



PERSHING GENERAL HOSPITAL & NURSING HOME BOARD OF TRUSTEES

Regular Board Meeting

MINUTES

Thursday, January 27, 2022

ATTENDING: Board: Chair Charles Safford, Vice Chair Ted Bendure, Secretary Dana Tueller, Trustee Philip Dickerman, Trustee Jayce Montes
Absent: N/A
Others Present: Legal Counsel Bryce Shields, Commissioner Liaison Carol Shank
Staff Present: Cynthia Hixenbaugh, Lola Montes, Lynn Broyles, Kim Maryniak
Present by Zoom: Debra Reid

- 1) **CALL TO ORDER** – Chair Charles Safford called the meeting to order at 5:30 P.M.
- 2) **PUBLIC COMMENT** – Joan Hall, President NRHP, was introduced by Charlie Safford. Charlie asked Joan to attend because she has years of experience in all matters related to rural hospitals. Joan addressed the Board. The pandemic has caused great issues across the United States and in rural Nevada. PGH has done a yeoman’s job and they have stepped up and done things that are pretty amazing in these times. HR has done an amazing job to acquire staff that are just not available. She spoke about CEO recruitment in rural hospitals as a difficult challenge – CEOs at rural hospitals have very important responsibilities and with an attached LTC and RHC, it compounds those responsibilities. It will be difficult for the hospital to recruit with the vetting and interviewing required. It takes a long time to do it. Look carefully at the recruitment firms you are vetting. There are other options like 3RNet, Keith Clark of the Office of Rural Health. They work specifically to recruit for rural CEOs. It is an expensive process; finding someone local or within your own organization is looked at by many first. If you choose from within, just remember you have to another hole to fill. There could be people who are ready to move up from larger facilities as well, but there are no current opportunities at their facility. Make sure there is a committee appointed by the Board with your current CEO, other staff members and community members interested in the well being of the facility to get a wide variety and broad approach to the recruitment process. NRHP is here, we support rural healthcare in Nevada and is always available to the Board.
- 3) **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 December 23, 2021
 - b. Meeting minutes for the Special Board Meeting January 13, 2022
 - c. Warrants (Check Register)
 - d. Acceptance by proxy for Renown Telehealth privilege appointments for Marta Bunuel-Jordana, MD, Cristina Mosaued, DNP, Jad Al Danaf, MD, Karin Roosenschoon, APRN, Lee Schwartzberg, MD
 - e. Acceptance by proxy - deactivation of Renown Telemedicine privileges for Daniel Park, DO
 - f. Acceptance by proxy of Vrad reappointment privileges for Christine Lamoureux, MD, and James Balodimas, MD - Radiology

ACTION

A motion to approve the Consent Agenda with the exception of items a and b was made by Vice Chair Ted Bendure. Second made Secretary Tueller. Motion approved unanimously.

4) REPORTS

- a. **Risk Manager: Update by Kim Maryniak, RN, Interim CNO in KayDawn Hughes absence**

Kim Maryniak, RN, provided the Board with information regarding her background and experience as CNO, and presented the Risk Management fourth quarter report in KayDawn’s absence. The teamwork at PGH is impeccable despite the nursing staffing shortages that are being experienced and the multiple hats staff and managers wear here. She will be here until the end of March.

 - i. **NRS 439.875 Patient Safety Committee Update**
 - There were no sentinel events to report for the month of December. 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.
- Complaints and Quality Indicator Results – 4th Quarter**
- There was one billing complaint for an ER charge – charges were correct.
 - 92% goal for fourth quarter for ER Quality Indicators
 - Vital signs within 20 min of discharge: 97.3% (437 of 449)
 - Opioids prescribing in ER (AB 474): 87.5% (7 of 8)
 - Critical Labs reported to Provider within 60 minutes: 87% (40 of 46)
 - ED Transfers Communication: 100% (25 of 25)

- December ERs – 172, AMAs – 8, Admissions - 2
- LTC census is 16 (14 Medicaid, 2 private pay) – two residents passed away in December
- LTC referrals – 68 (on hold due to critical labor shortage)

b. Chief Financial Officer: Update by Lynn Broyles

- i. Approve Financial Statement for period ending December 31, 2021 – **For Possible Action**
Lynn reviewed the financial statement for December 2021 and it is still open due to some PRF purchases at the end of the year, but it shouldn't adjust more than \$5k. We returned \$1.9 million in PRF funds in December, but were able to keep \$1.5m. There is a loss recorded of approximately \$660k for six months. She anticipates of \$1m loss for the year and would have the Board consider an increase in LTC fees and associated reimbursement in the near future to help offset the losses we are experiencing.

ACTION

This item was tabled for the CFO to present the final financial statement at the next meeting.

- ii. Revenue Cycle Dashboard
Lynn had no dashboard available for the Board to review.

c. Revenue Cycle Manager: Update by Debbie Mock

- i. Approval of the Patient Account Write-Offs for December 2021 – **For Possible Action**
Debbie was unavailable to review the write-offs with the Board.

ACTION

This item was tabled until next meeting.

- ii. TruBridge Financial Analysis – No report available.

d. Administrator/CEO: Update by Cynthia Hixenbaugh

- i. Rural Health Clinic Utilization Report
December 2021, the clinic saw 660 patients and for the year was 7935. Of the 660 patients, 19 of those were New patients and for the year was 267. There was a total of 156 visits that were Outside under the tent and for the year was 1055. In the month of December, we gave 151 Covid Vaccines and the total for the year was 790. We have scheduled days every week for COVID Vaccines as well as booster Doses. We also have a Medical Assistant that travels to Coeur twice a month to offer the Vaccines on site. We have purchased a larger Vaccine Refrigerator through one of the Grants to be compliant with the State to be able to house the Various State Vaccines as well as COVID vaccines. Appointment slots will continue to be blocked to accommodate any possible COVID patients as well as any other urgent patient needs. COVID-19 Continues to bring many challenges to the everyday processes in the clinic. We adjust our processes and requirements as needed to protect our patients and staff. Our providers and staff continue to triage and treat patients with COVID-19 like symptoms outside in their vehicles under the tent structure.

ii. Administrator's Report

- Staffing Update: Lola Montes provided a staffing update for the Board. She distributed a copy of the nursing schedule so the Board can see the complexity of it. She has an ER nurse and three CNAs coming next week. The increase in staffing levels will allow for admissions with the help of the new MDS Coordinator. Three full time nurses will begin in ER this month. Agency staff will transition out with the new FT nurses coming in. Lola's goal is to get the agency CNAs through summer so we can have a CNA class. We have many new faces coming in and it will help with morale. She has a list of persons interested in the CNA class. We are still recruiting for CNO, DON, six FT CNAs, FT Radiology Tech, FT Ward Clerk, PT Laundry, FT Dietary, FT Dietary Asst Manager – 18 positions with six being nursing.
- Cindy reported that she has been working with NRHP and DPBH regarding staffing; they mentioned funding for staffing and a temporary director of nursing in LTC, but we will have to pay for it. The statement of deficiencies was more involved than was promised. Having Kim here will help us answer the deficiencies. The state allowed us an extra week to respond and we then we can complete our training and RCA for the IC program. We will submit our POC tomorrow in person. The vaccine mandate is back in play as of today. All exemptions have been received for staff requesting as well as those who are completing their vaccine series. The vaccines will be due by February 27. Exempt employees will test the first shift of each week or as scheduled. Other staff will test throughout the week on a weekly basis. SNF staff continue to test biweekly per CMS regulations. Lola is working as HR and assisting with Social Work. We received a patient from a local facility and they did not want them back. We were able to get the patient to appropriate care. We are working with the County and Washoe County to establish guardianship. We are doing our best to take care of the patient even short staffed. A complaint has been filed with the State of Nevada against this facility. We will receive at-

home Binax tests for the community and will distribute through the clinic. We will receive the new Paxlovid medication for COVID; we ordered 24 doses. There are many interactions with other medications for this prescription. We received 24 more doses of the Sotrovimab, which works better with the Omicron variant. The infusions are scheduled through the ER as an outpatient procedure, which can be challenging with short staffing. The Lab will have an inspection in the next couple weeks due to change of Laboratory Director. The Lab has set up four more IDNow testing machines due to demand. We are still struggling with staffing, but Lola has been doing an excellent job. We hope to have a CNA class in the near future with better staffing on both sides. Cindy spoke to the losses in revenue due to staff shortages; we can either continue on to support our community with healthcare or determine what services to close. We can continue on with recruitment to have appropriate care or determine which service lines to close. Cindy said she does not plan to close any service lines and because we run so lean with staffing, there really isn't anywhere to reduce. It's not an easy decision to close the doors on a service line, but it is not out of the question. We hope to not have to do it anytime in the near future.

5) CRITICAL ACCESS HOSPITAL (CAH) ITEMS

a. UNFINISHED BUSINESS – For Possible Action

i. Discussion and possible action for the selection of B.E. Smith or Kirby Bates Associates to launch recruitment search for Hospital Administrator/CEO.

Lola stated that both agencies will allow the 24-month guarantee the Board requested. B.E. Smith has a 30% search fee and Kirby Bates is requesting a \$60k fee for both the CEO and CNO positions. They both gave references and she would like information from the Board before she calls on them. Ted discussed the importance of having a company that has more experience in rural communities and that is important. Dana suggested looking locally or regionally to put the word out to see who is interested and form a committee. Charlie suggested using 3RNet for a month. Dana discussed waiting until March to determine if a combined search is needed for CEO and CNO with new RNs starting who may be interested in the CNO role. Phillip stated that it can take up to four months to recruit and we shouldn't continue to drag it out. Cindy has stated she will stay until they find the right person. Charlie suggested tabling this item and consider item 5. I. viii. to create a committee for regional recruitment and then determine if a national search is needed. Charlie would like to meet to advertise with the regional/national places NRHA and 3RNet and decide on salary and benefits.

ACTION

This item tabled until next meeting.

b. NEW BUSINESS – For Possible Action

i. Annual approval of the Emergency Preparedness & Operations Plan Manual – **For Possible Action**

No changes to the manual this year, the surveyor accepted the manual.

ii. Annual approval of the Plant Operations Policy and Procedure Manual – **For Possible Action**

Loren had no changes to his manual other than some tracking forms for survey.

iii. Annual approval of the Hazard and Vulnerabilities Assessment 2022-23 – **For Possible Action**

Loren and KayDawn reviewed the HVA 2022 and I added the pandemic as a higher-level threat to the functions of the hospital and ability to provide patient care.

iv. Approval to authorize Maria Montes as a check signer for Pershing General Hospital accounts – **For Possible Action**

Request to add Maria (Lola) Montes as a check signer due to absences and availability.

ACTION

A motion to approve items 5. I. i., ii., iii., iv., as presented made by Vice Chair Ted Bendure. Second made by Secretary Dana Tueller. Motion approved unanimously.

v. Election of Officers to Board of Trustees – **For Possible Action**

Bryce Shields offered unsolicited advice to the Board to consider changes to the officers due to the need to make sure new members of the Board are getting the training they need when there is turnover on the Board. This also allows members to experience different roles and officers of the Board.

1. Chairman, Vice Chairman, and Secretary – **For Possible Action**

ACTION

A motion to nominate Charlie Safford to be Chairman of the Board made by Secretary Dana Tueller. Second made by Vice chair Ted Bendure. Motion approved unanimously.

ACTION

A motion to nominate Ted Bendure to be Vice Chairman of the Board made by Secretary Dana Tueller. Second made by Member Phillip Dickerman. Motion approved unanimously.

ACTION

A motion to nominate Dana Tueller to be Secretary of the Board made by Vice Chair Ted Bendure. Second made by Member Jayce Montes. Motion approved unanimously.

- vi. Appoint Board Representatives to Hospital Committees – **For Possible Action**
1. Patient Safety and Compliance Committee – **Ted Bendure**
 2. Executive Committee – **Chair, Vice Chair, Secretary**
 3. Joint Conference Committee – **Ted Bendure**
 4. Wage Committee – **Dana Tueller**
 5. Finance Committee – **Entire Board**
 6. Board Policies and Procedures Committee – **Phillip Dickerman, Jayce Montes**
 7. Pershing Healthcare Foundation Representative – **Charles Safford, Dana Tueller**
 8. Recruitment Representative (physicians and upper level management positions) **Ted Bendure, Phillip Dickerman**

ACTION

A motion to approve the committee positions as noted above was made by Vice Chair Ted Bendure. Second made by Secretary Dana Tueller. Motion approved unanimously.

- vii. Annual review of Pershing General Hospital Board of Trustees Bylaws – **For Possible Action**
No changes recommended by the Board to the Bylaws.

ACTION

A motion to approve the Pershing General Hospital Board of Trustees Bylaws as presented made by Vice Chair Ted Bendure. Second made by Member Jayce Montes. Motion approved unanimously.

- viii. Discussion and action for the possible formation of a Board recruitment committee for the CEO position with process to report to the Board, Board goals for CEO, review job description and the interview process – **For Possible Action**
Charlie Safford expressed his interest in this committee as well as Ted Bendure.

ACTION

A motion to create a Board recruitment committee for the CEO position with Charlie Safford and Ted Bendure as members was made by Member Phillip Dickerman. Second made by Secretary Dana Tueller. Motion approved unanimously.

6) PERSHING HEALTHCARE FOUNDATION: Update by Lola Montes

- We gave Tiffany Jensen her second installment on her scholarship and we will meet next month.

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. OTHER – **None**

8) PUBLIC COMMENT – None

9) ADJOURN: Chair Charles Safford adjourned the meeting.

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