



**Board Retreat
March 23 & 24, 2017
The Lodge at Deadwood**

The Campbell County Hospital District Board of Trustees met at The Lodge at Deadwood on Thursday, March 23, 2017 and Friday, March 24, 2017.

Members present:

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

Also present:

Mr. Andy Fitzgerald, Chief Executive Officer
Mr. Dalton Huber, Chief Financial Officer
Ms. Deb Tonn, Vice President of Patient Care
Mr. Bill Stangl, Vice President of Physician Services
Mr. Steve Crichton, Vice President of Plant Operations
Dr. Jennifer Thomas, Chief of Staff (by telephone)
Dr. Hans Kioschos, Chief of Staff Elect Medical Staff (by telephone)
Dr. Robert Neuwirth, PLC
Ms. Ellen Rehard, Recorder

OPENING

Call to Order

Mr. Jackson, Chairman, called the meeting to order at 12:59 p.m.

Welcome

Mr. Jackson stated he is proud of the hospital and recognized the recent awards CCH has received. Leapfrog scores have moved from a D to an A, NRHA recognition as top 100 to top 20 rural hospitals, and the 4 star CMS award.

Roll Call

Ms. Ellen Rehard called the roll of the Trustees of the Board of Campbell County Memorial Hospital District. Mr. Jackson, Mr. Dugan, Dr. Swift, Ms. Boller, Mr. Dunlap, Dr. Hartsaw and Mr. Hite are present.

Approval of Agenda

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



Consent Agenda

Approval of Minutes

Minutes from February 23, 2017 Board regular meeting (copy appended to minutes).

Administrative Policy Review

Five Administrative policies, Computer Hardware/Software Acquisitions and Implementations, Influenza/Viral Transmission Prevention Strategies, Internal Critical Incident Debriefing – HEART Team, Mandatory Education Requirements and Notification and Staffing During a Declared Disaster (copy appended to minutes). **No motion required.**

Board Policy Approval

One Board policy, Medical Staff Liability Insurance (copy appended to minutes).

Finance Meeting

Items requiring Board Action from the March 20, 2017 Finance Committee Meeting (copy appended to minutes).

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

ACTION ITEMS

Medical Staff Appointments

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

New Appointments:

Active:

Department of Maternal / Child	
Hollie B. Stewart, MD	Pediatrics
Department of Surgery	
John A. Gall, MD	Emergency Medicine

Courtesy:

Department of Medicine	
Philip C. McMahill, MD	Internal Medicine

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

Reappointments:

Active:

Department of Medicine	
Suzanne Harris, MD	Family Medicine
Robert Neuwirth, MD	Internal Medicine/Nephrology



Department of Maternal / Child
Michael Jones, MD

OB / GYN

Department of Surgery
Rodney Biggs, MD
Alan Mitchell, MD
Michael Stolpe, DO

General Surgery
Radiology
Emergency Medicine

Department of Surgery AND Powder River Surgery
Hans Kioschos, MD

Orthopedic Surgery

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

Courtesy:

Department of Medicine
Adrian Fluture, MD

Cardiology

Courtesy – Telemedicine:

Department of Medicine
Mary Maymana, MD

Psychiatry

Limited Health Care Practitioners:

Department of Medicine
Jesse Mumm, PA-C

Family Medicine / Ambulatory

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

ADDITIONAL PRIVILEGE REQUESTS

Christian Eby, MD Anesthesiology
Privileges to practice at PRSC

30-Day Privilege Extension Request

Maria R. Moro, MD

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

RESIGNATIONS TO NOTE

Rob Lang, PA-C – Voluntary Relinquishment

PROVIDERS NOT REAPPOINTING

Keith Mills, MD

PUBLIC QUESTIONS OR COMMENTS

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



Mission/Vision/Pillars/Values

Mr. Fitzgerald stated the Mission statement has remained the same the last 7-8 years. Administration and Department Managers have been reviewing the Mission / Vision / Pillars / Values the last few months and have no recommendations for change. Dr. Swift added he hears employees using the term Excellence Every Day and continues to see staff exhibiting excellence every day as well. The vision is for CCH to continue to grow as a regional provider. With the recent announcement of CCH being selected as a top 20 rural hospital, Board members agreed this is a huge marketing opportunity for the services CCH provides.

CCMH Strategic Plan SWOT

Mr. Fitzgerald explained that the management team met to discuss the current strengths, weaknesses, opportunities and threats of the organization.

Strengths include:

- Financials
- Physical Plant
- Capital equipment
- Technology (? Silos)
- Payer mix
- Quality
- Medical sub-specialists
- Comprehensive Services
- Evidence-based practice in CCMH
- Longevity of medical staff
- Quality of people
- Training
- Longevity
- Wages/Benefits
- Culture
- Continuum of care
- Vertical/Horizontal integration
- Improving customer service
- New insurance captive

Weaknesses include:

- Lack of sense of urgency for change and adopting new procedures/practices
- Lack of IT strategy
- Need to turn data into information
- Volume decrease
- Increasing pts. w/o resources
- Staffing (selected areas)
- Cross training
- Software training
- Clinic best practices
- Staff not working at the top of their license



- Productivity
- Operational silos
- Interdepartmental communications, including systems
- Connecting all service lines – continuum of care
- Entry level job skills/life skills
- Storage (actual and virtual)
- Physical Space

Board members inquired about IT security. Mr. Huber explained CCH does have a pretty good process and spends a considerable amount of time keeping things secure. IT recently added a new security system which brings a lot of incoming items into a separate area. CCH receives thousands of bogus documents including invoices and letters in the hope that someone will open them up.

Dr. Hartsaw asked about staffing. Ms. Tonn reported that CCH continues to have staffing issues. CCH has approved 9 RN positions and needs CNA's along with the Legacy. Nursing leaders continue to work on a strategic workforce plan. The Lean committee has reviewed patient triage through the ED and WIC. Once a patient enters the ED they cannot see a triage nurse, they must see a provider. CCH is also exploring other opportunities to draw commercial business back into the market.

Opportunities include:

- Adult day care/PACE
- Geri psych
- TCU/Rehab
- Chronic care management
- Palliative care
- Home based care
- Telemedicine
- Evidence Based Clinic Practices
- Continue to Recruit Primary Care
- Standardized desktop software
- Growth
- EED Cultural Change
- Improved communication technology
- Improved employed physician model
- Improved wellness model
- Economic responsibility to community
- Succession planning
- Acquisition
- Alignment with system
- Home Medical Model
- New Payment Models
- Supply chain management
- Patient friendly billing
- Improved revenue cycle



Board members discussed alignment with another system. Mr. Fitzgerald said that there are a lot of things to think about when entertaining alignment. CCH would lose its independence; therefore, it would be advantageous to be aligned with a marque organization. Iverson Memorial in Laramie has an affiliation agreement with the University of Colorado and their CEO is an employee of the University. Mr. Jackson would like to discuss this option at a later Board meeting.

Mr. Dugan stated he sees financials as an opportunity, not as a strength. Mr. Huber explained there is interim leadership who has a lot of experience with billing. Board members would like patients informed of all payment options including financing, being up front from the beginning.

Threats include:

- Economy
- Competition
- Mission related service lines
- Acquisition by Other System
- Industry Building Primary Care In-house
- Provider/worker shortage
- Changing workforce
- Lack of succession planning for Sr. Mgt./leaders/Sr. staff
- Cyber security/IT security
- Misperception of quality
- Social media
- Misperception of Tax Subsidy and Financial condition
- Difficult to manage patient population
- Healthcare reform/reimbursement
- Increasing cost
- Geographical recruitment

Mr. Jackson would like to add social media to weaknesses.

The plan is broken down into four pillars:

1. People Pillar
2. Quality & Safety Pillar
3. Service Excellence Pillar
4. Business Pillar.

People:

- Reduce employee voluntary turnover from 17.0% to 17.9% - Keep but recalibrate for FY 2018; currently not meeting at 17.9%.
- Recordable injuries (as defined by OSHA) will decrease from 6.1% to 5.8% - Keep but recalibrate for FY 2018; currently not meeting at 6.1.
- Improve organizational leadership assessment score from 55.1% to 57.9% for Directors and Managers stating leadership training is either "Very Effective" or "Extremely Effective." – Keep but recalibrate for FY2018.



- To meet the recruitment needs of the organization active open positions will decrease from ? to ? in 'time to fill' days.
- LEM Performance Improvement Goal.

Ms. Boller inquired if the Board could have a LEM performance goal. Mr. Fitzgerald will set something up for the Board for their review.

Quality and Safety:

- Sepsis. Early management, severe sepsis, and septic shock. Core measure for Medicare – Current Sepsis protocol compliance is approximately 40%.
- Decrease the number of residents who have moderate to severe pain 30%. Numerator: # of residents who stated they have moderate to severe pain at any frequency preventing them from participating in ADL. Denominator: # of residents assessed. – Source Document Casper Report we are currently 20%.
- Decrease number of falls in LTC by 30%. – SourceMidas incident reports current number of falls = February = 27
- Reduce Serious Safety Event Rate from 2.4 to 1.8 (25%) – Keep for FY18 but recalibrate; currently exceeding at 1.4.
- Identify a behavioral health goal that will impact the mental health and wellness of our community.
- Improve the transition of care across the continuum. – Based on readmission rates and office appointments.

Ms. Boller asked about QPR (question, persuade, refer) suicide training for CCH staff and the community through CPR training. Ms. Tonn confirmed that CCH is offering QPR training to all staff members and will take the community suggestion back to Jeff Rice, Director of Behavioral Health Services.

Ms. Boller stated it is a challenge for patients to obtain a timely appointment from their primary care provider once they are released from the hospital. This can affect the hospital readmission rate. It could be beneficial for a group of primary care organizations to meet to put some ideas together to work on a solution.

Service Excellence:

- Increase the number of HCAHPS domains to 6 of 9 above 75th percentile as measured by Health Stream vendor survey – Keep but recalibrate for 2018; currently at 5/9 > 75th percentile.
- ECD scores for 8 of 17 questions above the 75th percentile of patient experience as measured by Health Stream vendor survey – Keep but recalibrate for 2018; Currently at 5/17 above 75 percentile.
- 3 out of 5 outpatient questions will be at or above the 50th percentile of patient experience as measured by HealthStream vendor survey. – Meeting with outpatient leaders to explore ways to measure patient experience in a more appropriate way.
- Increase Long Term Care satisfaction by increasing 7 out of 10 key drivers to above the 50th percentile as measured by the NRC vendor survey – Keep but recalibrate for 2018.



- Increase Physician Clinic scores to 6 of 13 questions at or above the 50th percentile as measured by the Healthstreams survey. – Keep but recalibrate for 2018; currently just under the goal.
- Increase Walk In Clinic patient experience scores to 8 of 19 questions at or above the 50th percentile – New goal – currently 6/19 over the 50th percentile.

Business:

- Increase adjusted discharges to 100% of budget – Keep but recalibrate; currently not meeting the goal at 9% under budget.
- Increase Operating Margin to budget – Keep but recalibrate; currently not meeting the goal at 5% under budget.
- Maintain cash days on hand from 210 days to 183 days – Keep but recalibrate; currently meeting the goal at 179 days.
- CCMH AR days will be reduced to 70 days – Keep but recalibrate; currently meeting the goal at 70 days.

Mr. Huber explained that outstanding accounts come back from the collection agency monthly. The collection agency can keep those accounts for seven years and are then returned to CCH. The current amount sitting in placement at the collection center is \$90M. Mr. Huber would like to take a different tactic and send those accounts to a second collection agency after three years. Mr. Fitzgerald will add this goal under business. Mr. Huber is currently working on the details and plans to report out to the Finance committee on a routine basis.

Projects:

Service Plan

- ♦ Diabetic Program – Need a stronger metric. Education is free.
- ♦ Wound Center – Development of nurse driven wound center interdisciplinary approach.

Facility Plan

- ♦ Develop IP room replacement plan.
- ♦ Implement an energy management plan – Identify goal for improvement for FY18.

Information Technology Plan

- ♦ Meditech 6.15 Ambulatory implementation – Go live 12/1/2017.
- ♦ New PACS – Go live October 2016.
- ♦ Investigate home monitoring technology to enhance home care and increase efficiency.

Marketing/Recruitment

- ♦ Improve and increase marketing for CCH – Focus on strategic relationships and physician relationships.
- ♦ Recruitment of Physicians – Recruit according to Physician Recruitment Plan.

Campbell County Medical Group

- ♦ Implement Work Plan to enhance and improve clinic finances and operations – Implement the plan as determined by CCMG PLC and Med Man.

Business Enhancement

- ♦ Implement a bundled pricing program – Work with outside consultant to put together a plan and present to industry.



- ♦ Consumer-driven AR management: pricing and insurance/self-pay amounts prior to service – Customers can get a price quote and know approximately how much they will owe.
- ♦ Revenue Cycle Management Project – Improve AR days to 65.

Long Term Initiatives:

- ♦ Initiate a discussion with a payer partner to discuss a risk contracting strategy.
- ♦ Succession plan for Sr. leaders.

Physician Demand Tool

- ♦ Family Practice – Dr. Neuwirth will be starting a clinic this fall with 2 mid-levels.
- ♦ Internal Medicine – There has been a significant focus around geriatrics. Currently have one provider for patients. Mr. Fitzgerald would like to discuss at the next Physician Recruitment and Retention meeting moving geriatrics to a critical need. Board members suggest voting on the move at the end of the Demand Tool report.
- ♦ Ophthalmology - This has been on the Demand Study for the last 2 years. Mr. Jackson suggested putting on the Physician Recruitment and Retention committee for discussion.
- ♦ Child Psychiatry – Still trying to recruit.

Ms. Boller moved, seconded by Mr. Hite, to move the geriatric need from a high need to a critical need. Mr. Jackson, Mr. Dugan, Dr. Swift, Ms. Boller, Mr. Dunlap, Dr. Hartsaw and Mr. Hite voted aye. Motion carried.

Medical Staff Comments and Questions

Dr. Kioschos reported the medical staff brings to the table their professional component that includes knowledge and skills to provide a diagnosis and treatment to cure the patients in a quick and cost efficient manner. Providers are required to document correctly and timely and conduct themselves in a professional manner. If they fail to meet those criteria, there are ramifications. The facility is required to provide a clean, sterile working environment, equipment, well trained staff and leadership. Dr. Kioschos reached out to medical staff members to obtain their thoughts about the facility. He did not receive any complaints about the facility, but did receive several complaints about Meditech. The platform is poor and the program creates double the workload. He contacted Northwest Montana and inquired about Meditech at Kalispell Hospital. He received the same comments and that the hospital hasn't been able to send out statements for months. Additionally, Dr. Kioschos received concerns about leadership in the OR. Dr. Kioschos recommends education and onboarding regarding the 2nd floor capital project explaining the vision and why moving in that direction.

PLC & CCMG Update

Dr. Neuwirth reported the PLC is addressing a lot of issues including education to the individual clinics on working together to realize they are all part of the same organization. They have had significant issues over the financial aspects and have a plan in place to improve finances. Bud Lawrence has been working with specific providers to set goals for the number of patient visits each week. The PLC is working to align services and look at things as a business line. Dr. Stamato has been meeting and working with the clinic providers. They took a lot of time to determine the patient visit numbers they should be working with.



Board Discussion and Feedback

- Dr. Hartsaw suggested having a separate Board meeting from the retreat to keep the retreat devoted to the business of the retreat.
- Ms. Boller stated she has enjoyed hearing everyone's opinion.

Recess

The regular meeting recessed at 5:22 p.m. until March 24, 2017 at 8:15 a.m.

Call to Order

Mr. Jackson called the meeting to order at 8:12 a.m.

Financial Forecast

Mr. Huber reported the following:

Revenue/Expense Assumptions:

- Revenue – 2.25% growth.
- Operating Expenses –2% growth.
- Decrease mill levy in 2018 and kept flat going forward.
- Generating \$15M of cash after debt service.

Capital Expenditures – Start 4/2019 for a 2 year project

- ED renovation in 2020 \$3.6M.
- Regular Equipment \$9M each year 2018 through 2021.
- Landscaping \$1M 2018.
- Inpatient Project - \$1M 2019; \$6.8M 2020; \$17M 2021. Total construction project \$31,925,980.
- Days cash on Hand drops to 119 in 2021.

Capital Expenditures – Start 4/2018 for a 2 year project

- Inpatient Project - \$1M 2018; \$6.8M 2019; \$17M 2020. Total construction project \$31,925,980.

Capital Expenditures - Cosmetic Updates and a Medical Office Building

- Medical Office Building \$8M.
- Remodel existing space \$5M.

Mr. Huber stated CCH should recapture a couple million a year with a new revenue cycle. A new drug purchasing program should save \$1M a year and the organization has tightened up FTE's.

Mr. Dunlap suggested offering a bond issue to the public allowing the public to have a voice in the project. Board members agree it is necessary to educate the public on the inpatient project. Dr. Hartsaw asked if efficiencies that will come from the new inpatient area are included in the projections. Mr. Huber will build those in for a future presentation.

Facility Planning Review on 2nd Floor Project

Scott Davidson of HGA and Mr. Crichton reviewed the 2nd floor project:

Schedule

- Project Initiation: December 2015
- Lean \ Process \ Pre-Design: February – May 2016
 - Research, Data Collection



- Schematic Design: June – September 2016
 - Program areas determined.
 - 1st Budget Estimate
- Design Development: September – December 2016
 - Room functionality, Public Areas
 - 2nd Budget Estimate
- Contract Drawings: March 2017
 - Project out for bid

Need

- Existing rooms do not meet current model building codes
- Existing units do not align with marketplace expectation
- Nursing concerns associated with patient safety

Existing Driver Spaces

- Licensed for 90 beds
- Medical / Surgical / ICU / BHS / Obs. = 49
- Mother Baby = 18 (4 LDR + 14 Post-Partum)
- C-Section = 2

Future Driver Spaces

- Licensed for 90 beds
- 8 ICU
- 3 Intermediated Care, sized as ICU
- 28 Medical / Surgical
 - 23 sized as ICU
 - 5 sized as med/surg
- 8 LDRP
- 3 Post-Partum
- 3 Outpatient Triage
- 1 C-Section
- 4 Level II NICU Rooms
 - 5 beds
- 1 Multi-bay well baby, overflow NICU

Project Budget Estimate

- 2 Year Plan
 - Construction Budget \$20M
 - Soft Costs \$5.2M
 - Approved Costs \$2.2M
 - **Total Project Costs \$27.5M**
- 4 Year Plan
 - Construction Budget \$21.5M
 - Soft Costs \$6.5M
 - Approved Costs \$2.2M
 - **Total Project Costs \$30.4M**

Mr. Dugan moved, seconded by Dr. Hartsaw, to approve going forward with the construction plan as presented and ask administration to come back to the Board in the budget meeting with starting this in FY18.



Mr. Dunlap suggested waiting until the next Board meeting to vote on the project. Several Board members expressed they would like to go forward with a vote today.

Mr. Crichton explained that the next step is to submit the plan to the State of Wyoming. This can take up to four months for approval. Once approval is received, CCH has twelve months to begin the project.

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

Pioneer Manor Renovation

Option 1 – Maintain the building for current uses with possible addition of services in neighborhoods 4 and 5 for 10 years. Total expenses - \$\$3,829,028.

Option 2 - Raze the building and secure property for future use. Total expenses - \$6,045,791.

Option 3 - Do bare minimum to the existing building and relocate services to new location(s).
Total expenses: Buy - \$5,151,628.
Lease - \$4,949,128.

Current Services at Pioneer Manor

- CBO – staffed 5 days a week
- Education
- Wellness Office – staffed up to 5 days a week.
- Apartments that are used about 900-1000 nights a year
- Childcare – 75 children & 175 families served

Board members requested additional information to be presented at the April Facilities Committee meeting.

Mr. Crichton will provide the following:

- Costs for Option 1 without updating apartments.
- Costs to move utilities to the new portion of the building.
- Hard estimates from engineers.
- Real estate property estimates.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 11:10 a.m.

The regular meeting reconvened at 12:13 p.m.

Board Assessment and Job Description

Mr. Fitzgerald reviewed the Board assessment with Board members. Seven assessments were completed. Board member had previously submitted answers to questions on the following categories:



- People
- Care
- Service
- Business

Board members expressed the need for basic training on certain topics and continuing education. They would like to have access to a cheat sheet on financial terms and medical terms. Mr. Dunlap suggested writing down questions, obtain the answers, and put those into a book for Board members to refer to. He will get started on this process. Board members discussed meeting with a professional facilitator to provide leadership development and training. Ms. Boller will work on an agenda. Mr. Fitzgerald reminded Board members of the WHA Trustee Education Conference in Casper, May 19.

ADJOURNMENT

There being no further business the meeting adjourned at 2:00 p.m.

The next regularly scheduled Board meeting is April 24, 2016 at 5:00 p.m. in Classroom 1.

Ronda Boller, Secretary

Ellen L. Rehard, Recorder