



Administrator's Report May 26, 2022

General Hospital District Information Update

This week Philipsburg had a very significant disruption of our water supply. As one of the largest consumers of water in town, it was critical that the hospital conserved as much water as possible. Our Board Member, Matt Latray, worked quickly to deliver a firetruck to supply non potable water. All department heads worked together with their teams to restrict city water use to only what was absolutely necessary. Jim Waldbillig, our Board Chairman stayed in close contact all day to ensure the District had everything it needed throughout the emergency. GCMC was the rendezvous site for Lifeflight to connect with the Sheriff's and Public Works Departments so they could quickly transport crews and materials to locate and repair the leak. Our community deserve incredible praise for their ability to seamlessly work together to solve a major problem while ensuring the safety and wellbeing of everyone.

COVID -19 State and Local Update:

Vaccines:

Johnson & Johnson (Jansen): After conducting an updated analysis, evaluation, and investigation of reported cases, the U.S. Food and Drug Administration (FDA) has determined that the risk of thrombosis with thrombocytopenia syndrome (TTS) warrants limiting the authorized use of the Janssen COVID-19 Vaccine to the following:

- Individuals 18 years of age and older for whom other authorized or approved COVID-19 vaccines are not accessible
- Individuals 18 years of age and older for whom other authorized or approved COVID-19 vaccines are not clinically appropriate
- Individuals 18 years of age and older who elect to receive the Janssen COVID-19 vaccine because they would otherwise not receive a COVID-19 vaccine

While risks associated with thrombocytopenia syndrome warranted limiting the use of the vaccine it was also determined that the known and potential benefits of the vaccine for prevention of COVID-19 outweigh the known and potential risks of COVID disease for individuals outlined above.

Pfizer-BioNTech:

The CDC endorsed the Advisory Committee on Immunization Practices (ACIP)'s vote to expand eligibility and update their recommendations for COVID-19 booster doses. The ACIP recommendation and CDC endorsement are as follows:

- All children ages 5 through 11 years are recommended to receive a booster vaccine 5 months after completing their 2-dose primary Pfizer-BioNTech vaccination series.

- Children ages 5 through 11 years who are moderately or severely immunocompromised are recommended to receive a booster 3 months after completing their 3-dose primary series of Pfizer-BioNTech vaccination series.

In addition, the CDC strengthened its COVID-19 vaccination guidance to recommend that everyone ages 50 years and older who received any COVID-19 booster dose—as well as everyone ages 12 years and older who are moderately or severely immunocompromised—receive a second booster dose using an mRNA COVID-19 vaccine four months after completing their first booster.

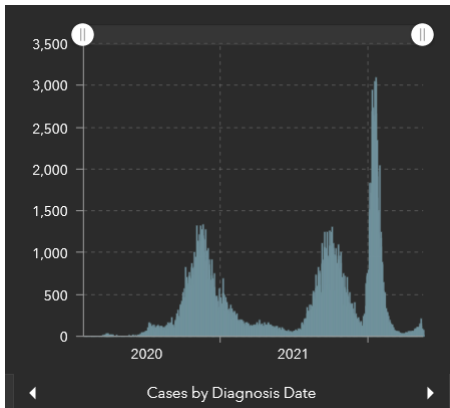
BA.2.12.1 subvariant:

- A highly contagious sub-lineage of the BA.2 omicron subvariant is now the nation's dominant strain, according to the CDC's latest variant proportion estimates.
- The Centers for Disease Control and Prevention (CDC) data from May 21, 2022, reports BA.2.12.1, accounts for 60% of all U.S. cases of COVID-19. It does not appear to be causing more severe disease.

As of this morning, Granite County has **4** active case and total deaths remain at 8. There were **1,065** new confirmed cases in Montana in the last week.

According to the Montana Response map:

- 276,192 Total cases from Montana
- 1242 Active cases in Montana (April=342)
- 36 Active Hospitalizations (April=32)
- 3,385 Deaths (April=3,246)



According to the Montana Response map:

Granite County rose to **40%** and Montana remains at 55% of its eligible population fully vaccinated.

MonkeyPox:

- **Current Status:** The Massachusetts Department of Public Health and the CDC are investigating a confirmed case of monkeypox in the United States. Testing at the CDC on May 18th confirmed the patient was infected with a West African strain of monkeypox virus. There are also 4 suspected cases in the US. Moderna is starting clinical trials on a vaccine.
- **Origin:** Monkeypox is a zoonotic infection endemic to several Central and West African countries. This virus is closely related to smallpox. The wild animal reservoir is unknown. Before May 2022, cases outside of Africa were reported either among people with recent travel to Nigeria or contact with a person with a confirmed

monkeypox virus infection. However, in May 2022, nine patients were confirmed with monkeypox in England; six were among persons without a history of travel to Africa and the source of these infections is unknown.

- **Symptoms:** Monkeypox disease symptoms always involve the characteristic rash, regardless of whether there is disseminated rash. Historically, the rash has been preceded by fever, lymphadenopathy, and often other non-specific symptoms such as malaise, headache, and muscle aches. In the most recent reported cases, prodromal symptoms may not have always occurred; some recent cases have begun with characteristic, monkeypox-like lesions in the genital and perianal region, in the absence of fever and other symptoms. The average incubation period for symptom onset is 5–13 days.
- **Severity:** The risk to the public is incredibly small and cases remain extremely rare, but in Africa studies have found that the virus causes death in as many as one in ten people infected with the virus.
- **Transmission:** A person is considered infectious from the onset of symptoms and is presumed to remain infectious until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath. Human-to-human transmission occurs through large respiratory droplets and by direct contact with body fluids or lesion material. Respiratory droplets generally cannot travel more than a few feet, so prolonged face-to-face contact is required. Indirect contact with lesion material through fomites has also been documented. Animal-to-human transmission may occur through a bite or scratch, preparation of wild game, and direct or indirect contact with body fluids or lesion material.
- **Prevention and Treatment:** Data from recipients in Africa found that **smallpox vaccines are at least 85% effective in preventing monkeypox infection.** There is also evidence that vaccination after exposure to monkeypox may prevent a serious infection. Persons with direct or indirect contact with a patient with monkeypox should be monitored by local health departments. There is no specific treatment for monkeypox virus infection, although antivirals developed for use in patients with smallpox may prove beneficial.

Activities /Life Enrichment:

- April seems to have passed very quickly with the many new activities our patients enjoyed, which included new exercises. They engaged in wheelchair yoga, ball drumming, balloon volleyball and parachute flipping.
- Arts and craft projects included cherry blossom painting, sock Easter Bunny making and color by numbers. Patients also started scrap booking making a page of themselves to place in a shadow box.
- Earth day was celebrated with Earth Day bingo and root beer floats.
- April was National Poetry Month, so they read several famous poems and included one written by one of our patients.
- Easter was celebrated on Good Friday. Patients colored eggs, played games and each had an Easter Basket to enjoy. Service was held on Saturday April 16th, with the Teasdales preaching and singing hymns.
- The usual scheduled movie days, and music by Jay continues, as these are the longstanding favorites.
- Patients are looking forward to the start of planting season for their gardens in the courtyard.

Business Department/ Revenue Cycle Team: No Report

Central Supply: No Report

Clinics: No Report

Dietary: No Report

Grants: No Report

Emergency Preparedness: No Report

Environmental Services: No Report

Human Resources:

Deb Antes has taken the position of Dietary Manager and Jacquie Venard and Selina Svaleson also joined our Dietary team. Lastly, Jill Weible, our previous Radiology CT Technician was welcomed back to GCHD on May 25th.

Our open positions include;

- 1 Director of Nursing: We have a current applicant being considered, who would be available to start in the Fall.
- 2 Night Shift Charge Nurses
- 2 CNA's: now that the two travelers who had intended to join us, opted not to due to after the last Board meeting and the resulting fall out.
- 1 per diem Housekeeping
- Maintenance Director: This just became available with our current Director's plan to change to on call status in June.

IT: Our IT department is currently involved in multiple projects. Priority items including upgrades to the video security system, email server, voicemail call tree and network monitoring system, while still exploring the best option for implementing an employee complaint management software. One that is flexible, can be anonymous, will organize and manage complaints and concerns to ensure safety and policy compliance.

Laboratory: No Report

Marketing: No Report

Maintenance / Transportation:

- Five Star roofing was to be here on Monday, May 23rd. I have reached out for explanation and an updated timeline. This project is expected to cost \$75,000.
- Pierce Flooring's bid to replace a significant amount of our flooring was accepted, materials have been ordered and we are awaiting an install date. This will be determined once the materials are received by Pierce Flooring. I reached out to our wonderful H&R Thrift Store volunteers seeking financial assistance to support this project and they graciously offered to contribute \$50,000. The overall cost is estimated to be over \$80,000.

Medical Staff:

- New Credentials: Dr. Dustin Tew, DO
Dr. Rashmi Hande, MD
Dr. Kristie Harris, DO
- Temporary Privileges: None
- Re-credentialed Providers: Dr. Scott Parker
Dr. Daniel Madsen, MD
- Resignations: None

Nursing:

• April Patient Census

ER Visits	= 18	Observation Days	= 2
Intermediate Swing Bed (LTC)	= 18	Outpatient Nurse Visit	= 0
Swing Bed billable days	=48(2)	Deaths	= 1
Acute billable days	= 0		
Adult Day Care Visits	= 0		

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Physical Therapy: Of note, this month Roger was called to jury duty in April. He had 31 patients scheduled and would have had 3 more Swing Bed visits during that week so the total would have been 135.

April had a total: 101 Visits

Outpatient: 81

Acute Inpatient: 0

Swing Bed: 20

LTC: 0

Radiology:

- We completed 10 scans in April.
- Markovich is working on a couple of loose ends on the radiology room punch list and should have that completed soon.

Respectfully submitted,
Maria Stoppler CEO/DON