



NOTICE OF REGULAR BOARD MEETING OF THE  
UPPER SAN JUAN HEALTH SERVICE DISTRICT d/b/a PAGOSA SPRINGS MEDICAL CENTER

**Tuesday, March 26, 2024, at 5:00 p.m. MST**

The Board Room (direct access – northeast entrance)  
95 South Pagosa Blvd., Pagosa Springs, CO 81147

The public may attend in person or via Teams.

Join on the web: <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

Meeting ID: 224 855 887 026

Passcode: 9r3UQj

## AGENDA

### 1) CALL TO ORDER; ADMINISTRATIVE MATTERS OF THE BOARD

- a) Confirmation of quorum
- b) Board Director self-disclosure of actual, potential, or perceived conflicts of interest
- c) Approval of the Agenda (and changes, if any)

2) **PUBLIC COMMENT** This is an opportunity for the public to make comments and/or address USJHSD Board. Persons wishing to address the Board need to notify the Clerk to the Board, Laura DePiazza, prior to the start of the meeting. All public comments shall be limited to matters under the jurisdiction of the Board and shall be expressly limited to three (3) minutes per person. The Board is not required to respond to or discuss public comments. No action will be taken at this meeting on public comments.

3) **PRESENTATIONS**      *Master Staffing Plan for Nursing for the Inpatient and  
Emergency Departments, by Director of Nursing Dan Davis*

### 4) REPORTS

- a) **Oral Reports** (may be accompanied by a written report)
  - i) ~~Chair Report~~ \_\_\_\_\_ Chair Kate Alfred
  - ii) CEO Report \_\_\_\_\_ Dr. Rhonda Webb
  - iii) ~~Executive Committee~~ \_\_\_\_\_ Chair Alfred and Vice Chair Rose
  - iv) ~~Foundation Board~~ \_\_\_\_\_ Dir. Parada, Dir. Taylor, and CEO Webb
  - v) ~~Facilities Committee~~ \_\_\_\_\_ Chair Alfred and CAO Ann Bruzzese
  - vi) ~~Strategic Planning Committee~~ \_\_\_\_\_ Vice Chair Rose, Dir. Cox, and CEO Webb
  - vii) [Finance Committee Report](#) \_\_\_\_\_ Treas.-Sec. Zeigler, Dir. Floyd, and CFO Keplinger
    - (a) [February 2024 Financials](#)

- b) **Written Reports** (*no oral report unless the Board has questions*)
  - i) [Medical Staff Report](#) Chief of Staff, Dr. Corinne Reed

**5) DECISION AGENDA**

- a) Consideration of [Resolution 2024-04](#) regarding approval of [PSMC's Master Staffing Plan for Nursing](#).

**6) CONSENT AGENDA** (The Consent Agenda is intended to allow Board approval, by a single motion, of matters that are considered routine. There will be no separate discussion of Consent Agenda matters unless requested.)

- a) Approval of Board Member absences:
  - i) Regular meeting of 03/26/2024
- b) Approval of Minutes for the following meeting(s):
  - i) [Regular meeting of 02/27/2024](#)
- c) Approval of [Medical Staff report](#) recommendations for new or renewal of provider privileges.

**7) EXECUTIVE SESSION**

There will be an executive session pursuant to C.R.S. Section 24-6-402(f)(I) regarding confidential personnel matters – specifically the annual evaluation of the CEO who was previously informed of the meeting and agenda item.

Further, the Board reserves the right to meet in executive session for any other purpose allowed and topic announced at open session of the meeting, in accordance with C.R.S. Section 24-6-402(4).

**8) OTHER BUSINESS**

Generally, this agenda item is limited to requests for a matter to be added to a future agenda of the Board or a Committee.

**9) ADJOURN**

Next Meeting: Tuesday, April 23, 2024, at 5:00 p.m. MST

**Finance Committee & CFO Report for the  
USJHSD Board Meeting on March 19, 2024**

The Board's Finance Committee met on March 19, 2024 (present was Dir. Mark Floyd, as well as the CEO, CFO and CAO). The report below provides an overview of the February financials and any comments or questions made by members of the Finance Committee.


1) **February Financials:**

a) **Bottom line and Income Statement:**

- i) For the month of February, PSMC had a positive bottom line of \$418,085 (Income Statement line 52).
- ii) Discussion of specific line items on the Income Statement:
  - (1) Total patient revenues (Income Statement line 19) and Total Net Patient Revenue (Income Statement line 26) were both better than budget.
  - (2) Deductions to revenue were less than budget.
  - (3) Expenses were \$103,019 less than budget.
- b) **Accounts Receivable:** Accounts Receivable increased slightly from 53 to 53.3 days.
- c) **Cash on hand:** Cash increased slightly from 120.5 to 121 days of cash on hand.
- d) **Balance Sheet:**
  - i) Nothing remarkable of note.

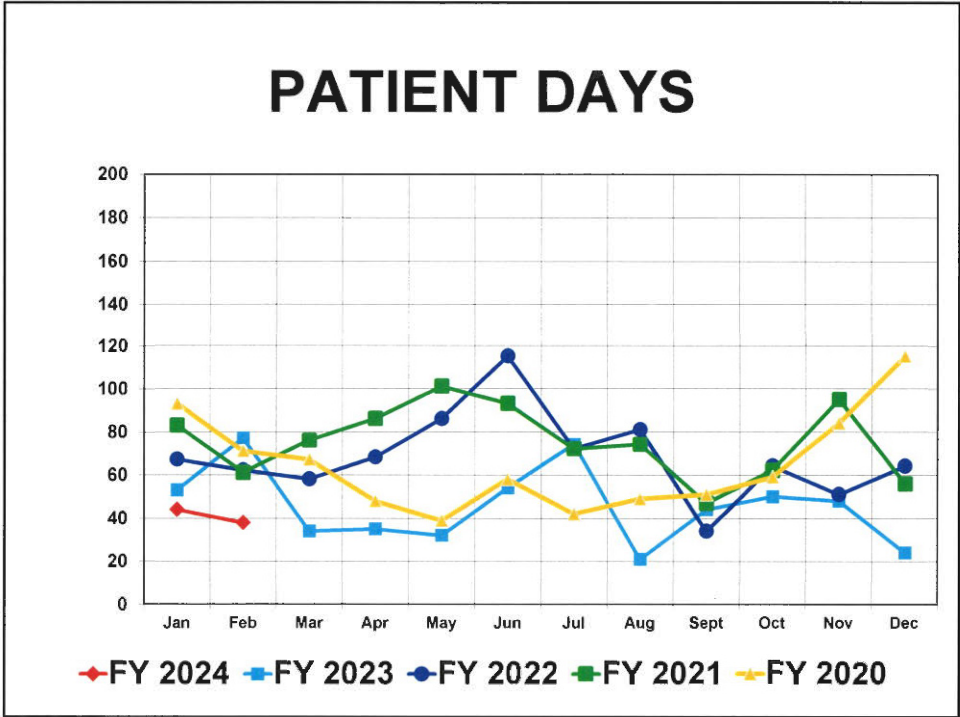
2) **Comments of Finance Committee:**

- a) The Finance Committee had no objections to the February financials.
- b) United Healthcare ("UHC" – a health insurance for some patients) owns a company called "Change Healthcare" which is responsible for processing some of UHC patient charges. In February, Change Healthcare was the victim of a cyber hack which impacts every medical provider – some significantly. PSMC has very few claims that are processed by Change Healthcare (to date PSMC has sent about \$120,000 in Change Healthcare claims sent via paper).

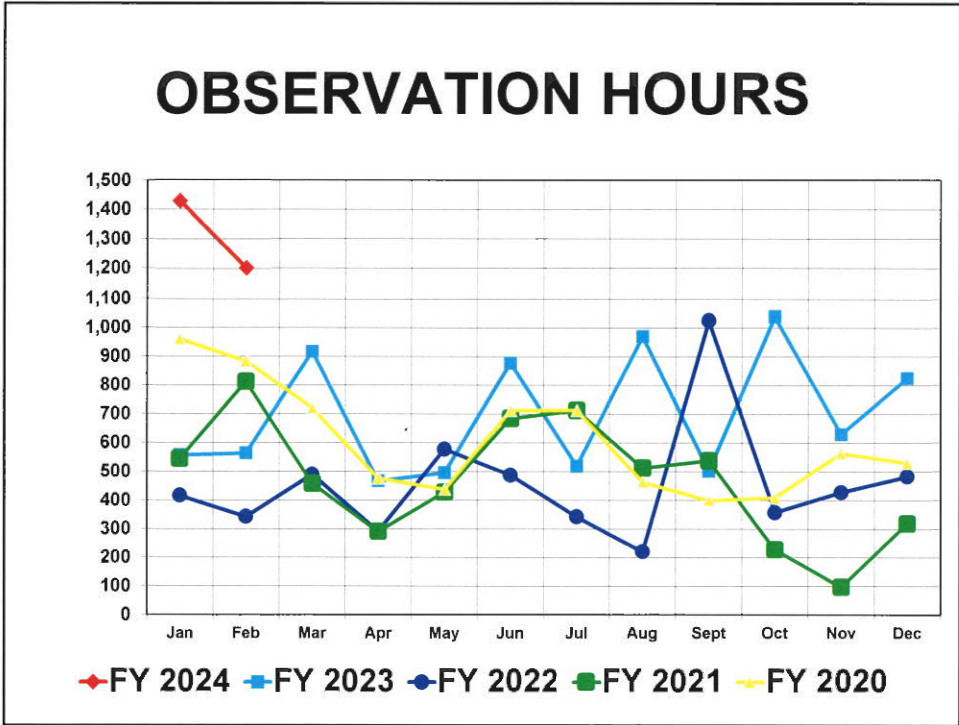
  
**PAGOSA SPRINGS**  
**Medical Center**  
First-Class Care *Close to Home*

**FINANCIAL PRESENTATION**  
**YTD FEBRUARY 2024**

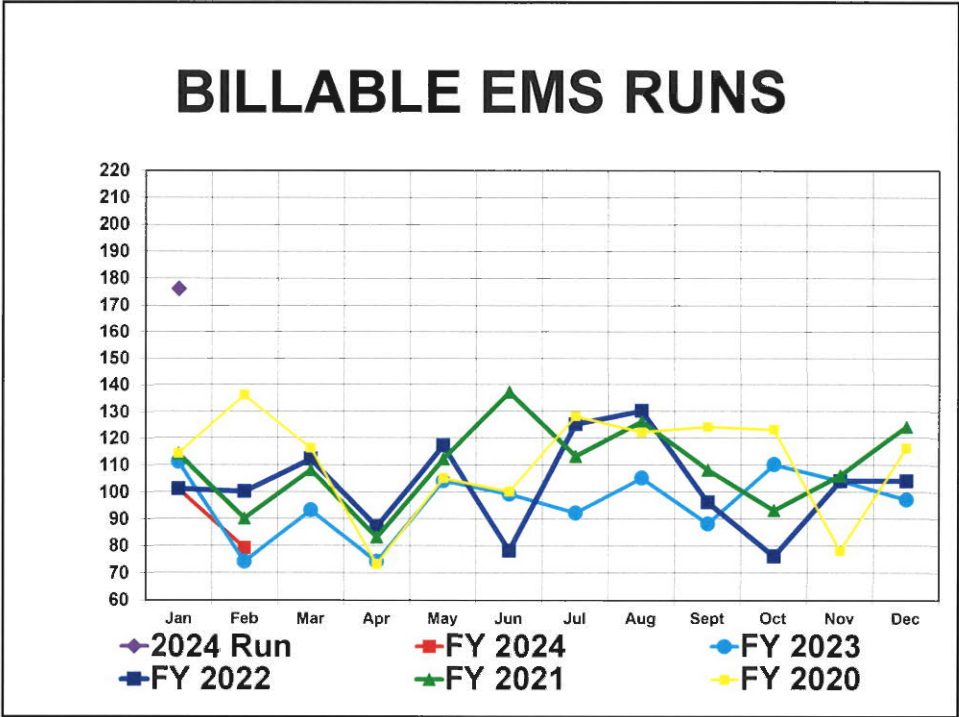
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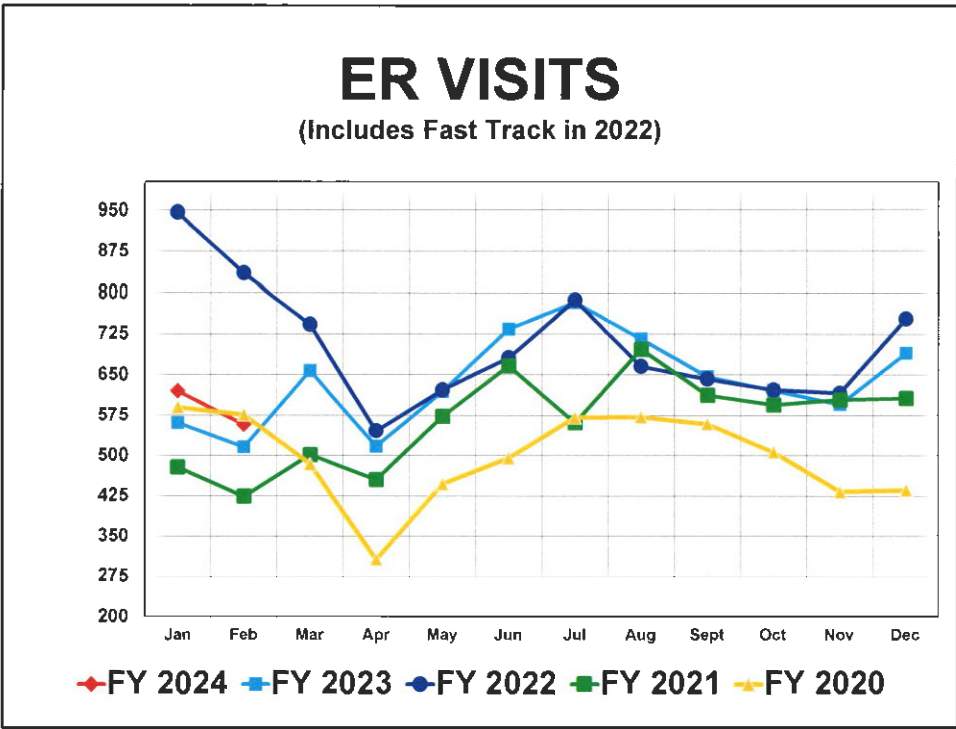
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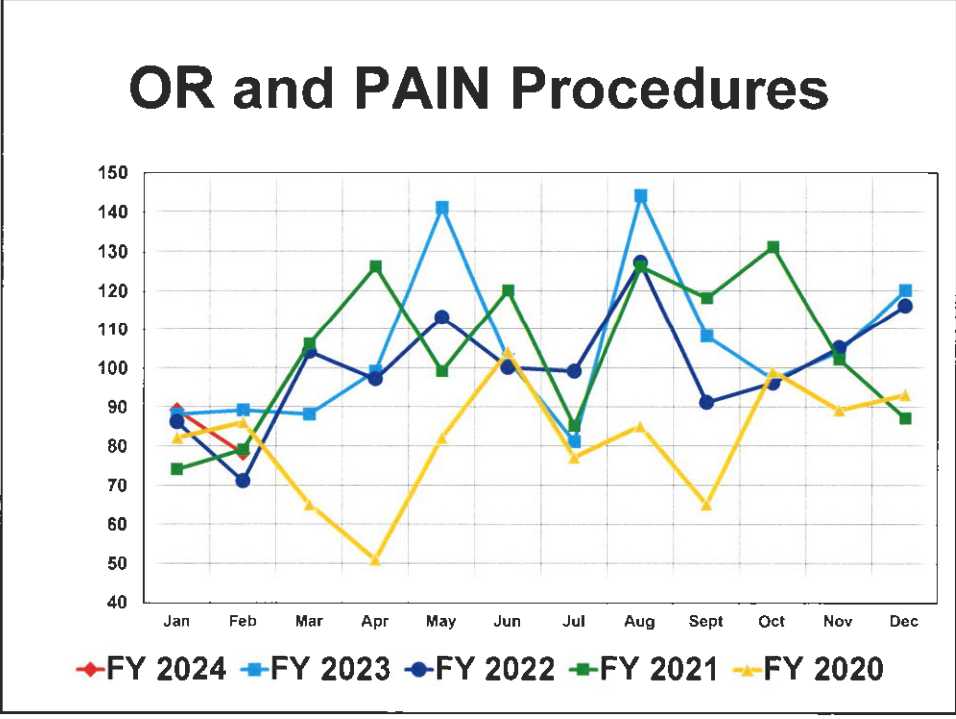
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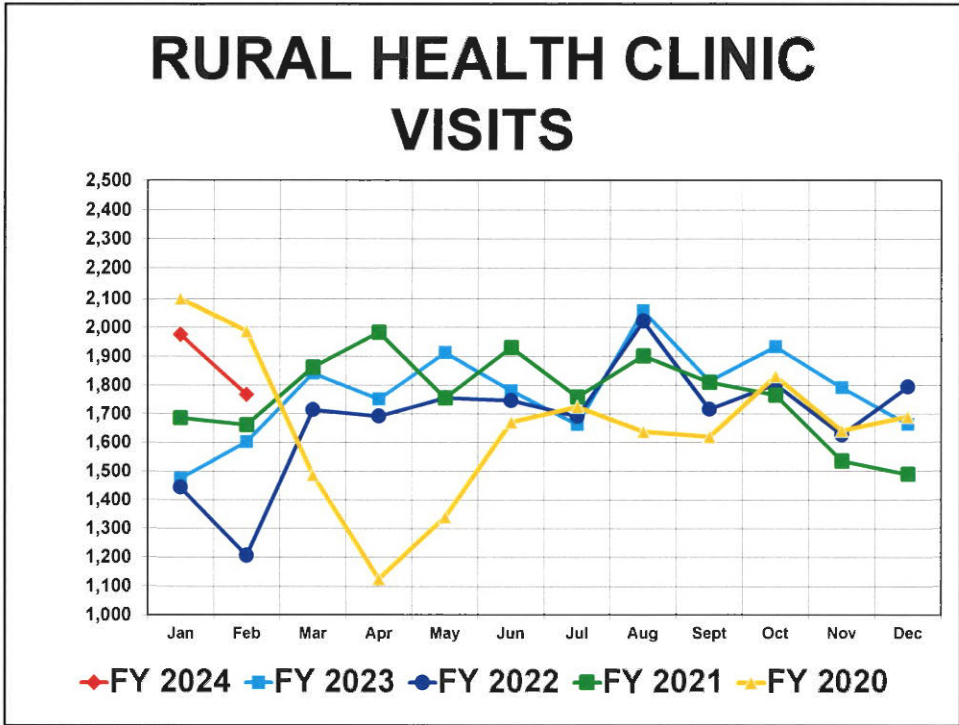
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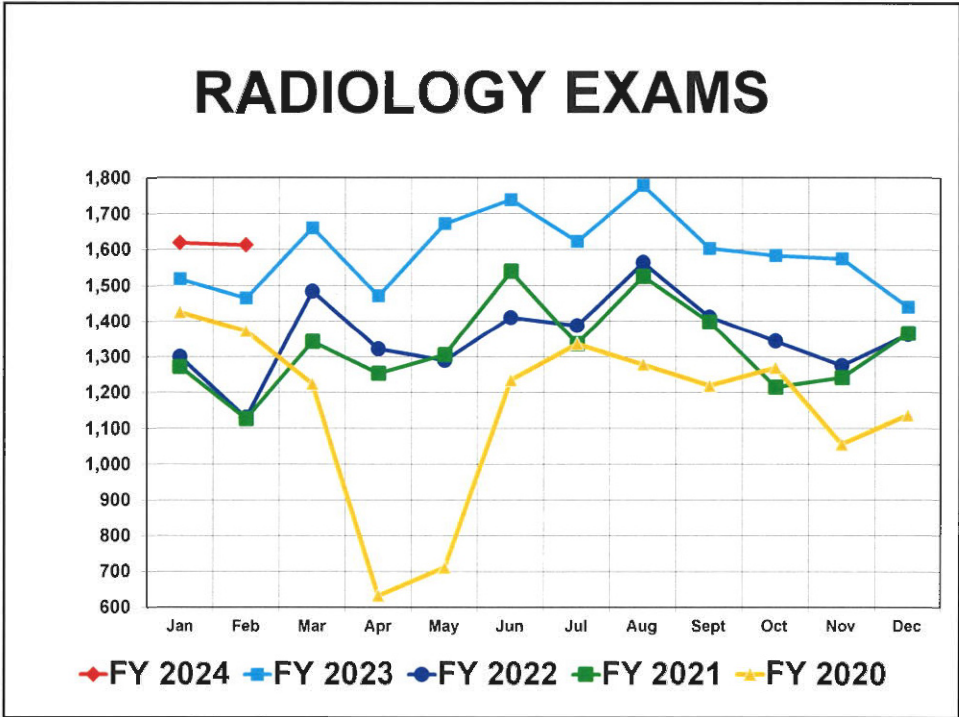
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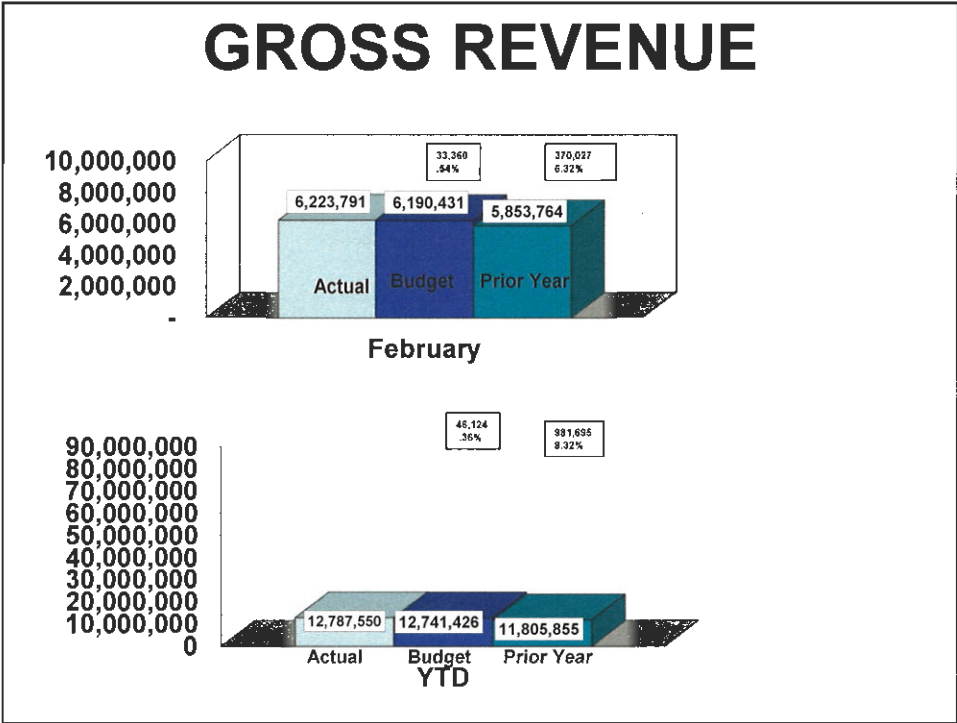
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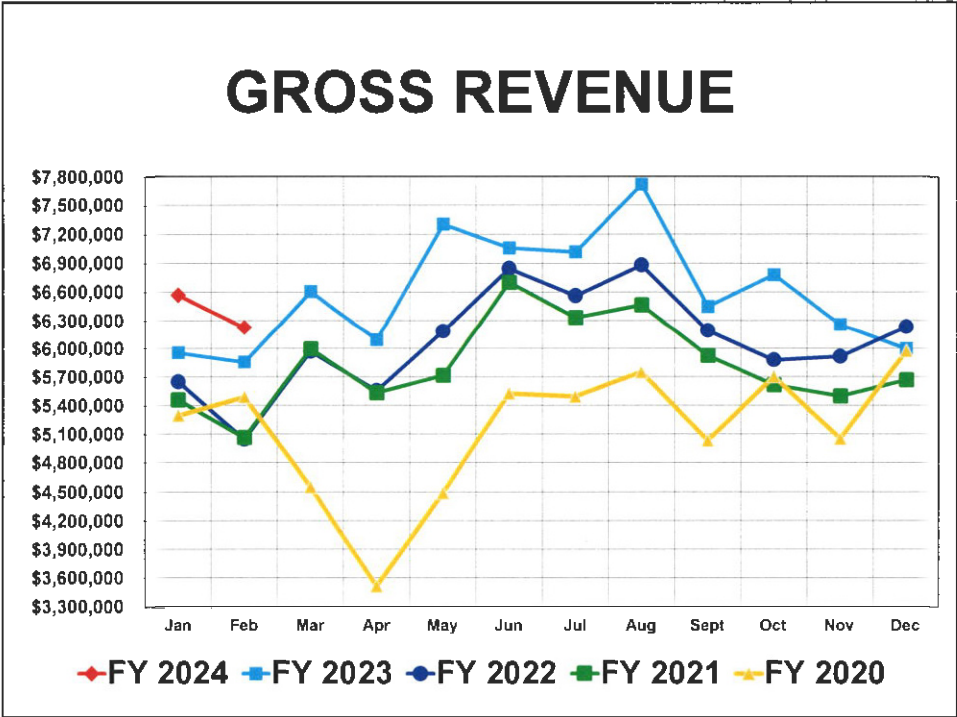
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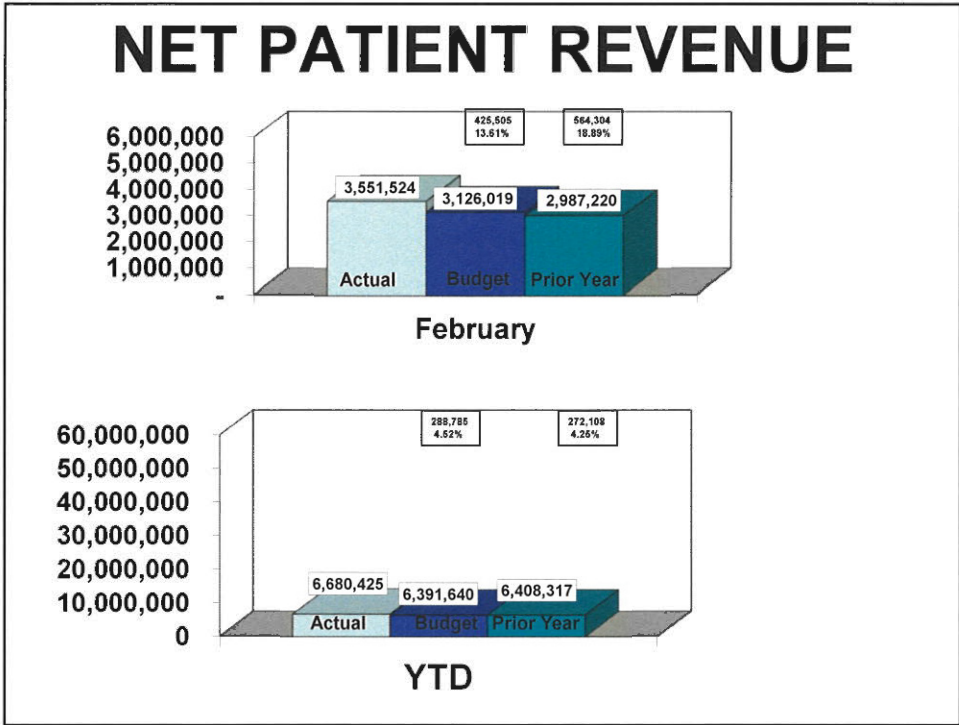


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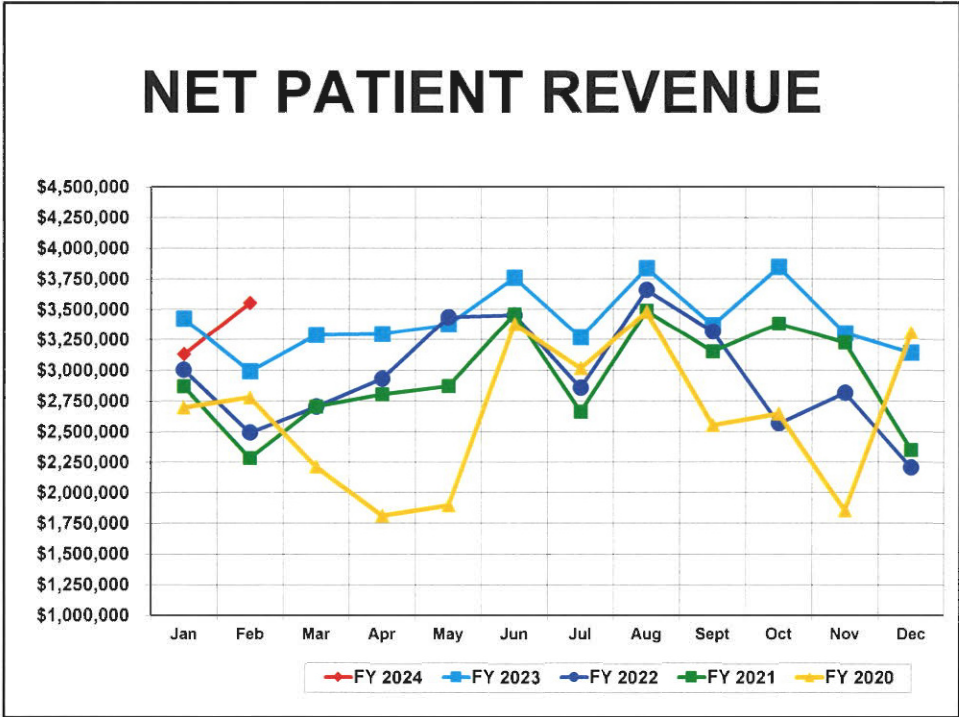


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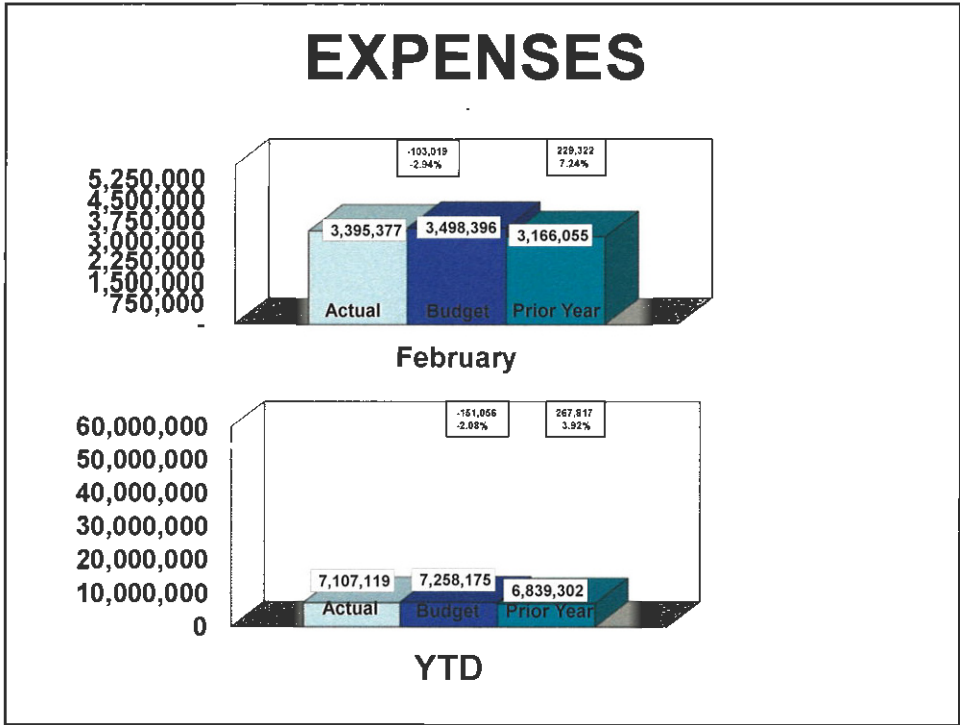




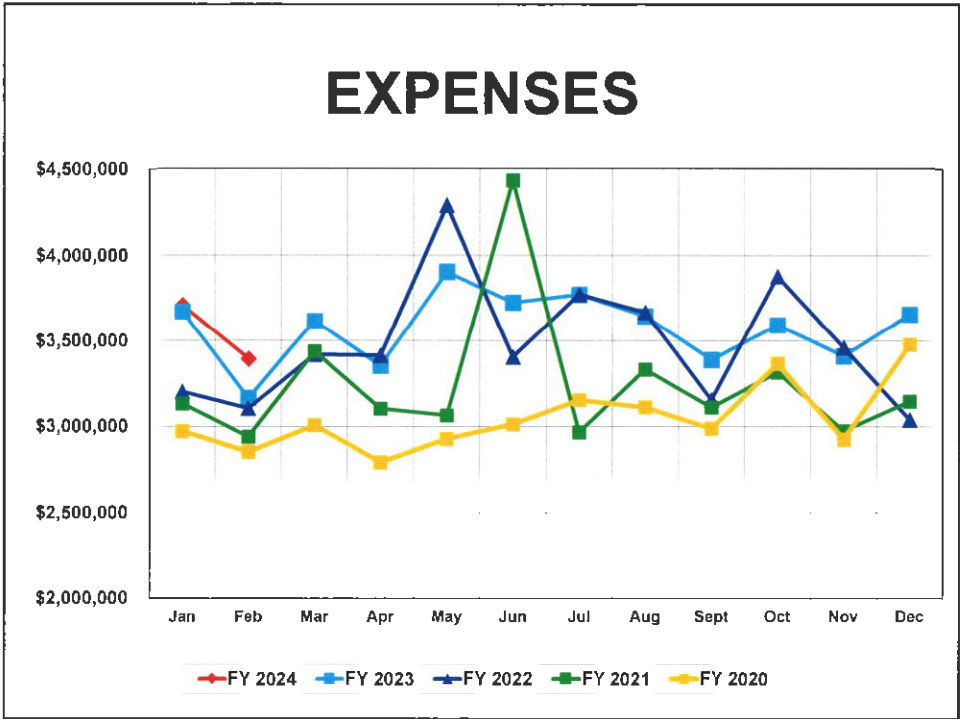
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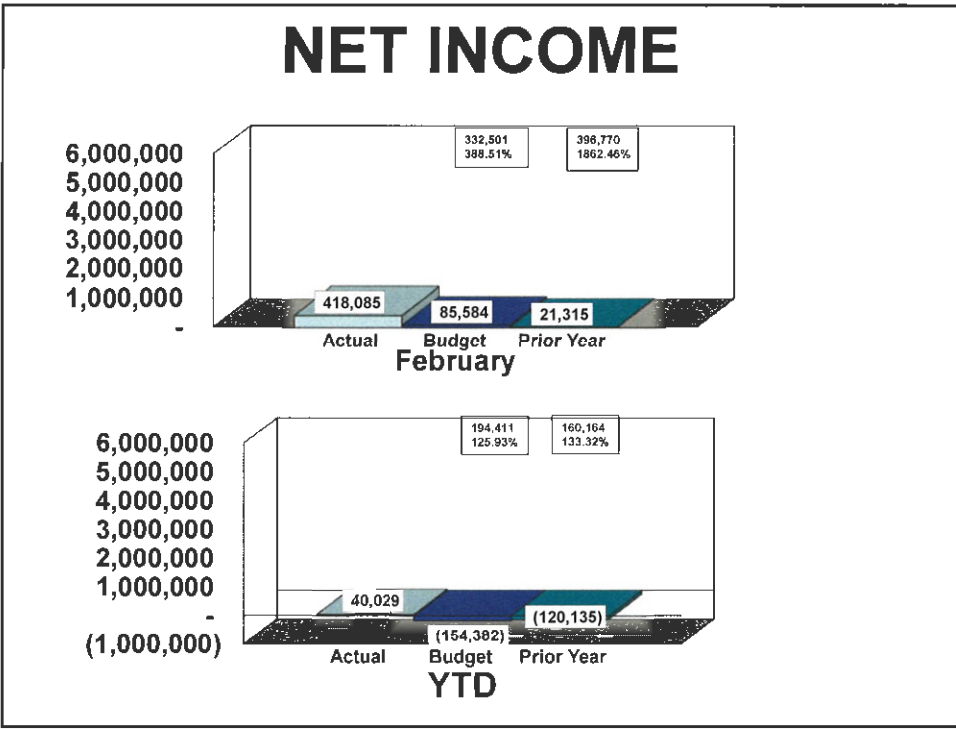
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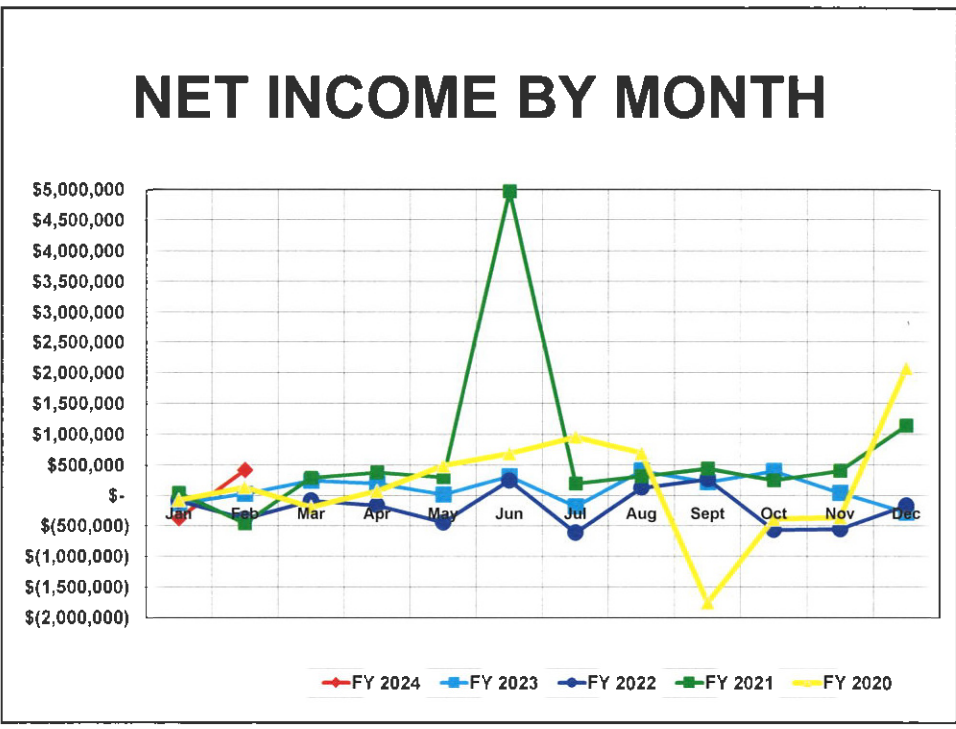
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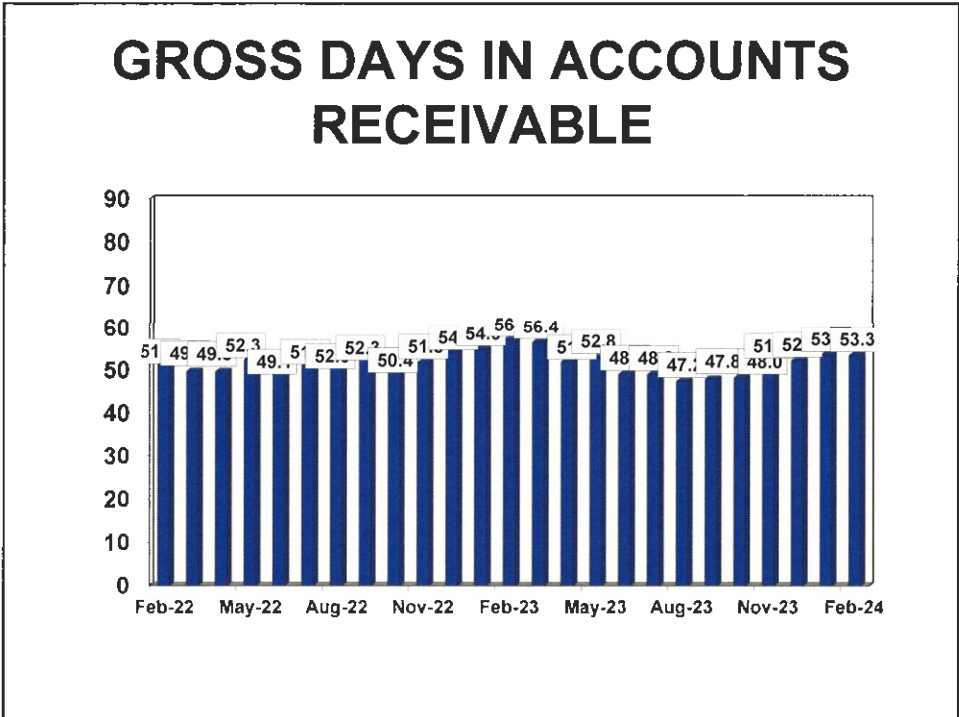


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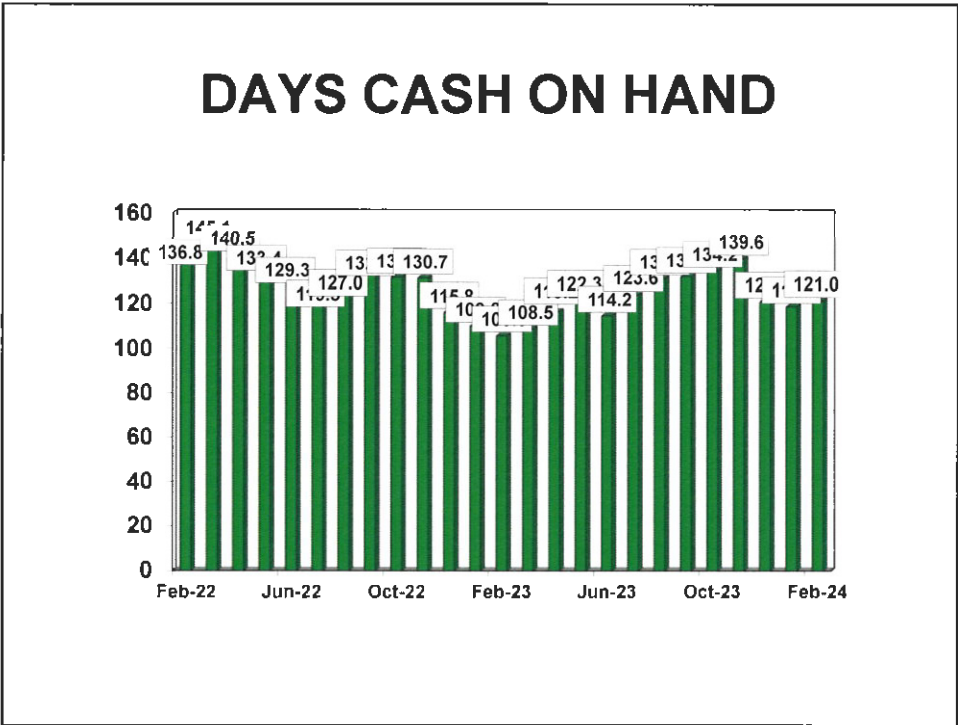
### Summary of Financials

	January	February
Gross Revenue	6,583,759	6,223,791
Net Revenue	3,128,901	3,551,524
Expenses	3,711,742	3,395,377
Grants, Misc and Tax Revenue	204,785	261,938
	Grants and Misc	189,846
	Tax Revenue	57,336
Net Income	(378,056)	418,085

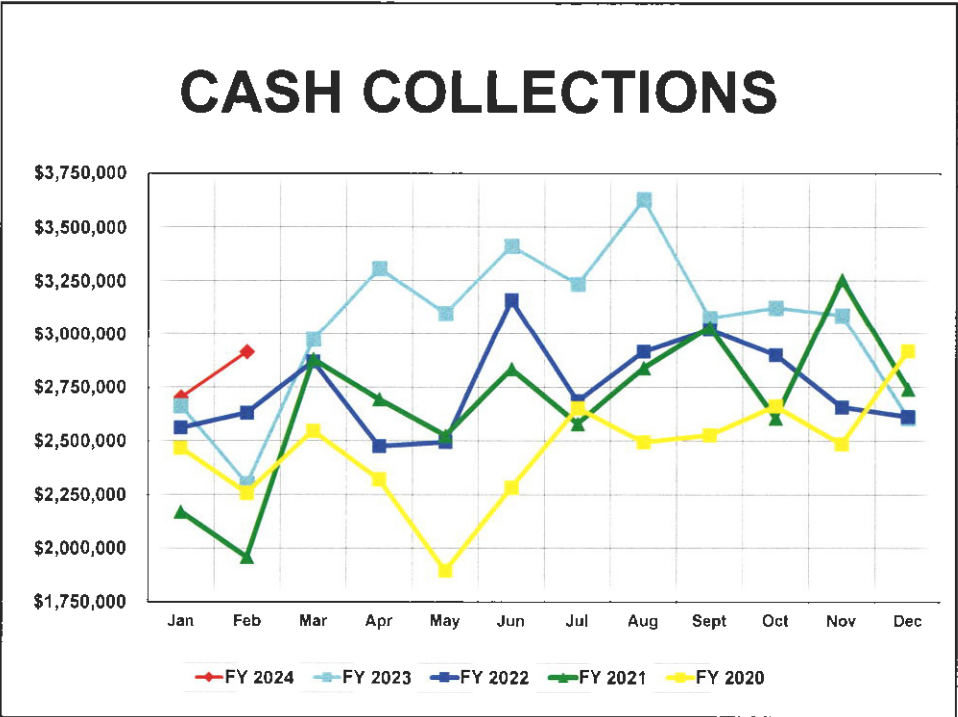
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## Income Statement - - - February 29, 2024

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	Current Month				Year-to-Date			
	2024	Budget	Difference	Variance	2024	Budget	Difference	Variance
<b>Revenue</b>								
7 Total In-patient Revenue	145,681	578,003	(432,322)	-75%	304,650	1,063,291	(758,641)	-71%
17 Total Out-patient Revenue	5,555,880	5,127,053	428,827	8%	11,371,508	10,668,184	703,324	7%
18 Professional Fees	522,230	485,375	36,855	8%	1,111,392	1,009,951	101,441	10%
19 <b>Total Patient Revenue</b>	<b>6,223,791</b>	<b>6,190,431</b>	<b>33,360</b>	<b>1%</b>	<b>12,787,550</b>	<b>12,741,426</b>	<b>46,124</b>	<b>0%</b>
20 Revenue Deductions & Bad Debt								
21 Contractual Allowances	2,838,716	3,310,282	(471,566)	-14%	6,500,805	6,832,939	(332,134)	-5%
22 Charity	22,916	-	22,916		39,202	-	39,202	
23 Bad Debt	143,852	133,848	10,004	7%	232,900	276,285	(43,385)	-16%
24 Provider Fee & Other	(333,217)	(379,718)	46,501	-12%	(665,782)	(759,438)	93,656	-12%
25 Total Revenue Deductions & Bad Debt	2,672,267	3,064,412	(392,145)	-13%	6,107,125	6,349,786	(242,661)	-4%
26 <b>Total Net Patient Revenue</b>	<b>3,551,524</b>	<b>3,126,019</b>	<b>425,505</b>	<b>14%</b>	<b>6,680,425</b>	<b>6,391,640</b>	<b>288,785</b>	<b>5%</b>
27 Grants	59,528	268,327	(208,799)	-78%	59,528	426,251	(366,723)	-86%
28 HHS Stimulus Other Revenue	-	-	-		-	-	-	
29 COVID PPP Loan Forgiveness	-	-	-	0%	-	-	-	0%
30 Other Operating Income - Misc	88,846	81,142	7,704	9%	216,294	133,622	82,672	62%
31 <b>Total Net Revenues</b>	<b>3,699,898</b>	<b>3,475,488</b>	<b>224,410</b>	<b>6%</b>	<b>6,956,247</b>	<b>6,951,513</b>	<b>4,734</b>	<b>0%</b>
32 <b>Operating Expenses</b>								
33 Salary & Wages	1,714,676	1,717,339	(2,663)	0%	3,643,947	3,599,895	44,052	1%
34 Benefits	236,024	301,365	(65,341)	-22%	470,254	565,573	(95,319)	-17%
35 Professional Fees/Contract Labor	160,606	98,752	61,854	63%	362,291	204,707	157,584	77%
36 Purchased Services	232,488	185,530	46,958	25%	447,807	389,662	58,145	15%
37 Supplies	514,223	629,154	(114,931)	-18%	1,101,295	1,317,678	(216,383)	-16%
38 Rent & Leases	9,950	21,975	(12,025)	-55%	21,060	43,950	(22,890)	-52%
39 Repairs & Maintenance	48,680	40,235	8,445	21%	100,978	84,118	16,860	20%
40 Utilities	51,933	45,070	6,863	15%	101,934	94,073	7,861	8%
41 Insurance	38,044	41,161	(3,117)	-8%	74,630	82,321	(7,691)	-9%
42 Depreciation & Amortization	177,218	190,017	(12,799)	-7%	351,533	399,685	(48,152)	-12%
43 Interest	81,187	80,587	600	1%	163,100	164,888	(1,788)	-1%
44 Other	130,348	147,211	(16,863)	-11%	268,290	311,625	(43,335)	-14%
45 <b>Total Operating Expenses</b>	<b>3,395,377</b>	<b>3,498,396</b>	<b>(103,019)</b>	<b>-3%</b>	<b>7,107,119</b>	<b>7,258,175</b>	<b>(151,056)</b>	<b>-2%</b>
46 <b>Operating Revenue Less Expenses</b>	<b>304,521</b>	<b>(22,908)</b>	<b>327,429</b>	<b>1429%</b>	<b>(150,872)</b>	<b>(306,662)</b>	<b>155,790</b>	<b>-51%</b>
47 <b>Non-Operating Income</b>								
48 Interest Income	56,228	19,800	36,428	184%	118,626	41,415	77,211	186%
49 Tax Revenue	57,336	88,692	(31,356)	-35%	72,275	110,865	(38,590)	-35%
50 Donations	-	-	-		-	-	-	
51 <b>Total Non-Operating Income</b>	<b>113,564</b>	<b>108,492</b>	<b>5,072</b>	<b>5%</b>	<b>190,901</b>	<b>152,280</b>	<b>38,621</b>	<b>25%</b>
52 <b>Total Revenue Less Total Expenses</b>	<b>\$ 418,085</b>	<b>\$ 85,584</b>	<b>\$ 332,501</b>	<b>389%</b>	<b>\$ 40,029</b>	<b>\$ (154,382)</b>	<b>\$ 194,411</b>	<b>126%</b>

## Income Statement Comparison - - - February 29, 2024

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	Current Month				Year-to-Date			
	2024	2023	Difference	Variance	2024	2023	Difference	Variance
<b>Revenue</b>								
7 Total In-patient Revenue	145,681	704,192	(558,511)	-79%	304,650	1,159,226	(854,576)	-74%
17 Total Out-patient Revenue	5,555,880	4,685,500	870,380	19%	11,371,508	9,683,030	1,688,478	17%
18 Professional Fees	522,230	464,072	58,158	13%	1,111,392	963,599	147,793	15%
19 <b>Total Patient Revenue</b>	<b>6,223,791</b>	<b>5,853,764</b>	<b>370,027</b>	<b>6%</b>	<b>12,787,550</b>	<b>11,805,855</b>	<b>981,695</b>	<b>8%</b>
Revenue Deductions & Bad Debt								
21 Contractual Allowances	2,838,716	3,220,675	(381,959)	-12%	6,500,805	5,934,923	565,882	10%
22 Charity	22,916	10,902	12,014	110%	39,202	43,953	(4,751)	-11%
23 Bad Debt	143,852	(59,397)	203,249	-342%	232,900	28,350	204,550	722%
24 Provider Fee & Other	(333,217)	(305,636)	(27,581)	9%	(665,782)	(609,688)	(56,094)	9%
25 Total Revenue Deductions & Bad Debt	2,672,267	2,866,544	(194,277)	-7%	6,107,125	5,397,538	709,587	13%
26 <b>Total Net Patient Revenue</b>	<b>3,551,524</b>	<b>2,987,220</b>	<b>564,304</b>	<b>19%</b>	<b>6,680,425</b>	<b>6,408,317</b>	<b>272,108</b>	<b>4%</b>
27 Grants	59,528	30,897	28,631	93%	59,528	30,897	28,631	93%
28 HHS Stimulus Other Revenue	-	-	-	-	-	-	-	-
29 COVID PPP Loan Forgiveness	-	-	-	-	-	-	-	-
30 Other Operating Income - Misc	88,846	60,180	28,666	48%	216,294	129,475	86,819	67%
31 <b>Total Net Revenues</b>	<b>3,699,898</b>	<b>3,078,297</b>	<b>621,601</b>	<b>20%</b>	<b>6,956,247</b>	<b>6,568,689</b>	<b>387,558</b>	<b>6%</b>
<b>Operating Expenses</b>								
33 Salary & Wages	1,714,676	1,555,284	159,392	10%	3,643,947	3,389,701	254,246	8%
34 Benefits	236,024	250,528	(14,504)	-6%	470,254	424,678	45,576	11%
35 Professional Fees/Contract Labor	160,606	118,548	42,058	35%	362,291	342,877	19,414	6%
36 Purchased Services	232,488	120,867	111,621	92%	447,807	365,827	81,980	22%
37 Supplies	514,223	518,615	(4,392)	-1%	1,101,295	1,094,980	6,315	1%
38 Rent & Leases	9,950	31,194	(21,244)	-68%	21,060	62,673	(41,613)	-66%
39 Repairs & Maintenance	48,680	42,803	5,877	14%	100,978	81,569	19,409	24%
40 Utilities	51,933	91,927	(39,994)	-44%	101,934	170,493	(68,559)	-40%
41 Insurance	38,044	41,191	(3,147)	-8%	74,630	83,554	(8,924)	-11%
42 Depreciation & Amortization	177,218	183,912	(6,694)	-4%	351,533	334,306	17,227	5%
43 Interest	81,187	82,204	(1,017)	-1%	163,100	157,275	5,825	4%
44 Other	130,348	128,982	1,366	1%	268,290	331,369	(63,079)	-19%
45 <b>Total Operating Expenses</b>	<b>3,395,377</b>	<b>3,166,055</b>	<b>229,322</b>	<b>7%</b>	<b>7,107,119</b>	<b>6,839,302</b>	<b>267,817</b>	<b>4%</b>
46 <b>Operating Revenue Less Expenses</b>	<b>304,521</b>	<b>(87,758)</b>	<b>392,279</b>	<b>447%</b>	<b>(150,872)</b>	<b>(270,613)</b>	<b>119,741</b>	<b>-44%</b>
<b>Non-Operating Income</b>								
48 Interest Income	56,228	27,254	28,974	106%	118,626	56,784	61,842	109%
49 Tax Revenue	57,336	81,819	(24,483)	-30%	72,275	93,694	(21,419)	-23%
50 Donations	-	-	-	-	-	-	-	-
51 <b>Total Non-Operating Income</b>	<b>113,564</b>	<b>109,073</b>	<b>4,491</b>	<b>4%</b>	<b>190,901</b>	<b>150,478</b>	<b>40,423</b>	<b>27%</b>
52 <b>Total Revenue Less Total Expenses</b>	<b>\$ 418,085</b>	<b>\$ 21,315</b>	<b>\$ 396,770</b>	<b>1861%</b>	<b>\$ 40,029</b>	<b>\$ (120,135)</b>	<b>160,164</b>	<b>133%</b>

## Balance Sheet - - - February 29, 2024

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Assets	Current Month	Prior Month	Liabilities	Current Month	Prior Month
Current Assets			Current Liabilities		
Cash					
Operating (TBK)	\$ 3,004,547	\$ 2,857,344	Accts Payable - System	\$ 855,141	\$ 1,049,706
COLO Trust	1,734,106	1,726,544	Accrued Expenses	598,863	535,577
Debt Svc. Res. 2016 Bonds (UMB)	878,731	878,731	Cost Report Settlement Res	(2,373,449)	(2,337,698)
Bond Funds - 2016 Bonds (UMB)	189	188	Wages & Benefits Payable	2,153,653	2,019,748
Bond Funds - 2021 (UMB)	2,463,531	2,406,438	Deferred Revenue	2,172,353	2,228,254
CSIP Investments	6,305,657	6,278,498	COVID PPP Short Term Loan	-	-
Escrow - UMB	-	-	Relief Fund Liability	-	-
COVID PPP	-	-	Medicare Accelerated Pmt Liab	(251,194)	(251,194)
Relief Fund Cash Restricted	-	-	Current Portion of LT Debt-75 S Pagosa	125,000	125,000
Medicare Accelerated Pmt	-	-	Current Portion of LT Debt-2021	435,000	435,000
Total Cash	14,386,761	14,147,743	Current Portion of LT Debt-2016	230,000	230,000
			Total Current Liabilities	3,945,367	4,034,393
Accounts Receivable			Long-Term Liabilities		
Patient Revenue - Net	3,911,002	3,620,168	Leases Payable - 75 S Pagosa	2,055,000	2,055,000
Other Receivables	2,432,916	2,504,627	GASB 87 Capital Leases	1,781,976	1,812,067
Total Accounts Receivable	6,343,918	6,124,795	Bond Premium (Net) - 2006 Def Outflows	176,834	177,946
Inventory	1,847,045	1,841,773	Bond Premium (Net) - 2016	113,001	113,426
			Bond Premium (Net) - 2021	659,217	663,188
Total Current Assets	22,577,724	22,114,311	Bonds Payable - 2021	7,030,000	7,030,000
Fixed Assets			Bonds Payable - 2006	-	-
Property Plant & Equip (Net)	20,905,917	20,996,881	Bonds Payable - 2016	8,795,000	8,795,000
GASB 87 Leased Assets (Net)	1,253,928	1,289,710	Total Long-Term Liabilities	20,611,028	20,646,627
Work In Progress	818,416	812,018	Net Assets		
Land	704,021	704,021	Un-Restricted	22,068,371	22,068,371
Total Fixed Assets	23,682,282	23,802,630	Current Year Net Income/Loss	40,029	(378,056)
Other Assets			Total Un-Restricted	22,108,400	21,690,315
Prepays & Other Assets	404,789	454,394	Restricted	-	-
Total Other Assets	404,789	454,394	Total Net Assets	22,108,400	21,690,315
Total Assets	\$ 46,664,795	\$ 46,371,335	Total Liabilities & Net Assets	\$ 46,664,795	\$ 46,371,335



Pagosa Springs Medical Center

Monthly Trends

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD Total
<b>Activity</b>	<b>31</b>	<b>28</b>	<b>31</b>	<b>30</b>	<b>31</b>	<b>30</b>	<b>31</b>	<b>31</b>	<b>30</b>	<b>31</b>	<b>30</b>	<b>31</b>	<b>31</b>	<b>29</b>	<b>60</b>
2 In-Patient Admissions	28	37	20	22	18	28	34	11	18	16	24	12	18	13	31
3 In-Patient Days	53	77	34	35	32	54	74	21	44	50	48	24	44	38	82
4 Avg Stay Days (In-patients)	1.9	2.1	1.7	1.6	1.8	1.9	2.2	1.9	2.4	3.1	2.0	2.0	2.4	2.9	2.6
5 Swing Bed Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
6 Swing Bed Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
7 Avg Length of Stay (Swing)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8 Average Daily Census	1.7	2.8	1.1	1.2	1.0	1.8	2.4	0.7	1.4	1.6	1.6	0.8	1.4	1.3	1.4
<b>Statistics</b>															
9 E/R visits	561	516	657	517	619	734	783	716	646	621	595	690	620	558	1,178
10 Observ Hours	557	564	918	467	496	878	519	971	502	1,040	630	825	1,428	1,202	2,630
11 Lab Tests	5,480	5,176	6,094	5,279	6,051	6,390	6,449	6,625	5,816	6,412	6,490	5,920	6,779	6,454	13,233
12 Radiology/CT/MRI Exams	1,517	1,464	1,659	1,470	1,671	1,738	1,621	1,778	1,602	1,582	1,573	1,439	1,618	1,612	3,230
14 OR Cases	88	89	88	99	141	102	81	144	108	97	104	120	89	78	167
15 Clinic Visits	1,475	1,602	1,842	1,752	1,913	1,781	1,663	2,057	1,815	1,933	1,792	1,664	1,975	1,768	3,743
16 Spec. Clinic Visits	41	42	28	38	53	40	20	33	27	29	21	29	31	32	63
17 Oncology Clinic Visits	109	106	106	110	133	139	106	134	93	113	128	96	122	120	242
18 Oncology/Infusion Patients	134	171	229	254	261	211	288	204	267	266	213	196	207	191	398
19 EMS Transports	111	74	93	74	104	99	92	105	88	110	104	97	97	79	176
20 Total Stats	#####	9,804	11,714	10,060	11,442	12,112	11,622	12,767	10,964	12,203	11,650	11,076	12,966	12,094	25,060

Statistical Review

2024	February			February			February Prior Y-T-D			
	Current Month	Current Month	Variance	Y-T-D	Y-T-D	Variance	Y-T-D	Prior Y-T-D	Difference	Variance
	Actual	Budget		Actual	Budget		Actual	Actual		
<b>In-Patient</b>										
Admissions:										
Acute	13	37	(24)	31	68	(37)	31	65	(34)	-52%
Swing Bed	-	-	-	-	-	-	-	-	-	-
Total	13	37	(24)	31	68	(37)	31	65	(34)	-52%
Patient Days:										
Acute	38	76	(38)	82	139	(57)	82	130	(48)	-37%
Swing Bed	-	-	-	-	-	-	-	-	-	-
Total	38	76	(38)	82	139	(57)	82	130	(48)	-37%
Average Daily Census:										
# Of Days	29	29		60	60		60	59		
Acute	1.3	2.6	(1.3)	1.4	2.3	(1.0)	1.4	2.2	(0.8)	-38%
Swing Bed	-	-	-	-	-	-	-	-	-	-
Total	1.3	2.6	(1.3)	1.4	2.3	(1.0)	1.4	2.2	(0.8)	-38%
Length of Stay:										
Acute	2.9	2.1	0.9	2.6	2.0	0.6	2.6	2.0	0.6	32%
Swing Bed	-	-	-	-	-	-	-	-	-	0%
Total	2.9	2.1	0.9	2.6	2.0	0.6	2.6	2.0	0.6	32%
<b>Out-Patient</b>										
Out-Patient Visits										
E/R Visits	558	569	(11)	1,178	1,184	(6)	1,178	1,077	101	9%
Observ admissions	49	27	22	97	56	41	97	58	39	67%
Lab Tests	6,454	5,108	1,346	13,233	10,631	2,602	13,233	10,656	2,577	24%
Radiology/CT/MRI Exams/M	1,612	1,353	259	3,230	2,816	414	3,230	2,981	249	8%
OR Cases	78	98	(20)	167	204	(37)	167	177	(10)	-6%
Clinic Visits	1,768	1,567	201	3,743	3,261	482	3,743	3,077	666	22%
Spec. Clinic Visits	32	43	(11)	63	89	(26)	63	83	(20)	-24%
Oncology Clinic Visits	120	80	40	242	167	75	242	215	27	13%
Oncology/Infusion Patients	191	200	(9)	398	416	(18)	398	305	93	30%
EMS Transports	79	86	(7)	176	178	(2)	176	185	(9)	-5%
Total	10,941	9,131	1,810	22,527	19,002	3,525	22,527	18,814	3,713	20%

Pagosa Springs Medical Center

Cerner/Healthland Accounts Receivable for Hospital by Payor and Days Outstanding -- As of February 29, 2024

	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	151-180 Days	181+ Days	Total	Percent of Total	Accts sent to Collections
Medicare	\$ 2,302,129	\$ 207,870	\$ 141,594	\$ 61,718	\$ 86,071	\$ 83,888	\$ 385,348	\$ 3,268,618	30%	
Medicaid	577,744	86,572	47,336	33,787	27,880	12,801	108,329	894,449	8%	
Third Party	1,718,443	584,554	226,888	133,500	144,079	108,141	729,427	3,645,032	33%	
Self-Pay	367,095	530,648	366,492	378,940	230,025	150,432	1,159,415	3,183,047	29%	
<b>Current Month Total</b>	<b>\$ 4,965,411</b>	<b>\$ 1,409,644</b>	<b>\$ 782,310</b>	<b>\$ 607,945</b>	<b>\$ 488,055</b>	<b>\$ 355,262</b>	<b>\$ 2,382,519</b>	<b>\$ 10,991,146</b>	<b>100%</b>	<b>407,438</b>
<b>Pct of Total</b>	<b>45%</b>	<b>13%</b>	<b>7%</b>	<b>6%</b>	<b>4%</b>	<b>3%</b>	<b>22%</b>	<b>100%</b>		
Jan-24	\$ 5,317,052	\$ 1,163,491	\$ 819,931	\$ 591,365	\$ 478,430	\$ 436,820	\$ 2,215,766	\$ 11,022,855		367,168
Pct of Total	48%	11%	7%	5%	4%	4%	20%	100%		
Dec-23	\$ 4,828,604	\$ 1,238,153	\$ 729,575	\$ 604,342	\$ 617,616	\$ 525,914	\$ 2,209,207	\$ 10,753,411		202,845
Pct of Total	45%	12%	7%	6%	6%	5%	21%	100%		
Nov-23	\$ 5,041,955	\$ 942,675	\$ 702,565	\$ 632,660	\$ 619,716	\$ 376,424	\$ 2,168,293	\$ 10,484,288		223,749
Pct of Total	48%	9%	7%	6%	6%	4%	21%	100%		
Oct-23	\$ 5,276,718	\$ 1,175,416	\$ 781,816	\$ 739,447	\$ 494,084	\$ 353,225	\$ 2,101,803	\$ 10,922,509		209,769
Pct of Total	49%	12%	8%	5%	4%	3%	19%	100%		
Sep-23	\$ 5,357,429	\$ 1,364,191	\$ 829,226	\$ 571,432	\$ 437,907	\$ 314,760	\$ 2,112,322	\$ 10,987,267		161,484
Pct of Total	49%	12%	8%	5%	4%	3%	19%	100%		
Aug-23	\$ 5,791,813	\$ 1,310,432	\$ 705,237	\$ 499,128	\$ 347,251	\$ 331,541	\$ 2,188,265	\$ 11,173,667		294,367
Pct of Total	52%	12%	6%	4%	3%	3%	20%	100%		
Jul-23	\$ 5,195,855	\$ 1,750,827	\$ 922,811	\$ 484,274	\$ 416,696	\$ 338,589	\$ 1,881,363	\$ 10,990,415		262,515
Pct of Total	47%	16%	8%	4%	4%	3%	17%	100%		
Jun-23	\$ 5,512,522	\$ 1,195,087	\$ 537,000	\$ 531,450	\$ 583,696	\$ 409,956	\$ 2,213,524	\$ 10,983,235		169,493
Pct of Total	50%	11%	5%	5%	5%	4%	20%	100%		
May-23	\$ 5,727,512	\$ 1,086,665	\$ 730,974	\$ 686,873	\$ 574,251	\$ 322,203	\$ 2,335,486	\$ 11,463,964		149,612
Pct of Total	50%	9%	6%	6%	5%	3%	20%	100%		
Apr-23	\$ 4,649,144	\$ 1,340,245	\$ 887,732	\$ 744,066	\$ 390,670	\$ 383,149	\$ 2,391,747	\$ 10,786,753		118,155
Pct of Total	43%	12%	8%	7%	4%	4%	22%	100%		
Mar-23	\$ 5,487,671	\$ 1,397,788	\$ 1,008,260	\$ 492,549	\$ 442,994	\$ 507,208	\$ 2,182,723	\$ 11,519,193		146,612
Pct of Total	48%	12%	9%	4%	4%	4%	19%	100%		
Feb-23	\$ 5,248,449	\$ 1,682,584	\$ 760,575	\$ 468,388	\$ 607,923	\$ 437,374	\$ 2,190,121	\$ 11,395,414		102,197
Pct of Total	46%	15%	7%	4%	5%	4%	19%	100%		
Jan-23	\$ 5,123,357	\$ 1,248,805	\$ 614,514	\$ 745,873	\$ 482,283	\$ 273,204	\$ 2,257,741	\$ 10,745,777		141,264
Pct of Total	48%	12%	6%	7%	4%	3%	21%	100%		
Dec-22	\$ 4,866,761	\$ 1,268,334	\$ 866,931	\$ 548,451	\$ 414,832	\$ 408,064	\$ 2,198,139	\$ 10,571,512		176,992
Pct of Total	46%	12%	8%	5%	4%	4%	21%	100%		
Nov-22	\$ 4,628,883	\$ 1,203,061	\$ 741,822	\$ 516,963	\$ 509,027	\$ 428,506	\$ 2,149,446	\$ 10,177,708		226,765
Pct of Total	45%	12%	7%	5%	5%	4%	21%	100%		
Oct-22	\$ 4,510,172	\$ 1,414,025	\$ 840,205	\$ 678,170	\$ 658,661	\$ 439,855	\$ 1,826,111	\$ 10,367,199		147,187
Pct of Total	44%	14%	8%	7%	6%	4%	18%	100%		
Sep-22	\$ 5,163,652	\$ 1,454,685	\$ 829,159	\$ 821,421	\$ 525,214	\$ 274,896	\$ 2,073,259	\$ 11,142,286		176,296

**Pagosa Springs Medical Center**

**Cerner/Healthland Accounts Receivable for Hospital by Payor and Days Outstanding -- As of February 29, 2024**

		0-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	151-180 Days	181+ Days	Total	Percent of Total	Accts sent to Collections
Pct of Total		46%	13%	7%	7%	5%	2%	19%	100%		
Aug-22	\$	5,070,970	\$ 1,423,538	\$ 1,289,523	\$ 637,852	\$ 423,338	\$ 370,971	\$ 1,518,317	\$ 10,734,509		181,959 <b>Page 7</b>
Pct of Total		47%	13%	12%	6%	4%	3%	14%	100%		
Jul-22	\$	5,195,855	\$ 1,750,827	\$ 922,811	\$ 484,274	\$ 416,696	\$ 338,589	\$ 1,881,363	\$ 10,990,415		262,515
Pct of Total		47%	16%	8%	4%	4%	3%	17%	100%		
Jun-22	\$	5,296,769	\$ 1,257,194	\$ 690,323	\$ 660,956	\$ 438,544	\$ 356,021	\$ 1,355,339	\$ 10,055,146		248,707
Pct of Total		53%	13%	7%	7%	4%	4%	13%	100%		
May-22	\$	4,976,841	\$ 1,229,667	\$ 763,335	\$ 569,449	\$ 554,337	\$ 321,119	\$ 1,643,977	\$ 10,058,725		150,992
Pct of Total		49%	12%	8%	6%	6%	3%	16%	100%		
Apr-22	\$	4,411,765	\$ 1,085,976	\$ 693,620	\$ 609,943	\$ 440,794	\$ 289,902	\$ 1,669,402	\$ 9,201,402		215,897
Pct of Total		48%	12%	8%	7%	5%	3%	18%	100%		
Mar-22	\$	4,206,381	\$ 1,389,690	\$ 673,681	\$ 575,452	\$ 413,271	\$ 309,780	\$ 1,752,689	\$ 9,320,944		199,177
Pct of Total		45%	15%	7%	6%	4%	3%	19%	100%		
Feb-22	\$	4,206,381	\$ 1,389,690	\$ 673,681	\$ 575,452	\$ 413,271	\$ 309,780	\$ 1,752,689	\$ 9,320,944		199,177
Pct of Total		45%	15%	7%	6%	4%	3%	19%	100%		
Jan-22	\$	4,815,885	\$ 1,218,564	\$ 968,019	\$ 573,545	\$ 504,719	\$ 332,446	\$ 1,663,719	\$ 10,076,897		184,318
Pct of Total		48%	12%	10%	6%	5%	3%	17%	100%		
Dec-21	\$	4,411,483	\$ 1,771,146	\$ 897,483	\$ 629,416	\$ 471,528	\$ 299,814	\$ 1,716,882	\$ 10,197,752		246,249
Pct of Total		43%	17%	9%	6%	5%	3%	17%	100%		
Nov-21	\$	5,254,766	\$ 1,288,663	\$ 765,276	\$ 596,925	\$ 429,612	\$ 449,363	\$ 1,582,207	\$ 10,366,811		223,165
Pct of Total		51%	12%	7%	6%	4%	4%	15%	100%		
Oct-21	\$	4,591,197	\$ 1,412,195	\$ 784,524	\$ 573,095	\$ 661,916	\$ 330,409	\$ 1,562,788	\$ 9,916,124		372,288
Pct of Total		46%	14%	8%	6%	7%	3%	16%	100%		
<b>Pct Settled (Current)</b>			73.5%	32.8%	25.9%	17.5%	25.7%	-445.4%			
<b>Pct Settled (Jan from Dec)</b>			75.9%	33.8%	18.9%	20.8%	29.3%	-321.3%			
<b>Pct Settled (Dec from Nov)</b>			75.4%	22.6%	14.0%	2.4%	15.1%	-486.9%			
<b>Pct Settled (Nov from Oct)</b>			82.1%	40.2%	19.1%	16.2%	23.8%	-513.9%			
<b>Pct Settled (Oct from Sept)</b>			78.1%	42.7%	10.8%	13.5%	19.3%	-567.7%			

**Pagosa Springs Medical Center**  
**Revenue by Financial Class**  
**February 29, 2024**

Financial Class	Inpatient MTD	Outpatient MTD	Total MTD	% MTD
Auto/Liability Insurance	-	84,905.08	84,905.08	1.36%
Blue Cross	-	667,237.98	667,237.98	10.72%
Champus	-	40,409.70	40,409.70	0.65%
Commercial Insurance	6,519.81	867,900.52	874,420.33	14.05%
Medicaid	8,773.27	982,166.28	990,939.55	15.92%
Medicare	141,179.97	2,169,790.81	2,310,970.78	37.13%
Medicare HMO	10,701.73	770,346.63	781,048.36	12.55%
Self Pay	17,766.88	170,568.23	188,335.11	3.03%
Self Pay - Client Billing	-	7,403.42	7,403.42	0.12%
Veterans Administration	-	219,260.06	219,260.06	3.52%
Workers Compensation	-	58,860.84	58,860.84	0.95%
<b>Total</b>	<b>184,941.66</b>	<b>6,038,849.55</b>	<b>6,223,791.21</b>	<b>100.00%</b>

Financial Class	Inpatient YTD	Outpatient YTD	Total YTD	% YTD	12/31/23 % YTD	12/31/22 % YTD	12/31/21 % YTD	12/31/20 % YTD	12/31/19 % YTD	12/31/18 % YTD	12/31/17 % YTD	12/31/16 % YTD
Auto/Liability Insurance	-	167,258.06	167,258.06	1.31%	1.12%	1.02%	1.41%	0.91%	1.15%	1.05%	1.24%	1.11%
Blue Cross	40,586.51	1,431,649.67	1,472,236.18	11.51%	10.88%	10.30%	11.40%	12.38%	15.40%	15.42%	15.90%	15.83%
Champus	-	97,650.46	97,650.46	0.76%	0.60%	0.91%	0.95%	0.82%	0.31%	0.08%	0.07%	0.19%
Commercial Insurance	34,466.47	1,676,364.53	1,710,831.00	13.38%	13.23%	11.31%	12.12%	11.72%	11.34%	13.08%	11.79%	13.08%
Medicaid	12,570.08	1,966,353.84	1,978,923.92	15.48%	15.53%	17.07%	17.50%	18.86%	18.75%	18.22%	20.28%	21.56%
Medicare	142,771.24	4,393,415.06	4,536,186.30	35.47%	35.37%	36.26%	36.51%	38.60%	36.99%	36.75%	35.27%	35.90%
Medicare HMO	33,159.34	1,641,824.09	1,674,983.43	13.10%	14.65%	14.99%	11.01%	7.77%	7.20%	4.47%	3.55%	2.76%
Self Pay	17,873.58	453,463.15	471,336.73	3.69%	3.31%	3.22%	3.95%	3.68%	4.40%	5.40%	6.96%	5.26%
Self Pay - Client Billing	-	18,026.38	18,026.38	0.14%	0.15%	0.27%	0.36%	0.22%	0.18%	0.18%	0.19%	0.17%
Veterans Administration	18,650.15	445,897.31	464,547.46	3.63%	4.43%	3.76%	3.76%	4.13%	2.74%	4.13%	3.58%	2.74%
Workers Compensation	-	195,570.03	195,570.03	1.53%	0.74%	0.88%	1.03%	0.92%	1.52%	1.22%	1.17%	1.37%
<b>Total</b>	<b>300,077.37</b>	<b>12,487,472.58</b>	<b>12,787,549.95</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>99.97%</b>
Blank												0.00%
HMO (Health Maint Org)												0.03%
<b>Total</b>					<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.03%</b>		

**Pagosa Springs Medical Center**  
**Financial Forecast**  
**Statement of Cash Flows**  
**Draft**

**Cash Flows from operating activities**

<b>Feb-24</b>
---------------

Change in net assets	418,085
Adjustments to reconcile net assets to net cash	
Depreciation and amortization	177,218
Patient accounts receivable	(290,834)
Accounts payable and wages payable	(60,660)
Accrued liabilities	63,286
Pre-paid assets	49,605
Deferred revenues	(55,901)
Other receivables	71,711
Reserve for third party settlement	(35,751)
Inventory	(5,272)
Net Cash Provided by (used in) operating activities	331,487

**Cash Flows from investing activities**

Purchase of property and equipment	(55,980)
Work in progress	(6,398)
Proceeds from sale of equipment/(Loss)	-
Net Cash Provided by (used in) investing activities	(62,378)

**Cash Flows from financing activities**

Principal payments on long-term debt	-
Proceeds from debt (funding from 2021 Bond)	-
Proceeds from PPP Short Term Loan	-
Recognize Amounts from Relief Fund	-
Payments/Proceeds from Medicare Accelerated Payment	-
Change in Prior Year Net Assets	-
Change in leases payable	(30,091)
Net Cash Provided by (used in) financing activities	(30,091)

**Net Increase(Decrease) in Cash** 239,018

**Cash Beginning of Month** 14,147,743

**Cash End of Month** 14,386,761

2024 Cash						
Month	Cash Goal	Actual Cash	Variance	% Collected	GL Non AR	Total
Jan-24	\$2,851,550.00	\$2,701,503.55	(\$150,046.45)	94.74%	\$ 184,231.12	\$2,885,734.67
Feb-24	\$2,796,336.00	\$2,915,014.05	\$118,678.05	104.24%	\$ 162,873.99	\$3,077,888.04
Mar-24						
Apr-24						
May-24						
Jun-24						
Jul-24						
Aug-24						
Sep-24						
Oct-24						
Nov-24						
Dec-24						
	\$5,647,886.00	\$5,616,517.60	(\$31,368.40)	99.44%	\$ 347,105.11	\$5,963,622.71

2024 Revenue				
Month	Revenue Goal	Actual Revenue	Variance	% Generated
Jan-24	\$ 6,550,996.00	\$ 6,563,759.00	\$ (12,763.00)	100.19%
Feb-24	\$ 6,190,431.00	\$ 6,223,791.00	\$ (33,360.00)	100.54%
Mar-24				
Apr-24				
May-24				
Jun-24				
Jul-24				
Aug-24				
Sep-24				
Oct-24				
Nov-24				
Dec-24				
Totals	\$ 6,190,431.00	\$ 6,223,791.00	\$ 33,360.00	100.54%



**THE UPPER SAN JUAN HEALTH SERVICE DISTRICT  
DOING BUSINESS AS PAGOSA SPRINGS MEDICAL CENTER**

**MEDICAL STAFF REPORT BY CHIEF OF STAFF, CORINNE REED  
March 26, 2024**

~~I. STATEMENT OF THE MEDICAL STAFF’S RECOMMENDATIONS FOR THE USJHSD BOARD ACCEPTANCE OF NEW POLICIES OR PROCEDURES ADOPTED BY THE MEDICAL STAFF:~~

II. STATEMENT OF THE MEDICAL STAFF’S RECOMMENDATIONS FOR THE USJHSD BOARD ACCEPTANCE OF PROVIDER PRIVILEGES (ACCEPTANCE BY THE BOARD RESULTS IN THE GRANT OF PRIVILEGES):

NAME	INITIAL/REAPPOINT/CHANGE	TYPE OF PRIVILEGES	SPECIALTY
<b>Simeon Abramson, MD</b>	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology
<b>Kaela Mashburn, PA-C</b>	Reappointment	Advanced Practice Provider/Physician Assistant Family Medicine	Family Medicine
<b>Phillip Zappone, FNP-C</b>	Reappointment	Advanced Practice Provider/Nurse Practitioner Family Medicine	Family Medicine

III. REPORT OF NUMBER OF PROVIDERS BY CATEGORY

- Active: 18
- Courtesy: 20
- Telemedicine: 142
- Advanced Practice Providers & Behavioral Health Providers: 11
- Honorary: 2
- Total: 193



**UPPER SAN JUAN HEALTH SERVICE DISTRICT  
D/B/A PAGOSA SPRINGS MEDICAL CENTER**

**Formal Written Resolution 2024-04**

**March 26, 2024**

WHEREAS Colorado Revised Statute Section 25-3-128 requires: (1) a Colorado hospital to have a nurse staffing committee to develop and oversee a nurse master staffing plan for the inpatient and emergency departments; (2) the nurse staffing committee to receive and address complaints or feedback on the nurse master staffing plan; and (3) the governing board to receive and approve the nurse master staffing plan.

WHEREAS, the Board of Directors of Upper San Juan Health Service District d/b/a Pagosa Springs Medical Center (hereinafter “Board”) has, on this day, received PSMC’s Nurse Master Staffing Plan and a presentation on the same.

**NOW, THEREFORE, THE BOARD HEREBY RESOLVES THAT** it accepts the recommendations of the PSMC nurse staffing committee and approves the Nurse Master Staffing Plan as presented.

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Kate Alfred, as Chair and authorized signor for the Board of Directors of PSMC

<b>PAGOSA SPRINGS Medical Center</b>	DEPARTMENT: Nursing	<b>Policies and Procedures</b>
TITLE: <b>Master Staffing Plan</b>		Page 1 of 5
POLICY OWNER: DON	DISTRIBUTION: Nursing, Emergency Department	

**PURPOSE:**

The purpose of this policy is to document compliance with House Bill 22-1401, as it relates to nurse staffing.

**PERSONS AFFECTED:**

Inpatient nursing staff, Emergency Department nursing staff.

**POLICY:**

It is the policy of PSMC to comply with House Bill 22-1401, as it relates to staffing. The medical center is committed to safe nurse to patient ratios that improve patient safety and promote improved clinical outcomes.

**DEFINITIONS:**

Clinical staff nurse:	RN that provides direct care to patients.
EMS Provider:	An individual who holds a valid certificate or license issued by CDPHE. At PSMC, an EMT-P.
Nurse Aide:	An individual certified to practice as a nurse aide who provides direct care to patients or who works in an auxiliary capacity under the supervision of a registered nurse. Also known as a CNA.
Staffing Plan:	The master staffing plan developed for a hospital pursuant to House Bill 22-1401.
Nurse Staffing Committee:	The committee charged with developing and approving the nurse staffing plan. The committee composition must be at least sixty percent (60%) hospital front-line nursing staff in addition to auxiliary personnel and nurse managers. The committee must include a designated leader of workplace violence prevention and reduction efforts. The Nurse Staffing Committee at PSMC will consist of three (3) front line nursing staff from ED and IP, the ED/IP Nurse Manager and the Director of Nursing.
The Department:	Colorado Department of Public Health and Environment (CDPHE).

**RESPONSIBILITIES:**

The Director of Nursing maintains responsibility/accountability for all final nurse staffing decisions.

The ED / Acute Care Nurse Manager is responsible and accountable for 24-hour nursing coverage. The nurse manager will communicate any unsolved nurse staffing needs to the Director of Nursing.

The Nurse Staffing Committee:

- 1) Shall annually develop and oversee a master nurse staffing plan for the hospital that:
  - a. Is voted on and recommended by at least sixty percent of the nurse staffing committee;
  - b. Includes minimum staffing requirements as established in rules promulgated by the State Board of Health for each inpatient unit and Emergency Department that are aligned with nationally recognized standards and guidelines;
  - c. Includes strategies that promote the health, safety and welfare of the hospital's employees and patients;
  - d. Includes guidance and a process for reducing nurse to patient assignments to align with the demand based on patient acuity; and
  - e. May include innovative staffing models.
- 2) Shall submit the recommended staffing plan to the hospital's senior nurse executive and the hospital's governing body for approval. If the final plan approved by the hospital changes materially from the recommendations put forth by the nurse staffing committee, the senior nurse executive shall provide the nurse staffing committee with an explanation for the changes.
- 3) If after receiving the explanation, the nurse staffing committee believes the final staffing plan does not meet established nurse staffing standards, with a vote of sixty percent or more of the members, may request CDPHE review the final adopted staffing plan for compliance with established rules and regulations.
- 4) May publish a report that is responsive to the changes made to the recommended plan.
- 5) Shall describe, in writing, the process for receiving, tracking, and resolving complaints and receiving feedback on the nurse staffing plan from clinical staff nurses and other staff.
- 6) Shall make the complaint and feedback process available to all providers, including clinical staff nurses, nurse aides, and EMS providers.

The hospital shall:

- 1) Submit the final, approved nurse staffing plan to the department on an annual basis.
- 2) On a quarterly basis, evaluate the staffing plan and prepare a report for internal review by the staffing committee.
- 3) Provide the relevant unit-based staffing plan to:
  - a. Each applicant for a nursing position on a given unit upon an offer of employment; and
  - b. A patient upon request; and
  - c. Prepare an annual report containing the details of the evaluation required by the regulation and submit the report to CDPHE, in a form and manner determined by the State Board of Health.

- 4) A hospital shall not assign a clinical staff nurse, nurse aide, or EMS provider to a hospital unit unless, consistent with the conditions of participation adopted for federal Medicare and Medicaid programs, hospital personnel records include documentation that the training and demonstration of competency were successfully completed during orientation and on a periodic basis consistent with hospital policies.
- 5) Pagosa Springs Medical Center's process for receiving, tracking and resolving complaints from staff nurses and other clinical staff related to the nurse staffing plan and/or specific staffing decisions will follow these steps:
  - a. Specific nurse staffing concerns should be brought in a timely manner to the attention of the Nurse Manager or Nurse Administrator on call for review and resolution. Clarity event reporting may also be utilized to track non-urgent staffing concerns or issues.
  - b. If the individual raising the concern feels that the staffing issue has not been resolved adequately, he/she will be directed to escalate this concern to the Director of Nursing (DON) or to the Chief Operating Officer in the absence of the DON.
  - c. If it is felt that the hospital's leadership has not adequately addressed the staffing concern, the Nurse Manager, DON or COO will direct the person(s) making the complaint to CDPHE for review: <https://cdphe.colorado.gov/health-facilities-complaints>
  - d. The decision from CDPHE will be considered final.
- 6) On or before September 1, of each year, the hospital shall report, in a form and manner determined by the State Board of Health, the baseline number of beds, the hospital is able to staff in order to provide patient care and the hospital's current bed capacity. The reporting may include:
  - a. Seasonal or other anticipated variances in staffed-bed capacity; and
  - b. Anticipated factors impacting staffed-bed capacity.
- 7) If the hospital's ability to meet staffed-bed capacity falls below eighty percent (80%=8) of the hospital's reported baseline for not less than seven (7) days and not more than fourteen (14) consecutive days, the hospital shall notify the department and submit:
  - a. A plan to ensure staff is available within thirty days, to return to a staffed-bed capacity level that is eighty percent (80%=8) of the reported baseline; or
  - b. A request for a waiver due to a hardship, which request articulates why the hospital is unable to meet the required staffed-bed capacity if:
    - i. The hospital's current staffed-bed capacity falls below eighty percent (80%=8) of the hospital's reported baseline for not less than seven (7) days and not more than fourteen (14) consecutive days; or
    - ii. The hospital's current staffed-bed capacity threatens public health.

The State Board of Health shall:

- 1) Use the data provided to the department by each hospital throughout the COVID-19 pandemic through an internet-based resource management and communication tool developed for and commonly used by hospitals (EMResource);
- 2) Determine the number of seasonal variations allowable with regard to the regulation with a minimum of two and a maximum of four allowable variances; and
- 3) Define staffed-bed capacity for the purposes of this section.

- 4) The department may impose fines, not to exceed one thousand (1000) dollars per day, for a hospital's failure to:
  - a. Meet the reported staffed-bed capacity or eighty percent (80%=8) or more of the hospital's reported baseline; or
  - b. Accurately report a hospital's baseline staffed-bed capacity.

#### Pagosa Springs Medical Center's Staffing Plan

The Emergency Department consists of 6 licensed beds.

- 1) The Emergency Department is staffed with a minimum of 1 Registered Nurse (RN) for each of the 12-hour day and night shifts and 1 Registered Nurse (RN) and 1 ED Tech/Paramedic for overlap 1200 – 0030. Target staffing is 2 RNs per 12-hour shift.
- 2) There is a nurse and/or nurse administrator on call 7 days/week/365 days per year should additional resource be needed.
- 3) The ED is also staffed by an on-site ED physician 24/7/365.

The Inpatient Unit consists of 11 licensed beds.

- 1) The Inpatient Unit is staffed with a minimum of 1 Registered Nurse (RN) for each of the 12-hour shifts (day and night). The nurse-to-patient ratio shall not exceed 1:6. Target staffing is 2 RNs per 12-hour shift and certified nurse's aides and/or sitters, if appropriate to supplement care for increased acuity.
- 2) The Inpatient Unit is also staffed by a LCSW to assist with case management, patient care planning, discharge planning, and scheduling follow-up for patients on discharge. This position is staffed Monday through Friday, 0800 – 1730.
- 3) The Inpatient Unit is also staffed by an on-site hospitalist seven (7) days per week from 0800 – 1800.
- 4) The ED/Acute Care Manager and/or designee determines the number of staff for the on-coming shift, and throughout the shift, to ensure the number of staff and appropriate skill mix are available to provide safe patient care. The ED/Acute Care Manager maintains ultimate responsibility for providing adequate staffing and shall provide patient care in the event a qualified nurse is unavailable.
- 5) The process for determining the ability of the Inpatient Unit to accept admissions is based on, but not limited to, staff availability, current unit volume, patient acuity and the hospital's ability to transfer to tertiary hospitals. The frontline staff nurse's judgement on whether they are able to deliver safe patient care is also taken into account.
- 6) The Nurse Manager, Administrator-On Call, Director of Nursing, COO and/or on-duty Hospitalist has the authority to limit admissions to ensure quality care is delivered safely. When admissions are limited, due to unavailability of staff, information will be communicated to staff/physicians via 0800 Huddle and/or in-person, telephone call, and/or email.
- 7) Staffing for acuity on the Inpatient Unit will consider the following criteria:
  - a. Complexity of patient's condition, assessment and required nursing care.
  - b. Knowledge and skills required of nursing staff to provide care.
  - c. Infection control and safety issues.

- d. Patient conditions that contribute to a higher level of acuity include but are not limited to:
  - i. Dementia/delirium;
  - ii. High CIWA score;
  - iii. Complicated wound care;
  - iv. Total assists with the activities of daily living;
  - v. Dynamics of patient status (frequency for which needs for nursing care change);
  - vi. Complicated family/social situation;
  - vii. High Morse Fall Risk score;
  - viii. Suicide risk and;
  - ix. Required nursing interventions.
- 8) There is a nurse and/or nurse administrator on call 7 days/week/365 days per year should needed additional resource become unavailable.

**RELEVANT REFERENCES:**

House Bill 22-1401



**MINUTES OF REGULAR BOARD MEETING**  
**Tuesday, February 27, 2024, at 5:00 PM**  
**The Board Room**  
**95 South Pagosa Blvd., Pagosa Springs, CO 81147**

The Board of Directors (the “Board”) of the Upper San Juan Health Service District doing business as Pagosa Springs Medical Center (“PSMC”) held its regular board meeting on Tuesday, February 27, 2024, at PSMC, The Board Room, 95 South Pagosa Blvd., Pagosa Springs, Colorado as well as via Teams video communications.

Directors Present: Chair Kate Alfred, Director Jason Cox, Director Barbara Parada, Director Gwen Taylor,

Present via Teams: Vice-Chair Martin Rose, Treasurer/Secretary Mark Zeigler, Director Mark Floyd

Present via telephone: none

**1) CALL TO ORDER**

- a) Call for quorum: Chair Alfred called the meeting to order at 5:00 p.m. MDT and Clerk to the Board, Laura DePiazza, recorded the minutes. A quorum of directors was present and acknowledged.
- b) Board member self-disclosure of actual, potential or perceived conflicts of interest: None.
- c) Approval of the Agenda: Director Cox motioned to approve the agenda with no changes. Vice-Chair Rose seconded; the Board unanimously approved the agenda (Dir. Zeigler joining at 5:05 pm after this approval).

**2) PUBLIC COMMENT**

None

**3) PRESENTATIONS**

- a) Presentation of 2023 Accomplishments by CEO Rhonda Webb, MD

**4) REPORTS**

- a) Oral Reports
  - i) Chair Report

Chair Alfred advised of the following update:

- CAO Bruzzese will send each Board member documents for the Board’s annual evaluation of the CEO. It was requested that documents be returned well in advance of the March Board meeting.
- Director Parada mentioned she thinks the CEO is doing a good job, but not the

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hospital based upon some comments she has received. The Chair clarified that this evaluation is specifically for the CEO and not the hospital. The Chair and CEO affirmed again that PSMC still needs to receive specific information of any concern in order to investigate, address and as applicable make process improvements.

ii) CEO Report

CEO Webb advised of the following update:

- ED and Inpatient are quite busy. Respiratory and GI illnesses are prevalent in the community right now. Due to illness, we have 4-6 employees out at a time but able to respond to patient needs.

iii) Foundation Board

CAO Bruzzese advised of the following update:

- The Foundation Board reviewed 2023 3<sup>rd</sup> and 4<sup>th</sup> Qtr. financials and had no objections.
- In 2023, the Foundation had its most successful year with \$539,463.00 donations. The Foundation has \$650,000 to transfer for expenses related to the Medical Wellness Building renovation.
- As previously reported, the Foundation approved \$175,000 to be transferred for a C-Arm for surgery and radiology.
- The Foundation approved \$6,000 for long-sleeve t-shirts for staff (marketing and employee satisfaction).
- The Foundation approved leasing to PSMC the vacated space in the Foundation's Dodie Cassidy building.
- The Foundation approved submittal of documents to continue its enterprise zone status (persons donating more than \$250 to the Foundation in a year receive a Colorado State tax credit).

iv) Facilities Committee

CAO Bruzzese advised of the following update:

- Medical Wellness Building -- RTA has completed a design with construction documents being completed and this allows our general contractor, Nunn Construction, to bid out the project. The engineer on the project has identified an issue with the MWB parking lot which will be discussed when more details are available at a later Board meeting. As needed prior to demo, there is an asbestos evaluation underway. The project is still scheduled to start on time, that being late April.
- Campus Sign – This is waiting for the bid on the building and parking lot and more info on the sign will be presented at a later meeting. Director Parada asked for more information regarding the type of sign to be built. CAO Bruzzese, CEO Webb, and Vice-Chair Rose responded.
- Oxygen Generation Building – We have agreements on a construction contract and a guaranteed maximum price. Nunn Construction will construct this building simultaneously with the renovation of the MWB. It is our understanding that only 3 hospitals have built this type of project (Guam, Hawaii, and Alaska) so we anticipate that there will be issues since it is novel.
- Computer Firewall – IT finished the firewall for security.
- Energy Assessment – Work has begun and expect results back in late May or early June. This data is important for applying for DOLA grants.



v) Finance Committee Report

Controller Steve Wagoner presented and discussed financials for January 2024. Questions asked and answered.

b) Written Reports

i) Medical Staff Report - Chief of Staff, Dr. Corinne Reed

**5) EXECUTIVE SESSION**

Director Cox motioned to enter into executive session. Upon motion seconded by Vice Chair Rose, the Board entered into executive session at 5:43 p.m. MDT, pursuant to C.R.S. Section 24-6-402(4)(c): matters to remain confidential pursuant to other federal or state statute – specifically confidential quality and peer review statistics that are confidential per state statutes the Quality Management Act, C.R.S. Section 25-3-109, et seq. and the Professional Review Act, C.R.S. Section 12-36.5-101 et seq.

Directors present in executive session were: Chair Alfred, Vice-Chair Rose, Treasurer-Secretary Zeigler, Director Parada, Director Taylor, Director Floyd, and Director Cox.

Others present in executive session were, CEO Rhonda Webb, CAO Ann Bruzzese, COO Cathy Mundt, Medical Staff Office Manager Krista Starr, Chief of Staff Dr. Corinne Reed, Board Clerks Laura DePiazza and Heather Thomas.

Executive session adjourned at 5:57 p.m. MDT.

**6) DECISION AGENDA**

a) Resolution 2024-03

i) Director Cox motioned to approve Resolution 2024-03 regarding acceptance of PSMC’s annual report of 2023 peer review activities (the annual peer review report presented to the Board in Executive Session). Motion was seconded by Vice-Chair Rose and unanimously approved by the Board.

**7) CONSENT AGENDA**

Vice-Chair Rose motioned to approve the consent agenda (approval of Board member absences, approval of the regular meeting minutes of 01/23/24, and the Medical Staff report recommendations for revised policy and new or renewal of provider privileges). Motion was seconded by Director Taylor, and the Board unanimously approved said consent agenda items.

**8) OTHER BUSINESS**

CEO Webb reiterated to the Board that if someone has a problem with the hospital to report it so that the Quality Department can do an investigation and follow-up to improve our processes.

**9) ADJOURN**

There being no further business, Chair Alfred adjourned the regular meeting at 6:07 p.m. MT.

Respectfully submitted by:

Laura DePiazza, serving as Clerk to the Board

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