



**GOVERNING BOARD
REGULAR MEETING**

The Campbell County Hospital District Board of Trustees met in the Hospital's Fifth Floor Classrooms on Thursday, June 25, 2020.

Members present:

Mr. Alan Stuber
Ms. Ronda Boller
Mr. Adrian Gerrits – by Web Ex
Dr. Sara Hartsaw
Ms. Lisa Harry
Mr. Dustin Martinson

Members absent:

Dr. Ian Swift

Also present:

Ms. Colleen Heeter, CEO
Dr. Nick Stamato, Chief of Staff
Ms. Mary Lou Tate, CFO
Ms. Misty Robertson, CNO
Ms. Noamie Niemitalo, Vice President of Human Resources – by Web Ex
Mr. Steve Crichton, Vice President of Plant and Facilities – by Web Ex
Ms. Jonni Belden, Vice President of Continuing Health Services – by Web Ex
Ms. Karen Clarke, Community Relations Director
Mr. Tom Lubnau, CCH Attorney
Ms. Ellen Rehard, Recorder
Public

OPENING

Call to Order

Mr. Stuber, Acting Chair, called the meeting to order at 5:11p.m.

Invocation

Mr. Stuber led those present in an opening prayer.

Mission Statement

Ms. Harry read Campbell County Health's Mission Statement.

Vision Statement

Dr. Hartsaw 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. Stuber, Dr. Hartsaw Ms. Harry and Mr. Martinson are present. Ms. Boller will arrive later. Dr. Swift is excused.



Approval of Agenda

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

Consent Agenda

Mr. Martinson asked for a correction on the Finance Minutes capital request for 1405 4th Street Building Remodel. The corrected request is for \$20,000.

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

Approval of Minutes

Minutes from June 11, 2020 Special Board meeting and June 25, 2020 Board meeting (copies appended to minutes).

Administrative Policy Review

Four Administrative policies, Appropriate Use of Telemedicine, Business Plan for Expansion of Services or Programs, GIVE Grant Fund and Resident with a Felony Conviction. (copies appended to minutes). **No motion required.**

Finance Meeting

Items requiring Board Action from the July 13, 2020 Finance Committee Meeting as amended (copy appended to minutes).

Committee Reports

Healthcare Foundation
Quality Committee

Dr. Hartsaw moved, seconded by Mr. Martinson to approve the Consent Agenda as corrected. Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion carried.

RECOGNITION ITEMS

Employee Recognition

Thanks for Working Here Thursday

| | |
|----------------|----------------------------|
| Julie Shock | Respiratory Therapy |
| Tisha McIntosh | Behavioral Health Services |
| Tara Worden | Home Medical Resources |

Retirement

Amy Manor

Amy Manor had planned on a career in elementary education, but when two of her friends decided to study nursing at Casper College in 1966, Amy joined them. Amy worked at the old hospital for a few years in the late 1960s, She remembers working in all patient care areas of the hospital except Surgery, but in those days you “scrubbed in” yourself if the on-call staff couldn’t make it. All documentation was handwritten, and the registered nurses had to read and sign off on all charting done by the LPNs
Amy came back to CCMH in 1987, where she has been ever since. Amy remembers working with former CCH ICU Director Bette Smith, who passed away several years ago. Amy and Betty once worked a 16-day stretch of alternating 8-hour shifts—something Amy said she could only do before she had children.



Amy was working on the OB unit when then Director of Nursing Baerbel Merrill suggested she move into a supervisory role, and Amy became a Nursing Supervisor. For those who don't know, the nursing supervisor, or House Supervisor, is the go to person for clinical coordination, especially in the evenings and on weekends. They assign rooms for patients, communicate between different clinical areas, work with providers, talk to patients and families, and even make supply runs to the warehouse.

In addition to working at CCH, Amy drove a school bus route in her home in Recluse for 32 years. She says she'll continue to drive as a sub for her husband and son as needed.

Amy says she will miss the people she worked with over the years, and all the patients she cared for.

She's looking forward to spending more time with her grandchildren and going to watch them compete in more rodeos. She's missing this meeting because two of her grandchildren are competing in the National High School Finals Rodeo in Oklahoma City.

Thank you Amy, for your contributions to Campbell County Health and people in our community.

Steve Crichton

Steve came to Campbell County Health as the Plant Operations and Facilities Vice President in September 2015 from Bryan, Texas. A few of the construction projects overseen by Steve include completion of the Legacy, Med/Surg/OB 2nd floor project, the north landscape project and the Pioneer Manor remodel.

Steve will join his wife, Doni, in College Station, Texas where they plan to start enjoying retirement. Steve has three adult sons and a granddaughter. Steve and Doni enjoy cooking together and traveling.

Steve has made a positive impact on CCH, employees and patients. Congratulations on your retirement!

Sue Ullrich

Retirement is a journey not a destination and that is how Sue Ullrich's staff outlines her career at CCH. Sue started at CCH in April of 1981 working on the Medical/Surgical floor. In December of the same year, Sue transferred to the emergency department where she worked for around 13-14 years. In 1995, Sue worked briefly in Medical Records as the QI coordinator and in September of 1996, she became the manager of the Quality Improvement Department where she has remained ever since. Through Sue's tenure at CCH, she has always taken an active role in spearheading Quality/Patient safety initiatives and continues to assist our organization in reaching the next level of organizational excellence through supporting our organizations Mission of "Excellence Every Day".

Sue's staff characterizes her as being flexible, kind, understanding, reasonable, a good listener, fair, and a chance taker. Sue you leave big shoes to fill but more importantly you leave a lasting memory on this organization in your constant pursuit of patient safety and quality.

Thank you Sue, for making a difference in the lives of so many employees and patients for the last 39 years.

Congratulations!

Wyoming Physician of the Year

James J. Naramore, MD, of Gillette was named by the Wyoming Medical Society (WMS) as the recipient of the 2020 Wyoming Physician of the Year. This award is presented each year to Wyoming's top physician in recognition of their contributions to Wyoming communities, honoring the physician for time and personal sacrifice for the benefit of Wyoming and its communities.



Dr. Naramore was born and raised in Gillette, Wyoming. He was Magna Cum Laude from John Brown University with his Bachelor's degree, earned honors in Family Practice at the University of Utah Medical School, and completed his Family Practice residency at the University of Nebraska hospital system. He has been practicing in Gillette since 1978.

Dr. Naramore is a dedicated husband, father and grandfather to his wife of 48 years, Karen Naramore, their four children and six grandchildren. He is a community servant and participates in the Gillette Area Leadership Institute, serves on the Board of Directors for the Campbell County Chamber of Commerce, he was the President of the Razor City Toast Masters, has presented for the Tar Wars anti-smoking program, and has also served as an elder, deacon, worship leader, and Sunday school teacher at his church.

Not only is Dr. Naramore a leader in his community, he's also a true leader in medicine. He is a Board Certified Family Physician, Certified Medical Review Officer, and an FFA Aviation Medical Examiner. Dr. Naramore has traveled to El Salvador, Ukraine, and Ecuador to participate in medical mission trips. He is also a member of the Wyoming Medical Society, former President of the Campbell County Medical Society, has served on the Physician Advisory Council to the Wyoming Board of Medicine, and has served as Chairman of the Bylaws Committee Chief of the Family Medicine Department, Chief of the Department of Medicine, was a member of the Credentials Committee, a member of the Critical Care Committee and was the Chief of Staff at Campbell County Memorial Hospital.

Dr. Naramore also has been an active medical education teacher throughout his career serving as an instructor for emergency medical technician courses and the Department of Human Medicine at the University of Wyoming Family Practice residency, as a preceptor for the Creighton University School of Medicine, and a preceptor for the physician assistant training program for both Creighton University and University of Washington.

Dr. Naramore exemplifies in every part of his life what it means to be a true leader in medicine for the state of Wyoming.

Congratulations, Dr. James J. Naramore!

PUBLIC QUESTIONS OR COMMENTS

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

ACTION ITEMS

Medical Staff Appointments

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

New Appointments:

Limited Health Care Practitioner (Dependent):

Department of Surgery

Adam C. Crawford, CRNA

Anesthesia



Campbell County Health

Excellence Every Day

Supervising Physician: Nita Engineer, M.D.

Reappointments:

Active:

| | |
|---|--------------------|
| Departments of Medicine Sairav Shah, M.D. (July) | Cardiology |
| Department of Maternal Child Hollie Stewart, M.D. (August) | Pediatrics |
| Department of Surgery Joseph Lawrence, D.O. (August) | Radiology |
| Departments of Surgery AND Powder River Surgery Center James Ulibarri, M.D. (August) | Orthopedic Surgery |

Courtesy:

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| Department of Medicine Alexandru David, M.D. (August) | Infectious Disease |
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Limited Health Care Practitioner (Dependent)

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|--|--|
| Department of Medicine Julie Jones, PA-C (July) <i>Supervising Physician: Nathan Tracey, D.O.</i> | Ambulatory Family Medicine |
| Department of Maternal Child Valerie Amstadt, PA-C (August) <i>Supervising Physician: Francesca McCaffrey, M.D.</i> | Ambulatory Pediatrics |
| Holly Hink, PA (July) <i>Supervising Physician: Kyle Sabey, D.O.</i> | Ambulatory Pediatrics |
| Department of Maternal Child AND Medicine Patricia (Tish) Shull, PA-C (July) <i>Supervising Physicians: Timothy Bohlender, M.D. AND Kyle Sabey, D.O.</i> | Ambulatory Pediatrics & Family Medicine |

ADDITIONAL PRIVILEGES REQUESTS:

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| Department of Powder River Surgery Center Tawna Kiljander, RNFA To practice at PRSC |
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MEDICAL STAFF RESIGNATIONS:

Courtesy Staff:

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| Departments of Surgery AND Powder River Surgery Center Keith Jackson, M.D. | Orthopedic Surgery |
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Strategic Focus

CEO

- Hospice Bereavement Picnic for families of patients who have passed away in the last year, and 45th anniversary celebration for the Campbell County Healthcare Foundation, August 20, 5:30 p.m. at Dalbey Memorial Park, Edwards Shelter (the Fishing Lake). More info to come.
- Rocky Mountain Performance Excellence presentation of the Timberline Baldrige Award, August 31, time TBD. More info to come.
- Eight Junior Volunteers have started back with CCH. They did their first popcorn sales last Thursday. Funds go to the scholarship fund for the Volunteer Scholarship.

People

Ms. Niemitalo reported the following for Employee Engagement:

- 798 employees completed the survey in 2019. 607 employees completed the survey in 2020.
- Question 1: Different work units work well together in this organization
Results in 2020 – 3.54
Results from 2019 – 3.78
National average – 3.76
- Question 2: Different levels of this organization communicate effectively with each other
Results in 2020 – 3.13
Results from 2019 – 3.42
National average – 3.43
- Question 3: This organization provides high quality care and services
Results in 2020 – 4.01
Results in 2019 – 4.24
National average – 4.23
- The total average of all questions was 3.56 compared to 3.81 in 2019.

Action Steps

- Department Managers/Directors will compare individual questions from this survey to last year's results
- Department Managers/Directors will go over results from the last "full Press Ganey" survey
- Goal to increase their overall survey results will be assigned in the LEM
- Department Managers/Directors will decide on with 3 categories to focus on
- Get ideas from employees on how to improve
- Assign committees, set up interdepartmental meetings, etc.
- Trainings at Leadership hours/LDI's are conducted
- Rounding
- Stoplight reports
- As an organization, we will start focusing on some resiliency goals and activities

Care

Ms. McJilton reported that the care management team will soon be expanding and reorganized. Case Managers, Chronic Care Coordinator, Care Managers and Social Workers will be cross-trained and will all have the same title. Ms. McJilton would like to work to strengthen interdepartmental relationships by increasing organizational coverage of care management.

Service

Ms. Belden reported the following:



- The recent resident survey results have been affected by measure take to keep residents safe from respiratory illnesses. Quality of meals and dining experience scores have decreased because communal dining is currently not possible.
- LTC residents are at the highest risk of morbidity and mortality from COVID and other respiratory infections.
- The mechanisms to prevent viral transmission result in prolonged isolation from family and even each other.
- The Legacy has increase activities by reassigning staff, window visits, community parades, letter, video chats, music events, telehealth counseling.
- Future plans include working towards recruitment of volunteers for window visits, collaboration with BHS for resiliency training for staff and counselling for residents.
- Every day, every resident, every family member deserves Excellence Every Day.

Business

Business

Ms. Mary Lou Tate provided the following financial report:

June 2020:

- Inpatient admission were pretty close to budget and just slightly down ytd.
- Legacy average daily census was 143 vs. a budget of 146. YTD LTC averaged 144 vs. a budget of 146.
- Outpatient visits were better than budget and slightly below last year.
- Clinic visits are below budget.
- Are seeing a comeback with hospital based surgeries. Are below budget for June and below budget YTD.
- PRSC surgeries are below budget for June and YTD.
- Operating revenues beat budget by \$2.2M. CCH received additional Cares Act funds of \$5M in June.
- Total operating expenses for June are \$15,9M which is slightly below budget.
- Operating income of \$1.4M.
- Had a positive inventory adjustment in June.
- CCH received \$1.4M, the final Mill Levy payment from the county.
- A \$2M bottom line profit.
- Net patient revenue was \$496K under budget.
- Bad debt and charity care are under budget YTD by \$4.4M.
- Excess revenue over expenses was more than budget by \$2.8M.
- EBIDA was \$2.9M over budget and increased \$5.0M compared to last year.
- Days cash on hand increased by 30 to 172
- Cash balances increased by \$13.2M.
- Accounts receivable days increased to 90 days.

STRATEGIC PLANNING SESSION

The Strategic Planning session began at 6:30 p.m. with Veralon representatives John Harris and Meredith Inniger. Veralon reviewed the purpose of the Mission, Vision and Values. The Mission reflects an organization's purpose and "Why" the organization exists. The Vision expresses ideals, standards, and desired future state and "What" the organization wants to be/achieve in the future. Values describes the organization's philosophy and principles and "How" the organization conducts business. Board members and administration discussed the



current CCH Mission and Vision statements along with the CCH Pillars and Core Values. Dr. Hartsaw suggested that if the Board would like to make changes, those changes should be undertaken by the entire Board and possibly by the new Board after November. Mr. Harris explained that after receiving input during previous sessions and interviews, his team has come up with the following four critical planning issues:

Critical Planning Issues

| ISSUES | DESCRIPTION: WHY THIS IS AN ISSUE |
|---------------------------------|--|
| PEOPLE | Attracting, retaining, and developing top talent across the organization is vital for growth and success. CCH must engage, empower, and partner with physicians and staff to provide outstanding, patient-centered care for the community. |
| CARE CONTINUUM | Providing and communicating value to patients through consistent, high-quality coordinated care will be necessary to optimize patient experiences, fend off competitors, and improve community perception and engagement. |
| ALIGNMENT | Offering a well-balanced portfolio of local and virtual services to meet needs is critical. Gaining access to technology, specialized services, and best practices is imperative to enhance awareness of CCH quality and keep care local. |
| FINANCIAL SUSTAINABILITY | Achieving long-term financial stability in a challenging market requires accurate measurement, effective processes, and performing at or above benchmarks. |

Critical Planning Issue Topics

| ISSUES | TOPICS TO ADDRESS |
|---------------------------------|---|
| PEOPLE | <ul style="list-style-type: none"> • Recruitment, retention/continuing education • Organizational structure/governance • New administrative team roles |
| CARE CONTINUUM | <ul style="list-style-type: none"> • Telehealth • Visibility and community engagement • High-value coordinated care in the community • Quality / Patient experience / Baldrige Journey • Competitors |
| ALIGNMENT | <ul style="list-style-type: none"> • Strategic affiliation(s) • Information technology & integration of systems • Positioning vis a vis big tech disruptors |
| FINANCIAL SUSTAINABILITY | <ul style="list-style-type: none"> • Revenue cycle/billing • Signature/core service enhancement • Service optimization/profitability |



Items to add to People:

- Include NP's and PA's.

Items to add to Care:

- Positive care.
- Care coordination.
- Billing and customer service.

Alignment:

- This is among one of the most important Board responsibilities on the Strategic Plan.

Financial sustainability:

- Coordination of information has to be open and transparent for financial stability.

Draft Goal Summary

| ISSUES | DRAFT GOALS |
|---------------------------------|--|
| PEOPLE | Employees and physicians are empowered to provide outstanding care and service for patients and families |
| CARE CONTINUUM | Outstanding patient and family experiences are recognized throughout the community |
| ALIGNMENT | New affiliation(s) improve access to clinical resources and technology to support regionally recognized services |
| FINANCIAL SUSTAINABILITY | Programs and services are financially sustainable, achieving targeted performance |

Veralon asked Board members to reach out to them with any additional ideas.

EDUCATION

Proposed FY20-21 Budget

Ms. Tate reported the following:

- Charges
 - No price increase
- Volumes
 - Overall staying relatively flat to FY2020 projections
 - Inpatient days (including BHS) – 8,496 - .23% increase
 - Legacy days – 52,560 - .26% decrease
 - ER visits – 21,850 – 1.16% increase
 - OP visits – 165,979 – 1.73% decrease (Dialysis and Oncology increasing, Rehab decreasing, Imaging and Lab stable)
 - Clinic visits (including PROS) – 110,907 – 3% increase
 - Surgeries (Hospital based) – 4,873 – no increase
 - Surgeries (PRSC) – 1,998 – no increase
- Deductions from Revenue



- Payor mix shift of 2% to Medicare and away from Blue Cross and Commercial payors
- Blue Cross contract rate increase
- Slight shift from bad debt to charity care
- Other Revenues
 - Small reduction to 340B revenues
 - Removal of CARES Act funds
- Expenses
 - Salaries 1.73% merit/market adjustment applied
 - 1% (~\$690,000) for Market Adjustments
 - .73% (~\$505,000) for lump sum merit payouts
 - FTE's overall increase of 25 (mostly due to unfilled positions in FY2020)
 - Benefits up 5% driven largely by health insurance
 - Contract labor decrease of 56% or 2.8M, mainly due to hiring staff in many areas including CCL, Nursing and CNA's at Legacy
 - Pharmaceuticals (including) chemotherapy up 12% (includes moving Legacy Drug purchases from purchase service to Pharmaceuticals)
 - Service Agreements and Contract Services combined are up 1%
 - Overall expense increase of 2.37%

The capital budget for FY21 is \$6,500,000, with includes a contingency of \$2,016,192 for unanticipated expenses during the year. The mill levy is budgeted at \$10,800,000 based on information provided by the County Assessor. The excess revenue over expenses is budgeted at a loss of \$2,869,883.

Ms. Harry moved, seconded by Dr. Hartsaw, to approve the fiscal year 2020/21 budget as presented. Mr. Stuber, Ms. Boller, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion passed.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 8:24 p.m.

The regular meeting reconvened at 10:25 p.m.

The next regularly scheduled Board meeting is August 27, 2020 at 5:00 p.m.

Alan Stuber, Secretary

Ellen Rehard, Recorder