

Draft Agenda

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

Monday, December 05, 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	EPH Board of Directors
3	Recognition of Dr Robyn Zehr's Service as Chief of Staff and Welcome to Dr Bridget Dunn as Incoming Chief of Staff	5	Action	EPH Board of Directors
4	Public Comments on Items Not on the Agenda	3	Information	Public
5	General Board Member Comments	3	Information	EPH Board of Directors
6	Consent Agenda Items Acceptance:	2	Action	EPH Board of Directors
6.1	Board Minutes			
6.1.1	EPH Board Regular Meeting Minutes Nov 09, 2022			
6.1.2	EPH Board Executive Session Nov 08, 2022			
6.1.3	EPH Board Executive Session Nov 17, 2022			
6.1.4	EPH Board Executive Session Nov 22, 2022			
6.1.5	EPH Board Executive Session Nov 29, 2022			
6.1.6	EPH Board Executive Session Dec 01, 2022			
6.2	Other Documents			
6.2.1	EPH Home Health Review			
7	Presentations:			
7.1	2023 Election Management Services	5	Discussion	Ms. Sarah Shepherd
7.2	Resolution 2022-03 - Appointing a Designated Election Official and Describing Conditions Required to Cancel the Election	1	Action	EPH Board of Directors
7.3	Estes Park Health Current Status, Covid-19 Updates, 2022 Tactical and Strategic Initiatives Updates and Forecast	10	Discussion	Mr Vern Carda
7.4	EPH Chief Financial Officer - EPH 2023 Budget Update	20	Discussion	Mr David Timpe
7.5	Resolution 2022-04 - Determining Mill Levy Yield	1	Action	EPH Board of Directors
7.6	Resolution 2022-05 - Adopting the EPH 2023 Budget and Appropriating Funds for the 2023 Budget	1	Action	EPH Board of Directors
7.7	EPH Chief Nursing Officer Strategic Update	10	Discussion	Ms Pat Samples
7.8	EPH Chief of Staff Strategic Update	10	Discussion	Dr Robyn Zehr
8	Executive Summary - Significant Items Not Otherwise Covered	1	Discussion	Senior Leadership Team
9	Medical Staff Credentialing Report - No formal recommendations	2	Action	EPH Board
10	All Attendee Conversation on Emerging Topics	30	Conversation	EPH Board of Directors, EPH Senior Leadership Team, Attendees
11	Potential Agenda Items for Jan 23, 2023 Regular Board Meeting	1	Discussion	EPH Board of Directors
12	Meeting Dates for 2023	1	Information	Dr David Batey
13	Adjournment	1	Action	Board
Estimated Total Regular Session Mins.		109		
Next Regular EPH Board Meeting: Monday Jan 23, 2023 5:30 - 7:30 pm				
Jan 2023 Possible Agenda Items:				



ESTES PARK HEALTH

ESTES PARK HEALTH BOARD OF DIRECTORS' Regular Meeting Minutes – November 9, 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
Dr. Robyn Zehr
Ms. Aysha Reeves
Heather Bird
Cynthia Ballinghoff
Stanis Perminau

Community Attendees (via webinar):

Guy Van der Werf
Dona Cooper
John Cooper
Brian Tseng
James Whiteneck
Larry Leaming
Mark Richards
Bill Crosby
Janie Bow
Dr. Holsing
Sandy Begley
Chris Hirst
Cleo Hansen
Linnea Carter
Wendy Rigby

Barbara Gebhardt
Roxy Hause
Paula Martin
Audrey TeSelle
Kelly Stephens
Susan Sisk
Susan Langdon
Cheryl Rivard-Baker
Robert Stackhouse
Alan Simon
Julian Eisner
Bill Solms
Cynthia Sisson
Patti Brown

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**

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. **Colorado FAMLI (Family and Medical Leave Insurance) Act: Opt-In and Opt-Out Alternative Resolutions**

➤ See Item 7.6.

7. **Presentations**

7.1 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:

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 indicate Colorado flu season indicate the onset of flu season will be early and severe.

Operational/Tactical Updates

- **OB Programming & Transition of OB Care.** This service line will be closed and transitioned to a service provider 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 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.

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

7.3 EPH Foundation Strategic Update – Mr. Kevin Mullin

- See presentation. Highlights include the full implementation of Foundation’s Strategic Plan, updated finance reports, and information on highlights of last quarter/completion of 2021 audit. Fluoroscopy Campaign is in full swing.

7.4 EPH Chief Information Officer Strategic Update – Mr. Gary Hall

- See presentation. Highlights include IT updates (Code Blue, nurse call, patient monitors), remote support for staff/contractors, cybersecurity protections, and expense savings payoff of Epic purchase.

7.5 EPH Chief Human Resources Officer Strategic Update – Ms. Shelli Lind

- Moved to December 5th meeting.

7.6 Colorado FAMILI (Family and Medical Leave Insurance) Act Resolution

- Motion to Opt-Out entirely presented by Steve Alper, seconded by Drew Webb. There was unanimous support of Resolution to decline all participation.

8 Executive Summary – Significant Items Not Otherwise Covered

No comments.

9 Medical Staff Credentialing Report

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

10 All Attendee Conversation on Emerging Topics

- Floor opened at 7:27 PM. Questions asked were the following:
- You have been working hard to save EPH. You’ve gone from 7 million in debt, to 8 million, with the possibility of going up to 10 million. How are the strategic actions meant to help get us out of debt that keeps increasing? – Difference between debt and deficit. Goal is to get to a breakeven point, and with the tax revenue, that money can be used for bigger-dollar items.
- Is the Board starting to think beyond 18 months in their Strategic Plan? – Yes. This is essential. The world of healthcare is changing dramatically, and we are trying to find where we fit both now and in the future. Hospitals are going bankrupt and closing every day; over 300 just in Colorado that only have 5 or 6 days cash in hand. Objective is long term security of the hospital. The initiatives that have been presented are short term; others are still in the process of being considered. We are doing whatever we can to ensure the hospital survives, and is here forever – and this may include affiliation with a larger health system.
- How much will be saved by changing to Senior Directors instead of department directors and managers? – Make note of this question for the December 5th meeting, so Shelli can provide more information.
- There are concerns over recruiting new doctors, much less young families to Estes Park. There’s no messaging about affiliation...Culture and morale of the hospital staff. Have

you taken a culture survey to assess how frontline staff is doing following the pandemic?
How are culture and morale at the hospital?

11 Potential Agenda Items for December 5, 2022 Regular Board Meeting

Savings following the Management Reorg.

12 Adjournment

David Batey motioned to adjourn the meeting at 8:13 PM. Drew Webb and Steve Alper seconded the motion, which carried unanimously.

David M. Batey, Chair

Estes Park Health Board of Directors

Draft Public Agenda
Estes Park Health Board of Directors' Executive Session - By TEAMS
Tuesday, November 08, 2022
7:00 am - 8:30 am
Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 7:04 am)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Bill 2nd Steve - Unanimous Affirmative)	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 Bill 2nd Steve - Unanimous Affirmative)	1	Action	Board
6	Adjournment (Motion Bill 2nd Steve - Unanimous Affirmative Time 8:26 am)	1	Action	Board
<i>Total Regular Session Mins.</i>		6		

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

6.1.2

Draft Public Agenda
Estes Park Health Board of Directors' Executive Session - By TEAMS
Thursday, November 17, 2022
7:00 am - 8:30 am
Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 7:06 am)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Steve 2nd Bill - 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)(c) 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 Steve 2nd Diane - Unanimous Approval)	1	Action	Board
6	Adjournment (Motion Steve 2nd Bill - Unanimous Time 9:50 am)	1	Action	Board
<i>Total Regular Session Mins.</i>		6		

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

6.1.3

Draft Public Agenda
Estes Park Health Board of Directors' Executive Session - By TEAMS
Tuesday, November 22, 2022
7:00 am - 8:30 am
Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 7:04 am)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Steve 2nd Diane - 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 Steve 2nd Bill - Unanimous)	1	Action	Board
6	Adjournment (Motion Steve 2nd Diane - Unanimous Approval Time 9:02 am)	1	Action	Board
<i>Total Regular Session Mins.</i>		6		

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

6.1.4

Draft Public Agenda
Estes Park Health Board of Directors' Executive Session - By TEAMS
Tuesday, November 29, 2022
5:30 pm - 7:30 pm
Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 5:39 pm)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Steve 2nd Diane - 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. (Motion Steve 2nd Diane - Unanimous Approval)	1	Action	Board
6	Adjournment (Motion Steve 2nd Diane - Unanimous Approval Time 8:43 pm)	1	Action	Board
<i>Total Regular Session Mins.</i>		6		

Board Members Present: Alper, Batey, Muno, Webb

6.1.5

Draft Public Agenda
Estes Park Health Board of Directors' Executive Session - By TEAMS
Thursday, December 01, 2022
7:00 am - 8:00 am and 9:00 am to 10:00 am
Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Regular Session		Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 7:05 am)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Steve 2nd Bill - 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 Steve 2nd Bill - Unanimous Approval)	1	Action	Board
6	Executive Session Intermission to Enter Public Finance Committee Meeting - Time 8:00 am			
7	Executive Session Resumes Following Ending of Finance Committee Meeting - Time 9:00 am			
8	Adjournment (Motion Steve 2nd Bill - Unanimous Approval Time 11:06 am)	1	Action	Board
<i>Total Regular Session Mins.</i>		6		

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

6.1.6

Estes Park Health Home Health Care
Estes Park Health Home Care and
Estes Park Health Hospice
Professional Advisory Committee
Wednesday November 30, 2022
Timberline Conference Room, Estes Park Health

AGENDA

- I. Welcome
- II. Approve of Previous Minutes, December 3, 2021
- III. People & Culture
 - Staff Recruitment and Retention
 - Personnel files
 - Education
 - Competencies
 - Organizational Structure
- IV. Excellence & Quality
 - Quality Management Program
 - OASIS-C Quality Indicators
 - Hospice Quality Measures--HIS
 - Home Care Quality Measures
 - CASPER Reports
 - Policies and Procedures
 - Computer System
 - Record Review
 - Contracts
 - Licenses
 - Surveys
- V. Customer Service
 - HHCAHPS/ Home Health Care Patient Satisfaction Surveys
 - Home Care Satisfaction Surveys
 - Hospice Satisfaction Surveys
- VI. Financial Management
 - Financial Figures Year to Date
- VII. Community & Services
 - Services We Provide
 - Grant-Funded Programs
 - Volume/Census/Graphs
 - Community

6.2.1



ESTES PARK HEALTH

December 5, 2022

We as the Park Hospital District of Directors have read and understand the written 2022 Agency Evaluation Report from Estes Park Health Home Health Care, Estes Park Health Home Care, and Estes Park Health Hospice.

Dr. David Batey, Park Hospital District Board President

Date

PARK HOSPITAL DISTRICT
December 1, 2022
Memo Re: First Steps for the May 2, 2023
Regular Election

To: Board of Directors, Park Hospital District

From: Sarah E. E. Shepherd

Dear Board:

Thank you for your consideration of our contract to administer your May 2, 2023 mail ballot election. Please note that it's our understanding that the preference for running the election is via an all-mail-ballot election, although the polling place election or mail-ballot election are both options with a "Director-only" election.

I am happy to answer questions today and discuss the proposed contract, included in your packet.

For us to begin working as you Elections Administrator, with myself as the Designated Election Official (DEO) we respectfully request the follow items be review and considered for approval at the Board meeting this evening of December 5, 2022:

1. The Circuit Rider of Colorado Contract;
2. The Election Resolution (with the detail that the election intended is a "Mail Ballot Election");

Please note that printing and mailing costs have increased due to USPS rate increases and to some extent due to inflation costs for paper supply and wages. These are reimbursement-only costs (no upcharge). We expect to have final pricing for these items to report on around December 9.

Since the Election may not be cancelled (there may be more candidates director seat vacancies), our next items of business follow:

1. Coordinating the "Call for Nominations" publication in the legal papers of record and posting on the District's website;
2. Making Self-Nomination forms available to interested candidates on January 1 up through the end of the nomination filing deadline via email/phone/in-person request at our offices and the hospital administration offices, in coordination with Rachel.
3. Obtaining voter and property owner lists from the County Clerk and Recorder's and Assessor's offices, as this is the most time-consuming portion of preparation.
4. Beginning ballot and mailing design, preparing for UOCAVA (overseas Voters) mailings and finalizing printing and mailing costs.

Thank you very much for your consideration and trust in our services. We are very excited to partner with you again to deliver a great election process and result.

Sincerely,
Sarah and Team

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

7.1.1

ELECTION MANAGEMENT SERVICES AGREEMENT

Subject: 2022 Election Services

Date: December 1, 2022

Description: Park Hospital District – Election Services

CIRCUIT RIDER OF COLORADO, LLC (“Consultant”) agrees to perform professional consulting and management services for the PARK HOSPITAL DISTRICT (“District”), in accordance with the terms of this Management Services Agreement (“Agreement”), effective December 5, 2022 (“Effective Date”).

1. DESCRIPTION OF SERVICES TO BE PERFORMED:

Consultant shall provide to the District the special district management/election services as more fully described in the Scope of Work prepared by Consultant and attached as **Exhibit A** (“Services”).

2. TERM OF AGREEMENT:

A. The term of this Agreement shall begin as of the Effective Date and shall expire on December 31, 2023. As a condition precedent to signing/each renewal, the District must make an appropriation of funds sufficient to meet its financial obligations for the Services for the ensuing year.

B. This Agreement also may be terminated by either party in accordance with Section 10, below.

3. COMPENSATION:

In 2022, all services provided by the Consultant are provided at fixed rate of \$14,000 (\$7,000 due at execution of this contract, and \$7,000 due upon the “running of the election,” that is, if the election is not cancelled, billed at \$160/hour, as directed by the Board and/or Deputy Designated Election Official (“DeputyDEO”), plus mileage and supply/ mailing cost reimbursements.

There will be no billing over this amount of \$7,000 until the election is to run.

Additional work above the \$14,000 not-to-exceed amount must be approved prior to the Consultant incurring the expenses, except for mileage and expenses. Any such additional work shall be memorialized email or letter or in the official minutes of the Board meetings. Such additional work that is authorized by the District will be billed at the rate of \$160 per hour.

4. PAYMENT SCHEDULE, TERMS AND CONDITIONS:

Billings for mileage and expenses, and additional pre-approved fees (if any), will be submitted at the beginning of each month for Services performed the previous

month. Payment is due within thirty-one (31) days of receipt of invoice. All accounts not paid within sixty (60) days of Invoice Date may be subject to a finance charge of 18% per annum on the unpaid balance. Late payments will not apply if Consultant is responsible for processing Claims.

5. OWNERSHIP OF WORK PRODUCT/DISCLOSURE:

All information gathered generated, and/or produced in connection with Consultant's performance of this Agreement ("Work Product") shall be and remain the property of the District, whether or not in final form. The District shall be entitled to obtain possession of the entire Work Product at any time. Should the District make use of the Work Product for a use not included under the scope of this Agreement, District shall assume all liability for such reuse.

6. INDEPENDENT CONTRACTOR:

It is understood and agreed by and between the parties that the status of Consultant shall be that of an independent contractor and of a corporation retained on a contractual basis to perform professional or technical services, and it is not intended, nor shall it be construed, that Consultant, or any of its owners, employees, agents or representatives, are an employee of the District, or for any other purpose whatsoever. Without limiting the foregoing, the parties hereby specifically acknowledge that consultant and its owners, employees and agents are not entitled to unemployment insurance benefits unless unemployment compensation coverage is provided by consultant or some other entity besides the District, that consultant and its owners, employees and agents are not entitled to workers' compensation benefits from the District, and that consultant is obligated to pay federal and state income tax on any moneys earned pursuant to this agreement.

7. INSURANCE:

The Consultant shall maintain, at the Consultant's expense, insurance with the amounts set forth below:

- A. Worker's Compensation and Employees Liability: At least statutory limits of \$100,000 each accident; \$500,000 policy limit; and \$100,000 for each employee of Consultant.
- B. Comprehensive General Liability: \$1,000,000 each occurrence and in the aggregate in combined single coverage for bodily injury and property damage.
- C. Automobile Liability: \$500,000 each accident for bodily injury; \$300,000 each person for bodily injury; \$500,000 each accident property damage or: a combined single limit of \$500,000.
- D. Professional Liability: \$2,000,000 aggregate limit.

Certificates of Insurance showing the Consultant is carrying the above-described insurance will be provided to the District, upon request. All certificates of insurance will include language stating that should the insurance policy be canceled before its expiration date the insurance company shall provide 30 days written notice to the District. The District shall be listed as "additional insured" on the comprehensive liability insurance policy/certificates and all automobile liability insurance policy/certificates, upon request. All sub-contractors will be required to meet the same insurance provisions outlined above.

8. INDEMNIFICATION:

Consultant agrees to indemnify and hold the district harmless from and against all claims, liability, damages, suits or actions, and all attorneys' fees, costs and expenses, which may be incurred by or brought against the District on account of an error, omission or negligent or intentional act in the performance of Consultant's Services under this Agreement.

9. COLORADO GOVERNMENTAL IMMUNITY ACT NOT WAIVED:

This Agreement is not intended to waive, and shall not be construed as a waiver of, the limitations on damages or any of the privileges, immunities, or defenses provided to, or enjoyed by, the District and its current and former directors, officers, employees and volunteers under common law or pursuant to statute, including but not limited to the Colorado Governmental Immunity Act, C.R.S. § 24-10-101, et seq.

10. TERMINATION:

Either party may terminate this Agreement upon thirty days written notice without cause. The Consultant may terminate this Agreement for non-payment by the District upon 30 days written notice as stated above. Either party shall be entitled to cure any deficiencies of performance or payment within seven days of being notified in writing of any such deficiency(s). If the District makes payment in full within 15 days of receipt of the written notice, the grounds for termination shall be deemed cured. If the Consultant corrects the deficiency identified in the written notice within seven calendar days of receipt of the notice, or if the deficiency is of such a nature that it cannot reasonably be corrected within seven calendar days, and the Consultant commences a good faith effort to correct the deficiency within 15 days of receipt of notice, the grounds for the termination shall be deemed cured.

11. APPROPRIATIONS STATEMENT:

All direct and indirect financial obligations of District under this Agreement are subject to appropriation, budgeting, and availability of funds to discharge such obligations. Nothing in this Agreement shall be deemed to pledge District's credit or faith, directly or indirectly, to Consultant. In the event the District's governing body fails to appropriate funds for the District's obligations under this Agreement

for a calendar year, this Agreement shall terminate immediately upon the expiration of 30 days from the date of non-appropriation as if notice had been provided by the District to the Consultant in accordance with paragraph 10, and the District shall have no further obligation to Consultant under this Agreement. No provision of this Agreement shall be construed or interpreted (i) to directly or indirectly obligate the District to make any payment in any fiscal year in excess of amounts appropriated for such fiscal year; (ii) as creating a debt or multiple fiscal year direct or indirect debt or other financial obligation whatsoever of the District within the meaning of Article XI, Section 6 or Article X, Section 20 of the Colorado Constitution or any other constitutional or statutory limitation or provision; (iii) as a delegation of governmental powers by the District; (iv) as a loan or pledge of the credit or faith of the District or as creating any responsibility by the District for any debt or liability of any person, company or corporation within the meaning of Article XI, Section 1 of the Colorado Constitution; or (v) as a donation or grant by the District to, or in aid of, any person, company or corporation within the meaning of Article XI, Section 2 of the Colorado Constitution.

12. MISCELLANEOUS:

Colorado law governs this Agreement. This Agreement is the entire agreement between the parties and there are no oral or collateral agreements or understandings. This Agreement may only be amended by a document signed by the parties. If any provision is held invalid or unenforceable, all other provisions shall continue in full force and effect. Waiver of a breach of this Agreement shall not operate or be construed as a waiver of any subsequent breach of this Agreement. This Agreement is not assignable by Consultant or the District without the prior written consent of both parties. This Agreement is not intended to, and shall not confer rights on any person or entity not named as a party to this Agreement. In any dispute arising from or relating to this Agreement, the prevailing party shall be awarded its reasonable attorney's fees, costs and expenses, including any attorneys' fees, costs and expenses incurred in collecting upon any judgment, order or award. This Agreement may be executed in several counterparts and by facsimile, each of which shall be deemed an original and all of which shall constitute one and the same instrument.

13. FORCE MAJEURE:

Neither Party shall be liable to the other for, or be considered to be in breach of or default under this Agreement because of, any delay or failure in performance by such Party under this Agreement to the extent such delay or failure is due to any cause or condition beyond such Party's reasonable control, including weather, acts of god, or COVID conditions and compliance to State and County Health Department requirements. Each Party shall exercise reasonable diligence to overcome the cause of such delay; provided, however, that to the extent the cause of such delay arises from any breach of, or failure by the other Party to perform any of its obligations under this Agreement, the costs and expenses incurred by the Party that has delayed or failed in its performance under this Agreement to overcome the cause of such delay shall be for the account of such other Party.

14. ACCEPTANCE OF AGREEMENT:

Consultant and the District herewith accept the terms and conditions of this Agreement as acknowledged below:

DISTRICT: PARK HOSPITAL DISTRICT

By: _____
_____, President Date: _____

ATTESTED:

By: _____
_____, Secretary Date: _____

CONSULTANT: CIRCUIT RIDER OF COLORADO, LLC

By: _____
Name: Sarah E. E. Shepherd
Title: President
Address: P.O. Box 359
 Littleton, Colorado 80160

Date: _____

EXHIBIT A: SCOPE OF WORK

As the District's Designate Election Official (DEO) and Administrative Manager, Circuit Rider of Colorado, LLC is designated as a representative of the Park Hospital District. Circuit Rider of Colorado, LLC is authorized to act for and on behalf of the District within the scope of this Agreement, and any additional work authorized by the Board. The District Manager will enforce, adhere to and be bound by the established policies and the direction of the Board of Directors of the District. The District Election Administrative Manager will serve the District in accordance with all prevailing applicable laws of any governmental body or agency having jurisdiction over the District, the District Manager, and its agents and consultants.

Circuit Rider of Colorado, LLC will have no right or interest in any of the District's assets, nor any claims or liens with respect thereof, arising out of this Agreement, other than payment for the performance of the duties and responsibilities contained in this Agreement, or, for the performance of the additional special services subsequently assigned by the Board. The DEO may not bind the District to any financial obligation, or obligate the District in any manner, financial or otherwise, except to the extent specifically provided in this Agreement or authorized and/or ratified by the Board.

Circuit Rider of Colorado, LLC will perform the following duties and have corresponding authority to act on behalf of the District in the following matters and in all matters subsequently directed by the Board or Designated Election Official. Circuit Rider of Colorado, LLC will keep the Board and Designated Election Official informed as to the services it provides the District.

GENERAL SERVICES

- A. Agent of the District:** Circuit Rider of Colorado, LLC and its professional and administrative staff will serve the District and its Board and as the Election Manager "Manager," and Sarah Shepherd will serve at the Designated Election Official, "DEO," and Adam Johnson will serve as Deputy DEO. The Manager and DEO will communicate with constituents, consultants, governmental and regulatory agencies, on behalf of the District and its Board and Deputy DEO, as requested, during the election process and completion.
- B. Bi-Annual Elections:** The Election Manager will coordinate with Legal Counsel to provide election administration, including preparation of election materials, lists, and publications, meeting the compliance calendar, legal notices, coordinate with the Department of Local Affairs, County department, for election trainings, voter lists, and conduct of the election.

Circuit Rider of Colorado, LLC and its professional and administrative staff will communicate with constituents, consultants, governmental and regulatory agencies, on behalf of the District and its Board. The Election Manager will coordinate with the Designated Election Official regarding the supervision of the election operations.

- C. Advisor to the Board:** The Election Manager and DEO will act as advisor and consultant to the District, its Board, and Deputy Designated Election

Official. The Election Manager and DEO will keep the Board and Deputy Designated Election Official informed of any matters that, in the opinion of the Designated Election Official, requires the attention of the Board.

- D. Reports to the Board, Consultants, and Constituents:** The Election Manager will provide reports in person, by telephone and electronic media (e-mail), and written communications, regarding matters of a material nature in a timely manner to the Board, Deputy Designated Election Official, other consultants, contractors and constituents. Through coordination with Legal Counsel, the Election Manager will respond to reasonable requests for information in accordance with the Open Records Act and other federal, state, and local laws. Upon reasonable notice, the District's employees, representatives, and agents shall have access to all records generated, received and/or maintained by Consultant in the performance of this Agreement during normal business hours.
- E. Coordination with Other Governments/Agencies/Associations:** Circuit Rider of Colorado, LLC will coordinate with the Board, Deputy Designated Election official, County officials, accountant, auditor, and with Legal Counsel, as needed, for proper and timely compliance and report submissions with/to Federal, State, the judicial court system, and other local governments and their departments with regulatory agencies as required by law; and with associations such as the Special District Association.
- F. Elections Judge Training and Election Day Oversight:** The Election Manager will coordinate with the Deputy Designated Election Official, legal counsel, and its staff and/or district residents or representatives to serve as election judges upon request to ensure the proper coordination and procedures for ballot processing and counting.

EXHIBIT B

2023 ELECTION EXPENSE COST ESTIMATE:

*Note that mailing and expenses are estimates only, as these services and materials are subject to change and are not directly provided by the contractor

2023 Cost Estimates, based on prior year cost

Election Document Printing, Counting estimate \$24,721

Postage (see attachment below) \$4,402

UOCAVA Mailing and Printing \$350

Poll Book/Retention/Filing Documents \$50

Election Judges \$2,000

Larimer County Voting Lists \$65-\$100

Mileage 3-4 Trips \$200-\$300

Estimated Total: \$31,923.10

Attachment: Ballot Printing and Mailing Costs by Unilect

7.1.10

RESOLUTION 2022-03

**FOR THE REGULAR ELECTION TO BE HELD MAY 2, 2023
APPOINTING A DESIGNATED ELECTION OFFICIAL
AND AUTHORIZING THE DESIGNATED ELECTION OFFICIAL
TO DECLARE THE CANDIDATES ELECTED AND CANCEL THE ELECTION
IF THE NUMBER OF CANDIDATES IS NOT MORE THAN
THE NUMBER OF OFFICES TO BE FILLED**

WHEREAS, a regular special district biennial election for Board Candidates of the Park Hospital District shall be conducted in accordance with Local Government Election Code, Title 1, Article 13.5, C.R.S., and all laws amendatory thereof and supplemental thereto; and

WHEREAS, the terms of office of Directors Alper, Pinkham, and Muno, shall expire after their successors are elected at the regular election to be held on May 2, 2023 (“Election”), and take office; and

WHEREAS, in accordance with the provisions of the Special District Act (“Act”) and the Uniform Election Code (“Code”), the Election must be conducted to elect three (3) Directors to serve for terms of three (3) years;

WHEREAS, pursuant to § 1-1-111(2), C.R.S., the Board of Directors of the Park Hospital District is authorized to designate an election official to exercise the statutory authority of the Board in conducting an election pursuant to Local Government Election Code, Title 1, Article 13.5, C.R.S., and all laws amendatory thereof and supplemental thereto; and

WHEREAS, pursuant to § 1-5-208, C.R.S., the Board can authorize the Designated Election Official to cancel the election upon certain conditions.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS FOR THE PARK HOSPITAL DISTRICT THAT:

- (1) The Board hereby names Sarah Shepherd as Designated Election Official and Rachel Ryan as Deputy Designated Election Official for the regular biennial special district election scheduled for May 2, 2023; and
- (2) The Board hereby authorizes the Designated Election Official to publish and post a Call for Nominations in the legal newspaper of circulation and on the District’s website, between 100 and 75 days (January 22, 2023 - February 16, 2023) before the regular special district election; and
- (3) The Board further authorizes and directs the Designated Election Official to cancel said election and declare the candidates elected if, at the close of business on the sixty-third (63rd) day before the election (February 28, 2023), there are not more candidates for director than offices to be filled, including candidates filing affidavits of intent to be write-in candidates; and
- (4) The Board further authorizes and directs the Designated Election Official to publish and post notice of the cancelation in the offices of the Designated Election Official, Clerk and Recorder of each county in which the district is located, and file the notice with the Division of Local Government. In such event, the Designated Election Official shall also notify the candidates that the election was canceled and that they were elected by acclamation; and
- (5) Mail-In Voter Ballot Applications. Pursuant to Section 1-8-104, C.R.S., that applications for mail-in voter’s ballots may be filed with the Designated Election Official at 1100 W Littleton Blvd., #101, Littleton, Colorado 80120, between the hours of 10:00 a.m. and 4:00 p.m., not earlier than January 1, 2023 until the close of business on the Friday immediately preceding the Election, except that if the applicant wishes to receive the mail-in ballot by mail, the application shall be filed no later than 5:00 P.M. on the 7th day prior to the election; and
- (6) Severability. If any part or provision of this Resolution is adjudged to be unenforceable or invalid, such judgment shall not affect, impair or invalidate the remaining provisions of this Resolution, it being the Board’s intention that the various provisions hereof are severable; and

- (7) Repealer. All acts, orders, and resolutions, or parts thereof, of the Board which are inconsistent or in conflict with the Resolution are hereby repealed to the extent only of such inconsistency of conflict; and
- (8) Effective Date. The provisions of this Resolution shall take effect January 1, 2023.

ADOPTED AND APPROVED this 5th day of December, 2022.

PARK HOSPITAL DISTRICT

By: _____
David M. Batey, Chair

ATTEST:

Diane Muno, Secretary

CEO Report

Estes Park Health

Board of Directors

December 5, 2022

December 2022 Year End Update – Strategic Actions

- Implemented Actions
 - Chemotherapy Service Restart
 - Chargemaster Update and Implementation
 - Workforce/Organization Optimization
 - On-Call Housing
 - Information Technology cost reductions

December 2022 Year End Update – Strategic Actions

- Actions Being Implemented
 - Obstetric Deliveries Service Transfer
 - Inpatient Pediatric Service Transfer
 - Home Health, Home Care, and Hospice Optimization
 - Revenue Cycle Process Optimization
 - Diabetic/Nutrition Education Service Addition
 - Medical Staff Development Planning

December 2022 Year End Update – Strategic Actions

- New Strategic Actions
 - Detailed assessment of current and future financial performance
 - EPH Leadership to develop 3 – 5 year service and financial plan

Questions?



ESTES PARK HEALTH

Operations & Capital Budget Explanation for Fiscal Year January 1, 2023 – December 31, 2023

Prepared for Board of Directors Meeting
December 5, 2022
5:30 PM to 7:30 PM

Table of Contents

Estes Park Health (EPH) – Executive Summary.....	2
Fiscal Year (FY) 2022 Initiatives that will Create Positive Impact on FY 2023 Budget.....	3
Activities and Initiatives Targeted for Achievement in FY 2023.....	3
Budget Process.....	5
Budget Assumptions FY 2023.....	6
Budgeted Net Patient Revenue FY 2023.....	7
Revenue Chart.....	7
Expense Chart #1.....	8
Expense Chart #2.....	8
Uncertainties & Expense Challenges FY 2023.....	9
Capital Expenditures FY 2023.....	9
Conclusion.....	10
Appendix #1 - Draft Operating Budget FY 2023.....	11
Appendix #2 - Draft Capital Budget FY 2023.....	12
Appendix #3 - Draft Statistical Information.....	14

Operations Budget Executive Summary

Since the onset of the COVID pandemic, healthcare delivery in Estes Park, regionally and nationally has been evolving and challenging Critical Access Hospitals like Estes Park Health (EPH) to evolve and adapt to remain successful at serving its community. In fiscal year (FY) 2023, EPH will continue to face staffing challenges created by workforce shortages while also dealing with rising expense costs for supplies, drugs, and equipment. This budget identifies fiscal resources allocated to patient quality and safety, people resources, information technology and reducing expenses or adding organizational revenue where possible. The process of modeling and/or predicting fiscal year 2023 operating performance was thorough and extensive.

EPH anticipates the number of individuals who receive patient care will remain like FY 2022 (refer to Appendix #3 for statistical information). Based upon these statistical service projection assumptions, EPH will generate an increase in net assets of **\$1,235,016** and Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA) of **\$5,131,694**. EPH's operating loss will be approximately (\$3,902,670) representing a \$5,693,597 improvement when compared to 2022's projected operating loss of (\$9,596,267). Refer to the summary table below for executive summary budget details:

	2023 BUDGET
TOTAL PATIENT REVENUE	109,723,572
Contractual Adjustments	(50,198,534)
NET PATIENT REVENUE	59,525,038
Other Revenue	374,600
TOTAL OPERATING REVENUE	59,899,638
TOTAL OPERATING EXPENSES	63,802,308
OPERATING INCOME (LOSS)	(3,902,670)
Non-Operating Revenue	4,837,686
EXCESS REVENUES/(EXPENSES)	935,016
Gifts to Purchase Capital Assets	300,000
INCREASE (DECREASE) IN NET ASSETS	\$ 1,235,016
EBITDA - Earnings Before Interest, Taxes, Depreciation, and Amortization	\$ 5,131,694
<i>Total Margin %</i>	<i>2.06%</i>

Capital Budget Executive Summary

The capital budget plan of \$3,232,250 includes \$500,000 in contingency funding to provide for potential equipment replacements as needed. Capital purchases will be prioritized according to patient quality and safety needs. Each item will be individually vetted by EPH management prior to capital approval and purchase.

Fiscal Year 2022 Initiatives that will Create Positive Impact on FY 2023 Budget

During FY 2022, many strategic items were achieved and will assist with improving EPH margin in 2023. A few key initiatives include:

- EPH partnered with UCHHealth and re-established Chemotherapy services. This partnership helps sharpen EPH staff skills via educational opportunities and work rotations at a major cancer center. EPH estimates 20 patients will consistently utilize the services of this programming.
- EPH conducted a chargemaster review to test and manage regulatory compliance, as well as examine and adjust charge structures.
- EPH adjusted its organizational structure and reduced its overall management structure. Additionally, leadership development classes were designed and implemented.
- EPH reduced overall expenses by designing 14 campus based on call – sleeping rooms and eliminating expensive rental properties.
- EPH realized information technology savings by sunsetting various software and hardware items no longer needed in the delivery of patient care activities.
- EPH hired and onboarded several physicians that will provide patients of the Estes Valley with quality care including podiatry, ophthalmology, family medicine, internal medicine, and radiology.

Activities and Initiatives Targeted for Achievement in FY 2023

Throughout FY 2023, budget resources will be deployed to drive the organization to accomplish the following items:

Pursuit of Quality. Estes Park Health is committed to maintaining and improving excellent patient outcomes. Additionally, EPH will provide patients safe and person-centered care. EPH will pursue improvement of patient outcomes through quality measurement, continuous quality improvement (QI), and adoption of best practices. Critical to shaping and accelerating EPH's pursuit of quality efforts are DNV (a quality accrediting organization) and the Centers for Medicare & Medicaid Services' (CMS) via its specified Conditions of Participation (CoPs). EPH will:

- Continue to invest in personnel to develop EPH's quality improvement programming and the deployment of appropriate resources to improve quality of care.
- Invest in staff educational opportunities designed to improve quality of care.
- Continue to improve community health via planned service line additions including diabetic/nutrition education service, cardiopulmonary rehabilitation programming, cardiac rehabilitation programming, etc.
- Allocate funding and continue to participate in the Hospital Transformation Project (HTP).
- Invest in hospital wide patient experience team.

Developing People Resources. The COVID-19 pandemic has deeply altered the healthcare workforce. Caregivers worked tirelessly to provide lifesaving care and protect communities. Staff has become exhausted and across the nation, including Colorado and Estes Park, many healthcare professionals have left their jobs. This has resulted in an increased reliance on contract labor from healthcare staffing firms who leveraged the staffing shortage to charge an exorbitant rate to hospitals just to have the staff needed to maintain care. At the same time, hospitals are competing for the same competition offering sign-on bonuses and significant wage rate increases, challenging staff's commitment to Estes Park Health in a time of increasing inflation.

Support departments were also affected as they competed with other industries to fill non-clinical positions amidst the “Great Resignation.” This has affected multiple departments including, registration, scheduling, housekeeping, and other departments of the hospital.

The 2023 Operating Budget includes significant investment to facilitate recruitment and retention of all employees, including licensed professionals. This investment and its effects will not occur overnight, so an overlap of both higher employed labor costs and contract labor will occur during this transition. Wages are anticipated to increase by 18% in 2023. Approximately 5% has been budgeted for general employee wage increases while approximately 13% of the 18% wage increase represents filling several temporary or locum positions with full time equivalent EPH employees.

From a benefits perspective, EPH is challenged by a smaller labor pool along with an increased rate of consumption of health care insurance compared to previous years. The result of small pool and increased use has caused EPH benefits to increase by 20% during FY 2023.

Professional Fees/Contract Labor is budgeted to decrease by 20%. About 50% of this change is due to decreased inpatient pediatric and obstetric call coverage being eliminated. The remainder of the savings in this category was achieved via elimination of contract nurses, contract radiologic technicians and contract laboratory professionals. These changes will be gradual during FY 2023, but plans have been developed to shift from contract labor to full time equivalent employees. Key initiatives for 2023 include:

- Wage and compensation adjustments.
- Devising, developing, and implementing plans to recruit and employ thus decreasing the reliance of agency or locum staffing.
- Deploy fiscal resources to be used for employee education opportunities.
- Manage challenges of multi-generational workforce.

Information Technology Improves Patient Outcomes. Increasing expectations exist with patients, providers, and families to use information systems and technology as a tool to effectively manage care and improve care quality in an integrated, clinically driven system of care. EPH will:

- Sunsetting IT applications and products that EPH no longer uses since it’s switch to EPIC from various other systems.
- Analyze and eliminate organizational software and hardware to achieve cost savings.
- Investment in hardware and software to protect the personal health information of patients and secure business transaction data.
- Invest in hardware and software that positively affects quality of patient care.

Fiscal Health. Via operational expense elimination and revenue stream addition, EPH will engage key organizational stakeholders in the development and implementation of operational plans that will enable EPH to move *toward a break-even to 3% operating margin*. To achieve this goal EPH will:

- Transfer obstetric deliveries service to UCHHealth by end of 2022.
- Transfer inpatient pediatric service to UCHHealth by end of 2022.
- During 2023, EPH will find and transition Home Health, Home Care, and Hospice to an operational partner.
- Optimize EPH’s revenue cycle process.
- Complete a Medical Staff Development Plan to analyze potential for new revenue stream opportunities.

Budget Process

During the drafting process, EPH senior management considered many contingencies that affect the budget and budget build process. In particular, the budget process must be matched with circumstances concerning the specific local and regional environment in which the hospital operates utilizing a bottom-up budgeting method that starts at the department level and incorporates all levels of the organization. Key steps in EPH budget development for FY 2023 include:

- 1.) The eight months ended August 2022 departmental revenue and expense information was distributed to the Senior Leadership Team and the Senior Directors to aid them in preparing their respective departmental revenue and expense budgets. The Senior Directors, in partnership with their respective Senior Leader, then developed the first version of the 2023 budget.
- 2.) We then had a group meeting with the Senior Leadership Team and Senior Directors for the following purposes:
 - Stress that they would be responsible for developing and adhering to their budget.
 - Emphasize the concept that they should treat their department(s) as if it was their business.
 - Encourage open, frank discussion amongst all participants.
 - Promote teamwork.
 - Encourage sharing of successes and challenges.
- 3.) The group then went back, looked at the nine months ended September 2022 information for potential updates and considered possible changes.
- 4.) This departmental product was then shared with their respective Senior Leader for discussion, challenges, and potential changes at several individual meetings. In addition, the Finance Department reviewed the individual budgets and raised questions for the respective Senior Leader and Senior Director to consider.
- 5.) After this, a second group meeting was held with the Senior Leadership Team and Senior Directors. As with the first group meeting, there was open discussion, questions, and great team camaraderie. As a result, more budget changes were made.
- 6.) Another set of individual meetings was then held between the respective Senior Leader and Senior Director to make final budget changes.
- 7.) Finally, CEO met with each Senior Director and his/her Senior Leader to review their respective budget(s).
- 8.) Running parallel with the operating budget development, the Senior Leadership Team and Senior Directors developed the three-year capital budget which was subjected to the same process as described above for the operating budget. The capital budget will not necessarily be all spent. We'll continue to follow the practice of having the Senior Leadership Team review and approve the item before it's committed to. In addition, priority will be given to patient care items. Since the capital budget total approximates depreciation, cash will be preserved, and our average age of plant will remain relatively constant if all the budgeted items are acquired.

Budget Assumptions FY 2023

CHARGES:

Assumed primarily the same volumes as anticipated 2022 while considering the new Radiologist and new Podiatrist, return of Ophthalmologist all of whom started in mid-2022.

Increased charges 10%. In doing so, EPH considered the 8.7% Social Security increase for 2023 and a June year-end facility that raised their rates 4-6% on July 1, 2022, and indicated that a double digit increase effective, July 1, 2023, "is not out of the question".

We also implemented various additional charge increases as recommended by the chargemaster study.

CONTRACTUAL ADJUSTMENTS:

Historical trends and expected cost increases (since we're a Critical Access Hospital) were considered and factored into the budgeted amounts. We anticipate contractual adjustments to be 44% of revenue up from 43.5% in 2022 projected and 41.2% in 2021 actual.

BAD DEBTS:

Historical trends and the recently completed Patient Financial Services recommendations were considered and factored into the budgeted amounts.

WAGES:

The market salary increases implemented in late 2022 were carried over into 2023.

There's a budgeted salary increase included in the budget.

The planned shift from contract labor to more employed staff was implemented in the budget.

BENEFITS:

The expenses derived by the Human Resources consultant were used in the budget.

Health insurance expenses increased 22% with the Hospital absorbing 13% of the increase.

PROFESSIONAL FEES/CONTRACT LABOR:

The planned decrease in contract labor with the associated increase in employed staff was implemented in the budget. In addition, approximately half of the decrease is attributable to changes in locum on call physician fees.

BALANCE OF OPERATING EXPENSES:

We used a combination of bid prices and industry expected price increases.

INVESTMENT INCOME:

The large positive change is attributed to immaterial, anticipated unrealized gains in 2023 and higher yields on the portfolio.

OTHER NET NON-OPERATING:

This represents the anticipated Employee Retention Credit proceeds.

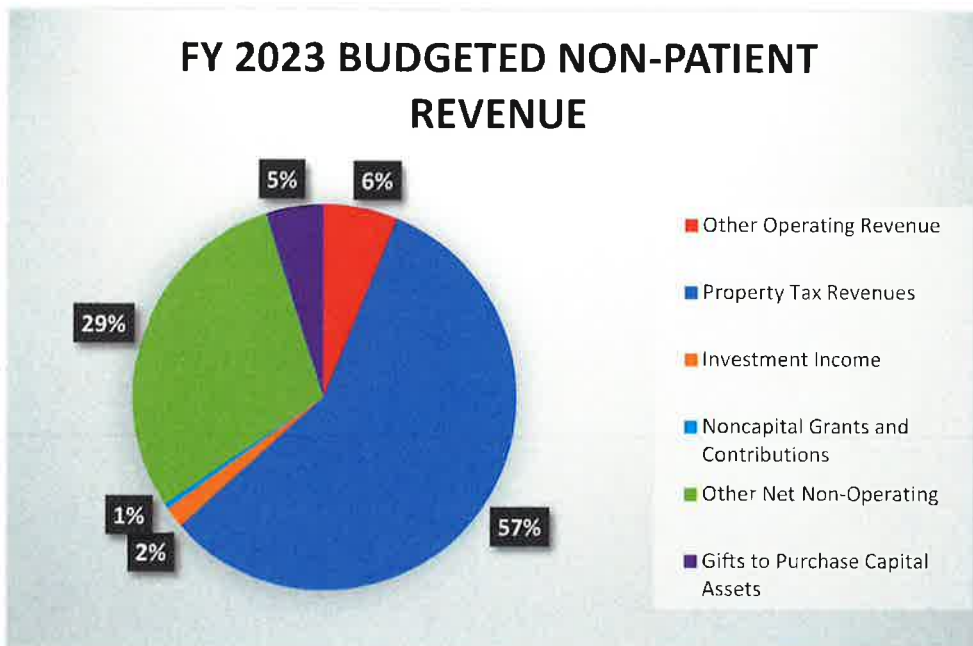
GIFTS TO PURCHASE CAPITAL ASSETS:

This line budgets the anticipated monies the Foundation will raise for the fluoroscopy unit.

Budgeted Net Patient Revenue FY 2023

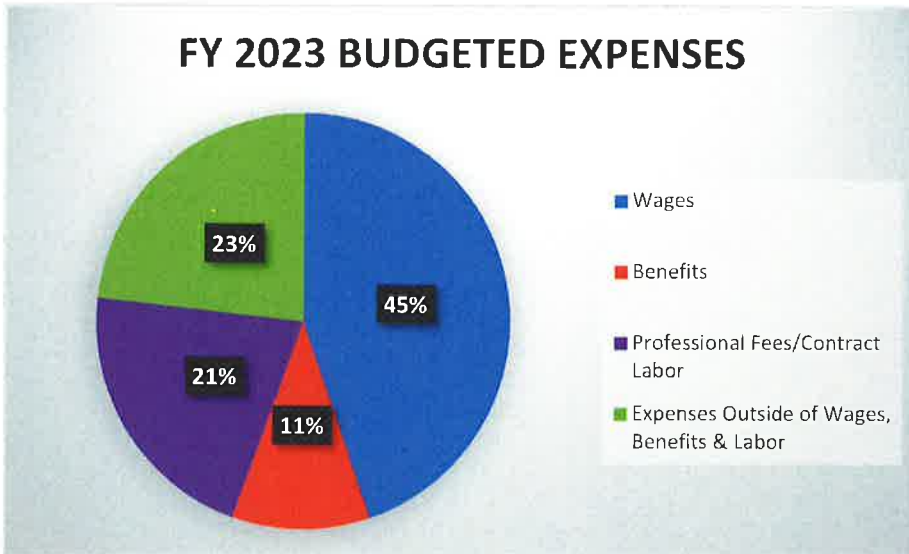
The Estes Park Health total patient revenue budget for FY 2023 is estimated to be \$109 million. EPH anticipates a contractual discount rate of approximately 45.8 percent. The net revenue for FY 2023 will be approximately \$59 million. The \$59 million in net revenue is approximately 16% greater than the projected FY 2022 total of \$51.6 million. Much of the growth in net revenue modeled in FY 2023 budget is a combination of physician employment and rate changes for hospital charges. During 2022 EPH employed a podiatrist, radiologist, family medicine, ophthalmology, and internal medicine physician. The full impact of these physicians and their service will assist in generating additional margin. Additionally, new revenue to EPH will be generated via chemotherapy, lab testing, general surgery, diagnostic imaging, and rehabilitation therapy additions to existing service lines. Finally, approximately 10% of the revenue increase is attributed to charge increases for hospital and clinic services.

Revenue Chart



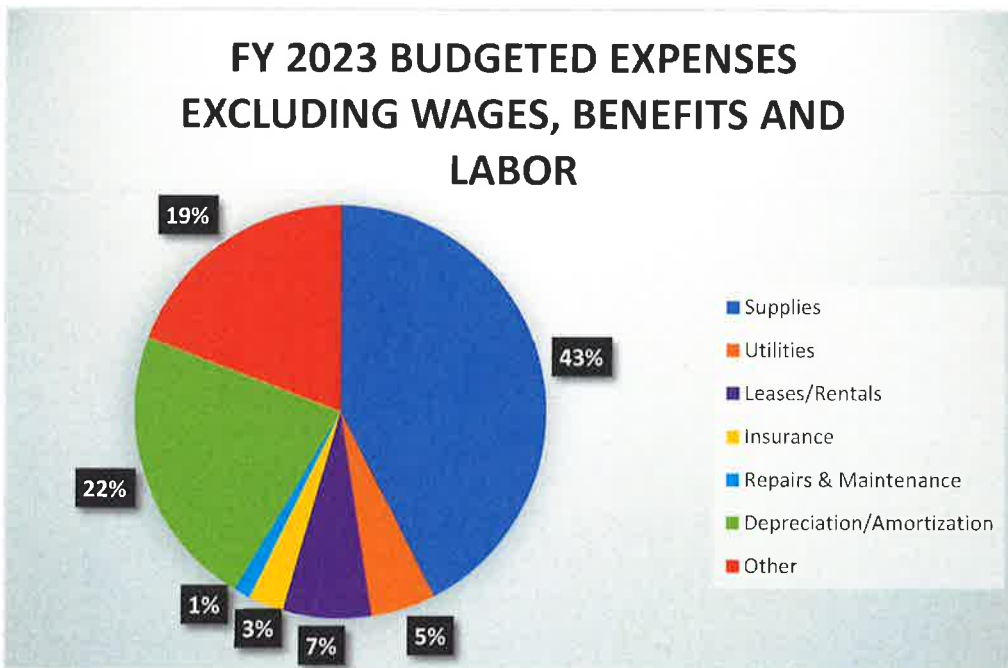
57 percent of the FY 2023 budgeted non-patient revenue is funded via a tax levy of 7.505 mills which is projected to generate approximately \$3.5 million in FY 2023. The next largest slice of non-patient revenue approximately \$1.8 million or 29 percent is employee retention credit revenue. This combination of property tax revenues and employee retention credits represent 86 percent of the non-patient revenue.

Expense Chart #1



Expense Chart #1 identifies that 56 percent of budgeted expenses are payroll related costs for EPH.

Expense Chart #2



Expense Chart #2 is a graphical depiction of Estes Park Health FY 2023 budgeted expenses less wages, benefits, and labor. Supplies and Depreciation and Amortization represent 65% of these expenses.

Uncertainties & Expense Challenges FY 2023

Total Estes Park Health operating expense is projected to increase by 4 percent in the FY 2023 budget.

Multiple items contributed to the 4 percent change in total operating expense:

- Wages are expected to change in FY 2023 by approximately 18 percent or approximately \$4.3 million in FY 2023. The total payroll for EPH in FY 2023 will be \$28.5 million. EPH has budgeted for approximately 5 percent in wage increases during 2023.
- The cost to secure and administer benefits to employees has increased by approximately \$1.1 million representing a 20 percent increase.
- Supplies are estimated to change in FY 2023 by 8 percent, or approximately \$464K to a total of \$6.3 million.
- Utility costs will increase by 16% to \$757k for FY 2023.
- Repairs and maintenance costs will increase 17% or \$30k for FY 2023. EPH physical plant is slowly aging and is requiring more attention to keep the plant in good operating condition.

Perhaps the most important idea to be gleaned from the change in these expenses is the trend of expense increase, while tolerable in the short-term, is not sustainable long term. The key to EPH long-term sustainability will be to create efficiency of operation by seeking ways to spread administrative overhead with new partnerships and implementing opportunities for “new” revenue growth.

Capital Expenditures FY 2023

The Capital Budget for FY 2023 contains \$2,792,250 million in **potential** expenditures and \$440,000 **committed** expenditures for a total of \$3,232,250. Note that the operational budget accounts for \$3.3 million in depreciation expenses and that we have outlined \$3.2 million in capital replacement. EPH is slowly depleting its capital resources and its age of plant is increasing. Please refer to the table below for capital expenditures by category:

Category	FY 2023 Budget	
Facility Projects	\$ 722,000	22%
Information Technology	285,750	9%
Medical Equipment	1,587,500	49%
Other	137,000	4%
Contingency Capital	500,000	15%
Total	\$ 3,232,250	

Additionally, EPH is continuously assessing its facilities, equipment, and technology to determine the priorities for replacement, repair, and any new acquisitions. The assessment and prioritization methodology addresses patient safety, building safety and code-compliance requirements, planned equipment obsolescence, and new technology. The process of determining capital allocation is a very involved process. However, during FY 2023 operations, capital purchases will be evaluated on an individual basis and purchase will be determined by EPH cash flow, cash availability, patient volumes, and patient safety needs.

Conclusion

FY 2023 will be challenging, however, the fiscal year 2023 Operating and Capital Budgets represent Estes Park Health's commitment to take care of people, patient safety, and advancement of the health status of the citizens of the Estes Valley.


Appendix #1 - Draft Operating Budget FY 2023

	2021 ACTUAL	APPROVED 2022 BUDGET	2022 PROJECTED	2023 BUDGET	DRAFT 2023 to		
			(using YTD Sept actuals + Oct thru Dec budget)		PROJ 2022	% Change	
PATIENT REVENUE							
Inpatient Revenue	\$ 9,991,032	\$ 12,547,534	\$ 9,983,268	\$ 11,810,244	\$ 1,826,976	18%	
Outpatient Revenue	79,786,577	82,478,527	84,126,434	97,913,328	13,786,894	16%	
TOTAL PATIENT REVENUE	89,777,609	95,026,061	94,109,702	109,723,572	15,613,870	17%	
Less: Contractual Adjustments	(36,976,072)	(41,336,334)	(40,932,503)	(48,278,372)	(7,345,869)	18%	
Less: Bad Debt	(1,614,708)	(1,662,959)	(1,987,743)	(1,920,163)	67,580	-3%	
Contractual Adjustments	(38,590,780)	(42,999,293)	(42,920,246)	(50,198,534)	(7,278,288)	17%	
	-43.0%	-45.3%	-45.6%	-45.8%			
NET PATIENT REVENUE	51,186,829	52,026,768	51,189,456	59,525,038	8,335,582	16%	
			54.4%	54.3%		0%	
Other	662,750	629,500	430,626	374,600	(56,026)	-13%	
TOTAL OPERATING REVENUE	51,849,579	52,656,268	51,620,082	59,899,638	8,279,556	16%	
EXPENSES							
Wages	23,638,497	25,399,882	24,214,686	28,538,698	4,324,012	18%	
Benefits	5,624,828	6,542,802	5,747,539	6,874,360	1,126,821	20%	
Professional Fees/Contract Labor	13,428,646	13,457,033	16,946,569	13,559,619	(3,386,950)	-20%	
Supplies	5,481,086	5,919,628	5,828,436	6,292,625	464,189	8%	
Utilities	667,295	621,090	649,960	756,840	106,880	16%	
Leases/Rentals	1,106,350	1,317,262	1,162,857	1,034,808	(128,049)	-11%	
Insurance	368,994	343,865	390,333	402,000	11,667	3%	
Repairs & Maintenance	417,903	129,900	172,021	202,112	30,091	17%	
Depreciation/Amortization	3,231,691	3,254,492	3,303,814	3,296,678	(7,136)	0%	
Other	2,747,146	2,721,529	2,800,134	2,844,568	44,434	2%	
TOTAL OPERATING EXPENSES	56,712,436	59,707,483	61,216,349	63,802,308	2,585,959	4%	
OPERATING INCOME (LOSS)	(4,862,857)	(7,051,215)	(9,596,267)	(3,902,670)	5,693,597	-59%	
Property Tax Revenues	3,284,513	3,499,500	3,508,459	3,499,186	(9,273)	0%	
Interest Expense	(416,164)	(402,600)	(499,865)	(600,000)	(100,135)	20%	
Investment Income	(93,818)	55,500	(863,980)	108,500	972,480	-113%	
Gain on Disposal of Capital Assets	(49,750)	-	-	-	-		
Noncapital Grants and Contributions	57,867	75,000	33,374	30,000	(3,374)	-10%	
Other Net Non-Operating	11,620,908	2,752,500	331,020	1,800,000	1,468,980	444%	
Total Non-Operating	14,403,556	5,979,900	2,509,008	4,837,686	2,328,678	93%	
EXCESS REVENUES/(EXPENSES)	9,540,699	(1,071,315)	(7,087,259)	935,016	8,022,275	-113%	
Gifts to Purchase Capital Assets	175,913	450,000	533,995	300,000	(233,995)	-44%	
INCREASE (DECREASE) IN NET ASSETS	\$ 9,716,612	\$ (621,315)	\$ (6,553,264)	\$ 1,235,016	\$ 7,788,280	-112%	
EBITDA - Earnings Before Interest, Taxes, Depreciation, and Amortization							
	\$ 13,364,467	\$ 3,035,777	\$ (2,749,585)	\$ 5,131,694			
Total Margin %	18.74%	-1.18%	-12.70%	2.06%			

7.4.11

7.4.12

Appendix #2 - Draft Capital Budget FY 2023
Fiscal Years 2023, 2024, 2025 Projected Capital Expenditures

 2023 Capital Budget		Budget Amount	Priority	2023	2024	2025
Department	Equipment Item					
Surgery	Microscope	\$ 155,000	\$ 155,000			
Surgery	Myosure	30,000	30,000			
Surgery	OR beds	87,000		87,000		
Surgery	Scope cleaner	60,000	60,000			
Surgery	Phaco	70,000	70,000			
Surgery	Drill set	45,000		45,000		
Surgery	Main sterilizing unit	130,000		130,000		
Surgery	Ultrasonic	80,000		80,000		
Lab	Axion Luminos Agile Max	550,000		550,000		
Admitting	Affiliate Automated Estimation with UCHealth	40,000	40,000			
Admitting	Affiliate Authorization Automation with UCHealth	16,750		16,750		
MedSurg	Replace EKG on M5	20,000			20,000	
Clinic	Optos Fundascope (replacement)	85,000	85,000			
Clinic	Optive upgrade and repairs	13,000		13,000		
Clinic	Yag Laser (ophthalmology) replace	47,000		47,000		
Clinic	Atlas Topographer	25,000		25,000		
Clinic	Philips EKG	8,500		8,500		
Clinic	Cardiac Ultrasound	161,000		161,000		
Clinic	Optovue (replacement)	55,000			55,000	
Clinic	Vaccine Refrigerator	6,000				6,000
EMS	Medication Infusion Pumps	20,000		20,000		
EMS	Philips Tempus Cardiac Monitor	38,000		38,000		
EMS	Ambulance	250,000			250,000	
EMS	Stryker Stretcher (1)	23,000			23,000	
EMS	Stryker Stretcher (1)	23,000				23,000
EMS	Lucas CPR Machine	21,000				21,000
Diagnostic Imaging	DEXA Machine	30,000		30,000		
Diagnostic Imaging	Breast MRI CAD	TBD			TBD	
Diagnostic Imaging	MagView	TBD			TBD	
Respiratory Therapy	PFT Machine	65,000			65,000	
IT	UKG Dimensions	159,000		159,000		
EE Housing	Washer/dryer installation Aspen Hall	14,000		14,000		
Facilities	Decontamination build-out in ED	175,000		175,000		
Facilities	Upgrade Timberline and Evergreen hallways, plumbing, etc	24,000		24,000		

7.4.13

Facilities	Cafeteria move to old LC dining room (no capital costs)	-					
IT	Physical IT server replenishment and storage replacements	110,000		110,000			
Facilities	Eight additional badge-RFID locks	36,000		36,000			
Facilities	Two two-sided clothes washers and installation	38,000		38,000			
Facilities	Multi-year HVAC controls and upgrades continuation	290,000		290,000			
Facilities	Multi-year condenser/refrigerant upgrades	45,000		45,000			
Facilities	Administrative corner (first floor) remodeling for clinical use	35,000		35,000			
Facilities	Chemo/infusion remodeling	TBD		TBD			
Facilities	Ultraviolet room disinfectant	50,000		50,000			
Facilities	Door work to accomplish secure MedSurg unit	65,000		65,000			
Facilities	eICU construction considerations	225,000				225,000	
IT	Physical IT server replenishment and storage replacements	110,000				110,000	
Facilities	Eight additional badge-RFID locks	40,000				40,000	
Facilities	Window replacement project partial MedSurg	80,000				80,000	
Facilities	Multi-year HVAC controls and upgrades completion	220,000				220,000	
EE Housing	Condo/house renovations	130,000				130,000	
Facilities	Boiler replacement	28,000				28,000	
Facilities	Radio buildout within building for 100% coverage	160,000				160,000	
Facilities	Deinstall Evergreen 40-year-old plumbing	130,000				130,000	
Facilities	Multi-year condenser/refrigerant upgrades	45,000				45,000	
Facilities	Warehouse expansion to handle additional services & storage	200,000				200,000	
Facilities	Courier van for laundry, lab, MM	15,000					15,000
Facilities	Eight additional badge-RFID locks	42,000					42,000
Facilities	Window replacement project partial MedSurg	80,000					80,000
EE Housing	Condo/house renovations	110,000					110,000
Facilities	Resurface back lots	180,000					180,000
Facilities	Partial roof replacements	400,000					400,000
Facilities	Multi-year condenser/refrigerant upgrades	45,000				45,000	
Facilities	Electrical generator upgrades replacement	550,000					550,000
	CONTINGENCY and TBD ITEMS	500,000		500,000			
	Total	\$ 6,485,250	\$ 440,000	\$ 2,792,250	\$ 1,826,000	\$ 1,427,000	

Appendix #3 - Draft Statistical Information

	12.31.21 actual	12.31.22 projected	12.31.23 budget
Medical/surgical patient days	804	776	790
Swing bed patient days	195	248	200
Observation days	471	665	700
Total patient days	1,470	1,689	1,690
Total surgeries	432	406	454
Emergency room visits	4,560	5,400	5,405
Urgent Care visits	4,047	6,098	6,280
Clinic visits	32,319	33,564	33,500
Diagnostic imaging tests	13,351	13,471	13,605
Lab tests	77,822	87,140	103,697
Rehab visits	8,197	11,184	12,343
Ambulance trips	2,100	2,010	2,055
Home Health visits	5,035	3,933	4,320
Hospice days	1,723	1,575	1,560
Pharmacy requisitions	53,808	65,639	63,014

7.4.14



PARK HOSPITAL DISTRICT (d/b/a Estes Park Health)

RESOLUTION 2022-04

RESOLUTION TO DETERMINE MILL LEVY YIELD

A RESOLUTION LEVYING GENERAL PROPERTY TAXES FOR THE YEAR 2023, TO HELP DEFRAY THE COSTS OF GOVERNMENT FOR THE PARK HOSPITAL DISTRICT, d/b/a ESTES PARK HEALTH, FOR THE 2023 BUDGET YEAR.

WHEREAS, on December 5, 2022, the Board of Directors of the Park Hospital District adopted the District's annual budget, in accordance with the Local Government Budget Law; and

WHEREAS, the computed amount of tax Revenue from the Mill Levy, for the District's budget for the General Fund and Capital Projects Fund, is \$3,261,977; and

WHEREAS, the valuation for assessment for the District as recently certified by the County Assessor is \$434,640,503.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT:

Section 1. That, for the purpose of meeting all general operating expenses of the District during the District's 2023 budget year, there is hereby levied a tax of 7.505 mills upon each dollar of the total valuation for assessment of all taxable property within the District for the previous year (tax year).

Section 2. That, for the purpose of meeting all the District's debt service payments during the 2023 budget year, there is hereby levied a tax of 0 mills upon each dollar of the total valuation for assessment of all taxable property within the District for the previous year (tax year).

Section 3. That the District's Secretary is hereby authorized and directed to certify to the County Commissioners of Larimer County, Colorado, the mill levies for the District as hereinabove determined and set, and to execute such form or forms as may be required by the County Commissioners for such purposes; provided, however, that, in the event that the final notice of assessed valuation will cause an adjustment to such mill levy in order to raise amounts stated to balance the District's budget, the District's Budget Officer is authorized to make such adjustments based upon the final assessed valuations received from the County Assessor. In no event shall such adjustments result in any unauthorized non-voter approved increase in the mill levy.

ADOPTED: December 5, 2022

PARK HOSPITAL DISTRICT

David M Batey, Chair

Stephen Alper, Treasurer

Diane Munro, Secretary

7.5



**ESTES PARK
HEALTH**

PARK HOSPITAL DISTRICT

RESOLUTION 2022-05

**A COMBINED RESOLUTION CONCERNING THE ADOPTION OF A BUDGET AND
APPROPRIATION OF FUNDS FOR SUCH BUDGET FOR FISCAL YEAR 2022**

**A. A RESOLUTION SUMMARIZING EXPENDITURES AND REVENUES FOR EACH FUND AND
ADOPTING THE BUDGET FOR THE PARK HOSPITAL DISTRICT FOR THE CALENDAR YEAR
BEGINNING ON THE FIRST DAY OF JANUARY 2023 AND ENDING ON THE LAST DAY OF
DECEMBER 2023.**

WHEREAS, the District's Interim CFO submitted a proposed budget to the Board of Directors on
December 2, 2022, for its consideration; and

WHEREAS, upon due and proper notice, published in accordance with the law, said proposed
budget was open for inspection by the public at a designated place, a public hearing was held
on December 5, 2022 and interested taxpayers were given the opportunity to file or register any
objections to said proposed budget; and

WHEREAS, whatever increases may have been made in the expenditures, like increases were
added to the revenues so that the budgets remain in balance, as required by law.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE PARK HOSPITAL
DISTRICT:**

Section 1. That estimated expenditures for each fund are as follows:

GENERAL FUND	\$64,402,308
CAPITAL PROJECTS FUND	\$0
DEBT SERVICE FUND	\$0

Section 2. That estimated revenues for each fund are as follows:

GENERAL FUND	
From unappropriated surpluses	\$ 0
From sources other than general property tax	\$ 59,905,315
From the general property tax levy	\$ 3,261,977
TOTAL	\$ 63,167,292

7.6.1



CAPITAL PROJECTS FUND

From unappropriated surpluses	\$ 0
From sources other than general property tax	\$ 0
From the general property tax levy	\$ 0
TOTAL	\$ 0

Section 3. That the Budget which was submitted, amended, and herein summarized by fund, is hereby approved and adopted as the Budget of the District and made a part of the public records of the District.

B. A RESOLUTION APPROPRIATING SUMS OF MONEY TO THE VARIOUS FUNDS AND SPENDING AGENCIES, IN THE AMOUNTS AND FOR THE PURPOSES SET FORTH BELOW FOR THE PARK HOSPITAL DISTRICT FOR THE 2023 BUDGET YEAR.

WHEREAS, the Board of Directors of the Park Hospital District has adopted the District's annual budget in accordance with the Local Government Budget; and

WHEREAS, the Board of Directors has made provision therein for revenues in an amount equal to, or greater than, the total proposed expenditures as set forth in said budgets; and

WHEREAS, it is not only required by law, but also necessary, to appropriate the revenues provided in the budgets to and for the purposes described below, so as not to impair the operations of the District.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT:

That the following sums are hereby appropriated from the revenue of each Fund, to each Fund, for the purposes stated:

General Fund	\$ 58,905,315
(indicate if appropriating all reserves, by adding " <i>including reserves</i> " after <i>General Fund</i>)	
Capital Projects Fund	\$0
Debt Service Fund	\$0

7.6.2



ADOPTED: December 5, 2022

PARK HOSPITAL DISTRICT

By _____
President

ATTEST:

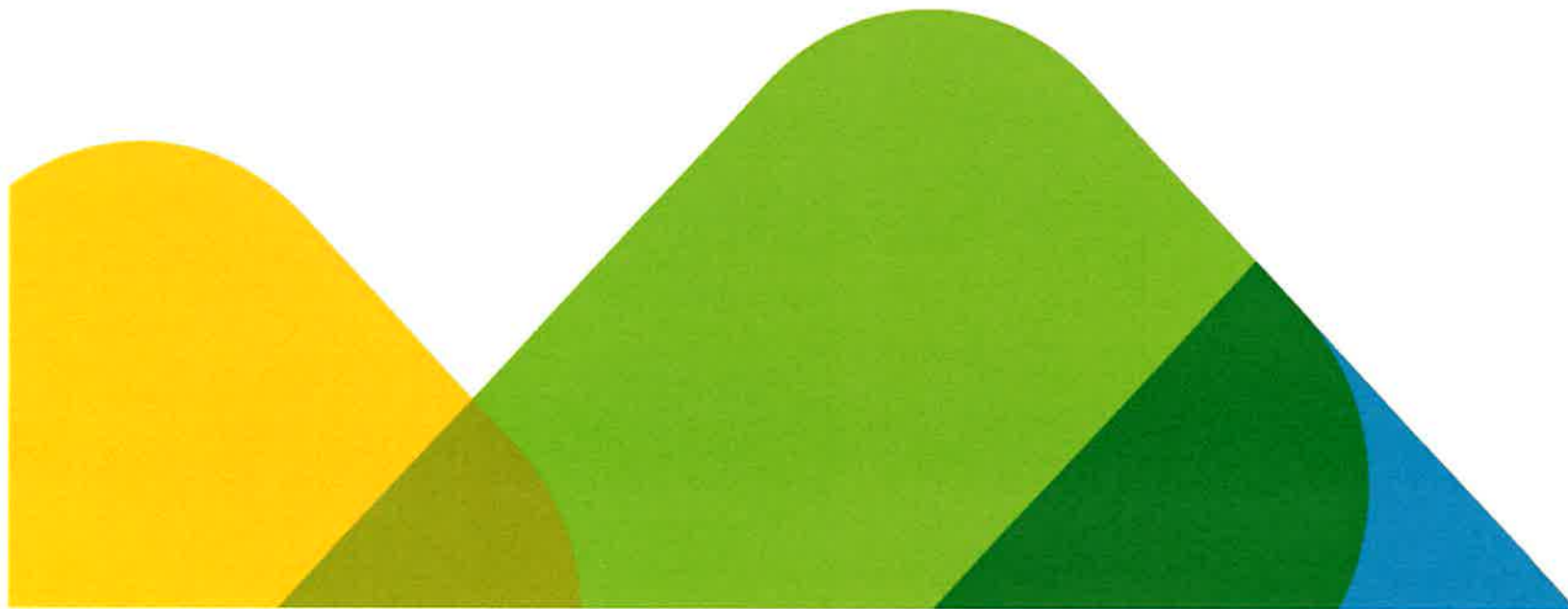
Treasurer

Secretary

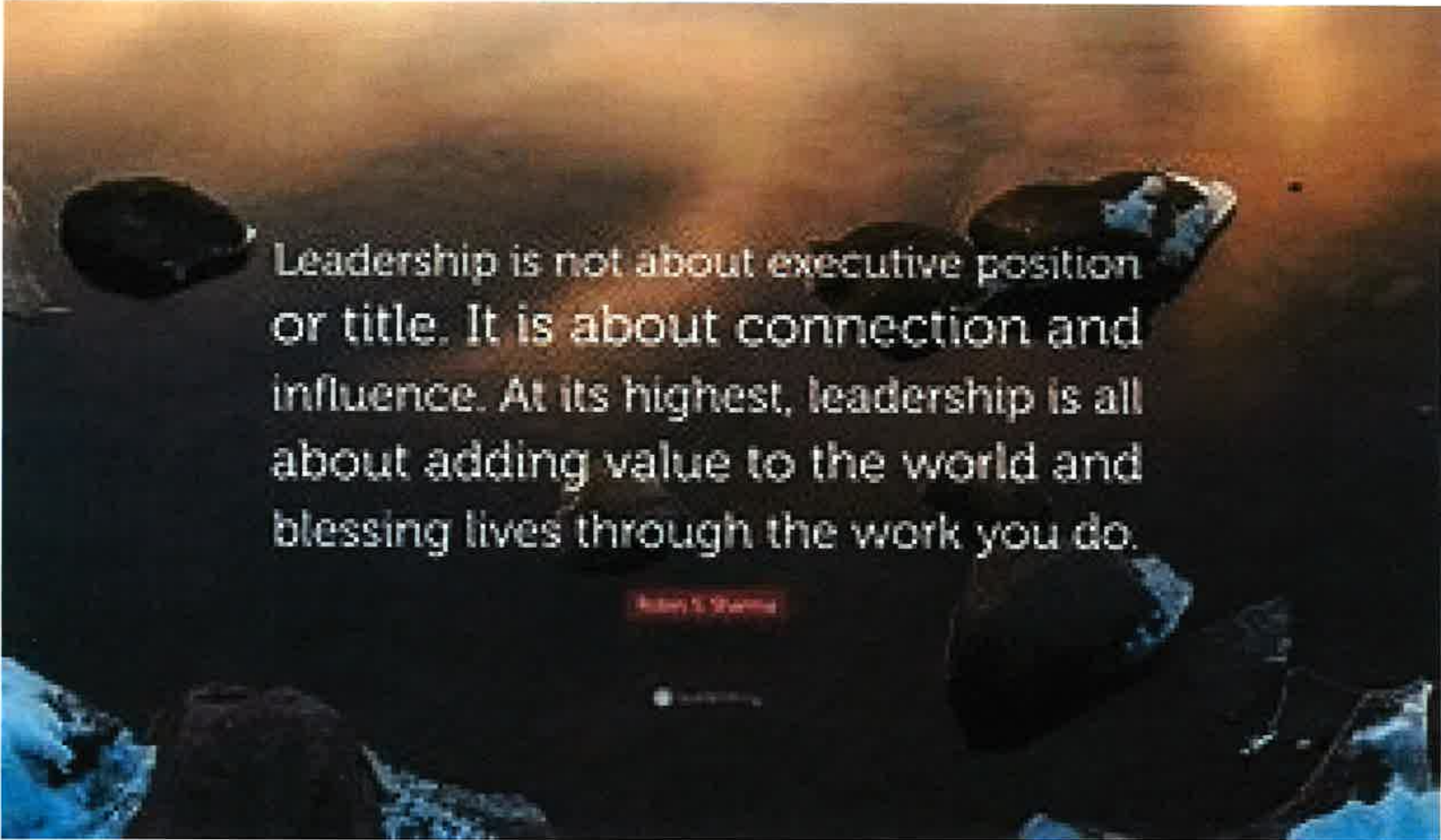


ESTES PARK
HEALTH

EPH Clinical Update



7.7.1



Leadership is not about executive position or title. It is about connection and influence. At its highest, leadership is all about adding value to the world and blessing lives through the work you do.

John C. Maxwell

© 2013

Workforce Optimization...

- In full swing
 - Managing changes internally to impact efficiency, succession planning and growth/development of staff.
 - Frontline leaders in place, all were hired internally.
 - Cross training staff to support flexibility and the opportunity for staff to learn and grow.
 - Partnered well to complete the 2023 budget.



Covid/pandemic updates...

- Remain under the executive order regarding COVID, with the addition of RSV, influenza and other respiratory illnesses.
 - Colorado Disaster Emergency Act.
 - State declared pediatric emergency one month ago.
 - Public Health Emergency extended to support employee absences.
- COVID Governance continues to meet and adjust our practices according to the current transmission level and sick employees.
 - Currently >5% of staff out sick, two departments at 50% staffing.
 - Moved to Contingency level per CDC in 12/1/2022.
 - Will implement Emergency Staffing plan if necessary.
- Colorado Hospital Transfer Center activated 4 weeks ago.
 - Tier 1.
 - Community Partner UHealth.
- Larimer County high transmission rate.

Clinical updates...

- Continue to collaborate on Patient Safety/Quality with each department, identifying quality improvement programs per each department and solidify data management and reporting.
 - Each department has specific quality and patient safety council to drive best practice and process improvement.
 - Addition of a clinical educator.
 - Just Culture training 1st quarter.
- DNV update submitted in October to address progress on all NC-1's. Accepted.
- HTP PY1Q4 was accepted, and we are meeting all requirements.
- Hospital wide Patient Experience Team, lead by Jacob S. (Sr. Director). Kick off meeting in mid-December. Team will be educated on survey and identify a hospital wide question to focus on.
- Certified Healthcare Operations Professional (CHOP) certification class this week, 12 leaders will attend to become educated on environment of care, quality process and NIAHO accreditation.

Nursing update...

- HB 22-1401 continues state-wide with monthly meetings to address concerns and clarify the requirements.
 - EPH continues to meet the requirements.
 - Staffing committee with 60% front line staff as members
 - Invitation letters sent to employees
 - Kick off meeting in January
 - Staffing plans submitted to state annually to include emergency staffing/crisis staffing plan.
- Robust recruitment plan being developed.
 - Partner with Human Resources, Marketing and front-line staff.
- Closure plan for OB and Pediatric Service line on target. December focus is education, a simulation 'lab', processes solidified, communication plan being initiated.

Other Clinical department updates...

- Laboratory doing well and preparing for CAP survey in the Spring.
 - Required leadership in place, working with our pathologist.
- Diagnostic Imaging
 - Reworked schedule template for efficiency and improved staffing.
 - Cross training staff.
- Pharmacy
 - Growth focused on Chemotherapy.
 - Focus for 1st quarter 2023, developing discharge medication review with pharmacist and patient/family.
- Dietary
 - Recruiting a dietitian
 - Education to staff.
 - Inpatient education/support

Other Clinical department updates...

- Urgent Care
 - Staffing matrix revised to EMTs, Paramedics to support FNP's.
 - Continue to stay open 7 days a week, daily average 14-16 patients.
 - Changed hours to match pharmacy hours in the Estes community.
 - Day after Thanksgiving saw 33 patients.
- EMS
 - Stable staff.
 - Back up support for Urgent Care.
- Rehabilitation
 - Improved intake process/registration.
 - Continue growth strategies with rehab and cardiac rehab.
- Infusion/Chemotherapy
 - 14 patients receiving chemotherapy.
 - Meeting with oncologist to introduce tele-health along with infusion.

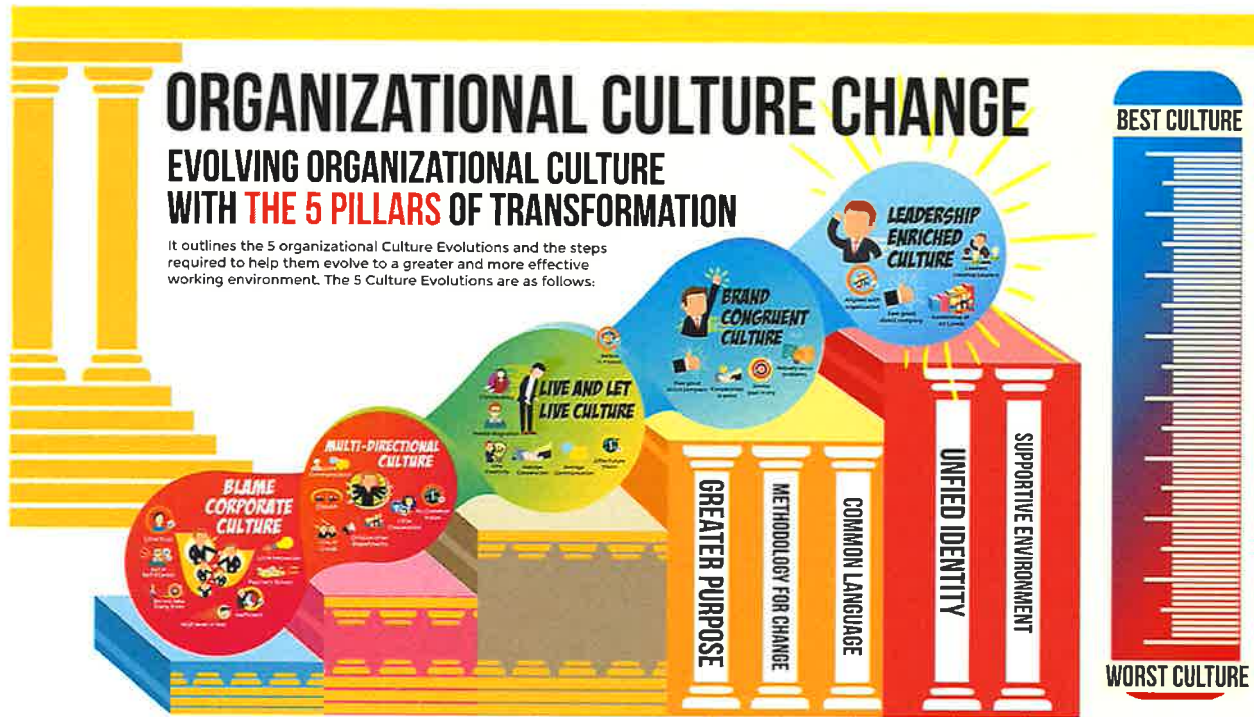
Other Clinical department updates...

- Respiratory Services
 - No travelers after 12/31/2022, staff developed plan.
 - Developing more outpatient services in partnership with pulmonologist.
- Perioperative services
 - Gearing up for ophthalmology.
 - Creating a robust orientation/onboarding plan to support high number of travelers.
- Home Health Care/Hospice/Home care
 - Challenged with volume due to many factors.
 - Identifying resources and key relationships on front range to support our Estes Valley patients/families.
 - Completed annual Professional Advisory Committee.
- Infection Prevention
 - Still recruiting an Infection Prevention Program Manager.
 - Currently interim supporting us 20 hours/week.

ORGANIZATIONAL CULTURE CHANGE

EVOLVING ORGANIZATIONAL CULTURE WITH THE 5 PILLARS OF TRANSFORMATION

It outlines the 5 organizational Culture Evolutions and the steps required to help them evolve to a greater and more effective working environment. The 5 Culture Evolutions are as follows:



WWW.CULTUREEVOLUTION.COM
CULTURE EVOLUTION BY ARTHUR CARMAZZI

Identifying something bigger than yourself, a common "cause" that everyone can

Methodology that can achieve the greater purpose and show visible results in a short time

A predefined language that supports difficult communication and feedback without confrontation while helping to achieve the greater purpose by reinforcing the methodology

A name, a mission, a club to belong to IF you are using the Language and Methodology to achieve the Greater Purpose

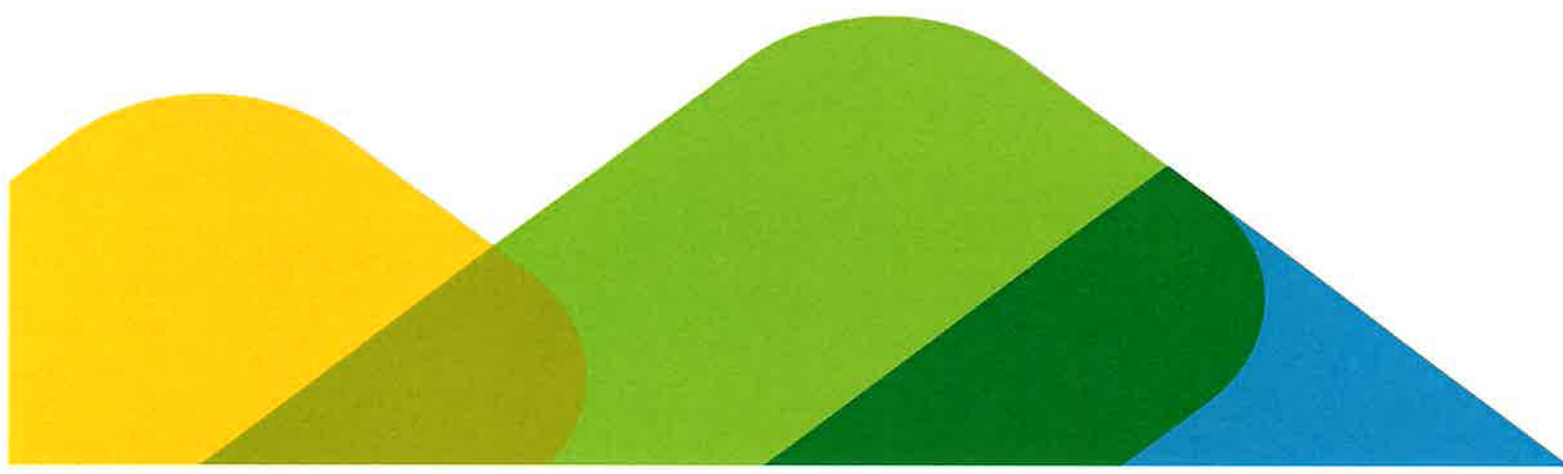
Supporting personal goals and objectives through the culture and supportive group of people who help you stay accountable for YOUR desired outcomes





Questions ?

Chief of Staff
Year in Review
Dr. Robyn Zehr
12.2022



Review of Goals from 12/2021

- My goal for the upcoming year as your Chief is to continue to improve our culture at EPH keeping our mission and vision in mind.
- Areas I will continue to focus on are:
 - (1) Improving communication- not only amongst med staff/staff but also external communications with community
 - (2) Reinstitution of a well-defined and appropriate Professional Practice Evaluation (PPE) process
 - (3) More regular education and learning opportunities based on what we uncover through the PPE process that is worth sharing with the group.

January

- Started monthly communication report COSCO (Chief of Staff Communication Outline) for MEC and Med Staff meetings
 - Overall positive feedback from providers and staff
- Initial efforts regarding PPEC
- COVID- high swabbing clinic volumes, monoclonal antibodies, Tier 3 transfer status
- Hospital Safety Huddles initiated
- Changes to medical staff office personnel

February

- Movement toward restructuring of Clinical Quality Council Meetings
- COVID peak, less hospitalizations, more outpatient. Level 1 Transfer status
- Discussion regarding the challenges with appropriate training/skill retention of staff for inpatient pediatrics due to low volumes and high staff turnover (travelers)
- New simulator mannequin for NRP training
- Ongoing difficulties with ophthalmology recruitment
- Credentialing challenges/Locums difficulties
- Hope to transition efforts from COVID defense/management to future oriented goals and development

<https://youtu.be/X-NH1uUfr0U>



March

- Continued search for credentialing/med staff office replacement
 - Welcome Bobbi Chambers MD!!
- Recruitment of many new providers
 - Welcome Dr. Knudtson in radiology
- Ongoing work on endemic phase of COVID-screening/testing/swabbing/visitation/masks
- One Call initiated
- PPEC documents updates and sent for providers to review
- Installation of new MRI

April

- Adjustments to staffing of swabbing clinic (clinic staff taking over from respiratory therapy)
- Initial work toward hospital wide standardization of processes/protocols
- Presentation of new peer review process
 - Looking at all transfers
- New Surgery Director
- Recruitment for Internal Medicine replacement and plan for locums coverage
- Start of the CIA to RIA transition for radiology
- Strategic Planning session with medical staff
- DNV remote survey

May

- Dr. Luchsinger retirement/Interviews for replacement
 - Welcome Hollis Burggraf MD locums
- Utilizing outside credentialing firm
- DNV results- need to improve OPPE (Ongoing Professional Practice Evaluation) process, working through other areas of nonconformities and developing action plans
- Continued struggle with inpatient pediatric admissions (support staff)
- Hospital Board Election
- Still working on ophthalmology recruitment
- Education: Sepsis presentation, Updated Pediatric Treatment Guidelines
- Return to full hours of urgent care
- New MRI up and running

June

- Amendment to credentialing manual for telemedicine privileges/credentialing by proxy
 - Utilized by new radiology group
- Recruitment: contracts to Dr. Paige Dekker (Family Medicine), Dr. Cynthia DiLauro (Internal Medicine), Dr. Sarah Dech (ophthalmology)
 - Paxon Riding DPM (Podiatry)
- New flare of COVID cases/admissions, new oral antiviral (Paxlovid, Molnupiravir)
- COVID Vaccine approved for children 6 months- 5 years
- Adjusting staffing of urgent care due to high volumes
- CIA to RIA transition for radiology reads after hours/weekends



July

- No MEC/Med Staff
- High volumes in the urgent care- Clinic and ED providers helped to cover
- Initial announcements of strategic plan updates



August

- Further Strategic Plan discussions, Board meeting 8/8
- Welcome Dr. Dekker (Family Medicine)
- Monkey Pox
- Continued regular meetings of PPEC
- Finance department back to full staffing

September

- iECG- reminder to include IT/Epic representation to regular clinical service council meetings
- Dr. McLellan voted as new incoming Vice Chief of Staff
- PPEC review of transfers show all to be appropriate
- Project Management Team for Service Line Closures
- Welcome Dr. Dech (ophthalmology)- part time clinic initially and return to full time schedule 2023
- New organization chart and Senior Director Team
- Legislation changes affecting staffing models
- New bivalent COVID booster available



October

- Started updating rules and regulations to reflect service line closures
- Further discussions regarding service line closures
- Flare of respiratory viral illness in community/specifically pediatric patients
 - Discussion of potential early closure of inpatient pediatrics due to support staff comforts but with pediatric viral surge will continue until end of year.
- PPEC
 - Working on Dashboard for reporting
 - Need to replace chair 2023, thank you Dr. Mark for your efforts!
- Dr. Koschnitzke new role with UC Health Longmont and Estes Park.
- Dr. Woodard planning to transition to mainly wound care, recruitment of new surgical candidate
- Trauma Redesignation survey



7.8.12



November

- 100% MIPS (Merit-Based Incentive Payment System) scoring for clinic and population health
- Continued focus on DNV action plans
- Ongoing efforts regarding OB/Peds Service line closures
- Hired full time marketing position

December

- Budget
- Strategic planning session
- Plans in place for closure of OB/inpatient pediatrics 12/31/22
- Goal to have updated and approved rules and regulations to reflect service line closures, will also need to adjust governance manual of Bylaws to reflect structure changes in future

Action Items

- Obvious staffing crisis- Appreciate efforts to work to reduce contract labor
- Peer Review
 - Transition in leadership but continue ongoing efforts.
- Education
 - Still would love to return to more regular educational platform at medical staff meetings- have had some learning objections/educational pearls this past year
- Rules and Regulations approval
- Bylaws governance manual review to update language and organization structure- evaluate MEC structure
- Replace representation for Infection Prevention

Goals for 2022- Same for 2023

- Continue to be a community resource for both pandemic needs and routine or emergent health care.
- Quality based approach in all areas- Systems, Peer Review, OPPE
- Improved Public Relations (Discussion back in 12/2020 and continue)