Ad-Hoc Emergency Committee Meeting

September 26, 2013, 8:30 a.m., Eastville

Members Present: Larry LeMond, Chairman
Spencer Murray
Pat Coady
Martina Coker
Willie Randall
Dr. Pamela Gray
Dr. Federico Molera

Also present: Janice Williams, Asst. to the County Administrator

The meeting of the Ad-Hoc Emergency Committee was convened at 8:30 a.m.

Motion was made by Mr. Murray, seconded by Mr. Randall, to approve the minutes of the 9/10/2013 meeting. All members were present and voted "yes." The motion was unanimously passed.

Mr. LeMond provided an update of Susan McAndrews' talk to the Cape Charles Rotary Club regarding Riverside Hospital. She indicated that the discussion and future of the current site of the hospital is pending communication from the County.

Closed Session

Motion was made by Mr. Murray, seconded by Mr. Randall, that the Committee enter Closed Session in accordance with Section 2.2-3711 of the Code of Virginia of 1950, as amended:

> *Paragraph 5: Discussion concerning a prospective business or industry or the expansion of an existing business or industry where no previous announcement has been made of the business' or industry's interest in locating or expanding its facilities in the community.*

All members were present and voted "yes." The motion was unanimously passed.

After Closed Session, the Chairman reconvened the meeting and said that the Committee had entered the closed session for that purpose as set out in paragraph 5 of Section 2.1-3711 of the Code of Virginia of 1950, as amended. Upon being polled individually, each member confirmed that this was the only matter of discussion during the closed session.

Mr. Murray provided a proposed timeline chart to map out the tasks that he sees for this body to accomplish and the associated timeline for delivery of work for each of those tasks. Mr. Randall indicated that the timeline for Site Consideration should be more aggressive and the group agreed to move this item up on the timeline with a start in early 2014. Ms. Nunez indicated that the budget calendar for the Board of Supervisors has changed and will commence earlier in order to transition the county to issue twice a year tax billing with the first bill being issued in May 2014; therefore, the annual budget process will be concluded by the end of April. This item's timeline will be adjusted to meet the new budget calendar. Mr. Coady responded that he believes the committee's work efforts will be multiple reports that are released over time.

Ken Cook, Virginia Rural Health Resources

Members Coady and Gray contacted and spoke with Mr. Cook about the work of this committee and the current status of the county relative to the hospital and he accepted the invitation to attend this meeting and provide information about his organization and how they might be able to assist us in researching, reviewing and developing recommendations as to how best to proceed to provide medical services to the county.

Mr. Cook provided his background. He indicated that there are 7 Community Access Hospitals (CAHs) in Virginia; he referenced that there are 24 Small Hospital Improvement Programs (SHIP) which have a standard of less than 50 beds and can be utilized by CAHs. He indicated that Lee Regional (western part of the state) is this type of program and that this facility is closing for a variety of reasons. The standard for CAHs is that there must be a distance of 35 miles between hospitals on the primary road so it is important to have a good definition of "primary road". There may be some argument to be made re: # of beds needed to serve our community as well as the distance between hospitals. If it is our intent to seek a CAH, his experience indicates that the current provider would challenge that intent and it would be prudent to have at least $250,000 set aside to handle legal fees associated with getting a Certificate of Public Need (COPN). If the county is intent on a freestanding Emergency Room (ER), that does not require a COPN and could move forward pretty easily, in terms of absence of legal challenges. However, he advised that we should not be surprised if the current vendor didn't open a competing ER.

Mr. Cook reviewed the differences of funding categories for Rural Health Clinics: federally qualified Health Care Program vs. Community Health Centers. He will see if he can provide us examples of transitions of Health Clinics to ERs.

Mr. Cook indicated that he can provide us a proposal to assist in this analysis; said analysis would examine patient call volumes, especially evening calls, cost to increase EMS response, examine pros and cons of Rural Health Clinic, ERs, and CAHs and how reimbursement formulas work for each of these types of medical facilities.

Mr. Cook stated that the VA Rural Health Center is a non-profit corporation. They had a contract with the VA Dept. of Health to provide consulting services, specific to providing information on rural health clinics and centers to communities like Northampton County. Currently, this contract has expired and it doesn't appear that it will be renewed due to funding restrictions at the state level. So, his organization is actively pursuing consulting services contracts to assist communities in analyzing and determining care options and how to proceed forward.

Mr. Cook will provide a cost proposal to the county with a proposed scope of work to potentially engage his services to help this committee with its charge.

The next meeting will be held on Thursday, October 10, 2013 @ 4:00 p.m.

The meeting was adjourned at 9:50 a.m.

Respectfully submitted,

Katie H. Nunez, County Administrator