



Campbell County Health

Excellence Every Day

Board Meeting Minutes

April 30, 2025

CCH 5th Floor Classroom – 5:00 PM

Meeting ID: 219 529 356 6762

Passcode: ef6XU69E

A. Pledge of Allegiance

B. Call to Order

- a. Mission Statement
- b. Vision Statement

C. Roll Call—Quorum is present.

D. Approval of Agenda

TRUSTEE HITE MOVED TO APPROVE THE AGENDA AS PRESENTED. TRUSTEE HARTSAW SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

E. Consent Agenda

- a. Approval of [Board Minutes –April 3-4, 2025](#)
- b. Board Committee Meeting minutes - only on months with a meeting
 - i. [Finance Committee](#)
 - ii. [Facilities](#)
 - iii. [Quality Committee](#)
 - iv. [WREMS](#) (Wyoming Regional Emergency Medical Services)
 - v. [Education: Cost of Caring 2025 Report](#)

TRUSTEE HARTSAW MOVED TO APPROVE THE CONSENT AGENDA AS PRESENTED. TRUSTEE BIGGS SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

F. Recognition Items

- a. Sara Maizonet-Johnson, We Are CCH Award
- b. Laura Rozier, We Are CCH Award
- c. Kaitlin Kirsch-Opfar, PPC
- d. Carrie Snyder, New Lab Manager
- e. Ryan Larsen, Manager of IT Infrastructure
- f. Loretta Hardy's Retirement
- g. Countdown to EPIC Go Live
- h. Pine Unit Ribbon Cutting
- i. X-ray Imaging Returns to Wright Clinic
- j. 3rd Annual Access to Healthcare
- k. BHS Receives CARF Reaccreditation
- l. Volunteer Appreciation Dinner
- m. Health, Habits & Harmony Speaker Series
- n. Occupational Health Relocation



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- o. Rad-Onc Receives Patient's Praise
- p. 26th Annual EMS University
- q. EMS Featured in EMS World Magazine
- r. Case Management Receives Praise

G. Public Questions or Comments

No Public Questions or Comments.

H. Action Items

- a. Capital Requests
 - i. EPIC Summary
 - ii. Lifepak Cardiac Monitors

Trustee Stuber motioned, seconded by Trustee Hartsaw, to approve the Capital Request as presented. Motion carried.

b. Finance Report Out and Approval

Charity: \$150,071.97

Bad Debt: 587,634.08

Total: \$737,634.08

Trustee Stuber motioned, seconded by Trustee Biggs, to approve the March Bad Debt and Charity Care as presented. Motion carried.

March Acute Admissions are up 21% compared to February. Length of Stay down about 17% compared to February.

The March Case Mix Index was up compared to February.

March Surgeries are up about 40% compared to February.

March ER, Lab Tests, Pharmacy Order are all up compared to February.

March Complex Med is down a provider; however, their visits have maintained.

ENT-Provider left CCH end of February.

March Radiology is up 5% compared to February.

March Days Cash on Hand: 139.89

Discussion regarding expected dip in Days Cash on Hand as related to the EPIC Go Live.

Total March Patient Revenue \$33.5M, down compared to Budget, YTD \$317M, up compared to Budget. March Deductions came in favorable; AR was down month over month, the March Revenue Percentages were very good for CCH. Net Revenue is favorable compared to budget and prior year.

March Purchase Services look very favorable for the month and YTD. March Total Operating Income beat Budget and prior YTD.



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Discussion: Anticipating Operating Expenses will see an increase as there will be some areas that will be doubled up due to the transition to EPIC and sun setting apps following the transition.

March Total Non-Operating Gains, Net are \$1.2M.

March Revenue in Excess of Expenses \$157K.

Investments have been moved to WGIF.

Key Performance Indicators from Signature Performance; November was a very good month; We are making tremendous headway in some areas, and some were working through some issues that were discovered.

Trustee Hite motioned, seconded by Trustee Hartsaw, to approve the March Finance Report Out as presented. Motion carried.

c. Organizational Goals

Organizational Goals were implemented last fall. All departments in the organization have a spreadsheet that rolls up to each level and ultimately reaches the CEO and feeds into his goals for the whole organization. QAPI goals will be brought forward. There are many goals that were required by CMS that will likely be discontinued; once that happens that will be brought to the Board.

FY26 Goals to the Board for CEO		Threshold	Target	Max
Organizational goals				
Service				
Number of Departments achieving rolling calendar Top Box Press Ganey Patient Experience goal (of 8 departments)	3	4	5	
Interdepartmental Survey results 3.20 or higher	3	3.2	3.6	
People				
Completion of Quarterly Career Conversations	94%	98%	100%	
CCH overall employee engagement will be 3.20 or higher	3	3.2	3.6	
<i>QAPI - goal will need to be voted on in June by the Board and rolled out in July.</i>	95%	100%	\	
Physician retention will be ≥83%	80%	83%	87%	
APP retention will be ≥85%	81%	85%	89%	
Overall turnover will be ≤30%	33%	30%	25%	
Business				
Reduction in Contract Labor Costs > \$2M	\$1.5M	\$2M	\$2.5M	
Days cash-on-hand will be ≥ 135	125	135	150	
Operating margin (as percentage)				
Care				
% of identified CCH departments or service lines are meeting their access to care thresholds.	70	75	85	
<i>QAPI - goal will need to be voted on in June by the Board and rolled out in July.</i>	80%	85%	100%	
Quality				
X of X identified areas are meeting their Quality of Care metrics as approved by the Board Quality Committee (Mirroring Hospital Compare data)				

CEO Shahan discussed the goals and the thought process behind each goal.

Operating Margin Percentages will be added after further research and will be presented with the QAPI Goals.

QAPI Goals will be established through the Quality Committee.



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The Operating Margin percentages will be presented to the Finance Committee and then brought to the Board for final approval in May.

Discussion: Are the goals based on national data or organizational data; the goals were established based on organizational data.

Discussion: the graph above is the back end of the “traffic light” goal. Trustee Rice is not familiar with the information and would like to table this matter.

Trustee Stuber motioned, seconded by Trustee Biggs, to approve the Organizational Goals as presented. Five Ayes and One Nay. Motion carried.

Trustee Rice motioned to table the organizational goals; the motion was not seconded.

I. Informational Items

a. Chairman's Report

The service Chairman's family received is impeccable and thank you to all. Keep up the good work.

b. Chief of Staff Report—

Medical Staff are working on Peer Review and Quality of Care. They have modified the ongoing professional practice evaluation, and the policy is almost ready to be presented to the Peer Review Committee. The Medical Staff Bylaws meeting was very productive, and the Medical Staff are working through the suggested changes. Kudos to the Medical Staff Leadership, there have been a lot of extra meetings

c. UCHealth Report:

i. Primary Care Expansion- UCHealth is in the process of adding 32 physicians and APPS as well as 4 new primary care clinics and expanding two others.

ii. Stroke Visit MCR- Joint Commission Stroke survey at MCR May 28/29 as we upgrade to Thrombectomy Capable Stroke Center.

iii. One week left of the session and our top priority issues are still under consideration.

1. SB 290 – Stabilization Payments for Safety Net Providers: SUPPORT

2. HB 1174 - Rate Setting: OPPOSE

3. SB 71 – Prohibit 340B Restrictions: SUPPORT

4. SB 124 - Reducing Costs to Patient Care: OPPOSE

iv. Estes Park Health- Continuing with Due Diligence Process, hoping to present to the board in May

v. CCH Specific

1. Four speakers from UCHealth will be presenting over the next two days at EMS University- Two Trauma education managers, our Burn Medical Director and a Burn NP



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2. We're hosting a burn dinner tomorrow, Thursday May 1st to build a relationship and discuss some clinical opportunities
 3. Dr Houk will be touring our Virtual Health Center, Docline and a few other services on Monday, May 5th
 4. Lisa Jackson and Diane were able to put together 9 EPIC Provider Connection Demos for independent community providers, and she will be rounding to offices with that information leading up to the EPIC Go-live and the weeks after.
 5. Community Health Needs Assessment (CHNA)- to be presented to the board in May
- d. CFO Report
- i. **Wright Clinic**
 1. The Wright Advisory Council Meetings have been reinstated.
 - ii. **Hulett Clinic**
 1. There is a meeting tomorrow in Hulett to get that Advisory Council back up and running as well.
 - iii. Dr. Parmely will become the Medical Director at Legacy at the end of May.
 - iv. **Cardiology**
 1. A Cardiology candidate is coming in on May 5.
 - v. **Kid Clinic**
 1. An offer to a counselor was accepted. Meetings with the School District regarding the AWARE Grant.
 - vi. **IV Solutions** are still not back to "normal", but some are coming in as ordered.
 - vii. The **Kitchen** project finished; we expect to install an additional fan for one of the exhaust fans.
 - viii. The **Second Street Building** is coming along well, the lights, ceiling tiles and walls are up. Cabling is to the building and starting on internal installation.
 - ix. **Accounting**
 1. Full swing of Budget Season—first compilation and all department reviews are completed.
 - x. Congratulations to **Rehab** Interim Manager, Chelsea Jenner. Chelsea took over all disciplines at Legacy and we have received very positive feedback.
 - xi. **HMR**
 1. A record for "Retail Day" was set last week and they are on pace to have the best year they have had.



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e. CHRO Report

i. **Childcare**

1. Summer school age program will return for another year and will utilize current CCH property to reduce costs. 25 kids already registered.

ii. **Professional Development and Emergency Management**

1. EMS University April 30, 2025-May 2, 2025
2. Emergency preparedness full scale exercise May 8, 2025

iii. **Legacy**

1. Working toward operating with no scheduled overtime and no travel staff. Next schedule the day shift will be at 3 travel staff and no OT, still working on filling night shift positions.
2. 14 residents remain upstairs, will be able to reduce the number of travel staff again once we get to 12 residents upstairs.
3. Hollie Alexander and Piper Allard were named interim Administrators.

iv. **Patient Experience, Customer Service and Chaplin Services**

1. We will be discussing Organizational Employee Engagement results and action steps next week at our LDI. Our results are up from 74.4% Spring 2024, 75.6% Fall 2024 to 81.3% Engagement Spring 2025.

v. **Radiology.**

1. The new Nuclear Medicine Camera is being delivered on May 1, 2025. Installation and calibration will take 2 weeks. Applications training starts on May 20, 2025.

vi. **Lab**

1. Focus on EPIC training and testing.

vii. **Human Resources**

1. 122 open positions, 82 CCH, 40 Legacy
2. Travelers, CCH 18 with 7 pending, Legacy 15 with 9 pending.
3. March hired 19 employees
4. 22 employees left CCH in March
 - a. 1 PRN lack of Hours
 - b. 4 Resigned other position on town
 - c. 7 Resigned no reason given
 - d. 1 Retire
 - e. 4 Moving
 - f. 4 Involuntary
 - g. 1 Reduction in Force

f. CNO Report

- i. **RT/Sleep:** Dr Nollo do did a presentation on sleep apnea treatment at Buffalo Women's Health Forum recently
- ii. **ICU** staff are planning to have the flower planter on 4J. Please drive by to enjoy the beauty created by the ICU team.



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1:1 data staffing challenge

1. Two types: one to one observer is for high-risk pts that are suicidal, homicidal
2. sitter for additional safety monitoring (confused, pulling at lines, etc.)
3. Jan 2025- April 18, 2025, we have paid about 4100 hours of this type of care at approx. \$73,000
4. About 2/3 if for 1:1 observation, 1/3 for sitter

iii. QAPI update

1. Social Determinants for Health data:
Jan 159 people screened, 16% had Housing identified as a need while 24% had transportation issues identified
2. Feb 135 screened, again housing 17% and transportation 15% highest
3. March 162 screened, housing at 14%, transportation at 13%
4. Next step is to start identifying resources or working with community for these needs
5. The team has fixed glitches in Meditech with reports and interventions.

iv. Workplace Violence

1. 28 workplace violence incidents reported since January.
 2. 5 or 17% resulted in injury (2 in ER, 3 at Legacy)
 3. 10 or 34% at Legacy, 5 or 17% in BHS, 5 or 17% in ER, 4 or 14% in ICU/MS (2 each area), and 1 each in WIC, OB, Info Desk (3% each)
 4. Total of 155 incidents since tracking began in 8-2023
 5. 47% deemed incapable of sound decision making
 6. 43% defined as capable of making decisions
 7. 10% unknown or unable to determine decision making capabilities
 8. Items team has completed:
 - a. Ensuring traveling/temp staff has TEAM Adv required or equivalent
 - b. The anonymous reporting function was not working quite right so that was fixed + staff education on how to anonymously report
 - c. Legacy Education on workplace violence, when and how to report provided
 9. Workplace Violence Policy updated to include post-event debrief recommendations
 10. Future items:
 - a. EPIC has a more robust Violence Screening and tools
 - b. Will review at policy revisions
- v. All LLRC staff received Dementia Care training.



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- vi. **Scholarship recipients:**
 - 2020- 2 applicants that received \$6500 total
 - 2021- 4 applicants that received \$10,000 total
 - 2022= 4 applicants with \$9,500 distributed
 - 2023- 2 applicants with \$7,000 awarded
 - 2024- 2 applicants with \$8,500 total
- vii. **Rad Onc:** On schedule (mid-May) for removal of old machine and install new machine. Working closely with mostly Sheridan for pt treatments while we are down
- g. CEO Report
 - i. Wyoming Hospital Association Spring Meeting for CEO and Trustees is at the end of May in Casper.
 - ii. September 3 & 4 is the Wyoming Hospital Association Annual Meeting in Laramie.
 - iii. Harty Springer is offering a Webinar Series about credentialing, that will start June 13, with the last being December 12.

TRUSTEE STUBER MOVED TO ENTER INTO EXECUTIVE SESSION AT 6:41 PM TO DISCUSS MEDICAL STAFF MATTERS PURSUANT TO W.S. 16-4-405(a)(ix) AND W.S. 35-2-618, AND CONFIDENTIAL PERSONNEL MATTERS AND ATTORNEY CLIENT INFORMATION PURSUANT TO W.S. 16-4-405(a)(ix) AND W.S. 1-12-102 AND W.S. 16-4-405(a)(vii). TRUSTEE HITE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

Public Session was adjourned at 6:41 p.m.

TRUSTEE HARTSAW MADE A MOTION TO RETURN TO PUBLIC MEETING AT 8:04 PM. TRUSTEE STUBER SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.


Returned to Public Session at 8:05 P.M.

***Trustee Biggs Excused herself at 8:05 p.m. ***


TRUSTEE HARTSAW MADE A MOTION TO APPROVE MEDICAL STAFF APPOINTMENTS AS PRESENTED. TRUSTEE HITE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

TRUSTEE HITE MADE A MOTION TO ADJOURN AT 8:06 PM. TRUSTEE STUBER SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

Public Meeting Adjourned at 8:06 p.m.


J William Rice (Jun 5, 2025 16:05 MDT)

Bill Rice, Secretary


Jamie Kay, Recorder

4.30.25 Meeting Minutes

Final Audit Report

2025-06-05

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