

Sublette County Rural Health Care District
Board of Trustees
Regular Meeting
October 16, 2019

Venue: Marbleton City Hall, Marbleton, WY

Trustees Present:

Wendy Boman, Chairman
Bill Johnson, Vice-Chairman
Tonia Hoffman, Secretary/Treasurer
Mike Pompy, Trustee
Marti Seipp, Trustee

Call to Order:

Ms. Boman called the meeting to order at 5:00 pm.

Pledge of Allegiance

Set Agenda: From notes-motions and vote

Sublette Center representative – Merger update

Kenda Tanner gave an update to the merger process. Sublette Center Merger is still in the works, our respective attorneys are working towards finalizing. Their board is awaiting direction from the attorneys about any further actions that need to occur, and they have visited with staff and answered questions regarding the merger. They are looking forward to things being completed, and moving forward. Until that takes place, it is business as usual at the Sublette Center.

**** Davis Partnership presentation of proposed Medical Center Layout**

JD presented the new preliminary layout of the CAH. He said that walking away from the existing clinic and building it again essentially was considered wasteful to the USDA, so now his proposal would be to add the hospital next to the existing clinic and make them work together. In short, utilizing existing resources that the taxpayer's dollars have already paid for as well as maintaining a modest design. He made a point that the current clinic location is more ideal for a hospital because it is out of the floodplain area where the other possible hospital location was.

He then presented a chart (a similar chart to his, on page 2) that related the prior hospital design that was rejected by the USDA as well as 3 current projects they are working on that are directly related to our project. First a micro hospital with 8 beds, a USDA funded project, and is about 27,000 square feet, they use the existing hospital for those things much like what Pinedale plans on doing here. Next is Meeker, a full hospital, with long term care (LTC) attached to it, as well as administration. It has 10 beds in the hospital itself as well as 30 beds in the LTC. It is 80,000 square feet combined. Dave visited Meeker to get a sense for its scope and feels that it is very similar to what Pinedale is considering. The final project was out of Gunnison, it was just finished last year and it is just for LTC that is a 50-bed facility with a memory unit that was equivalent to 50,000 square feet. This comparison was just a way to compare prior design for the clinic and the overall hospital and at the time the board was not considering the Sublette Center so those two combined were about 50,000 so currently on their design instead of proposed

slightly smaller about 34,000 square feet for the hospital itself and shared services. He mentioned the millions of dollars that will be saved by not having to build the additional 14,000 square feet.

Locations	# of Hospital Beds	# of LTC Beds	Square Footage	
Micro Hospital	8	-	27,000	
Meeker	10	30	80,000	
Gunnison	-	50	50,000	
Prior CAH Design	?	?	50,000	

He mentioned the importance of adding the Sublette Center on as part of the project and it is hugely important support for everybody going forward. He also mentioned the importance of savings with shared services. Each building on its own would have to have a kitchen, laundry, dietary, materials management, trash etc. Building together could basically cut it in half, and it doesn't need to be much bigger for both buildings.

They then proceeded to show the layout of the hospital itself, where patient rooms would be etc. He mentioned that they don't want it too small so it doesn't function but they don't want it to be oversized, so over the processes (again it is very preliminary) they would continue to hone in on the size of it with everyone because we want it to be right sized so we are not wasting any dollars. He reiterated the proposed size is 34,000 square feet with an additional 15,000 sq. ft. (the existing clinic) so we are close to 50,000 square feet, and then the Sublette Center was at 35,000 (or possibly 40,000 including the shared services).

Ms. Boman inquired as to how many beds the Sublette Center would have.

JD replied that it would have 40 private rooms with 44 beds. Some rooms are designed for couples that want a roommate, which sometimes can happen. He also mentioned that there are some alternatives and his pictures showed that an additional 8 rooms to the wings could be added on easily as well as the possibility of future expansion on the site itself because is very expandable within the property boundaries.

Ms. Boman then asked how much space on the end of LTC is available for expansion?

JD did not give a specific square footage but that a single wing could expand with 4 more rooms, then an additional two more rooms onto to another wing and then a few other aspects were very expandable. He did mention trying to stay away from the irrigation ditch in the hopes to save money by not moving it at all. In short, there is a lot of flexibility with the site.

He then moved on to talk about the layout of the entrances, that there would be central registration for the hospital and clinic. He also mentioned future potential visions having a large part of continual care, like adding PT into the old emergency department, and he had places for Public Health as well as Administration and Veteran's Services with having a lot of room left over. Currently they are also focusing on the preservation of the parking lots but there will be a new drop off spot. They also wanted a separate entrance for the walk-in patients and the emergency drop off location would be different. This way they are envisioning the possibility of adding a little more capacity to the lobby so that the folks who are coming to the ER department

would see the sign that says ER and come directly there.

He mentioned that they made a few changes with the board today. The central lobby would have one access corridor back so that all the departments off that corridor can have an exterior wall so everything is very expandable. He mentioned that they have the ER center next to CT so it is very accessible for any trauma-based issues and he mentioned the importance of the ER being in close proximity to the inpatient beds to run efficiently with a low full-time employee count, so a central care team can cover both. He described it as becoming kind of a trio of departments, and mentioned that providing surgical services would be a very good addition to your community to provide those services. There are varying discussions of how to get surgeons to come here and folks using it so it is a healthy debate and they are showing it as a current add on so you know how much it would cost if you wanted to do it. He mentioned as well that the mechanical devices are located on the hospital end and that the pipes and other things would run down and support the LTC. They also mentioned the design of the two wings of the nursing home and a separate memory care unit so it is possible to have an outdoor courtyard, things like that. Both would have access to the dining area as well.

He came back to the add alternate option of the in-patient bed numbers. Two is our minimum number for a CAH and we usually see 8-10 in the ones that they are building right now. One thing to keep in mind he mentioned was some of the patients that are in the nursing home right now could be considered a swing patient, and might more appropriately be put in the hospital, vice versa. He mentioned that the symbiotic relationship there is going to be key to success. It turns out that the proposal showed 8 beds but there is room outside to go more, and that 25 would be our limit.

Bill Kluck said “I guess my question or comment is, why would I want to bring a patient in and wheel them halfway across the hospital to get them to the ER? Is there a drive up? A back in?”

JD said that there was a drive through, they measured today the distance between both ER doors and they decided that the only reason not to put the helipad over by the ER department is because it exists today. and in-short the outdoor travel time is exactly the same, and the indoor travel time is basically equivalent as well.

Bill mentioned that it was the same distance to get to the helipad, he was referring to bringing a patient in from the ambulance and currently he would be walking straight into the ER but with the proposed layout an ER patient would have to pass the surgery units with a critical patient.

JD said that it was moved as of this morning, they had it in a different location but there were conflicts with it not being protected by weather as well as the headlights shining into the patient rooms but he was very open to looking at other options since the design was still very preliminary.

Bill Johnson asked Bill Kluck where he thinks everything should be.

Bill Kluck said that he thinks it should be in the front of the new building like where it is similar to our current plan. There should be a walk-in emergency and delivery door for ambulance to deliver to the ER. He mentioned that he would like to look at it more, but he didn't like the idea of going past the surgery units for one with a critical patient or any ER that he brings in.

Ms. Boman mentioned that at some point, if it is in front the EMS crew is going to have to use that hallway at some point to access the helipad

Mr. Kluck said that he is not concerned about the helipad and understands the reason why it is staying where it originally is, but personally he would love to see the helipad moved because the houses to the east don't like it where it is located now.

Ms. Boman acknowledged that they did discuss that

Mr. Kluck mentioned that if the cost would be comparable, I think it is something that we should look at.

Mrs. Sparrowe noticed a pharmacy and asked JD if it is necessary to have a pharmacy in the hospital; is it mandatory?

JD Confirmed that it is mandatory but not necessarily a retail pharmacy it is thought out to be for occasions when the patients are in the hospital, not necessarily a retail pharmacy.

Mrs. Marshall made a point that she would like people to also think about patient rooms next to the road, and she didn't feel that it is just not a very good placement for patients that are trying to recover

JD clarified in saying "You're concerned with traffic out here?"

Mrs. Marshall said "Yeah and like you said the lights going into the patient's room and I myself am a very light sleeper and I wouldn't sleep well."

JD clarified that at one time they had this whole thing flipped, but they put the loading dock and some of the other things on this side. He thought that it would be really a nice possibility to have the ER visible for the public and he mentioned again the importance of the ER and patient beds together, but he did offer a solution of landscaping that could possibly help be a buffer for lights and noise.

Mr. Johnson mentioned that if a vehicle came in from a different direction there wouldn't necessarily be lights in the room.

JD answered that there would be no parking, and they have had projects like this in the past we here there was a parking next to the patient rooms where cars pulled in and they had to put black out glass in here and different things because of that kind of concern. He didn't think that here we were as concerned.

JD introduced Mackenzie's graphic design presentation to walk the crowd through what the project might look like, and again he reminded everyone that this is preliminary.

Makenzie goes through a detailed description of what the new clinic and LTC unit's layouts would look like including the site where an individual would drive into and enter the building at.

She did mention that they would also be creating a new entry to the clinic. They are proposing to take away the canopy to the existing entry of the clinic and because there is a big volume in the entry of the existing clinic, they would add volume to the entry of the new clinic with the idea to get people to come to this as the main entry in the building instead of this the existing building.

She wrapped up the presentation with showing a whole site plan with some courtyards along with the long-term care unit layout.

JD mentioned that the other thing that is nice about the ambulance being on the specific because the cold winds come from n-w and s-e so the designated side is protected in there and so that's kind of a nice feature and it keeps all your emergent patients in completely away from your walk in patients.

Ms. Boman said "One of the things we discussed was a doorway so the doorway could be closed to the rest of the facility when you are coming in with a patient down that hallway. So that doorway would be there and people would know that there was an ambulance or somebody coming in that way and if somebody needed to go to the hospital or something we could just ask them to wait a few minutes."

Mrs. Marshall agreed and thought it would be good for them not to see the Lucas Device attached to someone's chest.

JD agreed

Charles asked if JD was showing mechanicals on the roof right there on the hospital but not the long term care

JD mentioned that they think it is possible to feed both from these units here, they probably have enough units but it is conceivable that another unit will be needed. They try to keep the number of units less and would rather have them be bigger. That way it is less of a headache for the maintenance people to have to maintain more than too many units

Bettina Sparrowe asked JD if it was possible to incorporate solar?

JD said that they could and that they would very much like to explore that, but we are still preliminary here, mechanical systems and things would be explored but that's a great idea.

Mr. Galbreath asked if there is any discussion about where veterans services and sanitation are going to go because they are also in the public health, he mentioned that he knew that the plans were very preliminary.

Mr. Doorn said "We hope that they will fit on the administration side of the old existing building."

JD agreed mentioning that there is quite a bit of space, it is about 3000 square feet over in that wing

Charles mentioned to JD that the lobby looks like it is two stories with a sloped back

JD confirmed that it is the exact height of the existing clinic and that they have to have the same volume to match the height so the natural eye comes in.

Ms. Boman voiced her concern about the flat roof in relation to the heavy snow load

JD said the folks in Meeker were quite concerned with that as well. They have weather very similar to Sublette County, they have some roofs that are sloped on some of the wings and they have areas too that are, areas that we call sloped to drain, so they really aren't flat. And in fact, the new building on this side back side is also a slope to drain roof and it's made out of a continuous rubber membrane that works as essentially a bathtub. Unless holes have been poked in it will not leak. He agreed that it is a really good concern to have but he thinks that we have come a long way with roofs and it's not like the old built up flat tar kind of stuff, its good quality roofs.

Mr. Johnson asked JD "So cost wise, the wings could be a peaked roof and not make a whole lot of difference, right?"

JD said that with the pitched wings it is similar to basically buying two roofs, so inside the hospital the roof is flat and essentially the structure has another one on top of it. There's definitely another structure there so you could do it. He mentioned that in Meeker they were very adamant for the portions that didn't have the mechanical units on it and that they wanted it to be pitched. If money weren't an issue it can definitely be done.

He then went over the square footage again mentioning that 15,000 square feet doesn't need to be touched (which is a huge advantage). The hospital itself would be 29,000 square feet and another 5,000 with shared facilities amounting to 34,000 square feet.

Then the Sublette Center was measured at 35,000 square feet, possibly 40,000 but that was not decided upon at the meeting.

JD again mentioned that the plan it is pretty preliminary but estimates are from cost comparisons that we have done. They took a look at what was proposed back then and he felt that the dollars that were assigned to the constructed were quite a bit lower than we ever have been aware of and he feels that the \$350/sq. ft that was quoted was a bit of a miss. In short, hospitals are not built for that. It is possible that the long-term care probably is located in that range, but the hospitals are in that \$550 range. He mentioned that Thermopolis is building their hospital at about \$515. Leadville was at about \$630; Crowning has ranged between \$506-536. He then mentioned Gunnison LTC was \$363 and compared Gunnison as an expensive place to build. But between Rock Springs, Jackson and some other places he thinks that it is possible to get quite a bit of interest of who wants to build here, and get some competitive numbers. He referred back to the Meeker which was at \$567 which is escalated to today's dollars and kind of varied over the years as to what the percentages were over the year some were 6-7% some were 4% some were 1% just kind of all over the place.

Ms. Boman clarified with JD that he did think that the original project quote of \$365 sq. ft. was way low and there's no way it could have been built for that

JD confirmed that there's no way this was correct, possibly for the Senior Center. He said they are doing another project in Telluride which is even harder to get into and it was about \$700/sq ft. There are small micro hospitals out there, and if it was a large hospital you might see a cost savings but there are not as much cost savings at the small-scale builds so he said that's just what they cost. He did say that the original budget for the soft cost, the furniture and owners contingencies, things like that was higher than we usually see so to that benefit, overall project cost was probably not too much lower of where he thinks we need to be. The thought the number quoted for the project was 28 million job and realistically could have been a little over 30 million. He mentioned that these numbers all need to be vetted by an independent cost estimator. He gestured to Charles in the back of the room and mentioned that he is in charge of all of Davis' financing and it's all going to have to be vetted to go to the USDA so the District doesn't have to take our word for it, these are just comparable to some projects that they have been working on that have been priced out.

Ms. Boman asked how much are building costs going up per year?

Kevin answered that the average of the most recent ones he has seen was 1.25% per quarter so about 4-5% a year. He mentioned that we are likely to see acceleration with that too because things happen to our global economy, so it's going to accelerate.

Ms. Boman mentioned that they had talked about interest rates

Charles answered her saying "Yes interest rates right now are coming to historical lows, we are at 3% for the Dept of Agriculture direct loan. It will look like it is going to go in January to 2 $\frac{3}{4}$ % so if you chose to move forward with the building, we can receive a commitment between 3% and 2 $\frac{3}{4}$ %. That's a 40-year amortization, fixed rate."

JD mentioned that the USDA is always unique in that when they obligate the loan to you that they commit those funds to you, they box in whatever rate is current and then often it's kind of an unreal deal. If you get a loan with them, when you start building the interest rate goes down then you get the lower rate, if it goes up you stay at the one you locked in at.

Charles added that you aren't charged for that service it is a basic forward rate model, it is the best deal ever next to the marines.

JD reiterated that the overall cost they picked out of all of those examples that \$550 feels generally right to them. Difficult to know, but it felt pretty good. We planned on a 30% soft cost because we don't have patient rooms already to move so we don't have beds to relocate or an office with a mammo-machine. So, there is equipment that we will need that's new, they are feeling that they are staying safe with the 30%. And with the shared facilities, this assumes that there would be some commitment from the Sublette Center to help with some of the shared costs of working up there together so we can come up with the \$24 million estimate. If that number ended up being too high and unaffordable, they have a few options like going to 8 beds instead of

10 and built the building for those two extra rooms but didn't finish the interior work, we would save about \$ 300,000. Also, if we didn't do surgery right away, built the building but didn't finish inside that would be another \$1.9 million.

Dave thanked them for coming and reiterated that this is a preliminary step in the process this is not set in stone. There is still going to be dialogue with department managers, community, and board members but we have got to have some place to start and basically that is what we've got here. The numbers are going to change but we want to be conservative and open with the public, He said he would rather we have worse-case scenario here and have too high an estimate and come in lower, than the other way around.

Bettina Sparrow asked if there was any idea about time to completion.

JD joked that Bill asks him that every time we meet, it's important, they can work very, very quickly, if you are ready to proceed and the county commissioners are willing to support to commit to the project. He said we can try to be in the ground by spring or summer of next year. And were planning about 18 months after that that brings it back around to fall, before the winter of the following year.

Ms. Boman reminded JD that we need to make sure that somebody was going to check about renovations in the Marbleton Clinic because we don't want to leave that out of the equation.

JD said that currently the Emergency Department is fine. Is the clinic in the end what we call an office building, not what we call a hospital building? Even if it was free standing apart from the hospital, it would be okay in that kind of building construction as long as you aren't keeping anyone for 24 hrs. So, it might be necessary to separate it from the rest of the facility with a 2-hour constructed wall, and so it just depends on how the District want to be reimbursed for that from the folks that are there. He thought that there were some dollars outside of this project that could pay for that.

Ms. Boman agreed and just wants to know what we need to do to get it done.

Mrs. Seipp asked JD if they have ever used design build contractors for these things, and how did it work for them?

Charles wanted to answer this question and mentioned that he is a banker for the Department of Agriculture. The USDA does not like design build, there has been a big move in Washington to get them to accept it, there is a lot of resistance to go into these projects, they much prefer that the client has their architect on board to figure out what it can become and that we go out to bid in the community. They feel that a better product is created as well as a more efficient one. Now a design builder will come up with a different argument. Now from his perspective, having looked at this from Washington DC they're not going to approve design build.

Mrs. Sparrowe commented, coming back to this clinic here in marbleton, there were some issues with ventilation. Have you found problems that would require separation of ventilation down here?

JD clarified, “Separate ventilations for different parts between the buildings?”

Mrs. Sparrowe said “Separate ventilations with a separate return for the ER and the rest of the building.”

JD said that they would have the duct work connected so a fire damper or smoke damper might have to be added but it might have to be separated and Mrs. Sparrowe had a good point In conclusion \$24 million is for the CAH and shared services, but they are hoping to come back to the community commissioners to have a discussion about the LTC and it’s needs.

To wrap up the presentation the Davis showed us an example of what the hospital might look like based off of some of their inspiration; region, local architecture (libraries, clinics etc.), materials seen around the area. A lot of wood, which is an easily available resource, and natural materials that they hope to incorporate.

Charles asked “How are you going to work with the interior of the hospital to preserve the heritage of this community?”

“Good question,” JD answered, “we really will dive deeper into the subject once we move along with the project. The idea is to similar materials that we are using on the exterior. We love to get input from the community.”

Mrs. Sparrowe mentioned our thriving arts community, and not to mention a cowboy ranching community so that’s a big part of what our culture is. And she thought that it could be a display location for local artists and other things. (Like the walls at the library.)

Mrs. Sparrow had one last questions about the beds. “How long a stay would a person be allowed to stay in the beds here.”

Dave answered, “Inpatient people, an average of 96 hours, the swing beds are different.”

Mrs. Sparrowe said that is just a standard then?

Dave confirmed that it is the rule

Charles did mention that it doesn’t mean that the clinic is going to kick someone out, it is an average.

JD wrapped up the presentation.

Intermission:

Dave announced that we are planning on having them come back in a couple of weeks, hopefully we can set something up with county commissioners, and it will be changed again.

It was a collective decision that it is important to include the staff in the planning process along with the clinical leadership.

Routine Business

Nursing Report – Vicky Marshall

She mentioned her participation with the health care coalition and she was able to get another 2 AED portable defib devices for the Game and Fish and it went to the hatcheries.

- 2 more nurses completed their certifications for ENPC (Emergency Nurse Pediatric Care),
- EIRMC came up and gave the staff an in-service.

Dave mentioned that Vicky participated with the EMS department (basically a lot of us showed up) for the Life, Are You Ready? event at the showgrounds. Basically it was about 300+ people that participated. He included that Emily and Bill were there. They had a helicopter come in and a car crash which was pretty awesome.

- Vicky mentioned that a representative from the WY Department of Health came and replaced all of our biologic and radiological kits as well.

EMS Report/Bill Kluck - Dave reported for Bill

- Dave mentioned that an ambulance blew up this month, we lost the engine, and ordered a new engine we are waiting for it to come in, about a \$6,000 fix.
- We had a garage door break and that is the high and low lights and we will have a meeting set up to talk about the logs after this meeting

Administrative and Finance Report/Dave Doorn

Dave gave everyone a print-out of the statistics for the month, he mentioned that it's a work in progress but he wants to be able to track our activity in the clinic, it doesn't necessarily mean dollars and cents but it means basically how many people are using the clinic. He has included visiting providers and everybody in there. If you look at Marbleton its adjusted there to 1%. Basically, Marbleton had kind of a flat month we are up 1% as far as total activity in the clinic. He said that Pinedale did well this month, and that they are up 22% and it was a combination of a number of things. X-ray was busy this month. This comparison is from this September compared to last September. He said that he will do this every month because our business is so seasonal. If you look at the bottom our overall activity went up %15.75 for the month. So that's a number that himself and Emily are going to be looking at very closely, we are going to be doing different marketing things, we are trying to figure out what is going to work and what's not working. He explained that he broke it down by individual lines so it is possible to see what went up and what went down. He would appreciate some feedback as well when everyone gets a chance to look at it. If you see something that you want changed on there, he will be glad to do it.

Ms. Boman asked him, “How are you monitoring the new patients? The same way that it has been done?”

Dave confirmed that it was the same as it has been done in the past but he is going to meet with Kristy, Vicky, and Sharon sometime next week to talk about how they are doing that because it seems to be all over the place. He said that this month there was a good increase in Marbleton but opposite in Pinedale.

Bill asked Dave again, “Have you been doing it the same?”

Dave confirmed that he thinks we have been doing it the same but will need to verify.

Mrs. Sparrowe made a point, “I hate to say this but I have to, a patient coming into the hospital is not necessarily a good thing. It means we are sick! That is not a good thing, so can you look at it the opposite way too? I had to say it thank you.”

Dave mentioned that we had a nice pick up of 10% on our EMS services, Vicky has pointed out to me too that our acuity has gone up.

Vicky confirmed that the patients we are seeing are sicker, and it takes more resources and it takes more time to manage those patients and do what is needed with them. She thought that it is just a trend in healthcare and as the older you get you get sicker, it’s just the way it is and so our patients are getting sicker.

Dave pointed out that looking at especially the x-ray visits, especially in Pinedale, with the CT, x-ray, and ultrasounds are all up. He went on to mention that Sarah our ultrasound tech is changing her schedule. She used to work 4 days, and now she is changing her schedule to 4.5 days, it will give us an extra half day to schedule ultrasounds.

Dave then moved onto financials.

He mentioned that we have been really consistent, and are showing a positive \$55,000 after we bill out for our adjustment. So our total expenses were \$634. So we are well below budget, there was not much to talk about there, just a normal month, pretty consistent. He said that the budgets are looking really good, but he knows some money will be spent on the scheduled radiology equipment delivery on Oct 23. A new mobile will be coming in on the 23rd in Pinedale, then the in-room stuff comes 2 weeks later. After the first of the year Marbleton and Big Piney will then receive theirs as well which will be a big chunk of money that has been budgeted. He mentioned that the bids came in about \$15,000 lower than what we had budgeted for the year

Ms. Boman commented that it is looking really good looking at the YTD budget.

Dave said that another thing to note is that he makes that mill adjustment/levy adjustment every month, typically a big payment is received in November so those adjustments will look a little opposite for a while, but he is trying to make all months look the same every month.

He welcomed Emily and mentioned that she is off and running with our public relations.

Public Relations Report / Emily Ray

Emily mentioned that last month, her goal for the most part is to get us back out into the community to let every see what we are doing and get a little bit more participation and get a little more positive light shed on the District because there has been a lot of transition. So, in short the more consistent and informed we can keep everyone including our staff and the community will bode well for us.

- We started a movie theatre ad, it is a 15 second clip it is a business we hired out through Minnesota but they actually compile everything for us and we reserve the rights to the video as well and so that will be something that will be shown at the beginning of the Marbleton movies. It will be running for 6 months and after that it can be changed/updated. A lot of the faces of the clinic are going to be on there.

Ms. Boman asked the cost for the ad.

Emily said \$1500 and \$100 for the additional rights to the video itself to use on the website, social media and even you tube if we would like. A full-page ad was also put into the PHS yearbook to support our high schoolers.

She mentioned that we have been trying to advertise for our events to get participation and expand upon that as well. That Life Are You Ready event was excellent and it was fun to see our whole community. They had about 32 different entities involved and we took the opportunity to pass out promotional material with that. We had gift cards that will hopefully go to the schools and school nurses in the future but we passed out a 10% discount card for any kids k-12. And we passed out about 200 of those in the hopes to get more kids into the clinic in that respect. She said that she is also trying to expand on the Lunch and Learns and the Library was open to have more lectures at the library in Marbleton as well to be sure to include the entire community and again benefit Marbleton and make them feel like we include them equally.

She also mentioned the Q&A session in Marbleton at the Senior Center on October 31 at 12:45pm and mentioned that we are trying to schedule one in November in Pinedale as well.

She said that we are invited to Marbleton and Big Piney's downtown Halloween.

She also mentioned the effort to increase our social media use overall and so she did increase our presence on Instagram, Twitter, and obviously Facebook, which is a widely used platform here for any news feedback etc. She said she has been working on website improvements as well and hopefully with that, any social media posts, events flyers, etc. will bring people to the website. All toward the goal to provide them a little more information on what the clinic offers, also some people that wouldn't come here would see something on there and we can get new customers that way.

She mentioned that the Clinics have also been working with Sublette County Prevention Coalition and they have been working on packets with actual vaping devices that have been confiscated by the schools. (They said they have a lot of them). What the coalition would like is

contact through multiple points so that is something that has been worked on is getting the clinic, not just the schools implementing this by getting the students in with the parents while waiting for the physicians, they have these packets and actual vaping devices they can refer to and actually learn about and hopefully predictable preventable the more education the better.

She mentioned that she has also been working on more promotions, better communication, and hopefully more education for our community. But she would like to transition later on once we get this going and get more comfortable with what needs to be done, that we can do a little more data compilation and CAH support. We can really get that out to the community and get the proper numbers out there and get the support we need for what you want.

Mrs. Hoffman mentioned that she loved the vaping idea and that the schools have such a huge issue, and they were just using a shot gun approach to teach prevention. She did ask Emily one question about social media, “what is the feedback like? It has been really negative, are you getting positive feedback at this point?”

Emily agreed and mentioned that when she came on there was one very negative review, the Facebook page hadn't been used for months, but the one thing she did notice was we had a post about Brad before she was hired and was doing some research. She went into detail about the post which welcomed our new provider Brad, and someone said “Well we sure have a high turnover rate for providers!” I definitely see where Tonia's question is coming from. She said that she has done an average of 24 posts over 28 days and all of them have been positive, and she hasn't had a negative one. There was one right when she was hired but Dave and Emily approached that immediately. It was a complaint about our answering service, call service, that was reflected upon our employees, so we called the call service, they contacted the clients and they took that off of social media. She went on to say, on average we have about 900 followers, 11 new followers, 7 new page likes, an increase of 30% in page views which is great our reach has been increased by 49% and the best number was an increase in post engagement and here was an increase of 1700%. An example is that we posted that Jason renewed his 3 year contract and we had 83 ppl respond and 10 people write and favorite or share. In short she thinks that if we get that consistently out, all different posts, colorful, easy to navigate, then she feels that we can keep it positive but if anyone is negative towards any of it then it will be important to approach them immediately. She mentioned that it is not a passive aggressive move that you can have in this town, you kind of have to nip it in the bud right away or it gets out of hand.

Mr. Johnson said that he really thinks that she will change the Public Relations which have been in the pits.

Dave mentioned that Emily is also doing a lot of work inside the building, we are trying to improve communication with the just staff alone and he felt that she is doing things that are really going to help.

CAH Committee (Bill Johnson/Mike Pompy) - Sublette Center Merger - Ball Field Purchase • Building Committee (Mike Pompy)

Ms. Boman said that she didn't know where we stand on the ball fields just yet.

Mr. Johnson answered that the town has now granted Jorgensen a contract and so they are going to now do the cost estimates to see how much they cost.

Mr. Pompy asked bill if he has gotten any feedback as to when they might be able to allow us access to at least one of the ball fields?

Mr. Johnson said that it was all voted for but he thought the timing is way off, and that they need to settle their inhouse stuff first.

Mr. Pompy though that we may have to have options, He would hate to go back to Davis and say “well, I don’t know how we are going to do this and we have to change the location.” He feels that we are putting all our eggs in right now and if that basket has a hole in it.....

Mr. Johnson mentioned that he doesn’t think that backed up on our plans at all.

Ms. Boman clarified that they haven’t backed out of their commitment, they are just frustrated that the school has kind of backed out on theirs, but as far as their relationship with us they are still good to go. She mentioned that she had intended to do some research on the Marbleton ball fields too to see if we can approach them with some sort of commitment from the Rec Board or whoever needs to be involved in that division to see if we can speed up that process a little bit

Mr. Pompy mentioned that he saw recently that they are asking for donations, and he talked to one person on the Rec Board. He said they have money; they are just waiting for somebody with a plan. They are talking a million dollars, so that was an option that Bill brought up last meeting or a few meetings ago that having these ball fields down here available for Pinedale to use would at least free up one ball field so they can break ground early next year.

Mr. Johnson confirmed that they are still planning that

Mr. Pompy added that there were concerns about the conditions of the ball field but somebody is working on it so he and Tonia have discussed this and they are going to find out who is involved in this and help provide suggestions on how to do this. He confirmed that he knows the Rec Board is ready to help out they just need a plan. Those are my concerns a in order for us to move forward we have to have a plan.

Mr. Johnson volunteered to talk with them and they have never indicated that we can’t start June 1st that still the plan. He went into further detail about the fields stating that they’re going to try to make a small field work better they have two fields they also have the soccer field potentially that can move the back stop and the fence over to the soccer field. They know that they have to make a change and give up that first ball field, he didn’t think Monday night was a good time to talk about it. They are still in a rub because the school backed up on them, they thought they were going to move down next to the highway and the baseball fields and soccer fields there would be a nice thing for people driving into town to see and now it’s going to be soft ball fields so in short, they are upset about that but that has nothing to do with what we need.

Ms. Boman pointed out that it was between the City and the Schools.

Mr. Pompy stated that he needed that update to know, the city stands with the District and if they are still looking at our time table to at least start on the first of June. He did mention that he would like to start sooner.

Mr. Johnson said that we will push all that off of them. He thinks that they also need the commitment of getting the financing and that the June first thing is plausible, maybe even May 1st, but he felt that it was just the wrong time.

Mr. Pompy said that he hates to get in a big hurry to build this thing but looking at the figures and how much they are going to increase and how much we need to increase the District's funding and where they get with Medicare and as well as still waiting for the Eide Bailey report. He mentioned that he has personally talked to Eide Bailey in the past trying to figure out how this Medicare reimbursement is going to be calculated and how much can be expected and see how the numbers compare to what the previous plan estimated. He said that they are difficult to come by, they are hard to figure out and he is hoping that this new report will clear a lot of that up. He said, we have seen the numbers from Davis on what they are predicting on this. It is not as low as he had hoped, but there is some indication that maybe the last plan was not realistic either, we are still lower and still have a nice facility to serve the purpose that we need.

Mr. Pompy asked if there is any way we can get together and discuss these ideas and come up with an agreement on the direction we want to go so everybody has had an input and we can all agree on the direction that we want to go.

Ms. Boman mentioned that that's part of what the board was doing today, she mentioned that we can get together any time and call a special meeting, it will be a public meeting.

Mr. Pompy wasn't sure if it is premature or not but he would really like to listen to everyone's concerns, what they like about the plan, what they don't like about the plan, and how they'd like to see it changed, and we all sit down and say hey that's a good idea and they might have a different idea and it would be possible to come up with one.

Mr. Johnson asked "But don't you think we have until January to get all that done? We need to start on it, work our way along but we don't have to have a final plan right now."

Mr. Pompy thought that a final plan was needed before it goes to the USDA.

Mr. Boman commented that it just had to be a preliminary plan. And that a report from Eide Bailey must be done and that can be sent as well. She also spoke to Dave saying that there will need to be a number of meetings, especially with the staff and get a report together on everything that they are looking at and we are going to have to get together again as well. She didn't think there was an immediate need but would love to see us have a special meeting that included the commissioners to show them where we are going and get input from them but as far as the detailed planning there is a lot of work to be done you are right. Also, she thought that JD and crew's willingness to come back should be taken advantage of.

Mr. Pompy agreed

Ms. Boman mentioned that it was talked about, getting together with the commissioners, and if JD was open to come show them what is being worked on to get their opinion is a possibility. She mentioned that it is possible to ask to be on the commissioner's agenda any time and maybe instead of an executive session ask to be at their next meeting which would be the 5th of November.

Dave said that it something to think about, and that we can just go to their meeting

Ms. Boman thought that it was a possibility to ask for a half hour to buzz through it.

Mr. Johnson mentioned talking to Dr. Burnett.

Ms. Boman said that she talked to Tom already and that he is willing to do whatever is needed.

Mrs. Hoffman reiterated the importance of having a conversation with the commissioners to hash these things out.

Mr. Pompy said "Those are my concerns, so I guess we will work on it and JD is coming back in a few weeks to give the presentation it would be necessary to provide that info to them prior."

Ms. Boman confirmed that they are going to send us the packet of everything and it was a possibility to give that to the commissioners to look at it any time and then we can go to their meeting and go over it then if they have any questions and want to go over it and have any questions then JD will be there to answer any questions and we can discuss it on the 5th. She asked, does that sound reasonable?

Mr. Pompy agreed that that's a step that needs to happen soon, and mentioned that the District has some figures and are looking at the high-end cost right now.

Ms. Boman observed that the costs are higher than the first presentation, they have come down some but we need to go further if we can. So she thought that's what JD will probably bring back when he comes back in a couple of weeks so we need to get on the agenda for the next meeting.

Compensation Committee (Marty Seipp)

Mrs. Seipp said that there is a whole lot going on but not a lot of progress to report. She is working on the job descriptions and those need to be completely overhauled, so they are trying to sort that all out and it will be a while. She is not sure how soon they will be finished with the project. The committee thinks that it will be bringing in a few at a time which was confirmed by Tonia.

Ms. Boman said that she started looking at them and there are a lot of corrections and different changes that need to be made and we need to run them by Clay too, even if a few are done at a time.

Mrs. Hoffman agreed that something should be set up to get through those and ready to approve

them at the upcoming meetings.

Mrs. Seipp agreed that it was best to do a few at a time because the board can't digest that information in one shot but it is coming along, it is a big project.

Mrs. Hoffman mentioned that they are also working on the tuition reimbursement and the committee met about that after the last meeting, so they are working on that project as well and hoping to have something rolled out on that by the first of the year as well.

Public Comments

LouannHeydt asked, "What's going on with the town of Pinedale? Are they trying to move in a direction here?"

Mr. Johnson said that they are upset, they wanted the ball fields to be bigger, better, wow factor, that's the reason for moving it all because they want it better ball fields are the right size so they can have tournaments and draw people. They are just totally disappointed in the school after indicating that they were going to do it the school decided that wrestling was a priority. So the town is still going to move down by the bus barn and build the soccer and softball fields but they've filled up by the school. So instead of saying wow we will be down there and the hospital will be up there, some of the council people focus in on the things that aren't going to happen. They can sound like they are unhappy, when they really aren't, they are really happy about the hospital but they are having a hard time with this ball field thing.

Ms. Boman added, mostly because they were expecting project b – the enhanced project. What they have now is what is comparable to what they have, and they will have legal sized fields, it will be better but not going to have soccer fields and other amenities.

Louann Heydt went onto ask, "How long do we wait until we get pressure to get to the final step?"

Ms. Boman Clarified that Jorgensen is going to do the engineering and so we are just waiting on that to get the final cost.

Mr. Johnson added, because we have committed the million dollars to help them, 3 entities, the town, our million and the third person. It may only end up costing 2.4 million so it will drop down to \$800,000 for each of us but we are not sure what Jorgensen is going to come up with.

Ms. Heydt asked when they will have that information and Mr. Johnson said that it will take a while to get that information because they have to plan another street because they don't want an entrance right off the highway and they want to ensure that kids on the bikes come in the back way because the bike path is on the wrong side of the road because we can get out to the highway department and then have them cross the highway. Barger Creek goes underneath the highway and Mr. Johnson has looked at it as well as Jorgensen, and there could be a bridge built under Barger creek. It's all solvable he said, they just have to figure it out.

Louann then went to ask Ms. Boman, “You were asking about whether or not they were going to be able to approve this CAH, and so this group will be checking that part out too, instead of the money that is set aside for that? Will that go into the loan then or won’t you use what was put away?”

Ms. Boman replied that we might possibly give a donation for that

Dave commented that we don’t know how that is all going to work out, that is pretty hard to predict right now.

New Business

None

Old Business - Job descriptions

Ms. Boman concluded that there are a lot of changes that need to be changed in the job descriptions, for example we don’t have a practice manager and that is in the job descriptions and there are a lot of changes that need to be made. She plans on working on those, and once they get closer to where they think they should be, it would be important to have Clay – the District attorney look at them.

Clay said “That as you guys go through them if you have any questions give me a call shoot me an email.”

Routine Business -Approval of Payroll and Bills

Mr. Pompey motioned that we pay the bills in amount of \$634,672.31
All in favor, motion carries

Adjournment

We have motion to adjourn
Mrs. Hoffman seconds it.

Minutes taken by - Emily Ray

Wendy Boman, Chairman

Dave Doorn, Administrative Director