



April 8, 2022

To Whom It May Concern,

We, the undersigned, received the policy changes announced on Friday 3/25/22 with alarm and consternation. These policies appear to be an attempt to solve the problems of 2020, two years too late, rather than addressing current trends and conditions. We are dismayed to see medical decision-making, which should belong to clinicians, taken out of our hands for the service of profit. We are committed to following policies and procedures that adhere to Peacehealth's stated Mission and Values. In furtherance of this, we commit to abide by the following:

1. The act of rooming and billing a patient is a medical decision that belongs with the treating provider and the patient.

- There are emergent complaints for which we have no diagnostic or treatment capability (e.g. testicular torsion, pregnancy with abdominal pain, head injury on anticoagulants, acute abdominal pain, etc) and in which delaying care causes undeniable harm through delayed diagnosis, prolonged suffering and needless expense to the community we serve. This is a ticking time bomb of liability.
- If we cannot triage directly to the ED, then charge nurses must be trained to assign an ESI number to each patient. Good medical practice requires us to see the highest acuity patients first. The policy of prioritizing online appointments is incompatible with good medical practice.
- The brazen pursuit of copays fails to uphold Peacehealth's stated mission of "relieving pain and suffering and treating each person in a loving and caring way" and fails to uphold their values of Stewardship and Social Justice.
- Implementation of the chest pain protocol has already increased the complexity of medical decision-making by providers and put increased demands on nursing resources. Prudence would suggest letting the dust settle on one new change before implementing additional changes. The hasty approach to "Urgent Care Recovery" did not involve a meaningful dialogue with the stakeholders or any opportunity to vet alternative solutions.
- Our nurses are capable of effective triage when trained properly. We can implement effective common-sense protocols to catch the emergencies for which we are equipped, staffed, and capable of initiating treatment.


2. The decision to close the clinic belongs with the provider on staff.

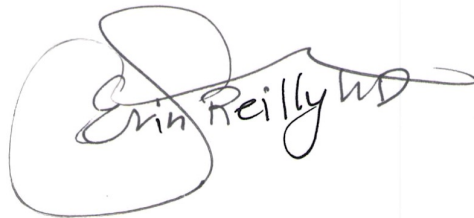
- Clearly outlined work hours are essential to a healthy workplace. Requiring work beyond expected shift duration is not only exploitative and disrespectful, but also fails to uphold Peacehealth's stated values of Respect, Stewardship, Collaboration, and Social Justice.


- Provider fatigue contributes to medical errors, provider burnout, and poor patient experience.
- Perceived issues regarding premature clinic closure would most effectively be addressed in a timely fashion on an individual basis.

In closing, we understand the need to attend to the financial health of our system and are committed to the safety and experience of our patients. We are open to discussing strategies of increasing the census, decreasing wait-times, and improving quality of care and patient experience that are consistent with Peacehealth's Mission and Values. We believe we are an essential component of the medical community as we help off-load the ED, support primary care, and act as a safety net for those without access to care. However, if Peacehealth cannot address our legitimate concerns, the team that earned Peacehealth's 2020 Clinic of the Year award will be irreparably damaged. If our solvency is truly in jeopardy, we would recommend an active dialogue with the larger community that will be impacted by your decisions. We look forward to a meeting to discuss this further within the next week.

Respectfully,

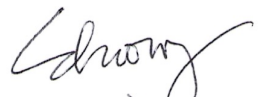

Morgan Garvin, MD




Erin Reilly MD

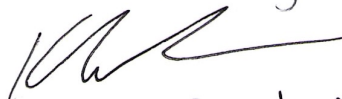

Micah Lundstedt


Wendy Tang MD

 Virek Pantangi, MD


Loan Duong

 Heng Le MD
 Devin Lee MD
Devin Lee, MD


Katherine Swank, MD

B. Jarvis M.D.
BARRY JARVIS


Sanjan Reforma, MD


Lynda McSetpore NPL