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GOVERNING BOARD

SPECIAL MEETING

The Campbell County Hospital District Board of Trustees met by WebEx on Thursday, April 16, 2020.

Members present:

Dr. Ian Swift

Ms. Ronda Boller

Mr. Alan Stuber

Mr. Adrian Gerrits

Dr. Sara Hartsaw

Ms. Lisa Harry

Mr. Dustin Martinson

Also present:

Mr. Andy Fitzgerald

Ms. Colleen Heeter, COO

Dr. Nick Stamato, Chief of Staff

Dr. Attila Barabas, CMO

Ms. Misty Robertson, CNO

Ms. Mary Lou Tate, CFO

Ms. Noamie Niemitalo, VP HR

Ms. Karen Clarke, Community Relations

Ms. Ellen Rehard, Recorder

Public

OPENING

Call to Order

Dr. Swift, Chair, called the meeting to order at 5:01 p.m.

Roll Call

Ms. Ellen Rehard called the roll of the Trustees of the Board of Campbell County Memorial Hospital District. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson are present.

INFORMATIONAL ITEMS

COVID 19

Dr. Stamato reported the following:

- The Physician Task force has been meeting regularly.
- Dr. McCaffrey, Dr. Biggs and Ms. LeMaster have spent an amazing amount of time on maternal child policies and procedures that deal with how to handle emergencies and deliveries. Best practices are not clearly identified. That group looked to larger institutions to see what was working for them.
- A significant amount of time was spent on the ER and management of patients. Dr. Stamato has had regular meeting with the Hospitalists in order to have each physician treat with the same philosophy.
- Dr. Mark Hoskinson is working on how to deal with suspected infected employees. What is the best protocol to follow when bringing those people back to work safely?

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- Working with the Mayo Clinic on an experimental treatment using plasma.
- Hope to have antibody testing in the next few weeks.

Dr. Barabas reported the following:

- Continue to ramp up the ability to see patients outside of the clinics. The technology has been distributed.
- The WIC has been seeing 30 patients via telephone or telehealth.
- There are still providers available in the clinics to see patients that are not telehelath candidates.
- Continue to refill patient medications, follow up on test results and send for referrals.

Ms. Robertson reported the following:

- Ms. Sherry Bailey has been working on a surge plan for nursing. Experienced nurses from ICU will work with RN's coming in from other areas.
- CCH can handle up to 64 inpatients and will be able to separate positive patients from negative patients.
- Behavioral Health has done an exceptional job on outpatient telehealth services.
- WBI and the state hospital have had a reduction in available beds and both have seen a Covid outbreak.
- An alternate care site has been identified in the WIC with 4 rooms for behavioral health patients coming through the ER.
- The ER has created a triage process. They have a drive thru tent set up that will be used
 in the event of a patient surge. Patients will be sorted out to go either to the WIC or ER.
 An experience RN or paramedic will triage the patients.

Ms. Heeter reported the following:

- A call center is operating from 7:00 a.m. to 7:00 p.m. seven days a week.
- A mobile testing site was moved from the HMR parking lot to the circle drive in front of the hospital. 282 patients have been tested with 264 negative and 9 positives. Nine are pending as of today.
- Swab availability has increased. CCH has over 1000 swabs.
- CCH is working collaboratively with Public Health.
- Testing is completed between 9:30 a.m. to 11:00 a.m.
- Results are reported within 24 hours.
- CCH did receive an Abbott ID from the state which takes about 15 minutes. This can be used for an emergent need. They only sent 9 kits to run.
- CCH hopes to have in-house testing soon.
- Continue to have daily meetings with the City, County, Public Health, School District and Council of Community Services.
- An intubation team has been formed. Anesthesia, EMS and the ER providers are fully prepared.
- Are conserving PPE. Surgery has two Vpro systems and are reprocessing surgical masks and N95 masks.
- The antibody test is in the future.

Ms. Boller asked why the number of actual positive results in Campbell County is only 3%, when the state rate is 5%. Dr. Stamato reported that he has spoken to Dr. Dowell about that. Only 2



Additional positives would bump the number up 1%. Dr. Stamato is confident that CCH is performing the tests correctly and Dr. Dowell assured Dr. Stamato that the tests done by the stated are 90-95% accurate. Ms. Heeter added that there are many residents that have a viral infection with symptoms that mimic Covid. This creates a difficult diagnostic problem.

Ms. Tate thanked the public for coming to the aide with 2300 cloth masks. CCH now has a three day supply for all staff but continue to take some donations. Ms. Tate knows that there will be some loss rate on those through wear and tear and loss. CCH also has an ample amount of face shields. Toyota is shipping 1000 face shields next week. CCH has reached out to partner hospitals as well as Fire and PD to ask if they need any of these extra face shields. The glove supply looks very good with Harbor Freight donating a pallet of gloves to CCH. After a great community response, CCH is sitting well with tyvek suits sizes M to 5XL. CCH is expecting a shipment of K95 masks and procedure masks. CCH is doing well on conservation methods right now. Isolation gowns are still very tight in the market. CCH is looking at alternate sources. A team is looking at different types of fabrics that will hold up and will look to seamstresses in the community to make reusable isolation gowns. Reusable gowns are on order, but are still a few weeks out. Gowns ordered from China should be in the U.S. next week and hopefully onsite in a couple of weeks. The Materials Management team has been phenomanal sourcing items from many different areas other than traditional locations. Ms. Heeter added that CCH was able to donate 60 cloth masks to the Council of Community Services. That Embroidery Place has been working with the CCH anesthesia team to make a hood capper coverall which was donated as

Mr. Fitzgerald reported that he has been working on funding opportunities as well as lobbying for funds at the federal and state level. Mr. Fitzgerald believes CCH will receive \$1.8M to \$2M and hopes to receive additional funds in the future. The CARES Act set aside \$100B for hospitals and physicians groups. The Department of Health and Human Services released an initial \$30B for hospitals, based on the prior year Medicare spend. Of the remaining \$70B, another \$60B will be distributed over the next 30 days or so to hospitals, on a basis that hasn't yet been determined. It looks like that remaining \$60B will go to hotspots and also rural hospitals. Mr. Fitzgerald will keep the Board informed about what that looks like. President Trump put together a return to operations committee. Their plan came out today. CCH has an internal task force meeting to work through a phasing plan for CCH to return to normal operations. Mr. Fitzgerald and Ms. Heeter had a conference call today with the Department of Health, Homeland Security and Department of Emergency Services to discuss the surge plan for CCH. They were fairly impressed with CCH's level of preparation and feel CCH is prepared.

Ms. Tate reported the following:

- Inpatient Days March was above the 9 month average of July through February. The projection for April is to be below the average for the month and below March. The projection for May and June is a little better.
- Outpatient Registration March was below outpatient registrations by about 1500 compared to the average for July through February. Projections for April is about half the normal volume for outpatients. May and June will continue to increase, but will not be back to normal levels.
- Emergency Room Visits March was below average for the fiscal year. Anticipate seeing 1100 patients in the ER in April. Project that levels in May and June will increase.
- Lab Tests March was above the rolling average. April will be down about 2/3rds of



historical volumns. Anticipate a rise in numbers during May and June.

- Imaging Procedures Anticipate being down about 2/3rds for the month of April with a continued rise in May and June.
- Rehab Procedures Down about half of volumes in April with a rise in May and June.
 Rehab has been doing some tele-rehab visits which has been working well. CMS has allowed CCH to bill for those services.
- Clinic Visits March visits fell to 7000 from an average of almost 9,000. Telehealth visits have been implemented. Anticipate having 4000 clinic visits in April and continuing to increase in May and June.
- Hospital Surgeries Inpt. and Outpt. Surgeries have decreased significantly. The only surgeries performed at CCH are urgent or emergent. Currently no elective surgeries are being done.
- PRSC Surgeries No volumes in April. Will see surgeries come back gradually in May and June.
- Dialysis Treatment continues 6 days a week. Volumes have dipped slightly and will continue to see a dip into April. Volumes in April 2019 dipped as well.
- Oncology Are seeing more patients on an average.
- Home Medical Resources Saw an uptick in March with a decrease in April. May and June will come up to normal volumes.

Ms. Tate explained that the projected numbers include numbers during a possilbe surge. Dr. Stamato explained that initially the prediction was that Wyoming would need 60 ventilators and would see 130 deaths. Those numbers have decrease significantly. They are now predicting a need for 14 ventilators and 34 deaths along with 58 patients admitted to hospitals throughout the state.

Dr. Swift stated that CCH's efforts to prepare for Covid have been exceptional. It is good to see that social distancing has benefited Wyoming and the U.S. It will take a lot of work to get back to normal.

EXECUTIVE SESSION

AD IOURNMENT

The regular meeting recessed into Executive Session at 6:20 p.m.

The regular meeting reconvened at 8:11 p.m.

There being no further business, the meeting adjourned at 8:11 p.m.
The next regularly scheduled Board meeting is April 23, 2020 at 5:00 p.m.
Alan Stuber, Secretary
Ellen Rehard, Recorder