



Indian River Memorial Hospital, Inc. d/b/a

Indian River Medical Center

May 26, 2016; 10:00 a.m.

Boardroom

1000 36th Street

Vero Beach, FL 32960

This meeting may be recorded

Board of Directors

Board of Directors

For Information

For Action

I. Call to Order

Wayne T. Hockmeyer, Ph. D.

II. Consent Agenda

Wayne T. Hockmeyer, Ph. D.

A. Approval of Minutes

1. Minutes Dated March 31, 2016

Page 5

B. Finance Committee

1. Property Insurance Renewal

- i. 2017 Renewal Option

Page 10

2. Pension Plan

- i. Pension Plan Amendment

Page 11

- ii. Resolution 2016-01

Page 15

C. Joint Conference Committee

1. Medical Staff Organizational Manual Revision

- i. Cancer Committee and Utilization Review Committee

Page 17

2. Allied Health Staff Policy Revisions

- i. OPPE Policy

Page 18

- ii. OPPE Form

Page 20

3. Allied Health Privilege Forms

- i. Elimination of Surgical Assistant Basic Privilege Set

Page 22

ii. Surgical Assistant Privilege Set Revised	Page 23
iii. Study Monitor Revisions	Page 28

III. Chairman's Report

Wayne T. Hockmeyer, Ph. D.

For Information

IV. Foundation Chairman's Report

Anthony Woodruff

For Information

A. FY 2017 New Foundation Board Members

1. Request for Confirmation	Page 33
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B. Foundation Reports

1. May 2016	Page 34
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2. April 2016	Page 36
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V. President's Report

Jeffrey L. Susi

For Information

A. Appointment of Chief Operating Officer

For Action

B. Community Health Improvement Plan - Action Plan

For Action

1. CHIP 2016 - 2019	Page 38
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C. Emergency Department Transition

For Information

D. President's Report

For Information

1. May 2016	Page 45
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2. April 2016	Page 50
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E. FY 2016 Goals & Objectives Update

For Information

1. Physician Hospital Alignment	Page 55
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2. Program Market Development	Page 56
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VI. Finance Committee

Jack Weisbaum

For Information

A. Financial Review

- | | |
|---|---------|
| 1. YTD April 2016 Consolidated, Hospital & Physician | Page 57 |
| 2. YTD April 20106 Projection Consolidated Hospital & Physician | Page 63 |

B. FY 2017 Indigent Care Budget Proposal

- | | |
|--|---------|
| 1. Review of Preliminary FY 2017 Indigent Care Budget Submission | Page 74 |
|--|---------|

C. FY 2016 Goals & Objectives Update

- | | |
|-------------------------|---------|
| 1. Second Quater Update | Page 82 |
|-------------------------|---------|

D. Orthopedic Bundled Payment Program

- | | |
|----------------------------------|---------|
| 1. Introduction of CMS Initiatve | Page 83 |
|----------------------------------|---------|

VII. Other Business

Wayne T. Hockmeyer, Ph. D.

For Information

III. Public Comment

IX. Adjourn to the Private Session



**INDIAN RIVER MEMORIAL HOSPITAL, INC.
D/B/A
INDIAN RIVER MEDICAL CENTER
BOARD OF DIRECTORS
MINUTES**

The regular meeting of the Indian River Medical Center Board of Directors was convened by Chairman Wayne T. Hockmeyer, Ph.D. on March 31, 2016 at 10:00 a.m. in the Medical Center Boardroom.

MEMBERS PRESENT:	Wayne T. Hockmeyer, Ph.D. William Baxt, M.D., via telephone Hal Brown, M.D. Michael Hammes Kathy Hendrix, via telephone Donald Laurie Juliette Lomax-Homier, M.D. Hugh McCrystal, M.D. Keith Morgan Jack Pastor
Pranay Ramdev, M.D.	Matthew Reiser Gerri Smith Jeffrey L Susi Jack Weisbaum Anthony Woodruff
MEMBERS EXCUSED:	John Lindenthal, M.D.
OTHERS PRESENT:	Myra Burns Lewis Clark Warren Fuller Greg Gardner Keith Ghezzi, M.D. Barbara Grimaldi Lisa Hedenstrom, Ph.D., R.N. Valerie Larcombe, Esq. Lisa Licitra Kim Leach-Wright Allen Jones Charles Mackett, M.D. Ann Marie McCrystal, R.N. Karen Mitchell William Neil Grace Simonson Richard Van Lith, Pham. D.

CONSENT AGENDA

1. Approval of Minutes
 - a. January 12, 2016 Health Systems of Indian River Annual Meeting
 - b. January 12, 2016 Indian River Health Services Annual Meeting
 - c. January 12, 2016 IRMC Annual Meeting
 - d. January 21, 2016 IRMC Board Meeting
2. Community Needs Assessment
 - a. IRC CHNA Summary of Needs
 - b. IRC CHNA Report 2015
3. Joint Conference Committee
 - a. Medical Staff Privilege Forms – Emergency Medicine
4. Governance Committee
 - a. IRMC Bylaws Section 4.2-4 Tenure
 - b. IRMC Bylaws Section 6.2 – Term of Committee Members
 - c. IRMC Bylaws Section 6.1-6.4 – Physician Compensation Compliance Subcommittee
 - d. Public Meeting Etiquette

Dr. Hockmeyer asked the Board Members if anyone wished to remove any item under the Consent Agenda for further discussion. There were no requests

Dr. Hockmeyer called for a Motion to Accept the Consent Agenda.

Upon **MOTION** made by Dr. McCrystal seconded by Mr. Morgan and unanimously carried, the Board of Directors approved the Consent Agenda as presented.

Chairman's Report

- Physician Compensation Compliance Subcommittee

The Board just approved an additional Independent Director to serve on the Physician Compensation Compliance Subcommittee. Dr. Hockmeyer proposed Jack Pastor, Vice Chairman, to be added to this Committee.

Upon **MOTION** made by Mr. Reiser, duly seconded by Mr. Hammes and unanimously carried, the Board of Directors approved the appointment of Jack Pastor to the Physician Compensation Compliance Subcommittee for 2016.

- Joint Meeting of the Board of Directors and Board of Trustees

Dr. Hockmeyer presented a draft copy of the Minutes from the joint meeting of the Board of Directors and Board of Trustees. He asked that all members review the minutes and provide Mr. Susi with any revisions.

Foundation Chairman's Report

Mr. Woodruff updated the Board on the recent activities of the Foundation. The Medical Forums continue to be success. Dr. Grichnik has visited with several of the Community Committees and everyone is excited about the Cancer Program. Recent solicitations have resulted in two

six figure gifts. The Inspiration Wall at the Scully Welsh Cancer Center is very attractive. In March the Foundation hosted the first in a new series developed specifically for women. *Her Story*, made possible by a generous grant from Helen Post and family, presented Godsigns author Suzy Farbman sharing her cancer journey with a sellout crowd at Quality Valley River Club. The annual Foundation Movie Event thank you event hosted over 800 people at the *Big Fat Greek Wedding 2* showing. The May Pops is scheduled for May 1st.

President's Report

- Chief Quality Officer

The Executive Compensation Compliance Subcommittee has approved a new position on the Executive Team. The Chief Quality Officer will be filled by Katherine Grichnik, M.D., M.S., FASE. Dr. Grichnik is trained as a cardiovascular anesthesiologist but is highly qualified in quality and safety. Dr. Grichnik is the wife of Dr. James Grichnik who is the Medical Director for the Scully Welsh Cancer Center. She will be overseeing quality here in the hospital and will report to the CEO. Duke oversees the quality for the Cancer Center and Dr. James Grichnik reports to Dr. Mackett. Dr. Katherine Grichnik will join IRMC in late summer.

Upon **MOTION** made by Dr. McCrystal, duly seconded by Mr. Woodruff and unanimously carried, the Board of Directors appointed Katherine Grichnik, M.D. as Chief Quality Officer

Mr. Susi presented the following items from the President's Report which is made part of these Minutes:

- Two individual Associate Vice Presidents have recently resigned. Devon Bloom was involved with Quality and Patient Safety. His responsibilities will transition to Dr. Katherine Grichnik. Jason Nance oversees the Cardiac Program and Surgical Services. He has been offered a position that is a real growth opportunity for him but a loss for IRMC. Recruitment for his replacement has begun.
- Sarah Mondano, R.N. has joined IRMC as the Director of Musculoskeletal Services. Sarah joins IRMC from the Visiting Nurse Association of the Treasure Coast, where she held the position of Vice President of Business Development and Sales since 2009. She was responsible for the development and implementation of comprehensive business development for all VNA clinical programs.

In her new role, Sarah will direct the administrative, financial, clinical and non-clinical operations and activities of the Musculoskeletal Center of Excellence at Indian River Medical Center. She will work with the Medical Director (Dr. George Nichols) to integrate evidence-based practice into clinical, operational, financial, logistical, and leadership processes and be accountable for ensuring the program achieves the quality, safety, patient satisfaction, service levels, cost and operational integrity.

- As Dr. Mackett moves into the President of IRMA position full time, the Chief Medical Officer Role will be divided into three positions. Dr. Richard Steinfeld and Dr. Robert Hendley have agreed to share the responsibilities of CMO with Dr. Mackett.

- Witt Kiefer has interviewed over fifty candidates for the position of Chief Operating Officer. From Witt Kiefer's short list, four candidates have been invited for first round interviews with the Executive Management Team.
- Under the leadership of Administrative Resident Kateland Hall, IRMC has implemented the *Walk In My Shoes* program. The Program is model after the *Undercover Boss* television show. The purpose of this program is to have a deeper understanding and appreciation of the many contributions of IRMC staff by having members of the leadership team shadow staff and work as staff members, learning more about the positions within the organization.
- In honor of National Certified Nurse Day, the Executive Management Team recognized certified licensed nursing professionals here at IRMC. Included at the special reception were other licensed professionals who are nationally certified in their clinical specialty. One hundred nurses and 75 clinical professionals were honored. This recognition day was organized by Lisa Hedenstrom.
- A team from IRMC including Executive Team Members and Department heads will be attending a master trainer course in TeamSTEPPS, a widely used method utilizing evidence-based medicine as a framework to optimize quality and team performance across the healthcare delivery system. The Florida Hospital Association and Duke Health are partnering to offer this training in Florida.
- Construction on the Health and Wellness Center is moving quickly. Planning is underway to create a better patient experience for IRMC's physician practices when they move into the building in the fall.
- The Paragon Hospital Electronic eHealth Record is undergoing a face lift. Testing of a new system upgrade will begin in April with a targeted go live date in October/November 2016. The major focus of this upgrade will be the rewrite of the Physician View of the patient's record.
- Offers have been made to two medical oncologists to join IRMC. Management has been working diligently to recruit the local physicians with little success. One of the local groups has joined a state-wide group.
- Florida State University Medical Students were very successful on their matches for residency program once again this year. The graduates demonstrated remarkable achievements with matches at some of the nation's most prestigious medical institutions, including Duke Medicine. Unfortunately, more than half of the graduates are leaving Florida for their continued training. Dr. Lomax-Homier noted there were 20 students who would have liked to stay in the area for their residency but the slots were not available.

Dr. Hockmeyer requested a report on Employee turnover and succession planning review of all key leadership positions as an annual report for the Board.

Finance Committee

The Finance Committee met and reviewed the Year-to-Date FY 2016 Financials through February 2016. The Committee also received reports on the Inpatient Admissions Year-To-

Date February 2016, on the Medicaid Hospital Funding Programs for FY 2016-2017 and a Managed Care Payment comparison.

Governance Committee

The Governance Committee discussed concerns by several Board Members regarding security and safety. Guidelines for open meetings were discussed and proposed for adoption. Management is evaluating the entire organization and will implement policies for security at entrances and access to non-patient areas. The Governance Committee also discussed plans for future Board education sessions.

Investment Committee

The Investment Committee received the quarterly report from LCG. The organization is beginning to see the results of switching to active management.

There being no further business to discuss, the meeting adjourned to the private session at approximately 10:29 a.m.

Respectfully submitted,

Gerri Smith
Secretary

Property

Coverage	Expiring 6/29/16-6/29/16	Renewal Option 6/29/16-6/29/17	Variance
Insured Values			
Building Total Values	\$180,144,362	\$180,767,999	
Personal Property Total Values	\$149,806,166	\$157,363,179	
Business Income	\$130,116,755	\$141,399,008	
Total Insured Value	\$460,067,283	\$479,530,186	+4%
Limits of Liability			
All Other Perils-Program Limit	\$460,067,283	\$479,530,186	
Named Storm (1)	\$35,000,000	\$35,000,000	
Flood Annual Aggregate (2)	\$35,000,000	\$35,000,000	
Flood - Property Located in Basements	\$10,000,000	\$10,000,000	
Earth Movement - Annual Aggregate	\$35,000,000	\$35,000,000	
Deductibles (3)			
All Other Perils	\$25,000	\$25,000	
Named Storm	3% Per Unit of Insurance as respects to the perils of Flood, Wind, and Hail at each location subject to a \$100,000 minimum occurrence limit and a maximum of \$10,000,000	3% Per Unit of Insurance as respects to the perils of Flood, Wind, and Hail at each location subject to a \$100,000 minimum occurrence limit and a maximum of \$10,000,000	
Flood; except:	\$50,000	\$50,000	
Flood caused by Named Storm (Except Zone A)	Same as Named Storm Deductible	Same as Named Storm Deductible	
Flood - Inside 100 Year Flood Zone	3% at each and every location subject to a \$1,000,000 minimum	3% Per Unit of Insurance at each and every location subject to a \$1,000,000 minimum	
Flood - Outside 100 Year Flood Zone and Inside 500 Year Flood Zone	\$500,000	\$500,000	
Equipment Breakdown	\$25,000 Per Occurrence for PD; 1 x ADV for Time Element	\$25,000 Per Occurrence for PD; 1 x ADV for Time Element	
Earth Movement	\$50,000	\$50,000	
Waiting Periods			
Service Interruption/Off Premises Power Interruption	48 Hours	48 Hours	
Interruption by Civil Authority	48 Hours	48 Hours	
Premium			
Primary Layer Premium(\$30 million)	\$889,960		
Excess Named Storm Layer Premium (\$5 xs \$30)	\$80,000		
Excess Layer Premium	\$203,182		
Total Premium	\$1,173,142	\$960,000	-18%
Rate Per \$100 of TIV	\$0.25	\$0.20	-21%
Terrorism	Not Offered - Reinsurance	Not Offered - Reinsurance	
Taxes and Fees	None -FHLA	None -FHLA	
Minimum Earned Premium	35%	35%	
Loss Control Services	\$3,800	\$3,800	
Financial Analysis			
Payment Terms/Installments	Premium paid in Full or Finance Agreement	Premium paid in Full or Finance Agreement	

Option including Renewal Rate Guarantee **\$1,008,000** **-14%**

Renewal Rate Guarantee - 0 to 15% loss ratio, 5% rate reduction at renewal; 15% to 50% loss ratio, flat rate renewal, 50% or greater loss ratio, renewal rate subject to full underwriting

Additional \$5 million Named Storm Limit **\$70,000**

Notes:

- (1) Named Storm includes perils of wind, flood, and hail, and is per occurrence
- (2) Flood coverage is for non-named storm flood and is an annual aggregate
- (3) All deductibles are "larger of" language in case more than one deductible applies
- (4) Per Unit of Insurance: Defined as building, OR contents, OR business interruption values at an insured location. Deductible applies on a Unit of Insurance basis; for example, if only the building portion of a location suffers a loss, then the deductible is 3% of the building value, NOT the Total Insured Value, at that location.

**AMENDMENT NUMBER TWO TO THE
INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN AND TRUST AGREEMENT**

(As Amended and Restated Effective October 1, 2014)

WHEREAS, INDIAN RIVER MEMORIAL HOSPITAL, INC., a Florida corporation (the "Company"), sponsors the Indian River Memorial Hospital, Inc. Pension Plan and Trust Agreement (the "Plan"); and

WHEREAS, the Company desires to amend the Plan in order to provide a lump-sum distribution option to certain terminated participants during a limited period and to change the actuarial basis on which lump sum payments under the Plan shall be calculated; and

WHEREAS, Article XIII of the Plan permits the Company to amend the Plan at any time;

NOW, THEREFORE, effective as of September 1, 2016, or the adoption of this amendment, if earlier, Section 2.2(b)(3)(B) is hereby amended and a new Section 9.9 is added to the Plan to read as follows:

1. Section 2.2(b)(3)(B) is hereby amended to read as follows:

(B) The "applicable interest rate" means an interest rate equal to the adjusted first, second, and third segment rates applied under rules similar to the rules of Section 430(h)(2)(C) of the Code in effect for the fourth calendar month (June) preceding the applicable Plan Year in which the distribution occurs or such other time as the Secretary of the Treasury may prescribe. The segment rates with respect to any month shall be the single rate of interest determined by the Secretary of the Treasury on the basis of the corporate bond yield curve for such month based on the first, second and third segment rate bond maturation period described in Section 430(h)(2)(C) applicable to the Participant based on the Participant's age as of the date of distribution. The adjusted segment rates used for this purpose shall be the first, second and third segment rate under Section 430(h)(2)(C) applied as set forth using the adjustments described in Section 417(e)(3)(D) of the Code.

Notwithstanding the foregoing, for the one-year period following the effective date of this amendment, a Participant who is eligible to receive a lump sum distribution under the Plan immediately prior to the effective date of this amendment shall be eligible for a lump sum calculated based on the lookback month in effect prior to this amendment or the lookback month in the foregoing paragraph, whichever provides the greater lump sum."

2. A new Section 9.9 is hereby added to the Plan to read as follows:

"9.9 Special Lump Sum Option. Notwithstanding any other provision of the Plan to the contrary, the following provisions shall apply:

(a) **Definitions.** For purposes of this Section 9.9, the following definitions shall apply:

(1) "Eligible Participant" shall mean any vested Participant who is identified

by the Plan Administrator prior to the Window Benefit Commencement Date as someone [who]

- (A) Has incurred a Termination of Employment prior to October 1, 2015 and who has not been subsequently reemployed as an Employee after October 1, 2015;
 - (B) Has a monthly vested Accrued Benefit payable as of his or her Normal Retirement Date, or the Window Benefit Commencement Date, if later, that is equal to or less than \$500.00;
 - (C) Has not commenced receiving benefits under the Plan, and was not required to commence receiving benefits, prior to the Window Benefit Commencement Date;
 - (D) Does not have any portion of his or her Accrued Benefit subject to a proposed or final Qualified Domestic Relations Order;
 - (E) Is not an Alternate Payee under the Plan; and
 - (F) Is not a Beneficiary or surviving spouse under the Plan.
- (2) "Window Election Period" shall mean a period of at least 45 days designated by the Plan Administrator beginning not later than June 20, 2016, during which Eligible Participants may make benefit elections under this Section 9.9.
 - (3) "Window Benefit Commencement Date" shall mean a date specified by the Plan Administrator, not later than September 1, 2016, as of which benefits under this Section 9.9 shall be calculated. For purposes of the Plan the Window Benefit Commencement Date shall be the Annuity Starting Date.
- (b) **Elections by Eligible Participants.** Subject to the limitation described in subparagraph (f) below, an Eligible Participant may elect, in accordance with subparagraph (c) below, to receive (or commence to receive) his or her benefit as of the Window Benefit Commencement Date in one of the following forms:
- (1) A lump-sum cash payment equal to the Actuarial Equivalent of the Eligible Participant's vested Accrued Benefit payable at the Participant's Normal Retirement Date (or the Window Benefit Commencement Date, if later), determined using the applicable interest rate and the applicable mortality table determined as of the Window Benefit Commencement Date;
 - (2) A Qualified Joint and Survivor Annuity as described in Section 2.26 of the Plan;
 - (3) If the Participant is married, a contingent annuity option as described in Section 9.3(a) of the Plan with an amount equal to 75% of the amount payable during the Participant's lifetime payable to the Participant's spouse or other contingent annuitant.

- (4) A Single Life Annuity as defined in Section 2.27 of the Plan; or
- (5) If the Participant has reached his or her Early Retirement Date as defined in Section 2.12 of the Plan as of the Window Benefit Commencement Date, any other optional form of payment provided under the terms of the Plan pursuant to Section 9.3 of the Plan.

If the Participant has not attained his or her Early Retirement Date as defined in Section 2.12 of the Plan as of the Window Benefit Commencement Date, all optional annuity forms shall be the Actuarial Equivalent of the Participant's Normal Retirement benefit based on the Actuarial Equivalent assumptions defined in Section 2.2(b)(3)(B) of the Plan as amended herein. If the Participant has attained his or her Early Retirement Date as defined in Section 2.12 of the Plan as of the Window Benefit Commencement Date, all optional annuity forms shall be calculated in accordance with Section 4.2 of the Plan.

- (c) **Election Procedure.** Elections by Eligible Participants shall be made by notice to the Plan Administrator during the Window Election Period. An election made under this subsection 9.9(c) may be revoked by written notice to the Plan Administrator on or before the last day of the Window Election Period, or such other date as may be determined by the Plan Administrator, but shall be irrevocable after such date. An Eligible Participant whose lump sum benefit exceeds \$5,000 as of the Window Benefit Commencement Date must make an affirmative election no later than the last day of the Window Election Period, or such other date as may be determined by the Plan Administrator.
- (d) **Notice of Election.** The Plan Administrator shall send notification of the availability of the election described in this Section 9.9 to each Eligible Participant prior to the first day of the Window Election Period.
- (e) **Other Plan Rules Apply.** Except as otherwise provided in this Section 9.9 distributions under this Section 9.9 shall be subject to all requirements generally applicable to distributions under the Plan, including, without limitation, the spousal consent requirements of Section 9.2(b) and the direct rollover requirements of Section 9.6 of the Plan.
- (f) **Aggregate Limit on Distributions.** Notwithstanding the foregoing, if the total dollar amount of the lump sum distribution elected by an Eligible Participant under Section 9.9(b)(1) above or required to be distributed pursuant to Section 9.5 of the Plan exceeds Three Million Nine Hundred Thousand dollars (\$3,900,000), the group of Eligible Participants shall be reduced by excluding therefrom the Eligible Participants who have elected lump-sum distributions with the greatest dollar amounts until such total dollar amount is reduced to Three Million Nine Hundred Thousand dollars (\$3,900,000) or less.
- (g) Any other provision of the Plan to the contrary notwithstanding, the benefits provided under this Section 9.9 shall be in lieu of any other benefits under this Plan, not in addition to any such benefits."

IN WITNESS WHEREOF, the authorized officers of Indian River Memorial Hospital, Inc. have adopted these amendments and affixed the corporate seal on this _____ day of _____, 2016.

INDIAN RIVER MEMORIAL HOSPITAL, INC.

By: _____

Its: _____

Attest:

By: _____

Its: _____

**INDIAN RIVER MEMORIAL HOSPITAL
BOARD OF DIRECTORS
RESOLUTIONS ADOPTING
AMENDMENT NUMBER TWO TO THE
INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN
MAY 26, 2016**

- WHEREAS;** Indian River Memorial Hospital, Inc. d/b/a Indian River Medical Center (“the Hospital”) maintains the Indian River Memorial Hospital, Inc. Pension Plan (“Plan”);
- WHEREAS;** Article XIII of the Plan authorizes the Hospital to amend the Plan at any time;
- WHEREAS;** The Board of Directors desires to amend the Plan to provide a lump sum distribution option to certain terminated participants during a limited period and to make a permanent change to the actuarial basis on which lump sum payments under the Plan shall be calculated (“Amendment Number Two”);
- WHEREAS;** The Finance Committee of the Hospital met on May 24, 2016, and recommends that the Board of Directors approve Amendment Number Two to the Plan;
- WHEREAS;** The Board of Directors now desires to adopt Amendment Number Two to the Plan, effective as of September 1, 2016; and
- WHEREAS;** The Board of Directors also desires to delegate authority to the Employee Benefit Plans Committee to execute Amendment Number Two to the Plan and to take any action it deems necessary to carry out the implementation and administration of its provisions; therefore
- BE IT RESOLVED,** Amendment Number Two to the Plan is hereby approved effective as of September 1, 2016 in the form presented to the Board of Directors; and be it hereby
- FURTHER RESOLVED,** That the Employee Benefit Plans Committee be hereby authorized and directed to execute Amendment Number Two to the Plan; and be it hereby
- FURTHER RESOLVED,** That the Employee Benefit Plans Committee be hereby authorized and directed to perform any acts necessary to carry out and implement the provisions set forth in Amendment Number Two to the Plan.

IN WITNESS WHEREOF, the undersigned, being the Secretary of the Board of Directors, has hereunto set her hand as of the _____ day of May, 2016.

Gerri Smith, Secretary

- (f) review all information available regarding the current clinical competence and behavior of persons currently appointed to the Allied Health Staff. The Chairperson shall make a report of the CSAHS's findings and recommendations to the Credentials Committee.

3.D. CANCER COMMITTEE

3.D.1. Composition:

The Cancer Committee membership ~~shall~~should be multidisciplinary, ~~representing including~~ physicians from diagnostic radiology, pathology, general surgery, radiation oncology, ~~medical oncology~~, urology, gynecology, ~~family medicine, internal medicine~~ and cancer liaison physicians. Required non-physician representatives ~~shall~~may include a cancer program administrator, oncology nurse, social worker or case manager, Certified Tumor Registrar (CRT), and performance improvement or quality management professional.

3.D.2. Duties:

The Cancer Committee ~~shall~~is ~~be~~ responsible for developing and evaluating the annual goals and objectives for the clinical, community outreach, quality improvement, and programmatic endeavors related to cancer care. It shall establish the cancer conference frequency, format and attendance requirements. The Cancer Committee ~~shall~~ evaluates the cancer registry data for accuracy and timeliness, and monitor case finding, follow-up and data reporting.
~~Annually, the Cancer Committee shall analyze patient outcomes and disseminate the results of the analysis. The Cancer Committee should meet quarterly or as otherwise necessary.~~

3.E. UTILIZATION REVIEW COMMITTEE

3.E.1. Composition:

The Utilization ~~Review Management~~ Committee shall consist of at least two Active Staff members, ~~the Vice President of Patient Care Services or designee~~, the Case Management Director, the Chief Executive Officer or designee, and the Director of Quality Management Services.

3.E.2. Duties:

The Utilization Review Committee shall be responsible for the following:

- (a) providing oversight in coordinating a clinical resource management process which evaluates the appropriate use of resources across the continuum of care while maintaining quality outcomes. This oversight includes but is not limited to: the review and analysis of internal and external data; assisting in the prioritization of areas for improvement; facilitating the education of medical and Hospital staff; monitoring progress of task groups and reviewing recommendations for improvement;
- (b) formulating a written clinical resource management plan for the Hospital to be approved by the MEC, the Chief Executive Officer, and the Board. The plan shall be in

INDIAN RIVER MEDICAL CENTER, VERO BEACH, FLORIDA

ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) POLICY FOR MIDLEVEL ALLIED HEALTH STAFF

Definition: OPPE is designed to continuously evaluate a practitioner's performance. It allows potential problems with performance to be identified and resolved as soon as possible but also fosters a more efficient, evidence-based privilege renewal process. The Allied Health Staff will utilize OPPE information into the decision to maintain existing privileges, revise existing privileges, or revoke an existing privilege. The type of data collected and reviewed is determined and approved by the Credentials Subcommittee for Allied Health Staff and the Medical Staff. If a specific concern arises during the course of OPPE, the practitioner may be referred for Focused Professional Practice Evaluation (FPPE). Anytime a referral for FPPE is made due to a concern, the recent OPPE performance reports will be reviewed as well.

Performance data that demonstrates good performance as well as performance issues is maintained for every practitioner. Zero data is a measurement and can be evidence of good performance, i.e., no complaints, no delinquencies, etc.

Threshold eligibility requirement for Allied Health Midlevel (PA/ARNP/CNM) to request core privileges at the time of reappointment is a minimum clinical activity level of six patients per year with documentation in the patient record (history and physical, ~~or~~ consultations, etc.) as relevant to the midlevel's specialty area of practice. This activity level will provide data to enable clinical judgment and competence to be assessed (OPPE). A midlevel practitioner may choose to request limited clinical privileges.

Procedure:

Refer to OPPE Procedure.

Data specific to the performance of each practitioner holding clinical privileges at IRMC will be provided to the Department Chair, CSAHS and to each individual practitioner every six months. The data will be practitioner specific and also provide a comparison to peers whenever possible. Performance reports will be reviewed and discussed at the CSAHS and aggregate reports will be forwarded to the Credentials Committee and Medical Executive Committee biannually.

Actions that can occur include but are not limited to: determining that the practitioner is performing within expectations and no further action is warranted; determining an issue exists that requires focused evaluation; determining that zero activity should trigger a focused review when the privilege is actually performed. Evidence of this determination will be included in the practitioner's file.

ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) POLICY FOR MIDLEVEL ALLIED HEALTH STAFF – PAGE 2

A copy of the individual biannual performance evaluation will be maintained in the practitioner's file in the Medical Staff Services Department along with documentation of any performance improvement plan or collegial intervention activities related to an individual practitioner, if applicable. The reports relevant to the appointment cycle will be included in the practitioner's application for reappointment.

| 4/29/11, Reviewed & Approved Cred 08/15/11; MEC 08/17/11; BOD 09/14/11; Review and Revised 2/7/13; MEC 2/12/13 BOD 3/20/13
Revised 4/4/16; Credentials Committee 4/7/16

DRAFT

ALLIED HEALTH – ONGOING PROFESSIONAL PRACTICE EVALUATION- EVIDENCE BASED DATA

PRACTITIONER NAME: _____ DEPARTMENT: _____ SECTION: _____

STATUS: _____ LAST REAPPT DATE _____ REAPPOINTMENT DATE _____

Reviewer Names (Print) _____

1. Patient Care (and Procedures) (January-June)	(month/yr.) – (month/yr.) to _____	(month/yr.) – (month/yr.) to _____	(month/yr.) – (month/yr.) to _____
Accurate and complete: history, physical, assessment, and pain	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
2. Practice-Based Learning Improvements (January-June)			
Applies evidence-based medicine to clinical decisions	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
3. Medical Knowledge (January – June)			
Appropriate selection of diagnostic tests	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall integration of clinical information into treatment planning	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Pharmacological knowledge appropriate ordering of therapeutics	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
4. Systems-Based Practice (July-December)			
Uses information technology resources to support patient care decisions and patient education	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Practices cost-effective healthcare and resource allocation that does not compromise quality of care	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Applies medical information and clinical data systems to provide more effective, efficient care	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
5. Professionalism (July – December)			
Deficiencies and medical record completion as outline in the MS Bylaws.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Annual Education (completed by Med Staff Office)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Interpersonal Skills (July-December)			
Communications and behaviors with patients are effective and appropriate	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Communications and behaviors with physician supervisors are effective and appropriate	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Reviews			
	<p><u>Evaluator level of Interaction</u></p> <p><input type="checkbox"/> Minimum - occasional encounters <input type="checkbox"/> Moderate – weekly encounters <input type="checkbox"/> Extensive – daily encounters <input type="checkbox"/> Evaluator (if not chairman) <input type="checkbox"/> Physician (MD/DO) or peer</p> <hr/> <p>Signature _____ AHP/DOC # _____</p>	<p><u>Evaluator level of Interaction</u></p> <p><input type="checkbox"/> Minimum - occasional encounters <input type="checkbox"/> Moderate – weekly encounters <input type="checkbox"/> Extensive – daily encounters <input type="checkbox"/> Evaluator (if not chairman) <input type="checkbox"/> Physician (MD/DO) or peer</p> <hr/> <p>Signature _____ AHP/DOC # _____.</p>	<p><u>Evaluator level of Interaction</u></p> <p><input type="checkbox"/> Minimum - occasional encounters <input type="checkbox"/> Moderate – weekly encounters <input type="checkbox"/> Extensive – daily encounters <input type="checkbox"/> Evaluator (if not chairman) <input type="checkbox"/> Physician (MD/DO) or peer</p> <hr/> <p>Signature _____ AHP/DOC # _____</p>
Dept. Chairman Review			
	<hr/> Chairman Signature Date _____ DR. # _____	<hr/> Chairman Signature Date _____ DR. # _____	<hr/> Chairman Signature Date _____ DR. # _____
Comments	<hr/> <hr/> <hr/> <hr/>		

INDIAN RIVER MEMORIAL HOSPITAL, INC.
VERO BEACH, FLORIDA

AFFILIATE STAFF PRACTITIONER
REQUEST FOR PRIVILEGES

NAME: _____

1. SPECIALTY: SURGICAL ASSISTANT - BASIC
2. DEFINITION: The surgical assistant is a practitioner with sufficient education, experience, and expertise to aid the surgeon in carrying out a safe surgical procedure with optimal results for the patient.
3. STAFF CATEGORY: DEPENDENT PRACTITIONER
4. QUALIFICATIONS:
 - A. EDUCATION/EXPERIENCE: An applicant for basic surgical assistant privileges must be a high school graduate and have a medical education degree such as Medical Assistant, LPN, RN, or have Military Medical or Surgical Technologist Training. The supervising Medical Staff member must be certain the surgical assistant has sufficient education and experience to be knowledgeable and skilled in performing the privileges requested. The surgical assistant must be competent in surgical scrub aseptic technique, ability to work in a sterile field, closed glove and gowning technique, basic positioning of patients, and familiarity with sponge, needle, and instrument count and be able to demonstrate competency to the satisfaction of the operating room supervisor. Documentation of this competency must be submitted to Medical Staff Services prior to the final review of the applicant's credentials file.
 - B. CPR CERTIFICATION: Ongoing basic CPR certification is required.
 - C. Must provide documentation of a minimum of 50 surgical cases (case logs), performed as a Surgical Assistant at a hospital, surgery center operating room or supervising physician office.
5. SUPERVISION CODES - TO BE ENTERED SPECIFIC TO EACH PRIVILEGE
 - DO-S: Direct Observation-Surgical: Supervising Medical Staff member is scrubbed in and at the surgical field to observe and supervise the surgical assistant
 - DS: Direct Supervision: Supervising Medical Staff member is in the hospital and is readily available to direct actions of the surgical assistant
 - IS: Indirect Supervision: Supervising Medical Staff member is easily available for consultation and direction of the actions of the surgical assistant. Easily available includes the ability to communicate by way of telecommunication.
6. PRIVILEGE DELINEATION:

Instructions: Applicants should place an "x" in the Request Column (Req.) for each privilege they wish to request. The Status Column will be completed after Committee Review and Board Recommendations have been made and a copy of the completed privilege application form will be provided to the applicant.

Status Key:

INDIAN RIVER MEDICAL CENTER
VERO BEACH, FLORIDA
ALLIED HEALTH STAFF - REQUEST FOR PRIVILEGES

NAME: _____

1. SPECIALTY: SURGICAL ASSISTANT
2. DEFINITION: The surgical assistant is a practitioner with sufficient background and/or education, experience, and expertise to aid the surgeon in carrying out a safe surgical procedure with optimal results for the patient.
3. STAFF CATEGORY: DEPENDENT PRACTITIONER
4. QUALIFICATIONS:

A. EDUCATION/EXPERIENCE:

The supervising Medical Staff member must ensure that the surgical assistant is competent in surgical scrub aseptic technique, ability to work in a sterile field, closed and open glove and gowning technique, basic positioning of patients, and familiarity with sponge, needle, and instrument count and be able to demonstrate competency to the satisfaction of the Operating Room Supervisor. Documentation of this competency must be submitted to Medical Staff Services prior to the final review of the applicant's credentials file.

The surgical assistant must meet one of the following credentialing pathways. If requesting privileges in Orthopedics, Obstetrics, Gynecology, Cardiovascular, or Thoracic the applicant must provide documentation of experience specific to the requested specialty.

- 1) A certified first assistant (CFA).
- 2) A certified surgical technologist (CST) with one year of experience in a hospital or surgery center operating room.
- 3) A registered nurse first assistant (RNFA).
- 4) A certified physician assistant (PA-C).
- 5) A certified nurse, operating room (CNOR).
- 6) An Advanced Registered Nurse Practitioner (ARNP) with specific training or experience in surgery, i.e., documented completion of an accredited formal surgical assistant education program acceptable to the credentials committee or completion of six (6) twelve (12) months of previous hospital or an accredited surgery center-operating room experience as a surgical assistant.
- 7) ~~A licensed practical nurse with documentation of three (3) recent years of surgical experience in a hospital or surgery center operating room.~~
- 8) A licensed, residency trained surgeon.

B. CPR CERTIFICATION: Ongoing basic CPR certification is required.

5. SUPERVISION CODES - PRACTITIONER SHOULD ENTER CODE REQUESTED FOR EACH SPECIFIC PRIVILEGE PRACTITIONER IS SEEKING. REQUEST WILL BE REVIEWED AND APPROVED OR MODIFIED BASED ON EVALUATION OF APPLICANT'S TRAINING AND EXPERIENCE:

- DO-S: Direct Observation-Surgical: Supervising Medical Staff member is scrubbed in and at the surgical field to observe and supervise the surgical assistant
- DO: Direct Observation: Supervising Medical Staff member is physically present to observe and supervise the surgical assistant
- DS: Direct Supervision: Supervising Medical Staff member is in the Hospital and is readily available to direct actions of the surgical assistant
- IS: Indirect Supervision: Supervising Medical Staff member is easily available for consultation and direction of the actions of the surgical assistant. Easily available includes the ability to communicate by way of telecommunication.

6. PRIVILEGE DELINEATION:

Instructions: Applicants should place an "x" in the Request Column (Req.) for each privilege they wish to request and indicate the supervision code they wish to request in the Supervision Column (Sup.). The practitioner will request only those procedures for which he/she has been educated, trained, and has demonstrated competency.

A privilege shall be requested with a DO-S or DO supervision code until the supervising Medical Staff member provides documentation of the practitioner's current clinical competence and directly observed performance of the minimal number of procedures listed in brackets, if applicable. At that time, a change in supervision code may be requested . If this documentation can be provided with the initial application, the privilege may be requested with a lesser supervision level at the time of the initial request. Some restrictions apply as indicated, i.e., DS/IS may **not** be requested for some privileges.

The Status Column will be completed after Committee Review and Board Recommendations have been made and a copy of the completed privilege application form will be provided to the applicant.

Other: If the privilege you are interested in requesting is not included on this form, please ask for assistance from the Medical Staff Services Department.

Status Key:

A = Approved D = Denied W/D = Withdrawn by Applicant

* = Limitations Apply, See Details

Category 1 - Core Privileges:

Req. Code	Sup. Code	Status	Description
—	—	—	Assist circulating nurse in setting up operating room with instruments and supplies particular to type of surgery.
—	—	—	Scrub and don sterile gown and gloves.
—	—	—	Assist with positioning of patient.
—	—	—	Assist with draping of patient.
—	—	—	Assist in skin preparation.
—	DO-S	—	Anticipate surgeon's needs and pass instruments.
—	—	—	Assist with the operation of laparoscopic and endoscopic instruments and camera equipment.
—	—	—	Place and secure retractors.
—	—	—	Pack with sponges.
—	—	—	Digital manipulation of tissue.
—	—	—	Suction, irrigation and sponging.
—	—	—	Manipulation of suture materials.
—	—	—	Apply direct digital pressure.
—	—	—	Approximate skin edges for closure of wound by surgeon or closing practitioner.
—	—	—	Apply staples to skin with surgeon or closing practitioner approximating skin edges.
—	—	—	Affix absorbent material with tape or circumferential wrapping.
—	—	—	Immobilize dressing (soft or rigid).
—	—	—	Remove soft and rigid dressings.
—	—	—	Remove sutures.
—	—	—	Assist circulator nurse with applying a tourniquet.
—	—	—	Utilize sequential compression devices.
—	—	—	Apply Unna boot.
—	—	—	Provide pre and post operative patient education per supervising Medical Staff member's orders.

Category 2 - Non Core

- — — Operate electrocautery [10]
- — — Ligate vessels.
- — — Close skin with suture/staples.
- — — Closure of Body Planes Superficial to the Fascia Utilizing Running or Interrupted Subcutaneous Suture [10]
- — — Complete wound closure [10]
- — — Debride wound.
- — — Secure draining systems to tissue.
- — — Trimming, processing, and affixing skin graft. (DS/IS code may not be requested)
- — — Confirmation of orientation of skin graft. (DS/IS code may not be requested)

NON-CORE ORTHOPEDIC: Requires documentation of experience specific to specialty of orthopedics. Supervising Medical Staff member must hold privileges in Orthopedic Surgery.

- — — Apply traction.
- — — Apply splints.
- — — Apply braces.
- — — Casts - application, trimming, bi-valve, removal.
- — — Assist with the operation of endoscopic (arthroscopy) instruments and camera equipment.
- — — Use of orthopedic drills and hardware.

NON-CORE OBSTETRICAL: Requires documentation of experience specific to specialty of obstetrics. Supervising Medical Staff member must hold privileges in Obstetrics.

- — — Displacing the uterus.
- — — Providing fundal pressure.
- — — Nasal pharyngeal suction of newborn.
- DO-S — Collection of cord blood. (DO/DS/IS code may not be requested)

NON CORE: CARDIOVASCULAR AND THORACIC: Requires documentation of experience specific to the specialty of Cardiovascular and Thoracic surgery. Supervising Medical Staff member must hold privileges in Cardiovascular and Thoracic surgery.

- — — First assist in all aspects of Cardiac, Thoracic and Vascular surgery as needed and as indicated.
- — — Resect saphenous veins (greater and lesser) and arms veins, both open and endoscopic and complete wound closure
- — — Resect radial arteries both open and endoscopic.
- — — Open sternotomy, thoracotomy
- — — Closure of sternotomy, thoracotomy
- — — Cannulation of femoral artery/vein for bypass
- — — Debride wounds

*Limitations:

Practice Standards:

The surgical assistant will practice only with a supervising Medical Staff member. The surgical assistant may have more than one supervising Medical Staff member. Each supervising Medical Staff member is liable for any acts or omissions of the surgical assistant acting under his/her supervision and control.

7. MONITORING AND EVALUATION:

Practitioners will be monitored and evaluated on an ongoing basis. All practitioners (hospital employees/Medical Staff member's employees) will be held to the same performance criteria to assure one standard of care throughout the Hospital.

8. AGREEMENT AND SIGNATURE OF APPLICANT/SUPERVISING PHYSICIAN(S)

I understand that if privileges are granted to me by the Board of Directors, I am constrained by Florida Statutes and all Hospital and Medical Staff, bylaws, policies, rules and regulations as well as the Policy on Allied Health Staff. I verify that I meet the qualifications outlined above and I understand and agree to all responsibilities and limitations as outlined.

Applicant's Signature

Date

I have reviewed this delineated request for clinical privileges. By my signature below, I affirm that this applicant is fully qualified and clinically competent to function as an Allied Health Practitioner under my supervision. I acknowledge that as this practitioner's supervising Medical Staff Member, I am responsible at all times for all acts of this Allied Health Practitioner within the hospital.

Supervising Medical Staff Member's Signature

Date

(If more than one supervising Medical Staff member, attach addendum page with additional signatures.)

**INDIAN RIVER MEMORIAL HOSPITAL, INC.
VERO BEACH, FLORIDA**

**ALLIED HEALTH STAFF
REQUEST FOR PRIVILEGES**

NAME: _____

1. **SPECIALTY:** **CLINICAL INVESTIGATION (STUDY) MONITOR**
2. **DEFINITION:** An Investigational Study Monitor is a person who is scientifically qualified by virtue of training, experience and professional licensure to assist with certain aspects of an approved investigational study in accordance with a written protocol established by the chief clinical investigator. Study monitors may only act in conjunction with an Indian River Memorial Hospital approved investigational study under the direction of a supervising physician who is also an approved clinical investigator.
3. **STAFF CATEGORY:** **DEPENDENT PRACTITIONER**
4. **QUALIFICATIONS:**
- A. **EDUCATION/EXPERIENCE:** The following credentialling pathways will be acceptable for study monitors:
- 1) A licensed physician (MD or DO).
 - 2) A licensed practical nurse (LPN).
 - 3) A registered nurse (RN).
 - 4) An advanced registered nurse practitioner (ARNP) adult or pediatric, as applicable.
 - 5) A certified physician assistant (PA-C).
 - 6) Other: Comparable experience and training with documentation acceptable to the credential committee

The supervising physician must be certain the study monitor has sufficient education and experience to be knowledgeable and skilled in performing the privileges requested.

- B. **CPR CERTIFICATION:** Ongoing basic CPR certification is required.

CLINICAL INVESTIGATION (STUDY) MONITOR - PAGE 2/5

NAME: _____

5. SUPERVISION CODES - TO BE ENTERED SPECIFIC TO EACH PRIVILEGE

- CD: Investigational Study Direct Observation: Performed in conjunction with an approved investigational study; supervising physician is physically present to observe and supervise the study monitor.
- CS: Investigational Study Direct Supervision: Performed in conjunction with an approved investigational study; supervising physician is in the hospital and is readily available to direct actions of the study monitor.
- CI: Investigational Study Indirect Supervision: Performed in conjunction with an approved investigational study; supervising physician is easily available for consultation and direction of the actions of the study monitor. Easily available includes the ability to communicate by way of telecommunication.

6. PRIVILEGE DELINEATION:

Instructions: Applicants should place an "x" in the Request Column (Req.) for each privilege they wish to request. The Status Column will be completed after Committee Review and Board Recommendations have been made and a copy of the completed privilege application form will be provided to the applicant.

Status Key: A = Approved D = Denied W/D = Withdrawn by Applicant
* = Limitations Apply, See Details

Category I - Core Privileges:

Req.	Sup.	Status	Description

GENERAL:

All privileges require approval of written protocol¹:

- ____ CI ____ 4712 Performs basic nursing functions, i.e., temperature, blood pressure, pulse, etc.
- ____ CI ____ 4713 Observes/communicates/interacts with patients to ensure that the indications for patient participation in the approved clinical investigation are met.

CLINICAL INVESTIGATION (STUDY) MONITOR - PAGE 3/5

NAME: _____

Req.	Sup. Code	Status	Description
—	CI	—	4717 Draw venous blood samples (Requires initial supervision and competency certification.) <i>Privilege will be granted under IS*1 supervision code with pending completion of competency certification. The appropriate paperwork will be provided to the applicant at his/her orientation. The applicant will have 30 days to complete the competencies. Upon submission of the required documentation, the applicant will be granted this privilege under IS supervision code. If the competencies are not completed within 30 days the AHP will be required to relinquish this privilege.</i>
—	CI	—	4714 Arrange for ancillary services as outlined in the approved clinical investigation plan and authorized by the supervising physician. Assist in scheduling of special tests and studies. Authorization must be documented in the chart.
—	CI	—	4715 Provide education and counseling of the patient and family in preventive care, medical conditions, and the use of prescribed drugs and treatment.
	CI	—	4716 Dictate/write progress notes under direction of supervising physician— <u>only in reference to the medical study</u> . Notes must be countersigned within 24 hours.

*Limitations:

¹Written protocols must be established between the study monitor and the supervising physician consistent with the practitioner's scope of knowledge and training, the supervising physician's scope of clinical privileges and the parameters outlined in the approved clinical investigation. These protocols must be appended to this form as part of the privilege. The privileges and protocols are only valid for the duration of the approved study. Subsequent requests for study monitor privileges with appended protocols must be submitted for each approved study.

Practice Standards:

The study monitor will practice only with a supervising physician who is part of an approved clinical investigation. The study monitor may have more than one supervising physician as long as the physician(s) is part of an approved clinical investigation. Each supervising physician is liable for any acts or omissions of the study monitor acting under his/her supervision and control.

CLINICAL INVESTIGATION (STUDY) MONITOR - PAGE 4/5

NAME: _____

7. MONITORING AND EVALUATION:

Practitioners will be monitored and evaluated on an ongoing basis through the Hospital's Department of Nursing, the Medical Staff Department of the supervising physician and the clinical investigation monitoring process. Clinical performance and compliance with the established protocol will be monitored and a written assessment and report will be submitted to the Credentials Committee by the Institutional Review Board, the Department Director and the Department Chairperson at the time of the practitioner's request for reappointment. Practitioners will be held to the same performance criteria as hospital employees functioning in the same or similar capacity to assure one standard of care throughout the hospital.

8. RESPONSIBILITIES:

- A. Participate in orientation programs: Hospital; Medical Staff Services; and Departmental.
- B. Read and abide by Hospital policies, Institutional Review Board policies, Medical Staff policies, and Departmental policies.
- C. Participate in essential education activities annually and provide documentation to Medical Staff Services.
- D. Provide ongoing documentation of licensure/certification (if applicable), CPR certification, and liability insurance coverage (minimum \$250,000/\$750,000).
- E. Participate in quality assessment and improvement activities as requested.
- F. Participate in continuing education programs specific to specialty area. Practitioner is required to attend, at a minimum, the number of continuing education hours required to maintain licensure.
- G. Provide documentation, as requested, of current clinical competence to perform the privileges requested.
- H. Must wear hospital name badge whenever on the Hospital campus and must clearly identify him/her self to patients.
- I. Must document contact with each patient in the appropriate section of the medical record. All chart entries must be timed and dated.

CLINICAL INVESTIGATION (STUDY) MONITOR - PAGE 5/5

NAME: _____

RESPONSIBILITIES CONTINUED:

- J. Must abide by all hospital, state, and federal regulations regarding client confidentiality including release of information and responsibility to inform of probable physical harm.

Contact person who can verify the information you have provided on this form:

Name: _____ Title: _____

Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ FAX Number: _____

9. AGREEMENT AND SIGNATURE OF APPLICANT

I understand that if privileges are granted to me by the Board of Directors, I am constrained by Florida Statutes and all hospital and Medical Staff bylaws, policies, rules and regulations. I verify that I meet the qualifications outlined in Section 4 above and I understand and agree to all responsibilities and limitations as outlined.

Applicant's Signature

Date

Supervising Physician's Signature

Date

(If more than one supervising physician, attach addendum page with additional signatures.)

10. DATES REVIEWED AND APPROVED BY:

Nursing Director _____

Medical Staff Department Chairperson _____

Credentials Committee _____

Medical Executive Committee _____

Board of Directors _____

Foundation

1000 36th Street
Vero Beach, FL 32960
772.226.4960 PHONE
772.563.4770 FAX
www.irmcfoundation.org

Jan Donlan
President

FY2017 Prospective IRMC Foundation Board of Directors

Biographies

Shirley Becker

Mrs. Becker earned her nursing degree from the Hartford Hospital School of Nursing. She has been involved with a number of non-profit boards & committees including the Florida Society of Registered Nurses and the Webster, Massachusetts VNA. Shirley is the widow of Herman Becker, a member of The James B. Malloy Society and resides in the Moorings community.

Herbert Gullquist

Mr. Gullquist earned his Bachelor's degree from Northwestern University. He is the former founder, CEO and Chief Investment Officer of Lazard Asset Management (LAM), a NYC based subsidiary of Lazard Freres & Co. LLC. Mr. Gullquist is currently a Senior Advisor for LAM, which manages over 180 billion dollars in pension funds, mutual funds, hedge funds and individual accounts. Mr. Gullquist has served on numerous boards and committees including Northwestern University and Riverside Theatre. Both Mr. and Mrs. Gullquist founded *Stepping Stones Museum for Children* in Norwalk, Connecticut. Members of The James B. Malloy Society, Herb and his wife Anne reside in John's Island.



Foundation

Indian River Medical Center Foundation Report Indian River Medical Center Board of Directors May 2016

Campaign for Excellence in Cancer Care

The Foundation's \$48-million goal is within grasp, as the campaign total has crested \$47 million. Volunteers and staff continue cultivating and soliciting individual donors, private foundations, and corporate prospects. Meetings with Scully-Welsh Cancer Center leaders Dr. Jim Grichnik and Lori McCormick provide donor prospects with firsthand opportunities to learn more about the full scope of the cancer program development. Tours of the cancer center and 5 North continue to be extremely effective in securing gifts, as prospective supporters see excellent care delivered in such warm and modern, healing environments.

Already raising more than \$100,000, the tribute tile program "We Rise by Lifting Others" is gaining momentum. Personalized messages honoring a loved one or caregiver are inscribed on individual glass tiles that, together, comprise a beautiful mosaic visible to all who visit the cancer center. Foundation staff members help donors craft their tile message to meet space requirements.

Campaign for Cardiac Electrophysiology

Presenting its case for support in April, at the last Foundation Board meeting of the year, Foundation staff received positive feedback from volunteers who were quick to identify prospective supporters of this initiative. Efforts to meet the \$5-million goal are underway with proposals currently in the hands of several key prospects.

Summer Travel

Foundation Board and Leadership Committee members have recommended a number of locations for summer excursions to steward donors and engage prospects. Among the destinations currently being considered are Dorset VT, Harbor-Springs MI, Nantucket MA and Little Compton RI. Further research will determine the final travel plan.

Planned Giving

The spring issue of *The Legacy*, the Foundation's gift planning newsletter, illustrates the impact excellent patient care can have on the future of IRMC, thanks to philanthropy. The cover story

featured grateful patient Kathy Dunlop and her husband Richard, who are residents of Orchid Island. Kathy's life-saving experiences with IRMC, under the care of Dr. Clark Beckett and Dr. Derek Paul prompted the couple to make arrangements for the Foundation to receive a percentage of their estate. Such feature articles regularly result in inquiries from others who wish to leave a similar legacy, enabling staff to enlist new donors as members of *The Legacy Society*.

Another marketing strategy for planned gifts is the Foundation's ongoing engagement of local estate planning attorneys, now known as the Professional Circle. In a few weeks, the group will tour the Scully-Welsh Cancer Center and receive its periodic update on IRMC programs and projects, enabling members to provide information and guidance to their clients during the estate planning process.

Clinical Excellence Awards

On May 11, IRMC and the Foundation recognized 10 IRMC staff selected by peers to receive Clinical Excellence Awards at the 18th Annual Clinical Excellence Award Ceremony. Honorees included nine Registered Nurses representing Cardiac Rehab, Cardiac Stepdown, Behavioral Health Center, Diabetes, Intermediate Cardiac Care, Oncology Infusion, Surgical, OR and Orthopedics; and a Clinical Quality Analyst representing Medical Staff Services.

Held in the IRMC cafeteria with breakfast afterwards, Foundation Development Officer Myra Burns welcomed a standing-room-only crowd of IRMC staff and families of the honorees. IRMC Board Members Dr. Hal Brown and Gerri Smith, IRMC Foundation Board Members Dr. Richard Milsten and Judy LaFage, and IRMC Nursing Advisory Committee Member Marion Kennedy joined IRMC President/CEO Jeffrey Susi in the presentations as IRMC Senior VP/Chief Nursing Officer Lisa Hedenstrom announced the 2016 award recipients.

Clinical Excellence Awards are peer recognition awards funded by an endowment from The Laraja Foundation, Inc. Presented each year to nine nurses and/or patient care service associates and one support staff member, the awards recognize professional commitment, positive communication, teamwork and clinical expertise. Each honoree receives a \$1,500 stipend, an award certificate, and an etched glass commemorative piece for their outstanding work.

FY16 Annual Fund

As of May 16, 2016 the Foundation had received \$1,925,393 in unrestricted gifts and pledges to the Annual Fund for FY16 vs. \$4,788,250 for the same period last year. It is important to note the FY15 unrestricted amount included an estate distribution of \$2,500,000. The balance of unrestricted gifts in FY15 totaled \$2,288,250, with which current FY giving more closely aligns. Annual Fund contributions are generated by direct mail appeals, special mailings, honor/memorials, personal solicitations and estate distributions.

Indian River Medical Center Foundation Report
Indian River Medical Center
Board of Directors
March-April 2016

Campaign for Excellence in Cancer Care

Poised to hit its \$48-million campaign mark, the Foundation has raised \$46.6 million. Several six-figure gifts resulted from Foundation board members' efforts to promote naming opportunities within the new center and 5-North inpatient wing. Donors honor loved ones or demonstrate their own personal interest in cancer care by naming key spaces or support programs which are vital to patients facing the cancer journey.

Focused on completing the campaign this season and recognizing the tremendous impact Scully-Welsh Cancer Center tours have on prospective donors, Foundation board members, committee volunteers and staff hosted 65 guests during March and April. Prospects are awed by the center itself and extremely impressed by the passion and compassion demonstrated by staff. Highlights include the airy, bright infusion center, state-of-the-art radiation technology, healing gardens and the multi-media center. Our most capable guests also are briefed on progress and plans by Director Dr. Jim Grichnik or Administrative Director Lori McCormick. Of the prospects who visited the cancer center, 16 also toured the main hospital's newest facilities, seeing the power of philanthropy in elevating patient care throughout both venues.

Dr. Grichnik completed his Eagle Dinner circuit for the season, sharing his vision with an additional 364 guests at Moorings, Oceanside and Orchid Island events. He also participated in a physician panel at Windsor, along with Interventional Cardiologist Dr. Josh Kieval, Emergency Physician Dr. Glenn Tremml, and Hospitalist/Internist Dr. Richard Rothman. Moderated by Foundation Board Member and retired Urologist Dr. Richard "Dick" Milsten, the program, entitled *Vital Signs*, received rave reviews from 63 guests who previously had limited exposure to IRMC and the Foundation. Joined by IRMC physician panelists Drs. Charles Mackett, Heather Nagel and Rick Rothman, Dr. Milsten and his partner Dr. Jack Dorey conducted their final medical lecture of the season for 70 guests from Oak Harbor and the IRMC Auxiliary.

Stewardship

Thanks to the generosity of longtime Foundation friends Barry and Marsha Reardon, members of *The Eagle Society* enjoyed a private showing of the laugh-out-loud film *My Big Fat Greek Wedding 2*. Always well attended, this popular complimentary event drew more than 800 Eagles for a fun evening of entertainment and impact.

Preceding the movie were two video messages. Million-dollar donor Al Martinelli shared his view on the importance of growing an endowment for continued excellence in patient care at IRMC. Explaining why he and his family chose to make their gifts, Al encouraged other donors to join him in a campaign to raise \$30 million for a general endowment fund.

The second video poignantly illustrated the need for continued support of “the right care right here,” with a heartfelt message from Maureen Bauchman. Sharing the very personal impact her cancer diagnosis has had on her life, family and friends, Maureen thanked the donors who make it possible for her and other cancer patients to receive the care they need here at home, in Vero Beach. Maureen is a member of the Oceanside Leadership Committee and her husband Bob is a member of the Foundation Board of Directors. Together, they serve as Honorary Chairs of the Inspiration Wall initiative at the Scully-Welsh Cancer Center.

We are grateful for the continued support of the Rick Starr Family and Majestic Theatre and our friends at Rock City Gardens for helping to make our movie event special for our dedicated supporters.

FY16 Annual Fund

As of April 18, 2016 the Foundation had received \$1,736,093 in unrestricted gifts and pledges to the Annual Fund for FY16 vs. \$4,694,902 for the same period last year. It is important to note the FY15 unrestricted amount included an estate distribution of \$2,500,000. The balance of unrestricted gifts in FY15 totaled \$2,194,902, with which current FY giving more closely aligns. Annual Fund contributions are generated by direct mail appeals, special mailings, honor/memorials, personal solicitations and estate distributions.

Planned Giving

The Foundation’s Planned Giving Committee held its final meeting of the season on April 13. Charged with building endowment and growing Legacy Society membership, the group evaluated results to date, recapped summer plans and discussed strategies for next season. They assigned top priority to the completion of the Endowment Case Statement in preparation for next season. Additionally, the committee will invite the Foundation’s Professional Circle, comprised of local estate planning attorneys, to tour the Scully-Welsh Cancer Center early this summer.



COMMUNITY HEALTH IMPROVEMENT PLAN

2016-2019

Executive Summary

May 26, 2016

I. Introduction

A Community Health Needs Assessment (CHNA) is a community driven process to identify unmet health care and human service needs of a population which results in the identification of possible interventions and a plan called a Community Health Improvement Plan (CHIP).

IRMC has developed a CHNA in collaboration with the Indian River County Hospital District, Florida Department of Health-Indian River, Treasure Coast Community Health, Visiting Nurses Association, and Whole Family Health Center. IRMC's Board of Directors has previously received and approved the CHNA at the March 31, 2016 meeting. The following is a review of the process and the proposed IRMC Community Health Improvement Plan.

II. Overview

The process to develop the CHNA was facilitated by the Health Council of Southeast Florida and was organized into four sections:

1. Demographic and Socioeconomic profiles.
2. Health Status Profile
3. Health Resource Access and Availability profile, and
4. Community Perspective

Beginning in October, 2015 a broad spectrum of health and human service organizations came together in a series of meetings to review the information, provide insight and perspective through our collaborative community needs assessment. (See Attachment #1)

This was followed by twelve community focus groups and fifteen in-depth interviews with key informants. The resulting information was compiled and presented to on December 1, 2015 to the CHNA Advisory Council in the form of a "Trigger Report" which summarized the qualitative and quantitative data, which was then discussed and prioritized.

On December 8, 2015, members of the Steering Committee participated in a facilitated prioritization session of the issues identified by the larger Advisory Council to prioritize the key health issues of the community. The Committee members developed two focus areas, "Long, Healthy Lives" and "Healthy Moms, Healthy Kids," each of which encompass several specific goals.

On February 19, 2016, the Indian River Medical Center Board and the Indian River County District Board met in a combined public forum for a presentation of the results of the Community Health Needs Assessment. As a result, IRMC has identified three priorities that it will lead for our 2016 – 2019 Community Health Improvement Plan; **Cancer** (p. 3), **Emergency Department** (p. 4), and **Chronic Disease** (p. 5). The other health needs identified as priorities by the CHNA will be led by other facilities and/or organizations and IRMC will collaborate with them in improving the health of Indian River County. (See Table 1)

TABLE 1

CATEGORY	PRIORITY	Lead
LONG, HEALTHY LIVES	<ul style="list-style-type: none"> • Emergency Department <ul style="list-style-type: none"> - Manage frequent utilizers - Right level of care • Cancer- Prevention, early diagnosis • Unintentional Injury/Falls • Healthy Weight • Chronic Disease (CHF & Diabetes) • Mental Health (Suicide) 	<ul style="list-style-type: none"> • IRMC • IRMC • VNA • DOH/IRC • IRMC • MHC
HEALTHY MOMS, HEALTY KIDS	<ul style="list-style-type: none"> • Oral Health • Mental Health • Childhood Obesity/Healthy Weight • Infant & Fetal Mortality Rate/ Prenatal Care 	<ul style="list-style-type: none"> • TCCH • MHC • DOH/IRC • PC

Notes:

DOH/IRC-Department of Health/Indian River County

IRCHD-Indian River County Hospital District

IRMC- Indian River Medical Center

MHC-Mental Health Collaborative

PC-Partners Collaborative

TCCH-Treasure Coast Community Health Center

VNA-Visiting Nurses Association

WFHC-Whole Family Health Center

HOSPITAL FACILITY	Indian River Medical Center
CHNA SIGNIFICANT HEALTH NEED	Cancer
CHNA REFERENCE PAGE	78-79
DESCRIPTION OF NEED:	Cancer is the #1 cause of death in Indian River County
CHNA DATA:	
<ul style="list-style-type: none"> • Cancer is the leading cause of death in Indian River County, with 25.1% of all deaths in the county attributed to cancer in 2014. • The rate of cancer incidence has decreased from 464.7 per 100,000 in 2009 to 426.0 per 100,000 in 2011, though it is still the leading cause of death in Indian River County. • There were 510 deaths due to cancer in 2014, an age-adjusted rate of 175.8 per 100,000 residents. • The age- adjusted cancer mortality rate from 2010 to 2014 has increased from 165.0 to 175.8 per 100,000 and is higher in Indian River County when compared to the state. • Additionally, 1833.8 years of potential life lost per 100,000 under the age of 75 in the county attributed to cancer in 2014. 	
STRATEGIES/TACTICS:	
<ul style="list-style-type: none"> • Implement screening programs for preventable cancers. Focus on Lung Cancer as it accounts for 30.0 % of all Cancer deaths in Indian River County. • In cooperation with the American Cancer Society and other collaborators develop and implement community education programs in the early diagnosis and prevention of Cancer. 	
MONITORING/METRICS:	
<ul style="list-style-type: none"> • Annual review of Cancer Mortality rate • Annual review of the increase in early diagnosis of lung cancer (i.e. Percent stage 0, 1, and 2) 	
COLLABORATIVE MEMBERS:	
<ul style="list-style-type: none"> • Treasure Coast Community Health, Inc. • Florida Department of Health - Indian River County • Visiting Nurse Association of the Treasure Coast • Whole Family Health • Senior Resource Association 	

HOSPITAL FACILITY	Indian River Medical Center
CHNA SIGNIFICANT HEALTH NEED	Emergency Department
CHNA REFERENCE PAGE	85-86
DESCRIPTION OF NEED:	<ul style="list-style-type: none"> • Overutilization of ER • Inappropriate Use of ER • Availability, accessibility and affordability of health care services, including primary care services • Lack of knowledge and health education, especially prevention of chronic diseases
CHNA DATA:	
<ul style="list-style-type: none"> • Among Indian River County residents, there were a total of 44,481 ER Visits at Indian River Medical Center in the 2014 calendar year. (data represents ER visits that did not result in hospital admission) • Affordable health care coverage was mentioned as a key health issue in a majority of focus groups conducted across Indian River County. 	
STRATEGIES/TACTICS:	
<ul style="list-style-type: none"> • Facilitate qualification of indigent patients for Medicaid • Educate patients and community regarding appropriate access to primary care at non-emergent facilities • Expand capacity for treatment of non-acute patients outside of the core Emergency Department 	
MONITORING/METRICS:	
<ul style="list-style-type: none"> • Reduction in Core Emergency Department utilization for less acute visits- E/M CPT billing codes 99282 and 99281. 	
COLLABORATIVE MEMBERS:	
<ul style="list-style-type: none"> • Treasure Coast Community Health, Inc. • Florida Department of Health - Indian River County • Visiting Nurse Association of the Treasure Coast • Whole Family Health • Senior Resource Association 	

HOSPITAL FACILITY	Indian River Medical Center
CHNA SIGNIFICANT HEALTH NEED	CHRONIC DISEASES: Congestive Heart Failure and Diabetes
CHNA REFERENCE PAGE	66, 69, 70, 78, 79
DESCRIPTION OF NEED:	<ul style="list-style-type: none"> • High and increasing prevalence of diabetes • High rate of hospitalizations due to heart disease • High rate of death due to heart disease • Lack of knowledge and health education, especially prevention • High cost of health services, including prescriptions
CHNA DATA:	<ul style="list-style-type: none"> • The rate of hospitalizations from coronary heart disease was higher in Indian River County (353.5 per 100,000) than the state (338.0 per 100,000), which is important to note because heart disease is a second leading cause of death in the county. • The rate of hospitalizations from diabetes has been increasing since 2009 from 1433.4 per 100,000 to 1735.3 per 100,000 in 2012. • Diabetes was mentioned as one of the key health issues in Indian River County in the majority of focus groups and key informant interviews.
STRATEGIES/TACTICS:	<ul style="list-style-type: none"> • Increase education on prevention and wellness through community events, such as health fairs, lecture series and symposiums • Promote evidence-based diabetes management programs • Provide glucose and blood pressure screenings at community events • Promote the use of health care coverage as prevention through Coumadin® Clinic at Indian River Medical Center • Promote the use of the Congestive Heart Failure Clinic at Indian River Medical Center • Collaborate with community-based organizations to implement community interventions to reduce the determinants of diabetes and heart disease
MONITORING/METRICS:	<ul style="list-style-type: none"> • Reduction in Congestive Heart Failure Re-admission rate. (Monitored monthly) • Reduction in hospital admission rate due to Diabetes. (Monitored annually)
COLLABORATIVE MEMBERS:	<ul style="list-style-type: none"> • Treasure Coast Community Health, Inc. • Florida Department of Health - Indian River County • Visiting Nurse Association of the Treasure Coast • Whole Family Health • Senior Resource Association

Attachment #1

Indian River County-Community Health Needs Assessment Participants

- 211 Palm Beach/Treasure Coast
- Audubon Society (Pelican Island)
- Boys and Girls Clubs of Indian River County
- City of Fellsmere
- City of Sebastian
- City of Vero Beach
- City of Vero Beach Recreation Department
- Consumer - Registered Dietitian
- Early Learning Coalition of Indian River County
- Economic Opportunities Council of Indian River County, Inc.
- Environmental Learning Center
- Fellsmere Community Center
- Fellsmere Community Prayer and Worship Center
- Fellsmere Enrichment Center
- Florida Department of Health - Indian River County
- Gifford Youth Achievement Center
- Homeless Family Center
- Indian River County Board of County Commissioners
- Indian River County Community Development Department
- Indian River County Fire Rescue
- Indian River County Healthy Start Coalition, Inc.
- Indian River County Hospital District
- Indian River County Medical Society
- Indian River County Ministerial Association
- Indian River County National Association for the Advancement of Colored People (NAACP)
- Indian River County Sheriff's Office
- Indian River Impact 100
- Indian River Medical Center
- Indian River Neighborhood Association
- John's Island Foundation
- Rotary Club of Vero Beach Oceanside
- School District of Indian River County
- Sebastian Police Department
- Sebastian River Area Chamber of Commerce
- Senior Resource Association
- St. Mark's Anglican Church
- Substance Awareness Center of Indian River County
- The Mental Health Collaborative of Indian River County
- The Source
- Treasure Coast Community Health
- Treasure Coast Food Bank
- Treasure Coast Homeless Services Council, Inc.
- United Way of Indian River County
- Visiting Nurse Association of the Treasure Coast
- Whole Family Health

PRESIDENT'S REPORT

May 2016

- Senior Vice President, Chief Operating Officer Search
Three candidates for the position of Senior Vice President/Chief Operating Officer have been invited for a second round of interviews with the Board Officers and select Department Directors. Those interviews are scheduled to be completed before the Board meeting next week and, it is hopeful, that a recommendation for Senior Vice President and Chief Operating Officer will be approved at this month's Board meeting.
- Succession Plans
IRMC is in the process of creating succession plans for the Executive Team and key Department Directors reporting to the Executive Team. Those plans will be shared with the Executive Compensation Compliance Subcommittee during the May meeting.
- Strategic Planning
The Strategic Plan 2017 – 2020 will be presented to the Strategic Planning Committee in May and recommended to the Board for approval at the upcoming Board meeting. The Plan has received significant input from all Board Members, Medical Executive Committee Members, General Management, Foundation Board Members and Board of Trustees. Final touches to the Strategic Plan include the identification of investments that must be made to achieve the goals identified in the Plan.
- Chief Quality Officer
Dr. Katherine Grichnik has accepted the position of Chief Quality Officer. She will join IRMC in early September.
- Emergency Department Transition
On June 1st, the Emergency Department physician staffing will shift from an external contract service to direct employment of physicians and mid-levels. On the transition date, IRMC will employ eight full-time physicians all living in Indian River County. IRMC will continue to use supplemental staffing by physicians that have been working at IRMC until such time that the remaining slots are filled by physicians living in Indian River County.
- American Health Association Gold Plus Award
IRMC has again earned the Stroke Gold Plus Get With the Guidelines award from the American Heart Association / American Stroke Association. This award reflects IRMC's adherence to the most current evidence-based care for our Stroke Patients, which promotes optimal outcomes.



- TeamSTEPPS
IRMC leaders including CEO, CMO and CNO attended a TeamSTEPPS Master Trainer Program sponsored by Duke and FHA. We will be educating the IRMC team and staff on these principles and using the methods to improve quality and safety at IRMC.
- Campaign for Excellence in Cancer Care
The Foundation's \$48-million goal is within grasp, as the campaign total has crested \$47 million. Volunteers and staff continue cultivating and soliciting individual donors, private foundations, and corporate prospects. Meetings with Scully-Welsh Cancer Center leaders Dr. Jim Grichnik and Lori McCormick provide donor prospects with firsthand opportunities to learn more about the full scope of the cancer program development. Tours of the cancer center and 5 North continue to be extremely effective in securing gifts, as prospective supporters see excellent care delivered in such warm and modern, healing environments.

Already raising more than \$100,000, the tribute tile program "We Rise by Lifting Others" is gaining momentum. Personalized messages honoring a loved one or caregiver are inscribed on individual glass tiles that, together, comprise a beautiful mosaic visible to all who visit the cancer center. Foundation staff members help donors craft their tile message to meet space requirements.
- Scully Welsh Cancer Center
Dr. James Grichnik has begun to see melanoma patients once a week at the Scully Welsh Cancer Center. Additionally, Dr. Steve Patterson, Medical Oncologist and Hematologist, began to see patients at the Scully Welsh Cancer Center on May 16th.
- Director of Musculoskeletal Services
Sarah Mondano, R.N. has joined IRMC as the Director of Musculoskeletal Services. Sarah joins IRMC from the Visiting Nurse Association of the Treasure Coast where she held the position of Vice President of Business Development and Sales since 2009. She was responsible for the development and implementation of comprehensive business plans for all VNA clinical programs.

In her new role, Sarah will direct the administrative, financial, clinical and non-clinical operations and activities of the Musculoskeletal Center of Excellence at Indian River Medical Center. She will work with the Medical Director (Dr. George Nichols) to integrate evidence-based practice into clinical, operational, financial, logistical, and leadership processes and be accountable for ensuring the program achieves the quality, safety, patient satisfaction, service levels, cost and operational integrity.
- Hospital Week
Along with hospitals across the country, IRMC celebrated Hospital Week during the week of May 8th. The Pride Team planned a successful week of celebration. The week started on May 7th with a Walk-A-Thon Kick Off. IRMC Employees use pedometers to count their steps for six days. On Monday, the Pride Team kicked off a Scavenger Hunt. Employees were given a list of history questions to answer. Everyone had fun tracking down the information. An ice cream social was also held for all three shifts. On Tuesday, employees received their Hospital Week Gift of a beach bag and towel. Employees could also choose to wear a team sport shirt and donated \$5.00 to the Care to Share Program to wear jeans. On Wednesday, Chaplain Mindy Serafin blessed employees' hands and the Clinical Excellence Awards were distributed. On Thursday, the Hospital held a picnic for all employees. Tables were set up under the SICU in the physician

parking lot and a BBQ meal was available for all employees. On Friday, awards were distributed for the Walk-A-Ton and Scavenger Hunt.



- **District's Provider Collaborative**

As a result of IRMC's Community Health Needs Assessment for Indian River County IRMC is leading efforts to improve the health status in the following areas: ER access, Chronic Diseases, and Cancer. We have already conducted focus groups across agencies and providers that have been conducted in April and May to understand issues and identify appropriate cooperative tactics to improve health status of IR County residents in these areas. IRMC's Community Health Improvement Plan will be presented for approval at the May 26th Board meeting and will be incorporated into the 2017 – 2020 IRMC Strategic Plan.

- **Health & Wellness Center**

Construction is progressing rapidly with the building "sealed" and water tight in advance of "rainy" season. The construction timeline is approximately 13 months with construction completion estimated for November 15, 2016 and occupancy by December 1, 2016.



- Auxiliary Update

The Auxiliary's General Meeting was held on May 11, 2016. Auxilians were recognized for their years of service. There were 22 recipients for five years; 16 for the 10 years; five for 15 years; three for 20 years; and four for 25 years. This is a combined total of 505 years of service to the Auxiliary and Indian River Medical Center.

- 2016 Clinical Excellence Award Winners

Since its inception in 1999, \$270,000 has been distributed among 201 Clinical Excellence Award recipients, thanks to Joseph Laraja, a man who made it a point to reward outstanding nurses, patient care services associates and support staff at IRMC. Each of this year's 10 winners—who received \$1,500 each—demonstrated outstanding commitment to excellence in patient care.

The 18th Annual Clinical Excellence Awards were presented during Hospital Week by the IRMC Foundation. The program continues thanks to The Laraja Foundation, Inc., which endowed the program upon Joseph's passing in 2005. Recipients were Jessica Goldsmith, RN, Haley Macon, RN, Lauren Thomas, RN, Cynthia Brognano, RN, Fonda Johnston, RN, Cynthia Davis, RN, Linda Hammock, Tammy Jones, RN, Ana Bulalaque, RN and Robert Piper, RN.

- DAISY (Diseases Attacking the Immune System) AWARD

IRMC has a new way to thank nurses who consistently demonstrate excellence through his or her clinical expertise and extraordinary compassionate care: The DAISY Award. This award, in memory of J. Patrick Barnes, is an international program that rewards and celebrates the exceptional care given by nurses every day.

The DAISY Foundation was established in 1999 by the family of J. Patrick Barnes, who died of complications of the auto-immune disease Idiopathic Thrombocytopenia Purpura (ITP) at the age of 33. DAISY is an acronym for diseases attacking the immune system. During Pat's 8-week hospitalization, his family was awestruck by the care and compassion his nurses provided to Pat and everyone in his family. Patients, visitors, nurses, physicians and employees may nominate a deserving nurse by filling out a form and submitting it in one of the nomination boxes located throughout IRMC or by visiting irmcDaisyAward.com.

The awareness campaign kick-off is the week of May 23-May 27 in the Cafeteria from 11 am to 2 pm. Winners of a DAISY Award receive a statue, pin and certificate as well as his or her photo and story on the DAISY website.

- IRMC Leads in Tobacco-Free Worksite Efforts

The Tobacco Free Partnership of Indian River County recognized IRMC recently as a leader in being a smoke- and tobacco-free workplace. As part of Tobacco Free Florida Week, local businesses that support smoke-free policies—thereby reducing secondhand smoke and making Indian River County a healthier county for all —were honored at a meeting of the IR County Commission.

In 2013, IRMC became completely tobacco-free, both indoors and outdoors on all of its properties. This included parking areas and the vehicles parked there. The ban covered all tobacco products, including chewing tobacco and e-cigarettes, and extended to everyone who smokes—patients, visitors, employees, students and vendors. Since then, IRMC has also begun screening prospective employees for nicotine use.

- Nurses Week Celebrated Week Friday, May 6

IRMC hosted a full day of events on Friday, May 6, in Medical Classroom A and B from 6 am to 6 pm. Events included unit poster board contests, information on the DAISY and Clinical Excellence Awards, gifts and a photo booth.

- Taking Pride in Our Employees

The Pride Team Nomination Ceremony celebration was held on April 19 and there are three new finalists: Olga Galarza, Patient Access Specialist; Colleen King, Manager, Rehab Services; and Elaine McLeod, Ambassador, Food and Nutrition Services—this quarter's Pride Team finalists. All of these finalists received a gift certificate and Elaine was recognized as the top winner.

All of these employees demonstrated performance above and beyond the call of duty as well as displaying the core values of compassion, respect, teamwork, excellence and accountability. Finalists are chosen by the Pride Team. At the end of the year, the names of all the employees nominated that year are entered in a drawing for a grand prize.



PRESIDENT'S REPORT

April 2016

- **Senior Vice President, Chief Operating Officer Search**

As previously reported, three candidates have been chosen as finalists for the Chief Operating Officer position. With everyone's busy schedule and spring travel schedules, interviews with the Board Officers have been pushed back a bit. We hope to complete the next round of interviews by mid-May and, contingent upon feedback, make a final selection and offer by the end of May.

- **Strategic Planning**

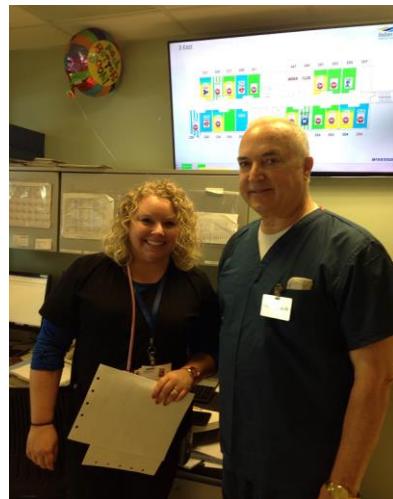
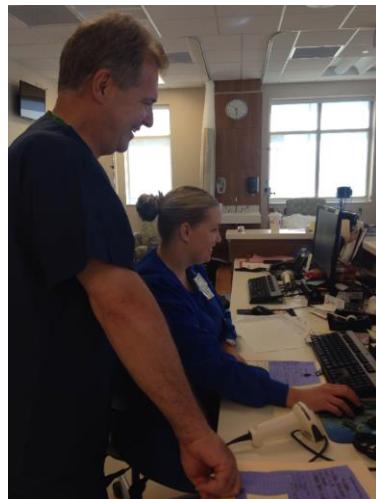
As of this date, we have received input from the Foundation Board members, each of the District Trustees and have held another half day retreat with Executive Management Team members. We have a presentation with a few individuals who have not yet been part of the planning process as well as the Medical Executive Committee members. We are on schedule to make management's recommendations to Strategic Planning Committee and then Board as scheduled in May.

- **Walk in Our Shoes Program**

Under the leadership of Administrative Resident Kateland Hall, IRMC is continuing the *Walk In Our Shoes* program. I believe that the experiences are not only appreciated by our staff, but also well received by the executive team members.

Rich Van Lith, Vice President of Strategic Planning and Business Development recently shadowed Laurel Maddox, RN, Manager of Ambulatory Infusion. Rick reports that he was impressed by the excellent relationship between finance, pharmacy and the clinical staff to work on behalf of the patients for right care, right here, with right coverage by the insurance companies. Further, Rick was amazed at the relationship between our clinical staff and the patients they serve, with their connections going well beyond clinical care to treat the patients truly as they would treat their own families.

Jennifer Copeland, RN, Charge Nurse for the Cardiac Step down unit, allowed me to shadow her for part of the morning shift, witnessing the complexity of patient discharge, including discharge education and instructions and lots of coordination and paperwork. Jenny also provided several suggestions for process improvement.



- TeamSTEPPS

On May 3rd and 4th, a team from IRMC including leaders from various departments and Executive management (CEO, CMO & CNO) will attend a master trainer course in TeamStepps, a widely used method utilizing evidence-based medicine as a framework to optimize quality and team performance across the healthcare delivery system. The Florida Hospital Association and Duke Health are partnering to offer this training in Florida.

The core of the TeamSTEPPS framework is comprised of four skills: Leadership, Situation Monitoring, Mutual Support, and Communication. The Team Strategies and Tools to Enhance Performance and Patient Safety is a systematic approach developed by the Department of Defense and the Agency for Healthcare Research and Quality (AHRQ) to help incorporate teamwork into practice. The team from IRMC who attends will form a steering committee to help educate the IRMC staff and leaders to implement this national program hospital wide at IRMC.

- IRMC Announces a Residency Program for Graduate Nurses

IRMC has begun to accept applications for a new graduate nurse residency program. The program will include a didactic and hands-on learning experience to support graduate nurses as they transition to staff Registered Nurses. In addition to a one-on-one clinical preceptorship with an experienced registered nurse, our nurse residents participate in classes on critical thinking, effective communication and time management.

- Employee Engagement PULSE Survey

The 2016 mid-year Employee Engagement PULSE survey began on Monday, April 25. The brief survey allows IRMC to check in with employees to see how things are going since the fall 2015 full survey. Employees received an email invitation to participate in the PULSE survey. As a thank you gift for completing the PULSE survey, employees receive an IRMC umbrella.

- IRMC Designated by Blue Distinction® Center+ for Specialty Care Programs Recognized for Cardiac and Maternity Care; Knee/Hip Replacement Surgeries

IRMC is proud to announce Florida Blue has designated the Medical Center as a Blue Distinction® Center+ for its Cardiac and Maternity Care programs, and Knee and Hip Replacement surgeries. The Blue Cross and Blue Shield Association's Blue Distinction Centers are nationally-designated healthcare facilities shown to deliver improved patient safety and better health outcomes based on objective measures that were developed with input from the medical community. Blue Distinction Centers have met rigorous program standards and demonstrated quality and improved outcomes for patients, with low rates of complications and readmissions. In addition to meeting established quality thresholds, each of these distinctions also requires IRMC to demonstrate better cost-efficiency compared to other hospitals. A hospital must also maintain national accreditation at the facility level for cardiac care and knee and hip replacement surgeries. The Blue Distinction Centers for Maternity Care program, a new designation under the Blue Distinction Specialty Care program, evaluates hospitals on several quality measures. In addition, hospitals that receive this designation have agreed to meet requirements that align with principles that support evidence-based practices of care. This includes initiating programs to promote successful breastfeeding. The program also evaluates hospitals on overall patient satisfaction, including a patient's willingness to recommend the hospital to others.

- Campaign for Excellence in Cancer Care

Poised to hit its \$48-million campaign mark, the Foundation has raised \$46.6 million. Several six-figure gifts resulted from Foundation board members' efforts to promote naming opportunities within the new center and 5-North inpatient wing. Donors honor loved ones or demonstrate their own personal interest in cancer care by naming key spaces or support programs which are vital to patients facing the cancer journey.

Focused on completing the campaign this season and recognizing the tremendous impact Scully-Welsh Cancer Center tours have on prospective donors, Foundation board members, committee volunteers and staff hosted 65 guests during March and April. Prospects are awed by the center itself and extremely impressed by the passion and compassion demonstrated by staff. Highlights include the airy, bright infusion center, state-of-the-art radiation technology, healing gardens and the multi-media center. Our most capable guests also are briefed on progress and plans by Director Dr. Jim Grichnik or Administrative Director Lori McCormick. Of the prospects who visited the cancer center, 16 also toured the main hospital's newest facilities, seeing the power of philanthropy in elevating patient care throughout both venues.

- Scully-Welsh Cancer Program

- Cutaneous Oncology Clinic with Dr. Grichnik will begin on May 2nd. The Clinic will be located on the second floor of Scully Welsh Cancer Center.
- A new Clinical Research Director for the Scully Welsh Cancer Center has been hired. Karen Frazer, RN MS joined IRMC in April bringing over 20 years of experience in clinical trials. Karen will be working closely with Duke Cancer Network on future studies.
- Nutritional Counseling and Behavioral Health Counseling are now available at the Scully Welsh Cancer Center.
- The Scully Welsh Cancer Center recently participated in the American Cancer Society Relay for Life of the Beaches. The event took place on April 15th at Riverside Park from 6 p.m. to midnight.

- Information Services Update

- Planning has started for our next major Paragon (Hospital Electronic Health Record) system upgrade, release 13. IRC will begin testing the new release in May with a targeted live date in October/November of this year. There are over 3,600 software changes in this release. The major focus with this release is the rewrite of the Physician View of the patient's record.
- Several Software System upgrades are in progress:
 1. The Financial Budgeting and Reporting System is being upgraded to the latest software release. The new release will provide better operational budgeting, strategic planning, labor productivity and decision support functionality. Tentative go live in May.
 2. The Laboratory Blood Bank system upgrade is targeted for a late summer go live date.
 3. The Ascom wireless phone system is being configured to receive email notifications from our McKesson Visibility System. This will assist nursing with notifications of patient arrivals to the floors.
- Information Services is replacing the Security Firewall system to a newer next generation security intrusion prevention system. This system will be in place no later than the end of May.

- Foundation Thanks Donors with Private Movie Showing

Thanks to the generosity of longtime Foundation friends Barry and Marsha Reardon, members of *The Eagle Society* enjoyed a private showing of the laugh-out-loud film *My Big Fat Greek Wedding 2*. Always well attended, this popular complimentary event drew more than 800 Eagles for a fun evening of entertainment and impact.

Preceding the movie were two video messages. Million-dollar donor Al Martinelli shared his view on the importance of growing an endowment for continued excellence in patient care at IRMC. Explaining why he and his family chose to make their gifts, Al encouraged other donors to join him in a campaign to raise \$30 million for a general endowment fund.

The second video poignantly illustrated the need for continued support of “the right care right here,” with a heartfelt message from Maureen Bauchman. Sharing the very personal impact her cancer diagnosis has had on her life, family and friends, Maureen thanked the donors who make it possible for her and other cancer patients to receive the care they need here at home, in Vero Beach. Maureen is a member of the Oceanside Leadership Committee and her husband Bob is a member of the Foundation Board of Directors. Together, they serve as Honorary Chairs of the Inspiration Wall initiative at the Scully-Welsh Cancer Center.

The Foundation is grateful for the continued support of the Rick Starr Family and Majestic Theatre and our friends at Rock City Gardens for helping to make our movie event special for our dedicated supporters.

- Tornado Drill Included Evacuation Training

On March 24, IRMC conducted a tornado drill, the first of three annual disaster drills that test the Medical Center’s Emergency Preparedness plans. This year’s drill also included evacuation training of the patient bed tower in the event of a disaster that affects the Medical Center’s elevators.

Security team members Todd Schwanke, Jessica Barnhart and Erick Jardines, and Engineering team members Vic Vaglivielo, Rand Robinson and Paul Michalak assisted in the training on the proper use of the Paramed TM Paraslyde Evacuation Equipment.

- Nurse Call System Upgrade

IRMC began upgrading its Nurse Call System on April 13th. The first unit to be upgraded was 3 East, with the project expected to be completed house-wide by November. The new WestCall Nurse Call system will improve communication and response time between patients and their care team. The new nurse call system can improve patient safety, the patient experience, and healthcare team satisfaction.

IRMC’s Environment of Care Committee assigned a subcommittee to monitor patient safety concerns, provide education to staff and insure a smooth transition with the new technology. The team developed a “Gold Star” icon to identify units that have been upgraded. This icon will be placed on Visibility (the patient tracking system for clinical staff), patient beds and on the patient room number sign. The upgraded units will also feature a banner reminding staff of the new system.

- Jackie Robinson Baseball Game

The Pride Team also hosted a night at the ball game. Employees and their family were invited to an evening at the Jackie Robinson Celebration Baseball Game on Friday, April 15th at the Holman Stadium in Vero Beach. Despite the rainy evening, over 500 employees attended the event. IRMC purchased the tickets for employees and their families. This game was a fundraising event for the United Way.

- Annual Easter Egg Hunt

The Pride Team sponsored the annual Easter Egg Hunt on March 26th in the Medical Center Cafeteria. Employees were invited to bring their love ones ages 0 to 12 for breakfast with the Easter Bunny followed by a Easter Egg Hunt.



- Auxiliary Update

During national Volunteer Week, IRMC honored their 500 plus volunteers at the annual Volunteer Appreciation luncheon was held on Friday, April 15th at Oak Harbor. Cary Stowe, M.D. thanked the volunteers for their hard work, commitment and dedication. He also gave a presentation on TAVR and Electrophysiology.

FY 2016 Goals & Objectives

3. Physician/Hospital Alignment

Initiative	Metric	Target	Status FYTD 04/30/16
<ul style="list-style-type: none"> Indian River Medical Associates (IRMA) Strategically Increase Access to and Improve Quality of Care Provided 	<p>Recruitment: Community Need</p> <ul style="list-style-type: none"> Primary Care Physicians x 2 Neurologist Hospitalists x 2 (Total 14) <p>Recruitment: Strategic</p> <ul style="list-style-type: none"> Centers of Excellence <ul style="list-style-type: none"> - Heart/See Electrophysiologist - Cancer/See Scully-Welsh - Ortho/See Musculoskeletal <p>IRMA Infrastructure</p> <ul style="list-style-type: none"> Formalize IRMA Governance Structure to Facilitate Integration of Practices, Promote Clinical Quality and Continuum of Care Revise Planning, Recruitment & Contract Negotiations Processes 	<ul style="list-style-type: none"> Jun. & Sep. 2016 Aug. 2016 Both by Dec. 2015 <ul style="list-style-type: none"> See #3. Program/Market development <ul style="list-style-type: none"> Approval by Jun. 2016 Implement Mar. 2016 	<ul style="list-style-type: none"> Recruiting Recruiting COMPLETE <ul style="list-style-type: none"> See #3. <ul style="list-style-type: none"> In process <ul style="list-style-type: none"> Positions added for Recruitment and Contracting
<ul style="list-style-type: none"> Health & Wellness Center 	<ul style="list-style-type: none"> Begin Construction Move into Facility 	<ul style="list-style-type: none"> Nov. 15, 2015 Dec. 1, 2016 	<ul style="list-style-type: none"> On time & budget
<ul style="list-style-type: none"> Physician Engagement 	<ul style="list-style-type: none"> Physician Engagement Survey (2014: Private-22nd & Employed- 55th percentile) 	<ul style="list-style-type: none"> Employed: 65th percentile Private: 35th percentile 	<ul style="list-style-type: none"> Re-survey in Sept. 2016

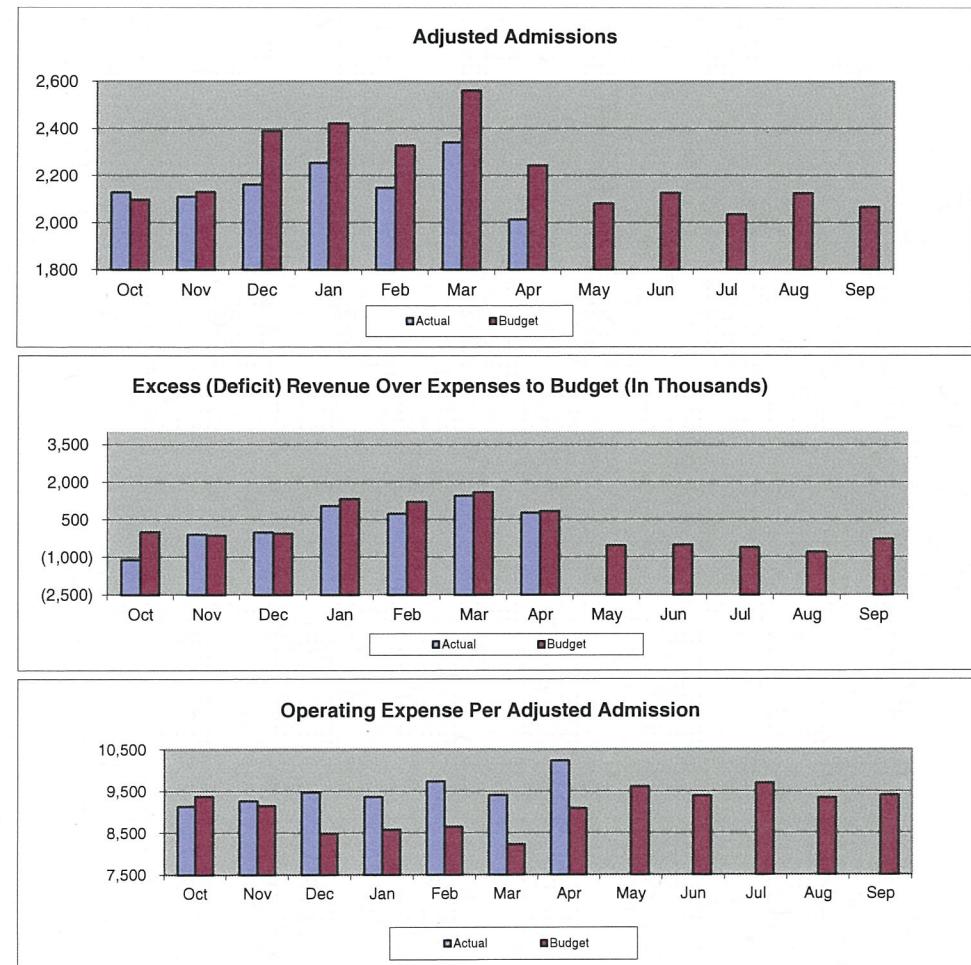
FY 2016 Goals & Objectives

2. Program/Market Development

Initiative	Metric	Target	Status FYTD 04/30/16
• Scully-Welsh Cancer Center	• Recruit Radiation Oncologist • Radiation Oncology Market Growth (New Referrals)	• Mar. 2016 • 10% Inc. vs. FY 15	• Deferred • 41% increase (255 vs. 181)
• Grow VRA Imaging	• MRI Procedures	• 5% Inc. vs. FY 15	• 6% increase (3,466 vs. 3,272)
• Community Health Needs Assessment (CHNA)	• CHNA completed and Action Plan presented for Board Approval	• Jan. 2016	• CHNA complete • Action Plan at May meeting
• Gastroenterology	• Initiate Endoscopic Ultrasound (EUS) Program & Communicate Community Benefit	• Nov. 2015	• Program in place
• Heart Center: Electrophysiology program	• Construct facility and install equipment • Recruit Electrophysiologist (Under contract)	• Complete: Oct. 2016 • Aug. 2016	• Const. complete Sept. 2016 • Under contract, starts Aug. 2016
• Musculoskeletal Center of Excellence	• Recruit Orthopedic Surgeon #2 • Recruit Rheumatologist	• Apr. 2016 • Aug. 2016	• Offer pending • Under contract Starts Aug. 2016

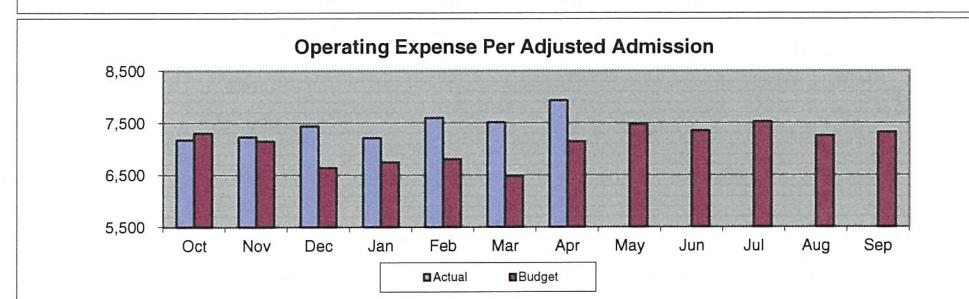
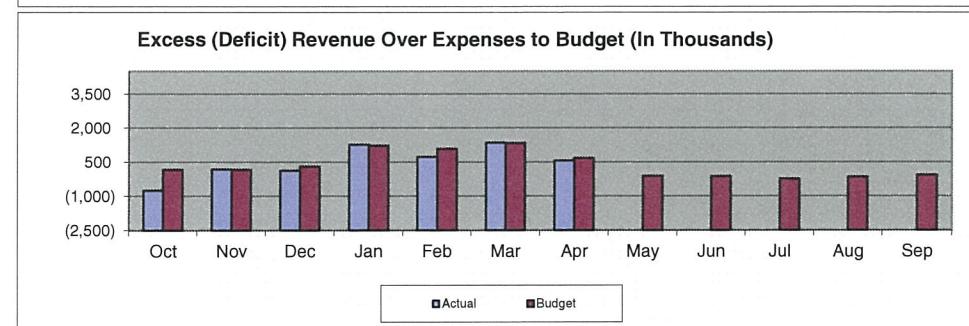
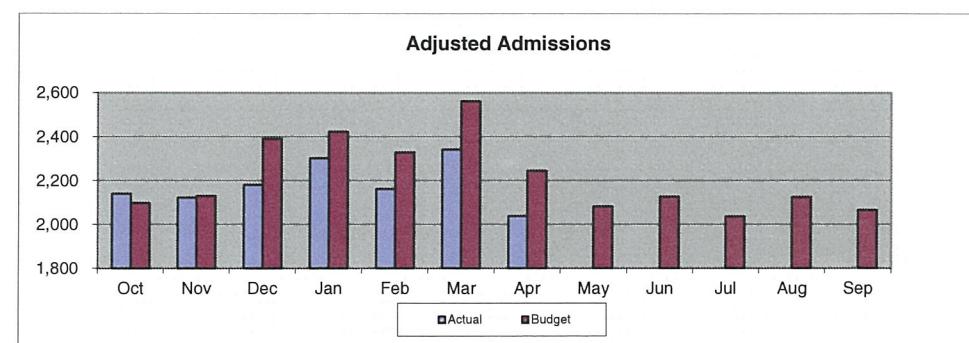
Indian River Medical Center
Consolidated Financial Information
YTD April 2016

Volume	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Admissions	9,020	9,629	9,353	-6.3%	-3.6%
Observation Discharges	3,487	2,468	2,116	41.3%	64.8%
Total Admissions & Observation	12,507	12,097	11,469	3.4%	9.1%
Adjusted Admissions	15,167	16,369	14,951	-7.3%	1.4%
Patient Days	37,378	41,031	40,857	-8.9%	-8.5%
Adjusted Patient Days	62,849	69,753	65,313	-9.9%	-3.8%
Average Daily Census	175	193	193	-8.9%	-8.9%
Urgent Care Visits	11,797	11,927	11,950	-1.1%	-1.3%
ER Visits	36,809	37,580	35,775	-2.1%	2.9%
Surgeries	4,742	4,683	4,336	1.3%	9.4%
FTE's - Overall	1,557.9	1,552.0	1,471.5	0.4%	5.9%
AR Days	43.3	41.0	38.7	5.5%	11.8%
Days Cash on Hand	73.2	76.0	80.0	-3.7%	-8.5%
Case Mix Index	1.62	1.56	1.57	4.1%	3.6%
Income Statement (in thousands)	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Patient Revenue	141,149	143,222	135,530	-1.4%	4.1%
DSH / UPL	2,195	2,187	2,327	0.4%	-5.7%
Medicaid / UPL	350	379	442	-7.7%	-20.8%
Other Revenue	9,469	9,425	11,109	0.5%	-14.8%
Bad Debt	(6,253)	(8,594)	(9,489)	-27.2%	-34.1%
Net Revenue	146,910	146,619	139,919	0.2%	5.0%
Total Personnel Cost	79,003	78,893	72,746	0.1%	8.6%
Contracted and Other Services	28,718	28,068	28,840	2.3%	-0.4%
Supplies	28,338	26,893	26,301	5.4%	7.7%
Depreciation	7,913	7,813	7,102	1.3%	11.4%
Interest	177	187	195		
Total Operating Exp	144,149	141,854	135,185	1.6%	6.6%
Excess (Deficit) Revenue Over Expenses	2,761	4,765	4,734		



Indian River Medical Center
Hospital Only Financial Information
YTD April 2016

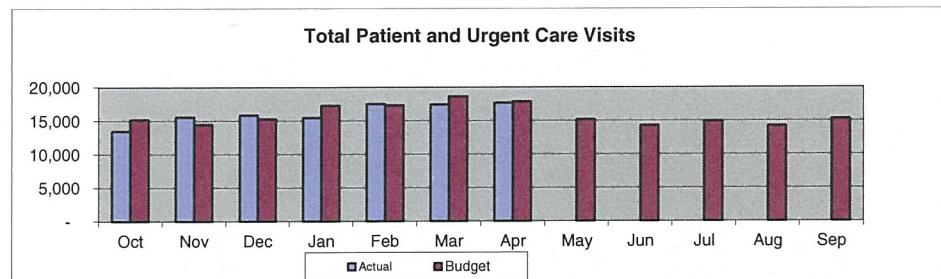
Volume	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Admissions	9,020	9,629	9,353	-6.3%	-3.6%
Observation Discharges	3,487	2,468	2,116	41.3%	64.8%
Total Admissions & Observation	12,507	12,097	11,469	3.4%	9.1%
Adjusted Admissions	15,296	16,369	15,063	-6.6%	1.5%
Patient Days	37,378	41,031	40,857	-8.9%	-8.5%
Adjusted Patient Days	63,386	69,753	65,801	-9.1%	-3.7%
Average Daily Census	175	193	193	-8.9%	-8.9%
ER Visits	36,809	37,580	35,775	-2.1%	2.9%
Surgeries	4,742	4,683	4,336	1.3%	9.4%
FTE's - Overall	1,317.0	1,313.4	1,262.4	0.3%	4.3%
AR Days	41.8	42.0	37.2	-0.5%	12.3%
Days Cash on Hand	73.2	76.0	80.0	-3.7%	-8.5%
Case Mix Index	1.62	1.56	1.57	4.1%	3.6%



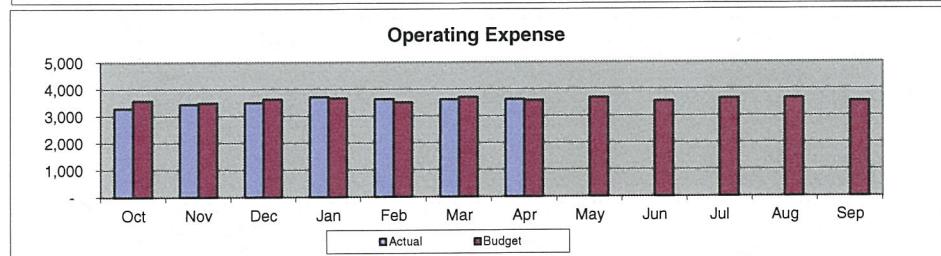
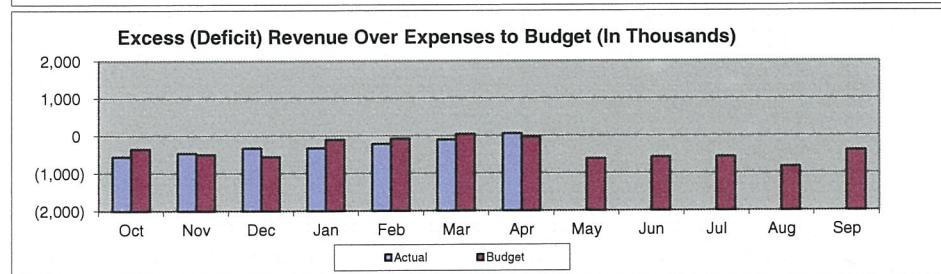
Income Statement (in thousands)	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Patient Revenue	113,004	114,256	111,744	-1.1%	1.1%
DSH / UPL	2,195	2,187	2,327	0.4%	-5.7%
Medicaid / UPL	350	379	442	-7.7%	-20.8%
Other Revenue	7,925	7,986	9,818	-0.8%	-19.3%
Bad Debt	(6,253)	(8,594)	(9,489)	-27.2%	-34.1%
Net Revenue	117,221	116,214	114,842	0.9%	2.1%
Total Personnel Cost	56,768	56,420	54,902	0.6%	3.4%
Contracted and Other Services	23,193	22,464	22,030	3.2%	5.3%
Supplies	26,760	25,437	24,814	5.2%	7.8%
Depreciation	6,986	6,915	6,301	1.0%	10.9%
Interest	-	-	-	-	-
Total Operating Exp	113,707	111,236	108,046	2.2%	5.2%
Excess (Deficit) Revenue Over Expenses	3,514	4,978	6,796		

Indian River Medical Center
Physician Financial Information
YTD April 2016

Volume	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Patient Visits	100,909	104,072	93,754	-3.0%	7.6%
Urgent Care Visits	11,797	11,927	11,950	-1.1%	-1.3%
Hospital Surgeries	1,431	-	799		79.1%
FTE's - Overall	240.9	238.6	209.1	1.0%	15.2%



Income Statement (in thousands)	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Patient Revenue	21,392	22,231	17,406	-3.8%	22.9%
DSH / UPL					
Medicaid / UPL					
Other Revenue	1,531	1,404	1,257	9.0%	21.8%
Bad Debt	-	-	-		
Net Revenue	22,923	23,635	18,662	-3.0%	22.8%
Total Personnel Cost	20,039	20,421	15,947	-1.9%	25.7%
Contracted and Other Services	3,446	3,451	4,665	-0.1%	-26.1%
Supplies	916	865	841	5.8%	8.9%
Depreciation	443	455	411	-2.6%	7.9%
Interest	-	-	-		
Total Operating Exp	24,844	25,192	21,863	-1.4%	13.6%
Excess (Deficit) Revenue Over Expenses	(1,921)	(1,557)	(3,201)		

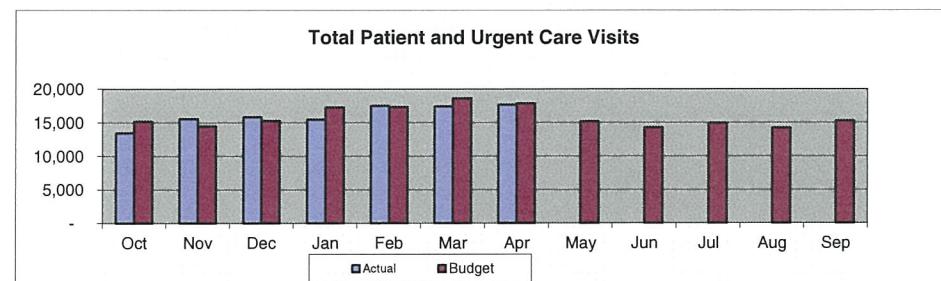


Indian River Medical Center
Outpatient Imaging Services Financial Information
YTD April 2016

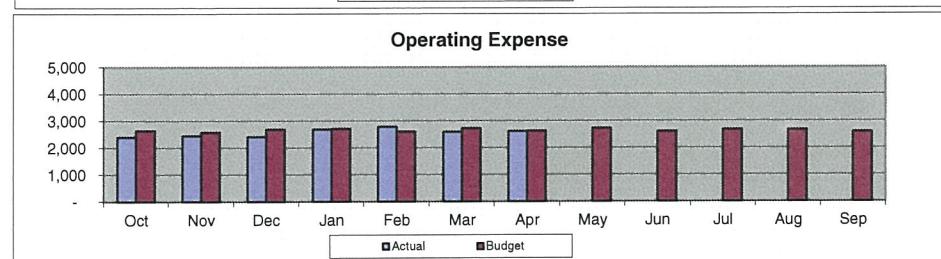
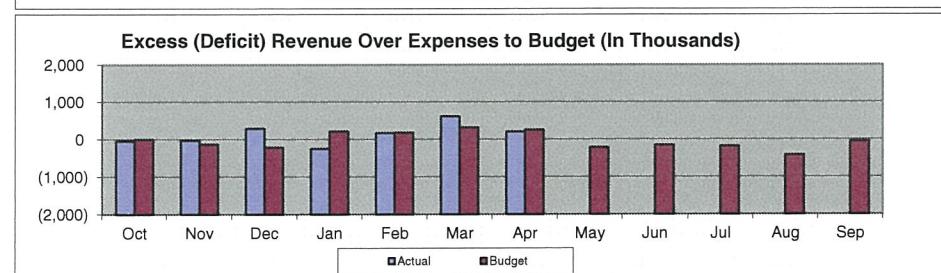
Income Statement (in thousands)	Year to Date			Act / Bud % Var	Act / PY % Var
	Actual	Budget	Prior Year		
Patient Revenue	6,753	6,735	6,380	0.3%	5.8%
DSH / UPL	0	0	0		
Medicaid / UPL	0	0	0		
Other Revenue	13	34	34		
Bad Debt	-	-	-		
Net Revenue	6,766	6,770	6,414	0.0%	5.5%
Total Personnel Cost	2,197	2,052	1,897	7.0%	15.8%
Contracted and Other Services	2,078	2,153	2,145	-3.5%	-3.1%
Supplies	662	590	647	12.2%	2.3%
Depreciation	484	443	391	9.2%	23.7%
Interest	177	187	195	-5.3%	-9.2%
Total Operating Exp	5,598	5,425	5,275	3.2%	6.1%
Excess (Deficit) Revenue Over Expenses	1,169	1,345	1,139	-13.1%	2.6%

Indian River Medical Center
Office Based Physician Services
YTD April 2016

Volume	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Patient Visits	100,909	104,072	93,754	-3.0%	7.6%
Urgent Care Visits	11,797	11,927	11,950	-1.1%	-1.3%
Hospital Surgeries	1,431	-	799		79.1%
FTE's - Overall	240.9	238.6	209.1	1.0%	15.2%

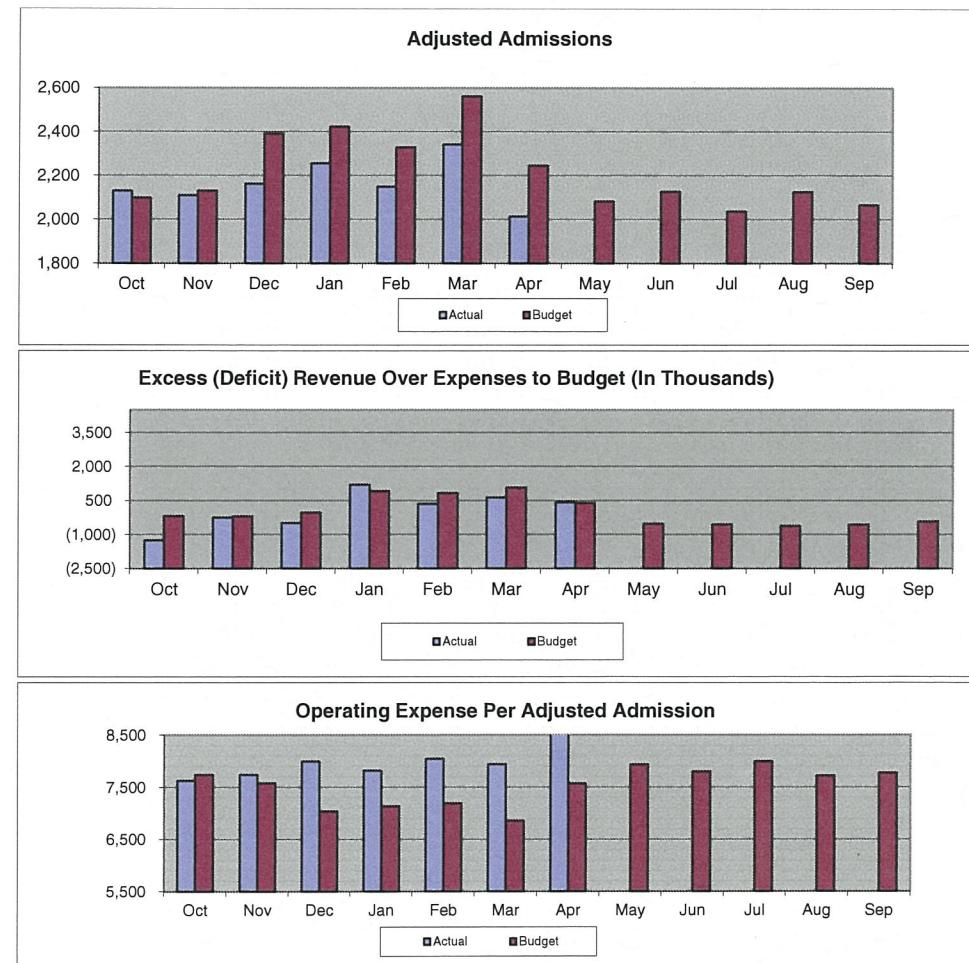


Income Statement (in thousands)	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Patient Revenue	17,458	17,853	13,714	-2.2%	27.3%
DSH / UPL					
Medicaid / UPL					
Other Revenue	1,531	1,404	1,257	9.0%	21.8%
Bad Debt	-	-	-		
Net Revenue	18,989	19,257	14,971	-1.4%	26.8%
Total Personnel Cost	14,501	15,430	12,146	-6.0%	19.4%
Contracted and Other Services	2,193	1,916	2,105	14.4%	4.2%
Supplies	897	844	817	6.3%	9.8%
Depreciation	417	429	385	-2.8%	8.4%
Interest	-	-	-		
Total Operating Exp	18,008	18,619	15,452	-3.3%	16.5%
Excess (Deficit) Revenue Over Expenses	981	637	(481)		



Indian River Medical Center
Hospital & Hospital Based Physician Services Financial Information
YTD April 2016

Volume	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Admissions	9,020	9,629	9,353	-6.3%	-3.6%
Observation Discharges	3,487	2,468	2,116	41.3%	64.8%
Total Admissions & Observation	12,507	12,097	11,469	3.4%	9.1%
Adjusted Admissions	15,167	16,369	14,951	-7.3%	1.4%
Patient Days	37,378	41,031	40,857	-8.9%	-8.5%
Adjusted Patient Days	62,849	69,753	65,313	-9.9%	-3.8%
Average Daily Census	175	193	193	-8.9%	-8.9%
ER Visits	36,809	37,580	35,775	-2.1%	2.9%
Surgeries	4,742	4,683	4,336	1.3%	9.4%
FTE's - Overall	1,317.0	1,313.4	1,262.4	0.3%	4.3%
AR Days	41.8	42.0	37.2	-0.5%	12.3%
Days Cash on Hand	73.2	76.0	80.0	-3.7%	-8.5%
Case Mix Index	1.62	1.56	1.57	4.1%	3.6%



Income Statement (in thousands)	Year to Date			Act / Bud	Act / PY
	Actual	Budget	Prior Year	% Var	% Var
Patient Revenue	116,938	118,634	115,436	-1.4%	1.3%
DSH / UPL	2,195	2,187	2,327	0.4%	-5.7%
Medicaid / UPL	350	379	442	-7.7%	-20.8%
Other Revenue	7,925	7,986	9,818	-0.8%	-19.3%
Bad Debt	(6,253)	(8,594)	(9,489)	-27.2%	-34.1%
Net Revenue	121,155	120,592	118,534	0.5%	2.2%
Total Personnel Cost	62,306	61,410	58,703	1.5%	6.1%
Contracted and Other Services	24,447	23,999	24,590	1.9%	-0.6%
Supplies	26,778	25,458	24,837	5.2%	7.8%
Depreciation	7,013	6,941	6,327	1.0%	10.8%
Interest	-	-	-	-	-
Total Operating Exp	120,544	117,809	114,457	2.3%	5.3%
Excess (Deficit) Revenue Over Expenses	612	2,783	4,076	-	-

Indian River Medical Center
Statement of Revenue and Expenses (000's)
Consolidated

	Projection FY 2016	Budget FY 2016	Projection FY 2016	vs Budget Difference	%	Actual (b) FY 2015	Projection FY 2016	vs FY 2015 Difference	%
Net Revenues	247,222	242,989	4,233	1.7%		235,298		11,924	5.1%
Expenses:									
Nursing Salaries	25,612	25,506	106	0.4%		24,580		1,032	4.2%
Ancillary and Support Salaries	90,630	89,130	1,500	1.7%		82,803		7,827	9.5%
Employee Benefits	19,581	19,135	446	2.3%		17,692		1,889	10.7%
Contracted Services	11,551	11,151	400	3.6%		12,352		(801)	-6.5%
Professional Fees	4,162	3,565	597	16.7%		4,244		(82)	-1.9%
Medical and Other Supplies	47,482	44,935	2,547	5.7%		42,713		4,769	11.2%
Interest Expense	842	870	(28)	-3.2%		887		(45)	-5.1%
Depreciation and Amortization	14,421	13,944	477	3.4%		13,009		1,412	10.9%
Other Expenses	9,985	8,510	1,475	17.3%		11,172		(1,187)	-10.6%
Utilities	4,382	3,916	466	11.9%		4,136		246	5.9%
Purchased Services	13,606	13,480	126	0.9%		13,301		305	2.3%
Insurance	4,060	7,033	(2,973)	-42.3%		7,428		(3,368)	-45.3%
Total Expenses	246,314	241,175	5,139	2.1%		234,317		11,995	5.1%
Operating Income	908	1,814	(906)	-49.9%		981		(73)	-7.4%
Nonoperating Income	262	266	(4)	-1.5%		160		102	63.8%
Excess Revenues over expenses	1,170	2,080	(910)	-43.7%		1,141		29	2.6%
Excess Revenues over expenses:									
Hospital, inc. Nonoperating Income	3,860	4,540	(680)	-15.0%		4,481		(621)	-13.9%
Physician Services	(4,570)	(4,540)	(30)	0.7%		(5,183)		613	-11.8%
VRA	2,130	2,300	(170)	-7.4%		1,867		263	14.1%
Subtotal (a)	1,420	2,300	(880)	-38.2%		1,165		255	21.9%
HSIR	(250)	(220)	(30)			(24)		(226)	941.7%
	1,170	2,080	(910)	-43.7%		1,141		29	2.6%

(a) Finance Committee and Board approved FY 2016 budget of \$2,08,000 in excess of revenue over expenses.

(b) Agrees to FY 2015 Audited Financial Statements

Indian River Medical Center
Statement of Revenue and Expenses (000's)
Consolidated

	Projection FY 2016	Actual FY 2015	FY 2016 Proj.		Actual FY 2014	FY 2015	
			vs FY 2015 Difference	%		vs FY 2014 Difference	%
Net Revenues	247,222	235,298	11,924	5.1%	203,851	31,447	15.4%
Expenses:							
Nursing Salaries	25,612	24,580	1,032	4.2%	22,299	2,281	10.2%
Ancillary and Support Salaries	90,630	82,803	7,827	9.5%	68,704	14,099	20.5%
Employee Benefits	19,581	17,692	1,889	10.7%	17,505	187	1.1%
Contracted Services	11,551	12,352	(801)	-6.5%	12,049	303	2.5%
Professional Fees	4,162	4,244	(82)	-1.9%	3,511	733	20.9%
Medical and Other Supplies	47,482	42,713	4,769	11.2%	35,214	7,499	21.3%
Interest Expense	842	887	(45)	-5.1%	303	584	192.7%
Depreciation and Amortization	14,421	13,009	1,412	10.9%	11,561	1,448	12.5%
Other Expenses	9,985	11,172	(1,187)	-10.6%	8,133	3,039	37.4%
Utilities	4,382	4,136	246	5.9%	3,744	392	10.5%
Purchased Services	13,606	13,301	305	2.3%	12,260	1,041	8.5%
Insurance	4,059	7,428	(3,369)	-45.4%	7,340	88	1.2%
Total Expenses	246,314	234,317	11,997	5.1%	202,623	31,694	15.6%
Operating Income	908	981	(73)	-7.4%	1,228	(247)	-20.1%
Nonoperating Income	262	160	102	63.8%	154	6	3.9%
Excess Revenues over expenses	1,170	1,141	29	2.6%	1,382	(241)	-17.4%
Excess Revenues over expenses:							
Hospital, inc. Nonoperating Income	3,860	4,481	(621)	-13.9%	4,937	(456)	-9.2%
Physician Services	(4,570)	(5,183)	613	-11.8%	(4,051)	(1,132)	27.9%
VRA	2,130	1,867	263	14.1%	687	1,180	171.8%
Subtotal	1,420	1,165	255	21.9%	1,573	(408)	-25.9%
HSIR	(250)	(24)	(226)		(191)	167	-87.4%
	1,170	1,141	29	2.6%	1,382	(241)	-17.4%

Indian River Medical Center
FY 2016 Projection versus Budget- Operating Volume and Business Indicators
Consolidated

	Projection FY 2016	Budget FY 2016	Projection FY 2016		Actual FY 2015	Projection FY 2016	
			vs Budget <u>Difference</u>	%		vs FY 2015 <u>Difference</u>	%
Admissions	14,773	15,841	(1,068)	-6.7%	15,064	777	5.2%
Observation Discharges	6,097	4,134	1,963	47.5%	3,974	160	4.0%
Total Admissions and Observation	20,870	19,975	895	4.5%	19,038	937	4.9%
Patient Days, inc. Obs.	67,560	71,838	(4,278)	-6.0%	69,148	2,690	3.9%
Patient Days, exc. Obs.	60,823	66,670	(5,847)	-8.8%	64,181	2,489	3.9%
Average Length of Stay, exc. Obs.	4.26	4.21	0.05	1.2%	4	(0)	-0.5%
Average Daily Census	185	197	(12)	-6.0%	189	8	4.0%
Physician Visits	162,100	168,021	(5,921)	-3.5%	152,746	15,275	10.0%
Urgent Care Visits	18,600	18,761	(161)	-0.9%	18,215	546	3.0%
ER Visits	60,100	60,617	(517)	-0.9%	58,851	1,766	3.0%
Surgeries	7,850	7,702	148	1.9%	7,202	500	6.9%
FTE's- Hospital	1,310	1,306	4	0.3%	1,255	51	4.1%
FTE's- Physician Services	230	230	-	0.0%	213	17	8.0%
FTE's- Overall	1,540	1,536	4	0.3%	1,468	68	4.6%
AR Days	41	41	-	0.0%	41	-	0.0%
Days Cash on Hand	76	76	-	0.0%	75	1	1.3%
Case Mix Index	1.62	1.58	0.04	2.5%	1.57	0.01	0.6%

Indian River Medical Center
FY 2016 Projection- Operating Volume and Business Indicators
Consolidated

	Projection FY 2016	Actual FY 2015	FY 2016 Proj.		Actual FY 2014	FY 2015 vs FY 2014	
			vs FY 2015 Difference	%		vs FY 2014 Difference	%
Admissions	14,773	15,064	(291)	-1.9%	14,410	654	4.5%
Observation Discharges	6,097	3,974	2,123	53.4%	3,666	308	8.4%
Total Admissions and Observation	20,870	19,038	1,832	9.6%	18,076	962	5.3%
Patient Days, inc. Obs.	67,560	69,148	(1,588)	-2.3%	66,765	2,383	3.6%
Patient Days, exc. Obs.	60,823	64,181	(3,358)	-5.2%	61,882	2,299	3.7%
Average Length of Stay, exc. Obs.	4.26	4.23	0.03	0.7%	4.29	(0)	-1.4%
Average Daily Census	185	189	(4)	-2.3%	183	6	3.5%
Physician Visits	162,100	152,746	9,354	6.1%	137,998	14,748	10.7%
Urgent Care Visits	18,600	18,215	385	2.1%	17,460	755	4.3%
ER Visits	60,100	58,851	1,249	2.1%	57,179	1,672	2.9%
Surgeries	7,850	7,202	648	9.0%	6,449	753	11.7%
FTE's- Hospital	1,310	1,255	55	4.4%	1,131	124	11.0%
FTE's- Physician Services	230	213	17	8.0%	188	25	13.3%
FTE's- Overall	1,540	1,468	72	4.9%	1,319	149	11.3%
AR Days	41	41	-	0.0%	44	(3)	-6.8%
Days Cash on Hand	76	75	1	1.3%	77	(2)	-2.6%
Case Mix Index	1.62	1.57	0.05	3.2%	1.55	0	1.3%

Indian River Medical Center
Statement of Cash Flows (000's)
Consolidated

	Projection	Budget	Actual	Actual	Actual	Actual
	<u>FY 2016</u>	<u>FY 2016</u>	<u>FY 2015</u>	<u>FY 2014</u>	<u>FY 2013</u>	<u>FY 2012</u>
(Excludes Foundation)						
Excess (deficit) Revenue over expenses	1,170	2,080	1,141	1,382	(3,535)	
Add: Depreciation and Amortization	14,421	13,944	13,009	11,561	10,658	
Working Capital Changes	(3,532)	(2,638)	3,008	(365)	(440)	
Net Cash Provided by Hospital Operations	12,059	13,386	17,158	12,578	6,683	
Cash from Foundation and Contributions	9,485	9,485	16,017	7,024	16,773	
Acquisitions of Property and Equipment-Foundation	(9,485)	(9,485)	(14,805)	(7,024)	(16,773)	
Property and Equipment- Hospital funded	(6,750)	(6,000)	(5,396)	(2,899)	(4,288)	
IT Hospital funded	(1,950)	(1,950)	(1,870)	(1,950)	(5,450)	
Health & Wellness Center Development	(16,500)	(16,500)	(1,654)	(830)	(92)	
Funding Frozen Pension Plan	(2,120)	(2,120)	(980)	(653)	(2,603)	
Purchase of VRA	-	-	-	(22,819)	-	
Term Loan- VRA	-	-	-	23,000		
Term Loan- H&WC	16,500	16,500	3,500	-	-	
Term Loan Principal Payments- VRA	(1,996)	(1,996)	(1,837)	(471)	-	
Term Loan Debt Service Payments- H&WC	(1,493)	(1,493)	-	-	-	
Increase (decrease) in Hospital Cash and Investments	(2,250)	(173)	10,133	5,956	(5,750)	
Cash and Investments, end of Year	44,000	46,250	46,423	42,246	36,290	42,040
Days Cash on Hand	71	76	76	77	70	84
Bank Covenant- Days Cash on Hand	60	60	60	60		

Indian River Medical Center
Statement of Revenue and Expenses (000's) Projection FY 2016
Consolidated

	<u>Actual</u> <u>Oct-15</u>	<u>Actual</u> <u>Nov-15</u>	<u>Actual</u> <u>Dec-15</u>	<u>Actual</u> <u>Jan-16</u>	<u>Actual</u> <u>Feb-16</u>	<u>Actual</u> <u>Mar-16</u>	<u>Actual</u> <u>Apr-16</u>	<u>Proj.</u> <u>May-16</u>	<u>Proj.</u> <u>Jun-16</u>	<u>Proj.</u> <u>Jul-16</u>	<u>Proj.</u> <u>Aug-16</u>	<u>Proj.</u> <u>Sep-16</u>	<u>Proj.</u> <u>FY 2016</u>	<u>Budget</u> <u>FY 2016</u>
Revenues:														
Inpatient Revenue	24,787	27,846	27,468	31,418	30,301	31,946	29,686	27,138	25,894	25,559	25,735	25,520	333,297	357,123
Outpatient Revenue	24,761	24,242	27,284	26,779	29,144	31,346	32,708	28,461	27,648	27,139	27,283	28,132	334,927	312,398
Other Revenue	1,378	1,370	1,413	1,304	1,299	1,543	1,514	1,412	1,412	1,589	1,589	1,589	17,412	16,930
Total Revenue	50,926	53,458	56,165	59,501	60,744	64,835	63,908	57,011	54,954	54,287	54,607	55,241	685,636	686,451
Less: Revenue Deductions	31,769	32,752	34,860	36,320	38,272	40,551	41,846	35,482	34,159	33,618	33,898	34,212	427,740	429,262
Bad Debts	814	1,255	833	1,029	836	812	675	918	884	861	878	879	10,674	14,200
Total Revenue Deductions	32,583	34,007	35,693	37,349	39,108	41,363	42,521	36,400	35,043	34,479	34,777	35,091	438,414	443,462
Net Revenues	18,343	19,451	20,472	22,152	21,636	23,472	21,387	20,610	19,911	19,808	19,831	20,150	247,222	242,989
Expenses:														
Nursing Salaries	2,022	2,008	2,201	2,334	2,202	2,368	2,098	2,157	2,022	2,089	2,089	2,022	25,612	25,506
Ancillary and Support Salaries	7,307	7,147	7,321	7,633	7,565	7,817	7,503	7,570	7,571	7,733	7,750	7,713	90,630	89,130
Employee Benefits	1,466	1,448	1,565	1,710	1,839	1,791	1,660	1,631	1,603	1,630	1,633	1,604	19,581	19,135
Contracted Services	802	942	1,023	1,036	918	875	1,125	942	972	972	972	972	11,551	11,151
Professional Fees	329	372	326	384	274	348	414	343	343	343	343	343	4,162	3,565
Medical and Other Supplies	3,625	3,725	4,042	4,049	4,114	4,659	4,124	3,970	3,818	3,737	3,808	3,811	47,482	44,935
Interest Expense	72	69	74	68	69	70	70	70	70	70	70	70	842	870
Depreciation and Amortization	1,108	1,106	1,163	1,152	1,190	1,258	1,235	1,240	1,241	1,242	1,243	1,243	14,421	13,944
Other Expenses	945	764	839	829	845	926	769	809	824	816	813	806	9,985	8,510
Utilities	348	368	370	348	333	304	347	356	387	411	405	405	4,382	3,916
Purchased Services	1,085	1,162	1,106	1,127	1,208	1,162	1,117	1,129	1,128	1,129	1,128	1,125	13,606	13,480
Insurance	367	466	465	470	372	473	172	255	255	255	255	255	4,060	7,033
Total Expenses	19,476	19,577	20,495	21,140	20,929	22,051	20,634	20,471	20,234	20,428	20,509	20,370	246,314	241,175
Operating Income	(1,133)	(126)	(23)	1,012	707	1,421	753	139	(322)	(620)	(679)	(220)	908	1,814
Budget	(10)	(151)	(76)	1,302	1,186	1,565	820	(555)	(534)	(577)	(835)	(321)	1,814	
Variance	(1,123)	25	53	(290)	(479)	(144)	(67)	694	212	(43)	156	101	(906)	

Indian River Medical Center
Statement of Revenue and Expenses (000's) FY 2016
Hospital

	<u>Actual Oct-15</u>	<u>Actual Nov-15</u>	<u>Actual Dec-15</u>	<u>Actual Jan-16</u>	<u>Actual Feb-16</u>	<u>Actual Mar-16</u>	<u>Actual Apr-16</u>	<u>Proj. May-16</u>	<u>Proj. Jun-16</u>	<u>Proj. Jul-16</u>	<u>Proj. Aug-16</u>	<u>Proj. Sep-16</u>	<u>Proj. FY 2016</u>	<u>Budget FY 2016</u>
Revenues:														
Inpatient Revenue	23,998	26,698	26,443	29,149	29,285	31,351	28,029	25,869	24,732	24,239	24,410	24,153	318,355	340,638
Outpatient Revenue	17,499	17,068	19,137	19,235	19,842	21,216	21,653	20,363	19,770	19,100	19,810	20,110	234,803	213,063
Other Revenue	1,168	1,158	1,208	1,135	1,131	1,284	1,192	1,182	1,182	1,359	1,359	1,359	14,717	14,393
Total Revenue	42,665	44,924	46,788	49,519	50,258	53,851	50,874	47,414	45,684	44,698	45,579	45,622	567,875	568,094
Less: Revenue Deductions														
Less: Revenue Deductions														
Less: Revenue Deductions														
Bad Debts	27,236	28,128	29,608	30,616	32,251	34,105	33,459	29,983	28,861	28,107	28,679	28,706	359,739	361,318
Total Revenue Deductions	814	1,255	833	1,029	836	812	675	918	884	861	878	879	10,674	14,200
Total Revenue Deductions	28,050	29,383	30,441	31,645	33,087	34,917	34,134	30,901	29,745	28,967	29,557	29,585	370,413	375,518
Net Revenues	14,615	15,541	16,347	17,874	17,171	18,934	16,740	16,512	15,939	15,730	16,022	16,037	197,462	192,576
Expenses:														
Nursing Salaries	2,022	2,008	2,201	2,334	2,202	2,368	2,098	2,157	2,022	2,089	2,089	2,022	25,612	25,506
Ancillary and Support Salaries	4,468	4,289	4,368	4,579	4,493	4,719	4,417	4,464	4,527	4,595	4,595	4,665	54,179	52,519
Employee Benefits	1,330	1,315	1,431	1,447	1,608	1,584	1,487	1,457	1,441	1,470	1,470	1,471	17,512	17,132
Contracted Services	545	673	769	772	772	632	858	717	747	747	747	747	8,726	7,852
Professional Fees	325	341	317	373	268	316	413	336	336	336	336	336	4,033	3,471
Medical and Other Supplies	3,420	3,511	3,818	3,832	3,827	4,475	3,877	3,766	3,625	3,530	3,602	3,605	44,888	42,462
Depreciation and Amortization	943	942	975	980	1,018	1,086	1,043	1,052	1,053	1,054	1,055	1,056	12,257	11,866
Other Expenses	830	655	691	693	728	805	689	730	730	730	730	723	8,734	7,481
Utilities	305	316	324	304	287	259	305	310	341	365	359	359	3,834	3,416
Purchased Services	828	861	885	840	880	887	840	864	864	864	864	864	10,341	9,895
Insurance	343	439	439	447	349	446	145	228	228	228	228	228	3,748	6,702
Total Expenses	15,358	15,352	16,218	16,601	16,432	17,576	16,172	16,080	15,914	16,009	16,075	16,077	193,864	188,302
Operating Income	(743)	189	129	1,273	739	1,358	568	432	25	(279)	(53)	(40)	3,598	4,274
Budget	169	171	305	1,229	1,085	1,344	676	(111)	(130)	(184)	(181)	(99)	4,274	
Variance	(912)	18	(176)	44	(346)	14	(108)	543	155	(95)	128	59	(676)	
Admissions, inc. Observation	1,579	1,821	1,640	1,974	1,763	1,977	1,753	1,746	1,663	1,655	1,663	1,636	20,870	19,975
Patient Days, inc. Observation	5,256	5,683	5,563	6,216	5,880	6,727	5,893	5,404	5,307	5,220	5,246	5,165	67,560	71,838

Indian River Medical Center
Statement of Revenue and Expenses (000's) FY 2016
Physician Services

	<u>Actual Oct-15</u>	<u>Actual Nov-15</u>	<u>Actual Dec-15</u>	<u>Actual Jan-16</u>	<u>Actual Feb-16</u>	<u>Actual Mar-16</u>	<u>Actual Apr-16</u>	<u>Proj. May-16</u>	<u>Proj. Jun-16</u>	<u>Proj. Jul-16</u>	<u>Proj. Aug-16</u>	<u>Proj. Sep-16</u>	<u>Proj. FY 2016</u>	<u>Budget FY 2016</u>
Revenues:														
Inpatient Revenue	789	1,148	1,025	2,269	1,016	595	1,657	1,269	1,162	1,320	1,325	1,367	14,942	16,485
Outpatient Revenue	5,962	5,962	6,907	6,403	7,967	8,667	9,759	6,753	6,582	6,743	6,207	6,756	84,668	84,135
Other Revenue	205	207	205	168	167	258	321	225	225	225	225	225	2,656	2,407
Total Revenue	6,956	7,317	8,137	8,840	9,150	9,520	11,737	8,247	7,969	8,288	7,757	8,348	102,266	103,027
Less: Revenue Deductions	4,217	4,333	4,961	5,442	5,725	5,998	8,057	5,156	4,967	5,181	4,897	5,183	64,117	64,289
Bad Debts													-	
Total Revenue Deductions	4,217	4,333	4,961	5,442	5,725	5,998	8,057	5,156	4,967	5,181	4,897	5,183	64,117	64,289
Net Revenues	2,739	2,984	3,176	3,398	3,425	3,522	3,680	3,091	3,002	3,107	2,860	3,165	38,149	38,738
Expenses:														
Nursing Salaries													-	
Ancillary and Support Salaries	2,563	2,599	2,686	2,791	2,794	2,817	2,791	2,844	2,782	2,867	2,884	2,787	33,205	33,498
Employee Benefits	97	98	93	224	186	161	140	133	121	119	122	92	1,586	1,597
Contracted Services	181	209	189	181	63	163	175	150	150	150	150	150	1,911	2,493
Professional Fees	3	30	8	10	5	31	-	6	6	6	6	6	117	79
Medical and Other Supplies	91	121	129	132	195	87	161	120	109	123	122	122	1,512	1,461
Depreciation and Amortization	62	62	63	62	62	62	69	65	65	65	65	65	767	780
Other Expenses	92	88	127	111	92	96	56	57	72	64	61	61	977	766
Utilities	21	20	23	19	21	20	20	21	21	21	21	21	249	224
Purchased Services	161	191	157	166	199	160	183	174	174	174	174	171	2,084	2,049
Insurance	24	26	26	23	23	27	27	27	27	27	27	27	311	331
Total Expenses	3,295	3,444	3,501	3,719	3,640	3,624	3,622	3,597	3,527	3,616	3,632	3,502	42,719	43,278
Operating Income	(556)	(460)	(325)	(321)	(215)	(102)	58	(506)	(525)	(509)	(772)	(337)	(4,570)	(4,540)
Budget	(352)	(496)	(554)	(100)	(73)	47	(29)	(618)	(576)	(567)	(827)	(395)	(4,540)	
Variance	(204)	36	229	(221)	(142)	(149)	87	112	51	58	55	58	(30)	

Indian River Medical Center
Statement of Revenue and Expenses (000's) FY 2016
VRA

	<u>Actual Oct-15</u>	<u>Actual Nov-15</u>	<u>Actual Dec-15</u>	<u>Actual Jan-16</u>	<u>Actual Feb-16</u>	<u>Actual Mar-16</u>	<u>Actual Apr-16</u>	<u>Proj. May-16</u>	<u>Proj. Jun-16</u>	<u>Proj. Jul-16</u>	<u>Proj. Aug-16</u>	<u>Proj. Sep-16</u>	<u>Proj. FY 2016</u>	<u>Budget FY 2016</u>
Revenues:														
Inpatient Revenue														
Outpatient Revenue	1,300	1,212	1,240	1,141	1,335	1,463	1,296	1,345	1,296	1,296	1,266	1,266	15,456	15,200
Other Revenue	5	5	-	1	1	1	1	5	5	5	5	5	39	60
Total Revenue	1,305	1,217	1,240	1,142	1,336	1,464	1,297	1,350	1,301	1,301	1,271	1,271	15,495	15,260
Less: Revenue Deductions														
Bad Debts	316	291	291	262	296	448	330	343	330	330	323	323	3,884	3,655
Total Revenue Deductions	316	291	291	262	296	448	330	343	330	330	323	323	3,884	3,655
Net Revenues	989	926	949	880	1,040	1,016	967	1,007	971	971	948	948	11,611	11,605
Expenses:														
Nursing Salaries														
Ancillary and Support Salaries	276	259	267	263	278	281	295	262	262	271	271	261	3,246	3,113
Employee Benefits	39	35	41	39	45	46	33	41	41	41	41	41	483	406
Contracted Services	76	60	65	83	83	80	92	75	75	75	75	75	914	806
Professional Fees	1	1	1	1	1	1	1	1	1	1	1	1	12	15
Medical and Other Supplies	114	93	95	85	92	97	86	84	84	84	84	84	1,082	1,012
Interest Expense	27	24	29	23	24	25	25	25	25	25	25	25	302	320
Depreciation	60	59	83	67	67	67	80	80	80	80	80	80	883	760
Other Expenses	11	8	9	12	13	12	12	10	10	10	10	10	127	113
Utilities	22	32	23	25	25	25	22	25	25	25	25	25	299	276
Purchased Services	175	189	143	200	208	194	173	170	170	170	170	170	2,132	2,484
Insurance	-	1	-	-	-	-	-	-	-	-	-	-	1	-
Total Expenses	801	761	756	798	836	828	819	773	773	782	782	772	9,481	9,305
Operating Income	188	165	193	82	204	188	148	234	198	189	166	176	2,130	2,300
Budget	191	192	191	192	192	192	192	192	191	192	191	192	2,300	
Variance	(3)	(27)	2	(110)	12	(4)	(44)	42	7	(3)	(25)	(16)	(170)	

Indian River Medical Center
Statement of Revenue and Expenses (000's) FY 2016
Health Systems of Indian River, Inc.

	<u>Actual Oct-15</u>	<u>Actual Nov-15</u>	<u>Actual Dec-15</u>	<u>Actual Jan-16</u>	<u>Actual Feb-16</u>	<u>Actual Mar-16</u>	<u>Actual Apr-16</u>	<u>Proj. May-16</u>	<u>Proj. Jun-16</u>	<u>Proj. Jul-16</u>	<u>Proj. Aug-16</u>	<u>Proj. Sep-16</u>	<u>Proj. FY 2016</u>	<u>Budget FY 2016</u>
Revenues:														
Inpatient Revenue														
Outpatient Revenue														
Other Revenue	79	79	79	79	79	79	79	79	80	79	80	80	951	1,018
Total Revenue	79	79	79	79	79	79	79	79	80	79	80	80	951	1,018
Less: Revenue Deductions								-	-	-	-	-	-	-
Bad Debts														
Total Revenue Deductions	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net Revenues	79	79	80	79	80	80	951	1,018						
Expenses:														
Nursing Salaries														
Ancillary and Support Salaries														
Employee Benefits														
Contracted Services														
Professional Fees														
Medical and Other Supplies														
Interest Expense	45	45	45	45	45	45	45	45	45	45	45	45	540	550
Depreciation	43	43	42	43	43	43	43	43	43	43	43	42	514	538
Other Expenses	12	13	12	13	12	13	12	12	12	12	12	12	147	150
Utilities														
Purchased Services														
Insurance														
Total Expenses	100	101	99	101	100	101	100	100	100	100	100	99	1,201	1,238
Operating Income	(21)	(22)	(20)	(22)	(21)	(22)	(21)	(21)	(20)	(21)	(20)	(19)	(250)	(220)
Budget	(18)	(18)	(18)	(19)	(18)	(18)	(19)	(18)	(19)	(18)	(18)	(19)	(220)	
Variance	(3)	(4)	(2)	(3)	(3)	(4)	(2)	(3)	(1)	(3)	(2)	-	(30)	

Indian River Medical Center
Statement of Revenue and Expenses (000's) FY 2016
Elimination Trend

	<u>Actual Oct-15</u>	<u>Actual Nov-15</u>	<u>Actual Dec-15</u>	<u>Actual Jan-16</u>	<u>Actual Feb-16</u>	<u>Actual Mar-16</u>	<u>Actual Apr-16</u>	<u>Proj. May-16</u>	<u>Proj. Jun-16</u>	<u>Proj. Jul-16</u>	<u>Proj. Aug-16</u>	<u>Proj. Sep-16</u>	<u>Proj. FY 2016</u>	<u>Budget FY 2016</u>
Revenues:														
Inpatient Revenue														
Outpatient Revenue														
Other Revenue														
	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(80)	(79)	(80)	(80)	(951)	(948)
Total Revenue														
	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(80)	(79)	(80)	(80)	(951)	(948)
Less: Revenue Deductions								-	-	-	-	-	-	-
Bad Debts														
Total Revenue Deductions														
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net Revenues														
	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(80)	(79)	(80)	(80)	(951)	(948)
Expenses:														
Nursing Salaries														
Ancillary and Support Salaries														
Employee Benefits														
Contracted Services														
Professional Fees														
Medical and Other Supplies														
Interest Expense														
Depreciation														
Other Expenses														
Utilities														
Purchased Services														
Insurance														
	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(80)	(79)	(80)	(80)	(951)	(948)
Total Expenses														
	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(79)	(80)	(79)	(80)	(80)	(951)	(948)
Operating Income														
Budget	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Indian River Medical Center
IRCHD Indigent Care Reimbursement Trends

	<u>Acute Inpatient</u>	<u>Psychiatric Inpatient</u>	<u>Outpatient</u>	<u>E/R</u>	<u>Indigent Care Reimbursement</u>
FY 2011	\$ 3,162,155	\$ 780,359	\$ 1,078,125	\$ 1,546,324	\$ 6,566,963
FY 2012	2,081,995	1,489,499	1,226,746	1,057,069	5,855,309
FY 2013	2,699,219	1,284,320	1,405,379	804,937	6,193,855
FY 2014	2,570,240	1,000,165	1,522,451	1,621,915	6,714,771
FY 2015	2,703,919	1,114,394	1,427,256	1,231,941	6,477,510
FY 2016 projection	2,327,000	783,000	1,520,000	1,284,000	5,914,000
5 year average, FY 2011 through FY 2015	2,643,506	1,133,747	1,331,991	1,252,437	6,361,682
% Variance FY 2016 projection vs. prior 5 Year Average	-12%	-31%	14%	3%	-7%
FY 2016 projection	2,327,000	783,000	1,520,000	1,284,000	5,914,000
FY 2016 Budget	2,986,000	1,166,000	1,399,000	1,216,000	6,767,000
Difference (under) over	(659,000)	(383,000)	121,000	68,000	(853,000)

FY 2017 Budget- Indigent Care Reimbursement Request

FY 2017 request- low	2,465,000	916,000	1,592,000	1,322,000	6,295,000
FY 2017 request- mid	2,512,000	934,000	1,623,000	1,348,000	6,417,000
FY 2017 request- high	2,559,000	952,000	1,654,000	1,374,000	6,539,000

% Variance FY 2017 request- mid vs. FY 2016 projection	8%	19%	7%	5%	9%
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Note: Excludes reimbursement for Partner's in Women's Health Program

Indian River Medical Center

IRCHD Qualified Indigent Care Volume Trends

	Acute Inpatient Days	Psychiatric Inpatient Days	Outpatient Visits	E/R
FY 2011	1,685	1,058	2,406	4,467
FY 2012	1,045	1,793	2,558	3,272
FY 2013	1,360	1,620	2,930	2,207
FY 2014	1,346	1,318	3,309	3,806
FY 2015	1,466	1,595	2,982	3,647
FY 2016 projection	1,225	1,088	3,023	3,614
5 year average, FY 2011 through FY 2015	1,380	1,477	2,837	3,480
% Variance FY 2016 projection vs. prior 5 Year Average	-11%	-26%	7%	4%

FY 2017 Budget- Indigent Care Reimbursement Request- Volume Assumptions

FY 2017 request- low	1,260	1,236	3,072	3,612
FY 2017 request- mid	1,284	1,260	3,132	3,684
FY 2017 request- high	1,308	1,284	3,192	3,756
% Variance FY 2017 request- mid vs. FY 2016 projection	5%	16%	4%	2%

Indian River Medical Center
Indigent Care Acute Patient Days

	actual FY 2011	actual FY 2012	actual FY 2013	actual FY 2014	actual/proj. FY 2015	actual FY 2015	actual/proj. FY 2016	low (a) request FY 2016	mid (b) Budget FY 2016	high (c) request FY 2016	low (d) request FY 2017	mid (e) request FY 2017	high (f) request FY 2017
October	92	67	221	119	147	147	97	123	131	134	105	107	109
November	93	177	56	139	229	229	3	123	131	134	105	107	109
December	195	(12)	98	107	156	156	157	123	131	134	105	107	109
January	100	16	107	89	72	72	77	123	131	134	105	107	109
February	137	93	(51)	93	82	82	116	123	131	134	105	107	109
March	124	68	117	142	121	121	145	123	131	134	105	107	109
April	152	81	113	6	123	116	105 (d)	123	131	134	105	107	109
May	157	75	99	152	123	198	105 (d)	123	131	134	105	107	109
June	140	218	164	53	123	29	105 (d)	123	131	134	105	107	109
July	186	116	32	186	123	117	105 (d)	123	131	134	105	107	109
August	123	48	145	130	123	46	105 (d)	123	131	134	105	107	109
September	186	98	259	130	123	153	105 (d)	123	131	134	105	107	109
	1,685	1,045	1,360	1,346	1,545	1,466	1,225	1,476	1,572	1,608	1,260	1,284	1,308
Change from prior Year	-17%	-38%	30%	-1%	15%	9%	-16%	1%	7%	10%	3%	5%	7%

(a) Based on trailing 12 months utilization ended March 31, 2015

(b) Based on projected FY 2015 utilization (as of April 2015) plus 2%

(c) Based on projected FY 2015 utilization (as of April 2015) plus 4%

(d) Based on trailing 12 months utilization ended March 31, 2016

(e) Based on trailing 12 months utilization ended March 31, 2016 plus 2%

(f) Based on trailing 12 months utilization ended March 31, 2016 plus 4%

Indian River Medical Center
Indigent Psychiatric Patient Days

	actual FY 2011	actual FY 2012	actual FY 2013	actual FY 2014	actual/proj. FY 2015	actual FY 2015	actual/proj. FY 2016	low (a) request FY 2016	mid (b) Budget FY 2016	high (c) request FY 2016	low (d) request FY 2017	mid (e) request FY 2017	high (f) request FY 2017
October	119	118	203	76	109	109	107	128	135	138	103	105	107
November	24	115	119	93	177	177	39	128	135	138	103	105	107
December	85	182	71	85	153	153	58	128	135	138	103	105	107
January	43	127	142	165	99	99	98	128	135	138	103	105	107
February	86	185	94	106	149	149	79	128	135	138	103	105	107
March	53	157	91	84	140	140	89	128	135	138	103	105	107
April	109	69	174	59	128	140	103 (d)	128	135	138	103	105	107
May	61	156	135	109	128	75	103 (d)	128	135	138	103	105	107
June	92	284	168	127	128	181	103 (d)	128	135	138	103	105	107
July	126	216	41	93	128	109	103 (d)	128	135	138	103	105	107
August	77	89	197	163	128	132	103 (d)	128	135	138	103	105	107
September	183	95	185	158	128	131	103 (d)	128	135	138	103	105	107
	1,058	1,793	1,620	1,318	1,595	1,595	1,088	1,536	1,620	1,656	1,236	1,260	1,284
Change from prior Year	-7%	69%	-10%	-19%	21%	21%	-32%	-4%	2%	4%	14%	16%	18%

(a) Based on trailing 12 months utilization ended March 31, 2015

(b) Based on projected FY 2015 utilization (as of April 2015) plus 2%

(c) Based on projected FY 2015 utilization (as of April 2015) plus 4%

(d) Based on trailing 12 months utilization ended March 31, 2016

(e) Based on trailing 12 months utilization ended March 31, 2016 plus 2%

(f) Based on trailing 12 months utilization ended March 31, 2016 plus 4%

Indian River Medical Center
Indigent Care Outpatient Visits

	actual FY 2011	actual FY 2012	actual FY 2013	actual FY 2014	actual/proj. FY 2015	actual FY 2015	actual/proj. FY 2016	low (a) request FY 2016	mid (b) Budget FY 2016	high (c) request FY 2016	low (d) request FY 2017	mid (e) request FY 2017	high (f) request FY 2017
October	218	190	286	336	235	235	267	241	246	251	256	261	266
November	151	190	234	250	237	237	182	241	246	251	256	261	266
December	214	262	205	184	226	226	242	241	246	251	256	261	266
January	134	159	225	330	207	207	284	241	246	251	256	261	266
February	173	140	284	359	196	196	252	241	246	251	256	261	266
March	225	183	269	224	291	291	260	241	246	251	256	261	266
April	203	112	244	280	251	238	256 (d)	241	246	251	256	261	266
May	207	311	230	258	251	223	256 (d)	241	246	251	256	261	266
June	170	312	173	265	251	293	256 (d)	241	246	251	256	261	266
July	244	263	231	271	251	238	256 (d)	241	246	251	256	261	266
August	206	289	248	272	251	326	256 (d)	241	246	251	256	261	266
September	261	147	301	280	251	272	256 (d)	241	246	251	256	261	266
	2,406	2,558	2,930	3,309	2,898	2,982	3,023	2,892	2,952	3,012	3,072	3,132	3,192
Change from prior Year	-17%	6%	15%	13%	-12%	-10%	1%	0%	2%	4%	2%	4%	6%

(a) Based on trailing 12 months utilization ended March 31, 2015

(b) Based on projected FY 2015 utilization (as of April 2015) plus 2%

(c) Based on projected FY 2015 utilization (as of April 2015) plus 4%

(d) Based on trailing 12 months utilization ended March 31, 2016

(e) Based on trailing 12 months utilization ended March 31, 2016 plus 2%

(f) Based on trailing 12 months utilization ended March 31, 2016 plus 4%

Indian River Medical Center
Indigent Care Emergency Room Visits

	actual FY 2011	actual FY 2012	actual FY 2013	actual FY 2014	actual/proj. FY 2015	actual FY 2015	actual/proj. FY 2016	low (a) request FY 2016	mid (b) Budget FY 2016	high (c) request FY 2016	low (d) request FY 2017	mid (e) request FY 2017	high (f) request FY 2017
October	336	193	100	324	428	428	303	310	315	321	301	307	313
November	169	337	89	333	272	272	201	310	315	321	301	307	313
December	212	282	119	254	232	232	331	310	315	321	301	307	313
January	312	337	257	368	333	333	304	310	315	321	301	307	313
February	612	265	247	376	263	263	321	310	315	321	301	307	313
March	283	238	219	278	321	321	348	310	315	321	301	307	313
April	409	243	253	281	310	267	301 (d)	310	315	321	301	307	313
May	261	333	212	273	310	248	301 (d)	310	315	321	301	307	313
June	612	151	57	291	310	331	301 (d)	310	315	321	301	307	313
July	570	490	167	319	310	312	301 (d)	310	315	321	301	307	313
August	261	217	164	294	310	297	301 (d)	310	315	321	301	307	313
September	430	186	323	415	310	343	301 (d)	310	315	321	301	307	313
	4,467	3,272	2,207	3,806	3,709	3,647	3,614	3,720	3,780	3,852	3,612	3,684	3,756
Change from prior Year	2%	-27%	-33%	72%	-3%	-4%	-1%	0%	2%	4%	0%	2%	4%

(a) Based on trailing 12 months utilization ended March 31, 2015

(b) Based on projected FY 2015 utilization (as of April 2015) plus 2%

(c) Based on projected FY 2015 utilization (as of April 2015) plus 4%

(d) Based on trailing 12 months utilization ended March 31, 2016

(e) Based on trailing 12 months utilization ended March 31, 2016 plus 2%

(f) Based on trailing 12 months utilization ended March 31, 2016 plus 4%

Indian River Medical Center

IRCHD Indigent Care Reimbursement- FY 2014 and FY 2015 actual, FY 2016 projection

FY 2014 actual	Acute Patient Days	Psychiatric Patient Days	Outpatient Visits	E/R Visits	Total Indigent Care Payments
District Charity-volume	1,346	1,318	3,309	3,806	
Gross Charge per visit			\$ 1,520	\$ 1,408	
District Charity- gross charge			\$ 5,029,568	\$ 5,358,162	
Calculated Indigent Reimbursement	\$ 2,570,240	\$ 1,000,165	\$ 1,522,451	\$ 1,621,915	\$ 6,714,771
Reimbursement per Patient Day	\$ 1,910	\$ 759			
Reimbursement % of Gross Charges			30.27%	30.27%	
<hr/>					
FY 2015 actual					
District Charity- volume assumption	1,466	1,595	2,982	3,647	
Gross Charge per visit			\$ 1,786	\$ 1,260	
District Charity- gross charge assumption			\$ 5,325,583	\$ 4,596,796	
Calculated Indigent Reimbursement	\$ 2,703,919	\$ 1,114,394	\$ 1,427,256	\$ 1,231,941	\$ 6,477,510
FY 2014 non-federal I/P daily rate	\$ 1,884.95	\$ 714.03			
FY 2014 non-federal I/P daily rate + 3% -5%	\$ 1,844.42	\$ 698.68			
FY 2014 non-federal payment ratio- 5%			26.80%	26.80%	
<hr/>					
FY 2016 budget- mid					
District Charity- volume assumption	1,572	1,620	2,952	3,780	
			\$ 1,768	\$ 1,200	
District Charity- gross charge assumption			\$ 5,220,119	\$ 4,537,246	
Calculated Indigent Reimbursement	\$ 2,986,411	\$ 1,165,817	\$ 1,398,992	\$ 1,215,982	\$ 6,767,203
FY 2015 I/P daily rate + 3%	\$ 1,899.75	\$ 719.64			
FY 2014 non-federal payment ratio			26.80%	26.80%	
<hr/>					
FY 2016 projection					
District Charity- volume assumption	1,225	1,088	3,023	3,614	
			\$ 1,877	\$ 1,325	
District Charity- gross charge assumption			\$ 5,673,506	\$ 4,790,176	
Calculated Indigent Reimbursement	\$ 2,327,197	\$ 782,969	\$ 1,520,500	\$ 1,283,767	\$ 5,914,433
FY 2015 I/P daily rate + 3%	\$ 1,899.75	\$ 719.64			
FY 2014 non-federal payment ratio			26.80%	26.80%	

	Acute Patient Days	Psychiatric Patient Days	Outpatient Visits	E/R Visits	Total Indigent Care Payments
FY 2017 request- low					
District Charity- volume assumption	1,260	1,236	3,072	3,612	
			\$ 1,933	\$ 1,365	
District Charity- gross charge assumption			\$ 5,938,432	\$ 4,931,151	
Calculated Indigent Reimbursement	\$ 2,465,499	\$ 916,160	\$ 1,591,500	\$ 1,321,549	\$ 6,294,707
FY 2016 I/P daily rate + 3%	\$ 1,956.75	\$ 741.23			
FY 2014 non-federal payment ratio			26.80%	26.80%	
FY 2017 request- mid					
District Charity- volume assumption	1,284	1,260	3,132	3,684	
			\$ 1,933	\$ 1,365	
District Charity- gross charge assumption			\$ 6,054,417	\$ 5,029,447	
Calculated Indigent Reimbursement	\$ 2,512,461	\$ 933,949	\$ 1,622,584	\$ 1,347,892	\$ 6,416,886
FY 2015 I/P daily rate + 3%	\$ 1,956.75	\$ 741.23			
FY 2014 non-federal payment ratio			26.80%	26.80%	
FY 2017 request- high					
District Charity- volume assumption	1,308	1,284	3,192	3,756	
			\$ 1,933	\$ 1,365	
District Charity- gross charge assumption			\$ 6,170,402	\$ 5,127,742	
Calculated Indigent Reimbursement	\$ 2,559,423	\$ 951,739	\$ 1,653,668	\$ 1,374,235	\$ 6,539,064
FY 2015 I/P daily rate + 3%	\$ 1,956.75	\$ 741.23			
FY 2014 non-federal payment ratio			26.80%	26.80%	

FY 2016 Goals & Objectives

4. Financial Performance

Initiative	Metric	Target	Status FYTD 03/31/16
• Improve Profitability	• EBITDA	• \$16.8 Million	• \$9.5 Million
• Reduce Accounts Receivable Days	• Days Revenue in Accounts Receivable	• 40 Days at Sept. 30, 2016	• 43 Days
• Maintain Cash Balance	• Cash and Cash Equivalents	• \$ 46.25 Million at Sept. 30, 2016	• \$44.9 Million April 30, 2016
• Increase Point of Service Collection	• Upfront Cash Collection	• \$ 3.0 Million or Greater	• \$1.35 Million
• Manage Operating Exp. / Adj. DC* <small>(*Revised per Strategic Plan)</small>	• Total Exp. / Adj. DC. • Labor Exp. / Adj. DC. • Supply Exp./ Adj. DC.	• \$7,660 \$7,313* • \$3,960 \$3,696* • \$1,730 \$1,649*	• \$ 7,364 • \$ 3,682 • \$1,728
• EMR Meaningful Use	• Stage 2- Year 2 Completed	• Sept. 2016 (CMS changed to Dec. 2016)	• On track
• ICD-10	• Hospital Discharged Not Final Billed %	• 14% of Net A/R, or less	• 21 % of Net A/R
• Employee Retention	• Employee Turnover Rate (FY 15 – 24%)	• 20% or lower	• 26%



Indian River
Medical Center

The Right Care Right Here

CMS Model: **Comprehensive Care for Joint Replacement (CJR)**

Beginning April 1, 2016

CJR Overview



- 5 Year Program - Mandatory for Hospitals in 67 Markets
- Fee-For-Service Payments for All Providers for Total Joint Replacements (DRG 469/470) and 90-days Post-Discharge
- Target Price determined by Region (South Atlantic) for each Hospital using 3 year historical data
- Quality Scoring Effects Target Price Discount
 - 50% THA/TKA complications
 - 40% HCAHPS
 - 10% Patient Reported Outcomes
- Hospital is penalized for local spending exceeding target price and rewarded for being below target price
- No downside until Year 2 (2017)

CMS Has Been Building to Mandatory Bundles for Years

Acute Care Episode (ACE) Demonstration

- 3-years, 5 participants
- Cardiac, orthopedic MS-DRGs including 469 and 470

Comprehensive Care for Joint Replacement

July 9, 2015 CMS proposed mandatory lower extremity joint replacement bundles for hospitals in 75 markets

1

3

CMS Evolution to Mandatory Bundling

2

Bundled Payment for Care Improvement (BPCI)

- 2013 – ongoing
- 4 Models, includes MS-DRGs 469, 470
- First year preliminary results available

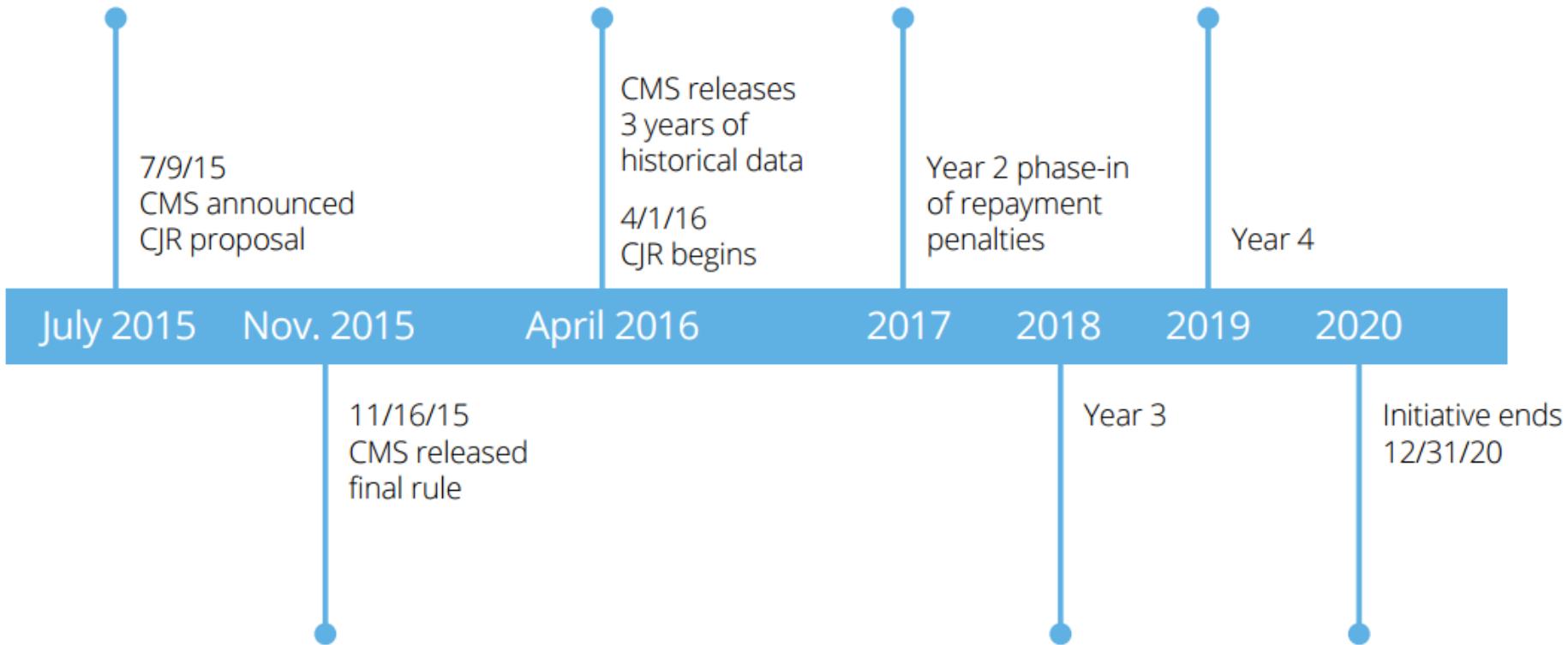


Comprehensive Care for Joint Replacement (CJR)

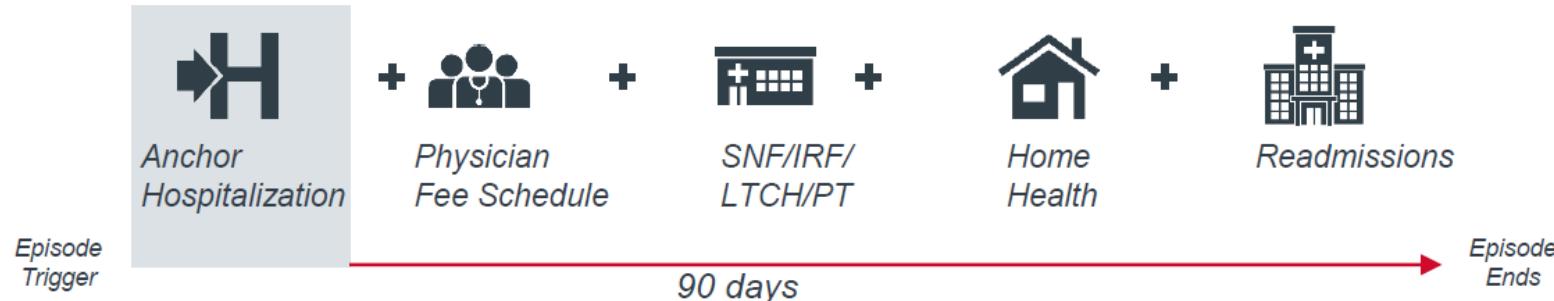
CMS's CJR Goals

- Assess whether bundled payments reduce costs while maintaining, improving quality
- Test bundling in multiple settings with large, diverse group of providers
- Remove selection bias of voluntary programs

CJR Timeline

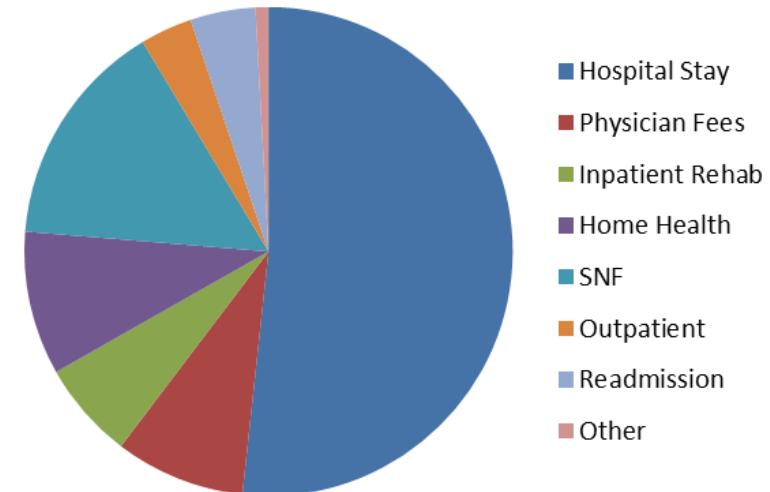


What is Included in CJR Episode?



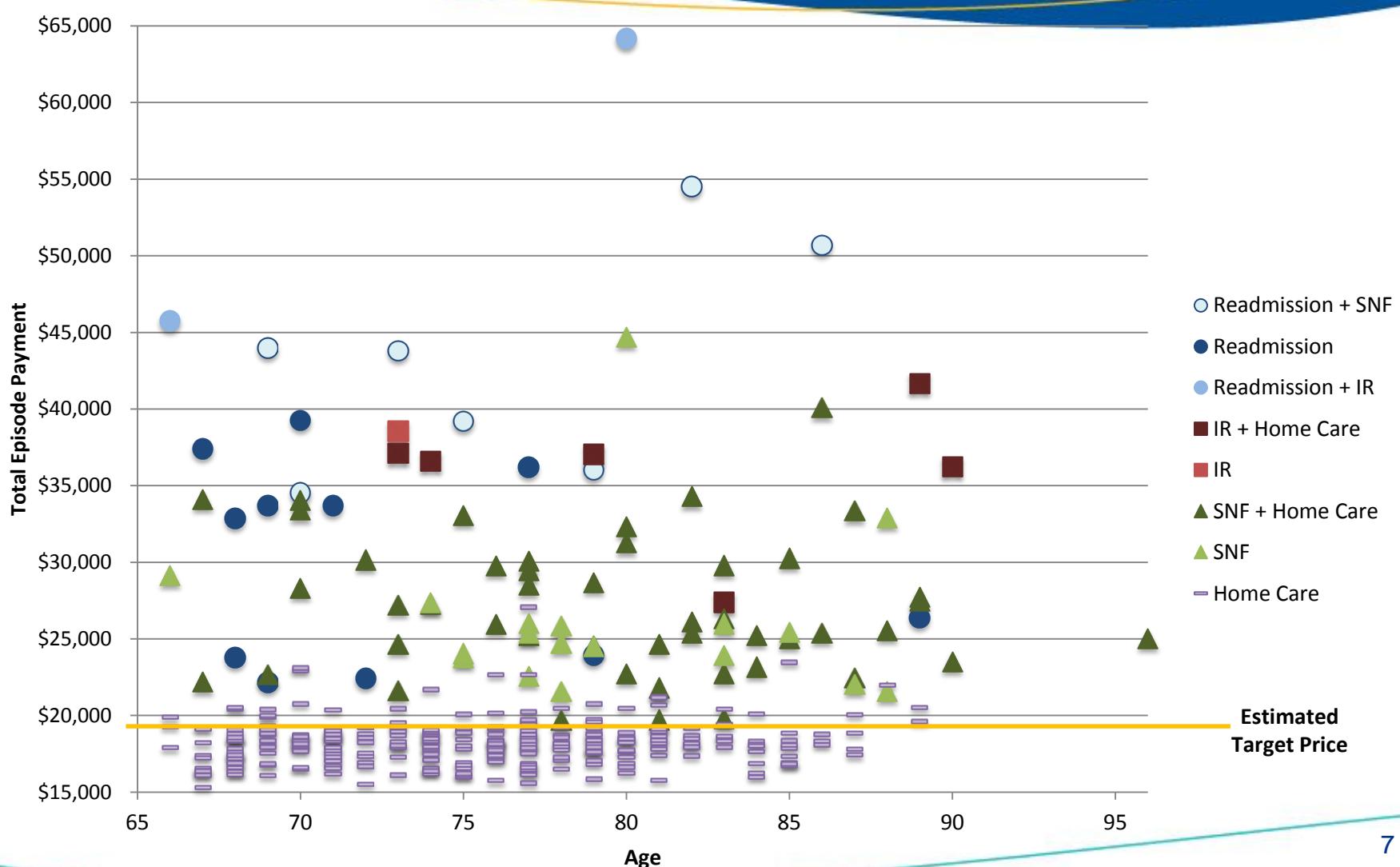
Average Regional CJR Episode

- All care related to DRG 469 or 470
- Medicare Part A and B
 - Diagnostics 3-days Prior to Admit
 - Procedure and Stay
 - Physician Fees
 - Inpatient Rehab
 - Home Health
 - SNF
 - Outpatient Services
 - Related Readmission

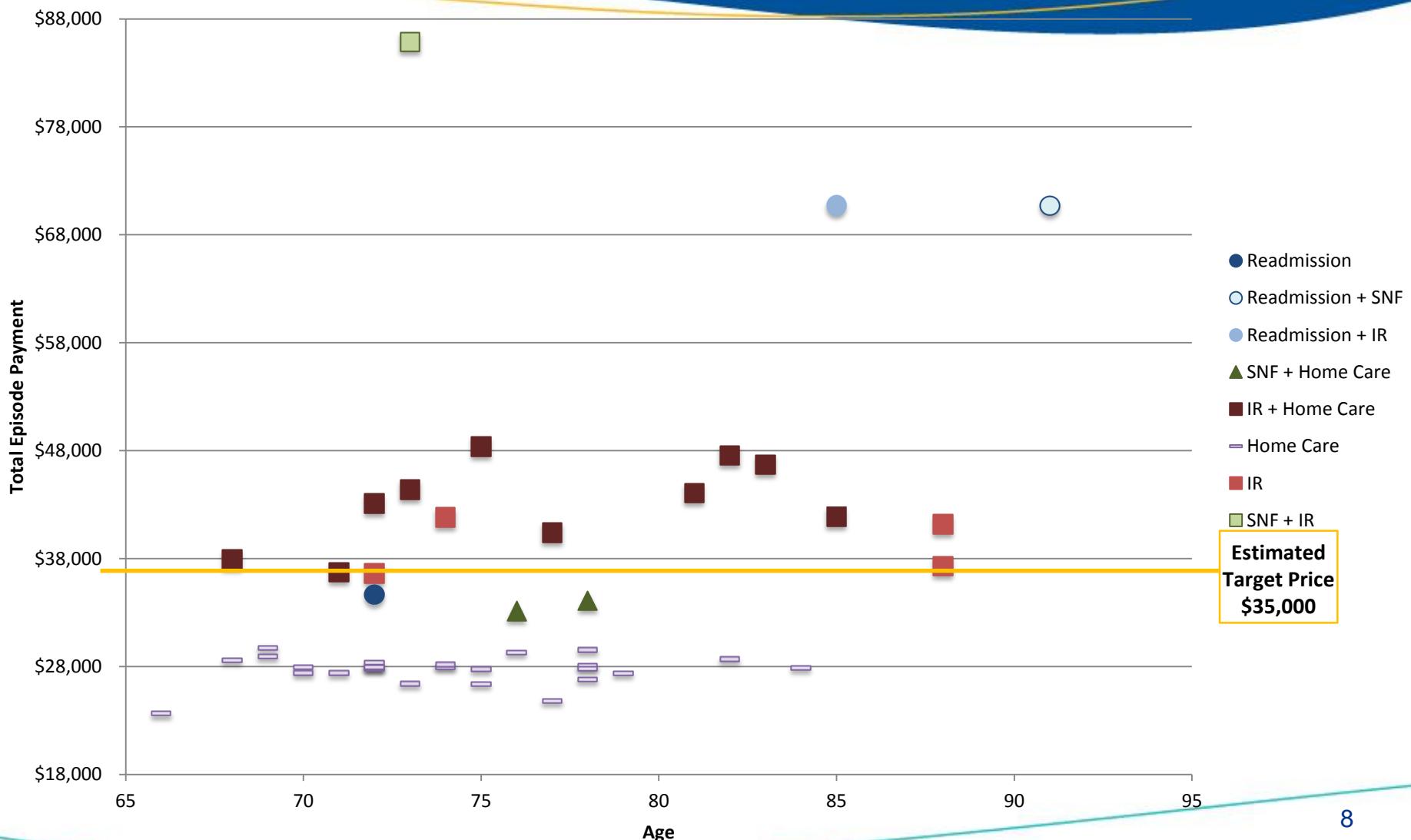


Post-Acute Care Setting	DRG 469 Projected Target Price = \$35,000			DRG 470 Projected Target Price = \$21,000		
	Total #	Average Age	Average Total Spend	Total #	Average Age	Average Total Spend
Readmission	1	72	\$36,641	11	73	\$30,165
Readmission + SNF	1	91	\$70,704	7	76	\$43,251
Readmission + IR	1	85	\$70,712	2	73	\$54,971
SNF + Home Care	2	77	\$33,636	47	80	\$27,059
SNF	0	n/a	n/a	18	79	\$26,195
SNF + IR	1	73	\$85,869	0	n/a	n/a
IR + Home Care	10	77	\$43,112	6	81	\$36,005
IR	4	81	\$39,225	1	73	\$38,561
Home Care	25	74	\$27,699	298	75	\$18,276
Other	2	80	\$23,897	9	75	\$17,872
Total	47	76	\$35,266	399	76	\$20,860
Regional (South Atlantic)	-	-	\$50,239	-	-	\$25,989

DRG 470



DRG 469



2012-2014 Cumulative Total Joint Replacements - CMS



Indian River Medical Center		
DRG	469	470
Target Price	\$ 36,140	\$ 20,828
Mean Episode Total	\$ 34,876	\$ 23,059
Mean DRG Reimbursement	\$ 18,095	\$ 12,346
Mean Inpatient Rehab	\$ 4,516	\$ 791
Mean Skilled Nursing Home	\$ 2,303	\$ 2,136
Mean Home Health	\$ 2,822	\$ 3,186
Count Episodes	20	1133
Count Inpatient Rehab	5	52
Count Skilled Nursing Home	4	244
Count Home Health	17	1044

Next Steps



- Control Admission Costs
 - Reduce variable costs
 - Reduce Care Variation
- Optimize Post – Acute Care
 - Improve patient experience
 - Manage post-acute provider variation
 - Ensure care plan compliance
- Strengthen Key Infrastructure
 - Physician engagement
 - Post-acute alignment
 - Clinical pathways and care coordination
 - Quality, financial, and cost management tools