



**Sublette County Hospital District Board Meeting Minutes
Feb 21st at 5:30pm - Marbleton Town Hall**

Board Members in Attendance

Tonia Hoffman – Board Chair

Jamison Ziegler – Vice Chair

Kenda Tanner – Secretary

Dave Bell – Treasurer

Ashli Tatro – Trustee

5:30pm: Board Responsibilities – Started at 5:47pm.

The Crank Legal Group, Abbi Forwood and Lena Moeller, presented on board responsibilities. Topics covered included: Wyoming Public Meetings Act, Types of Meetings (regular, special, emergency), definitions of “electronic communication” including emails, texts, FB chats, and instant messaging. There was also discussion about Executive Session and legal reasons to go into ES. Also talked about how to make a motion to go into ES.

Meeting Call to Order 6:12 p.m.

Pledge of Allegiance

Set Agenda – Dave moved and Kenda seconded. Motion passed unanimously.

Department Reports: *Administrator’s Report: Dave Doorn/Mike Hunsaker*

(Nursing, Lab, Radiology, EMS, Business office, PR, Grants and Medical Directors’ reports) –

EMS Continuing ALS, BLS classes. The EMT class is going well. Did stand by for Winter Carnival and doing the free EKG clinics today in Pinedale and Thursday in Marbleton. We received a \$55,600 grant for EMS class equipment including mannequins, training arms, etc.

Lab, Nursing & Radiology Vicky reports that nursing is doing well. Her and Kristy attended a conference. Lab has nothing new to report. Radiology is short a person due to an injury, but we are working around it.

Public Relations was focusing community education around the project and the future plans. She also set up Health Roundtables with both Marbleton Senior Center and Rendezvous Pointe. Kari has also been busy introducing Lindsey to the community and will be setting up a photoshoot, newspaper interview, KPIN interview and more.

Grants – ARPA grants are wrapped up: including an Electronic Medical Records (EMR) grant for \$99,6000 to connect our EMR to the WyIR which is the Wyoming Immunization Record. And a \$55,600 grant to purchase new EMS class

equipment and more Harris base radio stations. The last FEMA grant came to \$35,000. And finally, Kari applied for a \$910,000 grant to replace the HVAC systems on the Pinedale and Marbleton clinics. The next batch of Wyoming Workforce Training Grants came to about \$10,000. We used to just pay out of pocket for that, but now we get reimbursed. The \$500,000 grant for the Marbleton Clinic ER remodel is still TBD. We may need to look to future grants to get this project completed.

Business Office, Zero patient complaints in January. Great news. Working with Lindsey on the Provider bonus program.

Dr. Burnett has attended several meetings and recruiting.

Dr. Wallace is also working on recruiting, as well as trauma reviews and wants to re-establish the concussion management protocols with the School Districts.

Lindsey reports that recruitment is going well. We have so many applicants that we need to pause and do a needs analysis. She is working with Michelle on looking over the LOCUM contract. Dr. Eder will have his Wyoming license taken care of this week and then they can start credentialing him. Lindsey's first provider meeting is Monday and wants to find a way to honor all their hard work. Dr. Burnett is taking on a mentorship program to meet with each provider one hour per month!

Dawn – January average census was 38.2 with 1 Medicare (which is a very low number for Sublette Center). In January it's usually lower, as people wait to have surgeries towards the end of the year with their deductibles. There are 19.2 Medicaid and 12 private pay (which is a robust number). It's tapped at 40, and they won't increase any more till they have more Doctors. They current doctors are being heroic offering to take 20 at a time.

The State Operations Manual (the regulatory rules) are 817 pages. It grew by over 100 pages. It spells out the Conditions for Participation. It should have rolled out in 2020, but COVID rolled out instead. So, it's just coming out now. This is the third and final phase of new revisions. It's the manual for CMS care and oversight.

The QAPI report was passed out by Dawn. The State measures quality indicators. These are metrics such as number of catheters to be sure that patients are being actively cared for. Also track falls, anti-psychotics, weight gain or loss, etc. That's why these are important: are you taking care of the patients? Also track movement and high-risk patients.

Dawn notes that the Medicare days number is nowhere near national average, because we are a small community without a hospital. As we move towards hospital, Dawn anticipates that number getting higher and higher. You cannot go to a nursing home and expect Medicare to pay unless you have been at a hospital. So, we don't get a lot of Medicare.

Dawn also noted that Sublette County is exceptionally committed to taking care of their family members, so often they don't stay in Sublette Center very long. It's a testament to the character of this community.

With COVID, patients ate in their rooms for a year. As they move out of that back to Dining Room meals, there are patients who want to continue to eat in their room. But that stretches the staff. They are looking at how they can manage this and still respect people's choice on how they want to live.

The goal for 2023 is to address a potential staffing mandate. In 2023 there is potential that CMS is going to impose staffing minimums. The current proposal is 4 hours per patient day. In LTC, everything comes down to that patient stay. We are currently at 3.25. We are being consistent on Quality and QAPI with 3.25, and this would be an additional hour which equates to a full FTE. We aren't going to hire until that mandate comes down. We are doing a good job now on less than that, so why would we hire more? The second challenge is the Medicaid reimbursement gap. Currently your Medicaid cost per patient is \$282.73. The national average is \$286. The current Medicaid reimbursement \$243. (and remember that we already get the upper payment level for our type of organization, but when we are merged and part of a Government organization this upper payment level will go up) This is a loss of \$49 per Medicaid resident per day. Times 19 residents across 365 days, it really adds up. This is why we need so much County money.

How can we reduce that? We've been reducing management hours. As people leave, we've been dispersing their work rather than hiring replacement people. They are also looking for efficiencies. They also quit manning the cafeteria in the weekends for the apartment residents. Meals are served Obviously, the increased upper payment limit will help as well. The complication in all the numbers I've presented today is COVID. Prior to COVID, the cost per resident per day was \$230, so it's gone up \$50 per day. And we have \$750,000 in grants, but how do you make long term plans on this short term chaos? And we want to work towards figuring out how we open a Memory Care, as that is new.

Tonia thanked Dawn for coming and asked Dawn about staffing so the board is aware of her needs. Dawn said this is a challenge. Nationally there are 133,000 open positions for CNA's. Sublette County has an affordable housing challenge. Sub Center doesn't use travelers with an agency, but they have figured out a way to cut out the middle man. They have some LOCUM's that they hire directly called contract people, and currently have a contract CNA and contract Nurse. Dawn worked last weekend pushing a cart, and when you've reached that level it says something. Staffing is the main challenge to face in 2023. Tonia asked if there is anything as a board they can do to help. Dawn said SCHED's nursing staff are already willing to help and they work together well. They've adjusted some nursing hours to make it more friendly to mothers who want to work.

Mike added that having CNA programs can be helpful. Dawn noted that one of our staff nurses is on staff at Western Wyoming. They have a CNA program going with her teaching it. It's a partnership with BOCES and Western.

Committee Reports:

Finance Committee-Kenda Tanner/Dave Bell – We postponed the meeting last week because Dave was sick. So, they just met this evening. We had a great month, last month. A net income of \$291,000. It's the kind of month that you hope you have more of. Good revenues, no issues, and the staff did a terrific job from top to bottom. The Committee spent time today going through the Balance Sheet, making sure we understood the Journal Entries to adjust upon completing the audit and transferring the value of the buildings that the County has deeded to us. This makes our building asset \$26 million.

We had some questions about some of the Leo Riley items provided to us and we are going to have a follow up meeting to make sure we understand what those JE's are trying to accomplish. Finally, the transfer of \$1 million into saving is complete.

Mike, Dave and Lindsey are going to be working on the Rural Health Clinic designation. It's time to move full speed ahead in determining if that is a good fit for the future. Also, Bill Kluck has come to us with an idea about maintaining the ambulance fleet. Dave notes that Bill works on his equipment like no one he has ever seen. He constantly worries about if his equipment is up to the task. That's important, because we are rural. If you were in an ambulance, it needs to be in working order. Bill has an idea to remount an ambulance and take a couple hundred thousand dollars. It's going to take 9-12 months to complete, due to availability of parts. We are interested in putting part into this year's budget and part into next year's budget. We need a firm equipment management plan. The District went for a while without replacing ambulances, and we need a plan going forward. We want everyone to be aware that this is coming. We would also like a pro forma on the Community EMS program and we want to hear back on that. Bill should come with some ideas in March.

Cash flow had a \$142,000 positive cash flow for the month. We reviewed the charge revenue report by Physicians, and had a few items we pointed out, but no action taken. We have 260 days cash on hand, and the goal is 225. We are on target. Went through the check register. We talked about how much money we are spending on Henry Schein, for example it was \$60,000 last month. They supply all of our departments with medical supplies.

A few months ago, Kari brought a proposal for Fredrick Mountain Group (FMG) marketing out of Jackson. They are a company that could greatly help with our website, making it more user friendly and more expansive. They would

also do marketing around particular service lines we offer. We sat on this proposal for a month and then Lindsey took a month to dig into this group and reports that they are quite reputable. Upon Lindsey's recommendation, we would like to recommend to the board that we spend \$4000 per month to retain FMG. They will provide metrics to judge if we are making any progress. Now is a good time to execute that, in light of today's events. The money would come with realigning within the budget and payroll within the staff.

We also spent quite a bit of time digging into the budget process. This board needs to approve a budget by June. It will go to the final board meeting in July, but Michelle is well under way to beginning to work with our departments to start to craft the budget. As a committee, we want to approach it differently this year. Now knowing where we are headed, we want to build the budget from the bottom up rather than the top down. We want to see what we need and this process will unfold within the organization. Dave also added that Lindsey is digging into staff salaries and how they compare across the region. We don't have a lot of info, but we have some indicators that things might be a bit out of balance. We want to see if our pay scales are where they need to be and if benefits are where they need to be. We haven't done this for a long time. This is a good exercise to go through. The Committee wants to bring a draft budget in April, revisions in May, and a final budget in June. Dave is glad we are doing it this way.

Tonia asked if this was necessary because we went through a fairly extensive process with pay scale a few years ago. Tonia asked if we are out of alignment already? Dave said he didn't have enough information to answer that question yet. Lindsey said she was preparing the Finance Committee to understand that Sharon has done so much research in the last couple of years, and so has Michelle. Our goal has been to have 72%, as the target for labor costs on our expense sheet. But Sharon has educated Lindsey that our wages, our direct compensation needs a bump. We are out of alignment. So, if we have hit the goal of 72% on paper, then Finance Committee might say great, we are on target. But Compensation Committee will be coming to say, actually we are not on target with direct compensation. So we are doing an overall look at indirect compensation (benefits, PTO, etc) and hope to have an "Overall Compensation" to present to employees and the Committees. Lindsey is giving a heads up that there is more work to do here. Don't mark this one as done.

We have received information from Tegeler, and we are going to invite Tegeler to our May Finance Committee meeting and have a comprehensive conversation about our insurance, including property insurance, liability, etc. We set a deadline to have a detailed understanding of our insurance before we become a hospital, so we know what we need and where to buy it. This is the start of this process. The board is welcome to participate as much as they like in this conversation.

Lastly, the Audit RFP has been approved by the Finance Committee. It's ready to go to potential accountants that can handle our needs. We are going to ask the Wyoming Hospital Association to advise us on Accountants that could handle the type of audit that we will need in the future.

Tonia asked about a Physician recruitment fee, and Dave Doorn clarified that it is a fee for finding Dr. Eder. The rest of the recruitment doesn't have any finder fees associated with it. Ashli appreciates the work Bill is doing, and how much attention he is giving to having the equipment. Dave Bell said the budget they will be bringing is operational (keeping the place running), a capital budget for things that we need to improve care, and the amount we need to put into reserves. We'll have to balance all of those things. Mike added that we will have a Revenue budget, estimating what revenue we will receive.

Building Committee- Jamison Ziegler/Tonia Hoffman Our building committee has been solely focused on one item. Karl Lueschow attended via zoom and congratulated the board on delivering the message clearly. As a result of the decision today, we are now going full force towards a May 1 start for construction. Karl has already touched base with Macey on the Stroudwater side and the Davis Partner Architects. We have a lot of work to do in the next 10-12 weeks. We'll meet on Thursday morning and start really looking at the process.

Tonia asked what the hard date is to keep the surgery as part of the project. Karl said ideally we have those funds committed prior to fabricating the steel. If we don't, then it will lag behind and need to be added on at a later time. Karl asked Jeremy early today, and they feel that it is roughly \$2.5 million to build the same shelled surgery space at the end of the project. Karl will continue to pursue what is the deadline for fundraising and not lose sight that we want those surgery suites in the project if possible. Ashli asked what the procurement timeline and the fabrication timeline for steel and Karl thought it was quite soon. If we start on May 1, then by June 1 we are putting in foundations and starting to set steel in July.

Tonia said that to back up and be clear, but after a few weeks of stress in trying to find funding to close the deficit, the County agreed to award us the \$5.4 million ask. Tonia asked us all to thank our Commissioners, because it could have drastically changed the course of the project. Karl added that in talking to Macey, they will need a letter documenting the \$5.4 million. Tonia asked if meeting minutes would suffice. Lorraine Werner would like to start on the paperwork tomorrow. She will be giving us guidelines.

Merger Committee-Merger Status Update -Tonia Hoffman/Kenda Tanner – Tonia and Kenda had nothing to report. They are working to bring together the two boards. The attorneys are working to try and get the official Sublette Center Two board formed. Right now, we are attending as guests. Kenda would like to take a moment to recognize Lara Hayward for 25 years of service to the Sublette Center.

Compensation Committee- Tonia Hoffman, Kenda Tanner, Sharon Rutsch – Sharon reports that we will be meeting officially as a group on Thursday. The goal is to give Tonia and Kenda a history of compensation and guide them into the future. Dawn is also on this committee.

Quality Committee-Ashli Tatro – Discussed improving patient access to care. The ER / Urgent Care committee met and continue to try and improve. Urgent care had 427 visits in January and overall visits are up 27%. That's a lot. That 5pm – 7pm time slot is the most used. We would like to expand the Marbleton Clinic hours to 7pm also, and are working on models for staffing that.

The practice of having the Marbleton providers come up to Pinedale one day a week, and it's helping people be able to establish care. Dave Bell said that maybe we should just try stay open till 6pm in Marbleton, and put our toe in the water. Tonia said it all relies on staffing, and how to go beyond our current full time staff and how to make that go further. Dave and Ashli both agreed it would really help working parents who get off at 5pm and need to get to the clinic.

Chartis update: Lindsey and Kathy Donaldson have been working a lot on this. They have started doing a lot of the hands-on work themselves and using Star Valley's policies as a template. Kristy Bartlett is our new Infection Prevention person and will be working with Shelli Davis at the Sublette Center. Kathy and Lindsey are finding a lot of places where we need improvement, in terms of where policies are stored and that they are locked for editing. They report that they are a few months out from policies that need board approval, but those will start to come.

Ashli touched on Physician recruitment. Dr. Cuda is a female board-certified physician who does primary care. Dr. Feinstein is fellowship trained in ER with life flight background and is interested in working in our ER. Kendra Head (Macgill) is a NP and has a ton of ER experience. She has family ties to the area and wants to return home. And finally, a PA whose husband is getting transferred with the Forest Service. We are doing a needs analysis, to see what we need going forward. Tonia also has a lead on a few providers.

We have introduced optional iPads for Patient Intake Forms. You can still get a paper copy if you want it. And the paper forms are all filled out and all you have to do is update it. This process is going very well. Patients can also go online to My Chart and do their paperwork ahead of time. Ashli is seeing that required at other practices, which would be another option. We are looking at getting some SVH visiting providers and we are working on the scheduling component.

Employee satisfaction survey, the number one complaint is pay, so we are working on getting the “Total Compensation” forms to employees. Still getting these finalized. And also working on having both Cost of Living Adjustments and incentive-based pay increase annually for employees. The other two items are creating a “culture of trust”. Dave and Lindsey are looking at having weekly video updates to all staff. The Sublette Center number one complaint is benefits. It’s costly to insure their family members, and they are hoping the merger will solve that. They are also working on supervisors addressing poor performance and new people pulling their weight. They are having small focus groups, which are helping address the problem.

Press Ganey ratings dipped slightly this month, but we had a bad LOCUM in the ER for two weekends and he will not be back. Dr. Wallace called every patient that the LOCUM saw, and we expect ratings to rebound next month.

Sublette County Health Foundation- Kari DeWitt – Kari reported that the Foundation had a board meeting on Monday and were off to a great start. There will be three divisions of the campaign, the Family Division (Board, Employees, etc), the Leadership Division (significant lead gifts with a goal for a total of \$8 million) and the Community Division (where the rest of the community, individuals, local businesses, etc can jump in and participate).

Kari noted that as part of launching the Family Division they would like to have a “Scrub Club” of employees who could donate payroll deductions as contributions. She presented a form that could be given to SCHD employees as soon as tomorrow’s staff meeting. They would recommend waiting to approach Sublette Center employees until after the Change of Ownership and a bit of the dust has settled. With that discussion, Dave motioned and Ashli seconded to approve the Scrub Club form as presented. Motion passed unanimously.

Kari also noted that they are wanting to expand the board to between 9 and 11 people total. They Foundation Board wanted to make sure the SCHD board was in favor of appointing the following new members: Louann Heydt, Joan Mitchell, and Sharon Rutsch. The entire board was in favor of these nominations and welcomed them to the team. Kari said she would reach out tomorrow with all the beginning information.

Dave Bell noted that the Case for Support is in Board Docs and encouraged the full board to read it. John Goettler has done an excellent job getting us off on the right foot. He and Kari have developed a list of about 40 potential lead donors, through her time at non-profits in Sublette County and his experience with Teton County. They have targeted three to approach to begin with.

Jamison appointed Kerry Majhanovich, Nancy Espenscheid, and Sid Stanfill to the Foundation Board.

Kenda motioned that we engage in a month-to-month contract with marketing group FMG. Dave Bell seconded. Tonia asked if it could go month to month? Kari clarified that we will be setting up revenue goals that we will require them to meet. The first one is routine lab draws. We know how many we do per month now. After a marketing push around this, we would expect the number to go up. Other focuses include Echocardiograms, Urgent Care expanded hours, and donating to the Foundation. We will be able to provide monthly reports on these marketing drives and the board will be able to see if they are generating new revenue, which would cover the cost of the marketing. Motion passed unanimously.

New Business

Policies – Lindsey reported that last month we had 135 hours remaining with Chartis. This month we have 133 hours remaining. It’s excellent news. Next month we will start working on the strategic plan. Kathy has reported that the assessment is almost complete, and the health of our policies. It’s not great, and we have a lot of work to do. Assessments are just that, and we have a great team and plan in place to move forward. We are only one week off in our strategic plan. We are focusing on data collection and formatting, not so much the content to start. Star Valley Health has been so generous and helpful. The Credentialing department is helping us now as well. Lindsey thinks we will

deplete these 133 hours and we will have another ask. We also hired a 1099 helper in her early 20's, and she's smart and great about helping. Tonia thanked Lindsey for being so careful with our dollars.

Old Business

- Marbleton Updates – One of the major things Tonia keeps hearing around talking with people about the Commissioners, we have been in place two years and haven't expanded services in Marbleton. Tonia asked Dave what we are working on. Dave said that we are looking at the success of Urgent Care and how we can replicate it in Marbleton. We want to expand hours. Some departments have two people, so we can stagger. Others have one, so we need to plan around that and probably need to hire more employees.

On the project side, we must get going on the ER remodel. We went through some of the plan processes with Davis Architects and Dave needs to go back to Pat Davis and see what is necessary. There is also the potential HVAC grant that would replace the HVAC system which is 15 years old. We are working on the RHC designation, which is finally getting attention as we move forward.

Tonia asked what we can do to encourage the specialists to come to Marbleton. It's a subject that we haven't had with them for a while. The struggle is filling their schedule and being sure they have a full day of patients for their travel, but there is value in getting them there. Ashli asked if we have any visiting providers in Marbleton and Tonia said she just found out that we don't. Kenda was surprised and also didn't know we don't have any. Tonia said we need a conversation that maybe Pinedale people will have to come down to Marbleton for visiting providers. Can we split it? Dave said we can have those conversations about what they would require. Lindsey asked what would be the top requests, and it was generally agreed Pediatrics and Ortho with OB/GYN and Dermatology. Tonia said that any would be beneficial. Dr. Burnett said that perhaps they could split a day, with a morning in one clinic and an afternoon in another. Could we incentivize the providers to use Marbleton? We used to have these services in Marbleton and the public might utilize them if they were offered. Tonia noted there is a segment of patients who if they have to drive to Pinedale would rather drive to Kemmerer. Dave Bell said that he knows Steamboat Springs used to buy airline seats in order to incentivize the airlines to fly there. He asked if we could act on Dr. Burnett's suggestion to incentivize them to come to Marbleton? Abbi clarified that we can't promise revenue as there are anti-kickback laws. We have to be sure we don't run afoul of the Stark Law anti-kickback statute. The board thanked her clarifying that.

Jamison asked what is involved in the ER remodel. It's required by 2025, and in order to keep the ER in Marbleton, we have to build firewalls and change the layout some. Jamison asked and Dave answered that we have one set of complete drawings. We don't have final approval yet. We have also applied for a \$500,000 grant that would cover part of the cost. That grant is still "may fund" but is looking less likely. There may be more ARPA funding come down the line.

- Approval of meeting minutes Jan 25, 2023 and Feb 13, 2023 – Tonia noted that in the Jan 25th Minutes, Kenda Tanner should be listed on the Sublette Center Two Board member list. Also there were two typos on page 6: an old sentence under the Infection Control motion and the Transfer Agreement still listed. Both of these should be struck from the minutes. Motion to approved the corrected Jan 25th minutes and the Feb 13th minutes and the ES meeting minutes. Dave motioned and Ashli seconded. Motion passed unanimously.
- Approval of Payroll and Bills – Dave Bell motion to approve payment of payroll and bills from Jan 14, 2023 to Feb 10, 2023 in the amount of \$933,300.53 in payroll and bills and Kenda seconded. Motion passed unanimously.

Public Comment – Dr. Burnett expressed his gratitude to this board to get this project to the state it is. It’s been a struggle at times and you all have done an outstanding job and you need to be commended. Tonia noted she’s grateful for everyone in the room.

7:57pm Executive Session: *Personnel and Legal* – Dave moved and Jamison seconded to go into Executive Session to discuss personnel matters. Motion passed unanimously.

8:37 pm – Out of Executive Session.

Upon coming out of ES, Dave Bell motioned that the approve the physician’s contract for Jason Ray as presented. Kenda seconded. Motion passed unanimously.

Adjournment 8:38pm Jamison motioned and Ashli seconded to adjourn the meeting. Motion passed unanimously.

Minutes taken by Kari DeWitt

Tonia Hoffman, Board Chair

Date

Dave Doorn, Administrator

Date