

Agenda
Estes Park Health Board of Directors' Regular Meeting by GoToWebinar
Monday, April 25, 2022
5:30 - 7:30 pm Board Meeting
Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order and Welcome	1	Action	Dr David Batey
2	Approval of the Agenda	1	Action	Board
3	Appreciation of Dr. Amamda Luchsinger's Service	5	Action	Board and Public
4	Public Comments on Items Not on the Agenda	3	Information	Public
5	General Board Member Comments	3	Information	Board
6	Consent Agenda Items Acceptance:	2	Action	Board
6.1	Board Minutes			
6.1.1	EPH Board Regular Meeting Minutes April 4, 2021			
6.2	Other Documents			
7	Presentations:			
7.0	Estes Park Health May 2022 Election Preparation Update	5	Discussion	Ms Sarah Shepherd
7.1	Proposal for EPH Outpatient Behavioral Health Program	15	Discussion	Mr Vern Carda, Mr Bobby Powers
7.2	Estes Park Health Current Status, Covid-19 Updates, 2022 Tactical and Strategic Initiatives Updates and Forecast	15	Discussion	Mr Vern Carda
7.3	EPH Urgent Care Update - Financials, Volumes, Quality Measures	15	Discussion	Ms Pat Samples
7.4	1QTR 2022 EPH Financials	20	Discussion	Mr Marcus Armstrong
7.5	Chief Operations Officer Strategic Update	15	Discussion	Mr Gary Hall
8	Executive Summary - Significant Items Not Otherwise Covered	1	Discussion	Senior Leadership Team
9	Medical Staff Credentialing Report	2	Action	Board
10	Potential Agenda Items for May 23, 2022 Regular Board Meeting	1	Discussion	Board
11	Adjournment	1	Action	Board
Estimated Total Regular Session Mins.		105		

Next Regular EPH Board Meeting: Tuesday May 23, 2022 5:00 - 7:00 pm



ESTES PARK HEALTH

ESTES PARK HEALTH BOARD OF DIRECTORS' Regular Meeting Minutes – April 4, 2022

Board Members in Attendance

Dr. David Batey, Chair
Dr. Steve Alper, Finance Committee Chair
Mr. William Pinkham, Member at Large
Ms. Sandy Bagley, Member at Large

Other Attendees

Mr. Vern Carda, CEO
Ms. Pat Samples, CNO
Mr. Gary Hall, CIO
Mr. Marc Armstrong, CFO
Ms. Shelli Lind, CHRO
Ms. Lesta Johnson
Ms. Wendy Ash
Ms. Rachel Ryan
Dr. Mark Wiesner
Ms. Sarah Shepherd
Dr. Robyn Zehr (via webinar)
Ms. Kaci Early (via webinar)

Community Attendees (via webinar):

Mr. Drew Webb (via webinar)
Mr. Larry Leaming (via webinar)

1. Call to Order

The board meeting was called to order at 5:00 PM by David Batey; 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. Steve Alper seconded the motion, which carried unanimously.

3. Public Comments on Items Not on the Agenda

No comments.

4. **General Board Comments**

Welcome and introduction of Rachel Ryan, the new Executive Assistant at Estes Park Health.

5. **Consent Agenda Items Acceptance**

David Batey motioned to approve consent agenda items as listed, which carried unanimously.

6. **Presentations**

6.0 **Estes Park Health May 2022 Election Preparation Update – Sarah Shepherd**

- There have been a few requests from newspapers for contact information for candidates; candidates have been in communication. It was determined that email addresses are identifying, so it is up to each individual candidate if they want this shared or not.
- Sarah will be dropping off ballot box on April 5th at Estes Park Health, and meeting with Rachel Ryan to review election duties.
- Ballots are on schedule to be mailed out the week of April 11th. Sarah has reached out to the Postmaster to ensure that ballots will be delivered as soon as possible, and ballots may be dropped off at EPH (9-4 PM, Mon-Friday, starting April 11th through May 3rd at 7 PM) or they may be mailed back.
- Election results will be published the night of the election (unofficial abstract). May 11th is the deadline for UOCAVA ballots to be received.

6.1 **Estes Park Health Current Status, Covid 19 Updates, 2022 Tactical and Strategic Initiatives Updates – Vern Carda**

COVID-19 Updates

- Estes Park Health supports vaccinations, frequent handwashing, wearing masks, and maintaining appropriate social distancing. If you have an appointment at the hospital or clinic, please anticipate time in your schedule to accommodate a brief covid screening upon entrance to the hospital or clinic. Additionally, hospital and clinic visits will require patients to wear a mask during your appointment.
- **Visitation**
 - All visitors to EPH, Urgent Care, and Physician Clinic are still required to wear a surgical grade mask and be screened at the door. EPH Covid Governance Team abides by CDC guidelines and recommendations. EPH policy has been updated accordingly, and patients will be allowed unlimited visitors (though only 2 may be in patient room at any given time).
- **Vaccinations:**
 - A fourth dose of the Covid booster shot is now available to anyone the age of 50 and over. Call 970-586-2200 to schedule appointment. Estes Park Health is now actively administrating these boosters. Covid Governance Team meets regularly and is staying updated on guidelines to keep the entire hospital and community safe.

- EPH Covid Testing through March 26, 2022:
 - 91 Total Tests
 - 5 Positive Results
 - 5.5% Positivity Rate Per the Sample Size
 - MTD: 413 tested with 34 positives: 8.2%

Updates

Recruitment Updates

- Dr. Amanda Luchsinger: EPH has received several applicants to replace this position; screening activities and interviews are being scheduled/are ongoing. Dr. Hollis Burggraf has been hired as a temporary provider to fill in as interim on May 9, 2022, to assist with overlap prior to Dr. Luchsinger's official departure on May 12. Dr. Luchsinger has also offered to help transition and orient new physician.
- Radiology Recruitment Update: Dr. John Kundtson has officially started at EPH.
- Ophthalmology Recruitment Update: A contract has been extended to an ophthalmologist candidate, and we anticipate an affirmative response. There are numerous challenges in filling this role, which include a small pool of candidates and finding a practitioner to want to practice without a partner. At this time, an ophthalmologist is providing weekly services while recruitment efforts remain ongoing. EPH is working through physician credentialing, and the goal is to have ophthalmic clinic patients by May of 2022.

Operational/Tactical Updates

- Chemotherapy Update: EPH is planning on relaunching chemotherapy programming, with a target date of May 2022. Certified staff are completing their training, and EPH has also established a relationship with UCHHealth oncology. EPH nurses will complete education and practice rotations through UCHHealth to better enhance their skillset.
- Outpatient Mental Health Counseling: Vern has met with a representative from Senior Life Solutions regarding the possibility of establishing outpatient counseling at EPH. More information will be provided at a later date, once a model of care and program fiscal potential is reviewed.
- Colorado Imaging Associates Update: Since CIA has decided to discontinue tele-radiology services, EPH is evaluating other tele-radiology companies. Updates will be forthcoming as this develops.
- Aspen Hall – On Call Rooms: These rooms are now available for staff and are being utilized. Logistical challenges, such as limiting foot traffic through the space and scheduling times to clean the common areas are being reviewed. Kingstone and Birch House leases have been terminated.
- Urgent Care Update: Urgent Care is currently open 10 AM – 6 PM, Thursday-Monday and is closed Tuesdays and Wednesdays. Starting May 31st, hours will change from 9 AM – 7 PM. Between September and May, there is approximately 8-14 patients per day, and approximately 30 patients per day between Memorial Day and Labor Day. The model is consistent with other communities that are similar to Estes Park when it comes to large tourism values. Urgent Care report will be provided at next meeting.

- MRI Replacement Project: On March 21st, MRI patients began using a mobile MRI unit located on the south side of the hospital (Siemens Avanto 1.5T). The new MRI unit is anticipated to arrive later in April, and there will be a crane on campus at that time.

6.2 EPH Telemedicine Strategic Update – Mr. Gary Hall, Ms. Lesta Johnson, Robyn Zehr M.D.

- A summary of this was presented and discussed by Gary Hall. This has become far more prevalent and accelerated as a direct result of Covid.

6.3 Population Health Strategic Update – Ms. Wendy Ash

- A summary of this was presented and discussed by Ms. Wendy Ash. Since last meeting, the first hospital discharge follow-up phone call has taken place. This is a large contributor to patient satisfaction.
- PHM Encounters have been on the rise since August of 2021, as well as billable encounters.
- Oxygen referral values have jumped significant from October to April.

6.4 Peer Review Strategic Update – Dr. Mark Wiesner

- Dr. Wiesner is the new chairperson for the Professional Practice and Evaluation Committee, which was formerly known as Peer Review. The process has been updated to better align with newer laws that are involved with Peer Review process. The goal is to make more educational, rather than punitive. Board was updated on changes, and how it will impact EPH.
- Reports on this will include a case number, which will indicate if a letter sent was for awareness, educational, if there was a peer review process that took place, and what recommendations were put in place. It will also include if it went to MEC or the Board, and will be presented in aggregate with no specifics.
- Plan is to send out quarterly reports.

6.5 Estes Park Health Foundation Strategic Update – Mr. Kevin Mullin

- Strategic Plan Implementation: all strategic priorities have been accomplished. Continuous assessments are in place for ongoing improvements for donor retention, institutional communication.
- MRI campaign completed at \$545k, and initial goal was a third of this.
- A new member was added to the Legacy Society.
- Financials are performing near expectations; Estes Park Jazz and Blues Festival will be taking place at the Stanley Hotel.

7 Executive Summary – Significant Items Not Otherwise Covered

No comments.

8 Medical Staff Credentialing Report

Steve Alper recommended the approval of the Medical Staff Credentialing Report. Bill Pinkham seconded the motion, which carried unanimously.

9 Potential Agenda Items for April 25, 2022 Regular Board Meeting

- Financial and functional assessment on Urgent Care
- Financial update/audit report

10 Adjournment

David Batey motioned to adjourn the meeting at 7:15 PM. Bill Pinkham seconded the motion, which carried unanimously.

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

ESTES PARK (PARK) HOSPITAL DISTRICT
May 3, 2022 Election Status Memo

To: Board of Directors, Park Hospital District
From: Sarah E. E. Shepherd, Designated Election Official
Date: April 22, 2022

Dear Board:

Ballots were mailed out between the required April 11 and April 15 deadline, and all have been tracked as delivered by USPS.

The local newspapers printed the election publication notices. This same notice for the election was post on the district's website at the top of the elections page. This notice details the timing for mailing and drop off locations and times through 7pm on Election Day, Tuesday, May 3.

Ballots can be dropped off or mailed according to the election notice. Ballots take between 1-2 days to be delivered to our offices. If a voter is concerned about delivery times, please encourage them to drop their ballot off at the Hospital entrance.

Ballots must be received by 7pm on Election Day, Tuesday, May 3 in order to be counted.

Vern and Rachel have been wonderful in their efforts to assist in forwarding requests and questions to our offices, taking in and putting out the ballot box each day, and keeping replacement ballots on site in case an emergency replacement ballot issuance is necessary between now and Election Day. They are the task of effective communication and election judges and deserve a huge amount of thanks.

If the local ballot box begins filling up, so will plan for an exchange on May 2 or prior, so any preprocessing can be completed in order to have unofficial results posted as soon as possible after 7pm on May 3.

I plan to attend the April 25 virtual regular district board meeting to answer question the Board or community may have.

Canvass Board members (one District Board member and one community member will assist me in certifying the final election results on May 17.

The May regular board meeting will be the time to swear in re-elected or newly elected Directors after the election results have been confirmed. All information and documents will be provided at that meeting and submitted to the State afterward, according to the Election Calendar.

Circuit Rider of Colorado, LLC
Mailing: P. O. Box 359 – Littleton, CO 80160 * Telephone: 303-482-1002 – Email: sees@ccrider.us



Introduction :



***Senior Life
Solutions***[®]



Longstanding Track Record of Successful Implementations

1992: Geriatric Medical Care was founded by James A. Greene, MD, a nationally recognized geriatric psychiatrist. Dr. Greene's numerous professional accomplishments include:

- Representing psychiatry in the White House Council on Aging
- Serving as professor and chairman of psychiatry for the University of Tennessee
- Serving on Board of Trustees of the American Psychiatric Association
- Born and raised in a CAH community



2003: Dr. Greene establishes PMC, opening up first Senior Life Solutions program



2018: PMC partners with Consonance Capital Partners, a leading healthcare-focused private equity firm

2009: J.R. Greene joins PMC as CEO



2015: PMC opens up first Green Oak Behavioral Health program, an inpatient psychiatry program

2019: PMC acquires ITP, increasing number of Psychiatrist nationally



2018: PMC grows Senior Life Solutions program to 70 locations across over 20 states

2019: Nancy-Ann DeParle and Marilyn Tavenner join the PMC Board of Directors



Over 108 Locations Across the U.S.



National Health System Partners



✓ 250+
Facilities

✓ 25+
States

✓ 750+
Clinical Professionals

✓ 250,000+
Encounters Per Year





Introduction to Senior Life Solutions

- **Significant Benefits to Patients**
 - Provides access to behavioral healthcare in the community, including access to psychiatrist and therapist resources
 - Meaningfully improves behavioral health outcomes
 - Prevents and reduces unnecessary hospitalizations and institutionalizations
- **Tremendous Value for CAHs**
 - Addresses community need and mission. Providing improved holistic care to patient
 - Reduces pain points of behavioral health cases in ER such as unbillable ER days
 - Keeps patients within the community or the system and reduce need for external referrals
 - Improves hospital profitability
- **Clinical-focused culture driven by founder's philosophy**
 - Founded by Dr. James A. Greene, MD, DLFAPA, FACP, a distinguished psychiatrist, SLS's patient-centric model stems from his extensive clinical experience,
 - Dr. Greene's numerous professional accomplishments include serving as Chairman of Psychiatry for the University of Tennessee, serving on the Board of Trustees for the APA, and serving as an author of the DSM-5

Senior Life Solutions Treats the Following Mental Health Issues

- Depression
- Anxiety
- Bereavement or Grief
- Memory Problems Associated with Depression
 - *Clinical depression often eludes diagnosis by mimicking other illnesses (pseudo-dementia)*



Examples of ICD-10 diagnoses

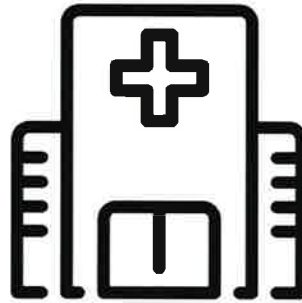
- **Major Depressive Disorder, Recurrent**
- **Major Depression Disorder, Single Episode**
- **Generalized Anxiety Disorders**
- **Bipolar Affective Disorder**
- **Obsessive Compulsive Disorder**
- **Post-Traumatic Stress Disorder**
- **Certain Personality Disorders**
- **Adjustment Disorder**

Tremendous Impact in the Community and Beyond



One  Senior Life Solutions[®] Program

*Treating Patients
within 20 to 30 miles
of the Hospital*



75 Patients
/ Year



4 Family Members
/ Patient



6 Friends
/ Patient



750 Lives /
Program / Year

*With Over 70 Programs, PMC Impacts Over 50,000 Lives Across
the United States Each Year*

Senior Life Solutions Management Services Program is a Comprehensive Solution



Awarded BEST PLACES TO WORK 2 years in a row

1. Excellence in 24/7 Operational Management
 - a. Care – Improving the function and quality of life of each patient
 - b. Community – Growing the program successfully
 - c. Compliance – Meeting all State and Federal guidelines
2. Recruitment of staff including psychiatrist
3. Policy and procedures to CMS and TJC standards
4. Ongoing community education
5. All documentation requirements for Programs
6. Outcome measurement and reporting (*now digital - 2019*)
7. Quarterly compliance audits - (*Announced and Unannounced*)
8. Telepsychiatry capability, implementation and HIPAA-compliant software
9. Ongoing training of current and new staff members (*Goal to psych certify the RN*)
10. Financial cost report analysis and guidance
11. Enhanced local support – Regional Directors have a limited number of programs



Program Has Been Fully Refined Over 15 Years



Time Schedule:

9:00 – 9:50
 10:00 – 10:50
 11:00 – 11:50
 12:00 – 12:45
 13:00

Therapy:

Goals Process Group
 Symptoms Process Group
 Wrap-Up Process Group
 Lunch
 Return Home

Senior Life Solutions Operational Weekly Summary					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Therapy Planning	Patient Assessments	Therapy Planning	Treatment Team Meetings	Therapy Planning
9:00	Group Psychotherapy Sessions & Group Lunch (CNA picking up/returning)	/Community Education	Group Psychotherapy Sessions & Group Lunch (CNA picking up/returning)	Family Therapy	Group Psychotherapy Sessions & Group Lunch (CNA picking up/returning)
10:00		Family Therapy			
11:00		Lunch			
12:00		Communication with			
13:00	Documentation (Therapist and RN)	Local Physicians (Updating on patient care)	Patients visiting with Psychiatrist / Individual Psychotherapy/ Admissions and Documentation	Billing	Documentation (Therapist and RN)
14:00					
15:00	Individual Psychotherapy	Individual Psychotherapy/ Aftercare and Discharge Planning		Patient Assessments	Individual Psychotherapy
16:00				Discharge Planning	
17:00				Transitional Group Therapy (Prior to discharge)	

*Schedule does adjust to program needs

Supported by a Proven Clinical Team

- **Medical Director (Psychiatrist)** - determines medical necessity and evaluates patients upon entry into the program
- **Program Director (RN)** – liaises with medical community and oversees program
- **Program Therapist** - runs group & individual therapy sessions
- **Office Patient Coordinator** – helps manage office and transport patients



7.1.8



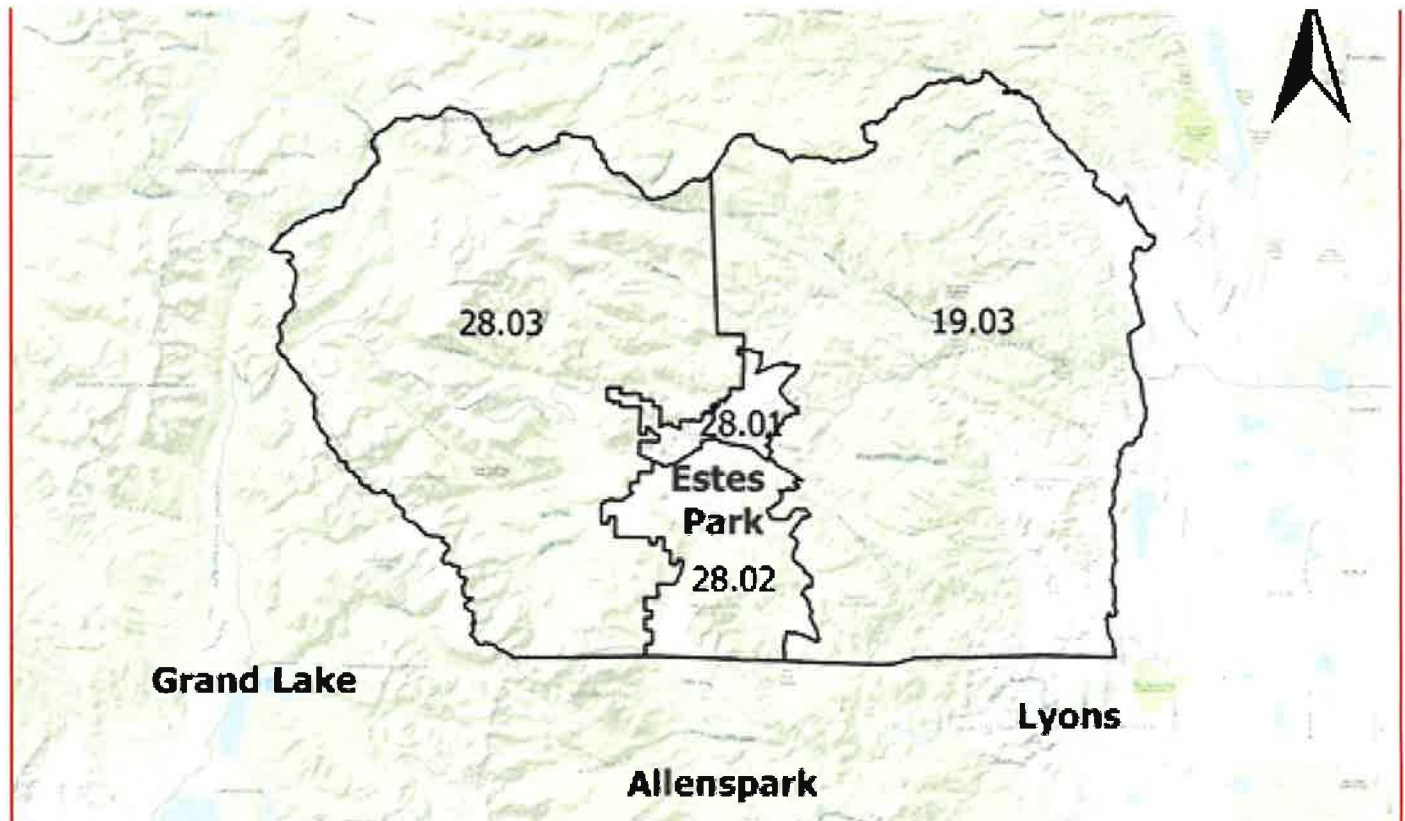
Estes Park Health Senior Life Solutions

Approx. Patient Radius of Care – 30-minute drive

Key Data:

- Hospital's approx. catchment area: 6,400 people
- 20% are over 65 years (1,280)
- High estimate of patients in need: 576 (45% of those over 65)
- Low estimate of patients in need: 320 (25% of those over 65)

**See 75 patients a year*



Financial Impact of SLS – 2000 ft2 inside the Hospital

Estes Park Medical Center Estes Park, CO

Impact of SLS Program

	Year 1			Year 2	
	As Filed	With Senior Life		With Senior Life	
		Solutions	Difference	Solutions	Difference
Medicare OP Reimbursement ¹	11,909,070	12,631,029	721,959	12,756,418	847,348
Medicare Swing Bed Reimbursement ²	804,928	801,482	(3,446)	800,653	(4,275)
Medicare IP Reimbursement ³	1,683,349	1,676,441	(6,908)	1,674,545	(8,804)
Total Medicare Reimbursement	14,397,347	15,108,952	711,605	15,231,616	834,269
SLS Program Cost			604,109		706,974
Net Impact			107,496		127,295



ESTES PARK HEALTH

CEO Report
April 25, 2022

Covid -19 Update

Second Booster Shot Available. Call **970-586-2200** for fourth booster vaccine, testing, or to speak with EPH Covid Team regarding Covid – 19.

Policy/Procedure Updates from the Covid – 19 governing team include:

April 19, 2022 was the first day without a front door greeter/covid – 19 screener. Admitting personnel assumed the duty of screening patients as part of their current workflow.

Mask Wearing. Hospitals, urgent care centers and doctors' offices will continue to wear masks in all patient-facing, patient care areas.

- No cloth mask for employees permitted-hospital grade masks must be worn.
- Visitors and patients must continue to wear non-cloth facial coverings.

Visitation update:

- EPH will allow multiple visitors for each patient. However, only two visitors at a time per patient will be permitted. Visitors must always properly wear non-cloth facial coverings and honor social distancing.
- Visitors must screen prior to visitation and be negative to symptoms, exposure, or testing.

Treatments for COVID-19: COVID-19 monoclonal antibodies can help prevent severe illness for some people who get infected with COVID-19. The FDA has authorized these neutralizing antibody treatments for emergency use. The treatments are available to people who have tested positive for COVID-19, have mild to moderate symptoms, and who are at high risk of developing severe illness. For more information on monoclonal antibody treatment call **970-586-2200**.

CDPHE extends Public Health Order 20-38. The Colorado Department of Public Health and Environment released the 15th Amended Public Health Order 20-38, extending the order for four weeks through May 13, 2022. This updated public health order continues to require:

- Face coverings in some settings based on CDC Community Levels and, in some instances, vaccination status.
- Hospital data reporting.
- The public health order is effective until May 13, 2022 unless extended, rescinded, superseded, or amended in writing.

Public Health Order 20-38 is attached below for review:



FIFTEENTH AMENDED PUBLIC HEALTH ORDER 20-38
LIMITED COVID-19 RESTRICTIONS
April 13, 2022

PURPOSE OF THE ORDER

I am issuing this Public Health Order (PHO or Order) in response to the existence of thousands of confirmed and presumptive cases of Coronavirus disease 2019 (COVID-19) and related deaths across the State of Colorado. This Order supersedes PHO 20-36 COVID-19 Dial and PHO 20-29 Voluntary and Elective Surgeries and Procedures, and implements measures to protect individuals, businesses and activities, as well as reporting requirements for hospitals, to prevent the spread of COVID-19 further in Colorado.

FINDINGS

1. On March 10, 2020, Governor Jared Polis verbally declared a disaster emergency regarding COVID-19 in Colorado, and on March 11, 2020 Governor Polis issued **Executive Order D 2020 003**, memorializing the disaster declaration. The Governor's verbal declaration of a disaster emergency is now memorialized in **Executive Order D 2021 122**, as amended and extended by **D 2021 124, D 2021 125, D 2021 129, D 2021 132, D 2021 136, D 2021 139, D 2021 141, D 2022 003, D 2022 010, and D 2022 013**. Since that time, the Governor has taken numerous steps to implement measures to mitigate the spread of disease within Colorado, and has further required that several public health orders be issued to implement his orders.
2. As of April 13, 2022, there have been 1,361,6004 Coloradans diagnosed with COVID-19, 61,675 have been hospitalized and 13,081 Coloradans have died from COVID-19. There are 77 individuals currently hospitalized due to COVID-19, and 944 hospital beds remain unoccupied across the state. At this time, 84% of Colorado's intensive care beds are occupied and 90% of medical/surgical beds are occupied.
3. With the pandemic ongoing, it remains critical for individuals, communities, businesses, and governments to remain vigilant regarding the spread of COVID-19. Individuals are encouraged to get vaccinated and boosted if eligible, remain at least 6 feet away from non-household contacts whenever possible, wash their hands, and wear a face covering to reduce the likelihood of disease transmission. As we continue to combat COVID-19 in our communities, continuing some limited requirements to mitigate disease spread remain appropriate.
4. The following additional public health orders remain in effect:

Fifteenth Amended PHO 20-38 Limited COVID-19 Restrictions
April 13, 2022

- a. PHO 20-20 Requirements For Colorado Skilled Nursing Facilities, Assisted Living Residences, Intermediate Care Facilities, And Group Homes For COVID-19 Prevention And Response;
- b. PHO 20-33 Laboratory Data Reporting for COVID-19; and
- c. PHO 21-01 Vaccine Access And Data Reporting For COVID-19.

INTENT

This Order includes measures for individuals and businesses to mitigate the spread of COVID-19 in Colorado. The Order continues to require face coverings in some settings. Additionally, the Order maintains some additional protections for certain activities while we continue to take steps to limit the spread of COVID-19 in Colorado. The Order also includes hospital reporting requirements regarding bed capacity to provide the State with critical information to assess the status of the COVID-19 pandemic relative to the statewide capacity to provide necessary medical care and services to Coloradans.

ORDER

This Order superseded and replaced Public Health Orders 20-29 and 20-36, as amended, on April 16, 2021.

I. COVID-19 RESTRICTIONS

A. FACE COVERINGS AND COVID-19 TESTING

1. Face coverings continue to be required for patients, residents, and visitors, and medical grade face masks are required for staff in the following settings that serve vulnerable or at-risk populations in times of medium or high community levels of COVID-19 per CDC's [COVID-19 Community Levels](#), during outbreaks, or when otherwise required by local or state public health officials:
 - a. Homeless shelters;
 - b. Prisons;
 - c. Jails;
 - d. Community corrections programs and facilities; and
 - e. Public transit services, in addition to the requirements in Section I.A.5 of this Order.
2. Face coverings continue to be required for patients, residents, and visitors, and medical grade face masks are required for fully vaccinated staff in emergency medical and other healthcare settings (including hospitals, ambulatory surgical

Fifteenth Amended PHO 20-38 Limited COVID-19 Restrictions
April 13, 2022

centers, urgent care centers, clinics, doctors' offices, and non-urgent care medical structures) in times of medium or high community levels of COVID-19 per CDC's [COVID-19 Community Levels](#), during outbreaks, or when otherwise required by local or state public health officials.

3. Face coverings continue to be required at all times, regardless of CDC [COVID-19 Community Levels](#), for unvaccinated or not fully vaccinated staff in emergency medical and other healthcare settings (including hospitals, ambulatory surgical centers, urgent care centers, clinics, doctors' offices, and non-urgent care medical structures).
4. Exceptions to the face covering requirements include
 - a. individuals 11 years of age or younger,
 - b. individuals who cannot medically tolerate a face covering, and
 - c. individuals participating in one of the following activities:
 - i. individuals who are hearing impaired or otherwise disabled or who are communicating with someone who is hearing impaired or otherwise disabled and where the ability to see the mouth is essential to communication;
 - ii. individuals who enter a business or receive services and are asked to temporarily remove a face covering for identification purposes;
 - iii. individuals who are actively engaged in a public safety role, such as law enforcement officers, firefighters, or emergency medical personnel; or
 - iv. individuals who are officiating or participating in a life rite or religious service where the temporary removal of a face covering is necessary to complete or participate in the life rite or religious service.
5. Nothing in this Order changes or abrogates the Centers for Disease Control and Prevention's (CDC) Order on January 29, 2021, requiring the wearing of masks by travelers to prevent the spread of COVID-19. All Coloradans must abide by the CDC's Order, which can be found at <https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html>.
6. All of the settings and facilities identified in paragraph 1 of this subsection A are strongly encouraged to require all of their unvaccinated and not fully vaccinated staff to participate in COVID-19 testing as follows:
 - a. Daily rapid testing every day that they work in the facility or setting, and/or
 - b. Once weekly polymerase chain reaction (PCR) testing.

B. ALL BUSINESSES AND GOVERNMENT ENTITIES. All businesses and government entities shall comply with the requirements in this Section I.B.

Fifteenth Amended PHO 20-38 Limited COVID-19 Restrictions
April 13, 2022

1. Work Accommodations. Employers are strongly encouraged to provide reasonable work accommodations, including accommodations under the Americans with Disabilities Act (ADA) for individuals who cannot obtain access to COVID-19 vaccine or who for medical or other legal reasons cannot take a COVID-19 vaccine.
2. Face coverings. All employers must implement the face covering requirements in Section I.A of this Order, as applicable.
3. Disease mitigation practices. Employers and sole proprietors are strongly encouraged to follow the best practices for disease mitigation found in [CDPHE Guidance](#).

C. SCHOOLS

1. In accordance with existing law, **Schools** shall report all COVID-19 cases and outbreaks to public health, and work with their local public health agencies and CDPHE, as applicable, regarding COVID-19 case investigations, which includes following all quarantine, isolation, investigation, and any other disease mitigation strategies deemed necessary by the public health agency.

D. Repealed.

E. ADDITIONAL COUNTY RESTRICTIONS

1. CDPHE may require counties whose resident hospitalizations threaten to exceed 85% of hospital or hospital system capacity to report additional data and consult with CDPHE regarding implementation of additional measures to mitigate disease transmission.

F. NON-CONGREGATE SHELTERING

1. Governmental and other entities are strongly urged to make shelter available to people experiencing homelessness whenever possible and to the maximum extent practicable, and are authorized to take all reasonable steps necessary to provide non-congregate sheltering along with necessary support services to members of the public in their jurisdiction as necessary to protect all members of the community.

Fifteenth Amended PHO 20-38 Limited COVID-19 Restrictions
April 13, 2022

II. HOSPITAL FACILITY REPORTING

- A. COVID-19 Case Reporting. All Colorado hospitals shall report to CDPHE in a form and format determined by CDPHE, certain information for confirmed (positive laboratory test) cases of COVID-19, including but not limited to:
1. race and ethnicity;
 2. numbers of suspected and confirmed cases who are hospitalized, who are hospitalized and using a ventilator, or who are in the emergency department waiting for an inpatient bed;
 3. REPEALED;
 4. deaths due to COVID-19;
 5. medical equipment and supply information, including but not limited to acute care bed, med/surgical bed, and intensive care unit (ICU) bed capacity and occupancy, and
 6. COVID-19 vaccination status, including primary, additional and booster doses, and age.

Reporting by hospitals shall be done in CDPHE's EMResource reporting system twice per week on Tuesday and Friday by 10:00 a.m., or as otherwise required by this Order. Reporting via the COVID Patient Hospital Surveillance system (COPHS) shall continue as instructed by CDPHE.

- B. Hospital Bed Capacity Reporting. All Colorado hospitals shall report to CDPHE the following in EMResource twice per week on Tuesday and Friday, by 10:00 a.m.:
1. The daily maximum number of adult and pediatric beds that are currently or can be made available within 24 hours for patients in need of ICU level care; and
 2. The daily maximum number of all staffed acute care beds, including ICU beds, available for patients in need of non-ICU hospitalization.
 3. The daily maximum number of all adult and pediatric med/surgical beds, available for patients in need of non-ICU hospitalization.

III. VACCINATION REQUIREMENTS

- A. State Contractor Workers. All **State Contractors and State Contractor Workers** who physically enter a residential or congregate care **State Facility** shall comply with the requirements of this section III.A.
1. All **State Contractors and State Contractor Workers** who physically enter a residential or congregate care **State Facility**, including individuals who have been infected with and recovered from COVID-19, shall verify their COVID-19 **Vaccine** status. **State Contractors** shall identify by name all **State Contractor**

Fifteenth Amended PHO 20-38 Limited COVID-19 Restrictions
April 13, 2022

Workers who enter a **State Facility** as a goods or service provider to an individual in a residential or congregate care **State Facility**. **State Contractors** shall certify, in a form acceptable to the State as determined by the Department of Personnel and Administration or its delegate, the **Vaccine** status of each of the identified **State Contractor Workers**.

2. Proof of Vaccination. Any of the following may be used as proof of vaccination:
 - a. COVID-19 Vaccination Record Card (issued by the U.S. Department of Health and Human Services Centers for Disease Control & Prevention or World Health Organization Yellow Card) which includes name of person vaccinated, type of vaccine provided and dates of last doses administered);
 - b. a photo of a COVID-19 Vaccination Record Card or immunization record obtained from the Colorado Immunization Information System (CIIS) as a separate document;
 - c. a photo of a COVID-19 Vaccination Record Card or immunization record obtained from CIIS, either directly or through the MyColorado application or another verified health application, stored on a phone or electronic device; or
 - d. documentation of COVID-19 vaccination from a health care provider.

The Federal Bureau of Investigation issued a [public service announcement](#) confirming that fraudulent vaccination cards are illegal and punishable by law, including fines, imprisonment, or both.

3. **State Contractors and State Contractor Workers** who are not **Fully Vaccinated**, or for whom **Vaccine** status is unknown or documentation is not provided, shall be considered unvaccinated.
 - a. **State Contractors and State Contractor Workers** who enter a residential or congregate care **State Facility** to provide services to a client, resident, patient or youth in the residential or congregate care **State Facility** who do not have proof of vaccination and also do not have a medical or religious exemption from vaccination approved by their employer shall not be allowed to physically enter the residential or congregate care **State Facility** but may provide services remotely.
 - b. **State Contractors and State Contractor Workers** who enter a residential or congregate care **State Facility** to provide services to a client, resident, patient or youth in the residential or congregate care **State Facility** who have a medical or religious exemption from vaccination approved by their employer must participate in twice weekly COVID-19 testing and, if they test positive, shall not enter a residential or congregate care **State Facility** and shall comply with isolation guidance. **State Contractors** shall certify, in a form acceptable to the State as determined

Fifteenth Amended PHO 20-38 Limited COVID-19 Restrictions
April 13, 2022

by the Department of Personnel and Administration or its delegate, that each of the identified **State Contractor Workers** who enter a residential or congregate care **State Facility** who are not **Fully Vaccinated** and have a medical or religious exemption from vaccination approved by their employer are participating in twice weekly COVID-19 testing. **State Contractor Workers** shall provide documentation of testing if requested while in a State Facility.

4. **State Contractors and State Contractor Workers** shall comply with any face covering requirements in place at the residential or congregate care **State Facilities** they enter.
5. **State Contractors and State Contractor Workers** who do not enter a residential or congregate care State Facility shall no longer be required to provide attestations on their vaccination status, are no longer required to participate in twice weekly COVID-19 testing, and are no longer required to wear face coverings, though they may still wear face coverings if they choose to do so.

IV. DEFINITIONS

- A. **Contract** means a State contract, grant agreement, purchase order or other encumbrance document.
- B. **Fully Vaccinated** means two (2) weeks after receipt of a second dose in a two dose-series of a COVID-19 vaccine, such as the Pfizer-BioNTech/Comirnaty or Moderna vaccine, or two (2) weeks after receipt of a single-dose COVID-19 vaccine, such as Johnson & Johnson's Janssen vaccine.
- C. **Repealed.**
- D. **Negative COVID-19 Test** means a printed document, email, or text message displayed on a phone, from a test provider or laboratory that shows results of a polymerase chain reaction (PCR) or antigen COVID-19 test that either has Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration or is operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services, that was conducted within 48 hours before entry into an **Indoor Event**. The printed document, email, or text message must include the person's name, type of test performed, date of the test, and negative test result.
- E. **School** means a public, private, or parochial nursery school, day care center, child care facility or child care center as defined in section 26-6-102 (5), C.R.S., family child care home, foster care home, head start program, kindergarten, elementary or secondary

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school through grade twelve. A school includes all grade levels contained in a building or multiple buildings on a campus.

- F. State Contractor means** all entities or persons that have entered into or accepted a **State Contract** to transact business with the State, as well as all entities or persons that have one or more employees, agents or subcontractors who provide services in or deliver goods to a **State Facility** or to a client, resident, patient or youth residing in a **State Facility**.
- G. State Contractor Worker means** all of a **State Contractor's** employees, agents and subcontractors and all employees of a **State Contractor's** agents and subcontractors who will perform work under a **State Contract**.
- H. State Facility means** a building, utility, **School**, or any other property owned, leased or used by the State for State services, excluding highways or publicly assisted housing projects.
- I. Vaccine means** any COVID-19 vaccine that is currently or in the future may be authorized for emergency use or fully approved for permanent use by the U.S. Food and Drug Administration (FDA) and recommended by the CDC, including as many primary, additional and booster doses as the authorizations or approvals allow.

V. ENFORCEMENT

This Order will be enforced by all appropriate legal means. Local authorities are encouraged to determine the best course of action to encourage maximum compliance. Failure to comply with this order could result in penalties, including jail time, and fines, and may also be subject to discipline on a professional license based upon the applicable practice act.

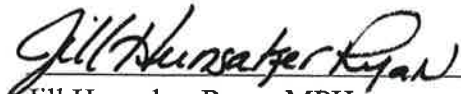
VI. SEVERABILITY

If any provision of this Order or the application thereof to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

Fifteenth Amended PHO 20-38 Limited COVID-19 Restrictions
April 13, 2022

VIII. DURATION

This Order shall become effective on Wednesday, April 13, 2022 and will expire at 12:01 AM on May 13, 2022 unless extended, rescinded, superseded, or amended in writing.



Jill Hunsaker Ryan, MPH
Executive Director

April 13, 2022

Date

EPH Covid Testing Information March of 2022 vs. April 2022:

	March 2022	April 2022
Covid Tests	413	181
Positive Tests	34	20
Positive Rate	8.2%	11%

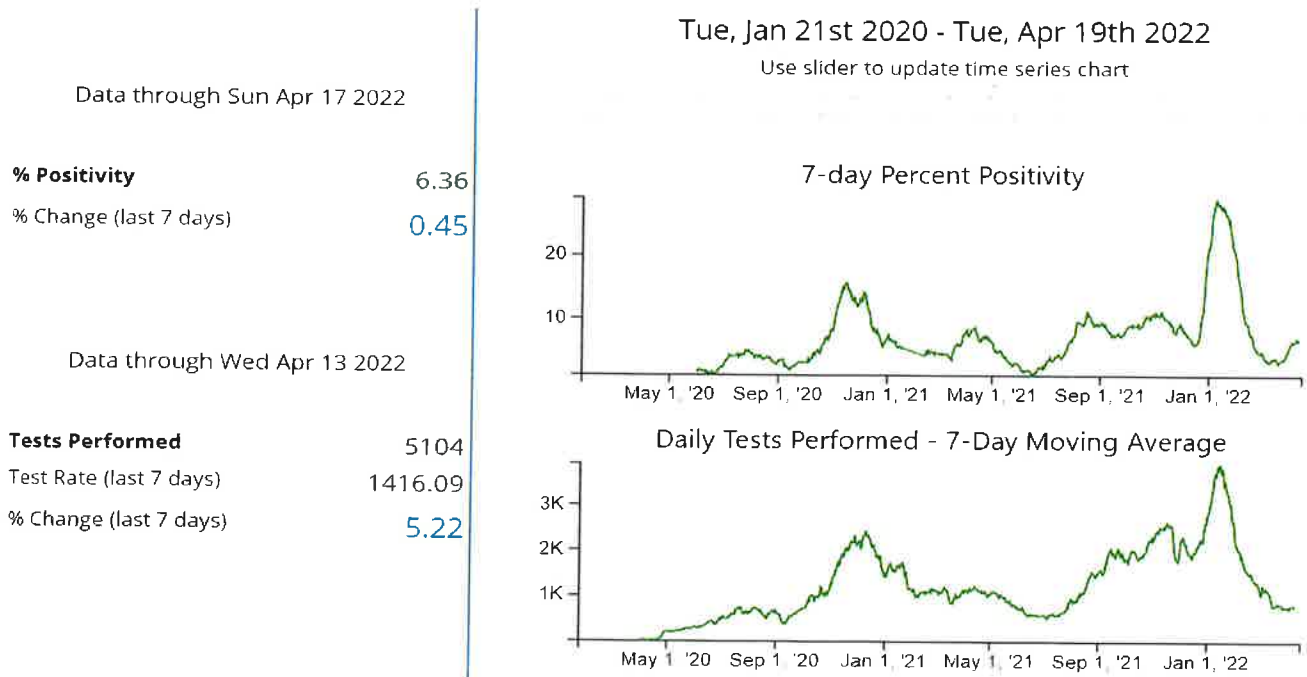
Notes regarding above information table:

- March data = 3/1/2022 – 3/31/2022
- April data = 4/1/2022 – 4/21/2022
- Covid tests represent persons presenting to Estes Park Health and symptomatic. Therefore, positivity rate is likely skewed high.

Larimer County, Colorado Covid 19 Information:

Please refer to the information below for information on Larimer County, Colorado Covid – 19 information:

Testing in Larimer County, Colorado



*Please note the dates of collection for this information.

Covid – 19 Trends for Colorado:

- An average of 1,349 cases per day were reported in Colorado in the last week. Cases have increased by 35 percent from the average two weeks ago. Deaths have increased by 520 percent.
- Since the beginning of the pandemic, at least 1 in 4 residents have been infected, a total of 1,375,284 reported cases. At least 1 in 470 residents have died from the coronavirus, a total of 12,249 deaths.

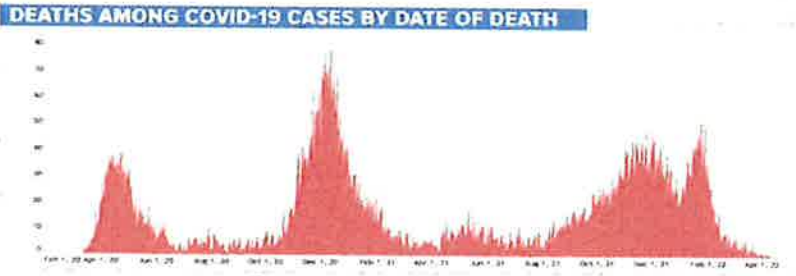
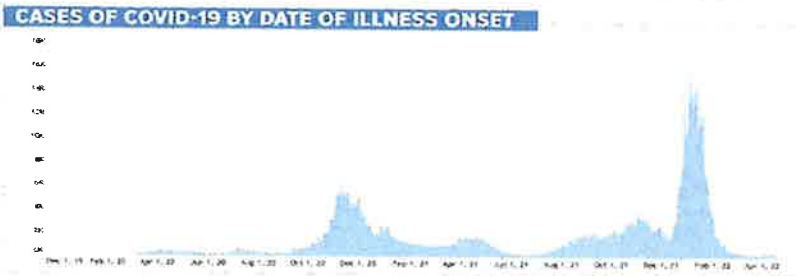
- January 2022 was the month with the highest average cases, while December 2020 was the month with the highest average deaths in Colorado.

CORONAVIRUS IN COLORADO

LATEST DATA FROM THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
WEDNESDAY, APRIL 20, 2022

CASE DATA
CASES
1,371,521
CHANGE FROM PREVIOUS DAY +1,907
HOSPITALIZATIONS
61,814
CHANGE FROM PREVIOUS DAY +39
DEATHS AMONG CASES
12,030
CHANGE FROM PREVIOUS DAY -6
DEATHS DUE TO COVID-19
13,155
CHANGE FROM PREVIOUS DAY +14
TESTED
4,845,996
CHANGE FROM PREVIOUS DAY +1,790
OUTBREAKS
8,585
CHANGE FROM PREVIOUS DAY +13

SEVEN-DAY AVERAGE POSITIVITY RATE	4.98%	
VACCINE DATA		
ONE DOSE GIVEN	FULLY IMMUNIZED	CUMULATIVE DOSES
4,459,604	3,999,896	10,580,146
CHANGE FROM PREVIOUS DAY +869	CHANGE FROM PREVIOUS DAY +698	CHANGE FROM PREVIOUS DAY +8,076



EPH Board Member General Election Update: This is a mail ballot election, so, if you are eligible to vote, you should have received your ballot in the mail. If you have not received your ballot in the mail, contact Rachel Ryan, Estes Park Health Administration Executive Assistant at 970-577-4470 or rryan@eph.org to get a replacement ballot.

You can drop your completed ballot in the ballot box in the front lobby entrance of Estes Park Health main entrance Monday through Friday from 9:00 am to 4:00 pm, or from 7:00 am to 7:00 pm on Tuesday, May 3, 2022.

Alternatively, if you mail your ballot to Sarah Shepherd (303-482-1002 sees@ccrider.us Mailing Address: P.O. Box 359, Littleton, CO 80160), the Designated Election Official in Littleton, Colorado, it will need to arrive at their office by 7 pm on Tuesday, May 3, 2022 to be counted.

Updates Operational/Tactical Updates:

- **EPH has extended a contract to an ophthalmology candidate.** EPH is working through various contract issues with ophthalmology candidate. While we anticipate an affirmative response, no guarantees exist that physician will ultimately deliver an executed contract.
- **IM physician search update.** Thank you Dr. Luchsinger for your service to the Estes Park community! To facilitate Dr. Luchsinger's transition, Dr. Hollis Burggraf, MD will be a temporary provider until a permanent replacement is hired. Dr. Burggraf will start May 9, 2022, to allow for some overlap prior to Dr. Luchsinger's May 15, 2022 departure date.
EPH has interviewed one potential IM physician and has an IM physician scheduled for a campus visit in early May. Multiple other candidates are currently being vetted. Within the next two weeks, EPH will identify several other IM physician candidates to screen and interview.
- **Planning Session:** Multiple EPH physicians and other providers participated in a planning event. The planning event considered micro and macro environmental factors impacting EPH. Additionally, future visioning exercises were conducted. The event culminated with physicians providing ideas and thus input into future strategic initiatives for Estes Park Health.
- **DNV Survey April 25 - 28.** DNV is an acronym that stands for Det Norske Veritas. Basically, DNV is a hospital accreditation program. The accreditation programs DNV offers either directly address regulatory requirements for hospitals, such as US Government's Centers for Medicare and Medicaid (CMS), or provide guidance and best practices organizations like EPH. DNV's standards are approved by CMS. Accreditation to this standard validates Medicare compliance for EPH. The accreditation program is designed to support the development and continual improvement of healthcare quality and patient safety in healthcare organizations. It also addresses general safety for workers, patients and visitors. Surveys generally provide insight and understanding on what is working effectively and what can be improved, and the accreditation should provide assurance to patients, staff and other stakeholders that EPH is working in accordance to established best practices.
- **Provider Relief Fund report (PRF).** The March 31, 2022 reporting deadline was met. The PRF report was submitted to appropriate agencies regarding relief funds used by Estes Park Health.
- **Gastrointestinal Provider.** EPH is working to establish different practice patterns than currently exist. At present time, EPH is working with down valley gastrointestinal providers to create a better service platform for patients in the Estes Valley. The goal is to establish better, easier access for patients allowing more clinic time with surgeons. More information will be forwarded to the board once this contract is executed.

Hospitals like Estes Park Health may be in for a bumpy ride with respect to recruiting and retaining nurses in the future. Please see the summary article below written by Mackenzie Bean:

The exodus of young nurses

The U.S. nursing workforce fell by more than 100,000 in 2021, primarily driven by nurses under age 35 leaving hospital-based jobs, according to an [analysis](#) published April 13 in *Health Affairs*.

Researchers analyzed nursing workforce trends from 1982 to 2021 using data from the U.S. Census Bureau and the U.S. Bureau of Labor Statistics' Current Population Survey.

The nursing workforce decreased 1.8 percent between 2019 and 2021, marking the largest drop seen in four decades. This decline stemmed primarily from younger nurses leaving the field, researchers found.

The number of nurses younger than age 35 fell by 4 percent over this time period, compared to a 0.5 percent decline for nurses ages 35 to 49 and a 1 percent drop for nurses 50 and older.

While more data is needed to confirm this trend, researchers said a sustained reduction in the number of younger nurses would pose "ominous implications for the future workforce." Nurses typically remain in nursing for their entire career, which means a drop in younger nurses would create workforce issues felt over a generation, they said. A decline in older nurses who opt to retire early would have a more minor effect.

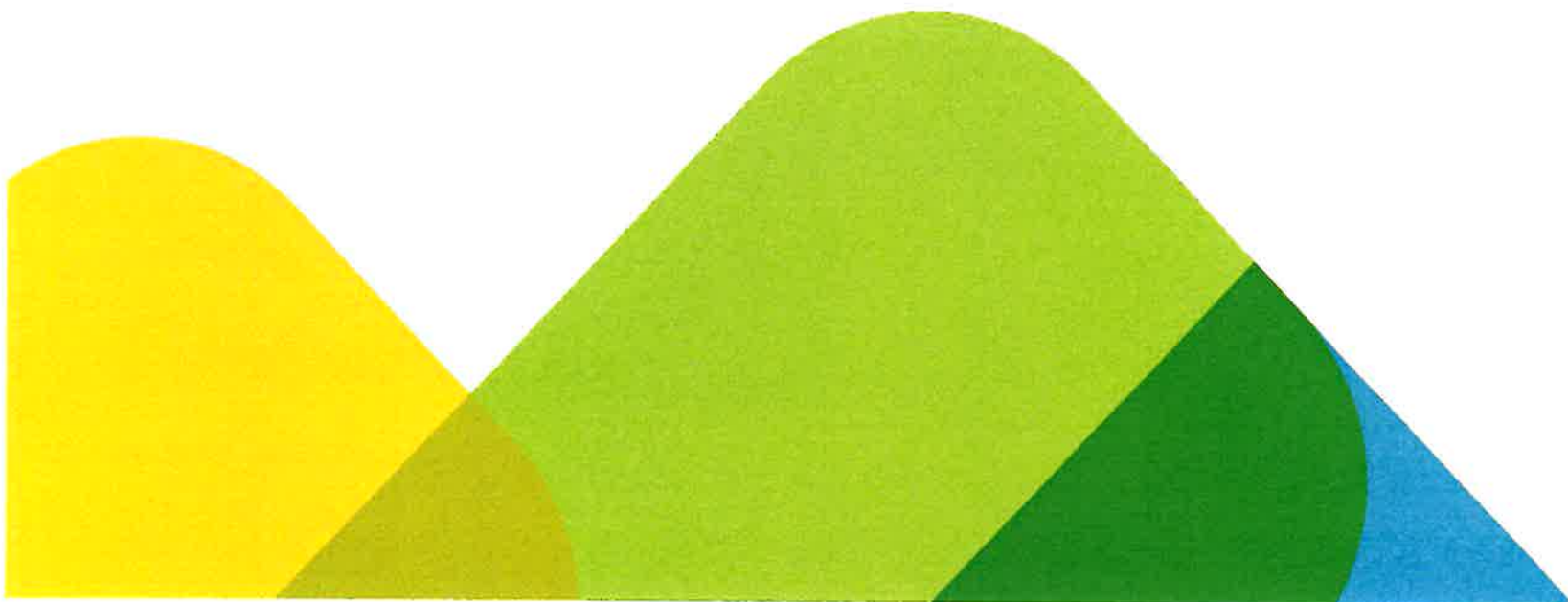
Pandemic-related stressors and hospital workforce shortages may be causing younger nurses to reevaluate their work environments and experiences, researchers said.

"Significantly larger efforts to support and sustain early career nurses, who have had a trial by fire in their new profession, may be needed, along with more effective strategies to reward those who remain at the front lines and those who are needed to return," researchers concluded.



ESTES PARK
HEALTH

Urgent Care Update 4.25.2022



Agenda

Goal for this discussion is to provide an overview of the Urgent Care operation including patient volume and operational margin.

- EPH Urgent Care Overview
- Consumer Utilization of Resources Emergency Care vs. Urgent Care
- Urgent Care Volume
- Urgent Care Volume – Patient Care Time
- Urgent Care Impact on ED
- EPH Urgent Care Contribution Margin
- Quality Measures & Operational Staffing
- Questions

EPH Urgent Care Overview

- Great solution to handle large volumes
- Business Model similar to volume/tourist friendly communities
 - Potential Impacts
 - ER / Clinic
- Consumer friendly
- Utilization of Resources
- Cost of Service

Consumer Utilization of Resources

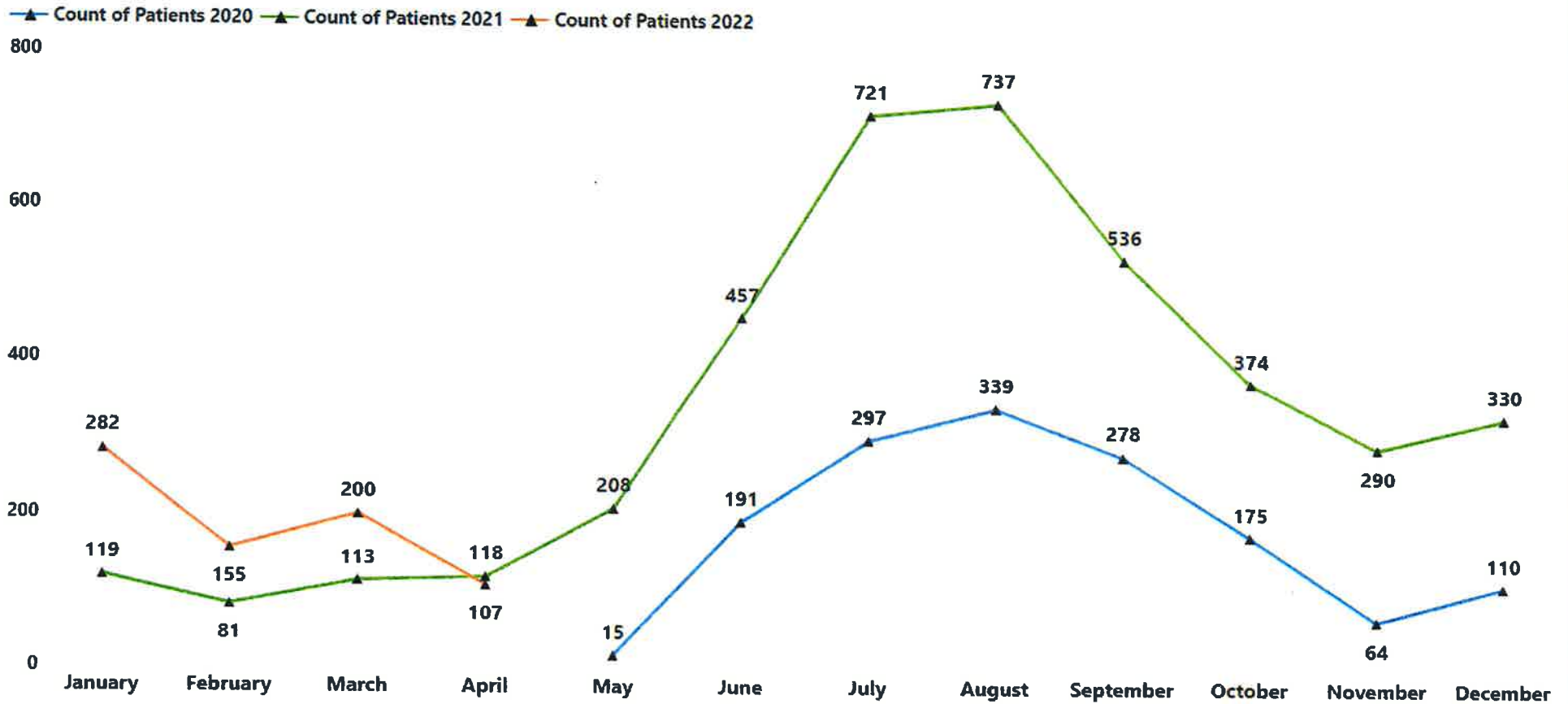
Emergency Care vs. Urgent Care

- If you have a minor condition – fever, flu symptoms, allergic reactions, minor cuts, bites, broken bones – urgent care centers are a far better choice for time and cost.
- If you have an extreme medical condition – stroke, heart attack, severe burns, electrical shock – the resources and services available at hospital emergency rooms make that a far better choice.

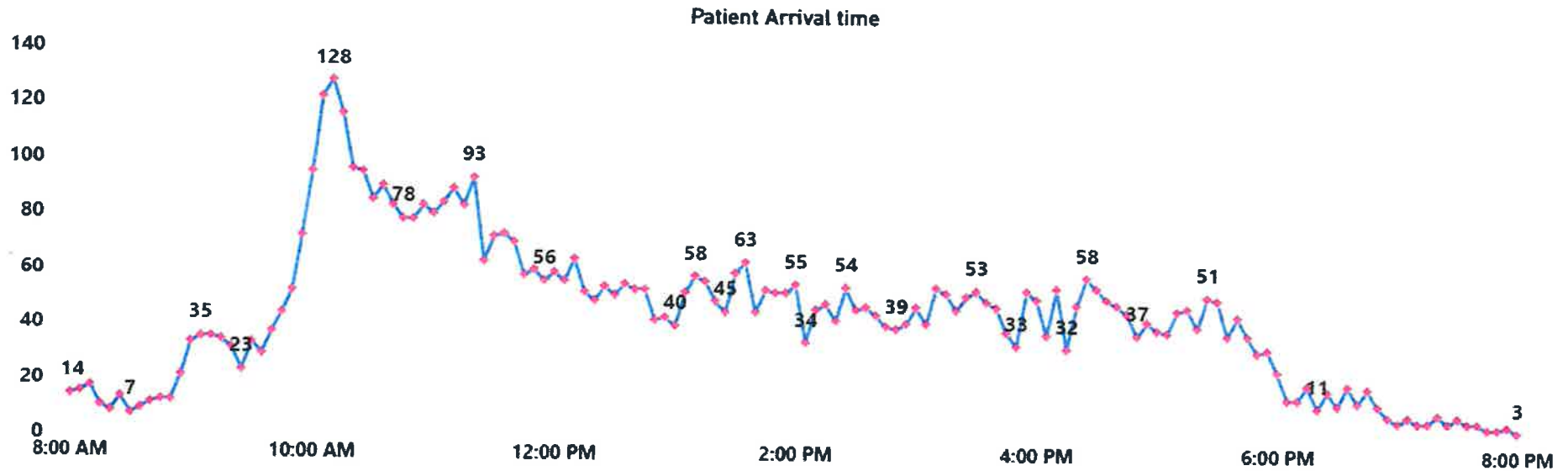
Condition	Emergency Room Cost	Urgent Care Cost
Allergies	\$345	\$97
Acute Bronchitis	\$595	\$127
Earache	\$400	\$110
Sore Throat	\$525	\$94
Pink Eye	\$370	\$102
Sinusitis	\$617	\$112
Strep Throat	\$531	\$111
Upper Respiratory Infection	\$486	\$111
Urinary Tract Infection	\$665	\$112

Urgent Care Volume

Count of Patients 2020, Count of Patients 2021 and Count of Patients 2022 by Month

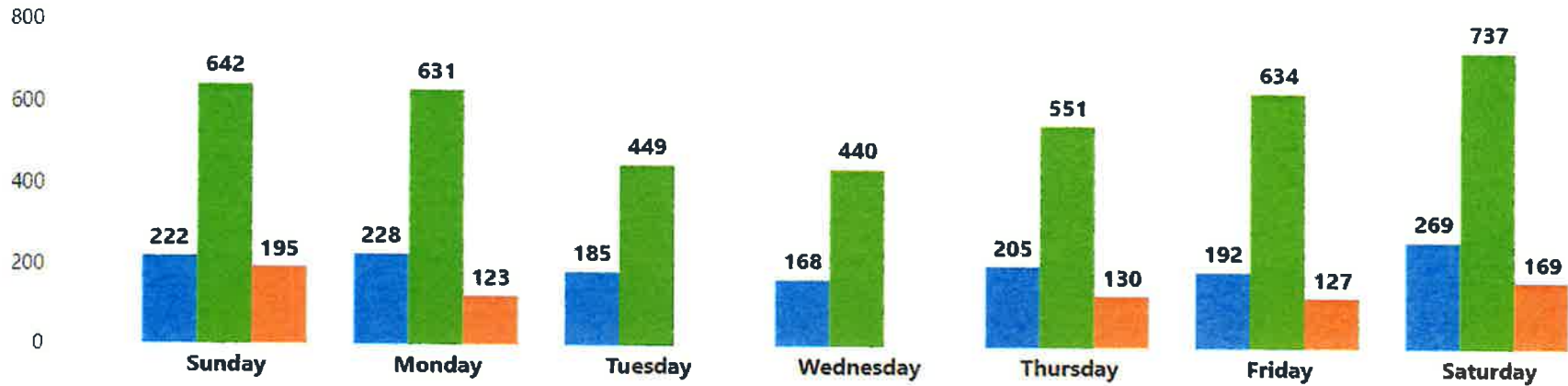


Urgent Care Volume – Patient Care Time



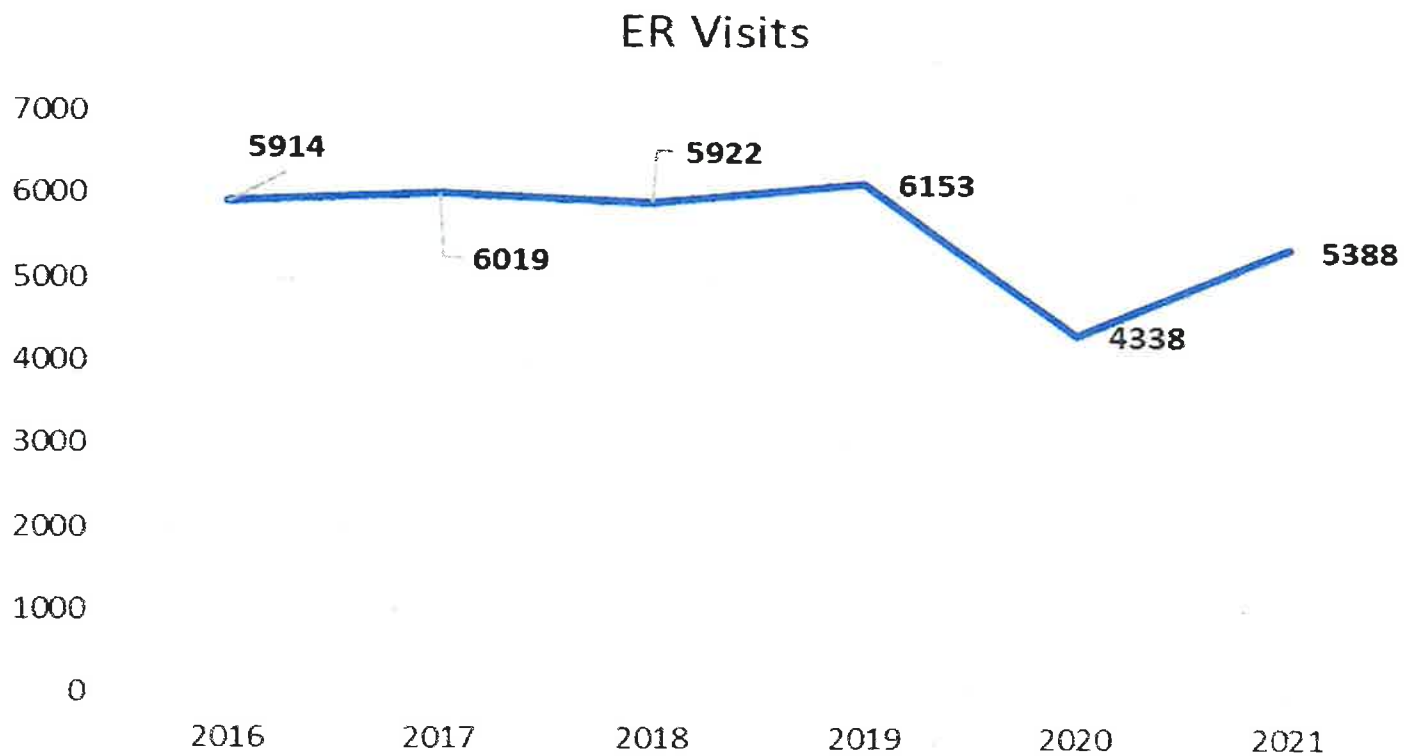
Patient Count by Day of the Week

● Count of Patient 2020 ● Count of Patient 2021 ● Count of Patient 2022



Urgent Care Impact on ED

Business plan anticipated 30% of hospital's Emergency Department visits will move to the Urgent Care.
EPH actual change is approximately 10%.



EPH Urgent Care Contribution Margin

	Urgent Care
IP Revenue	\$0
OP Revenue	\$1,460,667
Operating Expense	\$702,887
Department Net	\$757,780
Deductions from Revenue	\$658,161
Department Net	\$99,619

Operational Information

- Quality Measures
 - Time of Registration to Being Seen by Provider
 - Time of Registration to Discharge
- Operational Staffing
 - 1 Nurse Practitioner
 - 1 Nurse or Patient Care Technician
 - Radiology technologist - as needed called from main campus
 - Laboratory performed by nurse or Patient Care Technician
- Challenges to Operation
 - One patient entrance for 3 service lines

Operational Information Continued

- Hours of Operation
 - 9 AM to 7 PM (Effective May 16, 2022)
 - 7 days per week
- Main Campus Impact
 - Created Space at main campus ex. Chemotherapy & Wound care
 - Hospital Clinic Space available for expanding specialty service

Questions?



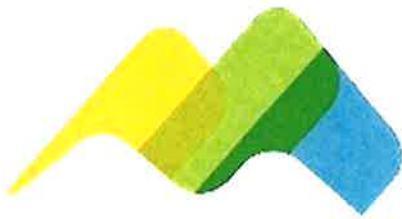
555 Prospect Ave.
Estes Park, CO 80517
p: 970-586-2317
eph.org

PARK HOSPITAL DISTRICT

BOARD FINANCE EXECUTIVE SUMMARY
Quarter 1 Summary
Jan, Feb, March 2022

Table of Contents

Page 2	Summary of 1 st Quarter Activities
Page 3	Executive Summary
Page 4	Statement of Revenues, Expenses and Changes in Net Position (Unaudited)



ESTES PARK HEALTH

CFO Report

&

Summary of 1st Quarter Activities

Projects accomplished between January 2022 and April 21, 2022 include:

- A Controller has been hired and will start on May 16th.
- Contracted staff have been engaged to assist with key activities to catch up the financial statements.
- Managed the fiscal audit field work, including associated GL and data requests.
- CFO completed Foundation journal entries.
- The Provider Relief Fund (PRF) Reporting Period 2 was filed.
- The EMS Cost Report was audited by the state and settled with no adjustments.
- The Business Interruption Claim auditors requested a significant amount of support for contracted labor. CFO reviewed all of the vendor files and provided auditors with support sufficient to increase the settlement by \$215K more than the preliminary settlement.
- Using the departmental financial statements and spreading out the deductions from revenue and overhead costs based upon departmental revenues, a Contribution Margin analysis was developed.
- Research and conversation with Dave Timpe regarding Budgeting / Decision Support software has occurred. Currently, considering the ROI and will be able to discuss with Finance committee at a future meeting.

Challenges and Opportunities include:

- Complete the hiring process for staff accountant. Currently, two applicants in the process.
- Design job description and employ business analyst. Business analyst will assist in completion of monthly financial statements, as well as, generate business decision support information.
- Finalize Audit and Cost Report.
- Onboard & orient controller.
- Cross train AP and Payroll personnel.

EXECUTIVE SUMMARY

1st Quarter Summary

The YTD decrease in net position of (\$3.52M) through March 2022 was within 3.2% of budget. Total Operating Revenues of \$11.07M were \$390K below budget, but Total Expenses of \$15.37M were \$283K better than budget for the small variance.

Gross Charges were .9% better than budget, comprised of unfavorable Inpatient charges \$508K below budget and favorable Outpatient charges \$697K above budget.

Professional Fees and Purchased Services were over budget by \$689K, but employee Wages and Benefits were below budget by \$917K for a net benefit in labor costs. Continued staffing vacancies, including several in Patient Access, Staff Accountant and Controller positions in the Finance department, and other departments, have contributed to the labor savings as these costs were not backfilled with contract labor. In addition to less employees, favorable claims experience has contributed to the benefit savings.

ESTES PARK HEALTH
Statement of Revenues, Expenses, and Changes in Net Position (Unaudited)
Three Months Ending March 31, 2022

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	MONTH Mar 2022				2022 YEAR TO DATE Jan through Mar				2021 YEAR TO DATE Jan through Mar			2020 YEAR TO DATE Jan through Mar		
	Actual (A)	Budget (B)	Actual - Budget	Percent (A-B)÷ABS(B)	Actual (A)	Budget (B)	Actual - Budget	Percent (A-B)÷ABS(B)	2021 Actual	2022 Actual - 2021 Actual	Percent (21-20)÷ABS(20)	2022 Actual	2022 Actual - 2020 Actual	Percent (21-19)÷ABS(19)
OPERATING INCOME														
OPERATING REVENUES														
Charges for Patient Services														
Inpatient	660,739	873,888	(213,149)	-24.4%	2,391,422	2,899,138	(507,716)	-17.5%	2,756,163	(364,741)	-13.2%	3,029,481	(638,059)	-21.1%
Outpatient	6,897,070	6,069,574	827,496	13.6%	18,431,619	17,734,441	697,178	3.9%	16,713,523	1,718,096	10.3%	16,280,389	2,151,230	13.2%
Total Charges for Patient Services	7,557,809	6,943,462	614,347	8.8%	20,823,041	20,633,579	189,462	0.9%	19,469,686	1,353,355	7.0%	19,309,870	1,513,171	7.8%
Deductions from Charges for Patient Services														
Contracts (Medicare, Medicaid, Commercial)	(3,705,079)	(3,020,406)	(684,673)	-22.7%	(9,776,942)	(8,975,607)	(801,335)	-8.9%	(8,313,680)	(1,463,262)	-17.6%	(8,437,413)	(1,339,529)	-15.9%
Charity, Bad Debt, Uncompensated	(61,192)	(121,511)	60,319	49.6%	(66,597)	(361,088)	294,491	81.6%	(355,663)	289,066	81.3%	(126,138)	59,541	47.2%
Total Deductions from Charges for Patient Services	(3,766,271)	(3,141,917)	(624,354)	-19.9%	(9,843,539)	(9,336,695)	(506,844)	-5.4%	(8,669,343)	(1,174,196)	-13.5%	(8,563,551)	(1,279,988)	-14.9%
Net Patient and Resident Service Revenues, Net of Provision for Bad Debts of Approximately \$226,000 in 2022 and \$603,000 in 2021	3,791,538	3,801,545	(10,007)	-0.3%	10,979,502	11,296,884	(317,382)	-2.8%	10,800,343	179,159	1.7%	10,746,319	233,183	2.2%
<i>Net Patient Income / Total Charges for Patient Services as a Percent</i>	50.2%	54.7%			52.7%	54.7%								
Other Operating Revenues	21,843	44,450	(22,607)	-50.9%	88,297	161,349	(73,052)	-45.3%	158,799	(70,502)	-44.4%	118,863	(30,566)	-25.7%
Total Operating Revenues (Row 22 + Row 25)	3,813,381	3,845,995	(32,614)	-0.8%	11,067,799	11,458,233	(390,434)	-3.4%	10,959,142	108,657	1.0%	10,865,182	202,617	1.9%
Operating Expenses														
Salaries and Wages	2,098,971	2,238,131	(139,160)	-6.2%	5,827,415	6,487,003	(659,588)	-10.2%	5,792,713	34,702	0.6%	6,019,464	(192,049)	-3.2%
Employee Benefits	501,357	575,627	(74,270)	-12.9%	1,472,182	1,729,121	(256,939)	-14.9%	1,592,059	(119,877)	-7.5%	1,560,713	(88,531)	-5.7%
Professional Fees and Purchased Services	1,618,672	1,237,857	380,815	30.8%	4,439,315	3,750,079	689,236	18.4%	2,880,794	1,558,521	54.1%	3,283,303	1,156,012	35.2%
Supplies	464,553	482,833	(18,280)	-3.8%	1,523,255	1,538,364	(15,109)	-1.0%	2,880,794	1,558,521	54.1%	3,283,303	1,156,012	35.2%
Utilities	97,931	51,895	46,036	88.7%	187,898	155,735	32,163	20.7%	1,265,130	258,125	20.4%	1,615,032	(91,777)	-5.7%
Leases and Rentals	135,412	155,394	(19,982)	-12.9%	301,020	361,613	(60,593)	-16.8%	183,392	4,506	2.5%	131,141	56,757	43.3%
Insurance	30,000	27,571	2,429	8.8%	91,218	82,713	8,505	10.3%	221,615	79,405	35.8%	134,744	166,276	123.4%
Repairs and Maintenance	8,097	11,470	(3,373)	-29.4%	37,721	32,400	5,321	16.4%	84,810	6,408	7.6%	91,546	(328)	-0.4%
Depreciation	268,000	271,759	(3,759)	-1.4%	804,821	815,277	(10,456)	-1.3%	25,415	12,306	48.4%	58,410	(20,689)	-35.4%
Other	197,804	238,153	(40,349)	-16.9%	688,204	703,309	(15,105)	-2.1%	792,523	12,298	1.6%	683,307	121,514	17.8%
Total Operating Expenses (Sum of Rows 30 to 39)	5,420,797	5,290,690	130,107	2.5%	15,373,049	15,655,614	(282,565)	-1.8%	13,589,460	1,783,589	13.1%	14,246,773	1,126,276	7.9%
TOTAL OPERATING INCOME (LOSS) (Row 27 minus Row 40)	(1,607,416)	(1,444,695)	(162,721)	-11.3%	(4,305,250)	(4,197,381)	(107,869)	-2.6%	(2,630,318)	(1,674,932)	-63.7%	(3,381,591)	(923,659)	-27.3%
<i>Operating Margin Total Operating Income (Loss) ÷ Total Operating Revenues</i>														
NONOPERATING REVENUES (EXPENSES)														
Property Tax Revenues	291,625	291,625	0	0.0%	874,875	874,875	0	0.0%	784,401	90,474	11.5%	749,364	125,511	16.7%
Interest Expense	(30,862)	(33,550)	2,688	8.0%	(91,211)	(100,650)	9,439	9.4%	(101,647)	10,436	10.3%	(97,394)	6,183	6.3%
Investment Income	157	11,292	(11,135)	-98.6%	1,124	13,875	(12,751)	-91.9%	(69,967)	71,091	101.6%	44,034	(42,910)	-97.4%
Gain on Disposal of Capital Assets	0	0	0	0.0%	0	0	0	0.0%	0	0	0.0%	0	0	0.0%
Noncapital Grants and Contributions	0	0	0	0.0%	0	0	0	0.0%	0	0	0.0%	0	0	0.0%
Other	0	(208)	208	100.0%	0	(624)	624	100.0%	15,279	(15,279)	-100.0%	0	0	0.0%
TOTAL NONOPERATING REVENUES, NET (Sum of Rows 46 to 51)	260,920	269,159	(8,239)	-3.1%	784,788	787,476	(2,688)	-0.3%	1,125,414	(340,626)	-30.3%	696,004	88,784	12.8%
DEFICIT OF REVENUES OVER EXPENSES BEFORE CAPITAL CONTRIBUTIONS	(1,346,496)	(1,175,536)	(170,960)	-14.5%	(3,520,462)	(3,409,905)	(110,557)	-3.2%	(1,504,904)	(2,015,558)	-133.9%	(2,685,587)	(834,875)	-31.1%
Capital Contributions	0	0	0	0.0%	0	0	0	0.0%	55,888	55,888	-100.0%	0	0	0.0%
NET POSITION INCREASE (DECREASE) (Row 54 + Row 56)	(1,346,496)	(1,175,536)	(170,960)	-14.5%	(3,520,462)	(3,409,905)	(110,557)	-3.2%	(1,449,016)	(2,071,446)	-143.0%	(2,685,587)	(834,875)	-31.1%
<i>Total Margin Net Position ÷ Total Operating Revenues</i>														

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ESTES PARK HEALTH

COO/CIO Report to Park Hospital District Board of Directors

April 25, 2022

Gary Hall

Laboratory: New HVAC unit and integrated controls in process of installation, which is one part of multi-year HVAC renovation, that was delayed during pandemic years.

Diagnostic Imaging: New MRI will be moved in this week. Expect to be live by early or mid-June with new MRI. New HVAC unit and integrated controls in process of installation, which is one part of multi-year HVAC renovation, that was delayed during pandemic years. New radiologist (first employed onsite in two years) settling in. Still quite a bit of work to do to get him the best tools, to negotiate a new after-hours read agency, and to move interfacing to new read agency before we call him settled.

Marketing: Continuing to perform community communication from this office, including Live Well magazine articles, service line updates, physician and leader profiles. Strong generally surgery campaign playing on website, TV, newspapers.

Facilities: Aspen Hall on-call housing is open for business. Still working to add comforts and improve the living experience. Back on track to some degree with our HVAC multi-year renovation project, but we got a bit behind, have to do some catch-up. Front and north parking lot resurfacing this summer.

Information Technology: Omnipresent tech support for our frontline patient-facing staff is always top priority. Cybersecurity continues to require high effort. Continuing to evolve methods to help clinic physicians become more fluent in Epic, including scribes (onsite and virtual), superuser imbedded in the clinic, concierge training help from UCHealth, and more. Continuing to work toward more integration (interfacing) of clinical equipment to help clinical staff save time in their duties.

Pharmacy: Good progress on important pharmaceutical & therapeutic (P&T) committee work, antimicrobial stewardship program, and more. Supporting return of chemotherapy program in 2022.

Dietary: Continue to provide excellent service to staff and inpatients.

Environmental Services (EVS): Much more stable due to mix of outsourcing and employed.

Rehab Services: Busy and popular.

Credentialing: Helping during transition between credentialing agents. Internal team in good shape for the pieces that we do; looking at external firm to do the actual top-to-bottom credentialing.

DNV: Annual review of physical environment eight management plans, updated, and also working on all-hazards vulnerability assessment (annual) and emergency operations plan update (annual). Preparations for DNV are year-round, in order to "do things the right way" even when they're not around.

Organizational Stability: Continue to coach, demonstrate collaboration and collegiality in all interactions, work logically through problems at all levels. Continue to work to create appropriate redundancy in critical equipment and staff to ensure that we always have a safety net.



ESTES PARK
HEALTH

COO Report April 25, 2022

Highlights by Department

- **Laboratory:** New HVAC unit and integrated controls in process of installation, which is one part of multi-year HVAC renovation, that was delayed during pandemic years.
- **Diagnostic Imaging:** New MRI in process of installation, build. Expect to be live by or before mid-June. New radiologist settling in; will take some time as we build his “best practices” tools and negotiate and build new after-hours read agency. New HVAC unit and integrated controls in process of installation, which is one part of multi-year HVAC renovation project.
- **Facilities:** Aspen Hall on-call housing is open for business. Still working to add comforts and improve the living experience. Back on track to some degree with our HVAC multi-year renovation project, but we got a bit behind, have to do some catch-up. Front and north parking lot resurfacing this summer.
- **Information Technology:** Cybersecurity continues to require high effort. Evolving methods to help clinic physicians become more fluent in Epic, including scribes (onsite and virtual), superuser imbedded in the clinic, concierge training help from UHealth, and more. Continuing to work toward more integration (interfacing) of clinical equipment to help clinical staff save time in their duties.

Highlights by Department, continued

- **Pharmacy:** Good progress on important pharmaceutical & therapeutic (P&T) committee work, antimicrobial stewardship program, and more. Supporting return of chemotherapy program in 2022.
- **Environmental Services (EVS):** Much more stable due to mix of outsourcing and employed.
- **Credentialing:** Helping during transition between credentialing agents.
- **DNV:** Annual review of physical environment eight management plans, updated, and also working on all-hazards vulnerability assessment (annual) and emergency operations plan update (annual). Preparations for DNV are year-round, in order to “do things the right way” even when they’re not around.
- **Organizational Stability:** Continue to demonstrate collaboration and collegiality in all interactions, and to bring redundancy to critical equipment and staff to ensure stability.



ESTES PARK HEALTH

Park Hospital District Board
Timberline Conference Room
April 25th, 2022

CREDENTIALING RECOMMENDATIONS

The Credentials Committee and the Medical Executive Committee have met, reviewed, and approved the following medical staff new appointments, reappointments, and status changes. The following are recommended to the Board of Directors for approval.

Credentials Committee approval: March 23rd, 2022 and March 25th, 2022

Present: Gary Hall, Vern Carda, Dr. Robyn Zehr, Dr. Bridget Dunn, Dr. John Meyer

Medical Executive Committee approval: April 6th, 2022

Present: Dr. Robyn Zehr, Dr. Bridget Dunn, Dr. Mark Wiesner, Dr. Ken Epstein, Vern Carda, Bobbi Chambers

New Appointments

John Knudtson, M.D

Active, Radiologist

Locum Tenens

John McDonough, M.D

Benjamin Apple

Shanon Forseter, M.D

Locums, OB/GYN

Locums, Pediatrics

Locums, OB/GYN