1. 5:00 P.M. Nathaniel Witherell Board Of Directors - Sept. 14, 2020
   Nathaniel Witherell Board of Directors Meeting Agenda, Sept. 14, 2020

   Documents:
   
   TNW BOARD OF DIRECTORS AGENDA 2020_09_14.PDF

1.I. TNW Board Of Directors Meeting Minutes 072721

   Documents:
   
   TNW BOARD MINUTES 2020_07_27 APPROVED.PDF
BOARD MEETING
VIRTUAL WEBINAR
Monday, September 14, 2020 – 5:00 pm

MEETING WEBINAR INFORMATION

Webinar Link:
https://greenwichct.zoom.us/j/94166475570?pwd=T2hNWUc1Y0pkQ2hLZEN0aW9JWVpEUT09

To join by phone dial: 1-646-518-9805 ; Webinar ID: 941 6647 5570 Password: 1575538

AGENDA

1. Medical Director’s Report – Frank Walsh, MD
2. Review/Approval - Minutes July 27, 2020 – Chairman
3. Reports
   a. Executive Director - John Mastronardi
   b. Building Committee – Larry Vanterpool
   c. Therapeutic Recreation - Carissa Ronish
   d. Marketing - Chris Carter
   e. Friends of Nathaniel Witherell – Scott Neff
4. Chairman’s Discussion – Laurence Simon
   a. Visitation Policy
   b. New Board Member - Melissa Gibbons and one vacancy remaining
   c. Open Positions on the Board
      i. Secretary
      ii. Building Committee Chair
5. New Business
   a. Draft 2020 Calendar
   b. Vote to approve Cell Tower on TNW property
6. Adjournment

2020 Calendar of Board Meetings:

Monday October 19, 2020

Monday November 16, 2020

cc: Town Clerk
Board of Directors Virtual Webinar Meeting
Minutes
July 27, 2020

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

Absent: none

Staff: Michel Baptiste, Housekeeping/Laundry Supervisor; Nadia Benson, Deputy and Director of Nursing; Linda Marini, Assistant to Executive Director; John Mastronardi, Executive Director; Elizabeth Mungai, Director of Utilization, Clinical Outcomes, Rehab Services; Scott Neff, FNW Executive Director; Nunzio Raimo, Director of Financial Operations; Carissa Ronish, Therapeutic Recreation Administrator; Justine Vaccaro, Director of Social Work; Larry Vanterpool, Facilities Director

Guests: Amy Badini; Andy Duus, BET liaison to TNW; Maria Spziak-Kelsey; Beth Krumeich, BET liaison to TNW; Sarah Langmuir; Leslie Moriarty; Sheilah Smith; Ellen Wolfson, Commission on Aging

Mr. Simon opened the meeting at 5:00 PM via zoom webinar and noted that a quorum was present.

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

Dr. Walsh reported that the facility is currently COVID free. Testing of residents and staff is taking place weekly, every Wednesday and Thursday, from 6 AM – 6:00 PM, with results being returned within 72 hours. If we have negative test results for everyone for two consecutive weeks, the state will stop mandating our weekly testing.

NW can and does provide testing for private duty aides. Everyone who enters the building is screened and temperature checked.
Dr. Walsh noted that a few residents have gone to the hospital and tested positive with the COVID quick test. Subsequent testing results of those same residents were negative. He believes the hospital quick tests showed false positive results. The fact that the quick tests (point of care tests) have been known to show both false positive and false negative results, is concerning for a facility as NW, noted Dr. Patel. Dr. Walsh agreed that these results may be faster but not necessarily as reliable as the lab results.

Ms. Brown questioned whether all staff had been tested. Dr. Walsh acknowledged that there have been staff who have opted out of testing. Currently, staff members have the right to refuse testing without penalty. Ms. Dinty Loyola, Infection Control RN, could provide numbers of staff who have refused testing.

Dr. Walsh reported that he has admitted approximately 10 new residents this past week. Protocol requires each new admission to have 2 negative COVID tests prior to admission. Orthopedic cases are down; most new admissions have had diagnoses of cellulitis, congestive heart failure, and other medical diagnoses, and these conditions are well handled by the staff.

Ms. Krumeich, BET liaison to NW, asked if families may choose to have a staff member who has opted out of testing, not work with their family member? Mr. Mastronardi stated that Dinty Loyola, Infection Preventionist, is conducting tracers on any employee who has refused to be tested. He also stated that staff who refused testing would not be allowed to provide care to residents, and in fact, would have to quarantined for 10 days.

**Review/Approval of Minutes of June 22, 2020**

A motion to approve the minutes of June 22, 2020 was made by Ms. Hurst, seconded by Mr. Carter. A vote was taken, and the minutes were approved by a vote of 7-0-0.

Mr. Simon introduced and welcomed two new members of our management team: Nadia Benson, RN, Deputy and Director of Nursing; and Nunzio Raimo, MBA, Director of Financial Operations.

Mr. Simon noted that this is the first time in 9-10 months that NW has had a full management team. He is excited to move forward with the effectiveness of full management.

**Executive Director’s Report - presented by John Mastronardi**

Mr. Mastronardi reported that he is sending out an email blast to family members each Friday, which gives a general update on things surrounding the COVID situation here at NW. There is also the family info email line, familyinfo@witherell.org, available to families to submit questions to the leadership team. Ms. Brown suggested a “Frequently Asked Questions, FAQ” document on the website, which might help avoid the same questions being asked by several individuals.
Nathaniel Witherell PDPM Update, July 27, 2020 Board Meeting: Power point presented by Mr. Mastronardi reviewed the following:

To optimize and adjust to the new payment model to enhance our billing practices from the prior FFS environment, TNW:
- Has shifted our focus from maximizing therapy minutes to identifying referrals that have multiple comorbidities through an analytical review of each patient assessment.
- Needs to identify and select the primary diagnosis from those comorbidities that represent the greatest challenge to each patient’s recovery. This approach garners the higher reimbursement rates.

Advantages of PDPM:
1. Higher reimbursement rates are predicated on value-based care, not volume.
2. Intake of more complex diagnoses, and patients that require clinically complex care drive higher reimbursement rates.
3. Higher acuity patients require a higher level of nursing care: accurate assessments, timely interventions, documentation; accurate ICD-10 primary, secondary and tertiary diagnosis & prioritizing related interventions; close collaboration with Admissions & Business Office; nursing involvement in discharge planning.
4. Acceptance and intake of more complex diagnoses:
   - Phase I – cardio/pulmonary, sepsis and simple medical management
   - Phase II – IV therapies
   - Phase III – ESRD-in-house peritoneal Dialysis, HIV, tracheostomy care

Advantages of NW current market position (pre PDPM): NW brand; nurse staffing ratios; great quality measures; competitive wages; hospital partnerships.
Disadvantages: payer mix & associated reimbursement revenue; advanced nursing skills; overtime expenses; lower reimbursement rates for orthopedic patients.

Facility focus will be on cardio-pulmonary diseases (CHF, COPD); sepsis; type 2 diabetes & wound care; dehydration, UTI; orthopedics.

Recommendations:
- Nursing education: on-going re-education through vendors and clinical experts
- Licensing for IV therapies per DPH
- Technology, including Real Time software, Matrix documentation (EMR) and Nurse Rosie vitals interface
- Nurse to patient ratios review
- APRN – more acute care and weekend coverage
- Case management – paying close attention on admission to Medicare and getting accurate estimates on length of stay in order to shorten length of stay and still have good outcomes.
- Expanding our referral bases
Mr. Mastronardi explained that the admissions department will need to be fully educated on reviewing the patient assessment materials, thoroughly yet quickly, in order to determine the proper patient profile being sought after. Reliance on timely communication between admissions and nursing/clinical is also key. Ms. Elizabeth Mungai stated that we have recently begun to have a designated nurse who thoroughly reviews the diagnoses of the patient before they are admitted and identifies the highest paying diagnoses; the highest paying is not always what brought the patient to the hospital. The nurse makes sure these diagnoses are sequenced correctly in Matrix (EMR), along with all associated non-therapeutic ancillaries (NTAs), to attain the desired level of reimbursement.

AccuShield - the sign-in and screening kiosk, which integrates a touchless thermometer and questions related to COVID for everyone entering the building, will be coming in mid to late August.

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

Mr. Vanterpool reported that we are at the beginning of the Community Development Block Grant (CDBG) process. We were awarded $160K to be used for rehab work of the Pavilion building. Soon we will begin working with the Purchasing Department to start the bidding process for the necessary contractors.

Stantec Consulting Services, Inc. was approved as the electrical engineers for the design and function of the electrical panel replacement. They have begun the drawing phase and collection of usage and consumption data necessary to determine the proper parts and electrical boards. Mr. Vanterpool expects to receive their report in the month of August.

**Marketing – Presented by Christopher Carter**

Mr. Carter reported that the story regarding our CMS 5-Star rating ran in the Greenwich Time, Greenwich Patch, and the Westchester Fairfield County Business Journal. It is also on our website and on our social media feeds.

We are running advertisements about NW short-term rehab capabilities in Greenwich Magazine and all of the Hearst newspapers.

The Harrison Edwards June 2020 reports were distributed with Board materials.

Harrison Edwards presented their Google Analytics report, via Zoom, on July 14, 2020, 10 AM. Board members received copies of the report. The report showed that traffic is up from last year. Also, the search for ‘Nathaniel Witherell’ was significantly up from all surrounding suburbs.
Harrison Edwards continues to create blog content for the website and social media. Most recent posts are *Paving the Road to Recovery*, highlighting Witherell’s Discharge Team, and *Cardiac/Pulmonary Rehab: a Witherell Specialty*.

Harrison Edwards will also be sending out press releases on our two new hires, Ms. Benson and Mr. Raimo.

Based on the future of our short-term rehab business, Mr. Simon wants to make sure that advertising is focusing more on medical rehab and less on orthopedic.

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

The 2020 Community Appeal, which ended June 30th, exceeded last years' donations by approximately 1%. Contributions were made by 446 donors compared to 406 last year. Mr. Neff noted that work is currently being done on content, messaging and photos, for the 2021 Community Appeal.

FNW Special Event Committee is in discussion about holding a ‘virtual’ event this fall due to the current environment surrounding COVID-19.

A motion to give Mr. Mastronardi authority to execute the Community Development Block Grant (CDBG) contract on behalf of the The Nathaniel Witherell, was made by Mr. Simon, seconded by Mr. Kaplan. A vote was taken, and the motion was approved by a vote of 7-0-0.

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

Mr. Simon reviewed the supplemental document he circulated to the Board members. Mr. Simon noted that as we continue to build the census, our financial situation will improve, and it appears census will be over 170 by the end of July.

Lengths of stay have extended because we are admitting more medically complex short-term patients and less orthopedic cases.

For last year, revenue was $27.2M, including $1.1M of COVID stimulus money. We were $2.1M short of budget, due to over budgeting and the low census.

The revenue for this year is $28.2M, $1M less than last year’s budget and $1M more than we collected in FY20. Mr. Simon believes that with the changes being implemented due to PDPM, and the higher rate of reimbursement we are getting from Medicare, that we have a better chance of making this number.

Mr. Simon reported that we will apply to the State of Connecticut this week for $440K that is set aside for us for COVID related expenses. This will be considered part of FY21 revenue.
Mr. Kaplan referred to further reimbursements from CMS; Mr. Mastronardi agreed we will apply for those funds as well.

Mr. Simon stated that we did a very good job of managing the budget last year in terms of cost. We were $864K below budget last year. To ensure that we had no costs carried over from last year into this year, we encumbered an additional $450K. We’ve also encumbered $332K for labor contract settlements; we budgeted for a 2% increase.

We have been looking very closely at accounts receivable, and the goal is that by the end of September or early October to eliminate as much as possible of the credit balances. The credit balance is currently $1.9M, partially from private pay residents' advance payments. We’ve hired O’Conner Davies to help with this item.

Messrs. Simon, Mastronardi and Raimo will meet tomorrow to discuss departmental budgets, and we will now start managing Witherrll by department, which will include expenses, overtime and staff salaries.

Mr. Simon reported that Melissa Gibbons will be interviewed by the RTM in August and anticipates she will join the Board in September 2020. Mr. Carter will also be reappointed following his interview in August. There are two open Board positions for which Mr. Simon is looking for volunteers: Secretary and Chairman of the Building Committee.

Ms. Brown asked if a COVID task force could be created, comprised of staff, Board members, and other interested parties, to deal with PPE, testing, policy and protocols. Mr. Kaplan believes that the Executive Director and staff should set policy. Mr. Mastronardi confirmed that we do have a COVID Policy and Procedure which has been integrated into our Emergency Preparedness Plan. He makes every attempt to get information to the Board and family members as soon as possible and remains open to all suggestions. Each day at Morning Report there is a review of COVID statistics and strategy. Every Friday the leadership team reviews policies/procedures, places for improvement, what went right, plans for visitation, and more. Ms. Hurst suggested a Board COVID liaison may serve this function instead of a taskforce. Mr. Simon will take this under advisement and respond to the Board before the September meeting.

Mr. Simon stated that in the 3 months that Mr. Mastronardi has been here he’s done a wonderful job. He has taken us from a very difficult time, assembled his management team, and he has been open and responsive to changes we want to make; we are well positioned for future success. He thanked Mr. Mastronardi for his service thus far. Mr. Mastronardi thanked the Board for their support.

**New Business - none**
Mr. Simon acknowledged comments/questions from the audience:

Ms. Amy Badini stated she was interested to hear Carissa Ronish’s report. Ms. Ronish was not on this meeting’s Agenda and had left the meeting by this time. She also asked if it was state policy to allow family input into facility policy. Mr. Mastronardi stated that he returns phone calls to families on an almost daily basis, answers all emails received, and is always open to their suggestions.

Ms. Brown stated that families would like a Recreation Schedule. Mr. Mastronardi will follow-up with the Recreation Department.

Ms. Brown also asked about the possibility of accessing a TV channel that aired old movies. Mr. Simon suggested she determine the channels people are interested in and we’ll find out the availability and associated cost. Ms. Vaccaro spoke to the point that we did in fact already subscribe to the Turner Classic Movie channel.

With regard to a daily Recreation Schedule, Ms. Vaccaro noted that with everything that staff is doing to transport people outside, and continue organized programs on the units, the schedule tends to be more fluid. Most activities are scheduled after care and after lunch. As noted earlier, Mr. Mastronardi will follow-up with Ms. Ronish regarding the schedule.

Ms. Sheilah Smith stated that she used the familyinfo@witherell.org email on July 17th, sent 6 questions and then posted 2 more last Tuesday (7/21) and has had no response. She did not have the confidence that anyone is handling that email. She asked that someone look into it and get back to her the next day.

Ms. Smith stated that is was very concerning to her to not have communication; not knowing what their family member is doing; visits only every 2 ½ - 3 weeks; residents are on room lock-down; can’t get summer clothes; not knowing what is being done to support their physical and mental well-being; how can there be a Marketing committee and a Building committee of the Board and not a COVID committee. She strongly suggested that a special taskforce meeting be held in August.

Mr. Mastronardi went on record to say that anything he received from any family members, including Ms. Smith, he has answered point by point. He is not aware of anything that has gone unanswered. Mr. Mastronardi stated that anything that Ms. Smith sent to him directly or to familyinfo@witherell.org has been answered either directly to her or the response has been included in the Friday family updates.

A motion to adjourn the meeting was made by Mr. Kaplan, seconded by Mr. Carter and the meeting was adjourned at 6:42 PM.

Respectfully Submitted,
Linda Marini
August 2, 2020