



*A report prepared for the
Petaluma Health Care District*

*Key Informant and Focus Group
Summary Report*

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March 2015



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Key Informant and Focus Group Summary Report

EXECUTIVE SUMMARY

Background

The Petaluma Health Care District (PHCD) owns Petaluma Valley Hospital (PVH) and leases the operation of the hospital to St. Joseph Health (SJH). A twenty year lease agreement between the PHCD and SJH for St. Joseph Health to operate Petaluma Valley Hospital began January 1997.

The lease between the Petaluma Health Care District and St. Joseph Health ends January 2017. The Petaluma Health Care District is conducting a due diligence to determine the future of Petaluma Valley Hospital. The District's goal is to ensure continued presence of a high quality community based hospital serving the residents of southern Sonoma County.

The purpose for undertaking the due diligence process at this time is to understand the current strengths and barriers to meeting future health needs of the community, and to know the community's perspective on priorities for hospital services in anticipation of the end of the current lease with St. Joseph Health for operation of PVH.

This report provides a summary of the results from the community engagement process used as a component of the due diligence process.

Community Engagement Process

From November 2014 to February 2015, nine focus groups and seventeen key informant interviews were held as part of the Petaluma Health Care District due diligence process. A total of 57 people participated in this process.

The participants were selected because of their expertise and leadership in southern Sonoma County. The stakeholders fell into two distinct groups, those in health care and health services and those representing business and other community services.

The same questions were asked of each focus group and during each key informant interview.

Key Themes

Across all groups and participants, the most often mentioned among all participants were the following key themes.

Petaluma Valley Hospital is an essential community resource. PVH is valued by all stakeholders. The most commonly shared comment concerned the peace of mind that comes from knowing the emergency room is close enough to receive immediate care when a true emergency arises. Stakeholders noted that the hospital is a means to attract physicians to the community, reduces the cost of transporting emergencies 30 minutes outside the community, is an economic driver and employer in the community, is a benefit to businesses recruiting staff, and key to meeting emergency needs of all residents.

A cohesive, collaborative and generous community. Stakeholders uniformly identify the community spirit and involvement in Petaluma as a major community strength. Petaluma is known and appreciated as an engaged, caring community of people who generously volunteer their time, money and energy to make the community a better place for everyone to live. *“This community is not as divisive as other communities, as evidenced by the Petaluma Health Care District and the*

many coalitions. Petaluma has a lot of intelligent and thoughtful people who are very supportive of our community.” (Key Informant Health)

Gaps in access to local health care services. Most respondents identified limited local access to primary care, specialty care, and behavioral (mental health and substance abuse) health care, for many residents as a top health need. Multiple reasons were cited, including affordability, system capacity due to limited availability of services, difficulties in recruiting and retaining physicians, reductions in some hospital services due to gaps in specialties, and knowledge of resources. Although the Affordable Care Act (ACA) has helped many residents obtain health insurance, many groups continue to have limited access. Financial barriers may still exist for low-wage earners unable to meet premium requirements.

The local health care system is not prepared to accommodate an aging population. Many participants spoke of the rapidly growing senior population in Petaluma and the lack of the infrastructure to support their specific needs. Some noted that Sonoma County is a desirable community for retirees from other parts of the state and country, and seniors are living longer and are often becoming more frail, requiring more assistance. Many respondents noted that our existing services are not enough to meet the expanding need: a few identified specific gaps in services to support aging in place, that would help to minimize the high costs of institutionalization. Stakeholders also raised the need for medical care for seniors—specialty services, dental and mental health services, and, finally, palliative care and hospice. One focus group emphasized the need for pre-hospice care that addresses pain and symptom management.

Grow the health education systems, resources and programs. Many stakeholders spoke of health disparities and their effect on overall health, wellness and longevity, and want to see the PHCD continue to take leadership in facilitating assistance to families for resources they need for optimum health. The community cares about health and wellness and wants to extend education and health promoting practices throughout the community. Recommendations include “cooking healthy” classes, and exercise and walking programs, and anything that helps people make and maintain healthy choices. One key informant recommended using every approach possible to address this important issue: education, public policy, subsidies for healthy choices, taxes on choices that are not healthy, and health organizations setting limits on how they would support people making unhealthy choices.

The hospital could be more than a hospital. Many stakeholders noted that the hospital, like hospitals throughout the country in the midst of transformation, could be so much more: it could become a true partner of community, and work collaboratively to help individuals reach their highest potential for health. It could move toward proactive population health with a strong focus on prevention and wellness strategies, keeping patients safer and out of the hospital. Suggestions from stakeholders include incorporating into the hospital a center of health education, a place to

promote healthy activities including art, cooking and exercise, and increasing mental health services to reach parity with physical health.

Recommendations to the PHCD Board for Top Priorities in the Due Dilligence Process

#	TOPIC	RECOMMENDATION
1.	Maintain a high quality, sustainable and locally owned hospital	Focus on vital services – assess the best mix of services
		Maintain the focus on local control
		Address upgrading and facility modernization
		Continue to reinvest in equipment
2.	Service Enhancements	Identify opportunities to expand health education and prevention programs
		Increase available diagnostics and pharmacy hours
		Keep pace with health care needs of an increasing senior population, including palliative care, advance care planning and end of life care
		Explore expanding mental health services
		Explore feasibility for Centers of Excellence
3.	Prevention and Wellness	Continue the PHCD and its Board’s leadership work toward bringing health education resources to southern Sonoma County
4.	System Wide Collaboration	Foster partnerships with the Petaluma Health Center and Petaluma People Services Center and other local resources to achieve community priorities
		Continue to explore opportunities for partnering with Kaiser Permanente on use of ER, weight reduction programs and health education classes
		Convene groups of stakeholders to create a local road map for meeting
#	TOPIC	RECOMMENDATION
		senior service needs
5.	Public Relations	Clarify the relationship among and between the health care entities
		Ensure, through this or other processes, that the community’s health priorities are identified, shared, and promoted
		Promote Petaluma Valley Hospital services

CONCLUSION

The Petaluma Health Care District has considerable support in the health care and wider community and is well positioned to deepen its leadership role in supporting local health needs, to maintain the hospital's core services, and to promote community wellness.

*Let our community know about the Health Care District and what it offers. Let the community know about our health care system which includes PVH and the Petaluma Health Center. Petaluma Valley Hospital is so much more than a hospital.
(Key Informant Education)*

The health care environment is more challenged today than ever before with many more people covered by insurance and accessing care, with an expanded understanding of the impact of environmental factors on community health and with the mandate to reduce or control costs. This, combined with the rapid expansion of seniors,

requires new and innovative solutions to how the PHCD can best use its influence, expertise and resources to further its leadership and advocacy role on behalf of our community.

The input gathered from the community encourages the District Board of Directors and CEO to continue to use its unique position as a community owned and operated public agency to meet the changing health care needs of Petaluma residents. The District's staff and locally elected board members have both the responsibility and the community's support to use resources effectively and efficiently for the greatest positive impact and in the best interest of residents.

Key Informant and Focus Group Summary Report

INTRODUCTION

The Petaluma Health Care District (PHCD), one of 78 such districts throughout California, provides community-based health care services in response to the specific needs of southern Sonoma County. PHCD, established in 1946, owns Petaluma Valley Hospital (PVH), an 80-bed acute care hospital. The PHCD has leased hospital operations to St. Joseph Health (SJH) since January 1997. The current SJH lease ends in January 2017.

In anticipation of the current lease ending, the Petaluma Health Care District Board is conducting its due diligence, including gathering community input to evaluate current and future health care needs in southern Sonoma County, the role of Petaluma Valley Hospital in the community, and services offered by the hospital that are perceived as important to the community.

The report provides a summary of findings, key themes and recommendations resulting from a series of focus groups and key informant interviews.

The Key Informant and Focus Groups Summary Report contains

Section I	Background, Process and Methodology
Section II	Summary of Key Themes
Section III	Capacity to Meet the Community Health Care Needs
Section IV	Top priorities for the PHCD to Consider in the Due Diligence Process

SECTION I. BACKGROUND

The Petaluma Health Care District covers a large geographic area of approximately 86,000 people. Located 40 miles north of San Francisco, the idyllic and culturally rich towns within the Petaluma Health Care District’s boundary make southern Sonoma County a great place for families and businesses. Located in Sonoma County’s second most populous city, Petaluma Valley Hospital provides the only 24/7 acute emergency care in southern Sonoma County, plus a variety of other inpatient and outpatient services. Many residents within the district service area live a drive from a hospital. Most traffic flows along the Highway 101 corridor. Given the current state of traffic through the Novato Narrows, Petaluma and Santa Rosa, even the approximately 50% of insured Petaluma residents who are Kaiser members, rely on Petaluma Valley Hospital for emergency services.

The Due Diligence Process Design

Community Engagement Process

Key informant and focus group interviews, such as those used in this community engagement process are tools for identifying key issues and for obtaining a deeper understanding of community attitudes and perceptions.

The Petaluma Health Care District Board Community Engagement Committee, in collaboration with Health Consultant Babs Kavanaugh recommended the process with final approval from the PHCD Board of Directors in October 2014. Between November 2014 and February 2015, Ms. Kavanaugh conducted a total of nine focus groups and seventeen key informant interviews, totaling 57 participants.

The stakeholders fell into two distinct groups, those in health care and health services and those representing business and other community services. The number of participants by representation and type of engagement are listed below. The names of individual participants do not appear in this report to ensure the confidentiality that allowed for more candid input.

Areas of Representation

Of the 57 respondents, health care representatives were the largest group of participants: 56% (32) while 44% (25) represented all other sectors.

Sectors	Number of Participants		Total
	Key Informants	Focus Groups	
Physicians and Other Licensed Providers	10 Individuals		10
Health Services Administration	2 Individuals		2
Petaluma Valley Hospital		Focus Groups (3), 14 participants	14
PVH Foundation Board		Focus Group (1), 6 participants	6
Subtotal - Health Care	12 individuals	4 health care FGs - 20 participants	32
Civic Services		Focus Group (1), 4 participants	4
Business	2 Individuals	Focus Group (1), 5 participants	7
Education	1 Individual	Focus Group (1), 4 participants	5
Business & Education - Blended		Focus Group (1), 4 participants	4
Social Services/Faith Community	2 Individuals	Focus Group (1), 3 participants	5
Subtotal – Community	5 individuals	5 community FGs - 20 participants	25
Totals	17 Individuals	9 focus groups - 40 participants	57

Participant Residences

Residence	Focus Groups		Key Informants		Total	
	#	%	#	%	#	%
Live in Petaluma	28	70%	14	82%	42	74%
Live outside of Petaluma	12	30%	3	18%	15	26%
Total	40	100%	17	100%	57	100%

Of the participants, 74% (42) live in Petaluma and 26% (15) live in Santa Rosa or Marin County.

Participant Health Insurance

While approximately 50% of Petaluma insured residents are Kaiser members, the PHCD community engagement participants have a larger membership in Blue Cross or Blue Shield (51%) and other insurances, with 30% Kaiser members.

Insurance Type	Focus Groups		Key Informants		Total	
	#	%	#	%	#	%
Blue Cross/Blue Shield	21	53%	8	47%	29	51%
Kaiser Permanente	14	35%	3	18%	17	30%
Western Health Advantage	1	3%	5	29%	6	10%
Medicare (including Supplemental)	4	10%	1	6%	5	9%
Total (with rounding)	40	100%	17	100%	57	100%

Health Care Services Used by Key Informants and their Family Members

The key informants were asked where they and their families receive health care services. Some participants identified the use of multiple services. Eighty two percent (14 of 17) say they have used PVH services, including the two Marin County residents. The Kaiser members use Kaiser services although two of the three said they have used PVH for emergency services. Eighteen percent (3/17) said they use Sutter Medical Center, Santa Rosa and three others (18%) mentioned the use of Santa Rosa Memorial Hospital, part of St. Joseph Health.

Methodology

The interview questions were designed to elicit perceptions and community experiences about health needs in southern Sonoma County, how the current health care system is serving residents, and the role of Petaluma Valley Hospital within the health system. The PHCD Board of Directors' Community Engagement Committee recommended the questions with final approval from the full PHCD Board.

The same questions were asked of each focus group and during each key informant interview. Focus group participants answered five questions. Key informants answered those same five questions with additional questions to delve deeper into the topics. The interview questions are listed below grouped by theme areas. Each focus group lasted 90 minutes and each key informant interview lasted between 30 and 45 minutes.

The relative significance of a topic is reflected in the frequency it appears and in the narrative description of stakeholder input. Comments heard during focus groups are indicated by 'FG'. Quotes gathered during the key informant interviews are indicated by 'KI'. The area of representation follows each quote. Note: A separate counting method is used for the two different

types of information gathering sessions. Focus groups are counted by group. Key informants are counted by individual.

Five questions asked of all participants

Questions asked of all participants

What do you perceive as the three most significant health needs in the community? What are your community’s assets and strengths as related to the health of community residents?

What do you value most about having a community owned hospital in Petaluma?

What services are important to you that are offered at Petaluma Valley Hospital today? What essential services are not being offered at PVH today?

Would you support a local parcel tax to help sustain our hospital and its emergency services if it were needed?

What do you consider as the top priorities for the PHCD Board to consider in this due diligence process?

Questions asked only of key informants

Are you satisfied with the current capacity of the health care system in your community? If yes, why? If no, why not?

Where do members of your family go for urgent care, emergency care, outpatient procedures, and elected hospitalizations?

As a community owned hospital, how would you rate the overall quality of health care provided at Petaluma Valley Hospital? Would you say it is excellent, good, fair, poor, or very poor?

What improvements have you seen in PVH services during the past five years? What areas still need improvement?

Of the top health issues you mentioned, is there anything that Petaluma Valley Hospital or the Petaluma Health Care District could do to address those issues?

SECTION II. KEY THEMES ACROSS ALL GROUPS

Key Themes

Across all groups and participants the most often mentioned among all participants were the following key themes.

Petaluma Valley Hospital is an essential community resource. PVH is valued by all stakeholders. The most commonly shared comment spoke of the peace of mind that comes from knowing the emergency room is close enough to receive immediate care when a true emergency arises. Stakeholders noted that the hospital is a means to attract physicians to the community, reduces the cost of transporting emergencies 30 or more minutes outside the community, is an economic driver and employer in the community, is a benefit to businesses recruiting staff, and key to meeting emergency needs of all residents. Stakeholders value local community control, local services and involvement, seeing the benefit of neighbors serving neighbors as a key to healing.

A cohesive, collaborative and generous community. Stakeholders uniformly identify the

This is such a giving community: we have all these fund raisers and that is a huge strength. People really open up their pocket books and volunteer their time. (FG Civic Services)

community spirit and involvement in Petaluma as a major community strength. Petaluma is known and appreciated as an engaged, caring community of people who generously volunteer their time, money and energy to make the community a better place for everyone to live. *“This community is not as divisive as other communities, as evidenced by the Petaluma Health Care District and the many coalitions. Petaluma has a lot of intelligent and thoughtful people who are very supportive of our community.” (KI Health)*

The community’s biggest strength is a small cohesive community. There is a lot of name familiarity – we know each other and help each other out a lot. (KI Health)

Gaps in access to local health care services. Most respondents identified limited local access to primary care, specialty care, and behavioral (mental health and substance abuse) health care for many residents as a top health need. Multiple reasons were cited, including affordability, system capacity due to limited availability of services, difficulties in recruiting and retaining physicians, reductions in some hospital services due to gaps in specialties, and knowledge of resources. Although the Affordable Care Act (ACA) has helped many residents obtain health insurance, many groups continue to have limited access. Financial barriers may still exist for low-wage earners unable to meet premium requirements.

The local health care system is not prepared to accommodate the aging population. Many participants spoke of the rapidly growing senior population in Petaluma and the lack of the infrastructure to support their specific needs. Some noted that Sonoma County is a desirable community for retirees from other parts of the state and country, and seniors are living longer and are often becoming more frail, requiring more assistance. Many respondents noted existing

services that help seniors specifically, but these are not enough: a few identified specific gaps in services to support aging in place, that would help to minimize the high costs of institutionalization. These include affordable senior (para) transportation, skilled nursing, and senior day care. Affordable transportation was noted by two focus groups and three key informants as a specific need for seniors, many of whom can no longer drive. Stakeholders also raised the need for medical care for seniors—specialty services, dental and mental health services, and, finally, palliative care and hospice. One focus group emphasized the need for pre-hospice care that addresses pain and symptom management.

The opportunity to grow the health education systems, resources and programs. Many stakeholders spoke of health disparities and their effect on overall health, wellness and longevity, and want to see the PHCD continue to take leadership in facilitating assistance to families for resources they need for optimum health. Education about health issues, especially wellness, was a key theme. The community cares about health and wellness and wants to extend education and health promoting

Move toward proactive, population health with a strong focus on prevention and wellness strategies, keeping patients safer and out of the hospital. (KI Health)

practices throughout the community, such as “cooking healthy” classes, and exercise and walking programs, anything that helps people make and maintain healthy choices. One key informant recommended using every approach possible to address this important issue: education, public policy, subsidies for healthy choices, taxes on choices that are not healthy, and health organizations setting limits on how they would support people making unhealthy choices (“We cannot do your knee again if you are not taking care of your weight”).

The hospital could be more than a hospital. Many stakeholders noted that the hospital, like hospitals throughout the country in the midst of transformation, could be so much more: it could become a true partner of community, and work collaboratively to help individuals reach their highest potential for health. It could move toward proactive population health with a strong focus on prevention and wellness strategies, keeping patients safer and out of the hospital. Suggestions from stakeholders include incorporating into the hospital a center of health education, a place to promote healthy activities including art, cooking and exercise, and increasing mental health services to reach parity with physical health.

SECTION III. CAPACITY TO MEET THE HEALTH CARE NEEDS

The Value of Local Services

The value is in identifying the unique community needs and trying to find a way to meet that need. This hospital does this by being community owned. (KI Health)

Peace of mind from the safety of knowing the hospital is

This is our community hospital. The hospital keeps our health care off of Highway 101. This keeps our health care professionals in our community and supports us to grow

together as a community (KI Health)

there is the overall benefit for most people, especially access to emergency services. Several focus groups and key informants value community ownership and control, meeting the community's needs, where everyone 'pitches in' and cares about each other, as well as for connection, less travel time, ability to visit one's loved ones, and having friends and neighbors who work there. A few stakeholders noted that it provides local jobs and how much they appreciate knowing their caregivers.

Each sector emphasized specific reasons why they consider a locally owned hospital as a vital community service:

Health Care representatives say the hospital is important because, without it, they cannot attract physicians or specialists to the community.

Emergency Transport Services discussed the challenges of staffing and meeting emergency needs if they have to transport people 30 minutes outside of the community. *The potential of not having a local hospital is a concern. The hospital is important to the Fire Department as we transport 2700 people per year to the ER and the next closest facility is 20 miles away. (FG Civic Services)*

Business and Economic Development say PVH is an essential service to respond to emergency needs of their employees. Having a local hospital attracts businesses and enhances property values.

Education Sector emphasized the importance of a local hospital to respond to emergencies with students and staff. *Safety is number one in schools. Especially with all of the allergies we have in our student population. Essentially we need a local hospital to take care of emergencies should they arise. (FG Education)*

Identified top health needs

Most respondents identified limited access to local health care services. Financial barriers may still exist for low-wage earners unable to meet premium requirements, and undocumented individuals will continue to be ineligible for publicly-funded coverage, leaving many individuals and families vulnerable in our community. One stakeholder added, *"The comprehensive care at the Petaluma Health Center is not available to other patients and there seems to be a gap for those that are not part of the Petaluma Health Center."* (FG Health) Access to specialty care was cited during many focus groups and key informant interviews as a large gap in the local system of care.

Some stakeholders noted Sonoma County has a high rate of alcohol use, especially binge drinking, and our youth are engaged at young ages. While Sonoma County Health Action has this as a priority, there is still much work to be done. Some stakeholders noted the need for more case

management and substance abuse treatment, as well as lack of capacity in counseling and medication management.

Top Health Needs	Focus Groups	Key Informants
Local access to health care services	78% (7/9)	71% 12 /17
Access to specialty care	78% (7/9)	59% (10/17)
Services for seniors	67% (6/9)	35% (6/17)
Access to mental health and substance abuse services	56% (5/9)	41% (7/17)
Availability of health education programs & services	56% (5/9)	24% (4/17)
Maintaining emergency services	56% (5/9)	18% (3/17)
Chronic conditions including diabetes	33% (3/9)	12% (2/17)

The community’s assets and strengths as related to the health of community residents

The Mary Isaak Center does a great job with the homeless population. The nurse practitioners do a great job at the Petaluma Health Center and with follow up. We need to catch people upstream. (FG Health)

Stakeholders uniformly identify the community spirit and involvement in Petaluma as a major strength. The most frequently mentioned community organizations are the Petaluma Health Center, followed by Petaluma Valley Hospital, Petaluma Health Care District, PPSC, COTS Mary Isaak Center, Hospice, strong churches and faith based organizations and

support for students. Several of the focus groups mentioned the strength of the Petaluma Valley Hospital volunteers program and the coordination with the high schools as an asset to the community. One group participant added “the student volunteers potentially come back as coworkers, especially if we mentor them correctly.”

Community Assets/Strengths	Focus Groups by group	Key Informants by individual
Petaluma Health Center	77% (7/9)	41% (7/17)
The community spirit and investment of Petaluma, through specific nonprofits	67% (6/9)	29% (5/17)
Petaluma Valley Hospital	67% (6/9)	29% (5/17)
Petaluma Health Care District	55% (5/9)	41% (7/17)

Petaluma People’s Services Center	55% (5/9)	24% (4/17)
COTS and Mary Issac Center	44% (4/9)	12% (2/17)
Hospice	22% (2/9)	12% (2/17)
Education and support for students, e.g., the Schools, Mentor Me, Schools of Hope, The Petaluma Education Foundation	44% (4/9)	

The Quality of Care at Petaluma Valley Hospital

Key informants rated the overall quality as good to excellent. The emergency department and staff received the highest ratings overall. Representatives from the health sector were especially pleased with the quality of the provider care. One participant added, “PVH is recognized as having good safety measures and good quality of care. They do not have every service that Santa Rosa has but the essential services are there.” (KI Health)

Issues	Key Informants
Excellent-good to excellent	59% (10/17) rated at least one aspect as excellent
Good	29% (5/17)
Good to fair	12% (2/17)

Petaluma Valley Hospital services that are important to the community

The emergency room (ER) was the most commonly mentioned service across all stakeholder groups. “In this environment – post Affordable Care Act (ACA) – there is more emphasis on prevention. But the emergency services piece is critical. There will always be this need.” (KI Health)

The emergency room is important to health of individuals, families, businesses, schools and for community safety. The significance to seniors and children, the issue of transportation challenges to hospitals in Santa Rosa or San Rafael, its contribution to the efficiency and effectiveness of other first responders, its importance to the local economy and its role as a selling point to potential residents and as an important benefit for employers all contribute to its primacy in people’s minds.

Labor and delivery, which includes the birthing center and lactation services and support, was the second most often mentioned service of importance to the community. Many participants spoke highly of Petaluma Valley Hospital’s labor and delivery services, with their more than 20 years’ experience as a family-centered birthing center, working with midwives. Another noted that, while many labor and delivery centers are experiencing a decrease in deliveries, PVH’s numbers are on

the rise. *“One of the strengths of having OB in our community is the connection that the providers have with the people who live in their neighborhoods. We see them in the community and they feel confident that we live with them and care for them.” (KI Health)*

The other services most frequently mentioned included radiology in general and mammography specifically, inpatient services and the Intensive Care Unit (ICU).

Issues	Focus Group	Key Informants
Emergency Department	100% (9/9)	71% KIs (12/17)
Labor and Delivery	78% (7/9)	59% KIs (10/17)
Radiology including mammography	56% (5/9)	12% KIs (2/17)
Inpatient services/Med/Surgery	44% (4/9)	12% KIs (2/17)
Intensive Care Unit (ICU)	22% (2/9)	35% KIs (6/17)

Improvement in Petaluma Valley Hospital Services

Key informants were asked about improvements they have seen in PVH services during the past five years. This question elicited a range of responses. A small number represents the times a topic was raised and the chart demonstrates the range of topics.

Improvements	Key Informants
Radiology (mammography, CT scans, etc.)	18% (3/17)
ICU - Intensivist program	18% (3/17)
OB Services – Baby friendly designation, vaginal births post cesarean section, integrative birthing center	18% (3/17)
Coordination with Petaluma Health Center and COTS	18% (3/17)
Electronic health records and computer system	18% KI (3/17)

PVH is sponsoring quite a few programs in the community. Getting folks enrolled in Cal Fresh (Food Stamps), getting farmers markets to accept food stamps and using the mobile van at the library to provide services. (KI Health)

The [Petaluma] Health Center has a strong relation with Petaluma Valley Hospital collaborating on labor and delivery and providing after hours services. (KI Health)

Where improvement is needed

Most often mentioned in response to this question were concerns about the need to modernize the hospital facility, a reduction in after hours services such as pharmacy services after 5 pm and radiology services on the weekend. One stakeholder added, *“We do not have the ability to do diagnostics 24/7. We only do MRI’s 4 days a week. If someone comes on one of the days when we do not have the services they have to be shipped by ambulance to Santa Rosa.”* (KI Health)

Stakeholders expressed concern about the uncertainty of whether the labor and delivery service will continue. Some stakeholders expressed concern that women were not able to access women’s health services that they might want, but which St. Joseph Health does not offer. One key informant added, *“We need more robust OB services and more OB/GYN physicians in the community. I think it is a chicken and egg scenario. I hear that we don’t have the market share but the perception is we don’t have the service.”* (KI Health) Another added, *“If OB closes, we have San Rafael and Santa Rosa – this is scary because there are no services along the corridor. At times we even deliver Kaiser Permanente patients who cannot make it to the KP facility.”* (KI Health)

Those stakeholders who named electronic health records (EHR) had mixed reports: while EHR improves access to old records, and its existence itself feels like a step forward, those stakeholders noted that the system needs to be optimized. Several voiced frustration that the medical staff were not more involved in choosing the electronic health records system. Regarding internal operational issues, most often mentioned were improving system wide communication, having more consistent on site administration and shortening the time to implement a change that has been approved. Some health representatives highlighted issues around staffing and cutting of some services based on volume, which then requires transporting patients to Santa Rosa for those services. *We used to have more services available. We are an emergency room and we have to be ready.* (KI Health)

Support for a local tax

All participants were asked: Would you support a local parcel tax to help sustain our hospital and its emergency services if it were needed? Most stakeholders said they would support a tax, if the purpose were clear, there were a sunset date, the financial aspects were transparent, and monitoring and reporting processes were in place. Many people noted the importance of education, and making the timing as optimal as possible as too many such requests on the ballot can be a challenge. Voter education, so that everyone knows what is at stake, was seen as key by most people. As one stakeholder said, *“We are a very generous community. I would support this – it will take a good PR person to communicate the benefits. We must have a hospital to attract good doctors to our community.”* (KI Education)

Only three people said “No,” they would not support a parcel tax, two because they do not like taxes and one because of opposition to supporting the status quo, rather than upgrading and modernizing the hospital facility.

The Health Care District Board can function as a strategic community leader in promoting PVH as a community resource.

Most people have never been hospitalized and they will not understand what it will be like without a hospital. Of course they would want in their community. (KI Health) emergency services

SECTION IV. TOP PRIORITIES FOR PHCD TO CONSIDER IN THE DUE DILIGENCE PROCESS

Stakeholders offered the following recommendations to the Petaluma Health Care District Board of Directors in the due diligence process.

#	TOPIC	RECOMMENDATIONS
1.	Maintain a high quality, sustainable and locally owned hospital	Focus on vital services – assess the best mix of services
		Maintain the focus on local control
		Address upgrading and facility modernization
		Continue to reinvest in equipment
2.	Service Enhancements	Identify opportunities to expand health education and prevention programs
		Increase available diagnostics and pharmacy hours
		Keep pace with health care needs of an increasing senior population, including palliative care, advance care planning and end of life care
#	TOPIC	RECOMMENDATIONS
		Explore expanding mental health services
		Explore feasibility for Centers Of Excellence
3.	Health, Prevention and Wellness	Continue the PHCD and its Board’s leadership work toward bringing health education resources to southern Sonoma County
4.	System Wide Collaboration	Foster partnerships with the Petaluma Health Center and Petaluma People Services Center and other local resources on community priorities

		Continue to explore opportunities of partnering with Kaiser Permanente on use of ER and health education classes
		Convene groups of stakeholders to create a local road map for meeting senior service needs
5. Public Relations		Clarify the relationship among and between the health care entities
		Ensure, through this or other processes, that the community’s health priorities are identified, shared and promoted
		Promote Petaluma Valley Hospital services

The choice of who is managing the hospital is critical to everything we have talked about. I do not know that any community hospital can survive on its own. (KI Health)

The fact is we get questions daily from the community who don’t understand the health care services. We have the Petaluma Health Care District, Petaluma Hospital Foundation, Petaluma Health Center, Petaluma Community Foundation, and Hospice of Petaluma. It is hugely confusing. Educate the community about what they each do. (FG Business and Education)

When you look at successful health care systems you think of Kaiser - why reinvent the wheel? Improving healthy habits and providing prevention would make us a healthier community which will cost us less in the long run. (FG Civic Services)