

Agenda
Estes Park Health Board of Directors' Regular Meeting by GoToWebinar
Monday, April 4, 2022
5:00 - 7:00 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	Public Comments on Items Not on the Agenda	3	Information	Public
4	General Board Member Comments	3	Information	Board
5	Consent Agenda Items Acceptance:	2	Action	Board
	5.1 Board Minutes			
	5.1.1 EPH Board Regular Meeting Minutes February 28, 2021			
	5.2 Home Health, Hospice Report to Board April 2022			
6	Presentations:			
	6.0 Estes Park Health May 2022 Election Preparation Update	5	Discussion	Ms Sarah Shepherd
	6.1 Estes Park Health Current Status, Covid-19 Updates, 2022 Tactical and Strategic Initiatives Updates and Forecast	15	Discussion	Mr Vern Carda
	6.2 EPH Telemedicine Strategic Update	15	Discussion	Mr Gary Hall, Ms Lesta Johnson, Robyn Zehr M.D.
	6.3 Population Health Strategic Update	15	Discussion	Ms Wendy Ash
	6.4 Peer Review Strategic Update	15	Discussion	Dr Robyn Zehr, Dr Mark Wiesner
	6.5 Estes Park Health Foundation Strategic Update	15	Discussion	Mr Kevin Mullin
7	Executive Summary - Significant Items Not Otherwise Covered	1	Discussion	Senior Leadership Team
8	Medical Staff Credentialing Report	2	Action	Board
9	Potential Agenda Items for April 25, 2022 Regular Board Meeting	1	Discussion	Board
10	Adjournment	1	Action	Board
Estimated Total Regular Session Mins.		95		
Next Regular EPH Board Meeting: Monday April 25, 2022 5:00 - 7:00 pm				



ESTES PARK HEALTH

ESTES PARK HEALTH BOARD OF DIRECTORS' Regular Meeting Minutes – February 28, 2022

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
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
Mr. Adam Johnson
Ms. Kendra Simms (via webinar)
Ms. Leslie Roberts (via webinar)
Dr. Robyn Zehr

Community Attendees (via webinar):

Ms. Wendy Rigby (via webinar)
Mr. Drew Webb (via webinar)
Mr. Larry Lemming (via webinar)

1. Call to Order

The board meeting was called to order at 5:04 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

Diane Muno motioned to approve the agenda as submitted. Sandy Bagley seconded the motion, which carried unanimously.

3. Appreciation of Dr. Meyer's Service as Chief of Staff

The Board recognized Dr. John Meyer for his service as Chief of Staff. Dr. Meyer served as Chief of Staff from January 2019 to January 2021. Dr. Meyer served as an important catalyst in helping EPH navigate through some of the challenges of COVID – 19. Thank you Dr. Meyer!

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

No comments.

5. **General Board Comments**

David Batey proposed a motion to move the next Board Meeting from March 28th to April 4th. Diane Munro motioned to approve the proposed date change. Bill Pinkham seconded the motion, which carried unanimously.

6. **Consent Agenda Items Acceptance**

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

7. **Presentations**

7.1 **Estes Park Health May 2022 Election Preparation – Sarah Shepherd**

Discussed the next steps in the Estes Park Board Election:

The Election process, with Election Day set for Tuesday, May 3, 2022, is set to occur. The four self-nominated and eligible candidates are:

1. Eric Owen
2. John Meissner
3. David Batey
4. Drew Webb

The first regular board meeting after the election results have been confirmed, will be the time to swear in re-elected or newly elected Directors.

7.2 **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.
- Testing:
 - Call 970-586-2200 for testing or 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:
 - Call 970-586-2200 to receive instructions on obtaining a vaccination. Estes Park Health supports efforts to protect all community members from contracting COVID-19. Please schedule your vaccination if you have not already done so. EPH also has Pfizer vaccine available for pediatric population patients ages 5 - 17.
- EPH Covid Testing through February 23, 2022:
 - 390 Total Tests
 - 43 Positive Results
 - 11% Positivity Rate Per the Sample Size

Updates

- Recruitment Updates:
 - Dr. Amanda Luchsinger announced her intention to retire in 2022. Dr. Luchsinger has been a true servant to her patients. It will be very difficult to find a replacement that cares as much about her patients as she does! Estes Park Health owes Dr. Luchsinger a debt of gratitude for her years of service and wishes her well in her retirement!
 - Radiology Recruitment Update: This search has been completed. Dr. John Kundtson will serve the Estes Park community and will commence employment in late March. Additionally, EPH has focused some attention on securing call coverage needs with Colorado Imaging Associates (CIA). More information regarding Dr. Knudtson will be provided as Knudtson's employment start date approaches.
 - Ophthalmology Recruitment Update: EPH has many committed patients in this specialty area and EPH has a desire is to fill this position as soon as possible to meet community needs. Currently, EPH is in process of interviewing an ophthalmologist. This candidate will be extended an onsite interview. The timeframe for the site visit and interview is mid to late March. Additionally, EPH is working to secure locum coverage for this community valued service.
 - Podiatrist Recruitment Update: This search has been completed. Dr. Paxon Riding will serve the Estes Valley commencing May 2, 2022. More information regarding Dr. Riding will be provided as his employment date approaches.

Operational/Tactical Updates

- Aspen Hall - On Call Rooms: On-call sleeping rooms have experienced slight delay incompletion, however, the 14 sleeping rooms will be available for use prior to March 31st. Additionally, EPH will be exiting its "Kingstone" lease approximately March 31, 2022.
- KRONOS Update: EPH has completed its move from manual time entry back to the Kronos system.

- 2022 Challenges: While the pandemic has remained the top story in healthcare over the past year, a few noteworthy trends are important to monitor, understand and plan for:
 - EPH is anticipating continued salary escalation. Health care workers of all types including RNs, food service workers, environmental service workers and others are difficult to find and employ at the present time thus driving wages upward. According to a Wall Street Journal article, "the healthcare industry has the second highest percentage of organizations that provided increased wages to recruit and retain workforce."
 - The cost of contract or temporary labor has doubled recently. To find qualified workers like RNs to fill vacant shifts is becoming a very expensive proposition.
 - Supply chain interruptions and supply costs will provide challenges. Getting needed items to EPH, as well as the cost of goods will continue to challenge the organization during 2022.

7.3 2021 Draft Year End Fiscal Review – Marc Armstrong

Summary and analysis of EPH's draft 2021 financial position was presented.

7.4 EPH Patient Experience Initiative – Pat Samples

The Patient Experience is the sum or all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.

Pat Samples discussed the definition and means of patient care, where EPH benchmarks in the metric compared to other similar sized hospitals, and where EPH can further improve.

7.5 Chief of Staff Strategic Update – Robyn Zehr

Dr. Robyn Zehr discussed the newest updates and statistics on COVID-19 and its implication on Estes Park Health and the Estes Park community.

Discussed recruiting. A radiologist and podiatrist will be joining the EPH Medical Staff prior to the end of May.

7.6 Chief Nursing Officer Strategic Update – Pat Samples

Discussed EPH's 2022 Nursing Strategy including a Strength, Weakness, Opportunities, and Threats Analysis and feedback from the nursing leadership retreat. The biggest challenge now, and for the foreseeable future, is nursing recruitment and retention. To combat this, and to further strengthen EPH's workforce, nursing will be heavily focusing on leadership development.

8. Executive Summary – Significant Items Not Otherwise Covered

No comments.

9. Medical Staff Credentialing Report

No credentialing candidates were forwarded to the board for review and approval for the month of February.

10. Potential Agenda Items for March 28, 2022 Regular Board Meeting

No comments.

11. Adjournment

David Batey motioned to adjourn the meeting at 6:38 PM. Bill Pinkham seconded the motion, which carried unanimously.

David M. Batey, Chair

Estes Park Health Board of Directors

Report to Board of Directors—April 2022
From Estes Park Health Home Health Care, Estes Park Health Home Care, and Estes Park Health Hospice

I. People

We have a strong team of 30 employees. Sarah Bosko, the previous director has resigned her position to be a fulltime mom and Kaci Early has accepted the position effective January 9th, 2022. Sarah will stay on PRN for administrative tasks and to train Kaci as needed. Emily Weber has stepped down from her position of clinical manager and taken a part-time RN position to have more personal flexibility. Sherry Schmitt is the current fulltime clinical manager and Betsy Hill Raymond has recently accepted the part-time clinical manager position that Emily's resignation created. We currently have open positions for a PRN/part-time physical therapist, a fulltime certified nurse assistant, a PRN MSW, and a fulltime/PRN registered nurse.

II. Quality

In May (per the reporting schedule) we will report quality data for 2021 3rd & 4th quarters at Estes Park Health's Quality Management Committee on our ongoing quality improvement projects/quality measures for 2021. At that time the QMC Committee will give input on and approve our quality improvement measures for 2022. The quality improvement projects/quality measures for 2022 for the three different agencies are: Home Health Care--OASIS-Ambulation; OASIS-Oral Medications; OASIS-Dyspnea; Timely Therapy Evaluations; Orders for services provided. Hospice-- Patient satisfaction; Med checks on care plans; Orders for services provided. Home Care-- Client satisfaction; Care Plan vs. Completed tasks.

Staff education is an important part of each year. Due to COVID, most education has been virtual/online with in person education increasing recently. Medline representatives were here recently going over wound care supplies with our clinical staff.

All staff continue COVID precautions—asking screening questions before entering the homes for each visit, using great handwashing and infection control precautions, and employees and patient/families all wearing masks.

III. Service

We continue to provide quality patient care in the community through our three different types of services (skilled home health care, non-medical home care, and hospice). We service Estes Park and its surrounding mountain communities—Glen Haven, Drake, Storm Mountain, Allenspark, and Pinewood Springs.

We are currently providing non-medical personal care provider/homemaker services to some clients through the Boulder County Office on Aging grant program and the Larimer County Office on Aging grant program. We have 15 people on our waiting list for non-medical home care services. We hope that we will be able to hire another personal care provider soon in order to further serve the community with our non-medical service line.

Our volumes YTD over last year through March are down 18% for Home Health Care, down 15.7% for home care, and down 30.8% for Hospice.

IV. Financial

No 2022 financials yet available.

V. Community

Despite the continuation of the pandemic, the community continues to be at the very center of our work. The best energy of our staff continues to be directed toward promoting the health and safety of the community.

Nancy Bell, MSW, continues to provide caregiver support to the community through online communication, phone calls, and forwarding of educational opportunities. She has recently begun meeting face to face again at Good Samaritan Assisted Living.

Herm Weaver, Chaplain, has developed a new Grief Support Group that is aimed at directly supporting the 13-month Bereavement program. It serves people in the first year of grief who will graduate from the group after the 13th month. This group meets every other week in the Art Center where there is room for physical distancing. It averages 4-5 each meeting and has had a total of 10 attendees in the past few months.

The Hospice Bereavement program reaches out regularly to care for persons from the community who have not been connected to Hospice. All our staff refer people who could benefit from this service. Currently the Bereavement program includes 15% non-hospice community families. Additionally, there has been an

uptick recently in people referred to Herm for Bereavement counseling. There are also several new members of the ongoing Grief Support Group.

Our Hospice volunteers have again begun seeing patients under the supervision of Alyssa Bergman, MSW, volunteer coordinator. We have gathered for an in-person meeting to catch up with each other and to review the new normal protocols. Most of the volunteers have eagerly returned and at least three of them have begun volunteering directly with patients. Several of our volunteers are interested in doing a presentation highlighting the work of hospice and sharing their personal hospice stories.

Herm continues his connections and relationships with faith group leaders. He has begun a practice of choosing one faith group leader/pastor a month for an individual coffee meeting. The purpose of the meetings are to offer support and to deepen the relationships for the times when their work intersects. Herm has also recently been asked to write weekly reflections for hospital staff that address the anxiety that many feel around the current war in Ukraine. He continues to write under the title Medicine For the Soul. The writings have found their way beyond the hospital into the community at large.

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

To: Board of Directors, Park Hospital District

From: Sarah E. E. Shepherd, Designated Election Official

Date: April 4, 2022

Subject: May 3, 2022 Election Status

Dear Board:

Hoping everyone is enjoying the Spring weather of late! Updates are below. Thank you and please let us know if there are any questions:

The election is moving along very well!

- All UOCAVA (Uniformed and Overseas Citizens Absentee Voting Act) ballots have been mailed or emailed to electors provided to us by the County.
- The mail ballot plan, ballot content certification, mail ballot packet proofs, voter/homeowner list, mail ballot election notice, election judge training and certification, and election postings have all been completed.
- Notice for the election is ready for posting to the district's website.
- Ballots will be mailed between April 11 and April 18. Our printing crew is working diligently to have ballots mailed out on the early side of this window so voters have a much time as possible to vote and return their ballot by mail or drop off at the Hospital.
- I will be visiting Park Hospital this week to convene with Vern and Rachel to discuss the Mail Ballot plan and activities for ballot drop at the Hospital. The Election Notice is attached with important details for ballot mailing and return process and options.

I plan to attend the next regular district board meeting virtually to answer questions and provide any updates leading up to Election day.

The next regular board meeting after May 3 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: info@ccrider.us



ESTES PARK HEALTH

CEO Report
April 4, 2022

Covid -19 Update

Second Booster Shot Available. Based on the recommendations of the Food and Drug Administration, Estes Park Health will be providing community members aged 50 and over the option for the fourth COVID vaccine. Beginning April 4, 2022, call **970-586-2200** for fourth booster vaccine, testing, or to speak with EPH Covid Team and schedule your booster vaccination shot.

EPH Covid Testing Information:

- March 20 through March 26 – 91 tested with 5 positives: 5.5%
- MTD – 413 tested with 34 positives: 8.2%

The Estes Park Health Covid governing team meets frequently and monitors the external environment, information from the Centers for Disease Control, and multiple other sources. The main purpose of the governing team is to guide and adjust EPH policy and procedure to provide for patient, staff, and community safety. Therefore, as Covid mutates and changes, the EPH governing team investigates, collaborates, develops and implements new practices to guide EPH staff, visitors and patients.

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

Hospitals, urgent care centers and doctors' offices will continue to wear mask 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.

Screening at the door:

- EPH will continue to follow the Centers for Disease Control recommendations. The recommendations include screening patients and visitors at the door. At present screening will occur at the emergency department entrance and main entrance of the hospital.

Omicron subvariant now dominant in US: 3 COVID-19 updates

Multiple news reports are attributing a surge in COVID-19 cases in some countries to the omicron subvariant BA.2. It's often informally referred to as "stealth" omicron because it has genetic mutations that could make it more difficult to distinguish from the delta variant through testing. The BA.2 omicron subvariant accounts for about 55 percent of new cases in the U.S., according to the Centers for Disease Control (CDC) latest estimates for the week ending March 26.

The strain — which is more transmissible than the original omicron variant though has not been linked to more severe disease — has driven a COVID-19 surge in Europe. In the U.S., health officials have said they anticipate an uptick in infections, though a major surge is unlikely.

Two more updates:

1. Deaths hit a low: The nation's daily average for COVID-19 deaths has stayed below 800 since March 26. The last time deaths averaged below 800 was in August, before omicron took hold, data from *The New York Times* shows.

2. Cases to rise, hospitalizations to fall: Modeling from Rochester, Minn.-based Mayo Clinic projects daily COVID-19 cases will increase 42 percent nationwide over the next two weeks, from a daily average of 24,934.1 March 27 to 35,449 by April 10. CDC forecasts estimate daily hospital admissions will fall over the four weeks from March 21 to April 16.

Updates Operational/Tactical Updates:

- **EPH has extended a contract to an ophthalmologist candidate.** We anticipate an affirmative response. However, this position has been challenging to fill for various reasons. The candidate pool for this specialty is small. On top of that, finding a practitioner who desires to practice without a partner or partners is difficult. Despite the challenges with solo practices and smaller candidate pool, EPH, because of its location and community amenities, has netted very good candidates for the position. Due to various personal reasons, candidates have either rescinded their acceptance of position or executed a competing offer.
EPH has currently recruited an ophthalmologist to provide services on a weekly basis while recruitment efforts continue. Currently, EPH is working through physician credentialing, etc. with the goal of having ophthalmic clinic patients seen in the EPH clinic by May of 2022.
- As discussed at the last board meeting, **Dr. Amanda Luchsinger** announced her intention to retire in May of 2022. To date, EPH has received several applicants to replace this position. EPH is conducting screening activities and will complete interviews. To assist and provide the best care transition possible for patients, EPH has hired Dr. Hollis Burggraf, MD as a temporary provider until Dr. Luchsinger's replacement is hired. Dr. Burggraf will start May 9, 2022, to allow for some overlap with Dr. Luchsinger prior to her departure. Dr. Luchsinger has expressed interest in returning to help transition and orient new physician, as well as, transition patient panel.
- **Chemotherapy Update:** EPH is planning to re-launch chemotherapy programming. The target date for program re-establish is May 2022. EPH has certified staff who are completing their training. To facilitate chemotherapy quality improvement, EPH has established a relationship with UHealth oncology programming. EPH nurses will complete educational/practice rotations

though UHealth to enhance their skillset and engage in educational opportunities in an effort to continually evolve the EPH chemotherapy program.

- **Outpatient Mental Health Counseling:** I have met with a representative from Senior Life Solutions to discuss the opportunity of providing the Estes Park community with outpatient counseling opportunities. This programming would facilitate a community need and potentially generate a net positive bottom-line service. I will provide more information on this programming at a later date regarding the model of care and program fiscal potential.
- **Radiology Update:** Dr. John Knutson, radiologist has officially started his employment.
- **Colorado Imaging Associates (CIA):** CIA provides EPH with afterhours radiology service. CIA has decided to discontinue tele-radiology services. EPH is currently evaluating various tele-radiology companies.
- **Aspen Hall – On Call Rooms.** On-call sleeping rooms are available for staff. The “Kingstone” lease and the “Birch house” lease have been terminated. At present, EPH is working through a few of the various challenges that occur with any newly available product. For example, limiting foot traffic through the sleeping room area and finding the right intervals to clean the commons area, etc.
- **Urgent Care Update:** Urgent Care hours are currently 10 am to 6 pm Thursday through Monday. The Urgent Care is closed on Tuesdays and Wednesdays. Beginning May 31, 2022, the Urgent Care will be open daily from 9 am to 7 pm. EPH staff can provide a more thorough report of Urgent Care operations at the next board meeting. However, Urgent Care provided care to about 30 patients per day between Memorial Day and Labor Day. The volume of visits slowed to between eight and fourteen visits per day between September and May. This business model provides the most efficient care model to handle the large volume of visitors that arrive each summer. Additionally, this model is consistent and similar to that of many other communities similar to Estes Park who manage large tourism volumes.
- **MRI replacement project:** On Monday 3/21/22, all MRI patients began using a mobile MRI unit located on the south side of the hospital for service. The mobile MRI unit is a Siemens Avanto 1.5T (same tesla as we currently have in-house). You may have noticed, but approximately 3/30/22, EPH had a crane onsite on the south end of the building removing the old MRI. The new MRI unit is expected to arrive on site at EPH in later April, so you will notice a crane on campus to install the new unit at that time.



The following article is written by Mike Abrams, the President and CEO of the Ohio Hospital Association. Although this highlights the state of Ohio and some of its challenges, the general thoughts are applicable to the challenges Estes Park Health faces.

It's time to re-engineer our approach as hospital leaders are caught in the cost vise.

COVID-19 caused us to re-engineer how we live our lives — everything from how we celebrate holidays, to how we get married and honor our deceased loved ones. The pandemic is forcing us to rethink how we map the financial dynamics of hospitals as leaders are caught in a vise of escalating costs and workforce shortages.

No single strategy or tactic will solve our challenges, so we need to be open-minded about a wide array of alternatives — some of which might push us to the edge of our comfort zones.

As we race to address severe workforce issues, realign business structures and escalate cybersecurity, financial data from traditional public sources — typically lagging two years — will never line up with COVID-impacted figures. Comparisons of historic inpatient data will not compute with the ongoing shift to outpatient care. Only about 4.5 percent of Ohio hospitals' more than 32 million annual patient encounters, for example, are inpatient.

What we know in real time

Becker's reported this week on the Kaufman Hall Report measuring median operating margin for U.S. hospitals at -3.45 percent in February, slightly better than -4.52 percent in January yet "still well below sustainable levels." The median change in operating margin was down 11.8 percent from January to February, but median margin changes were most dramatic compared to just before the start of the pandemic, with operating margin down 42.4 percent from February 2020 levels.

As of March 30, Ohio hospitals have reported financial losses of \$7.58 billion since March 9, 2020, when Ohio declared a state of emergency. The estimates, reported by hospitals to the Ohio Hospital Association, include an estimated \$2.38 billion in revenue lost from the initial halt of elective surgeries and unanticipated emergency expenses for equipment, supplies and staffing. Ohio hospitals continue to report about \$6 million daily in losses.

Yes, Ohio hospitals have received financial relief of about \$3.22 billion through federal and state COVID-19 emergency programs, but that leaves an estimated \$4.36 billion funding gap that grows daily.

What now? Cost control is paramount

Hospital leaders know healthcare costs are a concern for American families, and we own the responsibility for constantly seeking ways to reduce costs. A recent national study reported nearly 60 percent of Americans could not pay an unexpected \$1,000 expense from savings. They would incur debt to pay the cost. Only 41 percent said they had savings to cover. Of those who would have to borrow, 12 percent could not manage a \$400 expense.

We cannot be sending bills to people who have no hope of settling up.

Cost reductions being explored among OHA's membership of 250 hospitals and 15 health systems are vast and range from the simple to the most technically advanced. One health system is piloting a virtual patient

safety attendant. Audio and visual monitoring in patient rooms 24/7 is provided by virtual attendants who notify the bedside team when a patient is exhibiting risky behavior such as trying to stand up without assistance. This reduces the need for staff to work as "sitters" in the room for patients at risk, especially in emergency rooms, intensive care units and behavioral health units.

Columbus-based PriorAuthNow is working with many Ohio hospitals to bring down the number of people required to pursue prior authorization from insurers. And telehealth technologies, escalated during COVID-19, enable us to expand our reach and more efficiently provide health services to people whose conditions can safely be treated from a distance.

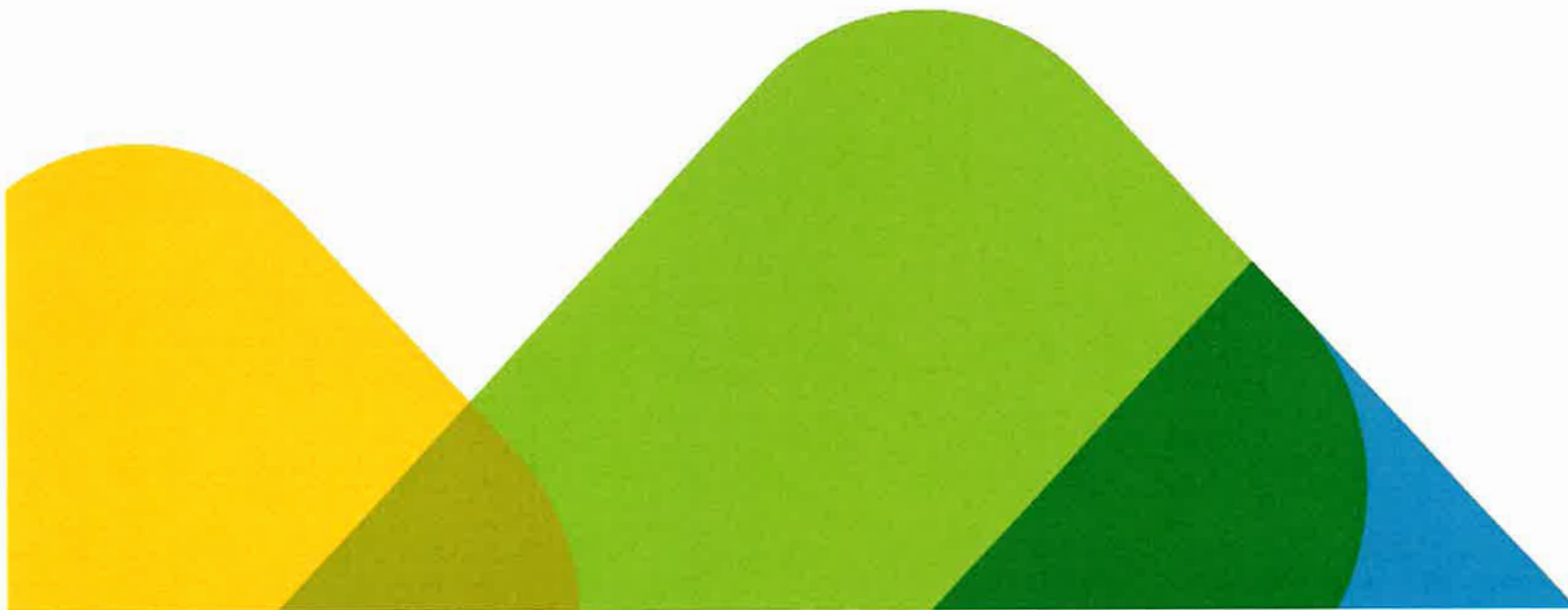
Sustainability programs are yielding big savings. Ohio leads the nation with 20 ENERGY STAR certified hospitals. These facilities have invested in energy-saving improvements that will save about \$3,000 on energy costs per bed every year.

No idea should be dismissed, and we must know how to measure its impact as we work to heal our finances to reassure our communities, we will be there 24/7/365 to meet their needs.



ESTES PARK
HEALTH

Telehealth Report April 4, 2022



In the Beginning . . .

- Studied telestroke, telepsych, ambulatory telehealth, etc. in recent years
- Pandemic forced rapid action; ambulatory set up in a few weeks; some time to settle during those turbulent months
- Learning and stabilizing technology and connectivity; patient population increasing in portal and telehealth ease

Telehealth Visits

- Most telehealth visits are performed by our internal medicine and family medicine providers. Behavioral Health is classified with family medicine, and lends itself very well to telehealth.
- We also do visits for neurology, OB/GYN, pediatrics, and some other small numbers in other specialties.
- 2020: 1184 visits out of a total of over 53,000, so 2.2% visits that year. 2021: 1356, also 2.2% of total.
- Many visits are follow-ups to an in-person visit, to help ensure progress. Other visits include virtual consults to help interpret lab results, help triage symptoms, and help patients manage lifestyle and choices around their medical challenges.

Reimbursement

- Video Telehealth is reimbursed by Medicare and commercial payors at the same rate as office visits.
- Medicaid and United Healthcare do not cover telephone visits. They DO cover video telehealth visits.
- Reimbursements have risen significantly since that start of the pandemic.
- Home Health telehealth visits are, unfortunately, not reimbursed by Medicare. While Medicaid does reimburse, most of our HH patients are Medicare, and most of our Medicaid HH patient require hands-on skilled care.

Acceptance

- Where appropriate to the type of care, telehealth has been accepted by our providers and patients.
- Almost 80% of our patients use the patient portal.
- With the passing years, more and more seniors are computer savvy.
- Younger adults find telehealth quite comfortable, having been surrounded by computing tools and processes since childhood

Future?

- To be determined, though tele-psych seems a very good candidate and such programs exist in many small-hospital and rural settings.
- And . . . ?



Telehealth Update to Park Hospital District Board of Directors

April 4, 2022

Gary Hall, Lesta Johnson, Robyn Zehr M.D.

History: EPH has studied telehealth options on several occasions over time. Discussions and demonstrations have been given over the last decade on tele-psych, tele-stroke, ambulatory telehealth, and other potential programs. Costs, available partnerships, technical issues, and workflow concerns have, in each case, resulted in decisions to not set up such programs.

Fast forward to March 2020 and the onset of the pandemic: With the closure of the Physician Clinic, elective surgery, and other services, and the world trying to learn and adjust to the escalating threat, it became evident that telehealth at least in our ambulatory clinic was a suddenly needed program. With rapid help from UCHHealth and Epic, we were able to launch a pioneer (for EPH) telehealth program by early April of 2020. There were challenges with equipment, expertise in the system, patient computing issues (audio and video), bandwidth, and more. Some physicians used other applications to supplement the Epic option, but over time, the imbedded telehealth options in My Health Connections settled in and became our de facto method for this type of ambulatory visit.

The acceleration of development of other remote-access tools and technologies and workflows, including employee and contractor telecommuting, and videoconferencing, helped feed the development of tools and support for the ambulatory telehealth visits. Additional services were offered where effective, including speech therapy, for example.

What Types of Visits are Workable in Telehealth?: Most telehealth visits are performed by our internal medicine and family medicine providers. They have discovered what types of visits work best for telehealth.

We also do visits for neurology, OB/GYN, pediatrics, and some other small numbers in other specialties. In 2020, for the nine months we performed these, we did 1184 visits, out of a total of over 53,000 visits that year. That number rose to 1356 in 2021. For both years that represents 2.2% of total visits, but note that we don't do wound care, pain med, ortho, or general surgery visits via telehealth so that number goes up slightly if we take those 4,000 visits out of the denominator.

Many visits are follow-ups to an in-person visit, to help ensure progress. Other visits include virtual consults to help interpret lab results, help triage symptoms, and help patients manage lifestyle and choices around their medical challenges.

While due to the classification method, we can't right now break out the behavioral health telehealth visits, a goodly number of the "family medicine" visits are indeed behavioral-related. That method works quite well with many of those patients.

Reimbursement: Medicare and other payers were slow on the uptake of reimbursement for telehealth visits. Eventually, progress was made legislatively and through CMS. Video visits are reimbursed the same as an office visit by Medicare, but Medicaid and United Healthcare do not cover telephone visits. They DO cover video telehealth visits. Reimbursements have risen significantly since that start of the pandemic.

Physician Acceptance: Dr. Robyn Zehr (Family Medicine) will provide a statement during the meeting in regard to physician usage.

Patient Acceptance: As the older population is increasingly made up of those who have strong or competent computing experience, patient acceptance continues to grow. **Almost 80% of our regular ambulatory patients use the patient portal and many of them have used telehealth visits, some multiple times.**

Home Health Monitoring/Telehealth: The Trailblazer broadband buildout in the Estes community is creating a much better ability for us or other agencies to begin to consider the potential of home monitoring. In the Home Health world, reimbursement model is still not good. Medicare home health benefits don't include telehealth services as reimbursables. In fact, the use of telehealth as a physician-ordered alternative to in-person visits can reduce the level of reimbursement significantly. While a physician, nurse practitioner, physician assistant, therapist, or other caregivers would receive payment for each and every telehealth encounter in the home, a home health agency cannot. Unfortunately, most other payers, including Medicare Advantage plans, follow Medicare's guidelines. Most of our home health care census are Medicare payers. Colorado Medicaid does actually reimburse telehealth under strict parameters, however 99% of the Medicaid visits that we do require direct hands-on skill from the clinician, so telehealth would not get reimbursed.

Other Potential Services Lines: Tele-psych has been one of the more successful programs in some rural and hard-to-reach areas, and in some critical-access hospitals. Where such hospitals could not hire full-time psychiatrists and support staff onsite, "tele-psych as a service" is gaining traction.

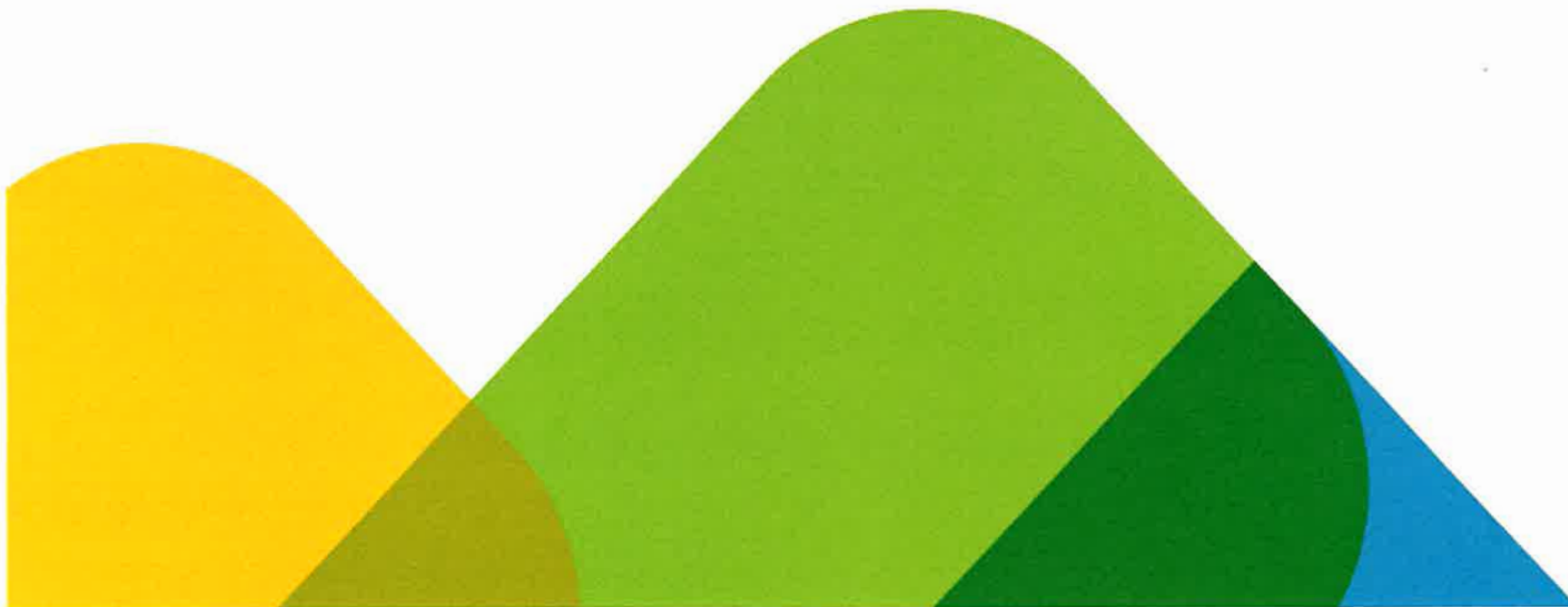
Our stroke process at EPH is quite well-oiled in terms of preliminary diagnosis, stabilization, and transfer to facilities equipped to handle those types of victims. There may be some future potential in having the ability to have a real-time consult online with the appropriate collaborating specialists.



ESTES PARK
HEALTH

Population Health Management

Update 04/2022



Milestones

07/19/21

- First online oxygen certification submission

08/20/21

- Same day scheduling of hospital follow-up

10/13/21

- First billing submitted for PHM

11/17/21

- First hospital discharge follow-up phone call

Milestones

PHM Encounters

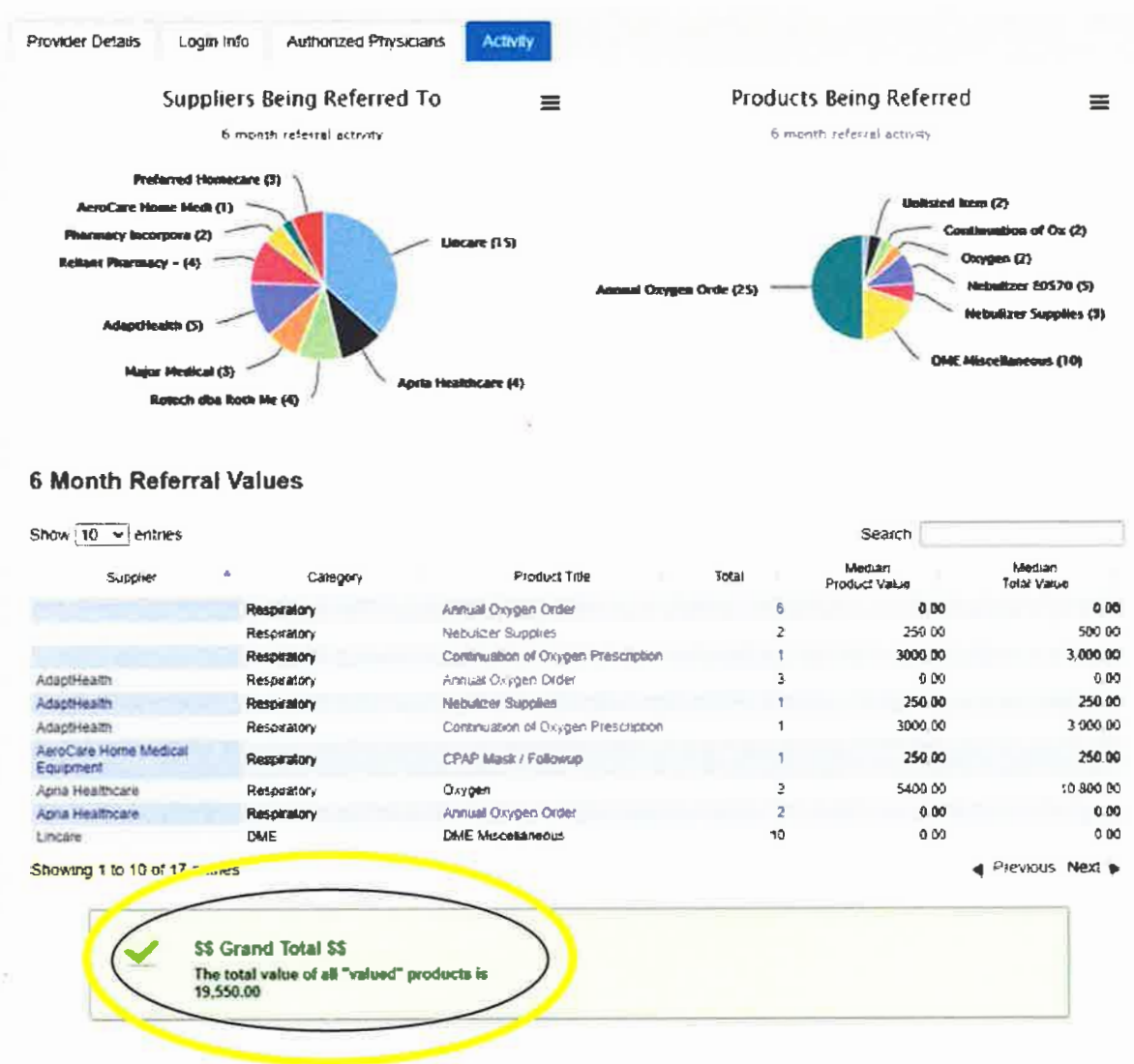


Milestones

PHM Billable Encounters



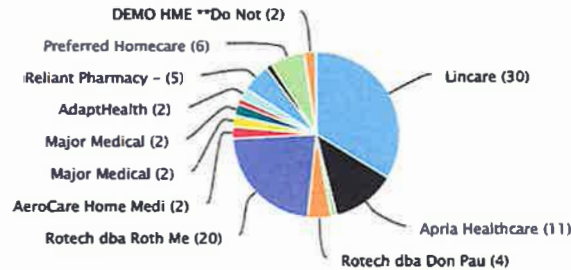
Oxygen Referral Value-10/25/21-\$19,550



Oxygen Referral Value-04/04/2022-\$153,225

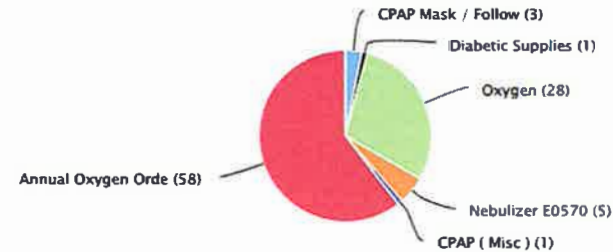
Suppliers Being Referred To

6 month referral activity



Products Being Referred

6 month referral activity



6 Month Referral Values

Show 10 entries

Search

Supplier	Category	Product Title	Total	Median Product Value	Median Total Value
	Diabetic Care Supplies	Diabetic Supplies	1	25.00	25.00
	Respiratory	Annual Oxygen Order	6	0.00	0.00
Adapt Health	Respiratory	CPAP Mask / Followup	1	250.00	250.00
AdaptHealth	Respiratory	CPAP (Misc)	1	0.00	0.00
AdaptHealth	Respiratory	Annual Oxygen Order	1	0.00	0.00
AeroCare Home Medical Equipment	Respiratory	Annual Oxygen Order	1	0.00	0.00
AeroCare Home Medical Equipment	Respiratory	CPAP Mask / Followup	1	250.00	250.00
Apria Healthcare	Respiratory	Oxygen	2	5400.00	10.800.00
Apria Healthcare	Respiratory	Annual Oxygen Order	9	0.00	0.00
DEMO HME **Do Not Use**	Respiratory	Oxygen	2	5400.00	10.800.00

Showing 1 to 10 of 23 entries

◀ Previous Next ▶

\$\$ Grand Total \$\$
The total value of all "valued" products is 153,225.00



Incentive Payment Programs

- MIPS
 - Merit-Based Incentive Payment System
 - Centers for Medicare & Medicaid Services
 - The **Merit-Based Incentive Payment System (MIPS)** is the program that will determine Medicare payment adjustments. Using a composite **performance** score, eligible clinicians (ECs) may receive a payment bonus, a payment penalty or no payment adjustment.
 - <https://qpp.cms.gov/mips/overview>
- HEDIS
 - Healthcare Effectiveness Data and Information Set
 - Private payors
 - HEDIS is a comprehensive set of standardized **performance** measures...
 - <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-HEDIS>

Financial Impact

- Improved MIPS scores
 - Performance positive payment adjustments
- Improved HEDIS scores
 - Private payor incentives



Financial Impact

- Transition of Care phone calls
 - Higher level of follow-up billing

TRANSITION OF CARE

PROVIDER CODING/BILLING

Moderate Complexity

99495 \$212.58 v 99214 \$131.65

- ✓ Follow-up scheduled 8-14 days after discharge
- ✓ Discharge phone call within 2 business days of discharge
- ✓ 30-39 minute office visit
- ✓ Level 4 documentation

High Complexity

99496 \$286.58 v 99215 \$185.18

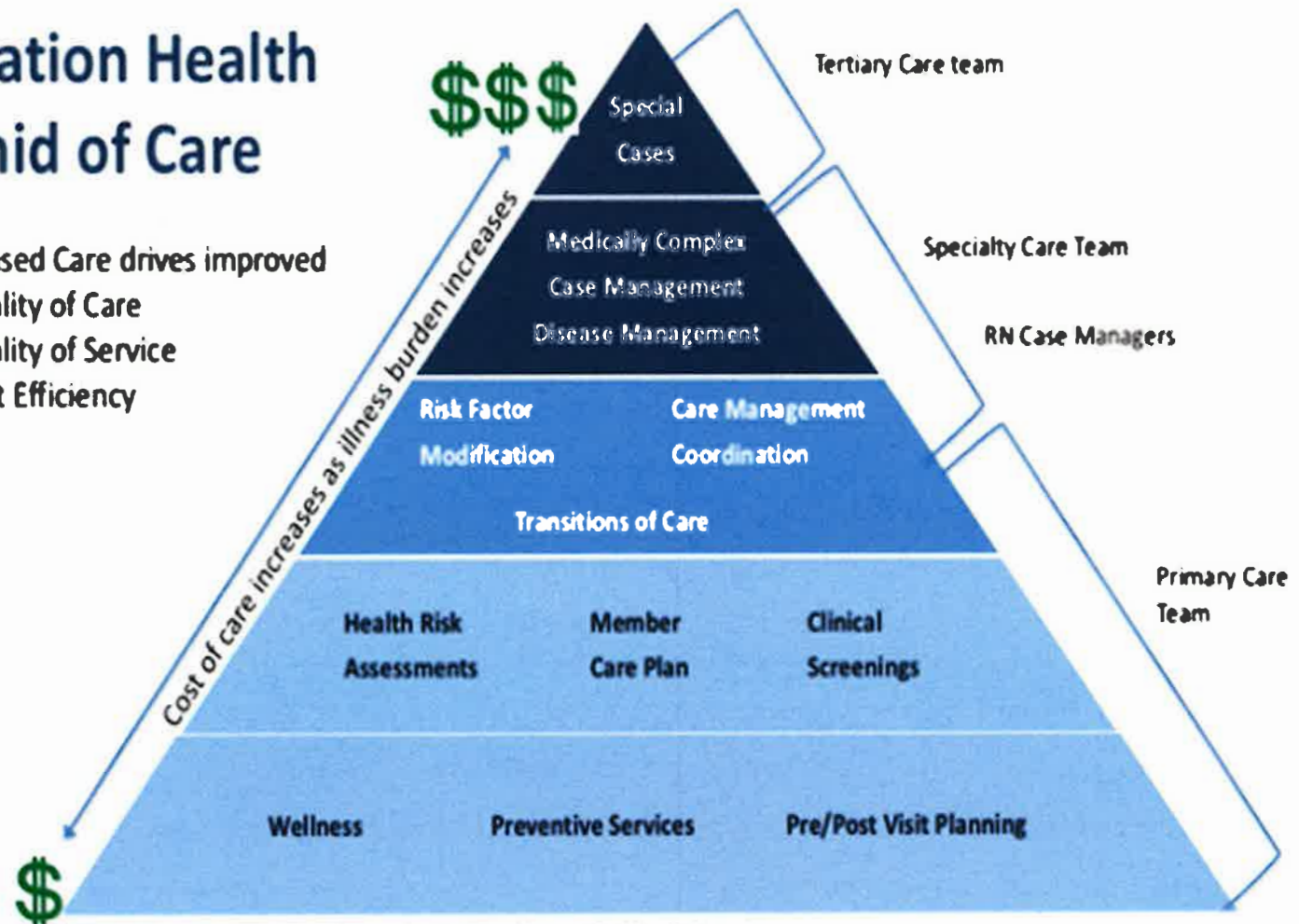
- ✓ Follow-up scheduled 1-7 days after discharge
- ✓ Discharge phone call within 2 business days of discharge
- ✓ 40-54 minute office visit
- ✓ Level 5 documentation

Financial Impact

Population Health Pyramid of Care

Team Based Care drives improved

- Quality of Care
- Quality of Service
- Cost Efficiency



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Patient Experience

- Online oxygen/DME ordering
- Hospital follow-up phone calls
Coordination or care



- Wendy:

-

- I do not know, and do not need to know, what you did last Thursday at the Hospital, but you got results. Carla was here at 9 am Friday for an evaluation to include Carol in the Home Care program and she was accepted. Around 4 pm Friday afternoon, Becky, the OT, was here for an evaluation. Sara, the PT, called and will be here to see xxx around 10:30 this morning, Monday. Becky, will be here today, around 2:30 pm and again on Wed. around 2:30 pm.

-

- I cannot find the words to thank you enough for what you did but please accept my THANK YOU for a job well done.

-

- xxxxxxxxxx

Process Improvement

- Rooming Standardization
 - Complete care documentation
 - Quality standards
 - Improved reporting for CMS/payor incentives
 - More confident cross-coverage
 - Staff flexibility



2022 Goals

- Quarterly Steering Committee meetings
 - February
 - May
 - August
 - November
- Average 50 PHM encounters each month
- Increase Transition of Care billing by 30%
 - 75% of EPHPC patients discharged from EPH will have hospital discharge phone calls within 2 business days of discharge
 - Increase 99495/99496 billing encounters by 50%
 - From 33 in 2021 to 50 in 2022



2022 Goals

- Improving MIPS Scores

- Adult Major Depressive Disorder: Suicide Risk Screening
- Diabetes: A1c poor control
- Documentation of Current Medications in the Medical Record
- Falls: Screening for Future Fall Risk
- Childhood Immunization Status
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease in Patients with Clinical ASCVD



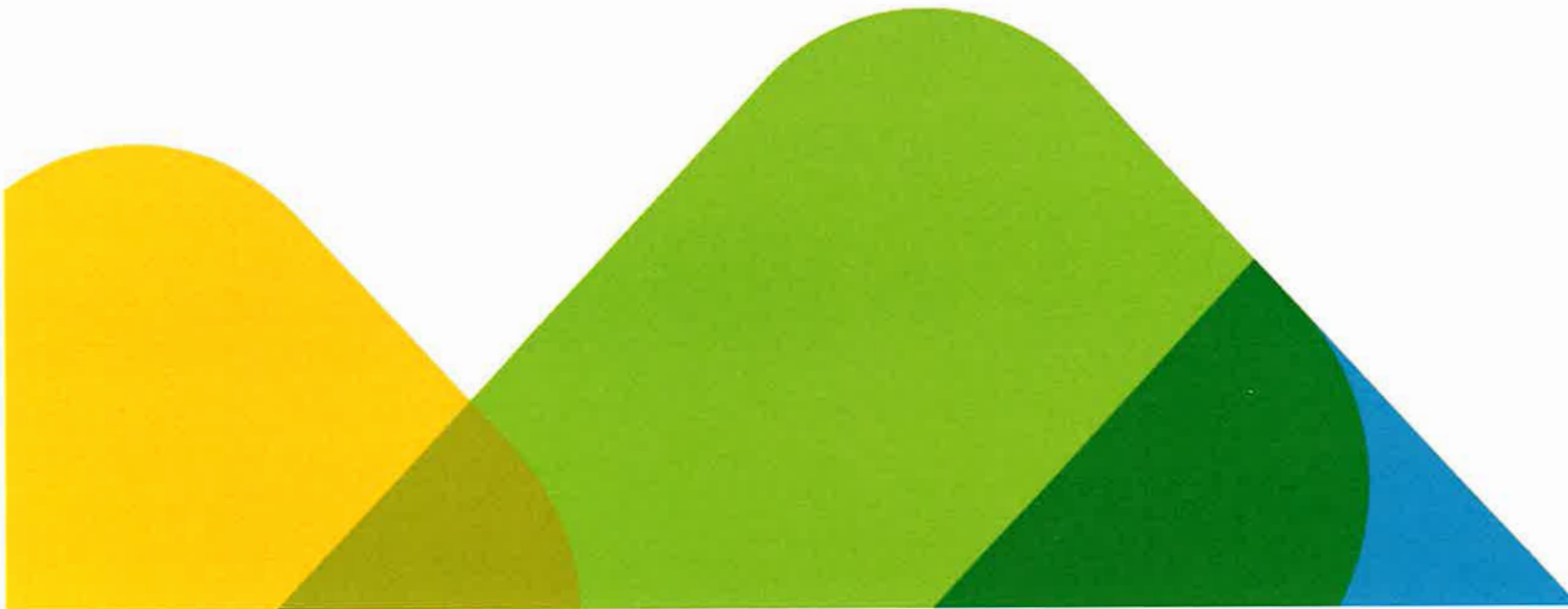
THANK YOU



ESTES PARK
HEALTH

Professional Practice Evaluation Committee

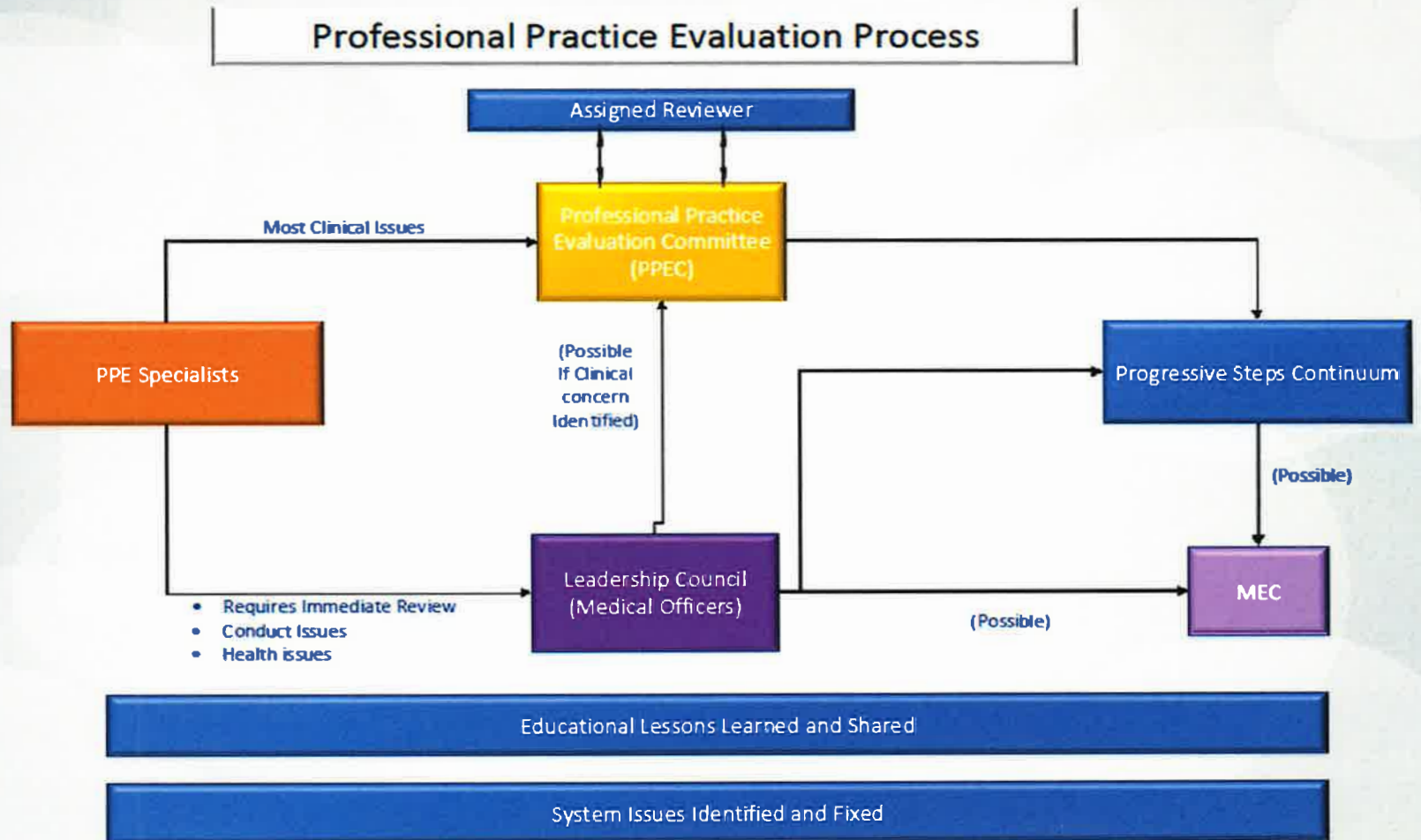
Formerly Peer Review Committee



Professional Practice Evaluation

- PPE should be educational NOT punitive
- The main committee in the PPE process is NOT a disciplinary body
- The PPE committee will also direct the OPPE (ongoing) process and FPPE (focused) process

PPE Flowchart



PPE Specialists

- Quality Director (Kendra Simms)
- Quality Staff (Mayur Nadig)
- Medical Staff Services (Bobbi Chambers)

PPE Specialist Duties

- Maintain central repository of cases
- Initial “triage” of case – is physician review required?
- Prepare “Awareness Letters” for minor issues
- Prepare cases for physician review
- Send clinical case to PPEC for review
- Send professional conduct/health issue case to Leadership Council

Professional Practice Evaluation Committee

- PPEC Chair –designated by Chief of Staff for 4-year term
- Physicians (2-3) representing cross-section of medical staff
- Advanced Practice Provider
- PPE Specialists – non voting members
- All members willing to participate in PPE training
- Stagger 4-year terms so only 1-2 rotating off at a time

PPE Committee Duties

- Review referred cases
- Engage specialty expertise
- Seek input from clinician involved
- Complete objective case review form
- Coordinate lessons learned to appropriate department/medical staff
- Track and report aggregate data to medical staff and board
- NO disciplinary authority

Leadership Council

- Chief of Staff
- Vice Chief of Staff
- Immediate past Chief
- PPE Committee Chair
- Quality Director

Leadership Council Duties

- Acts on any matter requiring expedited review
- Primarily responsible for conduct and health issues
- Involvement in clinical issues as needed

Medical Executive Committee

- Approve PPE Policies
- Broad oversight of process (aggregate data)
- Disciplinary action when needed
- No involvement in day to day PPEC activities
- No review of detailed committee minutes

PPE Process – Progressive Steps Continuum

- Options the committee has to address an issue
- Any step can be used any time
- Overriding Principal:
 - Use the LEAST restrictive approach that is consistent with SAFE care and good QUALITY

Progressive Steps Options

- Initial Mentoring Efforts
 - Informal discussion
 - Coaching
 - Sharing comparative data
 - Variation from standard of care
 - OPPE
- Awareness Letters
 - Address minor but important issues
- Educational letters
 - Provide more specific guidance/suggestions
 - References to guidelines or current standard of care

Progressive Steps Options

- Collegial Counseling
 - Face to face meeting to provide more direct assistance
- Voluntary Enhancement Plans (VEP)
 - More significant issues or patterns
 - Potential education/training/monitoring/proctoring
- Disciplinary Action
 - Directed by MEC

Voluntary Enhancement Plan Options

- Additional education/CME/training
- Monitoring of specific amount of future cases
- Procedure indications checklists
- Second opinions
- Proctoring
- Participation in formal evaluation and assessment program
- Voluntary agreement to temporarily refrain from privileges
- Leave of absence
- Other options as designated

- **None of these options are reportable to Data Bank**

Response to Reported Concerns

Confidential Document Response to Reported Concerns

Dear _____:

Thank you for reporting your concerns. We appreciate your participation in our efforts to promote and maintain a culture of safety and quality care at our Hospital.

Your concerns will be reviewed in accordance with the Professional Practice Evaluation Policy (Peer Review). We will contact you if we need additional information.

Because your report involves confidential matters under *Privileged & Confidential Communication Pursuant to the Colorado Hospital Licensing law, CRS 25.3.109 and the Colorado Professional Review Act, C.R.S. 12-36.5-101*, it is important that you maintain confidentiality and only discuss this matter with individuals who are a formal part of the review process and not with colleagues or co-workers. Due to these same confidentiality requirements, we may not be permitted to inform you of the specific outcome of the review. However, please be assured that your report will be fully reviewed, and appropriate steps will be taken to address the matter.

Your report will be treated with the utmost confidentiality. Your identity will not be disclosed to the subject of the report unless:

- (a) you consent; or
- (b) information provided by you is later used to support an adverse professional review action that results in a Medical Staff hearing (which is an extremely rare occurrence).

In any event, as part of our culture of safety and quality care, no retaliation is permitted against you for reporting this matter. This means that the Practitioner at issue may not approach you directly to discuss this matter or engage in any abusive or inappropriate conduct directed at you. If the individual approaches you, or if you believe that you have been subjected to any retaliation as a result of raising these concerns, please report that immediately to your supervisor, any Medical Staff Officer, the Chief Medical Officer, or me.

Once again, thank you for bringing your concerns to our attention. If you have any questions or wish to discuss this matter further, please do not hesitate to call me at _____.

Sincerely,

[PPEC Specialist]

* *As an alternative to sending a letter or e-mail, the content of this document may be used as talking points to respond verbally to the individual who reported a concern.*

Informational Letter

CONFIDENTIAL DOCUMENT

To: _____

From: Chair, Professional Practice Evaluation Committee

Date: _____

Re: Informational Letter

As part of its ongoing and routine quality improvement efforts, the Professional Practice Evaluation Committee (“PPEC”) has identified specific performance issues that can be successfully addressed solely by providing timely feedback to the Practitioners involved, rather than proceeding with a more formal review.

One such opportunity for improvement has been identified with respect to your compliance with ***[Describe the specific issue involved, for example: Section _____ of our Medical Staff Rules and Regulations states “[i]f a full operative procedure report cannot be entered into the record immediately after the operation or procedure, a progress note must be entered by the Attending Physician in the medical record before the patient is transferred to the next level of care. No operative report or progress note was entered for MRN 13579.” This is an example only. The actual basis for an Informational Letter must be approved by the PPEC.]***

The purpose of this feedback is to increase your awareness of the rules governing Medical Staff members and to allow you to self-correct and improve. No response from you is required and no further review of this matter will be conducted unless a pattern is identified.

We hope that you will receive this letter in the spirit of continuous improvement and support our efforts to create a positive approach to our review processes. Thank you in advance for your cooperation. Please let me know if you have any questions or if I can provide any further assistance to you in addressing this matter.

Enclosure: *[relevant core measure, policy, rule and regulation, clinical protocol, etc.]*

Educational Letter

CONFIDENTIAL DOCUMENT

To:

From: Chair, Professional Practice Evaluation Committee

Date:

Re: Educational Letter

As part of its ongoing and routine quality improvement and educational efforts, the Professional Practice Evaluation Committee (“PPEC”) has identified specific performance issues that can be successfully addressed solely by providing timely feedback to the Practitioners involved, rather than proceeding with a more formal review.

One such opportunity for education has been identified with respect to *[detail the specific educational issue that needs to be addressed. Include patient identifiers and dates. Reference educational sources such as scholarly articles, books, expert opinion, etc. Clearly identify areas the provider needs to improve.]*

The purpose of this feedback is educational regarding *[specific issue]* at Estes Park Health, and to allow you to self-correct and improve. No response from you is required and no further review of this matter will be conducted unless a pattern is identified.

We hope that you will receive this letter in the spirit of continuous improvement and support our efforts to create a positive approach to our review processes. Thank you in advance for your cooperation. Please let me know if you have any questions or if I can provide any further assistance to you in addressing this matter.

Sincerely,

PPEC Chair/Committee

Enclosure:

Request for Information Letter

CONFIDENTIAL DOCUMENT

Re: Request for Input

Dear Dr. _____:

To promote education and continuous improvement, the Medical Staff routinely reviews certain types of cases through its professional practice evaluation ("PPE") process. The following is one such case that was identified for review:

MRN: _____
Admission Date: _____
Discharge Date: _____
Reason for Review: _____
(e.g., complication related to procedure/treatment)

To assist with the review process, we would appreciate your input and perspective on this case. Specifically, based on an initial assessment that was conducted by a physician reviewer, _____ [describe questions, issues, concerns, etc.].

No final conclusions or opinions have been reached on these issues. Your input is an essential part of the review process, and we will let you know if we have any additional questions after we review your response.

Please provide your written comments by _____. If you would also like to meet with anyone involved in the review process to discuss these issues, after providing your comments, please contact me to arrange that meeting.

[The following paragraph is an optional paragraph to be included in this initial request for information if there is a concern that a colleague will refuse to respond. Otherwise, the content of the following paragraph may be used in a follow-up letter to any individual who fails to respond.]

[Your written input is essential as we attempt to achieve our goal of having a timely, fair, and constructive process. Please recognize that if you do not respond to this request for written input prior to the date set forth above, the failure to do so will result in the temporary automatic relinquishment of your clinical privileges until the information is provided, in accordance with the Professional Practice Evaluation Policy. We trust that this will not occur and look forward to your participation in the review.]

Thank you for your cooperation and participation in the Medical Staff's ongoing efforts to continuously improve the care we provide at the Hospital.

Sincerely,

[PPE Specialist]

Case Reviewed Letter

CONFIDENTIAL PEER REVIEW DOCUMENT

To:

Date:

RE: Case review - number
Reason for review:

Dear:

Recently, the Professional Practice Evaluation Committee reviewed a case you were involved in. A copy of your review is attached. In accordance with standard procedure this report has become a part of your Medical Staff quality file. Your written response to this report is welcome and will be maintained in your file.

Should you have any questions regarding this, please do not hesitate to contact me.

Respectfully,

Chairman, Professional Practice Evaluation Committee

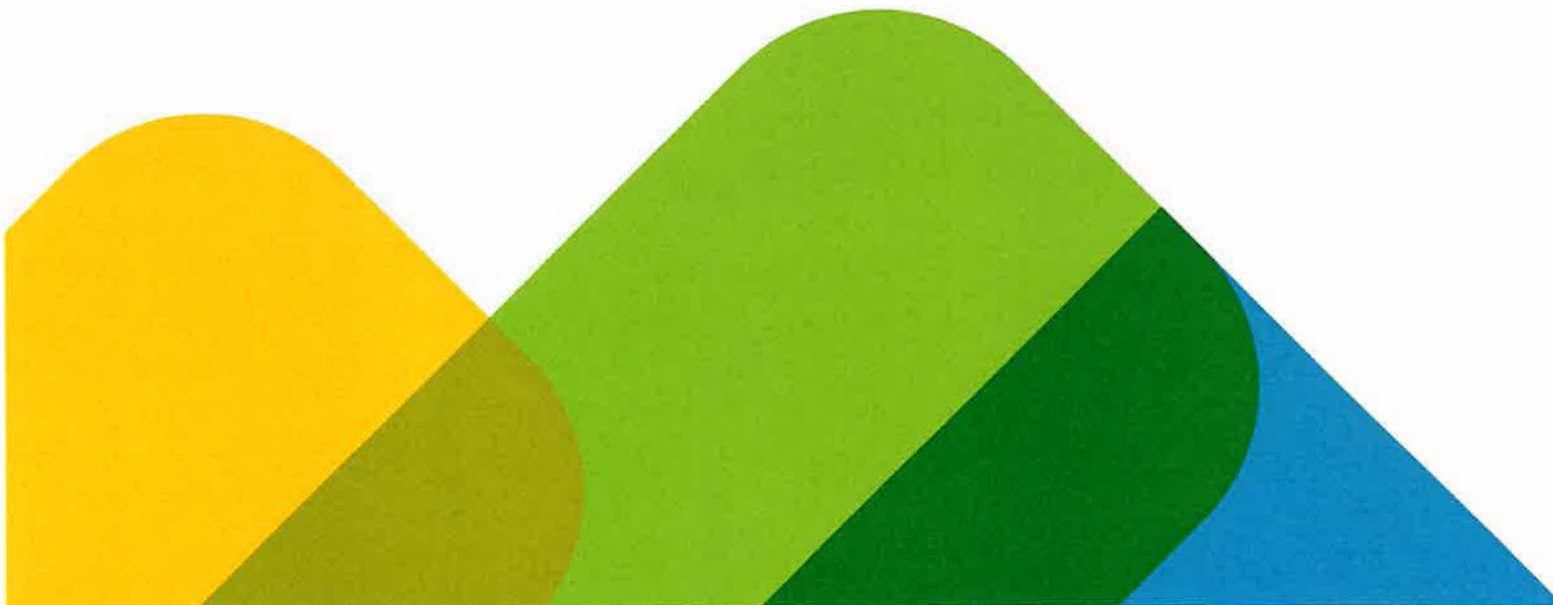
Enclosure



ESTES PARK
HEALTH
FOUNDATION

2022 March Update, PHD Board of Directors

APRIL 4, 2022



2022 Spring Update

Strategic Plan Implementation

1. Develop a system to maximize the contacts and reach of EPH Directors, for the benefit of the Foundation.
2. Improve Institutional Communication.
3. Assess and Improve Onboarding Program for new EPHF Directors.
4. Improve Donor Retention to 57% per year by Year 3.

2022 Spring Update

Highlights of last quarter

- Completed MRI Campaign, \$545K
- Added a new member to The Legacy Society
- Scheduled the Estes Park Jazz and Blues Festival

2022 Spring Update

General Updates

- Financial
 - Currently performing near expectations
- Personnel
 - Staff
 - Board
- Audit is Underway
- Moving to Hybrid Committee & Board Meetings

2022 Spring Update

Questions?





Executive Update – April 2022

Strategic Plan Implementation Update

1. **Develop a system to maximize the contacts and reach of EPH directors, for the benefit of the Foundation.**
 - Done
 - Board Development Committee has finalized strategy
2. **Improve Institutional Communication.**
 - Done
 - Will improve on an ongoing basis, based on organizational learning
3. **Assess and Improve Onboarding Program for new EPHF Directors.**
 - Done
 - Director Survey done
 - Board Development Committee updated Director Orientation Curriculum
 - Additional improvement / tuning will continue as needed
4. **Improve Donor Retention to 57% per year by Year 3**
 - Done
 - 61.35% in 2021

Highlights since last Board Meeting

- Completed MRI Campaign, \$543K
- Added a new member to The Legacy Society
- Scheduled the Estes Park Jazz and Blues Festival

General Updates

- Audit is Underway
- Moving to Hybrid Committee & Board Meetings

Financial Dashboard Reports

December 2021 Dashboard

	Monthly				YTD			
	Dec 21		Dec 20		2021 YTD		2020 YTD	
	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget
Donation Revenue	\$ 213,994	\$ 37,083	\$ 87,564	\$ 41,500	\$ 865,061	\$ 444,996	\$ 421,428	\$ 415,000
PY Donation Revenue Refunded	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Donatlon Revenue	\$ 213,994	\$ 37,083	\$ 87,564	\$ 41,500	\$ 865,061	\$ 444,996	\$ 421,428	\$ 415,000
Total Operating Expenses	\$ 29,603	\$ 31,857	\$ 39,727	\$ 29,027	\$ 385,691	\$ 382,284	\$ 256,210	\$ 372,509
Net Operating Increase/ (Loss)	\$ 184,391	\$ 5,226	\$ 47,837	\$ 12,473	\$ 479,370	\$ 62,712	\$ 165,218	\$ 42,491
Investment Revenue	\$ 156,337	\$ 11,250	\$ (60,638)	\$ 13,200	\$ 719,015	\$ 135,000	\$ 152,347	\$ 88,000
Other Revenue	\$ -	\$ -	\$ -	\$ 6,000	\$ 92,722	\$ -	\$ -	\$ 72,000
Total Revenue	\$ 370,331	\$ 48,333	\$ 26,926	\$ 60,700	\$ 1,676,798	\$ 579,996	\$ 573,775	\$ 575,000
Grant Disbursements *	\$ 13,700	\$ -	\$ 1,500	\$ -	\$ 40,339	\$ -	\$ 549,765	\$ -
Total Net Increase / (Loss)	\$ 327,028	\$ 16,476	\$ (14,301)	\$ 31,673	\$ 1,250,768	\$ 197,712	\$ (232,200)	\$ 202,491

* We have approved grants (YTD) waiting for reimbursement paperwork from EPH: **\$ 159,795.83**

Please note these are unofficial results that have not been verified by EPH Accountant

February 2022 Dashboard

	Monthly		YTD				Annual	
	Feb-22		Feb-21	2022 YTD (Jan-Feb)		2021 YTD (Jan-Feb)	2022	2021
	Actual	Budget	Actual	Actual	Budget	Actual	Budget	Actual
Donation Revenue	\$ 16,100.00	\$ 32,266.42	\$ 8,661.00	\$ 26,640.49	\$ 37,957.00	\$ 79,763.00	\$ 545,000.00	\$ 865,061.00
Total Donation Revenue	\$ 16,100.00	\$ 32,266.42	\$ 8,661.00	\$ 26,640.49	\$ 37,957.00	\$ 79,763.00	\$ 545,000.00	\$ 865,061.00
Total Operating Expenses	\$ 95,375.56	\$ 32,026.98	\$ 32,979.00	\$ 63,471.81	\$ 60,225.32	\$ 57,950.00	\$ 382,696.00	\$ 385,691.00
Net Operating Increase/ (Loss)	\$ (19,275.56)	\$ 239.44	\$ (24,318.00)	\$ (36,831.32)	\$ (22,268.32)	\$ 21,813.00	\$ 162,304.00	\$ 479,370.00
Investment Revenue	\$ (117,311.79)	\$ 7,400.56	\$ (60,638.00)	\$ (335,134.96)	\$ 8,705.73	\$ 37,018.00	\$ 125,000.00	\$ 719,015.00
Other Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 92,722.00
Total Revenue	\$ (101,211.79)	\$ 39,666.98	\$ (51,977.00)	\$ (308,494.47)	\$ 46,662.73	\$ 116,781.00	\$ 670,000.00	\$ 1,676,798.00
Grant Disbursements *	\$ 2,725.00	\$ -	\$ 1,500.00	\$ 4,365.01	\$ -	\$ -	\$ -	\$ 43,339.00
Total Net Increase / (Loss)	\$ (139,312.35)	\$ 7,639.99	\$ (86,456.00)	\$ (376,331.29)	\$ (13,562.59)	\$ 58,831.00	\$ 287,304.00	\$ 1,247,768.00

* We have approved grants (YTD) waiting for reimbursement paperwork from EPH: **\$ 162,185.28**

Please note these are unofficial results that have not been verified by EPH Accountant

6.5.8



ESTES PARK HEALTH

Park Hospital District Board
Timberline Conference Room
April 4th, 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:

New Appointments

Karen Meyer, M.D. OB/GYN

Locums

Reappointments

Jason Sutherland, M.D

Patrick Barry, M.D.

Michael Eddy, M.D

Ethan Ellis, M.D.

Robyn Zehr, D.O.

Scott Woodard, M.D.

Kristin Baird, M.D.

Christopher Daley, M.D.

Aaron Florence, D.O.

Courtesy, Pathology Courtesy,

Family Medicine Courtesy,

Urology

Courtesy, Cardiology

Active, Family Medicine

Active, General Surgery

Courtesy, Dermatology Active,

Emergency Department Active,

Orthopedics

Courtesy, Cardiology

Courtesy, Radiology

Charles Patrick Green, M.D.

William Brent Wahl, M.D.

Active, Courtesy

Status change

Erika Norris, M.D.