



**MINUTES OF THE MARCH 19, 2019 MEETING OF THE  
PETALUMA HEALTH CARE DISTRICT BOARD OF DIRECTORS**

**CALL TO ORDER**

President Hempel called the meeting to order at 12:04 PM in the lobby conference room at 1425 N. McDowell Blvd.

**PRESENT**

Elece Hempel, President  
Fran Adams, RN, BSN, Secretary  
Gabiella Ambrosi, Director-at-Large  
Crista (Chelemedos) Nelson, Director-at-Large  
Jeffrey Tobias, MD, Acting Treasurer

**ALSO PRESENT**

Ramona Faith, CEO, PHCD – via conf call  
Andrew Koblick, Controller, PHCD  
David Southerland, St. Joseph Health  
Ruth Wells, Board Clerk, PHCD

**CALL FOR CONFLICT**

President Hempel called for conflict. There was none.

**MISSION AND VISION**

Director Adams read the mission and vision of the Petaluma Health Care District.

*The mission of the Petaluma Health Care District is to improve the health and well-being of our community through leadership, advocacy, support, partnerships and education.*

*Petaluma Health Care District envisions: A healthier community; a thriving hospital; local access to comprehensive health and wellness services for all.*

**CONSENT CALENDAR**

**A MOTION was made by Director Tobias and seconded by Director Adams to approve the following Consent Agenda items:**

**Agenda for March 19, 2019**

**Minutes of the PHCD Board meeting of February 19, 2019**

**Financial Statements for January, 2019**  
**This motion was PASSED by a vote of 5 ayes (Directors: Adams, Ambrosi, Hempel, Nelson, Tobias) and 0 noes.**

## **PUBLIC COMMENTS ON NON-AGENDIZED ITEMS**

Since several people asked to be heard, additional time was allowed for public comments.

Jeff Adams spoke on behalf of several Petaluma Valley Hospital (PVH ) nurses' concerns. This group questions the Board's adherence to the stated strategic goals in the 2012-2017 Strategic Plan, noting the plan speaks only to objectives without measures for success. This group questions a statement in the press by a board member that the service at PVH is great, and further questions the amount of money spent on hospital administration in the face of declining service. This group equates a reduction in zip codes served to reduction in market share for in-patient, emergency department and ambulatory surgical services.

This group is asking for greater transparency between all entities – PHCD, St. Joseph's Health System (SJH), physicians, staff, patients and community members -- with respect to the community asset of the hospital. They wish to understand where SJH's strategic plan is going for the next 5-10 years, and want to ensure that the community has an informed voice, not just the Board's voice. Mr. Adams left the following list of questions the group hopes will receive a response at the next board meeting:

Questions for the PHCD Board: March 19th, 2019

**INCOME STATEMENT:** Based on unaudited financial statements for 2018, PVH either made

\$3.35M based on Fiscal Year (7/1/2017 thru 6/30/2018) or over \$15.3M based on a Calendar Year (1/1/2018 thru 12/31/2018) the method SJH currently accepts. Although this is great news, it is an anomaly, based on the FY2018 and the ten years prior (2008 thru 2017) where the average net income was a positive \$171,000. In the prior decade PVH reported a positive net income only 4 of the 10 years with the highest amount being \$3.4M in FY2015.

1. The question becomes, what of significance caused such a positive increase to the amount of net income recorded?
2. Is it the fact SJH separated Hospice out of the PVH income statements after 19 years? Hospice data supports losses year after year greater than \$1 OM with FY2017 being greater than \$17M.
3. Is it simply that removing Hospice from PVH Income Statements shows a more accurate financial position PVH as a stand-alone entity?
4. Or is it that Hospice data is not accurate based on SJH changing contractual allowance percentages (from 74% to 79% of Gross Revenue to 10% to 12% of Gross Revenue) in 2016 allowing for Hospice to be in the black?
5. Or is that Operating Expenses for FY2018 versus CY2018 were reduced by \$1 OM?

The community is asking the PHCD Board and SJH to report the actual and accurate fiscal year end income statements for PVH only for the last ten years from 2008 thru 2017. These reports should include minimally Gross Inpatient Revenue by Payer, Gross

Outpatient Revenue by Payer, Total Gross Patient Revenue by Payer, Contractual Allowances by Payer, Total Deductions by Type (to include Bad Debt, Charity and Other Deductions), Patient Net Revenue by Payer, Operating Expense by Natural Classification and Cost Center Grouping, Non-Operating Revenue and Expense, and Net Income.

6. In addition, can the PHCD Board in conjunction with SJH better articulate the \$12M in profit gain between FY2018 and CY2018?

The Board thanked Mr. Adams for his comments.

Petaluma Staff Nurse Partnership (PSNP) president Jim Goerlich asked to be heard on contract negotiations with (SJH) as well as to update what has been happening at the hospital. He acknowledged Jeff Adam's analysis of PVH's finances. Mr. Goerlich expressed disappointment that the strategic plan presentation from SJH scheduled for this meeting had to be delayed. The community as well as the staff wants to know 1) what to expect from an employer, 2) what's the long-term plan, 3) what's happening with services, 4) is SJH projecting growth for PVH? He voiced the staff's concern that many things happen behind closed doors.

Mr. Goerlich stated that safety concerns remain unresolved in the nursing contract negotiation. There are many levels of safety concerns, from inadequate staffing ratios to dealing with an increasing number of combative patients. The nurses are advocating for higher staffing ratios to help manage these situations. Negotiations to date have been stalled around these non-economic issues. With respect to wage disparity, PVH nurses' base wage is 15-30% less than comparable positions at other Sonoma County hospitals.

The nurses union will support SJH as the operator as long as SJH commits to keeping existing services, expanding on those services, providing the level of care the community demands. As the community continues to grow, reducing hospital services is unacceptable.

The Board thanked Mr. Goerlich for his comments.

Lisa Portman-Fain, RN, spoke to concerns that SJH will close the OB unit. Ms. Portman-Fain has worked in the Family Birthing Center (FBC) for nearly 14 years. The unit has been operating on a basis of scarcity for several years combined with the looming prospect of closure of the unit. They walk a fine line between safety and economics. She stays at PVH because the FBC is unique in the county, more intimate than other facilities, that provides a holistic approach to care. The FBC is designated baby-friendly by the World Health Organization. None of the Santa Rosa hospitals are even pursuing that designation anymore. Many patients come from out of area to take advantage of the FBC benefits. If SJH closes the unit within three years, that will be a serious loss to the community.

The Board thanked Ms. Portman-Fain for her comments.

Margie Edson, RN, a 15-year SJH employee, stated that she loves her job and loves her colleagues at all levels of service, including most of management. She was asked to read a letter from a group of nurses challenging SJH's stated values: dignity, excellence, justice, compassion and integrity. She read the following letter composed by a group of PVH staff nurses:

St. Joseph Health, the operator of Petaluma Valley Hospital, routinely fails to provide safe staffing at the hospital, which can make conditions unsafe for patients. For years, registered nurses have implored management to do the right thing, but management has

largely turned a deaf ear. Unsafe staffing and the poor work environment it creates are of grave concern among the nurses and caregivers at Petaluma Valley Hospital.

Nurses and caregivers have a duty to protect and advocate for the safety of their patients. The reality is, we can only do so much to keep a patient safe. Nurses can't refuse to care for patients if the staffing is unsafe. So, nurses file ADOs (Assignment Despite Objection) on a routine basis informing management of unsafe staffing. Nurses and other caregivers do their best and give 110%, however lack of staffing at the bedside results in poor patient satisfaction and often leads to increased risk for poor patient outcomes. Unfortunately, nurses and caregivers are caught in the middle and often held responsible. We can not and will not be held responsible for poor patient satisfaction or place our patients in a position that can result in poor patient outcomes when SJH does not staff enough hands at the bedside. We have repeatedly asked St. Joe to stop staffing by the matrix/grid "heads to beds" approach. Nurses have repeatedly asked St. Joe to follow Calif State Regulation Title 22 and staff by acuity, which would give us the much needed hands at the bedside so we can keep patients safe.

We all know hospital reimbursement and profits are now directly related to patient satisfaction. We all know the consequence of unsafe staffing on patient safety and patient satisfaction. The following are just a few consequences of understaffing. Call lights are not answered in a timely manner, patients are not bathed, changed, cleaned, turned, repositioned, mobilized or fed if assistance is needed. Changes in patient conditions are not caught early enough to intervene and make a difference. Until the hospital is staffed safely, patients are at risk and won't be satisfied period, nor will nurses be satisfied.

The work environment at Petaluma Valley Hospital has become ... get in, don't hurt any one, or yourself and get out without discipline. We are routinely understaffed and rushed and hurried to the point sometimes it's hard to find time to think, or less think things through. We hope we don't slip and fall because we are running so fast to tend to all the tasks, all of that grows exponentially worse when management sends the nursing assistant home mid-shift. Often, we have no time to eat or drink & we delay restroom breaks. You feel you are not doing or giving enough to your patients, yet you know it was the best you could do with the lack of hands at the bedside. We come in early, chart on our break time to ensure getting out on time, in fear of being disciplined for OT. The well known phrase "you're damned if you do and damned if you don't" is always on our minds. Staff are overworked and underpaid.

Management's autocratic and punitive approach toward staff with threats of discipline, fact -finding meetings and discipline all increase the stress. Monthly staff meetings remind us of our elementary school days, consistently leaving so many caregivers feeling like nothing they give will ever be enough in management's eyes. However, in the nurse's and caregivers eyes it sure felt like we gave all we could that shift. Always made to feel like we need to do more with less, negative this, negative that, need to improve this score or that score. Ironically most low scores and negatives are directly related to understaffing. No surprise nurse and caregiver morale is at an all time low. Always watching your back, lucky to just get through the shift. This is Not Acceptable! and we will not continue to tolerate the St Joe practices that lead to chronic understaffing and result in this poor work environment.

This has to stop! Nurses and other caregivers at PVH want St. Joe to stop turning a deaf ear and instead listen to the grave concerns caregivers have about patient safety and the unhealthy work environment at the community hospital we love. This can be fixed. St. Joe fix this NOW!

The Board thanked Ms. Edson for her comments.

Catherin Armstrong read a letter from an anonymous nurse regarding the work environment at PVH:

To Todd Salnas, Tyler Hedden, Vicki White

All of St. Joseph Health caregivers in Sonoma County attended a 3 hour mandatory class called Cultural Compass. During this class we had a guest speaker from the Ritz-Carlton. In our estimation St. Joseph Health must have spent hundreds of thousands of dollars alone in payroll, for the hiring of the consultant and the renting of the a venue for a week, not to mention all of the brochures, food, decorations and buses.

The Ritz-Carlton speaker basically told us, we needed to dress neat and clean and that we had the opportunity to choose our attitude each and every day. That WE needed to find the passion and compassion in our work. Great. Like it is that simple. Not that any of us needed to be reminded of these things, but okay, reminders can be helpful. Then Todd stood up and said these words ... "You all asked for this" and that this was "a response and reaction to our Caregiver Survey". But let's call the Caregiver Survey what it really is: It is an Employee Satisfaction Survey. So, apparently, the scores and responses to this survey were not what the leadership of St. Joseph Health or Providence wanted or expected. So, in response you decided to hold these classes which many people we spoke to found offensive and insulting.

Nurses and other caregivers are not selfish people. We dedicate our lives to those who need our help on a daily basis. We forego weekends, nights and holidays for our profession. Many of our coworkers at PVH and friends at SRMH, fill out our Employee Satisfaction Survey with honesty and professionalism. We ask for things like: the tools to do our jobs, safe staffing, and for some backup when things go awry. What do get in response? We get "You can choose your attitude every day and come to work clean and neat"! This is not acceptable I

Let's start with the comparison of the hospitality industry to healthcare. The Ritz-Carlton is a 5 star hotel where people pay hundreds of extra dollars a night to have their every need met. Their clientele are on vacation or on business trips. They are not ill. They probably are not there because their beloved mother or father are sick or dying. Our patients, on the other hand, are sick, and their visitors are scared and/or worried. Patients can be mentally ill, have dementia or have poor attitudes towards their healthcare providers. We deal with ALL walks of life. Healthcare workers are working in more and more dangerous situations. The news is full of new stories of violence against healthcare workers, not just from patients, but visitors too. We do not, however, see stories of rising violence from people on vacation or business trips who can afford to pay for the luxury of a 5 star hotel. Comparing what we do to a hospitality business is just wrong and unrealistic.

For about 10 years now, St. Joseph Health has really been stressing the importance of having a work/life balance. Our workplace emails and Huddles are full of "daily

reflections" about this and in general, it's a great idea and sentiment. But saying something and doing something are quite different! St Josephs' actual support in achieving work/life balance for their employees is certainly lacking. One example that is close to the hearts of PVH RNs concerns the contract we are currently negotiating with St Joseph Health. St. Joseph Health has hired a lawyer as lead Negotiator to negotiate a nursing contract with our new union, PSNP. Local PVH Leadership has been following her lead and is attempting to remove much of the longstanding and hard fought for language in our current contract that protects that very same work/life balance. Things like; trying to re-introduce mandatory overtime, or attempting to make nurses take a IWR (temporary work reduction) for a few hours of a shift, but then expecting them to be available to come into work later in that shift without being paid call time. Also proposed was to have, regular staff members cancelled when a traveler is on staff. These are but a few examples of the insults that have come across the table, but they speak to the intent behind the Hospital's negotiating team and ALL of these things affect our work/life balance.

We deserve a stable, competitive paycheck and not having one affects our work/life balance.

We have tremendous loyalty to our patients, our community and each other at PVH. Despite not having a raise in over 5 years, our nurses stay! Why? Because we love our little hospital. We stay because we love our coworkers and we love serving the community! Any one of us could drive 15 miles North or South and make much, much better wages. You could offer an across the board wage increase at any time. This is in the best interest of your staff, our patients and the Petaluma Community in many ways.

It seems that you are putting the responsibility of workplace satisfaction on us caregivers. We are incredulous about that. With the support of Administration, we could have more back up when we are struggling with a patient mix that does always show up on your grids, acuity tools and productivity charts. Leadership will never be able to capture when we don't have the time to sit with a patient who is scared or anxious because staffing is insufficient or when patients get readmitted because there just wasn't enough time for proper patient education. Charts and graphs will never show you how we come in with the hopes to deliver care and express the best attitude possible, but how often it changes because we are short staffed yet again.

We would like to see the results of this Caregiver Survey. We have yet to see any examples. We the undersigned would like you to commit to providing safe staffing levels at ALL times. We would like you to commit to providing a non-punitive, dependable and enjoyable work environment that actually supports our "work/life balance". We want you to commit to providing competitive wages, benefits and to grow this Hospital. As a current and POSSIBLY future operator, can you do that?

The Board thanked Ms. Armstrong for her comments.

Robin James spoke of her experience as a staff nurse at PVH and asked that her testimony be entered into the public record:

My name is Robin James and I am here to share my experience, strength and hope since the death of my only child in hopes that I'd be considered for re-hire at Petaluma Valley Hospital or within the St. Joseph Health system in any capacity.

My first childhood memory is that of my father's sexual abuse at age 5. At age 14 I was removed from my home for the third time and finally old enough to have a voice that was given consideration in determining my permanent placement into the foster care system. During this process-procedures were performed to determine the severity of my abuse.

My first experience of the dignity, love and care of a bedside nurse.

Years later I had an unplanned pregnancy and found a nurse midwife who gave the same kind of care I remembered as a child. In 1994 as a new mother I found my calling. I found direction and a sense of purpose while learning to be a mother and studying to become a nurse.

Finding a career at PVH right out of college seemed a dream come true. My son grew up watching me pursue my dream and accomplish it, all the while raising him to the best of my ability and keeping him away from the abusive role models that where in my life as a child.

When he made a decision to join the military, I was both proud and afraid. He had chosen his path just as I had chosen mine.

On July 16, 2017 my son, Corporal Skyler Dean James was struck by lighting and determined brain dead 4 days later after two heart attacks. My world seemed to stop since the phone call that he had been injured. I turned to alcohol to maneuver my way through the myriad of obligations that accompany such a tragic event.

Somewhere during the six months off from work to recover from my loss I crossed an invisible line from dependence on alcohol to an addiction. I was blinded by fear and grief and was unable to ask for help in an appropriate way. On February 28, 2018 I woke up late and went to work. During my drive there, the tears that I had become accustomed to began to fall.

On arrival I saw that we appeared to be overstaffed. I asked the lead nurse if I could go home. She called the AC and was told they were in report. I was very aware my emotions were out of control and went to the AC office to request in person if I could go home. I again was told to wait until rounds were made. The AC later called me into her office and I explained my distress. She asked that I stay as "float RN" ... the events that followed determined that I was impaired by alcohol.

In the days that followed I had enough self-awareness to admit that I was unable to stop consuming alcohol which I had become physically dependent on to ease my daily grief and anxiety. I can not find words to describe how horrified I was to realize I may have gone to work impaired. I called Azure Acres chemical Dependency program and asked for help.

Upon completion of the 28-day program I was still so distraught from grief & finding out I had lost my job seemed an even harder blow to my brokenness. The two most important things in my life were taken from me. My son and my dream job.

For the last year I have since come to accept my son's death and loss of my job. But I first had to succumb to the most painful grief process. I didn't think I'd be able to or at times want to survive.

I found two grief therapists, started daily AA meetings and entered a confidential program of recovery for RNs. My sobriety date is March 10, 2018. I have found growth and healing in my loss. I know my son would want me to be sober, healthy and happy. It is in accepting his death and my recovery from alcoholism that I have found a new freedom and a new happiness.

I've been a "valued" employee with St. Joseph beginning as a CNA in 2001. Although I initially felt supported both by verbal comments from Anne Sulunen and Wendi Thomas as well Insurance coverage throughout my inpatient and outpatient treatment programs -the support disappeared along with my job. Where's the St. Josephs Core values: Compassion, Integrity, Collaboration and Excellence in the treatment of a "valued employee" after a tragic loss?

I hope to be considered for re-employment at Petaluma Valley Hospital because Petaluma is my home where I raised my son and where I laid him to rest. I know my bedside nursing will be enriched by my grief journey and continued sobriety.

The Board thanked Ms. James for her comments.

Debra Mercieca, RN, spoke in support of Ms. James' request for reinstatement. She asked that SJH display the same compassion and integrity they espoused in the Cultural Compass program and reconsider Ms. James dismissal.

The Board thanked Ms. Mercieca for her comments.

President Hempel thanked everyone for their contributions. She noted that the strategic plan presentation anticipated from SJH at this meeting had to be postponed to the April 16 meeting. She invited those came to hear that presentation today to return when Tyler Hedden (interim CEO for St. Joseph Health Sonoma County) will be available to speak to their concerns. Ms. Hempel also encouraged members of the public to speak with PHCD directors directly. The board is very willing to hear the public's concerns.

## **BOARD COMMENTS**

President Hempel acknowledged the recent marriage of Director Nelson (formerly Chelemedos).

Director Nelson reviewed two chapters *52 Ways to Make a Better Board*, which the board is reading together. Chapter 26 discusses the need for organizations to adequately plan for their future. This is a timely reminder, as the PHCD board is in the midst of a planning exercise to write a new Strategic Plan for 2019-2024. Chapter 27 advises that the role of board chair be clearly defined and receive training for the role.

Director Adams noted that the 2018 patient satisfaction surveys now are available for PVH. She found it disheartening that people aren't always as happy as they could be with the care received, noting that the question related to how promptly help was provided when needed or requested only received two of five stars.

Director Ambrosi acknowledged the work of the nurses, as she worked as a nurse earlier in her career and recognizes that what caregivers do often goes well beyond an eight-hour shift.

Director Tobias concurred and thanked the community members for coming to participate in this body's meeting. Community members provide valuable input for the board.

President Hempel acknowledged her positive experience at the PVH emergency room.



Ramona Faith reminded the board, that according to SJH, most of the strategic plan presentation and discussion at the April 16<sup>th</sup> board meeting will occur during closed session for proprietary reasons.

## **PETALUMA VALLEY HOSPITAL**

### **SRM Alliance Board Update**

Director Tobias commented on his first Alliance SRM Board meeting on Feb. 26 at which the budget was reviewed. One of the remarkable observations for 2018 was how well PVH did in exceeding their earnings target. This speaks well to efficiency in managing hospital in stays and readmissions, but also calls into question what happens to the excess revenue. While SJH treats PVH as part of the Providence/SJH hospital system, it begs the questions of how or whether the needs of a community-owned asset should be balanced against being part of a larger health delivery system. Director Tobias noted a decrease in staffing and benefits, which he questioned. He was assured this reflects accounting changes made by Providence and does not reflect a reduction in positions. He was further assured that the 2019 budget includes an increase in wages for nurses.

Director Tobias has joined the PVH Quality Assurance Committee. The quality metrics are generally good, but patient satisfaction is not, supporting the prior public comments heard today.

The board thanked Dr. Tobias for his report and welcomed David Southerland (Interim VP of Operations for PVH) to the meeting.

Mr. Southerland has been part of Providence/SJH system for 4+ years, previously at Redwood Memorial Hospital in Humboldt County. He provided the following operational update.

PVH is preparing for the Joint Commission inter-cycle visit. He noted continued high quality metrics that speak to the adherence to quality controls by the care team. Two general surgeons have extended their call agreement, and management has received approval to recruit an additional general surgeon. A surgical sterilizing equipment flooding incident initiated replacement. They are working with OSHPD to speed the transition of new equipment. Two new orthoscopic towers have been ordered, as well as a new ultrasound to improve accuracy of needle sticks.

Management will provide several sets of uniforms to each staff member in a designated department color. The annual employee evaluation process underway and nearing completion, using a new evaluation tool.

Following several meetings with the nurses' union, management is still advocating for a mediator to be brought in to speed the process. They would like to resolve all labor issues prior to the final lease negotiation. Mr. Southerland noted that Doctors' Day will be observed on March 30 to recognize all medical staff.

Director Tobias asked whether anything has changed in the past month in the relationship between the nurses' union and management representatives. He encouraged all parties to heal any rift before it impacts quality. Mr. Southerland stated that management is eager to move forward. If there are issues, he encouraged complaints be made to management directly. SJH wants to provide a good hospital for the community. Ongoing changes to health care with respect to

mergers of larger and larger systems create new challenges. Mr. Southerland noted that capital investments have increased since the Letter of Intent was signed with the District in December.

Wendi Thomas (Director of Nursing) stated that negotiations with the nurses' union have been collegial, and that there is respectful dialog on both sides of the table.

President Hempel inquired if any update is available on the progress of regulatory approval from the Attorney General for the ST Network. Mr. Southland stated that all communication on those issues is being handled at the regional level of SJH.

CEO Ramona Faith questioned whether some of the operations-specific letters offered today are being sent to SJH? Mr. Goerlich responded that the letters have not yet been forwarded to SJH, but will be. They are gathering additional signatures of support. Ms. Faith encouraged the nurses to attend the SRM/Alliance board meetings and share their concerns.

The Board thanked Mr. Southerland for his presentation.

## **ADMINISTRATIVE REPORTS**

### **PRESIDENT'S REPORT**

There was no report.

### **CEO REPORT**

CEO Ramona Faith reported on her discussions with SJH Interim CEO Tyler Hedden in preparation for the strategic update and PVH finance review that had been planned for this meeting. Given the SJH leadership transition in the past month, Mr. Hedden would like to be present for the discussion, and since assuming the Interim CEO duties, he was called out of town this week and couldn't participate in this meeting. He noted that most strategic information could be given to the PHCD board in closed session, but details about strategy cannot be discussed in open session. The SJH Regional VP of Strategy will be giving the update in April.

With respect to PHCD's strategic planning process, Mr. Faith reported that the consultant's interviews with stakeholders went well. The retreat participants for April 15 have been confirmed, including current and past board members, District staff, senior staff from Petaluma Health Center and physician and nurse representatives from Petaluma Valley Hospital, a community benefits senior staff member from SJH, Petaluma City Council Member Kevin McDonnell, and community members Carol Libarle and Faith Ross.

The Association of California Healthcare Districts (ACHD) anticipates changes to its education and advocacy programs in the coming years. 2019 will be the last Legislative Day program. The annual Leadership Academy will be combined with the ACHD Annual Meeting in 2021. Ken Cohen; ACHD's executive director, informed PHCD that Jeff Adams had contacted him regarding conflict of interest and a few other questions. Mr. Cohen encouraged Mr. Adams to address his concerns to the District board.

Ms. Faith also provided an update on the Petaluma Sober Circle (PSC) program. Reorganization at the primary treatment facility for the program (DAAC) has resulted in late invoicing. District serves as fiscal agent for the PSC, managing grants from several funders. COTS is working with DAAC to resolve the invoicing problems to ensure that funds are used appropriately.

She called attention to the *Kid Scoop News* page in the agenda packets, an outcome of a grant made PHCD in 2018.

The LAFCO budget hearing meeting announced.

The CEO Report provided with the agenda material noted developments in the proposal from Verizon to lease rooftop space at PVH for a cell tower. While initially in favor, SJH is now concerned about possible health hazards. Verizon is willing to address both the PVH and PHCD boards to answer any and all questions around this matter. President Hempel suggested that staff consult the City ordinance language on cell tower regulations before proceeding.

PHCD has been selected as one of several companies being recognized by the *North Bay Business Journal* for community philanthropy. The *NBBJ* Community Philanthropy Awards luncheon will be April 26. President Hempel noted Ms. Faith was featured among 11 North Bay healthcare leaders in a recent issue of the *NBBJ*.

## **FINANCIAL SUSTAINABILITY**

Director Tobias reported that the Finance and Business Development Committee met on March 12 and discussed initial ideas for new revenue sources for the District. The Board has previously expressed the desire that projects not simply generate revenue, but be targeted to meet identified community needs. A particular area of interest is to expand grant funding to and through the District. Since staff resources are limited, the District may need to invest in a grant writing consultant.

The Finance Committee is working to make the reports for the District's finances more digestible, and are developing several data visualization tools (charts/graphs) that will help track trends in income and expenses.

Ms. Faith noted that PHCD recently submitted a funding request to Kaiser Foundation to sustain and expand the south county Community Health Worker hub. PHCD provided the initial funding, but would like outside support for the program to continue.

## **FORGING A NEW PATH FOR PETALUMA VALLEY HOSPITAL**

CEO Ramona Faith reported that nothing has changed since signing the Letter of Intent with SJH. Final lease negotiations with the hospital operator cannot begin until regulatory review of the ST Network organization is completed. Approval is anticipated in summer. The earliest a new lease agreement could be placed on the ballot for public approval now is likely to be March 2020 (December 2019 filing deadline).

## **APPOINTMENT OF BOARD OFFICERS**

Based on individual conversations with each board member to assess their interest, CEO Ramona Faith nominated the following slate of officers for the coming calendar year:

Elece Hempel, President  
Crista Nelson, Vice President  
Jeffrey Tobias, Treasurer  
Fran Adams, Secretary  
Gabiella Ambrosi, Member at Large

**A MOTION was made by Director Hempel and seconded by Director Nelson to approve the proposed slate of board officers, effective immediately. This motion was PASSED by a vote of 5 ayes (Directors: Adams, Ambrosi, Hempel, Nelson, Tobias) and 0 noes.**

### **INFORMATIONAL ITEMS**

There were no comments on the informational items in the agenda packet.

### **PUBLIC COMMENT ON CLOSED SESSION ITEMS**

There were no public comments.

### **ADJOURN TO CLOSED SESSION**

President Hempel adjourned the meeting into Closed Session at 1:54 PM, pursuant to

- Government Code §54956.8 Closed Session; real property transaction; meeting with negotiator – (400 North McDowell Blvd.).

### **ADJOURN TO OPEN SESSION**

President Hempel adjourned the meeting into Open Session at 2:29 PM and reported that no action had been taken in Closed Session.

### **PLUS / DELTA**

No new business was proposed.

### **ADJOURN**

The Board will next meet in a Special Session on April 15, 8:30AM – 4:30PM, for a strategic planning retreat.

The next regular Board meeting will be April 16, 2019 at 12:00PM.

President Hempel adjourned the meeting at 2:29PM.

Submitted by Fran Adams, Board Secretary

Recorded by Ruth Wells, Board Clerk