Planning Board and Full Board of Directors Meetings

Thursday, January 5, 2017
1:00 p.m.
AGENDA

PLANNING AND FULL BOARD OF DIRECTORS MEETINGS
January 5, 2017 at 1:00 p.m.
Gulf Coast Medical Center – Boardroom (Medical Office Building)
13685 Doctors Way, Ft. Myers, FL 33912

1. CALL TO ORDER
(Sanford Cohen, M.D., Board Chairman)
The Board of Lee Memorial Health System, doing business as Lee Health, Gulf Coast Medical Center & Lee Memorial Hospital/HealthPark Medical Center and the Board of Directors of its subsidiary corporations, including but not limited to Cape Memorial Hospital, Inc. doing business as Cape Coral Hospital; Lee Memorial Home Health, Inc.; and HealthPark Care Center, Inc.

2. INVOCATION & PLEDGE OF ALLEGIANCE
(Rev. Mason Jackson, Mdiv, 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 Staff prior to meeting. Individuals wishing to address the Board on a Non Agenda item must notify the Board Staff of the subject matter at least three (3) days prior to the meeting.

4. RECOGNITIONS: LEAPFROG HONORS
(Larry Antonucci, Chief Operating Officer)

5. PHYSICIAN LEADERSHIP COUNCIL (PLC) REPORT (Accept)
(William Hearn, D.O., PLC Chairman)

6. PRESIDENT’S REPORT
(Jim Nathan, CEO/President)

7. EDUCATION UPDATE
(Eric Goldsmith, D.O., Medical Director of Academics & Medical Education)

PLANNING PORTION – Donna Clarke, Planning Liaison

8. PLANNING BOARD & FULL BOARD MEETING MINUTES OF 10/13/16 (Approve)

9. FISCAL YEAR TO DATE 2017 STRATEGIC SCORECARD UPDATE
(Kevin Newingham, Chief Strategy Officer, Strategic Services)

10. SKILLED NURSING UPDATE
(Dave Cato, Chief Administrative Officer, Outpatient Services)

11. LEE COMMUNITY HEALTHCARE-LEHIGH ACRES UPDATE
(Bob Johns, Executive Director FQHC-LA, Lee Community Healthcare Administration)

12. GASTROENTEROLOGY UPDATE
(Kris Fay, Chief Administrative Officer, LPG & Physician Services)

Lee Memorial Health System Board of Directors
AGENDA (Page 2 of 2)

PLANNING AND FULL BOARD OF DIRECTORS MEETINGS
January 5, 2017 at 1:00 p.m.
Gulf Coast Medical Center – Boardroom (Medical Office Building)
13685 Doctors Way, Ft. Myers, FL 33912

13. CONSENT AGENDA (Approve)
   1. Full Board Meeting Minutes of 8-25-16
   2. Governance Board and Full Board Meeting Minutes of 12-1-16
   3. Board Policy 10.24F LMHS Foundation

14. CORPORATE COMPLIANCE REPORT (Accept)
    (Shelley Koltnow, Contract Chief Compliance Officer)

15. FOUNDATION REPORT (Accept)
    (Skip Leonard, Chief Foundation Officer)

16. OLD BUSINESS

17. NEW BUSINESS
   1. Agenda subjects for Workshops
      a. 3/13/17 – Executive Compensation?
      b. 4/6/17 –
      c. 6/29/17 –

18. BOARD MEETING CRITIQUE

19. BOARD OF DIRECTORS REPORTS

20. Date of the next Meeting:
    January 19, 2017 at 1:00 p.m.
    Finance Board and Full Board of Directors
    Gulf Coast Medical Center – Boardroom
    13685 Doctors Way, Ft. Myers, FL 33912

21. ADJOURN (Sanford Cohen, M.D., Board Chairman)
BOARD OF DIRECTORS

Invocation & 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 Staff prior to meeting.

Refer to Board Policy: 10:15F: 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 three (3) days prior to the meeting to allow staff time to prepare and to insure the matter is within the jurisdiction of the Board.
BOARD OF DIRECTORS

RECOGNITIONS:
LEAPFROG HONORS
(Larry Antonucci, Chief Operating Officer)
Leapfrog Top Hospital Awards

Cape Coral Hospital
Golisano Children’s Hospital

Kathy Bridge-Liles and Dr. Alex Daneshmand accept the Leapfrog Top Children's Hospital Award on Dec. 6 in Washington, D.C.
Physician Leadership Council Report
01/05/17

1. Congestive Heart Failure readmission project
   • Pilot study results conclude all heart failure patients discharged need follow up appointments within 5 days
   • Case management will be primarily responsible for scheduling these appointments
   • Heart Failure Transition Clinic (HFTC) will be used if appointment can’t be obtained in a timely fashion
   • Focus of follow-up appointments is to evaluate patient compliance and effectiveness of therapy

2. Contract Services
   • Medical Staff input was obtained and current services agreed upon with Administration.

3. Neurology Emergency Department Call and Consultation Services
   • Joint MEC 12/6/16 was held
   • Approved the proposed language to the Rules and Regulations of the Department of Medicine
   • All Neurologists will need to have active privileges at a minimum of one facility and take ED call at that facility
   • No exemption for years of service
   • Age exemption may be requested for members over age of 66
Fate of the Affordable Care Act

- Does not appear to be Republican leadership consensus on what to replace ACA with that would:
  - Protect expanded coverage
  - Not look like “Obamacare”
  - Would cost less to individuals, employers, governments and insurance carriers
- “Repeal” without clear direction on “replace” creates significant uncertainty for all constituencies
- Twenty million newly insured
  - 10 million: purchasing plans under subsidized ACA marketplaces
  - 10 million: covered in states that accepted Medicaid expansion
- 10 million more at risk through increasingly unstable individual insurance plans
- 52-48 Republican to Democrat ratio in the US Senate requires adjustments to ACA (absent bipartisan support) be through budget reconciliation (does not require 60 Senate votes) or through executive orders
- Important: Medicaid is Federal/State sharing program
  - Would require more than “budget reconciliation” to overhaul ... such as shift to block grants to states
  - “Simply” writing checks to states at less than current funding amounts and saying “this is now the states’ responsibilities” will not be a solution for “replace”
- Health Reform is massively complicated
  - “Hidden taxes” and cross subsidization to cover health costs have existed for centuries
  - Social mores and legal issues such as Emergency Medical Treatment and Labor Act (EMTALA) play major roles and result in conflict of “right” versus “privilege”
  - Prevention versus repair; coordinated care versus fend-for-self ... follow-the-money ... approach to care
  - Community rating versus experience rating
    - From 1930s through 1960s ... community rating for health insurance similar to fire insurance
    - Early 1960s ... strong movement to experience rating negatively impacted elderly and poor who tend to have higher medical expenses
    - Resulted in stimulus for Medicare and Medicaid
    - Preferred provider plans (PPOs) have been experience rated
• Large employers more like community rating and this more stable premiums or self insured
• Small employers harmed by widely fluctuating premiums
• Insurance plans less affordable and individual plans very costly
  - 1973 - 1988, HMOs required to use community rating
  - Since 1988 HMOs permitted to use experience ratings allowing coverage be denied based on preexisting conditions; having a waiting period before preexisting conditions are covered; and dropping members when they suffer an accident or get sick
  - ACA attempts to overcome some of the experience rating issues by eliminating exclusions for preexisting conditions, capping premiums for high-risk pools, and dropping individuals from policies after they become ill

**Provider Service Networks & Florida Medicaid Managed Care**

- Recent years Florida privatizing much of Medicaid through regional Medicaid managed care plans
- Private insurance companies may apply to qualify as Medicaid managed care companies
- "Provider service networks" (PSNs) are granted special status in application and approval process
  - Under current statutes, approved PSNs are guaranteed inclusion in state plan
  - PSNs also included in the Federal “1115 waiver” (presently scheduled to end this summer)
  - PSNs defined as an entity with a controlling interest owned by a health care provider, or group of affiliated providers, or a public agency or entity that delivers health services
  - Health care providers include Florida licensed health care professionals or licensed health care facilities, federally qualified health care centers, and home health care agencies
  - A PSN must be capable of providing all covered services to a mandatory Medicaid managed care enrollee or may limit the provision of services to a specific target population based on the age, chronic disease state, or medical condition of the enrollee to whom the network will provide services
  - A PSN may partner with a licensed health insurer or a licensed health maintenance organization to meet the requirements of a Medicaid contract
11 Medicaid managed care regions in Florida
- Lee County in Region 8 with Charlotte, Collier, DeSoto, Glades, Hendry, and Sarasota Counties
- Agency for Health Care Administration (AHCA) is required to license at least two health plans ... up to four plans ... for Region 8
- At least one health plan must be a PSN if any provider service network submits a responsive bid
- If no PSN submits a responsive bid, AHCA shall procure no more than one less than the maximum number of eligible plans permitted in that region
  - Within 12 months after the initial invitation to negotiate, AHCA shall attempt to procure a PSN
  - AHCA shall notice another invitation to negotiate only with PSNs in those regions where no PSN has been selected
- Applications must be in by mid-2017 for approval to begin operating as of January 1, 2018, for three years

Florida’s 1115 Federal waiver to partially fund for low income, uninsured
- Scheduled to sunset this coming year with final payment of $605 million (was $1-2 billion)
- Governor’s staff has been working on a request of an extension of Waiver started under Jeb Bush administration
- December 30 applied for a 5-year extension at $605 million with an "opening" to request the dollar amount be raised
  - Submission met year end deadline

Possible Florida legislative action
- 5-year extension gives hope that a new relationship of Florida and President-Elect Trump may find a way to bring some Florida funds back to Florida
- Some FL legislative discussion of some adjustments in the Medicaid managed care statutes and regulations including changing the contract period from three years to five years to coincide with the waiver extension request period

Strategic implications for Lee Health and our community
- No indication of discontinuing Medicaid managed care
- Locking in Medicaid managed care insurers in our region for 3 to 5 years could make SW Florida’s largest provider of Medicaid services (Lee Health) solely a contracting entity
- While not the sole provider of Medicaid services, vast majority of underserved populations ultimately fall to Lee Health
- Principal payer of children’s services is Medicaid
  - Lee Health massive investment in children’s facilities, programs, staff and specialty physicians
  - Medicaid managed care is a part of value-based/population health
care requiring a mindset of Right Care, Right Place, Right Time to be successful in value-based care (efficient, quality focused, coordinated care)

- If Lee Health has interest in becoming a PSN or partner with other entities to qualify as a PSN, such a decision would need to be made in the next few months
- There are good arguments for and against such a strategy which we will review and bring back to the board with a recommendation
BOARD OF DIRECTORS

EDUCATION UPDATE

(Eric Goldsmith, D.O., Medical Directors of Academics & Medical Education)
PROGRESS AND OUTCOMES

• Academic and Medical Education Website
• Department Registration Data Entry System
• New ARNP Process in development
• Working with IT to implement and expand student EPIC access and documentation
• CME Reaccreditation
The Florida Medical Association Committee on CME & Accreditation awarded Lee Health Accreditation with Commendation for a term of six-years, based on ACCME requirements.

As the highest level of accreditation, Accreditation with Commendation recognizes the achievements of organizations that advance inter-professional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients.
Pharmacy Residency Program

- In November the American Society of Health System Pharmacists (ASHP) did a two-day on-site Survey Visit of Lee Health Pharmacy Residency Programs and LeeSar.
- Surveyed existing programs: the PGY1 and PGY2 Infectious Disease for re-accreditation
- Surveyed the Critical Care and Health System Pharmacy Administration PGY2 Program for initial accreditation.
- Based on our verbal report it appears we will be eligible for the full 6 years of accreditation for all four programs.
- Length of accreditation voted in March and results provided April 2017.
# Lee Health Nursing Students

<table>
<thead>
<tr>
<th>School Name</th>
<th>Coordinator</th>
<th># of Students in LMHS</th>
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</thead>
<tbody>
<tr>
<td>Nova, Nursing</td>
<td>Terry Ogilby</td>
<td>209</td>
</tr>
<tr>
<td>FSW Practicum/Refresher Nursing</td>
<td>Bobby Holbrook</td>
<td>15</td>
</tr>
<tr>
<td>FSW Nursing</td>
<td>Rima Stevens</td>
<td>560</td>
</tr>
<tr>
<td>FSW EMT</td>
<td>Corey Sargent</td>
<td>105</td>
</tr>
<tr>
<td>FGCU, Nursing</td>
<td>Jo Stecher</td>
<td>428</td>
</tr>
<tr>
<td>FMTC, Nursing, LPN</td>
<td>Nancy Redenius</td>
<td>133</td>
</tr>
<tr>
<td>CCTC, LPN</td>
<td>Candy Shearer</td>
<td>48</td>
</tr>
<tr>
<td>Lee County School System, High School Students CNA</td>
<td>Lisa Wright</td>
<td>298</td>
</tr>
<tr>
<td>SW FL Public Serv Academy/ EMT</td>
<td>Jason Martin</td>
<td>48</td>
</tr>
<tr>
<td>Premier Institute, LPN</td>
<td>Cynthia Rue</td>
<td>15</td>
</tr>
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<td><strong>TOTAL</strong></td>
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<td><strong>1859</strong></td>
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ADVANCED PROVIDER STUDENTS

Clinical Students 2015
- PA Students: 41 (35%)
- NP Students: 26 (22%)
- Med Students: 36 (31%)
- CRNA Students: 10 (9%)
- Other: 4 (3%)
Total Students: 117

Clinical Students 2016
- PA Students: 53 (26%)
- NP Students: 49 (24%)
- Med Students: 53 (26%)
- CRNA Students: 46 (22%)
- Other: 5 (2%)
Total Students: 206
GROWTH OF CLINICAL SCHOOL PROGRAMS

NP Students 2015
- USF, 9
- FGCU, 5
- South U., 5
- Other Schools, 7

NP Students 2016
- U. of S. Alabama, 11
- South U., 7
- USF, 8
- NOVA, 6
- Med Students (KCUMB, Nova, LECOM), 53 total
- CRNA Students (FGCU), 46 total
- Other Students, 9

NP Students
- Med Students (KCUMB, Nova, LECOM), 53 total
- CRNA Students (FGCU), 46 total
- Other Students, 9

Lee Health
Caring People. Inspiring Health.
OTHER PROGRAMS BY DEPARTMENT
January - September 2016

Pie chart showing:
- Rehab, 143
- Paramedic, 21
- Radiology Tech, 27
- Respiratory Care, 15
- Sonography, 15
- Other, 24

Bar chart showing:
- Social Work, 4
- Med. Assistant, 4
- Surgical Tech, 3
- Other, 13

Total students: 245
PARTNER SCHOOL PARTICIPATION

January - September 2016

Total students: 245
Student Programs from Top 3 Partner Schools
Miscellaneous Departments
January - September 2016

![Bar chart showing the student programs from the top 3 partner schools, FGCU, FSW, Keiser, and Other, for January to September 2016. The chart lists the number of students in various programs including Social Work, Respiratory Care, Paramedic, Radiology Tech, Sonography, Other, Surgical Tech, Med. Assistant, and Sonography. The total students for the period is 245.](image-url)
INSTITUTIONAL REVIEW BOARD

• Developing a Review Working Committee
Department of Academics Meeting

- Conducted with representation of all departments involved in educational training.
- Goal is to develop interdisciplinary communication/dissemination of information across the Lee Health spectrum.
- Guest speaker to establish a community tie in regarding education needs and or objectives.
FAMILY MEDICINE RESIDENCY PROGRAM

- Anticipated expansion – two additional residency spots per year/clinical space
- Initial certification exam - 100% passed
ONGOING DEPARTMENT OF ACADEMICS – CULTURAL DEVELOPMENT

• Open communication
• Interdisciplinary cooperation
• Mutual respect
DEPARTMENT OF ACADEMICS AND MEDICAL EDUCATION
Questions
BOARD CHAIRMAN TO PLANNING LIAISON:

PLANNING
BOARD OF DIRECTORS
MEETING

Thursday, January 5, 2017 1:00 p.m.

PLANNING LIAISON:
Donna Clarke
## PLANNING BOARD AND FULL BOARD OF DIRECTORS MEETING MINUTES
### Thursday, October 13, 2016

**LOCATION:** Gulf Coast Medical Center, Medical Office Building, Board of Directors Boardroom, 13685 Doctors Way, Fort Myers, FL 33912

**MEMBERS PRESENT:** Sanford N. Cohen, M.D., Board Chairman; Donna Clarke, Board Vice Chairman; David Collins, Board Treasurer; Therese Everly, Board Secretary; Steven Brown, M.D., Board Member; Chris Hansen, Board Member; Dian Champion, Board Member; Jessica Carter Peer, Board Member; Stephanie Meyer, BSN, RN, Board Member

**MEMBERS ABSENT:** Nancy McGovern, RN, MSM, Board Member

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

<table>
<thead>
<tr>
<th>SUBJECT</th>
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<tbody>
<tr>
<td>MEETING CALLED TO ORDER</td>
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<td>The LEE HEALTH PLANNING BOARD &amp; FULL BOARD OF DIRECTORS MEETINGS were CALLED TO ORDER at 1:00 p.m. by Sanford Cohen, M.D., Board Chairman.</td>
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<td>INVOCATION AND PLEDGE OF ALLEGIANCE</td>
<td>Rev. Denise Sawyer, MDiv, BCC gave the Invocation, followed by the Pledge of Allegiance.</td>
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<td>PUBLIC INPUT</td>
<td>None at this time</td>
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<td>RECOGNITIONS</td>
<td>Jeanette Chandler, RN, was recognized for 32 years of service.</td>
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<td>HRSA NATIONAL WORKPLACE PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN RECOGNITION</td>
<td>Liz Lehr recognized Lee Health for being the first ever systemwide donation advisory committee, the 2nd largest donor hospital service area in the state of Florida and presented the platinum award to all four of the Lee Health Acute Care locations. (HRSA: Health Resources &amp; Services Administration)</td>
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<td>RECOGNIZE 2015/2016 AUXILIARY PRESIDENTS</td>
<td>Diane Champion: A. Asked for approval of the Annual Auxiliary Reports B. Recognized the 2015/2016 Auxiliary Presidents: i. Cape Coral Hospital: Jim Ebertz, Auxiliary President ii. Gulf Coast Medical Center: Mary Ann George, Past Auxiliary President iii. Lee Memorial: Phil Fortin, Auxiliary President</td>
<td>A motion was made by Donna Clarke to approve the Annual Auxiliary Reports. The motion was seconded by Jessica Carter Peer and carried with no opposition.</td>
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Jim Nathan recognized Jon Cecil for his work and growth within Lee Health & the community. Jon Cecil thanked the volunteers for their dedication.
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<tr>
<td>PRESIDENT’S REPORT</td>
<td>Jim Nathan presented the President’s Report stressing the issue of Mental Health.</td>
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<td>CHAIRMAN TO PLANNING LIAISON</td>
<td>The gavel was turned over to PLANNING Liaison, Donna Clarke, to CONVENE the PLANNING portion of the meeting at 1:52 p.m.</td>
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<td>PLANNING BOARD &amp; FULL BOARD MINUTES OF 8/11/16</td>
<td>Donna Clarke asked for approval of the Planning and Full Board of Directors meeting minutes of August 11, 2016.</td>
<td>A motion was made by Therese Everly to approve the Planning and Full Board of Directors meeting minutes of August 11, 2016. The motion was seconded by David Collins and it carried with no opposition.</td>
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<td>LEE HEALTH BRANDING UPDATE</td>
<td>Kevin Newingham presented a progress report on the Lee Health Branding process.</td>
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<td>WORKFORCE EDUCATION UPDATE</td>
<td>Carol Simonds presented an update on the Workforce Education Plan.</td>
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<td>HEALTHY LIFE CENTER LEASE</td>
<td>Kevin Newingham requested a motion to (1) authorize LMHS to enter into a lease with Coconut Point Town Center, LLC, to lease space located at Coconut Point Mall, suite P03, Fashion Drive, Estero, FL, based on the terms as set forth in the attached term sheet, authorized the execution of the lease by the President or the Chief Operating Officer, subject to board counsel review and approval. The lease will allow the health system to continue to advance its efforts to expand services into South Lee County, and continue the community programs and services supportive of the Lee Health Village at Coconut Point vision to be a health and wellness destination.</td>
<td>A motion was made by David Collins to (1) authorize LMHS to enter into a lease with Coconut Point Town Center, LLC, to lease space located at Coconut Point Mall, suite P03, Fashion Drive, Estero, FL, based on the terms as set forth in the attached term sheet, authorized the execution of the lease by the President or the Chief Operating Officer, subject to board counsel review and approval. The motion was seconded by Jessica Peer Carter and it carried with no opposition.</td>
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<td>PLANNING LIAISON TO CHAIRMAN</td>
<td>The next LEE HEALTH Planning Board Meeting is: Thursday January 5, 2016, at 1:00 p.m. Gulf Coast Medical Center, Medical Office, Boardroom 13685 Doctors Way, Fort Myers, FL 33912</td>
<td>The gavel was turned over to the Board Chairman, Sanford Cohen, to RECONVENE the FULL BOARD portion of the meeting at 2:50 p.m. Meeting RECONVENED after a 10 minute break at 3:00pm.</td>
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<td>CONSENT AGENDA</td>
<td>Dr. Cohen asked for approval of the Consent Agenda consisting of: 1. 2017 Board Meeting Calendar 2. 20.01F Investment Management Policy (revised) Item 2 was pulled by Therese Everly. Following further discussion Therese Everly made the motion to amend policy 20.01F to be approved through March 2017. Therese will work with Patty Duquette to bring back to the Board for further consideration.</td>
<td>A motion was made by Therese Everly to approve the 2017 Board Meeting Calendar. The motion was seconded by David Collins and carried with no opposition. Therese Everly made a motion to amend policy 20.01F Investment Management Policy through March 2017, at which time it will be brought back to the Board for review and updates if required. The motion was seconded by Chris Hansen and carried with no opposition.</td>
<td>Follow-up on policy 20.01G Investment Management in March</td>
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<td>GULF COAST MEDICAL CENTER EXPANSION UPDATE</td>
<td>Dave Kistel provided an update on the Gulf Coast Medical Center Expansion Project.</td>
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<td>CORPORATE COMPLIANCE REPORT</td>
<td>Shelley Koltnow, Contract Chief Compliance Officer, presented the Corporate Compliance Report for period May 2016 – September 2016. Dr. Cohen asked for acceptance of the Corporate Compliance Report for period May 2016 – September 2016.</td>
<td>A motion was made by Donna Clarke to accept the Corporate Compliance Report for period May 2016 – September 2016. The motion was seconded by Jessica Carter Peer and carried with no opposition.</td>
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| OLD BUSINESS | Dr. Greenberg presented a verbal update pertaining to Policy 30.03D Medical Credentialing that was tabled from the Board Meeting on 9/22/16. Following review with various hospitals in Florida the consensus was that the current requirement for board certification within the timeframe defined by the appropriate specialty board or, if none, 7 years as stated in the medical staff bylaws is consistent with other Florida hospitals. Dave Cato requested initial approval of the LPG Multi Specialty Clinic Lease located on Metro Parkway. Board entered into discussion on proposed lease and project. Therese Everly requested legal opinion from Board Counsel in regards to the need for an RFP for the project. Jim Humphrey advised no RFP was needed for this project. Board Counsel also advised that the approval of the motion as written today was not legally binding the board to perform on contract, as contract negotiations have not been completed. Jessica Carter Peer left the meeting at 5:12 pm. Mary McGillicuddy clarified what the Board is approving today are the material terms in the presentation presented by Dave Cato & the Board’s motion is contingent upon the successful resolution of the outstanding issues that will be brought back to the board in November 2016. If we don’t receive a successful resolution of those issues, the board is not legally bound to move forward with the project. Jim Humphrey presented a brief report pertaining to the Bonita Community Health Center (BCHC) and the actions of NCH Healthcare against LMHS with their efforts to prevent the development of “Lee Health Village.” On September 23, 2016, the neutral investigator appointed by the Court found that it would not be in the best interest of BCHC to pursue any legal action against LMHS or two members of the BCHC Board. LMHS is pleased that the investigator agreed with LMHS’s interpretation of the law and hopes that this will put an end to NCH’s efforts to try and block LMHS from providing the additional needed healthcare services in South Lee County that its citizens desire. Stephanie Meyer left the meeting at 5:38 pm. | The original motion on 9/22/16 was made by Jessica Carter Peer to approve Policy 30.03D Medical Credentialing and was seconded by Donna Clarke. Dr. Cohen made a motion to reactivate the policy as is and it carried with no opposition A motion was made by David Collins to (1) approve the initial lease of approximately 40,000/sf of medical office space located at 13340 Metro Parkway at $26.75/sf rent, $7.00/sf CAM, 10 year initial term, 2.5% annual escalation, $125/sf tenant improvement allowance, along with other terms as set forth in the attached lease, pending final approval of leased based on final approval of purchase option to be presented to Board in November 2016 and (2) authorize the president or chairman to execute the lease after the Board approves the purchase option approval and upon final review and approval by the LMHS Legal Counsel and/or the Board Counsel. The motion was seconded by Therese Everly and it carried with Steve Brown opposed. | Follow-up in November 2016
<table>
<thead>
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| NEW BUSINESS                   | Steve Brown reminded the board that the month of October is Breast Cancer Awareness Month. Sharon MacDonald & Dave Cato joined Steve Brown in accepting the City of Sanibel Proclamation on behalf of Lee Health.  
On behalf of Jessica Peer Carter, Therese Everly asked for the board to receive an update on the security/Fast Pass Program. Since Security Plans are confidential, a confidential written report may be provided to the Board.  
Therese Everly asked that the approval process for board policies be discussed. Discussion ensued in regards to the need to either accept a policy as it stands and approve for 3 years, or accept to a “date certain” to be brought back to the board for further consideration or reject policy as presented. | Board Office Coordinator to contact Lisa Sgarlata for report.                                                                                         |           |
| BOARD MEETING CRITIQUE         | Very productive meeting, a lot of information.  
Great presentations.                                                                                                                                     |                                                                                                 |           |
| BOARD OF DIRECTORS REPORTS     | Donna Clarke attended the Lee Memorial Hospital MEC meeting for Chris Hansen. Very interactive, bright, constructive and productive discussion including appropriate procedures for treating transgender patients.  
Therese Everly attended the Leadership Summit 2016 Diversity Is Part Of The Cure Summit. Therese also suggested the possibility of adding to our community consultant positions one that addresses Diversity. |                                                                                                 | December 1st Governance Meeting                                                               |           |
| NEXT REGULAR MEETING           | The next LEE HEALTH TRAUMA DISTRICT & FULL BOARD OF DIRECTORS MEETINGS will be held on November 3, 2016, at 1:00 p.m. in the Gulf Coast Medical Center, Medical Office Building, Boardroom 13685 Doctors Way, Fort Myers, FL 33912 |                                                                                                 |           |
| ADJOURNMENT                    | The LEE HEALTH SYSTEM PLANNING BOARD & FULL BOARD OF DIRECTORS MEETINGS ADJOURNED at 5:57 p.m. by Sanford Cohen, M.D., Board Chairman.                                                                        |                                                                                                 |           |

Minutes were recorded by Jennifer Morris, Assistant to the Board of Directors.

Therese Everly  
Board Secretary  
Date approved

Lee Memorial Health System Board of Directors
BOARD OF DIRECTORS

FISCAL YEAR TO DATE
2017 STRATEGIC
SCORECARD UPDATE

(Kevin Newingham, Chief Strategy Officer, Strategic Services)
DATE: January 5, 2017

NAME OF SERVICE LINE/ENTITY UPDATE: FYTD 17 Strategic Scorecard Update

PERSON RESPONSIBLE & TITLE: Kevin Newingham, Chief Strategy Officer

<table>
<thead>
<tr>
<th>KEY ACCOMPLISHMENTS</th>
<th>GOALS (MET)</th>
<th>GOALS (UNMET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FINANCIAL IMPLICATIONS (if any)</th>
</tr>
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<tbody>
<tr>
<td>n/a</td>
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<table>
<thead>
<tr>
<th>PROBLEMS/ISSUES</th>
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<tbody>
<tr>
<td>n/a</td>
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<table>
<thead>
<tr>
<th>ANTICIPATED NEEDS</th>
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<tbody>
<tr>
<td>n/a</td>
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<table>
<thead>
<tr>
<th>SUMMARY/COMMENTS</th>
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<tbody>
<tr>
<td>Lee Health FY 2017 Strategic Scorecard is updated with the most recent performance</td>
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</tbody>
</table>

This UPDATE supports the following Strategic Initiative(s): All
FYTD 17 Strategic Scorecard Update

Kevin Newingham, Chief Strategy Officer

January 05, 2017
## Service, Safety & Quality

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Key Performance Indicator</th>
<th>Meets Goal 2017</th>
<th>Exceeds Goal 2017</th>
<th>Desired Direction</th>
<th>Current Status</th>
<th>Tracking</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service, Safety &amp; Quality</strong></td>
<td>Patient Experience (Systemwide rollup of “Overall Rate” top box)</td>
<td>74.1%</td>
<td>76.8%</td>
<td></td>
<td>72.8%</td>
<td>Does not Meet</td>
<td>FYTD Nov</td>
</tr>
<tr>
<td></td>
<td>Sepsis Mortality Rate (LMHS)</td>
<td>20.70%</td>
<td>19.60%</td>
<td></td>
<td>19.57%</td>
<td>Better than Goal</td>
<td>FYTD Oct</td>
</tr>
<tr>
<td></td>
<td>Clostridium difficile Infection (C. diff)</td>
<td>0.794</td>
<td>0.364</td>
<td></td>
<td>0.981</td>
<td></td>
<td>FY 2016</td>
</tr>
<tr>
<td></td>
<td>Surgical Site Infection - Colon Surgery</td>
<td>0.824</td>
<td>0.300</td>
<td></td>
<td>1.118</td>
<td>Does not Meet</td>
<td>FYTD Oct</td>
</tr>
<tr>
<td></td>
<td>Catheter-Associated Urinary Tract Infection (CAUTI)</td>
<td>0.469</td>
<td>0.279</td>
<td></td>
<td>0.368</td>
<td>Meets Goal</td>
<td>FYTD Nov</td>
</tr>
<tr>
<td></td>
<td>Medicare Payor Postoperative Pulmonary Embolism or Deep Vein Thrombosis (PE or DVT)</td>
<td>3.88</td>
<td>2.54</td>
<td></td>
<td>4.08</td>
<td>Does not Meet</td>
<td>FYTD Nov</td>
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Clinical Integration

<table>
<thead>
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<th>Strategic Initiative</th>
<th>Key Performance Indicator</th>
<th>Meets Goal 2017</th>
<th>Exceeds Goal 2017</th>
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<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Integration</strong></td>
<td>Medicare Payor 30-day Readmission Rate (LMHS facilities only)</td>
<td>15.5%</td>
<td>14.6%</td>
<td>Down</td>
<td>16.5%</td>
<td></td>
<td>FY 2016</td>
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</tbody>
</table>
## Aligned Multispecialty Group

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Key Performance Indicator</th>
<th>Meets Goal 2017</th>
<th>Exceeds Goal 2017</th>
<th>Desired Direction</th>
<th>Current Status</th>
<th>Tracking</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aligned Multispecialty Group</strong></td>
<td>Year over year freestanding outpatient net revenue growth (2016 vs 2017)</td>
<td>10.0%</td>
<td>15.0%</td>
<td>🔺</td>
<td>16.9%</td>
<td>Better than Goal</td>
<td>FYTD Nov</td>
</tr>
<tr>
<td></td>
<td>Increase the LPG Primary Care Patient Base (net new patients)</td>
<td>10,000</td>
<td>12,000</td>
<td>🔺</td>
<td>3,613</td>
<td>Better than Goal</td>
<td>2,500/qtr July 2016 - Sept 2016</td>
</tr>
</tbody>
</table>
## Caring People

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Key Performance Indicator</th>
<th>Meets Goal 2017</th>
<th>Exceeds Goal 2017</th>
<th>Desired Direction</th>
<th>Current Status</th>
<th>Tracking</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring People</td>
<td>Employee Engagement</td>
<td>73.7</td>
<td>74.3</td>
<td>TBD</td>
<td>TBD</td>
<td>Annual Study starts July 2017</td>
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</tr>
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</table>
## Financial Viability

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Key Performance Indicator</th>
<th>Meets Goal 2017</th>
<th>Exceeds Goal 2017</th>
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<th>Tracking</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Viability</strong></td>
<td>Operating Margin %</td>
<td>4.5%</td>
<td>5.0%</td>
<td>↑</td>
<td>4.3%</td>
<td>Does not Meet</td>
<td>FYTD Nov</td>
</tr>
<tr>
<td></td>
<td>Labor &amp; Purchased Services</td>
<td></td>
<td></td>
<td></td>
<td>$4,193</td>
<td>Meets Goal</td>
<td>FYTD Nov</td>
</tr>
<tr>
<td></td>
<td>(Per Case Mix Index Adjusted Admission)</td>
<td>$4,172</td>
<td>$4,131</td>
<td>↓</td>
<td>$4,139</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank You
## System Strategic Initiatives
### FY 2017 Scorecard
#### As of December 28, 2016

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
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<th>Meets Goal 2017</th>
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- **Better than Goal** - metric equal to or better than Exceeds target
- **Meets Goal** - metric equal to or better than Meets target
- **Does not Meet** - metric does not reach Meets target
- **Tracking** and **Reporting Period** are specific to each metric's status.
Trending History
FY 2017 Scorecard

KEY:

= Does not Meet
= Meets Goal or Better than Goal

Patient Experience

Sepsis Mortality

Clostridium difficile Infection (C. diff)

Surgical Site Infection - Colon Surgery

Catheter-Associated Urinary Tract (CAUTI)

Medicare Postoperative Pulmonary Embolism or Deep Vein Thrombosis (PE or DVT)

Obs - Observed Cases
Exp - Expected Cases
SIR - Standardized Infection Rate
Trending History
FY 2017 Scorecard

KEY:

= Does not Meet

= Meets Goal or Better than Goal

Medicare 30-day Readmission Rate (LMHS)

Employee Engagement

Year over Year
Increase Freestanding Outpatient Net Revenue

Net New Primary Care Patients

Operating Margin

Labor & Purchased Services
# Standardized Infection Ratios
## FY 2017 Scorecard

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</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>FYTD</th>
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<td></td>
<td></td>
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<tr>
<td>FY 16 Observed Cases</td>
<td>83</td>
<td>61</td>
<td>80</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>272.0</td>
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<tr>
<td>FY 16 Expected Cases</td>
<td>70</td>
<td>76</td>
<td>69</td>
<td>62</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>277.2</td>
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<tr>
<td>FY 16 Standardized Infection Ratio</td>
<td>1.187</td>
<td>0.804</td>
<td>1.159</td>
<td>0.769</td>
<td></td>
<td></td>
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<td></td>
<td>0.981</td>
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<tr>
<td>FY 17 Observed Cases</td>
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<tr>
<td>FY 17 Standardized Infection Ratio</td>
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</tbody>
</table>

| Surgical Site Infection - colon surgery |     |     |     |     |     |     |     |     |     |     |     |     |     |
| FY 16 Observed Cases          | 1.0 | 2.0 | 6.0 | 3.0 | 1.0 | 2.0 | 2.0 | 3.0 | 3.0 | 0.0 | 1.0 | 1.0 | 1.0 |
| FY 16 Expected Cases          | 2.0 | 1.7 | 2.3 | 2.3 | 2.0 | 1.8 | 2.4 | 2.3 | 2.3 | 1.6 | 1.7 | 1.8 | 2.0 |
| FY 16 Standardized Infection Ratio | 0.500 | 1.161 | 2.591 | 1.284 | 0.489 | 1.117 | 0.819 | 1.316 | 1.302 | 0.000 | 0.598 | 0.556 | 0.500 |
| FY 17 Observed Cases          | 2.0 |     |     |     |     |     |     |     |     |     |     |     | 2.0 |
| FY 17 Expected Cases          | 1.8 |     |     |     |     |     |     |     |     |     |     |     | 1.8 |
| FY 17 Standardized Infection Ratio | 1.118 |     |     |     |     |     |     |     |     |     |     |     | 1.111 |

| Catheter-Associated Urinary Tract Infection (CAUTI) |     |     |     |     |     |     |     |     |     |     |     |     |     |
| FY 16 Observed Cases          | 3.0 | 1.0 | 1.0 | 2.0 | 3.0 | 1.0 | 10.0 | 3.0 | 3.0 | 3.0 | 2.0 | 4.0 |     |
| FY 16 Expected Cases          | 5.3 | 5.8 | 6.2 | 6.7 | 6.3 | 6.7 | 5.7 | 5.4 | 5.1 | 4.7 | 4.8 | 4.8 | 11.1 |
| FY 16 Standardized Infection Ratio | 0.571 | 0.172 | 0.160 | 0.297 | 0.794 | 0.450 | 0.176 | 1.853 | 0.593 | 0.633 | 0.629 | 0.417 | 0.360 |
| FY 17 Observed Cases          | 3.0 | 1.0 |     |     |     |     |     |     |     |     |     |     | 4.0 |
| FY 17 Expected Cases          | 5.1 | 5.8 |     |     |     |     |     |     |     |     |     |     | 10.9 |
| FY 17 Standardized Infection Ratio | 0.588 | 0.174 |     |     |     |     |     |     |     |     |     |     | 0.367 |
Patient Experience
FY 2017 Scorecard

Question: Using any number from 0 to 10, where 0 is the worst <facility> possible and 10 is the best <facility> possible, what number would you use to rate this <facility> during your stay/visit?

<p>| | | | | | | | | | |</p>
<table>
<thead>
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<tr>
<td>Worst</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
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|    |   |
|    |   |

Patient Experience Top Box 9-10%

- 72.8%
- 27.2%

Patient Experience 7-10%

- 92.1%
- 7.9%
# Patient Experience

Patient Experience - Top Box % - Respondents selecting 9 or 10 on Overall Rate

<table>
<thead>
<tr>
<th>Weight Survey Type</th>
<th>Monthly</th>
<th>Year-to-Date</th>
<th>TARGETS</th>
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<tbody>
<tr>
<td></td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
</tr>
<tr>
<td>ADULT INPATIENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCAHPS</td>
<td>70.5%</td>
<td>71.0%</td>
<td></td>
</tr>
<tr>
<td>CCH</td>
<td>65.0%</td>
<td>63.5%</td>
<td></td>
</tr>
<tr>
<td>GCMMC</td>
<td>73.3%</td>
<td>71.3%</td>
<td></td>
</tr>
<tr>
<td>HPMC</td>
<td>76.8%</td>
<td>77.8%</td>
<td></td>
</tr>
<tr>
<td>LMH</td>
<td>64.1%</td>
<td>70.7%</td>
<td></td>
</tr>
<tr>
<td>Child HCAHPS - Peds</td>
<td>67.7%</td>
<td>82.4%</td>
<td></td>
</tr>
<tr>
<td>Child HCAHPS - NICU</td>
<td>77.8%</td>
<td>55.6%</td>
<td></td>
</tr>
<tr>
<td>PEDIATRIC/NICU INPATIENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED-CAHPS T&amp;R (Adult)</td>
<td>59.9%</td>
<td>59.3%</td>
<td></td>
</tr>
<tr>
<td>CCH</td>
<td>54.2%</td>
<td>64.3%</td>
<td></td>
</tr>
<tr>
<td>GCMMC</td>
<td>56.0%</td>
<td>51.2%</td>
<td></td>
</tr>
<tr>
<td>HPMC</td>
<td>65.4%</td>
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<td>64.1%</td>
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<td>55.0%</td>
<td>57.7%</td>
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<td>53.3%</td>
<td></td>
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<tr>
<td>HPMC</td>
<td>67.7%</td>
<td>84.2%</td>
<td></td>
</tr>
<tr>
<td>LMH</td>
<td>83.3%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td>Home Health</td>
<td>80.3%</td>
<td>77.9%</td>
<td></td>
</tr>
<tr>
<td>The Rehab Hospital</td>
<td>79.4%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td>HPC&amp;RRC</td>
<td>58.3%</td>
<td>61.1%</td>
<td></td>
</tr>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same Day Surgery (Adult)</td>
<td>84.0%</td>
<td>87.9%</td>
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</tr>
<tr>
<td>Same Day Surgery (Peds)</td>
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<td>93.8%</td>
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<tr>
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<td>90.9%</td>
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<td>84.3%</td>
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<td>Outpatient Testing (Peds)</td>
<td>88.5%</td>
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<tr>
<td>Outpatient Series (Adult)</td>
<td>83.0%</td>
<td>76.5%</td>
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<tr>
<td>LEE PHYSICIAN GROUP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CG-CAHPS (Adult)</td>
<td>84.4%</td>
<td>85.8%</td>
<td></td>
</tr>
<tr>
<td>CG-CAHPS (Peds)</td>
<td>93.0%</td>
<td>92.3%</td>
<td></td>
</tr>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same Day Surgery (Adults)</td>
<td>80.5%</td>
<td>83.9%</td>
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<tr>
<td>Same Day Surgery (Peds)</td>
<td>76.5%</td>
<td>70.6%</td>
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<td>Outpatient Rehab (Adults)</td>
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<td>80.8%</td>
<td></td>
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<tr>
<td>Outpatient Rehab (Peds)</td>
<td>74.1%</td>
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<td>Outpatient Testing (Adults)</td>
<td>80.4%</td>
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<td>Outpatient Testing (Peds)</td>
<td>82.7%</td>
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<tr>
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<td></td>
<td></td>
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<tr>
<td>Urgent Care (Adults)</td>
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<td>83.9%</td>
<td></td>
</tr>
<tr>
<td>Urgent Care (Peds)</td>
<td>76.5%</td>
<td>70.6%</td>
<td></td>
</tr>
<tr>
<td>LMHS Roll-up</td>
<td>72.9%</td>
<td>72.4%</td>
<td></td>
</tr>
</tbody>
</table>

| LMHS Roll-up       | 72.9%   | 72.4%        |         |         |         |         |         |         |         |         |         |         |         |         |        |        |        |

| LMHS Roll-up       | 72.9%   | 72.4%        |         |         |         |         |         |         |         |         |         |         |         |         |        |        |        |

| LMHS Roll-up       | 72.8%   | 74.1%        |         |         |         |         |         |         |         |         |         |         |         |         |        |        |        |
# Patient Experience

**Patient Experience - Respondents selecting 7 - 10 on Overall Rate**

<table>
<thead>
<tr>
<th>Weight</th>
<th>Survey Type</th>
<th>Monthly</th>
<th>Year-to-Date</th>
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<tbody>
<tr>
<td>50.0%</td>
<td>ADULT INPATIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HCAHPS</td>
<td>92.0%          93.0%</td>
<td>92.4%</td>
</tr>
<tr>
<td></td>
<td>CCH</td>
<td>87.7%          90.6%</td>
<td>89.0%</td>
</tr>
<tr>
<td></td>
<td>GCMC</td>
<td>92.2%          92.6%</td>
<td>92.3%</td>
</tr>
<tr>
<td></td>
<td>HPMC</td>
<td>96.4%          96.5%</td>
<td>96.4%</td>
</tr>
<tr>
<td></td>
<td>LMH</td>
<td>91.2%          92.1%</td>
<td>91.6%</td>
</tr>
<tr>
<td>2.5%</td>
<td>PEDIATRIC/NICU INPATIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child HCAHPS - Peds</td>
<td>93.5%          100.0%</td>
<td>95.8%</td>
</tr>
<tr>
<td></td>
<td>Child HCAHPS - NICU</td>
<td>100.0%         100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>15.0%</td>
<td>EMERGENCY DEPARTMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ED-CAHPS T&amp;R (Adult)</td>
<td>83.6%          82.0%</td>
<td>82.9%</td>
</tr>
<tr>
<td></td>
<td>CCH</td>
<td>83.3%          88.1%</td>
<td>85.1%</td>
</tr>
<tr>
<td></td>
<td>GCMC</td>
<td>86.0%          73.2%</td>
<td>80.2%</td>
</tr>
<tr>
<td></td>
<td>HPMC</td>
<td>80.8%          82.9%</td>
<td>81.6%</td>
</tr>
<tr>
<td></td>
<td>LMH</td>
<td>84.5%          83.3%</td>
<td>83.9%</td>
</tr>
<tr>
<td></td>
<td>ED T&amp;R (Peds)</td>
<td>90.0%          85.9%</td>
<td>88.1%</td>
</tr>
<tr>
<td></td>
<td>CCH</td>
<td>95.0%          80.8%</td>
<td>87.0%</td>
</tr>
<tr>
<td></td>
<td>GCMC</td>
<td>100.0%         86.7%</td>
<td>92.9%</td>
</tr>
<tr>
<td></td>
<td>HPMC</td>
<td>80.6%          94.7%</td>
<td>86.0%</td>
</tr>
<tr>
<td></td>
<td>LMH</td>
<td>100.0%         75.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>7.5%</td>
<td>CONTINUUM OF CARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home Health</td>
<td>92.4%          95.6%</td>
<td>94.0%</td>
</tr>
<tr>
<td></td>
<td>The Rehab Hospital</td>
<td>94.1%          91.3%</td>
<td>91.5%</td>
</tr>
<tr>
<td></td>
<td>HPC&amp;RC</td>
<td>75.0%          83.3%</td>
<td>78.6%</td>
</tr>
<tr>
<td>12.5%</td>
<td>OUTPATIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Same Day Surgery (Adult)</td>
<td>95.4%          95.4%</td>
<td>95.4%</td>
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<tr>
<td></td>
<td>Same Day Surgery (Peds)</td>
<td>94.1%          100.0%</td>
<td>97.0%</td>
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<td>97.0%</td>
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<tr>
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<td>Outpatient Rehab (Peds)</td>
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<td>97.6%</td>
</tr>
<tr>
<td></td>
<td>Outpatient Testing (Adult)</td>
<td>98.1%          96.8%</td>
<td>97.6%</td>
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<tr>
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<td>96.4%</td>
</tr>
<tr>
<td></td>
<td>Outpatient Series (Adult)</td>
<td>95.0%          95.6%</td>
<td>95.2%</td>
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<tr>
<td>10.5%</td>
<td>LEE PHYSICIAN GROUP</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>CG-CAHPS (Adult)</td>
<td>96.0%          95.6%</td>
<td>95.8%</td>
</tr>
<tr>
<td></td>
<td>CG-CAHPS (Peds)</td>
<td>99.1%          98.8%</td>
<td>99.0%</td>
</tr>
<tr>
<td>2.0%</td>
<td>URGENT CARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urgent Care (Adults)</td>
<td>96.1%          97.5%</td>
<td>96.7%</td>
</tr>
<tr>
<td></td>
<td>Urgent Care (Peds)</td>
<td>96.1%          97.1%</td>
<td>96.5%</td>
</tr>
<tr>
<td>100%</td>
<td>LMHS Roll-up</td>
<td>92.0%          92.3%</td>
<td>92.1%</td>
</tr>
</tbody>
</table>
# System Strategic Initiatives
## FY 2017 Scorecard
### Definitions

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Key Performance Indicator</th>
<th>FY 2017 Period</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service, Safety &amp; Quality</td>
<td>Patient Experience (Systemwide rollup of &quot;Overall Rate&quot; top box)</td>
<td>FY 2017 Avg</td>
<td>Systemwide rollup of &quot;Overall Rate...&quot; top box score (respondents who selected 9 or 10) across all survey types throughout the system.</td>
</tr>
<tr>
<td>Sepsis Mortality Rate (LMHS)</td>
<td></td>
<td>FY 2017 Avg</td>
<td>Percentage of patients with any principal or secondary ICD-10 (International Statistical Classification of Diseases and Related Health Problems) diagnosis code of Severe Sepsis or Septic Shock (R65.21 or R65.20) who expire in hospital.</td>
</tr>
<tr>
<td>Clostridium difficile Infection (C. diff)</td>
<td></td>
<td>FY 2017 Avg</td>
<td>This number is the ratio of the number of Clostridium difficile Infections (C. diff) that actually happened at a hospital compared to the number of C. diff expected for that hospital. The expected number is based on the level of C. diff in the community, the type of diagnostic test(s) used, the facility bed size and teaching affiliations and the number of patients admitted the hospital. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</td>
</tr>
<tr>
<td>Surgical Site Infection - colon surgery</td>
<td></td>
<td>12-mos thru Aug 2017</td>
<td>This number is the ratio of the number of infections after colon surgery that actually happened at a hospital to the number of infections expected for that hospital. The expected number is based on the patient age, physical condition, procedure duration, endoscope use, wound class, medical school affiliation and hospital bed size. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</td>
</tr>
<tr>
<td>Catheter-Associated Urinary Tract Infection (CAUTI)</td>
<td></td>
<td>FY 2017 Avg</td>
<td>This number is the ratio of the number of catheter-associated urinary tract infections (CAUTI) that actually occurred among inpatients at a hospital compared to the number of CAUTI expected for that hospital. The expected number is based on the patient mix by type of patient care location, hospital affiliation with a medical school, and bed size of the patient care location. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</td>
</tr>
<tr>
<td>Medicare Payor Postoperative Pulmonary Embolism or Deep Vein Thrombosis (PE or DVT)</td>
<td></td>
<td>12-mos thru Aug 2017</td>
<td>This number represents the estimated number of times patients experienced dangerous blood clots for every 1,000 people who had a procedure in the operating room. Medicare payor only.</td>
</tr>
<tr>
<td>Clinical Integration</td>
<td>Medicare Payor 30-day Readmission Rate (LMHS facilities only)</td>
<td>12-mos thru Aug 2017</td>
<td>LMHS internal Medicare all cause 30-day readmissions from acute care to acute care within the health system. Total acute care readmissions within 30 days divided by total acute care discharges.</td>
</tr>
<tr>
<td></td>
<td>Increase the LPG Primary Care Patient Base (net new patients)</td>
<td>12-mos thru Aug 2017</td>
<td>Growth in net new primary care base of patients, measured by unique patients seen within last two years.</td>
</tr>
<tr>
<td>Caring People</td>
<td>Employee Engagement</td>
<td>FY 2017 Avg</td>
<td>Mean score of three questions from annual survey: *I am comfortable discussing issues or problems with leaders in my department. *I have input in making decisions that affect my job. *Work processes are designed in a way that allows me to do my work effectively.</td>
</tr>
<tr>
<td>Financial Viability</td>
<td>Operating Margin %</td>
<td>FY 2017 Avg</td>
<td>Operating Margin percent is calculated by dividing the system’s gain from operations by total operating revenues. This is reported in the monthly consolidated financial statements on page A-8 and A-9 along with comparatives.</td>
</tr>
<tr>
<td></td>
<td>Labor &amp; Purchased Services (Per Case Mix Index Adjusted Admission)</td>
<td>FY 2017 Avg</td>
<td>Average cost of labor &amp; purchased services expense per patient adjusted for severity of the patient (case mix). Numerator: Labor cost (productive salaries, overtime, contract labor &amp; nonproductive salaries) + purchased services. Denominator: case mix adjusted admissions (total inpatient admissions x adjustment factor divided by case mix index). Adjustment factor is calculated by dividing gross revenues by gross inpatient revenues.</td>
</tr>
</tbody>
</table>
BOARD OF DIRECTORS

SKILLED NURSING UPDATE

(Dave Cato, Chief Administrative Officer Outpatient Services)
**DATE: 1/5/17**

**NAME OF SERVICE LINE/ENTITY UPDATE:** Board Update Skilled Nursing

**PERSON RESPONSIBLE & TITLE:** David Cato, CAO Outpatient Services & Troy Churchill, Administrator Healthpark Care & Rehab Center

**KEY ACCOMPLISHMENTS**
Opening of Lee Memorial Hospital Skilled Nursing Unit January 2017

<table>
<thead>
<tr>
<th>GOALS (MET)</th>
<th>GOALS (UNMET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Community Need</td>
<td>None</td>
</tr>
<tr>
<td>Review Lee Health Current State</td>
<td></td>
</tr>
<tr>
<td>Review Potential Solutions</td>
<td></td>
</tr>
</tbody>
</table>

**FINANCIAL IMPLICATIONS (if any)**
N/A

**PROBLEMS/ISSUES**
None

**ANTICIPATED NEEDS**
Review current strategies to meet community need for skilled nursing beds in Lee County along with potential future solutions including hospital based skilled nursing units and development of a skilled nursing preferred provider network.

**SUMMARY/COMMENTS**
Goals of the update include:
- Current state of our Skilled Nursing Services
- Community Need - key findings of the Health Dimensions Group study
- Review Skilled Nursing Bed solutions
  - Lee Memorial Hospital
  - Gulf Coast Medical Center
- Review Skilled Nursing Preferred Provider Network

This UPDATE supports the following Strategic Initiative(s): Clinical Integration & Financial Viability
Board Update – Skilled Nursing

David Cato, Troy Churchill and Liz Wheeler

January 5, 2017
Outline

• Current state of our Skilled Nursing Services
• Community Need - key findings of the Health Dimensions Group study
• Review Skilled Nursing Bed solutions
  • Lee Memorial Hospital
  • Gulf Coast Medical Center
• Review Skilled Nursing Preferred Provider Network
## Strategic Plan Initiatives

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Service, Safety &amp; Quality</th>
<th>Clinical Integration</th>
<th>Aligned Multispecialty Group</th>
<th>Caring People</th>
<th>Financial Viability</th>
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</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Deliver exceptional value through safe, reliable, efficient, patient-centered care</td>
<td>Develop a clinically aligned and coordinated care network</td>
<td>Cultivate a strategically aligned, multispecialty Lee Physician Group</td>
<td>Attract and retain talented and compassionate care givers</td>
<td>Ensure ongoing financial viability of LMHS</td>
</tr>
</tbody>
</table>

### Strategies

**Deliver an exceptional patient experience everyday**
- Owners: Larry Antonucci & Donna Giannuzzi

**Support care coordination through technologies**
- Owner: Mike Smith

**Create workflows that optimize appropriate ancillary utilization within the health system**
- Owners: Dave Cato & Kris Fay

**Expand outpatient and other health care services to meet community needs**
- Owners: Dave Cato & Kris Fay

**Reduce patient harm by ensuring adoption of evidenced-based clinical pathways and protocols using validated and actionable data**
- Owner: Chuck Krivenco

**Enhance access to primary care**
- Owner: Kris Fay

**Enhance leadership capabilities and accountabilities**
- Owner: Jon Cecil

**Accelerate standardization and continuous improvement through Lean Management**
- Owner: Roger Chen

**Deliver an exceptional hospitalist service**
- Owner: Scott Nygaard

**Become “go to” group**
- Owners: Kris Fay & Scott Nygaard

**Enhance physician leadership**
- Owners: Chuck Krivenco & Scott Nygaard

**Create solutions to develop new and optimize existing net revenue**
- Owner: Ben Spence

**Deliver a culture of transparency that drives quality and safety and reduces patient harm to zero**
- Owners: Chuck Krivenco & Donna Giannuzzi

**Develop payer strategy**
- Owners: Scott Nygaard & Ben Spence

**Optimize workflows for patients and providers**
- Owner: Kris Fay

**Expand graduate medical education program**
- Owner: Scott Nygaard

**Develop solutions for cost-effective and efficient care**
- Owner: Ben Spence

**Enhance physician engagement**
- Owners: Scott Nygaard & Kevin Newingham

**Improve community health status through prevention and wellness**
- Owners: Scott Kashman & Kevin Newingham

**Expand education and training opportunities**
- Owners: Ben Spence & Mike Smith

**Optimize utilization of equipment and technology**
- Owners: Ben Spence & Mike Smith
Current State of Lee Health Skilled Nursing Services

- 130 Skilled Nursing Beds
- Over 200 FTEs
- 5-Star Rating from Centers for Medicare and Medicaid Services for 2014, 2015 and 2016
- 1,072 Admissions in FY16
- 16% Readmission Rate in FY16 (National Average 22%)
- Average Length of Stay at 19 days for FY16
Key Findings: Market Perspective

• Lee County projected population growth expected to exceed state and national averages for senior age cohorts 65 and older *(Appendix F)*

• Demand for inpatient services is estimated by LMHS to increase substantially in the next five and ten years *(Appendix G)*, which will put pressure on capital for facility expansion and operating performance

• It is expected that improvements in readmissions, changes in Medicare Advantage penetration in the service area, and higher use of managed long term care programs for those with Medicare and Medicaid (dual eligible patients) are expected to exert downward pressure on inpatient use rates *(Appendix H)*

• LMHS payor mix trends reflect a growing level of Medicaid patient activity and higher risk as Medicaid payment reform shifts to managed care models *(Appendix I)*

• LMHS actively uses post-acute short-stay beds for appropriate transfers of inpatients, but current access to post-acute short-stay beds is particularly challenging during high season as fewer vacancies are available to accommodate patient transfers *(Appendix J)*
Appendix F-1: Population Trends in the Service Area

Lee County senior population growing faster than both state and national trends

<table>
<thead>
<tr>
<th>Age Cohort</th>
<th>Geography</th>
<th>2012</th>
<th>2017</th>
<th>Change</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74 Years</td>
<td>Lee County</td>
<td>75,394</td>
<td>94,625</td>
<td>19,231</td>
<td>25.5%</td>
</tr>
<tr>
<td></td>
<td>Florida</td>
<td>1,619,585</td>
<td>1,977,675</td>
<td>358,090</td>
<td>22.1%</td>
</tr>
<tr>
<td></td>
<td>National</td>
<td>21,279,233</td>
<td>26,303,942</td>
<td>5,024,709</td>
<td>23.6%</td>
</tr>
<tr>
<td>75-84 Years</td>
<td>Lee County</td>
<td>60,807</td>
<td>66,867</td>
<td>6,060</td>
<td>9.9%</td>
</tr>
<tr>
<td></td>
<td>Florida</td>
<td>1,153,338</td>
<td>1,188,707</td>
<td>35,369</td>
<td>3.1%</td>
</tr>
<tr>
<td></td>
<td>National</td>
<td>13,351,848</td>
<td>13,725,355</td>
<td>373,507</td>
<td>2.8%</td>
</tr>
<tr>
<td>85+ Years</td>
<td>Lee County</td>
<td>20,070</td>
<td>24,129</td>
<td>4,059</td>
<td>20.2%</td>
</tr>
<tr>
<td></td>
<td>Florida</td>
<td>517,186</td>
<td>591,408</td>
<td>74,222</td>
<td>14.4%</td>
</tr>
<tr>
<td></td>
<td>National</td>
<td>5,619,423</td>
<td>6,478,845</td>
<td>860,422</td>
<td>15.3%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>Lee County</td>
<td>146,271</td>
<td>174,611</td>
<td>28,340</td>
<td>19.4%</td>
</tr>
<tr>
<td></td>
<td>Florida</td>
<td>3,290,109</td>
<td>3,757,790</td>
<td>467,681</td>
<td>14.2%</td>
</tr>
<tr>
<td></td>
<td>National</td>
<td>40,250,504</td>
<td>46,509,142</td>
<td>6,258,638</td>
<td>15.5%</td>
</tr>
</tbody>
</table>

Net Domestic Migration: Counties > 500,000

- Lee, Florida
- Fort Bend, Texas
- Montgomery, Texas
- Volusia, Florida
- Denton, Texas
- Brevard, Florida
- Collin, Texas
- Denver, Colorado
- Palm, Florida
- Wake, North Carolina
- Clark, Nevada
- Pinellas, Florida
- Hillsborough, Florida
- Palm Beach, Florida
- Maricopa, Arizona
- Gwinnett, Georgia
- Mecklenburg, North Carolina
- Bexar, Texas
- Washington, Oregon
- Travis, Texas

Derived from Census Bureau data
Current State - System-wide Avoidable Days

- Disch/Placement-SNF not available: 2,063
- Disch/Placement-Infusion Needs w/hx-IV Drug Abuse: 1,998
- Disch/Placement-Family/Patient related delays: 1,824
- System Serv-Procedure/Testing Delay-Cardiac: 1,141
- Financial/Payor-Precert or preauth delay: 1,013
- Medical Serv-Treatment Delay: 473
- Medical Serv-Physician Consult Delay: 434
- Medical Serv-Doesn't meet Cont. Stay for Acute: 422
- Financial/Payor-Pt unable to fund needed services: 378
- System Serv-Bed Availability-Stepdown: 272
- Financial/Payor-Wait for publc/state aid approval: 192
- System Serv-OR Sched Conflicts-not related to MD: 147

Source: Avoidable days top 3 reasons spreadsheet 02 18 15.xlsx (Med Assets)
Cain Brothers Address Fragmentation

“Mirroring Medicare reimbursement, the following four “business lines” offer PAC services and collectively accounted for $59.4 billion in Medicare’s 2013 program spending:

1) Skilled Nursing Facilities (SNFs) - $28.7B
2) Home Health Agencies (HHAs) - $18.3B
3) Inpatient Rehabilitation Facilities (IRFs) - $6.9B
4) Long-Term Acute Care Hospitals (LTACs) - $5.5B

Even though 60% of Medicare patients use PAC services, there are no clear guidelines for discharging patients among these four PAC service lines” (Pomeranz, Ritchie & Johnson, 2016).
Building Blocks Required to Achieve Integrated Care Continuum Vision

Six care continuum initiatives designed to support triple aim goals:

- Improve patient care experience
- Improve population health
- Reduce per capita costs

Improving the LMHS system of care requires changes in the structure, priorities, and incentives in order to align resources to deliver value-added services.

Enterprise Care Continuum Management

- LPG Role as Care Navigators/Care Nucleus Build Affiliated Provider Network
- Expand Short-Stay Skilled Nursing Bed Capacity/Formalize Post-Acute Continuing Care Networks
- Build Service Line Offerings Across Continuum: Senior-Centric Brand
- Formalize Home- and Community-based Services Partnerships

LMHS Integrated Care Continuum Organizational Structure
Solution 1 – Expansion of Skilled Nursing Beds
Initiative 4: Build Network Capacity to Support Patient Progression

Expand access to incremental subacute skilled nursing beds with current assets, new partners, and continuing care network (CCN)

**Rationale:** Increasing population of seniors, anticipated reduction in LMHS inpatient beds over the next five years, and reimbursement incentives to use lower-cost settings require additional subacute skilled nursing facility (SNF) bed capacity to meet LMHS needs

- Projected volumes of new Medicare discharges to subacute SNFs reflect growth by 7.7% in 2017 *(Appendix J)*

- With seasonal adjustments, projected high-season demand variation requires access to approximately 340–354 subacute SNF beds to meet patient progression needs

- Given current CON limitations in Florida, building new skilled beds is not feasible other than through partnership models with CCRC providers or conversion of existing inpatient or IRF beds
Verified Solution:
Hospital-Based Skilled Nursing Unit Beds

1. Surveyed under hospital regulations
2. Reimbursement by Medicare through Resource Utilization Groups via a sub-provider number
3. Expenses filed under the hospital cost report
4. Average length of stay runs between 12 to 18 days
5. 24/7 RN Care
6. Physical Therapy, Occupational Therapy, Speech Language Pathology and Respiratory Therapy offered 7 days per week
7. Interdisciplinary bedside rounding
Proposed Outcomes

1. Decrease Delays in Patient Flow
   (Lower Acute Length of Stay, Improve Patient Throughput)

2. Improve Patient Outcomes
   (More Seamless Transitions, Reduced Complications & Increased Satisfaction)

3. Financial Viability
   (Reduced Readmissions and associated costs, appropriate utilization of Lee Health post-acute services & positions us for Future Reimbursement Changes)
Expand Skilled Nursing Beds

1. To repurpose our 18 unused acute care beds on 3West at Lee Memorial Hospital and license them as a Hospital-based Skilled Nursing Unit.
2. Propose to add 75 Hospital-Based Skilled Nursing Unit beds on the campus of GCMC

Expand Skilled Nursing Beds
2. Propose to add 75 Hospital-Based Skilled Nursing Unit beds on the campus of GCMC

- Licensed/Operated as a GCMC Skilled Nursing Unit
- Land
  - Structured for developer to own land
  - Land required to be contiguous to GCMC campus
  - Lee Health will lease land (option to buy later)

- Building (Developer Owned)
  - Lease at fair market value (option to buy later)

- Furniture/Equipment/Information Technology
  - Supplied by Lee Health
AQUILA I GCMC PLANTATION 75 BED HOSP. BASED SNU
FORT MYERS, FL

02 SECOND FLOOR PLAN
Solution 2 – Create a Preferred Provider Network for Skilled Nursing
Initiative 4: Build Network Capacity to Support Patient Progression (continued)

- Formalize continuing care network for non-owned post-acute resources: establish facility credentialing for SNFs, LTACH, home health agencies
  - Establish annual credentialing tool for subacute SNF and home health care referral sites (Appendix P)
  - Implement quarterly quality monitoring tool to track performance on key measures of readmissions, quality metrics, patient satisfaction, nurse staffing
  - Identify training opportunities to support expanded CCN clinical skills
  - Admission acceptance 7 days/week
  - Willingness to accept certain percentage of difficult-to-place patients from Lee facilities
  - Formal report on patient progress to attending physician when patient is discharged from Medicare Part A in SNF

- Link with broader LMHS referral strategy to improve retention for all continuum services with higher capture rate and improve efficiencies and financial performance with larger scale programs
Preferred Provider Network

- Select a Project Team - **completed**
- Evidence Based Approach - **completed**
- Examine Current Condition

![SNF within 25 mile Radius](chart1)

<table>
<thead>
<tr>
<th>Number of SNFs</th>
<th>5 Stars</th>
<th>4 Stars</th>
<th>3 Stars</th>
<th>2 Stars</th>
<th>1 Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

![LMHS SNF Referrals](chart2)

<table>
<thead>
<tr>
<th>Percent</th>
<th>5 star</th>
<th>4 star</th>
<th>3 star</th>
<th>2 star</th>
<th>1 star</th>
</tr>
</thead>
<tbody>
<tr>
<td>%Referrals</td>
<td>42%</td>
<td>18%</td>
<td>19%</td>
<td>3%</td>
<td>18%</td>
</tr>
</tbody>
</table>
Preferred Provider Network

• Increased Accountability and Expectations for local Skilled Nursing Facilities

• Increased Collaboration with facilities to share clinical best practices (Quality Assurance Meetings, Interact tools, etc..)

• Increase Lee Physician Group Integration to Promote Optimal Clinical Outcomes

• Decrease Emergency Department Utilization

• Decreased Overall Skilled Nursing Facility Medicare Spend per Beneficiary

• Decreased 30 day Readmissions
### Appendix P: Assessment Tool Potential CCN SNF Partners

Establishing a credentialing tool to collect annual data on network partners is needed to establish accountability and quality targets.

<table>
<thead>
<tr>
<th>Skilled Nursing Facility Name</th>
<th>Medicare FFS Short-Stay (DC'd home) # YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Contacted</td>
<td>ALOS</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Medicare FFS LTC (DC'd LTC) # YTD</td>
</tr>
<tr>
<td>Position</td>
<td>Medicare ALOS</td>
</tr>
<tr>
<td></td>
<td>% previously LTC</td>
</tr>
</tbody>
</table>

| Total licensed SNF beds      | Separate Short-Stay Medicare Unit? Y/N; if yes, |
| # Medicare certified         | # Beds private rooms                      |
| # Medicaid certified         | # Beds semi-private rooms                 |
| # Dually certified           | Shared bathrooms Y/N; if Y, %              |
| # Uncertified                | Private showers Y/N; if Y, %               |
| # Staffed beds               | Separate entrance? Y/N                    |

<table>
<thead>
<tr>
<th>Average Daily Census (#) YTD</th>
<th>Separate gym? Y/N</th>
<th>Separate dining? Y/N</th>
<th>ADC</th>
<th>ALOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADC last FY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADC previous FY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Payor Mix: YTD (%)           |                   |                     |     |      |
| Medicare FFS                 |                   |                     |     |      |
| Managed Care                 |                   |                     |     |      |
| Private Pay                  |                   |                     |     |      |
| Medicaid                     |                   |                     |     |      |
Getting the Value out of Post-acute Care

“Whether hospitals and health systems plan to own post-acute providers or not, how your organization interacts with them after discharge will play an ever more critical role in both clinical and financial outcomes” (Betbeze, 2016).

“Health systems recognize they cannot go at it alone and are partnering with post-acute providers to achieve higher quality and lower costs” (Hegwer, 2013).
Thank You
References


BOARD OF DIRECTORS

LEE COMMUNITY HEALTHCARE UPDATE

(Robert Johns, Executive Director FQHC-LA, Lee Community Healthcare Administration)
A New Lee Community Healthcare Medical Office for Lehigh Acres

Bob Johns, Executive Director, Lee Community Health Care
January 5, 2016
Project Description…

The Lehigh Acres Medical Office project will expand access to primary medical care for the uninsured and low-income residents of Lee County and Lehigh Acres, as well as reduce unnecessary patient visits to Lee Health emergency rooms.

(PHASE ONE)

1. Lease medical office space located in the far eastern sector of Lehigh Acres.
2. Open a four-exam room women's health practice by hiring a certified nurse midwife and eight support staff.
3. Care for 710 patients during 2,200 office visits through the end of 2017.

(PHASE TWO)

1. Open six additional exam rooms in order to establish pediatric and family medicine services no later than January 1, 2018 to be staffed by one pediatrician, one family medicine physician and seven more support staff.
2. Expand the women’s health services by adding one obstetric physician by January 1, 2018 to join the existing certified nurse midwife and support staff.
3. Care for 4,400 patients during 13,640 office visits during 2018.
Project Need…

The following existing conditions provide the justification for the development and establishment of the new Lee Community Healthcare Lehigh Acres Medical Office:

1. Of the 106,747 residents living in Lehigh Acres 57,455, or 53.8%, earned less than 200% of the federal poverty level in wages.

2. Of these 57,455 low-income residents 28,427, or 49.6%, lacked some form of health insurance (e.g. – Medicaid, Medicare, ACA, etc.).

3. Only 29.3% of the 57,455 low-income Lehigh Acres residents are served by an existing federally qualified health center, leaving 40,660 uncared for and most likely lacking a medical home.

4. From February 2015 – January 2016 Lee Health emergency rooms received 12,755 visits from Lehigh Acres residents seeking women’s health, pediatric and adult medicine services for “low acuity” issues.
Targeted Project Location…
Operating Cost Summary…

1. 2017 Calendar Year: $554,348
2. 2018 Calendar Year: $2,073,659
3. 2017/2018 Combined: $2,628,007
Capital Cost Summary…

**IT Costs:**
- 2017 Calendar Year: $250,000
- 2018 Calendar Year: $75,000

**Facilities Costs:**
- 2017 Calendar Year: $154,650 for Renovation of leased space
- 2018 Calendar Year: $0

**Non-IT Equipment and Furnishings Costs:**
- 2017 Calendar Year: $20,000 for office equipment and general furnishings for women’s health.
  - $238,097 for medical equipment as detailed on next page.
- 2018 Calendar Year: $14,500 for office equipment and general furnishings for pediatric/adult medicine.
  - $18,650 for medical equipment as detailed on next page.

**Miscellaneous Costs:**
- 2017 Calendar Year: $3,200 for permits, initial licensing and outreach expenses.
- 2018 Calendar Year: $3,600 for permits, initial licensing and outreach expenses.

**TOTAL COSTS:**
- 2017 Calendar Year: $665,947.00
- 2018 Calendar Year: $111,750.00
**Financial Analysis: Direct Patient Revenues…**

### 2017 Calendar Year Projections for Women’s Health Service Line:

<table>
<thead>
<tr>
<th>Payer Category</th>
<th>Patients By Primary</th>
<th>Billable Visits (b)</th>
<th>Income Per Visit (c)</th>
<th>Projected Income (d)</th>
<th>Prior FY Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1: Patient Service Revenue - Program Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Medicaid</td>
<td>547.00</td>
<td>1478.00</td>
<td>$109.27</td>
<td>$161,301.05</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Medicare</td>
<td>27.00</td>
<td>73.00</td>
<td>$179.52</td>
<td>$13,104.96</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. Other Public</td>
<td>0.00</td>
<td>0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Private</td>
<td>114.00</td>
<td>308.00</td>
<td>$212.84</td>
<td>$65,554.72</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. Self Pay</td>
<td>126.00</td>
<td>341.00</td>
<td>$57.29</td>
<td>$19,535.89</td>
<td>$0.00</td>
</tr>
<tr>
<td>6. Total (Lines 1-5)</td>
<td>814</td>
<td>2200</td>
<td>N/A</td>
<td>$259,996.63</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### 2018 Calendar Year Projections for Women’s Health, Pediatric and Adult Patient Service Lines:

<table>
<thead>
<tr>
<th>Payer Category</th>
<th>Patients By Primary</th>
<th>Billable Visits (b)</th>
<th>Income Per Visit (c)</th>
<th>Projected Income (d)</th>
<th>Prior FY Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1: Patient Service Revenue - Program Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Medicaid</td>
<td>2979.00</td>
<td>8040.00</td>
<td>$109.27</td>
<td>$878,530.80</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Medicare</td>
<td>225.00</td>
<td>605.00</td>
<td>$160.60</td>
<td>$77,644.80</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. Other Public</td>
<td>0.00</td>
<td>0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Private</td>
<td>714.00</td>
<td>1927.00</td>
<td>$183.08</td>
<td>$352,795.16</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. Self Pay</td>
<td>1135.00</td>
<td>3065.00</td>
<td>$234.46</td>
<td>$31,904.90</td>
<td>$0.00</td>
</tr>
<tr>
<td>6. Total (Lines 1-5)</td>
<td>5572</td>
<td>13640</td>
<td>N/A</td>
<td>$1,400,875.56</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Projected Total Revenues for 2017 and 2018:
2017 Calendar Year: $ 259,697
2018 Calendar Year: $1,400,876

Projected Savings from Emergency Room Visits Redirected to Lehigh Acres Medical Office:
2017 Calendar Year:
(Based on FY 2014-15) Average Cost per Emergency Room Visits = $527.28
Average Savings for LMHS from Redirected ER Visits = $353.08
Total Projected Savings for Calendar Year = $266,575

2018 Calendar Year:
(Based on FY 2014-15) Average Cost per Lehigh Acres Medical Office Visit = $160.22
Average Savings for LMHS from Redirected ER Visits = $367.06
Total Projected Savings for Calendar Year = $1,717,474
Questions?
Thank You
GASTROENTEROLOGY UPDATE
(Kris Fay, Chief Administrative Officer, LPG & Physician Services)

(VERBAL UPDATE)
ADJOURNMENT

BOARD OF DIRECTORS

DATE OF THE NEXT REGULARLY SCHEDULED PLANNING MEETING

THURSDAY
March 2, 2017
1:00 P.M.

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

Lee Memorial Health System Board of Directors
LIAISON TO CHAIRMAN:

BOARD OF DIRECTORS MEETING
Thursday, January 5, 2017
1:00 p.m.

BOARD CHAIRMAN

Lee Memorial Health System Board of Directors
BOARD OF DIRECTORS

CONSENT AGENDA

(APPROVE)

1. Full Board Meeting Minutes of 8-25-16
2. Governance Board and Full Board Meeting Minutes of 12-1-16
3. Board Policy 10.24F LMHS Foundation
# LEE MEMORIAL HEALTH SYSTEM
## FULL BOARD OF DIRECTORS MEETING MINUTES
### Thursday, August 25, 2016

**LOCATION:** Gulf Coast Medical Center, Medical Office Building, Board of Directors Boardroom, 13685 Doctors Way, Fort Myers, FL 33912

**MEMBERS PRESENT:** Sanford N. Cohen, M.D., Board Chairman; Donna Clarke, Board Vice Chairman; David Collins, Board Treasurer; Therese Everly, Board Secretary; Steven Brown, M.D., Board Member; Diane Champion, Board Member; Chris Hansen, Board Member; Nancy McGovern, RN, MSM, Board Member; Jessica Carter Peer, Board Member; Stephanie Meyer, BSN, RN, Board Member

**MEMBERS ABSENT:**

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

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DISCUSSION</th>
<th>ACTION</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEETING CALLED TO ORDER</strong></td>
<td></td>
<td>The LEE MEMORIAL HEALTH SYSTEM FULL BOARD OF DIRECTORS MEETING was CALLED TO ORDER at 1:00 p.m. by Sanford Cohen, M.D., Board Chairman.</td>
<td></td>
</tr>
<tr>
<td><strong>INVOCATION AND PLEDGE OF ALLEGIANCE</strong></td>
<td>Rev. Mike Warthen, MDiv gave the Invocation, followed by the Pledge of Allegiance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PUBLIC INPUT</strong></td>
<td>None at this time</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RECOGNITIONS</strong></td>
<td>Judith Maier was recognized for 33 years of service. Kathryn Georgeson was recognized for 33 years of service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LMHS 100 YEARS</strong></td>
<td>Congressman Curt Clawson presented a Certificate of Special Congressional Recognition to LMHS for 100 years of caring and progress.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRESIDENTS REPORT</strong></td>
<td>Jim Nathan presented the President’s Report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MILITARY UPDATE</strong></td>
<td>Kim Gaide presented a military update to the Board. Afterwards, Kim was recognized by Congressman Curt Clawson for her dedication and ongoing efforts to our veterans and their families.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RECESS MEETING</strong></td>
<td></td>
<td>MEETING RECESSED at 2:05 p.m. to Convene Lee County Trauma Services District Meeting.</td>
<td></td>
</tr>
<tr>
<td><strong>RECONVENE MEETING</strong></td>
<td></td>
<td>RECONVENED FULL BOARD MEETING at 2:52 p.m. by Sanford N. Cohen, M.D., Board Chairman.</td>
<td></td>
</tr>
<tr>
<td>SUBJECT</td>
<td>DISCUSSION</td>
<td>ACTION</td>
<td>FOLLOW-UP</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td><strong>CONSENT AGENDA</strong></td>
<td>Dr. Cohen asked for approval of the Consent Agenda consisting of: 1. Full Board Meeting Minutes of April 28, 2016. 2. Financial and Statistical Reports of May 31, 2016. 3. Financial and Statistical Reports of June 30, 2016. 4. Policy 20.02C Conflict of Interest – Reviewed, No Revisions. Donna Clarke requested that item 4. Policy 20.02C Conflict of Interest be pulled from the Consent Agenda. Therese Everly pulled item 3. Financial and Statistical Reports of June 30, 2016 for discussion. Ben Spence spoke to the variances in question.</td>
<td>A motion was made by Donna Clarke to approve the Consent Agenda consisting of: 1. Full Board Meeting Minutes of April 28, 2016. 2. Financial and Statistical Reports of May 31, 2016. The motion was seconded by Jessica Carter Peer and it carried with no opposition. Policy 20.02C Conflict of Interest will be tabled for further legal review. A motion was made by David Collins to approve the Financial and Statistical Reports of June 30, 2016. The motion was seconded by Donna Clarke and it carried with no opposition.</td>
<td></td>
</tr>
<tr>
<td><strong>OBSERVATION VS. INPATIENT</strong></td>
<td>John Hart, MD, Shelley Koltinow, and Anne Rose presented detailed information about the criteria for Observation Patients vs. Inpatients placement. Details on the background as to how the decision is made, Medicare program structure, regulations, financial implications, and patient communication were discussed. A question and answer session closed the presentation. Diane Champion left the meeting at 4:11 p.m.</td>
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</tr>
<tr>
<td><strong>MEDICAL STAFF RECOMMENDATIONS OF 8/25/16</strong></td>
<td>Dr. Cohen asked for a motion to approve the Medical Staff Recommendations as of 8/25/16: A. Lee Memorial Hospital B. Cape Coral Hospital C. Gulf Coast Medical Center D. HealthPark Medical Center E. Golisano Children’s Hospital of SWFL Stephanie Meyer recused herself from voting.</td>
<td>A motion was made by Nancy McGovern to approve the Medical Staff Recommendations as of 8/25/16: A. Lee Memorial Hospital B. Cape Coral Hospital C. Gulf Coast Medical Center D. HealthPark Medical Center E. Golisano Children’s Hospital of SWFL The motion was seconded by Jessica Carter Peer and it carried with no opposition.</td>
<td></td>
</tr>
<tr>
<td><strong>OLD BUSINESS</strong></td>
<td>Jessica Carter Peer reviewed the topics received from Board members for discussion at the Governance workshop in October, and whether the Board members wanted an outside consultant to facilitate the workshop. There was discussion on taking a Gap Assessment of the Board.</td>
<td>It was decided that no consultant is needed; an internal facilitator could conduct the workshop. All of the topics submitted will be included in the workshop. Jessica Carter Peer to draft an Agenda.</td>
<td></td>
</tr>
<tr>
<td><strong>NEW BUSINESS</strong></td>
<td>Therese Everly discussed reinstating police security during public meetings. In past years there was a Sheriff’s officer present at each meeting.</td>
<td>A motion was made by Therese Everly to reinstate police security presence at public board meetings. The motion was seconded by Steve Brown and it carried with no opposition.</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD MEETING CRITIQUE</strong></td>
<td>Great meeting, good information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BOARD OF DIRECTORS REPORTS</strong></td>
<td>Donna Clarke stated that the FY17 scorecard would be coming to the next Board meeting for approval. Donna Clarke, Therese Everly, Nancy McGovern, and David Collins attended the Rumrunners event benefiting Barbara’s Friends-Golisano Children’s Hospital Cancer Fund. Chris Hansen shared that he has been researching Senate bill 12: Mental Health and Substance Abuse which will impact our Baker Act and Marchman patients. Dr. Cohen appreciated discussion and approach for today.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBJECT</td>
<td>DISCUSSION</td>
<td>ACTION</td>
<td>FOLLOW-UP</td>
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<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>NEXT REGULAR</td>
<td>The next LEE MEMORIAL HEALTH SYSTEM QUALITY &amp; SAFETY AND FULL BOARD OF</td>
<td>The next LEE MEMORIAL HEALTH SYSTEM QUALITY &amp; SAFETY AND FULL BOARD OF</td>
<td></td>
</tr>
<tr>
<td>MEETING</td>
<td>DIRECTORS MEETINGS will be held on September 8, 2016, at 1:00 p.m. in</td>
<td>DIRECTORS MEETINGS will be held on September 8, 2016, at 1:00 p.m. in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the Gulf Coast Medical Center, Medical Office Building, Boardroom</td>
<td>the Gulf Coast Medical Center, Medical Office Building, Boardroom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13685 Doctors Way, Fort Myers, FL 33912</td>
<td>13685 Doctors Way, Fort Myers, FL 33912</td>
<td></td>
</tr>
<tr>
<td>ADJOURNMENT</td>
<td></td>
<td>ADJOURNED at 5:37 p.m. by Sanford Cohen, M.D., Board Chairman.</td>
<td></td>
</tr>
</tbody>
</table>

Minutes were recorded by Donna Shapiro, Assistant to the Board of Directors
GOVERNANCE BOARD AND FULL BOARD OF DIRECTORS MEETING MINUTES
Thursday, December 1, 2016

LOCATION: Gulf Coast Medical Center, Medical Office Building, Board of Directors Boardroom, 13685 Doctors Way, Fort Myers, FL 33912

MEMBERS PRESENT: Sanford N. Cohen, M.D., Board Chairman; Donna Clarke, Board Vice Chairman; Therese Everly, Board Secretary; Steven Brown, M.D., Board Member; Chris Hansen, Board Member; Dian Champion, Board Member; Jessica Carter Peer, Board Member; Nancy McGovern, RN, MSM, Board Member; David Collins, Board Treasurer

MEMBERS ABSENT: Stephanie Meyer, BSN, RN, Board Member; Chris Hansen, Board Member; Diane Champion, Board Member

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

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</tr>
</thead>
<tbody>
<tr>
<td>MEETING CALLED TO ORDER</td>
<td></td>
<td>The LEE HEALTH FINANCE BOARD &amp; FULL BOARD OF DIRECTORS MEETINGS were CALLED TO ORDER at 2:06 p.m. by Sanford Cohen, M.D., Board Chairman.</td>
<td></td>
</tr>
<tr>
<td>INVOCATION AND PLEDGE OF ALLEGIANCE</td>
<td>Rev. Cynthia Brasher, MDiv, BCC, gave the Invocation, followed by the Pledge of Allegiance and introduced Rabbi Dr. Michael Schorin, MAPC, BCC, as the new Rabbi Chaplin at Lee Health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBLIC INPUT</td>
<td>None at this time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESIDENT’S REPORT</td>
<td>Jim Nathan presented the President’s Report and concluded with some excerpts from a report he presented to the Lee County NAACP Freedom Fund Dinner on Respect, Dignity and the Health of Our Community.</td>
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<td>CONTINUING SERVICES AGREEMENT</td>
<td>Dave Kistel asked for approval of the Three Year Continuing Services Agreement for Architectural Acute Care Facilities, Mechanical/Electrical/Plumbing/Fire Protection Acute Care Facilities, Civil Engineering Acute Care Facilities, and Structural Engineering Acute Care Facilities.</td>
<td>A motion was made by Nancy McGovern to authorize the LMHS administration to proceed with contract negotiations for a Three Year Continuing Services Contract for Architectural Acute Care Services per Board Policy 20.16 F, Consultants Competitive Negotiation Act, starting with the highest numerically ranked firm, Studio Plus Architects, Inc. The motion was seconded by Therese Everly and carried with no opposition.</td>
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<td>A motion was made by Donna Clarke to authorize the LMHS administration to Proceed with contract negotiations for a Three Year Continuing Services Contract for Civil Engineering Services per Board Policy 20.16 F, Consultants Competitive Negotiation Act, starting with the highest numerically ranked firm, Johnson Engineering. The motion was seconded by David Collins and carried with no opposition.</td>
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Lee Memorial Health System Board of Directors
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<tr>
<th>SUBJECT</th>
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<td>Dave Kistel asked for approval of the Three Year Continuing Services Agreement for Architectural Outpatient/Business Occupancy, Mechanical/Electrical/Plumbing/Fire Protection Outpatient/Business Occupancy, Civil Engineering Outpatient/Business Occupancy, and Structural Engineering Outpatient/Business Occupancy.</td>
<td>A motion was made by Donna Clarke to authorize the LMHS administration to Proceed with contract negotiations for a Three Year Continuing Services Contract for MEP (Mechanical, Electrical, Plumbing, &amp; Fire Protection) Acute Care Services per Board Policy 20.16 F, Consultants Competitive Negotiation Act, starting with the highest numerically ranked firm, Smith, Seckman, Reid, Inc. The motion was seconded by Jessica Carter Peer and carried with no opposition.</td>
<td>A motion was made by Donna Clarke to authorize the LMHS administration to Proceed with contract negotiations for a Three Year Continuing Services Contract for Structural Engineering Acute Care Services per Board Policy 20.16 F, Consultants Competitive Negotiation Act, starting with the highest numerically ranked firm, TKW Consulting Engineers. The motion was seconded by Nancy McGovern and carried with no opposition.</td>
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<td>PEDS COLLIER TIMESHARE SUBLEASE</td>
<td>Dave Cato asked for approval of the Timeshare Sublease Amendment for Collier County Pediatric Specialty Clinic.</td>
<td>A motion was made by Donna Clarke to: 1) authorize the timeshare sublease amendments for space leased to independent pediatric physicians in the Pediatric Specialty Clinic in Collier County per the terms in the attached sublease amendments; 2) authorize, upon final legal review and approval, the Chief Administrative Officer for Outpatient Services or the Chief Administrative Officer of LPG to execute all of the timeshare subleases amendments. The motion was seconded by David Collins and carried with Steve Brown opposed.</td>
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<tr>
<td>MEDICAL STAFF RECOMMENDATIONS OF 11/22/2016</td>
<td>Dr. Cohen asked for approval of the Medical Staff Recommendations of 11/22/2016.</td>
<td>A motion was made by Jessica Carter Peer to approve the Medical Staff Recommendations of 11/22/2016 for: 1) Lee Memorial Hospital 2) Cape Coral Hospital 3) Gulf Coast Medical Center 4) HealthPark Medical Center 5) Golisano Children’s Hospital of SW Florida The motion was seconded by David Collins and carried with no opposition.</td>
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<tr>
<td>CONSENT AGENDA</td>
<td>Dr. Cohen asked for approval of the Consent Agenda.</td>
<td>A motion was made by Therese Everly to approve the Consent Agenda consisting of: 1) Board Policy 10.05F-Duties and Responsibility of Board of Directors (Revised) 2) Board Policy 20.13G Compensation and Benefits for Board Members (Revised) 3) FY 2017 Board of Directors Budget The motion was seconded by Nancy McGovern and carried with no opposition.</td>
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<tr>
<td>OLD BUSINESS</td>
<td>1) Board Policy 10.43E-Board Member Standards (Revised) 2) Board Policy 20.02C-Conflict of Interest (Revised) 3) Board Policy 20.06C-Contracts (Tabled from 11/17/16 meeting) After discussion, this item was tabled for further review.</td>
<td>A motion was made by Therese Everly to approve item 1), Board Policy 10.43E-Board Member Standards (Revised) and item 2), Board Policy 20.02C-Conflict of Interest (Revised) The motion was seconded by Donna Clarke and carried with no opposition. Jessica Carter Peer moved to take item 3), Board Policy 20.06C-Contracts from the table. The motion was seconded by Donna Clarke and carried with no opposition. Therese Everly moved to table Consent Agenda item 3), Board Policy 20.06C-Contracts. The motion was seconded by Jessica Carter Peer and carried with no opposition.</td>
<td>Mary McGillicuddy &amp; Patty Duquette</td>
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<td>4) Finance &amp; Full Board Meeting Minutes 9/22/16 (Tabled from 11/17/16 meeting)</td>
<td>After discussion, this item was tabled for further review.</td>
<td>Dr. Cohen moved to take from the table the motion relating to item 4) Finance &amp; Full Board Meeting Minutes 9/22/16, tabled from the 11/27/16 meeting.</td>
<td>Item 4), Meeting 1/5/17</td>
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<td>5) Green Sheet Review</td>
<td>Donna Clarke led discussion on the update of the Green Sheet and will report back at a future meeting.</td>
<td>Nancy McGovern made a motion to defer item 4), Finance &amp; Full Board Meeting Minutes 9/22/16, to the next Board Meeting for further discussion. The motion was seconded by Therese Everly and carried with no opposition.</td>
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<td>6) Number of Meetings</td>
<td>After discussion, Dr. Cohen and Governance Liaison, Jessica Carter Peer will follow-up.</td>
<td>Chairman called for recess at 3:58 p.m., reconvened at 4:10 p.m.</td>
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<td>NEW BUSINESS</td>
<td>1) Modification to Board Room</td>
<td>1) a. Board Office Coordinator to execute signage modification. b. A motion was made by David Collins to approve the waiting area for presenters to the Board, to be used by Lee Health Staff and their guests and for Board Office Staff to work with IT to implement the most efficient way of achieving this. The motion was seconded by Nancy McGovern and carried with no opposition.</td>
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<td>a. Signage</td>
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<td>b. Waiting area for presenters to Board</td>
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<td>2) Timeliness of minutes to Board for review</td>
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<td>Dr. Cohen led discussion on bringing minutes back for approval to the next board meeting. Board Secretary and Board Office Staff’s goal will be to bring minutes back for approval to the following meeting.</td>
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<td>3) CMS 5* Scorecard</td>
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<td>CHAIRMAN TO GOVERNANCE LIASON</td>
<td>The gavel was turned over to GOVERNANCE Liaison, Jessica Carter Peer, to CONVENE the GOVERNANCE portion of the meeting at 4:44 p.m.</td>
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<td>CONSENT AGENDA</td>
<td>Jessica Carter Peer asked for approval of the Consent Agenda.</td>
<td>A motion was made by Nancy McGovern to approve the Consent Agenda consisting of: 1) Governance &amp; Full Board Meeting Minutes 6/23/2016 2) Governance Workshop Meeting Minutes 10/27/2016 The motion was seconded by Therese Everly and carried with no opposition.</td>
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<td>BOARD COUNSEL EVALUATION</td>
<td>Jessica Carter Peer asked for approval of the Board Counsel Evaluation.</td>
<td>A motion was made by Therese Everly to approve the Board Counsel Evaluation. The motion was seconded by David Collins and carried with no opposition.</td>
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<td>PRESIDENT/CEO ANNUAL EVALUATION 2016</td>
<td>Jon Cecil asked for approval of the President/CEO Annual Evaluation 2016 per the submitted Green Action sheet.</td>
<td>A motion was made by Therese Everly to accept the Annual Performance Review of the President/CEO pursuant to the Board Policy 40.02H; resulting in a 4% increase. The motion was seconded by Nancy McGovern and carried with no opposition.</td>
<td>Jon Cecil/ Jessica Carter Peer</td>
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<td>Jon Cecil suggested with the Board’s discussion on CEO compensation that the Board’s Governance Committee may wish to have a Healthcare Executive Compensation consultant assist the committee with the review of President/CEO industry compensation and review of the President/CEO compensation policy.</td>
<td>A motion was made by Therese Everly to approve the CEO/President’s job description with the modification to add under key responsibilities, the paragraph submitted by Chief Human Resources Officer, Jon Cecil; to include Financial Responsibility. The motion was seconded by Nancy McGovern and carried with no opposition.</td>
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<td>A motion was made by Dr. Cohen to add the amount of money required (approximately $9,000) to the amount approved above, (4% increase) to bring the CEO/President’s salary in line with Board Policy 40.02H goal of median base pay compensation for Chief Executive Officers of Health Systems of a similar size. The motion was seconded by David Collins and carried with Steve Brown, Nancy McGovern and Donna Clarke opposed.</td>
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<td>PRESIDENT/CEO PROPOSED 2017 EVALUATION</td>
<td>Jon Cecil asked for approval of the President/CEO Proposed 2017 Evaluation.</td>
<td>A motion was made by Therese Everly to table the President/CEO proposed 2017 Evaluation to a future meeting. The motion was seconded by Nancy McGovern and carried with no opposition.</td>
<td>Jon Cecil/ Jessica Carter Peer</td>
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<td>GOVERNANCE LIAISON TO CHAIRMAN</td>
<td>The next LEE HEALTH Governance Board Meeting is: Thursday February 2, 2017, at 1:00 p.m. Gulf Coast Medical Center, Medical Office, Boardroom 13685 Doctors Way, Fort Myers, FL 33912</td>
<td>The Board Chairman, Sanford Cohen RECONVENED the FULL BOARD portion of the meeting at 5:49 p.m.</td>
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<td>BOARD MEETING CRITIQUE</td>
<td>Therese Everly would like further Board discussion on Governance issues in the near future. Dr. Cohen stated that it has been a very productive year. Donna Clarke stated that we have a lot of work to do in the future.</td>
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<td>BOARD OF DIRECTORS REPORTS</td>
<td>Jessica Carter Peer reminded the Board of the upcoming Healthy Heart Walk. Nancy McGovern would like further explanation of the leadership organization change. Nancy McGovern left the meeting at 5:53 p.m.</td>
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<td>Therese Everly met with Lisa Sgarlata and other community stakeholders in regard to Mental Health and will follow up with the outcome.</td>
<td>Dr. Cohen reminded the Board of the Swearing In Ceremony on January 3, 2017 and the Board of Director’s Holiday Party on 12/10/16.</td>
<td>Therese Everly/ Mental Health</td>
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<td>Donna Clarke stated the 2016 Greatest Improvement Luncheon was great. Donna presented at the Easter Seals Event and spoke on behalf of Lee Health and also presented at the North Fort Myers Chamber.</td>
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<td>Board Staff/ send out reminders</td>
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<td>Steve Brown gave his condolences to Ben Spence for the recent bereavement in his family.</td>
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<td>Therese Everly left the meeting at 5:57 p.m.</td>
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<td>Dr. Cohen reminded the Board of the Swearing In Ceremony on January 3, 2017 and the Board of Director’s Holiday Party on 12/10/16.</td>
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**NEXT REGULAR MEETING**

The next LEE HEALTH PLANNING & FULL BOARD OF DIRECTORS MEETINGS will be held on January 5, 2017, at 1:00 p.m. in the Gulf Coast Medical Center, Medical Office Building, Boardroom 13685 Doctors Way, Fort Myers, FL 33912

**ADJOURNMENT**

The LEE HEALTH SYSTEM PLANNING BOARD & FULL BOARD OF DIRECTORS MEETINGS ADJOURNED at 5:58 p.m. by Sanford Cohen, M.D., Board Chairman.

Minutes were recorded by Jennifer Morris, Assistant to the Board of Directors

Therese Everly
Board Secretary

Date approved
PURPOSE:
To provide operational policies & procedures for the Lee Memorial Health System Foundation

POLICY:
The Lee Memorial Health System Foundation is organized to raise and receive philanthropic funds on behalf of the Lee Memorial Health System, its entities and its programs. The Foundation’s Board of Directors is legally responsible for the management and operation of the Foundation, as well as for the functions related to fund raising. The Foundation will operate in the following manner:

Employees: Employees of the Foundation will be employees of Lee Memorial Health System and receive full benefits afforded to System employees.

Reporting Relationships of Employees: The Chief Foundation Officer will report directly to the Foundation Board through the Foundation Chairman. The individual’s annual performance appraisal will be conducted by the Foundation’s Chairman and the System President. All Foundation employees will report to the Chief Foundation Officer. The Chief Foundation Officer will also work directly with the President through regularly scheduled meetings to maintain a strong partnership between the Foundation and the Health System.

Gift Acceptance Policies: The Foundation will be responsible for overseeing all gift acceptance policies for current and planned gifts.

Banking Relationships/Investment Guidelines: The Foundation has the authority to establish its own banking relationships and investment guidelines separate from those of the Health System.

Funding of Hospital Projects: The Foundation will raise money only for Health System approved projects. The Chief Foundation Officer will work with the Health System’s CEO and the Health System’s Board to identify these funding opportunities. These will then be presented to the Foundation Board for funding approval. Donor restricted gifts will be allocated and disbursed in accordance with donor wishes.

Assignment of Philanthropic Funds: Except for the Auxiliaries, all philanthropic funds for the Health
System, its entities and programs will hereby be assigned to the Foundation, which will be responsible for proper accounting and acknowledgement. The Foundation shall serve as the sole and exclusive agent for the Health System’s fund raising.

Reporting of the Foundation to the Health System’s Board of Directors: The Foundation will report no less than bi-at least annually (typically May & November) to the Lee Memorial Health System Board of Directors to maintain open communication and to assist in building a strong partnership for the future.
PURPOSE:
To provide operational policies & procedures for the Lee Memorial Health System Foundation

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Employees: Employees of the Foundation will be employees of Lee Memorial Health System and receive full benefits afforded to System employees.

Reporting Relationships of Employees: The Chief Foundation Officer will report directly to the Foundation Board through the Foundation Chairman. The individual’s annual performance appraisal will be conducted by the Foundation’s Chairman and the System President. All Foundation employees will report to the Chief Foundation Officer. The Chief Foundation Officer will also work directly with the President through regularly scheduled meetings to maintain a strong partnership between the Foundation and the Health System.

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Reporting of the Foundation to the Health System’s Board of Directors: The Foundation will report at least annually to the Lee Memorial Health System Board of Directors to maintain open communication and to assist in building a strong partnership for the future.
BOARD OF DIRECTORS

CORPORATE COMPLIANCE REPORT

(Shelley Koltnow, Contract Chief Compliance Officer)

Lee Memorial Health System Board of Directors
DATE: January 5, 2017                      LEGAL SERVICE REVIEW? YES__   NO__

SUBJECT: FY 2017 October through December Compliance Report

REQUESTOR & TITLE: Shelley Koltnow, Interim Chief Compliance Officer

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

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

SPECIFIC PROPOSED MOTION:

Acceptance of the Compliance Report for the period October 2016 – December 2016

PROS TO RECOMMENDATION                  CONS TO RECOMMENDATION

LIST AND EXPLAIN ALTERNATIVES CONSIDERED

N/A

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

N/A

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

N/A

SUMMARY
This report highlights the Compliance Department activities for the period October-December 2016. There were no significant compliance issues or concerns that needed to be brought specifically to the attention of the LMHS Board. The compliance activities encompass the seven elements of a compliance program as contained in the guidelines issued by the Department of Health and Human Services, Office of Inspector General.
Compliance Report

Lee Health Board of Directors
Report for October, 2016 through December, 2016

Shelley C. Koltnow, JD, MBA, FACHE
Lee Health Chief Compliance Officer

Compliance Program Update

Department Reorganization

Compliance has begun to operationalize its planned reorganization. The reorganization follows the approved hiring plan, budget, and PDCA and comprises newly created positions for existing department staff and additional new positions. Susan Kennedy has been selected as the Assistant to the Chief Compliance Officer and Sarah Kilcrease has accepted the position of Compliance Specialist. New positions of System Director of Compliance Audit and Investigation and System Director of LPG and Physician Compliance are posted. The 2017 Compliance budget provides for these positions, including certification and supplies.

HIPAA Privacy (“Privacy”) is now part of Compliance\(^1\). Lisa Whitacre, formerly System Director of Health Information Management and Privacy, has been named the System Director of Compliance Program Effectiveness and Privacy Officer as a direct report of the Chief Compliance Officer (CCO). In addition, Donna Brock was named to fill a new position of Privacy Coordinator reporting to the Privacy Officer. Evie Brown and Tara Johnson are Insurance Audit Specialists who also joined Compliance in December. The insurance audit function was moved from Health Information Management to Compliance and will report to the System Director of Audit and Investigation. The Compliance has ensured that these positions are adequately budgeted and resourced.

Compliance is collaborating with Human Resources to post a position for System Director for Hospitals and Healthcare Delivery later in 2017. Posting this position will coordinate with the leadership reorganization across Lee Health’s facilities. The CCO and System Director of Pharmacy have begun work to develop a position of

\(^1\) Previously this function was part of Health Information Management (HIM).
Director of Pharmacy and 340B Program Compliance, a new position to oversee the intricate compliance aspects of this important function at Lee Health.

The CCO reports directly to the President and CEO and continues to have access to the Lee Health Board of Directors.

Compliance Office Relocation

On November 23, Compliance relocated from Lee Memorial Hospital to a renovated office space on Bass Road near the Health Park campus. The space includes nine (9) private offices, an open-concept collaboration space for four (4) specialty staff, hoteling workspace for guests and conference room with capacity for twenty-five (25) people. The new office considers the mobile and dynamic nature of compliance work, as well as the growing need for meeting space. It is located in the Bass Medical One building, 16261 Bass Road, Suite 202. Compliance will hold an Open House in January 11, 2017.

Open Lines of Communication

“Open lines of communication” means that the organization has “effective communication” around understanding, discussing, and reporting compliance concerns and issues in good faith, without fear of retaliation. Employees may feel comfortable with a face-to-face meeting or reporting anonymously or via email or telephone. At Lee Health, Compliance focuses on assuring open lines of communication are available to encourage reporting, including:

- **Access to supervisors and/or the Compliance Officer.** For a compliance program to work well, employees must be able to ask questions and report concerns, problems, and issues in good faith, in an environment free of the fear of retaliation. Supervisors are the first line of open communications. Access to the Compliance Officer and the Compliance team is encouraged. Those who contact Compliance receive respectful attention to their concerns, which fosters trust. The Compliance Officer is a key contact point for reporting problems and initiating appropriate responsive action. Individuals can also freely contact the Compliance Officer to get clarification about organizational policies and discuss compliance concerns.

During the period of this report, Compliance received 35 calls to the office requesting assistance with compliance issues or to report concerns directly to the
CCO. For the year 2016, Compliance received 120 calls. As shown below, this is a significant increase over 2015.

- **Compliance Hotline.** Good faith reports of compliance concerns may be made via a hotline, which allows anonymous access as well as contact by any individual at any time. The Hotline at Lee Health is answered “live” by an agency that records, documents, and coordinates the Compliance Department's responses to every caller. There is also an online access process.

  During the period of this report, the Hotline received 26 contacts. For the year 2016, the hotline received 73 contacts, which is a significant increase over 2015.

  **For the year 2016, Compliance received 194 total contacts (74 through the Hotline and 120 through other methods).**

The Compliance Hotline and Reporting process helps Lee Health to identify concerns early and resolve them before they get worse. A robust hotline process is a sign of effective Compliance Program activity and engagement within the organization as well as an indicator of trust in the process. The increase in hotline and contacts to Compliance in 2016 was significant as shown in the chart and graph below.

- **Newsletters.** Communicating about compliance within the organization through timely newsletters helps to keep lines of communication open and share information. In this quarter, Lee Health featured an article by Jim Nathan about Compliance Week in *Teaming Up*, which was also published in *Florida Weekly*. Lee Health also published informational articles to inform employees about Compliance, to celebrate Compliance Week and to promote education and training events.

**Reminder:** Compliance accepts questions or concerns at any time of day, and from any location. The department maintains a 24/7, toll-free Compliance Hotline. Reporters have the option to remain anonymous and can submit alternatively using an online form. Individuals can also visit the Compliance office, contact any Compliance staff member directly, and submit written questions or concerns by mail. The Compliance Hotline number is 1-877-807-5647. The online form is at [https://leehealth.ethicspoint.com](https://leehealth.ethicspoint.com).
Figure 1. Compliance Hotline cases by category between 10/1/16 through 12/31/16. The most common category compliance question or concern was a general inquiry. The number of compliance inquiries rose from 2015 to 2016, possibly indicating increased awareness of the Compliance Hotline across all departments of the organization, at all levels of leadership.

Figure 2. Compliance Hotline cases by number and month between 10/1/16 and 12/31/16. Compliance opened 61 new cases this quarter. The number of cases opened rose between November and December. Organization-wide use of the Hotline has strengthened over the course of 2016.
Compliance Committees

Executive Compliance and Internal Audit Committee

The Executive Compliance and Internal Audit Committee ("Oversight Committee") met on December 9, 2016, with Chair, Sanford Cohen, M.D. presiding. The Committee received compliance education, heard updates from compliance counsel, reviewed and approved all of the sub-committees’ minutes, and received an update on the progress of technology solutions that promote compliance with reimbursement, billing, and coding rules. The Committee also heard a presentation of the 2017 Internal Audit Risk Assessment and Audit Plan by Jason Meltzer, System Director of Internal Audit. The Committee’s next meeting is scheduled for March 8, 2017.

Management Compliance Sub-committee

The Management Compliance Sub-committee ("Management Sub-committee") met on November 14. The Management Sub-committee heard Compliance Program updates, recapped Compliance Week activities, reviewed the draft Compliance Risk Assessment, and discussed proposed Program audits for 2017. The Sub-committee also reviewed action plans for upcoming compliance activities and discussed the Committee's progress for 2016. The meeting was the last in 2016, and it ended with a holiday celebration. Shelley Koltnow, Compliance Officer, chairs the Sub-committee. The next meeting of the Management Sub-committee is scheduled for January 18, 2017.

Physician Compensation Compliance Sub-committee

The Physician Compensation Compliance Sub-committee ("Compensation Sub-committee") met on October 13, October 27, November 10, November 30, and December 14. The Compensation Sub-committee welcomed Shane Forman of 3D Health, Inc. in October for a presentation about the Physician Needs Assessment, including research methods that are utilized. 3D Health performs the research, which is the basis for the Lee Health Physician Development Plan. This Plan is overseen by the Strategy Department and assesses physician need in the community according to community demographics, adequate patient access, and a balance of primary care and specialists within the health system’s census area. The Compensation Sub-committee has received regular compliance education about legal and regulatory requirements applicable to physician compensation. The Sub-committee is continuing its work on the development of policies and procedures. The Sub-committee reviews physician employment agreements and contracts with physicians and physician groups for adherence with fair market value and commercial reasonableness parameters in the
Pharmacy and 340B Program Compliance Sub-committee

The Pharmacy and 340B Program Compliance Sub-committee (“Pharmacy Sub-committee”) met on November 17. John Armitstead, System Director of Pharmacy, chairs the 340B Sub-committee and the CCO is staff. The Sub-committee endorsed a technology solution (McKesson MacroHelix) to replace its current software for 340B Program inventory and purchasing management. The Sub-committee also welcomed Todd Nova, Esq. from Hall Render, Legal Advisor to the Sub-committee, for an on-site visit and tour of pharmacy facilities at Lee Health. Mr. Nova focuses his practice on the 340B program and pharmacy matters and presented education to the Sub-committee members at the meeting. Members have formed work groups to review the existing 340B Program and prepare for the new technology solution. The Sub-committee discussed the need for a Director of 340B and Pharmacy Compliance within the Compliance Department and recommended moving forward with a feasibility review for this added compliance oversight position to lead compliance efforts. The next meeting of the Sub-Committee is scheduled for January 12, 2016.

Privacy Compliance Sub-committee

The former HIPAA Steering Committee will become Privacy Compliance Sub-committee of the Executive Compliance and Internal Audit Committee, aligned with the Compliance Program Committee structure and the transition of Privacy to Compliance. Lisa Whitacre, System Director of Compliance Program Effectiveness and the Privacy Officer, will continue to chair the Sub-committee, whose members will remain the same under a new Sub-committee Charter, to be presented for review and approval at the next meeting, which will be scheduled for early 2017.

Compliance Education and Training

Compliance Symposium for Physician Services: On November 11, Compliance hosted a day-long symposium for Lee Physician Group ("LPG") directors and administrators, contract managers, physician recruiters, and the physician compensation team from Finance. Shelley Koltnow, CCO; Teri Isacson, Senior Managing Counsel; and Lisa Whitacre, Privacy, presented the education, which covered business arrangements, compliance programs, conflicts of interest, and physician contracting principles. Compliance received positive feedback and requests to host
similar forums in 2017. The CCO and System Director of Compliance Program Effectiveness and Privacy are planning similar educational events for 2017.

**Annual Compliance Education for Lee Health Leaders and Employed Physicians:** On November 14, Compliance assigned the General Compliance Training Bundle to key Lee Health Leaders and employed physicians over the online Learn@Lee platform. This education fulfills federal compliance program training requirements for organizations that perform certain services for Enrollees of Medicare Advantage and/or Prescription Drug Benefit Plans (Medicare Parts C and D). The education also satisfies requirements of Lee Health contracts with commercial health insurers. The two (2) Compliance-sponsored modules are titled, *Medicare Parts C and D General Compliance Training* and *Lee Health Standards of Conduct*. The Standards and Quality Department also issued an education module about accreditation and certification standards related to DNV GL Healthcare, Inc. accreditation and ISO 9001 certification.

**National Compliance Week:** Lee Health Compliance participated in 2016 National Compliance Week during the week of November 6. Compliance staffed a table at each of the four acute care hospitals to promote the Lee Health Compliance Program. Staff distributed baked goods with Compliance Hotline information attached, educational materials, Lee Health-branded items such as pens and bookmarks, and compliance-themed games and puzzles. The department met nearly 1,000 Lee Health employees and volunteers during Compliance Week and received positive feedback from administration. Compliance plans to expand Compliance Week to include other Lee Health locations and more activities during the event in 2017.

**Orientations:** Compliance has continued to present weekly at *New Employee Onboarding*, quarterly at *LPG Physician Orientation* and biweekly at *Lee Health Medical Staff Orientation*. The department is updating these presentation materials to ensure that they are cohesive and representative of current regulations and requirements, as well as informational regarding compliance risk.

**Education for Compliance Committee and Sub-committees:** The Oversight Committee was educated about the requirements of an effective compliance program, the application of the Physician Self-Referral law (the “Stark Law”) and the implications of the Yates Memo.³

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The Management Sub-committee was educated about the value and process of conducting a Risk Assessment for Compliance. The Physician Compensation Sub-committee receives education monthly about topics impacting compliant compensation arrangements. The Pharmacy Sub-committee received education from Todd Nova, Esq., its legal advisor, regarding the 340B Program.

Policies and Procedures

Along with Standards of Conduct, policies and procedures comprise one of the most important elements of an effective compliance program. Policies and procedures are the organization’s “rules of the road” and set forth expectations for compliance and standard internal controls for organizational processes and procedures.

- Compliance assisted supply chain leadership to draft a Charter for the Lee Health Value Analysis Team (“VAT”), which reviews requests for new products and supplies to be included in the supply chain.

- Compliance worked with Alex Greenwood, Chair of VAT, to develop a process to independently review requests to add biologic devices and supplies to the supply chain. Often, such supplies are promoted for inclusion before they are covered by Medicare and other payers or before they have received clinical review by the organization. The new process will assure appropriate reviews have occurred before such products are added to the supply chain.

- Compliance joined with the Physician Compensation Compliance Sub-committee to develop a matrix of policies and procedures (existing and recommended new policies) to recommend for the physician recruitment and compensation processes. New policies will be developed by LPG, Senior Managing Counsel, and the CCO. This project is ongoing.

Auditing, Monitoring, and Risk Assessment

Context: COSO developed an integrated internal control framework that is used throughout the United States to design and standardize practices, affected by an entity’s governance process, management, and other personnel, to provide reasonable assurance regarding the achievement of objectives set for operations, reporting, and compliance. Risk assessment of the existing control structure is a significant

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4 Committee of Sponsoring Organizations of the Treadway Commission, or COSO, is a joint initiative to reduce corporate fraud. It was formed in 1985 by five private accounting organizations in the United States to provide integrated guidance on the development and assessment of internal controls.
element of assurance. Some examples of controls are: technology solutions, manual reviews, reconciliations, segregation of duties, approvals and authorizations, safeguarding, inventories, redundancies, monitoring, and auditing. Risk assessment can identify the strength and adequacy of existing controls, assess whether controls are functioning as designed, allow for strengthening of existing controls, and can identify the need for new or different controls to assure operational objectives. Effective internal controls help an organization reduce the potential for fraud and improve the organization’s ability to achieve its financial and operational goals.

Internal Audit completed its 2017 Risk Assessment and Audit Plan. The System Director of Internal Audit presented both to the Management Sub-committee and Oversight Committee at their last meetings in 2016. The Oversight Committee accepted the Risk Assessment and approved the Audit Plan. Internal Audit will adhere to the Audit Plan throughout the year, changing it only upon the approval of the Oversight Committee.

Compliance completed its 2017 Risk Assessment and Audit Plan, which will be presented to the Management Sub-committee at its first meeting of 2017 for discussion and approval. The Compliance Audit Plan focuses on known compliance risks, identified in the Risk Assessment. To conduct the Risk Assessment, Compliance consulted sources such as CMS announcements, PEPPER, new and revised reimbursement rules and regulations, and the annual OIG 2016 Work Plan. Compliance also surveyed the members of the management Sub-committee concerning compliance risks and incorporated the results into the Risk Assessment.

Dan Fisher, Compliance Operations, is scheduling a presentation to the Management Sub-committee at its next meeting that will facilitate collaborative monitoring efforts. Monitoring for compliance is an operational requirement for effectiveness, with lines of feedback and alert to Compliance through open lines of communication and compliance committees.

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5 See, [http://erm.coso.org/Pages/default.aspx](http://erm.coso.org/Pages/default.aspx). This website discusses the use of COSO risk frameworks for strategic and performance assurance through governance and operations at the “enterprise” (or entity) level.
6 Id.
7 See, AICPA risk assessment discussion at [http://www.aicpa.org/Publications/AccountingAuditing/KeyTopics/Pages/RiskAssessment.aspx](http://www.aicpa.org/Publications/AccountingAuditing/KeyTopics/Pages/RiskAssessment.aspx)
8 The PEPPER stands for “Program for Evaluating Payment Patterns Electronic Report. For more about PEPPER, see, [https://www.pepperresources.org/](https://www.pepperresources.org/)
Strategic Alignment- Technology Solutions

In October, the Resource Allocation Committee (“RAC”) approved capital expenses for three (3) technology solutions to enhance Lee Health’s capability for data analytics and improve compliance with reimbursement, billing, and coding rules. In December, the organization executed all three (3) agreements:

1) **MedeAnalytics Revenue Integrity and Audit Control**: MedeAnalytics allows the organization to mine current claims and payment data for specific information that contributes to the organization’s knowledge and understanding of the claims it submits for payment. The data includes, but is not limited to, information about payment, quality indicators, denials, payment, and elements/components of payment that can indicate non-compliance. MedeAnalytics also allows for monitoring trends in reimbursement and quality metrics. The improvement is that such data can be accessed as a leading, not lagging, indicator. The solution applies over 300 tested algorithms to data to display it in a dashboard (weekly). Also, there is potential to add customized algorithms as needed.

2) **Hayes Management MDaudit Professional and Analytics**: MDaudit affords Compliance and Lee Professional Billing staff the ability to audit provider coding before submitting bills, to assess each provider’s coding accuracy against normative data, and to assess physician quality performance metrics. Regular monitoring of this kind improves knowledge and understanding of each provider and enables LPG to keep current bell curves for each physician, driving the volume to value conversion. Each software has internal and external benchmarking technology.

3) **Ludi, Inc. DocTime Log**: DocTime Log shifts Medical Director timekeeping from paper-based submission to a secure online platform. The software improves the approval process by allowing operations to monitor submission, Compliance to monitor process, and Internal Audit to audit timekeeping controls. The Compensation Sub-committee will see reports of timekeeping to ensure compliance with contracts and compensation guidelines.

Compliance will manage these solutions and is coordinating installations over the course of the first six (6) months of calendar year 2017. The CCO will regularly report predicted Return on Investment (“ROI”) to Finance governance and the Board.
Screening and Due Diligence

In collaboration with the Medical Staff Office (“MSO”), Compliance continues to track and manage potential or actual conflicts of interest or commitment at Lee Health, using Health Endeavors, the web-based platform that the department piloted in May. Response rates have remained high since Compliance began to distribute questionnaires electronically. Disclosed conflicts of interest and commitment disclosed by employees and physicians are managed to assure compliance with IRS tax exemption requirements; the Florida Code of Ethics; research requirements, where applicable; and Lee Health policy.

Compliance performs monthly screening of all individuals (employees, physicians, vendors and contractors of Lee Health) to assure that they have not been subject to sanctions, debarment, and/or exclusion from participation in government health insurance programs (Medicare, Medicaid, SCHIP, and TRICARE) or governmental contracts. This screening process helps assure that Lee Health does not do business with any individual or entity that has been found to have engaged in misconduct, illegal activities or conduct that would be inconsistent with laws, regulations or policies. This is an important element of an effective compliance program. Using the services of a third-party vendor, Compliance performs sanctions screens as indicated in Table 1 on the following page.

Questions or thoughts?

Contact Lee Health Compliance at any time with questions about Compliance Program activities, questions about the laws and regulations, or thoughts about programming and outreach.

Call 1-239-343-3426 or message compliance@leehealth.org
### Persons screened for sanctions and exclusions from federal programs

<table>
<thead>
<tr>
<th>Category</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Employees</td>
<td>311</td>
<td>267</td>
<td>198</td>
<td>None</td>
</tr>
<tr>
<td>Existing Employees</td>
<td>12,853</td>
<td>12,970</td>
<td>13,044</td>
<td>None</td>
</tr>
<tr>
<td>Medical Staff</td>
<td>1,481</td>
<td>1,483</td>
<td>1,486</td>
<td>None</td>
</tr>
<tr>
<td>Advanced Practitioners</td>
<td>586</td>
<td>594</td>
<td>597</td>
<td>None</td>
</tr>
<tr>
<td>Vendors</td>
<td>4,243</td>
<td>4,226</td>
<td>4,231</td>
<td>None</td>
</tr>
<tr>
<td>Referring Physicians</td>
<td>3,685</td>
<td>3,323</td>
<td>3,441</td>
<td>None</td>
</tr>
</tbody>
</table>

**Table 1. Reporting period between 10/01/16 and 12/31/16.** Each month in the reporting period, Compliance screened new employees, existing employees, medical staff, advanced practitioners, vendors, and referring physicians for sanctions and exclusions from federal programs. Compliance had no positive findings during the reporting period.
2017 Compliance Plan

The goal of a compliance plan is to describe an effective programmatic approach to organizational Compliance. Compliance drafted its 2017 Compliance Plan (“Plan”) and circulated the draft to Compliance Committee Members for their review and input. Along with an evidence-based approach for assuring that the “Seven Elements” of an effective compliance program are met, the Plan includes updated and new outreach strategies, a newly drawn policy map, hiring and office relocation plans, and plans for new technology solutions (some recently installed, some pending approval). The final Plan will form the basis for future reports to the Board.

The Plan will assist the organization in developing, expanding, and maintaining a compliance-conscious culture while providing a structure for employees; physicians; affiliated organizations; contractors and vendors; students; and volunteers to adhere to the Standards of Conduct and Lee Health’s policies and procedures, as well as applicable laws and regulations. The Plan also demonstrates the organization’s full commitment to following ethical and compliant business practices while providing quality patient care. It also recognizes strategies and tactics for demonstrating adherence to each element of an effective compliance program.

Using an evidence-based approach, the Plan describes “Key Performance Indicators,” or “KPIs” for 2017 that will allow Compliance to monitor organizational progress toward compliance program effectiveness. Once approved, adherence to the Plan will be tracked on the Compliance Report Card (progress to plan goals) and the KPI’s will be tracked quarterly and reported to the Compliance Committee and the Board of Directors.

Conclusion

During 2016, great progress was made toward building a more effective and engaged approach to Compliance. The foundation to establish leadership positions for key areas of Lee Health (Program Effectiveness and Privacy; LPG and Physician compliance; Compliance Audit and Investigations; and Hospital and Health Care Delivery compliance) is funded and, in collaboration with finance and human resources, the hiring plan, PDCA for the expansion of the department, budget, and new office space have been established. Candidates are in the queue for consideration for two System Director positions. Privacy has been repositioned under Compliance. Jim Nathan, Lee Health’s CEO, has supported and encouraged this expansion and has stayed closely involved to assure that it continues per the approved plan and approach.
There are a number of projects to continue this work in 2017, including the new technology solutions (data analytics, 340B purchasing, and tracking Medical Directors’ time) will be impactful in assuring progress toward full effectiveness.

Know Your Program

In 1991, the U.S. Sentencing Commission published the Federal Sentencing Guidelines for Organizations. These Guidelines established seven “types of steps” that should be included in an effective program to prevent and detect violations of the law.¹ Those seven “elements” of a compliance program are:

1. Written compliance guidance, including policies and procedures, as well as Standards of Conduct;
2. High-level compliance oversight, a Chief Compliance Officer and supporting compliance committees;
3. A system for screening to ensure that the organization does not do business with individuals likely to violate the law or engage in conduct that conflicts with a compliance and ethics program;
4. Regular compliance training and education for any constituent within the organization, or affiliated with it, that requires education to remain compliant;
5. A reliable system for compliance auditing and investigation, as well as a system for monitoring operational processes for compliance. Open lines of communication for reporting compliance questions and concerns in good faith.
6. Consistent discipline for noncompliance and improper conduct;
7. Appropriate response to offenses and investigations, including corrective action.

In 1998, the Office of the Inspector General of the Department of Health and Human Services (“OIG”) began to release model Compliance Guidance for healthcare organizations. The documents outline the benefits of a compliance program and offer strategic insight into developing the Seven Elements. These were supplemented with industry input in 2005.²

Compliance Update
Shelley C. Koltnow, Chief Compliance Officer
January 5, 2017
Seven Elements of an Effective Compliance Program

1. Standards of Conduct, Written policies and procedures
2. High Level Oversight (including Chief Compliance Officer and Compliance Committees)
3. Regular compliance training and education
4. Effective lines of communication for good faith reporting of compliance questions and concerns
5. Well-publicized disciplinary guidelines for noncompliance
6. System of compliance audit, investigation, and monitoring
7. Prompt response to instances of noncompliance
8. Annual compliance risk assessment
Compliance Program Updates
Compliance Program Activities

Compliance Committees

• Executive Compliance and Internal Audit Committee – Sanford Cohen, MD, Chair
• Management Compliance Sub-committee – Shelley Koltnow, Chair
• Physician Compensation Compliance Sub-committee – Ben Spence, Chair
• Pharmacy and 340B Program Compliance Sub-committee – John Armitstead, Chair
Compliance Program Activities

• Standards of Conduct
  • Annual Education on Standards of Conduct
  • Forming a group to review, suggest revisions/updates in 2017

• Policies and Procedures
  • Adding new biologic devices to supply chain
  • Matrix of physician compensation and professional billing policies (new, revisions, updates)
Compliance Program Activities

Education and Training

• Compliance Symposium for LPG leaders and administrators
• Online education to comply with Medicare and Medicare Advantage requirements regarding Fraud, Abuse and Waste, and the obligations of a First Tier, Downstream or Related Entity to Medicare Advantage Plan Sponsors
• Online education about Standards of Conduct
• Orientation – new employees, new LPG providers, Medical Staff
• Education topics in all committee meetings
• Compliance Week
Compliance Program Activities

Open Lines of Communication
• Hotline Calls
  • October – December (26 hotline calls, 35 other contacts) 61 total
  • 2016 (74 hotline calls, 120 other contacts) 194 total
• Number of calls increased significantly over 2015.
• Effectiveness indicators
  • Trust that the department will respond to good faith reports without fear of retaliation
  • Awareness that there is a way to communicate concerns to the compliance department
Compliance Program Activities

Auditing and Monitoring

• Internal Audit
  • Organizational Risk Assessment
    • Focused on Controls Environment
    • Survey of Leadership and risk ranking
  • Internal Audit plan
    • Based on Risk Assessment results
    • Focus – testing controls systems identified by the Risk Assessment for adequacy
    • Approved by the Executive Compliance and Internal Audit Committee
Compliance Program Activities

Auditing and Monitoring
• Compliance
  • Risk Assessment
    • Based on OIG 2016 Work Plan and other CMS and OIG guidance
    • Reviewed and approved by Management Compliance Sub-committee
  • Compliance Audit Plan – 2017
    • Draft developed from Risk Assessment
    • Review scheduled for January meeting of Management Compliance Sub-committee
    • Will remain flexible to accommodate newly identified risks and issues
Compliance Program Activities

Screening and Due Diligence – Table 1. in Compliance Report to the Board

• Compliance conducts monthly screening to assure Lee Health does not employ or do business or credential any providers who may have been excluded, sanctioned or debarred from participation in any Federal or State health care program or government contract

• No findings from this screening in 2016

• Important to assure that Lee Health is protected from potential misconduct by individuals or vendors who provide services and goods to beneficiaries of government health insurance programs
Compliance Program Activities

Conflicts of Interest – Employees (including Physicians)

• Compliance installed new software (Health Endeavors) to solicit disclosures by employees (including employed physicians) of possible conflicts of interest.
  • Conflicts of interest are either manageable (can be managed without risk to the organization) or disabling (cannot be managed as disclosed).
  • Compliance responds and develops management plans to disclosed manageable conflicts
  • Compliance responds to develop action plans for disabling conflicts
    • In 2016, have managed 3 disabling conflicts
2017 Compliance Plan

• 2017 Draft Compliance Plan:
  • Committee/Sub-committee Charters
  • Compliance Risk Assessment and Audit Plan
  • Compliance Education Plan
  • Marketing and Outreach Plan
  • Hiring and Staff Development Plan

• Draft is under review by Executive Compliance and Internal Audit Committee and Management Compliance Sub-committee
Department Expansion

- **Three** of the Four (4) new System Director compliance positions are posted:
  - System Director for Compliance Hospitals and Healthcare Delivery
  - System Director for Compliance LPG and Physician Services
  - System Director of Compliance Program Effectiveness
  - System Director of Compliance Audit and Investigation

- Four new staff positions approved and funded for hire in 2017
  - **Compliance specialist hired**

- Privacy Coordinator added to the department from HIM reorganization
- 1.5 FTE Government Audit Specialists added to the department from HIM reorganization
- Director of Pharmacy and 340B Compliance position in development
Department Expansion

Office Space
• Moved to Bass Road Office on 11/23/16
• Open House planned for January 11, 2017

FY17 Budget
• Budget finalized in September
• Supports full hiring plan, office expenses, outreach efforts, and continuing education/certification for staff
National Compliance Week - November 2016

Compliance Week is a celebration of compliance across the country.

- Encourages awareness of our compliance program through outreach and engagement
- 2016 was first year Lee Health celebrated compliance week
- Tables at all 4 hospitals with compliance staff attending to answer questions and provide answers
- Spoke to > 1000 individuals
- Provided puzzles, games, and prizes
- Expansion for 2017 to more locations
## Compliance Scorecard Update

### 1. Written Compliance Guidance

<table>
<thead>
<tr>
<th>Goal</th>
<th>Developed</th>
<th>In Development</th>
<th>To Be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publish 2017-2018 Compliance Plan</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Complete policy map/framework for compliance program</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 2. High-level Compliance Oversight

<table>
<thead>
<tr>
<th>Goal</th>
<th>Developed</th>
<th>In Development</th>
<th>To Be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Compliance Officer</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Audit leadership with functional independence</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance leadership across system</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Charter Compliance Committees</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charter compliance sub-committees to cover specific areas</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Compliance Education and Training

<table>
<thead>
<tr>
<th>Goal</th>
<th>Developed</th>
<th>In Development</th>
<th>To Be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present on compliance matters to Board and Compliance Committee</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribute booklets on key topics in compliance</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Launch annual online general compliance training for employees</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Launch annual online general compliance training for physicians</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct symposium for Physician Services</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct symposium for Lee Health hospitals</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
# Compliance Program Scorecards

## 4. Outreach and Open Lines of Communication

<table>
<thead>
<tr>
<th>Goal</th>
<th>Developed</th>
<th>In Development</th>
<th>To Be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish compliance and ethics presence at regular system leadership meetings</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expand Compliance Hotline functionality</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conceptualize marketing/outreach framework for Lee Health Compliance Program</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publish and distribute regular newsletter</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in HCCA Compliance Week. (November 6-12, 2016)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 5. Well-publicized Disciplinary Guidelines

<table>
<thead>
<tr>
<th>Goal</th>
<th>Developed</th>
<th>In Development</th>
<th>To Be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include disciplinary guidelines in Standards of Conduct</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publish remediation plans for conflicts of interest</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publish policy and procedure for corrective action planning in cases of noncompliance</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publish commitment not to retaliate for good faith reporting of noncompliance or other concerns</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educate employees annually on disciplinary guidelines</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 6. Audit and Monitoring

<table>
<thead>
<tr>
<th>Goal</th>
<th>Developed</th>
<th>In Development</th>
<th>To Be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct Internal Audit risk assessment for 2017</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Compliance risk assessment for 2017</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compile Internal Audit Plan for 2017</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compile Compliance Audit Plan for 2017</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Streamline conflict of interest disclosure/management process</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Streamline physician non-monetary compensation monitoring process</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Compliance Program Scorecards

## 7. Prompt Response to Instances of Noncompliance

<table>
<thead>
<tr>
<th>Goal</th>
<th>Developed</th>
<th>In Development</th>
<th>To Be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build policy set for responding to instances of noncompliance</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Education leadership on roles in responding to noncompliance/participating in corrective action plans</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update exclusion screening process to reflect managed care contractual requirements</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 8. Resources

<table>
<thead>
<tr>
<th>Goal</th>
<th>Developed</th>
<th>In Development</th>
<th>To Be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass 2017 budget for department(s)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relocate department to larger office space</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure technology solutions for:</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>1. Real-time data mining of claims, reimbursement, and coding across the system;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Compliance/Internal Audit control;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Benchmarking billing/reimbursement/utilization within company and across market;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Independent/autonomous audit and monitoring.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start internship program for policy research, outreach, and compliance program development</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank You
BOARD OF DIRECTORS

FOUNDATION REPORT

(Skip Leonard, Chief Foundation Officer)
Fiscal Year 2016

Fund Raising Dollars

Actual: $20.1 Million
YTD Goal: $14.9 Million
Annual Goal: $16.1 Million
Fiscal Year 2016

Operating Expense Ratio

- Actual: 11.8%
- Goal: 19.5%
AHP National High Performer Award
Five Year Philanthropic Priorities

Regional Cancer Center - $15 Million

- Naming Opportunity
- Endowment
  - Endowed Chairs
  - Chief Medical Director
  - CAO
  - Key Oncologists
  - Endowed Programs
Five Year Philanthropic Priorities

Shipley Center - $10 Million

- Naming Opportunities
  - Robotic Surgery Area/Equipment
  - Program/Research Support
    - Endowed Research
    - Endowed Innovation Funds
- Endowed Chairs
  - Director
  - Key Researchers
Five Year Philanthropic Priorities

Healthy Life Center at Coconut Point
$50 Million

- $150 Million Project
- 2019 Completion
Five Year Philanthropic Priorities

Golisano Children’s Hospital - $7 Million

- Annual Support
- Outpatient
- Behavioral Health
- Endowed Chairs
Five Year Philanthropic Priorities

Health & Wellness Initiatives - $3 Million
Community Strategy

- Identify 5 new communities to focus on bringing
  - LMHS lifestyle programs
  - Supporting philanthropy
  - Identifying philanthropic leadership/support in south Lee/north Collier
  - Continue to identify philanthropic opportunities in Collier County primarily focused on children’s issues
Community Strategy (cont.)

- Review of all community events to insure they reflect new philanthropic strategies
- Collaboration with Healthy Lee initiative
- Identify new philanthropic collaborations with community/regional partners
  - UW
  - FGCU
  - Community Foundation
  - Social Service Agencies
  - Behavioral Health Organizations
  - Naples YMCA
  - Children Service Agencies
  - Nicklaus CH
Internal Development

- Foundation Board Development
  - Does our Board reflect new/expanded priorities?
  - New Board members
    - Geographic
    - Professional skill set

- Strategic Analysis
  - Tied to LMHS vision
  - Events- Strategic review
Internal Development (cont.)

- New internal structure
  - Greater focus on relationship-based fundraising; hiring a new System Director of Gift Planning
- Stewardship
- Goals and Metrics tied to our success

- Advancement/Events
  - Ken Shoriak
Healthy Lee Partnership

- Collaborative relationship with Healthy Lee
  - Healthy Lee Micro Grants
  - Healthy Lee Philanthropy Fund
Barbara’s Friends

Kimmie’s Angels Endowment Fund

- Named in honor of the late Kimmie Kinkle
- Endowed funds will support, sustain and enhance Barbara’s Friends mission to help families with financial assistance while in treatment at Golisano Children’s Hospital
- Initial Endowment to be raised of $100,000
News Conference held November 2nd Announcing goal of $100,000,000
Golisano Children’s Hospital

Grand Opening

Physician & Staff Event, sponsored by LeeSar; held at Golisano Children’s Hospital – Tuesday, March 28, 2017 (5:00 pm – 9:00 pm)

Black Tie Gala, sponsored by FineMark Bank; held at Golisano Children’s Hospital – Thursday, March 30, 2017 (6:00 pm-10:00 pm)

VIP Garden Party sponsored by Lee Healthcare Resources held in the Cohen Family Garden at Golisano Children’s Hospital – Friday, March 31, 2017 (2:00 pm -5:00 pm)

Community Event & Ribbon Cutting sponsored by Suncoast Credit Union; held at Golisano Children’s Hospital – Saturday, April 1, 2017 (10:00 am -1:00 pm)
Comments/Questions?
BOARD OF DIRECTORS

OLD BUSINESS
NEW BUSINESS

1. Agenda subjects for Workshops
   a. 3/13/17 – Executive Compensation?
   b. 4/6/17 –
   c. 6/29/17 –
BOARD OF DIRECTORS

DATE OF THE NEXT REGULARLY SCHEDULED MEETING:

FINANCE BOARD & FULL BOARD OF DIRECTORS MEETING

Thursday, January 19, 2017
1:00 p.m.

Gulf Coast Medical Center
Boardroom, Suite 190
13685 Doctors Way
Fort Myers, FL 33912

Lee Memorial Health System Board of Directors