

**MINUTES**  
**Cheshire County Commissioners Meeting**  
**Wednesday, March 02 2022**  
**County Hall Building**  
**12 Court Street, Keene, NH 03431**

**Conference Call Information**  
**Phone Call-in Number: +1 646 558 8656**  
**Meeting ID: 409 748 8803**  
**Pin #: 6031233**

**Present:** Commissioners Jack Wozmak, Robert Englund, and Terry Clark  
**Staff:** County Administrator Coates, Finance Director Trombly, Department of Corrections Superintendent Iosue, Maplewood Administrator Kindopp, and Assistant County Administrator Bouchard.  
**Guest(s):** John Stevens, NH Department of Safety, Lisa Benincasa, AT&T

At 8:30 AM, Commissioner Englund opened the meeting, and Administrator Coates conducted a roll-call with the Commissioners, Wozmak, Clark, and Englund, responding as "present."

Public Comment: None

At 8:32 AM, the Commissioners opened the floor for public comment and Department Head updates.

Master Agenda Item #964: FirstNet AT&T Presentation

**Action Expected: To receive information from the NH Department of Safety and AT&T on the statewide FirstNet Public Safety Communications Network.**

John Stevens was introduced and provided an overview of the FirstNet project in the State. He said he wants to clarify that he is not an advocate for either AT&T or FirstNet; he is a State advocate for the NH Public Safety network.

He said that the Southwest portion of the State needs more coverage and that AT&T would be able to supply test phones and equipment to understand what areas are covered and what areas need additional towers installed.

Benincasa was then introduced and outlined the AT&T program developed for FirstNet and spoke to the company's commitments to providing Statewide coverage. In addition, she outlined the network's capabilities. Finally, she discussed how the preemption portion of the network works to provide guaranteed service to Public Service users over standard commercial traffic served over the same towers.

She said that the Public Safety users are capable of monitoring the status of the network and can receive reports of all outages and other management data in case of a Countywide emergency.

An explanation of what Band 14 is and does was provided by Benincasa, and she covered the use of a push-to-talk app that is available for Public Safety users.

Stevens explained how the system acts as an extension of the Land Mobile Radio network that is used by Public Safety and said that where one technology may not work well in combination, the coverage is much more complete.

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A discussion of the use of an amplifying antenna began, and it was suggested that a hilly County like Cheshire would probably benefit from their use. (A follow-up discussion after this meeting revealed that the transmit and receive signals could be enhanced by as much as 20 miles using these devices).

It was decided that the County needs to explore the use of the system, and Bouchard will take the point of working with AT&T to gain the equipment necessary to begin testing the network.

The Commissioners thanked Stevens and the AT&T personnel for their presentation.

Master Agenda Item #965: Semi-Annual Report of the Maplewood Nursing Home was then taken up for discussion, and Kindopp reviewed the following report with the Commissioners.

**Maplewood Overview to Commissioner's**  
**Covering July-Dec FY 2021**

**Regulatory Requirements:**

Requirements continue to fluctuate relative to the pandemic. We endeavor to update protocols accordingly (despite competing or contradictory rules/guidance/recommendations at times).

**QAPI and PIPs:**

QAPI means Quality Assurance/Process Improvement (formerly known as CQI or Continuous Quality Improvement). PIP means Performance Improvement Practice and is intended that all staff at all levels of the organization be part of performance improvement and participate in PIP teams.

**Corporate Compliance:**

Review of compliance activities; Commissioner Englund participates in quarterly CQI/QAPI meetings – now done via phone. Commissioners completed the required annual study in October 2021.

**Facility Assessment:**

The Facility Assessment is an ongoing working binder that is updated as needed and reviewed/ revised annually; the following review is due November 2022. Chairman of the Board of Commissioners reviewed in Nov 2021 and cosigned this assessment with me.

**Accomplishments: (ongoing worldwide pandemic since March 2020)**

- Building project essentially done; minor punch list items ongoing with some outside projects deferred for MNH to manage separately from the building project.
- COVID; had 30 total staff reportable cases and 15 total resident reportable cases with three deaths. We were considered in outbreak status twice during this period. The Delta and Omicron variants were predominant and were more transmissible in these quarters.

(It was noted that in 2020, Maplewood was the only nursing home in the state with over 100 beds not to have experienced any deaths due to COVID-19)

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- CMS mandated open visitation; policies and practices were updated. In addition, several visitors alerted us to having been positive within 48 hours of visits enabling us to put additional measures in place.
- Booster clinic held in Oct; all residents within correct time frames vaccinated; some staff as well
- Difficult to find help with boosters in the last two months of the year; eventually, local public health could send a nurse with the vaccine to get the residents who were due after the Oct clinic date.
- Ongoing COVID-19 testing for staff and residents happened per ever-changing rules
- Mandatory daily and weekly reports to the Feds through NHSN. No missed reports or fines.
- Have four certified CDC reporters (missed mandatory reports will result in citations and penalties)
- Ongoing weekly family letters; also have to update all residents/proxies by 5 PM the next day with any new positive COVID-19 results in residents or staff, or three or more staff or residents within 72 hours with significant respiratory illness.
- Completed the second of 2 required disaster drills for the year
- Infection Prevention training completed for 3 MNH staff (must now always have at least one)
- Hired a new Activities Director; Michelle Robinson
- Annual HVA (Hazard Vulnerability Assessment) completed with team per regulation
- Able to allow entertainers indoors if fully vaccinated and they wear masks at all times
- DEW post-construction photo/mapping project completed
- Nursing loan repayment project completed for this year
- Hosted a modified resident carnival in August
- New minimum wage launched to county staff in September
- CMS announces mandatory staff vaccination, which was delayed by an injunction by ½ the states; proceeded with P&P development and meeting with impacted staff due to uncertainty of injunction.
- Youth engagement program participation by MNH therapies through Monadnock H-CWG
- Longevity BBQ held for staff
- Countywide food pantry initiated to support food-insecure staff
- Budget prepared by MNH DHs and then reviewed in fall with Commissioners
- Work with DHHS regarding transport contracts (3 MCOs plus DHHS, brokers + elected officials)
- Helped Beta test new DOS online CBC checks; eventually went into effect at the end of year
- Incentive bonus in place for part-time and full-time staff for eight weeks to encourage staff to get vaccinated and stay; a vaccination bonus paid to those who got vaccinated by mid- December
- 'All hands on deck' beginning in December due to staff loss over vaccine mandate and ongoing impacts of Delta variant coupled with the early impacts of the Omicron variant
- Bargaining with AFSCME for a new contract to begin in 2022
- Worked with Rob from IT to develop a system for when residents establish in-room phone lines
- Interviews including with Todd Bookman from NH Public Radio re: staff shortages/closing floor
- CCEA sponsored a special take-out holiday meal for MNH staff (congregate eating not safe yet)
- Working with RVCC to resume student nurse affiliations at MNH in the future

**Staff Turnover**

- 37 staff hired for MNH second half of 2021
- 42 staff left from MNH second half of 2021

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- Involuntary terminations continue to be primarily due to time and attendance issues or unacceptable job performance.
- Voluntary departures included: not agreeing with mandatory vaccination requirements, leaving to move (usually to a Southern state), or leaving for another job 'closer to home' is a frequent reason. Initially, we didn't get as many leaving for better pay after increasing our base wage, but later in the year, there were some again. There were also a few retirements.

**Grievances/concerns**

- There were no grievances for Administrator's level review during this time period.
- There were four suggestions to review and post during this period.
- Staffing shortages: we are not unique to the region, the state, or the country in the growing challenge of recruitment and retention of any/all employees. We have positions open with a few applicants in; housekeeping, dietary, and all nursing positions. Additionally, we are struggling more and more with getting commitments from traveling nurses/LNAs to come to MNH. In November, Commissioners were alerted that we could no longer sustain staffing for all three floors. In December, we closed the 3<sup>rd</sup> floor and amalgamated the residents and staff to the remaining two floors. This alleviates some pressure from dietary, housekeeping, and nursing at this time. We continue our cleaning contract with Coll's cleaning for ground and first.
- Unable to hold an LNA class this reporting period; insufficient potential participants.
- Most LTC facilities in NH are struggling to admit due to staffing; hospitals also struggled to find homes to discharge appropriate residents to all, while the Omicron variant stressed our healthcare system more than anything I've experienced in 27 years at MNH.

**Admissions/discharges**

- Admission/discharges during these six months:
  - 11 admissions
  - 4 Discharges (home or lesser care level facility)
  - 18 Deaths (3 with COVID)
- CMS continues to require us to set aside beds for COVID-19. We have one wing of a renovated space with zip walls and necessary items.

**Medicaid**

- Rate during **Q3+4 FY202**= \$201.47

**Revenue/Census goals** (revenues are rounded off – see finance statements for actual figures)

- 2021 set a goal of 125 census due to renovation and COVID-19. With staffing realities, we are struggling to support even 100, and as feared in the last report, we had to close a whole floor. The current max is 100-104. Census for this time frame = 100 average
- 2021 overall part A goal set at six residents; actual period ending = 2
  - part A gross revenue goal set for 629K; actual = just over 159K
- Medicaid revenues set 2.9M for 6 month reporting; actual = 2.6M
- Private pay goal set at 746K for 6-month reporting; actual = 705K

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- Atypical pay goal set 848K for 6-month reporting; actual = 610K

**Meetings Review**

- QAPI meetings; mandatory quarterlies completed including Corporate Compliance, additional monthly meetings continue for Infection Control and CQI
- Ongoing meetings: Continued bi-monthly DH meetings due to the pandemic and frequent directive/policy/rule changes. Weekly Medicare meetings, Resident care plan meetings have all moved to as large a room as we can offer to ensure 6-foot spacing.
- Medical Staff meetings are generally every 2 – 3 months
- Attended the virtual NHAC conference
- KK's meetings continued primarily via Zoom platforms.
  - Weekly NHAC NHA meetings; participated in some monthly NHAC Executive meetings
  - Biweekly NHHCA board meetings; current secretary
  - Build/reno meetings wound down and ended during this reporting period
  - KK and Sheryl hosted a zoom meeting between social services and finance dept staff; some personnel changes and good opportunity to introduce teams and review mutual needs
  - Monthly Monadnock Regional Healthcare Workforce Group about the ongoing worker shortage
  - Annual benefits meetings via zoom again this year

Extended discussions on staffing and staff development ensued, and the number of training and development programs occurring in the County was covered.

The Commissioners thanked Kindopp for her very complete report and the excellent work that she and her staff have accomplished over the past two years during the pandemic.

Administrator Coates was then recognized for the Weekly Operations Report, and he presented the following information received from the Cheshire Medical Center for last week.

Coates said that he testified at the State meeting on Opiate Trust funds, and an increase from 15% to 30% for Counties could be in the offing. He presented a detailed report to the committee and said another meeting is scheduled this week.

Commissioner Clark was asked to update the status of the Community Power Coalition of NH. He provided an overview and said that CPCNH should be fully functional by next Spring 2023.

Coates then handed out a draft of a Press Release for the new EMS department for the Commissioners to review.

Coates said that he signed the grant submission for the Supervised Visitation Center project, and it will be submitted in a day or so. In response to a question from the Commissioners, he said that once it is determined that we qualify for the grant, a committee will begin a search for an appropriate location.

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He then provided the following update from Cheshire Medical Center on COVID-19.

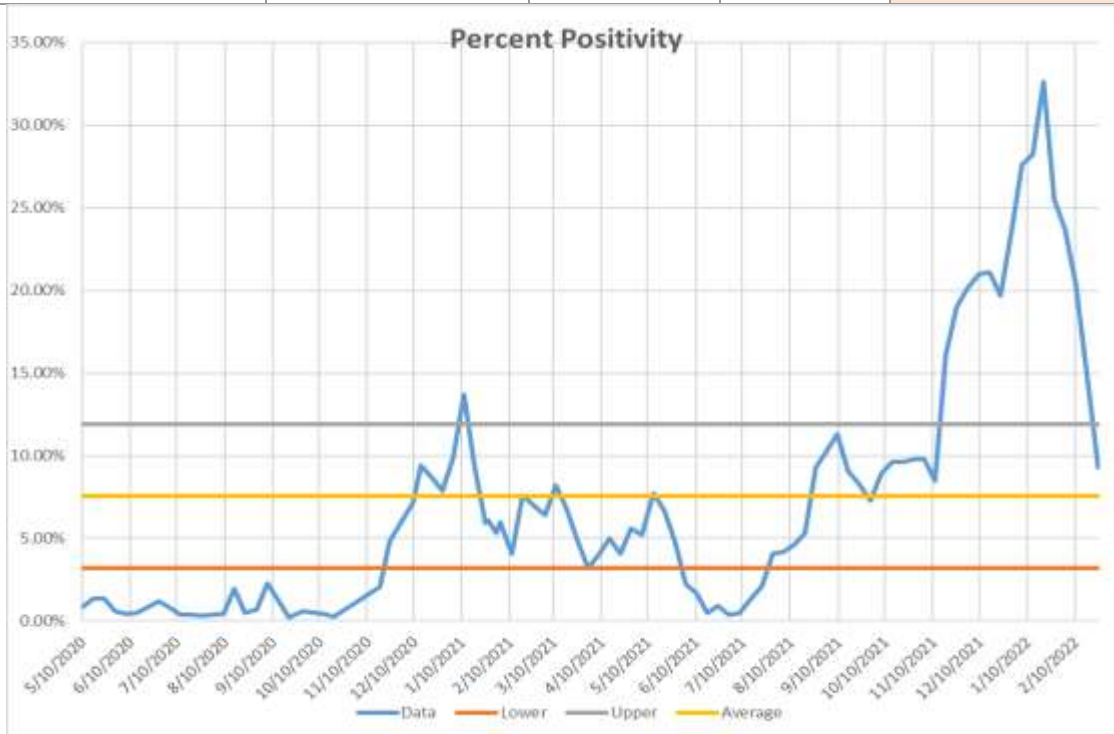
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**IP Update Week of 2/28/22**

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**Total Tests Collected / Percent Positive:** (per eDH)

	<b>Detected</b>	<b>Not Detected</b>	<b>Grand Total</b>	<b>% Detected</b>
<b>1/28/2022 – 2/3/2022</b>	204	657	861	23.7%
<b>2/4/2022 – 2/10/2022</b>	103	401	504	20.4%
<b>2/11/2022 – 2/17/2022</b>	73	427	500	14.6%
<b>2/18/2022 – 2/24/2022</b>	37	361	398	9.3%
<b>Grand Totals since JAN2021</b>	<b>5,398</b>	<b>38,693</b>	<b>44,091</b>	<b>12.2%</b>

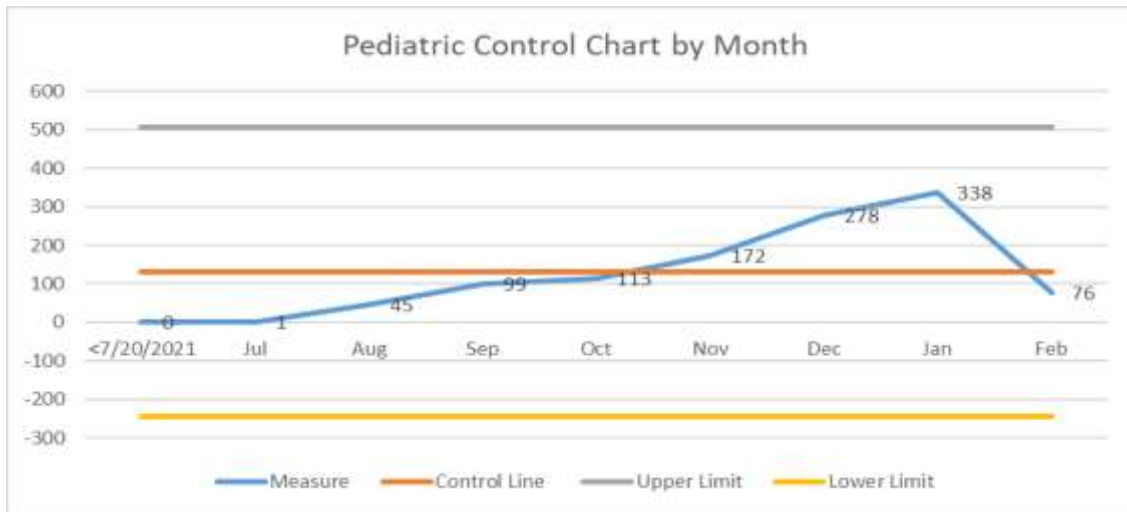


**Symptomatic vs. Asymptomatic Tests Collected** – 17% asymptomatic, 10% symptomatic, and 74% unknown for 2/18/2022 – 2/24/2022.

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**Pediatric Control Chart:**



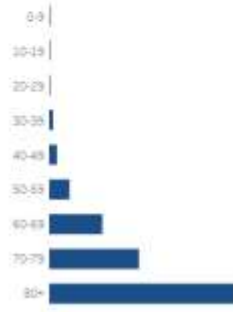
**State Data for Cheshire County:** As of 2/25/22, Cheshire County's percent positive is 7.2%, with 342 new cases per 100k over the last 14 days. See the State overview

New Hampshire announced 529 cases for February 25. There were an average of 290 cases per day over the most recent 7-day period (February 19 to February 25). This is a 27% decrease compared to the previous 7-day period.

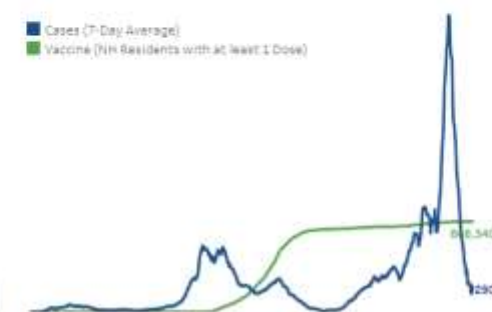


	<b>297,729</b> Total Cases <b>2,130</b> Active Cases		<b>56.3%</b> Fully Vaccinated <b>63.0%</b> At Least 1 Dose		<b>6.0%</b> 7-Day Test Positivity <b>5,405</b> Avg. Daily Tests		<b>92</b> Current Hosp. <b>2,373</b> Total Deaths
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Total Deaths by Age



New Cases and Vaccine Trend



New Cases per 100k over 14 days

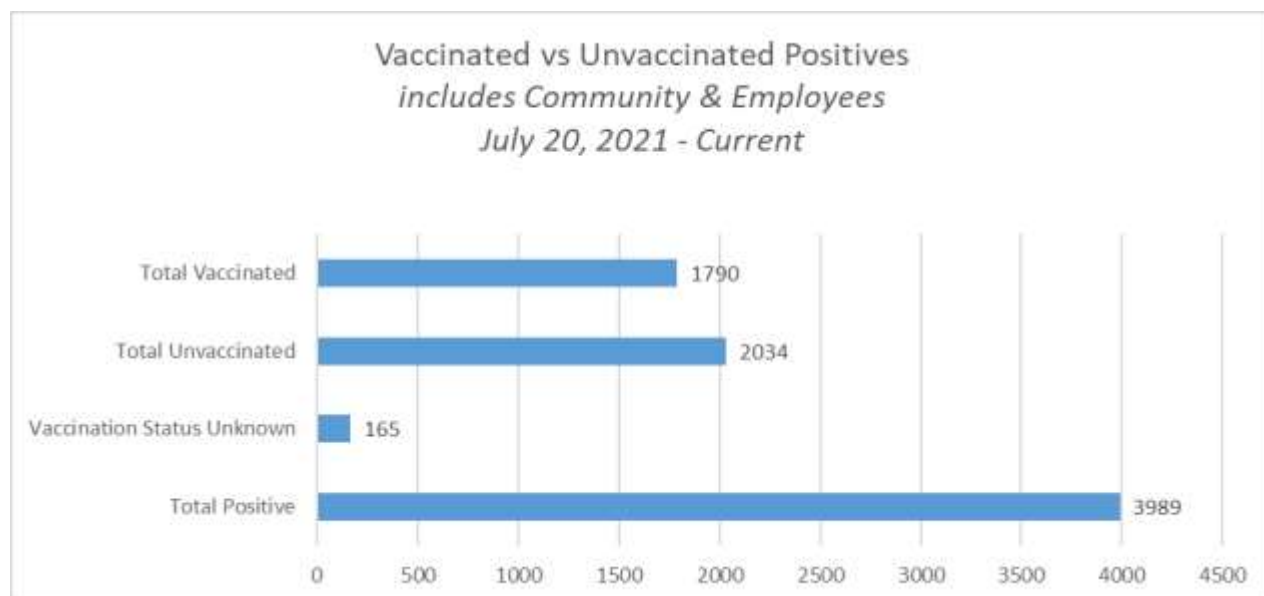


below: Data as of: 2/25/2022

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**Positives Compared to Vaccination Status** (as of 1/1/22 this data includes community positives and employee positives only. Historic inpatients will remain.) **44.87% vaccinated / 50.99% unvaccinated / 4.14% unknown**



**Inpatients** (7 day average, age range, and vaccination status) **36.53% vaccinated / 54.49% unvaccinated / 8.36% unknown**

2/11/22 – 2/17/22: total of **41** active COVID patients over 7 days, an average of **5.8** patients per day. This week we had **9** newly admitted, with ages ranging from **30-39, 50-49, 60-69, and 80+**; **4** of which were fully vaccinated, **3** were not vaccinated, and **2** had an unknown vaccination status.

Of the 9 newly admitted:

- Confirmed and admitted due to COVID – 5 (1 vaccinated, 3 unvaccinated, 1 unknown)
- Confirmed asymptomatic and admitted due to other etiology – 4 (3 vaccinated, unvaccinated, 1 unknown)

2/18/22 – 2/24/22: total of **47** active COVID patients over 7 days, an average of **0** patients per day. This week we had **4** newly admitted, with ages ranging from **40-49, 50-59, and 80+**; **1** of which were fully vaccinated, **2** were not vaccinated, and **1** had an unknown vaccination status.

Of the 4 newly admitted:

- Confirmed and admitted due to COVID – 3 (1 vaccinated, 1 unvaccinated, 1 unknown)



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- Confirmed asymptomatic and admitted due to other etiology – 1 (0 vaccinated, 1 unvaccinated, 0 unknown)

Coates said that he had contacted the State Pension committee to discuss the divestment of any Russian investment assets. He said that he learned that there is currently \$10M invested, and removing the investment is being explored.

Coates then said that some County distribution of the American Rescue Plan Act (APRA) for small business funding decisions is pending. More decisions will be made when the second tranche of monies is received.

Coates said he was invited to attend a call preparing for the State of the Union address. In addition, he and other attendees highlighted some issues concerning Medicaid and nursing homes that the President was scheduled to discuss in the State of the Union address.

Coates then said that Drug Court is looking to contract with the Doorway organization for services. A contract is being prepared for review. It is anticipated that there may be some savings by contracting out the services.

He then said that Congresswoman Kuster's office had hired Davis Bernstein, but he will remain part-time at the County until some projects are completed. Bernstein was congratulated on his new position and said that everything he learned interning at the County enabled him to qualify for the job. He looked forward to working with and for County in the future.

Old Business: None

New Business: None

**Consent Agenda: Minutes of 02/23/2022 and Manifests for the week. Commissioner Clark moved the consent agenda and was seconded by Commissioner Englund. Upon roll call vote, the motion passed unanimously.**

**At 10:48 AM, the Commissioners voted to enter a non-meeting to discuss Union matters.**

**At 10:52 AM, the Commissioners voted unanimously to return to the public session.**

**At 10:52 AM Pursuant to RSA 91-A:3, II(d), Commissioner Wozmak moved to enter non-public session for the consideration of the acquisition, sale, or lease of real or personal property which, if discussed in public, would likely benefit a party or parties whose interests are adverse to those of the general community.**

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**Commissioner Clark seconded the motion, and upon roll call vote, the motion passed unanimously.**

**At 11:50 AM, the Commissioners voted to return to a public session upon roll call.**

Master Agenda Item #966: Sole source of EMS Equipment was then taken up for discussion and review.

Commissioner Wozmak provided the following equipment acquisition sheet to the other Commissioners and spoke to the additional radios and other medical equipment procurement.

**Public Safety Radios**

It was discussed that Motorola communications equipment is the regional, sole source standard and consistent with the existing communications equipment for the County. Motorola is also a listed entity on the State Bidding list. The motion put forward is to waive the competitive bidding requirement for EMS-related radio equipment.

**Vehicles**

Quantity:	6 Wheeled Coach Ambulances	
Model:	(1) Type 1 1170 F-550 4X4	\$375,000.00
	(1) Type 1148 4X4	\$269,213.00
	(1) Type 3 1148	\$201,201.00
	(1) Type 2 Transit MR	\$180,476.00
	(2) Type 2 Transit HR	<u>\$192,149.00 (ea.)</u>
Total Price:		\$1,410,188.00

Wozmak then reported that he has spent the past eight months evaluating the new and used ambulance market with mixed results. His search was initiated due to the impending regional EMS crisis. However, due to supply issues, fresh orders for new ambulances are being timelined for delivery up to 15 months from the time of order placement which is unacceptable for the County's response to the EMS service issues.

Due to this extended delivery time, Wozmak searched for used ambulances from Maine to Colorado, trying to find suitable vehicles that could be acquired. He learned that with the supply issue regarding new ambulances, the used ambulance market had been negatively affected as agencies held on to older units due to the inability to purchase new vehicles.

The strategy was then altered to identify available units and secure them as quickly as possible so that opportunities would not be lost through the normal competitive bidding process. After multiple

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conversations with three vendors, Wozmak recommends the immediate purchase of an available (used) ambulance from a Maine distributor with delivery in April at the cost of \$25,000.

Wozmak said that he also met with another distributor from North Attleboro who was willing to sell their entire six ambulance demo allotment equipped with the necessary equipment such as power stretchers and other required equipment (equipment required by state regulation) in accordance with the contract proposal presented at today's meeting with the Commissioners for a total of \$1,410,188.

He stated that the unit cost of the selected vehicles was the least expensive standard. More importantly, he had a shorter delivery timeline such that at least half of the units could be delivered around April or May, based on the current production schedule. Time being of the essence, Wozmak requested a Motion to waive further competitive bidding due to the general timeline and availability of vehicles recognizing his 8-months work to secure any vehicles in a timely fashion.

Further, the cash financing and price hold of 9% saved the County \$141,900 of additional expenses that would be incurred by delaying the contract. In addition, Wozmak requested a Motion to waive any further competitive bidding due to market conditions, limited vendors (all three of whom have been contacted over the past eight months), and time being of the essence.

Finally, Wozmak recommended that we waive competitive bidding for one (used) wheelchair van, opting to utilize a current county vendor for the same (as a result of an earlier competitive bidding process) on the basis that the supply of such vehicles, new or used, is dramatically tight and said that time is of the essence to secure this (last) available vehicle.

Wozmak stated that he had received a quote for two other vehicles but that those vehicles had been sold before the County could act. Given that a wheelchair van is essential to county operations, Wozmak recommended we purchase this van as quickly as possible. Wozmak requested a Motion to waive the competitive bidding due to the abovementioned circumstances.

**Cardiac Equipment**

Wozmak then also requested consideration to waive competitive bidding for cardiac monitors to align with regional equipment standards for such equipment to maintain consistency of equipment in the regional ambulances. Although not all cardiac monitors have been purchased yet, each ambulance will have a Zoll cardiac monitor for a total cost of approximately \$125,000.

**Following an extended discussion and review, Commissioner Englund moved the following motions;**

**To waive competitive bidding on Motorola Radios, the acquisition of the ambulances and wheelchair van, and the cardiac monitors for the many reasons stated and discussed above.**

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**Commissioner Clark seconded the motion to authorize the purchases, and upon roll call vote, the motion passed unanimously.**

General Discussion:

**12:08 PM, there being no further public business to conduct, Commissioner Englund moved to adjourn the meeting and was seconded by Commissioner Clark. Upon roll call vote, the motion passed unanimously.**

Recorded and edited by:  
R. Bouchard  
Assistant County Administrator

Reviewed and submitted by:  
Terry Clark  
Clerk, Board of Commissioners