



Campbell County Health

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Board Meeting Minutes | Public Session

January 22nd 2026

Campbell County Health | Fifth Floor Classroom | 5:00 PM

Following: [Campbell County Health Board of Trustees Meeting](#) | [Meeting-Join](#) | [Microsoft Teams](#)

Attendance:

Tom Murphy	Chairman	Shane Kirsch	EMS
Sara Hartsaw MD	Vice-Chair	Adam Boothe	Security
Rand Hite	Treasurer	Tanya Allee	Patience Experience
Bill Rice	Secretary	Sam Huntley	Safety
John Mansell MD	Trustee	Ryan Strusz	Auditor (Guest)
Alan Stuber	Trustee	Taylor Heidecker	Auditor (Guest)
Dr Kelly McMillin	COS	Kim Johnson	Retiring - Recognition
Matt Shahan	CEO	Tom Lubnau	Legal
Adam Popp	CFO	Sara Pence	Finance
Natalie Tucker	CNO	Jamie Kay	Materials Management
Bree Richardson	Marketing	Kellie Langham	EA / Minutes
Caitlin Berkey	PR	Diane Zdziennicki	UCHealth (Virtual)
Chris Beltz	Urgent/Emergent		



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Consent/Information Agenda	Leader	Time	Discussion
Pledge of Allegiance			
Call to Order	Tom Murphy	5:00pm	Mission & Vision Statement
Roll Call	Kellie Langham		A quorum is present, Dr. Angela Biggs absent (approved)
Approval of Agenda			Chairman Murphy moved to approve the agenda as presented. Vice Chair Hartsaw seconded. Motion carried unanimously.
Consent Agenda			• Previous Board Minutes • Board Committee Meeting Minutes – - Finance Committee - Quality Committee - WREMS Vice Chair Hartsaw moved to approve the consent agenda as presented. Trustee Mansell seconded. Motion carried unanimously.
Recognition	Matt Shahan		- Kim Johnson {Officially Retired – presented with plaque} - Kellie Langham - Renee Robidart - Ausencia Veinbergs - Zero CAUTIs, CLABSI's, VAEs in 2025
Public Questions/Comments			Discussion
	Tom Murphy		None
Discussion Items	Discussion Leader	Time	Discussion
Workplace Violence	Adam Boothe	10min	- Adam defined workplace violence and the scope of it applicable to CCH.



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			- It was emphasized that we must comply to OSHA guidelines and standards - Adam shared the leader and oversight team for the WPV Prevention Policy - Adam spoke about the current projects: • Reviewing ALL reported incidents • Increased involvement from The Legacy Living and Rehabilitation Center • Continued effort to increase reporting • Lavender Alert - Matt Shahan acknowledged that the DNV has complimented CCH on their Workplace Safety.
Workplace Safety	Sam Huntley	10min	- Sam explained about our department Safety Sweeps, and as of December 2025 we are running at a 100% completion rate. - SR.5 The Safety Management System shall require periodic surveillance of the hospital facilities and grounds to observe and correct safety issues that may be identified (CCH Safety Sweep) - Sam explained that hospitals also need to focus on PSSM (Patient-Safety Structural Measures – CCH has an EAP program thru SupportLinc. - Sam introduced us to Sage Synergy who is our resident safety owl and crew.
UC Health – Developing Campbell County Health's FY 2027 Strat Plan	Matt Shahan		- We have our 2027 Strategic Planning process in place - Over February and March there will be work groups to help break those things down, ensuring we have the right people in the room to provide input for accuracy purposes. - At our Spring Board Retreat in April we will have final input on our plan and set forth metrics so we can approve the plan in May/June.
Experience Board	Tanya Allee		- HCAPS: Our internal inpatient satisfaction - Action survey is mandated survey regulated by CMS and part of our value based nurse program. - Feedback is generally very good. - 3 major components, one being our facility and staff, other is communication about procedure, and lastly preparation.
Q2 FY26 Outcomes	Natalie Tucker		- CCH Surgical Site Infections Facility Rate 1.1% - CCH Maternal OB C-Section Rate 9.9% - CCH Facility Organ and Tissue Donation 525 lives impacted - CCH Emergency Department Wait times 8 mins - Communication & Listening overall average patient satisfaction 96.8%



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			Care, compassion and Respect overall average patient satisfaction, favorable responses 97.3%	
Capital Requests & Finance Report Out and Approval	Discussion Leader	Time	Discussion	
✓ IT Equipment Replacement ✓ QA and Additional Components for TruBeam ✓ Security System Upgrade ✓ SAMHSA Rural EMS (<i>Informational only</i>)	Adam Popp		<i>Trustee Stuber motioned, seconded by Trustee Rice to approve Capital Requests for IT Equipment Replacement put forward. Motion carried.</i> <i>Trustee Hartsaw motioned, seconded by Trustee Rice to approve Capital Request for TruBeam add-ons put forward. Motion carried.</i> <i>Trustee Hartsaw motioned, seconded by Trustee Mansell to approve Capital Request for Security System Update put forward. Motion carried.</i>	
Bad Debt and Charity	Adam Popp		November 2025 – Charity \$343,793.25 Bad Debt \$3,616,637.78 <u>Grand Total: \$3,960,637.78</u> <i>Trustee Hartsaw motioned, seconded by Trustee Hite, to approve November Bad Debt and Charity Care as presented in the amount of \$3,960,637.78. Motion carried.</i> December 2025 – Charity \$329,002.75 Bad Debt \$2,832,087.71 <u>Grand Total: \$3,161,090.46</u>	



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Financial Report Out	Adam Popp	Trustee Hite motioned, seconded by Trustee Rice, to approve December Bad Debt and Charity Care as presented in the amount of \$3,161,090.46. Motion carried.
		Capital Budget The summary of capital budget document was shared. Total budget for the year is \$4.8m; we have committed approx. \$1.8m and paid approx. \$1.4m. Utilization Reports - December: • Surgeries are favorable to budget by 4% and favorable to prior year by almost 17% • Discussion on Cath Lab volumes – not as many cases as anticipated • Lab volumes well above budget due to acting as reference lab for Hoskinson Clinic (not anticipated in budget) • Discussion on a few of the Clinic volumes Days Cash On Hand: • Days Cash for December were 132 compared to 146 for November. • Some timing issues with receipt of Legacy Gap Payment in January • Accounts Payable payments were a bit higher Revenue vs Expense: • YTD December Total Net Revenue is below budget and below prior year ◦ Primarily due to conservatively recording the estimates for collectability (reference to current Meditech A/R) • December Operating Expenses – actuals favorable to Budget for Month, YTD and Prior Year • December Operating Income – actuals favorable to Budget for Month and YTD, on par with Prior Year results • December Revenues in Excess of Expenses – actuals favorable to Budget for Month and YTD, on par with Prior Year results



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CLA 2025 Audit Results			Trustee Hite motioned, seconded by Trustee Hartsaw, to approve financial reports as presented. Motion carried.
<u>2025 Audit Results & Report to the Board of Directors</u>	Ryan Strusz & Taylor Heidecker		- Significant Events & Transactions: ➢ EMR Project – Approximately \$5.4M of cost accumulated through June 30th 2025 - Audit Adjustments: ➢ Auditor and client proposed adjustments, resulting in decrease to net position of approximately \$4.5M ➢ One passed adjustment related to variance in cash reconciliation process - Internal Control & Compliance Results: ➢ Material Weaknesses – -CLA Assistance with financial statement preparation -Adjustments detected as a part of audit - New Accounting Standards: GASB (Governmental Accounting States Board) ➢ GASB 101 Compensated Absences – Effective FY25 no material impact to CCH ➢ GASB 103 Financial Reporting Model Improvements – Effective FY26 Trustee Mansell motioned, seconded by Trustee Rice to approve Audit results put forward. Motion carried.
Report Out's	Discussion Leader	Time	Discussion
Chief of Staff	Dr Kelly McMillin		- Department of Medicine elected new chair Dr. Stock - Committee Assignments have been given-- New cardiologist has started. Dr. McMillin has heard great things.
CFO Report	Adam Popp		- Patient Access is looking at denials and errors and going back to departments to do better and prevent the errors upfront.



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			- Sara Reynolds met with departments monthly to review daily charge recognition. - Signage at HMR has finally come in and working to get that up between wind and weather. - McMillin—Dr.Nandular has completed his proctored cases and performing on his own. - GALI was in house this week. - Dr. Sawyers performed first outreach clinic in Newcastle. Went well. - HMR continues to grow and kill it. December they were almost 790K revenue. - Executive Dashboards—Access to Care—Lead times organization wide, we are working with UCHealth and CCMG clinics and providers to provide same info. - Leadtime for an established patient. --3 weeks to 30 days out. - Discussion: goal in outreach that we are looking to meet? Is there an industry goal—it is by individual specialty. There are some national metrics that when you reach too high and it's time to recruit and too low we are overstaffed. - My chart activation—patient portal—December was 36%. Caution to patients for googling test results. - No Show Rate for December is 6%.
CNO Report	Natalie Tucker		IMM/MOON (goal is 100%) : IMM (Important Message from Medicare)—notice with rights for Medicare pts to appeal discharge July-Dec average was 94% completed



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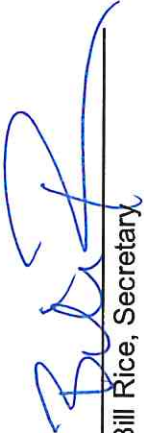
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			MOON (Medicare Outpt Observation Notice)- explains impacts on Medicare pts coverage July- Dec average was 90% completion This was impacted by an update in work queue in EPIC in Aug that caused pts to fall off the list so forms didn't get signed in timelines— was resolved quickly. International nurses We should start seeing international nurses in Jan 2027 based on their current priority dates Open Positions 95 open positions (40 at the Legacy) From Jan 1st to Jan 19th we filled 27 reqs (20 external, 7 internal)
CEO Report	Matt Shahan		- HR Updates - UCHealth Update
Adjournment		Time	
Public Session Adjourned	Tom Murphy	7:33pm	Trustee Murphy moved to enter into Executive Session at 7:33pm to discuss Medical Staff matters. Trustee Hartsaw and Trustee Mansell seconded the Motion. Motion carried unanimously. - PURSUANT TO W.S. 16-4-405(A)(IX), W.S. 35-17-101 ET SEQ, W.S. 35-2-910 AND W.S. 35-2-618, CONFIDENTIAL PERSONNEL MATTERS AND ATTORNEY CLIENT INFORMATION – PURSUANT TO W.S. 16-4-405(A)(III), (VII) AND (IX) W.S. 1-12-102 AND W.S. 16-4-405(A)(VII) AND W.S. 16-4-405(A)(VII) AND TRADE SECRETS PURSUANT TO W.S. 40-24-101 ET SEQ.
Board Action from Executive Session – Public Session Opened		9:08pm	Executive Session opens to Public Session at 9:08pm to approve medical staff appointments. Motion was made by Trustee Hartsaw. Seconded by Trustee Stuber. MOTION CARRIED UNANIMOUSLY. Dr Biggs abstained from one vote. Public Session closed at 9:10pm



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Bill Rice, Secretary



Kellie Langham, Recorder