

**ESTES PARK MEDICAL CENTER
BOARD OF DIRECTORS
January 23, 2018 Meeting Minutes
Timberline Conference Room**

Board Members in Attendance

Mr. William C. Pinkham, Chair; Dr. David Batey, Vice-Chair; Dr. Monty Miller, Treasurer; Ms. Diane Muno, Secretary; Ms. Sandy Begley, Member-At-Large.

Other Attendees

Dr. Larry Leaming, CEO; Randy Brigham, Chief HR Officer; Dr. Martin Koschnitzke, CMO; Mr. Tim Cashman, CFO; Gary Hall, CIO; Dr. Aaron Florence, COS; and others.

Call to Order

The Board Open Session was Called to Order at 4:02 p.m. by Mr. Pinkham, Chairman of the Board of Directors; there was a quorum present. Notice of the Board Meeting was posted in accordance with the SUNSHINE Law Regulation.

Approval of 01/23/18 Meeting Agenda

A motion was made by Dr. Batey to approve the 01/23/18 meeting agenda; the motion was seconded by Dr. Miller. A verbal vote was requested – the ayes were unanimous and the motion was carried.

Public Comments

- A sign-in sheet was available for community members to sign up to speak.
- Sign in sheet can be requested through the Administration office at Estes Park Medical Center.
- Dr. Paul Fonken signed up to speak, but deferred his comments to the discussion of the Epic software conversion.

Board Member Comments

- Dr. Miller stated he had an accident over the Holidays and received exceptional care from both the Timberline Clinic and the EPMC Lab and x-ray – both facilities are a great asset to this community.
- Ms. Begley reported that the Board has been working very hard getting up to speed on the strategic planning vision for EPMC.

Mission Stories

- Two thank you notes were recently received, shared with the Board, and posted on the EPMC website.
- Dr. Batey stated he met a community member who reported being seen in our Emergency Department several times recently, and at each visit they felt the care they received was outstanding; the staff were responsive and very kind.
- Dr. Leaming congratulated the EPMC staff in their handling of the recent flu outbreak – all did Yeoman's work responding to the staff and community's healthcare needs; many worked extra shifts to help with the outbreak. Joe Ward, Infection Control, led the charge with masking and handwashing instructions, leading by example by wearing a mask daily, even though he was not ill.
- Dr. Fonken shared the story of a patient who had just arrived at the Timberline Clinic when he experienced a sudden cardiac arrest in the lobby; the EPMC ambulance and crew arrived quickly, and the patient was transported to the EPMC Emergency Department, and then flown to MCR for care. The patient had an excellent outcome, in great part due to the quick response times.

Consent Agenda Items

- 12/05/17 Board Meeting Minutes
- SAFETY – Chief Information Officer
- PEOPLE - Chief Human Resources Officer
- SERVICE - Chief Nursing Officer
- QUALITY - Chief Medical Officer
- FINANCE – Chief Financial Officer
- LEADERSHIP – Chief Executive Officer
- Chief of Staff Report

All reports are available upon request through the Administration office at Estes Park Medical Center.

A motion was made by Dr. Batey to accept the Consent Agenda items as submitted; the motion was seconded by Ms. Muno. A verbal vote was requested – the ayes were unanimous and the motion was carried.

Presentations

- Brief Updates:
 - Bylaws – Dr. Leaming reported that both the Medical Staff and the Governing Board are working on revising their bylaws. The Medical Staff Bylaws have been reviewed by our Legal Counsel. The Medical Staff Bylaws Committee will be deciding the best way to share these changes and to engage the non-committee members moving forward. Legal counsel has returned a crosswalk for the Board Bylaws – a Board Bylaws Subcommittee meeting has been scheduled for February 14th to discuss the crosswalk.
 - Quality – Dr. Koschnitzke briefly discussed the 2017 year-end Quality Dashboard (included in the Board packet). The statistics look good; the Quality Department is anticipating a visit from DNV (hospital accreditation) in February – the Quality Team has done a great job identifying areas of concern in preparation for this visit.
- Medical Staff Privilege Waiver Request – Dr. Florence reported that Dr. Van der Werf had submitted a request to be waived from pediatrics call. The waiver request was denied by the Medical Staff Medical Executive Committee; as a result, Dr. Van der Werf has resigned his Active status and has requested Courtesy staff status (courtesy staff providers do not have the ability to admit patients to the hospital, but they can see patients in PPLC, Home Health/Hospice, etc. They also cannot vote or hold office on the EPMC Medical Staff). Dr. Fonken stated that Dr. Van der Werf said he would be happy to return to Active status once Neonatal coverage has been obtained.

A motion was made by Dr. Miller to approve the action of the Medical Staff Medical Executive Committee in denying Dr. Van der Werf's Waiver Request; the motion was seconded by Ms. Begley. A verbal vote was requested – the ayes were unanimous and the motion was carried.

- Finance – November 2017 Financial Report – Mr. Cashman requested deferring the discussion on the financials until next month. Dr. Miller reported that the Board Finance Subcommittee met January 19th and reviewed the budget, where a small positive increase was noted in cash-on-hand.
- Electronic Health Record System, Epic – This proposed transition was discussed at length; summary of discussion:
 - Community/Taxpayer benefits:

- ✓ Superior Electronic Medical Records (EMR) via one platform versus the multi-software applications currently in use;
 - ✓ This transition would be in the best interest of our patients, as the majority of their health records would be on a single platform with easy access for all of their providers;
 - ✓ Epic provides better access to new clinical practice protocols and standards of practice.
- Why convert to Epic?
 - ✓ Significantly more advanced and integrated medical records, with highly evolved clinical decision support tools - far beyond our current capabilities. Ease of use for Medical Staff and access for the patient via a much more advanced patient portal than we currently have;
 - ✓ Allows immediate and more easily shared patient information regionally, statewide, and nationally due to presence of Epic across the nation (as well as almost exclusively across the Front Range);
 - ✓ Unsustainability of current multiple software platforms – currently physicians and staff spend much of their day just seeking needed patient information from the various platforms rather than in a single patient record.
- Projected value?
 - ✓ An investment in the stability and future of EPMC – we need to take the right steps and invest in our future. This will set us up for a long-term platform of best practices in Electronic Health Records management;
 - ✓ Over seven (7) years there will be a minor increase in the annual EHR cost – the initial up-front costs can be depreciated quickly;
 - ✓ As EPMC is a Critical Access Hospital, Medicare will pay for its portion of the cost.
- Where will the money come from?
 - ✓ EPMC's cash-on-hand is at 200 days – higher than the benchmark of other similar hospitals;
 - ✓ A three-year pay-out structure;
 - ✓ Improved Medicare cost-based payments;
 - ✓ Better clinical outcomes and performance may lead to better reimbursements in the pay-for-performance environment.
- What will be our relationship with UCHealth?
 - ✓ EPMC will simply be renting software and IT system support;
 - ✓ A more consistent medical records system;
 - ✓ UCH brings current research and expertise to the clinical protocols for patient care accessible to our physicians.
- Will our independence be protected?
 - ✓ EPMC remains a Special District pursuant to Colorado law – no discussion or intent to transfer governance;
 - ✓ UCHealth is simply a vendor-partner in this relationship – nothing more/nothing less;
 - ✓ All of our data are independent from UCHealth data – however, UCH physicians and EPMC physicians will be able to immediately and thoroughly share patient-care information through the continuum of care at EPMC or UCH hospitals, as well as other Epic hospitals and provider offices.

- Impact to the patient:
 - ✓ Potential for minor slow-down for the first two weeks in admissions. Appearance of patient bills will change. The intent is to allow more direct time with the patient versus the provider working with three (3) different medical records systems;
 - ✓ Physicians will have better access to patient information, regardless of where the care was delivered.
- How is patient information protected?
 - ✓ Currently, patients' data are stored in a secured environment – with Epic, our Protected Health Information (PHI) will reside in a secured off-site hosted environment with redundant back-up – no different than today.
- Implementation timelines:
 - ✓ Implementation will certainly take up time and resources for the next 12-15 months;
 - ✓ Our current operations will be strained by the additional workload and learning curve;
 - ✓ Other strategic initiatives may take longer to implement due to limited time and resources caused by the implementation.
- Testimonial:
 - ✓ Dr. Paul Fonken, Timberline Clinic, shared his experiences with Epic – Timberline has been using Epic for the past four years, and physicians and staff are very happy with it. Over 25% of the nation's healthcare facilities are on Epic. Key patient data can be accessed with just a click. He reported the transition to Epic took about one year, and believes it was well worth the time and monetary investment. Quality and coordination of care are two benefits of Epic.

A motion was made by Dr. Batey to approve the proposal to convert Electronic Health Records to the Epic/Lawson platform with the University of Colorado Health, and authorize Administration to finalize negotiations and sign the implementation agreement; the motion was seconded by Dr. Miller. A verbal vote was requested – the ayes were unanimous and the motion was carried.

Unfinished/New Business

- Establish 2018 Board Meeting Calendar – the proposed calendar was discussed. It was proposed to hold regular Board meetings the last Monday of each month, from 4:00 – 6:00 p.m., at EPMC, in the Timberline Conference Room.

A motion was made by Dr. Batey to accept the Board Meeting Calendar FY 2018 as submitted; the motion was seconded by Ms. Begley. A verbal vote was requested – the ayes were unanimous and the motion was carried.

- Resolution 2018-01, Appointment of Designated Election Official for May 8, 2018, Special District Mail Ballot Election – the proposed resolution was discussed appointing Julie Yaden as the Designated Election Official for the upcoming May 8, 2018, mail ballot election. A mail ballot election will be conducted as it affords greater community engagement and voter turnout.

A motion was made by Dr. Miller to accept Resolution 2018-01; Ms. Begley seconded the motion. A verbal vote was requested – the ayes were unanimous and the motion was carried.

- Approval of Public Meeting Notice Posting Sites – proposed public notice posting sites, in accordance with the SUNSHINE Laws, were discussed.

Dr. Batey made a motion to approve the public notice meeting posting sites, with the addition of the Estes Park Community Center upon its opening in March; the motion was seconded by Dr. Miller. A verbal vote was requested – the ayes were unanimous and the motion was carried.

Adjournment

The Chairman of the Estes Park Medical Center Board of Directors, Mr. William Pinkham, adjourned the January 23, 2018, Board Meeting at 5:46 p.m.



William C. Pinkham
Board Chair