KREMMLING MEMORIAL HOSPITAL DISTRICT
d/b/a Middle Park Health
BOARD OF DIRECTORS MEETING AGENDA - REVISED

March 28, 2019 6:00 P.M.
Middle Park Health - Kremmling Conference Room

Mission: To support and encourage the physical, emotional and spiritual health of our community
Vision: We provide high-quality, viable health care locally, ensuring our growing mission to “keep life grand.”
Values: PRIDE: Passion, Respect, Integrity, Dedication, Excellence

1. Call to Order
2. Roll Call
3. Review and Approve Agenda
4. Public Comments (if any)
   Citizens should state their names for the record.
5. Reports of Good News
6. Motion for Approval of Minutes
   • February 28, 2019
7. Consent Agenda
   • Quality Reports
     o Quality Dashboard 2018
     o 2015 CAH Annual Review of Services
     o 2016 CAH Annual Review of Services
     o 2017 CAH Annual Review of Services
     o 2018 CAH Annual Review of Services
8. Privileging for Approval
   • Todd Bolotin, MD, Full Active Privileges in Emergency Medicine
   • Kathleen Hornbaker, CRNA, Full Active Privileges as a Certified Registered Nurse Anesthetist
    • February 2019
11. SDA Compliance Calendar
12. Marketing Update
13. Update on projects
    • Cliffview
    • USDA
14. Board Discussion

- BASH

15. Items for Next Agenda

16. Executive Session (if any)

- CRS #24-6-402(e) – Determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators.
- CRS #24-6-402(f) – Personnel matters

17. Adjournment

Next Regular Board Meeting: Thursday, April 25, 2019, 6:00 PM, Middle Park Health Conference Room-Kremmling.
KREMMLING MEMORIAL HOSPITAL DISTRICT
d/b/a Middle Park Health
Board of Directors Meeting Minutes
Thursday, February 28, 2019

With meeting notice, Bernie Murphy called the Kremmling Memorial Hospital District board meeting to order at approximately 6:00PM.

Board members present: Bernie Murphy, President; Gary Bumgarner, Vice-President; Jodi Docheff, Secretary/Treasurer; Carol Petersen, Member; Kelly Johnson.

Also present: Tom Coburn, Deb Plemmons, Jason Bryan, Derek Ortner, Rob Wissenbach, LouAnn Wilroy, Dr Rob Schmidt, Josh Neff, Mikealena Horner.

Agenda Approval

Motion: A motion was made by Gary Bumgarner and seconded by Carol Petersen approving the agenda as presented. Motion adopted on a 5-0 vote.

Public Comments

Jeff Miller thanked the Board for supporting B.A.S.H. with their Board Packet they donated. Last year it brought in $2,100 by LouAnn Wilroy. The goal of B.A.S.H. this year is $100,000. Board President Bernie Murphy thanked the Middle Park Medical Foundation and Jeff Miller for all that they do for the hospital.

Jeff Miller in turn thanked Jason Bryan and Tiffany Freitag for all of their hard work on B.A.S.H.

Reports of Good News

Derek Ortner has joined MPH as VP of Ancillary & Support Services. He’s been on the real job about 9 days. He came in as an “undercover boss” and it was a great opportunity to meet the team, and see the operations of the hospital and staff. Even after they found out who he was one of the ES staff asked him to help fold clothes. He was undercover for about 2 weeks. It was a great few weeks he said.

Jason Bryan said he did well as the new guy.

Minutes Approval

Motion: A motion was made by Gary Bumgarner and seconded by Bernie Murphy approving the minutes from the January 31, 2019 meeting. Motion adopted on a 4-0 vote. (Kelly Johnson did not vote as she was absent that meeting).

Consent Agenda

None

Privileging for Approval
The following names were presented for privileging approval:

- Natalie Ayres, MD, Full Active Privileges in Emergency Medicine
- Sandra Zila-Eivins, MD, Full Active Privileges in Dermatology
- Robert Ratcliff, MD, Full Active Privileges in General Surgery
- Mark McCaulley, MD, Full Active Privileges in Gastroenterology and Internal Medicine
- Steven Humpal, DO, Full Active Privileges in Family Medicine
- Jeffrey Alpert, MD, Full Active Privileges in Family Medicine

**Motion:** A motion was made by Gary Bumgarner and seconded by Bernie Murphy approving the privileging noted. **Motion adopted on a 5-0 vote.**

**Policies and Procedures for Approval**

There were 23 revised policies, 13 new and 1 retired. The 13 new are Cliffview policies that needed to be in place to take over operations of Cliffview.

**Motion:** A motion was made by Jodi Docheff and seconded by Kelly Johnson approving the policies. **Motion adopted on a 5-0 vote.**

**Financial Report – Tom Coburn**

**Inpatient Activity**- Acute and obs are up for patient days.

**Surgical Services** – We are up 47% in surgical. GI was down with Dr. McCaulley being out for a few weeks.

**Emergency**- The ED was relatively the same.

**Clinic**– Winter Park is really up with clinic visits. Overall we are down 8.5% which is sole based on availability of a doctor. We have one physician that left MPH, and another provider that is working part time.

**Balance Sheet** - $2.48M in the bank. That is down for month due to having 3 pay periods in the month, and there was check written for almost $400,000 to Medicaid that does not happen ordinarily. If you look at what we actually have in the bank now it is $3M.

**Motion:** A motion was made by Gary Bumgarner and seconded by Bernie Murphy approving the financials. **Motion adopted on a 5-0 vote.**

**Board Resolutions for Approval**

✓ Resolution #19-01-02 – Resolution to Open a Cliffview Security Deposit Account for the purpose of holding Cliffview residence security deposits during the period of their occupancy.
Motion: A motion was made by Gary Bumgarner and seconded by Jodi Docheff to approve Resolution #19-01-02 to open a Cliffview Security Deposit Account. **Motion adopted on a 5-0 vote.**

**THOR-**

Contract for THOR project is expected to be finalized this week

2. Mark Davidson from Fairfield and Woods has been identified as our legal counsel for the THOR project. He has been sent a retainer and we will be having further discussions with his firm.

3. The town of Gypsum has opted out of the THOR project which secured DOLA funding for one of the Meet-Me-Center (MMC) sites. We expect to be able to capture DOLA funding for the second site, but that is TBD.

4. Visionary has identified circuits for the Kremmling and Granby sites. We expect to be up and running sooner than the rest of the THOR circuit due to our need for redundancy and a replacement ISP by June 30.

5. Visionary has asked to use either the Kremmling Hospital or the Kremmling Wellness Center (former Middle School) as a site to start delivering Wireless Internet access in the town of Kremmling.

6. Mountain Parks Electric have been contacted. They are currently building a Fiber backbone for all their facilities. This was a short conversation and we’re expected to have additional dialogue.

Motion: A motion was made by Gary Bumgarner and seconded by Jodi Docheff to have the old middle school as the primary site and that we could sign the contract outside of the board meeting when it was ready. **Motion adopted on a 5-0 vote.**

**SDA Compliance** – As of right now we do not have anything due for the compliance calendar.

**Board Discussion**

**Cliffview Update** –

Deb said we are ready to go and have worked through a lot of issues. MaryJo has been meeting with staff and will be holding a meeting on Monday with Middle Park Health from 3-5. Deb and Jason will be going over as well meeting with them to see what questions they can answer, and have cake as a way of welcoming them. We did lose 2 employees, one was let go from Sr housing, and one was not
able to be rehired. We started onboarding the staff yesterday. There are 4 open positions for Cliffview and we are advertising to get applicants. When we first started conversations about taking over we had 24 residents, 2 have left. There is a dietary person over there that cooks for them, and our Dietary Director is trying to set a process up at Cliffview for this. MPH will be providing healthy snacks for them even though the residents are pushing to keep their vending machine with junk food. We are looking at trying to consolidate kitchens, but that will take about 6 months before we make any big changes.

Grand Lake -

Derek met with Jim White last Tuesday. They walked through the space and everything is in motion. Our long lead time items, such as x-ray, have been ordered. We are working with the town manager to get construction done and our plant operations team will be working on that next. The target date is Memorial Day weekend. The caveat to that is to make sure we can pull Dr. Paulsen over there.

Wellness and Quality of Life Building –

Derek said they were at the building today and there was a setback with some plumbing issues. The room is ready to go with painting and carpeting. The weight and cardio room should be done in the next month. Once they are finished they will notify the local fire department, and then the state. The state defers to the local fire department. They did a walk through looking for places for signage. The recommendation is that the front door be replaced with an auto opener for the door that is ADA compliant. Arrangements for other doors can be made but the front door needs to be the main focus before state comes.

B.A.S.H. –

Jason said B.A.S.H. is sold out with 222 people coming. There is about $24,000 in silent auction items and this year they are using an app on your phone that allows people to bid.

USDA –

Phase one is moving rapidly. Tom had hour long conversation with Kevin, who gave a talk about the regulations and then they had a call Tuesday to work thru everything. The paperwork has been processed. Next will be the request for qualifications where contractors send in their qualifications to bid on the job. We have a matrix we use to help make the decision on who would be best. The feasibility study should be done end of April. The USDA usually turns things around at about 30-60 days, at which time it will be time to close on the note.

Annual Report –

Deb will have the annual report at March’s meeting. Gary would also like to see a “what happened” list from the prior meeting to help keep track of the status of all the projects going on.
Other

Deb shared that we had 4 Town Halls with staff and about 70 employees attended. We are trying to keep the staff more informed.

The Middle Park Health Fair is Saturday, April 27th at West Grand High School. MPH would like to get Flight for Life there again this year.

Centura Update – LouAnn Wilroy

LouAnn said that they will extend the management agreement until the end of June.

Motion: A motion was made by Gary Bumgarner and seconded by Jodi Docheff to extend the management agreement until June 30, 2019. Motion adopted on a 5-0 vote.

LouAnn has accepted a new role at Centura Health working on special projects as they start working on their 2025 Strategic Plan. She introduced Josh Neff who will be working with Dr. Rob Schmidt and they will be coming to the KMHD BOD meetings and our main contact.

Items to Discuss at Next Board Meeting

Centura Health Quarterly Report – LouAnn Wilroy

Updates on:
- Cliffview
- USDA
- Grand Lake
- THOR
- BASH

Executive Session – 7:43PM

Motion: A motion was made by Bernie Murphy and seconded by Gary Bumgarner to go into executive session to discuss subjects below. Motion adopted on a 5-0 vote.

CRS #24-6-402(e) – Determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators.

Non-board members invited to this executive session were Jason Bryan, Tom Coburn, Deb Plemmons, Derek Ortner.

CRS #24-6-402(f) – Personnel matters.
Non-board members invited to this executive session were Jason Bryan, Derek Ortner.

**Resumption of Open Meeting – 8:39PM**

**Adjournment**

**Motion:** A motion was made by Kelly Johnson and seconded by Bernie Murphy to adjourn the meeting at 8:39pm. **Motion adopted on a 5-0 vote.**

**NEXT REGULAR BOARD MEETING:** Thursday, March 28, 2019 6:00PM, Middle Park Health - Kremmling Conference Room, 214 South 4th Street in Kremmling.

Bernie Murphy, President

Jodi Docheff, Secretary/Treasurer

Approval Date: 3/28/2019

Minutes taken by Cindy Multerer
Annual Critical Access Hospital Review 2015

PURPOSE:

To document Middle Park Medical Center’s (MPMC) compliance with Federal regulations and Critical Access Hospital (CAH) Conditions of Participations for CAH (CFR § 485.641): The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes a review of the utilization of CAH services, including at least the number of patients served and the volume of services; a representative sample of both active and closed clinical records; and an annual review of policy and procedures.

DATA SOURCES:

Information used for this Annual Report was obtained through the following mechanisms:
1. Utilization review
2. Committee and department minutes
3. Incident and variance reports
4. Patient satisfaction and complaint data
5. Statistical reports
6. Other reports as applicable

REVIEW PROCESS AND FOLLOW UP:

- The Quality Committee, under direction of the Quality Director, coordinates information gathering and develops an annual review report.
- The report is reviewed and discussion at the Quality Council meeting.
- The report, which includes findings and recommendations, is then presented to Senior Leadership Team for review and identification of areas for improvement that align with MPMC strategic goals and objectives.
- The report is presented to the Hospital Board for review and input.
- The Quality Council uses the Board and Leadership feedback to guide the subsequent year’s Quality Improvement Plan.
UTILIZATION OF SERVICES

Current Scope of Services

Emergency Services
Trauma Level IV Designation
24/7 Emergency Department (ED)
Urgent Care

Medical Services
Inpatient
Outpatient
Swing Bed

Diagnostic Services
Laboratory
General x-ray
Computerized Tomography (CT)
Ultrasound
Mammography
Magnetic Resonance Imaging (MRI)
Bone density screening
Echocardiography
Stress testing

Ambulatory Care
Granby Clinic
Kremmling Clinic
North Park (Walden) Clinic
Annual exams and preventative care
Adult and pediatric immunization
Telemedicine
Physical therapy (PT)
Speech therapy
Occupational therapy (OT)
Message therapy
Dietary services
Cardiac rehabilitation
Surgical services

Community Health Services
Patient navigation
Sports physicals
Nutritional counseling
Annual health fairs
Discharge planning
Certified application assistance

Notable Service Utilization Trends for 2015 Compared to 2014

Inpatient days ↑ 4%
Extended care days ↓ 50%
Surgery cases ↑ 10%
Gastrointestinal (GI) Cases ↑ 12%
Emergency Room visits ↑ 4%
Lab procedures ↑ 7%
Ultrasound procedures ↑ 20%
CT procedures ↓ 6%
OT procedures ↑ 19%
Cardiac Rehab ↓ 36%
Granby Clinic ↑ 24%
Specialty Clinic ↑ 20%
Kremmling Clinic ↓ 12%
North Park (Walden) Clinic ↑ 11%
Mammography procedures ↓ 20%
Dexa bone scans ↓ 14%

Average length of stay for inpatients: 3.16 days (75.84 hours). The annual average length of stay by hours continues to meet the regulatory requirement for CAH status.
Readmissions to the hospital: 2 patients.
Department Review of Services

Facilities/Plant Operations
- Lead Maintenance Tech in Granby retired on 12/31/15.
- Upgraded and installed additional code call stations.
- Continued to improve community relationships as we worked with area contractors and local agencies.
- Operate the maintenance program to provide a safe working environment for our co-workers and patients.

Diagnostic Imaging
- Tele-radiology provides for timely interpretation of examinations by Board Certified Radiologists.
- Secure Virtual Private Networking (VPN) tunnels allow for electronic transmission of imaging examinations to several Front Range Hospitals and Level 1 Trauma Centers.
- # of tests performed across 3 MPMC sites (2 hospitals and 1 Rural Health Clinic):

<table>
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<th>Kremmling CAH</th>
<th>Walden RHC</th>
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<tr>
<td>TOTAL</td>
<td>6879</td>
<td>1543</td>
<td>196</td>
<td>8618</td>
</tr>
</tbody>
</table>

2015 Aggregated: 3 Sites
Granby Emergency Department
- Total number of patients seen = 4521
- Patients left without being seen = 12 or 0.2% of patients
- Patients that left against medical advice (AMA) = 20 or 0.44% of patients
- Projects worked on during 2015:
  - Medication Documentation Accuracy – review nursing documentation for accuracy involving medication for regulatory and billing compliance.
  - Alternative Care Site (ACS) Trailer: Have signed Memorandum of Understanding (MOU) with Grand County and continue to work on our stocking process.
  - Intravenous (IV) Therapy Accuracy – review documentation for IV therapy to ensure documentation is accurate for billing compliance.
  - Chart Review Process – review of charts to ensure documentation accuracy involving core measures and general charting for regulatory and billing compliance.
  - Blood Administration Policy Consolidation –Had several policies that were consolidated into one policy.
  - Psychiatric Hold Protocol – worked with Mind Springs Health for protocol of M-1 patients.
  - Hazmat/Decontamination Training – planning for all appropriate staff to be properly trained on hazmat protocols.
  - Service Excellent Initiative – Director is the Service Excellence Advisor Super Coach for year 3.

Kremmling Emergency and Inpatient Departments
- Total number of Emergency Department patients seen = 883
- Total number of Urgent Care patients seen = 258
- Total patient days (includes Observation, Acute, Swing and Extended Care) = 2078
- Patients left without being seen = 0
- Patients left against medical advice = 3 or 0.3% of patients
- Projects worked on during 2015
  - CHA HEN project – tracking and making improvements in Fall Prevention, and Catheter Associated Urinary Tract Infections.
  - Fall prevention program- Zero falls for 185 days
  - Patient and Family Advisory Council was developed. Currently meets on a quarterly basis.
  - Extended Care resident activity program includes many community projects collaborating with Auxiliary volunteers, local ministers and schools including High School community service projects.
  - Trauma outreach program participated in the local health fairs. They created a Teddy Bear clinic for children and provided information to High school age students on the hazardous of texting and driving.
Drills – Participated in an Active Shooter Drill, collaborate with the Health Care Coalition on communication and Ebola drills.
Hazmat/Decontamination Training – planning for all appropriate staff to be properly trained on hazmat protocols.

Development Department
- Over $160,000 in grant funds were awarded
- Approximately $3,000 was received in personal donations

Dietary and Nutrition Services:
- Prepare and serve attractive, tempting food under the highest standards of sanitation and safety for our Residents, patients, personnel and guests. Physician diet order, patient food preferences and allergies are taken into account for all patients.
- Follow comprehensive food safety and self-inspection system that includes equipment monitoring to ensure the effectiveness and quality of the food safety program for all of our food service customers.
- MPMC-K Dietary Staff recently has undergone a food safety and storage renovation project to replace food storage bins with new BPA free containers and improved storage efficiency, both in dry goods and refrigerator/freezers.
- Plan menus to meet the nutritional requirements and the clinical needs of the patients of MPMC that are in accordance with the Physician’s orders. The four week cycle has been revised to include higher quality food items, seasonal produce, improve fiber intake and provides more meal substitutions.
- The Registered Dietitian is accessible to all three clinics for nutrition referrals, and MPMC hospitals for in-patient nutritional care; rounding to MPMC-K and Granby campus is weekly. Nutritional consultations are arranged for NPMC as needed.
- Provide Out-patient nutrition consultations with the client’s motivation and goals in mind, as well as provide appropriate educational information for the specific dietary nutritional need.
- Nutrition intervention is provided by the Registered Dietitian (RD) as ordered by Provider or as indicated by a nutrition screening and/ or assessment.
- The Registered Dietitian participates in the local 9-Health Fairs of Grand County and when called upon by community health agencies for nutrition information and input. Community Education Diabetes classes in 2015 were presented by RD and collaborated with NWCCI.

Lab
- Provide testing in Chemistry, hematology, coagulation, blood gas, therapeutic phlebotomy, rapid kit testing, and urology. Special chemistry to include D-dimer and BNP. Blood bank is limited to blood type, antibody screening and cross matching performed in Granby.
- Both laboratories proves a quick Lab program for affordable lab test to accommodate low income or uninsured community members.
- Enrolled in the American Proficiency Institute to ensure accurate, high quality performance and evaluation of all testing performed by lab personnel.
- Became Certified CLIA Laboratory.
- Implemented IQCP program as required by CLIA
- Pathologist provides laboratory oversight and visits on a monthly basis. Performs all annual competency as well as new hire competency as required by CLIA
- Equipment
  - Purchased a new Chemistry analyzer in Kremmling that allows the hospital to perform additional tests.
  - Two new computers for Kremmling
  - A new refrigerator and freezer for Kremmling

Medical Staff changes since the 2014 annual review

The following providers joined the Medical Staff:
- Dr. Elizabeth Buell – Family Practice
- Dr. Shane Tong – Family Practice

The following provider resigned:
- Dr. Greg Gutierrez – Family Practice

The following specialty and ancillary providers were credentialed:
- William Ballas, PA – Orthopedics
- Dr. Brian Cox – Radiology
- Dr. Heather Crawford – Radiology
- Khristin Degli, PA – Orthopedics
- Dr. Ken Hirasaki – Radiology
- Dr. Zaki Ibrahim – Orthopedics/Spine
- Dr. Lloyde Kershen – Radiology
- Dr. Peter Lemis – Cardiology
- Dr. Michael Seymour - Radiology

CLINICAL RECORD REVIEW

In compliance with CAH regulations CFR 485.641(a) (1) (ii), a representative sample (at least 10%) of both active and closed clinical records was reviewed in the past year. Included in the review were inpatient, emergency room, and ambulatory records. Both concurrent and retrospective reviews were conducted for completeness, accuracy, consent and advance directives, medical necessity, and adherence to protocols and standards of care.

Indicators that Trigger Medical Record Review

- Hospital deaths
- Cases involving patient and/or staff complaints
- Readmissions
- Transfers
- Adverse drug events
- Trauma cases
- Hospital acquired conditions
- Codes
- Clinical quality measures
• Against Medical Advice (AMA)
• Sepsis

**Medical Case Review for Quality Improvement**

Concurrent and retrospective record reviews are conducted by department Directors for the following clinical measures:

- 100% Heart Attack (AMI)
- 100% Stroke Patients
- Surgical Site Infections
- Antibiotic Selection and Timing
- 100% Inpatient Pneumonia
- 100% Heart Failure
- 100% Venous Blood Clot (VTE) Prophylaxis for Applicable Patients

Other cases reviewed include those not meeting Meaningful Use criteria and cases representing quality or risk management issues.

- MPMC has attested for Stage 2 Meaningful Use for the hospital.
- MPMC is reporting data to the Hospital Engagement Network (HEN).
- MPMC reports to the Medicare Beneficiary Quality Improvement Project (MBQIP).

**POLICY REVIEW**

The Policy Committee reviews all policies submitted after Directors have created, reviewed, revised, and/or archived them. The Board has final approval of all policies. Policies are scheduled for review at least annually and whenever a need for modification is recognized.

**PERFORMANCE IMPROVEMENT AND QUALITY ASSURANCE**

**Clinical Quality Measures**

MPMC is compared to other reporting CAH/hospitals, and MPMC is meeting the benchmark set for each measure, with the exception of two areas. Uncontrolled diabetes measure for two of the clinics continues to be above the benchmark. A process mapping with the clinic teams is set for 2016 to work on documentation of diabetic patients' lab tests- HbA1c.

**Medication errors**

MPMC had an overall medication error rate of 0.9%. There were 208 errors reported, which are broken down as follows:
- Omission of order = 55
- Incorrect medication = 8
- Incorrect dose = 15
- Incorrect time = 3
- Failure to document medication administration = 82
- Incorrect route = 4
- Extra dose = 4
- Other = 24

Infection Rates

MPMC had zero Hospital Acquired Infections (HAI) and no reported surgical site infections

Blood Utilization

Clinical research has shown that restrictive transfusion practices are generally associated with better patient outcomes as well as reduced health care resource utilization. This evidence has emerged as providers are increasingly being urged to implement evidence based clinical decision guidelines that improve the quality and efficiency of the care they deliver and measure patient outcomes.

In 2015, six units of blood products were crossmatched and available for transfusion. One patient received four units of blood without any reaction or problem.

PATIENT SATISFACTION

HealthStream provides survey information to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for outpatient and ED services. The number of responses is small and is obtained through phone calls. Results are reported out for top box percentages and allow for comparison to 2014 data.

- Overall rating for outpatient increased by 2%.
- All questions for the ED saw percentage decreases. The Nurse Directors have identified the areas that need the greatest improvement and have created Process Improvement (PI) projects.

OTHER NOTABLE EVENTS AND IMPROVEMENTS

- USDA loan
- Telemedicine
- Service Excellence Academy (SEA) Year 2
- Leadership training classes
- 340b program initiated
- Specialty Clinic expansion
Annual Critical Access Hospital Review 2016

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Outpatient
Swing Bed

Diagnostic Services
Laboratory
General x-ray
Computerized Tomography (CT)
Ultrasound
Mammography
Magnetic Resonance Imaging (MRI)
Bone density screening
Echocardiography
Stress testing

Ambulatory Care
Granby Clinic
Kremmling Clinic
North Park (Walden) Clinic
Annual exams and preventative care
Adult and pediatric immunization
Telemedicine
Physical therapy (PT)
Speech therapy
Occupational therapy (OT)
Message therapy
Dietary services
Cardiac rehabilitation
Surgical services

Community Health Services
Patient navigation
Sports physicals
Nutritional counseling
Annual health fairs
Discharge planning
Certified application assistance

Notable Service Utilization Trends for 2016 Compared to 2015

- Inpatient days ↑ 21.7%
- Extended care days ↑ 45.7%
- Surgery cases ↑ 29.6%
- Gastrointestinal (GI) Cases ↑ 8.2%
- Emergency Room visits ↑ .75%
- Lab procedures ↑ 15.7%
- Ultrasound procedures ↑ 22%
- CT procedures ↑ 19.6%
- OT procedures ↑ 48%
- Cardiac Rehab ↑ 6.75%
- Granby Clinic ↑ 8.6%
- Specialty Clinic ↑ 10.5%
- Kremmling Clinic ↑ 13.2%
- North Park (Walden) Clinic ↑ 1.6%
- Mammography procedures ↑ 21%
- Dexa bone scans ↑ 43%

Average length of stay for inpatients: 3.2 days (76.8 hours). The length of stay by hours continues to meet the 96 hours annual average CMS regulatory requirement for CAH status. Readmissions to the hospital were 7.3% for 2016, which falls 58% below the national average of 17.5% recognized by CMS.
Department Review of Services

Facilities/Plant Operations
- Panic systems installed in both facilities
- Parking lot addition in Granby
- Fire system fixed in Kremmling
- New doors in Kremmling
- Sidewalk repairs in Kremmling
- Alley way improvements and curb stops installed in Kremmling
- Gutters installed in Kremmling
- Coffee machines added in both facilities
- Started Physician shuttle program
- Matt Robinson became lead in Kremmling
- Installed AC in Phone/computer room in Kremmling
- New stairway into Administration hall in Kremmling

Diagnostic Imaging

*Overall growth of total Diagnostic modalities 2012-2016*

- New Director hired February 2016
- New process put in place with improved patient satisfaction
- Director reached out to community physicians to improve physician satisfaction regarding ordering tests and receiving results.
- New mini c-arm purchased.
• Provided Echo and Echo stress tests once a month
• Director resigned in December and interim lead techs oversaw department

Rehab

• Completed MOU between MPMC and high schools in the county. It has been successful and there is an increase in the referrals to the Kremmling and Granby clinics due to the relationships with the schools.
• Moved Cardiac Rehab to report to the Director of Rehab. Hired new Cardiac Rehab nurse.
• New cash based services started in Winter Park in Dec 2016.
  o Functional Dry Needling
  o Massage Therapy
• Hired new staff to allow for increased availability and flexibility in scheduling inpatients and outpatients.
• As part of our facility use agreement with Fraser Rec, the Aquatic Therapy program is using the pool once a week.
• Telehealth with Dr. Kholsa for post concussion patients.
• Members of the Rehab participated/volunteered:
  o All three health fairs in the county
  o Walk for the Cure.
  o Diabetes Awareness Walk
  o NSCD fund raiser
  o BASH
  o MPMC foundation annual dinner
  o Bull, Boots and BBQ.

Granby Emergency and Inpatient Departments
• Total number of patients seen = 4606
• Total patient days (includes Observation and Acute) = 112
• Patients left without being seen = 5
• Patients that left against medical advice (AMA) = 8

Kremmling Emergency and Inpatient Departments
• Total number of Emergency Department patients seen = 839
• Total number of Urgent Care patients seen = 327
• Total patient days (includes Observation, Acute, Swing and Extended Care) = 2975
• Patients left without being seen = 1
• Patients left against medical advice= 7
Emergency Department Projects and Memberships:
- Participation in the Hospital Preparedness Program
- Director of Emergency Department and Director of Plant Operations certified in the Center’s for Disaster Preparedness (CDP) Training for Hazmat Operations
- Participation in the Williams Fork Dam regional exercise
- Created Distribution Plan for Alternate Care Site supplies (shared with the Local Emergency Preparedness Committee)
- Created an Emergency Operations Plan (EOP) for the CAH that will be in compliance with the State’s Board of Health Rule and the CMS final rule for Emergency Preparedness
- Both Directors are members on the Local Health Care Coalition
- Both Directors are members on the Local Emergency Preparedness Committee
- Both Kremmling and Granby successfully re-designated as Level IV Trauma Centers for three more years
- Participation in the 9 news Health Fairs presenting injury prevention topics or helping with the phlebotomy station
- Presented the “Teddy Bear Clinic” at East and West Grand School Health Fairs
- Bought and instituted Cardio Pulmonary Resuscitation Feedback Devices

Inpatient Department Projects and Memberships:
- Participation in the Colorado Hospital Association HEN for Preventable Harm Initiatives
- Participation with the Colorado Rural Health Centers iCare Program, MBQIP, Flex Grant and Ship Grant Deliverables
- Developed a Sepsis Screening Program
- Developed Observation Status education and documentation tools
- Held annual skills fair for the nursing staff
- Leadership of the Patient Family Advisory Council (PFAC)

Development Department
Grants Awarded:
1. CDPHE, HPP - $10,000 per hospital, $3,000 for RHC – emergency preparedness activities
2. CDPHE, HPP left over from 2015 – 24,390 – hospital panic communication systems and HRSA drugs for Walden
3. Freeport-McMoRan Foundation - $18,600 – adult CNA Program with CNCC
4. CDPHE, EMTS – $112,996 – telemetry and other emergency-related equipment
5. CDHPF, CAAS – $40,790 – certified site to provide Medicaid, CHP+, etc. application assistance
6. CRHC, SEED – $1,200 – Jr. CNA program with WGSD and CNCC
7. Denver Foundation – one of four partners on a mental health navigator program – $175,000 per year for three years to the collaborative group, we chose to not take any funding – providing in-kind support
8. CHSC – all sites approved
9. NHSC – all sites approved

Other Activities:
1. MPMC Gives Back Program was launched this summer – employee volunteerism to the community
2. MPMF launched inaugural fundraising event for MPMC – raised $8,300 net proceeds for the hospital
3. Marketing and Development Departments united at the end of the year – new strategy developed

Dietary and Nutrition Services:

- Dietary manager resigned in February
- Clinical Dietitian became Director in September
- Two staff cooks resigned and position were filled in November
- Performed deep cleaning, re-organization and standardized storage.
- Quarterly program for knife sharpening, P-drain cleaning and dishwasher de-limed established
- Continual review of quality assurance logs to ensure food at correct temperature, monthly cleaning is completed
- Standardized procedures to ensure good time management of staff re: meal preparations, tray set-up, cleaning of kitchen, food ordering, and storage.
- Revised 4 week menu to become 5 week menu cycle. Includes new and modified recipes, increased fresh fruits and vegetables, and seasonal items.
- Improved quality and efficiency in food purveys – higher fiber products, lower sodium, decreased refined non-nutrient items.
- Researched cost comparison of items/food
- Revision of employee (cash) meal payment to a meal ticket.

Lab

- Provide testing in Chemistry, hematology, coagulation, blood gas, therapeutic phlebotomy, rapid kit testing, and urology. Special chemistry to include D-dimer and BNP. Blood bank is limited to blood type, antibody screening and cross matching performed in Granby.
- Both laboratories provide a quick Lab program for affordable lab test to accommodate low income or uninsured community members.
- Enrolled in the American Proficiency Institute to ensure accurate, high quality performance and evaluation of all testing performed by lab personnel.
- Both laboratories provide DOT and non-DOT urine drug collections and breath alcohol testing to employers in our county.
- Certified CLIA Laboratory.
• Implemented IQCP program as required by CLIA
• Pathologist provides laboratory oversight and visits on a monthly basis. Performs all annual competency as well as new hire competency as required by CLIA
• On the job training for a Lab assistant to cover evening shift
• “Push for Wellness” program developed for Grand Mountain Bank
• Created a lab scenario at the elementary school for the Teddy Bear Clinic
• New hematology analyzer implemented providing better technology for CBC’s
• Replaced Blood bank refrigerator in the Kremmling Lab
• Implemented DNA amplification testing in Kremmling for Strep A,C-Diff, Pertussis and HSV 1 & 2
• Replaced the finger stick coagulation instrument
• Replaced the kit test for Flu and Strep A with higher sensitive molecular testing

Medical Staff changes since the 2015 annual review

The following providers joined the Medical Staff:
• S. Humphal, D.O. – Clinic/Family Practice
• C. Faulkner, PA – Clinic/ Family Practice
• W. Rose, MD - Emergency
• M. Lupica, DO- Emergency/Family Practice
• A. Steinbeck, PA (orthopedics)
• P. Johnston – Specialty/Surgery
• L. Howell – Specialty/Obstetrics

The following provider resigned:
• Greg Gutierrez MD
• Rob Eastman, MD

CLINICAL RECORD REVIEW

In compliance with CAH regulations CFR 485.641(a) (1) (ii), a representative sample (at least 10%) of both active and closed clinical records was reviewed in the past year. Included in the review were inpatient, emergency room, and ambulatory records. Both concurrent and retrospective reviews were conducted for completeness, accuracy, consent and advance directives, medical necessity, and adherence to protocols and standards of care.

Indicators that Trigger Medical Record Review

• Hospital deaths
• Cases involving patient and/or staff complaints
• Readmissions
• Transfers
• Adverse drug events
• Trauma cases
• Hospital acquired conditions
• Codes
• Clinical quality measures
• Against Medical Advice (AMA)
• Left Without Being Seen (LWBS)

• Sepsis

Medical Case Review for Quality Improvement

Concurrent and retrospective record reviews are conducted by department Directors for the following clinical measures:

• 100% Heart Attack (AMI)
• 100% Stroke Patients
• Surgical Site Infections
• Antibiotic Selection and Timing
• 100% Inpatient Flu Vaccine Screening and Administration
• 100% Inpatient Pneumonia
• 100% Heart Failure
• 100% Venous Blood Clot (VTE) Prophylaxis for Applicable Patients

Other cases reviewed include those not meeting Meaningful Use criteria and cases representing quality or risk management issues.

Reporting

• MPMC has attested for Stage 2 Meaningful Use for the hospital.
• MPMC reports data to the Colorado Hospital Association’s Hospital Engagement Network (HEN)
• MPMC reports data to the Medicare Beneficiary Quality Improvement Project (MBQIP)
• MPMC reports data to Hospital Quality Incentive Payment (HQIP) Program
• MPMC reports data to Colorado Rural Health Center’s iCare Program through Quality Health Indicators (QHI)
• MPMC reports data to Colorado Department Public Health and Environment’s (CDPHE) Clinic Quality Improvement for Population Health
• MPMC reports data to the CDC’s National Healthcare Safety Network (NHSN)
• MPMC reports data to the Rocky Mountain Health Plan’s Foundations Program
POLICY REVIEW

The Policy Committee reviews all policies submitted after Directors have created, reviewed, revised, and/or archived them. The Board has final approval of all policies. Policies are scheduled for review at least annually and whenever a need for modification is recognized.

PERFORMANCE IMPROVEMENT AND QUALITY ASSURANCE

Clinical Quality Measures

MPMC is compared to other reporting CAH/hospitals, and MPMC is meeting the benchmark set for each measure. The Clinics received an exemption for 2016 reporting of Clinical Quality Measures, although they continued to work on initiatives to enhance patient care and screenings.

Medication errors

MPMC had an overall medication error rate of 0.6%. There were errors reported, which are broken down as follows:

- Omission = 16
- Incorrect medication = 4
- Incorrect dose = 4
- Incorrect time = 3
- Failure to document = 319, this data was collected using a different method then years past. It reflects a 100% manual chart audit by the pharmacy department. All documentation was corrected either by late entry or amendment.

Preventable Harm Rates: Hospital Acquired

- Blood Stream Infections: 0
- Catheter Associated Urinary Tract Infections: 0
- Falls: 16
- Adverse Drug Reactions: 2
- Surgical Site Infections: 0
- Pressure Ulcers: 0
- Central Venous Catheter-Related Infection: 0
Blood Utilization

Clinical research has shown that restrictive transfusion practices are generally associated with better patient outcomes as well as reduced health care resource utilization. This evidence has emerged as providers are increasingly being urged to implement evidence based clinical decision guidelines that improve the quality and efficiency of the care they deliver and measure patient outcomes.

There was a 5:7 ratio of transfusions to cross-matched units in 2016. There were zero transfusion reactions. Of the five units transfused, one was released in an emergent situation. Fifty-six (56) patients were typed and screened for possible utilization of blood.

PATIENT SATISFACTION

HealthStream provides survey information to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for outpatient and ED services. The number of responses is small and is obtained through phone calls. Results are reported out for top box percentages and allow for comparison to 2015 data.

- Overall rating %
  1. ED CAHPS- 67.2% a 2.7% decrease from 2015. Rated in the 74th percentile.
  2. CG CAHPS- 61% a 4.8% increase from 2015. Rated in the 3rd percentile.
  3. PT CAHPS- 69.5% a 7% increase from 2015. Rated in the 4th percentile.
  4. SS CAHPS- 90.9% (no CAHPS collected in 2015). Rated in the 73rd percentile.

OTHER NOTABLE EVENTS AND IMPROVEMENTS

- Preparation for conversion of Epic
- Preparation for conversion to Pyxis from Med Dispense
Kremmling Memorial Hospital District
dba Middle Park Medical Center
Annual Review of Services

January 1-December 31, 2017
ABOUT

Located in the heart of the mountains, Kremmling Memorial Hospital District, dba, Middle Park Medical Center, was established in 1933 and has been dedicated ever since to quality patient care. MPMC is a 25-bed, Critical Access Hospital system serving patients in Grand, Jackson, and northern Summit Counties.

We have two hospitals: one in Kremmling and one in Granby. Hospital services provided range from outpatient intravenous therapies to extended care services. We offer state of the art diagnostic and laboratory testing. We have four family practice clinics: one located at the hospital in Kremmling, another at the hospital in Granby, one in Winter Park, and one in Walden—North Park Medical Center. Our doctors provide an array of out-patient services ranging from general surgery, podiatry, orthopedics, gastrointestinal, women’s health services and rehabilitation services facilities.

PURPOSE

To document Middle Park Medical Center’s (MPMC) compliance with Federal regulations and Critical Access Hospital (CAH) Conditions of Participations for CAH (CFR § 485.641): The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes a review of the utilization of CAH services, including at least the number of patients served and the volume of services; a representative sample of both active and closed clinical records; and an annual review of policy and procedures.

As a Critical Access Hospital (CAH), Middle Park Medical Center performance review process touches on volume of service, type of service, improvements, trends, concerns and department specific accomplishments. The Leadership team develops action plans for commented areas of concern and then determines what, if any policies or processes should be revised or implement
DATA SOURCES

Information used for this Annual Report was obtained through the following mechanisms:
1. Utilization review
2. Committee and department minutes
3. Incident and variance reports
4. Patient satisfaction and complaint data
5. Statistical reports
6. Other reports as applicable

REVIEW PROCESS AND FOLLOW UP

The Quality and Patient Safety Committee, under direction of the Quality Director, coordinates information gathering and develops an annual review report. The report is reviewed and discussion at the Quality and Patient Safety Council meeting. The report, which includes findings and recommendations, is then presented to Senior Leadership Team for review and identification of areas for improvement that align with MPMC strategic goals and objectives. The report is presented to the Hospital Board for review and input. The Quality and Patient Safety Council uses the Board of Directors and Leadership feedback to guide the subsequent year's Quality Improvement Plan.
CURRENT SCOPE OF SERVICES

Emergency Services
Trauma Level IV Designation
24/7 Emergency Department (ED)
Urgent Care

Medical Services
Inpatient
Outpatient
Swing Bed

Diagnostic Services
Laboratory
General x-ray
Computerized Tomography (CT)
Ultrasound
Mammography
Magnetic Resonance Imaging (MRI)
Bone density screening
Echocardiography
Stress testing

Ambulatory Care
Granby Clinic
Kremmling Clinic
North Park (Walden) Clinic
Winter Park Clinic
Annual exams and preventative care
Adult and pediatric immunization
Telemedicine
Physical therapy (PT)
Speech therapy
Occupational therapy (OT)
Dietary services
Cardiac rehabilitation
Surgical services

Community Health Services
Patient navigation
Sports physicals
Nutritional counseling
Annual health fairs
Discharge planning
Certified application assistance
UTLIZATION OF SERVICES

NOTABLE SERVICE UTILIZATION TRENDS FOR 2017 COMPARED TO 2016

<table>
<thead>
<tr>
<th>Inpatient days ↑ 10.2%</th>
<th>Urgent Care Visits ↑ 32.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swing Care Days ↓11%</td>
<td>Rehabilitation procedures ↑ 18.9%</td>
</tr>
<tr>
<td>Extended care days ↑ 23.3%</td>
<td>Cardiac Rehab ↓ 51.4%</td>
</tr>
<tr>
<td>Surgery cases ↑ 20.4%</td>
<td>Granby Clinic ↓ 3.3%</td>
</tr>
<tr>
<td>Gastrointestinal (GI) Cases ↑ 2.7%</td>
<td>Specialty Clinic ↑ 8%</td>
</tr>
<tr>
<td>Emergency Room visits ↑ 5.6%</td>
<td>Kremmling Clinic ↓ 4.5%</td>
</tr>
<tr>
<td>Lab procedures ↑ 5.3%</td>
<td>North Park (Walden) Clinic ↓ 0.6%</td>
</tr>
<tr>
<td>Ultrasound procedures ↑ 20.5%</td>
<td>Mammography procedures ↓ 10.8%</td>
</tr>
<tr>
<td>CT procedures ↓ 2.2%</td>
<td>Overall Clinic Visits ↑ 2.9%</td>
</tr>
<tr>
<td>Dexas bone scans ↑ 7%</td>
<td>X Ray Procedures ↑ 8.2%</td>
</tr>
</tbody>
</table>

Average length of stay for inpatients: 2.5 days (60 hours). The length of stay by hours continues to meet the 96 hours annual average CMS regulatory requirement for CAH status. Readmissions to the hospital were 6.8% for 2017, which falls 61% below the national average of 17.5% recognized by CMS.

Inpatient Readmission Percentage

MPMC ANNUAL REVIEW OF SERVICES 2017
DEPARTMENT SERVICES REVIEW

Facilities/Plant Operations

- Assisted in the installation of EPIC (Granby/Kremmling)
- Assisted in the installation of Telemetry (Granby/Kremmling)
- Helped build the Winter Park Clinic and assisted in the opening
- Physician’s shuttle program is completely up and running
- Began the process at all facilities of the removal of old dated medical equipment that will be sold through a third party
- Troubleshooted a plumbing issue in the OR Humidifier that saved thousands of gallons of water per day
- Continued concrete repairs at the Kremmling facility which included pouring a slab for the residents gazebo that should be completed in 2018
- Aided in the installation of the new CT in Kremmling
- Installed new humidifier in Kremmling lab
- emptied the Annex and performed the punch list for the sale of the Annex

Diagnostic Imaging

- New Director Hired
- Implemented New CT machine in Kremmling
- New Mammography Tech Hired
- Digital X Ray machine Implemented in New Winter Park Clinic
- New PACS System Implemented
- New EHR Implemented
- New Breast Imaging Specialty Group Hired
- New Stress Echo Service Line Implemented
- Obtained new fluoroscopy chair
- Implemented new Mini C Arm
- Implemented Power Share: Software for sharing images outside of MPMC System

Granby Emergency and Inpatient Departments

- Total number of patients seen = 4831
- Total patient days (includes Observation and Acute) = 183
- Patients left without being seen = 3
- Patients that left against medical advice (AMA) = 7
Kremmling Emergency and Inpatient Departments

- Total number of Emergency Department patients seen = 931
- Total number of Urgent Care patients seen = 399
- Total patient days (includes Observation, Acute, Swing and Extended Care) = 3527
- Patients left without being seen = 3
- Patients left against medical advice = 1

Emergency Department Projects and Memberships:
- Participation in the Hospital Preparedness Program
- Both Directors are members on the Local Health Care Coalition
- Both Directors are members on the Local Emergency Preparedness Committee
- Participation in the 9 news Health Fairs presenting injury prevention topics or helping with the phlebotomy station
- Presented the “Teddy Bear Clinic” at East and West Grand School Health Fairs
- Change over to Pyxis from Med Dispense
- EPIC chart review process improvement in charge capture
- Outpatient therapy change to EPIC in December
- Standardized supplies for cost saving (sharing of ordering, reduction of outdates) and error reduction
- New trauma coordinator
- Cross training of nurses increased
- Quality metrics established = Bar Code Medication Administration scanning improved from October and prior 60s and 70s% to 80s and 90s% the last 3 months of 2017

Inpatient Department Projects and Memberships:
- Participation in the Colorado Hospital Association HIIN for Preventable Harm Initiatives
- Participation with the Colorado Rural Health Centers iCare Program, MBQIP, Flex Grant and Ship Grant Deliverables
- Held annual skills fair for the nursing staff
- Leadership of the Patient Family Advisory Council (PFAC)
Surgical Services

- Laryngeal handle and blade conversion to disposable single use items to meet CMS Guidelines facility wide.
- Conversion of Glide scope technology from 1st to 3rd generation single use handle method. This will allow MPMC to have Glide scope availability in both Kremmling and Granby locations without reprocessing downtime.
- MPMC now has Revital Ox solution set up in Kremmling and Granby locations for high level disinfection of heat sensitive equipment that is not autoclave compatible. (Cystoscopes, Vaginal ultrasound probes).
- New anesthesia machine HSS extended service agreement.
- New HSS Sterile reprocessing equipment (Autoclaves x2, instrument washer, RO water system, Endoscopy water filtration system) extended service agreement.

A total of 218 surgeries were performed with a monthly average of 18. The monthly average per surgeon was 2.3. A total of 468 GI procedures were performed with a monthly average of 38.

Dietary and Nutrition Services

- Performed deep cleaning, re-organization and standardized storage.
- Continual review of quality assurance logs to ensure food at correct temperature, monthly cleaning is completed.
- Standardized procedures to ensure good time management of staff re: meal preparations, tray set-up, cleaning of kitchen, food ordering, and storage.
- Revised 4 week menu to become 5 week menu cycle. Includes new and modified recipes, increased fresh fruits and vegetables, and seasonal items.
- Improved quality and efficiency in food purveyors – higher fiber products, lower sodium, decreased refined non-nutrient items.
- Researched cost comparison of items/food.
- Staff Training on Modified Diet Orders and SERSAFE: foodservice sanitation standards.
- RD EPIC training and Continuing Education on Geriatrics, Nutr. Assessments and CMS Regulations.
- Staff Quarterly SMART Goals addressed in monthly staff meetings.
- Nutritional Analysis of Menu cycle.
Lab

- Provide testing in Chemistry, hematology, coagulation, blood gas, therapeutic phlebotomy, rapid kit testing, and urology. Special chemistry to include D-dimer and BNP. Blood bank is limited to blood type, antibody screening and cross matching performed in Granby.
- Both laboratories provide a quick Lab program for affordable lab test to accommodate low income or uninsured community members.
- Enrolled in the American Proficiency Institute to ensure accurate, high quality performance and evaluation of all testing performed by lab personnel.
- Both laboratories provide DOT and non-DOT urine drug collections and breath alcohol testing to employers in our county.
- Certified CLIA Laboratory.
- Implemented IQCP program as required by CLIA
- Pathologist provides laboratory oversight and visits on a monthly basis. Performs all annual competency as well as new hire competency as required by CLIA
- On the job training for a Lab assistant to cover evening shift
- “Push for Wellness” program developed for Grand Mountain Bank
- Created a lab scenario at the elementary school for the Teddy Bear Clinic
- New hematology analyzer implemented providing better technology for CBC’s
- Replaced Blood bank refrigerator in the Kremmling Lab
- Implemented DNA amplification testing in Kremmling for Strep A,C-Diff, Pertussis and HSV 1 & 2
- Replaced the finger stick coagulation instrument
- Replaced the kit test for Flu and Strep A with higher sensitive molecular testing

Medical Staff changes since the 2016 annual review

The following providers joined the Medical Staff:

- Miesha Anderson: Pediatric Nurse Practitioner
- Lisa Floyd: Physician
- Shawna Langstaff: Physician
- Drew Villamagna: Physician

No providers resigned
CLINICAL RECORD REVIEW

In compliance with CAH regulations CFR 485.641(a) (1) (ii), a representative sample (at least 10%) of both active and closed clinical records was reviewed in the past year. Included in the review were inpatient, emergency room, and ambulatory records. Both concurrent and retrospective reviews were conducted for completeness, accuracy, consent and advance directives, medical necessity, and adherence to protocols and standards of care.

Indicators that Trigger Medical Record Review

- Hospital deaths
- Cases involving patient and/or staff complaints
- Readmissions
- Transfers
- Adverse drug events
- Trauma cases
- Hospital acquired conditions
- Codes
- Clinical quality measures
- Against Medical Advice (AMA)
- Left Without Being Seen (LWBS)
- Sepsis

Medical Case Review for Quality Improvement

Concurrent and retrospective record reviews are conducted by department Directors for the following clinical measures:

- 100% Heart Attack (AMI)
- 100% Stroke Patients
- Surgical Site Infections
- Antibiotic Selection and Timing
- 100% Inpatient Flu Vaccine Screening and Administration
- 100% Inpatient Pneumonia
- 100% Heart Failure
- 100% Venous Blood Clot (VTE) Prophylaxis for Applicable Patients
- Trauma Team Activations
- Trauma Admissions

Other cases reviewed include those not meeting Meaningful Use criteria and cases representing quality or risk management issues.
Quality Reporting

- MPMC has attested for Stage 2 Meaningful Use for the hospital and clinics
- MPMC has attested for MIPS for clinic providers
- MPMC reports data to the Colorado Hospital Association’s Hospital Engagement Network (HEN)
- MPMC reports data to the Medicare Beneficiary Quality Improvement Project (MBQIP)
- MPMC reports data to Hospital Quality Incentive Payment (HQIP) Program
- MPMC reports data to Colorado Rural Health Center’s iCare Program through Quality Health Indicators (QHI)
- MPMC reports data to Colorado Department Public Health and Environment’s (CDPHE) Clinic Quality Improvement for Population Health
- MPMC reports data to the CDC’s National Healthcare Safety Network (NHSN)

POLICY REVIEW

The Policy Committee reviews all policies submitted after Directors have created, reviewed, revised, and/or archived them. The Board has final approval of all policies. Policies are scheduled for review at least annually and whenever a need for modification is recognized.

PERFORMANCE IMPROVEMENT AND QUALITY ASSURANCE

Clinical Quality Measures

MPMC is compared to other reporting CAH/hospitals, and MPMC is meeting the benchmark set for each measure. The Clinics received an exemption for 2017 reporting of Clinical Quality Measures, although they continued to work on initiatives to enhance patient care and screenings.

Medication Errors
39 errors reported, which are broken down as follows:

Preventable Harm Rates: Hospital Acquired
- Blood Stream Infections: 0
- Catheter Associated Urinary Tract Infections: 0
- Falls: 10
- Adverse Drug Reactions: 0
- Surgical Site Infections: 0
- Pressure Ulcers: 0
- Central Venous Catheter-Related Infection: 0

**Blood Utilization**

Clinical research has shown that restrictive transfusion practices are generally associated with better patient outcomes as well as reduced health care resource utilization. This evidence has emerged as providers are increasingly being urged to implement evidence-based clinical decision guidelines that improve the quality and efficiency of the care they deliver and measure patient outcomes. High CTR implies that cross-matches were performed unnecessarily when a Group-Screen and Hold (GSH) would have sufficed. Excessive cross matching, in addition to being wasteful of resources has adverse consequences on management of blood inventory and blood quality as blood is unduly held in reserve, oftentimes moved between fridges and may remain out of optimum storage temperatures while blood is cross matched. The national blood quality indicator requires that CTR should be below 2.0.

<table>
<thead>
<tr>
<th>GRANBY BLOOD BANK</th>
<th>KREMMLING BLOOD BANK</th>
</tr>
</thead>
<tbody>
<tr>
<td># Patients transfused</td>
<td>13</td>
</tr>
<tr>
<td># Crossmatched units</td>
<td>38</td>
</tr>
<tr>
<td>Crossmatch-Transfusion Ratio (CTR)</td>
<td>1.52</td>
</tr>
<tr>
<td># Single unit transfusion</td>
<td>2</td>
</tr>
<tr>
<td>Total # transfusions</td>
<td>25</td>
</tr>
</tbody>
</table>
SUMMARIES AND OTHER NOTABLE IMPROVEMENTS

Middle Park Medical Center's leadership remains focused on providing safe, compassionate care to the communities of Grand, Jackson, and Northern Summit County by providing a broad range of health care services directed to their needs. The following milestones and goals have been established for CY17:

- **System Wide Implementation of EPIC**: System changed from using two Electronic Health Records to one hosted Electronic Health Record.

- **Opening of a new Rural Health Center in Winter Park**: increased access to health care for Primary care, Pediatric care, and Urgent care.

- **Successfully certified all MPMC Clinics to Rural Health Centers**

- **Restructured Safety Committee to Quality and Patient Safety Council**

- **Implemented an Environment of Care Committee using Joint Commission Standards**
Kremmling Memorial Hospital District
dba Middle Park Health
Annual Review of Services

January 1-December 31, 2018
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CURRENT SCOPE OF SERVICES

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Trauma Level IV Designation
24/7 Emergency Department (ED)
Urgent Care

Medical Services
Inpatient
Outpatient
Swing Bed
Surgical services

Diagnostic Services
Laboratory
General x-ray
Computerized Tomography (CT)
Ultrasound
Mammography
Magnetic Resonance Imaging (MRI)
Bone density screening
Echocardiography
Stress testing

Ambulatory Care
Granby Clinic
Kremmling Clinic
North Park (Walden) Clinic
Winter Park Clinic
Annual exams and preventative care
Adult and pediatric immunization
Telemedicine
Physical therapy (PT)
Speech therapy
Occupational therapy (OT)
Dietary services
Cardiac rehabilitation

Community Health Services
Patient navigation
Sports physicals
Nutritional counseling
Annual health fairs
Discharge planning
Certified application assistance
### UTILIZATION OF SERVICES

**NOTABLE SERVICE UTILIZATION TRENDS FOR 2018 COMPARED TO 2017**

<table>
<thead>
<tr>
<th>Inpatient days ↑ 8%</th>
<th>Kremmling Urgent Care Visits ↓ 20.7 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swing Care Days ↑ 43%</td>
<td>Rehabilitation procedures ↑ 6.7 %</td>
</tr>
<tr>
<td>Extended care days ↑ 0.5%</td>
<td>Cardiac Rehab ↑ 59.3 %</td>
</tr>
<tr>
<td>Surgery cases ↑ 23.6 %</td>
<td>Granby Clinic ↓ 7.9 %</td>
</tr>
<tr>
<td>Gastrointestinal (GI) Cases ↑ 12.4 %</td>
<td>Specialty Clinic ↑ 10.4%</td>
</tr>
<tr>
<td>Emergency Room visits ↑ 2.2%</td>
<td>Kremmling Clinic ↑ 6 %</td>
</tr>
<tr>
<td>Lab procedures ↑ 4.9%</td>
<td>North Park (Walden) Clinic ↓ 5.1 %</td>
</tr>
<tr>
<td>Ultrasound procedures ↑ 13.4 %</td>
<td>Mammography procedures ↓ 1.1 %</td>
</tr>
<tr>
<td>CT procedures ↓ 6.5 %</td>
<td>Winter Park Clinic ↑ 28.6% (4 months data)</td>
</tr>
<tr>
<td>Dexa bone scans ↓ 25.4 %</td>
<td>X Ray Procedures ↓ 2.5%</td>
</tr>
</tbody>
</table>

Average length of stay for inpatients: 2.88 days. The length of stay by hours continues to meet the 96 hours annual average CMS regulatory requirement for CAH status. Readmissions to the hospital were 14.3% for all cause, which falls below the national average of 17.5% recognized by CMS.

Surgery cases have increased due to hiring of a general surgeon and orthopedic surgeon. We developed our total joint program. During 2018, we performed our first total knee replacement surgery. Our general surgeon consults on trauma cases in the Emergency Departments.

Cardiac rehab visits have increased due to consistency in staff and hours. Winter Park data was calculated for only 4 months since the clinic opened in September of 2017. Winter Park numbers include Urgent Care for Fridays, Saturdays and Sundays.
Rural Health Clinics

- Overall primary care clinic utilization increased by 27%
- Consistently meeting Point of Service collection goals for past five months
- Instituted a quality improvement project regarding answering phones and have been able to consistently keep our inbound calls versus first answer above 90%
- Receiving greater reimbursement from CMS due to passing our year two Rural Health designation
- Streamlined our charging of DOT and sports physicals to be consistent among all clinics
- Instituted new scheduling wheel, which allows more patients to be seen during the day, while leaving space for same day appointments, increasing patient satisfaction
- Discounted our Shingles vaccine to match prices of City Market, increasing patient satisfaction for our Medicare patients
- In conjunction with the Rehab department, the clinics saw over 100 patients for the IMPACT (concussion management) testing and reduced cost of sports physicals. All money collected was donated back to the student’s school district and presented at the school’s board meetings.

Facilities/Plant Operations

- Completed moving all supplies, medical records, etc. out of annex
- Completed gazebo for Extend Care Residents in Kremmling
- Remodeled and moved rehab from Winter Park to Fraser
- Completed Life Safety deficiencies
- Began planning for the remodeling of old middle school in order to move Kremmling rehab and to make the school into the Wellness Center
- Assisted in getting the Total Joint program ready; installed new lights, big screen monitors, privacy doors for patient rooms instead of curtains and placed a TV in the waiting area.
- Worked with Ecolab to bring in a safe and more effective cleaning product for the hospitals.
- Installed new vaccine refrigerator in Kremmling clinic
- Installed a new refrigerator and humidifier in Kremmling lab
- Began RCRA program for medication waste
- Converted some of Kremmling areas to LED lights
- Built a changing room for Kremmling Diagnostic Imaging.
Diagnostic Imaging

Kremmling:
- Installed Carestream revolution DRX Portable Digital X-ray Machine
  - This was the first step in preparing for replacement of the X-ray room equipment
  - Digital Radiography (DR) offers increased image quality, decreased wait time for patients and providers, greater comfort for the patient, and significantly lower radiation dose to the patient.
- CT extremity procedure increased 38% and CTA procedures increased 13%

Granby
- April 2018, hired a part-time ultrasound/Echo tech which increased ultrasound and Echo to 5 days/week
- Echocardiography studies have increased 18%
- Ultrasound guided fine needle aspiration (biopsy) procedures have increased. This procedure was not previously performed at MPH. With the addition of the general surgeon, we began performing this procedure in May 2018
- June 2018, hired a full time MRI tech, offering MRI 5 days/week. This Tech worked with the Radiologists at Colorado Imaging Associates to create new scan protocols and improve existing protocols.
- DR software and digital detector was added to the portable X-ray machine. Advantages of DR include improved image quality, decreased wait time for patients and providers, greater patient comfort, and lower radiation dose to patients.
- C-arm and Mini-C-arm procedures increased 500% and 430% respectively. This is likely attributable to an increase in surgical procedures as well as increased use by the ED providers.
- CT extremity procedures increased 43% and CTA procedures increased 53%

Walden
- X-ray procedures at the Walden Clinic increased 21%

Winter Park Clinic
- Winter Park clinic opened in September 2017. Comparing the period of September-December 2017 to the same time frame of 2018, X-ray procedures increased 57%

Granby Emergency and Inpatient Departments

- Total number of patients seen = 4871
- Total patient days (includes Observation and Acute) = 233
- Patients left without being seen = 4
- Patients that left against medical advice (AMA) = 11
Kremmling Emergency and Inpatient Departments

- Total number of Emergency Department patients seen = 1026
- Total number of Urgent Care patients seen = 463
- Total patient days (includes Observation, Acute, Swing and Extended Care) = 3761
- Patients left without being seen = 5
- Patients left against medical advice = 8

Emergency/Inpatient Department Projects and Memberships:
- Participated in Centura Epic Inpatient Monthly meetings
- Participated in Northwest Healthcare Coalition as the Grand County representative.
- Participated in the Health Care Coalition meetings
- Participated in local Emergency Preparedness drills with all county agencies.
- Participated in Health Fairs that included Teddy Bears Clinics, helmet and bike safety, head injury prevention.
- Ran Decon drills at both facilities
- HIIN Regional meeting attendance and learned about fall prevention importance, just culture and workplace safety
- Participated in TEAM training for workplace safety
- Quality measures submitted included fall rate, pressure ulcer rate, Catheter Urinary Tract Infection rates, workplace violence and patient safety.
- Certified Nurse’s Aide classes taught for community. Three students participated and are now working for the organization.

Surgical Services

- Successfully added a total joint program – performed total knee and shoulder procedures.
- Added cataract excision with intraoperative lens implantations
- Equipment upgrade
  - Hana and Jackson table modular system – for large bone cases
  - Harmonic Scalpel system – Laparoscopic cases
  - 75 inch monitors – increase visualization of MRI and CT images during surgery
  - System 8 Drill and saw combo - for large bone and joint cases
  - Arthrex ACP Centrifuge – ability to spin and inject cells back into surgery sites
  - OR light system – allows for use of both rooms for surgical cases
- Contracted savings
  - Allosource to CTS – 25% savings on Allograft needs
  - Gettinge to Steris – 33% savings on sterile reprocessing supplies and chemicals
  - Ethicon to Applied Medical – 54% savings for supplies
- Updated instrument sinks to Steris Smart Sinks for best practice.
- Increased number of GI cases by 89 cases compared to 2017
- Increased number of surgery cases by 76 cases compared to 2017
Dietary and Nutrition Services

- Capital improvements included new appliances and equipment
- Started meal ticket service. Increased revenue by $1010.22
- Created new menu items for surgery patients in Granby.
- Hired new RDN. Jordyn Crane will be covering Walden and Kremmling clinics for nutritional consults.
- Staff are continually working on ideas and ways to increase the nutritional choices for the Extended Care residents
- Dietary staff participate in the Monthly employee meals which is greatly appreciated by staff.
- Dietary staff responded quickly to the changes needed from the State survey. Policies and processes were revised, along with staff training within a very short timeframe. The survey allowed staff to think of new lean innovative ways to use prepped produce quicker, decrease stock of certain dry goods and rearrange storage areas for safer sanitation procedures.

Lab

- New lab Director hired
- Increase of 42% more labs between the two facility hospitals from 2017 to 2018.
- Participated in Health fairs within the community with a 15% increase in participation from 2017 to 2018.
- Invested in new capital equipment with the purchase of new centrifuges and refrigerator increasing testing capabilities while decreasing turn-around time.
- Utilization of the ‘Quick Lab’ services continues to be strong and adds to the affordability of Middle Park services for uninsured patients
- Pathologist hosted continuing education events for staff training facilitates an environment of continuous learning.
- Expand relationship and contracts with external reference lab to better accommodate more high complexity testing required with increase in OR procedures and specialty clinics classes.
- Revamped blood product utilization protocols and policies to increase blood product safety while streamlining processes in an emergent situation.
Rehabilitation Services

- Increased total volume by 37%
- Increased swing patient volume by accepting more patients with higher needs, offered all three disciplines of rehab – Physical therapy, Occupational therapy, and speech therapy.
- Reduced no-show rate from 13% to 2% which increases therapist productivity and hospital revenue
- Relocated Winter Park Rehab clinic to Fraser in 3 weeks. Increased visits by an average of 50 patient visits per month since move.
- Won Best of Grand Physical Therapy Clinic for 2018
- Identified $20,000 billing error within EPIC and recovered the revenue
- Educated and trained all staff in total joint care through in-house workshops and site visits to Colorado Ortho. Created total joint guide for patients and power point for total joint classes.
- Trained all Physical Therapist in Kremmling inpatient care and developed a weekend on-call rotation
- Created agreements with two universities to be clinical internship sites and hosted 2 students
- Hired 3 full time therapists
- Hired and trained an athletic trainer for the school districts
- Brought concussion management program to Walden and Kremmling
- Volunteered at community events representing the hospital
- Participates in the Centura application steering committee for EPIC rehab documentation
- Staff education includes vestibular training, dry needling and concussion management

Medical Staff changes since the 2016 annual review

The following providers joined the Medical Staff:
- Dr. Robert Ratcliff – General Surgeon
- Dr. Adam Wilson – Orthopedic Surgeon
- Dr. Mark Wisner – Family Practice

The following providers resigned:
- Dr. Andrew Villamagna
- Dr. Elizabeth Buell

CLINICAL RECORD REVIEW

In compliance with CAH regulations CFR 485.641(a) (1) (ii), a representative sample (at least 10%) of both active and closed clinical records were reviewed in the past year. Included in the review were inpatient, emergency room, and ambulatory records. Both concurrent and retrospective reviews were
inducted for completeness, accuracy, consent and advance directives, medical necessity, and adherence to protocols and standards of care.

**Indicators that Trigger Medical Record Review**

- Hospital deaths
- Cases involving patient and/or staff complaints
- Readmissions
- Transfers
- Adverse drug events
- Trauma cases
- Hospital acquired conditions
- Codes
- Clinical quality measures
- Against Medical Advice (AMA)
- Left Without Being Seen (LWBS)
- Sepsis

**Medical Case Review for Quality Improvement**

Concurrent and retrospective record reviews are conducted by department Directors for the following clinical measures:

- 100% Heart Attack (AMI)
- 100% Stroke Patients
- Surgical Site Infections
- Antibiotic Selection and Timing
- 100% Inpatient Flu Vaccine Screening and Administration
- 100% Inpatient Pneumonia
- 100% Heart Failure
- 100% Venous Blood Clot (VTE) Prophylaxis for Applicable Patients
- Trauma Team Activations
- Trauma Admissions

Other cases reviewed include those not meeting Meaningful Use criteria and cases representing quality or risk management issues.

**Quality Reporting**

- MPH has attested for Stage 2 Meaningful Use for the hospital and clinics
- MPH has attested for MIPS for clinic providers
- MPH reports data to the Colorado Hospital Association’s Hospital Engagement Network (HEN)
• MPH reports data to the Medicare Beneficiary Quality Improvement Project (MBQIP)
• MPH reports data to Hospital Quality Incentive Payment (HQIP) Program
• MPH reports data to Colorado Rural Health Center's iCare Program through Quality Health Indicators (QHI)
• MPH reports data to Colorado Department Public Health and Environment's (CDPHE) Clinic Quality Improvement for Population Health
• MPH reports data to the CDC's National Healthcare Safety Network (NHSN)

**POLICY REVIEW**

The Policy Committee reviews all policies submitted after Directors have created, reviewed, revised, and/or archived them. The Board has final approval of all policies. Policies are scheduled for review at least annually and whenever a need for modification is recognized.

• **Revised – 757**  
• **Retired - 641**  
• **New – 54**

### New Policies

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<tr>
<th>Chart Location tracking</th>
<th>Admitting Diagnosis</th>
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<td>Components of Phase II</td>
<td>Surveyor Access to the Legal Medical Record</td>
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<td>Cardiac Rehab</td>
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<tr>
<td>Designated Record Set</td>
<td>Operative Reports</td>
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<tr>
<td>Documenting a Deceased</td>
<td>Trauma – Advisory – Divert Protocol</td>
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<td>Patient in the EHR</td>
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<tr>
<td>External Logos within Patient EHR</td>
<td>Trauma: Initial Assessment &amp; Resuscitation of Trauma Pt</td>
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<tr>
<td>Health Information</td>
<td>Trauma- scope of Care Document</td>
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<td>Management Evaluation Plan</td>
<td>Controlled substances – missing</td>
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<tr>
<td>Legal Health Record</td>
<td>Trauma – team Activation</td>
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<tr>
<td>Master Patient Index</td>
<td>Trauma – trauma Admissions</td>
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<td>Maintenance</td>
<td>Scope of Care</td>
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<td>Scanning</td>
<td>Obstetrical patients in the ED</td>
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<td>Security of Medical Records</td>
<td>Paper based Filing System</td>
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<td>Alanine Aminotransferase</td>
<td>Physician Orientation - ED</td>
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<td>Consultations</td>
<td>Transfer of the burn patient</td>
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<tr>
<td>Extended Care Records</td>
<td>OB emergencies</td>
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<tr>
<td>Folic Acid</td>
<td>OB patient in the ED</td>
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<tr>
<td>Triage</td>
<td>Pre-term labor management</td>
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<td>Mass Transfusion Protocol</td>
<td>Expiration Date Checks- DI</td>
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<tr>
<td>Trauma – ED Triage and Treatment of the Burn patient</td>
<td>Extended Care Immunizations and TB testing</td>
</tr>
<tr>
<td>Infection Control: Construction and Renovation</td>
<td>Rehabilitation Services: Out Patient Documentation</td>
</tr>
</tbody>
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**MPH ANNUAL REVIEW OF SERVICES 2018** 12
PERFORMANCE IMPROVEMENT AND QUALITY ASSURANCE

Clinical Quality Measures

MPH is compared to other reporting CAH/hospitals, and MPH is meeting the benchmark set for each measure. The Clinics received an exemption for 2017 reporting of Clinical Quality Measures, although they continued to work on initiatives to enhance patient care and screenings.

Preventable Harm Rates: Hospital Acquired

- Blood Stream Infections: 0
- Catheter Associated Urinary Tract Infections: 0
- Falls: 17
- Adverse Drug Reactions: 0
- Surgical Site Infections: 0
- Pressure Ulcers: 0
- Central Venous Catheter-Related Infection: 0

Blood Utilization

Clinical research has shown that restrictive transfusion practices are generally associated with better patient outcomes as well as reduced health care resource utilization. This evidence has emerged as providers are increasingly being urged to implement evidence based clinical decision guidelines that improve the quality and efficiency of the care they deliver and measure patient outcomes. High CTR implies that crossmatches were performed unnecessarily when a Group-Screen and Hold (GSH) would have sufficed. Excessive cross matching, in addition to being wasteful of resources has adverse consequences on management of blood inventory and blood quality as blood is unduly held in reserve, oftentimes moved between fridges and may remain out of optimum storage temperatures while blood is crossmatched. The national blood quality indicator requires that CTR should be below 2.0

<table>
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<tr>
<th>GRANBY BLOOD BANK</th>
<th>KREMMLING BLOOD BANK</th>
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<td># Patients transfused</td>
<td># Patients transfused</td>
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<tr>
<td>13</td>
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<td># single unit transfusion</td>
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<tr>
<td>1</td>
<td>0</td>
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<tr>
<td>Total # transfusions</td>
<td>Total # transfusions</td>
</tr>
<tr>
<td>28</td>
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SUMMARIES AND OTHER NOTABLE IMPROVEMENTS

Middle Park Health's leadership remains focused on providing safe, compassionate care to the communities of Grand, Jackson, and Northern Summit County by providing a broad range of health care services directed to their needs. The following milestones and goals have been established for CY18:

- Name change from Middle Park Medical Center to Middle Park Health
- Health and Life Safety Survey completed
- Sold Annex in 2017
- Purchased Kremmling Middle School
- Started planning for Wellness and Quality of Life Center (Kremmling Middle School)
1. **SSE = Serious Safety event. 1-5 rating**
   a. **SSE 1 = death** - a deviation in Generally accepted Performance Standards (GAPS) causes or results in the event
   b. **SSE 2 = Severe Permanent Harm** – a deviation in GAPS resulting in critical, life-changing harm with no expected change in clinical status, includes events resulting in permanent loss of organ, limb, or vital physiologic or neurologic function
   c. **SSE 3 = Moderate Permanent Harm** – a deviation in GAPS resulting in significant harm....
   d. **SSE 4 = Severe Temporary Harm** – a deviation in GAPS resulting in critical, potentially life-threatening harm yet lasting for a limited time with no permanent residual, requires prolonged transfer to a higher level of care/monitoring, transfer to a higher level of care for a life-threatening condition, or an additional major surgery, procedure, or treatment to resolve the condition
   e. **SSE 5 - Moderate Temporary Harm** – a deviation in GAPS resulting in significant harm lasting for a limited time; requires a higher level of care/monitoring or an additional minor procedure or treatment to resolve the condition

2. **PSE = Precursor Safety Event**
   a. **PSE 1 = Minimal Permanent Harm** – A deviation in GAPS resulting in minor harm with no expected change in clinical status; requires little or no intervention
   b. **PSE 2 = Minimal Temporary Harm** – A deviation in GAPS resulting in minor harm lasting for a limited time only; requires little or no intervention
   c. **PSE 3 = No Detectable Harm** – A deviation in GAPS that reaches the patient yet without ability to determine the existence or fact of harm, yet harm may exist; includes events where the onset of harm may occur later in time
   d. **PSE 4 = No Harm** - A deviation in GAPS that reaches the patient yet results in no harm, with sufficient information available to determine that no harm occurred

3. **Near Miss Event**
   a. **NME 1 = Unplanned Barrier Catch** – A deviation in GAPS that passes through all error detection barriers and does not reach the patient because it was caught by chance or a barrier not designed into the system
   b. **NME 2 = Last Strong Barrier Catch** - A deviation in GAPS that passes through early error detection barriers and is caught by a last strong error detection designed into system
   c. **NME 3 = Early Barrier Catch** – A deviation in GAPS that is caught by an early error detection barrier designed into the system's defense in depth
### PROBLEM DATA

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<tr>
<th>PROBLEM AREA</th>
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PROBLEM DATA

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<tr>
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### BILLING OFFICE/PATIENT FINANCIAL SERVICES

**QI Initiative**

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<th>Apr-14</th>
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### CLINIC GRANBY ACCURACY

**CLINIC KREMMLING ACCURACY**

**CLINIC WALDEN ACCURACY ON CLINIC ADMISSIONS**

**ED GRANBY ACCURACY ON ED ADMISSIONS**

**LAB/RAD GRANBY ACCURACY FOR LAB/RAD ADMISSIONS**

**PFSK ACCURACY RATE FOR RAD/LAB/ED/UC**

### DIABETES MANAGEMENT

**QI Initiative**

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**Granby Clinic iCARE annual foot exams**

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<th>Mar-14</th>
<th>Apr-14</th>
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**Kremmling Clinic- iCARE monthly improvement of %**

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**NPMC- iCARE annual foot exam initiative to improve %**

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### DIETARY

**QI Initiative**

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**Patient satisfaction with meals-all facilities**

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### ED - GRANBY

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**Documentation of Medication Administration Missing**

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**Provider Medication Orders Missing**

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### ED - KREMMLING

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### FINANCE

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<th>Apr-14</th>
<th>May-14</th>
<th>Jun-14</th>
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**Claims Denial Rate**

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**Number of Business Days to Close**

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### HEALTH INFORMATION

**QI Initiative**

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<th>Jun-14</th>
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**Percent of records without a review of systems documented**

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### INFECTION CONTROL

**QI Initiative**

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**Compliance monitoring of Hand Hygiene**

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### KREMMLING - CLINIC

**QI Initiative**

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<th>Apr-14</th>
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**Collect copayments at the time of service**

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<th>Mar-14</th>
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**Verify patient insurance prior to scheduled appointment**

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### MED SURG/INPATIENT - GRANBY

**QI Initiative**

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<th>Apr-14</th>
<th>May-14</th>
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**CARE PLAN: CREATED, MAINTAINED, AND RESOLVED**

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### MED SURG/INPATIENT - KREMMLING

**QI Initiative**

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**CHF Discharge Instructions**

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**Number of CAUTI per catheter days**

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<table>
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<th>Jun-14</th>
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<tbody>
<tr>
<td>Number of Urinary Catheter Days</td>
<td>2</td>
<td>6</td>
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<td>3</td>
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<tr>
<td>Patient Falls per 100 patient days</td>
<td>1</td>
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<td>PN Vaccination</td>
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<td>MEDICAL SOCIAL WORK</td>
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<td>Mar-14</td>
<td>Apr-14</td>
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<tr>
<td>30 Day ALL Cause Readmissions</td>
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<td>Apr-14</td>
<td>May-14</td>
<td>Jun-14</td>
</tr>
<tr>
<td>In the last 12 months, how often did you see this provider within</td>
<td>53.30%</td>
<td>51.50%</td>
<td>48.40%</td>
<td>56.70%</td>
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<td>Jun-14</td>
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<tr>
<td>Capture E R medication charges by next business c</td>
<td>80.00%</td>
<td>97.00%</td>
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<td>95.00%</td>
<td>90.00%</td>
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<td>Apr-14</td>
<td>May-14</td>
<td>Jun-14</td>
</tr>
<tr>
<td>Capture Charges within 24 Hours of Patient Visit</td>
<td>91.00%</td>
<td>85.00%</td>
<td>99.00%</td>
<td>96.00%</td>
<td>95.00%</td>
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<tr>
<td>TRAUMA - GRANBY</td>
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<tr>
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<td>Mar-14</td>
<td>Apr-14</td>
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<td>Jun-14</td>
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<tr>
<td>Documentation of tetanus status</td>
<td>100.00%</td>
<td>9.00%</td>
<td>100.00%</td>
<td>72.00%</td>
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<tr>
<td>ED transfer times less than 3 hours</td>
<td>56.00%</td>
<td>70.00%</td>
<td>100.00%</td>
<td>56.00%</td>
<td>70.00%</td>
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<td>Mar-14</td>
<td>Apr-14</td>
<td>May-14</td>
<td>Jun-14</td>
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<tr>
<td>Follow protocol for Cervical-collar removal</td>
<td>100.00%</td>
<td>100.00%</td>
<td>67.00%</td>
<td>75.00%</td>
<td>80.00%</td>
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<td>Aug-14</td>
<td>Sep-14</td>
<td>Oct-14</td>
<td>Nov-14</td>
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<td>95.13%</td>
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<td>95.59%</td>
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<td>92.38</td>
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<td>92.25%</td>
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<tbody>
<tr>
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<td>43.00%</td>
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<td>19.00%</td>
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<th>Dec-14</th>
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<tbody>
<tr>
<td>87.50%</td>
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<td>80.00%</td>
<td>97.50%</td>
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<tr>
<td>19</td>
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<th>Sep-14</th>
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<td>83.00%</td>
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<td>Dec-14</td>
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## Quality and Patient Safety

### Board of Director's Report

**Updated 1.2019**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Bench mark/Goal</th>
<th>MPH</th>
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<tbody>
<tr>
<td></td>
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<td>J</td>
</tr>
<tr>
<td><strong>Admission Accuracy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All Locations</strong></td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Safety</strong></td>
<td></td>
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<tr>
<td>Pressure Ulcers</td>
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<td>Serious Safety Event</td>
<td>0.0</td>
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<tr>
<td>Falls with Injury (minor, moderate, major)</td>
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<tr>
<td>Central Line Infections (SIR)</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Catheter Associated Urinary Tract Infection (SIR)</td>
<td>1.0</td>
<td>0.0</td>
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<tr>
<td>CDIFF Infection Rate Hospital Acquired (SIR)</td>
<td>0.92</td>
<td>0.0</td>
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<tr>
<td>MRSA (Blood) Infection Rate (SIR)</td>
<td>0.87</td>
<td>0.0</td>
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<tr>
<td>Medication Variance- Overall</td>
<td>See Attached Annual Analysis</td>
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<tr>
<td>Hand Hygiene Compliance</td>
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<td>96%</td>
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### Evidense Based Care

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<thead>
<tr>
<th>Measure</th>
<th>MPH</th>
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<tbody>
<tr>
<td>Length of Stay</td>
<td>&lt;96hrs</td>
</tr>
<tr>
<td>ED Arrival to ED Depart for Admitted ED Pts (General Patients)</td>
<td>279 min</td>
</tr>
<tr>
<td>Ed Arrival to ED Departure for Discharged Pts (General Patients)</td>
<td>140 min</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>Start April 1st, 2018</td>
</tr>
<tr>
<td>Likelihood to Recommend- Overall</td>
<td>AVG %</td>
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### Preventive Services

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>MPH</th>
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<tbody>
<tr>
<td>Diabetic Hgba1c Testing</td>
<td>70%</td>
</tr>
<tr>
<td>Diabetic Hgba1c Poor Control (CMS 122)</td>
<td>49%</td>
</tr>
<tr>
<td>Controlling High Blood Pressure (CMS 165)</td>
<td>62%</td>
</tr>
<tr>
<td>Tobacco Screening (CMS 138)</td>
<td>83%</td>
</tr>
<tr>
<td>Influenza Immunization (IMM-2)</td>
<td>94%</td>
</tr>
<tr>
<td>Breast Cancer Screening (CMS 125)</td>
<td>46%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening (CMS-130)</td>
<td>44%</td>
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</tbody>
</table>

### Care Access

<table>
<thead>
<tr>
<th>Care Access</th>
<th>MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Day Readmission Rate: Inpatient Same Cause</td>
<td>17.50%</td>
</tr>
<tr>
<td>72 Hour Readmission Rate: ED</td>
<td>2.50%</td>
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</table>

**DNA = Data Not Available**

**Green: Goal Met**

**Red: Goal Not Met**
CREDUCTIONAL COMMITTEE

March 28, 2019

PURPOSE: To ensure quality patient care by providing a quality system of credentialing and privileging for physicians interested in providing services at Middle Park Health.

1. Review/discussion of approval of privileges for:
   - Todd Bolotin, MD, Full Active Privileges in Emergency Medicine
   - Kathleen Hornbaker, CRNA, Full Active Privileges as a Certified Registered Nurse Anesthetist

2. Next Meeting: April 25th 2019

With the consideration and approval by the Credentialing Committee, we recommend that the Board of Directors approve the above named physicians for privileges at Middle Park Health.
### Middle Park Medical Center
#### Patient Volumes
##### Fiscal Year 2019

#### Inpatient Activity

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<tr>
<td><strong>Admissions</strong></td>
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<tr>
<td>MPMC</td>
<td>23</td>
<td>18</td>
<td>21</td>
<td>27</td>
<td>23</td>
<td>20</td>
<td>44</td>
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<td>61</td>
<td>41</td>
<td>55</td>
<td>43</td>
<td>58</td>
<td>84</td>
<td>113</td>
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<tr>
<td><strong>Total</strong></td>
<td>60</td>
<td>79</td>
<td>62</td>
<td>82</td>
<td>66</td>
<td>78</td>
<td>128</td>
<td>160</td>
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<tr>
<td>% @ MPMC</td>
<td>38.3%</td>
<td>22.8%</td>
<td>33.9%</td>
<td>32.9%</td>
<td>34.8%</td>
<td>25.6%</td>
<td>34.4%</td>
<td>29.4%</td>
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</tbody>
</table>

| **Patient Days**     |               |               |              |              |               |               |          |          |                   |
| **Observation**      | 24            | 12            | 18           | 22           | 19            | 19            | 37       | 41       | 111%              |
| **Acute**            | 33            | 32            | 15           | 30           | 17            | 45            | 32       | 75       | 234%              |
| **Swing**            | 54            | 51            | 38           | 32           | 31            | 7             | 69       | 39       | 57%               |
| **Extended**         | 240           | 243           | 252          | 248          | 224           | 201           | 476      | 449      | 94%               |
| **Total**            | 351           | 338           | 323          | 332          | 291           | 272           | 614      | 604      | 98%               |

#### OR Activity

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<td>Surgical Cases</td>
<td>32</td>
<td>30</td>
<td>21</td>
<td>31</td>
<td>13</td>
<td>30</td>
<td>34</td>
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<td>GI Procedures</td>
<td>56</td>
<td>47</td>
<td>43</td>
<td>29</td>
<td>39</td>
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#### ER Activity

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<td>Kremmling</td>
<td>64</td>
<td>74</td>
<td>73</td>
<td>83</td>
<td>77</td>
<td>58</td>
<td>150</td>
<td>141</td>
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<td>Granby</td>
<td>276</td>
<td>480</td>
<td>387</td>
<td>445</td>
<td>389</td>
<td>415</td>
<td>776</td>
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<td><strong>Total</strong></td>
<td>340</td>
<td>554</td>
<td>460</td>
<td>528</td>
<td>466</td>
<td>474</td>
<td>926</td>
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<td>UC  K</td>
<td>23</td>
<td>39</td>
<td>35</td>
<td>35</td>
<td>40</td>
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<td>35</td>
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#### Clinic Activity

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<tr>
<td>Walden</td>
<td>224</td>
<td>189</td>
<td>254</td>
<td>243</td>
<td>183</td>
<td>213</td>
<td>437</td>
<td>455</td>
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<tr>
<td>Kremmling</td>
<td>384</td>
<td>363</td>
<td>510</td>
<td>376</td>
<td>429</td>
<td>379</td>
<td>939</td>
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<td>Granby</td>
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<td>621</td>
<td>862</td>
<td>704</td>
<td>705</td>
<td>618</td>
<td>1,567</td>
<td>1,322</td>
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<td>Winter Park</td>
<td>341</td>
<td>495</td>
<td>426</td>
<td>555</td>
<td>396</td>
<td>552</td>
<td>822</td>
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<tr>
<td><strong>Total</strong></td>
<td>1,655</td>
<td>1,668</td>
<td>2,052</td>
<td>1,876</td>
<td>1,713</td>
<td>1,762</td>
<td>3,765</td>
<td>3,640</td>
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#### Other Services

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<tbody>
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<td>Imaging</td>
<td>817</td>
<td>928</td>
<td>912</td>
<td>1,074</td>
<td>834</td>
<td>900</td>
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<td>3,640</td>
<td>3,688</td>
<td>3,534</td>
<td>4,370</td>
<td>3,329</td>
<td>3,880</td>
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<td>2,795</td>
<td>3,080</td>
<td>2,444</td>
<td>2,841</td>
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<td>5,921</td>
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<td>Feb-19</td>
<td>Budget</td>
<td>% Var</td>
<td>Feb-18</td>
<td>% Var</td>
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<tr>
<td><strong>REVENUE</strong></td>
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<td>Inpatient</td>
<td>445,383</td>
<td>316,171</td>
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<td>265,013</td>
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<td>4,367,613</td>
<td>4,353,041</td>
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<td>3,914,769</td>
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<td><strong>TOTAL REVENUE</strong></td>
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<td>4,179,782</td>
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<td><strong>CONTRACTUAL ADJ</strong></td>
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<td>Bad Debt</td>
<td>178,397</td>
<td>258,086</td>
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<td>(18,834)</td>
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<td>1,689,597</td>
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<td>(242,000)</td>
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<td>(171,636)</td>
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<td>37%</td>
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<td>36%</td>
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<td><strong>SALARIES &amp; BENEFITS</strong></td>
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<td>Staff Salaries</td>
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<td>76,827</td>
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<td><strong>TOTAL SALARIES &amp; BENEFITS</strong></td>
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<td><strong>OPERATING EXPENSES</strong></td>
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<td>64,129</td>
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<td>6,972</td>
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<td>Repairs &amp; Maintenance</td>
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<td>621%</td>
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<td>38,703</td>
<td>25%</td>
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<td>Minor Equipment</td>
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<td>3,612</td>
<td>176%</td>
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<td>Travel &amp; Education</td>
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<td>(43%)</td>
<td>28,253</td>
<td>(33%)</td>
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<td>Licenses &amp; Dues</td>
<td>6,770</td>
<td>6,906</td>
<td>(2%)</td>
<td>7,563</td>
<td>(10%)</td>
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<td>Provider Fee</td>
<td>46,065</td>
<td>60,838</td>
<td>(24%)</td>
<td>58,466</td>
<td>(21%)</td>
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<td>Advertising / Comm Relation</td>
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<td><strong>TOTAL OPER. EXPENSE</strong></td>
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<td>951,323</td>
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<td>877,408</td>
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<td><strong>TOTAL EXPENSES</strong></td>
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<td>(0%)</td>
<td>2,466,561</td>
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<td><strong>NET OPER. INCOME</strong></td>
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<td>251,409</td>
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<td>214,094</td>
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<td><strong>OTHER REV &amp; EXP</strong></td>
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<tr>
<td>Grant Revenue</td>
<td>2,836</td>
<td>13,333</td>
<td>(79%)</td>
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<td>Tax Revenue</td>
<td>78,715</td>
<td>83,500</td>
<td>(6%)</td>
<td>91,710</td>
<td>(14%)</td>
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<tr>
<td>Other Revenue</td>
<td>54,850</td>
<td>20,833</td>
<td>163%</td>
<td>36,921</td>
<td>49%</td>
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<tr>
<td><strong>TOTAL OTHER REV &amp; EXP</strong></td>
<td>136,402</td>
<td>117,666</td>
<td>16%</td>
<td>128,631</td>
<td>6%</td>
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<tr>
<td><strong>NET INCOME (LOSS)</strong></td>
<td>456,206</td>
<td>369,075</td>
<td>24%</td>
<td>342,725</td>
<td>33%</td>
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</table>
# Middle Park Medical Center

## Year to Date Profit and Loss Statement

For the Period Ending February 28th, 2019

### Revenue

<table>
<thead>
<tr>
<th></th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
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<tr>
<td>Inpatient</td>
<td>883,898</td>
<td>641,155</td>
<td>38%</td>
<td>509,022</td>
<td>74%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>9,654,596</td>
<td>9,167,697</td>
<td>5%</td>
<td>7,682,429</td>
<td>26%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>10,538,494</strong></td>
<td><strong>9,808,852</strong></td>
<td><strong>7%</strong></td>
<td><strong>8,191,451</strong></td>
<td><strong>29%</strong></td>
</tr>
</tbody>
</table>

### Contractual Adj

<table>
<thead>
<tr>
<th></th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debt</td>
<td>377,481</td>
<td>483,086</td>
<td>(22%)</td>
<td>235,153</td>
<td>61%</td>
</tr>
<tr>
<td>Contractual</td>
<td>4,009,674</td>
<td>3,579,653</td>
<td>12%</td>
<td>3,019,708</td>
<td>33%</td>
</tr>
<tr>
<td>Provider Fee Payment</td>
<td>(484,000)</td>
<td>(486,917)</td>
<td>1%</td>
<td>(343,276)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL CONTRACTUAL ADJ</strong></td>
<td><strong>3,903,155</strong></td>
<td><strong>3,575,822</strong></td>
<td><strong>9%</strong></td>
<td><strong>2,911,585</strong></td>
<td><strong>34%</strong></td>
</tr>
</tbody>
</table>

### Net Revenue

<table>
<thead>
<tr>
<th></th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET REVENUE</strong></td>
<td><strong>6,635,339</strong></td>
<td><strong>6,233,030</strong></td>
<td><strong>6%</strong></td>
<td><strong>5,279,866</strong></td>
<td><strong>26%</strong></td>
</tr>
</tbody>
</table>

### Salaries & Benefits

<table>
<thead>
<tr>
<th></th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Salaries</td>
<td>1,568,534</td>
<td>1,643,865</td>
<td>(5%)</td>
<td>1,467,157</td>
<td>7%</td>
</tr>
<tr>
<td>Physician Salaries</td>
<td>839,804</td>
<td>855,347</td>
<td>(2%)</td>
<td>730,473</td>
<td>15%</td>
</tr>
<tr>
<td>Benefits</td>
<td>908,303</td>
<td>844,851</td>
<td>8%</td>
<td>782,748</td>
<td>16%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>184,157</td>
<td>235,683</td>
<td>(22%)</td>
<td>185,547</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SALARIES &amp; BENEFITS</strong></td>
<td><strong>3,500,798</strong></td>
<td><strong>3,579,746</strong></td>
<td><strong>(2%)</strong></td>
<td><strong>3,165,925</strong></td>
<td><strong>11%</strong></td>
</tr>
</tbody>
</table>

### Operating Expenses

<table>
<thead>
<tr>
<th></th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Labor</td>
<td>88,798</td>
<td>84,682</td>
<td>5%</td>
<td>107,972</td>
<td>(18%)</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>444,766</td>
<td>454,753</td>
<td>(2%)</td>
<td>411,106</td>
<td>8%</td>
</tr>
<tr>
<td>Supplies</td>
<td>476,996</td>
<td>482,058</td>
<td>(1%)</td>
<td>395,072</td>
<td>21%</td>
</tr>
<tr>
<td>Legal</td>
<td>18,439</td>
<td>9,305</td>
<td>98%</td>
<td>6,237</td>
<td>196%</td>
</tr>
<tr>
<td>Audit/Consulting</td>
<td>22,417</td>
<td>36,903</td>
<td>(39%)</td>
<td>30,628</td>
<td>(27%)</td>
</tr>
<tr>
<td>Insurance</td>
<td>14,241</td>
<td>19,277</td>
<td>(26%)</td>
<td>16,793</td>
<td>(15%)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>257,049</td>
<td>276,057</td>
<td>(3%)</td>
<td>278,684</td>
<td>(4%)</td>
</tr>
<tr>
<td>Interest</td>
<td>136,051</td>
<td>137,426</td>
<td>(1%)</td>
<td>135,671</td>
<td>0%</td>
</tr>
<tr>
<td>Leases</td>
<td>60,500</td>
<td>61,517</td>
<td>(2%)</td>
<td>59,495</td>
<td>2%</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>39,915</td>
<td>26,638</td>
<td>50%</td>
<td>14,635</td>
<td>173%</td>
</tr>
<tr>
<td>Utilities</td>
<td>93,234</td>
<td>81,535</td>
<td>14%</td>
<td>72,792</td>
<td>28%</td>
</tr>
<tr>
<td>Minor Equipment</td>
<td>26,743</td>
<td>12,818</td>
<td>109%</td>
<td>7,043</td>
<td>280%</td>
</tr>
<tr>
<td>Travel &amp; Education</td>
<td>47,242</td>
<td>50,134</td>
<td>(6%)</td>
<td>42,662</td>
<td>11%</td>
</tr>
<tr>
<td>Licenses &amp; Dues</td>
<td>9,817</td>
<td>12,724</td>
<td>(23%)</td>
<td>13,934</td>
<td>(30%)</td>
</tr>
<tr>
<td>Provider Fee</td>
<td>106,155</td>
<td>121,677</td>
<td>(13%)</td>
<td>116,932</td>
<td>(9%)</td>
</tr>
<tr>
<td>Advertising / Comm Relation</td>
<td>32,530</td>
<td>18,771</td>
<td>73%</td>
<td>16,660</td>
<td>95%</td>
</tr>
<tr>
<td>Misc.</td>
<td>5,993</td>
<td>1,535</td>
<td>290%</td>
<td>682</td>
<td>779%</td>
</tr>
<tr>
<td><strong>TOTAL OPER. EXPENSE</strong></td>
<td><strong>1,890,885</strong></td>
<td><strong>1,887,811</strong></td>
<td><strong>0%</strong></td>
<td><strong>1,726,998</strong></td>
<td><strong>9%</strong></td>
</tr>
</tbody>
</table>

### Total Expenses

<table>
<thead>
<tr>
<th></th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>5,391,682</strong></td>
<td><strong>5,467,557</strong></td>
<td><strong>(1%)</strong></td>
<td><strong>4,892,923</strong></td>
<td><strong>10%</strong></td>
</tr>
</tbody>
</table>

### Net Operating Income

<table>
<thead>
<tr>
<th></th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET OPER. INCOME</strong></td>
<td><strong>1,243,557</strong></td>
<td><strong>765,473</strong></td>
<td><strong>62%</strong></td>
<td><strong>386,943</strong></td>
<td><strong>221%</strong></td>
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</tbody>
</table>

### Other Rev & Exp

<table>
<thead>
<tr>
<th></th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Revenue</td>
<td>6,230</td>
<td>26,666</td>
<td>(77%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Revenue</td>
<td>159,526</td>
<td>167,000</td>
<td>(4%)</td>
<td>196,083</td>
<td>(19%)</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>72,315</td>
<td>41,666</td>
<td>74%</td>
<td>533,762</td>
<td>(86%)</td>
</tr>
<tr>
<td><strong>TOTAL OTHER REV &amp; EXP</strong></td>
<td><strong>238,071</strong></td>
<td><strong>235,332</strong></td>
<td><strong>1%</strong></td>
<td><strong>729,845</strong></td>
<td><strong>67%</strong></td>
</tr>
</tbody>
</table>

### Net Income (Loss)

<table>
<thead>
<tr>
<th></th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET INCOME (LOSS)</strong></td>
<td><strong>1,481,729</strong></td>
<td><strong>1,000,805</strong></td>
<td><strong>48%</strong></td>
<td><strong>1,116,788</strong></td>
<td><strong>33%</strong></td>
</tr>
</tbody>
</table>
## Middle Park Medical Center
### Balance Sheet
#### as of February 2019

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>3,267,781</td>
<td>2,856,750</td>
</tr>
<tr>
<td>Days Cash on hand</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>AR - Patient Services &amp; Other</td>
<td>12,089,890</td>
<td>15,211,915</td>
</tr>
<tr>
<td>Allowance Bad Debt</td>
<td>(2,941,828)</td>
<td>(4,532,566)</td>
</tr>
<tr>
<td>Contractual Adjustment</td>
<td>(3,188,761)</td>
<td>(3,987,872)</td>
</tr>
<tr>
<td>Net AR</td>
<td>5,959,300</td>
<td>6,591,477</td>
</tr>
<tr>
<td>Tax Receivables</td>
<td>880,126</td>
<td>963,472</td>
</tr>
<tr>
<td>Total Inventory</td>
<td>656,763</td>
<td>659,841</td>
</tr>
<tr>
<td>Prepaid &amp; Other Current Assets</td>
<td>447,771</td>
<td>722,773</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>11,231,741</td>
<td>11,744,314</td>
</tr>
<tr>
<td><strong>Long Term Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land, Building and Equipment</td>
<td>16,613,465</td>
<td>17,240,740</td>
</tr>
<tr>
<td><strong>Total Long Term Assets</strong></td>
<td>16,613,465</td>
<td>17,240,740</td>
</tr>
<tr>
<td><strong>Restricted Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally Restricted</td>
<td>2,798,320</td>
<td>2,157,948</td>
</tr>
<tr>
<td>Externally Restricted</td>
<td>346,183</td>
<td></td>
</tr>
<tr>
<td><strong>Total Restricted Assets</strong></td>
<td>3,144,503</td>
<td>2,157,948</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>30,989,799</td>
<td>31,143,062</td>
</tr>
<tr>
<td>Deferred Outflows</td>
<td>645,648</td>
<td>666,588</td>
</tr>
<tr>
<td><strong>TOTAL ASSET &amp; DEFR OUTFLOWS</strong></td>
<td>31,635,356</td>
<td>31,809,650</td>
</tr>
</tbody>
</table>

| **LIABILITIES** |          |            |
| **Current Liabilities** |          |            |
| A/P and Accrued Liabilities | 1,506,788 | 2,340,752  |
| Accrued Interest Bond | 200,604   | 203,329    |
| Accrued Salaries and Wages | 1,012,857 | 1,024,789  |
| Third Party Settlement | (228,241) | 751,053    |
| Tax Payable | 324       | 310        |
| Bonds payable | 434,971    | 421,171    |
| Lease Payable | 116,967    | 54,887     |
| Deferred Property Taxes | 747,155    | 788,869    |
| **Total Current Liabilities** | 3,791,424  | 5,585,200  |
| **Long Term Liabilities** |          |            |
| Long Term Bond Payable | 22,343,279 | 22,778,250 |
| Long Term Lease Payable | 244,421    | 486,205    |
| **Total Long Term Liabilities** | 22,587,700 | 23,264,455 |
| **TOTAL LIABILITIES** | 26,379,125 | 28,449,654 |

| **EQUITY** |          |            |
| Total Fund Balances | 3,774,503 | 1,843,146  |
| Year to Date Net Income | 1,481,729 | 1,116,788  |
| **TOTAL EQUITY** | 5,256,231 | 2,959,934  |
| **TOTAL LIABILITIES & EQUITY** | 31,635,356 | 31,809,589 |
### February 2019

<table>
<thead>
<tr>
<th></th>
<th>0 - 30</th>
<th>31 - 60</th>
<th>61 - 90</th>
<th>91 - 120</th>
<th>121 - 150</th>
<th>151 - 180</th>
<th>181+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>241,646</td>
<td>953,987</td>
<td>241,724</td>
<td>175,447</td>
<td>53,130</td>
<td>150,555</td>
<td>15,896</td>
<td>192,882</td>
</tr>
<tr>
<td>Medicaid</td>
<td>287,721</td>
<td>426,656</td>
<td>199,887</td>
<td>146,219</td>
<td>144,700</td>
<td>113,664</td>
<td>548,250</td>
<td>363,087</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Insurance</td>
<td>287,944</td>
<td>1,735,124</td>
<td>961,124</td>
<td>192,111</td>
<td>205,345</td>
<td>109,918</td>
<td>139,224</td>
<td>151,656</td>
</tr>
<tr>
<td>Self Pay</td>
<td>15,544</td>
<td>833,312</td>
<td>765,436</td>
<td>330,200</td>
<td>322,810</td>
<td>516,417</td>
<td>36,315</td>
<td>1,152,811</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>832,855</td>
<td>3,969,079</td>
<td>2,118,171</td>
<td>1,044,007</td>
<td>729,987</td>
<td>890,554</td>
<td>667,100</td>
<td>1,899,856</td>
</tr>
</tbody>
</table>

### January 2019

<table>
<thead>
<tr>
<th></th>
<th>0 - 30</th>
<th>31 - 60</th>
<th>61 - 90</th>
<th>91 - 120</th>
<th>121 - 150</th>
<th>151 - 180</th>
<th>181+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>218,615</td>
<td>961,771</td>
<td>356,052</td>
<td>150,831</td>
<td>143,827</td>
<td>146,313</td>
<td>35,191</td>
<td>163,124</td>
</tr>
<tr>
<td>Medicaid</td>
<td>333,630</td>
<td>518,238</td>
<td>246,267</td>
<td>165,305</td>
<td>149,464</td>
<td>127,363</td>
<td>496,917</td>
<td>312,633</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Insurance</td>
<td>480,916</td>
<td>1,977,123</td>
<td>855,821</td>
<td>267,903</td>
<td>143,498</td>
<td>136,892</td>
<td>164,327</td>
<td>133,041</td>
</tr>
<tr>
<td>Self Pay</td>
<td>(38,767)</td>
<td>766,622</td>
<td>523,983</td>
<td>404,690</td>
<td>428,711</td>
<td>588,274</td>
<td>35,971</td>
<td>1,342,257</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>934,394</td>
<td>4,223,774</td>
<td>1,812,023</td>
<td>996,729</td>
<td>865,700</td>
<td>998,242</td>
<td>662,464</td>
<td>1,951,055</td>
</tr>
</tbody>
</table>

### Ytd

<table>
<thead>
<tr>
<th></th>
<th>0 - 30</th>
<th>31 - 60</th>
<th>61 - 90</th>
<th>91 - 120</th>
<th>121 - 150</th>
<th>151 - 180</th>
<th>181+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>25,031</td>
<td>(7,784)</td>
<td>(112,328)</td>
<td>16,616</td>
<td>(90,697)</td>
<td>4,042</td>
<td>(19,295)</td>
<td>29,178</td>
</tr>
<tr>
<td>Medicaid</td>
<td>(65,909)</td>
<td>(91,602)</td>
<td>(46,280)</td>
<td>(19,086)</td>
<td>(4,962)</td>
<td>(13,699)</td>
<td>49,578</td>
<td>50,454</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Insurance</td>
<td>(112,972)</td>
<td>(241,999)</td>
<td>275,303</td>
<td>(75,792)</td>
<td>61,847</td>
<td>(26,174)</td>
<td>(25,103)</td>
<td>18,615</td>
</tr>
<tr>
<td>Self Pay</td>
<td>54,311</td>
<td>86,690</td>
<td>181,553</td>
<td>125,540</td>
<td>105,901</td>
<td>(71,857)</td>
<td>(344)</td>
<td>(189,446)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(181,559)</td>
<td>(254,695)</td>
<td>298,148</td>
<td>47,278</td>
<td>(137,733)</td>
<td>(107,688)</td>
<td>4,636</td>
<td>(91,199)</td>
</tr>
</tbody>
</table>

|                      | (155,850)| (341,388)| 116,595| (78,262) | (33,812)  | (35,831)  | 4,980 | 98,247    | (425,310) |

|                      | Difference | 1,409,638 | | | | | | | |
Grand Lake Update: 3/28/2019

Grand Lake:
- Challenges with permitting process. County is requesting stamped architectural drawings. Ray working with local architect and engineer contacts to complete.
- Architects confirmed that our use is “B” occupancy – lesser requirements for construction.
- Coordinating with local electrician for rough-in need for space
- Coordinating with Grand Lake to vacate the space – largest delay is getting their IT moved to their new office.
- X-ray machine and lead door (both longest lead-time items) have been ordered
- Staff positions have been posted, working on staffing models
- Epic build is in Centura’s workqueue – meeting with Centura and MPH’s team scheduled to review build needs
- GL town planner noted that our project would be subject to Use Tax on the cost of physical construction. He and the town manager were submitting a waver to the town board to waive this tax – awaiting an update from them.
Wellness and Quality of Life Center

- Currently painting interior hallway, replacing hall lighting with updated and efficient fixtures (LED), patching carpet where lockers were removed, installing base cove, final coat of paint in bathrooms, started work in training room, installing Ethernet ports.
- Internet and basic network has been set up as of March 1st
- IT is working on phone service – have requested 2-week notice prior to moving services to transition phone lines
- Working on door replacement options – focusing on main entrance (exterior) doors with auto-openers
- Plumber is concerned with the new uni-sex bathroom – in conversations with him
- PT, Cardio and Weight rooms 98% complete
- Holding on Laundry area. Exploring short term options for outsourcing to give us time to complete project
- Fire panel being replaced – will build daily round sheets and required inspection intervals
- Once fire panel is replaced, will contact Kremmling Fire then the state for life safety inspections
- Will coordinate exterior work once weather breaks – painting, exterior lighting, signage, parking lot, sidewalks, siding replacement, landscaping – will determine immediate needs vs. future expenditures.
- Membership software (Motionsoft) being implemented – contract signed, training underway
- Cardio and Weight equipment has been ordered and schedule for delivery
- New rehab equipment has arrived and been assembled
- Wellness Center jobs have been posted
- Finalizing handbook, agreements, policies
**THOR Update:** 3.28.2019

**Contract Discussion** – ongoing but expected to have this final on March 28 – NWCCOG is pushing to have most if not all signatures from the parties interested.

Just – Clear Creek County has dropped out of the project due to being unable to access USAC funding. We’ve secured the DOLA funding but not the USAC funding. DOLA funds help offset the up-front cost. Previously, we wouldn’t have had access to the funds and since other sites have dropped out of the project, that frees up the funding for MPH. There are additional fees we will incur due to some of the terms in the contract surrounding support.

- **Monthly:** $12,320 Final
- **Up-Front:** $112,674.55 Final
- **Support:** ???

*Per discussion with Visionary and NWCCOG – the DOLA funds were distributed as below. Monthly fees were reduced and added to the up-front costs due to negotiations with CDOT fiber in other areas of the network.*

**Terms – General Bullet Points**

1. 3-year terms with an auto 3-year renewal with an option to leave the project/network given 180-day notice
2. Governance Committee for the network to be established with voting rights/seats set on a per site and connection site basis. MPH will have at least one seat
3. Need to provide support personnel/contact for any parties we resell to or partner with. This can be contracted out
4. Costs will change if another party opts out – payment adjustment due within 30 days of that event. Option to annul contract if the cost is too high for the facility
5. Open/Fair Network requirement – Reselling to any other parties must be on an equivalent basis: can’t charge one business more than the other for the same service. Mammoth?

**Partners/Customers:**

1. Visionary – is interested in providing Wireless services for Kremmling using the former Middle School building
2. Grand County – we’ve had discussions with Grand County and their IT Director – they are interested in improving services at their facilities
3. Others – ???
Board of Directors Executive Session

Time in: 7:40pm
Motion Made By: Ben
Seconded By: Carl

CRS #24-6-402(e) – Determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators.
Non Board Members Invited: Robert Jason Deb Tom Josh Derek Rob
Time In: 7:40
Time Out: 8:00

CRS #24-6-402(f) – Personnel matters.
Non Board Members Invited: Robert Jason Deb Tom Josh Rob Derek
Time In: 8:00
Time Out: 8:29

#3 8:20 Bernie, Carol, Tom, Kelly
Resumption of open meeting time: 8:37
Adjournment: 8:30
Motion Made By: Ben
Seconded By: John

HR to move forward as directed
RF bonus paid result financial audit as directed by Board in Exec. Session
TFM bonus paid to indiv. work as discussed in Exec. Session