

**PACIFIC COMMUNITIES' HEALTH DISTRICT
WORK SESSION OF THE BOARD OF DIRECTORS**

Thursday, January 12, 2023

PRESENT: Aimee Thompson, Chairperson
Chris Carlson, Vice-Chair
Ralph Breitenstein, MD, Member at Large
Bonnie Saxton, Treasurer
David Long, MD, Secretary

ALSO, PRESENT: Jim Shepherd, Legal Counsel
Lesley Ogden, VP. CEO, SNLH
Jane Russell, COO
Jon Conner, Facilities Director
Ursula Marinelli, Director Foundation
Kathryn Doksum, District Finance Manager

CALLED TO ORDER: Chairperson, Aimee Thompson called the Board of Directors meeting to order at 9:25 a.m.

CITIZEN COMMENTS: No citizens present.

POSSIBLE FUTURE DISTRICT PROJECTS:

1. **DAYCARE:** After prior discussions and knowledge of current daycare program at North Lincoln, the Board has chosen not to consider a community daycare project at this time.

Lesley Ogden, CEO commented - For purposes of learning if there is a staff need for daycare options or supplemental funding (i.e., voucher system), we will survey staff and report those findings to the board.

2. **SURGERY ROBOT:** Jane Russell provided the information she has on the surgical robotic system. There could be an increase in cases but wouldn't be substantial, maybe around 20% in the types of cases that we could do here. The draw for us would be as a recruitment tool for specialties, i.e., OB/GYN and Urology. Our current OB/GYN feels he could do more cases if we had a robot and our current urologists who travel to Newport could do more cases here and would consider adding more Newport days to their schedules. Another option could be to have one full time urologist on the coast between PCH and N. Lincoln. Like OB/GYNs, urologists just coming out of training have only done robotic surgery and can't do open prostatectomies.

The concern comes back to cost – robotic surgery is reimbursed the same as laparoscopic surgery. There is some data that shows a benefit from a reduction in pain and length of stay when using robotic surgery. There are studies that do show there are superior benefits from open surgery to robotic surgery but not necessarily from laparoscopic surgery to robotic surgery, but you can't do all surgeries laparoscopically that you can do robotically.

What to consider if we do not have a surgery robot: Loss of candidates, patients/business, reputation.

Cost:

\$1.9 Mil for the unit

\$.5 Mil for the training console

\$110k for additional equipment

*lasts 7-10 yrs then needs to be replaced.

There are options to buy or lease and should include maintenance.

Partnership with SPSHS?

Quick turnaround on training.

We have three surgeons can already work on surgical robots.

Logistic changes with OR schedules.

No needed retrofitting.

It's good for the community.

3. **ABBEY STREET PROPERTY - HOUSING:** The two-lot property will be vacant by the end of January and the house will eventually be demolished. There are ideas for future projects, but no decisions made at this time. There is a property next door that we may want to purchase later if it became available.

4. **ADDITIONAL CLINIC SPACE:** There doesn't appear to be a need for clinic space in the near future but there may be a need for office space.

Bayview Building – this is drastically underutilized and there aren't any plans for it at this time but the suggestion is to add units to the existing structure, 6-8 units maybe.

STARS PROJECT:

1. **SD BUDGET:**



Kimberly Burt, Recorder
PACIFIC COMMUNITIES HEALTH
DISTRICT



David Long, MD
PACIFIC COMMUNITIES HEALTH
DISTRICT