ESTES PARK HEALTH

ESTES PARK HEALTH
BOARD OF DIRECTORS'
Regular Meeting Minutes – February 22, 2021

Board Members in Attendance (via webinar):
Dr. David Batey, Chair
Ms. Sandy Begley, Vice Chair
Dr. Steve Alper, Finance Committee Chair
Ms. Diane Muno, Member at Large
Mr. William Pinkham, Member at Large

Other Attendees (via webinar):
Mr. Vern Carda, CEO
Ms. Pat Samples, CNO
Mr. Gary Hall, CIO
Mr. Tim Cashman, CFO
Dr. John Meyer, CMO (via webinar)
Ms. Leslie Roberts, Emergency Department Director (via webinar)
Ms. Shelli Lind
Mr. Guy Beesley
Dr. Robyn Zehr

Mr. Randy Brigham, CHRO
Dr. Nicholaus Mize
Dr. Scott Chew
Dr. Amanda Luchsinger (via webinar)
Ms. Lesta Johnson, Quality Director (via webinar)
Ms. Mandy Feldman, Physician Clinics Director
Ms. Barbara Valente, Urgent Care Director (via webinar)
Mr. Alan Omland, IT (via webinar)
Mr. Don Shelley, IT (via webinar)
Ms. Sarah Sheppard, Circuit Rider LLC (via webinar)
Mr. Kevin Mullin, Executive Director, Estes Park Health Foundation (via webinar)
Ms. Peggy Savelsberg, Executive Assistant, Estes Park Health Foundation (via webinar)

Community Attendees (via webinar):
Dr. Larry Leaming, Bill Solms, Aaron Alberter, Michael Costanzo, Wendy Rigby, Sandy Chockla, Patrick Martchink, Mary Ann Franke, Belle Morris, James and Gail Cozette, Andy Selig, Sharon Coleman, Donna McCleary and Alice Cooper

1. **Call to Order**

The Board meeting was called to order at 4:05 pm by Dr. Batey, Chairman of the Board of Directors; there was a quorum present. Notice of the Board meeting was posted in accordance with the SUNSHINE Law Regulation.

2. **Approval of the Agenda**
Dr. Alper motioned to approve the agenda as submitted. Ms. Muno seconded the motion, which carried unanimously.

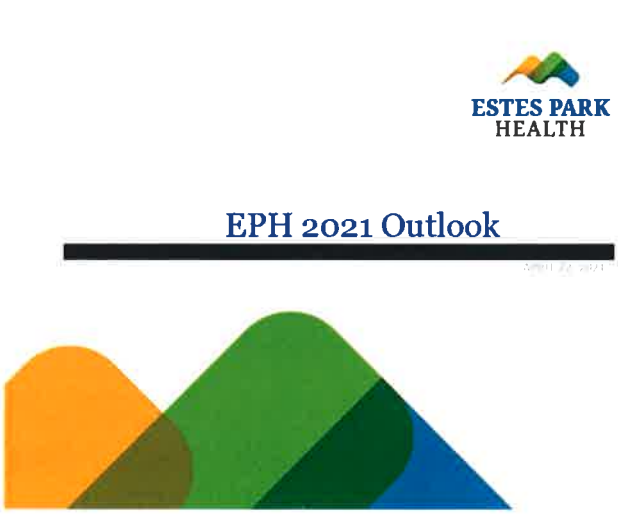
3. **Public Comments on Items Not on the Agenda**
No comments.

4. **General Board Comments**
Gratitude to EPH, EMS and the ED for a wonderful experience during a scary situation.

5. **Welcome new Chief HR Officer Shelli Lind**
Shelli grew up in NE Colorado and lived in the Denver area for nearly 30 years. Her career in healthcare began with Centura Health, followed by coaching with healthcare and higher education clients. After a brief time in the financial sector, she returned to healthcare as the Director of Leadership and Organizational Development and later the Director of Diversity, Equity, Inclusion, and Belonging at the Billings Clinic in Billings, Montana where she has spent the last 5 years. She is passionate about healthcare, leadership, and development and will bring a focus on leadership and culture development here at EPH.

6. **Consent Agenda Items Acceptance**
Items 6.1.1, 6.1.2, 6.1.3, and 6.1.4 (meeting minutes) will be moved to the March 23, 2021 meeting. Item 6.1.5 (Colorado Dept of Regulatory Agencies Professional Review of Healthcare Providers and Annual Report) will need to be reviewed and approved by the board before submission on March 1st. The board will address this separately.

7. **Presentations**
7.1 Estes Park Health – Current Status and 2021 Outlook



Patient Confidence 2021

- EPH Providers won't see demand return to pre-Covid-19 levels.
- Healthgrades Study- consumer behavior trends amid pandemic
  - 72% comfortable going to their primary care physician tomorrow (40% April 2020)
  - 69% comfortable visiting specialist tomorrow (38% April 2020)
  - 63% willing to visit urgent care (32% April 2020)
  - 54% feel comfortable having an elective procedure at a hospital
  - 64% willing to undergo an in -office medical procedure
  - 82% - consistent - interacting with provider virtually - over the phone

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2021 Budget Planning Identifies $4.5 MM Operating Loss

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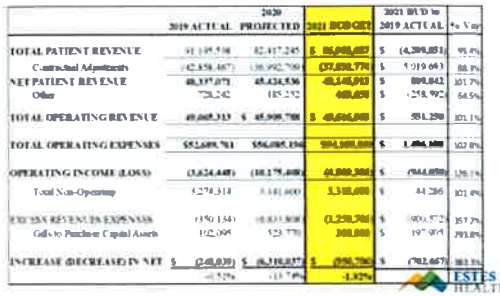
OPERATING BUDGET 2021



	2019 ACTUAL	2020 PROJECTED	2021 BUDGET	2021 BUD to 2019 ACTUAL	% Var
TOTAL PATIENT REVENUE	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Contractual Adjustments	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NET PATIENT REVENUE	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Other	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
TOTAL OPERATING REVENUE	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
TOTAL OPERATING EXPENSES	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
OPERATING INCOME (LOSS)	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Non-Operating	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
EXCESS REVENUES EXPENSES	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Gifts to Purchase Capital Assets	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
INCREASE (DECREASE) IN NET	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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"Recovery Period" & Expense Reduction

- EPH will use next several months ("recovery period") to rationalize services.
  - Expense Reduction
  - Efficiency of Processes and workflows
  - Review, renegotiate, restrict, and eliminate contracts
  - Re-evaluate and restructure staffing models throughout EPH
  - Improve efficiency in workflow dynamics across the board.

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Revenue Growth

Market Share

- EPH has a narrow window to review/change/strengthen outmigration

Revenue Growth

- Add physician partners that support EPH medical practice
- Examples include:
  - Radiologist
  - Podiatrist

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2021 Considerations

- Population Health Management
- Patient Centricity/Patient and family engagement
- Evolving health human resources
- Information systems and technology

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Next Steps and Questions?

- Finalize work plan – (Board – Physicians – Leaders) & implement plan components
- Conduct Strategic Planning Session late summer – early fall 2021
- Questions?

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- EPH will need to continue to examine and reduce expenses in the next 12-18 months, as well as growing revenue and adding market streams. EPH will not likely see a return to 2019 demand levels as we recover from the Covid-19 pandemic. Patient confidence has risen since

the April 2020 however we do not have data available for pre-pandemic levels for comparison.

- Over the next several months, we will need to focus on expense reduction and providing center of excellence service models.
- An increased focus on health promotion and disease prevention to reduce the huge demands on limited resources and improve population health.
- We want to work towards everyone in the organization focusing on the patient experience.
- Workforce expectations are shifting, and it is important to look at personnel development and succession planning to ensure a safe and healthy workplace.
- Patients, funders, and other partners in healthcare have a higher expectation of information systems and technology and security. Telehealth in particular has been pushed to new levels in the Covid-19 pandemic and that here to stay.

Board Questions & Comments

Q. How can we publicize community involvement?

A. Central area is to form a committee to identify areas where we can improve, particularly from patients who have not had a good experience. There are some items we can focus on right away, including registration and getting patients from the parking lot to their physician's office in a seamless manner. We also have to have the capacity to listen carefully to our patients and remember what it's like to be on the other side of that relationship.

Q. Many things can be started on almost immediately. The work plan starts fairly soon, after we work through the immediate items, we will move on to what's next

A. In the near term we need to focus on winding down the EPHLC and moving hospitalists in-house. Later in the year as we move past those items we will begin the strategic planning for what EPH will look like in the years to come.

Public Comments

No comments

7.2 Estes Park Health Covid-19 Status & Vaccination Update

- Our ongoing Monday/Wednesday/Friday vaccination clinics are moving along nicely.
- We have exhausted the Larimer County Health list of residents aged 70+ and have asked to begin vaccinating residents aged 65 – 69.
- We have not yet wasted a single dose of vaccine so far, and any extra doses have gone to individuals within the 65+, educators, and healthcare providers.
- Loveland and Fort Collins healthcare providers have been coming to Estes Park for vaccination because they are not able to secure a dose in their area.
- Under no circumstance will EPH pressure, coerce, or mandate anyone, including staff, to get the vaccine. It is a matter of personal choice in discussion with your primary care physician. While we and all of our physicians recommend it, it remains a matter of personal choice.
- EPH Foundation has received a tribute donation in response to the job that EPH has done in vaccination.
- Residents aged over 65 that are having any difficulty accessing the website can also call the clinic for assistance in getting a vaccine appointment.
- If anyone wants to volunteer to assist, please contact Ms. Pat Samples to coordinate.

- EPH is still running our swabbing clinic and have not had any issue getting people tested. We still see some cases but not a high volume.
- A recent patient tested positive for Covid-19 after he delayed his second dose. It is still highly important to ensure that both doses are administered on time for maximum protection.

Board Comments
The board expresses admiration and appreciation for the EPH team and their efforts to implement the testing and vaccination programs

7.3 Update on EPH Living Center Closing and Resident Transfer

- We are down to 10 residents with 3 more leaving this week, leaving 7
- Of those 7, 5 have identified new facilities, which leaves 2 residents still in need of finding placement that will suit their needs
- Plan is in place to decrease staffing as we decrease the residents
- Residents are very excited as many moving together to new facilities and will get to continue living with their friends from EPHLC

Board Questions & Comments
Q. When do we anticipate all residents being placed in new facilities?
A. As we find placement for the last two residents, we will likely have everyone placed in new facilities by mid-March.

Q. How are residents and staff doing with this transition?
A. It seems better now that the decision has been made. While many of them don't want to leave, many are excited to continue to see each other with 10 of the 15 going to the same place. Families are having a more difficult time as the residents will be a bit further away. The staff seems to be doing well and moving though the process. Some of the staff already know what their next position will be. No equipment or staff will be moved until after the last resident has been moved. Once that is done, we will work with the last staff members to help them transition into new roles, repurposing the equipment, and determining the best records management solution (electronic vs. paper).

Thanks to Pat and the EPHLC staff for their efforts to ensure a smooth transition for the residents and their families.

Public Comments
No comments

7.4 Urgent Care Center Update

- Urgent care anticipates a similar seasonal patten in traffic as ED – higher demand in summer and lower in the winter.
- After returning from fire evacuations, Urgent Care has been open Thurs – Mon 11am – 7pm. Hours of operation will be expanded as we approach summer, but we have not determined the exact schedule yet or when it would be appropriate to make the transition.
- It is important to make sure appropriate staffing levels in place and in the position for the best possible use. As part of this, the community paramedics back to EMS services. Diagnostic Imaging has also transitioned back to the hospital and on-call as needed for Urgent Care

- Patient Care Technician (PCT) position has been created by combining EMTs from Urgent Care EMTs and Med-Surg CNAs to create a pool that are cross trained to both Urgent Care, Med-Surg, ED, OR, and Birth Center. This gives them more experience and a bigger fund of knowledge about the hospital, as well as creating efficiencies in staffing and coverage. FTEs exist under Karlye in Med-Surg but float to other areas as needed.

Board Questions & Comments

Q. What is the daily Urgent Care census right now?
A. Average per day right now is 6. It tends to be higher in summer and lower in other seasons. In August the average was 11 per day, down to 9 in September, and then down to 6. We may see a big jump this summer as people get back out.

Urgent Care ties into family and patient engagement and anything we can do in that arena is helpful.
Cross training and breaking down the silos is a great idea to allow us to be more flexible as patient traffic shifts throughout the year.

7.5 Community Paramedic Update

- Currently on pause due to changes in CMS payment models. Community paramedics are no longer recognized as providers, and therefore are not eligible for payment from CMS.
- Part of the ET3 guidelines require 24/7 provider availability, but connection issues in the mountains do not allow for this.
- Per CMS advice, we are now working towards private contracts with payers so that we can get this service back up and going. We are also looking into contracting with a Home Services group in Greeley to provide telehealth support.

Board Questions & Comments

Q. Does this seem like a final decision, or is it possible that they might come around on this?
A. It is final for now, but we are in communication with CMS to push for nation wide community paramedic services in the future.

Q. Would forming an alliance with other groups in Colorado and possibly nationally to working with elected leaders to apply pressure on CMS be helpful in this?
A. Not all states recognize EMS in the same way. Paramedics in California are not able to provide the same care as paramedics in Colorado, and it varies between every state, so this would need to be done on a state-by-state level. We do meet with other agencies within Colorado weekly to try to work out contracts with private payers, and we are trying to accomplish that with our own program.

Q. Is there a state EMS organization in Colorado?
A. Yes, there are several. There are regional and state organizations. Community paramedics was put through the state legislature and recognized by state EMS, but there is currently no way to bill for it. Community Paramedicine in its infancy and it will take time.

Q. Would contracts with private payers be the best influencer for CMS to look at it more seriously?
A. Yes. In meeting with CMS, they stated that if we were successful with private payers they would be encouraged to look into it as well.

Public Comments
No comments

7.6 Chief of Staff Update

- No major updates. There has only been one meeting since the new year. This included reassigning clinical service chiefs and committee members.
- Dr. K has stepped down as Quality chair and Dr. Epstein has become the new chair.
- Dr. McLellen will be the new surgical chief, taking the place of Dr. Grant.
- Peer review committee is working to meet more regularly and to shift towards being more proactive and to help our credentialling committee.
- Lena Pavlish in the clinic has completed her NP psychiatric training and will begin offering that once she has completed her board certification for psychiatric. This timeline will be determined by when the board will let her sit for her exam.

Board Questions & Comments
The board is glad to have Dr. Zehr as chief of staff and is encouraged to hear about the shift towards proactive peer review

7.7 Chief Nursing Officer Report

- One area of focus this year will be to develop an overall nursing strategy to recruit and retain nurses of all ages as well as clinical bedside providers. The creation of the PCT position was very beneficial and we need to continue to think bigger on how to manage this.
- As a critical access hospital, we need to find ways to partner with nursing schools and continue to educate and develop the nurses already on staff.
- Quality continues to be our focus this year, and quality drives everything. Developing a robust, multi-disciplinary quality program will support all of our other efforts.
- As we grow, we need to develop a culture of ownership and professionalism which again comes back to quality, regardless of what discipline we're in.
- Patient experience scores have been all over the board and this continues to be a focus and will improve as quality improvements continue.
- We're very good at pulling together and identifying what we did wrong, we have an opportunity to improve in how we follow up and execute solutions.
- The OR is continuing to improve with 2 new staff nurses starting this week to replace travel nurses that are leaving.

Board Questions & Comments
Our priorities are appropriate.
Looking at progress over the last 6 months, Pat's efforts have been immeasurable
Appreciate the sense of where we want to be. Strategic thinking and outlining the steps to get there is ambitious but good. This will move us in the direction we want to be.

7.8 Update on Quality, DNV, Transition

1. Enable the highest quality & value to all customers
   - Monthly quality meetings across all groups to discuss process improvements and metrics
   - Particular attention is being paid to non-patient facing areas to identify measures to improve their processes. Even though they may not interact directly with patients, they still affect the outcome and patient satisfaction.
   - Dr. Epstein brings a new perspective to the Quality Committee and focus on Med-Surg.
   - HQIP reports are due annually and is connected to reimbursement. Once challenge is a low rate of returned surveys from patients
   - DNV completed a return to business survey after fire evacuation which went well. We are planning for our reaccreditation survey expected sometime in March, but is a surprise survey so we don't know exactly when they will be arriving.
2. Support growth and development of the Urgent Care Center
   - Covid and fires have taken their toll, but we are continuing to work to involve UCC in EPH quality improvement projects
3. Raise individual and community awareness
   - Website metrics have been updated from the sorely outdated information that was available but are still not real-time. This is dependent on smooth coordination with EPIC

- NRC customer satisfaction data is timely and helpful and allows us to quickly follow up with the patient if necessary. Often it is positive feedback and thanks.
- Lesta Johnson is currently transitioning back to the clinic and is currently managing both quality improvement as well as the clinic.

Q. Would we be able to see aggregate scorecards for EPH to determine where there are opportunities for improvement?
A. This should be available from reports that we can generate and shouldn't be difficult to obtain.

Q. Are the individual groups empowered to act upon the solutions they come up with in root cause analysis, or do they need to continually need to go to other groups before they can implement improvements?
A. They are definitely empowered to move forward. One important key to this is follow up; a second follow up meeting is scheduled before adjourning the first one.

The board thanks Dr. K for what he has done since taking this on and growing the quality improvement program. If it weren't for Dr. K we wouldn't have the quality program we do today.

8. **Strategic Operations and Significant Developments**
No additional items.

9. **Medical Staff Credentialing Report**
Motion to accept Dr. Alper. Ms. Muno seconded the motion, which carried unanimously.

10. **Potential Agenda Items for March 23, 2021 Regular Board Meeting**
Discussion to change the board meeting day from Tuesday to Monday. For now the next meeting will be Tuesday, March 23rd but there is the opportunity for flexibility moving forward.

11. **Adjournment**
Dr. Alper motioned to adjourn the meeting at 5:59 pm. Ms. Muno seconded the motion, which carried unanimously.

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