

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

NOTES

Purpose: Community Listening Session
Date/Time: Monday, June 23, 2014
Location: Fire House Bodega Bay
510 Highway 1
Bodega Bay, CA 94923

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:

Daymon Doss, Executive Director
Gail Mullins, Executive Assistant

OPEN SESSION 2:00 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 Health Care 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

1. Coordinated triage
2. Increase taxes to keep hospital
3. Shorten time and distance to emergency services
4. Emergency Services
5. 24 hour Emergency Services
6. Stroke Center
7. Support group for care givers

8. Mental health services
9. Ambulance services
10. Free CPR classes (i.e. Seattle)
11. Services that reflects the needs
12. Model after *Food For Thought* for program structure
13. Capacities of hospitals to provide quality emergency services
14. Senior services/aging community
15. Nutrition:
 - Meals on Wheels
 - Lunch programs
 - Food banks
 - Education
16. Home Health Care:
 - Wound care
 - Infusions
 - Hospice
17. Diabetic/cardio/time sensitive services
18. Look for how to mitigate factors that increase response time (i.e., road closures, distance to care)

Group Two

1. A hospital – so physicians can practice
2. Set up clinics in small towns (24/7)
3. Look at special services that can be provided without a whole hospital e.g. stroke services
4. Financially stable health care business
5. Ambulance
6. Urgent care
7. Detach from the district
8. Emergency room
9. Mobile emergency care with professional medical personnel

Group Three

1. Open parts of the hospital
2. Increasing age – elderly needs to be met
3. Need the hospital now
4. Use of other services (Community Care Clinics)
5. Trauma center
6. Cardiac event/stroke center – where will people go now?

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. Look at highest risk to identify immediate needs (life threatening)
2. Continuing engagement/dialogue between community and the Health Care District
3. Focus on prevention
4. Dialogue with local EMS – find out what they need (e.g. equipment, education)

Group Two

1. Hospice model – provide home care/personal care; nurse visits; nurse practitioner make house calls
2. Provide Assisted living
3. Mobile health care

4. Vaccination education
5. Revisit the business model for medicine and health care in West County
6. Conduct fundraising in the community to help the hospital continue in whatever form it may take
7. Increase taxes for hospital
8. Pay for service hospital vs. tax payer supported

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

Group One

1. North Marin County
2. Adjacent County services
3. Look at link up with major health care providers (i.e. Sutter) satellite
4. Dialogue with EMS
5. Hospitals – dialogue
6. Council on Aging resources
7. Coordinate between EMS and private entities that provide service Bodega Bay needs

Group Two

1. Continue to tie into Community Health Centers
2. Funding resources – look at Federal grants – it may be possible with a prevention focus
3. Hospice, education programs and home care

Questions that Surfaced in Groups:

1. Can the hospital have continued care with Memorial/Sutter/Community Care
2. Primary urgent care – will they (District) reach out to them?
3. Are they (District) talking to Drs?
4. Acute Care vs. ER – license needed?
5. Tax money and ER services – do we need to go through taxpayers to change the charter and reason?
6. What is the cost of these listening sessions?
7. Telemedicine reimbursement rules (Medicare) do they need to be changed?

Concerns Stated in Groups:

1. No public discussion prior to closing
2. Financial history (no notification)
3. Dr. retention in the community
4. Taxation without representation

Questions/Comments Submitted on 4X6 cards

Note: On some cards, participants asked multiple questions

Card #1

1. If you are tasked with bringing back health care services why have you not been attending their meetings? If you are really listening you would attend all meetings where options are considered. **Nancy Dobbs:** At least one Board member attends the meetings and our Executive Director is attending the Foundation meetings.
2. How are you addressing the fiscal mismanagement of the hospital? The board? In my experience working with civic boards it is the board that is most always responsible for non-success. A board with real health professionals – doctors, nurses, etc., should be represented on the board, where are your financial statistics and data posted for the public to review? When will those of you serving during the collapse step down from the board.
3. Isn't the reason for our parcel tax to support critical care? How can the focus be anything else?
4. If this is for listening, I encourage you to take these comments seriously. Are you responding to LAFCO?

Card#2

1. How wide an “array of services” will hospital licensing provisions tolerate? Drug and substance abuse treatment?

Card#3

1. How do these adjunct health services help if you do not survive a catastrophic event because PDH ER was closed?

Card#4

1. While “new and different, broader and deeper solutions” are all well and good – it’s critically important to recognize that the charter of the district – and the specific reason for the district taxes is to support a critical care hospital and health services with ER. Emergency services are not optional. Are you aware of the LAFCO assessment of the PD Board’s activities?

Card#5

1. What makes the Foundation’s effort to reopen the hospital a long shot? **Marsha Sue:** The response was not a negative one. It was more about the likelihood of what it would take to open and keep the hospital open.
2. What effect does the State legislation recently past [sic] have on the efforts to reopen?
3. What is needed to reopen?

Card #6

1. Alliances, Coop [sic] synergies, etc partnerships with:
 - Marin, Healdsburg and Sonoma Valley Hospitals
 - Petaluma Valley/St. Joe’s
 - West County Health Centers (WCHC)?
 - Integrated health care system with medical groups or with WCHC?
 - Telemedicine model: seek federal Medicare coverage

Additional Thoughts to Share with District and Answers to Additional Questions

- Cost of Community Listening Sessions is \$2,000 for all four.
- Measure W – Information can be located on the website as well as on LAFCO’s (Sonoma Local Agency Formation Commission) website. Measure W focuses on maintaining ER and ER services, per one interpretation. The District is looking to continue healthcare services.
- Foundation working hard to come up with a plan and coordinate with the District BOD to reopen the hospital.
- As a representative of LAFCO (Efren Carrillo), we will continue to monitor PDHCD and bankruptcy on a quarterly basis. He expressed appreciation for the opportunity to engage the community and gave thanks to the BOD.
- Nancy Dobbs: Recent legislation passed and signed by the Governor giving bond holders the assurance bonds will be paid off. As a result, the ratings will improve, saving the District interest on the bonds and additional funds in escrow will be available.

Next Steps

- Three more Community Listening Sessions – Sebastopol, Guerneville and again in Sebastopol.
- 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 final recommendation to the full Board of Directors. (Open session)

Adjourned: 3:45 p.m.

Respectfully submitted: Gail Mullins, Clerk of the Board