

**Agenda**  
**Estes Park Health Board of Directors' Regular Meeting by GoToWebinar**  
**Wednesday, June 29, 2022**  
**5:30 - 7:30 pm Board Meeting**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order and Welcome	1	<b>Action</b>	Dr David Batey
<b>2</b>	Approval of the Agenda	1	<b>Action</b>	Board
<b>3</b>	Public Comments on Items Not on the Agenda	3	Information	Public
<b>4</b>	General Board Member Comments	3	Information	Board
<b>5</b>	Consent Agenda Items Acceptance:	2	<b>Action</b>	Board
5.1	Board Minutes			
5.1.1	EPH Board Regular Meeting Minutes May 23, 2021			
5.1.2	EPH Board Executive Session Minutes May 24, 2021			
5.1.3	EPH Board Executive Session Minutes June 14, 2021			
5.2	<b>Other Documents</b>			
5.2.1	EPH Home Health and Hospice Report			
<b>6</b>	Presentations:			
6.1	Estes Park Health Current Status, Covid-19 Updates, 2022 Tactical and Strategic Initiatives Updates and Forecast	20	Discussion	Mr Vern Carda
6.2	EPH Foundation Strategic Update	15	Discussion	Mr Kevin Mullin
6.3	Patient Experience Initiative Strategic Update	15	Discussion	Ms Pat Samples
6.4	EPH's "One Call" Initiative Update	15	Discussion	Mr Marc Armstrong, Ms Laurie Johnson
<b>7</b>	Executive Summary - Significant Items Not Otherwise Covered	1	Discussion	Senior Leadership Team
<b>8</b>	Medical Staff Credentialing Report	2	<b>Action</b>	Board
<b>9</b>	Potential Agenda Items for July 25, 2022 Regular Board Meeting	1	Discussion	Board
<b>10</b>	Adjournment	1	<b>Action</b>	Board
Estimated Total Regular Session Mins.		80		

**Next Regular EPH Board Meeting: Monday July 25, 2022 5:00 - 7:00 pm**

July 2022 Possible Agenda Items:



# ESTES PARK HEALTH

## ESTES PARK HEALTH BOARD OF DIRECTORS' Regular Meeting Minutes – May 23, 2022

### **Board Members in Attendance**

Dr. David Batey, Chair  
Dr. Steve Alper, Finance Committee Chair  
Mr. William Pinkham, Member at Large (via webinar)  
Mr. Drew Webb, Member at Large  
Ms. Diane Munro, 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. Robyn Zehr, M.D.  
Mr. Kevin Mullin  
Mr. Ken Epstein, M.D

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

Ms. Sarah Shepherd (via webinar)  
Mr. Larry Leaming (via webinar)  
Ms. Constance S. (via webinar)  
Mr. Randy Brigham (via webinar)  
Ms. Wendy Rigby (via webinar)

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

The board meeting was called to order at 5:33 PM by David Batey; a quorum was present. Notice of the board meeting was posted in accordance with the Sunshine Law Regulation.

### **2. Approval of the Agenda**

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

### **3. Appreciation of Sandy Begley's service**

Sandy sent her regrets as she was unable to attend due to another commitment. She was a great contributor to our community and the board the past 4.5 years. Great experience and intelligence as a

previous CFO/CPA. Board and Administrative staff members generated positive thoughts of her numerous board contributions regarding her years of service. Thank you Sandy Begley for your service!

**4. Swearing in of Elected Board Members**

Sarah S. shared the official voting results: David Batey was re-elected; and Drew Webb elected as a new board member. Sarah S. noted a good turnout for the election. Board Member Bill Pinkham provided the official swearing in of both board members per defined election process. Official documents were signed. Rachel will file certified results with the Larimer County Clerks Office, Clerk of Courts. Voting records are now in our possession. We will store election documents according to legal requirements. No Public comment noted on the election process or results.

Election of Board officers:

Treasurer: Diane nominated Steve Alper, Drew second-unanimous vote in support.

Secretary: David nominated Diane Muno, second Steve Alper-unanimous vote in support.

Chair: Drew nominated David, second by Bill-unanimous vote in support.

Vice-Chair: Steve nominated Drew, second by Bill, unanimous support.

**5. Public Comments on Items not on the Agenda**

No comments.

**6. General Board Member Comments**

Drew-looking forward to working with the board, SLT and public expectations. David-welcome to the board, looking forward to working together. David recognized Kendra our Quality/Patient safety Director for her reaching out to a concerned patient.

**7. Consent Agenda Items Acceptance**

David requested explanation of 7.2.1-other documents, Antibiotic Stewardship Program. Pat Samples explained the CMS requirement and its correlation to future DNV surveys. The board suggested that antibiotic stewardship responsibilities be delegated to the CEO. Steve made the motion, Bill seconded, unanimous approval.

**8. Presentations**

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

Still searching for an ophthalmologist. Chargemaster update-waiting on recommendation from Eide Bailey. The chargemaster is the heartbeat of the revenue cycle and helps EPH to improve charge structure, proper cost, and proper codes. The chargemaster review also enables organizational leaders to understand the implications of the organizations cost structure on interim reimbursement rates. Other items discussed:

- Credentialing update-Hired a 3<sup>rd</sup> party with an inhouse liaison.
- Continue to work to secure after hours radiology support.
- MRI is installed and patient care is occurring. Thank you to the foundation and donors for your contributions to make this purchase happen!

8.2 Quality Program Strategic Update – Ms. Kendra Simms, Dr. Ken Epstein

Dr. Ken Epstein-review his power point for specifics. Much discussion around aligning practice with standards/best practice. Reviewed the value of the EMR and the work being done at EPH through DNV action planning.

8.3 Hospital Transformation Program Strategic Update – Ms. Pat Samples

Hospital Transformation Program. Pat Samples provided a high-level overview of the history of HTP, the focus and expected outcomes. Reviewed impact of not meeting expectations compared to supplemental Medicaid dollars that could be potentially impacted. We are in program year one,

8.4 Chief of Staff Strategic Update – Dr. Robyn Zehr

Review PowerPoint for specifics.

8.5 Chief Human Resources Officer Strategic Update – Ms. Shelli Lind

See PowerPoint for specifics. Shelli shared the new CMS requirements for COVID-19 and medical exemptions. Explained our current process, changes and potential impact. Also, reviewed compensation process. Recommended to move to ‘stay interviews’, vs exit interviews.

9 Executive Summary – Significant Items Not Otherwise Covered

No comments.

10 Medical Staff Credentialing Report

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

11 Potential Agenda Items for June 27<sup>th</sup>, 2022 Regular Board Meeting

David reviewed potential agenda items for June. Meeting was suggested to move to June 29<sup>th</sup>.

12 Adjournment

Steve Alper motioned to adjourn the meeting at 7:30 PM. Bill Pinkham seconded the motion, which carried unanimously.

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David M. Batey, Chair

**Estes Park Health Board of Directors**

## Agenda

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

Tuesday, May 24, 2022

9:00 am - 3:30 p.m.

Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 9:05 am)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Alper 2nd Pinkham - unanimous approval )	1	Action	Board
3	Public Comments on Items Not on the Agenda - None	1	Information	Public
4	General Board Member Comments on Items Not on the Agenda - None	1	Information	Board
5	Entertain a motion to enter Executive Session Pursuant to Section 24-6-402(4)(e) C.R.S. for the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations (Motion Alper 2nd Pinkham - Unanimous Approval )	390	Action	Dr David Batey
6	Adjournment (Motion Pinkham 2nd Alper - Unanimous approval Time 4:15 pm)	1	Action	Dr David Batey
<i>Total Regular Session Mins.</i>		395		

Board Members Present: All

**Draft Agenda**  
**Estes Park Health Board of Directors' Executive Session - By TEAMS**  
**Tuesday, June 14, 2022**  
**8:00 am - 3:00 p.m.**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order/Welcome (Time 8:40 am)	1	<b>Action</b>	Dr David Batey
<b>2</b>	Approval of the Agenda (Motion Webb 2nd Alper - Unanimous Approval )	1	<b>Action</b>	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 Pinkham - Unanimous Approval )	390	<b>Action</b>	Dr David Batey
<b>6</b>	Adjournment (Motion Pinkham 2nd Alper - Time 3:15 pm - Unanimous Approval)	1	<b>Action</b>	Dr David Batey
<i>Total Regular Session Mins.</i>		395		

Board Members Present: Alper, Batey, Muno, Pinkham, Webb

**Report to Board of Directors—June 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 29 employees. Our Clinical Secretary/Unit Coordinator, Carol Blanchard will be retiring at the beginning of July. We currently have open positions for a PRN/part-time physical therapist, a fulltime certified nurse assistant, a PRN MSW, a fulltime clinical secretary/unit coordinator, and a fulltime/PRN registered nurse.

II. Quality

We continue to monitor, track/trend, and strive to improve our 2022 quality measures for all three of our agencies.

In May we had education sessions covering some of our quality measures. The clinical staff met for an excellent training that covered OASIS measure M1860 -Ambulation which was led by Sara Graves, PT. We conducted an educational session that covered a new quality measure for us this year as well, having MD orders for all services provided.

All staff continue COVID precautions—asking screening questions before entering the homes for each visit, using great handwashing and infection control precautions, and requiring all employees and patient/families to wear 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 serve 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 this year through May are down 25% for Home Health Care, down 16.4% for home care, and down 16.4% for Hospice.

IV. Financial (Three separate P&Ls for three agencies)

2022 YTD Financials through April (Three separate P&Ls for three agencies)

Home Health Care: Revenue (\$291,603) is 24.4% below budget

Expenses (\$426,737) are 4.7% below budget

Home Care (non-skilled): Revenue (\$97,591) is 16.2% below budget

Expenses (\$57,151) are 30.9% below budget

Hospice: Revenue (\$111,730) is 24.7% below budget

Expenses (\$85,160) are 41.7% below budget

2022 YTD Roll-up for all three agencies through April:

Total for all: Revenue (\$500,924) is 23% below budget

Expenses (\$569,045) are 15.9% below budget

V. Community

In the pandemic season, we have become more creative about how to provide care and support. Our work is perhaps more relational, involving one on one meetings, rather than in large presentations. But it continues to demonstrate our commitment to and focus on the Estes Valley community.

One of the fundamental services we offer in the community is providing educational consultations with families to help them prepare for hospice care. Most often, Nancy Bell, MSW, meets with families to educate and explore their options. However, it is not unusual for most any of the rest of the staff to also provide information and consultation in the community.

Herm, Chaplain, offers a Support Group that is aimed at directly supporting the 13-month Bereavement program. It serves people in the first year of grief and then they will graduate from the group around the 13<sup>th</sup> month. This group meets every other week and is currently meeting in a room at Shepherd of the Mountain Lutheran Church. For the past years, Herm has facilitated this group with Mary Jo Heyen, Dream Worker, and Hospice Volunteer. A few weeks back she reported she had been diagnosed with Stage 4 Esophageal Cancer.

5.2.1

She died June 5, 2022. The entire Hospice family is deeply touched by her death. In the midst of the sadness, we are overrun with gratitude for the time we all shared with her. The gift of Mary Jo's presence among us will live on.

Nancy, MSW, continues to provide caregiver support to the community through online communication, phone calls, and educational opportunities. She also runs a caregiver's support group that has resumed meeting face to face again at Good Samaritan twice a month. In addition, Nancy is now offering some children's and community-based music therapy groups which had to be suspended due to covid.

Hospice volunteers are again seeing patients in person under the supervision of Alyssa Bergman, MSW. Our hospice families express gratitude and report significant benefits from having volunteers provide respite and support for the family caregivers. Two of our volunteers are currently working together to create the structure for presentations highlighting the work of hospice and telling of their personal experience with hospice. We envision using these presentations as a marketing tool that will tell the story of Hospice.

Herm continues to write reflections for hospital staff entitled *Medicine for the Soul*. These reflections offer perspective and hope for the challenges of our day. His writings continue to find their way beyond the hospital and into the community.

Herm also continues to reach out to pastors in the community to provide support and connection for the times when our work intersects.

Serving the Estes Valley community has always been the very center of Home Health and Hospice. The best energy of our staff is directed toward the health and safety of our community





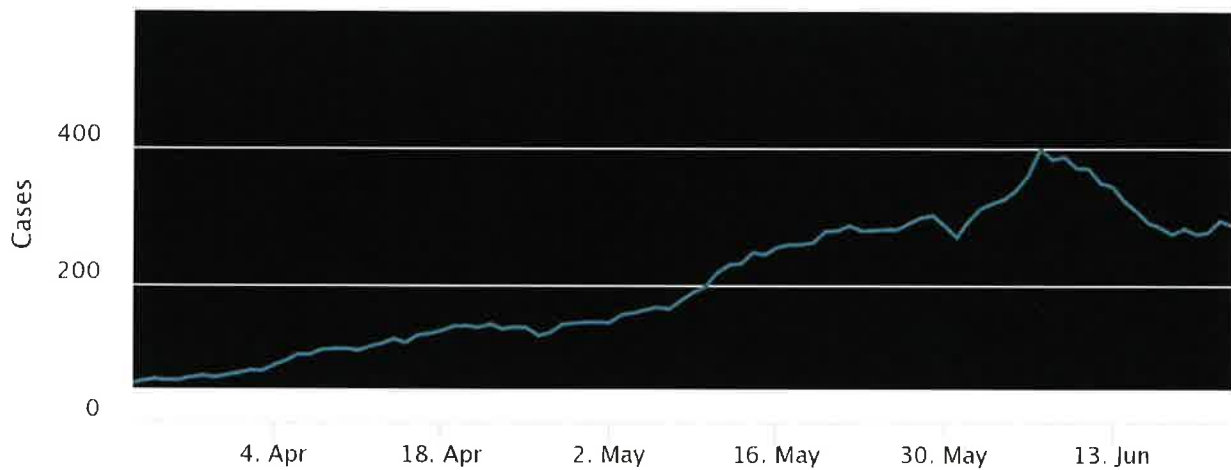
# ESTES PARK HEALTH

**CEO Report  
May 23, 2022**

## **Covid -19 Update:**

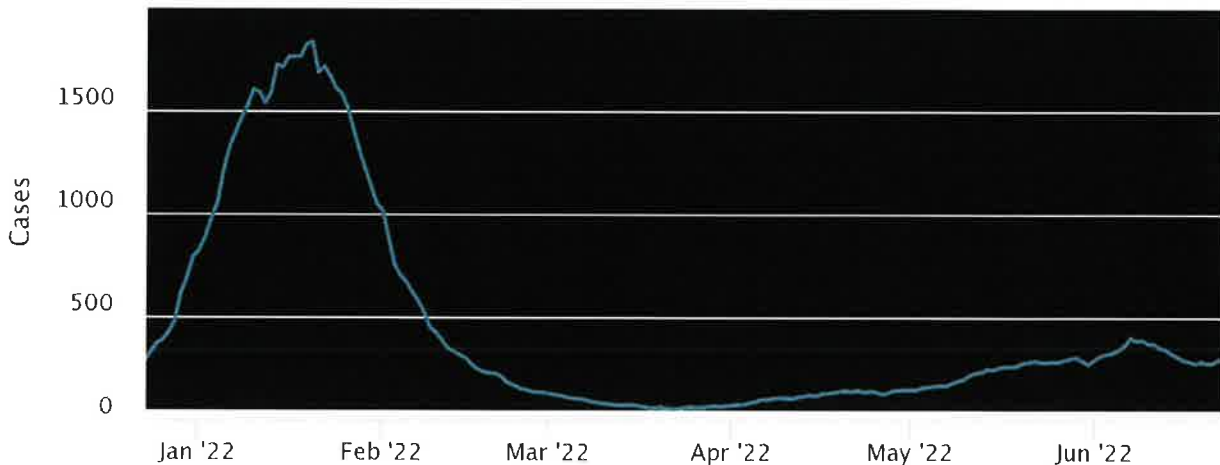
### **Larimer County Cases/100K 3 – month trend:**

Source: Larimer County website – [larimer.gov/health/communicable-disease/coronavirus-covid-19](http://larimer.gov/health/communicable-disease/coronavirus-covid-19)



### **Larimer County Cases/100K 6 - month trend:**

Source: Larimer County website – [larimer.gov/health/communicable-disease/coronavirus-covid-19](http://larimer.gov/health/communicable-disease/coronavirus-covid-19)



## **EPH Specific Covid-19 Testing Information:**

June 12 – June 18, 2022 testing information:

- Tested 180= sum( patients with 58 positives; 32.2%
- June 1, 2022 to June 18, 2022 – 471 tested with 170 positives; 36.1%

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

### **Physician Recruitment Update:**

- Ophthalmology** – Dr. Sarah Dech has signed a contract. Her start date will be 9.19.2022.
  - Internal Medicine** – Dr. Cynthia DiLauro has signed a contract. Her start date will be 11.1.2022.
  - Family Medicine** – Dr. Paige Dekker has signed a contract. Her start date will be 7.18.2022.
- **Chemotherapy Update:** EPH will have its first cohort of patients start their Oncology treatment at EPH on 7/28/22. The UCHealth oncology educator RN will be on-site and in clinic that day to ensure smooth start of treatment for patients. We anticipate cohorts arriving on site during the next few months. Cohort size will be approximately five patients. Furthermore, the anticipated total at YE 2022 will be approximately 20-30 patients.
  - **Radiology Update:** As a reminder, Colorado Imaging Associates (CIA) will be discontinuing their after-hours tele-radiology service September 1, 2022. EPH has arranged tele-radiology coverage with Radiology Imaging Associates. RIA is comprised of over 100 radiologists. All with exceptional skill and expertise, most are fellowship-trained in their field of specialty for additional certification. RIA is dedicated to accurate and efficient patient diagnosis. Currently, EPH is working through various computer networking protocols, as well as clinical policy, procedure, and protocol changes to accommodate the transportation and reading of examinations by RIA.
  - **Urgent Care Pharmacy Inspection:** Pharmacy at urgent care had unscheduled but regular state examination. The inspection yielded very good results with two small items to adjust.
  - **Revenue Cycle Assessment:** As EPH strives towards an increased focus on patient experience, more efficient and effective processes and policies to maintain organizational financial health are needed. One of the strategic actions will occur 6/29/22-7/1/22 with an assessment of the organization's revenue cycle. More information will be reported at a later date on this analysis.
  - **DNV Update:** The Corrective Action plan was officially accepted by DNV on 6.24.22. Teams are being set up to fully implement.
  - **GE Monitors:** The Nurse Mobile notification went live last week.



## President's Update – June 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

### Financial Dashboard Reports

March 2022 Dashboard

	Monthly			YTD			Annual	
	Mar-22		Mar-21	2022 YTD (Jan-Mar)		2021 YTD (Jan-Mar)	2022	2021
	Actual	Budget	Actual	Actual	Budget	Actual	Budget	Actual
Donation Revenue	\$ 43,208	\$ 61,827	\$ 39,542	\$ 69,848	\$ 99,784	\$ 119,320	\$ 545,000	\$ 865,061
<b>Total Donation Revenue</b>	<b>\$ 43,208</b>	<b>\$ 61,827</b>	<b>\$ 39,542</b>	<b>\$ 69,848</b>	<b>\$ 99,784</b>	<b>\$ 119,320</b>	<b>\$ 545,000</b>	<b>\$ 865,061</b>
<b>Total Operating Expenses</b>	<b>\$ 31,807</b>	<b>\$ 31,391</b>	<b>\$ 28,666</b>	<b>\$ 95,279</b>	<b>\$ 91,616</b>	<b>\$ 86,666</b>	<b>\$ 382,696</b>	<b>\$ 385,691</b>
<b>Net Operating Increase / (Loss)</b>	<b>\$ 11,401</b>	<b>\$ 30,436</b>	<b>\$ 10,876</b>	<b>\$ (25,431)</b>	<b>\$ 8,167</b>	<b>\$ 32,654</b>	<b>\$ 162,304</b>	<b>\$ 479,370</b>
Investment Revenue	\$ 82,696	\$ 14,180	\$ 96,468	\$ (246,478)	\$ 22,886	\$ 133,486	\$ 125,000	\$ 719,015
Other Revenue	\$ -	\$ -	\$ 54,210	\$ -	\$ -	\$ 54,210	\$ -	\$ 92,722
<b>Total Revenue</b>	<b>\$ 125,904</b>	<b>\$ 76,007</b>	<b>\$ 190,220</b>	<b>\$ (176,629)</b>	<b>\$ 122,670</b>	<b>\$ 307,016</b>	<b>\$ 670,000</b>	<b>\$ 1,676,798</b>
Grant Disbursements *	\$ 9,918	\$ -	\$ 8,613	\$ 14,283	\$ -	\$ 8,613	\$ -	\$ 43,339
<b>Total Net Increase / (Loss)</b>	<b>\$ 84,179</b>	<b>\$ 44,616</b>	<b>\$ 152,941</b>	<b>\$ (286,191)</b>	<b>\$ 31,054</b>	<b>\$ 211,737</b>	<b>\$ 287,304</b>	<b>\$ 1,247,768</b>

* We have approved grants (YTD) waiting for reimbursement paperwork from EPH:	\$ 166,743.93
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*Please note these are unofficial results that have not been verified by EPH Accountant*

G.2.1

**April 2022 Dashboard**

	Monthly			YTD			Annual	
	Apr-22		Apr-21	2022 YTD (Jan-Apr)		2021 YTD (Jan-Apr)	2022	2021
	Actual	Budget	Actual	Actual	Budget	Actual	Budget	Actual
Donation Revenue	\$ 6,735	\$ 64,184	\$ 12,517	\$ 76,583	\$ 163,967	\$ 131,837	\$ 545,000	\$ 865,061
<b>Total Donation Revenue</b>	<b>\$ 6,735</b>	<b>\$ 64,184</b>	<b>\$ 12,517</b>	<b>\$ 76,583</b>	<b>\$ 163,967</b>	<b>\$ 131,837</b>	<b>\$ 545,000</b>	<b>\$ 865,061</b>
Total Operating Expenses	\$ 33,684	\$ 29,277	\$ 25,657	\$ 128,963	\$ 120,893	\$ 86,666	\$ 382,696	\$ 385,691
Net Operating Increase/ (Loss)	\$ (26,949)	\$ 34,907	\$ (13,140)	\$ (52,380)	\$ 43,075	\$ 45,171	\$ 162,304	\$ 479,370
Investment Revenue	\$ (257,962)	\$ 14,721	\$ 96,468	\$ (504,439)	\$ 37,607	\$ 133,486	\$ 125,000	\$ 719,015
Other Revenue	\$ -	\$ -	\$ 54,210	\$ -	\$ -	\$ 54,210	\$ -	\$ 92,722
<b>Total Revenue</b>	<b>\$ (251,227)</b>	<b>\$ 78,905</b>	<b>\$ 163,195</b>	<b>\$ (427,856)</b>	<b>\$ 201,575</b>	<b>\$ 319,533</b>	<b>\$ 670,000</b>	<b>\$ 1,676,798</b>
Grant Disbursements *	\$ -	\$ -	\$ 8,613	\$ 14,283	\$ -	\$ 8,613	\$ -	\$ 43,339
<b>Total Net Increase / (Loss)</b>	<b>\$ (284,911)</b>	<b>\$ 49,628</b>	<b>\$ 128,925</b>	<b>\$ (571,102)</b>	<b>\$ 80,682</b>	<b>\$ 224,254</b>	<b>\$ 287,304</b>	<b>\$ 1,247,768</b>

\* We have approved grants (YTD) waiting for reimbursement paperwork from EPH: \$ 167,871.93

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

**May 2022 Dashboard**

	Monthly			YTD			Annual	
	May-22		May-21	2022 YTD (Jan-May)		2021 YTD (Jan-May)	2022	2021
	Actual	Budget	Actual	Actual	Budget	Actual	Budget	Actual
Donation Revenue	\$ 23,941	\$ 18,529	\$ 27,291	\$ 100,524	\$ 182,497	\$ 159,128	\$ 545,000	\$ 865,061
<b>Total Donation Revenue</b>	<b>\$ 23,941</b>	<b>\$ 18,529</b>	<b>\$ 27,291</b>	<b>\$ 100,524</b>	<b>\$ 182,497</b>	<b>\$ 159,128</b>	<b>\$ 545,000</b>	<b>\$ 865,061</b>
Total Operating Expenses	\$ 36,851	\$ 32,993	\$ 30,392	\$ 159,958	\$ 154,282	\$ 142,715	\$ 382,696	\$ 385,691
Net Operating Increase/ (Loss)	\$ (12,910)	\$ (14,463)	\$ (3,101)	\$ (59,434)	\$ 28,214	\$ 16,413	\$ 162,304	\$ 479,370
Investment Revenue	\$ 8,967	\$ 4,250	\$ 29,717	\$ (495,473)	\$ 41,857	\$ 348,157	\$ 125,000	\$ 719,015
Other Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 54,210	\$ -	\$ 92,722
<b>Total Revenue</b>	<b>\$ 32,907</b>	<b>\$ 22,779</b>	<b>\$ 57,008</b>	<b>\$ (394,949)</b>	<b>\$ 224,354</b>	<b>\$ 561,495</b>	<b>\$ 670,000</b>	<b>\$ 1,676,798</b>
Grant Disbursements *	\$ -	\$ -	\$ 10,256	\$ 14,283	\$ -	\$ 18,869	\$ -	\$ 43,339
<b>Total Net Increase / (Loss)</b>	<b>\$ (3,943)</b>	<b>\$ (10,214)</b>	<b>\$ 16,360</b>	<b>\$ (569,190)</b>	<b>\$ 70,071</b>	<b>\$ 399,911</b>	<b>\$ 287,304</b>	<b>\$ 1,247,768</b>

\* We have approved grants (YTD) waiting for reimbursement paperwork from EPH: \$ 169,039.17

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

## Highlights since last Board Meeting

- MRI Project Completed
- Estes Park Jazz and Blues Festival
- Crowns for the Care Kickoff

## General Board Updates

- Strategic Planning Retreat Coming Up, September 21-22, 2022, 8:00AM
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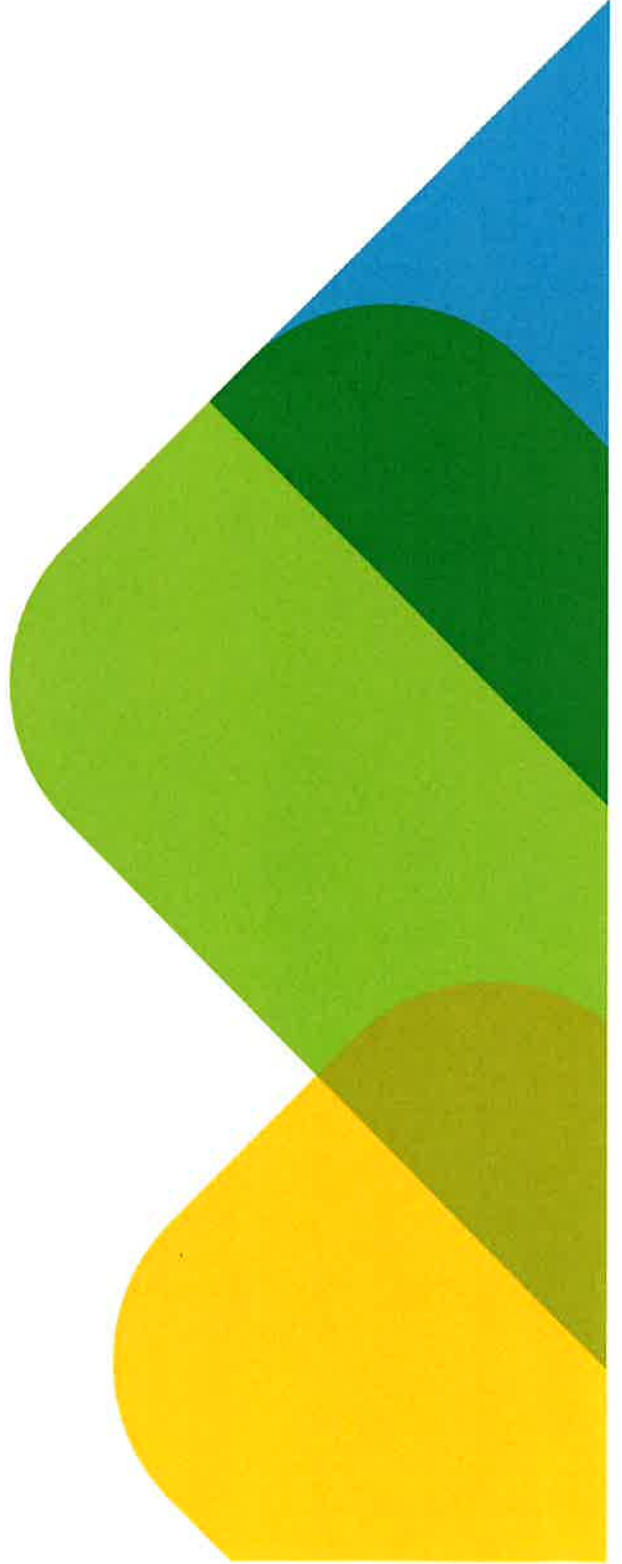
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**ESTES PARK**  
**HEALTH**  
FOUNDATION

# 2022 Summer Update, EPH Board of Directors

JUNE 29, 2022



6.2.3

# 2022 Summer 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 Summer Update

## Finance Update

### May 2022 Dashboard

	Monthly		YTD				Annual	
	May-22		2022 YTD (Jan-May)		2021 YTD (Jan-May)		2022	
	Actual	Budget	Actual	Budget	Actual	Budget	Budget	Actual
Donation Revenue	\$ 23,941	\$ 18,529	\$ 100,524	\$ 182,497	\$ 159,128	\$ 545,000	\$ 545,000	\$ 865,061
<b>Total Donation Revenue</b>	<b>\$ 23,941</b>	<b>\$ 18,529</b>	<b>\$ 100,524</b>	<b>\$ 182,497</b>	<b>\$ 159,128</b>	<b>\$ 545,000</b>	<b>\$ 545,000</b>	<b>\$ 865,061</b>
Total Operating Expenses	\$ 36,851	\$ 32,993	\$ 159,958	\$ 154,282	\$ 142,715	\$ 382,696	\$ 382,696	\$ 385,691
<b>Net Operating Increase/ (Loss)</b>	<b>\$ (12,910)</b>	<b>\$ (14,463)</b>	<b>\$ (59,434)</b>	<b>\$ 28,214</b>	<b>\$ 16,413</b>	<b>\$ 162,304</b>	<b>\$ 162,304</b>	<b>\$ 479,370</b>
Investment Revenue	\$ 8,967	\$ 4,250	\$ (495,473)	\$ 41,857	\$ 348,157	\$ 125,000	\$ 125,000	\$ 719,015
Other Revenue	\$ -	\$ -	\$ -	\$ -	\$ 54,210	\$ -	\$ -	\$ 92,722
<b>Total Revenue</b>	<b>\$ 32,907</b>	<b>\$ 22,779</b>	<b>\$ (394,949)</b>	<b>\$ 224,354</b>	<b>\$ 561,495</b>	<b>\$ 670,000</b>	<b>\$ 670,000</b>	<b>\$ 1,676,798</b>
Grant Disbursements *	\$ -	\$ -	\$ 14,283	\$ -	\$ 18,869	\$ -	\$ -	\$ 43,339
<b>Total Net Increase / (Loss)</b>	<b>\$ (3,943)</b>	<b>\$ (10,214)</b>	<b>\$ (569,190)</b>	<b>\$ 70,071</b>	<b>\$ 399,911</b>	<b>\$ 287,304</b>	<b>\$ 287,304</b>	<b>\$ 1,247,768</b>

\* We have approved grants (YTD) waiting for reimbursement paperwork from EPH: \$ 169,039.17

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



ESTES PARK  
HEALTH  
FOUNDATION

A.2.5

# 2022 Summer Update

## Highlights of last quarter

- MRI Project Completed, System Online
- Estes Park Jazz & Blues Festival
- Crowns for the Care 2022 Kickoff





# 2022 Summer Update

## General Updates

- Personnel
  - Staff
  - Board
- Strategic Planning Retreat, September 21-22, 2022



# 2022 Summer Update

Questions?

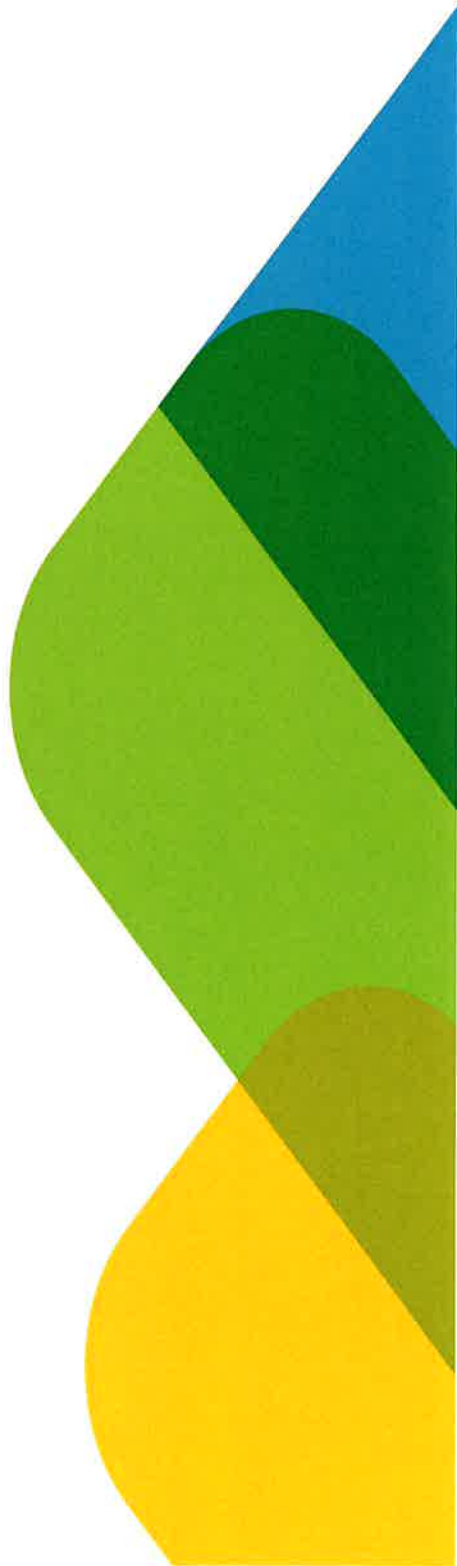




**ESTES PARK  
HEALTH**

EPH Patient Experience  
June 2022

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# Patient Experience

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



## Behind every patient is a story...

Some of the nurses would behave towards me like I was an imposition at times I was on monitors, NG tube, IV's and in isolation b/c of coincidental COVID+. XXXXX was the most kind and understanding nurse

Although staff were friendly and helpful, they didn't always identify themselves. No explanation was given on how to order meals The room was not prepared for a patient. Closets were full of other supplies. Paper towel dispenser never worked, which I'd brought to their attention. No white board with staff names and information

Staff was very caring and compassionate and helped me through my emergency although my emergency with skill giving me the relief that was needed. I thank them all

Pleasant staff. Minimal wait. Confident in the assessment and prescription. I had an issue with a back strain. I was hiking within two days. Very satisfied and saved my vacation. Jennifer was terrific!! Thank you!

I received excellent care.

Please thank Elise for her professional manner and knowledge.

Nurses were amazing. My labor did not go as planned, but they were there to help make me feel more comfortable which I appreciated.


All my nurses were great Respiratory nurse XXXXXXXXXXXXXXXXXXXX was outstanding and made my stay great....

I was just in for a covid test. Spent 40 min in my car next to someone who came in after me saying her home test was positive and with a mucousy cough. Since her car windows were open, I closed mine. Rather uncomfortable. Oddly, she was tested first, and needing a much longer encounter than I did.

## Do you know what matters most to those you care for?



6.3.3



## Current state at EPH

- Survey all departments except for outpatient survey.
- Partnering closely with NRC Picker to best utilize the information on our surveys for improvement.
- Current return rate is 34.3%.
- Leaders reviewing survey results monthly and addressing negative comments with a follow-up phone call.
- Medical/Surgical is performing daily patient rounding.
- Emergency Department is working on discharge instructions and are delivered in a way I can understand.
- Our number one complaint is financial, followed by ‘explaining things in a way I can understand’(discharge instructions and medications).



# Emergency Department YTD

NET PROMOTER SCORE

68.9 n-size 392



## QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench. mark	Gap
Family involved in visit	78.8	79.9	78.6	345	78.8	61.5	17.3
Received consistent info	76.7	75.4	78.0	404	76.7	60.7	16.0
Care providers listened	76.3	75.6	78.0	283	76.3	81.6	-5.3
Trust providers w/ care	76.2	74.6	74.0	407	76.2	79.2	-3.0
Seen in timely manner	74.8	72.7	77.6	424	74.8	67.0	7.8
Care providers explain things	74.6	76.0	79.4	414	74.6	77.4	-2.8
Care provider explain-if not better	73.1	72.3	76.5	398	73.1	60.5	12.6
Spent enough time with patient	73.0	72.0	74.0	408	73.0	69.6	3.4
Providers eased discomfort	72.8	71.3	73.1	389	72.8	60.8	12.0
NPS: Facility would recommend	68.9	66.5	63.9	392	68.9	75.8	-6.9

Current quality improvement process. →



6.3.5

# Physician Clinic

83.4 n-size: 1,034



## QUESTION SUMMARY

Question	YTD	Last 3 Month: Month	Last Month: n-size	Score	Bench mark	Gap	
Care providers listened	91.2	90.6	89.0	1,075	91.2	81.6	9.6
Trust providers w/ care	90.0	89.6	88.4	1,072	90.0	79.2	10.8
Enough info about treatment	86.6	86.1	85.9	1,080	86.6	77.6	9.0
NPS: Facility would recommend	83.4	80.8	81.6	1,034	83.4	75.8	7.6
Seen in timely manner	82.2	82.6	85.1	1,099	82.2	67.0	15.2
Knew what to do if questions	80.9	79.1	80.6	1,062	80.9	75.7	5.2
Providers knew medical history	74.5	71.8	68.3	1,067	74.5	69.6	4.9
Discuss illness prevention	66.3	65.7	66.5	1,055	66.3	58.4	7.9



6.3.6



# Outpatient services (Laboratory/Diagnostic Imaging)

83.7 n-size: 1,778



## QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap
Facility was clean	91.0	90.7	93.7	1,810	91.0	80.0	11.0
Trust staff members w/ care	88.6	88.5	88.7	1,825	88.6	80.2	8.4
Staff listened	87.6	87.8	88.4	1,829	87.6	78.6	9.0
Staff explained things	84.4	84.7	84.7	1,839	84.4	77.0	7.4
NPS: Facility would recommend	83.7	82.9	83.5	1,778	83.7	75.8	7.9
Test/procedure began on time	75.7	75.9	77.9	1,863	75.7	58.9	16.8
Told when to expect results	68.6	67.9	73.3	1,552	68.6	64.6	4.0



6.3.7

# Urgent Care

79.1 n-size: 436



## QUESTION SUMMARY

Question	YTD	Last 3 Month: Month	Last Month: n-size	Score	Bench mark	Gap	
Care providers listened	87.2	88.4	87.9	462	87.2	81.6	5.6
Trust providers w/ care	85.7	86.5	86.2	460	85.7	79.2	6.5
Care providers explain things	83.7	84.1	80.7	465	83.7	77.4	6.3
Received right treatment	81.3	84.1	83.9	454	81.3	69.7	11.6
Providers eased discomfort	79.6	83.6	84.5	398	79.6	60.8	18.8
NPS: Facility would recommend	79.1	79.3	76.5	436	79.1	75.8	3.3
Care provider explain-if not better	73.3	75.7	75.0	446	73.3	60.5	12.8
Seen in timely manner	65.9	69.3	65.0	472	65.9	67.0	-1.1



G.3.8

# Medical/Surgical Unit

**Legend**

Green - score is equal to or greater than the NRC 50th Percentile  
 Yellow - score is less than the NRC 50th Percentile but may not be significantly  
 Red - score is significantly less than the NRC 50th Percentile

⚠ - Warning: n-size is low!  
 † - Data is not final and subject to change  
 PR - Percentile Rank

	Improvement Planning	Benchmarks		Calendar Year Current YTD	_EPH MED SURG UNIT			
		NRC 50th Percentile*	NRC 75th Percentile		Qtr 1 2022	Qtr 2 2022†	Qtr 3 2021	Qtr 4 2021
<b>Overall</b>		72.2%	77.9%	76.5% PR=69	100.0%*	89.2%†	45.5%*	85.2%*
<b>Key Drivers</b>				Current YTD	Qtr 1 2022	Qtr 2 2022†	Qtr 3 2021	Qtr 4 2021
Information and Education		68.6%	74.4%	73.5% PR=71	79.2%*	71.6%*	48.5%†	75.9%*
Information and Education		68.4%	73.4%	71.5% PR=75	79.2%*	71.8%*	48.8%†	75.9%*
Patient Safety		66.7%	73.3%	67.6% PR=56	87.5%*	61.5%†	55.0%†	83.3%*
<b>Focus</b>				Current YTD	Qtr 1 2022	Qtr 2 2022†	Qtr 3 2021	Qtr 4 2021
Would Recommend Hospital		72.6%	79.2%	82.4% PR=85	75.0%*	64.6%*	45.5%*	81.5%*
Information and Education		68.4%	73.4%	73.5% PR=75	79.2%*	71.8%*	48.8%†	75.9%*
Continuity and Transition		85.4%	88.9%	89.3% PR=77	100.0%*	86.4%*	75.0%†	88.0%*
Patient Safety		68.6%	75.6%	67.6% PR=47	87.5%*	61.5%†	55.0%†	83.3%*
Respect for Patient Preferences		80.9%	84.4%	87.3% PR=86	93.8%*	85.3%*	70.9%†	88.9%*
Physical Comfort		66.5%	72.2%	73.5% PR=79	83.3%*	70.5%*	57.6%†	71.2%*
Information and Education		69.0%	74.4%	73.5% PR=71	79.2%*	71.0%*	48.5%†	75.9%*
Continuity and Transition		86.9%	89.9%	89.3% PR=69	100.0%*	86.4%†	75.0%†	88.0%*
Physical Comfort		66.7%	72.6%	73.5% PR=78	83.3%*	70.5%*	57.6%†	71.2%*
Patient Safety		66.7%	73.3%	67.6% PR=56	87.5%*	61.5%†	55.0%†	83.3%*
Respect for Patient Preferences		81.7%	85.1%	87.3% PR=84	93.8%*	85.3%*	70.9%†	88.9%*




6.3.9

# Birth Center

	Improvement Planning	Benchmarks		Calendar Year Current YTD	EPH BIRTH UNIT			
		NRC 50th Percentile*	NRC 75th Percentile		Qtr 3 2021	Qtr 2 2021	Qtr 1 2021	Qtr 4 2020
<b>Overall</b>		73.5%	79.1%	100.0%* PR-100	100.0%*	100.0%*	100.0%*	100.0%*
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?								
<b>Key Drivers</b>		NRC 50th Percentile*	NRC 75th Percentile	Current YTD	Qtr 3 2021	Qtr 2 2021	Qtr 1 2021	Qtr 4 2020
<input checked="" type="checkbox"/> Information and Education		70.3%	75.3%	83.3%* PR-53	66.7%* <sup>7</sup>	100.0%*	83.3%*	66.7%* <sup>7</sup>
<input checked="" type="checkbox"/> Information and Education		69.4%	74.5%	83.3%* PR-54	66.7%* <sup>7</sup>	100.0%*	83.3%*	66.7%* <sup>7</sup>
<input checked="" type="checkbox"/> Physical Comfort		66.9%	71.8%	87.5%* PR-69	100.0%*	100.0%*	75.0%*	53.3%* <sup>7</sup>
<b>Focus</b>		NRC 50th Percentile*	NRC 75th Percentile	Current YTD	Qtr 3 2021	Qtr 2 2021	Qtr 1 2021	Qtr 4 2020
<input checked="" type="checkbox"/> Would Recommend Hospital		74.0%	80.0%	75.0%* PR-54	100.0%*	0.0%*	100.0%*	100.0%*
<input checked="" type="checkbox"/> Information and Education		69.4%	74.5%	83.3%* PR-54	66.7%* <sup>7</sup>	100.0%*	83.3%*	66.7%* <sup>7</sup>
<input checked="" type="checkbox"/> Continuity and Transition		85.9%	89.3%	100.0%* PR-100	100.0%*	100.0%*	100.0%*	100.0%*
<input checked="" type="checkbox"/> Patient Safety		69.7%	78.8%	100.0%* PR-100	100.0%*	100.0%*	100.0%*	50.0%* <sup>7</sup>
<input checked="" type="checkbox"/> Respect for Patient Preferences		81.3%	84.8%	100.0%* PR-100	100.0%*	100.0%*	100.0%*	100.0%*
<input checked="" type="checkbox"/> Physical Comfort		66.9%	72.8%	87.5%* PR-69	100.0%*	100.0%*	75.0%*	33.3%* <sup>7</sup>
<input checked="" type="checkbox"/> Information and Education		70.3%	75.3%	83.3%* PR-53	66.7%* <sup>7</sup>	100.0%*	83.3%*	66.7%* <sup>7</sup>
<input checked="" type="checkbox"/> Continuity and Transition		87.5%	90.2%	100.0%* PR-100	100.0%*	100.0%*	100.0%*	100.0%*
<input checked="" type="checkbox"/> Physical Comfort		67.1%	73.0%	87.5%* PR-69	100.0%*	100.0%*	75.0%*	33.3%* <sup>7</sup>
<input checked="" type="checkbox"/> Patient Safety		67.2%	74.1%	100.0%* PR-100	100.0%*	100.0%*	100.0%*	50.0%* <sup>7</sup>
<input checked="" type="checkbox"/> Respect for Patient Preferences		82.2%	85.5%	100.0%* PR-100	100.0%*	100.0%*	100.0%*	100.0%*



6.3.10



## Next Steps at EPH

- Partnering with NRC
  - Implement surveys for outpatient surgery.
  - Brainstorm ways to increase our return rate.
  - Continue training of Patient Experience Team and leaders.
- Patient Experience team
  - Identify hospital wide practice to improve our patient experience.
  - Continue education on survey and what it means.
- Working with all service line quality councils to identify an opportunity within the service line.





# Questions?

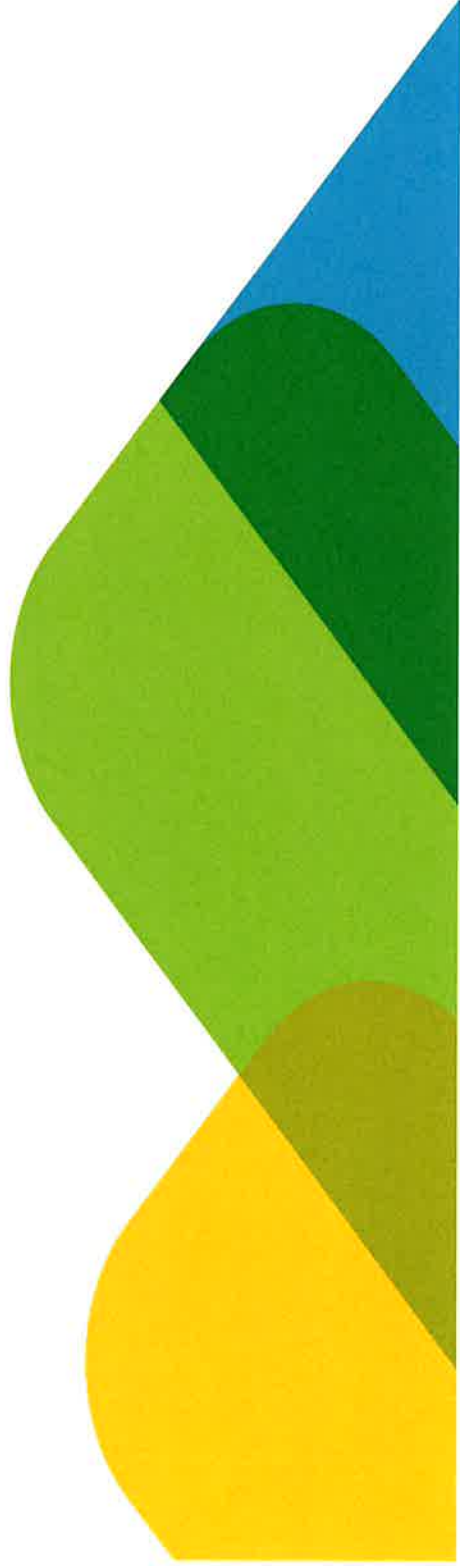




**ESTES PARK  
HEALTH**

## **ONE CALL CENTER**

**ONE CALL FOR THE BETTERMENT OF THE PATIENT EXPERIENCE**



## WHAT IS A PATIENT ACCESS ONE CALL CENTER?

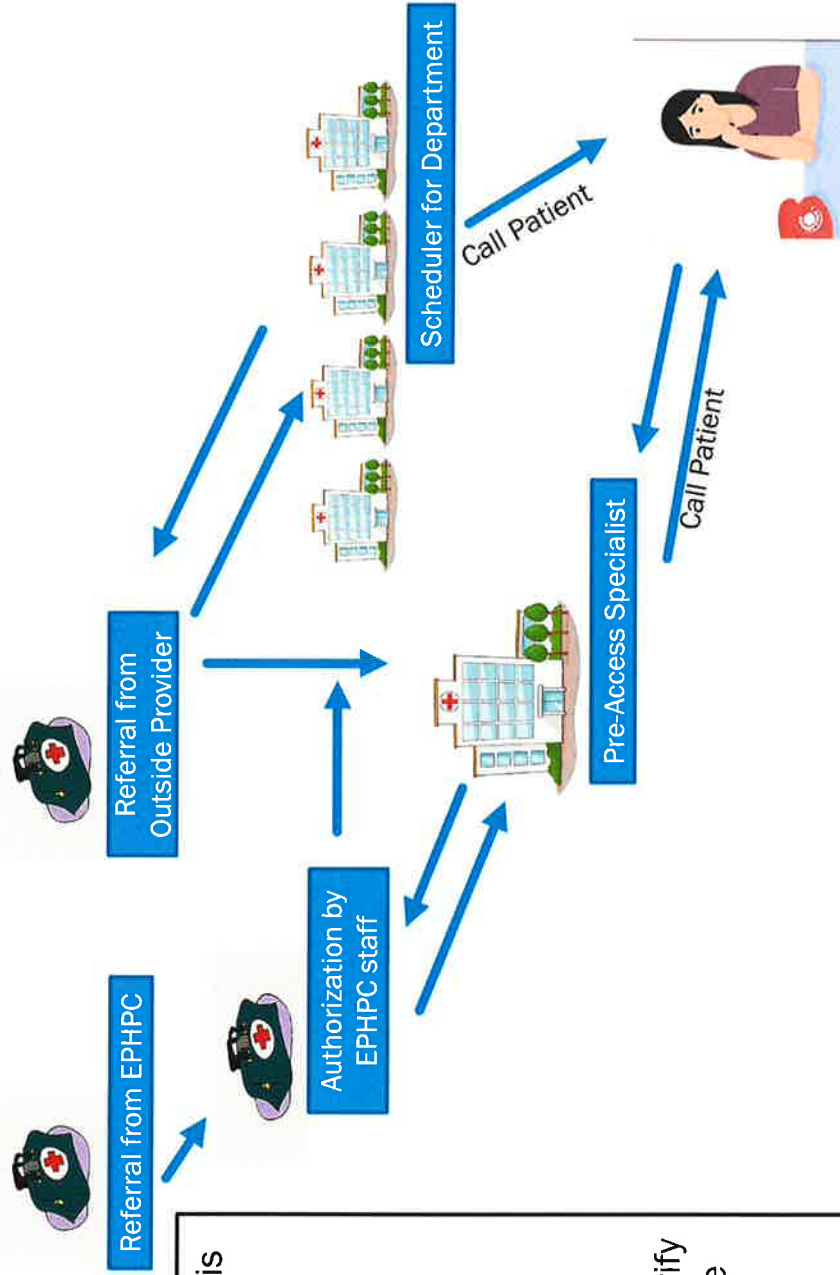
- One Call is a centralized call center managing non-clinical functions required prior to a patient's scheduled service.
- Staffed by Patient Access experts cross-trained to manage scheduling, authorization, and payment estimation.
- A one-stop shop for all the patient's needs and non-clinical questions prior to a service.
- Promotes a team environment and standardization.
- Creates a better patient experience by reducing calls, minimizing denials and increasing point of service collections.
- Better Employee Experience by streamlining workflows, reducing billing corrections and promotes cross-training.





## FORMER STATE

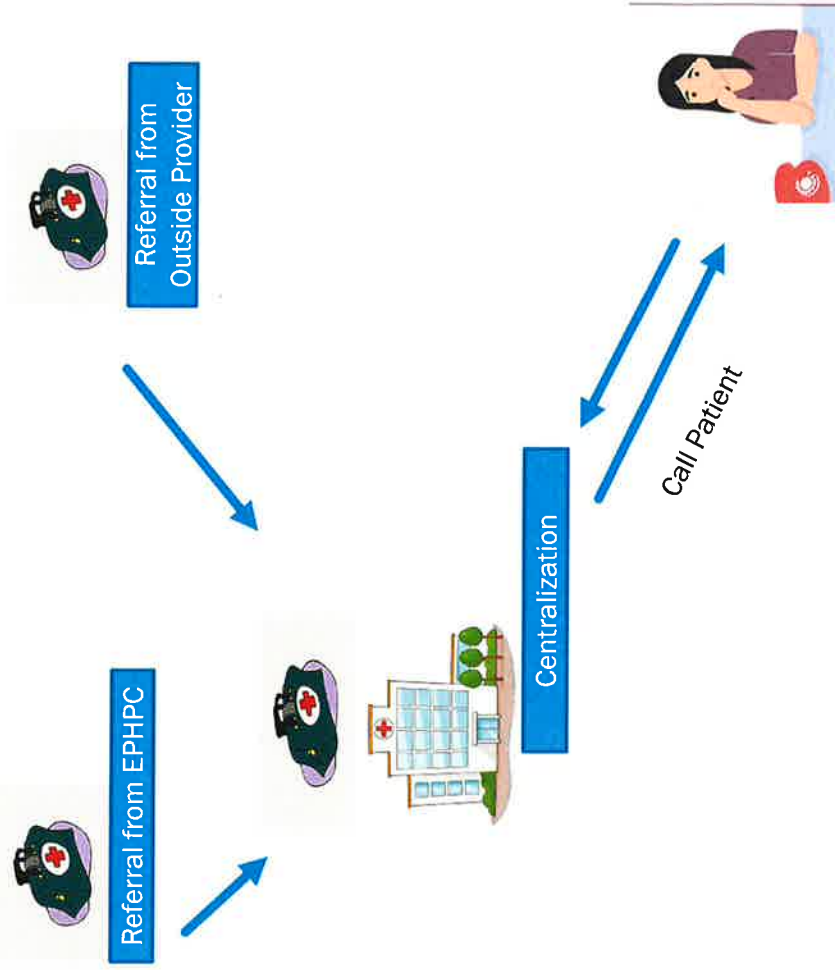
- Patient has need of Service & is referred from EPH provider or outside provider
- Service must be authorized by referring practice
- Service is sent to the department for scheduling
- Scheduler calls to schedule service
- Once scheduled, sent to Pre-Access Specialist
- Access who verify benefits, verify authorization, provide estimate
- Two or more calls are made to the patient from different departments whose purpose cannot overlap



ESTES PARK  
HEALTH

## CURRENT STATE

- Patient has need of Service & is referred from EPH provider or outside provider
- If outside provider, service must be authorized by referring practice
- Centralization of authorization for EPHPC, Scheduling, Benefit Verification and Financial Estimation
- One Call (most of the time) will be made to the patient by a Team that can assist for all functions



## HOW ARE WE DOING?

- Went LIVE March 1<sup>st</sup>
- Some staffing shortages; using other business office staff to fill the slots as necessary.
- Have hired a PRN (as needed) employee to cover PTO and open slots and another is starting soon.
- Continue to review the workflow and course correct when needed.
- From a patient perspective, it is working - they only receive One Call for hospital services.
- Considering schedule expansion for working patients (from 8-5 to 7:30-6 PM).
- Continuing to improve on the accuracy of patient estimates.
- Improved scripting to explain payment options, including 10% prompt pay discount, payment plans, bank loan for extended payments and referring to financial counseling.
- Now focused on One Call Center and Outpatient Services, focused on:
  - Did we reach the patient? What are we collecting at time of service? Is the patient In-Network?



6.4.5



# QUESTIONS?



6.4.6



**Park Hospital District Board  
Timberline Conference Room  
June 29<sup>th</sup>, 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:** May 25<sup>th</sup>, 2022

Present: Gary Hall, Vern Carda, Dr. Robyn Zehr, Dr. Bridget Dunn, Dr. John Meyer, Steve Alper, Bill Pinkham, Bobbi Chambers

**Medical Executive Committee approval:** June 1<sup>st</sup>, 2022

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

**New Appointments**

Riding, Paxon, D.P.M

Active, Podiatry

## Delineation Of Privileges Podiatry

Provider Name:

Privilege	Requested	Approved	Deferred	
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Initial privileges (initial appointment)

Renewal of privileges (reappointment)

**Applicant:** Check the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

**Other requirements:**

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR PODIATRY**

**Initial applicants:** In order to be eligible to request clinical privileges in podiatry, the applicant must meet the following minimum threshold criteria:

Doctor of Podiatric Medicine (DPM) degree from a Council on Podiatric Medical Education (CPME) approved college

Successful completion of a minimum of 24-month residency program in podiatric medicine and surgery in a program approved by the Council on Podiatric Medical Education (CPME)

AND

Meet all general qualifications for staff appointment and clinical privileges as outlined in the Credentials Manual

AND

Board Certified by the American Board of Podiatric Medicine (ABPM) or the American Board of Foot and Ankle Surgery (ABFAS) within 5 years following completion of all postgraduate training.

AND

**Required current experience:**

The successful applicant must demonstrate current competence and evidence of the provision of care, reflective of the scope of privileges requested of at least 20 general podiatric procedures in the last 12 months, or demonstrated successful completion of a CPME-accredited residency within the past 12 months. Please provide case logs of at least the last 12 months.

**Renewal of privileges:** To be eligible to renew privileges in podiatry, the applicant must meet the following minimum threshold criteria:

Maintenance of certification is required.

Reappointment will be based on continuing to meet all established minimum eligibility criteria and the hospital's existing quality assurance mechanisms. The successful applicant for reappointment must demonstrate current competence and an adequate volume of experience for at least 20 podiatric surgical patients with acceptable results, reflective of the scope of privileges requested, within the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

8.1.1

## Delineation Of Privileges Podiatry

Provider Name:

Privilege	Requested	Approved	Deferred	
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**This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.**

**To the applicant:** If you wish to exclude any procedures, please click the box next to the Procedure Section Header to select all, then un-click any specific proceures below that you wish to exclude.

**CORE I: General Privileges in Podiatric Medicine and Surgery**

Admit as indicated, perform history and physical, evaluate, consult, order diagnostic studies, diagnose, provide non-surgical and surgical care to patients of all ages presenting with injuries and disorders of the foot and ankle including soft tissues below the mid calf. Surgical privileges include nail and soft tissue procedures. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

— — — —

Per bylaws, the hospital admission of a patient for observation or inpatient podiatric services is a dual responsibility involving the podiatric physician and the MD/DO member of the Medical Staff. The podiatry admission history and physical shall provide detailed podiatric history and examination justifying hospital admission and/or surgery. The podiatrist completes operative reports describing findings, technique and specimen(s) removed for postoperative diagnosis; writes orders for services and medications as they relate to the podiatric care rendered; provides accurate daily progress notes and final summary as they relate to the podiatric care rendered; and provides pertinent instructions relative to the podiatric condition of the patient. Additionally, the podiatrist ensures an attending physician (MD or DO) performs a history and physical pertaining to diagnosis and treatment of systemic conditions, provides for the overall care of the patients general health during the hospital stay, writes orders for services and medications for the general care of the patient, and provides the discharge summary of the hospitalization.

Core I privileges include the following categories and types of procedures, but not to be an all-encompassing list:

— — — —

1. Anesthesia for local infiltration and topical application, minor and peripheral nerve blocks
2. Nail Procedures
3. Soft tissue procedures
4. Wound debridement
5. Simple incision and drainage

**CORE II: Elective Soft Tissue and Osseous Procedures in Podiatric Medicine and Surgery**

Forefoot reconstructive procedures, fracture care of the phalanges and metatarsals and simple rearfoot procedures.

— — — —

Core II Privileges include the following categories and types of procedures, but not to be an all-encompassing list:

1. Fracture and dislocation of the phalanges and metatarsals
2. Excision of soft tissue masses
3. Bunion procedures
4. Hammertoe correction
5. Bone spur resection
6. Soft tissue and bone biopsy
7. Toe amputations

**CORE III: Trauma and Reconstructive Procedures in Podiatric Medicine and Surgery**

— — — —

8.1.2

## Delineation Of Privileges Podiatry

Provider Name:

Privilege	Requested	Approved	Deferred	
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Rearfoot and ankle reconstructive procedures including arthrodesis and fracture care. Rearfoot and ankle procedures are defined as procedures proximal to the tarsometatarsal joint. These privileges do not include any special requests.

Requires completion of a 36-month surgical residency in podiatric medicine and surgery in a program approved by the CPME  
 AND  
 Current certification or qualification by the ABPM or ABFAS  
 AND  
 Documentation of provision of 20 cases representative of the scope and complexity of the privileges requested during the previous two years.

Reappointment requires documentation of 20 cases representative of the scope and complexity of the privileges requested during the previous two years.

Core III privileges include the following categories and types of procedures, but not to be an all-encompassing list:

1. Osteotomies
2. Arthrodesis
3. Tendon repair and transfer
4. Flaps and grafts
5. Fracture management
6. Arthroscopy

**CORE IV: Amputation Prevention and Wound Care Procedures in Podiatric Medicine and Surgery**

— — — —

Medical and surgical management of infections, gangrene and wounds of the lower extremity, including amputation and limb salvage.

Complex Wound Management in the foot and ankle area:

Requires documentation of having performed at least 5 cases in the past 24 months.

Core IV privileges include the following categories and types of procedures, but not to be an all-encompassing list:

1. Multi-level debridements and incision and drainage
2. Advanced wound technologies, grafts, devises
3. Partial foot amputations
4. Charcot foot and ankle management
5. Osteomyelitis resection and management

**Special Privileges in Podiatric Medicine and Surgery**

Special privileges to perform the following procedures require documentation of additional training and experience.

1. Conscious Sedation --Requires current moderate sedation learning module; Requires current ACLS
2. Ankle Replacement
3. Bone Graft Harvesting, including bone marrow aspiration for foot and ankle procedures

— — — —  
 — — — —  
 — — — —

**Core Ambulatory Care Podiatry Privileges**

Core Ambulatory Care Podiatry Privileges (Specialty Clinic): Management, follow-up, consultation, and procedures appropriate for an ambulatory setting for pre- and post-operative Podiatric surgical patients an anesthesia for local infiltration and topical.

— — — —

8.1.3



### Delineation Of Privileges Podiatry

Provider Name:

Privilege	Requested	Approved	Deferred		
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**Acknowledgement of Practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise in the Hospital at Estes Park Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the Medical Staff bylaws or related documents.

In making this request, I understand that I am bound by the requirements of the Medical Staff Bylaws and other bylaws, policies, procedures, rules , regulations, manuals guidelines, and requirements of the Hospital and/or its Medical Staff and/or approved by the Board from time to time and hereby stipulate that I met the minimum threshold criteria for this request.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Approved: Medical Staff Credentials Committee: 5/25/2022  
Approved: Medical Executive Committee: 5/17/2022  
Approved and Adopted: Park Hospital District Governing Board: \_\_\_\_\_

8.1.4

## Delineation Of Privileges TeleRadiology

Provider Name:

Privilege	Requested	Approved	Deferred	
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Estes Park Health  
Privilege Request Form

**TELE RADIOLOGY**

**Applicant:** Check the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

**Other requirements:**

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY**

**Initial applicants:** In order to be eligible to request clinical privileges for diagnostic radiology, the applicant must meet the following minimum threshold criteria:

Meet all general qualifications, including American Board of Radiology Certification and Maintenance of Certification, for staff appointment and clinical privileges and be privileged by the distant site hospital or telemedicine entity whose credentialing and privileging program meets or exceeds Medicare standards. Distant Site telemedicine entity must have business agreement with EPH for teleradiology services and credentialing by proxy.

**Required current experience:** The successful applicant must be currently an active privileged member of the medical staff of the contracted distant site entity or hospital in good standing.

**Renewal of privileges:** To be eligible to renew privileges in diagnostic radiology, the applicant must be successfully reappointed at the contracted distant site entity or hospital.

Reappointment will be based on continuing to meet all established minimum eligibility criteria and the hospital's or distant site telemedicine entity's existing quality assurance mechanisms.

**CORE PRIVILEGES: DIAGNOSTIC RADIOLOGY**

\_\_\_\_\_

Perform general diagnostic radiology (supervision and interpretation). These privileges do not include those to admit nor the provision of definitive long-term care for inpatients or any special requests. Responsible for communicating critical values and critical findings consistent with medical staff policy. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Interpretation of medical imaging studies via telehealth services, including:

- Plain Film radiography
- Diagnostic Fluoroscopy
- Non-Interventional fluoroscopic examinations and procedures
- Diagnostic Ultrasound
- Computerized Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Noninvasive diagnostic vascular procedures including vascular ultrasonography, pulse volume recordings, CT and MRI

8.1.5

## Delineation Of Privileges TeleRadiology

Provider Name:

Privilege	Requested	Approved	Deferred	
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**ACKNOWLEDGMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise in the Hospital at Estes Park Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

In making this request, I understand that I am bound by the requirements of the Medical Staff Bylaws and other bylaws, policies, procedures, rules, regulations, manuals, guidelines and requirements of the Hospital and/or its Medical Staff and/or approved by the Board from time to time and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Approved: Medical Staff Credentials Committee: 5/25/2022  
Approved: Medical Executive Committee: 6/1/2022  
Approved and Adopted: Park Hospital District Governing Board:

8.1.6