

Members Present: Jim Bachrach, Chair; Rick Watson, Vice-Chair; Duffie Harrison, Secretary; Robert Davis; Deborah Huckleba; Patrick Conrad, MD

Members Absent: Anne Wilson

Staff Present: Ray Brownsworth, CEO; John Graham, CFO; Ginny Griner, HR/ Med Staff; Heather Huron, Administrative Assistant; Craig Gibson, Plant Operations Director

Guests Present: David Adlerstein, Apalachicola Times; Lauren Faison, Administrator for TMH Regional Development, Population Health and Telemedicine

Topic	Discussion	Action
Call to Order Approval of Minutes	The meeting was called to order at 9:15am. Bachrach confirmed that the meeting had been posted publicly. The 5/29/2014 minutes were emailed prior to the meeting for review.	A motion was made by Watson to accept the 5/29/2014 minutes as presented, seconded by Davis. The motion was carried unanimously.
County Report	No report	
TMH Report	Faison reported the Governor had vetoed all proposed budgets for telemedicine projects. Per Faison, an article would be published in the Tallahassee Democrat regarding the Economic Development Council (EDC) of Tallahassee/Leon County’s support of telemedicine in the rural communities. In May, the EDC had unanimously adopted a resolution in support of state appropriation for TMH’s telemedicine program.	
	Faison shared a telemedicine stroke protocol pilot was being performed within TMH, to be extended to the rural hospitals after working out any issues.	

- New Facility Update** An update was given by Larry Throneberry with Adams Management on the progress towards a new facility.
- Final RFP for construction manager was pending the amount of funding approved by the USDA and architectural plans.
 - The proposed budget (\$10.25 million) and anticipated expenditures, such as fees, architects, etc. (at approximately 35%) were discussed. Required renovations and the need to prioritize were emphasized. Throneberry shared that they had received the first draft of numbers from BKD.
 - Brownsworth emphasized the construction manager should be engaged early to value engineer and ensure constructability of the project. Additionally, he recommended a work group for construction plans.
 - Davis gave a reminder of community expectations detailed in the sales tax referendum. Brownsworth agreed and stated that as much clinical space as possible should be new construction.
 - Throneberry anticipated an updated flood plain engineering study would be required.

**Senior Care
Consultants
Agreement**

An updated agreement for continued hospital pharmacy services through Senior Care Consultant Group, LLC was presented for approval. The new agreement reflected revisions for 24 hour pharmacy coverage, necessary to comply with AHCA. The agreement would be for an interim period of 4 to 5 months until remote pharmacy coverage was realized. The cost for the additional services would result in an increase of \$1,500 per month (total cost \$6,500/ month).

A motion was made by Huckeba to approve the updated Senior Care Consultant Group, LLC agreement, seconded by Watson. The motion was carried unanimously.

Consent Agenda

The consent agenda was presented for approval. Consent items included the following:

- April/ May Patient Satisfaction reports
- Infection Control- Staff Exposure to Infectious Disease Policy & Procedure
- Flammables/ Storage/ Fuel Policy & Procedure
- Alarm System Function Testing of Blood Bank Refrigerator Procedure

A motion was made by Watson to approve the consent agenda as presented, seconded by Davis. The motion was carried unanimously.

Financial Report

The following financial reports were presented and reviewed in detail:

5/31/14 Balance Sheet & Income Statement, Clinic Income Statements YTD, Key Operating Indicators, Critical Financial & Other Ratios FYE 2011-FYE 2014 YTD, Cash Balance, Statement of Operations and Hospital Statistics.

- Graham reported that \$800,000 of uncollectable, bad debt accounts would be written off. He explained that after the write-offs, the ratio between gross and net revenue would be an accurate reflection.
- Davis questioned the \$110,083 difference in sales tax receivables between April and May. Graham explained the sales tax income did not have a large variance; the difference was a reflection of when the check was received and posted.
- Contractual allowances were discussed. A recommendation was made to include contractuals as an item in future financial indicator reports.
- The decreasing trend in hospital statistics was addressed. Harrison questioned the consistency in the data collection methodology from 2011 to 2013. Brownsworth recommended future statistics be tracked by the number of tests versus the number of patients. Brownsworth responded that one factor in decreased outpatient visits was the impact of HMOs, such as Capital Health Plan (CHP), and their restrictions on approved diagnostic facilities. Brownsworth stated that he continued to lobby with CHP to become an approved provider of all services.

A motion was made by Davis to approve the financial reports as presented, seconded by Watson. The motion was carried unanimously.

USDA Update

Brownsworth reported that he had informed Mary Gavin with the USDA of his departure. Brownsworth's recommendation was a narrative addressed to the USDA by the Board explaining why the change in leadership would not have a significant impact operationally, financially, or strategically. Bachrach requested Board permission to proceed with Brownsworth's recommendation.

- **The consensus of the board was to proceed with the letter as recommended.**

Brownsworth anticipated he would have a draft of the full BKD report the following week.

Ultrasound

Dr. Conrad addressed the Board on behalf of the Southland physicians. At Dr. Sabat's request, the physicians explored the potential of ultrasound services at Weems. Dr. Conrad explained while other radiological tests were static images, ultrasound images were in constant motion, requiring the specialized skill of a diagnostic medical sonographer (ultrasound technician). For the diagnosis of ectopic pregnancy, testicular / ovarian torsion, uterine hemorrhage, or deep vein thrombosis, an ultrasound technician and their successful transfer of images to a radiologist was imperative. In the absence of a technician, cases such as those should be transferred for an ultrasound exam and possible surgical consult. However, the physicians agreed to the bedside use of ultrasound, in non-life threatening situations, such as rapid access for blood / fluids, venous IV insertion, or gallstone recognition. While these uses would expand services and improve patient care, they would not increase revenue. On the other hand, the provision of PICC line (peripherally inserted central catheter) services did have income potential. Dr. Conrad explained that many Swingbed patients had PICC lines; and at present, a patient must travel to Tallahassee or Panama City for PICC line insertion by a trained nurse under ultrasound guidance. Huckeba questioned the potential of employing an ultrasound technician. Brownsworth explained that the emergent presentations were the main need for ultrasound services and for full coverage, an ultrasound tech would be necessary on a 24/7 basis. He stated that the provision of outpatient ultrasound services would be secondary to the ER needs and would not be the first priority in operations. Brownsworth requested Board permission to proceed with purchase of ultrasound equipment, stipulated by the Foundation's agreement to provide reimbursement for the purchase. He estimated the cost to be \$12,500 to \$16,000. Dr. Conrad strongly emphasized that Southland physicians would not perform any

With the stipulation that all Foundation members were aware of and were in acceptance of the limitations as set by Southland physicians, a motion was made by Watson to approve the ultrasound purchase, seconded by Davis. The motion carried unanimously.

obstetrical ultrasound exams.

E.H.R. Update

Per Brownsworth, the go-live date for several components of the electronic health record system had been delayed. The delay would allow CSS to work out several interface issues, and for this reason Brownsworth accepted the amended go-live date of October 1st.

Because the implementation delay would result in the delay of meaningful use attestation until 2015, the continued availability of incentive monies and potential payment penalties was being researched.

Brownsworth reported the clinic software had been implemented the previous week.

Clinic Schedules

Due to various provider absences, Brownsworth informed the Board that the Weems West clinic would be closed to patient appointments for a few days in the next 2 months. His decision to close the Apalachicola versus the Carrabelle location was based on the availability of the ER.

**Old Business/
New Business**

The Board discussed the anticipated agenda of the upcoming BOCC & hospital Board workshop.

Adjournment

The meeting was adjourned at 10:55am.