



**ESTES PARK HEALTH
BOARD OF DIRECTORS'
Meeting Minutes – September 29, 2020**

Board Members in Attendance:

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

Other Attendees:

Mr. Vern Carda, CEO
Mr. Tim Cashman, CFO
Ms. Pat Samples, CNO
Mr. Gary Hall, CIO (via webinar)
Dr. John Meyer, CMO (via webinar)
Ms. Sarah Bosko, Home Health Hospice Director
Ms. Barb Valente, Urgent Care Center Director
Ms. Wendy Ash, Nursing Director Physician Clinic (via webinar)
Ms. Karlye Pope, Acute Care Services Director (via webinar)
Mr. Kevin Mullin, Estes Park Health Foundation Executive Director (via webinar)

Community Attendees (via webinar):

Daniel Crosscull, Judith Schaffer, Larry Leaming, Tara Moenning, Michael and Barbara Keilty, Tara Schulze, Wendy Rigby, Cindy Leaycraft, Janet Zeschin and Gail and Jim Cozette

1. Call to Order

The Board meeting was called to order at 4:05 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 requested the following changes to the agenda; both to occur between Item 3 Public Comments on Items Not on the Agenda and Item 4 General Board Comments.

- Add Board response to a letter received from a community member regarding the LC
- Move Item 6.5 Chief of Staff Quarterly Report

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

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

- Q. Would the Board consider conducting the next Tele-Townhall meeting at the Estes Park events center in order to have more community participation?
- A. Based on the Covid guidelines and from a community perspective, the Board and the senior leadership team does not wish to host a public forum. Covid-19 is an extremely contagious virus and a large gathering would increase the likelihood of spreading the disease.

Per Board action, the following item was added to the agenda for discussion. Additionally, Item 6.5 Chief of Staff Quality Report was moved up to occur earlier on the agenda.

Board Response to Community Member Letter Regarding the Living Center

EPH received a letter from a family member of a Living Center resident questioning why the Living Center Executive Director deemed it necessary to inform the residents of the potential closure when the Board had yet to vote on the matter.

- EPH received state notification that the Living Center could resume certain activities such as communal dining and the monthly resident council meetings. Executive Director Matt Gordon stated that a residence council meeting is required by law. Since the Covid guidelines recently lifted, a resident council meeting was conducted. At that meeting, residents inquired about the potential closure of the Living Center. Mr. Gordon did not take it upon himself, nor was he directed by the Board and/or senior leadership to discuss the topic but was merely responding to inquiries from residents.
- The Board is extraordinarily sensitive to the residents and families and are doing everything they can to ensure they are not receiving information that is misleading or inaccurate

6.5 **Chief of Staff Quarterly Report**

COVID-19 Updates

- EPH is a safe place to come in any of our 3 doors (clinic, ED, UCC)
- Standalone testing, IgG, and respiratory panel (incl COVID)

Respiratory Season is Around the Corner

- Outdoor swabs will be tougher to do with cold weather
- Plans are in the works about how to safely do indoor swabs

Physician Recruitment

- A policy does not exist about how to find, recruit, interview, and ultimately pick new physicians and advance practitioners
- Physicians devised and developed a plan on physician recruitment.

Estes Park Living Center

- Since last board meeting, the medical staff has been well informed
- This is a board discussion with administration and med staff input

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

None.

5. **Consent Agenda Items**

Ms. Muno motioned to approve consent agenda items 5.1.1, 5.1.2, 5.1.3, 5.1.4 and 5.2.1 as presented. Dr. Alper seconded the motion, which carried unanimously.

6. Presentations

6.1 Estes Park Health Foundation Quarterly Report

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 now, 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. 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 Modifications / 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

- 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.

- Q. Has the Foundation fielded any questions or concerns from the community regarding the potential closure of the Living Center?
- A. Yes, community members have reached out to the Foundation to ask questions and obtain additional information.
- Q. Can you predict the financial impact to the Foundation should the Living Center close?
- A. Currently the Foundation does not have any information on whether donations will decrease should the Living Center close.

6.2 EPH Living Center Alternatives

1. Estes Park Health Living Center (EPHLC) expected to have a loss of \$1.4M in 2020
2. Expected 2020 \$1.4M 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 independently financially viable

Alternatives Plans for EPHLC

Not Feasible

- 1.1. Close the EPH hospital, keep EPHLC open
- 1.2. Close the Urgent Care Center to pay for EPHLC
- 1.3. Make Private pay & Insurance cover EPHLC financial losses
- 1.4. Reduce EPHLC staffing to reduce expenses and make EPHLC break even
- 1.5. Move EPHLC to a different location, reducing expenses so EPHLC breaks even
- 1.6. Close the EPH hospital, keep EPHLC open
- 1.7. Close the Urgent Care Center to pay for EPHLC
- 1.8. Make Private pay & Insurance cover EPHLC financial losses
- 1.9. Reduce EPHLC staffing to reduce expenses and make EPHLC break even
- 1.10. Move EPHLC to a different location, reducing expenses so EPHLC breaks even

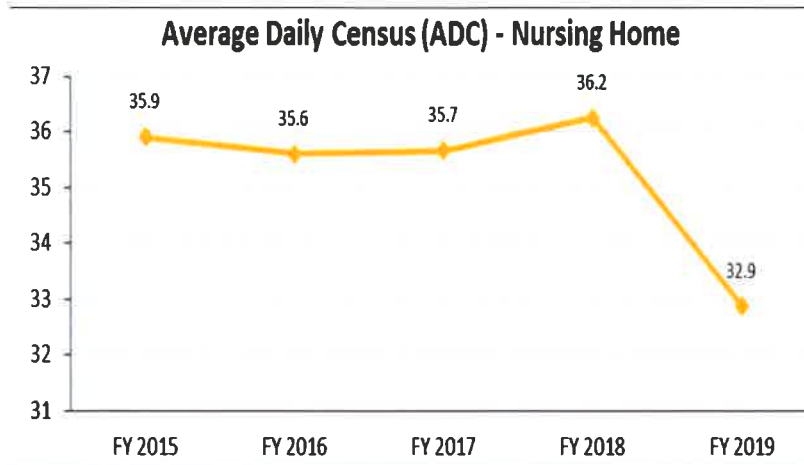
Unlikely

- 2.1. Sell EPHLC to a national corporation
- 2.2. Get national experts to manage or consult EPHLC to financial health.
- 2.3. Offer new EPHLC programs so more beds are occupied, EPHLC breaks even
- 2.4. Increase the EPHLC number of beds so, if occupied, EPHLC breaks even
- 2.5. Other programs in EPHLC space could generate revenue to cover EPHLC financial losses
- 2.6. Increase property tax (mill levy) support to cover EPHLC financial losses
- 2.7. Establish a sales tax to cover EPHLC financial losses

Possible but Challenging

- 3.1. Gradually close EPHLC to minimize resident disruption
- 3.2. Create a non-profit independent of EPH that could build and operate a new EPHLC facility

Brief View: EPHLC Present and Future



Discussion:

The community asked the Board and senior team to come up with alternatives to closing the Living Center, not just respond to alternatives that the community presented. EPH needs to find a way to save the Living Center instead of glossing over each alternative presented. This is a five-star rated facility and it needs to remain in the community.

- In 2021 EPH is facing a \$7.5M deficit. The Living Center is one of many initiatives being investigated by EPH. If \$7.5M in savings/revenue is not obtained, then there is a potential that EPH could close. Additionally, the Living Center has a one-star rating with Medicare, not a five-star rating. Within a 50 miles radius of EPH there are twenty-eight Living Centers, many with four to five-star ratings.

6.3 Mitigating the Financial Impact of the Pandemic: Phase 2

Covid – 19 Summary History Mid-March to September

Emergency Care – slowed considerably
 IP Care slowed considerably
 OP & Elective business stopped
 Nursing home admissions closed

80% to budget estimated
 Therefore, FY 2021 & beyond – reduce or generate –\$7.5MM

Mid-March 2020

June 1, 2020 - September 1, 2020

September 1, 2020

Policy and procedure implemented
 Re-opened to OP healthcare business reopened
 Telehealth implemented
 System expense reductions implemented

Phase 1 – Review – Covid 19 Changes

- **Community Care & Safety** - Implemented significant policy & procedure changes – March 2020 to May 2020
 - Center for Disease Control (CDC) Guidelines – Daily
 - Door screening
 - Telehealth
 - Negative pressure rooms
 - Cleaning protocols
 - Appropriate PPE
 - Infection Control Protocols

Forever changed/improved practice- likely will never revert to previous operational practices
- **The Result of Planning and Implementation – Resident, Patient, Employee & Community Safety**
 - EPH navigated and managed Covid – 19 with respect to resident, patient, & employee infections
- **Multiple Operational Items Implemented June 1, 2020:**
 - Wage rollback- All employees impacted via hours reductions or actual wage reduction
 - PTO freeze – All employees
 - Locum or temporary labor decreased
 - Reduced contract expense
 - Suspended capital purchases-(mission critical)
 - Reduced departmental expenses

2020, 2021 & Beyond

- Forecasts predict EPH volume to return to 90%
 - 2021 & Beyond
 - Change in Practice
- Fiscal models indicate the need to eliminate/generate \$7.5 MM in organizational change

| Summary | FY 20 Forecast | Full Mitigation | No Mitigation | Mitigation Keep LC |
|---------------------------------|----------------|-----------------|---------------|--------------------|
| TOTAL OPERATING REVENUE | 44,155 | 44,735 | 46,681 | 46,681 |
| TOTAL OPERATING EXPENSE | (55,710) | (51,050) | (57,381) | (54,356) |
| OPERATING INCOME (LOSS) | (11,554) | (6,315) | (10,700) | (7,675) |
| Non-Operating: | | | | |
| Gift to Purchase Capital Assets | 3,386 | 3,690 | 3,690 | 3,690 |
| Stimulus Funds | 524 | 135 | 150 | 150 |
| Tax Margin | 17.4% | -8.0% | 25.2% | -8.0% |
| NET GAIN (LOSS) | (7,644) | (2,679) | (7,061) | (4,036) |
| EBIDA | (4,119) | 858 | (3,438) | (405) |



Systemic Process to Generate Expense Reduction or Revenue Growth

- Systemic process is being utilized to discuss whole organization rather than pieces or parts.

- Basic idea – involve the organization in planning to solve for the reduction in expense or the generation of revenue while repurposing our business to fit into the confines of the space that CAH methodology will support

- Planning is multi-directional, where goals and targets, and the implications of achieving those goals and targets, are discussed at every level in the organization

- Developing annual objectives
- Deploying annual objectives
- Implementation of annual objectives
- Monthly reviews
- Annual reviews
- Course correction as needed



Systemic Process to Create Change

- Who – process involves all organizational employees
 - Department leader conducts session with all its departmental employees
- When – Planning is occurring inside the organization now
 - Target timeline for plan - December 31, 2020.**
 - Potential exists for – additional townhall meetings, additional public board meetings at a time and date to be determined with public notice in the future
- Overall Plan – Board, Physicians, Management provide input with Board having final decision



Areas Being Studied for Expense Reduction

- Hospital
- Urgent Care
- Clinic
- Living Center
- Further reduction in locum (temporary) labor
- Further departmental efficiency



Next Steps

- Host key work group session with health center staff
- Compile results
- Discuss plan with key constituents



6.4 Covid-19 Financial Impact of Estes Park Health
Forecast 2020

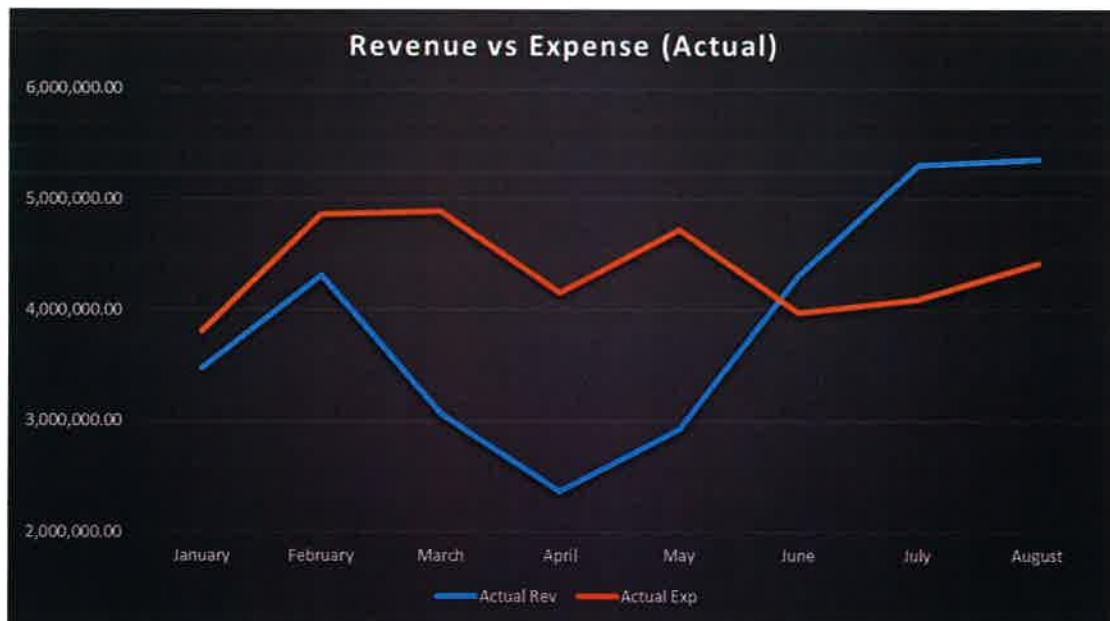
| ESTES PARK HEALTH | | | | |
|---|----------------------|----------------|---------------------|----------------|
| Statement of Revenues and Expenses (Unaudited) | | | | |
| Forecast 2020 | | | | |
| | YTD Actuals (August) | | FORECAST | |
| | 2020 | | FY 2020 | |
| | Actual | Budget | FY 2020 Forecast | Budget 2020 |
| TOTAL OPERATING REVENUE | 31,141 | 36,987 | 44,155 | 53,751 |
| TOTAL OPERATING EXPENSE | (37,267) | (38,228) | (55,710) | (57,079) |
| OPERATING INCOME (LOSS) | (6,126) | (1,241) | (11,554) | (3,329) |
| NON-OPERATING | 2,224 | 2,520 | 3,386 | 3,412 |
| Gift to Purchase Capital Assets | 524 | 100 | 524 | 300 |
| Stimulus Funds | - | - | - | - |
| <i>Total Margin</i> | <i>-10.8%</i> | <i>3.7%</i> | <i>4.8%</i> | <i>0.7%</i> |
| NET GAIN (LOSS) | (3,379) | 1,378 | (7,644) | 383 |
| REVISED EBIDA | (1,047) | 3,723 | (4,119) | 3,964 |

Forecast 2021

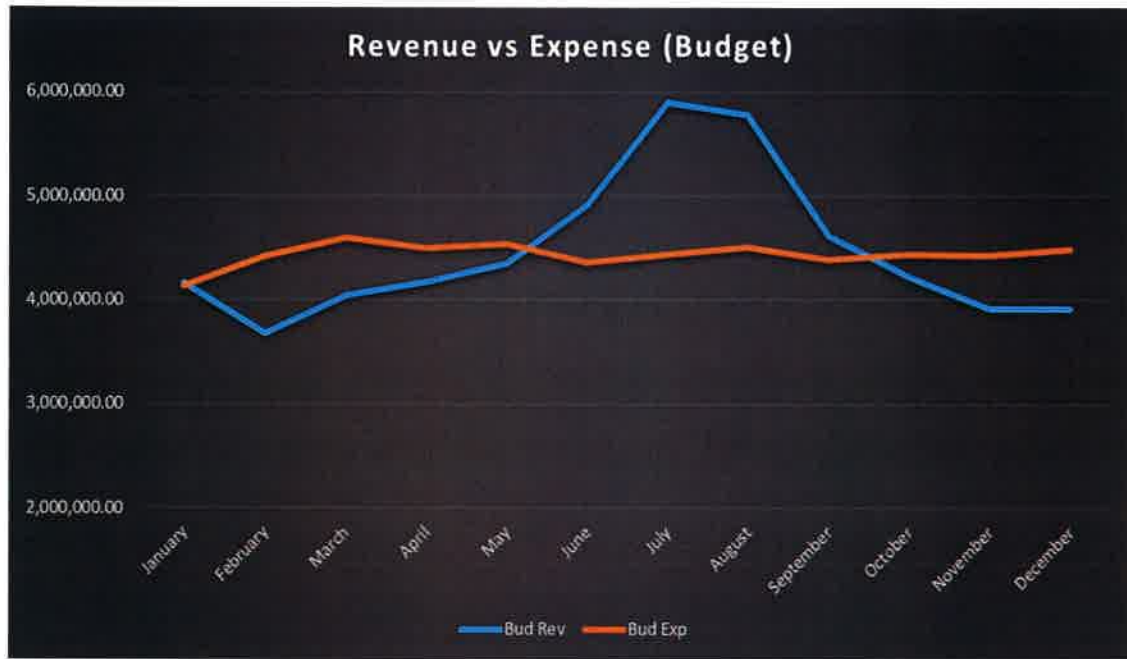
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|---|-----------------------------------|-----------------------------------|-----------------------------------|--|
| ESTES PARK HEALTH | | | | |
| Statement of Revenues and Expenses (Unaudited) | | | | |
| Full Mitigation Strategy | | | | |
| FY 2020 Forecast | FY 2021 Forecast @ 70% | FY 2021 Forecast @ 80% | FY 2021 Forecast @ 90% | FY 2021 Forecast @ 100% |

| SUMMARY | | | | | |
|---------------------------------|-----------------|-----------------|----------------|----------------|---------------|
| TOTAL OPERATING REVENUE | 44,155 | 40,154 | 44,735 | 49,316 | 53,898 |
| TOTAL OPERATING EXPENSE | (55,710) | (51,050) | (51,050) | (51,050) | (51,050) |
| OPERATING INCOME (LOSS) | (11,554) | (10,896) | (6,315) | (1,734) | 2,848 |
| Non-Operating | 3,386 | 3,490 | 3,490 | 3,490 | 3,490 |
| Gift to Purchase Capital Assets | 524 | 150 | 150 | 150 | 150 |
| Stimulus Funds | - | - | - | - | - |
| <i>Total Margin</i> | <i>-17.3%</i> | <i>-18.1%</i> | <i>-6.0%</i> | <i>3.9%</i> | <i>12.0%</i> |
| NET GAIN (LOSS) | (7,644) | (7,256) | (2,675) | 1,906 | 6,487 |
| EBIDA | (4,119) | (3,731) | 850 | 5,431 | 10,013 |

August Actual YTD Revenue vs Expense



2020 Budget Revenue vs Expense



Talking Points

- Assumes Department Adjustments
- Revenues continue at 80% normal (deemed as 2020 Budget)
- Loss of anticipated Net Revenues of \$9.5M
- Documented Covid-19 related operating costs of \$601K, thru August
- Documented Covid-19 related Capital purchases of \$172K, thru August
- Anticipated further costs for Capital and Operating:
 - Staffing - \$
 - Lab Instruments - \$150K

6.6 EPH Physician Staffing Guideline – First Reading

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:

- Define the need, in particular what is the purpose of bringing in a new provider and what are the expectations of this provider
- Obtain BOD approval (we are a closed medical staff)
- Define the minimum necessary qualifications as well as the preferred qualifications
- 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
- 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 we 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.

6.7 Covid-19 Status Update

- Keeping Everyone Safe
All staff, patients, and visitors must wear masks at all times; screen at two entrances for all.
- COVID Testing:

1. Installed a Diasorin analyzer which will give us the ability to do a standalone COVID-19 test, building/validating, expect to be up in the next two weeks.
2. Current swabbing process include a telehealth visit for personalized care and follow-up.
3. Open swabbing Monday – Friday from 10 AM – 11 AM; extend times depending on the demand from our community.
4. Swabbing volumes are variable, from four to sixteen specimen collections daily.
 - Messaging to community: Don't Hesitate to Get Emergent Help When Needed
 - Physician Clinic open for business. Telehealth is part of the permanent book of business now, also.
 - Planning management of COVID + Flu Season
 - Continue to transfer to available ICUs when appropriate
 - Continue to screen first from home when possibility of symptoms or exposure
 1. COVID line is manned Monday thru Friday, 8 AM – 5 PM.
 2. To reach the COVID line, call the clinic registration desk at 586-2200 and then be transferred to the COVID triage nurse.
 3. Approximately 20 calls per day.

6.8 Urgent Care Center Update

1. Successes
 - a. Patient Volumes: Averaging about 10 patients per day, despite Covid-19 challenges. EPH anticipated 14 patients/day for budget purposes
 - 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.
 - d. Covid-19 Screening: Continually adjusting to meet state and health department regulations. Urgent Care is following CDC guidelines regarding testing.
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.
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

7 Operations Significant Developments

7.1 Executive Summary – Significant Items Not Otherwise Covered

None.

8 Medical Staff Credentialing Report

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

9 Review any Action Items and Due Dates

Board Finance Study Session = September 30 from 4:00 – 6:00 p.m.

Board Tele-Townhall = October 7 from 6:00 – 8:00 p.m.

10 Potential Agenda Items for October 26, 2020 Regular Board Meeting

None.

11 Adjournment

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



David M. Batey, Chair

Estes Park Health Board of Directors