1. NW Board Of Directors Meeting June 21, 2021

   Documents:
   
   TNW BOARD OF DIRECTORS AGENDA 2021_06_21.PDF

1.I. NW Board Of Directors Meeting Approved Minutes Of April 26, 2021

   Documents:
   
   TNW BOARD MINUTES 2021_04_26 APPROVED.PDF

1.I.i. NW Board Of Directors Meeting Draft Minutes Of June 21, 2021

   Documents:
   
   TNW BOARD MINUTES 2021_06_21 VERSION 2.PDF
Board Meeting  
Monday June 21, 2021

Time: 5:00 PM  
Virtual Meeting via ZOOM Webinar

Webinar Link:  
hits://greenwichct.zoom.us/j/89004374617?pwd=UXdsQWVub1hLNmxrRndvMWtDQ0xJZz09  
To join by phone dial: 1 646 518 9805; Webinar ID: 890 0437 4617; Password: 0174007

AGENDA

1. Medical Director’s Report – Frank Walsh, MD
2. Review/Approval - Minutes April 26, 2021 – Chairman
3. Reports  
   a. Executive Director-John Mastronardi  
   b. Building Committee –Larry Vanterpool  
   c. Finance Committee-Nisha Hurst and Nunzio Raimo  
   d. Marketing-Chris Carter  
   e. Friends of Nathaniel Witherell – Scott Neff
4. Chairman’s Discussion – Laurence Simon  
   a. Thank you to Joan Merrill for her service on the Board  
   b. Summary of Current Fiscal Year and Expectations for FY22
5. New Business
6. Adjournment

2021 Calendar of Board Meetings

July 26, 2021(ZOOM)  
September 13, 2021(IN PERSON beginning at 5:00pm)  
October 18, 2021  
Nov 15, 2021

cc:   Town Clerk
Board of Directors Zoom Board Meeting
Minutes
April 26, 2021

Present: Laurence B. Simon, Chairman; Melissa Gibbons, Secretary; Suzanne Brown; Christopher Carter; Paul Hopper; Nisha Hurst; Richard Kaplan; Joan Merrill; Nirmal Patel, MD MPH

Absent: none

Staff: Michel Baptiste, Housekeeping/Laundry Supervisor; Chris Ann Bennett, Infection Preventionist; Nadia Benson, Deputy and Director of Nursing; Linda Marini, Assistant to Executive Director; John Mastronardi, Executive Director; Scott Neff, FNW Executive Director; Kevince Pierre-Louis, Director of Dining Services; Elizabeth Mungai, Director of Utilization, Clinical Outcomes, Rehab Services; Nunzio Raimo, Director of Financial Operations; Carissa Ronish, Therapeutic Recreation Administrator; Justine Vaccaro, Director of Social Work; Larry Vanterpool, Facilities Director; Frank Walsh, MD, Medical Director

Guests: Armstrong; Amy Badini; Meredith Braxton; Fred Camillo, First Selectman; Andy Duus, BET Liaison; Carol Ferraro; Elizabeth Franklin-Quigley; Beth Krumeich, BET Liaison; Tom Keown, CYBERDEFENSES; Sheilah Smith; Maria Szpak; Ellen Wolfson, Commission on Aging; Joanne Wurst, CYBERDEFENSES; Leslie Yager; (mabsy47)

Mr. Simon opened the meeting at 5:03 PM via Zoom Webinar.

Medical Director's Report – presented by Dr. Frank Walsh

Dr. Walsh reported that the census today is 177; with 5 hospitalizations. We also had 3 new admissions today.

Harvest Healthcare, LLC, our new provider of psychiatric services, began providing services to our residents this past month. They have been a very positive addition to our facility.
Weekly COVID-19 testing continues for all facility staff. By the end of May there may be no more mandated weekly staff testing. We are in the second round of outbreak testing but it has not affected visitation. All staff and residents were tested during this second round.

Dr. Walsh reported that 72% of staff are vaccinated, which is remarkably high for our facility. We continue to educate the staff about the importance of getting the vaccine. Dr. Walsh continues to participate in a vaccine Q & A with staff each Wednesday in the auditorium. Ninety-two percent of residents have been vaccinated. New admissions are offered the vaccine upon admission; Dr. Walsh noted that most recent new admissions have already been vaccinated.

In response to Ms. Merrill’s question regarding who makes the determination to send a resident to the hospital, Dr. Walsh responded that it is either himself or the doctor covering for him that makes that decision.

- Mr. Simon posed the question of whether we should be doing more here at NW to prevent some hospitalizations.
- Ms. Benson explained that we are in the process of establishing a “treat in place” protocol. The nurses will be able to establish if it is appropriate to send a resident to the hospital. They will be able to assess if an issue can be managed in-house; whether the residents requires an IV; and whether to start antibiotics, as examples.
- Mr. Kaplan referenced prior discussions regarding the possibility of bringing Optum into NW and having another Nurse Practitioner (NP) in the building for additional clinical support to help keep the long-term care residents in place.
- Dr. Patel noted that the Board and management had extensive discussions around this topic before the change in administration a year ago, with the change in CMS payment models. These conversations explored whether we can offer more advanced care within NW, manage higher risk patients, offer deeper skills and services, and also align new changes with our business goals. These questions should be revisited by the Board and current administration.

Ms. Gibbons asked that Dr. Walsh speak to the causes of illness requiring hospitalization, and trends in hospitalization over time.

- Dr. Walsh said there some patients are discharged from the hospital too early to be in a rehab facility, and then they are then readmitted to the hospital.
- Mr. Simon stated that there were 11 residents in the hospital at the end of December 2020; that number has been as low as 1 and up to 6.
- Mr. Kaplan noted that it would be rare for a facility to have no one in the hospital, due to the age and health of the population being served. The average length of stay for a long-term resident in a nursing home is about 18 months. Mr. Kaplan also noted the importance of every resident having Advanced Directives for just such circumstances. There may be families who do not want their loved one transported from NW to a hospital, and others who may insist on it.

Ms. Merrill questioned whether staff are aware of certain modalities, or do they see issues with patients that may prevent them from having to go out to the hospital? Ms. Benson stated that while staff are aware of certain medical situations or health statistics, they cannot override a doctors’ order. The staff takes vital signs, reviews the residents’ condition, notes
their appearance, etc., and reports that to the doctor. The doctor/APRN then makes the decision on whether the resident is transported to the hospital.

Dr. Patel stated that most health facilities have Quality Assurance Programs in place, where a committee meets regularly to review incidents and situations described in the Quality Assurance plan to make sure that all processes/procedures are properly followed. This would apply, for example, to hospitalizations and residents being transported out of the facility. Ms. Benson stated that NW has a Quality Assurance Improvement Program (QAIP) and the committee meets quarterly. Ms. Benson said we use INTERACT, a publicly available quality improvement program that focuses on improving the identification, evaluation, and management of acute changes in condition of nursing home residents. She is currently looking to implement the Stop and Watch program for CNA’s, which is an early warning communication tool that CNAs, or any other person (i.e. housekeepers, dietary workers, family members, volunteers) can use to alert a nurse if they notice something different in a resident’s daily care routine.

Review/Approval of Minutes of March 22, 2021

A motion to approve the minutes of March 22, 2021 was made by Mr. Kaplan, seconded by Mr. Carter. A vote was taken, and the minutes were approved by a vote of 9-0-0

Executive Director’s Report - presented by John Mastronardi

Staffing changes – Mr. Mastronardi explained the 10-person staff reduction and how it affected the facility.

- The changes affected the day shift on the 4 long-term care floors.
  - There are now 5 CNAs instead of 6 per long-term care floor on the day shift.
  - The ratio is now just under 8 residents to 1 CNA on the 4 long-term care floors on the day shift. The standard in skilled nursing facilities is 12 residents to 1 CNA.
- The Main and Garden Level Rehab units, with 20 and 22 residents respectively, continue with 3 CNAs on each floor, which is a staffing ratio of 7 residents to 1 CNA.
- There were 3 Patient Care Coordinator (PCC) positions eliminated.
  - 1 PCC now handles the 1st & 2nd floors; 1 PCC handles the 3rd & 4th floors; 1 PCC handles the Main and Garden Level Rehab units.
  - We will be adding 3 LPN’s in May and increasing our pool of part time nurses to utilize when scheduled nurses call out.
- Mr. Mastronardi stated that he had the Business Office run the staffing ratios with this model to see if it would affect our 5-star rating. Because the 5-star levels are predominately RN based, these staffing changes will not impact our 5-star rating.

Visitation Policy – Per CMS guidance on visitation, we are encouraging visitation with the preferred locations as follows: outdoor visitation, use of the pods, the auditorium, solarium and the library/family room. Room visits are allowed but we are encouraging visitors to meet
with their loved ones in the previously mentioned locations based on the CMS guidance. We must also limit visitor movement within the facility. Shared rooms should not have in-room visitation if possible. We are not preventing in-room visitation if visitors must see their loved one in their room.

Communal dining is taking place on the units but not to pre-pandemic levels. We are accomplishing this by staggering the seating times and the number of residents at any one sitting.

On unit recreation activities have continued throughout the COVID restrictions. Outbreak testing and cases do not interfere with those scheduled activities. We are fortunate to have a full-time Therapeutic Recreation team facilitating all the activities on a daily basis. That team also includes 2 in-house musicians who sing and play music for the residents. We plan on bringing in outdoor vendors and entertainers soon to add to our musical entertainment offerings. Those programs will take place in the auditorium once restarted. We have recently added back Catholic services and the Rosary, and Protestant services will be added shortly.

Caretech Group – Mr. Mastronardi reported that we have engaged a company called Caretech for utilization and tracking of our supplies. They will help to ensure some smart purchasing and eliminate some of the redundants we have in ordering; it will also help minimize the waste that we have in ordering of supplies and provide more affordable pricing. Mr. Mastronardi estimates the annual savings will be about $250K.

Mr. Kaplan suggested that it might be helpful to broaden the facility’s reach to family members by posting informational updates on the website, regarding visitation or other topics. This would allow people to understand what to expect as a week progresses, even though we know that guidance is constantly changing, and may also help decrease the number of email interchanges that can, in fact, distract the staff. Mr. Carter suggested posting this information on the website along with the weekly COVID alerts and updates.

Ms. Hurst stated that Mr. Mastronardi and the team have been doing a great job and asked what the Board could do to help with the challenges of managing NW during the pandemic. Mr. Mastronardi thanked the Board members for their support on behalf of the NW team, and he hopes adding the information to the website will help decrease the number of lengthy emails. He asked the Board to please not engage in the email conversations between family members, Board members and the NW team. These conversations are extremely time consuming and distracting for the staff and are not productive. He is happy to have a conversation by phone and asks that Board members call him if/when necessary to do so. Mr. Mastronardi stressed that the NW management team sincerely has the best interest of our residents at heart.

Mr. Kaplan stated that upon his hire the Board gave Mr. Mastronardi clear direction: He was tasked with getting NW under financial control and being successful in both changing the
direction of this facility and keeping our 5-star rating. He also told Mr. Mastronardi that he is doing a great job and the Board is behind him to offer their support.

Dr. Patel said she has had the opportunity to work with the team on the COVID Task Force, and that they are dedicated professionals who really care about their patients; this is their purpose and their mission. She agreed that the emails are a distraction. She also stated that there is no healthcare services delivery organization that can deliver healthcare operations at 100% consistency across the different elements of care. What is critical is that we have the proper processes in place to ensure that we are always doing our utmost to provide the best care possible. Given that we have developed a Communications Policy questions and concerns from Board members and families, Dr. Patel questioned why this policy is not currently being adhered to.

Ms. Merrill also asked Mr. Mastronardi how the Board can help or assist in a constructive way. Mr. Mastronardi suggested the same to the Board as he has to the Family Council; that they could visit and connect with those residents who have no family or friends. It would be a tremendous means of support to the facility.

**Building Committee Report - presented by Larry Vanterpool**

The Building Committee met on Thursday, April 22, 2021. Mr. Vanterpool provided updates to the Board on two projects currently in progress.

**Tower Electrical Panel replacement**
The RFB tabulation was completed and Greenwich Electric was the lowest bidder. We are about to grant the contract for $235K, which is less than 50% of the original estimate for the project. The contract is in development and will take another 4-5 weeks to be reviewed by the law and finance departments and be signed. This savings gives the committee the opportunity to address sooner than anticipated the second phase of the project, replacing the electrical sub-panels in the Tower patient care areas.

**Pavilion Exterior Renovation - CDBG Block Grant**
The contract has been awarded to AVT Construction in the amount of $55,444. This is only about 35% of the original $160K budget. The committee is reviewing how they might utilize the remainder of the funds to upgrade things such as the apartment kitchen appliances, paint, etc. The committee will evaluate the cost and determine how they may move forward with these additional projects and utilize the total funds available.

**Finance Report – presented by Nunzio Raimo and Nisha Hurst**

Ms. Hurst reported that Witherell is doing well and headed in the right financial direction. NW’s administration has been asked to do more with less, and to cut expenses to make the organization work within the Town’s budget. We strive to provide quality care to our residents within this budget.
• March 2021 had the highest number of patient days at 5,339 since March 2020 (85% occupancy).
• Revenue was $2.275M, just $80K short of the budget
• Through the first 25 days of April, the Census is at 175.6, an improvement over 172.2 in March. There was a peak of 182 days in April.
• Long term census population is at 146, with a goal of 153.
• Our overall census goal starting in the new fiscal year will be 188, as it has been pre-COVID.

Mr. Raimo reviewed the Financial Statement and Operating Results for the period ending March 31, 2021:

• NW Census by payer class for March 2021: total days billed in March 2021 were 5,339, the highest in the last 12 months.
• Occupancy Percentage for March 2021 was 85%, and average beds per day was 172.2, just off by 5% from March 2020 occupancy percentage of 90%.
• Revenue by Payer Class: March revenue from operations was $2,347,695. Private pay was budgeted at 26% but was actually 32% of revenue for March 2021.
• Two efficiency metrics were highlighted: 1.) Monthly revenue per FTE (which is an indicator of staffing efficiency) for March 2021 was $8,463; 2.) Revenue per billable patient day (which shows the efficiency of our revenue stream from operations) for March 2021 was $439.73.
• Revenue March YTD Actual was $18,280.324, compared to budget of $21,204,000, resulting in a negative variance of $2,923,676.
• Expenses from Operations for March 2021 YTD Actual were $14,920,570 compared to budget of $15,710,602, resulting in a positive savings year to date of $790,032.
• March 2021 YTD Margin Before Debt & Allocation of $3,359,754, $2.13M under Budget.
• March 2021 YTD Margin Before Debt & Capital was $(737,895), compared to our budget of $1,075,935, resulting in a variance of $(1,813,829). Actual Capital Expenditures were $77,868, and Deferred Revenues were $2.251M Revenue (State & Federal monies received for COVID expenses). Operating Profit before Debt Service was $1,435,246, $437K in our favor.
• Net Revenues/(Expenses) after COVID monies are in a favorable position of $726,616.
• Benefit Summary for YTD March 2021 variance to budget was a savings of $314,647.
• For March YTD 2021 Salaries & Wages were under budget by $713,550.
• For March YTD 2021 OTPS were $794,727 compared to a budget of $715,285, a negative variance of $79,442 due to invoices that came due for i.e. Matrix, visitation pods, Pitney Bowes, pest control, Raintech.
• For March YTD 2021 Supplies & Materials were below budget by $166,038.
• For March YTD 2021 Maintenance expenditures were below budget by $10,116.
• Overall Gain/(Loss) Fiscal Year to date at ($1.5M); after COVID money at $726,616.
Marketing – presented by Christopher Carter

Mr. Carter reported the following:

- Over the past 2 months we completed our first flight with Today Media because they have some interesting geofencing capabilities.
  - Our digital ads were focused around hospitals in Westchester County, with generally good engagement. We have rectified some targeting issues during the flight to make it more evenly delivered across Westchester County.
  - We are about to start a 2-month campaign at the end of April, adding Southwest CT, Greenwich and Stamford Hospitals, to the current advertising list.

- Social Media
  - This past month we have done 17 Facebook posts, including the Vaccination Drive where we received help from Family Centers and Fred Camillo; and a Q & A with NW Social Workers.
  - There was a slight drop in engagement in social advertisement in March, due to our emphasis on Fairfield Giving Day. But in April we are seeing a real uptick in both engagement and impressions.

- Blogs – We have just released one on the Importance of Location in Choosing a Long-Term Care Facility; and we have an upcoming piece on Registered Dieticians.

- We anticipate the new development work on the website to be ready by the end of this week; the copy and design have been approved. We will then go into beta test, and get our SEO specialist involved to make sure we have all the necessary key words. The re-launch is anticipated for mid-May.

Friends of Nathaniel Witherell (FNW) – presented by Scott Neff

Mr. Neff reported the FNW Community Appeal has exceeded last year’s fundraising total by ten percent. He continues to conduct follow up with past contributors who have not yet made a contribution to this year’s appeal. The FNW fiscal year ends on June 30, 2021.

Mr. Neff is also researching and preparing grant requests to local family foundations in support of the Resident Life Fund.

COVID-19 Vaccination Update and Statistics – presented by Nisha Hurst

There are 279 staff members at Nathaniel Witherell: 150 full time and 129 part time.

- 178 of the 279 are vaccinated; 63.8%
- 118 of 150 full time employees are vaccinated; 78.7%
- 60 of 129 part time employees are vaccinated; 46.5%

Nursing Department:

- There are 115 full time employees; 87 of 115 are vaccinated; 75.7%
- There are 81 part time employees; 38 of 81 are vaccinated; 47%
- 125 of 196 total nursing employees; 63.8%
On Monday, March 29, 2021 with the help of the First Selectman’s Office, we held an onsite vaccination clinic where 82 out of 85 available doses were used. This led to a significant increase in the number of vaccinated staff.

We continue to encourage vaccination and educate staff, and Ms. Hurst will also continue to work with the Administration, Dr. Walsh and Infection Prevention in that regard.

Mandating the vaccine

- Mandating the vaccine is currently difficult because the vaccines have been authorized for emergency use only; Pfizer and Moderna have applied for full FDA approval.
- According to the CDC Website, whether an employer may require or mandate COVID-19 vaccination is a matter of State or applicable law; the FDA does not mandate vaccinations.
- Some employers have begun to mandate vaccination which has led to lawsuits.
  - LA Unified School district, the 2nd largest school district in the US, mandated vaccination for their teachers – there has been a federal lawsuit filed demanding they halt the mandate.
  - A Police Officer is New Mexico filed suit against his department when they mandated the vaccine and he did not want to receive it.
  - After receiving information that Jewish Family Services was mandating vaccines for its staff, Ms. Hurst attempted to contact someone there for details, but has not yet heard back from that facility.
- From a Human Resource perspective, employers must allow for religious exemptions and Americans with Disabilities Act accommodations.
- NW employees are union employees; this would have to be discussed with the unions.
- An additional issue is if we mandate vaccination, how will it affect our staffing levels.

Ms. Hurst stated that she empathized with family members who want to see their loved ones. Ms. Hurst recognizes family concerns over their loved ones being isolated. We are trying to address that while managing keeping residents safe, keeping COVID out of the building. Just because people are vaccinated does not mean they cannot get COVID. It is also unclear based on current research whether or not the vaccines protect against variants.

Ms. Hurst quoted the CDC website with regard to infection protocols: “Nursing homes must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection. Unless noted in the updated vaccination guideline this guidance applies regardless of vaccination status or level of vaccination coverage in the facility.”

As Mr. Mastronardi reported earlier, Ms. Hurst reiterated, activities have continued on the units throughout adhering to the proper infection control protocol; communal dining is taking place with proper social distancing. Family members may take their loved ones out of the facility to their homes, the barber shop, car rides, etc. Ms. Hurst emphasized that there are many opportunities for families to spend time with their loved ones.
Mr. Kaplan commented that people have an ultimate choice to make. He certainly would not want to see us lose any residents; he wants to make sure we keep people happy, well cared for, and safe. We do the best we can, and cannot expect to satisfy everyone. But if someone is really unhappy, and they truly believe their family members are not receiving good care, they have the choice to go elsewhere. He noted that only 3 out of 17 nearby facilities were 5-star; one of which is the Witherell.

Dr. Patel suggested we seek some legal counsel with regard to mandating the vaccine for staff. Mr. Simon will supply Ms. Hurst with contact information for Heather Berchem of Wiggin and Dana.

Pertaining to additional onsite vaccine clinics, Ms. Benson does not think our staff compliance percentages will increase much more. Even the national average has not budged since the last rollout of the vaccine. Clinics are having to discard unused doses. But if Mr. Camillo is kind enough to offer his assistance again in getting another onsite clinic at NW, she does believe it would be worth it even if it gets but another 5 staff members vaccinated. Mr. Mastronardi agreed we will reach out to the Town about offering an additional clinic, and we will also investigate if Omnicare Pharmacy can provide vaccine doses to our facility.

**CYBERDEFENSES – Joanne Wurst and Tom Koewn**

The Cybersecurity Incident Response Plan for The Nathaniel Witherell was developed by CYBERDEFENSES and provided to the Board prior to this meeting for their review.

The objective of the Cybersecurity Incident Response Plan:

“The Cybersecurity Incident Response Plan is provided to establish and maintain consistent incident response capabilities and processes in order to respond to cybersecurity events swiftly and effectively. It is designed to anticipate the many factors that comprise typical attacks and the wide variety of considerations that go into ensuring The Nathaniel Witherell is prepared to handle all possible scenarios. This plan establishes the roles and responsibilities within The Nathaniel Witherell (“Witherell”) and among Witherell stakeholders for continuous incident response preparedness and execution. In addition, the plan reviews the cycle of moving from detection of an event to analysis to determine the details of an incident, and then on to containment, eradication, and eventual recovery from the incident. The plan also addresses post-incident activities that lead to continuous improvement, further mitigation of risk and preparedness for future potential events.”

Mr. Simon called for a vote from the Board to approve the Cybersecurity Incident Response Plan. The Board unanimously approved the plan with a vote of 9-0-0.

**Chairman’s Discussion – presented by Laurence Simon**

Mr. Simon stated that we are now in the last phase of the fiscal year 2022 budget process.

- There will be a meeting of the Health and Human Services Committee of the RTM on Tuesday, May 4, 2021, at 7 PM via zoom.
• The full RTM meets on Monday, May 10, 2021 at 7 PM via zoom to vote on the budget. Mr. Simon has heard no comments or concerns regarding our budget and expects it to pass without change, although that is not a given.

• Mr. Kaplan asked for Ms. Marini to provide the zoom information for the RTM meeting on May 10th.

Mr. Simon thanked the Board members for their continued effort and participation. As stated previously, we have taken on a great many projects here at the Witherell. We have focused on financials, staffing, COVID, visitation, vaccination, improving our medical care, and keeping residents in-house, and more. As Mr. Mastronardi stated earlier that the team feels ‘beat down’ by all the negative commentary. Mr. Simon noted that he does not respond to the emails; although that does not mean he doesn’t read them; he then gets criticized for not responding.

Mr. Simon stated that as an organization we are doing the best we can to meet the needs of our residents and most of the families; this is who we are, and this is our product. The Witherell has its’ own plan and its’ own management and is trying to execute a great number of projects under difficult circumstances. The Board’s responsibility is to continue to support the organization. He warned Board members that if they respond to these emails to be brief; engaging in larger debates is not productive.

Mr. Simon noted a situation that occurred last weekend wherein a visitor to the Witherell was made to feel very uncomfortable and harassed by another visitor about protesting for 100% vaccination for NW staff. Mr. Simon said if behavior of this type continues we will ask the Greenwich Police to intervene and advise the individual that they are creating a general public disturbance.

Mr. Simon thanked everyone again, stating that we have a great institution offering a level of care desired by many people, proven by the number of admissions coming in all the time.

He noted that we are clearly on the right track with the Town in terms of what they are expecting of us financially.

We have many difficult issues to face, which we are focused on; we cannot be distracted from our goals.

**New Business - none**

A motion to adjourn the meeting was made by Mr. Carter seconded by Mr. Kaplan and the meeting was adjourned at 6:58 PM.

Respectfully Submitted,
Linda Marini
May 3, 2021
Board of Directors Zoom Board Meeting
Minutes
June 21, 2021

Present: Laurence B. Simon, Chairman; Suzanne Brown; Christopher Carter; Paul Hopper; Nisha Hurst; Richard Kaplan; Joan Merrill

Absent: Melissa Gibbons, Secretary; Nirmal Patel, MD MPH

Staff: Michel Baptiste, Housekeeping/Laundry Supervisor; Nadia Benson, Deputy and Director of Nursing; George Cossifos, Admissions Director; Linda Marini, Assistant to Executive Director; John Mastronardi, Executive Director; Scott Neff, FNW Executive Director; Nunzio Raimo, Director of Financial Operations; Justine Vaccaro, Director of Social Work; Larry Vanterpool, Facilities Director

Guests: Amy Badini; Bob Barolak; Meredith Braxton; Bill Drake, BET; Andy Duus, BET Liaison; Carol Ferraro; Elizabeth Franklin-Quigley; Thomas McGuire; Brad Markowitz; Paul Scholtes; Greg Schulte; Mary Alice Schulte; Sheilah Smith; Maria Szpak; Kate Tabner; Ellen Wolfson, Commission on Aging; Debbie Wortman;

Mr. Simon opened the meeting at 5:06 PM via Zoom Webinar.

Medical Director’s Report – none - Dr. Frank Walsh absent

Review/Approval of Minutes of April 26, 2021

A motion to approve the minutes of April 26, 2021 was made by Mr. Carter, seconded by Mr. Kaplan. A vote was taken, and the minutes were approved by a vote of 6-0-0 (Ms. Brown was not present at the time of the vote).
Executive Director’s Report - presented by John Mastronardi

COVID-19 Vaccinations – Mr. Mastronardi reported that to date 75.8% of the Witherell staff have received the COVID-19 vaccine. Resident vaccination numbers remain consistent at 91%.

- Per DPH guidance as of June 1, 2021, all unvaccinated staff must test monthly.
- CMS guidance stipulates that monthly testing of staff must occur when county positivity rates are <5%. Currently, the Fairfield County positivity rate is less than 1%.
- Unvaccinated staff will continue to be tested and a log kept for compliance.
- Mandatory education for unvaccinated staff has begun. Our goal is to have all staff educated on the efficacy of the vaccine by June 30, 2021. We also continue to assist staff who wish to be vaccinated with scheduling and we are following up with staff who were vaccinated in the community.
- Fully vaccinated residents who are new or re-admissions do not need to quarantine unless COVID positive or exhibiting flu or cold-like symptoms.
- Mr. Kaplan noted that the EEOC now states that employers can mandate the vaccine for employees. Mr. Mastronardi believes our management is becoming less resistant to the idea of mandating the vaccine for staff. However, if we mandate the vaccine, dependent on the numbers of staff that may quit or not return to work, it could cause a staffing problem for us. Mr. Mastronardi would consider making the vaccine a requirement for new hires.

The most current visitation policy is posted on our website. Mr. Mastronardi emphasized that in-room visits must not exceed 2 visitors. Having more than 2 visitors in a room at a given time goes against CDC, CMS and DPH guidance.

HealthStream – we have a new internal e-learning website for employees to be educated and trained on core competencies, certification core course, mandatory training and refresher courses.

GI Outbreak – In May we had a GI outbreak where 10 residents exhibited symptoms.

- There was only 1 confirmed case of C. diff (also known as Clostridioides difficile or C. difficile). The resident became symptomatic on May 9th, was put on contact precautions, and a sample was collected that same day. The resident was transferred to the hospital on May 13th and returned to Nathaniel Witherell on May 16th, where they continued on IV antibiotic treatment with contact isolation precautions until May 30th.
- We reported the event to DPH on May 11th, even though we only had 1 confirmed case and are only required to report if there are over 3. A line list was also completed and submitted to DPH by Infection Prevention.

Inventory Management System
We are using expense data in total days to calculate our per patient per day factor, so we can compare to other nursing homes. Some of the interventions that will help address the issues we’ve had in the past are:

- Lowering costs for Med A supplies – we are getting new pricing from Companion
• New diabetic supplies
• Incontinence products and sizing – the first analysis is complete and the program will be rolling out in the coming weeks.
• Reorganization of the Nursing central supply storage room for better inventory control and par levels – pending.
• We have updated our Group Purchasing Organization (GPO) contracts for Grainger and HD Supply, and updated our GPO contract for nutritional supplements as well (activation is pending). We are reviewing potential GPO contracts for Imperial (Maintenance supplies) and reviewing Eco Lab contracts for laundry and linens.
• Weekly budget review is currently in development.

Chaplaincy
• Sue Neumann, has begun as a part-time Chaplain, 2 afternoons/week. Ms Neumann’s background and training is in clinical pastoral education.
• Barbara Salop and Joan Mann have joined us as spiritual care visitors representing the local Jewish community. Each will work one afternoon/week, alternating weeks. They are trained in the practice of Jewish visitation and both have extensive experience in their same capacity from their roles at Greenwich Hospital.

Electronic Devices Policy – We contacted the Ombudsman because we know that electronic devices in resident rooms will go into effect October 1, 2021. We will be revising and updating our policy on accepted/approved electronic devices with respect to this bill.

Volunteers – Mr. Mastronardi reported that our volunteers have begun to return with the lifting of some of the restrictions.
• The Greenwich Boys & Girls Torch Club recently held a fundraiser and graciously shared some of the proceeds with the Witherell and Parsonage Cottage. They purchased puzzles and games for the residents.
• PT/OT have 3 volunteers for transporting residents 5 days per week
• 10 volunteers are helping with religious services
• 1 volunteer has assumed our building plant care
• 5 volunteers are doing visitation transport
• 1 volunteer is working from the gift shop with a “rolling cart of goodies” going floor to floor
• Hair Salon – until we secure a new onsite hairdresser, which we’re working on with the Town, Joanne Maciejewski, our retired hairdresser, has agreed to come in and perform haircuts for the residents in the interim.
• Mr. Mastronardi stated that our Volunteer Coordinator, Mary Tate, has been doing an excellent job in getting our former volunteers to return, amid some reluctance, and in recruiting new volunteers as well. He anticipates we will be back to normal numbers of volunteers in the building and normal levels of activities within approximately 2 months.
Visitor Code of Conduct – Mr. Mastronardi and Ms. Benson are currently developing a Policy and Procedure on a Visitor Code of Conduct. The need for this policy stemmed from 3 incidents of loud, unruly, and inappropriate behavior by visitors in our building.

Dietary – Mr. Mastronardi stated that the Morrison contract, as well as the pharmacy and rehab contracts, are being reviewed.
- The contract terms have not always proven to be favorable to NW; subsequently we have requested that each vendor review their contracts
- As a result of the review of the food service contract, Morrison will be giving back approximately $2,777/mo (for a total of $50K) to NW on the Management Fee paid.
- We feel Morrison can do better with their pricing and services and they can be a true partner in collaboration with us.

Communal Dining – in response to Mr. Simon’s question, we have been doing communal dining. Unvaccinated residents must continue to socially distance.

Mr. Mastronardi responded to Ms. Merrill’s question concerning the NW Quality Assurance Committee – The NW Quality Assurance and Performance Improvement Committee, QAPI, is comprised of all NW department heads. This committee meets quarterly. Minutes of these meetings are not public information and are kept as confidential and privileged information within the facility.

Communication Policy – Mr. Mastronardi stated that this policy has been in flux due to certain family members, or members of Family Council, who were not happy with the parameters set in place – they did not like that they needed to communicate through a liaison. Elaine Conklin, LMSW, is the NW liaison. The appointed liaison from Family Council has left the organization and a replacement has not yet been named.

Building Committee Report - presented by Larry Vanterpool

The NW Building Committee met on Thursday, June 17, 2021, to discuss the status of capital accounts, the FY21 capital projects, and to begin discussion on the upcoming capital fund utilization of FY22.

FY 21
Tower Electrical Panel upgrade.
The final contract has been signed with Greenwich Electric for $235,485, and now Greenwich electric will be able to order the necessary parts to start the project. The parts will not be available until September 2021. We will continue to work on our internal shutdown plan with the Department of Public health.

The second phase of this project was initially thought to be a separate project. But since the original estimate of the 1st phase was for $500K, and the signed bid is for $235K, this presents an opportunity to complete the 2nd phase and stay ahead of the facility needs. Mr.
Vanterpool anticipates being able to develop an RFB along with Purchasing within the next 90 days.

The Pavilion External Renovations
AVT Construction is scheduled to start this week, and deliveries of materials have been observed. AVT is requesting revision and change of some of the material (waterproof deck membrane) due to availability, and the Committee will evaluate soon.

FY 22
Interior renovations - $360,00 (Carpent, painting and furniture)
The Committee started the discussion on how to utilize and maximize these funds, and Mr. Simon suggested creating a paradigm of a resident/patient room that would include color selection, furniture and functionality, electronic devices, etc. This would allow for a cost estimate per room renovation for both a single and double room. The approach can be the same for all corridors and public spaces.

Finance Report – presented by Nunzio Raimo
Mr. Raimo reviewed the Financial Statement and Operating Results for the period ending May 31, 2021:

- NW Census by payer class for May 2021: total days billed in May 2021 were 5,187. There has been a positive turn from December 2020 forward.
- Occupancy Percentage for May 2021 was 83%, and average beds per day was 167.3.
- Revenue by Payer Class: May revenue from operations was $2,124,959. Private pay was budgeted at 26% but was actually 25% of revenue for May 2021.
- Two efficiency metrics were highlighted: 1.) Monthly revenue per FTE (which is an indicator of staffing efficiency) for May 2021 was $8,465.97, the highest it has been all year; 2.) Revenue per billable patient day (which shows the efficiency of our revenue stream from operations) for May 2021 was $410.00.
- Revenue May YTD Actual was $22,421,782, compared to budget of $25,916,000, resulting in a negative variance of $3,494,218.
- Expenses from Operations for May 2021 YTD Actual were $18,931,005 compared to budget of $19,879,918, resulting in a positive savings year to date of $948,913.
- May 2021 YTD Margin Before Debt & Allocation of $3,490,777, $2.54M under Budget.
- May 2021 YTD Margin Before Debt & Capital was $(1,632,254), compared to our budget of $651,118, resulting in a variance of $(2,283,371). Actual Capital Expenditures were $182,231, and Deferred Revenues were $2,251. Operating Profit before Debt Service was $436,525, with a negative variance of $32,262.
- Net Revenues/(Expenses) after COVID monies are $(22,106).
- Benefit Summary for YTD May 2021 variance to budget was a savings of $256,764.
- For May YTD 2021 Salaries & Wages were under budget by $673,040. Mr. Raimo noted this variance continues to grow each month.
- For May YTD 2021 OTPS were $1,233,189 compared to a budget of $1,043,468, a variance of $(52,686). Many of these expenses were COVID related expenses: PPE; courier service for COVID testing; rental of PODS for visitation & associated electrical hookup; porta potties.
• For May YTD 2021 Supplies & Materials were below budget by $180,007.
• For May YTD 2021 Maintenance expenditures were under budget by $43,180.
• Overall Gain/(Loss) Fiscal Year to date at ($2.2M); after COVID money at ($22,106).

Marketing – presented by Christopher Carter

Mr. Carter reported the following:

• Over the past 2 months we’ve completed our 2nd flight with Today Media where we’ve been using their geofencing advertising capabilities.
• Digital ads continue to be focused around hospitals in Westchester County; over the last 2 months we’ve added advertising around Southwest Connecticut including Greenwich and Stamford hospitals.
• Search advertising continues to be strong and in line with our trends over the last six months; this fall we will have details on the most visited pages of the new website. We have the ability to focus advertising around marketing needs so we can align Google advertising accordingly.
• We did 30 Facebook posts since the last Board meeting, including Five Ways for Seniors to Protect Themselves from Online Misinformation, and a piece on the fact that several of the volunteers are back at the Witherell.
• In social advertising, we had a big uptick in May Facebook, with over 15,000 impressions.
• Blogs - we had posts on Reuniting with Family Members, What to Know and What to Do; and a piece on resident musicians Vin Galizi and Michael Rinaldi, which was also picked up by the Greenwich Time.
• Our new website has launched; it has a much more modern design, designed to provide greater education to those considering a nursing center or short term rehab facility; there is a virtual tour of the exterior; the technology allows for faster page loads and improves the experience of the reader; the navigation bar on the top of the homepage contains an Events and Newsletter section – it also has a Family Update section with the latest information on visitation and visitation guidance per CMS and the status of COVID-19 at the facility – NW is one of the only hospital facilities to provide this on their website - it also has the visitation section, where you can sign up. Discussion has begun about shooting footage this fall for an internal virtual tour.
• If anyone has any questions about the digital terminology, please feel free to send Mr. Carter an email.

Friends of Nathaniel Witherell (FNW) – presented by Scott Neff

Mr. Neff reported the FNW Community Appeal to date has exceeded last year’s fundraising total by 14%. He continues to conduct follow up with past contributors who have not yet made a contribution to this year's appeal. The FNW fiscal year ends on June 30, 2021.

The next FNW Board Meeting will take place on Wednesday, June 23rd at 9:00 AM via conference call. The FNW Annual Meeting is scheduled for September 22, 2021.
Chairman’s Discussion – presented by Laurence Simon

Mr. Simon thanked Joan Merrill for her three-year tenure on the Board of Directors and expressed his appreciation. He thanked her for her service to the board, for her time, effort, and insight, and for helping NW become a better facility. Ms. Merrill stated that it has been an honor to be on the Board and that her only regret was that she 'couldn’t have done more'. She will be happy to stay until her replacement is found.

Mr. Simon reported the following for the 11 months ending May 31, 2021:
- There were 386 admissions; 44 long-term and 342 short-term
- Of the 342 short-term admissions 231 were medical and 115 were orthopedic
- Greenwich Hospital continues to provide us with about 2/3 of our admissions
- The Census on July 1, 2020 was 158; Census today is 173; the high Census during the year was 182; our goal for next year is to get to 188. In order to reach this goal we need to increase the long-term census which is currently at 140.

Mr. Simon stated that in the 14 months that Mr. Mastronardi has assumed the role of Executive Director, he has done a very good job fixing the cost side and now helping to improve and focusing on the revenue side.

Mr. Simon noted that healthcare is currently a dynamic environment. There are hospitals providing health care, nursing homes interacting with hospitals, nursing homes providing in-home care; there are ways to generate revenue and we need to position ourselves properly to do that.

Mr. Simon stated that as we improve our finances, we are also going through a lot of transition, both with vendors and staff. Some staff have been resistant to change, causing work stoppages due to excessive call-outs; this has had a negative impact on cost. The staff has to understand that the management is in control of the building; we are staffed adequately when everyone reports to work as assigned.

Mr. Simon noted that it has been a very difficult year for Nathaniel Witherell; isolation was difficult for residents and families. Now that we hope the worst of COVID is over, he is willing to take some of the suggestions from management and others and work with the Town to enforce vaccinations for new hires. He also believes there will come a point in time, in the not too distant future, when NW will try and enforce vaccinations for existing employees.

Mr. Simon believes we are well positioned for the future, with a solid staff to take us where we need to go; issues have been identified; more transporters and volunteers; return of communal activity; all of which are what make Witherell a special place.

With our ability to control our costs, our ability to increase our revenue through a different series of alliances and agreements with healthcare providers, we can become and remain profitable without the large amount of COVID grants that we received this year.
Mr. Simon thanked the Board for their hard work and commitment to the betterment of this facility.

In response to Mr. Kaplan request for an update on the RFP, Mr. Andy Duus, BET Liaison, responded that they are still in the process of collecting information, and before they go back out to other parties, they have their own internal work to do. This an ongoing process that “is not going to end soon”. He stated it may not be over for another year.

Mr. Simon had a final comment with regard to labor negotiations with the Teamsters. They’ve been proceeding slowly (the contract expired on 7/1/19) – now ending their second year without a contract. Arbitration is scheduled in July and August. The Town is in the process of finally hiring a Labor Relations Specialist which Mr. Simon thinks will help with negotiations. He has reviewed some of the payroll issues that come out of the contracts and believes they are too complicated – as a Town and as an institution we need to find a way to simplify how people get paid, and simplify the contract language in that regard.

The next Board meeting is scheduled for July 26th via Zoom Webinar. The September 13, 2021 Board meeting will be held in-person.

**New Business - none**

A motion to adjourn the meeting was made by Ms. Hurst seconded by Mr. Carter and the meeting was adjourned at 6:19 PM.

Respectfully Submitted,
Linda Marini
June 24, 2021