



**ESTES PARK HEALTH  
BOARD OF DIRECTORS’  
Meeting Minutes – August 3, 2020**

**Board Members in Attendance:**

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

**Other Attendees:**

Mr. Vern Carda, CEO  
Mr. Tim Cashman, CFO  
Ms. Pat Samples, CNO  
Mr. Gary Hall, CIO (via webinar)  
Mr. Randy Brigham, CHRO (via webinar)  
Dr. John Meyer, CMO (via webinar)  
Ms. Barb Valente, Urgent Care Center Director  
Ms. Cindy Berlanga, Laboratory Director  
Ms. Mandy Fellman, Physician Clinic Director  
Mr. Matt Gordon, Living Center Director  
Mr. Kevin Mullin, Executive Director, Estes Park Health Foundation (via webinar)

**Community Attendees:**

Jim and Gail Cozette, Patrick Martchink, Wendy Rigby, Terry Brigham, Tara Moenning, and Dr. Larry Leaming,

**1. Call to Order**

The Board meeting was called to order at 4:02 p.m. by Dr. Batey, Chairman of the Board of Directors; there was a quorum present. Notice of the Board meeting was posted in accordance with the SUNSHINE Law Regulation.

**2. Approval of Agenda**

Dr. Batey recommended moving Item 3.2 before Item 3.1.

Mr. Pinkham motioned to approve the agenda with the change noted above. Ms. Munro seconded the motion, which carried unanimously.

**3. Recognition of Randy Brigham’s EPH Service and Retirement**

3.1 Public Comments and 3.2 Board Comments

The Board and community members thanked Mr. Brigham for his service and dedication to Estes Park Health.

Mr. Brigham thanked the Board, senior leadership and the employees for their dedication to the hospital and the community.

**4. Public Comments on Items Not on the Agenda**

Patrick Martchink, MedEx Executive Director, voiced concerns regarding referral practices for physical therapy patients. The EPH senior leadership assured Mr. Martchink that his concerns will be investigated thoroughly.

**5. General Board Comments Not on the Agenda**

None.

**6. Consent Agenda Items**

Mr. Pinkham motioned to approve consent agenda items 6.1.1, 6.1.2, 6.1.3 and 6.2 as presented. Dr. Alper seconded the motion, which carried unanimously.

**7. Presentations**

**7.1 Covid-19 Status Update**

- Keeping Everyone Safe
  - All staff, patients, and visitors must wear a mask at all times; screening taking place at two entrances for all individuals.
- COVID testing
  - (1) Purchasing a Diasorin analyzer which will have the ability to do a COVID-19 test.
  - (2) Fine-tuning patient workflows at the Urgent Care Center to ensure safety for all.
- Messaging to community: Do not hesitate to get emergent help when needed
- Physician Clinic open for business
  - Telehealth is part of the permanent book of business now
- Looking ahead to flu season
- Continue to transfer to available ICUs when appropriate
- Tourist season and beyond
  - We are completely supportive of the state's requirements for masking and social distancing.
- Continue to screen first from home when possibility of symptoms or exposure.

**7.2 Chief Executive Officer 2<sup>nd</sup> Quarter Report**

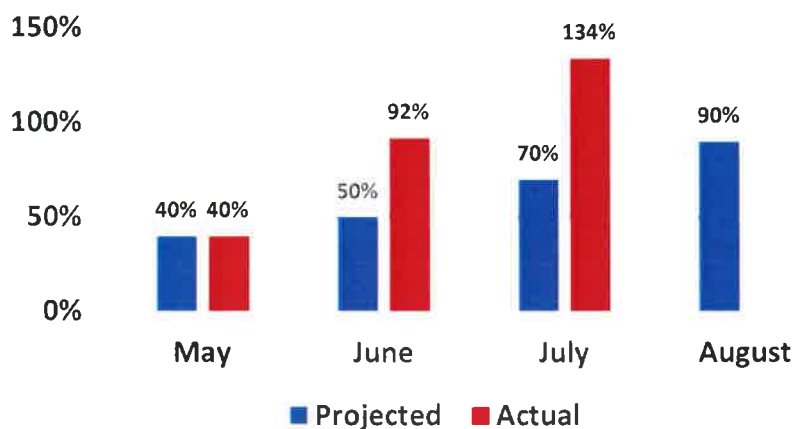
Estes Park Health (EPH) is slowly recovering from the initial wave of COVID-19 that basically brought many of our health system departments to a standstill. Management's belief, at the present time, is that EPH will recover to approximately 80% of its budgeted volume by the end of the year. A brief timeline is indicated below:

- **Mid-March 2020-** Clinic and many ancillary departments witnessed an epic slowdown in volume and in some cases departmental volumes completely ceased.
- **Mid-April 2020-** EPH implemented many policy and procedure changes creating a safe environment for patients and for staff. These changes were based on recommendations made by the Centers for Disease Control (CDC). Also, EPH secured personal protective equipment

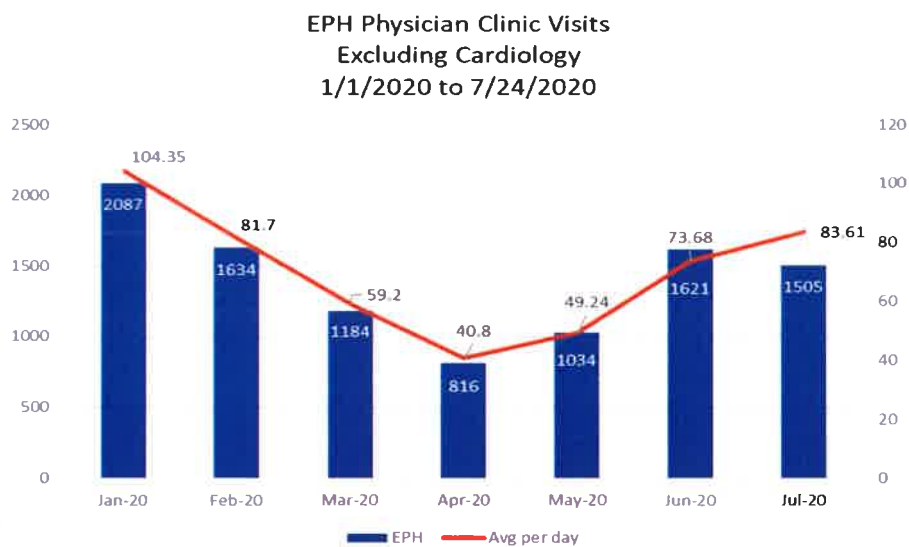
(PPE) and completed other items like installing negative pressure rooms to facilitate and accommodate every sick patient.

- **June 2020-** EPH implemented a phased approach to Covid-19 fiscal mitigation. The first phase of mitigation included:
  - Wage rollback
  - PTO accrual freezes
  - Locum labor reduction
  - Contract re-negotiation with vendors

### Perioperative Department Case Projections after COVID



### Physician Clinic Visits



As indicated above, patients are being seen again in a safe environment and financial recovery has started. Much uncertainty looms with a potential second round of covid-19 possibilities. To that end, it will become important to start the strategic planning process to identify and implement mitigation strategies.

### 7.3 Proposed Surgical Department Programming Changes

After studying critical access hospital surgical models, Estes Park Health (EPH) management recommended to the Board of Directors (and the board approved), hiring two general surgeons to serve our community needs. EPH management believes this model is a good fit for our community and location in the market. Additionally, EPH will discontinue Rural Physician Group (RPG) 24/7 surgicalist coverage at EPH in approximately mid-August. Acknowledgement and thanks were provided to RPG for the surgicalist work they provided EPH.

EPH has completed the following items since the last board meeting:

- Screened surgeon candidate's CV's.
- Utilized telemedicine to screen 4 surgical candidates.
- Narrowed the field of general surgeon candidates to two and scheduled dates for onsite interviews at EPH.

A multi-disciplinary team will conduct general surgeon interviews. The initial round of interviews will be completed by Friday, July 31, 2020. Upon completion of the interviews, a candidate review session will be conducted. This session will be conducted with the purpose of selecting one of the candidates interviewed. Should this slate of candidates not contain a general surgeon that is best suited for EPH, advertising and screening of a second round of candidates will occur. Additionally, locum surgery will then be arranged.

### 7.4 Example of Quality Improvement Actions

EPH provides a wide variety of services, across the medical and support spectrum. Occasionally, there are issues that do not completely meet the expectations of the patient and/or patient's family. When there are quality issues like this, especially if they have a risk factor, EPH brings 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.

There was 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 EPH 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, EPH was able to craft a clear picture of the issues. Most importantly, EPH was able to identify where there were missteps versus Dietary department missteps and were 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 departments include the following:

- (1) Replacement of 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, 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 being described, there were additional restrictions that were noted in the chart but not noted in the formal dietary orders from the hospitalist. Dietary aides will now 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 EPH feels 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.

## 7.5 Urgent Care Center Update

### **Successes**

#### a. Patient Volumes

- It has been 9 weeks since opening on May 27, 2020.
- Despite Covid-19, limitations from the number of visitors to Estes Park and several other hurdles this year, the UCC daily average patient volumes have steadily been increasing.

#### b. Workflows are going well

- Operational workflows are essential for providing excellent and efficient patient care.
- UCC to ED transfer workflows have been very successful in providing appropriate care for patients who misappropriate their destination.

#### c. Staffing

- The UCC is fully staffed at this time, except for one PRN position at registration for which we are currently recruiting.

- The staffing matrix is functioning well.
- d. Covid-19 Screening
  - Patients have been screened since opening day.
  - We have remedied a few patient flow issues that have come up as we navigate the three departments that are now operational.
  - Great community feedback thus far!

### **Challenges**

- a. Covid-19 Restrictions
  - RMNP: Closure and restricted access to RMNP and Estes Park has decreased the number visitors and has impacted the number of projected patients at the UCC.
  - Our marketing plan has been impacted by the mandated closures/social distancing (inability to have an open house, reception, ribbon cutting, etc.).
- b. Complicated Patients
  - Many patients misappropriate their destination to the UCC, when they truly should be seen in the ED.
  - Triage process in place to ensure appropriate level of care.
  - Types of patients we have seen at the UCC
    - Splinters, broken bones, sprains, kidney stones, headache, infants, abdominal pain, stroke, STEMI, earache, rash, lacerations, etc.
    - Excellent working relationship with ambulance and ED to transfer patients to ED or to a higher level of care.

### **Financial Implications**

- a. Number of patients/day
  - Budget was designed on an average of 14 patients/day.
  - Average number of daily patients is currently approximately 13 andp increasing weekly.
- b. Copay Collection Rates
  - The UCC requires a fee for service, so all copays/co-insurance is attempted to be collected at the time of service.
  - Current collection rates (month of June) are at 96%.

### **Marketing Plan**

- a. Delays
  - Marketing was delayed with the departure of our Marketing Director in early May.
  - Concurrent delays with Covid-19.
- b. Current Plan
  - We are now listed on Google and Google Maps.
  - Brochures and Magnets are in the process of being distributed throughout town.
  - Organizing a Back to School Supply Drive for Estes Valley School District. The UCC will be a drop-off location for much needed supplies, including masks. Exact timeframe TBD but expected to be early-mid August.
  - Post-Covid-19 Options: TBD (In early discussions now)

#### **7.6 EPH Covid-19 Testing Capability**

Estes Park Health has been working hard to bring Covid-19 testing abilities to the community of Estes Park. Many hospitals are not fortunate enough to purchase the instruments and testing supplies, as high demands bring manufacturing companies to a standstill; many hospitals to this day continue to struggle to fulfill instrument/supply orders. Community demand, coupled with

support from EPH leadership, led our laboratory to procure equipment and create processes to offer local Covid-19 tests.

The decision to purchase the BioFire analyzer early in the year gave us an opportunity to bring in the PCR respiratory panel in-house. A short time after our go-live with the respiratory panel (RP 2), BioFire updated the panel to include the Covid-19 virus as a target, bringing the total target count to 22 pathogens; this panel is now known as the RP2.1. The BioFire Respiratory panel has 22 targets (viruses & bacteria):

- Includes the SARS-CoV2 virus
- Turnaround time is 45 minutes on the analyzer
- Able to run two samples simultaneously
- Requires a nasopharyngeal swab in viral transport media
- RNA and nucleic acids are used to identify pathogens
- Go-live date: June 08, 2020.
- The use of this assay is under US FDA Emergency Use Authorization. BioFire is expecting full FDA clearance early Fall

During the discussions to bring in the new updated respiratory panel, the antibody test was also made available by Ortho Clinical Diagnostics (OCD). EPH decided to bring in the Anti-SARS CoV-2 IgG antibody test to run on our chemistry analyzer:

- Covid-19 IgG Antibody test
- Turnaround time is 50 minutes on the analyzer
- Able to run 100 tests per hour
- Requires a blood draw
- Antibodies bind to the spike protein found on the SARS-CoV-2 virus
- Go-live date: June 10, 2020.
- The use of this assay is under US FDA Emergency Use Authorization

Streamlining the Covid-19 testing process became a focus, as many of our samples get sent to Children's hospital. Although, the turnaround time (TAT) for Children's has been 24-48 hours, it is evident that patients need a quicker TAT in order for EPH to safely perform surgical procedures, deliver a baby, or give emergency care. With the generous help of the Foundation, the Diasorin Liaison will soon be live in the EPH laboratory department:

- Standalone test for SARS CoV2 virus
- Turnaround time is 80 minutes per run
- Able to run 8 tests simultaneously
- Requires a nasopharyngeal swab in viral transport media
- Direct Real-Time PCR detection of the SARS CoV2 virus
- The use of this assay is under US FDA Emergency Use Authorization

#### 7.7 Chief Operations Officer 2<sup>nd</sup> Quarter Report

- Urgent Care IT/Facilities/EVS/Dietary/Lab/DI
  - Continue to tune the Urgent Care Center processes, network, and all.
- Pharmacy
  - Pyxis medication workstation replacement and upgrade was completed in late May.

- Environmental Services (EVS)
  - Began reporting Facilities in June. Supervisor Diana Rascon and team are working to improve communication methods and consistency of service.
- Laboratory
  - (1) More integration of analyzers with our Epic EHR.
  - (2) New analyzer coming to provide standalone COVID one-hour testing.
- Rehab Services
  - Moved successfully to the Urgent Care Center in early June.
- Dietary
  - Working through the crisis, the Dietary team has adjusted cafeteria rules to manage proper social distancing; following all protocol to ensure a healthy kitchen and safe dining.
- Optimizing Use of Space: Campus Rehab Area and Specialty Clinic
  - (1) Infusion and Coumadin Clinic to the on-campus rehab area.
  - (2) Soon to move Respiratory Therapy and Wound Care to front-of house.
  - (3) Specialty Clinic: Taking advantage of the vacated space to give the physician clinic some much-needed expansion.
- Diagnostic Imaging
  - (1) Go-live of our new tomography (3D mammography) machine late May.
  - (2) Install and go-live of radiology at UC in early June.
  - (3) Colorado Imaging Associates currently providing our radiology reads.
- Facility Master Plan
  - Currently on-hold during the pandemic due to financial considerations.
- Marketing
  - We're continuing to address the immediate marketing needs from this office.
- Safety/Emergency Preparedness
  - Continue to provide oversight of the Safety Management plan of EPH (Life Safety, Security, Radiologic Safety, Hazardous Waste Safety, and Emergency Preparedness).

#### 7.8 Q2 2020 Financial Report Including Covid-19 Impact

- The month of June has shown promising results. Volumes and revenues are recovering better than expected. For the Quarter (April, May & June), Net Revenues were 71% of budget. YTD Net Revenues are \$4.8M under budget or 19%.
- Expenses are 8% under budget, for the month as mitigation efforts were initiated. For the quarter, expenses are under budget by 3.2%. And, YTD Expenses are 2% under.
- Net Earnings for the month were positive and very close to budget. For the quarter, earnings are a loss of (\$3.2M); and for the YTD the Net Loss is (\$4.3M).
- Balance Sheet is holding up, principally due to the Stimulus funds.
  - AR Days are 55
  - Days Cash on Hand are 233



### Stimulus and Funding Support

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)
-eligible for forgiveness assuming compliance with stipulations.	
Grants	\$ 82K
Total Funding Support	\$14.5M

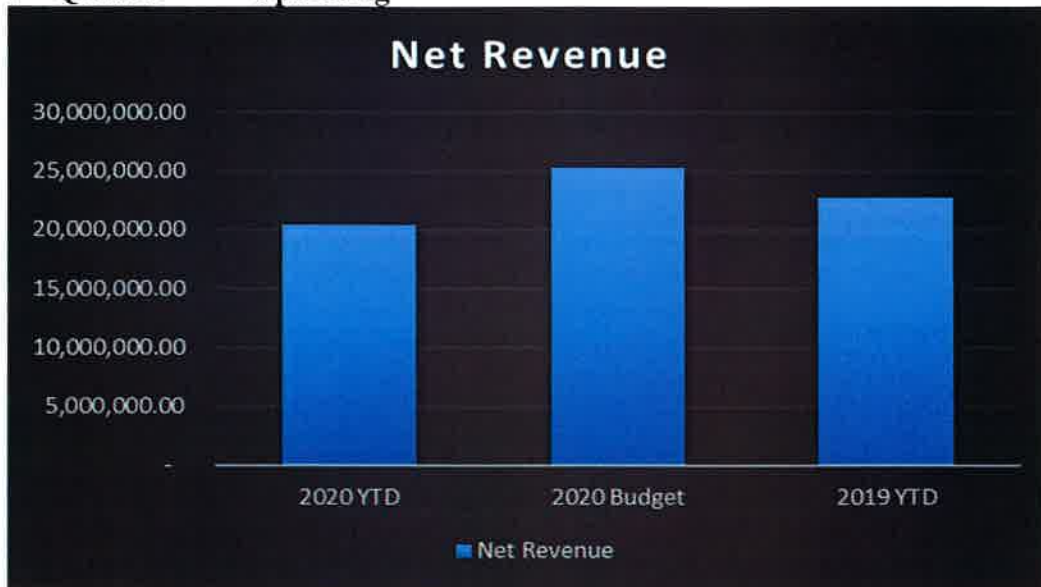
### Key Statistics

	YTD	Budget	2018
Inpatient Days	321	475	539
Swing Bed	159	247	135
Births	25	39	31
ED Visits	1,979	2,371	2,517
Urgent Care Visits	199	884	0
Ambulance (EMS) Trips	809	933	933
Clinic Visits	8,480	11,512	13,398
Surgeries (not incl GI & Pain)	153	192	176
GI Procedures	161	223	189
Lab Tests	32,097	31,384	37,384
Radiology Tests	3,884	5,315	5,315
Rehab Visits	3,369	5,255	5,353
Home Health/Hospice	4,799	4,446	4,821
Living Center Days	5,492	6,878	6,424

### Summary of Profit and Loss

	Actual 2020 YTD	Budget 2020 YTD	Variance \$	Prior Year 2019	Prior Year % Var
Patient Revenue	36,936	46,098	(9,163)	43,124	-14%
Total Revenue Deductions	(16,701)	(21,205)	4,504	(20,722)	-19%
Total Operating Revenue	20,469	25,308	(4,838)	22,760	-10%
Total Operating Expenses	28,159	28,689	(529)	25,326	-11%
Operating Income (Loss)	(7,690)	(3,381)	(4,309)	(2,566)	-200%
Non-Operating Income	1,673	1,706	(34)	1,564	7%
Gift to Purchase Capital Assets	133	100	33	15	0%
Increase (Decrease) in Net Assets	(5,885)	(1,575)	(4,310)	(987)	496%
EBIDTA	(4,150)	174	-	213	0%

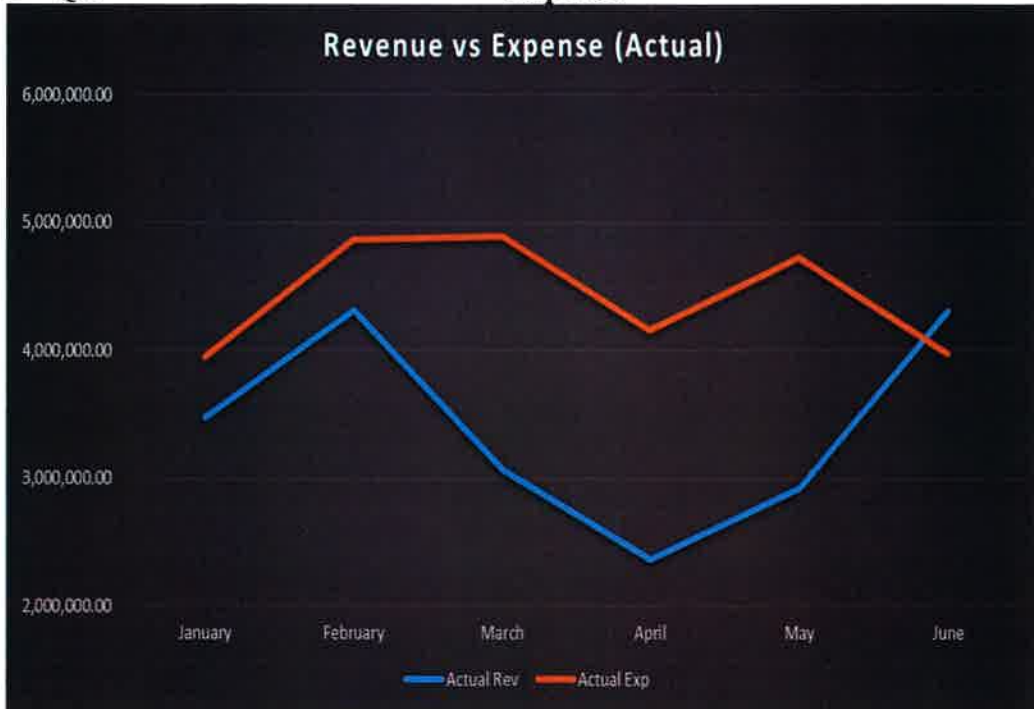
## 2<sup>nd</sup> Quarter YTD Operating Revenues



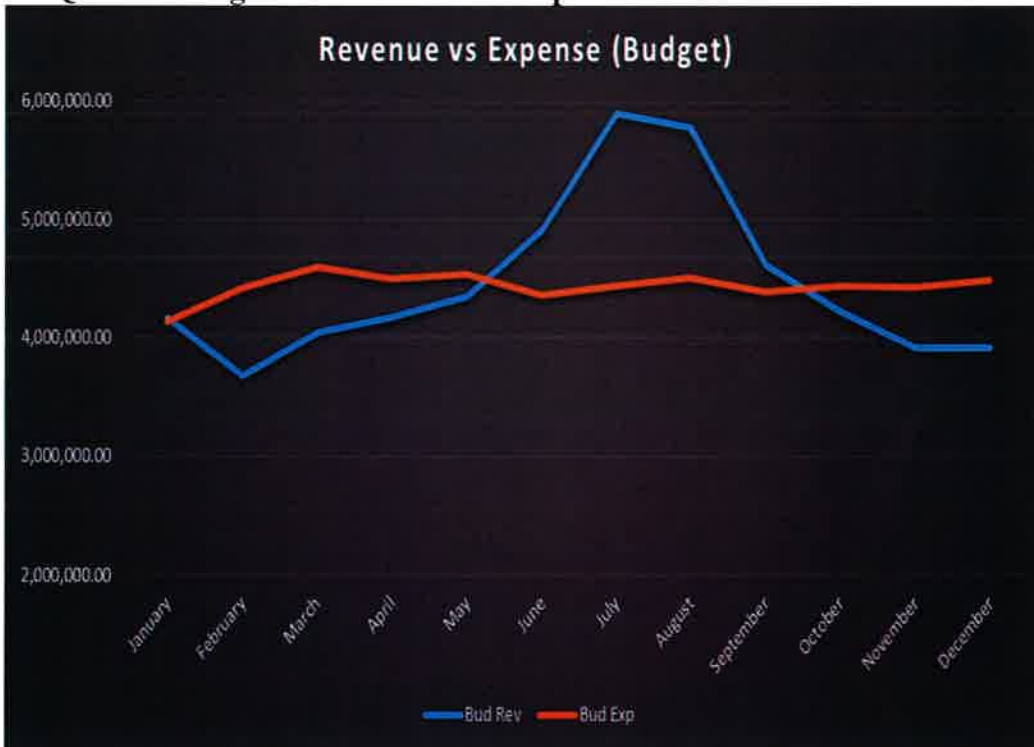
## 2<sup>nd</sup> Quarter YTD Operating Expenses



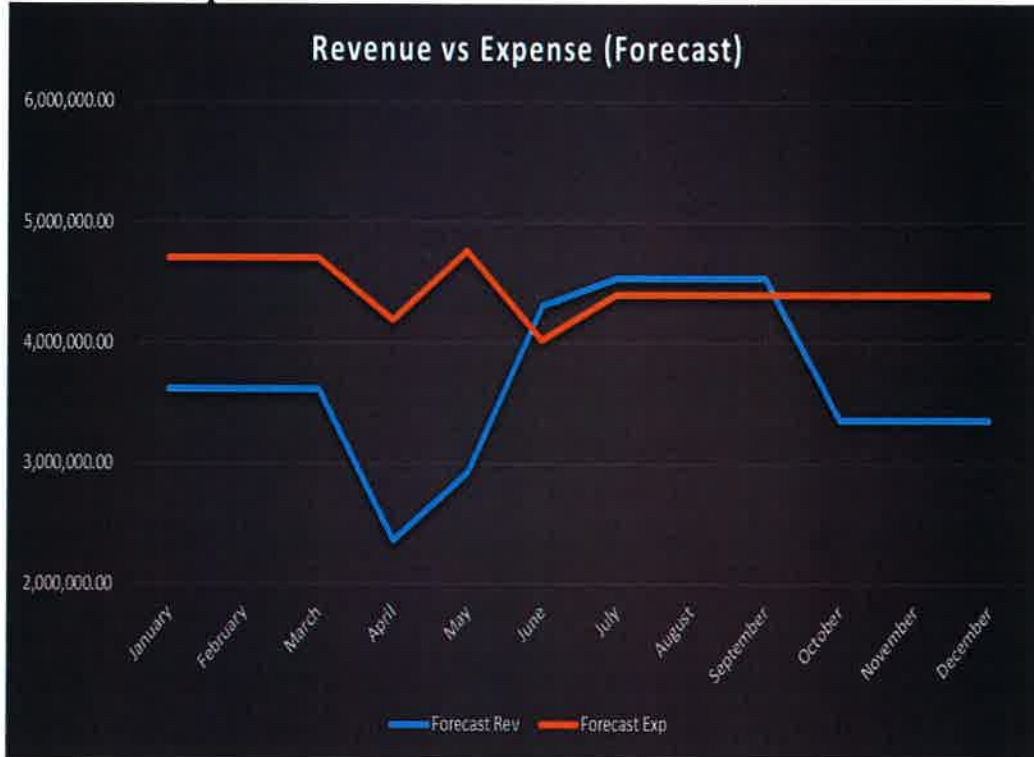
## 2<sup>nd</sup> Quarter Actual YTD Revenue vs Expense



## 2<sup>nd</sup> Quarter Budget YTD Revenue vs Expense



## Forecast Revenue vs Expense



### 2020 Forecast

- Revenues are recovering better than expected. Expectations were a 65% recovery for the 2<sup>nd</sup> Quarter; and 80% for the 3<sup>rd</sup> and 4<sup>th</sup> Quarters. Results thru the 2<sup>nd</sup> Quarter were 80% of Budget (deemed as Normal)
- Expenses, through the 2<sup>nd</sup> Quarter, are showing a decline due to actions by Management. Further action will be necessary as the year progresses and the Stimulus funds are used.
- Assuming an ongoing reduction of Net Revenues of 20% or \$10M, Expenses will need to decline by the same amount.
- Net Earnings, with the Stimulus funds, are positive. However, those are anticipated to exhaust by end of the year. Going forward will require aggressive action in both Expense and Revenue management.

**ESTES PARK HEALTH**  
**Statement of Revenues and Expenses (Unaudited)**  
**Forecast 2020**

	YTD 2020		FORECAST FY 2020		
	Actual	3rd Quarter	4th Quarter	FY 2020 Forecast	Budget 2020
TOTAL OPERATING REVENUE	20,469	13,603	10,084	44,155	53,751
TOTAL OPERATING EXPENSE	(28,159)	(13,985)	(14,000)	(56,605)	(57,079)
<b>OPERATING INCOME (LOSS)</b>	<b>(7,690)</b>	<b>(382)</b>	<b>(3,916)</b>	<b>(12,449)</b>	<b>(3,329)</b>
NON-OPERATING	1,673	857	857	3,386	3,412
Gift to Purchase Capital Assets	133	-	-	133	300
Stimulus Funds	-	5,080	5,080	10,161	-
<i>Total Margin</i>	<i>-28.7%</i>	<i>40.8%</i>	<i>20.0%</i>	<i>2.8%</i>	<i>0.7%</i>
REVISED CHANGE IN NET ASSETS	<b>(5,885)</b>	<b>5,555</b>	<b>2,021</b>	<b>1,231</b>	<b>383</b>
REVISED EBIDA	<b>(4,150)</b>	<b>6,451</b>	<b>2,917</b>	<b>4,756</b>	<b>3,964</b>

**CHA Databank**

Change from PY	March	April	May	Total
<b>Utilization Stats</b>	<b>% Chg</b>	<b>% Chg</b>	<b>% Chg</b>	<b>% Chg</b>
Total Discharges	-13%	-27%	-16%	-19%
Total Patient Days	-8%	-14%	-7%	-9%
Inpatient Surgeries	-20%	-47%	-22%	-30%
Inpatient Admissions from ED	-14%	-25%	-16%	-18%
Emergency Department Visits	-16%	-43%	-32%	-31%
Ambulatory Surgery Visits	-28%	-71%	-32%	-45%
Observation Visits	-19%	-47%	-26%	-31%
Total Outpatient Visits	-17%	-46%	-28%	-31%

Change from PY	March	April	May	Total
<b>Financial Stats (\$ in millions)</b>	<b>% or \$ Chg</b>	<b>% or \$ Chg</b>	<b>% or \$ Chg</b>	<b>% or \$ Chg</b>
Total Charges	-9%	-33%	-14%	-19%
Total Contractuals	-8%	-34%	-13%	-19%
Total Revenue	-12%	-31%	-15%	-20%
Charity Care	29%	-39%	-18%	-7%
Bad Debt	-24%	-42%	-41%	-35%
Total Operating Expense	4%	-8%	-3%	-2%
Operating Margin	\$ (245.7)	\$ (242.6)	\$ (77.5)	\$ (565.7)
Net Non-Operating Gains	\$ (521.8)	\$ 329.8	\$ 363.4	\$ 171.3
Total Margin	\$ (767.5)	\$ 87.4	\$ 285.8	\$ (394.3)

**8. Operations Significant Developments**

8.1 Executive Summary – Significant Items Not Otherwise Covered

None.

**9. Medical Staff Credentialing Report**

Dr. Alper motioned to approve the Medical Staff Credentialing report as submitted. Mr. Pinkham seconded the motion, which carried unanimously.

**10. Review any Action Items and Due Dates**

None.

**11. Potential Agenda Items for August 31, 2020 Regular Board Meeting**

- Follow-up on patient referral process as requested by Mr. Martchink.
- Update on the surgical department programming changes.
- Update on FY 20-21 fiscal projections.

**12. Adjournment**

Dr. Alper motioned to adjourn the meeting at 6:25 p.m. Mr. Pinkham seconded the motion, which carried unanimously



David M. Batey, Chair

**Estes Park Health Board of Directors**