Agenda

Estes Park Health Board of Directors' Regular Meeting

Monday 25-Feb-2019

4:00 - 6:00 pm

Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Timberline Conference Room

	Regular Session	Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome	1	**Action**	Dr. David Batey
2	Approval of the Agenda	1	**Action**	Board
3	Public Comments on Items Not on the Agenda		Information	Public
4	General Board Member Comments	5	Information	Board
5	Consent Agenda Items Acceptance:	2	**Action**	Board
	5.1 Minutes of 21-Jan-2019 Regular Board Meeting			
	5.2 Reports:			
	5.2.1 Quality			Ms. Lyda Gardiner
	5.2.2 Service			Ms. Erin Wooley
	5.2.3 People			Mr. Randy Brigham
	5.2.4 Financial Summary			Mr. Tim Cashman
6	Presentations:			
	6.1 EPH Draft Policy & Procedures Re: Colo End-of-Life Options Act	20	**Action**	Board
	6.2 EPH Community Sponsorship Procedures	15	Discussion	Dr. Larry Leaming
	6.3 People - Outcomes on Employee Engagement/Culture Change	20	Discussion	Mr. Randy Brigham
7	Board Committee Assignments	5	Discussion	Dr. David Batey
8	Operations Significant Developments:			
	Goals, Accomplished, Next Actions, Schedule, Issues			
	8.1 Executive Summary - Significant Items Not Otherwise Covered	5	Discussion	Dr. Larry Leaming
9	Projects:			
	Goals, Accomplished, Next Actions, Schedule, Issues			
	9.1 Urgent Care Center Update	5	Discussion	Mr. Tim Cashman
	9.2 Access to Care Update - Clinic Process Improvement Status	10	Discussion	Ms. Mandy Fellman
10	Medical Staff Credentialing Report	3	**Action**	Board
11	DORA Annual Professional Review Report FY2018	2	**Action**	Board
12	Review any Action List Items and Due Dates	2	Discussion	Board
13	Potential Agenda Items for 25-Mar-2019 Regular Board Meeting	2	Discussion	Board
14	Adjourn - 25-Feb-2019 Regular Board Meeting	1	**Action**	Dr. David Batey

Next Regular Board Meeting: Monday 25-Mar-2019, 4:00 - 6:00 pm

Facebook

tagged you in a post.

February 20 at 10:58 PM

I feel I need to follow up my last post with a huge thank you to the staff at the ER tonight. Especially Nicole Friel, you made what could have been a stressful experience so pleasant. Your patience, kindness, humor and taking the time to teach as we went along meant so much to me. Thank you, thank you!!!

You can now tag your friends in your status or post. Type @ and then type the friend's name. Fo example: "Had lunch with @John Smith."

Learn more about tagging on Facebook.

View on Facebook

ESTES PARK HEALTH
BOARD OF DIRECTORS'
Regular Meeting Minutes – January 21, 2019
Timberline Conference Room

Board Members in Attendance

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

Other Attendees

Dr. Larry Leaming, CEO; Dr. John Meyer, Chief-of-Staff; Mr. Randy Brigham, Chief HR Officer; Ms. Erin Wooley, Interim CNO; Mr. Tim Cashman, CFO; community members; et al.

Call to Order

The Board Open Session was Called to Order at 4:02 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.

Chief-of-Staff Presentation

In appreciation for Dr. Aaron Florence's service as Chief-of-Staff from January 1, 2017, to December 31, 2018, a framed photograph entitled "Journeys," by local photographer Pat Toman, was presented by Dr. Batey. Dr. Florence introduced Dr. John Meyer, who will serve as Chief-of-Staff from January 1, 2019, to December 31, 2020.

Approval of 01/21/19 Meeting Agenda

A motion was made by Mr. Pinkham to approve the 01/21/19 meeting agenda as submitted; 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 Health.
- *No community members signed up to speak.*

Board Member General Comments

- Ms. Muno and Dr. Batey stated how much the Board appreciated Ms. Standlee's hard work as CNO – she has definitely left some big boots to fill! The Board members were in attendance at a celebratory open house for Ms. Standlee 01/18/19, where staff had the opportunity to express their thanks and best wishes as she leaves on her next big adventure.

Mission Stories

Ms. Muno read a thank you letter recently sent to Administration – the letter was from a patient who was seen in the ED after experiencing some issues due to the elevation. She stated Dr. Elliott was "the best questioner I have encountered ever." Also at her bedside was another "angel" – PA or RN – who was very kind and helpful. Dr. Elliott explained how the elevation was placing her at risk, and discussed the benefits of flying home vs. a long car ride. The patient closed by stating, "Thank you both for such a calm, affirming visit!"

Consent Agenda Items

- Board Meeting Minutes – 12/03/18
- Safety
- Leadership
- Financial Report, November 2018

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

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

Open Action Items

- No open action items.

Presentations

- Hospitalist and Surgicalist Programs Update – Rural Physicians Group; Summary:
  Representatives from Rural Physicians Group were in attendance to discuss the Hospitalist and Surgicalist programs:
  - RPG focusing on keeping all appropriate patients here in the community, with less automatic transfers to other facilities in the Front Range.
  - Hospitalist program – the Hospitalists work as extensions of the EPH providers. This program frees up the EPH providers to continue to see their scheduled in-clinic patients, without the need to cancel those scheduled patients if an ill patient arrives in the Emergency Department. The Hospitalists work in conjunction with a patient's Primary Care Physician. Each Hospitalist provides coverage for a one-week period of time, stays in Estes Park on-campus, and is available 24/7. Since program implementation, we have seen an 18% decline in the number of transfers via ambulance to other Front Range facilities in 2018.
    Of note – from the insurance standpoint, all Hospitalists and Surgicalists providing coverage to EPH will not bill patients until they are in-network with the patient's insurance company.
  - Surgicalist program – each Surgicalist provides coverage for a two-week period of time. Like the Hospitalists, the Surgicalists stay in Estes Park and are available 24/7. This program allows us to provide more surgical services to the community.
  - The Hospitalists and Surgicalists are working well with specialists in town, focusing on communication with each patient's provider; excellent patient care is the ultimate goal. Both groups have commented on the excellent clinical team at EPH.

- EPH Draft Policy & Procedures Re: Colorado End-of-Life Options Act – Dr. Batey; Summary:
  - Overall Goals of Policy
    - ✓ To protect all involved, or not involved, through privacy and confidentiality
    - ✓ To ensure all parties have freedom of choice to participate, or not participate, in any part of the "Act" without penalty
    - ✓ To provide "Act" information and choices for residents of the Estes Valley
    - ✓ "Act" Privacy and Confidentiality – With any healthcare provider, patient discussions or actions are private and confidential
    - ✓ "Act" Freedom of Choice Without Penalty – Participation by healthcare providers, employees, or patients is voluntary, and participating, or not participating, will not be penalized

- ✓ "Act" Permitted at Home, Residence, or EPH Living Center – Estes Park Health permits the ingestion, or self-administration of, aid-in-dying medication within areas of service delivery by Home Health and Hospice in the patient's home and in the Estes Park Health Living Center
- ✓ "Act" Not Permitted Within Any Other EPH Premises – With the exception of the Estes Park Health Living Center, Estes Park Health does not permit ingestion, or self-administration of, aid-in-dying medication within any Estes Park Health premises, including the Acute Care Hospital (Emergency Department, Inpatient Hospital)

o Discussion:

- ✓ The EPH Medical Staff will be meeting February 6, 2019, to review/discuss this draft policy. This policy is similar to other policies (defined as an active neutrality policy). Dr. Meyer will email Medical Staff to remind them this policy will be discussed at the February 6th meeting, and their input/feedback will be encouraged. Mr. Sam DeWitt, of Compassion and Choices, a policy advocacy group, will attend the February 6th meeting to answer any policy questions.
- ✓ Employee Town Hall meetings have been scheduled for February 21st and 22nd to allow all employees an opportunity to ask questions and provide feedback on the policy.
- ✓ Ms. Julie Lee, EPH Living Center Administrator, spoke on concerns that have been raised about the policy by the Living Center residents and staff. Staff are concerned about hos disruptive this would be to other residents.
- ✓ Ms. Ann Finley, Estes Park resident, stated, "I want to commend the Board on this policy, and I think you have taken the strife away, and have placed any decisions to be made between the physician and the patient. You have allowed this community to make their own choice."

➢ Safety Update and Actions – Mr. Gary Hall, CIO; Summary:

o Epic/Lawson (Electronic Health Record Integration Project): All aspects (Epic, Lawson, budgetary, data definitions, etc.) currently on schedule. Discovery phase successful in October/November, with pickup sessions in January as necessary. Workflow walkthroughs (exposition of planned workflows for EPH in Epic) began today, January 21st, and last three weeks. Approximately 80 sessions in three weeks; very intensive, but critical to success. Nine months from Go-Live.

o Surveys: After 2018's multiple surveys, we feel that Facilities is in much better shape for the process than in recent years. Living Center Life Safety Survey went well the week of Jan 7th, small corrections, nothing major. Lab has their onsite CAP survey coming up, which requires a significant amount of attention and prep. Financial audit also did a review of IT security processes, and no significant problems were noted.

o Emergency Preparedness: The Perpetual Committee continues to focus on managing sustainable and sufficient Emergency Preparedness culture and processes through training, drills, documentation, and proper oversight. Classes at Center for Domestic Preparedness led us to re-examine our Emergency Management Plan, and we are writing the administrative shell for that plan now.

o Building Master Plan: Agreement signed with owner's rep (RLH Engineering, Chuck Jordan), and project will commence in January. Key stakeholders will be involved in the formative stages and beyond.

o 2019 Capital & Operations Facilities Projects: The momentum that we've built with our (relatively) new Facilities Director, new methods of Life Safety management, survey-mandated evolution, and more has led to an aggressive but exceedingly good slate of planned projects in 2019, to continue our path toward safety for patients, staff, and all, including fire-alarm system improvements, safer outdoor lighting and walkways in our harsh environment, electrical systems documentation improvement, antiquated HVAC replacements, hot-water system replacements, and more.

- Leadership – Strategic Plan Update and Actions – Dr. Larry Leaming, CEO; Summary:
  - Leadership Development
    - ✓ Board of Directors
    - ✓ Senior Leadership Team
    - ✓ Department Directors
  - Internal Operations Development
    - ✓ Physician Clinic
      - Physician Recruitment – new providers on-board; deeper dive will occur into Physician succession planning.
      - Workflow Improvement – Process Improvement Project underway; processes being developed.
      - Electronic Health Records – Epic transition/training underway; currently in the process of workflow walkthroughs with UCH.
      - Pediatrician Call Coverage – Currently have three (3) Pediatrician Locum Tenens through Children's; have contracted with staffing services; speaking with a Pediatrics group who provide coverage for UCH re: providing coverage at EPH; in-depth analysis of situation has occurred; currently investigating all options.
  - Internal Operations Improvement
    - ✓ Living Center/Skilled Nursing
      - Management, Good Samaritan
      - Improved Operations
      - Reduce Operating Cost
      - Reduce Contract Labor
    - ✓ Home Health & Hospice
      - Home Health Expertise
      - Improve Operations
      - Reduce Operating Cost
  - Current Product Line Improvement
    - ✓ Orthopedics
      - Orthopedics Working Group
      - Identify Strengths/Weaknesses
      - Analyze the Competition
      - Product Improvements
      - Developing Marketing Strategies
    - ✓ General Surgery
      - Implement a Surgicalist Program
      - Identify Strengths/Weaknesses
      - Build Capacity
      - Service Improvements
      - Develop Marketing Strategies
    - ✓ Hospital Inpatient Care
      - Established Hospitalist Program
      - Monitor Operational Performance
      - Increased Inpatient Acuity
      - Keep More of the Care Local
    - ✓ Strategic Planning
      - Complete the Planning Process
      - Monitor Implementation

- Reassess for Future Changes
- Master Facility Planning

✓ New Product Line Improvement
- Hospitalist Program
- Surgicalist Program
- Urgent Care
- Pain Management

✓ Building Collaboration (Medical Staff, Administration, Board of Directors)
- Joint Conference Committee
- Medical Staff Bylaws
- Board Bylaws
- Medical Staff Engagement Survey

➢ 2018 Financials Outlook – Mr. Tim Cashman, CFO; Summary:
- Five Most Important Things to Know
  - ✓ Anticipated Year-to-Date (YTD) 2018; Forecasting YTD loss on operations of $363K, compared to budgeted gain of $43K. Prior YTD (2017) reported a net gain on operations of $100K.
  - ✓ Gross patient revenues YTD should report 3% higher ($3.1M) than budget, and $6.5M (or 8%) over 2017. Principal gain was in Outpatient Services.
  - ✓ Expenses YTD are forecasted to be over budget by approximately $3.2M (or 12%), and $5.8M (or 13%) over last year.
  - ✓ 2018 expenses included $837K in unbudgeted contract labor; $572K over in labor costs; $521K in Physician labor costs; $344K in Legal, Strategy, Marketing; $251K in drug costs.
  - ✓ YTD increase in assets (net gain) is forecasted at $2.5M (or 5.2%) total margin, compared to budget of $2.4M, and 2017 of $2.8M; principally due to property tax subsidy, interest income, and EPH Foundation support.

  Board request: To receive a monthly financial update on status of Urgent Care Center.

➢ Resolution 2019-01 – Locations for Posting Public Notices of Board Meetings
- All Board meeting announcements will be posted:
  - ✓ In the public hallway by the Timberline Conference Room
  - ✓ On the bulletin board across from Hospital cafeteria
- Notice of meeting announcements will also be faxed/emailed to these sites for posting:
  - ✓ Estes Park Public Library
  - ✓ Estes Park Office of the Larimer County Clerk
  - ✓ Estes Park Trail Gazette
  - ✓ Estes Park News
  - ✓ Estes Park Town Hall
  - ✓ Estes Park Community Center

A motion was made by Dr. Miller to approve Resolution 2019-01; the motion was seconded by Ms. Muno. A verbal vote was requested – the ayes were unanimous and the motion was carried.

<u>Operations – Significant Developments</u>

➢ Executive Summary – Dr. Larry Leaming, CEO; covered in earlier Strategic Planning PowerPoint presentation.

Projects

- Project to Improve Access-to-Care in the Clinic – Ms. Mandy Fellman, Practice Management Director; Summary:
  - Appointment scheduling – Appointments not being scheduled at the Point-of-Contact for several reasons:
    - ✓ Patient requires triage or nurse intervention (per protocol)
    - ✓ Requested Provider has a full schedule
    - ✓ Patient declines another Provider (Doc-of-the-Day, Nurse Practitioner, Physician's Assistant)
    - ✓ Reason for appointment unclear, e.g., follow-up, medication check, physical, etc.
    - ✓ Expressed Provider or patient preference for Nurse/MA to schedule
    - ✓ Requested Provider's practice closed, with a current wait to see a new Provider
  - Process Improvement Project Objectives:
    - ✓ Decrease Provider burnout and pajama time (after-hours administrative work) by standardization of workflows, recognizing uniqueness among specialties; flow and documentation of information to facilitate patient visit efficiencies
    - ✓ Standardize elements of patient visits through scheduling, clinical support, cross-coverage; improvements in access-to-care; preparation for Epic implementation
  - Process Improvement Project Status Moving Forward:
    - ✓ Some recommendations have been, or soon will be, implemented
    - ✓ Some recommendations will require staff & Provider training

Medical Staff Credentialing Report

Mr. Pinkham reported that the Credentials Committee met recently; he recommended that the Estes Park Health Board of Directors consider the credentialing recommendations put forward at that meeting:

- **Appointments**

Howard Bowers, MD	Courtesy, General Surgery (Surgicalist)
Ian Cassaday, DO	Courtesy, General Surgery (Surgicalist)
Eric Martin, MD	Courtesy, Internal Medicine (Hospitalist)
Meghan Riley, MD	Courtesy, Pathology
Juli Schneider, MD	Active, Internal Medicine

- **Reappointments**

Fatemeh Kadivar, MD	Courtesy, Diagnostic Radiology
Kevin Mott, MD	Courtesy, Dermatology
Trent Paradis, MD	Courtesy, Diagnostic Radiology
Catherine Salisbury, MD	Courtesy, Pathology
Leslie Winter, MD	Courtesy, Otolaryngology

- **Status Change**

Richard Beesley, MD	Locum Tenens, Pediatrics
Troy Calabrese, CRNA	Locum Tenens, Anesthesia
Terra Clapp, CRNA	Locum Tenens, Anesthesia
Angela King, MD	Locum Tenens, Obstetrics/Gynecology
Rex Marley, CRNA	Locum Tenens, Anesthesia
Steven Peterson, CRNA	Locum Tenens, Anesthesia
Kaycee Simon, CRNA	Locum Tenens, Anesthesia
Maude Vance, MD	Locum Tenens, Obstetrics/Gynecology

- **Resignations (FYI Only)**

Colin Carpenter, MD	Courtesy, Pain Management
Michael Kiley, PA	AHP, Physician's Assistant
E. Lee Nelson, MD	Courtesy, Neurosurgery
Jennifer Tierney, NP	AHP, Nurse Practitioner

A motion was made by Dr. Batey 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 Any Action List Items and Due Dates

- Draft End-of-Life Policy – February 25, 2019, Board Meeting

Potential Agenda Items for 02/25/19 Board Meeting

- Quality report – Board requesting detail on culture at EPH with regard to quality.
- Service report – Board requesting update on what issues are pressing and need to be addressed.
- People report – Board requesting, 1) update on employee culture change/outcomes; 2) update on plans/outcomes for each department utilizing contract labor for turning those into employees.
- EPH sponsorship of community programs – Board requesting a brief update on status of community program sponsorships.

With no further business to be conducted, the January 21, 2019, Regular Board Meeting was adjourned at 7:47 p.m.

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David M. Batey, Chair
Estes Park Health Board of Directors

ESTES PARK HEALTH

Q4 2018 Patient Satisfaction

FEBRUARY 21, 2019

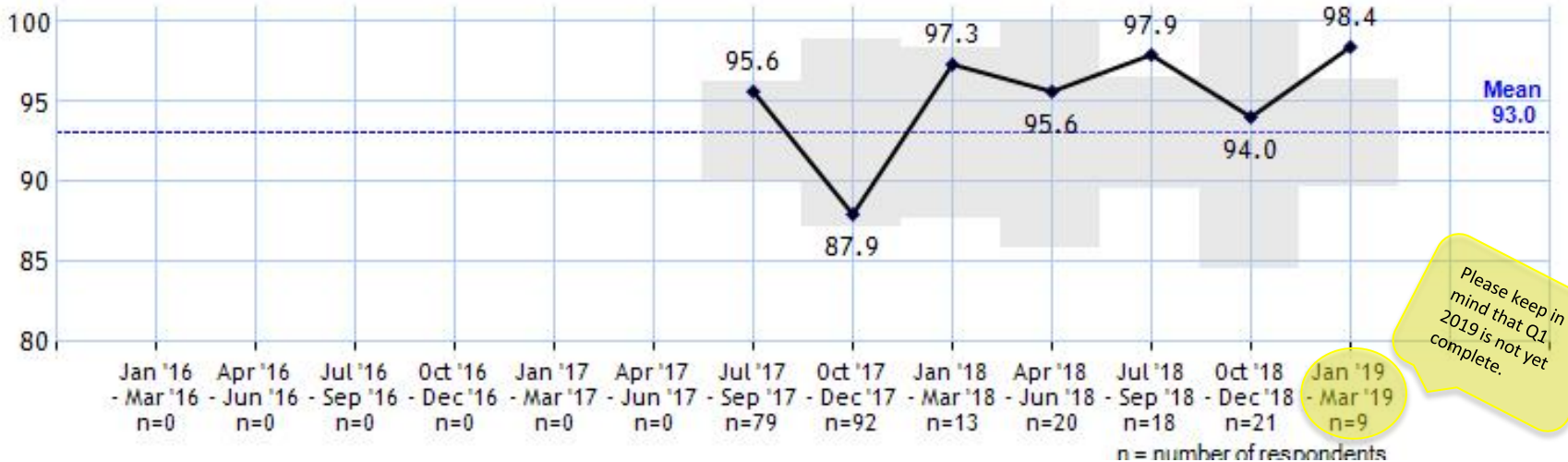
BY ERIN WOOLEY

All Services – Mean Scores

Services	Oct '18 - Dec '18	
	Score	n
Ambulatory Surgery		
Estes Park Medical Center	**94.0**	**21**
Emergency Department		
Estes Park Medical Center	**92.9**	**78**
Home Health Care		
Estes Park Medical Center	**88.8**	**12**
Hospice Services		
Estes Park Medical Center	**100**	**2**
Inpatient		
Estes Park Medical Center	**92.0**	**23**
Medical Practice		
Family Medical Clinic	**95.2**	**254**
Outpatient Services		
Estes Park Medical Center	**93.8**	**148**

ESTES PARK HEALTH

Mean Trends – Ambulatory Surgery Overall



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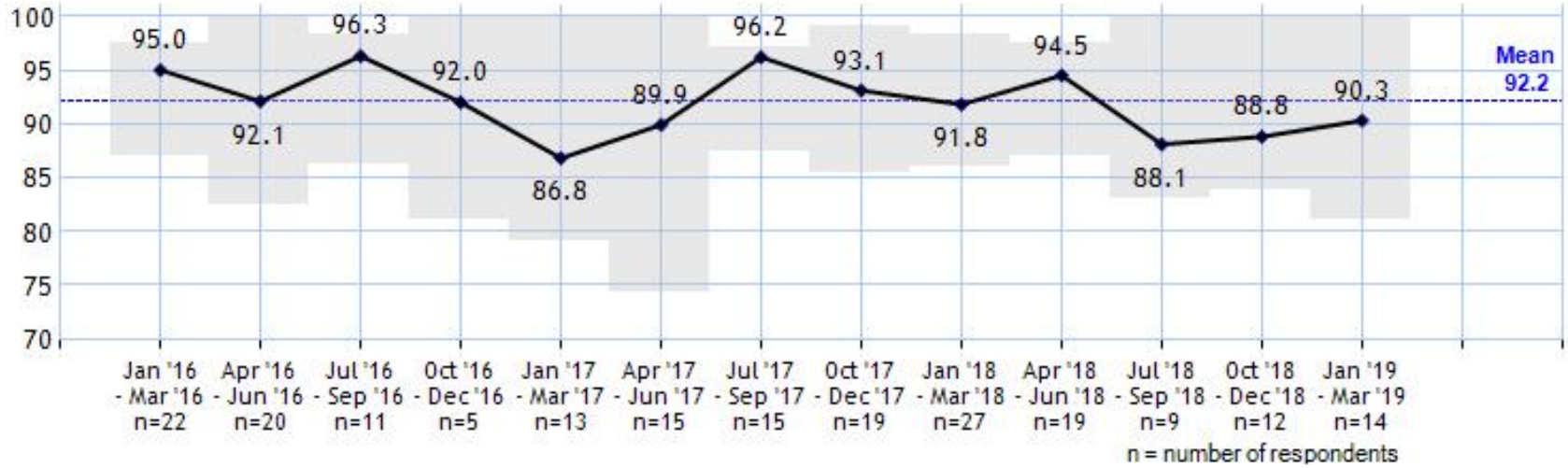
Mean Trends – ED Overall

ESTES PARK HEALTH

Mean Trends – Home Health Overall



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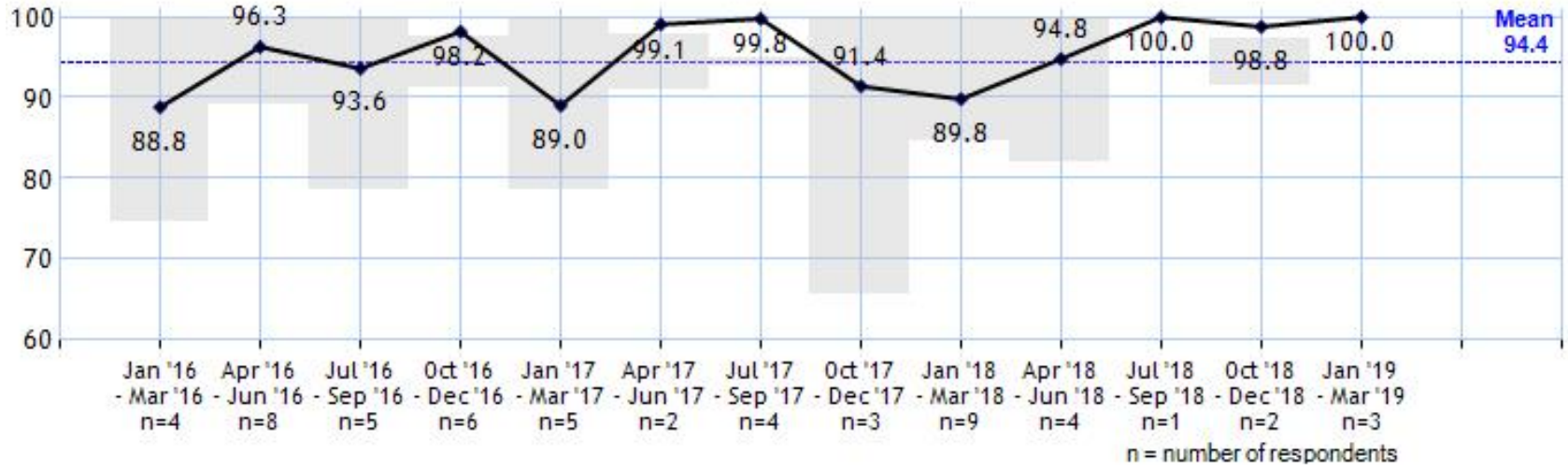
Mean Trends – Hospice Overall



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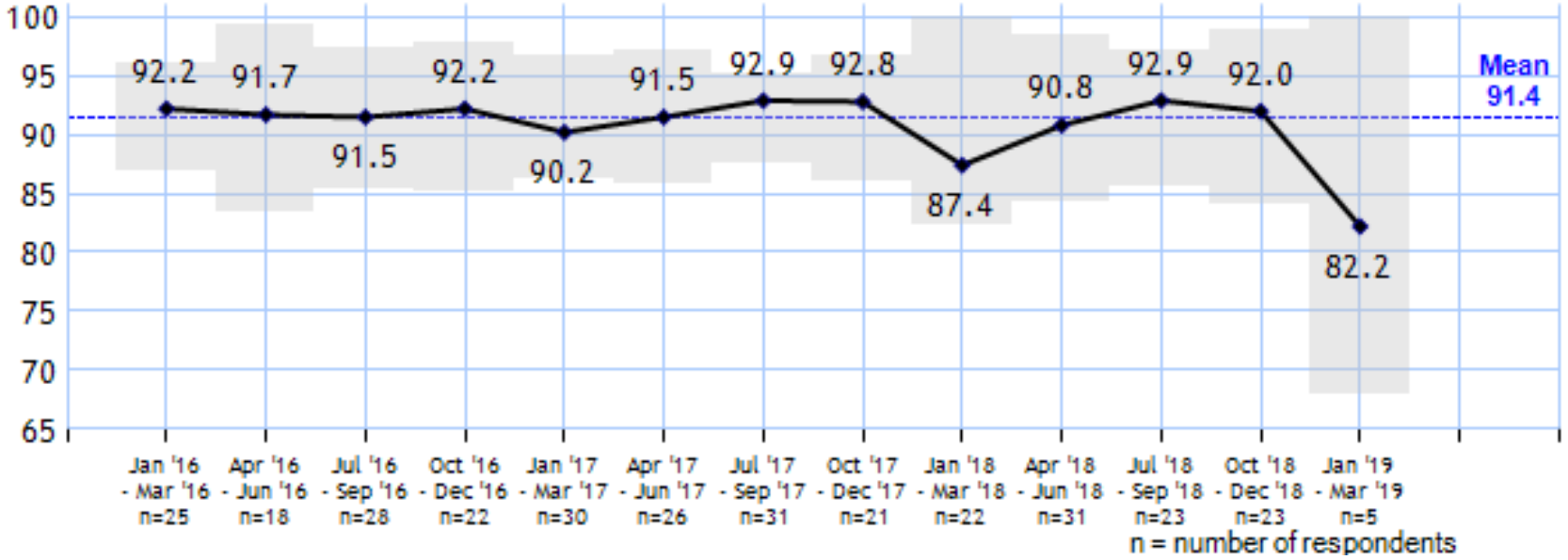
Mean Trends – Inpatient Overall



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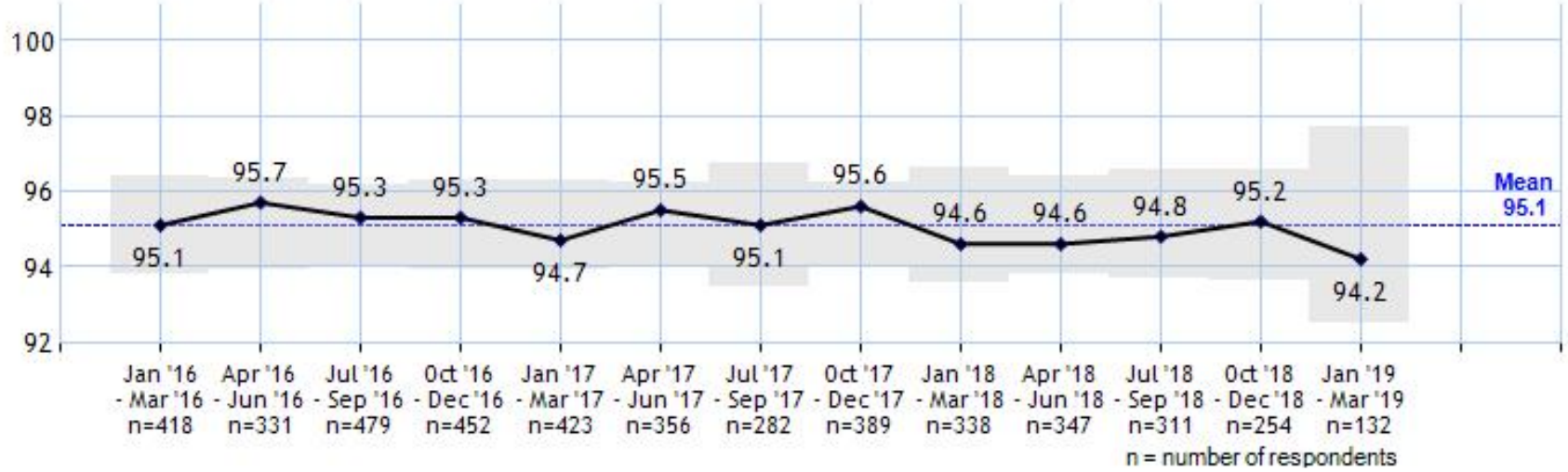
Mean Trends – Medical Practice Overall



ESTES PARK HEALTH

Mean Trends – Outpatient Overall

ESTES PARK HEALTH

Q4 2018 Wins!

MEDICAL PRACTICE

I've been in several Houston, TX hospitals - this is the BEST nursing care I've ever gotten. All were wonderful.

EXCELLENT - I feel *Dr. Florence saved my life & my hand from repair due to severe dog bite & infection.
I can't praise this staff enough!
I was very pleased with the care I received.

INPATIENT

Food was excellent!

Best hospital ever! In fact better than most restaurants in Estes Park, CO!!

Most caring nurses I've ever had - Every one of them.

Best care & staff I've ever had, including Houston Med Center.

Everyone was professional.

Always professional.

All staff went above the call of duty.

Great.

Best experience I ever had in a hospital. Thank you all.

EMERGENCY DEPARTMENT

Best ER experience I've had. We have three young boys so we've had a lot.

all locals. familiar faces. made me comfortable.

Great experience. My sister and niece both work at hospital in Wyoming and were blown away by VIP treatment everyone got.

Great staff, facility & equipment would only recommend your emergency dept.

Fast and helpful.

They were amazing as well. Some experiences I have never had medical staff be this awesome!

Same experience with him.

They were amazing too whatever you do to train your staff keep doing it.

Friendly informative, courteous.

OUTPATIENT SERVICES

Excellent

A good experience.

Good experience. It was a routine blood draw.

Friendly, professional staff

friendly

Very clean

easy, good experience

We are fortunate to have the facility and staff here in Estes Park

ESTES PARK HEALTH

Q4 2018 Wins! *(continued)*

HOME HEALTH CARE

ALL EXCELLENT.

Nurse was wonderful!

HOSPICE SERVICES

We found our hospice nurses to be thoughtful, compassionate, resourceful and caring. They were always responsive to the needs of family members. We very much appreciate *Dr. V help and caring.

AMBULATORY SURGERY

No complaints. Very satisfied.
*Dr. Florence did an excellent job before the surgery explaining with x-ray and MRI the needed surgical steps he would undertake.

ER, X-ray, Infusion, wound clinic, oncology, gynecology, primary care, pulmonary care... ALL have been kind, patient, clean, helpful and efficient.

All good.
I'm thankful *Dr. Prochoda could do my cataract surgery at hospital. Very pleased with his care & hospital.

ESTES PARK HEALTH

Q4 2018 Opportunities

AMBULATORY SURGERY - The IV wasn't inserted into my arm properly & it hurt & bled badly before a nurse finally came & inserted it properly & tried to stop the bleeding. It took over 1 week to heal.

EMERGENCY DEPARTMENT - We came into the ER & no one was around, we needed to buzz - call someone to come to the front desk. she kept me standing at the window while I was miserable

HOME HEALTH CARE - Needed to leave home to exercise. Do not agree with having to homebound - not good for me. #1. PT was not available for 10 days after I got home. We only used HHC a few days b/c PT wasn't available.

HOSPICE SERVICES – No negative comments for Q4

INPATIENT - Noise was from the family of the person next door to me, NOT from the staff. Room was always COLD!

MEDICAL PRACTICE - Had to wait 3 agonizing days, with a broken ankle, to see *Mike. Not too pleasant. Get a system that works with regional ER's so records can be emailed please. Some staff members at the reception are not very friendly or welcoming. On several occasions, no one picked up the phone.

OUTPATIENT SERVICES - If you want to fix something, fix the patient portal! It's cumbersome, not helpful, can't separate out inconsequential from important. Finding needed info time-consuming. Slow to register. only one intake person lots of waiting people.

ESTES PARK HEALTH

Improvements

- House wide IV education completed at Fall Skills Fair 2018
- Temperature on Med/Surg raised to 74° F
- 2nd blanket warmer procured for Med/Surg
- Epic journey underway
- New staff hired within Registration, cross-training underway
- Weekly Home Health/Hospice meetings to review patient cases and make care plan recommendations
- Medication Side Effect Taskforce forming on Med/Surg
- PI project underway within Physician Clinic
- New furniture for families within The Birth Center
- Upgraded Overhead Page/Nurse Call System, completed Dec. 2018
- New Trauma Stretchers in ED
- New GE Vital Sign & Telemetry monitors in ED and Med/Surg underway

ESTES PARK HEALTH

ESTES PARK HEALTH

Human Resources Report to Board 2/25/2019

EMPLOYEE AND PHYSICIAN SURVEY

As you know, in 2017 we conducted our first employee survey in many years. Participation in this initial survey was good and we began the process of discussing and improving the work environment. There was a steep learning curve the first year with directors and staff who had been used to the concept of manager owned plans and were now faced with the concept of staff involvement and ownership of an action planning process. However, progress was made and there were some significant improvements implemented due to this first survey.

There was a very strong response from employees to address the flat 2% annual pay increase and replace it with something that reflected individual effort. A new performance evaluation process and form was designed, coupled with a formula for merit based pay increases. A compensation program, based on salary surveys and the assignment of every position to a grade was designed and implemented to support this initiative and provide supervisors with department salary information that had not been available to them before.

Employee rounding, regularly scheduled employee forums, employee events and BBQ's, as well as weekly email communiques, have been implemented to increase director and senior team visibility and accessibility, as well as offer some fun times at work. An employee activities committee has been formed to explore and plan a variety of workplace events, rather than having one or two individuals be responsible for these activities. Additional action plans include the implementation of peer interviewing in some departments: scheduled 1:1 employee/director meetings in addition to regular department meetings; coffee and an informal "chat" with the department director; the Chef and a rotation of cooks meeting monthly with residents of the Living Center to discuss meals and get to know each other better; a department inviting a senior leader, on a rotational basis, to attend department meetings for the purpose of getting more acquainted and asking questions.
The survey vendor, survey format, and survey questions changed for the 2018 survey, but a good foundation for the 2018 survey was established.

Results of the 2018 Employee Engagement Survey and the Physicians Survey have been shared with department directors and physicians. Departments have begun scheduling and sharing results with their employees and are in the process of identifying action items and developing action plans. While this is the second year of an EPH Employee survey, due to a vendor change, the questions are new and these results and action plans will become the benchmark by which engagement will be measured in subsequent years. A provider survey has not been conducted in recent memory, so the physician survey will also establish a benchmark to measure improvement.

In partnership with this new vendor, the tools available to department leaders to design action plans with their employees and report progress are very user friendly and we also have "live support" to assist in the plan development.

ESTES PARK HEALTH

My presentation to the board on February 25th will include an initial overview of the 2018 survey results and updates will be included throughout 2019 in my board reports. Because the 2/25 meeting is an open, public forum, we might want to schedule a work session to review or discuss more detail if you wish.

STAFFING, RECRUITMENT, TURNOVER, ORGANIZATIONAL CULTURE

Staffing a hospital, long term care facility, and clinic, located in a mountain resort community with a high cost of living and housing shortage provides some challenges, as we all know. However, I want to be clear; these are challenges, not insurmountable obstacles. As I stated in my December 2018 report, we have recently begun to make some progress with our recruiting efforts. This is due to a variety of things. In October 2018, I had a staff opening for an HR Representative, a position that had existed here for many years. After rearranging some duties we replaced that position with the role of Recruiter and hired an experienced individual to fill that position. Recruitment is no longer limited to accepting and sorting applications. As you know, it is a deliberate, creative, effort to search for candidates who are not actively seeking new opportunities. Recruitment is also a partnership with the hiring managers to gain understanding of the kind of candidate they are seeking. In our hospital we need very experienced generalists in many areas, not specialists. For example, an EPH Surgical RN is required to fill the role of pre-op nurse, scrub nurse, and post-op nurse. Most surgery nurses are experienced in one, or maybe two of these areas, but few are experienced in all three. Also, due to our size, we are not able to accept and train new graduates for these clinical positions; we need to find and hire those with experience. This need for broad-based experience exists in many departments at EPH. I mention this as just an example of a somewhat unique challenge, not as an excuse or an obstacle.

HR is working closely with Lisa Taylor to create digital ads on sites such as Facebook and LinkedIn designed to attract experienced job seekers, as well as the individual who doesn't know they're looking for a new opportunity! We meet weekly to review and discuss the status of all open positions, applicant response, applications forwarded to hiring managers, pre-employment status, and anticipated clearance and effective hire dates. Strengthening, or building, relationships with organizations that may assist in our knowledge and efforts to recruit and retain employees is also a focus of attention. This includes the Estes Park High School, involvement with REACH, Northern Colorado Health Sector Partnership, Colorado Hospital Association, various county Workforce Centers, as well as increasing our presence at healthcare-specific job and recruitment fairs around the state.

A sign on/retention bonus program was implemented in late 2018. Several designated critical positions have a bonus amount assigned to them. Upon hire, the new employee is paid 50% of the bonus, and the remaining 50% is paid on their one year anniversary. Since implementation, we have hired 19 new employees who qualify for this bonus.

ESTES PARK HEALTH

In an effort to engage our existing staff in the recruitment of new employees, we also implemented an employee referral bonus program. A referral bonus is paid after the new employee has been here for 30 days. We have had 4 employees qualify for a referral bonus since the program was implemented. In March HR will begin to host a quarterly luncheon for those employees who have recently joined us. The purpose of the lunch will be to discuss their employment experience thus far as it relates to their welcome, communication, training, and integration into EPH and their respective department.

Our total 2018 turnover rate was 19.6%; this includes full time, part time, and per diem staff (those who work as needed). Turnover for full time and part time staff was 16.1%.

Healthcare as an industry has a relatively high turnover rate with a national average in 2017 of 20.6% (up from 15.6% in 2015); long term care turnover as an industry is as high as 65% nationally! The fact that EPH is lower than the national average is of no consolation; it is too high. Five percent of our turnover was made up of employees who were here less than 6 months. While there is no guarantee when a new employee is hired, a new employee leaving in their first 6 months usually indicates someone who should not have been hired in the first place.

Other categories of turnover reasons in 2018 include:

- Personal Issues (family struggles, divorce, family health, transportation) - 27% total. However, more than half of those who left for personal reasons (15%) were per diem employees who are needing a regular schedule to rely on.
- Relocation - 19%. Many times, this also overlaps with Personal.
- Performance Related (poor performance or unacceptable behavior) - 18%. Poor performance and unacceptable behavior were not consistently addressed in the past. I would expect this number to decrease in 2019 as we address these issues earlier and with consistency. Our intention and efforts are designed to bring awareness to the issue and create a plan for increased performance, not employment termination.

There are many issues like housing and personal lives that are out of our control; however, with increased engagement and consistent leadership we can increase our retention of great employees.

Our goal for 2019 will be to decrease total turnover to 16% and turnover of employees with less than 6 months should be 1% or less. To assist in achieving these goals, we will conduct an Interviewing and Selection class for all supervisors and those involved in interviewing. These classes are scheduled to begin in March. Another program to begin first quarter will be a quarterly lunch discussion for all employees who have completed their first 90 days of employment. This will be an opportunity for a focused discussion regarding orientation, communication, met or unmet expectations, and suggestions. A more formal exit interview process has also been created.

As a result of successful recruitment efforts and increased retention, we are also targeting a reduction of our use of travelers, or contract labor. The nature of our mission requires that we have individuals in all critical positions who are able to provide care to our patients and residents. When a critical position is vacant and efforts are being made to fill that role, we sometimes need to resort to using a

ESTES PARK HEALTH

contracted individual to fill that need. The cost of using contract labor to fill a critical need costs anywhere from 1.5 times to as much as 3 times the salary of a regular employee. There is also an impact to the chemistry and effectiveness of a department team when using temporary services. As we continue with our efforts to improve engagement, retention, and recruiting, our goal is to reduce the cost of contract labor by 32%.

Turnover is not only costly from a budget standpoint, but is very hard on the culture of an organization. It is difficult to increase communication, strengthen relationships, and build trust when a fifth of your team is always new. We are spending time and resources addressing items that are critical and necessary to address but many of these issues are also symptomatic of a larger issue; the need for a vibrant culture of ownership and empowerment. Improved employee engagement and increased retention are just two of the results that can come from a healthy organizational culture - the invisible, or internal, architecture of an organization. Truly establishing a new or improved culture requires a plan and deliberate actions and sustainable methods just as implementing a system conversion or building a new service line do. We have all seen or been a part of a "new program of the month" that promised change, but was not sustainable. Organizations with a vibrant culture have highly engaged employees who act and serve from a deep passion and sense of ownership, not just accountability.

I believe the best approach to accomplish this at EPH is to utilize the assistance of a proven firm that can provide insight and training to our employees and leaders and help us build a culture of ownership whereby we care for our patients and residents from a position of personal and organizational values and commitment rather than just reasons of compliance.

There are many expert resources available, however I have been in contact with an organization that I am familiar with, Values Coach, Inc., that has introduced a culture of ownership many times in healthcare organizations of all sizes. The adoption of their program has yielded very positive and sustainable results for these facilities. I have personally observed the initial leadership training of this program and have colleagues who have experienced the transformation of their culture utilizing this program. I have requested a detailed proposal, including cost, timeline, and implementation details related to EPH's size and needs. Due to our current EPIC and LAWSON activities, I would anticipate introducing this plan in late 2019 and early 2020.

ESTES PARK HEALTH

Financial Presentation
2018

Prepared For:

Board of Directors

Prepared By:

Tim Cashman, CFO

ESTES PARK HEALTH

2018 Outlook

Five most important things to know:

1. **The year of 2018, EPH is reporting a year-to-date Loss on Operations of ($551K) compared to Budgeted Gain of $43K. Prior year, 2017 reported a net Gain on Operations of $100K.**
2. **Gross Patient Revenues were $3M higher than Budget, or 3% and $6.4M or 8% higher than last year.**
3. **Contractual Adjustments are 2% or $700K over budget, for the YTD and $1.5M over 2017.**
4. **Expenses, YTD, are over budget by approximately $2.7M or 6% and 12% higher than last year, or $5.3M at the same time. Specific areas of note, consistent throughout the year, include Contract labor, Physician Services, and Purchased Services and Furnishings/Equipment.**
5. **Days in Accounts Receivable are up slightly to 55.6 and Days Cash on Hand are 175.**

ESTES PARK HEALTH

Revenues

REVENUE	YEAR TO DATE FY 2018 Actual	Budget	Var	PRIOR YEAR TO DATE FY 2017 Actual	Var
Patient Revenue					
In-Patient	$ 13,709,476	$ 14,977,634	-8%	$ 12,460,750	10%
Out-Patient	58,859,951	54,180,831	9%	54,836,910	7%
Living Center	4,364,342	4,108,553	6%	4,002,698	9%
Physicians Clinic	7,736,912	8,694,878	-11%	8,363,191	-7%
Hospital Professional	5,330,489	5,104,296	4%	3,991,524	34%
TOTAL PATIENT REVENUE	90,001,169	87,066,192	3%	83,655,072	8%
Less Contractual Allowances	(41,226,465)	(35,635,940)	-16%	(32,948,961)	-25%
Less Patient Uncollectable Allowances	(330,712)	(5,223,972)	94%	(7,127,633)	95%
TOTAL REVENUE DEDUCTIONS	(41,557,177)	(40,859,912)	-2%	(40,076,594)	-4%
	46.2%	*46.9%*		*47.9%*	
NET PATIENT REVENUE	48,443,992	46,206,280	5%	43,578,478	11%
Other Operating Revenue	865,710	931,147	-7%	1,044,908	-17%
TOTAL OPERATING REVENUE	49,309,702	47,137,427	5%	44,623,386	11%

ESTES PARK HEALTH

Expenses

	YEAR TO DATE FY 2018			PRIOR YEAR TO DATE FY 2017	
	Actual	Budget	Var	Actual	Var
EXPENSES					
Wages	19,362,915	18,880,421	-3%	18,510,249	-5%
Health Benefits	3,788,958	4,200,000	10%	3,003,555	-26%
Other Benefits	3,752,656	3,845,351	2%	3,432,981	-9%
Professional Fees	1,290,115	1,119,069	-15%	1,281,905	-1%
Physician Professional Fees	4,442,725	4,001,644	-11%	3,309,933	-34%
Purchased Services	503,117	433,062	-16%	402,808	-25%
Employee Contract Labor	1,302,580	452,934	-188%	994,693	-31%
Maintenance contracts	2,196,374	2,018,221	-9%	1,943,520	-13%
Other Contracted Services/Fees	1,720,375	1,314,448	-31%	1,142,375	-51%
Rent, Lease, Utilities & Insurance	1,169,915	1,105,455	-6%	1,018,411	-15%
Supplies	5,322,814	4,961,062	-7%	4,801,412	-11%
Other Operating Expenses	2,938,909	2,503,162	-17%	2,350,795	-25%
Depreciation & Amortization	2,068,917	2,259,793	8%	2,330,313	11%
TOTAL OPERATING EXPENSE	49,860,368	47,094,622	-6%	44,522,950	-12%

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Earnings

	YEAR TO DATE FY 2018			PRIOR YEAR TO DATE FY 2017	
	Actual	Budget	Var	Actual	Var
OPERATING INCOME (LOSS)	(550,667)	42,805	-1386%	100,435	-648%
Operating Margin	*-1.1%*	*0.1%*		*0.2%*	
Non-Operating Revenue	3,359,617	2,893,426	16%	2,983,590	13%
Non-Operating Expense	(68,709)	(62,140)	-11%	3,159	-2275%
Bank Fee/Interest Expense	(409,376)	(409,952)	0%	(432,885)	5%
EXCESS REVENUES (EXPENSES)	2,330,866	2,464,139	-5%	2,654,300	-12%
Gift to Purchase Capital Assets	101,687	0		108,196	
INCREASE (DECREASE) IN NET ASSETS	2,432,553	2,464,139	-1%	2,762,497	-12%
Total Margin	*4.9%*	*5.2%*		*6.2%*	

ESTES PARK HEALTH

Key Drivers of Financial Performance
2018

	2018	Budget	Variance	2017
Inpatient Days	1,225	1,350	-125	1,089
Swing Bed	327	769	-442	462
Births	91	82	9	83
ER Visits	5,922	6,006	-84	6,019
Ambulance Trips	2,120	1,554	566	2,047
Clinic Visits	24,400	24,342	58	24,340
Surgeries/GI	402	470	-68	451
Home Health/Hospice	9,648	10,270	-622	9,959
Outpatient Visits	40,548	37,984	2,564	37,953
Living Center Days	13,608	13,870	-262	13,335

Questions?

ESTES PARK HEALTH

555 Prospect Ave. | P.O. Box 2740 | Estes Park, CO 80517

CFO Report
January 2019

Five most important things to know:

1. The first month of the new year 2019, EPH is reporting a Loss on Operations of ($163K) compared to Budgeted loss of ($439K). Prior year, 2017 reported a net Loss on Operations of ($262K).
2. Gross Patient Revenues were $600K higher than Budget, or 8% and $700K or 10% higher than last year.
3. Contractual Adjustments are 20% or $700K over budget and $700K over 2017.
4. Expenses are under budget by approximately $700K or 8% and 1% higher than last year, or $40K at the same time.
5. Days in Accounts Receivable are down slightly to 54.4 and Days Cash on Hand are 176.

Summary

For January 2019, EPH is reporting a Net Gain of $63K for a Total Margin of 1.3%. Budgeted earnings for the month were negative ($230K) or -5.7%. Prior year 2017 YTD Loss was ($62K) or -1.6%. Generally Expenses were 8% under budget; probably due to some invoices not yet received. It is very early in the year to determine any sort of trend.

Statistics

	2019	***Budget***	***2018***
Inpatient Days	209	178	102
Swing Bed	24	30	29
Births	12	6	7
ER Visits	330	364	399
Ambulance Trips	141	151	151
Clinic Visits	2,231	2,165	2,109
Surgeries/GI	76	64	82
Home Health/Hospice	895	841	841
Outpatient Visits	3,012	3,265	3,465
Living Center Days	1,180	1,178	1,144

Revenues

For the Month of January the Revenues are well above budget, particularly in Inpatient. The Swing Bed program is performing well and the Living Center, under the management of Good Samaritan is stabilizing; and revenues are well above budget, for the moment.

Contractual Adjustments

Contractual Adjustments are higher than normal, due to the high level of Medicare Inpatient volumes. This time of year typically has a more Medicare and Medicaid visits versus the summer tourist season.

Expenses

Expenses are reporting under budget. While the hospital continues to wrestle with the problem of Contract Labor, it does indicate a decrease in FTE's, thus Salaries are under budget. As noted earlier, it is premature to establish any sort of trend.

Balance Sheet

Cash and Short-Term Investments for January are down, due to the annual payment on debt service. Accounts receivable is still higher than planned. There are ongoing difficulties with some of the Insurance Carriers and also with Medicaid payments. Further, there is a staffing shortage in the billing department.

Net Accounts Receivable for January 2019 is $6.3M, compared to $6.5M in December and $5.3 in January 2018. Days in Accounts Receivable are 54.4. Debt to Capitalization Ratio remains a favorable 25% compared to industry averages of 35%. The Debt Service Coverage Ratio is a favorable 3.48, (our loan covenant is for greater than 1.25).

Summary

It is premature to make any assessment for the year, but this does represent a good start. Audit of the 2018 financials is scheduled for next week (Feb 25th). We hope to present final audited Statements to the Board at the March or possibly April meeting. Cost Report effort is also now underway; we are optimistic for favorable results.

I am at your convenience, should you have any questions,

Tim Cashman
Chief Financial Officer

Estes Park Health

Financial Overview

Month Ended January 31, 2019

FINANCIAL RATIOS

	December	January	RED	YELLOW	GREEN
Days in Accounts Receivable	55.6	54.4	> 60	50 - 60	< 50
Days Cash on Hand	175	176	< 125	125 - 224	> 225
Debt Service Coverage Ratio	3.44	3.48	<1.25	1.25 - 2.0	> 2.0
Operating Margin (12 Mo. Rolling)	-1.1%	-0.9%	< 2.0%	2% - 4.99%	> 5%
Total Margin (12 Mo. Rolling)	4.9%	5.2%	< 5.0%	5% - 9.99%	> 10.0%

OTHER INDICATORS

	December	January	Budget	YTD	YTD Budget
Total Deductions from Revenue %	38.2%	51.3%	46.3%	51.3%	46.3%
Operating Margin	$342,928	($162,730)	($439,010)	($162,730)	($439,010)
Operating Margin %	7.8%	-4.1%	-10.9%	-4.1%	-10.9%
Increase (decrease) in Net Assets	$645,630	$62,678	($229,628)	$62,678	($229,628)
Total Margin %	14.6%	1.6%	-5.7%	1.6%	-5.7%

SUMMARY

Statistics: IP Days are at 157 compared to 78 in December and 102 in January 2018. Physicians Clinic Visits are at 2231 compared to 1752 in December and 2109 in January 2018. Surgeries are at 35 compared to 32 in December and 40 in January 2018.

Revenue: January's Gross Patient Revenue is $8,010,584 compared to a budget level of $7,392,604.

Other Operating Revenue: YTD Other Revenues are $2,618 below budget.

Expenses: Total Operating Expenses in January are $346,906 below budget. Salaries and benefits are below budget by $102,699.

Excess Revenues (Expenses): January's increase in Net Assets is $62,678 compared to a budget of of $(229,628). January's Total Margin is 1.6% compared to a budgeted level of -5.7%.

Ratio Analysis: Day's in A/R is at 54.4 which is higher than the industry average of fifty. Day's Cash on Hand is at 176 compared to December's level of 175 and January 2018 of 187.

Debt Coverage Ratio: January's rolling 12 month ratio is 3.48. The loan end of year minimum required ratio is 1.25.

ESTES PARK HEALTH
Statement of Revenues and Expenses (Unaudited)
January 31, 2019

	MONTH Jan-19			YEAR TO DATE FY 2019			PRIOR YEAR TO DATE FY 2018	
REVENUE	Actual	Budget	Var	Actual	Budget	Var	Actual	Var
Patient Revenue								
In-Patient	$ 1,708,220	$ 1,188,193	44%	$ 1,708,220	$ 1,188,193	44%	$ 1,083,301	58%
Out-Patient	4,645,431	4,785,043	-3%	4,645,431	4,785,043	-3%	4,777,902	-3%
Living Center	521,630	354,886	47%	521,630	354,886	47%	323,230	61%
Physicians Clinic	651,113	661,878	-2%	651,113	661,878	-2%	699,509	-7%
Hospital Professional	484,191	402,604	20%	484,191	402,604	20%	382,028	27%
TOTAL PATIENT REVENUE	8,010,584	7,392,604	8%	8,010,584	7,392,604	8%	7,265,969	10%
Less Contractual Allowances	(4,000,392)	(3,277,569)	-22%	(4,000,392)	(3,277,569)	-22%	(3,405,627)	-17%
Less Patient Uncollectable Allowances	(111,263)	(148,098)	25%	(111,263)	(148,098)	25%	(67,302)	-65%
TOTAL REVENUE DEDUCTIONS	(4,111,655)	(3,425,667)	-20%	(4,111,655)	(3,425,667)	-20%	(3,472,929)	-18%
	51.3%	*46.3%*		*51.3%*	*46.3%*		*47.8%*	
NET PATIENT REVENUE	3,898,929	3,966,937	-2%	3,898,929	3,966,937	-2%	3,793,040	3%
Other Operating Revenue	72,509	75,127	-3%	72,509	75,127	-3%	35,382	105%
TOTAL OPERATING REVENUE	3,971,438	4,042,064	-2%	3,971,438	4,042,064	-2%	3,828,422	4%
EXPENSES								
Wages	1,698,529	1,780,723	5%	1,698,529	1,780,723	5%	1,659,065	-2%
Health Benefits	349,214	349,999	0%	349,214	349,999	0%	335,968	-4%
Other Benefits	315,453	335,173	6%	315,453	335,173	6%	325,051	3%
Professional Fees	78,222	85,160	8%	78,222	85,160	8%	126,144	38%
Physician Professional Fees	391,422	376,781	-4%	391,422	376,781	-4%	329,693	-19%
Purchased Services	39,986	49,040	18%	39,986	49,040	18%	38,043	-5%
Employee Contract Labor	69,069	60,290	-15%	69,069	60,290	-15%	122,299	44%
Maintenance contracts	168,986	210,580	20%	168,986	210,580	20%	139,299	-21%
Other Contracted Services/Fees	107,769	145,594	26%	107,769	145,594	26%	103,253	-4%
Rent, Lease, Utilities & Insurance	98,442	106,533	8%	98,442	106,533	8%	114,155	14%
Supplies	435,351	447,373	3%	435,351	447,373	3%	380,846	-14%
Other Operating Expenses	216,679	346,761	38%	216,679	346,761	38%	229,090	5%
Depreciation & Amortization	165,047	187,067	12%	165,047	187,067	12%	187,181	12%
TOTAL OPERATING EXPENSE	4,134,168	4,481,074	8%	4,134,168	4,481,074	8%	4,090,086	-1%
OPERATING INCOME (LOSS)	(162,730)	(439,010)	63%	(162,730)	(439,010)	-63%	(261,664)	-38%
Operating Margin	*-4.1%*	*-10.9%*		*-4.1%*	*-10.9%*		*-6.8%*	
Non-Operating Revenue	263,429	247,874	6%	263,429	247,874	6%	238,770	10%
Non-Operating Expense	(4,195)	(4,350)	4%	(4,195)	(4,350)	4%	(4,338)	-3%
Bank Fee/Interest Expense	(33,826)	(34,142)	1%	(33,826)	(34,142)	1%	(34,642)	2%
EXCESS REVENUES (EXPENSES)	62,678	(229,628)	127% #	62,678	(229,628)	-127%	(61,874)	-201%
Gift to Purchase Capital Assets	0	0		0	0		0	
INCREASE (DECREASE) IN NET ASSETS	62,678	(229,628)	-127%	62,678	(229,628)	-127%	(61,874)	-201%
Total Margin	*1.6%*	*-5.7%*		*1.6%*	*-5.7%*		*-1.6%*	

ESTES PARK HEALTH
Balance Sheet (Unaudited)
January 31, 2019

ASSETS	2019 Jan	2018 Dec	2018 Jan
CASH	$ 9,388,292	$ 13,199,932	$ 7,881,292
SHORT TERM INVESTMENT	6,595,890	3,667,544	8,366,617
ACCOUNTS RECEIVABLE	12,953,456	12,995,151	12,274,910
LESS: CONTRACTUAL ALLOWANCES	(4,673,144)	(4,386,699)	(4,798,401)
LESS: PT UNCOLLECTABLE ALLOWANCE	(1,946,069)	(2,012,300)	(2,192,471)
NET ACCOUNTS RECEIVABLE	6,334,243	6,596,152	5,284,038
RECEIVABLES FROM OTHER PAYORS	3,099,179	2,878,632	3,112,882
INVENTORY	1,110,970	1,111,855	1,045,574
PREPAID EXPENSES	510,129	413,493	539,140
TOTAL CURRENT ASSETS	**27,038,702**	**27,867,607**	**26,229,543**
HOSPITAL	37,278,821	37,191,093	37,724,012
SKILLED NURSING FACILITY	3,469,163	3,469,163	3,523,581
RETIREMENT COTTAGES	496,445	496,445	501,744
CLINIC	9,736,975	9,736,975	9,798,943
	50,981,404	50,893,677	51,548,280
LESS: ACCUMULATED DEPRECIATION & AMORTIZATION	(21,984,962)	(21,819,914)	(21,767,797)
WORK IN PROGRESS	1,110,788	985,788	575,677
TOTAL PROPERTY, EQUIPMENT & INTANGIBLE ASSETS	**30,107,229**	**30,059,550**	**30,356,161**
INTERNALLY DESIGNATED ASSETS	1,404,100	1,403,206	1,425,010
DONOR RESTRICTED ASSETS	0	0	5,724
BOND FUNDS	0	0	0
TOTAL ASSETS LIMITED AS TO USE	**1,404,100**	**1,403,206**	**1,430,734**
OTHER ASSETS	0	0	9,885
LONG TERM INVESTMENTS	5,751,568	5,237,884	5,096,273
TOTAL OTHER ASSETS	**5,751,568**	**5,237,884**	**5,106,158**
TOTAL ASSETS	**$ 64,301,600**	**$ 64,568,247**	**$ 63,122,596**
LIABILITIES			
CURRENT PORTION BONDS PAYABLE	0	0	0
CURRENT MATURITIES OF OTHER LONG TERM DEBT	1,060,000	1,040,000	1,040,000
ACCOUNTS PAYABLE	427,135	1,011,792	1,093,661
ACCRUED WAGES & RELATED LIABILITIES	2,750,478	2,523,704	2,499,009
OTHER CURRENT LIABILITIES	1,286,835	1,255,179	1,213,937
TOTAL CURRENT LIABILITIES	**5,524,448**	**5,830,674**	**5,846,606**
DEPOSITS AND DEFERRED INCOME	**2,722,999**	**2,726,097**	**2,718,941**
LOANS PAYABLE	13,485,000	13,505,000	14,545,000
LEASES PAYABLE	0	0	0
LT BOND PAYABLE	0	0	0
TOTAL LONG-TERM LIABILITIES	**13,485,000**	**13,505,000**	**14,545,000**
TOTAL LIABILITIES	**21,732,447**	**22,061,772**	**23,110,548**
INVESTED IN CAPITAL ASSETS, NET OF RELATED DEBT	30,107,231	30,059,550	30,356,161
RESTRICTED - EXPENDABLE FOR:			
SPECIFIC OPERATING ACTIVITIES	0	0	5,724
UNRESTRICTED	12,399,244	10,014,372	9,712,037
TOTAL NET ASSETS	**42,506,475**	**40,073,922**	**40,073,922**
EXCESS REVENUES YTD	**62,678**	**2,432,553**	**(61,874)**
TOTAL LIABILITIES & NET ASSETS	**$ 64,301,600**	**$ 64,568,247**	**$ 63,122,596**

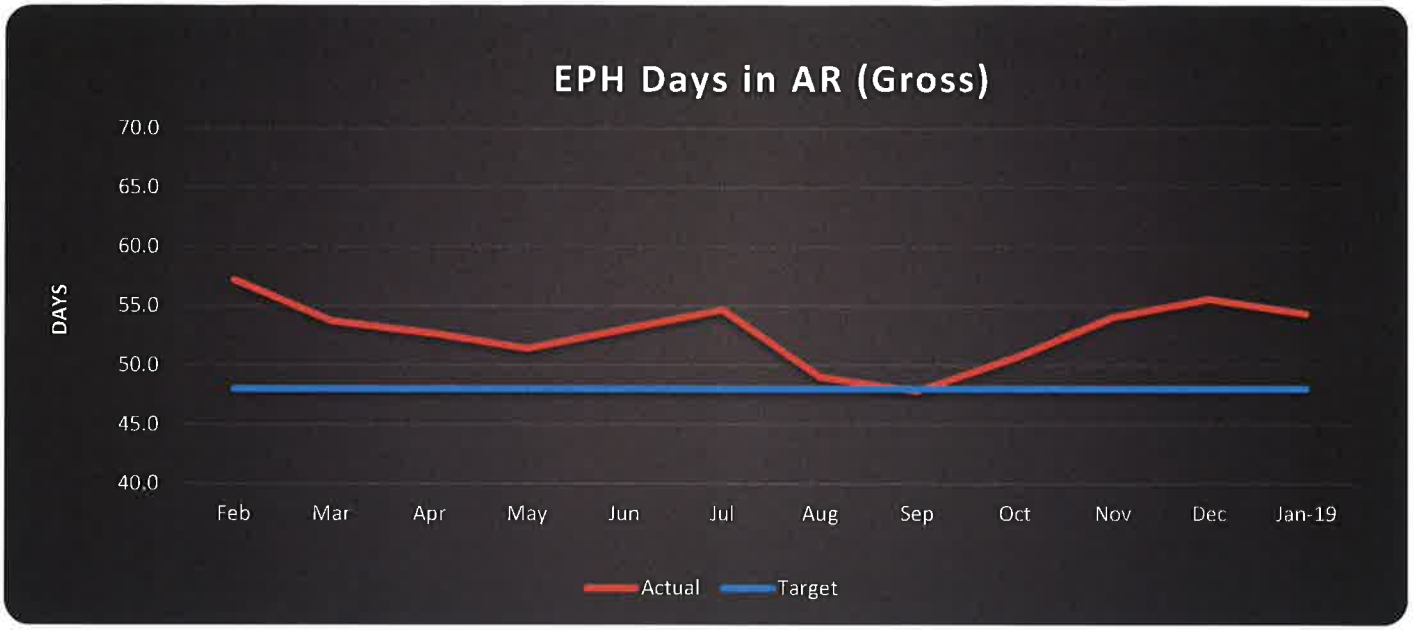
ESTES PARK HEALTH
Statement of Cash Flows (Unaudited)
1/1/18 through 1/31/19

Cash Flows From Operating Activities		
(Deficiency) Excess of Revenues over Expenses	$	62,678
Interest expense (considered financing activity)		33,826
County tax subsidy, net (considered financing activity)		(224,305)
Interest income (considered investing activity)		(24,934)
Net income (loss) from operating activities		(152,735)
Assets released from restrictions		-
Depreciation & amortization		165,047
Changes in working capital:		
Decrease (Increase) in Accounts receivable, net		41,362
Decrease (Increase) in Inventory		885
Decrease (Increase) in Prepaid expenses		(96,636)
Decrease (Increase) in Other Assets		-
Decrease (Increase) in Long Term Investment		(513,684)
Increase (Decrease) in Accounts payable		(584,657)
Increase (Decrease) in Accrued wages & related liabilities		226,774
Increase (Decrease) in Other current liabilities		31,656
Increase (Decrease) in Deposits and Deferred Income		(3,098)
Net (gain) loss on sale of equipment		-
Net cash provided by (used in) operating activities		(885,086)
Cash Flows From Financing Activities		
Restricted contributions		-
County tax subsidy, net		224,305
Interest expense		(33,826)
Sale of equipment		-
Purchase of property, equipment & intangible assets		(212,727)
Increase (Decrease) in capital lease commitments, net		-
Loan Activity		-
Net cash provided by (used in) financing activities		(22,248)
Cash Flows From Investing Activities		
Interest income		24,934
Net cash provided by (used in) investing activities		24,934
Net Increase (Decrease) in Cash and Cash Equivalents		(882,400)
Cash and Cash Equivalents, 01/01/2019		18,270,682
Cash and Cash Equivalents, 1/31/2019	$	17,388,282
Restricted Cash and Cash Equivalents, 1/31/2019	$	1,404,100
Unrestricted Cash and Cash Equivalents, 1/31/2019		15,984,182
	$	17,388,282

ESTES PARK HEALTH
Statistical and Consolidated Financial Summary
Month Ended January 31, 2019

	Month			Year To Date		
Utilization	**Actual**	**Budget**	**Variance To Budget**	**Actual**	**Budget**	**Variance To Budget**
Hospital						
In-Patient Days	157	98	60.2%	157	98	60.2%
Out Patient Visits	3012	3265	-7.7%	3012	3265	-7.7%
Living Center						
Resident Days	1180	1178	0.2%	1180	1178	0.2%
Clinic						
Physicians Clinic Visits	2231	2165	3.0%	2231	2165	3.0%

	Month				Year To Date			
Income Statement	**Actual**	**Budget**	**To Budget**	**% Variance**	**Actual**	**Budget**	**To Budget**	**% Variance**
Hospital								
Operating Revenue (Net)	$ 2,937,580	$ 3,043,289	(105,709)	-3.5%	$ 2,937,580	$ 3,043,289	(105,709)	-3.5%
Operating Expenses	3,005,732	3,240,801	235,069	7.3%	3,005,732	3,240,801	235,069	7.3%
Net Operating Income (Loss)	(68,152)	(197,512)	129,360	65.5%	(68,152)	(197,512)	129,360	65.5%
Living Center								
Operating Revenue (Net)	342,085	308,941	33,144	10.7%	342,085	308,941	33,144	10.7%
Operating Expenses	371,406	424,507	53,101	12.5%	371,406	424,507	53,101	12.5%
Net Operating Income (Loss)	(29,321)	(115,566)	86,245	74.6%	(29,321)	(115,566)	86,245	74.6%
Clinic								
Operating Revenue (Net)	691,773	689,834	1,939	0.3%	691,773	689,834	1,939	0.3%
Operating Expenses	757,030	815,766	58,736	7.2%	757,030	815,766	58,736	7.2%
Net Operating Income (Loss)	(65,257)	(125,932)	60,675	48.2%	(65,257)	(125,932)	60,675	48.2%
Total								
Operating Revenue (Net)	3,971,438	4,042,064	(70,626)	-1.7%	3,971,438	4,042,064	(70,626)	-1.7%
Operating Expenses	4,134,168	4,481,074	346,906	7.7%	4,134,168	4,481,074	346,906	7.7%
Net Operating Income (Loss)	(162,730)	(439,010)	276,280	62.9%	(162,730)	(439,010)	276,280	62.9%
Total								
Non Operating Revenue (Net)	263,429	247,874	15,555	6.3%	263,429	247,874	15,555	6.3%
Non Operating Expenses (Net)	(38,021)	(38,492)	471	1.2%	(38,021)	(38,492)	471	1.2%
Excess of Rev over Exp Before Cap gifts	$ 62,678	$ (229,628)	$ 292,306	127.3%	$ 62,678	$ (229,628)	$ 292,306	127.3%
Gifts to Purchase Capital Assets	-	-	-	#DIV/0!	-	-	-	#DIV/0!
Increase (Decrease) in Net Assets	$ 62,678	$ (229,628)	$ 292,306	127.3%	$ 62,678	$ (229,628)	$ 292,306	127.3%



Calculation: Gross Accounts Receivable
Average Daily Revenue

Definition: Considered a key "liquidity ratio" that calculates how quickly accounts are paid.

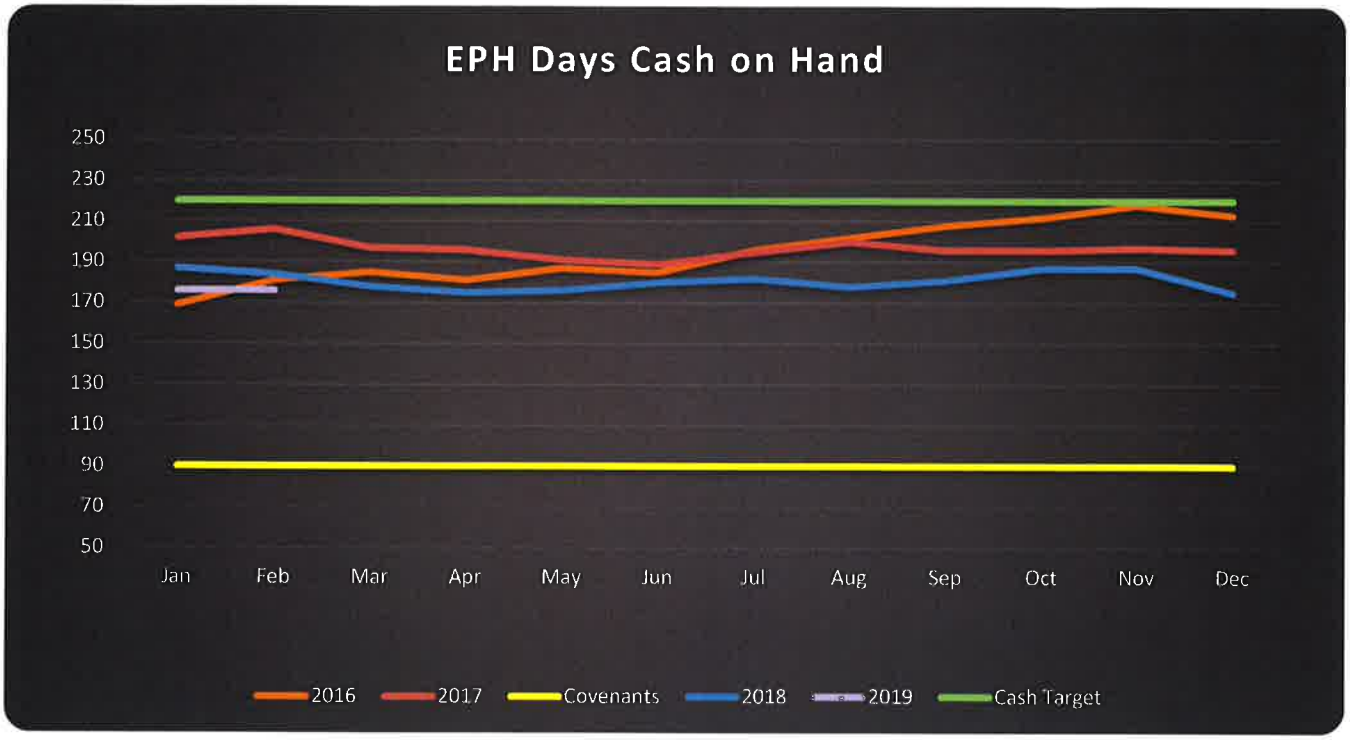
Desired Position: Downward trend below the median, and below average.

How ratio is used: Used to determine timing required to collect accounts. Usually, organizations below the average Days in AR are likely to have higher levels of Days Cash on Hand.

	Feb	Mar	Apr	May	Jun	Jul
A/R (Gross)	12,407,789	12,128,477	11,635,864	11,722,326	12,749,964	15,095,521
Days in Month	28	31	30	31	30	31
Monthly Revenue	5,873,889	7,169,365	6,588,631	7,208,501	8,069,310	10,115,556
Daily Revenue	216,820	225,658	220,583	227,897	240,291	276,015
Days in AR	**57.2**	**53.7**	**52.8**	**51.4**	**53.1**	**54.7**

	Aug	Sep	Oct	Nov	Dec	Jan-19
A/R (Gross)	14,635,898	13,684,739	13,108,356	12,710,015	12,995,151	12,953,456
Days in Month	31	30	31	30	31	31
Monthly Revenue	9,270,969	6,939,920	7,589,000	6,853,349	7,056,710	8,010,584
Daily Revenue	298,433	286,157	258,694	234,970	233,685	238,268
Days in AR	**49.0**	**47.8**	**50.7**	**54.1**	**55.6**	**54.4**

ESTES PARK HEALTH
Days Cash on Hand
January 31, 2019



Calculation: Total Unrestricted Cash on Hand / Daily Operating Cash Needs

Definition: This ratio quantifies the amount of cash on hand in terms of how many "days" an organization can survive with existing cash reserves.

Desired Position: Upward trend, above the median--AND above Bond Covenant Minimums

How ratio is used: This ratio is frequently used by bankers, bondholders and analysts to gauge an organization's liquidity--and ability to meet short term obligations as they mature.

Note: At EPH, the Bond Refunding/Loan documents require a minimum level of 90 days cash be maintained. It changed to 90 effective March 1, 2016.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	176	176										
2018	187	184	178	175	176	180	182	178	181	187	187	175
2017	202	206	197	196	191	189	195	200	196	196	197	196
2016	169	181	185	181	187	185	196	202	208	212	218	213
Bond Covenant MIN	90	90	90	90	90	90	90	90	90	90	90	90
Cash Target	220	220	220	220	220	220	220	220	220	220	220	220

POLICY and PROCEDURE

Department: Administration

Creation Date:
Review Date:
Revise Date:

Policy Title: Colorado End of Life Options Act
(Patient's request for medical aid in dying)

PURPOSE:

a. The Colorado End of Life Options Act (C.R.S § 25-48-101, et seq.) authorizes medical aid in dying and allows a terminally ill adult with a prognosis of six months or less, who has mental capacity, has made an informed decision, is a resident of Colorado, and has satisfied other requirements, to request and obtain a prescription for medical aid in dying medication to end his or her own life in a peaceful manner.
b. The purpose of this policy is to describe the position of Estes Park Health (the "HOSPITAL") regarding the End of Life Options Act, including participation of physicians employed or under contract and to provide guidelines for responding to patient requests for information about medical aid-in-dying medications in accordance with federal and state laws, regulations, and accreditation standards.

DEFINITIONS: *(for purposes of this policy)*:

Adult: An individual who is eighteen years of age or older.

Medical Aid-in-Dying: The medical practice of a physician prescribing medical aid-to-dying medication to a qualified individual that the individual may choose to self-administer to bring about a peaceful death.

Mental Capacity *or* ***Mentally Capable:*** In the opinion of an individual's attending physician, consulting physician, psychiatrist or psychologist, the individual has the ability to make and communicate an informed decision to health care providers.

Medical Aid-in-Dying Medication: Medication prescribed by a physician to provide medical aid to dying.

Qualified Patient: A terminally ill adult with a prognosis of six months or less, who has mental capacity, has made an informed decision, is a resident of the state of Colorado, and has satisfied the requirements of the Act in order to obtain a prescription for medical aid-in-dying medication to end his or her life in a peaceful manner.

Terminal Illness: An incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death.

Prognosis of Six Months or Less: A prognosis resulting from a terminal illness that the illness will, within reasonable medical judgment, result in death within six months and which has been medically confirmed.

Self-administer*:* A qualified individual's affirmative, conscious, and physical act of administering the medical aid-to-dying medication to himself or herself to bring about his or her own death.

Attending Physician: A physician who has primary responsibility for the care of a terminally ill individual and the treatment of the individual's terminal illness.

Consulting Physician: A physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a terminally ill individual's illness.

Licensed Mental Health Professional: A psychiatrist licensed under article 36 of title 12, C.R.S., or a psychologist licensed under part 3 of article 43 of title 12, C.R.S.

Informed Decision: A decision that is:
Made by an individual to obtain a prescription for medical aid-in-dying medication that the qualified individual may decide to self-administer to end his or her life in a peaceful manner;
Based on an understanding and acknowledgment of the relevant facts. Made after the attending physician fully informs the individual of:

a) His or her medical diagnosis and prognosis of six months or less;
b) The potential risks associated with taking the medical aid-in dying medication to be prescribed;
c) The probable result of taking the medical aid-in-dying medication to be prescribed
d) The choices available to an individual that demonstrate his or her self-determination and intent to end his or her life in a peaceful manner, including the ability to choose whether to:
    i. Request medical aid in dying;
    ii. Obtain a prescription for medical aid-in-dying medication to end his or her life;
    iii. Fill the prescription and possess medical aid-in-dying medication to end his or her life; and
    iv. Ultimately self-administer the medical aid-in-dying medication to bring about a peaceful death; and
    v. All feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care, and pain control.

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POLICY and PROCEDURE

POLICY:

A. Colorado law recognizes certain rights and responsibilities of qualified patients and health care providers under the Colorado End-of-Life Options Act (hereinafter the "Act"). Under the Act, a health care provider, including HOSPITAL is not required to assist a qualified patient in ending that patient's life.

B. HOSPITAL has chosen to OPT OUT (not participate under the Act).

C. Notice that HOSPITAL has chosen to opt out will be included in the admissions paperwork filled out by every patient, and will also be included on HOSPITAL's website in an appropriate location.

D. No Physician working in HOSPITAL may prescribe medical aid-in-dying medication for a patient who intends to self-administer the medication on the HOSPITAL premises.

E. Every Physician may freely discuss all relevant end of life options with patients, including options under the Act. [In their own discretion,] [Apart from such discussions,] Physicians [may] [may not] intentionally and for the purpose of enabling a patient to obtain Medical Aid-in-Dying Medication engage in the preparatory steps under the Act that lead up to writing a prescription for Medical Aid-in-Dying Medication, such as requesting a Consulting Physician to provide the requisite confirmations under C.R.S. 25-48-107, providing such confirmations as a Consulting Physician, or serving as a witness to a patient's request for Medical Aid-in-Dying Medication by signing the paperwork prescribed in C.R.S. 25-48-112.

F. HOSPITAL personnel may not follow a physician order that is in violation of this policy.

G. When a patient expresses intent to request medical aid-in-dying medication, the patient will be informed that HOSPTIAL will not participate or assist in providing medical aid-in-dying medication for self-administration on HOSPITAL premises.

H. HOSPITAL caregivers will still provide all other requested end-of-life and palliative care and other services to patients and families.

I. Consistent with this policy, HOSPITAL will continue to provide care to patients who qualify for and request services, regardless of their stated interest in seeking medical aid-in-dying medication.

J. If a HOSPITAL patient wishes to request medical aid-in-dying-medication, HOSPITAL will cooperate with the patient in transfer to another facility of the patient's choice. The transfer will promote continuity of care.

K. Upon request, HOSPITAL will transfer a copy of the patient's medical record to the new health care provider/facility.

L. HOSPITAL will notify patients in writing of this policy in the admission packet and other means intended to provide advance written notification.

M. HOSPITAL will notify employed and contracted physicians in writing of this policy by email with confirmation of receipt requested and, as necessary, by other means.

N. Patients may not self-administer Medical Aid-in-Dying Medication while on the premises.

O. If a patient brings Medical Aid-in-Dying Medication onto the premises and the patient's possession of such Medication becomes known to any HOSPITAL personnel, the personnel shall inform the attending physician of the fact, and the attending physician shall at the next convenient opportunity inform the patient that the Patient may not self-administer such Medication on HOSPITAL premises. The physician will request that the patient relinquish such Medication, which will be kept securely and returned to patient upon patient's request [at some point during the process of transferring patient out of HOSPITAL], provided that the law would permit the patient to obtain a prescription for such Medication from a provider as of the time of the patient's transfer.

P. If a patient self-administers Medical Aid-in-Dying Medication in the facility in violation of the foregoing provisions of this Policy, HOSPITAL will not attempt to prevent the death of the patient or to remove the patient from the facility, and will for purposes of the patient's treatment act as if it were a participating provider under the Act.

REFERENCE:

The Colorado End of Life Options Act (C.R.S § 25-48-101, et seq).

Proposition 106: Implementing the Colorado End-of-Life Options Act: Colorado Rural Hospital Association: ppt: November 2016

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Human Resources Update

FEBRUARY 25, 2019

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Engagement Surveys

Employee Engagement Survey Participation

- 71% Response Rate - 2017
- 77% Response Rate - 2018

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2018 Improvements include:

- Merit Based Salary Increases
- New Performance Evaluation Process
- Employee Rounding
- Compensation Structure
- Additional Employee Events
- Increased Department Director Interaction with Employees

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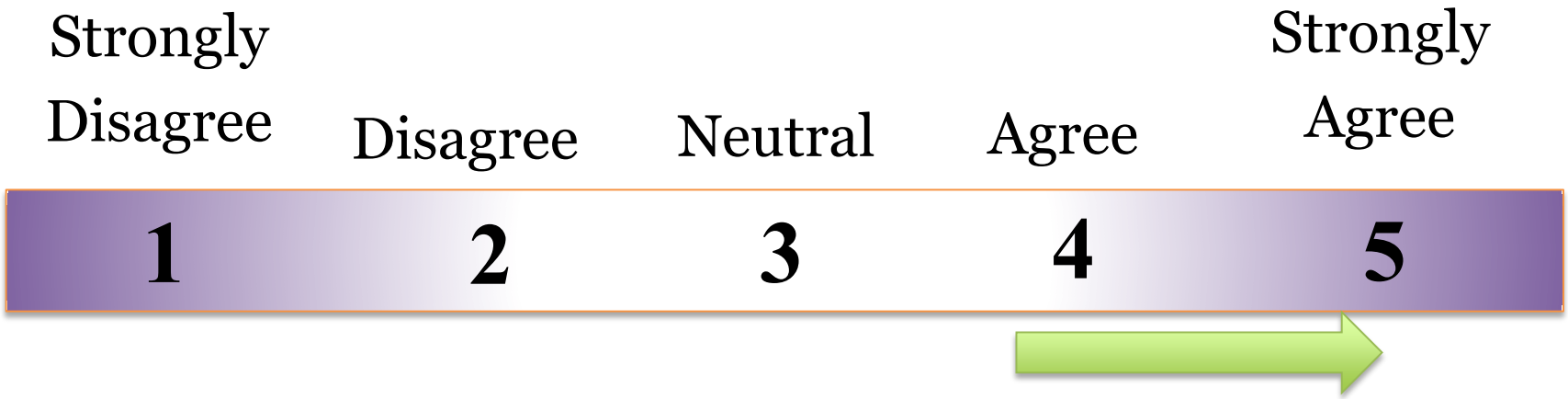
Engagement Survey, 2018



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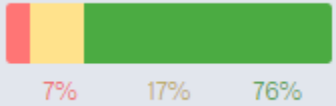
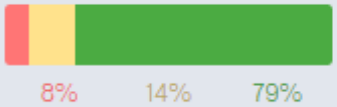
Engagement Indicator	-		3.99
Organization	-		3.78
Manager	-		4.20
Employee	-		4.09

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2018 Engagement Survey Plan

- Training Sessions Held with Department Leaders
- Results Shared and Reviewed with all Departments
- Identify Areas of Improvement
- Create Action Plan
- Implement Plan and Track Progress

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Physician Engagement Survey Participation

- Our Clinic Physicians Response Rate = 75%
- Contract Physicians Response Rate = 38%
- Specialty Physicians Response Rate = 13%

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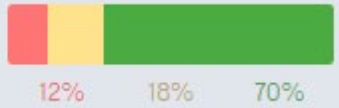
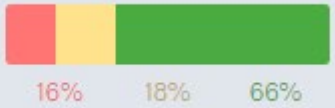
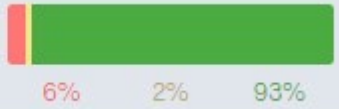
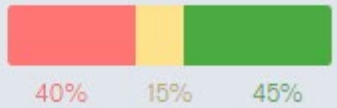
Engagement Indicator	-		3.78
Organization	-		3.69
Staff	-		4.30
Leadership	-		3.00

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Physician Engagement Survey, 2018

- Initial results reviewed with the Physicians
- Identify areas for improvement
- Develop an Action Plan
- Implement the Plan

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Recruitment, Turnover, Culture

Recruitment Activities

- Challenges are well known – Challenges are not obstacles
- Recruiter on board
- Creativity – broader minimum qualifications, OJT
- Digital ads to reach passive job seekers
- Weekly recruitment meeting

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Recruitment Activities

- Relationships with EPHS, Northern CO Health Sector Partnership, CHA, Healthcare job fairs
- Sign on/Retention Bonus 50/50 for select critical positions
- Employee Referral Bonus
- Recruit Contractors

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2018 Turnover

- Total turnover at EPH – 19.6%
- Healthcare National Avg. – 20.6% (up from 15.6% 2015)
- Full Time, Part Time Turnover – 16.1%
- EPH Employees < 6 months – 5%

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2018 Turnover Reasons

- Personal Issues
- Relocation
- Performance
- Health
- New Opportunities
- Retirement

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2019 Goals

- Total turnover no more than 16%
- Less than 6 months 1% or less
- Contract (traveler) labor reduction of 33%

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First Quarter Retention Initiatives

- Formal Exit Interview
- Interview and Selection Training
- Lunch/Discussion for 90 day employees

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Culture

- Develop an organizational culture of ownership and empowerment – not just trendy words.
- Not a “program of the month, year”
- Culture is the invisible architecture of an organization.
- Operate from a center of personal and organizational values and commitment – not compliance.

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Culture

Need for outside assistance

Values Coach, Inc. one option- Healthcare only

Experienced, transformational results, sustainable

Due to EPIC, LAWSON, introduction would be late 2019 and into 2020

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Questions?

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Physician Clinic Access to Care/PI Update

FEBRUARY 25, 2019

Access to Care – Issues & Solutions

- Limited provider availability and burn-out impacted by:
  - Multiple platforms vs integrated platform
  - Various workflows, preferences and protocols
  - Identify top-of-license

- Epic is part of the solution

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PI Project Objective

- Decrease provider burnout & pajama time by:
  - Standardizing work flows while recognizing uniqueness among specialties
  - Flow and documentation of information to facilitate patient visit efficiencies
- Standardize elements of patient visits that support staff working at top-of-license
  - Improve access to care
  - Scheduling, clinical support, cross coverage
  - Preparation for implementation of EPIC

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PI Project

- Phase I – Current State Mapping
- Phase II – Future State Recommendations
- Phase III – Training & Implementation
- Phase IV – Closure, Monitoring & Support

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PI Project Status

- Concurrent Phase II and Phase III
  - Five recommendations have been implemented
  - Identified scheduling issues and solutions
  - Three recommendations require training for effective implementation
- Phase IV, Project Closure, Monitoring & Support begins March

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Q & A

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Park Hospital District Board
Timberline Conference Room
February 25, 2019

CREDENTIALING RECOMMENDATIONS

Appointment

Miller, Steven, M.D.	Courtesy, General Surgery (Surgicalist)

Reappointments

Aronovitz, Benjamin, M.D.	Courtesy, Diagnostic Radiology
Chew, Scott, M.D.	Active, Emergency Medicine
Emdur, Abby, M.D.	Courtesy, Otolaryngology
Lassiter, Anne, P.A.	APP, Physician Assistant (Pulmonology)
North, Crystal, D.O.	Courtesy, Gastroenterology
Talusani, Sachin, M.D.	Courtesy, Diagnostic Radiology

Resignations (FYI only)

Lowery, John, M.D.	Courtesy, General Surgery (Surgicalist)
O'Malley, Patrick, M.D.	Courtesy, Diagnostic Radiology

Home
New Registration
Reports
My Account
Help/FAQ

Submit Annual Report for 2018

Reporting Instructions

- Use reporting period 1/1/2018 through 12/31/2018 when answering the questions below.
- Answers are required for all questions. Enter zero (0) if you have nothing to report for any given question.
- *Adversely affecting* means reducing, restricting, suspending, revoking, or denying clinical privileges or membership in a health care entity (45 CFR 60.3) except that it does not include a precautionary suspension or any professional review action for a period of thirty days or less.
- An investigation occurs when the authorized entity or its professional review committee notifies the subject of the investigation in writing that an investigation has commenced.

Park Hospital District Board of Directors

Aggregate Review Activities (per 12-36.5-104.6(2)(c), C.R.S.)
Report the number of professional review activities in each of the following categories:
Include only investigations in which no final action adversely affecting the subject of the investigation was taken or recommended.

0 **Investigations** - Number of investigations completed during the year

0 **Investigations With No Actions** - Number of investigations that resulted in no actions

0 **Involuntary Requirements** - Number of investigations that resulted in written involuntary requirements for improvement sent to the subject of the investigation by the authorized entity

0 **Written Agreements** - Number of investigations that resulted in written agreements for improvement between the subject of the investigation and the authorized entity

Medical Board Review Actions (per 12-36.5-104.6(2)(b)(I), C.R.S.)
Report the number of professional review actions in each of the following categories relating to individuals licensed under article 36:

0 **Medical Board: Adverse Actions** - Number of review actions adversely affecting the individual

0 **Medical Board: Surrender During Investigation** - Number of review actions in which an authorized entity accepted the individual's surrender of clinical privileges, membership, or affiliation while the individual was under investigation

0 **Medical Board: Surrender Without Investigation** - Number of review actions in which an authorized entity accepted the individual's surrender of clinical privileges, membership, or affiliation in return for not conducting an investigation

0 **Medical Board: Recommendations Following Hearing** - Number of review actions in which the professional review committee made recommendations regarding the individual following a hearing

Nursing Board Review Actions (per 12-36.5-104.6(2)(b)(II), C.R.S.)
Report the number of professional review actions in each of the following categories relating to individuals licensed under article 38 and granted authority as advanced practice nurses:

0 **Nursing Board: Adverse Actions** - Number of review actions adversely affecting the individual

0 **Nursing Board: Surrender During Investigation** - Number of review actions in which an authorized entity accepted the individual's surrender of clinical privileges, membership, or affiliation while the individual was under investigation

0 **Nursing Board: Surrender Without Investigation** - Number of review actions in which an authorized entity accepted the individual's surrender of clinical privileges, membership, or affiliation in return for not conducting an investigation

0 **Nursing Board: Recommendations Following Hearing** - Number of review actions in which the professional review committee made recommendations regarding the individual following a hearing