



Campbell County Health

Excellence Every Day

CCH Board of Trustees Board Meeting | Public Session

April 23rd 2026

CCH 5th Floor Classroom | 5:00pm

Attendance:

Tom Murphy	Chairman	Diane Zdziennicki	UHealth
Sara Hartsaw MD	Vice-Chair	Bree Richardson	CCH
Rand Hite	Treasurer	Caitlin Berkey	CCH
Bill Rice	Secretary	Tanya Hurm	CCH
John Mansell MD	Trustee	Mike Smith	CCH
Alan Stuber	Trustee	Shane Kirsch	CCH
Dr Angela Biggs	Trustee		
Matt Shahan	CEO		
Natalie Tucker	CNO		
Dawn Hodges	CHRO		
Tom Lubnau	Legal		
Dr Graham Cassidy	Chief of Staff		
Kellie Langham	EA		



Campbell County Health

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Consent/Information Agenda	Leader	Time	Discussion
Pledge of Allegiance			
Call to Order	Tom Murphy	5:02pm	Mission & Vision Statement
Roll Call	Kellie Langham		A quorum is present.
Approval of Agenda			Trustee Biggs moved to approve the agenda as presented. Trustee Mansell seconded. Motion carried unanimously.
Consent Agenda			<ul style="list-style-type: none">• Previous Board Minutes:• CCH Board Meeting Minutes – Spring Retreat April 2026• Board Committee Meeting Minutes –<ul style="list-style-type: none">- Quality Committee Minutes – 04.02.2026- Legacy Advisory Board Minutes – 03.09.2026- WREMS Minutes – 03.27.2026- Finance Committee Minutes – 04.20.2026- CCH Medical Director List - Reviewed
CCH News	Matt Shahan		Trustee Hartsaw moved to approve the consent agenda as presented. Trustee Biggs seconded. Motion carried unanimously. <ul style="list-style-type: none">- Junior Volunteer Summer Program- Camp Med- Health Habits & Harmony



Campbell County Health

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Recognition	Matt Shahan		<ul style="list-style-type: none"> - Wanda Rice: Retirement - Benet Guidera - Cheyenne Jones - Dr Tran - Shawna Hupke-Likness - David Custis - EMS American Heart Association Heart saver Hero Award - CCH earns AAP Level II Neonatal Facility - Legacy earns dementia capable care status
Public Questions/Comments			Discussion
Discussion Items	Tom Murphy		None
Quality Update	Discussion Leader Matt Shahan	Time	<p>Discussion</p> <p>Board Education and Materials</p> <ul style="list-style-type: none"> • AHA Briefing: Matt distributed a briefing from the American Hospital Association titled "<i>Board's Involvement and Duties and Quality.</i>" • Digital Access: The document is uploaded online in the board portal for continuous access. <p>External Scorecards & Reporting Mechanism</p> <ul style="list-style-type: none"> • External Metrics: The presentation covers seven of the largest external quality and safety scorecards, starting with the CMS Hospital Star Rating (published by the Centers for Medicare and Medicaid Services using inpatient/outpatient program data). • Report Accessibility: The committee chair is working with Mr. Shahan to make these metrics more "board-friendly" and formalize a quality and safety orientation process. • Reporting Frequency: Strategic plan scorecards contain various metrics. While some data (like employee engagement surveys) are only updated



Campbell County Health

Excellence Every Day

			<p>annually, the hospital utilizes a living document reported monthly so board members can track ongoing progress.</p> <p>Incident Reporting System (RL6)</p> <ul style="list-style-type: none"> • Reporting Criteria: Employees are instructed to input an incident into the computer system (RL6) if there is any question of a potential safety risk impacting patients or staff. • Daily Monitoring: Department leaders and Patty McJilton continuously check and prompt staff during morning safety rounds to ensure incidents are logged. • Medical Staff Integration: The system applies to both employed and private practice medical staff. Logged incidents automatically tag the respective department chief and roll up to leadership (including Dr. McMillin or the Chief of Staff) for protected investigations if warranted. • Patient Grievances: Client interactions are tracked through a different platform within the same underlying system. <p>Confidentiality and Community Feedback</p> <ul style="list-style-type: none"> • Personnel Caution: Board members expressed caution regarding reporting on personnel issues to avoid punitive outcomes or tarnishing reputations in a small community. • Access Restrictions: The CEO confirmed that access to reports is strictly restricted by reporting structure; data cannot be forwarded freely. • Community Complaints: For issues brought directly to board members by the community, Kellie Langham is finalizing a tracking process. This will allow trustees to verify how specific community complaints have been handled.
Finance Update	Discussion Leader	Time	Discussion
Capital Requests	Adam Popp		<p>- Capital Requests:</p> <p>✓ CR: Ambulance Cot Replacement</p>



Campbell County Health

Excellence Every Day

			<p><i>Trustee Hartsaw motioned, seconded by Trustee Biggs, to approve CR for 3 cots at \$93 541.50 as presented. Motion carried.</i></p> <ul style="list-style-type: none"> ✓ CR: Dialysis Machines <p><i>Trustee Biggs motioned, seconded by Trustee Mansell, to approve CR for 2 Dialysis Machines as presented. Motion carried.</i></p> <ul style="list-style-type: none"> ✓ CR: Patient Care Beds <p><i>Trustee Stuber motioned, seconded by Trustee Rice, to approve CR for 12 Patient Care Beds as presented. Motion carried.</i></p> <ul style="list-style-type: none"> ✓ CR: Stryker Lifepaks <p><i>Trustee Hartsaw motioned, seconded by Trustee Mansell, to approve CR for 10 Stryker Lifepaks as presented. Motion carried.</i></p>						
<p>Capital Budget</p>	<p>Adam Popp</p>		<ul style="list-style-type: none"> • Capital Budget: CCH has committed \$2,524,313 of the \$4,844,218 budgeted and paid \$1,540,179. <p>March 2026</p> <table style="margin-left: 20px;"> <tr> <td>Charity</td> <td style="text-align: right;">\$ 649,627.31</td> </tr> <tr> <td>Bad Debt</td> <td style="text-align: right;">\$2,380,466.12</td> </tr> <tr> <td>Grand Total:</td> <td style="text-align: right;">\$3,030,093.43</td> </tr> </table> <p><i>Trustee Hite motioned, seconded by Trustee Mansell, to approve March Bad Debt and Charity as presented in the amount of \$3,030,093.43. Motion carried.</i></p> <p>Utilization Report- March 2026:</p> <ul style="list-style-type: none"> • CFO provided some details as to the comparison of March stats on a workday basis compared to February. March reflected several providers out of the office. Spring Break for CCSD was in March. <p>Day Cash on Hand:</p> <ul style="list-style-type: none"> • CFO discussed the days cash calculation for March 2026. <p>Statement of Revenue & Expenses:</p> <ul style="list-style-type: none"> • Gross Revenue for the month of \$35.8m was favorable to budget by \$600k. Year-to-date results lag both budget and prior year. 	Charity	\$ 649,627.31	Bad Debt	\$2,380,466.12	Grand Total:	\$3,030,093.43
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<p>Finance Report – March 2026</p>	<p>Adam Popp</p>								



Campbell County Health

Excellence Every Day

			<ul style="list-style-type: none"> • Bad Debt and Charity for the month are in-line with budget. Contractual Allowances were recorded conservatively as the organization continues to monitor the MediTech and Epic Patient A/R. • Net Revenue of \$16.4m for the month was unfavorable to budget and prior year. Year-to-date results also lag to budget and prior year. • Benefit expense was slightly higher than budget for the month due to increased expense related to some cancer claims. • Contract labor was slightly higher than budget for the month due to traveler expenses in a couple of departments that had not budgeted for such: Oncology, Infusion Clinic and I/P BHS. • Year-to-date Operating Expenses continue to reflect very favorably to budget and prior year. • Year-to-date Operating Income, driven by the favorable variance in Operating Expenses, reflects very favorably to budget and is relatively on par with prior year. <p><u>Balance Sheet:</u></p> <ul style="list-style-type: none"> • Slight increase in Other AR due to the reconciliation of the Legacy QRA payment made. No material concerns identified on the liability side. <p><u>Investment Transactions:</u></p> <ul style="list-style-type: none"> • Reflects transfers in and out of WGIF. <p><u>HB/PB Graph Package:</u></p> <ul style="list-style-type: none"> • Revenue Cycle information provided weekly. This information is discussed weekly within the joint Revenue Cycle discussions among CCH staff and Signature Performance. • Select graphs presented for discussion. <p><i>Trustee Mansell motioned, seconded by Trustee Hite, to approve March Financials as presented. Motion carried.</i></p>
Department Reports	Discussion Leader	Time	Discussion



Campbell County Health

Excellence Every Day

UCHealth Update	Diane Z. / Matt Shahan		<ul style="list-style-type: none"> UCHealth has opened a new pavilion at the Medical Center of the Rockies, with the first patient day set for April 28, featuring a 36-bed trauma surge unit and a phased plan to add 164 total beds to alleviate boarding, according to the report. The organization is also focused on the upcoming EMS University conference and the conclusion of the legislative session with a focus on rural health funds.
CFO Report	Adam Popp		<p>Fiscal Budget Timeline & Milestones</p> <ul style="list-style-type: none"> May 15 Distribution: Additional budget distributed today to satisfy policy requirements. No immediate discussion is required due to fluid adjustments next week. June Board Meeting: Presentation and discussion of the proposed final fiscal budget. July Mandates: Statutory budget publication occurs in early July, followed by the final public hearing on the third Thursday of July. <p>Financial Performance & Revenue Cycle Integrity</p> <ul style="list-style-type: none"> HMR Revenue: March marked the second-highest gross revenue month in the history of HMR. Patient Access: Press Ganey satisfaction scores surged 11 percentage points month-over-month, rising from 82% in February to 91% in March. Statement Automation Deficiencies: The revenue cycle team is manually reviewing every self-pay statement due to system automation failures. Primary bottlenecks involve incorrect Medicare secondary data and registration intake errors. Management is actively auditing processes to eliminate manual reviews. Digital Transition: Digital statement conversions surpassed the targeted 20-to-30 monthly baseline. <p>Regulatory Compliance & Facilities Management</p>



Campbell County Health

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			<ul style="list-style-type: none"> • Survey Corrections: The DMV-accepted Plan of Correction for the hospital survey will conclude by mid-May. The Legacy survey corrections were finalized on April 25. • Kitchen Operations: Unidine management completed two Legacy surveys with zero clinical food or temperature tags; only one structural equipment anchoring citation was noted. • Environmental Services (EVS): The hospital and surgery departments achieved the 99th percentile in Press Ganey cleanliness scores for March. The facility-wide hand sanitizer replacement initiative is 87% complete (800 installed, 120 remaining). • Capital & Relocations: The old HMR building will become the new Home Health location by mid-May. The pharmacy bundling pack installation at the coalition building is fully operational. <p>Workforce, Recruitment & Community Engagement</p> <ul style="list-style-type: none"> • Therapy Services: Terry Gassman (Occupational Therapy, 27 years of service) retired at the end of April. To fill remaining OT openings, the department is leveraging active student clinical rotations. A new rehab aide commenced at The Legacy, and a University of Wyoming speech therapy graduate starts in May. • Staffing Fluctuations: Laundry operations achieved full staffing capacity, while EVS maintains minor vacancies. Security Officer Eduardo resigned to join the fire department. • Kid Clinic: Secured a third counselor, leaving two active vacancies. • Community Grants: The "Routes" peer navigator grant program expanded enrollment from 71 to 87 clients, with 57 actively participating.
CHRO Report	Dawn Hodges		Child Care Program



Campbell County Health

Excellence Every Day

	<ul style="list-style-type: none">• Program running this summer upstairs in the hospice building.• Fully staffed and filled within 24 hours.• Waiting list already established.
	<p>Staffing & Open Positions</p> <ul style="list-style-type: none">• 93 open positions at the hospital; 36 at the Legacy.• 26 travel staff at the hospital; 15 at the Legacy (down from 37 overall last year).• Ongoing CNA class with Climb Wyoming has 9 students; departments will interview them upon completion.
	<p>Employee Compliance</p> <ul style="list-style-type: none">• Annual March mandatory education achieved a 99.4% completion rate.• Remaining uncompleted modules belong to staff currently on FMLA.
	<p>Upcoming Events & Initiatives</p> <ul style="list-style-type: none">• EMS University is scheduled for next week/weekend.• Work continues on the provider-led occupational health clinic.• New provider arrives June 1st; patient visits begin in July.
	<p>The Legacy Surveys & Star Ratings</p> <ul style="list-style-type: none">• Health survey resulted in 5 low-scope/severity citations.• Emergency preparedness survey resulted in 0 citations.• Life safety survey resulted in 9 citations (only 1 high-scope).• Current tracked metrics: Staffing at 3 stars, Quality Measures at 4 stars, Health Inspections at 1 star.• One more survey with under 13 citations will elevate Health Inspections to 3 stars.



Campbell County Health

Excellence Every Day

CNO Report			<ul style="list-style-type: none">• Anticipating a 3-to-4-star overall status when exiting the special focus designation. <p>Operations & Expansion</p> <ul style="list-style-type: none">• Legacy pharmacy transition is progressing exceptionally well.• Partnering with rehab to open a short-term rehab unit on the 2nd floor of the Legacy.• Target launch of 10 beds on July 6th, scaling up to 20 beds as staffing allows.
	Natalie Tucker		<p>Hospice & Transitions</p> <ul style="list-style-type: none">• Stillwater transition is scheduled for June 1st.• Home Health services will relocate to the old HMR location on 2nd Street.• EMS University (EMSU) is coming up; appreciation was noted for the massive organizational effort. <p>Pharmacy Updates</p> <ul style="list-style-type: none">• Pharmacy is fully operational at The Legacy.• Phase 2 retail pharmacy is on track to go live on July 1st. <p>QAPI Committee Progress</p> <ul style="list-style-type: none">• Quarterly meeting was held this month.• Workplace Violence committee is finalizing the Lavender Alert policy, staff education, and reporting communications.• Specimen labeling recorded 9 errors (Jan 31 – Mar 31), matching pre-EPIC baselines; corrective action plans require Leadership Council review.• 2025 Neonatal Patient Safety data met 5 out of 7 quality benchmarks.



Campbell County Health

Excellence Every Day

		<ul style="list-style-type: none">• Out of 8 neonatal intubations in 2025, the goal remains 100% success in 3 or fewer attempts; dislodgment rate was 13% against a 0% goal.• Radiology turnaround times improved year-to-date, hitting 79% within 15 minutes and 89% within 30 minutes for stat and routine reads.• Terri is checking if the radiology provider can supply additional quality reports for review.• Social Determinants of Health report is nearing completion.• Medication safety reports rose to 43 incidents (Jan 1 – Mar 31), showing higher reporting diligence across the organization (excluding The Legacy). 98% resulted in no harm or were near misses; data will drive process improvements.• IMM/MOON compliance reached 96% and 98% fiscal year-to-date due to improved weekend communication workflows.
		Respiratory Therapy (RT) <ul style="list-style-type: none">• Dr. Noledo presented on COPD in Buffalo, accompanied by Lisa Jackson from Business Development.
		RN Residency Program <ul style="list-style-type: none">• An 18-member cohort of newly graduated RNs wrapped up the year-long residency program running since August.• The cohort celebrated graduation and presented their final residency projects today.
CEO Report	Matt Shahan	Facility Branding & Signage Updates <ul style="list-style-type: none">• Bids are being gathered by Marketing to update the front of the hospital building.• The lettering will change from "Campbell County Memorial Hospital" to match the official organizational name, "Campbell County Health."



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			<p>Strategic Plan Timeline</p> <ul style="list-style-type: none">• Committees will meet next week to continue refining the upcoming strategic plan.• Sarah Perry will provide documentation and a comprehensive update at the May board meeting.• The board aims to officially approve the plan at the June meeting for a hard launch on July 1 (FY27). <p>AHA Annual Conference & Legislative Visits</p> <ul style="list-style-type: none">• The CEO attended the American Hospital Association (AHA) annual conference in Washington, D.C.• Key speakers included Dr. Oz, who discussed the Rural Health Transformation Fund, and presidential historian Jon Meacham.• Met with Senator Barrasso and Congresswoman Hageman in Washington.• Senator Barrasso's new Senate Whip office is notably the historic former office of John F. Kennedy.• The AHA highlighted Wyoming rural healthcare by featuring Ivinson Memorial Hospital (Laramie) in their conference video. <p>Wyoming Healthcare Leadership Changes</p> <ul style="list-style-type: none">• Irene Richardson announced her retirement after 41 years of service at Memorial Hospital of Sweetwater County (Rock Springs), where she served as CFO and ultimately CEO. Matt Shahan wished Irene well in her retirement and wanted to thank her for all that she has done for the WHA and Wyoming hospitals.• Well wishes were sent to Kathy, CEO of Weston County Health Services (Newcastle), who is currently out on personal leave.
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			<ul style="list-style-type: none"> A public thank-you was extended to Lance Porter, CEO of Banner Wyoming Medical Center (Casper), for personally assisting a patient's family on short notice. <p>Board Administrative Adjustments</p> <ul style="list-style-type: none"> Due to the Memorial Day holiday, the CEO proposed shifting the May Finance Committee and regular board meeting schedule. Trustees are reviewing their calendars to adjust the dates. Trustees publicly commended the CEO and administrative staff for the high quality of work delivered during the recent strategic planning board retreat.
<p>Adjournment</p> <p>Public Session Adjourned</p>	<p>Tom Murphy</p>	<p>Time</p>	<p>Trustee Hartsaw moved to enter into Executive Session at 7:09pm to discuss Board matters. Trustee Rice seconded the Motion. Motion carried unanimously.</p> <p>- 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.</p>
<p>Board Action from Executive Session – Public Session Opened</p>			<p>Executive Session opens to Public Session at 8:27pm to approve medical staff appointments.</p> <p>Motion was made by Trustee Mansell. Seconded by Trustee Hartsaw. MOTION CARRIED UNANIMOUSLY.</p> <p>Public Session closed at 8:29pm.</p>


 Bill Rice, Secretary


 Kellie Langham, Recorder