

**Draft Agenda**  
**Estes Park Health Board of Directors' Regular Meeting by GoToWebinar**  
**Monday, September 27, 2021**  
**5:00 - 7:00 pm Board Meeting**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order and Welcome	1	<b>Action</b>	Dr David Batey
<b>2</b>	Approval of the Agenda	1	<b>Action</b>	Board
<b>3</b>	Public Comments on Items Not on the Agenda	3	Information	Public
<b>4</b>	General Board Member Comments	3	Information	Board
<b>5</b>	Consent Agenda Items Acceptance:	2	<b>Action</b>	Board
	5.1 Board Minutes			
	5.1.1 EPH Board Regular Meeting Minutes June 28, 2021			
	5.1.2 EPH Board Regular Meeting Minutes July 19, 2021			
	5.1.3 EPH Board Regular Meeting Minutes August 23, 2021			
	5.1.4 EPH Board Executive Session June 10, 2021			
	5.1.5 EPH Board Executive Session July 15, 2021			
	5.1.6 EPH Board Executive Session August 18, 2021			
	5.1.7 EPH Board Executive Session August 31, 2021			
	5.1.8 EPH Board Executive Session September 3, 2021			
<b>6</b>	<b>Presentations:</b>			
6.1	Estes Park Health Current Status, Covid-19 Updates, EPH Vaccination Policy, 2021 Tactical and Strategic Initiatives Updates	20	Discussion	Mr Vern Carda
6.2	Workforce Housing Plans for former Living Center Space	15	Discussion	Mr Gary Hall
6.3	EPH Quality Initiatives	20	Discussion	Dr Ken Epstein, Ms Kendra Simms
6.4	Chief of Staff Updates	15	Discussion	Dr Robyn Zehr
6.5	Chief Human Resources Officer Updates including addressing the National Nursing Recruitment and Retention Challenge	15	Discussion	Ms Shelli Lind
6.6	MRI Purchase Proposal	15	<b>Action</b>	Board
<b>7</b>	Executive Summary - Significant Items Not Otherwise Covered	2	Discussion	Senior Leadership Team
<b>8</b>	Medical Staff Credentialing Report	2	<b>Action</b>	Board
<b>9</b>	Potential Agenda Items for October 25, 2021 Regular Board Meeting	1	Discussion	Board
<b>10</b>	Adjournment	1	<b>Action</b>	Board
Estimated Total Regular Session Mins.		116		

**Next Regular EPH Board Meeting: Monday October 25, 2021 5:00 - 7:00 pm**



**ESTES PARK HEALTH**  
**Regular Board of Directors Meeting Minutes**  
**June 28, 2021**

**Board Members in Attendance:**

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

**Other Attendees:**

Mr. Vern Carda, CEO  
Ms. Pat Samples, CNO  
Mr. Gary Hall, CIO (via webinar)  
Ms. Shelli Lind, CHRO  
Dr. Robyn Zehr, (via webinar)

Larry Leming (via webinar)  
Wendy Rigby (via webinar)

**1. Call to Order**

The Board meeting was called to order at 5:03 pm 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 the Agenda**

Sandy Begley motioned to approve the agenda as submitted. Dr. Steve Alper seconded the motion. Motion carried unanimously.

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

No comments.

**4. General Board Comments**

No comments

**5. Consent Agenda Items Acceptance**

Bill Pinkham motioned to approve consent agenda items as presented. Ms. Munro seconded the motion, which carried unanimously.

## 6. **Presentations**

**-Jacob Schmitz** -Dietician and Director of Dietary Services provided a brief update on the room service delivery model for medical surgical unit.

### 6.1 Estes Park Health – Current Status including Covid-19 and DNV Updates plus 2021 Tactical and Strategic Initiatives – Mr. Vern Carda

- Mask discussion – screening for all who enter will occur at main hospital entrance and at the Emergency Room entrance. Additionally, those who enter will be required to wear masks. Mask mandates have been lifted in many businesses at this point, however, hospital will require masks until guidance by CDC will enable us to lift our mask requirements.
- DNV – NCI (8) – Plan of Correction is in place. DNV has notified CMS that Estes Park Health is in compliance with stated requirements and Estes Park Health has received full accreditation.
- Chemotherapy Update – Chemo Nurse (specially certified nurse) resigned her employment. This will be a tough recruit. EPH looking at multiple options to replace this position including partnering with others like UCHHealth to provide this service to the patients in our community.
- EPH is going to be a Rooftop Rodeo sponsor this year. At the rodeo EPH will provide EMS and orthopedic coverage.
- 12-18 month Tactical Plan discussed.

Estes Park Health will develop strategies, goals, tasks and key performance indicators (kpi) to move our health care purpose in a direction that exceeds community health care needs.

All EPH strategies, goals, and operational tasks are based on the simple notion “*take care of people.*” The pillars listed below continuously improve organizational “take care of people” development. If EPH spends the requisite time on patient satisfaction and employee development, over time EPH will see monumental results.

1. **Pursuit of Quality.** Estes Park Health is committed to improving patient outcomes. Additionally, EPH will provide patients safe and person-centered care. EPH will challenge improvement of patient outcomes through quality measurement, continuous quality improvement (QI) and adoption of best practices. Critical to shaping and accelerating EPH’s pursuit of quality efforts are accrediting organizations’ evaluations (like DNV) and the Centers for Medicare & Medicaid Services’ (CMS) via its specified Conditions of Participation (CoPs).
2. **Developing People Resources.** Recruitment and retention of all employees including licensed professionals presents challenges for rural community hospitals like Estes Park Health. The development and implementation of competitive wage and total compensation plans will be important to the EPH future state. Additionally, shifting expectations of our work force will necessitate changes in EPH recruitment, retention and educational programming. All the time spent on developing strategy will be lost if talent is not a part of this process. Do we have the right people; how are they feeling about EPH? If EPH gets the “people thing” right, there is no challenge that is insurmountable.

3. **Information Technology Improves Patient Outcomes.** Increasing expectations exist with patients, providers and families to use information systems and technology as a tool to effectively manage care and improve care quality in an integrated, clinically driven system of care.
4. **Fiscal Health.** Via operational expense elimination and revenue stream addition, EPH will engage key organizational stakeholders in the development and implementation of operational plans that will enable EPH to generate a breakeven (0%) operational margin.

#### 6.2 Urgent Care Update – Ms. Pat Samples and Leslie Roberts

- A brief history and volume analysis was provided. Urgent Care opened in May of 2020 with a budget that suggested the Urgent Care would see approximately 14 urgent care visits per day. However, the urgent care unit underperformed for its first several months of operation accommodating approximately 5-8 patients per day. However, the last two or three months have accommodated approximately 14-16 patients per day.
- Utilizing patient care technicians (PCTs) to assist in care delivery at the urgent care. The PCTs are certified and mostly EMTs.
- The urgent care unit will be reworking its patient registration process so that it more closely emulates the Emergency Department registration model to accommodate quicker and a smoother registration process.
- At the current time, patients can expect about a 60 minute average visit time to the urgent care. One of the quality measures that staff are working on is process efficiency so that overall length of visit can be reduced.
- As a quality initiative, urgent care places a discharge phone call to each patient a few days after discharge.
- What has been the impact on the Emergency Department of opening the Urgent Care? At this point in time, the emergency department is down 9.3% as compared to the 25% that was budgeted. Additionally, it has been noted that the acuity seen in the Emergency Department is higher than recorded in 2019. Also, patient self selection for care to the urgent care has been appropriate with less than 5% referred from the urgent care to the emergency department.

#### 6.3 Hospital Transformation Program – HTP – Ms. Pat Samples

- Initial work began in 2020 and centered around 6 of 16 prescribed areas.
- IF EPH can hit certain achievements and improve care better reimbursement levels will be attained and Medicaid supplemental payments will be received.
- The six EPH initiatives include:
  - Social Determinants – better entry of data into EPIC so that social work can be triggered to enhance care
  - Mental health and substance abuse – achieve better coordination of care with the intent to deliver better follow up care upon discharge.
  - Mental health and substance abuse – similar to above but with focus on eliminating or decreasing 30 day readmissions by providing better follow up care upon discharge.
  - Improved follow up within 30 days of ED visit.
  - Improve mental health delivery in Emergency Department.

- EPIC documentation during visit to emergency department by providers and nurses.
- EPH has been focusing on more robust social work to meet the needs of the community. Additionally, EPH is working to improve utilization of EPIC in capturing information because EPIC is a powerful tool that can assist us in the management of patient populations and their medical conditions.

#### 6.4 Chief of Staff Updates – 2021 Initiatives – Dr. Robyn Zehr

- Currently reviewing the quality structure from the medical staff point of view and will likely be implementing changes in the next couple of months.
- The Medical Executive Committee structure is being reviewed, as well as, meeting times and dates.
- Peer Review process and structure being examined with adjustments being made to accommodate for better peer review activities including more physician education opportunities.
- Considering the question of what cases can/should be reviewed internally vs. what cases should be sent out of system for review. Anticipate that more cases will be sent out for peer review vs. keep those cases in house. The example provided was should surgical medicine review anesthesia cases? Perhaps these cases in the future will be referred out to another expert reviewer if needed vs. reviewed in house.

#### 7. Strategic Operations and Significant Developments

None.

#### 8. Medical Staff Credentialing Report

Dr. Alper recommend approval of the Medical Staff Credentialing Report. Mr. Pinkham seconded the motion which carried unanimously.

#### 9. Potential Agenda Items for July 19, 2021 Regular Board Meeting

- Agenda items will be discussed with CEO at later date to be determined closer to board meeting date.

#### 10. Adjournment

Mr. Pinkham motioned to adjourn the meeting at 7:20 pm. Ms. Muno seconded the motion, which carried unanimously.

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David M. Batey, Chair

**Estes Park Health Board of Directors**



**ESTES PARK HEALTH**  
**Regular Board of Directors Meeting Minutes**  
**July 19, 2021**

**Board Members in Attendance:**

Dr. David Batey, Chair  
Ms. Sandy Begley, Vice Chair (via webinar)  
Dr. Steve Alper, Finance Committee Chair (via webinar)  
Ms. Diane Muno, Member at Large (via webinar)  
Mr. William Pinkham, Member at Large

**Other Attendees:**

Mr. Vern Carda, CEO  
Ms. Pat Samples, CNO  
Mr. Gary Hall, CIO (via webinar)  
Ms. Shelli Lind, CHRO  
Dr. Robyn Zehr, (via webinar)

**1. Call to Order**

The Board meeting was called to order at 5:07 pm 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 the Agenda**

Diane Muno motioned to approve the agenda as submitted. Bill Pinkham seconded the motion. Motion carried unanimously.

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

No comments.

**4. General Board Comments**

No comments

**5. Consent Agenda Items Acceptance**

Dr. Steve Alper motioned to approve consent agenda items as presented. Sandy Begley seconded the motion, which carried unanimously.

## 6. Presentations

### 6.1 Estes Park Health – Current Status including Covid-19 and DNV Updates plus 2021 Tactical and Strategic Initiatives – Mr. Vern Carda

- COVID -19 update. Refer to handout COVID 19 update
  - Impact to EPH increase in screening, return to wearing mask at all times while in the hospital (public and non-public area), decrease in visitation (must screen negative to visit). Continue to support 6 foot social distancing when possible.
  - Continue to offer COVID vaccines on Tuesday and Wednesday through the physicians' clinic.
  - Continue to monitor positivity rate for Estes Park and partner with the Larimer County Health Department.
- OSHA and employee protection
  - President Biden's executive order intended to protect employees and ensure adequate Personal Protective Equipment (PPE).
  - Address mandatory components and submitted plan 7/8/2021
- 2021-2022 Strategic Plan
  - Final draft
  - Identified score card for reporting mechanism and building score card that will allow for tracking and system approach to monitoring achievements in the strategic plan.
  - Tactical items in process:
    - Compensation study, philosophy and wage improvement program in process.
    - Clinic operations under review
    - Staffing and productivity plan initiating
    - Workforce housing and rental property currently under review
    - Community perception study under review
    - EPIC training in July for physicians with additional training after that
- Hospitalist: notice given to Rural Partners Group (RPG), will conclude by year end. 2.5 FTE's posted with currently 2 applicants for review.
- EPHLC-currently equipment left that is fully depreciated and unable to find service agreements. Currently posted on websites for long term care equipment, with little movement. Will identify ways to dispose of if appropriate. (Board member Steve Alper will reach out to recycling options).
- Urgent Care Center: averaging 24-25/day, working to manage the volume and increased staffing needs. We are monitoring it closely to ensure support of team members, efficiency and meeting patient needs.

### 6.2 Foundation Update – Mr. Kevin Mullin

Some of the key activities during the next year include:

- Assess and improve onboarding program for new EPHF directors.
  - New directors are feeling supported and well trained. (Individuals serve three year terms and can serve two consecutively).
  - Continue to improve process, new mentor program for board is having a positive impact.
- Improve donor retention to 57% per year by year 3 is in progress. We are working to develop a new/revised COVID strategy.
- Highlights of last quarter:

- Challenges for foundation this year have been staffing, currently have strong team members in place and things are working very well.
- Decision to have Rooftop Rodeo made in May so preparations were very quick. Board and staff worked quickly on preparations, \$26000 raised and Ms. Rooftop Rodeo Donna Cooper raised \$19000.
- Kaci and Kevin are focusing on the non-funded for > 5years. Currently at \$50000.00 and growing, going well.
- 2021 General updates (for the summer):
  - Financial update-audit and Form 990 completed,
  - On target YTD with financial performance, test will be 4<sup>th</sup> quarter, we are optimistic.
- Personnel:
  - Staff as stated
  - Board-increase our online training with COVID limitations. Kaci currently taking a grant class. Board governance series starting next month on line and in-house training for the board in September.
- Questions:
  - Bill Pinkham inquired about an estate gift regarding someone that passed away 2 years ago. Kevin stated no notification but did receive a gift from his foundation (out of NE) this month.
  - David Batey, board chair asked how fundraising and investment is doing. Kevin stated both above expectation.

### 6.3 Larimer County Multi-Jurisdictional Hazard Mitigation Plan Update – Mr. Gary Hall

- EPH requirement, CMS, Emergency Preparedness and Conditions of Participation.
- Supports the county and then we have an EPH individual one.
- In addition and for Emergency Preparedness, EPH will be adding active shooter and cyber security.
- Questions: David Batey-does endorsing this resolution obligate EPH and the EPH Board of Directors to things we haven't done or seen in the past? No is Gary's response, the short answer is no however, this indicates a level of commitment to provide safe care. There are very few changes to the previous document completed in 2016.

Dr. David Batey, Board Chair read resolution 2121-02 in its entirety. Board Member Bill Pinkham made a motion to adopt the resolution and the 2<sup>nd</sup> was done by board member Steve Alper. No discussion, vote-unanimous, uniform adoption.

### 6.4 Chief Operating Officer Update – Mr. Gary Hall

- Busy time of year, studying and identifying opportunities for improvement.
- Cybersecurity continues to be a priority for the IT team.
- Questions:

Board Member Steve Alper-Gary what keeps you up at night and what can the board do to help?

- Cybersecurity-24/7 oversight.
- Staffing to meet the expectation of my customers.

Board Member David Batey-We had a group advising us on cybersecurity, is that still working for us? Yes, EPH had a recent penetration test. We found some areas that needed improvement and we made some adjustments and we feel like we are in good shape. We also participate in several forums and software oversight processes.



#### 6.5 Compensation Update – Ms. Shelli Lind

- The main purpose of this project is to support staffing, recruitment and retention.
- Met with department directors on 7/1/2021 to review the process and the philosophy. Directors provided feedback and mailed information letter to employees on 7/9/2021.
- Per document you will see we are currently making market adjustments for EVS and EMS. Our competition is adjusting their pay, and as we work to retain strong employees and support our mission and vision, we need to be competitive.
- Questions:
  - Board Chairman David Batey: What is the ‘why’ for this?
    - Last June EPH froze merit increases due to the Pandemic and the financial impact. The current structure is merit increase happens when performance review is completed on anniversary date. In order to bring all employees in line with what is needed and get EPH to a common review cycle, we are implementing this merit increase process. This will ensure the employees from June of 2020 through December 2020 will receive a pro-rated merit increase. All employees will then be on target for a common review date in January-March 2022. We want to show good will to our employees that have stayed with us through a very hard year.
    - We are working to be competitive in recruitment and retention.
    - Our competition is large health systems down the mountain (not other critical access hospitals).
    - EPH now has solid pay practice guidelines in place and we have job based compensation to allow us to more agile in the market.
  - Board Member Steve Alper: this is one component of your overall strategy, what else is on your plan.
    - Shelli shared plan for leadership development, helping all EPH team members to learn and grow and review Rewards and Recognition program. Benefits enrollment is coming up and we want to see how we can improve and attract employees to work for EPH.
    - Vern Carda CEO also added to identify internal talent for succession planning.

#### 7. Strategic Operations and Significant Developments

None.

#### 8. Medical Staff Credentialing Report

Dr. Alper recommend approval of the Medical Staff Credentialing Report. Mr. Pinkham seconded the motion which carried unanimously.

#### 9. Potential Agenda Items for August 23, 2021 Regular Board Meeting

- Agenda items will be discussed with CEO at later date to be determined closer to board meeting date.

#### 10. Adjournment

Diane Munro motioned to adjourn the meeting at 7:20 pm. Dr. Steve Alper seconded the motion, which carried unanimously.

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



**ESTES PARK HEALTH**  
**Regular Board of Directors Meeting Minutes**  
**August 23, 2021**

Secretary Name

**Board Members in Attendance:**

Dr. David Batey, Chair

Dr. Steve Alper, Finance Committee Chair

Ms. Diane Muno, Member at Large

Mr. William Pinkham, Member at Large

**Other Attendees:**

Mr. Vern Carda, CEO

Ms. Pat Samples, CNO

Mr. Gary Hall, CIO (via webinar)

Ms. Shelli Lind, CHRO

Dr. Robyn Zehr

Sarah Bosco

Laurie Johnson

Wendy Rigby

Larry Leaming

-Larry Leaming requested introductions of everyone in the room.

**1. Call to Order**

The Board meeting was called to order at 5:09 pm 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 the Agenda**

Bill Pinkham motioned to approve the agenda as submitted. Diane Muno seconded the motion. Motion carried unanimously.

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

- a) Wendy Rigby asked what our public messaging might be regarding the FDA approval of the Pfizer vaccine today for 16 yo and up. Vern Carda CEO stated same message, get vaccinated, help everyone to stay safe. Supported by Pat Samples CNO.
- b) Wendy also asked if booster for immunocompromised is available. Yes, it is available at EPH Physician clinic. Need physicians order to support safe inoculation based on personal health situation. Call into the clinic and we will get you scheduled for your booster.
- c) EPH is waiting on CDC guidance for final booster shot recommendations.

#### **4. General Board Comments**

Chairman David Batey recognized Sarah Bosko for her work and high-quality service to community and thanked her for her contributions to EPH.

Vern Carda introduced Interim CFO Dave Timpe. Mr. Timpe has a distinguished career in health care. Mr. Timpe's past work experience includes: CPA and partner in large regional firm that primarily supported healthcare to include Critical Access hospitals. He will be interim while EPH searches for an experienced CFO to help us grow into the future. Welcome Dave and Thank you for coming. Dave Timpe added he has 37 years of experience, and it is a pleasure to be here. Staff very welcoming and supportive.

#### **5. Consent Agenda Items Acceptance**

Home Health Care and Hospice 2<sup>nd</sup> quarter 2021 report. No additional discussion. Motion by Bill Pinkham to approve and second by Steve Alper, universally approved.

#### **6. Presentations**

##### **6.1 Estes Park Health – Current Status including Covid-19 and DNV Updates plus 2021 Tactical and Strategic Initiatives – Mr. Vern Carda**

- EPH mandated vaccine to all EPH employees and providers by October 1st. This decision was made with Physician leadership, Senior Leadership team and Board of Directors. We have an estimated 30 employees unvaccinated. Two team members met with each employee individually to answer questions and help them understand the policy and procedure that will be implemented, many of them had several questions regarding the vaccine. I expect a 'handful' of employees will choose to be unvaccinated which will result in termination of employment unless employee meets medical or religious exemption.
- CFO search-The search will take about 9 to 12 months. Informal search started, reaching out to industry leaders, will post positions on ACHE and HFMA as soon as possible. Additionally, will evaluate the use of a search firm to replace the retiring CFO. Vern will keep the board updated on the process.

##### **Tactical Items:**

- HR hired a generalist and an internal promotion filled the HRIS position. Additionally, compensation changes completed last pay period in July.
- Staffing and productivity assessment in process.
- Physician searches in process:
  - Hospitalists- move from RPG to employed. Have received four interested physicians. Will bring them in to EPH and complete an interview process. Implement employed hospitalist program by end of year. This change will improve patient care and create positive impact financially.
- Ophthalmology-Dr. Prochada is retiring end of year. We have sourced several candidates; EPH will narrow pool of candidates down to three to interview and identify fit for our team by year end.
- Radiologist-Kicked off the search, no candidates yet. Target first quarter 2022 for hiring date.

##### **6.2 Patient Access Service Center (PASC) – “One Call” Ms. Laurie Johnson**

PASC is a centralized call center that manages non-clinical functions required prior to a patient's scheduled service. This team environment shifts EPH's current model of relying on one person to be

available, to having a team to do the work. It will be staffed by experts that can schedule, authorize, and create an accurate estimate or patient bill and assist patient in understanding their benefits. Patients won't get multiple calls from EPH. Why do we need PASC? To improve the patient experience by streamlining the process. Better employee experience-currently one employee one function, no one to cover and no opportunity to grow and develop. This new process will allow employees to learn and grow, accomplishing new skills and be part of a team and team environment. Current State: is very complicated, multiple phone calls, inconsistency in the calling-not all patients receive calls. Always two or more calls to get the patient scheduled, authorized and an estimated payment Future state: More streamlined, less 'clutter' in the process and one call. Centralization of authorization for EPHPC, scheduling, benefit verification and estimation. The call will be made by a team member that can perform all functions.

#### 6.3 Estes Park Health – June 2021 Financial Report – Mr. Dave Timpe

- Net revenue 10.2% over budget-expenses 7.3% overbudget= a good month. Operating income of \$320,000. Also received adjustment of \$500,000 from Medicare for underpayment. Are reviewing the next couple months as we may have to pay back next year with the cost report. Also non-operating revenue of 4.8 million of PPP loan forgiveness recorded.
- In progress: \$5.4 MM in stimulus funds- currently recorded as an organizational liability. EPH must provide report by end of September to qualify for potential forgiveness of \$5.4 MM.
- Additional items: EPH debt service coverage ratio is 4.76, vs. the 1.25 required. Days in accounts receivable is 46.7 days..

#### 6.4 Peer Review Initiatives – Dr. Robyn Zehr

- DNV challenging us to revamp quality. EPH medical staff has completed peer review redesign and are utilizing medical executive committee and the Quality Director to assist in peer review process.
- Questions: David Batey-clarification of peer review please- Dr. Zehr- it is when one physician looks at another's documentation and cases to support quality care, near misses or negative outcomes. Utilize internal physician to review, if too delicate will use outside peer review. Goal is to review and understand best practice, process issues that may negatively impact the patient and process changes needed. Through credentialing we do regular chart review. Ongoing peer review assures high quality care and allows us to build trust with one another. Using EMR/EPIC to help support the process and the pulling of cases, still learning there.
- PUBLIC COMMENT-Larry Leaming-Thank you Dr. Zehr for your leadership.

#### 6.5 Chief Nursing Officer Update – Ms. Pat Samples

- COVID-19; current state for EPH. August 1 through the morning of August 23<sup>rd</sup>, we have done 738 COVID-19 test and 136 positive (rate of 18.4%). We have 4 negative pressure rooms and they have been full the last two weeks, in our crisis plan we can go up to 8 COVID-19 beds if needed. We are partnering with our community partner UCHHealth, they are running at capacity in all facilities so we are holding our non-critical patients longer and keeping more med/surg patients on the floor. We will be increasing swabbing clinic hours on 8/23 to 5 ½ hours/day to help pull some volume over from the Urgent care. If someone only wants a swab and not a medical evaluation,

they will be scheduled on the swabbing clinic schedule and sent over to the swabbing clinic from the urgent care clinic.

- Have worked on a crisis staffing plan with clinical leaders as well as a critical staffing plan. Will revise a bit more, ensure the right resources available.
- Vaccine mandate update-getting employees that want vaccinated scheduled. Have enough vaccine. Also began vaccinating immunocompromised patients per CDC guidelines as well.
- Community vaccine booster- be patient as we identify the need and opportunities to support the CDC if recommendations come out.
- New treatment modalities- we are working with our physicians in the clinic to identify a way to administer monoclonal antibodies on an outpatient basis.
- Quality and patient Safety structure-we are kicking off this month, supportive of DNV action plan. Working on some HCAPS/patient experience things (Pharmacy going to the bedside prior to discharge to educate the patients on their discharge medications. Room service). Working across the hospital to integrate learning and practice changes for falls.
- Working with local nursing schools for student placement for clinicals.
- Nursing Leadership-recruiting for a Home Health/Hospice Director, Perioperative service line director. Currently have interims in these positions.

7. **Strategic Operations and Significant Developments**

None.

8. **Medical Staff Credentialing Report**

Dr. Alper recommend approval of the Medical Staff Credentialing Report. Mr. Pinkham seconded the motion which carried unanimously.

9. **Potential Agenda Items for next Regular Board Meeting**

- CHRO Shelli Lind to give update recruiting/retention strategies, Kendra Simms and Dr. Epstein Quality/Patient safety update.
- Discussed need for meetings over next two months to be virtual to support the health and well-being of all. The Delta variant is widely spread. All in favor to move September and October to virtual and adjust as needed.

10. **Adjournment**

Diane Muno motioned to adjourn the meeting at 6:58 pm. Dr. Steve Alper seconded the motion, which carried unanimously.

**Draft Agenda**  
**Estes Park Health Board of Directors' Executive Session - By TEAMS and In-Person**  
**Thursday, June 10, 2021**  
**4:00 -6:00 p.m.**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order/Welcome (Time 4:05 pm)	1	Action	Dr David Batey
<b>2</b>	Approval of the Agenda (Motion Pinkham 2nd_ Alper)	1	Action	Board
<b>3</b>	Public Comments on Items Not on the Agenda	1	Information	Public
<b>4</b>	General Board Member Comments on Items Not on the Agenda	1	Information	Board
<b>5</b>	Entertain a motion to enter Executive Session Pursuant to Section 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 (Motion Muno 2nd Begley)	1	Action	Dr David Batey
<b>6</b>	Adjournment (Motion Begley 2nd Alper Time 6:49 pm)	1	Action	Dr David Batey
<i>Total Regular Session Mins.</i>		6		

**Draft Agenda**  
**Estes Park Health Board of Directors' Executive Session - By TEAMS and In-Person**  
**Thursday, July 15, 2021**  
**4:30 -6:15 p.m.**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order/Welcome (Time_ 4:31 pm)	1	Action	Dr David Batey
<b>2</b>	Approval of the Agenda (Motion Muno 2nd Alper)	1	Action	Board
<b>3</b>	Public Comments on Items Not on the Agenda	1	Information	Public
<b>4</b>	General Board Member Comments on Items Not on the Agenda	1	Information	Board
<b>5</b>	Entertain a motion to enter Executive Session Pursuant to Section 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 (Motion Alper 2nd Pinkham)	100	Action	Dr David Batey
<b>6</b>	Adjournment (Motion Alper 2nd Pinkham Time 6:18 pm)	1	Action	Dr David Batey
<i>Total Regular Session Mins.</i>		105		



**Draft Agenda**  
**Estes Park Health Board of Directors' Executive Session - By TEAMS and In-Person**  
**Wednesday August 18, 2021**  
**4:00 -6:00 p.m.**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order/Welcome (Time 4:03 pm)	1	Action	Dr David Batey
<b>2</b>	Approval of the Agenda (Motion Pinkham 2nd Alper)	1	Action	Board
<b>3</b>	Public Comments on Items Not on the Agenda	1	Information	Public
<b>4</b>	General Board Member Comments on Items Not on the Agenda	1	Information	Board
<b>5</b>	Entertain a motion to enter Executive Session Pursuant to Section 24-6-402(4)(b) C.R.S. to conference with an attorney for Estes Park Health for the purposes of receiving legal advice on specific legal questions, pursuant to Section 24-6-402(4)(c) C.R.S. for the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations and pursuant to Section 24-6-402(4)(f) C.R.S for the purpose of discussing personnel matters (Motion Pinkham 2nd Alper)	115	Action	Dr David Batey
<b>6</b>	Adjournment (Motion Alper 2nd Pinkham Time 6:00 pm)	1	Action	Dr David Batey
<i>Total Regular Session Mins.</i>		120		

**Draft Agenda**  
**Estes Park Health Board of Directors' Executive Session - By TEAMS and In-Person**  
**Tuesday August 31, 2021**  
**4:00 -6:00 p.m.**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order/Welcome (Time 4:04 pm)	1	Action	Dr David Batey
<b>2</b>	Approval of the Agenda (Motion Pinkham 2nd Alper)	1	Action	Board
<b>3</b>	Public Comments on Items Not on the Agenda	1	Information	Public
<b>4</b>	General Board Member Comments on Items Not on the Agenda	1	Information	Board
<b>5</b>	Entertain a motion to enter Executive Session Pursuant to Section 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 (Motion Pinkham 2nd Alper)	115	Action	Dr David Batey
<b>6</b>	Adjournment (Motion Pinkham 2nd Alper Time 6:03 pm)	1	Action	Dr David Batey
<i>Total Regular Session Mins.</i>		120		

## Draft Agenda

### Estes Park Health Board of Directors' Executive Session - By TEAMS and In-Person

Friday September 03, 2021

3:30 -5:00 p.m.

Estes Park Health's Kingstone Conference Center, 819 Big Horn Drive, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 3:33 pm)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Muno 2nd Pinkham)	1	Action	Board
3	Public Comments on Items Not on the Agenda	1	Information	Public
4	General Board Member Comments on Items Not on the Agenda	1	Information	Board
5	Entertain a motion to enter Executive Session Pursuant to Section 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 (Motion Alper 2nd Muno)	115	Action	Dr David Batey
6	Adjournment (Motion Alper 2nd Pinkham Time 5:28 pm)	1	Action	Dr David Batey
Total Regular Session Mins.		120		



# ESTES PARK HEALTH

## **CEO Report** **September 22, 2021**

### **Covid -19 Update.**

September 1 to September 24, 2021:

- 867 total tests
- 117 total tests have been positive
- 13.5% positivity rate

**Testing.** Estes Park Health has testing available for community members who need a Covid-19 test.

Community members with questions regarding Covid-19 or Covid-19 testing can call 970-586-2200 to speak with our Covid Triage Team during regular business hours. The results of a Covid-19 test are available within 24 hours. If your test result is positive an EPH provider will contact, you and discuss the results of your test and provide further Covid – 19 consultation.

**Vaccinations.** Estes Park Health supports efforts to protect all community members from contracting COVID-19. Please schedule your vaccination if you have already not done so. To receive your COVID-19 vaccine call 970-586-2200 to receive instructions on obtaining a vaccination.

Starting September 30, 2021, EPH will offer Pfizer vaccine for pediatric population ages 12- 17 at the EPH physician clinic. For patients 12-17 years of age who desire COVID-19 vaccine, please call 970-586-2200 to schedule.

**Booster Shots.** On September 24, 2021, the CDC Advisory Committee on Immunization and Practices (ACIP) recommended that the CDC endorsed for booster shot of Pfizer-BioNTech COVID-19 vaccine. The CDC recommends a booster vaccine at least 6 months after primary Pfizer Series. Qualifications for primary Pfizer Series booster shots include:

- People aged 65 and older
- People in long-term care setting
- People aged 50-64 years with underlying medical conditions

Others who may receive booster

- People aged 18-49 with underlying medical conditions
- People aged 18-64 at increased risk because of occupational/institutional setting

The CDC has issued no recommendation at this time for booster shots for people who received Moderna or Johnson and Johnson vaccines. After this recommendation comes from the CDC, EPH will follow these recommendations.

**Dr. Prochoda Retirement.** Dr. Prochoda has announced his intention to retire at the end of calendar year 2021. On behalf of EPH, I would like to extend my gratitude and sincere thanks to Dr.

Prochoda for his service to the community of Estes Park. Since 2005, Dr. Prochoda has extended great ophthalmic care to his patients. EPH will greatly miss Dr. Prochoda and his significant contributions to Estes Park Health medical staff leadership. We wish him well in his retirement!

## **Physician Recruitment Updates:**

***Ophthalmology Recruitment Update.*** EPH has completed four interviews with ophthalmology candidates. The candidates will be evaluated and narrowed to the best fit to serve the patients of the Estes Valley community. EPH desires to complete this process and extend a contract offer by the end of September 2021. Upon completion of negotiations and after physician contract is signed, EPH anticipates approximately 6 months until employed ophthalmologist will be available on a full-time basis to serve the community needs of Estes Park. The anticipated service gap between Dr. Prochoda and his replacement will likely be filled with locum physician coverage.

***EPH Hospitalist Update.*** Interviews are being conducted with potential hospitalists at the current time. I anticipate interviews with hospitalist candidates will be completed by the end of September. EPH intends to extend contract offers to preferred hospitalist candidates by the end of September 2021. Upon successful contract negotiation, next steps in this process include insurance credentialing and granting active staff privileges to physicians, as well as, completing orientation of physicians to EPH process, policy, and procedure. EPH anticipates employing, credentialing, and privileging to occur by January 1, 2021. The estimated impact to EPH is fiscally positive representing an approximate net change of \$250,000 per year.

***Radiology Recruitment Update.*** EPH has screened two candidates. Two more candidates have emerged as possible replacements for departed radiologist Dr. Hansen. EPH targets completing this radiology recruitment process by March of 2022.

***Podiatrist Recruitment Update.*** EPH has screened one candidate. We are still early in this process; however, this candidate seems to be a cultural and clinical fit. Administration will devote more time to assessing this candidate and evaluate a few more interested applicants during the next month.

## **Staff Recruitment Updates.**

***Chief Financial Officer (CFO).*** Following the retirement of EPH CFO Tim Cashman last month, EPH administration has been working diligently on a transition plan. That plan included working to secure an Interim CFO to help guide EPH for the next several months while a search is conducted for the permanent CFO.

Dave T. has been appointed as Interim CFO. Dave is a CPA and has significant rural health care accounting experience. Dave has served in several interim hospital CFO positions since his retirement from Eide Bailly. EPH anticipates Dave T. will serve in the Interim CFO capacity for six to nine months while permanent CFO recruitment process occurs.

The permanent CFO position has been posted in multiple places including Health Financial Management Association, American College of Health Care Executives, EPH internal, and with two recruitment firms. We anticipate receipt of a few qualified resumes for this position in approximately 30 days. Resumes will be reviewed, and screening interviews will be conducted narrowing the pool of candidates to two or three of the most qualified candidates. More information on this process will be provided next month.

**Executive Assistant.** Two finalist candidates have been interviewed for the open executive assistant position. Feedback from the multidisciplinary interview committee will be gathered and reviewed. An offer will be extended this week with the goal of filling this position in the next 30 – 45 days.

## ***Operational/Tactical Updates***

**Patient Access Service Center (PASC) or “One Call”.** EPH staff have communicated the PASC plan to several key stakeholders including Quality, Med. Exec. staff, Directors and Revenue Cycle Departments. Current tasks include finalizing job descriptions, designing layout for physical space, and completing workflow charts. Dr. Julie Schneider will be the physician champion representing clinic providers and assisting with workflow design. The anticipated “go-live” date is 2/1/21.

**Productivity and Staffing Analysis.** A productivity and staffing analysis is being conducted. This analysis will consist of two phases. Phase 1 consists of data exploration. This phase requires EPH finance and human resource staff gather each EPH department’s productivity data.

Eide Bailly will conduct Phase II of the project. This phase will focus on department leader education, and process and productivity improvement. Phase 2 will also concentrate on strategies to improve process, and organizational efficiency and effectiveness.

EPH anticipates completing Phase 2 by calendar year end 2021. Productivity improvements will begin implementation during first quarter of 2022. The result of the project will be a functioning productivity system which enables the organization to measure and monitor organizational productivity on a consistent basis.

**Clinic Operations Committee.** The clinic operations committee has met twice with the challenge of identifying opportunities for improvement and then implementing changes that will positively impact the patient experience, as well as create a positive operational performance impact. The committee includes physicians, members of hospital administration, and any other key stakeholders that interface with clinic or clinic services. At the present time, we are concentrating on improving communication, analyzing workflow patterns, and examining how to utilize EPIC technology differently to better serve the patients.

**Home Health.** Recruitment challenges exist in finding a leader to succeed Sara Bosco who resigned in July. This is a very specialized position and requires a knowledge base that is not easy to find. At the present time, we do not have any applicants for the position.


**Urgent Care.** EPH management is examining the Urgent Care patient flow and entry into the building for patient care services including urgent care, rehabilitation services and specialty care. These services all utilize the same entrance and are subject to screening and mask requirements. However, EPH may be considering separating the urgent care entry from the rehabilitation and specialty clinic entries.



1

## COVID 19 Update

- September 1 to September 24 2021
  - 867 tests
  - 117 Positive
  - 13.5%
- Testing
- Vaccination
- Booster Shots

The slide has a decorative header with green and blue geometric shapes. The text "COVID 19 Update" is centered at the top. Below it is a bulleted list of COVID-19 statistics and topics. The Estes Park Health logo is in the bottom right corner.

2

## Physician Recruitment

- Dr. Prochoda Retirement
- Ophthalmology Recruitment
- Hospitalist Recruitment
- Radiology Recruitment
- Podiatrist Recruitment



3

## Administrative Staff Recruitment

- CFO
- Executive Assistant
- Director of Pharmacy



4



## Operational/Tactical Updates

- Patient Access Service Center (PASC)
- Productivity and Staffing Analysis
- Clinic Operations Committee
- Home Health
- Urgent Care




5

## Questions?




6



**ESTES PARK  
HEALTH**

## EPH Living Center Workforce Housing


September 22, 2021




1

### The Plan

- Convert one of the two wings (“Aspen Hall”) in the Living Center to be single-occupancy apartment rooms for EPH on-call & coverage workforce. Plan is for fourteen rooms.



- Self-service kitchen/dining options will be available. May offer a lounge area outside room, though staff will have their normal security access to the whole hospital.



**ESTES PARK  
HEALTH**

2

2

## The Plan

- Replace all the antiquated plumbing and sewage lines in the process.



- Transplant the billing and finance offices (immediately below the project) during the plumbing replacement. (Most can work remotely during that timeframe.)
- Move on-call and coverage staff from the leased properties.
- Eventually, close down leases (all or some) as those agreements become available for shutdown.
- Goal is availability for staff in January.

3



3

## Current Status

- Work commenced on September 13, 2021. Project plan in place from the contractors.
- Demolition and shower room builds in progress.



- Planning the PFS and Finance transplant for October.
- Working with Good Sam's to move resident beds to local and other sites.
- Planning and documenting the user experience items. Including dining and food storage options.

4



4



**ESTES PARK  
HEALTH**

## Strategic Plan- Quality Initiatives

Kendra Simms  
Dr. Ken Epstein



1

## Quality Drivers


### Six Aims of High-Quality Health Care

**The Six Domains (or Aims) of Healthcare Quality**


<b>Safe</b>	• Avoid injuries to the patient resulting from the care intended to help them.
<b>Effective</b>	• Provide services based on scientific knowledge to all who could benefit and refrain from providing services not likely to benefit the patient.
<b>Patient Centered</b>	• Provide care that is respectful of and responsive to individual patient preferences, needs and values, ensuring that patient values guide clinical decisions.
<b>Timely</b>	• Reduce waits and harmful delays for those who receive care and those who give care.
<b>Efficient</b>	• Avoid waste of equipment, supplies, ideas and energy.
<b>Equitable</b>	• Provide care that does not vary in quality based on personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.

Committee on Quality of Health Care in America, Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press, 2001.

### Triple Aim vs Quadruple Aim




**An Overview of the IHI Triple Aim**



**Quadruple Aim Model**

- Population Health:**
  - Benefit: Improves employee satisfaction and turnover, improves patient satisfaction and reduces workplace injuries.
- Experience of Care:**
  - Benefit: Improves patient satisfaction and reduces patient complaints, improves medical error reduction, and improves patient safety.
- Per Capita Cost:**
  - Benefit: Reduces patient suffering through reduced costs of errors, HAPs, and injuries.
- Workforce Well-being:**
  - Benefit: Reduces burnout, improves patient satisfaction, and improves patient safety.

 **ESTES PARK  
HEALTH**

2

## Pursuit of Quality

### Facility Strategy

- Quality Improvement planning, Management & Reporting
- Promote Community Health via Effective & Efficient Patient Management
- Strengthen customer & family engagement

### Quality Strategy

- Re-designed Quality Structure
  - Individual council meetings and quality-based projects (current and ongoing)
- Process development & Improvement
  - RCA 2, Lean, Clinical Review Committee & best practices (current and ongoing)
- Patient- Family Advisory Council (Q4 of 2022)



3

## Developing People Resources

### Facility Strategy

- Developing People Resources



### Quality Strategy

- Just Culture
  - Training leaders (Q1-Q2- 2022)
  - Educating frontline (Q2-Q3- 2022)
  - Full Implementation (Q4- 2022)
- Peer Support Resources (current-ongoing)
- Safety Soundbite (Q4-2021)



4

## Information Technology Improves Patient Outcomes

### Facility Strategy

- Increase & leverage IT systems to effectively manage & improve care



### Quality Strategy

- Implementation of RL platform  
(current- ongoing)
  - Event reporting
  - RCA data base
  - Clinical Review Committee/ Peer Review
- Blood Administration (Q4 2021)
- EPIC utilization (current- ongoing)
  - MINDS
  - AI fall Score
  - Forced functions
  - Standardization



5

## Fiscal Health

### Facility Strategy

- Expense Reduction & Revenue Growth



### Quality Strategy

- HTP (current- ongoing thru Q3- 2027)
- Harm Reduction (current- ongoing)
- LOS/ re-admission/ right care  
**ALWAYS! ALL THE TIME!**



6

Chief of Staff  
Updates  
Dr. Robyn Zehr  
9.27.2021



1

## Booster shots??

- On 9/24/21 CDC Director endorsed CDC Advisory Committee on Immunization and Practices (ACIP) recommendation for a booster shot of Pfizer-BioNTech COVID-19 vaccine in certain populations
- CDC Recommends booster vaccine at least 6 months after primary Pfizer Series
  - Should get booster:
    - People age 65 and older
    - People in long-term care setting
    - People age 50-64 years with underlying medical conditions
  - May receive booster
    - People age 18-49 with underlying medical conditions
    - People age 18-64 at increased risk because of occupational/institutional setting
- Encourage adults who qualify to set up vaccine at pharmacy/UC Health facilities that have Pfizer vaccination
- No recommendation at this time for Moderna or J&J.
- Main goal is still to focus on primary vaccination



2

## Vaccines for Kids 5-12?

- Pfizer announced 9/20 clinical trials of vaccine for kids 5-12 have promising results (safe and strong antibody response)
- Planning to submit data to FDA and other regulatory agencies soon, for review and recommendations (Emergency Use Authorization)
- Results in children under 5 years expected as soon as later this year



3

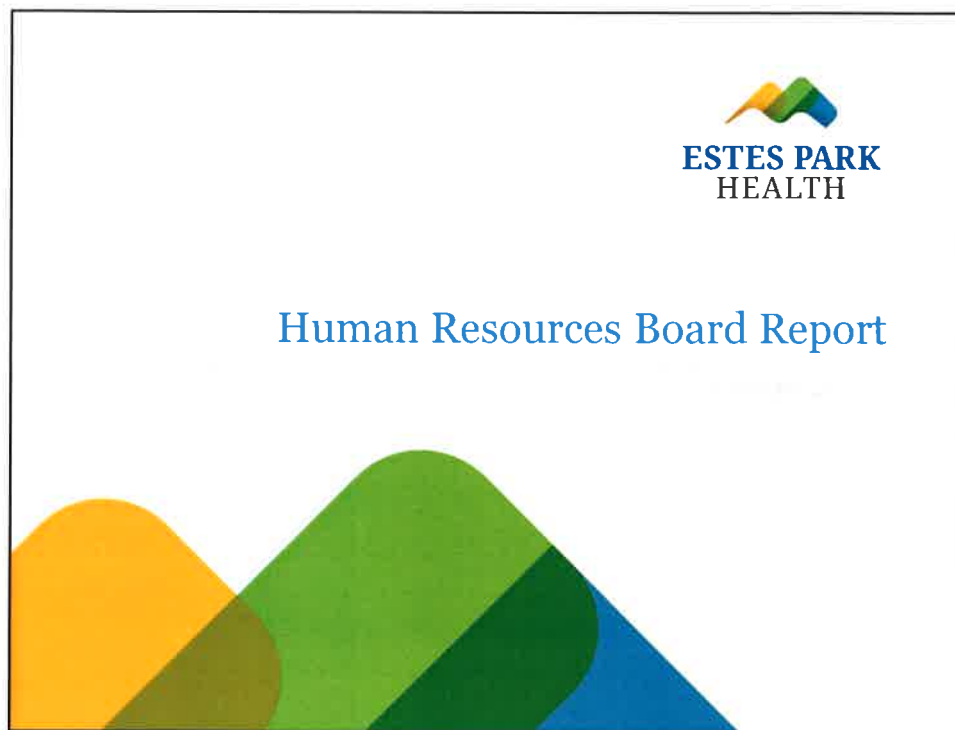
## Testing options

- Much confusion regarding types of tests
  - PCR
  - Antigen
  - Antibody
- Where to get test
  - Estes Park Health Swabbing Clinic
  - Larimer County Free COVID testing at Estes Park Event Complex
  - Rapid At Home Testing



4






1

## Employee Vaccination Update

- 99.7% employees fully vaccinated for Covid-19
- 12 employees partially vaccinated (as of noon 9/23/21; Employee Health vaccination clinic is afternoon of 9/23)
- 6 medical exemptions
- 11 religious exemptions
- 2 remote worker exemptions
- 2 resignations

Policy and process reviewed and modified as the State continues to provide requirements of the health worker mandate.



2

## Recruitment and Retention

### The Current Landscape

- 23 Contract employees (includes 16 nursing travelers and 2 respiratory therapist travelers)
- Current open positions: 35 full-time, 3 part-time, 19 PRN
- Colorado Board of Health is mandating minimum staffing levels in hospital units and emergency departments, effective October 18
- Lack of affordable housing continues to be a challenge for recruiting new employees, particularly for PRN or part-time positions
- Traveling has become a way of life for many RNs during the pandemic and we don't see that trend changing much

3



3

## Recruitment Response

- New HR employee focused on sourcing and rapid response to applicants
- Enhance advertising and postings to highlight the work/life balance we offer at EPH
- Reviewing HR processes for timeliness of hire
- Improve Traveler process with agency for quicker hires
- Sign-on/Retention bonuses
- Referral bonuses
- Temporary call pay bonuses for OR staff working above the required on-call shifts
- Add special pay practices to entice RNs to work weekends

4



4

## Recruitment Response (continued)

- Revise staffing matrices
  - Review number of RNs and Techs needed
  - Explore sharing Techs between departments (i.e., OR and Birth Center)
  - Partner with EMS
  - Review PCT and CNA roles
  - Utilize LPNs
- Grow our own nurses:
  - LPN to ADN to RN programs (partner with FRCC and Aims Community College)
  - Nurse Extenders
  - Tuition Reimbursement and Loan Forgiveness programs
  - Partner with C.N.A. training programs
  - Explore onboarding program, such as new grad residency

5



5

## Retention Strategies

- Invest in education for employees in all roles
- Continue to review compensation practices for market-competitiveness
- Leadership development program
- Rewards and Recognition program
- Explore housing options – both temporary and longer-term options – including partnering with The Town
- Explore programs for our commuting employees

6



6

**Magnetic Resonance Imaging (MRI) Replacement Request  
Executive Summary  
9.27.2021**

**Recommendation**

EPH Administration recommends purchase of a 2021 MAGNETOM Altea/ CPQ-182165 MRI unit.

The negotiated costs for MAGNETOM Altea/ CPQ-182165 are:

<u>Equipment/Service</u>	<u>Pricing</u>
<b>1.5 Altea MR Equipment:</b>	<b>\$1,098,997</b>
<b>Annual Service:</b>	<b>\$75,341</b>

**Current Equipment Information**

EPH current MRI is a Siemens Magnetom Symphony 1.5T that was installed used in 2012 and will be at end of useful life in 2021. This unit is requiring maintenance on a frequent basis. Additionally, hardware and software updates are challenging the technology, and, in some cases, updates will become difficult to install. Additionally, parts will become difficult to obtain on a timely basis and most importantly, patients could start experiencing exam quality issues.

**Improved Quality & Patient Experience**

EPH patients will experience substantial benefits by advancing from the Symphony to the Magnetom Altea:

1. Patient-focused technology
  - a. Software like FREEZEit that will prevent double contrast dosages
  - b. And Expert-I that will enable remote login to the scanner to prevent patient recalls for challenging exams
1. Coil Portfolio
  - a. Light weight, flexible memory foam, to adhere to varying patient anatomy for substantially more comfort
  - b. Highest density coils on the market for reduced acquisition time and high-resolution images
2. BioMatrix Technology – interface, tuners, and sensors
  - a. Allows technologists to acquire more reproducible images for the radiologists
  - b. Adaptation to the patient to accommodate for motion and bio variability creates homogenous and diagnostic images
3. Sequences and Turbo Suite Packages
  - a. Allows head to toe acceleration using compressed sensing and simultaneous multi slice, as well as advanced metal artifact reduction sequences
4. Accommodate for difficult body imaging with single breath hold exams as well as a multitude of different higher resolution, lower acquisition exam sequences Dot Engines
  - a. Consistency among varying skill leveled technologists
  - b. Automated workflow to reduce exam acquisition time and set up

## 5. Sequences and Turbo Suite Packages

- a. Allows head to toe acceleration using compressed sensing and simultaneous multi slice, as well as advanced metal artifact reduction sequences
- b. Accommodate for difficult body imaging with single breath hold exams as well as a multitude of different higher resolution, lower acquisition exam sequences

### Cost Comparison “bid” Information

#### Option #1: Siemens

	<u>Pricing</u>
1.5 Altea MR Equipment:	\$1,098,997
Annual Service:	\$75,341

- \$489,716 total cost of service operating expense over seven years
  - Twelve months of warranty
  - Additional six months of warranty in first year (18 months warranty total)
    - ~\$37,671 first service year cost

#### Option #2: Vizient group buy promo

	<u>Pricing</u>
1.5T Altea MR Equipment:	\$1,240,913
Annual Service pricing:	\$88,125

- \$572,812 total cost of service operating expense over seven years
  - Standard twelve months warranty
  - Plus 50% off first year of service price
    - ~\$44,063 first service year cost

### MRI Diagram

## MAGNETOM Altea Confidence to deliver

New 1.5T magnet  
70 cm Open Bore,  
50 x 50 x 50 cm<sup>1</sup> FoV

BioMatrix Technology  
Automatically adjusts to  
patient biovariability

Turbo Suite  
Unique acceleration packages



SIEMENS  
Healthineers



Tim (180x32)  
with XJ gradients  
33 mT/m @ 125 T/m/s

Common software platform  
*syngo* MR XA-line

Unique Dot Engines  
enable highly reproducible  
scan procedures

Patient-centered coil portfolio  
with Tim 4G & BioMatrix  
Technology



1

## MRI Recommendation

**Recommends purchase of 2021 MAGNETOM Altea/ CPQ-182165 MRI unit**

<b>Cost:</b>	
<u>Equipment/Service</u>	<u>Pricing</u>
1.5 Altea MR Equipment:	\$1,098,997
Annual Service:	\$75,341

2



**Park Hospital District Board  
Timberline Conference Room  
September 27, 2021**

**CREDENTIALING RECOMMENDATIONS**

**Credentials Committee approval:** August 25, 2021

Present: Drs. Dunn (Chair), Meyer, Zehr, Steve Alper, Bill Pinkham, and Andrea Thomas

**Medical Executive Committee approval:** September 1, 2021

**Appointments**

Branch, Cody, M.D.  
Habermehl, Gabriel, M.D.  
Taussig, Matthew, M.D.  
Tesoriero, Joseph, M.D.

Courtesy, Diagnostic Radiology  
Courtesy, Pathology  
Courtesy, Diagnostic Radiology  
Courtesy, Diagnostic Radiology

**Reappointments**

Campbell, Richard, D.O.  
Epstein, Kenneth, M.D.  
Frishman, Jordan, M.D.  
Furmaga, Michelle, M.D.  
Lauro, Bridget, M.D.  
Long, Daniel, M.D.  
Norris, Erika, M.D.  
Pizzi, Catherine, M.D.  
Radice, Lisa, N.P.  
Scroggins Young, Virginia, M.D.  
Simon, Kaycee, CRNA  
Thiesen, John, M.D.  
Toi Scott, Miho, M.D.  
Workman, Frederick, D.O.

Courtesy, Family Medicine  
Active, Internal Medicine  
Courtesy, Infectious Disease  
Active, Neurology  
Courtesy, Diagnostic Radiology  
Courtesy, Pathology  
Active, Family Medicine  
Courtesy, Pathology  
APP, Nurse Practitioner  
Courtesy, Diagnostic Radiology  
APP, Anesthesia  
Courtesy, Internal Medicine  
Courtesy, Hematology/Oncology  
Courtesy, Internal Medicine