



H&H LEADERSHIP SOLUTIONS

People + Process + Purpose

Operational Assessment April 29, 2024

Created by:

Thomas K. Steiner, FACHE

Senior Executive Advisor

H&H Leadership Solutions

tsteiner@hhleadershipsolutions.com

Charles T. Hall, MSN, MBA

President, Healthcare Advisory Solutions

H&H Leadership Solutions

chall@hhleadershipsolutions.com

Randy Lindauer, MHA, ACHE

Chief Executive Officer

Weston County Health Services

rlindauer@wchs-wy.org

Stephen J. Hartz (ret), FACHE, MBA

President, Leadership & Exec Recruitment

H&H Leadership Solutions

sjhartz@hhleadershipsolutions.com

Table of Contents

| | |
|--|----|
| H&H Leadership Solutions ----- | 3 |
| Executive Summary ----- | 3 |
| Operational Assessment Overview ----- | 4 |
| Board of Trustees ----- | 5 |
| Executive Leadership ----- | 6 |
| • Organizational Culture ----- | 7 |
| • Leadership Structure & Development ----- | 8 |
| Medical Staff Partnership ----- | 9 |
| Marketing, Branding and Messaging ----- | 10 |
| Quality and Regulatory Assurance ----- | 12 |
| • Compliance Program ----- | 13 |
| • Risk Program ----- | 15 |
| • Privacy and Security Program ----- | 17 |
| • Patient Experience Program ----- | 18 |
| • EMR / IT ----- | 19 |
| Programs and Services ----- | 20 |
| • Service Expansion and Opportunity ----- | 20 |
| • Population Health Initiatives: Promoting Health & Wellness ----- | 21 |
| Financial Management ----- | 21 |
| Foundation ----- | 25 |
| Closing Remarks ----- | 26 |
| Appendix | |
| • A: Organizational Chart with Tenure ----- | 28 |
| • B: Healthy People 2030 ----- | 29 |
| • C: Wyoming Critical Access Comparison----- | 30 |

H&H Leadership Solutions

Thomas K. Steiner, FACHE, a Marine veteran, is a seasoned healthcare executive and was selected to lead this operational assessment. His vast experience spans over a decade in CEO and executive roles, overseeing a range of healthcare institutions including hospitals, Federally Qualified Health Centers, Rural Health Clinics, physician practices, and rehabilitation and long-term care facilities. Steiner's expertise lies in navigating complex challenges in governance, quality of care, and economic hurdles within these organizations. He is particularly skilled in physician recruitment and retention, covering a wide array of specialties such as Primary Care, General Surgery, and Cardiology, among others. Additionally, he has successfully launched new business ventures in retail pharmacy and established shared services between rural and critical access hospitals.

Charles T. Hall, the President Healthcare Solutions at H&H Leadership Solutions and navy veteran, was selected to assist in performing this assessment. As a Healthcare and Optimization Executive, Charles has built and led efficient healthcare operations, drove successful turnarounds, developed, and expanded innovative programs, and delivered revenue growth. His well-rounded experience is based on a progressive career from clinical and administrative positions into senior-level executive roles as health system Chief Executive Officer. As a patient-focused educator, mentor, and leader, he is versed in developing and executing strategic plans with an emphasis on exemplary quality, patient safety, employee engagement, team development, population health initiatives, operational efficiency, and fiscal health.

Stephen Hartz, the President of Leadership and Executive Recruitment served as an officer and pilot in the Navy. During his time in services Steve became a master instructor in High Reliability, Operational Resource Management and Crew Resource Management. For the last seven years Steve has led retained executive search, leadership development and board education/training for large and small health systems throughout the nation. Steve is recognized in the industry for his leadership development and for identifying healthcare talent.

Thomas and Charles arrived at Weston County Health Services on April 9th, 2024, and departed on April 12th, 2024, and provided over 40 hours of on-site assessment, as well as over 100 remote hours in stakeholder discussion, interviews, and policy/performance/report reviews. Thomas and Charles have spoken with over two dozen clinic staff, providers, leaders, board members, and elected officials.

The report was provided to the Weston County Health Services' Chief Executive Officer and through him, to the Board of Trustees, on April 29, 2024. In tandem with the new Community Needs Assessment, the operational assessment can establish a pathway for the 2024-2027 strategic planning efforts.

Executive Summary

Weston County Hospital District, d/b/a Weston County Health Services plays a vital role in providing healthcare services to the communities in and around Weston County, Wyoming. WCHS serves 6,838 residents of Weston County including communities of Newcastle, Osage, and Upton. Community members have actively contributed to fundraising efforts and volunteered to serve on WCHS's various boards and committees.

The hospital was established September 12, 1949, and accepted its first patient on September 15, 1949. The hospital was later formed under a Hospital District. Over the years, Weston County Health Services has expanded to meet the health needs of the community. Today Weston County Health Services consists of an emergency department, a 12-bed Critical Access Hospital offering both acute care and swing bed services, ancillary services of home health, physical therapy, occupational therapy, laboratory, and radiology, as well

as 58-bed skilled nursing facility, a retail pharmacy, and two rural health clinics. Weston County Health Services Foundation, a separate legal entity, exists to financially support WCHS efforts of offering accessible and high-quality healthcare to the community.

In 2017 Weston County Health Services embarked on an \$8.65 million dollar renovation project, transitioning into its a current configuration to accommodate its expanding services. The newly renovated facility provides enhanced capabilities and a more modern healthcare environment.

Leading up to the COVID-19 pandemic, succession planning was not a high priority at the Chief Executive Officer level or for the leadership team that reported to the CEO. With COVID-19, WCHS's operational stability was further frustrated. The pandemic disrupted existing pipelines for the recruitment of providers, leaders, and staff. Concurrently the pandemic exerted a toll upon existing providers, leaders, and staff, resulting in lower retention rates.

Other challenges faced by WCHS are tangential to the pandemic. Post pandemic there has been limited investment in professional development for the board, leaders, and providers. These difficulties have led to limited exposure to industry standards and best practices in operations, oversight, and delivery. In combination, the consequences of these challenges have led to incomplete implementation, management, and leadership of:

- Customer service standards
- Professional conduct standards
- Organizational morale
- Professional development
- Education and training strategies
- Organizational development
- Communication management
- Performance transparency
- Financial performance
- Service expansion
- Quality management
- Compliance program management
- Risk program management
- Privacy program management

Operational Assessment Overview

The operational assessment is the culmination of work from two site visits consisting of over 100 hours of in person interviews with stakeholders as well as off-site follow-up interviews and document reviews of Community Needs Assessment, Medical Staff and Board of Trustee Bylaws, Life Safety Code, LTC Survey results, WCHS Strategic Plan, 2021 & 2022 Cultural Feedback Surveys, Wyoming Special District Handbook, Job Descriptions, Board of Trustee reports, ActionCue data, Feedtrail data, financial audits, and WCHS Policies & Procedures. Either in person or over the telephone staff, providers, leaders, board members, and elected officials have participated in the creation of the operational assessment.

Throughout the assessment we evaluated operational performance against industry practices, professional standards, and oversight effectiveness. Where appropriate, we have referenced the source used. Categories evaluated include Governance & Executive Leadership, Quality & Regulatory Programs, Programs & Services, Financial Management (Requested), and Community Relations.

Upon completion of this assessment, a written report was submitted on April 29th, 2024, with recommendations to the Weston County Health Services' Chief Executive Officer and the Board of Trustees with the following objectives: Identify organizational gaps and opportunities in strengthening the organization. The assessment works well setting the foundation of the 2024-2025 strategic plan, addressing identified challenges, and strengthening Weston County Health Services.

Board of Trustees

A significant number of healthcare systems in the United States are non-profit organizations with a Board of Trustees governing the organization. According to the American Hospital Association, the role of the board is to govern and oversee the affairs of the hospital. Governance refers to the legal process carried out by the board as a collective to ensure the efficient and sustainable delivery of healthcare on behalf of the community it serves. Effective boards are aware of and implement good governance practices.

As the board's role is to oversee the affairs of the organization, investing in the board's understanding of governance will assist its effectiveness. The board's role in overseeing the affairs include:

- Strategic planning
- Development & periodic review of Mission, Vision, and Values
- CEO selection, performance review, succession planning, and if necessary, termination
- Self-governance
- Financial oversight
- Quality & Performance Improvement oversight
- Risk Program oversight
- Regulatory Compliance oversight

Board members have legal responsibilities, commonly described as the **Duty of Care**, **Duty of Loyalty**, and **Duty of Obedience**. Each may be applied in a court of law or by the Internal Revenue Service. Carrying out these duties creates trust among board members and within the community.

Weston County Hospital District Board of Trustees demonstrates a strong commitment to the success of the organization. Each board member interviewed expressed a passion for WCHS and a sincere desire for high-quality healthcare to be delivered safely in their community. Each board member interviewed articulated the importance of board education as well as a need for strategic planning. Though there are differing levels of experience, each leader demonstrates a desire to grow and strengthen their effectiveness as a Board of Trustees.

Board of Trustees' Insights:

- **Strength:** an engaged Board of Trustees
- **Strength:** active participation in Board Committees
- **Strength:** Board employee recognition
- Organizational instability from high turnover of CEO and senior leadership
- New CEO working to establish trust
- Education needed on governance vs operations
- Robust board onboarding program needed
- Customized communication to organizational stakeholders
- Flawed culture of safety
- Lack of timely financial information
- Increased community collaboration needed
- Education on how to set an agenda
- Education Roberts Rules
- Education on CEO performance evaluation

What does good look like?

- Nine working days prior to the Board of Trustees meeting, the agenda is set by the Board President, CEO, and legal if needed.
- Board packets are ready and delivered five days prior to the board meeting.
- The agenda is publicly posted timely.
- Board members come prepared for each meeting to discuss agenda items.
- Built into each Board meeting is a micro-education (5 minute) on some facet of governance.
- Board members commit to rounding with the CEO once a quarter.
- Board members commit to meet with the CEO bi-monthly minimum.

Board of Trustees' Recommendations:

1. Embrace Best Practice (Priority) on building an agenda to strengthen meeting planning/ preparedness.
2. Develop a board member orientation/onboarding manual (Priority) tailored to new board members.
3. Develop and adhere to a deadline (Priority) for the Board packet to assist in preparing for the meeting.
4. Embrace Education on Robert's Rules of Order to strengthen board meet's effectiveness and efficiencies.
5. Bylaws need to be reviewed and updated based on best practices, as some of the bylaws directly put the board into operation.
6. Board participation with CEO in rounding to assist in communication, ambassadorship, and team recognition.
7. CEO meetings: Board members to meet with the CEO bi-monthly at minimum either in 1:1 or 1:2 setting.
8. Deliver Education on roles and responsibilities between governance and operations.
9. Provide Board education on healthcare finances and key reports to strengthen the boards understanding and oversight of WCHS's fiscal performance.
10. Embrace Best Practice on running a Board of Trustee meeting by regularly investing in board education.
11. Conduct a multi-year Strategic Planning, via board retreat, to develop a strategic vision for the organization. Develop Performance monitoring tools: Partner with CEO & CMOs to identify key metrics for governance monitoring. Metrics should include quality, finance, and patient satisfaction, utilizing benchmarks to drive performance.
12. Deliver Education on how the Community Needs Assessment flows into Strategic Planning.
13. Implement a CEO Evaluation methodology (AHA CEO Evaluation) to formally discuss and document CEO's goals, progress, performance, and opportunities.

Executive Leadership

The Chief Executive Officer and his senior leadership team are tasked with successful implementation of the Board of Trustee approved Strategic Plan. In doing so, the team is guided by the Board of Trustee approved Mission, Vision, and Values statement.

As the senior operational leader for WCHS, the CEO and the organized Medical Staff carries the responsibility of ensuring the organization provides (a) safe, high-quality care, (b) meets all regulatory standards, (c) maintains financial health, (d) supports the needs of the patients, staff, and visitors, and (e) creates a positive culture. With the evolving complexity of the healthcare industry, accomplishing this requires a cohesive team approach to support and advance the needs of Weston County Health Services.

The cornerstone of leadership is to serve and support the needs of the organization and its professionals. This takes a structured approach that embraces leadership standards, professional values, and a true desire to proactively serve the organization. This framework builds a healthy culture that focuses on positive staff and provider engagement.

Over the course of the last few years, leadership's ability to support a positive and thriving culture has deteriorated. Some of these challenges can be directly connected to the COVID-19 pandemic and its aftermath as well as the stress on the healthcare delivery profession. Significant leadership turnover, especially at the senior leader level, and limited professional development have led to a flawed culture of safety at Weston County Health Services.

Through discussions with staff, leaders, and providers, the team describes a turbulent culture stemming from professional neglect. Most interviewees expressed appreciation that the new CEO has taken steps to recalibrate the culture.

Organizational Culture

There is a consistent belief the providers of Weston County Health Services deliver safe, high-quality care to the community. Further, there is a desire to move toward a positive culture to support patients, visitors, staff, and providers.

Organization Culture Insights: Through leader and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** Recognition that change is occurring
- **Strength:** WCHS has an engaged Medical Staff
- **Strength:** WCHS celebrates its staff well.
- There is little concept of the internal customer
- WCHS does not have a culture of “yes”
- Staff and leaders want to see more of the CEO and the Board of Trustees
- Lingering trust issues
- Lingering fear of retaliation
- No consistency of expectations and accountability within roles and responsibilities
- Regular leader communication is needed
- Limited sharing of knowledge staff and leaders desire education, training, and professional investment
- Leader’s rounding is not formal or consistent
- Leaders do not Round for Outcomes (see #1 below)
- ActionCue not fully understood or trusted (see #2 below)

What does good look like?

- Visible, reliable, trustworthy, and consistent leadership behaviors where those closest to the patient, resident, or grievance are trained and support to provide safe, high-quality care in a customer-oriented manner.
- “Stop the line” process that empowers every member of the healthcare team to stop or interrupt a process when a potential risk to patient safety is perceived without fear of blame or retaliation – from the manufacturing industry, notably both Toyota & Mercedes.

Recommendations to develop a proactive and positive culture.

1. Strengthen leadership presence (**Priority**) within each department by incorporating Rounding for Outcomes: Leader Rounding on Direct Reports, Nurse Leader Rounding on Patients, Hourly Rounding on Patients to drive operational excellence, and provide better care and service to patients and customers - Huron Group (Quint Studer).
2. Develop organizational improvement goals (**Priority**) by utilizing ActionCue: ActionCue integrates event reporting, quality/risk management, and performance improvement on one single electronic platform.
3. Embrace a culture of transparency with a Just Culture philosophy. (**Priority**) Transparency brings a culture of openness to the organization’s performance. A Just Culture philosophy supports individual reporting of safety, regulatory, and conduct concerns and works to mitigate risk to the organization.
4. Develop a communication strategy that regularly engages both the organization and the community, recognizes team members, informs the organization on key events, and provides transparency on performance and decisions.
5. Continue quarterly employee Town Halls to engage with the staff as a team, deliver key organizational information, and hear the needs of the team.
6. Reduce reliance on agency staffing to support patient care delivery as a way to strengthen organizational ownership and workplace pride.
7. An annual declaration of Conflict-of-Interest is vital in mitigating risk and assuring compliance standards are met. Especially in rural communities when business and family relationships are more prominent, it is best practice to declare annually any conflicts of interest including board members, leaders, and providers.

Leadership Structure and Development

The most common type of leadership structure is hierarchical. The chain of command generally guides decision making, authority, roles, and responsibilities. The core responsibilities include onboarding, goal development, performance evaluations, personnel management, benchmarking & process improvement, crucial conversations, conflict management, and if necessary, termination.

Many leadership elements are not developed or are not effective. The organization has no formal leader onboarding process, policies are not followed or fully cited, and productivity standards are not implemented. During interviews leaders did not fully comprehend their role or responsibilities. *Of the 24 leaders identified in the organizational chart, only seven have been in their current role greater than three years. (see Appendix A)*

Weston County Health Services' Human Resources program is in urgent need of investment due to significant leadership turnover and a historical lack of development in HR infrastructure and capabilities. The frequent changes in leadership have disrupted the continuity and effectiveness of HR strategies, highlighting the critical need for a structured professional development program tailored to both leaders and staff.

This program should focus on enhancing productivity management, ensuring that compensation scales are competitive and aligned with industry standards, and establishing robust evaluation criteria for both leaders and staff. Furthermore, there is a pressing need to refine and standardize disciplinary standards to maintain a fair and transparent work environment.

Investing in these areas will not only stabilize the HR function but also enhance overall organizational performance and employee satisfaction.

Leadership structure insights: Through leadership and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** Entrepreneurial spirit of the leaders attempting to perform their duties and responsibilities
- **Strength:** PolicyStat, a program to manage and update policies, is a robust platform
- **Strength:** Initial investment in training was done well
- **Strength:** Organizational support for leaders when asked
- **Strength:** A lot of potential in the staff
- New employee orientation needs strengthening
- Departmental orientation is not effective
- Organizational chart does not reflect oversight best practices
- Many leaders do not understand their positions
- Job Descriptions need reviewing
- Chain of command is not followed
- Performance reviews are not done effectively
- Data & trending do not drive decision making
- Hiring needs are not mapped out
- No Rounding for Outcomes
- Limited succession planning
- Leader and department goals are not developed under SMART methodology (see bulleted definition below)
- Several single points of failure identified

What does good look like?

- Using the Community Needs Assessment, the Board of Trustees participates in creating, reviewing, and approving the Strategic Plan.
- SMART goals are a methodology for goal setting that makes goals Specific, Measurable, Achievable, Realistic, and Timely. Using SMART goal methodology, the Board of Trustees and the CEO agree to performance measures for the CEO that tie directly to the Strategic Plan.
- The CEO and the leadership team agree to performance measures for the leadership team that cascade from the CEO's performance measures into SMART goal methodology for the leadership team.
- Annual reviews are done to ensure all pillars for success are on target for completion.

Leadership structure and development recommendations:

1. Develop Leadership management education (Priority) to include roles and responsibilities, budgeting, billing, crucial conversations, personnel management, conflict management, and revenue cycle
2. Develop and invest in leadership education (Priority) on roles and responsibilities, evaluation, deliverables, and proper department orientation and onboarding. Assure all leaders are proficient in their knowledge and skill to navigate policies, financial literacy, regulatory standards, code of conduct standards, evaluations, and quality improvement.
3. Develop an attractive and effective recruitment program highlighting the beauty of the community and the healthcare system with testimonials from Weston County Health Systems' team members. Increase professional web subscription services for additional visibility.
4. Strengthen organizational and department orientation to ensure employees are equipped to meet the needs and requirements of their responsibilities. Incorporate the CEO and senior leadership team into all staff orientation.
5. Develop new leader mentorship program designed to assist the leader with onboarding processes, education, and support systems to assure success.
6. Balance the number of direct reports of each senior leader to increase oversight effectiveness. Review the organizational chart annually to ensure that it addresses the needs of the community and the leader's capabilities.
7. Ensure all evaluations are conducted annually to allow the necessary feedback required to meet job requirements and professionally develop. Design performance-based evaluations aligned with defined SMART performance goals.

Medical Staff Partnership

The partnership between the Medical Staff and administration for decision making is essential for both the financial wellness of the organization and the delivery of high-quality patient care. Medical staff partnerships are the foundation of every successful quality improvement effort within healthcare systems. These partnerships foster collaboration, teamwork, improved communication, enhance decision-making, and promote seamless transitions of care.

Medical Staff partnerships strengthen the collective voice of healthcare professionals, allowing space to advocate for their patients and the practice of medicine. Partnerships enable medical staff to collaborate with administrators, policymakers, and community stakeholders to ensure that patient needs and preferences are considered in healthcare decision-making.

While quality of care rests within the organized Medical Staff, so too does operations. As published in JAMA, William H. Shrank, MD, writes in *Waste in the US Health Care System*, "[T]here is a 50/50 chance that your potential for savings is greater than 30% of your current operating cost...it goes without saying that you will be dealing with the Medical Staff anytime you start looking at clinical costs." 100% of WCHS's reimbursement from patient care, \$22,776,920, begins and ends with a member of the medical staff. With

\$24,332,405 in patient care expenses, the medical staff has a 50/50 chance of saving WCHS \$7.3 million dollars through efforts to drive out waste.

The symbiotic relationship between administration and the Medical Staff is mission critical for fostering collaboration, ensuring continuity of care, promoting a multidisciplinary approach, driving quality improvement, facilitating professional development, and advocating for patients within healthcare systems. Together, the Board of Trustees, the administrative team, and the medical staff triad enhances the overall effectiveness, efficiency, and patient-centeredness of healthcare delivery.

Leadership structure insights: Through Weston County Health System leader and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** Monthly Chief Medical Officer's meeting with providers and administration
- **Strength:** Quality Committee structure and Care Policy review structure
- **Strength:** Joint Committee meeting between Medical Staff and Board of Trustees
- Chief Medical Officer's do not regularly attend Board of Trustee meetings
- Customized communication to organizational stakeholders is needed
- Ongoing provider recruitment program needs to be developed to include a robust onboarding of new providers
- Training needed for providers to include Utilization Review, Admission Criteria, and financial impact of services offered
- Training and ongoing support for dyad model with administration for decision making
- No regular Provider engagement survey conducted
- Misalignment within the Clinics and Emergency Department

What does good look like?

- An administrative team who is as interested in quality of care as the Medical Staff.
- An organized Medical Staff who is as interested in operational performance as the administrative team.

Recommendations to strengthen Medical Staff Partnership

1. Monthly meetings (**Priority**) between the Chief Executive Officer and Chief Medical Officers to review needs for staff training programs for nursing and ancillary services.
2. Strengthen provider recruitment strategies (**Priority**) taking into consideration community healthcare needs, capacity to meet the needs, potential new services, and existing providers' retirement timelines.
3. Provider contract (**Priority**) structure to incorporate a level of RVU compensation and incentive.
4. Invest in training and education on a dyad model of decision making to include finance, service lines, and communication.
5. Chief Medical Officers to deliver a report at Board of Trustees meetings.
6. Strengthen recruitment approach to attract providers' families and highlight regional family activities, school performance, and events.
7. Conduct annual provider engagement survey to measure engagement to continuously improve the working conditions of Weston County Health System's providers.
8. Medical Staff bylaws need to be reviewed to ensure best practices and alignment with organizational goals and objectives.

Marketing, Branding and Messaging

Marketing, branding, and messaging allow an organization to effectively communicate its values, services, and brand to people seeking their services. Branding establishes a relationship between an organization and their communities and is vital to developing trust. Marketing is a communication pathway that describes services, culture, knowledge, and events.

The key elements of a marketing strategy include:

- A strong brand identity with a meaningful logo that embraces the organization's mission, vision, and values. Brand identity should include all the design elements that work together to visually represent the organization.
- A defined messaging and market positioning for both internal and external stakeholders.
- An omnichannel approach to create a marketing suite: social media, website, e-mail, and blogs.

Weston County Health Services is currently facing several challenges in its marketing program that need immediate attention to enhance its reach and effectiveness. The organization's website is underdeveloped, lacking user-friendly navigation and comprehensive information that could help in patient engagement and service promotion. Social media activities are in the early stages of development, with efforts being made to establish a consistent presence that could foster better engagement and communication with the community. Additionally, community marketing activities are limited, which restricts the organization's visibility and engagement with local audiences. Perhaps most critically, there is an absence of a formal marketing strategy, which is essential for cohesively guiding all marketing efforts, measuring their effectiveness, and aligning them with the organization's overall goals. Addressing these areas will be crucial for Weston County Health Services to improve its community outreach and patient communication.

Marketing Program Recommendations

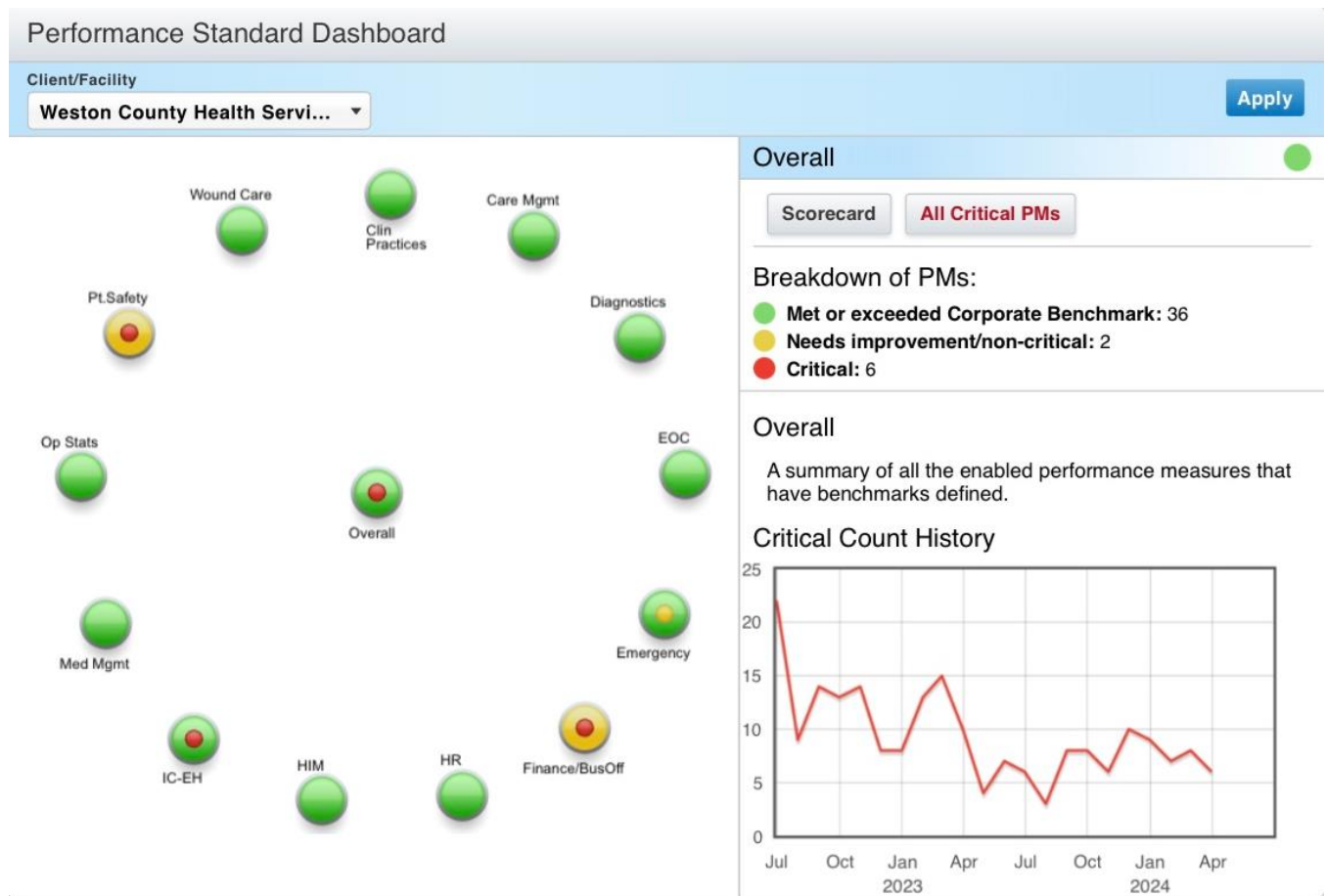
1. Continue social media services (Priority) on LinkedIn, Facebook, and Instagram to maximize organizational visibility to all audiences with bios of providers, leaders, and services. Develop messaging that resonates with specific target audiences, including potential patients, current patients, and other stakeholders like healthcare providers and insurers. Tailor messages to address their unique needs and concerns.
2. Professionally update Weston County Health Services website (Priority) to modernize its presentation with professional photos, service definitions, and an events calendar.
3. Obtain professional photos and videos (Priority) for senior leadership, board members, providers, and the community to professionally portray strengths of the organization.
4. Work with Foundation to include spotlight on recent initiatives.
5. Further develop an organizational marketing strategy that establishes a strong, clear brand identity reflecting the values and mission of WCHS. This includes a recognizable logo, consistent color scheme, and a unified voice across all communications.
6. Patient Engagement Strategies: Implement strategies to engage patients throughout their healthcare journey, from awareness and education through treatment and follow-up care. This could include patient portals, educational content, and interactive tools.
7. Data-driven Approach: Leverage data analytics to track the effectiveness of marketing campaigns, understand patient behaviors, and refine strategies. This involves regular analysis of metrics such as engagement rates, conversion rates, and ROI.
8. Compliance and Ethics: Ensure all marketing practices comply with healthcare regulations such as HIPAA (in the U.S.) and are ethically sound. This includes respecting patient privacy and providing accurate, honest information.
9. Community Involvement: Actively participate in the community to build brand loyalty and trust. This could involve sponsoring health-related events, participating in community service, and forming partnerships with other local organizations.
10. Crisis Communication Plan: Develop a plan for crisis communication to quickly and effectively handle any negative incidents that could impact the WCHS's reputation, such as data breaches or healthcare mishaps.

Quality and Safety Programs

The healthcare quality assurance and regulatory compliance programs give framework to the delivery of healthcare. According to the National Committee for Quality Assurance, quality assurance refers to activities and programs intended to ensure improvement in quality of care. It encompasses the following key elements: problem identification, assessment, implementation, and evaluation. Quality assurance programs encompass the organization’s quality, privacy, risk, and safety programs.

Weston County Health Services has a committed leader at the helm of its Quality program, yet there is a clear need for further development and strategic investment into the quality program. This development is crucial for fostering a culture of continuous improvement and innovation in patient care practices. Enhancing the program requires expanded performance benchmarking against quality indicators to identify and prioritize areas for improvement.

Additionally, the organization's quality assurance program needs strengthening to ensure patient safety and care standards more effectively. Implementing concurrent monitoring tools is also vital, allowing for the proactive management of quality risks and enabling immediate corrective actions. Investing in quality leadership development will equip leaders with the necessary skills and insights to drive these initiatives, thereby substantially elevating the standard of care provided by Weston County Health Services.



Quality Program insights: Through leader and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** Event Management Teams
- **Strength:** Medical Staff ownership
- **Strength:** Board of Trustees support through Quality Committee participation
- **Strength:** ActionCue platform
- **Strength:** Foundation education support
- **Strength:** Administrative support
- **Strength:** Routine Huddle daily Kicked off
- No daily 24-hour report or daily safety reports
- Hourly rounding is not hardwired
- Bedside reporting is not hardwired
- Inefficient quality improvement process due to limited bandwidth
- Low reporting of events, near misses, and good catches
- Low department ownership of Quality Improvement measures

What does good look like?

- Rounding for Outcomes: Leader Rounding on Direct Reports to ensure that each person has tools necessary to be successful for that day, Nurse Leader Rounding on Patients to shape the experience for patients, Hourly Rounding on Patients, a structured means of promoting patient-centered communication. – Huron Group (Quint Studer).
- Safety huddles, a brief, focused exchange of information about potential or existing safety risks which may affect patients, staff and any person accessing the environment.
- Timely reporting in ActionCue.
- Hardwiring bedside reporting, the process of exchanging vital patient information, responsibility, and accountability between the off-going and oncoming nurses in an effort to ensure safe continuity of care and the delivery of best clinical practices.
- CEO, leadership team, and SMART methodology goals tied to quality metrics.

Recommendations to strengthen Weston County Health Services Quality program:

1. Quality Director investment (**Priority**) to include education, training, and networking to assure the highest level of performance from the position.
2. Leaders to report department performance metrics (**Priority**) to assure ownership and accountability.
3. Develop a 24-hour report (**Priority**) sent out to senior leaders and quality to measure and monitor organizational safety.
4. Develop a daily safety report (**Priority**) that identifies safety challenges and risk to patients and the organization.
5. Restructure Quality Assurance program that embraces concurrent monitoring, performance transparency, auditing, goal setting, and performance improving strategies.
6. SMART Quality Goals: Develop organizational, department and leader SMART quality and safety goals to strengthen safety, quality and patient-centeredness.
7. Conduct Safety and EOC Rounding by all leaders to identify unsafe conditions and strengthen care conditions within the organization.

Compliance Program

Regulatory compliance is a set of guidelines and laws that healthcare organizations and providers must adhere to. These regulations must be strictly followed in order to avoid a violation, penalty or fine. The organization is required to have a compliance program. This program generally reports to the Board of Trustees and the CEO.

With an abundance of regulatory requirements from agencies such as Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), the National Institutes of Health (NIH), and the

Mission Statement: WCHS is a rural healthcare provider of accessible, quality, and compassionate care.

Office of Inspector General (OIG), it is essential that Weston County Health Services' Director of Compliance be well trained to navigate the complex reporting requirements. There are several key requirements that must be adhered to within a healthcare organization including:

- Quality of Care
- HIPAA Privacy and Security
- Anti-kickback and Stark
- Laboratory Services
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- Claims development and submission
- Cost reports

A Compliance Program proactively guides healthcare boards and organizations with their ability to detect, manage and navigate the federal and state regulatory requirements to prevent penalties and regulatory non-compliance. Through risk management assessments and work plans, an organization can strengthen their ability to manage risk, violations, and government rules. The OIG expects organizations to develop a compliance program which must follow the seven fundamental elements:

1. Implementing written policies, procedures, and standards of conduct
2. Designating a compliance officer and compliance committee
3. Conducting effective training and education
4. Developing effective lines of communication
5. Conducting internal monitoring and auditing
6. Enforcing standards of conduct through well-publicized disciplinary guidelines
7. Responding promptly to detected offenses and undertaking corrective action

Weston County Health Services' Compliance program, while fundamentally established, urgently requires professional investment to elevate its effectiveness and adherence to industry standards. The program would greatly benefit from professional guidance to provide comprehensive education on essential compliance elements to the leadership, board, and the broader WCHS team. A notable issue identified is the lack of top-of-mind awareness regarding compliance responsibilities and protocols among staff and leadership.

Additionally, there is a significant gap in the escalation and investigation process, with not all complaints and grievances, including patient concerns reported through incident tools or to leaders and board members, being adequately addressed. Investing in professional expertise will ensure that the compliance program not only meets regulatory requirements but also fosters a culture of transparency and accountability within the organization.

Weston County Health Services Compliance Program insights: Through Weston County Health Services leader and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** Legal engagement and input
- **Strength:** Affiliation with Monument Health on EMR
- Director of Compliance has limited onboarding into the position
- No in-depth annual training for leaders, providers, or staff.
- Conflict of Interest does not cascade down to leaders
- Compliance does not have a dotted line to the Board of Trustees
- Limited audits or monitoring tools
- Lack of leadership notification guidelines for Administrator on Call
- Many policies and procedures lack citations
- Infrequent fair market value process

What does good look like?

- A compliance program that not only follows the seven fundamental elements prescribed by the OIG but one that each department leader fully understands and participates in.
- Every departmental leader is a subject matter expert.

Compliance Program Recommendation

1. Identify training program with a professional compliance coach (*Priority*) to strengthen the compliance officer knowledge.
2. Develop compliance monitoring tools (*Priority*) and software applications to manage compliance performance and ensure regulatory standards are met.
3. Evaluate WCHS compliance program (*Priority*) with an assessment against the OIG seven fundamental elements and against industry standards for healthcare systems.
4. Compliance Officer dual reporting: Adjust the WCHS compliance officer to a dual reporting structure to both the CEO and the Board of Trustees. The Compliance officer should attend all board meetings and is an advisor to the CEO and the Board of Trustees. The compliance officer ensures that all corporate processes and procedures comply with legal and regulatory standards as well as internal company operational standards.
5. Assure all policies are current and cited against industry and regulatory standards.
6. Build a network of subject matter experts for the healthcare compliance officer by joining professional associations, attending industry events, and leveraging online platforms like LinkedIn. This network will provide crucial insights and updates, helping maintain compliance with evolving regulations and best practices.
7. Develop written leadership notification guidelines with annual education and review of the Administrator on Call policy.
8. Reinforce the Compliance Hotline for confidential reporting of concerns regarding potential violations of laws, regulations, policies, or ethical standards.
9. Declaration of Conflict-of-Interest annually for leaders and providers.

Risk Program

A Healthcare Risk Program manages the health system's risk. These programs are initiatives implemented by healthcare facilities to identify, assess, and mitigate potential risks and hazards that can negatively impact patient safety, staff well-being, and the overall operations of the hospital. These programs aim to proactively address various risks, such as medical errors, patient falls, infections, adverse events, and system failures, among others. The key components of hospital risk programs typically include:

- Risk identification: Hospitals systematically identify potential risks through various methods, including incident reporting, near-miss analysis, safety rounds, and data analysis.
- Risk assessment: Once risks are identified, they are evaluated in terms of their severity, probability, and potential impact on patients, staff, and the organization.
- Risk mitigation: Hospitals develop strategies and interventions to mitigate identified risks. This may involve implementing evidence-based practices, improving staff training and education, enhancing communication and teamwork, and optimizing clinical workflows.
- Monitoring and feedback: Hospital risk programs include ongoing monitoring and evaluation of risk mitigation efforts. This involves tracking key performance indicators, analyzing incident reports, conducting safety audits, and utilizing quality improvement methodologies to measure the effectiveness of interventions.
- Reporting and communication: Hospitals maintain a culture of transparency and open communication regarding risks and safety initiatives. They often establish mechanisms to report incidents, near-misses, and encourage staff to share their concerns and suggestions.
- Regulatory compliance: Hospital risk programs align with regulatory requirements and guidelines issued by governmental bodies or accreditation organizations.

By implementing hospital risk programs, healthcare facilities strive to create a culture of safety, reduce adverse events, and improve patient outcomes. These programs play a vital role in fostering a proactive and patient-centered approach to risk management within the healthcare setting.

From the National Institutes of Health (NIH) National Library of Medicine, “[T]he framework of a just culture ensures balanced accountability for both individuals and organizations responsible for designing and improving systems in the workplace”. Safety events can involve patients, employees, visitors, or others. An injury does not have to occur. The purpose of the reporting system is to improve quality and safety within the facility by identifying systems and/or processes that may impose a safety risk.

This is accomplished by collecting and analyzing data to ensure that prompt and appropriate intervention occurs as well as initiating action to prevent future events. Shifting to a systems approach to safety reporting, investigation, and analysis supports a Just Culture.

Weston County Health Services would also benefit from a Just Culture program that encourages employee self-disclosure and continual delivery of high-quality services for patients, employees, and the community it serves. This program would develop conditions where employees feel safe, speak-up and speak-out about reporting of serious safety events, safety events, good catches (near misses), existence of hazardous conditions, and related opportunities for improvement as a means to identify systems changes and behavior changes which have the potential to mitigate future safety events.

Weston County Health Services Risk Program insights: Through Weston County Health Services leader and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** ActionCue is readily available to everyone
- **Strength:** Engaged Risk Officer
- The risk officer does not have the proper departmental leader support to efficiently manage organizational risk
- Departmental risk assessment has not been fully developed
- Risk officer education would support efficient management of risk
- Consistent, top of mind awareness needed of incidents and near misses in ActionCue
- Not all complaints/grievances are escalated and investigated
- Incident reporting is not robust
- Notification on actions taken, closing the loop, is not always timely

What does good look like?

- A Just Culture with a Stop the Line mentality, described above.
- Multidisciplinary safety rounds performed monthly.

The Risk Program Recommendation

1. Develop a roadmap (**Priority**) to achieve Certified Professional in Health Care Risk Management (CPHRM) by the American Hospital Association or another reputable certification program.
2. Develop Education and Training (**Priority**): strengthen the Weston County Health Services’ overall risk program by providing additional professional training to the risk officer, leadership team, providers and staff as well as including training during orientation.
3. Create an environment/culture that encourages self-reporting free from threat, with a focus on patient and staff safety and organizational pride.
4. Reinforce the Service Recovery program: Review policies on service recovery to strengthen the management of complaints/grievances.
5. Develop a service recovery program that strengthens the management of complaints/grievances and escalates risk concerns to leadership, board, and legal counsel.

Privacy and Security Program

A privacy and security program manages and protects the health information of Weston County Health Services patient's information. Under the Health Insurance Portability and Accountability Act (HIPAA), organizations are required to protect health information (PHI) and to have security measures in place. There are numerous privacy and security regulatory requirements needed to protect the organization and the patient information. It is essential that the WCHS Privacy Officer is well trained to develop a robust program.

The electronic health record, Epic, continually updates its protection services on patient information. No patient information is ever accessed without a date & timed electronic fingerprint being recorded on who accessed the record. Weston County Health Services' Privacy Program has a need for further education on Epic's robust program audit and monitoring tools. These tools will not only facilitate ongoing assessments of the program's effectiveness but also help in identifying and mitigating potential privacy risks proactively. Investing in these enhancements will strengthen the organization's ability to protect patient information and comply with privacy regulations, ultimately fostering trust and ensuring the integrity of patient care practices.

Weston County Health Services' Security Program, which covers exchange of information not in Epic, is currently facing substantial challenges that necessitate urgent professional guidance and strategic development to enhance its effectiveness and compliance with industry standards. There is an essential need for proactive security audits, systematically conducted in accordance with these standards, complemented by regular leadership rounds to ensure thorough oversight.

Additionally, the development and implementation of comprehensive program audit and monitoring tools are critically needed to maintain continuous vigilance and address potential security risks promptly. The role and responsibilities of the Security Officer need to be clearly defined and supported with professional development and program-specific orientation to empower effective leadership and decision-making in this crucial area. Addressing these issues will significantly strengthen the overall security posture of the organization, safeguarding institutional data.

Weston County Health Services Privacy and Security Program insights: Through Weston County Health Services leader and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** Epic product and tools
- **Strength:** Offsite Monument team
- **Strength:** Legal engagement and input
- Both the Compliance and Privacy Officer professional investment needed
- Security controls needs strengthening
- Roles and Responsibilities of both Compliance and Security Officer needs to be strengthened
- Administrative IT System Access requires defining
- WCHS internal file user groups needs to be reviewed for appropriate access
- IT department requires additional FTE support
- Limited proactive monitoring of PHI
- Privacy and Security Policies requires a review
- Limited privacy rounding being, or audits being conducted

What does good look like?

- Proactive monthly audit of access into the EMR.
- Quarterly clinical all staff demonstrating audit capabilities to visually reinforce HIPAA compliance.
- Staff access to medical record through their portal, only.

The Privacy and Security Program Recommendation

1. Evaluate WCHS Privacy program (Priority) with an assessment from a risk third-party vendor to set the roadmap in developing a privacy program.
2. Identify training program (Priority) with a professional Privacy and Security subject matter expert to strengthen the program.
3. Invest in education and training to strengthen Weston County Health Services privacy and security program – identify leadership and job duties.
4. Build a network of subject matter experts for the healthcare compliance officer by joining professional associations, attending industry events, and leveraging online platforms like LinkedIn.
5. Strengthen the roles and responsibilities of the Privacy and Security Officers.
6. Enforce expectations that employees and contractors must adhere to all rules and regulations.

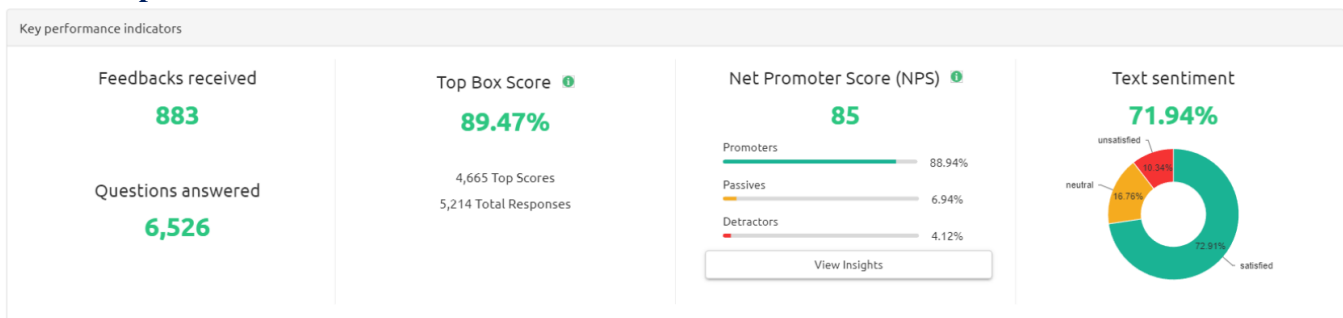
Patient Experience Program

The Patient-Centered care model is a philosophy that embraces a decision-making culture around the well-being of the patient. The voice of the patient is a cornerstone of this philosophy and can be heard in HCAHPS and Feedtrail surveys.

Centers for Medicare and Medicaid Services (CMS) require hospitals who receive funding to send questionnaires known as Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). HCAHPS is the first national, standardized, publicly reported survey of patients’ perspectives of hospital care. The HCAHPS survey asks discharged patients 29 questions about their recent hospital stay. As of the last published update, January 31, 2024, the number of patients for Weston County Health Services is too few to report on the Medicare.gov website.

Recently Weston County Health Services invested in Feedtrail. Feedtrail is an electronic platform delivering real-time surveys to patients related to their encounter with Weston County Health Services. WCHS is currently using Feedtrail in the outpatient setting, Emergency Department, Clinics, and Urgent Care settings.

Patient Experience Performance



FeedtrailScore: Company rankings

FeedtrailScore | NPS | Text Sentiment | Top Box Score

Facility | Department | Provider

All | Active

| # | Facility | Score | Change | Total questions answered | Total responses |
|--------------|------------------|-----------|----------|--------------------------|-----------------|
| 1 | Upton Clinic | 90 | 0 | 61 | 61 |
| 2 | Newcastle Clinic | 87 | 0 | 209 | 209 |
| 3 | Main Hospital | 84 | 0 | 580 | 580 |
| Total | | 85 | 0 | 850 | 850 |

Patient Experience insights: Through Weston County Health Services leader and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** Staff recognition programs
- **Strength:** Feedtrail platform
- **Strength:** Employee to patient ratio
- **Strength:** Maintenance, Housekeeping, and Dietary
- AIDET, Uptalk, Ask the Patient is limited (see #3, 4, 5 below)
- Best practices are not being utilized to support the increase of patient satisfaction
- No identifiable team or process to drive patient satisfaction
- HCAPHS Survey not reported due to low response
- Survey comments are not always known by the staff

What does good look like?

- External customer service centered on AIDET
- Internal customer service reflected in engagement scores

Patient Experience Program Recommendations:

1. Develop a Services Excellence Committee (Priority) who review Feedtrail and implement best practice to drive patient satisfaction and strengthen services. Results to be reported quarterly to the Board of Directors.
2. Close the loop (Priority) on every complaint and compliment.
3. Incorporate AIDET (Priority) into every inpatient and outpatient encounter: Acknowledge, Introduce, Duration, Explanation, Thank you.
4. Incorporate Uptalk (Priority) into every patient complaint.
5. Talk with the patient “is there anything else you would like for me to do, I have the time?”
6. Kick off staff recognition awards for the staff that are driven by patients. This can be done by placing surveys in patient rooms or on the website.

Electronic Medical Record

Weston County Health Services Electronic Medical Record (EMR) is Epic. WCHS utilizes Epic through Monument Health. This type of rural hospital EMR arrangement is not uncommon across the nation and has many potential benefits. For patients who are transferred between facilities, each hospital has familiarity with the Epic program. For WCHS there is a lower expense of entry into the Epic EMR, support from a broader EMR/IT department at Monument Health, and the ability to converse with other like users to maximize the functionality of the Epic program.

Weston County Health Services EMR insights: Through Weston County Health Services leader and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** Great education and support during Epic rollout
- **Strength:** Longer tenured staff at WCHS are very knowledgeable of Epic
- **Strength:** Monument’s depth of knowledge
- Limited Customization to WCHS needs
- The relationship between WCHS and Monument should be a strategic advantage
- Limited ongoing monitoring of Epic access
- Lack of continuous employee education of the Epic EMR

What does good look like?

- High collaboration across departments at Monument and WCHS
-
- A strong, ongoing, education of the Epic program through training modules and staff interactions.

Mission Statement: WCHS is a rural healthcare provider of accessible, quality, and compassionate care.

EMR Recommendations

1. Epic training (Priority) for staff and development of multiple super-users for WCHS
2. Invite Monument Health super-users to WCHS to share best practices.
3. Strong Epic users at WCHS travel to Monument Health to witness and learn how they are using Epic.
4. Explore Epic orientation possibilities with Monument Health and Epic.
5. Prioritize identified challenges and gaps in EMR utilization. Collaborate with Monument Health to close or eliminate those gaps.

Programs and Services

Services Expansion and Opportunity: Weston County Health Services strives to keep care local. The current services offered to the community by WCHS are impressive, primary care, urgent care, emergency care, acute care, cardiac care, nursing home, home health, therapy services, laboratory, and radiology. Reported in the April Board of Trustee meeting, new services are being investigated.

As the community's needs change, WCHS must respond to meet these needs. In some instances, there may not be sufficient volume in the community to support a dedicated service but there may exist a combination of visiting specialists and telemedicine services that could open opportunities.

Potential partnerships with neighboring hospitals may provide visiting specialists at WCHS on a routine basis. Follow up care through telemedicine may further broaden service offering. According to an April 12, 2024, AMA article, the medical specialties that use telemedicine the most include:

Services with onsite care and/or telemedicine

- **Cardiology:** Congestive heart failure, valve disease, benign palpitations, atrial fibrillation.
- **Emergency medicine:** Home-based emergency care, triage, virtual urgent care.
- **Family medicine:** Behavioral health, chronic disease management, simple review of dermatitis, annual wellness, vaccine education, acute care triage, hospital discharge.
- **Hematology:** Classic (benign) hematology, sickle cell disease, chemotherapy follow-up.
- **Internal medicine:** Triage for acuity, chronic disease management, behavioral health.
- **Neurology:** Movement disorders, epilepsy, headache medicine, neuromuscular disease, vascular neurology, cognitive disorders.
- **Obstetrics and gynecology:** Prenatal or antenatal care, pre- and post-op procedures, reproductive health (sexually transmitted infections, birth control, abortion).
- **Oncology:** Care planning for new patients, chemotherapy follow-up, symptom management, pre-op planning.
- **Pediatrics:** Specialty consultation, medically complex care (wrap-around services), developmental pediatrics, mental health, emergency department consultation (crisis triage), e-consults with other physicians, health professionals or schools, follow-up care (including medication management).
- **Dermatology:** Specializes in diagnosing and treating skin, hair, and nail disorders.
- **Gastroenterology (Gastro):** Focuses on the diagnosis and treatment of diseases affecting the gastrointestinal tract.
- **Ear, Nose, and Throat (ENT):** Deals with disorders related to the ear, nose, throat, and related structures of the head and neck.
- **Behavioral Health:** Provides care for individuals with mental health disorders and emotional difficulties.
- **Expanded Therapy Services:** Offers a broad range of rehabilitative and therapeutic services beyond traditional scopes.
- **Certified Nursing Assistant (CNA):** Provides basic patient care under the supervision of nursing staff, assisting with daily activities and health needs.

Program and Services insights: Through Weston County Health Services leader and staff interviews, documentation reviews, and observations the following was noted:

- Team lacks a YES culture to efficiently accept patient requests
- Team lacks a growth minded culture to expand services
- Single points of failure exist that interrupt or delay services throughout the organization

With the new Community Needs Assessment being done, a new Strategic Plan should be developed to explore how WCHS can grow existing services and add new services to meet new needs in ways previously unimaginable. The ability to keep high-quality care local has expanded exponentially through a combination of high-touch complemented by high-tech.

Population Health: Promoting Health and Wellness

Traditionally hospitals and clinics work to heal the sick or injured. Today hospitals are developing population health initiatives which focus on a patient's wellness, preventative care, and chronic disease management. Population health (value-based care) contracts with insurance companies can reward hospitals with enhanced reimbursement when certain outcomes are achieved.

Some examples on how to further engage the community towards healthier habits include:

- Health Fairs
- Brown Bag Lunch Series on Healthy Living
- Substance Abuse Screening Workshops
- Sexually Transmitted Illness Clinics
- Recovery Meetings
- Coffee with providers
- Healthy eating workshops
- Healthcare.gov enrollment
- Medicare, Medicaid, and Mental Health informational sessions
- Vaccine Clinics

Promoting the Health and Wellness Recommendations:

1. Weston County tends to utilize social media (*Priority*) as a source of information. Capitalizing on the social media platforms to provide education to the community. Post monthly information from organizations such as the American Heart Association, American Diabetes Association, Stroke Associations, and other available sources.
2. Strengthen community outreach through health education and provide both in-person and on-line videos. Health education videos can be available on the website and on social media as a valuable resource for the community.
3. Develop Population Health Initiatives: Adopt the Healthy People 2030 framework (Appendix B) to expand, develop and strategize proactive health initiatives for the wellness of the community.

Financial Management

A Hospital financial program plays a crucial role in the overall functioning and success of a healthcare organization. By prioritizing financial health and implementing sound financial management practices, healthcare systems can ensure their long-term viability and provide sustainable, high-quality care to their communities. There are several key objectives and elements of a sound financial program.

- **Financial Stability:** A well-designed financial program helps ensure the financial stability of a healthcare system. It establishes strategies and processes to effectively manage revenue generation, control expenses, and maintain a healthy financial position.
- **Resource Allocation:** A financial program enables healthcare systems to allocate resources efficiently and effectively. It involves budgeting and financial planning, which help prioritize investments, allocate funds to different departments and services, and optimize resource utilization.

Continued

- **Revenue Cycle Management:** A robust financial program incorporates effective revenue cycle management practices. It includes processes for accurate coding and billing, timely claims submission, prompt payment collection, and proper management of denials and appeals.
- **Compliance and Risk Management:** A financial program incorporates compliance and risk management protocols to ensure adherence to regulatory requirements and mitigate financial risks. It includes measures to monitor and address compliance with healthcare laws, billing regulations, and reimbursement guidelines.
- **Strategic Planning and Decision-Making:** A financial program provides the foundation for strategic planning and decision-making within a healthcare system. It involves financial analysis, forecasting, and performance evaluation, which inform strategic initiatives, investment decisions, and operational improvements.
- **Stakeholder Communication:** A financial program facilitates effective communication with stakeholders, including governing boards, executives, staff, and external partners. It includes financial reporting, transparency measures, and financial performance reviews, which help stakeholders understand the organization's financial health, progress, and challenges. Clear and accurate financial communication builds trust, fosters collaboration, and enables stakeholders to make informed decisions in support of the healthcare system's financial goals.

Many people involved at the board level as well as new leaders fail to understand cost-based reimbursement methodologies. Simply put, the adage “you cannot cut yourself to prosperity” applies to Critical Access Hospitals and Rural Health Clinics. While WCHS has opportunities to improve efficiencies, WCHS does not have an expense problem. WCHS has a revenue opportunity.

By prioritizing financial health and implementing financial management practices, healthcare systems can ensure their long-term viability. Beyond the primary goal of providing high-quality care, Weston County Health Services serves the community as a business, offering employment to individuals and an economic driver to the area. According to data provided to all Hospital Associations by the U.S. Department of Commerce, the economic impact of WCHS is estimated to be \$43.5 million (~\$22,000,000 X 1.981) with an estimated number of jobs created of 445 (~215 X 2.069).

A June 2023 update from Rural Health Research states, “[F]rom 2005 through 2022, 186 rural hospitals closed (100 complete, 86 converted).” Furthermore, “rural counties that experienced a within-county hospital closure become more economically unequal, with higher unemployment, lower per capita income, and lower median household incomes compared with rural hospitals overall.”

Over the course of two fiscal years, Weston County Health Services contracted with Casey Peterson, Ltd, to provide support and guidance to the business office. A new financial firm, Durbin & Company, LLP, has been engaged to provide that service going forward. DZA, Accountants | Advisers has been selected by the Board of Trustees to perform the independent audit.

Prior Weston County Hospital District Audit Reports (June 30, 2019, 2020, 2021, 2022) identify a “*material weakness*” in internal controls. “A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity’s financial statement will not be prevented or detected and corrected on a **timely** basis.” *Emphasis added.*

- **Criteria:** Establishing internal controls over preparation of the financial statements is the responsibility of management.
- **Cause:** Due to the limited number of employees in the Accounting Office, the hospital does not have an internal control system designed to provide for the preparation of the financial statements. **This situation is common for entities of this size.** *Emphasis added.*

Continued

- **Auditor's Recommendation:** It is the responsibility of management and those charged with governance to make the decision whether to accept the degree of risk associated with this condition because of cost or other considerations.

Historically the hospital operated with both a CEO and a CFO. Under a management agreement, the CEO and CFO roles were combined with Monument Health offering business office support. Weston County Health Services ended the management agreement, and the CFO role remains vacant or no longer exists.

H&H has reviewed the audited financial statements for fiscal years 2019, 2020, 2021, and 2022. There is a reasonable possibility that a misstatement in the financial statements for 2023 exists due to the limited number of employees. H&H will review the 2023 audit when completed and provide the CEO with an update for this portion of the Operational Assessment.

Financial Management insights: Through leader and staff interviews, documentation reviews, and observations the following are noted:

- **Strength:** Board of Trustee Finance Committee participation
- **Strength:** Foundation opportunity
- Unaudited financial reports may have misstatements
- Leaders have limited understanding of budgeting, managing budgets, and reports
- Beyond the business office, leaders have limited understanding of the revenue cycle
- CAH and RHC's Cost reporting is critical
- 340B program is not optimized
- In the clinics, there is a discrepancy between Independent and Provider Based Rural Health Clinic
- There is not a consistent contract review process
- Currently the inventory and supply management rely on observation
- The Admissions from the ED (8% CMS) and clinics (7% Dr. Vivial Lee / Eric Bricker, MD) are not realized
- Limited productivity standard utilization

Nine Metrics for the Board of Trustees (National Rural Health Resource Center)

National Rural Health Resource Center, www.ruralcenter.org, developed a manual to provide answers to frequently asked questions regarding CAH (Critical Access Hospitals), PPS (Prospective Payment System), and RHC (Rural Health Center) finance and financial performance. The context is designed to be as non-technical as possible to help both staff and governing boards.

In June 2012, a group of CAH financial experts met in Minneapolis, Minnesota at a CAH Financial Leadership Summit. The Summit identified the 10 most important indicators for evaluating CAH financial performance. Nine of those are listed below.

2020 US Median Benchmarks (half are above the benchmark, half are below the benchmark).

| Performance Metric | Definition | Median |
|----------------------------------|--|--------|
| Days in Net Accounts Receivable | Number of days it takes a Critical Access Hospital to collect payments | 47.23 |
| Days Cash on Hand | Number of days a Critical Access Hospital could operate if no cash was collected | 192.28 |
| Total Margin | A Critical Access Hospital’s overall profit or loss | 5.41% |
| Operating Margin | A Critical Access Hospital’s performance on patient care | 3.62% |
| Debt Service Coverage | A Critical Access Hospital’s ability to pay obligations | 4.16 |
| Salaries to Net Patient Revenue | Measures labor costs relative to the generation of operating revenue from patient care | 47.13% |
| Medicare Inpatient Payer Mix | Measures the percentage of total inpatient days | 66.8% |
| Average Age of Plant | Average age of building and equipment in years | 12.32 |
| Long Term Debt to Capitalization | Measures the amount of capital that is financed with debt | 31.19 |

**Audit Report from Weston County Health Services
Internal Volume on Trending Data**

| | FY 2019 | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|-------------------------------|---------------|---------------|---------------|---------------|---------|
| Net A/R in days | 72 | 69 | 55 | 53 | |
| Days Cash | 6 | 82 | 36 | 10 | |
| Overall Profit/Loss | \$412,295 | \$2,992,528 | \$168,731 | \$6,842,757 | |
| Patient Care Profit/Loss | (\$2,162,0820 | (\$1,738.362) | (\$2,453,675) | (\$3,022,723) | |
| Debt Service Coverage | 1.7 | 2.7 | 1.7 | 3.5 | |
| Salaries: Patient Revenue | 60.3% | 55.4% | 58.3% | 62.4% | |
| Medicare | 37% | 37% | 36% | 39% | |
| Long Term Debt | \$8,452,677 | \$8,866,365 | \$5,736,380 | \$4,455,591 | |
| Hospital Trending Performance | | | | | |
| ED Visits | 1,211 | 1,565 | 1,479 | 1,634 | 1,883 |
| Inpatient Admission | 7% | 7% | 9% | 11% | 8% |
| Swing Bed | 51 | 67 | 107 | 79 | 90 |
| Clinic Visits | X | X | X | 9,357 | 10,118 |
| Manor ADC | 54 | 52 | 46 | 44 | 41 |
| Home Health | 3,439 | 1,672 | 1,808 | 1,924 | 2,253 |
| PT / OT | 3,332 | 4,855 | 5,154 | 5,538 | 5,420 |

What does good look like?

- Department leader’s financial literacy
- CEO, leadership team, SMART goal methodology tied to financial objectives
- Board of Trustee oversight using the nine metrics above and trending towards established annual goals

Financial Management Recommendations

1. Monthly management (Priority) and trended volume reports to be sent to all department leaders monthly and reconciled with corrective plans to meet budget.
2. Establish reasonable goals on the nine metrics (Priority) for the Board of Trustees.

Financial Management Recommendations (Continued)

3. Develop financial leadership education and training (Priority) for department leaders on budget development, variance management, labor productivity, supply management, and capital requests.
4. Develop Board of Trustee education and training (Priority) on how to read financial reports.
5. End of Month/Year financial statements and reports to be written with Month & year-to-date detailed explanations of major categories and activities.
6. Develop an end of year report that is fully reconciled with written explanations comparing previous year and budget. The Board Finance committee should conduct an in-depth reconciliation with the (fractional) CFO and CEO with a summary report to the entire Board of Trustees.
7. Develop compensation standards to control cost and limit experience and compensation equity gaps between employees.
8. Review and renegotiate contracts every 1-2 years to capture the highest possible reimbursement.
9. Develop Med-Scanning solutions to gain capability of monitoring performance and increase both safety and charge capture.
10. Reduce the reliance on agency to control costs and strengthen culture.

Hospital Foundation

Hospital foundations are dedicated to meeting the needs of the health system through generous community member giving. Foundations are often the financial link between the health system's ability to deliver high-quality care and the community's need for lifesaving education and technology.

Weston County Health Services Foundation is a legally separate entity. The Foundation is organized as a Wyoming nonprofit corporation and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Foundation's sole purpose is to provide benefits directly or indirectly to the Hospital. At least two members of the Board of Trustees are also members of the Foundation Board of Directors.

Foundation Insights: Through leader and staff interviews, documentation reviews, and observations the following was noted:

- **Strength:** Support of staff through scholarships
- **Strength:** Ability to positively impact the care at WCHS
- The Foundation, Board of Trustees, and CEO have not been as effective as in the past
- Regular meetings with CEO for thank you notes recommended
- Shelf ready project options for donor selection are recommended
- Marketing and social media strategies needed

What does good look like?

- Strong communication between the CEO and President of the Foundation to provide tangible investment opportunities for community members who wish to contribute.
- Timely feedback to community members for contribution.
- Periodic updates to previous contributors on how their investment is impacting the community.

Weston County Health Services Foundation Recommendations

1. Shelf ready projects (Priority): Work closely with senior leadership to build binder of shelf ready projects/equipment for donors to review.
2. CEO and Foundation president to write monthly thank you notes (Priority) and make calls to strengthen connection donor with WCHS.

Foundation Recommendations

3. Participate in the Strategic Planning process with Board of Trustees focusing on strengthening the foundation, outreach, program, donor strategies, and alignment with WCHS Mission, Vision, and Values.
4. Conduct planning session with a focus on strengthening the foundation, outreach, program, donor strategies and alignment with WCHS and its Mission, Vision and Values.
5. Partnering with WCHS, create a Foundation marketing strategy that aligns with WCHS's strategic direction, brand, services, and culture.
6. Strengthen social media presence on LinkedIn, Facebook, and Instagram to maximize organizational visibility to all audiences.
7. Develop a professional Foundation website or link with WCHS to include professional photos, services definitions, and an events calendar.

Closing Remarks

Weston County Health Services is an organization committed to delivering high-quality patient care to its community. The entire team has a deep desire to grow stronger and better. There are several shining stars within Weston County Health Services.

The primary objective of this assessment was to reaffirm strengths where WCHS is doing well and to identify opportunities for improvement. The assessment can inform the new Chief Executive Officer, Board of Trustees and stakeholders of where WCHS is on May 2, 2024. This assessment should further demonstrate the Board of Trustees and administration's commitment to process improvement.

Following a prioritized, structured, supported, and visible approach to process improvement, Weston County Health Services can accelerate the journey to leading the area in delivering safe, high-quality care, in a customer-oriented manner. From those who study organizational theory, process improvement, and commitment to excellence, the data strongly suggests:

Vision/Framework

- From one to three years, an organization will transition from baseline to one that consistently acts according to goals.
- From three to five years, an organization will transition from acting according to goals to one that consistently thinks according to goals.
- From five years to twelve years, is the Good to Great journey espoused by Jim Collins.
- From twelve years to twenty-five years, is the Malcolm Baldrige National Quality Award journey, the highest level of national recognition that a U.S. organization can receive for performance excellence, named after President Reagan's Secretary of Commerce.

Weston County Health Services (WCHS) stands as a beacon of quality healthcare within its community, housed within a facility as beautiful as it is functional. The dedication and strong desire among the staff, leaders, and providers, to collaborate as a unified team are palpable. This support extends into a shared commitment to enhance and sustain local healthcare services, a testament to the deep communal ties that bolster WCHS.

Despite these strengths, WCHS, like many rural healthcare organizations, confronts challenges that include resource constraints, recruitment and retention of specialized staff, and the need to navigate the rapidly evolving healthcare environment. Addressing these challenges requires a focused and strategic approach that emphasizes patient-centered care and aligns with industry standards and best practices. It is essential for maintaining quality care and sustaining healthcare within the region.

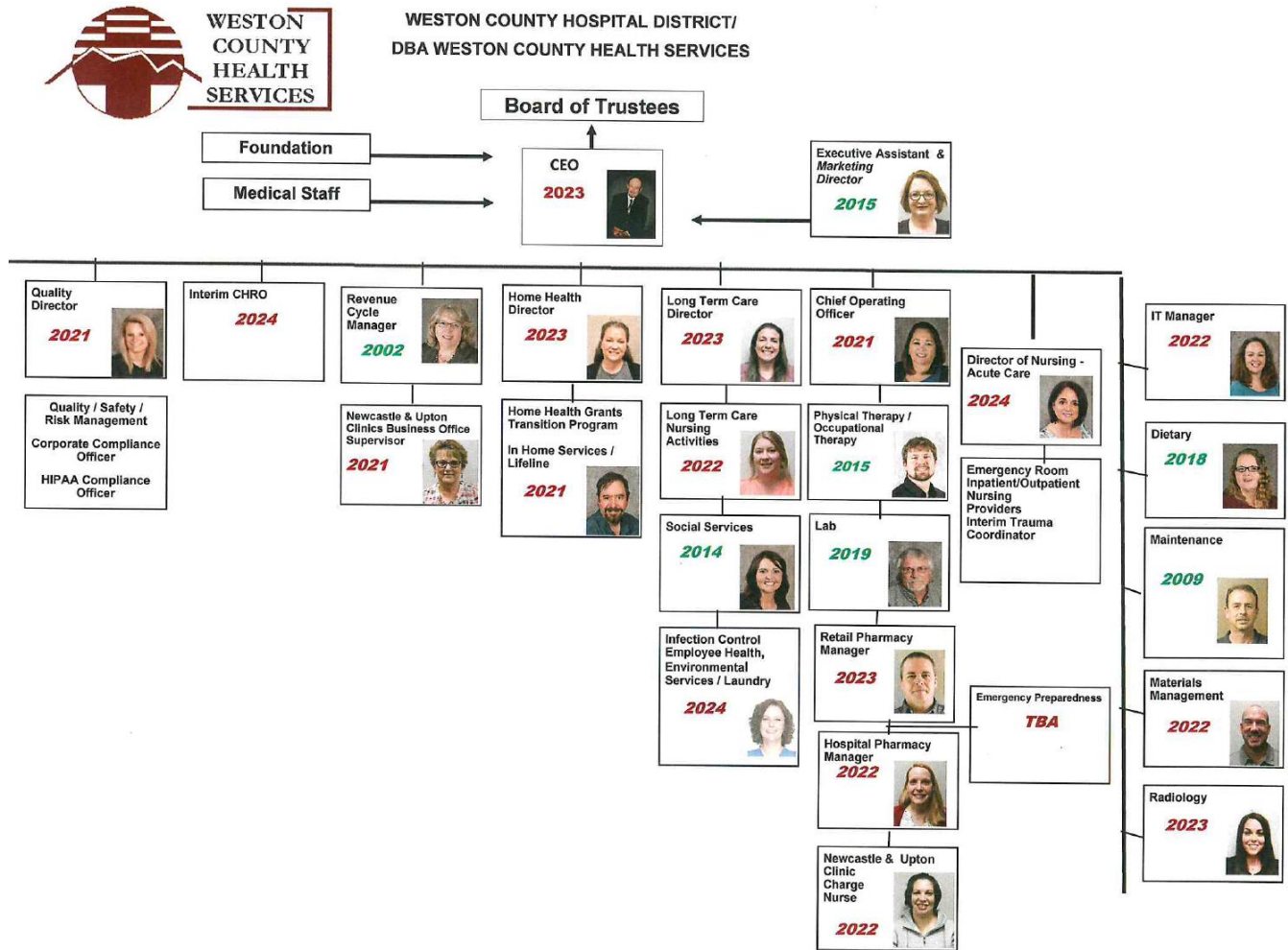
The potential for WCHS to further develop specialty services is significant, offering an opportunity to meet the unique health needs of the community while keeping care local—a crucial strategy for sustainability. Expanding these services not only meets immediate health needs but also underpins long-term community well-being.

It has been a privilege to collaborate with such a dedicated group of healthcare professionals at WCHS. Your team’s commitment to excellence and community health is inspiring. As WCHS continues to earn and uphold the trust and loyalty of the community—a community deeply invested in the hospital’s success—the path forward looks exceptionally promising.

With heartfelt thanks for the opportunity to work alongside your team, and with continued support and strategic focus from the leadership and community, WCHS is poised to grow stronger and more responsive to the health needs of its residents. The ongoing dedication of the Board of Trustees and the leadership team to these principles ensures that Weston County Health Services remains a vital pillar in the community, significantly benefiting the population it serves.

Appendix A

Organizational Chart with Tenure



Appendix B



Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade.

[Browse objectives by topic](#)

355

Healthy People 2030 includes 355 core — or measurable — objectives as well as developmental and research objectives.

<https://health.gov/healthypeople>

Appendix C

Wyoming Critical Access Hospital Comparison

| | WCHS | West Park | Crook County | Hot Springs | Johnson County | Memorial | Memorial | Niobrara | South Lincoln | Star Valley | Three Rivers | Washakie |
|-------------------------------|------------------|---------------|-----------------|--------------------|----------------|----------------|----------------|--------------|-----------------|--------------|--------------|----------------|
| Town Name | Newcastle | Cody | Sundance | Thermopolis | Buffalo | Rawlins | Douglas | Lusk | Kemmerer | Afton | Basin | Worland |
| Population, Town | 3,395 | 10,406 | 1,118 | 2,682 | 4,775 | 8,174 | 6,495 | 1,422 | 2,453 | 2,356 | 1,338 | 4,830 |
| Population, County | 6,758 | 30,965 | 7,765 | 4,699 | 8,924 | 14,130 | 13,853 | 2,360 | 21,089 | 21,089 | 12,157 | 7,696 |
| Facility | | | | | | | | | | | | |
| # of Employees | 140 | 429 | 72 | 112 | 140 | 180 | 411 | 41 | 123 | 516 | 48 | 94 |
| Average Age of Facility | 11.05 | 14.88 | 8.65 | 5.55 | 12.25 | 19.67 | 9.14 | 6.57 | 13.31 | 10.62 | 9.1 | 13.15 |
| Total Facility Square Footage | 47,237 | 264,202 | 25,453 | 66,368 | 63,836 | 70,360 | 97,997 | 30,347 | 38,454 | 81,023 | 20,042 | 79,177 |
| Performance | | | | | | | | | | | | |
| Average Length of Stay | 3 | 3 | 3 | 2 | 4 | 4 | 3 | 2 | 4 | 2 | 2 | 3 |
| Bed Utilization Rate | 39.86% | 55.13% | 24.40% | 28.73% | 16.91% | 17.90% | 30.71% | 75.42% | 20.24% | 27.21% | 17.97% | 19.27% |
| Case Mix Index | 1.01 | 1.44 | 0.97 | 1.02 | 0.95 | 1.28 | 1.73 | 1 | 1.02 | 1.78 | 1.15 | 1.29 |
| Discharges | 158 | 1200 | 121 | 499 | 246 | 382 | 774 | 110 | 71 | 718 | 118 | 353 |
| ER Visits | 2,737 | 8,550 | 196 | 2,063 | 3,229 | 6,528 | 6,719 | 1,131 | 4,081 | 3,875 | 1,161 | 8,634 |
| Financials | | | | | | | | | | | | |
| Cash on Hand | \$3,570,817 | \$58,287,621 | \$888,371 | \$6,777,913 | \$460,917 | \$695,095 | \$3,254,585 | \$7,592,637 | \$1,732,322 | \$14,754,359 | \$108,917 | \$110,001 |
| Net Operating Profit Margin | -25.76 | -0.94% | -21.08% | -14.96% | -21.26% | -27.36% | -1.87% | -12.43% | -28.95% | -46.00% | -55.44% | -1.73 |
| Net Patient Revenue | \$21,593,442 | \$122,785,146 | \$11,414,480 | \$31,617,316 | \$22,800,888 | \$30,222,113 | \$92,721,194 | \$9,338,672 | \$17,703,963 | \$81,998,074 | \$7,546,266 | \$28,133,231 |
| Total Operating Expenses | \$27,156,493 | \$123,947,408 | \$13,821,243 | \$36,349,605 | \$27,649,884 | \$38,493,631 | \$94,461,569 | \$10,499,518 | \$22,829,949 | \$82,382,962 | \$11,730,027 | \$28,622,157 |
| Medicare | 14.30% | 19.60% | 20.50% | 26% | 20.80% | 23% | 16.80% | 22.60% | 15.10% | 19.70% | 32.90% | 31% |
| Medicaid | 12.10% | 8.20% | 11.20% | 5% | 9.20% | 14% | 4.30% | 0.40% | 7.30% | 2.80% | 10.60% | 3.90% |