

Minutes

Our Mission

Serving our community by providing a lifetime of care with dedication, skill and compassion.

Our Vision

CCH will be the first choice for healthcare and wellness in Wyoming by providing Excellence Every Day.

Our Values

Care: Relentless Pursuit of Safety and Quality

People: Fairness and Dedication

Service: Care and Compassion

Business: Fiscal Responsibility with Integrity and Transparency

Our Meeting Non-Negotiables: Be prompt and present; be kind and collaborative; **We Are CCH.**

Meeting Purpose: To provide updates, deliver announcements, solicit feedback, and share information, connect and engage.

Estimated Meeting Length: 8:30a.m. – 5:00 p.m. **Location:** Deadwood Mountain Grand, Deadwood, SD

Attendance:

Trustees/Administration:

Tom Murphy

Dr. Sara Hartsaw

Randy Hite

Dr. John Mansell

Dr. Angela Biggs

Bill Rice (Virtual)

Alan Stuber

Matt Shahan

Adam Popp

Dr. John Houk

Natalie Tucker

Dawn Hodges

Jamie Kay

Diane Jackson

Kevin Unger

David Bingham

Dr. Kelly McMillin

Consent/Information Agenda	Discussion Leader	Time	Discussion	Expectation (See Legend)	Responsibility/ Follow-Up
Breakfast		7:30-8:30			
Pledge of Allegiance Mission Statement Vision Statement	Chairman Murphy	8:30			
Roll Call	Jamie Kay, Executive Assistant	8:30	Quorum is present.	FD	
Opening Remarks	Chairman Murphy Matt Shahan, CEO	8:35-8:40	This meeting is for the shareholders, the community and largely the entire Northeast Wyoming. Please contact us with any comments or concerns. Echo much of what Chairman Murphy said; Agenda standpoint each person should have a copy either on their email or in their TEAMS, any trouble please let us know.	FYI	
Approval of Agenda			Trustee Stuber moved to approve the agenda as presented. Motion seconded by Trustee Hartsaw; Motion carried unanimously.		
Consent Agenda					
Approval of Minutes		8:40-8:45	Board of Trustees Meeting: Feb. 24, 2025 Quality Minutes: March 12, 2025 Facility Planning Committee: March 2025 Legacy Advisory Board: January 13, 2025 Legacy Advisory Board: February 10, 2025 WREMS: March 7, 2025 WREMS: March 28, 2025 Trustee Hite moved to approve the Consent Agenda as presented. Motion seconded by Trustee Biggs; Motion carried unanimously.	FA	

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

WE are CCH Recognition					
WE are CCH Recognition		8:45-8:50	Turning the Ship Around (1).mp4		
Public Questions or Comments		8:50-8:55	No online requests for public statement		
Action Item: Board of Trustees Policies	Chairman Murphy / Matt, CEO	8:55-9:10	<p>Board Bylaws will be addressed in a separate committee meeting with legal advice of counsel. Chairman will assign a committee of three.</p> <p>Comment: The Policies are for review; there are no proposed changes.</p> <p>-Bidding-Alternate Design and Construction Delivery Methods.pdf</p> <p>All projects have been CMAR. Was there an employee of the hospital overseeing the projects? Yes. Mike Smith and Matt Pueringer; we have a master electrician on staff; we previously had a plumber on staff, but he has left the organization.</p> <p>-Construction Project Approval Process.pdf</p> <p>-Credentialing Policy.pdf</p> <p>-Institutional Planning.pdf</p> <p>-Medical Staff Liability Insurance.pdf</p> <p>The insurance company is through MSHRRRG. Matt discussed MSHRRRG and its members, along with the benefits of being an "owner" of the "company". As part of that there are multi-tiered</p>	FA	

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<p>levels of coverage. If the coverage payments do not exceed the fund, then the participating hospitals can receive reimbursement. Unfortunately, this year, the pool of money has been exhausted due to several claims, alternatively, the fund has covered the claims, not requiring additional payments from participating hospitals.</p> <p><u>-Rules of Procedure Contested Cases Before the Board of Trustees Campbell County Hospital District.pdf</u></p> <p><u>-Scholarship-High School Student.pdf</u></p> <p>Scholarship—Trustee Stuber suggested opening up scholarship opportunities to Hulett students.</p> <p>--All of the applicants are just so impressive. Kudos to Dr. Mansell for the Spreadsheet system that he put together for scholarship selection.</p> <p>This Policy will require edits.</p> <p><u>-Selection of a New Board Member.pdf</u></p> <p><u>-Standing Rules on Allowing the Public to be Placed on Agenda of a Hospital Governing Board Meeting.pdf</u></p> <p>Discussion: Currently the Board of Trustees do allow the public to make statements at the Board Meetings.</p> <p>Wyoming public meeting statutes do not require the name and address of attendees. If people wish to make statements, we can request their names, but we cannot require attendance sign in. The commentary part of the rule can be structure any way we'd like. Discussion: can we add to the policy that the chairman of the board makes changes as necessary such as imposing the time limit.</p>		
--	--	--	--	--	--

Expectation Legend: FYI – For Information; FD – For Discussion; FA – For Action; DM – Decision Needs to be Made

			<p>This Policy will require edits.</p> <p><u>-Travel and Reimbursement.pdf</u></p> <p><u>-Utilization of Hospital Facilities for Physician Offices.pdf</u></p> <p>Trustee Hartsaw Moved to Approve the Policies as presented, except the Scholarship and Public Comment Policies. Motion seconded by Trustee Mansell; Motion carried unanimously.</p>		
<p>Informational Item: We are CCH</p>	Tanya	9:10-10:00	<p><u>We are CCH</u></p> <p>The focus on the organization as a whole and the culture improvements—which have been great. The incorporation of all departments. Eliminate the Us vs. Them. We have worked very hard to standardize our organization, from agendas, slides and the Mission and Visions are presented at the beginning of each meeting.</p> <p>March of 2024, we rebranded and Recommitted to the Standard of Excellence. March 2024 Standardized of all meeting agendas and implemented the Standards of the Month. July 2024 the Standardized Weekly Reports; and finally in November Career Conversations; Dashboards and Viva Engage Recognition was implemented. Spring of 2025 Standardized Monthly Meeting Models, Spotlight Reports and Standardized New Hire Assessments.</p> <p>There are 11 Leaders on the Culture PIT Team. And that helps to infuse the changes throughout the organization and the make the ideas come to fruition.</p> <p>Tanya discussed the Dashboard; this is a place that the whole organization can go to see how we are progressing on our organizational goals.</p> <p>Feedback from employees: consistency; improved communication, accountability and engagement; ease of use for UGK and Dashboard.</p>	FYI	

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<p>Initial Rollout of Career Conversations Compliance is getting better and better. At the close of the first quarter, we were at 90% completion.</p> <p>Interdepartmental surveys: increased to 85% since Fall of 2023.</p> <p>Employee Engagement Results: have increased to 81.3% for the Spring of 2025 from initial roll out in Spring of 2024.</p> <p>CCH is certainly on a Culture Journey, it does not take place overnight, but we are making stride, and we have traction.</p> <p>Discussion: As Trustees, feedback is hard to get from employees, do you think this activity will help in getting our stakeholders' perspective, so the Board has a better understanding of things that need address.</p> <p>Kudos to Zane Lennon and Adam Boothe for their contributions to this process.</p> <p>The program is very impressive; RE: the Career Conversations: are we sharing employee engagement questions etc. in advance and ask employees to come prepared. Yes, this process has expedited the process.</p> <p>Dr. Mansell, quarterly report to implement something similar on the Board end.</p> <p>Discussion: would you want to take career conversations down to 6 months from 3 months. Do you feel in the next few years we may revisit the frequency? The dynamics and frequencies will be continuously readjusted and revisited.</p> <p>Comment: Dr. Biggs loves what this is, and she feels that the results can already be felt in the hospital. Dr. Hartsaw agrees with Dr. Biggs, this is a change that she has seen but has been unable to put her</p>		
--	--	--	--	--	--

			<p>finger on. We are all a part of a bigger picture; this was a great presentation and thank you.</p> <p>Changes are hard to see when you are in "it." We have over 1,000 employees in the organization, and we just have a great group of people and as we get to Dawn's report, we will see that turnover is necessary and not always a negative.</p>		
Break		10:00-10:15			
Informational Item: Chief Nursing Officer Report	Natalie, CNO	10:15-10:45	<p>Hospital Transfers</p> <p>This data helps CCH determine areas of recruitment, Telehealth needs etc. the reasons for the transfers from CCH, such as bed availability or staffing issues. Along the same line, the data helps determine the number of vexed shifts.</p> <p>The Cath Lab in particular has extended their hours, and the next step is training Paramedics to cross-train to even extend more hours.</p> <p>Discussion regarding communication of always having to be ready for the unknown, CCH is the only 24/7 facility in the community; that does have a financial impact. March-September there were 446 transfers out of CCH.</p> <p>Transfers lateral or downward level of care can be done, but it is more complicated. We did have an EMTALA review at the end of the year on a particular transfer and findings were that the Transfer was appropriate.</p> <p>WHA is having a meeting with most of the Hospital CEOs in the Northeast corner of the state later this month to discuss transfers and care. If hospitals around us close, it will have a negative impact on our hospital and vice versa.</p>	FD	

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<p>**Kudos to our EMS Team, they are on transports more than many of us realize.</p> <p><u>Compounding Pharmacy Update</u></p> <p>Compounding Pharmacy is a specialized pharmacy that alters, mixes or combines ingredients to meet patient/animal needs. Only about 1-3% of U.S. Prescriptions are compounded. CCH does have limited sterile compounding needs.</p> <p>There are 2 types of compounding pharmacies: 503A based on prescription and 503B are based on large quantities for distribution.</p> <p>The cost of compounding is substantial so here is a high risk associated. ROI is not great as some insurances do not cover compounds, along the same line compounding pharmacists are harder to recruit.</p> <p>Department Reports:</p> <p>Recently CCH received a 3-year accreditation for Outpatient Behavioral Health from CARF. Every year we attest that we conform to their standards. BHS was described as welcoming, inviting, calm, friendly, staff shows dedication, there has been a decline in patient grievances, and the committees and community has worked to destigmatize Behavioral Health problems.</p> <p>Behavioral Health has been recently been restructured; more in line with one service line type, one director, one supervisor and a lot more efficiencies between the two departments has been observed.</p> <p>OCC Health moved to lower level of Stocktrail Building; better opportunity for expansion; better access to community.</p> <p>We are working to establish a location for IV antibiotic patients to receive infusions separate from chemo patients. Med Onc and Infusions are working to be split to help grow services.</p>		
--	--	--	--	--	--

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made



			<p>The new TruBeam, Liniac Accelerator for Rad Onc will be installed. The last day of treatment is mid-May and the old machine will be removed and the new install will take about 4-5 weeks. During that time, patients will be routed to Sheridan; or the place of their choice and regular business will be resumed mid-August.</p> <p>Rad Onc had over 100 survivors attend the Survivor Dinner—That was a great turnout.</p> <p>Case Management is implementing a new process—to round to inpatient rooms to offer resources when needed sooner.</p> <p>MedSurg has established some academies to address learning and skill areas to offer additional support and time they may need.</p>		
Informational Item: Chief of Staff Report	Dr. McMillin	10:45- 11:00	<p>The Greely education went very well; everyone gained a good amount of knowledge of information and policies. The biggest takeaway was along the quality pathway; CCH doesn't have a good ongoing professional practice evaluation system; the peer evaluation committee and policy is being reviewed and requires changes. Model has been very punitive instead of constructive.</p> <p>Overall the health of medical staff is good. New leadership within Surgery, new subsection chair, renewed vigor, and encouragement of involvement.</p> <p>Improving the utilization and involvement of APPs. Chair of Peer Review has been very progressive in the involvement of APPs.</p> <p>Additional onboarding of physicians by medical staff has been discussed, outside of the administrative steps; it would help new physicians to feel more welcome, various ideas discussed.</p>	FYI	
Informational Item:	Kevin Unger, President and	11:00- 11:45	UCHealth's role is to support CCH.	FYI	

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

UHealth Updates	CEO – UHealth NoCo Region	<p>At a national level there is a shared frustration of the cost of healthcare. The population is aging and typically getting sicker and sicker. Staffing shortages are across the country. More volatile patients and family members; and a rapid shift in volume compared to outpatient setting—no easy patient.</p> <p>Discussion: how violent patients are addressed—Some patients are only allowed to access healthcare at a facility for emergency purposes. UHealth has established committees to implement safety precautions.</p> <p>I.E. Safety Huddle to address a flagged patient care; security is called; not be alone with a patient.</p> <p>All UHealth facilities have metal detectors to enter ED. To enter the hospitals, guests must register—even employees.</p> <p>Pharmacy Benefits Managers, 340B, are being questioned. The Federal and State Governments are getting involved and it is really a relationship between pharmacies and hospitals.</p> <p>Private Equity is entering the market. Sixty-five percent of physician acquisitions have been executed by private equity firms.</p> <p>Colorado Healthcare Market: UHealth is the only “local” healthcare system in the State.</p> <p>The payor landscape continues to evolve, however largely remains occupied by national corporations.</p> <p>Select Health entered CO with a new nonprofit health plan.</p> <p>Value based care in Colorado is minimal.</p> <p>Patient Experience Scores are evaluated often. HCAHPS is a highly utilized system. Focus on Rounding; Texting and notifications preferences; developed a new data and analytics platform.</p>		
-----------------	---------------------------------	---	--	--

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<p>Quality Standpoint 7 of 10 are 4 or 5 start facilities from CMS; 9 of 14 are above the 75th percentile for overall quality.</p> <p>\$11M per day is spent per day on salaries and benefits; over 35k employees and over 1400 employees have been hired in the last 12 months.</p> <p>Overall turnover—those over a year is creeping to single digits.</p> <p>Ascend Program--Employee education and retention is especially important and has been successful in retaining employees. There is a service requirement and repayment requirement if an employee leaves prior to commitment.</p> <p>UHealth NoCo sees about 2100 patients per day; 5M appointments scheduled.</p> <p>UHealth provides Community benefit of \$1.3B. to maintain nonprofit status.</p> <p>Virtual Health Center in Denver that monitors patients 24/7. Sepsis; virtual ICUs, virtual urgent care.</p> <p>Select Health Partnership is in approximately 16 counties in Colorado.</p> <p>Labor costs have increased 25.5% from 21-25%.</p> <p>Majority of patients are Medicare or Medicaid Patients. Medicare recovery is \$.73 on the dollar Medicaid recovery is \$.79 on the dollar.</p> <p>2019-present CO Legislation has passed 442 laws that impact Colorado Hospitals.</p> <p>Colorado Discussions: Rate Setting; Discontinuance of 340B; and ending Facility Fees and anti-consolidation.</p>		
--	--	--	--	--	--

Expectation Legend: FYI – For Information; FD – For Discussion; FA – For Action; DM – Decision Needs to be Made

			<p>Pharma and 340 B—Hospital and Pharma Industry Average Operating Margins from 2019-2023 is 1.4% for hospitals and 22.4% for Pharma Companies.</p> <p>UCHealth appreciates the relationship with CCH.</p>		
<p>Informational Item: UCHealth Updates</p>	<p>David Thompson, CFO UCHealth NoCo Region</p>	<p>11:45- 12:00</p>	<p>Vizient: GPO one of the largest in U.S. Manages \$100B of supply change annually. They are UCHealth's choice of supply change management.</p> <p>UCHealth is the member and CCH is the affiliate. It was UCHealth's understanding that Affiliates were able to utilize the GPO Pricing. That has been rescinded; many of the vendors were denying the GPO Benefits; nowhere said they had to but most usually did. UCHealth does not work or have a controlling interest so vendors do not have to honor the pricing. The benefit for CCH is less as vendors are opting out.</p> <p>EPIC: When EPIC was postponed, there was a review of contract. At that time there was a cost of \$7M, some upfront and essentially UCHealth was lending the additional fees; the interest rate was addressed—and it has been increased from just over 1% to just over 9%—that will come down to an increase of \$500K over the payback period.</p> <p>Discussion—Is there an opportunity for the organization to go into the commercial market for lending options. Yes. That is being explored.</p> <p>From an EPIC Standpoint—CCH is saving millions of dollars through the affiliation.</p> <p>Again, staying on Meditech would be exponentially more expensive than the transition to EPIC.</p>	<p>FYI</p>	

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

Touch Points	Diane		<div><div>Since Fall Planning session 2024</div><table><tr><td>12/19</td><td>CHNA- CCH discussion and kick off for 2025</td></tr><tr><td>12/23</td><td>CCH in person touch base with Matt Shahan- happy Holidays!</td></tr><tr><td>01/23</td><td>CCH Board Meeting- Diane Virtual Attendance</td></tr><tr><td>02/21</td><td>CCH Provider Connection Workgroup</td></tr><tr><td>02/24</td><td>AHA Rural Conference- Connect with CCH CEO/Board Members</td></tr><tr><td>02/27</td><td>CCH Board Meeting- Diane virtual attendance</td></tr><tr><td>03/06</td><td>Provider Connection discussion- Diane Jackson, Lisa Jackson</td></tr><tr><td>03/11</td><td>CCH Provider Connection work book</td></tr><tr><td>03/11</td><td>CCH Executive Leadership- CHNA review</td></tr><tr><td>03/13</td><td>CEO Comp Sullivan Cotter report- compensation analysis</td></tr><tr><td>03/14</td><td>CCH Provider Connection Demo</td></tr><tr><td>03/14</td><td>CCH Provider Connection Workgroup</td></tr><tr><td>03/20</td><td>Trauma Grand Rounds- virtual CME offering</td></tr><tr><td>03/24</td><td>Matt Shahan- touch base</td></tr><tr><td>04/03-04/04</td><td>Board Retreat- Presentations by Kevin Unger and David Thompson</td></tr><tr><td>05/01-05/03</td><td>EMS University- Two Burn/Frostbite speakers and two Trauma speakers confirmed</td></tr><tr><td>05/02</td><td>Virtual Burn/EMS Dinner</td></tr><tr><td>05/21</td><td>Monument Health CEO Lunch- Paulette Davidson, Dr Brad Archer, Matt Shahan, Kevin Unger</td></tr></table></div> <p>This is a very conservative list of the things that Diane assists CCH with.</p>	12/19	CHNA- CCH discussion and kick off for 2025	12/23	CCH in person touch base with Matt Shahan- happy Holidays!	01/23	CCH Board Meeting- Diane Virtual Attendance	02/21	CCH Provider Connection Workgroup	02/24	AHA Rural Conference- Connect with CCH CEO/Board Members	02/27	CCH Board Meeting- Diane virtual attendance	03/06	Provider Connection discussion- Diane Jackson, Lisa Jackson	03/11	CCH Provider Connection work book	03/11	CCH Executive Leadership- CHNA review	03/13	CEO Comp Sullivan Cotter report- compensation analysis	03/14	CCH Provider Connection Demo	03/14	CCH Provider Connection Workgroup	03/20	Trauma Grand Rounds- virtual CME offering	03/24	Matt Shahan- touch base	04/03-04/04	Board Retreat- Presentations by Kevin Unger and David Thompson	05/01-05/03	EMS University- Two Burn/Frostbite speakers and two Trauma speakers confirmed	05/02	Virtual Burn/EMS Dinner	05/21	Monument Health CEO Lunch- Paulette Davidson, Dr Brad Archer, Matt Shahan, Kevin Unger		
12/19	CHNA- CCH discussion and kick off for 2025																																								
12/23	CCH in person touch base with Matt Shahan- happy Holidays!																																								
01/23	CCH Board Meeting- Diane Virtual Attendance																																								
02/21	CCH Provider Connection Workgroup																																								
02/24	AHA Rural Conference- Connect with CCH CEO/Board Members																																								
02/27	CCH Board Meeting- Diane virtual attendance																																								
03/06	Provider Connection discussion- Diane Jackson, Lisa Jackson																																								
03/11	CCH Provider Connection work book																																								
03/11	CCH Executive Leadership- CHNA review																																								
03/13	CEO Comp Sullivan Cotter report- compensation analysis																																								
03/14	CCH Provider Connection Demo																																								
03/14	CCH Provider Connection Workgroup																																								
03/20	Trauma Grand Rounds- virtual CME offering																																								
03/24	Matt Shahan- touch base																																								
04/03-04/04	Board Retreat- Presentations by Kevin Unger and David Thompson																																								
05/01-05/03	EMS University- Two Burn/Frostbite speakers and two Trauma speakers confirmed																																								
05/02	Virtual Burn/EMS Dinner																																								
05/21	Monument Health CEO Lunch- Paulette Davidson, Dr Brad Archer, Matt Shahan, Kevin Unger																																								
Lunch 12:00 – 12:30																																									
Finance	Adam	12:30-2:00	<p>February Financial Report Out</p> <p>EPIC Capital Update of costs per date. There are a lot of moving parts to EPIC, Robin Ferguson, her team, and Karla Arzola have done a great job thus far.</p> <p>Charity: \$55,675.31 Bad Debt \$1,076,183.61 Total: \$1,131,858.92</p> <p>Trustee Hite moved to approve the Bad Debt & Charity as presented; Trustee Mansell seconded, and Motion carried unanimously.</p> <p>CFO Popp reviewed the Utilization Report, Days Cash on Hand, Statement of Revenue & Expenses and Balance Sheet.</p>																																						

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<p>Signature Performance Update</p> <p>Discussed the Key Metric/KPI Review regarding Total Receipts and Accounts Receivable.</p> <p>CliftonLarsenAllen LLP</p> <p>We now have three years CCH Data that is compared to blinded hospitals. CCH has improved on FTE. Total FTE—the slide is almost unfair as none of the other hospitals that CCH are compared to run EMS. CCH has work to do on Benefits and the Administration is aware of that. Contract Labor and Locum Cost as a % of NPSR; We are better than 2024 but still high. Salaries, Benefits & Contract Labor as % of NSPR is improved year over year but in comparison is higher. Admin Salaries as % of NPSR, not just the 5 execs this is several groups combined—about 60 people. NPSR per Provider FTS are comparable to blinded hospitals.</p> <p>PFMAM & WGIF Updates Wyoming Government Investment Fund the graphic is pre WyoStar Funds. Just under \$21M was transferred over. There will be some discussion on diversifying investments.</p> <p>Department Reports Construction progress continues at Second Street Building. HMR is implementing a patient portal that will be very helpful for patients. Accounting is working on FY26 Budget. Rev Cycle is diligently working on EPIC.</p>		
			<p>Agenda was adjusted to move into the Executive Session.</p>		
			<p>TRUSTEE HARTSAW MOVED TO ENTER INTO EXECUTIVE SESSION AT 2:18 PM TO DISCUSS TRADE SECRETS PURSUANT TO W.S. 16-4-4-5(A)(IX) AND W.S. 40-24-101 ET SEQ. TRUSTEE STUBER SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.</p>		

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<p>TRUSTEE STUBER MOVED TO COME OUT OF EXECUTIVE SESSION AT 3:08 P.M. TRUSTEE HITE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.</p> <p><u>EXECUTIVE SESSION ADJOURNED AT 3:08 P.M</u></p> <p>Returned to Public Session at 3:09 PM.</p>		
<p>Informational Item: CMO Report</p>	<p>Dr. Houk</p>	<p>2:15-3:15</p>	<p>Quality Review</p> <p>Quality makes or breaks companies. Easy way to define Quality in Medicine; accurate, timely, palatable. Ultimately the Board has a responsibility for Quality.</p> <p>Accuracy—Medical Staff Timeliness—Operations Palatability—Patient Satisfaction.</p> <p>Access to Care is surrogate marker of production—if it is off it requires more investigation.</p> <p>Discussion regarding figuring FTE and 3NAA, encounters vs. RVUS and reviewing the overall picture to determine if management adjustments need to be made.</p> <p>Access to care from a patient's perspective. How soon they can be seen?</p> <p>Goal for 3NAA vary depending on department. 7 days for primary care and 14 days for specialty in our area. Discussion regarding PET Scans being scheduled too far out. CCH had to refer someone to Denver—Not UCHealth to get them in sooner.</p> <p>Discussion regarding the Dashboards and reporting metrics.</p>	<p>FD</p>	

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<div>Recruitment & Retention Review</div> <div>Discussion regarding recruiting process overview in regard to the Community Health Needs Assessments.</div> <div>The previous CHNA was flawed in the interview; survey and Access to Care. CMO Houk discussed the flaws.</div> <div>Moving forward discussion on better measurement options.</div> <div>Proposed Recruits: New or Expanded Service Lines</div> <div><table><thead><tr><th>New or Expanding Service Lines (Physicians)</th><th>New or Expanding Service Lines (APPs)</th></tr></thead><tbody><tr><td>Tier 1 (High Need)</td><td>Tier 1 (High Need)</td></tr><tr><td>Cardiology (clinical) (1x)</td><td>none</td></tr><tr><td>Tier 2 (Moderate need)</td><td>Tier 2 (Moderate Need)</td></tr><tr><td>Dermatology (1x)</td><td>Orthopedics (general) (1x PA)</td></tr><tr><td>Endocrinology (1x)</td><td></td></tr><tr><td>Gastroenterology (1x)</td><td></td></tr><tr><td>Orthopedics (general) (1x)</td><td></td></tr><tr><td>Otorhinolaryngology (1x)</td><td></td></tr><tr><td>Rheumatology (1x)</td><td></td></tr><tr><td>Tier 3 (Low Need)</td><td></td></tr><tr><td>All others</td><td></td></tr></tbody></table></div> <div>Discussion regarding the recommendations is made with proper consideration of staff and management. Yes.</div> <div>Recruitment is tough and expensive. No question, it is cheaper to keep current providers than recruit.</div> <div>Lisa Jackson takes new providers around the area/community to introduce them, so that outside providers are aware of new provider/resources.</div>	New or Expanding Service Lines (Physicians)	New or Expanding Service Lines (APPs)	Tier 1 (High Need)	Tier 1 (High Need)	Cardiology (clinical) (1x)	none	Tier 2 (Moderate need)	Tier 2 (Moderate Need)	Dermatology (1x)	Orthopedics (general) (1x PA)	Endocrinology (1x)		Gastroenterology (1x)		Orthopedics (general) (1x)		Otorhinolaryngology (1x)		Rheumatology (1x)		Tier 3 (Low Need)		All others			
New or Expanding Service Lines (Physicians)	New or Expanding Service Lines (APPs)																												
Tier 1 (High Need)	Tier 1 (High Need)																												
Cardiology (clinical) (1x)	none																												
Tier 2 (Moderate need)	Tier 2 (Moderate Need)																												
Dermatology (1x)	Orthopedics (general) (1x PA)																												
Endocrinology (1x)																													
Gastroenterology (1x)																													
Orthopedics (general) (1x)																													
Otorhinolaryngology (1x)																													
Rheumatology (1x)																													
Tier 3 (Low Need)																													
All others																													
Informational Item: CHRO Report	Dawn Hodges	3:15-4:00	<div>SBA Update</div> <div>Simplified Benefits Administration—Out of Colorado.</div> <div>2024 medical claims averaged \$740K</div> <div>2024 rx claims averaged \$144k. Note these are monetary amounts are amounts that have been paid.</div>	FD																									

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<p>Plan has 568 Contracts; plan members are 1,355. Average savings is 33.92% over BCBS.</p> <p>Discussion: Reimbursement to providers has gone down substantially. The good thing about our plan is that we have the ability to make adjustments and changes to address that.</p> <p>BCBS was not paying according to the contract. Paying for things that were covered and some that were not. Our request of SBA was to mirror BCBS, when we did, we found out BCBS was not following the plan agreement.</p> <p>24 - 25 Plan Spend by Provider</p> <ul style="list-style-type: none"> • 26% of the medical spend stayed at Campbell County Health. • During this same time period, our other hospital clients averaged 50 - 78% domestic claims. • 6% Billings Clinic • 3% Rapid City Regional Hospital • 3% James Ulbarri • 3% Medical Center of the Rockies • 59% Other Providers <p>What is the % of BCBS that stayed at CCH. Of the 76% not coming here, could be treated in Gillette or could be in another state or area. Discussion regarding fixing the billing issues could improve 76%.</p> <p>Discussion regarding needing the information in a timely manner; Matt clarified we need additional time to determine what adjustments should be made so that changes are not made multiple times throughout a coverage year.</p> <p>Typically, 10 months in we'd have clean data, in this situation there are several months of claims that need to be readdressed; so the data is not in a sharable state—yet.</p> <p>Concerns:</p> <p>Local Providers not being in the network.</p>		
--	--	--	---	--	--

Expectation Legend: FYI – For Information; FD – For Discussion; FA – For Action; DM – Decision Needs to be Made

			<p>SBA has added 141 providers and 636 access points on behalf of CCH .</p> <p>ServeYouRx: There was a HIPAA Breach and will be changed moving forward. The Retail Pharmacy is our future goal; we are looking forward to getting quotes from PBM and Specialty Pharmacies that we already use. Difficulty accessing specialty prescriptions.</p> <p>SBA: Understanding EOBs—claims were not processed correctly, so EOBs are not accurate.</p> <p>CCH Concerns:</p> <p>CCH provided an initial contract at 100% of billed charges. It was determined in September 2024 that needed to be changed, and the complete information was received in January of 2025.</p> <p>CCH Claims were held pending approval of a new agreement. More than 3,500 claims had already been processed and were then reprocessed in February of 2025.</p> <p>All issues should be resolved, and claims should all have been adjusted.</p> <p>Of Note: After 38 years Loretta Hardy is retiring. She is just such an incredible person.</p> <p style="text-align: center;">Are We Too Vertical?</p> <p>The span of control should be reviewed periodically to ensure an effective and efficient management structure.</p> <p>Sullivan Cotter did significant research.</p> <p>CEO Direct Reports-- 10-14 medium is 12; Matt has 10.</p>		
--	--	--	--	--	--

			<p>CNO Direct Reports-- Typical is 7-8 with 479 indirect; Natalie has 11 direct reports and 445 indirect.</p> <p>CFO has 7 and 242 indirect CHRO has 20 direct Reports, and 274 indirect reports</p> <p>CMO has 72 direct reports including employed physicians.</p> <p>CCH has 1,068 employees, 46 are Managers or Executive Directors. 4.31% are Managers or above. Not including leads, coordinators or supervisors.</p> <p>Healthcare is typically more flat structures. Flat structures are known for quicker turnaround in changes, hearing opinions from staff and a blame free structure.</p>		
--	--	--	---	--	--

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<div>Turnover Data & Other HR Stats</div> <div>Turnover and Retention</div> <div><ul style="list-style-type: none">• Physician Retention Goal 83% or Better• APP Retention Goal 85% or Better<ul style="list-style-type: none">• Current overall Physician and APP retention FY 2025 is 82.35%• Overall Organizational Turnover Reduce by 5%<ul style="list-style-type: none">• Current overall turnover is 32.31%• FY 2024 36.52%</div> <div><div></div><div>Since January, changes to Exit Interviews have been implemented and are now trackable. The questions below are standard questions that are sent.</div></div> <div>Exit Interviews</div> <div><div>Exit Interview Statistics</div><div><div>How satisfied were you with your pay and benefits?</div><div><div>Very satisfied</div><div>2</div></div><div><div>Satisfied</div><div>10</div></div><div><div>Dissatisfied</div><div>5</div></div><div><div>Very dissatisfied</div><div>7</div></div></div><div><div>How satisfied were you with your direct supervisor?</div><div><div>Very satisfied</div><div>4</div></div><div><div>Satisfied</div><div>10</div></div><div><div>Dissatisfied</div><div>7</div></div><div><div>Very dissatisfied</div><div>2</div></div></div><div><div>How satisfied were you on recognition of your work?</div><div><div>Very satisfied</div><div>2</div></div><div><div>Satisfied</div><div>11</div></div><div><div>Dissatisfied</div><div>10</div></div><div><div>Very dissatisfied</div><div>1</div></div></div><div><div>In your opinion, has there been any compliance issues related to fraud, abuse, other legal or unethical practices?</div><div><div>Yes</div><div>6</div></div><div><div>No</div><div>16</div></div></div></div> <td></td> <td></td>		
--	--	--	--	--	--

			<div><h3>Exit Interviews</h3><div><div><div><div>If yes, did you notify your direct supervisor, the compliance office, or any other individual in the organization about your observation?</div><div><div>Yes</div><div>5</div></div><div><div>No</div><div>0</div></div><div><div>N/A</div><div>18</div></div></div><div><div>Do you feel supported by your direct supervisor?</div><div><div>Yes</div><div>10</div></div><div><div>No</div><div>8</div></div></div></div><div><div><div>Do you feel you received training and development opportunities?</div><div><div>Yes</div><div>20</div></div><div><div>No</div><div>2</div></div></div><div><div>Do you believe you were adequately equipped to perform your job?</div><div><div>Yes</div><div>15</div></div><div><div>No</div><div>3</div></div></div></div></div><p>Describe the culture of the organization. The data is very split, it's the best they've ever experienced, or it's toxic and that's why they are leaving.</p><p>80 Positions open at CCH. 39 open positions at Legacy. CCH has 19 Travelers, 5 pending. Legacy Travelers 14, 12 pending. In 1 week, we filled 20 positions 3/25-3/31. March Filled 43 positions in total. March 24 positions left. Since January 1, 2025- 94 positions hired and 89 employees have left.</p><p>Top Reasons people leave: No resign no reason Other positions in community Quit/No Notice Moving PRN Taking Lack of Hours Retirement Temp assignments ended Unable to return from FMLA.</p><p>Time to Fill:</p></div>		
--	--	--	--	--	--

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<p>FY23- 60.23days FY25- 36.41 days</p> <p>Steps to Market Market Data was pulled for every single job in the organization and a description came with it. Execs met with Leaders to align description and then compared to market.</p> <p>Legacy Update Interviews for Nursing Home Administrator position will be April 14 & 15th. There is great momentum at Legacy right now.</p> <p>The Unit Manager Module has been implemented. Manager for each open Wing with their office on the Unit. They work one night shift a week and one weekend a month—it has been very well received.</p> <p>Room Moves will be finished next week- Goal is to run the Legacy with no mandatory overtime and no travel staff.</p> <p>Physical Therapy will re-evaluate all residents with fall potential.</p> <p>All clinical staff were recertified on all clinical competencies.</p> <p>A lot reorganizing of Reporting Structures.</p> <p>On June 1 a New Medical Director will start.</p> <p>The State has released Admissions; however, CCH has chosen to keep admissions halted.</p> <p>On March 13, The Legacy was named a Special Focus Facility. Meeting with CMS, subject to standard survey, full survey and full life survey and if applicable complaint survey. In 2023 there was 6 complaint surveys, in 2024 up to 26, and so far in 2025 14 complaints.</p>		
--	--	--	---	--	--

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

			<p>Fastest timeline to get off SFF is 1 year. That requires two consecutive Standard Health Surveys with no complaints and less than 13 tags in each area. No citation F or higher.</p> <p>CMS has the discretion to determine good faith efforts on improvements.</p>		
			<p>TRUSTEE HARTSAW MADE A MOTION TO RECESS UNTIL TOMORROW MORNING. TRUSTEE STUBER SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.</p>		

Next Meeting (date/time): April 24, 2025, at 5:00 p.m. in the CCH 5th Floor Classroom

J. William Rice

J. William Rice (May 4, 2025 08:56 MDT)

Bill Rice, Secretary

Jamie Kay

Jamie Kay, Recorder

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made







4.3.25 Board of Trustees Minutes

Final Audit Report

2025-05-04

Created:	2025-05-02
By:	Jamie Kay (jamie.kay@cchwyo.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA3zUcycnTrQy7TKCXZkrVCxK31KmTb3yS

"4.3.25 Board of Trustees Minutes" History

-  Document created by Jamie Kay (jamie.kay@cchwyo.org)
2025-05-02 - 3:20:39 PM GMT
-  Document emailed to bill.rice@cchwyo.org for signature
2025-05-02 - 3:25:53 PM GMT
-  Email viewed by bill.rice@cchwyo.org
2025-05-04 - 2:55:54 PM GMT
-  Signer bill.rice@cchwyo.org entered name at signing as J. William Rice
2025-05-04 - 2:56:24 PM GMT
-  Document e-signed by J. William Rice (bill.rice@cchwyo.org)
Signature Date: 2025-05-04 - 2:56:26 PM GMT - Time Source: server
-  Agreement completed.
2025-05-04 - 2:56:26 PM GMT