

West Custer County Hospital District  
Meeting of the Board of Directors  
May 30, 2019  
Minutes of the Meeting

Attendance: Directors Present: Bob Tobin, Chair  
Ann Evans, Treasurer – By phone  
Janny Candelaria, Secretary  
Bob Weisenbach

Staff Present: Lisa Drew  
Theresa Kennedy  
Jane McCarty  
Beth Archuleta  
Russell Johnson  
Justine Beech

Guests Present: Barry Keene  
Tom Shepard

A quorum being present, Mr. Tobin called the meeting to order at 3:00 p.m. All meeting attendees stood and recited the Pledge of Allegiance to the American Flag.

**Opening Comments from the Board:**

Introduction of guests Tom Shepard and Barry Keene

**Approval of Minutes:**

The minutes of the Regular Board meeting on April 25th, 2019, were reviewed.

*Mr. Tobin made a motion to approve the Regular Board meeting minutes dated April 25th, 2019. Ms. Candelaria seconded and the motion passed unanimously.*

**Resolution:**

The Board of Directors discussed designated public places at which meeting agendas are posted per Special District rules.

*Motion made by Mr. Weisenbach to accept a resolution to maintain the current locations. Ms. Candelaria seconded. Motion carried unanimously.*

**EMS Report:**

Ms. Archuleta presented EMS run report statistics, see attached report

**Executive Director Report:**

Ms. Drew reporting, see attached report and motion below.

The Custer County Board of County Commissioners, who attended the May e911 meeting requested that Ms. Drew, and all entities that use the dispatch center make a donation to support raises for the Custer County Dispatchers. The BOCC stated they

would provide \$18,000, and requested all other users to donate \$3000.00 for dispatcher raises.

*Ms. Evans made a motion to donate the funds. Discussion ensued regarding the motion. Mr. Tobin stated that the Board was in support of the donation in spirit. Mr. Tobin and Mr. Weisenbach stated that the funds were not available for such a donation. At this time the budget does not allow for our employees to receive a raise, therefore it was not felt appropriate to vote to support to give the dispatchers a raise. Mr. Tobin, seconded the motion and called for a vote. Motion failed unanimously to make the donation. Ms. Drew will report this decision to appropriate parties.*

### **CFO Report/Finance Committee Report:**

Ms. Kennedy reporting, see attached report and request below.

Mr. Weisenbach requested that all board members receive a copy of the Operations Report. All board members agreed. Ms. Kennedy will have written copies at the next meeting.

### **Advisors to the Board:**

Business Marketing/Public Relations: In addition to her report, Ms. Drew mentioned that she wanted to reach out to Mr. von Woudenburg and Mr. Smith regarding a trifold pamphlet that was to be developed for public relations.

### **Unfinished Business:**

Bylaw Review: Ms. Evans began a discussion regarding approval of the draft bylaws. After a brief discussion about corrections Ms. Evans suggested the first reading should be at the June 27th Board meeting. The remaining members agreed to postpone until the June meeting.

Board Vacancy: No new applications received as of this date.

*Motion made by Mr. Tobin to move forward with voting for the two candidates, Tom Shepard and Cheryl Wyatt. Ms. Candelaria seconded the motion. Vote carried out with 3 in favor of Tom Shepard and Ms. Evans abstained. Mr. Shepard accepted the position and will be sworn in before the next meeting.*

### **Enterprise Zone:**

Mr. Keene reporting requested the floor to speak about his Enterprise Zone report. He began by stating some of the goals of this include but are not limited to:

- 1) Creating economic growth and employment
- 2) Attempt to accomplish comparable wages and employment for similar positions
- 3) Overall improvement of the clinic to prevent need to find healthcare elsewhere.

In addition Mr. Keene stated that metrics need to be monitored to include new patient numbers and a ratio of providers to administrators. See report for additional information.

### **Funds Investment:**

Ms. Kennedy discussed the fact that there are two accounts that funds may be deposited at Colorado Trust.

*Motion was made by Ms. Evans to split the funds between the two options with Mr. Weisenbach seconded, with the finance committee overseeing allocation of funds. Motion unanimously carried.*

**New Business:**

None

**Public Comments:**

Director of Public Health, Elisa Livengood, RN reported to the Board of Directors that the Public Health Office is vacating the premises to another location by the end of June. She also stated that the high speed internet connection would remain in the office areas vacated. Ms. Livengood thanked Lisa and the Board of Directors for the support given to Public Health.

**Schedule Next Board meeting:**

The next board meeting will be held June 27th, 2019  
Ms. Evans stated that she will not be available for the next meeting.

**Adjournment:**

*Mr. Weisenbach made a motion to adjourn the meeting. Ms. Candelaria seconded, the motion passed unanimously and the meeting was adjourned at 5:30 pm.*

Respectfully submitted,



Janny Candelaria  
Secretary to the District Board



**Custer County EMS**  
 West Custer County Hospital District  
 704 Edwards, Westcliffe, CO 81252  
 Business: 719-783-4447  
 Fax: 719-783-2086

**Ambulance Run Percentage Report**

**April 2019**

		Month of	April			
<u>Total calls to date</u>			<u>Total transports to date</u>			
Total calls to date	April 2017		42	Total transports to date	April 2017	20
Total calls to date	April 2018		52	Total transports to date	April 2018	15
Total calls to date	April 2019		45	Total transports to date	April 2019	23
% change (+ or -)	2017 & 2018		23.81%	% change (+ or -)	2017 & 2018	-25.00%
% change (+ or -)	2017 & 2019		7.14%	% change (+ or -)	2017 & 2019	15.00%
% change (+ or -)	2018 & 2019		-13.46%	% change (+ or -)	2018 & 2019	53.33%
Mutual Aid Calls	April 2019		1	2nd Calls	Apr 2019	3

<u>Year to date</u>		<u>4 Months Ended----- April</u>				
<u>Total calls to date</u>			<u>Total transports to date</u>			
Total calls to date	Apr 2017		171	Total transports to date	Apr 2017	86
Total calls to date	Apr 2018		179	Total transports to date	Apr 2018	71
Total calls to date	Apr 2019		169	Total transports to date	Apr 2019	78
% change (+ or -)	2017 & 2018		4.68%	% change (+ or -)	2017 & 2018	-17.44%
% change (+ or -)	2017 & 2019		-1.17%	% change (+ or -)	2017 & 2019	-9.30%
% change (+ or -)	2018 & 2019		-5.59%	% change (+ or -)	2018 & 2019	9.86%
YTD Mutual Aid Calls	2019		2	YTD 2nd Calls	Apr 2019	12

May 30<sup>th</sup>, 2019 WCCHD board meeting notes from Beth Archuleta; CCEMS Manager.

## EMS Report

- Staffing-Our staffing is 1-Paramedic working 24 hours a week, 9-EMT-B's and 2 drivers. 2 of the EMT's have been accepted into the Paramedic program which is starting July 1<sup>st</sup>.
- Run Statistics-For April 2019 we had 45 calls for service with 23 transports, 1- 2<sup>nd</sup> call needed mutual aid assistance and we have responded to 10 of the 2<sup>nd</sup> calls. I will be adding refusal statistics to the board report.
- Grant Updates-Grant review was May 10<sup>th</sup> in Denver which I attended via phone. Awards to be posted approximately June 30<sup>th</sup> and purchasing documents sent on July 1<sup>st</sup>.
- Florence Volunteer Fire Department sent out a letter on May 23<sup>rd</sup>, 2019 stating they will be unable to answer 911 medical calls in the Wetmore area in the next 30 days due to volunteer staffing shortage.
- Concrete-Beach Redi Mix will be donating a concrete pad outside of the first three ambulance bays and has found Triple T Construction to help with the laying of the concrete. Seifert has donated rock in the meantime to help with the mud issue outside those ambulance bays.

## Executive Director Report Board Meeting 5/30/2019

### 1) HRRMC Partnership Update

- a. Ms. Drew, Ms. Kennedy, Ms. Candelaria and Mr. Weisenbach, met with CEO Bob Morasko and the HRRMC team on May 22nd and discussed multiple topics listed for discussion below.
- b. Both parties awaiting a final, report from Mr. Barnhart. He has been on vacation for three weeks. At this point he is waiting for HRRMC to provide salary budget items to him.
- c. Direct Access Testing (DAT) began May 1, 2019, so far this is going smoothly. As well as HRRMC becoming our reference laboratory.
- d. No change with us waiting for a written agreement regarding Radiologist reading of films from HRRMC will be VPN capable (remote), and we will be charged for the transcription costs of the reading, and Dr. Waldrop's billing service will bill the patients directly.
- e. We are also still waiting a written agreement from HRRMC to interpret our EKG's on a daily basis, that will include the 'panel' or 'on call' cardiologists at HRRMS. Once this agreement is developed and signed we will begin this service as well.
- f. Billing and coding were also discussed, with the ongoing potential for HRRMC to do all of CCMC billing and have HRRMC be paid the 7.5% we are currently paying to CSC.
- g. Brief discussion regarding Chaffee County EMS asking HRRMC to take them over and run them. Perhaps there is potential if this occurs for CCEMS to also be part of a HRRMC partnership.
- h. Pharmacy option was discussed as HRRMC will have a retail pharmacy in the new pavilion that will be opening soon. Potential for RX's to come from Salida and brought here with lab courier for our patients.

### 2) Clinical Operations Update

- a. New employee Tim Rafferty has joined our team as a maintenance and housekeeping employee. New registration specialists Casey Sullivan and Kasey Rains began employment last week. Mary Mock, who had transferred from being an MA to working in the lab, was a no-call, no-show last week and she terminated her employment when doing this.
- b. With the anticipated merger/partnership with HRRMC, the new medical provider will become the medical director. We will be transitioning Dr. Riley out of her position over the next 3 months and bring in Dr. Gelgand in the interim until our full time provider is recruited.
- c. Public Health gave me verbal notice on 5/1/2019 that they were moving to another location. When lease was reviewed it was noted that a 90 day notice needs to be given by CCPHA. Ms. Drew has received and provided communication to the BOCC and the county attorney regarding the two months of rent still due. Ms. Drew will attend the BOCC meeting on Friday, May 31, 2019 to seek resolution to this.
- d. Marketing/PR Marketing Team work:
  1. Clinic staff will participate in the Bluegrass Festival this summer and will participate in the CCKC day on June 9. Two employees will lead a clinic team to determine what staff wants to participate in over the coming months in the community.
- e. Staff Meeting, Thursday, May 23<sup>rd</sup>, discussed dress down days (Rockies, Broncos, Red, White and Blue), policy review, disaster call tree and staffing changes. Front desk updates with no patients in the treatment areas without staff. All patients who call to ask to be seen urgently or emergently will be scheduled, no permission needed.
- f. New medication refrigerator and autoclave were received and are in service.

### 3) EMS Update

- i. Molly Lantis, Assistant Manager gave her notice of resignation and left employment, as well as Chris Kochis, EMT – I, also left employment.
- ii. Letter to the editor – The Sentinel forwarded a letter to them regarding EMS staffing and Ms. Drew was given the opportunity to respond. This letter and response was printed in the Sentinel and forwarded to the Tribune for print as well.
- iii. EMS staff meeting was held Wednesday, May 22<sup>nd</sup>. Expectations moving forward for peer review CQI, 2<sup>nd</sup> call, scheduling and team work and collaboration were top subjects.
- iv. Children’s Hospital learning trailer will be here on August 7<sup>th</sup>, for mandatory training for all employees. This trailer is staffed with ED doctors and scene scenarios for practice and testing.
- v. EMT-Basic class scheduled for May was cancelled as we only had 4 students.
- vi. Ms. Drew and WMVFD Chief Shy, continue to consider how Fire and EMS may potentially collaborate better in the future.
- vii. BOCC invited CCEMS to the table to discuss how the county can raise money for the Sheriff’s office to provide dispatch officers to be given raises to raise the pay scale by anywhere between \$1.60 per hour and \$2.85 per hour, for a total ask of \$32,000. BOCC asked if all using entities can contribute to the shortfall to be able to allow raises. Ms. Drew explained that EMS is budgeted to be at a \$65,000 loss this year, and does not see where any money to support this will come from. Further discussion led to review of 2018 calls for service, including the county having 3157 calls, between, the sheriff’s office, Wet Mountain Fire and Search & Rescue. Next was EMS with 592 and then Fire with 196. The BOCC stated they will be ‘ponying up” \$18,000 and has asked each entity for \$3000. Ms. Drew inquired as to the IGA regarding the tower lease agreement, and the comment made by Sherriff Byerly that we will not be asked to pay for any call use in the future since this has been signed. Only Mr. Mark Payler recalled this statement made by the Sheriff.

#### 4) IT Update

- a. Internet/Phone: CenturyLink contract was signed for 200 mbps up/down was signed, including brining dedicated fiber line to us, this will be up and going by July 1.
- b. Contract signed with Aprima, we anticipate a start date of as early as July 15. Ms. Drew and Ms. Kennedy will attend the 2019 Aprima user conference in Texas at a discounted price in late August.
- c. Jesse Kaiser, the IT Manager from HRRMC and Ms. Drew continue to work together on IT issues including the radiology PACS reading, EKG reading and plan for us to rent a space on their server when Aprima goes live.

Respectfully Submitted,

Lisa Drew, RN, BSN, MSN

Executive Director

## WEST CUSTER COUNTY HOSPITAL DISTRICT

Board Finance Report – May 30, 2019

Submitted by: Theresa Kennedy, CFO

### 1. OPENING COMMENTS

- a. Pre-Audit YE 2018 Financials Presented changes per below:
  - i. 2018 Cost Report Accrual \$3588
  - ii. Reduced Estimated Write Down for EMS by \$18,000, better than expected collections. Did analysis of Bad Debt for EMS that it now caught up. Had been booking at 7% of gross revenue. Actual running around 4.5% of gross. Payer mix can affect greatly. Will only book at 5.5% of gross revenue going forward.
  - iii. Minor reclassifications in accounts
  - iv. Auditor will confirm depreciation
  - v. Auditor will make TABOR adjustment

### 2. FINANCIAL STATEMENTS –

- a. Actual Inventory Counts adjusted in GL in April 2019 – except for EMS.
- b. April 2019 net revenue is \$81,462.90 Clinic, \$36,802.93 EMS for total net revenue of \$118,265.83.

### 3. CLINIC OPS REPORT –

- a. April Encounters totals unreliable, CSC transferred anyone with a balance in their old system into their new system, but put the transfer in under an uncategorized income category. Resulting in actual income and encounters to be overstated for April 2019. Reports presented are estimates. CSC is writing a program to remove those numbers from our 2019 YTD numbers.
- b. Instymeds 2019 still holding a slight profit of \$210.86. 2018 saw a loss of \$1722.44 at this time last year.

### 4. ACCOUNTS RECEIVABLE AND COLLECTION RATES –

- a. Variance in both Clinic and EMS General Ledger Balance compared out subsidiary ledgers by billing software. No adjustment as uncertain if it is because of the uncategorized income entry for Clinic and/or date sensitivity in EMS.
- b. Still no aging or collection rate reports for Clinic due to partial transfer of balances to new system and them no building the reports in the new system yet. Received Verbal Confirmation from biller that they should be ready with May reports.
- c. Clinic collections rates may be skewed due to format in which clinic balances transferred out of old system under adjustments and put in new system under revenue.
- d. Email request out to Clinic Biller on when the remaining credit balances will be rectified.
- e. Collection rates April 2019 – Clinic estimated at 47.3% (Dec 2018) ; PT at 40.5% and EMS at 30.95%



**West Custer County Hospital District**  
**Enterprise Zone Application**  
**Clinic Board & Staff Discussion Topics, 05/30/19**

- Need a robust open discussion with clinic staff regarding community consensus for the need of a Primary Care Physician (MD). And the Board of Directors and Senior Clinic staff efforts to secure same.
- In Donation vs Grants how do we want to present the wish list? It is easier to remove items than to add.
- Should EMR year 1 be reduced to reflect 1<sup>st</sup> installment already paid?
- Is it realistic to anticipate avg. \$20,000/year in donations in Custer County?
- In 5 year terms how do we want to organize/quantify the wish list progress?
- In 5 year terms how do we quantify our progress metric goals?
  - o Face:Face patient encounters
  - o New Patient encounters
- Monthly metric of billable Face:Face (f:f) patient encounters with providers:
  - o Can this be brought from ~20 to 27 (stated breakeven) without increasing current staff?
  - o Are there clear metrics to project maximum f:f patient encounters against staffing requirements?
  - o “*New Patient*” visits need to become a standard reporting metric.
  - o What is the current provider to administrative ratio in terms of:
    - Number of actual people
    - Cost of provider personnel vs administrative personnel
    - Maximum number of f:f encounters without increasing provider personnel vs administration?
  - How does this compare to typical Rural Clinic burdens?
- Are there other potential metrics that better characterize Clinic performance and sustainability?

## Enterprise Zone Application Responses

Monday, May 27, 2019

Sec 4; Q 15

*Describe the specific activities included in this Project. (What is being funded with EZ \$s.)*

- Replacement equipment will be purchased for aging and broken examination room apparatus. Such items surface randomly and are difficult to budget for (see separate list).
- An additional a sum will be allocated to acquisition of modern Electronic Medical Record (EMR) software and subsequent employee training.
- We wish to create a fund to attract and retain a Physician (M.D.) for the Clinic.
- Several small infrastructure projects are needed to maintain and enhance facility safety & decor.

73%

Items	Enterprise Zone	Grants
EMS Staff Quarters Furniture - Dining Area	1500	
Carpet Flooring 10 Offices/Conference Room		4988
Staff Lunch Area Furniture	1500	
Phone System		25000
Awning for Staff Break Area	1500	
Dishwasher & plumbing for Staff Lunch Room	1000	
Security Camera System		500
Emergency Alert System		10000
Document Scanner Image Scanner	345	
Card Scanner Simplex Card Scanner	155	
Repair of Sidewalk	1500	
EKG Monitors 2 @ \$640	1280	
EKG Machine	3000	
Create 3 exam rms; door to other room- PT		5000
Flooring - PT Area		5391
Radiology Software		16000
EMR Software year 1, \$10,908.23 (x3)	32725	
EMR Training		10000
EMR Hardware/IT support (server)	45000	
EMR Software year 2, 10908.23 (x2)		21816
Laptops (x15) w/WIN 10, est \$800 ea	12000	
	\$101,505	\$98,696

Sec 4; Q 16

*State the project's overall objective as it relates to the selected economic goal. The objective must be achieved within the project time-frame. Project activities identified directly lead to this objective.*

The technical metrics we will employ to measure the Clinics performance include:

1. Face –to- Face visits are a key clinic service revenue generation metric reviewed every month. There are years of history for this metric and revenue goals and expenditures are linked to it. Currently the Clinic has approximately twenty Face –to- Face patient encounters daily. A sustainability threshold of approximately twenty seven face –to face patient encounters is necessary for the current provider burden. No additional providers are needed to get to and beyond 27/f:f/day.
2. “New Patient” Face –to- Face encounters is an additional metric monitored that reveals trend of attraction of new clients. Each new client contributes to the reduction of “down the hill” trips and lost revenue for the County and its business base. *(More on this is Sec. 4; Q 17.)*

Updated EMR provides a much more efficient management of patient load allowing more revenue generating face –to- face visits. Additionally, increased provider efficiency allows the existing provider base (burden) to serve more patients. Exam room and peripheral apparatus renewal is critical to support higher patient loads.

Most clinic revenue comes from face –to- face encounters in a County where 65% of patients have Medicare or Medicaid coverage. A “Provider Based” Rural Health Clinic earns much higher Medicare & Medicaid reimbursements. All of the objectives bring us closer to a higher clinical standing.

To attract more commercially insured and younger patients requires a higher level of staffing and services. An M.D. level provider will encourage more residents to seek care locally rather than driving 60 miles for routine care. The Clinic already must code and bill for the full range private insurers. Attracting more commercially insured clients will improve efficiency by reducing the ratio insurance companies that must be billed in comparison to the number of unique patients.

Finally, numerous but nominal facility updates for personnel comfort, convenience and safety are needed to improve efficiency and attract and retain high quality staff in a highly competitive healthcare employee market.

73%

Sec 4, Q 17

*How will project activities and objectives both directly and indirectly support job creation and retention and/or business expansion in the broader Enterprise Zone (not only at the project org).*

The Wet Mountain Valley offers a highly desirable living space with modest cost of living for Colorado. Custer is one of the fastest growing Counties in Colorado but lacking critical healthcare infrastructure to sustain growth of both population and viable employment. The local Health Provider Shortage Area (HPSA) score is 14 and the commensurate Medically Underserved Area (MUA) score is 60.7. Both scores demonstrate the County’s Achilles’ heel to prosperity. Westcliffe, County Seat of Custer County, is located more than 50 miles from the next closest full time medical facilities in Salida, Canon City and Pueblo; approximately 1 hour driving time on mountain roads in good weather.

Stabilizing a full time full service “Provider Based” Rural Health Clinic will make permanently residing here very attractive for working families and retirees. Having a stable labor force will attract employers who offer healthcare benefits as well as retirees who rely on Medicare and have more frequent medical needs.

Spiraling economic impact of a mainstream clinic is considerable. The majority of County residents still travel for routine healthcare needs; as simple as revalidating prescriptions. County residents combine healthcare trips "down the hill" (as we call them) to take care of many other retail and service needs. Each of these healthcare trips turned family resupply excursion directly undermines County businesses of substantial revenue that would otherwise be captured and taxed here. Local residents pay sales tax in surrounding counties without local benefit.

Custer County has enjoyed moderate growth of retailers in recent years, evidence that business will grow if supported. However, there is only one local green-grocer; this is often lamented in resident surveys. Perishables are among the items often sought after in down the hill resupply trips concurrent to healthcare maintenance. It would not take much more local demand for the existing green-grocer to expand their inventory to capture the revenue from healthy eating residents. Organic and regular vegetables are in great demand at the June – October Wednesday farmer's market; unmet demand falling just short of commercial viability. While not yet a "food desert" Westcliffe is certainly a small oasis with a 50 mile radius.

Many other supplies and services such as: building materials; home improvements; animal feed; Veterinary; grocery; work clothes and more would prosper and grow in inventory, selection and price competitiveness in the County if more local demand could be diverted from down the hill. County residents and officials observe that a full service clinic with Physician(s) would foment a full frontal attack on the volume of business lost "down the hill".

As more local enterprises grow they will require more employees thus sustaining a spiral of prosperity. The fuel is here but leaking away with those traveling from the County for routine healthcare.

3,000 chara max . . 2,966

9 News attendance

County taxpayers and voters continued to send a resounding message of support with their overwhelming reinstatement of the current Board members by a nominal 3:1 margin over challengers up for election in 2018. Custer County is the 8<sup>th</sup> fastest growing in Colorado.

Thanks Barry – Aprima is going to be around \$53,411 without any potential hardware add-ons, Aprima Staff Training \$5,000 - \$10,000 and a new server is looking to be \$40,000 to \$50,000 plus labor to build and install (no number on that labor cost yet). We are waiting on quotes for the server and hope to have them later this week or next. We also just discovered that we will have to purchase 15 new CPU units with Windows 10 in order to bring Aprima in the system for all to use. We are getting quotes on those now, it will be the hardware and then the labor to configure them to operate in our system.

Barry - our agreement for payment with Aprima is as follows - payments to be split into 5 payments at 20% each with 20% down - check mailed today 5-15-19 and the remaining to be paid monthly starting no later than November 1, 2019 - so final payments should be November, December, January, February

Barry - here is the amount - I sent the check for the \$10,908.20. We have a small revision that will change this slightly

HPSA score 14 . . 1 – 25 range. Higher the score the greater the need.

MUA score 61 . . . 1 – 100 where 0 = completely unserved. Less than 62 qualifies as MUA.

Hi Barry,

Thank you for all your work on the EZCP application. It is looking really good. I definitely think we will be ready to submit in June, pending board approval.

One thing I believe could be a little more clear are the 5-year objectives for the project. I understand the overall goals of increasing available services, updating/acquiring equipment, hiring a full time physician and increasing the number of face-to-face encounters. Using the best estimation skills we can generate, we need to do our best to determine an anticipated timeframe for completion for each goal. There is not a singular way this is depicted. It could be: "increase face-to-face to 27/f:f/day by 2024", "purchase the EMR software by end of year 2019" or any other time-based metric you can think of. We can talk about this more if you'd like, just give me a call.

Based on what you have written thus far, I'm going to recommend we submit this as an Operations: Healthcare project. You have already identified the requirements for that category. As we've discussed in the past, I will make a special note when I submit the application that this would also classify as infrastructure.

Under Q18, it is not necessary to list the county revenue and patient revenue. For that section we are really only looking for names. I recommend you list every entity writing a letter of support and then any other entity that supports the CCHD in other ways. The Chamber and the EDC are two entities that immediately come to mind.

Otherwise, this is a very solid application. I anticipate this being approved during the first round of reviews. The biggest outstanding items are the LOS and the 5-year, time-based objectives.

Let me know if you have questions. I will be out of town the rest of this week and all next week so I return all calls and emails on Monday, June 3<sup>rd</sup>.

Bests,  
Marc Bellantoni  
*Administrator*  
*Upper Arkansas Area Development Corp.*  
*Office: (719) 275-8350 ext 125*  
*Cell: (719) 371-7862*

## PROPOSED 5 YEAR EZ PLAN WITH PROGRESS METRICS

Items	Enterprise Zone	Grants	July - Dec.					Jan. - June
			2019/ 2	2020	2021	2022	2023	2024 /2
<i>Face -to- Face Patient Encounters, ref. start 20/day</i>								
EMS Staff Quarters Furniture - Dining Area	1500							
Carpet Flooring 10 Offices/Conference Room		4988						
Staff Lunch Area Furniture	1500							
Phone System		25000						
Awning for Staff Break Area	1500							
Dishwasher & plumbing for Staff Lunch Room	1000							
Security Camera System		500						
Emergency Alert System		10000						
Document Scanner Ambir Image Scanner ?	345							
Card Scanner Ambir Simplex Card Scanner ?	155							
Repair of Sidewalk	1500							
EKG Monitors 2 @ \$640	1280							
EKG Machine	3000							
Create 3 exam rms; door to other room- PT		5000						
Flooring - PT Area		5391						
Radiology Software		16000						
EMR Software year 1, \$10,908.23 (x3)	32725		32725					
EMR Training		10000						
EMR Hardware/IT support (server)	45000							
EMR Software year 2, 10908.23 (x2)		21816		21816				
Laptops (x15) w/WIN 10, est \$800 ea	12000							
<b>Totals</b>	\$101,505	\$98,696						