



**ESTES PARK HEALTH  
BOARD OF DIRECTORS’  
Meeting Minutes – August 31, 2020**

**Board Members in Attendance:**

Dr. David Batey, Chair  
Ms. Sandy Begley, Vice Chair (via webinar)  
Ms. Diane Munro, Secretary  
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)  
Ms. Diane Darmody, Surgical Services Interim Director  
Dr. John Meyer, CMO (via webinar)  
Ms. Janet Reed, Dietary Director (via webinar)  
Ms. Lesta Johnson, Quality Director (via webinar)  
Ms. Mandy Fellman, Physician Clinic Director (via webinar)  
Mr. Matt Gordon, Living Center Director (via webinar)  
Mr. Matthew Makelkey, Pharmacy Director (via webinar)  
Ms. Leslie Roberts, Emergency Department Director (via webinar)  
Mr. Shayne Hatzenbuehler, Information Technology (via webinar)  
Ms. Peggy Savelsberg, Estes Park Health Foundation (via webinar)  
Mr. Kevin Mullin, Executive Director, Estes Park Health Foundation (via webinar)

**Community Attendees (via webinar):**

Alice Schwartz, Areewan George, Barb Davis, Barb Gebhardt, Belle Morris, Bill Beaver, Candace Johnson, Carla Ellis, Carmen Trejo, Carrie Taylor, Cheryl Rivard-Baker, Cindy Leaycraft, Cindy Morgan, Connie Phipps, D Palmer, Deb Barlow, Deb Dufty, Debby Hughes, Diane Ernst, Dona Cooper, Dora Flores, Elena Willets, Erika Norris, Gerald Mayo, Helen Garcia, Helen Taddonio, Jay and Jane Harroff, Jim & Gail Cozette, John Phipps, Judith Andersen, Julie Krohn, Julie Lee, Kara Steckline, Kathy Littlejohn, Kathy Whitacre, Kent Smith, Kirby Hazelton, Kyle Dalton, Larry Leaming, Linda Adam, LoAnne Forschmiedt, Lucero Lozoya, Marlys Eshelman, Marsha Hobert, Mary Scott, Michael and Barbara Keilty, Michelle Fanucchi, Misti Marcantino, Monica Sigler, Randy Brigham, S D, Sara Walker, Shelley Powers, Tara Moenning, Teresa McMorton, Tonya Creech and Wendy Rigby

**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. Batey recommended moving Item 7.7 Resolution 2020-6 Renewal of the Line of Credit from Bank of Colorado and 7.8 Resolution 2020-7 Amendment to Service Provider Not Purchase and Repurchase Agreement for the My Loans Program with Bank of Colorado to occur as the first two items under Section 7 Presentations.

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

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

None.

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

The Board welcomed all community members that were attending the meeting in order to provide feedback on the Living Center proposal.

**5. Introduction of Diane Darmody, Interim Surgical Services Director**

Ms. Samples introduced Diane Darmody to the Board. Ms. Darmody is the Interim Surgical Services Director who is assisting EPH in developing its perioperative surgical division.

**6. Consent Agenda Items**

Ms. Muno motioned to approve consent agenda items 6.1.1, 6.1.2, 6.1.3 as presented. Dr. Alper seconded the motion, which carried unanimously.

**7. Presentations**

*Per Board action, Items 7.7 and 7.8 were moved up on the agenda and will occur as the first two items under Section 7 Presentations*

**7.7 Resolution 2020-06: Renewal of the Line of Credit from Bank of Colorado**

The Board of Directors of the Park Hospital District (the "District"), d/b/a Este Park Health, has determined that it is in the best interests of the District to incur a line of credit with Bank of Colorado. Pursuant to Section 32-1-1001(1)(e), C.R.S, the Board is authorized to borrow money on behalf of the District, subject to the limitations of Article X, Section 20 of the Constitution of the State of Colorado. The Bank has previously issued its commitment to extend a line of credit to the District in the maximum amount of \$3,000,000; and the Board determined that such terms and conditions of the line of credit are acceptable, reasonable and in the best interests of the District.

The incurrence of such short-term indebtedness does not constitute a multi-year financial obligation under the provisions of Article X, Section 20 of the Constitution of the State of Colorado because such a line of credit will be due and payable in full within the same fiscal year in which the funds shall be drawn.

The District's President/Chairman of the Board and other officials of the District are hereby authorized to execute and deliver on behalf of the District such instruments and documents that may be required to:

- Effectuate the line of credit with the Bank in an amount not to exceed \$3,000,000 and at an interest rate not to exceed the then current prime rate as established and reported by the *Wall Street Journal* with a maturity or repayment date occurring within the same fiscal year in which the draw on the line of credit occurs.
- Perform all other acts that they may deem necessary or appropriate in order to implement and carry out the matters authorized of the Resolution.

The Board hereby designates the following individuals as legally permissible signers as necessary for accessing the line of credit funds:

- Dr. David Batey, President of the Park Hospital District Board of Directors
- Vern Carda, Chief Executive Officer of Estes Park Health
- Tim Cashman, Chief Financial Officer of Estes Park Health

Mr. Pinkham motioned to approve Resolution 2020-06 for the renewal of the line of credit from the Bank of Colorado as presented. Ms. Muno seconded the motion, which carried unanimously.

7.8 Resolution 2020-07: Amendment to Service Provider Note Purchase and Repurchase Agreement for the My Loans Program with Bank of Colorado

The Board of Directors (the "Board") of the Park Hospital District (the "District"), d/b/a Estes Park Health, has determined that it is in the best interests of the District to continue the "My Loans" program with Bank of Colorado (the "Bank"). The Bank has previously provided this Program with a limit of \$400,000.00; and the Board and the Bank wish to increase the limit to \$500,000.00. The Board has determined that such terms and conditions of the program are acceptable and should continue to encourage further utilization by EPH patients.

The District's President/Chairman of the Board and other officials of the District are hereby authorized to execute and deliver on behalf of the District such instruments and documents that may be required to:

- Effectuate the credit limit for the My Loans program; and
- Perform all other acts that they may deem necessary or appropriate in order to implement and carry out the matters authorized by this Resolution

Dr. Alper motioned to approve Resolution 2020-07 for the My Loans program with the Bank of Colorado as presented. Ms. Begley seconded the motion, which carried unanimously.

7.1 Estes Park Health Patient Referral System Update

Mr. Carda reminded the Board of the public comment that was received at the last Board meeting regarding the question as to whether EPH was appropriately using the patient referral process for physical therapy. Mr. Carda advised that EPH follows all policies and procedures regarding referrals and that it was verified that the organization does offer patients a choice for their healthcare needs. Additionally, EPH's legal counsel advised that the hospital has not violated any Stark laws as asserted during public comment at the last Board meeting. EPH operates appropriately and in compliance within all local, state and federal laws.

EPH feels that it is important to maintain relationships with all businesses within the community and will continue to foster those relationships.

General Comments and Questions from Community:

1. Is a list of service providers given to patients at the time they are informed they need therapy?
  - a. Yes, patients on the inpatient side are provided a list of providers to select from. A copy of the referral is not provided to the patient unless it is requested, as EPH utilizes an electronic referral system.
2. How are the rehabilitation needs of acute care patients being met since the department moved?
  - a. The inpatient rehabilitation is now located upstairs in the hospital next to the acute care wing. This department also covers inpatient rehabilitation services for the swing beds.

7.2 Surgical Department Programming Changes Update

EPH is in the recruitment process for a General Surgeon that will be a good fit for the organization and the community. Once additional information is available on the recruitment process, the Board will be updated accordingly.

7.3 Mitigating the Financial Impact of the Pandemic: Phase 2 Discussion

EPH's mission during the coronavirus pandemic is to keep the organization strong so it can continue to effectively serve the healthcare needs of the community and visitors.

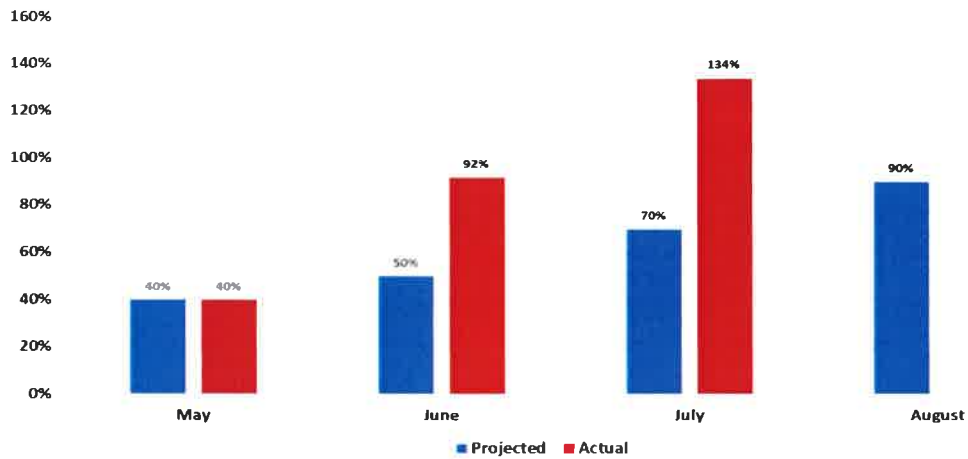
Most Estes Park Health revenue streams including inpatient revenues and outpatient revenues were significantly reduced or, as is the case with elective surgeries, halted due to Covid-19 in mid-March 2020. This rapid shutdown in revenue streams resulted in fiscal challenges (much like many of our health care partners) for EPH.

EPH took the followings actions to reduce operational expenses:

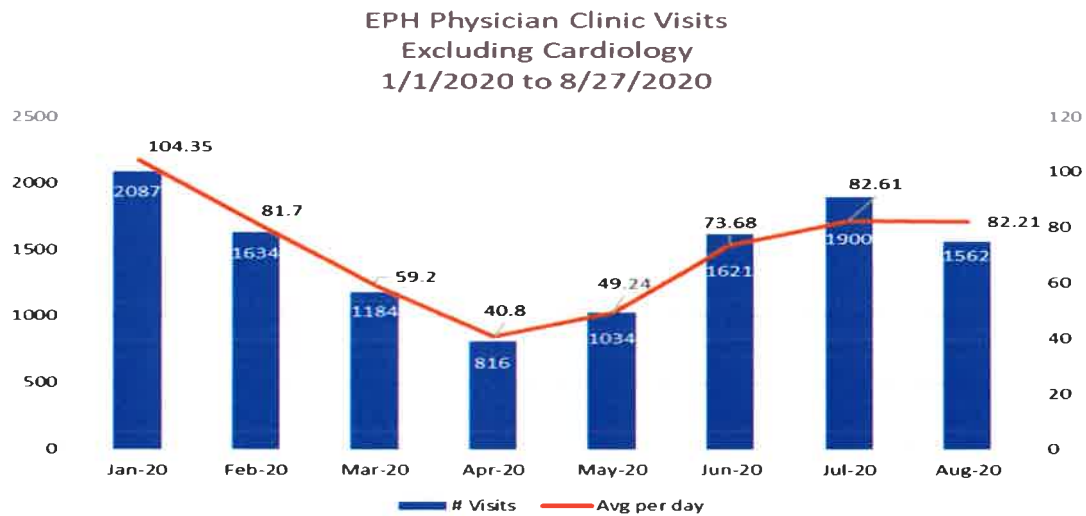
- Organizational salary reductions
- PTO freeze
- Contract/vendor expense reduction
- Locum expense reduction
- 10% departmental spend reduction target
- Capital spend management

Additionally, EPH as has worked diligently since mid-March 2020 to create a safe environment for patients and staff and to restart its economic engine. Additionally, EPH worked with the Foundation to secure and install necessary equipment to create "negative" pressure rooms that facilitate air exchange thus, EPH has the capacity to hospitalize and manage community members care safely.

Furthermore, inpatient and outpatient elective and emergency surgery has been re-opened and is performing better than anticipated but still below budgeted 2020 levels. For all surgical cases including IP and OP surgeries, orthopedic cases, general surgery cases, GYN cases, eye cases, pain procedures and GI procedures at July 2020 month end, EPH varied from its budgeted targets by -22%. However, the surgery department has performed better than anticipated since reopening.



EPH clinic visits bottomed out in April of 2020 with a total number of patients seen in the clinic of 40.8 but has steadily risen each month except for August 2020. The month of August 2020 is anticipated to finish at 82.21.



As indicated in past reports, EPH instituted a phased “preservation approach.” This approach provided necessary time to evaluate how our health system would respond to the Covid-19 pandemic. At the present time, EPH has the potential to recover to approximately 80% of its budget by fiscal year end largely based on approximately \$10.1 MM in stimulus funding. Also, it appears that EPH will normalize at approximately 80% of its budgeted revenues.

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

	<b>FY 2020 Forecast</b>	<b>FY 2021 Forecast @ 70%</b>	<b>FY 2021 Forecast @ 80%</b>	<b>FY 2021 Forecast @ 90%</b>	<b>FY 2021 Forecast @ 100%</b>
TOTAL OPERATING REVENUE	44,155	40,396	44,898	49,400	53,902
TOTAL OPERATING EXPENSE	(56,605)	(52,063)	(52,063)	(52,063)	(52,063)
<b>OPERATING INCOME (LOSS)</b>	<b>(12,449)</b>	<b>(11,668)</b>	<b>(7,166)</b>	<b>(2,664)</b>	<b>1,838</b>
NON-OPERATING	3,386	3,490	3,490	3,490	3,490
Gift to Purchase Capital Assets	133	150	150	150	150
Stimulus Funds	10,161	-	-	-	-
<i>Total Margin</i>	<i>2.8%</i>	<i>-19.9%</i>	<i>-7.9%</i>	<i>2.0%</i>	<i>10.2%</i>
REVISED CHANGE IN NET ASSETS	1,231	(8,028)	(3,526)	976	5,478
<b>REVISED EBIDA</b>	<b>4,756</b>	<b>(4,658)</b>	<b>(156)</b>	<b>4,346</b>	<b>8,848</b>

\* Includes Mitigation Plans

From the onset of the pandemic, EPH has focused on preserving cash reserves. So, days cash on hand is a critical operational measure: This is a measure that if all revenues stop, for how many days can EPH cover its operating expenses. 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 that EPH will be in compliance with our loan covenant requirements.

The circumstances of Covid-19 and our fiscal forecast indicate that another phase of recovery will need to be initiated to keep cash reserves at or above 90 days. During this phase, EPH will focus and create additional financial mitigation plans based on some of the following ideas:

- Further reduction in departmental level expenses.
- Additional labor and locum expense reductions.
- Initiate examination of possible service line reductions.
- Examine and foster new revenue streams.

Additional information discussed:

- The \$10M deficit for 2020 was covered by the stimulus money received from the government.
- The \$7.5M bridge for 2021 must be achieved through reductions and/or revenue enhancements increases.
- Revenue stream enhancements take a long time to achieve.
- If EPH is unable to identify the \$7.5M in reductions, then it will have to investigate either another entity taking over the facility or closing.
- Two Tele-Townhalls have been scheduled. One on September 9 and one on September 23, both taking place from 6:00 p.m. – 8:00 p.m.
- The decreasing census, increased supply costs, the cost of the labor pool, regulation requirements, and decreased reimbursement rates have all impacted the Living Center. The size and scope of the Living Center is not an economical sustainable model.
- A special phone line and email account will be established for community questions and comments. Additionally, a Question and Answer sheet regarding the Living Center will be published on the EPH website.

## General Comments and Questions from Community:

1. I have lived in EP for 14 years and my mother has been in the LC since January. No luck finding anyone to assist with mother, which is why PPLC was selected. While I understand the challenges in the hospital system, there are real people that will be impacted severely by the closure. How can EPH balance the needs for a nationwide search for a General Surgeon and all the new equipment against the closure of the LC? Have you considered increasing taxes or having UCH take it over? What are best practices for other organizations experiencing this?
  - EPH is not prepared to discuss any other initiatives at this time.
  - The potential closure of the LC does not get us to the \$7.5M we need to achieve; however, it is a starting point.
  - The General Surgery program has been underway for years, it was not just initiated.
  - A community Health Needs Assessment is being performed in the community.
2. What are the other proposals and why is this one being pushed harder than the others?
  - EPH is building the plan to support the organization's future success.
  - There are a few smaller operational items that are being worked on currently.
3. Very discouraging. Seems clear that this decision has already been made so what purpose will the Tele-Townhall meetings serve?
4. What price do we have to pay to save the LC? The community doesn't put as much value in the surgery program as EPH does.
5. The residents of the LC are paying their life savings to be there. They are human beings and it will destroy their lives. This is their home and the only place they know. The community is not on the same page as EPH on this decision.
6. Layoffs and furloughs are not as bad as what is going to happen to the LC residents. This center has provided an invaluable service to the community and is an EP lifeline. It's imperative to offer other recommendations to the community. What have you done and what will you do to consider each resident's needs?
7. How much did the imagining system cost?
  - MRI was approximately \$1.5M plus support, power and staff.
8. The LC is a service to our community. EPH needs to consider the money donated to the hospital before you make the decision to shut down the LC.
9. The Town of EP needs more resources for the elderly, not less.
10. Is this the right thing for the residents of the community? Why not sell out to a larger healthcare system with more resources?
  - Joining a larger system does not mean that you necessarily receive more funding and/or resources.
12. There are pros and cons and if the community is thinking that way, then it might be something the Board should consider.
13. What do you envision for senior care and end of life hospice?
  - If someone needs of end of life hospice care, EPH can provide that care in the inpatient setting.
14. What is being done to maximize the utilization of the swing beds?
  - The EPH program fluctuates based on census. The reimbursement for that program is good. The skilled nursing facility is a swing bed unit and billed through the nursing home. Currently there are no swing beds in the skilled nursing facility. A swing bed is a bed that allows a room to swing from acute to sub-acute in a critical access hospital. There are no skilled nursing beds in the LC, we swing them to the hospital side. We are

starting to see more swing beds and more physicians are utilizing swing beds. We are also reworking the Case Management program at EPH.

15. Would UCH potentially look at our organization and consider closing the LC?
  - At larger facilities you can cost shift across the organization better. UCH probably would not find EPH attractive. The Board also approached a national nursing home company previously and they said that since nursing homes across the nation were in decline, they were not interested. EPH needs to periodically look at the advantages and disadvantages of joining a larger system.
16. How much do you expect to save by closing LC?
  - The exact cost is still under analysis. Additionally, EPH is working with an outside firm to gather additional cost reporting information.
  - Medicaid represents 60% of patients and are paid out a much lower rate than the cost to provide the care.
  - 15% commercial and self-pay.
  - Medicare Part A is the remainder of the payor mix.
  - Overall, the reimbursements are significantly less than costs.
  - When EPH applies the added costs of dietary, EVS, facilities, etc., the costs far outweigh the revenue.
17. How much money are we making or losing with the new UCC?
  - Since the UCC recently opened, EPH will need to wait to the end of the year to report on the profit/loss.
18. Are there any group homes in EP Valley?
  - Good Sam has an assisted living facility in the EP Valley.
19. Have you maximized reimbursement of the revenue stream?
  - Yes, we have maximized the reimbursement of the revenue stream. A great deal of time is devoted to work the A/R side of the LC accounts.
  - EPH gets paid 70 % of our costs for Medicare patients on the hospital side. Our A/R is at 45 days. Revenues are down due to Covid, so money that is being collected now is from April – June.
20. Is the biggest issue due to financial impact of Covid? Has the hospital utilized their line of credit?
  - Due to the financial impact of Covid, EPH did receive funds from the CARES Act and other stimulus packages and grants. Until we know for sure if the funds are forgivable, we are not accounting for the CARES Act funds in the financial statement
  - Currently the hospital has approximately 3-4 months of funds available. If that were to run out, then we would utilize the line of credit. However, the hospital has debt covenants and if we do not keep up with the covenants then the loans will be called due.
21. EP Valley needs a group home that is privately run. This could be an option for people to stay if the LC ends up closing.
22. What happens with the employees if the LC closes?
  - While EPH will try to find positions for employees within the organization, some will no longer have employment.
23. The EPH medical staff will be discussing this issue and weighing in on the topic.



#### 7.4 Covid-19 Status Update

**Keeping Everyone Safe at EPH:** We continue to focus on maximum safety at EPH. All staff, patients, and visitors must wear masks at all times, and EPH checks temperatures and screens for symptoms and contact with potential infected parties at the entry doors for all employees, patients, and visitors. EPH tests all inpatients and most surgery patients. Only 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 is allowed.

**Covid Testing at EPH:** The current swabbing process includes a Telehealth visit for personalized care and follow-up, along with a scheduled specimen collection date and time. We swab M/W/F from 10 AM -- noon, and T/Th from 10 AM – 11 AM, but we will extend times depending on the demand from our community. Swabbing volumes are variable, from four to sixteen specimen collections daily. EPH has the ability to run a full respiratory viral panel in-house that will provide a Covid result. This test 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 and to be more cost-friendly to patients. EPH has installed a Diasorin analyzer which will shortly give us the ability to do a Covid-19 test without being part of a larger panel of tests, with a 1-hour turnaround. We expect to have that up within the next two weeks.

**Don't Hesitate to Get Help:** If you are experiencing serious or life-threatening symptoms (chest pain, stroke symptoms, etc.), you should immediately come to EPH to get attention for that emergent condition. Individuals are safe coming to the emergency department for emergency situations, as there is 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 the Emergency Department has greatly helped EPH sequester suspicious cases safely.

**Physician Clinic Open for Business:** Our physician clinic is ready to safely see you, for any type of appointments, including routine, non-acute appointments. 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. EPH will get you into an exam room quickly to minimize waiting room time.

**Looking Ahead to Flu Season:** EPH is planning management of the “normal” flu season in addition to having Covid still present. The first flu vaccine delivery should arrive shortly.

**Transfer to the Available ICUs:** Despite the recent increase in cases in Larimer County recently, 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.

**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. Our Covid line is staffed Monday thru Friday, 8 am – 5 pm and after hours, a nurse is available for questions at any time. Anyone calling for Covid

information can call the clinic registration desk at 970-586-2200 and then be transferred to the Covid triage nurse. We have been taking approximately 20 calls per day.

Other items discussed included:

- EPH has hired a new Infection Control nurse.
- Temperature limit is 100 degrees.
- You can return to work without a fever after 24 hours.
- EPH is monitoring PPE closely.
- EPH recently received 1,000 N-95 masks.
- EPH has 32,000 hospital issued masks and is working on obtaining gowns.
- A respiratory clinic is being developed for the flu season.
- Appointments for specific categories are eligible for Telehealth appointments.

#### 7.5 Chief Nursing Officer 3<sup>rd</sup> Quarter Report

Summary: EPH has been working hard to increase our census and return as much as possible to our 'normal' work.

- Medical/Surgical unit has been busy, running 6 to 10 patients/day. RPG hospitalists are partnering very well with our clinical care team to support keeping more patients and supporting the specialists in the care of the patients. Shifting FTEs with case manager and social work. Need social work coverage 5 days/week due to complexity of patients.
- Peri-operative service line continues to develop and increase in volume. It had a record month in July and is on target to meet budgeted volume for August. Interim leader in place, rebuilding structure and framework according to best practice and AORN. Travelers to support nursing team. Recruiting nurses and permanent director.

Month	Volume: procedures/cases
April	5
May	45
June	108
July	133
August (MTD)	107

- Home Health Care (HHC)/Hospice/Unskilled care is doing well. HHC and Hospice continue to stay busy and up in volume by approximately 8%.
- Emergency Department volume is down about 40%, 30% budgeted due to opening of UCC.
- Infection Prevention nurse, Kim Smith started the first of August. She has a wealth of experience and has hit the ground running.
- Covid: weekly operations meetings, monitoring PPE usage and stock, continue to adjust to CDC recommendations. Curbside testing is diminishing and EPH will evaluate how to move into the hospital.
- Our quality team continues to focus on process issues that impact patient care. We have completed 4 root cause analysis in the last two months. Identifying consistent themes of
  - Novice regarding EPIC

- Policies need updated, supported by best practice
- Handoff communication
- Revising quality plan to focus on two areas hospital wide, teaching auditing practices to all departments to support their quality plan.
- Patient safety team identified top four challenges areas for focus.
- Patient experience has fallen in second quarter-will need to focus on key questions. Patient rounding, nurse/physician communication.

7.6 2020 Forecast, 2021 Projections and Covid-19 Financial Impact on Estes Park Health  
Forecast 2021

Staffing adjustments reflect the current consideration for reductions in cost. Each Director has been instructed to seek aggressive opportunities for managing scheduled and worked hours. For example, the Med/Surg unit, Birth Center, Surgery, Admitting, etc. continue to work on an adjusted schedule of staffing.

Other Departmental Adjustments represents the total of considered expense cuts, including \$3M for Salary cost cuts, \$2M for reduction in Contract labor, and \$400K in Supplies, Purchased Services and Other Expenses.

Regarding the assumption of Revenues at 80%, this is consistent with local and state-wide trends, as a result of the Covid-19 pandemic. Modeling was also completed for 70% and 90%. Obviously, if 90% recovery occurs, the numbers look very favorable.

Any recovery below 80% would likely necessitate consideration of Phase III, which includes consideration of eliminating some service lines, in order to remain operational.

Talking Points for the Covid-19 Impact

Revenues for the year are \$9.5M under budget. While it may be difficult to prove that it is all related to COVID, the history would suggest that, for at least the past 3 years, the hospital has reported revenues in excess of budget and it was expected that budget revenues would stand for 2020. Thus, the conclusion that this is Covid related.

Hospital has kept track, by department, of Covid related expenses, including salaries, supplies, and equipment. Of those expenses, the hospital is reporting documented staffing costs of \$437K and Capital purchases (i.e. Lab Instruments) of \$150K.

If cost cutting measures are not enacted, with revenues assumed at 80%, the hospital will have variance in Earnings of potentially up to \$8M.

**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. Ms. Muno seconded the motion, which carried unanimously.

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

None.

11. **Potential Agenda Items for September 28, 2020 Regular Board Meeting**

None.

12. **Adjournment**

Mr. Pinkham motioned to adjourn the meeting at 6:48 p.m. Dr. Alper seconded the motion, which carried unanimously

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