

West Custer County Hospital District
Meeting of the Board of Directors
June 25, 2020
Minutes of the Meeting

Attendance: Directors Present: Bob Tobin, Chair, Janny Candelaria,
Secretary, Tom Shepard, Bob Weisenbach,
Vice-Chair,
Staff Present: Theresa Kennedy, Heather Roberts, Mary
Bauer, Rob Fogal
Guests Present: Tracy Ballard, Courtney Davenport, Barry
Keene, Elliott Jackson, Ann Hayward

A quorum being present, Mr. Tobin called the meeting to order at 3:02 p.m. All meeting attendees recited the Pledge of Allegiance.

Public Comments:

Introduction of guests. No public comment.

Opening Comments from the Board:

None

Approval of Minutes:

The minutes of the Regular Board Meeting on May 28, 2020 were reviewed.

- *Mr. Weisenbach made a motion to approve the Regular Board meeting minutes dated May 28, 2020. Mr. Shepard seconded, and the motion passed unanimously.*

EMS Report:

Mr. Fogal presented EMS run report statistics, see attached report.

EMS Task Force Report:

Mr. Shepard informed the Board that they did send out about 300 survey requests to East Custer County residence. Mr. Shepard stated as of today we did receive 48 responses. There were 16 votes for Inclusion, 10 votes for Separate District, 9 for Inter-County Agency and 13 stating they needed more information or none of the options were acceptable. Mr. Tobin asked if they would now reach out to the BOCC and request a workshop with them to discuss next steps:

- *Mr. Weisenbach made a motion to send a letter to the BOCC to have request a workshop to discuss next steps, Ms. Candelaria seconded, and the motion passed unanimously.*

Executive Director Report

Ms. Kennedy presented Executive Director Report for the absent Ann Evans, See attached report.

CCMC Director Report:

Ms. Roberts reported, see attached report

CFO Report/ Finance Committee Report:

Ms. Kennedy reported, see attached report.

Enterprise Zone Update:

Mr. Keene informed us that he is in contact the HRRMC's Enterprise Zone contact and they are working together regarding the clinic. He does have some ideas for the EMS and would let us know when more concrete.

New Business:

No new business currentiy

Schedule Next Board meeting:

The next board meeting will be held July 30, 2020

Adjournment:

Mr. Weisenbach made a motion to adjourn the meeting, Ms. Candelaria seconded, the motion passed unanimously, and the meeting was adjourned at 4:07 pm.

Respectfully submitted,



Janny Candelaria
Secretary to the District Board

EMS Report

Staffing remains stable. I have directed two fresh EMTs to Deer Mountain for full-time employment, with the hope that we will eventually bring them on as PRN employees and have them available for second calls and mutual aid.

Mr. Chambers of RETAC informed me the grants are typically awarded the last week of June, but COVID touches all things. He has no timeline or even a best guess as to our request for Med 3. Our grant and the defense thereof were well received.

Our total calls for service were down 31% for May and 18% for the year. Total transports for May increased over the previous year by 23% and we gain some of the ground we lost YTD with transports off only 7%. Progress is being made.

Please find an outline of my mid-term plan for EMS. The document will serve to begin discussion, between the Board and EMS leadership, on a strategic plan.

The rodeo is making preparation should the event move forward. I have a signed contract and a crew in place for the event.



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

May 2020

		Month of	May			
<u>Total calls to date</u>				<u>Total transports to date</u>		
Total calls to date	May 2018	51	Total transports to date	May 2018	24	
Total calls to date	May 2019	57	Total transports to date	May 2019	17	
Total calls to date	May 2020	39	Total transports to date	May 2020	21	
% change (+ or -)	2018 & 2019	11.76%	% change (+ or -)	2018 & 2019	-29.17%	
% change (+ or -)	2018 & 2020	-23.53%	% change (+ or -)	2018 & 2020	-12.50%	
% change (+ or -)	2019 & 2020	-31.58%	% change (+ or -)	2019 & 2020	23.53%	
Mutual Aid Calls	May 2020	0	2nd Calls	May 2020	4	
<u>Year to date</u>		<u>1 Months Ended----- May</u>				
<u>Total calls to date</u>			<u>Total transports to date</u>			
Total calls to date	May 2018	230	Total transports to date	May 2018	95	
Total calls to date	May 2019	226	Total transports to date	May 2019	95	
Total calls to date	May 2020	185	Total transports to date	May 2020	88	
% change (+ or -)	2018 & 2019	-1.74%	% change (+ or -)	2018 & 2019	0.00%	
% change (+ or -)	2018 & 2020	-19.57%	% change (+ or -)	2018 & 2020	-7.37%	
% change (+ or -)	2019 & 2020	-18.14%	% change (+ or -)	2019 & 2020	-7.37%	
YTD Mutual Aid Calls	2020	2	YTD 2nd Calls	2020	18	

Call Summary Report-Custer County

Response Mode to Scene

Response Mode To Scene (eResponse.23)	Number of Runs	Percent of Total Runs
Emergent (Immediate Response)	38	97.44%
Non-Emergent	1	2.56%
Total: 39		Total: 100.00%

Transport Mode from Scene

Disposition Transport Mode From Scene (eDisposition.17)	Number of Runs	Percent of Total Runs
Emergent (Immediate Response)	24	61.54%
	14	35.90%
Not Applicable	1	2.56%
Total: 39		Total: 100.00%

Runs by Response Request

Response Type Of Service Requested (eResponse.05)	Number of Runs	Percent of Total Runs
911 Response (Scene)	35	89.74%
Mutual Aid	2	5.13%
Public Assistance/Other Not Listed	1	2.56%
Standby	1	2.56%
Total: 39		Total: 100.00%

Runs by Responding Unit

Response EMS Unit Call Sign (eResponse.14)	Number of Runs	Percent of Total Runs
Med 3	15	38.46%
Med 4	13	33.33%
Med 2	11	28.21%
Total: 39		Total: 100.00%

Runs by City

Scene Incident City Name (eScene.17)	Number of Runs	Percent of Total Runs
Westcliffe	25	64.10%
Town of Westcliffe	7	17.95%
Silver Cliff	5	12.82%
canon city	1	2.56%
Town of Silver Cliff	1	2.56%
Total: 39		Total: 100.00%

Runs by Disposition-Custer County

Disposition Incident Patient Disposition (eDisposition.12)	Number of Runs
Assist, Agency	2
Canceled (Prior to Arrival At Scene)	1
Canceled on Scene (No Patient Found)	1
Patient Dead at Scene-No Resuscitation Attempted (Without Transport)	1
Patient Evaluated, No Treatment/Transport Required	4
Patient Refused Evaluation/Care (Without Transport)	1
Patient Treated, Released (AMA)	3
Patient Treated, Transferred Care to Another EMS Unit	3
Patient Treated, Transported by Private Vehicle	1
Patient Treated, Transported by this EMS Unit	21
Standby-No Services or Support Provided	1

Report Filters
Incident Date: is between '5/1/2020' and '5/31/2020'
Agency Name (Dagency.03): is in 'Custer County Ambulance'

Custer County EMS Improvement Proposal

Introduction:

Employee retention remains the biggest and most important issue impacting the success of Custer County EMS (CCEMS). Difficulty recruiting and retaining EMS professionals and Paramedics continues to be an issue well known to the West Custer County Hospital Board. According to the US Board of Labor Statistics, there will be a seven percent increase in demand for EMS professionals from 2018-2028 across the country, making it even harder to recruit and retain skilled EMS providers. This proposal serves as a jumping-off point for planning for the future of CCEMS and will address four focus areas with multiple strategies designed to attract and retain the highest quality EMS providers for our community.

Vision:

To become the premier frontier EMS service in the State of Colorado.

Mission:

By providing exceptional training and quality equipment, our EMS professionals will put our community first and provide excellent patient care.

Strategy 1

HR Initiatives:

- 1) Culture Development - Workplace culture is one of the most important aspects of employee retention. While the current culture of CCEMS is much improved over previous years, continued development of a culture of community focus is needed. Creation of this culture will be accomplished through open communication, strengthening of crew dynamics, and the development of a "community first" attitude.
- 2) Peer Support- To prevent burnout and assist in dealing with the emotional stress of this difficult job, we intend to grow a strong peer support network. Regular informal conversations already take place after difficult calls. We will enhance our response through the addition of leadership lead debriefings, Critical Action Reviews, and utilization of the regional peer support network.
- 3) Improved Pay and Benefits- Nationwide compensation for EMS providers is subpar comparable to other medical services jobs. Improving pay, benefits, and providing incentives would demonstrate recognition and a commitment to our employees. It is recommended that pay structure, including on-call incentives, certification pay, and benefits packages are examined and included in budget discussions every year. At a minimum, an annual cost of living increase is requested to show good faith that EMS is a valued service.

Employee Development:

- 1) EMT-B to Paramedic: With a shortage of qualified Paramedics in the area, we will begin peer led training to strengthen our ability to "grow our own" from our pool of local EMT-B's. EMTs will develop, with the assistance of on-staff Paramedics through regular training

sessions. The goal of this type of training is to develop a depth of knowledge as preparation for Paramedic school. The start of all training will be dependent on the relaxation of COVID-19 restrictions.

- 2) Off Site Training- We will work to secure off-site training and skills practice for both our Paramedics and EMT's utilizing resources such as Penrose EMS Institute, state and nationwide conferences, and FEMA. These trainings will allow Paramedics and EMT's to maintain proficiency in low volume-high risk skills as well as gain exposure to situations not often available locally. This is dependent on relaxation of COVID-19 restrictions.
- 3) Skills Lab- Monthly skills labs will be available in the CCEMS training room. These mandatory labs will include skills practice and assessment scenarios. Needed equipment will be purchased using grant funds to expand our capabilities to offer these trainings
- 4) Tuition Assistance- Several grant opportunities are available to assist EMS professionals with for the cost of additional training leading to certification. CCEMS will apply for CREATE, and RETAC funds to support staff in reaching professional goals. In exchange, the employee will commit to working for CCEMS for an agreed amount of time after the education is complete.

Community Outreach

- 1) Modified Community Paramedicine-Creation of a modified paramedicine program will strengthen the relationship between CCEMS and the community by providing scheduled home visits to our community's most vulnerable members. Initially, contact will be limited to routine vitals checks, assessments (no diagnostics will occur), and will revolve around the patient's current state of health and adherence to their doctor's plan of care. Overtime, a broader community paramedicine program will be developed after further employee education, training, and certification. The CCEMS medical director has approved the current proposal, pending policy creation and cessation of COVID-19 restrictions.
- 2) Vital Checks- Monthly vital sign checkpoints will be established. These will include blood pressure, heart rate, SpO2, and blood glucose levels checks. These checkpoints will be administered by the on-shift crew. Our medical director has approved the current proposal, pending policy creation and cessation of COVID-19 restrictions.
- 3) EMR- An emergency medical responder class will be coordinated and held at the Wet Mountain Fire Protection District (WMFPD). We currently work closely with WMFPD and envision a closer relationship in the future. The long-term goal is to have the ability to request the nearest EMT/EMR to respond to a critical incident and begin life-saving interventions within the individual's scope of practice. Discussions are on-going with the involved agencies.

Equipment:

- 1) Protocols- Job satisfaction is improved when EMT's and Paramedics can practice at the top of their licensure. We will work with the CCEMS Medical Director to ensure that all policies, protocols, and equipment availability supports our EMS providers practicing to their full potential and licensure. Robust protocols will allow for better response to critical medical calls and improved patient outcomes as well.

Executive Director Hospital District Report

Rob and I have been working on HR Policies for EMS for when we transition to Phase II at the Clinic with Mary's assistance that project is just about completed.

We will be Implementing a PTO policy on July 1.

Theresa applied for a DOLA Grant for the District.

The DOLA website has been updated for the oaths for the Board.

Clinic Director Report

WCCHD Board Meeting 6/25/2020

1) HRRMC Update

- a. Phase I: Entering 5th week of RHC operations. It is going well with an average of 5 patients per clinic day. HRRMC waiting a minimum of 6 weeks before deeming "survey ready". Unsure if survey will be virtual or on site. CLIA waived lab testing set up this week. We continue to refine policies and ensure compliance with all RHC requirements.
- b. Phase II: Once survey complete (est. 4-8 weeks from now) and RHC status granted, next steps will be to await confirmation that all billing is reimbursed as expected. Employees will transition to HRRMC and complete clinic operations will be taken over. Estimate September 2020.
- c. Dr. Stephens has reportedly purchased a home in the area in preparation for his start at CCMC.
- d. Visiting Specialists: Dr. Wool, cardiologist has held clinic in May and June. He is currently seeing patients one Friday per month. Orthopedics continues with plans to hold clinic every Wednesday alternating between a PA and new surgeon Dr. Perez starting in July. Dr. Rhodes, OB/GYN is seeing patients monthly as well.
- e. Pharmacy utilization continues to grow. Passed along the option to the Custer County Sheriff, as they have been traveling to Canon City for prescriptions for the jail.

2) Clinic Operations

- a. Access to Services: Updated several policies/procedures to improve access to care and services. Removed restriction on lab orders, new patient appointments, and acute visits.
- b. Community Engagement: Partnership with public health to provide COVID testing; participation on Kids Council looking at how we can better support the goals of this committee in the clinic; Exploring ways we can support the Sheriff's Department.
- c. Patient Experience: Began patient satisfaction survey week of 6/22/20. Every patient will receive a survey. Questions based off similar questions that will be asked once HRRMC transition takes place. Will establish a baseline prior to the HRRMC merger and provide some insight into areas of opportunity.
- d. Equipment/Supplies: Had to order new refrigerator for lab, previous one unrepairable and would not hold required temp.

3) COVID Updates

- a. Community drive thru COVID-19 testing at the clinic began 6/23/20. Testing will be available every Tuesday and Thursday from 1pm-4pm. Funding supporting this activity is from federal RHC stimulus specific for COVID testing. Press release sent to local media and community agencies.
- b. Updated clinic practices to include mask requirement for all staff and patients, as well as temperature screening for patients.
- c. In process of developing long-term patient screening process to include self-service no touch temperature kiosk and automatic opening doors. Current process is inefficient and unsustainable as clinic volumes increase.

1. Clinic OPS report – Encounters down compared to last year – Month of May Clinic (38.97%) YTD (33.22%) – physical therapy down (43.56%) YTD (4.9%). Collection rates. Clinic 49.01%, PT at 42.68%.
2. Second Clinic Ops Report – Shows stats by month for 2020 and then YTD comparison.
3. EMS OPS report –Monthly Revenue back up. Revenue down (11.13%) compared to last year. Summer is typically are bigger months. Will be a watch and see how it goes. Collection rates - EMS at 32.81%
4. Statement of Revenue and Expenses – profit before capital donations of \$214,462.07 Clinic, \$11,038.54 EMS for Total Profit before capital donations of \$234,073.96. EMS received capital grant money for the radios of \$8,573.35 bringing the Total Profit to \$234,073.96 at May 31, 2020.
5. Clinic profit higher than anticipated due to:
 - a. \$18,310.66 in Provider Relief Funds
 - b. \$129,534.06 RHC Stimulus
 - c. \$4,000 Medicaid Unrestricted Grant – RHC
 - d. \$49,461.42 RHC Stimulus restricted to COVID Costs -RHC
 - e. \$4,693.18 RHC Stimulus

Total received to date of stimulus funds \$205,999.32. Removing this money from the clinic revenue results in YTD Clinic revenue of \$8,462.75. HD YTD \$8,074.64. Heather Roberts is taking lead on working to expend the funds.