



Campbell County Health

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Board Meeting Minutes

May 22, 2025

CCH 5th Floor Classroom – 5:00 PM

Meeting ID: 280 305 774 543 0

Passcode: 4ZN3m2nS

A. Pledge of Allegiance

B. Call to Order—Quorum Present

C. Roll Call

D. Approval of Agenda

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

E. Consent Agenda

- a. Approval of Board Minutes –[April 30, 2025](#)
- b. Board Committee Meeting minutes - only on months with a meeting
 - i. [Finance Committee](#)
 - ii. [Facilities](#)
 - iii. [Quality Committee](#)
 - iv. [QAPI Committee](#)
 - v. [Legacy Advisory Board](#)

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

F. Recognition Items

- a. Tammy Mohr, We Are CCH Award
- b. Kelly Hochhalter, Daisy Award
- c. Juli Matthews, Retirement
- d. 9 Weeks to EPIC Go Live
- e. EMSU 2025
- f. Nuclear Medicine Camera
- g. Hospital Week 2025
- h. Full Scale Emergency Preparedness Drill
- i. Congratulations to 2025 Scholarship Recipients

G. Public Questions or Comments

Trustee Rice introduced Kathy Schmidt-Miller—Chair of Wyoming Board of Miners



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H. Action Items Continued

a. Capital Requests

a. EPIC Summary

- i. The EPIC Capital Project was previously approved for \$3,382,850. To date \$1,874,299 has been committed to implement the various Interfaces and reclassifying labor expended related to the EPIC directly and \$1.2m of the Budgeted \$3.3m has been expended related to the EPIC implementation.

b. Construction on LINAC Installation

- i. Radiation Oncology submitted a request in the amount of \$182,208.81 for the construction cost of the LINAC installation. The original project manager represented that no structural modifications were necessary; a new project manager has taken over and structural modifications will be necessary to install conduits from the Control Room to the Vault.

TRUSTEE STUBER MOVED TO APPROVE AS PRESENTED. TRUSTEE MANSSELL SECONDED.

c. HMR Garage Doors

- i. Home Medical Resources submitted a request to install two garage doors and one external door in the amount of \$41,235.00. Currently the Second Street Building does have a large garage door on the east side of the building. The garage door installations would alleviate the drivers from having to negotiate through the building to load their supplies, more specifically oxygen tanks.

TRUSTEE STUBER MOVED TO APPROVE AS PRESENTED. TRUSTEE BIGGS SECONDED.

b. Finance Report Out and Approval

Charity: \$93,516.66

Bad Debt: \$405,747.98

Total: \$499,264.64

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

April Admissions were flat when compared to March. Average Length of Stay for April is down compared to March; April Case Mix is down when compared to the



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previous month; April Resident Days are down compared to March; and April Behavioral Health Patient Days are down when compared to March due to a limitation in admissions.

Discussion regarding the limitation of admissions and staffing; adolescent vs adult and high acuity patients who required more care.

April Surgeries are down 14% when compared to March. As a result, Lab Tests and Pharmacy Orders were down in April when compared to March.

April Outpatient Visits are in line with March, however, are down when compared to previous year.

April Family Practice and Pediatrics are up compared to March; and Wright Clinic and the Walk In Clinic are down when compared to March. Overall Clinic Visits is down compared to March.

Discussion regarding Diabetes Education Clinic as it relates to CHNA showing diabetes is a prominent cause of death in Campbell County.

Days cash on hand is 141.

Average Daily Expenses are down nearly \$30k compared to last year at \$559k.

Total Gross Patient Revenue for April is \$33.3m, slightly below Budget. Total Deductions are favorable for April when compared to Budget and YTD. Total Net Revenue for April is down compared to March at \$15m. Total Net Revenue for April YTD is favorable compared to Budget. Total Operating Expenses for April are up slightly compared to March at \$18.3m. April Contract Labor is flat to Budget, however YTD is still higher largely due to Legacy, Surgery, and Oncology's need for travelers. April Revenues in Excess Expenses are (\$1.4m).

Discussion: Revenue in Excess of Expenses is \$15m better than this time last year.

\$1m was moved to the WGIF Fund due to a very good day in cash on 5/21.

Trustee Stuber motioned, seconded by Trustee Rice, to approve the April Finance Report Out as presented. Motion carried.

Discussed the proposed Budget for FY26, this is a summary review and is not reflective of the final Budget.



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c. Organizational Goals

Last month we discussed Organizational Goals, Operating Margin (as percentage), a (4.9%) Operating Margin meets the bond covenant of 1.25 for FY26. Our Target Stretch Goal is (2%).

Quality met this month, and they intend to meet again before the next meeting to bring forward the Quality Goals.

Trustee Hartsaw motioned, seconded by Trustee Hite to approve the Operating Margin of (4.9%) as presented. Motion carried.

d. Community Health Needs Assessment

The Community Health Needs Assessment was reviewed in public prior to the start of the official board meeting.

Trustee Hite motioned, seconded by Trustee Biggs, to approve the Community Health Needs Assessment as presented. Motion carried.

I. **Informational Items**

a. Chairman's Report

- i. Chairman Murphy would like to reiterate his family's appreciation for the care the Murphy family received over the next couple of months. The care was extraordinary. In reference to our Mission Statement & Goals Chairman Murphy is of the opinion CCH is meeting them throughout our organization.

b. Chief of Staff Report

- i. Medical Records and Medical Records Committee has been working to correct the deficiency delinquency of documentation. Starting on Monday, May 26, 2025, Department Chairs will start receiving lists of documentation deficiencies, especially with the EPIC Transition being on the horizon.
- ii. EPIC Training has started; the adoption of the CCH email is taking place.

c. CFO Report

i. Departments Report Out

- Kudos to Kim Johnson and her team for their effort in rectifying the documentation deficiencies.
- EPIC—is taking up a large part of everyone's time.
- Accounting will be meeting with Department Managers to review their Budgets. There is no doubt that Managers will be able to work



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through the budget process based on their work throughout the last year.

-HMR will be in the Second Street Building next week with a soft opening Monday June 2.

-FY26 Budget Update—The Initial Proposed Budget for FY26 is based on FY2023, FY2024 & Current Year Annualized.

-Expecting targeted price increases in surgery, anesthesia and room rates.

-Expenses include the final leg of market raises, limited overlap of apps from go live to sunsetting. The proposed budget took into account the reduction in Mill Levy. Projected loss of (\$13m) revenue short of expenses.

-If you look between FY23 to FY24 to Current Year, there are great leaps and bounds, specifically cash in operations.

Discussion: From a Budget Standpoint, this is the first blush. The next review will be the June Board Meeting. We will publish the proposed budget the week of the 4th of July. July 17- Board Meeting final budget will be approved. We can call a special Finance Committee meeting if necessary. At this time, we are not anticipating needing any additional meetings in the month of June.

Discussion: Are there any observations from UCHealth Advisors that once we get close to EPIC going live is there any information regarding billing and patient revenue. Not specifically, most feedback has been that the turnaround was faster than expected.

Providers in the County; notice that A/Rs are out at 200+ days. Dr. Mansell has visited with some representatives in relation to a Clean Claim Bill.

d. CNO Report

A. Scholarship recipients:

- i. 16 yrs of awards
- ii. 63 people: 5 currently employed by us, 12 have previously been employed

B. Rad Onc LINAC installation project remains on timeline. Treatments are planned to resume mid-August.

C. 2 International RNs have accepted employment offers (1 ICU, 1 MS).

D. CCH has 114 positions posted (35 at Legacy and 79 in other depts) as of 5/19/25. Since 5/12/25 we have filled 23 positions (13 external candidates, 10 internal candidates).



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E. We wrapped up our RN Residency Program this month. CCH will start new grad cohort in Sept for 2025.

- i. We had the GC Nursing Advisory Board mtg last night—they had 28 grads this year, we know of 8 new grads that have accepted employment offers along with a few who are already employed that will move from LPN to RNs.

F. Childcare graduated their soon to be kindergarteners last week.

Discussion: Can we track Contract Employees, across the board, and length of stay. CNO Tucker believes that a report can be generated with that information.

e. CMO Report

- i. Reviewed Medical Directors/Leads
- ii. Burgundy Leiker was recommended to take over the Infection Prevention and Control and Antibiotic Stewardship Program.

Trustee Hartsaw motioned, seconded by Trustee Hite, to approve Burgundy Leiker as the Infection Prevention and Control and Antibiotic Stewardship Program. Motion carried.

- iii. At the Board Retreat, we discussed Access to Care. June Outpatient Access to Care has been tracked; most trend lines are headed in right direction except for Psychiatry and Med Oncology, or they are in the range that we have set as goals.
- iv. Surgical Exec Committee—review OR Utilization as a whole—goal is to have OR Utilization around 80%. That is maximum utilization; 80% allows for one offs and emergencies, 70% is the bottom line. Average Block Time Utilization is 65% as an interim goal; turnover time goal is very optimistic.

Discussion regarding average block time utilization—there are 4 operating rooms and 2 endo rooms. Blocks are for the 4 operating rooms; i.e. one of the Otho's has a Monday block; sometimes he has 2 blocks b/c he can flip back and forth. Urologist has afternoon blocks; OBGYN and GS have varying times. That does not reflect surgeries outside the block times. The graph does not reflect elective surgeries.

Discussion: The more turnover time you have the less revenue you generate. 20 minutes is an extremely generous goal; most places look lower than 20 minutes.



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When you have a surgeon with two blocks, it can't be higher than 50% due to a surgeon only being able to utilize one room.

Discussion Biggs; Meditech averages time for hysterectomies and in some cases will not allow her to schedule b/c it thinks she'll go over on block times.

Discussion regarding: Appreciation to the Surgeons for attending the SEC meeting to discuss these sorts of issues.

v. Recruiting Priorities:

CCHD Board-Approved Priorities
<i>Tier 1 (High Need)</i>
Anesthesiology (1x physician, 5x CRNAs)
Cardiology-interventional (1x physician)
Cardiology-outpatient (1x physician)
Family Med-Wright (1x APP)
Geriatrics (1x APP)
Internal Medicine-outpatient (1x physician)
Orthopedics-spine (1x physician, 1x PA)
Psychiatry-child/adolescent (1x physician)
Radiation Oncology (1x physician)
Urgent Care (1x APP)
<i>Tier 2 (Moderate need)</i>
Dermatology (1x physician)
Endocrinology (1x physician)
Gastroenterology (1x physician)
Neurology (1x 0.2-0.4 FTE APP)
Occupational Medicine (1x physician)
Orthopedics-general (1x physician)
Otorhinolaryngology (1x physician)
Rheumatology (1x physician)
<i>Tier 3 (Low Need)</i>
All others

iv. A lot of work on the Bylaws—a lot of good work to find common ground to benefit both parties and patients.

v. EPIC—if a chart is not completed in x amount of time provider could be locked out of EPIC; Trustee Biggs would like to ensure that timeline reflects the Med Staff Bylaws.

Discussion regarding hierarchy—Med Staff Bylaws; EPIC—they are very nearly the same thing.

- f. CEO Report
Current Dashboard for this year--



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Campbell County Health		CCH Organizational Dashboard Measures - FY 2025															
as of end of 12/31/2024																	
Description	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Q1	Q2	Q3	Q4	
Number of Departments achieving rolling calendar Top Box Press Ganey	0	1	1	1	1	2	1	1	1	1							
Patient Experience goal (of 8 departments)																	
Interdepartmental Survey results 3.20 or higher						3.35											
People																	
Completion of Quarterly Career Conversations will be >95%														86.2%	87.4%	94.2%	
CCH overall employee engagement will be 3.20 or higher									3.25								
QAPI - Percentage of workplace violence incidents that are reviewed by the workplace violence prevention committee	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							
Physician retention will be >83%																	
APP retention will be >85%																	
Org. overall turnover reduced by 5% from FY24																	
Business																	
Total operating income budget variance will be >=\$0M at year end	\$0.182	\$1.292	\$2.850	\$3.530	\$4.416	\$5.540	\$6.870	\$7.116	\$7.976	\$7.689							
Days cash-on-hand will be >130	116	116	111	115	123	128	139	140	140	141							
Operating margin (as percentage)	-13.80	-6.80	-6.40	-8.60	-7.90	-7.10	-8.10	-13.10	-6.50	-19.20							
Care																	
30 of 35 identified CCH departments or service lines are meeting their access to care thresholds							17	12	11	3							
QAPI - Percentage of inpatients ≥18 years old who have been screened for social determinants of health indicator(s). (Food insecurity, Housing instability, Transportation needs, Utility difficulties, Interpersonal safety)	98.94%	98.40%	97.93%	93.70%	86.49%	97.57%	91.38%	92.98%	87.10%	91.92%							

g. UCHealth—

- tracking activity around tariffs; Medicaid legislature.
- North region UCHealth—Estes Park Health, the Board has approved to become part of UCHealth and UCHealth has approved as well. Next step, the Colorado AG will review.
- CCH continues EPIC implementation. Dr. Biggs mentioned the comments from independent providers accessing EPIC. Lisa Jackson will be reaching out to providers regarding that.
- EMSU-several providers and nurses came up to present.
- Dr. Houk visited Virtual Health Center and Doc Line, and New provider orientation.
- Recently met regarding Quality Dashboard and how CCH may be able to implement moving forward.

J. Adjourn

Trustee Mansell-moved to adjourn pursuant to statutes—Hartsaw seconded.

TRUSTEE MANSELL MOVED TO ENTER INTO EXECUTIVE SESSION AT 6:40 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 6:40 p.m.

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

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



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

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

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

Public Meeting Adjourned at 8:07 p.m.



Bill Rice, Secretary



Jamie Kay, Recorder