



**Sequoia
Healthcare
District**

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AGENDA

**SEQUOIA HEALTHCARE DISTRICT
SPECIAL BOARD OF DIRECTORS STUDY MEETING
10:30 AM, Tuesday, November 5, 2013
Conference Room
525 Veterans Boulevard, Redwood City, CA 94063**

1. Call To Order And Roll Call
2. Public Comment On Non-Agenda Items*
3. For Discussion
 - a. HeartSafe Program
 - b. Strategic Plan
4. Adjourn.

The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District Is Scheduled For 4:30 PM, Wednesday, December 4, 2013, District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063


Jerry Shefren
Board President

*Public comment will be taken for each agenda item prior to the board's consideration on that item.

Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 525 Veterans Blvd., Redwood City, CA, during normal business hours. Please telephone 650-421-2155 to arrange an appointment.

If you are an individual with a disability and need an accommodation to participate in this meeting, please contact Sequoia Healthcare District at least 48-hours in advance at 650-421-2155.

Memorandum

To: Sequoia Healthcare District Board of Directors
From: Lee Michelson, CEO and Glenn Nielsen
Date: For the meeting of December 4, 2013
Re: Agenda Item Pertaining to Sequoia Healthcare District's HeartSafe Program

Please see the attached proposal discussing the District's HeartSafe Program in its current and proposed forms. Feel free to contact me or Glenn Nielsen if you have any questions.

Approval of the proposal to continue the HeartSafe Program is recommended.

Sequoia Healthcare District
HeartSafe Program

Sequoia Healthcare District's mission is to improve the quality of life for District residents by enhancing access to healthcare services and by supporting and encouraging programs and activities designed to achieve health, wellness, and disease prevention.

525 Veterans Blvd.

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Executive Summary

Sudden Cardiac Arrest

Sudden Cardiac Arrest (SCA) is the leading cause of death among adults over the age of 40 in the United States and other countries. In the US alone, 359,400 people of all ages experience out-of-hospital SCA each year. Without intervention, nine out of ten victims die. Effective bystander CPR provided immediately after sudden cardiac arrest can double or triple a victim's chance of survival, but only 32 percent of cardiac arrest victims get CPR from a bystander¹.

SCA is the sudden, abrupt loss of the heart function. It is not the same as a heart attack. SCA occurs when the electrical impulses in the heart become rapid or chaotic, which causes the heart to suddenly stop beating. The most common reason for SCA is heart disease. Other factors are respiratory arrest, electrocution, drowning, choking and trauma.

SCA can be treated successfully through early intervention and cardiopulmonary resuscitation and defibrillation. When bystanders intervene by giving CPR and using automated external defibrillators (AEDs), four out of ten victims survive. Four out of five incidents of SCA occur in the home.

The number of people who die from SCA is roughly equivalent to the number of people who die from Alzheimer disease, assault with firearms, breast cancer, cervical cancer, colorectal cancer, diabetes, HIV, house fires, motor vehicle accidents, prostate cancer and suicides combined. The American Heart Association reports that more than 10,000 children under the age of 18 experience SCA each year.

San Mateo County has an extraordinary emergency response system. The average arrival time for a paramedic at a medical emergency in this county is 4 minutes and 59 seconds. But with SCA minutes count. In 2012, there were 412 out-of-hospital cardiac arrests in San Mateo County. Prompt action by bystanders is critical to patient survival.

¹ American Heart Association

Proposed Program Description

The HeartSafe program has placed over 340 defibrillators throughout the Sequoia Healthcare District in police and sheriff vehicles, parks, schools, community centers and public buildings. Through our extraordinary collaborations with local fire departments and American Heart Association certified CPR instructors, we have trained in excess of 6,000 community members in CPR and AED use. As has been reported over the years, a number of lives have been saved within our District from bystander CPR and the application of an AED or a Lucas Device.

AED Placements

The HeartSafe Program will no longer primarily focus on the placements of AEDs within the District, but will continue to entertain future requests. The Program's original placement goals have essentially been met. We will however continue to monitor the deployed units to maintain compliant with California's Health and Safety Code and to assure batteries and electrode pads are current.

Cardiac Support Group

The HeartSafe Program will work with local Cardiologists to develop a support group for the parents of children suffering from abnormal heart conditions. Other referrals can come from a variety of sources including private practice physicians, hospitals, county medical offices and county assistance programs.

The program goal will be to offer professional and peer-to-peer support for heart patients and their families. Lifestyle changes, depression, recovery and treatment issues can be discussed. AED and Lucas Device survivors will be invited to participate.

Sequoia Hospital offers a number of support programs, but not a cardiac support program. Stanford Hospital offers a support group to heart transplant patients, but not to those susceptible to cardiac arrest. The American Heart Association representatives have encouraged this effort and have offered to be of assistance.

AED Loaner Program

The HeartSafe Program currently lends AEDs to groups that may have a special event, like an organized bicycle ride, community event or other large gathering. Expanding this program to include lending these units to families who have a family member at home who is susceptible to cardiac arrest is proposed.

Within guidelines to be created by an oversight committee, AEDs can be loaned to families within the district at no cost via a partnership with local hospitals and cardiologists. An agreement with that family that safeguards the District and provides for the return of the unit will be developed. Family members would be required to attend CPR/AED training.

Cost for these units vary by manufacturer and options, but \$1,000 each is a fair estimate. Monitoring of units to ensure batteries and electrode pads are functional can be accomplished by our existing monitoring system.

CPR Training

CPR training will be the foundation of the HeartSafe Program and the promotion of hands-only CPR will become the primary focus of our efforts over the next three years. Early intervention is critical in patient survival while the rescuer(s) await the arrival of paramedics. Each minute the cardiac arrest patient's heart is not pumping oxygenated blood reduces the chance of survival by 10%.

Focus areas will continue to be fully certified American Heart Association CPR / AED courses for those who require certification, and Hand-Only CPR/AED courses for the majority of students. We plan on reaching thousands of residents annually through this program including audiences that traditionally do not get trained.

Hands-Only CPR training (which included AED) has become very popular. The elimination of the mouth-to-mouth portion of traditional CPR training has increased potential rescuers willingness to "get involved". Further, the training is typically completed in 1.5 hours, rather than the 3.5 hour class requirements for fully certified CPR/AED training.

It should be noted that staff met with representatives of the American Heart Association to learn more about hands-only CPR training opportunities within the District. They reported that the AHA has had this program in place since 2004, but to date has not offered a single class within all of San Mateo County and no future classes are scheduled.

Currently, members of the public who seek out certified CPR and AED training must find a local provider who offers certified training. Advertisements and/or marketing of these programs are nil. There are local vendors who do provide this specialized training, but all for a cost. No other local organization is offering free CPR training.

- American Heart Association \$70
- All-Care Plus \$80

- Woodside Fire District \$45
- American Red Cross \$70
- Lucile Packard Hospital \$75
- In-Home CPR \$70
- Pulse Check CPR \$70

Many organizations like the public schools in our District cannot afford CPR and AED training. Many residents are low income and shy away from any programs that bear a cost. Offering free training to teachers, residents and others who otherwise would never receive such instruction will increase the number of individuals in our District who are ready to save a life.

The Sequoia Healthcare District has a large storage room within the walls of 525 Veterans Boulevard that could easily be remodeled into a classroom. This storage room is largely unused and the items stored within can easily be stored in a much smaller space. Developing this space into a classroom will allow the HeartSafe Program to offer regular CPR and AED training classes to the community we serve and subsequently place successful trainees into our neighborhoods and in a position to save a life.

This Classroom would be multi-functional. Not only would this be our location for in-house CPR and AED training, it would also be available for other District training classes and for community use.

Training will be provided by the Program Director, staff trainers and volunteers. The scheduling of the training sessions and issuing of completion cards will be coordinated by the Program Director. Certification will continue to be governed by the Sequoia Health and Wellness Center as it does today.

A financial analysis of remodeling that storage room into a classroom has been completed and is attached. Additionally, the cost of furniture, audio-visual equipment and other classroom items is presented at an estimated cost of \$67,120.80.

Mobile CPR Training

With a similar argument as for the construction of a classroom to offer AED and CPR training here, this project would take the training classes on the road to schools, businesses, parks, etc.

Studies have shown that lower income people do not receive AED and CPR training. The New England Journal of Medicine reports that people who went into cardiac arrest in a poor neighborhood were half as likely to get CPR from a bystander before emergency personnel

arrived as were people in middle-income or wealthier neighborhoods. With a mobile unit, we can bring the training to them.

Equipment includes: speakers, PA system, microphones, big screen monitor, cables, carts, yoga mats, mannequins, projectors, cargo trailer, etc. with an estimated cost of \$9,841.66*.

*insurance/registration not included

CPR Training Goals

We believe the HeartSafe Program can train over 3,000 people each year in our District. This will be accomplished through a variety of approaches including the targeting of specific population groups and partnerships.

The significant groups that the HeartSafe Program will focus on CPR/AED training includes:

- Existing HeartSafe Clients (to maintain their training requirements)
- SHCD Grantees, staff and the people they serve
- Community Outreach (co-sponsored CPR events, fairs, public events and the poor)
- High School Freshman
- Seventh Grade Students

Existing HeartSafe Clients	60
SHCD Grantees, staff and the people they serve	100
Community Outreach	1,000
High School Freshman	2,000
Seventh Grade Students	400

Total Annual CPR Training Goal	3,560
Three Year CPR Training Goal	10,680

Conclusion

The HeartSafe Program has been a very valuable community health program, developed and operated by the Sequoia Healthcare District. The next few years provides an opportunity to again serve the residents in an important and meaningful way.

This new effort that focuses on CPR will save lives and provide greater security against the devastating impact of sudden cardiac arrest.

HeartSafe Program Budget

	Management	AED Placements & services	Cardiac Support Group	AED Loaner Program	CPR Training	Mobile CPR	Meetings/ Conferences	Community Events	Total
2014-15	13,540	40,124	4,208	10,708	118,700	8,124	7,208	18,208	220,820
2015-16	13,960	41,336	4,292	2,792	56,420	18,516	7,442	18,792	163,550
2016-17	14,580	42,748	4,416	3,416	57,660	10,248	7,716	19,416	160,200
Total	42,080	124,208	12,916	16,916	232,780	36,888	22,366	56,416	544,570

Twenty percent of Program Coordinator costs are assigned to HeartSafe Program management.
The remaining 80% is assigned to the specific programs.

Draft of Strategic Plan: October 30, 2013

1. Introduction

This document presents a first draft of the new three year plan. This draft has been developed to provide a discussion vehicle for the November 5th Board meeting.

Information presented is based upon an analysis of the District's current strategic plan and interviews with more than 60 community representatives including: interested citizens, elected officials, District staff, District Board and selected grant recipients. The strategic planning committee also reviewed the recently published County Health Assessment and the 2013 Grand Jury report.

2. Table of Contents

- A. SWOT Assessment
- B. Mission and Vision
- C. Goals and Success Measures
- D. Strategies to Achieve Goals

A. SWOT Assessment

Strengths

1. District has wide support from those interviewed who are supportive of our efforts to provide access to care and health prevention services.
2. Tax revenue provides a dependable source of income.
3. District has financial reserves and they are invested in low-risk instruments in conformance with State law.
4. District is staffed to allow for proper management of District functions.

Opportunities

1. There continues to be significant unmet health care needs in our community.
2. The complicated nature of health care creates the need for better coordination and collaboration of services.
3. Improve electronic connectivity with District residents.

Weaknesses

1. EBIDA payments are anticipated to be less than projected.
2. There is insufficient awareness of the services provided by SHD by potential recipients of services and residents in general.
3. Low rate of return on invested dollars.

Threats

1. Community health care needs will continue to outweigh our funding capacity.
2. Public support for programs impacting undocumented residents may erode.
3. Unknown effects of the Affordable Healthcare Act on our residents.

B. Mission Statement

1. Current: To improve the quality of life for District residents by enhancing access to health care services and by supporting and encouraging programs and activities designed to achieve health, wellness and disease prevention.
2. Alternative: Improve the health of district residents by enhancing access to care and promoting wellness.

Vision Statement

1. Current: Lead the improvement of the health of District residents by identifying, coordinating, collaborating, sponsoring and providing programs that will enhance the availability and quality of health care services.
2. Alternative: Be a responsible steward of taxpayer dollars while impacting the health of our community (best bang for the buck).

C. 2014-17 Goals

1. Assure the ongoing prudent oversight and management of District assets.
Measure: Budgeted goals are met annually and reserves are used per policy.
2. Bring new programs to address health care gaps in our community.
Measure: new programs are considered for funding annually.
3. Continue and expand our participation in community efforts to address health problems.
Measure: Increased District engagement in community health issues.
4. Identify and fund programs that provide health services to our residents.
Measure: District uses selection criteria focused on health impact when evaluating and selecting programs to fund.
5. Increase electronic connectivity with District residents.
Measure: Increase use of electronic and print options.
6. Measure impact of District funded programs.
Measure: Require that all programs establish performance measures, monitor progress and compile both quantitative and qualitative data.

D. Strategies to Achieve Goals

1. Assure the ongoing prudent oversight and management of District assets.

Strategies:

- A. Regular auditing of financial performance to assure compliance with accounting standards and District fiscal policies.
- B. Monitor investment performance to assure that assets are being invested in low-risk instruments and that fees charged by investment advisors are as low as possible.
- C. Keep expenditures within budget and use 100 percent of tax dollars collected each year on community health problems per District policy.

2. Bring new programs to address health gaps in our community.

Strategies:

- A. Meet with current and prospective grantees to encourage them to consider new approaches to service delivery.
- B. Look for health service programs that are currently not being offered in our community and evaluate whether or not such programs may be beneficial and feasible in our effort to provide the best health programs available.
- C. Serve as an incubator in developing new health programs.

3. Continue our participation in community efforts to address health problems.

Strategies:

- A. Be active in County-wide efforts to address health issues and other issues that impact the health of our residents.
- B. Be active in local efforts that are addressing health concerns of certain segments of our population.
- C. Participate on committees and commissions that are health issue focused.

4. Identify and fund programs that provide health services to our residents.

Strategies:

- A. Be responsive to requests from service providers through a formal grants making process as well as major initiatives that are larger in scope and impact than what is usually addressed in our grants program.
- B. Identify health issues or concerns that the District wishes to address and seek partners willing and able to provide services.
- C. Evaluate District grant making performance to assure that decisions are consistent with the priority issues and demographic groups established annually by the Board of Directors.

5. Increase electronic connectivity with District residents.

Strategies:

- A. Use our website to inform District residents of our activities and actively promote visits to our website.
- B. Explore the use of social media to better communicate with residents.
- C. Use email and possibly an email newsletter to inform and possibly educate residents about health issues.

6. Measure impact of District funded programs.

Strategies:

- A. Understand and utilize the best evaluation techniques and share our understanding with our selected funded partners.
- B. Visit programs and talk with key staff and when possible recipients of services to discuss how these services are improving their health.
- C. Collect demographic data to understand who is being served or not served by our funded programs.