



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

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**March 20, 2020**

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

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

Led by Trustee Gamble.

Chairman Greber

In light of our evolving health situation here we're going to attempt to see to business as efficiently as possible so that we can wrap this up in a timely manner. We have on the line our other two Trustees Justin Zimmerman is on calling in, as well as Emily Hendrickson. We have our legal counsel on the other line. Again, this isn't intended to be a gathering opportunity, we're going to hold to the six-foot social distancing recommendation that's why our Trustees are all positioned at various different places. As well, we have the preliminary health screening out in the atrium, for any of the public who should choose to attend and the chambers have been fully sanitized. Thank you, to CNRC for seeing to that, very much.

**Item #2, 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 #3, For Possible Action – Approval of the Agenda for March 20, 2020**

Chairman Greber

I would like to recommend that each of us who have sponsored agenda items, all the Trustees, that you would consider, and let us know right now if your items can be tabled and brought to our next regular meeting, in the interest of saving time and seeing to the essential business at hand.

Trustee Kaminski

Number 16 has to do with America Corp. AmeriCorps has pulled out so I think we can table that

until something has changed.

Chairman Greber

Okay, pulling item 16.

I would like to pull my item related to number 13, we're going to pull that, it relates to the ambulance barn. Also, number 14, discussions related to Victoria street. The standing item for the Mizpah, number 11, they're not present, so we're going to pull number 11.

Secretary / Treasurer Zimmerman

Pull item 12, Hank Melton, due to the travel restrictions in place he was not able to attend tonight but he'll be back in a future meeting. So, number 12 can be removed. And I also recommend that 5, 7, and 8 be removed since, we have no emergency items and there's no one to speak to 7 and 8.

Chairman Greber

There are other items on here, asking the Trustees to let us know which can be pulled. Item number 15, is that time sensitive, does it need to be addressed tonight? That's yours Tim.

Trustee Gamble

I'm sorry. We can pull that. And in fact, I would also recommend that anything that's really not related to expenditures or critical business, just be automatically pulled in the interest of time.

Chairman Greber

That's what we're doing, yes, and it is important to me as the Chairman, that the person who sponsored the agenda item is consulted, without me pulling them unilaterally. We have remaining items 10, 17, 18, okay the utility bill needs to remain.

Secretary / Treasurer Zimmerman

I said I would like item 19 to remain; it should be a quick one.

Chairman Greber

Sure. It looks like the rest of them are either essential or pretty quick. Any comment on the items we have tabled? Justin, Emily any comments?

Vice Chair Hendrickson

Nope.

Secretary / Treasurer Zimmerman

I'm sorry to interrupt again but we changed some things on the agenda after our last OML training and approval of the agenda is now an action item, so we'll need a motion to remove those items and then a second, and I will make that motion. If that's alright for everybody.

Chairman Greber

By all means.

Secretary / Treasurer Zimmerman

I move to remove item 5, 7, 8, 11, 12, 13, 14, 15 and 16 from the agenda.

Trustee Kaminski

I'll second.

Chairman Greber

I have a motion and a second. All in favor?

Motion passes 5-0.

Chairman Greber

Thank you, bear with us this is going to be challenging tonight.  
Agenda stands approved with the items mentioned removed.

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

Vice Chair Hendrickson

I do have a comment about the fact that I was not listed as filing for election for the Board for next year.

Chairman Greber

Where did that occur?

Secretary / Treasurer Zimmerman

Emily, have you seen that list lately? I pulled it up to the deadline and I thought I saw you were listed.

Vice Chair Hendrickson

As far as I know, with the filing period, about the first week of it I was out of the country in Toronto, the second week I was practicing self-isolation because of my trip to Toronto and the potential exposure. I'm fine, it was a mandated self-isolation period. Sam Merlino, and her entire staff at the Clerk's office were fantastic and tried very, very hard to get me to be able to file and take the oath remotely. We even ended up trying to do a FaceTime messenger thing to try and take the oath, but the Secretary of State's office did not approve that. I understand from Sam, similar to how I was appointed back in October, that will occur again in October, because there will be some empty seats. I just want everyone to know that my intention is absolutely to file for election.

Chairman Greber

I'm going to suspend the meeting momentarily.

**MEETING SUSPENDED**

Chairman Greber

We're going to reconvene the Hospital District meeting, it is 6:40pm. After technical difficulties, we are currently on Item #4, Announcements.  
Please proceed, thank you.

Secretary / Treasurer Zimmerman

I did pull up the list and the only candidate listed is Tim. That means we'll have two vacancies come next year, and those would be handled just like all of our other vacancies have. They will be open to the public, anyone can apply and then the Commissioners will choose from those applicants

Chairman Greber

Since I was not notified of the need or the window to apply either, if I wanted to apply for re-election, I would need to go through the same process as Emily, right?

Secretary / Treasurer Zimmerman

I believe so, I don't think there's any sort of work around for that.

Vice Chair Hendrickson  
Yeah, we tried just about everything we could.

**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

I'd just like to thank Van and the CNRC staff. I've heard nothing but good reviews so far for everything that's happening. One of the first days you guys were here we had an ambulance call and we called to see if there was anybody available and you guys were there. So, I really do appreciate it, I think this is really going to work out for us. Thank you

**GENERAL BUSINESS**

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

Removed from the agenda.

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

Removed from the agenda.

**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

We'll go through my slides verbally, you know what's on each of them if you have the backup material, it won't be any different than that. For the summary, this month was a little less hectic than the last with CNRC getting up to speed and hitting the ground sprinting, actually. There hasn't been as much as last month to take care of. We did have a little bit action with the Facility Condition Assessment and some other stuff and I'll go through all those.

The first slide is regarding the key detail, at this point, with the transition. And this is on a following agenda item, so I won't go through too much of it, but it's the effort required to remodel and repair the existing clinic on the NRMC campus, to be able to facilitate what CNRC needs to do. We can go through any of that now if you want, I can kind of give an overview of my understanding of it, or we can wait till that agenda item, however you want to go about it.

Chairman Greber

Well, since you asked let's hold off until we have the presentation since it is all being captured.

Dr. Russell Pillers

The marketing material, I'm still available to assist, I have another slide on this, the next big effort at this point is a billboard. There is the one billboard down the Radar Road turnoff, it looks available. I think that might be the best one to shoot for, at this point out of everything else.

Then the new X ray system, a little information on that. There's a picture on my slides, we're on slide six, of the new mobile system. I have heard really great things, it's brand new. And I've heard it does really great X-rays already and we'll have some more to talk about that as we go along. On the right side of the slide is the drawing from the new X ray room that's being planned. And that's like another big part of that remodel agenda item.

The new sign; when I was here last week, the Mizpah folks did a really good job of helping us get that painted red and we were able to figure out the electrical. I had them put all new bulbs in it and the new Plexiglas installed. I haven't seen it at night yet, but in the picture at least, it's looks great.

Chairman Greber

I drive by it every day just to admire it.

Dr. Russell Pillers

And all the banners on the building letting everybody know we're open.

Trustee Kaminski

I see they have the number on the sign.

Dr. Russell Pillers

It does, and 24-hour physician access.

Chairman Greber

The same phone number for both, the clinic and for the after-hours doctor.

Dr. Russell Pillers

For the light sensor, I haven't seen it. Can we tell if it's on 24/7 at this point?

Chairman Greber

It doesn't appear to be lit but it's hard to tell.

Trustee Gamble

You know when we were out there, the day before it opened up, it was really hard to tell when it was on during the daytime.

Dr. Russell Pillers

So, we might want to have the Mizpah look at replacing that sensor and save a little money.

Trustee Gamble

You can just go back and peel the Plexiglas back and take a look to see if it's on.

Dr. Russell Pillers

Or you can just flip the breaker and see if it's on.

Again, the billboards, the Merlino's got a hold of me, the little billboard that the High School used to use is available. So, we could take advantage of that too, if we want. It's kind of a small, but everything's better than the poke in the eye right now.

So, the Facility Condition Assessment, that's off and running. During the health fair, the Korte guys, Steven Daly, and his people were actually in the hospital during their first round. They're incredibly efficient, and they started to rattle off what they're going to deliver in their presentation and it's going to be way more than what we were asking, which is good. We're going to need all of that information. I talked to him yesterday, Steve, and he's shooting to be done by the end of May.

Chairman Greber  
Is that within the 90 days?

Dr. Russell Pillers

No, I think that's early. He and all of his people are now sequestered at home like everybody else. He's reaching out to all sorts of Nevada State level databases to really give us a good picture of usage and things like that. He said with the virus, that's been a little bit of a hassle, but he's still anticipating by the end of May.

Dr. Russell Pillers

And, Tiffany's been helping you give them information as needed. So, they're reaching back out to us every now and then to fill in blanks. So, going full speed ahead. The State Dental opportunity, I just left this in here, that still exists, I haven't heard the next step on that. I think one of our next tasks related to that is, once CNRC can take a breath, Dr. Cappuro would like to meet with them to talk through how we come together, if it happens. The Air Force houses, I just left this in here because I know there were some other issues still ongoing. There's no update this month on how that's moving forward.

Chairman Greber

Not since I pulled agenda item. We have an update, just not tonight.

Dr. Russell Pillers

Then the CHIP, still exists, I'm going to leave this slide on here to make sure we don't let this fall off our radar. I know Margo was really great at helping us stay on task, but we'll just want to have a plan to make sure we keep that moving forward, I think it's really valuable. Then one of the last ones is the Title cleanup. I received all of the artifacts back from Cow County and passed those on to Justin and Tiffany. It was a little beyond my understanding on what had to happen with them, I think a bunch of things needed to get filed. Justin, is there anything you need from me on that?

Secretary / Treasurer Zimmerman

No. I want everyone to really not hold their breath on this. We have to get some signatures from some people, who I expect, will not want to relive any part of this, but we're going to try.

Dr. Russell Pillers

Understood. Okay. Justin is it your understanding, assuming that gets held up, maybe ad infinitum, does that hold us up on anything?

Secretary / Treasurer Zimmerman

I don't see it holding us up at all.

Dr. Russell Pillers

Okay, great. I don't think that one is closed but we might be able to consider it finalized. You got the invoice? You'll be able to pay Cow County?

Secretary / Treasurer Zimmerman

Yes, it's on tonight's approval list.

Dr. Russell Pillers

Okay, good, perfect, thank you.

So again, a relatively quiet month, relative to last month. But as the Facility Condition Assessment moves along, and if and when the remodeling starts, that will be plenty to keep us busy. Any questions or tasks?

Chairman Greber

It is very encouraging to see a projected early completion of the Facility Conditions Assessment. From observing your efforts and the way we've been concurrently approaching all the facets of this whole transition, a lot of things are exactly in the right direction, right on track. I'm really happy, speaking for myself.

Dr. Russell Pillers

I didn't put it on the slides but I'm working with the Town to try to get that streetlight fixed, out by the entrance to the hospital. If it was an NV Energy light, they could fix it, but it turns out it's an NDOT light. There are some rumors that there might be a wiring issue that they have a few street lights up there that they can't get to work.

I know that the road going in has some seriously large potholes, in the driveway coming down. I don't know how you want to go about that. When I asked Mrs. Mulkerns about this, she said to get a hold of the High Desert Inn, and somebody else that's done some parking repair. It would be a good time, if we could get the parking lot itself, out in front of the clinic is pretty rough, it could use some kind of striking in amongst everything else. Obviously, I don't think that's on CNRC's plate, that'd be on ours, but we can work on getting that looked at it.

Secretary / Treasurer Zimmerman

Can I interrupt really quick? We've got the live stream up on the County website and I can see you sitting there, so I think we're making progress with the Crestron.

Chairman Greber

Wonderful. Thank you, Justin,

Trustee Kaminski

I was going to ask you about the electrician. Have you found an electrician for the three-phase? If not, I have another contact.

Russell Pillers

When CNRC comes up to talk, you can tell them about that. You guys should work together to figure that out.

Chairman Greber

Thank you, Russell.

**Item #10, For Possible Action- 1) Presentation by Central Nevada Regional Care on their first weeks of service; 2) discussion and deliberation on potential actionable items needing Board approval for Central Nevada Regional Care to provide healthcare at 825 S. Main Street pursuant to the Professional Services Agreement entered into on January 17, 2020.**

Chairman Greber

This is actually your standing agenda item, that's why it's somewhat vague. Every month when you come up and present, whoever represents you at the meeting, is able to present us with whatever we need to actually take action on. So, can someone come to the microphone and answer questions or state that you don't need anything in accordance with this one? Especially if we're going to address it later. Just come up and we'll just work this through.

Chairman Greber

Suspending the meeting.

MEETING SUSPENDED

Chairman Greber

I'm going to reconvene the meeting, it's 6:59pm

Queenie Manuel

We just want to say thank you for allowing us to be part of this community. The turnout has been well. The welcome is wonderful. So, thank you.

Chairman Greber

You've been here two weeks. This is the 14th day, today. I can hardly believe it's only been two weeks. That's amazing. Can I ask, do you feel that people have the information, that they're coming to you during your open business time, there's not confusion?

Queenie Manuel

Yes, they are coming to us and we are able to get medical records from Renown. Also, with everyone and everything else that they need, we're able to capture.

Chairman Greber

Wonderful. How about your deferred billing? How are your insurance contracts coming?

Queenie Manuel

We signed the contract already with Sierra Health and Life, Blue Cross Blue Shield, and Aetna.

Queenie Manuel

Cigna, we're on our way and the VA.

Chairman Greber

So, still working on those?

Queenie Manuel

Yes.

Trustee Kaminski

What about United Healthcare?

Queenie Manuel

United Healthcare is part of Sierra health and life.

Chairman Greber

So, it's signed?

Queenie Manuel

Yes.

Chairman Greber

With that one, I understood that there was only one provider at your location who was in network, is that correct?

Queenie Manuel

We have Sneha and Noemi, so we have two providers, and then we're going to get another, MD. Then, we will have three providers, Dave, Brent, and Chris.

Chairman Greber  
Those are all in network?

Queenie Manuel  
We're in the process.

Chairman Greber  
Have you found an Ultrasound Technician yet?

Queenie Manuel  
Not yet.

Kaniela Acosta  
Regarding the Ultrasound Tech's, we've received three applications, we're just working on some of the details and looking hopeful for the near future.

Chairman Greber  
Wonderful. Great. Anything else that you want to relate, as far as the patient encounters or your doctors? Did you get the PA's full time or are they just on a short term?

Queenie Manuel  
They're all somewhat part-time and full-time because they're working on leaving where they're at right now and joining us full time.

Chairman Greber  
Let me ask about your housing. Have you been able to get in contact with the apartments here?

Queenie Manuel  
They don't have any openings. I drove around, I don't know if there's any housing for us to go into. I contacted all the apartments and there's no opening.

Chairman Greber  
Let's talk offline, and I'll get more information about your needs and see if we can get you guys into comfortable housing. In the meantime, is Best Western taking good care of you?

Queenie Manuel  
Yes.

Chairman Greber  
They're so happy you're here. They're nice.

Trustee Gamble  
Any other any other hiring shortfalls? Do you guys have plenty of applicants to your positions and everything from the local area?

Queenie Manuel  
Not professionals, we're looking for an X ray Tech or Ultrasound Tech or CT Tech or MD. There's one that I know, she's a nurse practitioner, but she's still in school. I've been in touch with her for two years now and I'm still waiting for her to graduate. As soon as she graduates, I told her, she's here, she's with us.

Chairman Greber

She's a local and she's very happy to. Are we going to address the CT scan anywhere in the agenda?

Queenie Manuel

Next meeting.

Chairman Greber

For information, I had asked Queenie to engage a technician to come and assess our current CT, which I understand was being serviced on a service plan clear up until Renown left. Not until the hospital closed but Renown. Hopefully it's a viable unit and we can have it assessed and see what potential there is.

Queenie Manuel

Tiffany, Justin and myself went there, and it looks like the last time it was looked at it was 2010. That was the last calibration or the last inspection, that it was done, it was 2010, so no.

Chairman Greber

So, it hasn't been serviced?

Trustee Gamble

That doesn't sound half right, to be honest with you.

Queenie Manuel

We didn't find any records.

Trustee Gamble

You may not, but I believe that was purchased, not that long before the closure and donated by the Mine. So, it had to have been before that, and the records have just been lost somewhere.

Chairman Greber

They're probably in the hospital someplace. I mean, quite honestly, there's a lot of mystery and tracking that we have to do for a lot of aspects of this whole project.

Trustee Kaminski

Have you contacted Marie Peterson?

Chairman Greber

No.

Trustee Kaminski

She worked for Dr. Scoccia and she would know, probably, about that CT machine and if/ when the last time it was calibrated. Marie Peterson (775) 482-9898. She's more than willing to help. She's the other Primary Care provider in town.

Tom Vallas

I can tell you that CT machine was in use after Scoccia left and they had it looked at. I want to say that it was from the Mine. But that was done, post 2014.

Chairman Greber

Thank you, Tom. The plot thickens. We'll get to the bottom of it. So, between now and the next meeting we'll make sure we have that in place and whatever we can do to assist.

Chairman Greber

Okay, Trustees on the phone, any questions for CNRC about their daily operations?

Vice Chair Hendrickson

I know I've gotten information from the Mine with the purchase of the X Ray machine, I don't know if it was related to the CT machine, but I can try and get information on that.

Chairman Greber

Justin, anything?

Secretary / Treasurer Zimmerman

I don't have questions about operations but just with reference to the language for your agenda item "discussion and deliberation on potential actionable items needing Board approval." We did that because it was everything that we had to work with at the time of posting the agenda. But if CNRC does have requests of the Board, we need an agenda item to be a lot more specific than that. So, if there is anything coming up, we'll work with you weeks ahead of posting the agenda and get more specific language on there.

Chairman Greber

Good catch, Justin. Thank you.

Queenie Manuel

Thank you.

Trustee Kaminski

One more question, Queenie. What has your patient load been?

Kaniela Acosta

The average, on a day to day basis, I would say anywhere between 8 to 15 a day.

Trustee Kaminski

Anything on weekends now?

Kaniela Acosta

Sundays are a little slower, I guess you guys are in church or so. For the most part, it stays about the same.

Chairman Greber

Saturday as well?

Kaniela Acosta

Yes.

Chairman Greber

That's excellent. That's great. So, for the last 14 days, you've seen 8 to 15 patients, every single day?

Kaniela Acosta

Yeah.

Chairman Greber

Are they all new each time or do you have people coming back?

Kaniela Acosta

A lot of patients returned, that were previously Renown patients and a couple of them were word of mouth from out of town.

Trustee Gamble

I know my family has come up from Round Mountain. As a matter of fact, I think a whole group of them came.

Chairman Greber

That's good. I've got to ask one more question, since we have you here. What is the status on the transportation you guys referenced in November? There was mention of a medical van, that you had been already talking about securing.

Queenie Manuel

Yes, we actually have a meeting next week with the company in Las Vegas that will help us get to the facility and back.

Chairman Greber

Thank you, very good. I don't know if you guys understand what a milestone that would be, to have that service here. That's been a huge challenge in this area. It'll impact a lot of people.

**Item #11, 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 the agenda.

**Item #12, No Action -Presentation by Hank Melton, Nye County Public Health Officer, of the 2019 Nevada State Health Assessment.**

Removed from the agenda.

**Item #13, 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.**

Removed from the agenda.

**Item #14, 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.**

Removed from the agenda.

**Item #15, For Possible Action - Discussion and deliberation to create, approve and execute a plan for distribution of the community education magnets approved for purchase during the February 20, 2020 Regular meeting.**

Removed from the agenda.

**Item #16, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny (1) a list of materials to be purchased for AmeriCorps, through the Nye Communities Coalition (NyECC), to make improvements to residential property at 149 Central Street in Tonopah, Nevada including but not limited to perimeter fencing, targeted garage roof repair, removal of ground hazards, and enclosure of garage foundation fascia, as well as, targeted roof repair to the maintenance building on the hospital campus located at 825 South Main Street Tonopah, Nevada; (2) approve a total budget for the above described scope of work; and (3) empower Trustee Kaminski to supervise the projects.**

Removed from the agenda.

**Item #17, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny a request by Central Nevada Regional Care (CNRC) to have the Northern Nye County Hospital District (NNCHD) pay for remodeling and upgrading actions on the NNCHD Clinic located at 825 S. Main Street, Tonopah.**

Chairman Greber

Dr. Pillars, this is your agenda item, front and center.

Trustee Gamble

How about both of you.

Dr. Russell Pillers

From a high level, there's several different projects that need to be done at the clinic. The services that we've asked them to provide, some of the projects are specifically related to that, so that they can fulfill the requirements that we've put on them. The others are safety issues, health, wellness-types of issues, security, things like that. I'll try to go through that, first is the sleeping area.

Chairman Greber

On your back-up. If you could advise us, which order to consider these. I have three pages front and back. They're not numbered, so if you could call out which one it is that you're speaking about, we can look at that picture.

Dr. Russell Pillers

We can do the isolation room first and the water heater replacement.

Chairman Greber

Justin and Emily, are you able to view this, and Tom?

Secretary / Treasurer Zimmerman

I have a hard copy.

Dr. Russell Pillers

It includes the roofing repair, as well. First off is the isolation room. This was a little bit of a new item for me since after I left, but I believe that's purely for the current virus situation.

Chairman Greber  
And any communicable disease.

Dr. Van Le  
That's correct but it's also a combination because they can also later be used as a decontamination room. So, it's a double.

Quennie Manuel  
We're making it into a three room, decontamination room and also isolation room. What we're seeing right now is three or four patients coming in with the same symptoms. If we only have one room then they're contaminating the whole waiting room. So, we need an area where we could just put them directly into the room.

Chairman Greber  
So, you're suggesting three spaces?

Quennie Manuel  
Correct.

Chairman Greber  
And they're all for multiple use? They are all for decontamination, isolation, and quarantine, or whatever? And that's captured? Three spaces? Okay, thank you.

Dr. Russell Pillers  
Correct me if I'm wrong, if you look at the clinic building, it runs almost perfect North-South. The doors that you would bring those patients in are on the South end of the building.

Chairman Greber  
At the tail or the front?

Dr. Russell Pillers  
At the tail. All three of those rooms are all at that end. The hot water is an issue. There are three or four hot water heaters and they're all close to being passed their life expectancy. That's one issue, they need to be replaced. Plus, there's no recirculation system in the building as far as the hot water heaters go, there's no hot water circulation. To get hot water in a sink, you have to sit there for like 20 minutes and wait for hot water. That might be a little exaggeration, but not a lot. Quennie just rolled her eyes. That needs to be remedied, that's a safety, health issue. It looks like this includes the HVAC and the HEPA filters in those isolation rooms.  
With each one of these, you'll see a repetition, that each one of these has to deal with the general condition of whatever that space is. If it's not out and out being replaced, that's why you're seeing ceiling tiles, paint, doors, all of that kind of stuff.

Chairman Greber  
You can literally rack and stack the different projects in here and it would be it would be compliant.

Dr. Russell Pillers  
I asked them specifically, because I saw the handwriting on the wall, to break this apart for us, in projects. Keep in mind, that as they do these projects, it is very much in our best interest to have them do them all. Maybe staged, but as lumped together as possible, that's less travel, refuse, and all of that kind of stuff. So, keep that in mind, even though these are listed as separate projects, construction-wise, it would be much better to stage them. Obviously, they're going to have to stage

them because of patient management access and things like that. But for Bert to have his people here, all at the same time and get as much done as we can, it'll save you a lot of money, I believe.

Chairman Greber

Let me walk back, one quick question. The water heater, you're saying is included in the isolation room because of its proximity? Its geography? Is that why we're doing the water heater there when it's not necessarily related to the isolation?

Dr. Van Le

No, it is related because of decontaminations, if you're using it as a multi-purpose room. If you're using it for decontamination, you've got to be able to wash the person, you're not going to cold wash somebody. It's also for a person to get showered and to get things right off the bat, that's why you have got to have the plumbing and the water supplies needed to be done properly.

Chairman Greber

Okay, thank you.

Dr. Russell Pillers

Am I right, Van, as I look through these, I see a water heater mentioned in a couple of different projects? Is that so each project has its own hot water heater with recirculation?

Dr. Van Le

Exactly, because there's certain demands for the sterilization process too. As you go through different rooms, different equipment needs to be sterilized.

Dr. Russell Pillers

As it stands there's three or four in that building, as it is.

Chairman Greber

Are those electric units or propane?

Dr. Russell Pillers

Everything's electric in the building, there's no propane in the building at all.

Trustee Kaminski

Those are all on demand?

Dr. Russell Pillers

I don't know about on demand. No, I don't think so.

Trustee Kaminski

Would it be cost effective to do on demand, with a recirculation pipe?

Dr. Van Le

No.

Trustee Kaminski

Because we just had our whole Convention done that way. That's why I'm asking.

Dr. Russell Pillers

As we hit those numbers, we'll have a discussion at some point on how we want to look at the financial aspect, but let's first go through and talk about content.

The new X ray system that you bought last month, I believe it's in your possession?

Chairman Greber

That's the quote that we reviewed last month?

Dr. Russell Pillers

Yes, to acquire. So, this effort is to take two or three rooms and convert them into the new X ray room. There's a certain amount of leading that has to happen, and other infrastructure. It says there's no HVAC cost here, so that's probably part of the other HVAC, but there's little things like there's plumbing in the walls that's going to need to be capped and removed. The flooring, again, ceiling tiles, all of those things. This cost that you're seeing here is purely for the new X ray room. That's the diagram that Maven Imaging, they were the ones that brought the new portable X ray system and they're also the ones that they're getting the big flatbed X ray system from.

Dr. Van Le

The importance of the X ray room is because with the portable we're only allowed to have it for three months. We went through this and we're prioritizing the most important things that need to be done ASAP. The X ray room would be one, it doesn't matter which order, and then the first one when we talk about the isolations, but given the status and the situation of the Corona viruses and all that. We don't know when this is going to go away. So, we have that pushed above and Bert has assured me that he can have both of them done simultaneously. So that's the two projects, that if we need to move forward quickly, that would be the two.

Dr. Russell Pillers

Any questions on the X ray room?

Chairman Greber

The diagram in your presentation Russell, on page six, I'm envisioning you're talking about the driveway and of the building.

Chairman Greber

Correct, it's on the South-East corner of the building. So, the driveway that goes around the back where there's the concrete ramp, now. It's on that end of the building, on the Station-house side of the building.

Trustee Gamble

Is that the bigger room that spans most of that space we were in last week?

Dr. Russell Pillers

No, it's going to be two of the smaller rooms along the side there.

Chairman Greber

Where you currently have the portable X ray, is that right?

Dr. Russell Pillers

No, we're at the other end of the building. Right now, the portable (X ray) is way up at the front, this is way at the other end.

Chairman Greber

Okay, I'm losing my bearings. Justin and Emily, are you tracking with this?

Secretary / Treasurer Zimmerman

Yes

Vice Chair Hendrickson  
I'm here, yep.

Dr. Russell Pillers  
Lots of mental imagery tonight. So, any questions on that?

Chairman Greber  
I want to revisit one statement and that was the acceptance of the quote by the Board, for reimbursement, that was contingent on a letter of intent, that you guys were going to have generated, to make available the services to other providers. Does that ring a bell? Do we have that letter of intent yet?

Quennie Manuel  
That was one of their questions. Because we're not an independent company, we can't just take X rays from other providers. So we still need to see the patient, and I think I did say that we're not going to collect the copay from the patient but we will bill for the X ray service, and then we still have to do the minimal CPT code 99211 to be able to say that we have a record of the patient.

Dr. Russell Pillers  
That's what we talked about last time where it would be just a quick nurse visit. So, let's say Marie does an X ray order, the patient would go up, see their nurse briefly, they'd get entered into their system. That activity is no cost to the patient and then the X ray is performed and the insurance is billed for the X ray.

Trustee Kaminski  
That was the biggest concern, a patient's insurance paying twice for the same visit. If it doesn't cost the patient anything more, there's no problem.

Dr. Russell Pillers  
They're just going to pay for the X ray like normal.

Chairman Greber  
Justin, Emily any questions about that arrangement?

Vice Chair Hendrickson  
It all makes sense.

Secretary / Treasurer Zimmerman  
Sounds good, that all checks out. We just need the letter; I have the funds encumbered for the purchase of the equipment.

Dr. Russell Pillers  
And so, while we're here I think that general concept will apply to labs as well.

Quennie Manuel  
Correct.

Chairman Greber  
Thank you.

Tom Vallas  
How are you waving copays if it's a government payer?

Quennie Manuel

That's why I'm waiting. I want to make sure before I do this and write the letter, that it's okay for me to do it, especially with CMS. I don't want to break any rules. I think one way to get around it I've asked, is the 99211 which is the nurses visit.

Tom Vallas

So, you're saying, the nurses visit would be included in the cost, it's not really billed for, it's something that they're entering, okay, I get what you're saying. I just want to make sure we aren't violating any regulatory rules.

Quennie Manuel

Yeah, that's why I didn't want to write the letter and then have it on the record, it's on black and white. I don't want to get in trouble with CMS, or Medicare or Medicaid or any other government insurance company where they would come after me and say I'm not an independent diagnostic company or a lab. I can't just do that. That's why I want all the providers like Marie Peterson or the health nurse to understand that we need to see the patient, we can't just take orders from them.

Chairman Greber

Well, certainly we are trusting you and your lawyers, as the experts. We're not asking for anything outside of the parameters, whatsoever. But you know, our intention and I know your intentions as well.

Dr. Russell Pillers

Now at one point we had talked, you said you would start the process of becoming your own independent diagnostic. So, you thought that was like maybe a six-month process, is that still? Are you still motivated to try to do that?

Quennie Manuel

Yes, with the lab, it could be more because we need to do the waive, first. We can't do, like the one that I presented previously, those are Waive tests. CBC is not there, there's a lot of labs, we need to be on the moderate. I applied with the CLIA waive already, but I don't even want the Department of Health to come in without having any hot water because they would just shut us down. So, I don't want to get any licensing until I know for sure that I'm up to par.

Chairman Greber

Certainly, thank you.

Dr. Russell Pillers

To make sure you understand, this remedy right now of another provider here in town could order the lab, or the X ray, they would come up see the nurse, that would be part of it. Once she gets it verified. She's willing to start the process to apply to become an independent diagnostic service, so even that step of the nurse visit might be able to go away. But that's down the road.

Chairman Greber

Certainly.

Dr. Van Le

And I want to thank her because it's not going to be her that they go after, it's going to be me.

Dr. Russell Pillers

I don't know about for the rest of you folks but, that conversation we just had gives me incredible confidence in this group. That they're adamant about not breaking rules, they're going to do it right.

It would be easy for someone to come in at this point and half bake everything, and put a lot of people at risk and they're not going to do that. I'm ecstatic to hear how they're doing business.

Chairman Greber  
Good answers.

Chairman Greber  
We're still in the X ray room, at this moment.

Dr. Russell Pillers  
Yes, let's leave the X ray room, if we're done with the X ray room and talk about the dental. This would be at the other end of the building. As you walk in the front door to the waiting area, it would be to your left. Where the nurse's station, the check in area is to your right, this would be to the left. This is to set up an office, and I believe one or two dental suites.

Dr. Van Le  
Three.

Dr. Russell Pillers  
Three dental suites and a little bit of an office/ receptionist space to start delivering dental work. As you can see, this has its own hot water heater, down at that end. That's where one of them is right now, it's back behind where all the communications enter and everything into the building is. This is, in a sense, right next to the sleeping area, that we'll talk about and it is also at that end. When we, down the road, if this State opportunity comes through, we can see how there might be a handful of different ways that could come into play. If you pay for this work right now, then the State makes those funds do exactly what they're doing right now, available, it could reimburse you for that. I have absolutely no understanding of the criteria of what that funding might look like. But that's just a possibility. The point I want to make is them doing this work doesn't take that Dr. Capurro opportunity off the plate, I think that's still very viable and we'll see how that comes into play.

Dr. Van Le  
Also, he didn't mention me, but I also have a dental group called Signature Dental Group. Doctor Suarez has just sold his practice in Vegas, and I think he just went through a divorce, so I think he's ready to come to Tonopah.

Chairman Greber  
Wow, Signature Dental?

Dr. Van Le  
Yeah, Signature Dental if you look him up online, Dr. Suarez. He's also doing sleep apnea, he just recently opened up and has a license for sleep apnea, for the equipment, for the people who are contraindicated with the C-Pap. So, he's willing to come up here and he's also a part of the UNLV Dental School. So, he can bring dental hygienists or dental fourth year, third year students.

Dr. Russell Pillers  
Is he actually considering living here?

Dr. Van Le  
No, he'll sign on and he'll come in and waive the preliminary discussions. We would do all the management, in a sense, for him and we would schedule all of the patients. Then he would just come up here for two days, spend the night here, and then go back to Vegas. One thing that really

got him excited was that there may be a huge need for his sleep apnea treatment. So, that's what really draws him in, wanting to come here. So, just FYI.

Chairman Greber

Well I can appreciate to Russell, you're candid brainstorming, as far as the State funding and support for the dental, even reimbursement aside, there's no equipment listed here at all.

Dr. Russell Pillers

This next week I'll check in with Dr. Capurro and get a new temperature read on where that sits and what her prognosis is for that. When she and I first talked, there was none of this. She had no clue any of this positive was happening. Once I told her, where we were headed, I was expecting, well then okay, it doesn't really apply to you. It didn't slow her down at all, she was still very motivated to see what we can do together. That's why I think that meeting between them in Vegas will be important. I'm extremely optimistic about where dental is headed in Tonopah. How long has it been since?

Chairman Greber

It's been two years in about July. Two summers ago, when the Fallon group pulled out.

Dr. Russell Pillers

Gotcha. Any questions on the dental area? As far as I understand when you walk in the main door, then you would turn to your left and make an appointment with the dental office right there. Okay, then the next one is paint exterior and concrete. The obvious is the paint on the outside of the building, it is in dire need of a paint job. That's really from a maintenance perspective. If we don't get paint on some of that wood quick, it's going to start to go south if it hasn't already. And then the concrete is all focused in the back end, the South end of the building where the ramp is currently, up to those back doors, towards the old football field, that end of the building.

Chairman Greber

Not the patient ramp going up to your front doors?

Dr. Russell Pillers

There is a ramp of sorts, back there and the good news is, that first door that you pass in that corner is an extra wide door. It's perfect for bringing in patients on gurneys. The problem right now is that it's really hard. There's an elevation change between the concrete, it's about two inches off and that's never going to work. But even at that, the angle is bad to get a gurney turned, because the sidewalk is too narrow. This project would rip out all that old concrete, it's all fallen apart anyway. Remove the railing and then redesign it. I want to try to make sure that you can still drive around that end, I think that's important. But we can widen, basically make a landing area at the top. So, you would roll the gurney up, and then there'll be room to turn it and it'll be level with that entrance. And then if you keep going straight down, that's where you'd come into the isolation rooms. I think that concrete work, all the way down to the outbuilding attached to the end of the clinic, at that point and that's where all the power comes in, of which, there's a bunch of solar controls. That whole other solar array, that's down there by the clinic, we may want to consider seeing, when we have the electrician, to see what condition it's in. To see if you can turn it on and save some money. The one for the big hospital, that's a whole different issue of when we deal with that. There are two solar arrays; there's a small one and a big one. The big one feeds the main hospital. It's interesting, when you walk around back there, you can hear a ton of voltage happening. But it's not being used for anything. This other smaller array could be used to subsidize the power for the clinic.

Dr. Van Le

Plus, also, I finally got a first-hand look today at the building. So, when you come into the front entrance and those metal studs that's grounded to the concrete block, as you're walking up the ramp by the front door. Those things are very unstable, the railings and everything. So, Bert has agreed, in part of this, that he's going to help fix that and patch that up for us.

Dr. Russell Pillers

You can get a feel that all of these projects are getting the whole building up to speed, and able to deliver safe, reliable care. The last thing we want is somebody to get hurt going up around. So, that's some of the concrete work and then this is, the work in the back.

I don't see that it's included here, but the one good delivery method with the ambulance is if the ambulance could drive around the end of that building and stop where the back end where the ambulance is about even with the bottom of the ramp. The patient comes out, they scoot over and go up the ramp. But to do that, where the ambulance parks, needs to either be paved or concrete, and right now it's just dirt. I don't think that's included in this cost, but that's something again, like the parking lot, that's more on your shoulders than theirs. But we can figure out who's got five or six pallets of block.

Bert Craig

I think on that list, if I'm not mistaken, I put asphalt patch and striping. I wasn't going to seal the parking lot because it's worthless to seal it, because it has too much damage. But you have a bunch of potholes and stuff. We were just going to get some hot mix and just cut those potholes out, fill them and it'd be just temporary until you determine what you'd do with the parking lot at that time. Van was talking about the front awning; the brackets are so rusted out they're starting to fall apart. So, I just told them that we'd just jack it up, and then we'd epoxy new brackets in and it's only three of them so it's not a big deal.

Bert Craig

One of the things I wanted to mention about the isolation room. The HVAC has to be done in such a way. It's like leaving the surgery room, if somebody comes in you want positive pressure to push the air out. When somebody walks in, you don't want something sucked into the room. The isolation room you want opposite, you need to have vacuum. That way if somebody doesn't know somebody in there that's contaminated, when they walk in the air goes in, and not against the person coming out. That's why the HVAC is a little bit more expensive because it's a balanced system.

Trustee Gamble

That's just the negative pressure system.

Bert Craig

Well, you're going to have to have a separate HVAC system for those three rooms. One HVAC system will feed all three with the HEPA filters, but all three rooms will have separate exhaust systems. That way, no matter what happens, when somebody opens the door by accident, air goes in it doesn't come against the person and it saves contamination.

Chairman Greber

Thank you. Thank you for that clarification.

Dr. Russell Pillers

Now one question, Bert, I had about the parking lot lighting, is that actually on any of these?

Bert Craig

Actually no, I think I had another paperwork. Did you see that other paper? I guess he didn't give it to me until later.

Chairman Greber

We won't be able to consider it if it's not in backup tonight.

Dr. Russell Pillers

It's on here but it's not in your back-up.

Chairman Greber

Justin, is this something that can be introduced if Tiffany makes copies? Does she have access to copy machine?

Secretary / Treasurer Zimmerman

She does not have access to a copy machine.

Bert Craig

I think you have five of them, five copies of those.

Chairman Greber

There's no way to introduce that tonight, is that correct Justin?

Secretary / Treasurer Zimmerman

It could be done. Who is in the chamber? Do we have any public there?

Chairman Greber

We have one public she's here with Russell, Vicki's here, that's it, everyone else is CNRC personnel.

Secretary / Treasurer Zimmerman

Yeah, it can be done. You need to just give Tiffany a copy of it, so we can get it uploaded to the website immediately after the meeting, as soon as possible. As long as there's no public there who are being denied a copy.

Chairman Greber

For you and Emily, you want me to take a picture of it and send it to your phone?

Secretary / Treasurer Zimmerman

Yep, that that would work for me.

Vice Chair Hendrickson

Works for me too.

Chairman Greber

Tiffany's going to see to that. Thank you, Tiffany.

Secretary / Treasurer Zimmerman

Wait, let me interrupt there's a little bit of formality that has to happen here. We need to have a motion to accept new back up, a second and all that. I will move to accept new backup.

Trustee Gamble

And I'll second.

Chairman Greber

I have a motion, and a second to accept new backup from CNRC regarding the modifications to the campus at the hospital grounds. All in favor?

Motion passes 5-0

Chairman Greber

Thank you, Justin. All yours, Bert.

Bert Craig

When I had my electrician come out from Las Vegas, I noticed that a lot of the lights were old lights. So, I had them give us a price for new two by four LEDs, which will be the lifetime, so almost forever. Believe it or not these lights that you see here are like four inches thick, the LEDs we're going to put in are like less than an inch thick. That's just an alternative, it doesn't have to be done, it's not necessary for any safety things at all. But it will save on power, in the long run.

Dr. Russell Pillers

These are all interior lights?

Bert Craig

Correct, that's the first one. Then I said add exterior LED pack lights to the front of the building in the parking. So, on the very front of the building, in between all the trees and stuff, we'll just add pack lights that will shine in the parking lot at nighttime. Then we'll add a couple in the back, in case the ambulance has to go around there, they can get in there and the pack lights are just like regular parking lights, only it's just off the building.

Chairman Greber

It's a very dark parking lot.

Bert Craig

Just so that you guys know that building is only on single phase. It's not a three phase.

Dr. Russell Pillers

We actually got ahold of NV Energy. They said that building, the clinic outbuilding, was three phases.

Bert Craig

No, it's not. If you go in there and you look at the panels, they are all single phase.

Dr. Russell Pillers

Looking at the wire coming in, it didn't look like it to me. I don't know if it's supposed to be three phase and they just never ran it that way, and somebody's paying for a three-phase service.

Bert Craig

You just pay for the meter. Whatever the meter is on there.

Dr. Russell Pillers

Do you need three phases?

Bert Craig

We don't need three phases; we have enough power there at this point. The biggest power consumption is the X ray machine and we have enough power there to feed the X ray machine.

Chairman Greber  
With all the HVAC additions?

Bert Craig

The HVAC is not going to use a lot of power, because you're only going to have maybe a little mini split three-ton unit. So, it's not going to use a lot of power.

Dr. Russell Pillers

Do you know how big the service is to that building?

Bert Craig

I think it's a 600 amp, if I'm not mistaken. I think that the actual solar panels are working and feeding that building, right now. So, there's a lot of stuff wrong with the panels, it's not safe.

Dr. Russell Pillers

So, it just needs to be switched?

Bert Craig

It's not safe. They got a lot of blanks that should be covered, so if anybody opened up the door and got in there, they could stick their hand in there and kill themselves immediately. But we figure to make all that safe, when we go through there.

Chairman Greber

So, the power supply is sufficient, right now, with the X ray, with the dental, with the new water heater?

Bert Craig

Dental doesn't use anything, most of the dental equipment is going to go off air. So, when you look at that dental pricing, that includes a compressor to feed three stations. Normally, what happens is dental offices, are going to have one private room. It'll be set up with everything, those chairs that you can order, have water where they can spit, out a drain. So, we'll supply that for the chair. Then we'll have a compressor and air set for the equipment that they run. Then we'll put two pony walls, maybe about six foot tall, in between. It'll be open, and you would have three stations for the dental office.

Chairman Greber

Excellent.

Trustee Kaminski

What about dental X rays?

Bert Craig

Dental X rays, they can just stand up and do it. There's not a very big area that you have to have to do that. It sits in the cabinet.

Dr. Van Le

It sits in the cabinet and you just have to pull the arms out. It's a very low the radiation dosage. You don't need leading or anything, you just got to put the lead vest on.

Bert Craig

And the patient doesn't wear the lead vest, the doctor does, or the person taking the Xray.

Chairman Greber  
Okay, thank you.

Dr. Russell Pillers  
So, I think that hits the exterior, the concrete and the lighting.

Chairman Greber  
Excuse me Russell. Justin and Emily, did you receive the new backup?

Secretary / Treasurer Zimmerman  
Yes.

Vice Chair Hendrickson  
Yes.

Chairman Greber  
Tom would you like us to send it over to you as well?

Tom Vallas  
I heard everything; I think I'm okay.

Dr. Russell Pillers  
I'm looking at the "Tonopah Rest of Building".

Chairman Greber  
Don't think we don't have that.

Dr. Van Le  
No, it should be on there.

Dr. Russell Pillers  
So, it might be called something different. It starts with electrical.

Chairman Greber  
No, there's nothing like that.

Bert Craig  
I sent all of them to you.

Dr. Russell Pillers  
Right, so this one currently is a separate sheet, but it sounds like she's saying this has been incorporated.

Bert Craig  
Actually, how we broke it down was in different phases. You got the physician sleep area, you got the exterior concrete, you got the X ray room, we got the isolation room. When I say the rest of the building, that means the rest of the building that's not part of those separate areas. That's why I said "the rest of the building". They want to paint, they want to do the flooring, the flooring is all cracked and broke up in there.

Dr. Russell Pillers  
So, they don't have this sheet, I don't think.

Trustee Gamble  
It's not.

Bert Craig  
I emailed everything to you, on that email. I don't know, you guys submitted them.

Dr. Russell Pillers  
So, can we can we do this sheet, same as we did the other sheet?

Chairman Greber  
Do we have more than one copy to give to our public?

Bert Craig  
I made five copies.

Chairman Greber  
Okay, Justin and Emily, there is another additional piece of backup. Tiffany is going to photograph it and send it to you. We'll wait to discuss it, until you receive it.

Secretary / Treasurer Zimmerman  
I move to accept any further additional backup from CNRC.

Trustee Gamble  
I'll second.

Chairman Greber  
Okay, I have a motion and a second. All in favor?

Motion passes 5-0.

Dr. Russell Pillers  
Should we wait for them to get the copy of this?

Secretary / Treasurer Zimmerman  
I'm looking at it right now.

Russell Pillers  
Are you good Emily?

Vice Chair Hendrickson  
Yeah, I got it, as well.

Dr. Russell Pillers  
Under "Rest of building" like Bert said, this is kind of a catch all for everything that's not in the other items. The big one is the flooring. The way it was described to me is that the current flooring, in the waiting area is carpet. The issue is, not to be too graphic, but if bodily fluids wind up on that floor, it's almost impossible to clean, to get it sterile. Even where there's tile in the back areas, the gaps between the tile is the same sort of issue, you can never confidently get that clean. So, this effort is to replace all of that with a flooring system that is easily cleanable. In my mind that fell right under, health and safety, especially in the current climate. Trying to keep things clean. The paint, all the interior walls, it's the same sort of issue. Most of what you have through that building is like this fabric texture on the wall and the same issue is you can't get that clean. The

good news, I hear from Bert, is you don't need to remove all of that, you can patch, fill and then paint over it with an appropriate paint, then it will be easily cleanable.

I think those are the main ones and then he already mentioned the electrical. Going through the electrical, I think that building could definitely use a once over. I know one outlet in Quennie's office doesn't work for some unknown reason. So that's a little terrifying.

Dr. Van Le

I think that's very important because given the fact that you're going to see pediatric patients or families bringing kids in. Oftentimes parents don't pay attention. We don't want that risk.

Tom Vallas

Can I ask a question? If not done, would it possibly lead to the impairment of the health safety or welfare of the public, if it's not immediately completed?

Dr. Russell Pillers

I would say yes.

Tom Vallas

It's more of a medical question.

Dr. Van Le

I think we would address more of the medical concerns, like the X ray, because those are more direct towards patient's delivery of care. These kinds of things could be followed up, and we could just make sure that the staff and everybody keep an eye out really good, while we're moving forward with some of those. I think we can also piecemeal this, where we could do the electrical first, making sure that's a priority, taking this portion out from the rest of the building and place it into the other rooms.

So, yes, it is. And given the state of the building, it's hazardous, no matter which way you want to spin it. Given the fact that we have priorities, and there are certain priorities that we want to accomplish now. So, I think with the electrical, I think it's one of those things that we could probably move it from here, and place it into some other phase projects and get that. If a kid slipped and fell on the floor, the worst that could happen is a scrape or injured. But electrical panels, that's a different story.

Dr. Russell Pillers

From a liability perspective, Tom, maybe the answer to your question is yes, that a lot of this could fall under that kind of category, if that's where you were headed.

Tom Vallas

No, I'm really not. I'm looking at this as a whole, not just the electrical. Do these things all need to be done, so that the health, safety and welfare of the public is protected?

Dr. Van Le

Yes. That's a definitive. Yes, yes, yes and yes.

Tom Vallas

Okay. Thank you.

Dr. Russell Pillers

Any more questions on the rest of the building?

Bert Craig

If you notice that the flooring is on the expensive side. The reason why is because the flooring in those trailers go up and down, so bad. That's why you're having the separation and the BCT that's in there now, that's against State health code, you can't have that. We've got to go in there and put a thin sub-floor in there, then we're going to lay a new LVT floor in there, that's water resistant. We can seal it, then we're going to put the vinyl base all the way, where it's less maintenance and it will meet all health codes from the State.

Dr. Van Le

The same one that you put in my surgery center?

Bert Craig

Maybe a different color.

Dr. Van Le

Because the price looks similar.

Chairman Greber

And you're getting surgeries out of it. Thank you for that clarification. Justin, Emily, questions-regarding the "Tonopah Rest of the Building" backup?

Vice Chair Hendrickson

My question would be on the paint line item. To me, it just seems a little high. Is that for the special paint that's easily cleaned?

Bert Craig

Yes, that's an epoxy paint, that we'd have to put over the top of that or the only other thing we could do would be tear all that wallpaper fabric off and refinish the walls. You don't need to do that because it's glued on there, it would just make the process a little bit more expensive. But every paint that we're going to use is going to be an epoxy, water base paint, so it's all washable. It'll stick to whatever we put it on. That's why we were trying to go in that direction with that. It's going to take a little extra labor, because we're going to have to phase it while they see patients. We can't just send a guy in there and spray everything one shot. It's going to have to be this room, this room, on this day and then this room, this room, this room, and we've got to move all the furniture, it's quite a process to do.

Dr. Van Le

Let me say something when it comes to the expense. I've gone through and I've battled Bert on some of these costs, but one thing that we have to come to the realization, given our locale; the transportation and getting the supplies here is something that at the end I can't argue. I'm very conscientious about the fact that we are spending the people's money. And we're trying to save as much as we can. At the same time, public safety and the condition of that building is worse than I thought it was. So that's the reason why now I can't really argue with him.

Chairman Greber

Certainly, none of us are medical experts, either. That's why we have contracted with you guys to guide us through and to make sure that we're serving the public best.

Dr. Van Le

You also want when the patient comes in, they feel like they're in a medical facility. I hate to say it, but sometimes perception is everything. So, first impression and first perception, is everything. We also want not only to put the safety and the best care forward, but we also want to give them a

perception that we do care about them, instead of having them come in to a place that they don't want to come in.

Chairman Greber

Naturally, there's always that perspective that we bear in mind, that if we are using our taxpayer dollars, that we are servicing our taxpayers, we're servicing as broad a base of patients as possible. So certainly, we're also looking at long term, if this adds 30 years to our building, makes it serviceable, even as we transition into the hospital. That this facility will be viable as a professional medical suite, very functional for other services, Community Health Nurse, whatever variety of services in backfill, if you guys move into the hospital. We're trying to incrementally improve the entire campus.

Dr. Van Le

Definitely, this will no matter what you do in the future, moving into that hospital, the hospital serves a whole different purpose versus this building. Whatever money, I think, that you spend on this is going to be well worth it in the long term, because it's going to serve as multi-purpose for different things. Eventually, that could turn into an education site. It could also be a site area that which I am now in discussions to partner up with one of the psychiatrists in North Las Vegas to build a psych-hospital. I'm meeting him tomorrow, so I'm trying to talk him into probably giving us behavioral science. I'm slowly trying to have discussions and trying to talk people in. But you can't sell somebody, you've got to understand that some of these doctors are really Prima Donna. I hate to say I was part of that profession and when I when I was seeing patients, I was somewhat Prima Donna, but now I'm more of a real realistic person. So, I'm trying to sell them on something. We're trying to sell them on a product, we're trying to sell them on perceptions. So, we need to understand that.

Trustee Gamble

Bert. Let me ask you a question for the financially conscious of us. What I'm looking at is about \$620,000 worth of repairs, on this building. How much life would you anticipate this would add to that building?

Bert Craig

You're going to get at least 20-30 years, pretty easy. Everything I'm going to put in is going to meet State regulation. Quennie mentioned something about the when they get stuff signed in, what's going to happen is they're going to send a State inspector down to look at everything. If they were to send them now, I promise you, it would be a no-go, you'd be shut down. They look at every little, minute detail. Even when we get done, it's their job to find something that we'll have to go back and fix, it's just the way it is. I just finished a surgery center for Van, and for the first time in my life, out of all the surgery centers I've built, we passed the first time, for the Health District, on the first day. Usually they make a list of stuff, and they re-inspect. What I try and do is when I look at this, I know exactly what the inspectors are going to want, I know what they're going to look for. We're going to have to add some eyewash stations, we're going to have to add different things if they want the temperature of the hot water heaters got to be a certain degree at each sink. It can't take more than a couple minutes to get there. I mean there's so much that you have to have for the health and well-being of people in general. That's why sometimes this may seem a little bit expensive, but you're talking about medical, to treat people, to keep them healthy.

Trustee Gamble

I fully understand that. I was just curious as if this investment, from our perspective, if it was going to add a significant amount of life to this building and it's definitely well worth it or if it's going to be a short term fix, then maybe there's something else that we should be looking at. So, if it's going to be a long-term fix, I can fully go with this, and it sounds like it is.

Dr. Russell Pillers

From the other perspective, if you didn't do the work, the life expectancy of that building is kind of zero at this point.

Bert Craig

It's pretty rundown and you've got to remember that's five or six buildings, all put together and the sub-floors in there go up and down. When that floor flexes, it seems to crack stuff, that's why we have to put a sub-floor in there. We might have to support, we might have to put some filler in, in order to make that work to where it's going to be a solid foundation. Even like in the X ray room, the X ray is going to weigh so much, so I'm going to have to cut the floor out to make sure that I have support in there, in order to hold that X ray. The last thing you want is somebody in there to get an X ray and all of a sudden it falls to the floor. There's a lot of aspects that a lot of people don't see that you have to do.

Chairman Greber

And you feel that this facility warrants this attention? It'll hold up?

Bert Craig

It'll hold up. Van told me you guys were thinking about doing something in the hospital, but even if you didn't have something, you can still use this as a clinic. Hospitals are usually for emergencies not seeing regular patients all the time, so you can still have doctors using this clinic. You can have it for doctors that work at the hospital and they can stay there, they can have their office there, you can have it as a billing office. There's so much stuff you can do with that building, once it's done, it's going to be invaluable to you in the long run.

Trustee Kaminski

Have we looked at what the total replacement cost would be to just get rid of that building and replace it with a brand-new building?

Dr. Russell Pillers

The clinic?

Trustee Kaminski

Yes.

Dr. Russell Pillers

No, we haven't.

Trustee Kaminski

We're talking \$600,000. What would a new building be? Brand new, from scratch.

Bert Craig

It'd be a lot more than that, you're looking at probably a million and a half dollars, if not more.

Trustee Kaminski

Okay, and then the next question is, is there any special licensing? Because now the only thing that bothers me is anytime it goes over \$50,000 it's supposed to be put out to bid.

Dr. Russell Pillers

That's why Tom's on the phone. We're going to talk about that.

Trustee Kaminski

That's one worry, but as long as we meet the NRS, because I know with the Town, we are always held to the fire on that.

Dr. Russell Pillers

I wanted to go through all the different phases and then we'll have that discussion on how to move forward with that part.

Dr. Van Le

Let's just say the only reason Bert got my surgery center pass on the first time is because he's dealing with me. I am a pain in the butt. When I spend money or when I'm a part of a project, I ride the guy hard. I make sure if he doesn't get it done the first time, right, he'll never get another project from me.

Bert Craig

I like being threatened at least once a week like that.

Dr. Russell Pillers

I saw their surgical center early on in a serious demolition phase and then it didn't seem like it was very long before I was back there and it was done it was. It's really an impressive facility.

Chairman Greber

Now there's one piece of backup we have not gone through, which the physician's sleep area.

Dr. Russell Pillers

Yes, let's do that one. The overall concept of this is we're asking them to be available 24 hours. For them, the solution to that is having someone in that building, a certain amount of people actually staying there, so they can be on call. There is no space for that right now, this is the same end of the building where the dental suites would go, more towards the back of the building. The end of that building where the dental area would be, would be converted into these sleeping areas. It's definitely not intended, kind of the same issue we ran into with the barn, that we don't want to make this a living area, it's not intended for them to live there, cook there, do all of that. They can sleep there, they have microwaves, they can make their lunches, whatever. There's no cooking, but there are some shower stalls, and that kind of stuff. This whole task is about us getting that sleeping area available.

Chairman Greber

For how many persons?

Bert Craig

It should sleep four at one time. What will happen is that we'll have a common men's and women's restroom with a shower in it. And then you'll have four separate suites, like separate bedrooms, they'll have a phone and TV, just like any hospital has an on-call doctor. They will have a room, a phone, a restroom, and an area with exercise equipment.

Dr. Van Le

We could also do like the hospital when I was doing residency, you can have bunkbeds. Once when the hospital is built that could be used for residents to rest, so you can have bunk beds. Given the fact that we're trying to attract UNLV School of Medicine, to send their residents out here, the most important thing is, they have housing, they've got to be taken care of. Or even, UNR. So that's one of the discussions that we are constantly running, are you going to provide all of this for our residents, because they're not going to send their people out and, nor does anybody want to come out if you don't have proper amenities for them. We'll have internet, we'll have TV. You can

always put bunk beds in there, or two bunk beds, and not all of the bunk beds will be filled because some of them have got to work, right? They all can't sleep. Some of them have got to be out on the floor. I'll put cameras and make sure that they work.

Chairman Greber

This is for four people, simultaneously, four people. We're currently addressing our housing issue from a different perspective, we hadn't considered more than housing just one person at the clinic, I haven't even heard the proposal for a physician sleep area in the clinic facility. We're still trying to convert the five units on Victoria Street to duplexes, whether two-bedroom duplexes each or all four bedrooms. We haven't completed that plan.

Dr. Russell Pillers

These are really a separate category. You can't consider these living quarters.

Dr. Van Le

These are for overnight on-call. It's kind of like military, you're isolated for 24 hours, so that you're on call. You can rotate people in and out, but it's not really what you're talking about. It's like having somebody that comes over here and resides here permanently versus this is having somebody out, like Dave, the PA, that we just hired. That's one of the things that I just had a discussion with him. He said, "Van, you know you would get more people wanting to come if they know that when they come here, they have a place to crash for one or two shifts, and then leave.

Trustee Kaminski

I was going to ask that same question. When your dentist comes up and stays overnight, would this be available for them to use?

Dr. Van Le

Yes, it'd be available for any physicians or any medical providers, that is providing medical service to the people of Tonopah. Because at the end of the day, this belongs to the people of Tonopah. It doesn't belong to JML, doesn't belong to CRNC, it belongs to the people of Tonopah.

Trustee Kaminski

I thought you wanted to buy all this eventually.

Dr. Van Le

Don, I'm going to have to take a loan from you first.

Chairman Greber

Questions, Justin or Emily, on the Tonopah physicians sleep area?

Secretary / Treasurer Zimmerman

None for me.

Dr. Van Le

I just want to say one thing, if you guys are making the investment, you guys are making the commitment. I will make whatever commitment that I need to make, to make sure that this is a successful project. I did not send my people down here to fail. And I don't believe in failing, so I hate to lose. I will make whatever commitment you need me to make, if we're mutual partners in this, then whatever commitment you make, I will make from personnel, from delivering the services, like going back to the Van. We have a guy with MTL in Vegas that has a van ready for you, out here. We're having discussions on how we're going to start the process.

Chairman Greber

This whole concept, all the many pieces of backup, I have and what projects are broken out, it moves Tonopah and the entire District light years ahead, from where we are. It's almost hard to fathom the concept of having a dental facility, and proper housing for actual physicians, and the decontamination and a sanitizable, safe facility. It's astonishing that it has held together as it has so far and has been useful, but certainly it needs the TLC, and we need the expert guidance to make sure that we do this right the first time, that everything is targeted, effective and long term, because that's certainly where the District is, we have to look long term with all of these modifications.

Tom Vallas

Has there been a complete inspection, a structural inspection, done to the building, just to make sure when all this is done, that it actually will last for 20 to 30 years?

Bert Craig

It's modular units, all together. When we do this, we're going to have to rip some of the flooring down. There may be some stuff that we might have to fix underneath. I cannot say at this point, right now, everything when you walk through the building, there's a little flex but there's no soft spots or anything of that nature, so I'm assuming the structure of the building is in pretty good shape at this point in time.

Tom Vallas

Is there a contingency in case you find other things or is this going to cover whatever there is?

Bert Craig

No, there's no contingency and this won't cover everything. I couldn't even begin to tell you what I might find. I might end up having to have a structural engineer come in and tell me, hey no this is the way we're going to have to fix it. I'm not for sure until we look underneath the floor, and we will, we'll have to cut the floor out and do a few things, but we can look under at that point in time. Even the plumbing, that we've got to do, we're going to have to get underneath there, so we can look at that time and make sure everything's okay.

Tom Vallas

Is that going to be done early on? So that a bunch of money doesn't get spent and then the District has to come back and say, wow, now we have to spend all this other money. I'm just making sure that's being taken into consideration for the Board.

Bert Craig

Yeah, the first one that we're going to probably do the isolation and X ray room, those are the most emergency ones that we're going to do and then we'll phase the rest of projects through. So, we'll be into the floor right away, so we'll know what it looks like. As we're doing that, we'll just inspect the rest of it at the same time, once we're underneath it.

Tom Vallas

This is for the board. Karmin, I would recommend that based on what Bert just said that is a condition of this going forward, that inspection gets done as soon as they're into the floor, at the earliest possible time, so that you know what you're getting into and if there's going to be excessive additional cost.

Chairman Greber

Okay.

Dr. Van Le

Tom, I do agree with you on that. So, I will make sure Bert does that for you, for the Board. Whatever we're doing, I want to do it right. Actually, you have a great point, that needs to be addressed first, early on. Are you going to address that?

Bert Craig

As soon as we get into the floor, on the first phase and we'll go ahead and look at it. I've got a structural engineer, I'll eat the cost, he'll probably be 500 bucks, he'll come out and take a look at it, and I can have a letter written from him, if that's what you'd like.

Chairman Greber

Yes, that would be great.

Tom Vallas

Thank you.

Chairman Greber

Yes, thank you. Thank you, Tom.

Trustee Gamble

Just curious. From our legal standpoint now, because this is such a large project, how does this work now?

Chairman Greber

Did we get a clear answer, Tom, on the cost and our \$50,000 threshold for the bid?

Tom Vallas

I think it would be a violation of the whole purpose of the statutes to try and piecemeal these and say if it is only \$50,000, we're always staying under. I think you've got to look at the whole project and if it's going to be done in a calendar year, that's the amount. So, based on that you have to go out to bid, which is why I was asking my emergency question, about the health, safety and welfare of the public if it's not immediately done. NRS 332.112 allows for a governing body to determine that an emergency exists affecting public health, safety or welfare. If we make that finding, then they can enter into a contract without complying with the rest of the chapter, which is the chapter requiring bids, competitive bids, etc. I was in the clinic back in 2015 and it scared me then. I mean the floor was driving me nuts. I don't mean that in a derogatory sense, but I questioned how sanitary it might be etc. If we can get that through, we'd have to paper the heck out of it and there's always a risk that somebody is going to scream and yell, but I leave that up to the Board. That would be the only way I can see that we get around having to send this out to bid.

Dr. Van Le

Can I make a suggestion and maybe you can give me some legality opinions on this? What if I have an agreement with the Board in terms of tenant improvements and I do the improvements and then I get reimbursed?

Tom Vallas

Same problem, because it requires a contractor's license to do. Essentially, that's trying to jump around and I actually have something here, let me find it, I've got like 10 different places here. Under NRS 450.720 the Board of Trustees may contract with the company, which it talks about hospitals but it means an entity that provides services that a hospital would otherwise provide, which is essentially what this is, and it says the hospital may not purchase services or otherwise enter into an agreement for any work for which a contractor's license is required, without following all the other requirements of bids and things like that. So, you'd have to jump back to chapter 332,

because it does require a contractor's license. So, we're kind of back where we started. Because that would just be a way to get around the law and they're smarter than that.

Chairman Greber

I think that we have established, with this meeting, the necessity to the public safety, health and well-being of virtually everything; the isolation room, the flooring, the clean-ability, the water, the plumbing, safe access. There are e obvious safety measures; the electricity, all of that stuff needs to be addressed and needs to be addressed timely, how do we substantiate that other than a Board action right now? Because that is our motivation and we have the specialist and the plans to do so.

Trustee Gamble

You're our contracted healthcare person, you're a medical doctor?

Dr. Van Le

Yes.

Trustee Gamble

Is it your opinion that the sanitation in the current state of that building represents an immediate public health issue, patients that are actually seen in there?

Dr. Van Le

It definitely is an immediate health issue, given what we're going through with the coronavirus right now too, it adds more of an emergent situation. When I first started, I didn't see the building, now that I've seen the building, it's not just the safety of the public but also the safety of my staff. I do not want to carry that workers comp liability that comes with it.

Trustee Gamble

Russell, you're our project manager, is this also your concurrent idea?

Dr. Russell Pillers

It is, yeah.

Tom Vallas

I also would look at the fact that you can't provide certain services without doing this and these services are vital for the community in terms of X rays, and things like that. So, to be able to provide the services you need to provide, this has to be done post-haste.

Trustee Gamble

The wording in that NRS that you quoted, the Board has to find an emergent condition?

Tom Vallas

I will read it to you exactly. It's NRS 332.112 For purposes of the statute, an emergency is one which may lead to impairment of the health, safety or welfare of the public if not immediately attended to. So that's the standard. Based on what I've heard, I think you can meet that standard. I think you could get there. I don't think it would be unreasonable for you to reach that especially with the current health situation. Essentially, what it allows the board to do, is if it determines, and I would say in good faith and reasonably, that an emergency exists affecting the public health, safety or welfare. I would say that emergency could be the corona virus, it could be the ability to provide medical services to the community. Then a contract or contracts necessary to contend with the emergency may be entered into without complying with the requirements of chapter 332.

Trustee Gamble

In my mind, to proceed on this it would require two separate motions. If I'm understanding this right, one that would find this particular condition exists and be substantiated by the Board and one to enter into this particular agreement with Cross Construction.

Chairman Greber

I don't know that we can initiate two motions based on item number 17.

Tom Vallas

I think you could do it in one. I think it could be a two-part motion, but I think it could be a single motion. You could do it either way, I don't think it matters that much, I think the result is what matters. The District has to determine that an emergency exists, once again, something that may lead to impairment of the health, safety or welfare of the public, if not immediately attended to. That's the emergency standard. And then you just have to in good faith and reasonably find that exists, then you can move forward.

Chairman Greber

Justin, Emily, do you have any comments or thoughts?

Vice Chair Hendrickson

I would also add, if there were to be a health inspection of the facility right now, it would not comply and it would lead to the shutting down of the facility and losing that care for the entire district, is pretty substantial to me.

Tom Vallas

That's the impairment of the health of the community.

Secretary / Treasurer Zimmerman

How much of a stretch do you think it is to meet that requirement in NRS 332.112? That we're here debating it really make me uncomfortable.

Tom Vallas

We're not debating it; we're trying to explain it. We're trying to justify it to make sure that we are meeting the standard. I haven't heard anybody debate it yet. I've heard everybody, basically, speak in support of it and talking about why those concerns are there. In light of what the Governor came out with today, I'm not thinking that we're far off. They're shutting down the state for 30 days for gosh sakes. So, spending a little bit of money to protect your citizens seems to be a pretty darn good investment at this point. That's my two cents and I'm not the one who votes. I can only provide guidance, and it's ultimately your decision. I can't tell you that it is or isn't, I can tell you that based on what I'm reading I think you could make a good faith and reasonable determination that it does in fact exist.

Chairman Greber

Justin, did that answer?

Secretary / Treasurer Zimmerman

I think it did.

Tom Vallas

I really do believe that under the current circumstances, and having seen that building a few years back, I can see exactly how you get there, because you can't provide services in that current environment, and that threatens the health of your community. I can't say that somebody wouldn't

find fault with that determination, but I don't think they could say you were being unreasonable or operating in bad faith to get one by on the public.

Chairman Greber

Absolutely. I would also mention that the services provided, previously, were telehealth. It was a telehealth clinic, it was not an urgent care and it wasn't 24/7. This goes beyond ambulatory clinic description. The services are much more advanced and much more comprehensive and will add a great deal to the capabilities, just with this one facility.

Tom Vallas

You had an X ray before, that got damaged in the hospital because the roof was leaking. You can't use that now. That's a service you haven't been able to provide, once again impairing the availability of healthcare services to community. This has to be done to enable you to offer that service, as well as others.

Chairman Greber

I think we all understand and agree on that point. Justin, if you can help us craft the motion, if we're ready and have no more questions. Emily, Justin?

Vice Chair Hendrickson

I'm ready.

Secretary / Treasurer Zimmerman

I'm ready too, all right, let's see here.

Trustee Gamble

You want me to try first? And maybe you could spit ball off of that.

Secretary / Treasurer Zimmerman

Sure.

Trustee Gamble

I motion, given the information presented to the Board tonight, that there is an immediate condition that would affect the health and safety of the public and the providers inside of the clinic, impairing that, if not immediately attended to, could cause injury or harm or illness, that we approve the request by Central Nevada Regional Care to have Northern Nye County Hospital District pay for remodeling and upgrading actions on the Northern Nye County Hospital District Clinic, located at 825 South Main Street in Tonopah.

Chairman Greber

I have a motion

Secretary / Treasurer Zimmerman

Maybe tack on there "as exhibited in the backup." So, we've got our cap, based on the quotes provided tonight.

Trustee Gamble

So, amended.

Tom Vallas

I'd also cite the statute, just so if anybody ever asked to know exactly where you did it. That would be NRS 332.112.

Trustee Gamble  
So, amended as well.

Chairman Greber  
Chair has a motion.

Trustee Kaminski  
Based on that motion and everything we've heard tonight; I do believe we have an emergency and I would like to second that motion.

Chairman Greber  
Okay, we have a motion and a second. Any further comments?

Tiffany Grigory  
Is that contingent on the structural report? Does that need to be in the motion?

Chairman Greber  
I don't think that contingency needs to be captured, Tom?

Tom Vallas  
Well I would say that's understood. That will be one of the first things that's done so that you know whether that money needs to be spent. If it's a tear down, you don't want to start spending a bunch of money before anything is done. Maybe that would go into the scope of the cause, you're going to have to craft an amendment to the document that lays all this out, so maybe that's where that goes.

Chairman Greber  
Thank you. We have a motion and a second. And no further public comment. Call for the vote.  
All in favor?

Motion passes 5-0.

**Item #18, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny a request by Central Nevada Regional Care to have the Northern Nye County Hospital District purchase critical hardware items related to the operation of the Urgent Care Plus clinic in Tonopah.**

Dr. Russell Pillers  
I'll give a quick overview. Based on the original service agreement, we have with CNRC, the option exists for the Northern County District Hospital District to acquire key pieces of capital equipment to help them do their job. This request covers a handful of different items that are related to lab tests and I believe a sterilizer on top of it as well as patient monitors. So, I'll let either Quennie or Kaniela go through that list and explain those to you. The idea was that we wanted to give you three options for each. Let's say the sterilizer, he would have three options, and then they will give you their recommendation on the one they believe is appropriate. And that's to ensure you have good purview over how you're spending the people's money.  
If that's sufficient, however you'd like to proceed.

Kaniela Acosta  
I am a clinical manager, I'm also a paramedic that works out of Las Vegas. This is the autoclave. We have three different options, and in the notes, I put what I recommended. In my history with our medical director, Dr. Beraldo Vasquez, and my personal use of working in urgent care, the top one, which is also new, comes with the best warranty, was the best option for me, and it's able to clean and sterilize all the equipment necessary to do our job.

Dr. Russell Pillers

Give a quick justification of why you need it.

Kaniela Acosta

An autoclave is used to sterilize surgical equipment in general, after use. It avoids and saves costs as far as buying more expensive disposable equipment used in surgeries and certain procedures, versus reusing them. Some of those can get kind of pricey. In the long term, buying an autoclave to clean it, would be your best option. Therefore, you can just keep recycling, reusing and easy maintenance and easy to use.

Dr. Russell Pillers

Let me add. This ability to sterilize hardware was a stipulation we put in their service agreement. So it's a service we're asking them to be able to provide.

Trustee Kaminski

The difference in prices on these are minimal and I think if we're going to do things, we need to go with new equipment that's going to last us. I'm for spending what we have to spend to get premium equipment not used or refurbished. So, that's my comment.

Secretary / Treasurer Zimmerman

What is the life span? How long can we expect it to be viable?

Kaniela Acosta

It's easily maintained. The providers, the distributor we buy from, Medline, offer being able to fix it, without any issues because we purchase most of our items from them. So, if I have to guesstimate it should be valuable to the town for 10-20+ years depending how good we maintenance it, which is pretty easy.

Quennie Manuel

It's based out of the warranty that we are purchasing with them and also the calibration. And I think with Medline, if it's outdated what they do is give us credit, if there's a new product that's coming in, upgrade it.

Tom Vallas

If you look at the printout, it says five year, I assume that's the warranty. I assumed that they would be thinking it would last at least five years. I mean, worst case, is what I'm saying.

Trustee Gamble

That's my experience with Medline, as well. I'm okay with the sterilizer, let's talk about the point of care testing.

Kaniela Acosta

Okay, so the Piccolo machine is used for numerous lab tests, CLIA waived tests, that range from CLIA waived moderate, for the most part you have your comprehensive basic metabolic and liquid panel. They can do those in lab, takes about 10 minutes, which for providers would be essential to treating a patient with the best possible care. Those machines, I've worked with personally also in an urgent care setting, are easy to use, easy to follow up and maintenance, buying from the same distributor, so offers the same amount of warranty and necessity to treat the patient.

Dr. Russell Pillers

Could you give a quick overview of what the difference between CLIA waived moderate and advance and how that applies in this situation?

Kaniela Acosta

When we apply for our lab license, the first step would be CLIA waived which would be your basic set of labs, such as pregnancy, strep, influenza. Then you move up to moderate, which this Piccolo machine also offers as far as more in-depth lab tests such as H. pylori to a CBC. And then when you go to your higher set, which might be a high complexity lab, that's the one where people are testing for COVID and stuff, that's where Quest and all that would be. Our intent is to continue to obtain these lab equipments, so we can better serve the town. These equipments would be the best to serve the town and meet our requirements treat them.

Dr. Russell Pillers

The ultimate progression. Do you see that you would eventually want to get to the higher complexity, or moderate?

Kaniela Acosta

We're taking it step by step at this moment. Our goal is to get to the highest level, to where we don't have to go out of town, two plus hours, wait so many days to do it. Step by step, that's our goal, that's what we are aiming for.

Trustee Gamble

Talk to me about this particular machine and how it works. These are done off of cartridges, similar to the iStat machines?

Kaniela Acosta

Yes, these are large circular cartridges that we purchase. They range anywhere from \$110 to \$180 per cartridge. The shelf life of these, I believe, is anywhere from six months to one year. It has a total of, I think, about 12 to 15 CLIA waived tests that we can use for that certain machine that is specialized for numerous things.

Dr. Russell Pillers

One is the Piccolo and the other one's the iStat, right? Can you explain why both?

Kaniela Acosta

The second one would be the iStat machine. The difference between the iStat and the Piccolo machine, the iStat has different capabilities. The Piccolo machine can't test for Troponins, which is a test used to diagnose a heart attack. The iStat can also do something called a PT, which can show how fast your blood clots. The second one, we can get your pH balance, your ABGs, which would tell us if someone is in metabolic acidosis. It would help assist the provider to treat the patient, which at the end of the day, this is about the patient care.

Trustee Gamble

So, you're purchasing both of these machines.

Kaniela Acosta

Yes, the iStat is for moderate lab tests, so that's the second step. The Piccolo has Clia-waived and moderate. So yes, looking to purchase both of them.

Dr. Russell Pillers

To get to moderate, it's a mix of having the right hardware and the right certification, correct?

Kaniela Acosta

Correct. And every time we call out to a lab specialist to get our licensing, they inspect for what tests you have on site on property and say if you add another test, you would have to pay the same amount to redo the whole thing, which is why we're trying to get all the tests on property.

Dr. Russell Pillers

So, my thought on the cartridges, because you'll see that there is no cost in these prices for cartridges, is leaving the cartridges as part of what could be their monthly subsidy. Instead of a big cost up front. That will give them the flexibility to adapt to what they're seeing here in town, because they don't really have a sense right now, of which tests are going to need a lot of, which ones they won't. That's why you don't see any of the cartridge costs here, that'll be separate, that'll be like a monthly or a quarterly cost that they will see.

Chairman Greber

Quennie, do you have something to add?

Quennie Manuel

Just to let you guys know the equipment that we're purchasing, they're meant for CLIA waived, and also for the moderate. So, we're not going to come back to you once we do the moderate licensing, we might need more equipment for the moderate for different testing, but these will also serve for the moderate.

Dr. Russell Pillers

And you're talking one each right? One Piccolo and one iStat?

Kaniela Acosta

One each, yes. I wouldn't imagine that we would need to run two tests immediately, at the same time.

Dr. Russell Pillers

If you acquire that now, that's going to cover you for the most part through the moderate. You may still, if there's some specialty tests, that are still in the moderate range, you may need other hardware.

Quennie Manuel

Correct.

Trustee Gamble

I'm not seeing any mention of the iStat, it's not included. The only thing that we're seeing is the Piccolo and the autoclave that you're talking about purchasing. I've got only two forms.

Dr. Russell Pillers

What is the cost of the iStat?

Kaniela Acosta

The iStat, I believe they range from \$12,000 to \$18,000. Refurbished, it's actually around \$6,500, approximately.

Trustee Gamble

Cartridges run about the same, some of them as low as about \$65 to \$75. Their Half-Life is about the same.

Trustee Kaminski

The machines you're proposing here to get us to moderate. Would it have to be a totally different machine to get us into that advanced level?

Quennie Manuel

No, it's just a cassette that we have to purchase when we get to the moderate portion of the test itself.

Chairman Greber

Do I need to suspend the meeting while we look for backup? Justin, Emily, are you following this?

Secretary / Treasurer Zimmerman

Yep, and also missing the backup, it's not on the website either.

Chairman Greber

Okay. Standby. I will suspend the meeting, while we look into the backup for this item number 18.

MEETING SUSPENDED

Chairman Greber

I'm reconvening our meeting.

They have more items than they anticipated including tonight, however it's not available in the backup, so we'll have to consider that on a future agenda.

Trustee Gamble

The only thing they provided was for the autoclave and the Piccolo.

Chairman Greber

Justin, Emily, what are your thoughts at this time?

Secretary / Treasurer Zimmerman

I'm on board.

Trustee Kaminski

I do have a question on ownership. Because what we did with the X ray machine is the Board bought the X ray machine, and it's belongs to the Board. Is that what we're going to be doing with all this equipment in the future? So, this is actually ours and you're just using it? And now we're adding to our repertoire of medical equipment.

Chairman Greber

Is that a correct understanding?

Quennie Manuel

Correct.

Chairman Greber

Anyone on the line?

Secretary / Treasurer Zimmerman

I would insist on that being the understanding.

Tom Vallas

I think the Services Agreement actually provides that.

Chairman Greber

Certainly, thank you, Tom. Is there any discussion we need to have on those three options that are presented for the Piccolo and for the autoclave?

Trustee Kaminski

On both the Piccolo and the autoclave, if we're going to do this, I think we need to do it right, we need to do it with top of the line equipment. We're going to pay for it, we want it to last. So, I'm recommending we go with the top of the line Piccolo for \$14,797 and the top line autoclave for \$4,770.

Secretary / Treasurer Zimmerman

I agree with that, but I have a question. The Piccolo, do we want to make that purchase contingent on other providers being able to refer their lab patients to that machine service? It doesn't seem really applicable to me for the autoclave, but Piccolo.

Quennie Manuel

We can, we can do that the same as the X ray.

Trustee Kaminski

Because eventually what we want to do, is we want to keep everything we do in house, in Tonopah. We don't want to have to outsource to Bishop, or to Vegas, or Reno, if we have the ability to do it here.

Quennie Manuel

Correct, yes.

Chairman Greber

And as you captured, Kaniela, it's in the best interest of the patient to be able to process these, you need a 10-minute window on some of them, to be able to process them quickly and diagnose and treat quickly. Naturally, that's very advantageous.

Tom Vallas

And just for the board information, NRS 332.115 allows for the purchase of goods commonly used by a hospital, including, without limitation, medical equipment, by the Board or its authorized representative, and they don't have to follow the competitive solicitation rules of statute. I know you're under \$50,000 but just so you know that.

Chairman Greber

Thank you so much, Tom.

Trustee Gamble

He comes in handy.

Chairman Greber

Oh, I like having Tom on the line. Very nice.

Chairman Greber

Emily, Justin, any further comments?

Vice Chair Hendrickson

Nope.

Secretary / Treasurer Zimmerman

Nothing for me.

Chairman Greber

Quennie, Kaniela anything further to add?

Quennie Manuel  
No, thank you.

Dr. Van Le

In closing, I want to thank the Board, Karmin, for your leadership, Justin, Don, Tim, everybody, for making this happen for us. We wouldn't be here without you guys. And also, Russell, even though I want to avoid giving Russell too much credit because his head might get bigger. Especially, I want to thank my medical director, Dr. Vasquez, he's been tremendous in helping us to the evolutions of our staff and putting things together, and all of the credit goes to Quennie and her staff, which I called my minions. Without Quennie, I wouldn't even know what Tonopah looks like. She's been very, very, very, very instrumental in getting things done, with Vanessa and the team. But most important you guys have been great and the people of Tonopah have been great and looking forward for a better and brighter future for Tonopah and a healthier Tonopah. And I hope everybody stays safe. Keep your social distance, especially away from Russell, because he's been coughing. Thank you.

Chairman Greber

Thank you for those comments, very much appreciated and reciprocated. We are very thankful for your expertise, and your flexibility for the willingness and motivation to find a way to service our community, when we were told for so long, there was no way you could get what you need, you can't have what you need, was what we were told. Finding you as a partner has been miraculous for our community, and there's no question.

Dr. Van Le

The pleasure has been all mine, thank you.

Trustee Gamble

I will motion that we approve the purchase of critical hardware items related to the operation of the urgent care plus in Tonopah, to wit the brand new Piccolo analyzer at \$14,797, under the condition of use from local providers as well, similar to the X ray agreement, and the brand new Medline autoclave at \$4,770.71

Trustee Kaminski

I'd like to second that motion,

Chairman Greber

I have a motion and a second, any further comment? I'll call for the vote. All in favor?

Motion passes 5-0.

**Item #19, For Possible Action – Discussion and deliberation to approve, amend and approve, or deny a letter preapproving the payment of all utility bills associated with properties owned by the District.**

Secretary / Treasurer Zimmerman

This is my item, and now that we're paying utility bills, we've run into an issue where if I wait for the Board approval to process the bill via check the payment is going to be late. So, I've been paying them on a credit card, and I'm paying transaction fees on every bill that we pay. This letter would let me run those bills through the AP system, cut a physical check, save those transaction fees and then put the actual invoices on the next meeting's agenda to be approved after the fact.

Chairman Greber

It sounds like a very smart approach to me. Comments, Trustees?

Trustee Kaminski

We did the same thing with the Town board, because otherwise everything was paid late because of delays. I'm for it.

Chairman Greber  
Tim, Emily?

Vice Chair Hendrickson  
Good.

Trustee Gamble  
Good.

Secretary / Treasurer Zimmerman

I'll move to approve the letter preapproving the payment of all utility bills associated with properties owned by the District.

Trustee Gamble  
I'll second.

Chairman Greber  
I have a motion and a second. All in favor?

Motion passes 5-0.

Chairman Greber  
Approved unanimous. Thank you.

**Item #20, For Possible Action – Discussion and deliberation of the minutes from the February 20, 2020 regular meeting.**

Chairman Greber  
I didn't have any comments.

Chairman Greber  
Tiffany, they told us that that there'd not enough for a secretary to do. Comments from the Trustees?

Chairman Greber  
I'll entertain a motion.

Trustee Gamble  
I'll motion that we approve the minutes from the previous meeting as presented.

Secretary / Treasurer Zimmerman  
I'll second.

Chairman Greber  
All in favor?

Motion passes 5-0.

**Item #21, For Possible Action – Approval of invoices for payment.**

Chairman Greber

Justin, you want to run us through this?

Secretary / Treasurer Zimmerman

I don't think there is anything unusual on here. The only thing I like to point out is they are approving whole payment to Randy Grigory for the work he's doing on the 149 Central Street house, though he's only actually been paid his deposit and I won't pay out the balance on that until our Chair approves the work he's done. But this will allow me to pay him come that time without seeking Board approval again.

Chairman Greber

And this is the figure that was on his quote that we approved?

Trustee Gamble

That's approval for which one?

Chairman Greber

That's the residential, it was about three meetings ago when we increased the scope and we had a quote. This is lower than what we were considering, but we did approve the new scope of work, etc. at the residential property.

Trustee Gamble

So, in the interest of wonderful disclosure, that gentleman does date my sister. I will abstain from that particular vote.

Chairman Greber

Thank you for disclosing that. That's news.

Chairman Greber

Any comments or questions about the invoices?

Chairman Greber

I'll entertain a motion.

Secretary / Treasurer Zimmerman

I motion to approve the invoices.

Vice Chair Hendrickson

I'll second.

Chairman Greber

All right. All in favor?

Motion passes 4-0.

Chairman Greber

One abstention, which was Tim.

**Item #22, No Action – Update on the current status of the fiscal year 2019-2020 budget.**

Secretary / Treasurer Zimmerman

I'm expanding this little by little. I won't be reporting on Renown for much longer, but those will remain on file if anybody ever wants to see them again. I added graphs for Russell. And I'm going to do something similar for our overall budget because now we have spending across multiple line items, which you can see on the Expenditure Detail Report. But I think maybe a visual to easily see where all of our money is might be nice as well. I'll put that together for the next meeting. The expenditure you were asking about earlier, Karmin, is on page 26 of the Expenditure Detail Report.

Chairman Greber

Excellent. Thank you. Sorry I overlooked that.

Secretary / Treasurer Zimmerman

Another thing I wanted to point out, is the second to last page in that report is the Revenue Status Report by Period. It's the second to last page in the backup. We have revenues repeated in now for January and February, where previously we didn't. The February personal property tax amount is incorrect and I've worked with the treasurer's office to get that corrected. That \$315 should be more in the ballpark of about \$50,000, so you'll see a little increase there.

Chairman Greber

Wow. That's good to know.

Secretary / Treasurer Zimmerman

Well, the new software that's been portioning money for us isn't always spot on, so it takes a second look. We'll get it straightened out. All and all, in my opinion, I think we're in pretty good shape.

Chairman Greber

I do appreciate your efforts with the visual graphing, that's extremely helpful. As I look through everything, and the tallies that you have broken out for each of our contracts is excellent. I greatly appreciate that.

Secretary / Treasurer Zimmerman

Thank you.

Chairman Greber

Any questions or comments from the Trustees? Anything further to add Justin?

Secretary / Treasurer Zimmerman

No, not this month.

Chairman Greber

I need to sit down with you, like with a fine-tooth comb if I really want to understand this. I rely on your expertise and your guidance as well as our comptroller, who's very responsive as well. Thank you.

**Item #23, No Action – Open Meeting Law review.**

Chairman Greber

When is the date for the makeup class?

Tiffany Grigory

It has not been set, they just got finished with the previous one, and then they're going to schedule that, but nothing has been scheduled yet.

Vice Chair Hendrickson

That training just needs to be done sometime this year?

Chairman Greber

No, there's a window that it needs to be completed but it needs to be made available. So, in the current timing where we're in receive mode, they'll tell us when. We can't access it ourselves. In other words, we have to wait until the County coordinates, and then Tiffany's on top of pushing that information.

Chairman Greber

Any other comments or concerns about Open Meeting Law? By the way, we did receive an excellent consolidated view with the Open Meeting Law, in this current situation, knowing that many boards, not just health related, are going to have to hold, possibly emergency meetings, and other meetings that were out of their regular cycle. The Attorney General distributed a very concise guidance; please remember these points, these points, these points. The posting time is still the same, etc. That was provided to me by the County, if anyone would like a copy of it. It was really helpful. More or less trying to facilitate emergency meetings or some of the context everyone's facing without opening law infractions.

**Item #24, For Possible Action – Discussion and deliberation to set the next regular meeting location, time and date.**

Trustee Gamble

It looks like the next meeting should be the 16th of April. The regular date.

Chairman Greber

16th of April, Thursday, 6pm. Justin, Emily?

Vice Chair Hendrickson

Works for me.

Secretary / Treasurer Zimmerman

Same here.

Trustee Gamble

I'll motion that we set the next regular meeting to Thursday, April 16th at 6pm, here in the BoCC chambers in Tonopah.

Trustee Kaminski

I'll second.

Chairman Greber

I have a motion and a second. All in favor?

Motion passes 5-0.

**Item #25, GENERAL PUBLIC COMMENT (second)**

None.

**Item #26, ANNOUNCEMENTS (second)**

Chairman Greber

I will confess that Tiffany I have no idea when we're going to do our workshop or planning of the campus, that has fallen way down on the priority list, so still coming. Justin, Emily, any announcements?

Secretary / Treasurer Zimmerman

Nothing for me.

Vice Chair Hendrickson

Nor me.

**Item #27, ADJOURN**

Meeting adjourned.

Approved this 16th day of April 2020.

A handwritten signature in black ink, appearing to read "A. Greber", written over a horizontal line.

Chairman Greber



*[Faint, illegible handwritten text]*