Paramedic Services – Community Paramedicine – Pre-Hospital and Community Education

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Record of Proceedings

MINUTES OF THE SPECIAL MEETING OF THE BOARD OF DIRECTORS OF THE UTE PASS REGIONAL HEALTH SERVICE DISTRICT

Held: Friday, October 10, 2025 at 0900 Hrs at 1017-B E US Hwy 24, Woodland Park, CO

The special meeting of the Board of Directors (BOD) of the Ute Pass Regional Health Service District (UPRHSD) was called and held in accordance with Colorado State statute.

The following Directors attended:

Attendance	John Gentzel Chris Erickson Gillis Gautreaux Miranda Bickford Administration: Chief Executive Officer (CEO) Tim Dienst, Chief Administrative Officer (CAO) Kara Fox, Administrative Assistant (AA) Mariah Hoffman; Leadership: Paramedic Advanced Care Team (PACT) Director James McLaughlin, Captain Chad Bauer, Captain Katie Leland (Zoom), Acting Captain Kaylinn Hathway (Zoom), Captain Janee Karle (Zoom), Lieutenant Chris Kaczmar
Quorum	Yes
Call to Order	Director Erickson noted that a quorum was present and called the regular meeting of the Board of Directors for Ute Pass Regional Health Service District at 0859 Hrs.
Pledge of Allegiance	Yes
Disclosures	None
Minutes	The minutes of the special meeting of the Board of Directors held September 29, 2025 were presented, Motion by Director Gentzel to accept the minutes, 2nd by Director Erickson, and unanimously approved.
Public Comment/Guest	Aarron Reinert and Ben Wasmund with SafeTech Solutions (STS) presented the final Evaluation of UPRHSD.

The presentation began with STS outlining their three-phase process: Phase one involved two days on-site, interviewing staff, community members, ancillary agencies, board members, and local clinicians. Phase two, the focus of today's presentation, covers their observations, key findings, and recommendations. Phase three, if UPRHSD chooses, would involve implementing selected recommendations with STS guidance. They highlighted a few key themes that were present throughout interviews and will be referenced throughout the presentation. These included a need for restructuring, clarity on company goals and future direction, the importance of a physically present leader, and uncertainty surrounding the PACT program. They also specifically thanked Captain Bauer, Captain Leland, and CAO Fox for their exceptional assistance and effort in supporting the assessment.

STS provided a general overview of district operations, including call volume, dispositions, average active times, service area, resources, current structure, etc. They noted some data issues, particularly a 77% refusal/cancel disposition rate, which is likely a reporting error rather than a reflection of actual practices. They then presented financial data and observations for UPRHSD covering the past five years (since 2020). They highlighted the work of CAO Fox, noting that the level of detail and sophistication in UPRHSD's financial reporting is exceptional. STS remarked that being able to clearly see revenue sources and their breakdown was "unprecedented" in their experience. Based on the data, STS confirmed that maintaining three ALS crews on 24-hour shifts is both necessary and justified due to call volume and geographical area covered. They also recommended conducting heat map analyses and studies by time of day, week, and year to better understand call volume trends, which could inform adjustments to resource allocation. While both revenue and expenses have increased annually, UPRHSD's net income has shown a gradual decline, mirroring trends in EMS nationwide and creating a widening gap between income and expenses. UPRHSD's 2024 net margin was reported at 5%, which is considered exceptional. This indicates that while the agency is not generating significant profit, the margin is sufficient to maintain reserves and reinvest in the community. 5%-20% is an acceptable standard. On average, UPRHSD receives $0.40 in return for every dollar charged per ambulance call, with ambulance revenue accounting for approximately 20% of total income. STS acknowledged that the PACT program plays a significant role in UPRHD's financial position. However, due to current data limitations, it is challenging to fully assess its impact. Key information needed

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to evaluate the program's sustainability, reliability, and viability is either not being collected, embedded within other datasets, or lacks sufficient clarity.

STS then provided a list of "16 Key Observations," which reflected recurring themes and patterns observed consistently throughout their assessment

1. As of today, the organization is sustainable, but this sustainability is extremely fragile and in question. The public financial support and EMS volume is sustainable. The fragility lies within the organizational structure and leadership.
2. The organization and clinical practice are held in high regard within the community, public safety partners, and the healthcare community. Of note, STS stated that "this sentiment resounded in every single person we met with," and that there was not "a single piece of negative feedback."
3. The current external organizational reputation is highly fragile. This aligns with the first observation, as there is concern that the issues noted there may be affecting external perceptions.
4. The internal view of the organization is mixed. The lack of daily presence of leadership, failures within key leadership positions, unclear organizational direction, role of PACT program, dual medical direction, and a lack of reliable and consistent data all contributed to the mixed view.
5. The role of the CEO is unclear with questions surrounding if the CEO is primarily responsible for advocacy at the state and national level, or for daily leadership and management of the organization.
6. Trust and confidence in the CEO are mixed with questions about the effectiveness of the current CEO.
7. The current organizational structure is ineffective and inefficient.
8. There are some questions regarding current staffing levels, such as having two paramedics on one ambulance, and whether the schedule is sustainable.
9. The captains are task saturated. They are responsible for tasks that were previously the responsibility of other positions that are now open. This additional workload is resulting in deficiencies in accountability and follow-through on all levels.
10. The rationale for the PACT program is unclear, with some suggesting it no longer fully meets its original objectives. Within the program, roles and intentions vary, with some members preferring to participate in 911 calls while others do not. STS noted that the departure of a previous leader has contributed to differing philosophies within the program, and the agency is still recovering from this transition. Maintaining flexibility for 911 backup remains critical.
11. The Dual medical direction system is creating unnecessary confusion and conflict in the organization. It is negatively affecting credentialing, authority, and interoperability between the employees and operations of the 911 and PACT program.
12. There is potential for negative perception due to three BOD members being related/connected to current employees. While there are no current legal concerns and no specific recommendations for action, STS highlighted that this relationship could create certain perceptions from external stakeholders.
13. It is unclear if the BOD is an operational board or a governance board.
14. There are likely new positions that would be appropriate for an organization that has grown as much as UPRHSD, such as fleet and facilities management, supplies management, equipment management, etc.
15. The administrative building's layout does not allow for the natural interaction between team members that is critical to a strong leadership and administrative team.
16. The decision to not provide Interfacility Transport (IFT) services during certain hours seems inconsistent with providing services to UPRHSD's communities, patients, and partners.

STS then provided a list of their "11 Recommendations."

1. Define the role of the CEO to be focused on a day-to-day leadership and management of the organization. If advocacy is essential to the organization's long-term success, then create and hire a position(s) dedicated to this role.
2. Restructure the organization to match recommendation one; the executive provides daily leadership and management, department director leads areas of responsibility, and senior leaders assist in achieving the direction and focus of the organization as defined by the CEO and the board.
3. Fill all leadership and administrative positions as defined by the new organizational chart, thus allowing shift captains to return to leading and managing daily EMS operations and to be frontline leaders of

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employee culture and engagement. Of note, STS stated that they "encourage the captains to be highly unproductive," clarifying that a full, "high productive" day creates a loss in connecting and bonding, creating culture, and understanding the needs and conflicts of the crews and company. To do that, downtime and capacity is essential. It as noted that the UPRHSD staff has a high amount of empathy for the captains.

4. Develop a 24-36 month vision for the organization that focuses on connection, culture, and teamwork, to return to working as an efficient and progressive EMS agency.
5. Select a single medical director for the organization that provides medical oversight and clinical leadership for the EMS and PACT program
6. Set clear operational and financial goals and expectations for the PACT program including the intended reason for creating this program as part of a larger EMS system.
7. End the program of "additional duties" for full-time staff. Instead, create new positions to help lead and manage current programs, diversify the workload, and find positions that will specialize in appropriate areas, (examples include finance, education, human resources, vehicle maintenance, support services, etc.)
8. Return the focus on organizational success, including culture, engagement, accountability, expectations, and empowering frontline leaders.
9. Establish the role and responsibilities of the Board of Directors.
10. Define expectations, key indicators, and performance measurements to evaluate the CEO's performance, and enforce these items at the same or higher level as other employees.
11. IFTs should an included and vital service provided to the healthcare community and taxpayers 24 hours a day. STS elaborated further on IFTs, noting that transfer expenses already appear to be covered within normal operational costs. Currently, ambulances are generating revenue about 14% of the time ("time on task"). They noted that the current data does not validate concerns about the potential for increased crew fatigue if IFT numbers increased. Revenue from transfers helps offset daily operational expenses, and the average revenue per transfer is $1,113. STS suggested that expanding IFT operations, particularly by accepting transfers 24 hours a day, could be a key strategy to diversify revenue and reduce reliance on future subsidy increases.

STS presented a list of action items for the BOD, many of which echoed prior themes such as clarifying board roles and responsibilities and establishing structured processes for CEO evaluation. They encouraged the Board to assess whether it is effectively holding the executive accountable. STS also recommended reviewing the bylaws to ensure they support the Board in fulfilling its responsibilities and provide clear guidance for managing internal disagreements or conflicts.

For the executive/CEO, STS provided a corresponding list of action items, again reflecting previously noted themes such as defining the CEO's role. They emphasized the need for consistent, daily leadership at the executive level, noting that the absence of this presence has contributed to organizational challenges involving deadlines, contracts, grants, and employee supervision. STS clarified that the organization is not suffering from a lack advocacy, but the failure of a key position reporting directly to the CEO that has had critical, long-lasting impacts. They again raised the question of whether the Board is appropriately holding the executive accountable.

STS also addressed UPRHSD's dual medical direction system, citing challenges such as confusion in medical command structure, uncertainty over which clinical guidelines to follow, and discrepancies in credentialing.

STS revisited the PACT program, posing several key questions for the agency's consideration: Is the original intent of the program still in place, or has it evolved without the buy-in and consent of the BOD? Is there a clear understanding of the operations, costs, and revenues? Who is the PACT program accountable to? Who leads the PACT program? Who manages the PACT program? And emphasized the need for consistency in data, leadership and management.

STS reviewed UPRHSD's current organizational structure and identified several weaknesses, including inconsistent job titles (some public safety, some nonprofit, and some corporate), all leadership positions reporting to a single

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role, and that role reporting solely to the CEO. STS noted that one of these two positions may be unnecessary or should be reclassified. They also observed a general lack of clarity regarding who serves as the organization's primary leader.

STS then presented a proposed structure in which the Board of Directors oversees the CEO/Executive, who would in turn manage four senior leaders overseeing core operational areas: Administration, Mobile Integrated Health (MIH), Operations, and Clinical Services. Under this model: The Director of Administration would oversee finance, HR, and IT/data functions. The Director of MIH would manage the PACT program and its related services, including the community paramedics. The Director of Operations would oversee shift captains and clinical staff. The Director of Clinical Services would manage medical direction, education, and quality assurance/improvement processes. STS noted that this proposed structure would strengthen executive clarity, align titles and roles with the organization's mission, create appropriate spans of control, remain financially feasible, and accommodate the need to both fill current vacancies and create potential new positions.

STS then introduced a "visioning" section, posing key questions for UPRHSD to consider as it plans for the future. These questions included: Is UPRHSD a public safety organization that occasionally provides health services? Is UPRHSD a healthcare organization that occasionally goes on 911 calls and IFTs? Is UPRHSD specifically focused on one of the services previously mentioned, or is it a "test bed" for healthcare innovation with intention to advocate for a share nationally? Does UPRHSD need to achieve a margin, or is it an expense-based organization? Will data drive how UPRHSD operates? Are IFTs part of the health services UPRHSD provides, or is that a service that Pikes Peak Regional Hospital (PPRH) or UCHealth is responsible for? What percentage of taxpayers are those that need IFTs? What will, or what should, UPRHSD look like in 3-5 years? Will UPRHSD define their future, or follow their future?

To conclude, STS highlighted several key factors for long-term sustainability, many of which reiterated earlier themes. They emphasized the importance of accepting unproductive time, cultivating a unified organizational culture, maintaining transparency, operating as a cohesive system, and ensuring engaged, present leadership.

The floor was then opened for discussion and questions, during which several key points and clarifications were made.

Next Steps and Phase Three: STS explained that Phase Three could include more detailed recommendations, example job descriptions, and facilitated Board planning sessions. A two-day planning session was proposed to clarify governance roles, such as who the CEO reports to (the full Board or the Chair), and to revisit the earlier "visioning" questions, informed by senior leadership input. STS also noted they could conduct follow-up "check-ins" throughout Phase Three and offered the option of a six-month progress review once new measures are implemented. Another employee engagement survey may be beneficial by mid-next year.

Organizational Growth and Accountability: There was discussion about adding an outreach position focused on public education efforts (e.g., Stop the Bleed, CPR), though funding remains a challenge.

Culture and Performance: Using a "rowing the boat" metaphor, STS advised against continuing to accommodate individuals resisting organizational direction (back of the boat). They stressed that poor behavior cannot be excused by recent turmoil; that employees must be held accountable. Those unwilling to align with organizational goals should be given tools and support to improve, but if they continue to undermine progress, it is time for them to transition away from the company.

Implementing Structural Change: It was acknowledged that UPRHSD has long operated under a similar structure, and the proposed changes represent a significant adjustment. STS emphasized that the greatest risks are regression to old habits and lack of accountability. Success will depend on self-awareness, hiring the right people, and consistent follow-through, particularly by the executive leadership.

As STS wrapped up their presentation, they reiterated that Captain Bauer, Captain Leland, and CAO Kara were very helpful in their discovery efforts. While STS was present, PACT Director McLaughlin concluded by the recognition of Captain Leland and CAO Fox having received Star of Life awards from the American Ambulance Association and will be representing the agency in Washington DC.

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2026 Budget Draft	Chief Dienst presented the initial draft of the 2026 budget. He emphasized that this document represents an early draft rather than the finalized budget or full budget detail. The complete budget detail will be presented at the November BOD meeting. He highlighted several areas that are anticipated to change, including but not limited to: Standby Services: Charis Bible College will likely not be contracting with UPRHSD for standby services in 2026 due to budget reductions, which would result in a discontinuation of standby service income. Insurance Costs: A quote from the SDA for District insurance is still pending, and the amount reflected in the current draft may change. Grant Funding: An $800,000 grant benefiting both the PACT and 911 divisions is not yet included in this draft. New Positions: Budget projections include funding for new positions anticipated following the SafeTech presentation, including a data management role and a position to assist field crews with special duties. The number and titles of these positions remain under review. Software Subscriptions: A QuickBooks Desktop subscription has been included temporarily to maintain access to historical payroll data; this cost may be removed pending resolution of ongoing data access efforts. A brief discussion followed regarding employee compensation, benefits packages, end-of-year bonuses, and captain pay adjustments, including how UPRHSD's pay scales compare to neighboring agencies. CAO Fox noted that the compensation study is still in progress, and any pay adjustments will be addressed once UPRHSD's pay structure has been aligned with the study's findings. Tentatively, the draft budget reflects a 6% pay increase for all positions. Board members agreed to review the draft budget individually and come back to the next board meeting with any clarifying questions.
Executive Session	At 1400, Motion by Director Gentzel to enter an executive session pursuant to Section 24-6-402(4)(f), C.R.S, for discussion of a personnel matter regarding the CEO, who has been notified of the executive session and has consented to it, 2nd by Director Erickson, and unanimously approved. At 1713, Motion by Director Gentzel to exit the executive session, 2nd by Director Erickson and unanimously approved. Director Gentzel stated that during the executive session the CEO and some details of the STS assessment presentation were discussed.
Old Business	- None
New Business	The board asked Chief Dienst to speak on the dual medical director system. Chief Dienst stated that he sees that a single medical director is in the best interest of the company. He stated that it is imperative to ensure all protocols/guidelines are in place prior to doing this so to ensure that there are no interruptions in the service of the PACT program. It is also important to ensure that the presumed single medical director has the willingness and full capacity to provide the UPRHSD PACT program with what it needs. Both necessities constitute some form of transition period. Chief Dienst expressed that he will personally address these items and plans to have UPRHSD fully transitioned to a single medical director system, encompassing both PACT and 911 operations, by the start of 2026. The topic of filling open positions was also discussed at this time. Director Gentzel suggested the purchase of certain materials from Korn Ferry, a consulting group that sells hiring and leadership development resources. He stated that South Metro utilized these materials when hiring for the Chief position and that Korn Ferry was talked about during the Special Districts Association conference. The initial board request was to purchase 6 copies of these materials. Final board request was to purchase 1 copy of the materials. The BOD has also asked the leadership team to provide them with a modified version of STS's proposed organization structure model that is modified to the company's needs. Captain Bauer said the leadership team will meet to review STS suggestions and what is ideal for the company moving forward.

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Adjourned 1742 Hrs

Chris Erickson Acting President

Miranda Bickford Secretary/Treasurer

SEAL

Date: 10/16/25