

Orcas Island Health Care District
Board of Commissioners - REGULAR Meeting Minutes
REMOTE BOARD MEETING
June 15, 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 12th meeting of 2021 to order at 5:00 p.m. He noted that there was a quorum with five commissioners present. He welcomed members of the community to the meeting.

When asked if anyone had modifications to the Agenda, Commissioner Boteler asked if the after-hours meeting that she and Superintendent Presson attended would be covered, as it had been very positive. Presson replied she would cover that during her operations report.

II. Public Comment

Bob Thomas supplied the following written comment:

“The Commissioners and superintendent have done a good job getting us where we are today. The partnership with Island Hospital has provided a solid base for a responsive clinic that has the ability to be fiscally responsible.

It has been noted in recent regular Commission meetings that there is potential of a budget surplus going forward.

First keep in mind the following: The pre-vote agenda of the Coalition for Orcas Health Care stated that its goal was a clinic funded by a tax on the public providing predictable funding for primary, after-hours and urgent care.

The sign in front of our clinic reads: ISLAND PRIMARY CARE – ORCAS. The Island Hospital website states:

Our Services Include:

- *After-hours Care
- *Patient Care Coordination
- *Family medicine
- *Pediatrics
- *Telemedicine
- *Laboratory, diagnostic testing and x-rays

To me this means primary, after-hours and urgent care as defined by the Coalition and voted on and approved by the citizens of Orcas. Mission accomplished, well done Commissioners and superintendent.

What should be done with this surplus?

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The Commission, rightfully so, is beginning an examination of what to do with the surplus going forward including:

*Investigating uses for the clinic's vacant lot and unused portion of clinic property. So far these possibilities include additional parking, housing for medical staff and visiting consultants etc. I can understand expanded parking, apparently parking is tight, but housing? Is the Commission ready to take on a capital project of this magnitude with public funds?

*Other ideas have included mental health

*In-home care or age in place.

I don't think the clinic should duplicate roles that are provided by existing practitioners or other service groups. That is one of the reason the Commission combined two clinics into one. For example the island community is already provided with perfectly good physical therapy, dental, vision, hearing, psychiatric and mental health, subsidized housing, senior services, and on and on and on. The clinic should not duplicate those services. Cooperating with and referring to, yes. Competing with or providing funding for, no.

I can think of a couple of uses for the surplus that meets the Primary/ Care role of the clinic:

*Pay down the bond debt

*Fund the emergency fund, which I believe the Commission has already suggested, including providing for potential cuts in Medicare reimbursement as noted in the last meeting

*Continue to maintain the clinic in good operational condition

*Continue to work with Island Hospital to update processes, procedures and equipment

*Maintain or reduce the levy rate.

In my opinion, if the Commission intends to introduce new goals the discussions need to be open and transparent and not a done deal that is suddenly brought up and voted on by the Commission with little public input or knowledge. Further, since these ideas may be contrary to the Coalition's original goal of primary, after-hours and urgent care voted on and approved by Orcas citizens, there should be a new vote by the public to approve the expansion of the specific goals approved by the original vote.

Keep the Commission agenda strictly limited to supporting the Island Primary Care clinic and provide for a fiscally responsible future."

III. Consent Agenda

The items contained in the Consent Agenda included MINUTES of the June 1, 2021 Regular Board Meeting and an AP Voucher Report dated 6/6 in the amount of \$2,419.91. Superintendent Presson noted that she would still be making Commissioner Groundwater's minor editorial changes to the final minutes.

MOVED by Commissioner Fralick, seconded by Commissioner Boteler to approve the Consent Agenda. VOTE 5:0:0. MOTION CARRIED.

IV. Committee and Work Group Reports

a. Building Committee

- i. **RFP:** Three responses were received to the RFP. Groundwater presented a cost comparison and her scoring of the three proposals. She noted that she had talked with the contractors about specific elements in their proposals, to be sure comparisons were accurate, and had also contacted references for all three. In Time Renovation (ITR), was the lowest bidder and got excellent reviews, and she recommends awarding the contract to them. The cost of the doors was much higher than anticipated, and discussion ensued about purchasing new doors vs. retrofitting, automating two doors rather than four, and using lower-priced subcontractors.

MOVED by Commissioner Miller, seconded by Commissioner Boteler to award the contract to ITR, with the understanding that the Building Committee would further discuss project components and pricing with ITR before proceeding. VOTE 5:0:0. MOTION CARRIED.

- II. **Lighting plan:** Fralick reviewed lighting plan options and costs, modified since posting of the meeting packet to include taxes. He noted that since our current fixtures are sound, option 3 made no sense. For option 1, the electrician, Kevin Loomis, would gut the fixtures but retain the lenses/diffusers, while for option 2, the fixtures would be gutted and new lenses/diffusers would be installed that are more efficient, provide better illumination, and offer twice the lifetime of the current lens. Net cost for option 1 is \$6779, vs. \$12,280 for option 2. The break-even period is about 20 years. The committee recommends option 2. Loomis will plan on installation in August.

MOVED by Commissioner Groundwater, seconded by Commissioner Boteler to move forward with option 2. VOTE 5:0:0. MOTION CARRIED.

- III. **Refrigerator/freezer:** a technician is scheduled to look at both on Friday morning, June 18.
- IV. **Road maintenance:** There are four lots that share the roads, but only 1, 2, and 3 (see map) are currently required to share the cost of maintaining the entrance portion off Mt. Baker Rd. That road needs temporary fixes to potholes and also long-term work. Repair costs would ideally be prorated based on number of ingresses and egresses to each lot, which could be determined by use of counter strips.

Half of the original lot 3 was bought by Orcas Physical Therapy; the other half was added to lot 2, and a new easement was granted to OPT in 2005 for its entrance road. OPT will maintain that road until the half-lot added to 2 is developed. There is a safety issue for those coming from Deye Lane where it meets OPT's easement. OPT would like the District to grant a new easement directly between OPT and Mt. Baker Rd., east of the clinic building. OPT would release the old easement, which could open more clinic parking; also, OPAL owns some lots there, so cost-sharing might be possible. Discussion to convene a meeting of all neighbors for discussion. Commissioners agreed it was also wise to consider a long-range plan which could include the possibility expanding the building or adding additional structures.

b. **Staffing Committee**

Groundwater noted that Presson's annual performance review was due soon. She proposed using the template from last year with updates based on what Commissioners suggested last year. She formulated that feedback into five goals that would be part of the overall evaluation. She suggested an initial meeting in Executive Session where the Commissioners could share their impressions of the various aspects of Presson's performance. Then each commissioner would do an individual evaluation. There was consensus not to use numerical scores in the evaluation. The Executive Session is tentatively scheduled for the July 6 meeting. Presson will send last year's evaluation, this year's template as revised, and the 2021 bonus goals.

V. **Old Business**

Lange addressed the issue of changes for the District in Board and staff roles and responsibilities, current and future scope of OIHCD, and future staffing needs. Fralick agreed this is a good time to consider appropriate governance going forward. Lange proposed a facilitated discussion and has possible facilitators in mind. Boteler asked for background on traditional board roles, and Lange noted that the Association of Washington

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PHDs has good resources. Boteler also asked how we would include public input, and Miller suggested considering a Town Hall focused on the District and the future of health care over a defined time frame. Information from other sources would also be valuable, such as the other PHDs and the groups collaborating on the long-term care grant. Collective action by the PHDs might be an outcome, or even advocacy for issues. Miller asked if we should undertake a broader strategic plan; Presson noted that the Lopez PHD is in the process of developing their strategic plan, and that it is a formal process that takes many months and is broadly inclusive. Lange said he intended his suggested discussion only to consider whether roles should be broadened or not, and then to develop a process to proceed. The commissioners decided to schedule the discussion to coincide with the July 15 Board meeting date, or possibly try to hold a special session depending on schedules. Dave Zoeller, likely future Commissioner, will also be invited.

VI. Operations Report

Presson discussed the financial report through April 30, 2021, Tax revenues were \$947,207, about \$84,000 (10%) more than budgeted. In expenses, after-hours incentives for Orcas Family Health Center were somewhat higher than expected. Transition costs now include only COBRA costs. She expects the fee for not using the line of credit will be zero because it is not being renewed. \$50,000 has been moved into reserves. Some beneficiaries still have not signed the final trust agreement, but Presson expects it to be settled soon and the Trust proceeds should be received in Q'3. The amount for Clinic Building General Maintenance/Other has been updated to reflect the RFP bid, as well as the proposed lighting plan and road repairs. Ending cash was budgeted at \$1,460,000 but is currently forecast at \$1,735,000. Revenues are favorable for property tax, possibly COBRA expenses, and possibly OFHC and UW subsidies.

The beta version of the new website is up and Presson would like comments. Boteler suggested the latest documents and activities should precede older items.

Based on the earlier discussion, Presson will update the budget calendar, keeping review dates the same. Information on needs for clinic renovations, equipment, and maintenance in 2022 is needed for the budget.

Presson gave an update on IH recruitment efforts. Four physician candidates have been screened or will be screened this week, along with one PA candidate. Lange and Boteler will participate in physician interviews. Dr. Peterson and Susan Jordan have committed to remain until the permanent providers are in place and possibly longer.

Dr. James received accolades from the Association of Family Physicians for the County's excellent COVID results, and IH will be soon putting out a press release. Work on communications continues: an IH Facebook page on the Orcas clinic and a newsletter are possibilities, and Presson is tracking community health care interests and concerns for future communications. IH continues meeting with community organizations such as the Orcas Community Resource Center; patient care coordinator Neisha Grams, in her role as Patient Liaison, will work as liaison between the Resource Center and the Clinic.

Boteler is very encouraged by a recent meeting of representatives from EMS, IH, and the District. The collaboration and attitude of all participants are excellent. For after-hours care, handoffs are going well; someone is physically available at all times after hours, and the Clinic is holding times for triaged patients from overnight incidents. Walk-ins at OIFR are lower than normal and OIFR will continue to track. Joint drills are being discussed for EMS, doctors, and nurses, and IH's emergency room lead physician is now participating in the County EMS Trauma Council.

Fralick noted that COVID restrictions on meetings may end in June, allowing in-person meetings to resume at some point over the summer.

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VII. Public Comment

Millie Kowski stated that the Lopez PHD commissioners were holding meetings to address the issues of the responsibilities and scope of the board. She suggested OIHCD Commissioners might observe the meetings and/or meet with the Lopez commissioners. She stated that the OIHCD Commissioners did need some form of feedback such as a Town Hall. She also stated that “No one should be on the board who does not understand the role of a board member,” and that some community members have concerns about the District’s state of flux.

OIFR Chief Scott Williams stated that he agreed with the positive summary of the IH/EMS/District meetings and that interactions were going extremely well.


VIII. Upcoming Meetings

President Lange stated that the next Regular meeting of the OIHCD Board is scheduled for July 6. Other meetings were listed on the Agenda.

IX. Meeting adjournment

MOVED by Commissioner Groundwater, seconded by Commissioner Miller to adjourn the meeting at 7:13 p.m. VOTE 5:0:0. MOTION CARRIED.

Minutes approved this ____ day of _____, 2021.

DocuSigned by:

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Attest: Patricia Miller, OIHCD Board Secretary

9/2/2021

Date signed