Cheyenne Regional Medical Center

BOARD OF TRUSTEES
REGULAR SESSION MINUTES
May 28 ,2026 1:15 p.m. ~ Vista Room/WebEx

Board Members Present:
Pete Obermueller, President
David Cook, Vice President
Tanya Keller, Trustee
Paula Poythress, Trustee
Paul Massey, MD, Trustee
Sue Thompson, FNP, Trustee
Karlynn Quist, Secretary/Treasurer
Steven Leafgreen, Trustee

Excused:
Jacob Merrell, MD, Trustee

Staff Present:
Tim Thornell, CEO
Tracy Garcia, CNO
Robin Roling, COO
Yvonne Wigington, CFO
Evan Rainey, Medical Staff Coordinator
Dr. Drumhiller, CMO
Bret McManus, CRMG President/VP of Operations
Joanna Vilos, CLHRO
Scott Fox, Foundation Executive Director
Max Machalek, Manager Data Management

Medical Staff Leadership:
Dr. Rene Hinkle, Chief of Staff

Guests Present:
Kevin Unger, UCHealth
Diane Zdziennicki, UCHealth (WebEx)
David Lind, Foundation Chair
Dr. Rage Geringer
Crav-A-Bowl Team

Minutes: Dallas Bacon, EA

CALL TO ORDER/ QUORUM	President Obermueller called the May 28, 2026 Regular Session meeting of the Board of Trustee to order at 1:15 p.m. A quorum was present.
PHYSICIAN AND STAFF RECOGNITION	Mr. Thornell recognized: • Dr. Rage Geringer, Pulmonary Medicine for pioneering robotic pulmonary care, enhancing the hospital's leadership in this field. Additionally, they have seen dramatically lower rates of complications than are typically seen in lung biopsy via use of the Galaxy System. Dr. Geringer is active in medical education, on the Lung Cancer Board for the American College of CHEST Physicians, and is a board member for the CRMC Foundation. • The Crav-A-Bowl Food Truck team as they continue to provide healthy, affordable meals, earning local awards and praise from the Department of

	Health and Human Services.
FOUNDATION UPDATE	Dr. Lind and Mr. Fox provided an update from the Foundation to include: • First annual Community Appreciation Social was held on April 28th, with more than 300 in attendance. Sodexo provided amazing food and mocktails. The highlight of the event were the tours, highlighting Cheyenne Regional "Today, Tomorrow, and the Future." • The Foundation's annual support for Hospital Week included food trucks, goat therapy, and catered lunch for the clinics and Davis Hospice Center. • The Foundation scholarship application window is open & applications are due on June 1st. • The Chamber announced their "Top 5" for each of their annual awards categories. The CRMC Foundation is nominated for the "Community Service" award & Rylee is nominated for the "Emerging Leader" award. Cheyenne Regional is also nominated for the "Large Business" award. The annual banquet is on June 12th. Casey Robinson left at 1:27pm. Included in the Board Packet is the Executive Director's report.
CONSENT AGENDA	It was moved, seconded, and carried to approve and accept as presented those items on the consent agenda which included the following: • The Regular Board minutes dated April 23, 2026; • The Board Finance Committee minutes dated April 16, 2026; • The Board Finance Investment Subcommittee minutes dates April 13, 2026; • The Board Quality Committee minutes dated April 16, 2026; • The Board Strategy Committee minutes dates April 28, 2026; and • Write off $3,319,546 for April 2026 in Hospital accounts receivable to bad debt collection agencies per CRMC policies and procedures. write off $762,622 for April 2026 for patients who have met the Community Benefit/Charity Care criteria. • Policies o 7.01.015 Donations Policy o 7.01.019 Capital Equipment Policy • Contracts o Vitalant o Sodexo o Wyoming Urological Services
BOARD PRESIDENT REPORT	Mr. Obermueller provided the President report to include: • Introduction of Dallas Bacon
MEDICAL STAFF REPORT	The report from the May 11, 2026, Executive Committee of the Medical Staff meeting was included in the packet for review to include:

	• Dr. Hinkle discussed the revisions that are being recommended to the Family Medicine Privilege Card, that includes Surgical Obstetrics. She noted that the recommendations from OB Services to the Credentials Committee were accepted and recommended to the Executive Committee. • A copy of a proposed list of Service Lines with the designated specialties was available for review. Dr. Hinkle reminded members that she plans on taking the final proposal to the Board of Trustees in June. • Mr. Thornell reported that John Russell, Director of Materials Management, has announced his resignation and Ray Weiser, who has been shadowing with Ms. Roling, has accepted the position and will be working with Mr. Russell until his retirement. He also announced that Dallas Bacon joined CRMC and will support Administration and Governance (Board of Trustees). • Ms. Vilos advised that Horty Springer has had an opportunity to review the current Medical Staff Bylaws and Rules and will be scheduling a call to discuss their findings with the hospital and medical staff leadership. • Dr. Drumhiller provided a copy of the Clinical Chain of Command policy as a reminder of the process for contacting a health care practitioner with concerns regarding patient care. He noted that nursing staff will also be reminded of the policy. • Dr. Drumhiller advised that there had been no administrative suspensions related to the Medical Records Completion policy. He noted that practitioners can enter an email address that would notify them if there is a pending suspension notification in their Epic InBasket. • Ms. Garcia advised that twenty-eight (28) nurses have been hired from LCCC's recent class. • Ms. Roling advised that the construction at Behavioral Health Services (BHS) Outpatient is complete. Work continues in the inpatient side to include adding two (2) PICU beds. • The following policies were approved as presented. o 02.12.003 Computerized Tube System o 09.01.004 Patient's Own Medications o 09.02.009 Immediate-Use Compounding o 09.03.002 Anticoagulation Reversal and Procedural Anticoagulation Management o 09.04.013 Pharmaceutical Services at Remote Locations – CRMG o 09.06.002 Controlled Substances - Distribution o 09.07.005 Concentrated Electrolytes for Adults o 09.07.007 Restricted Intravenous Medications o 13.06.001 SBAR - Hand Off Communications o 13.08.008 Therapeutic Phlebotomy o 13.11.012 After-hours Patient Meals and Meals from the Greenhouse Grill • Temporary privileges granted in April 2026 and are informational to the Board: o Jonathon D. Medina, MD, Family Medicine o Philip L. Sanders, FNP-C, Nurse Practioner o Susan K. Potterveld, DO, Pathology o Matthew J. Baechle, MD, Internal Medicine/Hospitalist

	○ Joel A. Miller, MD, Emergency Medicine Items requiring action: It was moved, seconded, and carried to approve the following request of the Executive Committee of the Medical Staff at the meeting May 11, 2026: Associate Staff – Membership and Privileges for: • Michael O'Neil, MD, Anesthesiology • Jonathon D. Medina, MD, Family Medicine It was moved, seconded, and carried to approve the following request of the Executive Committee of the Medical Staff at the meeting May 11, 2026: Privileges only – Locum Tenens for: • Susan K. Potterveld, DO, Pathology It was moved, seconded, and carried to approve the following request of the Executive Committee of the Medical Staff at the meeting May 11, 2026: Privileges only – Allied Health for: • Katelyn C. Holloway, PA-C, Physician Assistant • Philip L. Sanders, NP, Nurse Practitioner It was moved, seconded, and carried to approve the following request of the Executive Committee of the Medical Staff at the meeting May 11, 2026: Privileges only – Delegated Credentialing Real Radiology for: • Akilan Gopal, MD, Radiology • Ian Landis, MD, Radiology It was moved, seconded, and carried to approve the following request of the Executive Committee of the Medical Staff at the meeting May 11, 2026: Privileges only – Delegated Recredentialing Real Radiology for: • Colin M. Thompson, Radiology • Jeanne P. Zenge, MD, Neonatology It was moved, seconded, and carried to approve the following request of the Executive Committee of the Medical Staff at the meeting May 11, 2026: Privilege Card: • Family Medicine – to include Surgical Obstetrics
CEO REPORT	Mr. Thornell's report was included in the packet for review. Mr. Thornell discussed the following: • Featured presenter for Vizient Governance Academy Virtual Learning Series with Jason Spring (4/30). Panel participant on

	same subject with Jason Spring at WHA Governance Meeting in Sheridan, WY (5/19). • Hosted Department of Health and Human Services (DHHS) Regional Director Victoria Seaman at CRMC, toured facility, and discussed national healthcare topics including 340B and site neutrality (5/12). • Hosted CRMC's annual WWAMI graduation event in Seattle, WA with 160+ attendees. • Celebrated Hospital Week beginning with the Services Award Banquet at Little America where they recognize 5 years to 30 years of service at CRMC. Little over 150 people were recognized. • 14 of 29 graduating students hired from LCCC's nursing program. LCCC had first graduating class for Respiratory Therapists and CRMC hired four from that class. • CRMC was given a CMS 5 star rating for cleanliness. • Healthgrades recognized CRMC for being in the top 15% for patient experience. • Rural Health Transformation Fund (RHT): Wyoming had to resubmit the application for approval. More details to come. Dr. Unger provided a UC Health update. The following management reports were provided in the packet: • Dr. Roling, COO division management report • Ms. Garcia, VP Clinical Services/CNO division management report; • Dr. Drumhiller, CMO division management report; • Ms. Vilos, CL&HRO division management report; • Mr. McManus, President CRMG division management report; • Ms. Wigington, CFO division management report; and • Mr. Robinson, VP of Operations division report.
VP Presentation: HR Report	Ms. Stevens, Mr. Clifton, and Mr. Carpenter presented information on the Wellness program, Evercheck implementation, and recruitment efforts. • Wellness Program: o Over 600 employees attended the annual wellness fair, along with 20+ Vendors sharing information about CRMC's wellness benefits. o Highlighted Employee Assistance Program (EAP) that includes free access to the Calm app, legal resources, financial guidance, and more. • Compliance: o Implemented the Evercheck program to help strengthen compliance tracking and significantly improve license and certification management o This program will help saving 149 working hours a year. • Recruiting:

	○ They implemented an industry-leading AI enabled recruiting platform to expand their labor reach and built 35 automations. They've started exploring fraud detection, while executing targeted recruitment strategies. ○ Performance and Evaluations: • New 8-point scale that allows for more flexibility where the 10-point scale and the 5-point scales did not allow. • Added 3 new categories including Growth Opportunity – Meets Expectations, Meets Expectations – Exceeds Expectations, and Exceeds Expectations – Role Model.
BOARD FINANCE AND AUDIT COMMITTEE	Ms. Wigington presented the proposed FY27 operating budget and capital budget. It was noted the FY2027 budget was reviewed by the leaders of the organization and the Board Finance and Audit Committee. Highlights from the budget include: • Increased volume for inpatient, outpatient, and physician clinics. • Revenue: ○ Rate increase of 5%. • Expenses: ○ Estimated 3% merit increase and a 2% market adjustment, effective March 2027 ○ Operating Expenses - Increase over Projection ○ Purchased Services at 13.8% ○ Supplies, including Drugs at 6.5% ○ Utilities at 4.7% ○ Other Expenses at 13.7% • Capital Budget of $37 million. It was moved, seconded, and carried to approve the following request: • Approve the FY2027 operating budget and capital budget, as presented.
BOARD QUALITY AND PATIENT SAFETY COMMITTEE	It was moved, seconded, and carried to approve review of the contract metrics in three months for the following contract that did not meet the requirements, as presented at the May 21, 2026 Board Quality & Patient Safety Committee meeting. • Dr. Watkins Dr. Lisa Burton presented on the CRMC Trauma Department. Highlights of the presentation include: • Achieved the American College of Surgeons (ACS) Level III certification. • The importance of certification verification. • Reviewed the data to Trauma Quality Improvement Program (TQIP) as of Spring 2026 • Value of the ACS verification and challenges of the ACS verification. • Discussions had about how to get us to a Level II.
BOARD STRATEGY AND PLANNING	Ms. Roling and Mr. Machalek presented the FY2027-2029 Strategic Plan. Highlights from the plan: • Including the phrase "including Zero Preventable Harm."

COMMITTEE	• Adjusting the HCAHPS Score goal to 68%. • Improving Vizient Quality and Accountability Safety Domain to 58%. • Adjusting the operating margin to 3.9%. • Improved access to new patient appointments goals for PCP, Cardiology, and Oncology/ Hematology. • Addition of several projects for all four categories. It was moved, seconded, and carried to approve the draft FY2027-2029 Strategic Plan.
BOARD COMMUNITY HEALTH & BENEFIT COMMITTEE	In the grant cycle with 30 applications and currently starting the process to research and interview with approvals to follow.
ADJOURN TO EXECUTIVE SESSION	It was moved, seconded, and carried to adjourn to Executive Session at 3:27 pm to discuss those matters not open to the public under W.S. § 16-4-405(ii), (iii), and (ix).
RECONVENE FROM EXECUTIVE SESSION	The Trustees reconvened from their Executive Session at 4:14 pm. A quorum was present. It was moved, seconded, and carried to approve the minutes from the April 23, 2026 Executive Session. It was moved, seconded, and carried to approve Item A from the Executive Session.
ADJOURNMENT	There being no further business, the meeting was adjourned at 4:14 pm.

Pete Obermueller
President

Karlynn Quist
Secretary/Treasurer