



# Campbell County Health

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## Board Meeting Minutes

June 26, 2025

CCH 5<sup>th</sup> Floor Classroom – 5:00 PM

**Meeting ID: 294 046 659 852 9**

**Passcode: id6p45hj**

### Attendance:

Trustee Hartsaw

Trustee Rice

Trustee Biggs

Trustee Stuber

Matt Shahan, CEO

Adam Popp, CFO

Dr. John Houk, CMO

Dr. Kelly McMillin, Chief of Staff

Jamie Kay, Executive Assistant

### A. Pledge of Allegiance

### B. Call to Order

- a. Mission Statement
- b. Vision Statement

### C. Roll Call—Quorum is present; Chairman Murphy and Trustee Hite are excused.

### D. Approval of Agenda

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

**TRUSTEE BIGGS SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.**

### E. Consent Agenda

- a. Approval of Board Minutes –[May 22, 2025](#)
- b. Board Committee Meeting minutes - only on months with a meeting
  - i. [Finance Committee](#)
  - ii. [Quality Committee](#)
  - iii. [WREMS](#)

**TRUSTEE STUBER MOVED TO APPROVE THE CONSENT AGENDA AS PRESENTED. DISCUSSION: TRUSTEE BIGGS MOTIONED TO MOVE THE QUALITY MINUTES TO DISCUSSION ITEMS TO DISCUSS POTENTIAL QUAPI TOPICS. TRUSTEE RICE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.**

### F. Recognition Items

- a. Dr. Nic Garcia
- b. Marie Heath
- c. Amy Moser
- d. Samantha Huntley



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- e. Dr. Jacob Parmley
- f. Chelsea Jenner
- g. Mary Christopherson
- h. Maria Carroll
- i. Camp Med 2025
- j. Health, Habits & Harmony-May
- k. Health, Habits & Harmony-June
- l. 4 Weeks to EPIC Go Live
- m. Nuclear Regulatory Commission Inspection
- n. CCH-EMS Receives Mission: Lifeline Award
- o. WREMS Receives Mission: Lifeline Award
- p. Linear Accelerator Project Update

## **G. Public Questions or Comments**

## **H. Action Items Continued**

- a. Capital Requests

### **Capital Budget To Date:**

The Summary Capital Budget document was shared. Currently just \$3.8m of the \$9.9m Capital Budget has been committed. The commitment includes funds committed to EPIC Projects, IT Projects, and equipment.

### **EPIC Update:**

The EPIC Capital Project was previously approved for \$3,382,850. To date \$2,049,017 has been committed to implementing the various Interfaces and reclassifying labor expended related to the EPIC directly and \$1.4m of the Budgeted \$3.3m has been expended related to the EPIC implementation.

### **HMR-Second Street Signage:**

Home Medical Resources brought forward a request in the amount of \$70,000.00 for two new building signs. One sign will be North facing and the other will be East facing for roadside visibility.

Discussion: The lettering of the signage is easily taken down should there be exterior upgrades.

***Trustee Rice motioned, seconded by Trustee Biggs, to approve New Signage for the HMR Building as presented. Motion carried.***

### **HVAC Heating Boilers-Legacy:**

Legacy brought forward a request for two new Heating Boilers in the amount of \$120,000. One of the current boilers is operating at a 30% capacity, putting undue overload on the other boiler. It had been considered staggering the purchase of the two boilers; however, the discount received by purchasing both boilers was significant enough to purchase both boilers at the same time.

***Trustee Stuber motioned, seconded by Trustee Biggs, to approve the purchase of two Heating Boilers at Legacy as presented. Motion carried.***





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## **Main Entrance & Oncology Soffit Replacement/Repair**

Plant Operations brought forward a request to replace/repair the soffit in the vestibule area of our main entrance as well as the leaks in the Oncology canopy in the amount of \$90,000. The areas experience significant reoccurring leaks and should be fixed to prevent future damage.

***Trustee Biggs motioned, seconded by Trustee Rice, to approve the Soffit Replacement/Repair at the vestibule area of our main entrance as well as the Oncology canopy as presented. Motion carried.***

## **Retail Pharmacy—Second Floor Renovations**

Pharmacy is bringing forward a request in the amount of \$70,000 to begin renovation of a portion of the 2<sup>nd</sup> Floor Shell Space for the Retail Pharmacy Location. The funds would primarily be used to separate the Retail portion of the Pharmacy from the Clinical portion of the Pharmacy.

Discussion: Next month, Trustee Rice would like to see a breakdown of the projected expenses and savings for installing a retail pharmacy in August or September. Discussion regarding the historical background of bringing a retail pharmacy online. Retail Pharmacy within CCH has been discussed over several years. The loss of the compounding pharmacy and loss of 340 contributed to the review implementing Retail Pharmacy at this time. The expected go live date is targeted for mid-October to service Legacy and January for employees with the flexibility of pushing out month by month if necessary. Discussion regarding employee enrollment of Health Insurance being relatively low due to spouses' employment options.

***Trustee Stuber motioned, seconded by Trustee Biggs, to approve 2<sup>nd</sup> Floor Renovations for the Retail Pharmacy as presented. Motion carried.***

## **SHSP Grant-Pen Test**

CCH secured a grant from the State of Wyoming through the State Office of Homeland Security in the amount of \$58,282 to cover the costs of a penetration test (both internal and external) and allows for some mitigation of the issues uncovered by the test.

***Trustee Mansell motioned, seconded by Trustee Biggs, to approve the Wyoming State Homeland Security Program Grant as presented. Motion carried.***

- b. Finance Report Out and Approval
  - Charity: \$326,464.80
  - Bad Debt: \$399,005.62
  - Total: \$725,470.42

**Trustee Mansell motioned, seconded by Trustee Rice, to approve the May Bad Debt and Charity Care as presented. Motion carried.**

Moving forward, Adjusted Patient Days as a stat will be added to the table.



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May Admissions are flat when compared to April. Case Mix Index is steady in May compared to April. Legacy Resident Days are also flat when compared to April.

Surgery Cases are down in May at 233 compared to April at 225. May OB Deliveries are down to 48 compared to April at 65. Pharmacy Orders are in line with April and EMS Runs are in line with previous months.

Dialysis Visits are up compared to the previous month, however down when compared to Budget. Nephrology is down for the month of May at 80 compared to April at 112. Pulmonology is down for May compared to April. Pediatric Clinic is down compared to April and Budget, largely due to Providers being out of the office. Radiation Oncology is reflective of the Machine being taken offline for the installation of the LINAC.

Days cash on hand is 140.

Discussion: Is there an estimate of how many days cash on hand that we may backslide with the implementation of EPIC? We will live off current ARs 45-60 days following go live. September will be the telltale sign.

Total Gross Patient Revenue for May is \$32.3m, slightly below Budget. Total Allowances are favorable for May when compared to Budget and YTD. Total Net Revenue for May is down compared to April at \$13.6m. Operating Expenses favorable for May compared to Budget. Total Operating Income (\$3.8m). Mill Levy came in favorable for May. May Revenues in Excess of Expenses are (\$1.7m).

Discussion: Contract Labor is ahead of budget, largely due to Legacy Travelers and Anesthesia.

Discussed Signature Performance Key Performance Indicators based on contractual expectations.

Deep Dive into Accounts Receivable; discussed progress made since 2023 in Insurance Collection; Self Pay and Unbilled Claims. Note: Self Pay is up compared to previous years and total Unbilled Claims have gone down.

Meditech A/R by Payer: Legacy and HMR do not use Meditech for ARs; this information is clinic and hospital A/Rs.

Discussion regarding collectability from commercial out of state insurance.

***Trustee Stuber motioned, seconded by Trustee Mansell, to approve the May Finance Report Out as presented. Motion carried.***

- c. Quality Committee Minutes
  - i. Discussed QAPI Initiatives:
    - 1. Transition of Processes of EPIC





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## 2. Community Report Card

- a. There are outlets where CCH's data is already published. The data is not always timely and not always pertinent to current community interests.
- b. The Community Report Card will be a report that CCH can publish in a timelier fashion.

Discussion: DNV has a Quality Certification, and the Administration intends to bring the information to the Trustees at a later date.

## I. Informational Items

- a. Chief of Staff Report
  - i. New Developments—still working through Bylaws; minor setbacks but still working together.
  - ii. Clinic Remote Access is up and live.
- b. CHRO
  - i. The monthly meeting at Legacy the shown graphic reflects vaccine rates; the green is well above the national average.
- c. CFO Report
  - i. Medical Group: Sports Physicals at no cost this summer
  - ii. Two new counselors at Kid Clinic
  - iii. New Family Practice Provider—Dr. Billie Wilkerson
  - iv. Amy Hawk is leaving Complex Med; Val Amsted and Camlyn Dunn leaving Peds.
  - v. HMR grand opening Tuesday of this week; it is going very well in the new building.
  - vi. Accounting had first public reading of Budget in May; Second Reading tonight; Publish in newspaper on July 1 and again the week after about 10 days prior to July 17 meeting.
  - vii. Rehab—Care at Legacy has gone very well.
  - viii. Hired a new PTA and first bundle at surgery center last week.
  - ix. Rev Cycle: two statements will be issued from the old system and the new system.
  - x. FY26 Budget
    1. Original Annualized was based on January YTD, now is based on May YTD. Revenue is relatively flat; Allowances are rolling forward from last 2 years; Expenses—we will see some overlap between EPIC go live and sunseting Meditech. Contract Labor expected to reduce travelers. This budget brings CCH to 1.37 for the bond covenant must be 1.25. This budget does reflect the reduced mill levy.
    2. This information will be published next week. May publish an interim budget around July 8, however that has not been determined.



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d. CMO Report

- i. Outpatient Access to Care: during the EPIC go live, appointments will be reduced, along with summer vacations there are some areas that have a larger gap than normal. Med Onc.—personnel changeover will help that area.
- ii. Surgery Department Utilization Data: What amount of time is surgery taking place. Average block time utilization. The time all of our resources are focused on one provider could use improvement. Turnover time—cleaning and setting up for next surgery—kudos that area is doing well.
- iii. Projected Surgery Dept utilization. We are going down to 3 Operating Rooms. Average OR Utilization is 33-44% and Average Block Utilization is 43%-46%. Discussion: Timeline: August 4. The impacted surgeons have met with Dr. Sorenson and if need be, Matt & Natalie have met with them. The plan is to shrink down; focus and increase. Discussion: Trustee Biggs has patients who request to have surgeries at other outside facilities due to cost. Admin met with CEO of BCBS—there are things that CCH can offer through the surgeons that are out bread and butter. Trustee Mansell: ASC is typically reimbursed less than Hospitals. Is the Co Pay less for patient b/c contractual reimbursement is less so they are going to outside surgery centers.
- iv. Update to Proposed Recruiting Priorities: Amanda Oleson has done a great job.
- v. Discussion regarding Retention: at the Recruitment and Retention Meeting on 6/25 the retention tactics were reviewed and discussed.
- vi. The Recruitment and Retention Policy will be coming to the Board; it is a guideline to set parameters that are contrary to the Stark Law. If a provider is compensated too far out of the industry average it must be documented. Discussion: the way the policy is written you have the





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flexibility to extend and outlier, provides guidelines to documentation.

Proposed Update to CCHD Recruiting Priorities
<i>Tier 1 (High Need)</i>
Anesthesiology (1x physician, 3x CRNAs)
Cardiology-Clinical (1x physician)
Cardiology-Interventional (1x physician)
Geriatrics (1x APP)
Internal Medicine-Outpatient (1x physician)
Orthopedics-Spine (1x physician, 1x PA)
Psychiatry-Child/Adolescent (1x physician)
Psychiatry-General (1x APP)
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)
Otorhinolaryngology (1x physician)
Rheumatology (1x physician)
<i>Tier 3 (Low Need)</i>
All others

***Trustee Mansell motioned, seconded by Trustee Rice, to approve the Proposed Update to CCHD Recruiting Priorities as presented. Motion carried.***

e. CEO Report

- i. CEO Shahan discussed the Organization Dashboard and areas that are meeting the previously set organizational goals and areas of improvement. The Number of Departments achieving rolling calendar Top Box Press Ganey Patient Experience goal has some big initiatives. Our goal is to have eight departments meet that goal, currently we have one. The Interdepartmental survey is currently exceeding the goal of 3.2, coming in at 3.35. Career Conversations are now held quarterly the current month is just under the 95% goal at 94.2%. The QAPI Goals are met at 100% showcasing great work within our organization; discussion regarding previous years being well below 100%. At the end of the year turnover and retention rates will be calculated. Days Cash on Hand goal of 130 days has been exceeded at 140 Days. Operating Margin as a



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Percentage, we are yellow which means we are meeting baseline target but not surpassing as we'd like. Access to Care as related to Departments, still have some Departments not reporting timely, that is being worked through, however of the 16 out of 32 Departments reporting all are meeting their Access to Care Goal. Social Determinants of Health Screening are all meeting and surpassing the goal.

f. Chairman's Report

Grateful for opportunity to sit in for the Chairman, there has been a lot of changes--almost all for the good. The last four months we have seen some very impressive improvements across the organization. Kudos to Dr. McMillin; Medical Staff and Admin on producing workable bylaws that work for the organization.

In the Budget Presentation. We are \$15M better than last year. That is incredible. We have hammered quality. How many times can we say EPIC in a meeting? Looking more at the quality we are making

The new emphasis on quality is on a public level.

Thank you to our CMO. We have never had one before. You have proven how much we greatly needed one. Many of your initiatives that have been brought forward are things that we have needed to be done for a long time. Dr. Houk has really made a difference here and we appreciate that.

Go Navy.

J. Adjourn

**TRUSTEE MANSELL MOVED TO ENTER INTO EXECUTIVE SESSION AT 6:52 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 BIGGS SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.**

Public Session was adjourned at 6:52 p.m.

**TRUSTEE STUBER MADE A MOTION TO RETURN TO THE PUBLIC MEETING AT 8:16 PM. TRUSTEE MANSELL SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.**

Returned to Public Session at 8:16 P.M.





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

TRUSTEE STUBER MADE A MOTION TO ADJOURN AT 8:18 PM. TRUSTEE BIGGS SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

TRUSTEE STUBER MADE A MOTION TO RETURN TO EXECUTIVE SESSION AT 8:18 P.M. TO DISCUSS MEDICAL STAFF MATTERS PURSUANT TO W.S. 16-4-405(a)(ix) AND W.S. 35-2-618. TRUSTEE BIGGS SECONDED MOTION. MOTION CARRIED UNANIMOUSLY

Public Meeting Adjourned at 8:18 p.m.

Bill Rice, Secretary

Jamie Kay, Recorder