

ESTES PARK HEALTH BOARD OF DIRECTORS'
July 30, 2018 Regular Meeting Minutes
Timberline Conference Room

Board Members in Attendance

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

Other Attendees

Dr. Larry Leaming, CEO; Randy Brigham, Chief HR Officer; Cindy Standlee, CNO; Mr. Tim Cashman, CFO; Dr. Martin Koschnitzke, CMO; Dr. Aaron Florence, COS; Gary Hall, CIO; community members; et al.

Executive Session

A motion was made by Dr. Miller, pursuant to §24-6-402(4)(e), C.R.S., for the purpose of determining positions relative to matters that may be subject to negotiations, developing strategy for negotiations, and instructing negotiators; the motion was seconded by Mr. Pinkham. A verbal vote was requested – the ayes were unanimous and the motion was carried.

Executive Session was called-to-order at 3:01 p.m.

A motion was made by Dr. Miller to adjourn Executive Session and convene Open Session; the motion was seconded by Mr. Pinkham. A verbal vote was requested – the ayes were unanimous and the motion passed; Executive Session was adjourned at 3:55 p.m.

Call-to-Order

The Board Open Session was called-to-order at 4:01 p.m. by Dr. Batey, 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 07/30/18 Meeting Agenda

A motion was made by Ms. Begley to approve the 07/30/18 meeting agenda as submitted, but with one modification - the addition of an Executive Session following Open Session to discuss potential negotiations; the motion was seconded by Ms. Muno. 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.
 - Ms. Chris Benight voiced two concerns:
 - The infusion program:
 - ✓ She stated that the frontline personnel are wonderful and all extraordinary, friendly, comforting, and helpful, with a wonderful spirit; however, she recently received a letter from the Board stating infusion at EPH would be stopped. There was no mention in the letter when the program would be restarted, so she needed to go to Longmont for her treatments. She felt there was undue stress placed on patients who cannot commute as easily as she can to receive care. It turned out to be a glitch in the system and was resolved quickly, but this was never communicated to the patients; she wrote a letter to the Board, but never received a response.

- Dr. MacElwee:
 - ✓ She stated she had concerns about the way the matter with Dr. MacElwee was handled, which, unfortunately, fed despicable rumors in the community.

General Board Member Comments

- Dr. Miller – Kudos to Joe Ward, Infection Control, who, while expressing concerns about smoke from the recent fire, proactively inquired about extra room availability so he could stay the night if needed to monitor the air quality for our patients and visitors.
- Ms. Begley – The Board has heard comments from the community on issues; she wants to continue to hear all concerns and to work with community members to solve problems.
- Ms. Muno – Echoed Ms. Begley’s comments about community concerns.
- Dr. Batey – Shared that he has received several unsolicited comments from community members about how wonderful Dr. Lee (Internal Medicine) is. The topic of physician recruitment will be discussed later during tonight’s meeting.

Mission Stories

- Dr. Leaming reiterated that mission stories present an opportunity to highlight things that happen in the facility almost every day.
 - The EMS crews are working tirelessly to handle the significant increase in calls; very busy in July – will probably break 300 calls for the month for the first time.
- Dr. Koschnitzke applauded Randy Brigham’s quick efforts to arrange for emotional debriefing for staff who participated in a high-risk newborn transfer; all involved staff were very appreciative.
- Ms. Standlee reported on an incident that occurred in the Living Center (formerly PPLC) recently – a resident was eating some pie, and a piece became lodged in their throat. One of the nurses on duty quickly ran in, applied abdominal thrusts (patient was wheelchair-bound), and dislodged the piece of pie. The resident quickly recovered with no lasting effects; an example of our alert, quick-thinking staff.
- Ms. Muno shared a story concerning one of her employees who had been informed that her mother had fallen and had been taken to the EPH Emergency Department; she said the care received here was amazing, and the Emergency Department providers made a tricky diagnosis that had been missed at other facilities. The family was very appreciative of the fine care she received during her visit.

Consent Agenda Items

- Board Meeting Minutes:
 - 06.25.18 Regular Board Meeting
- Staff Reports:
 - SAFETY – Chief Information Officer
 - LEADERSHIP – Chief Executive Officer
 - FINANCE – Chief Financial Officer
 - MARKETING & COMMUNICATIONS – PR Coordinator

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

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

Presentations/Discussions

- End-of-Life Journey and Colorado End-of-Life Options Act – Ms. Standlee shared a PowerPoint presentation on the Colorado End-of-Life Options Act passed by voters in November of 2016.

Presentation Summary:

Who is eligible?

- Adults 18 years-of-age or older
- Terminally ill diagnosis
- Six (6) months or less to live
- Mentally capable of making their own healthcare decisions
- Capable of self-administering and ingesting the aid-in-dying drug

How to request:

- Two (2) verbal requests, at least 15 days apart, made to an individual's attending physician
- A written request must be made to the individual's attending physician
- Request must be witnessed by two (2) individuals, at least one (1) of which may not be related

Year One Statistics:

- 69 patients received prescriptions for the aid-in-dying medication
- 50 of those prescriptions were filled
- It is unknown exactly how many patients ingested the medication
- The median age of patients who received prescriptions was 75

Estes Park Health and the Act:

Estes Park Health will not prohibit physicians, care providers, and staff from participating in the Act to the level they are comfortable; however, we have not adopted a policy about allowing individuals to ingest the aid-in-dying medication on hospital property.

We do provide other alternatives to end-of-life care, e.g., Hospice services (palliative care for pain and other symptom control, emotional, and spiritual support for patient and family).

To be consistent with other services we do not offer or provide at Estes Park Health, we remain dedicated to assisting individuals in finding the specialist care where the services are provided.

For any individual seeking the end-of-life option, they should discuss their options with their primary care physician.

Physicians are not required to participate in the act – if an individual's attending physician chooses not to participate, the individual may request a transfer of their care to another provider. Our physicians have voted Not to participate in the act.

A series of presentations in the community is in the process of being scheduled; these meetings will deal with the end-of-life journey.

Discussion:

- Howard Lauren asked for clarification of the statement, "Our physicians have chosen not to participate." Ms. Standlee stated that the Medical Staff voted on the issue approximately 1-1/2 years ago to "opt out" of the act. Dr. Florence, Chief-of-Staff, stated that the Medical Staff were adamant about not wanting to revisit the issue and requested their votes remained anonymous.
- Judy Beechy provided a brief history of her husband's experience as a resident in the Living Center suffering with ALS. He felt very good about the care received in, ultimately utilizing

Hospice services. He passed away peacefully in his sleep; however, she stated if he had been experiencing severe, debilitating pain and was anxious or uncomfortable, he would have wanted to have the opportunity to take the medication.

- Dr. Batey stated that the Board is committed to listening and hearing all concerns expressed to aid with finding a solution. He suggested a confidential polling of the Medical Staff to see if their opinions have changed concerning opting in or opting out. The Board stated the deadline for holding community-wide discussions on this issue is the end of October 2018. Ms. Standlee will schedule a meeting in the Living Center for the residents and their families, as well as one at Good Samaritan should they agree to participate.

➤ Operations - Significant Developments:

- Executive Summary – Dr. Leaming reported that staff reports to the Board will occur on a quarterly rotating schedule. He also shared that Estes Park Health has received their three-year accreditation from DNV; a press release will go out shortly. We also received a grant from the State to assist with the purchase of a transfer ambulance. Finally, a big thank you to the Foundation for their support of the Living Center.

- Finance 2nd Quarter – PowerPoint presentation by Mr. Cashman discussed.

Summary:

- The first half of 2018 is reporting a Loss on Operations of \$1,950,074, compared to a Budgeted Loss of \$1,387,202.
- Gross Patient Revenues through June are 3% higher than Budget
 - ✓ Inpatient revenues are 14% under Budget and 3% under same period last year;
 - ✓ Outpatient revenues are 9% higher than Budget and 10% over last year;
 - ✓ Clinic revenues are 10% under Budget and 6% under last year;
 - ✓ PPLC visits and Revenues are tracking close to expectations;
 - ✓ Professional fees (non-clinic) are 8% over Budget year-to-date and 39% over last year.
- Expenses YTD are over Budget by approximately \$577K, and 13% higher than last year (or \$2.7M at the same time). Specific areas of note include Contract Labor and Contract Services.
- Safety, including Epic – Mr. Hall discussed the upcoming Epic/Lawson transition. Estes Park Health will not experience a significant impact of the transition during the busy summer months, as the more robust portion of the transition has been scheduled for the Fall 2018; Go-Live is projected for October/November 2019 – the project is proceeding at pace.
Safety/Emergency Preparedness – The method for safety documentation by Facilities Management is being changed and improved due to the recent DNV accreditation survey; the inspection process has changed as well. A facility-wide emergency preparedness drill has recently been completed; the plan is to participate with the town and other emergency services in a combined emergency preparedness drill this Fall.

➤ Projects:

- Strategic Plan Summary – PowerPoint presentation by Dr. Leaming.

Summary:

Why does Estes Park Health need a strategic plan?

- To ensure Estes Park Health remains sustainable, vibrant, and financially stable in the increasingly competitive and uncertain world of healthcare;
- To position Estes Park Health as the provider of choice for high quality and service excellence in the Estes Valley;
- To keep the organization strong, independent, and community owned.

Key Strategic Initiatives:

- Access to Care
 - ✓ Physician Recruitment
 - ✓ Streamlining Physician Workflow
- Urgent Care
- Estes Park Health Living Center
- Home Health and Hospice
- General Surgery
- General Medicine, Inpatient Care
- Orthopedics
- Cardiology
- Health & Wellness

Other Priorities:

- Master Facility Plan
- Medical Staff Engagement
- Medical Staff, Administration, and Governance Partnership

➤ Market and Communications – PowerPoint presentation by Ms. Taylor.

Summary:

- Our goal – to develop a strategic brand position that engages our community’s diverse population of residents and visitors.
- Our brand is more than a logo – our brand represents both the facts and the feelings, which we all experience when we hear our name. It’s a symbol of who we are, how we act, and what we give to others.
- Our new brand conveys/reflects our mission to help our patients heal and achieve total wellbeing. It conveys the full depth and breadth of our services. It defines who we are and helps us differentiate ourselves from the competition.
- Communications vision – to create a positive conversation with key stakeholders, e.g., employees, Board members, physicians, and community via:
 - CEO newsletter
 - Facebook
 - Website news
 - Press releases
 - Email campaigns
 - Internal communications
- Marketing vision – ad campaign currently underway, search engine and pay-per-click campaign, display and mobile campaign.

➤ Medical Staff Credentialing Report – Dr. Miller and Ms. Begley reported that the Credentials Committee met in April; they recommend that the Estes Park Health Board of Directors accept the credentialing recommendations put forward at that meeting:

● **Reappointments**

- | | |
|--------------------|-------------------------------|
| Farrah Datko, MD | Courtesy, Hematology/Oncology |
| Ross McFarland, MD | Courtesy, Hematology/Oncology |
| Diana Medgyesy, MD | Courtesy, Hematology/Oncology |
| James Moore, MD | Courtesy, Hematology/Oncology |

Amy Wing, RNP

AHP, Nurse Practitioner (Hematology/Oncology)

- **Resignations (FYI only)**

Wendy Koenig, Au.D

AHP, Audiology

A motion was made by Dr. Miller to accept the credentialing recommendations as submitted; the motion was seconded by Mr. Pinkham. A verbal vote was requested – the ayes were unanimous and the motion was carried.

- Review of Action List Items/Due Dates
 - Colorado End-of-Life Policy Presentations - October 31, 2018
 - Proforma 2018 Budget – August 27, 2018
 - First employee newsletter – first week of August 2018
- Suggested Agenda Items for 08.27.18 Board Meeting
 - Wellness initiatives presentation by Dr. Dumont
 - Foundation update/mission stories by Kevin Mullin
 - Update on workforce housing issue

A motion was made by Mr. Pinkham to adjourn from Open Session and enter into Executive Session, pursuant to §24-6-402(4)(e), C.R.S., for the purpose of discussing positions relative to matters that may be subject to negotiations, developing strategy for negotiations, and instructing negotiators; the motion was seconded by Dr. Miller. A verbal vote was requested – the ayes were unanimous and the motion was carried; Open Session was adjourned at 6:50 p.m.

Executive Session

Executive Session called-to-order at 6:59 p.m.

A motion was made by Ms. Munro to adjourn Executive Session and reconvene Open Session; the motion was seconded by Mr. Pinkham. A verbal vote was requested – the ayes were unanimous and the motion passed; Executive Session adjourned at 7:45 p.m.

Reconvened Open Session

Open Session reconvened and Called-to-Order at 7:46 p.m.

A motion was made by Dr. Miller to authorize Dr. Leaming to finalize contract negotiations for a Surgicalist Program and sign the agreement; the motion was seconded by Ms. Begley. A verbal vote was requested – the ayes were unanimous and the motion was carried.

The next Regular Board Meeting is scheduled for August 27, 2018, from 4:00 – 6:00 p.m.

With no further business to be conducted, the July 30, 2018, Regular Board Meeting was adjourned at 7:56 p.m.



David M. Batey, Chair

Estes Park Health Board of Directors