

PETALUMA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MINUTES OF THE JANUARY 25, 2023 REGULAR MEETING

Please note that copies of all pertinent materials considered by the Board in Open Session are included in the final Board Packet. Agenda items may be taken out of order and will be so indicated in the minutes.

1) **CALL TO ORDER**

The Board of Directors of the Petaluma Health Care District (“District”) met at 1425 N. McDowell Blvd., Suite 100 and via Zoom on Wednesday, January 25, 2023. Director Nelson called the meeting to order at 6:00 pm.

• **ROLL CALL**

Note: the Board of Directors and District staff attended this meeting in person. The public had the opportunity to participate in person or via Zoom. Teleconference information was included on the publicly noticed agenda published on January 19, 2023.

The Board Clerk called the roll. **The following Board members were present, constituting a quorum:**

Directors Dufour, Hempel, Negrin, Nelson, Tobias

Also present:

Staff:

Ramona Faith, CEO

Andrew Koblick, Controller

Benjamin Spierings, Community Health Program Manager

Tucker Pinochi, Board Clerk

Jonathan Spees, Consultant, Marine Street Consulting

Donald Bouey, Esq., District Counsel

Guests:

Kathryn Powell, CEO at Petaluma Health Center (“PHC,” or “the Health Center”)

Nurit Licht, MD, CMO at PHC

• **CALL FOR CONFLICT**

Director Nelson called for conflicts of interest pertaining to the items listed on the agenda. There were none.

• **MISSION & VISION**

CEO Ramona Faith read the Petaluma Health Care District’s Mission and Vision into the record.

Mission: 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.

Vision: The Petaluma Health Care District envisions a healthy community and equitable access to health and wellness services for all.

2) **CONSENT CALENDAR**

- Approval of January 25, 2023 Regular Board Meeting Agenda

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Director Hempel made a motion to approve the Consent Calendar items.

Director Tobias seconded the motion. Director Nelson asked if there were objections to any items on the Consent Calendar before asking for a vote by show-of-hands. The vote was as follows:

Dufour Y; Hempel Y; Negrin Y Nelson Y; Tobias Y. The motion passed 5-0.

3) Public Comments (Non-Agenda Items)

Director Nelson opened the floor for public comments on non-agenized. There were none.

4) NorCal HealthConnect – Notification Pursuant to the Purchase Agreement of Intent to Close the Family Birthing Center at PVH

CEO Ramona Faith introduced Dr. Nurit Licht, Chief Medical Officer and Kathryn Powell, who joined the meeting to discuss OB service volumes at PHC.

Ms. Powell emphasized the need for stronger partnership between Providence and the District to ensure that services at the hospital remain viable into the future. She highlighted the stark differences in the community since the closure of the sale of PVH and asserted that no one would have guessed we would be where we are today. She added that births are down by about 25% in Sonoma County since a peak 18 years ago, due in part to macro-level trends in developed economies and partially to local circumstances in recent years. She urged the Board to seriously study all the factors which impact the decision and to weigh them accordingly in collaboration with Providence. Ms. Powell thanked the Board for the time she was given and introduced Dr. Licht.

Dr. Licht praised the Health Center's OB staff for the service they provide to a low-income, high risk patient population. She suggested that as consolidation occurs in the provision of OB services, patients will lose the community-based feel of smaller centers like PVH or PHC. Relatedly, she reminded the Board that housing affordability was in its purview, and that as she sees things housing has a role to play in this discussion. She briefly detailed PHC's efforts in close collaboration with Providence to provide OB coverage over the years. Dr. Licht then reviewed the Health Center's OB service volume data over the past several years and their relationship with Providence's stated reasons for closing the PVH Family Birthing Center.

She said that the District may consider a collaborative study on pay rates in this service line to determine what more Providence can do to retain staff, noting the inherent financial challenges of increasing rates of pay for a service which is not increasing in volume. To that point, she further suggested that the District and Providence explore the reason for this stagnation and added that it may be due to patients seeking pre-natal care elsewhere and seeing their pregnancy through at the same location. Dr. Licht said that in the long term the issue was likely centered on volume, while the short term was centered on prevailing wages.

Dr. Licht's written report is attached to the minutes.

Director Nelson thanked Ms. Powell and Dr. Licht for their presentations, then opened the floor for public comments. First, Director Nelson read the written comments submitted in advance (attached). Then, members of the public present in person were asked for their comments. Those comments are also attached.

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Director Nelson thanked the public for their comments and requested comments from the Board, beginning with Director Negrin. Director Negrin thanked the public, noting that she previously worked in the OB unit and had many of the same experiences. She recalled a patient with AIDS whose life and baby were saved because the PVH OB unit was open. She indicated that she is frightened by the possible consequences of the closure of the Family Birthing Center.

Director Nelson recognized Director Tobias. He praised the input that the District had received so far, and stated that his impression was of a unanimous opinion from the community against the closure of the Family Birthing Center. He reviewed the process so far, including where it seemed to have drifted from the process prescribed by the PVH Asset Purchase Agreement. Of note, he highlighted that the District had not received a detailed analysis of the potential impact of this decision. Furthermore, he suggested that the timeline of the decision indicates that conducting sufficient analysis or recruitment efforts would have been impossible. That said, he remained supportive of collaborative, good faith efforts between the District and Providence to maintain the Family Birthing Center and provide the community with the services they deserve. He said that Providence had not only purchased a hospital, but also made a commitment to the community. He noted also the difference between a community hospital and any other business – it is not viable to simply cut services wherever they are not profitable.

Director Nelson recognized Director Hempel. Director Hempel echoed Director Tobias's remarks and thanked him. She noted that the letter the District received did not offer opportunities for collaboration to keep the Family Birthing Center open, but instead presented the former's closure as a fait accompli.

Director Hempel highlighted the District's choice to sell to NorCal HealthConnect – a secular subsidiary of Providence. She recalled that the reason to do so was to maintain women's health services without the restrictions associated with a Catholic institution. She noted that reproductive care is vital to our community. She said that if NorCal HealthConnect and Providence are unwilling to come to the table for an honest discussion about how to maintain the Family Birthing Center, the District would be constrained in its options moving forward. She concluded by saying that this decision was not just about moms and babies, but about the future of women's health in this community.

Director Nelson recognized Director Dufour. He told the Board that his perspective had not changed since last week, but that due to his lack of experience he had still learned quite a lot from hearing what those involved have had to say. To him, Providence has not presented enough evidence to break the five year agreement. He said that this process underlined the importance of this asset to the community, and that it prompted an ongoing dialogue to keep the Birthing Center open in spite of the operational issues cited by Providence. He suggested that the District's quarterly report from PVH leadership could include a separate update on the status of the Family Birthing Center.

Director Nelson briefly reminded the Board of her question for Laureen at the January 18th meeting: what *can* be done to keep this open? She said that the process had been disingenuous in her mind, and that the quality of it speaks poorly to the character of the organization. She noted that Petaluma is a community of people who care, and who will do what needs to be done to maintain this if they only knew what that was.

Ms. Faith introduced the District's Counsel, who reviewed the requirements of the Purchase Agreement and described what the next steps in the process will be.

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5) Announcement of Closed Session Items

- Conference with Legal Counsel – Anticipated
Initiation of litigation pursuant to CA Gov. Code §54956.9 (c) (one case)

Director Nelson asked for public comments on the agenda's Closed Session items, and hearing none, adjourned the meeting to Closed Session.

6) Adjourn to Closed Session

7) Adjourn to Open Session

Director Nelson returned the meeting to open session at 8:30PM.

Director Hempel made a motion to accept guidance from Legal Counsel to move forward submitting the District's response to NorCal HealthConnect in compliance with the Asset Purchase Agreement. Director Dufour seconded. Director Nelson called for a roll-call vote, and the vote was as follows:

Dufour Y; Hempel Y; Negrin Y Nelson Y; Tobias Y. The motion passed 5-0.

8) Adjourn

- Next Regular Board Meeting February 15, 2023
- Confirm Board Retreat Dates

Director Nelson adjourned the meeting at 8:45 PM.

Recorded & Submitted by R. Faith, CEO
Please send any questions about Board of Directors Meeting Minutes to rfaith@phcd.org

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Petaluma Health Center OB Service Line Summary January 2023

Background: Petaluma Health Center serves nearly 40,000 patients in Sonoma and Marin Counties across 2 large and 8 small sites. The mission of the health center is to provide high quality access to preventive health care and thereby promote health equity. The center provides a breadth of primary care and specialty services including the following: primary care (pediatric, adult, elder), prenatal care, behavioral health, dental, vision, wellness and specialty services. The center operates in both suburban and rural environments. Providers work at Petaluma Valley Hospital in both obstetric and adult medicine care.

Petaluma Health Center has offered the full spectrum of women's health services for over 20 years. Services include women's preventive health, prenatal care, postpartum care, neonatal and pediatric care. Petaluma Health Center is a Level 3 Patient Centered Medical Home and is Joint Commission Accredited as an Ambulatory Care site. PHC patients are ethnically diverse and include 50% primary Spanish speakers. The volume of Spanish speakers seeking OB services is over 75%. PHC offers culturally competent services with bilingual staff and providers.

PHC Obstetrics Care Model includes Certified Nurse Midwives, Family Physicians, Obstetricians, and Pediatricians. Per PCMH guidelines, patient access, continuity, and shared decision making are critical aspects to care. PHC providers provide inpatient obstetric care for patients in a certified Baby Friendly hospital. Primary c/section rate is 14% or lower for over 10 years. Breastfeeding initiation at birth is over 90%. Providers offer a newborn clinic during the post-partum period and then transition mother and infant into primary care. Other markers of prenatal care quality are as follows:

- Entry Into Care 1st Trimester: 96%
- Exclusive breastfeeding at six weeks post-partum: 57%
- Tdap given 3rd trimester: 93%
- Birthweight over 2500 gm: 95%
- Contraception at 2nd postpartum visit: 97%

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Delivery Statistics

Year	Projected Number of Deliveries	Number of Deliveries	% Transfer Out	Total C/S Rate	Primary C/S Rate
2012	No data	335	na	25%	12%
2013	No data	336	na	26%	12%
2014	334	316	5%	22%	12%
2015 *RP OB Fall	No data	318	na	28%	12%
2016	398	313	21%	19%	10%
2017	No data	342	na	24%	12%
2018	336	317	6%	24%	12%
2019	372	324	13%	23%	11%
2020	306	312*	Increase in deliveries	27%	14%
2021	342	275	20%	29%	14%
2022	332	277	17%	26%	13%

Patient Demographic: Residence Location

City of Residence	% of OB Patients Last Year	% of OB Patients 2 Years Ago	% of OB Patients 5 Years Ago
Petaluma	29.0%	32.1%	40.6%
Santa Rosa	28.5%	21.6%	16.9%
Rohnert Park	25.6%	26.3%	22.4%
Cotati	2.8%	5.3%	3.3%
Sonoma	2.8%	4.8%	2.8%
All others combined	11.3%	10.0%	14.0%

Patient Demographic: Payor Mix (inclusive of Gyn)

Petaluma OB, YTD 12/31/22 Actuals		
Ins Class	Visits	Payor Mix
Mcal	1,261	20.0%
Mgd Care Mcal	3,464	55.1%
Mcare	549	8.7%
FPACT	81	1.3%
Self Pay	81	1.3%
Private Ins	664	10.6%
Sliding Scale	190	3.0%
Total	6,290	100.0%

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Petaluma
HealthCenter



Hospital Facility: How PVH Has Supported Our Mission

Culture and Location:

- Culturally and linguistically appropriate care for patients including staff, signage, educational material, and interpreter services
- Location no greater than 30 minutes for patients

Delineation of Privileges:

- CNM: Delivery, well newborn care
- Family Physician: Delivery, C/section if qualified, well newborn care, evaluation for intensive care nursery
- Ob/Gyn: full scope per hospital delineation of privileges
- Pediatrician: full scope to include well care, evaluation and care in Intensive Care Nursery, Pediatric ward

Quality:

- Baby-Friendly Designation or desire to obtain
- Primary c/section rate 15% or lower
- Labor Delivery Recovery Rooms
- Continuity of Newborn Care with delivering provider
- Team Based Care with daily huddle of all providers with nursing staff
- Clear guidelines for consultation and c/section readiness
- Appropriately skilled and nursing and clinical support staff
- Sufficient OB and Anesthesia Call Pool Coverage

Other Services:

- Antenatal testing capability
- Medical Screening Examination by OB nurses
- Integrative Birthing Room

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Public Comments – Remote and In-Person

Noreen Ringlein:

“Hi, so my name is Noreen Ringlein. I’m a resident of Petaluma. I have three grown sons, but my sons are married and have wives of childbearing age. In Petaluma there are 60,865 people. The population for females is 30,298. Most of those are in a child-bearing age. Someone said the population was aging – the median age is about 42.8 for the entire male and female population, and most women are having babies these days between the 27-37 year range. So it’s critical then that the local hospital have the ability to have a state of the birthing center. You’re consigning women to putting themselves in danger. If they have to travel to the next available birthing center that means driving on the freeway with a husband or a partner who may be panicked, who may be very concerned about that woman in the car, and an emergency room is no place to deliver a baby. So this is just negating the danger and the necessity in a town of 60,000 people having the ability to have a baby at the local hospital for whatever reason. Even if the family has kaiser and has the ability to go somewhere else, there are times when they may need to go to Petaluma Valley Hospital. It is extremely short sighted for Providence to be doing this, it’s a disservice to the community, and I would caution everyone in this room to realize the importance of this for mothers and babies and families. Most of, about 68.24% of the dwellings in this community are family. And we know that yes, it is really hard to buy a home as a young family, but they’re doing it. Or they’re living in community, they’re having, they’re living with their parents and still having babies and the parents are aging out. Then those young families are inheriting that home so they are staying here, and they’re doing what they can to live in this community despite the economics of owning a house. That’s all, I just really encourage Providence and this Board to not make the decision to take safe births away from the women and the families and their partners in this community.”

Jim Goerlich. President of the PVH Staff Nurse Partnership

“It should be stated that SRMH has their own OB crisis right now. SRMH also has a shortage of OB providers, with actually only one practicing OB currently. And their overall total number of births have been declining. SRMH needs to have a fully functioning OB unit to keep their trauma status.

If Providence rearranges their chess pieces, moving PVH OB patients and providers to SRMH, the more important crisis for them is solved. That is a crisis that based on the possibility of lost revenue and instead of investing their monies and using their profits to better our community, they want to pull OB out of PVH. If this misguided plan is allowed to take place, the community of Petaluma and its surrounding area will lose their safe access to OB care, not to mention the plan will overload our already over loaded ED staff. It will be the people of Sonoma County that pay the price of this decision with their lives.

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This is a clear example of a nonprofit corporation putting profits before patient safety and before honoring their commitment to this community. However, if Providence is open to working with their caregivers and providers, I believe a solution that benefits everyone is possible.

I have a few questions that I'd like to read aloud. A few of them have already been submitted to the Board.

One: Has Providence included its Staff Nurses and Doctors from both PVH and Memorial and the PHC in discussions on how to possibly problem solve staffing and hiring/retention issues? It is our understanding it has not. These decisions have been made without very much input from staff at all.

Two: Please have Providence explain how reducing services, closing our OB department and adding to our EDs staffing woes will help make the Sonoma County community of which it is a part, stronger and healthier.

Three: Has Providence tried expanding OB services at PVH in order to attract all types of patients and staff?

Four: In addition to expanding the Obstetric Services both PVH and SRMH provide, has Providence and the PHCD Board considered a merge of services and the sharing of staff between both units? Seems having shared staff and resources would be a better option than the dangerous gap in services that would be created by closing the PVH OB. Easier and safer for staff to make the commute than an active labor (or worse) patient.

The other questions that I had I will submit offline."

Tyler Kissinger, NUHW Organizing Coordinator

"My name is Tyler Kissinger, and I'm an organizing coordinator with the National Union of Healthcare Workers. I work with and organize and represent about 800 employees across SRMH and Petaluma Valley Hospital in addition to hundreds of others at Queen of the Valley Medical Center in Napa County and then up in Humboldt County where Providence took a really similar action up at Redwood Memorial Hospital.

I want to add a little bit of context and build on a support what Jim shared already. Back in 2020 Providence made a commitment to this community when they purchased the building saying that they would maintain the Birthing Center for five years. And here we are I think just about, a little over two years since then, and they're trying to walk back on that commitment, even though at the time they suggested that they had no plans to close the Family Birthing Center and publicly said they would continue operating it for 100 years if they could.

I want to be really clear about one thing: on the providence side of things, this is not a matter of resources. Providence has the resources to maintain the Family Birthing Center. In the last year

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that there is publicly available information, the CEO of Providence was paid 11.5 million dollars. In their last public report, Providence had \$9.1 billion in unrestricted cash reserves and investments. Unfortunately what we're seeing is that Providence time and time again is willing to put their profits and trying to make profits over actually providing quality patient care. And that's the reason that people are leaving the profession and that it's hard for them to retain staff. It's actions like this that are making – are burning people out and making them want to leave, because it's getting in the way of their ability to do the job they signed up to do which is take care of patients. Just today, on the NYT Daily Podcast, Providence was featured in a story about trying to squeeze money out of poor patients who qualify for free care under Washington state law. I recommend anyone listening to that, it's freely available at New York Times Daily Podcast. I just wanted to second many of the questions being asked, the ones that Jim submitted, and we'll be submitting some ourselves. And also really value everyone that's come together tonight, taking time out of their evening to come together to speak on these issues. I think we all support more access to healthcare, especially in this part of the county. And that's what we're going to continue to support. I appreciate everyone, that's all I've got.

Sheri Buda

“Just as a little bit of my background I've been here at Petaluma for two years. I'm an OB nurse, I've been doing OB for twenty seven [years], eight of which was a manager, so I've got a unique perspective on the administrative / management side of this. I'm going to share a letter, I know I'm going to be cut off, but I'm sharing so it can be submitted.

The timeline I'm presenting in this letter covers more than the notification that we would lose anesthesia services and subsequent events. I will also outline an ongoing trend that includes a lack of communication between senior leadership and the unit staff, the general sentiment that the unit would be closed at the five-year mark as evidenced by the hospital not replacing outdated essential equipment, a lack of dedication to recruiting demonstrated by not offering the same bonuses to OB positions as offered to other PVH units, and verbal statements by providers and senior that we will likely not be open after the five-year mark from the original purchase. To me, it is clear that NorCal HealthConnect always intended to close the OB department, and losing the current anesthesia contract served as the opportunity they were seeking.

[The reader should note that the format below is directly copied from Ms. Buda's written submission.]

Timeline of OB since anesthesia contract canceled:

- 11/2/22 written notification to PVH by the current anesthesia group of their intent to cancel the anesthesia contract effective 1/30/23. This was a total of 90 days' notice (not 60 days, as Ms. Driscoll stated in the meeting on 1/18/23)
- Once the unit became aware (within days of 11/2/22), the RN staff requested a meeting with Wendi Thomas (PVH Director of Nursing) to be updated on the progress of the anesthesia contract

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- It took two weeks after the request was put forth, scheduled 11/18/22
 - During the meeting, staff requested it be recorded for nurses unable to attend. Wendi refused
 - Staff asked during the meeting about what would happen if the unit closed, and Wendi and Rachel Reader stated this was not on the table at this time, and they felt confident there would be a solution
 - One option provided by Wendi as a “safe” option was to have anesthesia coverage for cesarean sections and have OB providers train to place intrathecal anesthesia again, as done in the past, as a viable and safe option. **This is *not* a safe option.**
 - Staff members requested weekly meetings to check in on the progress of the search for an anesthesia group (even if there was no progress). Until a contract was ratified, Wendi agreed
 - No further meetings were scheduled, and staff were informed by Wendi that there was nothing to update so she wouldn’t schedule a meeting, despite her previous promise for meetings
- 12/15/22 Meeting scheduled with Wendi and Tiffany Alexander (unit assistant manager)
- Staff were informed by Wendi during this meeting that they were close to having an anesthesia contract in place with providers from the current anesthesia group
- 12/16/2022, the next day, a letter was submitted to Petaluma Health Care District board sharing NorCal Connect’s intention to close the OB unit at Petaluma Valley Hospital
- 1/13/2023 Staff meeting scheduled at 3:30pm. OB staff informed during this meeting that the unit would be closing in the next few months, timeline unknown
- Staff were not informed that a letter of request to close the unit was submitted to the Petaluma Health Care District but that the unit would be definitely closing in the next few months
 - Each RN on the unit was contacted by Wendi Thomas’ administrative assistant to schedule a meeting with Wendi to discuss each RN’s intention after the unit closed and if they wanted placement within PVH or Providence once the unit closes

Ms. Buda was unable to finish her comment, which was submitted in writing to be added to the record. It is attached to these minutes.

Lisa Portman Fayne [Spelling?]

“My name is Lisa Portman Fayne, I’m a nurse at the Family Birthing Center. I’m also a lactation consultant and a Baby-Friendly Coordinator at the hospital. I would like to know what it would look like to actually put resources into the Family birthing center to make it thrive. What would be the result, and where would we be now? When I was hired 17 years ago, St. Joe’s was contracting with the Petaluma HealthCare District to manage the hospital. I immediately understood that St. Joes was looking at closing the unit.

As Ramona said last week, it has been quite a while that OB has been on the chopping block. Few to no resources have been brought to our unit – our unit has been a model of scarcity for

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decades. When Providence bought PVH we wondered what changes we would see. Would we be taken off the chopping block? Sadly, we were not. It has been hard with the ever-revolving door of managers, our providers, and our nursing staff to get the updated equipment necessary for our unit. In this respect, I feel that we have never been a priority of those making decisions at PVH. We are used to making do with the minimum and still managing to win awards and be given special recognition. Just imagine what we could achieve if we had the support of our administration in growing OB. I would really like to opportunity to see what that would look like.”

Karyn Karp

“Thank you for the opportunity to speak. My name is Karyn Karp, I’ve been an RN since 1982 and a Certified Registered Nurse Anesthetist for 34 years. I’ve practiced at PVH since 2007. During the previous meeting of the PHCD Board of Directors on January 18, false statements were made by the Providence Regional Chief Executive for Northern California and I’d like to address them.

Truth: our CRNA /anesthesia group providing explicit services for the PVH Family Birthing Center at PVH gave verbal notice of 100 days on September 22, and written notice of 90 days on October 2 that we needed to let our contract expire for anesthesia services on January 31, 2023.

Truth: The entire period of our anesthesia group services at the Family Birthing Center have always been completely covered. At no time has there ever been spotty services or spotty coverage.

Truth: for years, our group has not been able to recruit new anesthesia personnel to relieve the single remaining full anesthesia provider in the group, due to the salaries being equivalent to only one third or less of the prevailing rates.

At the last meeting of the health care district board, I described an article printed this month in MedPageToday. Its title was “Maternity Services Cut Where They’re Most Needed.” Several states are now saying maternity deserts where hospitals have recently shuttered obstetrics services. The problems they describe are the same we’re facing here: extremely low Medicaid reimbursement, staffing shortages, and low birth rates. I am afraid that PVH and our community will become a statistic of these times. Pregnant women in Petaluma deserve a facility with outstanding labor nurses who will provide top-notch inpatient maternity care without needing to travel a minimum of 18 miles away or have to rely on an emergency department with no expertise in this specialty.

Our community deserves the care of our rockstar family practice department that has wonderful physicians, nurses and midwives from the Petaluma Health Clinic [sic]. Our community deserves a place where a laboring mother can receive high quality anesthesia services for [inaudible] labor after C Section, or surgical for safe abortion, or timely emergency services for an obstetric hemorrhage. Policy cannot solve this issue – MediCal is unlikely to raise reimbursement rates, and the US is extremely reluctant to adopt a single-player system. What it will take is the commitment of a healthcare facility and their affiliated corporation to our community. This means designating the dollars where we want them to go, and where we need them to go. And

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we know the dollars are there. I am passionately requesting that Providence and the Petaluma Health Care District keep the Labor and Delivery Unit at Petaluma Valley Hospital.

Denise Cobb

“My name is Denise Cobb, and I’ve been a labor and delivery nurse at Petaluma Valley for 25 years. Last week I briefly talked about one of the patients we serve, patients who are going to Kaiser, Memorial, or Sutter but who have to stop at Petaluma Valley if they can’t safely make it there. I also wanted to talk about other kinds of patients – kaiser runs a clinic in Petaluma that does pre-natal care, and not infrequently we’ll get a call that somebody is having bleeding or a deceleration, and even Kaiser feels its not safe to transfer them to Santa Rosa. They bring them over via ambulance and we meet them in the OR to perform a crash C section. We also currently – frequently get Kaiser overflow. They sometimes call us every single shift for weeks asking us to take laboring patients. Marin and Sonoma County have very high home birth populations and sometime those people need to come into the hospital. If they’re coming to the hospital, it’s because they really need to be in the hospital, not just because they’re in labor.

We had a patient who came in a few years ago who came in. She was camping with her family at 6 months pregnant and her placenta began abrupting. She came in via ambulance, they were headed for Memorial but she was hemodynamically unstable and they didn’t think she could make it there. She came in literally with blood dropping off the side of the gurney. About two minutes after she came into the ER, her 30 week baby was delivered and she went straight to the OR. It took two labor and delivery nurses, three pediatricians, and two pediatricians to save her and the baby’s life. That’s not safer if we weren’t there – the ER staff could not have handled both a very very sick mother and a very sick premature baby.”

Petaluma
HEALTH CARE
DISTRICT

RE: NorCal Health Connect – Notification Pursuant to Purchase Agreement of
Intent to Close OB Services at PVH

January 25, 2023 Special Meeting of the Board of Directors

Sheri Buda

Sunday, January 22, 2023 9:46PM

Subject: Closure of OB Unit at Petaluma Valley Hospital

Dear Esteemed Petaluma Health Care District Board Members,

I'm writing to share some new information and fill in some gaps that I felt were left after the meeting on January 18, 2023. I am a registered nurse in the Family Birth Center at Petaluma Valley Hospital and have been here for two years. I have worked in various units during my nearly 27-year career (including eight years as an OB department manager). During my time at PVH, I have developed a deep love for this unit for many of the reasons shared by staff and patients during the board meeting on 1/18/23. All OB nurses at PVH feel the same because we could choose to work elsewhere in the region and make more money. But we make a little less and work on this unique unit.

The timeline I'm presenting in this letter covers more than the notification that we would lose anesthesia services and subsequent events. I will also outline an ongoing trend that includes a lack of communication between senior leadership and the unit staff, the general sentiment that the unit would be closed at the five-year mark as evidenced by the hospital not replacing outdated essential equipment, a lack of dedication to recruiting demonstrated by not offering the same bonuses to OB positions as offered to other PVH units, and verbal statements by providers and leaders senior that we will likely not be open after the five-year mark from the original purchase.

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 - o It took two weeks after the request was put forth, scheduled 11/18/22
 - o During the meeting, staff requested it be recorded for nurses unable to attend. Wendi refused
 - o Staff asked during the meeting about what would happen if the unit closed, and Wendi and Rachel Reader stated this was not on the table at this time, and they felt confident there would be a solution

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- § One option provided by Wendi as a “safe” option was to have anesthesia coverage for cesarean sections and have OB providers train to place intrathecal anesthesia again, as done in the past, as a viable and safe option
- o Staff members requested weekly meetings to check in on the progress of the search for an anesthesia group (even if there was no progress). Until a contract was ratified, Wendi agreed
 - § No further meetings were scheduled, and staff were informed by Wendi that there was nothing to update so she wouldn’t schedule a meeting, despite her previous promise for meetings
- 12/15/22 Meeting scheduled with Wendi and Tiffany Alexander (unit assistant manager)
 - o Staff were informed by Wendi during this meeting that they were close to having an anesthesia contract in place with providers from the current anesthesia group
- 12/16/2022 Letter submitted to Petaluma Health Care District board sharing NorCal Connect’s intention to close the OB unit at Petaluma Valley Hospital
- 1/13/2023 Staff meeting scheduled at 3:30pm. OB staff informed during this meeting that the unit would be closing in the next few months, timeline unknown
 - o Staff were not informed that a letter of request to close the unit was submitted to the Petaluma Health Care District but that the unit would be definitely closing in the next few months
 - § Each RN on the unit was contacted by Wendi Thomas’ administrative assistant to schedule a meeting with Wendi to discuss each RN’s intention after the unit closed and if they wanted placement within PVH or Providence once the unit closes
- 1/13/2023 staff meeting scheduled at 3:00pm at Santa Rosa Memorial where they were informed of the closing of PVH’s OB department and plans to merging the two units
 - o The OB department at Santa Rosa was notified before the directly affected RNs at PVH
- 1/20/2023 Letter submitted to PVH staff discussing the upcoming closure of the OB department by Laureen Driscoll with a list of FAQ’s regarding the closure (attached)
 - o The sentiment of all communication from PVH is not **IF** the unit is closing but **WHEN** the unit is closing, a huge assumption based on the process required to close outlined in the sale of PVH in December 2020

As you can see by the timeline, communication with senior leadership has been poor despite repeated requests by the nursing staff. Additionally, none of the OB or anesthesia providers were notified of the closing by senior leadership, but by nursing staff. This has left a lot of anger among providers.

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It has been clear to nursing staff and providers that the hospital has been minimally invested in physically maintaining and staffing the department. This is evidenced by much of our equipment being grossly past expected life and riddled with issues with their functionality. One example of this is our infant resuscitation warmers. We have two that are current. However, three of our warmers are grossly outdated, difficult to repair and difficult to use, especially in emergencies when trying to stabilize a sick newborn. Multiple requests have been made to senior leadership by nursing staff and physicians to no avail. Furthermore, senior leadership removed them from our list of requested equipment without reaching to nursing staff or providers to understand our urgency for them to be replaced. This is only one example, and I would be happy to supply more if you request. We have received some equipment, and senior leadership has ordered items that are difficult (new infant scale) to use nor urgently needed (labor bed). Another example is our infant security system which requires an update, but the hospital has declined to invest in to date. Without the update, we experience multiple errors and failures of the system, which could put us at risk for an infant abduction. Especially considering that our unit is not locked (the only OB unit I know of that is not locked). We were told this was not an option due to cost.

It was stated by Laureen Driscoll at the board meeting on 1/18/2023 that we have nursing staffing issues. I am also a member of PVH's nursing union board where we discuss staffing issues throughout the hospital, and although we have experienced shortages, our staffing is no worse than any other department. In fact, we have recruited multiple nurses in recent months, including a new graduate we are training. Since the cancelation of the anesthesia contract, only one RN has resigned, and she had already planned to leave. So contrary to what was said during the meeting, we don't have a nursing shortage. However, if Wendi Thomas continues to meet with and encourage our nursing staff to seek other positions since according to her we are definitely closing, we will soon have a shortage.

Finally, I question the breadth and depth of the search for a solution to find anesthesia providers in the 44 days from PVH receiving notice that the current anesthesia group was canceling their contract on 11/2/2022 to sending intent to close the unit to the Petaluma Health Care District board on 12/15/2022, especially as these dates included Thanksgiving. Furthermore, after discussions with multiple CRNA's from the current group, they are paid significantly less than fair market value, which they collectively agree to be the core cause of their inability to recruit. All the group asked for was fair market value, nothing more.

We as a team of obstetrical nurses and providers feel passionate that keeping the OB department open at PVH is safe. We hope to keep the unit open indefinitely so that we can provide excellent care to birthing parents in Petaluma. And that although we hope the board is able to come to the conclusion that PVH has not done due diligence to find anesthesia coverage and allow us to stay open. Furthermore, we hope to somehow gain the support the the incredible community of Petaluma to allow us to stay open to and past the 5 year mark since the purchase with the leadership within PVH doing due diligence to provide the resources required within the OB department to allow us to provide safe care to patients without feeling that we are walking on eggshells in constant fear that we are not getting what we need and that we could close at an moment.

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I hope the information I have provided assists you in asking PVH more questions, as well as guiding you to a decision about the future of the OB department. Please feel free to contact if you have any further questions or require clarification of any information in this letter.

Warmly,

Sheri A. Buda MSN, RNC (Inpatient OB), C-EFM

Trish Wilson
Tuesday, January 24, 2023 at 2:21 PM
Subject: Anesthesia Coverage PVH

My name is Trish Wilson and I have been part of the group providing anesthesia care at PVH for the past 5 years. I recently left due to extremely low pay (no change in 15 years) but have since expressed a desire to return if wages were even remotely competitive. This has been the main reason we have not been able to recruit. Now that there may be a more appropriate pay scale, (we have accepted the low end of market rates due to low volume) I have expressed that I would leave my current position to return to PVH. I also have several colleagues interested in signing on. To say that finding anesthesia coverage is impossible simply isn't true. There is the core group that has been providing care for years that is interested in continuing as well as several viable recruits interested. I just wanted to make sure you had the correct information before you make such a big decision involving so many people in this community.

Thank you,
Trish Wilson, CRNA

Jessica Virelas
Wednesday, January 25, 2023 9:24AM
Subject: Comment for PVH Birthing Center

my name is Jessica Virelas and I will like to comment in regards to closing pvh birth center. Writing this email makes me emotional and I can't express how this situation sadness me. I have 3 children and all 3 were born at PVH with LeAnn James and nurses, Kristin, Denise and Cindy. How could I forget their names!

I could of delivered somewhere else closer to my home but I CHOSE PVH! There are reason of why I chose Petaluma Valley Birthing Center, I felt comfortable knowing that my baby will be with me at all times, I trust all the providers and loved the fact of being in a baby friendly hospital. I appreciate the support that I received from all staff. Please make the best decision not just for the Petaluma community but for all of the rest of us.

Thank you

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Elaine Gromofsky
Wednesday, January 25, 2023 4:42AM
Subject: Comments made by Ms. Driscoll

Comments made by Ms. Driscoll at the community meeting we're incorrect as follows.

1. The CRNA group at PVH gave 90 day notice not 60.
2. CRNA coverage at PVH L&D was not spotty. The entire schedule was covered.
3. Recruiting more CRNAs is possible if the pay would increase. The hourly pay was doubled and CRNAs who had left PVH were ready to return to L&D.

Karyn Karp
Wednesday, January 25, 2023 3:14PM
Thank you for the opportunity to speak to the Petaluma Health Care District Board.

My name is Karyn Karp. I have been a registered nurse since 1982 and a certified registered nurse anesthetist (CRNA) for 34 years. I have practiced at Petaluma Valley Hospital since 2007.

During the previous meeting of the Petaluma Health Care District Board of Directors on January 18, 2023, false statements were made by the Regional Chief Executive of Providence Medical Group. I would like to address these false statements.

Truth: Our CRNA anesthesia group providing exclusive services for the Family Birth Center at PVH gave **verbal notice of 100 days** (Sept. 22, 2022) and **written notice of 90 days** (Oct. 2, 2022) that we needed to let our contract expire on January 31, 2023.

Truth: The entire time period of our anesthesia group's services for the Family Birth Center have always been completely covered. At no time has there ever been "spotty coverage."

Truth: For years, our group has not been able to recruit new anesthesia personnel to relieve the single remaining full-time anesthesia provider in the group due to the salary being equivalent to only **one-third or less** of prevailing rates.

A summary of an article published in *Axios* was recently printed in *MedPage Today* titled, **Maternity Services Cut Where They're Most Needed**. "Hospitals already pressed for resources have continued to close obstetric units, drawing concern in the wake of abortion restrictions and rising pregnancy-related deaths," according to the journal [Axios](#). The article describes "several states where hospitals recently shuttered obstetrics services" and Providers and advocates raising concerns about existing "**maternity deserts**" becoming an even bigger problem in states where abortion is now banned.

But the problems described are the same that we face **right here** in Petaluma. *Axios* reports that "closures are being driven by low Medicaid reimbursement, staffing shortages, and lower birth rates." *Axios* spoke with a university professor who said women in rural areas already must travel up to 24 miles to the nearest maternity unit and that the closure of one labor unit can easily

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double the distance a woman would have to travel for pregnancy care. The traffic alone on the 101 freeway can turn a 15-minute drive into an interminable wait of an hour or more.

I am so afraid Petaluma Valley Hospital and our community will become a statistic of these times. Pregnant women in Petaluma deserve a facility with outstanding labor nurses that will provide top notch inpatient Maternity Services, without needing to travel 18 miles away. Our community deserves the care of our Rock Star family practice physicians and nurse midwives from Petaluma Health Clinic. And our community deserves a place where a laboring mother can safely receive high quality anesthesia services for trials of labor after cesarian section, surgical sterilization, a safe abortion if she needs or desires one, or emergency services for an obstetric hemorrhage just like several emergency patients we recently had this past month.

Policy cannot solve this issue. MediCal is extremely unlikely to raise reimbursement rates. The U.S. has been extremely reluctant to adopt a single-payer system. What it will take is the **commitment** of a healthcare facility and their affiliated corporate association to **our community**. *This means designating dollars where we want and need dollars to go.*

I passionately request that Petaluma Valley Hospital and Providence keep the Labor and Delivery Unit open at Petaluma Valley Hospital.

Laura Johnson
Wednesday, January 25, 2023 11:46AM
Subject: SEIU Letter to Petaluma HCD Board

We urge the board to hold Providence accountable to the promises they made to the Petaluma community. As we cautioned in our public comment to this body in July of 2020 (attached), Providence has a track record of making promises to the communities where they plan to expand, which too-often go unfulfilled once the ink has dried.

When voters went to the polls in November of 2020, they were voting on an agreement that would keep the Family Birthing Center open for at least five years. Providence needs to honor the commitments they made to the community.
