



# Campbell County Health

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## Board Meeting Minutes

December 4, 2025

Campbell County Health Fifth Floor Classroom – 5:00 PM

[Meeting Link](#)

### **Attendance:**

Tom Murphy, Chairman	Matt Shahan, CEO
Sara Hartsaw, Vice-Chairman	Adam Popp, CFO
Randy Hite, Treasurer	Dawn Hodges, CHRO
Bill Rice, Secretary	Dr. Kelly, McMillin, Chief of Staff
John Mansell, Trustee (Virtual)	Jamie Kay, Recorder
Bree Richardson, Marketing	Jason Frye, EMS
Caitlyn Berkey, Marketing	Chris Beltz
Camille Wilson, Legacy ADON	Christin Jones, WIC & Infusion Supervisor
Ben Wetzel, EMS	Kasie Cates, EVS
David Neery, GNR	

### **A. Pledge of Allegiance**

### **B. Call to Order at 5:00 p.m.**

- a. Mission Statement
- b. Vision Statement

### **C. Roll Call- A quorum is present.**

### **D. Approval of Agenda**

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

### **E. Consent Agenda**

- a. Approval of Board Minutes –[October 23, 2025](#)
- b. Board Committee Meeting minutes - only on months with a meeting
  - i. [Finance Committee](#)
  - ii. [Quality Committee](#)
  - iii. [Legacy Advisory Board](#)
  - iv. [Physician Recruitment & Retention](#)

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

### **F. Recognition Items**

- a. Kailey Richner- Psychology BHS
- b. Camille Wilson—Legacy ADON
- c. Camille Wilson--Daisy Award Recipient
- d. Kasie Cates--EVS Manager
- e. Jennifer MacManus--Dialysis Manager
- f. Jamie Kay--Manager of Materials Management
- g. Shannon Keller--CCMG Clinical Supervisor
- h. Christin Jones--Walk-in Clinic and Infusion Supervisor
- i. Tori Long--ICU Supervisor



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- j. Caitlin Berkey--Marketing, Public Relations Lead
- k. Ryan Crowell--EMS We are CCH award recipient
- l. Darla Parks--Contributions to education
- m. Tracy Wasserberger--Selected to serve
- n. Ben Wetzel--FAEMS Achievement
- o. Marla Leat--Registered EEG Credential
- p. Dr. Ross Partnership with Children's Hospital
- q. Rose Rasmussen Retires after 43 years in the lab
- r. Trauma Survey Results
- s. OR Staff shout out
- t. CCH Zero C. Diff Rate
- u. Governor's Proclamation of Mobile Integrated Healthcare acknowledgement
- v. New Ambulances added to the fleet
- w. UCHealth Abridge pilot rollout

## G. Public Questions or Comments

## H. Action Items

[Finance Report Out](#)

### **Bad Debt and Charity**

October 2025: Charity \$400,687.95

Bad Debt \$5,176,939.45

Grand Total \$5,577,627.40.

This information reflects Charity approved via the Financial Application Process, and Bad Debt accounts being placed with outsourced collection vendors. The "final" Bad Debt, following such collection efforts, is reflected on the Financial Statement. A detailed review revealed a large amount transferred to the new collection vendor, AAA Collections.

***TRUSTEE HITE MOTIONED, SECONDED BY TRUSTEE HARTSAW, TO APPROVE THE OCTOBER BAD DEBT AND CHARITY CARE AS PRESENTED IN THE AMOUNT OF \$5,577,627.40. MOTION CARRIED.***

Trustees thanked the CFO for providing a longer-term view of the bad debt/charity trend.

- Days Cash on Hand stands at approximately 142–143 days.
- October cash performance improved and is estimated to have recovered roughly half of the earlier shortfall, with further improvement expected over the next couple of months.
- Revenue cycle issues related to Epic are being resolved steadily; leadership expects to be "back to shipshape" in the near term.
- Acute Admissions
  - 271 acute admissions, an increase from 221 in the prior month.



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- Length of stay remains favorable and consistent with prior year and below budget, indicating efficient resource use.
- Surgical Services / Robotics
  - Just over 200 surgical cases for the month (including robotic cases), slightly below budget but in line or slightly better than the prior month.
  - Robotic case volumes are at or above the “sweet spot” needed to meet ROI assumptions.
  - Existing trained robotic surgeons continue to use the platform; additional training for new procedures and newly hired physicians is ongoing.
  - Deliveries were slightly below budget.
  - Ambulance volumes were strong. Trustees were informed that all four new ambulances are in service and performing well.
- Clinic Volumes & Providers
  - Geriatrics / Palliative Care:
    - Geriatrics schedule was adjusted to ensure adequate visit time for geriatric and palliative patients, resulting in improved access and volumes.
  - Audiology:
    - New audiologist is seeing patients; minor software issues delayed billing/volume reflection, but operational ramp-up is underway.
  - Urology:
    - Volumes down temporarily due to an APP being out for personal reasons; remaining physician volumes remain stable.
  - Pediatrics / Kids Clinic:
    - An offer was extended and accepted for a new counselor starting in January, which will result in two counselors in the clinic.
  - Pediatrics Clinic:
    - Slight decline in visits due to provider departures to open a local independent clinic; CCH will continue supporting Jason’s Friends Foundation efforts that those providers initiated.
- ED & Radiology
  - Emergency department physician visits and radiology procedures are slightly under budget but improved from the prior month.
- Productive FTEs
  - Productive FTEs (measured on an hours-worked basis) remain well-aligned with volumes and favorable to budget.

The CFO also noted that, post-Epic go-live, approximately 85–90% of the usual statistics are being reported while remaining build/capture issues are worked through.

Discussion related to Epic AR Performance (Graph Package):



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## Clean Claim Rates

- Hospital (HB) clean claim rate: 97.5% (benchmark ~95%).
- Professional billing (PB) shows similar improvement.

## AR Days

- Total AR days: 77 days, performing above Epic's "top performer" threshold.
- Epic-only AR: 54 days (excellent).
- Legacy Meditech AR continues to drag overall averages but is declining.

## Epic Charge Capture & Billing

- Post-go-live charge capture is now 100–105% of baseline.
- Pharmacy billing lag that affected August has been resolved.
- Epic's performance is expected to continue improving as legacy AR winds down.
- Shared slide reflecting improved charge capture in Epic (Sept & Oct).

## Long-Term Debt Schedules

- CFO Popp re-shared long-term debt schedules from the October retreat (due to visibility issues at the retreat).
- No changes; provided again for Trustee review.

## Financial Statements – October 2025

- Gross Revenue
  - \$35.7M for October, slightly below budget; year-to-date gross revenue of approximately \$140M, essentially tracking budget but slightly below prior year (impacted by the loss of certain high-producing surgical providers, including a spine surgeon).
- Charity Care & Bad Debt (Income Statement Perspective)
  - For the month:
    - Charity care at approximately 1.2% of revenue.
    - Bad debt at approximately 2.1%.
  - Year-to-date:
    - Charity care ~1.4% (budget 1.45%).
    - Bad debt ~2.6% (budget 3.5%), reflecting release of portions of previously established bad-debt liabilities as AR has improved.
- Net Revenue
  - Net revenue of \$16.8M for October, modestly below budget.
  - Year-to-date net revenue is approximately \$3M below budget, with additional detail in the line-item P&L.
- Operating Expenses & Income
  - October operating expenses: \$18M vs budget of nearly \$20M (favorable).
  - Year-to-date operating expenses are approximately \$6M favorable to budget.



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- Operating income is favorable for October and very favorable year-to-date versus budget.
- Contract labor and non-employee compensation ticked up in some areas due to traveler/locum use and payments to an independent general surgeon.
- Non-Operating Items
  - Mill levy approximately \$1.7M of non-operating revenue.
  - Overall non-operating results are tracking close to budget.
- Bottom Line
  - For October, revenues exceeded expenses, with performance approximately \$1.2M favorable to budget.
  - Year-to-date performance is about \$3.5M better than budget on the bottom line.
- Balance Sheet Highlights
  - Patient AR (Epic + legacy) continues to improve, with additional detailed graphs supporting the reported trends.
  - Assets whose use is limited include a new capital contribution (“capital call”) to MSHRRRG:
    - Recorded as an asset.
    - May be used in the future for refunds or to offset premium increases, rather than as an expense.
  - Long-term debt schedules and amortization were reviewed, highlighting heavier payment years followed by a notable improvement around FY2030 as debt amortizes.

***TRUSTEE HARTSAW MOTIONED, SECONDED BY TRUSTEE HITE, TO APPROVE OCTOBER FINANCIAL REPORT OUT AS PRESENTED. MOTION CARRIED.***

a. 2026 Proposed Board Meeting Dates

Administration reviewed proposed Board meeting and planning session dates for 2026, noting:

- Coordination with **spring break, state basketball tournaments, Easter, and other community events.**
- The **spring planning session** is proposed for **Thursday–Friday, April 2–3**, with other meetings generally on the usual **Thursday** pattern.

***TRUSTEE HARTSAW MOTIONED, SECONDED BY TRUSTEE HITE, TO APPROVE 2026 BOARD OF MEETING DATES AS PRESENTED. MOTION CARRIED.***

I. **Informational Items**

a. **Chairman's Report**

The Chairman clarified a recent Facebook post stating he had “moved to Keyhole.” His son reminded them that he actually owns the property and



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that the speaker is more of a project manager there. The family has had the property for nearly 50 years and intends to continue sharing it as they always have. The Chairman apologized for implying he lived there, explaining he is still based in Gillette, spending time with his mother, and considering where to build a future home. He noted he are still navigating personal loss and that spending time at the Keyhole property has been helpful during this period.

## **b. UCHealth Report**

Epic “Abridge” go-live at CCH was successfully completed earlier in the week.

Ongoing telehealth discussions are focused on adding additional services for CCH in the future.

System-wide updates:

Estes Park officially joined UCHealth effective December 1.

The Greeley Hospital President (Northern Colorado) announced retirement effective early February; recruitment is underway.

A new behavioral health unit (originally slated for November) will open December 9 after a short delay.

## **c. CHRO Report**

### Medical Staff & Peer Review

- All department chairs are now functioning within the RL6 incident/peer review system, supporting a more streamlined and consistent peer review process.

### Emergency Preparedness & Life Safety

- Emergency Preparedness conducted a tabletop downtime/continuity of operations exercise on October 29, with strong community participation.
- Hazard Vulnerability Assessments have begun, with two completed in the last week.
- At the Care Center (Legacy):
  - The facility had its first special focus survey visit under CMS requirements.
  - Requirements to come off special focus: three consecutive surveys with ≤13 tags and no tags above D.
  - Latest results:
    - Nursing: 4 low-level tags (significant improvement from 17 nursing tags on the prior survey).
    - Life Safety: initially 14 tags; after IDR, one tag removed, resulting in 13 tags, exactly at the threshold.
  - All 13 cited issues have been corrected/remediated.
  - Legacy has been added to monthly safety sweeps (currently performed weekly until sustained improvement is demonstrated).



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## Workforce & Recruitment

- Current open positions:
  - CCH: 99 open positions.
  - Legacy: 45 open positions.
- Travelers:
  - CCH: 13 travelers with 5 pending.
  - Legacy: 15 travelers with 10 pending.
- Expanded academic partnerships are being pursued with multiple colleges and universities (Wyoming, Montana, Dakotas, regional community colleges) that offer nursing, rad tech, respiratory, lab, paramedicine, and PT programs to strengthen the pipeline in hard-to-recruit disciplines.
- Recent CNA class: 12 students graduated; efforts are underway to recruit them into open CNA roles.

## Clinical Access Improvements

- Ultrasound hours were extended in September to reduce the need to transfer patients elsewhere; since the change, only two patients have required transfer for ultrasound services.

## Employee Experience & HR Process

- A comprehensive benefits package rewrite is underway.
- A job description rewrite and update is planned for January, along with interview training for all hiring managers.
- UKG onboarding has been rebuilt:
  - All new hire onboarding is now electronic and mobile-friendly.
  - HR files are transitioning to fully electronic records.

## Child Care / Community

- Child care operations are planning for the annual “Shop with a Cop” program, a popular community event.
- Pharmacy & Food Services – Legacy
- CCH is in the process of transitioning the Legacy pharmacy away from Omnicare to an internal CCH-run pharmacy, which is expected to:
  - Improve access and responsiveness.
  - Produce cost savings.
- The hospital has served as a backup pharmacy and holds outstanding receivables from the current vendor; Omnicare’s consolidation/closure of a major servicing unit contributed to the decision to bring pharmacy in-house.
- The Care Center is moving from pre-packaged meals to cooked meals on-site, which:
  - Lowers cost per meal, and
  - Reduces food-related complaints.



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- A \$10,000 grant was received to purchase items for the memory care unit and related enhancements.

## **d. CFO Report**

### Home Medical Resources (HMR)

- New HMR building signage (north and east facias) has been installed to meet CMS requirements; glass entry signage now clearly lists services and hours.
- CMS has formally accepted CCH's corrective actions; additional backlit lettering will be installed soon.
- Resupply program for HMR patients has high uptake:
  - Vendor benchmarks ~85% response rate.
  - HMR is achieving >95% utilization, indicating strong patient engagement.

### Physical Therapy

- PT continues to be extremely busy, with up to 10 new referrals per day.
- Leadership praised for effective management; the interim tag was removed from the PT leader's role.
- Staff received positive recognition in local media (e.g., Bio in Gillette).

### Audiology

- Audiologist Kim Schaeffer was highlighted in local media, supporting visibility of the new service line.
- Operational refinements in audiology continue as billing and software components are finalized.

### Facilities & Support Services

- ED Fast Track: Plans were revised and resubmitted to the state; work is ongoing.
- Chapel: Construction of chapel walls is complete.
- Kitchen Remodel: Final sign-off received from the state following required corrections.
- Hot Water Shut-off: A planned hot-water shut-off to replace a valve will occur, scheduled around surgery to avoid service disruption; bypass systems and vendor support are in place.
- EVS:
  - New EVS manager introduced.
  - Surgery has reported 100% top-box patient scores for two consecutive months on cleanliness/environment, reflecting strong EVS performance.
- Laundry:
  - New supervisor (transitioned from EVS) has been appointed.
- Materials Management:
  - Jamie has transitioned into the materials team leadership role.
- Food Services / Unidine:



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- Unidine catered the November 20 Chamber event with high-quality food and presentation; leadership noted this as a strong community-facing success.

## e. CEO Report

The CEO reviewed several annual documents and appointments that require acknowledgment/signature:

### Antimicrobial Stewardship Program – Letter of Support

- a. Annual letter affirming CCH's commitment to antimicrobial stewardship, unchanged from prior year.
- b. To be signed by the CEO, Board Chair, Medical Staff leadership, and Director of Pharmacy.

### Utilization Review Committee – Physician Appointments

- c. Appointment of UR Committee physicians:
  - i. Dr. Judy Boyle
  - ii. Dr. Thomas Chweh
  - iii. Dr. Andrew Brown
- d. Document affirms leadership's recognition of UR as essential to CCH operations.
- e. To be signed by CEO, Director of Case Management/UR, and Board Chair.

### Infection Control Program – Staff Appointments

- f. Appoints:
  - i. Dr. Mark Dowell as physician lead.
  - ii. RN Burgundy Leiker as infection preventionist.
- g. To be signed by CEO, Board Chair, Medical Staff Leadership, and CNO.

These documents will be circulated for the required signatures. No separate motions were recorded beyond routine annual approvals.

- Epic, Infor, Axiom, and related system implementations have moved the organization forward, though they were never expected to be a “magic fix” for all issues.
- Ongoing rollout of ambient AI documentation tools is expected to:
  - Reduce provider documentation burden.
  - Allow clinicians to spend more time with patients and less time on the computer.
- Many remaining issues are incremental fixes inherent to projects of this scale, and management is addressing them systematically.
- Leadership looks forward to using the new systems to support future-oriented strategic planning rather than primarily reacting to past issues.
- The CEO expressed appreciation for the Board's support and deep gratitude to staff across the organization, noting that:
  - Metrics and statistics do not fully capture the quality of care provided daily.



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- CCH staff continue to perform at a high level despite significant changes.

## J. Adjourn

**TRUSTEE MANSELL MOVED TO ENTER INTO EXECUTIVE SESSION AT 6:26 PM TO DISCUSS MEDICAL STAFF MATTERS – 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. TRUSTEE HARTSAW SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.**

Public Session was adjourned at 6:26 p.m.

**TRUSTEE HARTSAW MADE A MOTION TO RETURN TO THE PUBLIC MEETING AT 8:32 P.M. TRUSTEE RICE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.**

Trustee mansell recused himself.

Returned to Public Session at 8:32 P.M.

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

Trustee Mansell returned at 8:33 p.m.

**TRUSTEE MANSELL MADE A MOTION TO AUTHORIZE ADMINISTRATION TO ENTER INTO THE CONTRACT DISCUSSED UNDER THE TERMS AND CONDITIONS DISCUSSED IN EXECUTIVE SESSION, TO BE PUBLICIZED ONCE APPROVED. TRUSTEE HARTSON SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.**

**TRUSTEE HARTSAW MADE A MOTION TO ADJOURN AT 8:35 P.M. TRUSTEE HITE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.**

Public Session was adjourned at 8:35 p.m.



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Bill Rice, Secretary



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Jamie Kay, Recorder