

**ESTES PARK HEALTH
BOARD OF DIRECTORS'
Regular Meeting Minutes – March 25, 2019
Timberline Conference Room**

Board Members in Attendance

Dr. David Batey, Chair; Ms. Sandy Begley, Vice-Chair; Ms. Diane Munro, 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; 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 4:00 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 03/25/19 Meeting Agenda

A motion was made by Dr. Miller to approve the 03/25/19 meeting agenda as submitted; the motion was seconded by Ms. Munro. 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. Munro shared some highlights of letters received since January 1, 2019 – all praised the excellent care received at Estes Park Health; specifically, the Emergency Department, Ambulatory Surgery, Home Health/Hospice, Med/Surg & the Birth Center, the Physician Clinic, and Emergency Medical Services.
- Dr. Miller stated how appreciative he was to the EPH ambulance crews and EMTs who recently helped one of his family members who fell and needed assistance.

Consent Agenda Items – Attachment 1

- Board Meeting Minutes – 02/25/19
- February 2019 Financials
- Chief-of-Staff
- Communications
- EPH Foundation
- Home Health/Hospice

All reports are attached, and are also available upon request through the Administration office at Estes Park Health.

A motion was made by Ms. Muno 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

- EPH Medical Staff Report and Actions – Dr. John Meyer; Summary:
 - DNV-GL, an international organization who help hospitals achieve excellence by improving quality and patient safety through hospital accreditation, managing infection risk, management system certification and training, were recently at EPH for an annual survey; upon completion of the survey, 13 out of 14 nonconformities previously noted were closed, with the one remaining open (a documentation issue), which is being worked on – thank you to the Medical Staff, Administration, and Clinical Leaders for their hard work during this survey.
 - The Surgicalists’ Service Line is up and running (implemented November 2018).
 - The Hospitalists’ Service Line began more than one year ago, and EPH has seen, through this service line, a 32% increase in admissions since implementation. Kudos to Ms. Erin Wooley, Interim CNO, for her hard work in training her Med/Surg nurses in support of this program.
 - EPH Urgent Care Center – the EPH Emergency Department physicians have agreed, as a group, to take on the responsibilities for training of our Nurse Practitioners (NPs), who will be staffing the Urgent Care Center; the plan is to have these providers work alongside the NPs during the very busy summer months.
 - Quality Department – As Ms. Lyda Gardiner is leaving EPH to pursue other opportunities, she is working diligently with the Emergency Department providers on Quality metrics moving forward.
 - ✓ Dr. Koschnitzke has agreed to serve as Chair of the Quality Management Committee moving forward, working closely with Dr. Meyer.
- PR & Marketing: 2019 Strategy and Tactics – Ms. Lisa Taylor; *Attachment 2*
- EPH Foundation – Mr. Kevin Mullin; *Attachment 3*
- Rural Estes Alliance for Community Health and State Health Care Financing (REACH) – Mr. Tim Cashman; *Attachment 4*
- Employee and Physician Survey Follow-Up: Action Plans – Mr. Randy Brigham; *Attachment 5*
- Colorado End-of-Life Options Act Policy Implementation Plan and Status – Dr. Larry Leaming; *Attachment 6*

Projects

- Executive Summary – Dr. Larry Leaming; *Attachment 7*

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:

- **Reappointments**

- Clinton Anderson, MD
- Matthew Cushing, MD
- Russell Heath, MD

- Courtesy, Diagnostic Radiology
- Courtesy, Diagnostic Radiology
- Courtesy, Cardiology

Stephen Humes, MD
Robert Kiser, MD
Robert Leibold, MD
Steven Ross, MD
Michael Seymour, MD
David Weiland, MD
Kevin Woolley, MD

Courtesy, Diagnostic Radiology
Courtesy, Cardiology
Courtesy, Diagnostic Radiology
Courtesy, Diagnostic Radiology
Courtesy, Diagnostic Radiology
Courtesy, Diagnostic Radiology
Courtesy, Diagnostic Radiology

- **Resignations (FYI Only)**

Craig Clear, MD
James Dickinson, MD
Stefan Pettine, MD
Robert Quaid, MD

Courtesy, General Surgery
Courtesy, General Surgery
Courtesy, General Surgery
Courtesy, General Surgery

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

Review Any Action List Items and Due Dates – No items to review.

Potential Agenda Items for 04/22/19 Board Meeting

- Competitive advantages of being a sustainable Critical Access Hospital (CAH)
- Presentation by James Mann, Auditor with CliftonLarsonAllen
- 1st quarter financials

With no further business to be conducted, the March 25, 2019, Regular Board Meeting was adjourned at 6:50 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%
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>	<i>-23.4%</i>	<i>-17.5%</i>		<i>-12.8%</i>	<i>-14.0%</i>		<i>-12.2%</i>	
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>	<i>-15.6%</i>	<i>-11.7%</i>		<i>-6.2%</i>	<i>-8.5%</i>		<i>-6.6%</i>	

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	7,196,805	6,595,890	6,104,596
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	(1,893,178)	(1,946,069)	(2,448,016)
NET ACCOUNTS RECEIVABLE	5,918,535	6,334,243	5,388,099
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	9,736,975	9,736,975	9,798,943
	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	1,110,788	1,110,788	725,014
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	<u>\$ 64,059,440</u>	<u>\$ 64,301,600</u>	<u>\$ 62,642,319</u>
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	1,263,801	1,286,835	1,243,971
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	<u>22,005,758</u>	<u>21,732,447</u>	<u>23,032,797</u>
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	12,457,881	12,399,244	9,753,495
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	<u>\$ 64,059,440</u>	<u>\$ 64,301,600</u>	<u>\$ 62,642,319</u>

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	-
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	-
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>

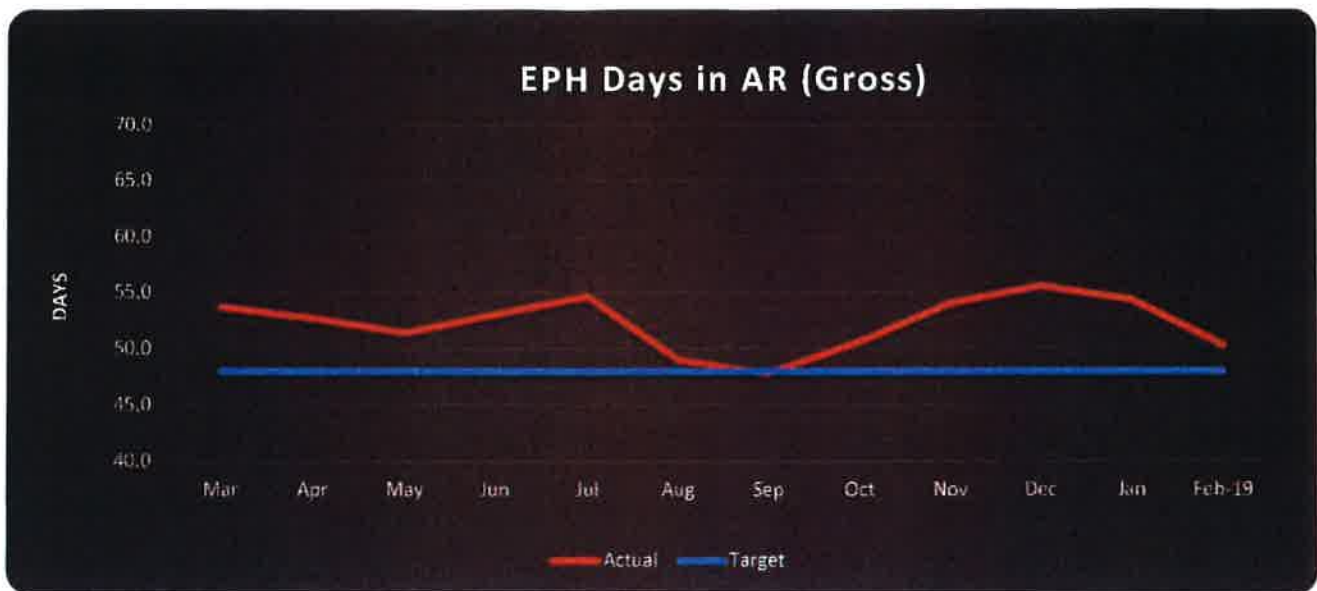
ESTES PARK HEALTH
Statistical and Consolidated Financial Summary
Month Ended February 28, 2019

	Month			Year To Date		
	Actual	Budget	Variance To Budget	Actual	Budget	Variance To 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			Year To Date		
	Actual	Budget	% Variance	Actual	Budget	% Variance
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	3,298,898	3,544,005	-6.9%	7,270,335	7,586,069	-4.2%
Operating Revenue (Net)	4,070,273	4,165,823	2.3%	8,204,440	8,646,897	5.1%
Operating Expenses	(771,375)	(621,818)	-24.1%	(934,105)	(1,060,828)	11.9%
Total	275,142	243,771	12.9%	538,571	491,645	9.5%
Non Operating Revenue (Net)	(34,515)	(35,137)	1.8%	(72,536)	(73,629)	1.5%
Non Operating Expenses (Net)	\$ (530,748)	\$ (413,184)	-28.5%	\$ (468,070)	\$ (642,812)	27.2%

Excess of Rev over Exp Before Cap gifts	15,277	-	#DIV/0!	15,277	-	#DIV/0!
Gifts to Purchase Capital Assets						
Increase (Decrease) in Net Assets	\$ (515,471)	\$ (413,184)	-24.8%	\$ (452,793)	\$ (642,812)	29.6%



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

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

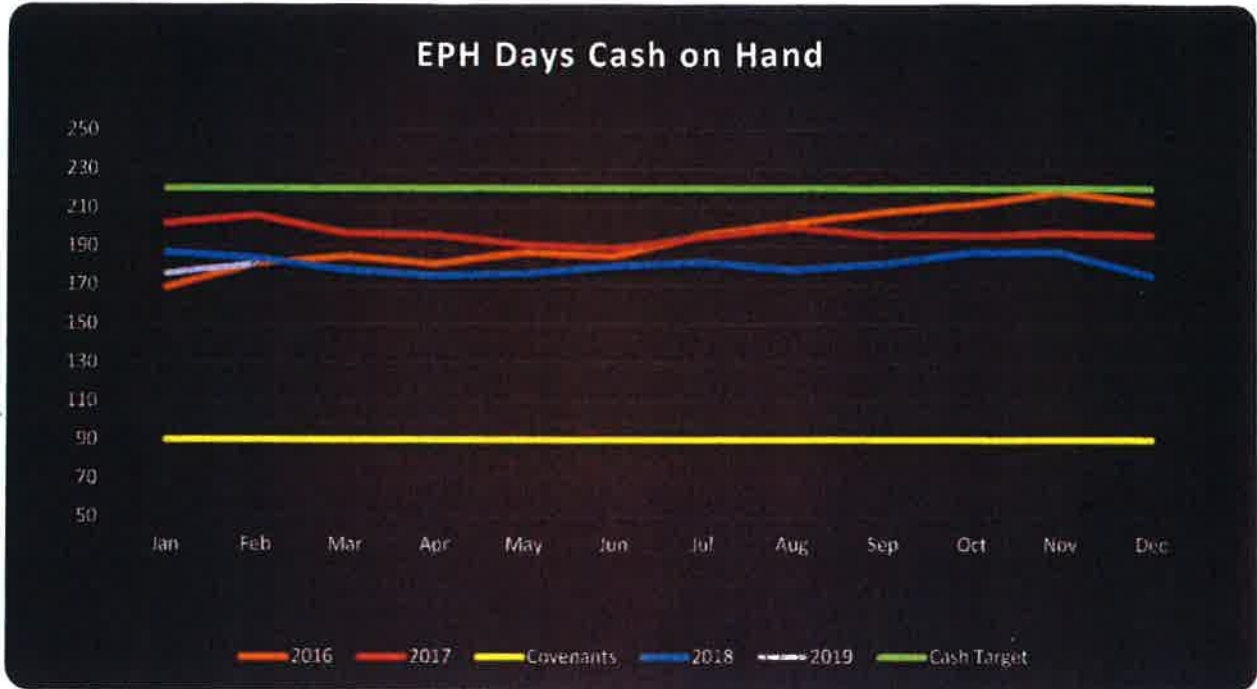
Desired Position: Downward trend below the median, and below average.

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



March 25, 2019

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
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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%)
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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.



Marketing Strategy 2019

MARCH 27, 2019

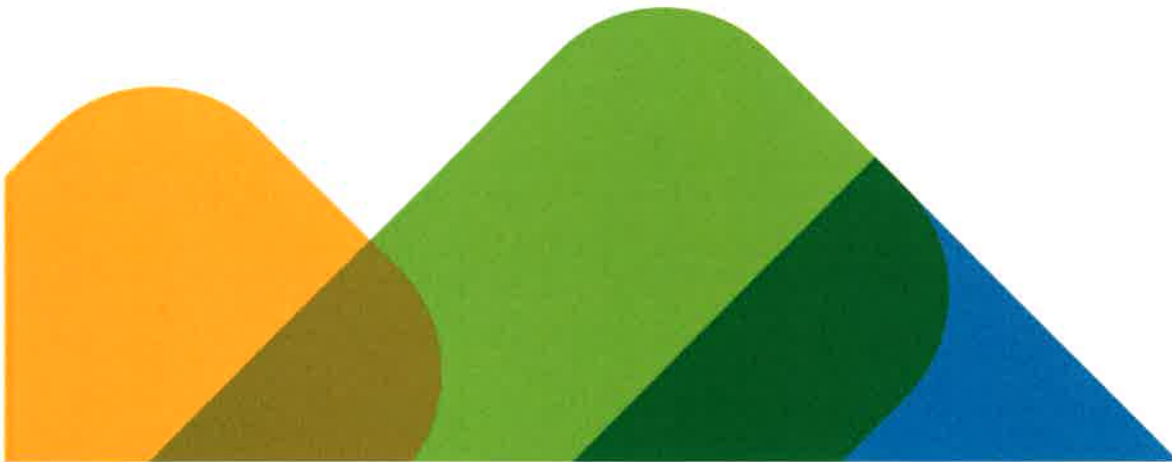




**ESTES PARK
HEALTH**

Creating Strategies that Generate ROI

MARCH 27, 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**
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and can tie no ROI (calls to the organization, brand engagement, increased web traffic or additional patient visits) to the spend.

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- **Web Site:** A new site was launched creating more consumer focused content to encourage interaction with the organization.
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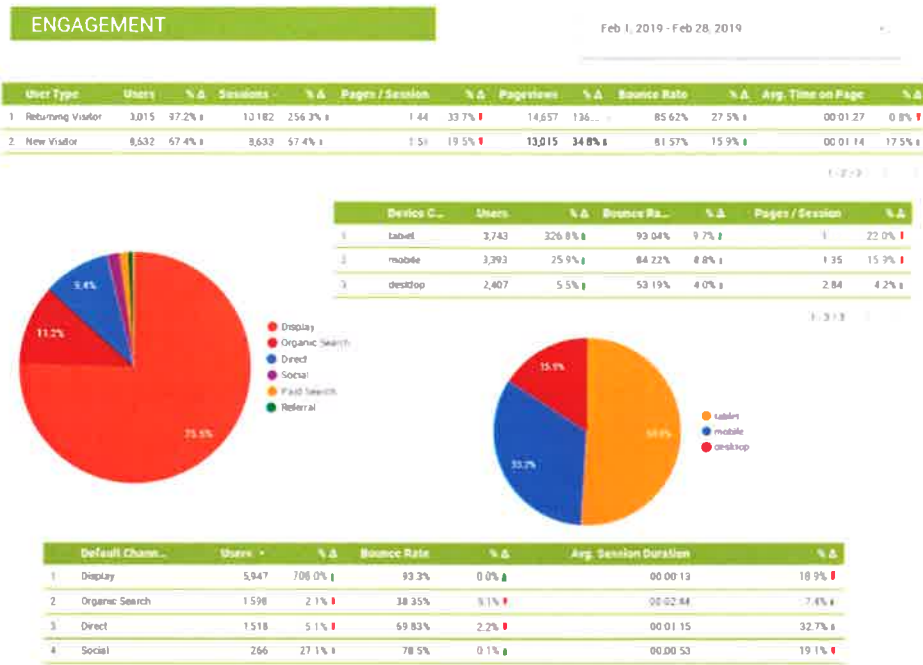
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- \$2,325 Transit
- \$20,000 Community Outreach/Sponsorships

Discussion

Results:

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



Discussion

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 - 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%)
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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
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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

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Salud, April 12, 2019
Ongoing in Estes Park Health Physician Clinic
- Referral tablet listing surgeries left at physician offices
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Urgent Care Center Service Line

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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



EPH Foundation Grateful Patient Program

MARCH 25, 2019





The Problem

- We are not asking most Patients / Prospective Donors
- We are hoping that Patients / Prospective Donors will take the initiative to find out what we need, why we need it, and make a gift



The Opportunity

- Foundation growth
- Increased annual “Other Revenue” for EPH



The Law

- HIPAA
- Updated in 2013
- Our Grateful Patient Program is designed to comply with all current state and Federal law with respect to handling Protected Health Information (PHI).



The Strategy

- Started with the Emergency Department in Q1 of 2018
- Will expand to other Clinical Departments after EPIC conversion



The Strategy

- Gather a list of patient names monthly
- Suppress Medicaid or Uninsured payer sources
- Suppress Opt Outs



The Strategy

- Segment / Prioritize prospects
- Engage prospects as appropriate (In person, through the mail, over the phone, via email, etc.)
- Solicit as appropriate



The Benefits

- Additional charitable dollars available to fund key projects
- Decreased pressure on operating/capital dollars, allowing more flexibility
- Improved patient relations and commitment, reducing outmigration when appropriate



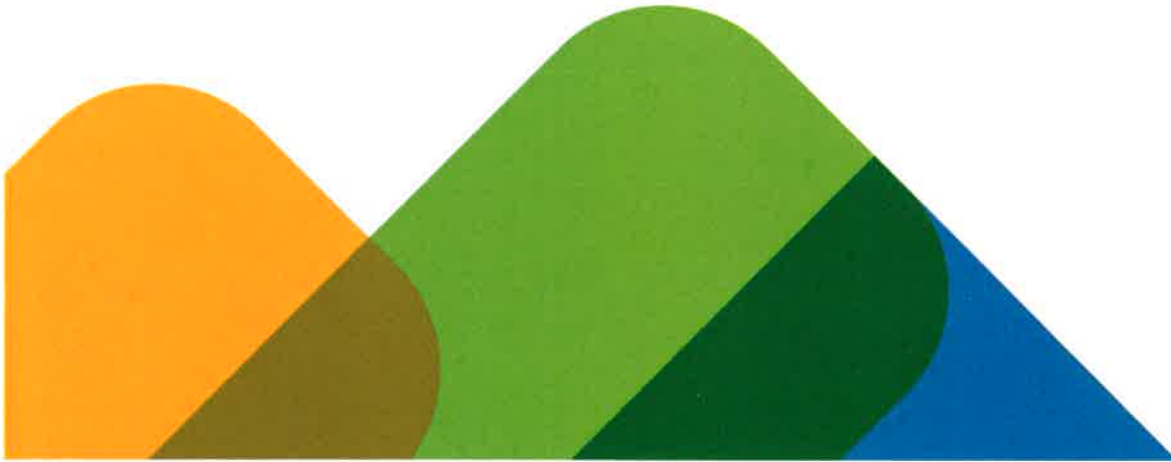
Questions?

Attachment 4



Hospital Transformation Program

MARCH 27, 2019

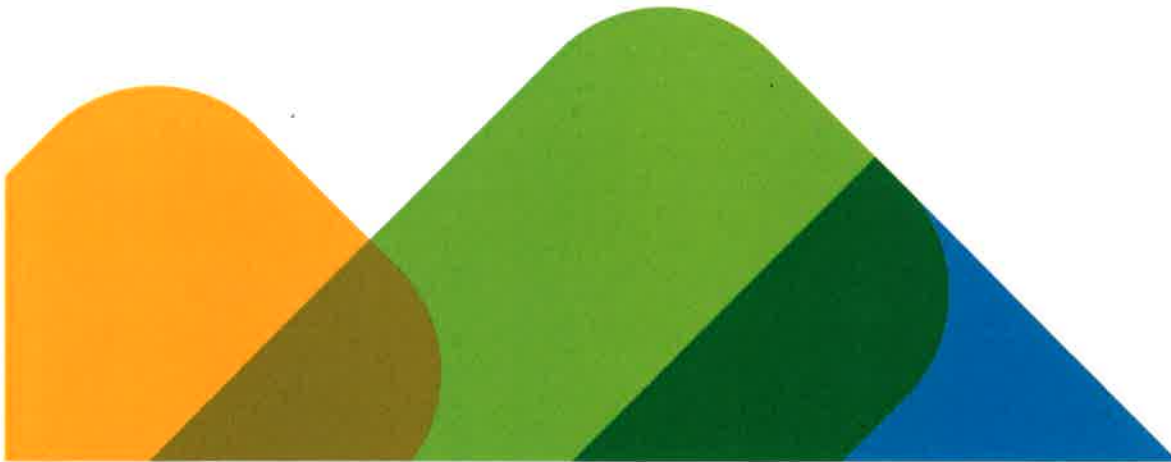




ESTES PARK
HEALTH

How we are using the REACH committee to achieve our goals

MARCH 27, 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.

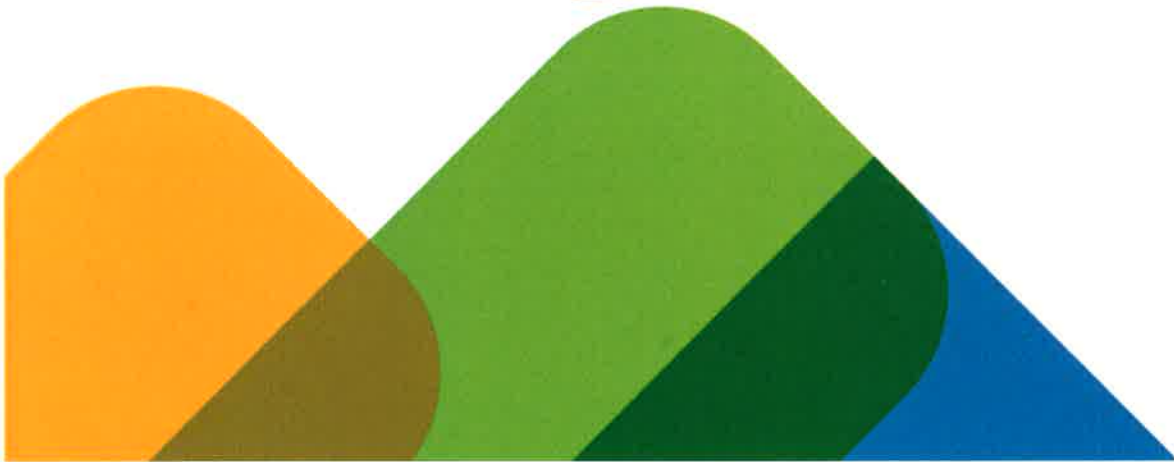
REACH Steering Committee meets at 7 am on the 4th Friday of each month. The three committees report progress towards the respective Goals.

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?





Human Resources Update to Board 3/25/2019

EMPLOYEE AND PHYSICIAN SURVEY UPDATE

As noted in my quarterly report last month, the results of the 2018 Employee Engagement Survey and the Physicians Survey have been shared with department directors and physicians. As we continue to discuss and measure employee engagement, it is critical for employees to be very involved in discussing survey results and creating action plans. Department leaders schedule the time and provide necessary leadership and facilitation, but the plan must be developed with consideration and input from employees. Employee participation develops the ownership necessary to drive progress. As you know, we saw significant improvement from the 2017 survey to 2018; Engagement overall had a 26.7% improvement, Organizational Domain a 15.6% improvement, Manager Domain a 24.6% improvement, and the Employee Domain a 21% improvement. We will now build upon this successful foundation.

Departments have begun scheduling and sharing results with their employees and are in the process of identifying action items and developing action plans. Based on these discussions at the department level and involving their employees, eighteen departments have identified topics for action planning and have begun that process. Three departments are still considering and discussing action plan possibilities but will have their plans started within the next two weeks.

Departments will continue to work on their plans and report progress periodically to their senior team leader. They will also be reporting periodically during the monthly department director meetings to share information with colleagues. I will also be asking for a department leader to present an overview of their action plan and progress during my quarterly board presentations in 2019.

We have had an initial meeting with providers to review survey results and will be meeting again on April 2nd. The purpose of this meeting will be to continue to discuss results and begin to develop an action plan.

Survey updates will be included in my board reports throughout 2019.