PLANNING
FULL BOARD MEETING

Thursday, March 3, 2011, 4:00pm
Lee Memorial Hospital Boardroom
2776 Cleveland Ave, Ft Myers, FL 33901

ELECTRONIC BOARD PACKET

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.
LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS & PLANNING BOARD MEETINGS
Thursday, March 3, 2011, 4:00 pm
Lee Memorial Hospital – Boardroom

TENTATIVE AGENDA

1. **4:00pm - CALL TO ORDER** (Richard Akin, Board Chairman)
   LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS

2. Invocation and Pledge of Allegiance (Reverend Benjamin Keller)

3. **Public Input - Agenda Items:** Any Public input is limited to three minutes and a “Request to Address the Board of Directors” card must be completed and submitted to the Board Administrator prior to meeting.

4. Recognitions – Retirements: 
   ◦ **Kathleen M. Warren** - 26 years & **Judith Davis** – 35 years

5. **RECESS FULL BOARD MEETING** (Richard Akin, Board Chairman)

6. **CALL TO ORDER PLANNING** (Linda Brown, MSN, ARNP, Planning Chairman)

7. Planning Minutes (Nancy McGovern, RN, MSM, Board Secretary) **(Approval)**
   A. Nov 4, 2010 Planning Committee of the Whole Minutes
   B. Jan 13, 2011 Planning Board Minutes

   (Kathie Ebaugh, AICP, Principal Planner, Division of Planning; Andrew Getch, P.E., Engineering Manager I, Lee County Dept of Transportation; Paul O’Connor, AICP, Planning Director)

   (Scott Nygaard, M.D., Chief Medical Officer/Physician Services)

10. Continuum of Care: Post Acute Services **(Update)**
    (Marjory May, System Vice President/Post Acute Care)

11. 2011 System Scorecard **(Accept)**
    (Kevin Newingham, Vice President/Strategic Services)

    (Regina Eberwein, Senior Planning Analyst, Planning and Strategy & Brad Pollins, System Director/Organizational Effectiveness)

13. Legislative Update **(Update)**
    (Sally Jackson, System Director of Community Projects)

14. Other Items

15. **ADJOURN PLANNING** (Linda Brown, MSN, ARNP, Planning Chairman)

16. **RECONVENE** Full Board Meeting (Richard Akin, Board Chairman)

17. Old Business

18. New Business

19. Board of Directors Reports **(All Directors)**

20. **Date of the next FULL BOARD OF DIRECTORS MEETINGS**
    Thursday, March 24, 2011- 4:00 p.m.
    Lee Memorial Hospital – Boardroom, 2776 Cleveland Avenue, Fort Myers
    Also Convening as: **Cape Coral Hospital Board of Directors** (Provider # 10-0244); 
    **Lee Memorial Hospital Board of Directors** (Provider # 10-0012); 
    **Gulf Coast Medical Center Board of Directors** (Provider # 10-0220)

21. **ADJOURN** (Richard Akin, Board Chairman)
PUBLIC INPUT – AGENDA ITEMS:

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 Administrator 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.
Proclamation

LEE MEMORIAL HEALTH SYSTEM
BOARD OF DIRECTORS

would like to recognize with sincere appreciation

Kathleen M. Warren

in her retirement of 26 dedicated service years
to the Lee Memorial Health System.

The entire system wishes you health & happiness,
and all the best in your future endeavors.
Proclamation

Lee Memorial Health System
Board of Directors

would like to recognize with sincere appreciation

Judith Davis

in her retirement of 35 dedicated service years
to the Lee Memorial Health System.

The entire system wishes you health & happiness,
and all the best in your future endeavors.
PLANNING BOARD OF DIRECTORS MEETING
Thursday, March 3, 2011
4:00pm

PLANNING CHAIRMAN:
Linda Brown, MSN, ARNP
LOCATION:  Lee Memorial Hospital Boardroom, 2776 Cleveland Avenue, Fort Myers, FL 33901

MEMBERS PRESENT:  Linda Brown, MSN, ARNP, Chairman/Planning Committee of the Whole/Board Secretary; Richard Akin, Board Chairman; Marilyn Stout, Board Vice Chairman; Dawson McDaniel, Board Treasurer; Nancy McGovern, RN, MSM, Director; Steve Brown, M.D., Director; Wayne Daltry, Community Representative/Planning Committee; Fred Pollier, Community Representative/Planning Committee; Marliese Mooney, Physician Leadership Council Consultant/Planning Committee

MEMBERS ABSENT:  Lois Barrett, MBA, Director; James Green, Director; Frank La Rosa, Director

OTHERS PRESENT:  Jim Nathan, President/CEO; Cathy Stephens, Board Administrator; Larry Antonucci, M.D., Chief Operating Officer/Hospital & Physician Services; Jon Cecil, Chief Human Resources Officer; Scott Nygaard, M.D., Chief Medical Officer/Physician Services; Chuck Krivenco, M.D., Chief Medical Officer/Clinical & Quality Services; Lisa Sgarlata, R.N., Chief Administrative Officer/LMH; Doug Luckett, Chief Administrative Officer/GCMC/CCH; Mike German, Chief Financial Officer; Kevin Newingham, Vice President/Strategic Services; Sally Jackson, System Director/Community Projects; Karen Krieger, System Director/Public Affairs; Dave Cato, System Director/Outpatient Services; Sharon MacDonald, Chief Foundation Officer & Vice President/Oncology Services; Kristy Rigot, System Director/Human Resources; Kathy Bridge-Liles, Vice President/Women’s & Children’s Services; Linda Kelly, Senior Director of Development; Brad Pollins, System Director, Organizational Effectiveness; Emad Salman, M.D., The Children’s Hospital Medical Staff President; Tracy Connelly, Senior Director of Development/LMH Foundation; Christina Collins, Senior Director of Development/LMH Foundation; Dave Kistel, Vice President/Community Management; Kent Ley, System Director/Planning & Design; Tom Olivo, CEO Success Profiles; Alex Daneshmand, D.O. Guest; Alex Denhim, D.O., Guest; Carl Beers, HHS Architect; Jonathan Bykowski, HHS Architect; Jim Whitacre, Guest; Gary Hampton, Oak Construction; Bill Silverman, Guest; Donald Brown, Board Member-Elect; Chris Hansen, Board Member-Elect; David Berger, M.D., Community Representative/Quality & Education; Frank Gluck, News Press/Reporter; Liz Freeman, Naples Daily News/Reporter; Laurie Gretten, Executive Secretary/Board of Directors; Sandy Carpenter, Executive Secretary/Board of Directors

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

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<td>MEETING CALLED TO ORDER</td>
<td>The Planning Committee of the Whole Meeting was CALLED TO ORDER at 2:20 p.m. by Linda Brown, MSN, ARNP, Chairman, Planning Committee of the Whole. The meeting of the Planning Committee of the Whole of the Lee Memorial Health System Board of Directors was Called To Order. Matters concerning the business of Lee Memorial Health System consisting of Gulf Coast Medical Center &amp; 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.</td>
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<td>PUBLIC INPUT</td>
<td>None at this time.</td>
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<td>CONSENT AGENDA</td>
<td>Linda Brown asked for approval of the Consent Agenda consisting of the following items: (Exhibit 1) a. October 7, 2010 Planning Committee of the Whole Minutes b. LMHS Strategic Scorecard for August FYTD 2010</td>
<td>A motion was made by Marilyn Stout to approve the Consent Agenda (Exhibit 1) consisting of: a. October 7, 2010 Planning Committee of the Whole Minutes b. LMHS Strategic Scorecard for August FYTD 2010 The motion was seconded by Nancy McGovern and it carried with no opposition.</td>
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<td>EMPLOYEE SURVEY RESULTS</td>
<td>Jon Cecil introduced Tom Olivo who gave an overview of the methodology of Lee Memorial Health System’s (LMHS) business practices utilizing the Employee Survey Results (Exhibit 2). He reviewed how in the United States, business is</td>
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<td>Managed and about Florida’s demographic profile with regard to the aging and the baby boomers. He distributed and reviewed the Recipe for Performance Excellence card (Exhibit 3). He reviewed the drivers and the outcomes from the recipe cards for running a better business such as effective leadership, execution on all our goals, and patient focus. He said scores for LMHS has dropped a little, but not as much as others. He said a key area is “the willingness to recommend” or aka – employee loyalty, which LMHS is doing very well at 87% compared to all the healthcare systems in the nation. He continued to review the report details. Tom stated that when an organization has effective leadership and a healthy culture the impact of this is top quartile and bottom quartile. He said LMHS has taken the lead in redesigning jobs and has been working on this project eight plus years. He added it will be a couple more years before you will see the benefit of this work.  Discussion ensued concerning the significant drop in score in 2006, explained as beginning of the recession and major financial challenges for LMHS; and the importance and challenge of getting the right person in the right positions.</td>
<td>A motion was made by Steve Brown to accept the 2010 Employee Survey Results (Exhibit 2). The motion was seconded by Dawson McDaniel and it carried with no opposition.</td>
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<td>Proposed 2011 Legislative Priorities</td>
<td>Sally Jackson presented the proposed 2011 Legislative Priorities (Exhibit 4) and explained how the important decisions and reimbursement decisions made by the legislature will affect us. She announced there will be a special session on November 16th which will include the effort to define the principals of federal health reform and state Medicaid issues. She said going forward we will continue to work on items important to us such as the Trauma funding. Discussion ensued.</td>
<td>A motion was made by Nancy McGovern to approve the Proposed 2011 Legislative Priorities (Exhibit 4). The motion was seconded by Marilyn Stout and it carried with no opposition.</td>
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<td>Children’s Hospital Tower Project/Facility Master Plan</td>
<td>Carl Beers assisted Dave Kistel in presenting The Children’s Hospital Tower Project and Facility Master Plan (Exhibit 5). They outlined the scope of the project adding that currently The Children’s Hospital has 98 beds and in 2020 will be adding an additional 50. Carl detailed the size, scope, project vision and time of the expansion of The Children’s Hospital. Dr. Salman stated that putting both outpatient and inpatient units on same floor will increase the bed space by 50% and that is what we need. He said additionally adding an infusion center will help the entire hospital. He stated he is happy with the outcome and final product. Dr. Alex Daneshmard, a pediatric intensive care physician, stated this will be an exceptional facility here in Southwest Florida which will allow family members to stay near their children. Discussion ensued regarding any Certificate of Need requirements; fundraising opportunities; and the project excitement. All members were encouraged to participate in a tour of the facility and review of the plans, if they have not already done so.</td>
<td>A motion was made by Marilyn Stout to approve The Children’s Hospital Tower Project/Facility Master Plan (Exhibit 5) – and accept the programming &amp; planning study completed by HKS Architects. Also to authorize the Lee Memorial Health System Foundation to proceed with fundraising for The Children’s Hospital Tower Project as presented. The motion was seconded by Steve Brown and it carried with no opposition.</td>
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<td>Other Items</td>
<td>None at this time.</td>
<td>(Nancy McGovern left at 3:39 p.m.)</td>
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<td>NEXT REGULAR MEETING</td>
<td>The next REGULAR Planning Full Board Meeting is January 13, 2011, 4:00 p.m. in the Cape Coral Hospital Auxiliary Room, 636 Del Prado Boulevard, Cape Coral, FL</td>
<td>The Planning Committee of the Whole meeting was ADJOURNED at 3:50 p.m. by Linda Brown, MSN, ARNP, Chairman, Planning Committee of the Whole.</td>
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<td>ADJOURNMENT</td>
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Minutes were recorded by Laurie Gretten, Executive Secretary/Board of Directors Office

Nancy McGovern, RN, MSM
Board Secretary
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<td>MEETING CALLED TO ORDER</td>
<td>The Planning Full Board meeting was CALLED TO ORDER at 4:11 p.m. by Richard Akin, Board Chairman</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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<p>| INVOCATION AND PLEDGE OF ALLEGIANCE | The Invocation was given by Reverend Tom Brenner and was followed by the Pledge of Allegiance. | | |
| PUBLIC INPUT | There is none at this time. | | |
| RECOGNITION REV. TOM BRENNER | Jim Nathan recognized Rev. Tom Brenner’s retirement with 20 years of service to Lee Memorial Health System and shared how much he has done for the Lee Memorial Health System. Reverend Cynthia Brasher expressed her gratitude to him. She presented him with a certificate (Exhibit 1) and flowers. Rev Tom Brenner spoke of his wonderful experience with the Lee Memorial Health System. Richard Akin thanked Rev. Benner on behalf of the Board for all his years of service. Applause followed. | | |
| CHAIRMAN CHANGE | The gavel was turned over to PLANNING Chairman, Linda Brown to CONVENE the PLANNING portion of the meeting. | | |
| 2011 SYSTEM GOALS | Kevin Newingham presented the 2011 System Goals (Exhibit 2). He brought this before the Board today to use as a tool for moving forward toward the strategic plan. Discussion ensued regarding patient discharge procedures; and a status update on the creation of the Boards’ laminated goal card. | | |
| STRATEGIC | Kevin Newingham gave a verbal update on the Strategic Planning progress. | | |</p>
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<td>PLANNING</td>
<td>Discussion ensued.</td>
<td>(Nancy McGovern arrived at 4:27pm)</td>
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<td>CHILDREN’S HOSPITAL LEADERSHIP</td>
<td>Jim Nathan gave a verbal update on The Children’s Hospital Administration changes. He said back in November Dr. Iacuone retired and we all wish him well. Kathy Bridge-Lyles &amp; Emad Salman will serve as leadership until we find out the direction we want to go. He said we need to recognize that Kathy and Dr. Salman have been keeping the business going. He said we are moving ahead with fund raising and will meet back in May with the Board to see how we want to proceed with Children’s Hospital. He said many physicians and members of the community have been involved in the Children’s Hospital in the overall project planning. Jim created a one page summary outlining the Key Elements of The Children’s Hospital Strategic Plan (Exhibit 3). Dr. Salman &amp; Kathy Bridge-Liles updated the Board on the progress to date. Discussion ensued concerning physician recruiting; the Collier County EMS collaborative; the benefit of a sedation unit being added; and recommending everyone take a tour.</td>
<td>(James Green arrived at 4:42pm)</td>
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<td>EPIC ELECTRONIC MEDICAL RECORDS</td>
<td>Mike Smith presented the EPIC Electronic Medical Records project (Exhibit 4). He highlighted the system-wide telephone replacement that is necessary, along with the progress to date. Discussion ensued.</td>
<td>(Rev. Israel Suarez left at 5:15pm)</td>
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<td>2011 LEGISLATIVE UPDATE</td>
<td>Sally Jackson presented the 2011 Legislative Report (Exhibits 4-8) along with distributing the 2011 Legislative Priorities pamphlet and the Florida Hospital Association 2011 Legislative Agenda. Discussion ensued.</td>
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<td>BOARD EDUCATION</td>
<td>Nancy McGovern asked Board members to suggest some speakers for learning and educational opportunities for the Board, as requested from the Board retreat. Submit any suggestions to Cathy, and once the ideas are compiled then Nancy, Linda Brown, and Cathy Stephens will determine which education idea will be scheduled. These will not be mandatory attendance, however, it is to further your education to be a better Board member.</td>
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<td>ADJOURN PLANNING CHAIRMAN CHANGE BACK TO BOARD CHAIRMAN</td>
<td>The next Lee Memorial Health System Full Board (PLANNING) Meeting is: March 3, 2011, 4:00 p.m. in the Lee Memorial Hospital, Boardroom 2776 Cleveland Avenue, Fort Myers, FL 33901</td>
<td>The Lee Memorial Health System PLANNING Full Board Meeting was ADJOURNED by Linda Brown, PLANNING Chairman. The FULL BOARD Meeting was RECONVENED by Richard Akin, Board Chairman.</td>
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<td>NEW BUSINESS PHYSICIAN SAFETY INITIATIVE</td>
<td>Mr. Akin asked Chuck Krivenko to enlighten the Board on the current physician safety training, and made an announcement regarding the physician training. He said that a set of materials will be sent out to the Board for review including a DVD as a patient safety training tool for board members only.</td>
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<td>OLD BUSINESS</td>
<td>Cathy Stephens reviewed the 2011 revised board meeting schedule (Exhibit 9) requesting all meetings be held in the Lee Memorial Boardroom, due to sound equipment already in place. Discussion ensued regarding CMS regulation requirements and the changes forthcoming in how the Board physically demonstrates and conducts its business based on provider numbers.</td>
<td>A motion was made by Steve Brown to ask that Richard Akin, Board Chairman and Cathy Stephens, Board Administrator create the final schedule based on information discussed here. The motion was seconded by Diane Champion and it carried with no opposition.</td>
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<td>REVISED 2011 BOARD SCHEDULE</td>
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<td>ACCOUNTABILITY COMMITTEE SUNSET</td>
<td>Cathy read the memo regarding a request to sunset the Accountability Committee meeting (Exhibit 10). Discussion ensued verifying there is no longer a need for this particular committee which was created out of the Board retreat.</td>
<td>A motion was made by Steve Brown to approve sunsetting the Accountability Committee. The motion was seconded by Nancy McGovern and it carried with no opposition.</td>
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<td>BOARD OF DIRECTOR’S REPORT</td>
<td>Chris Hansen stated that he was pleased to attend the Gulf Coast Medical Center Medical Executive Meeting and he shared it was great to see level of commitment of staff. Linda asked the Board to support the oncology program and buy tickets to upcoming Tanger Fashion show supporting the Cancer program. Nancy McGovern announced Sharon MacDonald has been recommended to the American Cancer Board as a member. Donald Brown wanted to thank everyone for wonderful orientation program last week. Cathy Stephens announced the Board office is having a baby, congratulations Laurie! Applause followed.</td>
<td>(Steve brown left at 6:15 p.m.)</td>
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<td>NEXT REGULAR MEETING</td>
<td>The next Lee Memorial Health System Full Board of Director Meeting is: FINANCE January 20, 2011, 4:00 p.m. in the Lee Memorial Hospital, Boardroom 2776 Cleveland Avenue, Fort Myers, FL</td>
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<td>ADJOURNMENT</td>
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<td>The Lee Memorial Health System – Planning Meeting was ADJOURNED at 6:18 p.m. by Richard Akin, Board Chairman,</td>
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Minutes were recorded by Laurie Gretten, Executive Secretary/Board of Directors Office

Nancy McGovern, RN, MSM, Board Secretary
Lee County’s 2035 New Horizon Plan
Vision Framework Proposal
A Component of the New Horizon 2035 Lee Plan Update Process
October 2010
Acknowledgements
Lee County would like to thank the many citizens who participated in the Visioning Workshops, its intergovernmental partners, and county staff that have contributed to the development of the county’s new vision - New Horizon 2035.

Intergovernmental Partners
- Charlotte County
- City of Bonita Springs
- City of Cape Coral
- City of Fort Myers
- City of Sanibel
- Collier County
- Community Sustainability Advisory Committee
- East County Water Control District
- Florida Department of Community Affairs
- Florida Department of Transportation
- Florida Gulf Coast University
- Southwest Florida Regional Planning Council
- Hendry County
- Town of Fort Myers Beach
- Lee County Fire Districts
- Lee County Health Department
- Lee County Land Development Code Advisory Committee
- Lee County Metropolitan Planning Organization
- Local Planning Agency
- School District of Lee County
- South Florida Water Management District

Lee County Departments
- Attorney’s Office
- Community Development
- County Lands
- County Manager
- Economic Development
- Facilities Management
- Natural Resources
- Parks and Recreation
- Port Authority
- Public Works
- Solid Waste
- Transit (LeeTran)
- Transportation
- Utilities

Visioning Workshop Dates and Locations
- Lee County Community Development/Public Works Building, April 15
- Fort Myers Shores, April 20
- Pine Island, April 21
- North Fort Myers, April 27
- Estero, April 28
- South Fort Myers, May 4
- Lehigh Acres, May 5
- Boca Grande, May 11
- Captiva, May 13
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An Era of Change
Much has changed in Lee County in the past twenty-five years. Following the Lee Plan’s adoption in 1984, the county was successful in preserving its environmental resources and establishing many great neighborhoods. During the late 1990’s and 2000’s the county experienced double-digit growth rates and significant pressure for new development. New subdivisions and commercial development, shopping centers, and strip malls were built throughout the county at a rapid pace. Within the past three years, growth and development have essentially stopped in the wake of the economic downturn that has hit our state and region particularly hard.

In 2010, without the development pressures of years past, it is easy to recognize the challenges presented by past development. Much of the growth that occurred during the construction boom occurred at low densities which provided for a suburban lifestyle based upon the availability of an abundance of buildable land. Commercial development followed residential, along arterial roadways where visibility and automobile access were readily available. As a general rule, development was not designed to support walking, biking, or transit and different types of uses occurred on separate parcels without any attention placed on creating visual or physical connections between them.

Setting the Stage for a More Sustainable Future
The Lee Plan is the county’s planning policy document. It serves as a “road map” for how the county will address a variety of issues, including land use, transportation, housing, natural and cultural resource protection, the economy, and other topics.

Planning for the future is an ever evolving process. The Lee Plan was originally adopted in 1984 and has been amended on a regular basis since that time to address the county’s changing needs. Despite these numerous amendments, many of the new challenges the county is facing and new opportunities the community envisions for the future are not explicitly addressed or supported by the current Lee Plan.

Beginning in the spring of 2010, the county conducted a series of visioning workshops in different locations across the county to engage the public, its intergovernmental partners, and county staff in the process of developing a new vision for Lee County. This vision will serve as a foundation for amending the Plan to better address the county’s goals for the 21st century.

Defining the Issues
During the visioning workshops, participants were asked to identify critical community issues that need to be addressed through county planning policies. Through these discussions, participants revealed a desire for more special “places” within Lee County—uniquely identifiable places with a complementary mix of uses that promote livability, walkability, and a variety of residential housing opportunities. They envision these places focused within...
compact centers of activity linked by a multi-modal transportation system that provides a more varied set of travel choices. They believe these places should promote more ecologically, economically, and socially sustainable development patterns without necessitating daily use of the automobile.

Visioning workshop participants expressed a desire for more special “places” within Lee County, such as this walkable mixed-use center located in Winter Park Village near Orlando.

In order to achieve the types of “places” participants envision for Lee County in the future, four key issues must be addressed in the New Horizon 2035 Plan:

1. **Livability**
2. **Strong Connections**
3. **Community Character**
4. **Sustainability**

**Livability**
Livability is the physical qualities that promote Lee County’s character, identity, and lifestyles. The livability issue concerns three primary components:

1. Differentiated Development Forms and Land Use Patterns
2. Parks, Public Spaces, Open Spaces, Recreation, and Cultural Facilities
3. Public Services

Through the New Horizon 2035 Plan, the county will develop policies to support the county’s livability in order that it may establish a development framework that support’s the county’s sense of place and quality of life.

**Strong Connections**
Strong connections (as established by the county’s land use patterns, transportation resources, parks and public space areas, and public facilities) integrate the county into a single unified place. The strong connections issues concerns three primary components:

1. Connected development patterns
2. Mobility and transportation including complete streets
3. Interconnectivity of parks, public spaces, and public resources

Through the New Horizon 2035 Plan, the county will develop policies that promote and provide for strong connections through: the integration of land uses; an interconnected transportation system; and accessibility of parks, public spaces, and public resources.

**Community Character**
Community character is essential to the county’s overall identity and sense of place. Lee County is comprised of diverse local communities, each with their own distinct character and identity. The character and identity of each community are defined by their unique attributes including the follow four features:

1. Location—coastal, river, or inland
2. Development features—urban, suburban, or rural
3. Community design/master planning attributes—streetscape, architectural, and transportation systems
4. History

Through the New Horizon 2035 Plan, the county will evaluate how well current goals, objectives, and policies preserve and enhance the attributes of their local communities while achieving county-wide planning principles.

**Sustainability**
Sustainability is a balanced approach to development that considers community, environmental, and economic conditions. The sustainability issue concerns three primary components:

1. Economic resiliency
2. Energy conservation, environmental stewardship, and green design
3. Sustainable growth and infrastructure provision
4. Strong social context

Through the New Horizon 2035 Plan, the county will develop policies that foster cultural diversity, expand the employment base, support clean industries and a diversified economic base, improve environmental stewardship, promote redevelopment and green building design, provide new opportunities for cleaner alternative
energy sources, and foster the unique qualities that makeup the county’s sense of place.

Proposed 2035 Vision

Building upon the four issues identified by the communities, a proposed vision—comprised of a vision statement and accompanying vision principles—has been drafted for Lee County. This proposed vision statement articulates the ideal attributes of Lee County in the year 2035:

LEE COUNTY PROPOSED 2035 VISION

Vision Statement

Lee County will be a highly desirable place to live, work, and visit—recognized for its commitment to a sustainable future characterized by a healthy economy, environment, and community. Because of its commitment, Lee County will be a community of choice—valued for its quality of life; varied natural environment; unique sense of history and place; distinct urban, suburban, and rural communities; diverse economy and workforce; and varied travel options.

Vision Principles

Lee County will build upon its history and unique sense of place to provide future generations with more sustainable communities that feature:

- A high quality of life for residents and visitors.
- Clear distinctions between urban, suburban, and rural communities.
- Better connections between destinations for all modes of travel.
- Distinct and diverse community character that balances community planning and county operations.
- A stable and diverse economy and workforce.
- Balance between social well-being, environmental resources, and economic vitality.

Vision Framework

This report outlines a Vision Framework to help illustrate key aspects of the proposed vision and to help facilitate discussions about its implementation. The Vision Framework builds on ideas and issues identified by the community during the visioning workshops and subsequent staff workshops. The Vision Framework consists of three components:

1. Land Use Framework that defines the general land use pattern for the county.
2. Mixed-Use form principles and concepts that illustrate future desired patterns of redevelopment / infill and new development in the county.
3. Sustainability Policies that describe the type of new policy initiatives the county will undertake to become a more sustainable community in the future.

These components will be used to evaluate the current Lee Plan and identify how it should be changed to achieve the new vision.

Land Use Framework

One of the key issues that will be addressed in the New Horizon 2035 Plan is providing better distinctions between different community environments in the county.

The Land Use Framework recognizes existing development characteristics while supporting the new vision for a more energy efficient and compact growth pattern. The Guiding Principles below supported the decision-making process in creating the Land Use Framework.

GUIDING PRINCIPLES:

1. Establish specific form and transportation standards to guide desired community character for urban areas, suburban areas, and rural areas
2. Promote a more compact pattern of development that supports efficient and cost effective infrastructure and service delivery
3. Ensure adequate services and facilities to serve new and existing development
4. Promote economic development
5. Promote an urban form and community character in core areas
6. Preserve and protect natural resources
7. Support agricultural uses

Each of the four Land Use Framework Elements (urban, suburban, rural, and environmental resource areas) is articulated through a general description of the land use type, graphics that show conceptually how these land
use patterns should be designed, and principles for form, use, and transportation in these areas. These examples are not necessarily representative of existing development patterns in the county; rather, they are intended to convey the community’s vision for these areas in the future.

The illustrations above convey the community’s vision for Urban, Suburban, and Rural areas (top to bottom) in Lee County in the future.

**Mixed-Use**

Conceptual design and development principles for different types of mixed-use, like this Sanford, Florida example, were developed to respond to residents’ desire for more livable “places” in Lee County.

To respond to residents’ desire for more livable places in Lee County, different types of Mixed-Use were defined to establish conceptual designs and development principles to guide the character and form for future development within Lee County. The Mixed-Use places are designed to build on the community’s expressed preferences related to development character and address the different types and intensities of development found in the county.

The range of Mixed-Use places identified includes:

- Regional Centers
- Community Centers
- Neighborhood Centers
- Rural Centers
- Mixed-Use Infill/Redevelopment Corridors

**Sustainability Policies**

Through current policies and programs, Lee County is establishing a more sustainable approach to development and county operations. But more can be done. Sustainability Policies provide direction for new policy approaches that balance community well-being and equity, environmental and resource conservation, and economic resilience and vitality. New sustainability policies are being developed for the following:

- Land Use/Transportation
- Water Resources
- Energy Conservation
- Waste Reduction/Recycling
- Economic Diversity
- Housing
Next Steps
This report presents the outcomes of Phase 1—a proposed new vision for Lee County. The next step in creating the new plan is to evaluate the current Lee Plan’s ability to achieve the new vision. The planning team will be preparing data and analysis of the Lee Plan to comply with state requirements for plan evaluation. A public review version of this Evaluation and Appraisal Report (EAR) will be presented to the public in the winter of 2010.
New Horizon 2035
This report presents options for a new Vision and alternative patterns for the county as it attempts to address 21st Century challenges and continues to promote our quality of life. Lee County is approaching the Evaluation and Appraisal Report (EAR) regularly required by Florida Law as an inclusive comprehensive planning effort beyond minimum state requirements. This effort is entitled New Horizon 2035, recognizing that current policies that have served in the past may not fully provide the patterns and diversity of development opportunities necessary to sustain a robust quality of life for the future. This concern is the consensus message from a broad cross-section of the county provided during the EAR community outreach effort documented in the Issues and Opportunities Report that preceded this Report.

Phases for Revising the Lee Plan
The New Horizon 2035 Lee Plan is being developed in three distinct phases: visioning, evaluation and assessment, and updating the plan.

**Visioning Phase Outcomes**
The first phase of this planning effort focused on identifying issues and opportunities that currently face Lee County and developing a new vision for Lee County in 2035.

Beginning in March 2010, the Lee County Planning Division hosted a series of public visioning workshops, public board meetings, and stakeholder presentations. The visioning forums informed community members, business owners, interagency and interdepartmental partners, public officials, and stakeholders about the comprehensive plan update and engaged them in a dialogue about what issues, challenges, and opportunities will affect Lee County’s future. The meeting locations were geographically distributed throughout the county with the intent of reaching out to all communities in Lee County.

The outcome of this public outreach is a concise list of issues the county will use to evaluate and update the Lee Plan. These issues are organized into four categories: Livability, Strong Connections, Community Character, and Sustainability. A more detailed explanation of each is provided below.

1. **Livability**
Livability describes the qualities that promote Lee County’s character, identity, and lifestyle that enhances the quality of life for its residents. A truly livable community evolves in order to ensure that the county’s vision addresses the community’s values, needs, and priorities. Through the New Horizon 2035 planning effort, the county can become aware of and evaluate the specific attributes that will help create a sense of place in the community.

2. **Strong Connections**
Strong connections — as established by the county’s land use patterns, transportation resources, and public facilities — are essential to Lee County’s quality of life, identity, and sustainability. Connected land use patterns emphasize compatibility between places where people live, work, shop, and play; provide access to public spaces and activity centers; and support a greater variety of housing and lifestyle choices for all age groups. Transportation resources that focus on connectivity have “complete streets”—street and transit networks that provide multiple options for travel and interconnected pathways for pedestrians and bicycles that link neighborhood-oriented residential, commercial, and public spaces. Public facilities such as schools, recreation centers, parks and other civic uses, tie all of our communities and neighborhoods together and provide places for residents to gather and interact. By strengthening the county’s connections, Lee County will enable all community members to move through the community with ease, improve the linkages between different land uses and community areas, and promote a unified county identity.

3. **Community Character**
Lee County is comprised of diverse local communities, each with their own distinct character and identity. The character and identity of each community are defined by their unique attributes including their location (coastal, river, or inland), development features (urban, suburban, or rural), community design/master planning attributes (streetscape, architectural, and transportation systems), and history. Lee County citizens have a strong desire to preserve and enhance the attributes of their local communities. Participants expressed support for the county’s community planning and conservation efforts which enable local community members to steer
the planning and development efforts. Additionally, they desire county-wide strategies that encourage community-oriented land use, connectivity, and sustainable development practices.

4. Sustainability
Sustainability is a balanced approach to development that considers community well-being and equity, environmental resource conservation, and economic resilience and vitality. It is characterized by a development pattern that promotes living within the community’s inherent limits, understanding the interconnections among economy, society, and environmental conditions. The community has expressed concern over development patterns that lack connectivity, economic resilience, and environmental responsibility and detract from community character. Many in the county have expressed support for a more sustainable approach to planning in Lee County that integrates essential social, environmental, and economic factors. A sustainability-based approach to planning in Lee County can foster cultural diversity, expand the local employment base by focusing on clean industries and a diversified economic base, improve environmental stewardship, promote redevelopment and green building design, provide new opportunities for cleaner alternative energy sources, and promote the unique qualities that comprise Lee County’s character and sense of place.

These issues are described in more detail in the Issues and Opportunities Report found on the New Horizon 2035 website: www.leegov.com/dcd/ear2011.

Evaluation and Assessment Phase
The next phase is an evaluation and assessment of The Lee Plan. This phase will determine how to amend the plan to better achieve the county’s new vision.

Plan Update Phase
The final phase results in formal changes to The Lee Plan as identified during the evaluation and assessment phase.

Proposed 2035 Vision
Building upon the four issues identified by the communities, a proposed vision—comprised of a vision statement and accompanying vision principles—has been drafted for Lee County. This proposed vision statement articulates the ideal attributes of Lee County in the year 2035:

**LEE COUNTY PROPOSED 2035 VISION**

**Vision Statement**
Lee County will be a highly desirable place to live, work, and visit—recognized for its commitment to a sustainable future characterized by a healthy economy, environment, and community. Because of its commitment, Lee County will be a community of choice—valued for its quality of life; varied natural environment; unique sense of history and place; distinct urban, suburban, and rural communities; diverse economy and workforce; and varied travel options.

**Vision Principles**
Lee County will build upon its history and unique sense of place to provide future generations with more sustainable communities that feature:

- A high quality of life for residents and visitors.
- Clear distinctions between urban, suburban, and rural communities.
- Better connections between destinations for all modes of travel.
- Distinct and diverse community character that balances community planning and county operations.
- A stable and diverse economy and workforce.
- Balance between social well-being, environmental resources, and economic vitality.

**Purpose of this Report**
This Report documents the Proposed Vision Framework to help illustrate key aspects of the vision expressed by the community. This Report is also intended to and to help facilitate discussions about potential changes to The Lee Plan as part of the New Horizon 2035 process. The Vision Framework builds on ideas and issues identified by the community during the visioning workshops and subsequent staff workshops. The Vision Framework consists of three key components:

1. **Land Use Framework**
   Building upon the community vision for a more efficient and compact development form that improves...
the livability for Lee County citizens, the Land Use Framework provides the foundation for an evaluation and update of the county’s future land use.

The county’s new vision for land use is described by the livability, strong connections, community character, and sustainability issues. These issues have been translated into a Land Use Framework consisting of the following elements: urban, suburban, rural, environmental resources. The Land Use Framework includes a description of each element along with principles for development in each of these contexts.

2. **Mixed-Use**
Different types and scales of mixed-use development are found in Lee County. This section defines General Mixed-Use Form Principles to guide the transformation of existing development patterns over time to better achieve the county’s new sustainable vision. This section also defines a range of mixed-use places that address the livability, community character, and strong connections issues: regional, community, neighborhood or rural centers and commercial corridors. Concepts for each type of mixed-use complement the Land Use Framework by providing site-specific models for development and corresponding principles for design.

3. **Sustainability Policies**
Like many Florida and U.S. communities, Lee County is embracing sustainability as a framework for improving and creating more efficient government operations and transforming the county’s approach to land use and transportation planning.

These three components were developed based on input from the visioning workshops. Concepts were articulated through the four critical issues and will be used to guide implementation of the new vision for Lee County.
Land Use Framework

Purpose
The Lee Plan is the current document that describes the County's land use and is a "living document" that has been evolving since its original adoption in 1984. The County Commission, Local Planning Agency, county staff and the community have invested time, energy and money into a variety of planning initiatives over the past several years which have focused on a specific issue or set of issues. The initiatives have helped to shape the Lee Plan and in turn have shaped the future vision of the county as expressed in the Plan and the Future Land Use Map Series.

The current Land Use Framework of the county is described through an extensive series of maps and policies in the plan. As the vision for Lee County evolves to include enhanced elements of sustainability, new tools and techniques will be implemented to be more easily understood by the community.

Visioning Workshop Outcomes
The Land Use Framework process began with the identification of a set of "Guiding Principles" for future growth and development that reflected the community discussions to date. A series of land use types were identified to recognize that different communities within the county have different development characteristics and more clearly distinguish between urban, suburban, or rural areas based on the new vision for energy efficient, compact growth that improves livability.

GUIDING PRINCIPLES:

1. Establish specific form and transportation standards to guide desired community character for urban areas, suburban areas, and rural areas
2. Promote a more compact pattern of development that supports efficient and cost effective infrastructure and service delivery
3. Ensure adequate services and facilities to serve new and existing development
4. Promote economic development
5. Promote an urban form and community character in core areas
6. Preserve and protect natural resources
7. Support agricultural uses

Land Use Framework Elements
The Land Use Framework is a "work in progress" that will be refined with additional information and detail through the EAR process. When it has been finalized it can be used to evolve The Lee Plan by introducing policies that include new principles that guide preferred urban, suburban, and rural development forms. Supplemental detail will also be provided for the development forms through the recognition of the Mixed-Use Form Principles and Concepts, which reflect a finer grain of detail. Combined with the guiding principles above, which address key elements of form, the Mixed-Use Form Principles and Concepts can easily be translated into goals, objectives, and policies for desired urban, suburban, and rural development. The new policy framework can serve to direct the character and form of new development and redevelopment county-wide.
Urban development patterns rely primarily on an interconnected street grid that prioritizes mobility for pedestrians and transit features. This system links civic buildings, squares, parks and other neighborhood uses. Usable public open space organizes development to make “places.” This pattern is characterized by a mix of building typologies with a defined center which can be a park, civic space or neighborhood commercial/retail feature.

Existing urban areas in unincorporated Lee County have intense development and are in close proximity with the cities of Fort Myers and Cape Coral. The largest is south of Fort Myers, incorporating several contiguous Census Designated Places (CDP) such as Pine Manor and the Villas. The second largest, though only slightly smaller than the first, is across the Caloosahatchee River around North Fort Myers and Cape Coral. The third is located northeast of Fort Myers between the city boundary and Interstate 75.

**Principles of Form and Use:**
1. Provide a mix of residential, commercial and recreational uses.
2. Align public investments, incentives and policies to encourage and protect redevelopment and revitalization opportunities that leverage existing economic assets.
3. Promote revitalization in developed neighborhoods that are aging.

**Principles of Transportation:**
1. Enhance or create an interconnected street grid system that links civic buildings, squares, parks and other neighborhood uses.
2. Prioritize a transportation network and land use pattern of “complete streets” that encourages walking and bicycling.
3. Encourage and support transit.
4. Reduce the number and length of automobile trips and vehicle miles traveled.

**Urban Form and Use:**
- Moderate to high density
- Mixture of residential and non residential uses
- Public spaces link community

**Urban Transportation:**
- Highly Connected transportation network, internal and external connections
- Short block lengths and street widths
- Prominent pedestrian connection and access
Suburban Areas

Suburban patterns reflect a high desire for privacy and separation. The street layout for residential uses are designed to reduce cut-through traffic and establish distinct boundaries for residential communities. The automobile is the primary means of transportation in a suburban area. Non-residential buildings will typically be setback from the roadway. Landscape buffers are often used to separate uses.

Suburban areas in the county include large contiguous areas of low-density residential uses surrounding the urban areas and incorporated cities. Lehigh Acres, lying east of the City of Fort Myers, represents the largest area of suburban development in unincorporated Lee County, containing thousands of acres and tens of thousands of residential lots. The second largest suburban area follows the US 41 and Interstate 75 corridors south of Fort Myers to the boundary of Bonita Springs. Another suburban area incorporates a large area of residential development southwest of Fort Myers along the Caloosahatchee River. This area includes McGregor, Cypress Lake, Harlem Heights, and Iona Census Designed Places (CDP). The fourth main suburban area lies between the urban area of North Fort Myers and Interstate 75.

**Principles of Form and Use:**
1. Preserve and protect existing viable neighborhoods and subdivisions.
2. Promote revitalization in developed neighborhoods that are aging.
3. Design and construct new roadways and roadway improvements consistent and compatible with the land use context of the area.
4. Program and construct future utility projects consistent and compatible with the land use and transportation context of the area.
5. Introduce landscaping to soften the built environment.

**Principles of Transportation:**
1. Provide a connected network of collector and arterial streets.
2. Create transit connections between activity centers.
3. Design mixed-use centers to support a higher level of connectivity through building form/site layout and a complete street network.
4. Introduce trails and greenways to provide larger scale connections between neighborhoods and natural areas and parks.
5. Provide services in proximity to work and home in order to reduce vehicular miles traveled.

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**Suburban Form and Use:**
- Low to moderate density
- Defined separation of uses
- Public spaces are amenities for internal development

**Suburban Transportation:**
- Extensive street pattern, limited connectivity within regional street network
- Large block lengths and street widths
- Moderate pedestrian connection and access
Rural development relies primarily on a pattern of large expanses of agricultural and conservation lands with occasional clustered residential development that provides substantive open space to preserve and enhance the rural and agricultural views and the character of the area. A viewshed is the expanse of land that you see as you drive along the road. These areas are important because they influence how we experience the character of an area. Non-residential uses are primarily located in centers and may contain a mix of uses that are scaled to meet community needs.

The county’s two largest rural areas are located in the northeast corner of the county around the Caloosahatchee River and in the southeast corner of the county around the Corkscrew area. A third rural area covers the majority of Pine Island. Large portions of these rural areas are dedicated to pasture and farms that grow citrus and landscape plants, though there are also numerous large-lot residential subdivisions scattered throughout.

**Principles of Form and Use:**
1. Protect the existing rural character and economic viability of the area and thereby ensure that rural lifestyle is preserved for existing residents and remains available to future residents.
2. Protect scenic views.
3. Promote and protect agricultural communities.
4. Create incentives for clustering that reduce the opportunities for large lot development (1 acre lot sprawl) and preserve additional open spaces.
5. Reflect a rural level of service for infrastructure, including water and sewer utilities and stormwater facilities, within the rural area, do not modify provision of these services for additional urban or suburban-scale development.

**Principles of Transportation:**
Roadway design within the rural area will be consistent with the principles of and context-sensitive design that considers the relationship of land uses and all aspects of roadway design. These might include speed, travel lane width, access management, appropriate road buffers, and landscaping.

**Principles to Guide Rural Lands Protection:**
1. Support continued economic viability of agricultural and rural lands through coordination with the agricultural community to insure that policy and regulations reflect current agricultural best practices and desired uses.
2. Support sustainable agricultural production through the conservation of bona fide agricultural uses, provision of information to agricultural producers to improve production and methods, promotion of community gardens and farm-to-table programs.
Environmental Resource Areas include those undeveloped lands containing wetlands, natural water bodies and water courses, native uplands, coastal and estuarine ecosystems, wildlife corridors, significant species habitat, high aquifer recharge potential, and conservation. These lands are very sparsely developed, if at all, and are crossed by few roads. They may or may not already be in public ownership, but have significant natural and ecological value.

Lee County is fortunate to have many areas of significant environmental resources. They range from coastal resources such as the Estero Bay State Park, Cayo Costa State Park, Pine Island National Wildlife Refuge, and Charlotte Harbor and Estero Bay Buffers. Inland wetland resources include the Six Mile Cypress Slough, Corkscrew Regional Ecosystem Watershed, Imperial Marsh, and many others. Upland resources include the Charlotte Harbor Flatwoods, Bob Janes Preserve, and Prairie Pines.

**Principles to Guide Natural Resource Protection and Restoration:**

1. Protect and restore native biological diversity.
2. Protect viable portions of native communities.
3. Link conservation and open lands.
4. Provide appropriately limited public access opportunities to the Caloosahatchee River and public conservation lands.
Purpose
The early outreach process of this planning effort revealed the desire for more special "places" within Lee County. Participants want uniquely identifiable places with a complementary mix of uses that promote livability, walkability, and a variety of residential housing opportunities. They envision these places focused within compact centers of activity linked by a multi-modal transportation system that provides a more varied set of travel choices. They believe these places should promote more ecologically, economically, and socially sustainable development patterns without necessitating daily use of privately-owned automobiles.

Visioning Phase Outcomes
The county is working to address these issues. Participants in the New Horizon 2035: EAR visioning process devised prototypical types of "Mixed-Use" and corresponding "Form Principles" for achieving the county’s new vision. These Mixed-Use types and principles accommodate strategies for achieving a more energy efficient land use pattern, transportation sector greenhouse gas reductions, and discourage urban and suburban sprawl.

Five types of Mixed-Use were identified to address the built environments of the urban, suburban, and rural areas—discussed in the Land Use Framework section of this report. They include:

- Regional Centers
- Community Centers
- Neighborhood Centers
- Rural Centers
- Mixed-Use Infill/Redevelopment Corridors

The different types of Mixed-Use places identified are not intended as a "one size fits all" approach for development in Lee County, but describe a range of placemaking concepts to be adapted to specific centers and corridors, as appropriate.

Mixed-Use Form Principles and Concepts
This section establishes Mixed-Use Form Principles and Concepts to guide the character and form of future centers and corridors within Lee County. These principles and concepts are intended to build on community preferences expressed throughout the New Horizon 2035: EAR visioning process for different types and intensities of development. They are intended to encourage features the community identified at a county-wide level as favorable and to discourage those features viewed as undesirable.

The principles and concepts are intended to complement and support the development of mixed-use centers and corridors over time and to serve as the foundation for amendments to the Lee Plan as part of this New Horizon 2035 planning effort.

General Mixed-Use Form Principles
The General Mixed-Use Form Principles identify site layout and building design, circulation and access, sustainability, and use mix characteristics common to all types of Mixed-Use. These characteristics reinforce the following themes:

- Integration—uses, transportation, parks and public spaces, and services
- Options—housing, employment, transportation, and recreation/social
- Connections—live/work/play, neighborhoods, walk/bike/transit/car, parks/trails/spaces, and schools/community

Mixed-Use Concepts
Following the General Mixed-Use Form Principles, a description of each type of Mixed-Use is provided along with a series of examples illustrating conceptually how new development and redevelopment opportunities can respond to contemporary needs for which the current Lee Plan does not completely provide. The illustrative examples convey the General Mixed-Use Form Principles as applied to each type of mixed-use center and corridor, reflecting considerations unique to the size, context, and typical location of each.
Mixed-Use

General Mixed-Use Form Principles

The five types of Mixed-Use discussed and illustrated in this section vary in their characteristics, size, location, mix of uses, and intensity. These General Mixed-Use Form Principles are intended to promote a more compact, pedestrian and transit-oriented pattern of development in all five types of Mixed-Use Places.

**General Mixed-Use Form Principles**

The following General Mixed-Use Form Principles are intended to apply to development/redevelopment in all types of mixed-use centers and along corridors:

**Mix of Uses**
- Include a mix of retail/commercial services, residential, and employment uses provided at a scale that complements the surrounding neighborhood.
- Incorporate a mix of housing types, price points, and live/work options to provide opportunities for residents to walk, bicycle, or take transit to shopping, services, and employment.
- Concentrate active uses such as small markets, retail shops and, cafes at the street level and near transit stops to generate pedestrian activity.
- Include public gathering spaces and community facilities such as urban-scale parks and plazas, schools, libraries, and other uses that serve the needs of residents, businesses, employees, and visitors.

**Site Layout and Building Design**
- Emphasize the character and safety of the pedestrian and public realm, with buildings oriented to the street, rear or on-street parking, clear pedestrian connections, wide sidewalks, shade, low-level lighting, and comfortable public outdoor gathering places.
- Establish a unique identity through the use of materials, architectural detailing, façade articulation, varied building heights, scale, graphics, landscaping, and other elements that distinguish the center or corridor from others in Lee County.
- Taper or “step down” building heights along edges shared with established residential neighborhoods, or incorporate lower-intensity uses, such as duplexes or townhomes along the shared property line or street frontage.
- Visually integrate parking structures with the building(s) they are intended to serve and line them with a mix of uses in high activity pedestrian areas.
- Incorporate a hierarchy of informational graphics and wayfinding signage to orient visitors and pedestrians.
- Address the possibility of transitioning to higher-intensity, more integrated development through the site planning process where an integrated mix of uses is not currently achievable.

**Circulation and Access**
- Establish a pattern of walkable blocks and “complete streets” with frequent and clear pedestrian connections to transit corridors and stops, surrounding neighborhoods, parks, trails, and public open space.
- Minimize the impacts of vehicular traffic—both internally and on adjacent residential neighborhoods—by emphasizing multi-modal transportation options.

**Sustainability**
- Direct connections to the multi-modal transportation system and energy-efficient construction techniques, materials, designs, and other strategies are consistent with sustainability policies.
- Ensure the environmental context is suitable for higher-intensity development.

Coconut Point is a local example of a mixed-use center in Lee County.
Regional Mixed-Use Centers

Regional Mixed-Use Centers serve Lee County residents, residents of the surrounding region, businesses, institutions, and visitors. Each Regional Mixed-Use Center is unique in terms of its mix of uses, development intensity, design, and surrounding development context. These centers are larger than Community or Neighborhood Mixed-Use Centers and feature a significantly more intense pattern of development. Regional Mixed-Use Centers are major destinations in the community and region—and serve as “hubs” of the transit system.

There are two types of Regional Mixed-Use Centers typically found in Lee County—those with a predominance of shopping/entertainment uses and those with a predominance of office/employment uses:

Shopping/Entertainment
In the future, Regional Mixed-Use Centers with a shopping/entertainment focus will have a broader mix of uses to help transform them into more vibrant places to live, work, shop, and recreate with compact residential development, and employment. Although the actual mix of uses will vary depending upon the center’s location and surrounding development context, the incorporation of employment uses and compact residential uses to complement existing shopping/entertainment uses will improve community character and support livability.

Office/Employment
Office/employment-focused Regional Mixed-Use Centers will provide Lee County citizens and the greater region with opportunities for employment supporting commercial, light industrial, warehousing, and business uses, hotels, services, and a variety of residential options. These centers capitalize on the proximity to Southwest Florida International Airport, Florida Gulf Coast University, Edison College, and other areas of economic innovation throughout Lee County. The mix of uses focuses on office/employment, but also includes supporting retail and residential uses. Existing concentrations of employment found in these centers are a critical component of Lee County’s economy. Although the incorporation of a broader mix of uses in existing centers is desirable over time, retention of each center’s employment base will be a priority.

Examples illustrating how existing Regional Mixed-Use Centers can be transformed over time to incorporate a broader mix of uses and a more compact pattern of development are described below and on the following pages. The examples illustrate the transformation of an existing Regional Mixed-Use Center with a shopping/entertainment emphasis as well as the transformation of an existing Regional Mixed-Use Center with an office/employment emphasis. The examples are intended to convey a range of techniques that may be adapted to different Regional Mixed-Use Centers as opportunities for infill and redevelopment arise.

Transforming Existing Regional Shopping Centers

The following sequence shows the incremental transformation of four major suburban shopping centers situated at a typical major arterial intersection, into a single, cohesive Regional Mixed-Use Center.

Phase 1 begins by defining a new, internal street network which will allow local traffic to connect directly between the centers of the four commercial quadrants by circulating around the existing intersection at new, pedestrian-friendly signalized intersections. In addition, new residential uses are added to existing buildings.

Phase 2 continues this process, while introducing additional buildings in a more compact and defined urban form, which may include structured parking as development intensity increases.

Phase 3 completes the transformation by creating a more walkable environment along the arterial roads themselves and within the boundaries of this newly articulated Regional Mixed-Use Center. This alternative includes a roundabout to facilitate turn movements aided by enhanced pacing of traffic flow created by the signal timing of the new secondary road network. New pedestrian connections (red lines) are provided between the four centers (red circles).
Mixed-Use

EXISTING REGIONAL SHOPPING/ENTERTAINMENT CENTERS

REGIONAL MIXED-USE CENTER:
PHASE 1 REDEVELOPMENT

1. Pedestrian friendly arterial crossings connect to internal street network
2. Parking lots reconfigured as internal street and block network, including on-street parking
3. Mixed-use buildings brought to sidewalk to define the street as public space
4. Shared parking consolidated within new block structure
5. Dedicated civic space creates discrete, transit served centers at each quadrant
6. New connections to existing neighborhoods facilitates local access and relieves congestion on arterials
Community Mixed-Use Centers are dynamic, integrated development areas that serve the needs of a group of proximate neighborhoods or an entire community. Each Community Mixed-Use Center is a destination that may include a grocery store or other commercial anchors and a mix of compact residential opportunities, offices, and services.

Community Mixed-Use Centers are most appropriately located where they may be served by existing and planned multi-modal transportation. While the mix of uses in most of Lee County’s Community Activity Centers today is fairly limited to retail and office uses, they should evolve to a more varied mix of uses that include a wide variety of residential units as they redevelop over time.

Reinventing Community Commercial Centers

In the example on the following page, two centers on opposite sides of a busy arterial roadway define a Community Center type. Anchored by a grocery and junior department store, this typical Community Center bridges the gap between the smaller, neighborhood specific centers and regional centers.

Tying them together with a pedestrian-friendly, signalized crossing, new infill mixed-use development, and enhanced connections to the local street network help create a transit-ready, mixed-use node that can support a broad range of local services and civic functions in a “park once and walk” environment.
EXISTING COMMUNITY COMMERCIAL CENTER

TO THIS

COMMUNITY COMMERCIAL CENTER REDEVELOPED

1. Pedestrian friendly crossings at major intersections and transit stops
2. Mixed-use infill buildings
3. Formal open space as civic amenity
4. Buildings brought to sidewalk to define the street as public space
5. Shared mid-block parking lots and decks
6. New connections to existing neighborhood networks
7. Pedestrian friendly streets promote a park-once-and-walk environment
Neighborhood Mixed-Use Centers are intended to serve one or more neighborhoods and are characterized by small-scale retail and services and housing opportunities. These mixed-use centers are characterized by a compact scale and pedestrian-friendly form that encourages pedestrian access from adjacent neighborhoods.

Neighborhood Mixed-Use Centers may be located at the edge of a neighborhood or integrated within it. The actual mix of uses is varied and may include restaurants, coffee shops, offices, and small-scale retail shops, and a range of residential uses including attached, single-family units; garden apartments and patio homes; as well as apartments or condominium units that are above ground-floor retail uses; and live-work units. The mix of primary and secondary uses will vary based on adjacent uses, location, and access. Uses may be located in converted residences or historic structures, allowing the center to be integrated within the neighborhood and reinforcing the neighborhood’s unique character.

This example demonstrates how low-value strip commercial development can be transformed into place-based neighborhood centers embedded in a neighborhood fabric. It incorporates local civic functions such as schools, libraries, and other facilities.

The graphics on the following page illustrate how strip centers located along a major roadway in a neighborhood context can be redesigned to better integrate with the adjacent residential areas and create a park once and shop environment that better facilitates access within the center. The original awkward street alignment provides the basis for an attractive park facing the commercial frontage. Moving the bulk of the parking to the rear of buildings creates an enhanced pedestrian environment to encourage walking and bicycling and to support transit.
New Horizon 2035 Vision Framework Proposal

Mixed-Use

EXISTING NEIGHBORHOOD STRIP COMMERCIAL CENTERS

TO THIS

1. Buildings brought to sidewalk to define the street as public space
2. Shared mid-block parking lots
3. Formal open space as civic amenity
4. Civic uses such as school or library integrated into the center
5. Attractive, pedestrian friendly, mixed-use format promotes park-once-and-walk environment
6. Arterial redesigned as pedestrian friendly boulevard
7. Enhanced connections to existing neighborhood network to facilitate convenient access to neighborhood services and reduce arterial trips

NEIGHBORHOOD CENTERS TRANSFORMED
Rural Mixed-Use Centers

Rural Mixed-Use Centers are intended to increase the proximity of complementary services to rural areas and environmental resources areas. These mixed-use centers are characterized by a compact rural scale and pedestrian-friendly form that provides an energy-efficient land use pattern and encourages bicycle and pedestrian access to and from the surrounding rural area. The actual mix of uses in Rural Mixed-Use Centers will vary in order to respond to the needs of the surrounding rural area, its visitors and eco-tourists. These centers may include small-scale grocers, restaurants, coffee shops, offices, retail shops, and personal services that address the needs of the rural community, as well as a range of appropriately scaled residential uses. Uses may be located in converted residences or historic structures, reinforcing the center’s unique character and complementary scale.

The presence of Rural Mixed-Use Centers will reduce the need for rural residents to travel longer distances to meet their daily needs, thereby reducing per capita energy use for transportation, housing, and infrastructure.

Redesigning a Rural Mixed-Use Center

In an effort to provide enhanced locally-serving retail in remote, low-density parts of the county, the Rural Mixed-Use Center is intended to take pressure off of the few remaining historic rural centers and provide opportunities for limited growth that enhances the vitality of the area.

The graphics on the following page illustrate an existing and redeveloped rural center. The redeveloped center replaces conventional suburban convenience stores with traditional-looking single- and mixed-use rural building types that support locally owned commercial enterprises. A small park provides an appropriate setting for a neighborhood meeting house or other community serving civic amenity.
1. Small scale neighborhood serving commercial uses in village center
2. Civic space at the center of the village defines community
3. Buildings line streets to create pleasant pedestrian environment
4. Walkable blocks integrated into existing street network
5. Roads retain rural character outside village center
**Mixed-Use Infill / Redevelopment Corridor**

The Mixed-Use Infill/Redevelopment Corridor designation and Corridor Form Principles are intended to promote the revitalization of existing strip commercial centers in Lee County over time. Through infill and redevelopment, a more compact, pedestrian and transit-oriented pattern of development will be established along the county’s major transportation corridors. Mixed-Use Infill / Redevelopment Corridors provide enhanced pedestrian, bicycle, transit, and automobile connections between mixed-use centers, neighborhoods, and environmental resource areas. In addition to the General Mixed-Use Form Principles, the following principles unique to corridor locations apply:

**Corridor Form Principles**

- Support the adaptive reuse of existing buildings to add upper floors of housing and offices where structurally feasible.

- **Infill** large surface parking lots with new buildings at the street edge to accommodate new uses and development intensity and to frame the corridor and site entrances.

- Screen existing surface parking from the corridor using landscaping and buildings.

- Enhance and redevelop gateway street frontages as "complete streets."

- Establish new pedestrian connections between mid-block corridor development and adjacent neighborhoods to enhance access to multi-modal transportation opportunities and mixed-use centers.

- Concentrate vehicular access points to reduce curb cuts, driveways, and other potential conflicts between pedestrians and vehicles.

- Renovate existing strip commercial development when infill and redevelopment are not practical to enhance the appearance of the corridor and engage the streets.

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**Redeveloping Corridors**

Strip commercial corridors are a ubiquitous aspect of Lee County. Incremental redevelopment of these corridors must reflect the different conditions representative of this condition.

**EXAMPLE #1 – CORRIDOR REDEVELOPMENT**

This example is intended to address an emergent trend whereby heavy traffic flows have marginalized the original residential function of this roadway, encouraging its transformation into a commercial corridor. (See existing corridor below.) The graphics on the next page illustrate how the addition of frontage lanes help to deal with issues of local access control, while providing a more accommodating setting for infill flex-development with on-street parking and safe bike and pedestrian-friendly facilities.
**PHASE 1 CORRIDOR REDEVELOPMENT: ADDITION OF FRONTAGE LANES**

1. New frontage road with on-street parking creates a multi-way boulevard section eliminating conflicts with multiple driveways.
2. Simplified turning lanes and intersections.
3. Trees to shade sidewalk and provide greater spatial definition of thoroughfare.

**PHASE 2 CORRIDOR REDEVELOPMENT: BUILDING INFILL**

4. New infill development along Lee Boulevard reflects trend toward mixed-use/commercial uses.
5. Shared access drives along frontage road provides more attractive streetscape/pedestrian environment and optimizes on-street parking.
6. New infill SFD residential development off Lee consistent with existing patterns.
Redeveloping Corridors

EXAMPLE #2 – STRIP COMMERCIAL CORRIDOR

This example looks at a conceptual redevelopment of a traditional strip commercial corridor. The existing corridor is shown below. The two graphics on the following page illustrate how the corridor could be redeveloped incrementally over time.

Phase 1 redevelopment illustrates how market-driven infill could begin to fill in the gaps between existing businesses.

Phase 2 redevelopment illustrates longer term redevelopment goals to create a series of commercial blocks that provide for better pedestrian access, open up opportunities for mixed-use development, and provide a green space civic amenity. The corridor is redesigned to better handle traffic through fewer curb cuts and internal access and parking areas. The first tier collector street, located at the bottom of the graphic, is redeveloped as a transitional element to better harmonize with existing residential neighborhoods abutting the corridor. This road captures local trips within the neighborhood structure.
**New Horizon 2035 Vision Framework Proposal**

**Mixed-Use**

**PHASE 1 CORRIDOR REDEVELOPMENT:**
MARKET-DRIVEN INFILL

**PHASE 2 CORRIDOR REDEVELOPMENT:**
MIXED-USE, PEDESTRIAN FRIENDLY
DESIGN

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1. Piecemeal infill development enables market-driven implementation

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2. Buildings brought to sidewalk to define the street as public space
3. Access to parking from side streets to minimize arterial curbs cuts
4. Shared mid-block parking lots
5. Mix of uses including a variety of residential types, new infill residential provides transition to existing SFD neighborhoods
6. Formal open space as civic amenity
7. Pedestrian friendly crossings at major intersections and transit stops
8. Interconnected street network with a hierarchy of streets facilitates internal trip capture, reducing congestion on arterial
Conclusions
This report presents options for a new Vision and concepts for additional development patterns for the county as it attempts to address 21st Century challenges and continues to promote our quality of life. Lee County is approaching the Evaluation and Appraisal Report (EAR) regularly required by Florida Law as an inclusive comprehensive planning effort beyond minimum state requirements. This effort is entitled New Horizon 2035, recognizing that current policies that have served in the past may not fully provide the patterns and diversity of development opportunities necessary to sustain a robust quality of life for the future. This concern is the consensus message from a broad cross-section of the county provided during the EAR community outreach effort documented in the Issues and Opportunities Report that preceded this Report.

Vision Statement
In furtherance of the Horizon 2035 comprehensive planning effort, Lee County has developed the following Vision Statement:

Lee County will be a highly desirable place to live, work, and visit—recognized for its commitment to a sustainable future characterized by a healthy economy, environment, and community. Because of its commitment, Lee County will be a community of choice—valued for its quality of life; varied natural environment; unique sense of history and place; distinct urban, suburban, and rural communities; diverse economy and workforce; and varied travel options.

It is the intent of Lee County to realize this vision statement and the accompanying Vision Principles outlined in this report through suggested modifications to the Comprehensive Plan that better define the future development pattern, provide for a variety of active places, and support a sustainable future.

Land Use Framework
The Land Use Framework section of this Report provides better distinctions among urban, suburban, rural, and environmental resource areas. For each distinct area it suggests future development and redevelopment form, use, and transportation principles that enhance and reinforce the integrity of these areas. These principles support appropriate incorporation, over time, of interconnected land uses with an integrated multi-modal transportation system that prioritizes pedestrian scale development patterns over those oriented toward personally-operated vehicles and arterial and collector roads. These new development patterns foster the communities’ desire for uniquely identifiable places with a complementary mix of commercial, institutional, and livability, walkability, and a wide variety of residential housing opportunities. This section provides a guide for evaluating the current Lee Plan and updating the Future Land Use Map and corresponding goals, objectives, and policies through the forthcoming EAR.

Mixed-Use
The citizens of Lee County desire more distinct and livable places within the county that provide a variety of employment, shopping, and living opportunities through mixed-use, pedestrian-oriented centers that respect the character of adjacent urban, suburban, rural and environmental resource areas. In response to this desire, this section of the report identifies a series of Mixed-Use Form Principles and Concepts to guide the character of future development and redevelopment. These principles and concepts articulate graphically how community development might evolve over time, and build on community preferences for a variety of development intensities appropriate to the distinct areas of the county.

The different types of mixed-use places identified— Regional Center; Community Center; Neighborhood Center; Rural Center, and Infill/Redevelopment Corridors— are not a “one size fits all”. They describe a range of concepts to be adapted to specific areas in Lee County as appropriate to provide new development opportunities that respond to contemporary needs.

Sustainable Development
The proposed Land Use Framework and Mixed-Use Form Principles and Concepts will promote more ecologically, economically, and socially sustainable development options that satisfy a family’s daily needs to live, work, and play without necessitating the daily use of the automobile and high rates of vehicular miles travelled.

Next Steps
The Land Use Framework, Mixed-Use Form Principles and Concepts, and Sustainability Policies will be used to guide the implementation of the community’s vision through the New Horizon 2035 Lee Plan. Although change will not occur over night, the development of the New Horizon 2035 Lee Plan represents an important first step towards the realization of the new concepts described in this report.

The next step in creating the new plan is to evaluate the current Lee Plan using the four community issues: livability, strong connections, community character, and sustainability that are the basis for the county’s new vision. This evaluation will identify the changes that need to be made to the plan and so that it will support and foster implementation of the new vision for the community.
The following specific questions will be used to guide the Lee Plan evaluation:

**Livability**
*How well does the Lee Plan guide the development of livability features such as: urban centers, suburban neighborhoods, rural communities, parks, public spaces, recreational facilities, and public services?*

**Strong Connections**
*How well does the Lee Plan provide for strongly connected land uses, transportation options, and parks, public spaces, and public resources?*

**Community Character**
*How well does the Lee Plan promote local community planning efforts and establish county-wide strategies that encourage community-oriented land use, connectivity, and sustainable development practices?*

**Sustainability**
*How well does the Lee Plan encourage a sustainability-based approach to planning that fosters a development pattern that is based upon the interconnections between economic, societal, and environmental conditions?*

The planning team will also be preparing data and analysis of the Lee Plan to comply with state requirements for plan evaluation. A public review version of this Evaluation and Appraisal Report (EAR) will be presented to the public in winter 2010.
Vision Framework Proposal
Project Team

Lee County Department of Community Development
Lee County Department of Transportation
Clarion Associates
AECOM
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For more information on the New Horizon 2035 Lee Plan, check out:


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Physician Services
Board Update

Scott D. Nygaard, MD MBA
March 3, 2011
Operations Update

• Restructure completed on all positions
• LPG management team operational
• LPG Physician Governance Committee Operational
• Strategic planning session held and plan on target to be completed by not later than March 31, 2011
  – Pillars:
    • Financial, Culture, Quality, Service, Growth
• Focus on practice operations
Operations Update

- IT supporting continued roll out of EPIC to Peds specialists and adult specialists
- Evaluating quality tools to access real time data to improve performance management, including acute care
- Evaluating approach to physician services to improve value beyond recruitment (on-boarding/retention, wellness, communication)
- Practice transformation approach established, expanding out of pilot to other sites
Physician Compensation

- Physician compensation committee being formed under the leadership of Brian Owens
  - Market pay for market work- indexed to compensation surveys (MGMA, AMGA)
  - Restructured primary care physician compensation plan to market (Cost $1.1M)
  - Evaluating wRVU based plan for PCP physicians to align with mission and to improve access/service
  - Prepares for future delivery model
Physician Benefits

• Standardizing benefit approach
• Benefits restructure completed with PTO, STD and LTD benefits being redesigned.
  – Annual savings of approximately $1.3M annual ongoing savings
  – Improved messaging and benefit design for all physicians
• Evaluating other benefits CME, non-qualified deferred compensation plan
• Provided opportunity for management skills through ACPE and MBA/MHA programs
Care Delivery Model

- Aligned with future market needs in preparation for reform
- Primary Care Driven Access Model (Primary Care Medical Home)
  - Personal Physician/Physician directed
  - Whole person
  - Advanced access
  - Care is coordinated/integrated across system
  - Quality and safety
  - Payment system is value based
Medical Staff and Independent Physician Community

- Have met with all contracted groups
  - Working collaboratively through contract issues in Radiology, Anesthesiology
  - Hospitalists working with two contracted groups (Cogent, HGSWF), evaluating the delivery model.

- Developing approach to roll out compact to medical staff

- Developing a relationship management matrix to proactively manage relationships with all physicians
Health Reform

- Activity and approach support the future of health care reform
- Positioned to be able to function within an Accountable Care Organization environment
  - No formal plan or structure yet in place
- See handout for details.
Questions/Comments
NEW CONSUMER PROTECTIONS

- **Putting Information for Consumers Online.** The law provides for an easy-to-use website where consumers can compare health insurance coverage options and pick the coverage that works for them. *Effective July 1, 2010.*

- **Prohibiting Denying Coverage of Children Based on Pre-Existing Conditions.** The new law includes new rules to prevent insurance companies from denying coverage to children under the age of 19 due to a pre-existing condition. *Effective for health plan years beginning on or after September 23, 2010 for new plans and existing group plans.*

- **Prohibiting Insurance Companies from Rescinding Coverage.** In the past, insurance companies could search for an error, or other technical mistake, on a customer’s application and use this error to deny payment for services when he or she got sick. The new law makes this illegal. After media reports cited incidents of breast cancer patients losing coverage, insurance companies agreed to end this practice immediately. *Effective for health plan years beginning on or after September 23, 2010.*

- **Eliminating Lifetime Limits on Insurance Coverage.** Under the new law, insurance companies will be prohibited from imposing lifetime dollar limits on essential benefits, like hospital stays. *Effective for health plan years beginning on or after September 23, 2010.*

- **Regulating Annual Limits on Insurance Coverage.** Under the new law, insurance companies’ use of annual dollar limits on the amount of insurance coverage a patient may receive will be restricted for new plans in the individual market and all group plans. In 2014, the use of annual dollar limits on essential benefits like hospital stays will be banned for new plans in the individual market and all group plans. *Effective for health plan years beginning on or after September 23, 2010.*

- ** Appealing Insurance Company Decisions.** The law provides consumers with a way to appeal coverage determinations or claims to their insurance company, and establishes an external review process. *Effective for new plans beginning on or after September 23, 2010.*
• **Establishing Consumer Assistance Programs in the States.** Under the new law, states that apply receive federal grants to help set up or expand independent offices to help consumers navigate the private health insurance system. These programs help consumers file complaints and appeals; enroll in health coverage; and get educated about their rights and responsibilities in group health plans or individual health insurance policies. The programs will also collect data on the types of problems consumers have, and file reports with the U.S. Department of Health and Human Services to identify trouble spots that need further oversight. *Grants Awarded October 2010.*

**IMPROVING QUALITY AND LOWERING COSTS**

• **Providing Small Business Health Insurance Tax Credits.** Up to 4 million small businesses are eligible for tax credits to help them provide insurance benefits to their workers. The first phase of this provision provides a credit worth up to 35 percent of the employer’s contribution to the employees’ health insurance. Small non-profit organizations may receive up to a 25 percent credit. *Effective now.*

• **Offering Relief for 4 Million Seniors Who Hit the Medicare Prescription Drug “Donut Hole.”** An estimated four million seniors will reach the gap in Medicare prescription drug coverage known as the “donut hole” this year. Each such senior will receive a $250 rebate. *First checks mailed in June, 2010, and will continue monthly throughout 2010 as seniors hit the coverage gap.*

• **Providing Free Preventive Care.** All new plans must cover certain preventive services such as mammograms and colonoscopies without charging a deductible, co-pay or coinsurance. Effective for health plan years beginning on or after September 23, 2010. *Learn more about preventive care benefits.*

• **Preventing Disease and Illness.** A new $15 billion Prevention and Public Health Fund will invest in proven prevention and public health programs that can help keep Americans healthy – from smoking cessation to combating obesity. *Funding begins in 2010.*

• **Cracking Down on Health Care Fraud.** Current efforts to fight fraud have returned more than $2.5 billion to the Medicare Trust Fund in fiscal year 2009 alone. The new law invests new resources and requires new screening procedures for health care providers to boost these efforts and reduce fraud and waste in Medicare, Medicaid, and CHIP. *Many provisions effective now.*

**INCREASING ACCESS TO AFFORDABLE CARE**
- **Providing Access to Insurance for Uninsured Americans with Pre-Existing Conditions.** A new Pre-Existing Condition Insurance Plan will provide new coverage options to individuals who have been uninsured for at least six months because of a pre-existing condition. States have the option of running this new program in their state. If a state chooses not to do so, a plan will be established by the Department of Health and Human Services in that state. *National program effective July 1, 2010.*

- **Extending Coverage for Young Adults.** Under the new law, young adults will be allowed to stay on their parents’ plan until they turn 26 years old (in the case of existing group health plans, this right does not apply if the young adult is offered insurance at work). While the provision takes effect in September, many insurance companies have already implemented this new practice. Check with your insurance company or employer to see if you qualify. *Effective for health plan years beginning on or after September 23.*

- **Expanding Coverage for Early Retirees.** Too often, Americans who retire without employer-sponsored insurance and before they are eligible for Medicare see their life savings disappear because of high rates in the individual market. To preserve employer coverage for early retirees until more affordable coverage is available through the new Exchanges by 2014, the new law creates a $5 billion program to provide needed financial help for employment-based plans to continue to provide valuable coverage to people who retire between the ages of 55 and 65, as well as their spouses and dependents. *Applications for employers to participate in the program available June 1, 2010.* For more information on the Early Retiree Reinsurance Program, visit [www.ERRP.gov](http://www.ERRP.gov).

- **Rebuilding the Primary Care Workforce.** To strengthen the availability of primary care, there are new incentives in the law to expand the number of primary care doctors, nurses and physician assistants. These include funding for scholarships and loan repayments for primary care doctors and nurses working in underserved areas. Doctors and nurses receiving payments made under any State loan repayment or loan forgiveness program intended to increase the availability of health care services in underserved or health professional shortage areas will not have to pay taxes on those payments. *Effective 2010.*

- **Holding Insurance Companies Accountable for Unreasonable Rate Hikes.** The law allows states that have, or plan to implement, measures that require insurance companies to justify their premium increases will be eligible for $250 million in new grants. Insurance companies with excessive or unjustified premium exchanges may not be able to participate in the new health insurance Exchanges in 2014. *Grants awarded beginning in 2010.*
• **Allowing States to Cover More People on Medicaid.** States will be able to receive federal matching funds for covering some additional low-income individuals and families under Medicaid for whom federal funds were not previously available. This will make it easier for states that choose to do so to cover more of their residents. *Effective April 1, 2010.*

• **Increasing Payments for Rural Health Care Providers.** Today, 68 percent of medically underserved communities across the nation are in rural areas. These communities often have trouble attracting and retaining medical professionals. The law provides increased payment to rural health care providers to help them continue to serve their communities. *Effective 2010.*

• **Strengthening Community Health Centers.** The law includes new funding to support the construction of and expand services at community health centers, allowing these centers to serve some 20 million new patients across the country. *Effective 2010.*

### 2011

**IMPROVING QUALITY AND LOWERING COSTS**

• **Offering Prescription Drug Discounts.** Seniors who reach the coverage gap will receive a 50 percent discount when buying Medicare Part D covered brand-name prescription drugs. Over the next ten years, seniors will receive additional savings on brand-name and generic drugs until the coverage gap is closed in 2020. *Effective January 1, 2011.*

• **Providing Free Preventive Care for Seniors.** The law provides certain free preventive services, such as annual wellness visits and personalized prevention plans for seniors on Medicare. *Effective January 1, 2011.*

• **Improving Health Care Quality and Efficiency.** The law establishes a new Center for Medicare & Medicaid Innovation that will begin testing new ways of delivering care to patients. These methods are expected to improve the quality of care, and reduce the rate of growth in health care costs for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). Additionally, by January 1, 2011, HHS will submit a national strategy for quality improvement in health care, including by these programs. *Effective no later than January 1, 2011.*

• **Improving Care for Seniors After They Leave the Hospital.** The Community Care Transitions Program will help high risk Medicare beneficiaries who are hospitalized avoid unnecessary readmissions by coordinating care and connecting patients to services in their communities. *Effective January 1, 2011.*
• **Introducing New Innovations to Bring Down Costs.** The Independent Payment Advisory Board will begin operations to develop and submit proposals to Congress and the President aimed at extending the life of the Medicare Trust Fund. The Board is expected to focus on ways to target waste in the system, and recommend ways to reduce costs, improve health outcomes for patients, and expand access to high-quality care. *Administrative funding becomes available October 1, 2011.*

**INCREASING ACCESS TO AFFORDABLE CARE**

• **Increasing Access to Services at Home and in the Community.** The new Community First Choice Option allows States to offer home and community based services to disabled individuals through Medicaid rather than institutional care in nursing homes. *Effective beginning October 1, 2011.*

**HOLDING INSURANCE COMPANIES ACCOUNTABLE**

• **Bringing Down Health Care Premiums.** To ensure premium dollars are spent primarily on health care, the new law generally requires that at least 85% of all premium dollars collected by insurance companies for large employer plans are spent on health care services and health care quality improvement. For plans sold to individuals and small employers, at least 80% of the premium must be spent on benefits and quality improvement. If insurance companies do not meet these goals, because their administrative costs or profits are too high, they must provide rebates to consumers. *Effective January 1, 2011.*

• **Addressing Overpayments to Big Insurance Companies and Strengthening Medicare Advantage.** Today, Medicare pays Medicare Advantage insurance companies over $1,000 more per person on average than is spent per person in Traditional Medicare. This results in increased premiums for all Medicare beneficiaries, including the 77 percent of beneficiaries who are not currently enrolled in a Medicare Advantage plan. The new law levels the playing field by gradually eliminating this discrepancy. People enrolled in a Medicare Advantage plan will still receive all guaranteed Medicare benefits, and the law provides bonus payments to Medicare Advantage plans that provide high quality care. *Effective January 1, 2011.*

**2012**

**IMPROVING QUALITY AND LOWERING COSTS**
• **Linking Payment to Quality Outcomes.** The law establishes a hospital Value-Based Purchasing program (VBP) in Traditional Medicare. This program offers financial incentives to hospitals to improve the quality of care. Hospital performance is required to be publicly reported, beginning with measures relating to heart attacks, heart failure, pneumonia, surgical care, health-care associated infections, and patients’ perception of care. Effective for payments for discharges occurring on or after October 1, 2012.

• **Encouraging Integrated Health Systems.** The new law provides incentives for physicians to join together to form “Accountable Care Organizations.” These groups allow doctors to better coordinate patient care and improve the quality, help prevent disease and illness and reduce unnecessary hospital admissions. If Accountable Care Organizations provide high quality care and reduce costs to the health care system, they can keep some of the money that they have helped save. Effective January 1, 2012.

• **Reducing Paperwork and Administrative Costs.** Health care remains one of the few industries that relies on paper records. The new law will institute a series of changes to standardize billing and requires health plans to begin adopting and implementing rules for the secure, confidential, electronic exchange of health information. Using electronic health records will reduce paperwork and administrative burdens, cut costs, reduce medical errors and most importantly, improve the quality of care. First regulation effective October 1, 2012.

• **Understanding and Fighting Health Disparities.** To help understand and reduce persistent health disparities, the law requires any ongoing or new Federal health program to collect and report racial, ethnic and language data. The Secretary of Health and Human Services will use this data to help identify and reduce disparities. Effective March 2012.

**INCREASING ACCESS TO AFFORDABLE CARE**

• **Providing New, Voluntary Options for Long-Term Care Insurance.** The law creates a voluntary long-term care insurance program – called CLASS -- to provide cash benefits to adults who become disabled. The Secretary shall designate a benefit plan no later than October 1, 2012.

**IMPROVING QUALITY AND LOWERING COSTS**
• **Improving Preventive Health Coverage.** To expand the number of Americans receiving preventive care, the law provides new funding to state Medicaid programs that choose to cover preventive services for patients at little or no cost. **Effective January 1, 2013.**

• **Expanding Authority to Bundle Payments.** The law establishes a national pilot program to encourage hospitals, doctors, and other providers to work together to improve the coordination and quality of patient care. Under payment “bundling,” hospitals, doctors, and providers are paid a flat rate for an episode of care rather than the current fragmented system where each service or test or bundles of items or services are billed separately to Medicare.

For example, instead of a surgical procedure generating multiple claims from multiple providers, the entire team is compensated with a “bundled” payment that provides incentives to deliver health care services more efficiently while maintaining or improving quality of care. It aligns the incentives of those delivering care, and savings are shared between providers and the Medicare program. **Effective no later than January 1, 2013.**

**INCREASING ACCESS TO AFFORDABLE CARE**

• **Increasing Medicaid Payments for Primary Care Doctors.** As Medicaid programs and providers prepare to cover more patients in 2014, the Act requires states to pay primary care physicians no less than 100 percent of Medicare payment rates in 2013 and 2014 for primary care services. The increase is fully funded by the federal government. **Effective January 1, 2013.**

• **Providing Additional Funding for the Children’s Health Insurance Program.** Under the new law, states will receive two more years of funding to continue coverage for children not eligible for Medicaid. **Effective October 1, 2013.**

**2014**

**NEW CONSUMER PROTECTIONS**

• **Prohibiting Discrimination Due to Pre-Existing Conditions or Gender.** The law implements strong reforms that prohibit insurance companies from refusing to sell coverage or renew policies because of an individual’s pre-existing conditions. Also, in the individual and small group market, the law eliminates the ability of insurance companies to charge higher rates due to gender or health status. **Effective January 1, 2014.**
• **Eliminating Annual Limits on Insurance Coverage.** The law prohibits new plans and existing group plans from imposing annual dollar limits on the amount of coverage an individual may receive. *Effective January 1, 2014.*

• **Ensuring Coverage for Individuals Participating in Clinical Trials.** Insurers will be prohibited from dropping or limiting coverage because an individual chooses to participate in a clinical trial. Applies to all clinical trials that treat cancer or other life-threatening diseases. *Effective January 1, 2014.*

**IMPROVING QUALITY AND LOWERING COSTS**

• **Making Care More Affordable.** Tax credits to make it easier for the middle class to afford insurance will become available for people with income between 100 percent and 400 percent of the poverty line who are not eligible for other affordable coverage. (In 2010, 400 percent of the poverty line comes out to about $43,000 for an individual or $88,000 for a family of four.) The tax credit is advanceable, so it can lower your premium payments each month, rather than making you wait for tax time. It’s also refundable, so even moderate-income families can receive the full benefit of the credit. These individuals may also qualify for reduced cost-sharing (copayments, co-insurance, and deductibles). *Effective January 1, 2014.*

• **Establishing Health Insurance Exchanges.** Starting in 2014 if your employer doesn’t offer insurance, you will be able to buy insurance directly in an Exchange -- a new transparent and competitive insurance marketplace where individuals and small businesses can buy affordable and qualified health benefit plans. Exchanges will offer you a choice of health plans that meet certain benefits and cost standards. Starting in 2014, Members of Congress will be getting their health care insurance through Exchanges, and you will be able buy your insurance through Exchanges too. *Effective January 1, 2014.*

• **Increasing the Small Business Tax Credit.** The law implements the second phase of the small business tax credit for qualified small businesses and small non-profit organizations. In this phase, the credit is up to 50 percent of the employer’s contribution to provide health insurance for employees. There is also up to a 35 percent credit for small non-profit organizations. *Effective January 1, 2014.*

**INCREASING ACCESS TO AFFORDABLE CARE**

• **Increasing Access to Medicaid.** Americans who earn less than 133 percent of the poverty level (approximately $14,000 for an individual and $29,000 for a family of four) will be eligible
to enroll in Medicaid. States will receive 100 percent federal funding for the first three years to support this expanded coverage, phasing to 90 percent federal funding in subsequent years. *Effective January 1, 2014.*

- **Promoting Individual Responsibility.** Under the new law, most individuals who can afford it will be required to obtain basic health insurance coverage or pay a fee to help offset the costs of caring for uninsured Americans. If affordable coverage is not available to an individual, he or she will be eligible for an exemption. *Effective January 1, 2014.*

- **Ensuring Free Choice.** Workers meeting certain requirements who cannot afford the coverage provided by their employer may take whatever funds their employer might have contributed to their insurance and use these resources to help purchase a more affordable plan in the new health insurance Exchanges. *Effective January 1, 2014.*

2015

**IMPROVING QUALITY AND LOWERING COSTS**

- **Paying Physicians Based on Value Not Volume.** A new provision will tie physician payments to the quality of care they provide. Physicians will see their payments modified so that those who provide higher value care will receive higher payments than those who provide lower quality care. *Effective January 1, 2015.*

*HHS will not enforce these rules against issuers of stand-alone retiree-only plans in the private health insurance market.*
Continuum of Care Programs

Post Acute Services

- Home Health Services
- HPC&RC
- Wound Care Services
- Lee Memory Care/OAS
- Wellness Centers
- Access Medical South
- Access Infusion
- The Rehab Hospital
- LTACH – Gap
- Hospice - Gap
Continuum of Care Programs

Readmission Collaborative Group

Description

• Analyzing readmission data
• Acute and Post Acute representatives
• Major focus on CHF
• Participation FHA collaborative

Value/Impact

• Reduce preventable readmissions
• Mitigate LOS
• Improve patient quality
• Cost savings
Continuum of Care Programs

Care Transitions Intervention Program

Description

• Post-hospital discharge transition intervention

• Initiated during the hospital stay; home visits and follow-up calls

• Medication management; PCP follow up

• Empower and educate patient in self-management

• Pilot HPMC, demonstrate efficacy, scale up to System-wide

Value/Impact

• Reduces readmission

• Capacity management

• Improve quality of care
Continuum of Care Programs

ARNP LPG/Post Acute

Description
• ARNP follows LPG patients in hospital
• Customer service oriented
• Communicates with hospitalists/nurses/patients/family
• Assist with D/C plans; supports in-network referrals
• Pilot at CCH, demonstrate efficacy, scale up to System-wide

Value/Impact
• Helps patients navigate through episode of care
• Customer service improvement
• Captures revenue
Continuum of Care Programs

TeleHealth

Description

• Telecommunication devices at home
• Vital signs; pulse oximetry; glucose levels; weight; questions
• Results transmitted daily to HH cardiac nurse
• Home visits; patient calls
• Appropriations funding/project

Value/Impact

• Early recognition and intervention reduces/mitigates symptoms
• Prevents ER visits or hospital re-admissions
• Improves quality
Continuum of Care Programs

Management Services/Preferred Provider Program

Description

• Formalize relationship with ALFs; IFs; SNFs to provide services for residents
• Outpatient services; Home Health; LPG; Wellness & Prevention, Memory Care; Wound Care; Geriatrics; Therapy

Value/Impact

• Increase revenue
• Partnering opportunities
Continuum of Care Programs

Planned Expansion Services

Senior Choices Case Management Programs

Description

• Certified geriatric case managers
• Assess home situations; coordination of care
• Entry point for chronic case management
• Entry point for Post Acute/Outpatient Services

Value Impact

• Assists customers to maintain independence at home
• Bridges gap with out-of-area family members
• Grow OP/PAC revenue
• Support in-network referrals
Continuum of Care Programs

Lifeline - Expansion

Description

• Emergency Response Services
• Improved technology falls/meds
• Prompt caring and assistance 24/7

Value/Impact

• Increase revenues
• Maintain patients’ independence
• Opportunity in-network referrals
Continuum of Care Programs

HPC&RC Expansion

Description
• Analyze current location; re-design more private rooms
• Improve occupancy rate
• Add more capacity
• Research and analyze purchase of additional SNF

Value/Impact
• Increase revenue
• Maximize efficiency
• Increase profits
Continuum of Care Programs

Wound Care – Cape Coral Satellite Office

Description

- Office in Cape Coral
- Difficult to heal medical/surgical wounds
- Hyperbaric Services
- Inpatient; SNF; Outpatient and Home Health services
- Recently merged two centers, physicians and staff

Value/Impact

- Improve county access
- Increase revenues/profits
- Preventing ER visits or readmissions where feasible
Continuum of Care Programs

Wellness Center Project

Description

• Demographic study Lee county
• Financial analysis for future planning
• Revisit current sites

Value/Impact

• Grow services
• Employee access, employee health and wellness
• Employer access
• Improve bottom line, constrain health plan price increases
Lee Memory Care - Expansion

Description

• Evaluation and treatment for memory disorders
• Multi-disciplinary approach
• Family counseling and community outreach
• Expand to other counties

Value/Impact

• Multi-county access
• Increase revenues; captures ancillary revenue LMHS
• Valuable research studies
• Access to grants
Continuum of Care Programs

House Calls - New

Description

• Physician and ARNP make house calls to patients
• Frail elderly and most medically complex
• Follows hospitalized patients directly
• Coordinate appropriate care with PCPs

Value/Impact

• Early intervention; decreased readmissions and ED visits
• Increase revenues/profits
• Improve access to care
• Customer service
Continuum of Care Programs

Medical Home Technology & Innovations - New

Description

• Research technology available
• SMART Home
• Medical
• Social

Value/Impact

• Maintains/extends patients’ independence at home
• Timely interventions
• Additional revenues
Continuum of Care Programs

Continuum of Care Hospital - New

Description

• Potential separate Post Acute payment
• Bricks and mortar or virtual hospital
• LTACH; IRF; HB-SNU
• Clinically integrated
• Possible pilot demonstrations

Value/Impact

• Positioned for reimbursement
• Improve clinical integration
• Entry point into LTACH market
Continuum of Care Programs

Future Plans

• Disease Management
• Palliative Care
• Community Wellness Project
• Concierge Services
• Federal Appropriations TeleHealth
• Expand to Collier County
<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Goal Statement</th>
<th>Current Status</th>
<th>Tracking Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAFETY/CULTURE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Perception of Safety</td>
<td>63% - 69% positive response</td>
<td>&gt;69% positive response</td>
<td>As of 1Q</td>
</tr>
<tr>
<td>Management Support for Patient Safety</td>
<td>70% - 77% positive response</td>
<td>&gt;77% positive response</td>
<td>As of 1Q</td>
</tr>
<tr>
<td>Handoffs and Transitions</td>
<td>44% - 51% positive response</td>
<td>&gt;51% positive response</td>
<td>As of 1Q</td>
</tr>
<tr>
<td>Core Measures - improvement in a blended indicator including CHF, AMI, CAP, SCIP in the next year measured for FY 2011</td>
<td>20% - 25% improvement in a blended indicator</td>
<td>&gt;25% improvement in a blended indicator</td>
<td>YTD Jan ’11</td>
</tr>
<tr>
<td>In-Patient Mortality</td>
<td>1.70% - 1.87% &lt;1.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHYSICIAN COLLABORATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-Specialty Group Practice</td>
<td>Management structure Physician governance structure Develop physician strategic plan</td>
<td>Management structure and physician governance model implemented; held 2 meetings for each group. Strategic plan - first meeting held 1-22-11; Plan to be completed no later than 3-31-11.</td>
<td>As of Jan ’11</td>
</tr>
<tr>
<td>Develop physician partnerships</td>
<td>Orthopedic co-mgmt agreement OP Surgery Center at the Sanctuary ACR Breast Center of Excellence</td>
<td>Heart and Vascular Institute (HVI) Advanced Stroke Center</td>
<td>As of Jan ’11</td>
</tr>
<tr>
<td>Med Staff Satisfaction - Hospitals % top box</td>
<td>30.8% - 35.2% top box</td>
<td>&gt;35.2% top box</td>
<td>YTD Jan ’11</td>
</tr>
<tr>
<td>Med Staff Satisfaction - Patient % top box</td>
<td>22.7% - 28.1% top box</td>
<td>&gt;28.1% top box</td>
<td>YTD Jan ’11</td>
</tr>
<tr>
<td><strong>EPIC IMPLEMENTATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GCMC is complete on Epic Phase I in FY 2011</td>
<td>On track to complete Epic Phase I in all hospitals by the 12/31/11</td>
<td>On track to achieve Epic Phase I go-live at GCMC on June 1, 2011</td>
<td>As of Jan ’11</td>
</tr>
<tr>
<td><strong>OPERATIONS IMPROVEMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Flow - Discharge Execution</td>
<td>For &quot;cleared&quot; discharges to home, cycle time is 130 minutes or less, 85% of the</td>
<td>For &quot;cleared&quot; discharges to home, cycle time is 120 minutes or less, 85% of the</td>
<td>As of Jan ’11</td>
</tr>
<tr>
<td>Patient Flow - Discharge Planning</td>
<td>Develop plan to improve discharge planning process Implement plan to improve discharge planning process</td>
<td>Process observations and a process map are being developed. Still in the planning stages.</td>
<td>As of Jan ’11</td>
</tr>
<tr>
<td>Clinical Documentation Initiative</td>
<td>$1,000,000 - $2,499,000</td>
<td>&gt;$2,499,000</td>
<td>YTD Jan ’11</td>
</tr>
<tr>
<td><strong>FINANCE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Margin</td>
<td>FY 2011 Budget 2.2% - 2.5%</td>
<td>FY 2011 Budget &gt; 2.5%</td>
<td>YTD Jan ’11</td>
</tr>
<tr>
<td>Increase Freestanding Outpatient Revenue (Net, excluding Surgery Center)</td>
<td>5% - 7.5%</td>
<td>&gt; 7.5%</td>
<td>YTD Jan ’11</td>
</tr>
<tr>
<td>Cash-to-Debt Ratio</td>
<td>FY 2011 Budget 83.7% - 85%</td>
<td>FY 2011 Budget &gt; 85%</td>
<td>YTD Jan ’11</td>
</tr>
<tr>
<td>Moody’s Upgrade</td>
<td>A2</td>
<td>A1</td>
<td>As of Jan ’11</td>
</tr>
<tr>
<td>Philanthropy</td>
<td>$15,000,000 - $17,500,000</td>
<td>&gt;$17,500,000</td>
<td>YTD 1Q</td>
</tr>
</tbody>
</table>

Web-based questionnaire will be launched in June 2011. Questions based on AHRQ safety climate survey instrument. Results available by end of FY.
DATE: March 3, 2011

NAME OF SERVICE LINE/ENTITY UPDATE: Patient Experience Update

PERSON RESPONSIBLE & TITLE: Brad Pollins, System Director of Organizational Effectiveness

KEY ACCOMPLISHMENTS: Several solutions have been developed and implemented in the past 18 months including system-wide implementation of a Patient Experience Discovery Chart, Quiet Time, 4P model, and Rounding.

<table>
<thead>
<tr>
<th>GOALS (MET)</th>
<th>GOALS (UNMET)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. HCAHPS Targets</td>
</tr>
<tr>
<td></td>
<td>2. Press Ganey Targets</td>
</tr>
</tbody>
</table>

FINANCIAL STATUS (including cash flow statement, projected cash flow, balance sheet and income statement): None at this time

PROBLEMS/ISSUES: Challenge is moving the performance in a positive direction at a rate above the market.

ANTICIPATED NEEDS: Leadership, Resources, Education, Accountability

SUMMARY/COMMENTS: Key next steps include:

1. Declare that Patient Experience will require a cultural transformation
2. Elevate Patient Experience in importance
3. Send clear message to leaders at the March Leadership Update
4. Reflect as a key strategy in the System strategic plan with Larry Antonucci as the owner
5. Develop detailed plan to support System strategy (retreat scheduled)
6. Conduct retained search for a Director of Service Excellence
7. Design a structure to support the new Director to drive change
8. Adjust Accountability Standards to drive focus
9. Orient organization to Top Box mindset
10. Pilot test Discharge Calling
11. Implement bedside rounding
12. Implement leadership rounding
LEGISLATIVE UPDATE

(Sally Jackson, System Director of Community Projects)
## Decomposing FY11-12 Medicaid GR $2,095m Deficit

<table>
<thead>
<tr>
<th>($ Millions)</th>
<th>GR</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2010-11 Appropriations Base</td>
<td>$3,441.1</td>
<td>$18,518.6</td>
</tr>
<tr>
<td>FY 2011-12 Estimate</td>
<td>$5,536.8</td>
<td>$22,094.9</td>
</tr>
<tr>
<td>Increase</td>
<td>$2,095.7</td>
<td>$3,576.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Increase</th>
<th>GR</th>
<th>% of Total</th>
<th>Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMAP Shift</td>
<td>$1,358,658,617</td>
<td>64.8%</td>
<td>$</td>
<td>0.0%</td>
</tr>
<tr>
<td>Caseload</td>
<td>$241,857,698</td>
<td>11.5%</td>
<td>$1,270,678,240</td>
<td>35.5%</td>
</tr>
<tr>
<td>Utilization</td>
<td>$307,557,820</td>
<td>14.7%</td>
<td>$1,700,678,052</td>
<td>47.6%</td>
</tr>
<tr>
<td>Price Level</td>
<td>$187,699,076</td>
<td>9.0%</td>
<td>$605,047,808</td>
<td>16.9%</td>
</tr>
<tr>
<td>Increase</td>
<td>$2,095,773,211</td>
<td>100%</td>
<td>$3,576,404,100</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Of the Total.....**

<table>
<thead>
<tr>
<th>GR</th>
<th>% of Total</th>
<th>Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy</td>
<td>$605,705,261</td>
<td>$1,448,157,776</td>
<td></td>
</tr>
<tr>
<td>MEDS AD</td>
<td>$420,441,615</td>
<td>$982,917,425</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,026,146,876</strong></td>
<td><strong>$2,431,075,201</strong></td>
<td><strong>68.0%</strong></td>
</tr>
</tbody>
</table>
Highlights of Governor Rick Scott’s Budget

Tax Relief
1. Property tax relief over two years through the FEFP $1.0 billion
2. Property tax relief over two years through water management Dst. $ .4 billion
3. Eliminate the 5% Corporate Income Tax over two years $2.0 billion
4. Roll back the Highway Safety fees passed two years ago $ .2 billion

Budget cuts and other reductions
1. Public Education $3.4 billion
2. Human services excluding Medicaid $ .5 billion
3. Criminal justice $ .6 billion
4. Environment and Transportation programs $1.3 billion
5. Increasing public employee contribution to FRS and Health Care
   Local government share of pension reform returned to state $350 million

Medicaid cuts and other considerations
1. Hospital inpatient and outpatient services 5% rate reductions $262 million
2. Medically needs coverage reduced to physician care only total $1.4 billion
3. Hospital share of Medically needy $800 million
4. Addition Medicaid budget cuts are embedded through budget

Medicaid Trust Funds Transferred to General Revenue
1. IGT share of the Grants and Donations TF $546 million
   2. PMATF (hospital tax)

Medically Needy Program
Total Medically Needy enrollment $53,698
Total cost of Medically Needy program $1.4 billion
General Revenue share of Medically Needy program $ .6 billion
Hospital share of Total Medically Needy program $ .8 billion
Key Issues Impacting Hospitals

- Medical loss ratios for Medicaid managed care plans and Kidcare are uniformly established at 90 percent. (Section 9, 30, and 41)
- Medicaid eligibility is restricted to U.S. Citizens and lawfully admitted noncitizens. (Section 19)
- Medicaid Aged/Disabled Program is terminated effective June 30, 2011. (Section 23)
- Medically Needy Program is renamed the Medicaid Nonpoverty Medical Subsidy Program and services are limited to physician services only. (Section 23)
- Increases Medicaid rates for primary care physicians for primary care services to 100 percent of Medicare effective January 1, 2013. (Section 28)
- Increases copayments for non-emergency services in an emergency room from $15 to $100. (Section 29)
- Implements mandatory Medicaid managed care for Medicaid recipients with enrollment exceptions for the developmentally disabled, Medicaid Nonpoverty Medical Subsidy individuals, residents of nursing homes as of July 1, 2011, aliens receiving emergency Medicaid services, a few other uniquely eligible individuals. (Section 37 and 38)
- Directs AHCA to submit a waiver to federal CMS by August 1, 2011 to gain approval for implementation. (Section 37)
- Allows Provider Service Networks to participate as capitated plans. Uncertain if fee-for-service options are available. (Section 30)
- Establishes 19 regions statewide in which plans will provide Medicaid services and limits plans to a maximum of 10 per region. (Section 39)
- Requires competitive bidding as a plan selection process and establishes qualification criteria. (Section 39)
- Establishes a 5 year contract period for plans and requires a primary care physician for each member, mandates prompt pay, quality and performance standards, guaranteed savings and anti-fraud actions. (Section 40)
- Hospitals and physicians are not required to contract with qualified plans. In counties with no capitated managed care plan, providers would be paid an average of the contractual rate paid for corresponding services if an impasse develops. (Section 41)
• Allows for the continuation of the calculation of fee-for-service rates for inpatient and outpatient services but states that these rates are not to be the basis for contract negotiations between plans and hospitals. (Section 41)
• Requires AHCA to develop a methodology that ensures the continuation of Intergovernmental Transfers (IGTs) and for the provision of supplemental hospital payments. (Section 42)
• Requires encounter data to be submitted to the agency and specifies validation requirements. (Section 44)
• In the event the federal government does not approve a waiver granting Florida the ability to implement this legislation, the Senate proposes withdrawing from the Medicaid Program and implementing a state fund medical assistance program. (Section 37 and 84)
• The effective date of implementation is December 31, 2012 for the Managed Care Medical Assistance Program and March 31, 2013 of the Managed Long-Term Care Program. (Section 45)

**Key Issues Related to Tort Reform (Sections 62-71)**

• Hospitals and other Medicaid providers' liability for negligence claims by a Medicaid enrollee is limited to $200,000 per claimant or $300,000 per occurrence, unless the claimant proves by clear and convincing evidence that the provider acted in bad faith or with malicious purpose or with wanton and willful disregard of humans rights or safety.
• Low Income Pool recipients providing primary care to uninsured or underinsured persons shall also have limited liability in negligence cases of $200,000/$300,000.
• Permits the Florida Board of Medicine to discipline a Florida physician or revoke an out-of-state physician's expert witness certificate for providing misleading, deceptive, or fraudulent testimony.
• Extends sovereign immunity to Shands Teaching Hospital/Shands Jacksonville and the University of Miami Medical School.
• Provides nursing homes with $250,000 limits of liability for wrongful death actions and procedural protections for punitive damage suits and claims against nursing home officers or directors.
OTHER ITEMS
DATE OF THE NEXT REGULARLY SCHEDULED MEETING

Planning FULL BOARD MEETING

THURSDAY, May 12, 2011 4:00pm

Lee Memorial Hospital - Boardroom
2776 Cleveland Ave, Ft. Myers, FL 33901
Lee Memorial Health System
BOARD OF DIRECTORS MEETING
Thursday, March 3, 2011

BOARD CHAIRMAN:
Richard Akin
OLD
BUSINESS
NEW BUSINESS
LEE MEMORIAL HEALTH SYSTEM

BOARD OF DIRECTORS

BOARD OF DIRECTORS’ REPORTS
DATE OF THE NEXT REGULARLY SCHEDULED MEETING:

Full Board Meeting

ALSO CONVENING AS: CAPE CORAL HOSPITAL BOARD OF DIRECTORS (PROVIDER #10-0244); LEE MEMORIAL HOSPITAL BOARD OF DIRECTORS (PROVIDER #10-0012); GULF COAST MEDICAL CENTER BOARD OF DIRECTORS (PROVIDER #10-0220)

Thursday, March 24, 2011
4:00pm

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