CPR/AED Program Update

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Briefing to the CLSD Board of Directors
October 28, 2010

Outline

- Program Overview
- Our Customers
- Program Certification Requirements
- CLSD Program Scope
- Program Future

Program Overview

- Cardiopulmonary Resuscitation/Automatic External Defibrillation (CPR/AED)
  - CPR/AED Instructor Certification
  - Healthcare Providers – Basic Life Support (BLS) level
    - First responders, EMTs, firefighters, clinical practitioners
  - Everybody else – “Heartsaver” level
    - Teachers, AED-site employees, CERT teams, local citizens
- Remote program oversight responsibility
  - Paralife (locally-owned CPR/AED business)
  - Other organizations’ certification needs ad hoc

Our Customers

- District-area Fire Departments
  - Timber Cove FPD & Redwood Coast FPD
  - Other departments use in-house assets
- Redwood Coast Medical Services
  - Bi-annual certification requirement
- Schools
  - Teachers and bus drivers
- EMT/First Responder trainees
- Employers with public access AED
- CERT Program members as requested
- Individual citizens as requested

Program Certification Requirements

From the American Heart Association

- AHA-certified BLS Training Center requires:
  - AHA-recognized Training Coordinator
  - Application to the AHA
  - Insurance
  - Track CPR cards and rosters with *accountability*
  - Instructors who:
    - Have completed an eight hour on-line course
    - Had two classes monitored by Training Coordinator
    - Conduct four classes every two years

CLSD Program Scope

- Training Center Staff
  - Training Coordinator – Evan Dilks
  - CPR/AED Program Admin – Bronwyn Golly
  - Community Instructors
- AED Installation Oversight
- Community CPR Training
  - *Heartsaver Program* Training (Adult CPR/AED)
    - 1st Aid module option
    - Pediatric module option

Program Scope (cont.)

- Healthcare Provider Course
  - EMT/First Responder
  - Healthcare professionals
- CPR/AED Instructor Training
- Offsite Training Program Oversight
  - Other organizations conduct training under CLSD certification – can be out of county
  - CLSD revenue at $2 per AHA card issued

Program Future

- CPR certification is getting easier
  - AHA on-line course plus 1-hour “hands-on” at CLSD
- Other organizations’ certification gaining acceptance for maintaining credentials
  - AHA remains the training standard for all organizations
  - Red Cross, American Safety & Health Institute gaining popularity
    - Can be less expensive
    - Meets many employers’ and AED site requirements
    - CLSD customers may seek training elsewhere

Program Future (cont.)

- CLSD will focus on core customer base
  - Healthcare providers and others needing certification for employment
    - Scheduled courses will have standard fees
  - Free quarterly “Super Saver” class for lay people
    - Free of charge for basic “Heartsaver” course
      - Admin fee for those who want AHA card
    - To be held throughout District
    - Begin in January after AHA releases new protocols

Backup Slides

District-area AED Placement

Public AED “Saves”

- Fitness Gym – Gualala
- Tennis Courts – The Sea Ranch
- Fort Ross State Park
- Private Residence – Timber Cove VFD

Class Load History

- 2006
  - 16 classes
  - 171 students
- 2007
  - 27 classes
  - 228 students
- 2008
  - 13 classes
  - 103 students
- 2009
  - 17 classes
  - 135 students
- 2010 to date
  - Xx classes
  - Xx students
- Off-site CPR/AED training program oversight
  - 18 classes
  - 203 students

Training Charges & Fees

- *On-Line* Healthcare Providers
  - On-line course (~$20 to AHA)
  - One hour hands-on $45
- Classroom Healthcare Providers
  - Initial certification $65
  - Recertification $45
- Group Rates
  - Available as scheduled with employer

- *Heartsaver* Program
  - CPR/AED $35
  - 1st Aid $45
  - 1st Aid with CPR/AED $55
  - Pediatric with CPR $55
- *Heartsaver* Group Rates (1-9) $240

- Free *Super Saver* Course $n/c
  - *Heartsaver* CPR only
  - New AHA “Hands only” program
  - No card issued
  - $10 card fee if requested

COMMUNITY HEALTHCARE WORKING GROUP FINDINGS & RECOMMENDATION

A Joint Project of

Coast Life Support District

&

Redwood Coast Medical Services

MEMBERS

Steve Kaplan-Board President

Scott Foster-Administrator

David Rice-Board Member

Bev Dodds-Board Member

Alex Long-Board Co-Chair

Mike Goran-Board Co-Chair

Diane Agee-CEO

Kathy Gary-Board Member

Russ Hardy-Board Member

OBJECTIVES

- Improve Local Healthcare Services
  - Primary Care
  - Urgent Care: 24/7
  - Emergency Care: 24/7
- Investigate Economic Feasibility of A Critical Access Hospital (CAH) to Provide These Services
  - Currently over 1300 CAH's In US and 28 in CA

WHY 24/7 URGENT CARE?

- Access To A Medical Provider At Any Time Is an Un-met Community Want and Need
- "It Was Available Once and Now It's Gone"
- It's Not A Substitute For Critical Emergency Care

Providing 24/7 Urgent Care Is A Challenge

- High Cost, Mostly Standby
- Difficult to Attract and Retain Staff
- Higher Pay Required As Incentive
- Patients Defer Non Urgent Visits To After Hours

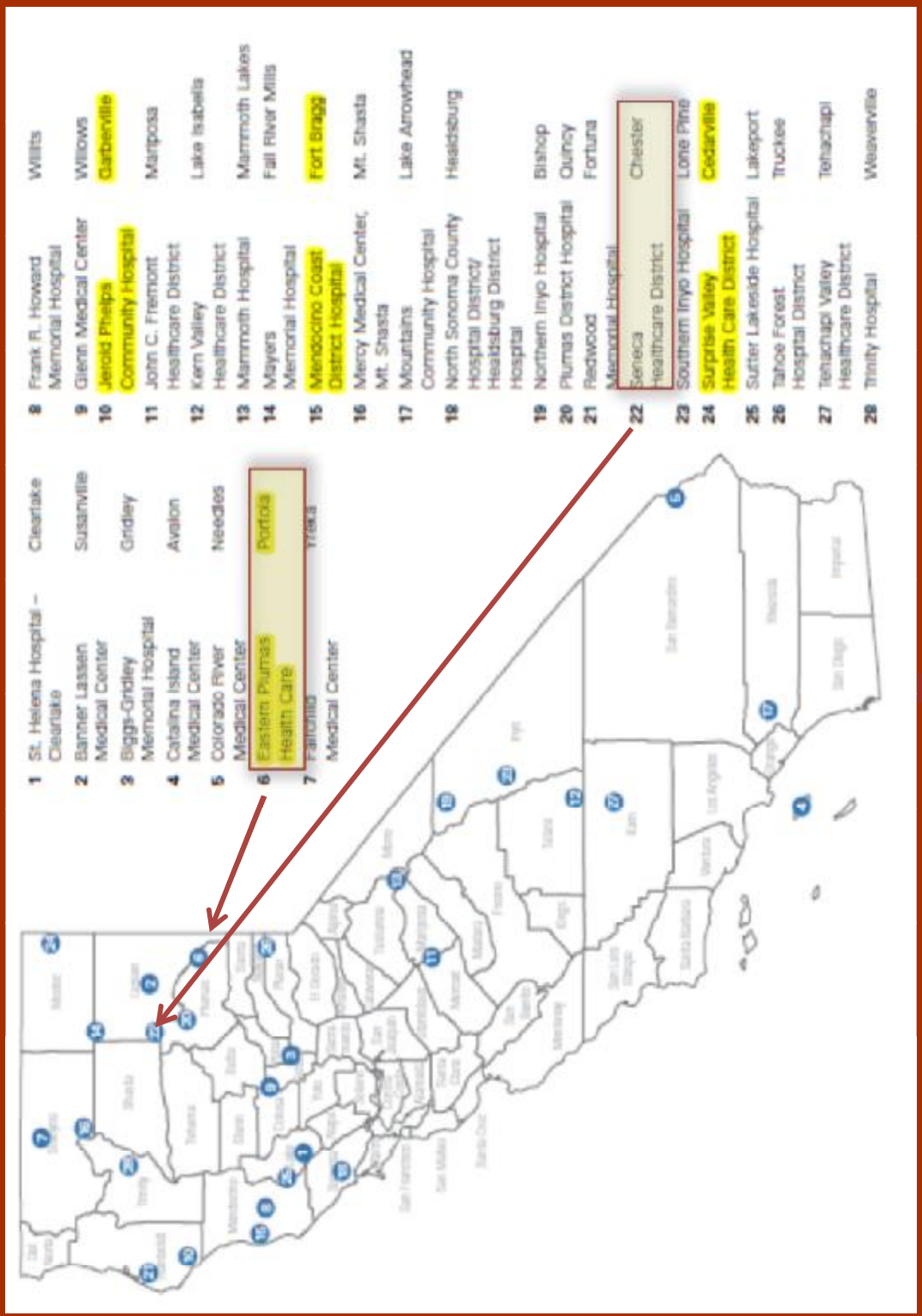
CAH BENEFITS

- Federal Program to Enable Rural Healthcare
  - At Least 35 Miles From Nearest Hospital
  - Provide 24/7 Emergency Services
  - Maximum 25 Beds, <4 Days Average Stay
- Medicare Reimbursement 101% of Actual Costs
  - Urgent Care Billed at ER Rates
  - Includes Provider Standby Costs
- Beds Can Be Used For Recovery/Rehab

MAY 24 RECOMMENDATIONS

- ✓ Need More Information to Make a Go/NoGo Decision
- ✓ Create CAH Questionnaire
- ✓ Contact and Visit CAH's in California, Nevada & Washington
- ✓ Determine California Regulatory Requirements
- ✓ Board Authorization to Pursue a Joint Planning Grant
- – Quantify Economic Benefit of Consolidating Primary, Emergency and Hospital Care Services
- ✓ Report Findings and Recommendations by October 2010

CALIFORNIA CAH'S (28)



EASTERN PLUMAS HEALTHCARE PORTOLA, CA

- Meetings With CEO, CFO, COO & Board
- Population ~8000 45min to Reno
- 9 Beds and Nursing Home
- $10M Debt, $1M Tax Revenue, Net Profitable

SENECA HEATHCARE DISTRICT CHESTER, CA

- Meeting With CEO, CNO, HR Director, Board Members
- Population 7000, 90 min. from Chico
- 10 Beds, Nursing Home
- Managed by RENOWN Health (Reno)
- 24 Hr ER, Clinic, Lab, Outpatient Therapy
- $2M Debt, $1M Tax Revenue, Net Profitable

SAN JUAN ISLAND CAH

- New CAH on San Juan Island (Jan. 2012)
  - 10 Beds, 24Hr ER, Clinic
- Managed and Operated by Peace Health Under Contract to Hospital District
- Peace Health
  - Operates Clinics and Hospitals in AK, WA, OR
  - Employs All Staff and Provider
- Financial
  - Community Contributes $10M to Construction Cost
  - Peace Health Contributes $20M Plus Land Purchase
  - Tax Subsidy: $1.4M/hr

WHAT HAVE WE LEARNED? (OPERATIONAL)

- Similar Rural Communities Provide 24/7 Services With a CAH
  - Provides Significant Economic Benefit to Local Community (~$8M)
- Quality Primary Care Providers Are The Key
  - Primary Source of Hospital Referrals
  - Difficult to Attract and Retain
  - Keeping Providers Current is Critical
- Integration of Primary, Urgent Care and Emergency Services Is Essential
- Affiliate With a Parent Health Care Organization Is Essential
  - Support Funding
  - Required to Attract and Retain Providers
  - Provide Cost Effective Administrative Services

WHAT HAVE WE LEARNED? (FINANCIAL)

- Retain FQHC Status of RCMS
  - Enables Significant Grant Funding
  - Requires Separate BOD
- Profitable Services
  - Diagnostic, Lab, Swing Beds
- Unprofitable Services
  - ER
- Separate Hospital Facility to Minimize Construction Costs & Maximize Reimbursement

OPTIONS

- Extend Existing Clinic Hours For Urgent Care
- Reinstate 24/7 Urgent Care
- Pursue Critical Access Hospital

COMPARISON OF OPTIONS

Issues	+ Clinic Hrs	24/7 UC	CAH
Scope of Services	•UC Provided During Expanded Hours	•Provider Limited •Diagnostics Limited	•X-Ray •Imaging •Lab •Admit Patients
Net Cost	•Federal Grant	•Reimbursement Limited •High Tax Subsidy	•Higher Reimbursement
Quality	•Limited, isolated Staff	•Limited, isolated Staff	•Improved With Major Hospital Affiliation
Clinic Impact	•Expanded Hours Reduces UC Visits	•Abuse of After Hours for Clinic Visit	•Abuse of ER for Normal Clinic Visit
Timing	•Maybe 2011	•Depends On Tax Increase	•5+ Years •Tax Increase

RECOMMENDATIONS

- Seek Grant Funding For
  - Strategic Planning
  - Extended Urgent Care Operations
  - RCMS Facility Renovation
- Quantify Cost of 24/7 Reinstatement
  - Requires Two Staff On Call
  - Must Attract and Retain Quality Providers
  - Additional Tax Subsidy Required
- Pursue Critical Access Hospital
  - Investigate Potential Partners (eg. Sutter, Memorial, Kaiser, Marin General, ….)
  - Quantify Cost Benefit of Consolidation
  - Assess and Build Community Support

NEXT STEP

- Prepare Business Plan For CAH
  - Identify Consultant & Determine Cost
  - Obtain Board Approval For Funding
- Find a Large Health Care System Partner
- Pursue Federal Grants
  - Rural Health Network Planning Grant ($85K)
    - Submitted Application With RCMS, CLSD & Pinole Indians
  - Extended Clinic Hours For Urgent Care
- Report to Boards & Public

FY 2011 1st Quarter

(amounts $000, except average/transport)	25% of budget	Actual	Var Fav/(Unfav)
REVENUES			
CLSD Special Taxes	$216	$0	($216)
Ambulance Billings	136	184	48
Training Class Fees	3	0	(2)
Interest Income	1	0	(1)
Miscellaneous	0	0	(0)
	356	**185**	**(171)**
EXPENDITURES			
Ambulance Operations - Personnel	230	226	4
Ambulance Operations - Other	33	26	7
District Administration & Overhead	13	14	(1)
Training Programs	4	3	1
After-Hours Urgent Care Program	50	12	37
Interest & Depreciation	18	20	(2)
	348	**302**	**46**
NET INCOME/(LOSS)	**$8**	**($117)**	**($125)**
# Ambulance Transports	96	111	15
Average $/Transport	$1,417	$1,662	$244

NOTE: with taxes at budget, variance would be positive $91K: $48k billings, $37K AHUC, $11K operations, ($5K) other