



PERSHING GENERAL HOSPITAL & NURSING HOME BOARD OF TRUSTEES

Regular Board Meeting

MINUTES

Thursday, February 25, 2021 – 5:30 P.M.

Location: Pershing General Hospital – 850 6th Street, Suite 103 – Conference Rm

Zoom Phone number: 1-669-900-9128 ID: 7752732621 Password: 775273

- ATTENDING: Board: Chair Charles Safford, Vice Chair Ted Bendure, Secretary Dana Tueller, Trustee Phillip Dickerman, Trustee Jayce Montes
Board via Zoom: None
Absent: No board members were absent.
Others Present: Bryce Shields-Legal Counsel
Staff Present: Cynthia Hixenbaugh, Lynn Broyles, Christina Dickerman, Debbie Mock, KayDawn Hughes, Lola Montes, Pam Weeldreyer.
Public Present: Jonathan Reynolds-Pershing County High School Principal
Public via Zoom: County Liaison Carol Shank

1) REGULAR MEETING CALL TO ORDER – Vice Chair Safford called the meeting to order at 5:33 P.M.

2) PUBLIC COMMENT – Mr. Jonathan Reynolds appeared at the meeting to address the Board regarding the recent situation of testing requirements for close-contact sports. The Governor has required all close-contact sports to complete weekly testing. With the testing comes a variety of requirements. The only way for the school district to get this done is to receive a CLIA waiver or to reach out to our local hospital. Mr. Reynolds reported that he reached out to the hospital and eventually had worked out that the hospital would be willing to do what they could, but are limited by staffing. The Fallon Shoshone Paiute Tribe said they would come and do it for the school. There are 36 athletes at this time and they estimate that anywhere between 45 and 60 will need testing (this number includes coaches). Mr. Reynolds extended his thanks to the hospital for being willing to go out of their way to spend time, resources, and staff. Mr. Reynolds also explained that he will meet with the hospital to determine how the hospital could be used as Plan B.

3) FEBRUARY CONSENT AGENDA - The Board will consider, for possible action, these items in their entirety without discussion – For Possible Action.

- a. Meeting minutes for the Regular Board Meeting January 25, 2021
b. Warrants (Check Register)

ACTION

A motion to accept the February Consent Agenda was made by Vice Chair Bendure. Second made by Trustee Dickerman. Motion approved unanimously.

4) REPORTS

a. Risk Manager: Update by KayDawn Hughes

- i. Patient Safety Committee, Complaints, and Quality Improvement Report
NRS 439.875 Patient Safety Committee – The number of sentinel events (unexpected death) was zero. The number of acquired infections in-house for acute was zero and long-term care was zero. There were no recommendations to reduce the number and severity of sentinel events and infections that occurred. There were two complaints for January; both were resolved. We will be looking at the final report from the state survey for LTC.
ii. Quality Indicator Results for ER visits – January 92% goal
Vital signs within 20 min of discharge: 95%
Opioids prescribing in ER (AB 474): 100% (1/1)
Critical Labs reported to Provider within 60 minutes: 97% (32/33)
ED Transfers Communication: 100% (14/14)
• Trustee Dickerman inquired about the patient safety meeting. KayDawn stated that it is the first Thursday of every month at 11:00 A.M. and is held in the Conference Room.

b. Chief Nursing Officer: Update by Christina Dickerman

- i. Critical Access Hospital and Skilled Nursing Facility Utilization
• Admissions – PGH had eight acute admits in January. There were zero swing admits and zero observations. There were 144 emergency visits.

- Transfers – There were thirteen transfers in January.
- Acute/E.D. – There were four “AMA/Left Without Being Seen” and four “Returns within 72 hours.”
- Long-Term Care – The current census is 23: 22 Medicaid, 1 Private Pay. We are expecting one admit tomorrow.
- Referrals – Out of 60 referrals for Long-Term Care (LTC) and Swing, we were able to accept one. We declined 29 referrals due to no payer source, care exceeds capacity, or no open beds. There were no withdrawals and 30 were closed. Care exceeds capacity includes severe behavioral issues or medically complicated.

ii. COVID-19 Update

- COVID 19 Immunizations continue.
 - Visitation is still restricted in our Long-Term Care due to high positivity rates in Pershing County. We follow the most restrictive rule which is the CMS Positivity Rate. Staff testing remains at twice per week.
 - CMS – COVID – 19 (RT – PCR) Laboratory 14-day Positivity Rate- 27.7% -Red
 - These numbers influence the frequency of COVID – 19 testing in the Nursing Home staff and residents.
 - We continuing with required reporting.
 - We have interviewed a nurse and are awaiting licensing issues between Canada and Nevada
 - We are looking at a consultant for our Activities Director position.
- February 16 was the start of the annual CMS Recertification Long-Term Care Survey and lasted three days. Pershing General as a whole participates in this survey. Every department is reviewed with a fine-tooth comb to ensure that our residents are receiving the best care possible. During this time, staff are gathering information, being interviewed, observed, and stressed out. While we look at the annual recertification survey as a quality improvement tool to ensure that we are providing the best care for our residents within the federal and state guidelines, it is still a very stressful and busy time for all staff.

Tentative findings:

Medication Error Rate 0%

- Lack of licensed nursing staff (DON)
- We have the potential to be cited for lack of a Social Worker and lack of an Activities Director
- Inaccurate MDS (training issue)
- No Bed Hold policy
- Significant weight loss
- Medication not labeled
- Resident not protected from abuse
- One expired med–enema

During this time there were multiple nurses out sick immediately before and during survey. While our nurses are great about helping out to cover shifts, the Long-Term Care Director Paulie Carson and Christina needed to cover shifts, help in the ED, and still complete our jobs for the survey process.

- On February 22, 2021 PGH was approached to consider weekly COVID testing of high school athletes so that football could resume. PGH informed the school that we would look into what was needed to form a plan. The next morning the team members that would be involved in testing replied to the CEO regarding what testing could look like.
 - COVID testing is not just a simple swab in someone’s nose. There is paperwork that must be completed, forms to be made, and staffing to consider. We have to protect our licensure in several departments.
 - PGH does not do asymptomatic testing for the community so the whole process had to be started from scratch to ensure that the hospital and staff licensure were following state and federal guidelines not to mention available resources.
 - It was not a simple yes or no answer, it was not a question of if we wanted to assist the school district to get the kids back to some normalcy, but how we were going to make it happen.

Early this morning, the principal of the high school was notified by the CEO that we were able to perform testing for the students and staff. I spoke with the principal of the high school this afternoon and was told that alternate testing had been arranged with a tribal clinic out of Fallon. There will be another discussion with the principal tomorrow to review plans by PGH to be used as a contingency plan.

- On February 24, 2021 the Bureau of Licensure presented to the facility to investigate a complaint that was made at the state level. Half the morning and the afternoon was spent with surveyors/inspectors retrieving information from patient medical records, interviews and an exit conference.
- Staffing:
 - Nurses – There are three open FTE positions (equals nine shifts a week) being covered by current staff.
 - CNAs – There are four open FTE positions (equals 12 shifts a week) that are being covered by current staff.

- Social Worker – this is an open position that is being covered by current staff.
- Activities Director – this is an open position that is also being covered by current staff.
- Essentially nine FTE positions are being covered by our staff.
- Mr. Safford took the opportunity to add that, “A full decade to twenty years ago, the hospital was losing money and the state was looking at closing us down. I attended committees and talked to the government about leaving our hospital alone.” Just today, Mr. Safford reported that he “had a conversation with several local people who said that they have heard nothing negative about the hospital for years and he considers this is a compliment. You folks have been doing such a wonderful job that the perception of the community is changed to the positive nature and they respect the hospital far more than it was in the past; it is because of your efforts. I want you to know how much I appreciate your efforts to improve our perception in the community and this is a perfect example of how working with the community you’ve made this hospital look good. You guys are worth every cent we pay you plus we don’t pay you enough. I just want to thank all of you for your hard work, your dedication to the community, and this is what it is all about.”

c. **Chief Financial Officer: Update by Lynn Broyles**

- i. **Approve Financial Statement for period ending January 31, 2021 – For Possible Action**
Lynn presented the financial statements for January 2021. There were no questions at the conclusion of her oral presentation.
ACTION
A motion to approve the Financial Statement for the period ending January 31, 2021 was made by Vice Chair Bendure. Second made by Secretary Tueller. Motion approved unanimously.
- ii. Revenue Cycle Dashboard February 2021
Lynn reviewed the dashboard for February with the Board.

d. **Revenue Cycle Manager: Update by Debbie Mock**

- i. **Patient Account Write-Offs for January 2021 – For Possible Action**
ACTION
A motion to approve the Patient Account Write-Offs for January 2021 in the amount of \$0.00 was made by Vice Chair Bendure. Second made by Secretary Tueller. Motion approved unanimously.
- ii. TruBridge Financial Analysis for January 2021
Debbie reported that the January 2021 Financial Analysis contains a typo, so please disregard the analysis provided in the Board Packet. Data sheets that contain the correct information were provided and Debbie reviewed the data with the Board.

e. **Administrator/CEO: Update by Cynthia Hixenbaugh**

- NRHP met to review the RFPs for the Mobile MRI, with the radiology groups and the four CEOs who will benefit from the new machine. Score cards were submitted and an award will be made tomorrow.
- We were visited by our State surveyors for our annual CMS and State SNF survey.
 - We need an informational sheet that needs to be given to residents and guardians upon admission describing our emergency management plan.
 - The inspector wants to see more “meat” in our Shelter-In-Place plan, so Cindy will be researching other facility plans and the regulations in order to add more “meat” to the current policy.
 - Sprinkler heads have oxidized in four bathrooms and we will be looking at replacing those and determining why they oxidized.
 - We also need to add another category on our generator log that tracks the transfer time from electricity to emergency power (generator).
- Cynthia reported that she is working with departments to commit staff to the county health’s next testing event on March 27 from 10 A.M. to 3 P.M. at the Community Center. We will assist with clerical staff and nursing if available. They hope to have enough vaccine saved up for 500 doses.
- We received a quote to repair the clinic roof in an amount just under \$7,000.00. We have not received a replacement quote, but with the rainy season coming we will do repairs to it and then in the future put in a capital improvement project to do a replacement.
- The county trailer that they are allowing us to use is here. We received it on Wednesday. We are very appreciative of the county for letting our clinic use the trailer, whether for folks who walk or ride bicycles, so they are not standing in the rain, wind, or cold waiting to be tested. If you’d like to see what it looks like, let Cindy know and she can arrange a tour.

- HGH suffered a cyber event.
 - HGH cleaned the infected computers and they ended up being reinfected with the ransomware. They had to purchase 300 new computers. HGH will share their recovery process with NRHP CEOs to help mitigate risk in other facilities and to ensure our cyber procedures are accurate and tested.
 - As part of CMS, we are required to have two drills a year for our emergency preparedness. We will have a table top exercise this year to test our policies and procedures to find gaps.
- Mr. Safford added that during the ransomware attack HGH was asked to pay \$2,000,000.00. HGH refused to make the payment. He asked, “Is there insurance for this that is even remotely reasonable?” Cynthia reminded the Board that a cyber umbrella policy through LiCON was approved last year. Cynthia had the foresight to get in on the last group of people able to contract for this type of insurance. The coverage is prorated based on the group of hospitals that participated and what the losses are.
- Last month, Cynthia notified the Board that there may be a personnel matter coming before them for appeal. The employee did not comply with policy with required information to come to the Board after Cynthia upheld the termination; therefore, she disqualified herself from appeal. The action was upheld and no further action will need to be taken.

i. Rural Health Clinic Utilization

- The clinic exceeded their target of 627 average visits per month for a total of 643 (does not include procedures). Laurie is still on an intermittent schedule.
- Dr. Van Guilder reported 937 total cases and 19 deaths. We have had a significant decrease in the numbers of positives over the last week. We have had two days with no positives reported. We had three over the last weekend including Monday. It is still going up but much slower.
- Trustee Dickerman stated that there was an issue brought up by a member of the public over some COVID testing and access to the clinic. What does the process look like if they are a teacher or a firefighter and they call the clinic, are they given priority or do they get in whenever they get in? Cynthia stated that she doesn’t think they are given priority at the clinic, but Laurie can be asked what the procedure is. If a patient presents to the E.R., they will be tested there. Dr. Van Guilder explained that when we were having a run on our positives, that was definitely something that we discussed and did do. We’ve had a lag in that particular group of folks with positive results. The teachers did have a run recently. Our barriers to providing tests were the limitations in the IDNow rapid tests. We were running into the fact that we could get them in earlier, but we couldn’t do anything more quickly about getting the results. Dr. Van Guilder would still like to prioritize those folks, but there is still an isolation period that needs to take place. Anyone interested in discussing this further with Dr. Van Guilder may email her.

f. **Wage Committee Recommendation: Dana Tueller, Board Representative with Hixenbaugh, Broyles, and Montes**

- i. Discuss and Approve between a 1% increase for FY22 or up to a 3% increase for staff to be split over the next two years – 1.5% FY22 and 1.5% FY23. **For Possible Action**
 - Secretary Tueller reported: The wage committee (Dana, Cindy, Lynn, and Lola) met. They came up with a couple of scenarios in appreciation of the hard work that our employees are doing. Dana feels that an increase in wage would be beneficial. The committee discussed a 1%, a 2%, and a 3% wage increase.
 - Cynthia detailed past information. When the facility was having financial difficulty in the past, one of the things that went away was an annual step increase of 2.05% to 4.1% (2009). The last increase that employees received was in 2019.
 - Lynn presented the Board with financial data based on the three different scenarios. The discussions included the benefit in employee morale on increases in each year vs. all in one year and none in the following year. Lynn is confident that we have the ability to fund the cost.
 - Secretary Tueller discussed further a lump sum pay increase.
 - Cynthia added that veteran staff (ten years or more) are used to not receiving pay increases. Cynthia would like to see something consistent from PGH for its employees with regard to annual increases; even if it is small, it will be appreciated. We think we have our staff on board with the importance of inpatients, swing beds, keeping our long-term care and, of course, making sure we meet our goals in other out-patient services. Our scales are still rural and giving employees an increase will help everyone feel better. We lose people to the county and other entities because we are inconsistent in our pay increases.

- Cynthia and Dana recommend 1.5% increase this year and 1.5% increase the following year. Lynn recommends adding provided that next year's financial statement comes out to a positive increase. The Board would still have the ability to reverse that action if you needed to.
- Trustee Dickerman and Trustee Montes will recuse themselves during the vote.
- Chair Safford added that he feels that the employees are absolutely worth everything that they can pay. The employees have done a fantastic job and he wants to do everything he can to help the employees. He wants this hospital to realize where we have come from to where we are and he wants to ensure the future of this hospital, keeping up staff morale, and providing pay increases provided we can. Winnemucca stealing our folks drove that home for him.
- Because of the parameters that we have to meet within our payroll system, and because we pay every two weeks, we cannot give a pay raise exactly on July 1, it needs to be at the beginning of a pay period.
- Increases have never been presented to the board before, they have always been presented during budget meetings. The budget will be brought before the Board for approval at a later date.

ACTION

A motion to approve a wage increase of 1.5% effective July 12, 2021 was made by Vice Chair Bendure. Second made by Secretary Tueller. Motion approved unanimously.

- ii. Discuss and Approve a one-time compensation benefit for all current staff who have remained loyal and committed to serving their community during the COVID-19 pandemic utilizing CARES Act funding. **For Possible Action**

- Bryce Shields interjected before discussion took place that this bonus may not be allowed under the Cares Act. Bryce said that he wanted to chime in before there was amplified discussion and the meeting is already going on two hours. He reported that for costs to be covered by the Cares Act funding 1) it has to be essential to combating COVID-19, 2) it has to be for an expense that was not anticipated as of last year's budget, and 3) it has to be an incurred expense as of December 31, 2020. Although it says that you can use Cares Act funding to meet payroll expenses for employees whose jobs are substantially related to combating COVID-19, you can't use those funds to cover workplace bonuses unless it is for overtime or hazard pay.

ACTION

The Board agreed to table the item until a later meeting.

5) CRITICAL ACCESS HOSPITAL (CAH) ITEMS

- a. UNFINISHED BUSINESS – **For Possible Action**

- i. Annual review of Pershing General Hospital Board of Trustees Bylaws – **For Possible Action**

This item was tabled at the last Board Meeting on January 28, 2020 to give the Board additional time to review their Bylaws.

ACTION

A motion to accept the Pershing General Hospital Board of Trustees Bylaws was made by Vice Chair Bendure. Second made by Secretary Tueller. Motion approved unanimously.

- b. NEW BUSINESS – **For Possible Action.**

- i. Approve the Reappointment and Privileges in Emergency Medicine and Family Medicine for Douglas Vacek, DO. Approved at Medical Staff on 2-17-2021.

ACTION

A motion to approve the reappointment and privileges in Emergency Medicine and Family Medicine for Douglas Vacek, D.O. was made by Trustee Dickerman. Second made by Vice Chair Bendure. No further discussion. Motion approved unanimously.

- ii. Acknowledge the resignation of David Crutchfield as of 1-30-2021 due to retirement. Acknowledged at Medical Staff on 2-17-2021. **For Possible Action.**

ACTION

A motion to acknowledge the resignation of David Crutchfield as of 1-30-2021 due to retirement was made by Secretary Tueller. Second made by Trustee Dickerman. No further discussion. Motion approved unanimously.

- iii. Approve the purchase of three BeneVision N12 Patient Monitors from Mindray in the amount of \$33,842.95 utilizing CARES Act funding for use in the Acute/ER and Alternate Care Site. Cynthia summarized the information on the product information sheets provided in the Board's packet and discussed the current need for the monitors.

ACTION

A motion to approve the purchase of three BeneVision N12 Patient Monitors from Mindray in the amount of \$33,842.95 utilizing CARES Act funding for use in the Acute/ER and Alternate Care Site was made by Vice Chair Bendure. Second made by Secretary Tueller. No further discussion. Motion approved unanimously.

- iv. Approve the purchase of 10,080 IDNow Tests, \$41 per test, \$984 net kit price, on contract with Abbott for COVID-19 testing utilizing CARES Act funding not to exceed \$413,280.00.

Cynthia recommends the purchase of the one-year contract. We will be able to confirm with molecular testing in-house. Gives us about 840 tests per month along with the eleven machines. All of our staff could be tested along with starting pre-op and occupational health testing.

ACTION

A motion to approve the purchase of 10,080 IDNow Tests, \$41 per test, \$984 net kit price, on contract with Abbott for COVID-19 testing utilizing CARES Act funding not to exceed \$413,280.00 was made by Trustee Dickerman. Second made by Secretary Tueller. No further discussion. Motion approved unanimously.

- v. Annual Approval of the Radiology Department Policy and Procedure Manual.

The changes to the Radiology Department Policy and Procedure Manual were enumerated in Manager Montes' memo included in the Board Packet.

ACTION

A motion to approved the Radiology Department Policy and Procedure Manual was made by Vice Chair Bendure. Second made by Secretary Tueller. No further discussion. Motion approved unanimously.

- vi. Annual Approval of the Dietary Department Policy and Procedure Manual.

There were no changes to the manual per Dietary Manager Nicole Reitz's memo included in the Board Packet.

ACTION

A motion to approved the Radiology Department Policy and Procedure Manual was made by Vice Chair Bendure. Second made by Trustee Dickerman. No further discussion. Motion approved unanimously.

6) PERSHING HEALTHCARE FOUNDATION: Update by Cynthia Hixenbaugh

- Maintenance Manager Loren Bianchi will help Cynthia install the foundation bricks in the LTC garden.

7) OTHER ITEMS

a. CORRESPONDENCE - None.

b. LEGAL – None.

The Pershing General Hospital and Nursing Home Board of Trustees may by law receive information from legal counsel regarding potential or existing litigation involving a matter over which the Pershing General Hospital and Nursing Home Board of Trustees has supervision, control, jurisdiction or advisory power, and such gathering does not constitute a meeting of the Pershing General Hospital and Nursing Home Board of Trustees pursuant to NRS 241.015.

c. OPEN SESSION – None.

i. Action regarding litigation or potential litigation.

d. OTHER – None.

8) PUBLIC COMMENT - None

9) ADJOURN: Chair Safford adjourned the meeting at 7:43 P.M.

Respectfully submitted,
Pam Weeldreyer, PGH Executive Assistant