



**CGH Board of Directors  
Planning Committee  
12 March 2020**

Call to Order and Attendees

A meeting of the Planning Committee was called to order by Dr. Marcia Jones at 1803 on 12 March 2020. Present were John Van Osdol, Dana McCoy, Bob Hewes, John Larson, Don Stindt, Roger Wait, Dr. Marcia Joines, Mary Ellen Wilkinson, Dr. Jeff LeMay and DeAnne White. Absent were Tim Zollinger, Heather Sotelo, Dacia Dennis, Carolyn Spencer and Nancy Rasmussen. 9 CGH staff members were present.

Approval of Previous Minutes

The minutes of the 19 November 2019 meeting were approved as written. Don and John Larson

**OLD BUSINESS**

Strategic Plan Updates

Since our last meeting and part of our strategic initiative, we are expanding into patient psychiatric treatment. CGH met with the Certificate of Need (CON) board and asked for permission to do this service line. A plan is in place and this Behavioral Health Unit will be built on the second floor. This will be good for our community and has been needed for quite a while. CGH had good local support for the CON application from Sinnissippi, WCHD and other local agencies. Our goal is to have this completed about this same time next year.

EHR is an essential tool for our jobs. CGH has used Cerner since 2002 on the in-patient side, NextGen for the outpatient side and several other systems support other areas of the clinic/hospital. A unified system is needed, and we have been in contact with Cerner and Epic to see which company would be the best for CGH.

CGH is starting to see some financial due to government payors. Prairie Memorial is in the process of being sold to OSF due to financials and KSB had a rough year a couple of years ago. We are in the process of putting together our capital budget and these financial pressures will affect our decisions.

Recruitment Update

Danelle Saunders is a NP in Cardiology  
 April Fischer is a Family Medicine NP and will be in Prophetstown. We currently have been operating on a part-time basis in Prophetstown and not we will be able to be open 5 days a week.  
 Cassie Sawyers is a Family Medicine NP who worked with Dr. Wolfe in Morrison but has moved to our Fulton office, so we added another NP with Dr. Wolfe.  
 Lindsey Rodriguez transferred from Neurology NP to Hematology/Oncology NP. Lindsey transferred due to Mia McDermott's leaving. This has been a smooth transition as Lindsey had worked in this department before. Mia's last day is April 22<sup>nd</sup>.  
 We lost Lindsey Worley in GI and will be replacing her with Ozzie Rivera who will be starting in May.  
 Added CRNA, Emory Balucating, who has been doing Locums work for us.  
 CGH is recruiting for an OB/GYN and Dr. Kenney has declined our offer and accepted another position  
 Dr. Cox came for an Oncology visit and we will find out tomorrow if she has chosen CGH.

Marketing Update

Dana reviewed the Marketing departments Public Relations and Crisis

	<p>Communication titled: Coronavirus: Helping Keep the Community Informed. Some of the marketing staff attended FEMA training. We are keeping the community aware with press releases, Facebook/Twitter, Instagram Posts, Website updates and education information, Communique, Internal Education videos, Podcasts, internal signage and posters, community posters and handouts, educational TV screens, on hold messaging and quarterly FEMA PIO training. We are also partnering with Regional PIOs and WCHD.</p> <p>CGH Website has Prevent the Spread of Illness, Stop the Spread of Germs, Coronavirus (COVID-19) facts, and Home, School &amp; Workplace Guidance. In Social Media we have Prevention and Symptoms on Facebook, Instagram and Twitter and this information has been obtained from the CDC. Illinois hotline has been posted on the CGH website. We have put a lot of information on Social Media from the CDC. When you google Coronavirus Sterling you get the CGH Website. We are sending press releases daily. These are also under the new section of the website. We are cancelling events at the hospital that have outside people coming into the hospital. We have posted information on FB about travel screening, washing hands, the Health Department update and Coronavirus information precautions. We have also placed a visitor restriction in order to protect our patients. The open house for the Pulmonary Rehabilitation center has been cancelled.</p> <p>A discussion was held on what to do regarding our employees. If an employee shows symptoms, we will recommend that they stay home for two weeks. Nurses will have their temperature taken every two hours to make sure they are not sick. Since we have a young female workforce, we may lose some of our nurses if they decide to close the schools. All of this will have an impact on our work force. Dr. Steinke sent an email to all employees telling them it is not a time to panic. This is not a time to be complacent. This is a time to educate ourselves, be confident in what we know how to do – then do it well and we will get through this.</p> <p>CGH is not testing for the COVID-19 unless we have permission from IDPH. This will probably change soon, and we will start testing more and have a 24 hours turnaround. IDPH testing would be much faster than an independent testing center. We have asked the volunteers to not work until April 16<sup>th</sup>. We will also implement visitor and vendor restrictions. Meetings with outside groups have been cancelled as well. We are working on a plan if the schools would close for a couple of weeks as it will directly affect our workforce. We are looking at essential and non-essential employees. Dr. Steinke met with the Mayor, Superintendent of Schools and they schools may push for e-learning in a home environment. We are still learning about this virus and there are a lot of uncertainties. The hope is by cancelling large events that we flatten out the spread of this virus.</p> <p>We are pulling back PPE's and storing them. We are asking the State for cash in order to have enough supplies. We will continue to seek these types of initiatives. Emergency management is part of overall plan. Patients that are sick will be coming into the clinics/hospital. Have you considered drive by checks? We will do whatever is needed to treat outpatients and try to have them not come in for routine visit.</p>
Facilities Update	The Pharmacy construction is complete, and we are currently working on the

	<p>outpatient pharmacy. This should be completed in approximately 6 weeks.</p> <p>The maintenance department is remodeling the Walnut Clinic</p> <p>The area for the behavioral health unit is being demolished. Once the plans have been completed, we will be starting to build out this area. We are pressing the design team to complete the plans.</p> <p>The 3<sup>rd</sup> floor of clinic will be put out for bid. The bids will be taken at the end of the month and we hope to start the build in April.</p> <p>We had to relocate infusion area currently in 2 south area. We have more dialysis patients than our previous numbers.</p>
<p><b>NEW BUSINESS</b></p>	
<p>Opioid Crisis Plan</p>	<p>Community projects in the community – deeper information in opioid crisis. – seeing decrease in this.</p> <p>The Whiteside County Healthier Communities Partnership (WCHCP) includes local agencies, schools, health department and the hospital. Mental health and substance abuse. Plan to report to coalition in April.</p> <p>The WCHCP deals with prevention, treatment and recovery. Prevention: community health needs assessment, Treatment: Medication Assisted Treatment (MAT), Narcan program, and Safe Passages (done at the WCHD) and Recovery: Gap. Pre-treatment housing and recovery housing.</p> <p>Project Open – Tri-county effort through a Federal Grant and includes hospitals, health departments, law enforcement, agencies, survivors, and Workforce Councils. Need NARCON where people are shooting. If you have an AED should you have NARCAN</p> <p>The Project Open Goals are Prevent – reduce occurrence and risk of opioid overdose deaths among new and at-risk users, Treatment – expand medication assisted treatment (MAT) and Recover – implement, expand access to recovery. Lee County will open April 20<sup>th</sup> to be done with construction will be admitting 10 bed for med recovery. Vast majority in recovery house are from Whiteside County. There could be two more recovery homes and we could keep them full.</p> <p>Some of the gaps in the program are: Crisis Intervention teams may have capacity problems, MAT, absences of mental health courts, jail-based services, more 12 step options, inpatient facility, no residential re-entry home/center, referral follow-up, risk-based case management, department of corrections handoff to local jurisdiction is poor, no specialized employment programs, and need recovery coaches.</p> <p>The Champion Groups are prevention, provider and treatment (CGH), media and community relations, workforce development, technology and information systems (Randy and Ben) and recovery. We have found that CGH does not have</p>

	<p>representation in all committees in Whiteside County.</p> <p>Project Alto is a statewide effort through the Illinois Hospital Association specific to E.D. to prevent Opioid addicts. The Alto approach is a multi-modal non-opioid approach to analgesia for specific conditions. The goal is to utilize non-opioid approaches at first-line therapy and educate our patients that opioids will be second-line treatment, can be given as rescue medication, discuss realistic pain management goals and discuss addiction potential and side effects of opioids. Project Alto Protocols are Renal Colic (kidney stones), acute or chronic low back pain (opioid tolerant), extremity fracture/joint dislocation, chronic abdominal pain and opioid naïve musculoskeletal pain. Meds They use are Toradol, Lidocaine, Benadryl, Haldol and Ketamine.</p> <p>Population of Interest and Time:</p> <ul style="list-style-type: none"> <li>• ED patients receiving an opioid or an ALTO protocol</li> <li>• Adults age 18 years old to 100 years old</li> </ul> <p>Timeframe</p> <ul style="list-style-type: none"> <li>• Baseline data: three/six months of data collection prior to launch – Project Launch: January 2019, Baseline: October 2018 – December 2018 (3) OR June 2018 – December 2018 (6)</li> </ul> <p>Project Data: Nine months of data collection</p> <ul style="list-style-type: none"> <li>• January 2019 – September 2019 (9)</li> <li>• Data submissions must start on the first of selected month</li> <li>• Must contain full month of data.</li> <li>• Opioids administered per 1,000 emergency department visits</li> <li>• ALTOS administered per 1,000 emergency department visits</li> <li>• Morphine equivalent units (MEU) per 1,000 Emergency Department Visits.</li> </ul> <p>CGH has an opioid stewardship at the hospital. We are looking for different alternatives for pain control. Massage and aromatherapy have both been discussed. There is a procedure that works with PTSD that also helps with pain management. Six to seven employees of Sinnissippi will be trained in this process.</p> <p>Narcan is given for drug overdoses and it has been determined that you can give it to anyone that is not responsive you can give them Narcan and it won't hurt them if they did not overdose.</p> <p>A lot of barriers have broken down between the local agencies and all agencies are working together.</p>

Next Meeting Date	The next meeting date will be 9 July 2020 at 1800.
Adjournment	There being no further business, the meeting was adjourned at 17:10.

Cindy Zander  
Recording Secretary

John VanOsdol  
Chairman