

**Cade Budak** [00:00:00] Okay, we're recording. Today is – let's see here, August 6th. My name is Cade Budak. I am interviewing Jeanine Gentry. Let's see here. This interview is being conducted as part of a project organized by the National Humanities Center in conjunction with the University of Washington. Our goal is to collect, preserve and share the stories and experiences of health care workers during the COVID-19 pandemic. So, can you tell me a little bit about yourself and what you do professionally?

**Jeanine Gentry** [00:00:39] Well, I am the CEO [Chief Executive Officer] of Steele Memorial Medical Center right now. I started my career in Human Resources and I worked in manufacturing for about 12 years. And then, I moved to a remote little town in Montana and got involved in their hospital there. And that's how I got into health care and I loved health care stuff. And I've been working now in hospitals for 25 years.

**Cade Budak** [00:01:20] Oh, awesome. That's cool. So, let's see here. Can you walk me through a typical day for work for you – kind of what goes on here?

**Jeanine Gentry** [00:01:36] Well, a lot of my time is spent meeting with providers and with other leaders in the organization to help them with problems that they have. I do a lot of helping with problem solving or with conflict resolution. Just, you know – I see my role as a support to everybody else that reports to me. And I'm here to get them the tools and equipment and resources that they need so they can do their jobs, because they won't let me take care of patients, because I'm not a doctor. So, I've got to make sure that the doctors and the MPs [Medical Providers] and the PAs [Physicians Assistants] and the nurses and everybody else can take care of the patients. I mean, I think I could do a Lap Chole [Laparoscopic Cholecystectomy] because I watched one on YouTube, but I'm really not allowed to do that. So, I'm going to help them get the resources they need. And so, a lot of times during the day, I will go around and see people where they're working and see if there's anything I can do for them. And then a lot of my time I spend in here in meetings with people saying, Okay, here's this problem. How are we going to solve this?

**Cade Budak** [00:03:02] Okay, awesome. One thing I forgot to mention – before you answer your question, if you can repeat the question – if that's okay. I totally forgot to say that. Okay. Let's see here. So, during COVID, what was a typical day at work like for you?

**Jeanine Gentry** [00:03:22] Well, as soon as the state of emergency was announced, we went into what we call incident command mode. And most hospitals did this. And so, we gathered first thing – 8:30 every morning. Rather than doing our daily huddle that we do every morning, we were together for incident command huddle, and it was most of the departments – either their manager or a person from the department, would get together in our command center, which was over in the conference room, and we would gather information from everybody. How many people are out? Do we have any cases? Do you have extra people that we could use elsewhere for different things and doing some quick problem solving? So, we spent about a half an hour a day doing that. And then, from that meeting, we would identify issues that those of us in administration needed to get together and solve and figure

out, How are we going to pay for this? Or what are we going to do to fix this? So, that's what a typical day looked like for me during COVID – we were very much in problem-solving mode all day.

**Cade Budak** [00:04:54] Oh, that's cool. I like that kind of structure – kind of like a mass casualty incident.

**Jeanine Gentry** [00:05:00] Yes. It is very much the same structure. And in fact, good organizations, health care organizations, they learn how to use that incident command structure as a resource for anything. A few years ago, before I came here – in Oregon, I helped build a new hospital, a replacement hospital. So, I was CEO over two critical access hospitals. And one of them was very old – kind of like the one they had here in Salmon before we built this. And so, I got the privilege of building this new hospital and then organizing the move of patients and staff and everything from one hospital to the other hospital. And we utilized incident command for that big project to ensure that it was done correctly and that nothing dropped through the cracks and that when there were problems that we identified, that we were able to solve it and get the right resources for it. And when I've brought up new computer systems at places, I've used incident command for that. So, it's not always for mass casualty, it is often for – used in health care for a way to organize resources.

**Cade Budak** [00:06:30] Oh, that's awesome. Yeah, I didn't know hospitals used that.

**Jeanine Gentry** [00:06:33] Oh, all the time.

**Cade Budak** [00:06:36] That's great. Let's see here. Well, I guess this question kind of follows along the same lines, so we'll skip to the next one. Did your relationships with coworkers in your health care system change as a result of COVID? If so, how?

**Jeanine Gentry** [00:06:55] Did my relationship change with coworkers? Well, one of the things that we learned very quickly was that we were going to have to be on coordination calls with different hospitals in the region and the state, frequently. And so, I – my role became an external liaison kind of role. I usually took the external calls and went on those to communicate with our region. And Lisa, our CNO [Chief Nursing Officer], handled more of the internal coordination stuff. So, I – probably daily, for a long time – talked with my counterparts in other hospitals all around this region. And since we're right on the edge of Montana and Idaho and we transfer patients both directions, I had to do two state calls, Montana and Idaho. And for a period of time it was daily, if not a couple of times a day, that I'd have to be calling EIRMC [Eastern Idaho Regional Medical Center] in Idaho Falls and saying, How are you doing bed capacity wise? And finding places for people to go was one of the roles that I did. So, I talked with my peers much more during COVID than I ever had. And when – one thing that I'll say that was a good result in many ways, is that people – now this didn't really apply to us, but I watched people in other towns that were arch enemies before COVID – they had to talk to each other and coordinate with each other.

**Cade Budak** [00:08:56] Oh, interesting. Yeah.

**Jeanine Gentry** [00:08:58] So, most of the larger cities where we would transfer patients have two large hospitals that fight each other all the time. But COVID did away with the fight. We were out of fight mode for quite a while, because they had to both work together on who has capacity. What do you have? What I'm out of – you know, these kind of test kits, do you have any? I can pay you back when we get ours. And it was very much more a cooperative thing. For me, personally, I talked with other small hospital CEOs often and they – I would be begging for test kits. The first few months, we had very few capabilities of testing people. And fortunately, it really didn't come to Salmon and hit here very much for the first few months of COVID. It wasn't until June where we really started seeing some patients and we had our first little blip in July of cases. Then it went away pretty much, and we hardly had any. And then the fall came and we were in disaster mode.

**Cade Budak** [00:10:21] Oh, really? Wow.

**Jeanine Gentry** [00:10:21] Yeah, it was – until October when we really got bad. And that's when, you know, I was begging for help from anywhere that we could get. And travelers and, you know, trying to recruit people and all of that. It was a mess, because at one point, close to 40% of our workforce was out with COVID. They were either in quarantine or home sick. And we still had to take care of a very full hospital of patients.

**Cade Budak** [00:10:59] Wow.

**Jeanine Gentry** [00:11:00] So, it was all hands on deck. Do anything you can to help. All of us did time screening patients and helping move supplies. And my major role was begging for resources from other places.

**Cade Budak** [00:11:18] And so, just for the video purpose or whatever – how many ICU [Intensive Care Unit] beds does this hospital have?

**Jeanine Gentry** [00:11:26] We don't have any ICU beds.

**Cade Budak** [00:11:26] How many ICU beds and how many hospital beds? I think I read 18?

**Jeanine Gentry** [00:11:31] Yeah, we're an 18-bed hospital, but two of those are LDRP [Labor, Delivery, Recovery and Postpartum] rooms.

**Cade Budak** [00:11:37] Okay.

**Jeanine Gentry** [00:11:38] So, that means – and most of our other rooms are double occupancy.

**Cade Budak** [00:11:44] Okay.

**Jeanine Gentry** [00:11:44] So, even though we have 18 beds, really, we hit capacity at about ten or 11 patients, because when they're sick, they've got to be in isolation.

**Cade Budak** [00:11:56] Negative pressure rooms, etc.?

**Jeanine Gentry** [00:11:57] Yes. And we had one room that was negative airflow and it had no antechamber to don and doff correctly. So, what we did was – we switched the airflow of all the rooms on the floor to be negative airflow.

**Cade Budak** [00:12:19] Oh, that's awesome.

**Jeanine Gentry** [00:12:21] Every single one of them, so that we could use any of them for COVID patients that needed to be isolated. And then, we got – we found these antechambers that were – it looked kind of like tents that go around the doorway and –

**Cade Budak** [00:12:40] Oh, is that what's in the E.R. [Emergency Room]?

**Jeanine Gentry** [00:12:41] Yes, we have those in the E.R. too. We have one for every room now, so that you can go into there and gown up appropriately, go into the room and then come out and not contaminate everybody in the hallway. You have to take it off in that antechamber little thing. And that's part of a – a good, well-designed negative air pressure room would have that antechamber built into it. But this hospital wasn't built that way, so –

**Cade Budak** [00:13:14] Oh, definitely. I think many, many hospitals had that thought, We're going to try to make as much as possible an anteroom and then –

**Jeanine Gentry** [00:13:23] Yeah, or a whole wing. So, as we got, you know, into October, we actually blocked off half of the patient, the inpatient wing, so that you just had one entry into that wing to don and doff. And then you were safe within that wing. So, we sort of had a nurse – a sub nurse's station in that COVID wing, if you will. I mean, we only have one wing for inpatient. And it never really occurred to us that there might be a COVID positive O.B. [Obstetrics] mom, you know – until last week, we had one.

**Cade Budak** [00:14:04] Oh, wow.

**Jeanine Gentry** [00:14:05] And now, we're trying to switch the airflow in those rooms, too.

**Cade Budak** [00:14:10] Oh, I gotcha.

**Jeanine Gentry** [00:14:11] Yeah. And get antechamber kind of things set up for O.B., because we just didn't think about that at the time. We were in a disaster mode last year.

**Cade Budak** [00:14:24] Yeah, let's see here. Good question, while we're on that topic, I just got to find it here – sorry, I have a whole bunch of questions. It was a good follow up question, but I'm sure we'll get to it. you have great answers, thank you so much. Do you have any stories or moments you've shared with patients that

have been meaningful to you during the pandemic? Obviously, excluding any HIPAA [Health Insurance Portability and Accountability Act] information.

**Jeanine Gentry** [00:15:20] So, because I'm not a clinical person, really – I mean, technically I don't have an R.N. [Registered Nurse] license or anything. Usually when we are in any kind of disaster, my major role and contribution that I can do – besides external communications and liaison to the outside world – is kind of providing TLC [tender loving care] for the patients and their family members, especially. So, for instance, we had a very bad accident last year during COVID. Nothing to do with COVID – four teenagers in a little Toyota pickup truck going 70 on a dirt road rolled, and none of them had seatbelts on. And so, they all came into the E.R. [Emergency Room] in pretty bad shape. And one of them didn't make it. And I'm the person that usually – because the doctors are trying to save lives – and it was every single one of our doctors that was in town who was there helping.

**Cade Budak** [00:16:37] Oh, that's awesome that they all came to help.

**Jeanine Gentry** [00:16:37] Yeah, it is awesome. I mean, you know, that's what I love about rural is – when something happens, everybody pitches in and you don't even have to ask, really. But I was the one that, you know, went and talked to the parents and the family members that are there and tried to do my version of crowd control. Because when it's teenagers, everybody in the whole high school wants to show up and show their support of the kids.

**Cade Budak** [00:17:10] Oh, I see. Okay.

**Jeanine Gentry** [00:17:13] But during COVID, we didn't have fatalities here in town until October, November – we lost a city councilman, who was dear to all of our hearts. And then, we had a patient that had been very ill, had gone to an ICU elsewhere, had been sent back on a swing bed, which is sort of a – instead of going to a scaled nursing facility, we take them here in a critical access hospital. We can bring them back for a few weeks to finish up their recovery. And he wasn't on a vent anymore, and he was in good enough shape to come back here for his care. Well, he was doing so good that he was going to go home this particular day. And the doctor that was the hospitalist wanted to have one more X-ray. And this gentleman was the husband of a friend of mine, and they run a Bed-and-Breakfast lodge here. Dear friends. And while he was – they got him on the CT [Computed Tomography] table and he coded. And they couldn't bring him back.

**Cade Budak** [00:18:38] Oh, no. And he was about ready to go home?

**Jeanine Gentry** [00:18:41] And he was ready to discharge. So, his wife – and his daughter, who works in our lab – were both in the ER, while they worked on him, and they didn't know how to – Doctor Crawford kept saying, I don't think it's – it's been too long. And she didn't really understand that he's not going to be able to resuscitate. And you need to call it. You need to give permission, because she was right there, you know, saying, Keep working on him, keep working on him. And so, when I got in there with her, I said, You need to let him go. You know, and I can say things like that, because I'm the touchy feely person and I'm not a doctor telling her.

I'm her friend at that point. And so, she did. And we had a real good cry together, and I helped her with getting home and getting her daughter off work. And, you know, Don't worry about anything. And then, I had to come back and – from getting them home, I came back and had to talk with the doctor on the floor, who was going to discharge him, who thought he was fine. And it shook the confidence so much – of, What just happened? I had a patient that I was discharging. I thought he was fine. And he – he had a stroke. And this was before our primary care hospitalists had really heard about or read much about the ongoing vascular issues with COVID. It really upset the staff, the nurses, the doctor, all of them. And I called up our cardiologist group who comes here a couple times a month to see patients, and they said, Oh, yeah, we're seeing deaths happen all over, because we'd had another patient that we had sent to a long term care facility in great shape. And then, all of a sudden, he had a heart attack and died. And so, the cardiologists were able to say, It wasn't your fault, there wasn't anything that you did wrong, and here's some protocols to follow in the future. And, This is why it happened, you know, physiologically. And that kind of collegial support was not something that we usually had to worry about. We didn't know that COVID did that to people until this all went down. And it was very helpful that we had specialists from out of the area, because we don't have a cardiologist here. But they were able to come alongside our doctors and give them advice and give them comfort in explanations of what those processes are and give them some guidelines for prescribing, you know, Coumadin or something for patients, even though they may not have the normal need for Coumadin.

**Cade Budak** [00:22:10] Okay.

**Jeanine Gentry** [00:22:11] So, that was very interesting and it was very heart wrenching. And when there's heart wrenching stuff, that's where I come in a lot of times.

**Cade Budak** [00:22:21] Oh, yeah, definitely.

**Jeanine Gentry** [00:22:22] Just TLC stuff, you know?

**Cade Budak** [00:22:24] Yeah. So, let's see here – this being such a small community, when the certain deaths happened, like the council member, or this all of a sudden –

**Jeanine Gentry** [00:22:40] Everybody knows them.

**Cade Budak** [00:22:41] Right. It's so small. How did that affect the community's attitude towards COVID?

**Jeanine Gentry** [00:22:50] I think the community's attitude changed a lot. Once we had several deaths they heard about, it was like, Oh, this is actually a serious disease. Because our community tends to be very right wing and, You can't tell us to wear masks – You know, don't tell me I have to do something. And – unfortunately, this medical issue has become a political issue in our country. And in this community, it was very much a political issue. They were in denial about how serious

it was until some people they knew died. And I saw a lot more mask wearing then. And even though we were already on mandatory masking, you know, and – because of the number of cases that had come up, it really shook people up when somebody died.

**Cade Budak** [00:23:53] Oh, wow.

**Jeanine Gentry** [00:23:54] Yeah.

**Cade Budak** [00:23:56] Well, thank you for sharing. Yeah, that's all. Very, very emotional stuff.

**Jeanine Gentry** [00:24:03] Yes, it is.

**Cade Budak** [00:24:06] Let's see here. Can you tell us about the things that – I guess maybe this – and you answered this question a little bit earlier, but can you tell us about the things that frightened and unsettled you during the pandemic?

**Jeanine Gentry** [00:24:28] Well, the first thing was the kids not being able to go to school. So, I have triplets.

**Cade Budak** [00:24:35] Oh, you have kids?

**Jeanine Gentry** [00:24:36] Yeah, and I'm divorced. And my triplets were going through their senior year trying to graduate, and all of a sudden, they can't go to school. So, I'm not only juggling a pandemic at work, but I'm juggling three seniors trying to graduate at home. And many of their friends had parents that were just not able to help them with their homework. And our teachers here did not have things set up for distance learning. They – it was very outside their comfort zone of what they were supposed to do. So, the instructions that they gave the kids and the support they gave the kids was just not that great, because – it's not their fault either. It just was making it up as they go, you know? And so, I would spend all day here trying to find resources in test kits and PPE [Personal Protective Equipment] and whatever. And then, I would go home and into the late evening helping kids, a lot of kids with their homework. And, so that all of them could graduate, because they, you know – it's not just my three, but their friends, their boyfriends and girlfriends and everybody needed tutoring. And they were all supposed to be quarantined at home. But my home became the high school tutoring shop, you know, for quite a few kids. And I did the best that I could to talk to them about COVID and washing your hands and everything. But I knew there were no cases yet in our county. And so, I took that risk and helped them. So, they all graduated.

**Cade Budak** [00:26:36] Oh, wow. Well, that's good they all graduated. That sounds very hard.

**Jeanine Gentry** [00:26:41] And it was – that was hard for me, personally.

**Cade Budak** [00:26:44] Oh, I bet.

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**Jeanine Gentry** [00:26:45] And there were other people here. You know, we're trying to manage a disaster with hardly any people. We just – we don't have a lot of depth. And I don't have an infection control specialist, you know? We are it. And so, we just were doing the best we could and then go home and do homework. And so, that was hard. And we were very happy. I was extremely worried about – what if in the fall, they don't let the kids go back to school? I've got so many people that work here that have kids in school that are telling me, I'm just going to have to quit if they don't let the kids go back to school, because I just can't handle it. And daycare costs and kids being unsupervised and whatever. So, I was very worried for a while about – we're going to lose our workforce because of this. I had a few people that, right away, as soon as in March, that had to quit because they had four or five kids at home. All of a sudden they were having to homeschool and they couldn't come to work and they were in, you know, nursing positions. So, that was hard for us. So, we started talking about, What can we do for daycare so that our workers can come to work? What can we do for school and helping during the school day so that our workers can come to work? that was a big worry for quite a while. And we had – we have a donor, and this is a really interesting part of our COVID story. The beginning of February, I was contacted by a very wealthy gentleman – extremely wealthy, who did a lot of business in China. He owned a well-known company, but he vacationed up here and he had been in our hospital once before in the E.R. and he said. Jeannie, I'm going to give you \$100,000, and I want you to immediately start buying PPE for your staff, because this thing that you're hearing about that nobody thinks is a big deal yet, it is a big deal. And you're going to need the stuff in it. There's going to be a shortage. And we were like, Thank you so much. So, I got all my directors together, department directors, and said, Okay, we were given this money. Suppose we have a pandemic, a really big infectious disease event. What do you need? Well, we don't have any [inaudible] now. We don't have this. And so, we made a list and we spent \$100,000, quickly, before everybody else was rushing the market. And then, right about when it started toward the end of February, 1st of March, and our CFO [Chief Financial Officer] heard on the radio one day that Harbor Freight, the tool store, was going to donate some pallets of PPE, face masks and gloves and things that they would have in their supplies. So, he called and he got the store up in Missoula before anybody else did. He drove up there with this truck and and a trailer and got two pallets worth of PPE and donated them.

**Cade Budak** [00:30:25] Yeah.

**Jeanine Gentry** [00:30:26] So, we had enough PPE here to supply the schools, the law enforcement, you know, anybody that needed PPE, Fish and Wildlife. I mean, a lot of offices were closed and people went home to work. But anybody that needed PPE, we had enough that we could kind of supply this town.

**Cade Budak** [00:30:54] Oh, that's awesome.

**Jeanine Gentry** [00:30:55] Yeah, it's really cool. You know, we don't exist in a vacuum. And especially in a rural community like this, a small place. It affects everybody and they look to us for leadership. And you don't – for example, our EMS [Emergency Medical Services], our ambulance crew is volunteer, mainly. They get paid a little bit of money for being on that crew, but it's mostly volunteers. So, they

were having trouble getting PPE. So, we were able to supply them, because they're part of the health care system. And in fact, that's one of the things I always like. And I want to stay in rural health care, because we're more of the health care system in a community than anywhere else, you know?

**Cade Budak** [00:31:43] Where you could affect the school or other places or – we have to hoard this.

**Jeanine Gentry** [00:31:49] Yes.

**Cade Budak** [00:31:49] Because we can – we can help. Yeah.

**Jeanine Gentry** [00:31:53] So, everybody's in a tizzy in the whole city, you know? Once we were in emergency, in the middle of March – so, I started weekly – well, I guess for a while it was twice a week, but weekly, you know, community incident command meetings. And we just did a conference call once a week and went to every – we had the county commissioner there and the city council people and the sheriff's department and the police department and the county health district people. And, you know, the long term care facility, the assisted living, the school district, and, you know, anybody that did anything that was interrelated – and we'd have about 40 to 50 people on this call. And it was really good – the dentist's offices, you know, things that you don't always think of, they all wanted to know information and they wanted to coordinate with each other. And so, in incident command structure, a community unified [inaudible] led by the sheriff. But our sheriff said, Jeanie, this is a pandemic, so you have to lead this. I don't want to and I don't know what you're talking about. So, I just – and besides, we knew how to set up Zoom calls if we needed to.

**Cade Budak** [00:33:25] Oh awesome. Yeah, for sure.

**Jeanine Gentry** [00:33:28] So, I just led those every week through the pandemic almost for a year. And we finally – after things calmed down in December, we had no cases for months. And so, we cut those calls off at the end of the year. But we know how to do it now. We learned through this exercise that this is how we do community incident command. And we learned so much that – we know that we have that resource now. So, for instance, there was a school shooting over in Rigby. I don't know if you read about that, but it was in the middle school and it was really tragic. And it happened, I think, in May, toward the end of school. A sixth grader – girl – came in and shot a couple of people.

**Cade Budak** [00:34:26] Was that this year?

**Jeanine Gentry** [00:34:30] Yes, this year. And, you know, some of us – I was watching the press conference in the afternoon, where they gave a debriefing to everybody about it. And they had the sheriff and the medical officer of the hospital that treated the patients. And, you know, each one of these entities giving reports. And so, I called up, you know, some of the people collectively here and said, We need to have a call. And we wouldn't do so well if we had this happen. Have we ever practiced a school shooting in this community? Have we ever practiced a scenario

like that, where we have to evacuate and the parents have to pick their kids up somewhere else? And the superintendent said they've never practiced it since he's been there – a long time. And so, we said, Okay, let's start practicing, you know? And I found out that at our school district, we don't have anybody that's trained in incident command. So, my managers here, the ones that are really good at this, we're putting together a class for the school district right now.

**Cade Budak** [00:35:50] Oh, that's awesome.

**Jeanine Gentry** [00:35:51] How do you use that structure – the incident command structure as a resource within your school? Because we need to help them, you know, do this effectively. It's not really our normal job, but we know how to do it a little bit better than they do, so we're going to try to help them.

**Cade Budak** [00:36:13] Oh, so that's a good thing that came of the pandemic.

**Jeanine Gentry** [00:36:19] Yes. Here's another thing that might happen in our community. I mean, everybody's got guns here – even more than Rigby. So, it's not unthinkable that we might have a school shooting of some sort. And we need to prepare for that by practicing, you know, different scenarios. So, that's been a good thing out of the pandemic, because we know each other really well in the community now and we know how to communicate with each other. And I have a list of all the people that need to be on that call to coordinate – even our local Red Cross coordinator, you know, things that you don't really think of that, over time, through COVID, we did think of it. And now, we know how to coordinate things as a community.

**Cade Budak** [00:37:08] Oh, that's awesome. That's a really good thing – bringing a lot of people together, sounds like.

**Jeanine Gentry** [00:37:14] Yeah.

**Cade Budak** [00:37:15] Let's see here. Oh, I have two questions about the hospital, specifically. How did COVID financially affect this rural hospital?

**Jeanine Gentry** [00:37:38] So, at first, in some states, they took the recommendation by the CDC [Centers for Disease Control and Prevention] to not do elective cases in the O.R. [Operating Room] and they made that a mandate, up in Montana. There, the Montana governor said, No elective surgeries. And here's how we define that. In Idaho, our governor said, No, that's up to each facility, because COVID hits different places at different times. And you need to look at these criteria, but make the decision that is best for your community. Well, that rolled down to me. What are we going to do here? And so, I got my surgeons together and said, You each have to decide for your patients what's elective and what isn't, what you're going to do in the light of COVID and what you're comfortable with. And we will support you and accommodate that. Surgery is everything financially to a hospital – it makes or breaks us. And so, if we cut off all surgery other than emergency surgery, we would be financially devastated very quickly. And so, we were preparing financially – you know, we had a whole action plan of, How are we going to survive

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Oral History Interview with Jeanine Gentry  
Conducted by Cade Budak on August 6, 2021

financially? This downturn in admissions, downturn in cases that go to the O.R., downturn in everything? And we were talking about, you know, How would we do layoffs? We've got a hiring freeze, you know, all of this stuff. We were very worried about our finances. And then, all of a sudden, things started popping up in our bank account, that we had no idea where this money came from. I mean, one day, \$2.3 million shows up in our bank account with no note, no explanation – we know it's from CMS [Centers for Medicare and Medicaid Services]. And we're like, Is this something to do with that Cares Act thing that we read about in the news? But we got no notice. No – Hey, Steel Memorial, here's a little email or memo saying you're going to get this money in your account. No, we just got money and we're like, Oh, somebody made a mistake. Put that aside into a special account, because we're going to have to pay this back. And so, it wasn't very well-organized. And I know now, you know, shortly after that, we learned, Oh, they're trying so hard to get this money pushed out to these facilities quickly, that they didn't really communicate very well with us. So, all of a sudden, we have double the amount of cash that we had before. And we're trying to figure out, What can we do with this and what can't we do with it? And so, our CFO [Chief Financial Officer] is very busy trying to keep track and figure all the rules out for that. Can we use it for, you know, buying PPE? Yeah, you can use this money for that, but you can't use this money for that and keeping track. And but it did take a lot of pressure off of us because we had this whole, you know, here's what we're going to do to cut back on expenses. And then we go into layoffs and whatever plan. And we didn't have to do most of that.

**Cade Budak** [00:41:27] Oh, that's awesome. So, where I was at, they had to cut back hours for a lot of workers. Did you guys have to do that?

**Jeanine Gentry** [00:41:36] Yes – well, we had people with nothing to do. And so, when we started getting CARES money and we knew that we could use that for payroll, we just we just let everybody work full time and we found things for them to do, so that we – I mean, normally, yeah, we would lose people. We'd say, Hey, we don't have any patients for you to take care of today, so, go home and use your PTO [Paid Time Off] or don't get paid. But we just kept everybody employed anyway. And so, we – there was – that means that your revenues went down, but your expenses went up. But we felt like that's what this money is going to help us overcome and do. And we had a lot of expenses of, you know, retrofitting the building and getting PPE that we didn't have beyond the 100,000 that we started with and test kits and new equipment for the lab and whatever, you know, that we could. So, we had a lot of extra expenses. But for a long time we didn't use that money, because we weren't really sure what the rules were going to be. But we knew somehow that we want to keep our people whole.

**Cade Budak** [00:43:02] Oh, for sure, thinking about how many people can't take care of their family.

**Jeanine Gentry** [00:43:06] Right, because we can't do that. And a lot of businesses in town had to shut down and it was so hard. So, sometimes their family members are working in businesses, their spouse – and a spouse works here. We don't want to make it worse by having both of them laid off. And so, we just kept everybody working, even if there wasn't work to do.

**Cade Budak** [00:43:34] Oh, that's awesome. That's such a benefit to work.

**Jeanine Gentry** [00:43:38] Well, because we can't afford to lose anybody.

**Cade Budak** [00:43:42] Yeah. So, you guys really have to take care of the community. And the community helps take care of the hospital.

**Jeanine Gentry** [00:43:48] So, before they had this payroll protection plan, the PPE, and it was sort of thought of that – where it was going to be a loan to us. And so, we knew, at least, that money we could use to offset some of the increased cost. And we did – we used it throughout. But the funny thing is, we're on an – October 1st fiscal year is the start of our new fiscal year, because we're a county hospital. So, we have to have the same fiscal year that government has.

**Cade Budak** [00:44:27] Okay.

**Jeanine Gentry** [00:44:28] And when we got to the end of the fiscal year, we had booked some of that money in as income, because it was, we thought. And it was to offset some of the expenses, but our auditors said, We're not going to let you book any of that COVID money this fiscal year, because we're not really sure about all the rules yet, and we want you to be really careful. So, we had to take all that money out and just have all the expenses in that year. But we still did pretty good in that fiscal year, because we had added more physicians and some of the things that we had done to build up and grow here were thankfully paying off and they were good resources for the community. So, we would have gone really upside down if it wasn't for that growth that we had, because we had all these COVID expenses and none of the COVID money that came in to offset those expenses. So, this fiscal year, we had to recognize that COVID money, even though this fiscal year – well, October, November, December was big, but then, the rest of this year we haven't had COVID, but we have all the COVID money. So, it's kind of a weird thing about accounting, you know, how it works.

**Cade Budak** [00:45:56] Oh, definitely.

**Jeanine Gentry** [00:45:57] But it's given us some breathing, you know, capacity, to say, Okay, you know, really, how should we best utilize this money for the future of our hospital. And our workers, all of them, went above and beyond, because if – let's just take the OR. If you only have eight people in the whole department and three of them are out with COVID, you're either going to have to cancel surgeries or the people that are left, five people, are going to have to do superhuman work. And that's what they did. They didn't cancel patients. They didn't say, No, we can't take any more, in any department throughout here. They just did superhuman stuff. So, in May, we were looking at how much of that money do we have left. And we said, You know, it really should go to the workers that were here that went through this.

**Cade Budak** [00:47:16] Oh, that's awesome.

**Jeanine Gentry** [00:47:18] So, we took close to a million of that money that was left and we wrote a \$4,000 check to every single person here and gave them a hazardous pay bonus, with a letter. And I personally handed it to every person and thanked them for what they had done, because they just really – every person had gone above and beyond in many ways. And, you know, some people it was like, Gee, thanks, I wasn't expecting that. But when you get the housekeepers or the people in the kitchen – our entry level jobs and you give them a \$4,000 check, it was – we just cried and cried and cried. There were many, many tears.

**Cade Budak** [00:48:13] It makes a really big difference.

**Jeanine Gentry** [00:48:13] It really did. And I was so glad that we could do that with that money, because it should go to the people that work the hardest.

**Cade Budak** [00:48:22] Oh, absolutely. That's really cool that your hospital was able to do that, because I know other hospitals, it was like – We can't. People didn't get raises, no hazardous pay. So, that's awesome to hear.

**Jeanine Gentry** [00:48:37] Yeah. We were very blessed to get enough that we could do that for our people. And – because I didn't want to give that money back [laughs].

**Cade Budak** [00:48:47] Yeah, right.

**Jeanine Gentry** [00:48:48] And it really was intended for, you know, those that went through COVID, so – good. It was a great thing.

**Cade Budak** [00:48:56] That's cool.

**Jeanine Gentry** [00:48:57] And if I could, I would do it even more than that. But at least we took a good share, a good chunk of that money and gave it to people.

**Cade Budak** [00:49:08] Awesome.

**Jeanine Gentry** [00:49:09] Yeah.

**Cade Budak** [00:49:10] Let's see it. So can you tell us about a couple major events that stand out during this pandemic? Medical or political?

**Jeanine Gentry** [00:49:42] I'm trying to think what stands out. I think – it goes back to our frontline staff again, you know, that – when I would talk with a nurse, say, in the E.R., on the floor that hadn't had a day off for two weeks straight, and just how tired they were and worn out and sad from watching people suffer and having their coworkers out – you know, that's what COVID, that's the picture of COVID in my brain. All the political stuff, you know, whatever. I'm really grateful that our governor didn't mandate about how we operated our hospitals, you know, but he's taken so much heat for mandating masks and, you know, different gatherings and stuff like that. And it feels like it was a no-win situation, no matter what any governor did in any state. They took heat for it, you know? And I don't know the right answer, really, about masks or no masks and are they really effective or not? I just know that when

you're around somebody that's worried about getting sick, that it's just polite to wear a mask to help them feel a little safer, even if it's not really that effective, you know? So, I didn't personally get caught up in that, all the political debates. We're just going to take care of sick people and find out if you're sick. I guess another picture in my brain is the drive up testing over at the clinic. You know, we didn't have a drive thru thing – people that thought they had COVID would drive up and park where, normally, it had been provider parking right next to the building. We had a tent out there in the winter.

**Cade Budak** [00:52:21] Okay.

**Jeanine Gentry** [00:52:22] For, you know, whoever was going out to test them – could put stuff down and be out there. But they would just stay in their cars. And our PA, one of our PAs would come out and test them and talk to them and do all of the visit out by their car in their PPE garb and everything.

**Cade Budak** [00:52:47] Wow. So, you guys are doing the visits outside. Wow. Okay.

**Jeanine Gentry** [00:52:51] And to see our PAs, especially Claire – she's a tall woman, she's a PA that does our walk-in clinic normally. You haven't met her, because she's on medical leave right now to take care of her mom, but to see her all garbed up and going out there day after day to test people and put herself at risk – you know, because there's always risk when you're taking care of sick people. That just – she's a hero, in my mind, and so is Joe, and everybody that helped do that walk-in clinic thing, where we would, you know, Okay, if you think you have these symptoms, stay in your car and we'll come out to you. And they did. And I just admire them for that. That's the other picture of COVID.

**Cade Budak** [00:53:47] Oh, that's awesome, that's cool. Oh, this is a good question, kind of going a little bit away from – so, what kind of new routines or behaviors would you not have done before the pandemic that are now automatic to you?

**Jeanine Gentry** [00:54:11] Well, we're still screening everybody that comes in our building. We still wear masks whenever we're in what I would call onstage areas, where we're going to have contact with the public or with patients. And before that, before COVID, we never wore masks, unless we knew somebody was up on the floor and they had C. diff [*Clostridioides difficile*], you know, or something really contagious. We would wear PPE to go in their room, but it kind of makes sense to me that, Okay, you're in a hospital and most of the people, not all of them, but most of them coming in from the public are sick, you know, with something and you don't have any PPE on. Maybe we should have been doing that all along and no flu season.

**Cade Budak** [00:55:11] Oh, yeah.

**Jeanine Gentry** [00:55:12] I mean, it was nonexistent here. We had – I think they told me from the lab – two positive flus this past winter. That's it. So, there's something there about social distancing and wearing masks and washing your hands and emphasizing that with people. And we should have been thinking about that

without a pandemic, I think. And so, when I have people argue with me still about coming into the building and having to be screened, I'm like, Are you kidding? You're coming into a cesspool of germs. Really?

**Cade Budak** [00:55:55] So, where do sick people go? Yeah.

**Jeanine Gentry** [00:55:59] So, why are you arguing about putting a mask on or having your temperature taken? Because we still catch people that have fevers that are coming in, and they need to go to the E.R. or in a walk-in clinic and be tested. Don't just come traipsing in here. And so, maybe we'll keep that longer than it's mandated, because it's a good thing.

**Cade Budak** [00:56:26] Okay. Next question. Have you received a vaccine and what went into your decision and how do you feel about it?

**Jeanine Gentry** [00:56:34] Yeah, I got the vaccine as soon as I could, and I feel like it's my responsibility to set a good example for everybody that works here. And I didn't have any side effects other than my arm was sore for a couple of days, but big deal. Many, many people that I know had side effects, you know, for a day they felt like they had a flu or something. But it's not bad to get, you know, a vaccine. And we encouraged everybody to get it. We made it very accessible here for all of our workers. But I am not mandating vaccines of any kind ever unless the government takes over and forces us to. I just philosophically don't agree with mandating things. And people in Idaho and especially in Salmon, Idaho, don't take well to that mandated word. I couldn't – I can get many more people to get their flu shots even before COVID happened by just encouraging them and educating them and making it easy for them to get their flu shot. But not if I say mandate. Then we're in to a whole different level of arguing and resistance. And I can't afford to lose any of our people here. I don't want anybody to leave. So, I'm not going to mandate it. And I'm kind of surprised at the systems and the hospitals that have done that.

**Cade Budak** [00:58:22] Right. And today's date – just for the video, I think some places across the country are mandating the vaccine.

**Jeanine Gentry** [00:58:32] Yes. And it's not just health care that has to deal with – grapple with this decision, it's every employer and airlines and, you know, there's a lot of scared political discussions about, you know, are we going to have to carry our vaccine card to be able to go anywhere and, you know, whatever? I don't know. I don't know about that. And I'm not going to get into it, because we're not going to have much influence on that national debate from Salmon, Idaho. All I know is that that's not the right thing to do in this community, is to mandate anything, other than masks. But we still take care of sick people, even if they refuse to take a mask. If they're going to the E.R. and refuse masks – we're still going to put you in a room and take care of you. The rest of you have got to wear a mask to come in here and visit whoever or go to the lab and have something drawn, because that's just the rule that we're under. You know, we're – if we have any kind of state inspector, federal inspector come in and we're not screening at the entrances, we're going to be written up and be in trouble. So, I don't have a choice about that. So, if the government mandates it, I'm going to do it. Otherwise, we're going to not mandate things.

**Cade Budak** [01:00:07] I gotcha.

**Jeanine Gentry** [01:00:07] Yeah.

**Cade Budak** [01:00:08] Just educate and encourage. I like that. What do you think the biggest impact of the pandemic will be for you personally in a long term sense – 5 to 10 years?

**Jeanine Gentry** [01:00:28] Well, I'm going to be more prepared just as a leader for any future pandemics or any kind of emergent situations like that where we need to have a lot of coordination. So, I feel like it's – I earned my COVID certification, you know? [Laughs]. And earned my incident command pandemic certification. So, that's a help for me and everybody that went through this, that we have some tools now that we know how to use better. We learned a lot of things as the state of Idaho and at the end of June, we had a meeting – I'm on the board of the Idaho Hospital Association. We had a meeting with the state emergency director, who had kind of coordinated a lot of the calls that we did on bed capacity, as well as the director of the Department of Health and Welfare. And they came and met with us to do a hotwash or a debrief on COVID. And we gave them a lot of input about what worked and what didn't work at a state level so that we can do this better as a state next time, because we really need to learn from this. And hopefully the federal level will listen to the states to say, Okay, you can't get on TV one day and say this and then say this and then say that – you know, we've got to be better organized. And the whole extra, you know, emergency supply, distribution and inventory system is broken and you've got to fix it and things like that, that at a federal level, were extremely broken. And I don't know if they will listen or change, but at least we've done what we can at our state level to say, We should have done this sooner, We should have started these kind of coordination things sooner. And I'm just so grateful in Idaho that they're willing to listen to that and they're very open to the input.

**Cade Budak** [01:02:54] Wow, so, they did debrief and collect information? That's awesome. Let's see. You've just answered a lot of these questions already, so I'm trying to pick the next one, which is great. No, I think your answers are great. Have you personally or one of your family members had COVID? And what was that experience like?

**Jeanine Gentry** [01:03:27] Yeah, I – so, none of my immediate family members have here, but I have two brothers and two sisters. One brother lives in Maryland and they are super hyper about COVID back there. And their culture in Maryland is just different. And so, they didn't – nobody in their family has had COVID. But my sisters in Arizona, everybody in their family has had COVID at one time or another. And how it affected me was, I was there when some of them had it. My dad passed away at the end of October, in the middle of our big pandemic boom here. I had to go down there, because my dad was dying. I got to be with him when he died – not from COVID, but – and then to have his funeral and half the people in the family that are there have COVID. So, we had to really talk as an extended family about, Okay, how are we going to do this? And we don't want to say, You can't come to Grandpa's funeral, but what are you going to do? And so forth. Mostly kids – and they were not

very sick and they got over it and they didn't spread it to anybody else. We made them mask up and just everybody was masked and was really careful. We didn't social distance like we should, because we were all hugging and crying and stuff. But we did, you know, try and talk about that. So, me personally, it was more of a nuisance than anything else. And I also had family members coming up to see me, visit me here. The same families, last summer, in the middle of COVID. And one of them, you know, had a friend who got COVID. And she thought, Maybe I was exposed, so, maybe I should have to quarantine. And I can't go to Aunt Jeanie's. And – because it was kids and it was, you know, we didn't worry too much. We took precautions and wore masks, but, you know, I needed to see my family.

**Cade Budak** [01:06:06] Oh, I see. So, you were able to work around it.

**Jeanine Gentry** [01:06:10] I didn't have a family member pass away or seriously ill, but I had so many friends that did have family members that had serious illness, that I feel like I went through it with them. And, you know, as a single mom, I have – I'm really close to a lot of people here in town. And so, we're a lot like family to each other. And so, when one of the – if their mom or dad gets sick, I'm often right there, you know, helping them. And so, it's kind of worn us out. You know what the biggest side effect that I didn't expect from COVID? After the really hard part was over – so, January, February, March this year – everybody's at each other's throats. Everybody's depressed like you can't believe. I am an HR [Human Resources] person to start with. I've never done so much counseling and conflict, trying to navigate stuff, and people hating each other and throwing – you know, not throwing things, but throwing insults and just – and it's been rough recovering emotionally from COVID. And I've read a lot of articles about this. We're not the only ones, but I didn't expect people to be so fed up and angry and burnt out. And then, try to keep everybody working together on a team without killing each other. It's just been very emotional this year.

**Cade Budak** [01:08:03] Oh, I'm sure.

**Jeanine Gentry** [01:08:04] And it continues to be. And now, we can't get travelers. The prices of travelers have gone up to where – to get an E.R. nurse, we're having to pay them more per hour than we pay our E.R. docs.

**Cade Budak** [01:08:23] Holy cow. You're kidding.

**Jeanine Gentry** [01:08:25] No, I'm not.

**Cade Budak** [01:08:26] Wow.

**Jeanine Gentry** [01:08:28] It's crazy. And we can't get anybody. No matter what we pay – because they're all, I mean, the demand is way more than the supply. And now – I lost nurses here at our hospital that said, Hey, I love this place, but I can make twice as much, at least, if I go travel for a while. Well, that's hard to pass up, especially if you're single and young and you can go anywhere.

**Cade Budak** [01:08:57] Oh, absolutely, yeah, why not?

**Jeanine Gentry** [01:08:58] Yeah. And pay off all their loans and whatever, you know? And so, the whole shift from employed to travelers and the mix of that has changed our workforce. It's changed the whole feeling in the hospital. And that is very difficult right now to navigate and try to recover from it. We're still recovering emotionally from it, and there's no good access to counselors or behavioral health here in town. So, many of our employees have to go to online counseling or maybe travel every other week somewhere out of town – which, either direction is a long way – and go find a counselor to talk to, because there's not enough. The ones that are here mostly doing court ordered, drug court kids, you know, and stuff. So, the second biggest diagnosis for our employee health plan is depression. And that's something that we're still struggling to figure out. What do we do? Do we go into that business where none of us know – I've never worked at a behavioral health inpatient or outpatient center. That's just not something that rural hospitals usually do. But the need is horrible and it's huge here. And maybe we should, you know, address that need. It goes along with pain management. We finally got a pain specialist to come here this year, which is great, but a lot of people with chronic pain have depression and there needs to be a component, so, we're really trying to do more with Telemedicine. But I just think we're going to have to really dive into the behavioral health business if we're going to take care of our patients well.

**Cade Budak** [01:11:18] Okay.

**Jeanine Gentry** [01:11:20] And even our own employees. But that's something that I know people are studying and I've read about. And we talk a lot about it at the meeting, the hotwash, with those guys at the state. Everybody said it's just incredible the angst and the turnover and the depression and the whole feeling at these places has just been really tough.

**Cade Budak** [01:11:47] Oh, for sure.

**Jeanine Gentry** [01:11:48] And people feel tired and beat up.

**Cade Budak** [01:11:52] So, let's see here. So, what, I guess, are some things that you guys do here to help your staff that's burnt out?

**Jeanine Gentry** [01:12:03] Well, we have a pretty generous time off policy, you know, in accruing PTO [Paid Time Off]. But you have – there has to be enough staff that you can take vacation [laughs].

**Cade Budak** [01:12:17] Right.

**Jeanine Gentry** [01:12:18] And so, we are just trying to let people, you know, take some time off when they need to. And it's really hard on the rest of them. But we turn to trying to get travelers and locums [physicians temporarily working in a facility that is not their own] for our providers here. Our main hospitalist, Suzanne – I don't know if you've met her – she's a nurse practitioner with 30 years of really intensive care experience and she's really good, but she needs some significant time off with her family. And so, she's going to take almost three months off this fall. That leaves the

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other three docs, Crocker, Healy and Powell, to take all of that call and take care of all the hospital stuff for three months. That's so hard. And the rules for hiring a locums to help cover for Suzanne – we can't bill the same for a nurse practitioner as we could if they were coming in to replace a doctor. We can – a locums replacing a doctor, we can bill under that doctor's number just the same. But a locums coming in for a nurse practitioner, we can't. And until we go the whole gamut and enroll that doctor in – by the time Medicare and all the insurances enroll you in their insurance plans, she's back and the need is over.

**Cade Budak** [01:13:58] Oh wow. That sounds like a challenge.

**Jeanine Gentry** [01:14:01] It is.

**Cade Budak** [01:14:01] Yeah.

**Jeanine Gentry** [01:14:02] It's a real challenge, because rural hospitals use mid-levels more than big places do in their hospital – for their E.R.s, for hospitalist work. And so, those rules really hamper us getting – you know, utilizing locums. But we have a wellness committee here that's been going for years that does a lot of things for our employees to try to help teach them about nutrition, work life balance, stress management. And they have programs each year for health improvement, weight management. We pay for reduced memberships at the gym here in town. We do lots of employee recognition kind of days, where, Okay, everybody go at 2:00 on day shift and 7:00 tonight, we're going to have free goodies in the lunchroom for you or whatever, and gifts. And we're going to have a picnic next week and things like that to help people, you know, just socialize a little bit more and feel like they're part of a family. But it's still hard. You know, you lose a lot of people out of your department for one reason or another. It doesn't feel the same. It's not the same old family that you were used to for several years and turnover is hard that way. So, we're just trying to get our staffing stabilized, so that we can get back to that feeling of family, because that's what people stay for – is that, My department feels like a family to me.

**Cade Budak** [01:16:02] Oh, definitely.

**Jeanine Gentry** [01:16:03] Yeah.

**Cade Budak** [01:16:04] Well, thank you for answering that question. We just have a couple more, if you have time.

**Jeanine Gentry** [01:16:08] I do.

**Cade Budak** [01:16:08] Thank you. Appreciate it. Oh, this is a good one. If you could go back in time to visit your pre-pandemic self, what advice would you give to surviving this new world?

**Jeanine Gentry** [01:16:37] I wish I would have had the counseling available all the time. I wish I would have brought in people to do massage, you know, more often and stuff for the workers, the frontline people that were so stressed and overworked. And I wish that I could have somehow magically hired more people, so that the

people that were here weren't as burnout. If I was going into COVID again, even though it was late getting here to this community, I would have started hiring extra people right away.

**Cade Budak** [01:17:34] Oh, wow. Okay. Yeah.

**Jeanine Gentry** [01:17:36] Yeah. Because, we just did not have enough staff and some positions, like lab techs, they are extremely hard to find right now. I mean, nurses are hard to find, but lab techs are even worse. And they were so short-staffed in the lab. They still are, kind of, but not as bad as last fall. I would have immediately started hiring some travelers or more additional staff, because that would have helped a lot.

**Cade Budak** [01:18:12] Oh, definitely.

**Jeanine Gentry** [01:18:14] And I would have set up Ativan misters in the air conditioning system. So, everybody was getting Ativan and they would just calm down [laughs].

**Cade Budak** [01:18:26] Just to help you handle the stress a little better [laughs].

**Jeanine Gentry** [01:18:29] Everybody just calm down. Take your meds. Breathe deep. Breathe in that Ativan air.

**Cade Budak** [01:18:34] Oh wow, that sounds like that would help a lot of places, really.

**Jeanine Gentry** [01:18:37] I wish [laughs].

**Cade Budak** [01:18:42] Let's see here. Would you like to share any hopes or fears about the future as we go forward in dealing with COVID-19?

**Jeanine Gentry** [01:18:54] I feel that we are so much more prepared to know what to do with infectious diseases, not just COVID. I'm afraid of these different variants that – our vaccines look like they're not as effective as we hoped they would be, but I'm confident that we know now how to coordinate all the bed capacity in the region. And we have equipment here now and staff that know how to do ventilators if we had to keep our own vent patients. I hope we don't, because we're not set up for that, really. But we have more capabilities now, than we did before. So, I have a lot of hope that we've learned through this, you know, COVID project. That we're all kind of certified in how to run a pandemic. But I really hope that we don't have to have as much as we've had in the past. I don't know. I can't live in fear either, you know? And I really encourage our staff here not to be motivated by fear, but be motivated by love for our patients and do the best that we can. And the rest is not up to them. Whether somebody lives or dies, we do the best we can and find peace with what happens about it. But you show those patients good medicine and good love and they'll be okay and their families will be okay, whatever happens. We can't – we're not set up with an ICU, so we can't cure everybody. But we can heal people. We can care for everybody. And that's our niche in the world, real healthcare. You know, you

go to the bigger hospitals and they're not so good at the care part. They're good at the cure part. But – and that's their niche and their role – is handling the really serious, ill stuff. But for TLC [Tender Loving Care], you can't beat a little hospital like us.

**Cade Budak** [01:21:31] Oh, yeah. Thank you. Are there any questions I didn't ask you that I should have.

**Jeanine Gentry** [01:21:41] No. Just – when you become a doctor out of residency, you have to come back here and I'll give you a contract right now [laughs].

**Cade Budak** [01:21:54] All right [laughs].

**Jeanine Gentry** [01:21:57] No, I'm hoping that we can continue to have students and residents here, because you're the future. And you're going to have to deal with the next pandemics and things in the future. And hopefully you can skip the class about Ego 101, you know, and not be a jerk doctor that thinks they know everything, because none of us do. And we need doctors in rural health care that are brave, because a lot of times you're the only one in the whole building, and you've got to deal with everything, whatever comes along. So, brave and compassionate together. So, be a good doctor.

**Cade Budak** [01:22:44] Yeah. Thank you. All right, one final question, okay? And I'll take that contract with millions of dollars right now [laughs]. Just kidding. Are there any thoughts or reflections you'd like to discuss that we didn't cover in the interview?

**Jeanine Gentry** [01:23:02] You know, there's a lot of talk in our country about rural health care, rural hospitals closing. Or maybe we should just be turned into a band-aid station, where we just kind of stabilize and ship everybody. But we're the frontline. That's why we're called Critical Access. We're in places that provide access to people. And if we weren't here, they wouldn't make it. It's two and a half hours either direction, driving to get to a health care facility. And we have to be able to survive, because nobody could live here if we fail. So, I am very passionate about preserving places like Salmon's hospital. And to do that, we're going to have to have support for how we're paid, especially by Medicare. Over half of our patients here are Medicare patients, and people keep coming here that are retirees. And so, that mix is becoming even more – if Medicare pushes us too far, it will close us down. You know, Medicare, Medicaid, VA [Veterans Affairs], that's 75% of the people here that we take care of.

**Cade Budak** [01:24:28] Oh, wow.

**Jeanine Gentry** [01:24:29] So, the government has the ability to destroy us or help us survive. And Salmon is the most remote hospital in the lower 48, in terms of how far it is to another facility. And they've got to consider that. And some people just don't get it, you know? When you live and work in New York City or, you know, places that are really urban, they think rural is any place of trees, but they need to come out here and see what real rural is. That we – it's not an option, we have to survive. And they can make or break us. So, being involved in advocating for decent

reimbursement from the government is something that's very important to me. And I just love rural health care. I have had the opportunity to move up in my career to bigger hospitals and bigger positions and bigger paychecks. But I have a heart for community. And you're never going to get it like you do at rural health care. And you can – you can make such a difference in the community. But you can also create the kind of health care, as a doctor especially – you'll be able to create the kind of health care that you dreamed of, that, you know, is your ideal, because you're only one of a few doctors in town.

**Cade Budak** [01:26:13] Just for the sake of the thing, how many doctors are here?

**Jeanine Gentry** [01:26:17] So, we have usually five primary care doctors. One of them left in June. So, we're recruiting for another one right now. Five primary care doctors. Then we have, let's see, one, two, three, four PAs, one nurse practitioner that's in the clinic and one nurse practitioner that does half of our hospitalist work. We have a general surgeon and an orthopedic surgeon and an OB-GYN [Obstetrician-Gynecologist] who's going to retire sometime.

**Cade Budak** [01:26:54] So very, very rural, like you said.

**Jeanine Gentry** [01:26:58] Yes, Dr. Nadelson, our OB-GYN, he's 68.

**Cade Budak** [01:27:02] Oh, wow.

**Jeanine Gentry** [01:27:04] So, we're trying to get another family practice doc that can do O.B. [Obstetric Medicine], with surgical O.B., so that when he retires, we'll still be able to do O.B. because it's just too far, you know, to go when you're in labor.

**Cade Budak** [01:27:19] And also for the video, as long as helicopters can fly, how long is the flight to either Missoula or Iowa Falls?

**Jeanine Gentry** [01:27:28] They tell me it takes about a half an hour flight each way in a helicopter. They have – sometimes when the ceiling – when the clouds are too low, because we're about 4,200 feet elevation. So, sometimes the clouds are too low for the helicopters, because they have to do it by sight. But a fixed wing can come in to the airport – they still have to do by sight. So, sometimes you can't fly. A few times this past week, with the smoke from forest fires, it makes it really difficult for them to fly and to get out of the smoke, so they can see where they're going and not bunk into a mountain. It's bad.

**Cade Budak** [01:28:15] Yeah.

**Jeanine Gentry** [01:28:15] We're just so blessed that we have –

**Cade Budak** [01:28:17] So, you can't always count on getting transferred, because sometimes it's just not an option.

**Jeanine Gentry** [01:28:22] Yeah. And our volunteer ambulance can't do ground transfers.

**Cade Budak** [01:28:27] Because it's a volunteer BLS [Basic Life Support] unit?

**Jeanine Gentry** [01:28:30] Yes. Just BLS. And they – there's not enough of – if one of two of them took a patient on the road to Idaho Falls, they would be gone for at least 6 hours and nobody would be here to answer 911 calls.

**Cade Budak** [01:28:47] Oh, is there only one truck?

**Jeanine Gentry** [01:28:50] There's more than one ambulance, but there is not enough staff.

**Cade Budak** [01:28:54] Oh, okay, wow. So, it's really – I gotcha.

**Jeanine Gentry** [01:28:59] So, we have to transfer by air. And that's why a couple of years ago, we got the base here, the Helibase.

**Cade Budak** [01:29:08] Oh, okay.

**Jeanine Gentry** [01:29:08] So, Air Methods put a base right here at our airport, so they can be here in 5 minutes to load up people. And it is awesome, we're so grateful for that. And they can take them wherever they need to. If it goes – if somebody needs to go to the University of Utah Medical Center for really bad stuff, for burns to the burn center or something like that, it has to be fixed wing. So, they have to fly here from Idaho Falls and we have to meet them out at the airport in an ambulance and then, they take them down there. But we don't have to do that very often. Usually the helicopters can take patients. The other day it was too windy for the helicopter, so they had to do a fixed wing for somebody.

**Cade Budak** [01:29:59] Okay.

**Jeanine Gentry** [01:30:00] The winds are weird when there's forest fires. The fires actually create different kinds of storm conditions.

**Cade Budak** [01:30:08] Oh, I didn't realize that.

**Jeanine Gentry** [01:30:09] With all the smoke and the heat from the fires, and so, it's been difficult for a lot of reasons to fly lately. But we're just, I think, really blessed to have that base here and to have them be able to fly so quickly. And those flight nurses come in to the E.R. and help package up the patient. And sometimes they even come in and help, you know, stabilize the patient, because we only have one nurse on at a time in the E.R. to staff the E.R.

**Cade Budak** [01:30:51] Wow, okay.

**Jeanine Gentry** [01:30:51] So, if there's a couple of patients that got hurt [inaudible], we're calling every nurse from the floor down, any nurses that are up there. But the flight nurses all have a good relationship with the E.R., and so, they'll come in and help, too.

**Cade Budak** [01:31:09] Okay.

**Jeanine Gentry** [01:31:11] And a couple of them work PRN [Pro Re Nat, i.e. as needed] for us and full time for them. So, that's really great.

**Cade Budak** [01:31:17] Oh, that's awesome.

**Jeanine Gentry** [01:31:22] Yeah, it really is. We love our methods, and they're very helpful to train, too. We, you know, because we'll get really bad things in our E.R., but not very often. So, we're a level four trauma designation here. We do good with traumas, but we need to practice stuff more than we have the volume for, because it's really hit and miss, you know? Well, I wasn't on shift when that happened, so, it's been two years since I've been involved in a STEMI [ST Elevation Myocardial Infarction] or something. And yeah, that happened. So, now we have a recorder, the SIM lab track from Montana come here for a couple of days every quarter and do simulation training. And these are – I don't know, the school where you are probably has the dummy sitter electronic that are controlled by the computer? Well, that's what it is. They have a woman in labor that can deliver a baby. They have a baby. It can work on different scenarios, a kid and a full size adult. And they can set up all different scenarios and the trainers come with them and practice different scenarios with our nurses.

**Cade Budak** [01:32:43] Oh, that's awesome.

**Jeanine Gentry** [01:32:46] It's freaky, though – their eyeballs, you know, their irises moving.

**Cade Budak** [01:32:51] Oh, I don't know if I've seen those ones, wow.

**Jeanine Gentry** [01:32:54] Yeah. They're, you know, electronic humans and the woman with the baby, she just freaks me out. I'm sorry, I don't like her. And I'm like, She makes noises, they'll talk and everything, and she's like, You know, I can't stand it anymore! And I had triplets, and I'm like, Talk to the hand, you know? [Laughs].

**Cade Budak** [01:33:22] Oh, my gosh, I can imagine.

**Jeanine Gentry** [01:33:24] She's only got one in there, you know, what's she complaining about anyway? I'm not this super compassionate pregnant person to talk to. Some of my – my kids are about to turn 20 in a couple of weeks. And some of my daughter's friends have had babies already and they would come over when they're nine months pregnant, I just – I feel so big and I can't walk and blah, blah, blah. And then, I show them my belly pictures, and I'm like, Don't talk to me about big [laughs].

**Cade Budak** [01:34:02] Maybe – there must be something that – here, I'm going to stop this, because we're done, but there must be something in the water, because you and Dr. Gardner have triplets [laughs].