

Board of Trustees
Meeting held via Zoom video/phone
14 October 2020
1300 hours

Present:

Colonel Joseph Krawczyk, President
 Colonel Gary DeGasta, Vice President
 Michael Klopchin, Secretary
 Kent Butterfield
 Jennifer Carmichael

Arthur Charron
 CPT Brenda Cruickshank
 Charly Dickerson
 Michael diMonda
 Frederick Dunn
 Robert Hooper

Dr. Jacqueline Kelly
 Jamie Percey
 Joyce Scribner
 Robert E. Burke, Director, Vermont Office
 of Veterans Affairs

Excused:

Guests: Steven McClafferty, Finance
 Jean Cody, QAPI Nurse
 Rachel Fields, VSEA Sr Field Rep
 Jim Therrien, Bennington Banner

Melinda Crowl, Marketing
 Fred Loy, Friends of the VVH
 Danielle Warner, VSEA
 Robyn Boland, Executive Assistant

Tonya Goodell, Human Resources
 Representative Mary Morrissey
 Aditeei Lagu, Labor Relations Manager

The meeting was called to order by President Krawczyk at 1300.

Roll call was taken by Secretary Klopchin and a quorum was announced.

Motion made by Ms. Jennifer Carmichael to accept the 12 August 2020 minutes as written, second by Mrs. Joyce Scribner. Motion carried.

TOPIC	DISCUSSION	ACTION
PRESIDENT WELCOME	President welcomed Board of Trustees and guests. Representative Mary Morrissey said thank you for all the work we do.	INFO
TOPIC	DISCUSSION	ACTION
HOME REPORTS CEO	Acknowledged the incredible work staff has done since COVID started. Just completed the first round of monthly staff testing as required by CMS and all results were negative, which is a direct reflection of the hard work our staff does at VVH, at home, and in the community. Staff has adapted to all the changes in regulations, policies and procedures, and have been great advocates for our veterans and members. We would not be where we are at today without all their hard work and dedication.	INFO

Welcomed and introduced the new QAPI Nurse, Jean Cody, stating that she has jumped right in with tasks, present on all shifts, working on work flow issues (smoking and meal tickets), and is also trying to improve our process on incident and accident reports. Dr. Cody stated she has enjoyed working with the dedicated leadership team. Just graduated from the University of Massachusetts at Amherst with a PhD so continuing to use skillset to promote excellence and looking at outcomes. Has been exciting getting to know residents and staff. President Krawczyk also welcomed Dr. Cody on behalf of the Board and advised that CPT Brenda Cruickshank is the Board's representative for the QAPI meetings. It was also mentioned Mrs. Joyce Scribner attends many QAPI meetings.

Have had many roadblocks with the VA lab in White River Junction to run the staff specimens. In the process of trying to work with Broad, CIC, a lab that was suggested to use by the Vermont Department of Health. Licensing and Protection (L&P) has a contract through the end of the year to pay for all nursing home testing through Broad, CIC; however, the contract they sent us does not indicate such so trying to work through the legal side of that. Hope to do the next round of staff testing around October 28 if can get things worked out. The State is encouraging to use outside agencies for routine testing so they can manage any outbreak testing. The frequency of staff testing is determined by a calculation by CMS regarding community spread of which we are at once a month presently. The next interval would be once a week, and then twice a week. The previous testing took just under a week and had results back within 48 hours to our contracted medical providers (due to confidentiality).

Just received indoor visitation guidance from CMS, L&P and Vermont Department of Health. Yesterday was first day of indoor visits. Have set up rooms for Brandon and Cardinal that visitors will enter the facility through a vestibule and then go directly into a room for visitation and not enter the building any further than that. American and North will be using what use to be the smoking room (on separate days to allow for cleaning between) which has direct access to the room from outside and has a parking area. The smoking room can no longer be used by residents as can't have cohorting-would have to sanitize between each resident, and also residents from different units cannot be in the same room at the same time. Crispe Room was eliminated for visits due to distance for residents to walk to and/or longer time to pull staff to bring residents to/from. In the process of looking into sturdier outdoor shelters that will be 25 feet away from the building. There have been complaints from residents that the smoke smell comes in through windows/doors if not the 25 feet away. Looking into adequate lighting, and sidewalks will need to be cleared during the winter. If able to have indoor smoking safely again in the future (after COVID) will do so. We want to prioritize contact with loved ones. A resident had inquired as to why can't use one of the lounges on a unit – we are unable to recreate the removal of (smoke) air from any of those rooms and would need to remove curtains and furniture that can't catch on fire. Staff can use the resident smoking areas during COVID. President Krawczyk stated should continue to use best judgment and protect the residents and staff in the building.

Census currently is 110, plus 6 in the DOM. Went back to having one new admission per week as

the 14-day quarantine has been difficult for the new admissions, even the ones without cognitive loss struggle with it. Per the guidelines, they are not allowed visitations during the quarantine. Dr. Jacqueline Kelly suggested to have Zoom meetings for the new admission with residents from their unit so they can start to get to know each other. This is a great idea that will be offered on the units.

The Fisher House just donated 2 large TVs (that are on wheels) with Facebook portals which gives us additional video conferencing abilities in addition to the iPads, phones and computers we are using. Also have the internal TV channel (Touchtown) that residents can view and are in the process of adding an app so that family can also view it. A suggestion was made could also use Echo Show - some residents already have it but must be mindful of potential HIPAA breach. We do have a Virtual Assistant Policy and anyone who has a device has a sign on their door stating such (private rooms only).

VVH is transitioning all in-house meetings from Zoom to Microsoft Teams.

Will be asking for a budget adjustment and this will be a standard course of action going forward. Every year we receive Medicaid settlement money and in the past that has gone to help fund capital projects. Starting last year, it goes to help defray our General Fund requests. Per discussions with Commissioner Greshin and members of the legislature, so that everyone knows exactly where that money is coming from, we are doing a budget adjustment. Then if we need to make any additional requests to the initial General Fund, we will do that at this time. Keeping track of COVID expenses. Discussion regarding tranche funding and CARES money. The expenses far exceed the money coming in so will see a deficit. The Financial Director has been in communication with Montpelier regarding this and on how to track it. This will be part of our budget adjustment testimony as well as the next fiscal year budget testimony and will be clearly outlining the financial impact of the increased COVID expenses. Have not received the Governor's guidance for this year yet but should any day.

NASVH (National Association of State Veterans Homes) is working with the VA (Veterans Affairs) on their strong desire to do in-person surveys. NASVH has concerns with surveyors going (flying) from state to state within days. NASVH is suggesting using EMR for remote access to files/records, leverage use of Zoom, Microsoft, or the VA's Telemedicine to allow surveyors to interview staff and residents, or to do facility tours. Then could send the local Life Safety person (from the same state). Congress hasn't figured out how to have more oversight remotely (need to be there in person), but yet ensure that oversight is not placing residents and staff at risk in the homes. There are 158 state nursing homes in the country. The one common denominator for homes that had significant deaths seems to have been a veteran with dementia who had the inability to quarantine inadvertently spread COVID in the facility. This is why VVH is not taking in any new admissions into the memory care unit, just can't take the risk.

There are Bills on the Federal Senate and House side that, if passed, would pay at pre-COVID census rate. This would mean we would be held harmless from our census going down due to COVID if it passes.

An inquiry was made regarding outside activities (picnics/BBQs) that would have normally been held

NURSING

with the Veteran Service Organizations (VSOs) and are we able to tell them we still appreciate their support even though they are not allowed inside the building. The VSO's have donated thousands of masks. The CEO is working on a letter to send to the VSO's saying we miss you and these are the things that you can do to still support us. The COO has had conversations on how we can leverage our technology (Facebook, our internal TV channel, CAT-TV) to come up with ideas on how to have a modified Wreaths Across America ceremony, the Tree Lighting ceremony, etc. Instead of having the head start children come in for the Halloween parade, staff will dress up for the residents.

Thanked staff for keeping COVID out of the facility and support from administration, the Board and providers. Tracey Greene has accepted the Nursing Supervisor position for the day shift and brings with her 25 years of experience at VVH. Also recognized Donna Richards for obtaining her certification in Geriatrics, which is offered to all nursing staff at VVH. Looking to get certification for an Infection Control person, which is a year long course. Important to encourage staff to develop their practice and grow. Management training will be starting for unit managers and supervisors. Most of the openings are on evening shift and using Agency nurses. Continue to interview within 72 hours of the application being received. Process has improved. The new LNA class graduated 4 and two will be joining the evening shift shortly. Scheduling is still challenging with call-ins or when staff is quarantined. Use Agency as much as possible so don't have to mandate staff to work, and offer overtime to all. If you work at VVH (temporary, full time or Agency staff), you only work at VVH. We are not entertaining interviews from people that work part time at another facility. Not risking transmitting COVID across homes. This limits our ability to hire. Working on a behavioral health program with social services to try to reduce the buddy system in the future. With the potential of the flu coming in, that could also challenge staffing. Working with Agency to staff up to try to prepare for winter months. Also been in contact with the hospital for when/if they furlough staff they won't be utilizing, to send them to VVH. They can't work for the hospital and VVH (only one place), but we could take the overflow from their cutbacks. The clinical team continues to provide support for visits. Critical time coming up determining if a resident has the flu, a norovirus, or COVID. Monitoring/oversight of every resident and assessing vitals, watching for any signs or symptoms, quarantine and test them, as necessary. Will continue the process and keep the diligence up every day. This involves staff from other departments as well.

**DR. PETER KING
MEDICAL DIRECTOR**

Pleased with our experience thus far and with everyone diligent with infection control. Cited the 4 Pillars: Wear a mask to cover your mouth and nose, perform frequent hand hygiene, remain physically distant by 6 feet as much as possible and stay home when sick. These are the principals we are reminding everyone of as it is the lesson on how to control COVID. Resident safety was the primary focus the first

<p>ADMISSION/MARKETING</p>	<p>six to seven months, but now also focusing on how to learn to live with this since it could be another eight or nine months, i.e., having indoor visits. Good to have new admissions, but quarantining is a huge hurdle with them, even for those without dementia. Continue with the pilot program Enhanced Surveillance, which all tests have been negative. This is a way to detect COVID as soon as we can to mitigate the possibility of spread. Planning now on how to transition the staff testing into a testing process that can be carried out during the winter months-working with the health department on this. We have not had any false positives. VVH will not be using the antigen tests. With the current standard PCR testing process, if the specimen leaves VVH by 10:00 am, we have the results by 6:30 pm. Encourage people to get the flu vaccine. If sick, people will be tested for both the flu and COVID routinely as a lot of overlap with symptoms. We do have the isolation area we can use to minimize exposure. The focus on infection control may very likely be reflected in reducing the spread of the flu as the measures used to mitigate COVID are the same measures used to mitigate the spread of influenza. Continue to review our PPE inventory every week. Trying to accumulate more N95 masks. Postmortem testing (prior to transfer to the funeral home) has been being done since the early part of COVID onset if there was any question COVID related. Would talk to the family and let them know so they would have the information.</p> <p>Has been quite a learning process with the internal TV channel which is on 24/7. This is on channel 919 which runs to each digital box through Comcast. This channel is only available at VVH. Don't have a full schedule of content yet but have calming music that plays throughout the evening. Had a virtual car show. May be putting together a talent show after the holidays. Working on the community app for residents and family members that will have the activities list and daily menus. Could also video tape the resident council meetings and broadcast them. Chapel masses are being televised as well as features for the military/service birthdays. Looking into doing Day of Remembrance. May do holiday messages from family and friends.</p> <p>Doing advertising on medi-bags, Hannaford community bag program, radio, and a cover story in Vermont Maturity next month. Have been discussing to balance marketing to obtain residents and information marketing to get our story out there, because it is a great story. Very active on social media getting our good message out there to the community in lieu of real advertising, spreading the word on the good things we are doing at VVH and the great activities to involve the residents in during this difficult time. The community is interested in how well we are doing and are proud the home is in Bennington.</p>	
<p>TOPIC</p>	<p>DISCUSSION</p>	<p>ACTION</p>
<p>PUBLIC COMMENTS</p>	<p>Danielle Warner, Vermont State Employees' Association (VSEA), read a statement on behalf of the members. (A request has been made for a copy of the statement to be kept on file.)</p>	<p>INFO</p>

	<p>President Krawczyk asked if there were any questions from the Board members. Having no response from the Board and no further public comments, the Board will go into Executive Session for personnel and to address the issues brought up at the last meeting from the Vermont State Employees' Association.</p>	
TOPIC	DISCUSSION	ACTION
EXECUTIVE SESSION	<p>A motion was made by Col. Gary DeGasta to go into Executive Session for the purpose of personnel and to address the issues brought up at the last meeting from the Vermont State Employees' Association. The motion was seconded by CPT Brenda Cruickshank. The motion carried. The Board went into Executive Session at 1416.</p> <p>A motion was made to exit Executive Session by CPT Brenda Cruickshank, seconded by Dr. Jacqueline Kelly. The motion carried. The Board came out of Executive Session at 1601.</p>	CLOSED
TOPIC	DISCUSSION	ACTION
PRESIDENT	<p>President Krawczyk highlighted that the Executive Session August 12 resulted from a complaint by the Vermont State Employees' Association regarding management personnel. Today's Executive Session was a follow-up requested by six other employees to speak to the Board with an alternative view. President Krawczyk also reminded the Board that it only has jurisdiction over the CEO and not others in management. A suggestion by members of the Board in August was to refer the matter to the Department of Human Resources. The matter was reviewed by their legal division. President Krawczyk read a letter to the Board received from John Berard, HR Director of Labor Relations, and one from HR staff attorney, Nicholas Lopez. Both letters indicated that not enough information was provided from the VSEA to warrant further action, leaving the option open should additional information be submitted.</p> <p>The matter was opened to the floor. A motion was made by Mr. Jamie Percey to hire an outside investigator for further fact-finding and report to the Board. Mr. Robert Hooper seconded the motion. Mr. Hooper then requested his comment be made on the record that in this context the Department of Human Resources in not viewed as a neutral arbitrator. The residents in the facility receive great care mostly due to our dedicated direct-care staff. This morning (during the Strategic Plan meeting) we talked about staff being incorporated in our plans for the future at all levels. Our staff came to us with a problem. Mr. Hooper feels he walked away from our discussion feeling like it was a back-slapping session. He thinks the staff would justifiably feel disrespected by the action taken so far and that moving in this direction is a good move to try to put this issue to bed. Human Resources and employee relations go both ways. Mr. Charly Dickerson spoke against the motion (with due respect to Mr. Hooper) saying that Human Resources is basically an arm of Administration, was saying "Dear Union, give us more to work with. Currently there isn't enough, nor is there a need for an outside independent fact-finder." Human Resources didn't close the book. On that basis alone, he will vote against the motion.</p>	CLOSED

	Secretary Mike Klopchin requested a roll call vote. There were 11 no votes, 2 yes votes, as follows. Against the motion: Kent Butterfield, Jennifer Carmichael, CPT Brenda Cruickshank, Col. Gary DeGasta, Charly Dickerson, Michael diMonda, Frederick Dunn, Dr. Jacqueline Kelly, Michael Klopchin, Col. Joseph Krawczyk and Joyce Scribner - For the motion: Robert Hooper and Jamie Percey. Arthur Charron did not vote. The motion was defeated.	
TOPIC	DISCUSSION	ACTION
ADJOURNMENT	Absent any further business, a motion to adjourn the meeting made by CPT Brenda Cruickshank, second by Mrs. Joyce Scribner. Motion carried.	CLOSED

Meeting was adjourned at 1617. Next Board Meeting 9 December.