC will have a process to help as well 3. Workplace Violence: <ul style="list-style-type: none"> a. FY 24 final numbers= Aug 2023-June 2024 i. 71 reported incidents <ul style="list-style-type: none"> 1. 26 persons with ability to make decisions 2. 7 unknown if ability to make decisions 	
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			<p>3. 38 people with inability to make decisions</p> <p>b. Signage in organization</p> <p>c. Annual ed updated to include suggestions from our insurance group assessment. New hire orientation now has more of this content too.</p> <p>4. Others from policy that are monitored:</p> <p>a. Adverse Events—PSE 2 events for FY24 was 25 through June</p> <p>b. Serious Safety or Sentinel Events—2 for FY24 through Ap</p> <p>c. Medical Errors</p> <p>i. Medication Admin Errors (calendar yr)</p> <p>1. Incidents r/t 5 rights =32 through September</p> <p>2. Adverse events/allergy incidents= 7 through Sept</p> <p>ii. Surgical Errors</p> <p>iii. Equipment Failure/Device Reports—31 through Ap for FY24</p>		
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			<p>iv. Infection Control errors—11 for FY 24 through Ap</p> <p>v. Blood Transfusion related errors (calendar yr)—100% had indication for transfusion documented (560 units), 99.8% had pre-vital signs documented, 98.8% had post-vital signs documented, 5.7% pt required uncross-matched blood</p> <p>vi. Diagnostic errors – 5 exams changed care in management of pt out of 5737 StatRad exams in FY24</p> <p>1. Delay in Treatment/Diagnostic 72 for FY24 through June</p> <p>FY 25 QAPI:</p> <p>1. Workplace Violence:</p> <p>a. This FY goals include getting Legacy data, reporting of all incidents</p> <p>b. Will be on Organizational dashboard</p> <p>2. Social Determinants of Health:</p>	
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			<p>a. Monitoring compliance, ability to attest accurately for cal yr 2024 in Spring</p> <p>b. Will be on Organizational dashboard</p> <p>3. Continue to monitor items in #4.</p>		
CMO Report	Dr. Houk		<p>Last month most of the efforts were to integrate the operational side back to the doctors. Access to Care is being researched in each department and how it is documented.</p> <p>Contracting/Recruiting and Retention—Preference would be to retain quality vs recruit. The national average is over a \$250,000 to turnover a provider; Retention will be a focus. Access to Care is a common theme to service lines.</p>	FYI	
CEO Report	Matt Shahan		<p>Hopefully haven't had to come across the new Facebook page; borderline slanderous and everyone has been targeted. It has clearly impacted our staff in a negative capacity. CEO Shahan appreciates Chairman Stuber's letter sent to all staff. Most of what is said we cannot respond to, and a lot is anonymous. It's very frustrating; best we can do to support our staff. We of course have areas to improve but that is not how to do it. This page is not</p>	FYI	

		<p>going to help recruitment efforts; we need to be better about recognizing the good we do. The general theme of the page is not a reflection of the board, staff or coworker’s opinions. Most of the community does not feel the way the page exhibits.</p> <p>Chairman Stuber: The pendulum will change as negative as everything has been there will likely be a shift and people will start speaking up with their support and that will fade out the negative. Mistakes happen in all aspects of life. If there was a circumstance that a mistake was made there are proper ways and channels to address an issue.</p> <p>CEO Shahan: We are in a trying time in healthcare. Somewhere between the Summer of 2020 and end of 2022 healthcare became liars, thieves and crooks. It’s hard to be on this side of the pendulum. Our staff leave their kids in our daycare overnight so they can see patients during a snowstorm and sacrifice time with their families.</p> <p>Clarification: New Facebook page called “Gillette Hospital Horrors”. Staff and Doctors have been called out by name.</p>	
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		<p>Trustee Murphy: the people that leave feel a vendetta; please continue to support our great work.</p> <p>Dr. Nuewirth: This happens everywhere in the country; anger outbursts and violence against healthcare providers; it's not just here in Gillette it is nationwide.</p> <p>Dr. Hartsaw: was told about the page by an ICU Nurse a few days ago, the page is disrespectful to staff; unfair; names names and situations that probably were not consented to; on the other hand if there are areas that are being belabored on CCH should use it has an educational opportunity. We support all of our employees, and they do the heavy lifting.</p> <p>Trustee Hite: Attention is what the group wants; let's not give them what they want.</p> <p>Dr. Mansell: Adam shows utilization report on monthly basis we touched 752 ppl a day on average. 740-745 do not have a complaint; people who have an unsatisfactory experience are 8xs more likely to voice that. Complaining about yesterday's hospitals will not fix tomorrow healthcare and doing it at</p>	
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			<p>the expense of your neighbor is inexcusable.</p> <p>Chairman Stuber: Culture of our organization—if there are areas that are getting more criticism than others support that department; if one department fails, we all fail; if one department is successful we all are successful. Each department is equally important and that’s what makes the hospital successful. Do not start pointing fingers within our own walls.</p> <p>Trustee Rice: UC Health Mission and Vision—We try to achieve excellence but when we fail we work to improve....it’s a very proactive statement. We aren’t perfect, we are trying to be excellent.</p>		
<p>Healthcare Foundation</p>			<p>CCH and The Healthcare Foundation signed a Nonbinding Letter of Intent to start jointly looking for an inpatient hospice facility. Both parties are in agreeance to approach this together and agree that Someone else will manage the Hospice House. Two years ago, is when the relationship deteriorated; time heals wounds; direction and approval from the Boards is greatly appreciated to see what is</p>		

			<p>best for the community. A lot of discussion behind the scenes and a lot more to see if it's something that is feasible.</p> <p>From the Foundation: this is a missed entities and they are looking forward.</p> <p>Chairman Stuber: Conversations with the foundation board has been very focused and very easy. If this is something the community wants to see, please show your support. This is not just the hospital and the foundation.</p> <p>CEO Shahan: echo's Chairman Stuber's statements.</p> <p>Danece Day: echoes Chairman Stuber's statements. If the community is supportive, please be vocal.</p>		
Executive Session 1:00 – 3:00pm					
Break		3:00-3:15			
Revenue Cycle Updates	Chris Vairo, Chief of Staff, Signature Performance	3:15-4:00	<p><u>Campbell County Fall Exec Retreat Presentation October 2024 for CCH.pptx</u></p>		

			<p>Signature Performance fixed several of the processes; in hindsight Mr. Vairo is very happy we pushed the EPIC go live date. This has given signature a chance to make improvements.</p> <p>CDM was not updated properly; Observation hours; MediTech master file with new codes;</p> <p>3M—want to make sure the technology is optimized;</p> <p>Account Checks: Resolving Account Checks to allow claims to go thru clean and properly OB/Newborns:</p> <p>Cath Lab: related OT CDM-anesthesia was not being charged for some of the procedures;</p> <p>Surgery; Robotic surgery program was set up; analyze reimbursement for high-cost procedures;</p> <p>LAB: orders and charges-education is important.</p> <p>Medicare Advantage is a problem nationwide—they are seeing denials as we are.</p>		
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			<p>January to end September dropped initially—but it’s continuing to go up despite some seasonality.</p> <p>Working to get greater than 90 days AR down. We should see more cash coming in.</p> <p>Billed Dollars—to collect fees you must get it out the door. There has been a drastic increase in billed dollars and this graphic is reflective of that.</p> <p>Days in A/R on a good downward trend and goal is to continue to do that. 45 net days in AR is a good benchmark.</p> <p>Claim Edits have a negative trend; claims going out cleaner—cash coming in cleaner. Billing volumes are improving.</p> <p>Self-Pay & Credit Balances—a lot of AR tied up in self-pay.</p> <p>There were 7348 holds now down to 655—look at slide.</p> <p>Chargemaster is 90% mapped and is on target with completion date of December 2024.</p>		
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			<p>Denied claims are being reworked so that they are not being written off.</p> <p>Chris was very complimentary to the Board and how well they work together.</p> <p>CEO Shahan—very complimentary of Signature and their involvement in EPIC is much more than we expected and what Signature expected as well. They have just done a great job.</p>		
<p>Trustee Hite made a Motion to Move to Exec to Discuss Med Staff Matters; and Confidential Personal Matters & Attorney Client Information; Motioned was seconded by Trustee Mansell; Motion approved.</p> <p>Adjourned public meeting at 2:48.</p>					
<p>Adjourn</p>					

Dinner to follow at Prime Rib @ 5:30pm

Next Meeting (date/time): December 5, 2024 (regularly scheduled)

Bill Rice

Bill Rice (Dec 6, 2024 15:11 CST)

Bill Rice, Secretary

Jamie Kay

Jamie Kay, Recorder