



**MINUTES OF THE NORTHERN NYE COUNTY HOSPITAL DISTRICT  
BOARD OF TRUSTEES  
101 Radar Road, Tonopah, NV 89049  
Regular Meeting  
February 20, 2020 6:00pm**

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Chairman: Karmin Greber - Present  
Vice Chair: Emily Hendrickson - Present  
Secretary/ Treasurer: Justin Zimmerman - Absent  
Trustee: Don Kaminski - Present  
Trustee: Tim Gamble - Present

**Item #1, Pledge of Allegiance.**

Led by Trustee Kaminski.

**Item #2, Approval of the Agenda for February 20, 2020. (Non-action Item)**

Chairman Greber

We don't have any emergency items on the agenda for item number 5, so we are going to remove that one. There is another one related to the maintenance agreement. I have put a standing item on here number 17, for possible action, that is in the event that our maintenance service agreement requires consideration for purchase above their cap. So, every month we don't have to worry about agenda deadlines if something suddenly comes up, they can come. To my knowledge, there are none, so we can pull number 17, which is regarding excess of \$500 purchases for the maintenance.

**Item #3, GENERAL PUBLIC COMMENT (Three-minute time limit per person.) Action will not be taken on the matters considered during this period until specifically included on an agenda as an action item (first).**

None.

**Item #4, Announcements (first)**

None.

**Item #5, For Possible Action – Emergency Items**

Removed from the agenda.

**Item #6, Trustees'/Liaison Comments (This item limited to topics/issues proposed for future workshops/agendas)**

Trustee Kaminski

The one thing I wanted to talk about is, we have a maintenance contract set up for the complex. What about repairs? Is that considered maintenance? Because we talked about the holes in the roofs, and those would be considered repairs. Do we have to get the people from the Mizpah to do that?

Chairman Greber

Are you suggesting that we have an agenda item in the future to address that?

Trustee Kaminski

Well that's why I asked what an emergency item is because I thought you wanted to get the roofs closed in as soon as possible. So if we put on an agenda for next month, it's going to be another month before we can work on that. Unless I can use the people from the Mizpah.

Chairman Greber

We are going to have a special meeting that I'll be commenting on which is proposed for the first Monday in March, on the second, I don't know the time yet. We can get an agenda item on that to make a decision and hear your proposal. Is that soon enough? It is within the services agreement for maintenance, that they would assist with outsourcing. So a consultation with them as appropriate, if you would like. So start with them and then if they declare that it's about their skill set, then they're able to source, that's actionable.

As I said, we will be having a special meeting, not just a workshop. I'm proposing the second of March, and this is to finalize the lease agreement with CNRC. We need to have that in place. Currently it's between legal review, between the two entities, us and them. So, give that date consideration and see if you're able to call in, at the very least, so that we can have a quorum. The purpose will be to execute the lease agreement.

In addition, I am being approached by a number of organizations, they're very interested in use of the hospital campus and curious about it, and just eyeballing it a lot, wanting to consider it as a location. I would like the trustees to sit down at a workshop and discuss an overall strategy, discuss our thoughts about it. Hear some public comments, hear some ideas.

Trustee Gamble

Out of curiosity, what type of organizations?

Chairman Greber

I'm not able to discuss it, because it's not an agenda item. The workshop is all that I'm announcing. I'm asking you to send Tiffany some dates and availability when you'd be available for a workshop for use of the complex.

**GENERAL BUSINESS**

**Item #7, No Action - Presentation by Renown Health of their December 2020 reconciliation package and reports pursuant to the professional services agreement entered into on December 20<sup>th</sup>, 2017.**

Gary Beck

Thank you, Madam chairperson. For the record, my name is Gary Beck and I serve as the Director of Rural Health Services for Renown Health in Reno, NV. I really don't have a presentation. I believe we've provided the invoices for December and January, if you do have questions for me I'm not in operations, but I may be able to answer some of them. If not, we'll provide you with the answers as soon as possible.

Chairman Greber

I don't know if we received January's. Isn't this up through December?

Trustee Kaminski

This is December

Chairman Greber

I think December is as far as we've received so far.

Trustee Kaminski

I do have one question. I'm looking at the December numbers, and December numbers are about \$17,000 more for salary and benefits than the current one and in November. And then there's supplies of \$8,425. I was kind of wondering what those were, because in our minutes from January Jessica stated our numbers for December were down a slight bit compared to last year. So if the numbers are down why would the salaries jump \$17,000?

Trustee Gamble

Actually, if you look back at October, there's a down month in November, I think maybe the more appropriate question to ask would be, why is November down \$17,000?

Gary Beck

I'm looking at the records that I have with me, just to go through it quickly. Beginning in April of 2019 salary and benefits were \$60,944, May was \$49,413, June was \$61,980, July was \$54,522, August was \$69,633, September was \$50,464, October was \$63,449, November was \$49,447, December was \$66,716 and then January was \$40,219.

It may be dependent upon Dr. Zsikla and her availability, because she is dedicated to the Tonopah Clinic for Telecom. But I can find out the details for you. I really don't know. We've got four employees, we have Lisa Logan, our physician assistant, and then Dr. Zsikla providing the Urgent Care and Primary Care via telehealth, but I did notice the fluctuations and I will get you an answer and provide that to you.

Trustee Kaminski

Well thank you for reading those numbers because it sounds like it's pretty usual to go up and down \$10,000 a month.

Trustee Gamble

It doesn't look as odd when you compare it to the rest of them.

Gary Beck

And then the supplies, I have to find that out for you, as well. I will send an email to Karmin and Justin and have an explanation for that.

Trustee Gamble

When you look at the supplies in three months, the supplies have continually just about doubled

each month or the three months we're looking at anyway. So they seem to be going up.

Gary Beck

Well I do know we had an EKG machine that went out and I'm not sure if that was included in that.

Trustee Kaminski

So, is that our property then?

Gary Beck

No, that would have been ours. I know we were trying to find a replacement. We thought we had one, somebody else had already utilized it and taken parts off of that. It was necessary for us to have an EKG machine at the clinic. But I will find definite answers on that. Are there any other questions?

I'd like to take the time to share some thoughts with you:

On behalf of Renown Health I would like to extend my sincere appreciation to all of our patients in Northern Nye County who gave us the opportunity to care for you at Renown Medical Group, Tonopah Clinic. It has truly been a privilege to serve you. I would also like to acknowledge and thank REMSA for partnering with Renown Health, as together we sought to implement a new Rural Health delivery model to the residents of Northern Nye County. I would like to personally thank Kevin Romero, Vice President of Operations and the crew of paramedics who have worked here for their assistance and support over the last several years, their community paramedicine services and nurse helpline services have certainly proven to be a significant value to the health and health care, being provided in this community and we hope to continue to see those programs stay here. I also want to recognize and thank local nurse practitioners Marie Peterson and Beth Ennis, for being our colleagues and a part of the healthcare team in this area, their devotion to providing quality care for this community should never be taken for granted. I also want to take this time to thank Nye County for serving as our landlord since May 2016, up until just recently when Northern Nye County Hospital District became owner of the property on land located at 825 South Main Street, in particular, I want to thank Lorina Delinger, Assistant County Manager. Over the last three years our Renown Health team has worked together with Northern County Hospital District Board of Trustees, to identify and address the health and healthcare needs for residents of this area. Although it is not our intention to pull out of Tonopah at this time, Renown Health respects the Trustees desire and decision to best serve the healthcare needs of Northern Nye County, and that is why we have agreed to an early termination of our services agreement. We remain willing to partner with the Northern County Hospital District in order to have a smooth transition of services, as needed. With that, I thank both the present and past Trustees for their partnership and collaboration during our time here in Tonopah. Last and most important, I would like to acknowledge and commend our outstanding medical staff at Renown Medical Group Tonopah Clinic. Dr. Suzanne Zsikla, Lisa Logan Physician Assistant, and of course our truly incredible local team which includes Jessica Thompson our Director of Group Practice Operations, Heather Zimmerman our Respiratory Therapist Medical Assistant, Donna Paul our Radiology Technologist, and Jen Yeager our Medical Assistant Patient Access Representative. We are most grateful for the dedicated and compassionate care that they have provided to our patients on our behalf. I personally want to thank them all for what they have done for us and for this community. That's all I have. Thank you for the opportunity.

Chairman Greber

I think that it has been a successful tenure here in Tonopah and we certainly can't overstate our appreciation for Renown Medical Group filling the gap that we experienced, it was desperate times, and you guys stepped right up and filled that gap for our community, and you've won the hearts of our community. The transition is very challenging and we're set to navigate it, but it's not

easy to let you go, and we really appreciate your presence here.

Gary Beck

Thank you. It is a challenging times in healthcare today but I think we all wish the best for this community and for the area. And so, we will keep track and wish you the very best. Thank you for the opportunity.

Chairman Greber

Thank you so much. Thank you for coming out tonight Gary. Any further questions or comments?

**Item #8, No Action –Presentation by Regional Emergency Medical Services Authority of their December 2020 reconciliation package and reports pursuant to the professional services agreement entered into on December 20<sup>th</sup>, 2017.**

Kevin Romero

Good evening, Madam Chair, members of the board, Kevin Romero, for the record. I just like to echo and thank Mr. Beck as well. I'm lucky to have him down the street and working on many of our innovations and picking his brain, so I appreciate everything that he and his team has done for us in Tonopah and in other places, so thank you Gary.

Okay, so this month's invoice was below average, as stated we're on track to be below cap by approximately \$40,000 as predicted for this year. We'll have all of our closing numbers at next month's board meeting. But that's looking like what it's at. So, \$29,000 on the invoice is just below our \$35,000 monthly average.

Next, the financial statement and then on to the paramedic responses. In regards to responses, we're actually starting to see an interesting trend line which shows a steady increase in requests for service. So this is something of value because the Board can see here exactly since our inception in April of 2018. Now we are looking at December of 2019, you can see that steady rise and actually it's a pretty significant rise. Typically in Washoe County, we see about a 5% increase annually on requests for service. Now remember, we can't entirely control those requests for service, those are people who call 911. But we can attempt to control the transport ratio. So going forward, this is going to give us an idea of what our volume is gonna look like. So a pretty good graph there.

We had a total of 17 transports in December. Again, we're able to track that pretty well. As you can see back in December 2018, we had 14 transports and again, our goal is to mitigate those transports, keep the patients patriated within the Tonopah region, and utilize some innovation to keep our services available within Tonopah as well for those life threatening emergencies.

Moving on to community paramedics visits. As you can see, we've had our third month in a row without a community paramedic visit. We're not exactly sure of the reasoning on this. But this is why it's important that we get on with CNRC to discuss both alternative destination transport and a community paramedic program, since CNRC will have the ability to refer patients into our program. And this likely, or will hopefully prevent after hours transports either to CNRC with their own call system or to hospitals outside of the area. So I've explained the importance of this and we've definitely got to get together. I received an email that came through our REMSA website from Kaniela Acosta from CNRC, and I responded and also cc'd Dr. Pillars as well, to get a meeting together prior to their opening, so that we can get on the same page. With alternative destination transport, the sooner the better for that, because we want to be up and running to full capability and have the ability to transport those low acuity patients to their clinic. So something that we're still working on. Hopefully, they will have the provider that will, to give you an example, that will see a patient within the clinic, recognize the value of that patient having a home visit for their problem or for medication education or for whatever that may be and can refer into that program. And that community paramedic can do home visits to that patient to prevent any further transport. So those are some of the items we'd like to discuss with them, because we'd like

to see more in the way of home visits. Obviously that is important because it improves your population health and it improves the availability of the services within your region and many other trickle down effects for that. So we're working on that.

Trustee Gamble

Just out of curiosity, give me a few examples of what make ideal community paramedic patients. Because every place I know from Cleveland to Cincinnati to even Denver, they all have different ideas of what community paramedic patients are. So, what are your guys' parameters for these? What are your typical community paramedic patients?

Kevin Romero

Sure. So we're a little bit different in the fact that referrals can come from any provider. The typical patient that we see that we really hone in on CHF and COPD patients. We are expanding that to diabetic patients as well, also medication education. But we're funded by your Board and your Health District. So, if there's a need for us to see a patient to help determine the pathway of that patient, we can go out and see just about anybody and they don't have to be insured. It's not unusual for Marie or one of the providers in town, to have a patient that may need something like fluid resuscitation, and a suggestion on the pathway that patient should go, whether they should be transported to a hospital, can receive antiemetic, anti nausea type medication until they can get the prescription tomorrow morning, and we'll respond over to the clinic or their office and help navigate that patient as well. So those are just a few of the patients Tim, that we can see. But working again with CNRC, we can see if there's any trends on patients that they're seeing in the community that would be of value and we can adjust our program with our medical director to meet the needs of the community.

Trustee Gamble

So given that, I want to ask you, maybe to see about expanding this program at any time because we've talked a lot about referrals from providers such as Marie or Beth, or Renown Clinic. Is there any chance of opening up your referral program to maybe less fortunate ones, indigent people that are seen maybe not necessarily by provider, but maybe like law enforcement or some of our outlying EMS agencies?

Kevin Romero

If you can expand on that for me, Tim, if you would.

Trustee Gamble

For instance, let's say we have a CHF patient who literally an EMS agency can't get to go to a hospital but maybe could benefit from a community paramedic visit and maybe some education. But we're not getting her to an actual provider itself to actually get that referral to you guys.

Kevin Romero

Realize, part of the community paramedics job is to help find a provider for that individual. So yes, it is safe to say that we can work with that individual to find a provider. Again, we don't need them to be insured in-network for us currently, it can be anybody, because this program is funded by you as the Hospital District. So to answer your question, we would obviously be on scene with that patient because we're part of the 911 response system. And if they didn't want to go they would be an advanced life support patient and they would switch from the 911 world to the community paramedic world and try to see how they can assist that patient in finding a provider, whether it be the clinic, CNRC, whatever it may be, or to help them obtain Nevada Medicaid or whatever may be needed for that patient at that time. They help them navigate those types of scenarios. So the answer to that is, yes, we can assist with that. Although you do know everything has a different

challenge. Many of those patients completely refuse, if a patient refuses any type of treatment we can't force them into any type of treatment, it's against the law for us. All we can do is encourage.

Trustee Gamble

Okay, I'll shoot you an email and give you a little bit more specifics. That we might be able to navigate for a couple of patients that I'm thinking of off the top of my head.

Kevin Romero

Sure, and there are some other opportunities like I mentioned, diabetes as well. So the medical directors within REMSA are looking at expanding some of those community health protocols to include other complaints.

Vice Chair Hendrickson

Kevin, I had something on that as well. I brought up the community paramedic opportunity at a recent Nye Coalition meeting and Beth was there and she mentioned that she has not been referring people because her understanding is that it's only for things like COPD and CHF. I think some communication with her to explain that there is some flexibility and you guys offer other important services.

Kevin Romero

Yes, thanks Emily. She hasn't referred people into the program, but what Beth has done is requested the community paramedic to her office to help navigate the patient that's in her office and treat the patient. An example of that would be, she doesn't start IVs or give fluid resuscitation. I mentioned nausea, and things of that nature. So the paramedics have been working with Beth, she's been one of the really good ones, to make sure that we're handling the right navigation of that patient. So that piece she has utilized the community paramedic on. So that seems to have worked out pretty well.

Vice Chair Hendrickson

Yeah. And she's very complimentary of all of you guys. I just think that one little piece about that in home treatment is maybe missing.

Kevin Romero

Great, thanks, Emily. And Tim, I'll touch bases with you and we can absolutely talk with our medical director here and see if there's some identified areas in regards to population health and types of problems out there that we can add to the community paramedic protocol. I don't have a problem with that whatsoever.

Trustee Gamble

All right. I didn't mean to interrupt and send you on that big tangent.

Kevin Romero

No, that's all right. I think I was done with community paramedic visits. So moving on to nurse helpline calls, a very interesting drop off here. Although we did have three go to protocol so that's great. But I think what we may be seeing here is a leveling off from the removal of the seven digit line in Reno. To remind you of what occurred there we had a Reno seven digit nurse helpline call and we had a telecom seven digit nurse helpline call. They're still utilizing our helpline in Washoe County, but they decided to remove the seven digit line within REMSA. What happened is when you Google "Nurse helpline", nationally, the number that pops up is Tonopah's seven digit line. You may remember, I went on the record a while back, quite a few months ago I would say in April 2019, you see the spike there to explain why we had this issue. You decided as a board not

to remove your seven digit line and respectfully so I agree with that decision, to keep that available for your constituents within Nye County. I think now what we're beginning to see as you can see, since June, we are decreasing and maybe we have an item there where we're starting to see some leveling off where only the Tonopah Northern Nye County region residents are utilizing that nurse helpline seven digit number. So with that being said, I believe Board member Gamble was working on a flyer mail out that included Tonopah's seven digit number as well. And I don't know if that's back on as an agenda item, but I know he was working on that so that we can get that mailed out. I think it is in here somewhere, so we can get that flyer and that number back out to the constituents within Northern Nye County. So that's what I believe to be happening with the nurse helpline, but good to see that those three at least went through the protocol, and so that means that they received care and treatment as.

Satisfaction remains great. I will just skip over that. The Quality Report, we had two clinically indicated reviews this month. Again, as you are aware and as our chief nursing officer explained in last month's meeting, those two are just clinically indicated but we do review 100% of all patient care records within Tonopah, but only two that required clinical education. Lastly, next month's meeting will be the end of the year so we are preparing for the annual report and presentation to the board. We also just finished training the last physician at Mt. Grant General Hospital on receiving telehealth. As we discussed before, Mt. Grant was transmitting telehealth but never received telehealth and Gary Beck and his team at Renown assisted us with giving them the capability 24/7 to receive that telehealth call. So we just finished training the last physician there. And we have a go live date with the device this Monday. So a very good timing for the transition of the clinic to CNRC.

We'll keep you up to date and we will probably add to this report later, is how many patients received telehealth. we're really excited about that. I won't go into it. I've gone into a few times with you but that should be something that works towards the triple aim for us and that's improving the patient experience, Improving the cost, improving the population health, keeping our patients patriated within Tonopah, not having to drive them out and keeping our services here for life threatening emergencies.

On February 12th our community paramedics, Chris Burnham and Nick Lieberman, taught a "Stop the Bleed" course there in Tonopah with great attendance. I believe there were 18 people that attended including Nye County EMS, Fish Lake, Pahrump EMTs, Nye County Sheriff's Department, Smoky Valley and Nye County Emergency Management. Great "Stop the Bleed" course there. And with that, I can answer any of your questions.

Chairman Greber

That's fantastic that you have that result from the course, that's excellent. Who were the two paramedics who taught that?

Kevin Romero

That was Nick Lieberman, he taught that through the Army Guard, he is also a Reserve and has served tours. so "Stop the Bleed" aligns great with that. We also teach it here through our education department. But we let Nick run with it out there. And he taught that in conjunction with Chris Burnham, one of our other Tonopah community paramedics.

Trustee Gamble

Can we look forward to another one of those?

Kevin Romero

Right there at the Dias? I think the group there should attend and receive some "Stop the Bleed" training.



Chairman Greber

We didn't know that was going on. How was that advertised?

Kevin Romero

It was first responder training on "Stop the Bleed" but we could look at doing some community training and some training with you, the Board as well. "Stop the Bleed" is a big national program, training in the use of tourniquets and pressure points and really honing in on the unfortunate types of injuries we're seeing nationwide at this point in time. If you would like we could look at expanding and doing one for you as well.

Trustee Gamble

I'd like that because I was actually gonna be there and I unfortunately did not make it.

Trustee Kaminski

So you got five already, Kevin.

Kevin Romero

I'm gonna need to be 18!

Trustee Gamble

We can do that.

Kevin Romero

I'll talk to them and we'll see what we can do.

Chairman Greber

Looking forward to hearing your annual wrap up next month. Do you have any comments or questions?

Vice Chair Hendrickson

Very thorough. Thank you, Kevin.

Chairman Greber

Thank you, Kevin.

**Item #9, No Action - 1) Update on USDA Grant, presented by Project Manager Dr. Russell Pillers; and 2) presentation of monthly report pursuant to the professional services agreement entered into on October 25<sup>th</sup>, 2018.**

Dr. Russell Pillers

Good evening everyone. Nice to be back. This has been quite a month. Easily you'll see as we get into it, it's been far and away the busiest month since we've started the project, but it's all headed in the right direction. I'll go ahead and just start digging through it. And we'll see where we wind up. So these are the first batch of my slides are the things that I've been doing with CNRC related to the transition and I think it's fair to say on their end they're working feverishly to be ready to transition. There's so many issues that they're having to address which is good. They're doing the best they can to anticipate the needs that they're going to see and you'll see a lot of that in what I'm presenting. So from a 30,000 foot view, I've been trying to help wherever I can. Some of this you may wonder why I'm helping but it's all hands on deck at this point to make the opening as successful as possible.

Trustee Gamble

By the way, did you design these?

Dr. Russell Pillers

No, they have their own graphic person. I've offered, but they do have their own graphics folks, which is good. So, all of that load hasn't wound up in my direction.

Trustee Gamble

It was just very well done. I received several from a couple other agencies in the last three weeks, around the country and they were not done this well.

Dr. Russell Pillers

My role in most of these is guiding them on content. They'll throw me a draft and I'll get back to him and say, "We'd like to see more services at the fair ". So I'm pushing as hard as I can without making anyone mad. The logo there on the left, the tagline "Keeping Healthcare Home", that's mine. The one they had on there. They took their logo from their other ventures and modified it for this. So I like it. I think it looks good.

Trustee Gamble

Coming from a guy who used to do marketing, it's perfectly done, we're doing right.

Dr. Russell Pillers

Exactly. So there's some of that. And then on the website, there was a concern early on, somebody raised a flag and thought that CNRC had taken some images off of the Tonopah website and was using them. Well, in fact, what had happened is they bought those images off of a place on the web. So there's a possibility that the people that made the Tonopah website did the exact same thing. What's there now are my images that I captured with my drone. I gave them the rights to use those. It's getting there. They have a person that's dedicated to working on their website, Julia Cordova, and I'm working with her regularly to try to get things tuned up again as CNRC hit the ground running, the website took a little bit for them to get their focus on it and get the phone number set up. It was probably at least a week or two weeks after our last meeting that they actually got the email turned on. So there was a little bit of catch up to do there with people that have been reaching out to them. But they're caught up now and I helped them adjust to the services they provide. Originally, it was a template website, medical website, that had like general surgery and things like that. I was like "we might want to adjust that a little bit". But they're getting there. We made sure they put the website under development, a big bar, it was originally gray and couldn't see it. So I said, "Please make that red" so everybody knows it's a work in progress.

Vice Chair Hendrickson

I will say Russell, I've been watching the community sentiments on the wonderful world of Facebook. Since the website development had some changes, people seem to be a little bit more positive, perception-wise, it's a good thing.

Dr. Russell Pillers

It's almost impossible to convey to folks out there the ramp up that they're having to do and one of their key personnel is in Sri Lanka right now. So they're, in my mind, of course, I'm probably a little biased, but I think they're doing a great job getting ramped up.

Trustee Gamble

Well just putting in a good public face to the whole thing helps a little a lot in the perception.

Trustee Kaminski

Russell, is CNRC gonna try to get a local 482 number, just so it looks like they're more part of the community?

Dr. Russell Pillers

I will ask about that. That's exactly the kind of feedback that we need as for all of you, the moment any of that crosses your mind, throw it at me, because I talk with them every day, and I can get that into the pipeline.

The next one is the insurance effort. I've got a list of all the employers in the area and I'm going through it trying to find out who their insurance provider is for general insurance, dental and vision. And I'm passing that all on to CNRC. I want the community to understand that their intention is to have contracts with every single one of those insurance companies. So they're not messing around and they have a significant part of these already done. Remember that to finalize those contracts, they actually have to have access to the address. And they don't yet so they're getting absolutely as far as they can to get those contracts in place.

Trustee Gamble

I don't see any one that I have not seen yet. Just from where I've collected people's references. I don't see one that I have not seen before.

Dr. Russell Pillers

The PEBP is interesting. It's the state public employees plan and it's really a clearinghouse. It's not an insurance company. But the beautiful thing was once I mentioned that to Queenie, she knew all about it, she's worked with them before and I'm like, sweet. I've seen a lot of communication, I asked them to copy me on all this to keep some awareness of how well it's progressing. And lots of communication on the Tricare effort, so that's in progress.

Trustee Kaminski

The Sierra Health and Life it says United Healthcare Company. Is that the same as United Healthcare?

Dr. Russell Pillers

Okay, so that's a logo I grabbed off the internet and I knew they were working with Sierra Health and Life, so don't hold me to if that's actually the right logo. I know that general part of Sierra Health and Life but as far as who owns them and what their background is, I couldn't swear to it, but I can find out obviously.

Trustee Kaminski

The reason I'm saying that is because I've got 60 employees that are under United Healthcare out at the range.

Chairman Greber

Russell, I don't know how far your presentation is going to go into the transition, but I have a question I've never really got clear on. How is there 24 hour activation piece going to function?

Dr. Russell Pillers

It's in development, so we have options. I would say one of the more complicated routes at this point, is to actually have it as part of the 911 system. The easiest will be a local phone number, that they call, and it goes right to their folks. So they're ahead of us on thinking how they're going to deal with this 24 hour. They're all in on the 24 hour part, we just need to work out the details.

Trustee Gamble

From a regional standpoint, maybe you might pass this on, a special phone number because it is going to be necessary, instead of tagging on to the 911 system. Because the 911 system here Nye County is kind of piggybacked all the way up. Let's say Round Mountain needs to use that Clinic after hours, they're not going to know they're coming because you're not going to hear the Round Mountain calls here.

Dr. Russell Pillers

This will be maybe some of the collaboration we do with REMSA and if Kevin is still watching, our plan is to get a call together this coming week with you, me and Kaniela and start working out the details of how they're going to integrate. But it would make sense that if a 911 call does go in after hours, that as part of whatever happens CNRC does need, even if the call is for a highway accident at two in the morning, CNRC should be notified. So they're ready, they can be there at the doors open and ready to receive that patient as needed.

Trustee Gamble

That would be what we need to pull the Sheriff in on.

Dr. Russell Pillers

Correct, so it's going to be part of a Call Tree or something, as you will. But whatever it's going to take to make this work. If I was king of the world, we'd have this all set up the day they open, but it may take a little bit.

Trustee Gamble

To piggyback on that, I can't stress enough how important it really is to get REMSA in with them as soon as possible. Because between alternative destinations and knowing about how they're going to take patients out, whether it's going to require a physician certification to take a patient out or anything else, getting that paperwork together before their start date is paramount.

Dr. Russell Pillers

Definitely, that's exactly what Kaniela, that's his swim lane is a lot of the EMS kinds of things. That's his focus, so we're going to be tagging that this week.

Trustee Gamble

If you don't mind, would you let me know how that goes? I would really like to stay up on that particular part of it.

Dr. Russell Pillers

So the health fair, Don already pointed out a concern which I've already contacted CNRC to deal with it. I didn't notice it, but the hours there don't allow for anybody that works during the day to come visit the health fair. So I'm asking them to extend that into the evening as well. Because they're going to be here, they're kind of a captive audience at that point. So they can either hang out in the hotel or hang out in the Convention Center. I don't see any reason why that can't happen. But I'll obviously let everybody know. It's probably too late to modify the advertising obviously, but what we can do is make, I'm seeing the power of Facebook here, and we will put a posting on the Facebook page, if we can all agree on.

Vice Chair Hendrickson

Let me know as soon as that happens too. The Round Mountain one was in our Valley View Newsletter and I can do a large email blast with it.

Trustee Kaminski

Same Russell, if you can give me an email when the times are going to extend to, I'll get the word out to everybody at the site. We had talked about possibly bringing them in on the bus.

Dr. Russell Pillers

It's awesome to know that there's that much of a desire to attend. I tried to stretch the services that they're going to provide, we actually had a conference call on Monday with all CNRC including Queenie, who was calling in from Sri Lanka. It was kind of cool, I gotta say her voice sounded better than anybody else on the call. Anyway, and this is what we were talking about, was how far they can get for the Health Fair. And so they're going to do their best to do as much as possible.

Okay, any questions on that?

So the new X ray system, obviously, this is a separate agenda item, but it's a big part of what I was doing this month. To clear up any concerns folks have, in my mind, the truth behind what's happening here is CNRC's desire to lean into the harness and do more than what we're expecting of them. We let them know that the X ray machine was boots up in the hospital, and that we needed something desperately, the moment they stepped on campus. The plan was to open their doors with a mobile X ray unit. I'm sure you've seen them, at least on TV, they roll around the hospital, they actually run on their own, with Lead Acid car batteries that charge overnight. And they can X ray extremities is the extent of what they can do. So you can't do like a C spine or any abdominal kinds of X rays. So we were all set with that and that was definitely better than what we have sitting here today, based on that old equipment. Within just a few days, Van got a hold of me and he said, Nope, we're putting in a full up X ray system in the clinic. Very likely at that in the west end of the clinic. So there's a room that goes across both, it almost extends the whole width of the building there at the West End. It turns out this thing needs three phase power and there is three phase power that's right at that end of the building. So they're already putting plans together to fully lead that end of the building, turn it into a full up X ray suite. It'll probably be the nicest X ray system that Tonopah has ever had. Just because it's modern and it's brand new. Because of the pace of how things are happening and Van wanted to hit the ground running with this, we pushed it into this agenda. Ideally if we were going slower, we would have all worked slowly, so that you could buy the equipment, do whatever you need to do, you research the equipment and all of that. But the way this came together is Van was willing that he will buy this and get it installed. He just wanted to propose, just like we talked about in the contract, that the District would buy the hardware, so it would be part of the property there. Don brought up and I've heard there's some concern that there was a perspective that things like lab work and Xrays, that somebody like Marie or Beth could not refer a patient to CNRC without them actually going through a whole doctor appointment at CNRC. I'm in the process of verifying that but I can almost guarantee you that's not the case and that they'll be able to refer them up to get an X ray. The patient will show up; they'll obviously need to be entered into the CNRC's system at some level, but then they'll just pay to get the Xray done. They won't need to pay for a whole doctor's visit or anything like that. And same with the labs. My personal perspective is even if that's not their understanding at this point, that's going to be their understanding, because that's the only way to make this work here. I can't remember if we specifically called that out in the contract, but we obviously put a lot of work in making sure there was lots of collaboration here locally. This just needs to be an extent of that. Obviously we'll touch on this again at that separate agenda item. But I wanted to give you some background on it. So any questions before I move on this?

So the blueprints, my hero, Tiffany, and everybody that's been involved in tracking down these blueprints. CNRC desperately needs blueprints of the clinic building because they're starting to plan various remodelling efforts. And to modernize it and bring it all up to what they would like to have. We knew in our heart of hearts, they had to be around somewhere and sure enough, whoever dug through the dust and found them, it was a beautiful effort. This is going to be hugely helpful. Any questions on that? And whoever helped, praise and thank you.

Chairman Greber

I think Justin got the most dust. When we had gone the first time up to the campus, I put Kirk on the spot to identify the breaker boxes because we had zero information coming in. So I hornswoiggled him to do that. Anyways in the process, we were coming across a lot, almost an eerie amount of things just left in motion, they just walked away from it. There was a huge box of rolled blueprints. And Justin instantly took the whole box out to his trunk, put it in his car, took possession of them and then reviewed them with Tiffany. I think they came across additional ones. And finally we got to the clinic, they were very excited.

Dr. Russell Pillers

Okay, so then utilities, this is obviously another big effort that they needed help with. And Justin was critical here as well, to get them pointed in the right direction for getting all the utilities setup. So I think we have that set right now. I'll talk more about the Mimo Works. That was a really neat collaboration with Renown, actually, that got us to that point. Any questions on the utilities? Okay, so the new sign. This will be an interesting, ongoing topic that I think we want to work with. First off, with folks here locally helping, John from the Mizpah, we got the dimensions of the current Renown sign so that CNRC could get their new Plexiglas made. And so they should have that with them when they show up and we'll be able to put that up. But right out of the gate, their motivation is they want a much bigger sign, a much taller sign. So people can see it and maybe with a reader board across the bottom. So I've helped them get in contact with Yesco, so they're all ready to go. So again, this is one of those classic things CNRC wants to do right away, but it's going to be your sign. So I think this needs to be something that is liked by you all and at a very minimum, it obviously has to have your approval. I think we're taking such a huge step forward. If the community sees a nice big new sign, I know it's not tangible but it shows intent.

Trustee Kaminski

Well, it would be nice if it had a phone number on it. People have been asking for a phone number on the Renown sign for years.

Trustee Gamble

Yeah, I like that idea about coming up with a name for the actual facility itself and then sub Plexiglas sign that CNRC can put in there to make it bigger, of course. Is it powered? I can't remember the last time I drove by it at night.

Dr. Russell Pillers

There is power there. We are already working on the assumption that the new sign would leverage whatever powers is there and then for any sort of data communication I've been working with Yesco and they do have a system and it's actually cellular based. So either you or CNRC would have the cell account and that's how they push data to the sign. There'd be no need to run a new line out there.

Trustee Gamble

I think that's a stellar idea is putting up a getting the actual facility name on top of it, with maybe the CNRC logo, a big, replaceable sign that if for whatever reason, they end up leaving 5- 10 years down the line, we can put another one up. Just like this, just much bigger and a little bit more information on it would be perfect. I dig the idea, I really do.

Dr. Russell Pillers

So again that comes from the desire of CNRC. I'd like to claim that but they're just really motivated to come be a part of the community.

Chairman Greber

So the natural next step would be a Plexi sign to replace this one.

Dr. Russell Pillers

Yes, both sides. They should have two plexiglass sides to replace that. And I will email them tonight to see if we can get the phone number on there. Thank you, that's a great idea.

So this is a part of the 24 hour issue CNRC reached out to me and asked if I could find out if it's okay for their people to sleep in the clinic, who are on call. I think there's even some spaces in there that are kind of oriented that way. And so I contacted the Town of Tonopah and ran through the wickets a little bit and as long as they don't cook, so there is a microwave and and refrigerator and stuff like that, but as soon as you install a stove and you start cooking, it's a classified as a different building now, it's a residence.

Trustee Gamble

That's really weird, because the hospital had a kitchen in it.

Dr. Russell Pillers

Yeah, it's correct but that was a part of its certifications and all of that.

Trustee Gamble

Maybe a zoning ordinance...

Trustee Kaminski

We don't have zoning ordinances. I'll check further into that, because I'm the Town Board Chairperson.

Dr. Russell Pillers

I think that they're fine with that. I don't think they want to take it any farther than that, just so that their people can go in there nuke a hot pocket and be ready when something happens.

Trustee Gamble

Because then the question becomes, and I know it's on the agenda later, the Ambulance Barn itself, right? Is that still gonna apply to that? If it is, then why waste the time with that particular building? If we can't use it for them to actually stay there and live.

Dr. Russell Pillers

There's chickens and eggs happening at this point. The facility condition assessment, the rebuild - remodel of the hospital. At that point, the timing might be good to either demo or rebuild the Ambulance Barn, it's part of that whole project.

Trustee Gamble

I know there's a lot in between here and there.

Dr. Russell Pillers

But it's all moving very quickly.

Trustee Gamble

It just seems like it keeps interweaving, building to building it's always different.

Dr. Russell Pillers

I gotta say the nice thing is, even though Tonopah doesn't have specific codes for the vast majority of all of this, the County, when I called their planner, I could hear him roll his eyes over the phone, that Tonopah does their own thing, they don't follow our guidelines. Even though that's the case, the Town of Tonopah, Chris Mulkerns, she's adamant that they will follow the County guidelines for these things. And even though we don't have to, it's good business.

Trustee Gamble

And then it's just a matter of how we have it zoned, if we can apply for a zoning re-ordinance, then we can fix that.

Dr. Russell Pillers

This is kind of pulling the lever on the Wayback Machine. But wasn't that building at one point, called the Russell Joy Clinic? That's my vote. That's who I was named after. He's obviously vastly historical for Tonopah, so I'd love to see that back to that name. That's just my two cents.

And then billboards again, Tiffany, my hero. She, at the drop of a hat, ran around town and took pictures of all the billboards. We're trying to get advertising for CNRC up on those billboards as fast as we can. The two in the upper right, those are actually all the way up by Ely. So working with Yesco, they were like, these are the closest we have that are available.

Trustee Gamble

I don't think Lamar has anything out here?

Dr. Russell Pillers

I don't know. So I'm still on the hunt. So, the Mucker sign there is actually available. I'm not sure how locally if that turns into a CNRC sign if people are going to revolt.

Trustee Kaminski

I know Tonopah Development Company, they're right there on Radar Road, in the corner. That's Michael Watt, they have signs too.

Dr. Russell Pillers

He may have, but they don't have surface available. The other challenge, I wanted to reach out to Joe Westerlund to see if he knows of anything. What I'd really like to do is for a month or so have some mobile billboards here in town. You know, it seems like I see him all over the place. But then as soon as you go to look for them, nobody makes them anymore. I scoured Vegas and I'm halfway through scouring Reno. So I don't know, but that just seems like a nice lightweight way to get some advertising up early. So if anybody else anything.

Trustee Gamble

I'll talk to a few people. I know some.

Trustee Kaminski

I've seen them down in Vegas, all over.

Dr. Russell Pillers

If you wanna buy me some material I'll make them.

Trustee Gamble

I know some people from a couple of advertising agencies, let me talk to them.



Vice Chair Hendrickson

I know I'm always that person, but there is a billboard up there that has space and I know the owners.

Dr. Russell Pillers

That would be really, really helpful.

Okay, so this next one I got to work with the Renown folks. In the hospital right now, for Renown to do their telemedicine, there is a big internet pipe that we just didn't know anything about. CNRC asked me what do we have for the internet and I said well let me dig into it. So as it stands right now, there's a huge pipe, a gigabit pipe, coming into the hospital itself, the main building, and it's owned and operated, I believe by Switch, but it's a special one. It's a point to point line that Renown put in to go straight from the Clinic basically to the Renown servers. So it's not a pipe that would go out to the internet, you could probably hit it from there. Obviously the computers in the clinic are going to the internet, but they're going through the Renown servers. So that's obviously going to change. But I wanted to identify who is there so we can start to get that implemented. So Renown initially had worked with Mimo Works and they had a big pipe in. It may have been the same gigabit pipe, but they said that they love working with Mimo Works, they were really, really great to work with. So I've heard that in three or four places at this point. So maybe what we need to do is at that transition, get a plan together that it would transition over to Mimo Works. I'm assuming all of the hardware in the hospital proper is going to go away. And we need to be smart about how we follow up with that.

Trustee Gamble

Is this the same Switch that I'm familiar with, whose basic principle function has been migrating businesses? They have a server farm in Las Vegas?

Dr. Russell Pillers

Yeah and I think they have a huge facility up north. They're about data. One of the world's biggest. They were one of Nevada's big steps forward in technology, here over the last 5 to 10 years.

Trustee Gamble

2011 is when I remember talking about them in the State of the Union. So, these guys might be capable of helping us with this switch, this migration with data works.

Dr. Russell Pillers

We won't need a point to point, we just need a big freeway onto the internet. Because CNRC's gonna be doing telemedicine as well. So a T-1 line ain't gonna cut it. We're going to need something big. So we're working on that, that's in process.

While all that's going on, we're ready to go. So compartmentalizing, we're ready to dig into the main hospital and figure out where we're going to go with that. So I spent a lot of time this month working with USDA, Cheryl Couch, to make sure we understand the process. So I had heard from Justin that his opinion for the facility condition assessment and preliminary architectural report, we can go directly to Korte. We did not need to compete with that. Which I would say is 90% true, where the big competition is going to come is, we have options and I'm just learning about it, the design build phase of when we get to that part for the hospital. USDA is obviously very adamant about that as well, that you're going to have an open competition, got it. But for this part we may not need to. What I do need to show USDA, is that I have looked at other companies. So it's not a competition, we don't need to do an RFQ or an RFP, but I do need to show them and it needs to be in a public forum. So I imagine probably next meeting, I will have a list of people that I have looked at, and I've already done that, I just need to put together the information. When I found Korte, that was the end of a very long hunt. I couldn't find anybody that could do this, here. So I

just need to show that to them and they're fine, check the box and move on. And again, this is a separate agenda item to look at this, but they are chomping at the bit and they're ready to go. And they're working with us very closely to make sure, because they don't want to be excluded from the design build competition. They very much want to throw their hat in that. So they want to make sure that when they do that preliminary architectural review, that it doesn't disqualify them. And so we're tailoring that PAR, so that there is no real design work in there, they normally would put in a little bit, but that's what you're going to get after you have your architectural competition. Eventually you're going to be presented with three different designs and you're going to sit back and say, we like A. Then there's a couple ways you can do it. I can at that point be a design build competition. Let's say Dream Land, we get 10 competitors. You will then down select to three competitors, then those three will submit their package. If we go the design build route, they will submit their design and the construction proposal of how to actually complete that design. Then you'll be able to sit back and go, we like C, so then that's the way you go. If you do design bid build, then you just break that up into another step. So you get the designs out of three, and you pick the design you like, and then you start over and then you do an RFP for the construction proposals. So this gets into the complexities of who's managing the project, is it an architect, or is it some other entity that's managing it. I'm doing what I can to lift that load for you folks and steer you in the right direction. But we're at this point and we're ready to do the condition assessment and the PAR. And again, so everybody knows the goal of the FCA, is I want you to see two numbers. You're going to see a number of what it would cost to remodel the hospital and get it up to code and get it to match what we think the healthcare needs analysis said we needed versus bulldoze it and start over. Everybody has a prediction of what those numbers are going to look like, but you obviously need something on paper, so you can make a decision.

Trustee Kaminski

Once we get this Facility Condition Assessment started, what's the timeframe on that? How long will it take?

Dr. Russell Pillers

I don't think it's very long. I think we're on the order of a couple months.

Chairman Greber

75 days was stated in the agenda item.

Trustee Kaminski

The reason I ask that is because it's getting close, we own the facility, the campus. And I want to go hit the Air Force, the DoD to see what they are going to be able to put into this.

Dr. Russell Pillers

Yes, I forgot that slide. I talked to Lieutenant Colonel Harris, and mentioned to him what we'd heard about the money. And I also could hear him roll his eyes on the other end of the phone, and he had never heard of it. So at least wherever that concept came from, it wasn't from him.

Trustee Kaminski

Roger Christianson, I'll give you his number.

Dr. Russell Pillers

So, yes, please do. I'm still trying to track this down. I don't mind going back to Lorinda, because that's where we originally got it. We obviously want to investigate that, if there's some sort of collaboration between USDA and the military. I have no idea what that would look like at this point, but I'm optimistic that it would work, we'll figure it out.

Trustee Kaminski

It's called JLDs, Joint Land Use Agreement or whatever, and there's money there.

Dr. Russell Pillers

My experience working with the defense department is if somebody said that there is, say \$8 million sitting on a PE line somewhere, in an account that could be used for this, it's not there now. If you don't spend it that year, it's gone the next. But we're getting to the bottom of this. And he obviously loved the idea, Lieutenant Colonel Harris, we had a really great conversation. He's in our corner as soon as we need him, he wants to collaborate for these kinds of things.

This is in another category. So I apologize. There's a lot of slides this month. I'll try to get through them. But this was an opportunity that Beth Ennis actually sent to us. So this lady, Dr. Antonio Capurro, she's the Nevada State Dental Health Officer. She knew of an opportunity through the state, part of it happened this week, they're making proposals, but they want to find a way to help Tonopah. I think what you're seeing is a lot of different quarters, the momentum is building for people to try to help Tonopah. Now as it all shows up, we gotta figure out how to rack and stack and make all this stuff work. This seems like a really neat opportunity. The potential is that the state would pay, if you look at the floor plan of the clinic on the left side, there's two or three of those suites that were dental operatories originally. So what that means infrastructure wise, I don't know. But the state would pay to bring those up to modern standards. So right now, when we walked through, they're dark. The ceilings are kind of falling down in those rooms, so obviously, you could use it. As I wrap my head around it, it's your building, so the state would fund the remodeling of that. Now we know that CNRC wants to bring in their own dental support, which I don't think the community has really heard. But they're planning on having dental pretty much right out of the gate. Dr. Capurro and I talked about this for a long time. What could happen is the state pays to get those rooms brought up to fanciness and then CNRC gets to start to use those rooms for doing basic dental. That's great. But then, let's say based on need, the state can provide orthodontists or an oral surgeon, maybe once a month or twice a month based on need, to come to Tonopah to add to those services. So it's not a competition thing, it's working together. So already, Dr. Capurro wants to meet with CNRC and start talking about how they can do this collaboratively. And knowing CNRC as well as I do, I think they'll love this idea. It provides the community with better services, higher levels of services, and they're not having to shoulder all of the costs. So it's a way to take some state money and help build this program, together. It's still very early in the discussions, but I know she gave a presentation to the state, I think it was yesterday. So while we're here, what they would like from you folks, is a letter of intent to show that you're on board. Obviously, it's up to you, the details of how it comes together. But if you had a letter stating that you're willing to support the whole project in general, that will help her a lot. So at first I was worried since she was presenting yesterday, that it was too late, but she said no, it would be very helpful whenever. I know that's not an action item. We can't really vote on that, I didn't get it on the agenda early enough. But maybe we can add it to the special session.

Trustee Gamble

Can you work with her to develop the language for it?

Dr. Russell Pillers

Oh, definitely. I just don't know when she needs that by.

Tiffany Grigory

For the special meeting, the agenda needs to be posted by the 26th at 9am, so I just need it before then.

Dr. Russell Pillers

I thought we had missed the boat, but it sounds like she's still very excited about doing it.

Trustee Gamble

Are we your only client here because you're doing a lot of stuff.

Dr. Russell Pillers

No. So the Duck Water projects, the other part of my CFTAT grant is still in swing. Great news on the Duck Waters, we got that RFQ out to do the design work on their irrigation system. So, the timing has been perfect. So while we're waiting for the responses of that, this has all been percolating. It's hard to see the stuff on Facebook. I just wish everybody could see how things are going.

Trustee Gamble

Stop looking.

Dr. Russell Pillers

Yeah, I do need to.

So the Air Force houses, I saw that there's an agenda item for that. So I don't need to dig into that. But the one part that I had in this, is we did identify, again to show folks the motivation, I called Van and I told him we're kind of desperate looking for a contractor that can help with construction. 15 minutes later, I get a call from Mr. Mercedes, he's out of Las Vegas and he's willing to throw his hat in for any of these projects whether it's the Air Force houses, the barn, whatever, and I know we're following process to get there to do a full up bid and proposal like we need to. But he keeps getting back to me, I'm here if you need me. So, where things are optimistic in the sense that it may not be as dire as we thought at one point. I've been working with Ms. Strozzi, she sent me all the bid material, so I can start to learn how to do it. But if somebody else wants to take the lead on all that..

And then just a little on the CHIP, with Margot sitting behind me. She and I met for lunch the other day and went over it because my concern was with all of this transitioning going on, does that somehow invalidate some of the effort that's been put into the CHIP today? And great news is no, but I won't steal her thunder, that's her deal.

And then the title clean up. Unfortunately, I haven't heard back from Mr. Arnhat, but I know he's working on this. It doesn't sound like it's holding anything up. But we do need to get it done. Maybe I'll stop by if he's in Hawthorne tomorrow. I'll stop by and see him on the way back. Any questions? I think that was good. I think things are headed in a good direction. There's nothing, languishing that I'm worried about.

Chairman Greber

Thank you, Russell.

**Item #10, For Possible Action- Discussion and deliberation to approve the audit of fiscal year 2018-2019 for the Northern Nye County Hospital District conducted by Daniel McArthur, Ltd.**

Savannah Rucker

Good evening everyone. I apologize for not being able to be up North with you all, that was my intent but my day went awry and I do apologize I'm not there in person. I do want to say thank you to Tiffany, she's fantastic. She's been able to work with me with regards to this audit and actually getting it on an agenda so that the Board can take action on it and she was amazing last week working with me, so thank you, and thank you to the Board for being so flexible. The holdup on

the audit had nothing to do with the Nye County Hospital District. And it was just the result of some internal controls that have been identified as issues within the Nye County audit, not the Nye County Hospital District audit.

So included in your backup is the financial report for Northern Nye County Hospital District through June 30, 2019. If you guys would flip to page 4 of that report, the top of the page will say Northern Nye County Hospital District Management Discussion and Analysis. And I want to point out some of the financial highlights on that page. The assets of the District exceeded its liabilities at the close of 2019s fiscal year by \$2,428,896, which is also known as net position. The net position is unrestricted, and it may be used to meet the District's ongoing obligation to its citizens and creditors. And at the end of fiscal year 2019, the District's general fund had a balance of \$2,422,082. So both of those highlights are good news, the overall fund looks healthy, and we will discuss a few additional items with regards to this, if you flip the page to page 5.

This page is your government wide financial analysis. And this is a comparison of fiscal 2018 to 2019. About two thirds down on the page, you'll see total net position last year compared to this year. We have an increase of total net position of six and a quarter percent, or \$142,927. So that's a good sign of the financial health of an entity is to see the net position increasing. Now I do understand that the District may have some larger projects coming up and those planned projects are in no way a going to reflect negatively in the financial reports as it will be a planned expenditure for growth for services, as that is what government entities do, but we will have a definite explanation as to why net position has declined if the Board moves forward with spending some dollars. I did want to mention again that the net position is unrestricted. That means that the district can use these dollars as they see fit to provide services for the constituency.

If you want to go ahead and flip to page 14. This page is the statement of revenues, expenditures and changes in fund balance. This page summarizes the District's revenues, expenditures and fund balance and you'll see them in segments. Revenues are at the top, expenditures in the middle, fund balance at the bottom. The left column says the original budget, that's the budget that was adopted by the Board in May. And the final budget, those two columns are the same, there were no budget augmentations or modifications approved by this Board at any point in time during fiscal 19. The third column is 2019 Actuals. Our Actual for revenues are property taxes exceeded what we budgeted by \$42,462, totaling \$724,331. Net proceeds of mines were also in excess of budget. They were in excess of budget \$44,455 and the 2019 Actuals were \$342,877, providing total taxes of \$1,067,208. Just below that, you'll see miscellaneous, that is investment income. The Hospital District has pooled cash with the Nye County Treasurer's Office and the Nye County Treasurer's Office makes investments with those dollars based on the NRSs that allow certain investments, not typically very risky. But we did have a significant return this year of \$82,417, which is much higher than fiscal 18. I'm not sure if you guys remember, but we actually had a loss of \$5300 last year. So this is a significant improvement from last year. Total revenues for 2019 are \$1,149,625, which is great because we've actually exceeded our budgeted revenues for fiscal 19. Looking at the Expenditures section, we budgeted \$2.75 million in fiscal 19. And the reason for that is the Hospital District was still trying to figure out how you guys were going to proceed and we didn't want to tie your hands by having a smaller budget than you may need. The Board approved and authorized \$1,009,347 of expenditures within fiscal 19, which is well below what we budgeted, and that's really what the Nevada Department of Taxation looks at, expenditures. Revenues can be an excess of budget, that's fine, but expenditures in excess of budget is where we run into trouble. So the Hospital District is well within their means. We did budget for contingency of \$82,500 and zero contingency dollars were spent. So our total expenditures were \$1,009,347. There is a section labeled excess or deficiency of revenues over expenditures, and 2019s Actuals \$140,278. What that means is that the District brought in more dollars than they spent last year, which is a good sign of sustainability as well. The fund balance at the beginning of the year was 2.2 million and fund balance at the end of the year was 2.4 million, which we're showing positive growth in our ending

fund balance and that's due to operating within the District's revenues. So overall, this is a fantastic financial report for the Hospital District.

One more page before I open it up to questions, if you flip all the way to the back, you're going to go to page 28. This page is the auditors comments. This is where the auditor would write up a district or an entity if there were any statute compliance issues or any internal control issues. And so I want to read a couple of the comments made here. Current year statute status compliance: "The Northern Nye County Hospital District conformed to all significant statutory constraints on its financial administration during the year as identified in NOTE B1 of the accompanying financial statements. There were no findings in the prior years. In the current year there were no material weaknesses and no significant deficiency in internal controls. And prior year, there were also no findings with regards to material weaknesses or significant deficiencies of internal controls." So overall a clean bill of health, the financials look good. You guys are operating well within your means. And at this point in time, I'd like to open it up if the Board has any questions with regards to anything that's in this report.

Trustee Kaminski

Can you tell us a little forecast for next year, I keep on hearing that we're going to be losing a lot of revenue.

Savannah Rucker

At this point in time, I just got the projections from the Department of Taxation, so I can't confirm or deny that. With regards to rumors that you've heard and I haven't looked at the preliminary projections but the County is not planning on seeing any decline in revenue for property taxes. That said, I realize that your guys's tax base is north of Beatty and with the Solar Reserve Project kind of going bankrupt as they are, we could see a potential hiccup but I'm not sure yet. So I tell you what, I'm going to look into these projections and we are working on fiscal 21 budgets now, so as soon as I have any sort of idea on revenue with regards to the Northern Nye County Hospital district, I will get an item on the agenda and give you guys a briefing on where we're at.

Trustee Kaminski

Thank you.

Chairman Greber

I would echo that concern, Savannah, I wonder if there's a midway point that we can have you assess our status halfway through the fiscal year and give us an update. We do have quite a lot of irons in the fire. And we have potential funding, but we have acquired property, some real property, we have some assets that we've added, notably the hospital campus, which is an asset and liability, but at the same the planning is ready to launch. And I would like to, if not quarterly, at least, midway, I really value your assessment of our projection and rather than come to you piecemeal each time we have a question I would like to ask if you would consider a quarterly or just one more time, halfway through the fiscal year.

Savannah Rucker

Absolutely. I think a quarterly update would be very wise for this board considering you guys do have a lot of irons in the fire.

Chairman Greber

Thank you.

Savannah Rucker

You're welcome.

Chairman Greber

So Tiffany and you get together on the schedule, and see when that actually is. I'm sure you do this for other boards as well.

Savannah Rucker

Yes, I do.

Chairman Greber

Thank you

Savannah Rucker

Thank you. Are there any other questions on the audit?

Chairman Greber

Do we need to move to approve it or receive it? How does this go?

Savannah Rucker

Yes, I would need a motion to approve.

Trustee Kaminski

I make a motion that we approve the audit of the fiscal year 2018 2019 budget for the Northern Nye County Hospital District conducted by Daniel McArthur Ltd as presented.

Trustee Gamble

I'll second.

Chairman Greber

We have a motion and a second. Call for the vote.

Motion passes 4-0.

Chairman Greber

Thank you Savannah.

**Item #11, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny the final Community Health Improvement Plan (CHIP) document produced and presented by Margo Teague of Impact Evaluation and Assessment Services.**

Margo Teague

Thank you for having me come back again. I am Margo with Impact Evaluation Assessment Services. Alright, so just a little refresher, you guys are going to be sick of seeing this graphic but this is the standard, one of the protocols, that we use in public health to organize our thoughts in terms of names and strategy of what we're going to do. So you'll remember we completed the Health Needs Assessment back in May. We're working now on the Health Improvement Plan. Hopefully you'll approve it tonight and then you can start implementation. So we're going to start talking about that.

The purpose of the Community Health Improvement Plan, I'm just going to read this to you, "A Community Health Improvement Plan is a long term systematic effort to address public health problems based on the Health Needs Assessment." So all of those entities, the patients being at the center, are working together to take small action steps towards addressing the needs that we've

already identified. So you all appear to be doing the huge steps of contracting with a clinic and potentially building a new facility or renovating. And these are a little bit smaller bites that your community is telling you that they're willing to step forward and start taking part in.

As you remember, we had four days of workshops back in November. We looked at them topically, each of the needs that had been identified in your needs assessment, and then we looked at the data in that needs assessment. Then we came up with objectives and action steps. For each one, we identified a leader for most of them, we are missing a couple of leaders. And then we identified potential partners for each one. Again, those are just those that we had listed out, those 10 that came up as needed in your community, and then the extra two that came up during our workshops for housing and transportation. Those continued to come up during every single one of our workshops.

Here we have an example Strategic Plan. That's one that I cut and pasted in there. We have action steps for each one of those 12 needs, and this one is dental. Ironically, if you wanted to look at page 11, if you have the CHIP in front of you, Dr. Capurro, who Dr. Pillers talked about, was identified during that meeting as a potential partner and somebody who can help us. This is something that we already knew about, so it's great that this is coming together. Tiffany agreed to be the lead partner on this, so then she's going to be keeping track of what is happening on that particular objective and action step. Another example I'd like to draw your attention to on page 20, the emergency medical services evening was really, really well attended and they came up with some very simple ideas. I know simple, maybe not in implementation, but the idea of communicating with the public about the flyer, the magnets that we talked about, and I see that you guys are already working on that. That's awesome. But simple, bite sized things that can be done that could have a really lasting impact on the health of your community.

I would also like to draw your attention to page 35. During REMSAs conversation, you talked about expanding services. Maternal and Infant Health is a big deal in your community. Your numbers are not great there and that was one of the things that your community members discussed asking if the community paramedic program could be expanded to include well baby checks, if those were not available elsewhere. I don't know if that's a possibility or not. Those are action steps that your community came up with. So I want to remind you that these were brainstorming sessions, they may not all be obtainable, there may be huge barriers that we weren't aware of. But these are things that your community members are willing to work on with you. Healthcare is such a huge issue and I know that you all are working so hard, and you want this room to be packed with your community members every month, right. But this is a way that you can give people something to do because I think the general public doesn't want to sit through a meeting where they don't feel like they have ownership or something to actually do or to contribute. I think that your CHIP is really an opportunity to do that. Also, I wanted to point out that the potential partners include private providers, I intentionally left out any mention of a specific partner, because those are going to change and this is a long term document. So Right now you have Renown and soon you'll have CNRC. But you have Marie and you have Beth and you have other providers. They're always part of the solution, but this is a community effort, so they're not the entire solution. And I kept that vague.

Then I want to direct your attention to page 38, because you guys are the lead partner for that one. That is the Communication Protocols and Public Education. So I don't know if you have questions about that now or we'll just move on. We did not name any lead partners who were not in the room, just so you know. They were there and said that's what they wanted to do.

I do have some recommendations for you, as you implement this. There are a few vacancies, so working to find somebody who's willing to work on one of those issues would be great. And then having Tiffany as a good, solid employee.

Trustee Gamble



These vacancies are all highlighted in red, right? I've only ran across one, so maybe I'm going the wrong way.

Margo Teague

There aren't too many. But there are a few and they are red. I know that that doesn't look great, but you won't overlook it.

Trustee Gamble

I wanted to make sure that I wasn't missing them.

Margo Teague

Having a leader for each objective is not too much for any one person; to put on these action steps are not huge. Then having this person here with Tiffany, for them to be able to circle back to, so that she has an idea of what these different working groups are up to, is really a key part here. So I'm so happy that she's here. And I'm so happy that she has the skills that she does. She's outstanding. Marketing is super important, so if there is somebody in your community, for example, who's really fired up about Maternal and Infant Child Health, and if they know that there's a group working on that issue, then they can join, and they can do their part in these little steps that are going to help. Then again, circling back to Tiffany in the form of these Stop-Light Reports that are included as an attachment. You can modify those however you want. These are working groups, I'm not telling anybody what to do, y'all can meet once a week or whenever your group thinks is important, based on the topic that you're trying to address, and you'll set your times and your places and you have five years. This goes for five years from 2020- 2025. So let's say that one of those action steps is done once the new client comes in, cool, set a new one. You can modify this, this belongs to your community. And this is just giving you the first step.

Trustee Gamble

I don't recognize this particular partner. NyeCC?

Margo Teague

Yes, that is Nye Community Coalition, it is a nonprofit who serves Nye County, they have an office here, Jess Rosner is the local employee, Stacy Smith is his supervisor. And they are funded to do a lot of public health. So they set goals every year in Tonopah, with their community members who are here, and their coalition meetings are really well attended. They're a fantastic partner for you guys.

Vice Chair Hendrickson

Like 30 people at each meeting.

Margo Teague

They have this free for all, crazy meeting and set priorities basically. And so, where their priorities were aligned with yours, I put their little logo there. Because they are very closely aligned to you and they're funded.

Trustee Kaminski

I already penned Jess's name in there on page 36 because I know he's done Car Seat programs already and worked with a bunch of this.

Trustee Gamble

That's something I was actually looking into, because I know REMSA does that as well as Humboldt General Hospital. I think Humboldt General actually offers the training every once in a

while for EMS providers and firefighters to do those baby seat checks, because there's an actual course like three or four days for it.

Vice Chair Hendrickson

Nye CC also does a Crib Program. And Jess had spoken to me about revamping that program this year, get more people locally trained to be able to install those, they will be holding some events.

Margo Teague

So what's happening right here with this conversation is exactly what the CHIP is intended to do. So it shouldn't be Emily that has to worry about car seats and maybe she's going to talk to Tim about it, and then oh, yeah, let's circle back and talk to Jess about it. We need a little bit of a more formal system. So you say car seat? Let me look that up in the CHIP, I'm going to call Jess and see what he knows, because we forget things. That's what I would do. I would make a note and then next week, I'd be like, why did I write carseat on this paper? It's an organizational tool. And that's how I want you to look at the Community Health Needs Assessment as well as this CHIP, they're tools and they are literally your community speaking to you. So when you're talking about the Facebook pages, I think there's six or seven Facebook pages listed in the communication section of the health needs assessment, you don't need to go back and reinvent everything your community has already told you. Of course those things are fluid and changing and you can update those, but it's a great starting point.

So, next steps, this graphic, which I hate, by the way, but it doesn't belong to me, so I can't change it. This weird graphic, we've done all the way down, we're all the way through, you're now implementing and you have until 2025. So, let's say that things go so well that you want to revisit things. Most of the time Community Health Needs Assessments are done between three and five years. So you would revisit your next Health Needs Assessment in 2024. But if you felt like things were going so much better, you wanted to update those numbers, let me know. We can do that. We would update your Needs Assessment and then we would build out another CHIP in 2025. This is what I would recommend. The one thing that is still a little bit out there is the evaluation of your CHIP. It's just an accountability piece. So how come the Maternal and Health Working Group hasn't met? Or Oh gosh, look, they've met everything. And that is where the Stop-Light Reports come in for Tiffany. I'm more than happy to assist with that in a more formal way if you wanted but I'm always here informally to answer questions or whatever.

Any questions about how to use the CHIP or how you want to get going? I would recommend that Tiffany calls up lead partners, get them rolling. Hopefully that doesn't put too much on you.

Remind them, remember when you were at that meeting and you were so excited about this?

Trustee Gamble

The good news is, I see some of these are already done.

Margo Teague

Or they're in progress, right?

Trustee Gamble

For instance, there was the one I saw about the instituting legalized blood draws under the DUI section. And that I know the NHP has already done that. And they have local draws right here available. In fact, I've been called to do them twice. So, that's already done. It's cool to see that stuff is actually happening.

Margo Teague

Stuff is definitely happening. You guys are rolling quickly. Just because the new clinic is starting which is fantastic, that doesn't negate this work. It includes the clinic, they sound awesome and I'm

sure they're going to be great, but you have learned as a community not to trust any outside entity. This really gives you some ownership as a community over your health care. So if they are part of your team, it's just another level of accountability in opinion. I'm sure they're gonna be awesome.

Trustee Gamble

This is a huge and amazing effort on your part, really good work.

Margo Teague

Thank you.

Vice Chair Hendrickson

I have one comment on something that Justin had asked me and I think he circled back with you, Margot. On the hospice care side. Maybe Marie can help clear some things up. I would suggest that we may just strike that as being an option. So with Comfort Hospice Care, I had called and was told that yes, we would have services and we're trying to expand it to home health too. So then I actually referred one of our employees to them and then when they called they said no, we're no longer providing care in Tonopah. And then when I was at the Convention Center and there was a flyer there for Nevada Hospice Care and I called them and they say now serving Tonopah and surrounding areas and coming soon as the Nevada Visiting Nurses Network. So I called them and they said not yet, but coming soon, question mark. Then said that someone would get back to me, but nobody has yet. So just going forward as this is going to be our "Bible" somewhat to go off of, I don't want to lean on them.

Margo Teague

So it was a question mark before...

Trustee Gamble

Where is that at?

Vice Chair Hendrickson

Bottom left corner on page 7.

Margo Teague

Should I put it back as a question mark?

Vice Chair Hendrickson

That would be my suggestion because no one has given a definitive answer.

Margo Teague

Which was exactly my experience.

Marie Peterson

So just to clarify some of the confusion, there's two different companies Comfort Hospice Care and Nevada Hospice Care, very similar names. Comfort Hospice Care, somewhere in the beginning of last year, sort of phased out. Really what we ended up happening, unfortunately, was this lack of staff and that's what killed them. Then, we had the jail system come in and hired off the nurses that were running that and so we lost hospice care to that side. Nevada Hospice Care was kind of in the wings, I've been trying to get the home health side of it into Tonopah for many years. They jumped in and said, we'll help you out temporarily with the hospice side of it while we're trying to bring in the home health, which ultimately from a financial standpoint, you need the home health

more in this area, then you need hospice care. But I can definitely say we need hospice care. So I don't know that I would want to completely scratch it off the list of wants.

Vice Chair Hendrickson

No, it's not a want. Sorry, this is just not a current service we actually have.

Marie Peterson

I would agree that it's not active. There is some activity occurring in the Round Mountain area, still from Nevada Hospice Care and that's the newer company, Nevada Hospice Care. Comfort Hospice Care is still back there, if I were to offer them two or three nurses, they could bring it back in. But again, it's a staffing issue. And the same thing occurred for Nevada Hospice Care, they had nurses traveling up from Las Vegas to staff it, taking care of a number of individuals. And then finally said financially, we can't keep having people driving up here. So I think that there are a few nurses that are available in Goldfield and I've kind of pointed them towards that, hoping that they'll find a way to make that work. I do know they were working with the licensure for home health, and the licensure part takes time. I think that they're close, but I think that's why you're getting the "we're not quite there yet".

Margo Teague

So, Marie, this action step is actually vacant...

Marie Peterson

The brain is there, not sure about the energy. So it really would depend if I could coordinate around scheduling. But I'm definitely a big proponent of it. I know that I have a gentleman from Nevada Hospice Care that has asked me to be the promoter, be the general manager of this and make it happen. Just because he knows that I've done hospice care before.

Margo Teague

Maybe his name needs to be in there.

Marie Peterson

I will check with him to see if he wants to do that, for sure.

Trustee Gamble

How familiar are you with the hospice type environment and what it requires?

Marie Peterson

So Comfort Hospice Care home environment type, I've worked in the field in Tonopah, Round Mountain, the two little towns of Belmont and Manhattan, altogether for six years.

Trustee Gamble

I just have questions. So I'll talk to you at some point. I'm just curious if you're the one I need to talk to.

Marie Peterson

Nevada Hospice Care sent their nurse that was going to run with us up to talk with me, let me give her all the ins and outs of what you're gonna run into. Snow boots, shovels and studded snow tires for three foot snow when you're going to take care of someone. It's quite something else. But definitely, we can talk.

Vice Chair Hendrickson

Thank you for that.

Marie Peterson  
Thank you.

Margo Teague  
Okay, any other questions?

Chairman Greber

This tool, coupled with the Medical Needs Assessment, but particularly this map, if you will, appears to be very comprehensive and effective and I really value the categorizations and the partnerships the way that you formatted it, I think is going to be very useful. It appears to me to be something that needs a great deal of motivated leadership and very targeted leadership. I would suggest to the Trustees that if we're going to maximize this, we need to have an assigned coordinator and it may be something that we consider hiring. It may be something that we offer Tiffany full-time, if Tiffany is available. But simply to view this and I see the potential, and I also see the challenges that we as the Board of Trustees would have motivating our community to the extent of perhaps, we cannot have anything other than public meetings. So there's that public aspect. But we could add a second meeting to our bylaws that was just a CHIP meeting. We would have to do minutes and public notice and things like that. I'm just brainstorming.

Margo Teague

And so I don't know that you need to do that every month. You could do maybe a quarterly CHIP meeting or something less frequent just to not be so burdensome. And I think having an agenda item for Tiffany to report back to in this meeting. I have a Stop-Light Report from a Cardiovascular sub-group and this is what they're doing and this is where they're encountering roadblocks, which is where you can come in and help them go around those road blocks. That's what I would recommend. And you're absolutely right, that is the biggest downfall that I've seen in other communities, is not having a dedicated person to motivate the community members to remind the community members to give them some central person to go to if they do encounter problems, it's integral.

Chairman Greber

There's another piece that stays in the forefront of my thinking. The Medical Needs are difficult for laymen to fell. There's a huge learning curve that we experience in understanding how you can or how you can't facilitate that. Controlling the narrative, making sure that no one is representing incorrectly or misleading or adding to the confusion or the drama. That is an element that also, I feel would be part of that accountability, utilizing our tool in a way that materially assists and benefits, but not launching 25 Facebook pages that advise people what to do when they feel sick. We're not qualified. That's why we hired you. It's challenging and I'm eager to get my teeth into it. I appreciate the format very much. I think that I may perhaps call a workshop to discuss the structure.

Trustee Gamble

Maybe it's something we might want to attach like a LEP C type committee, that they have, emergency management runs one. That may be a good foundation to start, because it gathers a bunch of the stakeholders together. That may be a really good place to start in terms of a road map.

Chairman Greber

Don's the leader on that one.

Trustee Gamble

There's a good roadmap there and that might be a good way to format it outside of public meetings.

Chairman Greber

We can't format anything outside of public meetings.

Trustee Gamble

No, we can't. But as a head organization, setting up something.

Chairman Greber

We can't even assign a sub-committee.

Trustee Gamble

No, it's not a sub-committee.

Chairman Greber

How about we talked about that offline, but I think the answer is no.

Margo Teague

That did come up a bunch in the workshops. The community members who were at the workshops wanted to make sure that this got shared with all the different town boards.

Chairman Greber

Yeah, we can collaborate. Is this the end of our contract with you?

Margo Teague

Yes, this is it. Feel free to contact me anytime. I'm always available for questions or whatever. All right, thank you guys.

Chairman Greber

Thank you, Margo

Trustee Kaminski

Are we ready for a motion? I motion to approve the final Community Health Improvement Plan, the CHIP document, produced and presented by Margo Teague of Impact Evaluation Assessment Services, as presented.

Chairman Greber

I have a motion and a second.

Vice Chair Hendrickson

I'm sorry. Did we decide on editing the partners?

Margo Teague

I'll put a question mark there, and send you back the choices as presented. And I'll send you a printed copy.

Trustee Kaminski

Ok, I'll make a motion to approve the final Community Health Improvement Plan, the CHIP document, produced and presented by Margo Teague of Impact Evaluation and Assessment Services with the amendments that we've talked about tonight.

Margo Teague  
Specifically on page 7.

Vice Chair Hendrickson  
I'll second that motion.

Chairman Greber  
All in favor.

Motion passes 4-0.

**Item #12, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny petition to participate in a community education initiative by sponsoring the purchase and distribution of marketing materials which can be provided to businesses and residents of Northern Nye County.**

Trustee Gamble

So as discussed previously, we talked about putting out some education materials, and that's what you have here on the first, set this is the first run of those education materials. The preview on the left is the design of the first magnet, actually measures five inches by eight inches, the price you see quoted is for 5,000 of these. It was just my guess, right up top of my head for what the population was for the entire area, and I thought it was pretty close. As I said, this is the first round of this particular one. I envision us doing a few different types of these as we move on. Yes, it's a little small, unfortunately I couldn't get it to print any bigger.

Chairman Greber  
It's beautiful.

Trustee Gamble

These are some of the ideas that have been put out elsewhere. As you go through the next pages. These are the outdoor advertisements, these particular ones are Urgent Care versus ER. Just some ideas to think about where we could go with this and how much further we could go with this. Further on, these are direct mail pamphlets and flyers that can be used or even posters in some areas, some of your local businesses even. One of the next ones that I want to see us do is a nurse helpline information. I think that will also drive up those numbers of usage if we actually put it out, maybe like a mass mailing type of organization. And then of course making some others available here, these are the individual medical providers. Oh, there's a bigger one on the very last page, I just came to it, I'm sorry. So, providing mass mailings, generating some ideas from some of our local providers like Marie and Beth and even CNRC as they come online and developing these using the post office's mass mailing program that they actually do, really cheap, really good and inexpensive and it gets out to a lot of people.

Vice Chair Hendrickson

Tim, on the magnet, first of all I think it's fantastic. So this came from one of the CHIP meetings where the emergency services came together. I forgot what the original spirit of that was.

Trustee Gamble

There were several and speaking with Stephanie another idea that they wanted to put out was when to use 911 versus when to use in the Health Line, which I think is where we roll in with the next particular one.

Vice Chair Hendrickson

I'm referring to the "what do I say to the 911 operator" piece.

Trustee Gamble

That was something that was discussed too but that was not her original intention, speaking with her.

Chairman Greber

That was my understanding of that conversation because I'm the one that actually shoved it on the agenda, we're gonna do it. To clarify and augment the gaps that the population and EMS perceive and experience with 911 dispatch being so far removed from our community, and not having traditional destinations in a short period of space. So the idea was, how can we fill that gap and prop up 911 dispatch so that it is effective every time they call. I coach my preschoolers, what do you tell them? Where do you live? What does your house look like? Those kinds of things. That was the initial motivation that I knew of.

Trustee Gamble

So speaking with her, that was not her original goal. On this particular one, but because I knew it was a stated topic, that is actually kind of included in that smaller, if you go all the way to the very back page of this particular one, there is a smaller blurb in the very bottom. This is kind of similar to what we train third graders in and stuff like that as well. Just in case you can't read it, I'm going to try. It does say to "Remember to remain calm and be prepared to give the address to where the emergency is happening or nearest landmark or business, as well as a callback number for someone that will remain with the patient until help arrives in case emergency services cannot find them." Most of this came out of an education that I got from, and I always get the name wrong, so bear with me, but it's the Emergency Number Association of America. 911 actually has an association for this. So I spent a long time talking with our director and kind of formulating that, because we didn't want the messaging itself to conflict from location to location as well. For instance, Round Mountain is a good example, we get people from Idaho, Arizona, we want to make sure that the messages all kind of stay the same. So that was one of the focuses of developing this, is making sure that what they tell people in Phoenix, Arizona when to call 911 is what we're telling people in our area, when to call 911.

Chairman Greber

Tiffany, I don't see an invoice in this for the cost of mailing our letters to that you mailed out. Do you know the cost if we were to purchase these, are you aware of the cost of that particular initiative? Because that was about 5,000? 3,000?

Tiffany Grigory

We didn't manipulate the list correctly. So, basically there were about 3,000 names on there and there were multiple names within a household. Each letter cost 50 cents. So, our initiative cost us about \$1500 dollars and that was too much. I also have a ton of returned mail. I'm working very closely with the Clerk's office to realign the voter registration list to filter who was undeliverable and whatnot. There's something new going on with the DMV where people are now being automatically signed up for voter registration. So they're getting hundreds a month added to their list, which is good and bad because they're not opting, so maybe they're not paying attention to what they're putting down.

Trustee Gamble



So one of the things we may look into is utilizing the ability to purchase the addresses and stuff from the post office, it generally comes out a little cheaper than that so you're not duplicating a lot of those. It's all done by address, the current active mailing address rather than name and stuff like that.

Chairman Greber

So what I was getting at, I really like what you've created here and I like the size and I like the magnet aspect. The cost isn't scary at all, that's an excellent price. So I'm interested in mailing these or if the delivery model is simply distribution at points in the communities, which may for this size, may be better. Even direct mail is tremendous.

Trustee Gamble

If I recall right and I'd have to log back into the account but we're talking less than a few weeks.

Trustee Kaminski

So, can it be ready for the Health Fair on the third of March?

Trustee Gamble

It's possible, and I could log back and double check it. There's a possibility that we could have X amount, even available at that particular time.

Chairman Greber

The problem is that if we approve this expenditure tonight, Justin has to request a check and they only cut checks on a cycle and it takes a while to get the checks out.

Tiffany Grigory

I do know that Justin has a credit card.

Chairman Greber

Oh, he got you one.

Tiffany Grigory

No, not for me. He didn't give it to us. But I do know that if you're ordering from an online vendor, then he would be able to complete that purchase without cutting a check.

Trustee Gamble

So the possibility is that these could be there by March 2nd.

Chairman Greber

And this is the proof we are looking at here?

Trustee Gamble

Unless you have changes that you want.

Chairman Greber

I like it very much. I just have a little trouble with the amount of words in the small print because that's really vital information. Stay calm. What's your address? What's your phone number?- Those kinds of things.

Trustee Kaminski

It's 5X8, so this is not the full size.

Chairman Greber  
Yeah, that's true.

Trustee Gamble  
You gotta remember that what you're looking at too is also slightly blown up. The original view that I had was what you see on the first page, I believe so. We blew it up from that so that you could kind of see a little bit better.

Vice Chair Hendrickson  
Maybe if you made the logo a little bit smaller, it seems to take up a good chunk of the page, can we do that?

Trustee Gamble  
It could be, but that was what was left over.

Chairman Greber  
So the frame that is around your text was a preset frame?

Trustee Gamble  
Well, it is to an extent because the frame actually won't extend any longer.

Chairman Greber  
What does the number indicate?

Trustee Gamble  
That is the number of the frame design. That won't be printed. That's just so they know when they get the order, which number it is. That corresponds to the front, I believe it's actually listed in there as a separate cost. They just charged \$3 for using that frame.

Trustee Kaminski  
As Russell stated, with CNRC coming in and we want to hit the ground running, for a first shot, I think this would be great and then we can expand from here, and this is something that we can give to people.

Trustee Gamble  
I perceive this particular initiative running for maybe as a quarterly thing, or maybe even more frequent if we want to, doing different things to put out like this.

Trustee Kaminski  
Maybe the next ones have the CNRC phone number on it, just keep on expanding.

Trustee Gamble  
I foresee this being something that we continually design and redo over and over again.

Chairman Greber  
Community Education was a major gap that we've been observing from the wings.

Trustee Kaminski  
The cost is great.

Trustee Gamble

I was really surprised by the cost to be honest with you.

Vice Chair Hendrickson

I'll make the motion to approve participation in the Community Education Initiative by sponsoring the purchase and distribution of marketing materials, which can be provided to businesses and residents of Northern Nye County as presented here.

Trustee Kaminski

To include possible overnight or faster delivery charge.

Vice Chair Hendrickson

We can call it presented with an allowance for expedited shipping as needed.

Chairman Greber

I have a motion.

Trustee Kaminski

I'll second it.

Chairman Greber

Any public comment on that one? Call for the vote. All in favor. None opposed.

Tiffany, I would like to suggest that we utilize the office card that Justin has put in place, rather than a check request, and he's not sitting here to guide us, but that's our intention, when you convey that to him.

Motion passes 4-0.

Trustee Gamble

I'll send you the information so that you can log into it.

Chairman Greber

I like everything that you presented, it is excellent. You just signed up to continue doing this, I hope you're aware.

Trustee Gamble

My first job out of high school was in marketing.

Chairman Greber

Perfect.

**Item #13, For Possible Action - Discussion and deliberation to approve, amend and approve or deny the proposal from Korte for the performance of the planned Facility Condition Assessment (FCA) and composition of the Preliminary Architectural Report (PAR) required by the USDA in pursuing funding for remodel or rebuild of the Nye Regional Medical Center.**

Chairman Greber

So I read over all of this, and speaking for myself, it is delightful. My only concern is that we are clear on the completion date. I don't want to fuss around with "we'll try and get it to you by", I want to ensure that's understood in the beginning.

Dr. Russell Pillers

I completely agree. And so the way they phrased it was vague, you know, approximately 75 days. Because I'm sure they will be willing to do that, this is somewhat boilerplate, but I can explain to them what we went through with the inventory, and we don't want to do that again. In your motion, if you can add that it's contingent upon them providing you a date by which it will be done-done. A consequence maybe if it's not, a reduction in cost if it runs long. I would obviously like to see us be able to move forward tonight, and not hold this up. But however you want to address that issue.

Trustee Gamble

With as much as I'm familiar with this company I don't think it would be that difficult. I've seen some of their work in Illinois, at some of their hospital facilities there. It's probably not going to be a big deal with this company.

Dr. Russell Pillers

I try to keep my optimism down a little bit, but they're really amazing. The one individual that I work with, specifically, Steven Dailey, he's done over 50 major projects with USDA. So he knows that process. I'll leave it to you however you want to address the deadline issue.

Chairman Greber

Speaking for myself. This quote is only good until March 15. So we've got about three weeks to generate a check and get that off to them.

Dr. Russell Pillers

Or we just have to enter another cycle.

Chairman Greber

I don't want to. We have been mulling this and utilizing their guidance for a long time and as you clarified, this isn't something that has to go out to bid. It is highly specialized. So it's suitable to launch it asap.

Dr. Russell Pillers

As I've been working on this, the cost came in way lower than what I was expecting.

Chairman Greber

I was happy with that too. Very happy. And I think it's a sound investment too because it's an essential piece. Do you have any comments or questions about the proposal?

Trustee Gamble

No, I looked it over last night. I thought it was right on the money, exactly where it should be, in fact it was actually \$10,000 less than I thought it should be.

Chairman Greber

Don't tell them. Well then, let's get this done. I'll open the floor for a motion.

Vice Chair Hendrickson

I'll make a motion to approve the proposal from Korte for the performance of the Planned Facility Condition Assessment and composition of the preliminary architectural report required by the USDA in pursuing funding for Remodel or Rebuild of the Nye Regional Medical Center.

Trustee Gamble

I'll second it.

Chairman Greber

I have a motion and a second. Any public comments? All in favor. None opposed.

Motion passes 4-0.

Chairman Greber

Tiffany, is that document in this stack for me to sign tonight? I can do that at the end of the meeting.

**Item #14, For Possible Action - Discussion and deliberation to reimburse Central Nevada Regional Care for the acquisition of the new X ray system to be installed in the Clinic building, in the amount of \$65,000, an action that if approved by the Board will result in the X ray equipment becoming the property of the Northern Nye County Hospital District.**

Dr. Russell Pillers

As I mentioned before, if we could sit back and had all the time we wanted, we would maybe do this a little differently as far as shopping around and trying to make sure we're getting the right machine and those kinds of things, but because of the situation with no X Ray in town, I see this as somewhat of an emergent situation. Although it may not be ideal, I obviously trust their selection on the device. Obviously there will be issues, down the road, for maintenance. You'll have to establish a maintenance contract at some point to make sure it's being taken care of.

Trustee Kaminski

For instance a heated facility?

Dr. Russell Pillers

Yes, exactly and no floods. Floods are not allowed.

Vice Chair Hendrickson

Do you have any idea of how often these need to be serviced?

Chairman Greber

They calibrate them, you subscribe for calibration and that's off site, calibration reaches into it. Honestly to speak for myself, I think that it speaks very strongly of their motivation, that they're not sitting back on their laurels waiting for us to decide.

Marie Peterson

I mean, although I can definitely vouch that we need an X ray in town. I've been doing a lot of looking, as much as my time allows, to look at the different types, look at the different styles, look at what it's going to provide for us. Looking at what we should really be looking for in an X ray and looking at exposure is an important factor, cost is of course a factor there, I do have a couple that are not firm bids, as of yet, looking at just for an office a small office for Xrays and \$65,000, not knowing exactly all that that's going to capture, but you need to have the radiologist in the background. You need to have the packs, which are basically the computer program that's going to actually record this. You also of course have all the equipment and installation is going to happen. So is the \$65,000 including installation, would be a good question.

Chairman Greber

It's all in here.

Marie Peterson

The lowest price that I had from one vendor was actually less than \$20,000. The average of what I was seeing was somewhere around \$30,000 so I would just caution you as a Board to look at the cost. What are you getting for that? Are we talking stand up, chest? Are we looking at extremities? What are we going to be in the space units required to do it? So some equipment is going to require more space than a 10 X10 exam room, then you also have the option looking at portability. Is this going to be a portable X ray? Because this \$65,000 looks like something that might be like a portable X ray. When I was looking at the quotes for portables \$65,000 would land more on that. Portable of course is going to be more convenient, you don't necessarily need to have a leaded room for it. So there's some advantages to that. I don't know that the current clinic actually has a leaded room, so you're going to have to look at- is it going to be leaded? Is that part of the \$65,000 as well? So just some things to think about.

Chairman Greber

Those issues have been addressed and we have considered the portable is available, and we've moved into power supply in the clinic, understanding the battery pack it plugs into a 110V, and they have those units already. The mobile was another aspect that they had investigated, which is what I expected was coming, day one. This is a different approach. In the credibility of their other successful practices that, certainly they have vendors and suppliers and service technicians that I would expect simply to add support to this unit as well, rather than sending Russell on a hunt to find us an X ray machine. I value that it's coming from established medical practitioners, who have multiple facilities.

Marie Peterson

Okay, I just wanted to give you some kind of price range in there of what you can look at.

Chairman Greber

When I read over it, it seemed very comprehensive. There's a lot that doesn't make a great deal of sense to me because I'm not a medical professional. However the price isn't alarming to me at all for what I read. The table and the different views that they're able to do. Again, I don't know medical terminology enough to say this is or isn't.

Trustee Kaminski

They talk about a four-way float table and a wall stand.

Vice Chair Hendrickson

I do see packs in here.

Chairman Greber

Its comprehensive and the leaded space. The only thing that causes me a little grief, and it's necessary, we are mounting it into a really decrepit old building and renovation notwithstanding, it still is the reality. Nobody's deeply attached to that building. I would like to know that perhaps it can be moved if we'd like to go down the road and utilize it in the hospital.

Dr. Russell Pillers

Early on in the X ray issue we looked at what it would take to move the existing X ray, antiquated stuff, into the clinic. Let's say we fast forward to when the hospitals are done, it has to be able to be moved. It may be a project but yeah you could move it.

Trustee Kaminski

The only thing I'd like to interject here is, in order to reimburse them, I would require that this Xray technology is available to all existing providers, healthcare providers, without complications like Renown had where in order for you to get an X ray you had to go see Renown's doctor. Marie or one of the docs up in Round Mountain request an X ray to be done, I could go in, I could get my X ray done from using this, then like normal, I wouldn't have to see their doc in order to facilitate that.

Trustee Gamble

Yeah I'd like to see it used more like an imaging center, like in bigger cities.

Dr. Russell Pillers

That may not be the normal model that you would see in an Urgent Care in a big city, but to date CNRC has been incredible about adapting to what we need. Whether it's labs, or X rays or anything else like that. There's just not enough here in town for somebody to keep it in their pocket and say this is ours, you can't use it. That's just not going to work, that model will not work in Tonopah at all let alone once you own it, then that is really not gonna work. Okay, because it's theirs, their tax money paid for it. So they're going to get access to it. As much as I can, I will promise that I'm going to make sure that even if we have to modify the contract, as much as that makes me a little sick to my stomach, we will to make sure this issue is not a problem. These resources need to be able to be used by the other providers in the town and maybe it's at that point that if it's a resource that you don't buy then maybe they can reserve that. But if they want to come to you and ask for your reimbursement, whether it's a lab machine or whatever, then that's in a different realm.

Trustee Gamble

Honestly, I would be happy if they would send a really decent letter that says this is our intent, and this is how we will allow us to use it. Without even modifying a contract, they could send a letter that says that with his signature on it, that we can hold his feet to.

Dr. Russell Pillers

It's 10 o'clock in Sri Lanka, in the morning. So I shot Queenie a message, I'm sure she's shoveling cement or something right now, but I'm gonna try to get this handled as fast as we can. It's not like at the end of the day they can't bill for it, they're going to bill for it.

Chairman Greber

I foresee that the only hesitation they would have is if they are limited in who can order, based on insurance or liabilities, they're going to be staffing, use of this machine and taking on the risk and the liabilities, and it is a facility that they have leased. So, if anything, I would see that might be an element that takes time to navigate. If they are going to explore the facets of joint use.

What I'm hearing is we want everybody to be able to just like an Office Depot, you go in and use a copier machine, I don't think that will work.

Marie Peterson

If I write an order and I send someone for an X-ray to Hawthorne's hospital, they respect that order. They do the procedure. They bill for it straight out. There's nothing of concern there. That's really what we're looking for. And with Renown we did have that, I think initially before the Board made an action, they required that as part of the use, that wasn't the case. But once it became the case, order and patient in hand, we did provide demographics so they would have an easy way of processing the billing, that was a courtesy, it made it easier for the patient, made it easier for everyone involved. They processed the billing, did the procedure, I think that's all we're really looking for and if we could do that, I mean, honestly, that would be a really, really big step for us to have collaboration between providers in the area.

Chairman Greber

The only "NO" I remember from our November 23rd meeting that I observed a flat no, was ordering lab work from another doctor. It wasn't diagnostic imaging, it was the laboratory step that had to go through their physician for insurance.

Marie Peterson

Which is kind of puzzling because I respect orders from other providers, they send them in and I draw their labs. I mean honestly you don't make a lot and that's a whole other topic, but again it's collaborative, it helps promote the care in the community and I think that if we can organize it this way, you're going to have a much smoother flow.

Trustee Gamble

I agree and if we work out something like that, that'd be better. Especially when we own the equipment. They don't even have to send it, like for instance, we're talking Xrays, they don't have to send the X rays to their radiologist, they can send them back to Marie and whichever radiologist she uses.

Marie Peterson

In general what happens is that you end up with a radiologist that actually does their own billing for the read and so it works very smoothly for me not to even have to get involved with that. Just like I would send them out to any radiology company, they're going to make the money on that. Me writing the order, I'm getting the office visit piece, I stay out of the rest of it, let them collect what they need. Do the X ray, give you the order, have their radiologist read it, send me the results after that, if I need the film's that's fine, but we don't need to complicate it, keep it very, very simple.

Chairman Greber

So we're talking about two separate trains of thought here, the cost of the unit and all of everything in this presentation. I think it's an excellent capital purchase, for an asset for our board. I think that's excellent community improvement, and it's going to significantly benefit our community health. So, in that sense, I guess the question is do we want to sponsor that, purchase that, add it to our assets. Do we want to make it contingent upon us, those kinds of things? I'm not sure that I want to make it contingent. It is what it is and that's just my thought.

Dr. Russell Pillers

As far as the contingency, I don't see that. It's coming. Your contingency won't halt it from coming and getting installed. It would just be when he gets his money. If you want to make it contingent upon stipulating to this use model, then we can do that. And I think you use the right word, it's just navigating.

Trustee Gamble

I'd just hate to see us purchase something with tax dollars, as you said, that is only used at one place.

Trustee Kaminski

Well, that being said, if Marie comes before the board next month and wants the same machine for her office, we'd have to provide that. If it's an exclusive use for CNRC, then she would have that ability to go and ask us tomorrow for her office too. I'm providing health care for the community too.



Trustee Gamble

Yeah, I think it's only fair.

Trustee Kaminski

We need to make it available to anybody.

Dr. Russell Pillers

I go back to the fact that the model that's going to work here really doesn't allow for that close hold kind of thing. If, in my interactions with Van on this point, not to put too fine of a point on it, is this is the negotiating point for you. Fine, we'll buy it, and we'll react as quick as you'd like us to, but you're going to modify your processes in your clinics such that Marie can give you an order for an X-ray and you're going to honor it. So I don't see any reason why not to do that. And I think at this point, that covers anything you buy. So as we look at all these different capital acquisitions, I think that makes perfect sense.

Chairman Greber

Okay, so how do we move forward on this item?

Trustee Gamble

Make the motion and have it approved, as long as he gets a letter.

Dr. Russell Pillers

So a contingency.

Trustee Gamble

As soon as you send that letter to Tiffany, she can make a request to have the check cut. That way we don't have to wait any longer, and it's done. If Van is the business guy that you say and he is the reactive type of person he is, I don't see that he'd have any problem signing that particular letter.

Dr. Russell Pillers

No, I don't either.

Chairman Greber

I don't want to come off as forcing them, telling them how to run their business. They're a private business, same as you're a private business, same as Affiliated. Renown was a not for profit business, they operated 100% on a government subsidy, in this location. So I want to encourage the entrepreneurial side, that if they want to maintain ownership and control, I'm sure they will make a process for our local providers to utilize it. I don't want to dictate to them how to operate it. So I feel compelled to stay on this side, rather than just telling them we'll buy it and we're going to tell you how to use it. We'll tell them what our motivation is and what the goal, outcome is and that's for our other providers in town, to be able to utilize it.

Marie Peterson

They certainly have the ability to make money on this, I mean certainly if I'm referring, their radiologist is going to make money.

Chairman Greber

It should be a no brainer, but we have to wait and see.

Dr. Russell Pillers

Yeah and also I think if you can make a forward step on this, it shows Van that when it came to the dollars you didn't balk.

Chairman Greber

I'm excited about it and I'm very encouraged that they're taking the proactive step. Let's just buy it, and then we'll see if they'll consider reimbursing.

Trustee Gamble

Without Justin around it's hard.

I motion that we reimburse CNRC for the acquisition of their new X ray system that they're planning on installing and in the clinic building in the amount of \$65,000 contingent upon securing commitment, a letter of intent, that allows them to honor outside providers referrals for the use of the machine.

Trustee Kaminski

Sounds good.

Chairman Greber

I have a motion.

Trustee Kaminski

I'll second it.

Chairman Greber

All in favor. None opposed.

Motion passes 4-0.

**Item #15, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny the lease agreement between Northern Nye County Hospital District and Premier Medical Group LLC dba Central Nevada Regional Care for use of the hospital premises situated at 825 S. Main St as defined in the proposed lease agreement, and execution of same.**

Chairman Greber

This item is going to be tabled for our special meeting, which is going to be, tentatively, March 2nd. That is just because it's been through our legal counsel for review of verbiage and everything else. We took it from the existing lease agreement, made some modifications, he cleaned it up quite a bit. The essence of it as you'll see in the backup, the cost is still the same, \$1 a year, and they are, in our proposal, they will cover janitorial inside, we will take care of janitorial outside, they will cover utilities, whereas right now we're paying for everything with Renown. There are some questions that their lawyer has now for our lawyer, so we are just unfortunately not quite there yet. Their lawyers reviewed it and now it needs clarification, so we're going to hook them up.

Trustee Gamble

Out of curiosity, just so you can have this ready for the special meeting, when we do talk about this, and you might be able to answer this now. Did we get rid of the exclusive right to use? Where Renown had access to the entire thing and we couldn't use anything.

Trustee Kaminski

I looked at it too, Tim, it defines the premises as the clinic building itself. So we're just talking about one building. Not the whole campus.

Chairman Greber

We are literally about the clinic facility access, of course. However, we also have included the electrical in the hospital because that's where the big 240V is.

Trustee Gamble

I get that, I just wanted to make sure that we weren't trying to pigeonhole ourselves, like the County did on the last one.

Trustee Kaminski

I want to make sure that, especially in the future to move Tiffany up there in an office, we could do that. If we wanted to bring some other group in and CNRC is going to work with them. Just like Ambulance Barn, we want to use that for REMSA for our ambulance service, we can do that.

Trustee Gamble

That's the only question I ever had.

Dr. Russell Pillers

On that, I'd like to throw in an idea, because of the time crunch, we need to get them keys, five o'clock, March 4th. After having gone through this, the service agreement is with CNRC. I think we need to get their lawyer and Tom, and maybe you and I on the phone, and let's just pan this out, so by the time we hang up that phone, we're done and you're ready for the special meeting. I'm just not up for doing the email thing back and forth.

Chairman Greber

We don't have that kind of time. I agree. I think if you guys will take the time and digest it. There's a lot of legalese in there. I think the material questions that they're going to want to address are the liability insurance is contained in there and Russell can provide what their concerns are, if you wouldn't mind sending an email. Send it to the trustees and then, if you guys have any input, I'll let you know when we're going to have the conversation, and any inputs we have will interject those into the conversation. I'm with you, now's the time and the clock is ticking.

Trustee Gamble

Yeah, I agree. We just remove this and we're done with that.

Chairman Greber

Tabled, but then it's going to be settled on March 2nd. And we'll have a document ready for us to execute.

Dr. Russell Pillers

I noticed one of their questions had to do with the insurance amounts. And that was the exact same problem we came up with online. So I think the County, when they throw out the \$1 million and \$3 million dollar minimums for whatever reason, don't match what's happening out in the real world. They're wanting \$2 million or like \$3 and \$5 million, or \$2 and \$4 million or something like that, they're missing and so that throws these people into a headspin.

Chairman Greber

We can settle that probably relatively quickly. So we're going to table item 15.

**Item #16, For Possible Action - Discussion and deliberation to establish purpose and long-term goal for usage of the current structure known as the Ambulance Barn located on**

**the hospital campus situated at 825 S. Main St in Tonopah, Nevada, including possible change in scope for renovation initiative.**

Chairman Greber

This is mine as well. Given the time frame, tonight I kind of want to put this off. Table until next time. We need to understand, we received a quote, even though our contractor withdrew the quote, because he left the business, as far as we're concerned, and the quote came in three times higher than we were hoping. That is directly linked to the scope of the project, making it living quarters; putting in the kitchen, renovating the bathroom, doing all that stuff. So, what I want us to get our head around, is that a suitable use? Does it have to house somebody or can they just report there for their duty station at a reasonable hour and they launch from there. We don't have ambulances that we're going to house there this time, they have another home. We just need to think about it and have a conversation, so we know what we're actually aiming for. It feels like our goal is a little fuzzy on that and given the price it's just way more than we expected and we had to go out to bid for it if it's over \$50,000. So that was a bit of a non starter, as well when we got that figure. I would like to recommend if it's all right, we can table it, and discuss it at our next regular meeting, probably not take time at our special meeting. Does that sound alright with you guys? I'm happy to discuss it now if someone wants to. You got something on your mind?

Trustee Gamble

I think we can do this at the next one. I was just trying to finish reading. I think we can do this at the next one.

Chairman Greber

I think our initial motivation was because REMSA was supposed to have been moved in there with a renovation that the County was sponsoring, all of that got put on stall for unknown reasons, then it became ours.

Trustee Gamble

And honestly I think the idea is to move REMSA out of the County dorm. And I think we really do need to look at trying to do that.

Dr. Russell Pillers

The key motivation, I heard, was that they were concerned about dispatching from a residential neighborhood. So the living situation was kind of one aspect of it but the key thrust was they were worried about going lights and sirens, same place kids are out playing around. So they wanted to just launch from the Barn and to meet that need we can trim back what we were looking for, significantly.

Trustee Gamble

I think there's other avenues, I know I've discussed this when we got the quote for it. There's other avenues where a double-wide and a small garage is going to run a lot cheaper.

Trustee Kaminski

They were also concerned about the wintertime, having a vehicle in a heated area where they didn't have to defrost it and get ready faster. We have the ability to use the prison camp out there. Maybe one of the first things we should do is just have them come in and clean that thing out completely, so that now it's available, it's clean. We can put furniture in there, we've got furniture all over the hospital building itself.

Chairman Greber

It's actually available and heated right now.

Dr. Russell Pillers

We can put in a microwave for your hot pocket in there and be ready to go.

Chairman Greber

Simple duty station.

Trustee Gamble

I think that we could actually table it and put this early on the agenda and get Kevin's input too, and make sure we're getting this to where we need to.

Chairman Greber

Tiffany, let's put this on our regular meeting for March, not for the special agenda. Is that alright everybody? Okay, moving on.

**Item #17, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny proposed expenditures in excess of \$500 for the purpose of providing maintenance services, enhancements and improvements in accordance with the General Services Agreement entered into by the District and Mizpah Hotel on January 16, 2020 for maintenance services provided at the hospital campus situated at 825 S. Main St in Tonopah, Nevada.**

Removed from agenda.

**Item #18, For Possible Action -Discussion and deliberation related to Victoria Street units 2, 3, 5, 6, and 7 environmental sampling and analysis by EPA's Brownfields Program, and subsequent application for grant funding to act upon environmental findings relevant to the safe and successful development of the properties in accordance with the District's Community Support Program for medical staff housing, as well as, it's contractual obligation to provide housing for use by Central Nevada Regional Care.**

Chairman Greber

Okay, Justin got on my case for the vague language. The deal is that I'm in conversation with Brownfields right now. They have completed an application for us to do environmental sampling of all five units because we know one has some potential problems, distinct mold problems. This is the first step. The reason it's vague is because it's real time right now, I didn't know by the time this was due, what we were going to need to do. As an update there's no action for us to take, they have completed an application. Right now we are providing additional documentation substantiating our needs, and our plan. We have to show use, so we have REMSA that needs housing, we have Affiliated that has inquired about housing, we have our Community Support Policy that provides a housing option that we recruit, and we now have a Development Agreement with CNRC that also indicates housing. So this medical staff housing is in motion, it's also substantiated at the state level. This is a distinct incentive that everybody provides, mostly rural and frontiers in such a piece. So we're putting all of that in their hands to put forth. They already have funding to sponsor the sampling, and they have a great deal of back information. This won't be the first time that they've done this, so they have initiatives that they did in 2015 and 2018, they did sampling. So they have a lot of history and research already. All that to say that I am moving forward, going to get that application in. They didn't give me a quote, what the whole thing was going to cost. So, I asked them for a quote.

Trustee Kaminski

Can you check with the County? Because the Town just used Brownsfield, but we tagged onto the County and it cost us nothing.

Chairman Greber

That's what they are doing for us. I started with Lorina to ask, and she said this is how... and that's exactly where this started.

Trustee Kaminski

Tomorrow morning there's a meeting, because from my understanding, the remediation depends and how we step forward with the remediation of our property. We're going to push for the six inch concrete covering over all the property because we are going to be using it for the parking lot anyway. And they are funding, we just have to pay 20% and they are covering the 80%.

Trustee Gamble

So there's no action on this item at all.

Chairman Greber

There's no action, it's an update. But if there is a decision as far as cost, I don't anticipate there's going to be one from listening to this conversation and just what Don has related. They have it ready to roll, we just have to substantiate our need.

Trustee Gamble

That sounds awesome.

Chairman Greber

It does sound awesome. They are very excited to help us, so that's all there is for that. No action on that one.

**Item #19, For Possible Action – Discussion and deliberation of the minutes from the January 16, 2020 regular**

Chairman Greber

Any comments, do we approve the minutes as written? I need a motion for that.

Vice Chair Hendrickson

I make a motion to approve the minutes from the January 16, 2020 regular meeting.

Trustee Gamble

I will second.

Chairman Greber

I have a motion and second. All in favor. None opposed.

Motion passes 4-0.

**Item #20, For Possible Action – Approval of invoices for payment.**

Trustee Gamble Everything looks pretty well standard. Don't see anything wrong. I motion we approve the invoices as submitted.

Vice Chair Hendrickson  
I second.

Chairman Greber  
All in favor? None opposed.

Motion passes 4-0.

**Item #21, No Action – Open Meeting Law review.**

Chairman Greber  
The OML law training is on February 28th, at 1:30pm.

Trustee Gamble  
I can't make it.

Trustee Kaminski  
There are two dates. I'll forward you the email.

Vice Chair Hendrickson  
I cannot make it. Have you heard anything on another date?

Tiffany Grigory  
Ok, thank you. She didn't give me any of the other dates but I have a reminder set to make sure that you take care of it before the end of the year.

**Item #22, For Possible Action – Discussion and deliberation to set the next regular meeting location, time and date.**

Trustee Kaminski  
The third Thursday is the 19th, 1800 here.

Dr. Russell Pillers  
Just throwing it out there if there was a chance we could move it to Friday, I would be in heaven. Because there is something I have to go to on Thursday night.

Trustee Kaminski  
I'm gonna have to call in if we do the meeting on Thursday, also. I have a doctor's appointment.

Trustee Gamble  
I can do it. It's not difficult. I might be able to video in for those.

Chairman Greber  
What shall we do?

Vice Chair Hendrickson  
The 20th it is.

Chairman Greber

Well, this will be our first, this will be two weeks after CNRC is here. Good time to have an actual meeting here. We're going to go then for Friday, March 20th. Tiffany will have to check the availability of the Chamber's, correct?

Trustee Gamble

I'll be willing to bet they're open. Nobody likes to meet on Friday.

Chairman Greber

Do we want to keep it at six o'clock?

Trustee Gamble

Yes.

Chairman Greber

Am I allowed to move on this?

Trustee Kaminski

Oh sure.

Chairman Greber

I'll move for our next regular meeting to be slipped from its standard Thursday to Friday, March 20th at 6pm, here in the chambers, contingent upon availability of the chambers and in consideration of schedule conflicts.

Trustee Kaminski

I'll second.

Chairman Greber

All in favor?

Motion passes 4-0.

**Item #23, GENERAL PUBLIC COMMENT (second)**

None.

Chairman Greber

Marie, thank you for your participation tonight, I really value your thoughts.

**Item #24, ANNOUNCEMENTS (second)**

Vice Chair Hendrickson

Only that I will not be able to attend the March 2nd Special meeting, I will be in Canada.

Chairman Greber

So, no calling in?

Vice Chair Hendrickson

I cannot call in.



Chairman Greber

I don't think you can vote, ahead of time. I think you can only call into vote, Don, can you correct me?

Trustee Kaminski

I don't know, I hate to say that...

Trustee Gamble

I'd have to re-read the book. But in most places there's a provision that allows you to vote by proxy. Somebody else can cast your vote basically.

Trustee Kaminski

Three people will get the quorum.

Chairman Greber

So what you could do is after we have our meeting, we can let you review it and maybe submit inputs?

Vice Chair Hendrickson

Also, I'll be three hours ahead, I shouldn't be too busy.

Trustee Kaminski

What time? We haven't decided on a time yet. We need to come up with that.

Chairman Greber

Is there a time on a Monday that's better?

Trustee Kaminski

In the morning but it's up to you.

Trustee Gamble

I'm available the entire day.

Chairman Greber

I would say some, depending on the availability, we have it available that day right?

Tiffany Grigory

It is available that day and like you said, it is a Monday. I know that Justin is available during the day. It feels like this is gonna be quick. The lawyers would have already looked it over and you guys have already had a chance to look it over, the majority of it.

Chairman Greber

We can't look it over until it's published.

Tiffany Grigory

Correct. But they've looked over the majority of it, they're just looking for the changes.

Trustee Kaminski

So, it's posted three days before.

Tiffany Grigory

And I'll forward it to you as well, to make sure that you guys have it.

Chairman Greber

Let's do it early, say eight or nine.

Vice Chair Hendrickson

And to verify, I'm just assuming I'm not going to be available because I really don't know, but if I'm able to call in I will.

Trustee Gamble

I should go read the book because I think there's a provision that allows you to email one of us, what you want to vote for and cast that vote. I'll read the book because I have it on my iPad.

Trustee Kaminski

I wonder if she can email Tiffany, and Tiffany can read and say her vote.

Tiffany Grigory

I'll definitely forward it to you, I'll make sure there's a conference call setup because I know that people will be calling in and I'll forward you the invitation. So, you'll have everything.

Chairman Greber

Okay, so are we thinking 9am, in case you decide to call in?

Now to be clear this will be my last announcement, the March 2nd meeting is to execute the lease agreement. It is not a closed agenda to that, if there is something pressing, by all means. You had some potential initiatives that we may make a decision on and we are going to need to navigate your order, as we're going to purchase it.


Vice Chair Hendrickson

I believe it was Russell's letter of intent for Dr. Capurro.

**Item #25, ADJOURN**

Meeting adjourned at 9:15 pm.

Approved this 21th day of March 2020.



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Chairman Greber