

Minutes

Point Roberts Public Hospital District

August 9, 2017

Call to Order:

The meeting was called to order at 7:00 p.m. by Dick Williams, Commissioner

Attending:

Commissioners: Dick Williams, Robin Nault, Kandace Harper
Superintendent: Elaine Komusi
Financial Auditor: Jackie Gibilterra
Recording Secretary: Reneé Coe
Absent:

Introduction of Guests:

Vic Riley, Andrew Grubb (All Point Bulletin)

Approval of Prior Minutes:

Approval of minutes from previous PR PHD Regular Meeting (July 5, 2017)

Motion: To approve all minutes as presented. Motion carried.

Business:

Financial Report

Jackie Gibilterra presented the financial report. Current month payables \$15,037.21. Payroll is \$2,416.

Motion: To approve warrants and payroll for prior months' expenditures as presented. Motion carried.

Superintendent Report:

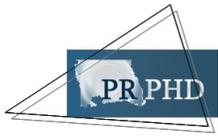
Update Air Conditioning Clinic

Elaine explained that it isn't possible to use the existing ducts for air conditioning. The clinic uses wall heaters so there isn't central heat or air condition availability for the clinic space. Currently the staff is using small fans in each of the windows which as been sufficient. The only option for a stand-alone air conditioner is the front window which would not work because of the lack of space.

Open House

The Fire District Open House is Sat. Aug. 26th. Natalie will attend, as well as the three commissioners. Elaine and Renee are unavailable. Commissioners will provide refreshments. Elaine asked Shanon Hardie, COO UCNW, for hand out material from Unity Care for the open house.

August 9, 2017



Review of Financials

Elaine clarified to the group that the HD does not operate with a deficit. She wanted to be sure that everyone understood the word “deficit” and what it means as it relates to the HD financials. She said that the HD has a healthy reserve fund that would be able to operate the clinic for 6 months (if it ever became necessary). Two years ago, the district also set up a Capital Fund for replacing any clinic depreciated equipment. As well, the budget is set up with a built in contingency fund in case of emergencies as well as any increase or added costs agreed upon with Unity Care such as the use of the dental van. In summary, the Hospital District does not operate at a deficit. In the reporting with Unity Care, the year-end financials will at times be at a surplus and at times will be at a deficit. Adjustments are then made for the upcoming year. Unity, nor the Hospital District is concerned about this, since neither organization is making or concerned about a profit.

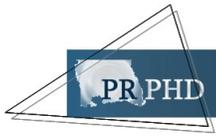
RFP Considerations

The group discussed the pro’s and con’s of sending annual RFP’s (request for proposals). Elaine will contact the Association of Public Hospital Districts to request additional information on other Districts that contract out their services. As part of the research done in 2011 to prepare for the previous RFP, it was discovered that at the time, the only district close to the Point Roberts model was in Mason County. Mason County Public Hospital District contracts with Harrison Medical Center in Bremerton WA. The contract is set-up for a 10-year automatic renewal with a 5-year renewal after and one year thereafter.

The downside of sending RFP’s is the impact on the relationship with the current provider. There needs to be an ongoing commitment in order to be successful. In 2011, the HD sent out 13 RFP’s for the 2013 calendar year.

- Family Care Network
- Associates in Family Medicine
- Sea Mar
- Group Health
- ICHC
- Regence Blue Shield
- Valley Medical Center
- Providence
- Peach Health
- Everett Clinic
- Swedish Med Center
- Healthpoint
- Camden Group

90 percent did not respond because the Scope of Practice outlined in the RFP’s did not meet their Organization’s goals. David Sulier, Regional Director Planning



& Business Development at PeaceHealth was the only provider who showed any interest.

On Dec. 28, 2011, he sent the following response after his team discussed the proposal with Elaine and initiated a site visit to Point Roberts Clinic.

“I apologize for the delay in getting back to you regarding our progress in evaluating the Point Roberts Hospital District Clinic RFP, I wanted to allow enough time to gather all the information I needed to present a clear and concise overview to the leadership team at PHSJHMC and PHMG.

After careful consideration and factoring in all the initiatives and program development projects currently in the pipeline, it was felt that at this time Peace Health Medical Group doesn't have the capacity to take on this opportunity. There are a number of regional as well as system level initiatives specifically related to the medical group that have high priority, especially given the integration requirements across the PeaceHealth system. Taking on this project for implementation with a start-up in early 2013, would pull resources from other critical areas and may jeopardize a smooth transition due to competing priorities.

We appreciate being considered as a potential partner in managing the District's clinic and admire your commitment to addressing the healthcare needs in your community. But, unfortunately PeaceHealth St. Joseph Medical Center and the PeaceHealth Medical Group will not be responding to the PRPHD Clinic RFP. We hope this well structured process brings in a number of choices for consideration and that those alternatives offer management options that meet your needs.”

In 2014, the group also discussed the option of running the clinic independently but after careful review of the budgetary commitment, the group decided it was not financially feasible.

Commissioner Nault said that in her conversations with the public, people are happy with the clinic. She said there is a consistency of care with Unity and that patients are used to the network they provide. Unity has been very supportive of the Clinic and that the HD is very lucky to have what we have since we are so remote. The priority is to keep the doors open and if the clinic were stand alone, the risk is that the doors may be closed. In conclusion, the group agreed it is good business practice to send RFP's but there is no urgency at this time.

The group also discussed formulating and sending a survey to the community through Point-Interface. It was decided that instead Elaine will send additional questions through the Assoc. of Public Hospitals for more feedback regarding RFP's and Scope of Practice within its membership.

Whatcom Physical Agreement

Elaine emailed the group the updated agreement with Whatcom Physical Therapy. The rate remains the same. The only change is clarifying the language and including details of the new management company recruited to take over administrative paperwork. The HD will continue to work with Alan Finston directly and not the management company. Elaine will also contact Alan and request monthly patient reports.

Motion: To approve the updated Agreement with Whatcom Physical Therapy as presented. Motion carried.

Other:

Commissioner Williams asked what the cost would be if the HD paid for air conditioning from the fire district in the future? The group agreed to consider as an option for next year.

Next Step

- Elaine will contact the Assoc. of PHD for additional information
- Elaine will request monthly reports from Whatcom Physical Therapy
- Elaine will contact Shanon Hardie regarding the Sept. meeting date

Next meeting:

Regular Meeting: Wednesday September 6, 2017

Adjournment:

Meeting was adjourned at 7:55 p.m.

Signatures:

Respectfully submitted by: Reneé Coe

Dick Williams

Robin Nault

Kandace Harper

Reneé Coe