



**GOVERNING BOARD  
REGULAR MEETING**

The Campbell County Hospital District Board of Trustees met in the Hospital's Fifth Floor Classrooms on Thursday, January 28, 2021.

Members present:

Mr. Adrian Gerrits  
Mr. Alan Stuber  
Ms. Lisa Harry  
Mr. Randy Hite  
Dr. Sara Hartsaw  
Ms. Kristina Leslie  
Mr. Tom Murphy

Also present:

Ms. Colleen Heeter, CEO  
Dr. John Mansell, Chief of Staff – by Web Ex  
Mr. Jerry Klein, COO  
Ms. Mary Lou Tate, CFO  
Ms. Noamie Niemitalo, Vice President of Human Resources  
Mr. Matt Sabus, Vice President of Information Technology  
Ms. Karen Clarke, Community Relations Director  
Ms. Natalie Tucker, Director Professional Development – by Web Ex  
Ms. Ashley Montague, Director Home Health/Hospice  
Ms. Alison Gee, CCH Attorney  
Ms. Ellen Rehard, Recorder  
Public

Call to Order

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

Invocation

Ms. Heeter introduced the new CCH Chaplain. Jerry Taylor and his wife Donna were looking for something completely different from their small town of Plymouth, IL, population 600. Recent empty-nesters, they had often visited Wyoming, Idaho and Utah and the idea of moving west was appealing.

"To us, Gillette is a city," said Jerry.

CCH's new Chaplain Coordinator has only been on the job for a week. Jerry came from a pastoral position as a church pastor, and was also a volunteer firefighter, EMS first responder and provided some chaplain services for local law enforcement. His goal is to help meet the needs of patients, residents, families and employees--no matter their faith position or beliefs. Right now he's learning his way around the hospital and The Legacy, but he hopes to begin recruiting more associate chaplains, on-call chaplains and abiders to the core group that has been serving for many months.

"The abider program is a new idea for me," said Jerry. "I've just fallen in love with the idea and what they do."



In their free time, Jerry and Donna are looking forward to trips to the Black Hills and the Bighorns, and doing some hiking and cycling.  
Chaplain Jerry Taylor led those present in an opening prayer.

Mission Statement

Mr. Stuber read Campbell County Health’s Mission Statement.

Vision Statement

Mr. Stuber 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. Gerrits, Mr. Stuber, Ms. Harry, Mr. Hite, Dr. Hartsaw, Ms. Leslie and Mr. Murphy are present.

Approval of Agenda

**Mr. Murphy moved, seconded by Dr. Hartsaw, to approve the agenda as presented. Mr. Gerrits, Mr. Stuber, Ms. Harry, Mr. Hite, Dr. Hartsaw, Ms. Leslie and Mr. Murphy voted aye. Motion carried.**

Consent Agenda

**Dr. Hartsaw moved, seconded by Mr. Stuber, to pull out the Surgery Contingency Request included in the Capital Requests from the Finance Committee Meeting. Mr. Gerrits, Mr. Stuber, Ms. Harry, Mr. Hite, Dr. Hartsaw, Ms. Leslie and Mr. Murphy voted aye. Motion carried.**

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

Approval of Minutes

Minutes from December 3, 2020 Regular Board meeting, December 11, 2020 Special Board meeting and December 15, 2020 Special Board meeting. (copies appended to minutes).

Administrative Policy Review

Four Administrative policies, Driver Eligibility, Vehicle Use Requirements and Accident Reporting, Posting of Information in Public and Non-Public Spaces, Trespassing of Persons From CCH Properties and Visiting Privileges. (copies appended to minutes). **No motion required.**

Finance Meeting

Items requiring Board Action from the January 25, 2021 Finance Committee Meeting as amended (copy appended to minutes).

Committee Reports

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

**Ms. Harry moved, seconded by Dr. Hartsaw, to approve the Consent Agenda as**



**amended. Mr. Gerrits, Mr. Stuber, Ms. Harry, Mr. Hite, Dr. Hartsaw, Ms. Leslie and Mr. Murphy voted aye. Motion carried.**

## **RECOGNITION ITEMS**

### **Employee Recognition**

#### **Thanks for Working Here Thursday**

|                   |                   |
|-------------------|-------------------|
| Krista Bundy      | Nutrition         |
| Krista Copping    | Revenue Cycle     |
| Traci Waldrop     | Oncology          |
| Matthew Miller    | Behavioral Health |
| Joe Konkel        | Security          |
| Christy Sauget    | Pharmacy          |
| Kimberly Harrison | Laboratory        |

#### **Retirement**

Karen Polson began working at CCH on December 11, 1995. Karen worked as a Registered Dietitian and Clinical Nutrition Supervisor for CCH and the Legacy. Karen's passion for providing patients and residents with personalized nutrition care is unsurpassed by others. Not only is Karen a well-respected leader at CCH, but also in the community. For 25 years, Karen has graciously shared her wealth of knowledge and compassion towards everyone she works with. She shows exemplary leadership skills and help empower new leaders to follow their instincts and listen first before reacting. We will continue to remember the values and wisdom she has shared, even after she retires. Thank you Karen for the many years you served our residents, our staff and our community. We will miss you and we wish you the best of luck in the future.

## **PUBLIC QUESTIONS OR COMMENTS**

Mr. Gerrits asked if there were any comments or questions from the public at this time. Mr. Ryan Schrock is a Physical Therapist who resides in Gillette. Mr. Schrock has received concerns from his patients on the CCH medical insurance benefit changes. He stated that there are three primary concerns:

1. Patients are concerned about physician referrals to specific providers and having to act against medical advice.
2. The diagnosis they are seeking out care for and how that could be adversely affected.
3. The level of discrimination and being treated as a number and not being heard out as an employee.

Mr. Schrock has encouraged his patients to reach out to their supervisor and Human Resources. Mr. Gerrits stated that Ms. Niemitalo will be presenting the insurance policy changes in her report later in the meeting.

## **DISCUSSION ITEMS**

### **Board Conduct and Ethics Policy**

Mr. Gerrits explained that the Board Conduct and Ethics policy defines how Board members interact with each other and administration. After reading through the policy, Mr. Stuber has some suggested revisions. Dr. Hartsaw suggested that a committee meet to review the policy first and then send to legal for review. Mr. Gerrits asked Board members to send any suggested revisions to Mr. Stuber. Once revisions are complete, the review committee will bring the policy back to the Board for discussion and approval.



Hospice House

Mr. Gerrits reported he attended the Healthcare Foundation Board meeting on Monday. The committee discussed possible solutions for the Hospice House including financial support from the Healthcare Foundation. Ms. Tate and Ms. Heeter presented Hospice House/Close to Home stats to the Board. In September 2019, Hospice House inpatient days started to decline and once Covid hit, numbers decreased by another half. Because of the substantial decline, staffing became an issue as well. CCH made the decision in October to temporarily close the Hospice House. Construction for Close to Home/Hospice House had been financed by \$500k from 1% funds, \$500k from Daniels Fund, \$2.5M from Campbell County Hospital and \$3.45M from smaller grants which included private and corporate donors. The land is owned by CCH and is leased at \$1 per year to the Healthcare Foundation and the building is owned by the Healthcare Foundation. Hospice operations are run and funded solely by Campbell County Health. The Hospitality unit is run and funded solely by the Foundation. Common area building costs are split between the Foundation and CCH.

Ms. Tate presented inpatient and outpatient Hospice financials below:

| HOSPICE              | FY19 YTD<br>Dec  | FY20 YTD<br>Dec  | FY21 YTD<br>Dec |
|----------------------|------------------|------------------|-----------------|
| Charges              | 664,223          | 671,649          | 477,417         |
| Implied CA           | 236,862          | 239,510          | 181,079         |
| Charity and BD       | 57,588           | 58,232           | 41,392          |
| <b>Net Revenues</b>  | <b>369,773</b>   | <b>373,907</b>   | <b>254,946</b>  |
| Wages & Benefits     | 633,428          | 568,289          | 288,258         |
| Physician            | 14,820           | 17,550           | 17,150          |
| Drugs                | 13,439           | 15,858           | 10,651          |
| Supplies             | 18,642           | 24,120           | 5,803           |
| Utilities            | 11,345           | 11,294           | 10,705          |
| Other                | 15,279           | 11,048           | 10,892          |
| Depreciation         | 7,482            | 8,801            | 6,786           |
| <b>Total Expense</b> | <b>714,435</b>   | <b>656,960</b>   | <b>350,245</b>  |
| <b>Profit (Loss)</b> | <b>(344,662)</b> | <b>(283,053)</b> | <b>(95,299)</b> |

Impact of Inpatient Hospice Volumes:

| HOSPICE  | FY19 YTD<br>Dec  | FY20 YTD<br>Dec  | FY21 YTD<br>Dec | FY19 YTD<br>Sep  | FY20 YTD<br>Sep  | FY21 YTD<br>Sep | FY19 YTD<br>Oct-Dec | FY20 YTD<br>Oct-Dec | FY21 YTD<br>Oct-Dec |
|--|------------------|------------------|-----------------|------------------|------------------|-----------------|---------------------|---------------------|---------------------|
| Charges  | 664,223          | 671,649          | 477,417         | 315,462          | 341,030          | 324,436         | 348,761             | 330,619             | 152,981             |
| Implied CA   | 236,862          | 239,510          | 181,079         | 112,494          | 121,611          | 115,694         | 124,368             | 117,899             | 65,385              |
| Charity and BD   | 57,588           | 58,232           | 41,392          | 27,351           | 29,567           | 28,129          | 30,238              | 28,665              | 13,263              |
| <b>Net Revenues</b>  | <b>369,773</b>   | <b>373,907</b>   | <b>254,946</b>  | <b>175,618</b>   | <b>189,851</b>   | <b>180,614</b>  | <b>194,155</b>      | <b>184,056</b>      | <b>74,332</b>       |
| Wages & Benefits   | 633,428          | 568,289          | 288,258         | 301,930          | 286,989          | 188,268         | 331,498             | 281,300             | 99,990              |
| Physician  | 14,820           | 17,550           | 17,150          | 6,000            | 9,850            | 8,600           | 8,820               | 7,700               | 8,550               |
| Drugs  | 13,439           | 15,858           | 10,651          | 6,123            | 5,976            | 3,786           | 7,316               | 9,882               | 6,865               |
| Supplies   | 18,642           | 24,120           | 5,803           | 7,446            | 13,840           | 3,409           | 11,196              | 10,280              | 2,394               |
| Utilities  | 11,345           | 11,294           | 10,705          | 3,618            | 5,764            | 5,315           | 7,727               | 5,530               | 5,390               |
| Other  | 15,279           | 11,048           | 10,892          | 8,507            | 12,993           | 5,314           | 6,772               | (1,945)             | 5,578               |
| Depreciation   | 7,482            | 8,801            | 6,786           | 3,741            | 4,227            | 3,408           | 3,741               | 4,574               | 3,378               |
| <b>Total Expense</b>                                       | <b>714,435</b>   | <b>656,960</b>   | <b>350,245</b>  | <b>337,365</b>   | <b>339,639</b>   | <b>218,100</b>  | <b>377,070</b>      | <b>317,321</b>      | <b>132,145</b>      |
| <b>Profit (Loss)</b>                                       | <b>(344,662)</b> | <b>(283,053)</b> | <b>(95,299)</b> | <b>(161,747)</b> | <b>(149,788)</b> | <b>(37,486)</b> | <b>(182,915)</b>    | <b>(133,265)</b>    | <b>(57,813)</b>     |
| **The above is for both Inpatient and Outpatient Hospice** |                  |                  |                 |                  |                  |                 |                     |                     |                     |
| Inpatient Days   | 732              | 758              | 107             | 386              | 406              | 107             | 346                 | 352                 | -                   |
| Outpatient Visits  | 941              | 683              | 1,001           | 484              | 396              | 457             | 457                 | 287                 | 544                 |
| Outpatient Billable Days                                   | 1,001            | 783              | 1,942           | 448              | 350              | 895             | 553                 | 433                 | 1,047               |



Ms. Tate stated that the Hospice House is seeing less than one patient every two days. One month, there were seventeen days with no patients and another twenty-one days. See Inpatient Hospice Analysis below:

| Ave Daily Rates for Inpatient Hospice  |            |
|--|------------|
| Room and Board   | 265.50     |
| Clinical Care  | 316.00     |
| Gross Charges/pt/day   | 581.50     |
| Contractuals   | 115.02     |
| Net Rev/pt/Day   | 466.48     |
| CNA Wages  | 394.08     |
| RN Wages   | 797.52     |
| Implied Benefits   | 369.40     |
| Total Direct Wages/Day   | 1,561.00   |
| Loss if 1 pt in house  | (1,094.52) |
| Loss if 3 pts in house   | (161.57)   |
| just loss from Direct Care Wages, does not include overhead, drugs, supplies, etc. |            |

Ms. Heeter reported on the support the Healthcare Foundation receives from CCH and the services provided by the Foundation to CCH. She explained that there will be a group meeting tomorrow with Ashley Davis from the Davis Hospice House in Cheyenne. The Davis Hospice House is a twelve bed unit that on average has ten beds occupied. Ms. Montague explained that when Hospice receives a referral, the provider, hospice nurse and social worker provide the patient with a full consultation and talk about the different areas to receive care. The final decision is in the patient's hands. They find that the majority of patients, if at all possible, want to receive their care at home. Ms. Tate added that generally insurance does not pay for hospice room and board. Board members discussed the item at length.

**Dr. Hartsaw moved, seconded by Ms. Harry, to table the issue until next month to give administration a chance to work with the Foundation and other interested parties in the community to find a way to creatively staff the Hospice House. Mr. Gerrits, Mr. Stuber, Ms. Harry, Mr. Hite, Dr. Hartsaw, Ms. Leslie and Mr. Murphy voted aye. Motion carried.**

**ACTION ITEMS**

Medical Staff Appointments

Dr. Mansell recommended approving the medical staff appointments as recommended by the appropriate Department Chairman, Credentials Committee, and Executive Committee (Medical Staff Appointments appended to minutes).

**Dr. Hartsaw moved, seconded by Ms. Harry, to approve the recommendation from Med Exec. for Medical Staff appointments as presented. Mr. Gerrits, Mr. Stuber, Ms. Harry, Mr. Hite, Dr. Hartsaw, Ms. Leslie and Mr. Murphy voted aye. Motion carried.**

**INFORMATIONAL ITEMS**

Chairman's Report

No Report



### Chief of Staff Report

Dr. Mansell reported that he is grateful to be working with the executive management team.

### CEO Report

#### **Events in January**

- January 21 Visiting restrictions are eased at CCH, with the exception of The Legacy. In general, one visitor/support person will be allowed for inpatients and outpatients. Visitation at The Legacy has not changed.
- January 22 The Kid Clinic accepted donations of \$50,000 from the Festival of Trees and \$36,000 from CAMPCO Federal Credit Union at the site of the new clinic, currently under construction at 7<sup>th</sup> St. and Kendrick Ave. The donations will be used for furnishing and equipment needs at the Kid Clinic, which is slated to open this spring.

#### **Upcoming Events in February**

- February 2 CCH and the Gillette College Nursing program are hosting a blood drive on Tuesday, February 2 from 10 am – 4 pm at the Health Science Education Center. Make an appointment online at [www.bloodhero.com](http://www.bloodhero.com), code college, or call 688-1580.

### Strategic Focus

#### **People**

##### Employee Engagement

Ms. Niemitalo reported that the term employee engagement relates to the level of an employee's commitment and connection to the organization. CCH has partnerships with the following:

- Special Support Teams
  - COVID 19 response
  - HEART Team
  - Resiliency Focus
- Studer
  - Online learning
  - Tactics
  - Support for Leadership Development
- Employee Assistance Program
  - Mental Health support
  - Legal Aide
  - Self-care resources
  - Tips
  - Vacation planning
  - Childcare sources, etc.

Compensation and growth opportunities for employees include:

- Market
- Merit
- Bonus Pay
- PTO/PSL
- PTO Cash-in
- Tuition reimbursement



## Campbell County Health

*Excellence Every Day*

- Certification reimbursement
- Retirement & advice
- Uniform allowance for new employees
- Wellness discount on insurance
- Workforce opportunities i.e. CNA, MA, Phlebotomy, EMT, etc.
- LITE
- Leadership development

Communication avenues for employees include:

- Performance evaluations
- High/solid/low conversations
- Town Halls
- Employee focus groups
- Idea Pipeline
- Executive rounding
- Departmental rounding
- Stop Light reports
- News of the Week
- Wellness screenings

Recognition/Appreciation displayed throughout the year include:

- Annual awards banquet
- Complimentary lunch for employees on Thanksgiving & Christmas
- Free employee birthday coffee
- Special treats/items
  - Popcorn, ice cream, t-shirts, etc.
- Lunch provided for all staff 2 times a year
- National Hospital week
  - Breakfast, lunch, free coffee at the Coffee Shoppe, dessert

Ms. Tanya Allee reported that the Standard Team meets monthly. The Standard Team focuses on employee recognition. One of the special projects they worked on this past year was the Zen Den which had over 300 visits in November and over 350 visits in December. The Zen Den and many other items were made possible by community donations.

### Medical Insurance Changes

Ms. Niemitalo explained that CCH choose to move to the Wyoming Total Choice Network. This did not change the benefits offered to employees, but allowed for agreements to providers outside of Wyoming. The coverage for services provided at CCH is 90/10. Outside providers in the network are reimbursed at 80/20 and outside of the network coverage is 50/50. It was discovered that PT services had not been changed when all other services were changed. As of January 1<sup>st</sup>, that oversight was corrected to bring PT in line with all other charges. Ms. Niemitalo stated that there is a link for employees to use to help determine who is and is not in network. Dr. Hartsaw inquired about how many employees are paid under \$15.00 per hour. Ms. Tate reported that there are 202 CCH employees paid under \$15.00 an hour.

### **Care**

#### COVID Update

Ms. Natalie Tucker reported that the community had an uptick of COVID-19 cases in October



through January. During that time, CCH opened an alternate care site. Currently, community rates are on the way down and the alternate care site is not open. COVID related committees at CCH continue to meet and are hoping to open up more visitation soon, but are prepared for a possible uptick. Mr. Robert Quintana is working with the Campbell County Public Health office and the State of Wyoming to make vaccines available to staff. CCH will continue to offer a vaccine clinic to employees. Approximately 40% of staff have been vaccinated. Mr. Quintana stated that CCH is fortunate to have a partnership with Public Health. EMS has been helping give the vaccinations. CCH has been working with Public Health on future plans for community vaccines and will utilize the CamPlex as a vaccination site.

## **Service**

### Price Transparency

Ms. Tate demonstrated the Patient Health Cost Calculator which is located at <https://cchwyo.org/as-our-patient/paying-for-care/patient-cost-estimator/>. Over 300 services are listed and provide a cost estimate for CCH patients. Marketing has sent out flyers to the community explaining the new CCH site.

### COVID 19 Charging and Reimbursement

Ms. Tate explained that inpatients are paid by the diagnosis. Most patients admitted with COVID-19 have a diagnosis of "Other Respiratory Illness". Between January 2020 to December 2020, CCH had 164 inpatients, with 138 patients having a diagnosis of Covid-19 and 26 with a diagnosis other than Covid-19. An average length of stay for a Covid-19 patient is 6.04 day with an average charge of \$26,590. The average insurance payment for Covid-19 patients is \$23,790.00, with governmental insurance paying 20% more for Covid-19. Non-Covid-19 patients average length of stay is 4.50 days with an average charge of \$27,699.00. The average insurance payment for non-Covid-19 patients is \$21,327.00.

## **Business**

### Business

Ms. Mary Lou Tate provided the following financial report:

December 2020:

- BHS inpatient admissions were 4 over budget.
- OB admissions were 4 over budget.
- Acute admissions were 45 over budget.
- Observation patient admissions were 23 under budget from the month and decreased by 28 from last year.
- The Legacy average daily census was 21 under budget and decreased from 21 from last year.
- Outpatient visits were 844 over budget and increased by 360 from last year.
- Clinic visits were 1524 under budget and decreased by 1512 visits compared to last year.
- Walk-In Clinic visits were 464 under budget and 645 below last year.
- Emergency room visits were 232 under budget and 249 below last year.
- Inpatient and outpatient surgeries were 32 under budget and decreased by 49 from last year.
- PRSC surgeries were 35 under budget and decreased by 97 from last year.
- Total operating revenues were \$16,769,242 with a budget of \$15,677,878.
- Operating expenses were \$16,608,626 on a budget of \$16,842,400.





- Net patient revenue was \$1.1M over budget.
- Excess revenue over expenses was more than budget by \$3.5M.
- Days cash on hand increased to 199.
- Days cash without MCR Advance payments is 169.
- Cash balances increased by \$3.21M.
- Accounts receivable days remained at 67 days.

**EXECUTIVE SESSION**

The regular meeting recessed into Executive Session at 7:33 p.m.

The regular meeting reconvened at 9:55 p.m.

The next regularly scheduled Board meeting is February 25, 2021 at 5:00 p.m.

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Lisa Harry, Secretary

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Ellen Rehard, Recorder