



NOTICE OF REGULAR BOARD MEETING OF
THE UPPER SAN JUAN HEALTH SERVICE DISTRICT dba PAGOSA SPRINGS MEDICAL
CENTER

Tuesday, February 25, 2020, at 5:30 PM
The Board Room (**direct access – northeast entrance**)
95 South Pagosa Blvd., Pagosa Springs, CO 81147

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, Heather Thomas, 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) PRESENTATION:~~

4) REPORTS

a) **Oral Reports** (may be accompanied by a written report)

- i) Chair Report Chair Greg Schulte
- ii) ~~Contracts~~ ~~Dir. Kate Alfred and Dir. Karin Daniels~~
- iii) ~~Strategic Planning~~ ~~Dir. Dr. Jim Pruitt and Dir. Karin Daniels~~
- iv) CEO Report Chief Executive Officer, Dr. Rhonda Webb
- v) HVAC Project, status report COO Kathee Douglas and Dir. Matt Mees
- vi) [Finance Report](#) CFO, Chelle Keplinger and
Treasurer, Dr. Campbell

b) **Written Reports** (*no oral report unless the Board has questions*)

- i) [Operations Report](#) COO-CNO, Kathee Douglas
- ii) [Medical Staff Report](#) Chief of Staff, Dr. Ralph Battels

5) EXECUTIVE SESSION There will be an executive session pursuant to the following subparagraph 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 stats that are confidential per state statutes C.R.S. Section 25-3-109, et seq. and C.R.S. Section 12-36.5-101 et seq.

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 2020-06](#)** regarding acceptance of PSMC's annual report of 2019 peer review activities.
 - i) Overview: The confidential annual report of PSMC's 2019 peer review activities is presented in executive session by the Manager of the Medical Staff Office (Krista Starr) as 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.

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 02/25/2020
- b) Approval of Minutes for the following meeting(s):
 - i) [Regular meeting of: 01/21/2020](#)
- c) Approval of [Medical Staff report](#) recommendations for new or renewal of provider privileges.

8) OTHER BUSINESS

- a) Time for Board members to provide comments, if any, regarding proposed amendments to the Bylaws.
 - i) [Amendment process](#) (this is only step 2 of 4 steps)
 - ii) [MEC comments](#)

9) ADJOURN

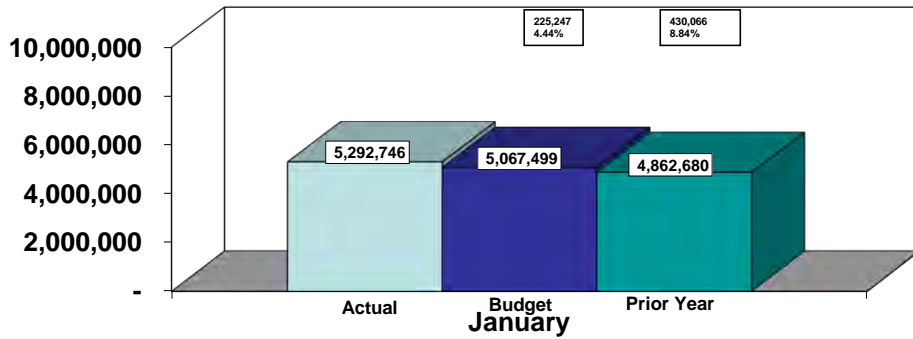


FINANCIAL PRESENTATION YTD JANUARY 2020

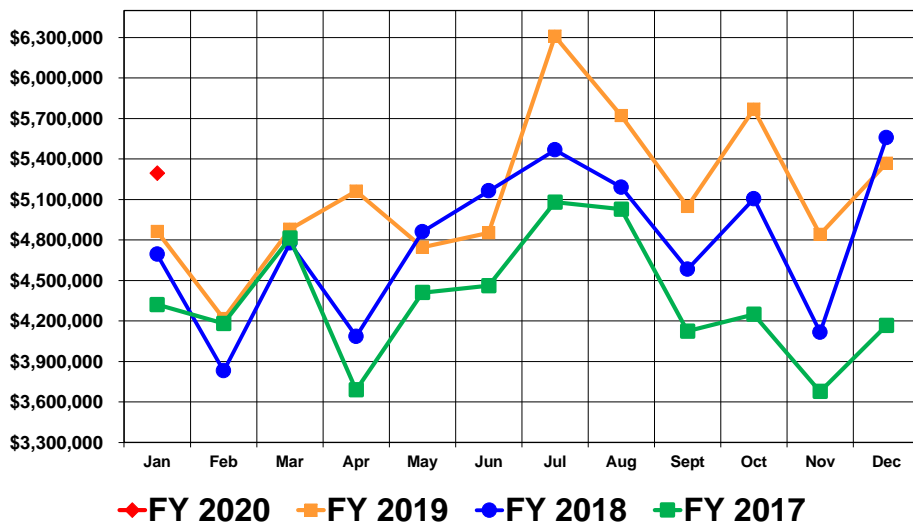
Summary of Financials Draft

	December YTD		
Gross Revenue	\$ 61,769,258		
Net Revenue	\$ 32,021,468	51.84%	
Expenses	\$ 35,563,436		
Grants, 340B and Tax Revenue	\$ 4,264,680		
Grants and 340B		\$ 3,035,848	
Tax Revenue		\$ 1,228,832	
Net Income	\$ 722,712		

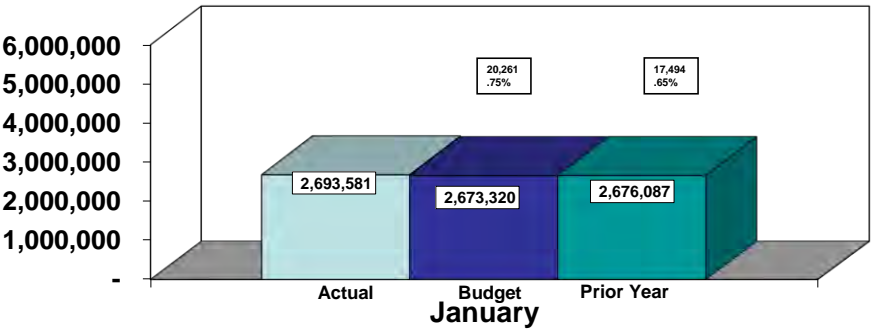
GROSS REVENUE



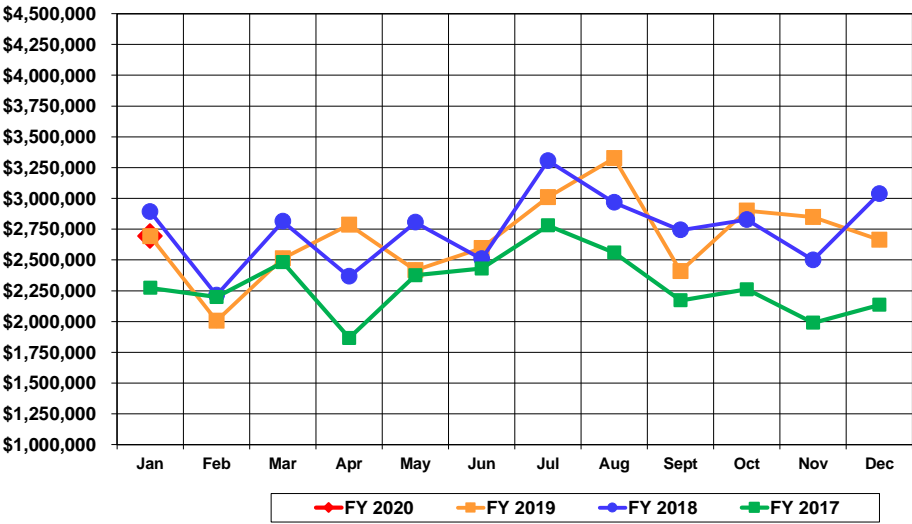
GROSS REVENUE



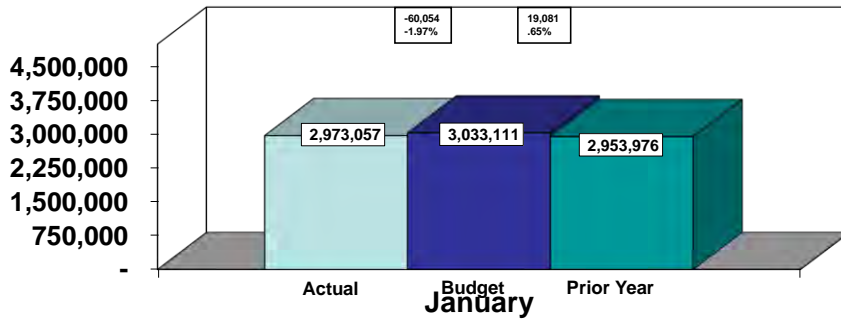
NET PATIENT REVENUE



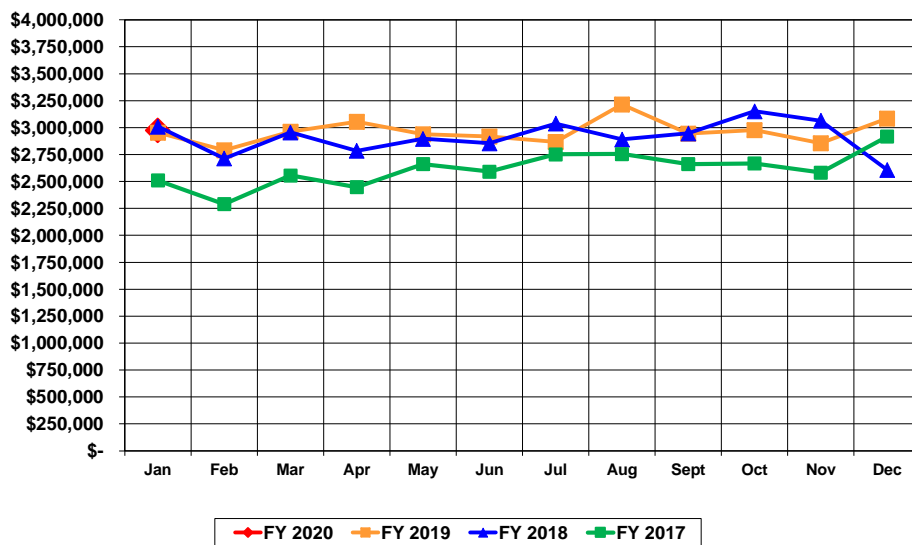
NET REVENUE

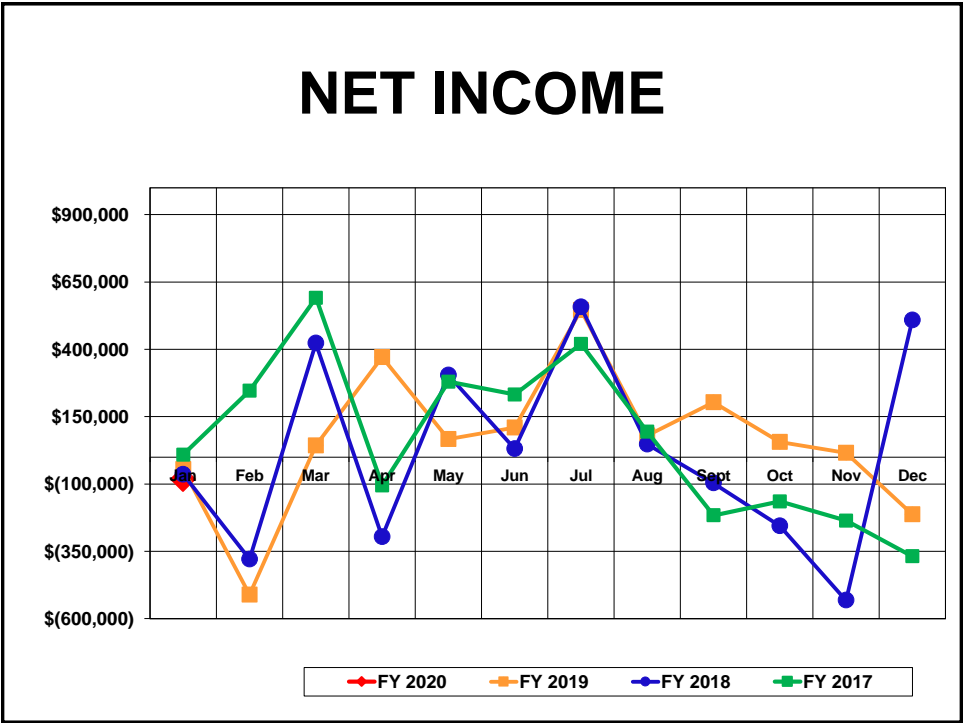
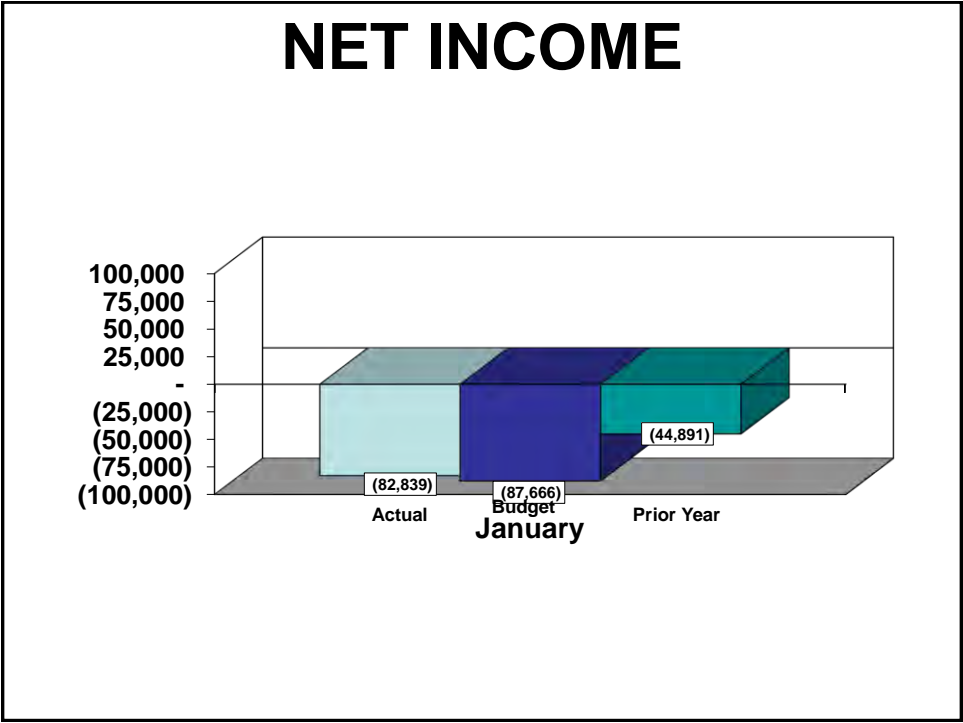


EXPENSES



EXPENSES

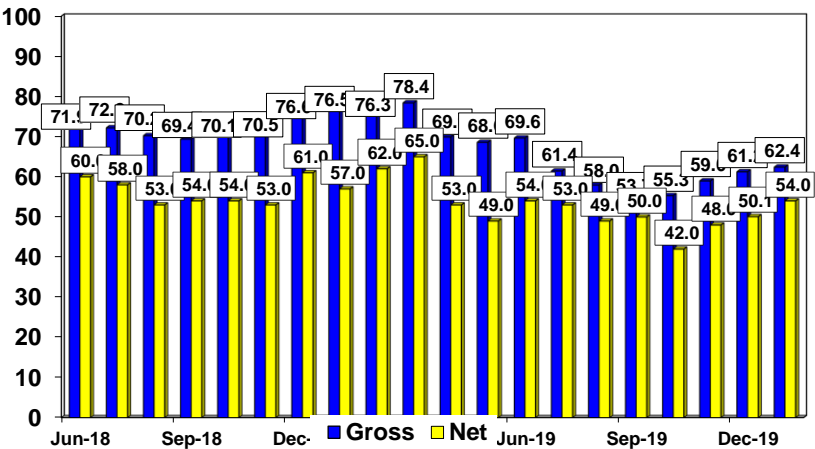




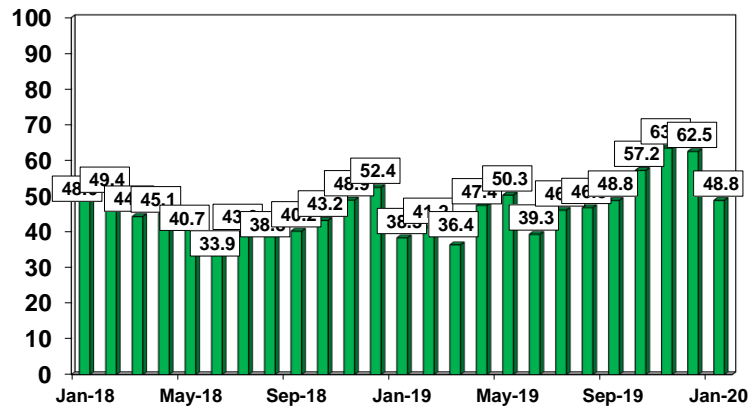
Summary of Financials

	January		
Gross Revenue	\$ 5,292,746		
Net Revenue	\$ 2,693,581	50.89%	
Expenses	\$ 2,973,057		
Grants, 340B and Tax Revenue	\$ 196,637		
Grants and 340B		\$ 187,258	
Tax Revenue		\$ 9,379	
Net Income	\$ -82,839		

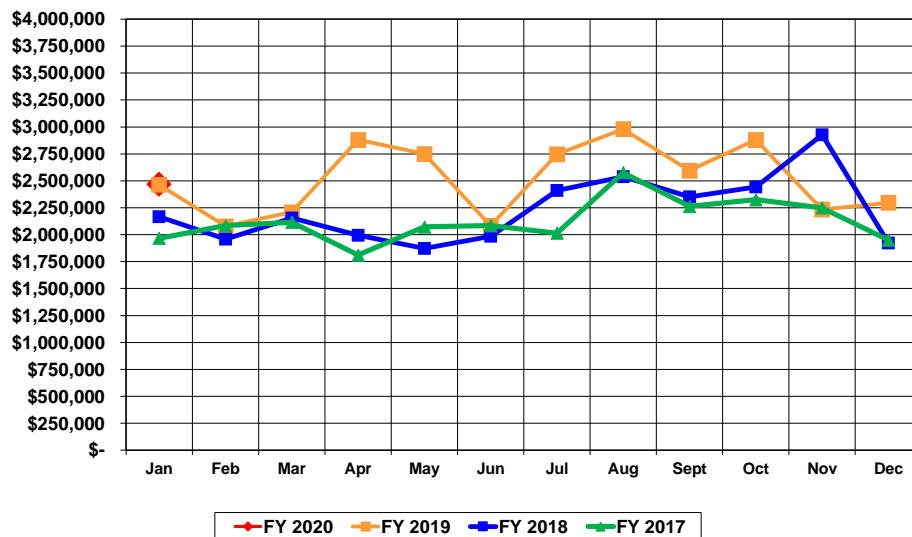
DAYS IN ACCOUNTS RECEIVABLE



DAYS CASH ON HAND



CASH COLLECTIONS





**Finance Committee & CFO Report for the
USJHSD Board Meeting on February 25, 2020**

This report provides a summary of the discussions of the Board's Finance Committee that met on February 18, 2020.

- 1) **Review of January 2020 Financials:** The Board Finance Committee reviewed the January 2020 Financials, the CFO's slide presentation and check expenditures. The Finance Committee raised no concerns but asked about the following: why the difference in the provider fee (answer: the CFO conservatively budgeted a decrease from the prior year due to the unknown future of the program); why interest expense, which seems predictable, was above budget (answer: interest expense was much higher than expected due to finance charges on overdue bills); and, on the cash forecast, why at column 11 is there budgeted a monthly amount of \$350K (answer: it is a placeholder within the budget for things that do not fall into the other categories on the worksheet).
- 2) **Overview of January 2020 Income Statement:**
 - a) Gross revenue exceeded budget by 4%, but after deductions (for payer contractual allowances, charity, bad debt and the Medicaid provider fee) net patient revenues exceeded budget by 1%.
 - b) PSMC continued to hold expenses down and total expenses for the month were 2% less than budget.
 - c) As is typical for PSMC's first few months of the year, PSMC's budget was to finish January at a loss of \$88k and we finished January with a loss slightly less than anticipated at \$83k.
- 3) **Cash and collections:**
 - a) Patient collections were \$2.467 MM for the month, 27K more than forecasted.
 - b) As of the end of January, PSMC is at 62.4 days of gross A/R; and PSMC's gross accounts receivable balance is \$10,516,239.
 - c) Cash always drops in January due to the amount and types of payables plus there were three payrolls in January. All payables are current and while cash dropped to 48.8 days, we have 10 additional days of cash compared to last year at the end of January 2019.
- 4) **Progress Report Re Plan to Increase Days of Cash:** PSMC presented and discussed in-depth with the Finance Committee the progress on the plan to increase days of cash.
- 5) **Actions and/or recommendations of the Finance Committee:**
 - a) Accept the January 2020 financials.
 - b) At the request of administration, the CFO will change the statistics reported to more meaningful utilization information and the Finance Committee agreed.
 - c) At the request of Finance Committee, administration will provide to the Finance Committee on a quarterly basis a service line analysis of an existing service.

Income Statement - - - January 31, 2020

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		Current Month				Year-to-Date			
		2020	Budget	Difference	Variance	2020	Budget	Difference	Variance
	Revenue								
7	In-patient Revenue	396,199	606,205	(210,006)	-35%	396,199	606,205	(210,006)	-35%
18	Total Out-patient Revenue	4,338,097	3,865,516	472,581	12%	4,338,097	3,865,516	472,581	12%
19	Professional Fees	558,450	595,778	(37,328)	-6%	558,450	595,778	(37,328)	-6%
20	Total Patient Revenue	5,292,746	5,067,499	225,247	4%	5,292,746	5,067,499	225,247	4%
21	Revenue Deductions & Bad Debt								
22	Contractual Allowances	2,653,496	2,305,282	348,214	15%	2,653,496	2,305,282	348,214	15%
23	Charity	3,251	76,559	(73,308)	-96%	3,251	76,559	(73,308)	-96%
24	Bad Debt	189,629	178,898	10,731	6%	189,629	178,898	10,731	6%
25	Provider Fee & Other	(247,211)	(166,560)	(80,651)	48%	(247,211)	(166,560)	(80,651)	48%
26	Total Revenue Deductions & Bad Debt	2,599,165	2,394,179	204,986	9%	2,599,165	2,394,179	204,986	9%
27	Total Net Patient Revenue	2,693,581	2,673,320	20,261	1%	2,693,581	2,673,320	20,261	1%
28	Grants	-	50,000	(50,000)	-100%	-	50,000	(50,000)	-100%
29	Other Operating Income - Misc	187,258	211,958	(24,700)	-12%	187,258	211,958	(24,700)	-12%
30	Total Net Revenues	2,880,839	2,935,278	(54,439)	-2%	2,880,839	2,935,278	(54,439)	-2%
31	Operating Expenses								
32	Salary & Wages	1,622,562	1,639,965	(17,403)	-1%	1,622,562	1,639,965	(17,403)	-1%
33	Benefits	172,230	332,100	(159,870)	-48%	172,230	332,100	(159,870)	-48%
35	Professional Fees/Contract Labor	31,371	22,068	9,303	42%	31,371	22,068	9,303	42%
36	Purchased Services	158,567	178,376	(19,809)	-11%	158,567	178,376	(19,809)	-11%
37	Supplies	474,167	350,789	123,378	35%	474,167	350,789	123,378	35%
38	Rent & Leases	38,713	45,033	(6,320)	-14%	38,713	45,033	(6,320)	-14%
39	Repairs & Maintenance	48,340	46,947	1,393	3%	48,340	46,947	1,393	3%
40	Utilities	40,632	66,771	(26,139)	-39%	40,632	66,771	(26,139)	-39%
41	Insurance	26,570	27,941	(1,371)	-5%	26,570	27,941	(1,371)	-5%
42	Depreciation & Amortization	148,163	147,275	888	1%	148,163	147,275	888	1%
43	Interest	90,636	71,363	19,273	27%	90,636	71,363	19,273	27%
44	Other	121,106	104,483	16,623	16%	121,106	104,483	16,623	16%
45	Total Operating Expenses	2,973,057	3,033,111	(60,054)	-2%	2,973,057	3,033,111	(60,054)	-2%
46	Operating Revenue Less Expenses	(92,218)	(97,833)	5,615	-6%	(92,218)	(97,833)	5,615	-6%
47	Non-Operating Income								
48	Tax Revenue	9,379	10,167	(788)	-8%	9,379	10,167	(788)	-8%
49	Donations	-	-	-	-	-	-	-	-
50	Total Non-Operating Income	9,379	10,167	(788)	-8%	9,379	10,167	(788)	-8%
51	Total Revenue Less Total Expenses	\$ (82,839)	\$ (87,666)	\$ 4,827	-6%	\$ (82,839)	\$ (87,666)	\$ 4,827	-6%

Income Statement Comparison - - January 31, 2020

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		Current Month				Year-to-Date			
		2020	2019	Difference	Variance	2020	2019	Difference	Variance
Revenue									
7	Total In-patient Revenue	396,199	603,761	(207,562)	-34%	396,199	603,761	(207,562)	-34%
17	Total Out-patient Revenue	4,338,097	3,742,196	595,901	16%	4,338,097	3,742,196	595,901	16%
18	Professional Fees	558,450	516,723	41,727	8%	558,450	516,723	41,727	8%
19	Total Patient Revenue	5,292,746	4,862,680	430,066	9%	5,292,746	4,862,680	430,066	9%
20	Revenue Deductions & Bad Debt								
21	Contractual Allowances	2,653,496	2,170,062	483,434	22%	2,653,496	2,170,062	483,434	22%
22	Charity	3,251	75,137	(71,886)	-96%	3,251	75,137	(71,886)	-96%
23	Bad Debt	189,629	165,303	24,326	15%	189,629	165,303	24,326	15%
24	Provider Fee & Other	(247,211)	(223,909)	(23,302)	10%	(247,211)	(223,909)	(23,302)	10%
25	Total Revenue Deductions & Bad Debt	2,599,165	2,186,593	412,572	19%	2,599,165	2,186,593	412,572	19%
26	Total Net Patient Revenue	2,693,581	2,676,087	17,494	1%	2,693,581	2,676,087	17,494	1%
27	Grants	-	-	-		-	-	-	
28	Other Operating Income - Misc	187,258	222,247	(34,989)	-16%	187,258	222,247	(34,989)	-16%
29	Total Net Revenues	2,880,839	2,898,334	(17,495)	-1%	2,880,839	2,898,334	(17,495)	-1%
30	Operating Expenses								
31	Salary & Wages	1,622,562	1,569,230	53,332	3%	1,622,562	1,569,230	53,332	3%
32	Benefits	172,230	273,071	(100,841)	-37%	172,230	273,071	(100,841)	-37%
34	Professional Fees/Contract Labor	31,371	30,998	373	1%	31,371	30,998	373	1%
35	Purchased Services	158,567	136,785	21,782	16%	158,567	136,785	21,782	16%
36	Supplies	474,167	338,962	135,205	40%	474,167	338,962	135,205	40%
37	Rent & Leases	38,713	66,971	(28,258)	-42%	38,713	66,971	(28,258)	-42%
38	Repairs & Maintenance	48,340	42,792	5,548	13%	48,340	42,792	5,548	13%
39	Utilities	40,632	67,115	(26,483)	-39%	40,632	67,115	(26,483)	-39%
40	Insurance	26,570	21,995	4,575	21%	26,570	21,995	4,575	21%
41	Depreciation & Amortization	148,163	188,613	(40,450)	-21%	148,163	188,613	(40,450)	-21%
42	Interest	90,636	86,646	3,990	5%	90,636	86,646	3,990	5%
43	Other	121,106	130,798	(9,692)	-7%	121,106	130,798	(9,692)	-7%
44	Total Operating Expenses	2,973,057	2,953,976	19,081	1%	2,973,057	2,953,976	19,081	1%
45	Operating Revenue Less Expenses	(92,218)	(55,642)	(36,576)	66%	(92,218)	(55,642)	(36,576)	66%
46	Non-Operating Income								
47	Tax Revenue	9,379	10,751	(1,372)	-13%	9,379	10,751	(1,372)	-13%
48	Donations	-	-	-		-	-	-	
49	Total Non-Operating Income	9,379	10,751	(1,372)	-13%	9,379	10,751	(1,372)	-13%
50	Total Revenue Less Total Expenses	\$ (82,839)	\$ (44,891)	\$ (37,948)	85%	\$ (82,839)	\$ (44,891)	\$ (37,948)	85%

Pagosa Springs Medical Center

Balance Sheet - - - January 31, 2020

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	Current Month	Prior Month Draft		Current Month	Prior Month Draft
Assets			Liabilities		
Current Assets			Current Liabilities		
Cash					
Operating	\$ 3,415,870	\$ 4,741,029	Accts Payable - System	\$ 1,176,600	\$ 1,324,853
Debt Svc. Res. 2016 Bonds	878,731	878,731	Accrued Expenses	1,196,968	1,354,213
Bond Funds - 2016 Bonds	79	84	Cost Report Settlement Res	204,716	317,856
Bond Funds - 2006	1,032,235	1,031,058	Wages & Benefits Payable	765,431	1,322,067
Capital Escrow	-	-	Deferred Revenue	3,333	3,333
Total Cash	5,326,915	6,650,902	Current Portion of LT Debt-2006	320,000	320,000
			Current Portion of LT Debt-2016	320,000	320,000
Accounts Receivable			Total Current Liabilities	3,987,048	4,962,322
Patient Revenue - Net	4,660,868	4,580,312			
Other Receivables	384,673	300,338	Long-Term Liabilities		
Total Accounts Receivable	5,045,541	4,880,650	Leases Payable	200,989	206,323
			Equipment Lease (Wells Fargo)	243,136	251,471
Inventory	1,538,085	1,517,698	Bond Premium (Net) - 2006	231,330	232,442
			Bond Premium (Net) - 2016	133,817	134,242
Total Current Assets	11,910,541	13,049,250	Bonds Payable - 2006	8,705,000	8,705,000
			Bonds Payable - 2016	9,920,000	9,920,000
Fixed Assets			Total Long-Term Liabilities	19,434,272	19,449,478
Property Plant & Equip (Net)	7,942,304	8,090,772			
Electronic Health Record (Net)	2,045	3,277	Net Assets		
Clinic Expansion	13,377,405	13,377,405	Un-Restricted	10,481,743	9,745,929
Work In Progress	73,031	73,031	Current Year Net Income/Loss	(82,839)	735,814
Land	101,000	101,000	Total Un-Restricted	10,398,904	10,481,743
Total Fixed Assets	21,495,786	21,645,485			
			Restricted		
Other Assets			Total Net Assets	10,398,904	10,481,743
Prepays & Other Assets	413,897	198,808			
Total Other Assets	413,897	198,808			
Total Assets	\$ 33,820,224	\$ 34,893,543	Total Liabilities & Net Assets	\$ 33,820,224	\$ 34,893,543

Monthly Trends

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Activity	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	YTD Total
2 In-Patient Admissions	31	28	31	30	31	30	31	31	30	31	30	31	31	31
3 In-Patient Days	37	29	40	31	27	39	38	31	25	22	38	18	38	38
4 Avg Stay Days (In-patients)	121	69	114	98	79	89	118	85	75	47	91	48	91	91
5 Swing Bed Admissions	3.3	2.4	2.9	3.2	2.9	2.3	3.1	2.7	3.0	2.1	2.4	2.7	2.4	2.4
6 Swing Bed Days	0	0	1	0	0	0	0	1	0	2	0	0	0	-
7 Avg Length of Stay (Swing)	0	0	4	0	0	0	0	2	0	2	0	0	0	-
8 Average Daily Census	0.0	0.0	4.0	0.0	0.0	0.0	0.0	2.0	0.0	1.0	0.0	0.0	0.0	0.0
Statistics	3.9	2.5	3.8	3.3	2.5	3.0	3.8	2.8	2.5	1.6	3.0	1.5	2.9	2.9
9 E/R visits	481	451	543	462	563	561	702	616	552	492	444	622	557	557
10 Observ patients	28	33	32	27	40	25	36	47	40	35	24	41	31	31
11 Lab Tests	1,636	1,340	1,577	1,670	1,621	1,609	1,818	1,762	1,637	1,679	1,433	1,566	1,654	1,654
12 Radiology/CT/MRI Exams	951	785	940	858	925	872	1,057	1,021	902	1,029	780	862	967	967
14 OR Cases	69	63	80	91	86	80	80	104	54	85	59	82	80	80
15 Clinic Visits	2,074	1,806	1,845	2,166	1,990	1,881	1,997	2,087	1,940	2,087	1,778	1,838	2,055	2,055
16 Spec. Clinic Visits	220	182	230	255	210	177	219	213	158	136	183	175	229	229
17 Oncology Clinic Visits	105	58	83	62	53	54	80	71	116	81	69	65	72	72
18 Oncology/Infusion Patients	72	65	67	63	45	42	80	68	37	81	59	71	77	77
19 Infusion Patients	68	78	85	77	72	81	79	67	104	71	50	60	68	68
20 EMS Transports	80	89	89	71	82	85	106	105	96	100	94	86	84	84
21 Total Stats	5,784	4,950	5,571	5,802	5,687	5,467	6,254	6,161	5,636	5,876	4,973	5,468	5,874	5,874

Pagosa Springs Medical Center

Cerner/Healthland Accounts Receivable for Hospital by Payor and Days Outstanding -- As of January 31, 2020

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		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	\$	1,993,813	\$ 87,444	\$ 74,766	\$ 56,122	\$ 11,844	\$ 76,370	\$ 42,631	\$ 2,342,990	22%	
3 Medicaid		752,421	251,933	132,631	92,662	101,630	80,948	188,826	1,601,051	15%	
4 Third Party		1,552,737	636,870	290,505	294,944	198,038	84,974	686,058	3,744,126	36%	
5 Self-Pay		243,755	416,539	212,201	124,317	219,957	206,542	1,404,761	2,828,072	27%	
Current Month Total	\$	4,542,726	\$ 1,392,786	\$ 710,103	\$ 568,045	\$ 531,469	\$ 448,834	\$ 2,322,276	\$ 10,516,239	100%	0
Pct of Total		43%	13%	7%	5%	5%	4%	22%	100%		
Dec-19	\$	4,481,747	\$ 1,312,708	\$ 908,066	\$ 625,876	\$ 627,407	\$ 607,716	\$ 2,044,961	\$ 10,608,481		0
Pct of Total		42%	12%	9%	6%	6%	6%	19%	100%		
Nov-19	\$	4,408,737	\$ 1,436,158	\$ 627,989	\$ 723,524	\$ 684,765	\$ 336,215	\$ 1,930,790	\$ 10,148,178		0
Pct of Total		43%	14%	6%	7%	7%	3%	19%	100%		
Oct-19	\$	4,568,920	\$ 1,130,990	\$ 870,361	\$ 794,889	\$ 437,887	\$ 381,541	\$ 1,754,112	\$ 9,938,700		0
Pct of Total		46%	11%	9%	8%	4%	4%	18%	100%		
Sep-19	\$	4,305,953	\$ 1,369,222	\$ 1,074,183	\$ 534,873	\$ 502,450	\$ 239,643	\$ 1,946,854	\$ 9,973,178		193,237
Pct of Total		43%	14%	11%	5%	5%	2%	20%	100%		
Aug-19	\$	4,489,953	\$ 1,643,643	\$ 763,753	\$ 692,390	\$ 407,669	\$ 450,136	\$ 2,188,090	\$ 10,635,634		572,029
Pct of Total		42%	15%	7%	7%	4%	4%	21%	100%		
Jul-19	\$	5,080,360	\$ 1,280,941	\$ 915,491	\$ 549,247	\$ 607,257	\$ 419,655	\$ 2,387,501	\$ 11,240,452		1,106,517
Pct of Total		45%	11%	8%	5%	5%	4%	21%	100%		
Jun-19	\$	4,199,727	\$ 1,555,291	\$ 715,848	\$ 712,192	\$ 504,973	\$ 621,808	\$ 3,338,661	\$ 11,648,500		0
Pct of Total		36%	13%	6%	6%	4%	5%	29%	100%		
May-19	\$	3,938,706	\$ 1,192,758	\$ 857,202	\$ 558,303	\$ 705,693	\$ 728,901	\$ 3,078,535	\$ 11,060,098		0
Pct of Total		36%	11%	8%	5%	6%	7%	28%	100%		
Apr-19	\$	4,446,750	\$ 1,328,789	\$ 769,877	\$ 796,122	\$ 801,322	\$ 354,704	\$ 3,166,854	\$ 11,664,418		8,002
Pct of Total		38%	11%	7%	7%	7%	3%	27%	100%		
Mar-19	\$	4,313,656	\$ 1,360,981	\$ 995,434	\$ 985,732	\$ 562,545	\$ 619,342	\$ 3,353,760	\$ 12,191,450		122,172
Pct of Total		35%	11%	8%	8%	5%	5%	28%	100%		
Feb-19	\$	3,846,150	\$ 1,550,896	\$ 1,137,950	\$ 652,196	\$ 726,272	\$ 667,524	\$ 3,164,610	\$ 11,745,598		355,801
Pct of Total		33%	13%	10%	6%	6%	6%	27%	100%		
Jan-19	\$	4,374,575	\$ 1,664,567	\$ 771,356	\$ 866,764	\$ 765,154	\$ 559,863	\$ 3,411,981	\$ 12,414,260		310,436
Pct of Total		35%	13%	6%	7%	6%	5%	27%	100%		
Dec-18	\$	4,810,234	\$ 1,205,387	\$ 956,941	\$ 872,250	\$ 675,156	\$ 652,620	\$ 3,339,239	\$ 12,511,827		310,436
Pct of Total		38%	10%	8%	7%	5%	5%	27%	100%		
Nov-18	\$	3,575,135	\$ 1,298,788	\$ 913,800	\$ 740,723	\$ 766,567	\$ 666,776	\$ 2,695,762	\$ 10,657,551		112,443
Pct of Total		34%	12%	9%	7%	7%	6%	25%	100%		
Oct-18	\$	4,188,615	\$ 1,292,841	\$ 891,836	\$ 836,368	\$ 811,636	\$ 594,372	\$ 2,923,499	\$ 11,539,167		217,192
Pct of Total		36%	11%	8%	7%	7%	5%	25%	100%		
Sep-18	\$	3,879,192	\$ 1,290,689	\$ 1,088,210	\$ 1,042,678	\$ 794,963	\$ 582,678	\$ 2,960,063	\$ 11,638,473		302,125
Pct of Total		33%	11%	9%	9%	7%	5%	26%	100%		

	Aug-18 Pct of Total	\$ 4,290,838 \$ 35%	\$ 1,576,042 \$ 13%	\$ 1,231,421 \$ 10%	\$ 977,015 \$ 8%	\$ 676,478 \$ 6%	\$ 606,305 \$ 5%	\$ 2,737,973 \$ 23%	\$ 12,096,072 \$ 100%	48,619
	Jul-18 Pct of Total	\$ 4,783,854 \$ 39%	\$ 1,759,771 \$ 14%	\$ 1,145,364 \$ 9%	\$ 727,948 \$ 6%	\$ 726,411 \$ 6%	\$ 537,560 \$ 4%	\$ 2,635,767 \$ 21%	\$ 12,316,675 \$ 100%	24,966
	Jun-18 Pct of Total	\$ 4,334,347 \$ 39%	\$ 1,685,871 \$ 15%	\$ 885,716 \$ 8%	\$ 689,267 \$ 6%	\$ 639,055 \$ 6%	\$ 576,480 \$ 5%	\$ 2,411,492 \$ 21%	\$ 11,222,228 \$ 100%	195,130
	May-18 Pct of Total	\$ 4,159,005 \$ 38%	\$ 1,795,159 \$ 16%	\$ 1,208,334 \$ 11%	\$ 721,961 \$ 7%	\$ 670,041 \$ 6%	\$ 495,647 \$ 4%	\$ 2,003,816 \$ 18%	\$ 11,053,963 \$ 100%	47,472
	Apr-18 Pct of Total	\$ 3,697,643 \$ 39%	\$ 1,605,576 \$ 17%	\$ 863,079 \$ 9%	\$ 713,382 \$ 7%	\$ 586,190 \$ 6%	\$ 391,762 \$ 4%	\$ 1,698,496 \$ 18%	\$ 9,556,128 \$ 100%	256,717
	Mar-18 Pct of Total	\$ 3,922,575 \$ 41%	\$ 1,408,723 \$ 15%	\$ 1,095,293 \$ 11%	\$ 660,255 \$ 7%	\$ 439,343 \$ 5%	\$ 299,008 \$ 3%	\$ 1,759,366 \$ 18%	\$ 9,584,563 \$ 100%	139,778
	Feb-18 Pct of Total	\$ 3,744,129 \$ 41%	\$ 1,569,800 \$ 17%	\$ 882,931 \$ 10%	\$ 495,048 \$ 5%	\$ 310,715 \$ 3%	\$ 273,375 \$ 3%	\$ 1,772,313 \$ 20%	\$ 9,048,312 \$ 100%	40,116
	Jan-18 Pct of Total	\$ 3,910,094 \$ 44%	\$ 1,418,969 \$ 16%	\$ 658,794 \$ 7%	\$ 398,631 \$ 5%	\$ 399,145 \$ 5%	\$ 263,261 \$ 3%	\$ 1,774,826 \$ 20%	\$ 8,823,719 \$ 100%	33,378
	Dec-17 Pct of Total	\$ 3,530,341 \$ 44%	\$ 998,668 \$ 12%	\$ 567,335 \$ 7%	\$ 594,879 \$ 7%	\$ 431,479 \$ 5%	\$ 322,934 \$ 4%	\$ 1,657,210 \$ 20%	\$ 8,102,848 \$ 100%	825,723
	Nov-17 Pct of Total	\$ 2,955,885 \$ 36%	\$ 1,037,274 \$ 13%	\$ 679,925 \$ 8%	\$ 592,310 \$ 7%	\$ 581,053 \$ 7%	\$ 435,072 \$ 5%	\$ 1,984,898 \$ 24%	\$ 8,266,421 \$ 100%	26,231
	Oct-17 Pct of Total	\$ 3,659,774 \$ 40%	\$ 1,357,490 \$ 15%	\$ 752,198 \$ 8%	\$ 717,416 \$ 8%	\$ 562,600 \$ 6%	\$ 312,224 \$ 3%	\$ 1,893,353 \$ 20%	\$ 9,255,056 \$ 100%	218,112
	Sep-17 Pct of Total	\$ 3,724,332 \$ 38%	\$ 1,319,138 \$ 14%	\$ 1,012,183 \$ 10%	\$ 671,452 \$ 7%	\$ 445,286 \$ 5%	\$ 377,867 \$ 4%	\$ 2,175,487 \$ 22%	\$ 9,725,747 \$ 100%	407,406
	Aug-17 Pct of Total	\$ 4,131,866 \$ 39%	\$ 1,552,324 \$ 15%	\$ 893,339 \$ 8%	\$ 624,164 \$ 6%	\$ 490,221 \$ 5%	\$ 431,099 \$ 4%	\$ 2,449,394 \$ 23%	\$ 10,572,407 \$ 100%	341,071
	Jul-17 Pct of Total	\$ 4,612,446 \$ 42%	\$ 1,520,180 \$ 14%	\$ 853,133 \$ 8%	\$ 632,738 \$ 6%	\$ 581,650 \$ 5%	\$ 552,521 \$ 5%	\$ 2,298,997 \$ 21%	\$ 11,051,665 \$ 100%	103,289
	Jun-17 Pct of Total	\$ 3,963,167 \$ 40%	\$ 1,339,294 \$ 13%	\$ 815,790 \$ 8%	\$ 672,144 \$ 7%	\$ 657,236 \$ 7%	\$ 453,649 \$ 5%	\$ 2,101,821 \$ 21%	\$ 10,003,101 \$ 100%	129,723
	May-17 Pct of Total	\$ 3,851,718 \$ 40%	\$ 1,136,727 \$ 12%	\$ 1,030,085 \$ 11%	\$ 770,865 \$ 8%	\$ 477,918 \$ 5%	\$ 354,848 \$ 4%	\$ 1,972,569 \$ 21%	\$ 9,594,730 \$ 100%	115,443
12	Pct Settled (Current)		68.9%	45.9%	37.4%	15.1%	28.5%	-282.1%		
13	Pct Settled (Dec from Nov)		70.2%	36.8%	0.3%	13.3%	11.3%	-508.2%		
14	Pct Settled (Nov from Oct)		68.6%	44.5%	16.9%	13.9%	23.2%	-406.1%		
15	Pct Settled (Oct from Sep)		73.7%	36.4%	26.0%	18.1%	24.1%	-632.0%		
16	Pct Settled (Sep from Aug)		69.5%	34.6%	30.0%	27.4%	41.2%	-332.5%		

Pagosa Springs Medical Center

Pagosa Springs Medical Center - - - Net Days in A/R 2020

Page 7

	31	28	31	30	31	30
	Jan-20	Feb-19	Mar-19	Apr-19	May-19	Jun-19
2 Net Accounts Receivable	\$ 4,660,868	\$ 4,830,219	\$ 4,992,507	\$ 4,763,720	\$ 4,371,767	\$ 4,645,356
3 Net Patient Revenue	\$ 2,693,581	\$ 1,968,516	\$ 2,601,105	\$ 2,897,839	\$ 2,523,644	\$ 2,703,510
4 Net Patient Rev/Day (2 month Avg)	\$ 86,399	\$ 78,315	\$ 77,105	\$ 90,251	\$ 89,001	\$ 85,762
5 Net Days in A/R	54	62	65	53	49	54

	31	31	30	31	30	31
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
7 Net Accounts Receivable	\$ 4,939,510	\$ 4,721,499	\$ 4,742,985	\$ 3,614,699	\$ 4,367,929	\$ 4,580,312
8 Net Patient Revenue	\$ 3,009,707	\$ 3,018,228	\$ 2,409,652	\$ 2,899,113	\$ 2,650,917	\$ 2,663,152
9 Net Patient Rev/Day (2 month Avg)	\$ 93,602	\$ 97,225	\$ 88,842	\$ 86,921	\$ 90,942	\$ 87,136
10 Net Days in A/R	53	49	53	42	48	53

Pagosa Springs Medical Center - - - Gross Days Target
--

12 Medicare	33%	21	\$ 86,399	\$ 598,745
13 Medicaid	7%	35	\$ 86,399	\$ 211,677
14 Blue Cross	15%	48	\$ 86,399	\$ 622,072
15 Commercial	26%	65	\$ 86,399	\$ 1,460,142
16 Self Pay	19%	150	\$ 86,399	\$ 2,462,369
17 Total:	100%			\$ 5,355,005
18				\$ 86,399
19 Gross Days in A/R Target				62

Pagosa Springs Medical Center
Financial Forecast
Statement of Cash Flows

	January 2020
Cash Flows from operating activities	
Change in net assets	(82,839)
Adjustments to reconcile net assets to net cash	
Depreciation and amortization	148,163
Patient accounts receivable	(80,556)
Accounts payable and wages payable	(704,890)
Accrued liabilities	(157,245)
Pre-paid assets	(215,089)
Deferred revenues	-
Other receivables	(84,335)
Reserve for third party settlement	(113,140)
Inventory	(20,387)
Net Cash Provided by (used in) operating activities	(1,310,318)
Cash Flows from investing activities	
Purchase of property and equipment	-
Work in progress	-
Proceeds from sale of equipment/(Loss)	-
Net Cash Provided by (used in) investing activities	-
Cash Flows from financing activities	
Principal payments on long-term debt	-
Proceeds from debt	-
Change in Prior Year Net Assets	-
Change in leases payable	(13,669)
Net Cash Provided by (used in) financing activities	(13,669)
 Net Increase(Decrease) in Cash	 (1,323,987)
 Cash Beginning of Month	 6,650,902
Cash End of Month	5,326,915

Pagosa Springs Medical Center
Revenue and Usage by Financial Class
January 31, 2020

Financial Class	Inpatient MTD	Outpatient MTD	Total MTD	% MTD
Auto/Liability Insurance	11,028.20	63,483.60	74,511.80	1.41%
Blue Cross	27,340.20	531,177.90	558,518.10	10.55%
Champus	-	53,398.60	53,398.60	1.01%
Commercial Insurance	69,986.30	493,534.87	563,521.17	10.65%
Medicaid	99,151.30	1,023,680.22	1,122,831.52	21.21%
Medicare	152,108.90	1,929,485.11	2,081,594.01	39.33%
Medicare HMO	58,598.10	270,976.51	329,574.61	6.23%
Self Pay	17,944.60	150,358.90	168,303.50	3.18%
Self Pay - Client Billing	-	11,037.80	11,037.80	0.21%
Veterans Administration	55,726.80	180,701.80	236,428.60	4.47%
Workers Compensation	-	93,026.20	93,026.20	1.76%
Total	491,884.40	4,800,861.51	5,292,745.91	100.00%

Commercial
Commercial
Champus
Commercial
Medicaid
Medicare
Managed Care
Self Pay
Self Pay
Other
Other

Financial Class	Inpatient YTD	Outpatient YTD	Total YTD	% YTD	12/31/19	12/31/18	12/31/17	12/31/16 %
					% YTD	% YTD	% YTD	YTD
Auto/Liability Insurance	11,028.20	63,483.60	74,511.80	1.41%	1.15%	1.05%	1.24%	1.11%
Blue Cross	27,340.20	531,177.90	558,518.10	10.55%	15.40%	15.42%	15.90%	15.83%
Champus	-	53,398.60	53,398.60	1.01%	0.31%	0.08%	0.07%	0.19%
Commercial Insurance	69,986.30	493,534.87	563,521.17	10.65%	11.34%	13.08%	11.79%	13.08%
Medicaid	99,151.30	1,023,680.22	1,122,831.52	21.21%	18.75%	18.22%	20.28%	21.56%
Medicare	152,108.90	1,929,485.11	2,081,594.01	39.33%	36.99%	36.75%	35.27%	35.90%
Medicare HMO	58,598.10	270,976.51	329,574.61	6.23%	7.20%	4.47%	3.55%	2.76%
Self Pay	17,944.60	150,358.90	168,303.50	3.18%	4.40%	5.40%	6.96%	5.26%
Self Pay - Client Billing	-	11,037.80	11,037.80	0.21%	0.18%	0.18%	0.19%	0.17%
Veterans Administration	55,726.80	180,701.80	236,428.60	4.47%	2.74%	4.13%	3.58%	2.74%
Workers Compensation	-	93,026.20	93,026.20	1.76%	1.52%	1.22%	1.17%	1.37%
Total	491,884.40	4,800,861.51	5,292,745.91	100.00%	100.00%	100.00%	100.00%	99.97%
Blank								0.00%
HMO (Health Maint Org)								0.03%
Total					100.00%	100.00%	100.00%	100.00%

Pagosa Springs Medical Center
Cash Forecast as of end of January 2020
Forecast Months Based on Budget and Actual

ORAL REPORTS 4.a.vi.

Prepared 1/31/2020
Cash balance 5,772,169
at 12/31/19

	(1) Patient Collections	(2) Tax Revenues	(3) Provider Fees	(4) Grants & Donations	(5) Other	(6) Clinic Expan. New Debt/ Leases	Total Collections	(7) Operating Expenses	(8) Capital	(9) Medicare/ Medicaid Repayment	(10) Bond & Lease Interest & Principal Payments	(11) Other	Total Cash Spending	Balance
January 2020 (Actual)	2,467,181	9,379	247,211	-	187,258	-	2,911,029	2,824,894	-	113,140	-	418,249	3,356,283	5,326,915
February 2020 (Budget)	2,027,806	66,623	169,966	50,000	241,359	-	2,555,754	2,795,257	100,000	100,000	-	(350,000)	2,645,257	5,237,412
March 2020 (Budget)	2,610,964	314,472	174,598	200,000	233,105	-	3,533,139	3,040,553	400,000	50,000	-	(350,000)	3,140,553	5,629,998
April 2020 (Budget)	2,268,293	150,666	167,376	250,000	241,218	-	3,077,553	2,970,803	500,000	50,000	-	(350,000)	3,170,803	5,536,748
May 2020 (Budget)	2,387,565	233,960	264,188	211,000	247,127	-	3,343,840	3,030,649	422,000	50,000	-	(350,000)	3,152,649	5,727,939
June 2020 (Budget)	2,337,826	126,008	264,684	200,000	250,404	-	3,178,922	2,992,212	400,000	50,000	1,140,000	(350,000)	4,232,212	4,674,649
July 2020 (Budget)	2,788,423	169,669	306,685	-	211,636	-	3,476,413	3,159,617	-	50,000	-	(350,000)	2,859,617	5,291,445
August 2020 (Budget)	2,613,099	46,375	306,685	125,000	215,227	-	3,306,386	3,172,938	125,000	50,000	-	(350,000)	2,997,938	5,599,893
September 2020 (Budget)	2,072,915	26,784	300,476	-	206,746	-	2,606,921	3,061,238	-	50,000	-	(350,000)	2,761,238	5,445,576
October 2020 (Budget)	2,393,061	113,615	265,182	-	191,345	-	2,963,203	3,163,677	-	50,000	-	(350,000)	2,863,677	5,545,102
November 2020 (Budget)	2,228,477	11,998	258,809	-	219,452	-	2,718,736	3,070,499	-	50,000	-	(350,000)	2,770,499	5,493,339
December 2020 (Budget)	2,996,028	29,663	254,789	-	95,033	-	3,375,513	3,194,522	-	50,000	475,000	(350,000)	3,369,522	5,499,330
Totals	29,191,638	1,299,212	2,980,649	1,036,000	2,539,910	-	37,047,409	36,476,859 981,635	1,947,000	713,140	1,615,000	(3,431,751)	37,320,248	5,499,330
														at 12/31/20
														6,378,793
														5,467,537

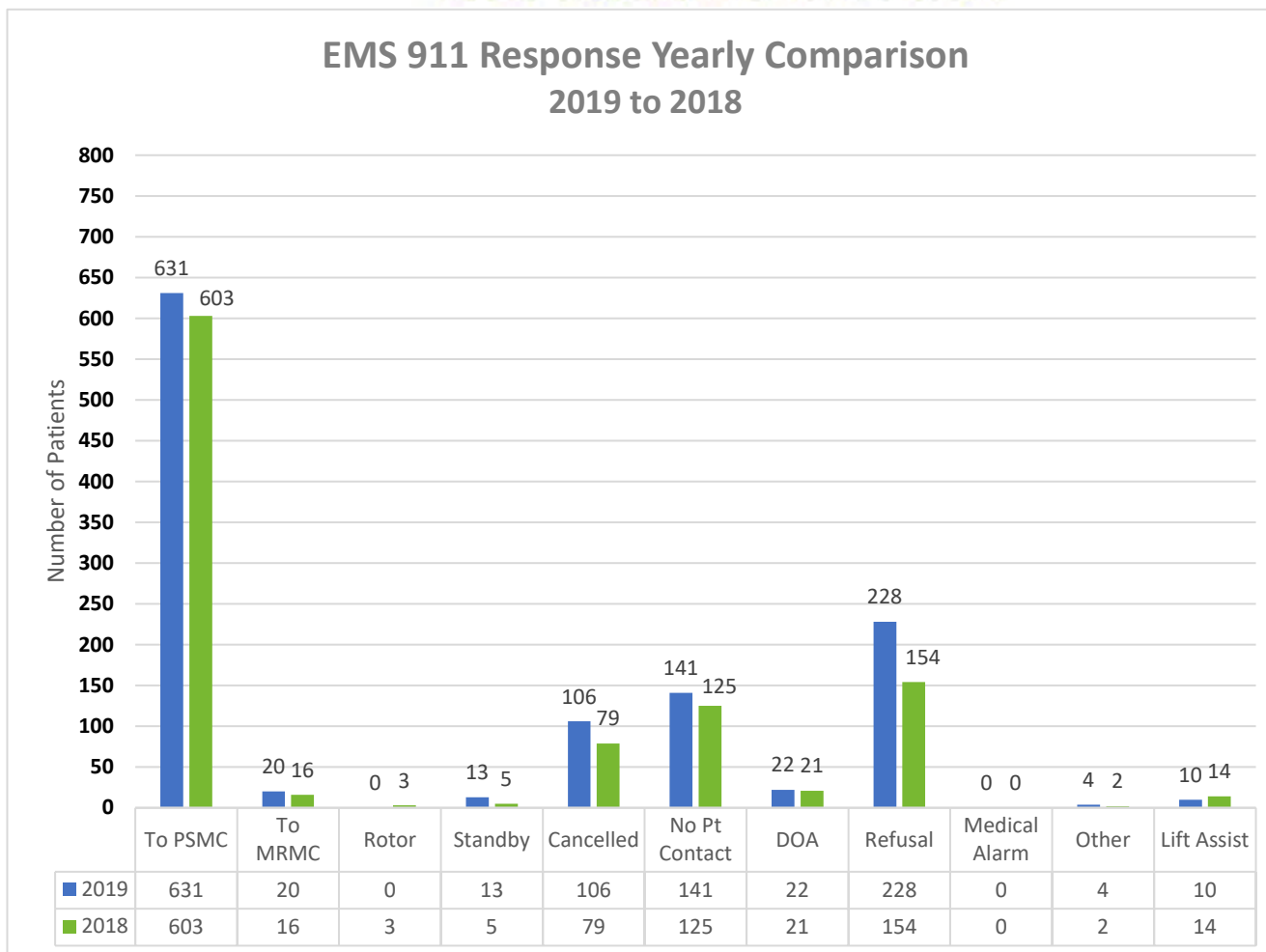
Notes:

- (1) Forecast based on projected revenue.
- (2) Forecast is based on the actual percentages from prior year.
- (3) Based on current payment from Colorado Health and Hospitals.
- (4) Forecast is based on budget adjusted by YTD actual.
- (5) Forecast is based on budget adjusted by YTD actual.
- (6) Forecast new leases and equipment for capital purchases.
- (7) Forecast is based on budget excluding depreciation.
- (8) Assumes forecast capital expenditures of 1,036,000.
- (9) Medicare Cost Report Settlement for 2018 and 2019 and Medicaid for 2018 and 2019
Most of the estimated settlement dates are placeholders only, Medicare and Medicaid operate on their own schedules.
- (10) Forecast based on bond principal and interest payments.
- (11) Other balance sheet changes i.e., changes in accounts payable, receivables etc.

2020				
Month	Cash Goal	Actual Cash	Variance	% Collected
20-Jan	\$2,440,100.00	\$2,467,181.00	\$27,081.00	101.11%
20-Feb				
20-Mar				
20-Apr				
20-May				
20-Jun				
20-Jul				
20-Aug				
20-Sep				
20-Oct				
20-Nov				
20-Dec				
Totals YTD				

2020 MANAGEMENT ACTIONS TO INCREASE DAYS OF CASH												
ACTION	DEADLINE	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV
REDUCE EXPENSE												
From 2020 staffing budget, continue to reduce FTEs and contractors (as practical and possible)	ongoing	no additional reduction in FTEs during Jan.										
Reduce expense through amendments to service agreements.	ongoing	no opportunities available in Jan.										
Evaluate and amend contracts for management of IT to reduce expense and enhance security.	6/30/2020	Have amended contract to bring all IT management in-house (still have contract with Synoptek for a technician, minimal help desk support, and phone hosting.										
IMPROVE REVENUES COLLECTED												
Evaluate self-pay pricing.	3/31/2020	Underway and created colonoscopy self-pay pricing										
Evaluate extended hours for outpatient clinic.	3/31/2020	Committee formed to evaluate.										
Change outsourced company for collections to increase percentage of collection.	4/30/2020	Agreement in place for new company; termination notice to existing company sent in Feb.										
Increase ophthalmology services on-site.	5/30/2020	Have verbal agreement										
Expand services for enhanced pain management.	5/30/2020	Received quotes on equipment										
If feasible extend hours for outpatient clinic.	6/30/2020	See 3/31 deadline -- still in evaluation stage										
Implement coding software to enable PSMC to compute payments on Medicaid EAPGs to assure accuracy of payment. (Note: this was a 2019 goal in which 50% was accomplished, but the remainder of the work is required of Cerner.)	6/30/2020	Still waiting on Cerner										
Improve information on billing statement to reduce questions and disputes (deadline reflects that this requires changes in Cerner).	9/30/2020	Initial meeting with Cerner scheduled for Feb. 18										
Develop and implement operational goals/plan to end the year with gross days of A/R of 60 days.	12/31/2020	2 positions filled in Jan. for orientation in Feb. All positions filled.										

MANAGEMENT AND PLANNING	DEADLINE	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV
Implement plan to accomplish State Hospital Transformation Project obligations.	ongoing	Plan to be submitted to the State in April.										
Evaluate and develop/implement a plan to reduce ongoing expense for MRI. (Note: this was a 2019 goal in which 40% was accomplished.)	6/30/2020	Received quotes for MRI and evaluating.										
Conduct the advance work (data collection and meetings with stakeholders) in order to begin meetings the Board's Strategic Planning Committee regarding service lines and future direction.	6/30/2020	Finished 3 of 5 planned internal meetings.										



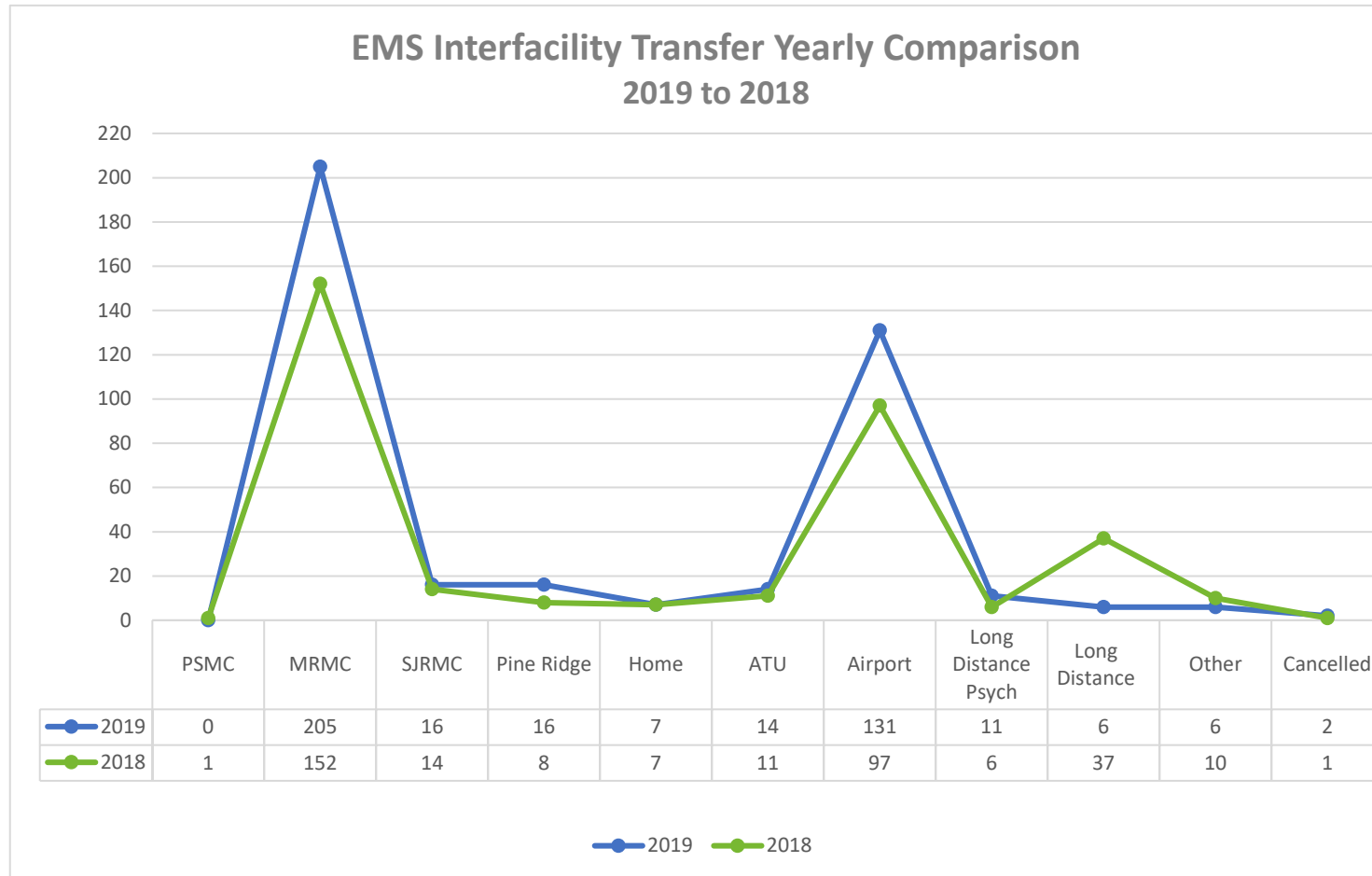
Total number of EMS 911 Responses

2019 : 1175

2018 : 1022



15%

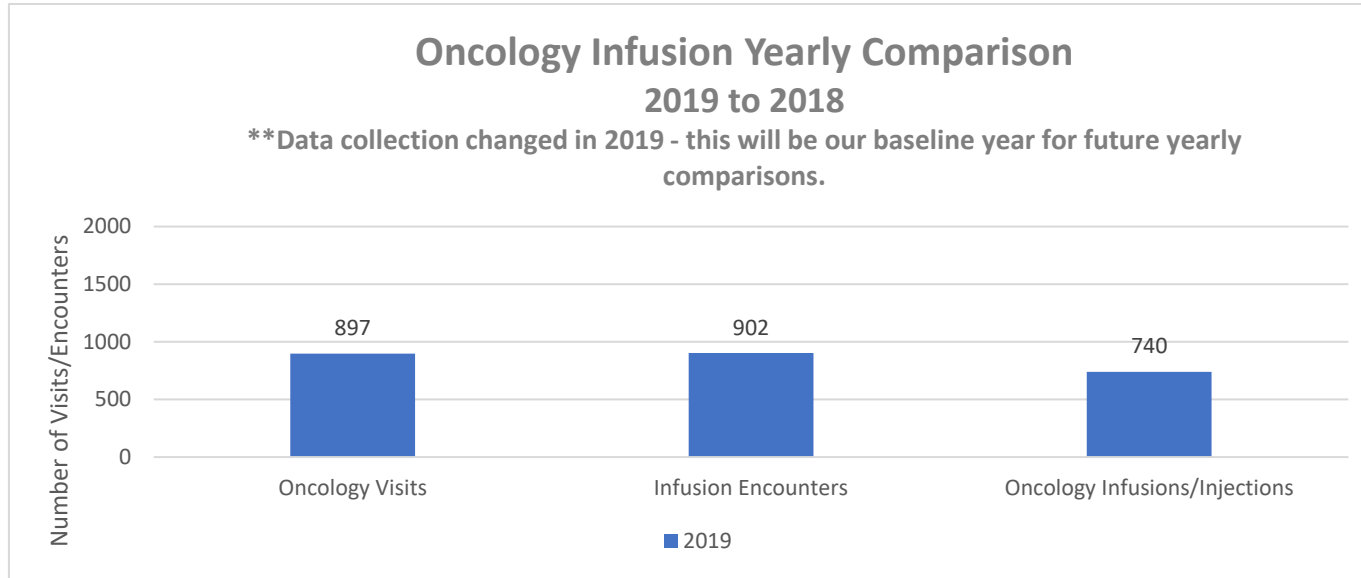


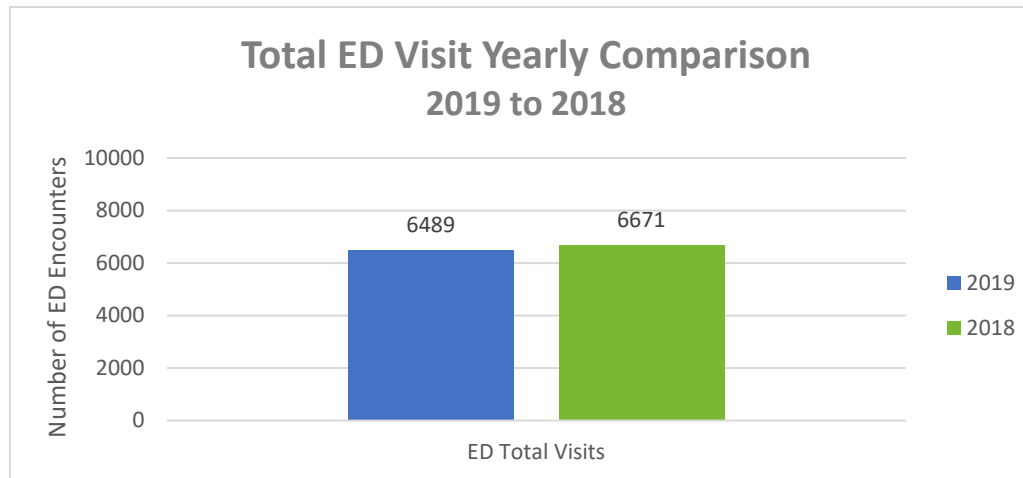
Total number of EMS Interfacility Transports

2019 : 414
2018 : 344



20%





Total Annual ED Visits

2019
6489

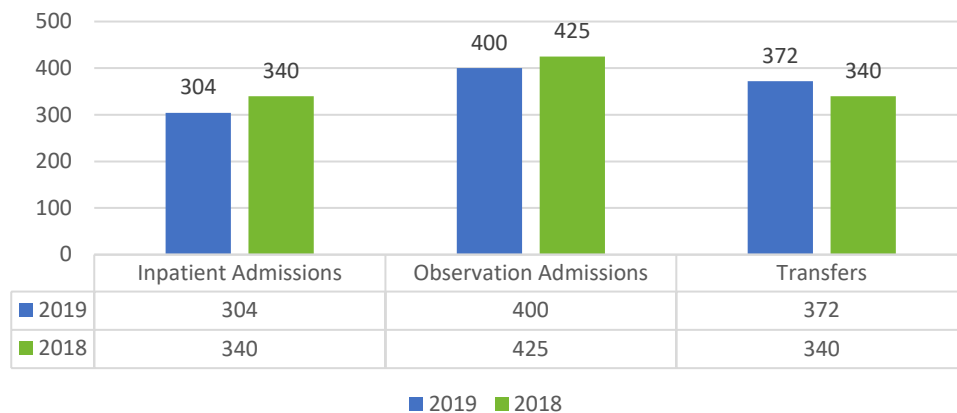
2018
6671

2.7%

ED Volume by Month

Month	2019	2018	Difference
January	481	619	▼ 23%
February	451	532	▼ -15%
March	543	554	▼ -2%
April	462	470	▼ -2%
May	563	532	▲ 6%
June	561	589	▼ -5%
July	702	713	▼ -2%
August	616	592	▲ 4%
September	552	543	▲ 2%
October	492	473	▲ 4%
November	444	425	▲ 4%
December	622	629	▼ -1%
November	444	425	▲ 4%
December	622	629	▼ -1%

ED Admissions and Transfers Yearly Comparison 2019 to 2018

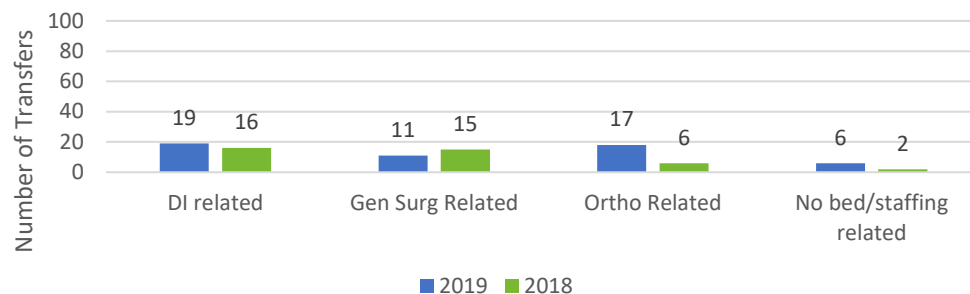


Inpatient Admissions ↓ 11%

Observation Encounters ↓ 6%

Transfers ↑ 9%

ED Resource Related Transfers Yearly Comparison 2019 to 2018



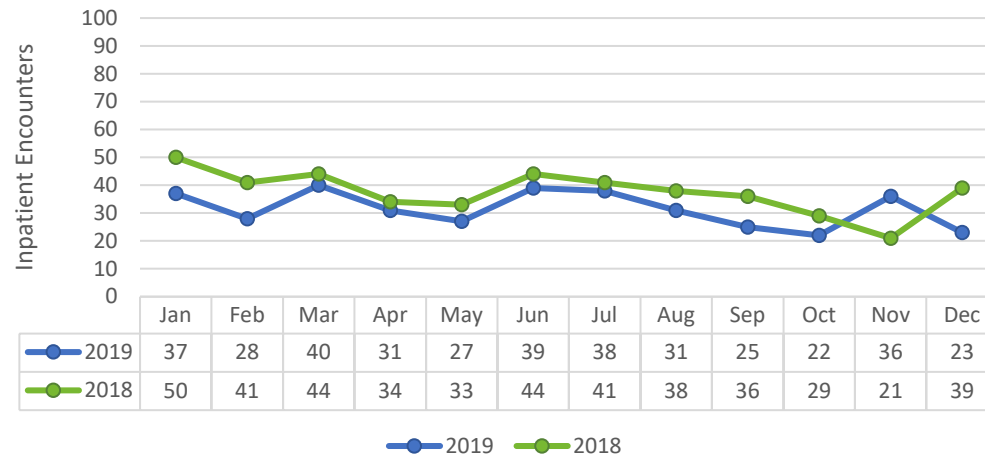
Diagnostic Imaging ↑ 19%

General Surgeon ↓ 26%

Orthopedic Surgeon ↑ 183%

Staffing/No Bed ↑ 200%

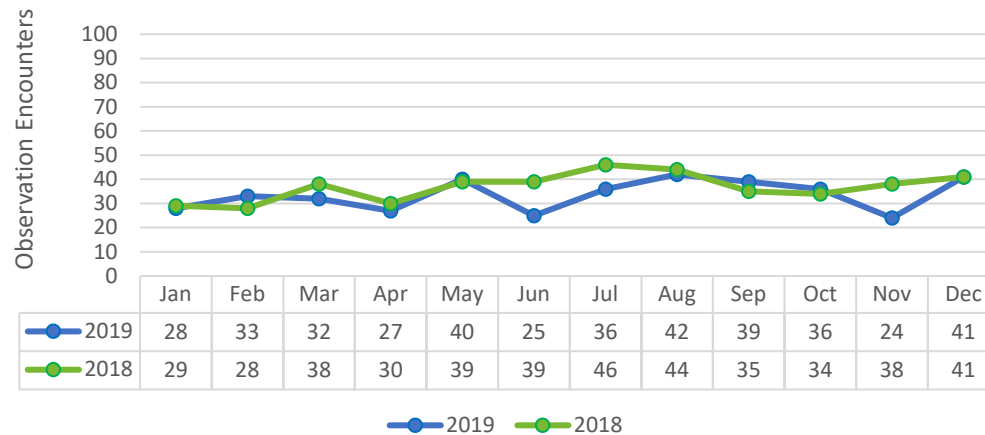
Inpatient Admission Yearly Comparison 2019 to 2018



Inpatient Admissions

2019 **2018**
377 450 ↓ **16%**

Observation Encounter Yearly Comparison 2019 to 2018



Observation Encounters

2019 **2018**
403 441 ↓ **8.6%**

Acute Care Dept. Average Daily Census



2019

3.8

2018

4.7

Average Length of Stay (in days)

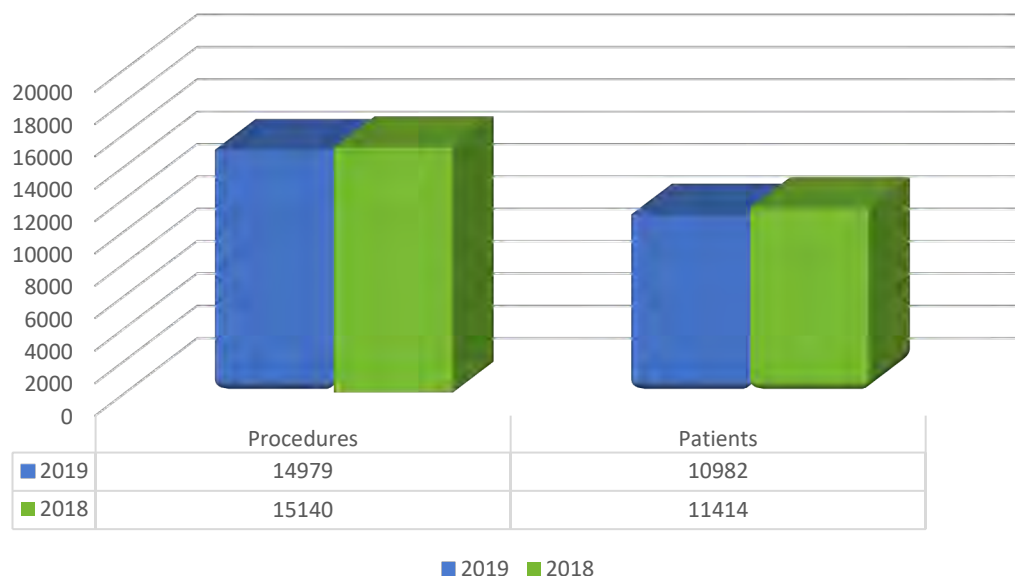
2019

2.4

2018

2.4

Diagnostic Imaging Yearly Comparison 2019 to 2018



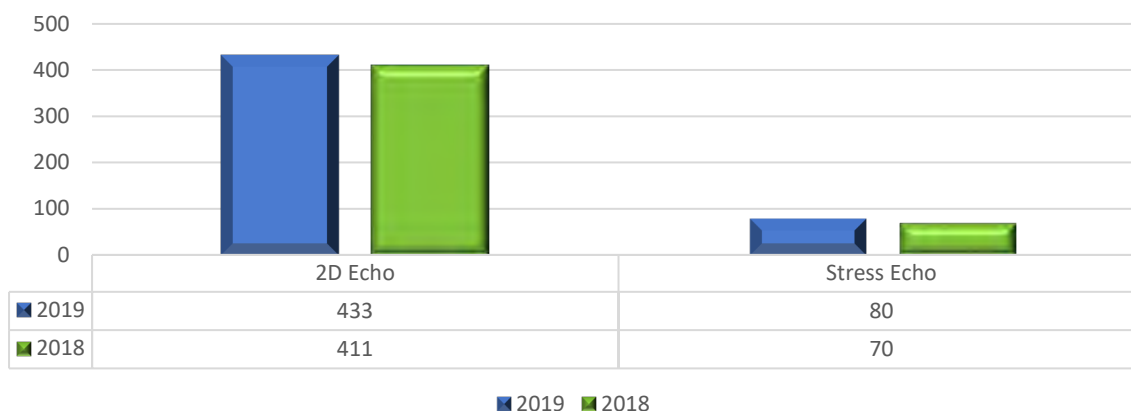
Procedures

↓ 1%

Patients

↓ 4%

2D Echo and Stress Echo Yearly Comparison 2019 to 2018



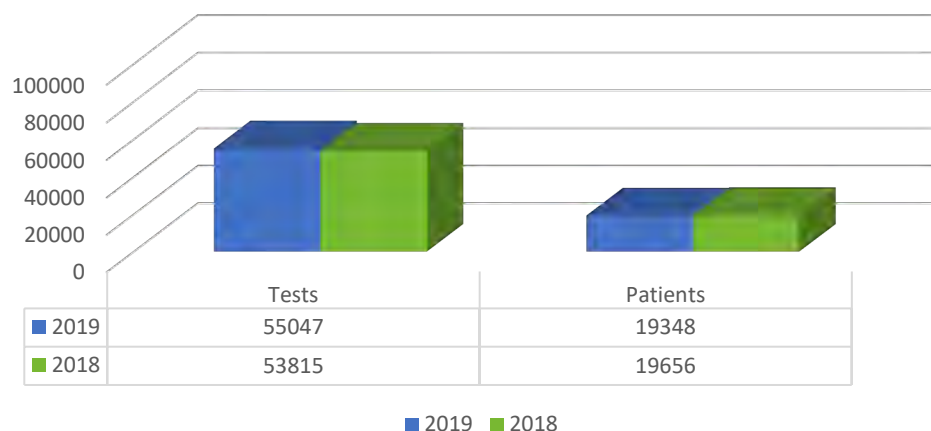
2D Echo

↑ 5%

Stress Echo

↑ 14%

Lab Test and Patient Volume Yearly Comparison 2019 to 2018



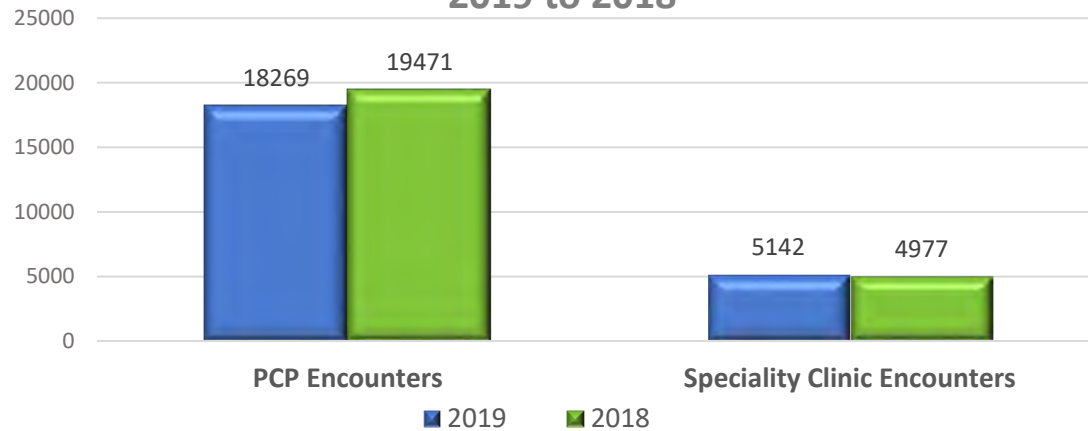
Tests

↑ 2%

Patients

↓ 1.5%

RHC Encounters Yearly Comparison 2019 to 2018



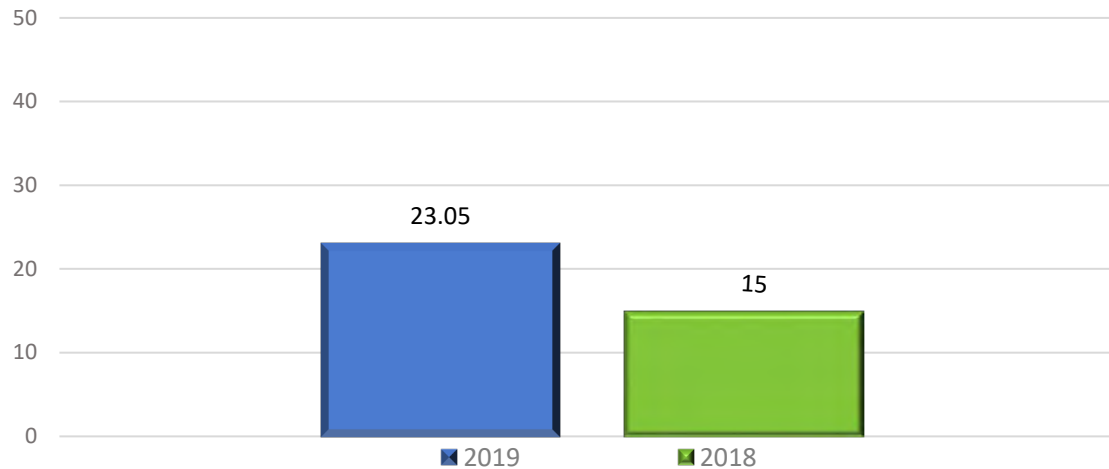
PCP Encounters

↓ 6%

Specialty Clinic Encounters

↑ 3%

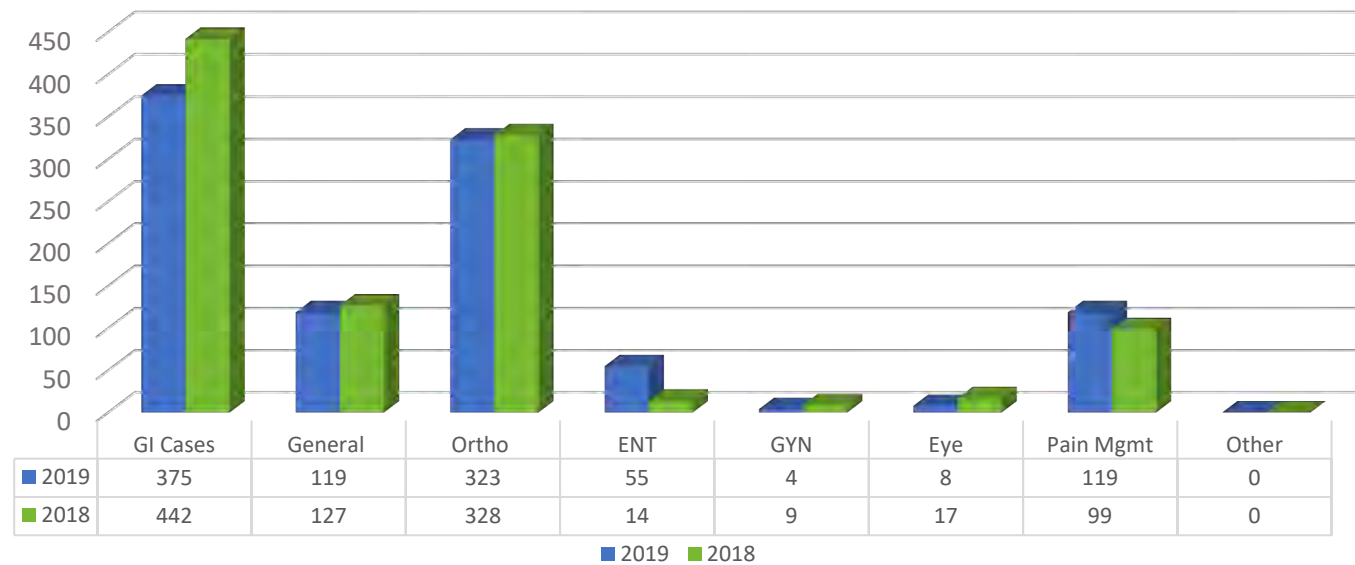
RHC Average Daily Walk-Ins Yearly Comparison 2019 to 2018



RHC Average Daily Walk-In

↑ 55%

Surgery Case Yearly Comparison 2019 compared to 2018



Total number of Surgery Cases

2019 : 1003 ▼ **3%**

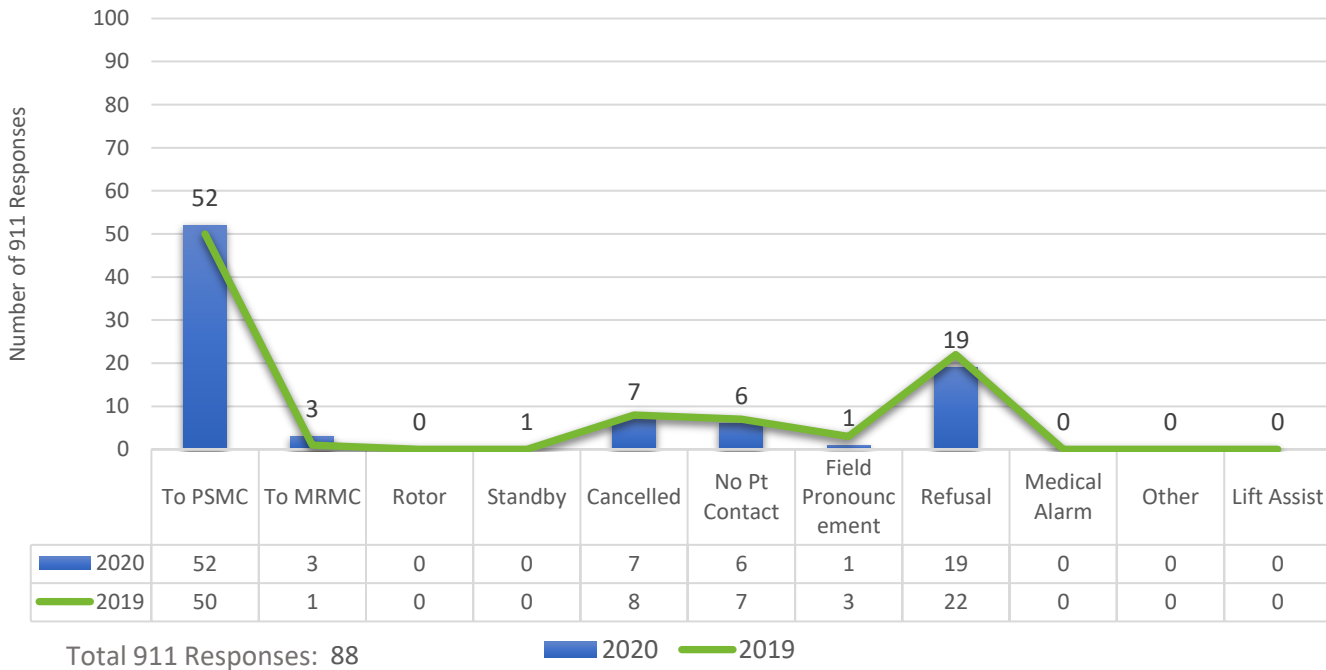
2018 : 1036

Procedure	2019	2018	Difference
GI Cases	375	442	▼ -15%
General	119	127	▼ -6%
Ortho	323	328	▼ -2%
ENT	55	14	▲ 293%
GYN	4	9	▼ -56%
Eye	8	17	▼ -53%
Pain Mgmt	119	99	▲ 20%
Other	0	0	0%

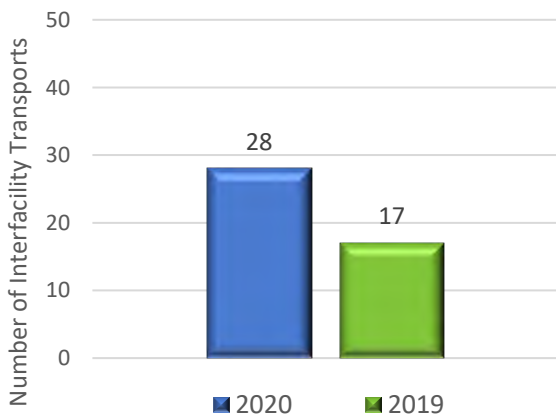
Operations Report for January 2020

EMS: January

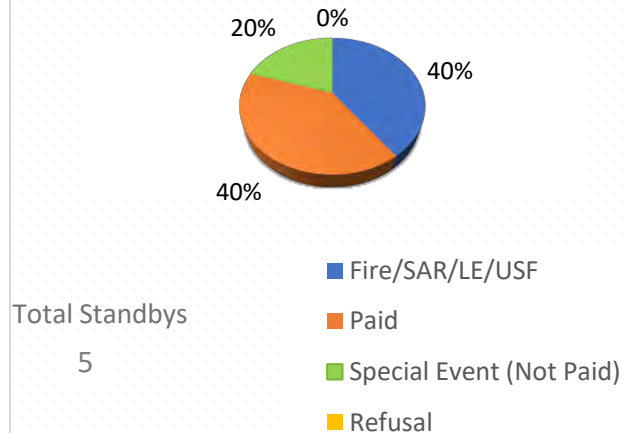
EMS 911 Response



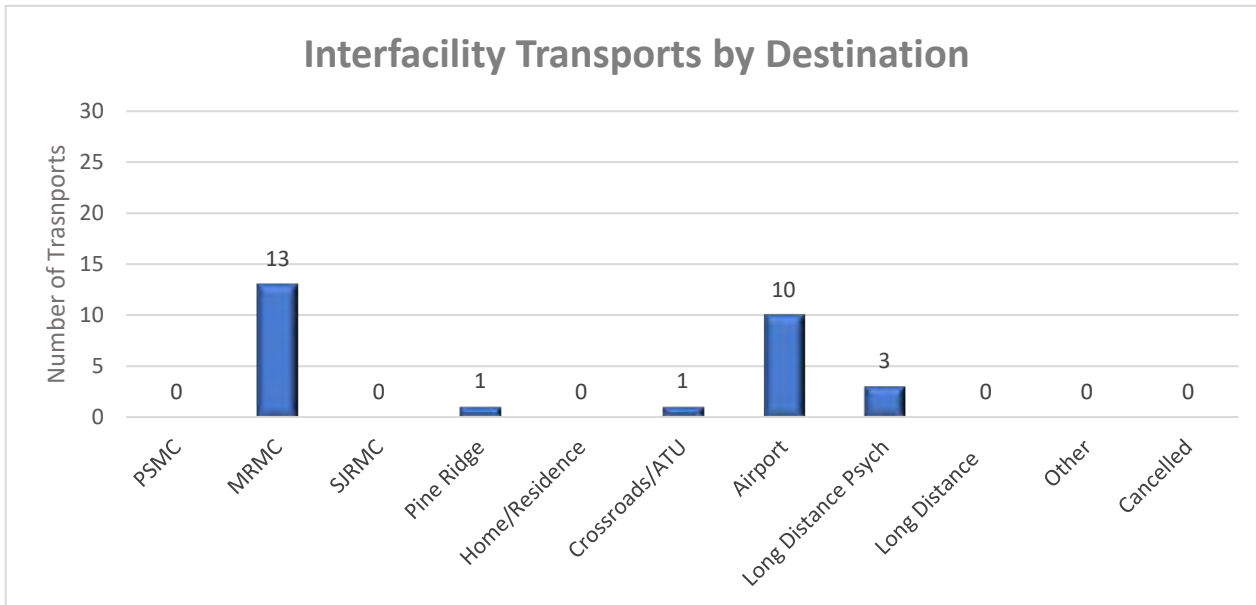
Total Interfacility Transports



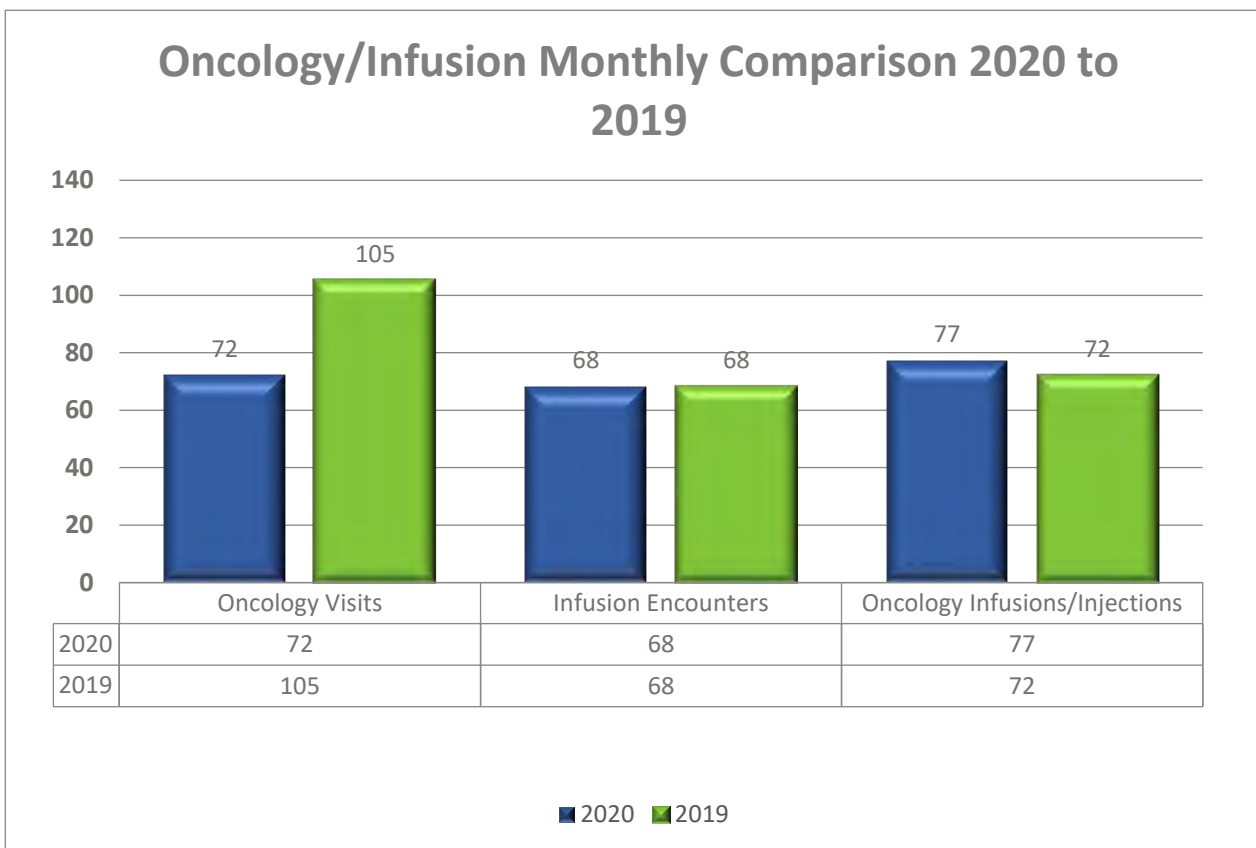
Breakdown of EMS Standbys



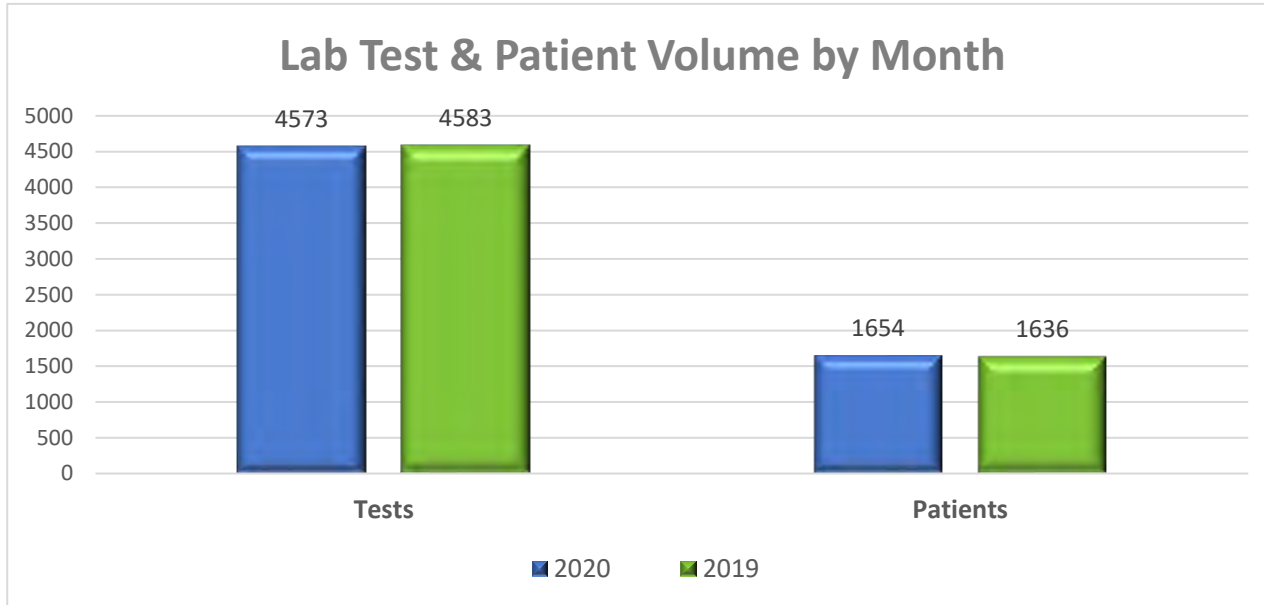
EMS: January



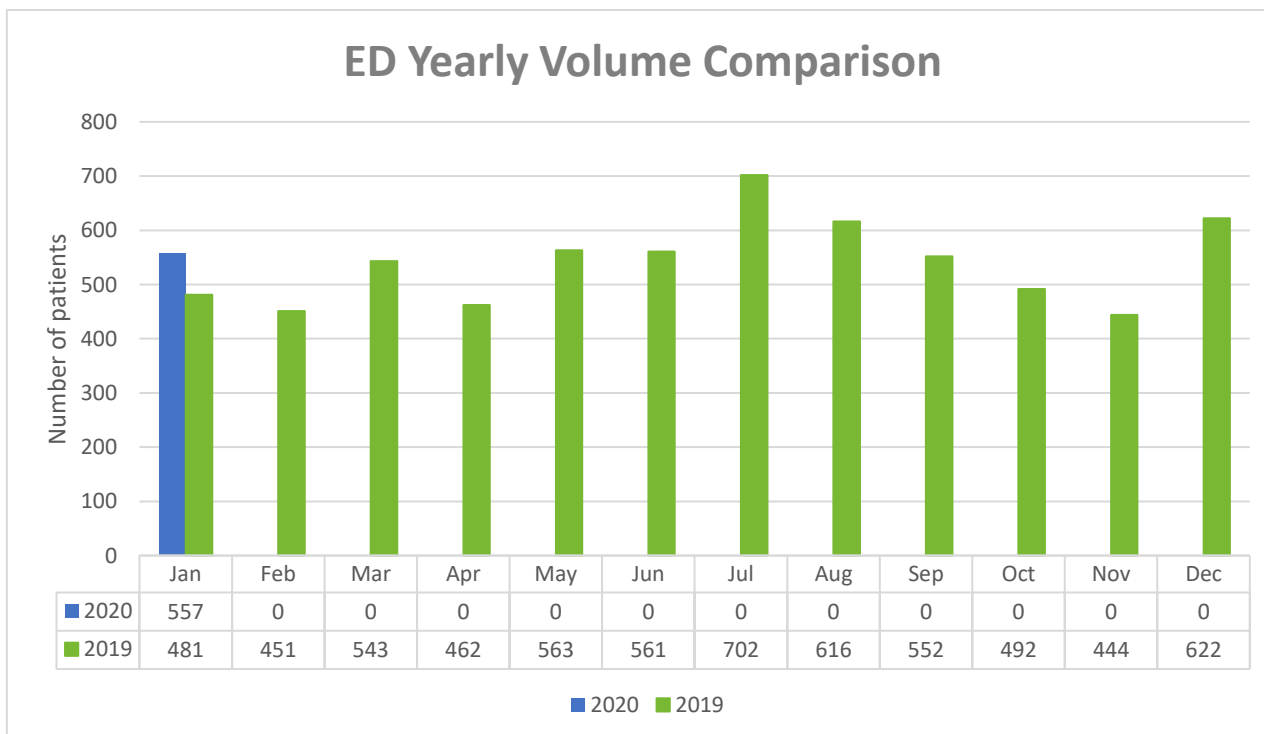
Oncology/Infusion: January



Lab: January

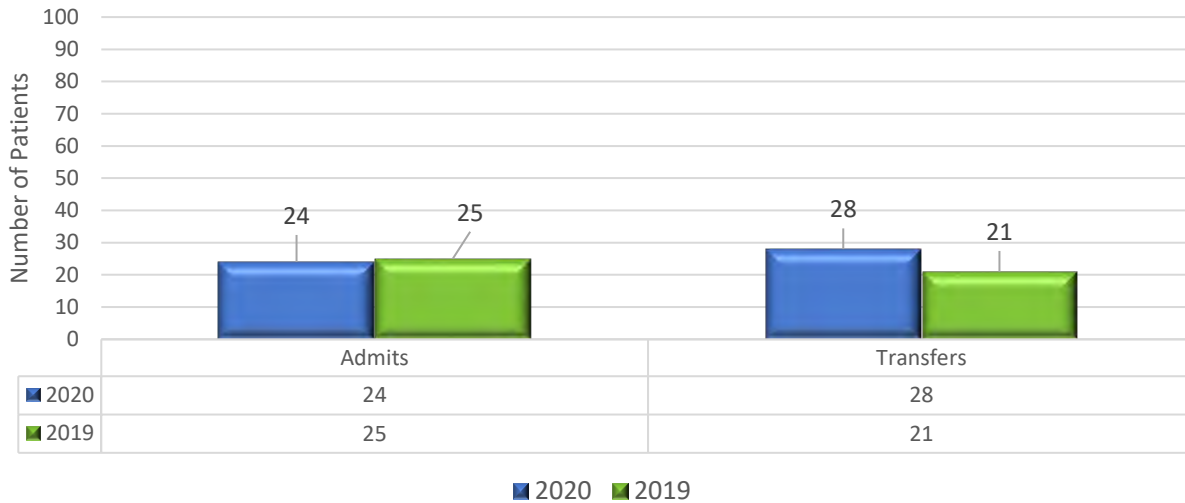


ED: January



ED: January

ED Inpatient Admissions and Transfers Monthly Comparison



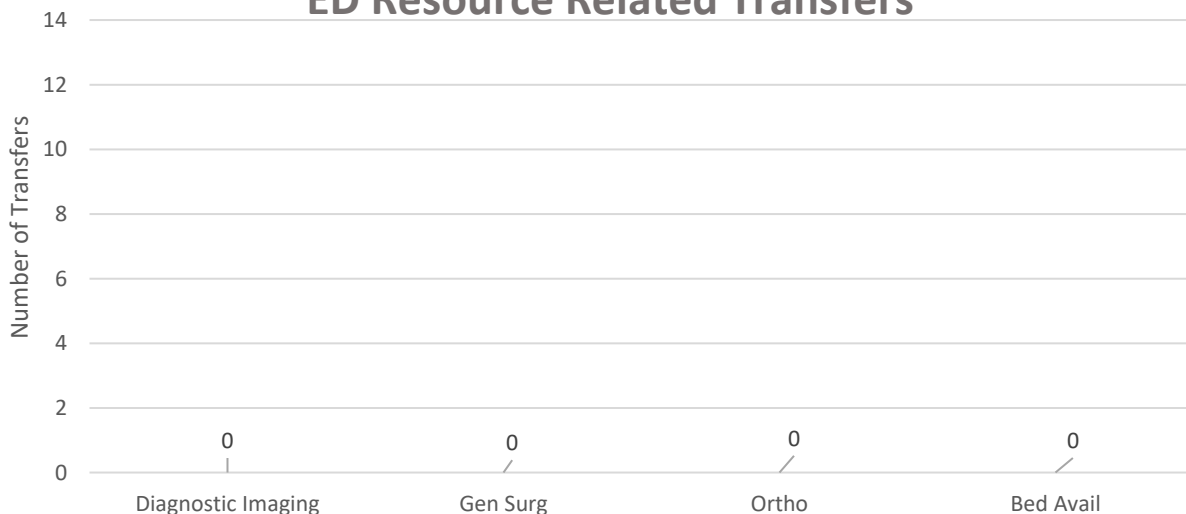
Average Daily Census

18

Average Length of Stay (in hours)

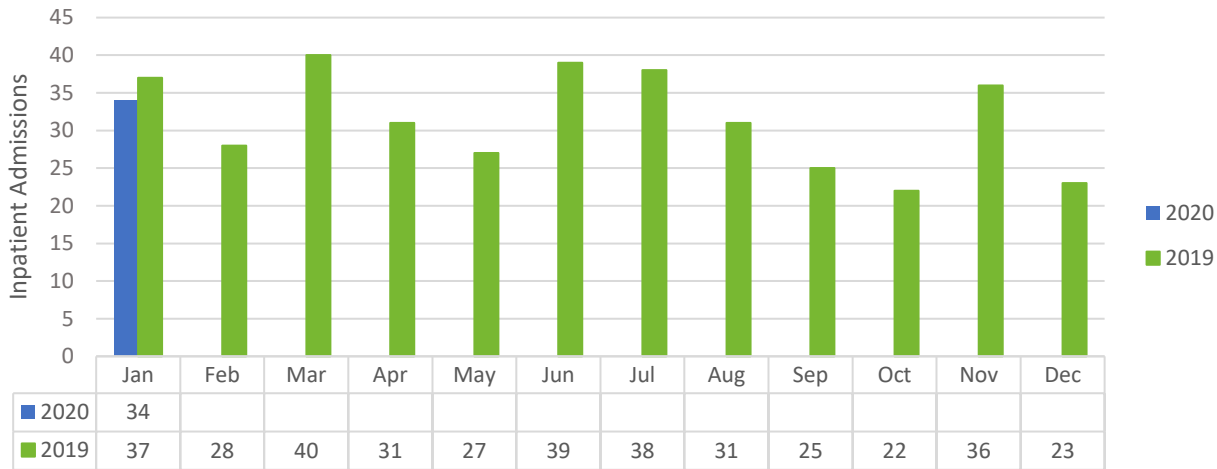
2.05

ED Resource Related Transfers



Inpatient : January

Inpatient Admission Comparison



Average Daily Census

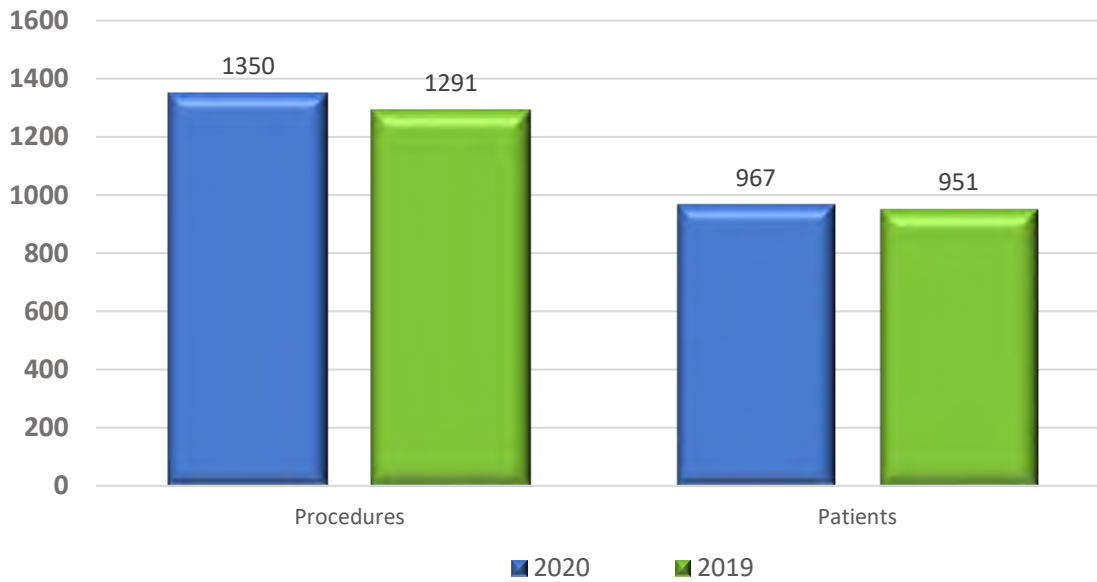
3.9

Average Length of Stay (in days)

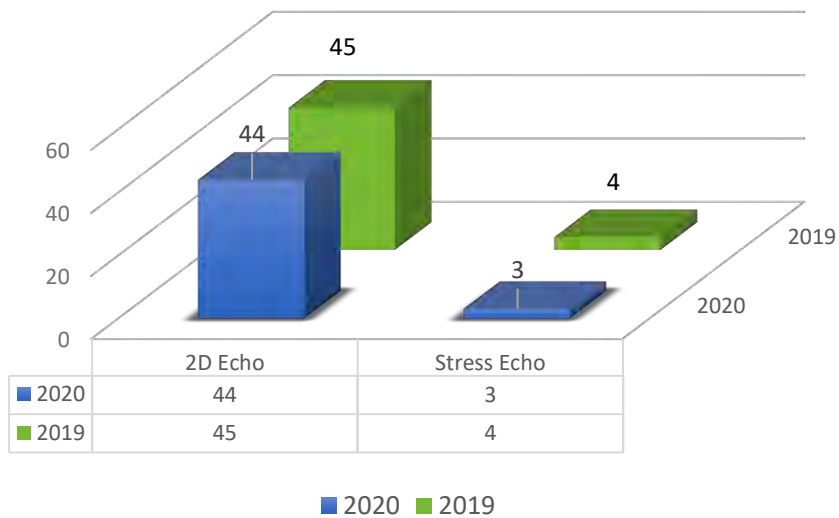
2.6

Diagnostic Imaging: January

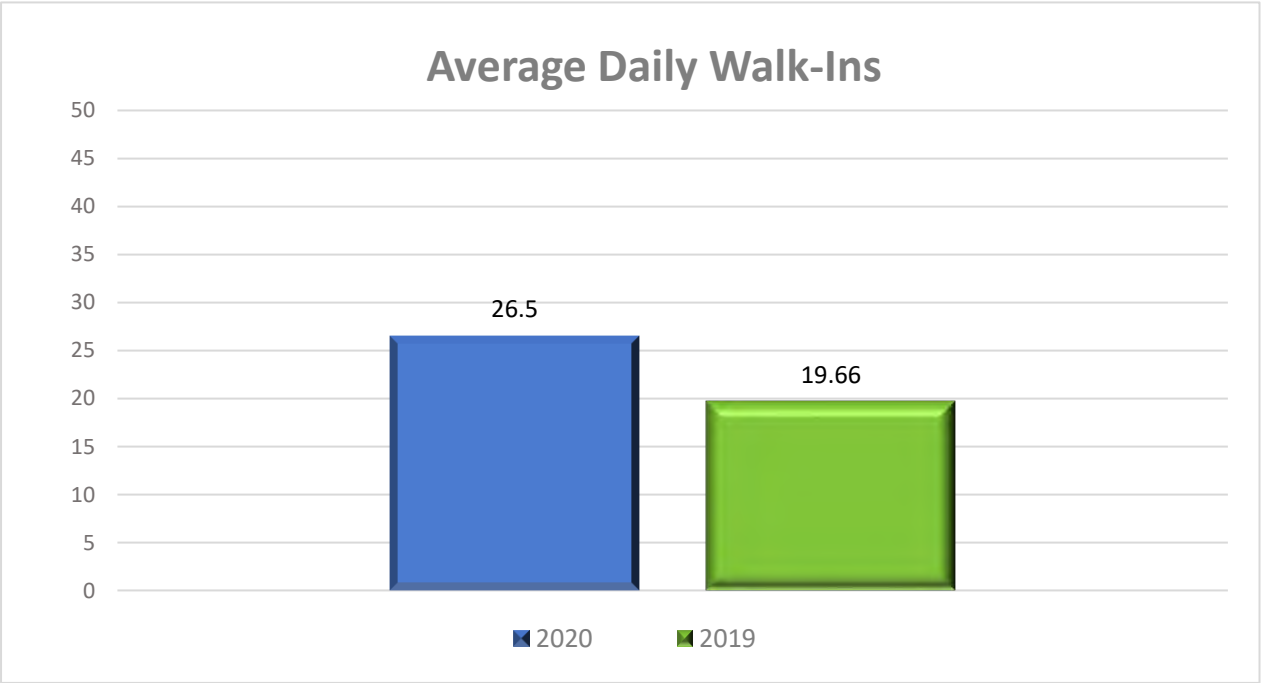
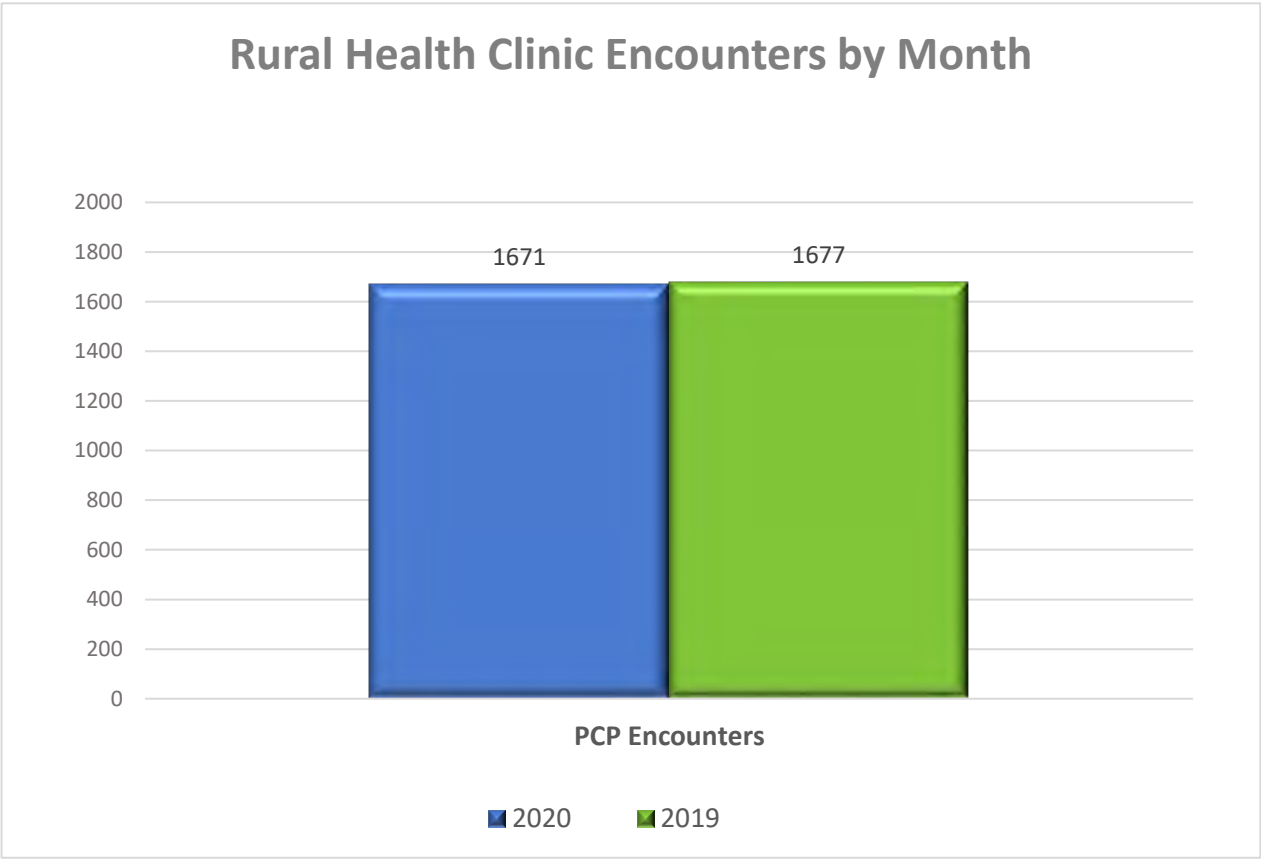
Diagnostic Imaging Stats by Month



Cardiology 2D Echo & Stress by Month



Clinic: January





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

**MEDICAL STAFF REPORT BY CHIEF OF STAFF, RALPH BATTELS
February 25, 2020**

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

RECOMMENDATION	DESCRIPTION
Emergency Medicine Privilege Form	Revised Medical Staff Privilege Form

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
Marcia Newth, LCSW	Initial Appointment	AHP/Licensed Clinical Social Worker	Licensed Clinical Social Worker
Robert Brown, MD	Reappointment	Active/Family Medicine & Hospitalist	Family Medicine
Adam Graham, MD	Reappointment	Telemedicine/Teleneurology	Neurology
Todd Kooy, MD	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology & Interventional Radiology
Celia Lowry, LCSW	Reappointment	AHP/Licensed Clinical Social Worker	Licensed Clinical Social Worker
Jim Pruitt, MD	Reappointment	Active/Hospitalist	Family Medicine

III. REPORT OF NUMBER OF PROVIDERS BY CATEGORY

Active: 19
 Courtesy: 23
 Telemedicine: 122
 Allied Health Professionals: 27
 Honorary: 1
 Total: 192

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

**Formal Written Resolution 2019-06
February 25, 2020**

WHEREAS, the Board of Directors of Upper San Juan Health Service District (“USJHSD”) has reviewed, in executive session, the annual report of PSMC’s 2019 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 OF DIRECTORS OF THE UPPER SAN JUAN
HEALTH SERVICE DISTRICT HEREBY RESOLVES THAT**

It accepts the Annual Report of PSMC’s 2019 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.

Greg Schulte, Chairman of the USJHSD Board



MINUTES OF REGULAR BOARD MEETING
Tuesday, January 21, 2020
5:30 PM
The Board Room
95 South Pagosa Blvd., Pagosa Springs, CO 81147

The Board of Directors of the Upper San Juan Health Service District (the “Board”) held its regular board meeting on January 21, 2020, at Pagosa Springs Medical Center, The Board Room, 95 South Pagosa Blvd., Pagosa Springs, Colorado.

Directors Present: Chair Greg Schulte, Vice-Chair Matt Mees, Treasurer-Secretary Dr. King Campbell, Director Kate Alfred, Director Jason Cox, and Director Karen Daniels.

Present by Phone: Director Dr. Jim Pruitt

Director(s) Absent: None.

1) CALL TO ORDER

- a) Call for quorum: Chair Schulte called the meeting to order at 5:31 p.m. MDT and Clerk of 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: Per advisement by Chair Schulte, Director Dr. Pruitt acknowledged a conflict of interest and will abstain from voting on the Consent Agenda as Director Dr. Pruitt is included as a decision item with respect to the Medical Executive Committee recommending a waiver of Medical Board certification.
- c) Approval of the Agenda: The Board noted approval of the agenda.

2) PUBLIC COMMENT

There was none.

3) PRESENTATION

CEO Dr. Rhonda Webb acknowledged and introduced to the Board attending PSMC’s Directors and Managers, referencing their attached 2019 accomplishments.

The Board noted their congratulations and gratitude for their hard work and accomplishments.

4) **REPORTS**

a) **Oral Report**

i) Chair Report

Chair Schulte gave an update regarding the Archuleta County Combined Dispatch IGA, the proposed 9-1-1 surcharge, and the Town's URA (Urban Renewal Authority).

Questions were asked and answered.

ii) Contracts

Item intentionally struck from agenda. There was no report.

iii) Strategic Planning

Item intentionally struck from agenda. There was no report.

iv) CEO Report

CEO Dr. Webb presented and discussed the attached 2019 Accomplishments. CEO Dr. Webb then advised the Board of the following:

- CEO Dr. Webb and seven other PSMC members participated in Pagosa Springs High School 2020 Career Fair that morning (01/21/20);
- The community is experiencing a heavy flu season this year;
- There will be a blood donation drive tomorrow (01/22/20), held in the Board Room and open to the public.
- PSMC's remote IT service provider recently experienced a ransomware cyber-attack. CEO Dr. Webb reported only seven of PSMC's IT folder were affected. PSMC's internal IT department was able to locate and isolate the affected files. No patient information was compromised.

v) HVAC Project, status report

COO-CNO, Kathee Douglas, reported to the Board the following:

- Negotiations with contractor, GE Johnson, are underway and a contract is expected to be executed by the end of January;
- Weekly status update meetings with GE Johnson are being held every Wednesday;
- Facility preparations for construction have begun;
- A contract has been received by the architect but has not been fully reviewed.

Questions were asked and answered.

vi) Finance Report

CFO, Chelle Keplinger, presented and discussed the attached December 2019 Finance PowerPoint Presentation highlighting the District's 2019 financial successes including an increase of gross revenue of 7.58 percent, an increase in cash of 15.71 percent, a reduction of gross accounts receivable days by 15.31 days, a reduction of net accounts receivable days by 6.91 days, and net income increase of \$370,699.

b) **Written Reports**

i) Operations Report

There were no questions.

ii) Medical Staff Report

There were no questions.

5) **DECISION AGENDA**

a) Resolution 2020-01

CAO, Ann Bruzzese, and CFO Keplinger gave an overview of the resolution, management's proposed action plan to increase days of cash as the 2019 year ended with in excess of 60 days of cash but less than 70 days of cash. Questions were asked and answered.

Director Cox motioned to accept Resolution 2020-01 regarding acceptance of the 2020 Management Reporting Tool of management's action plan to increase days of cash. Upon motion seconded by Director Dr. Pruitt, the Board unanimously adopted said resolution.

b) Resolution 2020-02

CAO Bruzzese gave an overview of the resolution.

Treasurer-Secretary Dr. Campbell motioned to accept Resolution 2020-02 regarding amendments to Board Policy No. 13 that add details about the review by Contracts Committee of provider contracts and other significant contracts to be reviewed by the Finance Committee. Upon motion seconded by Director Alfred, the Board unanimously adopted said resolution.

c) Resolution 2020-03

CAO Bruzzese gave an overview of the resolution. Questions were asked and answered.

Director Alfred motioned to accept Resolution 2020-03 regarding ratification of an amendment to PSMC's Cerner Contract. Upon motion seconded by Vice-Chair Mees, the Board unanimously adopted said resolution.

d) Resolutions regarding approval of matters related to May 5, 2020 election of Board Members

CAO Bruzzese gave a brief overview of Resolutions 2020-04 and 2020-05.

i) Resolution 2020-04

Director Daniels motioned to accept Resolution 2020-04 to appoint Clerk to the Board (Heather Thomas) as the Designated Election Official and authorizing the DEO to cancel election as necessary. Upon motion seconded by Treasurer-Secretary Dr. Campbell, the Board unanimously adopted said resolution.

ii) Resolution 2020-05

Director Dr. Pruitt motioned to accept Resolution 2020-05 to establish USJHSD terms for its regular May 5, 2020 election. Upon motion seconded by Director Daniels, the Board unanimously adopted said resolution.

6) CONSENT AGENDA

Director Daniels motioned to approve the minutes of the regular meeting of 12/17/2019 as well as approval of Medical Staff report recommendations for new or renewal of provider privileges. Due to previously advised conflict of interest, Director Dr. Pruitt noted abstention from approval of Consent Agenda items. Upon motion seconded by Director Alfred, the Board unanimously approved said consent agenda item with noted abstention by Director Dr. Pruitt.

7) OTHER BUSINESS

Clerk to the Board, Ms. Thomas, advised the Board that the attached Transparency Notice was filed with DOLA before the deadline of January 15, 2020, as well as copies being provided to the counties within the District and their applicable governmental entities. Clerk Thomas further advised the Board the Transparency Notice was also updated on the website of the Special Districts Association of Colorado.

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

8) EXECUTIVE SESSION

Vice-Chair Mees motioned to enter into executive session. Upon motion seconded by Treasurer-Secretary Dr. Campbell, the Board entered into executive session at 6:56 p.m. MST, regarding personnel matters pursuant to C.R.S. 24-6-402(4)(f)(I), specifically involving the annual evaluation of the CEO, who was previously informed of the meeting.

Directors present in executive session were: Chair Schulte, Secretary-Treasurer Dr. Campbell, Director Alfred, Director Daniels, and Director Cox. Director Dr. Pruitt was present via teleconference.

Chair Schulte adjourned the executive session at 7:24 p.m. MST.

9) ADJOURN

There being no further business, Chair Schulte adjourned the regular meeting at 7:25 p.m. MDT.

Respectfully submitted by:

Heather Thomas, serving as Clerk of the Board

BYLAWS AMENDMENT PROCESS:

1. **STEP 1 – PROPOSED AMENDMENTS BY MEC OR 33% OF MEDICAL STAFF:**
 - a. MEC proposed amendment changes by unanimous vote of the MEC originally on November 18, 2019 and on January 16, 2020.
2. **STEP 2 – BOARD COMMENT:**
 - a. 1/20/2020 through 2/25/2020: Board comment period.
 - b. 2/17/2020: MEC unanimously voted to make two proposed amendment clarifications to address a Board member comment.
 - c. 2/25/2020: Following the regular meeting of the Board, every comment of every board member will be compiled into one document for distribution to the voting Medical Staff.
3. **STEP 3 – VOTE OF ACTIVE MEDICAL STAFF:**
 - a. 2/26/2020: The Medical Staff Office issues 7 days advance notice to every active Medical Staff member with the following: the proposed amendments to the Bylaws, the document setting forth all Board member comments, MEC comments, and the voting time period.
 - b. 3/4/2020 through 3/18/2020: time frame for the active Medical Staff to vote on the proposed amendments.
4. **STEP 4 – IF PASSED BY MEDICAL STAFF, VOTE OF THE BOARD OF DIRECTORS:**
 - a. 3/20/2020: Board packet issued with results of the vote.
 - b. 3/24/2020: If the Medical Staff votes to amend the Bylaws, then the Board will consider whether to approve or deny the proposed amendments.
5. SEE THE NEXT PAGE FOR ARTICLE 16 OF THE BYLAWS WITH STEPS IDENTIFIED.

Article 16 Adoption and Amendment of Bylaws

16.1 Medical Staff Responsibility and Authority

16.1-1 The Medical Staff shall have the initial responsibility and delegated authority to formulate, adopt and recommend Medical Staff Bylaws and amendments which shall be effective when approved by the Governing Body, which approval shall not be unreasonably withheld. Such responsibility and authority shall be exercised in good faith and in a reasonable, timely and responsible manner, reflecting the interests of providing patient care of the generally recognized level of quality and efficiency, and maintaining a harmony of purpose and effort with the Governing Body. Additionally, PSMC administration may develop and recommend proposed Bylaws, and in any case should be consulted as to the impact of any proposed Bylaws on PSMC operations, compliance with laws and feasibility.

Commented [MOU1]: Described in steps 1, 2 and 3 below.

Commented [MOU2]: Described in step 4 below.

16.1-2 [STEP 2] Proposed amendments shall be submitted to the Governing Body for comments at least 30 days before they are distributed to the Medical Staff for a vote. The Governing Body has the right to have its comments regarding the proposed amendments circulated with the proposed amendments at the time they are distributed to the Medical Staff for a vote.

16.1-3 [STEP 1] Amendments to these Bylaws shall be submitted for vote upon the request of the Medical Executive Committee or upon receipt of a petition signed by at least thirty-three and 1/3 percent of the voting Medical Staff members. Amendments submitted upon petition of the voting Medical Staff members shall be provided to the Medical Executive Committee at least 30 days before they are submitted to the Governing Body for review and comment as described in Section 16.1-3. The Medical Executive Committee has the right to have its comments regarding the proposed amendments circulated to the Governing Body when the proposed amendments are submitted to the Governing Body for comments; and to have its comments circulated to the Medical Staff with the proposed amendments at the time they are distributed to the Medical Staff for a vote.

Commented [MOU3]: Typo – should be 16.1-2

16.2 Methodology

16.2-1 Medical Staff Bylaws may be adopted, amended or repealed by the following combined actions:

- a. **[STEP 3]** The affirmative vote of a majority of the Medical Staff members actually voting on the matter by emailed secret ballot, provided at least 7 days advance written notice, accompanied by the proposed Bylaws and/or alterations, has been given; and
- b. **[STEP 4]** The approval of the Governing Body, which shall not be unreasonably withheld. If approval is withheld, the reasons for doing so shall be specified by the Governing Body in writing, and shall be forwarded to the Chief of Staff, the Medical Executive Committee and the Bylaws Committee.

16.2-2 In recognition of the ultimate legal and fiduciary responsibility of the Governing Body, the organized Medical Staff acknowledges, in the event the Medical Staff has unreasonably failed to exercise its responsibility and after notice from the Governing Body to such effect, including a reasonable period of time for response, the Governing Body may impose conditions on the Medical Staff that are required for continued state licensure, approval by accrediting bodies, or to comply with law or a court order. In such event, Medical Staff recommendations and views shall be carefully considered by the Governing Body in its actions.

16.3 Technical and Editorial Corrections

The Medical Executive Committee shall have the power to approve technical corrections, such as reorganization or renumbering of the Bylaws, or to correct punctuation, spelling or other errors of grammar expression or inaccurate cross-references. No substantive amendments are permitted pursuant to this Section. Corrections may be effected by motion and acted upon in the same manner as any other motion before the Medical Executive Committee. After approval, such corrections shall be communicated in writing to the Medical Staff and to the Governing Body. Such corrections are effective upon adoption by the Medical Executive Committee; provided however, they may be rescinded by vote of the Medical Staff or the Governing Body within 120 days of the date of adoption by the Medical Executive Committee. (For purposes of this Section, "vote of the Medical Staff" shall mean a majority of the votes actually cast, provided at least 10 percent of the voting members of the Medical Staff cast ballots.)

TO: Board of Directors
 FROM: Chief of Staff Ralph Battels for the Medical Executive Committee
 RE: Proposed Amendments to Medical Staff Bylaws
 DATE: 2/17/2020

The Medical Executive Committee (the MEC) is comprised of the following seven physician positions: the Chief of Staff, the Vice Chief of Staff, the Medical Directors of the E.D., In-patient, Surgery, Trauma, and Primary Care. As permitted by the Bylaws (first sentence of Section 16.1-2), the MEC voted to propose the Bylaw amendments.

On February 17, 2020, the MEC reviewed the comments of Board member Dr. Jim Pruitt and unanimously voted to respond to the comments as follows:

1. **Item 1, Dr. Pruitt appears to object to the Bylaw amendments being proposed by the MEC.** Response: The Bylaws at 16.1-3 allow for amendments to be proposed either through MEC *or* by petition of 33% of the Medical Staff. The Bylaws state: “Amendments to these Bylaws shall be submitted for vote upon the request of the Medical Executive Committee or upon receipt of a petition signed by at least thirty-three percent of the voting Medical Staff members.” There are additional sentences in this section of the Bylaws that address the process. Since Dr. Pruitt interprets this section in a way that no one on MEC interprets it, the MEC unanimously voted to add clarifying language (see attached) to its proposed amendments to be voted upon by the Medical Staff.
2. **Item 2, Dr. Pruitt objects to the MEC’s proposed amendment requiring physicians to work an average of 700 hours or more per year either through clinical or administrative duties to be active (voting) medical staff.** The MEC considered Dr. Pruitt’s concern but the MEC unanimously voted to retain its proposal of 700 hours so that those physicians who are active (and thus have the right to vote for the Chief of Staff, the Vice Chief of Staff, and on how the Medical Staff governs itself via Bylaws and policies) be significantly involved with PSMC. Those who have less than 700 hours of annual involvement at PSMC, can be involved as “Courtesy staff” without the right to vote.
3. **Item 3, Dr. Pruitt’s concern regarding the deletion of the indemnification.** Response: Per in-house legal counsel (and affirmed by outside legal counsel, CCC), indemnification provisions are unenforceable against a governmental entities because governmental entities are precluded from being responsible for the liability/debt of third parties (an indemnification would be agreeing to an unknown, open-ended debt of another). MEC states that to leave the unenforceable provision would be misleading to Medical Staff and should be removed. As to PSMC’s *employed* physicians and providers, as governmental employees, they all have the benefit of Colorado governmental immunity (and State legislated cap on liability) for negligent actions taken in the scope of their employment.
4. **Item 4, Dr. Pruitt’s concern that it appears to him that no one is permitted to propose Medical Staff policies.** The MEC did not intend for this interpretation and MEC unanimously voted to add clarifying language (see attached) to its proposed amendments to be voted upon by the Medical Staff.
5. **Item 5, concerns raised by Dr. Pruitt.** The MEC unanimously voted not to add any of the new amendments to address concerns raised by Dr. Pruitt. The MEC’s reasoning is:

- a. **Dr. Pruitt request for an amendment to involve non-employed providers in PSMC Medical Staff Education:** Medical Staff sometimes includes community providers in Medical Staff education but sometimes does not when Medical Staff wants to address matters specific to PSMC. The MEC prefers to decide on a situational basis when to invite other providers in the community rather than to always mandate it in the Medical Staff Bylaws.
- b. **Dr. Pruitt request for an amendment to delete a section that states a physician loses privileges upon termination of contract.** Since 2014, the Bylaws have included a provision that upon termination of a physician's contractual relationship with PSMC, the physician's privileges automatically terminate but the physician can reapply. The MEC has not found this to place an undue burden on physicians who end a contractual relationship with PSMC.
- c. **Dr. Pruitt request to change the pre-application process and criteria.** The preapplication process has been in the Bylaws since 2014 and MEC believes it has served PSMC well to have the CEO (with input from the Chief of Staff and applicable Medical Director) determine whether a physician has requisite training, whether PSMC has need for a particular physician's services (including the impact to services already provided by employees of PSMC), whether PSMC has appropriate equipment, facilities and support staff for a service/provider. This also saves staff time and expense of completing an entire background evaluation of a physician and the risk of a reportable event if the physician is denied privileges.
- d. **Change criteria for reappointment of privileges to be a "community need" standard rather than "PSMC need" standard for services.** The reappointment criteria has been in the Bylaws since 2014 and the MEC believes it has served PSMC well to have the standard be a PSMC need for a service (on the other hand, a community need standard may result in services that are not workable or sustainable for PSMC to offer).