



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

Tuesday, February 28, 2023 at 5:00 p.m. MST

The Board Room (direct access – northeast entrance)

95 South Pagosa Blvd., Pagosa Springs, CO 81147

**FOR INFECTION CONTROL, PERSONS FROM THE PUBLIC ARE
ENCOURAGED TO ATTEND VIA ZOOM**

Please use this link to join the meeting:
<https://us02web.zoom.us/j/83611276692>
or telephone (346)248-7799 or (669)900-6833
Meeting ID: 836 1127 6692

AGENDA

1) CALL TO ORDER; ADMINISTRATIVE MATTERS OF THE BOARD

- a) Confirmation of quorum
- b) Board member 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 comment 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) REPORTS

- a) **Oral Reports** (may be accompanied by a written report)
 - i) ~~Chair Report~~ _____ Chair Matt Mees
 - ii) CEO Report _____ Dr. Rhonda Webb
 - iii) ~~Executive Committee~~ _____ Chair Mees and Vice Chair Kate Alfred
 - iv) Foundation Committee _____ Dir. Dr. Pruitt, Dir. Parada and CEO R. Webb
 - v) Facilities Committee _____ Chair Mees and COO C. Mundt
 - vi) Strategic Planning Committee _____ Dir. Cox, Dir. Rose and CEO R. Webb
 - vii) [Finance Committee Report](#) _____ Treas.-Sec. Zeigler and CFO C. Keplinger
 - (a) [January Financials](#)
- b) **Written Reports** (*no oral report unless the Board has questions*)
 - i) [Medical Staff Report](#) _____ Chief of Staff, Dr. John Wisneski

PSMC's Mission: To provide quality, compassionate healthcare for each person we serve.

4) PRESENTATIONS

- a) Presentation of new legislation requirements for a [Master Staffing Plan](#) for emergency department and inpatient nursing. Presented by Director of Nursing, Dan Davis
- b) Overview of the Medical Staff Office by Manager Krista Starr and comments of the Medical Staff by Daniel Renner, M.D.

5) EXECUTIVE SESSION

There will be an executive session pursuant to the following subparagraphs of 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. 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).

6) DECISION AGENDA

- a) Consideration of [Resolution 2023-08](#) regarding acceptance of PSMC's annual report of 2022 peer review activities (the annual peer review report presented to the Board in Executive Session).
- b) Consideration of [Resolution 2023-09](#) regarding approval of PSMC's [Nursing Master Staffing Plan](#).
- c) [Presentation about grant opportunities](#) and consideration of approval of [Resolution 2023-10](#).

7) 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 02/28/2023
- b) Approval of Minutes for the following meeting(s):
 - i) [Regular Meeting of 1/24/2023](#)
 - ii) [Special Meeting of 2/16/2023](#)
- c) Approval of [Medical Staff report](#) recommendations for new or renewal of provider privileges.

8) OTHER BUSINESS

9) ADJOURN

**Finance Committee & CFO Report for the
USJHSD Board Meeting on February 28, 2023**

The Board's Finance Committee met on February 21, 2023. The report below provides an overview of the financials and addresses any questions made by members of the Finance Committee.

1) **January Financials:**

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

- i) PSMC had a negative bottom line for January of \$141,450.
- ii) Gross revenues/charges were strong in January.
- iii) Expenses remained high in January. While we have reduced the number of travelers, we continue to pay for quite a few travelers in key clinical roles to meet patient needs. We now have to pay surcharges on many deliveries. There was a discussion of what is included in "purchased services" (Cerner, RIA, biomed and maintenance of equipment, and any other outside vendors) and staff were asked to assess and report back to the committee on why expenses are up in this category.
- iv) Accounts Receivable: staff met their collection goals for January. Accounts Receivable is expected to increase in February due to staff's inability to access Medicare for a period of time due to a software issue.

b) **Balance Sheet:**

- i) Cash: We had about a dozen employees make contributions to the State retirement system in excess of the IRS limits. As part of a correction, PSMC refunded to a few employees the amount of the over-contribution. PSMC holds in a suspense account with the Colorado Retirement Association an amount equal to what PSMC paid in refunds; PSMC's suspense account funds will be applied to future contributions owed by PSMC.
- i) As of December 31, 2022, PSMC has 109.8 days of cash on hand.

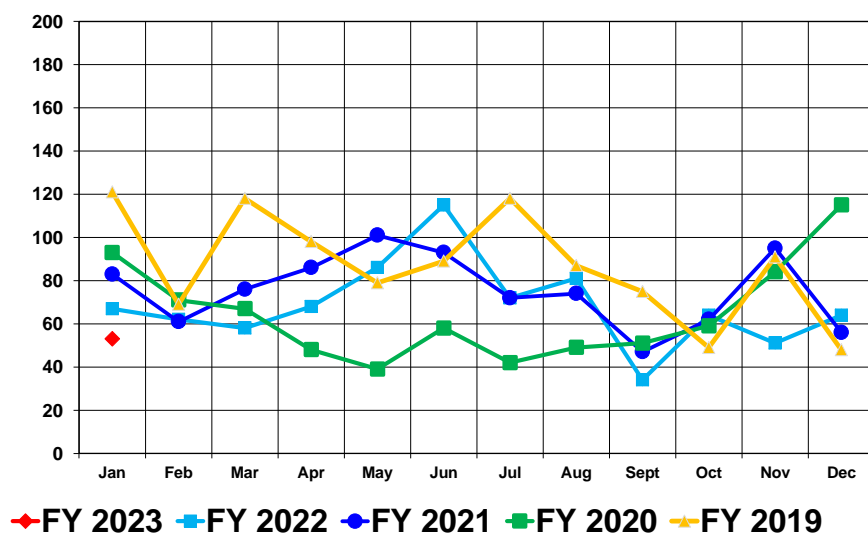
2) **Other Discussions:**

- a) **IntraFi:** The Finance Committee reviewed the IntraFi Statement with all PSMC funds on deposit in various banks (IntraFi is the deposit network approved by the Board in January that places funds in different banks to assure FDIC insurance coverage).
- b) **CSIP** (CSIP is the governmental investment pool approved by the Board on 2/16/23): There was discussion of CSIP's management fee and the Finance Committee requested staff to clarification on the amount of the CSIP management fee and how it is paid. As a follow-up to the Finance meeting CSIP provided the following statement: "The yield you receive on your CSIP account is net of fees. This means your CSIP earnings are net of fees. You will not receive a bill or have any funds taken out of your CSIP account to cover our fees as they have already been deducted from our stated yield. For example, CSIP's current 7-day yield as of today [Feb. 22, 2023] is 4.73%. Our fees have already been deducted from that yield."
- c) Since CSIP and Internal controls policy passed in February, all new internal controls information will be reported starting next month with the February financials.

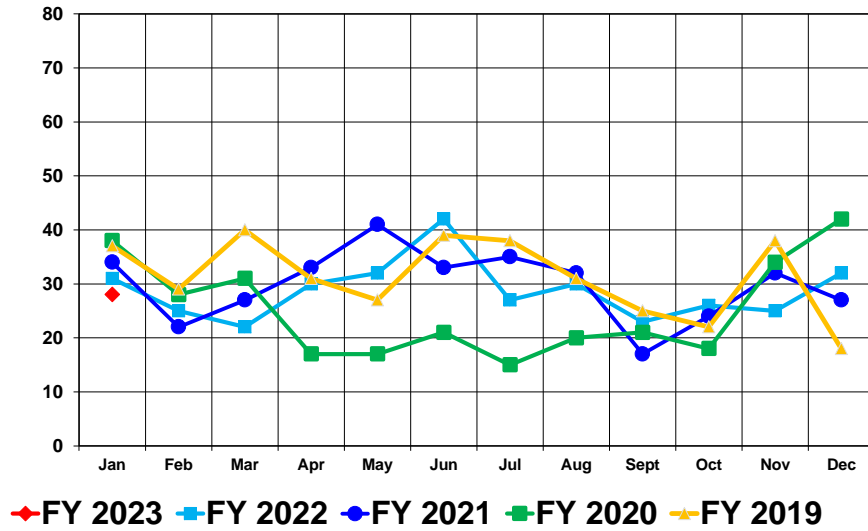


FINANCIAL PRESENTATION YTD JANUARY 2023

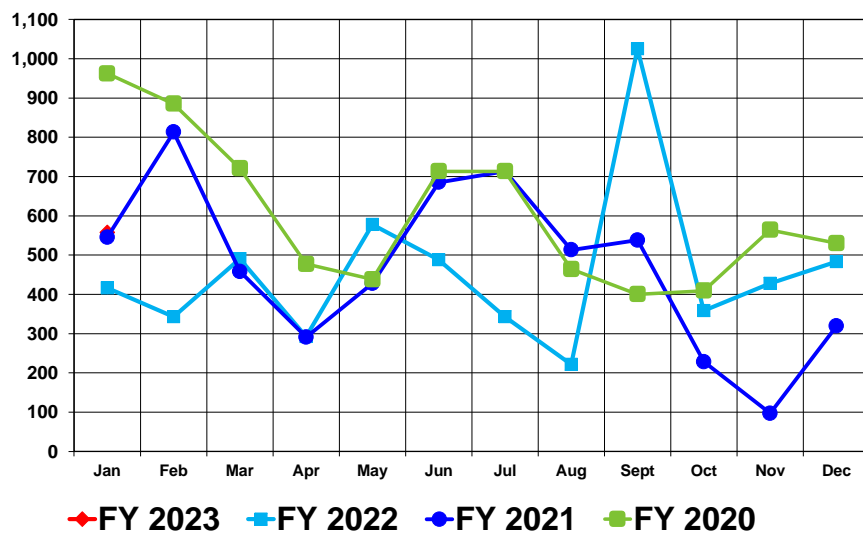
PATIENT DAYS



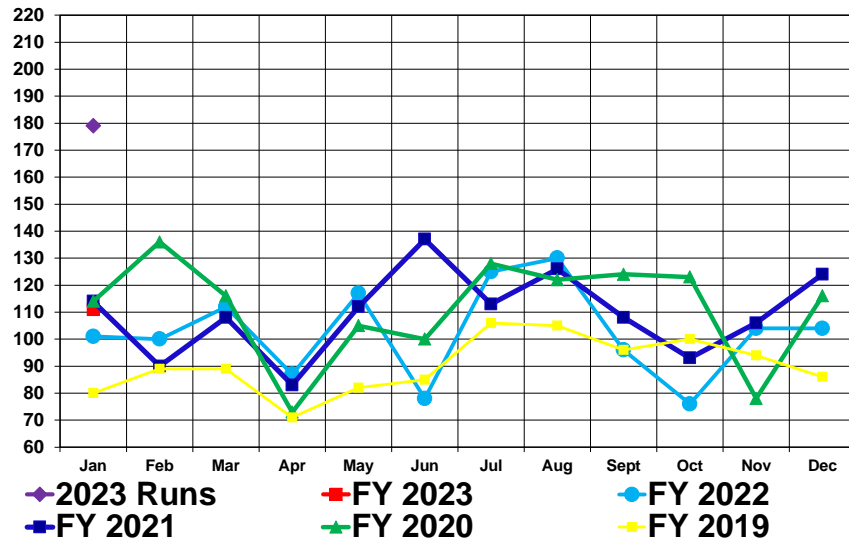
INPATIENT DISCHARGES



OBSERVATION HOURS

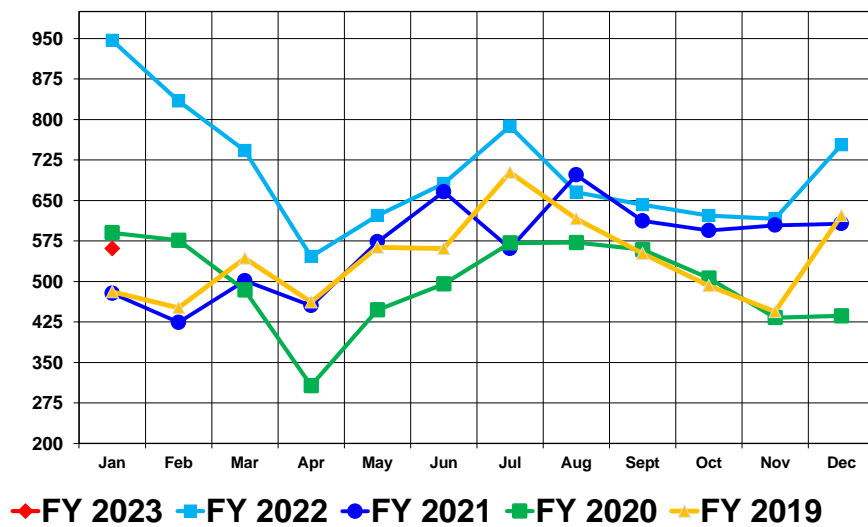


BILLABLE EMS RUNS

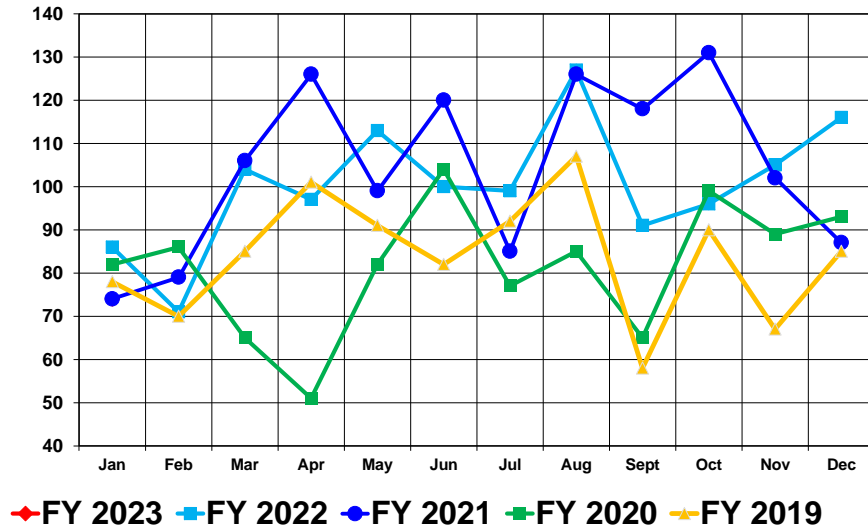


ER VISITS

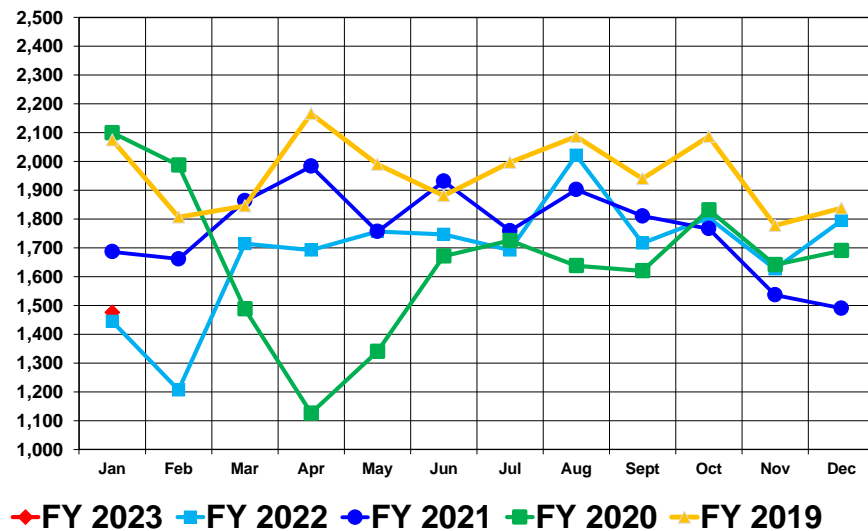
(Includes Fast Track in 2022)



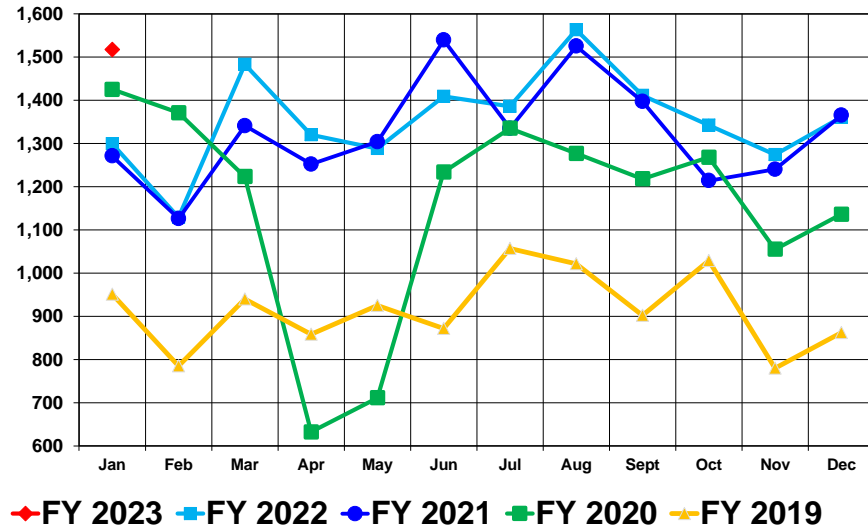
OR and PAIN Procedures



RURAL HEALTH CLINIC VISITS



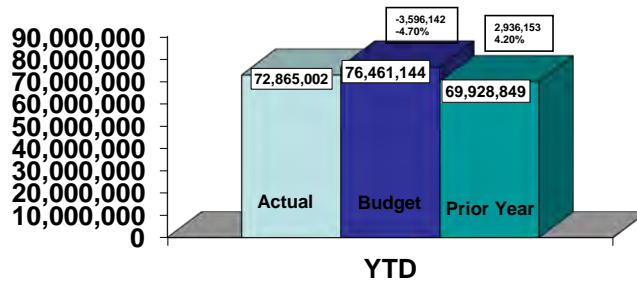
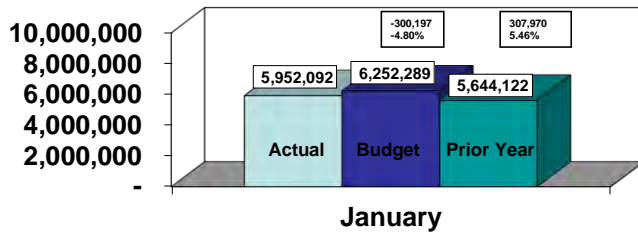
RADIOLOGY EXAMS



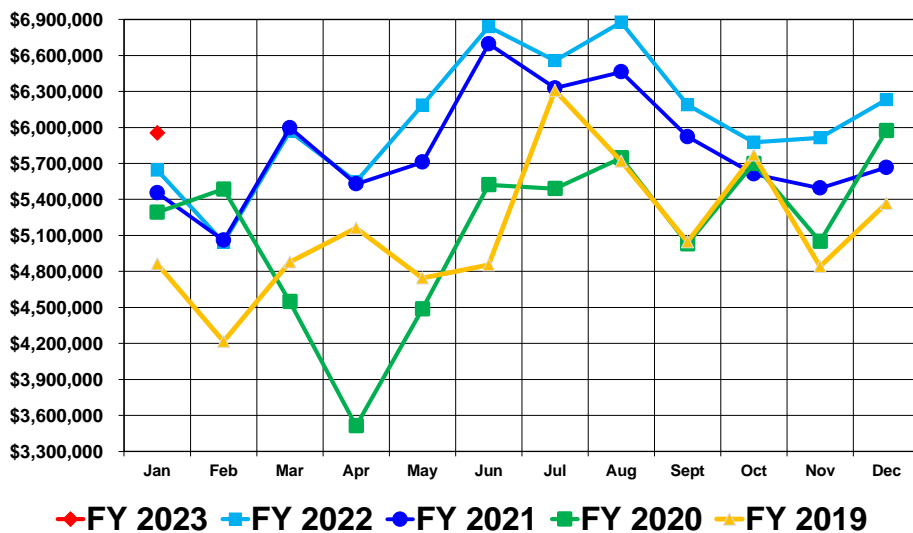
Summary of Financials Draft

	December		
Gross Revenue	\$ 6,229,537		
Net Revenue	\$ 2,202,304		
Expenses	\$ 3,039,746		
Grants, 340B and Tax Revenue	\$ 663,175		
Grants and 340B and Stimulus	\$ 596,562		
Tax Revenue	\$ 66,613		
Net Income	\$ -174,267		

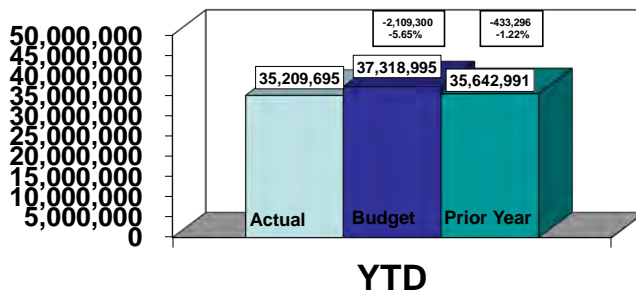
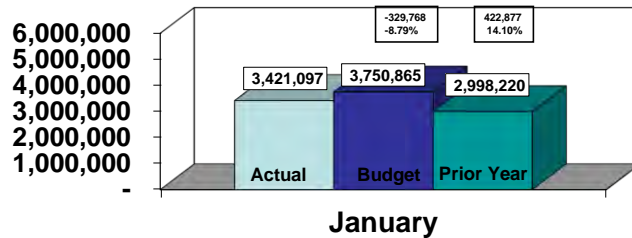
GROSS REVENUE



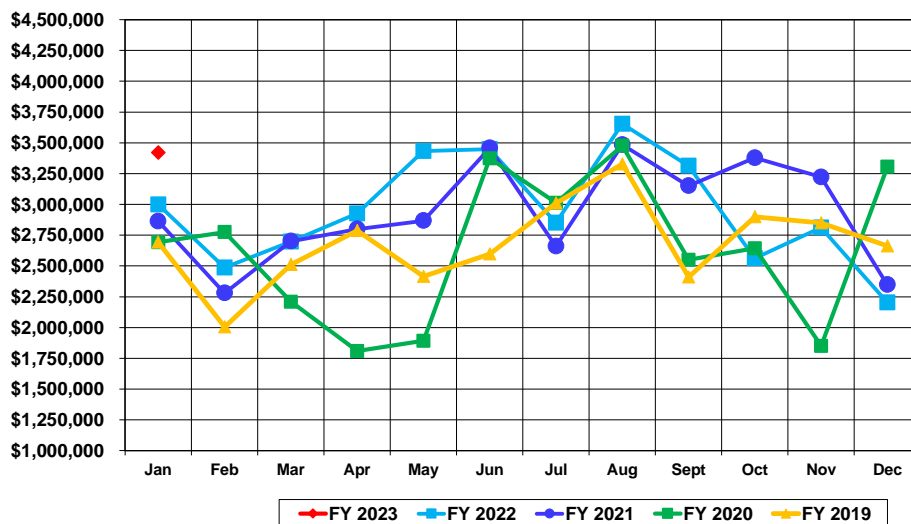
GROSS REVENUE

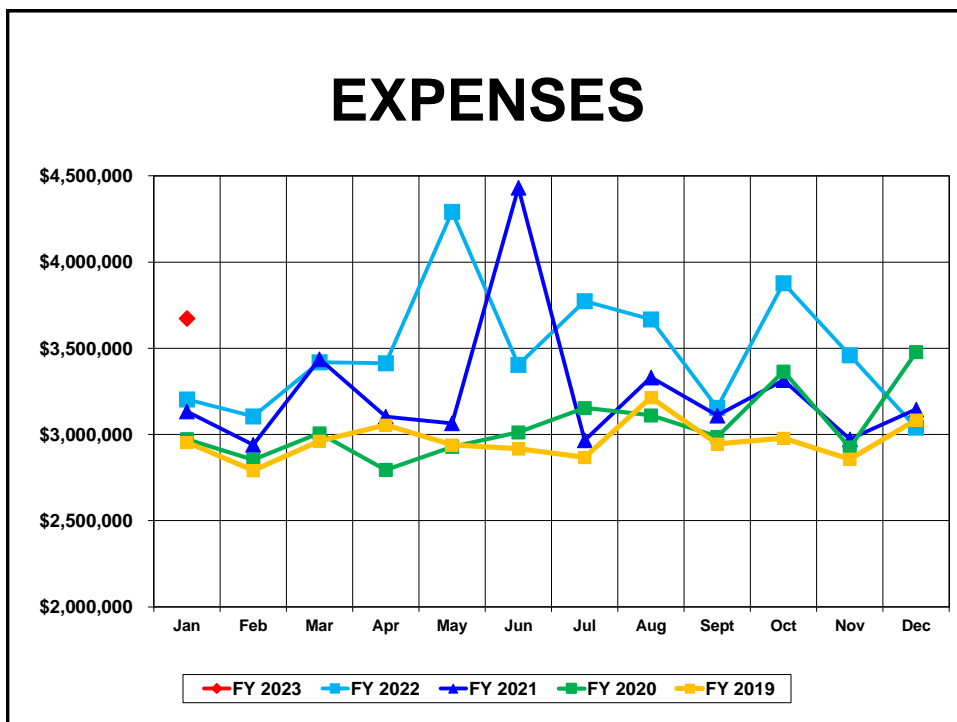
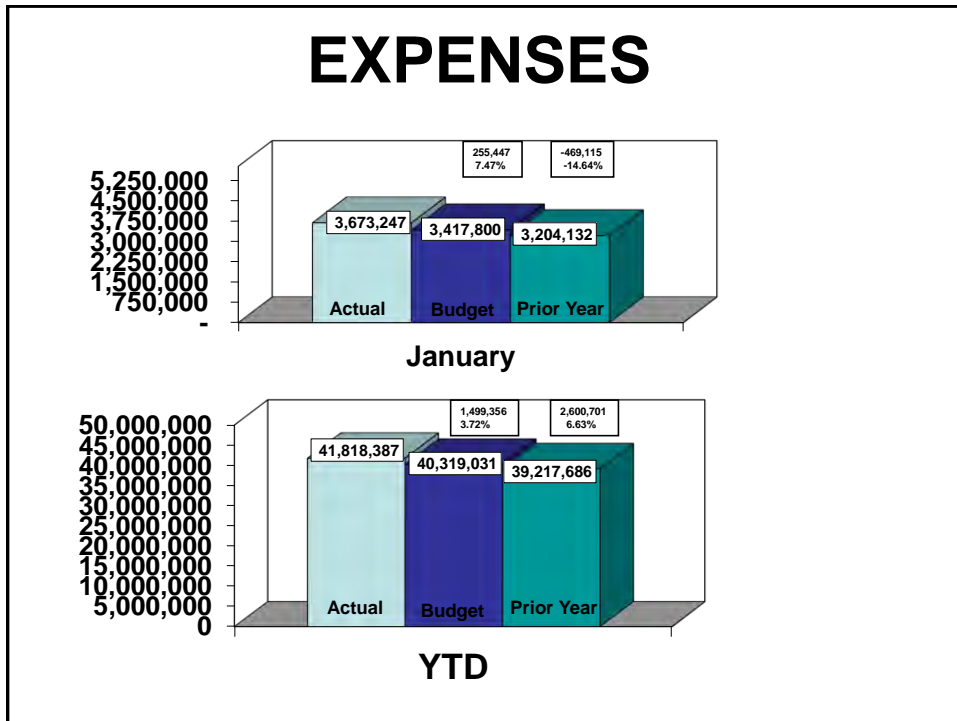


NET PATIENT REVENUE

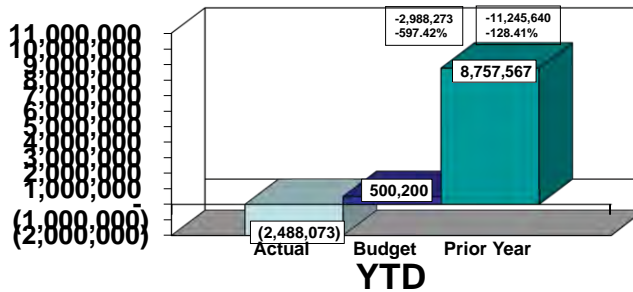
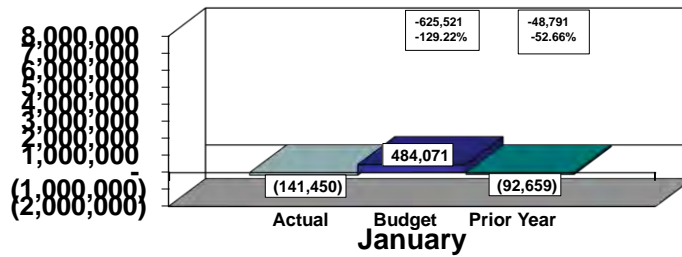


NET PATIENT REVENUE





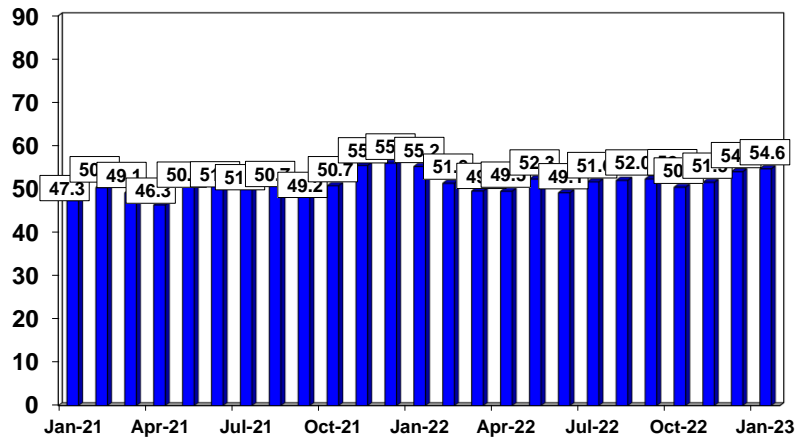
NET INCOME



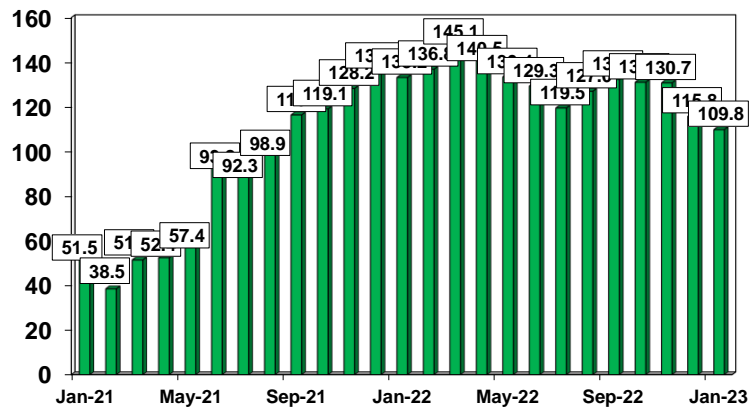
Summary of Financials

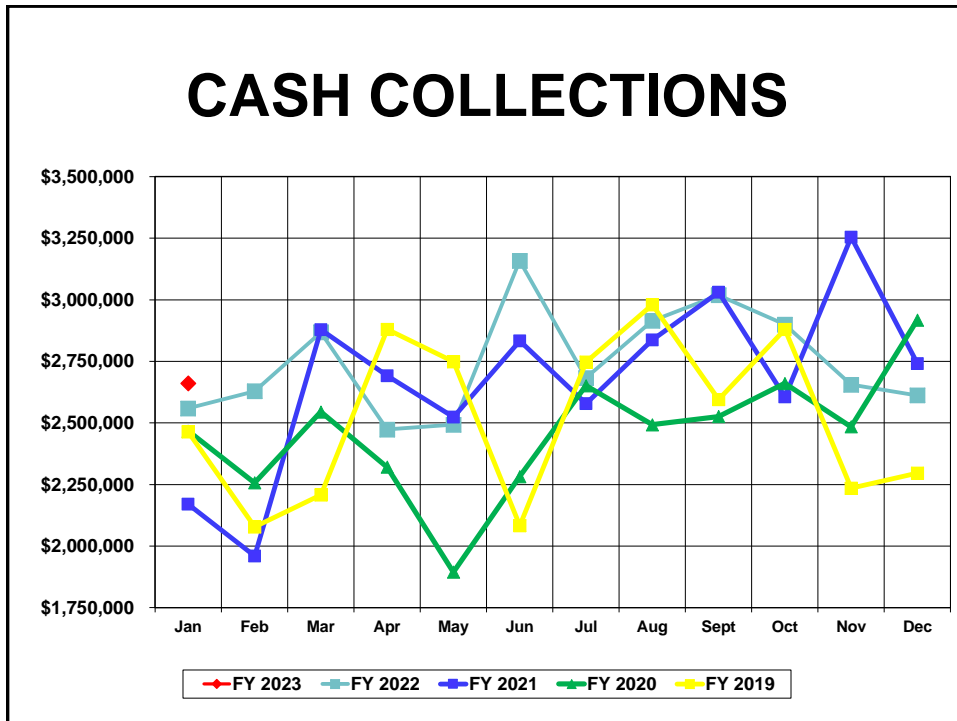
	January		
Gross Revenue	\$ 5,952,092		
Net Revenue	\$ 3,421,097		
Expenses	\$ 3,673,247		
Grants, 340B and Tax Revenue	\$ 110,700		
Grants and 340B and Stimulus		\$ 98,825	
Tax Revenue		\$ 11,875	
Net Income	\$ -141,450		

GROSS DAYS IN ACCOUNTS RECEIVABLE



DAYS CASH ON HAND





Income Statement - - - January 31, 2023

Page 1

		Current Month				Year-to-Date			
		2023	Budget	Difference	Variance	2023	Budget	Difference	Variance
Revenue									
7	Total In-patient Revenue	455,034	557,690	(102,656)	-18%	455,034	557,690	(102,656)	-18%
17	Total Out-patient Revenue	4,997,530	5,124,084	(126,554)	-2%	4,997,530	5,124,084	(126,554)	-2%
18	Professional Fees	499,528	570,515	(70,987)	-12%	499,528	570,515	(70,987)	-12%
19	Total Patient Revenue	5,952,092	6,252,289	(300,197)	-5%	5,952,092	6,252,289	(300,197)	-5%
20	Revenue Deductions & Bad Debt								
21	Contractual Allowances	2,714,249	2,760,474	(46,225)	-2%	2,714,249	2,760,474	(46,225)	-2%
22	Charity	33,050	-	33,050		33,050	-	33,050	
23	Bad Debt	87,748	71,619	16,129	23%	87,748	71,619	16,129	23%
24	Provider Fee & Other	(304,052)	(330,669)	26,617	-8%	(304,052)	(330,669)	26,617	-8%
25	Total Revenue Deductions & Bad Debt	2,530,995	2,501,424	29,571	1%	2,530,995	2,501,424	29,571	1%
26	Total Net Patient Revenue	3,421,097	3,750,865	(329,768)	-9%	3,421,097	3,750,865	(329,768)	-9%
27	Grants	-	19,882	(19,882)	-100%	-	19,882	(19,882)	-100%
28	HHS Stimulus Other Revenue	-	-	-		-	-	-	
29	COVID PPP Loan Forgiveness	-	-	-	0%	-	-	-	0%
30	Other Operating Income - Misc	98,825	116,379	(17,554)	-15%	98,825	116,379	(17,554)	-15%
31	Total Net Revenues	3,519,922	3,887,126	(367,204)	-9%	3,519,922	3,887,126	(367,204)	-9%
32	Operating Expenses								
33	Salary & Wages	1,834,418	1,774,485	59,933	3%	1,834,418	1,774,485	59,933	3%
34	Benefits	174,150	221,766	(47,616)	-21%	174,150	221,766	(47,616)	-21%
35	Professional Fees/Contract Labor	224,329	120,423	103,906	86%	224,329	120,423	103,906	86%
36	Purchased Services	244,961	195,134	49,827	26%	244,961	195,134	49,827	26%
37	Supplies	576,365	593,820	(17,455)	-3%	576,365	593,820	(17,455)	-3%
38	Rent & Leases	31,479	18,081	13,398	74%	31,479	18,081	13,398	74%
39	Repairs & Maintenance	38,766	42,946	(4,180)	-10%	38,766	42,946	(4,180)	-10%
40	Utilities	78,566	41,137	37,429	91%	78,566	41,137	37,429	91%
41	Insurance	42,363	37,656	4,707	13%	42,363	37,656	4,707	13%
42	Depreciation & Amortization	150,394	146,996	3,398	2%	150,394	146,996	3,398	2%
43	Interest	75,072	79,494	(4,422)	-6%	75,072	79,494	(4,422)	-6%
44	Other	202,384	145,862	56,522	39%	202,384	145,862	56,522	39%
45	Total Operating Expenses	3,673,247	3,417,800	255,447	7%	3,673,247	3,417,800	255,447	7%
46	Operating Revenue Less Expenses	(153,325)	469,326	(622,651)	-133%	(153,325)	469,326	(622,651)	-133%
47	Non-Operating Income								
48	Tax Revenue	11,875	14,745	(2,870)	-19%	11,875	14,745	(2,870)	-19%
49	Donations	-	-	-		-	-	-	
50	Total Non-Operating Income	11,875	14,745	(2,870)	-19%	11,875	14,745	(2,870)	-19%
51	Total Revenue Less Total Expenses	\$ (141,450)	\$ 484,071	\$ (625,521)	-129%	\$ (141,450)	\$ 484,071	\$ (625,521)	-129%

Income Statement Comparison - - - January 31, 2023

Page 2

	2023	Current Month 2022	Difference	Variance	2023	Year-to-Date 2022	Difference	Variance
Revenue								
2								
7 Total In-patient Revenue	455,034	449,666	5,368	1%	455,034	449,666	5,368	1%
17 Total Out-patient Revenue	4,997,530	4,667,033	330,497	7%	4,997,530	4,667,033	330,497	7%
18 Professional Fees	499,528	527,423	(27,895)	-5%	499,528	527,423	(27,895)	-5%
19 Total Patient Revenue	5,952,092	5,644,122	307,970	5%	5,952,092	5,644,122	307,970	5%
20 Revenue Deductions & Bad Debt								
21 Contractual Allowances	2,714,249	2,738,237	(23,988)	-1%	2,714,249	2,738,237	(23,988)	-1%
22 Charity	33,050	27,656	5,394	20%	33,050	27,656	5,394	20%
23 Bad Debt	87,748	120,174	(32,426)	-27%	87,748	120,174	(32,426)	-27%
24 Provider Fee & Other	(304,052)	(240,165)	(63,887)	27%	(304,052)	(240,165)	(63,887)	27%
25 Total Revenue Deductions & Bad Debt	2,530,995	2,645,902	(114,907)	-4%	2,530,995	2,645,902	(114,907)	-4%
26 Total Net Patient Revenue	3,421,097	2,998,220	422,877	14%	3,421,097	2,998,220	422,877	14%
27 Grants	-	-	-	-	-	-	-	-
28 HHS Stimulus Other Revenue	-	-	-	-	-	-	-	-
29 COVID PPP Loan Forgiveness	-	-	-	-	-	-	-	-
30 Other Operating Income - Misc	98,825	101,810	(2,985)	-3%	98,825	101,810	(2,985)	-3%
31 Total Net Revenues	3,519,922	3,100,030	419,892	14%	3,519,922	3,100,030	419,892	14%
32 Operating Expenses								
33 Salary & Wages	1,834,418	1,648,507	185,911	11%	1,834,418	1,648,507	185,911	11%
34 Benefits	174,150	191,163	(17,013)	-9%	174,150	191,163	(17,013)	-9%
35 Professional Fees/Contract Labor	224,329	107,356	116,973	109%	224,329	107,356	116,973	109%
36 Purchased Services	244,961	146,986	97,975	67%	244,961	146,986	97,975	67%
37 Supplies	576,365	584,649	(8,284)	-1%	576,365	584,649	(8,284)	-1%
38 Rent & Leases	31,479	21,436	10,043	47%	31,479	21,436	10,043	47%
39 Repairs & Maintenance	38,766	71,065	(32,299)	-45%	38,766	71,065	(32,299)	-45%
40 Utilities	78,566	55,680	22,886	41%	78,566	55,680	22,886	41%
41 Insurance	42,363	40,266	2,097	5%	42,363	40,266	2,097	5%
42 Depreciation & Amortization	150,394	145,357	5,037	3%	150,394	145,357	5,037	3%
43 Interest	75,072	70,529	4,543	6%	75,072	70,529	4,543	6%
44 Other	202,384	121,138	81,246	67%	202,384	121,138	81,246	67%
45 Total Operating Expenses	3,673,247	3,204,132	469,115	15%	3,673,247	3,204,132	469,115	15%
46 Operating Revenue Less Expenses	(153,325)	(104,102)	(49,223)	47%	(153,325)	(104,102)	(49,223)	47%
47 Non-Operating Income								
48 Tax Revenue	11,875	11,443	432	4%	11,875	11,443	432	4%
49 Donations	-	-	-	-	-	-	-	-
50 Total Non-Operating Income	11,875	11,443	432	4%	11,875	11,443	432	4%
51 Total Revenue Less Total Expenses	\$ (141,450)	\$ (92,659)	\$ (48,791)	53%	\$ (141,450)	\$ (92,659)	\$ (48,791)	53%

Balance Sheet - - - January 31, 2023

Page 3

Assets	Current Month	Prior Month	Liabilities	Current Month	Prior Month
Current Assets			Current Liabilities		
Cash					
Operating	\$ 10,460,376	\$ 11,118,764	Accts Payable - System	\$ 994,047	\$ 877,631
Debt Svc. Res. 2016 Bonds	878,731	878,731	Accrued Expenses	656,533	635,720
Bond Funds - 2016 Bonds	49	49	Cost Report Settlement Res	(223,589)	(66,531)
Bond Funds - 2021 / 2006	1,507,788	1,501,880	Wages & Benefits Payable	1,727,161	1,549,835
Escrow - UMB	27,140	27,140	Deferred Revenue	1,475,118	1,475,118
COVID PPP	-	-	COVID PPP Short Term Loan	-	-
Relief Fund Cash Restricted	-	-	Relief Fund Liability	-	-
Medicare Accelerated Pmt	-	-	Medicare Accelerated Pmt Liab	(251,194)	(251,194)
Total Cash	12,874,084	13,526,564	Current Portion of LT Debt-75 N Pagosa	120,000	120,000
			Current Portion of LT Debt-2021	420,000	420,000
Accounts Receivable			Current Portion of LT Debt-2016	225,000	225,000
Patient Revenue - Net	4,004,801	3,573,432	Total Current Liabilities	5,143,076	4,985,579
Other Receivables	1,655,031	1,620,564			
Total Accounts Receivable	5,659,832	5,193,996	Long-Term Liabilities		
			Leases Payable - 75 N Pagosa	2,180,000	2,180,000
Inventory	1,789,329	1,802,750	Equipment Lease (Siemens MRI)	1,529,754	1,556,908
			Bond Premium (Net) - 2006 Def Outflows	191,292	192,404
Total Current Assets	20,323,245	20,523,310	Bond Premium (Net) - 2016	118,524	118,949
			Bond Premium (Net) - 2021	710,842	714,813
Fixed Assets			Bonds Payable - 2021	7,465,000	7,465,000
Property Plant & Equip (Net)	23,610,548	23,701,275	Bonds Payable - 2006	-	-
Work In Progress	408,052	407,266	Bonds Payable - 2016	9,025,000	9,025,000
Land	704,021	704,021	Total Long-Term Liabilities	21,220,412	21,253,074
Total Fixed Assets	24,722,621	24,812,562	Net Assets		
			Un-Restricted	19,327,397	21,815,470
Other Assets			Current Year Net Income/Loss	(141,450)	(2,488,073)
Prepays & Other Assets	503,569	230,178	Total Un-Restricted	19,185,947	19,327,397
Total Other Assets	503,569	230,178	Restricted		
			Total Net Assets	19,185,947	19,327,397
Total Assets	\$ 45,549,435	\$ 45,566,050	Total Liabilities & Net Assets	\$ 45,549,435	\$ 45,566,050

Monthly Trends

Page 4

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	YTD Total
Activity	31	28	31	30	31	30	31	31	30	31	30	31	31	31
2 In-Patient Admissions	31	25	22	30	32	42	27	30	23	26	25	32	28	28
3 In-Patient Days	67	62	58	68	86	115	72	81	34	64	51	64	53	53
4 Avg Stay Days (In-patients)	2.2	2.5	2.6	2.3	2.7	2.7	2.7	2.7	1.5	2.5	2.0	2.0	1.9	1.9
5 Swing Bed Admissions	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	-
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
8 Average Daily Census	2.2	2.2	1.9	2.3	2.8	3.8	2.3	2.6	1.1	2.1	1.7	2.1	1.7	1.7
Statistics														
9 E/R visits	946	834	742	546	622	681	787	638	639	529	616	753	561	561
10 Observ Hours	416	343	490	292	578	488	343	221	1,025	358	428	483	557	557
11 Lab Tests	5,660	4,897	5,200	5,353	5,623	6,094	5,926	6,175	5,720	5,839	6,987	5,695	5,480	5,480
12 Radiology/CT/MRI Exams	1,299	1,195	1,483	1,320	1,288	1,409	1,386	1,563	1,411	1,342	1,274	1,361	1,517	1,517
14 OR Cases	86	71	104	78	113	100	99	127	91	95	105	116	74	74
15 Clinic Visits	1,444	1,206	1,714	1,692	1,756	1,747	1,692	2,021	1,717	1,804	1,627	1,794	1,475	1,475
16 Spec. Clinic Visits	33	32	44	27	29	46	10	33	33	27	30	37	41	41
17 Oncology Clinic Visits	106	107	116	105	127	137	135	139	120	126	111	93	109	109
18 Oncology/Infusion Patients	302	306	282	205	284	295	268	254	286	214	161	195	134	134
19 EMS Transports	101	100	112	87	117	78	125	130	96	76	104	104	111	111
20 Total Stats	10,393	9,091	10,287	9,724	10,537	11,075	10,771	11,301	11,138	10,410	11,443	10,631	10,059	10,059

Statistical Review

Page 5

2023	January			January			January Prior Y-T-D			
	Current Month Actual	Current Month Budget	Variance	Y-T-D Actual	Y-T-D Budget	Variance	Y-T-D Actual	Prior Y-T-D Actual	Difference	Variance
In-Patient										
Admissions:										
Acute	28	30	(2)	28	30	(2)	28	31	(3)	-10%
Swing Bed	-	-	-	-	-	-	-	-	-	-
Total	28	30	(2)	28	30	(2)	28	31	(3)	-10%
Patient Days:										
Acute	53	75	(22)	53	75	(22)	53	67	(14)	-21%
Swing Bed	-	-	-	-	-	-	-	-	-	-
Total	53	75	(22)	53	75	(22)	53	67	(14)	-21%
Average Daily Census:										
# Of Days	31	31		31	31		31	31		
Acute	1.7	2.4	(0.7)	1.7	2.4	(0.7)	1.7	2.2	(0.5)	-21%
Swing Bed	-	-	-	-	-	-	-	-	-	-
Total	1.7	2.4	(0.7)	1.7	2.4	(0.7)	1.7	2.2	(0.5)	-21%
Length of Stay:										
Acute	1.9	2.5	(0.6)	1.9	2.5	(0.6)	1.9	2.2	(0.3)	-12%
Swing Bed	-	-	-	-	-	-	-	-	-	0%
Total	1.9	2.5	(0.6)	1.9	2.5	(0.6)	1.9	2.2	(0.3)	-12%
Out-Patient										
Out-Patient Visits										
E/R Visits	561	687	(126)	561	687	(126)	561	946	(385)	-41%
Observ admissions	30	22	8	30	22	8	30	17	13	76%
Lab Tests	5,480	5,644	(164)	5,480	5,644	(164)	5,480	5,660	(180)	-3%
Radiology/CT/MRI Exams/M	1,517	1,343	174	1,517	1,343	174	1,517	1,299	218	17%
OR Cases	74	99	(25)	74	99	(25)	74	86	(12)	-14%
Clinic Visits	1,475	1,649	(174)	1,475	1,649	(174)	1,475	1,444	31	2%
Spec. Clinic Visits	41	30	11	41	30	11	41	33	8	24%
Oncology Clinic Visits	109	111	(2)	109	111	(2)	109	106	3	3%
Oncology/Infusion Patients	133	256	(123)	133	256	(123)	133	302	(169)	-56%
EMS Transports	111	101	10	111	101	10	111	101	10	10%
Total	9,531	9,942	(411)	9,531	9,942	(411)	9,531	9,994	(463)	-5%

Pagosa Springs Medical Center

Cerner/Healthland Accounts Receivable for Hospital by Payor and Days Outstanding -- As of January 31, 2023

Page 6

		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
2 Medicare	\$	2,609,255	\$ 329,911	\$ 146,324	\$ 104,979	\$ 41,364	\$ 78,320	\$ 660,731	\$ 3,970,884	37%	
3 Medicaid		641,190	127,974	29,347	46,199	14,051	3,628	160,302	1,022,691	10%	
4 Third Party		1,525,152	510,473	252,864	262,737	141,436	37,061	725,306	3,455,029	32%	
5 Self-Pay		347,760	280,447	185,979	331,958	285,432	154,195	711,402	2,297,173	21%	
Current Month Total	\$	5,123,357	\$ 1,248,805	\$ 614,514	\$ 745,873	\$ 482,283	\$ 273,204	\$ 2,257,741	\$ 10,745,777	100%	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
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
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%		

Pagosa Springs Medical Center

Cerner/Healthland Accounts Receivable for Hospital by Payor and Days Outstanding -- As of January 31, 2023

Page 6

		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
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%		
Sep-21	\$	4,623,878	\$	1,367,954	\$	793,192	\$	861,326	\$	484,324	\$	263,617	\$	1,610,326	\$	10,004,617		251,846
Pct of Total		46%		14%		8%		9%		5%		3%		16%		100%		
Aug-21	\$	5,070,970	\$	1,423,538	\$	1,289,523	\$	637,852	\$	423,338	\$	370,971	\$	1,518,317	\$	10,734,509		181,959
Pct of Total		47%		13%		12%		6%		4%		3%		14%		100%		
Jul-21	\$	4,918,121	\$	1,859,528	\$	864,925	\$	524,846	\$	546,331	\$	340,021	\$	1,455,387	\$	10,509,159		125,498
Pct of Total		47%		18%		8%		5%		5%		3%		14%		100%		
Jun-21	\$	4,450,225	\$	991,357	\$	492,319	\$	470,912	\$	586,430	\$	386,858	\$	1,658,314	\$	9,036,415		248,707
Pct of Total		49%		11%		5%		5%		6%		4%		18%		100%		
May-21	\$	4,564,596	\$	1,223,151	\$	900,499	\$	559,379	\$	516,823	\$	338,558	\$	1,383,875	\$	9,486,881		95,678
Pct of Total		48%		13%		9%		6%		5%		4%		15%		100%		
Apr-21	\$	4,315,723	\$	1,332,592	\$	712,599	\$	645,005	\$	417,714	\$	166,007	\$	1,174,380	\$	8,764,020		190,242
Pct of Total		49%		15%		8%		7%		5%		2%		13%		100%		
Mar-21	\$	4,536,107	\$	1,283,697	\$	893,010	\$	614,678	\$	287,740	\$	205,954	\$	1,187,089	\$	9,008,275		141,056
Pct of Total		50%		14%		10%		7%		3%		2%		13%		100%		
Feb-21	\$	4,632,177	\$	1,808,956	\$	796,014	\$	329,120	\$	255,606	\$	194,030	\$	1,194,813	\$	9,210,716		116,794
Pct of Total		50%		20%		9%		4%		3%		2%		13%		100%		
Jan-21	\$	4,667,228	\$	1,324,541	\$	489,574	\$	380,972	\$	303,832	\$	307,163	\$	1,102,666	\$	8,575,976		197,220
Pct of Total		54%		15%		6%		4%		4%		4%		13%		100%		
Dec-20	\$	4,315,448	\$	835,664	\$	542,288	\$	394,340	\$	421,056	\$	304,468	\$	965,830	\$	7,779,094		222,785
Pct of Total		55%		11%		7%		5%		5%		4%		12%		100%		
12	Pct Settled (Current)			74.3%		51.5%		14.0%		12.1%		34.1%		-453.3%				
13	Pct Settled (Dec from Nov)			72.6%		27.9%		26.1%		19.8%		19.8%		-413.0%				
14	Pct Settled (Nov from Oct)			73.3%		47.5%		38.5%		24.9%		34.9%		-388.7%				

Pagosa Springs Medical Center
Revenue by Financial Class
January 31, 2023

ORAL REPORTS 3.a.vii.

Financial Class	Inpatient MTD	Outpatient MTD	Total MTD	% MTD
Auto/Liability Insurance	-	98,509.20	98,509.20	1.66%
Blue Cross	11,905.35	496,196.23	508,101.58	8.54%
Champus	-	52,344.37	52,344.37	0.88%
Commercial Insurance	8,734.18	655,117.31	663,851.49	11.15%
Medicaid	32,333.79	1,049,085.00	1,081,418.79	18.17%
Medicare	328,201.65	1,854,413.29	2,182,614.94	36.67%
Medicare HMO	63,133.15	733,507.08	796,640.23	13.38%
Self Pay	12,335.07	189,105.70	201,440.77	3.38%
Self Pay - Client Billing	-	14,381.55	14,381.55	0.24%
Veterans Administration	10,597.22	300,704.46	311,301.68	5.23%
Workers Compensation	-	41,487.53	41,487.53	0.70%
Total	467,240.41	5,484,851.72	5,952,092.13	100.00%

Financial Class	Inpatient YTD	Outpatient YTD	Total YTD	% YTD	12/31/2022 % YTD	12/31/2021 % YTD	12/31/20 % YTD	12/31/19 % YTD	12/31/18 % YTD	12/31/17 % YTD
Auto/Liability Insurance	-	98,509.20	98,509.20	1.66%	1.02%	1.41%	0.91%	1.15%	1.05%	1.24%
Blue Cross	11,905.35	496,196.23	508,101.58	8.54%	10.30%	11.40%	12.38%	15.40%	15.42%	15.90%
Champus	-	52,344.37	52,344.37	0.88%	0.91%	0.95%	0.82%	0.31%	0.08%	0.07%
Commercial Insurance	8,734.18	655,117.31	663,851.49	11.15%	11.31%	12.12%	11.72%	11.34%	13.08%	11.79%
Medicaid	32,333.79	1,049,085.00	1,081,418.79	18.17%	17.07%	17.50%	18.86%	18.75%	18.22%	20.28%
Medicare	328,201.65	1,854,413.29	2,182,614.94	36.67%	36.26%	36.51%	38.60%	36.99%	36.75%	35.27%
Medicare HMO	63,133.15	733,507.08	796,640.23	13.38%	14.99%	11.01%	7.77%	7.20%	4.47%	3.55%
Self Pay	12,335.07	189,105.70	201,440.77	3.38%	3.22%	3.95%	3.68%	4.40%	5.40%	6.96%
Self Pay - Client Billing	-	14,381.55	14,381.55	0.24%	0.27%	0.36%	0.22%	0.18%	0.18%	0.19%
Veterans Administration	10,597.22	300,704.46	311,301.68	5.23%	3.76%	3.76%	4.13%	2.74%	4.13%	3.58%
Workers Compensation	-	41,487.53	41,487.53	0.70%	0.88%	1.03%	0.92%	1.52%	1.22%	1.17%
Total	467,240.41	5,484,851.72	5,952,092.13	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Blank										0.00%
HMO (Health Maint Org)										0.03%
Total					100.00%	100.00%	100.00%	100.00%	100.00%	100.03%

Pagosa Springs Medical Center
Financial Forecast
Statement of Cash Flows

ORAL REPORTS 3.a.vii.

Cash Flows from operating activities

	January 2023
Change in net assets	(141,450)
Adjustments to reconcile net assets to net cash	
Depreciation and amortization	150,394
Patient accounts receivable	(431,369)
Accounts payable and wages payable	293,742
Accrued liabilities	20,813
Pre-paid assets	(273,391)
Deferred revenues	-
Other receivables	(34,467)
Reserve for third party settlement	(157,058)
Inventory	13,421
Net Cash Provided by (used in) operating activities	(559,365)

Cash Flows from investing activities

Purchase of property and equipment	(65,175)
Work in progress	(786)
Proceeds from sale of equipment/(Loss)	-
Net Cash Provided by (used in) investing activities	(65,961)

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	(27,154)
Net Cash Provided by (used in) financing activities	(27,154)

Net Increase(Decrease) in Cash (652,480)

Cash Beginning of Month 13,526,564

Cash End of Month 12,874,084

2023						
Month	Cash Goal	Actual Cash	Variance	% Collected	GL Non AR	Total
Jan-23	\$1,898,252.00	\$2,661,282.24	\$763,030.24	140.20%	\$ (94,934.27)	\$2,566,347.97
Feb-23						
Mar-23						
Apr-23						
May-23						
Jun-23						
Jul-23						
Aug-23						
Sep-23						
Oct-23						
Nov-23						
Dec-23						

ORAL REPORTS 3.a.vii.

Pagosa Springs Medical Center
Cash Forecast as of end of December 2023
Forecast Months Based on Budget and Actual

Prepared 2/15/2023
Cash balance 13,526,564
at 12/31/22

	(1) Net Asset Change	(2) Depreciation	(3) Receivables	(4) Payables & Other Liabilities	(5) Pre-Paid Assets	(6) Defferred Revenue	(7) Third Party	(8) Inventory	(9) Equipment Purchase	(10) Lease Payables	(11) Other	Net Cash Change	Balance
January 2023 (Actual)	(141,450)	150,394	(465,836)	314,555	(273,391)	-	(157,058)	13,421	(65,961)	(27,154)	-	(652,480)	12,874,084
February 2023 (Budget)	(347,224)	128,158	(500,000)	200,000	(50,000)	-	(150,000)	15,000	(91,666)	(27,000)	-	(822,732)	12,051,352
March 2023 (Budget)	(55,194)	146,641	(250,000)	200,000	(50,000)	-	150,000	15,000	(91,666)	(27,000)	-	37,781	12,089,133
April 2023 (Budget)	680,616	152,461	(250,000)	200,000	(50,000)	-	250,000	15,000	(91,666)	(27,000)	4,200,000	5,079,411	17,168,544
May 2023 (Budget)	(97,680)	191,923	(100,000)	200,000	(50,000)	-	(250,000)	15,000	(91,666)	(27,000)	-	(209,423)	16,959,121
June 2023 (Budget)	722,009	150,948	(50,000)	200,000	(50,000)	-	200,000	15,000	(91,666)	(27,000)	100,000	1,169,291	18,128,412
July 2023 (Budget)	(473,896)	172,026	(50,000)	200,000	(50,000)	-	150,000	15,000	(91,666)	(27,000)	-	(155,536)	17,972,876
August 2023 (Budget)	159,701	171,708	(250,000)	200,000	(50,000)	-	(200,000)	15,000	(91,666)	(27,000)	100,000	27,743	18,000,619
September 2023 (Budget)	545,770	152,269	(150,000)	200,000	(50,000)	-	(100,000)	(15,000)	(91,666)	(27,000)	-	464,373	18,464,992
October 2023 (Budget)	(1,275,231)	171,472	(150,000)	200,000	(50,000)	-	150,000	(15,000)	(91,666)	(27,000)	100,000	(987,425)	17,477,567
November 2023 (Budget)	(342,205)	152,453	(150,000)	200,000	(50,000)	-	150,000	(15,000)	(91,666)	(27,000)	-	(173,418)	17,304,149
December 2023 (Budget)	114,258	151,841	(150,000)	200,000	(50,000)	-	150,000	(15,000)	(91,666)	(27,000)	100,000	382,433	17,686,582
Totals	(510,526)	1,892,294	(2,515,836)	2,514,555	(823,391)	-	342,942 981,635	58,421	(1,074,287)	(324,154)	4,600,000	4,160,018	17,686,582
							Bond Requirements (60 days cash)						at 12/31/22 6,555,458
								Less Cares Act					-
								Less Medicare Accelerated					-
								Less Bond Reserve					(878,731)
								Net Cash for Days Cash on Hand					17,686,582
								AVG. Expense Per Day					109,258
Notes:								Days Cash on Hand					161.88

Notes:

- (1) Forecast based on projected net income.
- (2) Forecast is based on the budgeted depreciation expense.
- (3) Based on projected changes in receivables.
- (4) Based on projected changes in payables and liabilities.
- (5) Based on projected changes in prepaids.
- (6) Based on projected deferred revenues.
- (7) Based on projected Due to Third Party Reserves.
- (8) Based on projected Inventory changes.
- (9) Based on projected equipment and capital project expenditures.
- (10) Based on projected lease payments.
- (11) Based on projected receivables and payables due to Covid.



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

**MEDICAL STAFF REPORT BY CHIEF OF STAFF, JOHN WISNESKI
February 28, 2023**

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
David Camacho, MD	Initial Appointment	Telemedicine/Teleradiology	Diagnostic Radiology
Scott Grosskreutz, MD	Initial Appointment	Telemedicine/Teleradiology	Diagnostic Radiology
Lauren Middleton-Hoang, DO	Initial Appointment	Telemedicine/Teleneurology	Neurology
Ming Peng, MD	Initial Appointment	Telemedicine/Teleradiology	Diagnostic Radiology
Robert Saito, MD	Initial Appointment	Telemedicine/Teleradiology	Diagnostic Radiology
Lori Wilhelm, MD	Initial Appointment	Telemedicine/Teleradiology	Diagnostic Radiology
Eric Wyatt, MD	Initial Appointment	Telemedicine/Teleradiology	Diagnostic Radiology
Ray Bogitch, MD	Reappointment	Telemedicine/Teleneurology	Neurology
Christine Charles, DO	Reappointment	Telemedicine Telepsychiatry	Psychiatry & Child and Adolescent Psychiatry
Darren Cutter, MD	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology & Neuroradiology
Venkata Diddi, MD	Reappointment	Telemedicine/Telepsychiatry	Psychiatry
Christopher Fanale, MD	Reappointment	Telemedicine/Teleneurology	Neurology
Brian Ravert, MD	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology & Interventional Radiology
Benjamin Sacks, MD	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology
Jeffrey Wagner, MD	Reappointment	Telemedicine/Teleneurology	Neurology

III. REPORT OF NUMBER OF PROVIDERS BY CATEGORY

Active: 17

Courtesy: 21

Telemedicine: 138

Advanced Practice Providers & Behavioral Health Providers: 12

Honorary: 2

Total: 190

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


Formal Written Resolution 2023-08

February 28, 2023

WHEREAS, the Board of Directors of Upper San Juan Health Service District d/b/a Pagosa Springs Medical Center (hereinafter “Board”) has reviewed, in executive session, the annual report of PSMC’s 2022 peer review activities and whereas such report is to be used and remain confidential in accordance with 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.

NOW, THEREFORE, THE BOARD HEREBY RESOLVES THAT it accepts the Annual Report of PSMC’s 2022 Peer Review Activities and that such report shall be used and remain confidential in accordance with 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.

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

	DEPARTMENT: Nursing	Policies and Procedures
TITLE: Master Staffing Plan		Page 1 of 4
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) 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.
- 6) 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 RN's 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 RN's 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

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

Formal Written Resolution 2023-09

February 28, 2023

WHEREAS House Bill 22-1401 (codified at Colorado Revised Statutes Sections 25-3-128 and 129) requires a Colorado hospital to have a nurse staffing committee to develop and oversee a master nurse staffing plan as well as complaints or feedback on the staffing plan; and

WHEREAS C.R.S. Section 25-3-128(2)(b)(II(A) requires the hospital submit to its Board of Directors the nurse staffing committee's recommended Master Staffing Plan; and

WHEREAS, the Board of Directors of Upper San Juan Health Service District d/b/a Pagosa Springs Medical Center (hereinafter "Board") has received PSMC's Master Staffing Plan and a presentation about the same.

NOW, THEREFORE, THE BOARD HEREBY RESOLVES THAT accepts the recommendations of the PSMC nurse staffing committee and approves the attached PSMC Master Staffing Plan for hospital nursing.

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

GRANTS

Overview of Grants

As a regular part of its operations, PSMC staff apply for grants to offset capital or operational costs.

If a grant requires matching funds, the matching funds need to be part of our approved capital or department budget or alternative sourcing such as an additional grant or approved fundraising.

Examples of PSMC Existing Grants

1. EMTS – The Colorado Emergency Medical and Trauma Service Provider Grants program makes grants available to support emergency services. Our EMS/ambulance team regularly pursues grants to pay for equipment that is either in the approved capital budget and/or the EMS department budget. In 2022, PSMC was awarded approximately \$85,000; the grant required matching funds from PSMC and the matching funds were accounted for in both the approved capital budget and department budget. With the funds, EMS purchased 2 Stryker Lucas devices (chest compression systems), 2 “lifepak-15” AED defibrillator/monitors, 20 mobile radios, and 2 ambulance radios.
2. SHIP – Small Rural Hospital Improvement Program. We apply every year and the award is modest and the Medicare Rural Hospital Flexibility Program (FLEX) decides how we can utilize the funds to meet FLEX initiatives. In 2022, PSMC was awarded a SHIP grant of approximately \$13,000.
3. USAC – the Universal Service Administrative Co awards grants in rural health care to support communication (telecom/internet). The award is used to support PSMC costs for third-party vendors for internet and network security.

Upcoming Grant Opportunities

1. **State of Colorado Department of Local Affairs (DOLA)**
 - Deadline to submit an application is Saturday, April 1.
 - DOLA’s maximum award is \$1,000,000.
 - DOLA grants require contribution by the recipient of matching funds.
 - Renovation of the of the building purchased by PSMC on 8/1/22 from Pruitt Properties, LLC fits within the scope of DOLA funding.
 - PSMC’s \$2,215,000 purchase price to acquire the building/land qualifies as PSMC’s matching funds so long as the award is within one year of the acquisition (this DOLA cycle meets the deadline as DOLA holds hearings on the applications in June and issues decisions in July).

Upcoming Grant Opportunities

2. **Federal Congressionally Directed Spending**

- Deadline for fiscal year 2024 request: March 10, 2023
- Awards are not anticipated before fall of 2024 and are contingent upon legislation that is passed.
- Approximately a dozen or so sources of federal funding.
- Whether or not matching funds are required is dependent upon the source of funds. Matching funds cannot be sourced by other federal money.
- There is significant competition for this funding.
- Examples of qualifying projects such as:
 - Rural community facility infrastructure needs including healthcare (requires matching funds)
 - Internet and cyber security systems

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

Formal Written Resolution 2023-10

February 28, 2023

WHEREAS, the Board of Directors of Upper San Juan Health Service District d/b/a Pagosa Springs Medical Center (hereinafter “Board”) has received information from PSMC staff that, as a regular part of PSMC operations, staff evaluate and pursue grant funding opportunities to pay for PSMC needs and capital projects.

NOW, THEREFORE, THE BOARD HEREBY RESOLVES THAT it has no objection to staff pursuing grant funding for PSMC operational needs and/or anticipated capital projects so long as such funding does not require new matching funds not already accounted for in the approved budget.

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



MINUTES OF REGULAR BOARD MEETING
January 24, 2023, 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 January 24, 2023, at PSMC, The Board Room, 95 South Pagosa Blvd., Pagosa Springs, Colorado as well as via Zoom video communications.

Directors Present: Vice-Chair Kate Alfred, Treasurer/Secretary Mark Zeigler, Director Jason Cox, Director Martin Rose, and Director Barbara Parada

Present via Zoom: Director Dr. Jim Pruitt

Present via telephone: Chair Matt Mees

1) CALL TO ORDER

- a) Call for quorum: Vice-Chair Alfred called the meeting to order at 5:00 p.m. MST and Clerk to the Board, Heather Thomas, recorded the minutes. A quorum of directors was present and acknowledged.
- b) Board member self-disclosure of actual, potential or perceived conflicts of interest: There were none.
- c) Approval of the Agenda: Director Rose motioned to approve the agenda. Upon motion seconded by Director Parada, the Board unanimously approved the agenda.

2) PUBLIC COMMENT

There was none.

3) REPORTS

- a) Oral Reports
 - i) Chair Report
There was no report.
 - ii) CEO Report
CEO Dr. Webb advised of the following updates:
 - PSMC does not have capacity problems at this time, however, Children’s Hospital

PSMC’s Mission: To provide quality compassionate healthcare for each person we serve

in Denver is currently experiencing capacity problems due to elevated flu, RSV and COVID illnesses in children.

- 56% of hospitals in Colorado ended year 2022 “in the red” (expenses exceeded revenue). In 2022, PSMC had its highest gross revenues ever but revenues were exceeded by bad debt and extraordinary expenses for things like traveler staff which resulted in PSMC ending 2022 “in the red” at a loss.

Questions were asked and answered.

iii) Executive Committee

There was no report.

iv) Foundation Board

There was no report.

Facilities Committee

There was no report.

Strategic Planning Committee

There was no report.

v) Finance Committee & Report

CFO Chelle Keplinger presented and discussed financials for November and December, 2022. Questions were asked and answered.

b) Written Reports

i) Medical Staff Report

Treasurer-Secretary Zeigler asked a question regarding the reported number telemedicine providers. COS, Dr. John Wisneski, answered.

4) DECISION AGENDA

a) Resolution 2023-02

CAO, Ann Bruzzese, discussed the written Carrier Neutral Location (CNL) explanation and advised the current CNL for Archuleta County is located within the PSMC facility, confirming that fiber currently runs through PSMC property and inside the facility. CAO Bruzzese explained, that PSMC’s strict security requirements make it difficult for internet providers to access the building for repairs or other site visits; as a result, the Pagosa Springs Community Development Corporation (CDC) applied for a grant for a CNL building and has requested to install the CNL on PSMC property.

CAO Bruzzese further advised that PSMC staff is in favor of leasing the property and having the Board authorize for the CEO and Board Chair to negotiate the final terms and the material terms and concerns as indicated within the proposed resolution.

Questions were asked and answered.

Prior to a motion to approve, Director Cox advised the Board regarding his previous affiliation with CDC, stating “In the past, I have been involved with the Broadband Service Management Office. In this role, I represent as a Director of the Upper San Juan Health Service District and would like to disclose a potential perception of a conflict of interest regarding the CNL. From June of 2019 to January of 2021, I was a paid contractor by the CDC to accomplish work that would help improve broadband to the entire Pagosa and Archuleta County community. I once was, but no longer am, a board member of the CDC as well. I am no longer involved with the CDC in that realm, nor am I compensated by the CDC, nor was I ever. I have no personal self-inclusivity in the CNL or broadband and I am disclosing this perception but not recusing myself because I would like to have a vote on this as a duty and loyalty to PSMC.”

Further questions were asked and answered.

PSMC’s Mission: To provide quality compassionate healthcare for each person we serve

Director Rose motioned to approve Resolution 2023-02 regarding the proposed lease of approximately 40'x20' of PSMC land to the CDC to house a CNL building together with associated easements for fiber. Motioned was seconded by Treasurer-Secretary Zeigler and affirmed by the Board.

b) Resolution 2023-03

Director Cox motioned to approve Resolution 2023-03 to appoint Heather Thomas as the Designated Election Official and authorizing the DEO to cancel election as necessary. Motion was seconded by Director Rose and affirmed by the Board.

c) Resolution 2023-04

Director Rose motioned to approve Resolution 2023-04 to establish USJHSD terms for its regular May 2, 2023 election. Motion was seconded by Director Parada and affirmed by the Board.

5) **CONSENT AGENDA**

Director Cox motioned to approve the consent agenda (approval of Board member absences, approval of the regular meeting minutes of 11/15/2022, special meeting minutes of 01/04/2023, special meeting minutes of 01/10/2023, and the Medical Staff report recommendations for revised policy and new or renewal of provider privileges). Motion was seconded by Director Rose, and the Board approved said consent agenda items.

6) **ANNUAL BUSINESS AND/OR ELECTION YEAR BUSINESS**

Vice-Chair Alfred noted that the attached Transparency Notice was included in the packet for information only. No action needed by the Board.

The Board then completed and submitted to Clerk Thomas annual disclosures for conflicts of interest and gifts.

7) **EXECUTIVE SESSION**

The Board did not meet in executive session.

8) **OTHER BUSINESS**

There was no other business.

9) **ADJOURN**

There being no further business, Vice-Chair Alfred adjourned the regular meeting at 6:18 p.m. MST.

Respectfully submitted by:

Heather Thomas, serving as Clerk to the Board



MINUTES OF SPECIAL BOARD MEETING
February 16, 2023, at 12:00 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 a special board meeting on February 16, 2023, at PSMC, The Board Room, 95 South Pagosa Blvd., Pagosa Springs, Colorado as well as via Zoom video communications.

Directors Present: Vice-Chair Kate Alfred, Treasurer/Secretary Mark Zeigler, Director Jason Cox, Director Martin Rose, and Director Barbara Parada

Present via Zoom: Treasurer-Secretary Mark Zeigler, Director Jason Cox, Director Barbara Parada, and Director Martin Rose.

Present via telephone: Chair Matt Mees

Director(s) Absent: Director Dr. Jim Pruitt. (The noted absence was approved due to prior notification.)

1) CALL TO ORDER

- a) Call for quorum: Vice-Chair Alfred called the meeting to order at 12:00 p.m. MST and Clerk to the Board, Heather Thomas, recorded the minutes. A quorum of directors was present and acknowledged.
- b) Board member self-disclosure of actual, potential or perceived conflicts of interest: There were none.
- c) Approval of the Agenda: Director Rose motioned to approve the agenda. Upon motion seconded by Director Cox, the Board unanimously approved the agenda.

2) PUBLIC COMMENT

There was none.

3) DECISION AGENDA

- a) Resolution 2023-05
CFO, Chelle Keplinger, discussed the provided information regarding Colorado Statewide Investment Pool (CSIP). Questions were asked and answered.

PSMC’s Mission: To provide quality compassionate healthcare for each person we serve

Director Rose motioned to accept Resolution 2023-05 regarding investment in a Colorado local government investment pool known as CSIP. Motion was seconded by Director Cox and affirmed by the Board.

b) Resolution 2023-06

CFO Keplinger gave an overview of the proposed resolution advising the Board that a process has been written regarding internal controls requiring at least two signatures (two senior leaders a Board officer and a senior leader) to authorize money transfers to/from CSIP. Per policy, the auditors for PSMC will add investment processes to their annual audit.

Director Cox motioned to accept Resolution 2023-06 regarding PSMC's internal controls policy related to management of investment funds. Motion was seconded by Director Rose and affirmed by the Board.

c) Resolution 2023-07

CEO, Dr. Rhonda Webb, and CAO, Ann Bruzzese, gave an overview of the proposed resolution regarding the CDC request for no rent for the CNL site. Questions were asked and answered. The Board requested that staff negotiate the lease with starting rent at zero, there should be a clause for an escalation of rent and the CDC needs to budget for such rent.

Director Rose motioned to accept Resolution 2023-07 regarding change in proposed rent for the Central Neutral Location (CNL) lease. Motion was seconded by Chair Mees and affirmed by the Board.

4) **EXECUTIVE SESSION**

The Board did not meet in executive session.

5) **OTHER BUSINESS**

There was no other business.

6) **ADJOURN**

There being no further business, Vice-Chair Alfred adjourned the regular meeting at 12:32 p.m. MST.

Respectfully submitted by:

Heather Thomas, serving as Clerk to the Board

PSMC's Mission: To provide quality compassionate healthcare for each person we serve