

PERSHING GENERAL HOSPITAL & NURSING HOME BOARD OF TRUSTEES

Regular Board Meeting

MINUTES

Thursday, August 28, 2025

ATTENDING: Board: Chair Ted Bendure; Vice Chair Dana Tueller; Secretary Sondra Sayles; Trustee Deborah Nicole

Reitz; Commissioner Liaison Joe Crim Jr.;

Joined via MS Teams: Legal Bryce Shields; Holly Wesner; Dr. VanGuilder; Raylene Stiehl;

Absent: Kevin Haggerty; Teresa Corbi; Trustee Marci Carruth;

Others Present: Joey Loehner;

Staff Present: Brandon Chadock; Bobbette Hampton; Debbie Mock; Connie Gottschalk; Steve Hampton; Lynn

Broyles; Anna Moreno;

1. CALL TO ORDER – Chair Ted Bendure called the meeting to order at 5:30 p.m.

2. PUBLIC COMMENT - None

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

- Meeting Minutes for the Regular Board Meeting July 24, 2025.
- Warrants (Check Register)
- Acceptance by proxy Direct Radiology, PLLC privilege deactivated providers acknowledged Carter, Courtney MD;

ACTION:

Trustee Deborah Nicole Reitz made a motion to approve the Consent Agenda as presented that consisted of Meeting Minutes for the Regular Board Meeting, July 24, 2025, Warrants (Check Register), By Proxy Direct Radiology deactivated provider. Secretary Sondra Sayles seconded the motion. All were in favor with no objections.

New Business

- Joey Loehner of Rural Med Evac (Battleborn) introduced himself and shared that they have been providing air medical transports for a little over a year here at Pershing General Hospital. Rural Medevac services the Northern Nevada area and he shared that he started the company to provide services that other providers could not. Joey shared that he has been speaking to Brandon regarding being a first option call for air medevac services and while having a helicopter based here would not be a viable option he is proposing that a ground vehicle with a paramedic would be a viable option that could help local volunteer EMT services. He shared a proposal with the Board members for the ground paramedic unit. He shared that this paramedic unit would also be able to help with transport to Reno when weather is too bad to take a flight.
- Brandon shared that this topic was brought to the Board to find out if there is interest in having the Med Evac ground unit so that they did not waste time and resources in planning if there was no interest. Ted shared that the Board is interested in moving forward with Battleborn and staff will craft an MOU and wanted to know what time frame they were looking at.

4. REPORTS

- Risk Manager: Update by Connie Gottschalk
 - Complaints and Grievances
 - o 3 complaints
 - 4 Compliance investigations
 - QRR (incident reporting) System
 - o Corporate Compliance Plan
 - A new policy review system has been implemented.
 - Updated peer review process for changes.
 - Working on Risk and Quality assessments through the QRR system.
 - Governing Board Compliance Oversight packet distributed to the Board members and if they
 want to arrange a time to review, they can contact her to set up training.
 - Safety
 - In the process of reviewing the overall safety plan.

- Have identified many safety concerns and they have come from lack of storage space and inventory tracking.
- o Thanks to Lovelock Police department for increased presence around PGH.
- o Emergency Management
 - Working through the Emergency Preparedness Plan and manual.

• Infection Prevention & Quality Assurance Performance Improvement: Update by Anna Moreno

- Quality Assurance Performance Improvement items:
 - o Implemented current policy of root cause analysis for patient falls.
 - Encouraging the use of the Quality Reporting System.
 - o Implemented Process improvement Plans for identified quality concerns.
 - o Implemented Plan, Do, Study, Act structured framework for continuous improvements regarding systematic changes.
 - Working with Risk to determine walking rounds with departments to address quality/IP/risk concerns.
- Infection Prevention items:
 - Provided Influenza education for LTC staff July 2025.
 - Working on Influenza vaccine administration to staff.
 - Working on Influenza vaccine administration to Swing/Acute patients.
 - Communication with Pharmacist for potential to receive some high dose influenza vaccines.
 - Continuing hand hygiene audits.
 - Review of current EVS audit process.

Chief Nursing Officer: Update by Raylene Stiehl, MSN, RN

- CNO report was reviewed as presented in the Board packet. Items reviewed included:
 - Staffing update for acute
 - Two new nursing grads have joined our team.
 - Currently onboarding two per diem nurses.
 - Miscellaneous
 - Follow up CAH survey occurred on 8/13/24 to verify plan of corrections have been completed and implemented.
 - Social Services is now overseeing referrals.
 - Electronic health optimization is still on track to be rolled out.
 - Looking for ways to reduce manual nurse charting.

Director of Nursing, Long Term Care: Update by Holly Wesner, RN

- Holly was at the meeting but had to leave early so Brandon reviewed her presentation as presented to the Board. Items included:
 - Staffing
 - Actively recruiting for CNA and NAT.
 - Long Term Care currently has four open positions.
 - Will have three travel CNAs on staff in September.
 - Statistics
 - One fall in July
 - Three infections
 - One FRI resolved.
 - Potential discharge in October
 - Vaccination clinics planned with Infection Prevention
 - CMS Care compare Quality Rating three stars!! Very big achievement just coming out of special facility focus.

Chief Financial Officer: Update by Lynn Broyles, CPA, CGMA

o Lynn reviewed the Financial Statements ending July 31, 2025, as presented in the packet.

ACTION:

Secretary Sondra Sayles made a motion to approve the financial statements ending July 31, 2025, as presented to the Board. Trustee Deborah Nicole Reitz seconded the motion. All were in favor with no objections.

• Revenue Cycle Manager: Update by Debbie Mock

- Debbie Mock reviewed the July Uncollectable account write offs as presented in the packet.
- The TruBridge Financial Analysis was reviewed as presented in the Board packet.
- o July 2025 AR days

ACTION:

Vice Chair Dana Tueller made a motion to approve the July 2025, uncollectable account write-offs at the total of \$13, 180.50. Secretary Sondra Sayles Seconded the motion. All were in favor with no objections.

• IT Director: Update by Kevin Haggerty

- Brandon gave the updated Implementation is on target.
- ER information system will be starting in September.

Facilities Director – Update by Steve Hampton

- Boilers
 - The Circa 1961 boiler cannot be fixed, and the recommendation is to replace.
 - The Circa 2015 boiler Almost did not pass inspection. Heavy descaling by maintenance led to approval and certificate has been issued.
 - Currently we do not have a backup in case there is an issue with the main boiler that is working.
 - o Brandon shared that he is looking into options for a grant to help with the purchase of a new boiler. Connie shared that there is Federal assistance through the Governor's office, and she will research possible assistance through this venue as well.

• Cooling System Chiller Unit

- Circa 2020 chiller was installed and sat idle for 5 years. Installer stated this unit should have been set as the primary with the 2003 Circa as back up once installed. They managed to get the chiller up and running and is doing a better job of cooling the hospital.
- The 2003 Circa chiller has been to be taken offline and kept in reserve as a back up to the Circa 2020 Circa chiller but will need to be replaced at some point.
- Maintenance is currently waiting on a quote for a service contract on the 2020 from the inspection that was done. Quotes were also requested on the 2003 Circa for fixing as well as replacement.
- Cooling tower has been descaled and should be able to be kept in service.
- Clinic Fire Alarm system
 - This system is not functioning properly, and we have received quotes from vendors, one is a proprietary quote, and one is nonproprietary system quote.
- A plumbing company was brought in to check the drains in the basement and found that the majority of
 the drains are fully blocked in the basement and this is what is causing the odor in the hospital. We are
 currently waiting on a quote of what it will cost to fix the drains in the basement.

Administrator/CEO: Update by Brandon Chadock

- CEO report was reviewed as presented in the Board packet. Items reviewed included:
 - Rural Health Clinic Utilization Report and Operational report
 - July Clinic statistics are still low with providers out of the office on vacations. Kristina Tischler,
 APRN is beginning to see more patients now that she is out of Orientation.
 - Swing bed no new signals.
 - LTC Average Daily Census
 - Observation
 - Lab Procedures
 - CT scans decrease in scans for July and continue to monitor.
 - MRI encounters decreased in July.
 - PT Units of service continues to fluctuate.
 - Emergency Room visits
 - July Gross revenue by city

5. CRITICAL ACCESS HOSPITAL (CAH) ITEMS

• UNFINISHED BUSINESS -

Deliberation and possible action regarding the hospital's Strategic Plan, including but not limited to: postponement, scheduling of additional work sessions, revisions to the proposed plan, adoption of the plan, or other actions related to strategic planning. Brandon shared that if the Board approves and then finds that they need to make changes to this document it can always be updated and brought back to the meeting for approval.

ACTION:

Trustee Deborah Nicole Reitz made a motion to adopt the Strategic Plan as presented. Secretary Sondra Sayles seconded the motion. All were in favor with no objections.

NEW BUSINESS

- Discussion and possible action regarding reduction of speed limit request on 6th St. It was shared that the current speed limit is 25 mph and a recommendation to reduce the speed limit down to 15 mph was brought up by our safety committee. Connie has researched what it would take to make this change. She shared that speed bumps as well as the speed limit could be changed and asked what the preference was from the Board members. The process to make these changes would be to request the city draft an ordinance and then have it go in front of the city council in order to enact this change.
- o Approval of initial privileges for Ivan Jambor, MD, PhD, Tahoe-Carson Radiology For Possible Action
- Brandon shared that they had engaged a lesser firm which brought forth one candidate who has quit
 returning calls once discussions had started. Discussion and possible approval to authorize CEO to engage
 a physician recruiting firm not to exceed \$50,000.00, or another amount authorized by the Board. For
 Possible Action
- Brandon shared that during the CAH survey it was noticed that RNs could not pronounce death of a patient that it has to be a physician, so the Med Staff Bylaws needed to be amended. During the Med Staff review of the Bylaws other items were then updated during this process. Med Staff has had the first and second reading of the Bylaws and have approved the changes. Med Staff is requesting approval of the Board of Trustees on the changes made to the Med Staff Bylaws.

ACTION:

Secretary Sondra Sayles made a motion to pursue having the speed limit on 6th street reduced to 15 mph between Sierra and Camilla. Vice Chair Dana Tueller seconded the motion. All were in favor with no objections.

ACTION:

Vice Chair Dana Tueller made a motion to approve the Initial privileges For Ivan Jambor, MD, Tahoe-Carson Radiology. Secretary Sondra Sayles seconded the motion. All were in favor with no objections.

ACTION:

Vice Chair Dana Tueller made a motion to authorize CEO to engage a physician recruiting firm not to exceed \$50,000.00. Secretary Sondra Sayles seconded the motion. All were in favor with no objections.

ACTION:

Trustee Deborah Nicole Reitz made a motion to approve the revised Med Staff Bylaws based on the recommendation of Med Staff. Vice Chair Dana Tueller seconded the motion. All were in favor with no objections.

6. PERSHING HEALTHCARE FOUNDATION: Dana Tueller

- Dana shared that the Pershing Healthcare Foundation had a very successful Annual dinner. Funds in excess of \$10,000.00 was raised this year.
- The Murder Mystery fund raiser that was held this summer was very successful and the Foundation is looking at holding another fund raiser in the fall.

7. OTHER ITEMS

- **CORRESPONDENCE** None
- **LEGAL** No action taken in executive session.

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- **CORPORATE COMPLIANCE** Connie stated that this is the section of the meeting that is set aside for the governing board to have time with the compliance officer.
- OTHER –

8. PUBLIC COMMENT – None

9. ADJOURN -Chair Ted Bendure adjourned the meeting at 8:00 p.m.

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