



PERSHING GENERAL HOSPITAL & NURSING HOME BOARD OF TRUSTEES  
Regular Board Meeting  
MINUTES

Thursday, April 22, 2021 – Education 5:00 P.M. and Meeting 5:30 P.M.

Location: Pershing General Hospital – 850 6<sup>th</sup> Street, Suite 103 – Conference Rm

ATTENDING: Board: Chair Charles Safford, Vice Chair Ted Bendure, Secretary Dana Tueller, Trustee Phillip Dickerman, Trustee Jayce Montes  
Absent: No board members were absent.  
Other: Bryce Shields-Legal Counsel  
Staff Present: Cynthia Hixenbaugh, Lynn Broyles, Christina Dickerman, Debbie Mock, Pam Weeldreyer.

1) EDUCATION MEETING CALL TO ORDER – Open Meeting Law Presentation given by Bryce Shields, Board Legal Counsel

The Education Meeting was postponed until the May 27, 2021 Board Meeting @ 5:00 P.M.

2) EDUCATION MEETING ADJOURNMENT - None

3) REGULAR MEETING CALL TO ORDER – Meeting called to order at 5:29 P.M. by Chair Safford.

4) PUBLIC COMMENT – None

5) 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 March 25, 2021
- b. Meeting minutes for the Special Board Meeting April 13, 2021
- c. Warrants (Check Register)
- d. Approve reappointment credentialing by proxy for telemedicine services of VRad Radiologist Dr. Viken Manjikian.

ACTION

A motion to approve the consent agenda for April was made by Vice Chair Bendure. Second made by Trustee Montes. Motion passed unanimously.

6) REPORTS

The Board took Reports out of order and heard the Chief Nursing Officer’s report first.

a. Chief Nursing Officer: Update by Christina Dickerman

- i. Critical Access Hospital and Skilled Nursing Facility Utilization
  - Admissions – PGH had two acute admits in March. There were zero swing admits and zero observations. There were 110 emergency visits.
  - Transfers – There were 21 transfers in March.
  - Acute/E.D. – There was one “AMA/Left Without Being Seen” and four “Returns within 72 hours.”
  - Long-Term Care – The current census is 24: 21 Medicaid and three Private Pay.
  - Referrals – Out of 28 referrals for Long-Term Care (LTC) and Swing we did not accept any. We declined ten LTC referrals and eighteen Swing referrals due to no payer source, care exceeds capacity, or no open beds. Care exceeds capacity includes severe behavioral issues or medically complicated.
- ii. COVID-19 Update
  - COVID 19 Immunizations continue.
  - Visitation is OPEN in LTC.
  - CMS – COVID – 19 (RT – PCR) Laboratory 14-day Positivity Rate- 11.5% -Yellow - Mandatory COVID 19 staff testing continues at twice a week.
- On March 8, we received an email containing the Statement of Deficiencies from February’s LTC survey. All tags were investigated and answered. Mr. Safford reiterated that it is important to self-report and be honest. If things need fixing, fix them and move on.

- b. **Risk Manager: Update by Cynthia Hixenbaugh**
- 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 three complaints for March; all three were resolved.
    - Quality Indicator Results for ER visits – March 92% of goal
      - Vital signs within 20 min of discharge: 95%
      - Opioids prescribing in ER (AB 474): 83% (5 out of 6)
      - Critical Labs reported to Provider within 60 minutes: 92%
      - ED Transfers Communication: 88.89%
  - ii. Quarterly Report – **For Possible Action** – No Quarterly Report
- c. **Chief Financial Officer: Update by Lynn Broyles**
- i. Approve Financial Statement for the period ending March 31, 2021 – **For Possible Action**  
 Because in January and February we had higher number amount of bed nights than in February and March some of the comparisons were hard to make. Keeping this in mind, Lynn presented the Financial Statement Analysis for the period ending March 31 and reviewed the information provided to the Board in the financial narrative document.  
 The application for the Paycheck Protection Program is due soon and Lynn is working on it.  
**ACTION**  
**A motion to approve the Financial Statement for the period ending March 31, 2021 was made by Vice Chair Bendure. Second was made by Secretary Tueller. Motion approved unanimously.**
  - ii. Revenue Cycle Dashboard March 2021  
 Lynn presented the March Revenue Cycle Dashboard to the Board.  
 Also, we received the \$128,000 for redetermination for our productivity standards and received the waiver for productivity standards for 6-30-20 on the cost reimbursement. We have also done the interim calculation for 6-30-21 as of 2-28-21 which we will owe on and is a very cumbersome process of rates and calculations.
- d. **Revenue Cycle Manager: Update by Debbie Mock**
- i. Patient Account Write-Offs for March 2021 – **For Possible Action**  
 Debbie reviewed the Write-offs with the Board. There is a missing dollar amount in the second line of the write-offs in the amount of \$95.00 which brings the total write-offs to \$551.00. There will be more write-offs coming next month due to Blue Cross Blue Shield holding the facility to the 90-day timely filing date. The process is fixable – once we get it cleaned up, we stay on top of it.  
**ACTION**  
**A motion to approve the Patient Account Write-offs for March 2021 was made by Vice Chair Bendure. Second was made by Secretary Tueller. Motion approved unanimously.**
  - ii. TruBridge Financial Analysis for March 2021  
 Debbie reviewed the financial analysis with the Board. Total AR for the month of March is \$1,936,662.00. In-house is 5%, Blue Cross 6%, Medicaid 21%, Medicare 15%, Commercial 28%, and Private Pay 25%. We still follow our best practices of a collection letter after 90 days and if we don't hear from the customer, we send the account to collections.
- e. **Administrator/CEO: Update by Cynthia Hixenbaugh**
- i. Rural Health Clinic Utilization
    - For the month of March, the clinic saw 642 patients. Of the 642 patients, 19 of those were new patients, 12 were telephone visits and 15 were TeleMed visits. There was a total of 53 visits outside under the tent.
    - Appointment slots continue to be blocked to accommodate any possible COVID patients as well as any other urgent patient needs. Providers and staff continue to work endlessly to accommodate community needs.

ii. Administrator's Report

- We answered our SNF Life Safety Statement of Deficiencies with a Plan of Correction. Christina does patient care along with her team that includes Paulie (Long Term Care Director), Nicole (Dietary Manager), and housekeeping.
  - In the Emergency Preparedness Plan, the Life Safety Surveyor remarked that our Shelter-In-Place Policy didn't have enough "meat" in it. The correction was that Cynthia re-wrote the policy.
  - We have to track the amount of time that it takes the generator to switch back to normal power and had not been collecting that data. It has to be under ten seconds. The correction is that an employee will time the delay with a stopwatch and log the result.
  - Another concern was that four sprinkler heads were oxidized. The correction is that we had Delta come out for an inspection and they provided us with replacement heads. They will also be inspecting the line to prevent future occurrences.
  - Our only State deficiency was the lack of a social worker and that has been temporarily rectified by having Lola Montes perform the duties outside of her normal HR role with a secondary wage. Lola will ensure that requirements are met while we continue to recruit for a replacement.
  - When we are surveyed, a federal survey with CMS and a State of Nevada survey through licensing are done.
- Harry Norsworthy is our consultant for the 340B program. Cynthia and Harry are performing a quarterly audit to make sure we are verifying eligibility and compliance. We make sure the dates or service, script date, patient name, medication, etc. are all allowable within the program guidelines.
- Cynthia, Lynn, Debbie, and Laurie attended the Wipfli RHC virtual conference this week. It is always informative and provides up-to-date information. Cynthia attended the PoolPact Annual Board meeting today, so she missed the CARES Act portion of the conference, but Lynn, Debbie and Laurie were in attendance and will relay pertinent information.
- Dr. VanGuilder reported 953 total COVID cases with nine new positives in the last two weeks. Until then, we had gone a whole month with no positives. She will be asking random patients to do a second PCR test after a positive IDNow to send to the State to test for variant strains that other areas are seeing. Our PPE supply is in good shape and our allotments are coming through. We still cannot order extra gloves beyond our allotment, but we are hoping that eases up if we continue to see a decrease in positive cases and hospitalizations.
- At the end of each month Cynthia reports how many tests we perform through our clinic and hospital. We performed a total of 488 tests in March of which six were positive. The cost is covered through Cares Act funding.
- The second COVID vaccine dose of the county health pod is this Saturday from 10 A.M. to 1 P.M. at the Community Center. We are providing about nine staff members to assist.

**7) CRITICAL ACCESS HOSPITAL (CAH) ITEMS**

a. UNFINISHED BUSINESS – **None**

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

- i. Approve the reappointment and credentialing for Sean Devlin, D.O. Approved at Med Staff on April 13, 2021 – **For Possible Action**

**ACTION**

**A motion to approve the reappointment and credentialing for Sean Devlin, D.O. was made by Trustee Dickerman. Second made by Vice Chair Bendure. Motion approved unanimously.**

- ii. Approve updated Patient Tracking, Shelter In Place and Evacuation Protocol in accordance with CMS Tag E022. – **For Possible Action**

Cynthia provided a brief history of the policy and explained the update that she completed to correct the CMS tag. A table top exercise will be conducted to test the process.

**ACTION**

**A motion to approve the updated Patient Tracking, Shelter In Place and Evacuation Protocol in accordance with CMS Tag E022 was made by Vice Chair Bendure. Second made by Trustee Montes.**

- iii. Approve Fire Sprinkler Inspection Policy per Life Safety CMS Tag K353, NFPA 101 – **For Possible Action**

**ACTION**

**A motion to approve the Fire Sprinkler Inspection Policy per Life Safety CMS Tag K353, NFPA 101 was made by Trustee Dickerman. Second made by Vice Chair Bendure. Motion passed unanimously.**

**8) PERSHING HEALTHCARE FOUNDATION: Update by Cynthia Hixenbaugh**

- The Foundation met recently and decided to hold the annual fundraising dinner on August 14, 2021. Foundation members will be selling tickets at \$45.00 for the dinner.
- Two scholarships were approved; one was for an activities certification and the other was for CNA certification.

**9) 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 – **For Possible Action**

- i. Action regarding litigation or potential litigation.

d. OTHER – **None**

**10) PUBLIC COMMENT**

Carol stated that the County has handicap buses and the County Road Department has a giant tent if the hospital needed it at any point.

**11) ADJOURN:** Chair Safford adjourned the meeting at 6:57 P.M.

Respectfully submitted,  
Pam Weeldreyer, PGH Executive Assistant