



# HALIFAX HEALTH

## BOARD OF COMMISSIONERS MEETING

October 3, 2016  
4:00 p.m. - France Tower  
Conference Room A

# HALIFAX HEALTH BOARD OF COMMISSIONERS MEETING

303 No. Clyde Morris Boulevard, Daytona Beach, FL  
France Tower Conference Room A  
4:00 p.m. October 3, 2016

## AGENDA

### Call to Order

### Invocation & Pledge of Allegiance

### Roll Call

### Mission Statement

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### Approval of Minutes (Action)

- Board of Commissioners Meeting – September 6, 2016 Page 4
- BOC Closed Strategic Planning Meeting – September 6, 2016 Page 10
- BOC First Public Hearing – September 6, 2016 Page 11
- Final Public Hearing – September 19, 2016 Page 13
- Board Education/Orientation – September 19, 2016 Page 15

### Approval of Agenda (Action)

### Medical Staff Report – Beth Bartholomew, MD (Action)

- Credentials Committee Actions – September 2016 Page 16

### Management Report – Jeff Feasel & Ann Martorano

- Quality Presentation – Q3 FY16 Page 24

### Strategic & Community Health Planning Committee

Page 47

### Audit & Finance Committee Report – Eric Peburn (Information only)

- Audit & Finance Committee Minutes – August 29, 2016 Page 48
- Investment Performance Report – August 2016 Page 51
- Capital Expenditures \$25,000 - \$50,000 (Working Capital) Page 56
  - Educational Equipment for Keech Clinic - \$46,420 Page 57
  - Access Control for Sterile Processing - \$37,895 Page 59
  - Surgical Eye Trays for Cataract Procedures - \$33,846 Page 61

### Consent Agenda (Action)

- Appointment(s) to Halifax Health Foundation Board of Directors Page 63
- Amendment to East Volusia Health Services, Inc. (EVHS) Articles of Incorporation & Bylaws Page 64
- Financial Statements Ended August 31, 2016 Page 71

### Old Business

- CIA Dashboard / Update (Information Only) Page 95
- CIA Frequently Asked Questions (FAQ) (Information Only) Page 97

### New Business

### Additional Information

- Human Resources Update Page 102
- Affiliate Minutes Page 104

### Public Participation

### Next Meetings – November 7, 2016 - France Tower Conf. Room A

- 4:00 p.m. - Regular HH Board Meeting & Hospice Board Meeting
- Closed Strategic Planning follow (Pursuant to FS 395.3035 & FS 768.28(16))

### Adjourn



**OUR MISSION** is to be the community healthcare leader through exceptional talent and superior patient centered service delivered in a financially sustainable manner.

**OUR VISION** is to develop talented teams dedicated to providing competent, accountable patient centered healthcare in a financially sustainable manner.

## **OUR VALUES:**

Halifax Health will cultivate a positive workplace in which each team member is valued, respected, and has an opportunity for personal and professional growth. We will develop patient centered systems of care.

## **OUR SERVICE PHILOSOPHY:**

Halifax Health will ensure that those we serve are treated with courtesy and respect in a safe, compassionate, and professional environment.

Halifax Health will provide exemplary medical, emotional, and spiritual care for each of our patients and their families.

Adopted 7/14/10

**HALIFAX HOSPITAL MEDICAL CENTER  
BOARD OF COMMISSIONERS MEETING**  
**Held at 303 North Clyde Morris Boulevard, France Tower, Daytona Beach, FL**  
**September 6, 2016**

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Present: Ed Connor, Member  
Dan Francati, Secretary  
Harold Goodemote, Vice Chairman  
Carl W. "Rick" Lentz., MD, Member  
Susan Schandel, Treasurer  
Tom McCall, Member  
Glenn Ritchey, Chairman

Also Present: Mary Jo Allen, Executive Director, Hospice  
Kent Bailey, Director of Finance  
Beth Bartholomew, MD, President, Medical Staff  
Kathleen Dulko, Corporate Controller  
Ben Eby, Director of Finance, Hospice  
Jeff Feasel, President & Chief Executive Officer  
Kim Fulcher, VP/Chief Human Resource Officer  
Vivian Gallo, Sr. VP/General Counsel  
Bill Griffin, Director, System Research & Planning  
John Guthrie, Director, Communications  
Jana Iezzi, Director, Performance Improvement  
Arvin Lewis, Senior VP, Chief Revenue Officer  
Catherine Luchsinger, VP/Chief Nursing Officer  
Ann Martorano, Exec. VP/Chief Operating Officer  
Jacob Nagib, Director, Engineering, Design & Construction  
Eric Peburn, Exec. VP/Chief Financial Officer  
Matt Petkus, Service Line Administrator  
Andy Pollock, Chaplain  
Raphael Ramirez, Market Development Specialist  
Dee Schaeffer, Exec. Director, Healthy Communities  
Shelly Shiflet, VP/Corporate Compliance Officer  
Don Stoner, MD, Sr. VP/Chief Medical Officer  
Tom Stafford, VP/Chief Information Officer  
Alberto Tineo, Vice-President, Operations  
Bob Wade, Board Compliance Expert, Krieg DeVault  
Bob Williams, VP, Population Health & Business Development  
Michael Finch, News Journal

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Mr. Ritchey called the meeting to order at 4:00 p.m. The invocation was given, the Pledge of Allegiance recited, the Mission Statement read, and the roll recorded.

**APPROVAL OF MINUTES**

Discussion: Mr. Ritchey requested approval of the minutes as presented:

- Board of Commissioners Meeting – August 1, 2016
- Board & A/F Combined Budget Workshop – August 1, 2016
- Board Education – July 18, 2016

Action: Dr. Lentz moved to approve the minutes and agenda as presented.  
Mrs. Schandel seconded the motion. Carried unanimously.

## **APPROVAL OF AGENDA**

Action: Mr. Goodemote moved to approve the revised agenda. Mrs. Schandel seconded the motion. Carried unanimously.

## **MEDICAL STAFF REPORT**

### **Credentials Committee Actions – August 2016**

Discussion: Dr. Bartholomew requested approval of following medical staff privileges as recommended by the committee:

- Juan Blum-Guzman, MD – Gastroenterology - Associate

Action: Mrs. Schandel moved to approve Dr. Blum-Guzman. Mr. Goodemote seconded the motion. Carried unanimously.

- Pedro R. Cox-Alomar, MD – Interventional Cardiology - Associate

Action: Dr. Lentz moved to approve Dr. Cox-Alomar. Mr. Goodemote seconded the motion. Carried unanimously.

- Alexander Greene – Critical Care Medicine – Associate

Action: Mrs. Schandel moved to approve Dr. Greene. Mr. Goodemote seconded the motion. Carried unanimously

- Samuel Lawindy, MD – Urology – Associate

Discussion: Dr. Bartholomew advised that Dr. Lawindy would attend a future meeting, but requested approval of privileges.

Action: Mrs. Schandel moved to approve Dr. Lawindy. Mr. Goodemote seconded the motion. Carried unanimously

- Carlos Montalvo, MD – Anesthesiology – Associate

Action: Mr. Goodemote moved to approve Dr. Montalvo. Mrs. Schandel seconded the motion. Carried unanimously.

- Douglas Porter, MD – Interoperative Neuromonitoring – Courtesy

Discussion: Dr. Bartholomew advised that as a telemedicine physician, Dr. Porter was not required to attend.

Action: Mr. Goodemote moved to approve Dr. Porter. Mrs. Schandel seconded the motion. Carried unanimously.

Discussion: Discussion ensued concerning physician board certification. Ms. Gallo, General Counsel, advised that proposed revisions to the Medical Staff Bylaws will be brought to the General Medical Staff later this month for review and consideration. Proposed revisions require newly credentialed physicians to be board eligible and board certified in 5 years (with a provision that the Board of Commissioners may make an exception); and include a grandfather clause for existing physicians. However, Ms. Gallo

stressed that these are proposed revisions which will be presented and discussed at the General Medical Staff meeting.

Discussion: Dr. Bartholomew requested approval of following Specified Professional Personnel as recommended by the Credentials Committee:

- Victoria Carr, CRNA – Anesthesiology
- Ruth Nicastro, CRNA – Anesthesiology
- Maria Wagner Pieczonka, CRNA – Anesthesiology
- Vincent Wright, CRNA – Anesthesiology

Action: Dr. Lentz moved to approve Specified Professional Personnel as presented. Mrs. Schandel seconded the motion. Carried unanimously.

Discussion: Dr. Bartholomew requested approval of following actions as recommended by the Credentials Committee (full list attached):

- Physician Reappointments
- Physician Reappointments with changes
- Specified Professional Personnel Reappointments
- Changes in Status/Specialty/Privileges
- Resignations (*information only*)
- Leave of Absence (*information only*)
- Locum Tenens Physicians (*information only*)

## **MANAGEMENT REPORT**

Discussion: President & CEO, Jeff Feasel introduced Jana Iezzi, Director of Performance Improvement, advising Jana comes to Halifax Health with over a decade of performance improvement experience in healthcare, with her most recent position being with one of our business partners, Vizient Southeast.

### **CMS Hospital Improvement Innovation Network (HIIN)**

Ms. Iezzi advised that CMS has announced the next phase of the Hospital Engagement Network; and provided a brief presentation on the new program called the Hospital Improvement Innovation Network (presentation attached). CMS is strongly encouraging ALL of the nation's hospitals to participate and is tracking participation closely. The HIIN will begin September 30, 2016, at the conclusion of the HEN 2.0 program, and will run for three years. The HIIN will work towards the following new national goals: 20% reduction in all-cause patient harm and 12% reduction in 30-day readmissions

Mr. Feasel reported on the following items:

### **Foundation Donor Recognition**

Halifax Health Foundation hosted the Betty Jane France donor appreciation reception in the France Tower on Monday, August 22. Jeff Feasel, President and CEO, Glenn Ritchey, Board of Commissioners Chairman and Joe Petrock, Foundation Director paid tribute to Betty Jane France, an icon in our community and all donors who contributed to the statue project. Each recognized and expressed thanks to the France family, donors, and community leaders who have been instrumental in

helping our Foundation raise millions of dollars to support our mission and the exceptional care we provide to everyone.

Chief Operating Officer, Ann Martorano reported on the following items:

### **2016 Trauma STAT**

Halifax Health is excited to present Trauma STAT 2016, a comprehensive two-day symposium featuring fundamental concepts of trauma care and scenario-based activities, all targeted to optimize the continuum of care for the severely injured patient. This year's event will be held on September 16 & 17 at the DB Hilton. Faculty comprises many of Halifax Health's key trauma providers to include the coordinated participation of myriad public safety agencies from Volusia County, Florida. Guest faculty includes: Deputy Chief Ken Bouvier from New Orleans, Louisiana and William Hampton, MD, from Manitowoc, Wisconsin.

### **Leadership Academy**

Eighteen Team Members recently completed Halifax Health's Leadership Academy, a 10-month leadership development and learning program led by Jeff Feasel, president and chief executive officer for Halifax Health. Halifax Health's Leadership Academy is a unique program that consists of graduate-level education combined with experiential learning and knowledge sharing, exposing emerging leaders to a rich foundation from which to accelerate leadership experience and gain critical leadership competencies. Participants learn cutting-edge principles, skills techniques and strategies to help move the organization forward and effect positive change throughout the organization and the community. Individual leadership skills are enhanced, complemented by an enriched curriculum, individual assessment, coaching and personal mentoring.

*This year's participants were in attendance & acknowledged:*

- Angela Bolte – Patient Access Manager
- Anita Burnette – Endovascular/Special Procedures Coordinator
- Michael Conklin – Radiologic Technologist
- Jon Creighton – Halifax Hospice Community Access Liaison
- Janelle Dallarosa – Nurse Manager, HHMCPO, Emergency Services
- Emily Goldenberg – Manager, Patient Business & Financial Services
- John Guthrie – Director, Corporate Communications
- Matthew Hoffman – Manager, Employee Health
- Kimberly Jones – Nurse Manager, Telemetry, Medical/Surgical
- Natasha Leverett – Operations Coordinator, VHN
- Steven Mach – Manager, Financial Operations & Capital Planning
- Liza Monette – Nurse Manager, HHMCPO, Medical/Surgical ICU
- Jennifer Morrow – Nurse Manager, Bariatric, Gastrointestinal, Medical/Surgical
- Deborah Reid – Nurse Manager, Intensive Medical Care
- Edythe Smith – Halifax Hospice Operations Manager
- Reatha Tellis – Nurse Manager, Neuroscience
- Heidi Wright – Nurse Manager, Labor & Delivery/Mother-Baby
- Barbara Zdanis – Director, Physician Services

## **STRATEGIC & COMMUNITY HEALTH PLANNING COMMITTEE**

Discussion: None.

## **AUDIT & FINANCE REPORT**

Discussion: Mr. Peburn provided brief overview of statistical and financial summaries for Halifax Health Medical Center and Halifax Health Hospice (full report attached).

## **CONSENT AGENDA**

Discussion: Mr. Ritchey requested approval of the Consent Agenda, which included following items:

- Healthy Communities Board Appointment(s)
- Financial Statements Ended July 31, 2016
- Capital Expenditures - \$50,000 and Over (*Working Capital*)
  - Enterprise Imaging Archive Project - \$3,238,846
  - Boiler Replacements - \$1,750,000
  - Keech Pediatric Clinic Renovation - \$71,100
  - Hospice OB Resale Shop Build Out - \$108,300
- Operating Leases \$250,000 and Over
  - Hospice OB Resale Shop Operating Lease  
Net Present Value of Minimum Lease Payments - \$360,425
- Disposals

Discussion: Mr. McCall asked for further explanation for the Enterprise Imaging Archive Project. Matt Petkus, Service Line Administrator, advised that this project would create a central repository for all medical imaging throughout the hospital, including off-site locations, which would allow physicians to go to one common location to review imaging on a patient. Implementation of this project will take approximately two and a half years. Return on investment is reduction in operating expense of about \$300,000/year.

Action: Dr. Lentz moved to approve the consent agenda as presented. Mr. Francati seconded the motion. Carried unanimously.

## **OLD BUSINESS**

Discussion: CIA Dashboard update was provided (attached).

## **NEW BUSINESS**

Discussion: None.

## **PUBLIC PARTICIPATION**

Discussion: Joan Pshonick of Ormond Beach inquired about timing of board appointments and/or reappointments and which departments were affected by the recent reorganizational changes. Mr. Ritchey responded that appointments and reappointments to the Board are made at the Governor's pleasure. Mrs. Martorano advised that organizational changes were implemented to ensure necessary clinical staffing levels were at optimum levels.



**RECESS**

The Halifax Health Board of Commissioners meeting recessed at 5:15pm and the First Public Hearing was called to order at 5:25pm (*See September 6, 2016 First Public Hearing minutes*).

The First Public Hearing concluded at 5:35pm, and the Halifax Hospice Board of Directors meeting was called to order at 5:35pm (*See September 6, 2016 Hospice Board of Directors minutes*).

The Halifax Hospice Board of Directors meeting concluded at 5:40, and the HH Holdings Board of Directors, Inc. meeting was called to order at 5:40pm (*See September 6, 2016 HH Holdings Board of Directors, Inc. minutes*).

The HH Holdings Board of Directors, Inc. meeting concluded at 5:45pm and the East Volusia Health Services, Inc. Board of Directors was called to order at 5:45pm (*See September 6, 2016 East Volusia Health Services Board of Directors minutes*).

The East Volusia Health Services, Inc. Board of Directors concluded at 5:50pm and the Halifax Health Board of Commissioners Closed Strategic Planning meeting was called to order at 6:00pm (*See September 6, 2016 Halifax Health Board of Commissioners Closed Strategic Planning minutes*).

**RECONVENE:**

The closed session of the Board of Commissioners meeting concluded at 6:45 and the regular Halifax Health Board of Commissioners meeting reopened at 6:45pm.

**PUBLIC PARTICIPATION**

Discussion: None.

**ADJOURN**

Action: There being no further action, the Halifax Health Board of Commissioners meeting adjourned at 6:45 p.m.

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Chairman

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Secretary

**HALIFAX HOSPITAL MEDICAL CENTER  
BOARD OF COMMISSIONERS - STRATEGIC PLANNING MEETING  
Held at 303 No. Clyde Morris Boulevard, Daytona Beach, Florida  
September 6, 2016**

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Present: Ed Connor, Member  
Dan Francati, Secretary  
Harold Goodemote, Vice Chairman  
Carl W. "Rick" Lentz., MD, Member  
Susan Schandel, Treasurer  
Tom McCall, Member  
Glenn Ritchey, Chairman

Also Present: Kent Bailey, Director of Finance  
Kathleen Dulko, Corporate Controller  
Jeff Feasel, President & Chief Executive Officer  
Vivian Gallo, Sr. VP/General Counsel  
Bill Griffin, Director, System Research & Planning  
Ann Martorano, Exec. VP/Chief Operating Officer  
Eric Peburn, Exec. VP/Chief Financial Officer  
Dee Schaeffer, Exec. Director, Healthy Communities  
Don Stoner, MD, Sr. VP/Chief Medical Officer  
Bob Williams, VP, Population Health & Business Development

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The meeting was called to order by Chairman, Glenn Ritchey at 6:00p.m. The roll was recorded.

**STRATEGIC PLANNING**

Discussion: The closed strategic planning session of the Halifax Health Board of Commissioners was called to order at 6:00p.m. Upon conclusion of the closed session at 6:45p.m., the meeting reconvened in open session.

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Glenn Ritchey, Chairman

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Dan Francati, Secretary

**HALIFAX HOSPITAL MEDICAL CENTER**  
**BOARD OF COMMISSIONERS – FIRST PUBLIC HEARING**  
**Held at 303 North Clyde Morris Boulevard, France Tower, Daytona Beach, FL**  
**September 6, 2016**

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Cvbnm,Present: Ed Connor, Member  
Dan Francati, Secretary  
Harold Goodemote, Vice Chairman  
Carl W. "Rick" Lentz., MD, Member  
Susan Schandel, Treasurer  
Tom McCall, Member  
Glenn Ritchey, Chairman

Also Present: Mary Jo Allen, Executive Director, Hospice  
Kent Bailey, Director of Finance  
Beth Bartholomew, MD, President, Medical Staff  
Kathleen Dulko, Corporate Controller  
Ben Eby, Director of Finance, Hospice  
Jeff Feasel, President & Chief Executive Officer  
Kim Fulcher, VP/Chief Human Resource Officer  
Vivian Gallo, Sr. VP/General Counsel  
Bill Griffin, Director, System Research & Planning  
John Guthrie, Director, Communications  
Jana Iezzi, Director, Performance Improvement  
Arvin Lewis, Senior VP, Chief Revenue Officer  
Catherine Luchsinger, VP/Chief Nursing Officer  
Ann Martorano, Exec. VP/Chief Operating Officer  
Jacob Nagib, Director, Engineering, Design & Construction  
Eric Peburn, Exec. VP/Chief Financial Officer  
Matt Petkus, Service Line Administrator  
Raphael Ramirez, Market Development Specialist  
Dee Schaeffer, Exec. Director, Healthy Communities  
Shelly Shiflet, VP/Corporate Compliance Officer  
Don Stoner, MD, Sr. VP/Chief Medical Officer  
Tom Stafford, VP/Chief Information Officer  
Alberto Tineo, Vice-President, Operations  
Bob Wade, Board Compliance Expert, Krieg DeVault  
Bob Williams, VP, Population Health & Business Development  
Michael Finch, News Journal  
Court Reporter, Volusia Reporting Company

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The meeting was called to order by Chairman Ritchey at 5:25 p.m. The roll was recorded.

**PURPOSE OF MEETING**

Discussion: Mr. Ritchey stated that the purpose of this hearing was to:

- Adopt a tentative millage rate and tentative budget for fiscal year 2016-2017, and;
- Designate a date for the final public hearing to adopt a final millage rate and budget.

**PROPOSED MILLAGE RATE**

Discussion: Mr. Ritchey advised that the proposed millage rate is 0.7561 mills; and that the rolled back rate is 0.9034 mills. The proposed millage rate is less than the rolled back rate. The floor was opened for public comment.

### **RESOLUTION 2016-2017A – PROPOSED MILLAGE RATE**

Action: There being no public comment, Mrs. Schandel moved to approve Resolution 2016-2017A to adopt the proposed millage rate of 0.7561 mills. Mr. McCall seconded the motion. Carried unanimously (roll call below).

- Ed Connor - Yes
- Dan Francati - Yes
- Harold Goodemote - Yes
- Carl W. Lentz., MD - Yes
- Susan Schandel - Yes
- Tom McCall - Yes
- Glenn Ritchey - Yes

### **PROPOSED OPERATING BUDGET**

Discussion: Mr. Ritchey advised that the proposed operating budget for 2016-2017 had been reviewed and discussed at the budget workshop; that the proposed operating revenue of Halifax Health in the budget is \$540.1 million; and that only 1.8% of Halifax Health's revenue is generated from ad valorem taxes. The budget includes \$57.1 million for the cost of uncompensated care not paid for by taxes. The floor was opened for public comment.

### **RESOLUTION 2016-2017B – PROPOSED BUDGET**

Action: There being no public comment, Mr. Francati moved to approve Resolution 2016-2017B to adopt the proposed budget. Dr. Lentz seconded the motion. Carried unanimously (roll call below).

- Ed Connor - Yes
- Dan Francati - Yes
- Harold Goodemote - Yes
- Carl W. Lentz., MD - Yes
- Susan Schandel - Yes
- Tom McCall - Yes
- Glenn Ritchey - Yes

### **FINAL PUBLIC HEARING**

Discussion: Mr. Ritchey advised that a date and time for the final public hearing needed to be scheduled. The meeting must be after 5:00 p.m. and cannot conflict with a meeting date of the School Board or the County Council.

Action: Following discussion, the board agreed to schedule the Final Public Hearing on Monday, September 19, 2016 at 5:05 p.m. in the France Tower Conference Room A at Halifax Health, 303 N. Clyde Morris Boulevard.

### **ADJOURNMENT**

Action: There being no further business the meeting adjourned at 5:35 p.m.

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Glenn Ritchey, Chairman

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Dan Francati, Secretary

**HALIFAX HOSPITAL MEDICAL CENTER**  
**BOARD OF COMMISSIONERS MEETING – FINAL PUBLIC HEARING**  
**Held at 303 North Clyde Morris Boulevard, France Tower, Daytona Beach, FL**  
**September 19, 2016**

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Present: Ed Connor, Member  
Dan Francati, Secretary  
Harold Goodemote, Vice Chairman  
Carl W. "Rick" Lentz, MD, Member  
Tom McCall, Member  
Glenn Ritchey, Chairman  
Susan Schandel, Treasurer

Also Present: Kent Bailey, Director of Finance  
Kathleen Dulko, Corporate Controller  
Jeff Feasel, President & Chief Executive Officer  
Vivian Gallo, Sr. VP/General Counsel  
Arvin Lewis, Sr. VP/Chief Revenue Officer  
Eric Peburn, Exec. VP/Chief Financial Officer  
Shawn Remington, Manager, Finance  
Volusia Reporting Company (Court Reporter)

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The meeting was called to order by Chairman Ritchey at 5:05 p.m. The invocation was given, the Pledge of Allegiance recited, and roll recorded.

**PURPOSE OF MEETING**

Discussion: Chairman Ritchey stated that the purpose of this hearing was to adopt a final millage rate and final budget for fiscal year 2016-2017.

**RESOLUTION 2016-17C - FINAL MILLAGE RATE**

Discussion: Chairman Ritchey advised that the tentatively adopted millage rate is 0.7561 mills; the rolled back rate is 0.9034 mills; and the tentatively proposed millage rate is less than the rolled back rate. The floor was opened for public comment.

Mr. Connor commended administration and the Board of Commissioners for taking a very position step toward reducing reliance on property taxes.

Action: There being no additional public comment, Mr. Connor moved to approve Resolution No. 2016-17C (attached) adopting the final millage rate of 0.7561 mills. Mr. McCall seconded the motion. The motion carried unanimously (roll call below).

- Ed Connor - Yes
- Dan Francati – Yes
- Harold Goodemote – Yes
- Carl W. Lentz, MD - Yes
- Tom McCall – Yes
- Glenn Ritchey – Yes
- Susan Schandel - Yes

## **RESOLUTION – 2016-17D - FINAL OPERATING BUDGET**

Discussion: Chairman Ritchey advised that the proposed revenue of Halifax Hospital Medical Center in the budget is \$540.1 million; only 1.8% of Halifax Health's revenue is generated from ad valorem taxes; and that the budget includes \$57.1 million for the cost of uncompensated care not paid for by taxes.

Action: There being no public comment, Mr. Connor moved to approve Resolution No. 2016-17D (attached) adopting the final budget of \$540.1 million. Mrs. Schandel seconded the motion. The motion carried unanimously (roll call below).

- Ed Connor - Yes
- Dan Francati – Yes
- Harold Goodemote – Yes
- Carl W. Lentz, MD - Yes
- Tom McCall – Yes
- Glenn Ritchey – Yes
- Susan Schandel - Yes

## **ADJOURNMENT**

Action: There being no further business the meeting adjourned at 5:15pm

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Glenn Ritchey, Chairman

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Dan Francati, Secretary

**HALIFAX HOSPITAL MEDICAL CENTER  
BOARD OF COMMISSIONERS EDUCATION/ORIENTATION  
Held at 303 North Clyde Morris Boulevard, France Tower, Daytona Beach, FL  
September 19, 2016**

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Present: Ed Connor, Member  
Dan Francati, Secretary  
Harold Goodemote, Vice Chairman  
Carl W. "Rick" Lentz, MD, Member  
Glenn Ritchey, Chairman

Also Present: Jeff Feasel, President & CEO  
Kim Fulcher, VP/Chief Human Resources Officer  
Vivian Gallo, Sr. VP/General Counsel  
Ann Martorano, Exec. VP/Chief Operating Officer  
Deborah Moore, Director, Surgical Services

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The meeting began at 2:00pm. Attendance was recorded.

Topics of review/discussion:

- OR Staffing
- Deltona
- Transfers
- Medical Staff Bylaws
- Jail
- CRA's

Meeting concluded at 4:30 pm

The next Education/Orientation session will be held on November 21, 2016 from 2pm to 5pm in France Tower Conference Room A.

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Chairman

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Secretary



# HALIFAX HEALTH

TO: Members of the Board of Commissioners  
FROM: Beth Bartholomew, MD, Medical Staff President  
DATE: October 3, 2016  
RE: Credentials Committee Actions, September 19, 2016

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The Medical Staff report is attached for the Board's review and approval at the Board of Commissioner's meeting on October 3, 2016.

**PHYSICIAN INTRODUCTION:** Privileges for the physicians listed below were approved at a previous Board of Commissioners meeting; they are here only for introduction to the Board.

Samuel Lawindy, MD  
George Papanicolaou, MD

## ***BOARD APPROVAL REQUIRED***

### **A. INITIAL APPLICATIONS FOR PHYSICIANS – *Action Required (Applicants present should introduce themselves to the BOC prior to a Motion to Approve for each applicant)***

The following practitioners were required to appear before the Credentials Committee on September 19, 2016 and are presented to the Board of Commissioners for approval:

Robert Daly, MD	Emergency Medicine	Associate
Jonathan Dean, MD	General Surgery	Associate
Jessica Gershen, MD	Emergency Medicine	Associate
Lars S. Nelson, MD	General Surgery	Associate
Raid George Ossi, MD	Neurology	Associate

***DOCTORS' DALY AND GERSHEN WILL INTRODUCE THEMSELVES AT THE NOVEMBER MEETING***

### **B. INITIAL APPLICATIONS FOR SPECIFIED PROFESSIONAL PERSONNEL – *Action Required (No appearance required; may propose Motion to Approve for entire group)***

The following practitioners were reviewed and approved by the Credentials Committee on September 19, 2016 and are presented to the Board of Commissioners for approval:

Justine Fager-Bennett, ARNP	General Surgery
Megan Flynn, PA	Cardiology
Ramona Romano, ARNP	Physical Medicine/Rehab
Tamara Thomas, CRNA	Anesthesiology



**C. REAPPOINTMENTS AND PRIVILEGE CHANGES – *Action Required (No appearance required; may propose Motion to Approve for entire group)***

REAPPOINTMENT PHYSICIAN APPLICATIONS – *SEE SECTION (C) OF THE REPORT*

REAPPOINTMENT WITH CHANGES – *SEE SECTION (D) OF THE REPORT*

REAPPOINTMENT SPP APPLICATIONS - *SEE SECTION (E) OF THE REPORT*

CHANGES IN STATUS - *SEE SECTION (G) OF THE REPORT*

***FOR INFORMATION ONLY – NO BOARD ACTION REQUIRED***

**D. RESIGNATIONS/LEAVE OF ABSENCE/AUTOMATIC RELINQUISHMENTS –** The following practitioners have resigned from the Medical Staff, been granted a Leave of Absence, or have had their privileges automatically relinquished, for the reasons specified below:

<u>Practitioner</u>	<u>Specialty</u>	<u>Status: Reason</u>
Ge, Jocelyn, MD	Ophthalmology	LOA - 2/2016 – 2/2017
Canalizo, John, MD	Family Medicine	No longer wishes to maintain privileges
Georgoudiou, Stephanie, ARNP	Family Med/IM	No longer wishes to maintain privileges
Lee, Tse, MD	Physical Med/Rehab	No longer wishes to maintain privileges
Malik, Vinod, MD	Pain Medicine	No longer wishes to maintain privileges
McLaughlin, Mary Jane, ARNP	Occupational Med	Moving out of state
Oravetz, Tabitha, ARNP	Urology	Moving out of state
Rowe, Laura, ARNP	Physical Med/Rehab	No longer working at Halifax for Brooks Rehab
Townsend, Michael, MD	Internal Medicine	No longer wishes to maintain privileges

**E. OTHER**



HALIFAX HEALTH  
MEDICAL CENTER

**BOARD OF COMMISSIONERS – October 3, 2016**  
**CREDENTIALS COMMITTEE ACTIONS – September 19, 2016**

**FOR BOARD ACTION**

**A. INITIAL PHYSICIAN APPLICATIONS RECOMMENDED FOR APPROVAL**

Robert Daly, MD	Emergency Medicine	Employed by Halifax Health
Jonathan Dean, MD	General Surgery	Employed by Florida Health Care
Jessica Gershen, MD	Emergency Medicine	Employed by Halifax Health
Lars S. Nelson, MD	General Surgery	Employed by Surgical Associates of Volusia
Raid George Ossi, MD	Neurology	Employed by Neurology Associates

**B. INITIAL SPECIFIED PROFESSIONAL PERSONNEL RECOMMENDED FOR APPROVAL**

Justine Fager-Bennett, ARNP	General Surgery	Employed by Halifax
Megan A. Flynn, PA	Cardiology	Employed by Florida Health Care
Ramona Romano, ARNP	Physical Med/Rehab	Employed by Halifax
Tamara Thomas, CRNA	Anesthesiology	Employed by Sheridan Healthcorp, Inc.

**C. PHYSICIAN REAPPOINTMENTS RECOMMENDED FOR APPROVAL**

Department of Anesthesiology

Hoang, Vivian, MD	Intraoperative Neuromonitoring	Courtesy
Ryan, Lorraine, MD	Anesthesiology	Courtesy Affiliate
Steinberg, Lon, MD	Intraoperative Neuromonitoring	Courtesy

Department of Emergency Medicine

Doan, Hung, MD	Emergency Medicine	Active
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Department of Medicine

Agnone, Louis, MD	Gastroenterology	Senior Active
Anwer, Muhammed, MD	Internal Medicine	Active
Bunnell, John, MD	Hospice/Palliative Care	Active
Chewning, John, DO	Family Medicine	Courtesy Affiliate
Fredette-Huffman, Patricia, MD	Family Medicine	Courtesy Affiliate
Garcia, Pablo, MD	Family Medicine	Courtesy Affiliate
Goldberg, Paul, MD	Gastroenterology	Courtesy Affiliate
Klancke, Kim, MD	Cardiology	Senior Active
Liu, Wing Yi, MD	Cardiology	Active
Moussly, Souheil, MD	Internal Medicine	Active
Namani, Nemish, MD	Critical Care Medicine	Active
Shoemaker, James, DO	Family Medicine	Courtesy Affiliate

Department of Obstetrics/Gynecology

Stavoy, Thomas, MD ( <i>relinquishing his OB privileges</i> )	Gynecology	Senior Active
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Department of Oncology  
No reappointments this month

Department of Pathology  
No reappointments this month

Department of Pediatrics

Alviedo, Neil, MD	Neonatology	Courtesy
Banadera, Felix, MD	Neonatology	Courtesy
Ettedgui, Jose, MD	Pediatric Cardiology	Courtesy
Orezzoli, Louis, MD	Pediatrics	Senior Active

Department of Psychiatry  
See reappointment with change

Department of Radiology

Shamlou, Kambiz, MD	Diagnostic Radiology	Active
Stone, Melvin, MD	Diagnostic Radiology	Active

Department of Surgery

Murphy, Christopher, DPM	Podiatry	Courtesy Affiliate
Spertus, Alan, MD	Ophthalmology	Senior Active
Zamora, Sergio, MD	Plastic/Reconstructive	Outpatient Facility Staff

**D. PHYSICIAN REAPPOINTMENTS (*WITH CHANGES*) RECOMMENDED FOR APPROVAL**

Kent, Kimberly, PhD – ( <i>Associate to Courtesy Affiliate</i> )	Psychiatry	Psychology
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**E. SPECIFIED PROFESSIONAL PERSONNEL REAPPOINTMENTS RECOMMENDED FOR APPROVAL**

Apker, Jennifer, Dental Asst	Oral/Maxillofacial	Supervisor: John Akers, DDS
Bryan, Tara, CRNA	Anesthesiology	Supervisor: Derrick Payne, MD
Cullen, Sally, CRNA	Anesthesiology	Supervisor: Derrick Payne, MD
Ehrhardt, Vicki, CRNA	Anesthesiology	Supervisor: Derrick Payne, MD
Harrell, Jeffrey, PA	Orthopaedic Surgery	Supervisor: Jeffrey Martin, MD
Herring, Victoria, CRNA	Anesthesiology	Supervisor: Derrick Payne, MD
Shunnarah, Kathryn, ARNP	Hematology/Oncology	Supervisor: Richard Weiss, MD
Wingard, Martha, PA	Plastic/Reconstructive Surgery	Supervisor: Laurence Brenner, MD

**F. REQUEST(S) FOR ADDITIONAL PRIVILEGES / DELETIONS / OTHER RECOMMENDED FOR APPROVAL**

Meyers, Robert, ARNP	<i>Additional supervising physicians: John Tolland, MD, Andrew Ritter, MD</i>
Stackpole, Kimberly, PA	<i>Additional supervising physicians: all Halifax Health hospitalist</i>
Velez, Teresa, ARNP	<i>Additional supervising physicians: John Tolland, MD, Andrew Ritter, MD, John Meyers, MD</i>

## G. CHANGE(S) IN STATUS/SPECIALTY/PRIVILEGES RECOMMENDED FOR APPROVAL

Ramshaw, David, MD (Active to Senior Active)

General Surgery

### FOR INFORMATION ONLY

#### H. RESIGNATIONS:

Canalizo, John, MD <i>(no longer wish to maintain privileges at HH)</i>	Family Medicine	Board date
Georgoudiou, Stephanie, ARNP <i>(no longer wish to maintain privileges at HH, moving out of state)</i>	Family Medicine/IM	10/01/2016
Lee, Tse, MD <i>(not utilizing HH)</i>	Physical Med/Rehab	Board date
Malik, Vinod, MD <i>(not utilizing HH)</i>	Pain Medicine	Board date
McLaughlin, Mary Jane, ARNP <i>(no longer wish to maintain privileges at HH, moving out of state)</i>	Occupational Medicine	Board date
Oravetz, Tabitha, ARNP <i>(no longer wish to maintain privileges at HH, moving out of state)</i>	Urology	09/6/2016
Rowe, Laura, ARNP <i>(no longer working at Halifax for Brooks Rehab)</i>	Physical Med/Rehab	Board date
Townsend, Michael, MD <i>(no longer wish to maintain privileges at HH)</i>	Internal Medicine	Board date

#### I. LEAVE OF ABSENCE:

##### *For Information Only:*

Ge, Jocelyn, MD	Ophthalmology	02/01/16 – 02/01/17
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#### J. LOCUM TENENS PHYSICIANS:

##### *For Information Only - Ongoing Privileges this month:*

Hussain, Yasser, MD	Critical Care
Juda, Richard, MD	Critical Care
Sellman, Ricahrd, MD	Critical Care
Wills, Delinda, MD	Critical Care
Aziz, Muhammad, MD	Hospitalist/HHH
Harrington, Michael, MD	Vascular Surgery
Emert, Natalie, MD	Emergency Medicine
Gamez, Jason, MD	Emergency Medicine
McQueen, Yvette, MD	Emergency Medicine
Tiesi, James, MD	Neurosurgery
Tran, Nam, MD	Neurosurgery
Fisher, Anton, DO	Psychiatry
Mehta, Jitendra, MD	Psychiatry
Razack-Malik, Nasreen, MD	Psychiatry
Upton, Monique, MD	Psychiatry
Greene, John, MD	Urology

#### K. OTHER BUSINESS: None

**HALIFAX HEALTH MEDICAL CENTER**  
**BOARD OF COMMISSIONERS**  
**NEW PHYSICIAN PROFILES**  
**October 3, 2016**  
**(Credentials Committee September 19, 2016)**

**Robert Daly, MD**  
**Emergency Services**

Robert Daly, MD, is requesting privileges in the Department of Emergency Services and is in practice with Halifax Emergency Services.

**Medical Education:**

Florida State University - 05/01/2012

**Internship**

LSU Health Sciences Center-University Hospital 07/01/2012 to 06/01/2013

Emergency Medicine

**Residency**

LSU Health Sciences Center-University Hospital 07/01/2013 to 06/01/2015

Emergency Medicine

**Board Certification:**

American Board of Emergency Medicine - Emergency Medicine

**Jonathan Dean, MD**  
**General Surgery**

Jonathan Dean, MD, is requesting privileges in the Department of Surgery and is in practice with Florida Health Care Plans Surgery.

**Medical Education:**

Florida State University - 07/30/2011

**Internship**

Atlanta Medical Center 07/01/2011 to 06/30/2012

General Surgery

**Residency**

Halifax Health Medical Center 07/01/2012 to 06/30/2016

General Surgery

**Board Certification:**

American Board of Surgery – Eligible to take the board exam

**HALIFAX HEALTH MEDICAL CENTER**  
**BOARD OF COMMISSIONERS**  
**NEW PHYSICIAN PROFILES**  
**October 3, 2016**  
**(Credentials Committee September 19, 2016)**

**Jessica Gershen, MD**  
**Emergency Services**

Jessica Gershen, MD, is requesting privileges in the Department of Emergency Services and is in practice with Halifax Emergency Services.

**Medical Education:**

Florida State University - 05/21/2011

**Residency**

The Brooklyn Hospital Center 07/01/2011 to 06/30/2015

Emergency Medicine

**Fellowship**

University of Florida - Fellowship 07/01/2015 to 06/30/2016

Emergency Medical Services

**Board Certification:**

American Board of Emergency Medicine - Emergency Medicine

**Lars Nelson, MD**  
**General Surgery**

Lars Nelson, MD, is requesting privileges in the Department of Surgery and is in practice with Surgical Associates of Volusia.

**Medical Education:**

St. George's University School Of Medicine - 05/31/2009

**Internship**

Orlando Health 06/01/2009 to 06/30/2010

General Surgery

**Residency**

Orlando Health 06/01/2009 to 07/30/2015

General Surgery

**Fellowship**

Orlando Health 07/01/2015 to 06/30/2016

Bariatric / Minimally Invasive Surgery

**Board Certification:**

American Board of Surgery – Eligible to take the board exam

**HALIFAX HEALTH MEDICAL CENTER**  
**BOARD OF COMMISSIONERS**  
**NEW PHYSICIAN PROFILES**  
**October 3, 2016**  
**(Credentials Committee September 19, 2016)**

<b>Raid Ossi, MD</b> <b>Neurology</b>
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Raid Ossi, MD, is requesting privileges in the Department of Medicine and is in practice with Neurology Associates of Ormond Beach.

**Medical Education:**

University of Baghdad - 06/30/1982

**Internship**

St. Mary Mercy Hospital 07/01/2012 to 06/30/2013

Rotating Internship

**Residency**

University of Florida, College of Medicine 07/01/2013 to 06/30/2016

Neurology

**Board Certification:**

American Board of Psychiatry & Neuro – Eligible to take the board exam



# HALIFAX HEALTH

## Management Report – Board of Commissioners October 2016

### **Presentation**

Dr. Steve Miles Sr. VP/Chief Quality Officer, Suzanne Lovelady, Director of Quality Improvement, and Keith Sofiak, Manager of Quality Data will provide 2016 Third Quarter Quality update

### **Special Taxing District Website**

In compliance with the new law regarding special taxing districts that was passed during the last legislative session, Halifax has posted additional information to its District website). The following information is now available on this site <http://halifaxhealth.district.org>:

- Final adopted budget (including tentative budget and any budget amendments)
- Board of Commissioners meeting material (materials available for public meeting)
- List of regularly scheduled public Board of Commissioners meetings

### **Primary Care Grand Opening**

Halifax Health's new Port Orange Primary Care office opened on September 22nd. Dr. Kirsten Kim joined interim CMO, Dr. Margaret Crossman, and guests as we increased primary care access in Volusia County for thousands. Dr. Kim will be joined by Dr. Sandra Buchanan and ARNP, Rachel Salerno. The office will provide all aspects of primary care including disease management, preventative care and acute care. This office brings our total to 6 adult, 4 pediatric and 1 OBGYN office with 25 providers. Of special note is that Dr. Crossman, Dr. Buchanan and Dr. Kim all came from the Halifax Health Family Medicine Residency program as have over 100 local primary care physicians in the area.

### **Employee Health – Flu Vaccinations**

Flu season is upon us again. Our flu vaccination compliance in 2015-2016 was 86 percent, which exceeded our previous year's compliance of 82 percent. *Our goal this year is 90 percent*, which will meet the goal of the Healthy People 2020 Initiative three years in advance. This will be a great team achievement and ensure the health and safety of the patients that we serve each and every day. The employee health team will be performing roving clinics throughout the organization and at off-site locations over the next several weeks; as well as providing vaccinations every Tuesday & Thursday in the Employee Health Office and on the First Floor France Tower area outside the Café. Beginning November 1, if a team member has not received a flu vaccination, they will be required to wear a mask when within six feet of a patient.



### **Team Member Engagement Survey**

Recent research and practical in-the-field experience demonstrates that healthcare organizations can create the most profound improvements in patient care and satisfaction levels simply by improving employee engagement.

What is engagement? Typically defined as the extra discretionary effort an employee exerts on the job, higher engagement levels correlate to employees that are willing to go the “extra mile.” In all industries, engaged employees are a powerful asset: they are more eager to learn, more likely to be committed to an organization’s goals and success, and tend to have better rates of retention. For healthcare organizations in particular, truly engaged employees have a tremendous—and quantifiable—impact on multiple measures of patient care. Higher levels of employee engagement are directly tied to:

- Overall quality of patient care
- Patient safety
- Patient satisfaction and likeliness to recommend
- The organization’s financial performance

Working with our partner, Press-Ganey, Halifax Health’s “Your Voice Counts” Employee Engagement Survey was launched on September 19<sup>th</sup>. Below is the schedule of this year’s employee engagement initiative:

- September 19 – October 10 – Data is gathered by Press Ganey
- October – November – Press Ganey analyses data, formulates reports, runs correlation studies of team member engagement with patient satisfaction data
- December 9 – HH manager training conducted by Press-Ganey on how to read reports, share with work units, form community engagement teams, and create an action plan with team member input
- No later than January 30 – Managers facilitate results & action planning sessions with their team(s)
- No later than February 14 – Managers submit their team’s actions plan(s).
- March – Action plans reviewed by senior management

### **Marketing & Communications Update**

**Through Oct. 2: Port Orange Family Days.** Halifax Health is a proud sponsor of Port Orange Family Days 2016.

**October 5. Free Car Seat Safety Check.** Halifax Health – Healthy Communities is offering free car seat safety checks the first Wednesday of each month from 1 to 3 pm at Halifax Health Medical Center, France Tower. This program is presented in conjunction with SafeKids Volusia/Flagler Counties.

**October 6. Speakers and Sneakers Series.** Each month, Halifax Health Medical Center of Daytona Beach presents this educational program for residents that offers free monthly presentations featuring a wide variety of healthcare topics. Participants are encouraged to walk their choice of indoor and outdoor trails on the Halifax Health campus after the presentation event. Walking logs are available for participants.

**October 7-9: Daytona Blues Festival.** Halifax Health is proud to be a sponsor of the 7<sup>th</sup> Annual Daytona Blues Festival. This three-day music festival brings blues musicians from around the country to Daytona Beach. Funds raised will benefit the Level II NICU (Neonatal Intensive Care Unit) at Halifax Health, in addition to other women and children’s initiatives.

**October 8: Mud Fest.** A part of the Live Your Life Well race series, this event takes place at Camp Winona in DeLeon Springs. [www.lylwseries.com](http://www.lylwseries.com).

**October 14: Care for Women 3<sup>rd</sup> Year Anniversary.** Join us as we celebrate the three-year anniversary of Halifax Health – Care for Women. Refreshments and cupcakes will be served. Halifax Health Medical Center, France Tower, Meeting Room E. 2-4 p.m. RSVP by October 7 to 386.425.4450.

**October 17. Red Hot Mamas Menopause Education.** This monthly gathering provides attendees with information on an array of women's health issues. Halifax Health Medical Center, France Tower, Meeting Room E. RSVP to 386.425.4982.

**October 26. Halifax Health – Primary Care Ormond Physician Meet & Greet.** Meet the primary care team at our Ormond Beach location – Dr. Renuka Siddharthan and Wendy Morton, ARNP. Halifax Health Medical Center, France Tower Mezzanine (near Café).

**October 29: American Cancer Society Making Strides Against Breast Cancer Walk.** Join our Halifax Health Lifesavers walk team once again in this annual walk/run, which is Volusia County's largest outdoor fundraising event. Riverfront Park, S. Beach Street, Daytona Beach.

#### **Recap of September Events:**

**September 1. Speakers and Sneakers Series.** Each month, Halifax Health Medical Center of Daytona Beach presents this educational program for residents that offers free monthly presentations featuring a wide variety of healthcare topics. Participants are encouraged to walk their choice of indoor and outdoor trails on the Halifax Health campus after the presentation event. Walking logs are available for participants.

**September 3. Colorific 5K.** Halifax Health took part in this race which is a part of the Live Your Life Well race series. This fun-filled event was held at Daytona State College in Daytona Beach.

**September 7. Free Car Seat Safety Check.** Halifax Health – Healthy Communities is offering free car seat safety checks the first Wednesday of each month from 1 to 3 pm at Halifax Health Medical Center, France Tower. This program is presented in conjunction with SafeKids Volusia/Flagler Counties.

**September 10. Halifax Health – Hospice 15<sup>th</sup> Annual Fall 5K Run & Walk.** This annual race event takes place in Port Orange and raises funds for hospice's Family Caregiver Program which plays an integral role in the health of both the patients and their caregivers. This race is part of the Live Your Life Well race series.

**September 17. Tomoka Century Ride, Ormond Beach.** The Tomoka Century Ride is a unique multi-distance charity bike ride event that includes a 100 mile Century Ride, 100K Metric Century, 33 Mile Ride and 10 Mile Family Ride. Fortunata Park, Ormond Beach. A part of the Live Your Life Well race series.

**September 17. Comunidad Wellness Expo.** Halifax Health took part in this event at the Volusia County Fairgrounds which provided health and wellness information to West Volusia residents.

**September 19. Red Hot Mamas Menopause Education: Osteoporosis and Menopause.** This month's featured speaker was Steve Sevigny, MD, a specialist in Diagnostic Radiology.

**September 23. Men's Prostate Health Event.** This free, community education program is presented annually by the Halifax Health - Center for Urology. Free prostate exams and prostate-specific antigen (PSA) tests which can help diagnose and follow prostate cancer in men are provided. Held in recognition

of September being National Prostate Health Month in the United States, the purpose of this event is to promote prostate health awareness.

**September 22. Halifax Health – Primary Care, Port Orange.** Halifax Health celebrated the grand opening of Halifax Health – Primary Care Port Orange with an open house event.

**September 24. DeLand / Four Townes Kids' Triathlon.** A part of the Live Your Life Well race series, this race event was presented by the DeLand Family YMCA in the Victoria Park neighborhood. The race is a non-competitive triathlon for children four to 13 years of age. The goal of the event is to encourage children to pursue a healthy and active lifestyle.

**September 27. Skin Cancer Screening.** Halifax Health – Center for Oncology at Twin Lakes hosted a free skin cancer screening event for area residents.

**September 28. Halifax Health West Side Associates.** Halifax Health hosted the first meeting of its Associates in the Deltona/West Volusia area.

**September 29-October 2. Port Orange Family Days.** Halifax Health was a sponsor of Port Orange Family Days 2016. On September 30, Halifax Health hosted the event's Family Days Movie Night featuring the cartoon classic *Jungle Book*.

# HALIFAX HEALTH



Live your life well.

# Halifax Health

## Q3-FY2016 Quality Board Report April 2016 – June 2016

# Inpatient Prospective Payment Programs

Value Based Purchasing (VBP)	Readmission Reduction Program	Hospital Acquired Conditions (HAC)
<ul style="list-style-type: none"> <li>• <b>HCAHPS</b> (25% weight)</li> <li>• <b>Safety</b>: PSI-90, CAUTI, CLABSI, SSI, MRSA, C-diff, Core Measures (25% weight)</li> <li>• <b>Mortalities</b> (25% weight)</li> <li>• Medicare Spending per beneficiary, <b>MSPB</b> (25% weight)</li> <li>• Approx \$900k at risk</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Measuring 30- day readmissions</b></li> <li>• AMI</li> <li>• CHF</li> <li>• PN</li> <li>• Hip / Knee arthroplasty</li> <li>• COPD</li> <li>• CABG</li> <li>• Approx \$1.3m at risk</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CAUTI, CLABSI, SSI, MRSA &amp; C-diff</b> (85% weight)</li> <li>• <b>PSI - 90 Measures</b> (15%)</li> <li>• Approx \$450k at risk</li> </ul>



# HAC Program

```
graph LR; HAC[HAC Program] --> Infection[Infection Metrics = 85%]; HAC --> PSI[PSI - 90 Metrics = 15%];
```

Infection Metrics = 85%

PSI - 90 Metrics = 15%

- **PSI = Patient Safety Indicators**, provides information on safety-related adverse events occurring in hospitals following operations, procedures, and childbirth.
- PSI 90 is a **composite of 10 measures** that is intended to reflect the safety climate of a hospital
- **Claims based** measure developed by Agency for Healthcare Research & Quality (AHRQ)
- Developed to be used as a **single and transparent metric** that can monitor performance

[http://www.qualityindicators.ahrq.gov/News/PSI90\\_Factsheet\\_FAQ\\_v1.pdf](http://www.qualityindicators.ahrq.gov/News/PSI90_Factsheet_FAQ_v1.pdf)

# PSI-90 Indicators (name change in 2017 to “Patient Safety & Adverse Events Composite”)

## PSI-90 Measures (aka Patient Safety & Adverse Events Composite)

PSI-3	Decubitus Ulcer Rate
PSI-6	Iatrogenic Pneumothorax Rate
PSI-8	PostOp Hip Fracture Rate
*PSI-9	Perioperative Hemorrhage or Hematoma Rate
*PSI-10	Postoperative Physiologic and Metabolic Derangement
*PSI-11	Postoperative Respiratory Failure Rate
PSI-12	PostOp Pulmonary Embolism or Deep Vein Thrombosis Rate
PSI-13	PostOp Sepsis Rate
PSI-14	PostOp Wound Dehiscence Rate
PSI-15	Accidental Puncture or Laceration

\*New in 2017

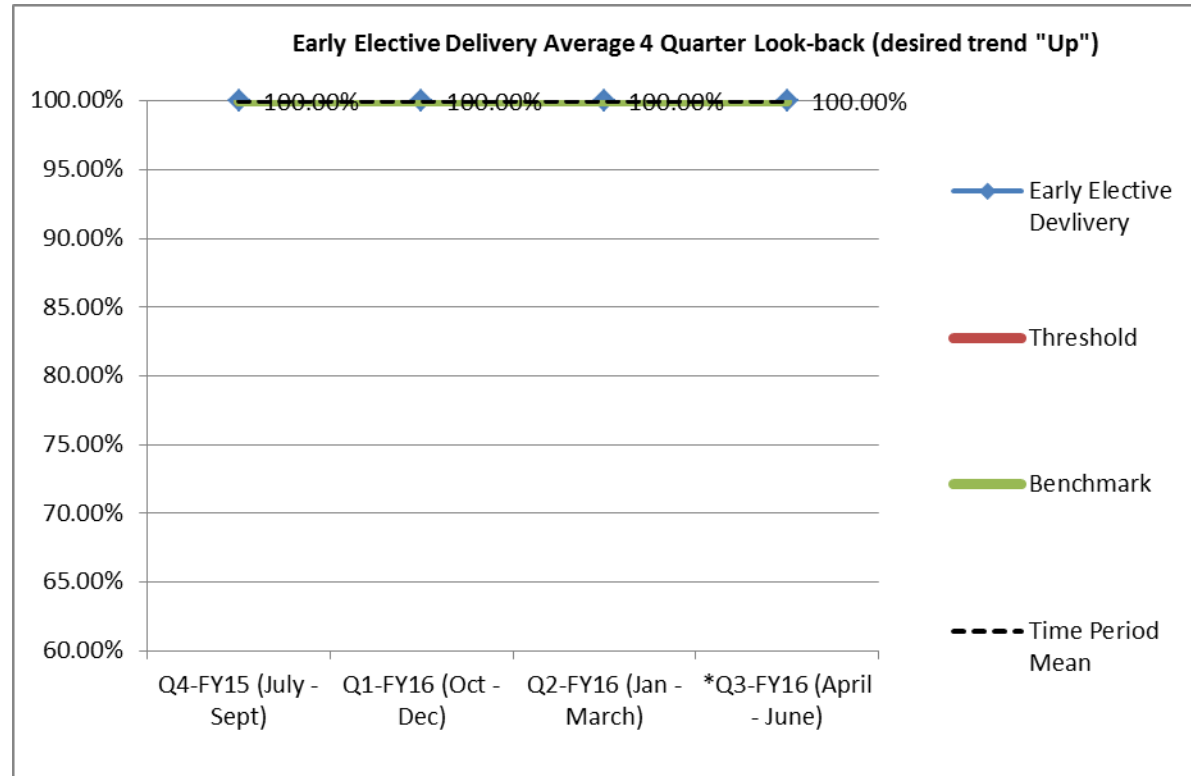


# Core Measures

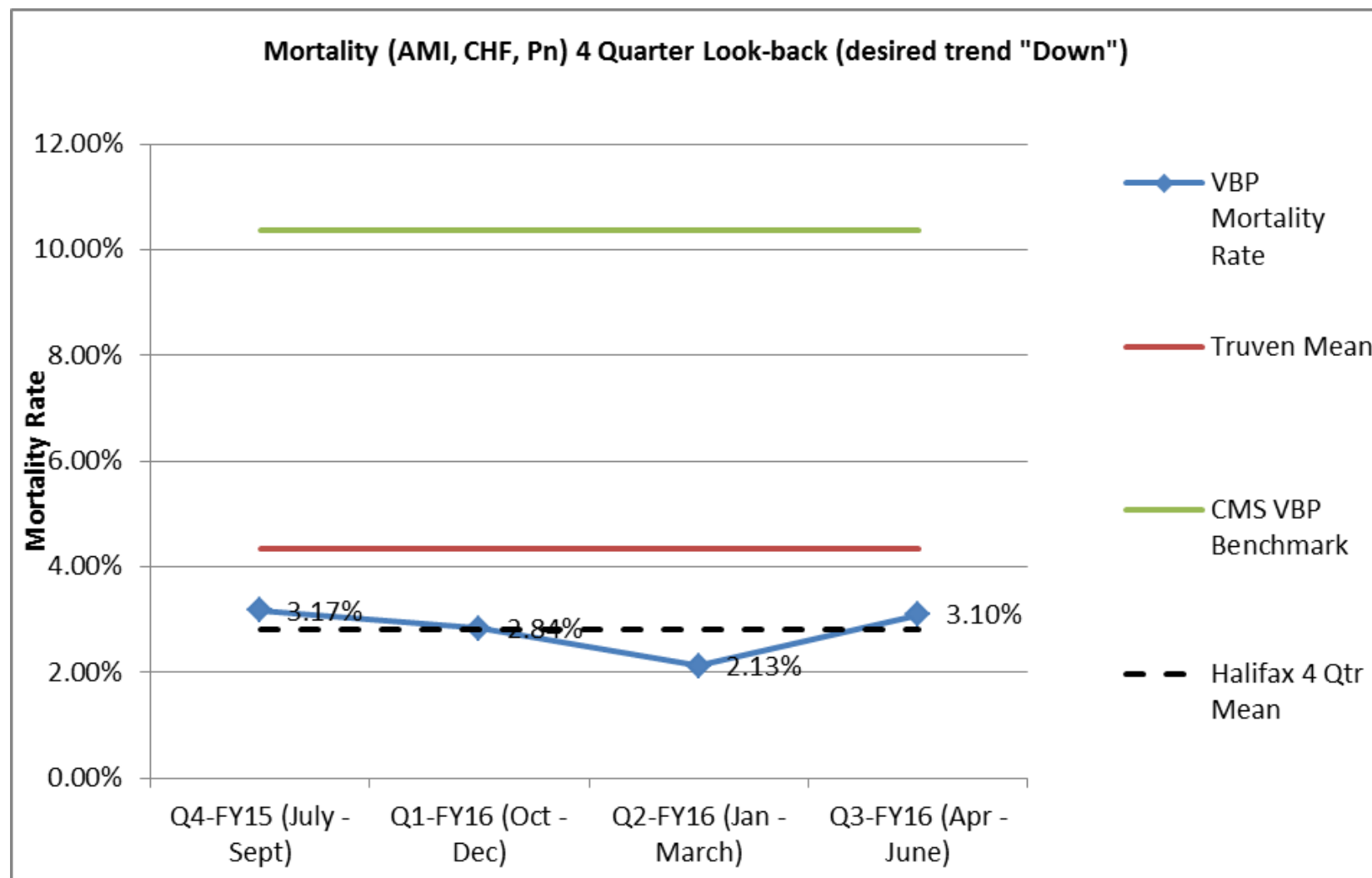
(Early Elective Delivery between 37 and 39 weeks)

## Early Elective Delivery

FY 2015 Score	FYTD 2016 Score
92.71%	100%



# Inpatient Mortality (AMI, PN, CHF only)



# Quality Reports FY2016 - Q3

## Inpatient Mortality Rates (Sepsis DRGs 870 - 872)

		FY 2015	Q4-FY15 (July - Sept)	Q1-FY16 (Oct - Dec)	Q2-FY16 (Jan - March)	Q3-FY16 (Apr - June)	April	May	June	FY 2016 to date (Oct - June)		FY15 Truven Mean
	Mortalities Description											
Septicemia or Severe Sepsis (870 DRG w/ Mechanical Vent 96+ hrs)		● 46.25%	● 50.00%	● 31.82%	● 30.43%	● 19.05%	● 16.67%	● 16.67%	● 22.22%	● 27.27%	not in program	41.80%
	Measure Failure Count	37	10	7	7	4	1	1	2	18		
	Denominator Count	80	20	22	23	21	6	6	9	66		
	Sepsis 870 DRG Average Length of Stay	19.50	13.80	20.10	15.30	18.10	24.50	12.50	17.70	17.70		
Septicemia or Severe Sepsis (871 DRG w/out Mechanical Vent 96+ hrs w/ Major Comorbid Condition)		● 13.71%	● 8.33%	● 10.61%	● 8.24%	● 5.96%	● 9.09%	● 5.13%	● 3.17%	● 8.36%	not in program	13.66%
	Measure Failure Count	105	18	26	21	13	7	4	2	60		
	Denominator Count	766	216	245	255	218	77	78	63	718		
	Sepsis 871 DRG Average Length of Stay	7.50	7.20	9.10	6.90	7.50	7.50	7.10	8.00	7.80		
Septicemia or Severe Sepsis (872 DRG w/out Mechanical Vent 96+ hrs w/out Major Comorbid Condition)		● 0.85%	● 0.00%	● 0.00%	● 0.78%	● 0.00%	● 0.00%	● 0.00%	● 0.00%	● 0.27%	not in program	2.10%
	Measure Failure Count	3	0	0	1	0	0	0	0	1		
	Denominator Count	354	136	128	128	108	32	33	43	364		
	Sepsis 872 DRG Average Length of Stay	4.80	5.00	5.00	3.80	3.90	3.80	3.90	3.90	4.20		

# Quality Reports FY2016 - Q3

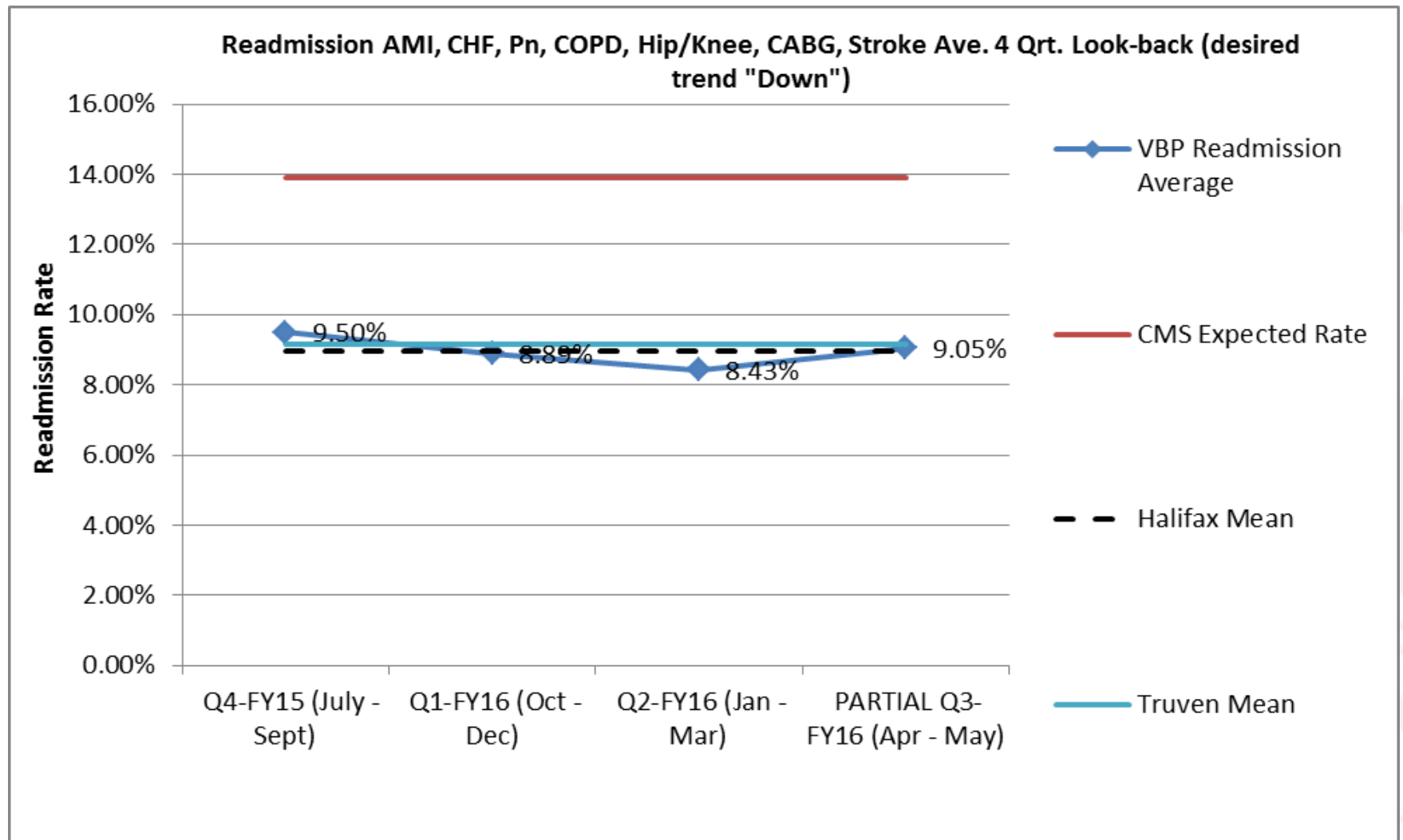
Inpatient Mortality Rates (Sepsis DRGs 870 - 872)

18.98  
decrease

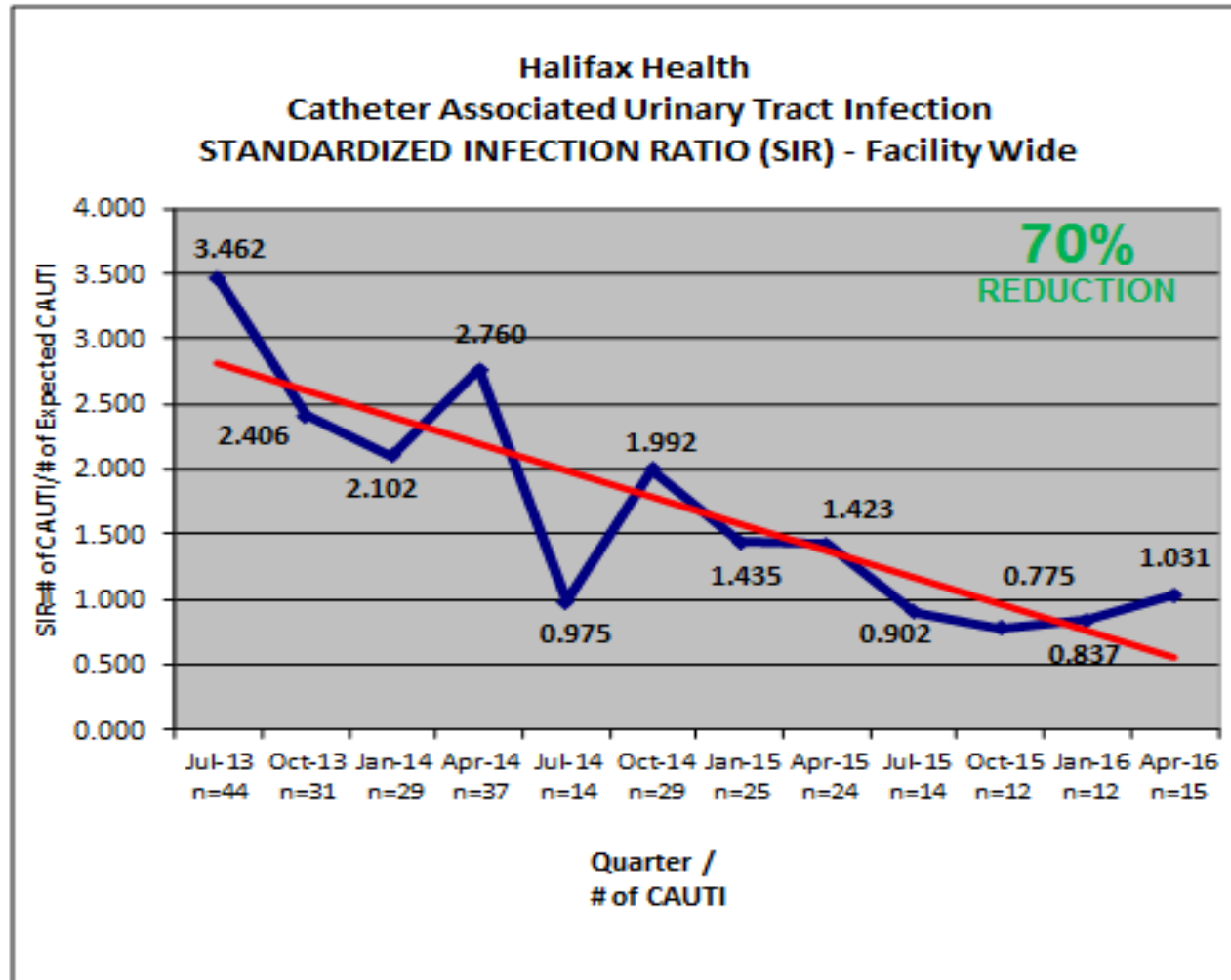
8.36  
decrease

	FYTD 2016		FY 2015	
Mortalities Description	Halifax Health FYTD 2016 (Oct - June)	FYTD 2016 Truven Mean (Oct - June)	Halifax Health FY 2015	FY 2015 Truven Mean
Septicemia or Severe Sepsis (870 DRG)	● 27.27%	33.44%	● 46.25%	41.80%
Septicemia or Severe Sepsis (871 DRG)	● 8.36%	9.95%	● 13.71%	13.66%
Septicemia or Severe Sepsis (872 DRG)	● 0.27%	1.18%	● 0.85%	2.10%
Readmission Description	Halifax Health FYTD 2016 (Oct - May)	FYTD 2016 Truven Mean (Oct - May)	Halifax Health FY 2015	FY 2015 Truven Mean
Septicemia or Severe Sepsis (870 DRG)	● 11.36%	24.71%	● 15.67%	18.07%
Septicemia or Severe Sepsis (871 DRG)	● 16.45%	14.76%	● 15.80%	14.68%
Septicemia or Severe Sepsis (872 DRG)	● 6.01%	9.66%	● 6.51%	9.72%

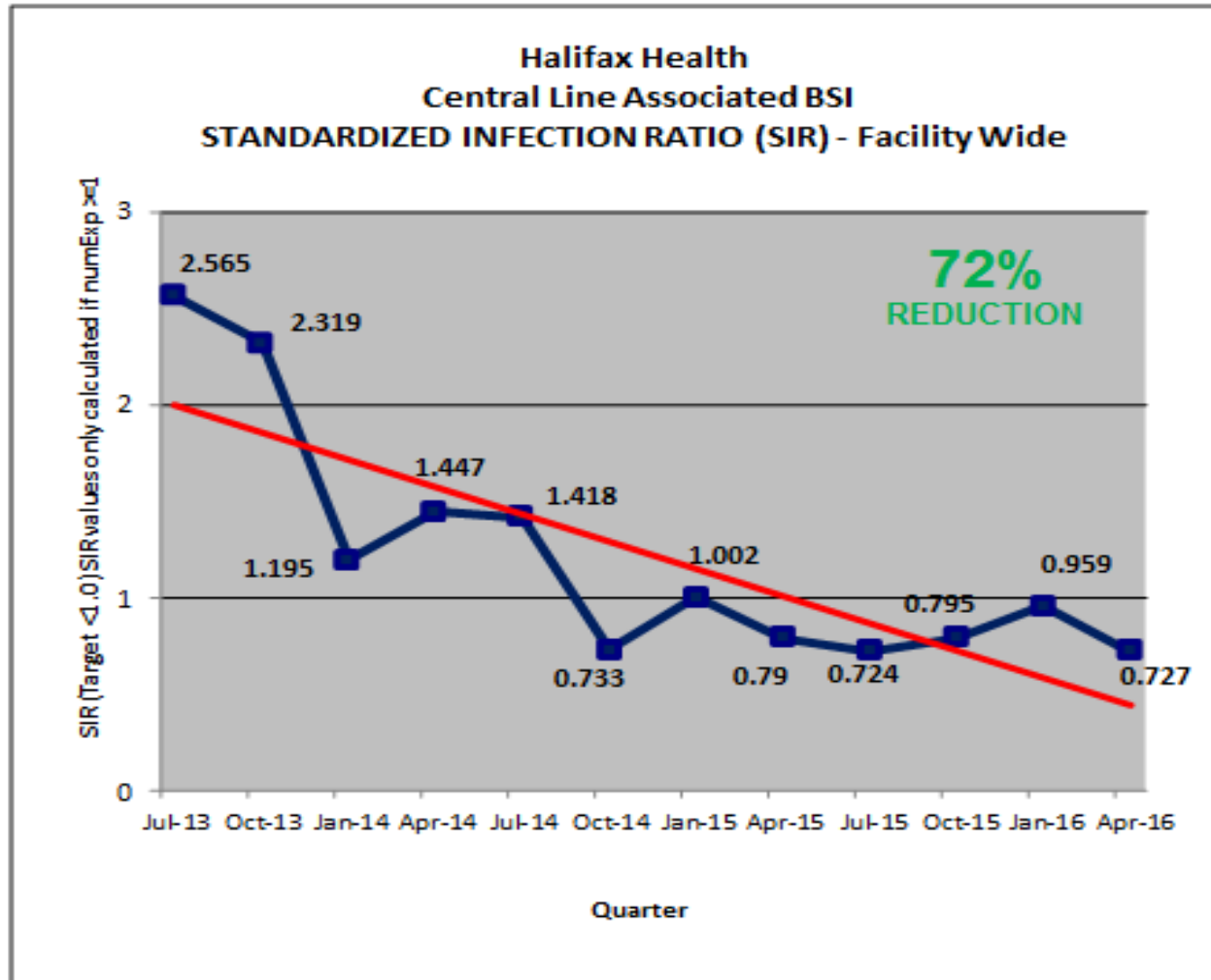
# Readmissions (AMI, PN, CHF, COPD, CABG, Stroke, Hip/Knee only)



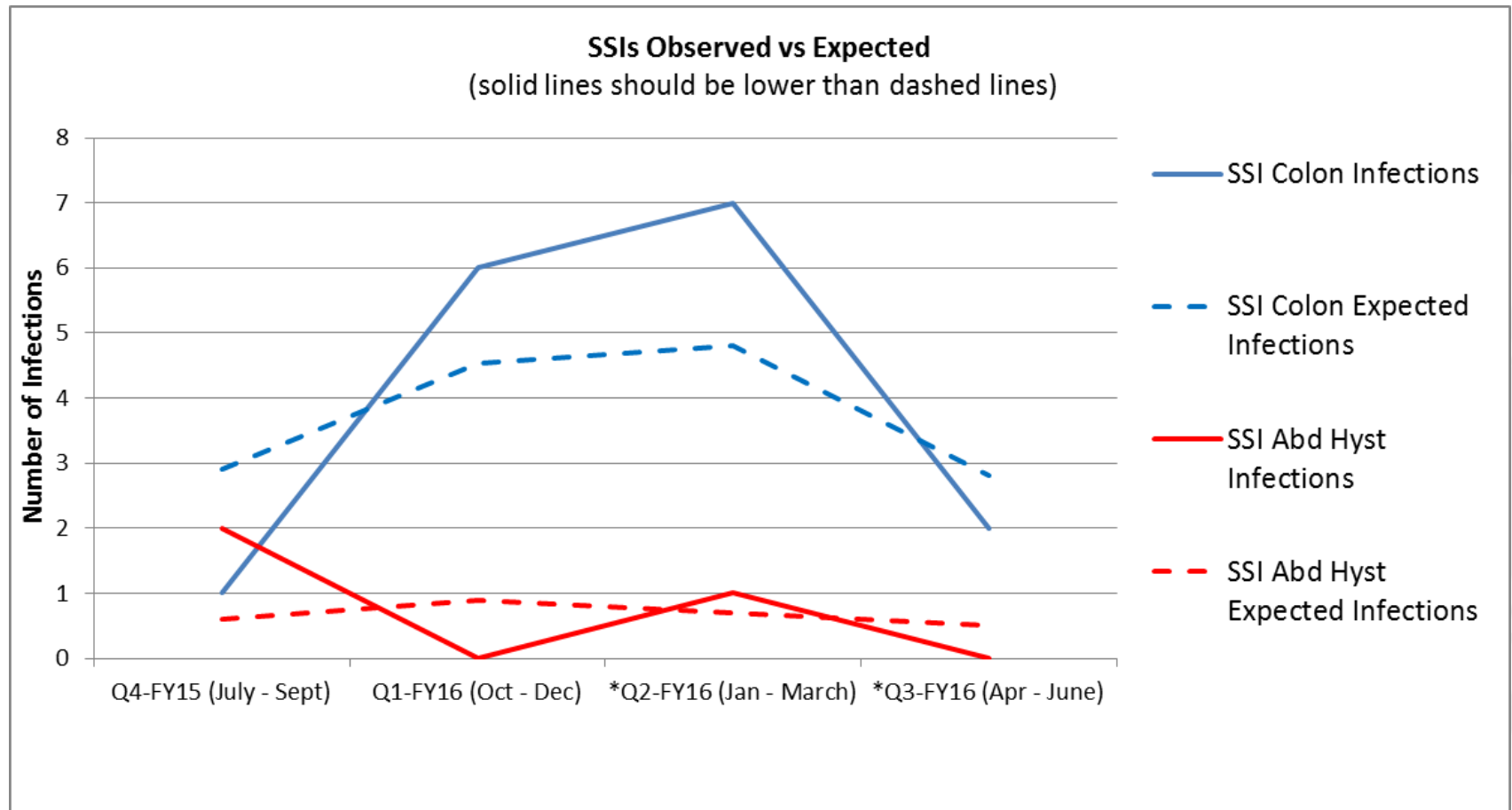
# Catheter-Associated Urinary Tract Infections (CAUTI) (Standard Infection Ratio)



# Central Line Associated Blood Stream Infections (CLABSI) (Standard Infection Ratio)

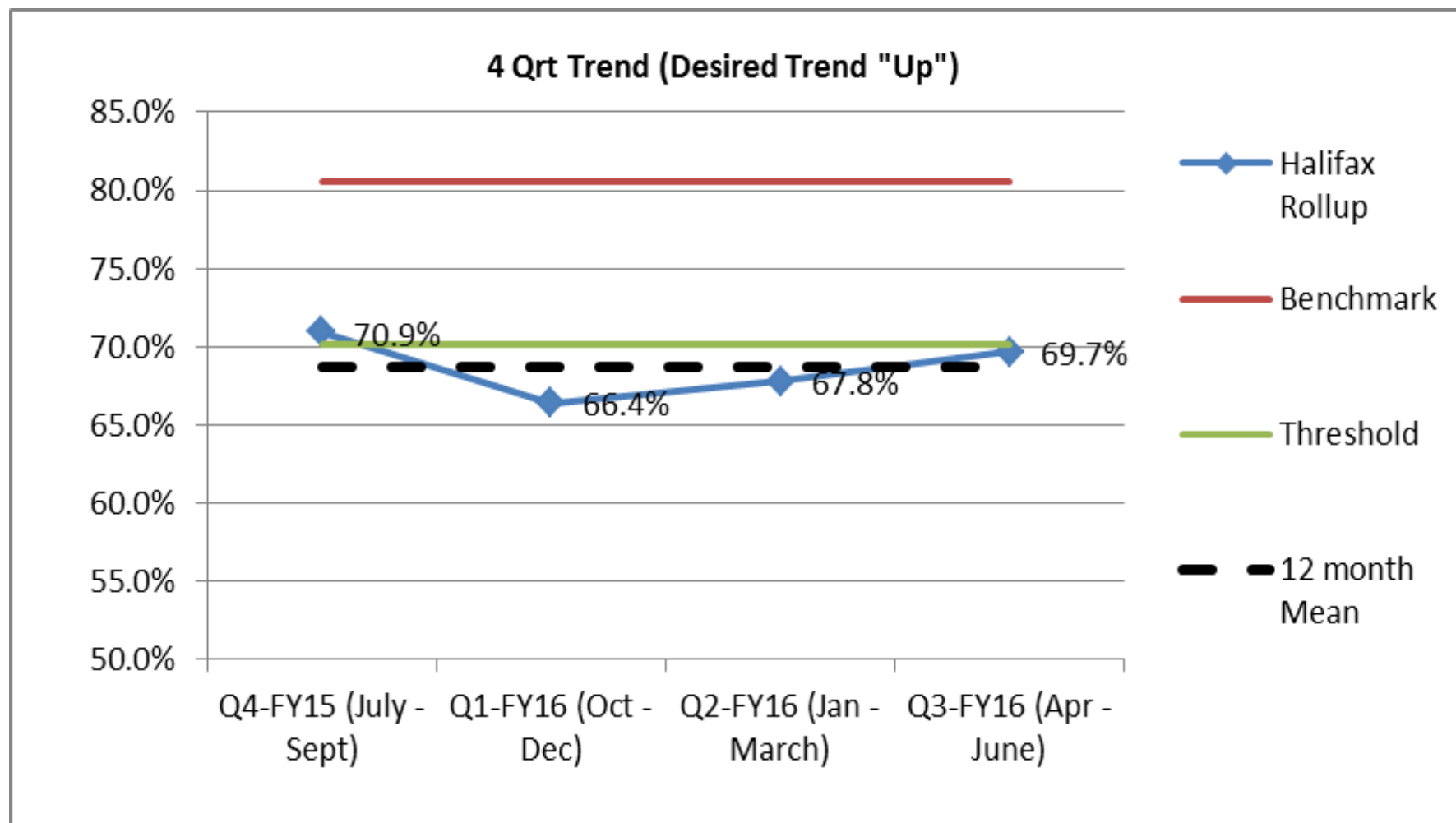


# Surgical Site Infections (Colon & Abdominal Hysterectomy)

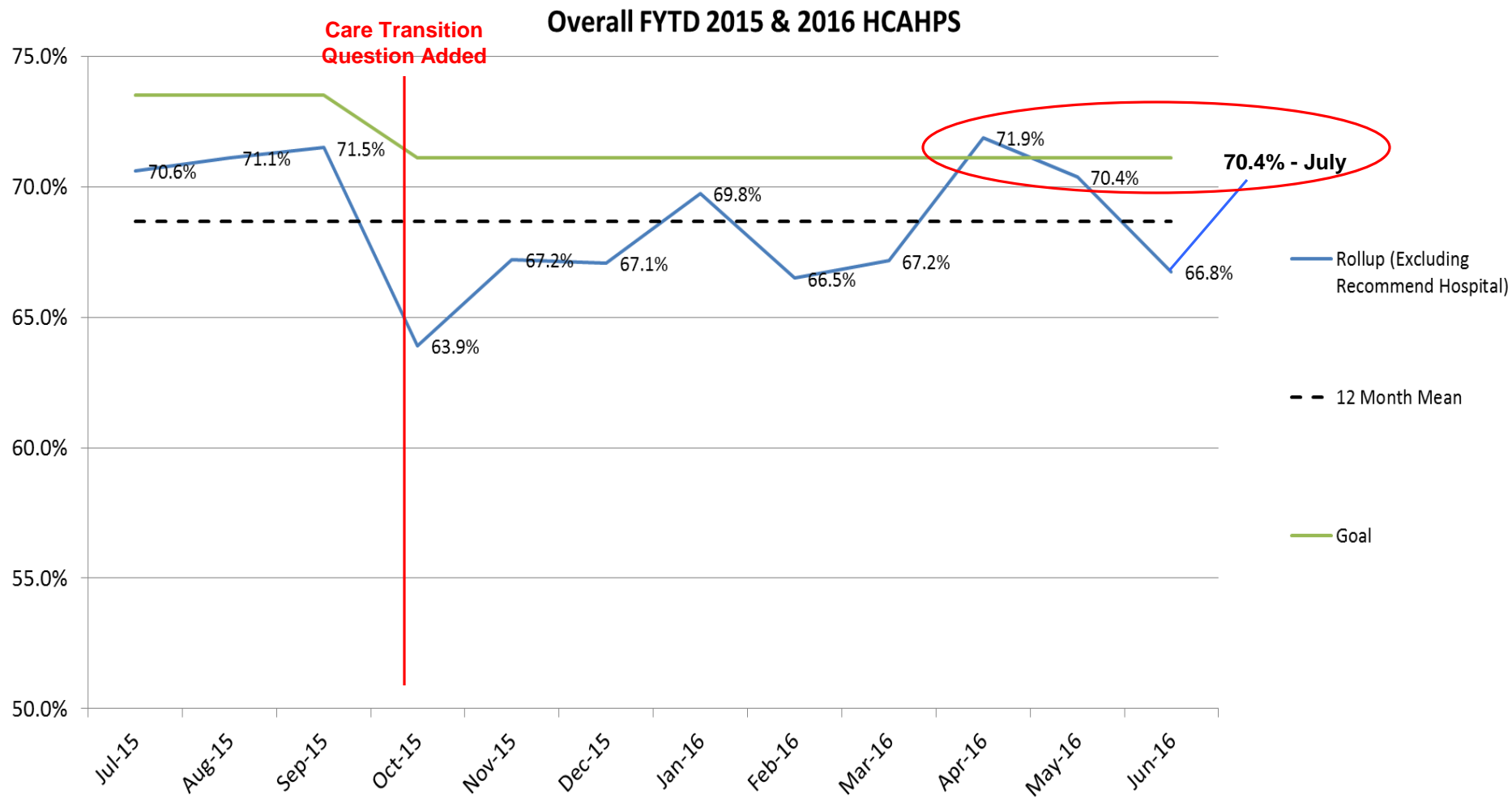




# HCAHPS (Average Rollup Score)

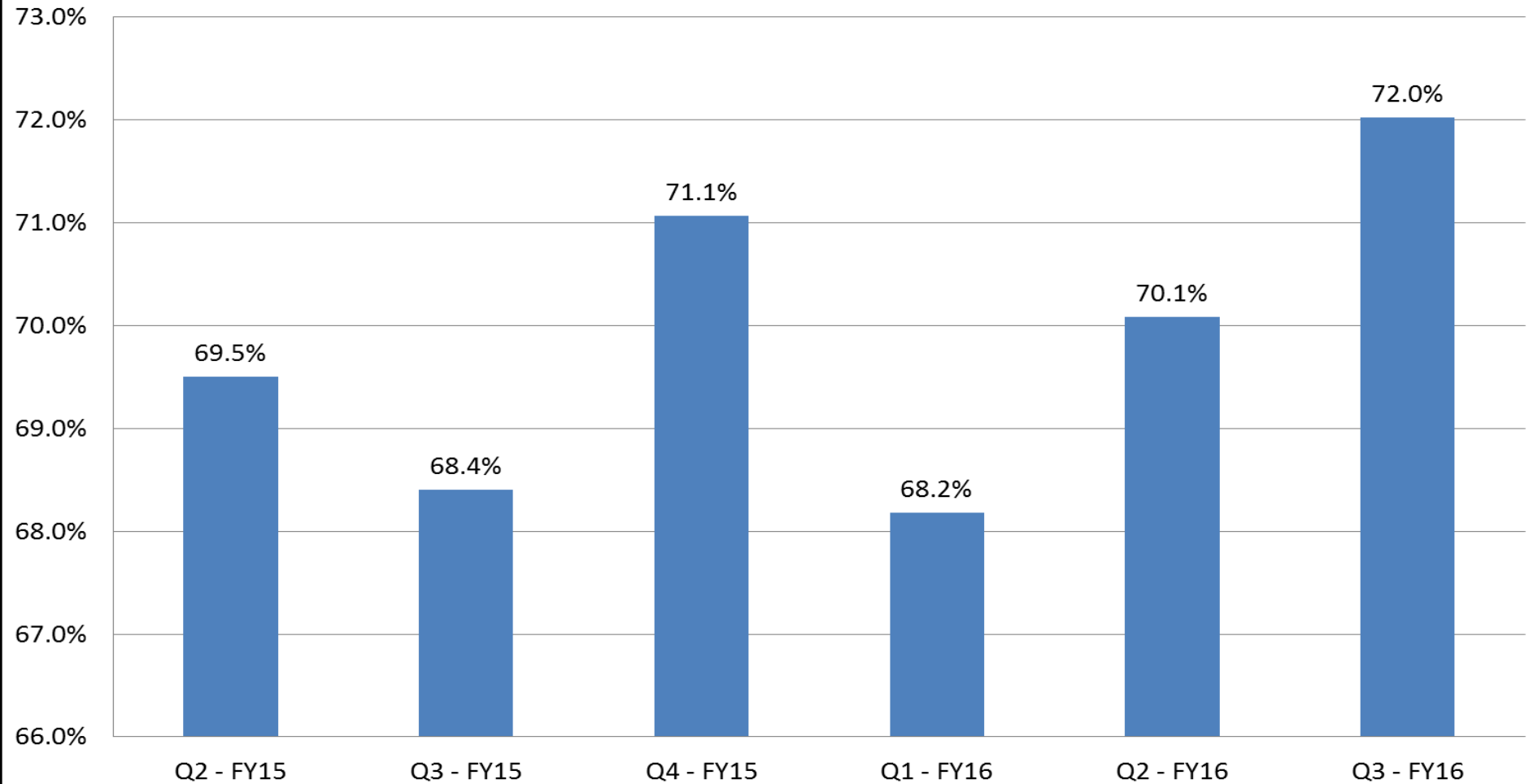


# HCAHPS (12 month look-back)



# HCAHPS (quarter by quarter view)

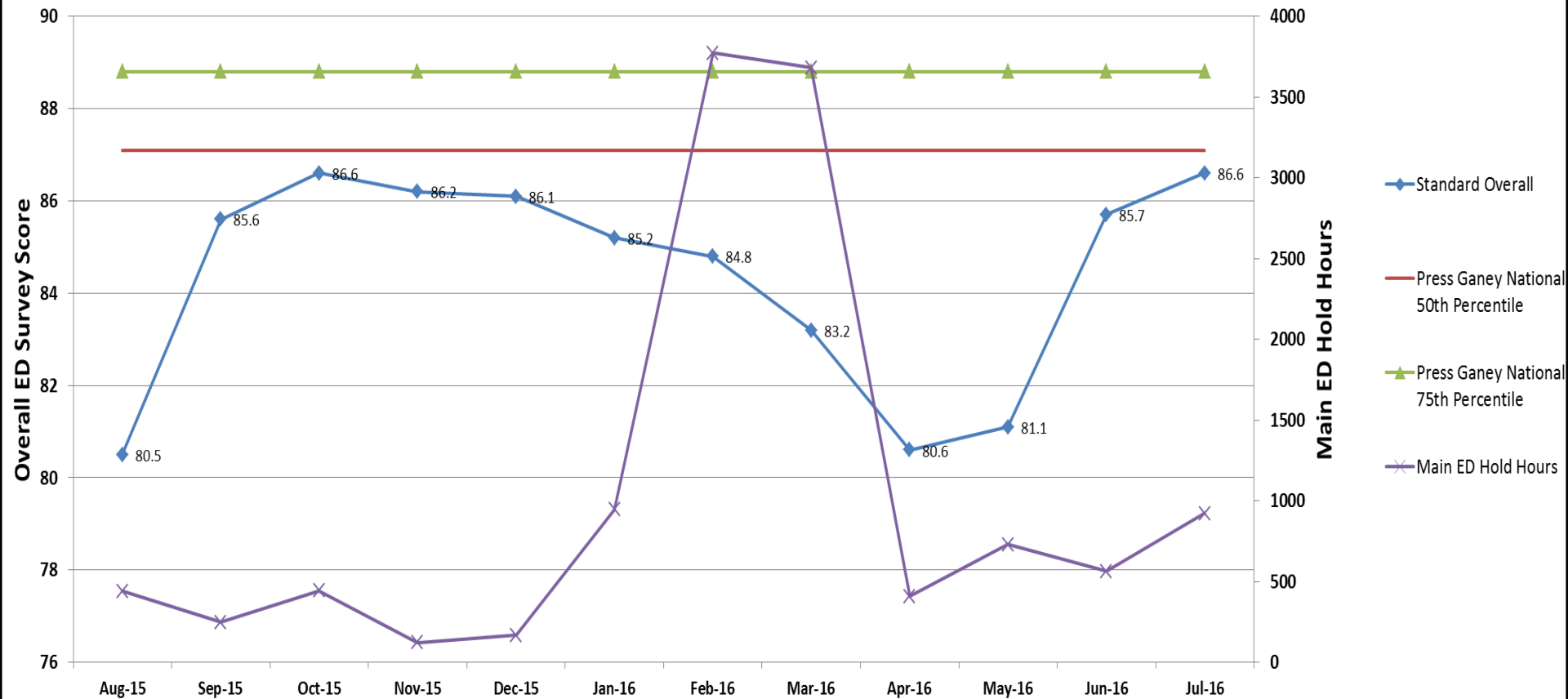
FY 15 & 16 Rollup Score by Quarter



Excludes "Care Transition" questions for FY15 comparison

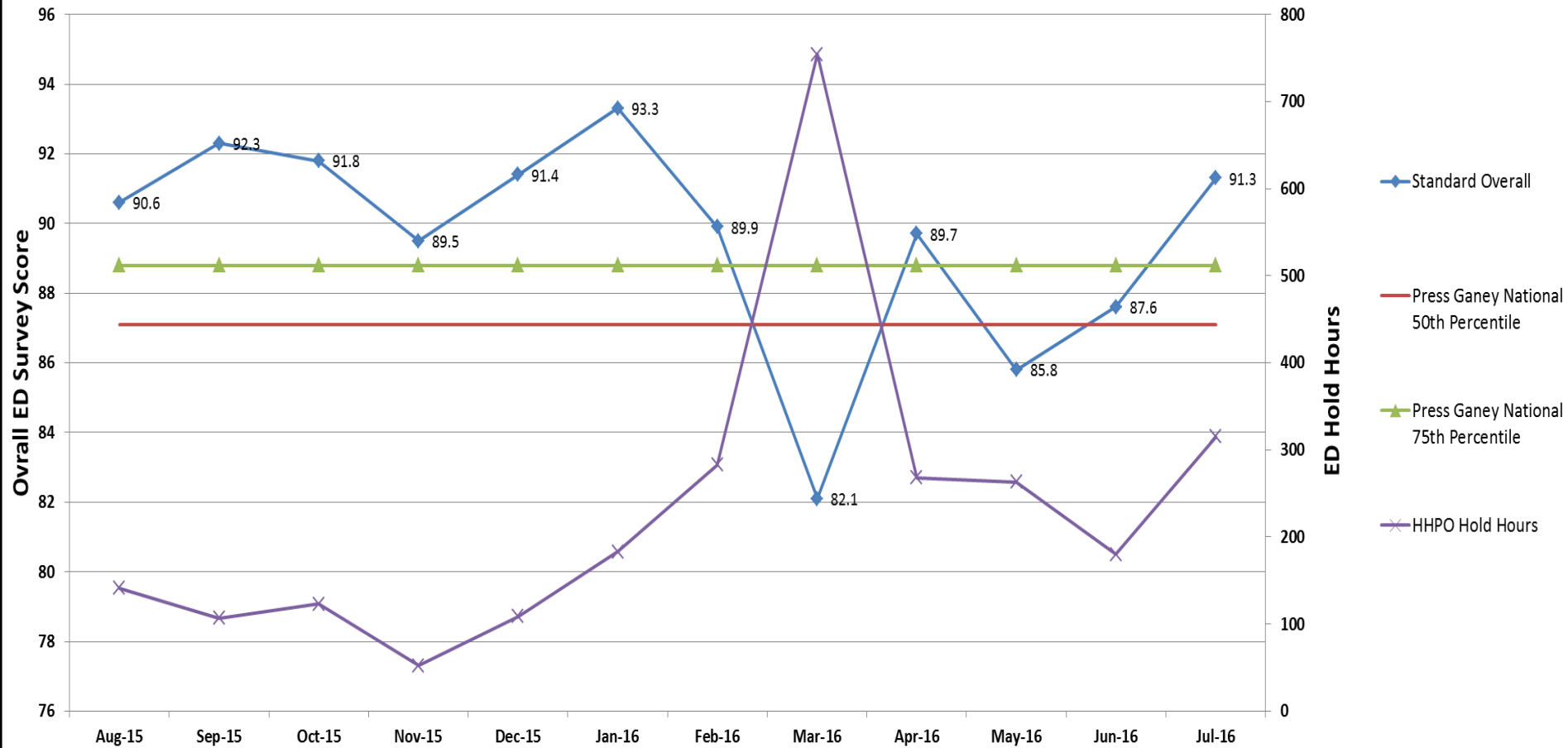
# Main ED Patient Survey

Main ED Standard Overall Score



# Port Orange ED Patient Survey

HHPO ED Standard Overall Score



Questions?



# HALIFAX HEALTH

**Strategic & Community Health Planning Committee**

**Report will be provided at meeting**

Halifax Hospital Medical Center  
Audit and Finance Committee Meeting  
303 N. Clyde Morris Blvd.  
France Tower, Conference Room A  
Monday, August 29, 2016

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Present: Ted Serbousek, Chairman  
Daniel Francati, Member & Secretary, Board of Commissioners  
Ammar Hemaïdan, MD, Member & Member, Medical Staff  
Greg Motto, Member  
Susan Schandel, Member & Treasurer, Board of Commissioners  
Decker Youngman, Member

Also Present: Jeff Feasel, President & Chief Executive Officer  
Ann Martorano, Executive VP/Chief Operating Officer  
Eric Peburn, Executive VP/Chief Financial Officer  
Kent Bailey, Director of Finance  
Kathleen Dulko, Corporate Controller  
Bill Rushton, Senior Auditor  
Shelly Shiflet, Chief Compliance Officer  
Arvin Lewis, Senior VP/Chief Revenue Officer  
Alberto Tineo, VP, Operations  
Bob Williams, Vice President, Population Health & Business Development  
Mary Jo Allen, Executive Director, Halifax Health Hospice  
Ben Eby, Director of Finance, Halifax Health Hospice  
Tony Trovato, Director of Business Operations, Halifax Health Hospice  
Bob Wade, Compliance Expert  
Dee Schaeffer, Executive Director, Healthy Communities/Government Relations  
Matt Petkus, Service Line Administrator  
Judy Russo, Manager, Enterprise Imaging Informatics  
Jill Wheelock, Associate General Counsel

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The meeting was called to order at 4:38 p.m. by Ted Serbousek. Attendance was recorded.

## MINUTES

Discussion: Minutes from the May 9, 2016 Investment Committee Meeting and July 25, 2016 Audit & Finance Committee Meeting were reviewed.

Action: Ms. Schandel moved to approve the minutes as presented and recommends approval by the Halifax Health Board of Commissioners.  
Dr. Hemaïdan seconded the motion and it carried unanimously.

## AUDIT COMMITTEE

### Corporate Compliance

Discussion: Monthly Compliance Program Update Dashboard  
Ms. Shiflet presented the Compliance Dashboard for the months ended July 31, 2016, referencing no issues.



Action: None required.

## **Internal Audit**

Discussion: Mr. Rushton reported on the FY 2016 Audit Plan Status referring committee members to the meeting materials.

Action: Ms. Schandel moved to approve the FY 2016 Audit Plan Status report as presented. Dr. Hemaïdan seconded the motion and it carried unanimously.

## **FINANCE COMMITTEE**

### **FINANCIAL REPORT**

Discussion: Mr. Peburn reviewed the July 2016 Financial Report, summarizing that net patient service revenue and total operating expenses are greater than budget, the days cash on hand is favorable, and the adjusted operating EBIDA slightly improved.

Brief discussion ensued regarding the Deltona project and the Hospice financial statements. Mr. Peburn also shared that Fitch, one of our rating agencies, has placed the ratings of 25 tax supported hospital districts and authorities on Rating Watch Evolving. Halifax Health is on this list and this process is expected to result in Halifax Health's rating staying the same or improving.

Action: Ms. Schandel moved to approve the July 2016 Financial Report and recommends approval by the Board of Commissioners. Dr. Hemaïdan seconded the motion and it carried unanimously.

### **ACQUISITIONS, LEASES & DISPOSALS**

Discussion: Capital Investment Strategy

Action: None required.

Discussion: Capital Expenditures \$50,000 and over.

- *Enterprise Imaging - Vendor Neutral Archive Project* \$3,238,846
- *Boiler Replacements* \$1,750,000
- *Ormond Beach Resale Shop - Hospice* \$108,300
- *Keech Pediatric Neighborhood Clinic Renovation* \$71,100

Discussion ensued regarding the above referenced projects. Mr. Peburn added that the Keech Pediatric Neighborhood Clinic renovation would also include, under a future request and partially funded by the Halifax Health Foundation, a request to purchase interactive, educational and play equipment for the waiting room and the exam rooms of the clinic.

Action: Ms. Schandel moved to approve the capital expenditures and recommends approval by the Board of Commissioners. Dr. Hemaïdan seconded the motion and it carried unanimously.

Discussion: Operating Lease, \$250,000 and over.  
• *Ormond Beach Resale Shop - Hospice*

Action: Ms. Schandel moved to approve the operating lease and recommends approval by the Board of Commissioners. Mr. Francati seconded the motion and it carried unanimously.

Discussion: Disposals

Action: Dr. Hemaïdan moved to approve the disposals and recommends approval by the Board of Commissioners. Ms. Schandel seconded the motion and it carried unanimously.

Discussion: Comparison of Projected and Actual Financial Results for Significant Projects  
Mr. Bailey reported an update will be provided next month.

Action: None required.

### **OLD BUSINESS**

Discussion: Request Tracker/Checklist

Action: None required.

### **NEW BUSINESS**

Discussion: None.

### **INFORMATIONAL REPORTS**

Discussion: The Investment Performance Report for July 2016 and the Capital Expenditures, \$25,000 - \$50,000 were presented under Information Only:  
• *Roof Coating for Port Orange Care Center* \$49,600

Action: None required.

### **OPEN DISCUSSION**

Discussion: None.

**NEXT MEETING DATE:** **Tuesday, September 6, 2016, 5:05 p.m. - France Tower  
Conference Room A, First Public Hearing**  
**Monday, September 26, 2016, 4:00 p.m. – Regular scheduled meeting**

### **ADJOURNMENT**

Action: There being no further business, a motion was made and seconded to adjourn.

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Ted Serbousek, Chairman

**Halifax Health**  
**Investment Manager Performance Report - through August 31, 2016**

		<b>August Performance</b>	<b>Calendar YTD</b>	<b>Calendar 2015</b>	<b>Fiscal Year</b>
<b>Fixed Income</b>					
VFSIX - Vangaurd Short-Term Investment Gr.	Perf	-0.01%	3.56%	1.16%	3.28%
	BMK	-0.20%	2.49%	0.97%	1.91%
VSGDX - Vanguard Short-Term Federal	Perf	-0.17%	1.82%	0.83%	1.32%
	BMK	-0.30%	2.00%	0.93%	1.34%
Ponder Short-term Government/Corporate	Perf	-0.21%	3.27%	1.93%	3.04%
	BMK	-0.20%	2.49%	0.97%	1.91%
Ponder US Treasury Account	Perf	-0.14%	0.36%	n/a	0.36%
	BMK	-0.11%	0.39%	n/a	0.39%
Ponder Short-Term Government	Perf	-0.10%	1.61%	0.74%	1.24%
	BMK	-0.30%	2.00%	0.93%	1.34%
Ponder 2016 Project Fund	Perf	0.03%	0.14%	n/a	0.14%
	BMK	-0.11%	0.57%	n/a	0.57%
<b>Weighted Composite</b>	<b>Perf</b>	<b>-0.06%</b>	<b>2.55%</b>	<b>1.18%</b>	<b>2.25%</b>
	<b>BMK</b>	<b>-0.19%</b>	<b>1.84%</b>	<b>0.96%</b>	<b>1.39%</b>
<b>Equities</b>					
DFSVX - DFA Small Cap Value	Perf	1.74%	10.14%	-7.81%	12.22%
	BMK	2.49%	14.58%	-7.47%	17.88%
DFLVX - DFA Large Cap Value	Perf	1.16%	8.92%	-3.49%	14.53%
	BMK	0.77%	10.23%	-3.83%	16.45%
DFIVX - DFA International Value	Perf	2.63%	1.97%	-6.31%	4.88%
	BMK	0.09%	1.88%	-3.04%	5.86%
DFEVX - DFA Emerging Markets	Perf	1.82%	19.36%	-18.77%	18.15%
	BMK	2.49%	14.55%	-14.92%	15.31%
VGELX - Vanguard Energy	Perf	2.55%	22.99%	-21.44%	22.15%
	BMK	0.79%	15.47%	-22.20%	14.71%
VENAX - Vanguard Energy Index	Perf	1.89%	15.87%	-24.16%	14.60%
	BMK	0.79%	15.47%	-22.20%	14.71%
VIGIX -Vanguard Large-Cap Growth	Perf	-0.31%	5.89%	3.33%	12.78%
	BMK	-0.50%	5.62%	5.67%	13.35%
VGHAX - Vanguard Health Care	Perf	-4.89%	-3.83%	12.71%	4.51%
	BMK	-4.08%	-1.30%	6.33%	5.48%
VSGIX - Vanguard Small-Cap Growth	Perf	0.52%	8.61%	-2.52%	12.44%
	BMK	1.06%	5.96%	-1.38%	10.54%
<b>Weighted Composite</b>	<b>Perf</b>	<b>1.04%</b>	<b>7.93%</b>	<b>-4.34%</b>	<b>11.69%</b>
	<b>BMK</b>	<b>0.63%</b>	<b>8.06%</b>	<b>-3.49%</b>	<b>12.61%</b>

**Halifax Health**  
**Investment Manager Performance Report - through August 31, 2016**

	<b>Invested Balance</b>	<b>August Performance</b>	<b>Calendar YTD</b>	<b>Fiscal YTD</b>
<b>HH Holdings</b>				
VFSIX - Vanguard Short-Term Invest Grade	\$ 52,954,841	Perf -0.01% BMK -0.20%	3.56% 2.49%	3.28% 1.91%
Ponder Short-Term Gov't/Corporate	32,095,078	Perf -0.21% BMK -0.20%	3.27% 2.49%	3.04% 1.91%
Ponder US Treasury Account	80,283,682	Perf -0.14% BMK -0.11%	0.36% 0.39%	0.36% 0.39%
Total HH Holdings	<u><u>\$ 165,333,601</u></u>	Composite Budget	<b>-0.11%</b> <b>3.03%</b>	<b>2.76%</b> 0.92%
<b>HHMC</b>				
Ponder Short-Term Government	\$ 42,269,216	Perf -0.10% BMK -0.30%	1.61% 2.00%	1.24% 1.34%
VSGDX - Vanguard Short-Term Federal	64,364	Perf -0.17% BMK -0.30%	1.82% 2.00%	1.32% 1.34%
Wells Fargo Halifax Hospital Trust	617,843	Perf 0.02% BMK -0.30%	0.23% 2.00%	0.16% 1.34%
Ponder 2016 Project Fund	12,640,857	Perf 0.03% BMK -0.11%	0.14% 0.57%	0.14% 0.69%
Total HHMC	<u><u>\$ 55,592,280</u></u>	Composite Budget	<b>-0.07%</b> <b>1.94%</b>	<b>2.01%</b> 0.92%

*\*Includes performance thru 3/31/16 for Wells Fargo Repurchase Agreements*

**Halifax Health**  
**Investment Manager Performance Report - through August 31, 2016**

	<b>Invested Balance</b>	<b>August Performance</b>	<b>Calendar YTD</b>	<b>Fiscal YTD</b>
<b>Foundation</b>				
VFSIX - Vanguard Short-Term Invest Grade	\$ 21,223,915	Perf -0.01% BMK -0.20%	3.56% 2.49%	3.28% 1.91%
DFSVX - DFA Small Cap Value	3,529,467	Perf 1.74% BMK 2.49%	10.14% 14.58%	12.22% 17.88%
DFIVX - DFA International Value	1,761,435	Perf 2.63% BMK 0.09%	1.97% 1.88%	4.88% 5.86%
DFEVX - DFA Emerging Markets	629,521	Perf 1.82% BMK 2.49%	19.36% 14.55%	18.15% 15.31%
DFLVX - DFA Large Cap Value	7,267,754	Perf 1.16% BMK 0.77%	8.92% 10.23%	14.53% 16.45%
VGELX - Vanguard Energy	453,106	Perf 2.55% BMK 0.79%	22.99% 15.47%	22.15% 14.71%
VENAX - Vanguard Energy Index	210,172	Perf 1.89% BMK 0.79%	15.87% 15.47%	14.60% 14.71%
VIGIX -Vanguard Large-Cap Growth	3,476,768	Perf -0.31% BMK -0.50%	5.89% 5.62%	12.78% 13.35%
VGHAX - Vanguard Health Care	661,564	Perf -4.89% BMK -4.08%	-3.83% -1.30%	4.51% 5.48%
VSGIX - Vanguard Small-Cap Growth	3,579,384	Perf 0.52% BMK 1.06%	8.61% 5.96%	12.44% 10.54%
Total Foundation	<u>\$ 42,793,086</u>	Composite Budget	<b>0.45%</b> <b>5.95%</b>	<b>8.03%</b> <b>3.67%</b>

**Halifax Health**  
**Investment Manager Performance Report - through August 31, 2016**

	<b>Invested Balance</b>	<b>August Performance</b>	<b>Calendar YTD</b>	<b>Fiscal YTD</b>
<b>Hospice</b>				
VFSIX - Vanguard Short-Term Invest Grade	\$ 31,272,440	Perf -0.01% BMK -0.20%	3.56% 2.49%	3.28% 1.91%
DFSVX - DFA Small Cap Value	5,461,241	Perf 1.74% BMK 2.49%	10.14% 14.58%	12.22% 17.88%
DFIVX - DFA International Value	2,723,253	Perf 2.63% BMK 0.09%	1.97% 1.88%	4.88% 5.86%
DFEVX - DFA Emerging Markets	1,125,047	Perf 1.82% BMK 2.49%	19.36% 14.55%	18.15% 15.31%
DFLVX - DFA Large Cap Value	9,999,097	Perf 1.16% BMK 0.77%	8.92% 10.23%	14.53% 16.45%
VGELX - Vanguard Energy	100,123	Perf 2.55% BMK 0.79%	22.99% 15.47%	22.15% 14.71%
VENAX - Vanguard Energy Index	560,178	Perf 1.89% BMK 0.79%	15.87% 15.47%	14.60% 14.71%
VIGIX - Vanguard Large-Cap Growth	5,251,613	Perf -0.31% BMK -0.50%	5.89% 5.62%	12.78% 13.35%
VGHAX - Vanguard Health Care	575,253	Perf -4.89% BMK -4.08%	-3.83% -1.30%	4.51% 5.48%
VSGIX - Vanguard Small-Cap Growth	5,472,464	Perf 0.52% BMK 1.06%	8.61% 5.96%	12.44% 10.54%
Money Market/Operating Account	\$ 1,200,000			
Total Hospice	<u>\$ 63,740,709</u>	Composite Budget	<b>5.81%</b>	<b>7.79%</b> 3.67%

**Halifax Health**  
**Investment Manager Performance Report - through August 31, 2016**

	<b>Invested Balance</b>	<b>August Performance</b>	<b>Calendar YTD</b>	<b>Fiscal YTD</b>
<b>Pension</b>				
VFSIX - Vanguard Short-Term Invest Grade	\$ 114,237,381	Perf -0.01% BMK -0.20%	3.56% 2.49%	3.28% 1.91%
DFSVX - DFA Small Cap Value	17,424,744	Perf 1.74% BMK 2.49%	10.14% 14.58%	12.22% 17.88%
DFIVX - DFA International Value	29,501,089	Perf 2.63% BMK 0.09%	1.97% 1.88%	4.88% 5.86%
DFEVX - DFA Emerging Markets	10,096,630	Perf 1.82% BMK 2.49%	19.36% 14.55%	18.15% 15.31%
DFLVX - DFA Large Cap Value	18,216,264	Perf 1.16% BMK 0.77%	8.92% 10.23%	14.53% 16.45%
VGELX - Vanguard Energy	4,178,219	Perf 2.55% BMK 0.79%	22.99% 15.47%	22.15% 14.71%
VENAX - Vanguard Energy Index	4,503,926	Perf 1.89% BMK 0.79%	15.87% 15.47%	14.60% 14.71%
VIGIX - Vanguard Large-Cap Growth	13,498,882	Perf -0.31% BMK -0.50%	5.89% 5.62%	12.78% 13.35%
VGHAX - Vanguard Health Care	8,135,371	Perf -4.89% BMK -4.08%	-3.83% -1.30%	4.51% 5.48%
VSGIX - Vanguard Small-Cap Growth	14,347,839	Perf 0.52% BMK 1.06%	8.61% 5.96%	12.44% 10.54%
Wells Fargo Cash	5,954,310			
Total Pension	<u>\$ 240,094,655</u>	Composite Assumed	<b>5.58%</b>	<b>7.44%</b> 6.19%
<b>Total Halifax Health, including Pension</b>	<u><b>\$ 567,554,331</b></u>			
<b>Total Halifax Health, excluding Pension</b>	<u><b>\$ 327,459,676</b></u>			

## INFORMATIONAL REPORT

September 26, 2016

### **Capital Expenditures \$25,000 -- \$50,000**

DESCRIPTION	DEPARTMENT	SOURCE OF FUNDS	TOTAL
Educational Equipment for Keech Pediatric Neighborhood Clinic	Keech Pediatric Neighborhood Clinic	Working Capital	\$46,420
Access Control for Sterile Processing Department	Surgical Services Department	Working Capital	\$37,895
Surgical Eye Trays for Cataract Procedures	Surgical Services Department	Working Capital	\$33,846

### **Operating Leases \$50,000 -- \$250,000**

DESCRIPTION	DEPARTMENT	REPLACEMENT Y/N	LEASE TERMS	INTEREST RATE	MONTHLY PAYMENT





# HALIFAX HEALTH

TO: Jeff Feasel, President and Chief Executive Officer  
FROM: Eric Peburn, Executive Vice President and Chief Financial Officer  
CC: Barbara Zdanis, Director of Physician Services  
DATE: September 15, 2016  
RE: Educational Equipment for Keech Pediatric Neighborhood Clinic

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Halifax Health Keech Pediatric Neighborhood Clinic is requesting funds to purchase interactive, educational and play equipment for the waiting room and the exam rooms at the clinic. The purchase will include a wall mounted circus train, electronic touch-play screens, and a carousel.

The purchase of the equipment will assist in improving patient satisfaction as well as meet the image and compassion quality standards for Halifax Health.

The project was approved at the Capital Investment Committee meeting on August 25, 2016.

**TOTAL CAPITAL COSTS    \$46,420**



## Halifax Health

### Project Evaluation

#### Educational Equipment for Keech Street Neighborhood Clinic

Chief Financial Officer:	Eric Peburn
Director, Physician Services:	Barbara Zdanis
Finance Analysis by:	Steve Mach

#### Summary

##### Need:

This project will provide interactive pediatric educational waiting and exam rooms programs and equipment for the Keech Street Pediatric Clinic.

#### Strategic Plan Core Competency Achievement:

Physician Integration  
Care Coordination  
Cost Management  
Information Technology

X

Service Distribution  
Financial Position  
Scale  
Managed Care Contracting  
Competitive Position

X

#### Cornerstone:

Safety  
Compassion

X

Image  
Efficiency

X

#### Investment/Return:

Acquisition Cost	<u>\$ 46,420</u>
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Recommendation for approval of the project is not based upon incremental return on investment.



# HALIFAX HEALTH

TO: Jeff Feasel, President and Chief Executive Officer  
FROM: Ann Martorano, Executive Vice President and Chief Operating Officer  
CC: Eric Peburn, Executive Vice President and Chief Financial Officer  
Fidelia Roster, Vice President and Chief Surgical Services Officer  
DATE: September 15, 2016  
RE: Access Control for Sterile Processing Department

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Halifax Health Surgical Services Department is requesting funds to purchase badge card access control equipment for the Sterile Processing Department (SPD). The equipment includes automatic doors, card readers, motion sensor controls and emergency buttons.

The installation of the equipment will limit access to the SPD and the Operating Rooms on the third floor.

This project was approved at the Capital Investment Committee meeting on August 25, 2016.

**TOTAL CAPITAL COSTS    \$37,895**



## Halifax Health Project Evaluation

### Access Control for Sterile Processing Department

Chief Operating Officer:	Ann Martorano
Vice President, Surgical Services:	Fe Roster
Finance Analysis by:	Steve Mach

### Summary

**Need:**

This project will add badge access control doors to the Sterile Processing Department.

**Strategic Plan Core Competency Achievement:**

Physician Integration  
Care Coordination  
Cost Management  
Information Technology

X

Service Distribution  
Financial Position  
Scale  
Managed Care Contracting  
Competitive Position

X

**Cornerstone:**

Safety  
Compassion

X

Image  
Efficiency

X

**Investment/Return:**

Acquisition Cost	\$ 37,895
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Recommendation for approval of the project is not based upon incremental return on investment.



# HALIFAX HEALTH

TO: Jeff Feasel, President and Chief Executive Officer  
FROM: Ann Martorano, Executive Vice President and Chief Operating Officer  
CC: Eric Peburn, Executive Vice President and Chief Financial Officer  
Fidelia Roster, Vice President and Chief Surgical Services Officer  
DATE: September 15, 2016  
RE: Surgical Eye Trays for Cataract Procedures

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Halifax Health Surgical Services Department is requesting funds to purchase two eye trays, which include surgical instruments for cataract procedures. Currently, there is an insufficient amount of surgical eye trays for the scheduled case load at the Halifax Professional Center (HPC).

Due to the low inventory of eye trays, the existing equipment is flash sterilized to accommodate patient procedures. The goal is to eliminate flash sterilization by having sufficient instrument trays on hand.

This project was approved at the Capital Investment Committee meeting on August 25, 2016.

**TOTAL CAPITAL COSTS    \$33,846**



## Halifax Health

### Project Evaluation

#### Surgical Eye Trays for Cataract Procedures (2)

Chief Operating Officer: Ann Martorano  
 Vice President, Surgical Services: Fe Roster  
 Finance Analysis by: Steve Mach

#### Summary

##### Need:

This project will add two (2) eye instrument trays used in cataract surgery and will help mitigate flash sterilization.

##### Strategic Plan Core Competency Achievement:

Physician Integration  
 Care Coordination  
 Cost Management  
 Information Technology

X

Service Distribution  
 Financial Position  
 Scale  
 Managed Care Contracting  
 Competitive Position

X

##### Cornerstone:

Safety  
 Compassion

X

Image  
 Efficiency

X

##### Investment/Return:

Acquisition Cost \$ 33,846

Recommendation for approval of the project is not based upon incremental return on investment.



# HALIFAX HEALTH

TO: Jeff Feasel, President & CEO  
FROM: Joe Petrock, Executive Director, Halifax Health Foundation  
DATE: New Halifax Health Foundation Board Members  
RE: September 19, 2016

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The Foundation Board of Directors reviewed and approved the following individual for membership to the Halifax Health Foundation Board of Directors. We are submitting to you for approval by the Halifax Health Board of Commissioners.

1. Fred Godawa, Vision Fitness
2. Jayson Myers- Synergy Billing
3. Heather Duncan- AT&T
4. Sherry Gailey- Carter Electric Company, Inc.



# HALIFAX HEALTH

TO: Jeff Feasel, President & CEO  
FROM: Vivian Gallo, General Counsel  
DATE: September 8, 2016  
RE: Amendments to EVHS Articles of Incorporation and Bylaws

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Proposed amendments to East Volusia Health Services, Inc. Articles of Incorporation & Bylaws were distributed to the Board at the September meeting. At that time members were advised that these documents would be brought back to the EVHS Board and the District Board of Commissioners for approval at their next meeting.

The proposed changes clarify that EVHS, as a not-for-profit affiliate of the District, may conduct operations to support the District's mission both within and outside the geographic boundaries of the District. The requirement that all EVHS Directors also be Commissioners of the District has been removed, to provide flexibility and the capacity to recommend qualified individuals in other communities as Directors, as approved by the District as the sole member of EVHS.

Approval of the Amendments to the EVHS Articles of Incorporation (attached) and Bylaws (attached) is respectfully requested by the EVHS Board of Directors and the Halifax Health Board of Commissioners at their respective October board meetings.



**FIRST AMENDMENT**  
**TO ARTICLES OF INCORPORATION OF**  
**EAST VOLUSIA HEALTH SERVICES, INC.**

Pursuant to the provisions of Chapter 617 of the Florida Statutes, the Articles of Incorporation of East Volusia Health Services, Inc., a Florida not-for-profit corporation, are hereby amended as follows:

1. Article II of the Articles of Incorporation is hereby amended in its entirety to read as follows:

**ARTICLE II**

**PURPOSES**

The Corporation is organized exclusively for such charitable, educational, and scientific purposes as (a) will qualify it for exemption from federal income tax as an organization described by Section 501 (c) (3) of the Internal Revenue Code of 1986, as amended (the “Code”), or the corresponding section of any future United States Internal Revenue Law or (b) will qualify its income for exclusion from gross income for federal income tax purposes pursuant to Section 115(1) of the Code, or the corresponding section of any future United States Revenue Law. The Corporation is organized as a not-for-profit corporation under Chapter 617, Florida Statutes, on a non-stock basis, to assist the Halifax Hospital Medical Center (the “District”), a special tax district of the State of Florida, created by Chapter 79-577, laws of Florida, as amended (the “Special Act”), in carrying out its essential functions. The formation of the Corporation is expressly authorized by Section 7(3) of the Special Act.

The Corporation is formed for the specific purpose of providing health care and related services and operating or supporting health care and related facilities on its own, and in conjunction with others, to effectively meet the needs of the communities and individuals served by the District, both inside and outside the geographic boundaries of the District. The Corporation will operate to increase access to high quality health care and related services and facilities as needed by surrounding municipalities, communities, and individuals, while providing alternate revenue sources to support the financial sustainability of the District’s facilities and resources. In this manner, the Corporation will serve to promote the public good and preserve the public health, while maintaining a high level of quality care and access to services promoting the public health and general welfare of communities and individuals in Florida, consistent with the mission and strategic initiatives of the District.

The Corporation is authorized to exercise the powers permitted not-for-profit corporations under Chapter 617, Florida Statutes; provided, however, that the Corporation, while exercising any one or more powers, shall do so exclusively in the furtherance of the corporate purpose described in this Article II, or only in furtherance of a charitable, educational, or scientific purpose, within the meaning of Section 501(c)(3) of the Code. The Corporation may serve as a member of a business entity or not-for-profit corporation, hold in its name corporate stock issued by any for-profit corporation, obtain and hold property in its name, and enter into legally valid agreements with for-profit entities, not-for-profit entities, or governmental entities

to provide or receive goods or services, so long as such agreements are in good faith and for fair market value.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to any director or officer of the Corporation or other private person, except as reasonable compensation for the services rendered or to make payments in furtherance of the purposes set forth in this Article II. No substantial part of the activities of the Corporation shall be carrying on of a program or propaganda or otherwise attempting to influence legislation (except to the extent permitted pursuant to an election made under Section 501(h) of the Code). The Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for public office. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any activities not (a) permitted to be carried on by (i) an organization exempt from federal income taxation under Section 501(c)(3) of the Code, or corresponding section of any future United States Internal Revenue Law, or (ii) an organization to which contributions are deductible under Section 170(c)(2) of the Code, or corresponding section of any future United States Internal Revenue Law, or (b) in support of the mission and strategic initiatives of the District.

2. Article VIII, Sections 1, 2, and 3 of the Articles of Incorporation are hereby amended in their entirety to read as follows:

## **ARTICLEVIII**

### **BOARD OF DIRECTORS**

Section 1. Establishment of Board. The assets and business operations of the Corporation shall be overseen and governed by a Board of Directors. The Board of Directors shall delegate the management and daily operations of the Corporation to qualified individuals, who may also hold positions or offices at the District or at a District affiliate entity, and may delegate other duties as it deems appropriate. The Board of Directors shall ensure that management of the Corporation is conducted in compliance with the Articles of Incorporation and Bylaws of the Corporation. The Board of Directors shall consist of no less than three (3) and no more than seven (7) qualified individuals, at least one of whom shall be a Commissioner of the District. The Member shall approve the appointment of all Directors, and may remove any Director for cause, as set forth in the Bylaws.

Section 2. Term. Each Director shall serve a term of four (4) years, and may serve an unlimited number of terms. The term of any Director who is also a Commissioner of the District shall correspond with that Director's appointment as a Commissioner, and end when the Director's service as a Commissioner ends. That individual may be reappointed as a non-commissioner Director by the Member.

Section 3. Criteria of Directors. Persons eligible to serve as Directors shall be residents of the State of Florida who are recommended to serve as Directors by EVHS management and who have no conflicts of interest with EVHS or the Member which would prevent their serving as a Director in a fiduciary capacity.

3. The remaining provisions of the original Articles of Incorporation remain in full force and effect.

4. The foregoing amendment was duly adopted by consent of the Board of Directors and by the Member of the Corporation in accordance with the provisions of the Articles of Incorporation.

5. This First Amendment is intended to be effective, for all purposes, as of the date of final approval, as set forth below.

**IN WITNESS WHEREOF**, East Volusia Health Services, Inc. has caused this First Amendment to its Articles of Incorporation to be executed in its name by its President effective \_\_\_\_\_, 2016, the date of final Board approval.

\_\_\_\_\_  
By: Jeff Feasel, President

SECRETARY'S CERTIFICATE

This is to certify that the foregoing First Amendment to Articles of Incorporation of East Volusia Health Services, Inc. were duly adopted by the sole member of the Corporation on the \_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Secretary

**FIRST AMENDMENT**  
**TO BYLAWS OF**  
**EAST VOLUSIA HEALTH SERVICES, INC.**

Pursuant to the provisions of Chapter 617 of the Florida Statutes, the Bylaws of East Volusia Health Services, Inc., a Florida not-for-profit corporation, are hereby amended as follows:

1. Article II of the Bylaws is hereby amended in its entirety to read as follows:

**ARTICLE II - PURPOSES**

The Corporation shall conduct all its operations consistent with the Purposes set forth in its Articles of Incorporation, as amended.

2. Article IV, Sections 1, 2, and 4 of the Bylaws are hereby amended in their entirety to read as follows:

**ARTICLE IV - BOARD OF DIRECTORS**

Section 1. Composition and Function. The Board of Directors shall oversee and direct all business operations and corporate assets, and may exercise all corporate powers which may be exercised by a Florida not-for-profit corporation, consistent with the Articles of Incorporation and these Bylaws. The Board of Directors shall delegate the management and daily operations of the Corporation to qualified individuals, who may also hold positions or offices at the District or at a District affiliate entity, and may delegate other duties as it deems appropriate. The Board of Directors shall have a fiduciary obligation to the Corporation and ensure that management of the Corporation is conducted in compliance with the Articles of Incorporation, Bylaws of the Corporation, and applicable laws and regulations. The Board of Directors shall consist of no less than three (3) and no more than seven (7) qualified individuals, at least one of whom shall be a Commissioner of the District. The Member shall approve the appointment of all Directors, and may remove any Director for cause, as set forth in the Bylaws.

Section 2. Term of Office; Replacement; Removal. Each Director shall serve a term of four (4) years, and may serve an unlimited number of terms. The term of any Director who is also a Commissioner of the District shall correspond with that Director's appointment as a Commissioner, and end when the Director's service as a Commissioner ends. That individual may be reappointed as a non-commissioner Director by the Member. Any vacancy on the Board (whether by death, resignation, removal, end of term as Commissioner of the District, or otherwise) may be replaced by action of the Member approving the replacement Director(s). A majority of the current Directors may recommend removal of any Director for cause to the Member, which must approve such removal.

Section 4. Restrictions on Authority of Directors.

(A) The Board of Directors of the Corporation may not, without the prior approval of the Member, do the following:

- (i) Adopt a plan of dissolution of the Corporation;
- (ii) Authorize the Corporation to engage in, or enter into, any transaction providing for the sale, mortgage, or other disposition of all or substantially all of the assets of the Corporation;
- (iii) Adopt a plan of merger or consolidation of the Corporation with another corporation;
- (iv) Approve any long-term debt or bond transactions in the name of the Corporation;
- (v) Approve any expenditure not contained in a capital or operating budget previously approved by the Board in an amount exceeding \$500,000 or take any other action that would, or reasonably could be expected to, cause the Corporation to exceed its annual capital or operating budget by a significant amount.

(B) The Member must provide its specific approval for any action listed above in Section A. The Board of Directors may exercise all corporate powers permitted by law, consistent with the Articles of Incorporation and these Bylaws, except those reserved to the Member. For the Member's information, the Board of Directors will provide the Member the capital and operating budgets of the Corporation the Board has approved prior to the beginning of each fiscal year, and also provide an annual report on the performance of the Corporation to the Member, at least annually.

- 3. Article V, Section 5 of the Bylaws is deleted in its entirety.
- 4. Article IX of the Bylaws is amended in its entirety to read as follows:

#### **ARTICLE IX – AMENDMENTS TO BYLAWS**

The Board of Directors may from time to time modify, alter, or amend or rescind these Bylaws by an affirmative vote of two-thirds (2/3) of the total voting members of the Board of Directors present at any regular or special meeting, a majority of voting Directors being present, provided a copy of the proposed amendment has been submitted in writing to each Director (including ex-officio directors) at least fifteen (15) days before the meeting at which a vote upon such proposal is to be taken. If all of the voting members of the Board of Directors sign a written statement waiving such notice and manifesting their intention that an amendment to the Bylaws be adopted, then the amendment shall thereby be adopted without the necessity of the fifteen (15) day notice. The amendment becomes effective upon the date of approval by the Board of Directors, unless otherwise noted by the Board.

- 5. The remaining provisions of the original Bylaws remain in full force and effect.
- 6. The foregoing amendment was duly adopted by consent of the Board of Directors and by the Member of the Corporation in accordance with the provisions of the Bylaws.

7. This First Amendment is intended to be effective on the date of final approval, as set forth below.

**IN WITNESS WHEREOF**, East Volusia Health Services, Inc. has caused this First Amendment to its Bylaws to be executed in its name by its President effective \_\_\_\_\_, 2016, the date of final Board approval.

\_\_\_\_\_  
By: Jeff Feasel, President

SECRETARY'S CERTIFICATE

This is to certify that the foregoing First Amendment to the Bylaws of East Volusia Health Services, Inc. were duly adopted by the Corporation on the \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Secretary

# Halifax Health

## Summary Financial Narrative

### For the eleven months ended August 31, 2016

The performance of Halifax Health (HH) compared to budget and long-range targets (S&P "A" rated medians) for key financial indicators is as follows.

Financial Indicator	YTD Actual FY 16	YTD Budget FY 16	YTD Actual vs. Budget	S&P "A"	YTD Actual FY 16 vs. S&P "A"
Total Margin	5.6%	4.5%	Favorable	6.1%	Unfavorable
Operating Margin	3.4%	3.5%	Unfavorable	3.3%	Favorable
EBIDA Margin	13.7%	12.5%	Favorable	12.9%	Favorable
Operating EBIDA Margin	11.3%	11.5%	Unfavorable	10.5%	Favorable
Adjusted Operating EBIDA Margin *	10.7%	11.3%	Unfavorable	N/A	N/A
Days Cash on Hand	270	258	Favorable	262	Favorable
Cash to Debt	96.8%	95.3%	Favorable	182.0%	Unfavorable
Debt to Capitalization	57.2%	55.7%	Unfavorable	29.4%	Unfavorable
OG MADS Coverage	2.74	2.44	Favorable	4.80	Unfavorable
OG Debt to Capitalization	56.1%	55.9%	Unfavorable	29.4%	Unfavorable

\* - Excludes investment income of Foundation recorded as operating revenue.

#### **Halifax Health Medical Center**

##### *Statistical Summary--*

- Admissions for the month and year-to-date are greater than budget and last year.
- Patient days for the month and year-to-date are greater than budget and last year.
- Observation patient days for the month are greater than budget and last year, and for the year-to-date are less than budget and last year.
- Surgery volumes for the month and year-to-date are greater than budget and last year.
- Emergency Room visits for the month are less than budget and last year, and for the year-to-date are less than budget and greater than last year.

##### *Financial Summary --*

- Net patient service revenue for the year-to-date is 4.2% greater than budget.
- Total operating expenses for the year-to-date are 4.2% greater than budget.
- Income from operations for the year-to-date of \$10.9 million compares unfavorably to budget by \$93,000.
- Nonoperating gains/losses for the year-to-date of \$4.7 million, primarily consisting of investment income of \$5.9 million and bond issuance costs of \$1.8 million, is greater than the budgeted amount by \$2.6 million.
- The increase in net position year-to-date of \$15.6 million compares favorably to budget by \$2.5 million.

#### **Halifax Health Hospice**

##### *Statistical Summary --*

- Patient days for the month and year-to-date are less than budget and last year.

##### *Financial Summary --*

- Net patient service revenue for the year-to-date is 11.4% less than budget.
- Loss from operations year-to-date of \$1.1 million compares unfavorably to budget by \$2.5 million.
- Nonoperating gains/losses year-to-date of \$7.1 million, including investment income of \$5.7 million, is greater than the budgeted amount by \$4.0 million.
- The increase in net position year-to-date of \$6.0 million compares favorably to budget by \$1.5 million.

**Other Component Units** - The year-to-date financial performance is consistent with budgeted expectations.

# Halifax Health Statistical Summary

Month Ended August 31,				Eleven Months Ended August 31,			
<u>2015</u>	<u>2016</u>	<u>Budget</u>	<u>Var.</u>	<u>2015</u>	<u>2016</u>	<u>Budget</u>	<u>Var.</u>
<b><u>Inpatient Activity</u></b>							
1,580	1,623	1,538	5.5%	HHMC Adult/Ped Admissions	16,985	17,374	17,137 1.4%
126	127	142	-10.6%	HHMCPO Adult/Ped Admissions	1,672	1,583	1,707 -7.3%
150	179	123	45.5%	Adult Psych Admissions	1,420	1,560	1,391 12.1%
50	56	51	9.8%	Rehabilitative Admissions	570	599	551 8.7%
<b>1,906</b>	<b>1,985</b>	<b>1,854</b>	<b>7.1%</b>	<b>Total Adult/Ped Admissions</b>	<b>20,647</b>	<b>21,116</b>	<b>20,786 1.6%</b>
8,160	8,482	7,369	15.1%	HHMC Adult/Ped Patient Days	90,390	90,643	85,828 5.6%
493	533	487	9.4%	HHMCPO Adult/Ped Patient Days	5,692	5,970	5,865 1.8%
1,520	1,530	1,443	6.0%	Adult Psych Patient Days	15,970	16,175	16,342 -1.0%
875	901	754	19.5%	Rehabilitative Patient Days	8,654	9,542	8,170 16.8%
<b>11,048</b>	<b>11,446</b>	<b>10,053</b>	<b>13.9%</b>	<b>Total Adult/Ped Patient Days</b>	<b>120,706</b>	<b>122,330</b>	<b>116,205 5.3%</b>
5.2	5.2	4.8	9.1%	HHMC Average Length of Stay	5.3	5.2	5.0 4.2%
3.9	4.2	3.4	22.4%	HHMCPO Average Length of Stay	3.4	3.8	3.4 9.8%
<b>5.1</b>	<b>5.2</b>	<b>4.7</b>	<b>10.2%</b>	<b>HHMC/ HHMCPO Average Length of Stay</b>	<b>5.1</b>	<b>5.1</b>	<b>4.9 4.7%</b>
10.1	8.5	11.7	-27.1%	Adult Psych Average Length of Stay	11.2	10.4	11.7 -11.7%
17.5	16.1	14.8	8.8%	Rehabilitative Length of Stay	15.2	15.9	14.8 7.4%
<b>5.8</b>	<b>5.8</b>	<b>5.4</b>	<b>6.3%</b>	<b>Total Average Length of Stay</b>	<b>5.8</b>	<b>5.8</b>	<b>5.6 3.6%</b>
<b>356</b>	<b>369</b>	<b>324</b>	<b>13.9%</b>	<b>Total Average Daily Census</b>	<b>360</b>	<b>364</b>	<b>346 5.3%</b>
611	680	667	1.9%	HHMC Observation Patient Day Equivalents	7,169	6,918	7,456 -7.2%
93	107	105	1.90%	HHMCPO Observation Patient Day Equivalents	1,173	1,091	1,179 -7.5%
<b>704</b>	<b>787</b>	<b>772</b>	<b>1.9%</b>	<b>Total Observation Patient Day Equivalents</b>	<b>8,342</b>	<b>8,009</b>	<b>8,635 -7.2%</b>
<b>23</b>	<b>25</b>	<b>25</b>	<b>0.0%</b>	<b>Observation Average Daily Census</b>	<b>25</b>	<b>24</b>	<b>26 -7.7%</b>
186	194	187	3.7%	HHMC Newborn Births	1,793	1,785	1,853 -3.7%
350	367	381	-3.7%	HHMC Nursery Patient Days	3,327	3,467	3,602 -3.7%
463	461	441	4.5%	HHMC Inpatient Surgeries	4,703	4,940	4,810 2.7%
0	1	2	-50.0%	HHMCPO Inpatient Surgeries	19	16	18 -11.1%
<b>463</b>	<b>462</b>	<b>443</b>	<b>4.3%</b>	<b>Total Inpatient Surgeries</b>	<b>4,722</b>	<b>4,956</b>	<b>4,828 2.7%</b>
<b><u>Inpatient Surgeries</u></b>							
174	159			Orthopedics	1,793	1,915	
90	90			General Surgery	994	895	
53	54			Neurosurgery	501	552	
21	23			Thoracic	218	237	
21	19			Urology	190	230	
104	117			All Other	1,026	1,127	
<b>463</b>	<b>462</b>	<b>443</b>	<b>4.3%</b>	<b>Total Inpatient Surgeries</b>	<b>4,722</b>	<b>4,956</b>	<b>4,828 2.7%</b>



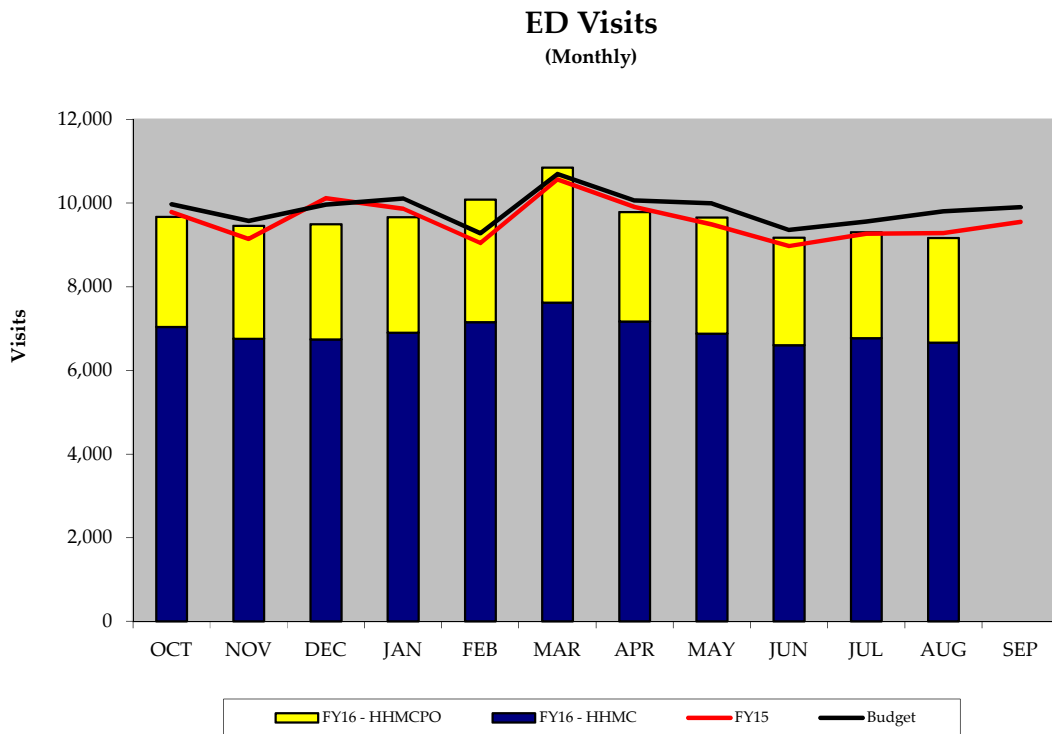
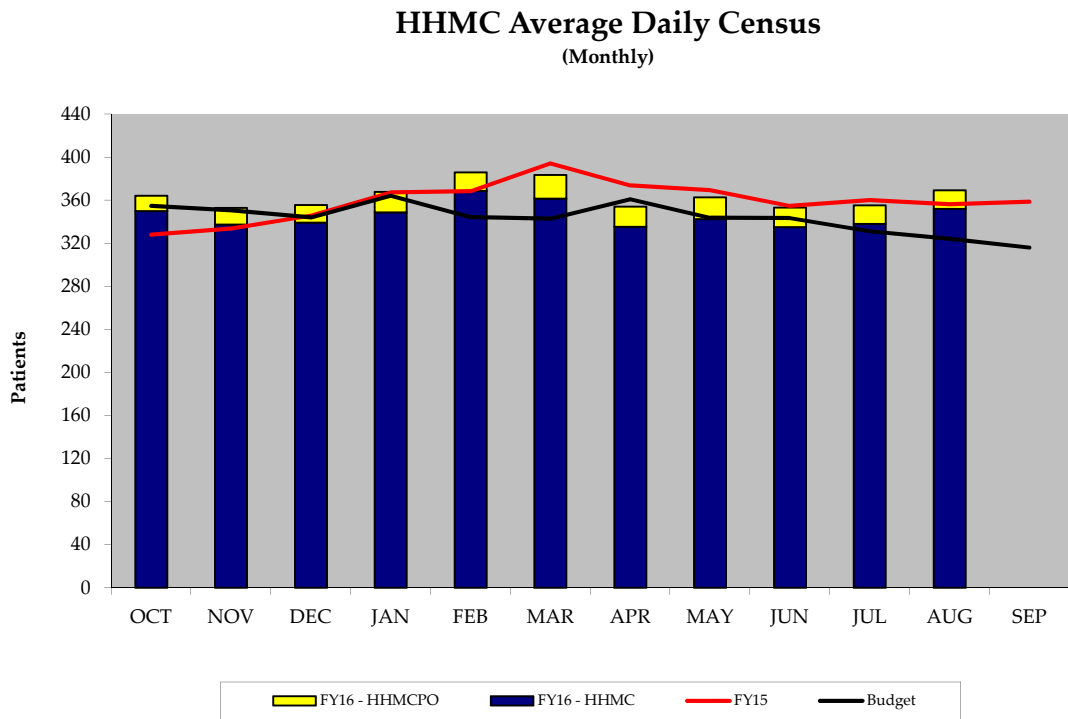
# Halifax Health Statistical Summary

Month Ended				Eleven Months Ended				
August 31,				August 31,				
<u>2015</u>	<u>2016</u>	<u>Budget</u>	<u>Var.</u>		<u>2015</u>	<u>2016</u>	<u>Budget</u>	<u>Var.</u>
				<u>Outpatient Activity</u>				
6,666	6,669	7,109	-6.2%	HHMC ED Registrations	74,994	76,316	77,999	-2.2%
2,615	2,501	2,698	-7.3%	HHMCPO ED Registrations	30,482	30,009	30,394	-1.3%
9,281	9,170	9,807	-6.5%	Total ED	105,476	106,325	108,393	-1.9%
368	484	387	25.1%	HHMC Outpatient Surgeries	4,349	4,397	4,377	0.5%
89	76	93	-18.3%	HPC Outpatient Surgeries	1,014	1,066	1,051	1.4%
1	0	16	-100.0%	HHMCPO Outpatient Surgeries	138	3	174	-98.3%
379	399	353	13.0%	Twin Lakes Surgeries	3,981	4,050	3,992	1.5%
837	959	849	13.0%	Total Outpatient Surgeries	9,482	9,516	9,594	-0.8%
				<u>Outpatient Surgeries</u>				
191	173			Orthopedics	1,962	2,010		
160	174			General Surgery	1,848	1,874		
113	105			Gastroenterology	1,219	1,093		
74	89			OB/GYN	815	865		
75	67			Plastic Reconstructive Surgery	714	671		
224	351			All Other	2,924	3,003		
837	959	849	13.0%	Total Outpatient Surgeries	9,482	9,516	9,594	-0.8%
				<u>Cardiology Procedures</u>				
14	18			Open Heart Cases	149	170		
121	132			Cardiac Caths	1,108	1,192		
29	36			CRM Devices	420	394		
29	39			EP Studies	298	335		
193	225	159	41.5%	Total Cardiology Procedures	1,975	2,091	2,223	-5.9%
				<u>Interventional Radiology Procedures</u>				
7	7	8	-12.5%	Vascular	98	86	111	-22.5%
220	203	209	-2.9%	Nonvascular	2,363	2,100	2,249	-6.6%
227	210	217	-3.2%	Total Interventional Radiology Procedures	2,461	2,186	2,360	-7.4%
192	210	172	22.1%	GI Lab Procedures	2,231	2,120	2,335	-9.2%
				<u>HH Hospice Activity</u>				
				<u>Patient Days</u>				
18,497	15,964	18,654	-14.4%	Volusia/ Flagler	197,503	183,144	202,182	-9.4%
224.0	529	1,296	-59.2%	Orange/ Osceola	370.0	2,984	8,711	-65.7%
18,721	16,493	19,950	-17.3%	HH Hospice Patient Days	197,873	186,128	210,893	-11.7%
				<u>Average Daily Census</u>				
597	515	602	-14.4%	Volusia/ Flagler	590	545	602	-9.4%
7	17	42	-59.2%	Orange/ Osceola	1	9	26	-65.7%
604	532	644	-17.3%	HH Hospice Average Daily Census	591	554	628	-11.7%

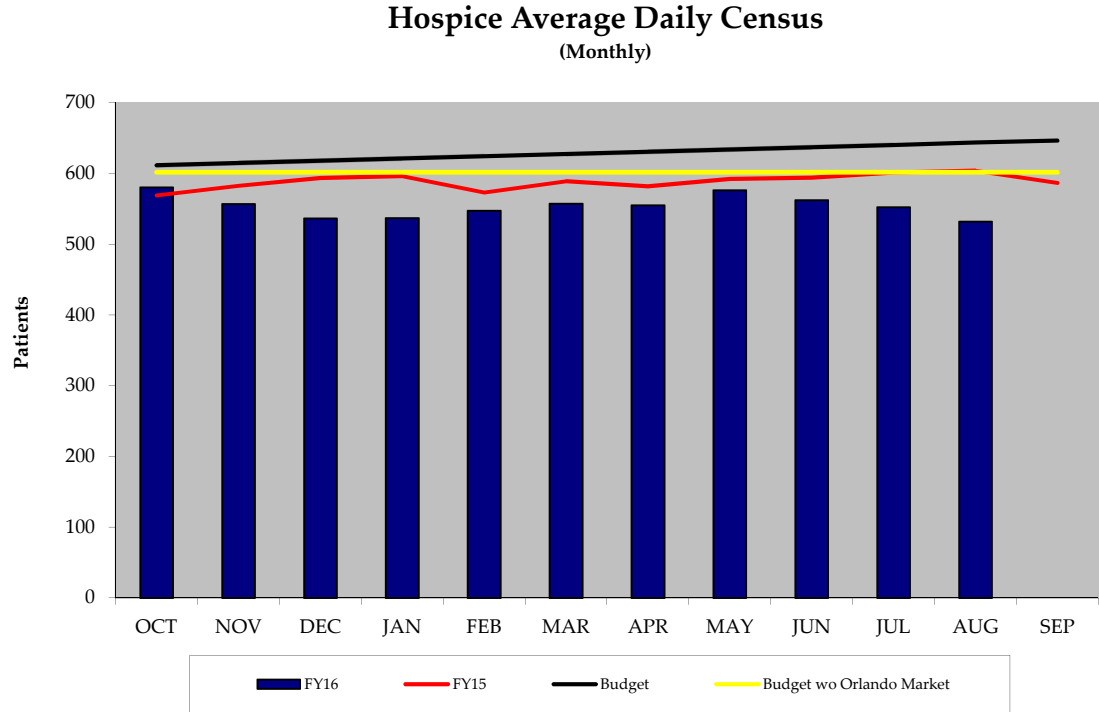
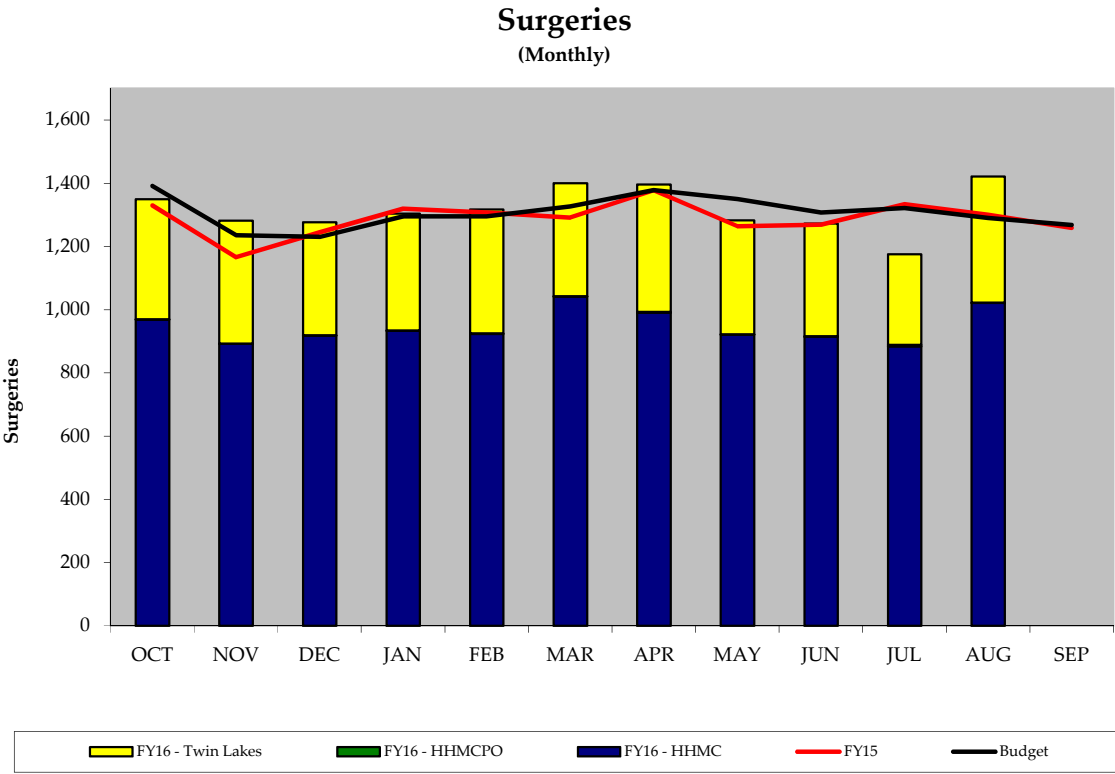
# Halifax Health Statistical Summary

Month Ended August 31,				Eleven Months Ended August 31,			
<u>2015</u>	<u>2016</u>	<u>Budget</u>	<u>Var.</u>	<u>2015</u>	<u>2016</u>	<u>Budget</u>	<u>Var.</u>
<b><u>Physician Practice Activity</u></b>							
<b><u>Primary Care Visits</u></b>							
265	322	488	-34.0%	Ormond Beach	2,817	2,811	5,188 -45.8%
1,141	1,136	1,076	5.6%	Daytona Beach	1,141	11,878	11,836 0.4%
59	578	297	94.6%	Port Orange	59	4,410	3,267 35.0%
450	366	606	-39.6%	Deltona	3,895	4,947	5,248 -5.7%
369	492	678	-27.4%	Ormond Beach (Women's/OB)	3,930	4,851	7,221 -32.8%
<b>2,284</b>	<b>2,894</b>	<b>3,145</b>	<b>-8.0%</b>	<b>Primary Care Visits</b>	<b>11,842</b>	<b>28,897</b>	<b>32,760 -11.8%</b>
<b><u>Children's Medical Center Visits</u></b>							
662	865	1,104	-21.6%	Ormond Beach	6,889	8,070	11,963 -32.5%
352	421	363	16.0%	Palm Coast	3,946	4,460	4,046 10.2%
425	518	385	34.5%	Port Orange	4,153	5,072	4,092 23.9%
<b>1,439</b>	<b>1,804</b>	<b>1,852</b>	<b>-2.6%</b>	<b>Children's Medical Center Visits</b>	<b>14,988</b>	<b>17,602</b>	<b>20,101 -12.4%</b>
<b><u>Community Clinic Visits</u></b>							
469	562	471	19.3%	Keech Street	5,285	4,653	5,778 -19.5%
443	311	484	-35.7%	Adult Community Clinic	5,059	3,934	5,525 -28.8%
<b>912</b>	<b>873</b>	<b>955</b>	<b>-8.6%</b>	<b>Community Clinic Visits</b>	<b>10,344</b>	<b>8,587</b>	<b>11,303 -24.0%</b>

Halifax Health  
Statistical Summary - Graphic



# Halifax Health Statistical Summary - Graphic



**Halifax Health**  
**Condensed Statement of Net Position**  
(\$ in thousands)

	August 31,		
	2016	2015	Change
<b><u>Assets</u></b>			
Cash and cash equivalents	\$54,644	\$30,895	\$23,749
Investments	262,890	261,996	894
Board designated assets	44,969	44,293	676
Accounts receivable	64,197	67,165	(2,968)
Restricted assets whose use is limited	19,131	26,692	(7,561)
Other assets	38,395	37,430	965
Deferred outflow - swap	44,636	30,177	14,459
Deferred outflow - loss on bond refunding	17,456	6,779	10,677
Deferred outflow - pension	37,204	15,217	21,987
Property, plant and equipment	359,928	363,468	(3,540)
Total Assets	\$943,450	\$884,112	\$59,338
<b><u>Liabilities and Net position</u></b>			
Accounts payable	\$30,987	\$31,774	(\$787)
Other liabilities	82,319	79,461	2,858
Deferred inflow - pension	-	22,528	(22,528)
Net pension liability	130,372	112,312	18,060
Long-term debt	354,593	346,929	7,664
Discount/Premium on LTD, net	19,987	9,632	10,355
Long-term value of swap	44,636	30,177	14,459
Net position	280,556	251,299	29,257
Total Liabilities and Net position	\$943,450	\$884,112	\$59,338

**Halifax Health**  
**Statement of Cash Flows**  
(\$ in thousands)

Month ended August 31, 2016	Month ended August 31, 2015	Variance		Eleven Months ended August 31, 2016	Eleven Months ended August 31, 2015	Variance
			<b>Cash flows from operating activities:</b>			
\$43,392	\$34,869	\$8,523	Receipts from third party payors and patients	\$450,589	\$410,811	\$39,778
(22,085)	(20,820)	(1,265)	Payments to employees	(257,474)	(234,260)	(23,214)
(15,586)	(18,159)	2,573	Payments to suppliers	(166,418)	(170,116)	3,698
15	49	(34)	Receipt of ad valorem taxes	13,181	13,063	118
-	-	-	Receipt (payment) of State UPL funds, net	816	21,569	(20,753)
1,795	1,486	309	Other receipts	30,073	18,729	11,344
(3,636)	(3,545)	(91)	Other payments	(41,474)	(39,882)	(1,592)
3,895	(6,120)	10,015	Net cash provided by (used in) operating activities	29,293	19,914	9,379
			<b>Cash flows from noncapital financing activities:</b>			
754	156	598	Proceeds from donations received	1,923	982	941
-	(38)	38	Nonoperating gain (loss)	(6)	(64)	58
754	118	636	Net cash provided by noncapital financing activities	1,917	918	999
			<b>Cash flows from capital and related financing activities:</b>			
(2,186)	(2,672)	486	Acquisition of capital assets	(22,368)	(16,282)	(6,086)
(195)	(190)	(5)	Payment of long-term debt	(2,095)	(5,191)	3,096
-	-	-	Proceeds from issuance of long-term debt	175,424	125,954	49,470
558	-	558	Transfers to trustee held funds	(12,619)	-	(12,619)
-	-	-	Payment for defeasance of bonds	(168,728)	(124,086)	(44,642)
(356)	(308)	(48)	Payment of interest on long-term debt	(14,467)	(15,462)	995
-	-	-	Payment of bond issue costs	(1,774)	(1,359)	(415)
(2,179)	(3,170)	991	Net cash used in capital financing activities	(46,627)	(36,426)	(10,201)
			<b>Cash flows from investing activities:</b>			
1,623	417	1,206	Realized investment income (loss)	7,971	6,250	1,721
(12,956)	(473)	(12,483)	Purchases of investments/limited use assets	(113,946)	(56,853)	(57,093)
10,517	12	10,505	Sales/Maturities of investments/limited use assets	120,283	3,725	116,558
(816)	(44)	(772)	Net cash provided by (used in) investing activities	14,308	(46,878)	61,186
1,654	(9,216)	10,870	<b>Net increase (decrease) in cash and cash equivalents</b>	(1,109)	(62,472)	61,363
52,990	40,111	12,879	<b>Cash and cash equivalents at beginning of period</b>	55,753	93,367	(37,614)
<u>\$54,644</u>	<u>\$30,895</u>	<u>\$23,749</u>	<b>Cash and cash equivalents at end of period</b>	<u>\$54,644</u>	<u>\$30,895</u>	<u>\$23,749</u>

**Halifax Health**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**(\$ in thousands)**

Actual Month Ended August 31, 2016	Actual Month Ended August 31, 2015	Favorable (Unfavorable) Variance		Actual Eleven Months August 31, 2016	Actual Eleven Months August 31, 2015	Favorable (Unfavorable) Variance
			Operating revenues:			
\$50,112	\$46,493	\$3,619	Net patient service revenue, before provision for bad debts	\$549,178	\$524,651	\$24,527
(7,800)	(7,604)	(196)	Provision for bad debts	(98,840)	(96,791)	(2,049)
42,312	38,889	3,423	Net patient service revenue	450,338	427,860	22,478
1,104	1,096	8	Ad valorem taxes	12,148	12,054	94
2,518	964	1,554	Other revenue	27,887	24,837	3,050
45,934	40,949	4,985	Total operating revenues	490,373	464,751	25,622
			Operating expenses:			
20,975	20,176	(799)	Salaries and benefits	235,186	217,722	(17,464)
6,998	6,735	(263)	Purchased services	72,742	70,770	(1,972)
8,443	7,476	(967)	Supplies	85,327	81,470	(3,857)
2,093	2,005	(88)	Depreciation and amortization	22,756	21,661	(1,095)
1,435	1,461	26	Interest	15,906	16,741	835
600	622	22	Ad valorem tax related expenses	6,919	6,413	(506)
745	702	(43)	Leases and rentals	8,323	8,861	538
2,320	2,349	29	Other	26,652	25,175	(1,477)
43,609	41,526	(2,083)	Total operating expenses	473,811	448,813	(24,998)
2,325	(577)	2,902	Excess (deficiency) of operating revenues over expenses	16,562	15,938	624
			Nonoperating revenues, expenses, and gains/(losses):			
1,623	417	1,206	Realized investment income/(losses)	7,972	6,247	1,725
(1,755)	(3,305)	1,550	Unrealized investment income/(losses)	3,703	(2,793)	6,496
754	156	598	Donation revenue	1,922	986	936
-	-	-	Interest - bond issue costs	(1,774)	(1,359)	(415)
-	(38)	38	Nonoperating gains/(losses), net	(6)	(60)	54
622	(2,770)	3,392	Total nonoperating revenues, expenses, and gains/(losses)	11,817	3,021	8,796
\$2,947	(\$3,347)	\$6,294	Increase (decrease) in net position	\$28,379	\$18,959	\$9,420

**Halifax Health**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**(\$ in thousands)**

Actual Month Ended August 31, 2016	Static Budget Month Ended August 31, 2016	Favorable (Unfavorable) Variance		Actual Eleven Months August 31, 2016	Static Budget Eleven Months August 31, 2016	Favorable (Unfavorable) Variance
			Operating revenues:			
\$50,112	\$48,252	\$1,860	Net patient service revenue, before provision for bad debts	\$549,178	\$540,983	\$8,195
(7,800)	(9,077)	1,277	Provision for bad debts	(98,840)	(102,231)	3,391
42,312	39,175	3,137	Net patient service revenue	450,338	438,752	11,586
1,104	1,104	-	Ad valorem taxes	12,148	12,148	-
2,518	2,085	433	Other revenue	27,887	24,483	3,404
45,934	42,364	3,570	Total operating revenues	490,373	475,383	14,990
			Operating expenses:			
20,975	21,555	580	Salaries and benefits	235,186	236,452	1,266
6,998	5,642	(1,356)	Purchased services	72,742	62,432	(10,310)
8,443	7,108	(1,335)	Supplies	85,327	80,830	(4,497)
2,093	1,978	(115)	Depreciation and amortization	22,756	22,254	(502)
1,435	1,463	28	Interest	15,906	16,122	216
600	597	(3)	Ad valorem tax related expenses	6,919	6,564	(355)
745	764	19	Leases and rentals	8,323	8,437	114
2,320	2,351	31	Other	26,652	25,827	(825)
43,609	41,458	(2,151)	Total operating expenses	473,811	458,918	(14,893)
2,325	906	1,419	Excess of operating revenues over expenses	16,562	16,465	97
			Nonoperating revenues, expenses, and gains/(losses):			
1,623	375	1,248	Realized investment income/(losses)	7,972	4,126	3,846
(1,755)	-	(1,755)	Unrealized investment income/(losses)	3,703	-	3,703
754	100	654	Donation revenue	1,922	1,101	821
-	-	-	Interest - bond issue costs	(1,774)	-	(1,774)
-	-	-	Nonoperating gains/(losses), net	(6)	-	(6)
622	475	147	Total nonoperating revenues, expenses, and gains/(losses)	11,817	5,227	6,590
\$2,947	\$1,381	\$1,566	Increase in net position	\$28,379	\$21,692	\$6,687



**Halifax Health Medical Center**  
**Statements of Revenues, Expenses and Changes in Net Position**  
(\$ in thousands)

Actual Month Ended August 31, 2016	Static Budget Month Ended August 31, 2016	Favorable (Unfavorable) Variance		Actual Eleven Months Ended August 31, 2016	Static Budget Eleven Months Ended August 31, 2016	Favorable (Unfavorable) Variance
			Operating revenues:			
\$46,618	\$44,030	\$2,588	Net patient service revenue, before provision for bad debts	\$509,369	\$496,180	\$13,189
(7,763)	(9,001)	1,238	Provision for bad debts	(98,006)	(101,407)	3,401
38,855	35,029	3,826	Net patient service revenue	411,363	394,773	16,590
1,104	1,104	-	Ad valorem taxes	12,148	12,148	-
1,766	1,379	387	Other revenue	15,876	15,134	742
41,725	37,512	4,213	Total operating revenues	439,387	422,055	17,332
			Operating expenses:			
18,933	19,363	430	Salaries and benefits	212,003	211,539	(464)
6,010	4,427	(1,583)	Purchased services	60,255	49,332	(10,923)
8,217	6,834	(1,383)	Supplies	82,669	77,909	(4,760)
1,954	1,845	(109)	Depreciation and amortization	21,184	20,789	(395)
1,422	1,450	28	Interest	15,734	15,950	216
600	597	(3)	Ad valorem tax related expenses	6,919	6,564	(355)
559	582	23	Leases and rentals	6,163	6,397	234
2,100	2,058	(42)	Other	23,607	22,629	(978)
39,795	37,156	(2,639)	Total operating expenses	428,534	411,109	(17,425)
1,930	356	1,574	Excess of operating revenues over expenses	10,853	10,946	(93)
			Nonoperating revenues, expenses, and gains/(losses):			
197	186	11	Realized investment income/(losses)	3,199	2,050	1,149
(540)	-	(540)	Unrealized investment income/(losses)	2,737	-	2,737
37	4	33	Donation revenue	544	45	499
-	-	-	Interest - bond issue costs	(1,774)	-	(1,774)
-	-	-	Nonoperating gains/(losses), net	(6)	-	(6)
(306)	190	(496)	Total nonoperating revenues, expenses, and gains/(losses)	4,700	2,095	2,605
\$1,624	\$546	\$1,078	Increase in net position	\$15,553	\$13,041	\$2,512

**Halifax Health Medical Center**  
**Net Patient Service Revenue**  
**(\$ in thousands)**

Actual Month Ended August 31, 2015		Actual Month Ended August 31, 2016		Static Budget Month Ended August 31, 2016			Actual Eleven Months Ended August 31, 2015		Actual Eleven Months Ended August 31, 2016		Static Budget Eleven Months Ended August 31, 2016	
\$127,198	100.00%	\$146,749	100.00%	\$131,872	100.00%	Gross charges	\$1,394,447	100.00%	\$1,529,760	100.00%	\$1,486,794	100.00%
(5,262)	-4.14%	(8,437)	-5.75%	(4,222)	-3.20%	Charity	(46,716)	-3.35%	(69,857)	-4.57%	(47,587)	-3.20%
(78,930)	-62.05%	(91,694)	-62.48%	(83,620)	-63.41%	Contractual adjustments	(863,157)	-61.90%	(950,534)	-62.14%	(943,027)	-63.43%
43,006	33.81%	46,618	31.77%	44,030	33.39%	Gross charges, before provision for bad debts	484,574	34.75%	509,369	33.30%	496,180	33.37%
(7,315)	-5.75%	(7,763)	-5.29%	(9,001)	-6.83%	Provision for bad debts	(95,806)	-6.87%	(98,006)	-6.41%	(101,407)	-6.82%
<b>\$35,691</b>	<b>28.06%</b>	<b>\$38,855</b>	<b>26.48%</b>	<b>\$35,029</b>	<b>26.56%</b>	<b>Net patient service revenue</b>	<b>\$388,768</b>	<b>27.88%</b>	<b>\$411,363</b>	<b>26.89%</b>	<b>\$394,773</b>	<b>26.55%</b>

**Halifax Health Hospice**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**(\$ in thousands)**

<b>Actual Month Ended August 31, 2016</b>	<b>Static Budget Month Ended August 31, 2016</b>	<b>Favorable (Unfavorable) Variance</b>		<b>Actual Eleven Months Ended August 31, 2016</b>	<b>Static Budget Eleven Months Ended August 31, 2016</b>	<b>Favorable (Unfavorable) Variance</b>
			Operating revenues:			
\$3,494	\$4,222	(\$728)	Net patient service revenue, before provision for bad debts	\$39,809	\$44,803	(\$4,994)
(37)	(76)	39	Provision for bad debts	(834)	(824)	(10)
3,457	4,146	(689)	Net patient service revenue	38,975	43,979	(5,004)
175	186	(11)	Other revenue	2,101	2,202	(101)
3,632	4,332	(700)	Total operating revenues	41,076	46,181	(5,105)
			Operating expenses:			
1,974	2,122	148	Salaries and benefits	22,390	24,100	1,710
952	1,178	226	Purchased services	12,081	12,690	609
225	272	47	Supplies	2,640	2,897	257
72	66	(6)	Depreciation and amortization	839	732	(107)
181	177	(4)	Leases and rentals	2,104	1,984	(120)
189	220	31	Other	2,141	2,394	253
3,593	4,035	442	Total operating expenses	42,195	44,797	2,602
39	297	(258)	Excess (deficiency) of operating revenues over expenses	(1,119)	1,384	(2,503)
			Nonoperating revenues, expenses, and gains/(losses):			
1,426	189	1,237	Realized investment income/(losses)	4,773	2,076	2,697
(1,215)	-	(1,215)	Unrealized investment income/(losses)	966	-	966
717	96	621	Donation revenue	1,378	1,056	322
-	-	-	Nonoperating gains/(losses), net	-	-	-
928	285	643	Total nonoperating revenues, expenses, and gains/(losses)	7,117	3,132	3,985
\$967	\$582	\$385	Increase in net position	\$5,998	\$4,516	\$1,482

**Volusia Health Network / Halifax Management Systems**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**(\$ in thousands)**

Actual Month Ended August 31, 2016	Static Budget Month Ended August 31, 2016	Favorable (Unfavorable) Variance		Actual Ended August 31, 2016	Static Budget Ended August 31, 2016	Favorable (Unfavorable) Variance
			Operating revenues:			
\$0	\$0	\$0	Net patient service revenue, before provision for bad debts	\$0	\$0	\$0
-	-	-	Provision for bad debts	-	-	-
-	-	-	Net patient service revenue	-	-	-
339	341	(2)	Other revenue	3,758	3,756	2
339	341	(2)	Total operating revenues	3,758	3,756	2
			Operating expenses:			
59	60	1	Salaries and benefits	692	698	6
35	36	1	Purchased services	376	396	20
1	2	1	Supplies	18	24	6
67	67	-	Depreciation and amortization	733	733	-
13	13	-	Interest	172	172	-
5	5	-	Leases and rentals	56	56	-
5	3	(2)	Other	24	38	14
185	186	1	Total operating expenses	2,071	2,117	46
154	155	(1)	Excess of operating revenues over expenses	1,687	1,639	48
			Nonoperating revenues, expenses, and gains/(losses):			
-	-	-	Realized investment income/(losses)	-	-	-
-	-	-	Unrealized investment income/(losses)	-	-	-
-	-	-	Donation revenue	-	-	-
-	-	-	Nonoperating gains/(losses), net	-	-	-
-	-	-	Total nonoperating revenues, expenses, and gains/(losses)	-	-	-
\$154	\$155	(\$1)	Increase in net position	\$1,687	\$1,639	\$48

**Halifax Health Foundation**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**(\$ in thousands)**

Actual Month Ended August 31, 2016	Static Budget Month Ended August 31, 2016	Favorable (Unfavorable) Variance		Actual Eleven Months August 31, 2016	Static Budget Eleven Months Ended August 31, 2016	Favorable (Unfavorable) Variance
			Operating revenues:			
\$0	\$0	\$0	Net patient service revenue, before provision for bad debts	\$0	\$0	\$0
-	-	-	Provision for bad debts	-	-	-
-	-	-	Net patient service revenue	-	-	-
826	103	723	Realized investment income/(losses)	2,263	1,128	1,135
(667)	-	(667)	Unrealized investment income/(losses)	766	-	766
79	76	3	Donation revenue	3,123	2,263	860
-	-	-	Other revenue	-	-	-
238	179	59	Total operating revenues	6,152	3,391	2,761
			Operating expenses:			
9	10	1	Salaries and benefits	101	115	14
1	1	-	Purchased services	30	14	(16)
-	-	-	Supplies	-	-	-
-	-	-	Depreciation and amortization	-	-	-
-	-	-	Interest	-	-	-
-	-	-	Leases and rentals	-	-	-
26	70	44	Other	880	766	(114)
36	81	45	Total operating expenses	1,011	895	(116)
<b>\$202</b>	<b>\$98</b>	<b>\$104</b>	<b>Increase in net position</b>	<b>\$5,141</b>	<b>\$2,496</b>	<b>\$2,645</b>

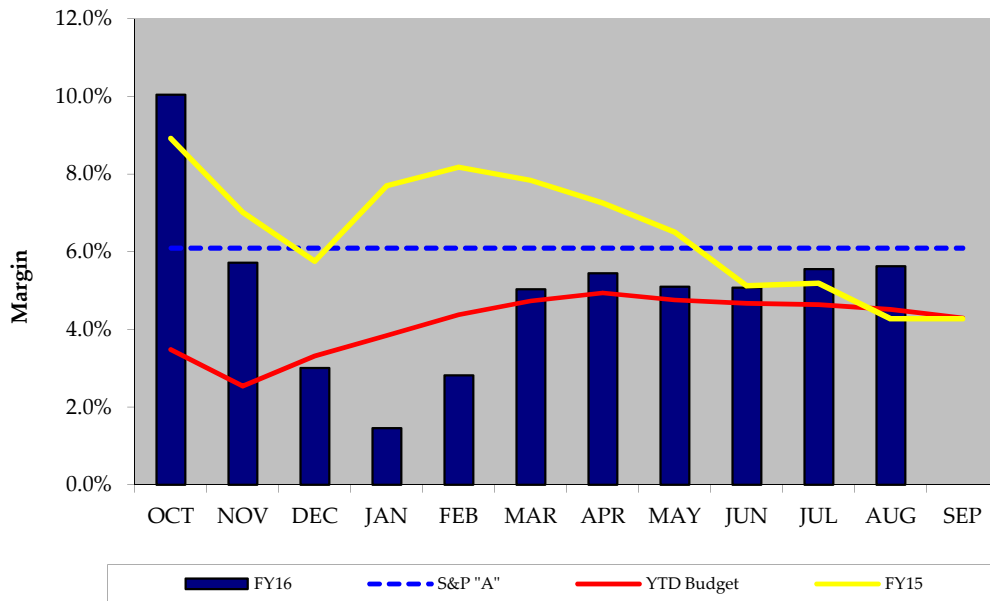
**Halifax Health Medical Center (Obligated Group)**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**(\$ in thousands)**

Actual Month Ended August 31, 2016	Static Budget Month Ended August 31, 2016	Favorable (Unfavorable) Variance		Actual Eleven Months Ended August 31, 2016	Static Budget Eleven Months Ended August 31, 2016	Favorable (Unfavorable) Variance
			Operating revenues:			
\$46,618	\$44,030	\$2,588	Net patient service revenue, before provision for bad debts	\$509,369	\$496,180	\$13,189
(7,763)	(9,001)	1,238	Provision for bad debts	(98,006)	(101,407)	3,401
38,855	35,029	3,826	Net patient service revenue	411,363	394,773	16,590
1,104	1,104	-	Ad valorem taxes	12,148	12,148	-
1,766	1,379	387	Other revenue	15,876	15,134	742
41,725	37,512	4,213	Total operating revenues	439,387	422,055	17,332
			Operating expenses:			
18,933	19,363	430	Salaries and benefits	212,003	211,539	(464)
6,010	4,427	(1,583)	Purchased services	60,255	49,332	(10,923)
8,217	6,834	(1,383)	Supplies	82,669	77,909	(4,760)
1,954	1,845	(109)	Depreciation and amortization	21,184	20,789	(395)
1,422	1,450	28	Interest	15,734	15,950	216
600	597	(3)	Ad valorem tax related expenses	6,919	6,564	(355)
559	582	23	Leases and rentals	6,163	6,397	234
2,100	2,058	(42)	Other	23,607	22,629	(978)
39,795	37,156	(2,639)	Total operating expenses	428,534	411,109	(17,425)
1,930	356	1,574	Excess of operating revenues over expenses	10,853	10,946	(93)
			Nonoperating revenues, expenses, and gains/(losses):			
197	186	11	Realized investment income/(losses)	3,199	2,050	1,149
(540)	-	(540)	Unrealized investment income/(losses)	2,737	-	2,737
37	4	33	Donation revenue	544	45	499
-	-	-	Interest - Bond issue costs	(1,774)	-	(1,774)
-	-	-	Nonoperating gains/(losses), net	(6)	-	(6)
(306)	190	(496)	Total nonoperating revenues, expenses, and gains/(losses)	4,700	2,095	2,605
1,624	546	1,078	Increase in net position before other changes in net position	15,553	13,041	2,512
1,323	835	488	Income/(losses) from affiliates	12,826	8,651	4,175
\$2,947	\$1,381	\$1,566	Increase in net position	\$28,379	\$21,692	\$6,687

# Halifax Health Financial Summary - Graphic

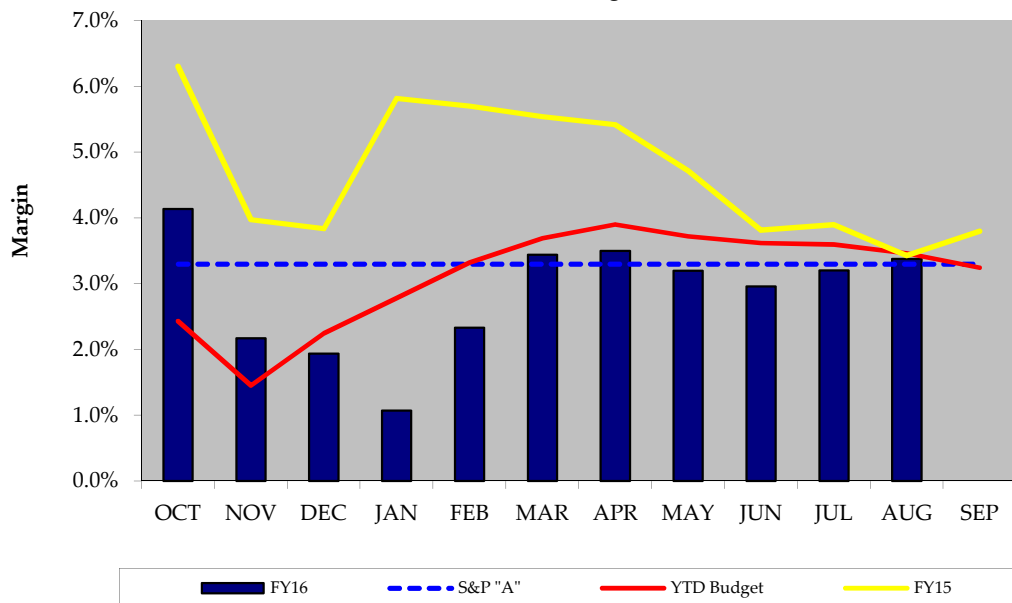
## HH Total Margin

(Cumulative YTD Basis)  
(desired trend - increasing)



## HH Operating Margin

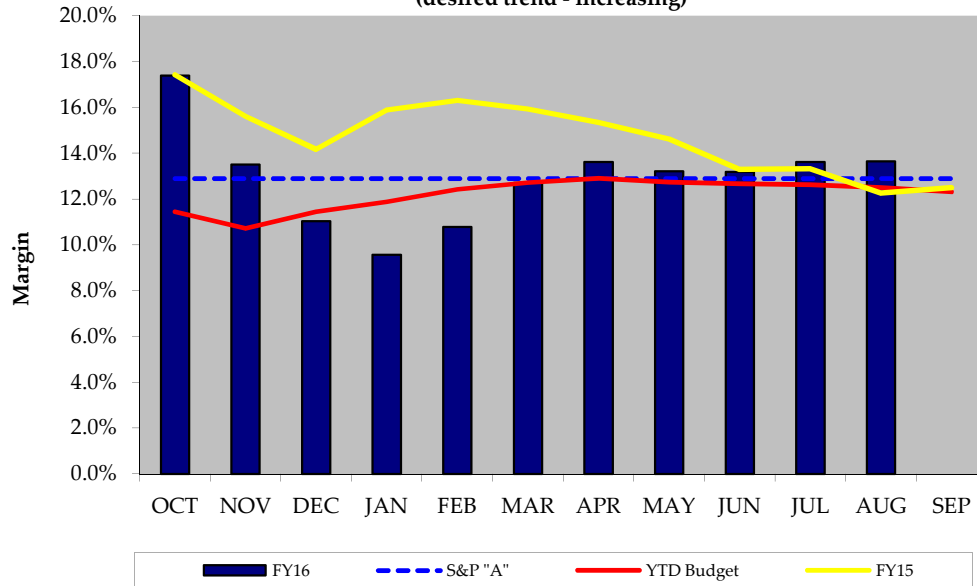
(Cumulative YTD Basis)  
(Excludes nonoperating gains and losses)  
(desired trend - increasing)



# Halifax Health Financial Summary - Graphic

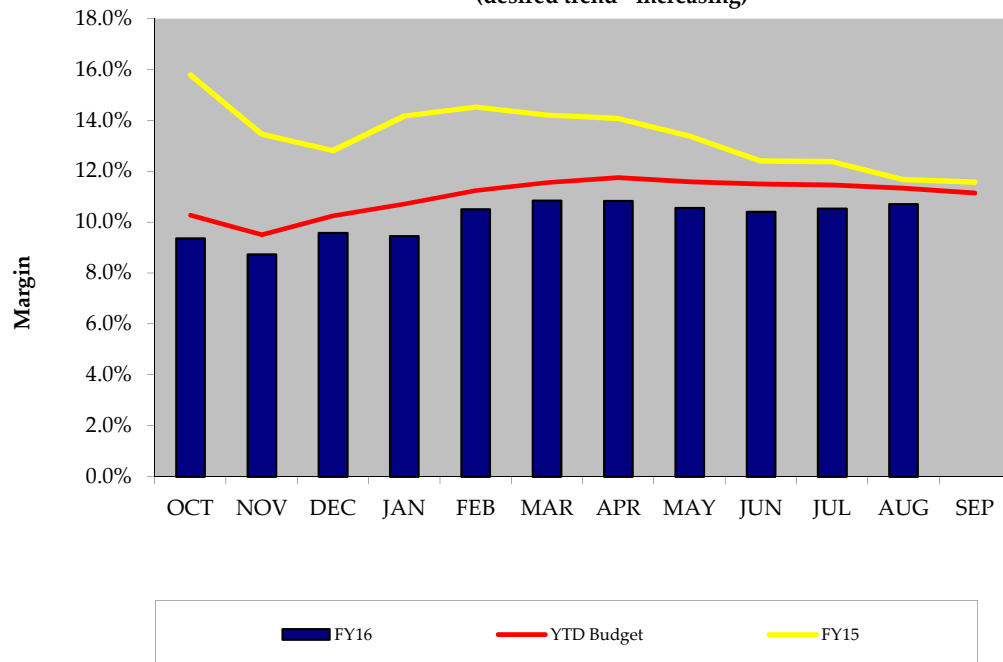
## HH EBIDA Margin

(Cumulative YTD Basis)  
(desired trend - increasing)



## HH Adjusted Operating EBIDA Margin

(Cumulative YTD Basis)  
(Excludes nonoperating gains and losses)  
(desired trend - increasing)





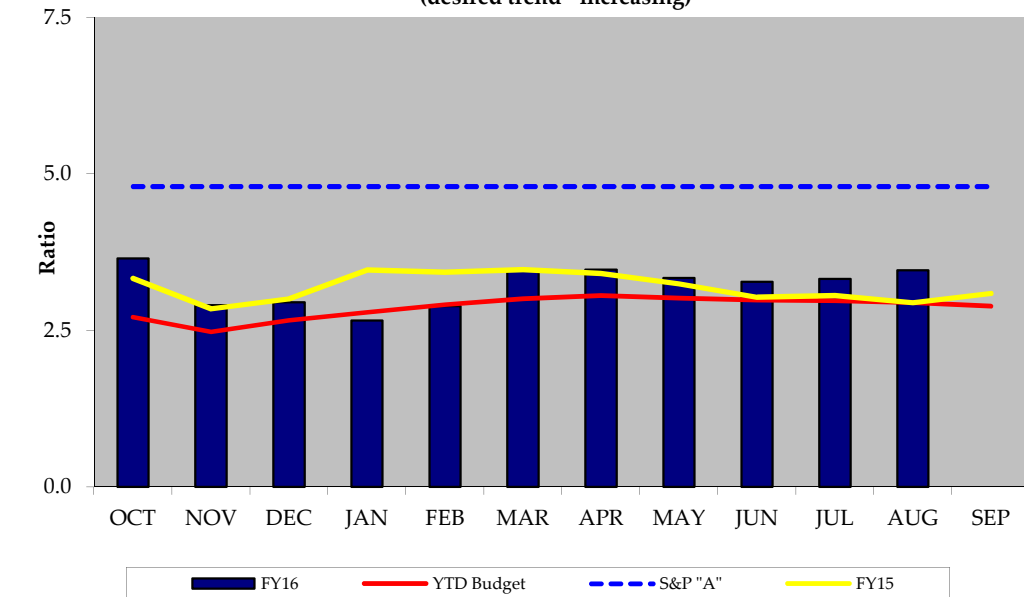
# Halifax Health Financial Summary - Graphic

## HH MADS Coverage Ratio

(Annualized Basis)

(Excludes unrealized investment gains/losses in accordance with covenant requirements)

(desired trend - increasing)

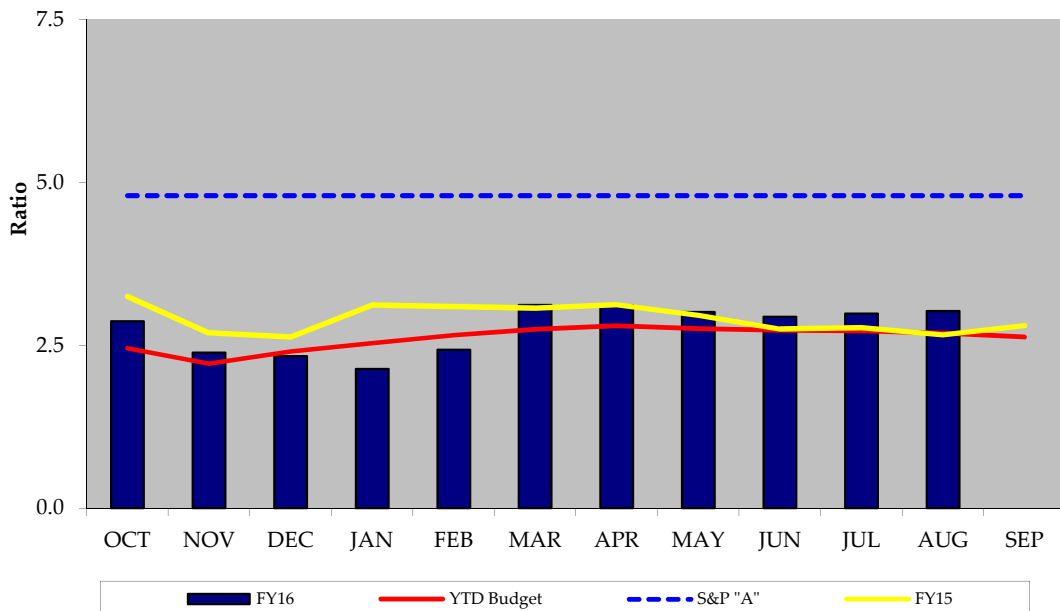


## HH MADS Coverage Ratio - Operations Only

(Annualized Basis)

(Excludes nonoperating gains and losses)

(desired trend - increasing)



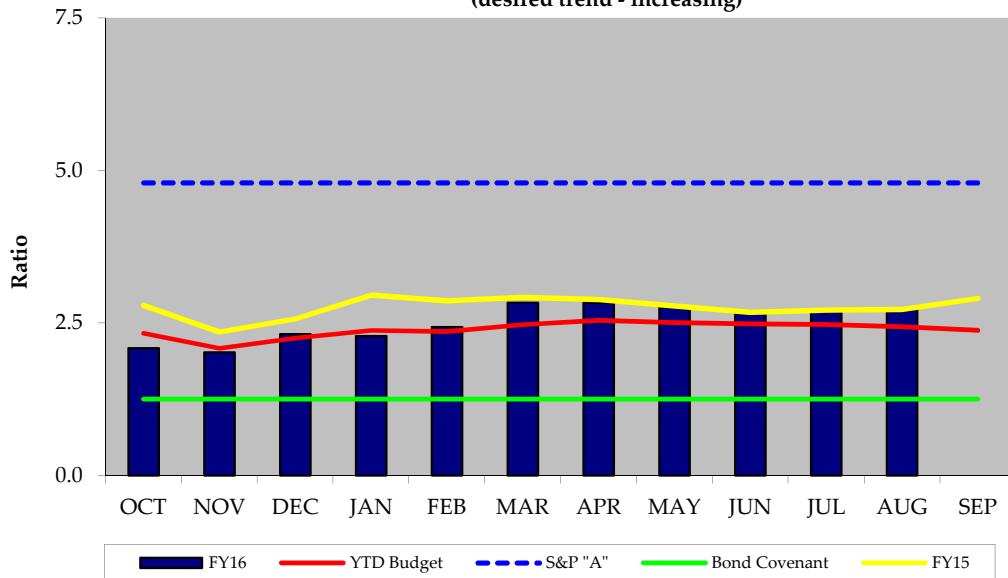
# Halifax Health

## Financial Summary - Graphic

### HHMC Obligated Group MADS Coverage Ratio

(Annualized Basis)

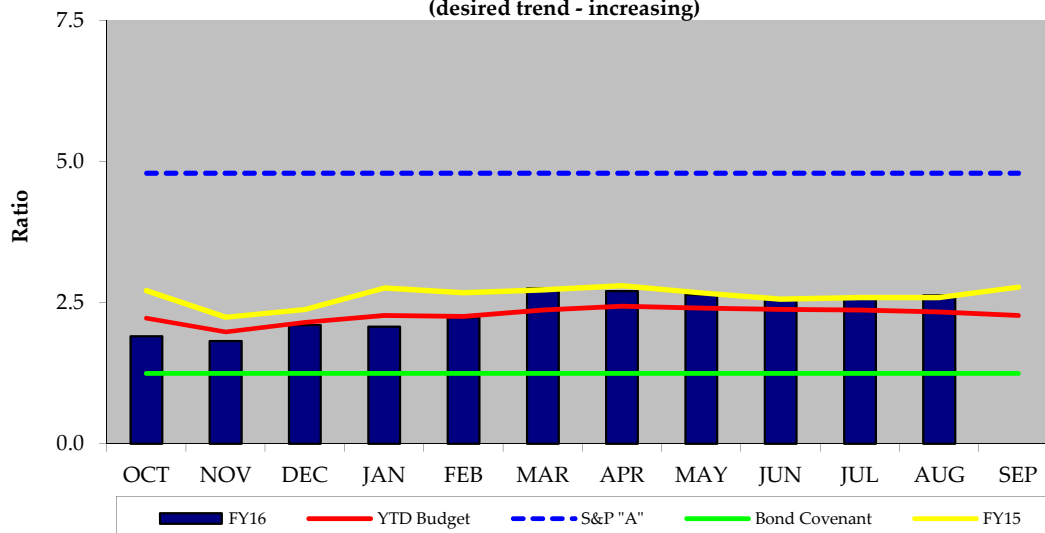
(Excludes unrealized investment gains/losses in accordance with covenant requirements)  
(desired trend - increasing)



### HHMC Obligated Group MADS Coverage Ratio - Operations Only

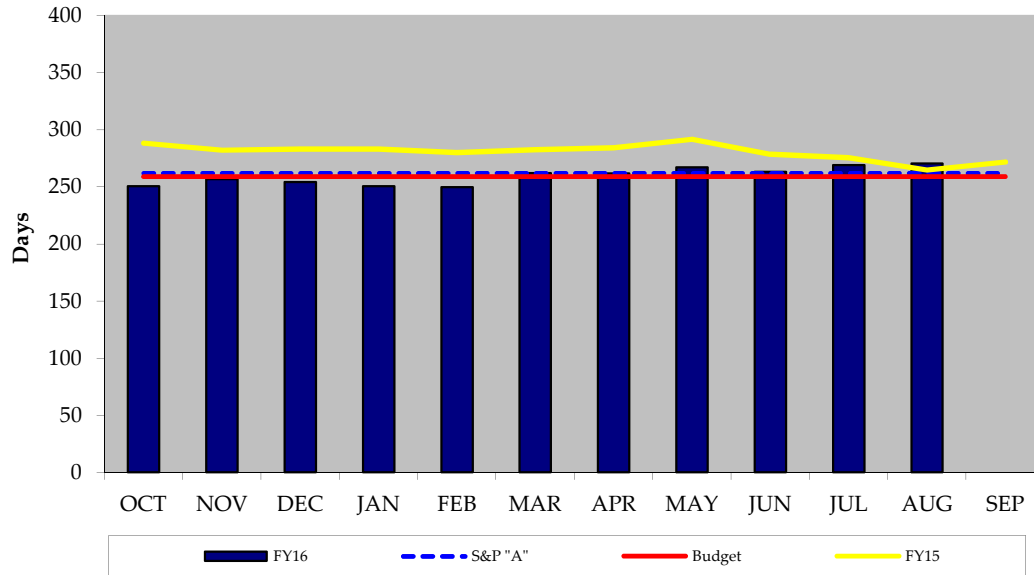
(Annualized Basis)

(Excludes nonoperating gains and losses)  
(desired trend - increasing)

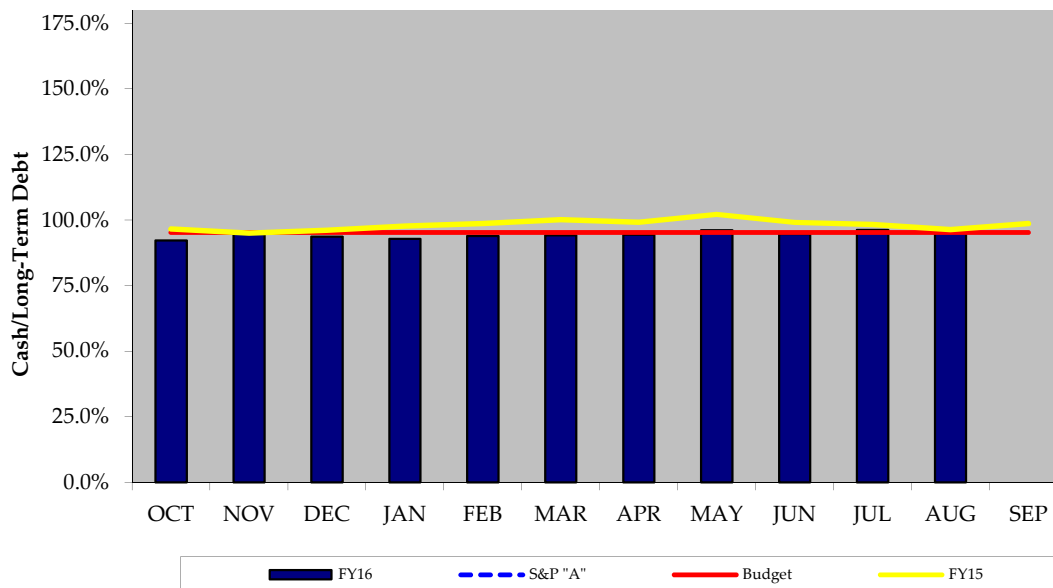


# Halifax Health Financial Summary - Graphic

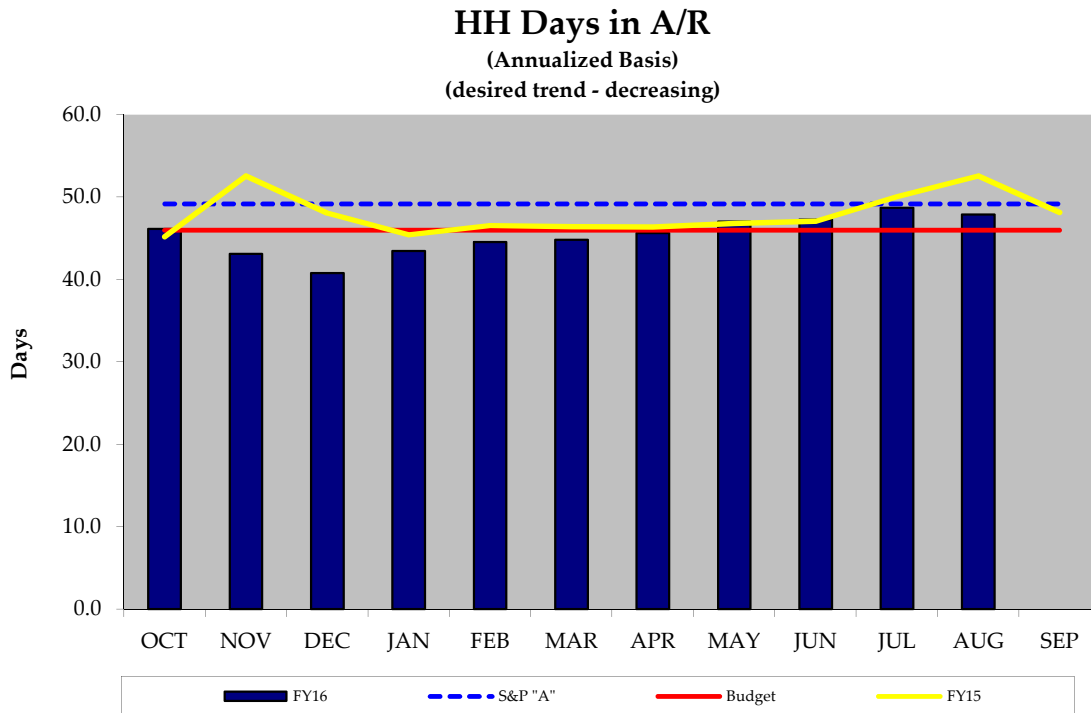
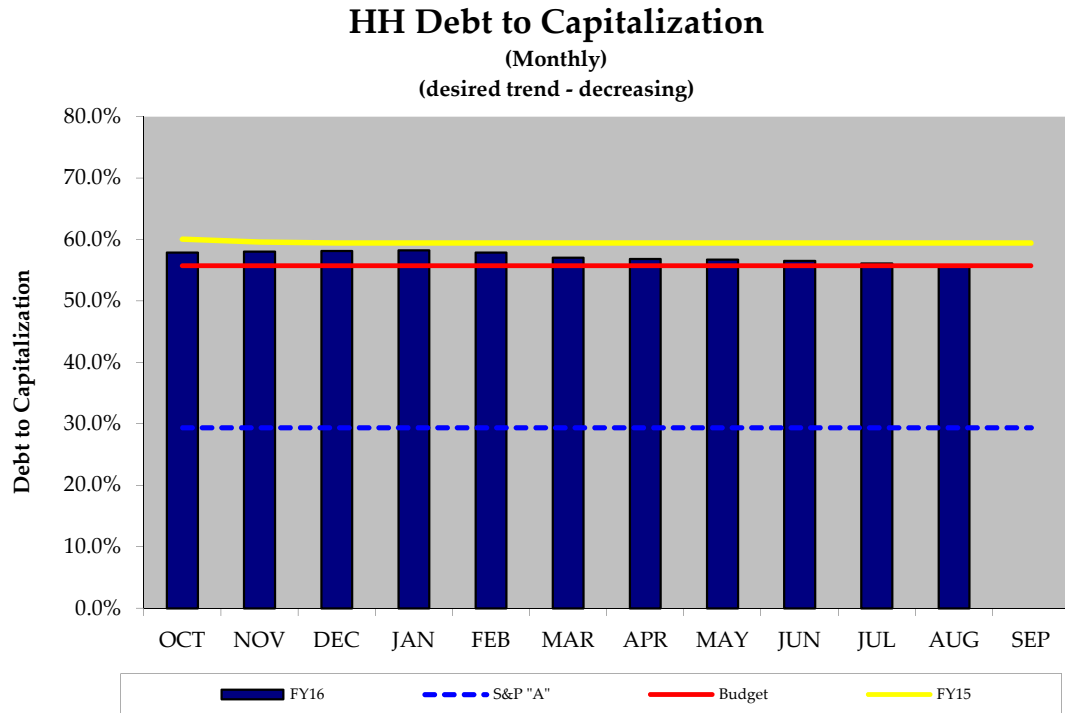
## HH Days Cash on Hand (Annualized Basis) (desired trend - increasing)



## HH Cash/Debt (Monthly) (desired trend - increasing)

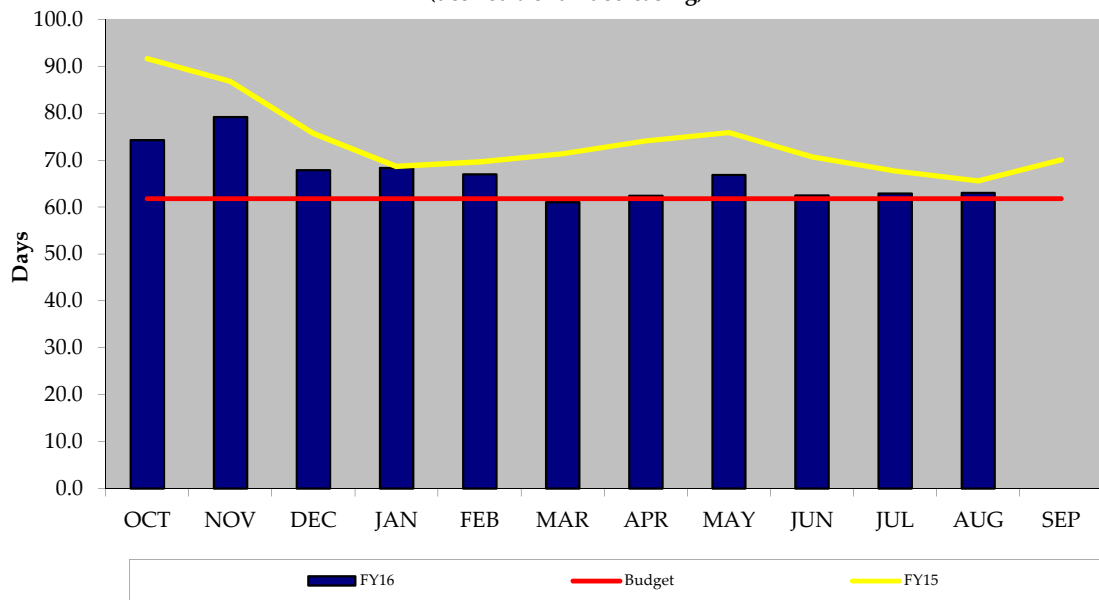


# Halifax Health Financial Summary - Graphic

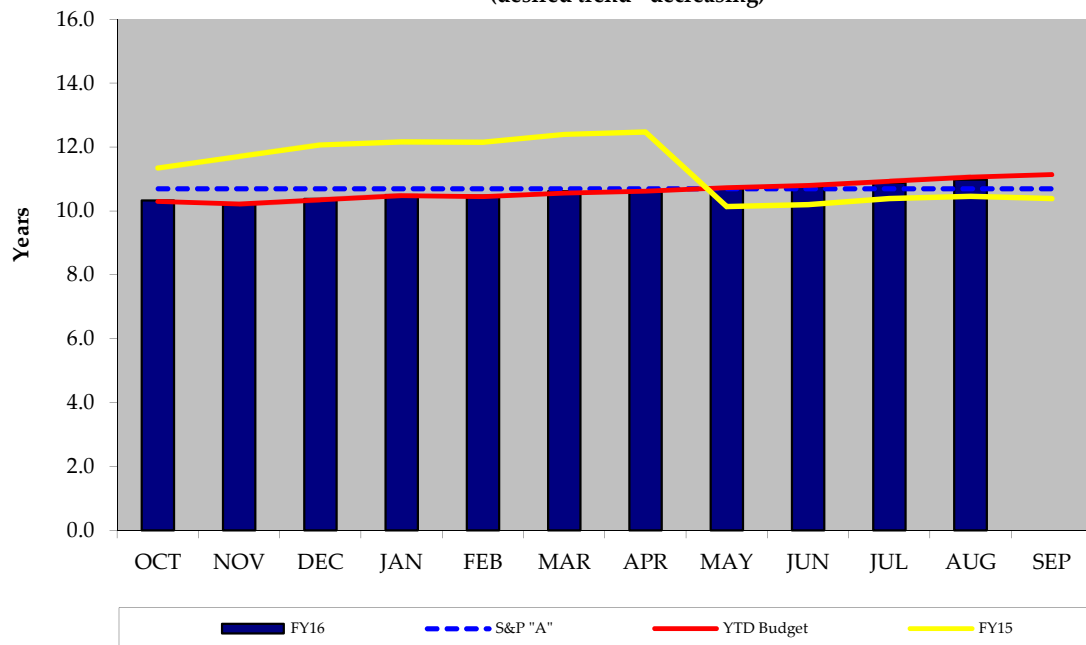


# Halifax Health Financial Summary - Graphic

**HH Average Payment Period**  
(Annualized Basis)  
(desired trend - decreasing)



**HH Average Age of Plant**  
(Annualized Basis)  
(desired trend - decreasing)



**Halifax Health**  
**Financial Ratios and Operating Indicators**  
**Definitions and Calculations**

Indicator	Definition	Calculation
Total Margin *	Gauges the relative efficiency with which the System produces its output.	$\frac{\text{Net Income}}{\text{Total Revenues}}$
EBIDA Margin *	Gauges the relative efficiency excluding capital costs with which the System produces its output.	$\frac{\text{Net income} + \text{Int} + \text{Depr} + \text{Amort}}{\text{Total Revenues}}$
MADS Coverage Ratio *	Measures profitability relative to the Maximum Principal and Interest Payment of Debt	$\frac{\text{Net Income} + \text{Depr} + \text{Amort} + \text{Int}}{\text{Maximum Annual Debt Service}}$
Days Cash on Hand	Measures the number of days of average cash expenses that the System maintains in cash and cash equivalents and unrestricted investments.	$\frac{\text{Unrestricted Cash and Investments}}{(\text{Total Expenses} - \text{Depr}) / \text{Days in Period}}$
Cash to Long-term Debt	Measures the percentage of unrestricted cash and investments to long-term debt.	$\frac{\text{Unrestricted Cash and Investments}}{\text{Long-term Debt}}$
Long-term Debt to Capitalization	Measures the reliance on long-term debt financing and ability to issue new debt.	$\frac{\text{Long-term Debt}}{\text{Long-term Debt} + \text{Net Position}}$
Days in Accounts Receivable	Measures the average time that receivables are outstanding, or the average collection period.	$\frac{\text{Accounts Receivable}}{\text{Net Patient Service Revenue} / \text{Days in Period}}$
Average Payment Period	Provides a measure of the average time that elapses before current liabilities are paid.	$\frac{\text{Current Liabilities}}{(\text{Total Expenses} - \text{Depr}) / \text{Days in Period}}$
Average Age of Plant	Provides a measure of the average age in years of the System's fixed assets.	$\frac{\text{Accumulated Depreciation}}{\text{Depreciation Expense}}$
Operating Margin	Gauges the relative operating efficiency with which the System produces its output.	$\frac{\text{Excess of Operating Revenues}}{\text{Total Operating Revenues} + \text{Bad Debt}}$
* Operations Only Indicators	Excludes realized and unrealized investment income, donations, and nonoperating gains and losses	



# HALIFAX HEALTH

To: Audit and Finance Committee and Board of Commissioners  
Cc: Jeff Feasel, Chief Executive Officer  
From: Shelly Shiflet, Vice President and Chief Compliance Officer  
Date: September 19, 2016  
Re: Compliance Dashboard Report for August 2016

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Enclosed is the Compliance Program Dashboard Report for August 2016.

Feel free to contact the Board's Compliance Expert, Robert Wade, Esq., or me regarding any item.

Mr. Wade can be reached at: [rwade@kdlegal.com](mailto:rwade@kdlegal.com)  
Office: 574.485.2002

I can be reached at: [shelly.shiflet@halifax.org](mailto:shelly.shiflet@halifax.org)  
Office: 386.425.4970

**Recommended Action:** None. Information only.

**Halifax Health**  
**Corporate Compliance Program**  
**Board Report – 8/31/2016**

**ON TARGET**

**ALERT**

**I. EMPLOYEE AND BOARD EDUCATION** – Halifax Health’s compliance program and Corporate Integrity Agreement requires most employees to acknowledge the Code of Conduct within 30 days of hire. Employees who are considered “Covered Persons” are required to complete 1 hour of general compliance training within 30 days of hire and annually thereafter. Managers and others who are considered “Arrangements Covered Persons” must complete an additional hour of general education and 2 hours of arrangements training within 30 days of becoming an “Arrangements Covered Person,” and annually thereafter. Members of the Board are required to complete 6 hours (2 hours general, 2 hours arrangements, and 2 hours governance) of training within 30 days of becoming a member. The following is the status of education for Halifax Health’s employees:

	➤	<b>Code of Conduct Attestation<sup>1</sup></b>
	1. 4,106	Number of Covered Persons required to complete as of end of period
	2. 100%	% of Covered Persons who have completed (On Target at 100%)

	➤	<b>CIA Required Training<sup>2</sup></b>
	1. 3,944	Number of Covered Persons required to complete as of end of period
	2. 100%	% of Covered Persons who have completed (On Target at 100%)

**II. SANCTION CHECKS** - Halifax Health’s Corporate Integrity Agreement requires all “Covered Persons” be screened for exclusions from participation in federal programs monthly. During the period:

	➤	<b>Sanction Check for Covered Persons<sup>3</sup></b>
	1. 4,827	Number of Covered Persons as of the end of the period
	2. 100%	% of Covered Persons above who had no sanctions, based on monthly sanction check results (On Target at 100%)

**III. COMPLIANCE COMMITTEE** – Halifax Health has a Compliance Committee responsible for regulatory compliance matters, which meets monthly. Members of senior leadership across service lines as well as representatives from Hospice and the Medical Staff are represented. During the period:

	1. 13	Number of members on <i>Compliance Committee</i>
	2. 76%	% of members who attended the last meeting during the period (On Target at 70% or Greater)
	3. 3	Number of meetings in the last quarter (On Target if 2 or more)

**IV. HELP LINE** [844-251-1880] or [halifaxhealth.ethicspoint.com](http://halifaxhealth.ethicspoint.com)

	1. 6 / 54	Number of Help Line calls received during month/past 12 months
	2. 6 / 34	Of calls in 1, how many related to Human Resource issues
	3. 0	Number of open Help Line calls rated as High Priority as of 7/31/2016
	4. 0	Number of open Help Line calls rated as High Priority as of 8/31/2016
	5. 10	Number of Help Line calls closed since last month

**V. COMPLIANCE ISSUES**

	1. 16	Number of issues open as of 7/31/2016
	2. 7	Of the issues in item 1, ___ remain open as of 8/31/2016
	3. 9	Number of issues from item 1 closed as of 8/31/2016
	4. 56%	Percent of open issues from item 1 closed (On Target at 25% or Greater)

**VI. COMPLIANCE POLICIES** – Halifax Health’s Compliance Program involves the development, implementation and monitoring of policies to ensure the organization conducts business compliant with applicable statutes, rules and regulations. During the period:

	1. 1	Number of Compliance Policies reviewed/ updated in the last month (On Target at 1)
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**VII. BILLING AND CODING REVIEWS** - Halifax Health will conduct reviews as part of scheduled audits or to investigate concerns brought to the attention of the Compliance Committee or the Compliance Officer.

	1. 1	Number of concerns related to billing/coding received during the month
	2. 0	Number of concerns from #1 that required a billing/ coding review
	3. 1	Number of reviews from #1 still being investigated
	4. 0	Number of reviews from #1 closed or pending Committee review
	5. 0	Number of reviews from #1 expected to require repayment/processing of claims

<sup>1</sup> Code of Conduct Attestation – employees, Board of Commissioners and vendors who meet the definition of a *Covered Person*.

<sup>2</sup> CIA Required Training – employees (except for housekeeping, maintenance and foodservice employees), Board of Commissioners, Medical Staff who are party to a *Focus Arrangement* and vendors who meet the definition of a *Covered Person*.

<sup>3</sup> Sanction Check for Covered Persons - employees, Board of Commissioners, Medical Staff and vendors who meet the definition of a *Covered Person*.





# HALIFAX HEALTH

To: Audit and Finance Committee and Board of Commissioners  
Cc: Jeff Feasel, Chief Executive Officer  
From: Shelly Shiflet, Vice President and Chief Compliance Officer  
Date: September 16, 2016  
Re: Frequently Asked Questions (FAQ) – Corporate Integrity Agreement

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Enclosed is the answers to some frequently asked questions about Halifax Health's Corporate Integrity Agreement entered into on March 10, 2014.

Feel free to contact the Board's Compliance Expert, Robert Wade, Esq., or me regarding any item.

Mr. Wade can be reached at: [rwade@kdlegal.com](mailto:rwade@kdlegal.com)  
Office: 574.485.2002

I can be reached at: [shelly.shiflet@halifax.org](mailto:shelly.shiflet@halifax.org)  
Office: 386.425.4970

**Recommended Action:** None. Information only.

Q1: Who are the parties to the Corporate Integrity Agreement (CIA)?

A1: Halifax Hospital Medical Center, Halifax Staffing, and any entities in which Halifax has a majority ownership or control interest, including entities that it operates now and in the future; the Office of Inspector General (OIG) of the United States Department of Health and Human Services (HHS)

Q2: What is the term of the CIA?

A2: The agreement began on March 10, 2014 and runs for 5 years.

Q3: What are the major requirements of the CIA?

A3: Major requirements include:

- Maintain a mechanism whereby individuals may report compliance concerns anonymously;
- Initial and annual training for employees, Medical Staff and vendors who meet the definition of a *Covered Person* or an *Arrangements Covered Person*;
- Arrangements with referral sources require special language;
- Physician arrangements are subject to a special contract development and approval process;
- Annually, 75 contracts and related payments are reviewed by the Legal Independent Review Organization (LIRO);
- Periodically (years 1 and 4), the LIRO will review the physician contract development and approval process;
- The Board must utilize a Board Compliance Expert (BCE) to assist the Board in reviewing and assessing the Compliance Program;
- Periodically (years 1, 3 and 5), the BCE will perform a comprehensive review of the Compliance Program and report its findings to the Board;
- Annually, leadership who are a Vice President and up must make certifications to the OIG regarding their understanding of the Organization's compliance with Federal healthcare programs, the CIA and Halifax Health's policies and procedures;
- Periodic review and distribution of the Code of Conduct;
- Periodic review of policies that address Federal healthcare programs, the terms of the CIA, the Stark Law and the Anti-Kickback Statute;
- Monthly monitoring of employees, Medical Staff and vendors to ensure none are included on either the OIG or GSA exclusion lists;
- Ad hoc reporting of substantial overpayments, ineligible persons and other matters that a reasonable person would consider a probable violation of a criminal, civil or administrative law applicable to any Federal healthcare program for which penalties or exclusion may be authorized;
- Ad hoc reporting of sales of business units, closure of a business unit and startup of new lines of business; and,
- Annual report to the OIG covering significant activities, such as: changes in the identity of the Compliance Committee, statistics on required training, reports prepared by the

## Frequently Asked Questions (FAQ) – Corporate Integrity Agreement

LIRO, reports prepared by the BCE, summary of significant overpayments, information on any ongoing investigations, summary of changes to policies relevant to the CIA.

Q4: Who has to complete training related to the CIA, what are the topics and how frequently must the training be completed?

A4: The chart below summarizes the training requirements

Group	Topics	How Often?
<b><i>Covered Persons:</i></b> Most employees + vendors who provide billing, coding or patient care items or services  (excludes housekeeping, maintenance and food service employees; excludes individuals who work less than 160 hours per year)	Code of Conduct	Upon hire
	General Compliance Topics (Code of Conduct, significant Compliance policies)	Annually
Housekeeping, maintenance and food service employees who work at least 160 hours per year	Code of Conduct	Upon hire
<b><i>Arrangements Covered Persons:</i></b> Managers and others who are involved with the development, approval, management or review of Focus Arrangements	Same training as a Covered Person + 1 additional hour of General Compliance Topics	Annually
	+ 2 hours of training on Arrangements (including the Stark Law and Anti-Kickback Statute)	Annually
Medical Staff (who have a Focus Arrangement)	1 hour of training on General Compliance Topics + 1 hour of training on Arrangements (including the Stark Law and Anti-Kickback Statute)	Best efforts apply  Within 30 days of start of Focus Arrangement

## Frequently Asked Questions (FAQ) – Corporate Integrity Agreement

Group	Topics	How Often?
Medical Staff (who do not have a Focus Arrangement)	1 hour of training on General Compliance Topics + 1 hour of training on Arrangements (including the Stark Law and Anti-Kickback Statute)	Best efforts apply  Best efforts apply

Q5: What is a *Focus Arrangement*?

A5: A *Focus Arrangement* is an arrangement between Halifax Health and any actual source of health care business (including physicians (medical doctor, doctor of osteopathy, dentist, podiatrist, optometrist and chiropractors) and their immediate family members) or referrals to Halifax and involves, directly or indirectly, the offer, payment, or provision of anything of value.

Q6: Who qualifies as an immediate family member of a physician?

A6: Immediate family members of physicians include: husband or wife; birth or adoptive parent, child or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

Q7: Do exchanges of non-monetary items between Halifax Health and a source of health care business trigger the classification as a *Focus Arrangement*?

A7: Yes, for example, if a physician asks for use of an office suite in exchange for his services, the physician received something “of value” and this would be classified as a *Focus Arrangement*.

Q8: Are all *Focus Arrangements* contracts with physicians?

A8: No, some Focus Arrangements represent contracts with other entities that refer business to Halifax Health. For example, some nursing homes that Halifax Health does business with recommends Halifax Health to their residents. These arrangements are classified as a *Focus Arrangement*.

Q9: What special language is required for *Focus Arrangements*?

A9: *Focus Arrangements* require a certification that the parties to the *Focus Arrangement* shall not violate the Anti-Kickback Statute and the Stark Law with respect to the performance of the Arrangement.

Q10: What is the approval and management process for *Focus Arrangements*?

A10: *Focus Arrangements* are subject to the following steps:

- *Focus Arrangements* are maintained in a centralized database, an application called Novatus;
- Legal Counsel reviews the arrangements;
- Review of the business need or rationale for the *Focus Arrangement*;
- Review of the Fair Market Value of the *Focus Arrangement*; and,
- Must include the certification regarding compliance with the Stark Law and Anti-Kickback Statute.



HALIFAX HEALTH

## Human Resources Executive Summary - AUGUST 2016



HALIFAX HEALTH

Recruitment				Turnover			
^Vacancy Rate		3.50%	New Hires	76	*Annualized Turnover Rate		16.20%
Number of Applications		2,000	FT	58	*Annualized RN Turnover Rate		14.50%
Average Days to Fill		42.9	PT	4	Terminated/Resigned		72
RNs		43.1	Casual Pool	14	Average Number of Employees		4,257
Allied Health		35.2	Core RNs	13	Average Number of FT /PT Employees		3,683
Employee Relations				Retention			
Employee of the Month: Lesley Garvey, Purchasing Contract Coordinator, Supply Chain Services				Average Tenure of Active Employees		8.06	
Service Awards				Active Employees			
5 Year		27	Average Tenure 0 - 1 yr		30.81%		
10 Year		15	Average Tenure 2 - 5 yr		26.61%		
15 Year		9	Average Tenure 6 - 10 yr		11.18%		
20 Year		6	Average Tenure > 10 yr		31.40%		
25 Year		6	Seperations				
30 Year		3	Average Tenure 0 - 1 yr		43.06%		
35 Year		2	Average Tenure 2 - 5 yr		37.50%		
40 Year		0	Average Tenure 6 - 10 yr		6.94%		
			Average Tenure > 10 yr		12.50%		
*Organizational & Talent Development			Compensation				
**Inservice & Continuing Education			Total Evaluations Due	241	Includes 6 Month and Annual Performance Evals		
Number of Programs		3,141	Early/OnTime Evaluations	159			
Participants		80	Late Evaluations	82			
Instructions Hours		6,061	Outstanding Evaluations	117			
*Computer Based Learning		875	Avg Score	3.2			
			Avg Hourly Rate	\$ 25.26			
*Continuing Physician Education			RN Referral Bonuses Paid	\$ 5,000.00			
Number of Programs		10	At Max/Bonus Paid	\$ 2,637.44			
Participants		234	Tuition Reimbursements	9 @ \$6,167.51			
			Sign On/Relocation Bonuses	\$ 10,000.00			
*Continuing Clinical Education			Nursing Loan Forgiveness	4 @ \$13,451.28			
Number of Programs		54					
Participants		564					
			Work / Life Benefits & Leave Programs				
*Medical Library			Total Employees on Leave	63	Number of Benefits Eligible	3,716	
Patrons		88	Worker's Compensation Claims	3	Number of 457 Plan Participants	52	
Article Sources		203	Leave of Absence Requests	16	Number of 403(b) PlanParticipants	3,574	
			Family Medical Leave Act Requests	40	1%-3% Contributions	2,664	
			Military Leave Requests	2	4% or Higher Contributions	910	
			Voluntary Summer Leave	2	* UNUM Wellness Claims Paid	-	
			Number of Retirements	5	Disability Claims Paid	39 @ \$2300	
			Worker's Compensation Incidents	39	STD	13 @ \$28,017.98	
			Administrative Leave	0	LTD	1 @ \$1,027.46	
					Management	-	
Auxiliary			Visitor Access				
Volunteer Hours		11,709	Total Visitors	36,795			
			Halifax Main Campus	34,321			
			HHPO	1,135			
			HBS	1,339			

\*\*Based on statistics reported by Date

^Vacancy Rate =  $\frac{\text{Open Positions}}{\text{Entire House}}$ \*Turnover Rate =  $\frac{\text{FT \& PT Seperations}}{\text{Average FT \& PT Employees}}$



Halifax Health Foundation  
Meeting Minutes  
September 7, 2016

Meeting Called: 8:01 a.m.

Meeting Adjourned: 9:26

Halifax Foundation Attendees:

Larry Bartlett	Andrew Leech	Bud Ritchey	Kathryn Nagib
Ronnie Bledsoe	John Lindsley	Preston Root	
Eleanor Callon	Aubrey Long	Michelle Carter-Scott	
Ray Donadio	Margaret Lyon	Edith Shelley	<u>New members</u>
Kathleen Dulko	Rick Martorano	Greg Snell	Sherry Gailey
Jeff Feasel	George Mirabal	Jill Stephans	Heather Duncan
Mary Greenlees	Steve Nameth	Bobby Thigpen	
Dr. Rebecca Goldenberg	Carl Persis	Larry Volenec	
Mike Kundi	Joe Petrock	Rick Wells	
Dean Kurtz	Rafael Ramirez	Kim Diiorio	

The meeting was called to order at 8:01 a.m. by Halifax Foundation Past President, Bud Ritchey. Quorum present.

1. TOPIC:  
Minutes  
DISCUSSION:  
Bud Ritchey, Past President  
Approval of July 13, 2016 Halifax Foundation/Associates minutes.  
ACTION/FOLLOWUP:  
Motion and second for approval of minutes. Motion carried.

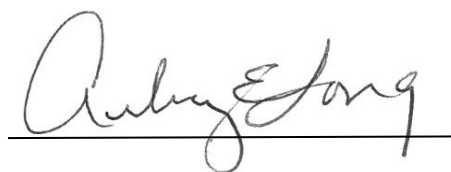
**REPORTS**

2. TOPIC:  
Foundation Board New Board Members Approval  
DISCUSSION:  
Sherry Gailey, Carter Electric Inc.  
Heather Duncun, AT&T  
ACTION/FOLLOWUP:  
Approved
3. PRESENTATION:  
Dr. Ronald Krochak  
TOPIC:  
Radiation Oncology  
DISCUSSION:  
Dr. Krochak stated, Radiology Oncology's role is to treat all patients in our area that are referred to them for radiation treatment with the most modern, effective, and successful treatment available so that no patient needs to leave our community for that care. Dr. Krochak also informed the board the process of how radiation is administered from the machines here at Halifax Health.



4. TOPIC:  
Auxiliary Report  
DISCUSSION:  
Liz Dusz, President of Auxiliary gave an update to the Foundation Board on the 68,479 volunteer hours that have donated. The Auxiliary is donating \$150,000.00 to the Halifax Health Foundation. Our check will be presented at the Installation Luncheon on September 24<sup>th</sup>. For this fiscal year, gross sales from our six (6) vendor sales totaled \$98,617.00. Therapy dogs are constantly in demand. Thanks to Tim Leo, Don Stoner Jr., Marketing, and Patient Access the clothes closet is still providing patients with clothes.
5. TOPIC:  
Halifax Foundation Treasurers Report  
DISCUSSION:  
Andrew Leech, Treasurer of the Foundation presented the Foundation Investments and Financials.  
ACTION/FOLLOWUP:  
Motion and second to accept report as presented. Motion carried.
6. TOPIC:  
Foundation Update  
DISCUSSION:  
Joe Petrock, Executive Director of the Foundation was presented a check from Don & Stacey Stoner from the Tomoka 5K marathon in the amount of \$14, 107.21. Over 1,800 people participated in the race. Mr. Petrock also updated the Board on the Blues Festival Oct 7-9<sup>th</sup>, Daytona Speedway Gold Pro-Am Oct 20-21<sup>st</sup>, Vince Carter pink Walk Run Oct 22<sup>nd</sup>, and upcoming events that included Racing for Kids, Molto Bello Shopping Spree. There are also possible partnerships that the Foundation will receive benefits from Chief Chitwood and Sheriff Johnson.
7. TOPIC:  
President's Report  
DISCUSSION:  
Jeff Feasel, President/CEO, updated the members and answered questions regarding all services provided by Halifax Health. Mr. Feasel presented a power point on the Deltona free standing ER. The project will include 2 phases with a total of 25,000 sq. ft. There will be a total of 12 beds. The completion of this project will be April 2017.

Next Foundation Board of Directors Meeting will be a combined meeting with Halifax Associates on November 9, 2016. These meetings will be held in France Tower Conference Rooms E & F.



Aubrey Long, Halifax Foundation Secretary

**Volusia Health Network  
Board of Directors' Meeting Minutes  
August 9, 2016 – 8:00 am**

**Call to order**

Dr. Hemaidan called the Board of Directors' meeting to order at 8:05 a.m.

**Members Present**

Ammar Hemaidan, MD – Joseph Bianchi, MD - Walter Durkin, MD - Brent Fulton, MD  
Debbie Marz – Eric Peburn

**Others Present**

Lane Jennings, MD – David Billmeier, MD - Bob Williams - Natasha Leverett - Carol Alvarado -  
Jean Carroll

**Approval of Minutes**

A motion was made and seconded to accept the minutes, as amended, from the May 10, 2016 meeting. The minutes were approved as amended.

**Medical Director's Report**

Dr. Jennings reported the following:

- **Laboratory** – We recently met with Janet Haley, Outreach Coordinator for the laboratory, to discuss pre-natal testing and the high charges being submitted by outside laboratories. We were able to work out something that is a fraction of the cost.
- **Network** – Since the change of Bert Fish Medical Center to Florida Hospital New Smyrna, some VHN members are still accessing the facility. However, all those who have utilized the facility have been legitimate emergencies.

**Administrative Report**

Mr. Williams reported the following:

- **Out-patient Pharmacy** – Received approval by OptumRx to provide online adjudication of member prescription utilizing a relationship in place with Florida Health Care Plans. We will have better quality prescription adjudication using OptumRx. Still working on retail pharmacy.
- **Bundle Payment Project** – Continue to improve process to develop a clinically integrative network.
- **Third Party Administrator** – Still developing the plan to offer TPA services to self-funded plans.

- **Network** –Streamline providers to those using our facility to provide quality of care satisfaction.
- **Post-Acute Side** – Medicare data shows it spends more for post-acute services for Halifax Health discharged patients than on the average of other patients. Halifax Health will be developing a post-acute physician practice to help with this problem. Will begin recruiting a physician to visit nursing homes to ensure consistent criteria for quality of care and the appropriate length of stay in the facility.

### **Operations Report**

Natasha Leverett reported the following:

- **Precert Stats** – Utilization management have reviewed more than 1,500 cases since the beginning of the fiscal year.
- **Claims** – Claims turnaround time is back down to 1 day.
- **Gym Membership** – The number of VHN members utilizing their gym membership benefit has been on the rise during summer months.
- **Healthchoice Network** - Mrs. Leverett also reported that the Orlando Health Healthchoice Network has been opened to all members living in Seminole, Lake, Osceola and Orange counties.
- **Telemedicine** – Presently working with marketing on the need for advertising Teladoc.

Mrs. Leverett reported that the affidavits the board members completed for VHN to submit to the State for obtaining a TPA license needed to be updated and signed again. She thanked each board member for their cooperation.

### **Adjournment**

There being no further business, Dr. Hemaïdan adjourned the Board of Directors' meeting at 8:32 a.m.

Minutes submitted by: Jean E. Carroll

Minutes reviewed by: Natasha Leverett, Operations Coordinator

**Volusia Health Network  
Peer Review Minutes  
August 9, 2016**

**Call to order**

Dr. Hemaidan called the Peer Review meeting to order at 8:32 am.

**Approval of Minutes**

A motion was made to accept the minutes, as presented, from the May 10, 2016 meeting. The minutes were approved as presented.

**Discussion**

One hundred and twenty-nine providers were presented to the board for a two-year reappointment to Volusia Health Network.

**Action**

A motion was made to accept all the providers presented, as recommended by the credentials committee. Upon a vote, the motion carried.

**Discussion**

Seventeen providers were presented to the board for initial appointment to Volusia Health Network.

**Action**

A motion was made to accept all the providers presented, as recommended by the credentials committee. Upon a vote, the motion carried.

**Adjournment**

There being no further business, the Peer Review meeting was adjourned at 8:30 am.

Minutes submitted by: Jean E. Carroll

Minutes reviewed by: Natasha Leverett, Operations Coordinator