



**ESTES PARK HEALTH
BOARD OF DIRECTORS’
Meeting Minutes – November 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, Treasurer

Other Attendees:

Mr. Vern Carda, CEO
Mr. Tim Cashman, CFO
Ms. Pat Samples, CNO
Mr. Gary Hall, CIO
Dr. John Meyer, CMO (via webinar)
Ms. Lesta Johnson, Quality Director (via webinar)
Mr. Kevin Mullin, Estes Park Health Foundation Executive Director (via webinar)

Community Attendees (via webinar):

Shirley Barrow, Larry Leaming, Phillip Moenning, Michael Keilty, Peggy Lynch, Karen Sackett, David Standerfer, John and Donna Cooper, Joann Ginal, Wendy Rigby and Cindy Leaycraft

1. Call to Order

The Board meeting was called to order at 4:03 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.

- Move Item 6.2 Phase 2 Mitigation Plan Update to occur first under Presentations
- Add Evacuation Status and Reintegration Update to occur after Item 6.2 Phase 2 Mitigation Plan Update
- Move Item 6.1 EPH Living Center Discussion Review to occur after Evacuation Status and Reintegration Update

Ms. Muno 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. When will the Urgent Care Center reopen?

A. The topic will be addressed in a report provided during this meeting.

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

The Board recognized the challenging times that EPH has experienced with the pandemic and fire evacuation and expressed their deep appreciation for everyone who executed the evacuation and reintegration plan.

5. **Consent Agenda Items**

Mr. Pinkham motioned to approve consent agenda items 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5 and 5.1.6 as presented. Ms. Begley seconded the motion, which carried unanimously.

6. **Presentations**

Per Board action, Item 6.1 Phase 2 Mitigation Plan Update was moved to occur first under Presentation.

6.1 **Phase 2 Mitigation Plan Update**

Full Time Equivalents (FTE) Reduction in Force

Twenty-seven (27) FTEs representing 7.5% of the total EPH workforce has been impacted. Employee reductions occurred in numerous departments including management, urgent care, clinic, and other roles within EPH. The approximate annual amount of labor cost reduced was **\$ 1.5 MM**. Finally, *it is important to note that potential exists for further workforce reduction after January 1, 2021.*

Urgent Care Changes

Currently, Estes Park Urgent Care operates seven (7) days per week 8 hours per day. The days of operation will be adjusted to five (5) days per week, eight (8) hours per day. The Estes Park Urgent Care will operate from 11 am to 7 pm Thursday – Monday. Additionally, staffing of the Estes Park Urgent Care will be adjusted to accommodate these new hours. This reduction will account for \$400,000 to \$500,000 in yearly savings.

Rural Physicians Group (RPG) Hospitalist Programming Change

RPG currently provides hospitalist coverage for inpatients at Estes Park Health. The coverage is twenty-four (24) hours per day, seven (7) days a week staffed 365 days per year. The hospitalists responsibilities include admitting patients from the emergency department, directly from physician offices, providing consultation services and requesting consultations from other specialist physicians, in addition to, monitoring and discharging patients on a daily basis.

This service represents an important Estes Park Health component serving the hospital, clinic, and emergency department. Designing and implementing an EPH hospitalist employment model vs. utilizing a contracted service will generate anticipated savings of \$400,000 to \$700,000 annually. Utilizing this model, EPH assumes responsibility for billing both professional and technical fees generated from managing hospital inpatients on a daily basis.

Per Board action, the topic Evacuation Status and Reintegration Update was added to the agenda.

Fire Evacuation Status and Reintegration Update

- All patients were evacuated safely. The school district assisted in transporting the Living Center residents.
- The staff evacuated with the Living Center residents and have remained with them.
- No staff members or patients sustained any injuries during the evacuation.
- The hospital's Life Safety inspection took place on October 28.
- The Emergency Department was opened late on October 28, along with the Lab, Pharmacy and Radiology.
- Inpatient and the Physician Clinic had a soft opening on October 30.
- Living Center residents are scheduled to return on November 10.
- Prior to the Living Center evacuation, there were 9 residents that tested positive for Covid. Of those returning, 5 will be isolated, and 3 will be quarantined.
- No admissions to the Living Center can occur until there have been 14 consecutive days without a positive staff or patient test.

Per Board action, Item 6.2 EPH Living Center Discussion Review was moved to the third item on the agenda.

6.2 EPH Living Center Discussion Review

EPHLC Alternatives Discussions

(5) meetings + parts of (2) EPH Board meetings

(2) EPH Board Meetings: Aug 31 and Sep 29, 2020

(3) Tele-Townhalls: Sep 6, Sep 23, Oct 7, 2020 for 7.5 hr

(1) "Deep Dive Finance" meeting: Sep 30, 2020 for 2.8 hr

(1) Task Force meeting: Oct 11, 2020 for 1.7 hr

Total meeting time: 12 hrs excluding EPH Board meetings



EPH Expense Reduction Urgency

Without significant expense reduction actions

EPH projected \$7.5 Million EPH loss in 2021

EPH projected unable to continue financially beyond 2021

Federal Government loans may provide temporary, partial relief

Will not change EPH or EPHLC financial fundamentals

Result: EPH evaluating all possible expense reductions

EPHLC included in expense reduction evaluations



EPH Finances Valid and Accurate

Generally Accepted Accounting Principles (GAAP) Compliant
Standard format for all US medical organizations

Two independent, national accounting organizations involved
Experts: Critical Access Hospitals & Skilled Nursing Facilities
Clifton, Larson, Allen, LLP - CLAAconnect.com – EPH auditors
Stroudwater Associates – www.stroudwater.com

Tim Cashman, CFO, > 20 yrs experience rural and CAH

Internal and external expertise -> prudent future financials
Preserve and protect EPH to provide community healthcare



EPHLC Losses Expected to Continue

EPHLC small capacity and declining occupancy

EPHLC has 38 bed capacity, 28 residents

\$1.4 Million projected loss in 2020

\$117,000 per month projected loss in 2020

\$50,000 subsidy per resident to break even financially

Fill 60 to 80 beds to be independently financially viable

Continuing Care Retirement Community model more viable

Stroudwater estimate: EPHLC can break even at 48 beds filled

Above current capacity – Estimated \$10 Million to expand

Break even is not sustainable model



Preliminary Status

EPHLC losses will continue, not independently financially viable

With EPH current and projected financial challenges,
EPH not able to continue to subsidize EPHLC losses
EPH not able to continue to operate EPHLC

If EPHLC will continue, need other source ongoing subsidies

Possible Alternative:

Operator that is not EPH – independent 3rd party
Operator that has different tax ID
Taskforce considering property tax subsidy source ?



6.3 Q3 Chief Operating Officer Update

The Fires of 2020: Estes Park has been fortunate through the extreme fire challenges of 2020. While we are not “out of the woods” until the weather assists with extinguishing, we’ve been ready to evacuate if/when necessary for several weeks. Our Incident Command is still meeting with appropriate regularity and we get constant updates from Larimer County and the park in regard to fire status.

Pharmacy: Unfortunately, our beloved pharmacy director (Matt Makelky) left for a great position at UCHealth oncology pharmacy. Interviewing process ongoing for replacement; two experienced pharmacists are managing the department in the meantime. We added two more Pyxis medication workstations for anesthesia and moved others around to create broader, easier coverage for better patient care.

Environmental Services (EVS): In several months of management of this, we’ve reworked and streamlined staff as necessary and resolved some of the communication and workflow challenges.

Laboratory: Diasorin analyzer was added to give us COVID testing in less than two hours. We continue to work toward ever more integration of analyzers with our Epic EHR, to build our staff to the highest level of skill and certification, and to use the Epic tools to provide the safest integrated processes for our lab work. We’ve hired several techs who have deep experience in the blood bank processes and other Epic-integrated tools.

Rehab Services: Director Nancy Karr and the Rehab team continue to enjoy growing volume at their new location at the Urgent Care Center. While not back to “normal” yet, it’s moving in the right direction, and we hope the recent surge does not result in further restrictions on our outpatient business.

Backfill of Rehab Area and Specialty Clinic: We have moved chemo/infusion, coumadin clinic, and respiratory therapy away from the inpatient areas and to the front of house (vacated rehab area) for patient convenience and comfort and optimal safety. We completed a multi-stage, multi-month process of cascading moves to “breathe space” into our physician clinic, taking advantage of the partially vacated Specialty Clinic area.

Diagnostic Imaging: Colorado Imaging Associates is now providing onsite coverage twice a month to help close the service gap caused by the retirement of our longtime occasional onsite radiologist.

Dietary: The Dietary team has adjusted cafeteria rules to manage proper social distancing and is following all protocol to ensure a healthy kitchen and safe dining environments.

Marketing: We're continuing to address the immediate marketing needs from this office.

Safety/Emergency Preparedness: Continuing to provide oversight of the Safety Management plan of EPH, which covers Life Safety (fire and other items), Security, Radiologic Safety, Hazardous Waste Safety, and Emergency Preparedness. Action on all fronts continues to ensure we're as safe as can be.

Urgent Care IT/Facilities/EVS: Continued tuning of parking situations, HVAC controls, network management, housekeeping.

Facilities: We are scheduled in early November to complete our long-term surgical services air-handler HVAC work. This final step in a three-year project helps us completely separate the airflow of the OR suite from any other parts of the building. The operating rooms were given their own air handlers and controls some years ago, and this completes the project. We also are working to contract with a water specialist to provide expert guidance in the best long-term management of our OR sterile processing work, and to assist us with other aspects of water testing and management.

6.4 Q3 Financial Report Including Covid-19 Impact



2020 September and YTD Overview

- The month of September and the Quarter reflect positive results. Volumes and Revenues recovered better than expected. For the Quarter (July, August & September), Net revenues were 94% of Budget. YTD Net Revenues are \$5.8M under budget or 14%. (Expectations for the Quarter were 80% of Budget)
- Expenses are 6% over budget for the month. YTD Expenses are 2% under budget, notably in Wages and Benefits. However, Supplies and Pharmacy continue to increase, due to the cost of acquisition.
- Income from Operations is a loss of (\$316K) for the month and (\$6.4M) for the YTD, thru September.
- Net Earnings for the month is a loss of (\$45K) and (\$3.4M) for the YTD.



YTD Review of Comments



2020 1st Quarter Overview

The impact of the COVID-19 event has shown a profound impact on the Hospital.

- Before March 19, visits were tracking close to budget; Net Revenues were very close to Budget.
- After March 19, after the Governor's Executive Order to "Cease All Elective Surgeries and Procedures and Preserve Personal Protective Equipment and Ventilators due to the presence of COVID-19;
 - ◆ Most patient visits ceased. Including Clinic visits, Ancillary and, Surgical;
 - ◆ Emergency Department experienced a decline;
 - ◆ Overall Revenues declined by 60%.
- Incident Command was established resulting the development of the "Operations Committee".
- Staffing remained generally intact, intending to evaluate the situation and sustain the employees thru April.



2020 2nd Quarter Overview

- For the month, Operating Revenues are 10% down from Budget and 19% down from last year. Year to date shows 17% less than Budget. Year-to-date Operating Revenues are 17% under Budget and 9% under last year. Due to the Covid-19 pandemic the hospital had anticipated a 20% drop for the month. Year to date, expectations indicated an 80% recovery.
- Expenses for the year are 3% under budget. Currently, the only area above budgeted Expense is Supplies. The 10% rollback of wages for the highest earners was initiated June 1, resulting in a 13% drop in Salary expense. For the month, Expenses are 7% under budget.
- Earnings for the month are a net \$1.2M, under budget by 18%. However, Year-To-Date earnings are a loss of \$4.8M compared to a budgeted loss of \$214K, obviously due to the impact of COVID-19.
- Stimulus funds received to date are a total of \$14.5M. Expectations for retainage include \$10.1M, with the remainder of \$4.4M currently held as a "loan" and identified for repayment.
- Balance Sheet is holding up, principally due to the Stimulus funds.
 - AR Days are 46
 - Days Cash on Hand are 234



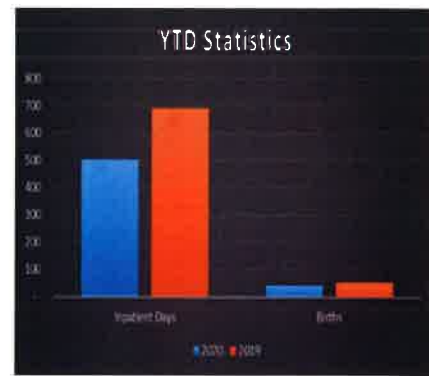
2020 3rd Quarter YTD

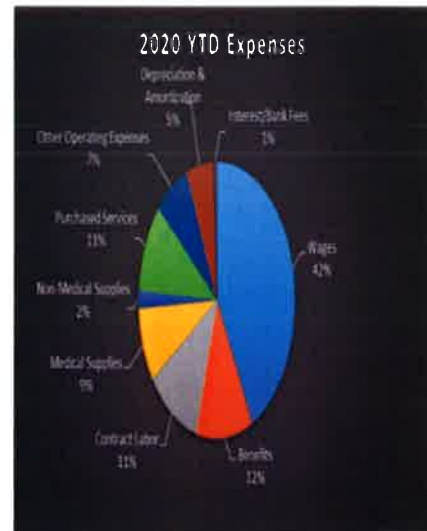
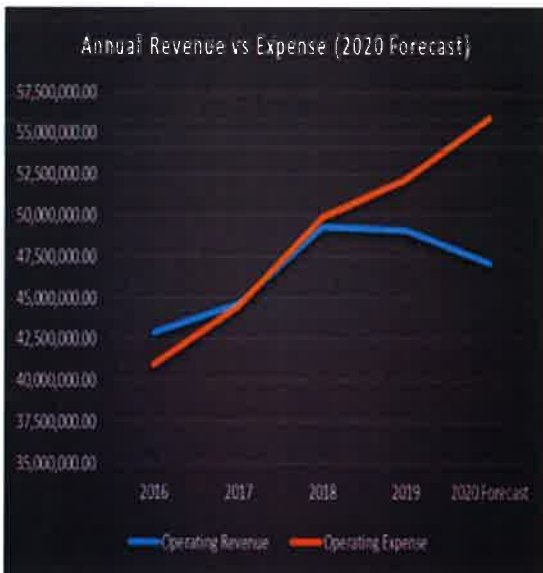
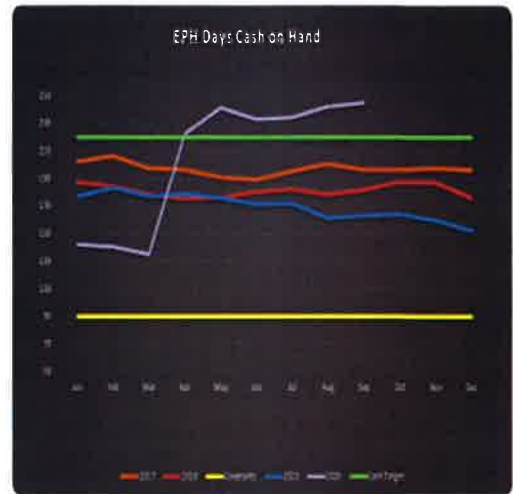
- Gross Revenues for the month were very close to budget and 16% under budget for the YTD. Areas of growth include Inpatient Days, Surgery, Lab, Pharmacy, Rehab and Home Health services. Areas of decline include Birth Center, Urgent Care, Emergency Department and the Physician Clinic.
- Net Patient Revenues, for the month are 2% higher than budget and 14% under budget for the YTD. The difference is due to the intricacies of Contractual adjustments and the timing of Medicare rate changes.
- Expenses - principal areas of variance are in Supplies and Purchased Services. Some of this is due to timing of invoices and payables, as well as COVID related supply requirements.
- Wages and Benefits are under budget due to staffing adjustments and Phase I mitigation efforts, including 10% withhold of Salaries for Leadership and the overall freeze on employee PTO accruals.
- AR Days are 43.1, Days Cash on Hand are 245 and the Debt Coverage Ratio is .70



Summary of Profit and Loss

	Actual 2020 YTD	Budget 2020 YTD	Variance \$	Prior Year 2019	Prior Year % Var
Patient Revenue	63,961	75,904	(11,943)	69,633	-9%
Total Revenue Deductions	(28,515)	(34,916)	6,401	(32,813)	13%
Total Operating Revenue	35,790	41,606	(5,800)	37,820	-4%
Total Operating Expenses	42,240	42,919	679	39,150	-8%
Operating Income (Loss)	(6,443)	(1,313)	(5,130)	(1,731)	-372%
Non-Operating Income	2,496	2,307	(211)	2,359	0%
Gift to Purchase Capital Assets	524	200	324	102	
Increase (Decrease) in Net Assets	(3,423)	1,594	(5,018)	730	-569%
EBIDA	(792)	4,238		2,549	







2020 Forecast

- Due to the impact of the Evacuation and closure of the Hospital in late October, the Forecast has changed.
- Initially, Revenues recovered better than expected. Expectations were a 65% recovery for the 2nd Quarter; and 80% for the 3rd and 4th Quarters. As a result of the loss of one week of Revenues, the net change (gross minus contractuals) was a loss of \$1.4M
- A significant rise in the COVID-19 Virus may impact 4th Quarter recovery and long-term business.
- Expenses, through the 3rd Quarter, are showing a decline due to actions by Management. Further action will be necessary as the year progresses and the Stimulus funds are used.
- The Stimulus Funds are still held in reserve as there is still no definitive confirmation of any forgiveness. The PPP funds application for forgiveness is scheduled for submission by November 13, 2020. The Forecast reflects the recognition of those funds by End of Year.
- Forecasted Net Earnings, with the PPP Stimulus funds indicate a continued Net Loss.



2020 Forecast Assumptions

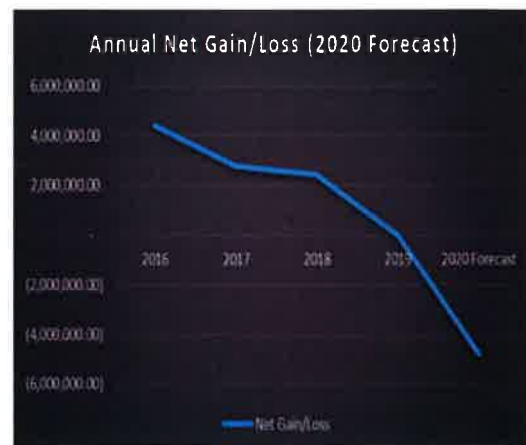
- Inpatient Revenues are based on 9 months Actuals. October loss and Nov & Dec Recovery at 80%.
- Outpatient Revenues are based on 9 months Actuals. October loss and Nov & Dec Recovery at 90%.
- Wages Forecast is based on YTD mitigation efforts and staffing adjustments
- Benefits are also based in trends, mitigation and adjustments
- Supplies forecast based in YTD trends and increasing costs of COVID supplies
- Contract labor is considered, given the turnover in Surgery, Nursing and the Living Center
- Payroll Protection Program (PPP) is anticipated to be forgiven by end of the year.



ESTES PARK HEALTH Statement of Revenues and Expenses (Unaudited) Forecast 2020						
	FORECAST FY 2020				FY 2020 Forecast	Budget 2020
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter		
TOTAL OPERATING REVENUE	13,864	9,864	15,128	19,274	46,070	51,064
TOTAL OPERATING EXPENSE	(14,805)	(13,817)	(14,501)	(13,645)	(46,768)	(47,230)
OPERATING INCOME (LOSS)	(9,941)	(4,210)	1,247	(3,410)	(10,913)	(1,692)
NON-OPERATING	783	579	123	132	1,237	1,578
Gift to Purchase of Capital Assets		133	591		724	300
Stimulus Funds					4,000	-
Total Income	(9,158)	(3,498)	1,961	(3,278)	(6,952)	(1,014)
NET GAIN/LOSS	(1,147)	(3,198)	2,463	(2,579)	(2,667)	303
REVISDED EBITDA	(2,344)	(2,244)	1,250	(1,499)	1,088	3,021



Annual Net Gain/Loss (Without Stimulus)





Annual Net Gain/Loss (With Stimulus)



6.5 Introduction of 2021 EPH Budget Budget Message

(Pursuant to 29-1-103(1)(e), C.R.S.)

PARK HOSPITAL DISTRICT (d/b/a Estes Park Health)

(INSTRUCTIONS: Pursuant to section 29-1-103(1)(e), C.R.S., the budget must include the Budget Message. Fill in blank spaces and check any items that are applicable.)

The attached 2021 Budget for PARK HOSPITAL DISTRICT includes these important features*

1. Increase average charge for hospital services by approximately 0%
2. Decrease in volume for some departments
3. Continue service of a new Urgent Care Center, opened May 27, 2020
4. Contractual and Uncompensated care adjustments of 43% reflect the Medicare Cost Report considerations, Medicaid changes and market impact of self-pay receivables.
5. Maintain overall salary expense consistent with market value and maintaining compensation levels for merit by 0.0%.
6. Decrease operating and non-operating expenses.
7. Acquire, only when necessary, new capital equipment including x-ray equipment, lab equipment, IT equipment, and various other smaller items.
8. Mill levy of 7.505 yields budgeted tax revenues of \$3,118,849.

The services to be provided/delivered during the budget year are the following:

Inpatient, Observation, Swing Bed, Outpatient, Clinic, Emergency Dept, Urgent Care Center, Therapies, Surgery, Nursing Home, Home Health, Hospice, Ambulance, and other services as provided in 2021.

"important features" are not defined in statute; however, important features of the budget would

include starting/ending a service; increases or decreases in levels of services, increases/decreases to revenues (taxes/rates) and/or expenditures; acquisition of new equipment; start or end of capital project; etc.

Draft Budget 2021

Executive Summary

The 2021 Budget is developed with consideration of ongoing national and local trends, specifically the COVID-19 Pandemic impact and the recent Fire Evacuation in late October. The dramatic impact to the 2019 Revenues during the months of March, April and May and ongoing decrease in volumes have greatly influenced the financials for Estes Park Health.

Assumptions

<i>Inpatient Revenues</i>	0% Rate Incr. Volumes are assumed at 80% of 2019 levels.
<i>Outpatient Revenues</i>	There is no anticipated rate increase and volumes. Most service lines assumed at 80% of 2019 levels.
<i>Surgery</i>	Anticipating recovery of lost procedures, due to 2019 loss of Sterilizer. Aggressive marketing and focus. General Surgery and Orthopedics anticipated to return to 5-year average. Baseline trends from 2017 & 2018 were utilized.
<i>Urgent Care Center</i>	Budgeted at an average of 10 visits/ day. Volumes based on seasonality and expectations of decline in local tourist visits.
<i>Emergency Department</i>	Budgeting a 7% loss of volumes due to industry trend of reduced visits. The impact of the new Urgent Care Center is also considered.
<i>EMS/Ambulance</i>	Planning start-up of Community Paramedic On-Call, in coordination with the Urgent Care Center. Budgeted Revenues and Expenses are consistent with prior years trends.
<i>Birth Center</i>	Expected decrease in volumes, as local trends have indicated.
<i>Clinic</i>	New providers in Clinic should recover visit volumes; more comfort using the new Epic program; and the General Surgeon program will have Clinic availability. There is no rate increase,
<i>Revenue Deductions</i>	Work continues with Medicare Cost Report with favorable results, helping to decrease the Contractual write-offs. Additional lengthy work with Admissions staff to educate patients upon registration/admission on pricing and financial responsibility. Results indicate favorable response and decreased bad debts. Budget continues to show decrease % Adjustments.
<i>Salaries</i>	Merit increases are budgeted to re-start as of June 1, 2021. Thus, allowing for a full 12 months of no increases, dating back to June 1, 2020. Budgets at the departmental level are considering the ongoing recruitment challenges for Clinical staffing.
<i>Benefits</i>	Health Insurance is currently estimated at a slight decrease. No other changes in cost are anticipated.

<i>Contract Labor</i>	Continued Contract Labor costs for RN and Aides in Surgery and the Living Center. This is expected to continue until Recruiting fills open positions.
<i>Supplies</i>	Anticipated increase of only 1%, lower volumes, better contracts. This is lower than prior years.
<i>Depreciation</i>	Includes capitalization of Assets; Property and Equipment, including the Epic/Lawson purchase in 2019 and the Urgent Care improvement.
<i>Tax Subsidy</i>	Property Tax is scheduled for \$3.1M and the additional vehicle tax subsidy is \$250K

FTE and Staffing

Staffing and FTE's are anticipated to decline by 2.0 FTE's compared to 2020 Actuals and by 20.3 for Budget 2020. Most Departments are making staffing adjustments as a result of reduced patient visits.

Capital Budget

Given the current financial projections, the only capital items that will be considered are those that provide critical services

ESTES PARK HEALTH DRAFT OPERATING BUDGET 2021

	APPROVED 2020 BUDGET	2020 PROJECTED	2021 BUDGET	DRAFT 2021 to PROJ 2020
PATIENT REVENUE				
Inpatient Revenue	19,914,657	13,363,899	14,889,709	\$ 1,525,809
Outpatient Revenue	77,940,794	68,879,939	69,240,613	360,674
TOTAL PATIENT REVENUE	97,855,451	82,243,838	\$ 84,130,321	1,886,483
Less: Contractual Adjustments	(44,034,955)	(35,513,723)	(35,334,735)	178,988
Less: Bad Debt	(978,557)	(1,137,947)	(1,261,955)	(124,008)
	(45,013,512)	(36,651,670)	(36,596,690)	54,980
NET PATIENT REVENUE	52,841,939	45,592,169	47,533,632	1,941,463
	<i>-46.0%</i>	<i>-44.6%</i>	<i>-43.5%</i>	
Other	824,185	479,646	469,650	(9,996)
TOTAL OPERATING REVENUE	\$ 53,666,124	\$ 46,071,815	\$ 48,003,282	\$ 1,931,467
EXPENSES				
Wages	25,117,554	23,350,005	23,781,526	431,520
Benefits	6,796,957	6,642,844	6,843,467	200,623
Contract Labor	6,356,716	6,456,473	5,280,980	(1,175,493)
Medical Supplies	4,495,035	5,019,776	4,954,306	(65,470)
Non-Medical Supplies	1,004,416	1,164,771	985,451	(179,320)
Purchased Services	5,952,299	6,150,156	5,358,455	(791,701)
Other Operating Expenses	3,898,755	4,072,917	5,210,035	1,137,118
Depreciation/ Amortization	3,126,228	3,111,958	3,147,933	35,975
Interest/Bank Fees	411,192	417,091	375,381	(41,710)
TOTAL OPERATING EXPENSES	\$57,159,152	\$56,385,991	\$55,937,534	(448,457)
OPERATING INCOME (LOSS)	(3,493,028)	(10,314,176)	(7,934,252)	2,379,924
Non-Operating Revenue	3,636,419	3,386,791	3,393,500	6,709
Non-Operating Expenses	(60,150)	(59,007)	(74,900)	(15,893)
Total Non-Operating	3,576,269	3,327,784	3,318,600	(9,184)
EXCESS REVENUES/EXPENSES	83,241	(6,986,392)	(4,615,652)	2,370,740
Gifts to Purchase Capital Assets	300,000	523,770	300,000	(223,770)
Stimulus Funds		4,800,000		
INCREASE (DECREASE) IN NET ASSETS	\$ 383,241	\$ (1,662,621)	(4315,652)	\$ (2,653,031)
EBITDA	\$ 3,920,661	\$ 1,866,428	\$ (792,338)	
<i>Total Margin % INCREASE (DECREASE)</i>	<i>0.71%</i>	<i>-3.61%</i>	<i>-8.99%</i>	

6.6 EPH Employed Provider Recruiting Plan – Second Reading and Final Approval

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.

Dr. Alper motioned to approve the Employed Provider Recruiting Plan as presented. Mr. Pinkham seconded the motion, which carried unanimously.

6.7 Estes Park Health 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 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/caregiver per patient (unless it's a child, where we'll allow both parents) for the inpatient unit, the surgery suite, the emergency department, and the physician clinic.

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. On October 26, we begin offering increased availability of Covid-19 testing for our community. In a collaborative effort between the hospital, the physician clinic, and the Urgent Care Center, we will continue to offer same-day results for Covid-19 testing. Our streamlined process has safely been brought indoors and expanded to care for our public. Testing will continue Monday - Friday, with expanded hours of 8 AM – 11 AM and 4 PM -6 PM.

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.

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.

MANAGING FLU SEASON: We're now into the "normal" flu season. All employees are required to get flu shots and we recommend all residents (adult and child) get the vaccine unless prevented by other health issues.

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. 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.

7 Operations Significant Developments

7.1 Executive Summary – Significant Items Not Otherwise Covered

None.

8 Medical Staff Credentialing Report

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

9 Review any Action Items and Due Dates

EPH Living Center Alternatives Taskforce meeting – November 11 at 4:30 p.m.

10 Potential Agenda Items for December 8, 2020 Regular Board Meeting

2021 Budget approval

11 Adjournment

Ms. Muno motioned to adjourn the meeting at 6:42 p.m. Ms. Begley seconded the motion, which carried unanimously



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