

Agenda
Estes Park Health Board of Directors' Regular Meeting
Monday March 25, 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 February 25, 2019 Regular Board Meeting			
	5.2 Reports			
	5.2.1 February 2019 Financials			Mr. Tim Cashman
	5.2.2 Chief-of-Staff			Dr. John Meyer
	5.2.3 Communications			Ms. Lisa Taylor
	5.2.4 EPH Foundation			Mr. Kevin Mullin
	5.2.5 Home Health/Hospice Quarterly Update			Ms. Sarah Bosko
6	Open Action Items			
7	Presentations:			
	7.1 Medical Staff Report and Actions	10	Discussion	Dr. John Meyer
	7.2 PR & Marketing: 2019 Strategy and Tactics	10	Discussion	Ms. Lisa Taylor
	7.3 EPH Foundation - Including Grateful Patient	20	Discussion	Mr. Kevin Mullin
	7.4 Rural Estes Alliance for Community Health and State Health Care Financing	20	Discussion	Mr. Tim Cashman
	7.5 Employee and Physician Survey Follow-up: Action Plans	10	Discussion	Mr. Randy Brigham
	7.6 Colorado End of Life Options Act Policy Implementation Plan and Status	10	Discussion	Dr. Larry Leaming
8	Operations Significant Developments:			
	<i>Goals, Accomplished, Next Actions, Schedule, Issues</i>			
	8.1 Executive Summary - Significant Items Not Otherwise Covered	5	Discussion	Dr. Larry Leaming
9	Projects:			
	<i>Goals, Accomplished, Next Actions, Schedule, Issues</i>			
	9.1 Strategic Plan Summary			
	9.1.1 Executive Summary	20	Discussion	Dr. Larry Leaming
10	Medical Staff Credentialing Report	3	Action	Board
11	Review any Action List Items and Due Dates	2	Discussion	Board
12	Potential Agenda Items for April 22, 2019 Regular Board Meeting	2	Discussion	Board
13	Adjourn - March 25, 2019 Regular Board Meeting	1	Action	Dr. David Batey

Next Regular Board Meeting: Monday April 22, 2019, 4:00 - 6:00 pm

ver March 18, 2019

To Whom It May Concern,

March 3, 2019

I have been meaning to write and tell you how much I appreciate the kindness of the EMS Crew who came to my neighbors house, _____ on January 12, 2019.

~~My~~ ^{she} had fallen in the bathroom, and was imminently dying. Per her daughter, the EMS crew assessed her, her HR in the 40's and not 100% alert and oriented. They called into the hospital and affirmed she was a DNR, and the thing I appreciate most is that they allowed her the dignity of dying at home.

~~She~~ was 96 I believe, ~~she had been in and out of the hospital and Prospect Living over the past year,~~ and her true wish was to die at home. Her daughter and son in law have mentioned more than once how much they appreciate what your crew did.

They stayed with her, along with county sheriff until she passed away.

I was the program director for an EMS Program in Illinois, and Manager of the ED there, I know that this crew went above and beyond. I commend them for allowing it to happen. Probably would not happen every day with every crew, I totally understand the "Busy-ness".

Kudos to them !

March 1, 2019

Lisa Taylor
Estes Park Health
555 Prospect Avenue
PO Box 2740
Estes Park, CO 80517

Dear Ms. Taylor:

Thankfully, it's not often that we have required urgent medical attention while on a vacation but it is comforting to know that facilities still exist that provide an exceptional level of care when it is needed. Visiting Estes Park for our daughter's wedding On February 19, 2019, my wife , typically in excellent health, awoke with right sided flank pain. Without any history of kidney problems, we thought it likely a muscular backache from perhaps sleeping on a different mattress. The pain worsened throughout the day so we decided to visit the Timberline Urgent Care Clinic where she was quickly evaluated by the nursing staff and Dr. Williams, had a urinalysis performed which revealed marked hematuria, and sent to the Estes Park Health Emergency Room for further evaluation.

Upon arriving at the Estes Park Emergency Department, Anita was again quickly evaluated and sent for a CT of her abdomen and pelvis where it was determined that she had an unusual obstruction of her right ureter. The ER Physician, Dr. Meyer, contacted the urologist at the Medical Center of the Rockies who agreed to further evaluate her as soon as possible at the hospital in Loveland. Luckily, Dr. Kick was able to place a stent in her kidney, and we were able to travel home to Florida on Sunday. She is scheduled to have a right ureteroplasty on March 12th.

From the moment we checked in at Timberline Urgent Care on February 20th to the moment we were discharged from UC Medical Center of the Rockies on February 23rd, everything went very smoothly and the transfer of care among all the facilities was seamless. All of the medical, nursing, pharmacy and administrative care Anita received at all three facilities was highly professional, competent, and compassionate. Most importantly, she always felt she was in good hands....critical when you are two thousand miles from home!!!

Thank you for everything!!

Sincerely,



1

✓

March 2019

IT'S CLICHE, BUT I'M HONESTLY AT A LOSS FOR WORDS. I NEVER KNEW A HOSPITAL COULD BE SUCH A PLEASANT PLACE TO SPEND A LITTLE TIME.

DR. EPSTEIN: THANK YOU FOR BEING SO THOROUGH AND FOR TAKING THE TIME TO EXPLAIN EVERYTHING TO ME (AND MY SISTER) SO WELL. THANK YOU FOR FEELING LIKE A PERSON AND TAKING MY HEALTH SERIOUSLY.

KAREN: THANKS FOR KEEPING ME WELL SATURATED. IN CASE YOU'RE WONDERING, I'M A STRONG 96% RIGHT NOW. YOUR PASSION FOR YOUR WORK SHOWS AND IS IMPRESSIVE. THANK YOU.

GEORGE: I WAS ASLEEP FOR MOST OF OUR TIME TOGETHER, BUT WHILE I WAS AWAKE YOU MADE SURE I WAS LAUGHING AND WELL TAKEN CARE OF. THANK YOU 😊

TJ: THANK YOU FOR LAUGHING AT MY DUMB JOKES AND TELLING THEM RIGHT BACK. YOUR SPIRIT IS UPLIFTING AND IT LIFTED ME UP MORE THAN YOU'LL EVER KNOW.

LYNDA: YOU WERE PEACE DURING AN INTENSE SERIES OF MOMENTS IN MY LIFE. YOU SAY A LOT WITH VERY LITTLE AND MADE ME FEEL SAFE; I'LL NEVER FORGET THAT. RACHEL AND YOU ARE IN MY PRAYERS.

JESS: THANK YOU FOR TAKING THE TIME TO TALK ME THROUGH EVERYTHING AND SHARING YOUR ADVICE ON NEXT-STEPS WITH ME. YOU GAVE ME A SOLID FOUNDATION TO BECOME MY OWN PATIENT ADVOCATE. TO ME, THAT MEANS YOU'RE A PATIENT ADVOCATE AND THERE'S NOT ENOUGH OF THOSE — THANKS.

MONICA: OUR TIME WAS SHORT BUT YOU PROVIDED ME WITH TONS OF VALUABLE INFORMATION INCLUDING HOW TO CONTINUE TO LIVE A FULFILLED LIFE. THANK YOU FOR THAT AND FOR SHOWING ME THAT XARELTO SITE!

MATT: I HAVE NO IDEA WHO YOU ARE, BUT THANKS FOR THE XARELTO; YOU'RE A LIFESAVER.

YOU'RE ALL LIFE SAVERS.



**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 (via conference call); Mr. William Pinkham, Member-at-Large.

Other Attendees

Dr. Larry Leaming, CEO; Dr. John Meyer, Chief-of-Staff; Mr. Randy Brigham, Chief HR Officer; Mr. Gary Hall, CIO; 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.

Approval of 02/25/19 Meeting Agenda

A motion was made by Mr. Pinkham to approve the 02/25/19 meeting agenda as submitted; 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 Health.
- *No community members signed up to speak.*

Mr. Cashman, CFO, introduced Mr. James Mann, Principal Auditor with CliftonLarsonAllen, who are on-site this week conducting a financial audit.

Board Member General Comments

- Ms. Muno read some recent comments from patients – 1) A note from a very grateful patient who touted the excellent care received recently in the ED. Staff turned what could have been a very stressful experience into one that was actually pleasant; and 2) Comments received from patients during weekly discharge calls – kudos to the great kitchen staff, pharmacy staff, doctors, and nurses.
- Mr. Pinkham commented on how great the new permanent signage looks.

Consent Agenda Items

- Board Meeting Minutes – 01/21/19
- Quality
- Service
- People
- Financial Summary

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

A motion was made by Ms. Begley 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

- Estes Park Health (EPH) Draft Policy & Procedures Re: Colorado End-of-Life Options Act – Summary:
 - Dr. Meyer reported that he has, at the request of the Board, confidentially interviewed EPH Physicians (excluding Hospitalists and Surgicalists) concerning the draft policy. Comments were welcomed by Board and community members in attendance, e.g.:
 - ✓ Dr. Leaming stated he has held five employee town hall meetings to discuss many events taking place at EPH, including this draft policy. The meetings were well attended, and opinions were expressed, both for and against. Concerns were raised about EPH Living Center participation. There will be more communication and training opportunities on this policy and how it will affect our internal procedures.
 - ✓ Ms. Munro – Thank you to Dr. Meyer and the Medical Staff for their candid input. After hearing all opinions, she is inclined to support, at this time, removing the Living Center from the policy as an option for participation in this Act; protecting Physicians’ choice to participate or not. This policy can be revisited in one year’s time, and changes, if desired, can be made at that time.
 - ✓ Dr. Miller – This is not an easy decision, and we need to honor the wishes of the voters, but also need to be sensitive to the Medical Staff.
 - ✓ Ms. Jean McGuire – This topic has been discussed at regular Board meetings for at least one year, and she wanted to voice her disapproval with the Board’s decision to amend the EPH policy; however, she thanked Dr. Meyer for speaking with the Medical Staff, and stated she will continue to push the Board to, at some point in time, amend the policy to allow residents of the Living Center to participate in this option, as the Living Center is their home.

A motion was made by Ms. Begley to approve the amended EPH Colorado End-of-Life Options Act Policy to exclude the Living Center. This would mean that taking the end-of-life medication would be prohibited in all areas of Estes Park Health, including the Living Center; however, individuals can still exercise this right, in the privacy of their own home; EPH will continue to provide Home Health and Hospice services in the home. This motion was seconded by Ms. Munro. A verbal vote was requested – Dr. Batey, Ms. Begley, Ms. Munro, Mr. Pinkham all voted aye; Dr. Miller, via conference call and unable to vote, stated that, in his opinion, we have ignored the voters’ wishes and he, if present, would have voted nay - the motion was carried.

- EPH Community Sponsorship Procedures – Dr. Leaming stated that a review has occurred of our past and present commitment to community sponsorships. It is clear that we are not able to maintain our previous level of participation, and for 2019 have budgeted for \$20,000.00 for sponsorships (listed in the budget as “Community Relations”). The EPH Community Sponsorship Policy was written to support community groups that support EPH’s Mission. We currently partner with the Town and provide ambulance coverage for many community events. Dr. Leaming has shared this policy with the Board Members, as well as the request form used to request EPH’s sponsorship support. Each request for sponsorship will be reviewed by Administration on an individual basis moving forward.
- People – Outcomes on Employee Engagement/Culture Change – Mr. Brigham, Chief Human Resources Officer; Summary:

- Employee Engagement Survey Participation – 71% Response Rate 2017; 77% Response Rate 2018
- 2018 Improvements:
 - ✓ Merit-based salary increase
 - ✓ New performance evaluation process
 - ✓ Employee rounding
 - ✓ Compensation Structure
 - ✓ Additional employee events
 - ✓ Increased Department Director interaction with employees
- Engagement Survey 2018 Scoring
 - ✓ 1 = Strongly disagree
 - ✓ 2 = Disagree
 - ✓ 3 = Neutral
 - ✓ 4 = Agree
 - ✓ 5 = Strongly Agree
- Comparison of 2017-2018 Survey Results
 - ✓ Engagement indicator – 2017 3.15; 2018 3.99 [26.7% increase]
 - ✓ Organization – 2017 3.27; 2018 3.78 [15.6% increase]
 - ✓ Manager – 2017 3.37; 2018 4.20 [24.6% increase]
 - ✓ Employee – 2017 3.38; 2018 4.09 [21% increase]
- Following 2018 Engagement Survey
 - ✓ Training sessions held with Department Leaders
 - ✓ Results shared and reviewed with all departments
 - ✓ Identified areas for improvement
 - ✓ Created action plans
 - ✓ Implemented plan/tracking progress
- Physician Engagement Survey (separate from Employee Engagement Survey)
 - ✓ Clinic physicians' response rate – 75%
 - ✓ Contract physicians' response rate – 38%
 - ✓ Specialty physicians' response rate – 13%
 - ✓ Initial results reviewed with physicians
 - ✓ Areas for improvement identified
 - ✓ Developed action plan
 - ✓ Implemented action plan
- Recruitment, Turnover, Culture
 - ✓ Recruitment Activities
 - Recruiter now on board
 - Creativity – broader minimum qualifications, OJT
 - Digital ads to reach passive job-seekers
 - Holding weekly recruitment meetings
 - Relationships with EPHS, No Colo Health Sector Partnership, CHA, healthcare job fairs
 - Sign-on/retention bonuses 50/50 for select critical positions
 - Employee referral bonus

- Recruiting contractors
- ✓ Turnover
 - Total turnover at EPH 2018 – 19.6%
 - Healthcare national average – 20.6% (up from 15.6% in 2015)
 - Full-time, part-time turnover – 16.1%
 - EPH employees < 6 months = 5% [due to personal issues; relocation; performance; health; new opportunities; retirement]
 - Goals for 2019
 - ❖ Total turnover no more than 16%
 - ❖ Less than 6 months 1% or less
 - ❖ Contracted (traveler) labor reduction of 33%
 - ❖ 1st Q retention initiatives – Formal exit interviews; Interview & selection training; Lunch/discussion for 90-day employees
- ✓ 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
 - Need for outside assistance
 - Values Coach, Inc. is one options – healthcare only
 - Experienced, transformational, sustainable results
 - Due to Epic and Lawson, introduction would be late 2019, into 2020

Board Committee Assignments

All Board subcommittees will include one Board member serving as Lead, and then a second Board member who will sit on the committee for six months; at the end of six months, the secondary Board member will then rotate out to allow another member to serve for six months.

Operations – Significant Developments

➤ Executive Summary – Dr. Larry Leaming, CEO; nothing to report that was not previously discussed.

Projects

- Urgent Care Center Update – Mr. Cashman, CFO; summary:
 - The new Urgent Care Center (UCC) is being built by the Alarado Development Group.
 - Lower floor 14,000 sq ft; a new Jimmy Johns restaurant will utilize approximately 2,000 sq ft; EPH has committed to 12,000 sq ft – 3,000 sq ft for UCC; 3,000 sq ft for a pain clinic, ambulatory surgical procedure space (GI/colonoscopies), wound care; at a later date, outpatient Rehab/Physical Therapy.
 - The 2nd floor will house two-story apartments; EPH will lease two of these apartments for employee housing.
 - Architects currently working with the city and Van Horn Engineering.
 - The goal is to begin moving dirt soon (March 2019), with the goal of project completion of March 2020.
 - An Alarado Steering Committee has been formed, along with three subcommittees – 1) UCC; 2) Ambulatory Surgery; 3) Rehab/PT.
- Access-to-Care Update – Clinic Process Improvement Status – Ms. Mandy Fellman, Practice Management Director; Summary:

- 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
- Process Improvement Project Objectives
 - ✓ Decrease provider burn-out & “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
 - ✓ Process Improvement Project Breakdown
 - Phase I – Current-State Mapping
 - Phase II – Future-State Recommendations
 - Phase III – Training & Implementation
 - Phase IV – Closure, Monitoring, Support
 - ✓ Process Improvement Project Status
 - Concurrent Phase II & Phase III
 - ❖ Five (5) recommendations have been implemented
 - ❖ Scheduling issues and solutions identified
 - ❖ Three (3) recommendations require training for effective implementation
 - Phase IV - Project Closure, Monitoring, Support – beginning in March

Medical Staff Credentialing Report

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

- **Appointments**

Steven Miller, MD

Courtesy, General Surgery (Surgicalist)

- **Reappointments**

Benjamin Aronovitz, MD

Courtesy, Diagnostic Radiology

Scott Chew, MD

Active, Emergency Medicine

Abby Emdur, MD

Courtesy, Otolaryngology

Anne Lassiter, PA

APP, Physician Assistant (Pulmonology)

Crystal North, DO

Courtesy, Gastroenterology

Sachin Talusani, MD

Courtesy, Diagnostic Radiology

- **Resignations (FYI Only)**

John Lowery, MD

Courtesy, General Surgery (Surgicalist)

Patrick O’Malley, MD

Courtesy, Diagnostic Radiology

A motion was made by Ms. Begley 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.

DORA Annual Professional Review Report FY2018

Zero aggregate review activities, Medical Board review actions, Nursing Board review actions FY2018 reported.

A motion was made by Mr. Pinkham to approve submission of the DORA report FY2018; the motion was seconded by Ms. Muno. A verbal vote was requested – the ayes were unanimous and the motion was carried.

Review Any Action List Items and Due Dates

- Modifications to Estes Park Health’s End-of-Life Policy – Dr. Batey will make modifications and forward to all Board Members.

Potential Agenda Items for 03/25/19 Board Meeting

- Approval of Medical Staff Bylaws
- Approval of Estes Park Health’s Board of Directors’ Bylaws

Public Comment

Mr. Jim Cozette wanted to thank the Emergency Department staff – a friend of his was recently taken to the EPH Emergency Department with a severe allergic reaction; the staff and physicians acted very quickly and avoided a possible serious adverse reaction.

With no further business to be conducted, the February 25, 2019, Regular Board Meeting was adjourned at 6:15 p.m.

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



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

CFO Report February 2019

Five most important things to know:

1. The first two months of the new year 2019, EPH is reporting a Loss on Operations of (\$934K) compared to Budgeted loss of (\$1.1M). Prior year, 2018 reported a net Loss on Operations of (\$865K).
2. Gross Patient Revenues were \$468K higher than Budget, or 3% and \$700K or 10% higher than last year.
3. Contractual Adjustments are 12% or \$748K over budget and \$1M over 2018.
4. Expenses were under budget by approximately \$443K or 5% and 3% higher than last year, or \$263K.
5. Days in Accounts Receivable are down, favorably, from 54.4 to 50.3 and Days Cash on Hand are up from 176 to 181.

Summary

For February 2019, EPH is reporting a Net Loss of \$453K for a Total Margin of -6.2%. Budgeted earnings for the month were negative (\$643K) or -8.5%. Prior year 2018 YTD Loss was (\$464K) or -6.6%.

Statistics

	2019	Budget	2018
Inpatient Days	254	183	176
Swing Bed	50	58	33
Births	19	11	12
ER Visits	655	704	739
Ambulance Trips	261	279	279
Clinic Visits	4,085	3,840	3,896
Surgeries/GI	142	129	146
Home Health/Hospice	1,657	1,755	1,535
Outpatient Visits	6,149	6,249	6,416
Living Center Days	2,157	2,243	2,164

Revenues

For the two months through February, gross billed revenues are 3% 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. Outpatient revenues are currently trending under budget; Emergency Department is down \$260K and Surgery is down \$71K. EMS/Ambulance is also below budget, due to decreases in transfers. Imaging, Lab and Rehab are all performing above budget.

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, by 5%. 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. All other expenses are performing under budget, currently. As noted earlier, it is premature to establish any sort of trend.

Balance Sheet

Cash and Short-Term Investments for February are slightly up, and thus are consistent with expectations. AR Days are up to 181, generally regarded as pretty good. Accounts receivable is getting better as we continue to work the outstanding accounts.

Net Accounts Receivable for February 2019 is \$5.9M, down from \$6.3M in January and compared to \$5.4M in February 2018. Days in Accounts Receivable are 50.3. Debt to Capitalization Ratio remains a favorable 25% compared to industry averages of 35%. The Debt Service Coverage Ratio is a favorable 3.39, (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 completed with a planned presentation at the April Board 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 February 28, 2019

FINANCIAL RATIOS

	January	February	RED	YELLOW	GREEN
Days in Accounts Receivable	54.4	50.3	> 60	50 - 60	< 50
Days Cash on Hand	176	181	< 125	125 - 224	> 225
Debt Service Coverage Ratio	3.48	3.39	<1.25	1.25 - 2.0	> 2.0
Operating Margin (12 Mo. Rolling)	-0.9%	-1.3%	< 2.0%	2% - 4.99%	> 5%
Total Margin (12 Mo. Rolling)	5.2%	4.9%	< 5.0%	5% - 9.99%	> 10.0%

OTHER INDICATORS

	January	February	Budget	YTD	YTD Budget
Total Deductions from Revenue %	51.3%	48.5%	46.4%	50.1%	46.4%
Operating Margin	(\$162,730)	(\$771,375)	(\$621,818)	(\$934,105)	(\$1,060,828)
Operating Margin %	-4.1%	-23.4%	-17.5%	-12.8%	-14.0%
Increase (decrease) in Net Assets	\$62,678	(\$515,471)	(\$413,184)	(\$452,793)	(\$642,812)
Total Margin %	1.6%	-15.6%	-11.7%	-6.2%	-8.5%

SUMMARY

Statistics: IP Days are at 97 compared to 157 in January and 74 in February 2018.
 Physicians Clinic Visits are at 1894 compared to 2231 in January and 1804 in February 2018.
 Surgeries are at 27 compared to 35 in January and 25 in February 2018.

Revenue: February's Gross Patient Revenue is \$6,336,684 compared to a budget level of \$6,485,206.

Other Operating Revenue: YTD Other Revenues are \$37,030 below budget.

Expenses: Total Operating Expenses in February are \$95,551 below budget. Salaries and benefits are below budget by \$82,212.

Excess Revenues (Expenses): February's increase in Net Assets is \$(515,471) compared to a budget of \$(413,184). February's Total Margin is -15.6% compared to a budgeted level of -11.7%.

Ratio Analysis: Day's in A/R is at 50.3 which is higher than the industry average of fifty.
 Day's Cash on Hand is at 1181 compared to January's level of 176 and February 2018 of 184.

Debt Coverage Ratio: February's rolling 12 month ratio is 3.39. The loan end of year minimum required ratio is 1.25.

ESTES PARK HEALTH
Statement of Revenues and Expenses (Unaudited)
February 28, 2019

REVENUE	MONTH Feb-19			YEAR TO DATE FY 2019			PRIOR YEAR TO DATE FY 2018	
	Actual	Budget	Var	Actual	Budget	Var	Actual	Var
Patient Revenue								
In-Patient	\$ 1,159,375	\$ 1,019,726	14%	\$ 2,867,594	\$ 2,207,919	30%	\$ 1,893,369	51%
Out-Patient	3,871,676	4,209,901	-8%	8,517,106	8,994,944	-5%	8,721,383	-2%
Living Center	384,134	321,256	20%	905,764	676,142	34%	619,026	46%
Physicians Clinic	521,921	555,023	-6%	1,173,034	1,216,901	-4%	1,265,708	-7%
Hospital Professional	399,579	379,300	5%	883,769	781,904	13%	640,371	38%
TOTAL PATIENT REVENUE	6,336,684	6,485,206	-2%	14,347,268	13,877,810	3%	13,139,858	9%
Less Contractual Allowances	(3,056,763)	(2,881,404)	-6%	(7,057,155)	(6,158,973)	-15%	(5,920,934)	-19%
Less Patient Uncollectable Allowances	(16,823)	(130,008)	87%	(128,086)	(278,106)	54%	(259,113)	51%
TOTAL REVENUE DEDUCTIONS	(3,073,586)	(3,011,412)	-2%	(7,185,241)	(6,437,079)	-12%	(6,180,048)	-16%
	48.5%	46.4%		50.1%	46.4%		47.0%	
NET PATIENT REVENUE	3,263,098	3,473,794	-6%	7,162,027	7,440,731	-4%	6,959,810	3%
Other Operating Revenue	35,800	70,211	-49%	108,308	145,338	-25%	115,522	-6%
TOTAL OPERATING REVENUE	3,298,898	3,544,005	-7%	7,270,335	7,586,069	-4%	7,075,332	3%
EXPENSES								
Wages	1,538,467	1,623,678	5%	3,236,995	3,404,401	5%	3,164,724	-2%
Health Benefits	353,160	350,000	-1%	702,373	699,999	0%	668,493	-5%
Other Benefits	306,638	306,799	0%	622,091	641,972	3%	586,105	-6%
Professional Fees	57,894	95,943	40%	136,116	181,103	25%	236,821	43%
Physician Professional Fees	386,369	358,779	-8%	777,792	735,560	-6%	607,015	-28%
Purchased Services	44,252	48,471	9%	84,238	97,511	14%	67,537	-25%
Employee Contract Labor	168,903	58,982	-186%	237,972	119,272	-100%	229,662	-4%
Maintenance contracts	184,952	222,976	17%	353,938	433,556	18%	313,066	-13%
Other Contracted Services/Fees	134,754	145,037	7%	242,523	290,631	17%	225,499	-8%
Rent, Lease, Utilities & Insurance	106,080	95,236	-11%	204,523	201,769	-1%	206,809	1%
Supplies	447,089	428,230	-4%	882,440	875,603	-1%	745,207	-18%
Other Operating Expenses	173,774	245,576	29%	390,452	592,337	34%	515,312	24%
Depreciation & Amortization	167,941	186,116	10%	332,988	373,183	11%	374,412	11%
TOTAL OPERATING EXPENSE	4,070,273	4,165,823	2%	8,204,440	8,646,897	5%	7,940,665	-3%
OPERATING INCOME (LOSS)	(771,375)	(621,818)	-24%	(934,105)	(1,060,828)	-12%	(865,333)	-8%
<i>Operating Margin</i>	-23.4%	-17.5%		-12.8%	-14.0%		-12.2%	
Non-Operating Revenue	275,142	243,771	13%	538,571	491,645	10%	475,531	13%
Non-Operating Expense	(4,191)	(4,350)	4%	(8,386)	(8,700)	4%	(8,670)	3%
Bank Fee/Interest Expense	(30,324)	(30,787)	2%	(64,150)	(64,929)	1%	(65,929)	3%
EXCESS REVENUES (EXPENSES)	(530,748)	(413,184)	-28%	(468,070)	(642,812)	27%	(464,400)	-1%
Gift to Purchase Capital Assets	15,277	0		15,277	0		0	
INCREASE (DECREASE) IN NET ASSETS	(515,471)	(413,184)	-25%	(452,793)	(642,812)	30%	(464,400)	2%
<i>Total Margin</i>	-15.6%	-11.7%		-6.2%	-8.5%		-6.6%	

ESTES PARK HEALTH
Balance Sheet (Unaudited)
February 28, 2019

ASSETS	2019 Feb	2019 Jan	2018 Feb
CASH	\$ 9,343,076	\$ 9,388,292	\$ 11,339,287
SHORT TERM INVESTMENT	<u>7,196,805</u>	<u>6,595,890</u>	<u>6,104,596</u>
ACCOUNTS RECEIVABLE	11,968,550	12,953,456	12,407,789
LESS: CONTRACTUAL ALLOWANCES	(4,156,837)	(4,673,144)	(4,571,674)
LESS: PT UNCOLLECTABLE ALLOWANCE	<u>(1,893,178)</u>	<u>(1,946,069)</u>	<u>(2,448,016)</u>
NET ACCOUNTS RECEIVABLE	<u>5,918,535</u>	<u>6,334,243</u>	<u>5,388,099</u>
RECEIVABLES FROM OTHER PAYORS	3,102,060	3,099,179	3,044,981
INVENTORY	1,108,867	1,110,970	1,045,877
PREPAID EXPENSES	423,211	510,129	457,107
TOTAL CURRENT ASSETS	<u>27,092,554</u>	<u>27,038,702</u>	<u>27,379,947</u>
HOSPITAL	37,388,125	37,278,821	37,724,012
SKILLED NURSING FACILITY	3,469,163	3,469,163	3,525,742
RETIREMENT COTTAGES	496,445	496,445	501,744
CLINIC	<u>9,736,975</u>	<u>9,736,975</u>	<u>9,798,943</u>
	51,090,708	50,981,404	51,550,441
LESS: ACCUMULATED DEPRECIATION & AMORTIZATION	(22,152,902)	(21,984,962)	(21,955,028)
WORK IN PROGRESS	<u>1,110,788</u>	<u>1,110,788</u>	<u>725,014</u>
TOTAL PROPERTY, EQUIPMENT & INTANGIBLE ASSETS	<u>30,048,593</u>	<u>30,107,229</u>	<u>30,320,427</u>
INTERNALLY DESIGNATED ASSETS	1,404,908	1,404,100	1,396,756
DONOR RESTRICTED ASSETS	0	0	0
BOND FUNDS	0	0	0
TOTAL ASSETS LIMITED AS TO USE	<u>1,404,908</u>	<u>1,404,100</u>	<u>1,396,756</u>
OTHER ASSETS	0	0	7,370
LONG TERM INVESTMENTS	5,513,385	5,751,568	3,537,819
TOTAL OTHER ASSETS	<u>5,513,385</u>	<u>5,751,568</u>	<u>3,545,189</u>
TOTAL ASSETS	\$ 64,059,440	\$ 64,301,600	\$ 62,642,319
LIABILITIES			
CURRENT PORTION BONDS PAYABLE	0	0	0
CURRENT MATURITIES OF OTHER LONG TERM DEBT	1,060,000	1,060,000	1,040,000
ACCOUNTS PAYABLE	507,804	427,135	886,921
ACCRUED WAGES & RELATED LIABILITIES	2,962,325	2,750,478	2,602,291
OTHER CURRENT LIABILITIES	<u>1,263,801</u>	<u>1,286,835</u>	<u>1,243,971</u>
TOTAL CURRENT LIABILITIES	<u>5,793,931</u>	<u>5,524,448</u>	<u>5,773,183</u>
DEPOSITS AND DEFERRED INCOME	<u>2,726,827</u>	<u>2,722,999</u>	<u>2,714,614</u>
LOANS PAYABLE	13,485,000	13,485,000	14,545,000
LEASES PAYABLE	0	0	0
LT BOND PAYABLE	0	0	0
TOTAL LONG-TERM LIABILITIES	<u>13,485,000</u>	<u>13,485,000</u>	<u>14,545,000</u>
TOTAL LIABILITIES	22,005,758	21,732,447	23,032,797
INVESTED IN CAPITAL ASSETS, NET OF RELATED DEBT	30,048,594	30,107,231	30,320,427
RESTRICTED - EXPENDABLE FOR:			
SPECIFIC OPERATING ACTIVITIES	0	0	0
UNRESTRICTED	<u>12,457,881</u>	<u>12,399,244</u>	<u>9,753,495</u>
TOTAL NET ASSETS	<u>42,506,475</u>	<u>42,506,475</u>	<u>40,073,922</u>
EXCESS REVENUES YTD	<u>(452,793)</u>	<u>62,678</u>	<u>(464,400)</u>
TOTAL LIABILITIES & NET ASSETS	\$ 64,059,440	\$ 64,301,600	\$ 62,642,319

ESTES PARK HEALTH
Statement of Cash Flows (Unaudited)
1/1/18 through 2/28/19

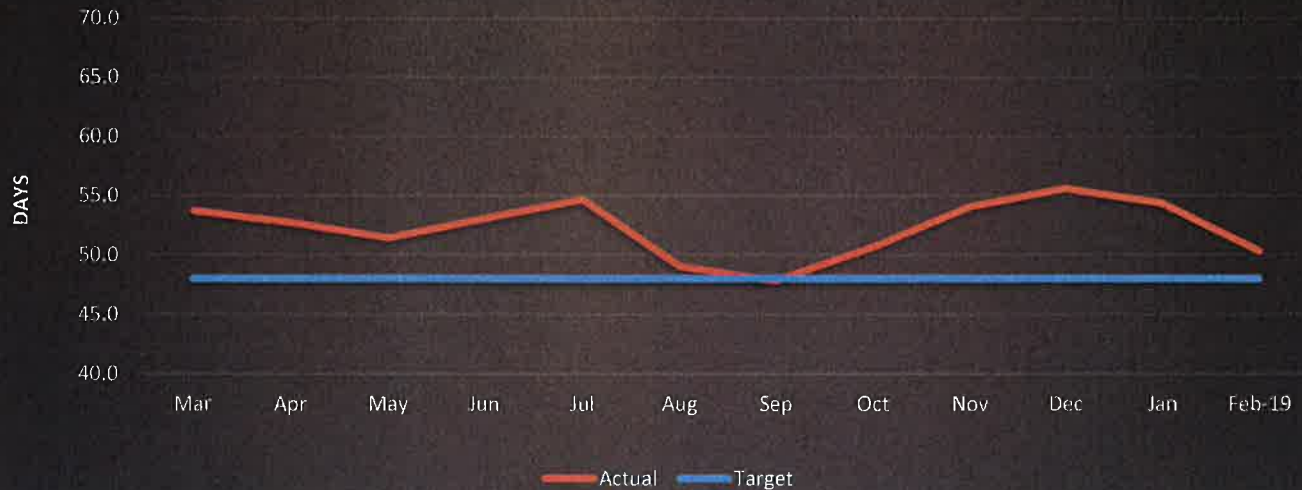
Cash Flows From Operating Activities	
(Deficiency) Excess of Revenues over Expenses	\$ (452,793)
Interest expense (considered financing activity)	64,150
County tax subsidy, net (considered financing activity)	(448,610)
Interest income (considered investing activity)	56,990
Net income (loss) from operating activities	<u>(780,263)</u>
Assets released from restrictions	(26,223)
Depreciation & amortization	332,988
Changes in working capital:	
Decrease (Increase) in Accounts receivable, net	454,189
Decrease (Increase) in Inventory	2,988
Decrease (Increase) in Prepaid expenses	(9,718)
Decrease (Increase) in Other Assets	-
Decrease (Increase) in Long Term Investment	(275,501)
Increase (Decrease) in Accounts payable	(503,988)
Increase (Decrease) in Accrued wages & related liabilities	438,621
Increase (Decrease) in Other current liabilities	8,622
Increase (Decrease) in Deposits and Deferred Income	730
Net (gain) loss on sale of equipment	<u>-</u>
Net cash provided by (used in) operating activities	<u>(357,555)</u>
Cash Flows From Financing Activities	
Restricted contributions	26,223
County tax subsidy, net	448,610
Interest expense	(64,150)
Sale of equipment	-
Purchase of property, equipment & intangible assets	(322,031)
Increase (Decrease) in capital lease commitments, net	-
Loan Activity	<u>-</u>
Net cash provided by (used in) financing activities	<u>88,652</u>
Cash Flows From Investing Activities	
Interest income	<u>(56,990)</u>
Net cash provided by (used in) investing activities	<u>(56,990)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(325,893)
Cash and Cash Equivalents, 01/01/2019	<u>18,270,682</u>
Cash and Cash Equivalents, 2/28/2019	<u>\$ 17,944,789</u>
Restricted Cash and Cash Equivalents, 2/28/2019	\$ 1,404,908
Unrestricted Cash and Cash Equivalents, 2/28/2019	<u>16,539,881</u>
	<u>\$ 17,944,789</u>

ESTES PARK HEALTH
Statistical and Consolidated Financial Summary
Month Ended February 28, 2019

	Month		Variance To Budget	Year To Date		Variance To Budget
	Actual	Budget		Actual	Budget	
Utilization						
Hospital						
In-Patient Days	97	85	14.1%	254	183	38.8%
Out Patient Visits	3137	2981	5.2%	6149	6246	-1.6%
Living Center						
Resident Days	977	1065	-8.3%	2157	2243	-3.8%
Clinic						
Physicians Clinic Visits	1894	1805	4.9%	4085	3840	6.4%

	Month		% Variance	Year To Date		% Variance
	Actual	Budget		Actual	Budget	
Income Statement						
Hospital						
Operating Revenue (Net)	\$ 2,462,533	\$ 2,689,871	-8.5%	\$ 5,400,111	\$ 5,733,159	-5.8%
Operating Expenses	2,871,820	3,019,311	4.9%	5,877,553	6,260,113	6.1%
Net Operating Income (Loss)	(409,287)	(329,440)	-24.2%	(477,442)	(526,954)	9.4%
Living Center						
Operating Revenue (Net)	290,632	274,835	5.7%	632,718	583,776	8.4%
Operating Expenses	447,835	392,187	-14.2%	819,240	816,693	-0.3%
Net Operating Income (Loss)	(157,203)	(117,352)	-34.0%	(186,522)	(232,917)	19.9%
Clinic						
Operating Revenue (Net)	545,733	579,299	-5.8%	1,237,506	1,269,134	-2.5%
Operating Expenses	750,618	754,325	0.5%	1,507,647	1,570,091	4.0%
Net Operating Income (Loss)	(204,885)	(175,026)	-17.1%	(270,141)	(300,957)	10.2%
Total						
Operating Revenue (Net)	3,298,898	3,544,005	-6.9%	7,270,335	7,586,069	-4.2%
Operating Expenses	4,070,273	4,165,823	2.3%	8,204,440	8,646,897	5.1%
Net Operating Income (Loss)	(771,375)	(621,818)	-24.1%	(934,105)	(1,060,828)	11.9%
Total						
Non Operating Revenue (Net)	275,142	243,771	12.9%	538,571	491,645	9.5%
Non Operating Expenses (Net)	(34,515)	(35,137)	1.8%	(72,536)	(73,629)	1.5%
Excess of Rev over Exp Before Cap gifts	\$ (530,748)	\$ (413,184)	-28.5%	\$ (468,070)	\$ (642,812)	27.2%
Gifts to Purchase Capital Assets	15,277	-	#DIV/0!	15,277	-	#DIV/0!
Increase (Decrease) in Net Assets	\$ (515,471)	\$ (413,184)	-24.8%	\$ (452,793)	\$ (642,812)	29.6%

EPH Days in AR (Gross)



Calculation:
$$\frac{\text{Gross Accounts Receivable}}{\text{Average Daily Revenue}}$$

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.

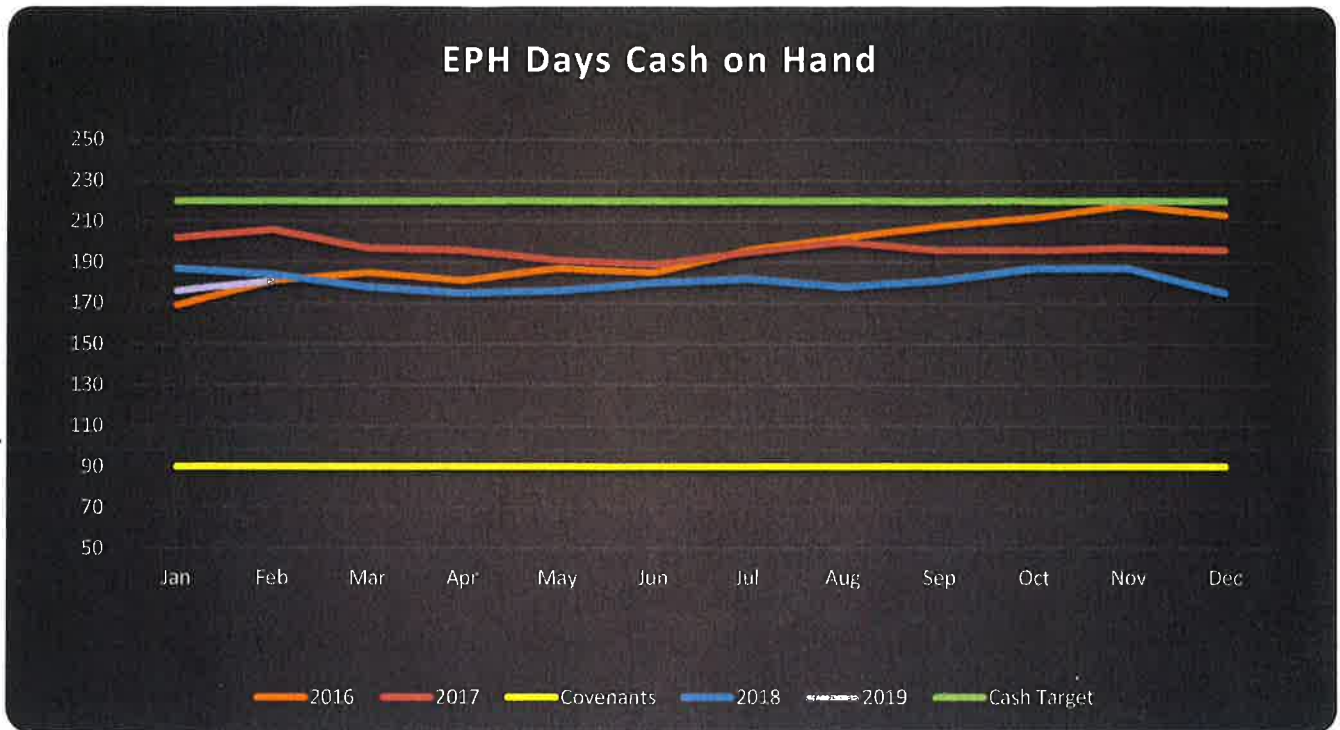
	Mar	Apr	May	Jun	Jul	Aug
A/R (Gross)	12,128,477	11,635,864	11,722,326	12,749,964	15,095,521	14,635,898
Days in Month	31	30	31	30	31	31
Monthly Revenue	7,169,365	6,588,631	7,208,501	8,069,310	10,115,556	9,270,969
Daily Revenue	225,658	220,583	227,897	240,291	276,015	298,433
Days in AR	53.7	52.8	51.4	53.1	54.7	49.0

	Sep	Oct	Nov	Dec	Jan	Feb-19
A/R (Gross)	13,684,739	13,108,356	12,710,015	12,995,151	12,953,456	11,968,550
Days in Month	30	31	30	31	31	28
Monthly Revenue	6,939,920	7,589,000	6,853,349	7,056,710	8,010,584	6,336,684
Daily Revenue	286,157	258,694	234,970	233,685	238,268	237,822
Days in AR	47.8	50.7	54.1	55.6	54.4	50.3

ESTES PARK HEALTH

Days Cash on Hand

February 28, 2019



Calculation:

$$\frac{\text{Total Unrestricted Cash on Hand}}{\text{Daily Operating Cash Needs}}$$

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	181										
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



Estes Park Health Chief of Medical Staff Report

As the EPH Chief of Staff, I would first like to thank all Med Staff, Administration, and Clinical Leaders for their commitment to quality - this showed up in spades during our recent annual DNV survey. 13 of 14 competencies were addressed and eliminated. The one that was not eliminated is being worked on currently; it had to do with using restraints in the ER, which, thankfully, is something I can personally work on to develop and implement a solution. Our documentation needs to be better from a physician's standpoint, and we are working with our EMR to get this solved.

It is too early to have any Quality metrics on the impact of the Surgicalists Service, but the Hospitalists Service is alive and thriving; there has been a 32% increase in admissions since their arrival as compared to previous years. This has to do with the ED doctors' ability to capture proper admissions, and the Hospitalists' willingness to accept patients that previously would have been transferred out of EPH. The continued training of our Med/Surg nurses and the availability of the Hospitalists has also helped with this. Kudos to Ms. Erin Wooley for her excellent leadership in ensuring all the nurses feel comfortable with these more difficult admissions.

Administration has reached out to the ER doctors to help train the future Nurse Practitioners for the new EPH Urgent Care Center. We have accepted this task and look forward to it. I believe that having local NPs available to staff the Urgent Care Center will be very important in maintaining a successful and robust Urgent Care Center for our community and visitors of Estes Park.

Lastly, before Ms. Lyda Gardiner leaves EPH, she has agreed to help us change the way we manage our Quality metrics so we can be more efficient when it comes to tracking, reporting, and intervening in all things Quality. I would like to thank Lyda for her hard work in this critical service line. We wish her well in her future endeavors. Dr. Koschnitzke has agreed to be the head of Quality, and his many years of Quality Management will serve EPH well; the Medical Staff will need to be more proactive when it comes to Quality Management, and Dr. K. and I will make sure that happens.

John Meyer, MD
Chief of Staff, Estes Park Health
Emergency Department Co-Director, Estes Park Health



Marketing Strategy for 2019

When we decided to move Estes Park Health in a new direction, that involved taking a hard look at where marketing resources have been spent in the past. In 2017 we spent

- **\$70,000 on print advertising**
- **\$54,145 on phone book advertising**
- **\$63,350 on community sponsorships**
- **\$10,270 on magazine/brochure advertising**

and can tie no ROI (calls to the organization, brand engagement, increased web traffic or additional patient visits) to the spend.

In June of 2018, we introduced new marketing strategies that included a brand update, web site upgrade and digital plan.

- **Brand:** Introduced “It’s My Privilege” campaign to establish a positive image and create trust with the community and focus on new brand.
- **Web Site:** A new site was launched creating more consumer focused content to encourage interaction with the organization.
- **Digital/SEM Strategy:** Using the “It’s My Privilege” campaign we could specifically target a variety of audiences to create brand engagement and measure that engagement.

In 2018 the Marketing budget included:

- \$29,312 for print advertising - primarily It’s My Privilege Campaign (EP News, Trail Gazette and Get Well, Live Well Estes)
- \$33,000 for Digital/Mobile Advertising and SEM
- \$2,325 Transit
- \$20,000 Community Outreach/Sponsorships

Search Engine Marketing: (2018 statistics for 6 month)

- From July 1 to December 10 we spent \$6,352 on Search Engine Marketing
- Performed at an overall 4.01% CTR (industry average is .75% to 2%)
- Average 513 people clicked on ads

- Average 110 phone calls per month were made to 970-586-2317
- 45% of clicks came from mobile device
- 46% clicks came from people 55+

Digital Strategy: (2018 statistics for 6 month)

- From July 1 to December 10 we spent \$5,154 on Display/Mobile Advertising
- Served an average of 2.3 million impressions per month
- Performed at a CTR of .39% (most display campaigns run between .05% to .10%)
- Ben Hetrick served up more than 1,060,800 impressions and had a CTR of .53% in February – 1st month with new ads

To continue with these successful marketing strategies to engage our community and the visiting public, the 2019 Marketing budget includes:

- \$24,484 for print advertising primarily It's My Privilege Campaign (EP News, Trail Gazette and one issue of Get Well, Live Well Estes)
- \$33,000 for Digital/Mobile advertising and SEM
- \$2,325 Transit
- \$20,000 Community Outreach
- \$44,875 for Service Line Marketing (campaign development and tactic deployment for three service lines)

Service Line Strategies

Orthopedic Surgery Service Line Strategy

Background: Performed a SWOT analysis on the Orthopedic Surgery Service line. Established a committee of hospital stakeholders.

Target Audiences:

- Case managers and referring physicians
- Potential orthopedic patients

Key Messages

- Highly skilled orthopedic surgeons with vast orthopedic surgical experience
- Less wait time to meet with an Orthopedic Surgeon and less wait time to have surgery done (Get Back to Doing)
- Patients are a name and a face and will be treated with one-on-one care

Tactics:

Physician

- Meet and greet with referring case managers and physicians – locally and down the hill
- Create leave behind for reference

Patient

- Targeted digital advertising with key messages
- Direct mail – group to be established
- Lunch and Learns with Orthopedic Surgeons
- Create robust orthopedic content on eph.org

General Surgery

Target Audiences:

- Case managers and referring physicians

Key Messages:

- Highly skilled general surgeons with vast surgical experience in rural communities
- 24/7/365 surgeon availability
- Perform surgery at Estes Park Health to keep patients close to home, close to family and close to primary care physician

Tactics:

- Referring physician meet and greet
 - Timberline, March 18, 2019
 - Salud, April 12, 2019
 - Ongoing in Estes Park Health Physician Clinic
- Referral tablet listing surgeries left at physician offices
- Leave behind for physician offices

Urgent Care Center

We are holding bi-weekly conference calls with the Alarado developers, Bas1s, VanHorn Engineering, Saunders-Heath to keep in touch with progress.

- April 4 @ 4 p.m. Alarado Developers will host a “groundbreaking”
- Estimated opening date slated for February/March 2020
- eph.org hosts a “Coming Soon” page

We are also holding UCC internal steering committee meetings to determine services and interior architectural design

Our 2019 Marketing Strategy continues to build on successful digital strategies that build brand awareness, promotes strategic service lines and keeps business local.

The marketing strategy we are taking will:

Reach new audiences and interact with current audience

Generate measurable ROI

Help grow brand recognition

Help grow targeted service lines and outpatient services

Creative Strategy Worksheet for Orthopedic Surgery

Budget: \$12,000

Background:

- Baby boomers expect to stay active longer (60s, 70s and 80s)
- Technology is part of the solution (hips, knees, shoulders, ankles)
- Aging Americans are taking advantage of joint replacement
 - Hip replacements grew from 16,282 to 371,605 (2000 – 2014)
 - Knee replacements grew 274,467 to 680,886 (2000 – 2014)
- Joint Replacement Selection Factors from National Research Corporation Health
 - Question: Imagine you needed joint replacement surgery. How important would the following factors be when selecting a healthcare provider to perform this surgery? (Top 2 box scored are Somewhat or Very Likely)
 - Availability of most advanced technology 96%
 - Insurance acceptance 96%
 - Affiliation with my preferred hospital or health system 93%
 - Surgeon's years of experience 93%
 - Timeliness of getting an appointment 87%
 - Award winning orthopedic provider 87%
 - Physician referral 86%
 - Availability of educational material about surgery 80%
 - Distance from home 76%
 - Family/friend recommendations 72%
 - Online patient reviews 68%
- Barriers to Joint Replacement Surgery from National Research Corporation Health
 - Question: Imagine a doctor informed you that you should consider joint replacement surgery. How influential would the following factors be in causing you not to move forward with joint replacement surgery? (Top 2 box scored are 1-very influential or 2)
 - Out of pocket cost 65%
 - Pain/discomfort not significantly hindering life 57%
 - Concern over recovery time 51%

- Lack of transportation to follow up appointments/physical therapy 38%
 - Unfamiliarity with the procedure 36%
 - Fear of having surgery 34%
 - Too busy of a personal schedule for surgery 21%
- Joint Replacement Research Process from National Research Corporation Health
 - Question: Imagine a doctor informed you that you should consider joint replacement surgery. How likely would you do the following things? (Top 2 box scored are Somewhat or Very Likely)
 - Research about the procedure online 88%
 - Seek a second opinion from a different physician 82%
 - Ask family/friends for advice 65%
 - Attend an informative session at a local hospital or physician's office 62%
 - Schedule an appointment without additional research 26%

Product Line Description:

- Orthopedic Surgery was identified in the 2018 Strategic Plan as a key initiative to grow business for Estes Park Health.
- Dr. Aaron Florence and Dr. Michael Grant would like to be doing 2-3 surgeries per day
- Surgeries include:
 - Total hip
 - Total knee
 - Total shoulder
 - Traumatic injuries
 - Arthroscopy knee, shoulder, hip, ankle and wrist
 - Ligament reconstruction including ACL and ALL
- Strengths include:
 - Dedicated OR staff
 - Dedicated nursing unit
 - Dedicated rehabilitation services
 - Dedicated continuing care opportunities: Home Health, Swing Bed and Living Center
 - Highly skilled surgeons that only practice at Estes Park Health
 - 66% of Estes Valley population is over the age 55
- Challenges
 - Highly competitive orthopedic market down the hill and growing
 - Physician referrals within the local community
 - Physician referrals from down the hill
 - Orthopedic surgery costs
- Opportunities
 - Growing trend of Baby Boomers expecting to be more active and enjoy a higher quality of life as the age - 66% of Estes Valley population is over the age 55
 - Same day appointments

- In quick for desired surgery
- One-on-one care with Orthopedic surgeon
- On campus continuum of care
- Can keep patients in their community, close to family and close to primary care physician

Target Audience:

- Case Manager/Physician for physician referral
- Patient population in age range where orthopedic surgery could be an option

Point of difference/unique dimension to be leveraged:

- Orthopedic surgeons are currently positioned to accept same day appointments/consultations
- No back log of orthopedic surgeries, so patients can get quicker surgery dates
- Patients experience one-to-one surgical physician care instead of feeling like an assembly line
- Highly skilled orthopedic surgeons who choose to live in Estes Park
- Complete continuum of care on the Estes Park Health campus in beautiful Estes Park CO
- Offer trauma fracture surgery
- Offer Sports Medicine

Perceptions:

What is known:

- 51% of the community holds private insurance and we are not capturing that market - primarily Medicare and Medicaid
- Although 81% stated in a recent survey that they were aware of Orthopedic services at Estes Park Health, more of our service area travels down the hill for orthopedic surgery than uses our service:
 - Estes Park Health – 45
 - Poudre Valley Hospital – 24
 - Medical Center of the Rockies – 18
 - Boulder Community Health – 11
- Community preference for Orthopedics:
 - Estes Park Health 26%
 - Orthopaedic & Spine 12%
 - Medical Center of the Rockies – 10%
 - UC Health 8 %
 - Boulder Community 8%
 - Poudre Valley 4%
 - Unsure 13%

What is not known:

- Specific reasons local physicians are not referring to Estes Park Health

- Insurance hurdles – are insurance carriers requiring patients to have their surgery elsewhere
- Specific reasons potential patients are not having their surgery here – choice, physician, insurance

What is felt:

- Physician education about our orthopedic program is important to the success of growth
- Creating face-to-face opportunities between referring physicians and orthopedic surgeons is valuable to build trust to build referrals
- Consumer education surrounding orthopedic surgery options is important
 - What orthopedic procedures are offered in their community
 - What is the patient’s opportunity to choose

Bond to create:

- Estes Park Health Orthopedic Surgeons are highly skilled surgeons, choosing to live and serve the Estes Valley and provide close-to-home options for orthopedic surgery
- Patients that choose Estes Park Health Orthopedic Surgeons will be scheduled more quickly for consultation appointments, have the opportunity to have their surgery in a timely fashion (depending on pre-access approval from their insurance company), have one-on-one care and remain close to home.
- Each orthopedic surgery patient is a name and a face, not one of many in the orthopedic assembly line of larger clinics
- 66% Estes Valley over 55, we should be their choice or orthopedic care – trusted physicians, close to home

Barrier to overcome:

- Competition – big organizations are big, fueled by marketing dollars and work in huge facilities
- Physician referrals that are not Medicaid
- Potential growth on current OR, ability to keep two rooms open to accommodate new business along with current OR needs
- Getting in front of creating positive image of orthopedic program before someone actually needs surgery – top of mind

Objectives and desired response:

- Capture more orthopedic surgeries at Estes Park Health to allow both Dr. Florence and Dr. Grant 2 to 3 additional cases on their scheduled days

Key messages to communicate:

- Highly skilled surgeons with vast orthopedic surgical experience
- Less wait time to see an orthopedic surgeon and have surgery completed (get back to doing)

- Patients are a name and face and will be treated to one-on-one care with surgeon

Tone and attitude:

Patient: Get back to doing – don't let pain or injury stop activities now or later (upbeat and educational tone)

Physician: Help their patients get back to doing by referring to orthopedic surgeons that can help them today (peer-to-peer tone)

Tactics:

Physician

- Meet and greet with Dr. Florence and Dr. Grant
- Create leave behind for reference
- Referrals down the hill – digital targeting

Patient

- Digital advertising targeting
- Direct mail to Estes Valley community
- Lunch and learns with orthopedic surgeons



Board Update – March 2019

- EPHF started a Grateful Patient Program in 2018
- In 2018 and 2019, the program is exclusively working with ED patients
- The goal is to eventually engage all patients and give them an opportunity to support EPH through philanthropic giving
- Successful healthcare organizations raise approximately \$10B annually through grateful patient fundraising
- EPHF operates in a manner consistent with Best Practices and within the confines of HIPAA laws
- The strategy is designed to identify top donor prospects and engage other prospects at appropriate levels
- Success will help build more sustainability and create dollars to help fund key EPH priorities

Submitted by: Kevin L Mullin

Report to Board of Directors—March 2019

From Estes Park Health Home Health Care, Estes Park Health Home Care, and Estes Park Health Hospice

I. People

This quarter we welcomed our fulltime physical therapist and said good-bye to the physical therapist traveler we've had for 7 months. We have several staff changes coming up—transitions out and retirements. We currently have 5 positions posted—fulltime clinical administrative assistant, fulltime clinical secretary, part-time and fulltime homemaker/personal care provider positions, and a PRN nurse position.

II. Quality

December 17-20, 2018 the Colorado Department of Public Health and Environment conducted an unannounced survey of our skilled home health care, non-medical home care, and hospice services (this is the first time they have surveyed all three agencies at the same time). It was four full days of home visits, chart reviews, staff interviews, and review of our QAPI program, our bereavement program, our volunteer program, plus requests for many other pieces of documentation. Thanks to the team and all their hard work, there were only 2 small deficiencies!! These results reflect the hard work the staff do on an everyday basis. It's the dedication, compassion, and tedious work in maintaining compliance with all the regulations, documentation, and quality that make us successful!

January 1, 2019 changes were made to the Outcome and Assessment Information Set (OASIS) item collection by the Centers for Medicare & Medicaid Services (CMS). The new version of the assessment is known as "OASIS-D". There were 28 items that were removed and 6 new complex multifaceted questions added. These changes have been challenging for staff as they require the staff members to do more in-depth functional assessments on each patient.

Staff education is an important part of each year. The educational sessions we've had this past quarter include: Estes Valley Crisis Advocates by Diana David Brown, Executive Director; OASIS-D Functional Assessment by Paul O'Brien, physical therapist and David Wehner, physical therapist; Manual Lymph Drainage by Karen Stanisich, OT Manual Lymph Drainage Therapist. We have additional educational in-services set up for 2019.

We actively continue to monitor, track, and work towards improvement on our quality improvement projects/quality measures. The 2019 new/changed quality management projects were approved at the January 15, 2019 Clinical Quality Council. Our projects and progress towards our goals are discussed at staff meetings and reported quarterly at the Estes Park Health's Clinical Quality Council.

III. Service

We continue to provide quality patient care in the community through our three different types of services (skilled home health care, non-medical home care, and hospice). We service Estes Park and its surrounding mountain communities—Glen Haven, Drake, Storm Mountain, Allenspark, and Pinewood Springs.

We are currently providing non-medical personal care provider/homemaker services to some clients through the Boulder County Office on Aging grant program and other clients through the Larimer County Office on Aging grant program.

IV. Financial

2019 YTD Financials through January: (Three separate P&Ls for three agencies)

Home Health Care: Revenue (\$92,276) is 11.0% above budget

Expenses (\$108,445) are 28.0% above budget

Home Care (non-skilled): Revenue (\$33,497) is 24.9% above budget

Expenses (\$16,857) are 0.4% above budget

Hospice: Revenue (\$49,673) is 18.8% above budget

Expenses (\$30,741) are 16.0% below budget

2019 YTD Roll-up for all three agencies through January:

Total for all: Revenue (\$175,446) is 15.6% above budget

Expenses (\$156,043) are 13.0% above budget

V. Community

One significant event of the last quarter was to create a Holiday Remembrance ceremony for families and friends who lost a loved one in 2018. The ceremony was primarily for families whose loved one had been with Hospice in the past year; over 50 such families. Personal invitations and advertisements in the local paper and social media brought community members to the ceremony as well. Individualized ornaments were given to each family remembering and honoring their loved one who had passed. The event was well attended. For those who could not be present, ornaments were hand delivered and mailed. Ornaments were made and sent to community members who attended as well.

Bereavement services have been restructured since the first of the year. One of the outcomes of this change is a more intentional outreach and systematic inclusion of folks in the community. Community referrals are followed and full services offered in the same way that they are offered to our Hospice families.

Home Health and Hospice continues to collaborate closely with Good Samaritan and The Living Center to provide quality care to residents and support for staff. The Caregiver Support Group, facilitated by Nancy, and the Good Grief Group, facilitated by Herm, meet throughout the month at Good Samaritan. An additional Grief Group is currently being explored due to the need.

Nancy Bell and Herm Weaver help families plan for end of life tasks and help plan and carry out memorial services. In addition, Nancy regularly interfaces with the community by providing music therapy for individuals and groups and by performing music at a variety of fundraisers. Herm is a regular participant at the Interfaith Ministers group and the Evangelical Ministers Association and participates in special services and prayer events with these groups. Both Nancy and Herm meet occasionally with individuals from the community to provide support.

Over the past weeks, a group from one of the local churches has gathered to prepare a team to provide end of life care for a hospice patient in the home. Herm has met with this group to provide support and structure, and one of our nurses has provided training for the group to help them care for the patient. It is a significant Hospice/community partnership to offer care that can allow the patient to remain at home.



ESTES PARK
HEALTH

Marketing Strategy 2019

MARCH 21, 2019





ESTES PARK
HEALTH

Creating Strategies that Generate ROI

MARCH 21, 2019



Background

Today you're getting an overview of the Marketing strategy for 2019.

- Prior to June 2018, there was not a strategy using marketing resources to grow the organizations brand, reputation and market share.
- Today you will learn where we are spending budgeted marketing resources and the outcomes we are achieving.
- At the conclusion, you will have a better understanding of the marketing strategy and be able to comment to community members about why we needed to change.

Discussion

When we decided to move Estes Park Health in a new direction, that involved taking a hard look at where marketing resources have been spent in the past. In 2017 we spent:

- **\$70,000 on print advertising**
- **\$54,145 on phone book advertising**
- **\$63,350 on community sponsorships**
- **\$10,270 on magazine/brochure advertising**

and can tie no ROI (calls to the organization, brand engagement, increased web traffic or additional patient visits) to the spend.

Discussion

In June of 2018, we introduced new marketing strategies that included a brand update, web site upgrade and digital plan.

- **Brand:** Introduced “It’s My Privilege” campaign to establish a positive image and create trust with the community and focus on new brand.
- **Web Site:** A new site was launched creating more consumer focused content to encourage interaction with the organization.
- **Digital/SEM Strategy:** Using the “It’s My Privilege” campaign we could specifically target a variety of audiences to create brand engagement and measure that engagement.

Discussion

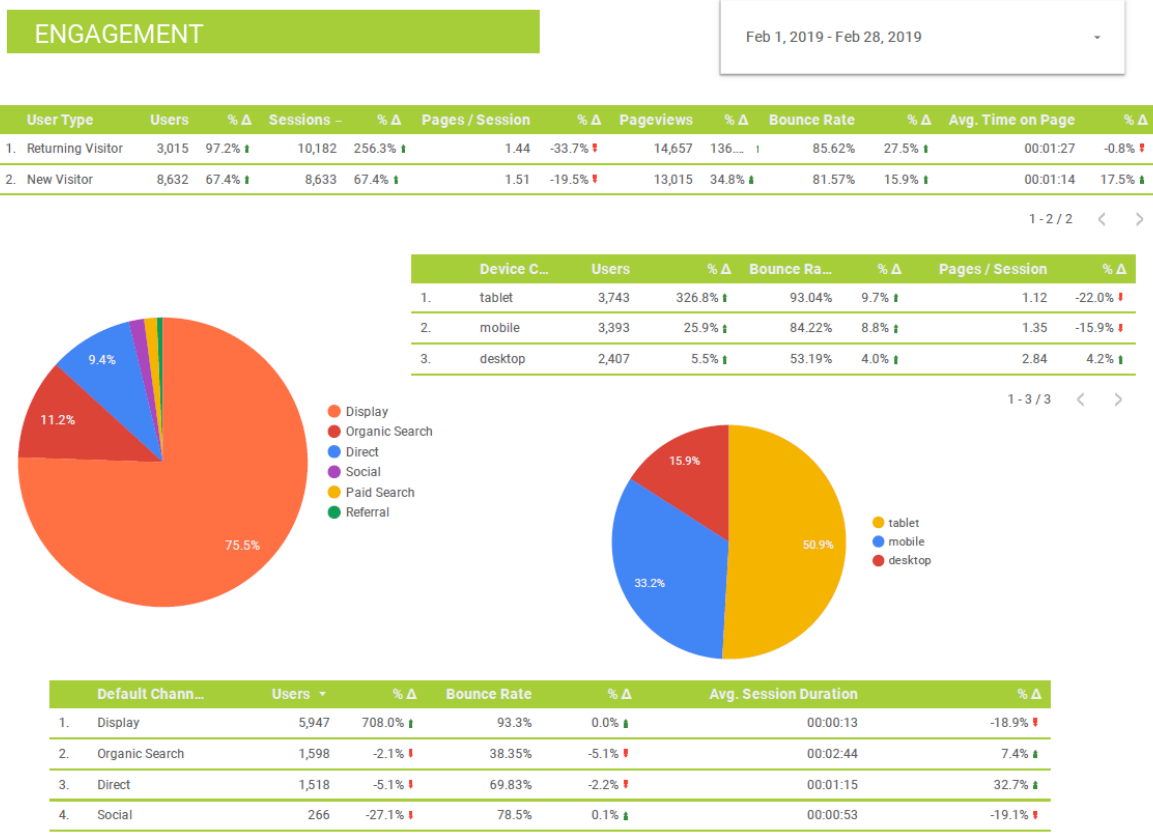
In 2018 the Marketing budget included:

- \$29,312 for print advertising - primarily It's My Privilege Campaign (EP News, Trail Gazette and Get Well, Live Well Estes)
- \$33,000 for Digital/Mobile Advertising and SEM
- \$2,325 Transit
- \$20,000 Community Outreach/Sponsorships

Discussion

Results:

Brand: More people are interacting with our brand on a device and we can track it.



Discussion

- Search Engine Marketing: (2018 statistics for 6 month)
 - From July 1 to December 10 we spent \$6,352 on Search Engine Marketing
 - Performed at an overall 4.01% CTR (industry average is .75% to 2%)
 - Average 513 people clicked on ads
 - Average 110 phone calls per month were made to 970-586-2317
 - 45% of clicks came from mobile device
 - 46% clicks came from people 55+

Discussion

Digital Strategy: (2018 statistics for 6 month)

- From July 1 to December 10 we spent \$5,154 on Display/Mobile Advertising
- Served an average of 2.3 million impressions per month
- Performed at a CTR of .39% (most display campaigns run between .05% to .10%)
- Ben Hetrick served up more than 1,060,800 impressions and had a CTR of .53% in February – 1st month with new ads

Discussion

To continue with these successful marketing strategies to engage our community and the visiting public, the 2019 Marketing budget includes:

- \$24,484 for print advertising primarily It's My Privilege Campaign (EP News, Trail Gazette and one issue of Get Well, Live Well Estes)
- \$33,000 for Digital/Mobile advertising and SEM
- \$2,325 Transit
- \$20,000 Community Outreach
- \$44,875 for Service Line Marketing (campaign development and tactic deployment for three service lines)

Service Line Marketing

Orthopedic Surgery

General Surgery

Urgent Care Center

Orthopedic Surgery Service Line

Background: Performed a SWOT analysis on the Orthopedic Surgery Service line. Established a committee of hospital stakeholders.

Target Audiences:

- Case managers and referring physicians
- Potential orthopedic patients

Key Messages:

- Highly skilled orthopedic surgeons with vast orthopedic surgical experience
- Less wait time to meet with an Orthopedic Surgeon and less wait time to have surgery done (Get Back to Doing)
- Patients are a name and a face and will be treated with one-on-one care

Tactics for Orthopedic Surgery

Physician

- Meet and greet with referring case managers and physicians – locally and down the hill
- Create leave behind for reference

Patient

- Targeted digital advertising with key messages
- Direct mail – group to be established
- Lunch and Learns with Orthopedic Surgeons
- Create robust orthopedic content on eph.org

General Surgery Service Line

Background: Performed a SWOT analysis on the General Surgery Service line. Established a committee of hospital stakeholders.

Target Audiences:

- Case managers and referring physicians

Key Messages

- Highly skilled general surgeons with vast surgical experience in rural communities
- 24/7/365 surgeon availability
- Perform surgery at Estes Park Health to keep patients close to home, close to family and close to primary care physician

Tactics for General Surgery

Referring Physicians

- Referring physician meet and greet
 - Timberline, March 18, 2019
 - Salud, April 12, 2019
 - Ongoing in Estes Park Health Physician Clinic
- Referral tablet listing surgeries left at physician offices
- Leave behind for physician offices

Urgent Care Center Service Line

We are holding bi-weekly conference calls with the Alarado developers, Bas1s, VanHorn Engineering, Saunders-Heath to keep in touch with progress.

- April 4 @ 4 p.m. Alarado Developers will host a “groundbreaking”
- Estimated opening date slated for February/March 2020
- eph.org hosts a “Coming Soon” page

We are also holding UCC internal steering committee meetings to determine services and interior architectural design

Recommendations

Our 2019 Marketing Strategy continues to build on successful digital strategies that build brand awareness, promotes strategic service lines and keeps business local.

- The marketing strategy we are taking will:
 - Reach new audiences and interact with current audience
 - Generate measurable ROI
 - Help grow brand recognition
 - Help grow targeted service lines and outpatient services



ESTES PARK
HEALTH

Hospital Transformation Program

MARCH 15, 2019





ESTES PARK
HEALTH

How we are using the REACH committee to achieve our goals

MARCH 15, 2019



Background

The Hospital Transformation Program (HTP) is a state-wide, five-year reform initiative that builds upon the existing hospital supplemental payment program to incorporate value-based purchasing strategies into existing hospital quality and payment improvement initiatives.

Under HTP

- Hospitals will be required to implement quality-based initiatives
- Hospitals will be required to demonstrate meaningful community engagement and improvement in health outcomes
- Hospitals will work with their communities on the best interventions and approaches
- Funding from the State is zero. The Supplemental Payment from the Provider Fee is held at risk, according to the recently developed Regulations. Currently EPH receives \$1.2 million in Suppl Pmt.

Discussion

Colorado's hospitals have a critical role to play in HTP and are being asked to:

- Engage with Community Partners
- Recognize and address the social determinants of health
- Prevent avoidable hospital utilization
- Ensure access to appropriate care and treatment
- Improve patient outcomes
- Ultimately reduce costs and contribute to reductions in total cost of care
- Solve world hunger

Discussion

Estes Park Health re-engaged with the Rural Estes Alliance for Community Health (REACH) as an avenue to help us fulfill the Community and Health Neighborhood (C/HN) Engagement.

The engagement process was outlined for us and includes:

- **Build Partnerships:** REACH has 11 community groups represented and the group continues to grow
- **Create a plan for C/HN Engagement:** REACH meets once per month and break-out groups meet one additional time during the month
- **Discuss needs and opportunities in the community:** The REACH group has identified three areas of focus: Behavioral Health, CNA/MA education, and Population Health statistics gathering.
- **Report on activities and findings:** The REACH groups are currently both in fact-finding stages and report back to large group monthly
- **Develop an informed application**

Discussion

Participants (approximately 35) in the REACH Committee include:

- **Salud Family Health**
- **Timberline Clinic (Dr. Fonken)**
- **Larimer County Health**
- **Northern Colorado Health Partnership**
- **Health District of Northern Larimer County**
- **Harmony Foundation**
- **Summit Stone**
- **Estes Park School District**
- **Independent Psychologist**
- **Estes Park Health**

Discussion

Three Committees, currently working on:

- **Behavioral Health Initiative**
 - Opiate to non-opiate choices
 - Crisis intervention and after-hours care
 - Data-gathering and gap-analysis from each represented agency
 - Suboxone and procedural activities; MAT and BH information.
 - Needs for comprehensive resource list

Discussion

Three Committees, currently working on:

- **MA and CNA Training & Certification**
 - Lead by School District personnel
 - NIMA marketplace is currently open for students
 - Desire to develop curriculum for certification
 - Goal to provide healthcare careers to students; and
 - To establish a perpetual pool of entry-level staff to respective providers
- **Population Health statistics gathering:**
 - Initially the reason for REACH
 - Led by Drs. Fonken and Dumont
 - IT team principally gathers data from Timberline
 - Overall goal of tracking results from Wellness initiatives
 - Agreed to continue to track for future use

Conclusion

We are making tremendous strides to have the right people around the table to help impact health issues in our community.

REACH Steering Committee meets at 7 am on the 4th Friday of each month. The three committees report progress towards the respective Goals.

HTP mid-year report is due in April. Every hospital in Colorado must participate and report. The REACH program is an ideal structure for compliance, as well as working in the community to identify gaps in healthcare delivery, establish goals, and measure results.



ESTES PARK
HEALTH

Questions?





Colorado End of Life Options Act Policy

Department: Administration

Creation Date: 26-Jan-2019

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

Review Date:

Revise Date:

PURPOSE:

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 for the purpose of shortening a prolonged dying process through self-administration of the aid-in-dying medication to end his or her own life in a peaceful manner.

The purpose of this policy is to describe the position of Estes Park Health regarding the End of Life Options Act, including participation of physicians employed or under contract, to describe the requirements and procedures for compliance with The Colorado End-of-Life Options Act, and to provide guidelines for responding to patient requests for information about aid-in-dying medications in accordance with federal and state laws.

The requirements outlined in this policy do not preclude or replace other existing policies, including but not limited to Colorado End-of-Life Options Act, Hospice; Medically Inappropriate Treatment (Futility); Spiritual Care of Patients; Hospice Scope of Service; Healthcare Ethics Committee; Patient Rights Ethical Issues, Nursing; Patient Rights and Responsibilities; Do Not Resuscitate; Advanced Directives; Treatment of Pain, Nursing; Informed Patient Consent; referenced herein.

POLICY:

1. The Colorado End-of-Life Options Act (herein after the "Act") allows adult (18 years or older) terminally ill patients, with capacity to make health care decisions, seeking to mitigate suffering and shorten a prolonged dying process, to request aid-in-dying medications from an attending physician. These terminally ill patients must be Colorado residents (as defined herein) who will, within reasonable medical judgment, die within 6 months. Patients requesting an aid-in-dying medication must satisfy all requirements of the Act in order to obtain the prescription for that medication. Such a request must be initiated by the patient and cannot be made through utilization of an Advance Health Care



Colorado End of Life Options Act Policy

- Directive, Physician Orders for Life-Sustaining Treatment or other document. It cannot be requested by the patient's surrogate.
2. Estes Park Health respects the privacy of the Health Care Provider-Patient relationship and expects that any discussion of, or participation in the Act will be kept private and confidential.
 3. Estes Park Health neither encourages nor discourages participation in the Act. Only those providers who are willing and desire to participate should do so. Any participation or refusal to participate in the Act by Estes Park Health physicians, employees, or patients is entirely voluntary, and Estes Park Health will not penalize an individual for participating in, or refusing to participate in the Act. An Estes Park Health physician, staff, or employee that elects not to engage in activities authorized by the Act is not required to take any action in support of a patient's request for a prescription for an aid-in-dying medication, including but not limited to, referral to another provider who participates in such activities.
 4. Estes Park Health is more than an Acute Care Hospital. Estes Park Health includes services delivered outside of the Acute Care Hospital: Long-term Residential Care in the Estes Park Health Living Center, and Home Health and Hospice.
 5. Estes Park Health permits the ingestion or self-administration of an aid-in-dying medication outside of Estes Park Health premises, including within a patient's home. Estes Park Health premises include the Acute Care Hospital (Emergency Department, Inpatient Hospital), and the Estes Park Living Center.
 6. Estes Park Health does not permit ingestion or self-administration of an aid-in-dying medication on any Estes Park Health premises including the Acute Care Hospital (Emergency Department, Inpatient Hospital), and the Estes Park Living Center.
 7. If an Estes Park Health patient in the Acute Care Hospital or the Estes Park Living Center wishes to ingest or self-administer an aid-in-dying medication, Estes Park Health will cooperate with the patient in transfer to another facility of the patient's choice. The transfer will promote continuity of care. Upon request, Estes Park Health will transfer a copy of the patient's medical record to the new health care provider/facility.

ADDITIONAL INFORMATION:

If you have questions about End of Life care or the Colorado End of Life Act policy, please contact Estes Park Health Home Health and Hospice at 970-586-2273. If you need additional information about the Colorado End of Life Options Act and making a medical aid in dying request, please contact Compassion & Choices at Compassionandchoices.org.



Colorado End of Life Options Act Policy

Process Steps and Summary* – Colorado End-of-Life Options Act

- Attending Physician**
 - Diagnoses terminal illness, prognosis of ≤6 months
 - Individual (18yrs or older)**
 - Makes voluntary oral request for medical aid-in-dying
 - Attending Physician**
 - Verifies residency, mental capacity, voluntary request, informed decision
 - Counsels individual about:
 - Risks/results of drugs
 - May receive drugs but not ingest
 - May rescind request
 - Alternatives and/or treatment possibilities: comfort care, palliative care, hospice care, pain control
 - Recommend notifying kin
 - Have someone with you when ingest
 - Don't ingest in public place
 - Keep drugs in safe place; dispose of unused drugs properly
 - Refers individual to Consulting Physician
 - Refers individual to Mental Health Professional if concerned about mental capacity
 - Documentation (see below)
 - Qualified Individual**
 - Makes written request per statute
 - 2 witnesses
 - NOT attending physician, POA, or MDPOA
 - 1 may be related, heir, owner/employee or healthcare facility where individual receiving care
 - Makes second oral request at least 15 days after first request
 - Visits Consulting Physician (and Mental Health Professional if referred)
 - Consulting Physician**
 - Examines individual and medical records
 - Confirms terminal diagnosis, prognosis, mental capacity
 - Attending Physician**
 - If concerned about mental capacity, refers to Mental Health Professional
 - Submits documentation in writing to Attending Physician
 - Mental Health Professional, if needed**
 - Evaluates individual to assess mental capacity to make decisions
 - Confirms in writing to Attending Physician
- NOTE: IF ATTENDING OR CONSULTING PHYSICIAN OR MENTAL HEALTH PROFESSIONAL FIND THAT THE INDIVIDUAL LACKS MENTAL CAPACITY, THE INDIVIDUAL WILL NOT RECEIVE AID-IN-DYING MEDICATIONS.**
- Attending Physician**
 - Confirms individual's mental capacity
 - Issues prescription
 - Dispenses drug(s) directly, if properly licensed, and file dispensing record with CDPHE
 - With written consent of individual, delivers prescription either in person, by mail, or by authorized electronic method to pharmacist
 - Pharmacist**
 - Fills prescription
 - Delivers drugs to either individual for whom drugs prescribed or to person "expressly designated"
 - File dispensing record with CDPHE
 - Qualified Individual**
 - Self-administers drugs to bring about peaceful death
 - Caregivers/Family/Companions call attending physician or hospice program (if enrolled) to report patient's death
 - Attending Physician or Hospice Medical Director**
 - Signs death certificate citing underlying illness as cause of death

Documentation required for the medical record:

- Dates of all oral requests
- A valid written request
- Diagnosis and prognosis, determination of mental capacity, voluntary request, informed decision
- Consulting physician's confirmation of diagnosis and prognosis, mental capacity, informed decision
- If applicable, written confirmation of mental capacity from licensed mental health professional
- Notation of notification of the right to rescind a request
- Notation by the attending physician that all requirements have been met; all steps taken; date of prescription of aid-in-dying medications

***THE INFORMATION IN THIS DOCUMENT DOES NOT CONSTITUTE LEGAL OR MEDICAL ADVICE.
CONSULT AN ATTORNEY OR QUALIFIED MEDICAL PROFESSIONAL FOR ADVICE ON YOUR SITUATION.**

For details, see 25-48-101-123 Colorado Revised Statutes

Colorado End of Life Options Act Policy Implementation Plan and Status Report

1. The policy is active in Policy Manager. This means it's available to all employees 24/7.
2. All Department Directors have been given a copy of the policy and have been asked to make a copy available to the staff in their department.
3. A copy of the policy is now being included in the Admissions paperwork. The documents included in the admissions packet are attached.
4. Copies of the policy have been printed and are available at the Volunteer Desk and in the Administration office in case someone asks for it.
5. Andrea Stegeman has sent the policy to all employed and contracted physicians.
6. A copy of the policy is on the eph.org website. <https://eph.org/about-us/colorado-end-of-life-options-act/> There is also a link to the policy on our front page at eph.org
7. Home Health and Hospice have agreed to be our "voice" when we have community members asking to speak to someone about the Act.
8. We have listed Compassion & Choices as an additional resource
9. We are preparing a draft procedure for how to handle a request to use one of the EPH housing units.



**Park Hospital District Board
Timberline Conference Room
March 25, 2019**

CREDENTIALING RECOMMENDATIONS

Reappointments

Anderson, Clinton, M.D.	Courtesy, Diagnostic Radiology
Cushing, Matthew, M.D.	Courtesy, Diagnostic Radiology
Heath, Russell, M.D.	Courtesy, Cardiology
Humes, Stephen, M.D.	Courtesy, Diagnostic Radiology
Kiser, Robert, M.D.	Courtesy, Cardiology
Leibold, Robert, M.D.	Courtesy, Diagnostic Radiology
Ross, Steven, M.D.	Courtesy, Diagnostic Radiology
Seymour, Michael, M.D.	Courtesy, Diagnostic Radiology
Weiland, David, M.D.	Courtesy, Diagnostic Radiology
Woolley, Kevin, M.D.	Courtesy, Diagnostic Radiology

Resignations (FYI only)

Clear, Craig, M.D.	Courtesy, General Surgery
Dickinson, James, M.D.	Courtesy, General Surgery
Pettine, Stefan, M.D.	Courtesy, General Surgery
Quaid, Robert, M.D.	Courtesy, General Surgery