

## Draft Agenda

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

Wednesday February 28, 2024

5:30 pm - 7:00 pm

Estes Park 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	Public Comments on Items Not on the Agenda			3	Information	Public
4	General Board Member Comments			3	Information	EPH Board of Directors
5	Consent Agenda Items Acceptance:			2	Action	EPH Board of Directors
	5.1	Board Minutes				
	5.1.1	EPH Board Special Meeting Minutes January 31, 2024				
	5.1.2	EPH Board Executive Session Minutes January 30, 2024				
	5.1.3	EPH Board Executive Session Minutes February 06, 2024				
	5.1.4	EPH Board Executive Session Minutes February 22, 2024				
	5.2	Other Documents				
	5.2.1					
6	Medical Staff Credentialing Report			2	Action	EPH Board of Directors
7	Presentations:					
	7.1	EPH CEO - Strategic Initiatives Update		20	Discussion	Mr Vern Carda
	7.2	Chief Nursing Officer Strategic Update		20	Discussion	Ms Pat Samples
	7.3	Possible Healthcare System Affiliation - Activity Update		4	Discussion	Board of Directors
8	Executive Summary - Significant Items Not Otherwise Covered			2	Discussion	Senior Leadership Team
9	All Attendee Conversation on Emerging Topics			20	Conversation	Community Attendees, EPH Board of Directors, EPH Senior Leadership Team
10	Potential Agenda Items for Wednesday April 3, 2024 Regular Board Meeting			1	Discussion	EPH Board of Directors
11	Adjournment			1	Action	Board
Estimated Total Regular Session Mins.				80		
Next Regular EPH Board Meeting: Wednesday April 3, 2024 5:30 - 7:30 pm						
Possible Next Meeting Agenda Items						
Note : Next two EPH Board Standard meetings are April 3 and April 24						



**ESTES PARK HEALTH  
BOARD OF DIRECTORS'  
Regular Meeting Minutes – January 31, 2024**

**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. Candace Hirst  
Ms. Karlye Pope  
Dr. Jennifer McClellan  
Ms. Wendy Rigby  
Mr. Guy Beesley  
Dr. Christine Bogardus  
Ms. Sarah Bosko  
Dr. John Knudtson  
Ms. Kaci Early

**Community Attendees (present and via webinar):**

John Cooper  
Bill Crosby  
Dawn Wilson  
Ed Dangerfield  
Larry Leaming  
Max Salfinger  
Todd Nardi

1. **Call to Order**

The board meeting was called to order at 4:03 PM by David Batey; there was a quorum present. Notice of the board meeting was posted in accordance with the Sunshine Law Regulation.

2. **Approval of the Agenda**

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

3. **Public Comments on Items Not on the Agenda**

John Cooper: Inquired after Community Needs Assessment. Who is doing it, when is it started, when is it due?

Is the one that was done three years ago a part of the public domain? How to we obtain a copy? – Per David Batey, available on EPH website. Questions to be addressed and answered under CEO update below.

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 Cory Workman.

6. **Medical Staff Credentialing Report**

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

7. **Presentations**

7.1 **CEO Strategic Initiatives Update – Mr. Vern Carda**

***Strategic/Tactical Planning Activities:***

Colorado Rural Health Center to complete Community Needs Assessment by May 15, 2024.

Items to be surveyed (potentially) are community mental health and obesity, as has been done in the past.

***2024 Strategic Update for Estes Park Health***

***Has the strategy that EPH implemented improved the organization?***

- Sleep lab with new location is now operational has been a success with better reimbursement process.
- Closure/transition of service lines has made significant financial impact – “we are moving in the right direction.” In 2022, there was an approximate \$10.9 million loss from operations. For 2023, though not yet closed, it is about half of that at \$5 million.

***2024 Activities to Achieve Proposed Operational Results***

- Labor management

- Recruitment and retention
- IT investment
- Improving existing programs to yield more return (340b, Ambulance, etc.)

#### *Investing time and energy into EPH*

- Examine internal and external operating environments.
- Consider changes to public policy that governs healthcare as an industry.
- Study and answer of key questions

#### *Items to consider for 2025*

- Tackling a challenging cost environment (generating value from data
- Navigating evolving affiliation landscape (examine key elements of critical access hospitals to help generate volume, quality, and margin. Also consider customer service initiatives)
- Embracing advanced analytics (including AI, and investing in the right things for what makes sense to this organization). Plant and equipment needs will also be analyzed.
- Brigitte Foust: Do you think labor costs will level off or continue to rise over the future? – It has eased a bit, but I don't see it ever going down. It will continue to rise.
- Max Salfinger: Community Needs Assessment is due by May 15. Will this not include the summer residents/tourists? – This question is to be posed to the contractor conducting the assessment.

#### 7.2 Update on Estes Valley Home Health Care, Hospice Care, Nonmedical Home Care Services – Ms. Pat Samples

- EPH is in the process of working with a company that will be able to provide home health care and hospice services, with a transfer of the license by March 1<sup>st</sup> (approximate).
- Diligently working with community members to meet end of life needs
- Can you share the name of the new HHH provider? – Unable to share at this time, due to an NDA.
- What are you doing to help your existing HHH staff make the transition to the new provider? – Staff will need to make the decision as to whether or not they would like to work for said provider.

#### 7.3 Proposed Modification to EPH Medical Staff Rules and Regulations – Dr. Bridget Dunn

- See presentation. Colorado is a direct access state, which means patients can request certain tests (labs, physical therapy, mammograms, vital signs screens). Many patients in Estes do not live here year round, and so they may need these services. Proposed change is make this easier for patients so that they can bring in a paper order from their own physician – even if their PCP is not at EPH – which allows this to be sent to them directly. Allowing order to come from other PCP to continue care in Estes Park, as opposed to sending them elsewhere.

7.4 Motion to Accept Proposed Modification to Medical Staff Rules and Regulations – Board of Directors

- Cory Workman motioned to approve proposed modification, which carried unanimously. Second by Steve Alper and Cory Workman.

7.5 EPH Chief HR Officer – 2024 Strategic Update – Shelli Lind

- See presentation. Updates included open enrollment improvements from 2022, ongoing HR process improvements, continued progress in leadership development, and the outsourcing of payroll functions (which has resulted in one FTE reduction in HR Department).

7.6 Possible Healthcare System Affiliation – Activity Update – Board of Directors

- No new updates.

8. Executive Summary – Significant Items Not Otherwise Covered

No comments.

9. All Attendee Conversation on Emerging Topics

- Floor opened at 5:27 PM. No questions were asked.

10. Potential Agenda Items for Wednesday February 28, 2024, Regular Board Meeting

No comments.

11. Adjournment

David Batey motioned to adjourn the meeting at 5:29 PM. Drew Webb and Steve Alper seconded the motion, which carried unanimously.

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David M. Batey, Chair

**Estes Park Health Board of Directors**

**Draft Public Agenda**  
**Estes Park Health Board of Directors' Executive Session - In Person and by TEAMS**  
**Tuesday, January 30, 2024**  
**08:00 am - 09:30 am**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order/Welcome (Time 08:13 am)	1	Action	Dr David Batey
<b>2</b>	Approval of the Agenda (Motion Alper 2nd Webb - Unanimous )	1	Action	EPH Board
<b>3</b>	Public Comments on Items Not on the Agenda - None	1	Information	Public
<b>4</b>	General Board Member Comments on Items Not on the Agenda - None	1	Information	EPH Board
<b>5</b>	Entertain a motion to enter Executive Session pursuant to Section 24-6-402(4)(e) C.R.S. for the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators, with regard to the relationship with the EPH Foundation, (Motion Alper 2nd Webb - Unanimous )	85	Action	EPH Board
<b>6</b>	Adjournment (Motion Alper 2nd Webb - Unanimous Time 10:00 am )	1	Action	EPH Board
<i>Total Regular Session Mins.</i>		90		
Board Members Present: Alper, Batey, Foust, Webb, Workman				

**Draft Public Agenda**  
**Estes Park Health Board of Directors' Executive Session - In Person and by TEAMS**  
**Tuesday, February 06, 2024**  
**08:00 am - 10:30 am**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order/Welcome (Time 08:12 am)	1	<b>Action</b>	Dr David Batey
<b>2</b>	Approval of the Agenda (Motion Workman 2nd Alper - Unanimous )	1	<b>Action</b>	EPH Board
<b>3</b>	Public Comments on Items Not on the Agenda - None	1	Information	Public
<b>4</b>	General Board Member Comments on Items Not on the Agenda - None	1	Information	EPH Board
<b>5</b>	Entertain a motion to enter Executive Session pursuant to Section 24-6-402(4)(e) C.R.S. for the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators, with regard to Affiliation with a 3rd Party, EPH Strategic Initiatives, and the relationship with the EPH Foundation, (Motion Alper 2nd Webb - Unanimous )	145	<b>Action</b>	EPH Board
<b>6</b>	Adjournment (Motion Alper 2nd Webb - Unanimous Time 11:25 am )	1	<b>Action</b>	EPH Board
<i>Total Regular Session Mins.</i>		<b>150</b>		

Board Members Present: Alper, Batey, Foust, Webb, Workman - Workman left at 10:30 am

**Draft Public Agenda**  
**Estes Park Health Board of Directors' Executive Session - In Person and by TEAMS**  
**Thursday, February 22, 2024**  
**08:00 am - 10:30 am**  
**Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517**

<b>Regular Session</b>		<b>Mins.</b>	<b>Procedure</b>	<b>Presenter(s)</b>
<b>1</b>	Call to Order/Welcome (Time 08:06 am)	1	<b>Action</b>	Dr David Batey
<b>2</b>	Approval of the Agenda (Motion Alper 2nd Workman - Unanimous )	1	<b>Action</b>	EPH Board
<b>3</b>	Public Comments on Items Not on the Agenda - None	1	Information	Public
<b>4</b>	General Board Member Comments on Items Not on the Agenda - None	1	Information	EPH Board
<b>5</b>	Entertain a motion to enter Executive Session pursuant to Section 24-6-402(4)(e) C.R.S. for the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators, with regard to Affiliation with a 3rd Party, EPH Strategic Initiatives, and the relationship with the EPH Foundation, (Motion Alper 2nd Workman - Unanimous )	145	<b>Action</b>	EPH Board
<b>6</b>	Adjournment (Motion Alper 2nd Foust - Unanimous Time 10:29 am )	1	<b>Action</b>	EPH Board
<i>Total Regular Session Mins.</i>		150		

Board Members Present: Alper, Batey, Foust, Webb, Workman





Park Hospital District Board  
28 February 2024

**CREDENTIALING RECOMMENDATIONS**

**Credentials Committee approval:**

January 31<sup>st</sup>, 2024

Present: Drs. McLellan, Zehr, Dunn, Brigitte Foust, Cory Workman, Vern Carda, Kate Cramer

**Medical Executive Committee approval:**

February 7<sup>th</sup>, 2024

**Reappointment:**

Zehr, Robyn, DO  
Ellis, Ethan, MD

Active, Family Medicine  
Courtesy, Cardiology

**Locum Tenens Initial Appointment:**

Huguelet, Joseph, MD

Courtesy, Internal Medicine (Hospitalist)

6

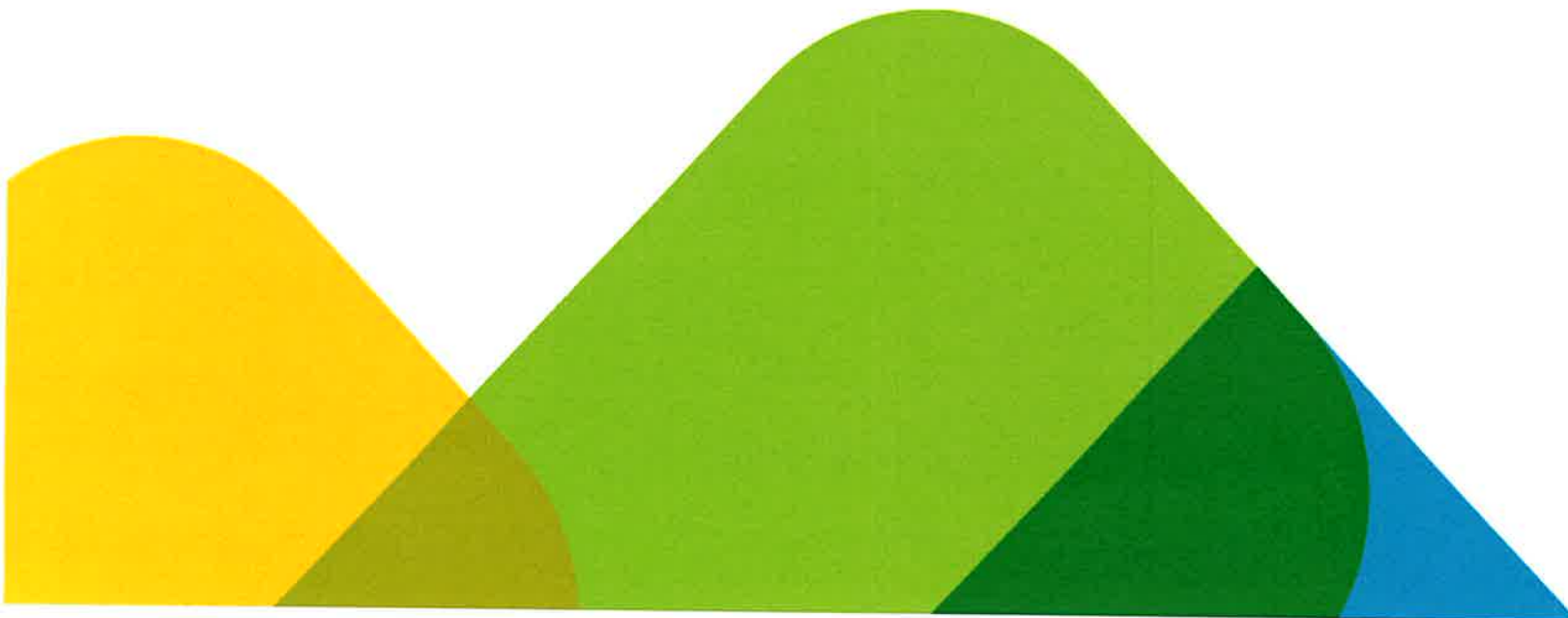


**ESTES PARK**  
HEALTH

# **EPH CNO Update**

**February 28, 2024**

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# DNV update...



- Preparing for Re-Certification visit in April/May.
- Addressed all non-conformities.
- Currently working on tracers, high risk areas and solidifying our data management in preparation for our ISO application.

# Pursuit of Quality...

- Quality and Patient Safety with each department, identifying quality improvement programs per each department, reporting regularly, standardized agenda format.
  - Some hospital wide quality teams to work together.
    - Blood administration, sepsis, sterile processing, etc.
  - Each department identified 2024 quality indicators to monitor and improve on.
- Senior Director Quality/Patient Safety provides quarterly report to Board of Directors.
- Senior Director of Quality/Patient Safety implementing Just Culture 2<sup>nd</sup> quarter.
- CMS Hospital Conditions of Participation (COPs) update for 2024 for acute care and Critical Access Hospitals released.
  - Attending on-line learning to begin implementing changes.

# Pursuit of Quality...

## Laboratory

- Identified necessary test we needed and implemented ( used denial data).
- Continue to work on CAP action planning.

A	B
Clinical Laboratory - EPH	Goal
Pre- Analytical	
OP Lab- Staff Explained	61.8%
OP Lab- Test/procedure Began on Time	77.7%
OP Lab- Staff Listened	80.4%
OP Lab- Facility was Clean	84.3%
OP Lab- Trusted with care	81.7%
OP Lab- Facility Would Recommend	82.3%
OP Lab- When to Expect Results	65.5%
OP Lab- Total Volume 2023	
OP Lab- Total Volume 2024	
OP Lab- Total Volume 2022	

test volumes CY2023	COVID-19
	% pos covid only
	FLUVID/RSV
	% pos FLU A
	% pos FLU B
	% pos RSV
	RVP
	Total resp per month

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Clinical Laboratory - EPH	Goal	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2023 YTD	2022 YTD
Pre- Analytical															
OP Lab- Staff Explained	61.8%	66.5%	66.2%	87.0%	88.7%	88.5%	91.5%	90.6%	76.4%	66.5%	81.2%	81.5%	87.9%	86.4%	86.4%
OP Lab- Test/procedure Began on Time	77.7%	73.3%	73.3%	80.6%	78.4%	85.4%	82.8%	84.3%	75.0%	77.2%	85.1%	79.6%	87.0%	80.3%	80.3%
OP Lab- Staff Listened	80.4%	88.7%	87.6%	87.7%	81.0%	96.7%	92.0%	92.5%	81.0%	85.6%	85.6%	88.7%	85.6%	88.1%	88.1%
OP Lab- Facility was Clean	84.3%	88.6%	89.4%	92.3%	91.9%	95.0%	93.5%	91.5%	85.0%	85.5%	90.1%	89.6%	91.3%	90.5%	90.5%
OP Lab- Trusted with care	81.7%	91.7%	85.6%	88.6%	91.5%	94.2%	92.0%	91.5%	77.5%	82.0%	85.7%	84.4%	90.3%	88.0%	88.0%
OP Lab- Facility Would Recommend	82.3%	88.2%	84.8%	85.4%	89.1%	85.8%	86.1%	82.9%	70.0%	75.6%	84.5%	83.9%	94.3%	85.6%	85.6%
OP Lab- When to Expect Results	65.5%	65.3%	66.7%	72.5%	69.4%	75.0%	70.6%	72.7%	49.5%	72.0%	74.7%	80.0%	76.0%	70.3%	70.3%
OP Lab- Total Volume 2023		4960	4282	4679	4757	4415	5263	5352	5749	4889	5137	4280	4724	5640	5640
OP Lab- Total Volume 2022															
Volume Total YOY % change															
Blood Culture Contamination- MED SURG	<1%														
Blood Culture volume (MED SURG)	n/a	5	0	6	4	6	11	7	2	4	18	8	9		
Blood Culture Contamination- ED	<1%														
Blood Culture volume (ED)	n/a	48	13	51	40	29	62	36	60	46	65	31	75	3,500 YTD avg	
Blood Culture Contamination- LAB	<1%														
Blood Culture Volume (LAB)	n/a	4	4	0	2	8	4	4	10	5	0	2	3		
Analytical															
STAT TROPICIN TAT	>90% within 45 mins	99.0%	97.0%	98.0%	98.0%	100.0%	95.0%	96.0%	97.0%	98.0%	95.0%	92.0%	99.0%	97.2%	97.2%
STAT CRP TAT	>90% within 45 mins	100.0%	99.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	99.8%
STAT CMP TAT	>90% within 15 mins	97.0%	94.0%	99.0%	100.0%	100.0%	99.0%	100.0%	98.0%	100.0%	100.0%	99.0%	99.0%	98.7%	98.7%
STAT LACTATE TAT	>90% within 15 mins	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	99.0%
STAT PT/INR TAT	>90% within 45 mins	97.0%	100.0%	100.0%	100.0%	97.0%	95.0%	100.0%	92.0%	92.0%	93.0%	96.0%	100.0%	96.0%	96.0%
STAT TYPE AND SCREEN	>90% within 1 hour	98.0%	93.0%	94.0%	98.0%	98.0%	93.0%	93.0%	92.0%	94.0%	98.0%	93.0%	93.0%	93.0%	93.0%
Post-Analytical															
Test volumes CY2023															
COVID-19		36	37	26	16	31	20	28	55	108	74	29	18	478	
% pos covid only		10.2%	16.2%	14.2%	9.6%	11.5%	5.8%	11.4%	16.0%	11.3%	21.1%	13.8%	18.0%		
Fluvid/RSV		128	190	78	43	48	42	33	41	90	124	113	176	1018	
% pos FLU A		5.80%	0.96%	1.20%	0.00%	0.00%	0.00%	4.80%	2.00%	1.10%	1.60%	12.70%	22.30%		
% pos FLU B		0.00%	0.00%	1.20%	0.00%	2.00%	0.00%	2.40%	0.00%	0.00%	1.60%	1.60%	3.80%		
% pos RSV		4.30%	5.80%	2.30%	0.00%	0.00%	0.00%	2.40%	0.00%	1.10%	0.70%	1.60%	3.80%		
RVP		47	30	38	26	27	43	26	23	32	23	13	18	368	
Total resp per month		211	167	142	87	106	105	87	119	232	221	155	232	1866	



# Pursuit of Quality...

## PHARMACY-Workflows and Accountability:

- Pharmacy leader and staff do the inspections daily/weekly/monthly.
  - Developed processes for medication storage and conditions monitoring.
  - Compiled and reviewed as a team regularly and partner with identified units.
- Assessing staffing needs.
  - Meet 24/7 needs of hospital.
  - Develop bedside patient education program.
  - Develop onsite Coumadin clinic.
- Revising 340B program.
  - Partnering with RMP



Unit Location	Crash Cart	Kit
Inhalations, Ears, Eyes, and Topicals		
Fridge/Freezer		
Crash Cart Medications		
Clinic Pylis		
Cardiac Rehab - Cart/Kit Only	1	
Cardiac Clinic - Cart/Kit Only	1	1 - Stress Test
Oral medications (tablets)		
Employee medications		
Injectables and flushes		
MedSurg Pylis	1	1 - RSI
Infusion Pylis	1	
ED Pylis	5 (including Pylis)	5 - 2 Hemorrhage, 2 RSI, AMI Clot Box
OB Pylis 1 & 2	2	10 - 2 Anes, 6 cataract, 2 PPH
PACU Pylis		3 - cataract
Endo Clinic Pylis		1 Anes
Diagnostic Imaging - Cart/Kit Only	1	
Urgent Care Pylis	2	
Pharmacy Storage Room		
Pharmacy Fluids		
Overstock and Procedural		
Oral Liquids		
Supplies (rack and cabinet)		

Clean Suite Unit Inspection (as assigned below)

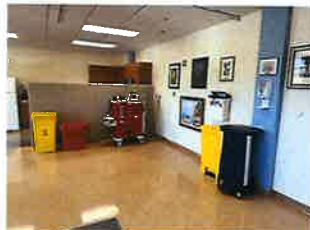
EPH Unit Inspection For

Area to be inspected	
<b>General Floor Stock</b>	
The area is clean, neat, and well organized	Y/N
Only authorized drugs and supplies are present	Y/N
Drugs are properly stored	Y/N
All multidose vials are dated with expiration date after opening (if applicable)	Y/N
Opened/expired multidose vials are discarded properly	Y/N
Patient specific items are in proper patient-specific storage bins	Y/N
Check Mannitol for crystallization (if applicable)	Y/N
There are no expired, deteriorated, broken, contaminated, unlabeled, or mislabeled drugs	Y/N
Flammable and combustible products are properly stored	Y/N
Medications are stored away from the sink/wet areas	Y/N
<b>Pylis Refrigerator</b>	
Clean, free of excess frost, contains thermometer device	Y/N
No food or non-drug items in the refrigerator	Y/N
Pockets numbered and drugs are within date	Y/N
<b>Pylis</b>	
Remove and replace outdated up to the end of next month**	Y/N
Unload medications that have not been used in >90 days	Y/N
Outdate all kits as appropriate	Y/N

# Pursuit of Quality...

## INFUSION/PHARMACY-Workflows and Accountability:

- Staffing plan/matrix adjusted to support workflows.
  - Partnering with Harmony Campus Cancer Center and PVH Infusion Center
    - Staff spending time onsite and then they will come up for observation.
    - Establish protocols and practice guidelines.
    - Establish staffing to meet flexing and skill needs
    - Addition of registration team member by combining roles to support 'one stop shop'.
- Maintain and continue to grow infusion/chemotherapy service lines.
  - Expanding pharmacy services to meet the needs of patient care.
    - This project allowed us to dispense prep with the latest technology which captures images of the compounding process – currently working toward a slightly more integrated system.
- Partnering with our EVS leader/team to ensure safety and compliance with new standards for medical waste.



# Pursuit of Quality...

## INFUSION/PHARMACY-Workflows and Accountability:

- RN Skills checklist (partnership with PVH and Harmony Cancer Center)

**EPH Infusion Center RN Training Check List**

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name & Title of trainer(s): \_\_\_\_\_

Training to be completed by new employee. Please initial when you understand the following within the pharmacy. Once the below training has been completed, please have training ph

Skills	Trainee Initials	Trainer Initials	Date
<b>Part I – OIC Orientation</b>			
Employee has read and understands how to access/use resources including: <ul style="list-style-type: none"> <li>Blue helpful hints folder</li> <li>Phone Lists</li> <li>NIOSH List</li> <li>Lippencott</li> <li>Medication special caveats sheet</li> <li>New patient flow sheet</li> <li>Huddle Document</li> </ul>			
Employee understands how to access and utilize the infusion schedule			
Employee has set up complete in Epic including: <ul style="list-style-type: none"> <li>In Basket Messages</li> <li>Synopsis (Oncology Tab)</li> <li>Side Bar Reports</li> <li>Therapy Plan Report Layout</li> <li>Springboard Report as primary report</li> <li>Dot Phrase Access</li> </ul>			
Employee understands how to use schedule (including dot communication, appointment notes, and messages)			
Employee has completed Epic Beacon and Therapy Plan training as assigned			
Employee understands how to contact providers and UHealth pharmacy staff for questions regarding authorizations, treatment, or therapy plans. (Including Amon, Teams, In Basket and Secure Chat)			
Employee understands the difference between treatment and therapy plans			
<b>Remaining Part I Activities –</b> <ul style="list-style-type: none"> <li>RN Shadowing pharmacy for IV Room compounding</li> </ul>		Concerns/Questions for Check	

<b>Part II – Therapy Plan and Infusion</b>	
Employee knows how to review for next day infusions (including authorization of plan, plan components like premeds and drugs, signatures, and plan activity review).	
Employee demonstrates how to access various areas of the patient chart (including therapy plans, beacon, springboard report, results review, Synopsis, appts, and events).	
Employee understands how to see if therapy plans have signatures as appropriate and how to view history of the therapy plan.	
Employee understands how to assess authorizations within a therapy plan. Including "OR BIOSIMILAR" items.	
Employee understands how to compare therapy plan to standard plan template. Including assessment of needed labs and premedication.	
Employee understands how to look at medication/encounter history to view previous infusion appointments and medications received.	
Employee demonstrates reviewing plan changes and notes since last infusion.	
Employee can demonstrate sending plans for signature and sending triages for issues with therapy plans.	
Employee understands how to update the schedule including: <ul style="list-style-type: none"> <li>Notes</li> <li>Messages</li> <li>DOT System</li> </ul>	
Employee demonstrates the ability to add nursing and pharmacy communications to therapy plan.	
Employee can demonstrate how to begin treatment day and release therapy plan orders.	
Employee understands superuser activities that need to be done by approved superusers and how to contact appropriate UHealth Resources.	
<b>Remaining Part II Activities –</b> <ul style="list-style-type: none"> <li>Resource Review – Helpful Hints Binder, IV Compounding Table</li> <li>Epic Learning Center</li> <li>Epic Resource Link – Page in Orientation Folder</li> <li>Kate's Therapy Plan Training Video</li> </ul>	

<b>Part III – Beacon and Oncology</b>	
Employee understands how to see if treatment plans have signatures as appropriate and how to view history of the treatment plan.	
Employee understands how to assess authorizations within a therapy plan. Including "OR BIOSIMILAR" items.	
Employee understands how to compare treatment plan to standard plan template. Including assessment of needed labs and premedication.	
Employee understands how to evaluate the Chemotherapy Education Note and consent.	
Employee understands how to access the linked references for the treatment plan including the NCCN guidelines.	
Employee knows how to navigate NCCN guide lines for supplemental information.	
Employee demonstrates reviewing plan changes and notes since last infusion.	
Employee can demonstrate sending plans for signature and sending triages for issues with treatment plans.	
Employee knows how to update Treatment plans regarding treatment dates and completing days as needed.	
Employee understands how to evaluate conditional orders including "Okay to Treat" when needed.	
Employee understands tasks associated Beacon/Chemotherapy treatment including: <ul style="list-style-type: none"> <li>double verified height</li> <li>current weight</li> <li>BSA calculation</li> <li>lab assessment</li> </ul>	
Employee understands superuser activities that need to be done by approved superusers and how to contact appropriate UHealth Resources.	
<b>Remaining Part III Activities –</b> <ul style="list-style-type: none"> <li>Resource Review – Helpful Hints Binder, Chemo Cardex, IV Compounding Table</li> <li>Epic Learning Center</li> <li>Epic Resource Link – Page in Orientation Folder</li> <li>Kate's Therapy Plan Training Video</li> </ul>	

<ul style="list-style-type: none"> <li>o Informed Patient Consent</li> <li>o Patient Complaint &amp; Grievance</li> <li>o Time off Request Procedure – new hire packet</li> <li>o EPH Code of Conduct</li> <li>o EPH Attendance Policy</li> <li>o EPH Dress Code Policy</li> <li>o EPH Telephone, Use of</li> <li>o EPH Paging Overhead</li> <li>o EPH Workplace Violence</li> <li>o EPH Smoking &amp; Tobacco</li> </ul>	
RN has completed training check lists as distributed on their first day of training.	
Others:	
I, _____ have read and completed this of my hire date and have no further questions regarding the above checklist.	
Signature: _____	
Hiring Manager Signature: _____	

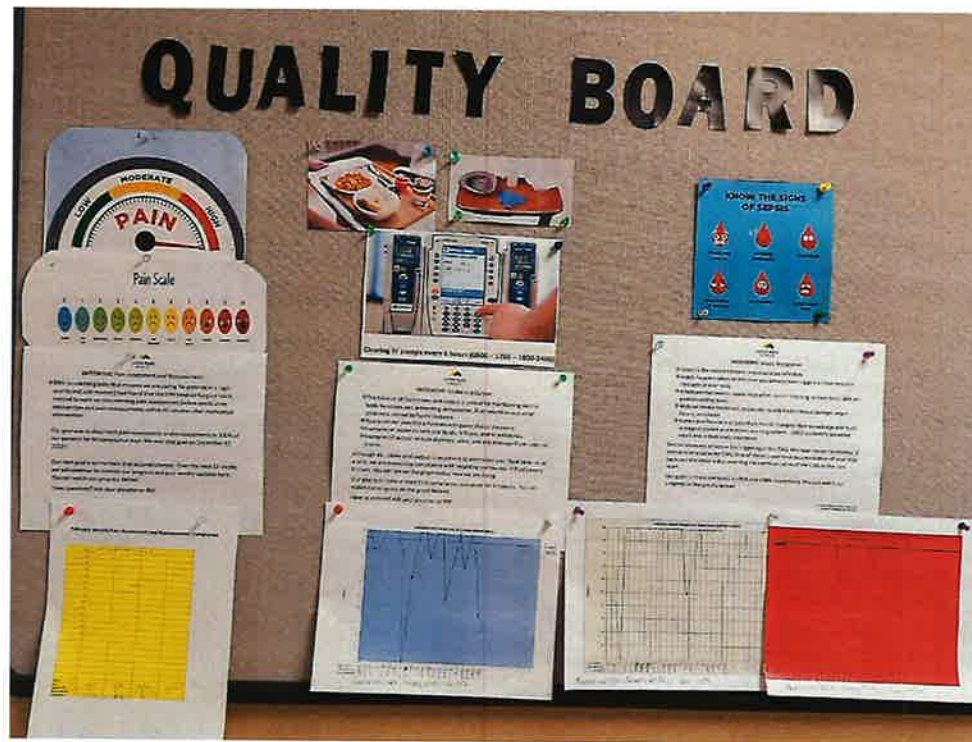




# Pursuit of Quality...

## MEDICAL SURGICAL

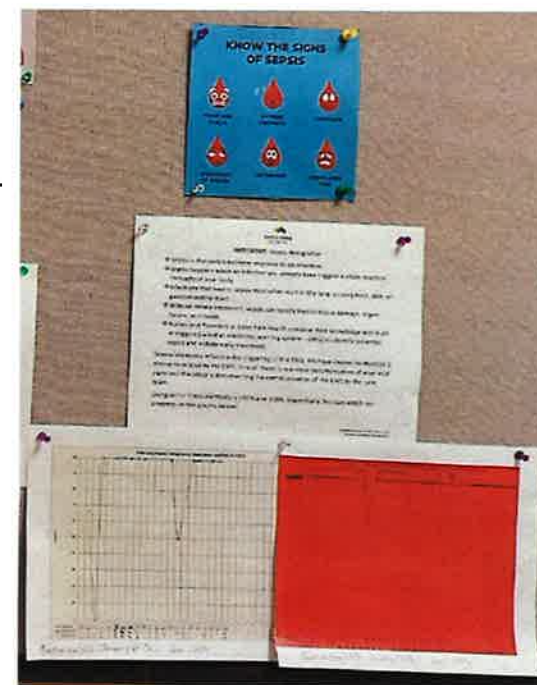
- Med/Surg monitoring:
  - Pain management process/documentation per defined standards.
  - Documentation and monitoring of intake/output-utilizing AI.



# Pursuit of Quality...

## MEDICAL SURGICAL-EMERGENCY DEPARTMENT-Sepsis

- ED and Med/Surg nursing and physicians partnering to leverage technology and best practice in the care of sepsis.
  - Multi-disciplinary team with all key stakeholders working together.
  - Leveraging technology to enhance the quality of care we provide-AI
  - Making a positive impact in both ED and Med/Surg setting.
    - Increased blood culture ordering by 3X.
    - Identifying deteriorating patients sooner (decrease in transfers).
    - Improved communication between nurses and physicians-SBAR.



# Pursuit of Quality...

## DIAGNOSTIC IMAGING

- Quality projects:
  - Per patient request/input, placed a beautiful picture above the dexascan for patients to view during test.



- Patient handrails placed throughout hallways of diagnostic imaging.
- Developing a Breast Health Service line.





# Pursuit of Quality...

## PATIENT EXPERIENCE Medical-Surgical

Discharge Dates From Apr 1, 2023 to Mar 31, 2024

<https://catalyst.nrcpicker.com/eph/ip/ephmedsurgunit/default.aspx>

February 22, 2024

	Benchmarks		Calendar Year	EPH MED SURG UNIT			
	NRC 50th Percentile*	NRC 75th Percentile	Current YTD	Qtr 1 2024‡	Qtr 4 2023‡	Qtr 3 2023	Qtr 2 2023
<b>Overall</b>							
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	73.4%	80.0%	100.0%µ PR=100	100.0%µ	88.9%µ	72.7%µ	85.7%µ
<b>Key Drivers</b>							
Respect for Patient Preferences	82.4%	86.3%	100.0%µ PR=100	100.0%µ	86.1%µ	88.1%µ	91.1%µ
Respect for Patient Preferences	81.8%	85.8%	100.0%µ PR=100	100.0%µ	86.1%µ	88.1%µ	91.1%µ
Patient Safety	69.9%	77.4%	100.0%µ PR=100	100.0%µ	72.2%µ	63.2%µ	71.4%µ
<b>Focus</b>							
Would Recommend Hospital	72.9%	80.8%	100.0%µ PR=100	100.0%µ	66.7%µ	77.3%µ	64.3%µ
Information and Education	69.4%	74.5%	33.3%µ PR=1	33.3%µ	53.7%µ	70.0%µ	73.8%µ
Continuity and Transition	86.1%	89.2%	100.0%µ PR=100	100.0%µ	100.0%µ	79.4%µ	87.5%µ
Patient Safety	69.9%	77.4%	100.0%µ PR=100	100.0%µ	72.2%µ	63.2%µ	71.4%µ
Respect for Patient Preferences	81.8%	85.8%	100.0%µ PR=100	100.0%µ	86.1%µ	88.1%µ	91.1%µ
Physical Comfort	66.9%	73.6%	66.7%µ PR=49	66.7%µ	47.9%µ	57.0%µ	77.4%µ
Information and Education	70.2%	75.2%	33.3%µ PR=1	33.3%µ	53.7%µ	70.0%µ	73.8%µ
Continuity and Transition	87.2%	89.8%	100.0%µ PR=100	100.0%µ	100.0%µ	79.4%µ	87.5%µ
Physical Comfort	67.0%	73.6%	66.7%µ PR=49	66.7%µ	47.9%µ	57.0%µ	77.4%µ
Patient Safety	67.9%	74.8%	100.0%µ PR=100	100.0%µ	72.2%µ	63.2%µ	71.4%µ
Respect for Patient Preferences	82.4%	86.3%	100.0%µ PR=100	100.0%µ	86.1%µ	88.1%µ	91.1%µ

# Pursuit of Quality...

## PATIENT EXPERIENCE-EMERGENCY DEPARTMENT

### NET PROMOTER SCORE

71.7 n-size: 1,032



### ALERT PERFORMANCE

OPEN ALERTS

CLOSED ALERTS

25

8

### QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
Family involved in visit	86.1	86.7	83.3	935	85.9	75.6	10.3	<div></div>
Trust providers w/ care	78.8	77.5	83.3	1,076	78.8	81.9	-3.1	<div></div>
Care providers listened	75.8	76.5	80.3	1,079	78.3	84.4	-6.1	<div></div>
Received consistent info	77.8	79.3	80.3	1,068	77.3	65.8	11.5	<div></div>
Care providers explain things	78.4	79.0	82.6	1,097	76.8	80.6	-3.8	<div></div>
Seen in timely manner	72.8	75.8	73.9	1,108	75.9	71.5	4.4	<div></div>
Spent enough time with patient	76.0	74.5	76.1	1,089	75.6	72.7	2.9	<div></div>
Providers eased discomfort	69.9	72.4	72.1	1,022	74.4	66.4	8.0	<div></div>
Care provider explain-if not better	72.4	72.4	72.7	1,056	73.1	64.4	8.7	<div></div>
NPS: Facility would recommend	65.6	67.3	66.7	1,032	71.7	78.9	-7.2	<div></div>

### QUALITATIVE SUMMARY

#### Promoter

- Recognition
- Courtesy/Respect
- Doctor
- Doctor-Courtesy/Respect
- Nurse/Nurse Aide-Courtesy/Respect

#### Passive

- Doctor-Communication
- Wait Time
- Doctor
- Doctor-Courtesy/Respect
- Courtesy/Respect

#### Detractor

- Doctor-Courtesy/Respect
- Doctor-Communication
- Doctor
- Nurse/Nurse Aide
- Nurse/Nurse Aide-Communication

# Pursuit of Quality...

## PATIENT EXPERIENCE Peri-operative Services

### NET PROMOTER SCORE

89.4 n-size: 188



### ALERT PERFORMANCE

OPEN ALERTS

CLOSED ALERTS

1

0

### QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
Trust providers w/ care	93.3	88.4	89.5	193	91.2	81.9	9.3	<div></div>
Family involved in visit	92.9	87.5	88.2	169	90.5	75.6	14.9	<div></div>
NPS: Facility would recommend	88.9	90.0	93.8	188	89.4	78.9	10.5	<div></div>
Care providers listened	83.9	86.4	80.0	194	89.2	84.4	4.8	<div></div>
Received consistent info	96.6	95.2	94.4	190	87.9	65.8	22.1	<div></div>
Was told when could leave	85.7	87.8	88.2	189	87.3	83.7	3.6	<div></div>
Care providers explain things	74.2	81.8	70.0	196	86.7	80.6	6.1	<div></div>
Got help as soon as wanted	95.5	85.7	92.9	163	85.3	75.7	9.6	<div></div>
Procedure began on time	51.6	52.3	40.0	199	62.8	63.6	-0.8	<div></div>

### QUALITATIVE SUMMARY

#### Promoter

Recognition ●  
 Courtesy/Respect ●  
 Doctor ●  
 Doctor-Courtesy/Respect ●  
 Nurse/Nurse Aide-Courtesy/Respect ●

#### Passive

Recognition ●  
 Common Areas ●  
 Guest Accommodation ●  
 Medical Expenses ●  
 Nurse/Nurse Aide-Courtesy/Respect ●

#### Detractor

Courtesy/Respect ●  
 Delighted ●  
 Doctor ●  
 Pain ●  
 Recognition ●

# Pursuit of Quality...

## PATIENT EXPERIENCE

### Urgent Care

#### NET PROMOTER SCORE

81.6 n-size: 1,558



#### ALERT PERFORMANCE

OPEN ALERTS

CLOSED ALERTS

29

3

#### QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
Care providers listened	84.8	87.3	85.3	1,623	86.4	84.4	2.0	<div></div>
Trust providers w/ care	84.7	84.2	84.2	1,616	85.6	81.9	3.7	<div></div>
Care providers explain things	82.1	85.5	82.1	1,633	85.1	80.6	4.5	<div></div>
Received right treatment	80.4	83.1	80.9	1,603	82.7	70.4	12.3	<div></div>
NPS: Facility would recommend	74.3	81.5	73.9	1,558	81.6	78.9	2.7	<div></div>
Providers eased discomfort	78.0	78.4	77.9	1,485	80.8	66.4	14.4	<div></div>
Care provider explain-if not better	77.6	76.5	78.7	1,591	75.4	64.4	11.0	<div></div>
Seen in timely manner	70.5	71.3	71.1	1,652	69.4	71.5	-2.1	<div></div>

#### QUALITATIVE SUMMARY

##### Promoter

Courtesy/Respect  
Recognition  
Presence  
Wait Time  
Doctor

##### Passive

Doctor  
Wait Time  
Doctor-Courtesy/Respect  
Medication  
Proficiency

##### Detractor

Doctor  
Courtesy/Respect  
Covid  
Medication  
Doctor-Communication

# Pursuit of Quality...

## WORKPLACE VIOLENCE

- De-escalation training of 5 staff members
  - DART
  - Developing 60-minute class with hands on training for staff.
- One button lockdown/locked down all units.
- Partnering with state to work through current legislation.

## SOCIAL WORK DEVELOPMENT

- Identify trigger list with EPH Physicians Clinic and Emergency Room Physicians.
- Partnering with community agencies to help at risk residents with social determinants of health and end of life care.



# Developing People Resources...

Initiating second round, Cohort 2 for leadership class-6months.

## Recruitment and Retention Team

- Identifying new and creative ways to recruit and retain.
  - Stay interviews, social media, etc .
- Including recognition as a component of team.
- Addition of full-time Clinical Manager for Medical/Surgical team.
- Individual leadership coaching.



# Leveraging Technology to Improve Outcomes...

- Infusion/Chemotherapy
  - Created a scheduling preset with patients. This enables patients to schedule the entirety of their treatment plan in the beginning. This ensures their appointment slots are secure and they receive a printout of all their upcoming treatments for up to a year.
- Continue to utilize AI with sepsis.
- Orthopedic service line development.
  - Scheduling patients.
  - Preparation for surgery-education before total joint surgery.
  - Post-op phone calls.

# Fiscal Health...

- Contract staff, continue to manage to budget or better than budget.
  - Perioperative service line-1 that will be done in mid-March
  - Medical/Surgical- hired 1 M/S RN plus 2 prn's, will be down to 2 Med/Surg after mid-March.
  - Emergency Department- hired 2 new ED RN's (one is a return hire), will be down to 2 travelers end of March.
  - Laboratory- 2 travelers to meet MT staffing needs.
  - Pharmacy- has no contract staff
  - Infusion/Chemotherapy service line – 2 contract staff
    - 1 will sign on as prn, 1 to be done end of March
  - Rehabilitation-no contract staff.
  - Diagnostic Imaging- no contract staff
- Refining orthopedic service line charges, to ensure all implants included.
- Consultant for 340B program-final report on 2/23/2024-will implement recommendations.

# QUESTIONS?

