Draft Agenda

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

Monday, September 18, 2023 5:30 - 7:30 pm Board Meeting

Estes Park Town Hall - Town Board Meeting Room, 170 MacGregor Ave, Estes Park CO 80517

		Regular Session	Mins.	Procedure	Presenter(s)	
-		and Welcome	1	Action	Dr David Batey	
_	Approval of	*	1	Action	EPH Board of Directors	
3	Appreciation	of Service: Gary Hall	10	Action	All	
		nents on Items Not on the Agenda	3	Information	Public	
5	General Boa	rd Member Comments	3	Information	EPH Board of Directors	
6	Consent Age	nda Items Acceptance:				
	6.1 Board		1			
1		EPH Board Regular Meeting Minutes August 21, 2023				
	6.1.2	EPH Board Executive Session Minutes August 29, 2023				
-	6.1.3	EPH Board Executive Session Minutes August 31, 2023	2	A -4*	EPH Board of Directors	
-	6.1.4	EPH Board Executive Session Minutes September 05, 2023		Action	EPH Board of Directors	
-	6.1.5	EPH Board Executive Session Minutes September 12, 2023 am				
\dashv	6.1.6	EPH Board Executive Session Minutes September 12, 2023 pm				
_		Documents				
	6.2.1	Estes Park Health Nursing Staffing Plan				
		Report to Board of Directors—September 2023 From Estes Park				
	6.2.2	Health Home Health Care, Estes Park Health Home Care, and				
		Estes Park Health Hospice				
		f Credentialing Report	2	Action	EPH Board of Directors	
_	Presentations					
-		EO Strategic Actions Update	18	Discussion	Mr Vern Carda	
		nief Nursing Officer - Strategic Update	18	Discussion	Ms Pat Samples	
	8.3 EPH St	rategic Plan Update: Proposed Phase II Actions and Expected	18	Diameter.	Vern Carda and EPH Board of Directors	
	Outcon		18	Discussion		
		ion 2023-05 - A Resolution of the Board of Directors of the Park				
	8.4 Hospita	l District to Further Strengthen Estes Park Health Services and	8	Discussion	EPH Board of Directors	
L	Finance	es Through Phase II Strategic Actions				
		e Healthcare System Affiliation - Activity Update	3	Discussion	Board of Directors	
9 F	Executive Su	mmary - Significant Items Not Otherwise Covered	1	Discussion	Senior Leadership Team	
					Community Attendees, EPH Board o	
0 /	All Attendee	Conversation on Emerging Topics	20	Conversation	Directors, EPH Senior Leadership	
					Team	
1 1	Potential A as	anda Itama for Monday Ostobor 16, 2022 B I B I	v.	D: .		
I	otentiai Age	anda Items for Monday October 16, 2023 Regular Board Meeting	1	Discussion	EPH Board of Directors	
2 A	Adjournment		1	Action	Board	
		Estimated Total Regular Session Mins.	110			
		Next Regular EPH Board Meeting: Monday Oct		2023 5:30 7	·30 nm	

September 2023 Possible Agenda Items:



ESTES PARK HEALTH BOARD OF DIRECTORS' Regular Meeting Minutes – August 21, 2023

Board Members in Attendance correspondence

Dr. David Batey, Chair

Mr. Drew Webb, Vice Chair

Dr. Steve Alper, Finance Committee Chair

Dr. Cory Workman, Member at Large

Ms. Brigitte Foust, Member at Large

Other Attendees

Mr. Vern Carda, CEO

Ms. Pat Samples, CNO

Ms. Shelli Lind, CHRO

Ms. Rachel Ryan (via webinar)

Mr. Kevin Mullin

Ms. Bobbi Chambers

Dr. Bridget Dunn

Dr. John Knudtson

Ms. Wendy Rigby

Ms. Aysha Reeves

Ms. Iryna Irkliienko

Community Attendees (present and via webinar):

Randy Brigham

Erle Collom

Jeff Hanrahan

David King

Larry Leaming

Mark Smith

Brian Tseng

Guy Van der Werf

Jim Whiteneck

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 approve the agenda as submitted. Steve Alper seconded the motion, which carried unanimously.

Appreciation of Service: Lesta Johnson

Numerous accolades surrounding Lesta's years of service. She is vastly appreciated, and was wished a happy retirement.

4. Public Comments on Items Not on the Agenda

No comments.

5. General Board Member Comments

No comments.

6. Consent Agenda Items Acceptance

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

Medical Staff Credentialing Report

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

Resolution 2023-02 - Support for the 5th Amendment to the Larimer Emergency Telephone Authority (LETA) Intergovernmental Agreement (IGA)

David Batey motioned to endorse resolution. Cory Workman and Drew Webb seconded, with unanimous approval.

9. Presentations

9.1 CEO Strategic Actions Update - Mr. Vern Carda

Strategic/Tactical Planning Activities:

Orthopedic Surgeon recruitment efforts are underway. Dr. Aaron Florence will be leaving in mid-September. Orthopedic clinic practice and surgery will continue until replacement is found.

Appreciation of Lesta Johnson and her long years of service. Michelle Gordon has been named interim clinic director - welcome!

Service Line Evaluations

EPH management is analyzing several service lines at the present time.

- **Environmental services business plan**. The main objectives are to improve quality (organizational cleanliness), improve patient experience, and reduce yearly budget cost.
- Home Health, Hospice, and Home Care service lines. The main objectives are to enhance quality and reduce yearly budget cost.
- **Information Technology**. The main objective will be to sunset technology cost (example telecommunication equipment) that is no longer needed in the delivery of patient care.
- Radiology. Examining services provided at EPH to determine if the organizations service line up could be supported with other mobile services (examples include: mobile PET or mobile nuclear imaging services).
- **Sleep Lab.** Create a more efficient and effective manner to deliver sleep studies to improve quality, safety and generate more margin.

Service Line Additions

• Cardiac Rehab Phase 1. EPH has started discussions with down valley providers to repatriate Estes Park and Estes Valley patients requiring Phase 1 therapy.

340b Program Recertification. EPH is in the process of recertifying its 340b program. Additionally, some efforts are being expended to make this program more efficient and effective.

Information Technology Improvements

EPH implementing "Blue Sight" technology. This technology tracks controlled substances from receipt at the front door until time of delivery to a patient. This compares favorably with the manual process currently employed by EPH and is an industry best practice that will enable improved patient safety, as well as, better management of controlled substances.

Budget Software. EPH is installing "Axiom" budget software. This will enable more efficient and effective budgeting process when compared to the current more manual process that is currently utilized.

9.2 <u>EPH Chief Financial Officer 2QTR23 Financials and Strategic Update – Ms. Aysha Reeves</u>

> See presentation. Performing favorably to budget. Topics included breakdown of the second quarter financials for 2023.

9.3 EPH Chief of Staff Strategic Update and Review of Services - Dr. Bridget Dunn

See presentation. Topics included service for seniors in the Estes Valley, the wide array of services offered at Estes Park Health (Cardiology, Sleep Lab, Orthopedic Surgery, etc.), ongoing behavioral health consultations with Lena Belleau (following her departure), along with Lori Davis.

➤ What can EPH do with the new fluoroscopy machine? - Imaging tool in which you can see dynamic events inside the body.

9.4 EPH Strategic Plan Update: Actions and Outcomes – EPH Board of Directors

- See presentation. Topics included general updates on the Strategic Actions that were implemented at EPH back in July, 2022. Most actions have been implemented with expected beneficial financial impacts. Service changes (closure of Birth Center, moving Inpatient Peds to alternative provider, etc.), Administrative support function changes (IT optimization, Revenue Cycle Process Optimization, etc.), and evaluation of other services certainly contributed to overall successes. The work is ongoing to continue cutting expenses.
- 9.5 Possible Healthcare System Affiliation Activity Update EPH Board of Directors

> See Presentation. No new updates.

10. Executive Summary – Significant Items Not Otherwise Covered No comments.

11. All Attendee Conversation on Emerging Topics

- Floor opened at 6:58 PM. No questions were asked. Dr. Nicholaus Mize addressed mental health concerns in the Estes Valley. If there are questions about behavioral health, the community may always contact the Physician's Clinic for referrals and help.
- 12. Potential Agenda Items for Monday September 18, 2023 Regular Board Meeting No comments.

13. Adjournment

David Batey motioned to adjourn the meeting at 7:16 PM. Drew Webb and Steve Alper seconded the motion, which carried unanimously.

David M. Batey, Chair Estes Park Health Board of Directors

Estes Park Health Board of Directors' Executive Session - In Person and by TEAMS

Tuesday, August 29, 2023 9:00 am -10:15 am

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

Regular Session	Mins.	Procedure	Presenter(s)
Call to Order/Welcome (Time 09:11 am)	1	Action	Dr David Batey
2 Approval of the Agenda (Motion Workman 2nd Alper - Unaimous)	1	Action	EPH Board
Public Comments on Items Not on the Agenda - None	1	Information	Public
General Board Member Comments on Items Not on the Agenda - None	1	Information	EPH Board
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 Workman 2nd Webb - Unanimous)	70	Action	EPH Board
Adjournment (Motion Workman 2nd Alper - Unanimous Time 10:30 am)	1	Action	EPH Board
Total Regular Session Mins.	75		

Estes Park Health Board of Directors' Executive Session - In Person and by TEAMS

Thursday, August 31, 2023 09:25 am -09:45 am

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

	Regular Session	Mins.	Procedure	Presenter(s)
	Call to Order/Welcome (Time 09:25 am)	1	Action	Dr David Batey
	Approval of the Agenda (Motion Alper 2nd Foust - Unanimous)	1	Action	EPH Board
	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	EPH 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 Alper 2nd Foust - Unanimous)	15	Action	EPH Board
6	Adjournment (Motion Alper 2nd Webb - Unanimous Time 09:45 am)	1	Action	EPH Board
	Total Regular Session Mins.	20		***

Estes Park Health Board of Directors' Executive Session - In Person and by TEAMS

Tuesday, September 05, 2023

8:00 am - 10:30 am

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

Regula	ar Session	Mins.	Procedure	Presenter(s)
1 Call to Order/Welcome (Time 08:09 am)		1	Action	Dr David Batey
2 Approval of the Agenda (Motion Alper 2nd Fo		1	Action	EPH Board
3 Public Comments on Items Not on the Agenda -		1	Information	Public
4 General Board Member Comments on Items No	on the Agenda - None	11	Information	EPH Board
the purpose of discussing a personnel matter. (N	ters that may be subject to negotiations; developing tors, and pursuant to Section 24-6-402(4)(f) C.R.S. for lotion Alper 2nd Foust - Unanimous)	145	Action	EPH Board
6 Adjournment (Motion Workman 2nd Webb - U	Inanimous Time 09:38 am)	1	Action	EPH Board
	Total Regular Session Mins.	150		

Estes Park Health Board of Directors' Executive Session - In Person and by TEAMS

Tuesday, September 12, 2023

8:00 am -10:30 am

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

Regular Session	Mins.	Procedure	Presenter(s)
Call to Order/Welcome (Time 08:05 am)	1	Action	Dr David Batey
2 Approval of the Agenda (Motion Alper 2nd Webb - Unanimous)	1	Action	EPH Board
Public Comments on Items Not on the Agenda - None	1	Information	Public
General Board Member Comments on Items Not on the Agenda - None	1	Information	EPH Board
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 Webb - Unanimous)	145	Action	EPH Board
Adjournment (Motion Alper 2nd Foust - Unanimous Time 10:33 am)	1	Action	EPH Board
Total Regular Session Mins.	150		

Estes Park Health Board of Directors' Executive Session - In Person and by TEAMS Tuesday, September 12, 2023

5:30 pm -7:30 pm

	Regular Session	Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome (Time 05:53 pm)	1	Action	Dr David Batey
2	Approval of the Agenda (Motion Workman 2nd Alper - Unanimous)	1	Action	EPH Board
	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	EPH Board
	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 Alper 2nd Foust - Unanimous)	115	Action	EPH Board
6	Adjournment (Motion Alper 2nd Webb - Unanimous Time 08:53 pm)	1	Action	EPH Board
	Total Regular Session Mins.	120		



Estes Park Health Nursing Staffing Plan

Date: 6/30/2023

To: CDPHE

From: Chief Nursing Officer/EPH Nursing Team

Estes Park Health (EPH) is a 23 bed critical access hospital (CAH), independent, in a small mountain town. We have an emergency department, perioperative service line, medical/surgical service line in addition to outpatient infusion/chemotherapy, all supported by nurses. We have a seasonality to our business, with June 1st through September 30th, being our peak season. We can experience up to 5 to 6 million visitors per season.

We do primary nursing at EPH, due to the inability to attract CNA's to our market. Our cost of living is very high, due to the mountain town atmosphere, and most front-line staff are unable to afford housing. Housing is a significant challenge for EPH, and to support that we have 14 call/sleep rooms as well as 4 cottages with multiple bedrooms to support staff when working up at EPH.

EPH also has 24/7 house supervisor coverage for the entire hospital. They are all experienced nurses.

EPH has two full-time general surgeons, one and a half orthopedic surgeons, ophthalmologist, wound care, and podiatry. EPH is a trauma level IV with our own EMS system/ambulances.



Medical/Surgical:

MS - June

Hours

60

MS Off- Season Hours	PRODUCTIVE HOURS	
----------------------------	---------------------	--

PRODUCTIVE

60

				100	F1412 RE	A -1986		ALLE I	
	SUN	MON	TUES	WED	THUR	<u>FRI</u>	SAT	Total Hrs/Wk	Total FTE/Wk
Staff RNs					i finalis, fin		WALL TO	riguis in	A- 13.5
7am-7pm RN	12	12	12	12	12	12	12	84	2.1
7am-7pm RN	12	12	12	12	12	12	12	84	2.1
7pm-7am RN	12	12	12	12	12	12	12	84	2.1
7pm-7am RN	12	12	12	12	12	12	12	84	2.1
1820									
Total Hours	48	48	48	48	48	48	48	336	8.4

1-Sept 30		HOURS				MARKA	5111 578	10000	N 200
	SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hrs/Wk	Total FTE/Wk
Staff RNs					A LATER		1		OF THE
7am-7pm RN	12	12	12	12	12	12	12	84	2.1
7am-7pm RN	12	12	12	12	12	12	12	84	2.1
7pm-7am RN	12	12	12	12	12	12	12	84	2.1
7pm-7am RN	12	12	12	12	12	12	12	84	2.1
9am-9pm RN	12	12	12	12	12	12	12	84	2.1
							15 JS 17		
Total									

60

10.5

420

60



Nights Average RN:Patient Ratio: 1-5, flex to 6

Patients that should be assessed for a lower RN:Patient ratio or the addition of another resource:

Titrated Drips (e.g. Cardizem, Insulin)

Active Treatment for Alcohol Withdrawal (e.g. score = need for IV medications) Impulsive or other behaviors that require more oversight for safety purposes Unstable per assessment and/or vital signs

New onset angina

Uncontrolled cardiac rhythms

O2 requirements that are actively being titrated or are more than a NC

Pain management with IVP every 1-3 hours or PCA.

Chest tube to drainage

Continuous tube feeding or TPN

End of life care

Patient requires translator more than 3-4 times a shift

3 or more patients on floor are in isolation

Use of restraints

New diagnosis requiring education and consistent reinforcement

Diabetes (e.g. finger sticks, insulin administration, diet education)

Congestive Heart Failure

Chronic Obstructive Pulmonary Disease

Ostomy Care

More than half the total patients on the floor are on Telemetry Monitoring

More than two units of blood for a patient in a shift

Greater than or Equal to 8 total patients on floor

If there are greater than or equal to 8 total patients in the department, a third clinical staff member should be utilized (can be any clinical person that has been oriented to the department)

At 10-14 - a third nurse should be added based on volume or higher acuity patients

At 15-23 - a fourth nurse and another clinical staff member should be added based on volume or higher acuity patients

Additional

Resources:

House Supervisor
On Call Staff
Other Oriented Clinical Resource
Off Duty Staff
Director



Emergency Department:

ED Off- Season Hours		PRODUCTIVE HOURS							
	THE WAY			A PROPERTY.					
	SUN	MON	TUES	WED	THUR	<u>FRI</u>	SAT	Total Hrs/Wk	Total FTE/WI
Staff RNs					- (T. 19.1197)				
7am-7pm RN	12	12	12	12	12	12	12	84	2.1
7am-7pm RN	12	12	12	12	12	12	12	84	2.1
7pm-7am RN	12	12	12	12	12	12	12	84	2.1
7pm-7am RN	12	12	12	12	12	12	12	84	2.1
Total Hours	48	48	48	48	48	48	48	336	8.4

ED- June 1- Sept 30		PRODUCTIVE HOURS							
	SUN	MON	TUES	WED	THUR	<u>FRI</u>	SAT	Total Hrs/Wk	Total FTE/WI
Staff RNs				The Board					
7am-7pm RN	12	12	12	12	12	12	12	84	2.1
7am-7pm RN	12	12	12	12	12	12	12	84	2.1
7pm-7am RN	12	12	12	12	12	12	12	84	2.1
7pm-7am RN	12	12	12	12	12	12	12	84	2.1
11am-11pm RN	12	12	12	12	12	12	12	84	2.1
			- 1500 (155-			E STATE OF			
Total Hours	60	60	60	60	60	60	60	420	10.5

Patients that should be assessed for a lower RN:Patient ratio or the addition of another resource:

Titrated Drips (e.g. Cardizem, Insulin, Pressors)

Active Treatment for Alcohol Withdrawal (e.g. score = need for IV medications)



Impulsive or other behaviors that require more oversight for safety purposes

Unstable per assessment and/or vital signs

Sepsis until stable

Procedural Sedation until return to baseline

Trauma until Stable

Resuscitation

Cardiac Alert

Stroke Alert

Unstable transfer

Use of restraints

M1 hold or Alcohol hold

Blood administration

Patients waiting in waiting room

If 60% or more of the ED rooms are full, a third clinical staff member should be utilized (can be any clinical person that has been oriented to the department)

Additional Resources:

House Supervisor

On Call Staff

Other Oriented Clinical Resource

Off Duty Staff

Director



Infusion/Chemotherapy:

Infusion		PRODUCTIVE HOURS	a un subres				XID/ALEXANT	
	SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hrs/Wk
Staff RNs							5/5/16	
7am-7pm RN		8	8	8	8	8		40
7am-7pm RN	8			8	8	8	8	40
Total Hours	8	8	8	16	16	16	8	80

Infusion utilizes a primary nursing model

Average Patient to RN ratio: 1:1-2

Staffing is adjusted for the following types of patients:

Chemotherapy - new patient/new medication and first hour of infusion

Blood Transfusion - first 15 minutes of each infusion

Allergic reaction to medication or blood

Patient that requires more emotional support

New therapuetic phlebotomy patient

Ketamine

infusion

Additional Resources:

House

Supervisor

Other Oriented Clinical Resource

Off Duty Staff

Director



House Supervisors:

HS		PRODUCTIVE HOURS						
	E BI					HA F		The Tive
	SUN	MON	TUES	WED	<u>THUR</u>	<u>FRI</u>	SAT	Total Hrs/Wk
Staff RNs						. '\\ =		
7am-7pm RN	12	12	12	12	12	12	12	84
7am-7pm RN	12	12	12	12	12	12	12	84
Senior Director		8	8	8	8	8	8	40
Total Hours	24	24	24	24	24	24	32	168

House Supervisors are responsible for the management of resources within the hospital.

They flex staff around the building, recruit more resources, and staff in as needed to the medical surgical unit, ED, and Infusion as needed

The Senior Director is the final resource called upon to assist with staffing when acuity or volume exceeds resources



Perioperative Services:

Model #1

Based upon the current staff weekly utilization and mix (60% travelers and 40% EPH). We realize support through the utilization of our PRN staff (100% EPH) both in daily coverage and on-call coverage. On-Call Team to cover patient care for the rare occurrence of an overnight needed stay in PACU; additional support through the House Supervisor, Licensed Leadership/Management, and/or ancillary supports. In periods of low surgical case census, staff will be asked to support other departments within the facility, as helping hands and in relation to the expertise each holds.

Periop Staffing	Periop Staffing	Periop Staffing	N (F						
				A Property					
	SUN	MON	TUES	WED	THUR	<u>FRI</u>	SAT	Total Hrs/Wk	Total FTE/Wk
Director	/ <u>a</u>	<u>8</u>	<u>8</u>	8	8	8		40	1
Manager		8	8	8	8	8		40	1
Staff RNs									
5:45am-4:15pm RN PreOp		10		10	10	10		40	1
5:45am-4:15pm RN PreOp		10	10	10		10		40	1
6:30am -4:30pm RN OR		10		10	10	10		40	1
6:30am- 4:40pm RN OR			10	10	10	10		40	1
6:30am - 4:30pm RN OR		10		10	10	10		40	1
7am- 5pm RN PACU			10	10	10	10		40	1
9am - 5pm RN PACU		8	8	8	8	8		40	1
ORT			1			2-121			U.E. P
6am - 4pm OR Tech			10	10	10	10		40	1
6am - 4pm OR Tech		10	10	10		10		40	1
6am - 4pm OR Tech		10	10	10	10			40	1
SPD							l.		
6:30 - 3pm SPD Tech		8	8	8	8	8		40	1
9am - 5pm SPD Tech		10	10		10	10		40	1
		122	122	122	122	122		560	14

Report to Board of Directors — September 2023 From Estes Park Health Home Health Care, Estes Park Health Home Care, and Estes Park Health Hospice

I. People

We have a strong team of 23 employees, some of which are shared across different departments within Estes Park Health. Our Clinical Secretary/Unit Coordinator, Carol Blanchard fully retired at the end of July 2023. We are so grateful that she stayed to help until we could find Caprissa Frawley, our newest team member, to step into the clinical secretary role. Jaime Bell has extended her contract and will continue to provide physical therapy to our patients until a permanent solution is found. Jaime also helps with outpatient physical therapy at the outpatient rehab clinic. Additionally, Paul Asher, occupational therapist, has been assisting us with our occupational therapy needs from the outpatient rehab department while we continue to search for a permanent occupational therapist solution. We currently have open positions for a fulltime physical therapist, fulltime occupational therapist, and a part time RN.

II. Quality

We monitor, track/trend, and strive to improve our 2023 quality measures for all three of our agencies. Much of our clinical educational in-services this year will focus on how to improve our OASIS outcome scores which were lower and are a part of our quality improvement management.

In the most recent months, the clinicians have been taking advantage of the Relias education platform to further their home healthcare and hospice education. To note, there are several great courses that reference the new OASIS-E home healthcare assessment that staff have been working on.

III. Service

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

We are currently providing non-medical personal care provider/homemaker services to clients through the Foothills Gateway program. We have 13 people on our waiting list for non-medical home care services. We hope that we will be able to hire another personal care provider soon to further serve the community with our non-medical service line.

Our volumes YTD over this year through August are down 44% for Home Health Care, down 22% for home care, and up 4% for Hospice. We recognize that our volumes are lower than usual, and we attribute this to the lack of a consistent physical therapist and the gaps between travel physical therapy contracts. We plan to pick up on marketing for Home Health and Hospice.

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

2023 YTD Financials through July (only available) (Three separate P&Ls for three agencies)

Home Health Care: Revenue (\$307,811) is 51% below budget

Expenses (\$523,487) are 23% below budget

Home Care (non-skilled): Revenue (\$159071) is 29% below budget

Expenses (\$102686) are 39% below budget

Hospice: Revenue (\$221814) is 4% below budget

Expenses (\$124660) are 59% below budget

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

Total for all: Revenue (\$688696) is 37% below budget

Expenses (\$750830) are 35% below budget

V. Community

As the pandemic season has ended, we at Home Health and Hospice are beginning to imagine how we might build on what we've done in the past to enhance our current work in the community. Building and enhancing are tangible ways we demonstrate our commitment to the Estes Valley community.

Hospice volunteers are grateful to be seeing patients under the supervision of Alyssa Bergman, MSW. Our hospice families express gratitude and report significant benefits from having volunteers provide respite and support for the family caregivers. Two of our volunteers support our grief work by regularly calling the bereavement families and by mailing the monthly addition of Journey's Newsletter, filled with support for those on a grief journey.

The Hospice Bereavement program, created for the families of our hospice patients, regularly reaches out to care for persons from the community who have not been connected to Hospice. It is part of our community service. All our staff refer people who could benefit from this service. Currently the Bereavement program is comprised of 20% non-hospice community families.

Herm Weaver, Hospice Chaplain reaches out to faith leaders in the community to build relationships that provide support and connection for the times when our work intersects. If you would like for him to connect with your faith leader, he can be reached at hweaver@eph.org. Herm is often asked to help with memorial planning. During the pandemic there were far fewer public memorial services. However, recently he both helped plan and lead a service for one of our Hospice Families in Glen Haven and is in the process of doing that again for a hospice family whose service will be held at the Y in a few weeks.

Herm also offers and facilitates Grief Support Group that is aimed at directly supporting the 13-month Bereavement program. It serves people in the first year of grief and at times beyond. This group meets every other week and is currently meeting in a room at Shepherd of the Mountain Lutheran Church. 60% of the current participants in the Grief Support Group are community folks whose loved ones did not die in our hospice program. They have most often been referred by local pastors or others who have been in the Grief Support Group over the years. In addition, Herm provides consultation for an ongoing community group that has grown out of previous bereavement clients who continue to gather for grief support. This group is a testament to its members who recognize that grief is ongoing experience that is not time limited. As one of our bereavement friends recently told me, "This isn't a sprint. It's a marathon."

Nancy Bell, MSW, continues to provide caregiver support to the community through online communication, phone calls, and forwarding of educational opportunities. She facilitates a caregiver's support group that is meets at Good Samaritan twice a month. New members are always welcome, and Nancy can be reached at nbell@eph.org. In addition, Nancy occasionally offers children's and community-based music therapy groups.

Serving the Estes Valley community continues to be at the very center of Home Health and Hospice. The best energy of our staff is directed toward health and safety of our community. If you, the reader, imagines new ways for us to serve the community we welcome your suggestions.



Park Hospital District Board 18 September 2023

CREDENTIALING RECOMMENDATIONS

Credentials Committee approval:

August 30, 2023 Present: Drs. McLellan, Zehr, Dunn, Brigitte Fout, Vern Carda (T), Kate Cramer, Iryna Irkliienko

Medical Executive Committee approval: September 6, 2023

Initial Appointment:

Hunt, Alan, CRNA

APP, CRNA

Reappointments:

Epstein, Kenneth, MD
Furmaga, Michelle, MD
McLellan, Jennifer, MD
Kaycee, Simon, MD
Frishman, Jordan, DO
Habermehl, Gabriel, MD
Long, Daniel, MD
Norris, Erica, MD
Pizzi, Catherine, MD
Radice, Lisa, NP
Toi Scott, Miho, MD

Active, Internal Medicine/Hospitalist
Active, Neurology
Active, General Surgery
APP, CRNA
Courtesy, Infectious Disease
Courtesy, Pathology
Courtesy, Pathology
Courtesy, Family Medicine
Courtesy, Pathology
APP, Oncology
Courtesy, Hematology/Oncology

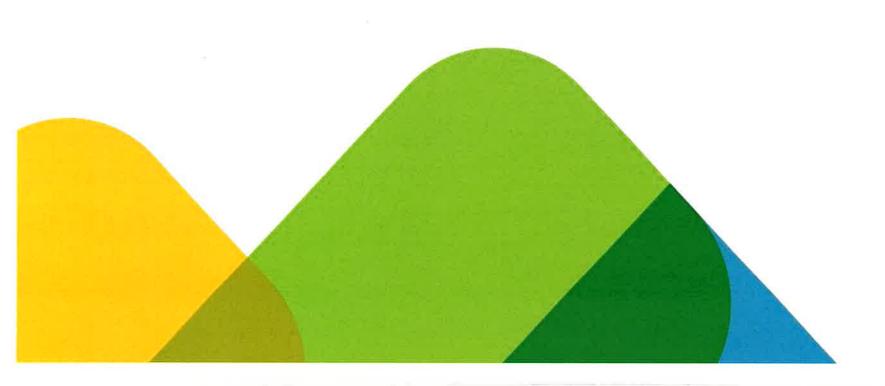
Resignations:

Florence, Aaron, MD Weibel, Curtis, NP

Effective 09/14/2023 Effective 10/14/2023



EPH CNO Update 9-2023



Covid/influenza updates...

- Influenza vaccine is here and will start vaccinating employees 10/1/2023
 - It is mandatory per the state.
 - Exemptions may apply.
- COVID vaccine XBB.1.5 is now available to health care workers and patients.
 - We have ordered our initial allotment.
 - CDC recommends everyone 6 months and older get an updated COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 illness this fall and winter.
 - Will identify priority for most at risk to obtain initially and then order as allowed.
- COVID Governance continues to meet regularly
 - Monitor incident rates at EPH and Larimer County.
 - Develop a pandemic emergency management plan for EPH-state requirement.



DNV update...

6 NC-1's

- 4/6 being audited and going well
 - Pain management
 - Sedation outside perioperative services
 - Informed consent
- 1/6 corrected at time of survey
- 1/6 currently being worked on
 Contracts

6 NC- 2's

4/6 completed

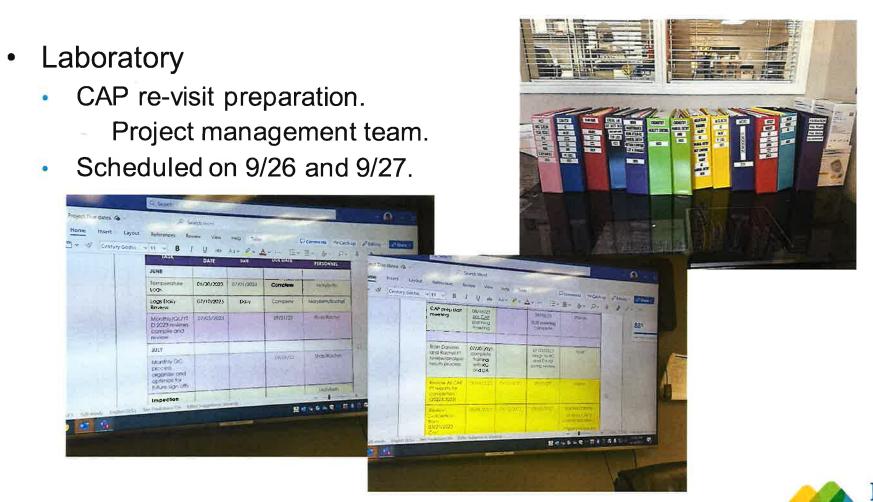
1/6 corrected at time of survey

1/6 currently being worked on





 Patient Safety/Quality with each department, identifying quality improvement programs per each department, reporting regularly, standardized agenda format.



- Diagnostic Imaging
 - Fluoroscopy machine is up and running.

Process flows developed to include standard work

Turn around times (TAT) for radiologists.







- Perioperative calls-patient preparation.
- Consent completion.
- Daily huddles.





Medical/Surgical Unit

- Quality process addressing pain management and medication scanning.
 - Board on the floor for all, including visitors to see.
 - Good engagement from staff.
 - Positive feedback from patients/visitors.
- Medication scanning
 - At bedside/medication/patient.







Infusion Services

Therapeutic phlebotomy.

- Moved to infusion area 6/2023.
- Volume increase about 35%.
- No adverse outcomes, high patient satisfaction.





- Policy and procedures-overhaul continues.
 - 1/2023 had 935 policies
 - Currently have 522 policies with more than half updated/revised.
 - Retired 386
- Emergency Management
 - Identifying surge plan.
 - Identify tabletop exercises and one community exercise.
 - Training all leaders for incident command.



Developing People Resources...

New leaders to the management team



Nancy F-Interim Manager of Med/Surg and Emergency Department.



- Mike W-Manager Perioperative Services
- Leadership Development continues
 - Sr. Directors and Directors
 - Managers/Supervisors.



Developing People Resources...

- Change management workshop for all leaders.
- Recruitment and Retention Team
 - Continue to work on innovative ways for recruitment/retention.
 - Continue to decrease contract labor.



Leveraging Technology to Improve Outcomes...

- Care of the patient with Sepsis-Nurses and Physicians
 - Best Practice Alert (BPA turned on)
 - Analyzing the data with our clinical informaticist.
- Emergency Department
 - Implementing the BPA along side our providers.
 - Prioritization and placement of patients, using EPIC to support.
- Medical/Surgical
 - Implementing best practice for documentation of pain management, supported by 'brain' in EPIC.
 - Utilizing other EPIC AI in patient care (fall risk, change in clinical status, etc).

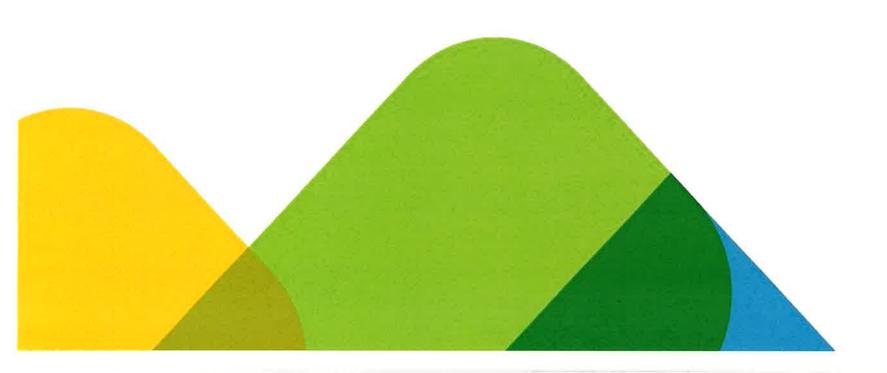


Fiscal Health...

- Robust recruitment plan to decrease contract labor.
- Diligence from senior directors/directors in expense management.



QUESTIONS?



Estes Park Health Proposed Phase II Strategic Actions

Acting to Provide Excellent Healthcare For Many Years to Come

September 18, 2023



Executive Summary

- In July 2022, in response to significant Covid-19-related financial challenges, EPH implemented Phase I Strategic Actions to increase revenues and reduce expenses while continuing to address our community's healthcare needs with excellent healthcare services
- The Phase I Strategic Actions resulted in significant beneficial financial impacts on EPH financial performance
- Phase II Strategic Actions are needed to accomplish EPH's financial goal of at least break-even to a three percent positive margin from Operations



Estes Park Health's Overall Goals

Provide excellent, high quality healthcare services
that address our Estes Valley Community's
and visitors' health care needs
for many years to come



EPH 2023 & 2024 Financial Goals

To Accomplish EPH's Overall Goals, need to accomplish EPH's Overall Financial Goals:

Annual Operating Income Goal

- Target break-even on Operations
- Aspire to 3% positive Operations margin

Annual Non-Operating Income Goal

• Target \$3 million capital projects contribution



July 2022 Phase I Strategic Actions Impact

Estimated EPH Revenue Increase and Expense Reduction Measures Next 12 to 18 Months

	Single Program Estimated Annual Financial Impact					
2022 & 2023	Min	Most Likely	Max			
Total Revenue Increases	1,031,000	1,401,320	2,474,896			
Total Expense Reductions	2,880,000	3,835,000	4,646,000			
Total All	3,911,000	5,236,320	7,120,896			



Estimated Phase I Strategic Actions Impacts

ESTES PARK HEALTH End-Year Audited 2022 Financials and 2023 Budget

	Audited End 2022	
Total Operating Revenue	52,898,271	59,899,638
Total Operating Expenses	63,859,866	63,802,308
Net Operating Income (Loss)	(10,961,595)	(3,902,670)
Net Non-Operating Income (Loss)	2,383,699	4,837,686
Net Operating and Non-Operating Income (Loss)	(8,577,896)	935,016

2022 Actual to 2023 Budget:

- Expected \$7 million Operating Income Loss Reduction
- Net Operating & Non-Operating Income \$900k Positive Margin



2023 Proposed Phase II Strategic Actions

Administrative Changes

- Workforce Organization Optimization
- Chargemaster Assessment and Market Alignment
- Continued Revenue Cycle Process Optimization
- Telecommunications/Telehealth Services Optimization
- 340B Drug Program Optimization
- Environmental Services Optimization



2023 Proposed Phase II Strategic Actions

Proposed Services Changes

- Implement Phase One Cardiac Rehab
- Implement Phase One Pulmonary Rehab
- Implement Dietary Services in Phase One Cardiac Rehab
- Sleep Lab Optimization
- Implement Positron Emission Tomography Imaging



2023 Proposed Phase II Strategic Actions

Proposed Services Changes

- Implement Critical Access Hospital Ambulance Service
- Implement Urology Services
- Optimize Orthopedic Services
- Fluoroscopy Optimization
- Evaluate Home Health, At-Home Hospice, Home Care Services for Transition

Estimated Phase II Strategic Actions Impacts

Estimated Overall Financial Impact of Phase II Strategic Actions						
	Estimated 2023 Financial Impact			Estimated 2024 Financial Impact		
	Min	Most Likely	Max	Min	Most Likely	Max
Total Revenue Increases	1,640,000	1,878,000	2,175,000	3,625,000	4,125,000	4,820,000
Total Expense Reductions	37,000	41,000	47,000	1,565,000	1,810,000	2,140,000
TOTAL ALL	1,677,000	1,919,000	2,222,000	5,190,000	5,935,000	6,960,000

2023 estimated \$2 million Net Operating Income Loss Reduction 2024 estimated \$6 million Net Operating Income Loss Reduction Estimated overall financial results similar to EPH Pre-Pandemic



Questions, Answers & Discussion



PARK HOSPITAL DISTRICT

DRAFT RESOLUTION 2023-05

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT TO FURTHER STRENGTHEN ESTES PARK HEALTH SERVICES AND FINANCES BY PHASE II STRATEGIC ACTIONS

- 1. **WHEREAS**, The primary goal of the entire Estes Park Health organization, including the Medical Staff, Senior Leadership and Board of Directors is to provide high-quality healthcare for our Estes Valley residents and visitors for many years to come; and,
- 2. **WHEREAS**, To accomplish this goal, Estes Park Health leadership has continued to assess Estes Park Health clinical and support services to identify opportunities to bring Estes Park Health onto a long-term, financially sustainable path through revenue increases and expense reductions.
- 3. WHEREAS, The assessment of Estes Park Health clinical and support services considered:
 - 3.1. Our Estes Valley community's current and future healthcare service needs.
 - 3.2. For the needed healthcare services that could provide positive financial contributions:
 - 3.2.1. Current and future clinical volume projections,
 - 3.2.2. Best-practice staffing requirements for the services,
 - 3.2.3. Estes Park Health's access to the staff required to provide the services at high-quality levels, and
 - 3.2.4. Estimates of current and future revenues for current or possible future services;
 - 3.3. Clinical and support services offered by financially strong Critical Access and Rural Hospitals that are similar to Estes Park Health; and,
- 4. **WHEREAS**, To accomplish a long-term financially sustainable path, the financial goals of Estes Park Health are to:
 - 4.1. At least break-even on Operations, as had been accomplished before the Covid-19 pandemic,
 - 4.2. Aspire to a three percent (3%) positive Net Operations Margin,
 - 4.3. Target an annual \$3 million contribution to capital projects from Non-Operating Income; and,
- 5. WHEREAS, The 2023 Estes Park Health Budget presented at the December 5, 2022 Board Meeting included a projected a \$3.9 million loss from Operations that was offset by Nonoperating Income of \$4.8 million. The budgeted 2023 overall result was an estimated \$1.2 million overall Net Assets gain in 2023, with \$5.1 million in earnings before interest, taxes, depreciation, and amortization (EBITDA).
- 6. WHEREAS, The estimated 2023 Budget \$3.9 million loss in Operations does not meet EPH's goal of at least break-even to a three percent positive margin from Operations, so additional strategic actions to increase revenues and reduce expenses are needed to ensure Estes Park Health's long-term financial viability so it will be able to provide high-quality, sustainable healthcare for our Estes Valley residents and visitors for many years to come.

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

- 7.1. Estes Park Health Leadership will pursue the following Phase II Strategic Actions to strengthen Estes Park Health services and finances and enable Estes Park Health to provide sustainable high-quality healthcare services to our community members and visitors for many years to come:
 - 7.1.1. Chargemaster Assessment and Market Alignment
 - 7.1.2. Continued Revenue Cycle Optimization
 - 7.1.3. Implement Phase One Cardiac Rehab
 - 7.1.4. Implement Dietary Services in Phase One Cardiac Rehab
 - 7.1.5. Implement Phase One Pulmonary Rehab
 - 7.1.6. 340 B Drug Program Optimization
 - 7.1.7. Sleep Lab Optimization
 - 7.1.8. Implement Mobile Positron Emission Tomography Imaging
 - 7.1.9. Implement Critical Access Hospital Ambulance Service
 - 7.1.10. Implement Urology Services
 - 7.1.11. Optimize Orthopedic Services
 - 7.1.12. Fluoroscopy Optimization
 - 7.1.13. Telecommunications/Telehealth Services Optimization
 - 7.1.14. Workforce Organization Optimization
 - 7.1.15. Evaluate Home Health, At-Home Hospice, Home Care Services for Transfer
 - 7.1.16. Environmental Services (EVS) Optimization

ADOPTED by the Board of Directors of Park Hospital District, d/b/a Estes Park Health this xxth day of (month) 2023.

BOARD OF DIRECTORS OF THE PARK HOSPITAL DISTRICT

By:	
Attest:	
Drew Webb, Vice Chair	Stephen Alper, Treasurer
Brigitte Foust, Secretary	Cory Workman, At Large