

**Orcas Island Health Care District**  
**Board of Commissioners - REGULAR Meeting Minutes**  
**REMOTE BOARD MEETING**  
**May 18, 2021**  
**5:00 – 7:00 p.m.**

**Commissioners Present (via Zoom):**

Art Lange, President  
Patricia Miller, Secretary  
Pegi Groundwater  
Richard Fralick  
Diane Boteler

**Staff (via Zoom):**

Anne Presson, Superintendent

**I. Call to Order**

President Lange called the 10<sup>th</sup> meeting of 2021 to order at 5:00 pm. He noted that there was a quorum with four commissioners present; Commissioner Boteler joined the meeting later. He welcomed members of the community and the members of the Island Hospital leadership team to the meeting.

When asked if anyone had modifications to the Agenda. Superintendent Anne Presson noted that Kevan Rayne will not be joining the meeting for a report on the website.

**II. Public Comment**

There were no requests for public comment at this time.

**III. Consent Agenda**

The items contained in the Consent Agenda included: MINUTES of the May 4, 2021 Regular Board Meeting and an AP Voucher Report dated 5/10 in the amount of \$4,246.62.

**MOVED by Commissioner Fralick, seconded by Commissioner Groundwater to approve the Consent Agenda. VOTE 3:0:1, Commissioner Miller abstaining and Commissioner Boteler not yet joined. MOTION CARRIED.**

**IV. Island Primary Care – Orcas (IPC): Updates**

Elise Cutter, IH COO, reported that providers at this time are Dr. Frank James, PA-C Karen Caley-Orr, and PA-C Jennifer Utter of the IPC staff, as well as Dr. Michael Gravatt, a primary care physician on a 6-month locums assignment and IH primary care physician Dr. Jon Peterson. Dr. Peterson will be continuing a few days a week through the end of summer. Patty Codd, practice administrator, reported that Dr. Kathy Garde, IH women's health physician, will have her first clinic the following day, May 19. Dr. Brandon Greene has not been scheduled yet. IH Dr. Les Conway and PA-C Susan Jordan are also providing support, as needed. Cutter reported that IH is actively recruiting for an additional physician and advanced practice care provider (APCP, i.e., a physician assistant or registered nurse practitioner). She is proud of the entire group, who have been handling complex primary and urgent care "with calmness and grace." Same-day access is available to patients by appointment.

During the period April 5–13, the clinic had over 1000 provider visits, more than expected. One provider every day is held for same-day appointments; on one day last week, that provider saw 14 triaged patients. Nurse visits (ear washes, injections, COVID testing) numbered 152 and labs numbered almost 300, 32% of them courtesy labs. The number of courtesy labs is going up, and that work flow is going smoothly. There have been

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six after-hours in-clinic visits to date. Children's immunizations are now under way, and pediatric visits are expected to increase. Commissioner Groundwater asked if some x-rays could still not be done; Codd said they have begun doing x-rays of spines but not yet of skulls, which take extensive training and repetition.

The number of high-acuity (level 4 and 5) visits is fairly high, which is to be expected in a rural remote clinic. Those visits are tending to come in bunches, some through EMS and other through triage nurses; at times, the staff are taking care of several high-acuity patients at once. Managing refills of controlled medications is taking a lot of time, which is not unusual in combining two clinics. Codd and James are working on improving the process.

Types of visits by Diagnosis:

1. Musculoskeletal – 229 visits
2. Abnormal Lab Findings – 181 visits
3. Injuries - 86

Cutter reported that she and Codd met with EMS personnel to talk about current status of the relationship and next steps. They discussed making communications as smooth as possible, and EMS now has a line directly to the nursing staff. They discussed doing a joint code drill, including a nurse educator who works for Airlift Northwest. IPC is looking to integrate EMS's electronic health records system so they can access it for patients who have a same-day appointment or a next-day follow-up with an EMS patient. One focus this year is "managing up" internally; they consider working with EMS an internal process, so the patient feels confident in the handoff, and EMS feels confident handing off to the clinic and vice versa. Cutter and Codd are excited to start regular meetings with EMS.

Charles Hall, IH CEO, observed that IH staff spent a year discussing an in-clinic and after-hours partnership with EMS. He asked OIFR Chief Scott Williams if he had seen an increased ability to provide care in partnership. Williams responded that there definitely had been a recognizable improvement. EMS personnel have had several good experiences with being able to drop people off at the clinic, and there's been good workflow and good communication afterward. Even when the clinic has had the patient call 911, communication has been good. EMS has offered opportunities for joint training in the past, and the fact that clinic staff are interested is "a marked improvement." Hall stated that although the process still needs work, the clinic is working closely with EMS to accept patients. He asked if off-island flights had decreased. Williams replied that with weather and COVID restrictions it was hard to say, but patients that EMS could drop off at the clinic did not require off-island transport, so the partnership is having a positive impact.

The clinic performed 121 x-rays over the reporting period and is considering opening that service to the community on a regular schedule. Cutter is talking with IH's director of diagnostic imaging about the possibility to schedule one day a week for X-rays ordered by outside providers.

IH's new Health and Wellness Center is part of the movement in medicine toward "population health," away from "sick care" to preventative care, working with the community to prevent and manage diabetes, congestive heart failure, blood pressure, and other issues. The Center is offering more than 20 classes this week, designed to teach people how to live well, move well, eat well, and manage stress. Most classes will occur in the fall and will be broadcast across the islands. The links are at [www.islandhospitalfoundation.org](http://www.islandhospitalfoundation.org).

A few new programs being implemented at the hospital are tele-intensive care services and orthopedic robots. Many big hospitals have intensivists available 24/7 for patients in ICUs, which is not possible for smaller hospitals; however, care can be offered through 24/7 programs supporting remote interactions between patients and staff. Robotic programs are a cutting-edge technology that can keep care closer to home.

## **V. Board Training – OPMA Refresher**

Daniel Kenny, attorney from Ogden Murphy Wallace, gave a half-hour presentation on the Open Public Meetings Act. The presentation offered extensive detail on what constitutes a “meeting,” what constitutes “action” at a meeting, and recent changes to constraints of the Act because of COVID-19.

There are a range of things that can be considered meetings and thus should be publicly noticed ahead of time:

- a. Regular business meetings
- b. Special meetings called in a more expedited manner for a limited agenda
- c. Executive sessions in a regular or special meeting
- d. Standing committee meetings
- e. Attendance of a quorum (more than two commissioners for OIHCD) at another meeting
- f. Joint meetings, two meetings noticed together for both bodies
- g. Attendance of a quorum (more than two commissioners for OIHCD) at social events
- h. Serial/rolling meetings, such as phone trees, sequential phone calls or emails, or sequential gatherings that constitute discussion among more than two commissioners

“Action” refers not only to final actions or votes, but also to taking public testimony or having deliberations, discussions, considerations, reviews, and evaluations on a topic that is before the board. Whether a discussion crosses the line into action depends on the situation; when in doubt, events should receive prior noticing, or recognition and documentation at a later meeting.

Currently the OPMA requirement to provide physical space for the public at meetings has been waived because of COVID-19, but the situation is changing constantly. Kenny invited the commissioners or Superintendent Presson to contact him with any questions. For now, requirements to reinstate in person meetings were onerous, and he wasn’t aware of any of their clients who have gone back to that yet.

## **VI. Committee and Work Group Reports**

### **a. Building & Equipment Committee**

Groundwater reported she had a meeting with a third potential contractor, from Tacoma, on the painting RFP. The contractor brought up interesting questions and ideas that might be helpful, which she has shared with Commissioner Fralick. The contractor said that the RFP was one of the clearest, most complete he’d seen. Fralick and Miller also alerted local contractors; none has responded, probably because they’re very busy. Miller asked if we should simply paint the building, which is the time-sensitive activity; Fralick noted that’s a possibility once we see what bids we receive.

Fralick is continuing discussions to determine what the correct size for a new generator might be. Clinic lighting is also an issue: some fixtures are not putting out the proper amount of light, and new lighting could affect the size of the generator. He had further conversations with OPALCO and the electrician. He has no recommendation yet but will soon.

Fralick has spoken with a County planner concerning the two properties the District owns, the clinic property and the open land beyond. They discussed what is allowed to be built on the properties, specifically whether zoning would allow for housing. Both properties are in the UGA, classified as village residential, which gives a lot of latitude. On the 0.7-acre property, zoning would allow for up 2–8 residential units, with a requirement to leave 30% of space open. On the clinic

property, almost 3 acres, 10–30 units are allowed, leaving 30% open space. Fralick will continue the talks.

Miller noted that parking is part of the land coverage; Fralick responded there's still a large area of land east of the clinic. Miller also noted that the original division may have placed some restrictions on the property; the planner suggested there were no limitations. Boteler asked if there would be an advantage in combining the parcels; Fralick does not know but will explore.

Miller noted that the road has many potholes; Fralick will talk with Andrew Stevens at Orcas Physical Therapy about whether there is a road agreement. Groundwater noted that clinic personnel have also stated that they need more parking for patients and staff; Richard knows that needs consideration as well.

**b. Finance Committee**

Miller reported she had met with Orcas Family Health Center and gotten more information about their financials, but they're still preliminary. In the next month, OFHC should have their January through March 2021 financials and a more accurate wind down estimate. OFHC has not made a request for funds to the District.

**VII. Old Business**

**a. SHIBA (State Health Insurance Benefit Advisors)**

Thanks to efforts by Presson, Groundwater and Lynnette Wood from the Senior Service Council of San Juan County, the Interisland Health Care Foundation agreed to be the grant sponsor for the SHIBA program. The grant application was submitted with 6 minutes to spare and is awaiting approval.

**b. Website**

Kevin Rayne and Presson met yesterday to discuss the look of the new website; the content is taking a bit longer than expected. It should launch right after Memorial Day.

**VIII. New Business**

None was presented

**IX. Operations Report**

Presson has been continuing to work with Codd and Hall on recruitment. Next month she and Groundwater will bring back details on what the long-term care network grant group is doing; they've made significant progress. She will do an update for the Board of Health on the topic at their June meeting and hopes the County will play an integral role in the Network, along with the three PHDs.

Presson will be off island May 20-23.

**X. Public Comment**

There were no requests for public comment at this time.

**XI. Upcoming Meetings**

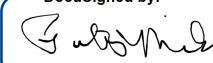
President Lange stated that the next Regular meeting of the OIHCD Board is scheduled for June 1<sup>st</sup>. Other meetings were listed on the Agenda.

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**XII. Meeting adjournment**

**MOVED by Commissioner Groundwater, seconded by Commissioner Miller to adjourn the meeting at 6:27pm. VOTE 5:0:0. MOTION CARRIED.**

Minutes approved this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

DocuSigned by:  
  
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6/11/2021

**Attest: Patricia Miller, OIHCD Board Secretary**

**Date signed**