

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

NOTES

Purpose: Community Listening Session
Date/Time: Monday, June 30, 2014
Location: Sebastopol Youth Annex
425 Morris Street
Sebastopol, CA 95472

The meeting was called to order by Marsha Sue Lustig, President, at 7:00 p.m.

ROLL CALL:

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

Administrative Staff/Others Present:
Daymon Doss, Executive Assistant
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 facility 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. Emergency room (Note: two people in the group brought this up)
2. Hospital (also serves as meeting ground for medical people)
3. Stroke Center (5th in USA)
4. Orthopedics out and in
5. Hand therapy, OTT/PT (occupational and physical therapy) and speech outpatient
6. Smoking cessation for youth
7. Urgent care
8. Preventative medicine (smoking/exercise/general health promotion)

9. Lab
10. X-ray/radiology – rapid results
11. Residential care – seniors (combine with hospital)
12. Research (brings funding)
13. Outreach/Marketing of services available
14. Wellness classes
15. Caregiver services (for caregivers)
16. Cancer support groups
17. Focus on seniors [*sic*] “who’s hanging’ out here” (Note: comment interpreted as an indication seniors are the majority demographic in the District)
18. Community clinics
19. Integrative, complementary and alternative care together for a more systemic and comprehensive approach
20. More doctors; interns; residents; how can we attract them?
21. Use hospital as central hub to foster/promote health

Group Two

1. Emergency Services including 24 hour physician availability
2. Radiology – beyond basic x-rays
3. Urgent care; acute care
4. Community outreach (haven’t seen any community outreach other than Sebastopol) Examples: Education classes e.g. smoking cessation
5. Mental health services
6. Physical therapy
7. Guerneville/River Road communities detach from the Health Care District
8. Primary stroke center if we reopen an acute hospital of any kind
9. Clot-busters for heart/brain
10. EMT/Paramedic services for accurate assessment
11. Ensuring services are available without focusing on the acute care hospital function

Group Three

1. ER – urgent care
2. Address smoking/drugs/substance abuse
3. Mental health service (all kinds)
4. Coordination of services (nutrition and above)
5. Safe routes to school/exercise
6. Directory of health care services
7. Water Conservation (concern re: vineyards and water pollution/use)
8. Preventative health education
9. Blood pressure screening
10. Elder aging in home programs
11. Lower costs

Group Four

1. Trauma attention (stroke; heart attack)
2. Speedy access by coastal residents to trauma care or any care; transportation to existing programs (no car, no license, how do you get there?)
3. General emergency services
4. Urgent care
5. Community mental health especially adolescents

Group Five

1. Emergency room
2. Imaging
3. Urgent care
4. Teen services
5. Senior mental health
6. Successful aging
7. What areas will be served in West County?
8. Outpatient surgery center
9. Robust program for women's health
10. Supportive services for aging in place
11. Palliative (supportive) care
12. Health classes – wellness, smoking cessation
13. Education Center for the above

Group Six

1. Stroke acute/urgent care
2. Emergency services
3. Lab services
4. Radiology
5. Catastrophic care overflow/natural disasters
6. Best services we can afford – that are self-sustaining
7. Organ donor services – time to facility
8. Helipad
9. Surgeries that require overnight stays
10. Life-sustaining emergency services
11. Blood bank - transfusions

Group Seven

Group focused on Questions

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. Pediatric care
2. Well-baby care
3. Detach from district River Road northward – Sutter opening soon – get out of parcel tax

Group Two

1. Urgent care; acute care; emergency services
2. Provide basic 24 hour primary urgent care (can be done outpatient)
3. Coordinate care with non-profits and other hospitals/health care agencies
4. If we have a hospital again, study cost of other services i.e. Acute rehab

Group Three

Group focused on services in the next 12 months

Group Four

1. Pediatric care
2. Well-baby care – 24 mos.

3. Detach from district – River Road Northward. Sutter opening soon – get out of parcel tax.
4. Home care programs
5. Hospice in-home and residential/outpatient/clinic
6. Orthopedic surgeon services
7. Mobile units
8. Clinics
9. Palliative care unit/clinic without a hospice qualifying diagnosis
10. Convert building to assisted living
11. Health education program
12. PACE program
13. Diabetes
14. High blood pressure
15. Alternative health nutrition: repurpose building as a health coordination and resource center -- independent of insurance programs to fund the hospital?"
16. CCRC
17. Adult day center

Group Five

1. Full medical center – new model that includes ER, acute care, etc
2. Outpatient surgery center
3. Evaluate skilled nursing services – spectrum of services – bring them into 21st century
4. PD Health care District boundaries redefined
5. Outreach program to bring healthcare to schools
6. Center for high tech innovation in health care

Group Six

1. OB services
2. Health/pro-active health education
3. Preventative health education
4. Geriatric care
5. Stroke rehab
6. Orthopedic capabilities
7. Pediatrician care
8. Wound care
9. Cardio care
10. Mental health
11. Addiction rehab/Education

Group Seven

Had only questions – no brainstormed ideas

Questions that Surfaced in Groups

1. ER within current hospital – what would we need?
2. What can we do to prevent Kaiser from taking over?
3. Possible satellite by major hospital (Sutter?)
4. Are there exceptions to state laws?
5. History of what has happened?
6. How do we prevent mistakes of the past?
7. Are other local hospitals facing reductions? What are their stats? (Beds, wait times, transfers to other facilities, etc?)
8. Can bond funds and parcel tax be used for possible ideas for hospital/health care?
9. Can parcel tax/bond funds be used for services other than hospital?

10. What other services could be included with hospital and ER?
11. What are the responsibilities of the District Board currently?
12. Will hospital building and equipment need to be brought up to code in order for it to ever reopen?
13. Difference between acute, emergency and urgent care?
14. If we open any of these other services how will the "money pit" of the operations to date be addressed?
15. If we were to reopen the hospital would we inherit any more debt?
16. Will anything survive financially?
17. Will there be results from these meetings be provided to us?
18. Idea: what else can we do/how can we use the hospital as a central hub to foster/promote health?
19. Where is population of Palm Drive now receiving their services?
20. What's deterring (barrier) people from joining/staying with Kaiser, other insurers?
21. Why do people want to come back to Palm Drive?
22. Will efforts be made to clarify/decrease hospital tax for large/multiple parcels?
23. What will happen to money that has been paid?
24. Has Board looked at what other small hospitals have done to stay open successfully?
25. How can we attract more doctors? Residents? Interns? New blood?
26. Can we receive information from all the meetings pulled together?
27. What are the status of/difference between the Board and the District? Where's the Foundation in all of this?
28. Where are my taxes being spent right now? Are they going to go up?
29. What happens to my parcel tax if the hospital doesn't reopen?
30. Who has the authority to spend the money collected now?
31. What potential partners are being looked at? (Kaiser? Sutter?)

General Comments Surfaced in Groups

1. Increase sales tax
2. Increase fundraising (Foundation)
3. How can we have pride in ownership and end complaining individuals/businesses/organizations local and national?
4. How can we regain our reputation for care?

What Institutions/Non-Profits could the District Partner with to Provide Services?

Group One

1. Physicians forum – please listen/gather ideas
2. Partner senior housing/assisted living
3. Major marketing of services (were underutilized)
4. Partner with insurance companies
5. Research
6. Local practitioners – under one roof integrative preventative center – combine integrated, complementary, alternative

Group Two

1. Other hospitals (Sutter, Memorial, Community Hospital/St. Joe's)
2. SRCHC – Community Health Centers
3. UCSF or Bay area universities

Group Three

Group focused on Questions

Group Four

1. Kaiser
2. Ceres project
3. Section on aging
4. Area Agency on Aging
5. Marin General
6. Sebastopol Area Senior Centers and others
7. Sebastopol Community and Cultural Center
8. Chamber of Commerce
9. Grange
10. Local food growers
11. Food Alliance
12. Sonoma Co. Health Alliance
13. Sebastopol Health Alliance
14. West Co. Community services
15. Occidental Area Health Center
16. Russian River
17. Memorial
18. Sutter
19. Food for Thought
20. Rosemary's Herbal School – Forestville
21. School Districts
22. Churches and faith communities
23. Community church
24. Interfaith Alliance
25. Food Bank
26. Alzheimer's Association
27. American Cancer Society
28. National NGOs/health orgs
29. Women's center – part of Sutter Cleveland Ave in S.R.
30. Advanced illness management – Sutter
31. Police and Fire Departments
32. Sebastopol Police Chief
33. Red Cross
34. EMT training facilities
35. SRJC

Group Five

1. The Foundation
2. West County Health Centers
3. School Districts and schools
4. Community Network Journey Project
5. Council on Aging
6. Centers for Well-Being
7. Business partners: Vitners Association; O'Reilly Media; Traditional Medicinals
8. Government: City Council; County Department of Health Services; County Board of Supervisors; Area Agency on Aging
9. Pacific Market, Whole Foods, Safeway
10. Medtronics
11. Offsite care

12. Sonoma State, UCSF nurse training program, other higher ed partners
13. Kaiser, Sutter, Healdsburg, Memorial

Group Six

1. Kaiser (mental)
2. Doctor Group/Partnership that does hips/knees/shoulder replacements
3. Outside entity
4. Partner with Doctors

Questions/Comments Submitted on 4X6 Cards

Note: On some cards, participants asked multiple questions

Card #1

1. ER within current hospital—what would we need?
2. What can we do to prevent Kaiser from taking over?
3. How do we prevent mistakes of the past?
4. Possible satellite by major hospital (Sutter?)
5. Are there exceptions to state laws?

Card#2

1. Can lab services be reinstated in the District without reopening the hospital?

Card #3

1. What is the status of the statutory lien and what limitations does that contribute to any new form of the hospital??
2. How long does the statutory lien remain regardless of status of hospital?

Card #4

1. Will Board dissolve if Foundation takes over and how will tax assessment be treated?
i.e. will tax assessment be revoked if another entity is to take over?

Card #5

1. How does the parcel tax fit into the changing hospital possibilities and does the parcel tax become eliminated if the District cannot reopen as a hospital, acute care and services?
2. As a Kaiser member what services do I have to look forward to for the future?

Card #6

1. How many residents in West County have insurance coverage that covers Palm Drive Hospital?
2. Local people need to support our hospital through [sic] making sure their insurance co. The hospital should dialogue with the insurance companies.

Card #7

1. Is the Board considering selling the building to the highest bidder? And dissolving the District? Or providing non-hospital services?

Card #8

1. Please define 1. Different paths of District choices and 2. Will property tax still be collected for which path of district?

Card #9

1. Why is the District (do you mean the Board?) looking at services for teens, mental health, etc when Emergency care is most pressing? Who will pay for the Physical Therapy services you plan to offer? A teenager hit by a bus needs Emergency care not nutritional advice.
2. Many patients wanted their medical records. A number received partial records or those of other people. Who was in charge of the haphazard closure? No one was prepared.

3. Will you be publishing a detailed record of how you are spending the hospital funds before the closing and since?
4. Why are we discussing any health services except Emergency room and acute care for the short term? We want the services our taxes were designed to cover.
5. Why did you authorize millions of dollars on software and IT instead of medical care? If you didn't know you were short of money, you have not kept yourselves informed and should step down.
6. Medical personnel know best what our community needs. Their voices need to be represented on the board.

Card #10

1. I find it really stressful that there is not an ER in this community any more. Not a question – a statement. I guess I came to the wrong meeting.

Card #11

1. Palm Drive needs to be open for Emergency Care 1st. It is what we are paying for – not “for profit” health care or “designer” options.
2. A medical professional (at least ONE) needs to be on the board, not those who would repeat uninformed, self-serving resistance to the will of the majority of the people. Do not appoint more people like yourselves. A majority of the board should have professional medical backgrounds.
3. Listening sessions should be just that – not choreographed around 5 and 10 year projections that are pre-determined by your opening remarks. Let all the people speak – especially our doctors, nurses, EMTs, ambulance drivers, firemen and police who know what is happening on the ground.
4. How much money have you spent to close the hospital? How much on attorneys? Public relations.

Card #12

1. Marsha – you mentioned “ongoing” minor surgery – where is this going on?

Card #13

1. Is the District Board going to continue to block the Foundation's plan to reopen the hospital? It's fine to consider lots of different programs – but we need our hospital first! People are dying. The citizens will overturn the District tax if the hospital is not reopened.

Card #14

1. When are you going to open the hospital? We need the hospital!

Card #15

1. Wound care, physical therapy, infusion therapy, out-patient surgery, orthopedic surgery, ICU, ER, drug and alcohol tax, social services/resource development, dementia resources, geriatrician. These are services that we should have here and not have to drive to Santa Rosa for.

Card #16

1. 24-hour emergency physician is very important for emergent situations. Need 24 hour ER – I don't think urgent care will do this.

Card #17

1. Damon Doss reported in the Sonoma West Times that there are 20 million dollars in maintenance that needs to be done before the hospital can re-open. Please explain the work needed in detail. Is this deferred maintenance?

Card #18

1. Please explain about planning committee you mentioned.

Card #19

1. The bond fund – can these funds be used for other programs than the hospital?

Card #20

1. Can you tell us more about health indices? About seniors? (heard most about kids and teens) (multiple chronic conditions, dementia, mobility issues, need for assistance with ADLs, IADLs)

Additional Thoughts to Share with District and Answers to Additional Questions

- A Statutory Lien was signed by Governor Brown three weeks ago. The County collects the parcel taxes, parceled two times per year. Because bonds were sold, holders were allowed to hold back some of those payments in escrow (four rounds of payments). The Statutory lien reduces the four escrow holdings to two, releasing funds back to the District, also allowing better rate on bonds because of the interest rate.
- Kaiser Permanente members consist of approximately 40% of the District. Patients could use PDH ER for a life threatening occurrence, if this location is the closest. In general, Kaiser patients need to go to Kaiser.
- Some people believe Measure W was created with the idea of saving the hospital. The language is very broad and if we are unable to open the hospital, there are other medical services like urgent care and hospital related services in compliance with Measure W.
- The District has no intentions nor had any discussions on selling the PDH facility. The voters would have to approve such a proposal. Our main consideration is to bring back important medical services to our community.
- Responding to the question regarding the quote from Daymon Doss in the Press Democrat recently, concerning the \$20 million dollars needed for facilities maintenance issues: \$20 million would be necessary to make repairs and bring the facility up to code. When we exit our current license suspension, the repairs could be deferred over a period of time. We have retained one full-time Facilities Services staff who is keeping the building in good condition.
- Regarding senior citizens in the District: there are clear issues around seniors and health care in the area. There are approximately 11.4% seniors over 65 in the County. We are hoping senior services are one of the items on the table.
- Finances and bond funds: All of the District's financial documents are public and available on the website from the Finance Committee meetings and located in the Administration office.
- Difference between the District Board and the Foundation: The District is a governmental agency created by elections. It is a legally created entity with five elected Board members. The Board runs the District and is legally responsible to the taxpayers for fiduciary issues and insuring licensure is adhered to, especially related to quality of care and patient safety. Our main responsibility currently is to get back to the business of providing medical services. The Foundation is a private, non-profit created to raise funds to support the hospital.
- What happens to parcel tax if the hospital does not open: In coordination with Measure W, as long as we are doing everything we can to bring back medical services to the community, the parcel tax remains in place. A public vote is needed to repeal the parcel tax.
- State licensure is very clear about disallowing patients inside the building while the license is in suspension. Therefore, radiology and laboratory functions could be operated off-site.
- If we reopen would we inherit any more debt? The District is in the process of bankruptcy. We are incurring debt every day. The hospital has struggled for many years. The goal is to bring the best minds together to create a viable healthcare service. The new entity would not assume the debt.
- Dr. Powers expressed an interest in being part of the committee of experts after the Listening Sessions are completed. Gail Thomas stated the Foundation would like to be partners in reopening the hospital.
- LAFCO (Sonoma Local Agency Formation Commission) language states the District is authorized to provide acute medical services. Sonoma County LAFCO reviewed PDH closure at their meeting

of June 4. They made a “wait and watch” decision at that meeting, with no direction given to attorneys..

Next Steps

- Two more Community Listening Sessions – 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 to all come together to make a final recommendation to the full Board of Directors. (Open session)

Adjourned: 9:10 p.m.

Respectfully submitted
Gail Mullins
Clerk of the Board