Lee Memorial
Health System

PLANNING
&
FULL BOARD OF DIRECTORS’
Meetings

Thursday
March 8, 2012
3:00 p.m.
AGENDA

PLANNING & FULL BOARD OF DIRECTORS MEETINGS
March 8, 2012 - 3:00 p.m.

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

1. CALL TO ORDER (Richard Akin, Board Chairman)
Lee Memorial Health System Board of Directors Meeting

2. INVOCATION & PLEDGE OF ALLEGIANCE (Chaplain Susan Crowley, BCC)

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. RETIREMENT RECOGNITION:
   (Scott Kashman, Chief Admin Officer, CCH & Carol Withers, Nurse Manager)
   ♦ Diane Archer, Registered Nurse, 27 Years of Service, CCH

5. PHYSICIAN LEADERSHIP COUNCIL (PLC) REPORT (Accept)
   (Tom Presbrey, M.D., PLC Chairman)

   PLANNING CHAIRMAN: Linda Brown, MSN, ARNP

6. CONSENT AGENDA (Approval)
   A. Environmental Safety Annual Evaluation
   B. 2012 System Scorecard of Feb 29, 2012

7. MASTER FACILITY PLAN (Update)
   (Dave Kistel, Vice President/Facility Management/Support Services)

8. THE CHILDREN’S HOSPITAL & ENABLING PROJECTS (Approval)
   (Dave Kistel, Vice President/Facility Management/Support Services)

9. FEDERALLY QUALIFIED HEALTH CENTER (FQHC) (Update)
   (Kevin Newingham, Vice President/Strategic Services)

10. OTHER ITEMS
    Date of the next PLANNING BOARD OF DIRECTORS MEETING
    Thursday, May 17, 2012 - 3:00 p.m.

   LMHS SYSTEM BUSINESS BOARD CHAIRMAN: Richard Akin

11. OLD/NEW BUSINESS

12. BOARD OF DIRECTORS’ REPORTS

13. Date of the next Regular MEETINGS:
    * Thursday, March 15, 2012 - 3:00 p.m. BOARD WORKSHOP
    * Thursday, March 22, 2012 - 3:00 p.m. FINANCE & FULL BOARD
    * Both Held at Lee Memorial Hospital – Boardroom, 2776 Cleveland Ave, Fort Myers

14. ADJOURN (Richard Akin, Board Chairman)
Lee Memorial Health System

Invocation Prayer

&

Pledge of Allegiance
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.
RETIREMENT RECOGNITION:
(Scott Kashman, Chief Administrative Officer, Cape Coral Hospital & Carol Withers, Nurse Manager)

Diane Archer, Registered Nurse, 27 Years of Service, Cape Coral Hospital
Proclamation

Lee Memorial Health System
Board of Directors
March 8, 2012

would like to recognize with sincere appreciation

Diane Archer, RN

in her retirement of 27 dedicated service years
to the Lee Memorial Health System.
The entire system wishes you health & happiness,
and all the best in your future endeavors.

BOARD OF DIRECTORS
District 1 – Stephen R. Brown, MD • Marilyn Stout
District 2 – Richard B. Akin • Nancy M. McGovern, RN, MSM
District 3 – Linda L. Brown, MSN, ARNP • Vacant Seat
District 4 – Diane Champion • Chris Hansen
District 5 – Donald A. Brown • James Green
PLC Chairman Report to the Board 3/8/2012

Recent Meetings

TCH MEC – 2/28
HPMC MEC – 2/14
CCH MEC – 2/20
GCMC MEC – 2/13
LMH MEC – 2/8

❖ Multiple Campus MEC Common Themes and Issues

• STEMI Call--This call has been altered at the direction of the FMECs to be a STEMI / Emergency cardiology call list going forward with cases to be monitored.

• Medical Staff General Rules and Regulations concerning ER consults, emergency care, lab services and orders, and informed consent were passed.

• Cerebrovascular Care Committee Chairman provided an overview of stroke protocols and operations and plans for the future of the service.

• Received an update on hospitalist contracting.

❖ At TCH they announced a planning meeting for assembling the design team for the new Children's Hospital.

The next meeting of the PLC will be held March

Thank you for your attention.

Tom Presbrey, M.D.
PLC Chairman
CHAIRMAN CHANGE

PLANNING
BOARD OF DIRECTORS
MEETING
Thursday, March 8, 2012
3:00pm

PLANNING CHAIRMAN:
Linda L. Brown, MSN, ARNP
A. Environmental Safety Annual Evaluation

B. 2012 System Scorecard
**DATE:** March 8, 2012

**LEGAL SERVICE REVIEW?** YES__ NO_X__

**SUBJECT:** 2011 Annual Evaluation of the Physical Environment Programs for LMHS

**REQUESTOR & TITLE:** Rocky Rhoads, System Director of Environmental Safety / Safety Officer

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

**SPECIFIC PROPOSED MOTION:**
Acceptance of the 2011 Annual Evaluation of the Physical Environment Programs for LMHS

**PROS TO RECOMMENDATION**

**CONS TO RECOMMENDATION**

**LIST AND EXPLAIN ALTERNATIVES CONSIDERED**

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

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

**SUMMARY**
This annual evaluation of effectiveness for the Physical Environment and Safety Management Programs is prepared for the Board of Directors, System Quality and Safety Management Council, and leadership in compliance with DNV standards. Effectiveness is evaluated by comparing the programs’ scope to the current needs of the organization and comparing the programs’ stated objectives with the measurements made related to stated performance measures. All seven programs were found to very effective.
Annual Evaluation
Of the Physical Environment

2011
Lee Memorial Health System
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This document has been created as part of the Lee Memorial Health System Patient Safety Evaluation System.
Summary of Overall Effectiveness of the
2011 Physical Environment Management System Programs

The Environmental Safety Committee evaluated the 2011 scopes, objectives, performance and effectiveness of the seven (7) Physical Environment Management System Plans and determined them to be appropriate. The functional leaders of the seven disciplines prepared the evaluations with input from other interrelated functions such as Infection Control, Emergency Services, Employee Health, Employee Education, Standards and Quality, Workers Compensation, etc. Effectiveness is evaluated by comparing the programs’ scope to the current needs of the organization and comparing the programs’ stated objectives with measurements made related to stated performance measures.

The annual evaluation of the seven Physical Environment Management System Plans has determined the plans to be effective in reference to their goals, scope, and objectives. The overall management of the Physical Environment program has been determined as acceptably effective with a few identified opportunities for improvement in each of the seven areas.

Environmental Safety Committee Physical Environment Recommended Performance Improvement Activities:

Accrediting agencies require organizations to recommend one or more performance improvement activities to be communicated at least annually to the organization’s leaders based on the ongoing performance monitoring of the environment of care management plans. The performance improvement activity must be measurable in order to evaluate the performance.

For 2012, the Environmental Safety Committee recommends the two (2) following performance improvement activity and goal:

One hundred percent (100%) of randomly interviewed LMHS employees should have a “gold card” to reference emergency code information during environmental safety rounds and surveys

At least ninety percent (90%) of randomly interviewed LMHS clinical hospital employees know who is authorized to shut off medical gas valves during emergencies

As always, the Physical Environment Captains and I would like to thank the Board of Directors and Administration for their excellent support of the Physical Environment programs.

Respectfully submitted,

Rocky Rhoads, CHCM, CHSP, CPSO
System Director, Environmental Safety / Safety Officer
Life (Fire) Safety Management System Evaluation Summary:

Comparison of Staff Knowledge from 2008 to 2011
Goal: ≥ 90 %

### Staff Knowledge of Fire/Life Safety Management

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Staff Answering Correctly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaning of PASS</td>
<td>98%</td>
<td>98%</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td>Location of nearest pull station</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Location of nearest extinguisher</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Location of smoke compartments</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
</tbody>
</table>

Life (Fire) Safety Management System Evaluation Summary:

Life Safety Management System 2011 Fire Drills

<table>
<thead>
<tr>
<th>Hospital Staff Participation and Performance</th>
<th>Goal</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>SUMMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire drills are conducted at least once per shift per quarter in hospitals (list shift)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100% Goal Met</td>
</tr>
<tr>
<td>Critique sheets are returned from all affected departments</td>
<td>80%</td>
<td>97%</td>
<td>97%</td>
<td>98%</td>
<td>97%</td>
<td>98%</td>
<td>99%</td>
<td>98%</td>
<td>98%</td>
<td>97%</td>
<td>97%</td>
<td>99%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td># of times staff failed to initiate alarms properly in actual fires</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

This document has been created as part of the Lee Memorial Health System Patient Safety Evaluation System.
### Life Safety Management System Fire Alarm System Activations

<table>
<thead>
<tr>
<th>Performance of the automatic fire systems</th>
<th>Goal</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>SUMMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of unplanned activations of the fire alarm systems</td>
<td>&lt; 5/month Per Campus</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td>Goal Met</td>
</tr>
<tr>
<td>Number of actual fire situations (system activated appropriately)</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Number of activations due to system malfunction (false alarms)</td>
<td>&lt; 2/month Per Campus</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Goal Met</td>
</tr>
</tbody>
</table>

### Safety Management System Evaluation Summary:

#### Comparison of Staff Knowledge 2008 to 2011

<table>
<thead>
<tr>
<th>Goal: ≥ 90 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to contact the Safety Officer</td>
</tr>
<tr>
<td>Meaning of the term &quot;Environment of Care&quot;</td>
</tr>
<tr>
<td>What to do if they discover a safety hazard</td>
</tr>
<tr>
<td>How to report a patient injury</td>
</tr>
<tr>
<td>% of Staff Answering Correctly</td>
</tr>
<tr>
<td>2008</td>
</tr>
<tr>
<td><img src="image-url" alt="Graph of Staff Knowledge of Safety Management" /></td>
</tr>
</tbody>
</table>
Safety Management System Evaluation Summary:

Comparison of Non-Patient Falls from 2008 to 2011
(Goal: ≤ 5 Per Month, Per Campus)

Falls Due to Environmental Conditions

![Graph showing falls due to environmental conditions from 2008 to 2011 for different campuses.]

Note: There were no non-patient falls reported at SW & GC during 2008.

Comparison of Needlestick rates from 2007-2011
Goal rate ≤ 0.30 (Number of Needlestick Incidents Per 100 FTEs)

Rate Of Needlesticks 2007-2011

![Graph showing needlestick rates from 2007 to 2011.]

This document has been created as part of the Lee Memorial Health System Patient Safety Evaluation System.
Safety Management System Evaluation Summary:

Comparison of Staff Injuries Jan. 2010 to Dec. 2011
Goal rate ≤ 3.00 (Number of Injuries Per 100 FTEs)

Staff Injuries Comparison 2010 - 2011

Comparison of Department Environmental Safety Tours
Completed from 2009 to 2011
Goal: ≥ 90 %
Security Management System Evaluation Summary:

Comparison of Staff Knowledge from 2008 to 2011
Goal: ≥ 90 %

Staff Knowledge of Security Management

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number for non-emergency incidents</td>
<td>92</td>
<td>78</td>
<td>58</td>
<td>64</td>
</tr>
<tr>
<td>Code for infant abduction</td>
<td>41</td>
<td>27</td>
<td>21</td>
<td>17</td>
</tr>
<tr>
<td>Code for a bomb threat</td>
<td>11</td>
<td>11</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>What to do about suspicious persons</td>
<td>31</td>
<td>31</td>
<td>31</td>
<td>31</td>
</tr>
</tbody>
</table>

Comparison of Thefts, Vandalism and Assaults from 2008 to 2011

Security Management Report of Thefts/Vandalism/Assualts

<table>
<thead>
<tr>
<th>Year</th>
<th>Thefts</th>
<th>Vandalism</th>
<th>Assaults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>92</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td>2009</td>
<td>41</td>
<td>27</td>
<td>11</td>
</tr>
<tr>
<td>2010</td>
<td>11</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>2011</td>
<td>31</td>
<td>17</td>
<td>31</td>
</tr>
</tbody>
</table>
Hazardous Material Management System Evaluation Summary:

Comparison of staff knowledge from 2008 to 2011
Goal: ≥ 90 %

![Graph showing Staff Knowledge of Hazardous Materials Management](image)

Bio Medical Waste 2011 Pounds Per Month

![Graph showing Bio Medical Waste](image)
Hazardous Material Management System Evaluation Summary:

Comparison Bio Medical Waste 2009 – 2011 Pounds Per Patient Per Day

![Bio Waste Pounds Per Patient Per Day]

Carbon Footprint Estimator Comparison of 2010 – 2011

![Carbon Footprint Estimator Comparison of 2010 – 2011]
Emergency Management System Evaluation Summary:
Comparison of Staff Knowledge from 2008 to 2011

Staff Knowledge of Emergency Management

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of on Line Disaster Policies</td>
<td>80%</td>
<td>90%</td>
<td>Goal 90%</td>
<td>Goal 100%</td>
</tr>
<tr>
<td>How to report a fire</td>
<td>Goal 100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What RACE stands for Emergency Code for fire</td>
<td>Goal 90%</td>
<td>Goal 100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Equipment Management System Evaluation Summary:
Comparison of Staff Knowledge from 2008 to 2011
Goal: ≥ 90 %

Staff Knowledge of Equipment Management

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>What must occur before you use a piece of equipment</td>
<td>95%</td>
<td></td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>How to identify that equipment is safe to use</td>
<td></td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What to do with malfunctioning equipment</td>
<td>98%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number to report equipment failures</td>
<td>95%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This document has been created as part of the Lee Memorial Health System Patient Safety Evaluation System.
Utility Management System Evaluation Summary:

Comparison of Staff Knowledge from 2008 to 2011

Staff Knowledge of Utilities Management

<table>
<thead>
<tr>
<th>% of Staff Answering Correctly</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significance of the red outlets</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Who is authorized to shut off a medical gas valve</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Utility systems in their area</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Emergency procedures for utility failures</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>
2011 LIFE SAFETY MANAGEMENT SYSTEM
PROGRAM EVALUATION REPORT

SCOPE:

The scope of the Life (Fire) Safety Management System Program was reviewed and determined to be appropriate and effective by the Environmental Safety Committee. The program is applied to all facilities, property and buildings of Lee Memorial Health System.

In February, the Family Health Centers closed down the office at 3511 MLK Blvd. LPG opened a walk-in clinic/United Way House at that location.

In May the Children’s Pediatric Rehab on Hollyfern Court, Fort Myers, was opened.

In July the Behavioral Mental Health at New Brittany Blvd., Fort Myers, was purchased.

In October, Women’s Healthcare Professionals in Bonita moved from shared space to their own suite.

LPG Pulmonary moved from HPMC to the second floor at LPG, College Ave. LPG Call Center expanded into suite 3 at Riverwalk.

Dr David and Dr. Saludo moved from Med Plaza IV to the third floor Sanctuary Outpatient Center.

Lee Convenient Care North was renamed LPG N. Ft. Myers United Way House.

The new E.D. addition at Cape Coral Hospital was opened and Phase IV-A has been completed. Phase IV-B will continue in 2012.

The following goals and projects were completed in 2011:

Cape Coral Hospital:
- ADA Sidewalk access from Del Prado
- Added several security cameras

Day Care Clifford Street
- Security Fence
- New Play Ground Set
- Security doors and cameras

Gulf Coast Medical Center:
- Installed concrete around grease trap
- Bollards were added to the fire lines to protect against traffic

HealthPark Care and Rehabilitation Center:
- Exterior wall sections were replaced where wall was deteriorating
HealthPark Medical Center:
- Parking Lot Light Pole Replacement

Lee Memorial:
- Replaced several Fire/Smoke doors throughout facility
- Replaced wooden deck
- Replaced MOC Ramp
- Installed Security Control Board in Board Office
- Installed System Fire Door Holders (Circuits)
- Helicopter pad enlargement
- 4th floor MOC corridor widening to allow stretcher movement
- Additional corridor security cameras and pedestrian traffic safety mirrors
- LED sensor bars on auto doors
- Additional DSX equipment installed, panic buttons

OBJECTIVES:

A review of the Life Safety Management System Program revealed that the objectives listed in the Life Safety Management System Plan were appropriate, and in line with the needs of the organization. The existing objectives provide the framework to establish and maintain a fire safe physical environment. These objectives cover all the practical aspects of fire safety program therefore there are no recommendations for any changes to the program objectives at this time.

PERFORMANCE:

A review of the data collected for the Life Safety Management Program shows continued high scores in nearly every area and the program has an overall excellent performance rating. During the year 2011, performance of the staff and fire protection equipment and systems was at a very high level. There were 22 actual fires during 2011 (compared to 27 fires in 2010). All of these were minor electrical or microwave/toaster type incidents or smoking related external to the facility and of nominal consequences. Responses to all alarm activations were very good to excellent overall. No injuries related to fires occurred during the year and none required evacuation of any patients. All system and equipment tests and inspections were conducted on schedule and alternative life safety measures were activated as necessary.

Florida Agency for Health Care Administration

Florida Agency for Health Care Administration conducted 2011 annual Re-Licensure Life Safety surveys at Cape Coral Hospital, January 6th, Gulf Coast Medical Center, January 3rd through the 6th, HealthPark Medical Center, March 24th and Lee Memorial Hospital, March 24th and May 18th. All plans of corrections submitted were approved and subsequent follow up visits confirmed the previously cited deficiencies were found corrected on the day of the revisit.
Centers for Medicaid and Medicare

Centers for Medicaid and Medicare conducted a Federal Validation survey of HealthPark Medical Center and Lee Memorial Hospital, June 1st through the 3rd, due to the DNV-Health Care National Integrated Accreditation for Healthcare Organizations survey, May 17th through the 20th. All plans of corrections submitted were approved and subsequent Life Safety follow up visit on August 10th confirmed the previously cited deficiencies were found corrected on the day of the revisit or cleared by a September 29th “desk review”.

EFFECTIVENESS:

A review of the performance standards related to the Life Safety Management Program reveals an effective program. The performance indicators that monitor staff knowledge during fire drills and safety tours determined that a combined average 100% of employees know the RACE procedure and recognized their responsibilities. During fire drills, an annual average of 98% of staff closed all doors in response to a fire alarm. During fire drills, 99% of staff made the correct responses and knew the procedures to protect and transfer their patients. During safety tours, 98% of staff knew the emergency code word for fire. The announcement of a fire was clear and audible 97% of the time. The flashing lights worked properly 99% of the time. Results of fire drill critique forms returned for review identified 38 opportunities for improvement. Most of these were reports of doors not closing properly, minor obstructions found in the hallways (gurneys, beds, etc.), lowered volume on the house P.A. systems, extinguisher/hose cabinets blocked, etc.

The vast majority of the physical issues were either resolved on the spot or submitted for action and corrected by Plant Operations. A total of 19 “employee performance” issues were discovered during fire drills. Most of these centered around employees who failed to implement the response plan in proper sequence (Rescue, Alarm, Contain, Extinguish). Some responders felt the need to extinguish the “fire” before implementing proper alarm, rescue, or evacuation of patients, visitors, or others.

Next highest issue was failure of some employees to manually close doors to patient rooms, work areas etc. Next highest issue was the failure to use the closest portable fire extinguisher. In each of these instances, the responder could have used an extinguisher closer at hand. These scores support the statement that the Life Safety Management System Program is effective in providing a fire safe physical environment.

Offsite physicians’ offices (Lee Physicians Group or LPG) conducted separate drills using the same basic criteria and observations sheets as acute care facilities. All offsite offices (total of 30 locations) and hospital based offices were to conduct 4 per year. The goal of 100% compliance was met.

Facilities Life Safety Assessment and Plan for Improvement Management

In 2011, Facilities Management and Support Services contracted with JT Service Contractor Corp. to conduct the Facilities Life Safety Assessment at all four hospitals and Lee Memorial Outpatient Surgery Center in November.
LIFE SAFETY MANAGEMENT SYSTEM GOALS FOR 2012:

- Work in cooperation with Surgery, Plant Operations, Risk Management, Environmental Safety, Standards and Compliance, Quality Management, Security, plus local fire departments for all four of our acute care facilities in the development of Life Safety plans, education, and response specific to prevention of surgical fires.
- Continue to work with fire departments in all four jurisdictions of our acute care facilities for live, hands-on fire extinguisher demonstrations.
- Revise and upgrade our portable Fire Extinguisher Monthly checklist forms on all four acute care campuses and attempt to place in a computerized database.
- Continue to cooperate with Facility Planning and Design for review and revision of pre-construction Hazard Risk Assessment for fire prevention, basic Alternative Life Safety Measures, plus other related Life Safety/Security issues.
- Review and revise fire safety/prevention indicators in the information collection and evaluation system (ICES) process as needed.
- Continue to offer basic fire response education for construction personnel on all campuses.
- Conduct at least one live evacuation drill with LMHS Security and nursing personnel at each campus.
- Upgrade Fire Alarm System at HealthPark Care and Rehabilitation Center.
- Upgrade the Elevators at Lee Memorial Hospital.

The annual evaluation of the Life Safety Management System Program has determined the program to be effective as to its objectives, scope, and performance.
2011 ANNUAL SAFETY MANAGEMENT SYSTEM PROGRAM EVALUATION REPORT

SCOPE:

The scope of the Safety Management System Program was reviewed and determined to be appropriate and effective for 2011 by the Environmental Safety Committee. The program is applied to all facilities, property and buildings of Lee Memorial Health System.

The Lee Memorial Health System (LMHS) safety program provides patients, staff, and visitors with an environment free from recognized safety and health hazards both by promoting staff activities that reduce the risk of injuries and illnesses and by fostering an accident and injury preventive culture.

OBJECTIVES:

A review of the Safety Management System Program shows that the objectives listed in the plan were appropriate and in line with the needs of the organization. The existing objectives cover all aspects of safety that are applicable to the facilities listed in the scope of the Safety Management System Plan. It has been determined that these objectives form the foundation for providing an environment free from hazards and reducing the risk of injury to patients, visitors, staff and physicians.

PERFORMANCE:

A review of data collected for the Safety Management System Program clearly indicates that the performance of the program is at an acceptable level. The Safety Program as well as all the other Physical Environment (PE) Programs is an integral part of the hospital’s orientation and annual review process. In addition to the seven physical environment programs that report to the Environmental Safety Committee, other reports presented to the Environmental Safety Committee include the Employee Health Safety Report, the Infection Control Report, and Workers Compensation Reports. When issues, incidents or concerns involve the physical environment, they are presented to the Environmental Safety Committee from Standards and Quality, Risk Management, Patient Safety and from health care alerts and other regulatory agency publications. All these programs and related functions work with the Environmental Safety Committee to provide a safe physical environment that is free from hazards.

The annual DNV-Healthcare (DNV-HC) survey occurred in May 2011 utilizing the National Integrated Accreditation for Healthcare Organizations (NIAHO) standards. During the survey, there were no Physical Environment (PE) non-conforming category one (NC-1) findings and only one (1) PE non-conforming category two (NC-2) finding: one in PE.2 Life Safety Management System. The LMHS corrective action plan submitted was accepted by DNV-HC and fully implemented in June 2011.

The DNV-HC PE surveyors were very complementary indicating that one (1) PE NC-2 finding was an excellent score compared to similar health care organizations’ in their second annual DNV-HC surveys. Next DNV-HC survey window is 60-days prior to or 60-days after May 2012.
During the year 2011, some of the major areas of focus for the Safety Management System Program included:

- Environmental safety tours, hazard surveillance and departmental safety inspections conducted by facility physical environment teams, environmental safety department and department leaders to ensure a safe and effective physical environment
- Continued emphasis on elimination of needle sticks and other sharp object injuries
- Participation in pre-construction risk assessments and alternative life safety measures on construction, renovations and additions throughout the system
- Provided data and reports to departments and committees for performance improvement activities
- Conducted a hazardous chemical analysis in Environmental Services along with Plant Operations to utilize the safest products possible and establish conformity
- Performed a system study of lead aprons, recognizing differences in the procedure and is assisting in implementing a standardized procedure in all Radiological services facilities
- Conducted “document control” compliance by removing Red Disaster and Yellow HazMat Manuals from hospitals and facilities that continuously contained outdated policies
- Collaborated with Information Technology (IT) department to develop a system of designated computers to receive the Monday back up of the policies and procedures manual to ensure access during emergencies when the network may be unavailable
- Improving our ability to respond to issues of disasters
- Reducing potential exposures to hazardous material
- Responding to indoor air quality issues in conjunction with Plant Operations remains a strong focus

**EFFECTIVENESS:**

A review of the performance standards data related to the Safety Management System Program shows that the program has been effective.

**Staff Knowledge of the Safety Management System Program:**

The Environmental Safety Department, hospital Physical Environment Teams and the Security Department throughout the year conduct random staff knowledge surveys. The Environmental Safety Committee reviews and evaluates the hospital and offsite-clinics information collection and evaluation system (ICES) data. The committee has approved a goal of ninety percent (90%) for correctly answered safety management staff knowledge questions.

The percentage of staff randomly questioned if they had their “gold cards” remained the same in 2011 as it was in 2010 at ninety-nine percent (99%). The “gold cards” are physical environment quick reference cards containing important emergency information for staff to reference during emergencies. Eighty nine percent (89%) of staff questioned knew how to contact the Safety Officer, which is a decline of seven percent (7%) from ninety-six percent (96%) in 2010.
Ninety-six percent (96%) of staff knew the meaning of the term "Environment of Care" in 2011. This is one percent (1%) lower than in 2010. Also in 2011, an average of ninety-nine percent (99%) of randomly questioned staff knew the correct procedure to report a wet floor, which is one percent (1%) lower than last year's figure. Staff knowledge held steady at ninety-eight percent (98%) in articulating the procedure to report a patient injury.

**Monitoring of Non-Patient Falls:**

Other fall indicators for monitoring purposes include visitor falls also known as non-patient falls. There are two categories of non-patient falls, those caused by environmental conditions or not caused by environmental conditions. Both indicators have the same goal of less than 5-falls per month at each facility. The total number of visitor falls increased from 132 in 2010 to 174 in 2011. The reported non-patient falls caused by environmental conditions decreased from 42 in 2010 to 41 in 2011. Both indicators for 2011 are below the goal maximum of 5-visitor falls per campus per month.

**Needle Stick Monitoring Results:**

The System goal of keeping needle stick injuries to less than 0.3 injuries per 100 FTE’s was met as well as our overall goal of keeping the rate of all employee injuries below 3.0 injuries per 100 FTE’s. The system-wide employee needle stick and sharps injuries rate, calculated per 100 FTE’s (full time equivalent), decreased from 0.16 in 2010 to 0.13 for 2011. Employee Injuries, calculated per 100 FTE, decreased .34 from 1.76 in 2010 to 1.42 for 2011.

**Staff Injuries and Workers Compensation:**

The year-end FY11 Worker’s Compensation claims costs were $1,980,000. Our Loss ratio was 0.84 from the State and this is excellent. Worker’s Compensation (WC) is administered by Human Resources. The primary focus of the WC Department was on closing claims. Department’s injury rates are continuously monitored and if a trend is identified, training and education are delivered. Our focus is on the following five injury categories:

- Strains and sprains
- Fractures
- Contusions
- Punctures

**Surveillance and Continuous Compliance Cycles:**

As part of the surveillance and continuous compliance cycle (CCC) process and data collection, department directors/managers or their designees conduct departmental environmental safety tours. All Departments are required to conduct at least two environmental safety tours per year approximately six-months apart. These departmental safety tours are conducted in February and August of each year.
Ninety percent is the goal for departmental safety inspections completed and sent to the Environmental Safety office by February 27th for the first round and by August 31st for the second round. 2011 Departmental Safety inspections data:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Received By February 27th</th>
<th>Received By August 31st</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Coral Hospital</td>
<td>100%</td>
<td>94%</td>
</tr>
<tr>
<td>Gulf Coast Medical Center</td>
<td>100%</td>
<td>93%</td>
</tr>
<tr>
<td>HealthPark Medical Center</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Lee Memorial Hospital</td>
<td>100%</td>
<td>91%</td>
</tr>
<tr>
<td>Offsite Facilities/Clinics</td>
<td>100%</td>
<td>99%</td>
</tr>
</tbody>
</table>

To ensure quality and safety management compliance the Environmental Safety Department also conducts a minimum of 3-environmental safety tours of all 4-hospitals and 14-offsite facilities annually. Environmental Safety Committee reviews the results of the environmental safety tours and the data is submitted to other committees for review as well such as the System Quality and Conformity committee, Facility (hospitals) Quality Committees and System Quality and Safety Management Council.

Each hospital campus also has a Physical Environment team with two co-captains. Environmental Safety assigns the teams bimonthly environmental safety tours for specific areas and tracks collected data. Physical Environment teams meet at least every other month for education, in-services and to discuss and review environmental safety tour identified opportunities for improvements. Identified opportunities for improvement are brought to the attention of the department director/manager in a written memo for correction and follow up activities.

The results of our performance monitoring indicate that the current Safety Management System Program is stable, sustainable, and acceptable in providing a safe physical environment that is free from hazards.

CUSTOMER SATISFACTION

Environmental Safety department conducts an annual customer satisfaction survey. The survey asks customers to rate the level of satisfaction with the Environmental Safety department in five (5) key areas on a scale of 1 to 5 with the following goals: $\geq 4.0 =$ exceeds standard, 3.9 to 3.0 meets the standard and below 3.0 does not meet the standard. The 2011 Environmental Safety department customer satisfaction score was 4.6, exceeding the standard.

Environmental Safety Department Customer Satisfaction Score

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the response time upon requesting assistance from Environmental Safety?</td>
<td>4.7</td>
</tr>
<tr>
<td>How satisfied are you with the support you receive for drills and exercises?</td>
<td>4.6</td>
</tr>
<tr>
<td>How satisfied are you with the support you receive on hazardous material inquiries and needs?</td>
<td>4.5</td>
</tr>
<tr>
<td>How satisfied are you with Environment of Care, Physical Environment and DNV-HC / ISO-9001 education and support?</td>
<td>4.5</td>
</tr>
<tr>
<td>How satisfied are you with inquires regarding local, state and federal regulatory codes?</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>AVERAGE SCORE OF FIVE QUESTIONS</strong></td>
<td><strong>4.6</strong></td>
</tr>
</tbody>
</table>
SAFETY MANAGEMENT SYSTEM PERFORMANCE GOALS FOR 2012:

Based on the results of surveillance, continuous compliance cycle assessments, performance monitoring and safety risk assessments, the Environmental Safety Committee selected the following goals for 2012:

- Maintain staff response to random physical environment staff knowledge question surveys equal to or above the corresponding information collection and evaluation system (ICES) designated goal of ninety or ninety-five percent (90% or 95%) for all hospitals and offsite clinics
- Complete at least ninety percent (90%) of the safety related facility tour Plant Operations work orders generated from identified opportunities for improvement during environmental safety tours and safety surveillance in 45-days
- Provide a physical environment free of hazards, reduce the risks of human injuries and loss of system resources
- Continue to implement appropriate measures for meeting the physical environment objectives of FL-Agency for Healthcare Administration, Centers for Medicaid and Medicare Services, and Det Norske Veritas National Integrated Accreditation for Healthcare Organizations
- Continue the risk assessment process including the biannual departmental safety tour inspection and self-assessment component for individual departments and business entities in order to engage and increase the management team participation in the compliance monitoring process and to increase the System’s survey readiness on a day-to-day basis
- Achieve compliance with all applicable standards and regulations
- Monitor the effectiveness of the safety management program and identify opportunities for improving safety performance
- Continue to assist Employee Health Services, Risk Management, Standards and Quality Management and Workers Compensation with identification, development of recommendations and implementation of action plans designed to reduce the frequency and severity of losses attributable to opportunities for improvement within the physical environment
- Communicate identified trends and opportunities for improvement with recommendations and/or solutions to the Environmental Safety Committee, Facility (hospitals) Quality Committees, System Quality and Conformance Committee, System Quality and Safety Management Council, Board of Directors and appropriate departments and facilities
- Facilitate the continued development of staff training pertaining to the Safety Management System process within LMHS
- Support the continued integration of staff representing the entire system into the physical environment management process, and
- Support the continued streamlining of the physical environment management process throughout the system for efficiency, consistency, and compliance purposes

The annual evaluation of the Safety Management System Program has determined the program to be effective in regards to its objectives, scope and performance.
2011 ANNUAL SECURITY MANAGEMENT SYSTEM
PROGRAM EVALUATION REPORT

SCOPE:

The scope of the Security Management System Program was reviewed and determined to be appropriate and effective for 2011 by the Environmental Safety Committee. The program is applied to all facilities, property and buildings of Lee Memorial Health System.

OBJECTIVES:

In January 2011, the Security Management System plan for Lee Memorial Health System was reviewed. The purpose of the plan is to provide a secure environment for the employees, patients, and visitors to LMHS. Results of the review were compared to local statistics on crime for the surrounding area and Security’s statistics from previous years. In addition to the current Security method’s, which have been effective in the past, the Security leadership was challenged to seek innovative ways to provide a more secure environment.

Areas of improvement are the consistent need for training/education of employees and combating crime. While all employees are trained during initial orientation along with on going monthly and annual education, we will continue alerting security trends and issues to employees via all our internal notification methods (i.e. email, Have You Heard, monthly management meetings, in-service training, etc). In addition, we discovered a significant upsurge in reports of Vandalism Incidents in 2003 (33 reports as opposed to only 13 reports in 2002). This led to a review of our methods to combat this type of crime. As a result of our efforts we were able reduce the number of Vandalism Incidents each year since down to only 6 reported in 2006. However, this category began an upswing again with 32 reports in 2007 and increased to 41 reports in 2008. Due to increased efforts by LMHS Security, there were only 27 reports for 2009 and down to 21 reports for 2010 and only 17 for 2011. Combating this category of crime will remain a major initiative for 2012.

PERFORMANCE:

A review of data collected for the Security Management System Program indicates that the overall performance of the program remains at a high level. LMHS Security conducted 2,853 reports/investigations plus responded to 238,379 Activity Trends Report functions (68 separate categories). During the year 2011, there was an increase in performance in two key areas. The Security Management System Program as well as all the other Physical Environment Programs are an integral part of the System’s new employee orientation and annual review process. When issues, incidents, or concerns involve security in the physical environment, the following reports are presented to the System Director of Environmental Safety and the LMHS Environmental Safety Committee: copies of the Security Department’s statistical data and reports collected from the Incident Reporting Information Management System (IRIMS), the STATS activity reporting systems, plus monthly updates to the information collection and evaluation system (ICES) grid reporting program. All these programs and related functions work with the System Director of Environmental Safety and the Environmental Safety Committee to strive for a safe and secure physical environment that is free from hazards. Some areas specifically evaluated for performance are Thefts, Assaults, Vandalism and other selected topics.
EFFECTIVENESS:

Of the goals that were set out in the last Annual Evaluation 2 were not met in 2011. One of the key indicators of effectiveness is number of Reported Thefts. A total of 52 Thefts (all categories) were reported in 2005 but increased to 68 reported in 2006 and 74 in 2007. This figure increased to 92 reports in 2008 but decreased in 2009 with 62 reports and only 58 in 2010. Unfortunately, reported thefts increased to 64 in 2011. This increase may be due to our decreased Mobile Patrols (on average 14.1% of total man-hours per each campus but down to 9.81% for 2011). Most of these were purses left in plain view in offices, unsecured employee lockers, and “Smash and Grab” thefts from employee vehicles. Warnings and education of all LMHS employees as to how they can easily avoid these crimes of opportunity is an ongoing initiative. Fortunately, theft of Patient Property (11 for 2011) and Auto Thefts (2 for 2011) continue to remain low.

Another indicator is Assaults. In 2005, LMHS reported only 5 Assaults but with an increase of 9 reported in 2006 (the increase was assaults on Security Officers, not others) but only 6 in 2007. However, this increased to 11 reported Assaults in 2008 and 11 in 2009 with 13 in 2010 (again the increase was to Security Officers). We show a major increase in 2011 with 31 reports, the greatest increase being assaults on employees (Nursing) by patients.

As indicated, our rate of Vandalism decreased to 17 in 2011, with 21 reports in 2010 from 27 in 2009. Vandalism reports showed a significant increase to 41 in 2008, 2007 with 32 reports, in 2006 with a total of 6 reports, 2005 with a total of 16 reports as opposed to 33 for 2003.

Statistics from our physical environment surveys of randomly selected employees determined that 98.75% knew how to report a suspicious incident and 98% knew the phone number to report a non-emergency Security incident. In addition, 99% of the employees surveyed knew the Emergency Code for Infant Abduction. We conclude from these statistics that our employee knowledge and education efforts are appropriate.

For over the past 29 years, LMHS Security has sent out an Annual Customer Satisfaction Survey to all LMHS department heads and supervisors. This survey asks the respondent to rate the level of satisfaction with Security in 3 key areas: Speed of Security response to a call, satisfaction with the response or actions taken, and overall level of satisfaction with Security at their respective facility. A benchmark of 4.7 was established in 2003 (using a score of 1 for Very Dissatisfied to 5 for Very Satisfied). LMHS Security scored an Overall Satisfaction Score at 4.81 (same score as in 2010). These figures lead us to conclude that even though crime levels are up in some categories, LMHS employees retain a high level of confidence and overall satisfaction with the Security Management Program.

Much of the increase of crime is attributed to the continued economic decline of Lee County and Florida as a whole over the past three years. With a 10.5% unemployment rate in Lee County alone, it remains a challenge to reverse these numbers. We are fortunate to have strong support from the System Leadership, department heads, and employees in general. We continue to maintain a high average percentage amount of time spent on Mobile Patrols (9.81%) while still responding to all other duties and responsibilities. In 2009, all officers attended a mandatory 8-hour basic certification course conducted by the Lee County Sheriff’s Department to increase officer safety and operational effectiveness. In addition, in 2010 all officers attended a 3 hour Patient Safety Course. We were able to obtain funding plus use internal resources to perform
major maintenance of our CCTV equipment on all four campuses. In addition, there has been a major emphasis on expansion of the DSX Access Control System. It is hoped all these efforts combined with continued employee education will hold the line or decrease the trends we experienced in 2011.

Reductions in state funding for basic mental healthcare has created a statewide crisis. We have experienced an increase of patients in our Emergency Departments and acute care facilities with severe altered mental states or Emotionally Disturbed Persons (EDPs). To complicate matters there is a general movement toward decreasing physical restraints of patients. This had resulted in an increase in the demand for Security Officers to “Stand-by” with patients to relieve hard-pressed nursing personnel and curb Patient Elopements. We began comparing the trend in these statistics to 2000 (824 Standing-by incidents requiring 1,495 man hours to 834 incidents with only 238 man hours in 2006, 614 incidents with 182 man hours in 2007, and 780 incidents with 334 hours in 2008, and 837 incidents with 482 hours in 2009, and 814 incidents with 247 hours 2010, and 1147 incidents with 319 hrs in 2011) to determine what resources are needed to respond to patient and nursing needs appropriately. At this point, it appears our resources are adequate to meet the challenge but we shall continue to examine the trends in 2012 as well.

The Security Management System Program is effective in providing a safe and secure physical environment for our patients, visitors, and staff.

SECURITY MANAGEMENT SYSTEM GOALS FOR 2012:

- A prime goal for 2012 will be to keep the theft rate in all reported categories at the same level or below that of 2011. With the increase of unemployment, street crime, and auto thefts in Lee County, this will be a major challenge for all System locations.

- Our personal safety training of all officers seems to be rewarded with holding officer injuries in confrontations but we have noticed a continued increase of injuries suffered during the restraint of combative patients (7-Officer injuries with 559 restraints in 2011, 9-Officer injuries with 572 restraints in 2010, 18-Officer injuries with 594 restraints in 2009, 17-Officer injuries with 596 restraints in 2008, 23-Officer injuries for 895 restraints in 2007 as opposed to only 17 for 937 restraints in 2006). We shall continue in this training with special emphasis on restraint, officer safety, and de-escalation techniques.

- LMHS Security completed a special, in-depth Workplace Violence Risk Assessment, which covered numerous areas from physical security to trend tracking and basic employee education in responding to such incidents. This lead to the adoption of a new Active Shooter Response Plan (Code Silver). The goal for 2012 will be to conduct active shooter exercises and continue to work on the education initiative.

- Maintain or, if possible, reduce the numbers of vandalisms as reported in 2011 despite rise in rate of vandalism in neighborhoods surrounding each of the four campuses.

- Security responded to 7,930 requests for Key Runs for a total of 789.7 man-hours. This has the potential to become a significant cost to the System for a non-value added service at the expense of high priority duties (i.e. Mobile Patrols). We shall attempt to reduce key runs where feasible even with major construction projects at all acute care locations.

This document has been created as part of the Lee Memorial Health System Patient Safety Evaluation System.
• Continue to monitor and reduce the number of false and accidental alarms caused by staff of our Infant Protection System at Health Park Medical Center, Cape Coral Hospital, and at Gulf Coast Medical Center. This number dropped dramatically with the total upgrade of our Safe Place infant protection system at CCH. The same upgrade is scheduled for completion by the spring of 2012 at HPMC as well.

• Continue specific training for all our officers to respond in an efficient and appropriate manner to these threats. Continue training all officers in basic Decontamination Set up Operations and Perimeter Control and we hope to participate in one major WMD or Haz-Mat related drill to exercise our capabilities.

• Continue to monitor and reduce the number of unlocked doors found by officers on routine patrol after business hours (2099 incidents reported in 2011).

• Revise, as needed the Program Plan to reflect any changes made in 2011-2012 and the full scope of the program and continue with the transition to DNV standards and nomenclature.

The Annual Evaluation of the Security Management System Program has determined the program to be effective in regards to its objectives, scope and performance.
2011 ANNUAL HAZARDOUS MATERIAL MANAGEMENT SYSTEM PROGRAM EVALUATION REPORT

SCOPE:

The scope of the Hazardous Material (HazMat) Management System program was reviewed and determined to be appropriate and effective for 2011 by the Environmental Safety committee. The program is applied to all facilities, property and buildings of Lee Memorial Health System.

HazMat Management System program refers to a variety of sites where patients are treated. These include both inpatient settings such as the acute hospitals and skilled nursing units as well as outpatient settings such as rehabilitation centers, ambulatory surgery centers and diagnostic centers. Such environments are made up of three basic components: buildings, equipment and people. Effective physical environment management includes processes and activities to reduce and control environmental hazards and risks; prevent accidents and injuries; and maintain safe conditions for patients.

OBJECTIVES:

A review of the Hazardous Material (HazMat) Management System program indicates the objectives listed in the plan were appropriate and in line with the needs of the organization. It has been determined that under existing conditions, these objectives cover all the necessary aspects of hazardous material and waste within the System’s facilities.

The objective of the HazMat Management System program is to provide a functional, effective and safe environment for patients, staff members and guests of the hospital. Achieving and maintaining this goal depends on strategic planning by System leaders for the space, equipment and resources needed to safely and effectively support the services provided. To accomplish this goal, staff is encouraged to promote a sound and safe patient centered environment, leaders continuously monitor best practices and measure outcomes of the hospitals and offsite facilities’ performance improvements.

The HazMat Management System program as a process is assisting the system in improving environmental performance and compliance, reducing costs, fewer accidents and increased efficiency.

The HazMat Management System program also utilizes internal and external consultants to help us manage water resources and recycling. Where applicable, the System has installed extremely efficient equipment to insure the minimum usage of water required to support efficient operation. We have established alternate water sources for irrigation. At all hospital campuses, there are separate dumpsters for paper-products recycling to reduce our waste stream costs significantly and assist the recycle effort.

The System continues to provide an education program for the departments that are the largest medical waste producers. This is a constant effort to educate and train staff in the proper use, cost and most efficient handling the medical waste stream. The in-services stress the importance
of placing the right waste items in the correct bag for disposal. Points of disposal have been added throughout the system to increase disposal convenience for staff where possible.

**PERFORMANCE:**

HazMat Management System program monitoring of the physical environment is specifically designed to monitor best safety practices throughout the hospitals and all off-site facilities.

The IntraLee online material safety data sheet (MSDS) system continues to enhance the management and performance of the “right to know” and chemical inventory programs. The IntraLee MSDS system gives immediate access to the LMHS MSDS library and is user-friendly for staff to utilize. The IntraLee MSDS system also provides on-demand staff training, container labeling and acts as a safety information resource center.

The System continues to improve the Universal Pharmaceutical Waste program that assists in identification and regulating pharmaceutical waste in all our waste streams. The program has added increased effectiveness with the Florida Department of Environmental Protection waste regulations compliance.

Our Mass casualty decontamination processes continues to be improved and refined with the acquisition of specialized equipment funded by federal and state grants in conjunction with our Emergency Management program.

**EFFECTIVENESS:**

The HazMat Management System programs for 2011 have been deemed effective by the Environmental Safety Committee. Opportunities for improvement were noted and are reflected in the goals listed at the end of this evaluation. A review of the performance data collected for the HazMat Management System program increased in relationship with the annual 2011 numbers. However, staff education continues to be a high priority focus for improvement in 2012. The 2011 training stats are as follows:

<table>
<thead>
<tr>
<th>Staff knows what MSDS means</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff knows the emergency code for a HazMat incident</td>
<td>97%</td>
</tr>
<tr>
<td>Staff know to locate hazmat policies, procedures and MSDS sheets on IntraLee</td>
<td>98%</td>
</tr>
<tr>
<td>Staff are able to identify hazardous material in their area</td>
<td>98%</td>
</tr>
</tbody>
</table>

In review of the 2011 percentages in comparison to 2010 percentages, knowledge of what MSDS means decreased from ninety-six percent (96%) to ninety-five percent (95%) for 2011. Staff who knew the code for a HazMat incident decreased from ninety-nine percent (99%) in 2010 to ninety-seven percent (97%) in 2011. How to locate the hazmat policies, procedures and MSDS sheets on IntraLee responses increased in 2011 to ninety-eight percent (98%) from ninety-seven percent (97%) in 2010. The ability to identify hazardous material in their area decreased from one-hundred percent (100%) in 2010 to ninety-eight percent (98%) in 2011.
Waste Anesthesia Gases and Hazardous Chemicals:

Waste anesthesia gases and other hazardous chemicals such as Formaldehyde, Gluteraldehyde, Paracetic Acid and Xylene levels were monitored and results exhibited safe levels well below the American Conference of Governmental Industrial Hygienists, National Occupational Safety and Health Institute and Occupational Safety and Health Administration action, ceiling, threshold or permissible exposure levels.

Laboratory and Pharmacy Chemical Hood Maintenance:

All Laboratory and Pharmacy chemical hood preventative maintenance schedules are current with documented maintenance visits for verification. Negative air pressure and air exchange rates were tested in the Histology and Microbiology laboratory and the results were within acceptable levels.

Medical/Infectious Waste:

Medical waste poundage is monitored and divided by the patient days for a pounds/patient day’s rate. The rate is utilized to benchmark medical waste at each campus and for the System’s total. Rate changes are directly linked and proportional to disposal cost fluctuations so continuous monitoring is essential to keeping costs low.

In 2008, LMHS implemented a sharps management proactive process to improve employee safety and further reduce the disposal costs while protecting and preserving the environment. Reusable sharps containers are a key component that provides a significant reduction in the pounds of plastic and cardboard from the sharps waste stream.

The LMHS sharps management vendor provides the following annual Carbon Dioxide or carbon footprint reduction estimate for each of the hospitals in the program. The following carbon footprint reduction estimate was based on the number of plastic containers and shipping cardboard that would have been sent to landfills if the sharps containers were not re-used.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>CCH</th>
<th>GCMC</th>
<th>HPMC</th>
<th>LMH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pounds of CO2 emissions prevented:</td>
<td>21,154</td>
<td>27,906</td>
<td>27,444</td>
<td>20,364</td>
</tr>
<tr>
<td>Pounds of plastics kept out of landfills:</td>
<td>36,250</td>
<td>47,761</td>
<td>46,991</td>
<td>34,884</td>
</tr>
<tr>
<td>Pounds of cardboard kept out of landfills:</td>
<td>1,626</td>
<td>2,258</td>
<td>2,181</td>
<td>1,589</td>
</tr>
<tr>
<td>CO2 emissions prevented equal to not burning this many gallons of gasoline:</td>
<td>1,089</td>
<td>1,437</td>
<td>1,413</td>
<td>1,049</td>
</tr>
<tr>
<td>CO2 emissions prevented equal to not using this many tanks of propane gas for barbecues:</td>
<td>400</td>
<td>528</td>
<td>519</td>
<td>385</td>
</tr>
</tbody>
</table>

The sharps management program diverted an estimated total of 96,868 pounds of Carbon Dioxide from entering the atmosphere in 2011 and an estimated 86,722 pounds in 2010. In just two (2) years, LMHS effectively diverted approximately 183,590 pounds of Carbon Dioxide from entering the atmosphere with this program.
HAZMAT MANAGEMENT SYSTEM PROGRAM GOALS FOR 2011:

- Monitor hazardous waste costs for the System and add results to the HazMat Management System program information collection and evaluation system (ices) matrix
- Recruit new HazMat team members on board this year to evaluate all current policies and reporting mechanisms for accuracy, relevancy, and manageability
- HazMat Subcommittee meets at least biannually
- Improve criteria for identifying hazardous material and update departmental inventories accordingly
- Evaluate current response plans for chemical spills and exposures
- Continue staff education of automated IntraLee MSDS system for user-friendly access throughout the health system
- Improve, update and monitor staff in-services system-wide to meet Florida Department of Environmental Protection and Florida Department of Health guidelines and Universal Pharmaceutical Waste (UPW) Program
- Educate and train staff regarding segregation of Biomedical/Infectious waste, Chemotherapy waste and UPW
- Review and update MSDS database to ensure inventory is accurate and current
- Investigate and consider safer chemical alternatives
- Continue monitoring program performance and compliance with applicable local, state and federal laws and regulations
- Maintain required records and documentation
- Provide reports to the Environmental Safety Committee, Facility (hospitals) Quality Committees, System Quality and Conformance Committee, System Quality and Safety Management Council, Board of Directors and appropriate departments and facilities
- Provide more substance specific information resources and training opportunities for staff

The annual evaluation of the Hazardous Material Management System Program has determined the program to be effective in regards to its objectives, scope, and perform
2011 ANNUAL EMERGENCY MANAGEMENT
SYSTEM PROGRAM EVALUATION REPORT

SCOPE:

The scope of the Emergency Management System program was reviewed and determined to be appropriate and effective for 2011 by the Environmental Safety committee. The program is applied to all facilities, property and buildings of Lee Memorial Health System.

OBJECTIVES:

A review of the Emergency Management System Program shows that the objectives listed in the Emergency Management System Plan were appropriate and in line with the needs of the organization. The existing objectives cover all aspects (Mitigation, Preparedness, Response and Recovery) of Emergency Management that are applicable to the facilities listed in the scope of the Emergency Management System Plan to include an all hazards approach. There are no suggested changes to the program objectives at this time.

PERFORMANCE:

A review of data collected for the Emergency Management System Program clearly indicates that the performance of the program is at a high level. During the year 2011, there was an improvement in performance in nearly every area monitored. The Emergency Management System Program is an integral part of LMHS orientation and annual review process. During the year 2011, we had some major accomplishments plus our participation in county, state, and regional drills in addition to drills internal to LMHS.

EFFECTIVENESS:

A review of the performance standards data related to the Emergency Management System Program shows that the program has been very effective. The data indicates that 100% of the required drills were completed. A Hazardous Vulnerability Analysis was re-conducted and was shared with Lee County Emergency Management and State agencies. We documented a total of 331 disaster situations/incidents/drills for all four acute care campuses and offsite locations for 2011. These included drills, training, alarms, and actual incidents.

LMHS started the year off with an electrical shut down of the entire northeast section of Gulf Coast Medical Center on January 27, 2011. While this was a planned shut down, there were a number of unknowns and potential issues. This was used as an opportunity to exercise our Essential Systems Failure response plan. Our Hospital Incident Command System was instituted. The shut down was accomplished with a minimum of disruption to normal operations and patient care as possible. No negative outcomes were reported.

On February 8, 2011 an extensive failure of the computer and telephone system was experienced at Cape Coral Hospital that affected all of Lee Memorial Health System acute care and off site facilities. The aging telephone system at Cape Coral Hospital was slated for replacement later in 2011/2012. Due to the magnitude of this failure, the decision was made to begin planning for immediate full replacement of the system. Interim telephone and computer measures were put in place over the next few months while the system was totally replaced. Our Hospital Incident
Command System was instituted to manage the initial incident plus on-going issues during the replacement.

On February 23, all Lee Memorial Healthcare System acute care hospitals participated in a full scale multi-agency Mass Causality Exercise. This involved a large scale transportation accident on Interstate 75 with a tour bus full of German tourists colliding with large van containing migrant workers. This exercise was fully documented, evaluated and an After Action Report submitted.

On May 25, 2011, the first phase of an extended hurricane exercise was hosted by Lee County Emergency Management. This exercise was well attended by numerous agencies in Lee County and focused on a major paralleling hurricane on the West Coast of Florida that caused severe flooding necessitating an evacuation both pre and post storm. The second phase of the exercise, dubbed Hurricane Dilbert, involved the pre-storm evacuation of all patients from the Care Center to Health Park Medical Center. This part of the exercise was conducted from August 19\textsuperscript{th} thru August 23. The final phase of the exercise was conducted from August 21 thru August 23, 2011 and involved the total evacuation of 221 patients from Health Park Medical Center to locations within Lee Memorial Health System. All 109 patients from the Care Center were faced with a secondary evacuation to other non-LMHS facilities both locally and in other locations in the county. This was an extensive exercise of our hurricane response plan plus patient evacuation plan. A full HSEEP evaluation plus After Action Report were generated.

On December 19, 2011, a planned shut down of all elevators in the North Patient Tower of Lee Memorial Hospital was used as an opportunity to exercise our Essential System Failure plan. The shutdown was needed as part of an elevator renovation project, which required alternate plans be put in place to transport patients, supplies, and personnel over a period of several hours at night time. We instituted our Hospital Incident Command System to manage the incident and no negative outcomes were reported. This event was fully documented, evaluated, and an After Action Report Matrix generated.

LMHS continued the initiative for Haz-Mat/WMD preparedness and training throughout 2011. A total of 56 employees completed an 8-hour Haz-Mat Operations level training class. Education of all LMHS supervisors and above continued through 2011 in the NIMS ICS100 and ICS200 courses along with the required ICS 700 and ICS 800 courses with our Senior Leadership. Cape Coral Hospital broke ground to build a decontamination room along with storage building and outside shower stalls with privacy walls. A total of 30 local Respiratory Therapists completed 2 hrs of Hospital Haz-Mat Awareness and Hurricane Preparedness.

A recurring after action issue discovered over the past three years or more has been the need to make mass notification of key responders in fast breaking incidents, i.e. Infant Abductions, Bomb Threats, Active Shooter incidents, etc. Funding was obtained for the purchase and administration of a program called MIR3 to facilitate the quick notification of our medical staff and acute care employees for all types of incidents.

Our MCI Task Force developed a new Patient Surge Capacity Protocol with the assistance of Lee County EMS. The new protocol was reviewed and approved by all senior leadership and is now ready for testing and full implementation for 2012.
All four acute care hospitals conducted Haz-Mat decontamination set up drills in 2011. Each session included staff from Plant Operations, Emergency Department, Safety, and Security plus teams from Ft. Myers, South Trail, Iona-McGregor, and Cape Coral Fire Departments and Haz-Mat Teams. Each session was conducted over a period of one to three days and included set up of all mass decontamination equipment located at each facility.

Finally, our Disaster Preparedness Coordinator was able to secure over $187,000.00 in funds for training, equipment, and supplies from the State of Florida Hospital Preparedness Program (ASPR Funds).

Interviews conducted during physical environment surveys determined that 98% of randomly selected employees could show the location or how to access their departmental and System Disaster Policies and Procedures. A combined total of 99% of the employees surveyed knew the emergency code word for a Bomb Threat and 98.75% for Infant Abduction. Finally, all 30 of the offsite medical practices of our Lee Physician Group plus 19 of the MSO offices achieved nearly 100% compliance in their Emergency Drills and Education initiatives. The annual evaluation of the Emergency Management Program has determined the program to be effective as to its objectives, scope and performance.

GOALS FOR 2012:

- Continue with the transition of the Emergency Operations and Management Plan to comply with DNV standards and nomenclature.
- Implement the new MIR3 emergency mass notification program and test during all exercises/drills/actual events for refinement.
- Implement and exercise the new Patient Surge Capacity protocol as developed by the LMHS MCI Task Force with all four acute care facilities.
- Submit the revised LMHS Emergency Operations and Management Plan plus applicable related polices for the Annual CEMP review to Lee County Emergency Management prior to December 2012.
- Update all System disaster policies and procedures as needed and post on the LMHS intranet.
- Conduct Active Shooter (Code Silver) exercises at all four acute care facilities plus continue with the System wide education initiative.
- Continue to refine the Pan Epidemic Flu Response Plan and extend into other areas of disaster preparedness.
- Attend the Annual DASH Coordination (Disaster Aid Services to Hospitals) meeting and update the Emergency Response Team Manual as needed.
- Participate in the Annual Statewide Hurricane Drill.
- Participate in all local/regional/or state sponsored WMD drills and make recommendations for changes to respond to a terrorist incident involving mass casualties or other WMD incident.
- Continue to train and develop our Decon Response Teams utilizing the mobile mass decontamination equipment located at all four acute care facilities.
- Conduct a Lock Down drill on all 4 acute care campuses and work with local law enforcement to refine perimeter control plans.
• Continue the initiative to prevent surgical fires at our acute care facilities by conducting annual staff education and conducting special evacuation fire drills.
• Continue to refine our information collection and evaluation system.
• Periodically test the effectiveness of our Emergency Management System Program through actual implementation or during planned drills.

The Annual Evaluation of the Emergency Management System Program has determined the program to be effective in regards to its objectives, scope and performance.
2011 MEDICAL EQUIPMENT MANAGEMENT SYSTEM
PROGRAM EVALUATION REPORT

SCOPE:

In 2011, Biomedical Engineering (Biomed) managed the scope of the Medical Equipment Management System Program. The scope of the Biomedical Engineering services includes all activities related to the Medical Equipment Management System Program for Lee Memorial Hospital (LMH), Health Park Medical Center (HPMC), Cape Coral Hospital (CCH), Health Park Care Center (HPCC), Gulf Coast Medical Center (GCMC), Outpatient Imaging Centers, Lee Physician Group (LPG), Medical Specialty Office (MSO), and other Offsite Locations.

In 2010, Lee Memorial Health System (LMHS) changed its accreditation process from The Joint Commission (TJC) to Det Norske Veritas Health Care (DNV-HC) and National Integrated Accreditation for Healthcare Organizations (NIAHO) standards. DNV conducted the second inspection of LMHS in May of 2011. The inspections conducted by DNV, the Agency for Health Care Administration (AHCA), Centers for Medicare and Medicaid (CMS), Lee County Agencies, and In-House Readiness Teams in 2010 determined the Medical Equipment Management System Program had a well-defined plan. They also determined that the process and tasks necessary to meet the intent of the program were properly executed and managed.

DNV recommended that Biomedical Engineering implement one (1) change to the Medical Equipment Management System Program. DNV recommended that all adult patient weight scales used in patient care areas where the actual weight of the patient could be used to change the patient’s medication or retreatment, should be included in the scheduled preventive maintenance program. To meet the intent of this requirement, Biomed ordered forty eight (48) calibrated weights, ten (10) Kg each. Biomed assembled four (4) adult scales calibration kits. Each calibration kit includes twelve (12) 10kg calibrated weights with the net weight of one hundred twenty (120) Kg.

Biomed is now in the process of performing the PM and accuracy, or calibration as needed, on all electronic adult scales included in the medical equipment database. These scales will be included in the scheduled PM. The PM will be performed once a year.

After implementing the steps to include the electronics adult patient scales in the scheduled PM program, inspections conducted by AHCA, DNV Readiness and other inspectors determined that the LMHS Medical Equipment Management System Program met or exceeded the requirements.

Future concerns and tasks include:

a) Biomed will continue to experience manpower challenges to meet the service needs and demands of LMHS.

b) In the last few years, LMHS has acquired and built new medical practices and purchased new technologies that require additional Biomed manpower and resources to support them. Unfortunately, due to the many constraints LMHS has, we have not been able to hire additional manpower to support these changes.
c) We will continue making our best efforts to continue supporting the medical equipment needs of LMHS and meet the requirements of the Medical Equipment Management Program.

d) Biomedical Engineering continues to experience some challenges to complete 100% Preventive Maintenance (PM) on time for Life Support Medical Equipment and 95% PM completion for General Medical Equipment. As in previous years, the major challenge for the Biomed staff is locating the equipment within the facilities to perform the PMs. This challenge will continue and may not be resolved until LMHS is able to deploy Radio-frequency identification (RFID) or Real-time locating systems (RTLS) in the hospitals to facilitate locating the equipment.

e) Biomed will continue to work in cooperation with Supply Chain Management (SCM), Information Technology (IT), and others involved with the purchase, lease, or rental of medical equipment and related technologies. It is imperative that during the negotiation of the acquisition process, the parties involved negotiate the various alternatives that the vendor has available to support the equipment or technology. Once the various support alternatives are known, we then need to determine what will be the best support model we should select based on the manpower and financial resources that may be needed.

OBJECTIVES:

The Medical Equipment Management System Program was reviewed and indicated that the objectives were appropriate and in line with the needs of the organizational objectives. These objectives covered every major aspect of the Medical Equipment Management System Program. It was determined as appropriate and that these objectives should remain in place for the year 2012 by the Environmental Safety committee.

Biomedical Engineering objectives are to complete medical equipment preventive maintenance on time at an average of 100% for Life Support Medical Equipment and at least 95% for General Medical Equipment.

As in previous years, it is our goal and intent to accomplish our objectives while maintaining a professional atmosphere and supporting, cooperating, and responding to the needs of the patients, the staff, the community, and LMHS Administration.

PERFORMANCE:

A review of the Medical Equipment Management System Program information collection and evaluation system (ICES) data indicates that we met the monthly performance standards of an average of 100% for life support and 95% for general medical equipment. Biomed consistently met or exceeded the preventive maintenance requirement. In the past 12 months Biomed consistently met or exceeded the scheduled preventative maintenance requirements for all LMHS owned, leased, or in consignment medical equipment tracked by an asset number in the medical database. The only exception was in the month of June, when the system wide PM completion for general medical equipment was 92% because we were not able to locate the equipment.
Biomedical Engineering achieved a system wide average of 100% for Life Support and 97% average PM compliance for General Medical equipment registered in the medical equipment database in the last 12 months. We also tracked the PM status of rental medical equipment. Life Support and General Rental Medical Equipment PM Status were maintained at 100% compliance in 2011.

Biomed processed 12,448 repair work orders equal to a monthly average of 5.45% of the 19,264 pieces of equipment inventory included in the medical equipment database as of December 31, 2011. Biomed also processed a total 67 work orders for medical equipment recalls.

To maintain technical competence and to minimize the cost of medical equipment serviced by external sources, in 2011 the Biomedical Engineering staff attended twelve (12) technical training schools.

**EFFECTIVENESS:**

A review of the Medical Equipment Management System Program information collection and evaluation system (ICES) data indicates a high level of effectiveness. The medical equipment database history shows that Biomedical Engineering has consistently met or exceeded PM compliance of 100% for Life Support Medical Equipment and 95% for General Medical Equipment in the last 11 years.

**MEDICAL EQUIPMENT MANAGEMENT SYSTEM GOALS FOR 2012:**

Biomedical Engineering will continue to work in cooperation with the LMHS Administration, Facility Management, Information Technology, and other departments to improve our environment and technologies. We will adjust our resources as necessary to meet the medical equipment support needs for Lee Memorial Health System.

LMHS is working on a system wide plan to replace the present inventory of large volume infusion and syringe pumps. Biomedical Engineering is an active participant of this process. The new technologies found on these new infusion devices will require cooperation between many areas like Supply Chain Management, Nursing, Pharmacy, Information Technology and others. Biomedical Engineering has been and will continue to work closely with everyone involved to make the selection and trial processes a success. The deployment of these new devices is projected to be completed in 2012.

To facilitate Physical Environment consistency and compliance, Biomed in consultation and with approval of some of the leaders of the LMHS Administration, should program all Zoll M-Series crash cart defibrillators “**Not to automatically record a paper strip**” during daily tests. Biomed will also provide the proper instructions to end users, to allow them at their option, to print a chart with the events related to daily test or in the event of emergency code that may required the use of a Zoll M-Series crash cart defibrillator.

The annual evaluation of the Medical Equipment Management System Program has determined the program to be effective in regards to its objectives, scope, and performance.
SCOPE:

The scope of the Utility Management System program was reviewed and determined to be appropriate and effective for 2011 by the Environmental Safety committee. The program is applied to all facilities, property and buildings of Lee Memorial Health System.

LMHS 2011 Utility Management System Program, the following changes occurred to our scope.

In February, the Family Health Centers closed down the office at 3511 MLK Blvd. LPG opened a walk-in clinic/United Way House at that location.

In May the Children’s Pediatric Rehab on Hollyfern Court, Fort Myers, was opened.

In July the Behavioral Mental Health at New Brittany Blvd, Fort Myers, was purchased.

In October, Women’s Healthcare Professionals in Bonita moved from shared space to their own suite.

LPG Pulmonary moved from HP Hospital to the second floor at LPG College Ave. LPG Call Center expanded into suite 3 at Riverwalk.

Dr David and Dr. Saludo moved from Med Plaza IV to the third floor Sanctuary Outpatient Center.

Lee Convenient Care North was renamed LPG N. Ft. Myers United Way House.

The new E.R. addition at Cape Coral Hospital was opened and Phase IV-A has been completed. Phase IV-B will continue in 2012.

Based on the above changes, our Utility Management System Total Maintenance System (TMS) program was updated accordingly.

Goals and projects were completed in 2011:

Cape Coral Hospital:
- Replacement of chillers 3 & 5
- Replaced 2 heat pumps for patients rooms
- Plant Operations Shop A/C
- Dual Fuel System
- Chiller for MRI
- 2 Supply fans for AHU 36 & 37

Gulf Coast Medical Center:
- Replacement of the DI Water System Tank with RO System
HealthPark Care and Rehabilitation Center:
- Replaced PTAC units in patients rooms

HealthPark Medical Center:
- Boiler Blow Down Separator
- Replaced DI water tank system with RO System
- 1 Water heater
- Chilled Water and Sanitary Piping was replaced (ongoing)
- Building Automation System for OR's installed
- Fuel Tank Monitoring System installed

Lee Memorial:
- Condensate Tank installed
- Piping replaced on floors, 2 West, 3 North, 4 MOC, 5 North, 6 Rehab, MOC risers, N Tower mechanical room and under building
- LED fixture main lobby’s and common areas
- LED wall pack fixture outside lighting
- Continue to replace T-12 with T-8 bulbs
- Replaced recirculation pump
- EMS upgrades PIVCC valves, removal of pneumatic to digital valves
- EMS status monitoring of utility equipment through out hospital
- Replaced leaking natural gas manifold
- Ortho, 2 West and 7 North nurse call project were completed
- Replacement of the existing DI Water Tank System with RO System.

OBJECTIVES:
A review of the Utility Management System Program information collection and evaluation system (ICES) data showed that the objectives listed in the Utilities Management System Plan were appropriate and in line with the needs of the organization. The current objectives have been determined to be broad enough to encompass all pertinent aspects of Utilities Management System Program in the system’s facilities. At this time, there are no further recommendations to change any of the program’s objectives.

PERFORMANCE:
The Utility Management System Program regulatory required PM’S have maintained an average completion rate of 100% for 2011. The average for the Life Support Equipment portion of the Utilities Management System Program was at 100% for 2011. During the year, there were 7 utility failures reported: 4-failures reported at Cape Coral Hospital, 0-failures at Gulf Coast Medical Center, 0-failure at HealthPark Care and Rehabilitation Center, 2-failures at HealthPark Medical Center, and 1-failure at Lee Memorial Hospital. All failures were investigated for causable factors and reported to the Environmental Safety Committee. No further education or change in the PM scope was found to be necessary.
EFFECTIVENESS:

A review of the Utility Management System Program information collection and evaluation system (ICES) indicates that this program is effective in providing a safe and reliable physical environment for the patients, visitors and staff in Lee Memorial Health System facilities. During 2011, the preventive maintenance rate for on time completions averaged 100%. For the indicator that monitors employee knowledge of the significance of the red electrical outlets was 100%. The indicator for employee knowledge of staff authorized to turn off medical gas control valves was 93%. The indicator for employees who were able to identify utility systems in their work area was 99% and the indicator for employee knowledge of the emergency procedures in case of a utility system failure in their area was 91%. In 2011 the Plant Operations Customer Survey resulted in 66 surveys received and had average score of 4.77, which indicates customers are very satisfied with our services provided.

UTILITY MANAGEMENT SYSTEM PROGRAM GOALS FOR 2012:

**Cape Coral Hospital**
Continue following projects:
- ER expansion
- Installation of security access doors with a combination code on four (4) pneumatic tube delivery stations for increased security for medication delivery from the Pharmacy.
- 2 East/West Roof replacement
- South Annex Roof replacement
- Roof replacement Main Lobby Walkway

New (goals) projects
- Domestic Water Heaters N. Tower replacement
- Med Air pump
- Domestic Water Piping replacement
- Nurse call 3rd Floor
- Air Handlers replacement, 4,11,12

**Gulf Coast Medical Center**
Continue following projects:
- Nurse Call System Replacement for Existing Building
- Replacement, of several AHU, 1, 2, 4 and 6
- HVAC Equipment Integration.

New (goals) projects
- Stairs & Catwalk around cooling towers
- Heat Exchanger system for domestic water

**HealthPark Care & Rehabilitation Center**
Continue following projects:
- Roof replacement
New (goals) projects
- Hot Water Heaters Replacement
- Fresh Air Supply for Kitchen

HealthPark Medical Center
Continue following projects:
- Installation of security access doors with a combination code on four (4) pneumatic tube delivery stations for increased security for medication delivery from the Pharmacy
- Chilled Water & Sanitary Piping Replacement
- Atrium LED Lighting Retrofit

New (goals) projects:
- Replacement of light poles in parking lot
- Replace Nurse existing nurse system with Westcom Nurse call system
- ICU Door Upgrade
- AHU replacement, #9,17,18, VDS for AHU 21,22,23

Lee Memorial Hospital
Continue following projects:
- Replacement of the chilled water & sanitary piping to ensure proper cooling and waste disposal for the facility
- Replacement of the nurse calls system on the seventh floor and Ortho.
- Upgrade of the Liebert A/C system for the Data Center
- Replace Chiller 1
- Visitor Elevator Cab Upgrades for Elevators 1, 2, 3, 4, 5, & 6.
- Replace Fire/Smoke Doors.
- Replacement of Medical Air Pumps
- Replacement of several Air Handler replacements 332, 340, 341, 342 & 350

New (goals) projects:
- North Tower Roof replacement
- Energy Plant Roof Replacement
- Fan Coil Replacement on 6th Floor
- Hood Supply Fan Pre-cool
- AHU 459 replacement
- Nurse call replacement, 3rd and 6th floor
- ATS Breakers
- EMS (PICCV) pneumatic control valves

All Campus Goals
- Increase knowledge of staff in emergency procedures in case of a utility failure.

The annual evaluation of the Utility Systems Management Program has determined the program to be effective in regards to its objectives, scope, and performance.
A review of the information collection and evaluation system (ICES) data for the physical environment drills and exercises for physician offices including Lee Physician Group (LPG), Lee Convenient Care (LCC), Medical Specialty Offices (MSO), and Pain Centers at Bass Road & Cape Coral Hospital continue to show high scores for overall completion. 2011 LPG, LCC, MSO and Pain Center compliance was very good. (See spreadsheet on next page.)
This is the end of the 2011 Physical Environment Annual Evaluation
## FY 2012 System Scorecard

As of February 29, 2012

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Indicator/Measure</th>
<th>Meets</th>
<th>Exceeds</th>
<th>Current Status</th>
<th>Tracking</th>
<th>Date</th>
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<tbody>
<tr>
<td><strong>CULTURE</strong></td>
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<td>Patient Safety: Serious Safety Event Rate (SSER)</td>
<td>0.2 to 0.15 per 10,000 adjusted patient</td>
<td>&lt; 0.15 per 10,000 adjusted patient</td>
<td>0.141</td>
<td>Exceeds</td>
<td>12 mos</td>
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<td>Patient Safety: Culture of Safety Survey - Mgmt</td>
<td>68% Positive Response</td>
<td>&gt;72% Positive Response</td>
<td>Study to be</td>
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<td></td>
<td>Support of Patient Safety Dimension</td>
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<td>launched in</td>
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<td>Patient Experience</td>
<td>73% Top Box</td>
<td>76% Top Box</td>
<td>68.3%</td>
<td>Does not Meet</td>
<td>1Q FY 2012</td>
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<td>Employee Satisfaction: Annual Trifecta Index</td>
<td>76.1 - 79.7 mean</td>
<td>&gt; 79.7 mean</td>
<td>Study to be</td>
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<td><strong>QUALITY</strong></td>
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<td>Core Measures - Avg of VBP Measures</td>
<td>92% - 94%</td>
<td>&gt; 94%</td>
<td>90.7%</td>
<td>Does not Meet</td>
<td>Oct 2011</td>
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<td>In-Patient Mortality</td>
<td>1.7% to 1.87%</td>
<td>&lt; 1.7%</td>
<td>1.34%</td>
<td>Exceeds</td>
<td>FYTD Jan</td>
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<td>Medication Errors (Type II)</td>
<td>2.7 – 3.0 per 10,000 patient days</td>
<td>&lt; 2.7 per 10,000 patient days</td>
<td>1.9</td>
<td>Exceeds</td>
<td>4Q FY 2011</td>
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<td>Catheter Associated Urinary Tract Infections</td>
<td>1.5 – 2.0 infections per device days</td>
<td>&lt; 1.5 infections per device day</td>
<td>1.12</td>
<td>Exceeds</td>
<td>4Q FY 2011</td>
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<td><strong>PHYSICIAN</strong></td>
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<td>Med Staff Satisfaction: Overall Rating of</td>
<td>38.9% Excellent</td>
<td>42.2% Excellent</td>
<td>Study to be</td>
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<td>Hospitalists</td>
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<td>Summer 2012</td>
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<td>Med Staff Satisfaction: Place to Practice Medicine</td>
<td>45.3% Excellent</td>
<td>51.0% Excellent</td>
<td>Study to be</td>
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<td>Summer 2012</td>
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<td>Med Staff Satisfaction: Overall Quality of</td>
<td>43.2% Excellent</td>
<td>49.1% Excellent</td>
<td>Study to be</td>
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<td><strong>OPS. IMPRVMT</strong></td>
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<td>EPIC</td>
<td>CCH live on Epic Phase I by 9/30/2012,</td>
<td>CCH live on Epic on 12/1/2011, and</td>
<td>LMH/HP Go-Live</td>
<td>In Progress</td>
<td>FYTD Jan</td>
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<td></td>
<td>and LMH/HP/HODs/REC live track to be live</td>
<td>LMH/HP/HODs/RCC live on Epic Phase I</td>
<td>08/01/2012</td>
<td></td>
<td></td>
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<td></td>
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<td>on Epic by 12/31/2012</td>
<td>by 9/30/2012</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Efficient Use of Beds</td>
<td>0.10 - 0.15 Reduction in Days</td>
<td>&gt; 0.15 Reduction in Days</td>
<td>In Progress</td>
<td></td>
<td>FYTD Dec</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Documentation Initiative</td>
<td>$3.0M - $4.9M</td>
<td>$5.0M and higher</td>
<td>$2.0M</td>
<td>In Progress</td>
<td>FYTD Jan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FINANCE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operating Margin</td>
<td>2.24%</td>
<td>2.82%</td>
<td>1.80%</td>
<td>Does not Meet</td>
<td>FYTD Dec</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Cash-to-Debt Ratio</td>
<td>85.9%</td>
<td>88.0%</td>
<td>72.3%</td>
<td>Does not Meet</td>
<td>FYTD Dec</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Wages/Benefits of Net Revenues</td>
<td>52.94%</td>
<td>51.99% or lower</td>
<td>53.5%</td>
<td>Does not Meet</td>
<td>FYTD Dec</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase Freestanding Outpatient Net Revenue</td>
<td>14%</td>
<td>15%</td>
<td>18.4%</td>
<td>Exceeds</td>
<td>FYTD Jan</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Philanthropy</td>
<td>$15.0M</td>
<td>$17.5M</td>
<td>$4.6M</td>
<td>In Progress</td>
<td>FYTD Dec</td>
</tr>
</tbody>
</table>
**DATE:**  March 8, 2012

**NAME OF SERVICE LINE/ENTITY UPDATE:** Facility Master Plan

**PERSON RESPONSIBLE & TITLE:** Dave Kistel, VP Facilities & Support Services

**KEY ACCOMPLISHMENTS**

1) Inventory and analysis of Cape Coral Hospital, Health Park Medical Center, Lee Memorial Hospital, & Gulf Coast Medical Center consisting of:
   
   A. Functional Zoning Analysis
   B. Existing Building Analysis
   C. Departmental Analysis

2) Synthesis and Forecast
   
   A. Current Critical Volumes
   B. Future Volume Projections
   C. System Clinical Matrix
   D. Facility Bed Projections

<table>
<thead>
<tr>
<th>GOALS (MET)</th>
<th>GOALS (UNMET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed phase 1 and phase 2 of Master Facility Plan</td>
<td>Phase 3 has commenced</td>
</tr>
</tbody>
</table>

**FINANCIAL STATUS**

(including cash flow statement, projected cash flow, balance sheet and income statement): N/A

**PROBLEMS/ISSUES:** N/A

**ANTICIPATED NEEDS:** N/A

**SUMMARY/COMMENTS**

Phase 1: Inventory and analysis and

Phase 2: Synthesis and forecasting has been completed. Summary information attached.

Phase 3: Master Plan development has commenced.
LMHS Campus Planning Groups
Acute Care Hospital Planning Assessment
and Outpatient Consideration

Board of Directors
March 8, 2012
Discussion Agenda

- Outcomes
- Timeline and Phases
- Guiding Principles
- Projections for 2021 Bed Need
- Preliminary Findings
LMHS Master Plan Outcomes

- Assist LMHS in understanding the restrictions and opportunities by site for future facility expansion capabilities on the four acute care campuses.

- Recommend high level operational improvements, in concert with LMHS, that impact space utilization and could delay/negate the need for space additions.

- Decant all possible services [outpatient, support, administrative, etc.] from the acute hospital campuses.

- Provide options and high level capital estimates supportive of a 10 year plan.

- Provide a 10 year road map for the future that recommends building only what is needed so that together we are good stewards of LMHS’s future capital resources.
LMHS Master Plan Timeline and Phases

- **Phase 1 – Inventory and Analysis, October to December 2011**
  - HKS team investigates, documents and analyzes existing sites, facilities and operations in order to understand current space and infrastructure.
  - Status – complete.

- **Phase 2 – Synthesis and Forecasting, October to December 2011**
  - HKS reviews and validates LMHS current and projected volume growth, and facility space requirements.
  - Status – complete.

- **Phase 3 – Master Plan Development, January to May 2012**
  - HKS builds upon the findings and recommendations of the first two phases to explore facility development options.
  - Status – in progress.
LMHS Master Plan Guiding Principles

- **Services Offered**
  - Clarify the branding at each hospital.
  - Improve system collaboration through consolidation and reduction of duplication.
  - Balance request for all private rooms against financial constraints.
  - Support the technology of the future by providing the right infrastructure.

- **Access and Wayfinding**
  - Improve internal and external wayfinding.
  - Plan for appropriate parking for patient needs.
  - Promote a more hospitable service to staff by parking and building accessibility.

- **Aesthetics and Design**
  - Appropriate placement of ancillary services.
  - Create better space for patient and family centered care.
  - Create areas of openness within the facility to foster collaboration.
  - Promote a healing environment by decreasing noise and improving privacy.
  - Create on stage & off stage areas; separate team space from patient & family space.

- **Financial Feasibility**
  - Align the master plan recommendations with the financial constraints and goals.
Volume Projections

- Consulted Several Sources
  - Sg2
  - Advisory Board
  - HKS
  - Thomson Reuters
  - LMHS Internal Data
  - State Economists (BEBR, EDR, Fishkind & Assoc.)

- Distinct Forecasts for each Service line

- Volume Projections by Campus based on Board-Approved Service Line Allocation
Volume Projections – Impact of Change

- Forecast includes Impact of Change Factors:
  - Average Length of Stay ↓
  - Population Growth - by Age Cohort ↑
  - Economics ↑
  - Epidemiology ↑
  - Innovation and Technology ↓
  - Payment and Policy ↑
  - 30-Day Readmission ↓
  - Potentially Avoidable Admissions ↓
  - Additional Market Share Capture ↑
## Inpatient Bed Need – CCH

<table>
<thead>
<tr>
<th>Total Cape Coral</th>
<th>2011 Licensed Beds</th>
<th>2011 Available Beds</th>
<th>2021 Needed Beds</th>
<th>2021 Reusable Beds</th>
<th>2021 Needed Beds &quot;Net&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>259</td>
<td>255</td>
<td>252</td>
<td>255</td>
<td>(3)</td>
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<tr>
<td>Pediatric</td>
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<td>9</td>
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<tr>
<td>NICU</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Obstetric</td>
<td>23</td>
<td>23</td>
<td>17</td>
<td>23</td>
<td>(6)</td>
</tr>
<tr>
<td>Psychiatric</td>
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<tr>
<td>Rehabilitation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>291</strong></td>
<td><strong>287</strong></td>
<td><strong>269</strong></td>
<td><strong>287</strong></td>
<td>(18)</td>
</tr>
<tr>
<td>Total Gulf Coast</td>
<td>2011 Licensed Beds</td>
<td>2011 Available Beds</td>
<td>2021 Needed Beds</td>
<td>2021 Reusable Beds</td>
<td>2021 Needed Beds &quot;Net&quot;</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>------------------</td>
<td>-------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Adult</td>
<td>297</td>
<td>297</td>
<td>381</td>
<td>297</td>
<td>84</td>
</tr>
<tr>
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<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Obstetric</td>
<td>52</td>
<td>52</td>
<td>19</td>
<td>45</td>
<td>(26)</td>
</tr>
<tr>
<td>Psychiatric</td>
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<tr>
<td>Rehabilitation</td>
<td>-</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>349</strong></td>
<td><strong>349</strong></td>
<td><strong>400</strong></td>
<td><strong>342</strong></td>
<td><strong>58</strong></td>
</tr>
<tr>
<td>Total HealthPark</td>
<td>2011 Licensed Beds</td>
<td>2011 Available Beds</td>
<td>2021 Needed Beds</td>
<td>2021 Reusable Beds</td>
<td>2021 Needed Beds &quot;Net&quot;</td>
</tr>
<tr>
<td>------------------</td>
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<td>------------------</td>
<td>-----------------</td>
<td>------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Adult</td>
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<td>213</td>
<td>291</td>
<td>213</td>
<td>78</td>
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<tr>
<td>Pediatric</td>
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<td>48</td>
<td>48</td>
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<tr>
<td>Obstetric</td>
<td>54</td>
<td>54</td>
<td>42</td>
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<tr>
<td>Psychiatric</td>
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<tr>
<td>Rehabilitation</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>368</strong></td>
<td><strong>365</strong></td>
<td><strong>459</strong></td>
<td><strong>353</strong></td>
<td><strong>106</strong></td>
</tr>
</tbody>
</table>

Notes:
1. TCH is being developed to support 162 beds, including 98 pediatric and 64 NICU.
2. In 2021, TCH bed demand is for 126 beds, including 64 pediatric and 62 NICU beds.
3. TCH will vacate 48 existing pediatric beds that will be converted to adult beds, thereby reducing the 2021 "net" needed adult beds to 30 from 78.
<table>
<thead>
<tr>
<th>Total Lee Memorial</th>
<th>2011 Licensed Beds</th>
<th>2011 Available Beds</th>
<th>2021 Needed Beds</th>
<th>2021 Reusable Beds</th>
<th>2021 Needed Beds &quot;Net&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>340</td>
<td>298</td>
<td>326</td>
<td>-</td>
<td>326</td>
</tr>
<tr>
<td>Pediatric</td>
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<td>-</td>
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<tr>
<td>NICU</td>
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<td>-</td>
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<td>-</td>
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</tr>
<tr>
<td>Obstetric</td>
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<td>-</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>15</td>
<td>15</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>60</td>
<td>60</td>
<td>45</td>
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<td>(15)</td>
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<tr>
<td></td>
<td>415</td>
<td>373</td>
<td>371</td>
<td>60</td>
<td>311</td>
</tr>
</tbody>
</table>
### Inpatient Bed Need – Total LMHS

<table>
<thead>
<tr>
<th>Total LMHS</th>
<th>2011 Licensed Beds</th>
<th>2011 Available Beds</th>
<th>2021 Needed Beds</th>
<th>2021 Reusable Beds</th>
<th>2021 Needed Beds &quot;Net&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>1,112</td>
<td>1,063</td>
<td>1,250</td>
<td>765</td>
<td>485</td>
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<tr>
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<td>64</td>
<td>59</td>
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<tr>
<td>NICU</td>
<td>48</td>
<td>48</td>
<td>62</td>
<td>48</td>
<td>14</td>
</tr>
<tr>
<td>Obstetric</td>
<td>129</td>
<td>129</td>
<td>78</td>
<td>110</td>
<td>(32)</td>
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<tr>
<td>Psychiatric</td>
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<td>Rehabilitation</td>
<td>60</td>
<td>60</td>
<td>45</td>
<td>60</td>
<td>(15)</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1,423</strong></td>
<td><strong>1,374</strong></td>
<td><strong>1,499</strong></td>
<td><strong>1,042</strong></td>
<td><strong>457</strong></td>
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</table>

**Notes:**
1. In parallel to the facility master plan, LMHS is evaluating opportunities to improve adult inpatient throughput and reduce the 2021 need for inpatient beds. If LMHS realizes its goals, this could reduce "net" needed beds by up to 25%.
LMHS Master Plan Preliminary Findings

- Cape Coral Hospital
  - No additional beds required
  - Increase % of critical care beds
  - Expand select diagnostic & treatment services

- Gulf Coast Medical Center
  - Add 84 adult beds
  - Increase % of critical care beds
  - Expand select diagnostic & treatment services

- HealthPark Medical Center
  - Add 78 adult beds
  - Build The Children's Hospital of Southwest Florida [TCH]
  - Expand select diagnostic & treatment services

- Lee Memorial Hospital
  - Need 326 adult beds
  - Develop long-term prioritized bed replacement plan
  - Replacement strategy for campus
  - Increase % of critical care beds
  - Expand select diagnostic & treatment services
  - Replace central utility plant
DATE: March 8, 2012  LEGAL SERVICE REVIEW? YES ☑  NO __

SUBJECT: The Children’s Hospital and Enabling Projects

REQUESTOR & TITLE: Dave Kistel, VP Facilities & Support Services

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

Board has previously reviewed Master Plan and Enabling Projects

SPECIFIC PROPOSED MOTION:
Board Approval to proceed with:
• Architectural Led Professional Design Services for the Children’s Hospital and associated enabling projects at HealthPark Medical Center
• Construction Management at Risk Services for the Children’s Hospital and associated enabling projects at HealthPark Medical Center
• Commissioning Services for the Children’s Hospital and associated enabling projects at HealthPark Medical Center

PROS TO RECOMMENDATION | CONS TO RECOMMENDATION
--------------------------|--------------------------

LIST AND EXPLAIN ALTERNATIVES CONSIDERED

FINANCIAL IMPLICATIONS  Budgeted _____  Non-Budgeted ☑
(include cash flow statement, projected cash flow, balance sheet and income statement)

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

SUMMARY
This allows us to advertise and qualify design and construction professionals to support the Children’s Hospital vision at Lee Memorial Health System
**Program Summary**

<table>
<thead>
<tr>
<th>New Children’s Pavilion</th>
<th>Existing HPMC Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level One</strong></td>
<td>MRI Suite, Sedation Unit, Peds / Adult Endoscopy</td>
</tr>
<tr>
<td>Lobby and Public/ Admin Support</td>
<td>Public Passage to TCH</td>
</tr>
<tr>
<td>Children’s Playground</td>
<td>CEP Expansion</td>
</tr>
<tr>
<td>Sloped Parking &amp; Site Work</td>
<td>Loading Dock &amp; Material Support Area</td>
</tr>
<tr>
<td><strong>Level Two</strong></td>
<td>Relocation of Cath Lab Suite</td>
</tr>
<tr>
<td>Pediatric Emergency Department</td>
<td></td>
</tr>
<tr>
<td>Milk Lab</td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>PICU (16 Beds + 8 Shell)</td>
<td></td>
</tr>
<tr>
<td><strong>Level Three</strong></td>
<td>Pediatric Surgery Consolidation w/ Adult Surgery</td>
</tr>
<tr>
<td>NICU (32 Beds/ built out)</td>
<td></td>
</tr>
<tr>
<td>Hematology/ Oncology Clinic</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Peds PACU</td>
<td></td>
</tr>
<tr>
<td>Peds Prep and Recovery</td>
<td></td>
</tr>
<tr>
<td><strong>Level Four</strong></td>
<td>No work on Level Four</td>
</tr>
<tr>
<td>Pediatric Acute Care (24 Beds)</td>
<td></td>
</tr>
<tr>
<td>NICU (32 Beds/ Shell)</td>
<td></td>
</tr>
<tr>
<td><strong>Level Five</strong></td>
<td>No work on Level Five</td>
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<tr>
<td>Pediatric Acute Care (24 Beds/ Shell)</td>
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<tr>
<td>Pediatric Acute Care (12 Beds)</td>
<td></td>
</tr>
<tr>
<td>Hematology Oncology Acute Care (12 Beds)</td>
<td></td>
</tr>
</tbody>
</table>
## Cost Estimate

**The Children's Hospital of South Florida**

### New Children's Hospital Expansion/CEP Expansion/Site Work
- Tower New Construction
- Central Energy Plant Expansion
- Sloped Parking & Site Work (Children's Hospital only)
- Public Passage to TCH

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Total Project Cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Children's Hospital Expansion/CEP Expansion/Site Work</td>
<td>$143.8 Million</td>
</tr>
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<td>$13.2 Million</td>
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<tr>
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<td>$1.4 Million</td>
</tr>
<tr>
<td></td>
<td><strong>$164.7 Million</strong></td>
</tr>
</tbody>
</table>

### Children's & Adult's Shared Projects
- Outpatient/Pediatric Surgery Consolidation w/ Adult Surgery
- MRI + Endoscopy Center & Pediatric Sedation
- Additional Surface Parking
- Loading Dock and Support Services

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Total Project Cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's &amp; Adult's Shared Projects</td>
<td>$9.0 Million</td>
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<td>$10.5 Million</td>
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<td></td>
<td>$1.9 Million</td>
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<tr>
<td></td>
<td>$1.2 Million</td>
</tr>
<tr>
<td></td>
<td><strong>$22.6 Million</strong></td>
</tr>
</tbody>
</table>

### Children's Tower to Complete Shell:
- Second Floor PICU Build-out- 8 shell beds
- Fourth Floor NICU Build-out- 32 shell beds
- Fifth Floor Acute Care Build-out- 24 shell beds
- Future Parking Garage as required to support parking needs

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Total Project Cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Tower to Complete Shell</td>
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<tr>
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<td>$13.1 Million</td>
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<tr>
<td></td>
<td>$10.0 Million</td>
</tr>
<tr>
<td></td>
<td><strong>$25.2 Million</strong></td>
</tr>
</tbody>
</table>

### Adult Services Enabling Projects
- Relocation & expansion of Cath Lab Suite

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Total Project Cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Services Enabling Projects</td>
<td></td>
</tr>
</tbody>
</table>

* Total Project Cost includes Design, Construction, Information Technology, Furnishings, & Equipment
Project Phasing and Schedule Narrative

Step One: Develop RFP, Interview, select, and contract with design team. Interview/Select CM partner as well.

Step Two: Design and build new surface parking areas, the NW Access Road, and possibly a parking structure. These items should be complete first to minimize disruption created by TCH construction.

Step Three: Relocate major subsurface utilities that run beneath the TCH site.

Step Four: Design and construct the Cath Lab and OR Suite enabling projects inside of HealthPark.

Step Five: When the major utility relocation is complete, begin construction of the new TCH.

Step Six: Construct the final enabling project - the MRI/Endo/Sedation area. Sequence this project to be complete for opening of the new TCH facility.
<table>
<thead>
<tr>
<th>Project</th>
<th>Year One</th>
<th>Year Two</th>
<th>Year Three</th>
<th>Year Four</th>
<th>Year Five</th>
<th>Year Six</th>
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</thead>
<tbody>
<tr>
<td><strong>Loading / Support Services Areas</strong></td>
<td></td>
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<tr>
<td>CM/Design Team Qualification, Negotiation and Contracting</td>
<td>8 mo</td>
<td>8 mo</td>
<td>8 mo</td>
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<tr>
<td>Design, Permitting, and Bidding</td>
<td>3 mo</td>
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<tr>
<td>Construction</td>
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<tr>
<td><strong>Site Enabling</strong></td>
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<tr>
<td>Parking structure, HW Access Road and surface parking</td>
<td>6 mo</td>
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<tr>
<td>Design, Permitting, and Bidding</td>
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<td>Construction</td>
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<td><strong>Major Utility Relocation</strong></td>
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<tr>
<td>Relocate subsurface utilities: Power, Water, GS, and IT</td>
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<td>12 mo</td>
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<tr>
<td>Construction</td>
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<td>9 mo</td>
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<tr>
<td><strong>TCH Enabling- Cath Labs</strong></td>
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<td>Design, Permitting, and Bidding</td>
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<tr>
<td>Construction</td>
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<tr>
<td><strong>TCH Enabling- O.R. Suite</strong></td>
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<tr>
<td>Cath relocation/mobilization</td>
<td>1 mo</td>
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<tr>
<td>Construction</td>
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<tr>
<td><strong>TCH Construction</strong></td>
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<tr>
<td>Design, Permitting, and Bidding</td>
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<tr>
<td>Site / Foundations</td>
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<td>5 mo</td>
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<tr>
<td>Above Ground Construction</td>
<td>24 mo</td>
<td>24 mo</td>
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<td>Move In</td>
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<td>TCH Operational</td>
<td>Year 3</td>
<td>Year 3</td>
<td>Year 3</td>
<td>Year 3</td>
<td>Year 3</td>
<td>Year 3</td>
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<tr>
<td><strong>TCH Enabling- MRU Sedation/ Peds Endo, Public Access</strong></td>
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<tr>
<td>Design, Permitting, and Bidding</td>
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<tr>
<td>Peds OR relocation/mobilization to Level Three</td>
<td>1 mo</td>
<td>1 mo</td>
<td>1 mo</td>
<td>1 mo</td>
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<tr>
<td>Construction</td>
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<tr>
<td>MRU Endo Sedation relocation/mobilization</td>
<td>1 mo</td>
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Federally Qualified Health Center
Look-Alike
(FQHC – LAL)

By
Kevin Newingham

Lee Memorial Health System
Board of Directors Planning Meeting
Thursday, March 8, 2012
Project Goals

- **Goal 1**
  - Reduce inappropriate Emergency Room (ER) visits.

- **Goal 2**
  - Improve population health in targeted underserved communities by providing the right care, in the right place, at the right time.
Advantages of FQHC-LAL Status

- Enhanced Medicaid and Medicare Reimbursement for Care Rendered
- Access to 340B Drug Pricing
- Does Not Compete with Family Health Centers for Existing Section 330 Funds
- Brings Additional Federal Funds into the Local Health Care Economy
- As Co-Applicant, LMHS provides Clinical Care, Medical Direction, etc.
Progress to Date

○ 2011

- LMHS received a State of Florida Grant to establish a disease management and emergency room diversion program in the area.

- LMHS partners with the Dunbar “United Way House”

- Patients have responded well to the education, social services and primary care support and are returning to clinic appointments rather than the ER.

- Opened Second Clinic at North Fort Myers United Way House

- Additional Expansion Locations to be Considered
Measuring Success

- **Outstanding Results**
  - 405 New Patient Visits – many referred directly after ER visits
  - Only 2 Subsequent ER Visits from Patients (out of 405)
  - 100 Uninsured Patient Conversions to Medicaid
Project Design and Timeline

- **November, 2010 – January, 2011**
  - Design - Completed

- **February, 2011 – April 2012**
  - Implementation of Clinics

- **October 2011 – April 2012**
  - Feasibility Study of FQHC-LAL Optimization

- **May, 2012 – December 2012**
  - Implement Recommended Corporate Legal Structure and Governing

- **December, 2012**
  - File FQHC- LAL Application

- **January 2013 – April 30 2013**
  - HRSA Review and Recommendation to CMS
Recommended Action

- Request for Board Approval to Proceed with Next Steps
OTHER ITEMS
ADJOURNMENT
PLANNING PORTION

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LEE MEMORIAL HEALTH SYSTEM
BOARD OF DIRECTORS

DATE OF THE NEXT
REGULARLY SCHEDULED
MEETING

Planning

THURSDAY,
May 17 2012
3:00pm

Lee Memorial Hospital - Boardroom
2776 Cleveland Ave, Ft. Myers, FL 33901
CHAIRMAN CHANGE:

Lee Memorial Health System
BOARD OF DIRECTORS
MEETING
Thursday, March 8, 2012

BOARD CHAIRMAN:
Richard Akin
OLD BUSINESS
NEW BUSINESS
BOARD OF DIRECTORS' REPORTS
ADJOURNMENT

LEE MEMORIAL HEALTH SYSTEM
BOARD OF DIRECTORS

DATE OF THE NEXT
REGULARLY SCHEDULED
MEETINGS:

Board Workshop
Thursday, March 15, 2012
3:00pm

And

Finance & Full Board
Thursday, March 22, 2012
3:00pm

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