

COAST LIFE SUPPORT DISTRICT

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AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

>>> 3:30 pm Monday, February 24, 2014 <<<

Bill Platt Training Center

Gualala, CA

1. Call to Order Toedter
 2. Adoption of the Agenda
 3. Minutes Approval
 4. Privilege of the Floor – Public Comment
 5. Old Business – Information or Action Toedter
 - Camden Report
Barbra Riegel, VP, The Camden Group
 6. New Business Perry
 - Urgent Care Joint Management Group
 7. Reports
 - Committee Reports
 - District Administrator
 - December A/R
 8. Other
 - General announcements
 9. Adjournment
- Scheduled Board of Director meetings (4:30 at Bill Platt Training Center unless otherwise noted):
 - o March TBD



MINUTES OF THE MEETING OF THE
BOARD OF DIRECTORS
January 20th, 2014

Call to Order. President Tom Toedter called the meeting to order at 4:30 p.m. Present: Directors Randolph, Dodds, Perry (by telephone from La Quinta, CA), Schwartz, Rice, Provencher.

Adoption of the Agenda. Director Schwartz moved, Director Provencher second, all ayes.

Approval of December 9th, 2013 Board Minutes. Director Rice moved to adopt the Minutes. Director Randolph second, all ayes.

Privilege of the Floor- Public Comment: None

Old Business-Information or Action

- Urgent Care RFP Update-Vendor Selection Process: Directors Perry and Provencher and DA Foster have received responses from RCMS, St. Joseph's (SRMH) and Sutter. The proposals become public record once submitted and Foster will distribute in response to requests.
- DA Foster presented the calendar for the selection process and election. Director Provencher reviewed the RFP selection process priorities being the best value for the district and community as well as the requirements of service area, facilities, costs, and quality of care.
- Measure J Ballot Discussion-Information: Comments were received from all board members. The consensus was that a strong campaign by RCMS and CLSD is crucial to the passing of Measure J.
- Strategic Planning Retreat-Information: The date of Saturday, May 3rd, was agreed upon. The location TBA. The agenda will be determined by the facilitator in consultation with the board President.

New Business: None

Reports:

- DA Report: DA Foster reported a lower-than-average patient transport volume may affect this year's budget surplus. He also reported that the first eighteen months of the new Medi-Cal reimbursement program may net about \$110K from prior years. Treasurer Rice indicated this may influence the budget and tax rate considerations for FY14-15.
- QA Committee: Director Dodds read the report from Tucker Bierbaum, M.D. The December 31st quarterly report showed 100% review of ALS charts are in full compliance with no adverse actions noted.
- Finance Committee: Director Rice reported that the Finance Committee will have the final audit for board review in February.

Accounts Receivable/Write-Offs:

- The December 2013 Accounts Receivable Status report was included in the board packet. Director Schwartz moved approval, Director Dodds second. All ayes.

Other:

- General Announcements: February BOD Meeting scheduled for Monday, Feb. 24th at 3:30 p.m. at the Elaine Jacob Center in Gualala.
- The Community Meeting of the BOD for presentation of the Camden report will be on Wednesday at 5:00 p.m. at the Gualala Community Center.

Adjournment. Director Randolph moved for adjournment, Director Dodds second, all ayes. Meeting adjourned at 5:55 pm.

Minutes approved:

Date

February 18, 2014

MEMORANDUM

TO: CLSD Board
FROM: Richard Perry
SUBJECT: ATTACHED JOINT MANAGEMENT RESOLUTION

Attached is a draft resolution introducing the concept of an alternative approach to the management of Urgent Care in the event that Measure "J" is successful in April. I believe we need to take a active role in the management of the \$600,000+ funds that the District will provide to an Urgent Care provider for annual services. We have an obligation to the taxpayers to assure that the monies are carefully managed and accounted for as well as efficiently used.

As you will see in the draft resolution I am suggesting we create a new group to oversee and administer Urgent Care services. The resolution is only in draft stage and will likely need significant modification prior to adoption. For example, we need to determine the appropriate legal structure of this group and better define their responsibilities. Another area that will need examination is insurance – will RCMS's malpractice and other insurances properly cover Urgent Care services? Perhaps these and other items can be covered in an agreement that can be referred to in the resolution.

Should the Board decide to further consider this or some similar approach, I suggest we ask the Camden Group, as part of the current study, to research and provide us with examples of how other organizations of different composition have formed an organization to provide mutually beneficial services. Our proposed group would involve a public agency and private non-profit group, and could ultimately include a private for profit group such as St. Josephs (Memorial Hospital). Ultimately our legal counsel would have to review and approve any such agreements

The purpose of this draft resolution is serve as the basis for discussion by our Board.

DRAFT RESOLUTION

A RESOLUTION OF THE COAST LIFE SUPPORT DISTRICT (“DISTRICT”) AUTHORIZING A JOINT MANAGEMENT AGREEMENT BETWEEN THE C.L.S.D. AND REDWOOD COAST MEDICAL SERVICES (“RCMS”) FOR THE ESTABLISHMENT OF AN URGENT CARE JOINT MANAGEMENT GROUP (“JMG)

WHEREAS, the DISTRICT felt that daily urgent care services were needed by its residents and that ongoing funding for urgent care services needed to be addressed,
WHEREAS, the voters of the DISTRICT passed Measure “J” to provide urgent care medical services to members and guests within the DISTRICT,
WHEREAS, the DISTRICT has the responsibility to provide policy direction, management oversight, accountability for public tax monies collected under its aegis as well as the quality and efficiency of the services being delivered,

NOW, THEREFORE, BE IT RESOLVED BY DISTRICT, AS FOLLOWS:

Section 1: General management oversight and policy direction of Urgent Care shall be provided by the JMG. Medical activities oversight shall continue be the responsibility of the Medical Director.

Section 2: General management oversight will include, but not be limited to, approving budgets and monitoring the financial transactions of urgent care operations including, revenues, operating and capital expenses, use of sliding scale reimbursement rates, reserves and staff compensation.

Section 3: JMG shall be provided monthly reports regarding the numbers and types of patient visits, expenses, revenues, budget status and other information deemed necessary by the JMG. JMC shall be provided on a quarterly basis the survey of patient satisfaction and approve the survey.

Section 4: The composition of JMG shall be two member(s) of the DISTRICT Board of Directors or their designees, two member(s) of the RCMS Board of Directors or their designees, and one community resident selected by the District. The members shall serve at the pleasure of the appropriate appointing authority.

Section 5: In the event that during any fiscal year an appointed member from either DISTRICT, RCMS, or community is either unable or no longer eligible to serve, then a replacement shall be appointed by the appropriate organization with thirty (30) days prior written notice that such individual is no longer able or eligible to serve.

Section 6 : The JMG shall meet at least once annually, and more often if requested, with the DISTRICT and RCMS Boards of Directors to report on the state of urgent care operations and to present the annual proposed budget .

Section 7: Both the DISTRICT and RCMS shall have designated staff attend the JMG meetings as necessary as determined by the JMG.

Section 8: The JMG shall have the discretion to retain legal counsel and such other consultants as they deems necessary for the operation of urgent care. If any contract or purchase is anticipated to exceed \$5000, approval of the DISTRICT Board shall be required.

Section 9: This agreement may be terminated by the joint mutual agreement of the two parties expressed in a written agreement which states the date of termination of this agreement. In the event mutual agreement cannot be reached by parties hereto, this agreement may be terminated by either party upon 60 day written notice.

Section 10: Unless otherwise agreed to in writing by the parties, upon termination of this agreement, the remaining assets of the urgent care shall be retained by the original contributing organization. Any subsequent equipment purchased with tax proceeds shall be deemed to be DISTRICT property.

Section 11: This Agreement shall not be modified except by written agreement of both parties.

Section 12: This agreement shall take effect immediately upon (1) agreement by both Boards; and (2) confirmation of the new Urgent Care tax by two-thirds of the voters in the District voting in an election to be held on April 8, 2014.

**Coast Life Support District
District Administrator's Report
February 24th, 2014**

1. Personnel

- a. New ALS EMT. I am pleased to announce that Joe Peters, from our BLS crew, has been selected to fleet up to the permanent position of ALS EMT, joining the MED-120 crew as part of the "First Out" team. We had nearly thirty very strong applicants, and Joe was a standout and the unanimous choice of the paramedics. We look forward to working with him in serving our community.

2. Clinical Hit Parade

- a. First Verapamil use. Please recall last summer's campaign directed at the state EMS Director to expand the scope of practice for our paramedics. We had a "shopping list" of protocol changes and drug authorizations, the first of which was Verapamil, which is used to control tachycardia (rapid heart rate). This was a hard fight, because the authorizing body in Sacramento is composed of political appointees from urban-based EMS systems, where transportation times are very short and tachycardia management is not an issue. Last week our paramedic Tom White had a 70 year-old patient with extreme shortness of breath and a heart rate of 167. As often is the case in the winter, REACH and CALSTAR could not come in due to weather. Faced with a two-hour transport to Santa Rosa, Tom used the Verapamil to bring the patient's heart rate under control; the patient's condition stabilized and improved greatly, and they all arrived in town safely. This is why we fight the fights: Good Enough isn't Good Enough.
- b. Spinal Protocol Change. This is a repeat item, but it's important so I'm going to say it again because it shows our leadership role in EMS care. **Our experience (confirmed by national studies) shows that long transports on hard backboards can actually increase patient injury.** In response to our proposals, Coastal Valley EMS Agency has radically changed protocols for cervical spine immobilization to reduce transportation-related injuries and patient discomfort. As with 12-lead monitors, drug and expanded scope protocols, and now this change, Coast Life Support has a leading role in advancing pre-hospital care in California. We are very proud of this.

3. Logistics & Finance

- a. COAST BLUE
 - i. The good news is that our new radio channel, COAST BLUE, is now operational and allows direct communication from Point Arena to Santa Rosa. The fire departments, Sheriff, State Parks, Coast Guard, and Highway Patrol are thrilled and using it to coordinate inter- and intra-agency missions. This is a watershed event for coastal emergency response and disaster preparedness.
 - ii. The other news is that the grant funding for the project did not include about \$30K of labor costs, which we'll need to come up with to complete the project to the northern regions and some middle-area fill-in. We budgeted this \$30K back in FY09-10, but never executed it, and now it's due. The labor for the project is being supplied by the Sonoma County Sheriff's Communication Department (project manager

for building the network) and its contractors, and is our portion of multi-agency costs associated with work on the five affected towers.

- b. Medi-Cal Reimbursement. I have submitted all reports to Sacramento for retroactive reimbursement of all fee-for-service Medi-Cal patients back to January 2010. Subject to their review for accuracy, we stand to gain about \$130K-160K if all goes well. Payment should be this spring.
- c. Financial Position. Our transport volume is still down from last year; we are still in pretty good shape as long as we keep building our reserve.

4. Community

- a. Training. We have started a new era in EMT training for the District, with Anthony Macedo (a former CLSD BLS EMT) at the podium. We have seventeen new students from throughout and beyond the District, from Timber Cove in the south to as far north as Elk and Fort Bragg.

5. Urgent Care

- a. RFP Process. The RFP yielded one response: RCMS, with a letter of intent from St. Joseph Healthcare System to work with RCMS on a cooperative solution. The response review and scoring is being worked through the sub-committee with a recommendation to the board scheduled for the March meeting.

/s/

Scott Foster
District Administrator

