Agenda

Estes Park Health Board of Directors' Regular Meeting

Tuesday, September 29, 2020
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/5105103266316492048

	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	5	Information	Board
5	Consent Agenda Items Acceptance: 5.1 Board Minutes 5.1.1 Regular Board Meeting Minutes August 31, 2020 5.1.2 Special Executive Session Board Meeting Minutes September 8, 2020 5.1.3 Special Tele-Townhall Board Meeting Minutes September 9, 2020 5.1.4 Special Executive Session Board Meeting Minutes September 16, 2020 5.2 Reports 5.2.1 Quarterly Home Health/Hospice Report	2	**Action**	Board
6	Presentations:			
	6.1 Estes Park Health Foundation Quarterly Report	12	Discussion	Mr. Kevin Mullin
	6.2 EPH Living Center Alternatives Proposals	20	Discussion	Mr. Vern Carda
	6.3 Mitigating the Financial Impact of the Pandemic: Phase 2	20	Discussion	Mr. Vern Carda
	6.4 Covid-19 Financial Impact on Estes Park Health	10	Discussion	Mr. Tim Cashman
	6.5 Chief of Staff Quarterly Report	10	Discussion	Dr. John Meyer
	6.6 EPH Physician Staffing Guideline - First Reading	10	Discussion	Dr. John Meyer
	6.7 Estes Park Health Covid-19 Status Update	10	Discussion	Mr. Gary Hall, Ms. Pat Samples, Dr. John Meyer
	6.8 Urgent Care Center Update	10	Discussion	Ms. Barbara Valente
7	Strategic Operations and Significant Developments: *Goals, Accomplished, Next Actions, Schedule, Issues* 7.1 Executive Summary - Significant Items Not Otherwise Covered	3	Discussion	Senior Leadership Team
8	Medical Staff Credentialing Report	2	**Action**	Board
9	Review Action List Items and Due Dates	1	Discussion	Board
10	Potential Agenda Items for October 26, 2020 Regular Board Meeting	2	Discussion	Board
11	Adjournment	1	**Action**	Dr. David Batey
	Total Regular Session Mins.	125		

Next Regular Board Meeting: Monday, October 26, 2020 4:00 - 6:00 pm

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 Muno, 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 Hatzenbuhler, 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 in 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.

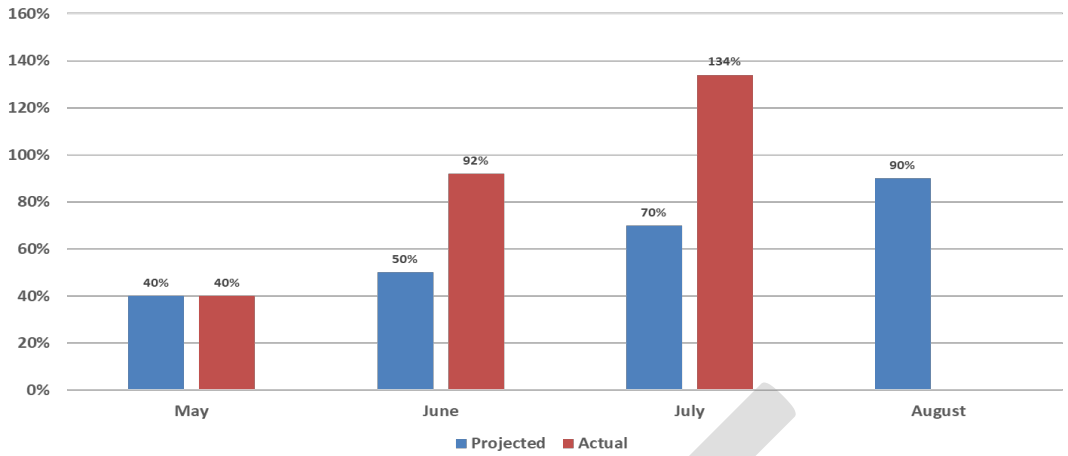
Most Estes Park Health revenue streams including inpatient revenues and outpatient revenues were significantly reduced or, as is the case with elective surgeries, halted due to Covid-19 in mid-March 2020. This rapid shutdown in revenue streams resulted in fiscal challenges (much like many of our health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

EPH took the followings actions to reduce operational expenses:

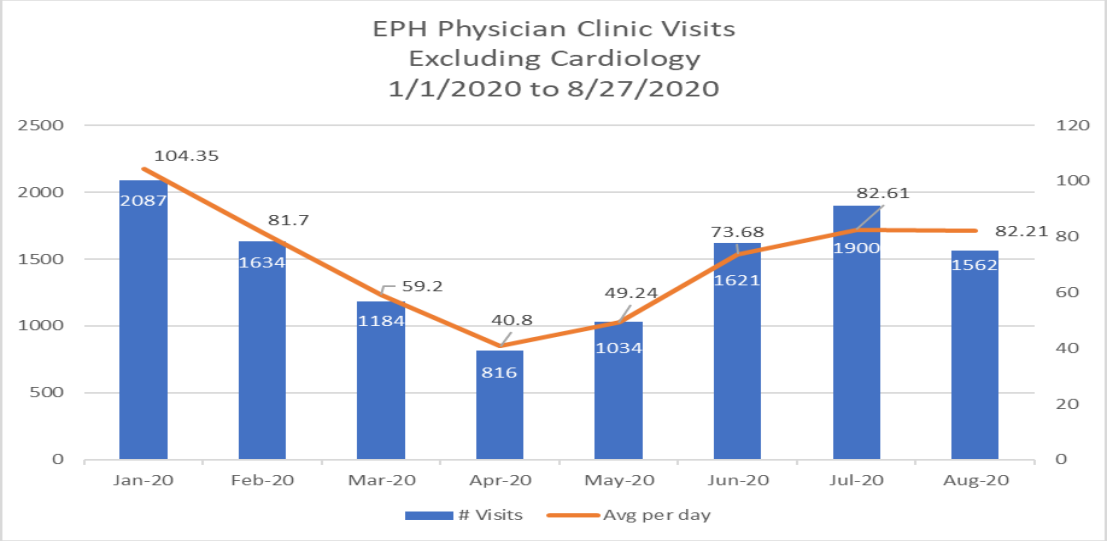
- Organizational salary reductions
- PTO freeze
- Contract/vendor expense reduction
- Locum expense reduction
- 10% departmental spend reduction target
- Capital spend management

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	FY 2020 Forecast	FY 2021 Forecast @ 70%	FY 2021 Forecast @ 80%	FY 2021 Forecast @ 90%	FY 2021 Forecast @ 100%
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)
OPERATING INCOME (LOSS)	**(12,449)**	**(11,668)**	**(7,166)**	**(2,664)**	**1,838**
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	-	-	-	-
Total Margin	*2.8%*	*-19.9%*	*-7.9%*	*2.0%*	*10.2%*
REVISED CHANGE IN NET ASSETS	**1,231**	**(8,028)**	**(3,526)**	**976**	**5,478**
REVISED EBIDA	**4,756**	**(4,658)**	**(156)**	**4,346**	**8,848**
* 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?
   - EHP 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 begs 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 if 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 3rd 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

ESTES PARK HEALTH
BOARD OF DIRECTORS'
Special Executive Session Board Meeting Minutes – September 8, 2020

Board Members in Attendance
Dr. David Batey, Chair
Ms. Sandy Begley, Vice Chair (via web)
Dr. Steve Alper, Treasurer
Ms. Diane Muno, Secretary
Mr. Bill Pinkham, Member-at-Large

Other Attendees
Mr. Vern Carda, CEO
Mr. Tim Cashman, CFO
Ms. Pat Samples, CNO
Mr. Gary Hall, COO (via web)

Call to Order
The meeting was called to order at 4:08 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.

Ms. Muno 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 Section 24-6-402(4)(f), C.R.S. for the purpose of discussing personnel matters. Dr. Alper seconded the motion, which carried unanimously.

With no further discussion to be conducted, Mr. Pinkham motioned to adjourn the Executive Session and concluded the meeting at 6:04 p.m. Dr. Alper seconded the motion, which carried unanimously.

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

ESTES PARK HEALTH
BOARD OF DIRECTORS'
Special Tele Town Hall Board Meeting Minutes – September 9, 2020

Board Members in Attendance
Dr. David Batey, Chair
Ms. Sandy Begley, Vice Chair (via webinar)
Ms. Diane Muno, Secretary
Mr. William Pinkham, Member-at-Large
Dr. Steve Alper, Director Elect

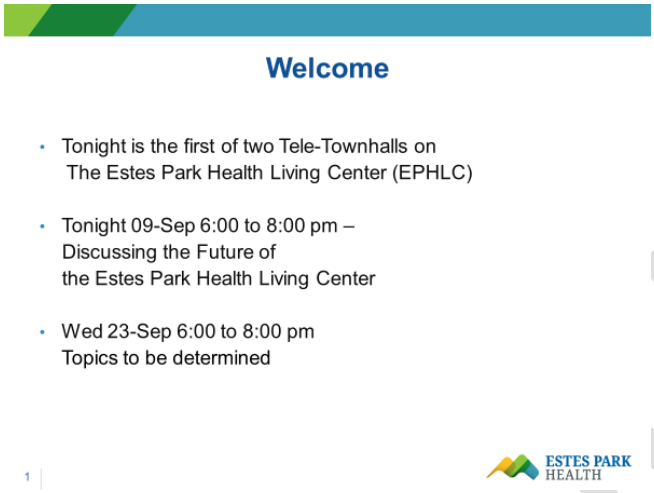
Senior Leadership Attendees
Mr. Vern Carda, CEO
Mr. Tim Cashman, CFO
Ms. Pat Samples, CNO
Mr. Gary Hall, CIO (via webinar)

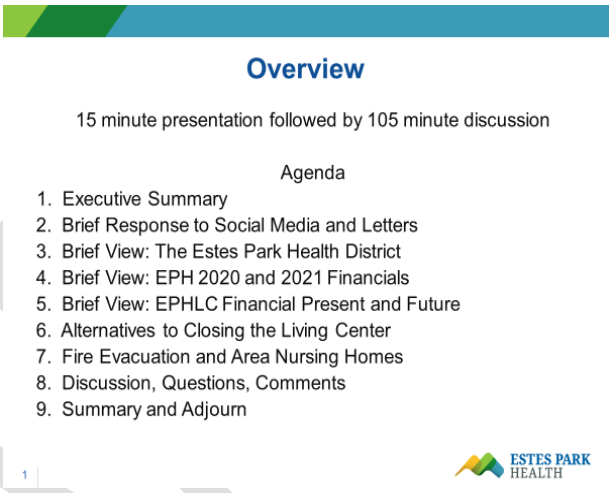
Community Attendees (via webinar)
Cindy Thompson, James and Gail Linderholm, Diane Ernst, Randy Brigham, JAMES P AND ROBIN MCCANN, Dora Flores, Cathy Alper, Ruth Cooper, Mary Bolgeo, Kirsten Mcmillan, Nathan Dick, Jennifer Bass, Franklin Crone, Michelle Billups, Julian Eisner, Michael Prochoda, Tracy McGuire, Melissa Addison, Mark Smith, Scott Boyatt, Karin Swanlund, Drew Webb, Lori Greening, Carrie Taylor, Deb Barlow, Stacey Rangel, Charles Bonza, James Geckler, Kay and Lowell Rosenthal, Glen Kreider, Amber Franzel, Iryna Irkliienko, Jennifer Godfrey, Susan Johnston, Mark Smith, David Fischer, John Cordsen, Peggy Lynch, Carl Henderson, Helen Garcia, Adam Shake, Esther Cenac, Paul Besson, Jane McAfee, Lori Schwartz, Linda Adam, David McAfee, Andrea Rangel, Kathy Littlejohn, Living Center Activity Room PC/TV, Danuta Ziebinski, Natalie Pate, Rod Unruh, Diane Darmody, Orlando Pacek, Robin Brunk, Wendy Rigby, Jennifer McLellan, Teresa McMorton, David Brewer, Bridget Dunn, Don Shelley, Christy Florence, Shayne Hatzenbuhler, Aaron Florence, Carla Ellis, Connie Phipps, Kent Smith, Anne Rogers, Steven Detkowski, Juli Schneider, Julie Lee, Megan Ross, Julie Glasgow, Mandy Fellman, Claire Loughry, Janet Reed, Aileen Campbell, Liv Merritt, Robyn Zehr, Laura Rustin, Charlene De Kehoe, Jeanne Allen, Heather Bird, Jim McGibney, Laura Etling, Corinne Thomas, S D, Brenda Loveall, Zora Thomsb, Wendy Schuett, Rita DuChateau, Pat Cavanah, Marsha Hobert, John Meyer, Ray SAHM, Nelson Burke, Curtis Weibel, Kevin Mullin, Nong George, Gordon Ulrickson, Chris Douglas, Ruth Kelley, Leslie Marshall, Alice Schwartz, Heidi Johnson, John Wray, Cheryl Rivard-Baker, Deborah Barlow, Barbara Gebhardt, Monica Sigler, Karlye Pope, Tony Palmer, Tony and Diane Palmer, Cynthia Sisson, Eric Owen, Anne Morris, Jason Weber, Michael Keilty, Meagan Lopez, Stacy Ferree, Guy Van der Werf, Russ Schneider, Ron Bockhaus, Shirley Barrow, David Standerfer, Deb Kubichek, M Marsha Sypher, Sally Johnston, Helen Taddonio, Lisa Payden, Louise Olson, Linda Newman, Claire Kreider, Judith Schaffer, Barbara Keilty, Philip Moenning, Ann Dinsmoor, Nancy Dietz, Diana Van Der Ploeg, Sharon Colemsan, Jessica Jenkins, LoAnne Forschmiedt, Gerald Mayo, Cindy Leaycraft, Shelley Powers, Wendye Sykes, Ron Keas, Virginia Hutchison, Teresa Binstock, Gayle Hickey, Nancy Matson, Jim &

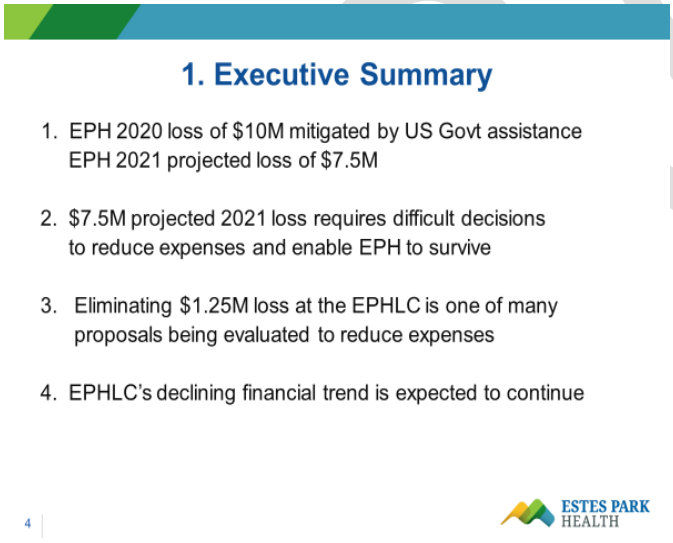
Gail Cozette, Roger & Susan Toy, Tara Schulze, John Phipps, Belle Morris, Larry Leaming, Janine Dawley, Zora Thoms, Elizabeth Sarow, Wayne Newsom, Pieter Hondius, JoAnn Batey, Kay Mitchell, Joseph Curtin, Judith Beechy, Trudy Ester, Pat Cleeland, Wendy Sollod, Leslie Roberts, Zoe Mercer, Deb Dufty, Barbara Widrig, John Cooper and Dona Cooper

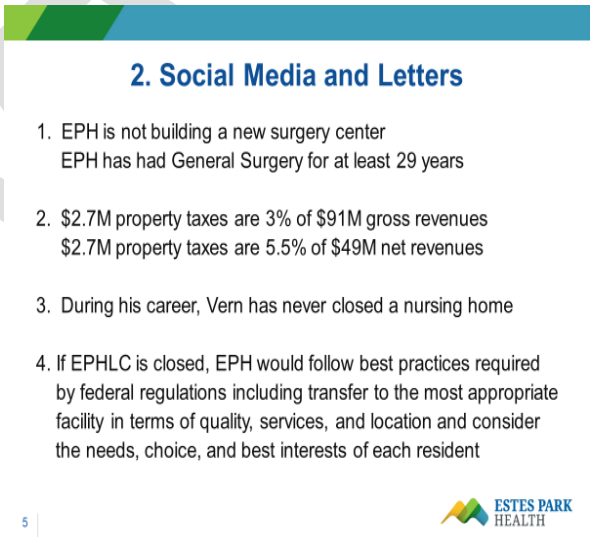
1. Call to Order

The Special Tele Town Hall Board meeting was called to order at 6:05 p.m. by Dr. Batey, Chairman of the Board of Directors; there was a quorum present. Notice of the Special Board meeting was posted in accordance with the SUNSHINE Law Regulation.









3. The Estes Park Health District

1. Park Hospital District dba Estes Park Health
   9,735 ballots mailed for 2020 EPH Board Election

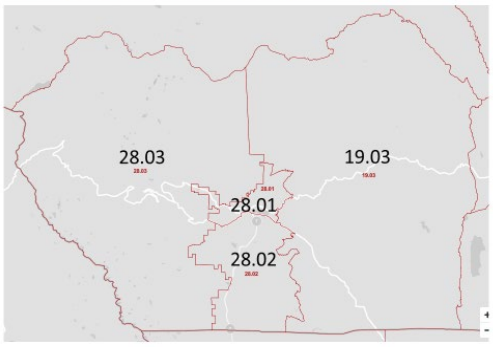
2. Chris Akers, Colorado State Demography Office
   Estes Valley is the sum of 4 census tracts
   28.01 Estes Park, 28.02 South Valley, 28.03 West Valley,
   19.03 East Valley

3. US Census Bureau American Community Survey
   2013-2017 5-year Survey data since < 65,000 population
   https://www.census.gov/data.html
   Tables and Maps Section

ESTES PARK HEALTH

6

3. The Estes Park Health District



ESTES PARK HEALTH

7

3. The Estes Park Health District

A Diverse Community with Diverse Needs

	Census Tract 19.03, 28.01, 28.02, 28.03		Census Tract 19.03		Census Tract 28.01		Census Tract 28.02		Census Tract 28.03	
	Total	% Tot	Total	% Tot	Total	% Tot	Total	% Tot	Total	% Tot
Total population	13,546		3,725		3,565		6,192		64	
34 years and under	3,789	28.0	939	25.2	1,011	28.4	1,793	29.0	46	71.9
35 years to 64 years	5,785	42.7	2,003	53.8	1,292	36.2	2,477	40.0	13	20.3
65 years and over	3,972	29.3	783	21.0	1,262	35.4	1,922	31	5	7.8
75 years and over	1,499	11.1	208	5.6	541	15.2	750	12.1	0	0
85 years and over	419	3.1	33	0.9	192	5.4	194	3.1	0	0
Median age (years)			53.7		58.1		57		28.7	

ESTES PARK HEALTH

8

4. Brief View: EPH 2020 and 2021 Financials

1. EPH would lose $10M in 2020 without US Govt assistance
   If $10M in US Govt assistance becomes grants, break even

2. The current best estimate is that, based on expected 80% of usual revenues, without budget changes, EPH would be expected to lose $7.5M in 2021

3. If EPH revenues recover to 90% of usual revenues, EPH would still be expected to lose $5.0M in 2021.

4. Expected 2021 losses require examination of all possible expense reduction options

ESTES PARK HEALTH

9

5. Brief View: EPHLC Present and Future

1. Estes Park Health Living Center (EPHLC) expected to have a loss of $1.25M in the EPH 2020 budget

2. Expected 2020 $1.25M loss continues a long-term trend:
   Decreasing Revenues
   - 2.1 Declining bed occupancy percent
   - 2.2 Increasing percent Medicaid payments

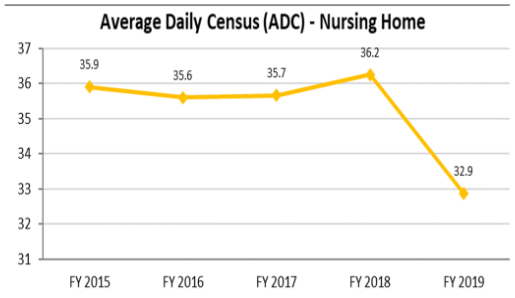
   Increasing Expenses
   - 2.3 Increasing use of temporary contract labor
   - 2.4 Increasing regulatory requirements

3. Even filled to 38 bed capacity, EPHLC does not have sufficient scale to be financially viable

ESTES PARK HEALTH

10

5. Brief View: EPHLC Present and Future



ESTES PARK HEALTH

11

6. Alternatives to Closing EPHLC

Includes ideas from letters and emails sent to EPH Board

1. Shut down the hospital, keep EPHLC open
2. Sell EPHLC to a national corporation
3. National experts could manage EPHLC to financial health
4. Increase property tax (mill levy) support to cover EPHLC financial losses
5. Establish a sales tax to cover EPHLC financial losses

12 ESTES PARK HEALTH

6. Alternatives to Closing EPHLC

6. Create endowment that could cover EPHLC financial losses
7. Create a non-profit that could build and operate a new EPHLC facility
8. Get grant funding that could cover EPHLC financial losses
9. Charitable contributions could cover EPHLC financial losses
10. Private pay and insurance could cover EPHLC financial losses

13 ESTES PARK HEALTH

6. Alternatives to Closing EPHLC

11. Other programs in EPHLC space could generate revenue to cover EPHLC financial losses
12. Increase the EPLC number of beds so, if occupied, EPHLC could break even.
13. Offer new EPLC programs so more beds are occupied
14. Advertise to attract more residents to EPHLC
15. Change staffing to reduce expenses and make EPHLC break even

14 ESTES PARK HEALTH

6. Alternatives to Closing EPHLC

16. Move EPHLC to a different location, reducing expenses so EPHLC breaks even
17. Gradually close EPHLC to minimize resident disruption.
18. Wait to see if EPH financial performance improves so EPH could subsidize EPHLC again

15 ESTES PARK HEALTH

7. Fire Evacuation and Area Nursing Homes

16 ESTES PARK HEALTH

Over the past several days, EPH has started to create and formalize the plan for the evacuation of the Living Center. All nursing homes that were contacted in the outlying communities were receptive to assisting the residence of the Living Center. They also stated that they were receptive to meeting with EPH and Living Center residents and families on how they can assist and potentially take on a resident should the Living Center close.

Questions and Answer Session

Q. In regards to the Board stating they do not know where the January 1 closure timeline came from, the majority of the residents/family members began receiving phone calls from the CNO last week indicating that the LC would be closing and that they had until approximately January 1 before the closure was final. This notification occurred prior to the public notice and to the Board officially voting on the matter. Does the Board feel this was proper? It makes it seem like obtaining community feedback may be useless since it appears the decision was already made.

A. The CNO calling surrounding nursing homes was related to evacuations, in case they were needed. Many of the families the CNO contacted were residents with family/guardians that lived out of state. EPH did not want those families to hear about the potential evacuation and closure through social media or another way other than through EPH. Should the decision to close the LC be approved, a plan must be submitted to the State of Colorado, which can take 2-6 weeks to be approved, at which point then the 60-day notice would be given to residents. EPH has no intention of evicting anyone. Additionally, no one knows what the flu season will bring with Covid. Families were informed that it could potentially be late May/early June before any patients could be moved due to flu/Covid. The calls were also made to give those family members the information on accessing the Tele-Townhalls. The community needs to understand that this is a Board decision, not a CEO decision.

Q. Did you directly communicate with family members that the LC was closing?

A. No. The phone calls were started by saying that we are reviewing the long-term future of the LC.

Q. Is it correct the LC is no longer accepting or considering any new admissions?

A. We are considering admissions on a case-by-case basis.

C. I have been working here for 9 years and I care deeply for the residents of the LC. They truly need our care and may not have anywhere to go. It should be our commitment to take care of them. The community always associates the LC with the hospital. EPH needs to find a way to make it work.

C/Q. My father's dream was to retire here and live in EP and the only solution was the LC. To see it close, is discouraging. He will be devastated if he must leave the LC and Estes Park. Can the government help to offset losses?

A. EPH has been successful in finding stimulus funds, the only funds specifically for the LC amount to $80k, which we expect to receive soon. EPH looks on a continual basis to try to locate government funds.

Q. What got them to the place that the LC was no longer sustainable? It had to of happened over a long period of time.

A. Previously the census was higher. The hospital has been subsidizing the LC all along. The loss of revenue due to Covid virus in the hospital has reduced the ability to subsidize the LC any longer. EPH is examining all areas of the hospital for reductions, not just the LC.

Q. Did we know previously that the LC was losing money?

A. Yes, but the hospital was able to subsidize. Due to Covid, the hospital is no longer able to subsidize. What the LC is experiencing is happening nationally, not just to EPH. We are now communicating this to the community, and we want to make sure we are transparent about what is going on.

Q. The phone call from the CNO was not well scripted call, as she introduced herself and then immediately said, "I'm sure you've seen all the social media" then launched into the discussion about closing the center. Not trustworthy because she said she called other facilities about evacuations, but it was obvious that the conversation was also about relocating residents should the LC close. In Ft. Collins and Loveland, although the CNO states there is an abundance of beds

available, the quality of those facilities is not such that I would feel comfortable placing my loved one. An opening doesn't equal quality care.

Q. Did the number of residents at the LC drop because of Covid or did the bed census remain steady? How many residents have we lost due to Covid?

A. The financial impact is to the hospital overall. 2-3 residents passed during Covid season, but the State closed admissions from March – August. Due to articles and social media posting about the topic of the LC, many facilities specifically asked the CNO about the plans for our LC. She did not initiate the discussion about relocation of residents when calling about the potential evacuation.

Q. When were the calls made to the other facilities?

A. Calls were made starting Monday, September 7 – 8 and approximately 16 facilities were contacted.

Q. Since the LC occupancy hasn't changed, clearly the financial issues are related to the hospital and not the LC. What other areas are you seeing at the hospital as a problem? It seems like there is a lot of hospital space that is not being utilized. Why is that? If you were to terminate the LC what is the plan for that space?

A. There has been a significant decline in occupancy from 2019 – 2020, which is not unique to EPH; it's a nationwide trend. Clinic visits have declined. Surgical procedures, MRI, CT, Lab, and ED visits are all down. EPH has exhausted much of the elective surgery that was pent up demand from Covid. Volumes are soft again and there is concern about rebounding to 80%.

Q. What is the plan for the LC space?

A. EPH does not have any services identified for the LC space. The building is at the end of its life and will require significant capital investment.

Q. Will the LC be used as a homeless shelter?

A. No, the LC space will not be used as a homeless shelter.

Q. Where are you predicting the $5.2M to come from since savings from the LC is only $1.2?

A. The forecast for next year is that revenue will recover to 80%. EPH is working through all areas of the hospital such as staffing, contract labor, supply chain and other areas for cost reductions. There is no guarantee we can make up a $7M loss. At the present time all employees are engaged in problem solving to achieve cost reductions. Wages were rolled back by 10%, PTO freeze implemented, 10% department expense reductions, and time has been spent time working with staffing in perioperative and OB. We have begun analyzing all service lines to determine their viability. We have been meeting with physicians and leaders within the facility to problem solve the projected loss. Any revenue streams we try to grow will take 6-10 months.

Q. What are you plans for expanding swing beds?

A. A swing bed is a bed that can swing from acute to sub-acute in the same room. EPH uses these beds to generate revenue. We are increasing our case management and social work programs and we are trying to increase our swing bed population. Swing bed patients are not taking up space in the LC, they are only in the hospital.

Q. Occupancy of swing beds?

A. The average is 2 a day. The hospital census is around 8-9 a day. EPH has transferred in several swing beds over the past few months. We are licensed for 23 beds, but we do not carry more than 3-4 swing beds, but it depends on the acute care bed census.

Q. Its hard squaring a$10M dollar loss vs. what was presented in the August 31 Board packet. It shows a positive $4.7M after the $10.1M stimulus. The Q2 report was expecting 65%, but actual was 80%. What are we tracking in Q3? What other governmental programs has EPH applied for? It's convenient to make the LC part of the hospital when it comes to losses. The understanding is that the PPP is forgivable if you continue to employee individuals. How will that work if the LC closes and employees are let go?

The financial statement published does not square with the projections EPH is communicating to the public.

A. The CFO offered to set-up a time with Ms. Powers and others community members who have financial questions. Additionally, the EPH auditors and Stroudwater representative will also attend address any questions.

Q. Can the community have an independent audit?

A. EPH is required to have an independent audit on an annual basis. Additionally, the stimulus funds that EPH received is made up of several different stimulus, Cares Act, grants, etc. The only designation for the LC was $80k. EPH does not separate out the funds since we are one entity and one tax ID. We are working on the requirements of submitting for forgives of the PPP and Cares Act stimulus funds. EPH cannot claim these funds on the income statement yet until approval is granted for forgiveness. In 2021 at 80% of revenue and no more stimulus funds

Q. Have previous expansions of services contributed to the financial strain on EPH?

A. The last physical plant expansions were the bond-funded 2006/2007, when the horseshoe-shaped building had the east wing added, the expansion of the Emergency Department in 2009, and the addition of the MRI/CT suite in 2013? In the last 10 - 12 years, services added include Wound Care, Coumadin Clinic, and Orthopedics. Most other service departments have evolved techniques and equipment to stay aligned with modern methods, but are generally the same services offered for many decades by EPH. The laboratory has added analyzers to help with the new COVID world. All those added services (including the radiology additions/upgrades) "pay their way" and do not add to the financial strain of EPH.

Q. From a cost perspective, is there a need or plan for more virtual services in EP? From staffing point to view, has there been discussion around workplace housing in EP to make it viable for people to move here?

A. Due to Covid, EPH has been offering telemedicine. It is a new service line for us and EPH is going to continue it going forward, although we won't spend significant time in expanding the service line as of now, giving the more pressing issues. As for housing, the hospital has several properties around campus to house temporary labor and to serve our needs. There is also a new community workforce housing project going into effect in the spring.

Q. How many people on LC waiting list and how are you processing them for admittance?

A. Currently there is no one on the waiting list. We are evaluating individuals on a case by case basis to ensure we will be able to meet their individual needs.

Q. When you contacted other facilities, don't you think they were more helpful because we were insuring about potential fire evacuations?

A. Yes.

Q. How draining is the UCC costs and rent on the hospital?

A. Volumes at the UCC are running slightly under expectations. If we hit volumes, it will pay for itself. EPH believes the UCC adds value, affordable care and access to care for the community. The rent for the facility will have to be investigated.

Q. Are we searching for a new Chief of Surgery?

A. We are revamping our general surgery line, not seeking a new Chief of Surgery. We will be terminating the general surgery contract and hiring two full-time surgeons that will reside here locally, thus saving the hospital money overall. EPH is moving from contracted model to a service model.

Q. To be forgiven for the $4.8 grant the organization must keep the employees. If the LC closes, wouldn't you need to prove the employment of those staff members?

A. It's a window of time that the government looks at. It is also based on fulltime equivalent. When EPH applied for the funds it used the 8-week period which spanned April – July. Currently we are in compliance. The final regulations have not been published yet.

Q. What other options are you seriously considering besides closing the LC? An in-depth review on the options is requested at the next Tele-Townhall.

A. EPH has identified 18 options that were seriously considered. Potentially review all options at the next Tele-Townhall in depth.

C/Q. EPH says it is committed to transparency, but if you watch the video of the last Board meeting it shows that the Board already decided to close the LC. No Board email addresses are listed on the EPH website. Families were notified they had to do something by January 1 and now the Board and senior leadership is saying that is not happening. How much do the Hospitalists cost EPH? How much did the PR firm cost EPH? How much did it cost the hospital in referrals when specific physicians were lost?

A. The Board invited Gerald to attend the Financial workshop to have all his questions addressed.

C. We talk a lot about the aging at home trend. For most people it is a last choice to enter a nursing home. Additionally, the quality of care of some facilities in the valley are not the same as the LC. We are not Ft. Collins, Boulder or Denver and we have a special community here. We are one of the few nursing homes that have been Covid free and that is because of the staff and quality of care provided. We should try and keep this facility open at all costs. It doesn't make a lot of sense when you talk about having empty hospital beds and then you speak of closing the LC which provides revenue to the organization. Also, seems unbelievable that the hospital has no plans for the large space should the LC close. You're asking the community to trust you regarding the financials and the drain of the LC on the hospital.

Q. You added four residents after Covid restrictions were lifted. Doesn't that mean that census could be grown to a "profitable" or at least break-even point?

A. For both decades of this millennium, through multiple boards and administrations, through internal and external management in the LC, the LC has never broken even. It is unlikely that this pattern can be changed in the future.

C. The CNO identified herself when she called, gave us an opportunity to ask questions and shared the hospital's potential closure of the LC. Thanked the Board for their time and fielding questions from the community on this topic.

Q. Nurses who work in the facility are extraordinary. Is there a chance that you could call in a consultant to review the efficiency and effectiveness in order to try to keep the LC open? The loss of Nursing Assistants and other staff that will be displaced by closing the LC will be detrimental.

Additional questions/comments received via the Go to Webinar question board and/or email:

Q. When did the idea begin to potentially close the LC?

A. There has been discussion for decades of the challenges of maintaining a nursing home in a small critical-access hospital, through many different boards and administrations. Most small-town or critical-access hospitals have never tried to support a nursing home, and those who have in the past have generally let go of that business line over time, for the same reasons that EPH has struggled with making this work. Now, facing a highly uncertain future caused by the pandemic revenue depression across all hospitals, it behooves the community to consider the future of Living Center and other perpetually negative business lines, in order to ensure that Estes Park can maintain a viable hospital and core ED and EMS services.

Q. Why consider closing the LC now? Why is the declining financial situation expected to continue?

A. While there are other financial factors, the great majority of the reason for looking at the LC (and other business lines) now are the dangerously reduced revenues from the COVID pandemic. There is great uncertainty for 2021, across healthcare and other businesses. Even if a successful vaccine is produced, will it work for evolving strains of COVID-19? Will all citizens

take the vaccine? The general expectation across the healthcare industry is that the depressed revenues will continue at least through 2021, due to generally slower business across all industries, less travel, restrictive social interaction, fear of seeking care that is not emergent, and many other factors. There is concern in the healthcare industry (and other industries) that the COVID depression of revenues may continue longer than 2021. If, as expected, revenue projections remain depressed due to long-term pandemic issues and EPH does not act very soon, we may reach a point in 2021 where we can no longer pay staff and expenses.

Q. Has EPH had any buyout offers (including or not including the Living Center)?

A. EPH has not received any buyout offers and has not sought any buyout offers. Over the decades, the various boards and administrations have stated the desire to remain an independent community hospital. The consensus across the Board and administration is that a larger hospital system would first look at EPH business lines that lose significant revenue and close those lines. This does not mean that a buyout should not be considered as an option now or in the future, this is just a statement of the past consensus.

C. MCR/MCD does not support any facility.

A. That is very true, and that's one of the reasons that with all the political forces reducing and restricting this funding, all critical-access hospitals are challenged and struggling even more in recent years.

Q. What is going to fill up the former Rehab department?

A. We have moved several of our hospital outpatient services to that area. The infusion/chemotherapy patients now enjoy the nice sunlight and view from that space. Our Coumadin Clinic and our Respiratory Therapy have moved down there, and our Cardiac Rehab still occupies that space. Shortly, we will move our Wound Care services down there. In every case, this means that patients coming to those departments will not have to go to the hospital inpatient floor for those services.

C. We should close the Urgent Care Center, break that contract, and move our services back here

A. EPH has been very space-challenged in recent years. As we've added Wound Care, Coumadin Clinic, and grown in other clinic and hospital outpatient services, we've forced patients to come into inpatient hospital areas to receive these services, as well as chemotherapy & infusion, respiratory therapy, and other services. Moving the rehab area has allowed EPH to move those various hospital outpatient services to a much more patient-friendly area in the vacated rehab location. In addition, our clinic, with the addition of internal medicine and family practice over time to serve our older and family population, has been highly constrained, with physicians forced to share offices and alternate schedules. The movement of some specialties to the Urgent Care Center has provide much-needed space for our clinic physicians to operate their practices in a fashion that better accommodates our patient needs.

Q. What will we use the Living Center space for if the Living Center does close?

A. There have been no discussions yet regarding alternate use of this space.

Q. Has the senior leadership team had pay reduced or frozen?

A. Phase 1 of cost-cutting measures (starting in early June) included at 10% cut of salaries of all exempt staff (all leadership team members and some others) and physicians.

Q. How many properties does EPH own? Are they mortgage-free, do they generate income, how are these used, and could they be sold to generate income?

A. EPH owns three houses to the north of the hospital, outright, no mortgage. EPH owns four condominiums northwest of the main building. Only one of the condos (and none of the houses) generates income: this is the one that has our two-bedroom sleep lab. One condo houses the Foundation and the durable-medical equipment managed by the Estes Park Quota Club. One of the condos houses the on-call Birth Center nursing staff. Another is used for temp housing as needed. The three houses to the north: One house our EMS on-call/on-duty team and the other

two are used for various on-call staff for the ancillary clinical departments. Selling these properties would result in significant additional housing/hotel/travel expenditures for EPH and would only provide budget funding for a fraction of a month for EPH.

Q. How many new admissions in LC since the COVID restrictions were lifted?

A. In the last two months, EPH went from a census of 25, to a census of 29, and currently is at 28.

Q. Have families been notified that they need to look for a new home?

A. Eighteen of the current 28 residents' families have been notified of the proposal. They have not been told to look for a new home, as this is still just a proposal.

Q. What is the likely closing date if the decision is made to close the Living Center?

A. No date has been discussed or set. EPH would work humanely with residents and families to find accommodations for all.

Q. How are you going to continue to have enough money year to year for the Living Center?

A. The Living Center has never been a break-even or better service line and has always been subsidized. This is very rare for small-town, critical-access hospitals to still be maintaining this service line, and it is expected that, given the challenges of staffing and housing and financial factors in Estes Park, the Living Center will continue to be a significant financial strain to EPH.

Q. Can additional tax revenues be provided to fund the Living Center?

A. EPH has not yet explored that with the town and community. Given the losses of the town and most businesses due to COVID, the competition for tax revenue dollars in EP, and the long-term prognosis for extended depression of revenues in 2021 and possibly beyond, there may be significant opposition to additional funding from tax revenues. Also, this is highly unlikely to help with the 2021 funding, and the potential to exhaust EPH.

Q. What about the line of credit that EPH has at a local bank?

A. The line of credit, if tapped, would only fund EPH expenses for portion of a month, and repayment at interest would be required. This would not be a long-term financing option for the Living Center or for EPH.

Q. Is the portable MRI still in operation?

A. No, EPH built a suite to house a permanent MRI and CT to replace the once-a-week MRI truck and to provide onsite fixed-CT services (rather than just portable). The value of having the in-house CT is immense for emergent situations (strokes, etc.) and we have significant business from the community for both services.

Q. What alternatives are there for long-term care in EP?

A. For nursing care, there are no other options in Estes. Good Sam's does provide an assisted-living complex.

C. Our hospital is an acute care hospital not a do-all-things hospital. The core business of EPH is the acute care, the emergency department, the Emergency Medical Services (ambulance), the outpatient clinic, and the ancillary clinical departments (lab, radiology, pharmacy), and the support services for these. The addition many years ago the nursing home began contributing to long-term financial strain on EPH.

Q. Why is EPH in poor financial condition?

A. EPH has historically been close to break-even, slightly (1 – 2%) over break-even, or under break-even. In most cases, the hardship years have been weathered with assistance from the tax revenue, which also helps provide capital for facility repair, equipment upgrade, etc. The very significant losses during the first wave of the Covid closures (March – May) and the continued losses since are the main factor for the financial hardship. EPH traditionally spends some capital each year as mentioned above. In addition, before the Covid crisis occurred, EPH funded the conversion to the Epic electronic-health record (hosted by UCHealth), provided some funding for the internal design of the Urgent Care Center, and had a hiatus of surgical services due to some necessary equipment replacements. These further constrained finances before Covid.

Q. Where did you spend the $10M received from the government?
A. These funds have been used to offset the Covid losses, and hence have contributed to operations across all departments.
Q. Can you get $1.4M from the Foundation? Historically, the EPH Foundation has provided funding for various equipment needs on an annual basis. Even if the Foundation were to be able to produce $1.4M in a particular year for LC funding, the giving pattern in Estes Park does not indicate that this could be annually sustainable.
Q. Have you considered submitting a referendum question to the taxpayers based on options for hospital finances?
A. This seems to have surfaced suddenly and created a great deal of anxiety and confusion in the community.
Q. With our aging population--I believe our median age in EP is 58 or 59. I think our nursing home is an asset to our community and will only become more necessary as time goes on. Why is the declining financial trend for the nursing home expected to continue?
Q. How many properties does EPH own & what can you do to sell those for financial support for the LC?
Q. If a closing decision is made, what is the likely date for the closing period?
Q. What is the prospect of increasing the property tax for the District?
Q. If you can save $1.25M from the LC where will the $5.25M come from?
Q. What is the total annual running cost of the LC?
Q. Has senior leadership pay been reduced, frozen, etc.? If you have contracts could you not attach a codicil?
Q. What other departments are you considering closing?
C/Q. I was informed by a family member that the LC had stopped taking new residents - short-term rehab or long-term rehab - and the reason was Covid. This family member needed a nursing home and had tested negative yet was going to be sent to Loveland or Longmont where the risk of Covid is much higher. Now one of the reasons cited for the closing is the low occupancy rate. Have you been using the Covid situation as an excuse to keep your residency rate low?
Q. What will happen to the new beds that were purchased by the Foundation for PPLC last year?
Q. How many new admissions have they approved in the last 6 months? Several doctors at EPH told us that the LC was not accepting any new patients. Should this discussion with resident families be taken offline?
C. No communication was received by me that the LC is closing for certain and that deliberations were ongoing. However, I am looking at other care centers at would be most suitable for my mother and other family.
Q. Has there been any discussion or detailed explanation of why the population at the nursing home has decreased? Why has it decreased when the demographics of the area are not getting any younger?
Q/C. If they are accepting new residents on a case by case basis, how many in the last 6 months did they accept and how many did they refuse? And if all the doctors at EPH think they are not accepting new residents; they may not even have a chance to evaluate this on a case by case basis. Bottom line - don't use low residency numbers as a reason for closure.
Q. Is a mill levy or sales tax increase a viable answer to this problem?
Q. Why is one of the Board members not wearing a mask?
C/Q. EPH benefits from secondary income from LC with respect to labs, radiology procedures, physical therapy, emergency room visits, hospitalizations, surgeries, specialist consults, primary care physician income, etc. With the loss of the LC, how much revenue will other EPH departments suffer?
Q. Why aren't you clearly showing itemized expenses for the Living Center?

Q. If you have added 4 residents in the last few weeks, can't you project from that to getting back to a healthy occupancy rate?

C. It's important as a taxpayer to know that all options for the hospital's financial health are on the table, are being vetted and that some consideration is being given to a public question to guide the vote of the directors.

Q. Has EPH had discussions with University of Colorado Health about becoming part of their system? It would provide EPH with greater access to specialists, IT, management, nursing coverage, EHR... and UC benefits from referrals.

C. Close the new rehab center and urgent care immediately and break the lease. There is space for these at EPMC.

Q. Many elderly post-surgical and hospitalized patients require a prolonged rehab stay to regain their independence and return home. Not all these patients meet Medicare criteria for rehab swing bed stays on the med-surg floor, and hence, require rehab stays at a nursing home. With the loss of LC, how do you plan to address this scenario? Furthermore, many hospice patients require additional supervised care at end of life. How do you plan to address this scenario if the LC is closed?

Q. The public wants the answers to Shelley's excellent questions about financials. If the $10M goes on the books, EPH starts next year with a $2.5M surplus. Is that correct?

Q. Does it really cost 100,000 dollars to fill an LPL position?

Q. How much revenue has moved from the emergency room to the urgent care?

Q. How do you not know the lease cost of the new UC facility?

Q. Option 19. Program of All-Inclusive Care for the Elderly (PACE). I will follow up with Diane and David directly.

Q. How are you going to continue to have enough money year to year to be confident that PPLC can stay open for a long period of time?

C. Please put out the real numbers in lay person language based on your financials for the entire group. Just give us projected income, projected losses, and stimulus money either received or in process.

Q. As discussed, our taxes pay a portion of the EPH revenue. If the community wants to further step up and allow tax increases to keep both the LC and EPH as viable entities, how much (in percentage increase vs our current EPH related tax) will taxes need to be raised to cover: 1) the LC losses and 2) total EPH losses for 2021?

C. We would like to offer support to the leadership team and BOD

C/Q. Thank you for letting me ask my question, but no one addressed my comment/question that if you've added 4 more residents in just the last few weeks, why can't you develop a plan for what it would take to get the Living Center back on strong footing?

C. You will need to do some work to overcome the fact the people now think you will close - your waiting list won't rebound until you do.

C. I think the history of capacity should be reviewed for the Living Center to provide data on how much it is used. I think the Living Center should maintain some capacity to serve the current and future residents. If there is space that can be converted to another use while keeping the Living Center available, that would be ideal. Is it possible to use grants to cover costs? Would the status of the Living Center need to change? These are just questions to consider how the Living Center can remain open for those people in the community that live there.

C. I am concerned that when I looked at Medicare Compare for Nursing Facilities, Estes Park Health Living Center scored **1 STAR on a 5 Star scale.** (Health rating was 2 Star, no available information on staffing, and 1 Star on quality measures). These are not good ratings, and it does make me wonder if we, your community, are only being given very minimal information about

what is really causing the administration to consider closing the care facility. Please truthfully respond.

Adjournment
The meeting was adjourned at 8:15 p.m.

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

ESTES PARK HEALTH
BOARD OF DIRECTORS'
Special Executive Session Board Meeting Minutes – September 16, 2020

Board Members in Attendance
Dr. David Batey, Chair
Ms. Sandy Begley, Vice Chair (via web)
Dr. Steve Alper, Treasurer
Ms. Diane Muno, Secretary
Mr. Bill Pinkham, Member-at-Large

Other Attendees
Mr. Vern Carda, CEO
Mr. Tim Cashman, CFO
Ms. Pat Samples, CNO

Call to Order
The meeting was called to order at 4:34 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.

Ms. Muno 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 Section 24-6-402(4)(f), C.R.S. for the purpose of discussing personnel matters. Dr. Alper seconded the motion, which carried unanimously.

With no further discussion to be conducted, Mr. Pinkham motioned to adjourn the Executive Session and concluded the meeting at 7:08 p.m. Dr. Alper seconded the motion, which carried unanimously.

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

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

I. People

One of our clinical coordinators of seven years had to retire early due to family concerns. One of our current field nurses applied for the clinical coordinator role and will transition to that position in November. We posted a full time nurse position and a nurse from med-surg will transition/orient with us starting in October. We had an aide resign so the positions we have open are--a fulltime homemaker/personal care provider and PRN occupational therapist position.

II. Quality

September 15, we reported quality data for 1st & 2nd quarters at Estes Park Health's Quality Management Committee on our ongoing quality improvement projects/quality measures for 2020. The committee was impressed with our thorough quality management program for all three of our agencies.

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.

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.

Our volumes have been very high this year. Our year to date volumes through August compared to last year are: home health care up 10%, home care down 16%, and hospice up 14%. We continue to have high volumes in the month of September.

IV. Financial

<u>2020 YTD Financials through August</u> (Three separate P&Ls for three agencies)
Home Health Care: Revenue ($621,366) is 12% above budget
Expenses ($865,183) are 13.7% above budget
Home Care (non-skilled): Revenue ($215,869) is 11% below budget
Expenses ($110,603) are 44.4% below budget
Hospice: Revenue ($402,103) is 20% above budget
Expenses ($208,476) are 28.5% below budget
<u>2020 YTD Roll-up for all three agencies through August</u>:
Total for all: Revenue ($1,239,338) is 10.5% above budget
Expenses ($1,184,261) are 0.8% above budget
(Positive bottom line of $55,077 YTD through August)

There are several un-budgeted expenses that have greatly affected our YTD finances: contract labor costs of the physical therapist traveler that ended May 16 ($52,039), our EMR Brightree software costs ($20, 624), and the contract billing expenses ($33,880)—none of which were in our budget.

V. Community

The last months of the pandemic have impacted our community service but the community continues to be at the very center of our work. All of the best energy of our staff is directed to serving the health and safety of the community

The Caregiver Support Group, facilitated by Nancy Bell continued into this quarter to meet twice a month on zoom. Recently it was decided to postpone further meetings until in person meetings begin again. It was challenging to gather folks via online platforms and have meaningful interaction, and the caregivers opted not to meet in person when offered a safe option. Nancy will continue to provide caregiver support through online communication, phone calls, and forwarding of educational opportunities.

Nancy has registered for an online caregiver support class through Larimer County that the Estes Valley Library is hosting, "Powerful Tools for Caregivers," to further educate herself and therefore, provide more effective care for the many caregivers in our community.

The Good Grief Group, facilitated by Herm Weaver, also continued to meet twice a month on Microsoft Teams at the beginning of this quarter. Since then we have been meeting in one of the members' back yard. We take our temperature, use hand sanitizer, and practice social distancing.

Herm is working to develop another Grief Group that will be aimed at directly supporting the 13 month Bereavement program. It will be aimed at people in the first year of grief and they will graduate from the group after the 13th month.

The Hospice Bereavement program reaches out regularly to care for persons from the community who have not been connected to Hospice. All of our staff refer people who could benefit from this service. Currently the Bereavement program includes 7 non-hospice community families. While our Hospice volunteers do not have direct contact with patients,

they do continue calling families in our bereavement program and sending monthly mailings to support the work of grieving.

Nancy is continuing to strengthen her skills by taking an 8 month Post MSW Certification in Palliative and Hospice Care through the Shiley Institute for Palliative Care at California State University San Marcos. She spends 8hrs/wk on average completing readings and substantive online communication with the other participants, and is beginning her final project for the course, as well.

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

Herm and Nancy continue to help families plan for their loved one's passing by assisting with funeral home arrangements and memorial events. Herm continues his connections and relationships with faith leader groups though most of that in the past months has been through zoom and email.

If anything, the focus on the community for Home Health and Hospice has increased over the last months, as we become more laser focused and creative about how to provide care and support.

EPH Board Update
EPH Foundation
September 29, 2020

Strategic Plan Implementation

1. This priority is complete. We have developed a strategy to work with the board in Q1 each year to get updated info from existing members, and affiliation info from any new members. Based on that data, we will design an outreach strategy as appropriate based on the group
2. This is an ongoing priority. The process of having EPH personnel on the Foundation Board has been helpful; having the Foundation present quarterly updates has been beneficial. EPH does not have a Director of Marketing at the moment, however ensuring coordination and communication between she and the Foundation's Development & Communication Coordinator has been beneficial. We will plan to continue that once that position is filled
3. This is complete. The Board Orientation Session has been revamped, and a new Mentor Program for new Directors has been designed and approved for implementation January, 2021.
4. This priority is in process.

Highlights of Last Quarter

Fall Campaign is in the program design phase

Goal is to drive COVID-19 out of the Estes Valley so we can get back to hiking, biking, working, and studying as normal

The Board is preparing to launch the Major Gifts phase October 1

3 Phase Project features:

Phase 1: Building Mods / PPE

Phase 2: Improved Testing Capability

Phase 3: Vaccinations and Testing / Underserved

Several Grants have been awarded recently for projects such as:

COVID-19 Response

3DM

Laboratory Equipment

Staff Scholarships

We have worked this year to expand our outreach beyond our current donors

More info as these relationships develop and we have gifts / pledges made

General Updates

Financial

This has been a tough year, just like for everyone else

Reduced Operating Expenses

Worked hard to identify new funding opportunities

Optimistic that we can close the year strong

-$11,000 for the fiscal year through July, not including Grants awarded

Personnel

We have gotten some staff and board training scheduled, including today

Having a bit less campaign work has left time for training and additional donor stewardship

Policy Gaps

Also, with additional time available, we have been working to develop and implement new policies that will guide our work, such as a policy governing the new Emergency Fund, Grants Disbursement, and Scholarship Disbursement

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

	FY 2020 Forecast	Budget 2020	Variance
Patient Revenue			
In-Patient	13,398,570	19,985,112	(6,586,542)
Out-Patient	67,354,287	77,722,701	(10,368,414)
TOTAL PATIENT REVENUE	80,752,857	97,707,813	(16,954,956)
Less Contractual Allowances	(34,730,431)	(43,968,516)	9,238,085
Less Bad Debt Adjustments	(741,634)	(977,078)	235,444
Total Revenue Deductions	(35,472,065)	(44,945,594)	9,473,529
	43.9%	*46.0%*	
NET PATIENT REVENUE	45,280,792	52,762,219	(7,481,427)
Other Operating Revenue	616,693	988,559	(371,866)
TOTAL OPERATING REVENUE	45,897,485	53,750,778	(7,853,293)
EXPENSES			
Wages	22,984,667	24,027,256	(1,042,590)
Benefits	7,169,215	8,759,908	(1,590,694)
Contract Labor	6,201,896	6,398,715	(196,819)
Medical Supplies	4,773,200	4,257,478	515,721
Non-Medical Supplies	1,085,601	1,064,370	21,232
Purchased Services	5,236,965	3,405,478	1,831,487
Other Operating Expenses	4,375,185	5,584,814	(1,209,630)
Depreciation & Amortization	3,110,203	3,170,229	(60,026)
Interest/Bank Fees	414,483	411,187	3,296
TOTAL OPERATING EXPENSE	55,351,414	57,079,435	(1,728,021)
OPERATING INCOME (LOSS)	**(9,453,929)**	**(3,328,657)**	**(6,125,272)**
Operating Margin	*-20.6%*		
Non-Operating Revenue	3,688,066	3,484,512	203,554
Non-Operating Expense	(61,505)	(72,840)	11,335
NON-OPERATING	3,626,561	3,411,672	214,889
EXCESS REVENUES (EXPENSES)	(5,827,368)	83,015	(5,910,383)
Gift to Purchase Capital Assets	523,771	300,000	223,771
Stimulus Funds	0		
INCREASE (DECREASE) IN NET ASSETS	**(5,303,597)**	**383,015**	(5,686,612)
Total Margin	*-11.6%*	*0.7%*	
EBIDA	(1,778,911)	3,964,431	

Chief of Staff Quarterly Report

I would like to provide my quarterly report. The biggest threat to the hospital and the medical staff continues to be COVID-19 and the fears that surround it. Also being the Emergency Department Medical Director as well as the Urgent Care Medical Director, I have personally seen the impact that COVID has had with our decreasing numbers overall at this hospital. I would like to assure the public that we are a very safe institution where we can proved excellent medical care. Please do not hesitate to come in and be seen at any of our doors.

We now have in house COVID swabs. Your PCP should be able to set you up with those. The medical staff wants to thank the foundation for their support in getting this device for us,a s well as all other COVID related expenses. The new test will be an invaluable tool as we move towards respiratory season. Speaking of respiratory season, administration and medical staff continue to find ways we can safely continue to swab adults and children. It will be much colder outside, so continuing to swab in the parking lots might be tough on our staff. A new process is in the works and Pat might have an update on that.

The medical staff made a guideline for physician and provider recruitment. This was a detailed guideline proposed by Dr. K and agreed upon by MEC. The medical staff and administration want to assure the public that we are recruiting top notch physicians that gone through a rigorous recruitment process, so they can best serve this community.

In closing, compared to the last board meeting, the medical staff has been fully updated on the financial situation surrounding the Estes Park Health Living Center. It was shocking for all of us even think of it being gone. We are in constant communication with administration about how we can save it. All ideas are free flowing between the med staff and administration at this point. I would add that every single medical staff member understands the numbers that are in plain sight as well as the numbers that are buried deep. We thanks Tim and Vern for explaining this in detail at the meetings that they have set up for us. This is not a medical staff decision, this is a board decision. The med staff will stand by whatever decision they make.

John Meyer,
Chief of Staff at Estes Park Health
Emergency Deparment Medical Director at Estes Park Health
Urgent Care Medical Director at Estes Park Health

Draft 8/10/2020

EMPLOYED PROVIDER RECRUITING PLAN FOR EPH

Purpose: To provide a framework for a thorough, inclusive and organized process for effectively recruiting a new employed practitioner to Estes Park Health.

Initial Steps:

i. Define the need, in particular what is the purpose of bringing in a new provider and what are the expectations of this provider
ii. Obtain BOD approval (we are a closed medical staff)
iii. Define the minimum necessary qualifications as well as the preferred qualifications
iv. Establish search committee: Director of Practice Management, Department Director (if also working in Hospital Department), Clinic Medical Director, Department Medical Director (if working in Hospital Department), provider in the same specialty, consider a front-line staff member
v. Decide on appropriate advertising: Trade Journals, professional organizations, use of a recruiting firm, combination of methods

Selecting Candidates:

vi. Review submitted CV's and any other submitted documents (Resume, cover letter, etc.), review any other sources of information about candidate
vii. Chose candidates for phone interviews

Phone Interviews:

viii. Group conference call: all members of the search committee present
ix. Plan at least 1 hour, make sure everyone has water.
x. Recap impressions and decide whether to proceed with on-site interviews.

On-Site Interviews:

xi. Schedule in advance to allow clinic schedules to be adjusted as needed
xii. Expect a 2 day process, plan lodging, dining and transportation in advance
xiii. Facility tour
xiv. Individual interviews: Director of Practice Management (if working in clinic include Clinic Nurse Manager), Department Director if working in hospital department, Clinic Medical Director if working in clinic, Department Medical Director if working in hospital department, CEO, COS
xv. Group Interviews: Department Directors, Providers, Senior Leadership, consider BOD, consider front line employees
xvi. Real Estate Tour: pre-arrange with local realtor
xvii. Social event

Decision:

xviii. Written and/or verbal evaluations, pay particular attention if any member is opposed, find out details and explore.
xix. Final recommendation from search committee to CEO
xx. Letter of intent
xxi. Signed Contract

On-Boarding (Please see the New Practitioner Onboarding Checklist for details of all items to be completed prior to start date)

xxii. Licensure: time frame dependent on Colorado Board of Medical Examiners
xxiii. Hospital Credentials: Allow 90-120 days from receipt of a completed application
xxiv. Malpractice Insurance: time frame dependent on COPIC
xxv. Apply for UCH EPIC profile: Allow 45 days until provider is active
xxvi. Select a start date
xxvii. Complete mandatory UCH EPIC training
xxviii. Schedule New Practitioner Orientation, must be complete prior to seeing patients.

In the on-going pandemic will need to pay particular attention to room sizes to allow social distancing and may need to offer 2 sessions for providers to limit the number of people in attendance at any given time. Social event will need to be a more limited number of people due to restrictions.

ESTES PARK HEALTH

EPH COVID-19 Pandemic Update
September 29, 2020

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 we check temperatures and screen for symptoms and contact with potential infected parties at the entry doors for all employees, patients, 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: Our current swabbing process includes a Telehealth visit for personalized care and follow-up, along with a scheduled specimen collection date and time. We swab Monday – Friday, 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. We have 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 be more cost-friendly to our patients. Our Diasorin "COVID only" 80-minute test analyzer went live on September 15.

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. 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 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. 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 planning management of the "normal" flu season in addition to having COVID still present. We are expecting our first flu vaccine delivery 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 586-2200 and then be transferred to the COVID triage nurse. We have been taking approximately 20 calls per day.

ESTES PARK HEALTH
Urgent Care

Item 6.8

420 Steamer Dr
Estes Park, CO 80517
P: (970) 577-4500
F: (970) 480-2025
www.eph.org

Estes Park Health Board of Directors Meeting – Sept. 29, 2020

URGENT CARE CENTER (UCC) UPDATE:

1. **Successes**
    a. Patient Volumes: Averaging about 10 patients per day, despite challenges. Not as high as hoped but doing well considering the current climate.
    b. Patient Feedback: Continued positive feedback from patients.
    c. Presentations: presenting regularly at EPH Board Meetings, EPH Foundation, and will be presenting at the Rotary Club in Nov. Happy to present an update to any other organizations in town.
    d. Covid-19 Screening: Continually adjusting to meet state and health department regulations. Screening is going well.

2. **Challenges**
    a. Covid-19 Restrictions: Decreased number of visitors allowed into RMNP has affected numbers
    b. Cameron Peak Fire: Decreased number of people out during the poor air quality and evacuation risk.
    c. Marketing: Decreased time availability for original marketing plan

3. **New Items**
    a. Quality Tracking:
        i. Patient wait times
        ii. Critical 911 transports from UCC to ED

4. **Financial Implications**
    a. Average number of patients: 10-12/day
    b. Copay Collection Rates
        i. Aug co-pay collection rates at 97%
        ii. Sept month to date collection rates at 100%
    c. Marketing Plan
        i. Google/Siri (patient searches)
        ii. Artist in Residence program: Rotating art every 3-4 months to help showcase local artists.
        iii. Presentations: Barb has presented to the Foundation, EPH Board and Rotary. She is happy to present an update at any requested meeting if she is available.
    d. Visits by Zip Code & PCP Clinic
        i. Zip Code: Approximately 40% of patients are in the local area, 60% are visitors
        ii. PCP Clinics: Approximately 14% of patients listed EPH PCP, 10% listed Timberline, 76% did not list a PCP.

5. **Right Care, Right Time, Right Place**
    a. Brochures detailing when to see a specific type of provider (PCP, Urgent Care, ED) are available for pickup at the Urgent Care
    b. This list is also on the EPH.org website

Park Hospital District Board
Timberline Conference Room
September 28, 2020

CREDENTIALING RECOMMENDATIONS

Credentials Committee approval: August 26, 2020
Present: Drs. Zehr (Chair), Meyer, Steve Alper, Vern Carda, Bill Pinkham and Andrea Thomas

Medical Executive Committee approval: September 2, 2020

Reappointments

Dunn, Bridget, M.D.	Active, Family Medicine
Johnson, Charles, M.D.	Courtesy, Cardiology
Miller, William, M.D.	Courtesy, Cardiology
Raisch, Michael, M.D.	Courtesy, Dermatology
Sydnor, Ryan, M.D.	Courtesy, Diagnostic Radiology

Resignations (FYI only)

Aldridge, Patricia, M.D.	Active, Pediatrics
Christensen, Jared, M.D.	Courtesy, Diagnostic Radiology