

Members Present: Paul Marxsen, Chair; Gayle Dodds, Vice Chair; Tammi Hardy, Secretary; Nick Yonclas; Stephen Miniati, MD; Margie Solomon; Jim Bachrach

Staff Present: Davie Lloyd, CEO; Cindy Drapal, CNO; Ginny Griner, HR/ MedStaff Coordinator; Heather Guidry, Admin Assistant

Guests Present: Commissioner Pinki Jackal; Michael Shuler, Atty; Alan Pierce, County Liaison; David Adlerstein, Apalachicola Times; Earl Pfeiffer, Concerned Citizens of Franklin County

Topic	Discussion	Action
Call to Order	Meeting called to order at 12:10pm.	
Approval of minutes	<p>The following minutes, were presented for approval:</p> <ul style="list-style-type: none"> • Regular BOD meeting June 30, 2011 • BOD/ CEO Interview meetings May 13, 2011 May 20, 2011 May 22, 2011 May 29, 2011 June 9, 2011 June 13, 2011 	<ul style="list-style-type: none"> • Motion made by Yonclas to accept all minutes as presented, 2nd by Solomon. Motion passed unanimously.
County update	<p>Solar Panels</p> <ul style="list-style-type: none"> • The county has an opportunity to install solar panels in county buildings. Weems is a consideration for installation as the building has a flat roof and no trees. Consultation would be free. 	<ul style="list-style-type: none"> • Motion made by Dodds to approve solar panel consultation, 2nd by Yonclas. Motion passed unanimously. <p style="text-align: right;">Page 1 of 8</p>

	<p>Grant for Rural Health Assessment survey</p> <ul style="list-style-type: none"> • Franklin County is one of 3 counties nationwide to be awarded this grant. • The survey will be very thorough and expects it will completely substantiate need for improved healthcare delivery. • There will be two community meetings held regarding the survey. Date is to be announced, expect early November and early December • Draft sent to Griner yesterday. • Consultant on survey is Cheryl Sinclair 	
<p>Finance Committee Report</p>	<ul style="list-style-type: none"> • Net income or loss from operations YTD for 9 months, we are budgeted for (1,023,000) and actual is (1,386,000) • June 2011 Excess of revenues over (expenses): budgeted for \$17,734 and actual is \$107,850 for the month. YTD budgeted is (68,250), actual is (443,100). • Jackal requests a true financial picture of the clinic. Lloyd states that we cannot go back and perform an internal audit from the opening of the clinic; however, we may be able to go back to fiscal year start or may choose a start date. • Sales Tax Receipts history and projection reviewed. Total year projection is \$712,000. Last year it was \$708,000. Marxsen states we are a little bit ahead by \$7000-\$8000 from last year. • Budgets for the Hospital/ Clinic and EMS reviewed. • Jackal asks for future accounting purposes if Weems can present EMS, Hospital, and the Clinic as separate financial statements. 	<ul style="list-style-type: none"> • Motion made by Hardy to accept the Finance Report, 2nd by Bachrach. Motion carried unanimously.

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<p>Quality Committee</p>	<ul style="list-style-type: none"> • Performance Improvement Projects presented <ul style="list-style-type: none"> ➢ BOD legally responsible to review and approve all performance improvements. ➢ Hand Hygiene compliance: 83% ➢ Clinic No-Show rate is 8.3%. The goal is 4%. They have implemented changes. ➢ Pt Satisfaction Surveys revealed the following areas of dissatisfaction: <ol style="list-style-type: none"> 1. Physicians 2. Care provided to family and friends 3. Dietary • Strategic Plan to develop • Core Measures implementation for Congestive Heart Failure and Community Acquired Pneumonia • iCare program implementation discussed • Telemedicine grant received. We are transitioning and training physicians. • Transfer data presented (where and why) • Swing bed program discussed. <ul style="list-style-type: none"> ➢ In process of improving Swing bed services. ➢ Reviewing 3 companies for Physical Therapy/ Swing Bed services. 	<ul style="list-style-type: none"> • Motion made by Dodds to accept Quality report, 2nd by Miniatt. Motion carried unanimously
<p>Foundation Report</p>	<ul style="list-style-type: none"> • Chesnut requests BOD approval for renewal of 4 Foundation members whose one year term is up: <ol style="list-style-type: none"> 1. Joe Taylor 2. Cliff Butler 3. Jim Bachrach 4. Harry Arnold 	<ul style="list-style-type: none"> • Motion made by Dodds to renew memberships as listed, 2nd by Miniatt. Motion carried unanimously.
<p>CNO report</p>	<ul style="list-style-type: none"> • 2nd quarter Risk Management report presented <ul style="list-style-type: none"> ➢ AHCA complaints have been cleared. 	

	<ul style="list-style-type: none"> ➤ AHCA Annual Survey was held June 15 &16. No deficiencies in Risk Management • Annual approval needed for the following: <ol style="list-style-type: none"> 1. Risk Management Plan 2011 2. Quality Assessment Performance Improvement Plan 2011 3. Utilization Review Plan 2011 <ul style="list-style-type: none"> ➤ UR will no longer report to QAPI committee. UR will have its own committee. UR committee will report to the Quality Committee. This committee does not require BOD representation. • Update on CT scanner: <ul style="list-style-type: none"> ➤ Due to high cost for renovation of inside office, proposal house the new CT scan in a new, leased mobile unit. ➤ Will have aluminum awning built and extended to hospital. We will have funds for awning credited back to us from construction that was allotted for lead walls. ➤ Will be about 28 feet from the entry way. Will be in close relation to where the existing CT is. Must be on asphalt now. ➤ Proposal to convert Colvert’s old room to a meeting room/ education room for employees. 	<ul style="list-style-type: none"> • Motion made by Dodds for annual approval of the listed plans, 2nd by Yonclas. Motion carried unanimously. • Motion made by Yonclas to approve change of location for CT, 2nd by Solomon. Motion carried unanimously.
CEO report	<p>USDA application</p> <ul style="list-style-type: none"> • 1st draft of BKD’s feasibility study is not complete as previously reported. <ol style="list-style-type: none"> 1. A number of outstanding items were not provided. They have now been provided. 2. Waiting for call back from entity with clarification, if okay with Lloyd, then can go ahead and expect BKD’s final feasibility study by end of next week. 3. Lloyd will have to make an attestation as agreement to BKD 	

	<p style="text-align: center;">study</p> <ul style="list-style-type: none"> • Required to have a public hearing to allow community members to speak in regards to new hospital. <ol style="list-style-type: none"> 1. There must be a notice in the paper 10 days before the public hearing occurs. 2. Shuler will clarify whether meeting has to occur before the application submission or if the advertisement is what is necessary. 3. Lloyd will work with Pierce to set a date. Posting in paper needs to be in by Friday. 4. A copy of the public hearing announcement must be sent with the USDA application 5. Will use public annex building. 6. Lloyd states that we need to make it clear to public that this is required for application. Jackal asks that we make sure that public understands that it is not a sure thing. • Lloyd, based on current margin, we would not qualify for a bank loan. • Hardy requests for next meeting that we have paperwork included as to concise information on loan. <p>Plans for census increase</p> <ul style="list-style-type: none"> • Weems is working with TMH to bring specialists to the Weems clinic, so that patients within this area can be seen and not have to go out of county. If they do go out, then we hope they will be able to come back for swing bed services. • As Weems continues to upgrade, we will be able to attract more physicians. • CT improvement will keep more patients local. Now, if a patient goes elsewhere for CT and needs in-patient care, the patient stays at an out-of-county hospital. • Per Miniati, TMH can take our patients, but if TMH can provide guidance, then we can keep our patients at Weems. 	<ul style="list-style-type: none"> • Motion made by Dodds to set a public hearing and advertise, second by Yonclas. Motion carried unanimously.
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	vendors based on historical payments.	Hardy request an email of the AP Priority list.
New business	<p>Marxsen made a request to appoint Bachrach to be the BOD/ Healthcare Foundation liaison.</p> <ul style="list-style-type: none"> This will be Bachrach's committee assignment. <p>Dedication Plaque for Weems Medical Center East</p> <ul style="list-style-type: none"> Blair presented a photo of the WMCE plaque as designed for Board consideration. The cost is \$1200, talked down from \$2500. Plaque will have BOD names and County Commissioner's names. The date of WMCE establishment (January 28, 2011) will be added to the design. Marxsen suggested staff members follow up on purchase of the plaque. <p>Solomon requested donations for auction to take place during Foundation's January Roast and Toast event</p>	<ul style="list-style-type: none"> Motion made by Dodds to appoint Bachrach as Foundation liaison, 2nd by Solomon. Motion passed unanimously.
Misc.	<p>Questions presented by Pfiefer, representative of Concerned Citizens of Franklin County. The questions were answered by CEO and Board members.</p> <ul style="list-style-type: none"> Direct inquiries in regards to financial information to Davie Lloyd in writing or email. Medicare critical care is paid on 101%. As CAH: 101% While healthcare reform has been written, they are just now beginning to write regulations. Until regulations are established, there are still a number of unknowns. Expect better idea in the next 12 to 15 months. Medicare represents about 55% of total billings Medicaid represents about 15% of total billings With increased costs (ct, new hospital) there is a depreciation rate that 	No action required.

	<p>will increase our reimbursement.</p> <ul style="list-style-type: none"> • \$310,000 DSH (disproportionate share income) is based on charity care. It is best for people to complete charity application, because then Weems can receive partial reimbursement. <p>Adlerstein presents questions regarding clinic</p> <ul style="list-style-type: none"> • Clinic now reports to Drapal. • Would like to wait on until next month to report. • In process of hiring midlevel. • Indigent policy is in place for the clinic and has the same process as the hospital's charity care application. • Working to making the clinic a Rural Health Clinic. • Lloyd suggests clinic staff run a study to see when patients ask for the most appointment times. 	
Adjournment	Meeting adjourned at 1407	

Respectfully Submitted,

Heather Guidry, Administrative Assistant