

MINUTES

MINUTES OF THE WORK SESSION OF THE MAYOR AND COUNCIL OF THE CITY OF BISBEE, COUNTY OF COCHISE, STATE OF ARIZONA HELD ON THURSDAY, APRIL 29, 2010, 6:00 PM IN THE BISBEE MUNICIPAL BUILDING, 118 ARIZONA STREET, BISBEE, ARIZONA.

MEETING CALLED TO ORDER BY MAYOR PORTER AT 6:00 PM.

ROLL CALL

COUNCIL

Councilmember Boyd Nicholl, Ward I
Councilmember Bennie Scott, Ward III
Councilmember Luche Giacomino, Ward II
Mayor W.J. "Jack" Porter
Councilmember Anna Cline, Ward III
Councilmember Raymond Rodgers, Ward II, Mayor Pro Tempore
Councilmember Ken Budge, Ward I

STAFF

Stephen J. Pauken, City Manager
Gloria P. Gonzalez, Interim City Clerk
John Charley, Community Development Director
Taron Maddux, Acting Police Chief
Jack Earnest, Fire Chief

CITY ATTORNEY

Mark J. Langlitz

THE FOLLOWING ITEM WAS DISCUSSED AND/OR CONSIDERED AT THIS MEETING:

1. DISCUSSION OF PRESENTATION BY COPPER QUEEN COMMUNITY HOSPITAL (CQCH) OF ITS PROPOSED PLAN REGARDING THE BISBEE FIRE DEPARTMENT'S BASE HOSPITAL OPERATIONS.

MARK J. LANGLITZ, CITY ATTORNEY

Mayor Porter announced that those in attendance at this meeting were members of the Copper Queen Hospital (CQCH) Board of Directors, Jim Dickson, Fire Department staff and the general public.

Mr. Langlitz explained that CQCH Board President requested the opportunity to present a proposed plan for the transition of the Emergency Medical Service Base Hospital function of the Bisbee Fire Department from its present provider, Sierra Vista Regional Health Center, to a facility in Tucson.

Dennis Nelson, Board President, addressed the reasons for their proposed plan to change the Base Hospital to the Tucson Medical Center and further addressed that meetings held revealed the objections by the Fire Department. He also indicated these objections could easily be satisfied

and that when this plan was conveyed to the entire medical staff, they voted in favor of the change.

Dr. Daniel Rowe provided an overview of a base hospital and explained why CQCH supported the change. He said that a base hospital represented a relationship with the servicing hospital and that it was a major regional center - a place where the majority of patient transfers occurred. He expressed that at the time that Sierra Vista was established as the base station, it would become a Regional Health Center and an important player for CQCH to transport the majority of their patients. He said that many towns in Cochise County had their base hospital in Tucson because they represented a significantly higher level of care and represented the vast majority for transfers. He also stated that CQCH provided a high level of care and was on a path of significant improvement. Dr. Rowe indicated that the affiliation with the base hospital needed to properly reflect their current standards and enhance the level of care offered to this community.

Councilmember Budge commented that a Base Hospital was the intervention with the paramedic in field, but that once a patient arrived at the facility, the hospital made the decision for the transfer, which the Base Hospital at this point was moot. Dr. Rowe disagreed and used an example of a woman with chest pain. He said that Sierra Vista mandated that a patient not be transported with ongoing chest pain which created a problem for CQCH. As a result, the patient had to be flown by helicopter at a cost of \$15,000, because she could not be transferred. He commented that many patients opposed riding on or the need for a helicopter. He explained that many letters had been written to the insurance companies requesting medical coverage for the helicopter, but met with unsuccessful results and that TMC did not make those restrictions which proved to be more logical. He then asked why CQCH did not become the Base Hospital. Dr. Rowe explained that from his perspective as a physician, the operation of a Base Hospital would be difficult because of the continuous radio communications, as CQCH only had the volume that justified a twenty-four hour shift for a physician. He commented that running a Base Hospital was difficult and expensive because the physician needed to be by the radio, 24-7, and that it was a huge budgetary expense that could not be taken by a hospital the size of CQCH. Councilmember Budge asked if it was such a huge expense, why was TMC interested to serve the City of Bisbee at 90 miles away. Dr. Rowe replied that TMC supervised several hospitals and serving Bisbee did not represent a serious increase or expense for them, and that similar to how trauma centers operated, it was medically more efficient for these services to be centralized.

Councilmember Rodgers pointed out that TMC absorbed the patients because of revenue, but that they also had the staff and resources to handle these patients, especially those in a critical state. Dr. Rowe partially agreed in principal because a hospital like TMC wanted to increase its influence and market share, and considered these types of expenses acceptable however, he disagreed with the assumption that CQCH would transfer more patients to TMC because TMC, also had to justify the transfer specialty level. He commented that CQCH fit the parameters of a rural health care facility and asked if this might be another reason why CQCH might not want to be a Base Hospital since it could jeopardize the grants needed for expansion of the facility. Mr. Dickson responded that this did not jeopardize their status, but that the number of debts did.

Dr. Rowe addressed the concerns that were currently anticipated for Bisbee. One concern was that the paramedics of the Bisbee Fire Department worked very hard to achieve certain certifications to perform tasks in the field that were unusual for the County. He explained that one specific task was Rapid Sequence Intubation which sedated and paralyzed a patient to make intubation easier to accomplish and less problematic for brain injuries and other conditions. He explained that CQCH had a firm agreement from Ron Sulken, Emergency Physician and EMS Director for TMC, that the Bisbee Paramedics would not be revoked or refused to allow them to conduct any skills or procedures that they were currently certified for. The second concern was

that the medication kits needed to be renewed accordingly, and would be of concern if they had to be refilled in Tucson. Dr. Rowe stated that regardless of the expense, CQCH would change out the kits from their pharmacy, making it more convenient than going to Sierra Vista. His third concern was the drive to Tucson for the bulk of training and had been assured by Dr. Sulken and Don Daniels, EMS Coordinator, that since they made frequent trips to Douglas, they would also be willing to conduct training in Bisbee.

Mayor Porter asked about the percentage of transfers and where the patients went when they were transferred from CQCH. Dr. Rowe estimated that in a typical month there might be sixty (60) transfers, whereby twenty-five percent (25%) would be transferred to Carondelet, St. Mary's or St. Joseph's; fifteen percent (15 %) each to Tucson Heart Hospital and TMC; with a smaller percentage of transfers to the University Medical Center (UMC); and of those, Sierra Vista transfers represented maybe eighteen percent (18%).

Jim Dickson, CQCH CEO, emphasized that the health system in Cochise County was collapsing and as a hospital for the Bisbee citizens, they were trying to provide many of the medical services and remain strong. Mr. Dickson provided a power point presentation for the future plans of the CQCH and gave a brief overview of the plans by CQCH. He said revenue growth increased to 70.5% which nearly doubled in three years because services were made available for the people of Bisbee. He stated that payroll increased to \$3M per year, because health care had been drawn from Douglas and Sierra Vista and were able to meet these needs. Employees increased from 150 to 170, with twenty (20) new jobs created in Bisbee. Mr. Dickson said that a clinic had been built in Palominas and that CQCH was responsible for the care of the people of Palominas and Hereford. Mr. Dickson conveyed that the Certificate of Notice (CON) was not a concern, but what did matter was that the Base Station in Sierra Vista transferred patients to Sierra Vista Hospital, rather than to Bisbee. He pointed out that patients requesting to be transferred to Bisbee were being transported to Sierra Vista, and that this was not right. He said that if CQCH was to grow and support a much better facility, those patients that were suppose to come to Bisbee, should be transferred to Bisbee. Mr. Dickson conveyed that with the progress of medical services already in place and its future plans, the Hospital would no longer be a band-aid station. Mr. Dickson explained that CQCH wanted to be independent from Sierra Vista, telling them what could or could not be done. He said that CQCH was not what it was five-years ago and that change was evident.

Councilmember Budge agreed that patient care was the top of the line, but in an emergency medical patient care, the very first thing needed to be looked at was response time. As far as expanding the area of the ambulance, it was a matter of who could get to the site first and after that, which hospital was most appropriate for patient transfer. He said that Bisbee had a full-time Fire Department with above trained paramedics because it was a business decision to profit from transporting which was what kept the department alive. He asked how CQCH would serve the citizens, if the paramedic service and transportation was eliminated, because the City would not be able to afford the fire service. Mr. Dickson replied that their request was to change the base station and conveyed that the base station was being used to siphon out their business. Mr. Dickson believed it was time to move forward, keep the commitment to train fire personnel, and that interfacility transports not be changed as long as the criteria could be met to change the Base Station. Councilmember Budge conveyed that paramedics were able to transport patients to Tucson without a problem. Mr. Dickson indicated that on more than one occasion, CQCH met with interference because of ongoing problems with the base station doctors.

Councilmember Cline applauded the Hospital for their plan to expand service to bring better care to the citizens and asked how many times Tucson hospitals were on divert status. Dr. Rowe

replied that the numbers were closer to 75% -80%, but there were really no problems with hospitals diverting to Phoenix. Councilmember Cline addressed concern with the letter from Dennis Nelson that the Hospital had more than just a small problem with Bisbee Ambulance service. Mr. Dickson replied that there were concerns with the Department, but agreed not to address these concerns at this meeting, but that these concerns had been conveyed in writing, to the City Manager. Dr. Rowe clarified that there was no one single issue with the paramedics, but there were system issues that needed to be addressed. Councilmember Cline asked if there was documented concern with the Department. Mr. Dickson replied that the City Manager had possession of this documentation. Mr. Dickson addressed his concern regarding his private e-mails to the City Manager being posted on the website. Mayor Porter replied that any e-mail to the City Manager became public record and also a part of the agenda packet.

Mayor Porter asked if Mr. Dickson would to sign a contract as a commitment to guarantee the medical kits and the training, to which Mr. Dickson replied yes.

Councilmember Budge pointed out that the few firefighters on hand, needed to do more than a bigger department, because of the demands imposed on them. He said that just like CQCH was not ready to be a Base Hospital because of budgetary and financial constraints, the City was also doing more with less staff and needed to work together to make patient care turn out as best it could. Mr. Dickson conveyed that the hospital was growing and providing service to more communities than ever before and that the City might need to employ more personnel.

Councilmember Scott asked what happened to obstetrics. Mr. Dickson replied that unless the Hospital grew, the opening of an OB ward would not happen.

Councilmember Giacomino asked why the Hospital closed the long-term center. Mr. Dickson explained that a feasibility study had been conducted, but that the Hospital needed the donation of City land to be the "seed money". He conveyed that the following week he read in the newspaper that the City would sell that particular land without notifying CQCH their intent.

Councilmember Giacomino asked why the long-term facility closed in the first place. Mr. Dickson replied that although Assisted Living Facilities were needed, they went under at a huge rate because they were difficult to run and very expensive. He conveyed that the Hospital had lost about \$40,000 a patient per year and, at the time a decision needed to be made on what services to retain or face closure.

Councilmember Rodgers commended the hospital for keeping Health Care in Bisbee, and recalled when there was talk of pulling out. He said that the Fire Department had always been there for the community and there was no reason to be ashamed for their delivery of service. He said these discussions were about the proposed expansion of the hospital, not about the Fire Department or their level of service. Mr. Dickson commented that he did not know why the Fire Department was in question or why their confidentiality, performance and professionalism were being addressed. He conveyed that the discussion was to switch the delivery system, growing it, and producing better care for the people of Bisbee. Mr. Dickson said the base station change had to do with growth in Bisbee and that the paramedics would be provided all training and all chemical and drug replacements needed to perform their mission.

Councilmember Scott asked if surgeries were conducted at the Hospital, and if so what kind. Mr. Dickson replied that the Hospital performed general surgery, urology surgery, digital scopes, OB/GYN surgery, and gastroenterologist surgery and that more surgeries were forthcoming. He added that the Hospital performs surgeries, but do not have 24-hour coverage. Mr. Dickson

mentioned that there was a plan to add a second surgeon and build the surgery program, but there had to be growth with more patients and more funds to support these plans.

Councilmember Cline asked if Mr. Dickson was saying that Sierra Vista Hospital had no surgeons. Mr. Dickson replied that Sierra Vista Hospital did not have surgeons on call 24-7-365. He said surgeons were available, but their call schedule had holes. Mr. Dickson also mentioned that 25% of the Hospital patients were uninsured, 30% were on access and many doctors did not take these patients, and that even Medicare patients were being refused.

Councilmember Nicholl mentioned that the questions addressed were not meant as an insult to the Fire Department, but were for the health care for the community.

Councilmember Budge said that these were two totally different, separate situations. He said that City responsibility was pre-hospital care and its concern was to watch after the constituents and citizens for pre-hospital cares and that there was a need to hear from the employees that provided the hospital care.

Councilmember Rodgers agreed and that the paramedic staff had not yet been heard and encouraged anyone to add to this conversation.

Councilmember Cline indicated that her concern was to provide the proper training and have the tools needed to provide the necessary care for the citizens.

Councilmember Giacomino agreed that the paramedics, the general public, and the City Manager needed to be heard regarding this issue.

Bill Miller, Fry District Fire Chief and Sub-Regional Vice-Chair of the Southern Arizona EMS Council, expressed that he had great paramedics and that Bisbee did also. He asked Mr. Dickson to take back his comments and that the Hospital Board also withdraw their comments on behalf of Mr. Dickson. Mr. Miller explained that their Base Hospital provided monthly education, tracked education hours, provided basic and advance life support training, maintained records of training hours, and provided on-site training at both the national and state level. He expressed that there were no problems with the Sierra Vista Community Hospital being the Base Hospital, and that patients were delivered to both the Bisbee and Sierra Vista hospital. He said that part of their CON is to provide ambulance service to Palominas, which also had an ambulance station in the Palominas Fire District, and the paramedic service that provided 911 service to those areas. He conveyed that if a patient chose to be transported to Bisbee, the patient's choice was respected. Mr. Miller explained that he understood that as Hospital CEO, Mr. Dickson was looking out for the best interest of the Hospital but might be construed as entering into an agreement with TMC which could have political leverage for the patients of Bisbee to be seen at TMC. Mr. Miller conveyed that it was highly unlikely that a physician at TMC would bump a patient out of a bed for a Bisbee patient just because this was the request of the CEO because there needed to be a medical necessity for someone to be bumped or transferred to another hospital. Mr. Miller said that if Mr. Dickson obtained a written letter from the TMC CEO that he had the political clout at TMC hospital, then Mr. Miller would recommend Council to proceed with the proposal. Mr. Miller believed this was highly unlikely because those hospitals were also full. He stated Council that if there were problems with the current Base Hospital, he would change hospitals, but they had not experienced any problems with their Base Hospital. Mr. Miller informed Council that he was not speaking on behalf of the Sierra Vista Regional Hospital, as he was also a Board Trustee at the hospital.

Darlene Herlinger, Base Hospital Coordinator for the Sierra Vista Regional Health Center, applauded CQCH for their advancement of health care, and that as a Cochise County citizen, she had seen the effect of health care, especially in a rural cities. She addressed the quality of care for patients and that she served as both the paramedic instructor and facilitated the education as the Base Hospital Coordinator. She also thanked Council for their commendation to the paramedics for their delivery of good quality care. Ms. Herlinger stated that by Statute, the State of Arizona, and Dr. Edward Castle, Medical Director, she had been vested the authority to oversee the quality of care of the training and to facilitate that training for a Base Hospital. As the facilitator for a Base Hospital, she oversees the continued education provided to maintain paramedic certification. She said that 48-hours of mandated Continued Education was also provided to paramedics, as well as other members of the community. She said many of the services provided were at no cost not just restricted to the Base Hospital. Ms. Herlinger was supportive of TMC and travelled to SELLS to provide the Inter-facility Transfer Drug Training program, for which she wrote and delivered. She provided EMT classes for the providers in Elfrida at no charge and acknowledged that the paramedics worked as a unity and a team. She stated that hearing the issues addressed against the Base Hospital were very personal, when in fact they were not privy to say where a patient could or could not be transported. She explained that she not only represented the Base Hospital, but that she also represented the providers of this County and Region. She concluded by stating that changing the Base Hospital would not solve the inter-facility transporting agreements and the acceptance of the patients.

Fire Chief Jack Earnest, City of Bisbee, thanked everyone for their positive comments regarding his firefighters and paramedics, and was honored to work with them, as they truly did an outstanding job. He expressed recognition of the competence of the Hospital, the increase and improvement of the level of care provided, but that the paramedics were also committed to that same level of care. He commented that the department worked very closely with CQCH, but that they were satisfied with the current Base Hospital. He indicated that at one time TMC was the City's Base Hospital and that they also provided the tools necessary for their training and Continued Education. The reason for the change to Sierra Vista was because it became available as a Base Hospital, the proximity of the location, and offered the same services already being provided, plus more. He added that their mission was certainly not to derail or ruin any current or future plans of the Hospital and the department also supported the growth of the hospital for the community.

Councilmember Nicholl asked how it would affect Chief Earnest if the current Base Hospital changed to TMC. Chief Earnest replied that they had heard what TMC indicated that could be offered, but that actually sitting down and personally speaking with TMC had not yet been done. He said that TMC would be given the chance to share what they had to offer, but that the change of the Base Hospital was not being entertained. He advised that his department staff had also informed him of their satisfaction with their current Base Hospital.

Mayor Porter asked if their medical kits on the ambulance were replaced weekly. Chief Earnest said that coordination was made for the kits to be picked up during a transfer or send the box with an on-call paramedic to trade out. Chief Earnest said the kits were in a double-lock system that had to be locked with a key and a tab, numbered, and inspected daily because of the contents. Mayor Porter asked if all their training was done in Sierra Vista. Chief Earnest said that on occasion this might be the case, but normally the training was held in Bisbee.

Councilmember Budge stated that his fear was if Bisbee did change to TMC, the comparison was that who would get the most attention when dealing with the 300 paramedics at Tucson Fire and Bisbee Fire that have a small group of paramedics. He commented that TMC needed to care for

their core personnel and that Bisbee paramedics might get what might be needed. Mr. Dickson replied that this was not known for sure. Councilmember Budge replied that he had stated that this was his fear, but that with the current Base Hospital it was already known what was available. He said that unless there was some conceived problem that patient care was being compromised or that the level of service was not being provided by Bisbee paramedics, he had a problem with changing the Base Hospital. Chief Earnest advised that no problems had been encountered when TMC was their Base Hospital as the training and the necessary supplies needed for the core mission had been provided. Chief Earnest commented that until a decision was made, he hoped that the good relationship with the Hospital would continue. He said that if the decision was made to stay with the Sierra Vista Hospital, he did not want the department held responsible if there was a collapse. He said the department wanted to be pro-active in promoting growth and patient care for the community, but that it also needed to be seen as a comfort level for the department.

Mr. Dickson commented that Councilmember Budge surely recognized that over \$1M was transported from CQCH to another facility. He said that for Councilmember Budge to focus myopically that the City only had responsibility for those that were pulled from 911 was an understatement, a misconstrual of the facts. He said most of the business that these gentlemen did was inter-facility and that did affect the Hospital directly. He said that they could not focus on the pre-op because in Douglas there was another service, Arizona Ambulance that did inter-facilities. Mr. Dickson said that the biggest part of their job was to transport Bisbee citizens to Tucson, dollar wise. Councilmember Budge did not agree because approximately \$960,000 was what was brought in and inter-facility transports were about \$400,000 of that. Mr. Dickson said this was not relayed to him and asked for the correct figure. Mr. Pauken replied that Councilmember Budge's figures were correct. Mr. Dickson asked what the \$1M was for. Councilmember Budge explained that the \$1M was what was made for the whole year. Mr. Dickson commented that regardless, the City was going to dump the \$460,000 because the other would not be considered. Mr. Dickson said he wanted the facts understood. He said if TMC has the responsibility to take a stroke patient under their program, they would take the patient because they had an agreement with CQCH, they want the business. He stated that TMC would not bump anyone out of a bed. Mr. Dickson stated that he did not understand how the EMS Coordinator could say that Dr. Rowe shot a false tale. He said that they do interfere with transfers. He asked Ms. Herlinger why the ambulances went to Sierra Vista Hospital to which she replied they were a higher level of care. He said there was no mention of code or of what went on and that patients were transferred to Sierra Vista because she was employed by them.

Councilmember Cline indicated that Mr. Dickson had just addressed Councilmember Budge regarding the \$400,000 inter-facility figure and then asked Mr. Dickson if he was willing to throw that away. She then asked if Mr. Dickson was in affect telling Council that if the City changed Base Hospital that he would stop service. Mr. Dickson replied that he understood Councilmember Budge to say that it did not matter what happened after it hit the ER which really offended him and a misconstrual of what happens. Mr. Dickson said that it was very important what happened after a patient was treated by CQCH and then transported to another hospital. He said that this was the responsibility of the City under the CON. Councilmember Cline agreed and had actually seen the paramedics waiting to transfer a patient to another location, but that she also had serious concern when he also told Councilmember Budge that he was willing to throw that away, and asked what the underlying implication was. From this point, there was much discussion regarding this matter with everyone speaking at one time.

Mr. Nelson commented that it seemed to him that the Hospital relied on what the doctors advised and for the last few years, the doctors had unanimously advised that the Base Hospital needed to

be change based on patient care. He said that the undercurrent was the fear of revenue loss and what it would do and how it would affect the impact fee. He encouraged that this topic be discussed further with the administration to sort out the problems. He said that with staff doctors advising that the base hospital needed to be changed, the Hospital would likely continue to pursue that matter. If this step needed to be taken, he wanted to do this in cooperation with the City of Bisbee and do what was best for everyone. He added that the best way to do this was to simply sit down and work it out without butting heads. He said that there was a problem, and how could it be resolved. He commented that the paramedics don't see a need for change, the Hospital doctors do and in his mind, the doctors trumped, but that was because he was with the Hospital. He said that these comments and discussions were an eye opener, not only to Council, but to the Board members and himself.

Councilmember Cline said she wanted to hear from the physicians. Dr. Rowe spoke on behalf of the physicians at the Hospital. He said that in order to maintain progression of bringing otherwise unavailable specialties and services, there had to be strategic affiliation in Tucson. The Base Hospital concept was suppose to represent a regional referral center where there would be a natural affiliation that would benefit the community and that was not felt that Sierra Vista represented that for CQCH, and critical to the delivery of care that CQCH was strongly affiliated with facilities in Tucson. He said this was in his opinion the condensation of the view of the physicians.

Chris Escarcega, paramedic with the Bisbee Fire Department, clarified a few things that he had heard. He said that the Fire Department was based with Sierra Vista and had been given the opportunity to do things that were not really common in the State as a rural EMS provider. He said Sierra Vista was so pro-active with the training and kept them up-to-date and certified. He explained that was not to say that Tucson would not perform the same level of care, but he had concerns with certain issues. He said he could not understand why CQCH asked for a change of Base Hospital because it affected their growth. He said the only time he saw that Sierra Vista and CQCH ever got cross figures was during inter-facility transports. Sierra Vista as the Base Hospital allowed the department to perform certain tasks, but yet provided a bubble of protection by placing limitations so that the paramedics did not go beyond their scope of practice.

Councilmember Nicholl suggested possibly one more session with City management and not on television.

Mr. Pauken apologized to Mr. Nelson for interrupting him earlier. He said there was much discussion this evening and what it actually boiled down to was relationships. Mr. Pauken said discussions regarding many topics, to include the base hospital issue transpired with Mr. Dickson and himself, and then, with Ruth Kisha. He said the outcome of their meeting was to ponder their discussion for a few days but not long after communication was received by the President of the Hospital Board requesting to have a joint meeting with City Council. Mr. Pauken explained that he found this a little disconcerting to reach this level because he believed there was so much left for the Hospital and City staff to discuss. Mr. Pauken indicated that anytime staff had been placed in a situation where there could be disagreement or conflict between staff and Council, they had always been able to work it out respectfully or in a friendly manner, with sometimes only a handshake. Mr. Pauken informed Council that the CEO of the Hospital had not made this possible and felt that he did not need to elaborate and everyone knew how it was and totally impeded progress. Mr. Pauken commented that he was so pleased when Ruth stepped in or volunteered to discuss the situation with the City and asked that this be the norm from this point on. Mr. Pauken conveyed that if he could tell the Hospital Board anything tonight it would be,

that “we are equal partners, we expect to be treated equally and with respect, and together we will move this City forward.”

Councilmember Cline agreed to move forward and that there needed to be more discussion and hoped it be done in a peaceful manner.

MOTION: Councilmember Nicholl moved to adjourn.

SECOND: Councilmember Scott.

MOTION: APPROVED UNANIMOUSLY.

ADJOURNMENT: 8:55 P.M.

W.J. Porter, Mayor