

## Agenda

### Estes Park Health Board of Directors' Regular Meeting by GoToWebinar

Monday, May 23, 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 Sandy Begley's Service on the EPH Board	10	Action	Board and Public
4	Swearing In Elected Board Members & Election of Board Officers	10	Action	Ms Sarah Shepherd, Board
5	Public Comments on Items Not on the Agenda	3	Information	Public
6	General Board Member Comments	3	Information	Board
7	Consent Agenda Items Acceptance:	2	Action	Board
7.1	Board Minutes			
	7.1.1 EPH Board Regular Meeting Minutes April 25, 2021			
	7.2.2 EPH Board Executive Session Minutes May 16, 2021			
7.2	Other Documents			
	7.2.1 Antibiotic Stewardship Program			
8	Presentations:			
8.1	Estes Park Health Current Status, Covid-19 Updates, 2022 Tactical and Strategic Initiatives Updates and Forecast	15	Discussion	Mr Vern Carda
8.2	Quality Program Strategic Update	15	Discussion	Dr Ken Epstein, Ms Kendra Simms
8.3	Hospital Transformation Program Strategic Update	15	Discussion	Ms Pat Samples
8.4	Chief of Staff Strategic Update	15	Discussion	Dr Robyn Zehr
8.5	Chief Human Resources Officer Strategic Update	15	Discussion	Ms Shelli Lind
9	Executive Summary - Significant Items Not Otherwise Covered	1	Discussion	Senior Leadership Team
10	Medical Staff Credentialing Report	2	Action	Board
11	Potential Agenda Items for June 2022 Regular Board Meeting	1	Discussion	Board
12	Adjournment	1	Action	Board
Estimated Total Regular Session Mins.		110		

**Next Regular EPH Board Meeting: Monday June 27, 2022 5:00 - 7:00 pm**

**June 2022 Possible Agenda Items:**

One Call Initiative Update

Patient Experience Initiative Update



# ESTES PARK HEALTH

## ESTES PARK HEALTH BOARD OF DIRECTORS' Regular Meeting Minutes – April 25, 2022

### **Board Members in Attendance**

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

### **Other Attendees**

Mr. Vern Carda, CEO  
Ms. Pat Samples, CNO (via webinar)  
Mr. Gary Hall, CIO  
Mr. Marc Armstrong, CFO  
Ms. Shelli Lind, CHRO (via webinar)  
Ms. Lesta Johnson (via webinar)  
Ms. Rachel Ryan  
Ms. Sarah Shepherd (via webinar)  
Mr. Bobby Powers

### **Community Attendees (via webinar):**

Mr. Drew Webb (via webinar)  
Mr. Larry Leaming (via webinar)  
Mr. Max Salfinger (via webinar)  
Mr. Randy Brigham (via webinar)  
Ms. Wendy Rigby (via webinar)

### **1. Call to Order**

The board meeting was called to order at 5:40 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**

David Batey motioned to approve the agenda as submitted. Steve Alper seconded the motion, which carried unanimously.

### **3. Appreciation of Amanda Luchsinger's service**

Resounding praise of Dr. Luchsinger's service at Estes Park Health.

4. **Public Comments on Items not on Agenda**

No comments.

5. **General Board Member Comments**

No comments.

6. **Consent Agenda Items Acceptance**

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

7. **Presentations**

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

- Election updates; have seen over 300 ballots returned for the mail-in piece. There has also been a consistent stream of people dropping off ballots at EPH. For ballots to be counted: ballots MUST be received by 7 PM on election day, May 3<sup>rd</sup>. Any missing ballots – can contact EPH or election office for replacement.
- Sarah will return post-election to report on the outcome. Election results for unofficial abstract will be posted on website ASAP after count is completed. A full count may not happen until later in the evening.
- Once UOCAVA ballots are collected by the 17<sup>th</sup> of May, Canvass Board will meet and conduct the final count. Oaths of office will be administered on May 23<sup>rd</sup>. Around 70 UOCAVA ballots were mailed out; 2 have been received back.

7.1 **Proposal for EPH Outpatient Behavioral Health Program– Vern Carda, Mr. Bobby Powers**

- Senior Life Solutions is an outpatient-based group counseling program that is designed to address the emotional and behavioral health of adults over the age of 65. EPH conducted a community needs assessment a few months back, and additional mental health services was identified as an issue, primarily for those in the Medicare age group.
- Senior Life Solutions provides medical and social therapies that maximize quality of life for patients. The program assists a variety of patient needs, including depression, unresolved grief, social withdrawal, etc.
- The program is designed to meet the specific needs of acute care hospitals in rural areas. A potential partnership with EPH was discussed as an introductory topic.
- A financial Performa and clinical document will be provided to the Board for review. A separate session will be conducted to further discuss the potential partnership.

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.

- Policy/Procedure Updates from the Covid-19 Governing Team – April 19<sup>th</sup> was the first day without a door screener; Admitting staff has taken on the duty of patient screening as part of their workflow.
- Mask Wearing/Visitation Update – Hospitals, Urgent Care centers, and Physician Clinics will continue to wear masks in all patient-facing areas. Cloth masks are not permitted, and all visitors/patients must continue to wear masks as well.
  - Patients are still permitted to have multiple visitors, but only two visitors are allowed at any given time in patient room. Visitors must also be screened and be negative to symptoms/exposure.
- Treatments for Covid-19 – Monoclonal antibodies can help prevent severe illness, and the FDA has approved this for emergency use. This treatment is available to those who have tested positive for Covid, have symptoms, and are at a high risk of developing severe symptoms.
- CDPHE extends Public Health Order 20-38 – This update continues to require face coverings and hospital data reporting, and is effective through May 13<sup>th</sup>, 2022.
- EPH Covid Testing through April, 2022:
  - 181 Total Tests
  - 20 Positive Results
  - 11% Positivity Rate Per the Sample Size
  - Positivity rate is skewed high, due to patients presenting to EPH as symptomatic.

## *Updates*

***Election Update*** – Please vote! Election Day is May 3<sup>rd</sup>, 2022.

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

- EPH has extended a contract to an ophthalmology candidate – Currently working through contract issues with candidate, and are hoping to have an affirmative answer by the end of the week.
- IM Physician Search Update - Dr. Hollis Burggraf is starting on May 9<sup>th</sup> as a temporary provider for Dr. Luchsinger. There will be overlap with Dr. Luchsinger, prior to her departure on May 15<sup>th</sup>. One potential IM Physician has been interviewed, and another will be coming for an onsite interview on May 9<sup>th</sup>. Approximately 23 candidates have applied for this position.
- Planning Session – Results are being consolidated from the April 7<sup>th</sup> session. Another session will be conducted with Department Directors on May 11<sup>th</sup>. Physicians provided numerous ideas and input for future strategic initiatives for EPH.

- DNV Survey, April 26-28 – DNV is a hospital accreditation program that directly addresses regulatory requirements for hospitals. The remote survey will begin on April 26<sup>th</sup> and will address any challenges in our quality program, and will help with CMS certifications. This is approached with an “all hands on deck” technique, as the entire hospital is impacted in some way.
- Provider Relief Fund Report (PRF) – The deadline that was set for March 31<sup>st</sup>, 2022, was met. PRF was submitted to appropriate agencies.
- Gastrointestinal Provider – EPH is currently working with gastrointestinal providers down in the valley to create a better service platform for Estes Valley patients. More information will be provided once a contract is executed.

### 7.3 EPH Urgent Care Update: Financials, Volumes, Quality Measures – Ms. Pat Samples

- An overview of the Urgent Care operations was discussed. The Urgent Care serves as a good solution to large patient volumes and follows the appropriate business model for tourist friendly communities.
- Urgent Cares are a better-utilized resource for minor conditions like flu symptoms, allergic reactions, broken bones, etc. They also offer a more cost-effective option for patients as opposed to an ER or clinic. Business plan anticipated 30% of hospital’s ED visits would move to UC, but actual is closer to 10%.
- Quality measures include the time of registration to being seen by a provider and the time of registration to discharge. Challenges exist with staffing/patient volume, and the single entrance for three different service lines.
- Estimated payback for investment on Urgent Care will be provided to Drew Webb, per his request.

### 7.4 1QTR 2022 EPH Financials – Mr. Marcus Armstrong

- An overview of EPH financials was discussed. Various accomplishments happened during first quarter, including the hiring of a new controller, filing of the RPF for Period 2, and ongoing conversations regarding Budgeting/Decision Support software.
- Challenges include hiring a staff accountant, design and employ a business analyst, finalize audit and cost report, onboard new controller, and cross-train AP/Payroll personnel.
- Charges through March were 1% better than budget. Net patient revenue was slightly below (2.8%), and total operating revenue was within 3% of the budget for the year. Total operating expenses (YTD) were \$15.37 million vs. the budget of \$15.66 million.

### 7.5 Chief Operations Officer Strategic Update – Mr. Gary Hall

- An overview of highlights by department were discussed. These include the new HVAC unit in the Lab, the new MRI machine, continued comforts in the Aspen Hall rooms, and a focused effort on cybersecurity in IT. EVS is much more stable due to a mix of outsourced and full time employed staff, which has been an issue over the last year.

## 8. Executive Summary – Significant Items Not Otherwise Covered

No comments.

9. **Medical Staff Credentialing Report**

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

10. **Potential Agenda Items for May 23, 2022 Regular Board Meeting**

No comments.

11. **Adjournment**

David Batey motioned to adjourn the meeting at 7:46 PM. Bill Pinkham and Steve Alper seconded the motion, which carried unanimously.

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David M. Batey, Chair

**Estes Park Health Board of Directors**

DRAFT

**Agenda**  
**Estes Park Health Board of Directors' Executive Session - By TEAMS**  
**Monday, May 16, 2022**  
**3:30 -5:30 p.m.**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order/Welcome (Time 5:35 pm)	1	Action	Dr David Batey
<b>2</b>	Approval of the Agenda (Motion Muno 2nd Alper - Unanimous Approval )	1	Action	Board
<b>3</b>	Public Comments on Items Not on the Agenda - None	1	Information	Public
<b>4</b>	General Board Member Comments on Items Not on the Agenda - None	1	Information	Board
<b>5</b>	Entertain a motion to enter Executive Session Pursuant to Section 24-6-402(4)(e) C.R.S. for the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations (Motion Alper 2nd Muno - Unanimous Approval )	55	Action	Dr David Batey
<b>6</b>	Adjournment (Motion Alper 2nd Muno - Unanimous Approval Time 5:56 pm)	1	Action	Dr David Batey
<i>Total Regular Session Mins.</i>		<b>60</b>		

Board Members Present: Alper, Batey, Muno, Pinkham



# ESTES PARK HEALTH

Date: May 24, 2022

## ANTIBIOTIC STEWARDSHIP PROGRAM

**Recommendation:** *The Estes Park Health Board of Directors delegate the strategic direction, management, and operation of the antibiotic stewardship program to the CEO of Estes Park Health. The CEO will partner with physician and clinical leadership to devise, develop, implement, and report on a program regarding the organization's antibiotic stewardship responsibilities.*

**Furthermore, I recommend a motion to assign the antibiotic stewardship program responsibilities including management and operation of this program to the Estes Park Health CEO.**

Specific Regulatory Information:

SR.1 The CAH shall demonstrate that:

SR.1a An individual (or individuals), who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship, is appointed by the governing body as the leader(s) of the antibiotic stewardship program

SR.1a(1) The appointment is based on the recommendations of medical staff leadership and pharmacy leadership.

SR.2 The CAH-wide antibiotic stewardship program:

SR.2a Demonstrates coordination among all components of the organization responsible for antibiotic use and resistance, including, but not limited to:

SR.2a(1) The IPCP;

SR.2a(2) The QAPI program;

SR.2a(3) The medical staff;

SR.2a(4) Nursing services; and,

SR.2a(5) Pharmacy services.

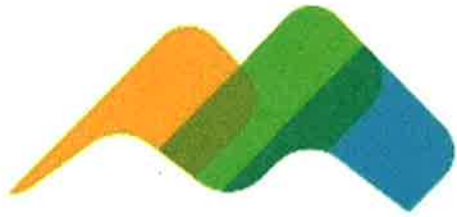
SR.2b Documents the evidence-based use of antibiotics in all departments and services of the CAH; and,

SR.2c Documents any improvements, including sustained improvements, in proper antibiotic use.



SR.3 The antibiotic stewardship program adheres to nationally recognized guidelines, as well as best practices, for improving antibiotic use; and,

SR.3a The antibiotic stewardship program reflects the scope and complexity of the CAH services provided.



# ESTES PARK HEALTH

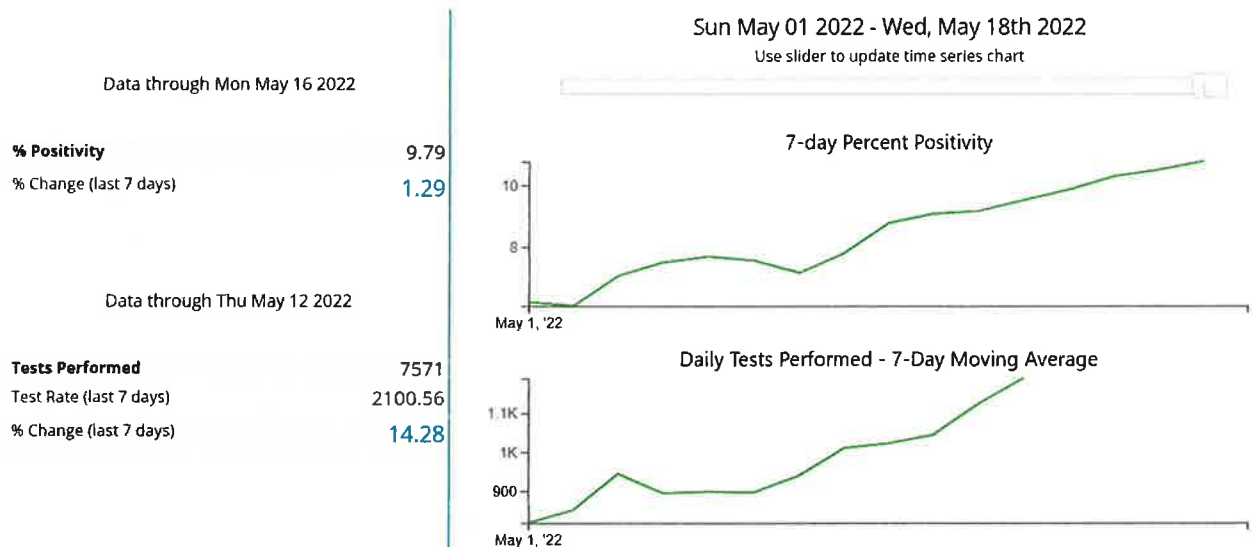
## CEO Report May 23, 2022

### Covid -19 Update:

EPH Covid – 19 testing May 8 – May 14, 2022:

- Tested 101 patients with 17 positives: 16.8% positive rate.
- May Month to Date: 192 tested with 31 positives; 16.1% positive rate.

### Testing in Larimer County, Colorado



### Updates Operational/Tactical Updates:

- **Ophthalmologist.** EPH continues its search for an ophthalmologist. Additionally, EPH is currently working through contracting issues and physician credentialing, etc. with a “temporary” ophthalmologist. Coverage details will be provided as soon as contract is finished with temporary provider.
- **Dr. Hollis Burggraf, MD** is a new temporary physician administering patient care at EPH clinic. Dr Burggraf will be with EPH until a permanent, full-time replacement for Dr. Luchsinger can be embedded into the clinic practice. Additionally, an offer has been tendered to a replacement IM physician. Currently, EPH is working through the details of a contract offer for this candidate.

- **Chargemaster Update:** Eide Bailey staff members were on-sight at EPH to complete some fieldwork, as well as provide educational opportunity to department leaders regarding the chargemaster. More information will be provided regarding the chargemaster after the final report is compiled.

As a reminder, the hospital charge description master, or hospital chargemaster, is at the heart of the healthcare revenue cycle. In short, A hospital chargemaster is a list of all the billable services and items to a patient or a patient's health insurance provider. Further, maintaining an accurate hospital chargemaster is key to revenue integrity. An inadequate chargemaster can result in overpayment or underpayment, as well as claim rejections, undercharging for services, and compliance challenges.

- **Credentialing Update:** EPH has selected the Hardenbergh group to complete EPH physician credentialing activities. This group will assist with the process of organizing and verifying a doctor's professional records. This includes their board certifications, hospital admitting privileges, education, insurance, professional references, work history, and more. EPH will maintain some on-site support activities regarding credentialing. However, this solution to physician credentialing should provide a good systemic approach to EPH credentialing needs.
- **After Hour Radiology Reads:** EPH is evaluating two tele-radiology companies. These companies will be able to provide tele-radiology support, including reading radiology studies when employed radiologist is not available. As you may recall, CIA, our current after hours teleradiology service, has elected to discontinue its service to EPH.
- **MRI replacement project:** Thanks to many entities including **the Foundation**, Siemens, Coe Construction, the diagnostic imaging team, our facilities & IT teams, and a host of others – the new MRI was operational beginning 5/18/22. This 1.5 tesla MRI has some nice improvements when compared to its predecessor. For example, this unit has a larger aperture than the previous machine. It has a more comfortable patient bed including better/more padding. Additionally, the processors that power the machine enable incredible speed, so patients experience less time inside the MRI unit. Most importantly, the quality of the images is better than the old unit thus creating opportunity for great patient quality.

# EPH Quality Update

Kenneth Epstein, MD  
Medical Director, Quality

# Summary of Activities

- DNV Survey
- Standardizing Work Flows
- Reporting Issues
- Education

# DNV Survey

- Occurred 2 weeks ago
- Identified areas for improvement:
  - NC 1
  - NC 2
  - OFI

# Standardizing Work Flows

- Identifying processes for all departments
- Developing flow diagrams
- Tracking Data
  - Establishing Baseline Data
  - Physician examples: Pain Management, Verbal Orders

# Improving System for Reporting Issues

- Started using updated RL-Datix reporting system
- Emphasis is on reporting issues to identify areas for system improvement, not focusing on the individuals



# Education

- Physician Education
- Nursing Education so that physicians and nurses knowledge and practice can be aligned
- E.g. Sepsis

# Sepsis

## Standardizing Definitions and Management

# Disclaimers

- Definition of Sepsis is still controversial
  - Different groups, Societies may prefer different definitions
- The purpose is to have written criteria for appropriate management that can guide development of order sets or protocols (standard operating procedures) and are the basis for audits and monitoring performance

# Definition

- Will go with definition accepted by the Surviving Sepsis Campaign, 2021, which is the Sepsis-2 Criteria
  - ✓ SIRS + Suspected or Known Infection + One sign of organ dysfunction (i.e. focus on Severe Sepsis and septic shock – always look for evidence of organ dysfunction)
  - ✓ Septic Shock = Sepsis + Hypotension after adequate fluid resuscitation, lactate > 2 despite adequate fluid resuscitation

# SIRS

Any 2 of following criteria:

- Temp > 38 or less than 36
- HR > 90
- RR > 20
- PaCO<sub>2</sub> < 32
- WBC > 12K or < 4 K

## 3 Main Core Elements of Sepsis Management

- Early Identification
  - Early Fluids
- Early Antibiotics

# 3 Hour Bundle




- Obtain Blood Cultures
- Administer first dose of antibiotics
- Measure Lactate
- Give fluid: 30 cc/kg within first 3 hours – can include fluids given prior to arrival (if documented in note)

# 2021 changes to recommendations

- ✓ Can use vasopressors (norepinephrine is the preferred agent) through peripheral line for up to 6 hours to achieve MAP of  $> 65$
- ✓ EPH: We can also use this recommendation to state that patient should be transferred an in an ICU within 6 hours of starting vasopressors
- ✓ Use LR, not NS
- ✓ No Vitamin C
- ✓ If shock, and need vasopressors, then give IV Corticosteroids
- ✓ If low likelihood of infection and no shock, ok to defer antibiotics (documentation)



# Antibiotic Timing

	 Shock is present	 Shock is absent
<b>Sepsis is definite or probable</b>	<input checked="" type="checkbox"/> Administer antimicrobials <b>immediately</b> , ideally within 1 hour of recognition.	<input checked="" type="checkbox"/> Administer antimicrobials <b>immediately</b> , ideally within 1 hour of recognition.
<b>Sepsis is possible</b>	<input checked="" type="checkbox"/> Administer antimicrobials <b>immediately</b> , ideally within 1 hour of recognition.	<input checked="" type="checkbox"/> Rapid assessment* of infectious vs. noninfectious causes of acute illness.
<p><i>*Rapid assessment includes history and clinical examination, tests for both infectious and noninfectious causes of acute illness, and immediate treatment of acute conditions that can mimic sepsis. Whenever possible, this should be completed within 3 hours of presentation so that a decision can be made as to the likelihood of an infectious cause of the patient's presentation and timely antimicrobial therapy provided</i></p>		<input checked="" type="checkbox"/> Administer antimicrobials <b>within 3 hours</b> if concern for infection persists.

## By 6 Hours

- Re-measure lactate
- Repeat Px Exam to re-assess fluid status or tissue perfusion:
  - VS, cardiac/lung exam, capillary refill, skin mottling
- Start vasopressors if still hypotensive after adequate fluid resuscitation

## 2 biggest issues that fail in UCH audits

- Failure to recheck lactate if first one elevated
- Inadequate fluid

# Conclusion

There are still a lot of controversies, but we know what does work:

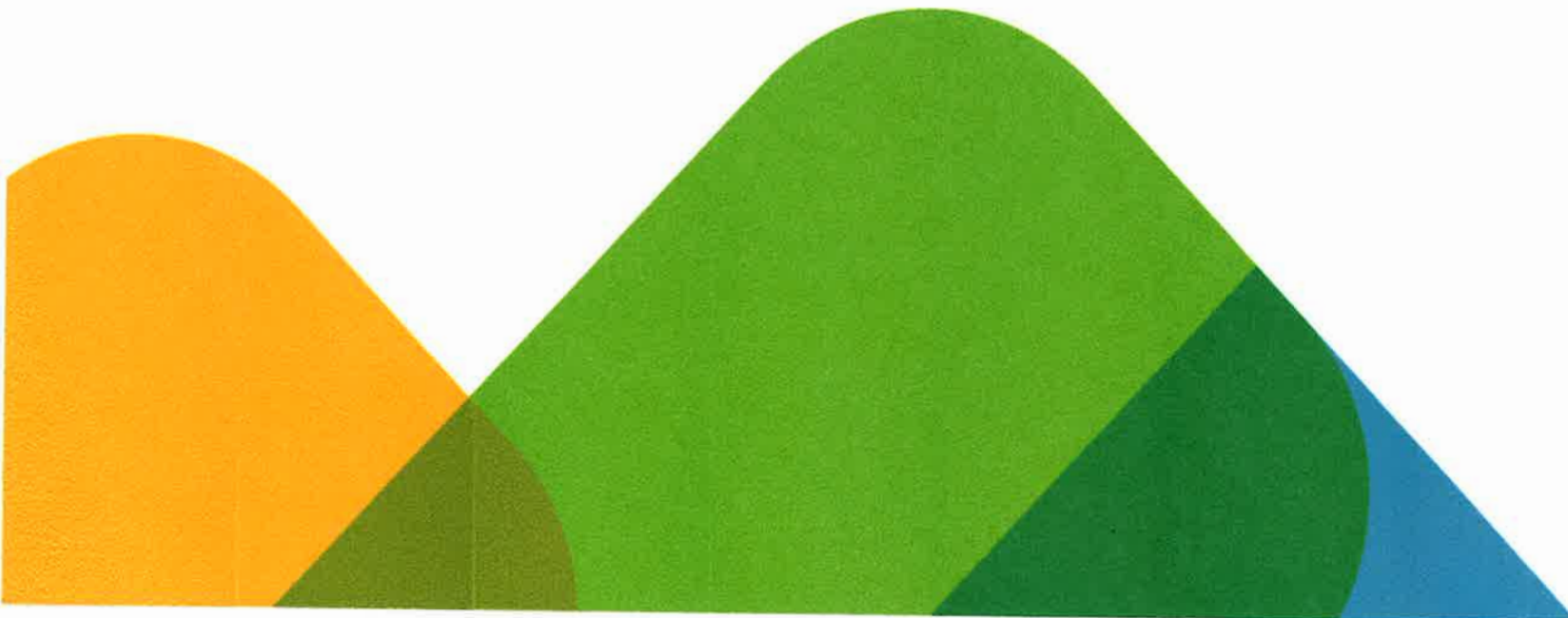
- **Early Identification**
  - **Early antibiotics**
- **Early fluid resuscitation**
  - **Use of a bundle**



**ESTES PARK**  
HEALTH

# Colorado Hospital Transformation Program

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# HTP Goals...

- Improve patient outcomes through care redesign and integration of care across settings.
- Improve the performance of the delivery system by ensuring appropriate care in appropriate settings.
- Lower Health First Colorado costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery.
- Accelerate hospitals' organizational, operational and systems readiness for value-based payment.

# HTP Focus areas...

- Reducing avoidable hospital utilization.
- Core populations.
- Behavioral health and substance use disorder coordination.
- Clinical and operational efficiencies.
- Population health/total cost of care.
- Increase collaboration between hospitals, their community health partners and other providers.

# EPH HTP...

1. SW CP-1: Social Needs Screening and Notification.
2. SW BH-1: Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAE's for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or emergency department.
3. RAH-1: Follow up appointment with a clinician made prior to discharge and notification to the Regional Accountable Entities (RAE) within one business day.
4. RAH-2: Emergency Department (ED) Visits for Which the Member Received Follow-Up Within 30 Days of the ED Visit.
5. BH-1: Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the Emergency Department.
6. COE-1: Increase the successful transmission of a summary of care record to a patient's primary care physician or other healthcare professional within one business day of discharge from an inpatient facility to home.



# EPH status...

## Planning and implementation phase

- Identified and approved milestones (key activities and deliverables)
- Met with the Regional Accountability Entity (RAE)-Rocky Mountain Health Plans
  - Established expectations.
  - Identified current communication through EMR
  - Additional EMR communication needed.
- Partnering with uchealth on EPIC
  - Identifying opportunity to leverage EPIC for communication to outside agencies and physicians/providers.
- Identifying additional staffing needs for EPH. (Social work)
- Identifying ways to leverage EPIC internally to support follow up appointments.
- Program year two begins October 2022 (PY2 10/22)



# Questions



**ESTES PARK**  
HEALTH

# Chief of Staff Updates 5/2022

Robyn Zehr DO

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# Medical Staff Updates:

- Wonderful send off to Dr. Luchsinger earlier this month.
- DNV survey
  - Working to adjust our OPPE (Ongoing Professional Practice Evaluation) process to better utilize our existing systems to pull provider specific data in timely manner.
- PPEC
  - Continue to review cases regularly with focus on education and system interventions
- Outpatient
  - Transition in COVID swabbing process to be run by clinic staff, as numbers are rising may need to adjust
  - Welcome Dr. Hollis Burggraf who is locums physician covering Dr. Luchsinger's panel while awaiting formal replacement
- Quality/Inpatient
  - Sepsis education with goal to standardize care throughout EPH
- Pediatrics
  - Multiple viruses in community (Influenza A, COVID 19, other coronavirus, Adenovirus, Rhino/Enterovirus, Parainfluenza)
  - COVID-19 booster now approved for kids age 5-11, at least 5 months after second dose
  - Updated Pediatric protocols distributed
- Urgent Care
  - Back to daily hours in anticipation of summer needs

# Strategic Updates

- Recruitment
  - Podiatry- Paxon Riding will start seeing patients in June
  - Still working on ophthalmology recruitment
    - Goal for 1-2 day a week coverage while waiting long term replacement
    - Recent interview
  - Interviewed IM and FP
- Ongoing focus on Quality and Culture- appreciate the upcoming leadership training opportunities

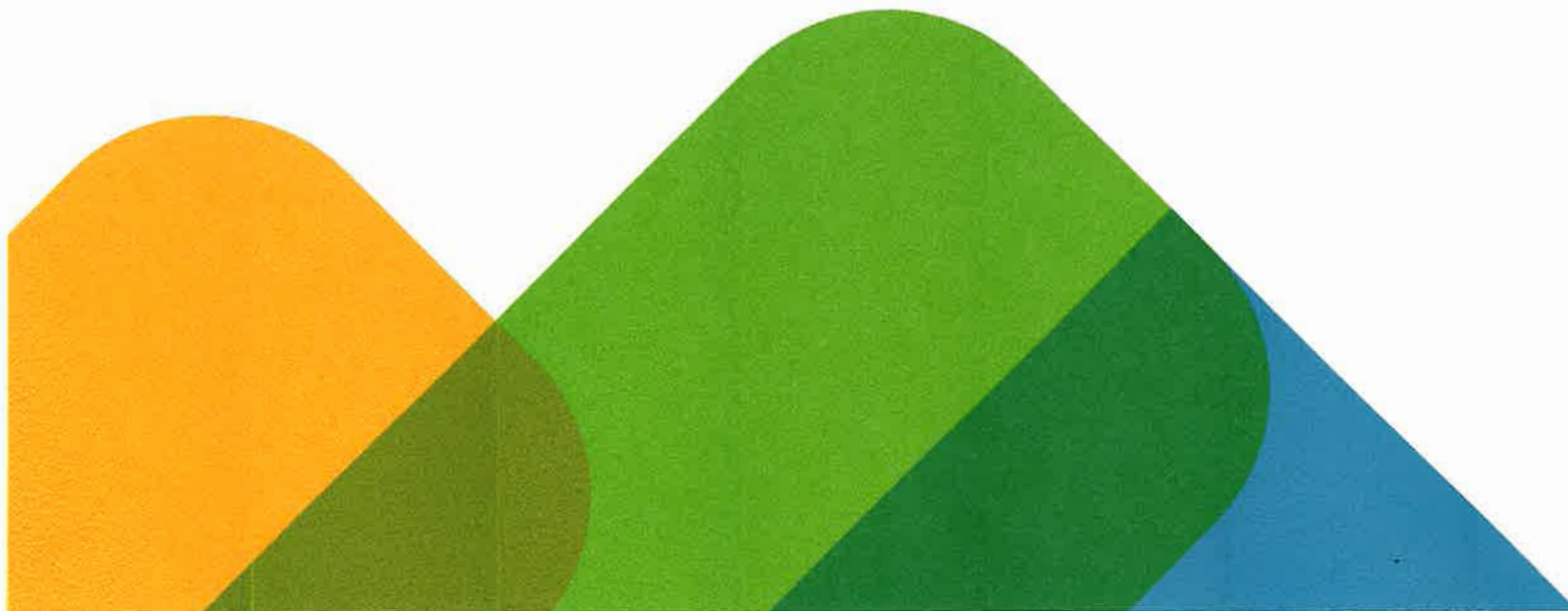


**ESTES PARK**  
HEALTH

# Human Resources Board Report

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MAY 20, 2022



# Covid-19 Vaccination Requirements for Employees

- Currently 11 employees unvaccinated with approved exemptions
  - 4 medical exemptions
  - 9 religious exemptions (some have both)
- Recent requirements from CMS require us to review medical exemptions, as well as other requirements
  - Return to weekly testing
  - Work with employees who don't qualify for medical exemption

# Compensation Structure Update



- Last May – between Levels 1 & 2
- Currently between Levels 3 & 4



