

**BOARD OF COMMISSIONERS  
PUBLIC HOSPITAL DISTRICT NO. 1 OF PEND OREILLE COUNTY**

March 26, 2020

In Attendance: Commissioners: Terry Zakar, Lois Robertson, Robert Rosencrantz, Lynnette Elswick, and Susan Johnson, Chief of Medical Staff, Jeremy Lewis, DO; Tom Wilbur, CEO; Directors: Kim Manus, Pete Peterson, Chris Wagar, and Susan Schwartz; Controller, Casi Densley, John Stuiwenga, Jenny Smith, and Nancy Shaw.

Excused: None

Due to the Coronavirus epidemic, the meeting was held in a virtual setting; there were no in-person attendees.

CALL TO ORDER:

Chairperson Terry Zakar called the meeting to order at 10:07 a.m.

READING OF LEGAL NOTICE:

The regular meeting legal notice was distributed as required.

APPROVAL OF AGENDA / CONSENT AGENDA:

Included were the meeting Agenda, Auditors Report and Uncompensated Report. The following consent agenda items were approved as presented by a motion made, seconded and passed:

Auditors Report: February 2020: Net Vouchers #215662 – #216062 and electronic warrants #2181-2199 in the amounts of \$1,141,016.51 and \$641,070.51, respectively, and an automatic loan payment deduction of \$40,000 for a grand total of \$1,822,087.02.

Bad Debt/Charity Care: all-inclusive February District Write-off's for \$150,034.71.

APPROVAL OF PREVIOUS MEETING MINUTES

The regular February 27, 2020 meeting minutes were approved by motion made, seconded and passed.

BUSINESS FROM THE AUDIENCE: There was no business from the audience to discuss.

COMMITTEE REPORTS:

Joint Conference - Dr. Jeremy Lewis reported this is an interesting challenge as the providers determine the timing and appropriateness of testing. The goal will be to identify when the virus is present in our community and how best to manage. Our struggle is to manage those patients complaining of coughs and colds, he noted the call volume has increased. Chris added that many facilities have restricted testing due to lack of materials; Chris applauded the staff in their vigilance in staying informed.

Finance: Controller, Casi Densley stated the estimated loss of revenue due to the impact of Covid-19 is \$1.1M per month – or approx. 10 days cash on hand. We ended Feb. with 113 days/cash, but with the \$4.0M CD we are using as collateral on the clinic note with Mountain West Bank removed from the calculation; (true days cash on hand is closer to 70 days). Our average daily cash expenditures are estimated at \$103K.

Casi spoke with representatives from the bank and noted the CD value is approx. \$1.3M greater the loan which currently sits just under \$2.7M. We could possibly withdraw those funds with no change in terms; and with the early withdraw penalty of \$6,700 being waived. Casi noted that she is inquiring whether insurance coverage is in place for the CD to cover the additional amount.

Commissioner Rosencrantz made several points with regards to timing/need of any withdrawal of funds with the Federal government's assistance programs presently in the queue. If Mountain West was willing to leave this option open to the District indefinitely, Robert felt there was no need to withdraw the cash at this time.

Casi researched operating savings means to increase days cash on hand and presented two scenarios to reduce staffing and/or furlough employees. 1) approximately 25 FTE's with a total 3-month savings of \$341K or an additional 3 days cash on hand; 2) 13-14 employees – this calculation didn't result in a great deal of savings, if the cost for medical benefits would continue to be paid by the District. Casi explained that an emergency PTO bank is established in the payroll system to track hours and dollar amounts. Donated PTO to date is approximately valued at \$7K; another option could be to use this fund to pay the medical premiums for those furloughed employees.

Commissioner Rosencrantz asked whether we have considered possible long-term negative unintended consequences of placing employees on furlough – i.e. staffing shortages? Joseph responded, noting that employees on furlough, (or standby) would be required to be available during their normal work schedule. They are still considered employed and could be recalled at any time. Commissioner Johnson asked whether the employee would receive unemployment during this time. Joseph explained they would be eligible under the emergency declaration guidelines.

Tom W. added that in the past week Joseph met with our management team to discuss a variety of options including working from home and furloughs. At this juncture, employees are encouraged to use PTO for time off on a voluntary basis. Considerations will be discussed thoroughly at the manager level and we would start by asking for volunteers. Commissioner Johnson asked if employees would receive stand-by pay as indicated in their contract – Joseph clarified that nurses or clinical staff are not being considered at this time.

Casi referred to a report of anticipated monthly revenue loss based upon estimated future volume reduction of approximately \$1.13M. Robert R. stated that the financial institutions will likely be experiencing stress; the District has significant financial exposure with a CD that exceeds the FDIC's limits by a great amount; Casi will follow up with Robert after learning more from Mountain West Bank.

Quality Assurance – Jen Allbee was not in attendance; Tom stated that the Q1 quality data will be reported in April.

#### SUPERINTENDENT REPORT

Tom shared topics of discussion, noting that we are in the very early stages of a collective local/global response to the CoVid-19 pandemic, having been in a day-by-day (sometimes hour-by-hour) period of change. We are in unprecedented territory, there is no manual for a specific response and we will need to be fluid and adaptable with our responses. He extended thanks to all of our staff members as well as

Chris Wagar, Jenny Smith, Pete Peterson, Dr. Jones, Susan Schwartz, and others to our service line response for the hospital, residential care and clinic. Emergent funding at the Federal level remains unknown and how it will affect staffing and services has yet to be determined.

Tom also expressed his appreciation to the Board members, noting he values their expertise and input as we work towards solutions.

Chris Wagar reported situational meetings are occurring weekly that include EMS and County members and the following NHHS measures are in place:

All visitors are being screened; the residential care facilities are locked down with exceptions to permit certain visitors; Covid-19 testing began March 10<sup>th</sup> with a process to test patients at a tent outside of the facility. Elective surgical procedures have been discontinued; we are utilizing telehealth technology to limit patient exposure in the clinic; and the entire ACU area has been converted to negative pressure to vent air to the outside. Also, we are in the stages of developing a surge draft plan to utilize the LTCU facility, if necessary. We are addressing employee safety and conservation of PPE supplies. The offices of AP, Business Office, and Administration are locked down to the public and the hospital dining room is closed; Jenny Smith is continuously updating our District website and has set up an e-mail for staff members to submit questions. Visitor hours have been changed to 7 am-7 pm with limited restrictions; regular Touchpoint/ZOOM calls are occurring to receive/provide updates; and weekly media press conferences are in place.

Commissioner Rosencrantz recommended that any and all media inquiries/responses be directed exclusively to Jenny Smith; (the Board concurred). Also, regional surge/crisis response and under consideration and we are working with the schools, addressing child care needs and working from home.

Commissioner Rosencrantz expressed his thanks to the employees; he commented that, although the pandemic is unprecedented, we should consider future potential occurrences in anticipation of critical supply shortages, staffing issues, etc.

Tom W. learned that WSHA was exploring a massive, bulk purchase of PPE and that we can likely take advantage of that supply, as needed. We will continue to pursue avenues to increase testing. He encouraged everyone to quarantine themselves as much as possible for the next three weeks. We will learn more information as situations develop in determining our response.

Tom noted we were exploring opportunities to open additional bed capacity – our situation remains unique in that the SNF facility is readily available; presently, we will do our best to serve the community with our available resources. Filling the 4<sup>th</sup> neighborhood at the RMVAC facility is also under consideration; however, staffing remains a challenge – especially should staff members become ill.

To date, the State of Washington initiated a “Redi-HCC” emergency response hub which has been primarily focused in Western WA; an Eastern Washington regional hub will be formed. One OR will remain open for emergent surgical cases; the ED also has negative air flow in place. We continue to remain transparent with regular reporting to the local media; Tom noted that he is proud of our progress to date, and we will continue to keep our staff working and will do all we can to ensure we remain healthy, safe and protected. He noted that some of the ancillary services have also declined – i.e. physical therapy, and MRI.

Tom noted Medicare will cease processing claims during the first 15 days in April; this will cause cash to erode as we have no means to match the cash flow losses with equivalent expense cuts – however, we will attempt to mitigate as much as possible. We received a request from our Bond rating Agency (Moody's) who noted that the ability to obtain credit/operating capital is virtually non-existent; should our cash flow dwindle, there is a better opportunity for receiving an immediate cash flow injection – though we are in much, much better condition than many rural hospitals. Tom stated that he will be relying upon Robert and Lynnette's financial expertise and Sue's clinical experience and knowledge as we move forward. He noted that some board approval might likely occur after-the-fact as decisions may need to be made quickly; however, the leader team will keep the board "on-notice" as much as possible and the board members were encouraged to keep the communication transparent, open and to ask questions at any time.

Commissioners Robertson and Zakar thanked Chris Wagar for her efforts and diligence during this crisis to revise policies and keep everyone abreast of changes. Commissioner Johnson asked whether we have started 45 minute testing – Chris stated these are ordered; though she has not received confirmation if or when we will actually receive them. 200 tests were ordered and will be delegated procedurally; Tina Batsch, Laboratory Mgr. is ensuring the laboratory will be prepared once the tests arrive.

Lynnette expressed her appreciation to the staff members and noted that she is very proud of the work already done; Terry added that the community has been very grateful and understanding of the difficult situation facing our staff members.

Sue asked whether we are housing swing bed patients; Tom W. responded, noting that we are currently caring for local swing bed patients; we currently are not accepting any swing bed patients from Spokane as we continue to determine how best to manage patients without exposing them to infection. A EaWA regional, localized response has not been formed; Tom is speculating that Providence is likely coordinating with Chewelah and Colville and the other regional rural hospitals.

Tom stated that he believes NHHS has a fantastic team who has been awesome in responding to the call. We will continue striving to remain transparent and will meet every challenge to find an effective course to serve our community. He explained that we look forward to the board's collective view and engagement over the coming weeks.

#### **ACTION ITEM AGENDA**

**Resolution No. 2020-02 – Surplus Mammography Unit** – by a motion made, seconded and passed unanimously, Resolution No. 2020-02 was approved, authorizing the surplus of the 2009 Hologic mammography unit.

**Resolution No. 2020-03** – a motion made, seconded and passed unanimously approved Resolution No. 2020-03.

**Resolution No. 2020-04** – relating to a change in the **Regular Board** meeting time - from 1:30 pm. to 10:00 am. and the LTCU facility name deleted and replaced with River Mountain Village Advanced Care. The District Bylaws reflecting these changes was unanimously authorized via Resolution No. 2020-04.

**Emergency Response – Covid-19 Purchases** – in preparation of our response to the Covid-19 pandemic, the purchase of up to eight additional Hill Rom beds (2020 capital budget, Priority 2) was authorized in an amount not to exceed \$40,000 via motion made, seconded and unanimously passed.

**OTHER BUSINESS:**

The conversion to the Epic platform remains on track for January 2021; the Finance Committee is reviewing demonstrations of the underlying ERP platform as we continue to work with Bluetree Consulting. A proposal will be presented at the April meeting for board consideration and approval.

Tom indicated that Dr. Lewis and Lois Robertson have reviewed and approved the following practitioner privileges:

**Provisional Appointments (March 26, 2020 – March 26, 2021)**

Jenny Siv, M.D. – Teleneurology  
James Vandersloot, D.O. – OB/Gynecology  
Rachelle Bond, D.O. – Family Practice & Obstetrics  
Jordan Castle, M.D. – Off-site Radiology

**Reappointments (March 26, 2020 – March 26, 2022)**

Karl Jacobson, CRNA – Anesthesia  
Michael Wynn, D.O. – Teleneurology  
Nicholas Okon, D.O. – Teleneurology  
Christopher Fanale, M.D. – Teleneurology

**NEXT MEETING DATE**

The next regular meeting of the Board of Commissioners is scheduled to occur on Thursday, April 23, 2020 at 10:00 am in the Sandifur meeting room.

**ADJOURNMENT**

There being no further business, the meeting adjourned at approximately 11:42 am.

Minutes recorded by Nancy J. Shaw, Executive Administrative Assistant and Tom Wilbur, CEO.

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Terry Zakar, President  
Board of Commissioners

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Lois Robertson, Secretary  
Board of Commissioners