

Members Present: Tammi Hardy, Chair; Jim Bachrach, Vice-Chair; Duffie Harrison, Secretary; Deborah Huckeba;

Guests Present: Lauren Faison, TMH Liaison; Rachel Chesnut, WMH Foundation President

Staff Present: Ginny Griner, HR/ Med Staff Coordinator; Heather Guidry, Administrative Assistant; Ray Brownsworth, CEO; Craig Gibson, Plant Operations Director; Becky Gibson, DON

TOPIC/ DISCUSSION	ACTION
<p>Call to Order/ Approval of Minutes <i>Tammi Hardy</i></p> <ul style="list-style-type: none"> The meeting was called to order at 9:00 am. Minutes from the 4/25/2013 regular board meeting were presented for approval. <p>Discussion was held regarding the ambulance service costs. Brownsworth informed the board that Hilda Pippin would be the new EMS Manager effective 6/1/2013. Harrison questioned the EMS overtime. Brownsworth stated that there was a tremendous amount of overtime in the EMS department on the last pay period. Harrison asked the overtime dollar amount. Brownsworth stated that the last pay period overtime was \$15,000. Additional part-time and prn staff will be hired to decrease overtime needs. Griner pointed out the challenge of hiring locals due to a limited pool of licensed professionals. She stated that community members, high school students, etc. should be encouraged to attend the Gulf Coast State College’s EMT or Paramedic program. Griner also stated that an EVOC and CPR certified person could assist with the BLS truck. Brownsworth and Hardy discussed increasing the “hands on” monitoring of the EMS department by the CEO versus delegation to the manager. Mr. Brownsworth assured BOD that he would be providing hands-on oversight of both Clinics and EMS until all were functioning properly. Brownsworth stated any overtime must be approved by him.</p>	<ul style="list-style-type: none"> Motion made by Huckeba to approve minutes as presented, second by Bachrach. Motion carried unanimously.
<p>County Report No report available.</p>	

TMH Report

Lauren Faison

- TMH is moving forward to secure bond financing for the construction of a new surgical tower. The building cost is approximated at \$75 million. The building will be designed to grow with the community and anticipated technology changes.
- The most recent Senate bill addressing payment for telemedicine services did not pass. Representative Marti Coley has agreed to be an advocate to assist with the next legislative process. Rep. Coley will be viewing a telemedicine demo at TMH on June 17th. Faison stated that under Nicole Sandoval's leadership, the Weems East clinic has been a champion in the telemedicine expansion process. The clinic received training 2 weeks ago. Faison is meeting with Dr. Cognetta next week to talk about how he can increase his services to our area by performing virtual consults. Faison is continuing to reach out and educate various specialty physicians to build the infrastructure in preparation of the bill passing. Telemedicine will increase cost effective healthcare access, particularly in the rural areas. Emergency stroke intervention, neurology and mental health consultations will be among the popular uses for telemedicine.

CEO Report

Ray Brownsworth

Financial Report

- Since January, several adjustments to the financial reports have been necessary. Some adjustments were due to an under anticipation of contractual write-offs as well as adjustments carried from the previous year. Additional adjustments will be necessary for the clinic as their financial system is rebuilt following the system crash on 4/5/2013. TMH has been assisting with the financial reports; beginning next month, Roberson and Associates will be taking over.
- Income Statement April 30, 2013 was presented and reviewed in detail.
 - YTD has a negative net profit of \$278,181.26. This is an improvement of about \$100,000 from last month.
 - End of month cash report shows a continued positive cash flow that is consistent

with last year.

- Harrison questioned the variation month to month with the end of month cash-on-hand. Brownsworth responded that the balance fluctuates due to timing of tax subsidies and receipts of LIP /DSH payments. Brownsworth is trending to assist with tracking of accounts.
- Brownsworth suggested presenting EBITA. Harrison agreed. Brownsworth stated that a strategy is needed for projections of write-offs. Contractual allowances, bad debt, charity, and LIP & DSH are approximations based on history.
- Bachrach questioned where the hospital's CD went. Guidry advised that she thought it was cashed and placed it into the operating account. When the hospital began receiving the extra ½ cent tax revenue, Drapal replaced the money by investing it into the money market account.
 - *Later clarification revealed that per the 1/26/12 BOD minutes, the “money market fund amount transferred to the operating account in December (2011)”. The 2/23/12 BOD meeting minutes show that the hospital's CD was cashed. Drapal's 2/23/12 Administrative report to the board reads “OTTED Loans #1 & #2: 4 payments were paid from the certificate of deposit. The balance of the fund was placed into a money market account.”*

HB711

- The House Bill 711 public hearing was held yesterday. Brownsworth sent information to the board members yesterday for review. The attendee's concerns were regarding unnecessary duplication of services. The attendee felt the hospital should collaborate with Sacred Heart to prevent duplication. Harrison pointed to collaborative efforts being made by bringing rotating specialists to Weems clinics.
- Market Value Review: After a number of evaluations and review of the hospital, the market worth value of the hospital was estimated to be approximately \$3 million. The hospital is average on operational and financial indicators, but with a high percentage of uncompensated care.
- The following reports were reviewed in detail:
 - HB711 Comparison Worksheet

- CAH Financial Indicators Report, Hospital Graphs by State and Peer Group
 - Total margin (2010) showed value of WMH was greater than the national, state and peer group median.
 - Weems Hospital AHCA Analysis
 - Cost per adjusted patient day shows WMH is market competitive compared to costs.
 - Uncompensated care for WMH was \$2.3 million in the year shown; the highest on the report.
 - CAH Financial Indicators 2012 Graph
- ***Having reviewed the reports provided, conducted a public meeting in accordance with the requirements of HB711, Brownsworth's recommendation to the BOD as the hospital administrator is a recognition that WMH compared to peers (both for-profit and not-for-profit) is comparable, and there is no benefit to the communities served to sell or lease the hospital.***
 - Bachrach questioned uncompensated care. Brownsworth recommends addressing uncompensated care as part of the hospital's strategic plan. Current efforts are to assist patients with Medicaid enrollments, waiver programs, or enrollment in the hospital's charitable care program. Increased enrollees in the hospital's charitable care program will influence the hospital's participation in the DSH program. All are parts of the effort to maximize cash and recognize the needs of the community. Additionally, uncompensated care decreases when patients are seen at the clinics versus the ED.
 - Motion made by Harrison to approve Brownsworth's recommendation as stated, second by Bachrach. Motion carried unanimously.

Patient Satisfaction

Becky Gibson

- In-Patient Surveys
 - 23 respondents; April 2013 was the first complete month following the change in distribution of the in-patient surveys
 - Overall, the comments were positive. Areas with the most comments were in regards to the age of building, the cleanliness of building, and the food. Food

complaints were in regards to the temperature when served and explanation of restricted diets. Brownsworth questioned the strategy for addressing complaints. Gibson stated that plans were in place, including improving the method of insulating food until patient receipt.

- ER Surveys
 - 25 respondents
 - One area of dissatisfaction involved the respiratory department. There were only 2 or 3 patients who responded to questions regarding the respiratory department, so this slants the overall picture.
 - There was overall patient satisfaction in regards to the friendliness of staff and fast service.
 - Brownsworth questioned Gibson's strategy to prevent patients from feeling abandoned when they have to wait. Gibson stated that a policy/procedure is now in place. When a patient is waiting in an exam room or waiting after triage to be placed in an exam room, nurses will check patient vitals every hour. Every 15 minutes, a nurse checks in with the patient to provide reassurance. When an emergency presents, it takes the attention of the entire clinical staff; larger hospitals have larger employee resources. Gibson is considering using clerical staff to reassure patients in these situations. Huckeba shared that the complaints she has received involved patients hearing staff cutting up.
 - In regards to the overall pt satisfaction trended from November, low scores were related to months with low respondents.
 - Hardy questioned the dissatisfaction with ER respiratory and radiology. Brownsworth stated that when dissatisfaction is reported, the manager of the affected department must develop an action plan to address the problem.

Risk Management Report

Becky Gibson

- Gibson presented and reviewed the Risk Management and Regulatory Board Summary Report, 1st Quarter 2013. Discussion included the following:
 - Consistently only 1% of ER patients are leaving prior to triage and/or the medical screening exam. In response to Brownsworth's question, Gibson stated that all the

patients who left were non-emergent.

- Hardy questioned the method of tracking and recording medication variances. Per Gibson, the variances are tracked via incident reports. Hardy questioned if calls-backs from pharmacies and outside healthcare providers regarding allergies, dosage, etc. are tracked. Gibson stated that these calls are noted in the patient's medical record, but are not typically recorded with incident reports.

CFO Applicants

Ray Brownsworth

- Two CFO applicants have made it to the next step, which is an on-site interview. The applicant from Washington requested a salary beyond the offered range. Discussion was held regarding inviting this applicant for an interview. The board decided to inform the applicant that his requested salary range would not be considered. If he is flexible, then his application will be given further consideration. Discussion was held regarding the date to interview the applicant from Georgia. The board agreed on June 7th for the first interview. Harrison will be out of town for the first two weeks of June.

EMS Communications Update

Craig Gibson

- Gibson met with EOC a couple of weeks ago. He discussed 800 radios with Pam Brownell. Brownell and Gibson have made contact with state leaders and are attempting to bring all county agencies together to collaborate. Gibson anticipates the continued recommendation of 800 radios. The only concern is using the SLR system; law enforcement may take over in emergency situations and EMS would receive a busy signal. Clarification is desired to ensure that this will not happen. A new system (uni-system) is being developed that will combine UHF, VHF and SLR on one radio. Brownsworth was ready to make a recommendation, but will delay pending collaboration with other county agencies.

Fire Alarm System

Craig Gibson

- Computer components for the hospital's fire alarm system require replacement.
- Motion made by Bachrach

Brownsworth stated that replacement parts for the current system are antiquated, and that they cannot be purchased even from the after-market area. From a compliance and safety standpoint, the upgrades are necessary. Brownsworth requests approval from the board to purchase circuit upgrades for the fire alarm system for approximately \$16,000. Hardy questioned the time frame given for required replacement. Gibson stated that Simplex Grinnell's last quarterly inspection noted the need for the upgrades. AHCA reviews all fire alarm inspections. Brownsworth states that with board approval, he will take a request to the BOCC for the capital purchase in the amount of \$16,000 from the healthcare trust fund.

to precede with necessary fire alarm system replacements, second by Huckeba. Motion carried unanimously.

Strategic Planning

- Bachrach knows someone from Gulf State College who may assist with facilitating the strategic planning. Brownsworth expressed his desire to proceed with strategic planning within next 30 to 45 days. Items to address include possible construction, possible move of Weems West clinic next door, the clinic accountability systems and their performance, practitioners, and services inside the hospital. All this will fall under the strategic plan to paint a consistent picture of who we are, what we are, what the experience is going to be, and how we are going to perform. The strategic plan will address quality, service, growth, finance, community perception, and patient satisfaction. Bachrach expressed the necessity of obtaining a facilitator. If it takes longer to obtain a facilitator, Brownsworth recommended that the board meet prior and Brownsworth could walk the board through the process. Once the plan is established, then the action steps can be developed followed by tactics and deliverables.

Hospital CEO Report to the Board of Directors

Ray Brownsworth

- The CEO Report to BOD was reviewed.
 - EMS will stage a BLS truck on the islands on weekends and an ALS truck for the Memorial Day, July 4th and Labor Day weekends.
 - Hilda Pippin has been selected to assume the EMS Manager duties as part of an administrative change.
 - Brownsworth has requested clarification from Michael Shuler and Alan Pierce whether or

not the fees associated with current and future activities for preconstruction services are payable “as we go” from the health care trust fund rather than being accumulated and paid during the project.

- Next step in the construction process will be a feasibility study. Brownsworth received a proposal from BKD to perform the study for a fee of \$50,000. Brownsworth told BKD that approval would not be given until after the strategic planning.
- Estimated cost to minimally renovate the building next door is \$350,000. This estimate excludes equipment. Brownsworth expressed that additional providers are needed in the area to drive the hospital. Dr. Watson, TMH, CMO has suggested rounding TMH residents through the clinics. Their services would be provided at TMH cost. Any admissions by the residents could be covered by Weems ED physicians. Hardy suggested a professional evaluation of clinic operations and also consideration that patient census goals be met, before incurring additional physician expenditures.
- The two final vendors for our EHR are Healthland and CSS. Site visits are scheduled.
- A policy on weapons is being developed and will be brought before the board for discussion.
- Jennifer Sockwell, Respiratory Manager is implementing a nebulizer machine giveaway to patients with indigent status in the clinic.
- Craig Gibson is putting together a recommendation on how to provide for a visually more attractive campus.
- Dr. Spurgeon requested to make presentation to the board today, though he did not show. The cost component must be deliberated before considering his engagement.

Old/ New Business

- Harrison questioned if the hospital had a policy regarding employee reporting during the hurricane season. Griner stated that there was an established policy for the employees’ reporting responsibilities during disasters. Brownsworth stated that he would discuss the issue further at the administrative team meeting.
- Bachrach inquired about TMH assistance with grant writing. Per Faison, their Foundation

handles grant writing for TMH. Brownsworth stated that administratively, action steps need to be set for grant writing.

- A Foundation update was given by Chesnut. The Butts and Clucks event rose between \$4,000 to \$5,000; the final number has not been determined yet. The next fundraiser will be held June 14th. Hardy questioned the Foundation's goals. Chesnut stated that the Foundation has been promoting the purchase of an ultrasound in their fundraising efforts for the past three years. The Foundation would like to complete this goal, and then consider the purchase of a digital mammogram. Brownsworth suggested TMH Foundation guidance regarding best practices, promotions for fundraising, etc. Brownsworth stated his support of the Foundation's goal of an ultrasound purchase. Previous estimates provided are significantly lower than present cost. Huckeba suggested that if the hospital were to purchase an ultrasound, the foundation funds could be applied to the cost of purchase.

Adjournment

Meeting adjourned at 11:00 am.