SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT No. 1
Board of Commissioners
Special Scheduled Meeting
Board of Commissioners Retreat
Saturday, May 03, 2014

Commissioners Present:
Commissioner Michael Edwards - Chair
Commissioner Lenore Bayuk
Commissioner Mark Schwinge
Commissioner Rosanna O'Donnell
Commissioner Keri Talbott

Others Present:
SJCPHD#1 Superintendent: Pam Hutchins
EMS: E. James Cole, SJIEMS Administrator
EMS: Cady Davies, Administrative Asst.
EMS: Larry Wall, Dir. Critical Care Trans.
Ben Lindekugel, Ex. Dir. AWPHD

By Phone:
Absent:

CALL TO ORDER: Commissioner Lenore Bayuk at 9:00 a.m.

NEW BUSINESS
Commissioners' Leadership Retreat with Ben Lindekugel the Executive Director of Association of Washington Hospital Districts led the day.

Commissioner Bayuk did a reflection by a poem by Mary Oliver. Commissioner Bayuk encouraged everyone to look and listen and have a great day. Everyone went around the room sharing where they were from. It is important where we come from because we each bring unique experiences from our backgrounds. Ben Lindekugel went to the University Of Washington where he received his undergraduate and graduate degrees. His first job was working as a lobbyist for 14 years and then went to work for Evergreen Hospital. He left to be a consultant. He met Jeff Mero of the Association of Washington Public Hospital Districts. He then became the Executive Director of the Association of Washington Public Hospital Districts the first of the year. Ben then started the day out with an overview of the agenda for the day. Ben handed out his slide presentation papers to each member. First, healthcare and where it is headed was talked about. A vision for a successful rural health system produces high quality outcomes, promotes personal and community health, and merits the confidence of the community.

The United States spends far more on Health care spending per capita than all the other countries and we are the second highest in government spending. We are already using a lot of government funding although people don't see it that way. Things are costing more and opportunities on how to pay for them are dropping. Average people cannot afford any longer to pay for average insurance and companies can no longer afford to pay for insurance for their employees. Healthcare costs about a sixth of our GNP. It is the same as in Great Britain. There is no way that level of spending can be sustained. For Medicare in 1960 four people were paying in for every one person coming into Medicare. Today it is two to one and in 2030 it will be one to one which will be almost impossible to do. In our community there is a divisiveness about the issues of abortion, maternity benefits, and end of life issues. It is frustrating that in rural communities it is not because of moral, religious issues differences, but because it is unsafe and not profitable to have abortions. Of 42 hospital districts in Washington, about half of them would go out of business if they don't partner with another hospital system. Whole communities and sometimes whole rural areas will have no medical care if the small hospital goes away. We have to find ways to try and work around the dividedness to keep communities with a healthcare system. If you don't like what your system is creating, you have to change the system to move on.

Refer to the Chronic Disease Profile handout. Where are our opportunities to get better after looking at statistics? Refer to the San Juan County Health Indicators pages. Some things to note are on page four with San Juan County having 28% high blood pressure and 36% high cholesterol even though we were slightly under the state averages on both conditions. That is still a good deal of our population with these conditions. These are some opportunities to better serve our community. Something we should keep is the Levy "Bumping" sheet. The state can only levy a maximum of 1%. States and School levies get $3.50 then the $5.90 limit which is public hospital districts, library, cities and counties Flood District, Park and Rec district all the ones show that make up the $5.90 cents. The grey bar is people that have gotten an exception to the $5.90 limit. In addition they can have that amount and not be included in the $5.90 limit. In rural settings the hospital does not have to provide all the range of services in that hospital, but just have access and referral to other medical services outside the hospital. Instead of saying we have to have these certain services at our hospital, say we have to have access to these services across the board. Develop partnerships with local community clinics and other medical providers of other services. Find common ground and build from there. Hospital Districts are in a good position to provide the Medical Home models. A vision for a successful rural health system is wanting your local system to produce high quality outcomes, promotes personal and community health, and merits the confidence of the community. The leadership to create and support the rural health care system comes from communities and providers working together. If you want to stay miserable refuse to adopt change and adopt unreal expectations and goals. Our community must adopt good leadership principles. They should build on local leadership, be driven by social determinants of health, have strong health systems which strengthen the economy, and must build on local assets.

Next portion of the day was studying what makes a public hospital district. RCW 70.44.060 states the purpose. It is a municipal corporation. It has taxing authority, power of condemnation and eminent domain and has immunity from federal taxation. The purpose of a public hospital district is to operate hospital and other health care facilities... and to provide hospital... and other health care services for the residents of such districts and other persons. Beauty of hospital districts is they were begun by citizens, get tax money from the public, and get to elect officials for the district of a large organization. Then went onto Public Meetings Act info and slides. After lunch, The Public Hospital District Governance was talked about. Boards are about where we are going and administrators are about how to get there. Boards are about ends and administrator is about means. Boards are about what is the goal and administrator is about how we take you there. Commissioners should be focusing energy on the broader issue of vision and where they are going. Legislative bodies are most successful where focusing on strategic activities. Sometimes boards need to put policies into resolutions. Sometimes Boards could have questions written into the agenda to trigger discussion amongst all. What is the health status of our community? What is it community that you think we should do about a certain problem? You can hold the community responsible also. Sometimes one issue can get so big that it will always be out there for a while. You have to put that issue aside and know it will be there and focus on the vision again. Administration can go out and try and access the needs of the community. Commissioners can campaign, but not the paid staff. Discussion followed about whether or not to do EMS levy. What are the decisions around if we need a levy? Will fix levy amount, determine election date, set ballot language, done in open public meeting, and kicks off formal campaign period. When do we start working on levy issue? Depends on how long you think it will take to put things in order. The paid staff can talk about the facts and a commissioner can say to vote for it. If we were going to go out for a levy in November, we probably need to start now with gathering the facts and information and do a needs assessment. In January we didn't have all the figures, but now we do. We know our payor mix has changed negatively and know our tax revenues are hundreds of thousands less. A consultant, Laird Harris, could be hired by the foundation to help with the information. Tony Perkins of the Public Disclosure Commission can approve your fact sheet. EMS needs to get an elections committee together made up of commissioners and citizens to help with the election. Next, time was taken to look at our future. What do you consider to be the most significant

health care needs of San Juan County? Chronic Illness, cancer care, aging care, medevac, mental health, prevention and retaining primary care doctors and specialists. Of those what is it about them makes them a need for the community. What is the service or activity that should be provided and it is not done now? One area of need is the aging population and wanting a doctor that specializes in older people. Would like more home care for the aging. Maybe need chronic care management. Need to increase our relationship more with care providers would help the community. "Where there is no future there is only past." Quoted by Ben Lindekugel. Where there is no vision of the future then only the past is looked at. Think about getting members of the community that you can work with on the visionary items. Work with people that you can work with and don't concentrate on the ones you can't work with. You need to get the people to focus on what the community needs. We need to separate what we are supposed to be doing as a hospital district and what PeaceHealth needs to be doing. Mission is what we need to do. Need to figure out the organizational chart of the district. You have PIMC, EMS, and other part of district. Right now the public perception is we pay taxes so you are supposed to provide these services for me, instead of see the hospital district as a partner to come along side community to find those services for them. It is not about you doing it but about you enabling it to be done. We are in a new position since PeaceHealth opened. They now provide the medical services. There is an opportunity here to look at things and start a focus on a new vision. Maybe check with the Northwest Regional Council to get resources for aging population. You could possibly chose aging population as your new vision. Looked at Samaritan Healthcare's strategy map. They have their finances that provide an enabling resource for learning and growth to their people who will execute their processes which create value for their patients and community. Under the finances group it achieves financial performance necessary to sustain their mission and achieve their vision. For the people group they strengthen reliability, accountability and trust. For the processes group it is important to give seamless care coordination. For our patients and community they need to see us continuously improve, provide excellent service, expand capabilities, and enhance leadership. The key is that they have a community committee lead by two commissioners and the committees are made up of community people that are experts in the categories. You have to have the road built before you drive on it. Having that community committee gives the leadership access to almost the whole community. You have people knowing the facts and can spread those out in the community. The ultimate point is that the same messages are being told to the board are being told to the community. This also provides good board replacements. A video was shown about the new use of community paramedics to provide some house calls for preventative care in the community. Quality care, community health, and lowering costs are keys to providing the community with adequate service.

Audience Participation: No Audience Present

ADJOURNMENT:
Commissioner Edwards -----moved to adjourn, seconded by Commissioner Bayuk, all in favor.
Staff Retreat Meeting adjourned at --- 4:03 pm.

ALL EXHIBITS AND SUPPORTING MATERIAL AVAILABLE ON REQUEST.

Signed By Chairperson **Date**