ALL MEETINGS ARE OPEN TO THE PUBLIC AND THE PUBLIC IS INVITED TO ATTEND

Any Public Input pertaining to an agenda item is limited to three minutes and a “Request to Address the Board of Directors” card must be completed and submitted to the Board Assistant prior to the meeting.
AGENDA

1. **CALL TO ORDER** *(Nancy McGovern, RN, MSM, Quality & Education Vice Chairman)*

   The meeting of the Quality & Education Committee of the Whole of the Lee Memorial Health System Board of Directors will be called to order. Matters concerning the business of Lee Memorial Health System consisting of Gulf Coast Medical Center & Lee Memorial Hospital/HealthPark Medical Center and its subsidiaries (HealthPark Care Center Inc., Lee Memorial Home Health, Inc., Cape Memorial Hospital, Inc. doing business as Cape Coral Hospital, and Lee Memorial Medical Management, Inc.) may be reported, discussed and recommended by the Committee of the Whole, then referred to the Full Board of Directors for final action.

2. **PUBLIC INPUT:** Any public input pertaining to items on the Agenda is limited to three minutes and a “Request to Address the Board of Directors” card must be completed and submitted to the Board Assistant prior to meeting.

3. Consent Agenda *(Approval)*
   - A. April 2, 2009 Quality & Education Committee Meeting Minutes
   - B. FY 2009 2nd Qtr Risk Management Report
   - C. FY 2009 2nd Qtr Compliance Report
   - D. Medical Identity Theft/Patient Misidentification System Policy

4. Pandemic Influenza Plan *(Verbal Update)*
   (Chuck Krivenko, M.D., Chief Medical Officer/Clinical and Quality Services – 10 min)

5. Lee Memorial Home Health Annual Report & Review of Bylaws/Articles of Incorporation *(Cindy Christman, System Director, Home Health – 10 min)* *(Accept)*

6. Spine Implant *(Update)*
   (Larry Antonucci, M.D., Chief Administrative Officer CCH – 10 min)

7. Hospitalist Program *(Verbal Update)*
   (Chuck Krivenko, M.D., Chief Medical Officer/Clinical and Quality Services – 10 min)

8. FY 2009 1st Quarter Organizational Performance Scorecard *(Accept)*
   (Chuck Krivenko, M.D., Chief Medical Officer/Clinical and Quality Services and Becky Watt, System Director/Clinical Decision Support – 15 min)

9. Ridley Barron Ministries Video *(Presentation)*

10. Other Items

11. **Date of the next REGULAR Quality/Education Committee of the Whole Meeting:**
    Thursday, June 11, 2009 at 1:00 p.m.
    Lee Memorial Hospital Boardroom, 2776 Cleveland Avenue, Fort Myers, FL

12. **ADJOURNMENT of QUALITY & EDUCATION COMMITTEE**
Any public input pertaining to items on the Agenda is limited to three minutes and a “Request to Address the Board of Directors” card must be completed and submitted to the Board Assistant prior to meeting.

Refer to Board Policy: 10:15E: Public Addressing the Board

Non-Agenda Item:
Individuals wishing to address the Board on an item NOT on the Agenda, the Board office must be notified of subject matter at least seven (7) days prior to the meeting to allow staff time to prepare and to insure the matter is within the jurisdiction of the Board.
Quality & Education Committee of the Whole
May 14, 2009

3. Consent Agenda: (Approval)

A. April 2, 2009 Quality & Education Committee Meeting Minutes

B. FY 2009 2nd Qtr Risk Management Report

C. FY 2009 2nd Qtr Compliance Report

D. Medical Identity Theft/Patient Misidentification System Policy
## LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS
### QUALITY & EDUCATION COMMITTEE OF THE WHOLE MEETING MINUTES
#### Thursday, April 2, 2009

**LOCATION:** Lee Memorial Hospital Boardroom, 2776 Cleveland Avenue, Fort Myers, FL 33901

**MEMBERS PRESENT:** Kerry Babb, Chairman/Quality & Education Committee; Richard Akin, Board Chairman; Nancy McGovern, RN, MSM, Board Vice Chairman; Linda Brown, MSN, ARNP, Director; Frank La Rosa, Director; Dawson McDaniel, Director; David Berger, M.D., Community Representative/Quality & Education Committee; Tuck Wilson, M.D., Physician Leadership Council Consultant/Quality & Education Committee

**MEMBERS ABSENT:** Marilyn Stout, Board Treasurer; Lois Barrett, MBA, Board Secretary; Steve Brown, M.D., Director; James Green, Director; Denise Heinemann, RN, DrPH, Community Representative/Quality & Education Committee

**OTHERS PRESENT:** James Nathan, CEO/President; Cathy Stephens, Board of Directors’ Liaison; Jim Humphrey, Board Counsel; Donna Giannuzzi, RN, Chief Patient Care Officer; CB Rebsamen, M.D., Chief Medical Officer/Ambulatory and Strategic Services; Jon Cecil, Chief Human Resources Officer; Larry Antonucci, M.D., Chief Administrative Officer/CCH; Doug Luckett, Chief Administrative and Ancillary Services Officer/GCMC; John Iacuone, M.D., Executive Director/The Children’s Hospital; Holly Muller, Vice President/Patient Care Services/GCMMC; Eric Eskigolu, M.D., Neurosurgeon/Neurovascular Center; Stan Freeman, System Director/Pharmacy/CCH; Kandy Dewitt, BSN, Director/Surgical Services; Randy Cohen, Endovascular Lab/HPMC; Wayne Daltry, Community Representative/Planning Committee; Marliese Mooney, Physician Leadership Council Consultant/Planning Committee; Bob Johns, Guest; Bob Frieburger, Guest; Cheryl Peppers, Guest; Jacqueline Staal, Guest; Bob Nahm, Guest; Helene Nahm, Guest; Jennifer Reed, Reporter/News-Press; Beth Finney, Executive Secretary, Board of Directors

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**NOTE:** Documents referred to in these minutes are on file by reference to this meeting date in the Office of the Board of Directors and on the Board of Directors website at [www.lememorial.org/boardofdirectors](http://www.lememorial.org/boardofdirectors), for public inspection.

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DISCUSSION</th>
<th>ACTION</th>
<th>FOLLOW-UP</th>
</tr>
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<tbody>
<tr>
<td><strong>MEETING CALLED TO ORDER</strong></td>
<td></td>
<td>The QUALITY &amp; EDUCATION COMMITTEE OF THE WHOLE meeting was CALLED TO ORDER by Quality &amp; Education Chairman Kerry Babb at 1:07p.m.</td>
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<td>The Board sits as the Lee Memorial Health System Board of Directors of Gulf Coast Medical Center, Lee Memorial Hospital, HealthPark Medical Center and the Board of Directors of its subsidiary corporations: Cape Memorial Hospital, Inc. doing business as Cape Coral Hospital; Lee Memorial Medical Management, Inc.; Lee Memorial Home Health, Inc.; and HealthPark Care Center, Inc.</td>
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<td><strong>PUBLIC INPUT</strong></td>
<td></td>
<td>There was NO “Public Input”.</td>
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<td><strong>MEETING MINUTES</strong></td>
<td>Kerry Babb asked if anyone wished to make any corrections or deletions to the March 5, 2009 Quality &amp; Education Committee of the Whole Meeting minutes.</td>
<td>A motion was made by Dawson McDaniel to approve the Quality &amp; Education Committee of the Whole Meeting minutes of March 5, 2009. The motion was seconded by David Berger and it carried with no opposition.</td>
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<tr>
<td><strong>RECOGNITION OF NEUROVASCULAR CENTER OF EXCELLENCE DESIGNATION</strong></td>
<td>Eric Eskigolu provided a presentation on the LMHS Neurovascular Center (Exhibits 1-4), which includes recognizing the center for their recent Center of Excellence Designation based on their Brain Coil Procedure. Linda Brown asked if there is a process in assigning patients to clinical trials? Eric said unless the patient is in need of immediate care, there is a clinical patient coordinator to first identify each patient’s unique situation and then assign them to a clinical trial. Eric said the LMHS Neurovascular Center is one of very few to provide the Brain Coil Procedure and one of the very few surgeons in the world who can perform certain procedures. His goal for the Neurovascular Center is to become nationally and internationally known and sought out by patients everywhere for their complex procedures. He said they have also had marketing challenges in terms of advertising their procedures to the public. Eric introduced the members of his neurovascular team and said he couldn’t do it without them and is so thankful for each of them. Eric also introduced his patient Bob Nahm who recently underwent surgery for a torn artery in his brain. Bob spoke briefly about the excellent care he received from Eric and his team.</td>
<td></td>
<td>(Frank La Rosa left the meeting at 1:33pm)</td>
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<tr>
<td>SUBJECT</td>
<td>DISCUSSION</td>
<td>ACTION</td>
<td>FOLLOW-UP</td>
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<td></td>
<td>said this group treated him and his family with the utmost compassion and provided the highest quality of care.</td>
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<td></td>
<td>David Berger asked what the current referral process is for Eric’s patients. Eric said many of his patients are referred by other patients or by the health care facility where he previously practiced. He receives medical information regarding potential patients via CD or through his IPOD. He said this is a great way to receive information quickly. He said there are plans to supply him with a pager to be used by all emergency rooms in the Southwest Florida area, which will notify him of patients needing immediate care. Discussion ensued regarding information technology systems. Eric thanked the Board for their time.</td>
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<td></td>
<td>Kerry Babb stated he will be addressing the marketing issue.</td>
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</table>

**ANNUAL MEDICATION ERROR REPORT**

Steve Kessinger presented the FY 2008 Medication Error Summary Report (Exhibit 5). Jim Nathan said he is very proud of Steve and his team for continuing to display excellence in patient safety measures and quality.

(Frank La Rosa re-entered the meeting at 2:09pm)

A motion was made by Nancy McGovern to accept the FY 2008 Annual Medication Error Summary Report (Exhibit 5). The motion was seconded by Linda Brown and it carried with no opposition.

**PHYSICIAN COMMUNICATION PLAN**

Jim Nathan introduced Yvonne O’Brien and said she has played an important role in improving physician communication and developing physician relationships with the System. Yvonne said the Physician Communication Plan (Exhibit 6) being presented today, has already been accepted by the Medical Executive Committees.

Nancy McGovern asked if the Continuing Medical Education (CME) tools are available online? Yvonne said many of the CME’s are available online however they are not streaming live. She said she will further examine these possibilities to increase physician access to information.

Discussion ensued with regard to improving physician relations and improving the welcoming process for new physicians.

A motion was made by Richard Akin to approve the Physician Communication Plan (Exhibit 6), which addresses concerns with physician communication and provides a tool to strengthen relationships between the System and physicians. The motion was seconded by Nancy McGovern and it carried with no opposition.

**OTHER ITEMS**

There were NO ‘Other Items’.

**NEXT REGULAR MEETING**

The next REGULAR Quality & Education Committee of the Whole meeting is May 14, 2009, 2:00pm at the Lee Memorial Hospital Boardroom, 2776 Cleveland Avenue Fort Myers, FL 33901

**ADJOURNMENT**

The Quality & Education Committee of the Whole meeting was ADJourned by Quality & Education Chairman Kerry Babb at 2:30 p.m.

__________________________
Linda Brown, MSN, ARNP
Interim Board Secretary
DATE: May 7, 2009

LEGAL SERVICE REVIEW? YES X NO___

SUBJECT: Quarterly Risk Management Report

REQUESTOR & TITLE: Mary McGillicuddy, Chief Legal Officer

PREVIOUS BOARD ACTION ON THIS ITEM (IF ANY)
(justification and/or background for recommendations - internal groups which support the recommendation i.e. SLC, Operating Councils, PMTs, etc.)

SPECIFIC PROPOSED MOTION:
Motion to Accept Quarterly Risk Management Report Q2 FY09

PROS TO RECOMMENDATION
Not Applicable

CONS TO RECOMMENDATION
Not Applicable

LIST AND EXPLAIN ALTERNATIVES CONSIDERED
Not Applicable

FINANCIAL IMPLICATIONS
Budgeted _____ Non-Budgeted _____
(including cash flow statement, projected cash flow, balance sheet and income statement)
No financial implications

OPERATIONAL IMPLICATIONS (including FTEs, facility needs, etc.)
No operational implications

SUMMARY
Quarterly Risk Management Report for second quarter, fiscal year 2009 including:
- Incident Reporting per 1,000 patient days
- Injury Occurrences per 1,000 patient days
- Categories of incident reports
- Risk Management participation in LMHS System Committees and Education
- Liability Claims
- Recommendations

BOD/Forms/Board (Action) Reporting Form - revised 1/9/08/cs
REPORTING RATES

The graph below shows incident reporting rates for the system for the past 30 months. During this time range the reporting rate has exhibited a slight decline. The reason for this is displayed in the individual graphs.

The graphs on page 3 reflect the reporting rates for the four facilities individually. The four graphs also show the last 30 months of activity.
The Reporting Rates at CCH, HPMC and LMH have all remained essentially unchanged while the rate of reporting at GCMC has declined. The rate history for GCMC has been established by combining the data for SWRMC and GCH. This decline is attributed to a change in the content of reported incidents. Historically they had reported medical observations, returns to the ER, and other non-incidents through the Risk Management system. It is anticipated that the rate will eventually level out to a rate similar to those of the other facilities.
INJURY

The first graph shows the reporting rate and the injury rate for the four facilities during the last quarter. The lower graph shows the percentage of reports without injury. Reporting of no injury incidents are highly encouraged so that “near misses” and potential areas of improvement can be identified. This information allows us to better understand where risks exist, and provides data used in our quality improvement activities throughout the system. More than 70% of the incident reports received involve no injury.
The graph to the right shows the categories of the reported incidents from January through March 2009 at all four facilities. As indicated previously, the vast majority of these incidents did not involve any injury.

The most reported categories are:

- **Patient Falls**
- **Treatment & Testing** category includes reports of IV infiltrates, Delays and Omissions, Patient Identification issues, etc
- **Other** category includes Exposures, Complaints, burns, skin breakdown, ER issues, AMAs, etc
- **Medication Related Reports**

72% of all reported occurrences fall into these four categories.
Risk Management Educational Activities included:

- Risk Management Inservice for Edison Community College Nursing Students
- Risk Management Inservices for Heart Central staff at HPMC & SWFRMC
- Risk Management Orientation for new hires
- Respiratory Lab for Freshman Respiratory Students at Edison State College
- Risk Management Inservice for the Nursing Intern Program
- Incident Report Training for 3W Staff
- Risk Management Inservices for HPCC
Malpractice Claims

There were 30 open claim files at the beginning of the second fiscal quarter of FY 2009, January 1, 2009 to March 31, 2009. During the period, eight new claim files were opened, and eight closed, leaving 30 claims open and pending at the end of the quarter.

This lack of net change in open malpractice claim files is reflective of the generally constant claims experience which LMHS has had for the last three quarters. As a point of reference, there were 36 open claims in the April, 2008, report to the Board. This relatively low number of malpractice claims experienced by the System is remarkable, considering the size, complexity and range of healthcare services offered.

The terms under which malpractice claims against the System were closed continues to be very favorable to the Health System.

As previously reported, these figures do not yet include any claims associated with the two hospitals added to the System in 2006, and such claims will not become evident for another 3 to 9 months, as LMHS assumes liability acts and omissions occurring in these facilities.
RISK MANAGEMENT ACTIVITIES

Continued participation in system committees including:

- ADE PMT
- Campus Specific ADE Work Groups
- Patient Safety Measurement Committee
- Employee Safety and Wellness
- Ethics Committee
- GCMC Ethics Committee
- Back Safety Sub-committee
- Standards and Compliance
- Policy & Procedure Committee
- Advance Directive Process Committee
- Medication Safety Committee
- Tobacco Free Lee Project Committee
- Tobacco Free Lee Patient Care Committee

Participated in various Intense Analysis Teams
RECOMMENDATIONS

• Continue the implementation of the SoftMed Risk Management Module. Having accomplished 98% online reporting, the focus continues to be on ensuring appropriate notification and timely Director Follow Up.
• Continue to track and trend incidents, provide summary data and work closely with various departments and committees engaged in performance improvement and patient safety activities.
• Continue to work with Education and Organizational Development and management staff to assure that all employees are meeting the annual education requirement for risk management and to provide a module for the Competency activities.
• Continue to utilize pre-litigation procedures to resolve legitimate claims as quickly as the interests of the System and claimants allow.
• Continue development of specialized training materials for risk.
DATE: May 8, 2009                              LEGAL SERVICE REVIEW? YES____   NO____

SUBJECT: Quarterly Compliance Report

REQUESTOR & TITLE: Charles Swain, Chief Compliance and Internal Audit Officer

PREVIOUS BOARD ACTION ON THIS ITEM (IF ANY)
(justification and/or background for recommendations - internal groups which support the recommendation i.e. SLC, Operating Councils, PMTs, etc.)

The Compliance Program Board Policy 10.47A requires quarterly updates summarizing compliance activities.

SPECIFIC PROPOSED MOTION:


PROS TO RECOMMENDATION

CONS TO RECOMMENDATION

LIST AND EXPLAIN ALTERNATIVES CONSIDERED

N/A

FINANCIAL IMPLICATIONS               Budgeted ____      Non-Budgeted ____
(including cash flow statement, projected cash flow, balance sheet and income statement)

N/A

OPERATIONAL IMPLICATIONS             (including FTEs, facility needs, etc.)

N/A

SUMMARY

This report highlights the Compliance Department activities for the quarter. There were no significant compliance issues or concerns that needed to be brought specifically to the attention of the LMHS Board. The compliance activities are organized under the seven elements of a compliance program as contained in the guidelines issued by the Department of Health and Human Services, Office of Inspector General.
Compliance Report

Reporting Period: January 1, 2009 – March 31, 2009
Status of the Seven Compliance Elements

Element # 1: Written Policies and Procedures.

- A new policy was written regarding Responding to Allegations of Inappropriate Marketing Practices by Home Health Agencies. Policies regarding Conflict of Interest, Whistleblower Protection from Reprisal, and Honoraria were revised for inclusion in the online Policy and Procedure Manual.

Element # 2: Compliance Officer and Compliance Committee.

- Compliance Officer’s activities and accomplishments are contained in other compliance elements that follow. On March 12, 2009, a committee meeting was held to review the Compliance Work Plan and discuss compliance activities.

Element #3: Education.

- Compliance training including the LMHS Standards of Conduct continues to be part of new employee On-Boarding Orientation and is part of the orientation offered to volunteers and by Medical Staff Services to new physicians.

Element #4: Communication.

A total of 72 issues came to the Compliance Department during the quarter.

- Thirteen of the 72 issues were calls that came to the LMHS Hotline. The allegations involved one HIPAA matter, eight Human Resource matters, one Legal, Risk and Safety issue, and one Timekeeping matter. Two additional calls were informational (Callers seeking clarification regarding various issues). Five of the 13 calls reporting Human Resource issues were substantiated.
• Fifty-nine of the 72 issues came directly to the Compliance Department.
  
  o Thirty-four issues categorized as Guidance were inquiries from employees who wanted to verify that they were doing the right thing before proceeding with an action. Seven of these inquiries involved questions regarding the Employee Conflict of Interest Questionnaire.

  o Twenty-five issues that came to the Compliance Department potentially involved compliance violations.

A breakdown of the 25 issues received during the quarter January 1, 2009 - March 31, 2009 is as follows:

<table>
<thead>
<tr>
<th>Issue Category</th>
<th>Brought Forward</th>
<th>Received</th>
<th>Resolved</th>
<th>Carried Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing, Documentation and Coding</td>
<td>1</td>
<td>8</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Conflict of Interest/Inducements</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>HIPAA/Patient Confidentiality</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Human Resources/Benefits/Miscellaneous</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Human Resources/Employee Relations</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Legal Interpretations/Risk and Safety</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Patient Care</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Payroll/Timekeeping</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Physician Matters</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4</strong></td>
<td><strong>25</strong></td>
<td><strong>23</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

➢ Appendix I contains a summary, by category, of the issues received directly by Compliance during the quarter.

Element #5: Enforcement/Disciplinary Actions.

• Excluded Party Search System (EPSS) – The Compliance department screened all new employees against the Office of Inspector General and the U.S. General Services Administration databases to be certain they are eligible for participation in Federal healthcare programs. Medical Staff Services performed a monthly screen of physicians and provided the results to the Compliance Department. Vendors and contractors were also screened against the List of Excluded Individuals and Entities (LEIE) and GSA List of Parties Excluded from Federal Procurement and Non Procurement Programs to ensure that none were under exclusion by the Federal government. There were records with similar names in the EPSS Master that matched the vendors in question; these records will require further research.
Element #6: Auditing and Monitoring.

- Kyphoplasty Review – Compliance performed a limited review of kyphoplasty procedures at LMHS looking at medical necessity and InterQual criteria for inpatient admissions. Kyphoplasty is a minimally invasive procedure performed to treat vertebral compression fractures. Some recommendations have been implemented. Other actions are being considered.

- Auditing and Monitoring Risk Assessments – In process of meeting with individual department directors to assess departmental auditing and monitoring efforts.

Element #7: Pending Actions/Initiatives and Corrective Actions.

- An allegation to the Hotline regarding timekeeping matters resulted in corrective action.

- Two allegations reported directly to Compliance regarding non-adherence to timekeeping procedures resulted in corrective action.
Summary of 25 Cases Received by Category:

**Billing, Coding and Documentation**
8 issues received involved observation vs. inpatient status, documentation request from Medicaid, medical records documentation, EMS (Emergency Medical Services), readmission determination/medical necessity, Medicare billing issue, billing for therapeutic services, and kyphoplasty admissions. Three issues were substantiated; these included Medicaid documentation request, medical records documentation and readmission determination. An issue brought forward from the previous quarter regarding improper billing was unsubstantiated.
3 issues remain open.

**Conflict of Interest/Inducements**
2 issues were received. One involving contract negotiations was unsubstantiated. The second matter involved secondary employment.
1 issue remains open and will be closed next quarter.

**Health Insurance Portability and Accountability Act (HIPAA) - Patient Confidentiality**
There were no issues reported to Compliance. HIPAA issues reported directly to the Patient Information Privacy Officer are not included in this report.

**Human Resources/Benefits/Miscellaneous**
1 issue involving misuse of benefits was reported to Workers’ Compensation. This issue was unsubstantiated.

**Human Resources/Employee Relations**
5 issues received involved letter of recommendation, inquiry regarding background check, non-payment for food items, posting of position, and disclosure of information. Two items were substantiated; these included the inquiry regarding background check and non-payment for food items.
1 item remains open and will be closed next quarter.

**Legal Interpretations, Risk Management and Safety**
3 issues received involved Home Health referral, medical licenses, and inquiry regarding an adoption. Two issues were substantiated; these included Home Health referral and medical licenses. Three issues brought forward from the previous quarter involving recruiting invoices from an independent contractor, marketing practices by a Home Health Agency (HHA) and HHA regulations regarding remuneration were substantiated.
1 issue remains open and will be closed next quarter.

**Other**
2 issues involved the corporate Sprint account and reporting requirement for professional courtesy discounts. Both issues were substantiated.

**Patient Care**
2 issues included allegations regarding quality of care. One issue was substantiated.
**Payroll/Timekeeping**
2 issues included allegations regarding non-adherence to timekeeping procedures. Both issues were substantiated and corrective action was taken.

**Physician Matters**
There were no issues reported to Compliance.
DATE: May 1, 2009

LEGAL SERVICE REVIEW? YES X _(already completed) _ NO

SUBJECT: Medical Identity Theft

REQUESTOR & TITLE: Stanley Padfield, RHIA

PREVIOUS BOARD ACTION ON THIS ITEM (IF ANY)
(justification and/or background for recommendations - internal groups which support the recommendation i.e. SLC, Operating Councils, PMTs, etc.)

N/A

SPECIFIC PROPOSED MOTION:

Approval of the Medical Identity Theft/Patient Misidentification System Policy.

PROS TO RECOMMENDATION

CONS TO RECOMMENDATION

N/A

N/A

LIST AND EXPLAIN ALTERNATIVES CONSIDERED

N/A

FINANCIAL IMPLICATIONS

Budgeted ____ Non-Budgeted ____

(including cash flow statement, projected cash flow, balance sheet and income statement)

N/A

OPERATIONAL IMPLICATIONS (including FTEs, facility needs, etc.)

SUMMARY

Federal Trade Commission FTC requires financial institutions and creditors to establish a written Identify Theft Prevention Program in compliance with the FACT Act (Fair and Accurate Credit Transaction a/k/a Red Flag Rules). Information Systems has drafted a policy and is in process of educating the appropriate personnel.

Stan Padfield is Author of the policy and Mike Smith is Policy Administrator.
**MEDICAL IDENTITY THEFT / PATIENT MISIDENTIFICATION**

- **System-wide** - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.
- **Multidisciplinary** - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. **Check below all areas to which this applies.**
- **Departmental** - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.

**Disciplines / locations to which this multidisciplinary policy applies:**

- Health Information Management
- Pharmacy
- Acute Care Hospital Nursing
- Housekeeping
- Plant Operations
- Ambulatory Services
- Information Systems
- Radiology
- Home Health
- Laboratory
- Rehabilitation Services
- HPCC
- Legal Services
- Rehabilitation Services
- HPCC
- Nutrition
- Security
- Rehab Hospital
- Other

**Date Originated:** 12/08

**Author(s):** LMHS Medical Identity Theft Workgroup

**Reviewed by:**
- Clinical Practice Council: Date:
- Clinical Education Council: Education Completed: Date:

**Approved by:**
- Policy Administrator: Date:
- Medical Director: Date:
- Board of Directors: Date:

**PURPOSE:**
To describe the measures to be followed when health care is obtained under a fictitious name or in another person's name. This includes situations when a person intentionally misrepresents himself/herself and when a person gives his/her real name, but the hospital or other facility accesses the wrong medical record so that the medical records of two patients are commingled.

**DEFINITIONS:**
A. **Identity theft** means the act of: knowingly obtaining, possessing, buying, or using, the personal identifying information of another; (i) with the intent to commit any unlawful act including, but not limited to, obtaining or attempting to obtain credit, goods, services or medical information in the name of such other person; and (ii)(a) without the consent of such other person; or (b) without the lawful authority to obtain, possess, buy or use such identifying information.

B. **Theft of services** includes: (i) intentionally obtaining services by deception, fraud, coercion, false pretense or any other means to avoid payment for the services; and (ii) having control over the disposition of services to others, knowingly diverts those services to the person’s own benefit or to the benefit of another not entitled thereto.

C. **Signs of Possible Identity Theft:**
   1. any patient appearing and giving an identity that has been flagged as such in LMHS Master Patient Index,
   2. a patient providing photo ID that does not match the patient,
   3. a patient giving a social security number different than one used on a previous visit,
   4. a patient giving information that conflicts with information in the patient’s file or received from third parties, such as insurance companies,
   5. providing an address that LMHS address verification software determines is not a valid address,
   6. family members/friends calling the patient by a name different than that provided by the patient at registration,
   7. a patient unable to remember their own date of birth or social security number,
   8. a patient having to refer to forms of ID for basic information when asked, and
   9. a patient presents with no forms of identification and becomes agitated when attempt is made to confirm demographic information.

D. **Patient Misidentification** occurs when medical information of two different patients is subsequently intermingled within one patient’s medical record number. Identity theft did not occur. This may be common with twins, Jr. vs. Sr., or common names like John Smith.

**POLICY:**
LMHS entities strive to prevent the intentional or inadvertent misuse of patient names, identities, identifying information and medical records; to report criminal activity relating to identity theft and theft of services to appropriate authorities; and to take steps to correct and/or prevent further harm to any person whose name or other identifying information is used unlawfully or inappropriately.

**PROCEDURE:**
1. **Request Identification at Registration/Intake Points.**
   a. All registration/intake areas should review and include in each patient’s file a photo ID issued by a local, state, or federal government agency (e.g., a driver’s license; passport; military ID, etc.).
   b. In the event the patient does not have a photo ID, ask for two forms of nonphoto ID, one of which has been issued by a state or federal agency (e.g., Social Security card and/or company or school identification; insurance card; membership card such as a gym, Sam’s Club, BJ’s, etc).
   c. When the patient is under 18 or if the patient is unable due to their condition to produce identification, the responsible party’s identification shall be requested.
d. Each time a patient visits, check whether the identification provided is valid, copy the identification provided, and match any photo to the patient/responsible party.

e. During the registration process, if an identity alert flag appears in the LMHS Master Patient Index call the immediate supervisor or the Patient Information Patient Information Privacy Officer for resolution.

A. Emergency Care—NO DELAY. Providing identification is not a condition for obtaining emergency care. The process of confirming a patient’s identity must never delay the provision of an appropriate medical screening examination or necessary stabilizing treatment for emergency medical conditions.

B. Responding to Questions. If asked the reason for the identifying procedures, explain that the procedures are “for patient protection to prevent identity theft and theft of services.” Politely remind questioners this is the same process used to cash a check, make a large credit card purchase, or board a plane.

2. When Identity Theft Is Alleged by a Patient

a. Registration Staff Shall
   i. Immediately notify immediate supervisor or Patient Information Patient Information Privacy Officer
   ii. Advise the patient to report the identity theft incident to law enforcement

b. Patient Information Patient Information Patient Information Privacy Officer or Designee
   i. Complete the FTC Identity Theft affidavit which is available at http://www.ftc.gov/bcp/edu/resources/forms/affidavit.pdf.
      1. Unless there is actual knowledge that identity theft has occurred at the facility, the facility must receive a properly completed and signed FTC Identity Theft Affidavit before correcting medical or payment records or proceeding with other victim assistance steps under this policy.
      ii. Once the identity theft allegation is supported by an FTC Identify Theft Affidavit, the facility must flag the account of the patient alleging identity theft so that medical personnel are alert to the issue that the medical record may contain inaccurate information about the patient. The facility then can proceed with the remainder of the steps set out in this policy.

3. When Identity Theft Occurs

If a person obtains or uses the personal identifying information of another to obtain (or to attempt to obtain) medical services or information in the name of such other person without consent or lawful authority, the facility shall take the following steps:

A. Notifications. When identity theft is reasonably suspected by an employee or is known to have occurred by an employee (e.g., by receipt of a properly completed and signed FTC Identity Theft Affidavit), they must notify their immediate supervisor or the Patient Information Privacy Officer. Attach a copy of the relevant photo ID. Patient Information Privacy Officer will conduct an investigation with cooperation of relevant departments. External notification and reporting will occur only as directed by Legal Services or the Compliance Office in regards to improper billing.

iv. Coordinating with Area Health Care Providers. The victim’s written authorization generally will be obtained prior to alerting non-LMHS health care providers about the
possibility of identity theft in connection with the victim’s identifying information. See LMHS HIPAA Policy, “Authorization to Release Information.” However, in the event circumstances indicate that the identity thief may imminently use the victim’s information to defraud a non-LMHS health care provider (e.g., identity thief is “shopping” area emergency departments for medication) and such circumstances do not allow enough time to obtain the victim’s written authorization to disclose the victim’s name and address to the non-LMHS provider to prevent further fraudulent activity in connection with the victim’s identifying information, the Patient Information Privacy Officer may disclose (or direct disclosure) to a non-LMHS provider information about the identity theft victim to allow the unrelated provider to determine whether it has an existing or past relationship with the victim. The information disclosed shall be limited to the minimum necessary to determine whether the victim has an existing or past relationship with the area health care provider (e.g., victim’s name and address; photograph of identity theft suspect). If the non-LMHS provider confirms it has an existing or past relationship with the victim, the minimum necessary information regarding the identity theft incident may be disclosed so that the provider is alert to the potential for fraudulent activity related to the victim’s identifying information. In the event the identity theft victim does not have an existing or past relationship with the non-LMHS provider; the victim’s written authorization must be obtained prior to releasing any identifying information about the victim to a non-LMHS provider.

B. Accounts on Hold. The entity’s billing department designee will put all patient accounts affected by the identity theft on hold pending the outcome of the investigation.

C. Notifying Victims of Identity Theft When the Patient Does Not Know Identity Theft Has Occurred. After potential consultation with law enforcement about the timing and the content of any victim notification (to ensure notification does not impede a law enforcement investigation), victims of identity theft will be notified by the Patient Information Privacy Officer as directed by Legal Services.

D. Correcting Medical and Payment Records of Identity Theft Victims; Flagging; Verification and Releasing Bill Hold. To ensure that (1) inaccurate health information is not inadvertently relied upon in treating a patient, (2) a patient or a third-party payer is not billed for services the patient did not receive, and (3) patient health information is protected from inappropriate disclosure, patient medical and payment records must be corrected when a case of identity theft occurs.

i. Medical Records. After appropriate consultation with and input from the patient (whose identity has been properly verified and documented and appropriate clinical personnel, the entity’s HIM department will make appropriate corrections to the patient’s medical record to be certain the record contains correct entries only (e.g., by transferring information from incorrect record to appropriate record). If the identity of the patient who received the services is not known, an identity theft record will be created and the protected health information will be maintained in that record until such time as the identity of the patient is known or the required record retention period ends. Corrections to any medical record shall be made in accordance with the entity’s medical record corrections policy and HIPAA Policy, Amendment/Correction of Protected Health Information in the Medical Record. A detailed explanation of the corrections shall be generated by the entity and verified by the patient. Pursuant to LMHS HIPAA Policy, the HIM department may need to send amended information to persons who have received incorrect or incomplete information. The HIM department shall remove all related documents from all areas of the medical record (electronic
and paper) and make replacements with appropriately revised documents. The patient’s verification of the corrected medical record shall be documented and included as part of the case file forwarded to the Patient Information Privacy Officer.

ii. Payment Records. After appropriate consultation with and input from the patient (whose identity has been properly verified and documented, including through receipt of a properly completed FTC Identity Theft Affidavit) and police report number if provided. The entity’s billing department will make appropriate corrections to the patient’s billing information, inform and provide documentation to any third-party payer affected by the adjustments, and make any necessary repayments to ensure that the patient and the payer pay only for services actually provided to the patient. Comments are to be entered onto the account within the billing system. Corrections shall be made in accordance with the entity’s billing record corrections policy. A detailed explanation of the corrections shall be generated by the entity and verified by the patient. The patient’s verification of the corrected billing records shall be documented and included as part of the case file forwarded to the Patient Information Patient Information Privacy Officer r.

iii. Flagging. The Registration Director or designee will add an Alert Flag of “Identity Issue” to each record affected by the identity theft event.

iv. Verification; Release of Hold. The Registration Director or designee will verify that all demographic and insurance information is correct after the visit is transferred to the appropriate record and will ensure that all related documents are removed from the billing and financial systems and replaced with appropriately revised documents. Once all medical and billing records have been corrected, the Registration Director or designee will release the bill hold and bill appropriately.

E. Assisting Identity Theft Victims.

i. Copies of Records on Written Request. Identity theft victims are entitled to obtain a copy of the business transaction records maintained by the facility (or by others on the facility’s behalf) relating to the identity theft free of charge. “Business transaction records” may include billing and medical record information. The facility must provide these records within 30 days of receipt of the victim’s written request. The facility also must provide these records to any law enforcement agency which the victim authorizes. Before providing such records, the facility must ask for proof of identity, which may be a government-issued ID card, the same type of information the identity thief used to access the patient’s account, or the type of information the facility is currently requesting from patients, a police report (regarding the identity theft), and a completed FTC Identity Theft Affidavit (available at http://www.ftc.gov/bcp/edu/resources/forms/affidavit.pdf). Document receipt of and copy all such information. The facility may refuse to provide business transaction records if the facility determines in good faith that: (i) the true identity of the person asking for the information cannot be verified; (ii) the request for the information is based on a misrepresentation; or (iii) state or federal law prohibits the facility from disclosing such information.

ii. Mitigation. The facility should mitigate, to the extent practicable, any harmful effect that is known to the facility as a result of unlawful use or disclosure of protected health information in connection with a case of identity theft.

F. Recoveries from Suspect. If known to the entity, the facility may bill the identity theft suspect for unlawfully obtained services. If a suspect is identified and the entity has suffered an ascertainable
loss (such as by providing services never paid for), the entity may consider pursuing a civil claim or restitution as part of any criminal prosecution. Consult with Legal Services for further guidance.

G. Accounting for Disclosures. The Patient Information Privacy Officer should determine whether, as result of identity theft, protected health information was inappropriately disclosed. If protected health information was inappropriately disclosed, the entity’s HIM department must account for such disclosures in accordance with the LMHS HIPAA Policy, Accounting of Disclosures of Protected Health Information.

H. Update Identity Theft Database. When identity theft is reasonably suspected, the facility’s Patient Information Privacy Officer must update the LMHS Identity Theft Database with the Identity Alert Reporting Form to include alerts on both the identity theft victim and any other name or identification provided by the suspect.

4. When Patient Misidentification Occurs. If it is determined that patient misidentification, but not identity theft, has occurred (as, for example, when a patient gives his or her real name, but the incorrect medical record is pulled up and the medical information of two patients is subsequently intermingled), the facility shall take the following steps:

A. Notifications. When patient misidentification has occurred, the employee discovering the misidentification must notify the Patient Information Privacy Officer. The Patient Information Privacy Officer will conduct an investigation with cooperation of relevant departments. External notification and reporting will occur only as directed by Legal Services or the Compliance Office with regards to improper billing.

B. Accounts on Hold. The entity’s billing department designee will put all patient accounts affected by the misidentification on hold pending the outcome of the investigation.

C. Notifying Affected Patients; Mitigation Efforts. Patients affected by patient misidentification will be notified by the HIM Department as directed by Legal Services. The facility should mitigate, to the extent practicable, any harmful effect that is known to the facility as a result of unlawful use or disclosure of protected health information in connection with a case of patient misidentification.

D. Correcting Medical and Payment Records; Verification; Release of Hold. To ensure that (1) inaccurate health information is not inadvertently relied upon in treating a patient, (2) a patient or a third party payer is not billed for services the patient did not receive, and (3) patient health information is protected from inappropriate disclosure, patient medical and payment records must be corrected when a case of patient misidentification occurs.

   i. Medical Records. After appropriate consultation with and input from the patient (whose identity has been properly verified and documented) and appropriate clinical personnel, the entity’s HIM department will make appropriate corrections to the patient’s medical record to be certain the record contains correct entries only (e.g., by transferring visit from incorrect MPI record to appropriate MPI record). Corrections shall be made in accordance with the LMHS HIPAA Policy, Amendment/Correction of Protected Health Information in the Medical Record. A detailed explanation of the corrections shall be generated by the entity and verified by the patient. Pursuant to LMHS HIPAA Policy, the HIM department may need to send amended information to persons who have received incorrect or incomplete information. The HIM department shall remove all related documents from the electronic and paper medical record and
make replacements with appropriately revised documents. The patient’s verification of
the corrected medical record shall be documented and included as part of the case
file forwarded to the Patient Information Privacy Officer.

ii. Payment Records. After appropriate consultation with and input from the patient
(whose identity has been properly verified and documented), the entity’s billing
department will make appropriate corrections to the patient’s billing information,
inform and provide documentation to any third-party payer affected by the
adjustments, and make any necessary repayments to ensure that the patient and the
payer pay only for services actually provided to the patient. Comments are to be
entered onto the account within the billing system. Corrections shall be made in
accordance with the entity’s billing record corrections policy. A detailed explanation of
the corrections shall be generated by the entity and verified by the patient. The
patient’s verification of the corrected billing records shall be documented and included
as part of the case file forwarded to the Patient Information Privacy Officer.

iii. Verification; Release of Hold. The Registration Director or designee will verify that all
demographic and insurance information is correct after the visit is transferred to the
appropriate MPI record and will ensure that all related documents are removed from
the Optical System and replaced with appropriately revised documents. Once all
medical and billing records have been corrected, the Registration Director or
designee will release the bill hold and bill appropriately.

E. Accounting for Disclosures. The entity’s Patient Information Privacy Officer should determine
whether, as a result of patient misidentification, protected health information was inappropriately
disclosed. If protected health information was inappropriately disclosed, the entity’s HIM
department must account for such disclosures in accordance with the LMHS HIPAA Policy,
Accounting of Disclosures of Protected Health Information.

5. Documentation. A copy of all documentation concerning identity theft or patient misidentification must
be provided to the Patient Information Privacy Officer.

References: Section 114 and 315 of the FACTA (Fair and Accurate Credit Transactions Act of 2003),
16 CFR § 681, 45 CFR
Pandemic Influenza Plan
(Chuck Krivenko, M.D., Chief Medical Officer/Clinical and Quality Services –10 min)

(Verbal Update)

There is no documentation for this item.
# Lee Memorial Health System

## Board of Directors

### Recommended Action for Board Approval

(■ Action includes Acceptance, Approval, Adoption, etc)

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Keep form to one page, **SUBMIT (thru SLC Member) ELECTRONICALLY to L Drive - Miscellaneous - BOD Presentations by Noon the Friday before you're scheduled on agenda.**

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<table>
<thead>
<tr>
<th>DATE: April 30, 2009</th>
<th>LEGAL SERVICE REVIEW? YES XX NO____</th>
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<tbody>
<tr>
<td>Lee Memorial Home Health</td>
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**SUBJECT:**

1. Home Health Annual Report  
2. Review Home Health Bylaws and Articles of Incorporation

**REQUESTOR & TITLE:** Cindy Christman, Executive Director  
Lee Memorial Home Health

### Previous Board Action on This Item (If Any)

(justification and/or background for recommendations - internal groups which support the recommendation i.e. SLC, Operating Councils, PMTs, etc.)

1. The Board previously approved the bylaws and articles of incorporation and other legal documents relating to Lee Memorial Home Health, Inc. The home health accreditation standards, known as CHAP Standards, require the Board to review the bylaws and articles of incorporation and other legal documents as appropriate, at least every 36 months. (CHAP Standard CI.2f of #8)

### Specific Proposed Motion:

1. Acceptance of Home Health Annual Report for FY’08 and FY’09 YTD  
2. Verifying review of Home Health Bylaws and Articles of Incorporation per CHAP accreditation standards

### Pros to Recommendation

<table>
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<tr>
<th>Compliance with accreditation and regulatory requirements.</th>
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### Cons to Recommendation

None

### List and Explain Alternatives Considered

N/A

### Financial Implications

Budgeted ___ Non-Budgeted ____  
(including cash flow statement, projected cash flow, balance sheet and income statement)

N/A

### Operational Implications

(including FTEs, facility needs, etc.)

N/A

### Summary

1. LMHH is requesting Board acceptance of the Home Health Annual report.  
2. Verification of Home Health's Bylaws and Articles of Incorporation review by Board of Directors
**ENTITY/BUSINESS NAME:** Home Health - Reporting Period – FY’08 – Annual Report  
**DIRECTOR & TITLE:** Cindy Christman, Exec. Director  
**REPORT DATE:** May ‘09

**BUSINESS DESCRIPTION:** Lee Memorial Home Health is a non-profit home health agency. The Agency provides nursing services as well as physical therapy, speech, occupational therapy, medical social work, and home health aide services to residents of the community.

**MISSION STATEMENT:** Lee Memorial Home Health provides a comprehensive range of innovative, outcome-oriented, quality home health care services to residents of the community.

**SYSTEM GOAL: Financial Performance**
- **Major Accomplishments**
- **Scorecard Performance**
  - Revenue
  - Profit/Loss
  - Explanation of major variances
- **Key Utilization Trends**

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<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
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<tr>
<td>Admissions</td>
<td>3,723</td>
<td>4,130</td>
<td>3,902</td>
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<td>Operating Revenue</td>
<td>8,755,562</td>
<td>9,017,807</td>
<td>8,273,240</td>
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<tr>
<td>Profit/Loss</td>
<td>715,415</td>
<td>470,388</td>
<td>186,733</td>
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Actual Profit/Loss does not include calculated charitable care of $376,714, contributing savings to the System.

Increased productivity by 3% over previous year and exceeded our target this year by 3%.

Total patient revenue increased by 5% over last year, however, total expenses actually decreased by 1% over previous year.

**SYSTEM GOAL: Quality**
- **Major Accomplishments**
- **Scorecard Performance**
  - LOS Trends
  - Outcome Data

* Six out of 12 patient outcomes are better than State or National Outcomes and were improved over previous year
* Received CHAP Accreditation with deem status
* AHCA validation survey successful validating deem status

**SYSTEM GOAL: Service**
- **Major Accomplishments**
- **Scorecard Performance**
  - Inpatient Satisfaction
  - Outpatient Satisfaction

* Patient Satisfaction annual score was 95.2% which met our targeted goal for Likelihood to Recommend.
* Initiated patient satisfaction calls within 48 hours of admission to services on 10% of total admissions.

**SYSTEM GOAL: People**
- **Major Accomplishments**
- **Scorecard Performance**
  - Employee Satisfaction
  - Vacancy Rates
  - Personnel Turnover

* Lee Memorial Home Health had a turnover of 4.8% which exceeded the target of less than 10%
* RN Case Manager, Lisa Boeder received the 2008 Nursing Excellence Award
* Our Intake Analyst, Melody Dennis received the Doc Coggins Award
* Our Nursing Director, Honey Lane was awarded the 2008 “Hospital Hero Award”.

**SYSTEM GOAL: Community**
- **Major Accomplishments**
- **Scorecard Performance**
  - Market Share
  - Community Preference

* Volume down by 5% over previous year. Contributing factors:
  1. Orthopedic Boycott over several months due to implant issues
  2. Cardiac preferences to other home health agencies
  3. Continued growth of home health agencies in Lee County

**Key Challenges & Opportunities**
- **Market Overview**
  - Key Competitive Developments
  - Key Legislative or Political Developments
  - Key Technology Developments
  - Potential New Ventures and/or Businesses

- **Challenges/Opportunities**
  - Over 75 home health agencies in Lee County
  - Improve patient outcomes through technology (Telemonitoring)
  - Recruit and retain seasoned home health staff to meet future growth demands
  - Legislative development – looking to cut future funding for Medicare beneficiaries receiving home health benefits
ENTITY/BUSINESS NAME: Home Health - Reporting Period YTD March '09
DIRECTOR & TITLE: Cindy Christman, Exec. Director
REPORT DATE: May '09

BUSINESS DESCRIPTION: Lee Memorial Home Health is a non-profit home health agency. The Agency provides nursing services as well as physical therapy, speech, occupational therapy, medical social work, and home health aide services to residents of the community.

MISSION STATEMENT: Lee Memorial Home Health provides a comprehensive range of innovative, outcome-oriented, quality home health care services to residents of the community.

SYSTEM GOAL: Financial Performance
- Major Accomplishments
  - Scorecard Performance
    - Revenue
    - Profit/Loss
    - Explanation of major variances
  - Key Utilization Trends
- Admissions | Actual | Budget | Prior Year
  | 2,069 | 2,024 | 1,976
- Operating Revenue | 5,259,385 | 4,853,371 | 4,497,835
- Profit/Loss | 744,832 | 616,902 | 277,489
- YTD Productivity - (Productive hours per visit) | 3.29 | 4.12
  Actual Profit/Loss does not include calculated charitable care of $205,036, YTD contributing savings to the System.
  Total patient revenue increased by 17% over previous year (YTD).

SYSTEM GOAL: Quality
- Major Accomplishments
  - Scorecard Performance
    - LOS Trends
    - Outcome Data
- * Improved four out of twelve patient outcomes since last quarter of which one is scored at top 20% nationally.
- * Clinical Record Review revealed medication interaction review documentation was at 98% compliance.

SYSTEM GOAL: Service
- Major Accomplishments
  - Scorecard Performance
    - Inpatient Satisfaction
    - Outpatient Satisfaction
- * Patient Satisfaction YTD at 93%. Current home health benchmark for all home health agencies are at 93% for Likelihood to Recommend.
- * New custom questions added this year on Press Ganey Survey resulting in patient and staff education.

SYSTEM GOAL: People
- Major Accomplishments
  - Scorecard Performance
    - Employee Satisfaction
    - Vacancy Rates
    - Personnel Turnover
- * Maryann Windey, RN, PhD and Sharon Nottingham, RN, BSN received their certification in OASIS, home health's assessment tool.
- * Eileen Hagenbrock, RN, QI was selected to sit on CHAP’s Board of Review. CHAP is the accrediting body for Home Health. Eileen will have input to organization's accreditation.

SYSTEM GOAL: Community
- Major Accomplishments
  - Scorecard Performance
    - Market Share
    - Community Preference
- * Total admissions YTD 2.2% over budget, and 5% over previous year. Medicare admissions 7.3% over budget and 7% over budget from previous year.
- * Senior Care Choices Program (Geriatric Case Management Program) continues to grow at 2.6% of total patient revenue YTD and 10% total patient revenue over previous year.
- * Lifeline Program (Emergency Response System) has a 3% total patient revenue over previous YTD.
- * Healthy Start coalition awarded LMHH $480,890 in grant monies to provide services to mothers to create best outcomes from their pregnancy and infants. In addition, the Agency received $251,677 from Healthy Start Hope Program to serve the high risk pregnant mothers and their infants. Grant monies totaled $732,567.

Key Challenges & Opportunities
- Market Overview
  - Key Competitive Developments
  - Key Legislative or Political Developments
  - Key Technology Developments
  - Potential New Ventures and/or Businesses
- * Over 75 home health agencies in Lee County
- * Improve patient outcomes through technology (telemonitoring and staff/patient education)
- * Recruit and retain seasoned home health staff to meet future growth demands
- * Legislative development - MedPac proposing no market basket adjustment in 2009 with additional reduction of 2.71% in reimbursement.
February 9, 2005

LEE MEMORIAL HOME HEALTH, INC.
2776 CLEVELAND AVE.
P O BOX 2218
FT MYERS, FL 33902-2218

SUBJECT: LEE MEMORIAL HOME HEALTH, INC.
DOCUMENT NUMBER: 747940

In compliance with the request on your 2005 Annual Report/Uniform Business Report, the certificate of status for the subject corporation is enclosed.

Should you have any questions regarding this matter, please telephone (850) 488-9000.

Division of Corporations
I certify from the records of this office that LEE MEMORIAL HOME HEALTH, INC. is a corporation organized under the laws of the State of Florida, filed on July 3, 1979.

The document number of this corporation is 747940.

I further certify that said corporation has paid all fees due this office through December 31, 2005, that its most recent annual report/uniform business report was filed on January 28, 2005, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Ninth day of February, 2005

Glenda E. Hood
Secretary of State
AMENDED
ARTICLES OF INCORPORATION
Lee Memorial Home Health, Inc.
A CORPORATION NOT FOR PROFIT

Article One. Name.
The name of this corporation shall be Lee Memorial Home Health, Inc.

This corporation is a not-for-profit corporation organized solely for general charitable purposes pursuant to the Florida Corporations Not For Profit law as set forth in Part I of Chapter 617, Florida Statutes.

Article Three. General and Specific Purposes.
The specific and primary purposes for which this corporation is formed are to operate for the advancement of health care and for other charitable purposes, by the distribution of its funds for such purposes and particularly for providing home health services and related healthcare services under the auspices of the LEE MEMORIAL HEALTH SYSTEM, a special purpose unit of local government created by the Florida Legislature, Chapter 63-1552, Laws of Florida, Special Acts, 1963; as re-codified by Chapter 2000-439, Laws of Florida, Special Acts, 2000.

The general purposes for which this corporation is formed are to operate exclusively for such charitable purposes as will qualify it as an exempt organization under section 501(c)(3) of the United States Internal Revenue Code of 1986 or corresponding provisions of any subsequent federal tax laws, including, for such purposes, the making of distributions to organizations which qualify as tax-exempt organizations under the aforesaid Code.
This corporation shall not, as a substantial part of its activities, carry on propaganda or otherwise attempt to influence legislation; nor shall it participate or intervene (by publication or distribution of any statements or otherwise) in any political campaign on behalf of any candidate for public office.

Article Four. Term.

This corporation shall have a perpetual existence.

Article Five. Incorporators.

The names and addresses of the initial subscribing members of this corporation were as follows:

Alan A. Bruckner  
119 East Flagler Street  
Miami, Florida

Alan Douglas Greene  
119 East Flagler Street  
Miami, Florida

Richard I. Manas  
119 East Flagler Street  
Miami, Florida

Article Six. Principal Office and Registered Agent.

The principal office for the transaction of the business of this corporation shall be 2776 Cleveland Avenue, Fort Myers, Lee County, Florida.

The name and address of the corporation's registered agent is

Robert C. McCurdy  
2776 Cleveland Avenue  
Fort Myers, Florida 33901.

Article Seven. Membership.

The corporation shall have no members.
Article Eight. Board of Directors.

The powers of this corporation shall be exercised, its properties controlled, and its affairs conducted by a board of directors consisting of ten (10) directors, who shall be the directors elected or appointed to the Board of Directors of the Lee Memorial Health System, a special purpose unit of local government created by Special Act of the Florida Legislature, Chapter 63-1552, Laws of Florida, Special Acts, 1963; as re-codified by Chapter 2000-439, Laws of Florida, Special Acts, 2000. Upon the creation of a vacancy in the position of director of the corporation, a person appointed or elected under applicable law to fill the office of Director on the Board of Directors of the Lee Memorial Health System shall automatically fill the vacancy on the board of directors of this corporation.

Article Nine. Indemnification.

The corporation shall defend and indemnify any officer or director who is a party to any threatened or pending lawsuit or to any civil or administrative action or proceeding by reason of the fact that the officer or director serves in such corporate capacity, as long as said officer or director acted in good faith and in the best interest of the corporation.

Officers and directors shall not be liable for the debts, liabilities or other obligations of the corporation and shall not be subject to any corporate assessments.

Article Ten. Bylaws.

Subject to the limitations contained in the bylaws, and any limitations set forth in the Florida Corporations Not for Profit Law, the bylaws of this corporation may be made, altered, rescinded, added to, or new bylaws may be adopted, by following the procedure set forth in the bylaws.
Article Eleven. Dedication of Assets.

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any officer or director of the corporation, or to the benefit of any private individual.

Article Twelve. Distribution of Assets.

Upon dissolution or winding up of this corporation, all assets remaining after payment or provision for payment of all debts and liabilities of the corporation shall be distributed to a nonprofit fund, foundation or corporation that is organized and operated as a governmental agency or exclusively for charitable purposes and is a tax-exempt organization under section 501(c)(3) of the United States Internal Revenue Code of 1986 or corresponding provisions of any subsequent federal tax laws.

Article Thirteen. Amendment of Articles.

Amendments to these Articles of Incorporation and any subsequent Amendments thereto may be adopted by a two-thirds vote of the total number of directors on the board of directors.
ARTICLES OF AMENDMENT

Lee Memorial Home Health, Inc.

Lee Memorial Home Health, Inc., pursuant to Article Thirteen of the Amended Articles of Incorporation, by and through its Board of Directors, adopted the attached AMENDED ARTICLES OF INCORPORATION on the 29th day of August, 2002.

There are no members of the corporation entitled to vote on this Amendment.

The undersigned certify that the attached AMENDED ARTICLES OF INCORPORATION were duly adopted by the Board of Directors of Lee Memorial Home Health, Inc., on the date shown above.

Chairman
Lee Memorial Home Health, Inc.

Attest:
Secretary
Lee Memorial Home Health, Inc.

STATE OF FLORIDA
COUNTY OF LEE

BEFORE ME the undersigned authority, appeared Joellen Beavoir, Chairman of the Board of Directors of Lee Memorial Home Health, Inc., who being known personally to me, executed these Articles of Amendment in my presence this 29th day of August, 2002.

Mary C. Stephens
Notary Public
AMENDED BYLAWS

OF

LEE MEMORIAL HOME HEALTH, INC.

A FLORIDA NOT FOR PROFIT CORPORATION

Article One. Scope and Function.

Section One. Purpose.

The principal purpose of the corporation, functioning as a home-health agency ("agency") shall be to provide, in accordance with the highest medical and ethical standards, skilled nursing service and other therapeutic care, to homebound patients in their homes. The agency shall at all times comply with the rules, regulations and guidelines promulgated by the U.S. Department of Health and Human Services, its departments and fiscal intermediaries, and of the State of Florida as outlined in the Conditions of Participation under Title 18, U.S. Code, in so far as applicable.

Section Two. Services.

a. The agency shall provide the following professional and supportive services:

(1) Professional nursing services;

(2) Home health aide services;

(3) Medical social work services;

(4) Physical therapy services;

(5) Speech pathology services;

(6) Occupational therapy services;

(7) Nutritional guidance services; and

(8) Such other services as may be needed, feasible, and in compliance with Federal, State and local laws and regulations.

b. The agency shall render part-time care on an inpatient basis, defined as a few hours per day
Amended Bylaws of Lee Memorial Home Health, Inc.

several times per week. Occasionally, more services may be provided when the patient’s physician recommends and when, because of unusual circumstances, neither the alternative of part-time care nor institutionalization is feasible.

c. Such services shall be available seven days a week during normal working hours.

Additionally, services shall be provided in the evenings when a need exists.

Article Two. Offices.

Section One. Principal Office.

The principal office of the corporation shall be located in the City of Fort Myers, Lee County, Florida.

Section Two. Other Offices.

The corporation shall have such other offices, either within or without Lee County, Florida, as the Board of Directors may from time to time determine.

Article Three. Membership.

The corporation shall have no members.

Article Four. Board of Directors.

Section One. Number.

The authorized number of directors of the corporation shall be ten (10).

Section Two. Term of Office.

Directors shall hold their terms of office until death, resignation as a Director of the Lee Memorial Health System, removal as a Director of the Lee Memorial Health System, or failure to be re-elected as a Director of the Lee Memorial Health System. No director of this corporation may resign as a director of this corporation without resigning as a Director of the Lee Memorial Health System.

04.12.2002
Section Three. Powers.

Except as otherwise provided in the Articles of Incorporation, or by law, the powers of this corporation shall be exercised, its properties controlled, and its affairs conducted by the board of directors, which may, however, delegate the performance of any duties or the exercise of any powers to such officers and agents as the board may, from time to time, by resolution, designate.

Section Four. Replacement of Directors.

a. Whenever a vacancy exists on the board of directors, whether by death, resignation or otherwise, the vacancy shall be filled by that person publicly elected, or appointed by the Governor of Florida, to serve as Director of the Lee Memorial Health System in place of that person who vacated the directorship of this corporation in question. No person shall serve as a director of this corporation who is not a Director of the Lee Memorial Health System.

b. Any person elected or appointed to fill a vacancy on the board of directors of this corporation shall serve subject to these bylaws and the laws of the State of Florida.

Section Five. Meetings.

a. Meetings of the board of directors shall be held at such place or places as the board of directors may from time to time designate; or, in the absence of such designation, at the principal office of the corporation, and shall be open to the public as required under the Florida Open Meetings Act. Meetings of the Board of Directors of the Lee Memorial Health System, convened in accordance with the Florida Open Meetings Law, the bylaws of Lee Memorial Health System and these Bylaws shall constitute meetings of the Board of Directors of the corporation.

b. Notice of regular and special meetings of the board of directors shall be given to each director by personal delivery, U.S. mail or electronic mail not less than seven days prior to the date of said meeting, and to the public as provided by the Florida Open Meetings Act.

c. The Chairman of the Board may, as he deems necessary and appropriate; and the Secretary
shall, if so requested in writing by three directors, call a special meeting of the board of directors.

d. A majority of the board of directors shall constitute a quorum for the transaction of business at any meeting of the board of directors; provided, however, that if less than a majority of directors are present at any meeting, a majority of the directors present may adjourn the meeting or recess the meeting to a time certain in the future.

e. Except as may otherwise be provided in these bylaws, or in the articles of incorporation of the corporation, or by law, the act of a majority of directors present at any meeting where a quorum is present shall be the act of the board of directors.

f. All meetings of the board of directors shall be governed by Robert’s Rules of Order, most current edition, except insofar as such Rules are inconsistent with these bylaws, the articles of incorporation of the corporation, the written policies and procedures of the board of directors, or with applicable law.

Section Six. Liability of Directors.

The directors of this corporation shall not be personally liable for its debts, liabilities or other obligations.

Section Seven. Indemnification.

The corporation shall indemnify and defend any member of the board of directors who is a party to any threatened or pending suit or proceeding by reason of the fact that he or she is a director of the corporation as long as said director acted in good faith and in the best interests of the corporation.

Article Five. Officers.

Section One. Designation of Officers.

The officers of the corporation shall be Chairman, Vice Chairman, Secretary and Treasurer. The board of directors shall elect the foregoing from among its own members, and may designate and appoint such other officers as the board of directors may deem desirable. No two offices may be held.
Amended Bylaws of Lee Memorial Home Health, Inc.

by the same person.

Section Two. Election and Term of Officers.

The officers of the corporation shall be elected annually by the board of directors at the regular meeting of the board of directors in January. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as may be convenient. New offices may be created and filled at any meeting of the board of directors. Each officer shall hold office until his successor shall have been duly elected.

Section Three. Executive Director.

The board of directors shall appoint a person qualified by training and experience to serve as the Executive Director of the corporation, to exercise general supervision and control over the day-to-day operations of the corporation. The board of directors shall consider the recommendations of the President of the Lee Memorial Health System in making such appointment. The Executive Director shall have the authority to hire such assistants as he or she may deem advisable. The Executive Director shall submit an annual operating and capital budget to the board of directors for approval, under such terms as the board of directors may from time to time require.

Section Four. Chairman.

The Chairman shall preside at all meetings of the board of directors. He or she may sign, with the Secretary, Treasurer or other officer duly authorized by the board of directors, any deeds, mortgages, bonds, contracts or other instruments; the execution of which has been authorized by the board of directors, except in cases where the signing and execution thereof shall have been expressly delegated by the board of directors, by these bylaws, or by law to some other officer or agent of the corporation; and in general he or she shall perform all duties incident to the office of Chairman and such other duties as may be prescribed by the board of directors.
Amended Bylaws of Lee Memorial Home Health, Inc.

Section Five. Vice-Chairman.

In the absence of the Chairman, or in the event of his or her inability or refusal to act, the Vice-Chairman shall perform the duties of the Chairman, and when so acting, shall have all the powers of, and be subject to all the restrictions upon, the Chairman. The Vice-Chairman shall perform such additional duties as may from time to time be assigned to him or her by the Chairman or the board of directors.

Section Six. Secretary.

The Secretary shall keep the minutes of the meetings of the board of directors in one or more books provided for that purpose; see that all notices are duly given in accordance with these bylaws, written board policy or as required by law; be custodian of the corporate records and of the corporate seal; keep a book containing the names and addresses of all directors of the corporation; exhibit to any director of the corporation, or to his or her agent, or to any person or agency authorized by law to inspect them, at all reasonable times and on demand, these bylaws, the articles of incorporation, the minutes of any meeting, and the other records of the corporation.

Article Seven. Treasurer.

The Treasurer shall have custody of, and be responsible for, all funds and securities of the corporation; receive and give receipts for moneys due and payable to the corporation from any source whatsoever, and see to the deposit of all such moneys in the name of the corporation in such banks, trust companies or other depositories as shall be selected by the board of directors; and in general perform all duties incidental to the office of Treasurer and such other duties as may from time to time be assigned to him or her by the board of directors. If so required by the board of directors, the Treasurer shall give a bond for the faithful discharge of his or her duties in such sum and with such surety or sureties as the board of directors may deem appropriate.
Amended Bylaws of Lee Memorial Home Health, Inc.

Article Six. Budget.

The board of directors, acting through a corporate budget committee or under the auspices of the Lee Memorial Health System Board of Directors, shall prepare a one-year annual operation budget and a three-year capital expenditure budget prior to the beginning of each fiscal year. The budget process shall involve the board of directors, the Executive Director, a physician member of the Active medical staff of the Lee Memorial Health System, and such other persons as the Board of Directors of the Lee Memorial Health System may deem necessary; all of whom shall be appointed by the Chairman.

Article Seven. Sub-Units.

Section One. Establishment.

The Executive Director, with the approval of the board of directors, may from time to time authorize the establishment of branch offices and sub-units.

Section Two. Executive Director.

The Executive Director shall exercise the same general authority and shall have the same general responsibility for the branch offices and sub-units as for the corporation in general.

Section Three. Branch Managers.

Each branch office and sub-unit shall be administered by a manager appointed by the Executive Director. The manager(s) shall exercise authority within the limitations imposed by the Executive Director.

Section Four. Nursing Supervision.

Each branch office or sub-unit shall have a Nursing Supervisor who shall be a registered nurse and who shall be responsible for the general administration and supervision of all matters related to patient care and health services.
Amended Bylaws of Lee Memorial Home Health, Inc.

Section Five. Sub-unit Advisory Board.

The Executive Director shall appoint a sub-unit advisory board for each sub-unit which shall have the same function as the Advisory Board described in Article Nine herein.

Section Six. Branch Office Control.

Each branch office shall operate wholly within the control and general supervision of the corporation or of a sub-unit.

Article Eight. Contracts, Checks, Deposits and Funds.

Section One. Contracts.

Consistent with its policies and procedures and other law, the board of directors may, by resolution duly adopted, authorize any officer or officers, agent or agents of the corporation, in addition to the officers so authorized by these bylaws, to enter into any contract or to execute and deliver any instrument in the name of and on behalf of the corporation. Such authority may be general or confined to specific instances.

Section Two. Gifts and Contributions.

The board of directors may accept on behalf of the corporation any contribution, gift, bequest or devise of any property whatsoever, for the general and specific charitable purposes of the corporation.

Section Three. Deposits.

All funds of the corporation shall be deposited to the credit of the corporation in such banks, trust companies or other depositories as the board of directors may select.

Section Four. Checks, Drafts, Orders for Payment.

All checks, drafts or orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation shall be signed by such officer or officers, agent or agents, in
Amended Bylaws of Lee Memorial Home Health, Inc.

addition to the officers so authorized by these bylaws, and in such manner as the board of directors
shall from time to time by its policies and procedures determine.

Article Nine. Advisory Board.

Section One. Purpose.

There shall be an Advisory Board whose purpose shall be to:

a. Advise the establishment and annual review the agency’s policies on scope of services,
admission and discharge, medical supervision and treatment plans, emergency care, records,
personnel and program evaluation.
b. Meet periodically to advise regarding the establishment of policy, to advise the
corporation of professional issues, to participate in program evaluation and to assist with
maintenance of liaison with other health care providers.
c. Serve as the group of professional personnel and perform all duties as may be defined in
the Conditions of Participation for Home Health Agencies published by the U.S. Department of
Health and Human Services.

Section Two. Membership of the Advisory Board.

The members of the Advisory Board shall be nominated by the Executive Director and
approved by the board of directors and consist of:

a. The Executive Director;
b. The Nursing Supervisor;
c. One physician;
d. Appropriate representatives from other disciplines;
e. One consumer representative who is not affiliated with the corporation; and
f. One health care professional who is not affiliated with the corporation.
Section Three. Function.

The function of the Advisory Board shall be to make recommendations relative to the:

a. Establishment, review and revision of personnel policies;

b. Establishing a mechanism for obtaining staff input regarding policy formulation;

c. Developing standards for professional and ethical conduct of agency employees;

d. Establishing the direction and support system essential to the development of employee orientation programs and continuing education policies;

e. Developing policies for personnel performance evaluations;

f. Participating in the planning and budgeting for cost of the provision of services;

g. Establishing policies for admitting and discharging patients;

h. Establishing policies regarding appropriate liaison between staff members directly involved in the administration of care to the individual patient, and

i. Establishing policies for the provision of patient care through the use of independent contractors.

Article Ten. Miscellaneous.

Section One. Books and Records.

The corporation shall prepare and maintain correct and complete books and records of account and shall also keep minutes of the meetings of the board of directors. All books and records of the corporation may be inspected by any director; and unless made exempt from inspection by law, may be inspected by any person at any reasonable time, in accordance with the Florida Public Records Act.

Section Two. Documentation.

The corporation shall maintain documentation concerning: scope of operation; patient care policy; services rendered policies; job descriptions; orientation and disaster plan. Such documentation shall be maintained at the principal office location of the corporation.
Spine Update

LMHS Board of Directors
May 14, 2009
Lawrence R. Antonucci, M.D., M.B.A.
Total Spend

ALL SPINE PRODUCTS

10/01/07 – 09/30/08

• LMHS: $17M
• SMHCS: $ 6M
• Current Sole Source Contract
  – Medtronic
    • 90% commitment
GOAL

FAIR PRICES FOR CLINICALLY APPROPRIATE PRODUCTS
LMHS Spine Volumes

<table>
<thead>
<tr>
<th>Category</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar Fusions</td>
<td>497</td>
</tr>
<tr>
<td>Cervical Fusions</td>
<td>397</td>
</tr>
<tr>
<td>Description</td>
<td>Discount</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Owned Sets</td>
<td>27.77% discount</td>
</tr>
<tr>
<td>Consigned Sets</td>
<td>13.5% discount</td>
</tr>
<tr>
<td>Loaned Sets</td>
<td>List price (2006)</td>
</tr>
</tbody>
</table>
Contract Structure

- Sole Source
- Dual Source
- Matrix
- Other
PROCESS

• Team assembled
• Meet with Spine Surgeons
• Pursue Matrix Pricing
• Create Draft Constructs and distribute
• Surgeon Feedback
• Modify Constructs
• Benchmark/Medtronics
• Meet with Surgeons
• Technology Review Committee
MEDTRONICS PROPOSAL

• Significant Savings

• No disruption of current practice patterns
Medtronics Proposal

• Single source 80%, two year contract (bonus at 85%)
• All prices will go to equity pricing
• Biologics discount – Dollars from Biologics will now go into our market share – opportunity to consolidate from other vendors we currently utilize
• In/outs – Local MSD Management agreed at the time of invoicing rep will not charge on PO
• Kyphon pricing to remain at 2004 prices – 14% discount
• Free Freight
• New Technology Clause
PROPOSED SAVINGS AND COST AVOIDANCE

• $3,830,000
SPINE IMPLANT TEAM

• Kathy Amable
• Denise Adema
• Bill Tousey
• Bob Simpson
• John Wiest
• Terry Murphy
• CAOs and OR Directors
Hospitalist Program

(Chuck Krivenko, M.D., Chief Medical Officer/Clinical and Quality Services –10 min)

(Verbal Update)

There is no documentation for this item.
DATE: 05/08/09

LEGAL SERVICE REVIEW? YES___ NO X

SUBJECT: 1st Quarter FY 2009 Organizational Performance Measure Scorecard

REQUESTOR & TITLE: Dr. Krivenko, Chief Medical Officer/Clinical & Quality Services
Dr. Greenberg, Medical Director/Medical Staff Services

PREVIOUS BOARD ACTION ON THIS ITEM (IF ANY)
(justification and/or background for recommendations – internal groups which support the recommendation i.e. SLC, Operating Councils, PMTs, etc.)

The Quality Safety and Management Council reviewed and approved several of the indicators within the Organizational Performance Measure Scorecard on April 8, 2009. The 1st Quarter FY09 Acute Care - Joint Commission Core Measure “Appropriate Care Measure” indicator has been completed since that time for presentation to the BOD.

SPECIFIC PROPOSED MOTION:

Approve the Organizational Performance Measure Scorecard: 1st Quarter Fiscal Year 2009.

<table>
<thead>
<tr>
<th>PROS TO RECOMMENDATION</th>
<th>CONS TO RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

LIST AND EXPLAIN ALTERNATIVES CONSIDERED

N/A

FINANCIAL IMPLICATIONS
Budgeted ____ Non-Budgeted ____
(including cash flow statement, projected cash flow, balance sheet and income statement)

N/A

OPERATIONAL IMPLICATIONS
(including FTEs, facility needs, etc.)

N/A

SUMMARY

N/A
# Performance Measures
## First Quarter Fiscal Year 2009

![Lee Memorial Health System logo](image)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MEASURE</th>
<th>ORGANIZATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CURRENT QUARTER</td>
</tr>
<tr>
<td>Clinical Outcomes</td>
<td><em>Acute Care</em></td>
<td>1.64%</td>
</tr>
<tr>
<td></td>
<td>- <em>Overall Mortality Rate</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Care</td>
<td>5.39%</td>
</tr>
<tr>
<td></td>
<td>- <em>Overall Complication Rate</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Acute Care</em></td>
<td>9.67%</td>
</tr>
<tr>
<td></td>
<td>- 30-Day Readmissions</td>
<td></td>
</tr>
<tr>
<td>Safety Outcomes</td>
<td>Acute Care &amp; Rehab</td>
<td>3.1</td>
</tr>
<tr>
<td></td>
<td>- <em>Severity II Medication Errors Per 10,000 Days</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Care</td>
<td>2.72</td>
</tr>
<tr>
<td></td>
<td>- <em>Patient Falls Per 1,000 Days/ED Visits</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Care &amp; Rehab</td>
<td>5.59%</td>
</tr>
<tr>
<td></td>
<td>- <em>Hospital Acquired Pressure Ulcers</em></td>
<td></td>
</tr>
</tbody>
</table>

**KEY:** Stars assigned on Current Quarter values
* *Worse than Expected*  ** *As Expected +/- 5% variance*  *** *Better than Expected*
## Performance Measures  
**First Quarter Fiscal Year 2009**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MEASURE</th>
<th>CURRENT QUARTER</th>
<th>PRIOR QUARTER</th>
<th>FISCAL YTD RATE</th>
<th>PREFERENCE</th>
<th>TARGET</th>
<th>CURRENT QUARTER PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td><em>Acute Care Joint Comission Core Measure Appropriate Care Measure Indicators</em></td>
<td>0.71</td>
<td>0.72</td>
<td>0.71</td>
<td>Higher</td>
<td>Joint Commission Benchmark Pending</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>- <em>Surgical Site Infections (LMH, HP, &amp; CCH)</em></td>
<td>1.5%</td>
<td>1.6%</td>
<td>1.5%</td>
<td>Lower</td>
<td>1.5%</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- <em>ICU Central Line Blood Stream Infections Per 1,000 Central Line Days (LMH, HP, CCH, &amp; SWFRMC)</em></td>
<td>2.42</td>
<td>1.36</td>
<td>2.42</td>
<td>Lower</td>
<td>3.0 - 5.0</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- <em>ICU Ventilator Associated Pneumonia Infections Per 1,000 Ventilator Days (LMH, HP, CCH, &amp; SWFRMC)</em></td>
<td>3.48</td>
<td>1.56</td>
<td>3.48</td>
<td>Lower</td>
<td>5.0 - 10.0</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>- <em>ICU Urinary Tract Infections Per 1,000 Foley Catheter Days (LMH, HP, CCH &amp; SWFRMC)</em></td>
<td>6.98</td>
<td>4.32</td>
<td>6.98</td>
<td>Lower</td>
<td>CDC Benchmark Pending</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**KEY:** Stars assigned on Current Quarter values  
* *Worse than Expected*  
** *As Expected +/- 5% variance*  
*** *Better than Expected*
# Performance Measures
## First Quarter Fiscal Year 2009

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MEASURE</th>
<th>CURRENT QUARTER</th>
<th>PRIOR QUARTER</th>
<th>FISCAL YTD RATE</th>
<th>PREFERENCE</th>
<th>TARGET</th>
<th>CURRENT QUARTER PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>Acute Care - Unadjusted Average Length of Stay</td>
<td>4.42 days</td>
<td>4.38 days</td>
<td>4.42 days</td>
<td>Lower</td>
<td>4.60 days</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Acute Care - Medicare Unadjusted Average Length of Stay*</td>
<td>5.12 days</td>
<td>5.20 days</td>
<td>5.12 days</td>
<td>Lower</td>
<td>≤ 5 days</td>
<td>**</td>
</tr>
<tr>
<td></td>
<td>*5.45 days (Average VHA SE Medicare ALOS, July 2007 - June 2008)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Care - System Delay Days Per 1,000 Acute Care Days</td>
<td>21</td>
<td>24</td>
<td>21</td>
<td>Lower</td>
<td>&lt; 30</td>
<td>***</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Emergency Department - &quot;Left Before Evaluated&quot; Incidents</td>
<td>1.8%</td>
<td>1.0%</td>
<td>1.8%</td>
<td>Lower</td>
<td>≤ 2%</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Emergency Department - Wait Times (Door to Doc)</td>
<td>1:14</td>
<td>0:55</td>
<td>1:14</td>
<td>Lower</td>
<td>Benchmark Pending</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient</td>
<td>HCAHPS - Overall Hospital Rating</td>
<td>57.3%</td>
<td>53.5%</td>
<td>57.3%</td>
<td>Higher</td>
<td>63.0%</td>
<td>*</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>HCAHPS - Likelihood To Recommend</td>
<td>64.1%</td>
<td>62.1%</td>
<td>64.1%</td>
<td>Higher</td>
<td>66.3%</td>
<td>**</td>
</tr>
</tbody>
</table>

**KEY:** Stars assigned on Current Quarter values

- * Worse than Expected
- ** As Expected +/- 5% variance
- *** Better than Expected
Beginning March 2004, the Hospital Acquired Pressure Ulcers indicator includes data from Southwest Florida Regional Medical Center and Gulf Coast Hospital.

Beginning July 2008, the Patient Falls indicator excludes data from the Rehab Hospital.

Data collection process revised and indicator edited to mirror the methodology utilized by NDNQI. Stage I & > pressure ulcers are currently being monitored when previously Stage II & ulcers were tracked.

Acute Care – 30-Day Readmission Data Unavailable for September due to FY 2008 DRG Restructure.
Beginning June 2007, the ICU Ventilator Associated Pneumonia indicator includes data from Southwest Florida Regional Medical Center.

Beginning June 2007, the ICU Urinary Tract Infection indicator includes data from Southwest Florida Regional Medical Center.

Beginning June 2007, the ICU Central Line Infection indicator includes data from Southwest Florida Regional Medical Center.

Beginning June 2007, the ICU VAP Infection rate for LMH, HP, CCH, & SWFMC Combined.

Beginning June 2007, the ICU Urinary Tract Infection rate for LMH, HP, CCH, & SWFMC Combined.

Beginning June 2007, the ICU's unadjusted average length of stay for acute care.
Ridley Barron Ministries Video

(Presentation)

There is no documentation for this item.
OTHER ITEMS
DATE OF THE NEXT REGULARLY SCHEDULED MEETING

QUALITY & EDUCATION Committee of the Whole MEETING

THURSDAY, June 11, 2009 1:00pm

Lee Memorial Hospital Boardroom
2776 Cleveland Ave, Ft. Myers, FL 33901