



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

Tuesday, October 13, 2020, at 5:00 PM

**BOARD ROOM LIMITED TO 25 PERSONS SO IN-PERSON MEETING IS
LIMITED TO BOARD MEMBERS, CLERK TO BOARD, AND CEO, WITH
ROTATING PRESENCE BY CFO, COO, CAO AND COS**

**ALL OTHERS (PUBLIC OR OTHER PSMC EMPLOYEES)
MAY ATTEND VIA ZOOM**

Please use this link to join the meeting: <https://zoom.us/j/96904926293>
or telephone (346) 248-7799 or (669) 900-6833

Zoom Meeting ID: **969 0492 6293**

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) RECOGNITION: PSMC's LAB

4) PUBLIC HEARING ON THE PROPOSED 2021 BUDGET FOR USJHSD

- a) Open the [Public Hearing](#) on the [proposed 2021 budget](#)
 - i) CEO direction for 2021
 - ii) CFO's overview of the budget
 - iii) Questions/comments of the Board
 - iv) Questions/comments of the public
- b) Close the Public Hearing

5) PRESENTATION - Strategic Planning Committee

- a) [Community member comments to the draft goals](#)
- b) For reference, the [draft 2021-2023 goals](#)

6) REPORTS

- a) **Oral Reports** (may be accompanied by a written report)
 - i) Chair Report Chair Greg Schulte
 - ii) CEO Report **and COVID-19** Dr. Rhonda Webb
 - iii) ~~Executive Committee~~ ~~Chair Schulte and V.Chair Mees~~
 - iv) Foundation Committee Dir. Mees, Dir. Dr. Pruitt and CEO R.Webb
 - v) Facilities Committee Dir. Mees, Dir. Daniels, and COO K.Douglas
 - vi) Strategic Planning Committee Dir. Schulte, Dir. Cox and CEO R.Webb
 - vii) Finance Committee & [Report](#) Dir. Campbell, Dir. Ziegler and CFO C.Keplinger
 - (a) [August Financials](#)
- 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

7) DECISION AGENDA

- a) [Consideration of Resolution 2020-20](#) regarding acceptance of the Quality Program Report.
- b) [Consideration of Resolution 2020-21](#) regarding approval of the Amended IGA for Dispatch.

8) 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 10/13/2020
- b) Approval of Minutes for the following meeting(s):
 - i) [Regular meeting of: 08/25/2020](#)
- c) Approval of [Medical Staff report](#) recommendations for new or renewal of provider privileges.

9) OTHER BUSINESS

10) ADJOURN

UPPER SAN JUAN HEALTH SERVICE DISTRICT

NOTICE OF PUBLIC HEARING FOR

BUDGET AND APPROPRIATION

(Pursuant to Section 29-1-106 and

Section 29-1-109, C.R.S.)

NOTICE is hereby given that a proposed budget for fiscal/calendar year 2020 has been submitted to **the Board of the Upper San Juan Health Service District ("USJHSD")**. **The proposed budget will be** considered at a public hearing which will take place during the regular meeting of the Board of USJHSD on October 13th commencing at 5:30 pm, at 95 South Pagosa Blvd., Pagosa Springs, CO 81147.

A copy of the proposed budget is available for inspection, Monday through Friday 8:30 a.m. to 4:30 **p.m., at USJHSD's administrative office located at 95 South Pagosa Blvd., Pagosa Springs, CO. Any** interested elector within the USJHSD service territory may inspect, comment or register objections thereto at any time prior to the adoption of the budget.

UPPER SAN JUAN HEALTH SERVICES DISTRICT

DBA: PAGOSA SPRINGS MEDICAL CENTER

BUDGET PROPOSAL 2021



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THE BUDGET PROCESS:

The budget process is similar to 2020 with a few important changes. When determining the FTE's, data is pulled for July 2019 to June 2020 to make sure that we have a full year's data that is the most current to work with. All employees that have worked in that time frame are put into a spreadsheet with hours and rates of pay and are balanced to the report. Each manager and director then meets with Steve and myself to walk through what has happened in the last year and what things might change for the upcoming year. We discuss every employee with the manager/director to determine how many hours we need each employee to work and if the employee is no longer working in the department, then does he/she need to be replaced. We budget regular, OT, on call, call-back, holiday and shift differential for each employee. The managers and directors then get a summary back from us with all of the changes and review it for accurateness.

One big change that we have had this year is that we can now use Multiview (New GL) for part of our budgeting process. Steve has worked many hours to make sure that we get the appropriate data inside of the system so that the managers and directors have current and historical data to help determine what their expenses will be for the next year. We provide line item detail for those that want it and training was provided to all managers and directors about how to enter the data into Multiview. This has been a big change but the managers and directors are embracing the change and like that they can make these decisions inside of the system. It also makes it much easier for the accounting staff to get the information into Multiview for reporting purposes for the next year. Previously, we had to hand key every account into the system and this took many hours to enter and validate. Since we are entering the information into Multiview, we can

just run a job to get the information into a usable format. This is a nice feature for the organization for the future.

Revenue has been challenging this year due to Covid-19. Our first assumption is that we will move to back to a level of normalcy with regards to volume. We have reviewed the cost to charge ratios for all of the departments and have determined that there are four areas in which the charges are not currently covering expenses in those departments. The four areas are Oncology, Inpatient, Ambulance and Rural Health Clinic. We will be increasing three of the four above in order to do a better job making these areas profitable. On the opposite side of the spectrum, we have areas that are charging too much compared to their expenses and these areas will be frozen from a price increase again this year. These departments are Lab, MRI and CT. Materials and pharmacy are set to a matrix as items come in so they will also not be part of an overall 3% increase. All other areas will see a 3.5% increase which is a modest overall increase will be approximately 2.0% due to the fluctuations between departments and volumes. All of our insurance contracts allow us at least a 4% increase each year without penalty to our payments. With regards to expenses, we expect an inflation increase of 4.3% for medications, 3.3% for supplies and 10% for the employee health insurance plan.

We have also put together a five year capital replacement plan and for the purpose of this budget, we are only focused on the first year which is 2021. We have several items that need to be replaced or that needs to be on the list to replace if it breaks. There will always be capital needs in the organization and we do our best to quantify what those needs are and prioritize the items and determine when it will be best for the organization to address the needs. This capital replacement plan will be kept up to date going forward and will also serve the needs of the strategic planning committee.

CHANGES FROM THE PRIOR YEAR:

There have been many challenges that have come with 2020 and they have affected every aspect of Pagosa Springs Medical Center. Covid-19 surfaced in late February and began a journey that has led us to try to budget for 2021 with a lot of factors that are out of our control. We have spent roughly \$400,000 on additional supplies (mostly PPE) in order to make sure that we could keep our patients and employees safe. In many cases, we paid a premium for these items, but we were able to keep them on our shelf when other facilities were not able to do so. Surgery was shut down for non-emergent cases from March 18, 2019 to April 26, 2019 due to Covid-19 so revenue took a hit for that time period.

In the meantime, we received some federal CARES Act money that we have only currently used for supplies and will be evaluating what equipment needs would follow under the guidelines set forth. We will be audited on the use of these funds in the near future and they have to be completely expended by June 2021. We applied for and received Medicare accelerated payments, but have held those funds until we need it. Those funds have to be paid back and that has currently not begun. We also applied for the Payroll Protection Program and was awarded a significant amount of money to help us with payroll since we did not decrease our staff or hours, significantly. We have applied for forgiveness for the PPP funds and we are currently awaiting the decision.

The patient financial services staff had time to work a lot of old Accounts receivable due to the lack of revenue coming in during March,

April and May. Our accounts receivable dropped by \$3 million dollars which was a tremendous outcome from a tremendous effort from the entire patient financial services department. The combination of this work and no significant loss of revenue has increased the financial status of the organization. We have seen larger net income this year than in year's past and want to continue to build on this for the upcoming year.

Revenue will be hard to predict for the upcoming year. There have been so many nuances due to Covid-19 that certain areas will be difficult to predict. There will be an increase in the RHC revenue due to an increase in efficiencies. The oncology department has grown and with the recruitment of a new oncologist, we see the program continuing to grow. If we are able to implement a full pain management program in 2020, it will also enhance surgery and anesthesia revenue. The enhancement of this program could also lead to the ability to keep patients from out-migrating and possibly increase radiology revenue. With the purchase of a MRI in 2020, we will have the ability to provide more studies internally and we will no longer have an outmigration problem with regards to bariatrics.

Pagosa Springs Medical Center

Income Statement - - - Budget 2021**Page 7**

	2019 Actual	Year-to-Date Budget 2020	Budget 2021	Difference to 2019	Variance to 2019
Revenue					
7 Total In-patient Revenue	5,483,013	5,705,770	5,284,819	(198,194)	-4%
17 Total Out-patient Revenue	49,782,028	49,902,020	56,825,830	7,043,802	14%
18 Professional Fees	6,504,216	7,124,765	5,226,269	(1,277,947)	-20%
20 Total Patient Revenue	61,769,257	62,732,555	67,336,918	5,567,661	9%
21 Revenue Deductions & Bad Debt					
22 Contractual Allowances	28,167,670	30,015,000	32,877,233	4,709,563	17%
23 Charity	746,437	1,000,000	119,022	(627,415)	-84%
24 Bad Debt	3,470,959	2,486,340	2,613,960	(856,999)	-25%
25 Provider Fee & Other	(3,081,149)	(2,900,000)	(2,160,116)	921,033	-30%
26 Total Revenue Deductions & Bad Debt	29,303,917	30,601,340	33,450,099	4,146,182	14%
27 Total Net Patient Revenue	32,465,340	32,131,215	33,886,819	1,421,479	4%
28 Grants	89,852	1,036,000	346,440	256,588	286%
28.5 HSS Stimulus Other Revenue	-	-	500,000	500,000	100%
29 Other Operating Income - Misc	2,426,420	2,563,500	2,186,419	(240,001)	-10%
30 Total Net Revenues	34,981,612	35,730,715	36,919,678	1,188,963	3%
Operating Expenses					
31 Operating Expenses					
32 Salary & Wages	18,652,419	19,283,001	20,027,975	1,375,556	7%
33 Benefits	3,352,542	3,844,584	3,509,355	156,813	5%
34 Professional Fees		14,520	1,440	1,440	100%
35 Professional Fees/Contract Labor	307,381	397,730	356,468	49,087	16%
36 Purchased Services	2,158,291	2,176,319	1,879,362	(278,929)	-13%
37 Supplies	4,915,130	4,785,285	6,212,931	1,297,801	26%
38 Rent & Leases	519,305	459,396	172,923	(346,382)	-67%
39 Repairs & Maintenance	538,505	575,315	590,918	52,413	10%
40 Utilities	470,669	556,733	439,776	(30,893)	-7%
41 Insurance	313,792	304,700	311,650	(2,142)	-1%
42 Depreciation & Amortization	1,858,800	1,844,097	1,948,200	89,400	5%
43 Interest	1,094,344	1,002,802	1,012,430	(81,914)	-7%
44 Other	1,356,457	1,440,592	1,655,353	298,896	22%
45 Total Operating Expenses	35,537,635	36,685,074	38,118,781	2,581,146	7%
46 Operating Revenue Less Expenses	(556,023)	(954,359)	(1,199,103)	(244,744)	26%
Non-Operating Income					
47 Non-Operating Income					
48 Tax Revenue	1,228,832	1,200,000	1,200,000	(28,832)	-2%
49 Donations	515,811	200,000	200,000	(315,811)	-61%
50 Total Non-Operating Income	1,744,643	1,400,000	1,400,000	(344,643)	-20%
51 Total Revenue Less Total Expenses	1,188,620	445,641	200,897	\$ (987,723)	-83%

Pagosa Springs Medical Center
Budget Cash Statement
Budget Year 2021

Budget
2021

Net Revenue Collections	\$	33,886,819
Grants (1)	\$	346,440
Other Income (2)	\$	2,186,419
HSS Stimulus Other Revenue	\$	500,000
Mill Levy	\$	1,200,000
Donations	\$	200,000
Total Collections	\$	38,319,678
Expenses Less Depr	\$	36,170,581
Bond Payments	\$	995,000
Capital Outlay (3)	\$	616,934
Total Outlay	\$	37,782,515
Net increase in Cash	\$	537,163
Beginning Cash		5,764,156
Ending Cash Before PPP Loan Forgiveness	\$	6,301,319
PPP Loan Forgiveness	\$	3,740,044
Ending Cash with PPP Cash	\$	10,041,363

(1) Grants include 192,000 for CO EMS grant and SHIP Grant

(2) Other income includes 340B revenue, cafeteria revenue and other misc revenue.

(3) Capital Outlay includes \$280,934 for capital and \$336,000 for MRI.

Pagosa Springs Medical Center
FTE Budget
Budget Year 2021

Dept	Dept Name	2017 Budget FTE	2018 Budget FTE	2019 Budget FTE	2020 Budget FTE	2021 Budget FTE	Variance	Percent
600 Total	Med Surg	10.40	10.50	10.70	14.31	11.32	(2.99)	-20.89%
610 Total	ER	9.90	9.90	9.60	9.77	9.74	(0.03)	-0.31%
615 Total	ER Physicians	4.40	4.40	4.50	4.56	4.21	(0.35)	-7.68%
700 Total	Lab	9.60	9.70	10.50	9.87	9.28	(0.59)	-5.98%
710 Total	Radiology	4.80	4.80	4.60	8.51	8.99	0.48	5.64%
720 Total	Pharmacy	3.60	3.60	2.90	2.90	3.00	0.10	3.45%
721 Total	Infusion	1.00	1.00	1.50	0.90	3.65	2.75	305.56%
722 Total	Cardiopulmonary	1.00	1.00	2.00	2.10	2.01	(0.09)	-4.29%
725 Total	Physical Therapy	1.00	1.00	1.10	1.29	1.24	(0.05)	-3.88%
726 Total	Speech	-	-	-	0.02	0.02	-	0.00%
728 Total	Cardiology	0.80	0.80	1.00	0.02	0.08	0.06	300.00%
729 Total	Oncology	-	3.60	5.00	5.81	4.53	(1.28)	-22.03%
730 Total	Central Supply	2.10	2.10	3.00	3.01	2.51	(0.50)	-16.61%
731 Total	Biomedical	0.90	0.90	1.20	1.17	1.18	0.01	0.85%
740 Total	Dietary	6.40	6.40	6.90	7.07	6.40	(0.67)	-9.48%
760 Total	OR	9.00	9.10	9.50	8.47	8.69	0.22	2.60%
761 Total	Recovery	4.00	4.00	4.00	4.26	3.07	(1.19)	-27.93%
762 Total	Anesthesia	1.30	1.30	1.50	2.00	2.00	-	0.00%
763 Total	OR Physician	1.00	1.00	1.00	0.94	1.00	0.06	6.38%
765 Total	Specialty Clinic	1.10	1.10	2.00	2.50	2.19	(0.31)	-12.40%
790 Total	Ambulance	27.60	27.60	26.10	26.43	26.74	0.31	1.17%
791 Total	RHC	35.80	35.80	36.20	29.42	31.29	1.87	6.36%
792 Total	EMS Training	0.60	0.60	0.60	0.57	0.39	(0.18)	-31.58%
793 Total	Hospitalist	2.20	2.30	2.00	1.86	2.06	0.20	10.75%
794 Total	RHC Providers	6.50	8.50	7.40	10.52	11.76	1.24	11.79%
800 Total	Administration	4.20	4.20	4.10	4.18	4.00	(0.18)	-4.31%
801 Total	Quality	3.80	3.80	1.00	1.51	1.00	(0.51)	-33.77%
802 Total	Infection Control	-	-	-	0.50	1.00	0.50	100.00%
803 Total	Informatics	5.10	5.10	5.10	4.11	4.40	0.29	7.06%
806 Total	Compliance	1.70	1.70	1.80	1.75	1.75	-	0.00%
807 Total	Physician Recruiting	-	-	-	0.20	-	(0.20)	-100.00%
809 Total	Nursing Admin	1.10	1.10	2.00	1.02	1.01	(0.01)	-0.98%
810 Total	Medical Staff Office	2.00	2.00	2.00	2.00	2.00	-	0.00%
815 Total	Human Resources	2.00	2.00	2.00	1.70	2.79	1.09	64.12%
820 Total	Plant Operations	3.40	3.40	3.60	3.48	5.46	1.98	56.90%
825 Total	Housekeeping	9.10	9.10	10.00	9.25	10.16	0.91	9.84%
830 Total	Accounting	7.30	7.30	5.00	4.03	4.02	(0.01)	-0.25%
835 Total	Registration	28.50	28.50	26.10	19.20	16.43	(2.77)	-14.43%
840 Total	Medical Records	8.70	8.70	6.20	4.00	3.01	(0.99)	-24.75%
845 Total	Business Office	12.10	12.10	14.10	13.31	14.05	0.74	5.56%
850 Total	IT	-	-	-	2.06	2.01	(0.05)	-2.43%
861 Total	Fundraising	-	-	0.30	0.72	1.00	0.28	38.89%
862 Total	Community Relations	-	-	2.30	2.55	1.07	(1.48)	-58.04%
Grand Total		234.00	240.00	240.40	233.85	232.51	(1.34)	-0.56%

Pagosa Springs Medical Center
Capital Budget 2021
Capital Replacement Plan

Dept	Item	Cost	Year Purchase	Useful Life	Use
Information Systems	HP Switches - to replace aging Comm Equipment	21,538.46	2021	5	Replace our aging Network Switches in the Data Center and our Data Closets. Most of our switches are over 7 years old and are nearing End-of-Life/End-of-Support. In addition to replacing these switches, we will receive a lifetime replacement guarantee if any are to fail. Any failure of our current switching environment will essentially render whatever part of the building with the hardware failure from being able to access either our internal network or the outside internet. Updating these switches will also allow us to increase our internal network speeds by 1000% from 1GB to 10GB. This will make internal data transfers, database changes, high volume imaging transfers (like Radiology) much faster and more reliable. Only replacing 4 instead of 13.
Information Systems	3 Dell Physical Servers - to host Virtual Server Environment	30,000.00	2021	5	Implement a Secondary Data Center located at EMS to support PSMC virtual server computing environment. Currently there is a single point of failure for our server and storage environment. Any catastrophic failures to the hardware would result in a severely degraded network and computing experience that could take 2-3 weeks to remedy if we have to purchase and then setup equipment after a failure.
Information Systems	VMWare Licensing and Support for Virtual Server environment	40,000.00	2021	5	Implement a Secondary Data Center located at EMS to support PSMC virtual server computing environment. Currently there is a single point of failure for our server and storage environment. Any catastrophic failures to the hardware would result in a severely degraded network and computing experience that could take 2-3 weeks to remedy if we have to purchase and then setup equipment after a failure.
Information Systems	Dell Storage Array	45,000.00	2021	5	Implement a Secondary Data Center located at EMS to support PSMC virtual server computing environment. Currently there is a single point of failure for our server and storage environment. Any catastrophic failures to the hardware would result in a severely degraded network and computing experience that could take 2-3 weeks to remedy if we have to purchase and then setup equipment after a failure.
Inpatient	Nursing computer system WOW's	75,000.00	2021	5	Placeholder for nursing computer documentation equipment TBD by IT and Nursing Admin.
Plant Operations	Bionix Electrical Receptacle Tester	9,550.00	2021	5	
Plant Operations	Replace Main Corridor Lighting	19,846.00	2021	15	
Surgery	EPS Scope Washer	40,000.00	2021	7	Past end of life. New water source with the construction will determine when need to replace.

TO: STRATEGIC PLANNING COMMITTEE
RE: **COMMENTS OF COMMUNITY MEMBERS TO THE DRAFT**
DATE: 10.01.2020

1. Patients – Quality of Care and Patient Safety

- a. Participation in state and federal programs to improve quality of care and patient safety
 - i. Have we assessed the return on effort or is this such that we should do this because this improves care enough or is the future of value-based payment.
- b. Infection Control
- c. Emergency generator
 - i. Our goal should be a plan to solve the needs of PSMC. The needs of the greater community should not be in PSMC's strategic plan but PSMC could accept, for example, donations or grants to help support the community's greater need.

2. Strategic Growth

- a. Data should be certain to include new census information.
- b. Service Line Analysis should include:
 - i. Birthing Center;
 - ii. Wellness and preventative care.
- c. Do we have constraints to growth that need to be addressed?

3. Financial Stability

- a. PSMC should pursue a mill levy

4. Culture and Talent

- a. Could PSMC collaborate with San Juan Community College or other school for training?
- b. The goals require a lot of training and we need to devote sufficient resources to training (time of internal experts and outside consultants).

5. Community Relationships

- a. PSMC needs a PR Firm to (1) share PSMC's story, (2) educate on PSMC's services, and (3) expanded information about our primary care doctors and specialists.
- b. Can PSMC support an alternative to existing healthcare plans: Or, can we find a way to support, for example, the uninsured/underinsured working well younger adults?

TO: STRATEGIC PLANNING COMMITTEE
 RE: **DRAFT** GOALS AND OBJECTIVES
 DATE: 08.25.2020 (updated)

1. Patients – Quality of Care and Patient Safety

- a. Participation in state and federal programs to improve quality of care and patient safety
 - i. Practice Transformation - Meet required milestones as set/updated by Medicaid's RAE (Rocky Mountain Healthcare) to improve the quality of care in the Rural Health Clinic.
 - ii. Hospital Transformation Project - Meet required milestones established/updated by Medicaid and the State to increase patient population health management to improve patient health outcomes.
 - iii. HQIP – Meet required milestones established/updated by Medicaid to create a culture of safety (future focus to be determined and past focus has been such things as annual safety survey, antibiotic stewardship, SEPS management, maternal and perinatal emergencies, zero suicide).
- b. Infection Control
 - i. Expand PSMC'S infection control program by (a) gathering and reporting daily state and federal reporting metrics for COVID-19 as such metrics may be updated from time to time, and (b) increasing the employee education about infection control practices.
- c. Emergency generator
 - i. Subject to funding, by 2023 acquire an emergency generator that expands the availability of reliable emergency generation within the building (current generator approximately 25 years old, limited capacity in limited areas for limited time and access to the fuel; the existing generator uses diesel).

2. Strategic Growth

- a. Assess and Report to prepare for 2023 Strategic Planning
 - i. By end of 2021, update demographic market data analysis.
 - ii. By the end of 2022, conduct service line analysis for evaluation of need, cost to offer and revenue gain/loss.
 - iii. By end of 2023, have met with Board committees for recommendations to the Board regarding any outpatient, hospital or EMS services to be added, expanded, altered, or discontinued.

3. Financial Stability

- a. Develop a long-range capital replacement plan
 - i. By 2022, complete the fixed asset list and assess items we have and don't have. The result will be an inventory report of equipment, age, cost to maintain.
- b. Evaluate, as needed, sources of funds to meet strategic objectives.
 - i. By end of 2021, evaluate the savings and cash flow improvement resulting from refinancing the 2006 bonds.
 - ii. By end of 2023, evaluate whether increased property tax funding via increased mill levy.

4. Culture and Talent

- a. Build an employee culture of service excellence through training and tools by (i) retaining an outside consultant to train/coach manager staff in leadership skills; and (ii)

retain an outside consultant to train key staff to be “super service excellence” staff who will assist in supporting the culture and training for all.

- b. Assess opportunities to expand our workforce hiring pool including assess the pros and cons of associating for a vocational educational program.

5. Community Relationships

- a. Improved community education about PSMC
 - i. ## of annual community forums.
 - ii. ## attend meetings at the Town of Pagosa Springs and Archuleta County.
- b. Coordination of emergency preparedness
 - i. Enhance coordination of emergency preparedness with Town of Pagosa Springs, Archuleta County and other applicable governmental entities through committees to identify community-wide issues/needs, prioritize and coordinate efforts, and hold two exercises per year.
- c. Annual Report
 - i. In addition to the Annual Review of the CAH and RHC presented annually to the Board, prepare an annual summary of services and information to be communicated (via portal or mail) to patients and to residents of the community.



Finance Committee & CFO Report for the USJHSD Board Meeting on October 9, 2020

This report provides a summary of the discussions of the Board's Finance Committee that met on October 9, 2020.

1. August Financials:

The Finance Committee reviewed the August financials. PSMC had a strong bottom line for August ending the month with net income of \$690,107. Highlights that contributed to the strong month included:

- a. CARES stimulus of approximately \$79,174 applied to our budget shortfall;
- b. The monthly trend of volume is up in lab, oncology and infusion;
- c. Ongoing management of expenses (which are, again, under budget for the month) despite increased costs of personnel and supplies to respond to the pandemic;
- d. PSMC continues to see the benefits of the hard work to correct the chargemaster as we capture charges for services rendered; and
- e. reduced contractual allowances which results from a change in how PSMC reserves for payer contractals (again this change follows a recommendation of the CFO approved by the auditor).

PSMC ended August with 59.6 days of cash on hand. Most of the decrease of days of cash on hand should be temporary as PSMC paid some large invoices for the HVAC renovation and has not yet received the reimbursement from the DOLA grant.

2. 2021 Budget

- a. The CFO presented the 2021 budget. There was much discussion about the difficulty of planning a 2021 budget with the continued unpredictable impacts of the pandemic on operations as well as the challenges of budgeting against 2020 actuals which were skewed by the COVID-19 pandemic. The Finance Committee advised showing the 2021 budget in comparison to the 2020 budget (not actuals) and 2019 actuals. Overall, the Finance Committee recognized the challenges of budgeting in the pandemic and found the 2021 budget assumptions to be valid.

3. Strategic Plan

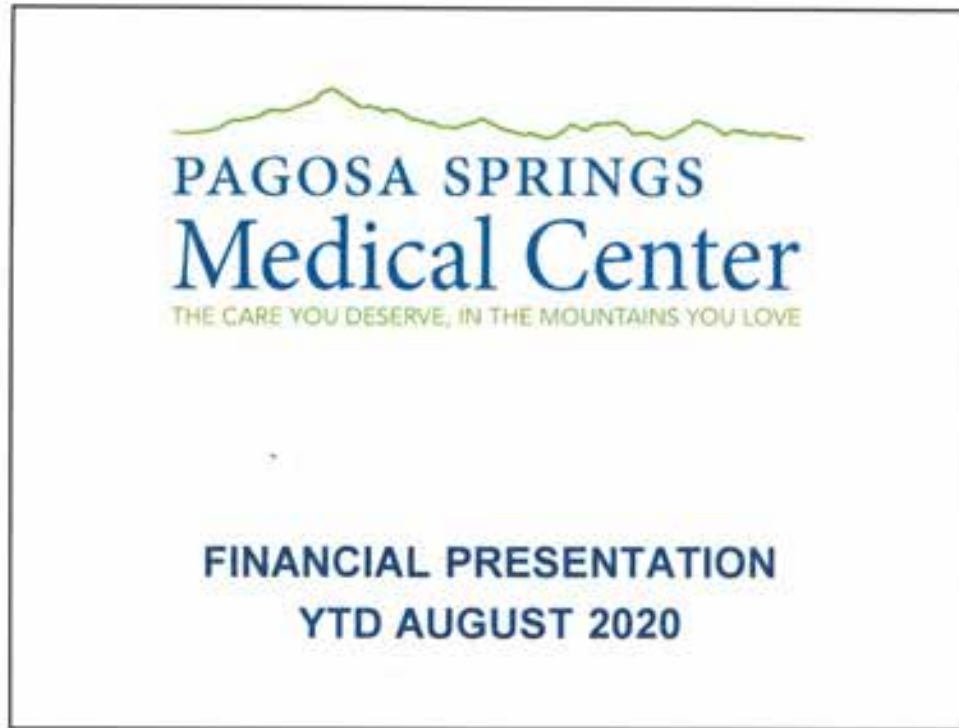
- a. A number of Finance Committee members could not attend so the Strategic Plan will be added to the next Finance Committee meeting. Initial feedback was: Prior to sharing with the public, put the draft Strategic Plan in presentation form including providing background to set the stage about PSMC.

4. Continued Reporting On Various Matters:

- a. Medicare Advance: The CFO reported that Medicare has not yet begun deducting from the Medicare advance PSMC received (in April 2020, PSMC received \$4,225,031.95 that is an advance/loan against the future sums Medicare expects to owe PSMC for delivery of care).
- b. Payroll Protection Program: The CFO reported to the Committee, that PSMC updated its PPP application to include a full 24 weeks of payroll to assure we documented expenditures for all loan proceeds. PSMC applied for forgiveness for the Payroll Protection Program (“PPP”) and does not expect a response for about 60 days.
- c. MRI: Consistent with the approval of the Board in July 2020, the MRI lease/purchase and financing documents have been executed. The new MRI is likely to be on-site in February; thereafter, there will be several weeks of testing before it is operational.

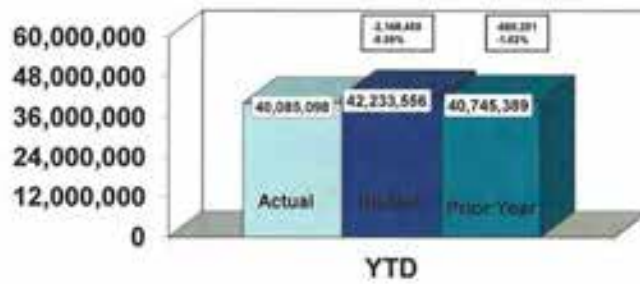
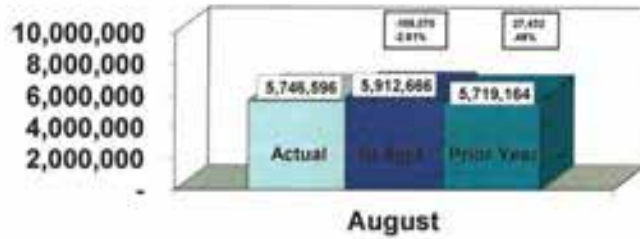
5. Finance Committee Recommendations: The Finance Committee made the following recommendations to the Board of Directors:

- a. For the Board to accept the August 2020 financials as presented.



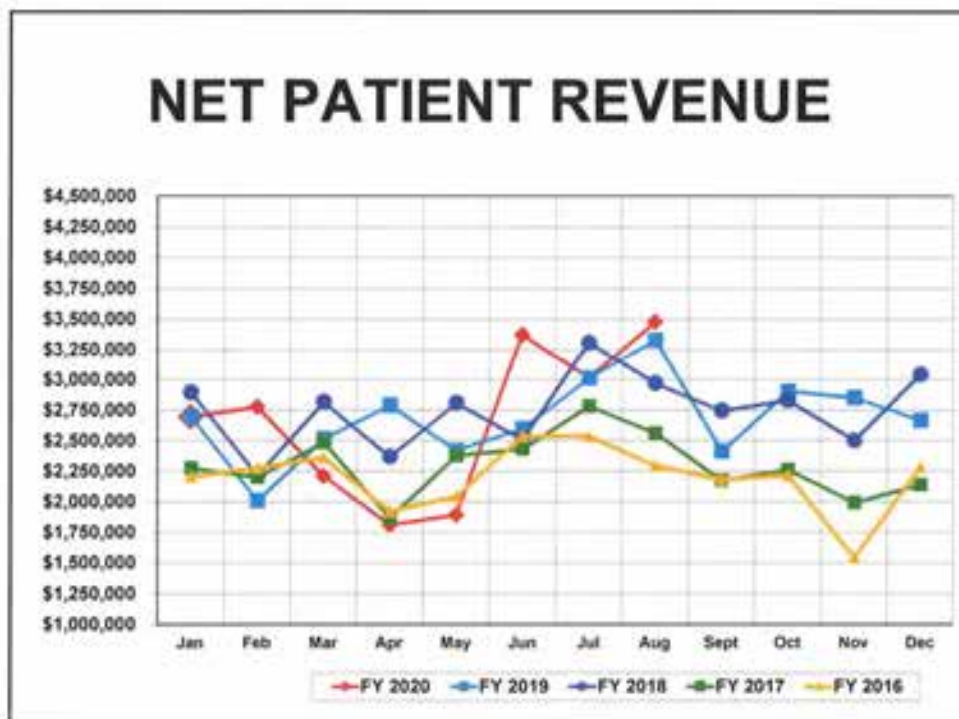
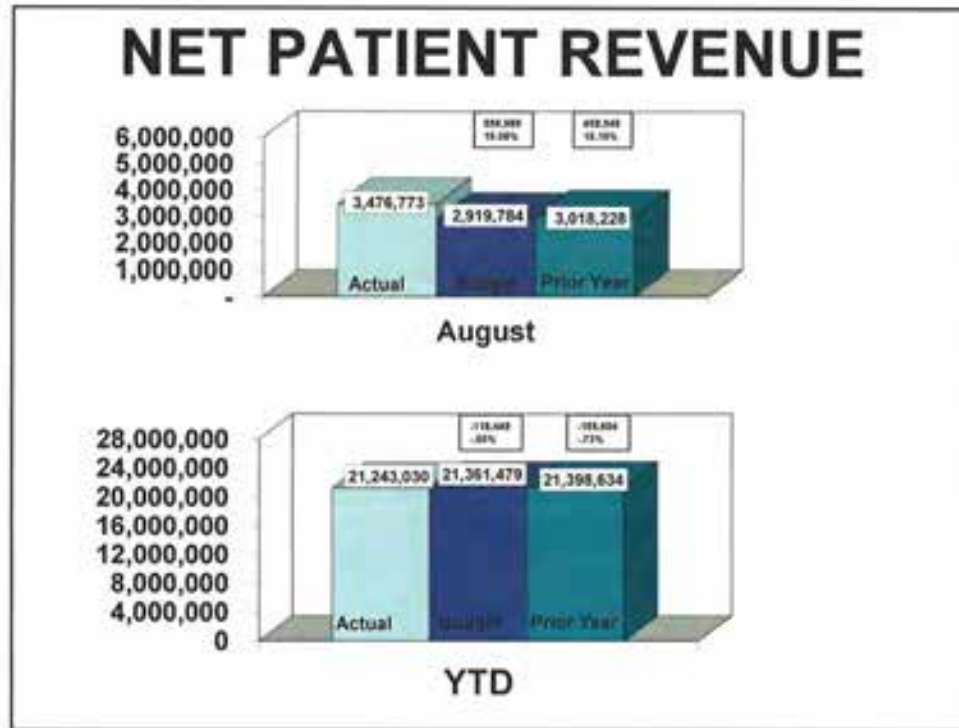
Summary of Financials		
	July	
Gross Revenue	\$	5,489,940
Net Revenue	\$	3,012,802
Expenses	\$	3,153,390
Grants, 340B and Tax Revenue	\$	1,093,199
Grants and 340B and Stimulus	\$	890,650
Tax Revenue	\$	202,548
Net Income	\$	952,611

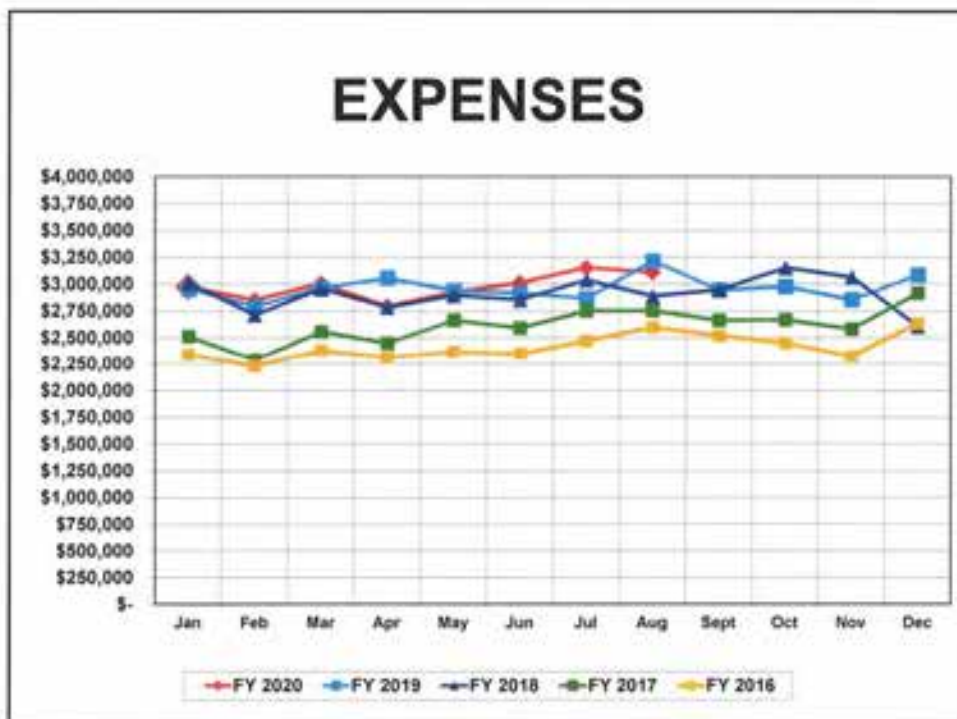
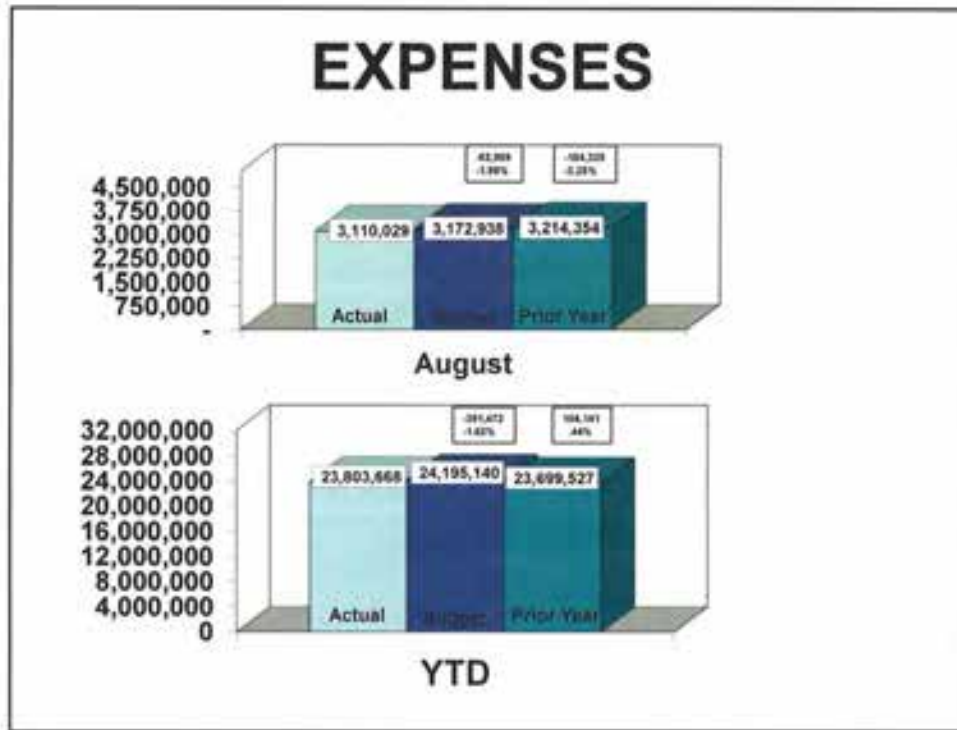
GROSS REVENUE

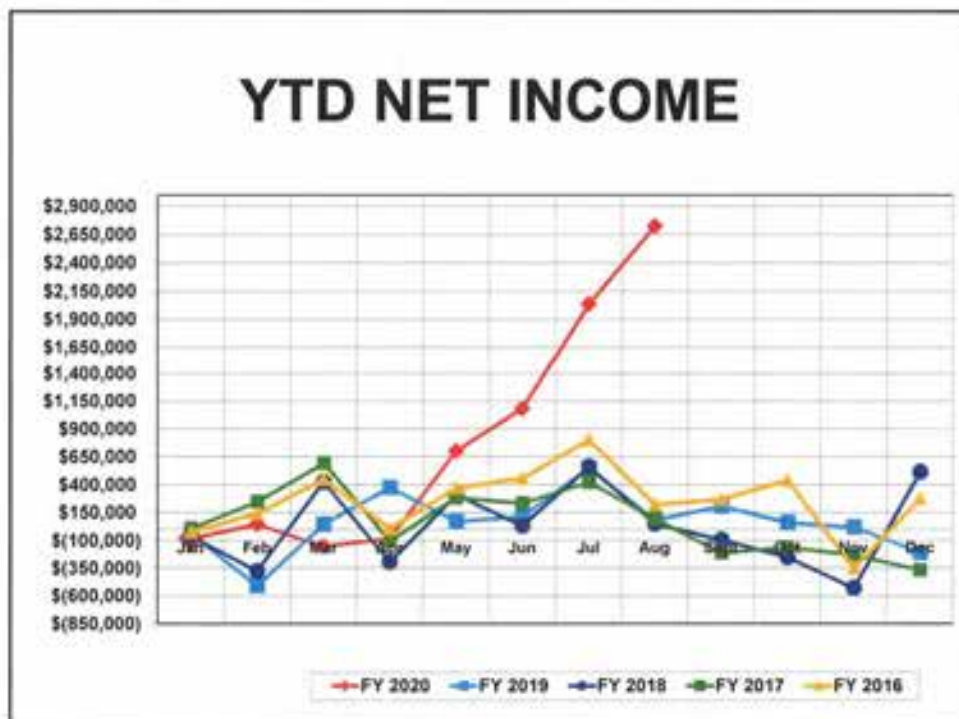
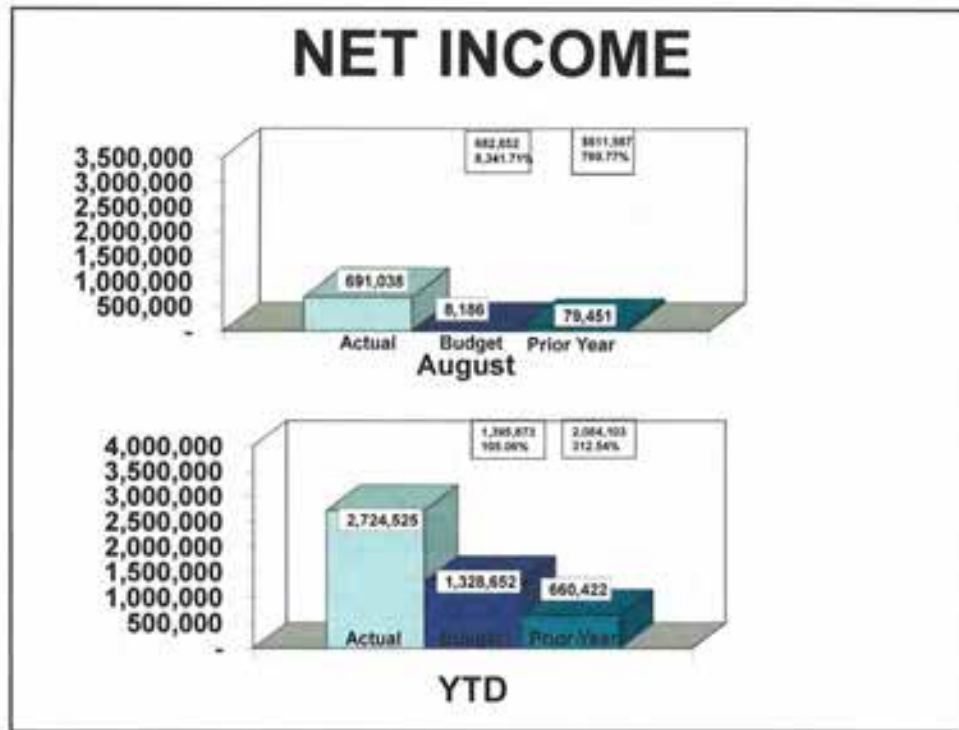


GROSS REVENUE





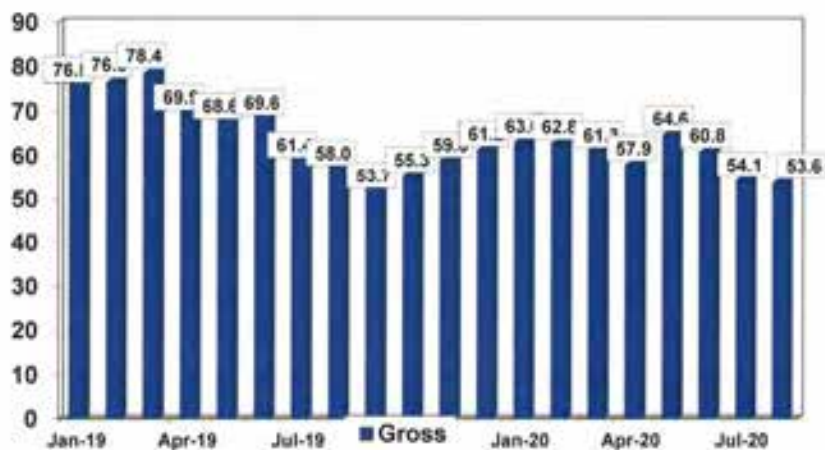




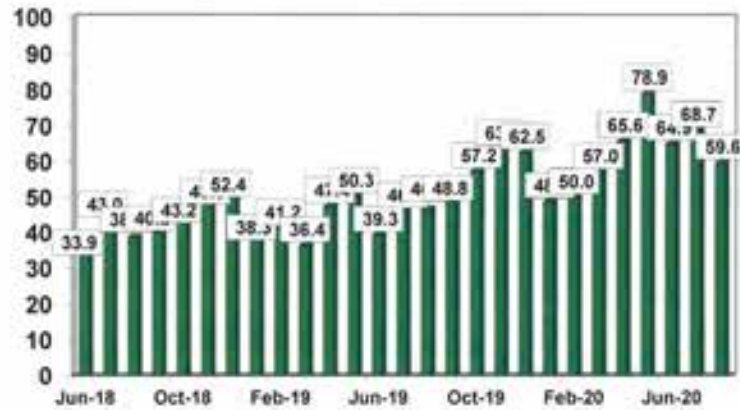
Summary of Financials

	August
Gross Revenue	\$ 5,746,506
Net Revenue	\$ 3,476,773
Expenses	\$ 3,110,959
Grants, 340B and Tax Revenue	\$ 324,293
Grants and 340B and Stimulus	\$ 257,880
Tax Revenue	\$ 66,413
Net Income	\$ 690,107

GROSS DAYS IN ACCOUNTS RECEIVABLE



DAYS CASH ON HAND



CASH COLLECTIONS



Income Statement - - - August 31, 2020

Page 1

		Current Month				Year-to-Date			
		2020	Budget	Difference	Variance	2020	Budget	Difference	Variance
Revenue									
7	Total In-patient Revenue	378,997	467,919	(88,922)	-19%	3,149,638	3,889,630	(739,992)	-19%
17	Total Out-patient Revenue	4,986,453	4,671,996	314,457	7%	33,904,623	33,108,338	796,285	2%
18	Professional Fees	381,147	772,751	(391,604)	-51%	3,030,837	5,235,598	(2,204,761)	-42%
20	Total Patient Revenue	5,746,597	5,912,666	(166,069)	-3%	40,085,098	42,233,566	(2,148,468)	-5%
21	Revenue Deductions & Bad Debt								
22	Contractual Allowances	2,543,329	2,867,095	(323,766)	-11%	19,760,889	20,342,849	(581,960)	-3%
23	Charity	10,745	105,176	(94,431)	-90%	10,287	679,813	(669,526)	-98%
24	Bad Debt	(203,902)	327,296	(531,198)	-162%	880,624	1,670,168	(789,544)	-47%
25	Provider Fee & Other	(80,348)	(306,685)	226,337	-74%	(1,809,731)	(1,820,743)	11,012	-1%
26	Total Revenue Deductions & Bad Debt	2,269,824	2,992,882	(723,058)	-24%	18,842,069	20,872,087	(2,030,018)	-10%
27	Total Net Patient Revenue	3,476,773	2,919,784	556,989	19%	21,243,029	21,361,479	(118,450)	-1%
28	Grants	1,945	-	1,945		496,764	1,036,000	(539,236)	-52%
28.5	HSS Stimulus Other Revenue	79,714	-	79,714		1,692,630	-	1,692,630	
29	Other Operating Income - Misc	176,221	214,965	(38,744)	-18%	1,521,492	1,858,373	(336,881)	-18%
30	Total Net Revenues	3,734,653	3,134,749	599,904	19%	24,953,915	24,255,852	698,063	3%
31	Operating Expenses								
32	Salary & Wages	1,570,917	1,645,474	(74,557)	-5%	12,506,169	12,729,601	(223,432)	-2%
33	Benefits	297,042	346,973	(49,931)	-14%	2,156,332	2,653,745	(497,413)	-19%
35	Professional Fees/Contract Labor	28,433	26,927	1,506	6%	228,668	213,887	14,781	7%
36	Purchased Services	151,207	170,728	(19,521)	-11%	1,208,468	1,438,394	(229,926)	-16%
37	Supplies	509,775	432,657	77,118	18%	3,675,916	3,128,868	547,048	17%
38	Rent & Leases	36,400	34,860	1,540	4%	295,175	305,926	(10,751)	-4%
39	Repairs & Maintenance	45,607	45,522	85	0%	371,200	379,482	(8,282)	-2%
40	Utilities	31,877	43,256	(11,379)	-26%	249,740	380,573	(130,833)	-34%
41	Insurance	24,781	29,457	(4,676)	-16%	200,564	203,705	(3,141)	-2%
42	Depreciation & Amortization	147,640	162,067	(14,427)	-9%	1,181,716	1,183,754	(2,038)	0%
43	Interest	90,640	86,823	3,817	4%	715,297	649,370	65,927	10%
44	Other	176,640	148,194	28,446	19%	1,014,423	927,836	86,587	9%
45	Total Operating Expenses	3,110,959	3,172,938	(61,979)	-2%	23,803,668	24,195,141	(391,473)	-2%
46	Operating Revenue Less Expenses	623,694	(38,189)	661,883	-1733%	1,150,247	60,711	1,089,536	1795%
47	Non-Operating Income								
48	Tax Revenue	66,413	46,375	20,038	43%	1,240,130	1,117,941	122,189	11%
49	Donations	-	-	-		334,148	150,000	184,148	123%
50	Total Non-Operating Income	66,413	46,375	20,038	43%	1,574,278	1,267,941	306,337	24%
51	Total Revenue Less Total Expenses	\$ 690,107	\$ 8,186	\$ 681,921	8330%	\$ 2,724,525	\$ 1,328,652	\$ 1,395,873	105%

Income Statement Comparison --- August 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	378,997	317,943	61,054	19%	3,149,638	3,701,307	(551,669)	-15%
17	Total Out-patient Revenue	4,986,453	4,733,365	253,088	5%	33,904,623	32,431,361	1,473,262	5%
18	Professional Fees	381,147	667,856	(286,709)	-43%	3,030,837	4,612,721	(1,581,884)	-34%
20	Total Patient Revenue	5,746,597	5,719,164	27,433	0%	40,085,098	40,745,389	(660,291)	-2%
21	Revenue Deductions & Bad Debt								
22	Contractual Allowances	2,543,329	2,555,793	(12,464)	0%	19,760,889	19,142,706	618,183	3%
23	Charity	10,745	81,289	(70,544)	-87%	10,287	663,253	(652,966)	-98%
24	Bad Debt	(203,902)	311,011	(514,913)	-166%	880,624	1,633,125	(752,501)	-46%
25	Provider Fee & Other	(80,348)	(247,157)	166,809	-67%	(1,809,731)	(2,092,329)	282,598	-14%
26	Total Revenue Deductions & Bad Debt	2,269,824	2,700,936	(431,112)	-16%	18,842,069	19,346,755	(504,686)	-3%
27	Total Net Patient Revenue	3,476,773	3,018,228	458,545	15%	21,243,029	21,398,634	(155,605)	-1%
28	Grants	1,945	-	1,945		496,764	82,380	414,384	503%
28.5	HSS Stimulus Other Revenue	79,714		79,714		1,692,630	0	1,692,630	
29	Other Operating Income - Misc	176,221	219,517	(43,296)	-20%	1,521,492	1,733,611	(212,119)	-12%
30	Total Net Revenues	3,734,653	3,237,745	496,908	15%	24,953,915	23,214,625	1,739,290	7%
31	Operating Expenses								
32	Salary & Wages	1,570,917	1,612,709	(41,792)	-3%	12,506,169	12,455,866	50,303	0%
33	Benefits	297,042	372,430	(75,388)	-20%	2,156,332	2,181,336	(25,004)	-1%
35	Professional Fees/Contract Labor	28,433	24,361	4,072	17%	228,668	163,085	65,583	40%
36	Purchased Services	151,207	159,311	(8,104)	-5%	1,208,468	1,298,593	(90,125)	-7%
37	Supplies	509,775	507,295	2,480	0%	3,675,916	3,129,475	546,441	17%
38	Rent & Leases	36,400	38,263	(1,863)	-5%	295,175	355,349	(60,174)	-17%
39	Repairs & Maintenance	45,607	46,326	(719)	-2%	371,200	363,090	8,110	2%
40	Utilities	31,877	32,661	(784)	-2%	249,740	335,212	(85,472)	-25%
41	Insurance	24,781	29,743	(4,962)	-17%	200,564	213,849	(13,285)	-6%
42	Depreciation & Amortization	147,640	152,673	(5,033)	-3%	1,181,716	1,256,571	(74,855)	-6%
43	Interest	90,640	88,826	1,814	2%	715,297	725,393	(10,096)	-1%
44	Other	176,640	137,270	39,370	29%	1,014,423	1,038,662	(24,239)	-2%
45	Total Operating Expenses	3,110,959	3,214,354	(103,395)	-3%	23,803,668	23,699,527	104,141	0%
46	Operating Revenue Less Expenses	623,694	23,391	600,303	2566%	1,150,247	(484,902)	1,635,149	-337%
47	Non-Operating Income								
48	Tax Revenue	66,413	56,060	10,353	18%	1,240,130	1,145,324	94,806	8%
49	Donations	-	-	-		334,148	-	334,148	
50	Total Non-Operating Income	66,413	56,060	10,353	18%	1,574,278	1,145,324	428,954	37%
51	Total Revenue Less Total Expenses	\$ 690,107	\$ 79,451	\$ 610,656	769%	\$ 2,724,525	\$ 660,422	2,064,103	313%

Pagosa Springs Medical Center

Balance Sheet - - August 31, 2020

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	Current Month	Prior Month		Current Month	Prior Month
Assets			Liabilities		
Current Assets			Current Liabilities		
Cash					
Operating	\$ 4,373,599	\$ 4,721,588	Accts Payable - System	\$ 620,696	\$ 795,847
Debt Svc. Res. 2016 Bonds	878,731	878,731	Accrued Expenses	1,105,844	1,045,670
Bond Funds - 2016 Bonds	36	36	Cost Report Settlement Res	1,134,303	1,089,767
Bond Funds - 2006	1,675,375	1,621,766	Wages & Benefits Payable	1,516,007	1,380,665
Capital Escrow	-	-	Deferred Revenue	1,833	1,833
COVID PPP	3,740,044	3,740,044	COVID PPP Short Term Loan	3,740,044	3,740,044
Relief Fund Cash Restricted	3,400,185	3,479,899	Relief Fund Liability	3,400,185	3,479,899
Medicare Accelerated Pmt	4,224,952	4,224,952	Medicare Accelerated Pmt Liab	4,224,952	4,224,952
Total Cash	18,292,922	18,667,016	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	16,383,864	16,398,677
Patient Revenue - Net	6,438,094	5,484,741			
Other Receivables	629,307	581,060			
Total Accounts Receivable	7,067,401	6,065,801	Long-Term Liabilities		
			Leases Payable	103,012	156,788
Inventory	1,578,162	1,558,451	Equipment Lease (Wells Fargo)	184,130	192,631
			Bond Premium (Net) - 2006	223,545	224,657
Total Current Assets	26,938,485	26,291,268	Bond Premium (Net) - 2016	130,844	131,269
			Bonds Payable - 2006	8,385,000	8,385,000
Fixed Assets			Bonds Payable - 2016	9,600,000	9,600,000
Property Plant & Equip (Net)	7,123,659	7,291,408	Total Long-Term Liabilities	18,626,531	18,690,345
Electronic Health Record (Net)	-	-			
Clinic Expansion	13,377,405	13,377,405	Net Assets		
Work In Progress	818,346	714,886	Un-Restricted	10,934,548	10,934,548
Land	101,000	101,000	Current Year Net Income/Loss	2,724,525	2,034,418
Total Fixed Assets	21,420,410	21,484,699	Total Un-Restricted	13,659,073	12,968,966
Other Assets			Restricted		
Prepays & Other Assets	310,573	282,021	Total Net Assets	13,659,073	12,968,966
Total Other Assets	310,573	282,021			
Total Assets	\$ 48,669,468	\$ 48,057,988	Total Liabilities & Net Assets	\$ 48,669,468	\$ 48,057,988

Pagosa Springs Medical Center
Financial Forecast
Statement of Cash Flows

	August 2020
Cash Flows from operating activities	
Change in net assets	690,107
Adjustments to reconcile net assets to net cash	
Depreciation and amortization	147,640
Patient accounts receivable	(953,353)
Accounts payable and wages payable	(39,809)
Accrued liabilities	60,174
Pre-paid assets	(28,552)
Deferred revenues	-
Other receivables	(48,247)
Reserve for third party settlement	44,536
Inventory	(19,711)
Net Cash Provided by (used in) operating activities	(147,215)
Cash Flows from investing activities	
Purchase of property and equipment	18,572
Work in progress	(103,460)
Proceeds from sale of equipment/(Loss)	-
Net Cash Provided by (used in) investing activities	(84,888)
Cash Flows from financing activities	
Principal payments on long-term debt	-
Proceeds from debt	-
Proceeds from PPP Short Term Loan	-
Proceeds from Relief Fund	(79,714)
Proceeds from PPP Short Term Loan	-
Change in Prior Year Net Assets	-
Change in leases payable	(62,277)
Net Cash Provided by (used in) financing activities	(141,991)
Net Increase(Decrease) in Cash	(374,094)
Cash Beginning of Month	18,667,016
Cash End of Month	18,292,922

Monthly Trends

Activity	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
2 In-Patient Admissions	31	30	31	30	31	31	29	31	30	31	30	31	31
3 In-Patient Days	85	75	47	91	48	93	71	67	48	39	58	42	49
4 Avg Stay Days (in-patients)	2.7	3.0	2.1	2.4	2.7	2.4	2.5	2.2	2.8	2.3	2.8	2.8	2.5
5 Swing Bed Admissions	1	0	2	0	0	0	0	0	0	0	0	0	0
6 Swing Bed Days	2	0	2	0	0	0	0	0	0	0	0	0	0
7 Avg Length of Stay (Swing)	2.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8 Average Daily Census	2.8	2.5	1.6	3.0	1.5	2.9	2.4	2.2	1.6	1.3	1.9	1.4	1.6
Statistics													
9 E/R visits	616	552	492	444	622	590	576	484	307	447	495	571	572
10 Observ Hours	47	40	35	24	41	962	885	721	477	438	713	713	464
11 Lab Tests	1,752	1,637	1,679	1,433	1,566	5,250	5,111	4,447	3,197	4,479	5,761	5,687	5,455
12 Radiology/CT/MRI Exams	1,021	902	1,029	780	862	1,425	1,371	1,223	632	711	1,234	1,335	1,277
14 OR Cases	104	54	85	59	82	82	86	65	51	82	104	77	85
15 Clinic Visits	2,087	1,940	2,087	1,778	1,838	2,100	1,987	1,488	1,126	1,340	1,671	1,725	1,638
16 Spec. Clinic Visits	213	158	136	183	175	242	149	176	188	152	186	218	178
17 Oncology Clinic Visits	71	116	81	69	65	117	96	156	55	94	130	112	143
18 Oncology/Infusion Patients	68	37	81	59	71	98	111	117	152	178	179	116	132
19 Infusion Patients	67	104	71	50	60	64	67	131	88	53	56	37	37
20 EMS Transports	105	96	100	94	86	114	136	116	73	105	100	128	122
21 Total Stats	6,161	5,636	5,876	4,973	5,468	11,044	10,506	9,013	6,346	8,079	10,629	10,719	10,103

Pagosa Springs Medical Center - - - Statistical Review

Statistical Review

Page 5

2020	August			August				August 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	20	33	(13)	187		276	(89)	187		272	(85)	-31%
Swing Bed	-	1	(1)	-		8	(8)	-		2	(2)	-100%
Total	20	34	(14)	187		284	(97)	187		274	(87)	-32%
Patient Days:												
Acute	49	95	(46)	460		788	(328)	460		773	(313)	-40%
Swing Bed	-	3	(3)	-		21	(21)	-		6	(6)	-100%
Total	49	98	(49)	460		809	(349)	460		779	(319)	-41%
Average Daily Census:												
# Of Days	31	31		244		244		244		243		
Acute	1.6	3.1	(1.5)	1.9		3.2	(1.3)	1.9		3.2	(1.3)	-41%
Swing Bed	-	0.1	(0.1)	-		0.1	(0.1)	-		-		
Total	1.6	3.2	(1.6)	1.9		3.3	(1.4)	1.9		3.2	(1.3)	-41%
Length of Stay:												
Acute	2.5	2.9	(0.4)	2.5		2.9	(0.4)	2.5		2.8	(0.3)	-12%
Swing Bed	-	-	-	-		-	-	-		3.0	(3.0)	0%
Total	2.5	2.9	(0.4)	2.5		2.8	(0.4)	2.5		2.8	(0.3)	-12%
Out-Patient												
Out-Patient Visits												
E/R Visits	572	603	(31)	4,042		4,269	(227)	4,042		4,379	(337)	-8%
Observ admissions	27	66	(39)	269		546	(277)	269		268	1	0%
Lab Tests	5,455	1,812	3,643	39,387		13,022	26,365	39,387		13,033	26,354	202%
Radiology/CT/MRI Exams	1,277	1,140	137	9,208		8,174	1,034	9,208		7,409	1,799	24%
OR Cases	85	93	(8)	632		679	(47)	632		653	(21)	-3%
Clinic Visits	1,638	2,247	(609)	13,075		15,925	(2,850)	13,075		15,846	(2,771)	-17%
Spec. Clinic Visits	178	240	(62)	1,489		1,697	(208)	1,489		1,706	(217)	-13%
Oncology Clinic Visits	143	81	62	903		575	328	903		566	337	60%
Oncology/Infusion Patients	132	72	60	1,083		510	573	1,083		502	581	116%
Infusion Patients	37	77	(40)	533		546	(13)	533		607	(74)	-12%
EMS Transports	122	99	23	894		705	189	894		707	187	26%
Total	9,666	6,530	3,136	71,515		46,648	24,867	71,515		45,676	25,839	57%

Cerner/Healthland Accounts Receivable for Hospital by Payor and Days Outstanding -- As of August 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
Medicare	\$	2,000,279	\$ 314,884	\$ 51,171	\$ 41,864	\$ 20,863	\$ 12,863	\$ 71,435	\$ 2,553,258	26%	
Medicaid		738,034	127,541	68,700	45,339	13,599	70,943	160,934	1,325,110	13%	
Third Party		1,560,879	746,121	295,401	70,330	74,529	57,319	582,810	3,388,389	35%	
Self-Pay		161,898	290,834	281,286	227,164	155,197	182,360	1,152,939	2,551,469	26%	
Current Month Total	\$	4,580,491	\$ 1,479,490	\$ 696,558	\$ 385,697	\$ 263,988	\$ 343,485	\$ 1,968,118	\$ 9,718,024	100%	0
Pct of Total		47%	15%	7%	4%	3%	4%	20%	100%		
Jul-20	\$	4,091,546	\$ 1,347,630	\$ 584,795	\$ 419,659	\$ 379,105	\$ 545,723	\$ 1,749,020	\$ 8,117,458		0
Pct of Total		43%	13%	6%	5%	4%	6%	19%	100%		
Jun-20	\$	4,450,325	\$ 990,157	\$ 492,319	\$ 470,912	\$ 586,430	\$ 386,858	\$ 1,658,314	\$ 8,536,415		0
Pct of Total		49%	11%	5%	5%	6%	4%	18%	100%		
May-20	\$	3,585,629	\$ 826,139	\$ 617,697	\$ 746,962	\$ 512,098	\$ 443,199	\$ 2,065,360	\$ 8,811,064		0
Pct of Total		41%	9%	7%	8%	6%	5%	23%	100%		
Apr-20	\$	2,681,917	\$ 1,013,374	\$ 1,015,473	\$ 595,245	\$ 587,895	\$ 348,437	\$ 2,642,011	\$ 8,882,342		0
Pct of Total		30%	12%	12%	7%	7%	4%	30%	100%		
Mar-20	\$	3,612,859	\$ 1,586,402	\$ 855,343	\$ 748,561	\$ 448,372	\$ 368,712	\$ 2,691,802	\$ 10,312,051		0
Pct of Total		35%	15%	8%	7%	4%	4%	26%	100%		
Feb-20	\$	4,883,391	\$ 1,386,440	\$ 900,832	\$ 571,967	\$ 516,414	\$ 400,405	\$ 2,555,288	\$ 11,273,737		0
Pct of Total		43%	12%	8%	5%	5%	4%	23%	100%		
Jan-20	\$	4,542,726	\$ 1,392,786	\$ 710,103	\$ 568,045	\$ 511,469	\$ 448,834	\$ 2,322,276	\$ 10,516,239		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	\$ 807,715	\$ 2,044,361	\$ 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	\$ 10,348,178		0
Pct of Total		43%	14%	6%	7%	7%	3%	19%	100%		
Oct-19	\$	4,568,520	\$ 1,130,990	\$ 870,361	\$ 794,889	\$ 437,887	\$ 381,543	\$ 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		199,237
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		572,829
Pct of Total		42%	15%	7%	7%	4%	4%	21%	100%		
Jul-19	\$	5,080,360	\$ 1,280,941	\$ 915,481	\$ 548,247	\$ 607,257	\$ 429,655	\$ 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	\$ 3,076,535	\$ 11,960,268		0
Pct of Total		33%	11%	8%	5%	6%	7%	26%	100%		
Apr-19	\$	4,446,750	\$ 1,328,789	\$ 769,877	\$ 796,122	\$ 801,322	\$ 354,704	\$ 3,366,854	\$ 11,664,418		8,902
Pct of Total		38%	11%	7%	7%	7%	3%	27%	100%		
Mar-19	\$	4,313,656	\$ 1,360,981	\$ 995,434	\$ 985,712	\$ 562,545	\$ 429,342	\$ 3,353,760	\$ 12,191,430		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	\$ 736,172	\$ 667,524	\$ 3,384,620	\$ 11,745,998		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	\$	4,820,234	\$ 1,295,387	\$ 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	\$ 2,695,752	\$ 10,657,551		112,443
Pct of Total		34%	12%	9%	7%	7%	6%	25%	100%		

Cerner/Healthland Accounts Receivable for Hospital by Payor and Days Outstanding – As of August 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						
Oct-18	\$	4,188,625	\$	1,292,841	\$	891,836	\$	836,368	\$	811,636	\$	594,372	\$	2,923,499	\$	11,139,167	217,182
Pct of Total		38%	12%	8%	7%	7%	5%	25%	100%								
Sep-18	\$	3,879,152	\$	1,290,689	\$	1,088,210	\$	1,042,678	\$	794,963	\$	582,678	\$	2,960,063	\$	11,138,473	302,125
Pct of Total		33%	12%	9%	9%	7%	5%	26%	100%								
Aug-18	\$	4,290,838	\$	1,576,042	\$	1,231,421	\$	977,015	\$	676,478	\$	606,305	\$	2,737,973	\$	12,096,072	46,619
Pct of Total		35%	13%	10%	8%	6%	5%	23%	100%								
Jul-18	\$	4,783,854	\$	1,758,771	\$	1,145,364	\$	727,948	\$	726,411	\$	537,560	\$	2,635,767	\$	12,316,675	34,966
Pct of Total		39%	14%	9%	6%	6%	4%	21%	100%								
Jun-18	\$	4,334,347	\$	1,685,871	\$	885,716	\$	689,267	\$	639,055	\$	576,480	\$	2,411,492	\$	11,222,228	195,130
Pct of Total		39%	15%	8%	6%	6%	5%	21%	100%								
May-18	\$	4,158,005	\$	1,795,159	\$	1,208,334	\$	721,982	\$	670,041	\$	495,647	\$	2,000,826	\$	11,153,963	47,472
Pct of Total		38%	16%	10%	7%	6%	4%	18%	100%								
Apr-18	\$	3,697,643	\$	1,605,576	\$	863,079	\$	713,382	\$	586,190	\$	591,762	\$	1,698,496	\$	9,156,128	256,717
Pct of Total		39%	17%	9%	7%	6%	4%	18%	100%								
Mar-18	\$	3,922,575	\$	1,408,723	\$	1,095,293	\$	660,255	\$	439,343	\$	299,008	\$	1,759,366	\$	9,184,563	139,776
Pct of Total		40%	15%	11%	7%	5%	3%	18%	100%								
Feb-18	\$	3,744,129	\$	1,589,800	\$	882,911	\$	495,048	\$	310,715	\$	273,375	\$	1,772,313	\$	9,048,312	40,116
Pct of Total		40%	17%	10%	5%	3%	3%	20%	100%								
Jan-18	\$	3,910,094	\$	1,418,969	\$	658,794	\$	398,631	\$	399,145	\$	263,261	\$	1,774,826	\$	8,621,719	31,378
Pct of Total		44%	16%	7%	5%	5%	3%	20%	100%								
Dec-17	\$	3,530,341	\$	998,668	\$	567,335	\$	594,879	\$	411,479	\$	322,934	\$	1,657,210	\$	8,102,848	825,723
Pct of Total		44%	12%	7%	7%	5%	4%	20%	100%								
Nov-17	\$	2,955,885	\$	1,037,274	\$	679,825	\$	592,310	\$	581,053	\$	435,072	\$	1,964,898	\$	8,266,411	26,231
Pct of Total		36%	13%	8%	7%	7%	5%	24%	100%								
Oct-17	\$	3,659,774	\$	1,357,490	\$	752,298	\$	717,616	\$	562,809	\$	312,224	\$	1,889,353	\$	9,251,056	218,112
Pct of Total		40%	15%	8%	8%	6%	3%	20%	100%								
Sep-17	\$	3,724,332	\$	1,319,138	\$	1,012,583	\$	671,652	\$	445,286	\$	377,867	\$	2,175,487	\$	9,725,747	407,406
Pct of Total		38%	14%	10%	7%	5%	4%	22%	100%								
Aug-17	\$	4,131,866	\$	1,552,324	\$	891,339	\$	624,164	\$	490,211	\$	431,099	\$	2,448,394	\$	10,572,407	341,071
Pct of Total		39%	15%	8%	6%	5%	4%	23%	100%								
Jul-17	\$	4,632,446	\$	1,520,080	\$	853,113	\$	632,738	\$	581,650	\$	552,521	\$	2,298,997	\$	11,951,085	101,289
Pct of Total		42%	14%	8%	6%	5%	5%	21%	100%								
Jun-17	\$	3,963,167	\$	1,339,294	\$	815,790	\$	672,144	\$	657,236	\$	453,649	\$	2,100,821	\$	10,881,101	129,723
Pct of Total		40%	13%	8%	7%	7%	5%	22%	100%								
May-17	\$	3,851,718	\$	1,136,727	\$	1,030,085	\$	770,865	\$	477,918	\$	354,848	\$	1,972,569	\$	9,584,730	115,443
Pct of Total		40%	12%	11%	8%	5%	4%	21%	100%								
Pct Settled (Current)			63.8%	48.3%	34.0%	37.1%	9.4%	-260.6%									
Pct Settled (July from Jun)			68.7%	41.0%	14.8%	19.5%	6.9%	-352.1%									
Pct Settled (Jun from May)			72.4%	40.4%	23.8%	21.5%	25.9%	-274.2%									

Pagosa Springs Medical Center

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

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	31	28	31	30	31	30
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
2 Net Accounts Receivable	\$ 4,660,868	\$ 4,774,997	\$ 4,238,297	\$ 3,463,618	\$ 3,903,913	\$ 5,351,953
3 Net Patient Revenue	\$ 2,693,581	\$ 2,774,828	\$ 2,209,846	\$ 1,809,102	\$ 1,892,329	\$ 3,373,769
4 Net Patient Rev/Day (2 month Avg)	\$ 86,399	\$ 91,287	\$ 83,485	\$ 65,794	\$ 60,673	\$ 86,751
5 Net Days in A/R	54	52	51	53	64	62

	31	31	30	31	30	31
	Jul-20	Aug-20	Sep-19	Oct-19	Nov-19	Dec-19
7 Net Accounts Receivable	\$ 5,484,741	\$ 6,438,094	\$ 4,742,985	\$ 3,614,699	\$ 4,367,929	\$ 4,580,312
8 Net Patient Revenue	\$ 3,012,802	\$ 3,476,773	\$ 2,409,652	\$ 2,899,113	\$ 2,650,917	\$ 2,663,152
9 Net Patient Rev/Day (2 month Avg)	\$ 104,823	\$ 104,671	\$ 88,842	\$ 86,921	\$ 90,942	\$ 87,136
10 Net Days in A/R	52	62	53	42	48	53

Pagosa Springs Medical Center - - - Gross Days Target

12 Medicare	33%	21	\$ 104,671	\$ 725,367
13 Medicaid	7%	35	\$ 104,671	\$ 256,443
14 Blue Cross	15%	48	\$ 104,671	\$ 753,628
15 Commercial	26%	65	\$ 104,671	\$ 1,768,933
16 Self Pay	19%	150	\$ 104,671	\$ 2,983,111
17 Total:	100%			\$ 6,487,482
18				\$ 104,671
19			Gross Days in A/R Target	62

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

Financial Class	Inpatient MTD	Outpatient MTD	Total MTD	% MTD
Auto/Liability Insurance	48,446.40	64,189.80	112,636.20	1.96%
Blue Cross	18,007.40	630,411.68	648,419.08	11.28%
Champus	-	42,931.90	42,931.90	0.75%
Commercial Insurance	-	625,826.90	625,826.90	10.89%
Medicaid	57,241.40	1,056,201.26	1,113,442.66	19.38%
Medicare	246,427.00	1,937,228.72	2,183,655.72	38.00%
Medicare HMO	736.60	510,562.00	511,298.60	8.90%
Self Pay	10,942.40	220,697.68	231,640.08	4.03%
Self Pay - Client Billing	-	7,647.10	7,647.10	0.13%
Veterans Administration	25,868.30	228,310.96	254,179.26	4.42%
Workers Compensation	1,710.00	13,208.70	14,918.70	0.26%
Total	409,379.50	5,337,216.70	5,746,596.20	100.00%

Financial Class	Inpatient YTD	Outpatient YTD	Total YTD	% YTD	12/31/19 % YTD	12/31/18 % YTD	12/31/17 % YTD	12/31/16 % YTD
Auto/Liability Insurance	59,669.10	347,649.70	407,318.80	1.02%	1.15%	1.05%	1.24%	1.11%
Blue Cross	278,875.60	4,485,311.60	4,764,187.20	11.89%	15.40%	15.42%	15.90%	15.83%
Champus	19,458.80	304,866.20	324,325.00	0.81%	0.31%	0.08%	0.07%	0.19%
Commercial Insurance	355,106.40	4,411,126.28	4,766,232.68	11.89%	11.34%	13.08%	11.79%	13.08%
Medicaid	379,086.30	7,059,679.94	7,438,766.24	18.56%	18.75%	18.22%	20.28%	21.56%
Medicare	1,624,982.21	14,003,845.52	15,628,827.73	38.99%	36.99%	36.75%	35.27%	35.90%
Medicare HMO	300,356.32	2,808,409.71	3,108,766.03	7.76%	7.20%	4.47%	3.55%	2.76%
Self Pay	96,067.30	1,311,646.56	1,407,713.86	3.51%	4.40%	5.40%	6.96%	5.26%
Self Pay - Client Billing	-	56,059.70	56,059.70	0.14%	0.18%	0.18%	0.19%	0.17%
Veterans Administration	380,588.80	1,404,292.36	1,784,881.16	4.45%	2.74%	4.13%	3.58%	2.74%
Workers Compensation	59,932.40	338,087.60	398,020.00	0.99%	1.52%	1.22%	1.17%	1.37%
Total	3,554,123.23	36,530,975.17	40,085,098.40	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%

2020						
Month	Cash Goal	Actual Cash	Variance	% Collected	GL Non AR	Total
20-Jan	\$2,440,100.00	\$2,459,574.05	\$19,474.05	100.80%	\$ 49,821.48	\$2,509,395.53
20-Feb	\$2,349,634.00	\$2,255,399.34	(\$94,234.66)	95.99%	\$ 29,324.97	\$2,284,724.31
20-Mar	\$2,553,998.00	\$2,545,182.76	(\$8,815.24)	99.65%	\$ 188,540.78	\$2,733,723.54
20-Apr	\$2,158,897.00	\$2,320,442.00	\$161,545.00	107.48%	\$ 8,728,180.14	\$ 10,952,114.91
20-May	\$1,577,510.00	\$1,894,337.87	\$316,827.87	120.08%	\$ 5,133,676.55	\$ 7,024,238.93
20-Jun	\$1,854,145.00	\$2,282,767.50	\$428,622.50	123.12%	\$ 170,543.11	\$2,453,310.61
20-Jul	\$3,126,558.00	\$2,651,229.79	(\$475,328.21)	84.80%	\$ 313,018.69	\$2,964,248.48
20-Aug	\$2,793,247.00	\$2,493,173.40	(\$300,073.60)	89.26%	\$ 157,176.41	\$2,650,349.81
20-Sep						
20-Oct						
20-Nov						
20-Dec						
Totals YTD	\$18,854,089.00	\$18,902,106.71	\$48,017.71	100.25%	\$ 14,770,282.13	\$33,572,106.12

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

ORAL REPORTS 6.a.vii.(a)

Prepared 8/13/2020
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	(7) 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	5,326,925
February 2020 (Actual)	2,257,097	83,099	246,117	2,059	123,620	-	2,711,992	2,615,769	75,934	95,439	-	(233,127)	2,554,014	5,484,893
March 2020 (Actual)	2,545,183	384,580	247,211	1,100	212,488	-	3,390,562	2,859,489	5,312	-	15,035	(136,751)	2,743,085	6,132,369
April 2020 (Actual)	2,320,442	127,085	247,211	139,541	784,766	-	3,619,045	2,794,499	200,000	-	-	769,620	3,764,119	5,987,295
May 2020 (Actual)	1,894,338	261,535	247,211	334,148	926,505	-	3,663,737	2,928,313	300,000	50,000	-	(604,810)	2,473,503	7,177,529
June 2020 (Actual)	2,282,524	138,751	247,211	24,451	159,257	-	2,852,194	3,013,115	189,844	50,000	1,123,000	(286,850)	4,089,109	5,940,613
July 2020 (Actual)	2,651,230	202,548	247,211	-	562,983	-	3,663,972	3,253,390	-	50,000	-	57,805	3,261,195	6,343,390
August 2020 (Actual)	2,493,173	66,413	80,348	1,945	255,935	-	2,897,814	3,110,959	424,000	50,000	-	180,611	3,765,570	5,475,634
September 2020 (Budget)	2,200,000	26,784	300,476	-	518,746	-	3,046,006	3,061,238	150,000	50,000	-	(350,000)	2,911,238	5,610,402
October 2020 (Budget)	2,393,061	113,615	265,182	-	291,345	-	3,063,203	3,163,677	150,000	50,000	-	(350,000)	3,013,677	5,659,928
November 2020 (Budget)	2,228,477	11,998	258,809	-	319,452	-	2,818,736	3,070,499	150,000	-	-	(350,000)	2,870,499	5,608,165
December 2020 (Budget)	2,996,028	29,663	254,789	-	195,033	-	3,475,513	3,294,522	-	-	475,000	(350,000)	3,319,522	5,764,156
Totals	28,728,734	1,455,450	2,888,987	503,244	4,537,388	-	38,113,803	35,790,364	1,445,090	508,579	1,613,035	(1,235,252)	38,121,816	5,764,156
								981,635						
								Bond Requirements (70 days cash)						at 12/31/20
								Bond Requirements (60 days cash)						6,432,354
														5,513,446

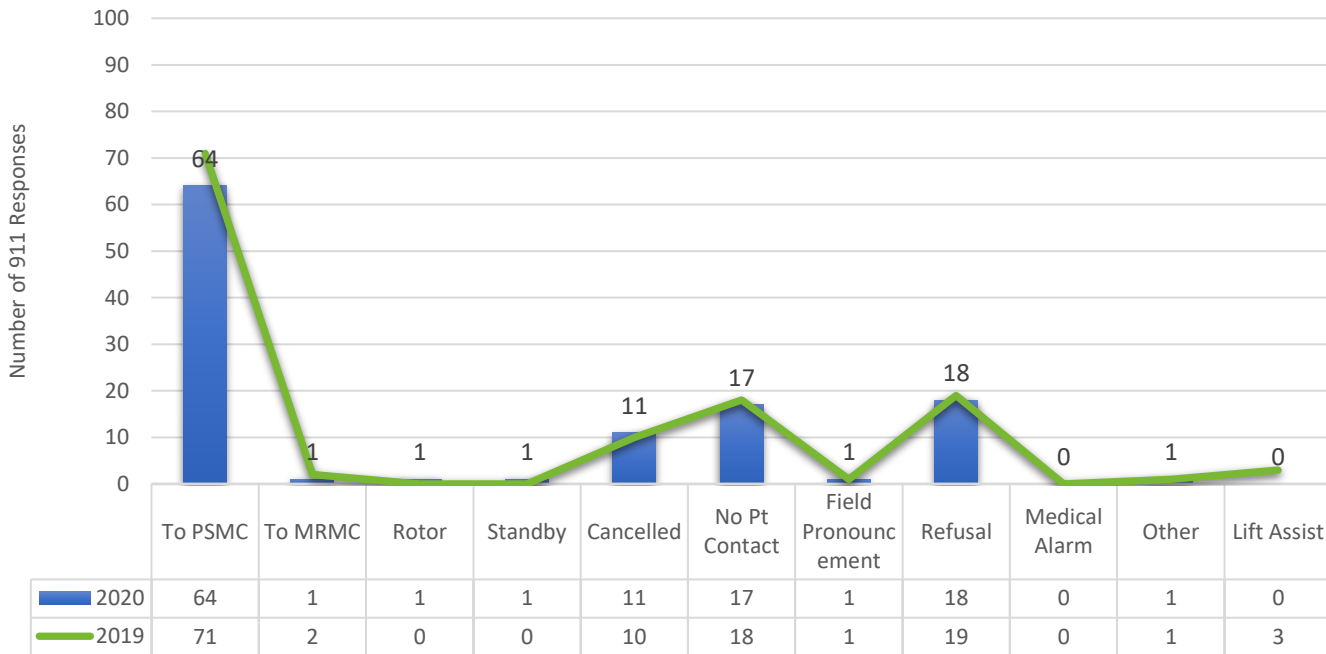
Notes:

- (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.

Operations Report for August 2020

EMS: August

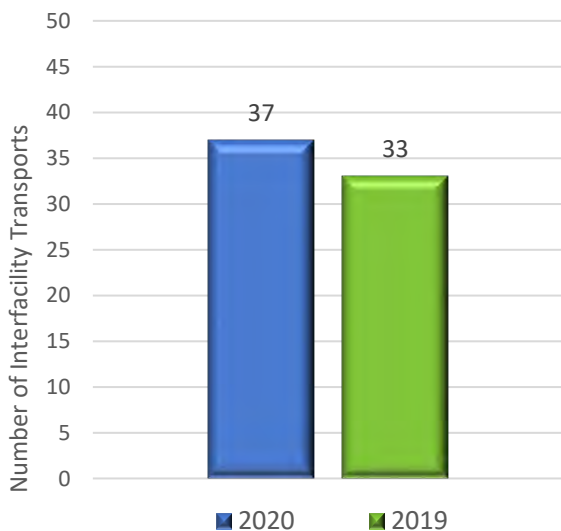
EMS 911 Response



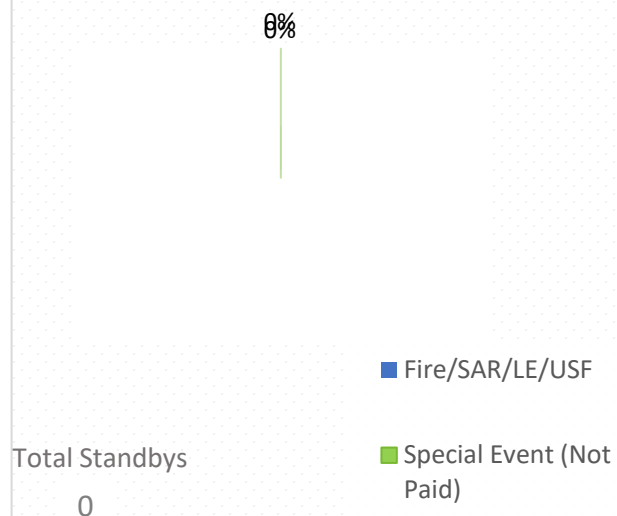
Total 911 Responses for 2020 : 115

■ 2020 ■ 2019

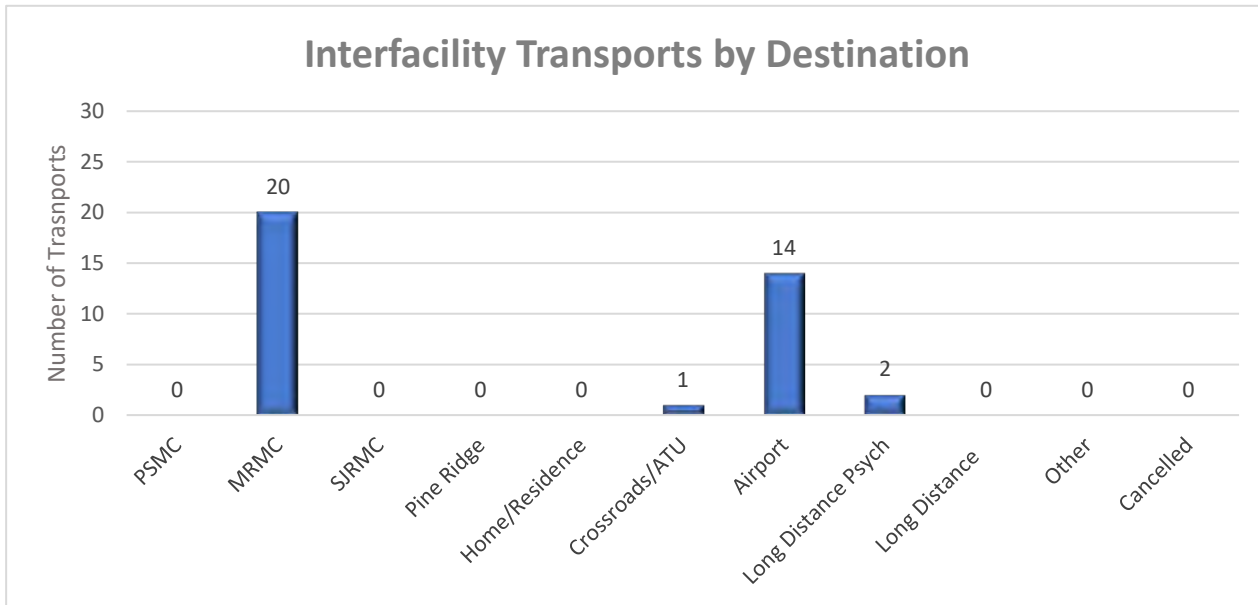
Total Interfacility Transports



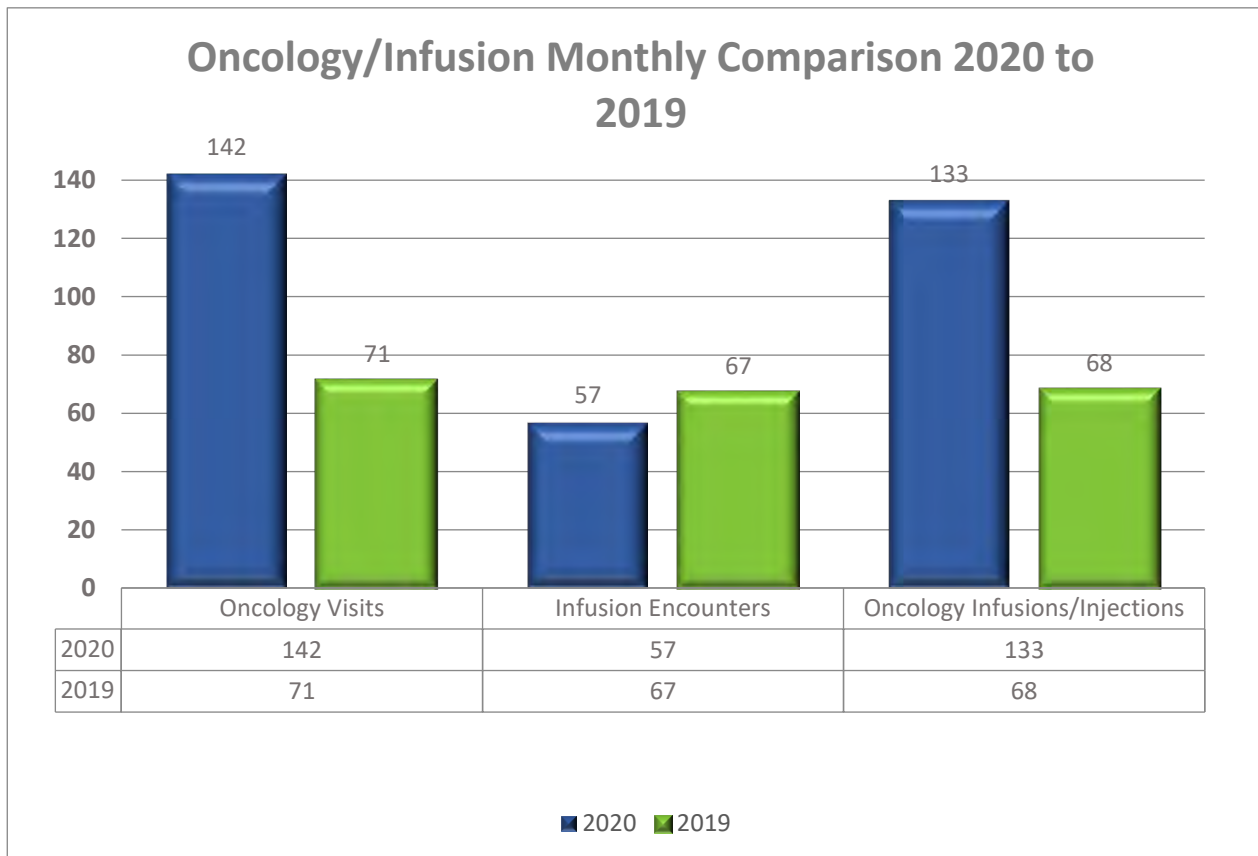
Breakdown of EMS Standbys



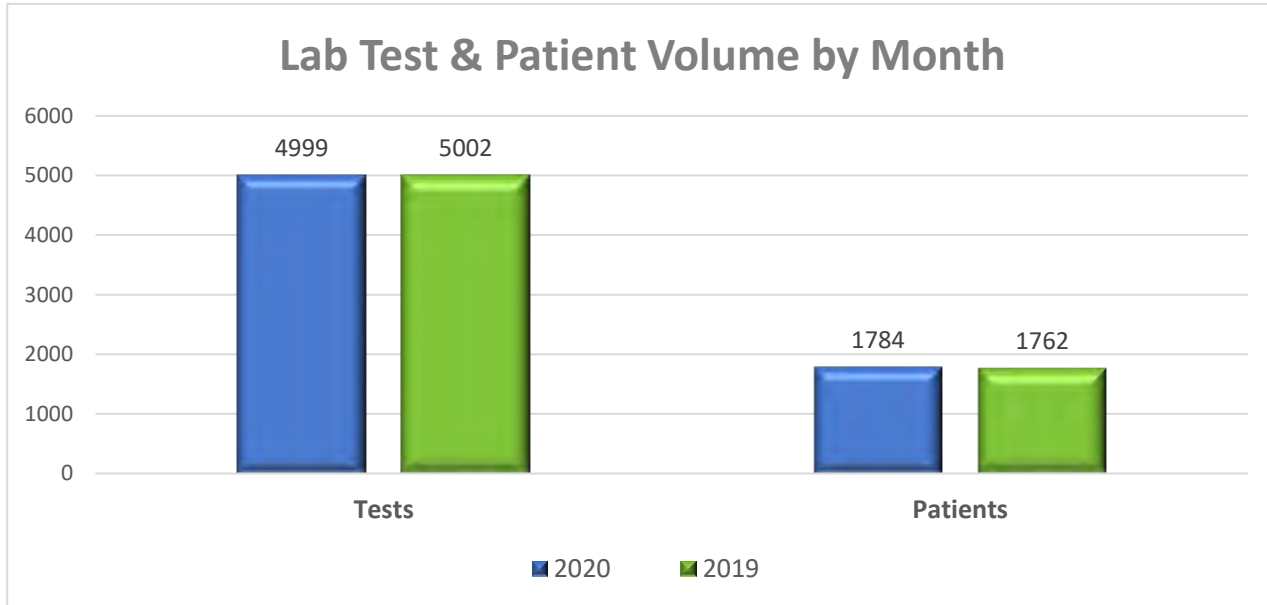
EMS: August



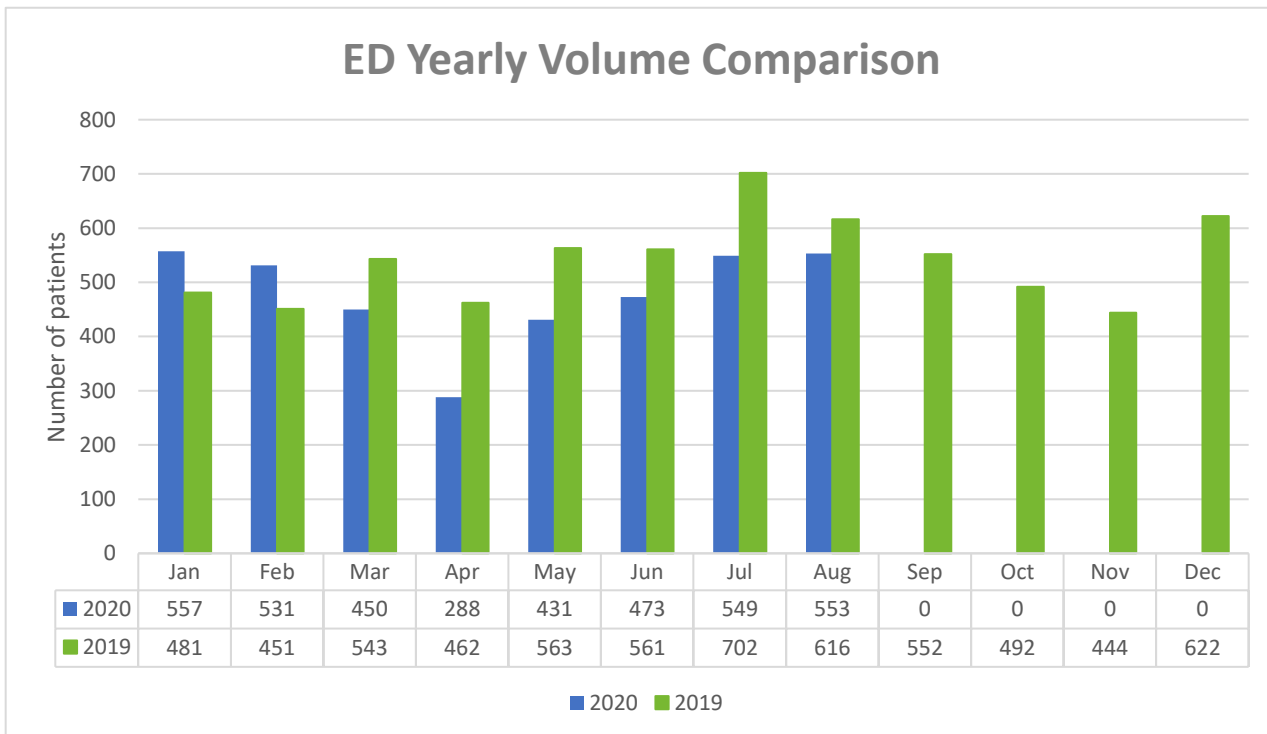
Oncology/Infusion: August



Lab: August

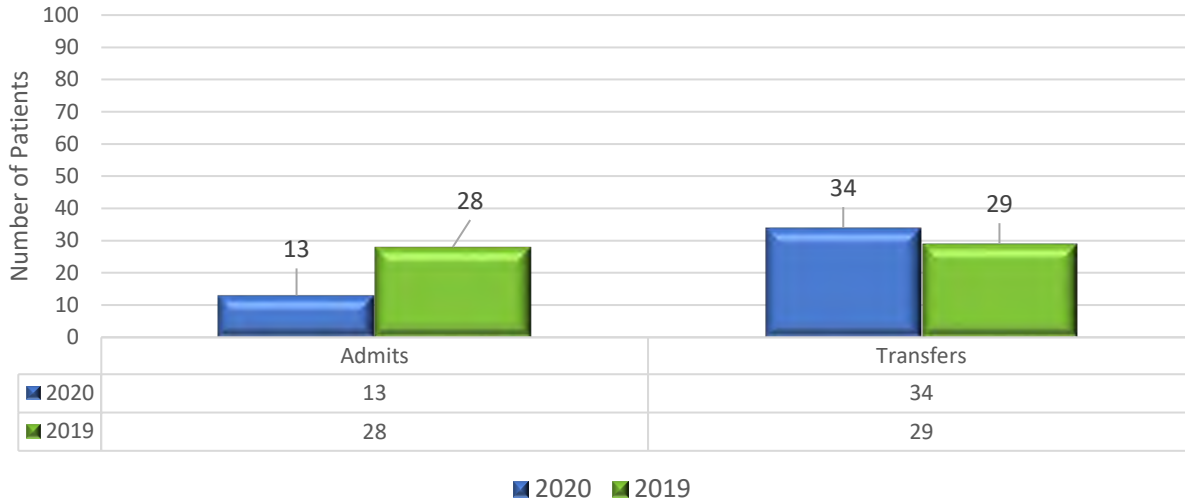


ED: August



ED: August

ED Inpatient Admissions and Transfers Monthly Comparison



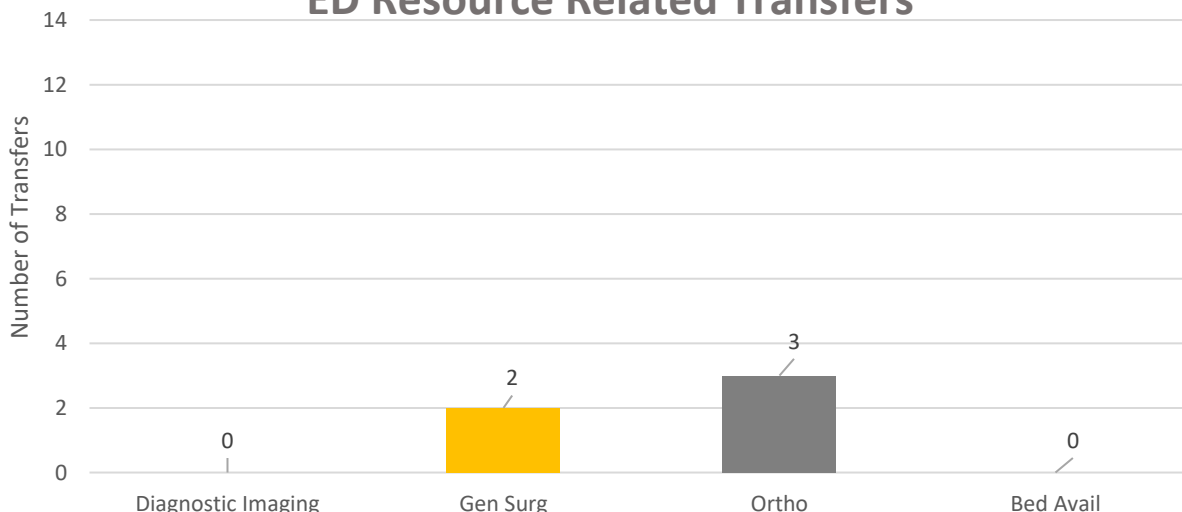
Average Daily Census

18

Average Length of Stay (in hours)

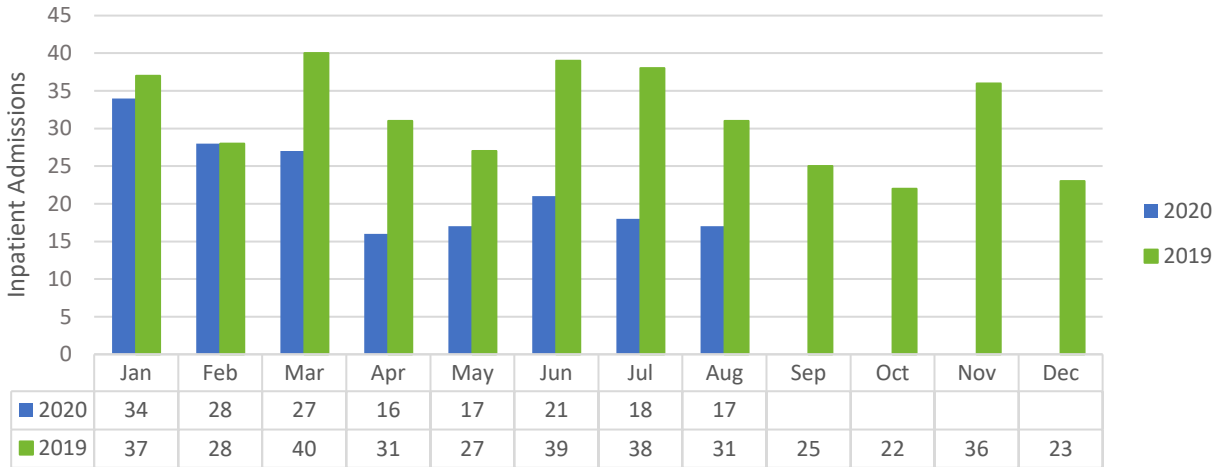
2.3

ED Resource Related Transfers



Inpatient : August

Inpatient Admission Comparison



Average Daily Census

2

Average Length of Stay (in days)

2.5

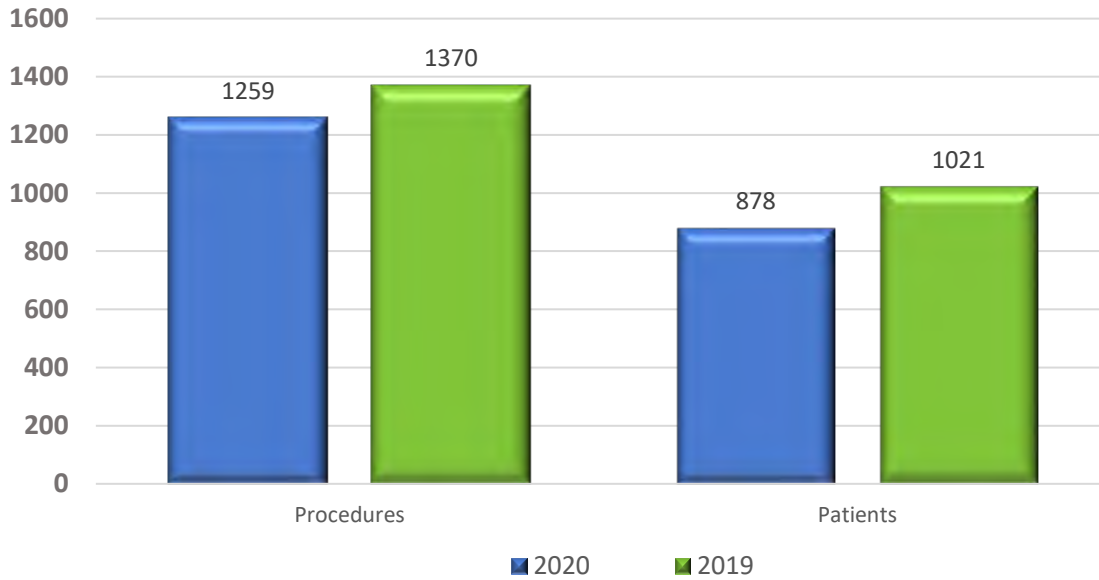


COVID-19 Patients
Hospitalized at PSMC

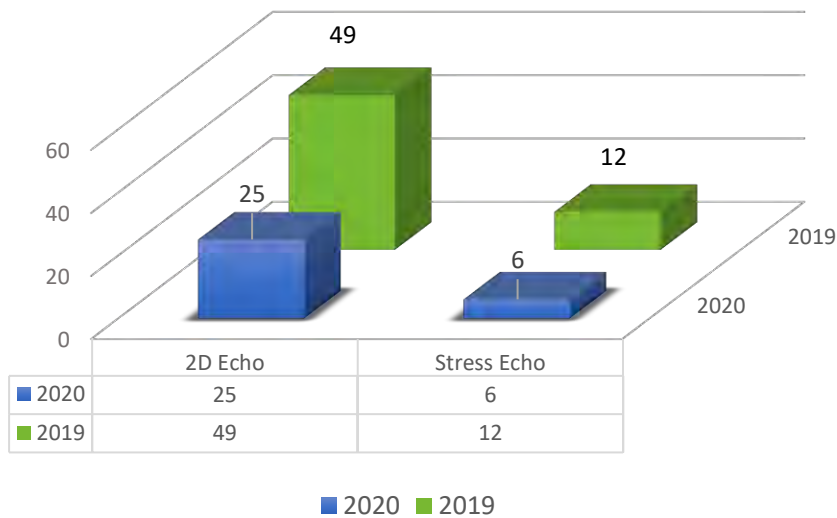
0

Diagnostic Imaging: August

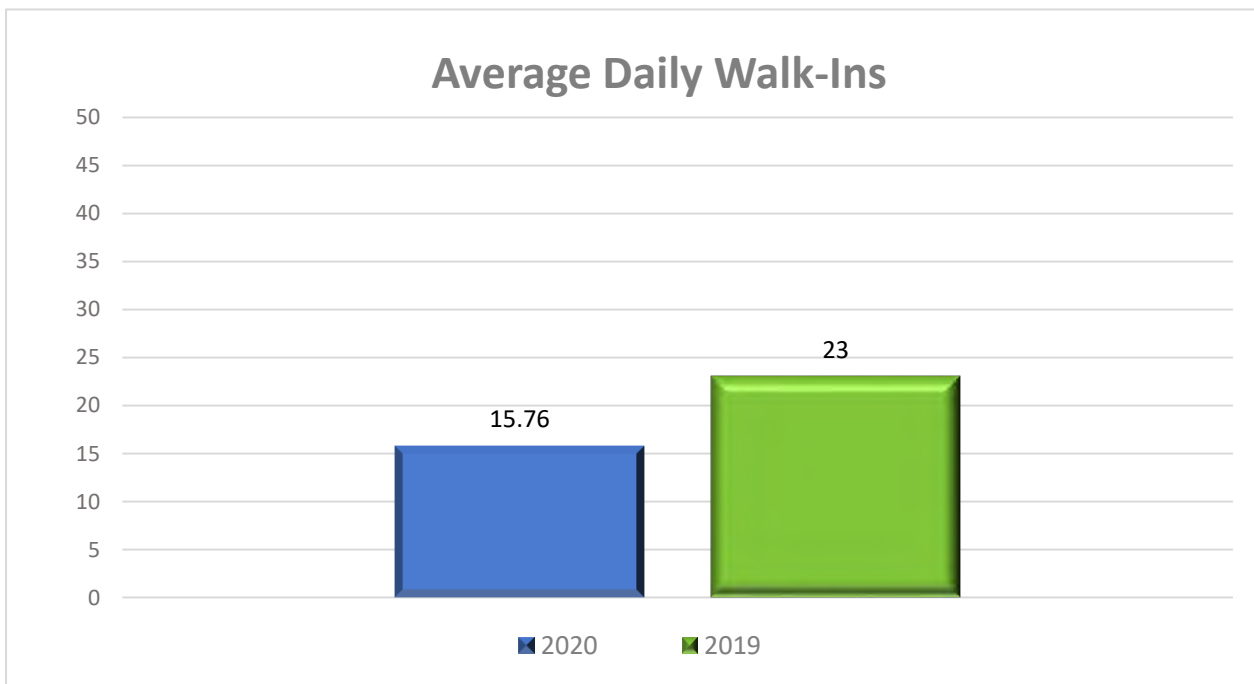
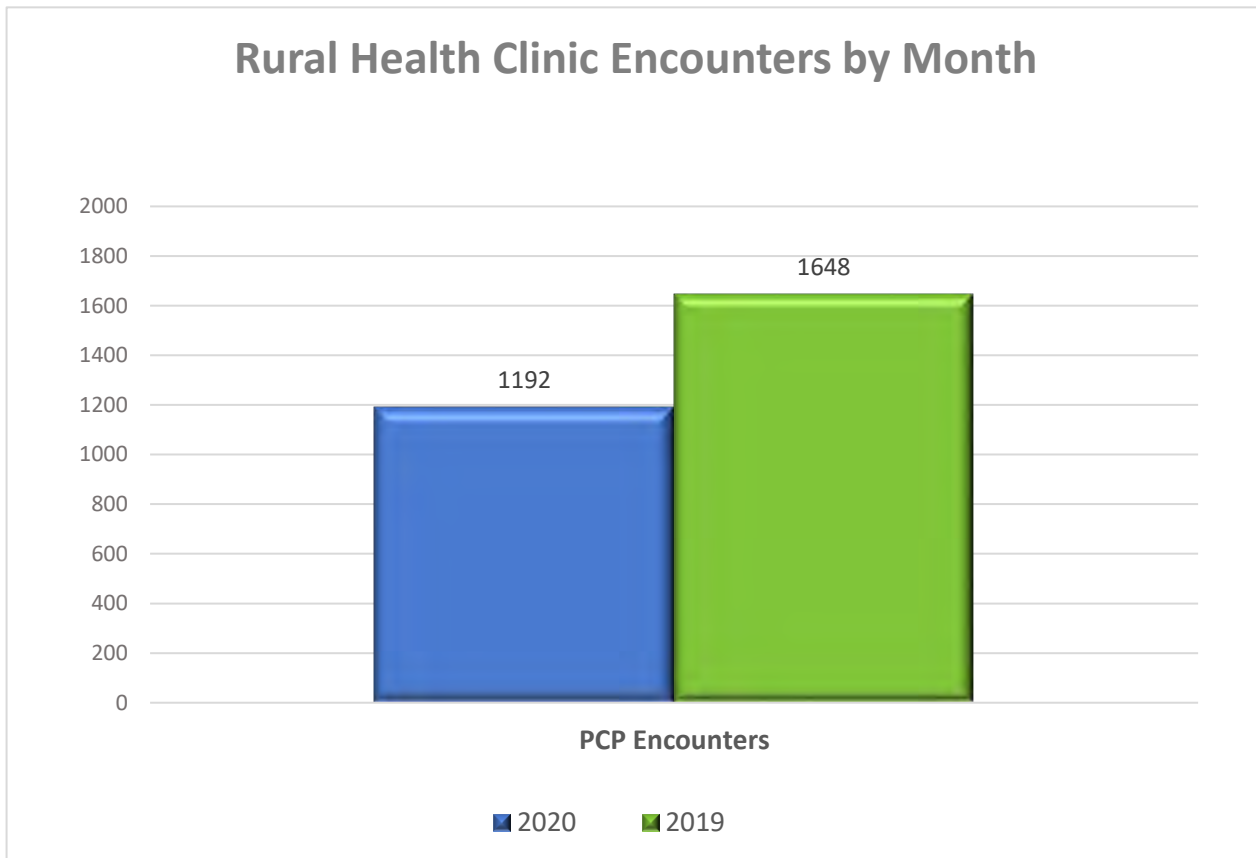
Diagnostic Imaging Stats by Month



Cardiology 2D Echo & Stress by Month

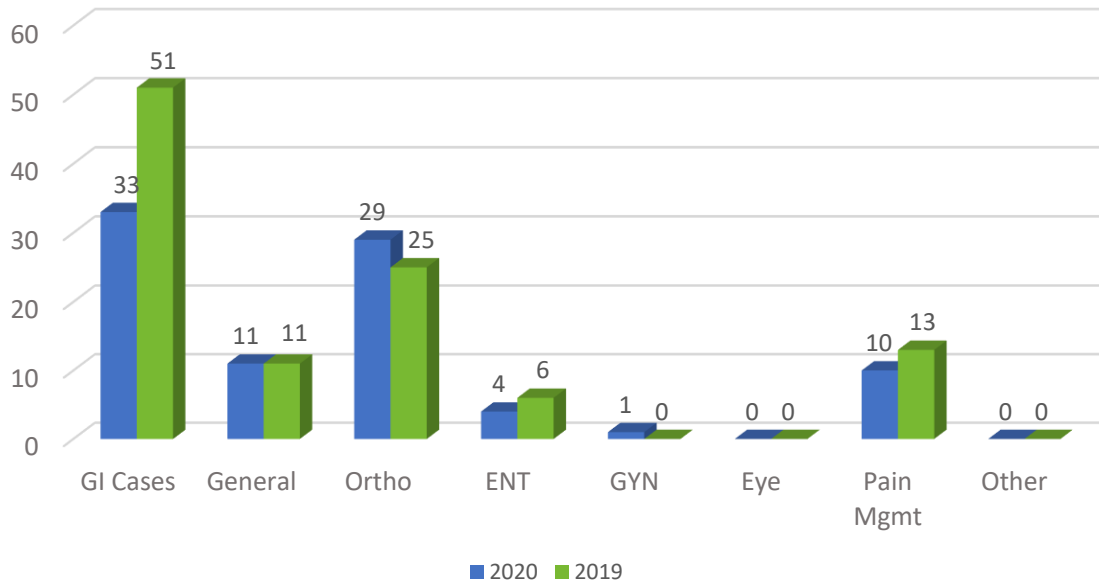


Clinic: August



Surgery

Surgery Cases by Month
2020 compared to 2019





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

**MEDICAL STAFF REPORT BY CHIEF OF STAFF, RALPH BATTELS
October 13, 2020**

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
Rachel Liverett, FNP-C	Initial Appointment	APP/NP Family Medicine	Family Medicine
Kelly Stinson, MD	Initial Appointment	Telemedicine/Telepsychiatry	Psychiatry
Jeffrey Weingardt, MD	Initial Appointment	Telemedicine/Teleradiology	Diagnostic Radiology
Seth-Emil Bartel, MD	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology
Russell Bartt, MD	Reappointment	Telemedicine/Teleneurology	Neurology
Alicia Bennett, MD	Reappointment	Telemedicine/Teleneurology	Neurology & Vascular Neurology
Joshua Bramble, LPC	Reappointment	APP/LPC	Licensed Professional counselor
Gulzar Fidai, MD	Reappointment	Courtesy/Hospitalist	Internal Medicine
Louis Golden, MD	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology & Neuroradiology
Jason Hill, MD	Reappointment	Telemedicine/Teleneurology	Neurology
Nicholas Reynolds, DO	Reappointment	Active/Emergency Medicine	Family Medicine
Brian Smith, CRNA	Reappointment	APP/CRNA	Certified Registered Nurse Anesthetist
Byron Spencer, Jr., MD	Reappointment	Telemedicine/Teleneurology	Neurology & Vascular Neurology
Cosette Stahl, DO	Reappointment	Telemedicine/Teleradiology	Interventional Radiology & Diagnostic Radiology
Amy Tolbert, MD	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology
Kerri Voigts, MD	Reappointment	Active/Emergency Medicine	Emergency Medicine

III. REPORT OF NUMBER OF PROVIDERS BY CATEGORY

Active: 19
 Courtesy: 20
 Telemedicine: 122
 Advanced Practice Providers: 21
 Honorary: 1
 Total: 183

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

Formal Written Resolution 2020-20

October 13, 2020

WHEREAS, the Board of Directors of Upper San Juan Health Service District (“USJHSD”) has received PSMC’s *Quality Assurance and Performance Improvement Plan* and the *Quality Assurance and Performance Improvement Program* prepared by staff.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE UPPER SAN JUAN HEALTH SERVICE DISTRICT HEREBY RESOLVES to accept PSMC’s *Quality Assurance and Performance Improvement Plan* and the *Quality Assurance and Performance Improvement Program*.

Greg Schulte, as Chairman of the Board of Directors of USJHSD



Quality Assurance and Performance Improvement Plan - 2020

Mandated Programs (Regulatory)

These programs consist of a variety of measures for which we submit data periodically and process improvement activities for which we must submit evidence of performance each year.

1. Hospital Quality Incentive Program (HQIP)

- Measures:
 - Screening for Perinatal Depression
 - Maternal Emergency Management
 - Reducing Racial and Ethnic Disparities in Healthcare
 - Management of Sepsis
 - Zero Suicide Program
 - Antibiotic Stewardship Program
 - Adverse Event Reporting
 - Culture of Safety Survey
 - Improving Hand-off Communication
 - Advance Care Planning

2. Medicare Beneficiary Quality Improvement Program

- Measures:
 - Antibiotic Annual Survey
 - Healthcare Worker's vaccinated for influenza
 - CMS Measures:
 - ED-2 Time from decision to admit to actual departure
 - OP-2 Fibrinolytic therapy received within 30 minutes
 - OP-3 Median time to transfer for acute coronary intervention
 - OP-5 Median time to ECG
 - OP-18 Median time from admit to departure for ED patients
 - OP-22 Patient left without being seen in the ED
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPHS)
 - EMR Accuracy Improvement Project

3. Merit Based Incentive Payment System (MIPS)

- Measures:
 - Electronic Clinical Quality Measures
 - CMS 2 Screening for Clinical Depression and Follow-up Plan
 - CMS 122 Diabetes: Hemoglobin A1c Poor Control
 - CMS 137 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
 - CMS 127 Pneumococcal Vaccination Status for Older Adults
 - CMS 165 Controlling High Blood Pressure
 - CMS 147 Influenza Immunization
 - CMS 130 Colorectal Cancer Screening
 - CMS 125 Breast Cancer Screening
 - Promoting Interoperability
 - Security Risk Assessment
 - e-Prescribing
 - Query PDMP
 - Support Electronic Referral Loops by Sending Health Information

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Plan - 2020

- Support Electronic Referral Loops by Receiving and Incorporating Health Information
- Provide Patients Electronic Access to their Health Information
- Immunizations Registry (bi-directional)
- Clinical Data Registry
- Improvement Activities
 - Implementation of an Antimicrobial Stewardship Program
 - Primary Care Physician and Behavioral Health Bilateral Exchange of Information for Shared Patients

4. Hospital Transformation Program

- Measures:
 - Increase follow-up appointments after discharge from inpatient care
 - Increase follow-up appointments after discharge from emergency department
 - Begin social needs screening and referral
 - Reduce readmissions for adults with chronic conditions
 - Begin screening and referral for perinatal and postpartum depression
 - Begin discharge planning and coordination with the RAE for BH patients discharged from inpatient or emergency department
 - Initiation of Medication Assisted Treatment in the clinic
 - Reduce avoidable cost of care
 - Increase the number of patients who had a wellness visit within one year

Eligible Hospital Medicare Promoting Interoperability

- Electronic Clinical Quality Measures
 - ED-2 Median Admit Decision Time to ED Departure Time for Admitted Patients
 - VTE-1 Venous Thromboembolism Prophylaxis
 - STK-2 Discharge on Antithrombotic Therapy
 - STK-5 Antithrombotic Therapy by End of Hospital Day 2
- Promoting Interoperability Measures
 - Security Risk Assessment
 - e-Prescribing
 - Query PDMP
 - Support Electronic Referral Loops by Sending Health Information
 - Support Electronic Referral Loops by Receiving and Incorporating Health Information
 - Provide Patients Electronic Access to their Health Information
 - Immunizations Registry (bi-directional)
 - Electronic Laboratory Reporting (active engagement)

PSMC Selected Quality/Performance Improvement Activities

These are projects that have been selected based on issues identified through our on-going monitoring programs, occurrence reporting, staff suggestions, patient suggestions and strategic planning.

1. **Medication Scanning Improvement Project** – This is an on-going PI project focused on patient safety in medication administration. Bar code scanning to match patient to medication is required for each dose.
2. **Pediatric Portal Project** - This project undertakes to improve parental access to children's health information via the patient portal.

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Plan - 2020

3. **Clinical Documentation Improvement Project for Behavioral Health** – This project involves purchasing and implementing the behavioral health specific application offered by Cerner. The application supports specific documentation requirements for behavioral health and allows for much improved patient privacy protections.
4. **Revenue Cycle Optimization Project with Cerner** – Cerner consulting project to fix multiple issues in the revenue cycle process.
5. **Implementation of new phone system** – Bringing hosting and management of our phone system local to improve service and reduce cost.
6. **Practice Transformation in the Clinic** – This project allows PSMC to participate in Medicaid revenue enhancement programs while improving the quality of primary care offered in the Clinic.
7. **Improving Access to Care Project in the Clinic** – Multiple initiatives designed to improve access through scheduling changes, telemedicine and addition of providers.
8. **MRI** – Select and purchase a new MRI unit in order to keep technologically up-to-date.

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program



**Quality Assurance and Performance Improvement
Program**

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

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Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

INTRODUCTION:

The Quality Assurance and Performance Improvement Program establishes the structure for the organization wide, clinical and support service quality assurance and performance improvement function. By implementation of this program, PSMC is ensuring a planned, continuous and systematic method for collecting and analyzing data, communicating the results of that analysis and developing performance improvement activities that will positively impact both outcomes for our patients and operational efficiencies. The Quality Assurance and Performance Improvement Program was developed by the Quality Council members using guidelines recommended by multiple leaders in healthcare quality management.¹ The QAPI Program Mission, Vision, and Values are based on the Mission, Vision and Values of the organization.

As a part of the Program, the Quality Council develops an Annual Quality Assurance and Performance Improvement (QAPI) Plan based on the program requirements. The Annual QAPI Plan outlines the specific clinical and non-clinical focus areas for the coming calendar year. The Annual QAPI Plan is the product of the evaluation of the previous year's QAPI activities, organizational priorities and issues identified by data gathering tools such as the Patient Safety Survey, adverse event reporting, community input and regulatory requirements. The Annual QAPI Plan is presented to the Board of Directors for acceptance. The Annual QAPI Plan serves as the road map for all quality and performance improvement activities, both operational and clinical for the year.

QAPI Mission

PSMC's mission is to assure that we continually provide quality, compassionate healthcare and that any opportunities to improve on our performance are recognized and acted upon.

QAPI Vision

PSMC's vision is to build an organization that is committed to doing the right thing for patients while securing a financially viable organization. To that end, PSMC has identified the following as the foundational components of our QAPI Program:

- Quality of Care/Patient Safety
- Patient Satisfaction
- Financial Stability
- Strategic Growth

QAPI Values

QAPI decisions and efforts will be guided by this set of core values:

- The dignity and rights of each patient deserve our constant protection.
- All people deserve quality healthcare regardless of their ability to pay for that care.
- Patient safety is PSMC's first and foremost priority when providing patient care and services.

¹ Agency for Healthcare Research, <https://www.ahrq.gov/>
Centers for Medicare and Medicaid Services, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Quality-Programs>
Institute for Healthcare Improvement, <http://www.ihi.org/>

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

- The safest care possible will be provided by creating and fostering a culture of safety that allows every member of our healthcare team the freedom to voice their opinions and/or concerns regarding safety.
- Vision must be accompanied by action to produce achievement.
- Improving organizational performance is the responsibility of all employees and staff. Contributions to this effort should be encouraged and acknowledged.
- Opportunities for improvement always exist.
- Lowering the cost of healthcare benefits everyone. The most effective way to lower health care cost is to improve our performance.
- Our healthcare delivery team will consist of well-qualified professionals, support staff, and volunteers.
- We must remain economically strong to best serve our patients and our community.
- As the needs of our community grow and change, we must grow and change to meet those needs.
- The work environment should inspire and enable people to achieve excellence.
- Innovative thinking is essential to performance improvement.

THE PROGRAM:**PSMC's Strategies**

To continuously assess and improve organizational quality PSMC will utilize these core strategies:

- Utilize the Plan Do Study Act (PDSA) model of improvement to evaluate processes and systems.
- Utilize a multidisciplinary team approach for PI projects.
- Utilize information management systems to support QAPI functions.
- Aggregate and analyze data collected over time to identify improvement opportunities.
- Benchmark PSMC performance with other medical centers of similar size and structure.
- Create an environment that encourages employees and medical staff to identify and present opportunities for improvement.
- Provide education and training to employees and medical staff to enhance QAPI skills necessary for effective participation in the program.
- Obtain and utilize feedback from patients, families, and the community to assist in the development of QAPI activities.
- Design the QAPI program to facilitate organization-wide, multidisciplinary participation in QAPI activities.
- Evaluate improvement opportunities based on the anticipated assessed value of each available opportunity.

Governance

To accomplish its objectives, PSMC has developed a formal QAPI reporting structure that includes key entities. Each entity has specific responsibilities in the governance of the QAPI Program.

- PSMC Board of Directors (BOD):
 - Receives and accepts the organization-wide QAPI Program and Plan.

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

- Senior Leadership:
 - Accept the QAPI Program and Plan before it is submitted to the BOD.
 - Ensures that PSMC has adequate resources to support the QAPI program.
 - Ensures that the QAPI program is sufficiently broad in scope and authority to properly identify and correct areas of needed improvement.
 - Provides input and direction in the establishment of the organization's quality assurance and performance improvement priorities.
- Medical Executive Committee:
 - Accepts the QAPI Program and Plan generally before it is submitted to Senior Leadership.
 - Reports non-provider specific quality issues identified and makes recommendations for improvements.
- Quality Council:
 - Adopts (pending acceptance by MEC, Senior leaders and the Board) the QAPI Program and Plan before it is submitted to the Medical Executive Committee.
 - Receives and analyzes periodic QAPI data/reports from the members of the council ensuring that QAPI process is ongoing and effective.
 - Provide an opportunity for other PSMC committees and departments to share problems identified and seek guidance on possible corrective actions.
- Performance Improvement Committee:
 - Evaluates performance improvement projects for implementation based on standards outlined in the committee's charter.
 - Monitors the implementation of approved projects to support completion.
- PSMC Committees:
 - Chairperson of each committee provides a summary report of Committee activities related to quality at each Quality Council meeting.
- PSMC Directors:
 - Provide a summary report of quality and performance improvement activities for each of their departments to the Quality Council.
 - Receive reports from PSMC's patient care departments describing how their departments participate in the overall PSMC PI and patient safety process.
- PSMC Department Managers:
 - Provide Directors with a summary of QAPI activities each quarter to be reported to the Quality Council.

Assuring Quality Care – PSMC's Responsibilities:

- Senior Leadership:
 - Support an effective framework for planning, directing, providing, and improving the quality of health care services.

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

- Provide the right number of competent staff to meet the needs of the organization.
 - Participation in the Quality Council and Performance Improvement Committee by giving leadership perspective and support to QAPI committee functions.
- QAPI Staff:
 - Develop and administer the QAPI Program to insure the program is designed to fit the needs of the organization, meets all regulatory requirements and results in the implementation of evidenced based best practices.
 - Collect, aggregate, analyze and share information to improve patient outcomes and organizational performance.
 - Support the Quality Council by scheduling meetings and planning sessions; provide education and training for members and maintain documentation of all Quality Council activities.
 - Support the Performance Improvement Committee by scheduling meetings: providing education and training for members and maintaining documentation of all committee activities.
 - Provide assistance to project teams including data sourcing, data analysis and project management.
 - Ensure that the QAPI educational needs of the organization are met.
 - Establish processes to ensure patient and community input into the QAPI function.
 - Present periodic QAPI summary reports to the BOD (or, as delegated, to the CEO and senior leaders).
 - Assist clinical areas in choosing performance indicators that promote ongoing measurement and assessment of quality and patient safety.
 - Manage PSMC's participation in mandated quality programs.
 - Participate in root cause analysis, sentinel event review, and near miss analysis.
- Clinical Staff:
 - Understand and protect the rights of patients.
 - Provide safe, effective care that is responsive to individual patient needs.
 - Promote healthy behaviors by involving the patient in their own care and care decisions.
 - Maintain clinical skills sufficient to provide excellent care.
 - Participate in the QAPI Program by providing ideas and reporting problems and joining performance improvement teams.
- Medical Staff:
 - Participate in the Peer Review Process by providing meaningful evaluation of clinician performance to order to improve clinical practice,
 - Maintain clinical skills sufficient to provide excellent care,
 - Participate in the QAPI Program by providing ideas, reporting problems and participating in performance improvement projects that require provider input.
- PSMC Department Managers
 - Identify quality and performance problems.
 - Submit performance improvement projects to the Performance Improvement Committee for approval.
 - Oversee the implementation of improvement activities in their respective departments.

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

- Participate on multidisciplinary project teams as needed.
- Maintain a complete and current list of their key performance indicators (KPI) as well as the data collected for each KPI.
- Provide summaries of department activities to directors.
- PSMC Directors:
 - Receive quarterly reports from PSMC departments describing how their departments are participating in the overall QAPI process.
- Infection Control Committee
 - Identify and reduce the risks of acquiring and transmitting infections among patients, employees, physicians, other licensed practitioners, contract service workers, volunteers, students, and visitors.
 - Provide a quarterly summary of infection control activities to the Quality Council.
- Safety Committee
 - Identify and reduce risks associated with patient, staff and visitor safety.
 - Provide a quarterly summary of safety activities to the Quality Council.
- Pharmacy and Therapeutics Committee
 - Maintain the formulary; review adverse drug reactions and medication errors; and develop order sets to promote appropriate use of medications.
 - Provide a quarterly summary of committee activities to the Quality Council.
- Medical Executive Committee (MEC):
 - The Physician Medical Directors for clinical departments (or collectively as the MEC) provide input and direction to the Quality Council to promote the best quality care for patients in a safe environment.
 - Establish a robust peer review process that is based on identified risks; take appropriate actions when questions arise about the quality of care provided by a staff member.
 - Investigate the credentials of all applicants and re-applicants for membership on the medical staff, review their privileges and make recommendations for their approval.

QUALITY COUNCIL CHARTER:

The Quality Council oversees the development and ongoing performance of the QAPI program. Specific responsibilities include:

- Hold meetings at least quarterly and more often if necessary.
- Review and approve the QAPI Program (which includes presenting the Program to the MEC, leadership and the BOD for input, review, and approval every 2 years).
- Review and approve the organization's Annual QAPI Plan (which includes presenting the Annual QAPI Plan to the MEC, leadership and the BOD for input, review, and approval).
- Establish goals to guide in the development and evaluation of the QAPI annual plan.
- Receive and review quality activity reports from directors and committees making recommendations if necessary.
- Review and approve QAPI and patient safety educational programs.

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

- Evaluate and recommend the participation of the organization in quality related databases.
- Serve as the clearinghouse for all ongoing QAPI activities.

PERFORMANCE IMPROVEMENT COMMITTEE CHARTER:

The Performance Improvement Committee reviews and approves multidisciplinary improvement projects. The committee follows and supports projects to their completion. Specific responsibilities include:

- Hold meetings monthly unless no project submissions or updates are submitted.
- Receive and review all requests for multidisciplinary PI projects. Serve as a resource to project teams especially if they encounter difficulty.
- Evaluate and approve PI projects based upon the following criteria:
 - PSMC mission, vision, values, and strategic plan;
 - Data demonstrating need for proposed change;
 - Expressed needs and expectations of patients, families, and community;
 - Processes that are high risk, high volume, and/or high cost;
 - Availability of resources (time and money) required to pursue the improvement;
 - Regulatory requirements;
 - Input from staff affected by the process;
 - Impact on customer satisfaction;
 - Impact on patient safety, care, and outcomes.

QAPI METHODOLOGY:**The Quality Diamond:**

The Quality diamond illustrates the four basic principles that are followed by PSMC for quality and performance improvement.

- Commitment of administrative leaders: The managers, directors and senior leaders of PSMC provide direction, support, and resources for quality assurance and performance improvement activities which are to include patient safety.
- Customer focus: Quality is defined and performance evaluated by our internal and external customer expectations.
- Employee participation: The improvement of processes and systems is best accomplished by the people who participate in those processes and systems. The expertise, experience, ideas,

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

and skills of all employees are required to fuel the process of continuous improvement and patient safety.

- *Data-based decision making*: Data is used to analyze, and prioritize opportunities for improvement. By performing root cause analyses, measuring the results of process changes, benchmarking our results against other organizations we can monitor our performance over time.

Identification of Areas for Improvement:

- On-going Monitoring:
Identification of areas for improvement may result from continuous monitoring of current practices. Departments establish key indicators of performance. Some examples of key performance indicators (KPI's) might be: errors in medication delivery, response time from receipt of an order, timeliness of reporting critical values or unexpected patient outcomes and adverse event reports. When a benchmark for performance is established for a KPI it becomes a "measure". Measures include safety measures, clinical measures, financial efficiency measures and cultural and talent measures. On-going monitoring and benchmarking our performance on measures against like facilities helps us to focus our improvement efforts.
- Input from Staff:
PI projects may also be suggested by employees or medical staff by using the "Idea Form" or the "Staff Suggestion Form" on Clarity. Ideas will be reviewed and approved by the PI Committee.
- Input from Patients or Visitors:
Improvement projects may be the direct result of feedback from patients or visitors. For example, improvements might be made to the phone system if patients complain that it is difficult to make appointments.
- Leadership Priorities:
Strategic operational decisions may result in performance improvement activities. Expansion or create of new service lines, community needs assessments or regulatory compliance can result in the need to improve processes.

Project Submission:

When an area for improvement is identified, the project must be approved for implementation. A project that involves only one department may be approved by the department manager and applicable director. A single department project does not need to come before the PI Committee. A project involving two departments that are in full agreement regarding the scope of the project can also be approved by the managers and applicable directors. A complex project, involving multiple departments or one that impacts multiple departments must be reviewed and approved by the PI Committee. Individuals submitting a project for the PI to review must complete the PI Project Submission Form and submit it to the Quality Manager for placement on the committee agenda. Large projects require an executive sponsor to approve the project prior to submission to the committee. Once a project is approved, a project improvement team will be created. A team may be as small as two individuals for a small, single department function or may include many members from multiple

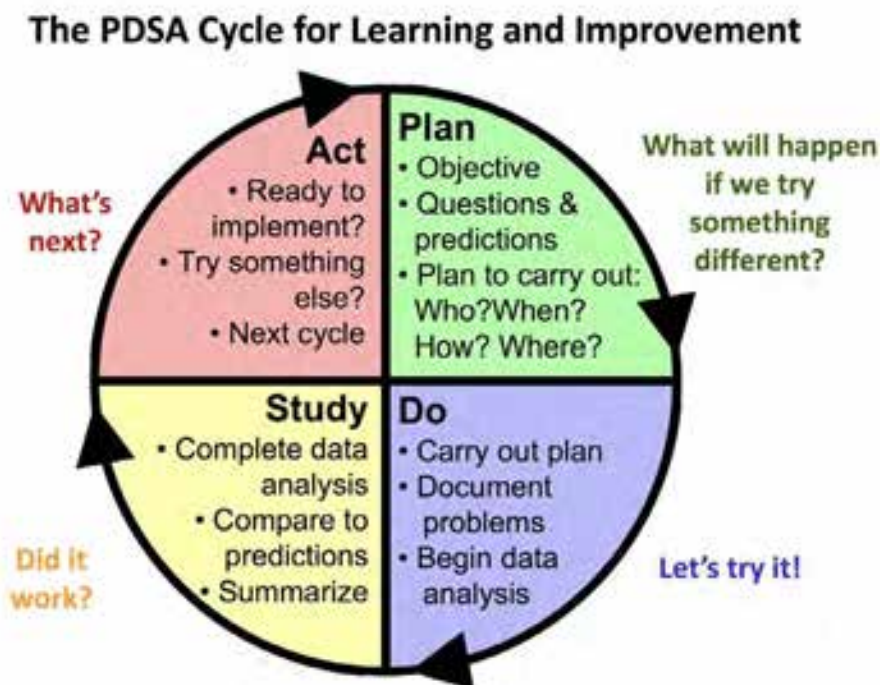
Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

departments for a complex facility-wide project. Often the team for a large project is created by the PI Committee at the time a project is approved.

- **Departmental Teams:**
 Report to: Department manager
 Membership is defined by the project and is usually established by the department manager.
 Responsibilities include the following:
 - Address department specific opportunities for performance improvement. Decisions and/or changes made by these teams should not significantly impact other departments
 - Report findings, recommendations and results to the department manager.
 - Department managers will provide a summary report of PI activities to the appropriate director for presentation at Quality Council.
- **Multidisciplinary Teams:**
 Reports to: PI Committee
 Membership is defined by the project and is usually established by the PI Committee. Alternatively the project lead may be assigned by the PI Committee and membership established by the project leader.
 Responsibilities include the following:
 - Address a specific opportunity for multidisciplinary performance improvement.
 - Report findings/recommendations/results to the PI Committee.

Project Management:

PSMC encourages the use of PLAN-DO-STUDY-ACT as the foundation for PI projects but many methodologies are effective and a team may choose the system that will work best for the project.



Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

Data Management:

PSMC promotes the effective use of data to drive QAPI decision making. When the right data are collected and appropriate analytic techniques are applied, it enables PSMC to monitor the performance of a system, detect variation and identify opportunities to improve.

There are multiple data sources used in the assessment of organizational performance and the quality of care. They include internal occurrence reports, risk management information, patient/family concerns, employee input, medical staff input, medical records, financial data, and external data bases.

PI Project Documentation:

A documentation file for each project will be maintained for reference. This should include but is not limited to:

- Description of the project
- Goals of the team
- Minutes of the meetings
- Data
- Results of the project.

A small project may only require the use of the PDSA Worksheet to provide sufficient documentation; while a large complex activity will require the use of project management software. PSMC subscribes to the AVAZA project management software and it is available to all staff members. The team leader is responsible for project documentation.

Communication of Results:

Results of process improvement initiatives will be communicated throughout the organization for the purpose of sharing ideas, understanding relevant processes, encouraging collaboration, instilling concepts of performance improvement into the organizational culture, and to stimulate creative and innovative improvement initiatives. The findings may be reviewed at other appropriate hospital and departmental meetings.

THE ANNUAL QAPI PLAN:

The Annual QAPI Plan outlines the specific focus areas for the calendar year. The Annual QAPI Plan is established by the Quality Council. The Annual QAPI Plan identifies the key performance indicators and measures that will be monitored in order to identify opportunities to improve services and resolve problems. The performance measures will be responsive to the identified health care needs of our community as well as PSMC's strategic plan and organizational goals. The Annual QAPI Plan may identify specific performance improvement projects already reviewed and approved by the PI Committee. The Plan will assure compliance with all mandatory regulatory oversight agencies as well as those agencies PSMC has selected for reporting. The plan may amended from time to time based on the priorities of the organization and availability of resources.

CONFIDENTIALITY:

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

Any and all documents and records that are part of the internal Quality Assurance and Performance Improvement Program as well as the proceedings, reports and records from any of the involved committees shall be considered and handled as confidential information in accordance with State of Colorado statutes.

The Colorado Revised Statutes that protect the confidentiality of quality management information include the following:

CRS Section 25-3-109: Quality management functions-confidentiality and immunity, which addresses quality management information relating to the evaluation or improvement of the quality of health care services.

CRS Section 12-36.5-104.4: Hospital professional review committees.

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

APPENDIX I: QAPI Idea Form

Quality Assurance and Performance Improvement

IDEA FORM: For Improving Performance at PSMC

The Quality Team at PSMC wants and needs your ideas for improving the performance of our organization. Just complete this IDEA FORM and send it to the Quality Manager. Please include your name so we can come and talk to you about your idea. You can also submit it anonymously if you prefer.



My Idea is	Describe briefly a work process(es) that could be improved. Also, describe what the benefit to our patients and /or organization would be if we improved this process(es).
-------------------	--

Print name _____

Department _____

Date _____

PAGOSA SPRINGS
Medical Center

Reviewed/Revised 08/30/2006 07/15/2008 2/26/2009

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

APPENDIX II: Project Request Submission Form

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

Project Request Submission Form

Project Name: _____

Date Submitted: _____

Project Owner: _____

Executive Sponsor: _____

Regulatory Requirement – Is this a compliance or regulatory requirement? If yes, please describe.

■

Project Description – Provide a summary of the project to include overall benefit to the organization as well as financial costs associated with it.

■

Project Stages/Milestones - Provide a timeline of the major project stages anticipated as well as a brief description for each.

■

Implementation & Sustainment Plan - Describe the anticipated implementation and sustainment plan to include necessary education and communication.

■

Stakeholders - Describe the stakeholders that will be either impacted or involved in the project and its implementation.

■

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

Key Process Indicators (KPI's) – Identify the metrics that will be measured to track success of the project. What will be the frequency and method of measurement?

■

Selection Criteria - Provide how the project will impact (high, moderate or none) each of the following criteria:

- **Staff Efficiency**
 - High impact = Quantifiable reduction in process steps or individuals involved in process
 - Moderate impact = Potential improvement in efficiency, difficult to quantify
 - None = No improvement
- **Staff Satisfaction**
 - High impact = Improvements impact >50% of staff
 - Moderate impact = Improvements impact <50% of staff
 - None = No improvement
- **Patient Outcomes**
 - High impact = Direct improvement to individual patient or patient population
 - Moderate impact = Potential improvement to individual patient or patient population
 - None = No improvement
- **Patient Satisfaction**
 - High impact = Improvements impact >50% of patients
 - Moderate impact = Improvements impact <50% of patients
 - None = No improvement
- **Organizational Growth**
 - High impact = Direct increase to patient visits/volumes
 - Moderate impact = Potential increase to patient visits/volumes
 - None = No improvement
- **Financial Return**
 - High impact = Annualized improvement >\$10,000
 - Moderate impact = Annualized improvement < \$10,000
 - None = No improvement

Pagosa Springs Medical Center - Quality Assurance and Performance Improvement Program

<u>Criteria</u>	<u>Impact</u> high/moderate/none	<u>Justification</u>
Staff Efficiency	high	
Staff Satisfaction	moderate	
Patient Outcomes	none	
Patient Satisfaction	high	
Organizational Growth	moderate	
Financial Return	none	
Total Value	20	

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

Formal Written Resolution 2020-21

October 13, 2020

WHEREAS, the Board of Directors of Upper San Juan Health Service District (“USJHSD”) has received *The First Amended and Restated Intergovernmental Agreement for Consolidation of Emergency Communications for Archuleta County, Town of Pagosa Springs, Upper San Juan Health Service District and Pagosa Fire Protection District* (**hereinafter “the Amended IGA”**);

WHEREAS, in 2009 the four governmental entities entered into an IGA to manage and fund emergency communication services for 911 dispatch in a collaborative and proportional manner;

WHEREAS, the proposed Amended IGA will allow the four governmental entities to continue to be proportionally responsible for financing and using the consolidated emergency communication services for 911 dispatch;

WHEREAS, the Amended IGA will remain in full force and effect unless two or more parties terminate participation (or it is amended by agreement of the parties);

WHEREAS, the Amended IGA provides that funding by PSMC and the other entities is determined as follows:

- each year the four entities approve an operational and capital budget;
- after subtracting other sources of revenues (including the 911 surge revenues), the four governmental entities owe a proportional amount of funds to cover the budgeted expenses;
- the proportionate amount owed by each member is a ratio of the member’s call in proportion to the total calls.

Upper San Juan Health Service District

Resolution No. 2020-21

Page 2

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE UPPER SAN JUAN HEALTH SERVICE DISTRICT HEREBY RESOLVES to authorize the Board Chair to sign the Amended IGA on behalf of Pagosa Springs Medical Center.

Greg Schulte, as Chairman of the Board of Directors of USJHSD

**FIRST AMENDED AND RESTATED INTERGOVERNMENTAL AGREEMENT FOR
CONSOLIDATION OF EMERGENCY COMMUNICATIONS FOR ARCHULETA COUNTY, TOWN OF
PAGOSA SPRINGS, UPPER SAN JUAN HEALTH SERVICE DISTRICT AND PAGOSA FIRE
PROTECTION DISTRICT**

This INTERGOVERNMENTAL AGREEMENT ("IGA") is dated _____ day of _____, 2020, by and between the Board of County Commissioners of Archuleta County, Colorado ("County"), the Town of Pagosa Springs, Colorado ("Town"), the Upper San Juan Health Service District ("Health Service District"), and Pagosa Fire Protection District ("Fire Protection District") (collectively, the "Parties" or the "User Agencies").

RECITALS

WHEREAS, section 29-1-203, C.R.S authorizes governments to cooperate and contract with one another to provide any function, service, or facility lawfully authorized to each, and to establish a separate legal entity to do so; and

WHEREAS, Article XIV, Section 18(2)(a) of the Constitution of the State of Colorado and Part 2, Article 1, Title 29, C.R.S encourage and authorize intergovernmental agreements, and

WHEREAS, the County had provided, prior to 2009, dispatch services for the Archuleta County community; and

WHEREAS, as the community has grown, there have been more calls for service; and

WHEREAS, the above four (4) governmental entities rely on effective emergency dispatching; and

WHEREAS, in 2009, the Parties entered into an Intergovernmental Agreement ("the 2009 IGA") to collaboratively manage and fund emergency communication services; and

WHEREAS, the Parties agree to enter this First Amended and Restated IGA to make agreed upon revisions regarding governing the funding, operation and management of emergency communication services.

NOW THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the Parties hereby agree as follows:

- 1.1 Pursuant to the provisions of Section 29-1-203, C.R.S, the Parties hereto agree to continue to cooperate in the provision and funding of emergency communication services within Archuleta County, Colorado and with respect to EMS, a small portion of Hinsdale and Mineral Counties south of the Continental Divide. The Parties do not hereby establish a separate legal entity pursuant to Section 29-1-203(4) or 29-1-203.5, C.R.S.
- 1.2 The Parties agree that, by execution of the Agreement, they shall continue to be proportionally responsible for the financing and utilizing of consolidated emergency communications.
- 1.3 By entering into this revised Agreement, none of the Parties shall be responsible for liability incurred as a result of any other Party's acts or omissions in connection

- with this Agreement. Any liability incurred in connection with this Agreement is subject to the immunities and limitations of Colorado law. This paragraph is intended to define the liabilities between the Parties hereto and is not intended to modify, in any way, the Parties' liabilities as governed by federal, state, local, or common law. The Parties and their public employees and officials do not waive sovereign immunity, do not waive any defense, do not indemnify any other party, and do not waive any limitation of liability pursuant to law, including but not limited to the Colorado Governmental Immunity Act.
- 1.4 The area to which the consolidated emergency communications services shall be supplied is Archuleta County, Colorado, including the Town of Pagosa Springs and service areas for the Parties to this agreement.
 - 1.5 The principal place of business from which the consolidated emergency communications services will be provided is the "Communications Center" which is currently located at 56 Talisman Drive, Suite #4 in Pagosa Springs. Future locations of the Communications Center shall be established by the Executive Management Board.

ARTICLE II. GOVERNANCE

2.1 Governance and oversight of the emergency communications services provided pursuant to this IGA shall be provided by the Executive Management Board. The Executive Management Board shall consist of the following members; provided, however, that in the event a Party terminates its participation in this Agreement pursuant to Section 10 of this Agreement, the size of the Executive Management Board shall be reduced by the two (2) members representing the terminating Party.

The members are as follows:

- A. the Consolidated Emergency Communications Director (hereinafter "Director") (ex officio without vote);
- B. the County Administrator or designee;
- C. the County Sheriff or designee;
- D. the Town Manager or designee;
- E. the Town Police Chief or designee;
- F. a Health Service District employee or Board member selected by the Board of Directors of the Health Service District;
- G. a designee for emergency medical service as selected by the Chief Executive Officer of the Health Service District.
- H. a Fire Protection District employee or Board member selected by the Board of Directors of the Fire Protection District; and
- I. the Fire Protection District Fire Chief or designee.

2.2 The term of office for members of the Board shall be indefinite as the members hold positions by virtue of the office described in Section 2.1 including an interim if applicable. The Health Service District and Fire Protection District members of the Executive Management Board shall serve at the pleasure of the body/person who made the

appointment, and they may be replaced at any time, with or without cause, by formal actions of their appointing entity. Each person shall serve on the Executive Management Board until the person no longer holds the office described in Section 2.1, or as to 2.1(F), (G), and (H) if he/she has been replaced at the discretion of the appointing party.

2.3 By written statement from a User Agency to the Executive Management Board, a User Agency shall have the right to appoint one or more persons to sit as proxy in the event of an Executive Management Board member's absence; said proxy shall have the right to exercise all or any of the Executive Management Board member's rights including, without limitation, to attend, to speak and to vote on matters before the Executive Management Board.

2.4 In the event of the death or resignation of a member of the Executive Management Board, or if a member of the Executive Management Board becomes legally disabled such that he or she cannot serve on the Executive Management Board, the position shall be deemed "vacated", and the entity that appointed the Board member shall thereupon appoint a new Board member to replace the vacated position.

2.5 The Executive Management Board may adopt bylaws and rules and regulations not in conflict with the constitution and laws of the state for carrying out its business and affairs. The Executive Management Board shall be deemed a "local public body" for purposes of the Colorado Open Meetings Law, Part 4, Article 6, Title 24, C.R.S. Unless otherwise provided by the Executive Management Board, the Director shall call, notice and establish an agenda for any and all meetings of the Executive Management Board. The designated posting location, regular Executive Management Board meeting dates and times shall be adopted annually as specified by state statute. The Executive Management Board shall elect a new Chairperson annually, who shall be a voting member of the Executive Management Board. A Chairperson may serve two consecutive terms if it is the majority pleasure of the Board but, generally, the Chairperson position shall rotate equally among the Parties. A Vice Chairperson may be appointed among the Board Members by the Executive Management Board, who shall serve as the Chairperson in his or her absence.

- A. Regular meetings of the Board shall be conducted at the meeting place located within Archuleta County designated annually by the Executive Management Board in compliance with Colorado state statutes applicable to the Parties. If it is considered desirable, other meeting locations may be used subject to the proper noticing procedures pursuant to Colorado state statutes.
- B. All meetings of a quorum or three or more members of the Executive Management Board, which number shall include the Director as an ex officio member, whichever is fewer, at which any public business is discussed or at which any formal action may be taken shall be conducted in compliance with the Colorado Open Meetings Law. A quorum for the purposes of conducting business and making decisions by the Board shall be five (5) members of the Board, NOT including the Director. If less than a quorum is present at a meeting of the Board, the Board Members present may proceed with the meeting to receive reports but take no action, or adjourn the meeting from time to time,

provided further, that the Director shall notify any absent Board Members of the time and place of such adjourned meeting.

- C. Special meetings of the Board may be called by the Director or the Chairperson and it shall thereupon be the duty of the Director to cause notice of such meeting to be given as hereinafter provided. Special meetings of the Board shall be held at such time and place as shall be fixed by the Director or Chairperson calling the meeting.
- D. Written notice of any special meeting of the Board shall be delivered to each Member and each Party not less than 24 hours before the date and time fixed for each meeting, either personally, by facsimile, by e-mail, or by phone, by or at the direction of the Director, or upon the Director's default, by the Chairperson calling the meeting and shall be publicly noticed per Colorado Open Meetings Law.
- E. Unless waiver of notice is precluded by applicable law, whenever notice is required to be given to any Member under the provisions of law or of this Agreement, a waiver thereof in writing by such Member, whether before or after the time stated therein, shall be equivalent to the giving of such notice. Attendance of a Member at any meeting of the Board shall constitute a waiver by such Member of notice of such meeting, except when such Member attends such meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully convened.
- F. Each Executive Management Board member shall have one vote, except for the Director, who will serve ex officio without vote. Decisions of the Board may be made only at regular or special meetings, called upon notice as required herein, at which a quorum consisting of five (5) members is present. An affirmative majority vote of no less than five (5) members will be required for approval of any measure, regardless of the number of members present and voting.
- G. The Director is designated as the Secretary for the Executive Management Board and he/she shall cause to be taken minutes of all regular and special meetings. The minutes shall be reviewed and approved by the Executive Management Board at the next regular meeting, or as soon as practical.

ARTICLE III. DUTIES AND RESPONSIBILITIES OF THE EXECUTIVE MANAGEMENT BOARD

3.1 General policies and procedures of the Consolidated Emergency Communications Center shall be adopted and approved by the Executive Management Board.

3.2 The Executive Management Board shall interview and extend employment to the Consolidated Emergency Communications Director in the event of a vacancy in the position. For all purposes including, without limitation, payroll, health insurance, benefits and employment procedures, the Director and all personnel working at the Consolidated Emergency Communications Center shall be employees of the County. The Executive Management Board, however, shall be the Director's supervisor for performance evaluation and disciplinary actions including, termination, and appeal purposes. The

Chairperson shall serve as the liaison to communicate to the County's human resources department who will carry out the process of personnel matters (e.g., posting position, background checks, form of offers, disciplinary actions, process/forms for performance reviews, etc.) on behalf of and consultation with the Executive Management Board.

3.3 The duties and responsibilities of the Executive Management Board shall include:

- A. Governing the business and affairs of the Consolidated Emergency Communications Center;
- B. Assuring the efficient and effective operations of the Consolidated Emergency Communications Center;
- C. Selecting the Director and ensuring the Director demonstrates effective control over the supervision, operation, and development of the Consolidated Emergency Communications Center;
- D. Electing from its membership a Chair who will serve a term as the Board may determine to be appropriate;
- E. Meetings quarterly or more often as may be necessary;
- F. Reviewing and approving the annual budget submitted to the appropriate County Budget authorities;
- G. Receiving financial reports, cost allocation reports and audits of the fiscal agent;
- H. Evaluating and obtaining sufficient insurance coverage for general liability and property as well as required by Section 12.2 hereof; and
- I. Ensuring conformance with applicable law and established procedures.

ARTICLE IV. POWERS OF THE EXECUTIVE MANAGEMENT BOARD

4.1 The Executive Management Board shall oversee the Consolidated Emergency Communications Center to provide emergency and law enforcement communications for the Parties.

4.2 The Executive Management Board shall have the authorization to implement policies, rules and regulations as the Board deems necessary to provide services under this agreement.

4.3 In accordance with the approved budget and pursuant to the more restrictive of law or the provisions of the County's Procurement Policy, the Executive Management Board shall cause the fiscal agent to pay for equipment, software, installation of equipment and software, maintenance agreements, and related services by way of a lease, purchase or lease-purchase out of the Consolidated Emergency Communications Center's approved budget.

4.4 The Executive Management Board shall administer the funds provided for 911 services as prescribed in C.R.S. Section 29-11-104.

4.5 In accordance with the approved budget and pursuant to the more restrictive of this IGA, law or the provisions of the County's Procurement Policy, the Executive Management Board may perform any other act or cause the Director to perform any other act as may be necessary to provide effective and efficient emergency and law enforcement communications including, but not limited to the following: entering into contracts for leased space, equipment, supplies, and/or services as the Executive Management Board deems necessary to improve or enhance the quality and efficiency of service to be provided hereunder. Any contract entered into by the Executive Management or Director shall be subject to this IGA.

4.6 The Executive Management Board shall conduct the Board's business and affairs for the benefit of the Communications Center and the people it serves, including residents, property owners and visitors.

ARTICLE V. BUDGET AND OPERATING COSTS

5.1 The following deadlines and process shall be utilized in preparing the annual budget of the Consolidated Emergency Communications Center:

- **No later than August 20:** The County (fiscal agent and employer) shall provide the Director with all information necessary to prepare the budget for the following calendar year;
- **No later than September 1:** The Director shall prepare a proposed budget for the following calendar year and issue it to the Executive Management Board for comment at the September meeting of the Executive Management Board;
- **No later than October 15:** each Executive Management Board member shall provide a copy of the proposed budget to its User Agency.
- **No later than October 30:** each User Agency shall provide its comments, if any, regarding the proposed budget to the Executive Management Board.
- **No later than November 10:** The Executive Management Board shall have considered the comments (if any) of the User Agencies and the Board shall vote on its recommendation to each of the User Agencies to adopt the budget.
- **No later than December 15:** the governing boards for each User Agency shall vote on whether to adopt their budgets including sums payable for the Consolidated Emergency Communications Center and confirm the same to the Director.
- **No later than December 31:** the County (as employer and fiscal agent) shall provide the Director with access to the final and adopted budget of the County.
Director

5.2 Notwithstanding the process outlined above, the Archuleta County Board of County Commissioners shall have the authority, as outlined in the Colorado Revised Statutes, to direct the expenditures of all funds received by the County from the E-911 surcharge on telephone services provided within the jurisdictional limits of the County to the Executive Management Board, which shall administer the fund as prescribed in C.R.S. Section 29-11-104 and consistent with this IGA.

ARTICLE VI.
OPERATING EQUIPMENT AND ACCESS TO COMMUNICATIONS SYSTEMS

6.1 All of the Consolidated Emergency Communications Center equipment presently installed and subsequently installed in the Center's facility, or other future location, shall remain in the facility, should any of the Parties to this Agreement choose to cease its participation in the Center.

6.2 Each User Agency shall be responsible for acquiring, maintaining and replacing its own field and in-house equipment used to communicate with the Consolidated Emergency Communications Center. In selecting its own equipment, each User Agency shall prioritize, if possible, interoperability among the User Agencies.

6.3 The Consolidated Emergency Communication Center shall pay all costs of the communications center NCIC line from its budget. The costs of any additional lines and the cost of any future upgrades and line changes will be negotiated by the Executive Management Board with the appropriate vendor, but the final decision shall be made by the Executive Management Board.

6.4 The Communication Center maintains records consistent with the more restrictive of law or the County's Record Retention Policy. Any major change to the records system shall be approved by all Parties to the Agreement. If a major change to the records system will benefit all Parties, payment for that upgrade shall be divided among the using Parties based upon the number of service calls for each Party during the previous year. If a major change will benefit only one Party, that Party shall be responsible for the cost of the upgrade.

6.5 The County shall maintain the Computer Aided Dispatch (CAD) software for the computer at the Consolidated Emergency Communications Center, and the County will be the contact agency with the software company. The County shall have full and final authority concerning all security issues for the CAD at the center. The County shall be responsible for managing all Information Technology (IT) security including, without limitation, staff education and maintaining all security patches, updates and changes. The County's IT staff shall assist the Director and Executive Management Board with all major end-user application system updates and changes.

6.6 The County shall have the responsibility of maintaining security of all files for the Parties. If any Party ceases its participation in this agreement, the County shall continue to maintain the records portion of the system on the County's computer for the remaining Parties.

6.7 The County shall be responsible for system maintenance on the County and Consolidated Emergency Communication Center servers. Each Party shall be responsible for maintenance and replacement of its own equipment. Each Party is responsible for maintenance and replacement of in-building wiring within the Party's own facilities. The Director shall be the contact with the supplier for maintenance of all telephone lines

involved in the records system, and the Director shall be responsible for contacting the appropriate supplier for repairs or installations of telephone lines, including wireless applications. The County IT Department shall be available for additional assistance regarding telephone lines and wireless applications, as needed.

6.8 All records of the Consolidated Emergency Communications Center, including electronically stored data, geographic information system ("GIS") and computer aided dispatch ("CAD") data, and audio tapes shall be the joint property of the Parties, in the custody and control of the County, and available to any Party. The County shall make copies of such records at the request and cost of any Party. The County shall be responsible for responding to any request under the Colorado Open Records Act related to the records of the Consolidated Emergency Communications Center.

ARTICLE VII. FUNDS AND OPERATIONS

7.1 The County shall be the employer of Consolidated Emergency Communication Center employees and the fiscal agent for the Communications Center. As the fiscal agent, the County shall manage all revenues, maintain all accounts and receive and disburse all funds on behalf of the Executive Management Board. The County Finance Director shall provide at minimum, quarterly financial reports (including updates to the Cost Allocation Plan) to the Executive Management Board regarding the financial status (expenditures and revenues, by line item and fund balance) of the Consolidated Emergency Communication Center. Within thirty days of the County's acceptance of its annual audit, the County shall notify the Executive Management Board of such acceptance and, if applicable, shall provide an executive summary regarding audit comments/issues related to the County's role as fiscal agent and/or the management of Communication Center funds.

7.2 The County shall hold the funds for the Consolidated Emergency Communication Center in trust in one fund and shall not be commingled with the funds of any of the Parties to this Agreement. All funds received pursuant to C.R.S. Section 29-11-100.5, et seq. shall be utilized and maintained as set out in those statutes.

7.3 The County may invest the funds for the Consolidated Emergency Communication Center only in accordance with any applicable laws of the State of Colorado governing the investment of public funds.

7.4 No Party shall be responsible for payment of any liability incurred by the Executive Management Board or otherwise associated with the Emergency Communications Center unless budgeted and appropriated by such Party.

7.5 Quarterly each calendar year, each Party shall pay to the fiscal agent its respective share of the Emergency Communication Center's operating costs as calculated by the formula described in Appendix A attached hereto and incorporated herein (the "Fair Share Formula"). Because all Communications Center employees are County employees, the

County shall provide all Communications Center employees the same benefits available to County employees, human resources services, payroll, accounting, IT support, and any services necessary for the Emergency Communications Center that the County provides to other County departments. The cost for services shall be calculated pursuant to the County's annual Cost Allocation Plan and budgeted in the Emergency Communications Center annual budget.

7.6 Annually prior to September 15th, the Executive Management Board shall use the Fair Share Formula as described in Appendix A for purposes of determining the User Agency allocation for the following year. The governing body for each Party to this Agreement shall, in their sole discretion, approve the funding allocation annually (which may be through adoption of the User Agency's budget which includes funding to the Communication Center).

ARTICLE VIII. BOOKS AND RECORDS

8.1 The County shall maintain adequate and correct accounts of the funds earmarked for activities under this Agreement, properties and business transactions. The accounts shall be open to inspection during the County's normal business hours by the Parties hereto, their accountants or their agents. The County shall cause an annual audit to be conducted by an independent certified public accountant licensed by the State of Colorado. The Center shall file a copy of said audit with each of the Parties.

8.2 Within ninety (90) days after the end of each calendar year, the Director shall prepare and present to the Parties a comprehensive annual report of the Board's activities from the preceding year.

8.3 The Director shall present a monthly financial statement and any other such reports as may be required by law or requested by the Board.

ARTICLE IX. EMERGENCY COMMUNICATIONS ADVISORY COMMITTEE

9.1 An Emergency Communications Advisory Committee shall be established to assist the Director in the development and implementation of policies and procedures for the Communications Center. Its charge is to:

- A. Assist the Director with reviewing and improving the Consolidated Emergency Communications system;
- B. Formulate specific projects and objectives with timelines to present to the Director and Executive Management Board;

- C. Represent the collective voice of all communications users within the Communications Center;
- D. Serve as an Advisory Committee to the Director and Executive Management Board in matters pertaining to policies, procedures, and equipment purchases; and
- E. If possible, to assist the Executive Management Board in any other manner requested.

9.2 The Executive Management Board shall establish, review and amend from time to time the policies governing the function of the Advisory Committee.

9.3 The Emergency Communications Advisory Committee shall not have decision-making authority and, therefore, is not subject to the Colorado Open Meetings Law and the meetings and quorum requirements set forth in Paragraph 2.5 of this IGA.

ARTICLE X. TERMINATION OF AGREEMENT

10.1 This Agreement shall continue in full force and effect, subject to amendments, so long as two or more of the Parties have not terminated their participation in this Agreement pursuant to paragraph 10.2 of this Agreement.

10.2 Any Party's participation in the Agreement may be terminated by written notice from such Party to the remaining Parties and Executive Management Board at least ninety (90) days prior to the effective date of the notice; provided, however, that all equipment shall remain in the Communications Center pursuant to paragraph 6 of this Agreement, and no funds shall be refunded to the withdrawing Party. Termination by any one or more Parties shall not terminate this Agreement as to the other Parties so long as this Agreement remains in effect as between two or more Parties.

10.3 Upon termination of this Agreement by a majority (3/4 or greater) of the User Agencies to this Agreement, the powers granted to the Executive Management Board under this Agreement shall continue to the extent necessary to make an effective disposition of the property.

10.4 Upon termination of this Agreement by a majority (3/4 or greater) of the User Agencies, the real property (including, without limitation, land and buildings or improvements attached thereto) at the Communications Center shall remain the property of the County. If the Executive Management Board has purchased personal property (including, without limitation, equipment, furniture, furnishings, phones, computers), such personal property shall be divided by the Board among the member entities remaining at the time of termination in proportion to the percentage of each User Agency allocation as set out in paragraph 7.5 of this Agreement. If a User Agency has withdrawn prior to the final termination of this Agreement, prior to calculating the final distribution of personal property, the withdrawn User Agency's allocation shall be divided among the User Agencies remaining at final distribution, in proportion to the Fair Share Formula described in paragraph 7.5.

10.5 Upon termination of this Agreement, any surplus of money shall be returned to User Agencies that were Parties to this Agreement at the time of termination in proportion to the contributions made. "Surplus of money" is defined to include all of the following: any unrestricted fund balance as well as any surplus User Agency contributions, if any, collected and allocated to pay for services in the fiscal year after the date of final termination of this Agreement. Such surplus of money shall be divided by the Board among the User Agencies remaining at the time of termination in proportion to the percentage of each User Agency allocation as set out in paragraph 7.5 of this Agreement. If a User Agency has withdrawn prior to the final termination of this Agreement, prior to calculating the final distribution of surplus of money, the withdrawn User Agency's allocation shall be divided among the User Agencies remaining at final distribution, in proportion to the Fair Share Formula described in paragraph 7.5.

ARTICLE XI. AMENDMENT

11.1 This Agreement may be amended by the Parties from time to time, but any amendment shall be in writing and approved and executed by all of the then Parties thereto, prior to the amendment becoming effective.

ARTICLE XII. INDEMNIFICATION OF AND INSURANCE FOR THE EXECUTIVE MANAGEMENT BOARD AND OFFICERS

12.1 The members of the Executive Management Board, whether or not then in office and his/her personal representatives shall be indemnified by the Executive Management Board against all costs and expenses actually and necessarily incurred by such person in connection with the defense of any action, suit or proceeding arising out of an act of omission of such person during the performance of such person's duties and within the scope of such person's appointment, except if such person shall be finally adjudged in such action, suit or proceeding to be personally liable (for example, without limitation, for acting outside the scope of duties or an intentional bad act). Such costs and expenses shall include amounts reasonably paid for defense or in settlement for the purpose of curtailing the cost of litigation. Nothing in this IGA is intended that the current/former Board member's right of indemnification shall be exclusive of other rights to which such current/former Board member may be entitled as a matter of law or by agreement.

12.2 Each Party hereto shall maintain liability insurance for its respective members of the Board. The Communications Center shall include in its annual budget and procure Directors and Officers insurance or bonding.

ARTICLE XIII. LAW AND SEVERABILITY

13.1 The laws of the State of Colorado shall govern the construction, interpretation, execution and enforcement of this Agreement.

13.2 If any provision of this Agreement shall be deemed unlawful, void or for any reason unenforceable, then that provision shall be severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

**ARTICLE XIV.
SUPERSEDES ALL PRIOR AGREEMENTS AND BINDING EFFECT**

14.1 This Agreement supersedes all prior agreements, written or oral, between the Parties for emergency dispatch services.

14.2 This writing constitutes the entire agreement between the Parties and shall be binding upon said parties, their officers, employee, agents and assigns and shall inure to the benefit of the respective survivors, heirs, personal representatives, successors and assigns of the said Parties.

**ARTICLE XV.
PAYMENTS SUBJECT TO ANNUAL APPROPRIATION**

15.1 All payments due hereunder are subject to annual appropriations by the Party from which payment is due, so as to avoid creation of a multiple fiscal year financial obligation without voter approval in violation of TABOR (Article X, Section 20 of the Colorado Constitution). In the event any Party fails to appropriate such payments through such Party's budget approval process prior to the calendar year in which such payment is due, the Agreement shall terminate as to that Party as of January 1 of the year in which such payment is due.

**ARTICLE XVI.
EFFECTIVE DATE**

16.1 This Agreement shall be in full force and effect upon execution of this Agreement by all of the Parties.

16.2 Upon execution of this Agreement by all of the Parties, the 2020 IGA shall automatically terminate.

**ARTICLE XVII.
EXECUTION IN COUNTERPARTS**

17.1 This Agreement may be executed in multiple counterparts which shall be effective as if all signatures were affixed to one original document.

IN WITNESS WHEREOF, the Parties hereto have set their hands and seals by their duly authorized officers, agents or representatives.

**BOARD OF COUNTY COMMISSIONERS
OF ARCHULETA COUNTY, COLORADO**

By: _____
Chairman

Date: _____

Approved as to form:

Attorney for Archuleta County

Attest:

County Clerk

TOWN OF PAGOSA SPRINGS

By: _____
Mayor

Date: _____

Approved as to form:

Town Attorney

Attest:

Town Clerk

UPPER SAN JUAN HEALTH SERVICE DISTRICT

By: _____
(Title)

Date: _____

Approved as to form:

Attorney for the Upper San Juan Health
Service District

Attest:

(Title)

PAGOSA FIRE PROTECTION DISTRICT

By: _____
Chairman

Date: _____

Approved as to form:

Attorney for the Pagosa Fire Protection
District

Attest:

District Secretary

APPENDIX A

The EMB is committed to the following fiscal strategy:

1. The Executive Management Board approves the projected annual budget.
2. The first source of revenues is the following:
 - a. The projected County 911 surcharge revenues set forth in the approved annual budget;
 - b. The projected State 911 surcharge revenues (should there ever be any); and
 - c. A projected mill levy or property tax or sales tax (should there ever be any); and
 - d. Projected grant revenues and/or other one-time sources.
3. The balance of revenues needed to meet budget, including any overage as described in #4, is paid by each member in proportion to the member's share of total calls received for the prior three years. The proportionate share of each member is a ratio; the numerator is a member's total Calls for Service for the three prior years and the denominator is the cumulative members' total Calls for Service for the three prior calendar years. Three prior years means the three prior years available at the time projected budgets are prepared in the fall (so for example, the budget for 2021 is prepared in the fall of 2020 using the 3 prior years, 2019, 2018, and 2017).
4. Each fiscal year in the budget preparation process, the EMB shall determine what, if any, additional contributions beyond what is required to meet annual expenditures paid by each member to be allocated to annual capital and operating expenditures and how much shall be allocated towards fund balance to build up strategic reserves for future dispatch center needs. The center shall save and maintain in the fund balance a minimum of 3 months working capital in reserve.



MINUTES OF REGULAR BOARD MEETING

Tuesday, August 25, 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 August 25, 2020, at Pagosa Springs Medical Center, The Board Room, 95 South Pagosa Blvd., Pagosa Springs, Colorado as well as via Zoom video communications.

Directors Present: Chair Greg Schulte, Vice-Chair Matt Mees, Treasurer-Secretary Dr. King Campbell, Director Jason Cox, Director Karin Daniels, and Director Mark Zeigler.

Present via Zoom: 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. 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: The Board noted approval of the agenda.

2) **PUBLIC COMMENT**

There was none.

3) **PRESENTATION: COVID-19**

CEO Dr. Rhonda Webb reminded the Board, from the last meeting, that Archuleta County was one of the 15 counties designated as “red” by Governor Polis, with the threat of reverting us back to “Safer at Home” restrictions. CEO Dr. Webb noted the county is now trending to “yellow” and is almost to “green”.

CEO Dr. Webb then noted the following:

- PSMC has improved cooperative work with the county, the town, the chamber of commerce and many other public and private entities, and has internally come together as a team.
- A big shout-out to the Pagosa Springs stitchers group and other community sewists who have collected 6,000 mask kits provided by Project Hope and have sewn all but 400 masks to date. Masks are available to anyone in need.

- Today, as of noon, SJBPH has reported one new Archuleta County resident and one new non-county resident positive cases.
- Turn-around time for testing is approximately four days. In-house testing is still available at PSMC, though limited due to not receiving entire shipment.

Questions were asked and answered.

4) **REPORTS**

a) **Oral Report**

i) Chair Report

Chair Schulte gave a shout-out to The SUN newspaper for recognizing CEO Dr. Webb for the work that she is doing for our community regarding COVID-19 education in a recent editorial. Chair Schulte added his thanks for her efforts as well.

Chair Schulte then advised the Dispatch Executive Management Board asked the IGA Subcommittee to reconvene to review the progress on the IGA – particularly, Appendix A which is the funding portion for the dispatch. The subcommittee met last Wednesday with representatives of all four partnering agencies in attendance. The last meeting is scheduled to be September 10, then the subcommittee will present to the Executive Management Board their recommendation. The Executive Management Board will then vote to recommend the IGA document and present it to each of the four agencies for their individual acceptance.

ii) CEO Report

CEO Dr. Webb presented and discussed the attached 2019 Annual Program Evaluation.

Director Zeigler asked a question regarding mental health ratios as reported in the evaluation. CEO Dr. Webb answered.

Chair Schulte asked a question regarding tele-psychiatry as it relates to the reported numbers. COO-CNO Kathee Douglas answered.

Chair Schulte asked a question regarding patient satisfaction efforts. COO-CNO Douglas and CEO Dr. Webb answered.

CEO Dr. Webb then noted the following:

- The new ambulance will arrive in September.
- Operationally, PSMC has been able to reduce expenses and increase revenue.
- Other fundraising focus include mammography equipment upgrade and updated oncology computer software.
- The contract has been executed to start on the COVID-19 related front entrance vestibule. Completion should be within 30 days upon the start of the project which will be constructed by GE Johnson.

iii) Committee Reports:

(1) Executive Committee

There was no report.

(2) Foundation Committee

There was no report.

(3) Facilities Committee

Vice-Chair Mees presented a video of the HVAC unit being installed today. It

measures 5'x5'x38' and weighs approximately 7,000 lbs.

Vice-Chair Mees then advised of the following construction updates:

- To improve PSMC's response to the pandemic, a construction contract has been signed for additional infection control remodeling work to the front entrance vestibule and negative air pressure rooms in the outpatient clinic. COO-CNO Douglas advised the only issue that would delay the construction would be the ordering of the HVAC equipment that supports it. Equipment not expected to arrive until October, but the hope is the vestibule and hot doc should be ready in the middle of October.
- Two trauma rooms will also be converted to negative air pressure.

(4) Strategic Planning Committee

Director Cox advised the Board the Strategic Planning Committee just had their fourth planning session. A rough draft of goals and objectives have been prepared. Next steps comprise of four different levels of engagement:

1. In September, the Committee would like to present the draft strategic plan to a small community focus group which would comprise of four community stakeholders from different areas of the community to help refine the plan and give feedback. The committee is requesting nominations from Board members of who would be helpful for this effort. Board members are to email CEO Dr. Webb with any nominations.
2. Take feedback from community group, refine the Strategic Plan, then in October present it to the Board to analyze and provide feedback.
3. Further refine the Strategic Plan with Board feedback then, in October or November, present it to the entire community for more comprehensive public feedback.
4. Based upon broad community feedback and timing, present the Strategic Plan to the Board in November or January.

Director Cox noted that the Strategic Plan is a three year plan.

Director Dr. Pruitt asked a question regarding when the Board will get a preliminary look at the Strategic Plan. Chair Schulte answered.

(5) Finance Committee

CFO, Chelle Keplinger-Kloep presented and discussed the attached PowerPoint financial presentation.

Treasurer-Secretary Dr. Campbell noted the following Finance Committee recommendations to the Board:

1. For the Board to accept the July 2020 financials as presented;
2. With respect to Board meetings for the remainder of the year, the Finance Committee recommended:
 - a. no meeting in September to allow staff time to focus on budgets and the HVAC project,
 - b. one meeting in October (early before the 10/15 deadline to preview the budget),
 - c. one meeting in November, and
 - d. in December assess if a December meeting is needed.

b) Written Reports

i) Operations Report

There were no questions.

ii) Medical Staff Report

There were no questions.

5) DECISION AGENDA

a) Resolution 2020-17:

Treasurer-Secretary Dr. Campbell motioned to accept Resolution 2020-17 regarding approval of the renewal of the CEO's employment contract. Upon motion seconded by Vice-Chair Mees, the Board unanimously accepted said resolution.

b) Resolution 2020-18:

Vice-Chair Mees motioned to accept Resolution 2020-18 regarding acceptance of the Hospital Annual Program Evaluation. Upon motion seconded by Director Daniels, the Board unanimously accepted said resolution.

c) Resolution 2020-19:

Chair Schulte gave an overview of the resolution. Director Cox motioned to approve Resolution 2020-19 with Option #1 regarding adjustments to the meeting schedule in September, October and November 2020. Upon motion seconded by Director Dr. Pruitt, the Board unanimously approved said resolution with Option #1.

6) CONSENT AGENDA

Greg overview regarding the desire to compose a letter of gratitude to DOLA for their continued support and partnership with the District.

Director Zeigler motioned to approve the regular meeting minutes of 07/28/2020, the Medical Staff report recommendations for new or renewal of provider privileges, and letter to DOLA.

Upon motion seconded by Director Daniels, the Board unanimously approved said consent agenda items.

7) EXECUTIVE SESSION

Chair Schulte recessed the Regular Meeting at 6:30 p.m. MST.

Upon motion made by Director Cox and seconded by Director Zeigler the Board unanimously agreed to meet in executive session at 6:30 p.m. MST, pursuant to C.R.S. Section 24-6-402(4)(b), conferences with an attorney for the local public body for the purposes of receiving legal advice on specific legal questions; the topic is potential litigation.

Directors present in executive session were: Chair Schulte, Vice-Chair Mees, Treasurer-Secretary Dr. Campbell, Cox, Director Zeigler, and Director Daniels.

Director present via teleconference was: Director Dr. Pruitt.

Also present at the meeting: In-house Legal Counsel Ann Bruzzese, CEO Dr. Webb and Clerk to the Board Heather Thomas.

Chair Schulte adjourned the executive session at 7:02 p.m. and resumed the regular meeting at 7:03 p.m. MST.

8) OTHER BUSINESS

There was none.

9) **ADJOURN**

There being no further business, Chair Schulte adjourned the regular meeting at 7:03 p.m. MST.

Respectfully submitted by:

Heather Thomas, serving as Clerk to the Board