

WMH GOVERNING BOARD OF DIRECTORS

APRIL 27, 2017

Members Present: Jim Bachrach, Chairman; Doug Creamer; Duffie Harrison; Robert Davis via phone

Members Absent: Anne Wilson; Hank Kozlowsky; Patrick Conrad, M.D.

Staff Present: Michael Cooper, CEO; Becky Gibson, DON; Ginny Griner, HR/Med Staff; Jordan Fulkerson, Interim CFO; Heather Huron, Recording Secretary

Guests Present: Sussete Valdueza, ARNP; Allan Feiffer, CCFC

Call to Order The meeting was called to order at 9:00 a.m. Huron confirmed that appropriate notice had been given for the public
Approval of meeting. The 3/30/2017 minutes were presented for approval.
Minutes

ACTION

A motion was made by Creamer to approve the March 30, 2017 minutes as presented; seconded by Harrison. The motion was carried unanimously.

Special Introduction Sussete Valdueza, ARNP was introduced to the Board. Mrs. Valdueza will begin employment at the Weems Medical Centers on May 8, 2017.

County Report No report was available.

Medical Staff Report In Dr. Conrad's absence, Griner reviewed the April 4, 2017 Medical Staff minutes and recommendations. The following items were unanimously recommended to the WMH Governing Board for approval:

- Dr. Stewart D. Warren- Request for Associate Staff Privileges (Southland)
- Dr. Charles Stroble- Request for Associate Staff Privileges (Coastal Radiology Associates)
- Mario Rankin, PA- Request for Locums Tenens Privileges (Weems Medical Centers)
- VRad Updated Schedule 1 for approval (Radiologists)

Griner reviewed the appointment process & categories of medical staff per the WMH Medical Staff By-Laws. She explained

that Associate appointments consisted of practitioners with provisional appointments who are being considered for advancement to Active staff membership. Temporary privileges may be granted to new applicants for 120 days following review and approval by the CEO and CMO. Special credentialing of radiologists who provide tele-radiology services are processed and credentialed by an independent credentialing agency and subsequently may be recommended and approved for consulting staff privileges.

Griner stated the credentialing information for all recommendations were present for review, if desired.

ACTION

A motion was made by Harrison to approve the Medical Staff's recommendations as listed; seconded by Creamer. The motion was carried unanimously.

C.E.O. Report

Clinics Update

- Susie Buskirk will begin full time employment as the Clinics Manager on 5/1/17. She comes to the organization with extensive clinic management experience. Prior to Ms. Buskirk's hire, the manager position had been vacant for several months.
- A certified medical assistant has been hired to fill a full-time clinical position at Weems East.
- Sussete Valdueza, ARNP will begin full time employment at the Weems Clinics on 5/8/17.
- Physician Assistant, Rhonda Sawyer, will be making a 2 day site visit on 5/8/17. Ms. Sawyer is considering full time employment at the Weems Clinics.
- Mario Rankin, interim physician assistant, declined his employment offer due to family dynamics. Mr. Rankin stated he would be willing to return in an interim capacity, as needed.

Financial Update

Referencing the March Income Statement, Cooper noted the line, Deductions from Revenue.

- Received entire LIP funding and ½ DSH funding- Large payments made to TMH & HCTF. Anticipate another large check from DSH fund (~275k) in the next few weeks.
- Bad debts \$340k- consisted of clean-up from previous systems. Cleanup is expected to continue for next several months.
- Received 2016 Cost Report Settlement (negative) - Cooper detailed recent activities with CMS and the Cost report. The 2016 settlement showed WMH owed MCR ~\$100k, which was paid. Then MCR said an additional \$100k was owed. This was denied and MCR found Weems was correct to deny; however, the process was started and could not be stopped. WMH instructed to pay erroneous \$100k. After receipt, the amount would be refunded. Then

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MCR stated it had reviewed our 2015 CR and it was determined that Weems owed an additional \$100k to MCR. The 2015 CR error was made on MCR's accounting side. The error was due to the 2011, 2012, and 2013 activity on the 2015 CR.

Partnership Update

On April 18, 2017, the county came to terms with CHC on their proposed assessment of Weems. CHC representatives are expected to be on site late May or early June. Cooper stated following recent legislative actions, CHC seemed to be more comfortable with Weems' finances. He explained Trump administration and FL came to an agreement on a 4 year, \$1.5 billion plan for LIP/DSH funding. Cooper noted that while the amount the state will receive has been determined, the distribution method is not guaranteed.

C.F.O. Report

Fulkerson presented and reviewed the following financial statements ending 3/31/2017:

<u>Year to Date Income Statement</u>	March 2017	YTD
Total Patient Revenue	\$ 1,203,133	\$ 6,037,289
Total Deductions from Revenue	\$ 528,052	\$ 2,990,151
Net Patient Revenue	\$ 675,081	\$ 3,047,138
Total Operating Expenses	\$ 693,019	\$ 3,965,189
Net Income (Loss) from Operations	(17,938)	(918,051)
Total Non-Operating Revenue/Expenses	\$ 130,953	\$ 1,021,175
Net Gain (Loss)	\$ 113,015	\$ 103,124

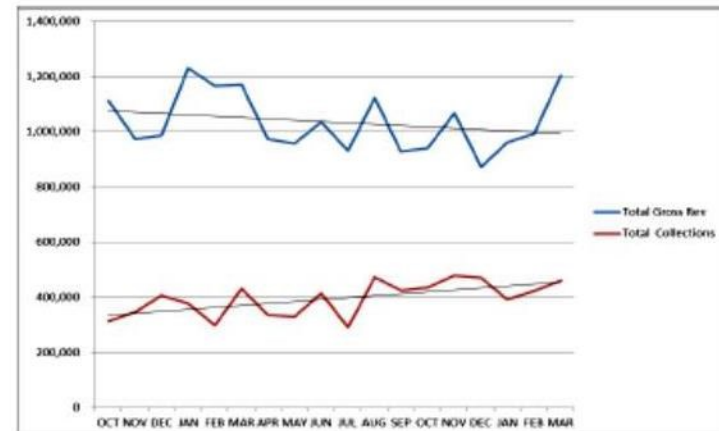
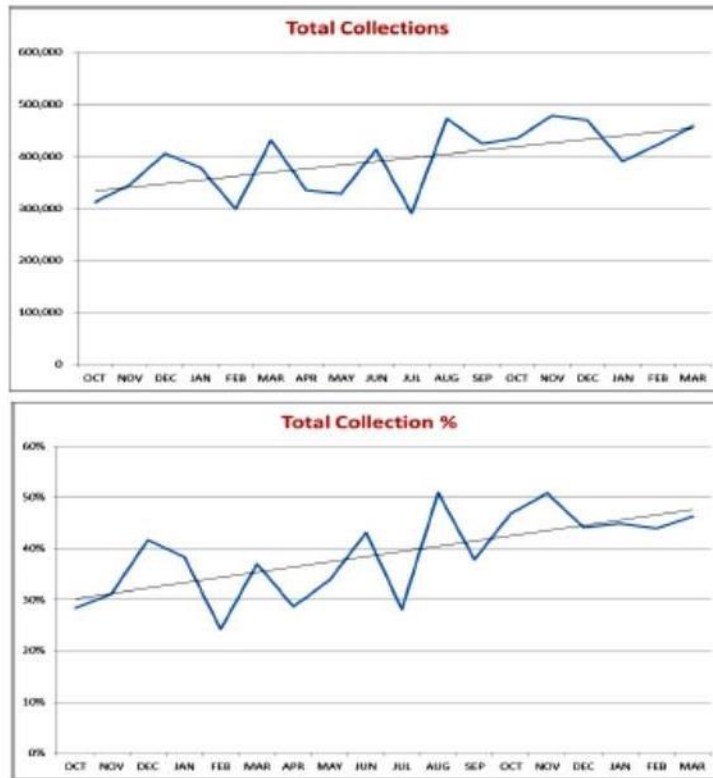
<u>Year to Date Balance Sheet</u>	March 2017
Total Assets	\$6,220,246
Total Liabilities	\$2,522,831
Fund Balance	\$3,697,416
Days Cash on Hand	51.9
Current Ratio	2.4

- Fulkerson noted the increase of total patient revenue to \$1.2 million coupled with the steadily increasing collection

rate as a positive trend.

- Regarding contractual adjustments, Fulkerson stated he was implementing a contractual model that would provide more accurate projections.

Collections Trend Graphs



D.O.N. Report

Quality Assessment Performance Improvement

B. Gibson presented and reviewed the QAPI dashboard. She explained that each department had presented new quality assessments for 2017.

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Risk Management

B. Gibson provided and reviewed the **Risk Management & Regulatory Board Summary Report 1st Quarter 2017**.

- Notification of incidents to RM within 3 days 100%
- ER patients leaving prior to triage, medical screening, treatment completion or AMA <1% of total patients leaving prior to discharge;
Average LOS from Door to Disposition= 1:36
- Employee incidents 2 (1 fall and 1 knee injury)
- Medication incidents 1
- Equipment / Interruption of business 2 CT scan diversions both for scheduled repair

Infection Control

B. Gibson presented and reviewed the Infection Control Report 1st Quarter 2017.

	JAN	FEB	MAR
E.coli	50%	22%	50%
K.pneumoniae	17%	33%	0%
MRSA	8%	22%	12%
Reportable	0%	11%	0%
Other	25%	11%	38%
Total Cultures	12	9	8
ER	12	6	7
IP	0	3	1

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Patient Satisfaction

B. Gibson presented and reviewed the ER & In-Patient Satisfaction results for February & March 2017.

	February ER	February In-Pt	March ER	March In-Pt
Very Satisfied	94%	100%	93%	94%
Satisfied	99%		99%	100%

COLA Survey

B. Gibson reported the Laboratory had recently undergone a COLA accreditation inspection. Plans for improvement following the inspection included a Quality Assessment Plan for Blood Transfusions and additional written policies for the department.

Public Comments Before the beginning of the meeting, Mr. Feiffer commented that it was not legal for Board members to vote by phone. *(Following the meeting, Huron referenced F.S. 617.0721 and the WMH Governing Body By Laws. Voting remotely is permitted. This information was forwarded to Board members via email.)*

Adjournment The meeting was adjourned at 10:00 a.m.