

Palm Drive Health Care District Board of Directors – Ad Hoc Committee

NOTES

Purpose: Community Listening Session
Date/Time: Saturday, July 12, 2014
Location: Sebastopol Youth Annex
425 Morris Street
Sebastopol, CA 95472

The meeting was called to order by Marsha Sue Lustig, President, at 2:00 p.m.

ROLL CALL:

Marsha Sue Lustig, President.Present
Nancy Dobbs, Member.Present

Administrative Staff/Others Present:
Gail Mullins, Executive Assistant

OPEN SESSION 7:00 pm

REVIEW OF AGENDA

Chris Sliz, Facilitator, provided introductions, stating the purpose of these meetings is to try to generate ideas for health care services needed in the district and stated participants were encouraged to think broader than a hospital. There will be a brainstorming session with time for additional thoughts to share with the District.

Marsha Sue Lustig

The listening sessions are to learn more about what kind of care the community is interested in receiving. All questions are good questions and today's conversation is about the future. The closure of the hospital is a tragedy for everyone and there are lots of reasons for the closure; the main one being that we ran out of funds to pay creditors and employees.

These sessions give us a chance to look forward. There are three distinct paths simultaneously being pursued:

- Bankruptcy requires a work plan so we can get approval from the court to move towards bankruptcy exit.
- "Open Our Hospital" efforts from Palm Drive Healthcare Foundation - \$7 million are needed for the start-up, with \$4 million every year thereafter, philanthropically.
- While the prior two efforts are underway, the District is looking at all options so we can eventually bring medical services back.

In the short term:

- District is planning on approving a Request for Proposal (RFP) to re-start outpatient Physical Therapy in the previous location.
- Actively pursuing ways to open radiological services. These services are not available elsewhere in West County. Due to our suspended license for the next three years, we are not allowed to provide these services on hospital grounds.
- Medical equipment was loaned to the Surgery Center, allowing existing surgeons to stay in the area and perform outpatient surgery.
- RFP for Urgent Care services, including a call for any and all combination of services, including ER services, is forthcoming.

- Following the four Community Listening Sessions, the District Board will gather a group of healthcare professionals as well as community members to consider all suggestions, in combination with the RFP's.

Nancy Dobbs

As Marsha Sue said, we want to encourage all of us to look at the broader picture of medical care and health. What is it that makes a community healthy or unhealthy?

There are a number of critical factors affecting our health which we often don't think about such as availability and affordability of fresh fruits and vegetables; high school graduation rates; and availability of pre-school for all youngsters. These factors and others have a very strong correlation with our health, so I encourage us all to be very broad in our thinking.

To support a deeper look into health and medical services, we are incredibly lucky that Sonoma County Department of Health Services (DHS) commissioned and have just released "A Portrait of Sonoma County." The Portrait asks and answers those deeper questions about what makes a healthy community. With the help of the Department of Health Services (DHS), individual counties have been pulled out, (available as a handout at this meeting).

Two elements about this data which I would like to clarify:

- The group which prepared the study – Measure of America – has developed a core composite measure of indicators which they call the Human Development Indicator. Developed at the United Nations in an attempt to measure the well-being of a country outside of the typical financial measures – GDP, and such, there is a clear description of methodology in the report, with a quick overview.
- Geographic Unit – is the Census Tract, so you'll see in the handout down the left of the document the list of census tracts which most closely describe Palm Drive Healthcare District. Know that it is not perfect as the District is defined by the West County Elementary School District boundaries.

The DHS staff pulled out a couple of observations relative to health issues and indicators for us to be aware of. (PowerPoint review)

As we proceed with our discussions today and the remaining Community Listening Sessions, these data can help us focus our attention on areas within the district where there are factors or conditions which are notably affecting our health and our need for specific medical services. We encourage you to consider them closely.

Chris Sliz, Facilitator – Brainstorming Session

What Health Care Services Need to Be Provided within the Next 12 Months? (Note: during brainstorming some of the ideas surfaced didn't fall under the category of "services" as much as the category of "items to accomplish" in the next 12 months)

Group One (Group didn't specify a time frame)

1. Acute care
2. Full emergency room (no wait) (Note: Everyone in the group wants this option)
3. Complementary lab and x-ray
4. Telecommunications
 - Between Dr. and patient
 - Between Dr. and Dr.
 - Telemedicine = same a Dr. to Dr. = rapid, best response = instant record exchange

5. Stroke care
6. Board focus on mission 100%
7. Local, humane, care (here, not urban, crowded ER)
8. Wound care
9. Replace what was lost/missing
10. Holistic healthcare outpatient here (i.e. acupuncture/integrated, plus p.t., etc.) East and West
11. More inpatient hospital service here
12. Observation beds in hospital (Beware! Ins. may not cover!)
13. Stable emergency service (ex. Increasing local ambulance capacity)
14. How can we keep volunteer care here?

Group Two (Note: Group specified a timeline of less than 3 months for the below)

1. Reopen hospital in 3 months
2. ER
3. Hospital and ER bought by citizens by large donors/small donors within next month
4. Specialist to initiate business growth plan of hospital with knowledge of how to compete with other hospitals esp. Kaiser
5. Specialists – Neurology, gynecology, geriatrics (senior health), urology
6. Cancer survivors
7. Preventative services
8. Nutrition, mental health, alternative health (acupuncture)
9. Teen services
10. 100% revenues should be dedicated to reopen and operate hospital with ER (2 million) all tax dollars.
11. Petaluma and Santa Rosa are too far for emergencies in this and other areas (esp. stroke, heart attack, bleeding, etc.)
12. Lack of services here is impacting other facilities, esp. ER, Memorial, Sutter, Kaiser
13. Board should actively support opening hospital within 24 hours
14. Sell completely or lease to a qualified entity including successful Dr.'s, business owners or other hospital organizations
15. All meetings and decisions are open according to law—need to be and announced publicly in newspaper and on radio and website
16. Operate in good faith open to public input and transparency

Group Three (Note: Group did not designate any time frames for the following ideas)

1. Orthopedics
2. Urology
3. Physical therapy
4. Cancer
5. Advertising like a magnet school to help make the hospital profitable
6. Care for handicapped people (stroke) provided in some of the hospital rooms:
 - concentrated
 - residential
 - full care
 - reduced cost and more profit
7. Orthopedics, PT bring in a lot of money
8. West County is known for good allopathic/complementary services
9. Hospitals are expensive hotels – better food to draw people
10. Not all types of care are reimbursable
11. Social services are really important esp. for people leaving the ER integrate their departure from the ER with other services availability in the community
12. Senior care/services – we have a huge population

13. Fastest ER in area? Goal
14. Make it a destination hospital for complementary medicine/integrated medicine
15. Community needs to address prevention
16. We need to focus on emergency services
17. We need to think broadly
18. We need to open something to service emergencies
19. Stand-alone ERs – as described by Nancy
20. Fund emergency response system would mean longer wait times at distant hospitals
21. Big picture is too long term, right now we need the hospital
22. Taxes are for the hospital, not other services
23. Have hospital/ER or dissolve district and eliminate the tax
24. Appreciate the background given at beginning of meeting
25. We did not like the agenda

Group Four

1. Emergency Room
2. Alternative services (what would make us unique! Acupuncture, holistic services, acupressure)
3. Prevention services
4. Urgent care services
5. Full hospital open
6. Mental health services
7. Services for teens

What Health Care Services Need to Be Provided within the Next 24 Months? (Note: during brainstorming some of the ideas surfaced didn't fall under the category of "services" as much as the category of "items to accomplish" in the next 24 months)

Group One

1. Neurology
2. Wound care
3. Mental health
4. Other local services
5. Patient navigators/coordinators/directory

Group Two

1. Repeal parcel tax if hospital with an ER is not open in 12 months.

Group Three

1. Group responses are all under Question #1. Group did not designate a time frame for items.

Group Four

1. The items (less 1 & 2 from first brainstorm) that don't get done

What Institutions/Non-Profits could the District partner with to provide services?

Group One

1. Insurance navigation system/Insurance companies
2. Foundation
3. Advocate at the hospital for uninsured help with CMSP (County Medical Services Program), etc
4. Physicians
5. Community Health Centers
6. Ceres Community Project

Groups Two and Three

1. Groups focused on first two questions and service needs.

Group Four

1. Marin General

Questions that Surfaced in Groups:

1. Can taxes be used for community health center? Can we augment with more money?
2. Can money be used to support other struggling services – ex. Bodega Bay ambulance
3. Request an action plan with a timeline 3, 6, 9 months
4. Request accountability of board
5. How many beds in Sebastopol before?
6. What is LAFCO interpretation of Board's responsibility?
7. What are the barriers blocking a hospital in west County? And how can we break through them?
8. How can we break through the current power struggle/vacuum? What's incapacitating us?
9. Mandate for district (LAFCO) requires acute care with ER first what is being thought about with this?
10. How long will it take to pay the bonds off?
11. What is the process and consequences of stopping the parcel tax?
12. What is the process in dissolving the district?
13. With the hospital closed what is the district doing to ensure that these other health services stay in area?

Concerns Stated in Groups:

1. Concern about distraction from focus on Boards mission of re-opening hospital with emergency (ER)
2. Concern: That Board's premise is incorrect. Wording of charter and Measure W are not being followed.
3. Premise flawed: acute care and emergency will always operate at a deficit and no other services should be offered unless they are profitable (e.g. Radiology, Lab)
4. Have the hospital – it has been done – then add additional services as is feasible
5. Need hospital as a basis/focus for services, it becomes the core around which other services can be built
6. Services are being offered and profitably in other places
7. In favor of our community addressing broader health care issues but primarily concerned about emergency services being available
8. Overreach – if too much time spent on providing other services it will detract from getting ER care and urgent care.

Questions/Comments Submitted on 4X6 cards

Note: On some cards, participants asked multiple questions.

Card #1

1. With the hospital closed what is the district doing to ensure that these other health services stay in the area?

Card #2

1. Mandate for district (LAFCO) requires acute care with ER first – what is being thought about in regards to this?
2. How long will it take to pay the bonds off?

Card #3

1. What is the process and consequences of stopping the parcel tax?

Card #4

1. What is the process of dissolving the district?

Card #5

1. Our tax money is supposed to be used for the hospital and services it provides. Are you working with the PD Foundation to reopen the hospital? If so, how? If not why?

Card #6

1. Why didn't we have brainstorming sessions before you suddenly closed the hospital down?
2. We've now been notified by phone that we can pick up our health records at hospital. Does this mean it is NOT reopening – or what?

Card #7

1. Will all new services be in present hospital location?

Card #8

1. Why are only 2 Board members involved in this process?
2. Sounds like Nancy is advocating for PDH to be a social services facility – “tutoring for school?”
3. Prevention is a great concept, but we can't do everything – let's provide services for those who are sick or in an accident, or?

Card #9

1. Universal health care [sic] taring in this county

Card #10

1. Do you think the district tax levy will survive, if the hospital stays closed? Won't the voters rescind it, if there is no hospital?

Card #11

1. What might District do to implement any actions related to poverty, high school rates or smoking? Why does Board think this is their duty?

Card #12

1. Isn't the present district board responsible for the \$2M receivables shortfall? If you had done your job correctly, the hospital would still be open.

Additional Thoughts to Share with District and Answers to Additional Questions

- Notifications were sent to everyone in the community regarding where and how to obtain copies of their medical records. Records need to be accessible and there is a plan for safe storage once Medical Records Department closes completely. Should the hospital re-open, we can bring back the records.
- Ultimately, if we are able to pull together community members with “deep pockets,” it would be possible to provide services outside the hospital.
- We have only two Board members here today because we are a “subcommittee.” The Brown Act limits how much we can meet with other Board members and what we can discuss. Other Board members are allowed at the meetings, as long as there are no decisions being made and they must refrain from commenting.
- Regarding closure of the hospital and parcel taxes: The District was created by voters; authorized to provide emergency care, acute care and other services. As a public elected body we are limited in what we can do, for example, sell the hospital. If that were the case, we would need to go to the voters. LAFCO (Sonoma Local Agency Formation Commission) is an agency responsible for oversight of the boundaries of the District. During one of their recent meetings after hospital closure, they decided to take a “wait and see” decision.

- Parcel taxes continue, even with the closed hospital. It would take a District vote to repeal the taxes.
- Why does the District think it is their duty to help graduates, etc.? It is not our duty, we wanted the community to think about other services we may be able to provide.
- Why don't we use parcel tax money to augment ambulance services on the River? We are asking just that question. What do all of you want us to do?
- Regarding the \$2M shortfall in receivables: The CFO made an error. This was discussed in open session at the Board meeting. In addition, in the last 8 months, patient census dropped 30%.
- If the goal is to open the hospital, with an Emergency Room, why did you put out 2 RFP's, which suggest to the public the Board has another agenda? We are required to develop a work plan to exit bankruptcy. We are looking at a variety of ideas that we could package in the future.
- Why were the physicians not allowed to take over the hospital? The proposal from a group of doctors had no financial content. It was not a viable proposal. We are now coming back asking for a viable proposal by re-issuing the RFP's.

Next Steps

- This is the fourth and final Community Listening Session.
- Summary of all meetings from facilitator, Chris Sliz, will be reviewed and analyzed by a broader committee consisting of community members and health care experts.
- Sonoma County analyst to advise of licensing issues, financial concerns, reimbursements from Medicare, etc.
- Anticipate August timeframe for the Ad Hoc Committee to make a recommendation to the full Board of Directors in open session in September or October.

Adjourned: 4:10 p.m.

Respectfully submitted:
Gail Mullins
Clerk of the Board