

Campbell County Health Board of Trustees
Special Board Meeting – CCH Board Room
May 17, 2022 - 5:00 PM

Members present:

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| Adrian Gerrits, Chairman | Sara Hartsaw, Trustee | Tom Murphy, Trustee |
| Lisa Harry, Secretary | Kristina Leslie, Trustee | |

Also present:

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| Matt Shahan, CEO | Matt Sabus, VP IT | Anna Wilson, CCH |
| Jerry Klein, COO | Natalie Tucker, CNO | Lonnie Schell, CCH |
| Diane Jackson, UCH | Jennifer Ford, FMG | Jeff Bushong, PYA |
| Grace Taylor, UCH | Brandi Miller, CCH | Jake Goodrick, News Record |
| Karen Clarke, CCH | Alison Gee, Attorney | |

Call to Order

Mr. Gerrits, Chairman, called the meeting to order at 5:00 p.m.

Roll Call

Brandi Miller called the roll. Randy Hite and Alan Stuber not present.

Approval of Agenda

TOM MURPHY MADE A MOTION TO APPROVE THE AGENDA AS PRESENTED. SARA HARTSAW SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

Discussion Items

Clinic Efficiencies Presentation – Jeff Bushong, PYA, presented an assessment summary and implementation overview to the Board. PYA completed multiple onsite visits with clinics, leadership and providers over the last 6-months. PYA was engaged to complete an evaluation of the clinic’s leadership team duties, function and CCMG organizational structure. An assessment was completed on key financial, productivity, and revenue cycle performance metrics for CCMG utilizing data from 2020, 2021 and year-to-date. Jeff shared a summary of improvement opportunities:

- Create/implement a plan to develop supervisor talent to better distribute Directors’ oversight activities and restructure responsibilities.
- Request additional candidate sourcing resources to fill vacancies and widen pool of candidates.
- Develop proposal to collaborate with Executive sponsor, Hospital COO, to propose competitive wage rates and work schedules for mission critical positions.
- Implement consistent physician patient scheduling templates for all practices.
- Create a proposal to develop a pilot Patient Access & Centralized Scheduling department for CCMG. (scale for all CCH departments in the future)

Multiple revenue cycle improvement opportunities were also discussed including monitoring weekly for timely chart completion, coding selection and charge posting, implementing a tracking/communication plan for providers with incomplete patient records which remain outstanding after 48 hours from date of service, collaboration with Ensemble to develop a realistic valuation of uncollectable aged AR greater than 180 days old, reviewing CPT codes and ensuring quarterly chart reviews.

PYA’s proposed implementation overview:

- PYA will work collaboratively with CCMG senior leaders to prepare the performance improvement implementation plan, including a timeline of reporting and updates to ensure

transparency. The goal is to translate the findings and recommendations from the assessment into actionable work steps. Each clinic will have a separate action plan aligned with the goals and objectives of the overall improvement plan.

- The Directors who have administrative responsibility for these areas will be the on-site champion and monitor completion of tasks and functions. Key clinicians in each department will have leadership responsibilities for both implementing and sustaining improvement plans.
- The implementation phase will include a prioritized list of specific tasks and actions, identifying a responsible party, resources required, milestones anticipated, and execution timeline.
- PYA will provide oversight leadership in the execution of the implementation plan. PYA will monitor and guide the implementation process for CCMG through remote coordination and on-site management.
- PYA will identify a project coordinator as the central point of contact for the implementation process. Management and coordination of the master implementation plan schedule will be the primary responsibility of this individual.
- PYA will establish routine meeting schedule (bi-weekly) based upon the needs of the implementation schedule
- PYA Engagement Principal will meet on-site with the implementation team and department leaders approximately once every six weeks.
- PYA estimates development of the improvement plan will require approximately two to three months, and the implementation of the improvement plan will occur over 16 to 18 months.

Mr. Bushong will prepare an engagement letter outlining fees for preparation and implementation of the improvement plan. The Board directed Jerry Klein, COO, to move forward with the implementation process.

Marketing Plan & Budget Presentation – Jennifer Ford, Frederick Mountain Group
FMG continues to monitor marketing spend and revenue impact on service lines/departments as ad campaigns are being done. Family practice, Surgery and the WIC have seen an average revenue increase of 6.65% during the first 3-months of marketing campaigns (revenue appx. \$103k/dept.)

The Business Development and Public Relations positions are posted and interviews have started. There have been multiple applicants for both positions. Proposed FY23 budget for staff and contractors is \$550,000.

Masking Discussion –

DNV recently released new masking guidelines for employees. Leadership updating the policy to reflect the changes. Changes include:

- If a staff member is fully vaccinated with at least 1 booster masks may be removed in offices and meetings as long as the community transmission rate is low-moderate.
- Masks must be worn by everyone in hall ways and common areas that interaction with public is possible.
- If the community transmission rate is high everyone must wear masks at all times.
- Staff that have a vaccine exemption will need to be tested weekly while the community transmission rate is high.
- Transmission rates will be checked on the 1st and 15th of the month.
- The Legacy will continue with established masking protocols.
- Visitors must continue to wear masks at all times.

Executive Session

SARA HARTSAW MADE A MOTION TO ENTER INTO EXECUTIVE SESSION AT 6:54 PM FOR DISCUSSION OF CLASSIFIED CONFIDENTIAL QUALITY MEASUREMENTS. TOM MURPHY SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

SARA HARTSAW MADE A MOTION TO COME OUT OF EXECUTIVE SESSION AT 7:12 PM. KRISTINA LESLIE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

Return to Open Session

ADJOURN

SARA HARTSAW MADE A MOTION TO ADJOURN THE MEETING AT 7:12 PM. KRISTINA LESLIE SECONDED. MOTION CARRIED UNANIMOUSLY.



Lisa Harry, Secretary



Brandi Miller, Recorder