

Draft Agenda

Estes Park Health Board of Directors' Regular Meeting by GoToWebinar and In-Person

Wednesday, November 09, 2022

5:30 - 7:30 pm Board Meeting

Estes Town Hall - Town Board Meeting Room, 170 MacGregor Ave, 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 Sep 26, 2022 5:30 p			
	5.1.2	EPH Board Executive Session Oct 26, 2022 8:00 a			
	5.1.3	EPH Board Executive Session Nov 02, 2022 5:30 p			
	5.2	Other Documents			
	5.2.1				
6	Colorado FAMLI (Family and Medical Leave Insurance) Act: Opt-In and Opt-Out Alternative Resolutions		1	Information	Public
7	Presentations:				
	7.1	Estes Park Health Current Status, Covid-19 Updates, 2022 Tactical and Strategic Initiatives Updates and Forecast	10	Discussion	Mr Vern Carda
	7.2	EPH Chief Financial Officer - 2022 September and Year to Date Financial Results	15	Discussion	Mr David Timpe
	7.3	EPH Foundation Strategic Update	12	Discussion	Mr Kevin Mullin
	7.4	EPH Chief Information Officer Strategic Update	12	Discussion	Mr Gary Hall
	7.5	EPH Chief Human Resources Officer Strategic Update	12	Discussion	Ms Shelli Lind
	7.6	Colorado FAMLI (Family and Medical Leave Insurance) Act Resolution	5	Action	Board
8	Executive Summary - Significant Items Not Otherwise Covered		1	Discussion	Senior Leadership Team
9	Medical Staff Credentialing Report		2	Action	Board
10	All Attendee Conversation on Emerging Topics		30	Conversation	EPH Board, EPH SLT, Attendees
11	Potential Agenda Items for Dec 05, 2022 Regular Board Meeting		1	Discussion	Board
12	No meeting November 28, Meeting Dec 5, No meeting Dec 26		1	Information	Dr David Batey
13	Adjournment		1	Action	Board
Estimated Total Regular Session Mins.			113		

Next Regular EPH Board Meeting: Monday Dec 05, 2022 5:30 - 7:30 pm

Dec 2022 Possible Agenda Items:



ESTES PARK HEALTH

ESTES PARK HEALTH BOARD OF DIRECTORS' Regular Meeting Minutes – September 26, 2022

Board Members in Attendance

Dr. David Batey, Chair
Dr. Steve Alper, Finance Committee Chair
Mr. Drew Webb, Member at Large (via webinar)
Ms. Diane Muno, Member at Large (via webinar)
Mr. Bill Pinkham, Member at Large

Other Attendees

Mr. Vern Carda, CEO
Ms. Pat Samples, CNO
Ms. Shelli Lind, CHRO
Mr. Gary Hall, CIO
Mr. David Timpe, CFO
Ms. Lesta Johnson
Ms. Rachel Ryan
Ms. Sarah Bosko
Ms. Kendra Simms
Dr. Ken Epstein
Ms. Aysha Reeves
Dr. Robyn Zehr
Mr. Kevin Mullin
Mr. Chris Dillon (Eide Bailey)
Mr. Dave Studebaker (Eide Bailey)
Ms. Bobbi Chambers

Community Attendees (via webinar):

Guy Van der Werf
Dona Cooper
John Cooper
Don Wilson
Brian Tseng
James Whiteneck
Larry Leaming
Mark Richards

1. **Call to Order**

The board meeting was called to order at 5:35 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 switch items 6.1 and 6.2. Bill Pinkham seconded the motion, which carried unanimously.

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

No comments.

4. **General Board Member Comments**

No comments.

5. **Consent Agenda Items Acceptance**

David Batey motioned to approve consent agenda items as listed, which carried unanimously. Second by Steve Alper and Bill Pinkham.

6. **Presentations**

6.1 EPH Chief Financial Officer – 2021 Financial Audit Results – Mr. David Timpe and Eide Bailey

➤ See presentation.

6.2 Estes Park Health Current Status, Covid 19 Updates, 2022 Tactical and Strategic Initiatives Updates and Forecast – Mr. Vern Carda

COVID-19 Updates

EPH Specific Covid-19 Testing Information:

EPH has placed an order for Covid vaccines. No confirmation has been received as of yet as to when supply will be received. Once received, communications will be developed for instructions and appointments to receive vaccine.

Larimer County has been experiencing a general decline in cases per 100,000 since July 2022. Flu inoculations are also available at EPH.

Operational/Tactical Updates

- **Ophthalmologist.** Dr. Sarah Dech has started her employment at Estes Park Health. Dr. Dech will be available two days per week, then transition to full time in early 2023.
- **Internal Medicine.** Dr. DiLauro will begin her medical practice at EPH approximately November 1, 2022.
- **iECG went ‘live’ September 20, 2023.** An electrocardiogram — also called ECG or EKG — is often done in a health care provider's office, a clinic or a hospital room. ECG machines are standard equipment in operating rooms and ambulances. Although this assessment of a patient has been used for a long time at EPH via paper strip printout, ECG strips are now sent electronically from the recording device directly into the medical record, thus, eliminating the paper strips. This change represents an improvement to quality of care.

- **Small Rural Hospital Improvement Program's (SHIP)** Notice of Funding Opportunity was released for the next grant cycle of funding. CRHC, as the State Office of Rural Health for Colorado applies for the SHIP funding on behalf of rural hospitals in Colorado. FY23 grant year runs from June 1, 2023, through May 31, 2024.
- **Chargemaster.** Field work has been completed. Report from Eide Bailley is being generated. Changes to chargemaster will be implemented as soon as feasible but prior to the final budget being approved for FY 2023.
- **Revenue Cycle Project.** Anticipating mid-October meeting with professional in charge of the revenue cycle project to discuss and outline challenges and opportunities with EPH revenue cycle. Plan to implement changes will be developed once final report is received.
- **After Hour Radiology Reads:** EPH, led by Dr. Knudtson, IT and radiology team has converted radiology after hours or specialty reads from CIA to RIA successfully. As a reminder, Radiology Imaging Associates or RIA is comprised of over 100 radiologists. So if Dr. Knudtson is not available to immediately read an X-Ray, CT, MRI, etc. the electronic image is sent to an on call radiologist with as much skill and expertise as Dr. Knudtson so that the image study can be completed quickly to ensure proper treatment of all patients at EPH.

6.3 EPH Chief Financial Officer – 2022 June YTD Financials – Mr. David Timpe

- See presentation. June 2022 financials were reviewed, presented, and discussed.

6.4 EPH Quality Strategic Update – Dr. Ken Epstein, Ms. Kendra Simms

- See presentation. Quality updates was reviewed, presented, and discussed. Included Unit Based Quality Councils, Clinical Review Committee, and number of patient transfers.

6.5 EPH Chief Nursing Officer Strategic Update – Ms. Pat Samples

- See presentation. Nursing Strategic updates were reviewed, presented, and discussed. Notable topics of discussion included project management of key stakeholders to identify content and provide oversight (in regard to impending closure of service lines).

7 **Executive Summary – Significant Items Not Otherwise Covered**

8 **Medical Staff Credentialing Report**

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

9 **Potential Agenda Items for October 31, 2022 Regular Board Meeting**

Rescheduling of “legacy” board meetings for remainder of year. Potential offsite location for EPH Board Meetings – Town board room as possibility.

10 **Adjournment**

David Batey motioned to adjourn the meeting at 7:01 PM. Drew Webb and Steve Alper seconded the motion, which carried unanimously.

Draft Public Agenda
Estes Park Health Board of Directors' Executive Session - By TEAMS
Wednesday, October 26, 2022
8:00 am - 3:00 pm
Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 8:16 am)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Alper 2nd Pinkahm - 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; and instructing negotiators, and pursuant to Section 24-6-402(4)(f) C.R.S. for the purpose of discussing a personnel matter. (Motion Alper 2nd Pinkham - Unanimous approval)	1	Action	Board
6	Adjournment (Motion Pinkham 2nd Alper - Unanimous approval Time 3:01 pm)	1	Action	Board
<i>Total Regular Session Mins.</i>		6		

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

5.1.2

Draft Public Agenda
Estes Park Health Board of Directors' Executive Session - By TEAMS
Wednesday, November 02, 2022
5:30 pm - 7:00 pm
Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 5:31 pm)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Muno 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; and instructing negotiators, and pursuant to Section 24-6-402(4)(f) C.R.S. for the purpose of discussing a personnel matter. (Motion Alper 2nd Pinkham - Unanimous approval)	1	Action	Board
6	Adjournment (Motion Pinkham 2nd Alper - Unanimous approval Time 7:20 pm)	1	Action	Board
<i>Total Regular Session Mins.</i>		6		
Board Members Present: Alper, Batey, Muno, Pinkham, Webb				

PARK HOSPITAL DISTRICT

RESOLUTION 2022-2

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT TO DECLINE ALL PARTICIPATION IN THE COLORADO FAMILY AND MEDICAL LEAVE INSURANCE (FAMLI) PROGRAM

1. **WHEREAS**, Colorado voters passed Proposition 118, Paid Medical and Family Leave Initiative (FAMLI) by a majority of 57%; and,
2. **WHEREAS**, the statute gives local governments options to participate in the program, the Board of Directors of the Park Hospital District can vote to participate or opt out of FAMLI; and,
3. **WHEREAS**, FAMLI provides up to twelve weeks of paid time off for employees to care for a new child, including recently adopted or foster children, to care for personal or a family member's serious health condition, to make arrangements for a family member's military deployment, and to address immediate safety needs and impact of domestic violence and/or sexual assault; and,
4. **WHEREAS**, FAMLI offers paid, job-protected leave once an employee has been at their employer for more than 180 days, and most employees become eligible to take paid leave after they have earned at least \$2,500 in wages within the State over a period of one year, which is sooner than employees qualify for unpaid leave under the federal Family Medical Leave Act (FMLA); and,
5. **WHEREAS**, participating in FAMLI requires a shared fee to employers and employees based on 0.9% of wages, 0.45% of wages paid by the employer and 0.45% of wages paid by the employee, for the first two years of the program, and after 2025, rates will be set each year by the Division Director not to exceed 1.2% of wages; and,
6. **WHEREAS**, FAMLI requires participation for a minimum of three years, making the 0.45% of employee wages employer portion an added expense for at least that timeframe; and,
7. **WHEREAS**, Estes Park Health is currently facing serious financial challenges; and,
8. **WHEREAS**, In addition, the initial and ongoing requirements of administering the program will be burdensome at a time when resources are sparse; and
9. **WHEREAS**, FAMLI allows local government employees to voluntarily participate for a minimum of three years if their organization declines participation; and,

10. **WHEREAS**, Estes Park Health employees can self-elect coverage in the same manner a self-employed person would via the online FAMLII system; and,

11. **WHEREAS**, participating employees would self-report their wages and remit their premiums (0.45% of wages) to the State; and,

12. **WHEREAS**, for Estes Park Health, declining participation is not necessarily permanent because the Board of Directors may choose to participate at a later date when finances improve and current unanswered questions about the program are resolved.

13. NOW THEREFORE BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT THAT:

13.1. Estes Park Health will opt out of all participation in FAMLII.

13.2. Estes Park Health will notify the State of the vote by the Board of Directors and notify employees as required by the statute.

ADOPTED by the Board of Directors of Park Hospital District, d/b/a Estes Park Health this 9th day of November 2022.

BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT

By: _____
David Batey, Chair

Attest:

Drew Webb, Vice Chair

Stephen Alper, Treasurer

Diane Munro, Secretary

Bill Pinkham, At Large

PARK HOSPITAL DISTRICT

RESOLUTION 2022-2

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT TO DECLINE EMPLOYER PARTICIPATION IN THE COLORADO FAMILY AND MEDICAL LEAVE INSURANCE (FAMLI) PROGRAM, BUT FACILITATE VOLUNTARY EMPLOYEE PARTICIPATION

1. **WHEREAS**, Colorado voters passed Proposition 118, Paid Medical and Family Leave Initiative (FAMLI) by a majority of 57%; and,
2. **WHEREAS**, the statute gives local governments options to participate in the program, the Board of Directors of the Park Hospital District can vote to participate or opt out of FAMLI; and,
3. **WHEREAS**, FAMLI provides up to twelve weeks of paid time off for employees to care for a new child, including recently adopted or foster children, to care for personal or a family member's serious health condition, to make arrangements for a family member's military deployment, and to address immediate safety needs and impact of domestic violence and/or sexual assault; and,
4. **WHEREAS**, FAMLI offers paid, job-protected leave once an employee has been at their employer for more than 180 days, and most employees become eligible to take paid leave after they have earned at least \$2,500 in wages within the State over a period of one year, which is sooner than employees qualify for unpaid leave under the federal Family Medical Leave Act (FMLA); and,
5. **WHEREAS**, participating in FAMLI requires a shared fee to employers and employees based on 0.9% of wages, 0.45% of wages paid by the employer and 0.45% of wages paid by the employee, for the first two years of the program, and after 2025, rates will be set each year by the Division Director not to exceed 1.2% of wages; and,
6. **WHEREAS**, FAMLI requires participation for a minimum of three years, making the employer portion an added expense for at least that period of time; and,
7. **WHEREAS**, Estes Park Health is currently facing serious financial challenges; and,
8. **WHEREAS**, FAMLI allows local government employees to voluntarily participate if their organization does not participate; and,
9. **WHEREAS**, Estes Park Health can help relieve employee administrative burden of calculating participating employees' wages and sending their portion of the premium (0.45% of wages) to the State on their behalf; and,

10. **WHEREAS**, Estes Park Health can also take on the burden of tracking employee participation to report to the State; and

11. NOW THEREFORE BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT THAT:

11.1. Estes Park Health will opt out of employer participation, while facilitating voluntary employee participation; and,

11.2. Estes Park Health will set up an account with the State, track employees who wish to participate in FAMLII, calculate their wages and send the employee premium amount of 0.45% of wages to the state on behalf of the employees.

ADOPTED by the Board of Directors of Park Hospital District, d/b/a Estes Park Health this 9th day of November 2022.

BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT

By: _____
David Batey, Chair

Attest:

Drew Webb, Vice Chair

Stephen Alper, Treasurer

Diane Muno, Secretary

Bill Pinkham, At Large

PARK HOSPITAL DISTRICT

RESOLUTION 2022-2

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT
TO FULLY PARTICIPATE IN THE COLORADO FAMILY AND MEDICAL LEAVE
INSURANCE (FAMLI) PROGRAM**

1. **WHEREAS**, Colorado voters passed Proposition 118, Paid Medical and Family Leave Initiative (FAMLI) by a majority of 57%; and,
2. **WHEREAS**, the statute gives local governments options to participate in the program, the Board of Directors of the Park Hospital District can vote to participate or opt out of FAMLI; and,
3. **WHEREAS**, FAMLI provides up to twelve weeks of paid time off for employees to care for a new child, including recently adopted or foster children, to care for personal or a family member's serious health condition, to make arrangements for a family member's military deployment, and to address immediate safety needs and impact of domestic violence and/or sexual assault; and,
4. **WHEREAS**, FAMLI offers paid, job-protected leave once an employee has been at their employer for more than 180 days, and most employees become eligible to take paid leave after they have earned at least \$2,500 in wages within the State over a period of one year, which is sooner than employees qualify for unpaid leave under the federal Family Medical Leave Act (FMLA); and,
5. **WHEREAS**, FAMLI is a shared fee to employers and employees based on 0.9% of wages, 0.45% of wages paid by the employer and 0.45% of wages paid by the employee, for the first two years of the program, and after 2025, rates will be set each year by the Division Director not to exceed 1.2% of wages; and,
6. **WHEREAS**, Estes Park Health will collect employees' portion of the fee (0.45% of wages) through payroll deductions and submit both the employee and employer fees to the State, participating in the program for a minimum of three years as required by the statute.
7. **WHEREAS**, the Park Hospital District Board of Directors believes Estes Park Health employees should have access to the same benefits that most Colorado employees in private companies do.
8. **NOW THEREFORE BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT THAT:**
 - 8.1. Estes Park Health will register with the FAMLI system, create an account like any typical private sector employer, and fully participate in FAMLI.

ADOPTED by the Board of Directors of Park Hospital District, d/b/a Estes Park Health this 9th day of November 2022.

BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT

By: _____
David Batey, Chair

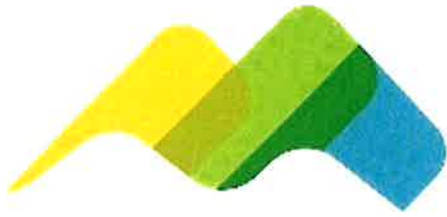
Attest:

Drew Webb, Vice Chair

Stephen Alper, Treasurer

Diane Munro, Secretary

Bill Pinkham, At Large

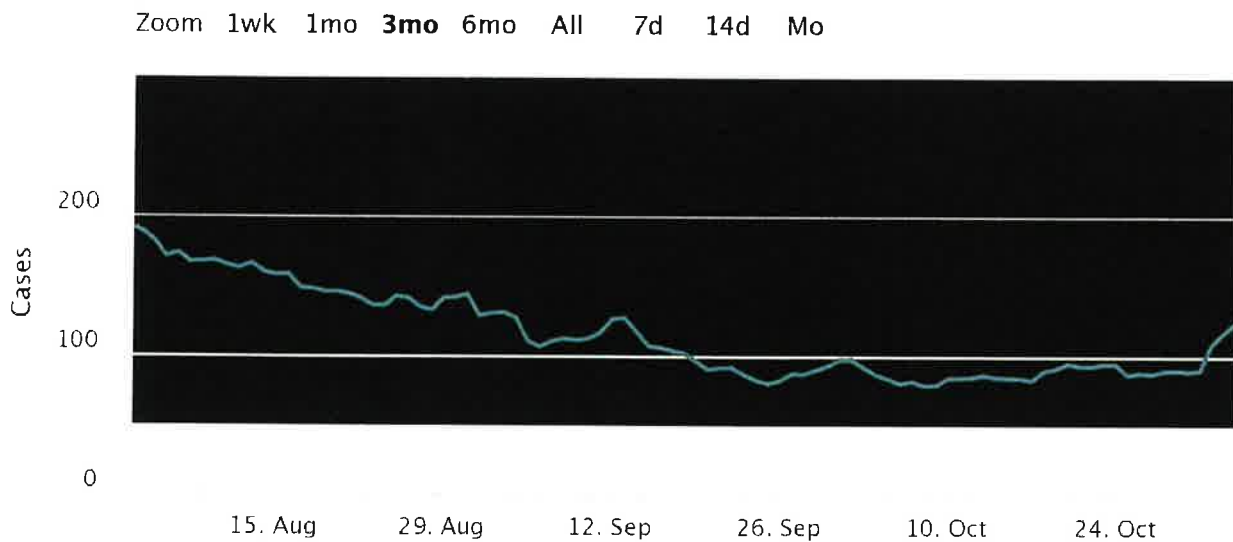


ESTES PARK HEALTH

CEO Report
November 9, 2022

COVID-19 Larimer County Positive percentage rate:

Cases/100k: 7-Day Rate



The county transmission rate is back to high. As of 11/7/22, all EPH employees are returning to wearing masks in all areas and at all times (per CMS Regulations). Visitors and patients will be asked to mask up at the door.

COVID -19 swabbing clinics have been incorporated into daily clinic and lab operations.

In addition to COVID – 19, many viruses are lingering in the Estes Park community including: Influenza A, RSV, COVID, Rhino/Enterovirus and Hand, foot, and mouth (Coxsackie).

FLU Vaccinations

To receive flu vaccination, call 970.586.2200. Projections discussing Colorado flu season indicate the onset of flu season will be early and severe.

Updates *Operational/Tactical*:

- **OB Programming & Transition of OB Care.** This service line will be closed on December 31, 2022. Work is occurring to develop; clinical pathway development, policy and procedure to support workflow, collaborative orders, physical transport of patients, and education of staff and physicians. Dr. K. will provide OB prenatal and postnatal care in our community, as well as, perform some GYN services in Estes Park. More information on this topic will be made available as programming is developed.
- **IP Pediatrics transition of care.** This service line will be closed on December 31, 2022. Much of the transfer policy and procedure has been developed and has been implemented.
- **Home Health, Private Duty, and Hospice Optimization.** EPH has reached out to two home health, private duty and hospice providers for discussion about potential of sale or partnership in operating EPH's home care division. Basic interest has been established; however, no substantial progress has been made for transition of this service at this time.
- **Chargemaster Review.** Eide Bailly has completed the chargemaster review. EPH staff are in process of implementing changes recommended by Eide Bailly. The changes will be implemented as soon as possible and in many cases by December 31, 2022.
- **Revenue Cycle Optimization.** The field work has been completed and a presentation by Velocity Management Group (VMG) has been received. EPH is studying the results and building a plan that will allow EPH a better revenue cycle product, better more error free billing which in turn leads to better fiscal positioning for the organization.
- **Employee Flu vaccination rate.** The Employee Flu vaccination rate is 98%. Two percent (2%) of employees have received exemptions to flu vaccination.
- **General Surgery.** Dr. Woodard has indicated his interest in transitioning from general surgery to wound care. As a result, EPH will begin search for replacement general surgeon.
- **CFO search.** Dave Timpe has served EPH in the capacity of interim Chief Financial Officer and will be completing his interim time at EPH in late December 2022. Search for Timpe's replacement has commenced.
- **GI Services at EPH.** Dr. Strong has decided to stop providing GI services at EPH. However, EPH is well positioned to provide most GI services through its general surgery practice. Please call 970.586.2200 to schedule a GI related service.

ESTES PARK HEALTH SEPTEMBER 2022 FINANCIAL HIGHLIGHTS

Net patient service revenue is over budget for the month of September by \$456,137 and under budget for the nine months ended September 30th by \$837,312.

Contractuals and other write offs for September are over budget by \$36,378 and under budget by \$79,047 for the first nine months.

The under budget amounts in Other Operating Revenues in both September 2022 and for the nine months ended September 30th is driven by a negative variance in the Pharmacy 340B program and purchase discounts.

Operating expenses are over budget by \$435,428 for September 2022 and \$1,508,866 for the first nine months.

The common theme of negative contract labor (included in Professional Fees and Purchased Services) variances continues in September and a breakdown is included on the third tab of the financial statements.

The operating GAIN for the month of September 2022 is \$31,438 or \$8,089 under budget. The year to date operating loss is \$8,262,765 or \$2,545,052 over budget.

The negative investment income in September is the result of recording net unrealized investment losses for the quarter ended September 30th. This is then accumulated with prior net unrealized losses from the first six months in the year to date column.

The Board requested benchmarks are on the fourth tab of the financial statements.

I'm happy to report that this brings us current with the monthly Board financial reports with major kudos to Aysha and Candace.

ESTES PARK HEALTH
Balance Sheet (Unaudited) Statements of Net Position
September 30, 2022

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	2022 Sep				2021 Dec			2021 Sep		
	Actual	Actual	2022 Sep minus 2022 Aug	((2022 Sep) - (2022 Aug)) ÷ ABS(2022 Aug)	Actual	2022 Sep minus 2021 Dec	((2022 Sep) - (2021 Dec)) ÷ ABS(2021 Dec)	Actual	2022 Sep minus 2021 Aug	((2022 Sep) - (2021 Sep)) ÷ ABS(2021 Sep)
ASSETS										
CURRENT ASSETS										
Cash and Cash Equivalents	6,844,697	4,575,067	2,269,630	49.6%	11,911,938	(5,067,241)	(42.5%)	14,889,888	(8,045,191)	(54.0%)
Restricted Cash Under Debt Agreements	3,921,285	3,920,994	291	0.0%	3,919,973	1,312	0.0%	3,919,624	1,661	0.0%
Receivables			-	no ÷ 0						
Patient and Resident, Net of Estimated Uncollectables of approximately \$948,000 in 2022 and \$674,000 in 2021	6,817,859	6,561,155	256,704	3.9%	7,150,118	(332,259)	(4.6%)	6,350,109	467,750	7.4%
Property Taxes and Other	2,626,239	2,364,278	261,961	11.1%	3,651,027	(1,024,788)	(28.1%)	2,444,634	181,605	7.4%
Estimated Third-Party Payor Settlements	-	1,623,968	(1,623,968)	(100.0%)	911,702	(911,702)	(100.0%)	-	-	no ÷ 0
Supplies	1,373,937	1,377,915	(3,978)	(0.3%)	1,371,691	2,246	0.2%	1,296,293	77,644	6.0%
Prepaid Expenses	483,826	483,949	(123)	(0.0%)	511,097	(27,271)	(5.3%)	396,965	86,861	21.9%
TOTAL CURRENT ASSETS (Sum Rows 10, 11, 13, 14, 15, 16, 17)	22,067,843	20,907,326	1,160,517	5.6%	29,427,546	(7,359,703)	(25.0%)	29,297,513	(7,229,670)	(24.7%)
LONG-TERM ASSETS										
Investments	12,642,815	13,630,651	(987,836)	(7.2%)	14,237,246	(1,594,431)	(11.2%)	14,377,287	(1,734,472)	(12.1%)
Capital Assets										
Capital Assets Not Being Depreciated	2,251,868	2,229,193	22,675	1.0%	1,255,121	996,747	79.4%	513,972	1,737,896	338.1%
Depreciable Capital Assets, Net of Accumulated Depreciation	27,875,594	28,154,018	(278,424)	(1.0%)	28,940,279	(1,064,685)	(3.7%)	29,547,344	(1,671,750)	(5.7%)
Total Capital Assets, Net	30,127,462	30,383,211	(255,749)	(0.8%)	30,195,400	(67,938)	(0.2%)	30,061,316	66,146	0.2%
Long Term Prepaid Lease				no ÷ 0						
TOTAL LONG-TERM ASSETS	42,770,277	44,013,862	(1,243,585)	(2.8%)	44,432,646	(1,662,369)	(3.7%)	44,438,603	(1,668,326)	(3.8%)
TOTAL ASSETS (Sum Rows 18, 27)	64,838,120	64,921,188	(83,068)	(0.1%)	73,860,192	(9,022,072)	(12.2%)	73,736,116	(8,897,996)	(12.1%)
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION										
CURRENT LIABILITIES										
Current Portion of Long-Term Debt	290,284	290,284	-	0.0%	290,284	-	0.0%	1,328,711	(1,038,427)	(78.2%)
Accounts Payable	1,798,568	2,273,446	(474,878)	(20.9%)	2,986,464	(1,187,896)	(39.8%)	1,160,124	638,444	55.0%
Estimated Third-Party Payor Settlements	120,489	-	120,489	no ÷ 0				1,361,888	(1,241,399)	(91.2%)
Deferred Revenue	4,331	13,453	(9,122)	(67.8%)	2,338,640	(2,334,309)	(99.8%)	3,001,258	(2,996,927)	(99.9%)
Accrued Expenses				no ÷ 0						
Salaries, Wages, and Related Liabilities	1,664,055	1,355,072	308,983	22.8%	1,182,177	481,878	40.8%	1,530,911	133,144	8.7%
Compensated Absences	849,055	925,201	(76,146)	(8.2%)	888,439	(39,384)	(4.4%)	928,843	(79,788)	(8.6%)
Other	583,420	557,683	25,737	4.6%	404,800	178,620	44.1%	139,557	443,863	318.1%
TOTAL CURRENT LIABILITIES	5,310,202	5,415,139	(104,937)	(1.9%)	8,090,804	(2,780,602)	(34.4%)	9,451,293	(4,141,091)	(43.8%)
LONG-TERM LIABILITIES										
Long-Term Debt, Net of Current Portion	13,332,137	13,358,355	(26,218)	(0.2%)	13,550,746	(218,609)	(1.6%)	13,689,072	(356,935)	(2.6%)
Long-Term Portion of Accounts Payable	-	-	-	no ÷ 0	-	-	no ÷ 0	146,645	(146,645)	(100.0%)
TOTAL LONG-TERM LIABILITIES	13,332,137	13,358,355	(26,218)	(0.2%)	13,550,746	(218,609)	(1.6%)	13,835,717	(503,580)	(3.6%)
TOTAL LIABILITIES (Sum Row 38, 43)	18,642,339	18,773,494	(131,155)	(0.7%)	21,641,550	(2,999,211)	(13.9%)	23,287,010	(4,644,671)	(19.9%)
DEFERRED INFLOWS OF RESOURCES - PROPERTY TAXES	3,115,979	3,115,979	-	0.0%	3,115,979	-	0.0%	3,115,979	-	0.0%
NET POSITION										
Net Investment in Capital Assets	16,505,041	16,734,572	(229,531)	(1.4%)	16,354,370	150,671	0.9%	17,239,581	(734,540)	(4.3%)
Restricted, Expendable	3,921,285	3,920,994	291	0.0%	3,919,973	1,312	0.0%	3,915,919	5,366	0.1%
Unrestricted	22,653,476	22,376,149	277,327	1.2%	28,828,321	(6,174,845)	(21.4%)	26,177,627	(3,524,151)	(13.5%)
TOTAL NET POSITION	43,079,802	43,031,715	48,087	0.1%	49,102,664	(6,022,862)	(12.3%)	47,333,127	(4,253,325)	(9.0%)
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	64,838,120	64,921,188	(83,068)	(0.1%)	73,860,192	(9,022,072)	(12.2%)	73,736,116	(8,897,996)	(12.1%)

7.2.2

ESTES PARK HEALTH
Statement of Revenues, Expenses, and Changes in Net Position (Unaudited)
Nine Months Ending September 30, 2022

Row	MONTH Sep 2022				2022 YEAR TO DATE Jan through Sep				2021 YEAR TO DATE Jan through Sep			2020 YEAR TO DATE Jan through Sep			
	Actual (A)	Budget (B)	Actual - Budget	Percent (A-B)÷ABS(B)	Actual (A)	Budget (B)	Actual - Budget	Percent (A-B)÷ABS(B)	2021 Actual	2022 Actual - 2021 Actual	Percent (22-21)÷ABS(21)	2020 Actual	2022 Actual - 2020 Actual	Percent (21-20)÷ABS(20)	
8	OPERATING INCOME														
9	OPERATING REVENUES														
10	Charges for Patient Services														
11	Inpatient	597,770	1,149,411	(551,641)	(48.0%)	6,447,192	9,011,458	(2,564,266)	(28.5%)	7,559,446	(1,112,254)	(14.7%)	10,000,030	(3,552,838)	(35.5%)
12	Outpatient	8,491,005	7,446,849	1,044,156	14.0%	64,368,142	62,720,235	1,647,907	2.6%	60,788,308	3,579,834	5.9%	53,961,334	10,406,808	19.3%
13	Total Charges for Patient Services	9,088,775	8,596,260	492,515	5.7%	70,815,334	71,731,693	(916,359)	(1.3%)	68,347,754	2,467,580	3.6%	63,961,364	6,853,970	10.7%
14	Deductions from Charges for Patient Services														
15	Contracts (Medicare, Medicaid, Commercial)	(3,866,135)	(3,739,372)	(126,763)	(3.4%)	(30,799,449)	(31,203,280)	403,831	1.3%	(29,980,906)	(818,543)	(2.7%)	(27,194,601)	(3,604,848)	(13.3%)
16	Charity, Bad Debt, Uncompensated	(60,049)	(150,434)	90,385	60.1%	(1,580,090)	(1,255,306)	(324,784)	(25.9%)	(1,651,255)	71,165	4.3%	(1,320,872)	(259,218)	(19.6%)
17	Total Deductions from Charges for Patient Services	(3,926,184)	(3,889,806)	(36,378)	(0.9%)	(32,379,539)	(32,458,586)	79,047	0.2%	(31,632,161)	(747,378)	(2.4%)	(28,515,473)	(3,864,066)	(13.6%)
18	Net Patient and Resident Service Revenues, Net	5,162,591	4,706,454	456,137	9.7%	38,435,795	39,273,107	(837,312)	(2.1%)	36,715,593	1,720,202	4.7%	35,445,891	2,989,904	8.4%
19	<i>Net Patient Income / Total Charges for Patient Services as a Pct</i>	<i>56.8%</i>	<i>54.8%</i>			<i>54.3%</i>	<i>54.8%</i>								
20	Other Operating Revenues	14,651	43,449	(28,798)	(66.3%)	274,975	473,849	(198,874)	(42.0%)	505,147	(230,172)	(45.6%)	351,647	(76,672)	(21.8%)
21	Total Operating Revenues (Row 22 + Row 25)	5,177,242	4,749,903	427,339	9.0%	38,710,770	39,746,956	(1,036,186)	(2.6%)	37,220,740	1,490,030	4.0%	35,797,538	2,913,232	8.1%
22	Operating Expenses														
23	Salaries and Wages	1,957,691	2,048,656	(90,965)	(4.4%)	17,924,408	19,109,604	(1,185,196)	(6.2%)	17,496,478	427,930	2.4%	17,791,518	132,890	0.7%
24	Employee Benefits	468,228	478,054	(9,826)	(2.1%)	4,280,389	5,075,652	(795,263)	(15.7%)	4,462,888	(182,499)	(4.1%)	4,957,832	(677,443)	(13.7%)
25	Professional Fees and Purchased Services	1,655,269	1,018,887	636,382	62.5%	13,905,701	10,416,165	3,489,536	33.5%	9,379,509	4,526,192	48.3%	8,902,929	5,002,772	56.2%
26	Supplies	471,773	489,042	(17,269)	(3.5%)	4,422,221	4,513,413	(91,192)	(2.0%)	3,987,692	434,529	10.9%	4,738,363	(316,142)	(6.7%)
27	Utilities	48,533	51,595	(3,062)	(5.9%)	495,175	466,305	28,870	6.2%	492,488	2,687	0.5%	441,639	53,536	12.1%
28	Leases and Rentals	102,946	101,309	1,637	1.6%	858,672	1,013,077	(154,405)	(15.2%)	838,634	20,038	2.4%	544,526	314,146	57.7%
29	Insurance	36,648	29,530	7,118	24.1%	301,743	255,275	46,468	18.2%	273,268	28,475	10.4%	267,042	34,701	13.0%
30	Repairs and Maintenance	18,185	11,470	6,715	58.5%	139,621	97,500	42,121	43.2%	63,984	75,637	118.2%	127,674	11,947	9.4%
31	Depreciation	282,914	270,932	11,982	4.4%	2,491,018	2,441,696	49,322	2.0%	2,426,050	64,968	2.7%	2,318,008	173,010	7.5%
32	Other	103,617	210,901	(107,284)	(50.9%)	2,154,587	2,075,982	78,605	3.8%	2,036,706	117,881	5.8%	1,837,863	316,724	17.2%
33	Total Operating Expenses (Sum of Rows 30 to 39)	5,145,804	4,710,376	435,428	9.2%	46,973,535	45,464,669	1,508,866	3.3%	41,457,697	5,515,838	13.3%	41,927,394	5,046,141	12.0%
34	TOTAL OPERATING INCOME (LOSS) (Row 27 minus Row 40)	31,438	39,527	(8,089)	(20.5%)	(8,262,765)	(5,717,713)	(2,545,052)	(44.5%)	(4,236,957)	(4,025,808)	(95.0%)	(6,129,856)	(2,132,909)	(34.8%)
35	<i>Operating Margin = Total Operating Income (Loss) ÷ Total Operating</i>														
36	NONOPERATING REVENUES (EXPENSES)														
37	Property Tax Revenues	291,625	291,625	-	0.0%	2,633,584	2,624,625	8,959	0.3%	2,353,197	280,387	11.9%	2,324,774	308,810	13.3%
38	Interest Expense	(29,368)	(33,550)	4,182	12.5%	(399,215)	(301,950)	(97,265)	(32.2%)	(315,520)	(83,695)	(26.5%)	(312,817)	(86,398)	(27.6%)
39	Investment Income	(245,608)	11,292	(256,900)	(2275.1%)	(877,855)	41,625	(919,480)	(2209.0%)	5,038	(882,893)	(17524.7%)	80,563	(958,418)	(1189.7%)
40	Gain on Disposal of Capital Assets	-	-	-	-	-	-	-	-	(52,750)	52,750	100.0%	-	-	-
41	Noncapital Grants and Contributions	-	10,000	(10,000)	(100.0%)	18,374	60,000	(41,626)	(69.4%)	24,735	(6,361)	(25.7%)	12,701	5,673	44.7%
42	Other	-	(209)	209	100.0%	331,020	753,126	(422,106)	(56.0%)	10,113,444	(9,782,424)	(96.7%)	77,800	253,220	325.5%
43	TOTAL NONOPERATING REVENUES, NET (Sum of Rows 46 to 51)	16,649	279,158	(262,509)	(94.0%)	1,705,908	3,177,426	(1,471,518)	(46.3%)	12,128,144	(10,422,236)	(85.9%)	2,183,021	(477,113)	(21.9%)
44	DEFICIT OF REVENUES OVER EXPENSES BEFORE CAPITAL CONTRIBUTIONS	48,087	318,685	(270,598)	(84.9%)	(6,556,857)	(2,540,287)	(4,016,570)	(158.1%)	7,891,187	(14,448,044)	(183.1%)	(3,946,835)	(2,610,022)	(66.1%)
45	Capital Contributions														
46		-	450,000	(450,000)	(100.0%)	533,995	450,000	83,995	18.7%	55,888	(478,107)	(855.5%)	523,769	10,226	2.0%
47	NET POSITION INCREASE (DECREASE) (Row 54 + Row 56)	48,087	768,685	(720,598)	(93.7%)	(6,022,862)	(2,090,287)	(3,932,575)	(188.1%)	7,947,075	(13,969,937)	(175.8%)	(3,423,066)	(2,599,796)	(75.9%)
48	<i>Total Margin = Net Position ÷ Total Operating Revenues</i>	<i>0.9%</i>	<i>16.2%</i>			<i>(15.6%)</i>	<i>(5.3%)</i>								
49	Net Position - Beginning of Period	43,031,715				49,102,664				39,386,052		42,374,631			
50	NET POSITION - END OF PERIOD	43,079,802				43,079,802				47,333,127		38,951,565			

9/30/2022
12/31/2021
273.00
162,939.62

Check

7.2.3

Contract Labor Analysis

	Sep 2022				2022 Year to Date		
	Actual	Budget	Actual - Budget	Percent (A-B)÷ABS(B)	Actual	Budget	Actual - Budget
Contract Labor- Mgr/Director	-	-	-		79,599	109,100	(29,501)
Contract Labor- RN	477,741	304,680	173,061	57%	3,695,390	2,742,120	953,270
Contract Labor- CNA	-	-	-		67,626	-	67,626
Contract Labor - Ancillary	221,438	68,616	152,822	223%	1,979,640	660,544	1,319,096
Contract Labor - Clerical & AD	8,738	14,720	(5,982)	-41%	139,086	132,480	6,606
Contract Labor - Physician	339,937	290,000	49,937	17%	3,064,216	2,610,000	454,216
Contract Labor - Mid Levels	-	-	-		72,100	-	72,100
	1,047,854	678,016	369,838	55%	9,097,657	6,254,244	2,843,413

7.2.4

Percent (A- B)÷ABS(B)	2021 Year to Date		
	Actual	2022 Actual - 2021 Actual	Percent (22- 21)÷ABS(21)
-27%	-	79,599	
35%	1,080,685	2,614,705	242%
	209,284	(141,658)	-68%
200%	514,931	1,464,709	284%
5%	157,878	(18,792)	-12%
17%	3,003,524	60,692	2%
	131,357	(59,257)	-45%
45%	5,097,659	3,999,998	78%

7.2.4-Cont.

Board Metrics

	<u>Sep</u>	<u>Aug</u>	<u>Jul</u>	<u>Jun</u>	<u>CO CAH Median</u>
Days Cash on Hand with Year to Date Monthly Average	143.67	135.71	131.96	139.10	204.00
Days Cash on Hand with \$0 Unusual Items for Sep (\$1.7M for Aug; \$2.2M for Jun and Jul)	143.67	146.14	145.55	152.54	204.00
Gross Days in Receivables	47.30	45.20	50.50	55.40	53.50
	<u>Sep 2022</u>	<u>Sep 2021</u>	<u>Sep 2020</u>		
Year to Date EBITDA - Earnings Before Interest, Depreciation, and Amortization	(3,132,629)	10,688,645	(792,241)		

7.2.5

PARK HOSPITAL DISTRICT
Estes Park Health

Statistical information

	Sep-22 actual	Sep-22 budget	Nine months ended Sep-22 actual	Nine months ended Sep-22 budget	Nine months ended Sep-21 actual
Medical/surgical patient days	37	128	604	754	738
Swing bed patient days	30	30	226	215	175
Observation days	66	58	496	423	415
Obstetric days	11	8	48	66	58
New born days	9	8	40	66	52
Total patient days	153	232	1,414	1,524	1,438
Number of births	5	4	26	33	31
Total surgeries	30	33	245	376	358
Emergency room visits	570	557	4,333	4,096	4,134
Urgent Care visits	652	522	4,604	2,774	2,617
Clinic visits	2,361	1,995	16,474	17,280	16,682
Diagnostic imaging tests	1,191	1,089	9,135	9,361	9,038
Lab tests	6,777	7,407	58,886	59,358	58,777
Rehab visits	1,324	747	7,177	6,491	6,407
Ambulance trips	223	210	1,568	1,638	1,638
Home Health visits	387	556	4,606	6,221	6,221
Hospice days	93	131	972	1,432	1,400
Pharmacy requisitions	5,047	6,077	44,847	45,522	51,283

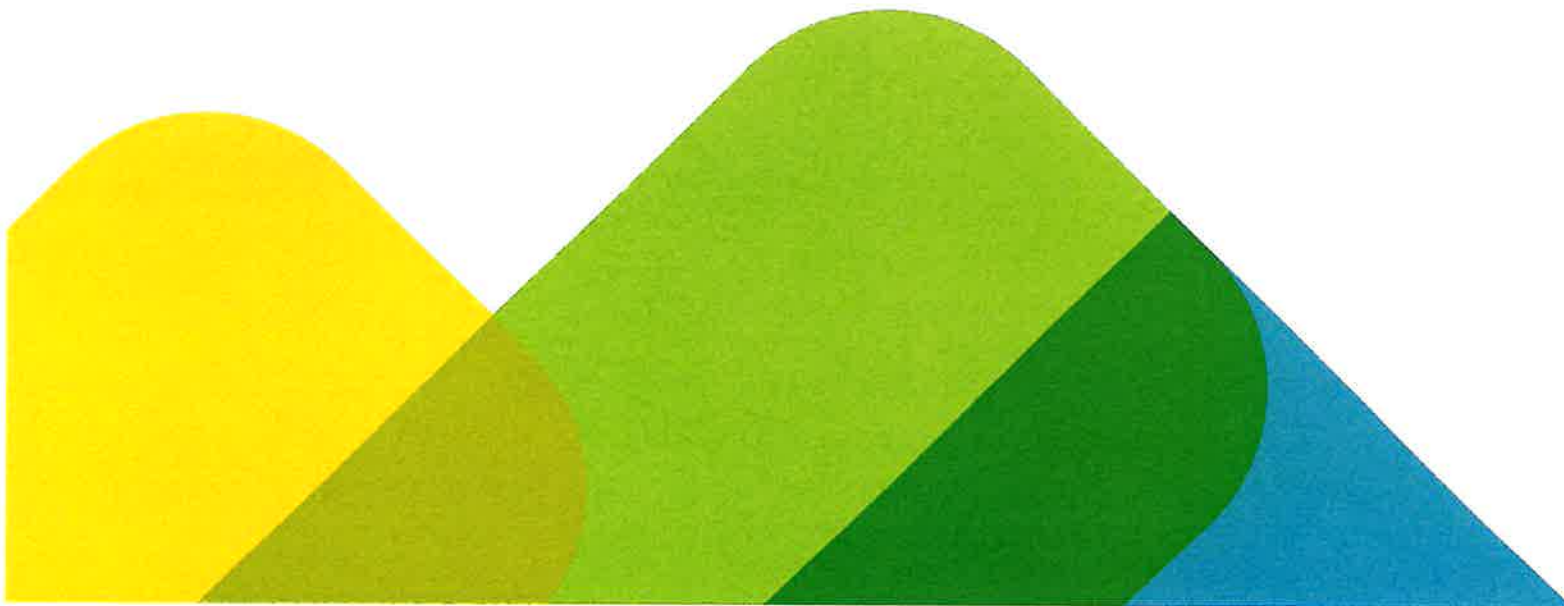
7.2.6



ESTES PARK
HEALTH
FOUNDATION

2022 November Update, EPH Board of Directors

NOVEMBER 9, 2022



7.3.1

2022 Fall 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 Fall Update

Finance Report

July 2022 Dashboard

	Monthly			YTD			Annual	
	Jul-22		Jul-21	2022 YTD (Jan-Jul)		2021 YTD (Jan-Jul)	2022	2021
	Actual	Budget	Actual	Actual	Budget	Actual	Budget	Actual
Donation Revenue	\$ 23,604	\$ 45,941	\$ 86,983	\$ 235,904	\$ 263,349	\$ 284,629	\$ 545,000	\$ 865,061
Total Donation Revenue	\$ 23,604	\$ 45,941	\$ 86,983	\$ 235,904	\$ 263,349	\$ 284,629	\$ 545,000	\$ 865,061
Total Operating Expenses	\$ 30,846	\$ 35,783	\$ 40,739	\$ 185,161	\$ 227,176	\$ 220,284	\$ 382,696	\$ 385,691
Net Operating Increase/ (Loss)	\$ (7,242)	\$ 10,157	\$ 46,244	\$ 50,742	\$ 36,172	\$ 64,345	\$ 162,304	\$ 479,370
Investment Revenue	\$ 208,899	\$ 10,537	\$ 54,361	\$ (519,032)	\$ 60,401	\$ 471,411	\$ 125,000	\$ 719,015
Other Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 54,210	\$ -	\$ 92,722
Total Revenue	\$ 232,503	\$ 56,477	\$ 141,344	\$ (283,129)	\$ 323,750	\$ 810,250	\$ 670,000	\$ 1,676,798
Grant Disbursements *	\$ -	\$ -	\$ 4,250	\$ 185,662	\$ -	\$ 23,919	\$ -	\$ 43,339
Total Net Increase / (Loss)	\$ 201,658	\$ 20,694	\$ 96,355	\$ (653,952)	\$ 96,573	\$ 566,047	\$ 287,304	\$ 1,247,768

* We have approved grants (YTD) waiting for reimbursement paperwork from EPH:	\$ 535,162.15
---	---------------

2022 Fall Update

Highlights of last quarter

- MRI Grant Paid
- Crowns for the Care raised \$48,000, Lesta Johnson Crowned Mrs Rooftop Rodeo
- Gift Planning Committee recruited a 4th Legacy Society member this year
- Board Development Committee recruited 8 new Directors for 2023; 4 retirements

2022 Fall Update

General Updates

- Strategic Planning Retreat in September
- 2021 Audit complete, to be presented to the EPH Foundation Board in December
- Fluoroscopy Campaign in full swing

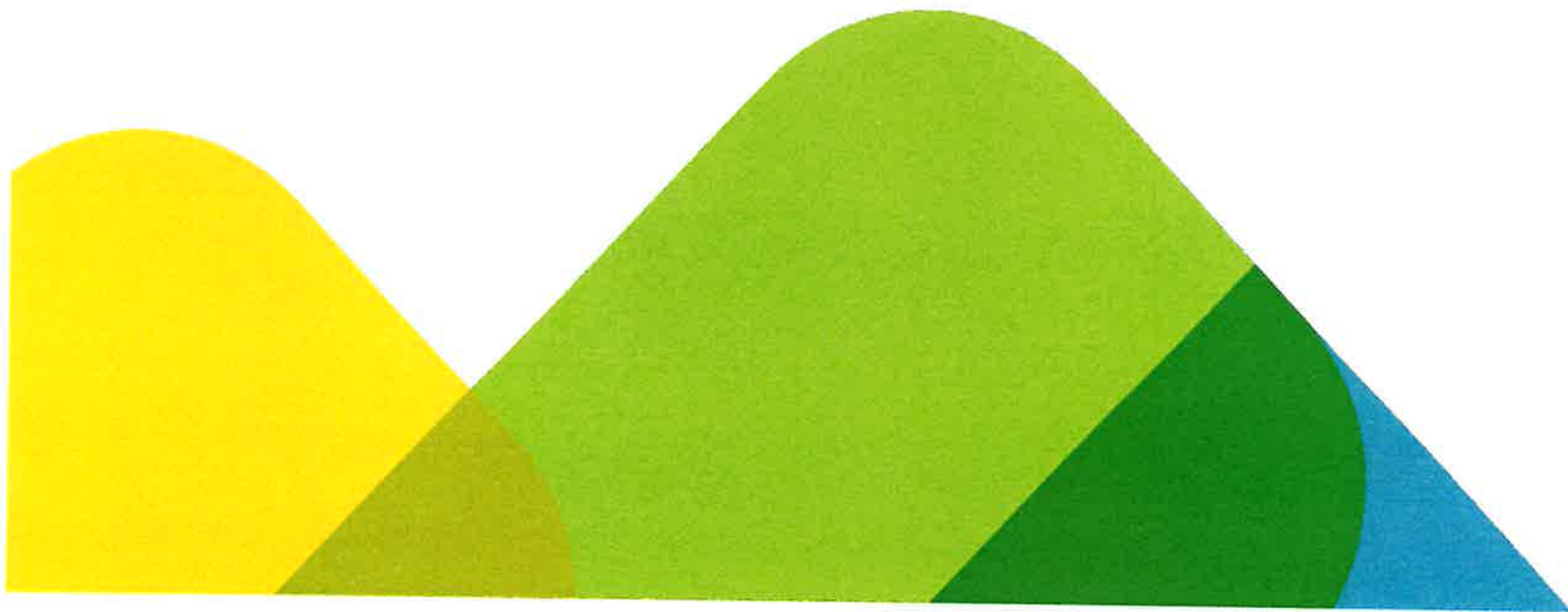
2022 Fall Update

Questions?



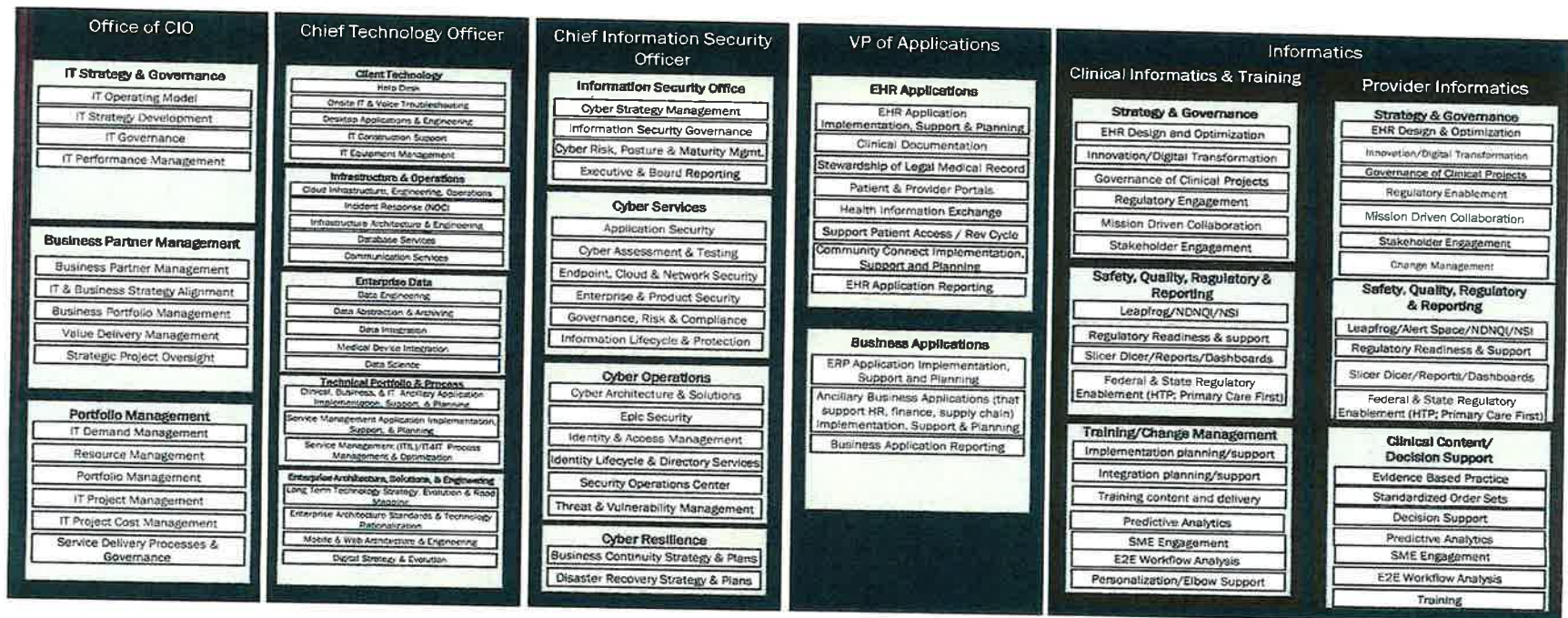
ESTES PARK
HEALTH

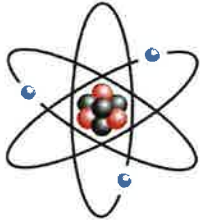
CIO Report November 9, 2022



Healthcare IT: Big or Small Hospital Systems

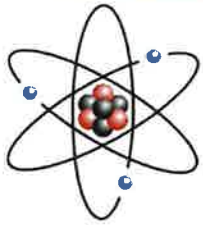
How IT is Organized



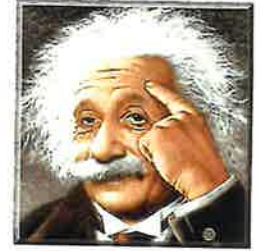


Information Technology

- **Works with every department, global needs and specific**
- Appropriate access to systems, EHRs, email, remote access, Microsoft tools, etc.
- Technology across departments: Code Blue, nurse call, telemetry, patient monitors, WOWs, duress-button systems, wifi, internet and phone systems, etc.
- Integration/interfacing: patient monitors, anesthesia, lab analyzers, radiology image storage and viewing, EKGs and cardiac treadmill, etc.
- Epic / Lawson / Kronos cross-network multiple redundant paths
- Remote support from contractors and staff

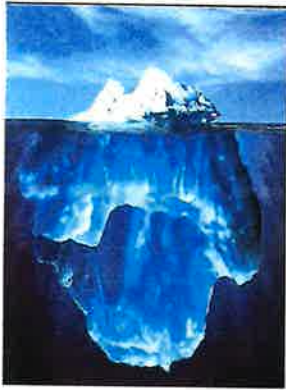


Healthcare CIO



- **Support the patients, support the clinicians to support the patients, support the support departments to support the clinicians to support the patients**
- Protect the organizations information sources
- Manage the multiple hardware/software/x-ware and human beings
- Monitoring the environment and adjusting and evolving
- Strategic: to the cloud and web; external hosting; protection; developing fluency in systems; integration of systems
- Hub of communication: Multiple CO, US, global forums for IT and cyber information, methods, and breaking news; website; search engine optimization; support marketing
- Nominated for Colorado CIO, finalist in August, recognition by peers

The Alternate Universe



- Patient, nursing, physician, clinical work: Very much in-person
- IT: Necessarily in-person for some tasks, but predominantly electronic, remote resolution, very high volume of e-communication
- Shadow IT for a week and discover the difference
- Cybersecurity: layers of endpoint, filters, 24/7 oversight and able to intrude, CrowdStrike Falcon Complete, Barracuda, Arctic Wolf, Malwarebytes, Thycotic, Sanity, etc.
- Interfaces and integration, digitization and notifications: All in support of better tools and efficiency to support patients; multitude of new integrations in last 15 months, after significant slowdown in post-Epic (November 2019) pandemic years
- **Expense savings series of shutdowns of legacy, final pay off of Epic purchase and archive projects**
- Cybersecurity: endpoint protection, email and internet filters, firewalls, callback protection, 24/7 oversight and ability to intervene, and much more

Big Picture and Future



- **Post-Epic, almost doubled up software costs**
- **Since then, each year, reduction in EHR-related costs and legacy systems by many hundreds of thousands**
- **Expense savings series of shutdowns of legacy systems**
- **Expense savings final pay off of Epic purchase and archive projects**
- **Architecting toward next phase of savings as we integrate certain configurations and tools**

- Single server room
- Primitive HVAC systems

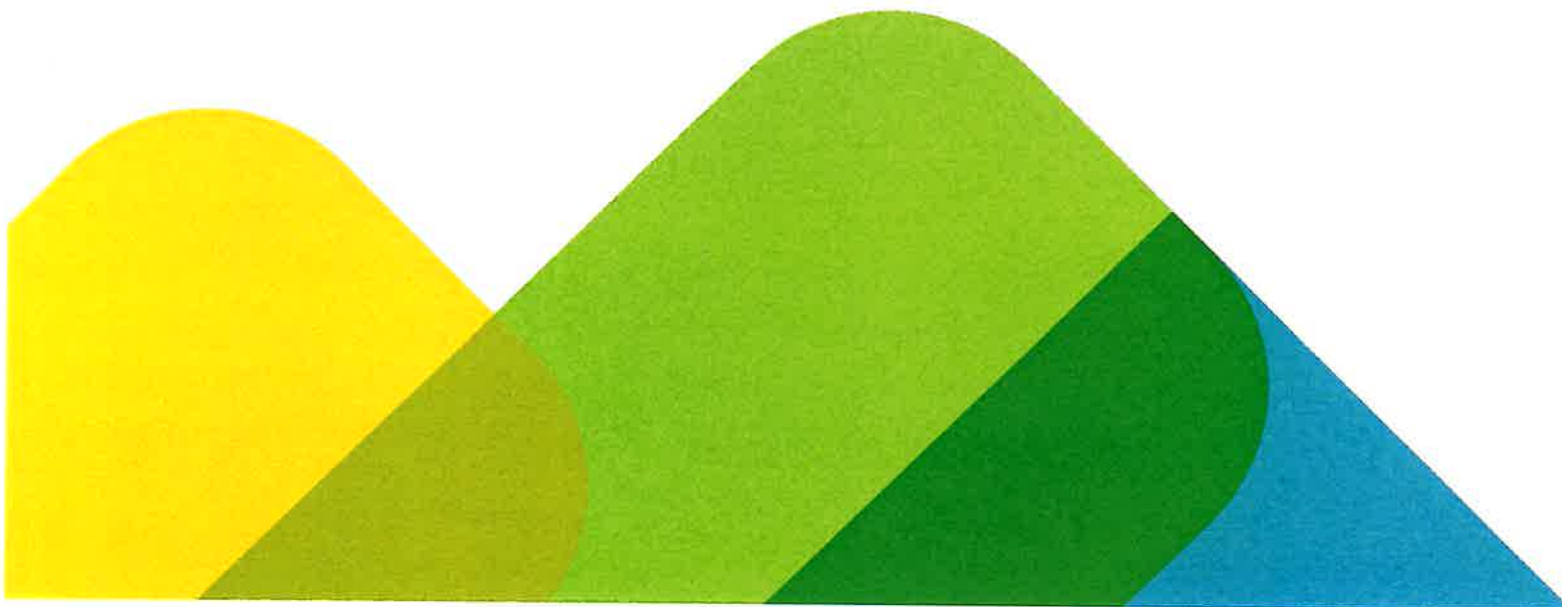
- Evolution: Win10, 365, Sharepoint, cloud, cloud, cloud, external host
- Annual HIPAA security risk analysis for CMS Promoting Interoperability
-



ESTES PARK
HEALTH

Human Resources Board Report

NOVEMBER 9, 2022



7.5.1

Strategic Update

Workforce/Organization Optimization (Strategic Actions)

- Organizational Chart Changes have been implemented.
- Focused leadership development
 - Transition to new roles
 - Team development among new leaders
 - Enhancing leadership skills

Operational Update

- Compensation – structure to support recruitment and retention while being fiscally responsible
 - Market Adjustments to maintain market competitiveness
 - Changes to differential structures
 - 2023 Strategic Focus – creative practices to “grow our own”
- Benefits – recruitment and retention tool
 - Medical insurance premiums increasing 22% for 2023; keeping employee increase to 9%
 - Changed carrier for life and disability insurances for small savings
 - 2023 Strategic Focus – explore potential cost savings opportunities

Operational Update - continued

- Recruitment
 - Seeing some bright spots
 - Have converted a few Travelers to regular staff positions
 - 2023 Strategic Focus – focus on creative ways to “grow our own”
- HR Structure
 - Payroll moved to HR in August
 - HR Generalist starting in January
 - HR Business Partner role
 - 2023 Strategic Focus – cross-train all functional areas and grow and develop HR team



**Park Hospital District Board
Timberline Conference Room
November 9, 2021**

CREDENTIALING RECOMMENDATIONS

Credentials Committee approval: October 26, 2022
Present: Drs. Dunn (Chair), Zehr, Gary Hall, and Bobbi Chambers

Medical Executive Committee approval: November 2, 2022

Initial Appointment

DiLauro, Cynthia, M.D.
Specht, Jessica, M.D.

Active-Provisional, Internal Medicine
Courtesy, Otolaryngology

Reappointment

Andersen, Jeremiah, M.D.
Lee, Joseph, M.D.
Schuster, Steven, M.D.
Wiesner, Mark, D.O.

Courtesy, Pathology
Active, Internal Medicine
Courtesy, Hematology/Oncology
Active, Pediatrics