

The purpose of Redwoods Rural Health Center is to provide responsive, preventive, high quality primary health care services, through a variety of healing disciplines, to all people without regard to social or economic status. We emphasize the client's right and responsibility to participate in his or her own health care decisions. It is our hope that the clinic be a place where the needs of the whole person are met--body, mind, and spirit.

Redwoods Rural Board Meeting

Oct 27, 2009

6:00PM at the clinic in Redway

Board Members Present: Thad Horner, Kathy Epling, Janet Fitzgerald, Sydney King, Carol Lee, Shelby, Rick Silva

Board Members Absent: Pamela Moore (medical emergency); Shon Wellborn (out of town because of family matters)

Staff Present: Anne Staunton, Wendi Joiner, Megan McCormack and Beth Wells and Gail Eastwood who were here to do a special presentation on the HIV/AIDS program situation

President Thad Horner brought the meeting to order at 6:02 PM

Rick Silva agreed to be timekeeper, but mentioned again that it would be useful to have set times for each item on the agenda, rather than leaving timekeeping determination to his intelligence or whimsy

Rick suggested that items 11 and 10 be swapped on the agenda; that is, that setting of meeting times should come before executive session.

With this change, a **MOTION was made to approve the agenda**
The motion was made by Janet Fitzgerald and seconded by Rick Silva.
MOTION PASSED unanimously

Dr. Joiner passed out her medical director report as the board began brief review of the division reports. She told the board that the clinic unexpectedly rec'd 100 doses of seasonal flu vaccine and has used just about all of these. Public Health is also close to running out. The clinic does not yet have the H1N1 vaccine, nor do we know how many doses we will receive.

Alderpoint is open every Thursday afternoon. The hope is that as the community realizes the clinic is regularly open the numbers of clients served will rise.

Mandi Battles and Amber are back at South Fork High on the 2nd and 4th Tuesday of every month; this seems to be going well.

(much more information is in Dr. Joiner's written report).

MOTION: That the consent agenda be approved as submitted.
Motion was made by Sydney King and seconded by Carol Lee
MOTION PASSED unanimously.

These items were in the consent agenda: minutes from Septembers' board meeting, finance committee meeting and strategic planning meeting; Division reports for September from behavioral, dental, medical, finance and operations, and quality improvement; and the Sept 2009 finance report.

There was no correspondence.

Anne Staunton gave her executive director report.

She updated the board on changes to the Healthy Families Program; noted the health center's deep sorrow at the death of Dr. Roger Johnson, who was an excellent dentist and a gentle and wonderful person; noted that Missy Boynton is now at the front desk, and that Granny (Marion Greenlaw) is leaving RRHC to live close to her grandchildren.

There was discussion of the flu situation; of Alderpoint, and of South Fork high.

Anne turned the floor over to Beth Wells and Gail Eastwood .

Gail circulated a paper detailing the statewide reductions in HIV/AIDS funding, and the result for Humboldt County. All state general fund support for HIV testing and prevention was eliminated. Rural counties, like ours, are no longer funded for these services.

Although California receives federal funding through the Ryan White Act for care and support services to HIV positive people, cuts in state general fund support have resulted in a 50% reduction in funding for all care programs statewide.

The State Office of AIDS shut down the Early Intervention Program, cancelled existing contracts, and reapportioned the money among the counties.

Humboldt County is receiving 35% of previous funding. The first priority for use of this funding is direct provision of medical care to people with HIV/AIDS

The paper details the consequences for our clinic and community, including loss of support for high potency vitamins, loss of support for oral health care; loss of coverage for Gail Eastwood's time, and consequent loss of her many years of relationship building and expertise, and loss of free needle exchange/risk reduction supplies from public health (condoms, bleach kits, educational materials, etc).

Gail said, however, she did not intend to read from the paper she had circulated to the board, but to thank the Redwoods Rural Board for its historic commitment to programs of AIDS prevention and to care for the HIV/AIDS clients of our community. The Redwoods Rural Board, said Gail, had been at the forefront in programs like needle exchange before other clinics would consider them. She spoke a bit of the history of the program, which began in the very room in which we were meeting, many years ago. She said the program has been successful in keeping rates of new infections down, while in other regions this has not been the case. The Board has consistently hired Executive Directors and Medical Directors, said Gail, who supported these programs.

There was long, detailed, discussion.

Free, anonymous, rapid testing for AIDS is still available through public health at this time, said Beth. And RRHC has routine HIV screenings.

Mobile Medical is expanding.

Shelby asked how much it would require to fund the needle exchange at current levels. Beth Wells said it was under \$3000 in peak years; in 07 it was a couple thousand bucks. Staff time isn't figured in, but staff time is not a major factor (20 minutes a week was Beth's estimate). RAINS is still committed to providing outreach materials.

Shelby thought that funding the needle exchange and/or the condoms, bleach kits, and educational materials might be something the board could do with our fundraising account.

Beth suggested perhaps a cooperation/collaboration with RAINS.

The board as a whole felt this would be a worthy thing to consider, and would like more information about costs and numbers from Beth at the next board meeting (or, more likely, the December board meeting, since November's board meeting will be a brief one to allow for the membership meeting).

Anne Staunton wished to acknowledge the grace and compassion and expertise and dedication of Gail Eastwood, whose work has been impeccable, and whose concern has ever been for her patients and the program, even as her job seems to be ending due to fiscal constraints.

The board echoed Anne's thanks and appreciation. Gail will continue working through December but unless there is new funding that will be the end of her job; her present clients will receive some case management through Beth, who is funded through Public Health. Beth's time will be split between the HIV/AIDS work and other drug/alcohol clients.

Anne Staunton updated the board on the ELF project. She said everyone is much excited.

Part of the training and preparation has involved looking at systems and infrastructure, workplace ergonomics, and so on. Some nice folks from the state have come into the picture to help with things such as workstation assessments and to talk about workers comp issues and safe workplace practices.

Megan and Wendi both noted that the trainer, Enoch, was good, and amusing.

The clinic is currently looking at two electronic medical records programs—one from Next Gen and one from EClinical Works.

There was much discussion of the technical points of each, of whether a network/consortium model will be used, of how these systems will function in the case of major disaster, such as earthquakes (how will files be backed up, how will paper be used in emergency).

Thad wondered about the legal liabilities to the center if a disaster took out the program and there was no way to access medical records.

This is one question currently being researched.

Brief discussion of the Strategic Planning meeting schedule and goals came in the Old Business portion of the meeting, followed by discussion of the Policy and Procedure not approved at the previous board meeting, Dress Code and Personal Hygiene.

At the September meeting some on the board had concerns about the use of fragrance in the health center. These concerns, and the illness of Anne Staunton, who was therefore unable to speak about her intent and understanding in the policy, had made the board move this item to the October meeting.

The discussion was intense at times. Janet Fitzgerald was particularly concerned about the effect of use of fragrance on those clients who were environmentally sensitive. Kathy Epling believed surely arrangements could be made if these clients identified their concerns. It would appear that to date no one has complained of ill effects from fragrance at the health center. Shelby felt that surely all doctors offices have a No Fragrance rule. Kathy felt reluctant to impose such a degree of control upon the staff, who would certainly follow reasonable and sound practice; she wanted a fairly open and flexible Dress Code and felt the document as presented fit those guidelines.

Piercings were also an item of discussion. Shelby noted that tasteful piercings of nose, eyebrow, etc might exist (she has a nice tasteful nose piercing). Tattoos also seemed to be something that reflect a cultural bias rather than actual health/professional standards.

Anne explained that she wanted to have the leeway to ask for coverage of frightening tattoos that might disquiet clients, and removable of excessive metal that might also present a frightening aspect to some of our clients. But, she said, it was not her intent to forbid piercings or tattoos entirely.

Kathy suggested modifying the line mentioning piercings, removing the reference to places of concern (nose, eyebrow, tongue) and having it read “No extreme piercing, no excessive piercing” only.

MOTION: With the modification suggested by Kathy Epling, that the Dress Code and Personal Hygiene policy and procedure be approved by the Redwoods Rural Board of Directors.

Motion was made by Kathy Epling and seconded by Rick Silva.

More discussion continued.

Voting Yes: Kathy Epling, Rick Silva, Sydney King, Thad Horner

Voting No: Janet Fitzgerald, Shelby, Carol Lee

MOTION PASSED; four yes/three no.

Thad noted that this was the first divided vote the board has had in a very long time.

There was some discussion of the stuffiness of some of the rooms in the health center, and of air circulation issues.

Dr. Wendi Joiner noted that RRHC is a special place and that there is a balance between care of clients and personal liberty. She noted that some of her clients are allergic to latex; they must tell her this, so that she does not cause them harm. In a similar way, clients with environmental sensitivities should inform their providers in advance, so that reasonable arrangements may be made for them.

Anne Staunton introduced the issue of change in Dental Hours of Operations; in the wake of the death of Dr. Johnson, the health center is not seeing dental clients on Fridays. In answer to questions from the board about emergencies, Wendi and Megan reassured the board that the medical department could treat things like abscesses, providing pain relief and antibiotics. Anne also said clients could be referred to the emergency room in Garberville.

Anne would like to continue this schedule for a while, rather than seeking a dentist to work on Friday. The board supports her decision.

Anne spoke of greater attention being given to prevention and safety issues on the job at the health center. The clinic is partnering with people from worker's comp to do trainings on reducing claims and injuries, and also in educating staff as to how workers comp actually works, and what increased claims mean to the health center in terms of increased costs.

Anne updated the board on the Take Action project; Gina Paine is now doing a nutritional support group once a month.

There is much staff training happening. Anne has identified some communications issues, and proposes that there be weekly staff meetings on Thursdays between 10 and 12. During these two hours there would be time for Wendi to address the group and possibly lead them in a little of the yoga she does so well; there would be business staff meetings, departmental meetings. This time would also serve as a carve out for ELF trainings as we make the transition to electronic medical records.

During this time patients would not be seen.

Janet Fitzgerald was very concerned about the potential lost revenues to the health center in a time of so many economic stressors. Can we afford to lose 2 hours a week of patient revenues? Anne responded that she had done some figuring and it comes to approximately \$48K a year, which, she said, is about 2% of annual revenue.

Anne expects the benefits from this time to communicate and connect will be high.

The board evinced support of this, but would like to have the results carefully monitored and reported in terms of objective and subjective data—lost revenues/increased efficiencies and staff connections, or whatever other deliverables seem to be desired.

Anne passed around a letter to the membership she had written, which Thad signed. It will go out to the membership immediately.

The Membership Meeting will be at the health center at 6PM on November 24.

The finance committee meeting and board meeting will be held starting at 5PM, same day.

Kathy noted that postings of the date of the Membership meeting should go up immediately. The board members whose seats are up for re election are Shelby, Janet Fitzgerald, and Kathy Epling.

MOTION: That the board adjourn into executive session.

Janet Fitzgerald made the motion; Sydney King seconded it.

MOTION PASSED, unanimously.

The board went into closed session at 7:58 to discuss some personnel issues and legal issues.

The board returned to open session at 8:57 and immediately adjourned.

Respectfully submitted, Kathy Epling, RRHC board secretary