



**GOVERNING BOARD
SPECIAL MEETING**

The Campbell County Hospital District Board of Trustees met in the Hospital's Cafeteria Dining Area on Tuesday, March 17, 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
Mr. Bill Stangl, Vice President of Physician Services
Mr. Steve Crichton, Vice President of Plant and Facilities
Ms. Jonni Belden, Vice President of Continuing Health Services
Ms. Karen Clarke, Community Relations
Mr. Chris Beltz, EMS
Ms. Jamie Black, Human Resources
Ms. Ellen Rehard, Recorder
Public

OPENING

Call to Order

Dr. Swift, Chair, called the meeting to order at 5:00 p.m.

Invocation

Chaplain Donny Edwards led those present in an opening prayer.

Mission Statement

Mr. Stuber read Campbell County Health's Mission Statement.

Vision Statement

Mr. Stuber read Campbell County Health's Vision Statement.

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.



Approval of Agenda

Ms. Boller requested Executive Session be added to the agenda. Ms. Harry asked if there would be public comment. Dr. Swift stated that this is a special meeting and there would be no public comment. **Mr. Gerrits moved, seconded by Dr. Hartsaw, to approve the agenda as amended. Dr. Swift, Ms. Boller, Mr. Stuber, Mr. Gerrits, Dr. Hartsaw, Ms. Harry and Mr. Martinson voted aye. Motion carried.**

INFORMATIONAL ITEMS

COVID 19

Dr. Stamato reported that he has been working with medical staff, nursing staff and administrative staff to make plans for COVID 19. He has also had conversations with the Chief of Staff at UC Health and continues to have daily contact with them about what they are doing. The COVID 19 situation continues to change. The virus that causes COVID-19 is designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The incubation period is within 14 days and symptoms usually occur 4-5 days after exposure. There is not vaccine for COVID-19. The virus started in Hubei Province of China. The overall case fatality rate in China was 2.3 percent; no deaths were reported among noncritical cases. A fever is present in 99% of those positive patients at some time during the disease, but on any given day, those positive patients have a 50/50 chance of having a fever. Seventy percent of patients have fatigue, dry cough in 59%, no appetite, muscle aches, shortness of breath, and 27% produce sputum. A CT of the chest shows a ground glass appearance in the lungs, the lymphocytes in the blood go down, WBC goes up or down and the blood test usually shows positive, but they have seen false negatives. If a patient is ill and their test is negative, they will be treated the same way. Patients are treated on their symptoms. The treatment is to stay at home, drink plenty of fluids and treat the fever with Tylenol or Advil. If a patient is hospitalized, they are given oxygen and IV fluids and if in ICU, the patient will need intubation ventilation, and may be put on ECMO, which is a heart lung bypass machine. Advice that Dr. Stamato has taken from the University of Washington, the University of Nebraska and John Hopkins University include:

- Stay home if cough, sneeze or fever.
- Move all sick visits to one location.
- Have patients call before going to ED or WIC.
- Re-educate staff on PPE use, especially removal.
- Protect supply of PPE.
- Asymptomatic employees may work after exposure.
- Only test symptomatic employees.
- Most spread with cough and sneeze.
- Soap and water work well.

China has seen a decrease of cases since they are in lock down and has this has been seen in multiple countries. Iran and Italy have great exposure of Chinese nationals coming into their country. In just two weeks they were both devastated. Japan and Taiwan had been hit hard with the SARS virus and had plans in place and put those plans in place as soon as the Chinese announced this virus was occurring. They closed their borders, cancelled all meetings, closed schools and kept people home. The same things we are beginning to do. Currently the state of Washington has 904 cases with 48 deaths. The United States has 3,813 cases with 69 deaths. Europe has 51,771 cases with 6,507 deaths.



Legacy

Ms. Belden reported that the goal at the Legacy is to avoid exposure and prevent transmission. No visitors are allowed other than compassionate visitation at the end of life. They have limited large group activities to no more than 10-15 at one time in a room, separated by six feet distance. There is no communal dining. Instead they are using room trays, which has created an increase for nutrition staff. Activities have been increased to help prevent social isolation and manage behaviors. The staff monitor residents twice daily for temps and respiratory symptoms. Ms. Belden has created written, verbal, text, email and phone education for staff, family and residents.

CCMH Nursing

Ms. Robertson reported that nursing is working to ensure CCH has alternate care sites and ventilator capacity. She is working on a plan to extend nursing staff as much as possible. Specialty care areas are working closely with their medical directors and implementing precautions to guarantee they are doing what they can for their population of patients.

Provider Clinics

Dr. Barabas reported that all elective surgeries will be cancelled to reduce exposure. He has spoken with providers to look at patient flow. Some patients will be seen at a later date and will plan to use telemedicine. The goal is to keep healthy patients away from the hospital. Providers can help to triage patients for testing referral or recommend isolation. Medication refills will be given until the patient can be seen in the future. Both nursing staff and providers will go through their clinic visits and call each patient. Staff members will be screened when they come into CCH for work each day.

Infection Prevention

Ms. Tucker explained that the patient call center is staff with RN's. The call number is (307)688-1000. CCH is following the State Department of Health and CDC guidelines for testing. The call center is screening for testing criteria and referring to the mobile screening center for further evaluation and potential testing. All testing is currently sent to the Wyoming Department of Health lab. CCH has pandemic supplies as well as other supplies that the Health Care Coalition has assisted with purchasing. Personal Protective Equipment will be allocated to Campbell County through Public Health. A team is working on placement of patients if CCH were to have a surge in admissions. An 1135 Waiver will be filed which includes specific things CCH is asking to be waived by the government.

Temporary Testing Site

Mr. Beltz reported that a drive-thru testing site has been set up to screen for suspected COVID-19. The testing site will operate seven days a week from 7:30 a.m. to 7:30 p.m. If a patient meets the criteria they will be sent to the testing site. Patients do have to be referred through the call center. Patients will remain in their vehicle the entire time they are going through the testing process. After screening is completed, the patient will be given the CDC guidelines for self-care and isolation precautions to be taken at home. Mr. Beltz explained that he is communicating with outside providers on a regular basis. 911 dispatch center also has screening questions for the dispatchers loaded into their dispatch software.

Finance

Ms. Tate explained that there are supply concerns. Staff is tracking PPE supplies daily. CCH has 2-4 weeks supply on hand. She would like to have 4 weeks on hand. Some items are



becoming harder to obtain. CCH is looking at what is available via the Strategic Nation Stockpile. Pharmacy and Respiratory Therapy are working to ensure medications are on hand. Ms. Tate has set up a separate cost center to track all expenses as well as employee time to determine the overall costs.

Facilities and Security

Mr. Crichton sent out written communication to vendors last week. Vendors have a responsibility as an employer to screen their employees. If one of their staff is symptomatic, they are not to come into the hospital. Plant Operations has worked closely with nursing to fully understand the options for airborne isolation options. Starting on Thursday, the Gillette Police Department and the Campbell County Sheriff's Office will have an armed uniform officer at CCH to help reduce anxiety. Norton Construction has been asked to suspend the Legacy Shower project after they complete the two rooms they are currently working on. Work will continue on the new patient room project. Contractors are coming in at the stairwell and have to clear admittance into the hospital if they need to bring in supplies. Contractors are contacting Mr. Crichton daily to ask what else they need to be doing. Contractors will be required to be screened daily. Anyone coming into the main entrance or the ED will be screened. Only scheduled patients will be allowed into the main clinic. Screening will take place at the Cancer Center and only one caregiver or visitor is allowed to come in with the patient. Mr. Crichton has been in communication with WY OHLS regarding the new inpatient room project.

Human Resources

Ms. Jamie Black reported that Human Resources has activated the employee pool. Any employee released from work in their home department is asked to call in and sign up to the pool list to be assigned to other areas in need of additional assistance. The Command Center is prioritizing for each department that requests additional staff. Any employee directed not to report to work due to suspected COVID 19 illness, will be allowed to go up to -80 hours PTO after they have used their accrued PSL/PTO.

PIO

Ms. Clarke explained that Community Relations has several communication audiences including employees and the community. Managers and supervisors have been participating in two daily huddles. One in the morning and the second late afternoon. They are responsible for getting the information out to their staff. Community Relations has been fielding media calls and CCH participated in a community news briefing. Ms. Clarke's staff is posting general COVID 19 information for the public. Signage has been posted directing patients to CCH entrances. Ms. Boller suggested sending a press release to the radio.

Operations

Ms. Heeter reported that CCH is partnering with Public Health for joint communication. Leaders have been rounding and communicating with staff. Ms. Heeter provided Board members with a copy of the scripting used at the call center along with the CCH Employee Screening Flowchart. Visiting restrictions will be kept very strict. Leadership has been meeting from 11:00 to 1:00 each day, but are trying not to have groups gathered in one area, so are using call in meetings.

Leadership

Mr. Fitzgerald explained that there is a vaccine for this virus which is social distancing. He asked the public to stay away from the hospital, Legacy, Hospice and other healthcare locations unless you need immediate medical attention. UC Health has willingly shared protocols



and information. The University of Washington has shared policies they have created. Mr. Gerrits asked about childcare. Ms. Heeter explained that childcare is looking at distancing children by keeping them in small groups. Mr. Stuber inquired about who will be releasing the positive numbers. Dr. Stamato explained that right now patients will be screened at the drivethru. Results will come to him. Patients with negative results will be referred to their family doctor. Positive results will be reported to Public Health. Ms. Boller asked about private providers who have ordered the test from a private lab. Dr. Stamato stated that the physician is required to contact Public Health. Currently CCH has limited testing ability. Mr. Stuber asked who a community member should contact if they have questions. Ms. Heeter stated that if the patient has symptoms they should call 688-1000. Any other questions should be directed to the PIO and they will direct the question to the right place. Ms. Clarke shared that a Coronavirus section has been added to the website and a lot of the information CCH has will be posted there. Public Health can be contacted with questions as well.

Dr. Swift confirmed that every medical system is being challenged and the consequences could be grave. CCH has taken this very seriously. He applauds those who have done the things that are necessary.

EXECUTIVE SESSION

The regular meeting recessed into Executive Session at 6:10 p.m.

The regular meeting reconvened at 7:33 p.m.

ADJOURNMENT

There being no further business, the meeting adjourned at 7:33 p.m.

The next regularly scheduled Board meeting is March 26, 2020 at 5:00 p.m.

Alan Stuber, Secretary

Ellen Rehard, Recorder