

MEETING MINUTES  
PRINCE OF WALES HEALTH NETWORK STEERING COMMITTEE  
July 26, 2011  
8:30 am – 2:30 pm

Present: Peter Rice (PeaceHealth), Colleen Watson (Public Health), Mark Walker (AICS), Esther Hammerschlag (POW Health Network), Keturah Sadler (POW Health Network) Dave Vastola (SEARHC – on telephone for portions of meeting only)

Absent: Michele Budd (PeaceHealth), Dave McCandless (AICS), Joyce Moore (SEARHC)

- Public Comment Period: No members of the public attended.
- June meeting minutes were reviewed and approved.
- The pain management strategy meeting was postponed until September so everyone can participate in-person. PeaceHealth and SEARHC will share their policies before the meeting.
  - Roald had suggested working with all hospitals/agencies in Southeast on the public education component to develop a uniform message. The new Southeast hospital Network may be a logical connecting point; pharmacies would also need to be included.
  - The state has funded a central narcotics reporting structure; the current status is unknown.
  - AICS has not developed a policy yet. Petersburg is working on one.
  - Comparing and coordinating policies across Southern Southeast to be consistent would make them more powerful. Ketchikan, Wrangell, and POW are already here at the table.
  - Access to appropriate pain specialists is important and often a challenge. SEARHC is recruiting for an addiction specialist. SEARHC has a pain committee and multi-disciplinary approach, which helps take the heat off particular providers.
  - There may be an opportunity for an outreach grant, especially as we look more regionally. It would build a larger coalition in a sense, and go hand in hand with behavioral health.
- The next meeting was confirmed for September 20. Esther will attend Southeast Conference the week of September 13, especially as it relates to healthcare and to network, advocate for and profile what we are doing.
- New mission and vision statements were adopted as follows:
  - Mission: To Collaborate for Improved Healthcare on Prince of Wales Island.
  - Vision: A sustainable and continuing partnership between the healthcare providers and communities of Prince of Wales Island resulting in improved access to care and optimal health outcomes for island residents.
- Steering Committee member responsibilities and expectations were reviewed and approved as amended.
- Summaries of Network evaluations and Steering Committee member interviews were reviewed.
  - Lower evaluation scores were attributed to the fact that we now have higher expectations of ourselves, uncertainty about continued funding at the time evaluations were completed, and difficulty scheduling meetings this spring. The following 3 areas will be monitored in 6 months due to a significant drop in scores: Members are working jointly to advance

Network goals, members honor their commitments to the Network, and the Network has mechanisms in place to promote accountability among members.

- Steering Committee members consistently responded that the first grant cycle was successful, but that more can be done to make the collaboration more meaningful. Visions for the Network in 3 years included a strong identity for the Network, a higher level of trust and communication, systems being more seamless while emphasizing the concept of medical home, and continuing to fulfill existing and new initiatives as the Network grows. The most challenging areas for collaboration identified were after hours call and shared visiting specialty clinics.
  - After hours call will be pulled out of the Network as an issue specific to PeaceHealth and SEARHC only. It is still on hold until PeaceHealth staffing is stable.
- Revisions to the Network bylaws will be presented at the September meeting.
  - The HRSA grant logic model was reviewed to identify measures for a balanced scorecard intended to evaluate/ predict Network success. The outcomes selected were diversified funding, expanded interagency communication and collaboration, strategic plans to address areas of unmet need, and increased visiting specialty clinics.
  - A one-page bulleted quarterly report will be developed for those wanting more concise information about Network progress. The quarterly report and work plan updates will be posted on the website and sent electronically to Steering Committee members. Work plan updates will only be printed three times/year for Steering Committee meetings and/or when there are major changes.
  - Esther is working with Terry Hill on a report summarizing the pros and cons of incorporation versus staying under the PeaceHealth umbrella. A draft will be presented at the September meeting.
  - The addition of local providers to Steering Committee meetings and their potential role was discussed. It was unanimously agreed by those present that it would be most beneficial to the Network if a local provider for both PeaceHealth and SEARHC were present for the operational issues and organizational updates portion of the meeting. This will allow them to contribute local knowledge, without taking a full day away from the clinic. It will help ensure strategic conversations are well informed, without becoming diluted by having too many people at the table. Additional or alternate representatives to the Steering Committee will be allowed on a case by case basis. Those wishing to send an alternate or additional representative should notify Esther well in advance.
  - EMS update
    - SEREMS will be applying for a Network Planning Grant to explore/develop an island-wide EMS system.
    - Dr. Copass is currently the medical director for Craig EMS only.
    - Klawock EMS is now run by the City of Klawock. Their Medical Director is Dr. Stirling. Jathan Nalls continues to be involved with Klawock EMS and travels from Idaho every 6 weeks.
    - Thorne Bay is working on revamping their EMS system.
    - EMS intra-island communications will always be a problem until radio towers are upgraded or cell coverage increases.
    - ETT classes were held in Hydaburg and Naukati. Craig has ongoing ETT classes.
    - An on-line ETT class will hopefully be ready for pilot testing this fall. There will still be a 2-3 day hands-on component. The pilot class will be held in Thorne Bay.
    - An EMT2 and EMT3 refresher class is planned before the end of March.

- Klawock has a paid EMT job opening. Klawock is the only paid service on the island.
- EMS crews need to figure out what to do with biohazards and sharps. There may be potential for PeaceHealth to help. They received a USDA grant for a Sanipak, but still need to come up with the matching funds. There would also be the logistics to figure out of getting the material from POW to Ketchikan.
- Sustainability - Much of the Network's success is being seen in building the infrastructure to support other local organizations. We are putting a contract in place with HOPE for up to 12 hours/month of Esther's time to help manage the prevention grant and facilitate the coalition. One possible model for sustainability may be to expand on this by contracting out Executive Director type services.
- Operational Issues and Organizational Updates
  - AICS
    - No new programs or significant changes to report.
    - AICS helped write the grant to the Denali Commission for the Coffman Cove clinic. Coffman Cove still needs to come up with the match.
    - AICS is recruiting for a physician and a dentist.
  - PeaceHealth
    - A new part time internist, Don Thomas, will work 4 months/year. The 1<sup>st</sup> visiting psychiatry clinic to POW will be August 29 with Dr. Brogdon. The 1<sup>st</sup> Ortho clinic will be on at the end of August with Dr. Brown. For ortho, there is room for discussion about referrals from SEARHC and whether there is potential for some patients to be referred to Ketchikan for procedures rather than to Anchorage.
    - Tongass Regional Eye Clinic has stopped coming to Ketchikan.
    - A dermatologist will be doing a site visit to Ketchikan.
    - The first live p-tel CME was recently held at the POW clinic - Cardiology grand rounds from Bellingham. Dr Salness and Joe Burke both attended. We will need to discuss the best way to get information about CME opportunities to SEARHC providers, as well as work on developing a CME calendar which could be posted on the Network website. Wrangell is on ConnectMD through GCI, and the Network could also explore that possibility of connecting with P-Tel.
    - A new initiative was just rolled out for emergent cardiology transfers, which will ultimately affect Wrangell as well. N Cascade Cardiology (now PeaceHealth Cardiology) visits Ketchikan monthly, POW twice annually, and Wrangell and Petersburg quarterly. Dr. Jessup, has instituted a new set of transfer protocols including a transfer center and phone number modeled after some strong work in Minnesota. Dr. Jessup hopes to introduce these protocols and concepts in Southeast, including POW, Wrangell, Sitka and Ketchikan, in September.
    - There is increasing public debate about the medevac situation in Ketchikan, and the \$30,000 cost difference to Seattle between Guardian and Airlift Northwest, Guardian being the more expensive. Guardian has 75% of the business in Ketchikan. There is also concern about what would happen if Guardian were to pull out of Ketchikan. It is rumored that Airlift NW was considering coming to POW. Medevacs off POW are currently by Guardian, the Coast Guard, or Harris Air (SEARHC). At least 90% of PeaceHealth patients go out by Guardian. Ketchikan Medical Center will be putting together an informational sheet for families with the 2 different prices. Airlift NW is certified by the most prestigious and rigorous medevac certification, which will be included in the information sheet. Airlift has said they

have a prop plane that could be in Sitka and used for intra southeast medevacs. There is also some very early discussion about re-invigorating something with North Tongass. Another idea is to fashion a lower level medevac for cases from POW that are too sick to go to Ketchikan by regular floatplane, but not sick enough for a medevac. The Coast Guard only comes if no other profitable service can. SEARHC has an RFP out for medevac services. If Airlift gets the contract, it may help them keep a prop plane in Sitka. With all the different resources between SEARHC and the remaining Southeast hospitals, perhaps as a group they could support it, or contract it out.

- Public Health

- Lily Albecker is the new office assistant.
- Kara McCoy is on maternity leave for the next 3 months.
- There will be a Family Planning Clinic August 22-24 with Jill Mandt, ARNP.
- There are significant issues with vaccine administration – SEARHC has a new policy that now only RNs or above, or CHA's, can administer vaccinations or do injections of any sort for reasons of quality assurance. Because there are a limited number of people to administer vaccines, Colleen is getting people from SEARHC asking for their children's vaccinations. There is concern about vaccination rates going down.
- Public Health is getting a lot of pediatric clients that need well child exams and pediatric assessments. It's difficult to get an appointment with Dr. Herron. Dr. Ballard is well trained in peds which may help once he arrives. There is a need for more pediatric care on the Island.
- There have been difficulties with OB/GYN referrals and challenges getting appointments with the nurse midwives. Many pregnant women bounce between providers. There is a need for better tracking and to stress the importance of connecting in to Ketchikan OB/GYN. SEARHC is planning to bring Dr. Donna Smith to POW for episodic clinics and will need to discuss how the patients will get routed. If they will still deliver in Ketchikan, it will be important to make sure communication and coordination occurs with other providers.
- There have been issues with screening for sexual abuse of children due to clinician concern about potential litigation.
- HOPE is still hiring for a Prevention Coordinator and advocate.
- The Centering for Pregnancy program has been great.

- SEARHC – no report

- Visiting Specialist travel - Ortho and Psych clinics are both are open to everyone. Group consensus of those present was that the Network could pay travel costs for any new visiting clinic that is open to everyone and for which a need has been identified through Network discussions. There was some concern from SEARHC previously about the Network funding a visiting clinic held at the PeaceHealth Clinic only. However, the Network could also pay if a clinic is held at ARMC with the same set of requirements – when the need is identified through network discussions and the clinic is open to everyone. This issue will be further discussed at the September meeting when SEARHC representatives are present. It's a win-win because the presence of specialists also strengthens the Network members. We need to think not about whose specialist this is, but whether this is something that benefits the whole island.