BOARD ORIENTATION WORKSHOP AGENDA

Tuesday, January 8, 2013, Follows 1pm Annual Org Meeting

Gulf Coast Medical Center (Medical Office Building), 13685 Doctors Way, BOARDROOM, Ft. Myers, FL 33912

Newly Elected, Board Chairman
- Welcome & Introductions of newly elected Board members & newly appointed Community Representatives

Cathy Stephens, Board Administrator
- Role of Board Administrator; Summary of new Board meeting schedule; Access to website and board policies, minutes, etc.

Jim Nathan, System President
- LMHS entities and affiliations; Key statistics and unique programs & services; Leadership structure of health system
- Introductions: Sharon MacDonald, Chief Foundation Officer, Mike Smith, Chief Information Officer, and Cathy Kahle, Interim Chief Corporate Compliance Officer

Larry Antonucci, MD, Chief Operating Officer for Hospital & Physician Services
- Operating Structure; Role of Chief Administrative Officers (introductions of Lisa Sgarlata, RN & Donna Giannuzzi, RN, Scott Kashman, Josh DeTillio, Dan Fink); Role and members of the Clinical Operations Group (COG)

Scott Nygaard, MD
- Role of the Chief Medical Officer for Physician Services/Managed Care Strategy/Outpatient services/Care Continuum; Key focus for multispecialty group development (Introduction of Kris Fay, Chief Administrative Officer); Physician Contact

Chuck Krivenko, MD
- Role of Chief Quality and Safety Officer; Board’s role; Explanation and membership of the Quality and Safety Meetings

Donna Giannuzzi, RN
- Role of Chief Patient Care Officer and Chief Nurse Officer; Key focus of Patient Care Services

Mike German
- Budget Process; Explanation of material finance items: debt and investment portfolios; outside resources (PwC; SEI, etc.); Importance of LeeSar and Cooperative Services of Florida

Kevin Newingham
- Role and members of System Strategy Council (SSC); High level strategic Plan (5 areas of focus)

Jon Cecil
- Role of Chief Human Resources Officer; Key focus of HR and People Council

Mary McGillicuddy
- Role of Chief Legal Officer; Role of Risk Management

Jim Humphrey
- Role of Board counsel; Overview of Sunshine and Public Records

Questions/Discussion/ADJOURN
Board Orientation Workshop
January 8, 2013

• Welcome & Introductions
Newly Elected, Board Chairman
AGENDA

• Newly Elected, Board Chairman
  • Cathy Stephens, Board Administrator
• Jim Nathan, System President
• Larry Antonucci, MD/Chief Operating Officer
• Scott Nygaard, MD
• Chuck Krivenko, MD
• Break (10 min)
• Donna Giannuzzi, RN
• Mike German
• Kevin Newingham
• Jon Cecil
• Mary McGillicuddy
• Jim Humphrey
Role of Board Administrator

• Plan, develop and organize operations and personnel of the Board of Directors office.

• Serve as a resource person to Board of Directors, Community Representatives, Administration & the community.

• Develops and manages annual budget approved by the Board.

• Event Planner (Pioneer Dinner); Travel Planner
Role of Board Administrator (continued)

• Plan & organize ALL meetings of the Board with the Board Chair, Board Liaisons, System President, and System Leadership.

• Assure Board meetings have prepared agendas and materials. Responsible for timely & accurate recording of minutes of all meetings of the Board to include maintenance of records in accordance with Florida Sunshine Law and Florida Public Records Act. Administrator is responsible for public notification of meetings in compliance with the State of Florida Government-in-the-Sunshine Amendment.
Role of Board Administrator (continued)

• System-wide Public Records Clerk, processing all public record requests, in accordance with Florida Sunshine Law and Florida Public Records Act.

• Web Developer

• In 2003, - the Board of Directors created the highest System award for non-management staff: LMHS Board of Directors Commitment to Excellence ‘Doc Coggins’ Award. Recognizing 12 Grand Prize Winners! In 2010 the award was modified to recognize an additional 18 as “Top Finalist”. The award timeline April – Dec. Chair, ‘Doc Coggins’ Committee
Board of Directors’ Website

- www.leememorial.org/boardofdirectors
- Board Bios
- Board Packets (Agendas, Minutes, Exhibits)
  Packet is published and emailed out 7 days prior to meeting. The link will always be the same to take you directly to the Board Packet screen.
  The link is: http://tinyurl.com/3y68wy
- Meeting Schedule (most current)
- Enabling Legislation
- Board Policies/Bylaws
- District Maps
Jim Nathan
President
Who We Are...

- Over 10,500 employees, 1,300 physicians and 3,680 volunteers
- $1.2B annual budget; $.6B local employment
- Fifth largest public (governmental) health system in nation
- Largest public health system in nation operating without benefit of local tax support
Who We Are...

• One of Florida’s most significant safety net health systems

• State-designated programs
  - Trauma (Level II)
  - Regional Perinatal Center (Level III)
  - Children’s Oncology, Sickle Cell and Cystic Fibrosis Centers
  - Kidney Transplant Center
  - Memory Disorders Center
  - Nationally designated facility for bioterrorism at Cape Coral Hospital
Who We Are...

Leading provider of comprehensive health care services in Southwest Florida since 1916

- 170,000 emergency visits
- 83,000 admissions
- 1.3 million outpatient and physician visits
- 40,000 surgeries
- 8,000 births
- 11,000 trauma visits
Best outcomes in Florida for 1,000+ gram infants (2.2+ lbs.)

The Golisano Children’s Hospital of Southwest Florida
Lee Physician Group

HealthPark Commons

Home Health

Lee Physician Group Dunbar & North Fort Myers United Way Houses
Who We Are...LMHS Volunteers

• Over 4300 volunteers
• Three Auxiliaries
• Providing in excess of 600,000 hours of service
• Annual value in excess of $10 Million
Who We Are...LMHS Foundation

• Since 2001 LMHS Foundation has generated nearly $100 million for Lee Memorial Health System

• Cost Effective: $1 spent = $6.89 generated

• Fiscal Year 2012
  – Fund Raising and Investment Income over $19 million
  – Distributed $6.53 million to LMHS

• Community Partners (partial list)
  – Sanibel Captiva Cares, SWFL Wine & Food Festival, Rumrunners, Kohl’s, Minnesota Twins, Bonita Bay Club, Boston Red Sox
Who We Are…Cost Effective Innovations

• Patient Safety: Overriding Core Value
• Leading edge programs in infection control
• Physician partnerships in orthopedics, cancer, outpatient surgery
• Establishing employer/employee clinics
• Continuum of care programming: home telemonitoring; congestive heart failure; outreach to avoid readmission
• Electronic Health Record>>>system-wide
• Partnerships: wellness, health outreach, behavioral health
• Regional children’s health initiatives: advocacy; program development; new facility
• Lean sigma redesign including admission; discharge; scheduling
• **National Recognitions**
  – Eliminating Central Line Infections – **2011 HHS Outstanding Leaders**
  – Best ED Care Management - 2011 Case in Point Platinum Award
  – Top 5 Innovations in Community Collaboration - AHA NOVA Award 2010 (Bob Janes Triage Center and United Way House Clinics)
  – Community Engagement Award Top 2 Finalists (Visioning) - NAPH
  – “100 Top” Hospitals in America - All Four Hospitals Named
  – “Top Doctors” - Physicians Nationally Recognized by Castle-Connolly
  – Consumer Choice Award Winner – 9th Consecutive Year
  – AARP Top 10 “Best Employers for Workers Over 50” - 5th consecutive year

• **State Recognitions**
  – Leadership in Quality and Safety – **2012 FHA top recognition**
  – Best Community Benefit Program - 2010 FHA top recognition
  – Best Florida Large Hospital Workplace – 2010 FHA top recognition
  – Eliminating central line infections - 2010 FHA top recognition
Supply Chain Management

Sarasota Memorial Healthcare
Central Florida Health Alliance
Huntsville Healthcare
Lee Memorial Health System
Multiple medical services under one roof
Over 50 primary and specialty care physicians
Urgent Care
Imaging Services
Rehabilitation Services
Surgical Services
Endoscopy Suites
Pain Management
Wound Care
Lab & Blood Donor Center
Lee County is Designated as a Medically Underserved Region

- Too few primary care providers
- High infant mortality
- High poverty
- High elderly population

Source: U.S. Department of Health and Human Services; http://datawarehouse.hrsa.gov/DWOnlineMap/PreformattedMap.aspx
Decline in commercial revenue for hospitalized patients

- 2007: 31%
- 2008: 30%
- 2009: 27%
- 2010: 23%
- 2011: 21%

20% commercial for 2012

80% of hospitalized patients government-sponsored (Medicare/Medicaid) or uninsured/underinsured.

Children’s services dependent on Medicaid

23% erosion
Physician Shortage Study by AmeriMed Consulting

Current and Future Physician Need by Specialty

Family Practice & Internal Medicine

LEE MEMORIAL HEALTH SYSTEM
Training New Physicians
LMHS/FSU Family Practice Residency Program

Economic Development opportunity

Economic Development opportunity
An Economic Impact Study of Employment and Income

Lee Memorial Health System

May 5, 2010

Regional Economic Research Institute
Lutgert College of Business
Florida Gulf Coast University
Economic Impact Findings

• One in seven Lee County employees employed in health care (over 26,000)

• 1/3 of health care employees employed by Lee Memorial Health System

• Every 100 LMHS employees yield another 78 community jobs created ($1.6 billion in labor and value added)
Community Partnering

- Behavioral Health Triage Center
  - Lee Mental Health; Salvation Army; Law Enforcement
- Emergency Triage
  - Lee County Emergency Medical Services
- United Way Houses
  - Lee Physician Group Dunbar (CCMI lead agency referring to >50 other human service agencies)
  - Lee Physician Group North Fort Myers (Salvation Army lead agency)
  - East Fort Myers (Family Health Centers, Children’s Advocacy)
- Medical Respite Unit
  - Salvation Army
- Lee We Care
  - Medical Society, United Way, others
...Community Partnering

- FGCU, Edison State, Nova & other education centers
  - Internships, faculty, etc.
- Multiple Sclerosis Clinics
  - With MS Society
- ALS Clinic
  - With new local ALS Society chapter
- Fit-Friendly SWFL
  - With American Heart Association and 100 other organizations
- Tobacco Free Lee
  - With Lee County Health Department, Schools, others
Community Health Visioning 2017

Seven Priorities (2011)

1. Healthy Lifestyles
2. Primary Care Alternatives
3. Chronic Disease Management
4. Behavioral Health
5. Public Awareness of Services
6. Healthcare Workforce Shortage
7. Electronic Medical Record
Lawrence R. Antonucci
M.D., M.B.A.
Chief Operating Officer
Lee Memorial Hospital

- 355 Bed Acute Care Hospital
- 60 Bed Rehab Hospital
- 14,148 Admissions
- 73,630 Patient Days
- 52,055 Emergency Visits

Clinical specialization includes:

- Neurosciences
- Orthopedics
- DNV Certified Primary Stroke Center
- Lee Cancer Care
- Diabetes Care
- Level II Trauma Center
- Memory Disorder Clinic
- Senior Behavioral Health
- Spine Center
- In-Patient Rehab
HealthPark Medical Center

- 270 Bed Acute Care Hospital
- 98 Bed Children’s Hospital
- 112 Bed Skilled Nursing Facility
- 23,137 Admissions
- 108,403 Patient Days
- 3,530 Deliveries
- 60,562 Emergency Visits

Clinical specialization includes:

- Cardiology
- Cardiac Surgery
- General/Vascular Surgery
- Golisano Children’s Hospital of Southwest Florida
- Pediatric Intensive Care
- Children’s Rehab Center
- Children’s Cancer Center
- Neonatal Intensive Care Unit (NICU)
- High Risk OB Services
Cape Coral Hospital

Clinical specialization includes:

- Neurosurgery
- Orthopedics
- Obstetrics

- General/Vascular Surgery
- Golisano Children’s Hospital of SWFL

- 291 Bed Acute Care Hospital
- 14,574 Admissions
- 62,189 Patient Days
- 1,252 Deliveries
- 60,414 Emergency Visits
Clinical specialization includes:

- Cardiology
- Cardiac Surgery
- General/Vascular Surgery
- Renal Transplant
- Obstetrics
- Gynecology
- Primary Stroke Center
- Neurosurgery
- Orthopedics
Golisano Children’s Hospital SW Florida

Clinical specialization includes:
- Child Life and Social Services
- The Children’s Rehabilitation Centers
- Pediatric Specialty Clinic
- Early Intervention Program
- Emergency Services
- Neonatal and Pediatric Transportation
- General and High-Risk Obstetrics
- General Pediatric Beds
- Level II and III Neonatal ICU
- Pediatric ICU
- Pediatric Oncology/Hematology
- Prescribed Pediatric Extended Care (PPEC)
- Regional Perinatal Intensive Care Center
- Ronald McDonald House

- 98 Bed Acute Care Hospital
- 5,039 Admissions
- 31,603 Patient Days
- 20,466 Emergency Visits
Clinical Operations Group (COG) Role

Purpose:

To support and coordinate activities and processes that affect the safe provision of care to patients with acute care needs in an efficient and productive manner in order to meet the operational and quality goals of LMHS. This includes all care processes from emergency evaluation, admission, diagnosis, intervention, monitoring and preparation for transition to other care environments.
Clinical Operations Group Members

• Lawrence Antonucci, MD, MBA  Chief Operating Officer  COG Chair
• Jon Cecil, Chief Human Resource Officer
• Mike German, Chief Financial Officer
• Chuck Krivenko, MD - Chief Medical Officer Clinical Services and Chief Patient Safety Officer
• Donna Giannuzzi, RN, MBA, NEA, BC - Chief Patient Care Officer
• Lisa Sgarlata, RN, MS, MSN, CEN – Chief Administrative Officer – Lee Memorial Hospital
• Scott Nygaard, MD, Chief Medical Officer Physician Services & Network Development
• Scott Kashman, Chief Administrative Officer - Cape Coral Hospital
• Joshua DeTillio, Chief Administrative Officer - Gulf Coast Medical Center
• Dan Fink, Chief Administrative Officer – Golisano Children’s Hospital SW Florida
• Mike Smith, Chief Information Officer
• Kevin Newingham, Vice President Strategic Services
• Kristine Fay, Chief Administrative Officer – Lee Physician Group
• Alex Greenwood - Operations Improvement Interim Manager
• Roger Chen – Vice President Organizational Transformation
• Mary Briggs – System Director, Media Relations
Chief Administrative Officers (CAO)
Role & Introductions

HealthPark Medical Center
Donna Giannuzzi, RN, MBA, NEA, BC
Chief Patient Care Officer

Lee Memorial Hospital
Lisa Sgarlata, RN – Pulm, Lab

Cape Coral Hospital – Scott Kashman - Radiology

Gulf Coast Medical Center – Joshua DeTillio - Pharmacy

Golisano Children’s Hospital SW FL – Dan Fink

Lee Physician Group – Kristine Fay
Scott D. Nygaard, MD MBA
Chief Medical Officer Physician Services and Network Development
Lee Physician Group

Employed physicians:

- 34 LPG locations
- 21 Primary Care locations
- 13 Specialty Care Locations

- Total providers of care – 328
- Primary care providers – 127
- Specialty care providers – 201
- MD-187, DO-21, NP-69, CNM-7, PA-40, PhD-4
- Grow the group to have appropriate access and market influence

- 250-300 physicians – 60% PCP / 40% SCP
LPG Strategic Plan

See handout
PHYSICIAN COMPACT

See handout
Outpatient Services
Dave Cato, VP Outpatient Services

- All HOPD (hospital outpatient departments)
  The Sanctuary, HealthPark, Riverwalk, Plantation

- Physical Therapy, laboratory, radiology, surgery center
  - Wound Care
  - Pain Management
  - Spine Clinic
  - Sleep Medicine (adult and pediatric)
  - Pediatric Rehab
  - Ambulatory Surgery Center - Sanctuary
Post Acute Services
Marjory May, VP Post Acute Services

- HealthPark Care and Rehabilitation Center - 112 bed skilled nursing home

- The Rehabilitation Hospital – 60 bed comprehensive inpatient facility
  - CARF accredited (Commission on Accreditation of Rehabilitation Facilities)
  - Only inpatient rehabilitation facility in Lee County

- Home Health Services
  - Provides for comprehensive in-home care (Care Transitions)
  - RN, physical, speech and occupational therapy
  - Home health aides and social workers

- Infusion Services (IV antibiotics, TPN, tube feedings)
Managed Care Strategy

- Address changing market related to reform and ability to take and manage risk (structure and process)
  - Our own employee health plan ($70M of annual spend, 16K enrollees-largest in Lee County)
- Develop needed network of providers to support product development and assume risk
- Goals:
  - Transform the culture of LMHS to add value to patients and our community/region
  - “Right Care, Right Place, Right Cost, Right Now” – Value based purchasing (QUALITY)
  - Engage physicians in the community in meaningful work that adds accretive value (partner or make)
Chuck Krivenko, M.D.
Chief Medical Officer
Clinical and Quality
Quality and Patient Safety Services/Chief Safety Officer
CMO
Clinical and Quality Services

- Responsible for the oversight and enhancement of system quality and safety
- Responsible for the oversight and development of system-wide performance improvement
- Responsible for support of Medical Staff functions
- Responsible for Inpatient Medical Management
- Responsible for compliance with regulatory requirements and system accreditation (DNV)
- Responsible for the system deployment of ISO 9001 standards and achieving ISO 9001 Certification
- Responsible for the oversight of Infection Control and Spiritual Services Departments.
System Quality and Safety Management Council (SQSMC)

- Assigned responsibility by the LMHS Board of Directors to integrate, analyze and review quality and safety information for organizational decision-making and performance improvement.
- Manages the system-wide safety program
- Advises the Senior Leadership (Clinical Operation Group), Medical Staff and the Board on opportunities for improvement. It recommends chartering of system-wide performance improvement teams.
- Composition includes a member of the Board of Directors and an alternate, two members from the community, physicians, nursing and administration.
- Monthly agenda is divided into 2 segments: safety and quality
Donna Giannuzzi, RN
Chief Patient Care Officer
Lee Memorial Health System
Patient Care Services
Board Orientation January 8, 2013
Orientation - Outline

• Chief Patient Care Officer (CNO) Role
• Patient Care Services Purpose and 2013 Focus
Chief Nursing Officer Role

• Provides direction to an organized patient care staff to promote quality, safe patient care and nursing service on a continuous basis.

• Evaluates the quality, safety and effectiveness of nursing practice and nursing service across the system.

• Responsible for fostering a professional practice environment

• Supports research and the integration into the delivery of patient care and nursing administration. (Annual Research Workshop – 14 podium and 10 poster presentations)

• Assures the provision of a sufficient number of qualified clinical staff to assess patient’s needs for nursing care, plan and provide nursing interventions, prevent complications and promote improvement in the patients well-being.
Chief Nursing Officer Role - Continued

- Recognizes current and future workforce needs and assists in developing appropriate strategies.
- Develops strategic plan goals and timelines for PCS aligning the plan with system goals.
- Appoints interdisciplinary performance teams (30+ in 2012)
- Provides a strategic focus for sustaining an environment committed to being the employer of choice for clinical staff.
- Assures regulatory requirements are met.
- Represents the Health System through community representation and selected activities.
Patient Care Services Purpose and Key 2013 Focus

The Purpose of the Patient Care Services Division is to provide the highest quality of patient care through our commitment to excellence in practice, research, education and leadership by:

• Fostering a collaborative environment that promotes patient safety, quality, and satisfaction as the priority.
  – Achieve zero-defects for preventable complications
  – Continue embedding risk assessments into nursing practice
• Fostering an environment that facilitates recruitment, retention and engagement of talented staff.
  – Strengthen interdisciplinary collaboration
• Increasing operational efficiency and fiscal accountability through balancing access, quality and cost.
  – Improve performance on metrics tied to reimbursement
  – Prevent unnecessary readmissions

LEE MEMORIAL HEALTH SYSTEM
Patient Care Services Purpose and Key 2013 Focus Continued

• Creating and assuring capacity to meet community needs while strengthening the LMHS community presence.
  – Continue to prepare nurses for a role in the ambulatory setting
  – Reduce LOS to improve effective capacity of existing beds
• Strengthening the professional practice environment, by engaging staff in the true spirit of shared governance.
  – Continue to align individual accountability with organizational goals
• Achieve recognitions of distinction.
• Operationalize the full capability of the EMR throughout LMHS.
  – Position nursing as a best-in-class partner for IT
Questions?

Source of Picture: Washington State Hospital Association
Mike German
Chief Financial Officer
OPERATING & CAPITAL BUDGET PROCESS

• April
  ➢ Financial Goals and projections are presented (Policy # 20.17N)
  ➢ Volumes are presented for discussion & approval

• June
  ➢ Compensation & Benefit Package is presented (Policy # 40.01C)

• July
  ➢ Preliminary Capital Budget is sent to Board Members (Policy # 20.09J)

• August/September
  ➢ Budget or update is presented for discussion and approval
  ➢ Assumptions for room rates, salaries, staffing, inflation, investment return

FINANCIAL REPORTING & MONITORING

• Monthly – Consolidated Financial Statements & Statistical Report
  4 acute care hospitals, post acute services, physician practices, corporate svc, Foundation
• Quarterly – Cash Flow Available for Capital (Policy # 20.09J)
• Annual – Financial audit completed by PriceWaterhouseCoopers (PWC)
Key Statistics & Ratios

• Volumes – Inpatient & Outpatient
• Adjusted Volumes – adjusted admits & adjusted patient days
• Case Mix Index

• Operating Ratios
  • Net Revenue per Case Mix Adjusted Admits (CMAA)
  • Operating Expense per CMAA
  • Wages/Benefits as a % of Net Patient Revenue
  • Supply Costs as a % of Net Patient Revenue

• Financial Ratios
  • Operating Margin
  • Excess Margin

• Liquidity Ratios
  • Cash to Debt Ratio
  • Days Cash on Hand
  • Days in Accounts Receivable
**Investment Portfolio**

- Investments are managed by SEI according to Investment Management Policy #20.01F
- Long-term objective is to generate the greatest total return possible consistent with LMHS’ general risk tolerance which is sufficient to meet our current and expected future financial requirements.
- FY2012 investment return was 9.3%
- Cash & Investments at September 30, 2012 was $537.7 million.

**Debt Structure**

- Debt Structure and financial advice provided by Ponder & Co.
- Both fixed (88%) and variable rate (12%) debt has been issued in the form of bonds, bank loans and capital leases.
- FY2012 average interest rate was 3.95%
- Total debt at September 30, 2012 was $674.7 million

- Cash to Debt ratio at September 30, 2012 was 79.7%.

**Rating Agencies**

- Moody’s rating is “A2”
- Standard & Poor’s (S&P) rating is “A”
LeeSar, Inc.

Warehousing & distribution company that is jointly owned by LMHS, Sarasota Memorial Hospital and Central Florida Health Alliance and that delivers needed medical/surgical supplies to its owners and others.

Additional services include centralized food preparation, centralized instrument sterilization, instrument repair, pharmaceutical repackaging, custom pack, radiopharmaceutical, IV solution, record storage.

Cooperative Services of Florida (CSF)

Group Purchasing Organization (GPO) that is jointly owned by LMHS, SMH, CFHA and Huntsville Hospital. Negotiates contracts for lowest pricing with manufacturers/suppliers for quality medical/surgical supplies needed by the member hospitals.

CSF supply contracts lowered LMHS’ supply prices by more than 5% from FY2011 to FY2012.
Kevin Newingham
Vice President, Strategic Services
SYSTEM STRATEGY COUNCIL

**Purpose:**
To assure, at the System level within guidelines and requirements of the LMHS Board of Directors, an ongoing strategic planning process that attempts to balance the anticipated continued growth and demand for medical services against the reality of scarce financial resources and the need for long-term financial stability. Upon Board approval, the SSC is responsible for oversight and deployment of the strategic and tactical plans. The SSC provides oversight for communicating the strategic direction to all levels of the organization.
**Deliverables/Responsibilities:**

- Oversight of the creation and execution of a System Strategic Plan
- Coordination of the ongoing system-wide strategic planning process throughout the organization including all entities within the system.
- Annual reassessment of the LMHS long-range financial plan to achieve/maintain key financial indicators
- Annual determination of the total capital available for reinvestment for the next fiscal year, with determination of a capital allocation methodology in the event that the demand for capital exceeds projected supply
- Methodology to identify and prioritize tactics in conjunction with budgeting process
- Assure flexible structure to assess off cycle strategic initiatives
- Annual reassessment of the LMHS facilities plan to assure consistency between meeting projected demand and achieving financial targets
- Coordination of communication regarding strategic direction throughout the organization
- Address System wide policy and operational issues that are outside the scope of the Clinical Operations Group

**Meeting Frequency:** Monthly
Chairperson:
- Kevin Newingham, Vice President, Strategic Services

Membership:
- Jim Nathan, President / Chief Executive Officer
- Larry Antonucci, MD, Chief Operating Officer
- Suzanne Bradach, System Director, Special Projects
- Jon Cecil, Chief Human Resource Officer
- Josh DeTillio, Chief Administrative Officer - GMCH
- Kris Fay, Chief Administrative Officer - LPG
- Dan Fink, Chief Administrative Officer - GCHSWF
- Mike German, Chief Financial Officer
- Donna Giannuzzi, Chief Administrative Officer, HP, Chief Patient Care Officer
- Scott Kashman, Chief Administrative Officer - CCH
- Chuck Krivenko, Chief Quality and Safety Officer
- Sharon MacDonald, Chief Foundation Officer/Vice President, Oncology Services
- Mary McGillicuddy, Chief Legal Officer
- Scott Nygaard, Chief Medical Officer Physician Services, Services, Managed Care Strategy, Outpatient services and Care Continuum
- Lisa Sgarlata, Chief Administrative Officer – LMH
- Mike Smith, Chief Information Officer
LMHS Strategic Initiatives:

1. **Service, Safety & Quality** - Develop safe, highly reliable and exceptional patient centered care.

2. **Clinical Integration** - Continue development of a clinically and technologically integrated provider network.

3. **Aligned Multispecialty Group** - Develop a culturally and strategically aligned multispecialty group.

4. **Workforce** - Ensure an optimal supply of quality physicians and workforce.

5. **Financial Viability** - Assure ongoing financial viability of LMHS.
# 1. Service, Safety & Quality

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<thead>
<tr>
<th>Indicator/Measure</th>
<th>FY 2013 Meets</th>
<th>FY 2013 Exceeds</th>
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<tbody>
<tr>
<td>HCAHPS - Avg of Value Based Purchasing dimensions</td>
<td>75.0%</td>
<td>77.0%</td>
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<tr>
<td>Core Measures - Avg of Value Based Purchasing dimensions</td>
<td>91.0%</td>
<td>93.0%</td>
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<tr>
<td>Surgical Site Infection Rate Adult</td>
<td>1.35%</td>
<td>1.26%</td>
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<tr>
<td>Venous Thrombosis &amp; Embolism Reduction per 1,000 cases</td>
<td>5.7</td>
<td>5.1</td>
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<tr>
<td>Serious Safety Event Rate per 10,000 adjusted patient days</td>
<td>0.15</td>
<td>0.13</td>
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## 2. Clinical Integration

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<th>FY 2013 Meets</th>
<th>FY 2013 Exceeds</th>
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<tbody>
<tr>
<td>Efficient Use of Beds - Reduction in Average Length of Stay</td>
<td>-0.10</td>
<td>-0.20</td>
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<tr>
<td>30-day Readmissions</td>
<td>17.0%</td>
<td>16.0%</td>
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# 3. Aligned Multispecialty Group

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<th>Indicator/Measure</th>
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<th>FY 2013 Exceeds</th>
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<tr>
<td>Increase in Freestanding Outpatient Net Revenue Actual YOY (2012 vs 2013)</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Increase in LPG Primary Care Patients</td>
<td>8%</td>
<td>10%</td>
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4. Workforce

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<th>Indicator/Measure</th>
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<th>FY 2013 Exceeds</th>
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<td>Employee Engagement Index</td>
<td>70.5</td>
<td>72.5</td>
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## 5. Finance

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<th>Indicator/Measure</th>
<th>FY 2013 Meets</th>
<th>FY 2013 Exceeds</th>
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<tbody>
<tr>
<td>Operating Margin</td>
<td>2.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Revenue Increase: Total Outpatient Revenue (in Millions)</td>
<td>$1,846.2</td>
<td>$1,900.0</td>
</tr>
<tr>
<td>Expense Reduction: Total Operating Expenses per Case Mix Adjusted Admit</td>
<td>$6,780</td>
<td>$6,650</td>
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Jon C. Cecil

Chief Human Resources Officer
Lee Memorial Health System
People Council
People Council

**Purpose:**

- A system-wide group to analyze and review People related data and information for organization decision-making and performance improvement. The data and information will be used to identify current and future trends for problem identification, root cause analysis, and solution development. The solutions will foster excellence in People practices and in creating an Employer of Choice Environment.

- The People Council advised the People Division and other collaborative groups, who in turn advise the Senior Leadership Council, Chief Executive Officer, Chief Operating Officer and the Board of Directors on opportunities for improvement in People practices, consistent with business needs and priorities of the organization. The People Council recommends, participates in, and leads task forces of system-wide People Improvement Practice teams.
Mary McGillicuddy
Chief Legal Officer / General Counsel
Legal Services / Risk Management
Location and Contact Information

• Location: Lee Memorial Hospital /MOC
  2780 Cleveland Avenue, Suite 459
  Fort Myers, Florida 33901

• Telephone: 343-2859

• E-mail: mary.mcgillicuddy@leememorial.org

• Staff: Attorneys, Risk Managers, Paralegals & Legal Assistants
Major Areas of Responsibility

• Legal Analysis and Counsel
• Professional & General Liability Program
• Risk Management Program
• Litigation Defense
• Funds Recovery
• Education
Legal Analysis and Counsel

- Patient Safety
- Administrative / Regulatory
- Consents, Patient Rights, Patient Care
- Contract Review and Drafting
- Compliance Issues / Compliance Officer
- Document and Forms Review and Drafting
- Employment Law
- Legal Research
- Legislative and Regulatory Review
- Medical Staff
- Public Records
- Privacy / HIPAA Compliance
Administration of Risk Management Program

- Legal Support and Direction Provided by System Counsel
- Program Administered Primarily by Licensed Healthcare Risk Managers
  - Incident Reporting and Analysis
    - Routine Incident Reports
    - Serious Incident Reports to State of Florida
  - Investigation of Incidents and Complaints
  - Preparation of Reports to Board, Leadership, Quality Review
  - Primary Contact with Florida AHCA Surveyors
  - Provide Orientation and Education for Staff
  - Provide Support in Claims Administration
Patient Safety Organization (PSO)

- Patient Safety is the Number One Core Value
- Cultural Transformation
- Shared Learning
- Amendment 7
- PSO Federal Law Protection
  - Patient Safety Evaluation System
  - Patient Safety Work Product
Jim Humphrey, Board Counsel

January 8, 2013

SEE HANDOUT
STATE OF FLORIDA

GOVERNMENT-IN-THE-SUNSHINE LAW

Article II, Section 24(b), Florida Constitution
Section 286.011, Florida Statutes
Sunshine Law

I. Basic requirements of Section 286.011, F.S.

1. Meetings open to the public
2. Reasonable notice of such meeting
3. Minutes of the meeting must be taken
4. Agenda recommended, but not required

II. Agencies covered by the Sunshine Law

1. Applies to “any board or commission, or authority or a political subdivision”
2. Applicable to elected and appointed boards or commissions
3. Advisory boards established by public agencies are subject to the Sunshine Law, even though their recommendations are not binding upon the agency that created them
4. Limited exception for committees established for fact finding only

III. Meetings subject to the Sunshine Law

1. All meetings whether formal or casual of two or more members of the same board to discuss some matter on which “foreseeable” action will be taken
2. Written correspondence
3. Telephone conversations
4. Computers
5. Use of liaisons prohibited

(2)
6. However, a board member may, outside of a public meeting, send documents that the member wishes other members to consider on a matter coming before the board for official action, provided there is no response from, or interaction related to such documents.

A board member may prepare and circulate an informational memorandum or position paper to other board members

IV. Consequences if the Sunshine Law is violated

1. No resolution, rule, policy or formal action shall be considered binding if Sunshine Law is violated

2. Criminal penalties for “knowingly” violating the Sunshine Law:

   - Up to 60 days in jail and/or $500 fine
   - Removal from office
   - Non-criminal penalty – up to $500 fine
Public Records Law

I. F.S. 119.011(1)

"Public records" means all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings or other material, regardless of physical form or characteristics, made or Received pursuant to law or ordinance or in connection with the transaction of official business by any agency.

II. F.S. 119.07(1)(a)

Every person who has custody of a public record shall permit the records to be inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public records or his designee.....

III. What materials are considered public records?

1. 

"...a public record...... is any material prepared in connection with official agency business which is intended to perpetuate, communicate, or formalize knowledge of some type."

Shevin v. Byron Harless, Schaffer, Reid and Associates, Inc., 379 So.2d 633 640 (Fla. 1980)

2. Notes or nonfinal drafts – There is no “unfinished business” exception to the public inspection and copying requirements of Chapter 119, F.S.
3. Any agency document, however prepared, if circulated for review, comment or information, is a public record regardless of whether it is an official expression of policy or marked "preliminary" or "working draft" or similar label. Examples of such materials would include interoffice memoranda, preliminary drafts of agency rules or proposals which have been submitted for review to anyone within or outside the agency, and working drafts or reports which have been furnished to a supervisor for review or approval.

4. However, "under chapter 119 public employees' notes to themselves which are designed for their own personal use in remembering certain things do not fall within the definition of public record." (Coleman v. Austin, 521 So. 2d 247 (Fla. 1st DCA 1988), holding that preliminary handwritten notes prepared by agency attorneys and intended only for the attorneys' own personal use are not public records.)

IV. What agencies are subject to the Public Records Act?

Section 119.011(2), Florida Statutes, defines "agency" to include:

Any state, county, district, authority, or municipal officer, department, division, board, bureau, commission, or other separate unit of government created or established by law including, for the purposes of this chapter, the Commission on Ethics, the Public Service Commission, and the Office of Public Counsel, and any other public or private agency, person, partnership, corporation, or business entity acting on Behalf of any public agency.
1. Advisory Boards

2. Private entities acting on behalf of any public agency

3. Private entities delegated authority to keep certain records.

V. What kind of records are subject to the Public Records Act?

1. Computer records

2. E-mail

3. Financial records