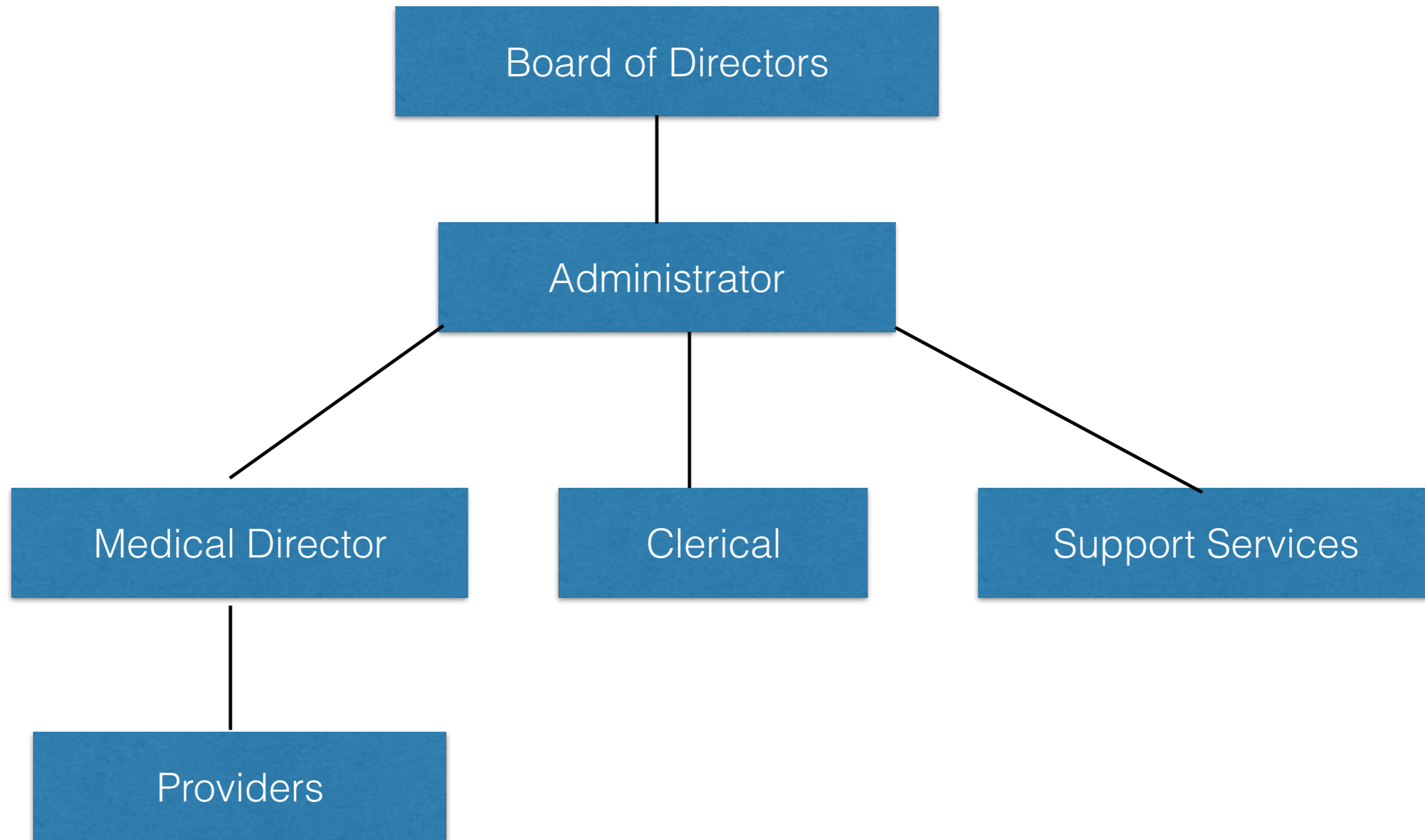


BIRHC

2016 Community Update

There has been a lot of community discussion lately about the health center activities so we decided to have this get together to share with all the current state of health care delivery for the island. To explain current operations and answer any questions

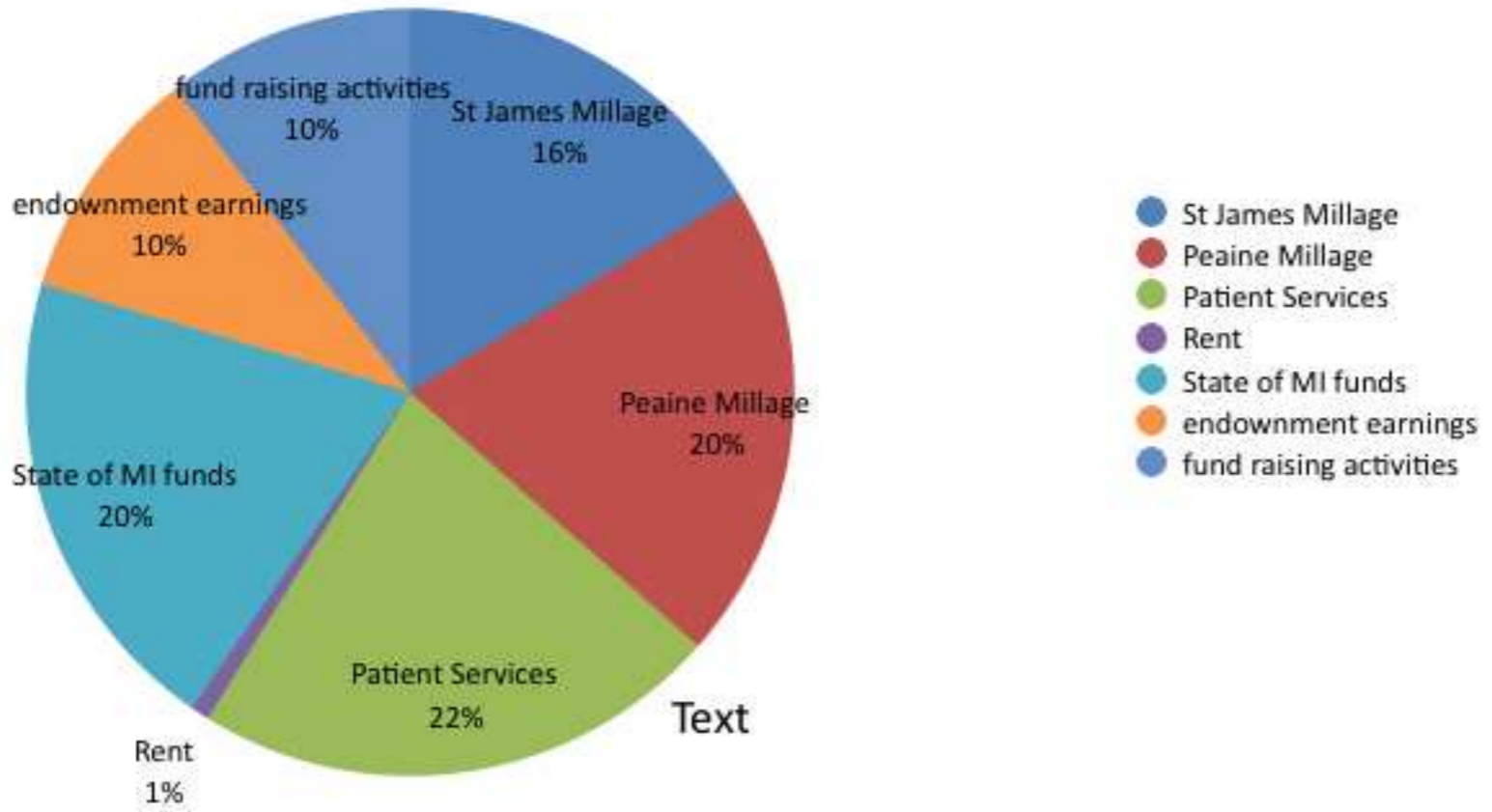


An Overview

- Clinic is staffed by two full time nurse practitioners, both with vast clinical and emergency backgrounds, and both ACLS certified.
- In terms of full time and on call providers on BI they are the highest trained medical professionals.

- By dialing the day time phone number 448-2275 the phones are transferred to the Nurse Practitioner on call who is available anytime after 5:00PM until 8:00AM when regular appointments are seen.
- Walk in visits are accepted
- No one is turned away, regardless of ability to pay

St James Millage	\$ 82,000.00	subject to voter support				
Peaine Millage	\$101,000.00	subject to voter support				
Patient Services	\$112,000.00	economy sensitive				
Rent	\$ 3,929.00	economy sensitive				
State of MI funds	\$100,000.00	subject to annual vote				
endowment earnings	\$ 50,000.00	subject to the economy				
fund raising activities	\$ 52,490.00	subject to the economy				



The Endowment

- The sources of these donations can be seen in the health center lobby. **“The Legacy Tree”**
- Long term stable funding
- Minimum donation is \$10,000 but can be spread out over 5 years

BIRHC Services include

- X ray
- Suturing
- Fracture care and casting
- Primary care
- School sports and employment physicals
- Well child exams, women's health, follow up care coordinated with outside specialists.
- Blood work, blood pressure monitoring, lab screening, hearing screening, and immunizations

Services cont.

- Home visits for those homebound
- Device loan program for things like canes and walkers
- Arrange mammograms for those women whom can not afford transportation and exam, in partnership with Charlevoix Hospital

Number of Pt Encounters

- **Well in excess of 3000 patients per year**
- New software recently obtained will allow for greater detail regarding the specifics of each encounter.

- The EMS services run separately offer EMT and Paramedic providers. They are of course not trained to the level of the nurses but are highly trained as first responders.
- They are currently not part of BIRHC

- The clinic has part time family practice physicians and other specialties whom visit on a regular or semi-regular basis. Dr Newcomb, FP from Charlevoix, is also tasked as medical director and does oversight on the majority of clinic visits to the nurses.

Visiting Professionals

- Dr Murray Cotter, MD, Dermatology Associates of Northern Michigan
- Dr Edward Newcomb and Dr Daniel Mann, Pine River Medical Associates. Family Practice
- Patrick Richmond, DPM, Petoskey Podiatry
- Jeff Ritsema, OD, Richard Gross, Dennis Parker Optometry
- Jon Van Wagnen, OD, Charlevoix Eye Center Optometry
- Dan Taylor , MSW, CSW, North Country Community Mental Health
- Aaron Wilkin, DC, Randall Chiropractic Clinic

Hospice

BIRHC offers on island Hospice

Physical Therapy

- Mark Babcock and Mike Aenis, MPT, Munson Healthcare Charlevoix Hospital Physical Therapy

Recently added

- Through telemedicine are speech therapy, and mental health through the VA.

Myself

- I am now essentially full time on BI with regular hours at the BIRHC. I do this as a volunteer
- I am Board Certified in Orthopedic Surgery. I have subspecialty training in hand and microvascular surgery (I have retired my surgical practice)
- I am a certified USAF Flight Surgeon. During my younger enlisted time in the military I was a medic and first responder
- I worked as an ER doctor part time for 5 years during my orthopedic residency

Patient Encounters

How does it work?
What to Expect?

First one must understand the limitations of a rural clinic

- We are asking the nurses (NPs) to be X-ray techs, phlebotomist, diagnosticians, psychologists, secretaries, and to have clinical knowledge in all areas of medicine.
- As patients we must be realistic about the limitations of such a setting. One can not expect the NPs to possess the same clinical knowledge as a physician sub-specialist as example.

What you can expect

- A dedicated and very knowledgeable provider who will do his or her very best to sort out your diagnosis and treatment.
- Mainland referrals are not uncommon
- Most lab and x-ray can be done on site. Labs usually back in one day
- Confidentiality

Do we get it right the first time every time?

- NO, and nobody does!
- Diagnosis follow clinical pathway algorithms and sometimes it takes a few steps to sort things out.
- The number of variables and potential abnormalities for any given human is staggering
- There are over 200 physician specialties/sub-specialties. Pediatrics alone has over 25 sub-specialties

How it works

- Most routine diagnosis and treatments are done in-house
- More complex diagnosis or management is referred off island but the clinic remains in the loop for follow up

Emergencies

- If the patient is in the clinic approximately 90% are sent via EMS to Island Airway for transportation to a local hospital
- If the case is more of an “urgent” rather than “emergent” situation the patient chooses how they want to fly off the island, i.e. which air service.

Emergencies (cont.)

- If the situation is such that the patient is very critical and requires in flight advanced care such as ventilation and large bore IVs then specially equipped aircraft and crew are called from the mainland.
- Note, these are patients already in the clinic. EMS has their own protocols and currently there is no formal cooperative between EMS and BIRHC

What's new at BIRHC

GVSU

- We now have a formal arrangement for nurses in the nurse practitioner training program at Grand Valley to do some of their clinical rotations at BIRHC
- Sue and Carolyn have been appointed as Clinical Instructors by the university

Additional level of QA

- In house QA. Myself, Sue, and Carolyn have set up regular QA meetings above and beyond the oversights by Dr Newcomb. We will review all cases where we have identified anything less than optimal. We will look at all complaints and follow up. When needed we will meet more frequent

QA (cont.)

- If paramedics ever become integrated with the clinic they to will participate in the QA meetings
- Good, educational, honest quality assurance can not be overstressed. It is the backbone of valid self assessment for health care providers

Complaint Follow Up

- Conflict resolution is also of very high priority. If a complaint or concern is lodged it will be followed up in QA, or by administration depending on the type of complaint
- Bottom line, if you do file a complaint or question we will follow up with you!

The clinic will continue to look for ways to forge a formal cooperative with EMS so as to ultimately have a fully integrated health care delivery team. Once, if a formal arrangement has been organized, we will then pursue the necessary state waivers and or exemptions for BIRHC participation with EMS. Such waivers are the norm for isolated communities like BI

Note, if ESA elects to operate completely independent of the clinic no further action will be taken. The above goal would have to be a cooperative of all involved, and only with community support

We will continue to pursue a strengthened relationship with Munson Health Systems, and to continue to work on getting telemedicine services to provide a full time ER doctor. Too early to say yet if this will happen but we are working on it

What we at BIRHC ask
of you...

- If someone tells you one of us said anything about a patient (confidentiality violation) please ask that person to come with you to the clinic and present this directly to Donna. Please help us stop the “he said she said...”
- If you feel anything has not gone well from your clinic encounter please file a complaint, or at least make us aware so we can address it
- Help stop rumors and mis-information. Donna’s door is open for direct communications

Questions? :)