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

May 2, 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. USDA Project

5. Public Comments (if any)
   Citizens should state their names for the record.

6. Reports of Good News

7. Presentation by Middle Park Foundation

8. Motion for Approval of Minutes
   - March 28, 2019

9. Consent Agenda
   - Quality Reports
   - Infection Control Plan 2019
   - Infection Control Plan 2019 – RHC
   - Infection Control Plan 2019 - Cliffview

10. Privileging for Approval
    - None

11. Policies and Procedures for Approval – Deb Plemmons

    - March 2019

13. Agreement of Trauma Designations
    - Resolution #19-05-02 Resolution in support of CO Trauma Program - Kremmling
    - Resolution #19-05-03 Resolution in support of CO Trauma Program - Granby

14. Resolution for Board Approval
    - Resolution #19-05-01 Resolution to increase signing authority
15. **Update on projects**
   - Cliffview
   - USDA
   - Grand Lake
   - THOR
   - Wellness Center

16. **Unbudgeted Items**
   - Bylaws, Rules and Regulations
   - Security Cameras
   - Non-budgeted positions
   - Van

17. **Centura Quarterly Report**

18. **SDA Compliance Calendar**

19. **Board Discussion**

20. **Items for Next Agenda**

21. **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

22. **Adjournment**

**Next Regular Board Meeting:** Thursday, May 30, 2019, 6:00 PM, Middle Park Health Conference Room-Kremmling.
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d/b/a Middle Park Health
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22. **Adjournment**

**Next Regular Board Meeting:** Thursday, May 30, 2019, 6:00 PM, Middle Park Health Conference Room-Kremmling.
With meeting notice, Bernie Murphy called the Kremmling Memorial Hospital District board meeting to order at approximately 5:59pm.

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

Also present: Tom Coburn, Deb Plemmons, Jason Bryan, Derek Ortner, Rob Wissenbach, Rob Schmidt, Mikealena Horner, Rose Gamblin, Tiffany Freitag.

Agenda Approval

Motion: A motion was made by Jodi Docheff and seconded by Bernie Murphy to approve the agenda as presented. Motion adopted on a 4-0 vote.

Public Comments

Report of Good News

We had a female, pregnant patient come in in distress that MPH had airlifted out to Denver and her husband posted on Facebook how good of care they received from the Dr’s, RN’s, and all of the staff at MPH. Other people in the community then commented on his post about the great care they have received from MPH.

The 2nd total hip replacement surgery was done here. The patient stayed overnight and was discharged with no complications. She was up walking within 1 to 1.5 hours after the surgery.

Minutes Approval

Motion: A motion was made by Jodi Docheff and seconded by Bernie Murphy to approve the minutes from the February 28, 2019 meeting. Motion adopted on a 4-0 vote.

Consent Agenda

Motion: A motion was made by Bernie Murphy and seconded by Jodi Docheff to approve the consent agenda. Motion adopted on a 4-0 vote.
Privileging Approval

The following names were presented for privileging approval:
- Todd Bolotin, MD, Full Active Privileges in Emergency Medicine
- Kathleen Hornbaker, CRNA, Full Active Privileges as a Certified Registered Nurse Anesthetist

Motion: A motion was made by Bernie Murphy and seconded by Carol Petersen to approve the privileging. **Motion adopted on a 4-0 vote.**

Policies and Procedures for Approval – Deb Plemons

There were 15 revised policies, 1 new and 1 retired. We are getting back into the rotation of reviewing and approving them.

Motion: A motion was made by Kelly Johnson and seconded by Jodi Docheff to approve the policies. **Motion adopted on a 4-0 vote.**

Financial Report – Tom Coburn

Volumes – Inpatient volumes went up significantly over the last 2 months. In February we transferred out more than we usually do. For patient days we are up 130% over last year. We had a higher % of transfers more we usually do; perhaps because we are out of space and can’t keep them.

OR Activity – is up 79% and GI is down because Dr McCaulley is out.

ER Activity – Activity in Kremmling is not down as the numbers look; it is because people go to the Urgent Care, which is up 25% from last year. Granby is also up.

Clinic Activity – We do not have enough providers in the clinic right now, so those numbers are down. We have 3 interviews set up. We are looking at a Family Practitioner that is looking for part time work who is married to a psychiatrist.

Ancillary Services - Imaging and Lab are up due to the ED patients.

Revenue – Total revenue is up significantly from last year. There was a 5% increase in the charge master. The other 10% is surgical and ER related. Net revenue significantly increased over last year. We’ve done very well with expenses. Orthopedics has increased supply expenses. Net income is up.

Our YTD is up 26% over last year.
Operating expenses are up only 9%. 
Kremmling Memorial Hospital District
Board of Directors Meeting
Thursday, March 28, 2019

**Balance Sheet** – Cash is back up with days on hand being over 70 days.

Motion: A motion was made by Carol Petersen and seconded by Bernie Murphy to approve the financials as presented. **Motion adopted on a 4-0 vote.**

**SDA Compliance**
There isn’t anything due this month for compliance.

**Marketing Update – Tiffany Freitag**

The Walden Health fair was on March 16th, Tiffany and Bethanie Reynolds went up there. Dr Telck and Shayla Hartman were there too. Last year Tiffany met with the Lyons club that does the health fair and they were interested in us doing it instead of it being a 9 health fair, but they chose to do the 9 health fair again this year. It was good that she went up there, and maybe they will go with us next year. They only saw 30% of the people of what they did last year.

Granby is a 9 health fair on 4/20 and that is run by GC EMS but we are involved, Tiffany will go with MPH swag, 2 Physical Therapists for body and balance, a dietician, Dr Lupica will go to do “ask the doctor” as well.

The MPH health fair in Kremmling is on 4/27 – it will be at the high school again. It is scheduled on prom again. We had 170 participants last year but want to increase it this year. We will offer the blood draw the week before the fair. Several folks brought their results to the fair with them. It was not hard to get volunteers – very easy this year. We have double the amount of blood drawers. Dr Wisner will be there doing ask the doc. Dr Ratcliff will go for surgery – Katie Hornbaker will be there to discuss opioid free anesthesia and she will give a spiel. Dr Wilson from orthopedics will go and the O.R. team will be there. Maryjo is bringing CNA students to do vitals and get them experience. Rose will do a wellness center booth to try to sign people up. Jake with PT will be there, Radiology, a Dietician will come. EMS, Rural Health, NWC, Mindsprings, will be there. Last year we had the helicopter land and we had about 30 kids. Last year we had the ambulance, this year we want to expand the kids’ portion and we are going to have face painting. We will be doing drunk driving again with a simulator.

Gearing up for summer events – 30 events this year. We have fun swag. We will be doing water bottles. 1st aid kits, sunscreen, hand sanitizer. Cooler bag will be giveaways. Sunglasses too.

Kremmling Chamber does Easter egg hunt at Cliffview – and not all kids have bags so we have made bags with our logo on them to pass out.

All 5th graders in Colorado have a changing body talk. Our provider goes out to the schools and helps answer questions. We have boys pouch and girls pouch that contain goodies for them to take home.

Dr Wisner will go up for the boys but we don’t have a female provider for that day yet.

New or merged event – community safety fair. Part of our trauma certification is doing a community event and we are giving away bike helmets again, which Centura is donating to us. This year we want to do it with the Wellness Center and combine that with the Grand opening.

Carrie George, with Keller Williams, wants us to do a blood drive. The date is yet to be determined but we are looking at the beginning of summer.

For ads we have been running them twice a month in the Sky Hi and Grand Gazette. We had wonderful ads on Dr Paulsen; which was great PR for MPH, the foundation and Dr. Paulsen.
Kremmling Memorial Hospital District
Board of Directors Meeting
Thursday, March 28, 2019

The other thing we are continuing to do are the community presentations. We have not had good success on community participation and it’s usually the same people that come.
We are sponsoring After Prom with $500 each for Walden, Kremmling and Granby.
In addition to newspaper we are doing daily Facebook posts. We have a report on how many people the posts reach.
Cliffview – we are adding them as a tab on our website and Tiffany is working on brochures getting our names on it.
Wellness signage - Tiffany said we have put together wellness center specific logo - it is the same font as Keeping Life Grand so that it stays in our brand. Tom said – do not finalize the sign for wellness center yet. Tiffany reached out for exterior signs to all local people – prices are all over the place. The biggest sign will be the wall by the Dollar Store. To get something that fits right it has to be big - a lighted sign is $25k, or we could do a mural that is more cultural to Kremmling - $13 to $15 grand for a full size mural. She thinks she can get the artist down. Deb suggested have local artists to do parts of the history of Kremmling. Reached out to Rob Johnson, he does very good quality signs. The other place we really need a sign by front door.

Update on Projects

Wellness Center - Derek
There is a lot of painting going on – carpets are going in and we are replacing lights. The cardio and weight rooms are done, they just need equipment. Ray was concerned about the amount of work that needs to be done with plumbing that we might need to pull a permit. Rose put together a desk. IT is up and running over there – phones are going next. Rose has been working on a handbook and policies. We are ready to roll. The one thing is that the fire panel needs to be replaced – they should be in there next week to do that for us then Ray can get the fire dept in there and then the state will have to go in for life safety.
The equipment has been ordered and it is all ready to be shipped or has shipped. It will be here within 2-3 weeks.
We are looking at auto openers for the front door. The green blocks that are to the right of the door will get a fresh coat of paint and do some exterior painting as well. The parking lots and sidewalks are terrible and will need to be fixed. They will probably take down the wooden flower boxes.
Landscaping is in the plans.

Cliffview – Deb
Things are going well. Jean is working hard on getting dietary up and running. Got the new ice machine but trying to figure out where to put it. There was a van, unknown to the county, and that has been looked at and deemed worthless. It is so full of rust and the tires are rotten. Deb said they cannot drive that van again and we are waiting to hear what Sheena wants to do with it as it is a county asset. We still have one van that can transport residents. MaryJo and the activity director are getting residents out and about around town.
There is a new resident moving in on Saturday.
Staff is happy, residents are happy.
The misappropriation of funds has been closed with the state so we don’t have to worry about it. It is not our issue.
Things are rocking and rolling and they are good.
THOR – Rob
Updates from last meeting – Clear Creek dropped out which increased our costs somewhat – we have a cost today that was finalized. We were able to receive DOLA funding but the cost ends up being the same as we initially looked at – they shifted costs around. Over the course of 3 years – it is the same and we pay 6 months at a time. We received about $72,000 in DOLA funds. Those costs due at execution – the one contingency is that if between now and May 1, someone could drop off or come in. If the cost becomes too much we are not obligated to stay in. Clear Creek didn’t join because they were attempting to use funds but they were not providing patient services at their locations and their timeline was short as well. The 3rd cost is support – we need to provide customer service support for whomever signs up with us.
We would be up and running between June 1 and June 30, everyone else would be up in September.
We were waiting on the final pricing piece before we solicit customers.

Grand Lake – Derek
Derek said we had to submit the permits ourselves and that we need to have an architect sign off on our plans. The amount of work has been minimal.
Bernie asked how Ray Mackendrick was holding up and wants to make sure he’s being taken care of.

USDA – Tom
Things are moving along quite well – almost everything is in for the appraisal and feasibility folks.
The architectural agreement needs to be signed so we can pay them for the last year of work they have been doing. Tom went to a meeting with USDA in Denver and our timeline is fine and we are getting done what we are supposed to do. Mikealena will be working on it all day tomorrow.
Letters will go out tomorrow to make sure we aren’t infringing on the tribal nations land.

BASH – Jason
We are waiting on a few things to come in so we are not ready to present final numbers yet.
Jason thanked the BOD for their attendance and support. There were about 20 people or so that did not make it due to the inclement weather, with 3 of those being the biggest sponsors.
This year the foundation paid for everything whereas in the past Jason thinks the hospital absorbed some of the cost which made the budget out of line.
Using hand bid worked really well.
Bernie thanked the foundation, Jason and Tiffany for their hard work in doing such a great job.
Jason reported there are 6 members on the foundation board, 2 new ones. Three from Kremmling, one from Winter Park, one from Fraser, and one in Granby. According to our bylaws we need 9.

Items to Discuss at Next Board Meeting

USDA
Grand Lake
THOR
Wellness Center
Executive Session – 7:40pm

Motion: A motion was made by Bernie Murphy and seconded by Carol Petersen to go into executive session to discuss subjects below. **Motion adopted on a 4-0 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 Tom Coburn, Jason Bryan, Deb Plemmons and Derek Ortner.

**CRS #24-6-402(f)** – Personnel matters.

Non-board members invited to this executive session were Jason Bryan.

Resumption of Open Meeting – 8:29

Adjournment

Motion: A motion was made by Bernie Murphy and seconded by Jodi Docheff to adjourn the meeting at 8:30PM. **Motion adopted on a 4-0 vote.**

NEXT REGULAR BOARD MEETING: Thursday, April 25, 2019, 6:00PM, Middle Park Health-Kremmling Conference Room, 214 South 4th Street, Kremmling, Colorado.

Gary Bromgarner, Vice President

Jodi Docheff, Secretary/Treasurer

Approval Date: 4/25/2019

Minutes taken by Cindy Multerer
KREMMLING MEMORIAL HOSPITAL DISTRICT dba MIDDLE PARK HEALTH (MPH)

X- KREMMLING CLINIC  X- GRANBY CLINIC  X- WALDEN CLINIC  X- WINTER PARK CLINIC

Purpose:

The Middle Park Health (MPH) Infection Control Program (ICP) is to promote safe and quality care to our patients, healthcare workers, and visitors through prevention and control of infections. This is to be achieved through the use of sound epidemiological principles and scientific based decision-making in addition to our commitment of excellence and, respectful patient care.

The goals of program are:

1. Protect the patient by minimizing the risk of transmission of infections associated with the use of procedures, medical equipment, and medical devices.

2. Protect healthcare workers, visitors and others in the healthcare environment.

3. Monitor for occurrence of infection and implement control measures

4. Find and correct issues relating to infection prevention practices

5. Sustain compliance with regulatory bodies related to infection prevention

6. Emphasize the importance of hand hygiene and continually increase compliance rates.

7. Perform risk assessment and prioritize strategies for risk reduction

8. Have a surveillance plan that includes data analysis.

Program Organizational Structure

The Infection Control Committee provides program oversight for the program for MPMC by review and approval of the annual plan and any subsequent revisions, approval of policies and procedures related to infection prevention, review of surveillance data, review of employee health data, and it provides a forum for discussing infection prevention issues.

Members of the committee consist of: (or their designee)

1. Medical provider

2. Vice President of Nursing Services

3. Nursing Directors
4. Director of Environmental Services and Plant OPs
5. Director of Rehabilitation
6. Director of Laboratory
7. Director of Dietary
8. Quality and Risk/Infection Prevention

Infection Prevention Scope of Services

Primary Activities
- Surveillance and control measures to prevent infections
- Outbreak investigations
- Policy and Procedure review and revisions
- Education of staff and patients/family/visitors
- Performance improvement
- Content expertise and resource

Infection Prevention Risk Assessment

The purpose of the risk assessment is to:
- Evaluation of potential risk for infections, contamination and exposures
- Evaluation of harm
- Evaluation of MPH's preparedness to eliminate or mitigate the harm or risk of harm

The risk assessment includes:
- Geographic area and communities:
  - MPH cares for patients throughout Grand County, part of Jackson and Summit counties. This includes the towns of Kremmling, Granby, Walden, Fraser, Winter Park, Tabernash, Grand Lake, Parshall, and Hot Sulfur Springs. Patients travel up to 60 miles to seek care from one of our facilities
  - MPH has two hospital facilities that make up one critical access hospital. The facilities are in Kremmling and Granby, located approximately 27 miles apart. Rural Health
Clinics are located at the same sites as the hospitals along with one in Winter Park approximately 25 south of Granby. North Park Clinic, which is a designated rural health clinic, is located in Walden approximately 67 miles from Granby and 65 miles from Kremmling. A Physical Therapy clinic is in Fraser approximately 20 miles from Granby.

- Number of providers in communities - 25
- Public health and community resources

- Environmental factors
  - West Grand County is predominately farm land and East Grand County is known for the ski resorts and summer activities.

- Populations served
  - Total - 15,525
  - Age groups - newborn – elderly
  - Median age is 47 years
  - Ethnicity -
    - White - 87.8%
    - Spanish/Latino – 8.5%
  - Median household incomes = $65,600
  - Most frequent admitting diagnosis for inpatients –
    - Pneumonia
    - Pain management
    - Congestive Heart Failure
    - Abdominal pain
    - Failure to Thrive
    - Pancreatitis

- Potential infections
- Worker to patient infections
  - Urinary Tract Infections
- Supplies and equipment
  - Contaminated Equipment and surfaces
- Resistant Microbes
  - MRSA
  - VRE
  - C-difficle
- Surgical Site infections
- Other Risks
  - Increase of seasonal tourist
  - Outdoor concerts during summer in Winter Park
  - Increase demands on the Emergency Departments
  - Increase potential for food borne illness
  - Severe weather in Winter
  - Increase internal outbreak

**Risk Assessment Grid**

The purpose of the assessment grid as it ranks the risk by a total score which helps to identify priorities. These priorities are built into the Infection Prevention and control program plan. It allows us to stratify the infection risks and review the program with actual data for success or needed changes to the plan.

The Infection Control Committee which consists of a multidisciplinary team met and performed the risk assessment. Scores that were less than 20% were deemed as not needing an action plan. See Attached Risk Assessment.
Surveillance and Controls Measures to Prevent Infections

Surveillance is the ongoing collection and analysis of data translated into information for response and/or action. It is an essential component of an effective Infection Prevention Program and is based on sound evidence based principles. The surveillance plan will be in place to monitor MPMC’s facility infections for unusual epidemics, clusters of infections, those due to unusual pathogens, and any “Healthcare Associated Infections” (HAI). Mandatory and public reporting will influence MPMC’s surveillance program design, elements and definitions. The focus will be on infections which have a high potential for adverse patient outcome, substantial potential for prevention and opportunity for external database comparison.

The elements of the surveillance program will be:

- Surveillance methodology
  - Total
    - Whole facility surveillance
    - Overall rates will not be used as they are not sensitive enough to identify potential problems
    - Specific Hospital Associated Infections (HAI) will be calculated in defined populations
  - Focused
    - Specific departments surveillance
      - McGreer Criteria for extended care residents and swing bed
      - Medical devices such as Foley catheters
      - Organisms such as C-diff or MRSA
        - Targets
          - High risk, high volume procedures
          - HAI
          - Adverse outcomes
          - Preventable
        - Syndromic - CDC defines as “...monitor disease indicators in real-time or near real-time to detect outbreaks of disease earlier than public health methods”.
          - Focuses on early symptom period before clinical or laboratory confirmation
            - Symptoms – cough, fever
            - Surrogate data - increased employee absenteeism
  - Population defined
  - Indicators to monitor
    - Outcomes and processes
    - High risk, high volume
    - High risk, low volume
    - Risk assessment events
• Time period of observation
• Case Definitions
  o NHSN- National Healthcare Safety Network
• Data elements to be collected
• Data analysis methods
  o Rates and ratios
    ▪ Rates
      • \( X \) = the numerator. Number of times event occurred during the time interval
      • Basic formula: Rate = \( \frac{x}{y} \times k \)
      • \( Y \) = the denominator. The population at risk from which those experiencing the event were derived during the same time interval
      • \( K \) = the constant. To create a uniform quantity so it can be compared.
    ▪ Utilization ratio
      • Device utilization ratio (DUR) is the proportion of patient days for which a certain device is used.
      • Number of device days/number of patient days x 100 = DUR
    ▪ Percentage
      • Relative frequency of the occurrence of an event to total
• Data collection methodology
  o Concurrent
  o Retrospective
  o Data sources
    ▪ Lab reports
    ▪ Anesthesia records
    ▪ Pharmacy reports
    ▪ Nursing notes
• All mandatory reporting will be submitted to the local Public Health Department who in turns reports to the State of Colorado.
• Other agencies we will send information to will include:
  o NHSN
  o CHA
  o CDC
  o CDPHE
Hospital Associated Infections (HAI)

HAI is defined as any infection patients get while receiving medical treatment in a healthcare facility. Types of HAI that MPMC will conduct a surveillance program may include:

- Catheter Associated Urinary Tract Infection (CAUTI)
  - Defined using symptomatic (SUTI) criteria or asymptomatic bacteremic (ABUTI) criteria.
  - CAUTI will be counted if the patient had a catheter at the time of or within 48 hours before onset of event. There is no minimum period of time that the catheter must be in place for the UTI to be counted as a CAUTI.
  - If a CAUTI develops within 48 hours of transfer from one facility to another facility, the infection is attributed to the transferring location.
- Central Line Associated Blood Infections. (CLABSI) surveillance
  - Is performed on all inpatient units using NHSN definitions.
  - Data is shared with Leadership and Infection Control committee
- Surgical Site Infections
  - Follows NHSN protocol.
  - Infections may be identified during the admission, upon readmission, during an outpatient visit or reported by another facility.
- McGregor Criteria
  - Based on NNIS definitions and NHSN hospital definitions
  - Infections that should be routinely included in surveillance
    - Transmission evident
    - Prevention possible
    - Significant clinically
    - Serious outbreaks
- Control of epidemiologically-significant organisms including MDROs: Vancomycin-resistant Enterococcus (VRE), methicillin-resistant Staphylococcus aureus (MRSA), clostridium difficile (C-Diff), Acinetobacter baumannii carbapenemase-resistant Enterobacteriaceae (CRE) and extended spectrum beta-lactamase producing gram negative bacilli (ESBL).
  - Microbiology reports are reviewed including those that are resistant to multiple antibiotics. These reports come to the Antibiotic stewardship committee and are reported to the P&T committee. When such an organism is identified, the patient is placed on Contact precautions.
  - Surveillance for C-diff is hospital wide. Precautions are implemented when the patient develops diarrhea and continue until c-diff is ruled out.
- Hand Hygiene compliance
  - All staff are educated on hand hygiene requirements
  - Surveillance of hand hygiene compliance is a shared responsibility between the Infection Prevention Nurse and the directors.
Data is collected on compliance and is shared with leadership. The goal for compliance is 97% by the 4th quarter of the fiscal year. (Oct-Dec)

- Complying with Standard and Isolation precautions
  - Personal Protective Equipment (PPE) is available in each patient care areas for use by staff at any time to comply with Universal Precautions (Standard precautions). PPE for isolation is provided when the patient is placed in isolation.
  - Isolation precautions are implemented when isolatable infections are identified.
  - Education for patients, family members and/or visitors are provided at time of isolation.
  - Staff education is performed on an annual basis.
  - Isolation procedures are consistent with the CDC recommendations
  - Specific policies pertaining to isolation are available to staff.

Prevention of Infections Associated with Medical Equipment and Environment

- Prevent infections associated with medical equipment and supplies
  - Policies/Protocols for disinfection (low and high-level) and sterilization of equipment are based on CDC and AAMI guidelines. The scope of the policies includes cleaning, disinfection and sterilization methods, quality control, transportation of both dirty and clean equipment and supplies, storage and training.
  - Sites where high-level disinfection and sterilization are practiced are identified and visited by the Infection Control Nurse to assess practices and assure compliance with policies and AAMI standards.

- Prevent infections associated with construction. Infection Control and Plant OPs collaborate to complete infection control risk assessments and to assure agreed upon precautions are followed.

Prevention of Occupationally Acquired Infections and/or Transmission by Infectious Staff to others

- Employee health policies pertaining to infection prevention are developed in collaboration with the employee health nurse and the Infection Control Nurse.

- Infection Control provides a blood borne pathogen program that includes the management of exposure to infectious diseases. Management includes evaluation of where the exposure occurred, investigation of the incident and any recommendations for follow-up.
  - TB control: the control of tuberculosis depends upon the following measures:
    - Prompt identification of possible tuberculosis
    - Prompt implementation of airborne precautions
    - A respiratory protection program including fit testing for N95 respirators
    - TB skin tests (TST) upon hire to detect both latent and active disease and post-exposure to screen for occupationally acquired infection. Blood tests may be used in certain circumstances
  - Influenza prevention and control:
- Annual vaccination program for employees – to have >90% employees vaccinated.
  - Methods to achieve the goal:
    - Providing access to influenza vaccinations on-site
    - Educating staff about influenza vaccination, diagnosis, transmission and potential impact of influenza
    - Evaluating declinations to identify opportunities to reduce the number
  - Scope of annual influenza program
    - Vaccine is offered to all employees
    - Staff may decline and it must be in writing.
    - Those who are vaccinated are given a tag to be placed on their badge so that their status is easily recognized
    - Those who decline must wear a mask while on duty throughout the influenza season (when in a patient care area).
- Flu vaccination offered to patient and the public
  - MPMC will host annual public flu vaccination clinic in the public
  - MPMC will offer flu vaccination to all inpatient and clinic patients as appropriate according to national recognized core measure standards for inpatients, and preventative medicine standards
- Isolation of influenza like illness and confirmed influenza
  - Patients with influenza-like illness are placed in droplet precautions until influenza is ruled out
  - Visitor control
    - Kiosks with masks, and hand sanitizer are available at the entrance of the hospital. Signage encourages anyone entering with fever and a cough to use a mask.
    - Depending upon the number of cases and severity of disease, there may be additional control measures implemented to prevent visitors with influenza-like illness from visiting.
- Investigating and Controlling outbreaks
  - Each outbreak of infection is investigated and control measures are implemented.
  - Interventions for control are developed and implemented as quickly as possible
- Emerging Infectious Diseases
  - Protocols are prepared in the event that a patient(s) present(s) with an emerging infectious disease such as EBOLA or Zika. The protocols included information on triage,
isolation, donning and doffing of PPE, follow-up of employee exposures and public health communications

Evaluating the Infection Prevention and Control Program

The Infection Control Committee; Chief Executive Officer (CEO); the medical staff; and the Vice President of Nursing (VPNS) evaluate the program to ensure that the CAH-wide Quality Assurance (QA) program and staff in-service training programs address problems identified through the infection control program.

The plan is evaluated for effectiveness at least annually for the following and whenever risks change significantly.

- Implementation of the annual plan and prioritized goals
- Achievement of desired targets for infection reduction or compliance with policies, standards, and regulations, based on findings and trends from surveillance data, environmental rounds, or assessment of various practices.
- Analysis of success/failure in meeting goals and/or targets to identify possible causes.
### Attachment A

#### SEVERITY = (MAGNITUDE - MITIGATION)

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue</td>
<td>Likelihood this will occur</td>
<td>Possibility of death of injury</td>
<td>Physical losses and damages</td>
<td>Interruption of services</td>
<td>Preplanning &amp; Prevention</td>
<td>Time, effectiveness, resources</td>
<td>Community Mutual Aid staff and supplies</td>
<td>Relative threat*</td>
</tr>
<tr>
<td>Device-related infection</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
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<tr>
<td>Urinary Tract Infection</td>
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<td>0</td>
<td>1</td>
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<tr>
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<td>Drain or Tube - Temporary</td>
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<td>Surgical Site Infection</td>
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<td>1</td>
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<tr>
<td>Extrinsic Infection</td>
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<td></td>
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<td></td>
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<tr>
<td>Patient-to-Patient Transmission</td>
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<td>3</td>
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<td>15%</td>
</tr>
<tr>
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<td>0</td>
<td>2</td>
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<td>3</td>
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<td>33%</td>
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<tr>
<td>Visitor-to-Transmitter Transmission</td>
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<td>15%</td>
</tr>
<tr>
<td>Foodborne / Waterborne</td>
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<td>2</td>
<td>1</td>
<td>1</td>
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<td>2</td>
<td>22%</td>
</tr>
<tr>
<td>Vectorborne / Vermin</td>
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<td>2</td>
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<td>1</td>
<td>3</td>
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</tr>
<tr>
<td>Surface / Immediate Environment</td>
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<td>2</td>
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</tr>
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<td>Contaminated Instrument/Equip</td>
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<td>2</td>
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<tr>
<td>Contaminated Med / Product</td>
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</tr>
<tr>
<td>Other</td>
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<td></td>
<td></td>
<td></td>
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<td>0%</td>
</tr>
<tr>
<td>Special Populations</td>
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<tr>
<td>Neonates</td>
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<td>0</td>
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<td>1</td>
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</tr>
<tr>
<td>Elderly</td>
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<td>0</td>
<td>3</td>
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<td>0</td>
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</tr>
<tr>
<td>Pediatrics</td>
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<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
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<td>26%</td>
</tr>
<tr>
<td>Transplant</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Chronic Conditions</td>
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<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>26%</td>
</tr>
<tr>
<td>HIV</td>
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<td>3</td>
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<td>1</td>
<td>15%</td>
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<tr>
<td>Policy Title: Infection Control Plan</td>
<td>Policy No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
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<td></td>
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<tr>
<td>Scope: All Staff</td>
<td>Page 12 of 12</td>
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</tbody>
</table>

### Occupational Health
- **Bloodborne Pathogen Exposure**
  - 2
  - 3
  - 0
  - 1
  - 2
  - 2
  - 2
  - 3
  - 37%
- **Tuberculosis Exposure**
  - 1
  - 3
  - 0
  - 1
  - 2
  - 2
  - 3
  - 33%
- **Vaccine Preventable Comm Dis**
  - 2
  - 2
  - 0
  - 0
  - 3
  - 2
  - 2
  - 2
  - 33%
- **Non VP Comm Dis**
  - 2
  - 3
  - 0
  - 0
  - 2
  - 2
  - 2
  - 33%
- **Other not specified above**
  - 0%

### Building / Facility
- **Water intrusion**
  - 2
  - 1
  - 2
  - 3
  - 2
  - 2
  - 1
  - 41%
- **Construction & Renovation**
  - 3
  - 1
  - 3
  - 3
  - 1
  - 2
  - 2
  - 30%
- **Utilities loss (refer to facility HVA)**
  - 2
  - 2
  - 2
  - 3
  - 2
  - 2
  - 2
  - 48%
- **Surge capacity**
  - 3
  - 2
  - 3
  - 3
  - 3
  - 3
  - 2
  - 59%
- **Weather**
  - 3
  - 3
  - 2
  - 2
  - 2
  - 2
  - 1
  - 67%

### Community
- **Bioterrorism**
  - 1
  - 3
  - 3
  - 3
  - 2
  - 2
  - 3
  - 30%
- **Internal cluster/outbreak**
  - 2
  - 3
  - 3
  - 3
  - 2
  - 2
  - 3
  - 59%
- **External outbreak**
  - 2
  - 3
  - 1
  - 1
  - 2
  - 2
  - 3
  - 44%
- **Epidemic/Pandemic**
  - 1
  - 3
  - 2
  - 2
  - 2
  - 3
  - 3
  - 28%

**Average Score**: 28%

*Risk = Probability * Severity*

*Threat increases with percentage*
KREMMLING MEMORIAL HOSPITAL DISTRICT dba MIDDLE PARK HEALTH (MPH)

X- KREMMLING CLINIC  X- GRANBY CLINIC  X- WALDEN CLINIC  X- WINTER PARK CLINIC

Purpose:
The Middle Park Health (MPH) Infection Control Program (ICP) is to promote safe and quality care to our patients, healthcare workers, and visitors through prevention and control of infections. This is to be achieved through the use of sound epidemiological principles and scientific based decision-making in addition to our commitment of excellence and, respectful patient care.

The goals of program are:
1. Protect the patient by minimizing the risk of transmission of infections associated with the use of procedures, medical equipment, and medical devices.
2. Protect healthcare workers, visitors and others in the healthcare environment.
3. Monitor for occurrence of infection and implement control measures
4. Find and correct issues relating to infection prevention practices
5. Sustain compliance with regulatory bodies related to infection prevention
6. Emphasize the importance of hand hygiene and continually increase compliance rates.
7. Perform risk assessment and prioritize strategies for risk reduction
8. Have a surveillance plan that includes data analysis.

Program Organizational Structure
The Infection Control Committee provides program oversight for the program for MPMC by review and approval of the annual plan and any subsequent revisions, approval of policies and procedures related to infection prevention, review of surveillance data, review of employee health data, and it provides a forum for discussing infection prevention issues.

Members of the committee consist of: (or their designee)
1. Medical provider
2. Vice President of Nursing Services
3. Nursing Directors
4. Director of Environmental Services and Plant OPs
5. Director of Rehabilitation
6. Director of Laboratory
7. Director of Dietary
8. Quality and Risk/Infection Prevention

Infection Prevention Scope of Services

Primary Activities
- Surveillance and control measures to prevent infections
- Outbreak investigations
- Policy and Procedure review and revisions
- Education of staff and patients/family/visitors
- Performance improvement
- Content expertise and resource

Infection Prevention Risk Assessment

The purpose of the risk assessment is to:
- Evaluation of potential risk for infections, contamination and exposures
- Evaluation of harm
- Evaluation of MPH’s preparedness to eliminate or mitigate the harm or risk of harm

The risk assessment includes:
- Geographic area and communities:
  - MPH cares for patients throughout Grand County, part of Jackson and Summit counties. This includes the towns of Kremmling, Granby, Walden, Fraser, Winter Park, Tabernash, Grand Lake, Parshall, and Hot Sulfur Springs. Patients travel up to 60 miles to seek care from one of our facilities
  - MPH has two hospital facilities that make up one critical access hospital. The facilities are in Kremmling and Granby, located approximately 27 miles apart. Rural Health
Clinics are located at the same sites as the hospitals along with one in Winter Park approximately 25 south of Granby. North Park Clinic, which is a designated rural health clinic, is located in Walden approximately 67 miles from Granby and 65 miles from Kremmling. A Physical Therapy clinic is in Fraser approximately 20 miles from Granby.

- Number of providers in communities - 25
- Public health and community resources

- Environmental factors
  - West Grand County is predominately farm land and East Grand County is known for the ski resorts and summer activities.

- Populations served
  - Total - 15, 525
  - Age groups - newborn – elderly
  - Median age is 47 years
  - Ethnicity -
    - White- 87.8%
    - Spanish/Latino – 8.5%
  - Median household incomes = $65, 600
  - Most frequent admitting diagnosis for inpatients –
    - Pneumonia
    - Pain management
    - Congestive Heart Failure
    - Abdominal pain
    - Failure to Thrive
    - Pancreatitis

- Potential infections
• Worker to patient infections
  • Urinary Tract Infections

• Supplies and equipment
  • Contaminated Equipment and surfaces

• Resistant Microbes
  • MRSA
  • VRE
  • C-difficle

• Surgical Site infections

• Other Risks
  • Increase of seasonal tourist
  • Outdoor concerts during summer in Winter Park
  • Increase demands on the Emergency Departments
  • Increase potential for food borne illness
  • Severe weather in Winter
  • Increase internal outbreak

Risk Assessment Grid

The purpose of the assessment grid as it ranks the risk by a total score which helps to identify priorities. These priorities are built into the Infection Prevention and control program plan. It allows us to stratify the infection risks and review the program with actual data for success or needed changes to the plan.

The Infection Control Committee which consists of a multidisciplinary team met and performed the risk assessment. Scores that were less than 20% were deemed as not needing an action plan. See Attached Risk Assessment.
Surveillance and Controls Measures to Prevent Infections

Surveillance is the ongoing collection and analysis of data translated into information for response and/or action. It is an essential component of an effective Infection Prevention Program and is based on sound evidence-based principles. The surveillance plan will be in place to monitor MPMC’s facility infections for unusual epidemics, clusters of infections, those due to unusual pathogens, and any "Healthcare Associated Infections" (HAI). Mandatory and public reporting will influence MPMC’s surveillance program design, elements and definitions. The focus will be on infections which have a high potential for adverse patient outcome, substantial potential for prevention and opportunity for external database comparison.

The elements of the surveillance program will be:

- Surveillance methodology
  - Total
    - Whole facility surveillance
    - Overall rates will not be used as they are not sensitive enough to identify potential problems
    - Specific Hospital Associated Infections (HAI) will be calculated in defined populations
  - Focused
    - Specific departments surveillance
      - McGreer Criteria for extended care residents and swing bed
      - Medical devices such as Foley catheters
      - Organisms such as C-diff or MRSA
    - Targets
      - High risk, high volume procedures
      - HAI
      - Adverse outcomes
      - Preventable
    - Syndromic - CDC defines as “…monitor disease indicators in real-time or near real-time to detect outbreaks of disease earlier than public health methods”.
      - Focuses on early symptom period before clinical or laboratory confirmation
        - Symptoms – cough, fever
        - Surrogate data - increased employee absenteeism
  - Population defined
  - Indicators to monitor
    - Outcomes and processes
    - High risk, high volume
    - High risk, low volume
    - Risk assessment events
• Time period of observation
• Case Definitions
  o NHSN- National Healthcare Safety Network
• Data elements to be collected
• Data analysis methods
  o Rates and ratios
    ▪ Rates
      • $\mathcal{X}$ = the numerator. Number of times event occurred during the time interval
      • Basic formula: Rate = $\frac{x}{y} \times \mathcal{K}$
      • $\mathcal{Y}$ = the denominator. The population at risk from which those experiencing the event were derived during the same time interval
      • $\mathcal{K}$ = the constant. To create a uniform quantity so it can be compared.
    ▪ Utilization ratio
      • Device utilization ratio (DUR) is the proportion of patient days for which a certain device is used.
      • Number of device days/number of patient days x 100 = DUR
    ▪ Percentage
      • Relative frequency of the occurrence of an event to total
• Data collection methodology
  o Concurrent
  o Retrospective
  o Data sources
    ▪ Lab reports
    ▪ Anesthesia records
    ▪ Pharmacy reports
    ▪ Nursing notes

• All mandatory reporting will be submitted to the local Public Health Department who in turns reports to the State of Colorado.
• Other agencies we will send information to will include:
  o NHSN
  o CHA
  o CDC
  o CDPHE
Hospital Associated Infections (HAI)

HAI is defined as any infection patients get while receiving medical treatment in a healthcare facility. Types of HAI that MPMC will conduct a surveillance program may include:

- Catheter Associated Urinary Tract Infection (CAUTI)
  - Defined using symptomatic (SUTI) criteria or asymptomatic bacteremic (ABUTI) criteria.
  - CAUTI will be counted if the patient had a catheter at the time of or within 48 hours before onset of event. There is no minimum period of time that the catheter must be in place for the UTI to be counted as a CAUTI.
  - If a CAUTI develops within 48 hours of transfer from one facility to another facility, the infection is attributed to the transferring location.
- Central Line Associated Blood Infections (CLABSI) surveillance
  - Is performed on all inpatient units using NHSN definitions.
  - Data is shared with Leadership and Infection Control committee
- Surgical Site Infections
  - Follows NHSN protocol.
  - Infections may be identified during the admission, upon readmission, during an outpatient visit or reported by another facility.
- McGeer Criteria
  - Based on NNIS definitions and NHSN hospital definitions
  - Infections that should be routinely included in surveillance
    - Transmission evident
    - Prevention possible
    - Significant clinically
    - Serious outbreaks
- Control of epidemiologically-significant organisms including MDROs: Vancomycin-resistant Enterococcus (VRE), methicillin-resistant Staphylococcus aureus (MRSA), clostridium difficile (C-Diff), Acinetobacter baumannii carbapenemase-resistant Enterobacteriaceae (CRE) and extended spectrum beta-lactamase producing gram negative bacilli (ESBL).
  - Microbiology reports are reviewed including those that are resistant to multiple antibiotics. These reports come to the Antibiotic stewardship committee and are reported to the P&T committee. When such an organism is identified, the patient is placed on Contact precautions.
  - Surveillance for C-diff is hospital wide. Precautions are implemented when the patient develops diarrhea and continue until c-diff is ruled out.
- Hand Hygiene compliance
  - All staff are educated on hand hygiene requirements
  - Surveillance of hand hygiene compliance is a shared responsibility between the Infection Prevention Nurse and the directors.
Data is collected on compliance and is shared with leadership. The goal for compliance is 97% by the 4th quarter of the fiscal year. (Oct-Dec)

- Complying with Standard and Isolation precautions
  - Personal Protective Equipment (PPE) is available in each patient care areas for use by staff at any time to comply with Universal Precautions (Standard precautions). PPE for isolation is provided when the patient is placed in isolation.
  - Isolation precautions are implemented when isolatable infections are identified.
  - Education for patients, family members and/or visitors are provided at time of isolation.
  - Staff education is performed on an annual basis.
  - Isolation procedures are consistent with the CDC recommendations
  - Specific policies pertaining to isolation are available to staff.

Prevention of Infections Associated with Medical Equipment and Environment

- Prevent infections associated with medical equipment and supplies
  - Policies/Protocols for disinfection (low and high –level) and sterilization of equipment are based on CDC and AAMI guidelines. The scope of the policies includes cleaning, disinfection and sterilization methods, quality control, transportation of both dirty and clean equipment and supplies, storage and training.
  - Sites where high-level disinfection and sterilization are practiced are identified and visited by the Infection Control Nurse to assess practices and assure compliance with policies and AAMI standards.

- Prevent infections associated with construction. Infection Control and Plant OPs collaborate to complete infection control risk assessments and to assure agreed upon precautions are followed.

Prevention of Occupationally Acquired Infections and/or Transmission by Infectious Staff to others

- Employee health policies pertaining to infection prevention are developed in collaboration with the employee health nurse and the Infection Control Nurse.

- Infection Control provides a blood borne pathogen program that includes the management of exposure to infectious diseases. Management includes evaluation of where the exposure occurred, investigation of the incident and any recommendations for follow-up.
  - TB control: the control of tuberculosis depends upon the following measures:
    - Prompt identification of possible tuberculosis
    - Prompt implementation of airborne precautions
    - A respiratory protection program including fit testing for N95 respirators
    - TB skin tests (TST) upon hire to detect both latent and active disease and post-exposure to screen for occupationally acquired infection. Blood tests may be used in certain circumstances
  - Influenza prevention and control:
• Annual vaccination program for employees – to have >90% employees vaccinated.
  • Methods to achieve the goal:
    o Providing access to influenza vaccinations on-site
    o Educating staff about influenza vaccination, diagnosis, transmission and potential impact of influenza
    o Evaluating declinations to identify opportunities to reduce the number
  • Scope of annual influenza program
    o Vaccine is offered to all employees
    o Staff may decline and it must be in writing.
    o Those who are vaccinated are given a tag to be placed on their badge so that their status is easily recognized
    o Those who decline must wear a mask while on duty throughout the influenza season (when in a patient care area).
• Flu vaccination offered to patient and the public
  o MPMC will host annual public flu vaccination clinic in the public
  o MPMC will offer flu vaccination to all inpatient and clinic patients as appropriate according to national recognized core measure standards for inpatients, and preventative medicine standards
• Isolation of influenza like illness and confirmed influenza
  o Patients with influenza-like illness are placed in droplet precautions until influenza is ruled out
  o Visitor control
    • Kiosks with masks, and hand sanitizer are available at the entrance of the hospital. Signage encourages anyone entering with fever and a cough to use a mask.
    • Depending upon the number of cases and severity of disease, there may be additional control measures implemented to prevent visitors with influenza-like illness from visiting.
• Investigating and Controlling outbreaks
  o Each outbreak of infection is investigated and control measures are implemented.
  o Interventions for control are developed and implemented as quickly as possible
• Emerging Infectious Diseases
  o Protocols are prepared in the event that a patient(s) present(s) with an emerging infectious disease such as EBOLA or Zika. The protocols included information on triage,
isolation, donning and doffing of PPE, follow-up of employee exposures and public health communications

Evaluating the Infection Prevention and Control Program

The Infection Control Committee; Chief Executive Officer (CEO); the medical staff; and the Vice President of Nursing (VPNS) evaluate the program to ensure that the CAH-wide Quality Assurance (QA) program and staff in-service training programs address problems identified through the infection control program.

The plan is evaluated for effectiveness at least annually for the following and whenever risks change significantly:

- Implementation of the annual plan and prioritized goals
- Achievement of desired targets for infection reduction or compliance with policies, standards, and regulations, based on findings and trends from surveillance data, environmental rounds, or assessment of various practices.
- Analysis of success/failure in meeting goals and/or targets to identify possible causes.
## Attachment A

### Severity = (Magnitude - Mitigation)

<table>
<thead>
<tr>
<th>EVENT Description</th>
<th>Probability</th>
<th>Human Impact</th>
<th>Property Impact</th>
<th>Business Impact</th>
<th>Preparedness</th>
<th>Internal Response</th>
<th>External Response</th>
<th>Risk</th>
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<tbody>
<tr>
<td><strong>Issue</strong></td>
<td>Likelihood this will occur</td>
<td>Possibility of death or injury</td>
<td>Physical losses and damages</td>
<td>Interruption of services</td>
<td>Preplanning &amp; Prevention</td>
<td>Time, effectiveness, resources</td>
<td>Community/ Mutual Aid staff and supplies</td>
<td>Relative Threat</td>
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<tr>
<td><strong>Device-related infection</strong></td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
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<td>Page 12 of 12</td>
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</tr>
<tr>
<td>Other not specified above</td>
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**Occupational Health**

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<td>Bloodborne Pathogen</td>
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<td>Exposure</td>
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<td>Non VP Comm Dis</td>
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<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
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**Building / Facility**

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</tr>
<tr>
<td>Construction &amp; Renovation</td>
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<td>Utilities loss (ref to facility HVA)</td>
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<td>3</td>
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<td>2</td>
<td>2</td>
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**Community**

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<td>Bioterrorism</td>
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<tr>
<td>Internal cluster/outbreak</td>
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<td>Epidemic/Pandemic</td>
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<td>2</td>
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</table>

**AVERAGE SCORE**

\[\text{RISK} = \text{PROBABILITY} \times \text{SEVERITY}\]

*Threat increases with percentage*
KREMMLING MEMORIAL HOSPITAL DISTRICT dba MIDDLE PARK HEALTH (MPH)

X- Cliffiview

Purpose:

The Middle Park Health (MPH) Infection Control Program (ICP) is to promote safe and quality care to our patients, healthcare workers, and visitors through prevention and control of infections. This is to be achieved through the use of sound epidemiological principles and scientific based decision-making in addition to our commitment of excellence and, respectful patient care.

The goals of program are:

1. Protect the patient by minimizing the risk of transmission of infections associated with the use of procedures, medical equipment, and medical devices.

2. Protect healthcare workers, visitors and others in the healthcare environment.

3. Monitor for occurrence of infection and implement control measures

4. Find and correct issues relating to infection prevention practices

5. Sustain compliance with regulatory bodies related to infection prevention

6. Emphasize the importance of hand hygiene and continually increase compliance rates.

7. Perform risk assessment and prioritize strategies for risk reduction

8. Have a surveillance plan that includes data analysis.

Program Organizational Structure

The Infection Control Committee provides program oversight for the program for MPMC by review and approval of the annual plan and any subsequent revisions, approval of policies and procedures related to infection prevention, review of surveillance data, review of employee health data, and it provides a forum for discussing infection prevention issues.

Members of the committee consist of: (or their designee)

1. Medical provider

2. Vice President of Nursing Services

3. Nursing Directors
4. Director of Environmental Services and Plant OPs
5. Director of Rehabilitation
6. Director of Laboratory
7. Director of Dietary
8. Quality and Risk/Infection Prevention

Infection Prevention Scope of Services

Primary Activities
- Surveillance and control measures to prevent infections
- Outbreak investigations
- Policy and Procedure review and revisions
- Education of staff and patients/family/visitors
- Performance improvement
- Content expertise and resource

Infection Prevention Risk Assessment

The purpose of the risk assessment is to:
- Evaluation of potential risk for infections, contamination and exposures
- Evaluation of harm
- Evaluation of MPH's preparedness to eliminate or mitigate the harm or risk of harm

The risk assessment includes:
- Geographic area and communities:
  - MPH cares for patients throughout Grand County, part of Jackson and Summit counties. This includes the towns of Kremmling, Granby, Walden, Fraser, Winter Park, Tabernash, Grand Lake, Parshall, and Hot Sulfur Springs. Patients travel up to 60 miles to seek care from one of our facilities
  - MPH has two hospital facilities that make up one critical access hospital. The facilities are in Kremmling and Granby, located approximately 27 miles apart. Rural Health
Clinics are located at the same sites as the hospitals along with one in Winter Park approximately 25 south of Granby. North Park Clinic, which is a designated rural health clinic, is located in Walden approximately 67 miles from Granby and 65 miles from Kremmling. A Physical Therapy clinic is in Fraser approximately 20 miles from Granby.

- MPH manages Cliffview Assisted Living Facility, located 2 blocks from the Kremmling Facility
- Number of providers in communities - 25
- Public health and community resources

- Environmental factors
  - West Grand County is predominately farm land and East Grand County is known for the ski resorts and summer activities.

- Populations served
  - Total - 15, 525
  - Age groups - newborn – elderly
  - Median age is 47 years
  - Ethnicity -
    - White- 87.8%
    - Spanish/Latino – 8.5%
  - Median household incomes = $65, 600
  - Most frequent admitting diagnosis for inpatients –
    - Pneumonia
    - Pain management
    - Congestive Heart Failure
    - Abdominal pain
    - Failure to Thrive
    - Pancreatitis
• Potential infections
  o Worker to patient infections
  o Urinary Tract Infections
• Supplies and equipment
  o Contaminated Equipment and surfaces
• Resistant Microbes
  o MRSA
  o VRE
  o C-difficle
• Surgical Site infections
• Other Risks
  o Increase of seasonal tourist
  o Outdoor concerts during summer in Winter Park
  o Increase demands on the Emergency Departments
  o Increase potential for food borne illness
  o Severe weather in Winter
  o Increase internal outbreak

Risk Assessment Grid

The purpose of the assessment grid as it ranks the risk by a total score which helps to identify priorities. These priorities are built into the Infection Prevention and control program plan. It allows us to stratify the infection risks and review the program with actual data for success or needed changes to the plan.

The Infection Control Committee which consists of a multidisciplinary team met and performed the risk assessment. Scores that were less than 20% were deemed as not needing an action plan. See Attached Risk Assessment.
Surveillance and Controls Measures to Prevent Infections

Surveillance is the ongoing collection and analysis of data translated into information for response and/or action. It is an essential component of an effective Infection Prevention Program and is based on sound evidence based principles. The surveillance plan will be in place to monitor MPMC’s facility infections for unusual epidemics, clusters of infections, those due to unusual pathogens, and any “Healthcare Associated Infections” (HAI). Mandatory and public reporting will influence MPMC’s surveillance program design, elements and definitions. The focus will be on infections which have a high potential for adverse patient outcome, substantial potential for prevention and opportunity for external database comparison.

The elements of the surveillance program will be:

- Surveillance methodology
  - Total
    - Whole facility surveillance
    - Overall rates will not be used as they are not sensitive enough to identify potential problems
    - Specific Hospital Associated Infections (HAI) will be calculated in defined populations
  - Focused
    - Specific departments surveillance
      - McGreer Criteria for extended care residents and swing bed
      - Medical devices such as Foley catheters
      - Organisms such as C-diff or MRSA
    - Targets
      - High risk, high volume procedures
      - HAI
      - Adverse outcomes
      - Preventable
    - Syndromic - CDC defines as “...monitor disease indicators in real-time or near real-time to detect outbreaks of disease earlier than public health methods”.
      - Focuses on early symptom period before clinical or laboratory confirmation
      - Symptoms – cough, fever
      - Surrogate data - increased employee absenteeism

- Population defined
- Indicators to monitor
  - Outcomes and processes
- Time period of observation
- Case Definitions
  - NHSN- National Healthcare Safety Network
- Data elements to be collected
- Data analysis methods
  - Rates and ratios
    - Rates
      - $X$ = the numerator. Number of times event occurred during the time interval
      - Basic formula: $Rate = \frac{X}{Y} \times K$
      - $Y$ = the denominator. The population at risk from which those experiencing the event were derived during the same time interval
      - $K$ = the constant. To create a uniform quantity so it can be compared.
    - Utilization ratio
      - Device utilization ratio (DUR) is the proportion of patient days for which a certain device is used.
      - Number of device days/number of patient days x 100 = DUR
    - Percentage
      - Relative frequency of the occurrence of an event to total
- Data collection methodology
  - Concurrent
  - Retrospective
  - Data sources
    - Lab reports
    - Anesthesia records
    - Pharmacy reports
    - Nursing notes
- All mandatory reporting will be submitted to the local Public Health Department who in turns reports to the State of Colorado.
- Other agencies we will send information to will include:
  - NHSN
  - CHA
  - CDC
  - CDPHE
Hospital Associated Infections (HAI)

HAI is defined as any infection patients get while receiving medical treatment in a healthcare facility. Types of HAI that MPMC will conduct a surveillance program may include:

- Catheter Associated Urinary Tract Infection (CAUTI)
  - Defined using symptomatic (SUTI) criteria or asymptomatic bacteremic (ABUTI) criteria.
  - CAUTI will be counted if the patient had a catheter at the time of or within 48 hours before onset of event. There is no minimum period of time that the catheter must be in place for the UTI to be counted as a CAUTI.
  - If a CAUTI develops within 48 hours of transfer from one facility to another facility, the infection is attributed to the transferring location.

- Central Line Associated Blood Infections. (CLABSI) surveillance
  - Is performed on all inpatient units using NHSN definitions.
  - Data is shared with Leadership and Infection Control committee

- Surgical Site Infections
  - Follows NHSN protocol.
  - Infections may be identified during the admission, upon readmission, during an outpatient visit or reported by another facility.

- McGreer Criteria
  - Based on NNIS definitions and NHSN hospital definitions
  - Infections that should be routinely included in surveillance
    - Transmission evident
    - Prevention possible
    - Significant clinically
    - Serious outbreaks

- Control of epidemiologically-significant organisms including MDROs: Vancomycin-resistant Enterococcus (VRE), methicillin-resistant Staphylococcus aureus (MRSA), clostridium difficile (C-Diff), Acinetobacter baumannii carbapenemase-resistant Enterobacteriaceae (CRE) and extended spectrum beta-lactamase producing gram negative bacilli (ESBL).
  - Microbiology reports are reviewed including those that are resistant to multiple antibiotics. These reports come to the Antibiotic stewardship committee and are reported to the P&T committee. When such an organism is identified, the patient is placed on Contact precautions.
  - Surveillance for C-diff is hospital wide. Precautions are implemented when the patient develops diarrhea and continue until c-diff is ruled out.
• Hand Hygiene compliance
  o All staff are educated on hand hygiene requirements
  o Surveillance of hand hygiene compliance is a shared responsibility between the
    Infection Prevention Nurse and the directors.
  o Data is collected on compliance and is shared with leadership. The goal for compliance
    is 97% by the 4th quarter of the fiscal year. (Oct-Dec)
• Complying with Standard and Isolation precautions
  o Personal Protective Equipment (PPE) is available in each patient care areas for use by
    staff at any time to comply with Universal Precautions (Standard precautions). PPE for
    isolation is provided when the patient is placed in isolation.
  o Isolation precautions are implemented when isolatable infections are identified.
  o Educations for patients, family members and/or visitors are provided at time of isolation.
  o Staff education is performed on an annual basis.
  o Isolation procedures are consistent with the CDC recommendations
  o Specific policies pertaining to isolation are available to staff.

Prevention of Infections Associated with Medical Equipment and Environment

• Prevent infections associated with medical equipment and supplies
  o Policies/Protocols for disinfection (low and high –level) and sterilization of equipment
    are based on CDC and AAMI guidelines. The scope of the policies includes cleaning,
    disinfection and sterilization methods, quality control, transportation of both dirty and
    clean equipment and supplies, storage and training.
  o Sites where high-level disinfection and sterilization are practiced are identified and
    visited by the Infection Control Nurse to assess practices and assure compliance with
    policies and AAMI standards.
• Prevent infections associated with construction. Infection Control and Plant OPs collaborate to
  complete infection control risk assessments and to assure agreed upon precautions are
  followed.

Prevention of Occupationally Acquired Infections and/or Transmission by Infectious Staff to
  others

• Employee health policies pertaining to infection prevention are developed in collaboration with
  the employee health nurse and the Infection Control Nurse.
• Infection Control provides a blood borne pathogen program that includes the management of
  exposure to infectious diseases. Management includes evaluation of where the exposure
  occurred, investigation of the incident and any recommendations for follow-up.
  o TB control: the control of tuberculosis depends upon the following measures:
    ▪ Prompt identification of possible tuberculosis
    ▪ Prompt implementation of airborne precautions
    ▪ A respiratory protection program including fit testing for N95 respirators
• TB skin tests (TST) upon hire to detect both latent and active disease and post-exposure to screen for occupationally acquired infection. Blood tests may be used in certain circumstances
  o Influenza prevention and control:
    • Annual vaccination program for employees – to have >90% employees vaccinated.
      • Methods to achieve the goal:
        o Providing access to influenza vaccinations on-site
        o Educating staff about influenza vaccination, diagnosis, transmission and potential impact of influenza
        o Evaluating declinations to identify opportunities to reduce the number
    • Scope of annual influenza program
      o Vaccine is offered to all employees
      o Staff may decline and it must be in writing.
      o Those who are vaccinated are given a tag to be placed on their badge so that their status is easily recognized
      o Those who decline must wear a mask while on duty throughout the influenza season (when in a patient care area).
    • Flu vaccination offered to patient and the public
      o MPMC will host annual public flu vaccination clinic in the public
      o MPMC will offer flu vaccination to all inpatient and clinic patients as appropriate according to national recognized core measure standards for inpatients, and preventative medicine standards
  • Isolation of influenza like illness and confirmed influenza
    o Patients with influenza-like illness are placed in droplet precautions until influenza is ruled out
    o Visitor control
      • Kiosks with masks, and hand sanitizer are available at the entrance of the hospital. Signage encourages anyone entering with fever and a cough to use a mask.
      • Depending upon the number of cases and severity of disease, there may be additional control measures implemented to prevent visitors with influenza-like illness from visiting.
  • Investigating and Controlling outbreaks
    o Each outbreak of infection is investigated and control measures are implemented.
    o Interventions for control are developed and implemented as quickly as possible
Emerging Infectious Diseases
  o Protocols are prepared in the event that a patient(s) present(s) with an emerging infectious disease such as EBOLA or Zika. The protocols included information on triage, isolation, donning and doffing of PPE, follow-up of employee exposures and public health communications.

Evaluating the Infection Prevention and Control Program

The Infection Control Committee; Chief Executive Officer (CEO); the medical staff; and the Vice President of Nursing (VPNS) evaluate the program to ensure that the CAH –wide Quality Assurance (QA) program and staff in-service training programs address problems identified through the infection control program.

The plan is evaluated for effectiveness at least annually for the following and whenever risks change significantly:

- Implementation of the annual plan and prioritized goals
- Achievement of desired targets for infection reduction or compliance with policies, standards, and regulations, based on findings and trends from surveillance data, environmental rounds, or assessment of various practices.
- Analysis of success/failure in meeting goals and/or targets to identify possible causes.
## Attachment A

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
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<th>RISK</th>
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<td>Likelihood this will occur</td>
<td>Possibility of death or injury</td>
<td>Physical losses and damages</td>
<td>Interruption of services</td>
<td>Preplanning &amp; Prevention</td>
<td>Time, effectiveness, resources</td>
<td>Community Mutual Aid staff and supplies</td>
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<td><strong>0 = N/A 1 = Low 2 = Moderate 3 = High</strong></td>
<td><strong>0 = N/A 1 = Low 2 = Moderate 3 = High</strong></td>
<td><strong>0 = N/A 1 = Low 2 = Moderate 3 = High</strong></td>
<td><strong>0 = N/A 1 = Low 2 = Moderate 3 = High</strong></td>
<td><strong>0 = N/A 1 = Low 2 = Moderate 3 = High</strong></td>
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<tr>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Bioterrorism</strong></td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Internal cluster/outbreak</strong></td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>59%</td>
</tr>
<tr>
<td><strong>External outbreak</strong></td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Epidemic/Pandemic</strong></td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>28%</td>
</tr>
</tbody>
</table>

**AVERAGE SCORE**

Risk = Probability * Severity

*Threat increases with percentage
### Middle Park Medical Center

**Patient Volumes**
**Fiscal Year 2019**

#### Inpatient Activity

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Admissions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPMC Transfers</td>
<td>21</td>
<td>27</td>
<td>23</td>
<td>20</td>
<td>33</td>
<td>21</td>
<td>77</td>
<td>68</td>
<td>88%</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>55</td>
<td>43</td>
<td>58</td>
<td>57</td>
<td>48</td>
<td>141</td>
<td>161</td>
<td>114%</td>
</tr>
<tr>
<td>% @ MPMC</td>
<td>33.9%</td>
<td>32.9%</td>
<td>34.8%</td>
<td>25.6%</td>
<td>36.7%</td>
<td>30.4%</td>
<td>35.3%</td>
<td>29.7%</td>
<td>105%</td>
</tr>
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</table>

#### Patient Days

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Observation</strong></td>
<td>18</td>
<td>22</td>
<td>19</td>
<td>19</td>
<td>23</td>
<td>18</td>
<td>60</td>
<td>59</td>
<td>98%</td>
</tr>
<tr>
<td><strong>Acute</strong></td>
<td>15</td>
<td>30</td>
<td>17</td>
<td>45</td>
<td>49</td>
<td>41</td>
<td>81</td>
<td>116</td>
<td>143%</td>
</tr>
<tr>
<td><strong>Swing</strong></td>
<td>38</td>
<td>32</td>
<td>31</td>
<td>7</td>
<td>44</td>
<td>63</td>
<td>113</td>
<td>102</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Extended</strong></td>
<td>252</td>
<td>248</td>
<td>224</td>
<td>201</td>
<td>227</td>
<td>206</td>
<td>703</td>
<td>655</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>323</td>
<td>332</td>
<td>291</td>
<td>272</td>
<td>343</td>
<td>328</td>
<td>957</td>
<td>932</td>
<td>97%</td>
</tr>
</tbody>
</table>

#### OR Activity

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgical Cases</strong></td>
<td>21</td>
<td>31</td>
<td>13</td>
<td>30</td>
<td>26</td>
<td>23</td>
<td>59</td>
<td>84</td>
<td>142%</td>
</tr>
<tr>
<td><strong>GI Procedures</strong></td>
<td>43</td>
<td>29</td>
<td>39</td>
<td>26</td>
<td>48</td>
<td>24</td>
<td>130</td>
<td>79</td>
<td>61%</td>
</tr>
</tbody>
</table>

#### ER Activity

<table>
<thead>
<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Kremmling</strong></td>
<td>73</td>
<td>83</td>
<td>77</td>
<td>58</td>
<td>82</td>
<td>67</td>
<td>232</td>
<td>208</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Granby</strong></td>
<td>387</td>
<td>445</td>
<td>389</td>
<td>416</td>
<td>424</td>
<td>424</td>
<td>1,200</td>
<td>1,295</td>
<td>107%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>460</td>
<td>528</td>
<td>466</td>
<td>474</td>
<td>506</td>
<td>491</td>
<td>1,432</td>
<td>1,493</td>
<td>104%</td>
</tr>
</tbody>
</table>

#### Clinic Activity

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Walden</strong></td>
<td>311</td>
<td>243</td>
<td>183</td>
<td>213</td>
<td>173</td>
<td>216</td>
<td>610</td>
<td>672</td>
<td>110%</td>
</tr>
<tr>
<td><strong>Kremmling</strong></td>
<td>510</td>
<td>376</td>
<td>429</td>
<td>379</td>
<td>454</td>
<td>338</td>
<td>1,393</td>
<td>1,083</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Granby</strong></td>
<td>868</td>
<td>704</td>
<td>705</td>
<td>618</td>
<td>727</td>
<td>601</td>
<td>2,294</td>
<td>1,923</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Winter Park</strong></td>
<td>426</td>
<td>555</td>
<td>396</td>
<td>552</td>
<td>560</td>
<td>632</td>
<td>1,202</td>
<td>1,739</td>
<td>145%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,115</td>
<td>1,878</td>
<td>1,713</td>
<td>1,762</td>
<td>1,734</td>
<td>1,787</td>
<td>5,499</td>
<td>5,427</td>
<td>99%</td>
</tr>
</tbody>
</table>

#### Other Services

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Imaging</strong></td>
<td>912</td>
<td>1,074</td>
<td>834</td>
<td>900</td>
<td>992</td>
<td>932</td>
<td>2,738</td>
<td>2,906</td>
<td>106%</td>
</tr>
<tr>
<td><strong>Lab</strong></td>
<td>3,534</td>
<td>4,370</td>
<td>3,326</td>
<td>3,880</td>
<td>3,995</td>
<td>3,789</td>
<td>10,855</td>
<td>12,039</td>
<td>111%</td>
</tr>
<tr>
<td><strong>Rehab</strong></td>
<td>2,795</td>
<td>3,080</td>
<td>2,444</td>
<td>2,841</td>
<td>2,680</td>
<td>2,951</td>
<td>7,919</td>
<td>8,872</td>
<td>112%</td>
</tr>
</tbody>
</table>
## Middle Park Medical Center
### Profit and Loss Statement
#### For the Period Ending March 2019

<table>
<thead>
<tr>
<th></th>
<th>Mar-19</th>
<th>Budget</th>
<th>% Var</th>
<th>Mar-18</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>567,057</td>
<td>758,270</td>
<td>(25%)</td>
<td>581,096</td>
<td>(2%)</td>
</tr>
<tr>
<td>Outpatient</td>
<td>4,620,508</td>
<td>4,052,897</td>
<td>14%</td>
<td>3,644,844</td>
<td>27%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>5,187,564</td>
<td>4,811,167</td>
<td>8%</td>
<td>4,225,940</td>
<td>23%</td>
</tr>
<tr>
<td><strong>CONTRACTUAL ADJ</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAD DEBT</td>
<td>216,698</td>
<td>379,135</td>
<td>(43%)</td>
<td>(10,842)</td>
<td>2099%</td>
</tr>
<tr>
<td>CONTRACTUAL</td>
<td>2,145,242</td>
<td>1,661,088</td>
<td>29%</td>
<td>1,888,642</td>
<td>14%</td>
</tr>
<tr>
<td>Provider Payment</td>
<td>(244,487)</td>
<td>(242,000)</td>
<td>(1%)</td>
<td>(171,636)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL CONTRACTUAL ADJ</strong></td>
<td>2,117,815</td>
<td>1,798,823</td>
<td>18%</td>
<td>1,706,146</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>41%</td>
<td>37%</td>
<td></td>
<td>40%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>NET REVENUE</strong></td>
<td>3,070,111</td>
<td>3,012,344</td>
<td>2%</td>
<td>2,519,776</td>
<td>22%</td>
</tr>
<tr>
<td><strong>SALARIES &amp; BENEFITS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Salaries</td>
<td>898,139</td>
<td>921,264</td>
<td>(2%)</td>
<td>810,505</td>
<td>11%</td>
</tr>
<tr>
<td>Physician Salaries</td>
<td>426,624</td>
<td>451,332</td>
<td>(5%)</td>
<td>394,497</td>
<td>8%</td>
</tr>
<tr>
<td>Benefits</td>
<td>366,343</td>
<td>444,010</td>
<td>(17%)</td>
<td>405,931</td>
<td>(10%)</td>
</tr>
<tr>
<td>Professional Services</td>
<td>108,005</td>
<td>97,150</td>
<td>11%</td>
<td>51,587</td>
<td>109%</td>
</tr>
<tr>
<td><strong>TOTAL SALARIES &amp; BENEFITS</strong></td>
<td>1,799,111</td>
<td>1,913,756</td>
<td>(6%)</td>
<td>1,662,520</td>
<td>8%</td>
</tr>
<tr>
<td><strong>OPERATING EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Labor</td>
<td>61,975</td>
<td>57,343</td>
<td>8%</td>
<td>73,115</td>
<td>(15%)</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>255,864</td>
<td>246,058</td>
<td>4%</td>
<td>222,441</td>
<td>15%</td>
</tr>
<tr>
<td>Supplies</td>
<td>289,351</td>
<td>246,397</td>
<td>17%</td>
<td>148,758</td>
<td>95%</td>
</tr>
<tr>
<td>Legal</td>
<td>1,299</td>
<td>6,466</td>
<td>(80%)</td>
<td>5,771</td>
<td>(77%)</td>
</tr>
<tr>
<td>Audit/Consulting</td>
<td>12,333</td>
<td>10,041</td>
<td>23%</td>
<td>8,333</td>
<td>48%</td>
</tr>
<tr>
<td>Insurance</td>
<td>7,120</td>
<td>8,290</td>
<td>(14%)</td>
<td>7,222</td>
<td>(1%)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>133,062</td>
<td>139,671</td>
<td>(5%)</td>
<td>141,000</td>
<td>(6%)</td>
</tr>
<tr>
<td>Interest</td>
<td>69,646</td>
<td>70,005</td>
<td>(1%)</td>
<td>69,111</td>
<td>1%</td>
</tr>
<tr>
<td>Leases</td>
<td>24,535</td>
<td>27,124</td>
<td>(10%)</td>
<td>26,232</td>
<td>(6%)</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>12,297</td>
<td>9,360</td>
<td>31%</td>
<td>5,142</td>
<td>139%</td>
</tr>
<tr>
<td>Utilities</td>
<td>46,229</td>
<td>45,928</td>
<td>1%</td>
<td>32,075</td>
<td>44%</td>
</tr>
<tr>
<td>Minor Equipment</td>
<td>10,722</td>
<td>19,562</td>
<td>(45%)</td>
<td>10,753</td>
<td>0%</td>
</tr>
<tr>
<td>Travel &amp; Education</td>
<td>28,693</td>
<td>36,112</td>
<td>(21%)</td>
<td>30,730</td>
<td>(7%)</td>
</tr>
<tr>
<td>Licenses &amp; Dues</td>
<td>5,348</td>
<td>8,723</td>
<td>(39%)</td>
<td>9,553</td>
<td>(44%)</td>
</tr>
<tr>
<td>Provider Fee</td>
<td>60,090</td>
<td>60,838</td>
<td>(1%)</td>
<td>58,466</td>
<td>3%</td>
</tr>
<tr>
<td>Advertising / Comm Relation</td>
<td>26,052</td>
<td>16,482</td>
<td>58%</td>
<td>14,629</td>
<td>78%</td>
</tr>
<tr>
<td>Misc.</td>
<td>4,470</td>
<td>3,344</td>
<td>34%</td>
<td>1,485</td>
<td>201%</td>
</tr>
<tr>
<td><strong>TOTAL OPER. EXPENSE</strong></td>
<td>1,049,086</td>
<td>1,071,744</td>
<td>4%</td>
<td>864,815</td>
<td>21%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>2,848,197</td>
<td>2,925,500</td>
<td>(3%)</td>
<td>2,527,335</td>
<td>13%</td>
</tr>
<tr>
<td><strong>NET OPER. INCOME</strong></td>
<td>221,914</td>
<td>86,844</td>
<td>156%</td>
<td>(7,559)</td>
<td>3030%</td>
</tr>
<tr>
<td><strong>OTHER REV &amp; EXP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant Revenue</td>
<td>3,493</td>
<td>13,333</td>
<td>(74%)</td>
<td>2,296</td>
<td>52%</td>
</tr>
<tr>
<td>Tax Revenue</td>
<td>74,662</td>
<td>83,500</td>
<td>(11%)</td>
<td>86,044</td>
<td>(13%)</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>41,891</td>
<td>30,433</td>
<td>38%</td>
<td>35,252</td>
<td>19%</td>
</tr>
<tr>
<td><strong>TOTAL OTHER REV &amp; EXP</strong></td>
<td>120,046</td>
<td>127,266</td>
<td>(6%)</td>
<td>123,592</td>
<td>(3%)</td>
</tr>
<tr>
<td><strong>NET INCOME (LOSS)</strong></td>
<td>341,960</td>
<td>214,110</td>
<td>60%</td>
<td>116,033</td>
<td>195%</td>
</tr>
</tbody>
</table>
# Middle Park Medical Center

**Year to Date Profit and Loss Statement**

**For the Period Ending March, 31 2019**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2019 YTD</th>
<th>YTD Budget</th>
<th>% Var</th>
<th>2018 YTD</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>1,450,955</td>
<td>1,399,425</td>
<td>4%</td>
<td>1,090,118</td>
<td>33%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>14,275,104</td>
<td>13,220,594</td>
<td>8%</td>
<td>11,327,273</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>15,726,059</strong></td>
<td><strong>14,620,019</strong></td>
<td><strong>8%</strong></td>
<td><strong>12,417,391</strong></td>
<td><strong>27%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contractual Adj</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debt</td>
<td>594,179</td>
<td>862,221</td>
<td>(31%)</td>
<td>224,312</td>
<td>165%</td>
</tr>
<tr>
<td>Contractual</td>
<td>6,159,890</td>
<td>5,241,341</td>
<td>18%</td>
<td>4,908,346</td>
<td>25%</td>
</tr>
<tr>
<td>Provider Fee Payment</td>
<td>(733,461)</td>
<td>(728,917)</td>
<td>(1%)</td>
<td>(514,908)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Contractual Adj</strong></td>
<td><strong>6,020,608</strong></td>
<td><strong>5,374,645</strong></td>
<td><strong>12%</strong></td>
<td><strong>4,617,750</strong></td>
<td><strong>30%</strong></td>
</tr>
</tbody>
</table>

| Net Revenue | 9,705,451 | 9,245,374 | 5% | 7,799,641 | 24% |

<table>
<thead>
<tr>
<th>Salaries &amp; Benefits</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Salaries</td>
<td>2,466,673</td>
<td>2,565,129</td>
<td>(4%)</td>
<td>2,277,662</td>
<td>8%</td>
</tr>
<tr>
<td>Physician Salaries</td>
<td>1,266,427</td>
<td>1,306,679</td>
<td>(3%)</td>
<td>1,124,970</td>
<td>13%</td>
</tr>
<tr>
<td>Benefits</td>
<td>1,274,646</td>
<td>1,288,861</td>
<td>(1%)</td>
<td>1,188,678</td>
<td>7%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>292,162</td>
<td>332,834</td>
<td>(12%)</td>
<td>237,134</td>
<td></td>
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<tr>
<td><strong>Total Salaries &amp; Benefits</strong></td>
<td><strong>5,299,909</strong></td>
<td><strong>5,493,503</strong></td>
<td><strong>(4%)</strong></td>
<td><strong>4,828,444</strong></td>
<td><strong>10%</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Labor</td>
<td>150,773</td>
<td>142,025</td>
<td>6%</td>
<td>181,086</td>
<td>(17%)</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>695,615</td>
<td>700,810</td>
<td>(1%)</td>
<td>633,547</td>
<td>10%</td>
</tr>
<tr>
<td>Supplies</td>
<td>766,346</td>
<td>728,455</td>
<td>5%</td>
<td>543,830</td>
<td>41%</td>
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<tr>
<td>Legal</td>
<td>19,738</td>
<td>15,771</td>
<td>25%</td>
<td>12,008</td>
<td>64%</td>
</tr>
<tr>
<td>Audit/Consulting</td>
<td>34,750</td>
<td>46,944</td>
<td>(26%)</td>
<td>38,961</td>
<td>(11%)</td>
</tr>
<tr>
<td>Insurance</td>
<td>21,361</td>
<td>27,567</td>
<td>(23%)</td>
<td>24,015</td>
<td>(11%)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>400,111</td>
<td>415,728</td>
<td>(4%)</td>
<td>419,583</td>
<td>(5%)</td>
</tr>
<tr>
<td>Interest</td>
<td>205,697</td>
<td>207,431</td>
<td>(1%)</td>
<td>204,781</td>
<td>0%</td>
</tr>
<tr>
<td>Leases</td>
<td>85,034</td>
<td>88,641</td>
<td>(4%)</td>
<td>85,727</td>
<td>1%</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>52,212</td>
<td>35,998</td>
<td>45%</td>
<td>19,777</td>
<td>164%</td>
</tr>
<tr>
<td>Utilities</td>
<td>139,464</td>
<td>127,463</td>
<td>9%</td>
<td>104,868</td>
<td>33%</td>
</tr>
<tr>
<td>Minor Equipment</td>
<td>37,465</td>
<td>32,380</td>
<td>16%</td>
<td>17,799</td>
<td>110%</td>
</tr>
<tr>
<td>Travel &amp; Education</td>
<td>75,935</td>
<td>86,247</td>
<td>(12%)</td>
<td>73,392</td>
<td>3%</td>
</tr>
<tr>
<td>Licenses &amp; Dues</td>
<td>15,165</td>
<td>21,447</td>
<td>(29%)</td>
<td>23,486</td>
<td>(35%)</td>
</tr>
<tr>
<td>Provider Fee</td>
<td>166,245</td>
<td>182,514</td>
<td>(9%)</td>
<td>175,398</td>
<td>(5%)</td>
</tr>
<tr>
<td>Advertising / Comm Relation</td>
<td>58,582</td>
<td>35,252</td>
<td>66%</td>
<td>31,288</td>
<td>87%</td>
</tr>
<tr>
<td>Misc.</td>
<td>10,462</td>
<td>4,880</td>
<td>114%</td>
<td>2,168</td>
<td>383%</td>
</tr>
<tr>
<td><strong>Total Operating Expense</strong></td>
<td><strong>2,934,956</strong></td>
<td><strong>2,899,553</strong></td>
<td><strong>1%</strong></td>
<td><strong>2,591,815</strong></td>
<td><strong>13%</strong></td>
</tr>
</tbody>
</table>

| Total Expenses | 8,234,864 | 8,393,056 | (2%) | 7,420,259 | 11% |

| Net Oper. Income | 1,470,586 | 852,318 | 73% | 379,382 | 288% |

<table>
<thead>
<tr>
<th>Other Rev &amp; Exp</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Revenue</td>
<td>9,723</td>
<td>39,999</td>
<td>(76%)</td>
<td>2,296</td>
<td>323%</td>
</tr>
<tr>
<td>Tax Revenue</td>
<td>234,189</td>
<td>250,500</td>
<td>(7%)</td>
<td>282,127</td>
<td>(17%)</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>114,206</td>
<td>72,099</td>
<td>58%</td>
<td>569,014</td>
<td>(80%)</td>
</tr>
<tr>
<td><strong>Total Other Rev &amp; Exp</strong></td>
<td><strong>358,117</strong></td>
<td><strong>362,598</strong></td>
<td><strong>(1%)</strong></td>
<td><strong>853,437</strong></td>
<td><strong>(58%)</strong></td>
</tr>
</tbody>
</table>

| Net Income (Loss) | 1,828,704 | 1,214,916 | 51% | 1,232,819 | 48% |
# Middle Park Medical Center
## Balance Sheet
### as of March 2019

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>3,521,419</td>
<td>1,988,701</td>
</tr>
<tr>
<td>Days Cash on hand</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>AR - Patient Services &amp; Other</td>
<td>12,399,065</td>
<td>14,475,010</td>
</tr>
<tr>
<td>AR - Cliffview</td>
<td>54,005</td>
<td></td>
</tr>
<tr>
<td>Allowance Bad Debt</td>
<td>(2,607,828)</td>
<td>(5,908,042)</td>
</tr>
<tr>
<td>Contractual Adjustment</td>
<td>(3,363,761)</td>
<td>(2,801,152)</td>
</tr>
<tr>
<td><strong>Net A/R</strong></td>
<td>6,191,481</td>
<td>5,765,816</td>
</tr>
<tr>
<td>Tax Receivables</td>
<td>742,012</td>
<td>779,028</td>
</tr>
<tr>
<td>Total Inventory</td>
<td>656,755</td>
<td>682,353</td>
</tr>
<tr>
<td>Due to from Cliffview</td>
<td>29,522</td>
<td></td>
</tr>
<tr>
<td>Prepaid &amp; Other Current Assets</td>
<td>287,999</td>
<td>231,592</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>11,428,887</td>
<td>9,447,481</td>
</tr>
<tr>
<td><strong>Long Term Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land, Building and Equipment</td>
<td>16,650,074</td>
<td>17,141,005</td>
</tr>
<tr>
<td><strong>Total Long Term Assets</strong></td>
<td>16,650,074</td>
<td>17,141,005</td>
</tr>
<tr>
<td><strong>Restricted Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally Restricted</td>
<td>2,865,193</td>
<td>2,374,273</td>
</tr>
<tr>
<td>Externally Restricted</td>
<td>346,189</td>
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<tr>
<td><strong>Total Restricted Assets</strong></td>
<td>3,211,382</td>
<td>2,374,273</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>31,296,334</td>
<td>29,235,759</td>
</tr>
<tr>
<td>Deferred Outflows</td>
<td>643,903</td>
<td>664,843</td>
</tr>
<tr>
<td><strong>TOTAL ASSET &amp; DEFR OUTFLOWS</strong></td>
<td>31,940,235</td>
<td>29,900,602</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A/P and Accrued Liabilities</td>
<td>1,314,593</td>
<td>2,021,373</td>
</tr>
<tr>
<td>Accrued Interest Bond</td>
<td>262,920</td>
<td>265,644</td>
</tr>
<tr>
<td>Accrued Salaries and Wages</td>
<td>1,236,644</td>
<td>871,008</td>
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<tr>
<td>Third Party Settlement</td>
<td>(228,241)</td>
<td>422,608</td>
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<tr>
<td>Tax Payable</td>
<td>325</td>
<td>315</td>
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<tr>
<td>Bonds payable</td>
<td>434,971</td>
<td>421,171</td>
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<tr>
<td>Lease Payable</td>
<td>117,508</td>
<td>111,245</td>
</tr>
<tr>
<td>Deferred Property Taxes</td>
<td>677,652</td>
<td>701,369</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>3,816,281</td>
<td>4,814,734</td>
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<tr>
<td><strong>Long Term Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Term Bond Payable</td>
<td>22,343,279</td>
<td>22,778,250</td>
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<tr>
<td>Long Term Lease Payable</td>
<td>234,010</td>
<td>355,924</td>
</tr>
<tr>
<td><strong>Total Long Term Liabilities</strong></td>
<td>22,577,289</td>
<td>23,134,174</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>26,393,570</td>
<td>27,948,968</td>
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</table>

<table>
<thead>
<tr>
<th>EQUITY</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fund Balances</td>
<td>3,742,049</td>
<td>718,875</td>
</tr>
<tr>
<td>Year to Date Net Income</td>
<td>1,604,617</td>
<td>1,232,819</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>5,346,666</td>
<td>1,951,694</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td>31,940,235</td>
<td>29,900,602</td>
</tr>
<tr>
<td>March 2019</td>
<td>AR Review</td>
<td>Current Month vs. Last Month</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>No Diag</td>
<td>0 - 30</td>
<td>31 - 60</td>
</tr>
<tr>
<td>Medicare</td>
<td>493,067</td>
<td>789,186</td>
</tr>
<tr>
<td>Medicaid</td>
<td>458,714</td>
<td>400,503</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Insurance</td>
<td>277,250</td>
<td>1,580,252</td>
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<tr>
<td>Self Pay</td>
<td>(7,618)</td>
<td>722,910</td>
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<tr>
<td>Total</td>
<td>1,067,913</td>
<td>3,492,851</td>
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<table>
<thead>
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<th>February 2019</th>
<th>AR Review</th>
<th>Current Month vs. Last Month</th>
<th>Total</th>
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<tbody>
<tr>
<td>No Diag</td>
<td>0 - 30</td>
<td>31 - 60</td>
<td>61 - 90</td>
</tr>
<tr>
<td>Medicare</td>
<td>241,646</td>
<td>953,987</td>
<td>243,724</td>
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<tr>
<td>Medicaid</td>
<td>267,721</td>
<td>426,656</td>
<td>199,887</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Insurance</td>
<td>285,944</td>
<td>1,735,124</td>
<td>961,124</td>
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<tr>
<td>Self Pay</td>
<td>13,544</td>
<td>833,312</td>
<td>705,436</td>
</tr>
<tr>
<td>Total</td>
<td>832,855</td>
<td>3,969,679</td>
<td>2,110,171</td>
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<table>
<thead>
<tr>
<th>Change</th>
<th>AR Review</th>
<th>Current Month vs. Last Month</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Diag</td>
<td>0 - 30</td>
<td>31 - 60</td>
<td>61 - 90</td>
</tr>
<tr>
<td>Medicare</td>
<td>162,421</td>
<td>(164,801)</td>
<td>(6,657)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>170,493</td>
<td>(26,133)</td>
<td>23,967</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Insurance</td>
<td>10,494</td>
<td>(154,872)</td>
<td>(215,892)</td>
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<tr>
<td>Self Pay</td>
<td>(87,162)</td>
<td>(130,402)</td>
<td>26,689</td>
</tr>
<tr>
<td>Total</td>
<td>235,058</td>
<td>(476,228)</td>
<td>(171,493)</td>
</tr>
<tr>
<td>Not Self Pay</td>
<td>322,220</td>
<td>(345,876)</td>
<td>(198,182)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>2,985,970</td>
<td>2,729,134</td>
</tr>
<tr>
<td>Feb</td>
<td>2,901,550</td>
<td>2,127,228</td>
</tr>
<tr>
<td>Mar</td>
<td>2,621,482</td>
<td>2,361,598</td>
</tr>
<tr>
<td>Apr</td>
<td>2,398,368</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>2,281,169</td>
<td>2,272,844</td>
</tr>
<tr>
<td>Jun</td>
<td>2,272,844</td>
<td>2,154,853</td>
</tr>
<tr>
<td>Jul</td>
<td>2,564,853</td>
<td>2,488,095</td>
</tr>
<tr>
<td>Aug</td>
<td>2,154,843</td>
<td>2,235,140</td>
</tr>
<tr>
<td>Sep</td>
<td>2,235,140</td>
<td>2,215,105</td>
</tr>
<tr>
<td>Oct</td>
<td>2,953,849</td>
<td>2,973,849</td>
</tr>
<tr>
<td>Nov</td>
<td>2,762,552</td>
<td>2,762,552</td>
</tr>
<tr>
<td>Dec</td>
<td>2,224,944</td>
<td>2,224,944</td>
</tr>
<tr>
<td>Total</td>
<td>8,509,002</td>
<td>6,759,469</td>
</tr>
<tr>
<td>Difference</td>
<td>1,749,543</td>
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</tbody>
</table>
KREMMLING MEMORIAL HOSPITAL DISTRICT
d/b/a MIDDLE PARK HEALTH-Kremmling

RESOLUTION IN SUPPORT OF COLORADO TRAUMA PROGRAM

RESOLUTION 19-05-02

IT IS HEREBY RESOLVED THAT AS OF THIS DATE OF MAY 2, 2019, that the Kremmling Memorial Hospital District Board of Directors, Hospital Administration and the Medical Staff support the Colorado Trauma Program through this written commitment to provide the required Level IV services. Such services include, but are not limited to the following:

1. Regional planning and system development activities.
2. Policies and procedures that identify and establish the scope of trauma care.
3. Protocols for activation of a Trauma Team.
4. A designated physician as the Trauma Medical Director.
5. A designated Trauma Coordinator.

Bernie Murphy, Board President

Tom Coburn, VP of Medical Affairs

Jodi Docheff, Board Secretary/Treasurer
KREMMLING MEMORIAL HOSPITAL DISTRICT
d/b/a MIDDLE PARK HEALTH-Granby

RESOLUTION IN SUPPORT OF
COLORADO TRAUMA PROGRAM

RESOLUTION 19-05-03

IT IS HEREBY RESOLVED THAT AS OF THIS DATE OF MAY 2, 2019 that the Kremmling Memorial Hospital District Board of Directors, Hospital Administration and the Medical Staff support the Colorado Trauma Program through this written commitment to provide the required Level IV services. Such services include, but are not limited to the following:

1. Regional planning and system development activities.
2. Policies and procedures that identify and establish the scope of trauma care.
3. Protocols for activation of a Trauma Team.
4. A designated physician as the Trauma Medical Director.
5. A designated Trauma Coordinator.

Bernie Murphy, Board President

Tom Coburn, VP of Medical Affairs

Jodi Docheff, Board Secretary/Treasurer
KREMMLING MEMORIAL HOSPITAL DISTRICT ("District")
   d/b/a MIDDLE PARK HEALTH

RESOLUTION TO INCREASE SIGNING AUTHORITY
RESOLUTION 19-05-01

IT IS HEREBY RESOLVED THAT AS OF THIS DATE OF May 2, 2019 that the
Kremmling Memorial Hospital Board of Directors approve the following signing authority
limits.

Vice President of Medical Affairs        $10,000

Adopted this 2nd day of May, 2019

________________________________________
Bernie Murphy, Board President

________________________________________
Jodi Docheff, Board Secretary/Treasurer
Senior Leadership Update

- USDA:
  - Feasibility study. All but two items in should be ready for initial review this week (week of board meeting).
  - Appraisal. We are awaiting the initial results from the Audit and then will be done.
  - Final SD is done so will be ready to go out for RFP when the PAR is accepted by the USDA. This should also be within the week.
  - Plan is still for commitment in late May.
  - Plan is still on track for moving dirt August.

- Cliffview:
  - Running well, patients are happy
  - Staff are happy with Mary Jo
  - Mary Jo is recruiting to fill open 2 vacancies
  - Jean Anderson (Dietary) is recruiting to fill a vacancy
  - New equipment is being installed – new washer, ice machine (part of the initial start up cost from GC Housing)

- Grand Lake:
  - The town is out of our space so we can get in there and construction has started
  - Simultaneously working on a permit that is being required by the county
  - Figuring out a staffing plan for a very small clinic...requiring front desk coverage, MA, x-ray and provider (2 offers made and accepted for Nurse Practitioners on 4-19-19)
  - Coordinating EPIC build, IT needs, equipment, marketing, construction, signage, etc.

- Wellness Center:
  - Finishing up renovations
  - Ray is working with local fire and state life safety to get final sign-offs for patient care
  - Coordinating Wellness Center membership, services, pricing, hours, staffing, marketing, signage, etc.
THOR Project Update:

1. Overall Network
   a. NWCCOG is waiting Summit County signature. Expecting final signature by the end of this week 5/3/2019. Their board has approved the project and are modifying the details

2. Timeframe
   a. MPH Circuits to be live in early June. The circuits will not be fully resilient until the entire THOR network is live in September.
   b. THOR Network to be live in September (tentative)

3. Visionary as an ISP for Kremmling
   a. Roof Lease agreement has been verified by legal
   b. Need to have a discussion with the town regarding any regulations
   c. Signature pending clearance from the town of Kremmling

4. Business Structure
   a. Ongoing deliberation with legal regarding final structure and pricing

5. Partners/Customer
   a. Ongoing discussions with multiple entities
Activities during third quarter FY 2019 (Jan-Mar):

**CenturaConnect Transfer Center:**
There were 157 calls from MPH to the CenturaConnect Transfer Center during the third quarter of 2019.

<table>
<thead>
<tr>
<th>Granby</th>
<th>Event Type</th>
<th>Count</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult</td>
<td></td>
<td>27</td>
<td>22.3%</td>
</tr>
<tr>
<td>Admit</td>
<td></td>
<td>94</td>
<td>77.7%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>121</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Kremmling</th>
<th>Event Type</th>
<th>Count</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult</td>
<td>8</td>
<td>22.2%</td>
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</tr>
<tr>
<td>Admit</td>
<td>28</td>
<td>77.8%</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FY 19 transfers by service line
Sarah Kay, Outreach Liaison at Centura Health has taken on additional responsibility of tracking patient transfers via Epic and in coordination with the CenturaConnect Transfer Center. Sarah will work closely with care coordination team at MPH and discharge planners at St. Anthony Hospital and other Centura facilities to make sure patients from Grand County receive post discharge care at home whenever feasible.

Sarah has arranged for Cindy to go to St. Anthony Hospital for some shadowing opportunities starting May 9th. Cindy will also start attending St. Anthony Hospital Care Coordination monthly staff meetings in order to keep the lines of communication open and stay on top of any missed opportunities that may arise. Sarah and Cindy will work together to get a quarterly transfer report together to better track the progress of our efforts. Since Cindy has taken on the care coordination roll, she has found that the communication between St. Anthony Hospital and Middle Park Health has been very good, many patients have been able to come home to Middle Park for rehab, swing beds or with home care.

**Telehealth:**

<table>
<thead>
<tr>
<th>Patient Site</th>
<th>City</th>
<th>State</th>
<th>Specialty</th>
<th>Month</th>
<th>Number</th>
<th>Contact type</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPMC</td>
<td>Granby</td>
<td>CO</td>
<td>Cardiology</td>
<td>Feb</td>
<td>1</td>
<td>Clinician to patient</td>
</tr>
<tr>
<td>MPMG</td>
<td>Granby</td>
<td>CO</td>
<td>Cardiology</td>
<td>Mar</td>
<td>1</td>
<td>Clinician to patient</td>
</tr>
<tr>
<td>MPMC</td>
<td>Granby</td>
<td>CO</td>
<td>Pulmonary</td>
<td>Feb</td>
<td>7</td>
<td>Clinician to patient</td>
</tr>
</tbody>
</table>

- **Cardiology:** 2 patients seen for follow up visits by Dr. Lemis
- **Pulmonary:** 7 consultations
- **Wound Care:** 0 consults

**On Site Specialty Clinics:**

- **Cardiology:** Dr. Peter Lemis
  - January: 3 clinics: 29 patients seen
  - February: 2 clinics: 21 patients seen
  - March: 2 clinics: 21 patients seen
- **OB/GYN:** Dr. Laura Howell
  - January: 2 clinics: 25 patients seen
  - February: 2 clinics: 23 patients seen
  - March: 2 clinics: 12 patients seen
Trauma Program Support

Middle Park Health Centers has had a collaborative relationship with St. Anthony Hospital, the tertiary level I trauma center for Centura Health. This clinical integration of trauma service has resulted in support to physicians and nurses in Granby & Kremmling to provide superior care for trauma patients who live in or are traveling through the community. Below is an outline of the elements of that clinical integration over the years which are representative of our annual commitment to Middle Park Health Centers:

Excellent Patient outcomes:

- In 2018 - Middle Park Health Centers Trauma Patients transferred to SAH

**MIDDLE PARK GRANBY 2018**

- There were 75 patients transferred to SAH.

<table>
<thead>
<tr>
<th>Data Points</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average ISS</td>
<td>9.8</td>
<td>(1-43)</td>
</tr>
<tr>
<td>Average LOS (days)</td>
<td>5.5</td>
<td>(1-23)</td>
</tr>
<tr>
<td>Average ICU (days)</td>
<td>1.8</td>
<td>(1-15)</td>
</tr>
<tr>
<td>Patients with ICU stay (%)</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**MIDDLE PARK KREMMLING 2018**

- There were 9 patients transferred to SAH.

<table>
<thead>
<tr>
<th>Data Points</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average ISS</td>
<td>11.5</td>
<td>(1-25)</td>
</tr>
<tr>
<td>Average LOS (days)</td>
<td>7.2</td>
<td>(2-21)</td>
</tr>
<tr>
<td>Average ICU (days)</td>
<td>4.3</td>
<td>(3-6)</td>
</tr>
<tr>
<td>Patients with ICU stay (%)</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

On site visits from Trauma Outreach

- 2017 – 14
- 2018 – 16
- 2019 -- 7
Trauma designation support:
- Conducted one mock review in 2018 in preparation for your 2019 designation visit.
- Weekly calls with the trauma nurse coordinator Lori Hall RN BSN

Continuing Medical Education:
- 2017 on site
  - Trauma in pregnancy
  - Abdominal and Pelvic trauma management
  - Damage control resuscitation
  - Geriatric trauma
- 2018 on site
  - Cervical Spine trauma
  - Vascular trauma
  - Trauma Activations

2019 on site
  - Chest Tubes
  - Damage Control Resuscitation

Trauma Performance Improvement Support:
- Quarterly onsite external chart review
  - Case reviews on 20 patients

- Member of rural PI research team
  - 2017 - 5 teleconference program development & rural PI project calls
  - 2018 – 4 teleconference program development & rural PI project calls
  - 2019 – 3 teleconference program development & rural PI project calls
  - Middle Park Health Centers nationally recognized published trauma PI article
  - 3 National Trauma Conference Poster presentations

Specialty Education:
2017
- 3 ACLS / PALS provider courses
- TNCC 2-day provider course

2018
- TNCC 2-day provider course
- ENPC 2-day provider course
- 3 ACLS / PALS provider courses
2019
- 2 ACLS / PALS provider courses

24/7 to Centura Trauma Medical Director
Dr. Charlie Mains is available 24/7 by cell phone if needed for trauma consultation

Middle Park Health Center
FFL transports: March 2018 to present (13 months)

Middle Park Medical Center – Granby 47
Middle Park Medical Center Kremmling 11

Trauma update:
Upcoming training & Meetings

April 26th 2019: Mock Trauma Mock Review
Charles Mains MD FACS, Mike Archuleta RN MSN CCRN

May 21st 2019: Advance Cardiac Life Support, Pediatric Advanced Life Support classes for physicians, nursing
Instructor: Mike Archuleta RN MSN CCRN

May 22nd 2019: Trauma Meeting with Trauma CME on Lightening, Trauma case review
Charles Mains MD FACS, Mike Archuleta RN MSN CCRN

June 4th 2019: Middle Park, Kremmling Trauma designation review

June 5th 2019: Middle Park, Granby Trauma designation review

July 1st & 2nd 2019: TNCC Trauma nurse core course

August 13th 2019: Advance Cardiac Life Support, Pediatric Advanced Life Support classes for physicians, nursing
Instructor: Mike Archuleta RN MSN CCRN

August 14th 2019: Trauma Meeting with Trauma CME on Permissive Hypotension Resuscitation, Trauma case review
Charles Mains MD FACS, Mike Archuleta RN MSN CCRN

October 29th & 30th 2019: Emergency Nurse Pediatric Course
Instructor: Mike Archuleta RN MSN CCRN
November 12th 2019: Advance Cardiac Life Support, Pediatric Advanced Life Support classes for physicians, nursing
Instructor: Mike Archuleta RN MSN CCRN

November 13th 2019: Trauma Meeting with Trauma CME TBD, Trauma case review
Charles Mains MD FACS, Mike Archuleta RN MSN CCRN

Epic Community Connect

MPH Grand Lake Clinic
• Set to go live on June 1st, Centura has completed integrated testing and is scheduling technical dress rehearsal. Centura has committed to have a trainer onsite for go-live.

Cube Financial Reports
• Centura has rebuilt the Virtual Desktop Infrastructure to support the financial cube reports again. MPH has communicated that they’re functioning appropriately again.

MyChart (Patient Portal) Gateway Vendor
• Centura has worked with MPH’s RCM to enable patient payments through the Mychart patient Portal with ZirMed.

Reporting Catalog
• Centura is in the process of releasing a standard report Catalog that MPH will be able to utilize. This catalog will mimic a Centura facilities KPI (Key Point Indicators) reporting measures.

BCA (Downtime Devices)
• MPH IT and Centura have collaborated to setup downtime computers at MPH. These computers can print reports of patients (scheduling) if they require to go into downtime due to network, power, or Epic constraints.

MIDAS
• MPH Clinical IT leadership is setting up quality reporting through MIDAS. MIDAS Health Analytics Solutions from Conduent helps health organizations use patient-centric data to manage, measure and monitor everything from quality to patient safety to improve financial and clinical outcomes.

Community Connect - Help Desk Service Catalog
• Centura will enable the Community Connect Help Desk Service Catalog on May 5th. MPH end users will now be able to place new user requests, and clinical epic application requests online.

eRX Controlled Substances
• Centura will be providing trainer the week of June 1st to certify MPH providers to eRX controlled substances in Epic.

E-Signature Forms
• MPH is now utilizing E-signature forms to reduce paper waste and improve HIPAA policies.

Supply Chain (GPO) & Purchased Services:

No update
2019 Calendar of Statutory Deadlines

The following is a to-do list for your district in the upcoming year. Please note that this list merely highlights some of your reporting and filing responsibilities; it is not exhaustive. Also note this list does not include election deadlines for 2019 as those dates, in some cases, may be subject to change in 2019. Please consult with your district’s attorney to assure compliance.

Deadlines in regular blue type occur on the same date each year. Deadlines in italic green type fall on different dates each year, and the dates shown are for 2019 only.

On or before January 1 of each year
Maintain a current, accurate map of the District boundaries on file with:
- the Division of Local Government (DLG);
- the County Clerk and Recorder; and
- the County Assessor.¹

72 Hours Before Any Meeting
Notice of the time and place designated for all regular meetings shall be posted in at least three public places within the limits of the special district and posted in the office of the County Clerk and Recorder in the county or counties in which the special district is located. Special meetings must be posted in the same manner at least 72 hours prior to said meeting.²

First Board Meeting
At first regular Board meeting of the new calendar year, designate the “official” posting place for 24-hour (agenda) notice of district meetings.³

Notice of rate or fee change for water or sanitary sewer services
Special districts fixing or increasing fees or other charges for water and sanitary sewer services must hold a public meeting to do so. Special districts must provide notice to its customers 30 days in advance of the public meeting.⁴

January 15
Pursuant to Section 32-1-809, C.R.S., an annual “transparency” notice must be provided to eligible electors. The annual transparency notice to electors must contain certain information about the District, including, but not limited to:
- Board member names and contact information;
- Name of Board Chair or President;
- Name of each board member whose office will be on the ballot at the next regular special district election;
- Date of next board election and procedures for self-nomination;
- Mill levy and total property tax revenues;

¹ Section 32-1-306, C.R.S.
² Section 32-1-903(2), C.R.S.
³ Section 24-6-402(2)(c), C.R.S.
⁴ Section 32-1-1001(2)(a), C.R.S.
• Board meeting information;
• and District contact information.

The notice to electors must be made in one or more of the following ways:

• Mailing the notice separately to each customer; or
• Including the notice as a prominent part of a newsletter, annual report, billing insert, billing statement, letter or other informational mailing sent to each customer; or
• Posting the notice on the district’s official website, if there is a link to the district’s website on the official website of the Division of Local Government; or
• If the district is a member of the Special District Association of Colorado (“SDA”), by submitting such notice to the SDA for posting on the SDA’s official website.

In addition, a copy of this annual “transparency” notice is also filed with:
• the Division of Local Government;
• the Board of County Commissioners;
• the County Assessor;
• the County Treasurer;
• the County Clerk and Recorder; and
• the governing body of any municipality in which the District is located.  

January 31
File with DLG a certified copy of adopted budget, including budget message and any resolutions adopting the budget, appropriating money, and fixing the rate of any mill levy.  

March 1 (60 days after end of fiscal year)
Annual information report to the Department of Local Affairs (DOLA) with respect to any nonrated public securities of the district which were outstanding as of the end of the fiscal year (December 31).  

March 31 (within 3 months of close of fiscal year)
Application for exemption from audit, if applicable, due to State Auditor. Any local government where revenues or expenditures are at least $100,000 but not more than $750,000 may, with the approval of the State Auditor, be exempt from the provisions of Section 29-1-603.  

If district has authorized but unissued general obligation debt as of the end of its fiscal year (December 31), submit copy of application for exemption from audit to Board of County Commissioners or governing body of municipality.  

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5 Section 32-1-809, C.R.S. and Section 32-1-104(2), C.R.S.
6 Section 29-1-113(1), C.R.S.
7 Section 11-58-105, C.R.S.
8 Section 29-1-604, C.R.S.
9 Section 29-1-606(7), C.R.S.
Prior to May 1
If any new property included in district (by 100% owner petition), deadline to record court order of inclusion with County Clerk and Recorder to enable district to levy tax against newly included property for the year in which the inclusion occurred.  

Record a special district public disclosure document and a map of the new boundaries of the district at the same time as recording the order of inclusion.

June 30
Auditor submits completed audit and audit report to district Board.

File copy with State Auditor within 30 days after receipt.

Submit audit report or application for exemption from audit to Board of County Commissioners or governing body of municipality if district has authorized but unissued general obligation debt as of the end of its fiscal year (December 31).

Prior to July 1
If any new property included into district (by taxpayer petition or Board resolution), deadline to record court order of inclusion with County Clerk and Recorder to enable district to levy tax on newly included property for year in which inclusion occurred.

Record a special district public disclosure document and a map of the new boundaries of the district at the same time as recording the order of inclusion.

July 30
File audit report with State Auditor within 30 days after the report is received, but not later than July 30, or file request for extension of time to file audit.

Submit audit report to Board of County Commissioners or governing body of municipality if district has authorized but unissued general obligation debt as of the end of its fiscal year (December 31).

August 25
County Assessor certifies district’s valuation for assessment (preliminary).

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10 Sections 39-1-110(1.5) and 32-1-105, C.R.S.
11 Section 32-1-104, C.R.S.
12 Section 29-1-606, C.R.S.
13 Section 29-1-606(3), C.R.S.
14 Section 29-1-606(7), C.R.S.
15 Sections 39-1-110(1.5), 32-1-401(2), and 32-1-105, C.R.S.
16 Section 32-1-104, C.R.S.
17 Section 29-1-606, C.R.S.
18 Section 29-1-606(7), C.R.S.
19 Section 39-5-128(1), C.R.S.
**September 30**
If State Auditor has granted extension of time to file audit, this is the final date an audit may be filed.

**October 15**
Qualified person prepares and submits proposed budget to Board.\(^{20}\)

Publish/post notice of budget and hearing.\(^{21}\)

**November 16**
Begin 60-day window to provide annual “transparency” notice to electors for 2019.\(^{22}\)

**December 10**
County Assessor certifies district’s valuation for assessment (final).\(^{23}\)

**December 15 (Since December 15 is a Sunday, the deadline is Friday, the 13\(^{th}\))**
Adopt budget and appropriate moneys, if certifying a mill levy.\(^{24}\)

**December 15 (Since December 15 is a Sunday, the deadline is Friday, the 13\(^{th}\))**
Certify mill levy to Board of County Commissioners.\(^{25}\)

**December 15 (Since December 15 is a Sunday, the deadline is Friday, the 13\(^{th}\))**
File notice of inactive status, if applicable, with:\(^{26}\)
- Board(s) of County Commissioners, or governing body of municipality that approved district service plan;
- County Treasurer;
- County Assessor;
- County Clerk and Recorder;
- District Court;
- State Auditor; and
- DLG

**December 15 (Since December 15 is a Sunday, the deadline is Friday, the 13\(^{th}\))**
File notice of intent to continue in inactive status, if applicable, with:\(^{27}\)
- State Auditor and
- DLG

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\(^{20}\) Section 29-1-105, C.R.S.
\(^{21}\) Section 29-1-106(3), C.R.S.
\(^{22}\) Section 32-1-809, C.R.S.
\(^{23}\) Section 39-1-111(5), C.R.S.
\(^{24}\) Section 29-1-108(2), C.R.S.
\(^{25}\) Sections 39-5-128(1) and 32-1-1201, C.R.S.
\(^{26}\) Section 32-1-104(3), C.R.S.
\(^{27}\) Section 32-1-104(4), C.R.S.
December 31
Adopt budget and appropriate moneys, if not levying property taxes.  

December 31
Calculate (as of the end of the fiscal year) district’s authorized but unissued general obligation debt. Specify amount, if any, and any current or anticipated plan to issue the debt in district’s audit report.

December 31
At least annually, publish information about land development charges, if applicable, on district’s official website.

28 Section 29-1-108(2), C.R.S.
29 Sections 29-1-605(2) and 29-1-606(7), C.R.S.
30 Section 29-1-803(1), C.R.S.