



**GOVERNING BOARD  
REGULAR MEETING**

The Campbell County Hospital District Board of Trustees met in the Hospital's Fifth Floor Classrooms on Thursday, May 25, 2017.

Members present:

Mr. Harvey Jackson  
Mr. Mike Dugan  
Ms. Ronda Boller  
Dr. Ian Swift  
Mr. Mr. Dunlap  
Dr. Sara Hartsaw

Members excused:

Mr. Randy Hite

Also present:

Mr. Andy Fitzgerald, Chief Executive Officer  
Dr. Jennifer Thomas, Chief of Staff  
Mr. Dalton Huber, CFO  
Ms. Deb Tonn, Vice President of Patient Care  
Ms. Noamie Niemitalo, Interim Vice President of Human Resources  
Mr. Bill Stangl, Vice President of Physician Services  
Mr. Steve Crichton, Vice President of Plant and Facilities  
Ms. Jonni Belden, Vice President of Long Term Care  
Ms. Ellen Rehard, Recorder  
Public

**OPENING**

Call to Order

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

Mission Statement

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

Vision Statement

Dr. Swift 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. Mr. Jackson, Mr. Dugan, Ms. Boller, Dr. Swift, Mr. Dunlap and Dr. Hartsaw are present. Mr. Hite is excused.

Approval of Agenda

Mr. Dunlap requested Information for the Board and the Public be added to Discussion Items #2.

**Dr. Hartsaw moved, seconded by Mr. Dunlap to approve the agenda as revised. Mr. Jackson, Mr. Dugan, Ms. Boller, Dr. Swift, Mr. Dunlap and Dr. Hartsaw voted aye. Motion**



**carried.**

Consent Agenda

The following items were approved as part of the Consent Agenda.

Approval of Minutes

Minutes from April 27, 2017, Board meeting and May 11, 2017 Special Board Meeting (copy appended to minutes).

Administrative Policy Review

Five Administrative policies, Contracts: Initiation, Maintenance & Evaluation, Delivery of Hospital Supplies after Business Hours, EMT (Emergency Medical Technicians) In-Hospital Skill and Procedure Authorizations, Mandatory Education Requirements and Notification and Safe Haven Provider (copy appended to minutes). **No motion required.**

Board Policy Removal

One Board policy, Retention of Physicians (copy appended to minutes). **No motion required.**

Finance Meeting

Items requiring Board Action from the May 22, 2017 Finance Committee Meeting (copy appended to minutes).

Committee Reports

Joint Conference Committee  
Quality Committee  
Campbell County Healthcare Foundation  
The Legacy Advisory Board

**Mr. Dunlap moved, seconded by Dr. Swift, to approve the consent agenda as presented. Mr. Jackson, Mr. Dugan, Ms. Boller, Dr. Swift, Mr. Dunlap and Dr. Hartsaw. Motion carried.**

**RECOGNITION ITEMS**

Provider of Month

May – Mary Patterson, PA

Mary joined the medical staff in 2012 and practices in the Walk-in Clinic. When Mary's father sat her down after high school for a conversation about her future, he wanted her to become a teacher. What could be better, he said, with summers off and weekday hours; but Mary told him she needed to be in healthcare. She became a registered nurse, and after 15 years was ready for a bigger challenge. Mary received her physician assistant (PA) degree from the University of North Dakota in Grand Forks, living in a convent while she was in PA school. The nuns packed her lunch every day and had dinner ready when she got home. Mary says it was just like being back in high school.

Mary likes practicing at the Walk-in Clinic because of the variety and challenges with the patients she sees. In a day, she may see patients with a deep laceration, pneumonia, or someone having a heart attack that is then transferred to the Emergency Department. She feels great satisfaction in being able to offer relief to her patients and their families.

Mary has a special interest in pain management, and was also seeing patients in CCMG Neurology until she was diagnosed with breast cancer in 2015. She was able to continue



working in the Walk-in Clinic during the majority of her treatment, and feels it really contributed to being able to remain positive about her diagnosis. She says that she really had to work because if she didn't, she may not have been able to get back up. Mary hopes to begin seeing pain management patients again soon.

Mary and her husband Tom have four grown children. One son, Mary's parents and a sister live in Sheridan, and the other children and grandchildren live in South Carolina. That leaves the Pattersons at home with their 'pet' children, Shih Tzus Frankie and Finley. Mary also enjoys sewing, gardening and traveling.

Thank you Mary, for providing our patients with excellent care.

Employee Recognition

Mr. Fitzgerald recognized employees that have been selected for *Thanks for working here Thursday*:

Chris Buxton	Volunteer Services
Mary Christopherson	Audiology Clinic
Maria Carroll	Childcare
Kelly Jo Sogn	Main Clinic

Department Discoveries

Audiology Clinic	May
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**PUBLIC QUESTIONS OR COMMENTS**

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

**ACTION ITEMS**

Medical Staff Appointments

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

**New Appointments:**

***Courtesy - Telemedicine***

Department of Medicine	
<b>M. Anas Moughrabieh, MD</b>	IM / CC / Pulmonology

***Limited Health Care Practitioner***

Department of Surgery	
<b>Amber D. Knuths, CRNA</b>	Anesthesia

**Reappointments:**

***Active:***

Department of Medicine	
<b>Nathan Tracey, DO</b>	Family Medicine



Departments of Maternal / Child  
**Julie Fall, MD**

Pediatric

Department of Surgery  
**Scott Diering, MD**  
**Stanley Lawson, MD**

Emergency Medicine  
 Emergency Medicine

Departments of Surgery **AND** Powder River Surgery  
**Lowell Amiotte, MD** Anesthesia

### **30-DAY EXTENSION REQUESTS**

Travis Roberts, MD

### **LEAVE OF ABSENCE REQUEST**

Peter Chase, MD Emergency Medicine  
 Effective August 11, 2017 for approximately 90 days

### **PROVIDERS CHOOSING NOT TO REAPPOINT**

Christopher Brown, MD  
 John Naugle, DDS

**Mr. Jackson, Mr. Dugan, Ms. Boller, Dr. Swift, Mr. Dunlap and Dr. Hartsaw voted aye. Motion carried.**

### **DISCUSSION ITEMS**

#### **Online Board Education**

Mr. Fitzgerald and Ms. Boller attended the WHA Trustee education in Casper, Wyoming last week. Best on Board governance online education was presented and will be offered through the WHA to all hospitals in Wyoming for a reduced price of \$500 per trustee. The WHA will also sponsor an additional \$1000 discount for each facility. Course modules include:

- I. The Board's Fiduciary Role
- II. Mission, Strategy, and Stakeholders
- III. The Board's Role in Finance
- IV. The Board's Role in Quality and Patient Safety
- V. The Board – CEO Relationship
- VI. Governance and Leadership Effectiveness

Each module is 50-60 minutes and includes quizzes and certification. Ms. Boller stated the education will be updated and ready for use in July. The Board will discuss the opportunity at the June Board meeting.

#### **Information for the Board and the Public**

Mr. Dunlap reported he has obtained information from Troy Clements and Carol Seiger on the mill levy. A hospital district has the right to receive up to 6 mills. Three mills can be used for operations. The Board of Trustees must vote to increase the mill levy in order to receive the additional three mills. The County Commissioners then put a vote by ballot to the public. The second three mills may be used for payment of principal and interest on bonds.

Mr. Dunlap inquired about how patients are directed from CCH to Rehab or LTC. Ms. Belden explained that a priority is given to patients hospitalized at CCH and then referred to Rehab. Second preference is given to Campbell County residents referred to LTC, thirdly are family



members of Campbell County residents and finally patients at large. If a patient is diverted outside of the system, they are not put at the bottom of the waiting list and are admitted to rehab if there is an open bed. Admissions to LTC depend on where the patient is and what their needs are. An existing LTC patient is put on leave of absence status and their bed is held if they require going outside of the community for healthcare. Ms. Belden added that a questionnaire is sent to individuals requesting admittance to LTC and there is a process to screen all the applications that are submitted. She believes there is a very fair admitting process.

## **INFORMATIONAL ITEMS**

### **Chief of Staff Report**

Dr. Thomas stated that things are running smoothly.

### **CEO Report**

Mr. Fitzgerald reported he recently attended the AHA meeting in Washington, DC. The House passed a healthcare bill which was forwarded to the Senate yesterday. The bill will change dramatically in the Senate and may take several months to come to a vote. Mr. Fitzgerald will keep the Board of Trustees, administration and the community apprised of what takes place.

## **STRATEGIC FOCUS**

### **People**

#### **Employee Engagement Survey**

Ms. Niemitalo reported CCH had 880 employees respond to the recent Employee Engagement Survey for an 82% response rate. Press Ganey administered this year's survey which had previously been administered by Avatar. Press Ganey included Avatar's sweet sixteen questions to the survey in order to measure the FY17 results to previous years.

#### **Press Ganey Scores**

- Engagement 4.02 vs. National Healthcare average of 4.12
- Organization Domain 3.92 vs. National Healthcare average of 3.95
- Manager Domain 3.98 vs. National Healthcare average of 4.04
- Employee Domain 4.15 vs. National Healthcare average of 4.15

With the final results, departments will be designated into Tier I, Tier II, or Tier III. Tier I departments require minimal action planning, Tier II departments need to engage in some action planning and Tier III department need significant action planning and perhaps additional training and resources to effectively handle that planning.

### **Care**

#### **Readmissions**

Ms. Ullrich explained that readmission rates of patients are recorded when they are discharged home and come back as an inpatient a second time within thirty days. Patients generally heal better if they can be in their own environment. When a readmission occurs CCH looks at if the patient has filled their prescription, did they have their follow up appointment, was there adequate teaching as well as asking the patient if there was something that CCH could have done to help keep them out of the hospital. There is also a community wide initiative spearheaded by Mountain Pacific Quality Health Foundation where many community resources meet monthly to enlist assistance for the patient and keep them out of the hospital.



### Service

#### **CCH HCAHPS**

Ms. Tonn announced that every domain has improved in FY17. Initiatives that have aided in the increased scores include:

- Leaders rounding on patients.
- Change to onboarding process during orientation which emphasizes improving the patient experience.
- Pharmacist at the bedside going over patient meds.

Ms. Tonn added that CCH strives to hold the gains and continue to improve for employees, the community and the people that CCH serves.

### Business

Mr. Dalton Huber reported the following:

- Operating revenues were over budget by \$.5M.
- Operating expenses were over budget by \$200K.
- Net operating loss of \$677K vs. a budgeted loss of \$951K.
- Bottom line is a \$573K gain compared to a \$245K loss.
- YTD bottom line of \$1,154M compared to a budget of \$1.4M.
- EBIDA – \$17,675M compared to a budget of \$16.8M.
- Days of revenue in accounts receivable below target at 68.
- Day's cash on hand is at target of 168.
- Accounts receivable days are 65.

### Strategic Initiatives

#### **Telehealth**

Ms. Tonn conveyed that CCH hopes to identify a way to pilot a telehealth program. CCH is currently on the receiving end of telehealth with tele-psychiatry, E-clinicals and E-pharmacy as well as new interpretive services for language and hearing impaired. Ms. Tonn stated CCH is exploring what can be done for patients within Campbell County. There are still many steps to be taken before a project can be determined.

### **EXECUTIVE SESSION**

The regular meeting recessed into Executive Session at 6:17 p.m.

The regular meeting reconvened at 7:25 p.m.

### **ADJOURNMENT**

There being no further business, the meeting adjourned at 7:25 p.m.

The next regularly scheduled Board meeting is June 22, 2017 at 5:00 p.m. in Classroom 1.

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Ronda Boller, Secretary

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Ellen Rehard, Recorder