

Agenda

Estes Park Health Board of Directors' Regular Meeting - On Line Only

Monday, June 29, 2020

3:45 - 4:00 pm Public Open House - Cancelled - COVID-19 Social Distancing Implemented

4:00 - 6:00 pm Board Meeting

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

Timberline Conference Room / <https://attendee.gotowebinar.com/register/2009552521086645259>

3:45 - 4:00 pm Public Open House - Informational Conversations with Board Members - CANCELLED

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	5	Information	Public
4	General Board Member Comments on Items not on the Agenda	5	Information	Board
5	Consent Agenda Items Acceptance: 5.1 Board Minutes 5.1.1 Regular Board Meeting Minutes May 18, 2020 5.1.2 Special Board Executive Session Meeting Minutes June 23, 2020 5.2 Reports 5.2.1 Home Health Quarterly Report	2	Action	Board
6	Presentations: 6.1 Public Health Centered Care Committee -Policy Approval 6.2 Surgical Department Programming Changes 6.3 Clinical Quality Revised 2020 Plan 6.4 Colorado End-of-Life Options Act Policy 6.5 CEO Report: Estes Park Health Status and Initiatives 6.6 Example of Quality Improvement Actions 6.7 Covid-19 Status Update 6.8 Covid-19 Financial Impact on Estes Park Health 6.9 EPH Foundation 6.10 Medical Staff Report	5 5 5 15 15 15 15 15 10 10	Action Discussion Action Discussion Discussion Discussion Discussion Discussion Discussion Discussion	Dr. Nicholas Mize, Dr. Scott Chew Mr. Vern Carda Ms. Lesta Johnson Dr. David Batey, Dr. Amanda Luchsinger Mr. Vern Carda Ms. Janet Reed, Mr. Pat Samples, Mr. Gary Hall Mr. Gary Hall, Ms. Pat Samples, Dr. John Meyer Mr. Tim Cashman Mr. Kevin Mullin Dr. John. Meyer
7	Operations Significant Developments: <i>Goals, Accomplished, Next Actions, Schedule, Issues</i> 7.1 Executive Summary - Significant Items Not Otherwise Covered	3	Discussion	Senior Leadership Team
8	Medical Staff Credentialing Report	2	Action	Board
9	Review any Action List Items and Due Dates	1	Discussion	Board
10	Potential Agenda Items for July 27, 2020 Regular Board Meeting	2	Discussion	Board
11	Adjournment	1	Action	Dr. David Batey
<i>Total Regular Session Mins.</i>		133		

Next Regular Board Meeting: Monday, July 27, 2020 4:00 - 6:00 pm



**ESTES PARK HEALTH
BOARD OF DIRECTORS'
Meeting Minutes – May 18, 2020**

Board Members in Attendance:

Dr. David Batey, Chair
Ms. Sandy Begley, Vice Chair (via webinar)
Dr. Monty Miller, Treasurer
Ms. Diane Munro, Secretary
Mr. William Pinkham, Member-at-Large
Dr. Steve Alper, Member Elect

Other Attendees:

Mr. Vern Carda, CEO
Mr. Tim Cashman, CFO
Ms. Pat Samples, CNO
Mr. Gary Hall, CIO (via webinar)
Mr. Randy Brigham, CHRO
Dr. John Meyer, CMO (via webinar)
Dr. Nicholas Mize
Dr. Scott Chew
Dr. Amanda Luchsinger (via webinar)
Ms. Leslie Roberts, Emergency Department Director (via webinar)
Ms. Lesta Johnson, Quality Director (via webinar)
Ms. Mandy Feldman, Physician Clinics Director
Ms. Barbara Valente, Urgent Care Director (via webinar)
Mr. Alan Omland, IT (via webinar)
Mr. Don Shelley, IT (via webinar)
Ms. Sarah Sheppard, Circuit Rider LLC (via webinar)
Mr. Kevin Mullin, Executive Director, Estes Park Health Foundation (via webinar)
Ms. Peggy Savelsberg, Executive Assistant, Estes Park Health Foundation (via webinar)

Community Attendees (via webinar):

Dr. Larry Leaming, Bill Solms, Aaron Alberter, Michael Costanzo, Wendy Rigby, Sandy Chockla, Patrick Martchink, Mary Ann Franke, Belle Morris, James and Gail Cozette, Andy Selig, Sharon Coleman, Donna McCleary and Alice Cooper

1. Call to Order

The Board meeting was called to order at 4:01 p.m. by Dr. Batey, Chairman of the Board of Directors; there was a quorum present. Notice of the Board meeting was posted in accordance with the SUNSHINE Law Regulation.

2. **Approval of Agenda**

Dr. Miller motioned to approve the agenda as submitted. Mr. Pinkham seconded the motion, which carried unanimously.

3. **Public Comments on Items Not on the Agenda and Thanking Monty Miller for his Service**

Dr. Leaming thanked Dr. Miller for his exceptional leadership, service and dedication to EPH.

4. **General Board Comments and Farewell Comments and Thanking Monty Miller for his Service**

Dr. Miller thanked everyone and expressed his appreciation to the Board, administration and hospital personnel for their efforts in moving the organization forward with numerous initiatives driven by the strategic plan that was implemented during his tenure on the Board.

Each Board member thanked Dr. Miller for his service and the tremendous impact he made as a representative for EPH.

5. **Swearing In Elected Board Members, Election of Board Officers**

Ms. Diane Muno, Mr. Bill Pinkham and Dr. Steve Alper were sworn in as Directors for the EPH Board of Directors.

The following recommendation was made for the Board Officer positions:

Chairman = Dr. David Batey
Vice Chair = Ms. Sandy Begley
Treasurer = Dr. Steve Alper
Secretary = Ms. Diane Muno
Member-at-Large = Mr. Bill Pinkham

Mr. Pinkham motioned to approve the Board Officer positions as outlined above. Dr. Alper seconded the motion, which carried unanimously.

6. **Introduction of Pat Samples, Interim CNO**

Mr. Carda introduced Ms. Pat Samples, Interim CNO to the Board.

7. **Consent Agenda Items**

Ms. Muno motioned to approve consent agenda items 7.1.1, 7.1.2, 7.1.3, 7.1.4 and 7.2 as presented. Mr. Pinkham seconded the motion, which carried unanimously.

8. **Presentations**

8.1 **May 5, 2020 Estes Park Health Board Elections Update**

The election was very positive and had a strong turnout. Challenges that arose during the process were mostly related to work-from-home closures of offices, limited staffing such as newspapers and County officials working remotely.

One (1) additional UOCAVA (Uniformed and Overseas Citizens Absentee Voting Act) ballot was received after election day and before the end of the day on May 13. Therefore, one additional vote was registered for the following candidates: Monty G. Miller (826), Aaron Alberter (673), and Stephen Alper (943). This change will be noted on the form for the Canvass Board to certify but does not change the outcome of the election.

8.2 COVID-19 Status Update

Mr. Hall, Dr. Meyer, Dr. Luchsinger and Ms. Samples updated the Board on the following items:

- EPH service lines, while challenged via COVID-19, remain open and committed to servicing the Estes valley.
- COVID-19 hot line remains open
- EPH has dedicated many hours to preparing for a first and second wave of COVID-19 and are completing the following activities:
 - Impact of RMNP opening May 27
 - EPH clinic is opening and surgeries are reconvening
- CDC is granting permission to allow one visitor to enter with each surgical patient
- COVID-19 testing for symptomatic patients is taking place on Mondays, Wednesdays, and Fridays
- Three negative pressure rooms are being added to the Emergency Department

8.3 COVID-19 Possible Financial Impacts on Estes Park Health

Mr. Carda stated that the mission during the coronavirus pandemic is to keep Estes Park Health strong so that it can continue to effectively serve the healthcare needs of the community and visitors.

Keeping Estes Park Health strong means not only ensuring we are financially sound, but it also means preserving one of our most important assets, which is our human resources. In particular, physicians, healthcare providers, and all staff that support the operations so that we can continue to provide outstanding patient care activities and strive to live our Mission, Vision & Values.

Most Estes Park Health (EPH) revenue streams including inpatient revenues and outpatient revenues have been significantly reduced or as is the case with elective surgeries halted via COVID-19. This rapid shutdown in revenue streams has resulted in fiscal challenges for EPH.

EPH must take action to reduce operational expenses and take action to jumpstart patient visits in the clinic and open elective surgeries. If we are successful in expense reduction and providing for unmet healthcare needs to community members, we will navigate this economic downturn in a financially responsible manner while maintaining key services until operational volumes return to previous levels.

To accomplish financial recovery while maintaining the capacity to deliver key services, EPH will utilize a phased “preservation approach.”

This is the alternative to making significant workforce cuts and/or utilizing other drastic program, contract, or expense reductions to accomplish EPH financial recovery. Our phased preservation approach will give us some time to evaluate local economic recovery and how the healthcare system will need to evolve.

From the onset of the pandemic, EPH has focused on preserving its cash reserves. So, although income from operations is important, EPH believes that days cash on hand in this situation is the most important measure. Therefore, EPH will strive to stay above 90 days cash on hand.

Maintaining greater than 90 days cash also means we will remain in compliance with our loan covenant requirements.

EPH will utilize a phased preservation approach to keep cash reserves at or above 90 days with the first phase concentrating on:

- Examine departmental level expenses and implement cost savings
- Examine organizational contracts and implement cost savings
- Initiate recovery and restarting of revenue streams including elective surgery

8.4 Urgent Care Center Status Update

Opening day is scheduled for May 27, pending any delays from the State. The Certificate of Occupancy has been received and staff training is underway. A sneak peak video was recorded last week and will be released soon.

8.5 Alarado Outpatient Clinic Status Update

The move in date for the Specialty Clinic and the Rehabilitation department is scheduled for May 28, with an opening date scheduled for June 1.

8.6 Chief Nursing Officer Report

Ms. Samples provided a brief update on her first few weeks at the organization.

8.7 Chief Human Resource Officer Report

Engagement scores from 2/2020

▪ Employee (75%)	<u>2018</u>	<u>2019</u>
Overall engagement	3.99	4.04
▪ Physician (EPH 85%)	<u>2018</u>	<u>2019</u>
Overall engagement	3.78	4.17

Urgent Care Staffing

Positions filled; special New Employee Orientation sessions were conducted

COVID-19 related items

- Employee support
 - Modified PTO/ESL plan to allow access to accrued hours more easily
 - Exposure shelter availability at YMCA
 - Childcare resources at YMCA
 - Virtual stress management sessions with local EAP provider
- Expense reduction and monitoring
 - Reduce/eliminate contract labor
 - Re-assess all current posted openings

Living Center Administrator

Matt Gordon, the new Living Center Administrator begins 05.26.20.

8.8 Clinical Quality Report

Patient Safety

- The Living Center continues to monitor falls

- Inpatient Medication Management
- COVID-19 training
- EPH Weekly News Safety Corner
- Medication scanning, hand hygiene
- Good Catch Award: 1Q20 Lab and HHC staff

Performance Improvement

NRC

- CAHPS surveys for Inpatients and Home Health Care
 - Implementation complete
 - Data now available
- Real time feedback for Emergency Department and all Outpatient Services including Physician's Clinic
 - Good feedback received with increase in comments compared to Press Ganey
 - Leaders learning to use the tool
- Colorado Health Care Policy and Financing (HCPF) plan for Hospital Transformation Program
 - Program has been put on hold due to COVID-19 priorities
 - Six Measures have been identified and approved by SLT

DNV Survey and Plan of Correction

- Survey went well overall
- 1 NC-1 nonconformity requiring submission of evidence of correction
- 9 NC-2 condition level tags to be reviewed at the next survey March 2021
- ISO Stage 1 Audit Report expected for ISO certification in 2021

8.9 Colorado End of Life Options Act Policy Review

Dr. Batey reviewed the Tele Town Hall Board meeting on May 13. The Board reviewed its current policy stamen and decided to retain the current policy statement.

The following is a recap of information covered at the May 13 meeting.

- Estes Park Health offers patients a full range of end-of-life journey options including services addressing:
 - Colorado Advance Directive
 - Pain Management
 - Palliative Care
 - Hospice
 - Colorado End of Life Options Act
- EPH medical staff who may have direct involvement in CEoLOA activities (Primary Care and potentially involved specialties) can:
 - Provide information on CEoLOA
 - Provide CEoLOA referrals if requested
- EPH CEoLOA Policy does not permit self-administration of aid-in-dying medication on Estes Park Health premises including:
 - The Emergency Department
 - The Inpatient Hospital
 - The Estes Park Health Living Center (EPHLC)

- EPHLC is a skilled nursing facility whose physical plant hinders patient privacy in self-administration of aid-in-dying medication

8.10 Public Health Centered Care Committee

Dr. Chew updated the Board on the Public Health Centered Care concept and how it differs from the Patient Centered Care concept.

The Public Health Centered Care Committee is recommending that EPH adopt philosophies proposed by the University of Pittsburgh and by the State of Colorado to develop policy and procedure to guide the organization in its transition to Patient Centered Public Health.

EPH's Public Health Centered Care Triage Team will consist of:

- An ethics or palliative care expert
- An attending physician familiar with critical care
- A representative of the nursing staff or in case of scarcity in this regard a representative of the administration

Note: As a smaller institution, identifying 3 individuals from the institution not directly involved in the initial care of specific patients can be difficult.

When is the Public Health Centered Triage Team activated?

Minimum Operating Capacity (MOC):

- The MOC is initially predetermined by the Triage Team and is based on available human resources, medication resources, and medical intervention resources.
- The MOC is fluid and may be altered if these resources change, but in general it is important to have the MOC defined in advance for any crisis.

After MOC has been met, and triage has begun:

- Daily reassessments of patients, patient load, and allocation of resources must be looked at by the Triage Team
- Calculations of SOFA must be recalculated, and reallocation of resources for care with the maximal benefit as a goal.

An official policy will be presented at the June Board meeting for review and approval.

9. Operations Significant Developments

9.1 Executive Summary

No report.

10. Medical Staff Credentialing Report

Ms. Muno motioned to approve the Medical Staff Credentialing report as submitted. Ms. Begley seconded the motion, which carried unanimously.

11. Review any Action Items and Due Dates

None.

12. Potential Agenda Items for June 29, 2020 Regular Board Meeting

- COVID-19 Status Update
- Colorado End of Life Policy Approval

- Public Health Centered Care Policy Approval

13. Adjournment

Mr. Pinkham motioned to adjourn the meeting at 6:36 p.m. Dr. Alper seconded the motion, which carried unanimously

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

DRAFT



**ESTES PARK HEALTH
BOARD OF DIRECTORS’
Special Executive Session Board Meeting Minutes – June 23, 2020**

Board Members in Attendance

Dr. David Batey, Chair
Dr. Steve Alper, Treasurer
Ms. Diane Munro, Secretary
Mr. Bill Pinkham, Member at Large (via phone)

Board Members Absent

Ms. Sandy Begley, Vice Chair

Other Attendees

Mr. Vern Carda, CEO
Mr. Tim Cashman, CFO
Ms. Pat Samples, CNO
Mr. Gary Hall, CIO
Mr. Randy Brigham, CHRO

1. Call to Order

The meeting was called to order at 4:10 p.m. by Dr. Batey, Chairman of the Board of Directors; there was a quorum present. Notice of the Special Executive Session Board meeting was posted in accordance with the SUNSHINE Law Regulation.

2. Approval of Agenda

Ms. Munro motioned to approve the agenda as submitted. Dr. Alper seconded the motion, which carried unanimously

3. Public Comments

None.

4. Executive Session

Ms. Munro motioned to move into Executive Session, pursuant to §§ 24-6-402(4)(e), C.R.S. for the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators with regard to the Estes Park Health Surgicalist Program. Dr. Alper seconded the motion, which carried unanimously.

5. Surgical Department Programming Changes

Topic discussed in Executive Session.

With no further discussion to be conducted, Mr. Pinkham motioned to adjourn the Executive Session and reconvene into Open Session at 5:30 p.m. Dr. Alper seconded the motion, which carried unanimously.

6. **Adjournment**

Mr. Pinkham motioned to adjourn the meeting at 5:31 p.m., Dr. Alper seconded the motion, which carried unanimously.

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

DRAFT

Report to Board of Directors—June 2020
From Estes Park Health Home Health Care, Estes Park Health Home Care, and Estes Park Health Hospice

I. People

This last quarter we replaced our physical therapist traveler with a permanent fulltime physical therapist. We did have to let a certified nurse assistant go and are in the process of interviewing/hiring to fill that position. We currently have two open positions—a fulltime homemaker/personal care provider and PRN occupational therapist. Due to COVID-19, many staff are not taking vacations or doing their usual traveling this summer.

II. Quality

January 1, 2020 the new case-mix classification/payment calculation model for Medicare, the Patient-Driven Groupings Model (PDGM), became effective. Our team continues education on these changes as well as discussing how our agency can become more efficient.

We continue to track/monitor our ongoing quality improvement projects/quality measures for 2020. They are reported twice/year at the Estes Park Health's Quality Management Committee.

All staff continue to ask screening questions before entering the homes for each visit, use great handwashing and infection control precautions, and all wear masks. As it currently stands, we will not enter a home or care for anyone that is a suspected or positive COVID-19 patient.

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 the Larimer County Office on Aging grant program.

Even with COVID-19 our volumes have been fairly steady. Our year to date volumes through May compared to last year are: home health care down 4%, home care down 16%, and hospice up 1%. We continue to have steady volumes in the month of June.

IV. Financial

2020 YTD Financials through May (Three separate P&Ls for three agencies)

Home Health Care: Revenue (\$360,505) is 0.6% below budget

Expenses (\$553,009) are 19.7% above budget

Home Care (non-skilled): Revenue (\$127,797) is 10.7% below budget

Expenses (\$68,366) are 30.7% below budget

Hospice: Revenue (\$231,458) is 20% above budget

Expenses (\$123,476) are 26% below budget

2020 YTD Roll-up for all three agencies through May:

Total for all: Revenue (\$719,760) is 2.9% above budget

Expenses (\$744,848) are 2.4% above budget

There are several un-budgeted expenses that have greatly affected our YTD finances: contract labor costs of the physical therapist traveler (ended May 16), our EMR Brightree software costs, and the contract billing expenses—none of which were in our budget.

V. Community

While there has been some change in terms of community outreach during the last months due to COVID-19, the community continues to be at the very center of our work. Our focus on the community has increased over the last months, as we become more laser focused and creative about how to provide care and support.

The Caregiver Support Group, facilitated by Nancy, continues to meet twice a month on zoom and continues to be well attended by those who desire support. The Good Grief Group, facilitated by Herm, meets twice a month on Microsoft Teams and continues to receive new members even on the virtual platform.

Herm is working with Dr Jim Jonell, who is one of our Hospice Volunteers with extensive experience in grief work, to create new formats for additional grief groups. We imagine offering groups to the community that are short term and focused on the early seasons of grief work.

Nancy is continuing to strengthen her skills by taking a post MSW education course in palliative care and hospice through the Shiley Institute for Palliative Care at California State University.

Chaplains Herm and Brenda have been writing weekly reflections for hospital staff under the title Medicine For the Soul. The writings have found their way beyond the hospital throughout the community.

The Hospice Bereavement program reaches out regularly to care for persons from the community who have not been connected to Hospice. Currently the Bereavement program includes 9 non-hospice community families. Hospice volunteers continue calling families in our bereavement program and sending monthly mailings to support the work of grieving.

POLICY and PROCEDURE**Department: All****Creation Date: May 11, 2020****Review Date:****Revise Date:****Policy Title: Public Health Centered Care and Allocation of Scarce Resources**

PURPOSE: To provide guidelines and process for determining the allocation of a scarce resource in order to serve the public health interest.

POLICY: In the event of an extraordinary event or crisis when the demand for a resource exceeds the systems capacity to meet the demand as determined by providers and administration then the facility will provide care in such a manner as to serve the public health interest. This will be done in a manner that does not discriminate based on age, gender, race, ethnicity, disability status, religion, or ability to pay and meets Crisis Standards of Care. The process needs to be transparent, consistent, equitable, respectful and fair to all individuals.

DEFINITIONS:

Patient Centered Care: Care delivered to individual patients based on their need when resources are available. The usual condition for the facility.

Public Health Centered Care: When demand for a resource e.g., ventilators during a pandemic, exceeds the demand it is desirable to allocate the resource in a manner that does the greatest good for the greatest number.

Crisis Standards of Care: Generally accepted standards for providing care during a crisis and adhering to provided guidelines by the State of Colorado. A substantial change in usual healthcare operations and the level of care it is possible to deliver.

SOFA score: Sequential Organ Failure Assessment. Common validated score used in critical care medicine and readily accessed tool in the facility's EMR (electronic medical record) Epic.

WHO: World Health Organization

PROCEDURE:

1. Activation of Committee by Provider responsible for providing care. Committee will be made up of a Physician not directly involved in affected patients care (Community Call Doc or Emergency Physician), the Administrator on call, and a nurse not directly involved in affected patients care (suggested Birth Center Nurse). In addition, Palliative Care Physician or Home Health Representative and Chaplain on call to be consulted.
2. Confirm no further means of acquiring resources or transferring patients to a facility with required resources.
3. Determination of availability of resource that day. For the example of ventilators it is recommended that a 5 day therapeutic trial is warranted before reassessment.
4. Score individuals per Pittsburgh document using SOFA score, comorbidities. (Table 1) If needed resolve ties by prior life-stages, healthcare workers as indicated (Table 2). If there are still ties after two tie-breakers are applied then random allocation.
5. Record how process was applied.
6. Communicate to providers, patients and families.
7. Ensure appropriate clinical care of patients not receiving scarce resource.
8. Any appeals must be addressed immediately and will be considered only on the basis that policy was applied correctly.

EQUIPMENT: Customary communication and written/and or electronic records.

REFERENCES:

IOM (Institute of Medicine). 2012 *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response*. Washington, DC: The National Academies Press

Colorado Crisis Standards of Care. April 26, 2020 Governors Expert Emergency Epidemic Response Committee Guidelines. CDPHE.

Allocation of Scarce Critical Care Resources During a Public Health Emergency. March 26, 2020. University of Pittsburgh Department of Critical Care Medicine.

Item 6.2



ESTES PARK
HEALTH

Surgical Department Programming



Current Surgery Situation

- Rural Physician Group (RPG)
 - November 1, 2018
 - 24/7
 - 14 day rotational surgical coverage
 - RPG – Physicians bill/collect for professional fees
 - Estes Park Health (EPH) bills and collects for technical component

Observations

- IP surgical volume relative steady
- OP volume has eroded by approximately 50% between 2015 to present day

Surgical Decline

- Lack of alignment between surgicalist programming and EPH goals
- Consistency of surgical coverage
- Lack of community connection with surgery program
- Other operational items: example sterilizer breakdown

Analyze Surgical Programming & Potential Options

- Continue on current path
- Employ surgical group via different model
- Eliminate surgery as a service line for EPH

Questions/Comments?

ESTES PARK HEALTH

Quality Department Plan 2020

DRAFT



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DRAFT

ESTES PARK HEALTH MISSION & VALUES

“We exist to make a positive difference in the health and wellbeing of all we serve”. The Mission is supported by the five values of:

- Safety
- Excellence
- Respect
- Integrity
- Stewardship

QUALITY DEPARTMENT VISION

The Quality Department Vision is that all members of the organization adopt Safety and Quality as their personal mission and come together as a team to place patients and other customers first. Operating with proven approaches such as High Reliability Principles all employees are focused on providing quality and value in everything they do.

OUR PURPOSE – QUALITY DEPARTMENT

Our Purpose is to build a Quality Management System that supports Estes Park Health in consistently delivering excellent patient outcomes. We achieve this by using the suite of Quality Management methodologies in a planned, systematic, organization-wide approach to monitoring, analysis and improvement of organizational performance; and delivery of value to our patients and our community.

LONG-TERM GOAL FROM 2019 QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT/ PATIENT SAFETY (QAPIPS) PLAN

The goal of the 2019-2020 QAPIPS plan is to support the mission of EPH by providing the highest level of Quality Services to all customers. This overarching goal will remain in place for 5 years and Strategic Goals for the Quality Department will be developed as “Short Term” goals to meet this overarching Quality Plan Goal.

STRATEGIC PRIORITIES, STRATEGY AND TACTICS

STRATEGIC GOAL/PRIORITY #1

Enable the highest Quality and Value to all Customers

Rationale: The Quality Department’s long-term goal is to support the mission of Estes Park Health by providing the highest level of Quality Services to all Customers. Senior Leadership plays an integral role in the organization to achieve this goal. The Quality Committee utilizes a strategic approach to underpin the work of each individual and the organization in attaining this goal.

STRATEGY	TACTICS	Measurement/Outcome	TIMEFRAME
❖ Adopt a philosophy of Total Quality Management (TQM) and Hardwire Quality work executed utilizing Strategic Framework and fulfill organizational mission.	<ol style="list-style-type: none"> Educate new employees on Quality/PI/PS and safety event reporting system as part of the onboarding process. Support all departmental leaders/teams including LTC, in refining and/or developing an individualized quality plan. <ol style="list-style-type: none"> Support development of quality measure run charts for monitoring/reporting. Provide appropriate training on PDSA and Utilize Root Cause Analysis to identify process opportunities. Facilitate and support Quality Management Committee, Patient Care and Safety Committee. Provide quarterly report to the Quality Subcommittee of the Park Hospital District Board and give update to the full board at their regularly scheduled meeting. Support Infection Prevention including but not limited to antibiotic stewardship and contagious disease reporting to Patient Care and Safety Committee. Continue to provide all opportunities to develop the Culture of Quality throughout the organization 	<p>Presentation at all NEO-new employee will have completed check list from NEO.</p> <p>Successfully develop at least one meaningful Quality Measure for every EPH department. Individual departments will provide biannually/prn regulatory updates at QMC while utilizing various quality metrics</p> <p>Ensure on quarterly agenda for reporting</p> <p>Ensure standing agenda item in PCS committee. Report to QMS biannually.</p> <p>Provide two educational sessions to staff this year with evaluation and survey of future needs.</p>	<p>Ongoing through 2020</p> <p>Commitment to TQM – 2021 Education – First Quarter 2021 Adoption – Ongoing through 2021 PRN</p>
❖ Hardwire DNV Accreditation and	<ol style="list-style-type: none"> Provide support for Corrective Action Plans as needed from DNV survey <ol style="list-style-type: none"> Review identified data with each leader quarterly and as needed 	Distribute DNV action plan to appropriate leaders	CAP –survey March 2020

<p>develop an internal audit process</p>	<ul style="list-style-type: none"> b. Review near misses and sentinel events as occur c. Assist director with integrating their plan with DNV <ol style="list-style-type: none"> 2. Collaborate with Senior Leadership Team and Department Directors to develop Internal Audit <ul style="list-style-type: none"> a. Internal Audit training for department leaders and designated auditors. b. processes that align with ISO 9001:2015 Quality Management. 3. Integrate risk assessment and DNV standards process into the Urgent Care Center. 4. Representatives to attend DNV symposium yearly. 	<p>Identify plan/frequency of reporting at QMC</p> <p>Will identify process, develop tool and audit two process in 2020</p> <p>Will identify 1-2 quality indicators for UCC by end of 2020.</p> <p>Due to COVID, training moved to online, both quality team members attended in 6/2020</p>	<p>ISO – throughout 2020</p>
<p>❖ Epic Implementation Project</p>	<ol style="list-style-type: none"> 1. Continue to work with Epic/UCH to ensure Estes Park Health has the reporting capabilities from the EPIC system needed to support the delivery of Quality and Care across the entire organization and meet external reporting requirements. 2. Support chart checks on restraint orders/documentations, pain assessments and care plan individualization. 	<p>Ongoing training on Quality Reports in EPIC. Identify need for revised or new reports and initiate process for development.</p> <p>Partner with clinical leaders of Med/Surg and ED to support concurrent audits. Will report quarterly at QMC.</p>	<p>Monitoring – Post Implementation</p>

STRATEGIC GOAL/PRIORITY #2

Support the Growth and Development of Strategic Service Lines by accelerating adoption of quality methodologies and components of the Strategic Framework in these areas.

Rationale: With the introduction of the new Urgent Care Center we will focus Quality Resources on the new service lines to improve our customer base. Guiding implementation of the Strategic Framework for Quality (Structure, Process and Outcomes) in these areas.

STRATEGY	TACTICS	MEASUREMENT	TIMEFRAME
<ul style="list-style-type: none"> ❖ Support Urgent Care – develop Quality functions simultaneously, while utilizing Risk Management methodologies to mitigate challenges 	<ol style="list-style-type: none"> 1. Ensure Urgent Care and Community Paramedic Program have Quality and Risk Management methodologies in place to support effective processes, and data for reporting to required agencies and QMC. 2. Add Urgent Care representative to Patient Care and Safety Committee. 3. UCC added to facilities life safety rounding to assess risk areas. 	<p>Create, identify quality measures and report the Data to QMC.</p> <p>Department director currently member of PCS.</p> <p>Identification of UCC Life Safety Process.</p>	<p>January 2020 – ongoing throughout life of the project</p>

STRATEGIC GOAL/PRIORITY #3

Raise individual and community awareness of the High-Quality healthcare and Value provided at Estes Park Health

Rationale: Providing transparency to EPH customers to boost trust regarding the quality of care and value provided in all EPH departments to support the strategic goals and to remain sustainable, vibrant, independent, and financially stable.

STRATEGY	TACTICS	MEASUREMENT	TIMEFRAME
❖ Provide Quality Information on the EPH Website	1. Maintain data displayed on the website – quarterly updates.	Ensure quarterly website updates done in collaboration with IT.	Website – TBD with Epic implementation 2Q2020 Physician Quality – 2Q2020 – after EPIC implementation Service Line Quality – Refer to department quality indicators for 2020 Access to Care Improvement – NRC Real Time Feedback February 2020
❖ Introduce policy to foster real-time solutions to complaints, thereby minimizing the number of grievances and improving opportunities for service recovery.	1. Consider Huddle to identify any customer/patient satisfaction issues. 2. Resolve grievances quickly involving CNO, (CEO if applicable) Quality and affected DD. Early personal contact should be made with patients whenever feasible. 3. Focus on Service Recovery.	Initiate huddle or process to collectively address issues timely. Process development by 4 th qtr. Maintain timelines of grievance response and contact. Policy for NRC real-time feedback department leadership follow-up developed and implemented by 3 rd quarter.	Huddle – 3Q2020 Complaints/Grievance/Service Recovery – ongoing

VALUE CREATED WITH THIS STRATEGY

The Strategic Priorities of the Quality Department presented in this document create Value for the organization in the following ways:

Strategic Priority #1 – Enable the highest Quality and Value to all customers (internal and external)

- Measurable, proven methodology to assure and ensure Quality within the organization that is sustainable over time and leadership change
- Developing a workforce focused on Quality
- Implementing an internationally recognized Quality Management System, proven to improve quality management (ISO 9001:2015)
- A leadership and management approach to long-term success through customer satisfaction

Strategic Priority #2 – Support the Growth and Development of Strategic Service Lines.

- Service line personnel can utilize the full range of quality methodologies to deliver high quality outcomes and value to their customers
- Effective processes and improvement methodology
- Additional support from the Quality Department to empower service lines to embed quality principles in all their work, utilize data for decision making and drive quality outcomes
- Employ quality and project management expertise to accelerate process improvement and provide more value to the customer
- Conduct risk assessments to identify areas of focus

Strategic Priority #3 - Raise individual and community awareness of the high-quality healthcare and value provided at Estes Park Health

- Inform the community of the organization's efforts to provide the highest quality of care, providing a positive focal point for discussion of hospital activities including community educational programs and leadership presentations to local service groups
- Improved speed of resolutions and complaints – to real time, where opportunities for service recovery are more fruitful
- Identify value and high-quality care provided at the organization
- Provide information about quality rather than a void

CORE CAPABILITIES AND NEEDS FOR SUCCESS

There is a range of Core Capabilities needed to ensure success of this plan. These are listed below in no particular order:

- Team member commitment to the Mission, Vision, Values and Goals and everyday execution of them with full Quality department staffing including Director and Quality Analyst
- Flexibility and Teamwork
- Willingness to learn and grow skill sets
- Ability to maintain the Quality Philosophy (TQM) in all we do
- Ability to flex and work in any area of the Quality Department functions
- Project Management skills
- Process analysis and redesign methodology skills
- Data analysis, metrics and reporting skills
- Change Management Skills
- Ability to alter plans, build a new approach quickly when needed
- Ability to Motivate and Encourage
- Ability to implement and sustain process, practice and culture change



Item 6.5



ESTES PARK
HEALTH

**“What got me here won’t get US
there!”**

The Last 90 Days...The Next 90 Days!



What does a leadership transition look like?

Transitioned into the role of CEO & transitioned CEO's into their roles

- Perhaps more difficult than doing the job itself is the transition period
- Be impact-driven, not calendar-driven
- "contributors of value" - creating more than they're consuming
 - getting to this stage as quickly as possible is a goal

What has the first 90 days consisted of?

- **Technical learning** - technologies, systems of organization, market, etc. Perhaps most scientific – easiest to grasp.
- **Organizational cultural learning** - subtle norms and values that inform the hospital's organizational culture. New CEOs can be thrown by this facet when they discover a different set of norms and values vs. those norms and values experienced/enjoyed at previous employment.
- **Political learning** - consider that when you begin employment at a new hospital you leave behind the networks, connections and relationships that made you effective in your previous role. The wiring - is no longer there and needs to be built from scratch in the context of a new cultural environment.
- **Covid-19 Learning** - rapid fire development and implementation of policy and procedure governing hospital and health system patient care.

Major Organizational Accomplishments Last 90 Days

- 3D Mamo
- PYXIS
- Urgent Care Center opening
- Telehealth Visits
- 4 negative pressure rooms – med surg.
- 3 negative pressure rooms – ED
- Covid-19 testing
- 0 COVID in Nursing Facility
- 1 staff member COVID – 19 positive

Major Organizational Accomplishments Last 90 Days, Continued

- Living Center Administrator – hire
- Pharmacy open in Urgent Care
- Moved Therapy & Specialty Clinic
- Created organizational involvement in 10% savings
- Community Paramedics Program
- Interim CNO
- New CEO/Admin Assistant
- “Culture of Accountability”

The next 90 days?

- Strategic Planning Process and Timeframe
- COVID 19
 - 2nd Phase Planning
- Revenue Stream Management
 - Triple Aim
 - Clinical Integration
- Tomorrow's Workforce
 - Workforce plan development
- Culture of Accountability
 - Our industry and its constant demand for accountability
 - Hardwire accountability
 - Sometimes it's the little things--- (like teleconference call in or be on time or don't come at all).



**Quality Improvement Example: Dietary & MedSurg
June 29, 2020**

EPH provides a wide variety of services, across the medical and support spectrum. Occasionally, we have issues that do not completely meet the expectations of the patient and/or patient's family. When we have quality issues like this, especially if they have a risk factor, we bring together the participating department directors and interview staff as necessary, and interview the customer(s) if necessary, to gather the full story. Then, adjustments and other actions are taken to improve the processes and systems to minimize future similar risk/quality occurrences.

We had a good example of this regarding special diet orders. During the course of the patient's stay, there were several issues raised in regard to accurate dietary management: by the ordering physician, by the kitchen staff, and with other oversight from other clinical staff.

As we became aware of the issue during the final day of the patient stay, it was evident that we needed to get a complete picture of the patient stay and the issues and events therein. After full research with the Dietary Director and the staff, after consultation with the hospitalist and the MedSurg nursing staff, and with administration guidance, we were able to craft a clear picture of the issues. Most importantly, we were able to identify where there were missteps versus Dietary department missteps, and we are able to make several improvements as a result of this event.

Some of the observations made and/or improvements that have been put in place in the Dietary and MedSurg department include the following:

- (1) We replaced the old, slow, small wall-mounted computer display of Dietary orders in the kitchen with a big board, new and fast computer, so that Dietary has a much better presentation of the diet orders. Since this display helped contribute to one of the Dietary missteps, we feel this makes a big difference.
- (2) The complete information in the patient electronic health record chart may have more extensive notes which are not presented on the dietary board (HIPAA restrictions), and it's important that Dietary consult with MedSurg (inpatient) nursing staff to ensure that they know the full story. In the case we're describing, there were additional restrictions that were noted in the chart but not noted in the formal dietary orders from the hospitalist. Dietary aides now will get these additional restrictions from MedSurg and write all patient food restrictions (even variations from the ordered diet) on the meal tickets to ensure that full communication has occurred to Dietary, and not just allergies and ordered diet. This includes a last check that the dietary staff delivering the tray makes with the nurse to ensure the tray is up to date with any changes.
- (3) The gluten-free muffin and the gluten muffin look the same unless labeled. There was misunderstanding of what was properly delivered as gluten-free. Additional training has been provided and proper labeling added to ensure clarity to Dietary staff, Dietary Aide, and patient/family that gluten-free is being respected.
- (4) The cook is required to double-check the diet orders – prior to and post preparation before sending to the patient room, for all restricted diets.
- (5) MedSurg staff checks to ensure that the dietary order reflects all of the allergies/intolerances that were noted while documenting the patient history.
- (6) The other issue identified is that every patient/family have a psychosocial history (as well as the physical dietary issues) that can impact how we interact and/or meet the needs of the patient. The nursing staff will work to communicate any concerns or challenges ahead of time to ensure the all ancillary team members are aware of the plan in caring for the whole patient.

These changes are, in most cases, fine-tuning an operation that worked the great majority of the time, but we feel that it closed some potential gaps on the most challenged diets.

These types of root-case analyses and improvements occur whenever necessary, with whomever necessary, to help EPH continue to perpetually aim for the highest inpatient quality service in all aspects of what we do.



**EPH COVID-19 Pandemic Update
June 29, 2020**

KEEPING EVERYONE SAFE AT EPH: We continue to focus on maximum safety at EPH. All staff, patients, visitors, must wear masks at all times, and we check temperatures and check for symptoms at the entry doors for all employees, patient, and visitors. We test all inpatients and most surgery patients. We only allow one visitor per patient (unless it's a child, where we'll allow both parents) for the inpatient unit, the surgery suite, and the emergency department.

COVID TESTING AT EPH: We are now able to run a COVID test in-house, which takes up to 2 hours to run, hence outpatient tests (the clinic and the drive-up) are still being sent out due to the higher quantities.

DON'T HESITATE TO GET HELP: If you are experiencing serious or life-threatening symptoms or other issues (chest pain, stroke symptoms, etc.), you must come in to get emergent attention to that condition. You are safe coming to the emergency department for emergency situations, we have a very well-protected setup to ensure your safety from COVID or other infections while you are receiving attention. Do not delay service for any serious medical condition out of COVID fear. Adding three negative pressure rooms in our Emergency Department also greatly helps us sequester any suspicious cases safely.

PHYSICIAN CLINIC WIDE OPEN FOR BUSINESS: Our physician clinic is ready to take you back in, for any type of appointments, including routine, non-acute appointments that were cancelled during the Stay-At-Home order. You can visit your PCP now to address your regular checkups and chronic conditions. We take all precautions, beyond and in addition to, the front-door screening, to keep our patients safe and to maintain social distancing. Techniques of staggered appointment times and social-distancing blocks help reduce the number of patients arriving at any one time. We get you into our exam rooms quickly to minimize waiting room time. We're as safe as we can be for you.

LOOKING AHEAD TO FLU SEASON: EPH is already considering how we will manage the "normal" flu season in addition to having COVID still present during that same timeframe. More details to come on that later.

TRANSFER TO THE AVAILABLE ICUs: There are Front Range ICU beds available for COVID-19 cases. What this means to EPH is that our strategy can continue to be identify, stabilize, protect – and transfer when appropriate to those Front Range facilities who are most capable of providing ICU service.

HERE COME THE TOURISTS: With the arrival of the floods of tourists, we are highly encouraging attention to masking and social distancing throughout the town of Estes Park. While the Town does not require masks in all open spaces, EPH encourages use of masking and proper distancing in the often crowded downtown, as well as in businesses and other indoor venues. Stay as safe as you can so you can enjoy summer and beyond.

CONTINUE TO SCREEN FROM HOME: One of the best safety measures you can take if you are concerned that you may have COVID-19 symptoms, or that you might have been exposed, is to be screened over the phone (meaning "asked the key questions about symptoms and exposure to COVID-19"), from the safety of the home.



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CFO Report May 2020 Forecast

Executive Summary

It has been a very eventful last few months, to say the least. On March 19th, the Governor issues an **Executive Order for the Temporary Cessation of All Elective and Non-Essential Surgeries and Procedures and Preserving Personal Protective Equipment and Ventilators in Colorado Due to the Presence of COVID-19**. This is consistent with the Governor's Stay at Home Order effective March 26th.

As a result, patients in need of hospital services has diminished by approximately 11% thru March, 45% in April and 34% in May, for a total loss of Revenues thru May of 23%. The Governor has declared an easing of these orders effective April 26th and that seemed to have a slowly positive impact on the economy. Accordingly, the hospital financials are reflective of this significant change.

Forecast for 2020

Please note an attached Forecast for the remainder of the year. While the numbers are indeed staggering, we are working concurrently with our Audit firm and we have tried to develop a realistic look at the remainder of the year. Some assumptions were made regarding recovery of Revenues and some Expense reductions. We also consult regularly with other peer hospitals and statewide agencies for daily updates to trends and changes from the State and Federal governments in both clinical and financial operations.

The good news is, while this Forecast does not include any funding received, the funds received as noted below are extremely helpful.

Assumptions are developed with consideration of current daily trends, statewide and considerate of the local Estes Park economy, including:

Revenues

- 2nd Quarter Revenues estimated at 65% of normal (defined as Budget).
- 3rd Quarter Revenues estimated at 70%.
- 4th Quarter Revenues estimated at 80%.

Overall impact, forecasted for 2020 is 22% decrease in Net Revenues or \$11.5M

Expenses

Hospital Leadership has developed a Plan to address Expenses. Highlights include:

- Beginning pay period 5/31/20 (pay date 6/12/20)
 - 10 % reduction/rollback of salaries for all exempt employees (which includes all senior leadership and department directors) and all employed and contracted physicians
 - Benefit impact:
 - Freeze PTO accrual for all staff
 - PTO buy out suspended
 - ESL is used per policy (Sick leave only)
 - Evaluations-merit increases on hold
- All departments must provide plan and adherence to a 10% reduction in expenses per month.
- Staffing to matrix in all departments with flex budget
 - Eliminate contract labor/travelers
- Eliminate non-critical Purchased services or Contracts
- Suspend capital budget, travel, education
- Re-evaluate in 90 days (Sept 2020)

May reports indicate the needle is moving, albeit slowly. Effects of the salary and benefits rollback will not be visible until July. Forecasted models conservatively indicate an overall expense reduction of 1%, or \$600K.

Bottom Line

Without any funding support (aka Federal Stimulus, Grants, etc), estimated Net Income loss for the year is **-\$10.5M** with a Cash flow loss of approximately **-\$7M**.

Funding Support

The District was successful in obtaining outside funding opportunities. However, at least half of the funds are designated as a loan and due to be repaid later this year. There is some hope that the Federal Government will designate those funds as forgivable. But that is not confirmed.

As a result of the recent support from the Federal Government, via several programs have provided funding in April:

- Advance Payment Program \$4.4M
-currently scheduled for repayment; possibility of forgiveness
- HHS Stimulus \$5.3M
-forgivable
- Payroll Protection Program \$4.8M (approved; pending receipt)
-eligible for forgiveness assuming compliance with stipulations.

Total \$14.5M

Current projection for retention of funds is **\$10.1M**.

Summary

EPH has experienced a very eventful year, starting last June 2019, with the Cyber Ransomware attack, followed by the loss of the Sterilizer; installation and conversion of a new Electronic Health Record and Accounting systems (Epic & Lawson); change in CEO, and now a Pandemic with a dramatic loss of business.

The remainder of the year does not look overly optimistic, with respect to Cash Flow. The good news is that we do have funding to help navigate the next few difficult months. Cash reserves will be impacted as the months of cash payments, of June through August, have little volume. The Funding received and anticipated to be retained should offset the projected loss for this year of 2020.

We do believe sufficient funds exist, given a modest economic growth and good cash management. It is highly unlikely the District will accomplish the budgetary goals for the year, due specifically to the COVID-19 pandemic. The goal for the remainder of the year is to maintain sufficient cash flow in order to stay compliant with our covenants.

With the hope that this year is recoverable, to at least 80% of normal, the work now begins with rebuilding the business model with changes in services, revenues and expenses.

Estes Park Health
 Financial Overview
 Month Ended May 31, 2020

FINANCIAL RATIOS

	Apr	May	RED	YELLOW	GREEN
Days in Accounts Receivable	50.5	57.3	> 60	50 - 60	< 50
Days Cash on Hand	222	241	< 125	125 - 224	> 225
Debt Service Coverage Ratio	-0.67	-1.91	< 1.25	1.25 - 2.0	> 2.0
Operating Margin (12 Mo. Rolling)	-15.0%	-19.5%	< 2.0%	2% - 4.99%	> 5%
Total Margin (12 Mo. Rolling)	-8.0%	-12.2%	< 5.0%	5% - 9.99%	> 10.0%

OTHER INDICATORS

	Apr	May	Budget	YTD	YTD Budget
Total Deductions from Revenue %	44.1%	45.3%	46.0%	44.5%	46.0%
Operating Margin	(\$2,156,649)	(\$2,089,342)	(\$481,149)	(\$7,724,976)	(\$3,635,614)
Operating Margin %	-91.1%	-71.4%	-11.1%	-47.8%	-17.8%
Increase (decrease) in Net Assets	(\$1,905,625)	(\$1,837,911)	(\$198,040)	(\$6,429,123)	(\$2,117,369)
Total Margin %	-80.5%	-62.8%	-4.6%	-39.8%	-10.4%

SUMMARY

Statistics: IP Days are at 94 compared to 83 in April and 131 in May 2019.
 Physicians Clinic Visits are at 1027 compared to 648 in April and 2168 in May 2019.
 Surgeries are at 15 compared to 4 in April and 29 in May 2019.

Revenue: May's Gross Patient Revenue is \$5,254,517 compared to a budget level of \$7,929,482.

Other Operating Revenue: YTD Other Revenues are \$121,468 below budget.

Expenses: Total Operating Expenses in May are \$184,695 over budget. Salaries and benefits are over budget by \$142,470.

Excess Revenues (Expenses): May's increase in Net Assets is -\$1,837,911 compared to a budget of -\$198,040. May's Total Margin is -62.8% compared to a budgeted level of -4.6%.

Ratio Analysis: Day's in A/R is at 57.3 which is higher than the industry average of fifty.
 Day's Cash on Hand is at 241 compared to April's level of 222 and May 2019 of 176.

Debt Coverage Ratio: May's rolling 12 month ratio is -1.91%. The loan end of year minimum required ratio is 1.25.

ESTES PARK HEALTH
Statement of Revenues and Expenses (Unaudited)
May 31, 2020

REVENUE	MONTH May-20			YEAR TO DATE FY 2020			PRIOR YEAR TO DATE FY 2019	
	Actual	Budget	Var	Actual	Budget	Var	Actual	Var
Patient Revenue								
In-Patient	\$ 902,898	\$ 1,516,743	-40%	\$ 4,688,872	\$ 8,190,511	-43%	\$ 8,444,797	-44%
Out-Patient	4,351,620	6,412,739	-32%	24,024,177	28,953,053	-17%	27,268,418	-12%
TOTAL PATIENT REVENUE	5,254,517	7,929,482	-34%	28,713,049	37,143,564	-23%	35,713,215	-20%
Less Contractual Adjustments	(2,200,487)	(3,568,267)	38%	(12,346,563)	(16,714,605)	26%	(16,759,172)	26%
Less Bad Debt Adjustments	(178,077)	(79,295)	-125%	(425,061)	(371,437)	-14%	(405,897)	-5%
TOTAL REVENUE DEDUCTIONS	(2,378,564)	(3,647,562)	35%	(12,771,624)	(17,086,042)	25%	(17,165,069)	-26%
NET PATIENT REVENUE	2,875,953	4,281,920	-33%	15,941,426	20,057,522	-21%	18,548,146	-14%
Other Operating Revenue	49,882	67,414	-26%	216,655	338,123	-36%	314,522	-31%
TOTAL OPERATING REVENUE	2,925,835	4,349,334	-33%	16,158,080	20,395,645	-21%	18,862,668	-14%
EXPENSES								
Wages	2,233,332	2,130,440	-5%	10,396,885	10,390,976	0%	9,034,830	-15%
Benefits	636,885	597,307	-7%	2,775,238	2,707,038	-3%	2,692,349	-3%
Contract Labor	464,494	526,618	12%	2,662,518	2,631,090	-1%	2,570,562	-4%
Medical Supplies	344,642	375,278	8%	1,791,205	1,870,089	4%	1,827,108	2%
Non-Medical Supplies	98,143	84,772	-16%	462,946	421,876	-10%	470,046	2%
Purchased Services	606,856	503,844	-20%	2,668,989	2,847,695	6%	2,104,876	-27%
Other Operating Expenses	340,658	314,106	-8%	1,691,405	1,711,901	1%	1,474,485	-15%
Depreciation & Amortization	254,983	263,852	3%	1,265,829	1,279,264	1%	833,532	-52%
Interest	35,184	34,266	-3%	168,041	171,330	2%	163,968	-2%
TOTAL OPERATING EXPENSE	5,015,178	4,830,483	-4%	23,883,056	24,031,259	1%	21,171,755	-13%
OPERATING INCOME (LOSS)	(2,089,342)	(481,149)	-334%	(7,724,976)	(3,635,614)	-112%	(2,309,087)	-235%
<i>Operating Margin</i>	<i>-71.4%</i>	<i>-11.1%</i>		<i>-47.8%</i>	<i>-17.8%</i>		<i>-12.2%</i>	
Non-Operating Revenue	255,626	287,559	-11%	1,316,828	1,440,295	-9%	1,315,236	0%
Non-Operating Expense	(4,195)	(4,450)	6%	(20,975)	(22,050)	5%	(20,974)	0%
EXCESS REVENUES (EXPENSES)	(1,837,911)	(198,040)	-828%	(6,429,123)	(2,217,369)	-190%	(1,014,825)	534%
Gift to Purchase Capital Assets					100,000		15,277	
INCREASE (DECREASE) IN NET ASSETS	(1,837,911)	(198,040)	-828%	(6,429,123)	(2,117,369)	-204%	(999,548)	-543%
<i>Total Margin</i>	<i>-62.8%</i>	<i>-4.6%</i>		<i>-39.8%</i>	<i>-10.4%</i>		<i>-5.3%</i>	
EBDITA	\$ (1,547,744)	\$ 100,078	1647%	\$ (4,995,253)	\$ (666,775)	-649%	\$ (1,311,587)	

ESTES PARK HEALTH
Balance Sheet (Unaudited)
May 31, 2020

ASSETS	2020 May	2020 Apr	2019 May
CASH & CASH EQUIVALENTS	\$ 29,848,294	\$ 26,343,798	\$ 16,697,723
PATIENT ACCOUNTS RECEIVABLE	9,099,346	9,310,952	11,823,575
LESS: ALLOWANCES	(4,287,315)	(4,553,120)	(5,902,596)
NET ACCOUNTS RECEIVABLE	<u>4,812,031</u>	<u>4,757,832</u>	<u>5,920,979</u>
RECEIVABLES FROM OTHER PAYORS	2,377,996	2,817,604	2,037,710
INVENTORY	1,074,365	1,069,955	1,108,802
PREPAID EXPENSES	<u>457,933</u>	<u>519,972</u>	<u>463,451</u>
TOTAL CURRENT ASSETS	<u>38,570,619</u>	<u>35,509,161</u>	<u>26,228,665</u>
NET PROPERTY, EQUIPMENT & INTANGIBLE ASSETS	<u>33,202,093</u>	<u>32,773,117</u>	<u>30,550,542</u>
RESTRICTED ASSETS	<u>3,914,547</u>	<u>3,914,266</u>	<u>1,407,565</u>
OTHER ASSETS	0	0	0
LONG TERM INVESTMENTS	1,040,820	1,040,820	5,004,786
TOTAL OTHER ASSETS	<u>1,040,820</u>	<u>1,040,820</u>	<u>5,004,786</u>
TOTAL ASSETS	\$ <u>76,728,080</u>	\$ <u>73,237,364</u>	\$ <u>63,191,558</u>
LIABILITIES			
ACCOUNTS PAYABLE	951,042	710,108	621,868
ACCRUED EXPENSES	10,879,872	5,860,327	4,217,683
ACCRUED COMP PAYABLE	1,247,047	1,180,800	1,122,693
ACCRUED INTEREST PAYABLE	149,666	119,142	156,907
EST THIRD-PARTY SETTLEMENT	5,811,882	5,811,882	906,007
SHORT TERM NOTES PAYABLE	5,116,581	5,116,581	
OTHER CURRENT LIABILITIES	0	0	0
CURRENT MATURITIES OF OTHER LONG TERM DEBT	<u>1,085,000</u>	<u>1,085,000</u>	<u>1,060,000</u>
TOTAL CURRENT LIABILITIES	<u>25,241,090</u>	<u>19,883,840</u>	<u>8,085,157</u>
DEPOSITS AND DEFERRED INCOME			
LOANS PAYABLE	15,541,481	15,570,105	13,485,000
LEASES PAYABLE	0	0	0
TOTAL LONG-TERM LIABILITIES	<u>15,541,481</u>	<u>15,570,105</u>	<u>13,485,000</u>
TOTAL LIABILITIES	40,782,571	35,453,945	21,570,157
INVESTED IN CAPITAL ASSETS, NET OF RELATED DEBT UNRESTRICTED	42,374,632	42,374,632	42,620,949
TOTAL NET ASSETS	42,374,632	42,374,632	42,620,949
EXCESS REVENUES YTD	<u>(6,429,123)</u>	<u>(4,591,212)</u>	<u>(999,548)</u>
TOTAL LIABILITIES & NET ASSETS	\$ <u>76,728,080</u>	\$ <u>73,237,364</u>	\$ <u>63,191,558</u>

ESTES PARK HEALTH
Statistical and Consolidated Financial Summary
Month Ended May 31, 2020

Utilization

Hospital

In-Patient Days
Out Patient Visits

Living Center

Resident Days

Clinic

Physicians Clinic Visits

Month		
Actual	Budget	Variance To Budget
94	136	-30.9%
5651	8627	-34.5%
846	1178	-28.2%
1027	2135	-51.9%

Year To Date		
Actual	Budget	Variance To Budget
477	731	-34.7%
29354	37191	-21.1%
4688	5738	-18.3%
6835	9305	-26.5%

Income Statement

Hospital

Operating Revenue (Net)
Operating Expenses
Net Operating Income (Loss)

Living Center

Operating Revenue (Net)
Operating Expenses
Net Operating Income (Loss)

Clinic

Operating Revenue (Net)
Operating Expenses
Net Operating Income (Loss)

Total

Operating Revenue (Net)
Operating Expenses
Net Operating Income (Loss)

Total

Non Operating Revenue (Net)
Non Operating Expenses (Net)
Excess of Rev over Exp Before Cap gifts

Gifts to Purchase Capital Assets

Increase (Decrease) in Net Assets

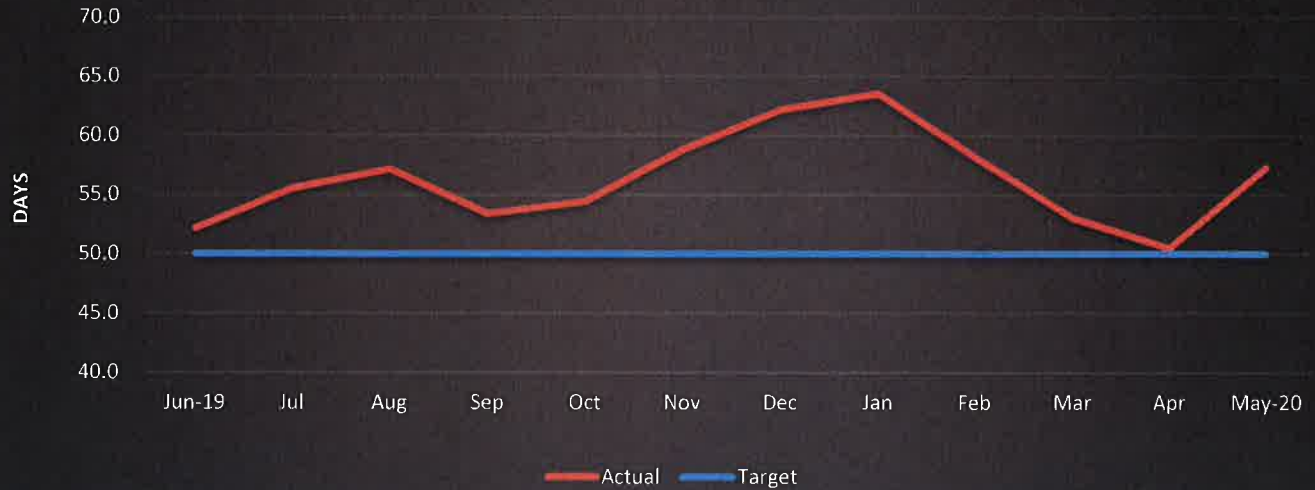
Month			
Actual	Budget	To Budget	% Variance
\$ 2,177,099	\$ 2,894,957	(717,858)	-24.8%
3,747,523	3,518,863	(228,660)	-6.5%
(1,570,424)	(623,906)	(946,518)	-151.7%
251,070	388,845	(137,775)	-35.4%
374,917	417,283	42,366	10.2%
(123,847)	(28,438)	(95,409)	-335.5%
497,666	1,065,532	(567,866)	-53.3%
892,738	894,337	1,599	0.2%
(395,072)	171,195	(566,267)	-330.8%
2,925,835	4,349,334	(1,423,499)	-32.7%
5,015,178	4,830,483	(184,695)	-3.8%
(2,089,342)	(481,149)	(1,608,194)	-334.2%
255,626	287,559	(31,933)	-11.1%
(4,195)	(4,450)	255	5.7%
\$ (1,837,911)	\$ (198,040)	\$(1,639,871)	-828.1%
-	-	-	#DIV/0!
\$ (1,837,911)	\$ (198,040)	\$(1,639,871)	-828.1%

Year To Date			
Actual	Budget	To Budget	% Variance
\$ 11,773,716	\$ 13,938,986	(2,165,270)	-15.5%
17,222,517	17,599,587	377,070	2.1%
(5,448,801)	(3,660,601)	(1,788,200)	-48.8%
1,491,628	1,895,469	(403,841)	-21.3%
2,025,313	2,055,048	29,735	1.4%
(533,685)	(159,579)	(374,106)	-234.4%
2,892,736	4,561,190	(1,668,454)	-36.6%
4,635,226	4,376,624	(258,602)	-5.9%
(1,742,490)	184,566	(1,927,056)	1044.1%
16,158,080	20,395,645	(4,237,565)	-20.8%
23,883,056	24,031,259	148,203	0.6%
(7,724,976)	(3,635,614)	(4,089,362)	-112.5%
1,316,828	1,440,295	(123,467)	-8.6%
(20,975)	(22,050)	1,075	4.9%
\$ (6,429,123)	\$ (2,217,369)	\$(4,211,754)	-189.9%
-	100,000	(100,000)	-100.0%
\$ (6,429,123)	\$ (2,117,369)	\$(4,311,754)	-203.6%

ESTES PARK HEALTH
Statement of Cash Flows (Unaudited)
1/1/20 through 5/31/20

Cash Flows From Operating Activities	
(Deficiency) Excess of Revenues over Expenses	\$ (6,429,123)
Interest expense (considered financing activity)	168,041
County tax subsidy, net (considered financing activity)	(1,248,940)
Interest income (considered investing activity)	(45,913)
Net income (loss) from operating activities	(7,555,935)
Assets released from restrictions	(1,000)
Depreciation & amortization	1,265,829
Amortization of Deferred Bond Financing Costs	-
Changes in working capital:	
Decrease (Increase) in Accounts receivable, net	3,246,860
Decrease (Increase) in Inventory	22,041
Decrease (Increase) in Prepaid expenses	222,562
Decrease (Increase) in Other Assets	-
Decrease (Increase) in Long Term Investment	(286,840)
Increase (Decrease) in Accounts payable	(1,921,948)
Increase (Decrease) in Accrued wages & related liabilities	955,416
Increase (Decrease) in Other current liabilities	137,468
Increase (Decrease) in Deposits and Deferred Income	5,349,414
Increase (Decrease) in Payable to 3rd party payors	4,407,877
Increase (Decrease) in Retirement cottage liability (current portion)	-
Increase (Decrease) in Apartment Damage Deposit Liability	-
Net (gain) loss on sale of equipment	-
Net cash provided by (used in) operating activities	<u>5,841,744</u>
Cash Flows From Financing Activities	
Restricted contributions	1,000
County tax subsidy, net	1,248,940
Increase (Decrease) in line of credit	-
Interest expense	(168,041)
Sale of equipment	-
Purchase of property, equipment & intangible assets	(2,436,280)
Increase (Decrease) in capital lease commitments, net	-
Increase (Decrease) in deferred income retirement cottage admissio	-
Loan Activity	8,258,062
Bond Activity	-
Net cash provided by (used in) financing activities	<u>6,903,681</u>
Cash Flows From Investing Activities	
Interest income	45,913
Net cash provided by (used in) investing activities	<u>45,913</u>
Net Increase (Decrease) in Cash and Cash Equivalents	12,791,338
Cash and Cash Equivalents, 01/01/2020	<u>20,971,503</u>
Cash and Cash Equivalents, 5/31/20	<u>\$ 33,762,841</u>
Restricted Cash and Cash Equivalents, 5/31/20	\$ 3,914,547
Unrestricted Cash and Cash Equivalents, 5/31/20	<u>29,848,294</u>
	<u>\$ 33,762,841</u>

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.

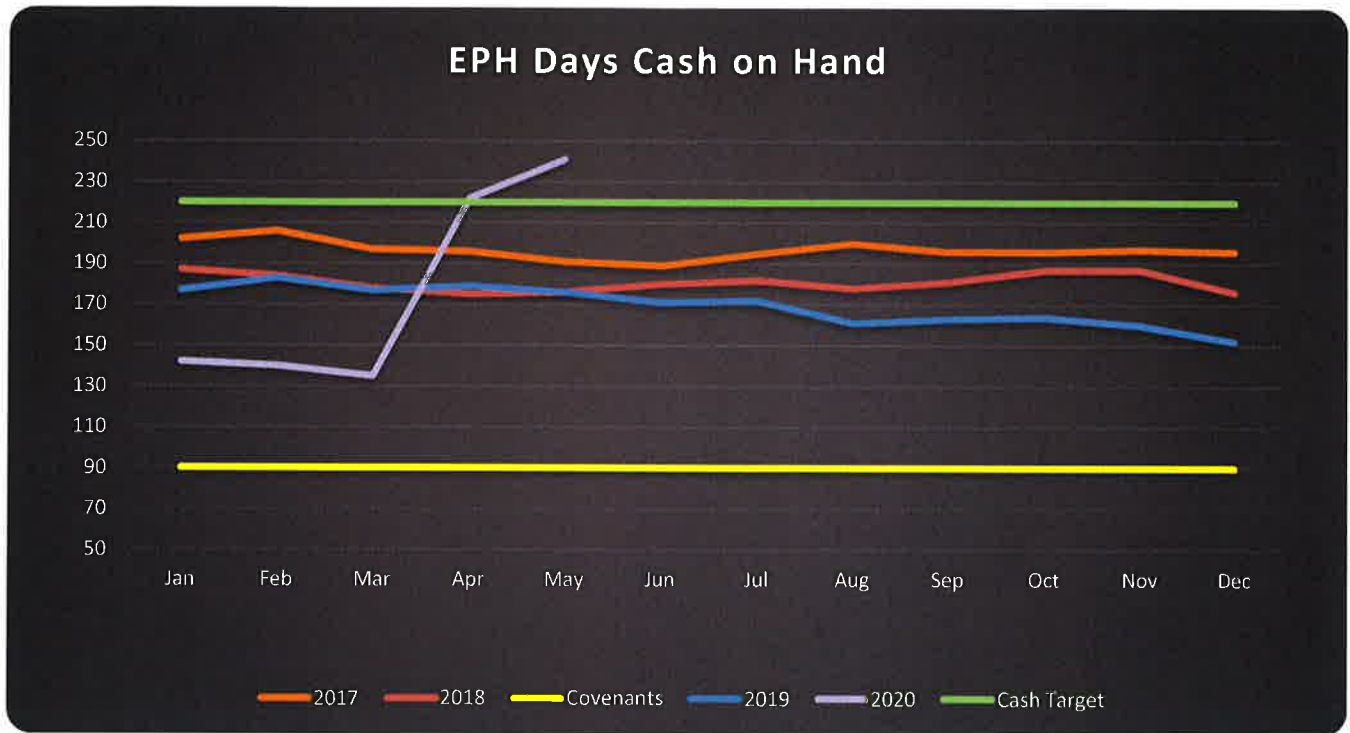
	Jun-19	Jul	Aug	Sep	Oct	Nov
A/R (Gross)	12,635,331	15,365,170	16,601,424	15,378,349	14,173,824	13,806,401
Days in Month	30	31	31	30	31	30
Monthly Revenue	7,410,739	10,356,792	8,951,469	7,200,698	7,808,340	6,340,531
Daily Revenue	242,118	276,556	290,424	288,141	260,440	234,611
Days in AR	52.2	55.6	57.2	53.4	54.4	58.8

	Dec	Jan	Feb	Mar	Apr	May-20
A/R (Gross)	14,575,357	14,237,980	13,759,900	11,257,627	9,310,952	9,099,346
Days in Month	31	31	29	31	30	31
Monthly Revenue	7,414,874	6,857,233	7,238,504	5,214,133	4,148,662	5,254,518
Daily Revenue	234,389	224,050	236,380	212,196	184,459	158,884
Days in AR	62.2	63.5	58.2	53.1	50.5	57.3

ESTES PARK HEALTH

Days Cash on Hand

May 31, 2020



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.

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
2020	142	140	135	222	241							
2019	177	183	177	179	176	171	172	161	163	164	160	152
2018	187	184	178	175	176	180	182	178	181	187	187	176
2017	202	206	197	196	191	189	195	200	196	196	197	196
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
Statement of Revenues and Expenses (Unaudited)

	FORECAST						
	FY 2020						
REVENUE	2nd Quarter	3rd Quarter	4th Quarter	FY 2020 Forecast	Budget 2020	Variance	% Variance
Patient Revenue							
In-Patient	3,167,447	3,795,374	3,588,309	13,580,611	19,985,112	(6,404,501)	-32.0%
Out-Patient	12,754,893	17,068,838	13,972,570	60,075,571	77,722,701	(17,647,130)	-22.7%
TOTAL PATIENT REVENUE	15,922,339	20,864,212	17,560,878	73,656,183	97,707,813	(24,051,631)	-24.6%
Less Contractual Allowances	(6,687,382)	(8,762,969)	(7,375,569)	(30,935,597)	(43,968,516)	13,032,919	-29.6%
Less Bad Debt Adjustments	(318,447)	(417,284)	(351,218)	(1,473,124)	(977,078)	(496,046)	50.8%
TOTAL REVENUE DEDUCTIONS	(7,005,829)	(9,180,253)	(7,726,786)	(32,408,720)	(44,945,594)	12,536,874	-27.9%
	<i>44.0%</i>	<i>44.0%</i>	<i>44.0%</i>	<i>44.0%</i>	<i>46.0%</i>		0.0%
NET PATIENT REVENUE	8,916,510	11,683,959	9,834,092	41,247,462	52,762,219	(11,514,757)	-21.8%
Other Operating Revenue	216,655	250,000	250,000	933,310	988,559	(55,249)	-5.6%
TOTAL OPERATING REVENUE	9,133,164	11,933,959	10,084,092	42,180,772	53,750,778	(11,570,006)	-21.5%
EXPENSES							
Wages	5,906,814	5,956,814	5,981,814	23,914,573	24,027,256	(112,683)	-0.5%
Benefits	1,939,977	2,179,977	2,169,977	7,850,658	8,759,908	(909,250)	-10.4%
Contract Labor	1,499,679	1,499,679	1,499,679	6,349,478	6,398,715	(49,237)	-0.8%
Medical Supplies	939,370	989,370	989,370	4,278,573	4,257,478	21,094	0.5%
Non-Medical Supplies	266,092	266,092	266,092	1,148,289	1,064,370	83,920	7.9%
Purchased Services	801,370	801,370	801,370	4,193,271	3,405,478	787,793	23.1%
Other Operating Expenses	1,396,204	1,396,204	1,396,204	5,232,587	5,584,814	(352,228)	-6.3%
Depreciation & Amortization	792,557	792,557	792,557	3,060,979	3,170,229	(109,250)	-3.4%
Interest/Bank Fees	102,797	102,797	102,797	405,784	411,187	(5,403)	-1.3%
TOTAL OPERATING EXPENSE	13,644,859	13,984,859	13,999,859	56,434,191	57,079,435	(645,244)	-1.1%
OPERATING INCOME (LOSS)	(4,511,695)	(2,050,900)	(3,915,767)	(14,253,419)	(3,328,657)	(10,924,762)	-328.2%
<i>Operating Margin</i>	<i>-49.4%</i>	<i>-17.2%</i>	<i>-38.8%</i>	<i>-33.8%</i>			
Non-Operating Revenue	871,128	871,128	871,128	3,419,367	3,484,512	(65,145)	-1.9%
Non-Operating Expense	(20,975)	(20,975)	(20,975)	(75,510)	(72,840)	(2,670)	3.7%
NON-OPERATING	850,153	850,153	850,153	3,343,857	3,411,672	(67,815)	
EXCESS REVENUES (EXPENSES)	(3,661,542)	(1,200,747)	(3,065,614)	(10,909,562)	83,015	(10,992,577)	
Gift to Purchase Capital Assets	400,000	-	-	400,000	300,000	100,000	33.3%
INCREASE (DECREASE) IN NET ASSETS	\$ (3,261,542)	\$ (1,200,747)	\$ (3,065,614)	\$ (10,509,562)	\$ 383,015	\$ (10,892,577)	
<i>Total Margin</i>	<i>-35.7%</i>	<i>-10.1%</i>	<i>-30.4%</i>	<i>-33.8%</i>	<i>0.7%</i>		
EBIDA	\$ (2,366,188)	\$ (305,393)	\$ (2,170,260)	\$ (7,042,799)	\$ 3,964,431		

Loan from DHHS/Medicare	Adv Pmt Program (APP)	4,381,398
Grants, with requirements	HHS Stimulus	5,098,817
Must use at least 75% to cover Payroll	Payroll Protect Program (PPP)	4,800,000
Purchase PPE for COVID Response. Send receipts incurred since March 1	CHA - ASPR Grant	7,230
		-
	Total Receipts	\$ 14,287,445

Item 6.9



ESTES PARK
HEALTH
FOUNDATION

2020 Summer Update, EPH Board of Directors

JUNE 29, 2020



2020 Summer Update

Strategic Plan Implementation

- Develop a system to maximize the contacts and reach of EPH Directors, for the benefit of the Foundation.
- Improve Institutional Communication.
- Assess and Improve Onboarding Program for new EPHF Directors.
- Improve Donor Retention to 57% per year by Year 3.

2020 Summer Update

Highlights of last quarter

- Successfully launched and completed Coronavirus Emergency Campaign
- Completed audit and tax return for 2019
- Established strategy to counter 2020 budget risks

2020 Summer Update

General Updates

- Financial
- Emergency Response Fundraising Campaign

2020 Summer Update

Questions?



Executive Update – June, 2020

Strategic Plan Implementation Update

1. **Develop a system to maximize the contacts and reach of EPH directors, for the benefit of the Foundation.**
 - In process, according to schedule, no issues
 - Board Development Committee discussing strategy
2. **Improve Institutional Communication.**
 - In process, according to schedule, no issues
 1. EPH Speaker's Bureau up and running - <https://eph.org/give-volunteer/estes-park-health-speakers-bureau/>
 2. Staff has developed an outreach strategy that is in implementation
 1. Outreach to community organizations to offer speakers
 2. Participate in medium / large community events, ie Duck Race Festival
 3. Consistently develop newspaper stories and releases
 4. Increase Social Media presence
 5. Expand reach of Newsletters & Annual Report
3. **Assess and Improve Onboarding Program for new EPHF Directors.**
 - In process, according to schedule, no issues
 1. Director Survey done
 2. Board Development Committee updated Director Orientation Curriculum
 1. Additional improvement / tuning will continue as needed
 3. EPHF Mentor Program was discussed at June 2020 Board Meeting
4. **Improve Donor Retention to 57% per year by Year 3**
 - In process, according to schedule, no issues
 1. Staff working on strategy

Highlights since last update

- Successfully launched and completed Coronavirus Emergency Campaign
- Completed audit and tax return for 2019
- Established strategy to counter 2020 budget risks
 - Raise more money. Record April / May in 2020
 - Reduced controllable expenses such as travel, professional development, marketing
 - Took out PPP loan through the SBA for \$54,000. This loan will be forgiven when used to supplement payroll costs

General Updates

- Financial
 - Foundation received a clean audit for 2019
 - Fundraising in 2020 is exceeding budget through May
 - Investments' performance has improved since April, but is still underperforming/negative for the year
 - Expenses are under budget through May
- Emergency Response Campaign
 - Campaign reached it's goal of \$150,000 last month
 - \$48,000 has been deployed for negative pressure rooms in Med/Surg and new scrubs for staff
 - Currently reviewing options to utilize the remaining \$102,000 within the next 30-45 days



**Park Hospital District Board
Timberline Conference Room
June 29, 2020**

CREDENTIALING RECOMMENDATIONS

Credentials Committee approval: May 27, 2020

Present: Drs. Zehr (Chair), Florence, Meyer, Steve Alper, Bill Pinkham and Andrea Thomas

Medical Executive Committee approval: June 3, 2020

Appointments

Goddard, Allison, M.D.

Courtesy, Dermatology

Pan, Hao, M.D.

Courtesy, Cardiology

Tirman, Philippe, M.D.

Courtesy, Diagnostic Radiology

FPPE

Lauro, Bridget, M.D.

Courtesy, Diagnostic Radiology

McLellan, Jennifer, M.D.

Courtesy, General Surgery

Ramirez, Pedro, M.D.

Courtesy, General Surgery

Ross, Megan, M.D.

Courtesy, Pediatrics

Scroggins Young, Virginia, M.D.

Courtesy, Diagnostic Radiology

Van der Werf, Guy, M.D.

Courtesy, Family Medicine

Resignation (FYI only)

Peskind, Robert, M.D.

Courtesy, Infectious Disease