

WELCOME!



*If it's going to be,
it starts with me.*

**If you're not part of the solution,
then you're part of the problem.**

PURPOSE

WHY WE ARE HERE TODAY...

- **To provide and gain fact-based information about overall healthcare in Franklin County**
- **Through public input and discussion determine what is wanted and needed for comprehensive quality healthcare in current times**
- **Collect the information created today and use it to help form the county's direction with Weems Hospital and overall comprehensive healthcare in Franklin County**

DESIRED OUTCOMES

- **Identify level of support from attendees and if it exists, recruit volunteers to form a group to work with County officials to bring quality, comprehensive healthcare to Franklin County**
- **Work towards diversity in representation and voices in expertise, various locations around the county, ethnicity, industries, professions, etc.**

FORMAT & AGENDA

- **Interactive...will share information but want to also hear from attendees**
- **Pam Vest - Feedback from attendees**
- **Gail Riegelmayr & Allan Feifer – Weems Hospital, current conditions in healthcare in the county & country, statistics & demographics**
- **Gail will facilitate - Small group workshop & attendees' feedback & input**
- **Decide Next Steps**

TIME TABLE

- **10:00 – 10:30 a.m.** Intro & comments by Gail, Pam & Allan & audience feedback and input
- **10:30 – 10:50 a.m.** Small group work
- **10:50 – 11:20 a.m.** Back in big group to share small group results
- **11:20 – 11:30 a.m.** Determine next steps and wrap up

AUDIENCE PARTICIPATION – PAM VEST



TO VOTE, COMPLETELY FILL IN THE OVAL  NEXT TO YOUR CHOICE.

USE BLACK OR BLUE BALLPOINT PEN.

IF YOU MAKE A MISTAKE, DON'T HESITATE TO ASK FOR A NEW BALLOT. IF YOU ERASE OR USE ANY OTHER MARKS, YOUR VOTE MAY NOT COUNT.

SMALL COUNTY SALES SURTAX REFERENDUM

SHALL A ONE CENT SALES SURTAX BE IMPOSED IN FRANKLIN COUNTY FOR THE SOLE PURPOSE OF IMPROVING THE QUALITY AND DELIVERY OF HEALTHCARE BY CONSTRUCTING A HEALTHCARE FACILITY IN CARRABELLE FIRST, UPGRADING THE AMBULANCE SERVICE, AND PAYING THE COST OF OPERATIONS OF HEALTHCARE INFRASTRUCTURE AND SERVICES INCLUDING THE CONSTRUCTION AND PAYING DEBT SERVICE ON BONDS TO CONSTRUCT A NEW PUBLIC HOSPITAL FACILITY TO REPLACE WEEMS MEMORIAL HOSPITAL?

(VOTE FOR ONE)

YES- FOR THE ONE CENT TAX

NO- AGAINST THE ONE CENT TAX

OFFICIAL SAMPLE BALLOT

SALES SURTAX REFERENDUM NOVEMBER 6, 2007

FLORIDA STATUTES REQUIRES THAT YOU FURNISH *PHOTO SIGNATURE IDENTIFICATION* WHEN VOTING. IF YOU DO NOT HAVE THE REQUIRED IDENTIFICATION YOU MUST VOTE A PROVISIONAL BALLOT

How To Make Your Vote COUNT



Correct



You must completely fill in the oval for your vote to count. Any other mark may not be read by the scanner.

Incorrect



Please do not use a check mark, mark with an X, or circle the oval.



Franklin County Polling Places

Precinct	Location/Address	City
1	Volunteer Fire Department 24 Sixth Street	Eastpoint
2	Mission by the Sea 772 Alligator Drive	Alligator Point
3	National Guard Armory 66 Fourth Street	Apalachicola
4	St. Patrick's Fellowship Hall	Apalachicola

RURAL HOSPITAL CLOSURES



MIDWESTERNHEALTHCARE.COM

**Nearly a quarter of rural hospitals are on the
brink of closure** ✓

GOVERNMENT CUTTING HOSPITAL FUNDING



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New Report Shows Cumulative Hospital Cuts Top \$252 Billion

OCTOBER 15, 2019 | FAH POLICY BLOG TEAM

CATEGORY: STATEMENT

The cumulative reductions in federal payments to hospitals since 2010 will reach \$252.6 billion by 2029, according to a report released today by the health economics consulting firm Dobson | DaVanzo and Associates.

The study, which was commissioned by the Federation of American Hospitals (FAH) and the American Hospital Association (AHA), examined how 11 pieces of legislation combined with numerous regulatory changes would affect hospital funding from 2010 through 2029.

The leaders of FAH and AHA reacted to the results.

“Hospitals are nearing the tipping point we have predicted for so long. The disruptions that come with Medicare and Medicaid cuts of this magnitude have a real-world impact on our ability to deliver the vital services to the patients and the local communities that depend on us. As these cuts pile up, we urge policymakers to understand there comes a point where enough is enough. For the sake of our patients we need to stop this troubling trend,” said Chip Kahn, FAH President and CEO.

AHA President and CEO Rick Pollack added, “Hospitals and health systems are doing more to meet the needs of patients and communities than ever before. They not only work to ensure the highest quality care in delivering essential public services, but also address the social determinants of health, community violence, and ensure they are always there and ready to care in the case of any emergency. The pile-up of reductions in funding for patient services outlined in this report is already creating very serious challenges to ensure access to care. Enough is enough.”

A complete copy of the Dobson | DaVanzo study can be found on fah.org and aha.org. To view the Enough Is Enough

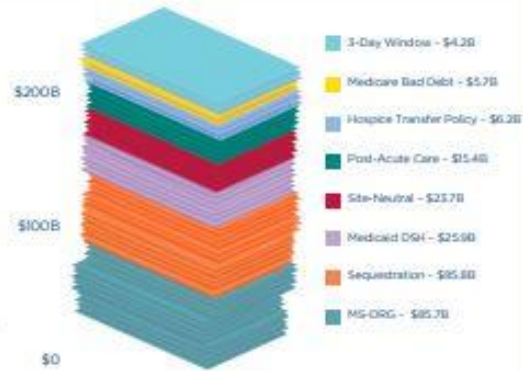
GOVERNMENT CUTTING HOSPITAL FUNDING

ENOUGH IS ENOUGH

\$252.6 BILLION
IN HOSPITAL CUTS SINCE 2010.

Source: Dobson | Davanzo: "Estimate of Federal Payment Reductions to Hospitals Following the ACA, 2010-2020" October 15, 2019

Includes \$4.3B subject to ongoing legal action in which the U.S. District Court found that CMS exceeded its statutory authority to cut the payment rate for clinic services at excepted off-campus provider based clinics.



HOSPITAL CUTS SINCE FY2010

HOSPITAL MEDICARE MARGINS DRIVEN TO ALL-TIME LOW



HOSPITAL MEDICARE MARGIN

Source: MedPAC March 2019
*Estimate



CBO: NEARLY HALF OF ALL HOSPITALS COULD SUFFER NEGATIVE MARGINS

IN 2011, 27% OF HOSPITALS HAD NEGATIVE MARGINS



BY 2025, CBO ESTIMATES THAT BETWEEN 40 TO 50% OF HOSPITALS COULD HAVE NEGATIVE MARGINS*



CBO Report: "Projecting Hospital Profit Margins Under Several Illustrative Scenarios" Working Paper 2016-04 September 2016



CHANGES IN HOSPITALS REQUIRE NEW THINKING

As hospitals increasingly close in rural areas, communities consider a hybrid health center model

Blake Farmer

Mar 28, 2018

LEWIS
TH CENTER
of Maury Regional Medical Center

ICIAN STAFFED
AM - 10:00 PM DAILY

ratory Services

gnostic Imaging
und • Mammography • X-Ray

sical Therapy

n Specialist Clinic



HOSPITALS ARE CHANGING

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HEALTH | HEALTHCARE

What the Hospitals of the Future Look Like

The sprawling institutions we know are radically changing—becoming smaller, more digital, or disappearing completely. The result should be cheaper and better care.

By *Laura Landro*

Feb. 25, 2018 10:11 pm ET

The days of the hospital as we know it may be numbered.

In a shift away from their traditional inpatient facilities, health-care providers are investing in outpatient clinics, same-day surgery centers, free-standing emergency rooms and microhospitals, which offer as few as eight beds for overnight stays. They are setting up

FROM THE EXPERTS



Why Your Doctor's Office Still Depends on a Fax Machine



What Is Single Payer, Anyway? It Depends Who You Ask.



HEALTHCARE IN FRANKLIN COUNTY

- **Weems is 1 of only 12 Critical Access Hospitals (CAH) in Florida**
- **CAH's collect 101% of Medicare determined actual costs for Medicare patients ONLY**
- **~27.3% of Weems Hospital patients are Medicare eligible, therefore...**
- **Only 1/4 of Weems billings are reimbursable at 101% rate**
- **Value of CAH designation estimated between \$80,000 - \$250,000 per year**
- **Medicaid represents 17.9% of Weems volume = Breakeven or less**

WEEMS TRANSFER DETAIL									
FISCAL YEAR	LOCAL DISC SURTAX REVENUE PROCEEDS	SALES TAX PROCEEDS		COUNTY GENERAL FUND			SALES TAX CAPITAL EXPENDITURES		INTEREST EARNINGS
		OPERATING PORTION OF DISC SALES TAX PROCEEDS TRANSFERRED TO WEEMS	WEEMS CLINIC SUPPORT PORTION OF DISC SALES TAX PROCEEDS TRANSFERRED TO WEEMS	EMS AMBULANCE SUBSIDY TRANSFERRED TO COUNTY GENERAL FUND	WEEMS OPERATIONAL SUPPORT TRANSFERRED FROM COUNTY GENERAL FUND *PRIOR TO IMPLEMENTATION OF SALES TAX - PRIOR YEARS NOT INCLUDED*	WEEMS CLINIC SUPPORT TRANSFERRED FROM COUNTY GENERAL FUND	TOTAL CONTRIBUTION TO WEEMS FOR ALL OPERATIONS (DISC SALES TAX PROCEEDS + COUNTY GENERAL FUND)	REIMBURSEMENTS & OTHER CAPITAL EXPENDITURES FROM ICT (SALES TAX PROCEEDS)	
2007/2008	\$ 1,182,512.52	\$ 591,256.26	\$ -	\$ 307,200.00	\$ 455,250.00	\$ -	\$ 1,443,706.30	\$ 1,906.96	\$ 8,241.68
2008/2009	\$ 1,873,852.02	\$ 850,432.04	\$ -	\$ 375,000.00	\$ -	\$ -	\$ 1,080,432.04	\$ 132,365.86	\$ 11,188.07
2009/2010	\$ 1,359,175.71	\$ 690,586.83	\$ -	\$ 375,000.00	\$ -	\$ -	\$ 1,071,586.83	\$ 810,815.32	\$ 14,687.48
2010/2011	\$ 1,472,590.32	\$ 736,295.30	\$ -	\$ 505,592.00	\$ -	\$ -	\$ 1,241,887.30	\$ 1,266,609.61	\$ 3,693.52
2011/2012	\$ 1,573,821.28	\$ 1,112,035.47	\$ -	\$ 505,592.00	\$ -	\$ 120,000.00	\$ 1,734,431.47	\$ 46,712.65	\$ 1,615.54
2012/2013	\$ 1,632,465.45	\$ 816,533.96	\$ 120,000.00	\$ 505,592.00	\$ -	\$ -	\$ 1,443,124.90	\$ 259,291.04	\$ 930.53
2013/2014	\$ 1,794,707.47	\$ 869,853.76	\$ 120,000.00	\$ 505,592.00	\$ -	\$ -	\$ 1,495,445.76	\$ 887,591.14	\$ 764.68
2014/2015	\$ 1,928,777.17	\$ 964,888.60	\$ 120,000.00	\$ 505,592.00	\$ -	\$ -	\$ 1,589,480.60	\$ 32,508.99	\$ 943.24
2015/2016	\$ 1,967,382.84	\$ 1,683,001.50	\$ 120,000.00	\$ 505,592.00	\$ -	\$ -	\$ 2,305,183.50	\$ 66,399.77	\$ 1,074.57
2016/2017	\$ 2,077,519.11	\$ 1,808,759.59	\$ 120,000.00	\$ 764,252.00	\$ -	\$ -	\$ 2,013,011.59	\$ 252,820.84	\$ 1,067.75
2017/2018	\$ 2,140,584.31	\$ 1,870,262.21	\$ 120,000.00	\$ 764,252.00	\$ -	\$ -	\$ 1,954,584.21	\$ 182,235.96	\$ 5,988.68
2018/2019	\$ 1,898,413.84	\$ 1,172,262.87	\$ 120,000.00	\$ 764,252.00	\$ -	\$ -	\$ 1,730,514.80	\$ 209,340.14	\$ 6,546.58
2019/2020	\$ -	\$ -	\$ 10,000.00	\$ 151,061.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ 21,764,141.1	\$ 17,316,214.5	\$ 950,000.00	\$ 4,664,571.00	\$ 455,250.00	\$ 120,000.00	\$ 18,896,378.45	\$ 2,114,179.17	\$ 17,114.47

2007/2008: IM Discretionary Sales Tax approved by voters, implemented January 1, 2008

2009/2010: \$425,000 proposal for raise level of service, \$80,583 for additional EMS services = \$505,583

2011/2012: The county provided \$120,000 from the general fund to support clinic operations beginning mid-year 2011/2012 when the local health department discontinued primary care services. Also, instead of the standard 50% operating transfer of sales tax proceeds for the fiscal year, the hospital received the 50% transfer for the first (6) months of the year and 200% of the sales tax proceeds for the remaining (6) months of fiscal year, this was authorized to bring current delinquent payables.

2012/2013: The county continues to provide the \$120,000 to support clinic operations - the funds now come from the discretionary sales tax proceeds.

2013/2014: The local discretionary surtax proceeds value and 50% operational transfer include revenues up to September of 2014 - the clinic support has been transferred through September 2014, quarterly ambulance subsidy funded through September 2014.

2014/2015: Payments received and transferred through September 2015. - \$800,000 Emergency advancement requested in April, 2015 - Weems repaid \$550,000 in June, 2015, repaid \$150,000 in September, 2015.

2015/2016: Proceeds received through SEPTEMBER 2016 for 2015/2016. EMERGENCY ADVANCEMENT of \$200,000 approved at 12/01/15 meeting, transferred from ICT to assist with delayed Medicaid/Medicare billing issues, at Emergency Meeting 12/09/15, BOCC authorized emergency advancement of \$500,000 on 12/09/15 and authorized additional payments as requested to a maximum of \$1,000,000, transferred \$100,000 on 01/25/16, transferred \$82,000 on 02/11/16, transferred \$85,000 on 02/22/16, transferred \$71,000 on 03/09/16, transferred \$90,000 on 03/16/16, transferred \$48,000 on 03/31/16, less repayment of \$51,000 on 05/12/16, Transferred \$125,000 on 07/25/16 - \$800,000 in emergency transfers outstanding @ 09/30/16 - Payment of \$350,000 received on 04/07/17 - Payment of 500,000 received on 07/20/17 - outstanding balance was \$650,000 - at the 09/30/18 commission meeting, the BOCC removed the amount due from the local.

2016/2017: Proceeds received and transferred through September 2017.

2017/2018: Proceeds received and transferred through September 2018.

2018/2019: Cells with yellow highlight that not all revenues/transfers have been received - data is incomplete for the fiscal year. Proceeds received through April 2019 for FY 18/19. Critical support has been transferred through July 2018, quarterly ambulance subsidy funded through July 2018. Interest posted through July 2018. Estimated Sales Proceeds: \$2,139,149.

2019/2020: No proceeds received for fiscal year. Critical support has been transferred through October 2019, quarterly ambulance subsidy funded through December 2019. No interest through year for fiscal year. Estimated Sales Proceeds: \$3,349,166.

SPERM TP THROUGH 10/31/18

Current Available Balance in Health Care Trust Fund for Capital Expenditures:

\$ 4,329,571.47

The current available balance in the Health Care Trust Fund is calculated as follows: Total Disc. Surtax Revenue Proceeds less operating portion transferred to Weems, less clinical support transferred to Weems, less reimbursements and other capital expenditures from fund plus interest earnings.

FLORIDA DEPARTMENT OF HEALTH OFFICE OF RURAL HEALTH

GEORGE E WEEMS MEMORIAL HOSPITAL
FY18-19 FLEX GRANT PROGRAM CEO REPORT

April 17, 2019



northhighland.
WORLDWIDE CONSULTING

DEMOGRAPHICS: FRANKLIN COUNTY, FLORIDA

	<i>Franklin County</i>	<i>Florida</i>
TOTAL POPULATION	11,675	20,278,447
RACE AND ETHNICITY		
<i>Hispanic or Latino of any race (%)</i>	5.2	24.7
<i>White alone (%)</i>	82	75.7
<i>Black or African American (%)</i>	14.1	16.1
SEX AND AGE		
<i>Male (%)</i>	57.6	48.9
<i>Female (%)</i>	42.4	51.1
<i>Median age (years)</i>	44.3	41.8
<i>20 to 24 years (%)</i>	6.6	6.4
<i>65 to 74 years (%)</i>	16.1	10.7
<i>75 to 84 years (%)</i>	6.0	6.1

Source: <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CommunityCensusProfile&pcid=001>

DEMOGRAPHICS: FRANKLIN COUNTY, FLORIDA

	Franklin County	Florida
POVERTY AND EMPLOYMENT		
<i>Families under 100% of poverty (%)</i>	16.9	11.1
<i>People under 100% of poverty (%)</i>	20.1	15.1
<i>Civilian labor force unemployed (%)</i>	7.9	7.2
EDUCATIONAL ATTAINMENT		
<i>Less than High School (%)</i>	5.3	5.1
<i>Associate's Degree (%)</i>	7.5	9.8
<i>Bachelor's Degree (%)</i>	11.2	18.2
<i>Graduate or Professional Degree (%)</i>	7.3	10.3
<i>Median Household Income (dollars)</i>	41,267	50,883
HEALTH INSURANCE COVERAGE		
<i>Non-institutionalized no health insurance coverage (%)</i>	18.9	14.9
<i>Under 18 years, no health insurance</i>	12	8.5
<i>Employed 18 to 64, no health insurance coverage (%)</i>	26.5	19.5
<i>Civilian Noninstitutionalized Population, with disability (%)</i>	20.4	13.4

Source: <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CommunityCensusProfile&pcid=001>

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

PROVIDERS PER POPULATION

CLINICAL CARE	Franklin	Best in US	Florida
Ranking	45/67		
<i>Primary care physicians (population/providers)</i>	3,970:1	1,050:1	1,390:1
<i>Dentists</i>	3,910:1	1,260:1	1,700:1
<i>Mental health providers</i>	1,680:1	310:1	670:1



All of Franklin County is designated by HRSA as a Health Professional Shortage Areas (HPSAs), indicating that Franklin County is lacking primary care, dental, and mental health provider or services

<http://www.countyhealthrankings.org/app/florida/2018/rankings/franklin/county/outcomes/overall/snapshot>
<https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>

CLINICAL CARE: FRANKLIN COUNTY

CLINICAL CARE	Franklin	Best in US	Florida
<i>Preventable hospital stays: (rate per 100,000 Medicare enrollees)</i> <ul style="list-style-type: none"> • Diabetes • Chronic obstructive pulmonary disease and asthma, • Hypertension, heart failure • Dehydration, • Bacterial pneumonia and urinary tract infection 	4,520	2,765	5,066
<i>Mammography screening</i>	34%	49%	42%
<i>Flu vaccinations</i>	26%	52%	41%

Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care.

Mammography Screening is the percentage of female fee-for-service (FFS) Medicare enrollees, ages 65-74, that receive an annual mammogram.

Flu Vaccinations is the percentage of fee-for-service Medicare enrollees that had a reimbursed flu vaccination during the year.

HEALTH BEHAVIORS: FRANKLIN COUNTY

HEALTH BEHAVIORS	Franklin	Best in US	Florida
Ranking	53/67		
<i>Adult smoking</i>	18%	14%	15%
<i>Adult obesity</i>	34%	26%	27%
<i>Physical inactivity</i>	31%	19%	25%
<i>Access to exercise opportunities</i>	88%	91%	88%
<i>Excessive drinking</i>	25%	13%	18%
<i>Motor vehicle death with alcohol involvement</i>	36%	13%	25%
<i>Sexually transmitted infections (per 100,000)</i>	323.1	152.8	467.4
<i>Teen births (per 1,000)</i>	63	14	23



County-State Profile Franklin County, Florida 2015- 2017

Indicator	Measure	COUNTY	STATE
Deaths			
<i>Age-Adjusted All Causes 3-Year Death Rate</i>	<i>Age-adjusted Death Rate</i>	820.7	685.2
<i>All Causes Years of Potential Life Lost Under 75</i>	<i>Rate per 100,000 Population < 75</i>	9784.1	7815.5
<i>Total Tobacco-Related Cancer Deaths to Persons 35 and Over</i>	<i>Rate per 100,000 Population > 35</i>	198.2	167.4
Chronic Diseases			
<i>Age-Adjusted Coronary Heart Disease 3-Year Death Rate</i>	<i>Age-adjusted Death Rate</i>	81.5	95.2
<i>Age-Adjusted Stroke 3-Year Death Rate</i>	<i>Age-adjusted Death Rate</i>	34.4	38.7
<i>Age-Adjusted Diabetes 3-Year Death Rate</i>	<i>Age-adjusted Death Rate</i>	28.6	20

George E.
Weems
Memorial

Patient Safety & Inpatient												
HCP (formerly OP-27)	-	96%	71%	-	-	87%	-	87%	-	78%	87%	66%
IMM-2	-	-	96%	96%	-	-	-	-	-	95%	100%	100%
CDC NHSN	-	-	-	-	-	-	-	-	-	-	-	-
ED-1	-	-	240 Mins	236 Mins	-	-	-	217 Mins	-	276 Mins	305 Mins	228 Mins
ED-2	-	-	53 Mins	48 Mins	-	-	-	25 Mins	-	60 Mins	118 Mins	86 Mins
Patient Engagement												
No. of Completed HCAHPS Surveys	-	92	128	-	-	< 50	-	-	< 50	171	191	-
Care Transitions												
EDTC-1	98%	99%	98%	-	-	100%	98%	100%	100%	-	-	61%
EDTC-2	92%	99%	94%	-	-	100%	83%	100%	100%	-	-	100%
EDTC-3	100%	99%	92%	-	-	100%	100%	100%	99%	-	-	97%
EDTC-4	99%	99%	88%	-	-	100%	100%	100%	100%	-	-	96%
EDTC-5	99%	99%	99%	-	-	100%	100%	100%	99%	-	-	100%
EDTC-6	99%	99%	94%	-	-	100%	100%	100%	100%	-	-	83%
EDTC-7	100%	99%	93%	-	-	100%	100%	100%	100%	-	-	100%
All - Composite	90%	98%	84%	-	-	100%	82%	100%	98%	-	-	47%
Outpatient												
OP-2	-	-	-	-	-	-	-	-	-	-	-	-
OP-3	-	-	-	-	-	-	-	-	-	-	-	-
OP-5	-	-	5 Mins	-	-	22 Mins	-	-	-	6 Mins	8 Mins	5 Mins
OP-18	-	-	115 Mins	-	-	123 Mins	-	-	-	131 Mins	113 Mins	100 Mins
OP-22	-	-	1	-	2	1	-	-	-	2	-	0

EDTC REPORTING

EDTC measures are collected and reported by critical access hospitals (CAHs) as part of the Medicare Beneficiary Quality Improvement Project (MBQIP).

Emergency Department Transfer Communication (EDTC):

- Small rural hospitals frequently transfer a higher proportion of emergency department (ED) patients than larger urban facilities.
- It is the goal of MBQIP to help hospitals improve care transitions, including ED transfers, to reduce preventable hospital readmissions and adverse events in hospitals.

Current Process at Weems: EDTCs are reported. However, the process is labor intensive.

Suggestion: Work with EHR Vendors to streamline the process. Reach out to Robyn Carlson:

Robyn Carlson, RHIA, CPHQ
Quality Reporting Specialist
Stratis Health
952-853-8587
rcarlson@stratishealth.org

INPATIENT/PATIENT SAFETY

Similar to all reporting, inpatient measures are designed to standardize reporting and improvement.

There are 3 measures for inpatient quality assessment:

1. Influenza Vaccination Coverage Among Healthcare Personnel (HCP; formerly OP-27)
2. Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)
3. Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey

Current Process at Weems: Data is collected influenza vaccination among providers and ED-2. Antibiotic Stewardship not reported.

Suggestion: Work with HSAG representative to streamline inpatient process. Reach out to:

Sophia Cherry, RPh, MPH
Senior Community Program Specialist
Health Service Advisory Group (HSAG)
813.865.3197
scherry@hsag.com

HCAHPS ASSESSMENT

HCAHPS is a patient satisfaction survey required by CMS (the Centers for Medicare and Medicaid Services) for all hospitals in the United States.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS):

- The intent of the HCAHPS initiative is to provide a standardized survey instrument and data collection methodology.
- The survey is for adult inpatients, excluding psychiatric patients.
- HCAHPS are important because responses represent the “voice of the patient” and the results are public.

Current process at Weems: Surveys are provided and collected upon discharge. The survey used by Weems is very similar to the approved HCAHPS survey. An initial analysis of previous results over the past 2 years indicates that Weems would score well if survey results were reported. However, the current collection methodology used by Weems is not acceptable for reporting.

Suggestion: Continue to explore the possibility of reporting HCAHPS measures.

PARTNERSHIP IS KEY

Issue	Support Data	Partnership
<i>Tobacco Use</i>	<i>18% of Franklin County Adults report using tobacco, 3% higher than the Florida average; The tobacco related cancer death rates are higher than the Florida average rate.</i>	<i>Partnership with Tobacco Free Florida and Big Bend AHEC</i>
<i>Diabetes Community Care</i>	<i>Diabetes death rate higher than Florida average (28.6 vs. 20.0)</i>	<i>Partnership with Florida Department of Health (Bureau of Chronic Disease Prevention), Big Bend AHEC, and HSAG</i>
<i>Excessive drinking and Motor vehicle death with alcohol involvement</i>	<i>Franklin County rates of reported excessive drinking and accidents are much higher than the state average.</i>	<i>Franklin County Department of Health. Reduction of alcohol use is a priority in the CHIP plan.</i>
<i>Provider shortages</i>	<i>HRSA healthcare provider shortage area.</i>	<i>DOH, Health Service Corp.</i>
<i>Prevention (flu shots and mammography)</i>	<i>RWJF report; Florida Charts data</i>	<i>Franklin County Health Department; DOH</i>

Indicator	Your '17 Value	Your '18 Value	Benchmark	'17 US Median	'17 Your Peers	'17 FL CAH Median
Profitability						
Total Margin	-0.62	2.01	3	1.78	-3.82	-2.15
Cash Flow Margin (%)	-30.29	-29.34	5	6.08	-0.58	2.89
Operating Margin (%)	-34.08	-32.14	2	0.23	-6.2	-6.64
Return on Equity (%)	-1.36	4.88	4.5	4.35	-5.21	16.05
Liquidity						
Current Ratio (times)	1.44	1.27	2.3	2.53	3.05	1.50
Days Cash on Hand	24.81	35.25	60	77.18	51.47	24.81
Days Revenues in Net AR	92.37	73.59	53	50.74	52.01	42.66
Capital Structure						
Equity Financing (%)	65.38	62.22	60	59.21	72.67	30.23
Debt Service Coverage (times)	32.79	-	3	3.74	5.46	3.53
LT Debt to Capitalization (%)	N/A	0	25	31.28	13.7	61.75
Revenue						
Medicare OP Cost to Charge (times)	46.88	-	55	43.86	54.43	25.08
Cost						
Average Age of Plant (years)	7.34	9.01	10	10.97	9.51	9.63
FTEs per Adjusted Occupied Bed	7.46	8.44	-	5.49	5.38	3.42
Average Salary per FTE/ Salaries to Net Pt Revenue	\$40,764.97/ 65.71	\$44,021.22/ 64.80	-	\$57,906.25/ 44.95	\$46,258.87/ 57.55	\$57,470.05/ 45.42
Utilization						
Average Daily Census Swing-SNF Beds	0.26	0.11	-	2.04	1.03	4.12
Average Daily Census Acute Beds	1.09	0.93	-	3.1	0.78	4.29

Peer Group Criteria: <10m Patient Revenue Category, No LTC, Yes RHC, Government Owned

YEAR TO YEAR CHANGES

From 2017 to 2018, Profitability indicators were trending in the right direction. However, Current Ratio and Equity Financing measures were moving in the wrong direction.

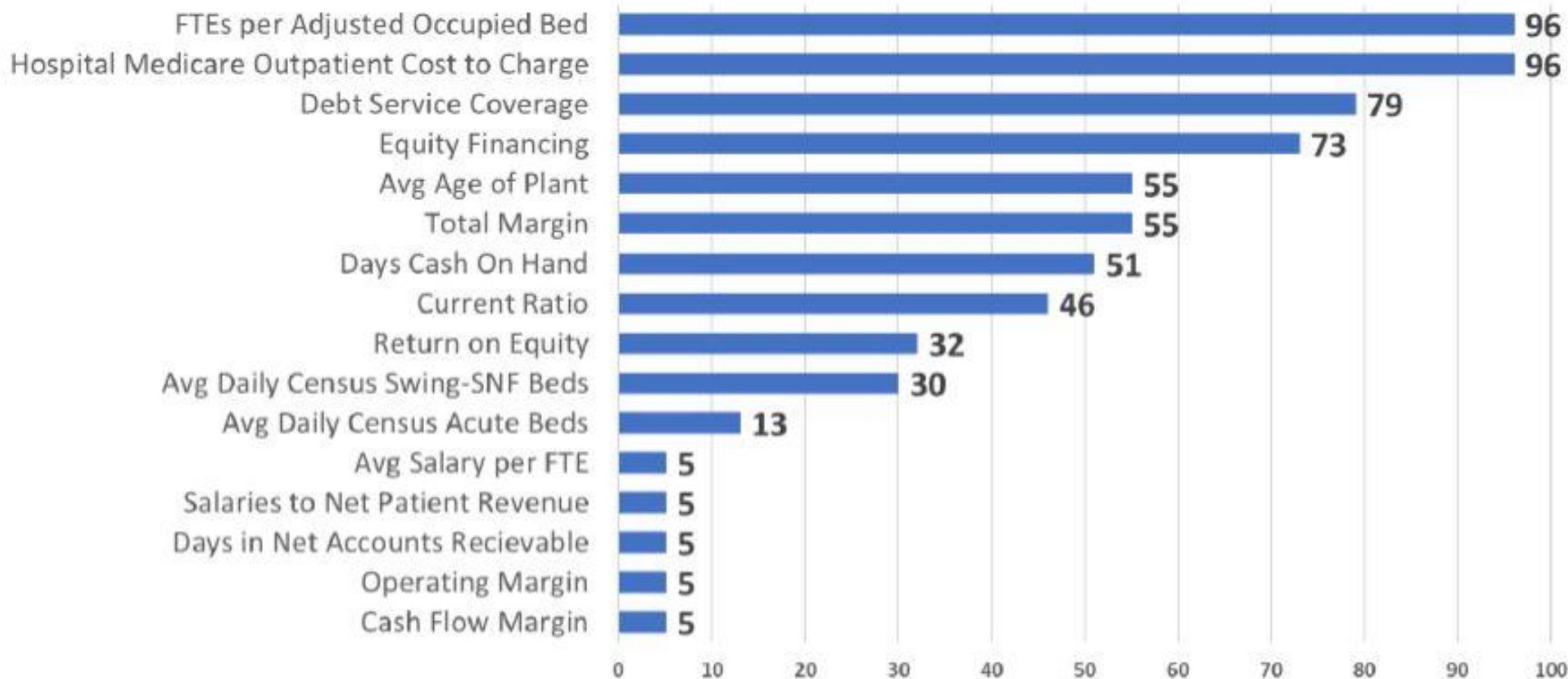
Positive Trends

<i>Total Margin</i>	Increased from -0.62 to 2.01
<i>Cash Flow Margin</i>	Increased from -30.29 to -29.34
<i>Operating Margin</i>	Increased from -34.08 to -32.14
<i>Return on Equity</i>	Increased from -1.36 to 4.88
<i>Days Cash on Hand</i>	Increased from 24.81 to 35.25
<i>Days Revenue in Net AR</i>	Decreased from 92.37 to 73.59

Negative Trends

<i>Current Ratio</i>	Decreased from 1.44 to 1.27
<i>Equity Financing</i>	Decreased from 65.38 to 62.22

George E Weems Memorial 2017 Florida CAH Percentiles



DAYS CASH ON HAND

Days Cash on Hand measures the number of days an organization could operate if no cash was collected or received.

- **Observations:**

- Increased from last year, but remains low
- About 50% of the benchmark
- Below national median, but above FL CAHs

- **Considerations & Recommendations:**

- Analyze billing and collection procedures, including making financial payment arrangements or doing financial counseling before discharge
- Pay attention to consultant's suggestions related to coding procedures, charge master change rollout, and clean claim rate

Path Forward:

- ✓ Speak to Lake Butler Hospital CFO
- ✓ Connect with Madison County Memorial leadership
- ✓ Document successes

Cash + Temporary investments + Investments / (Total expenses-Depreciation) / Days in period

FTEs PER ADJUSTED OCCUPIED BED

FTEs per Adjusted Occupied Bed measures the number of full-time employees per each occupied acute care bed.

- **Observations:**
 - Increased from last year, and remains high
 - Above national median and FL CAHs
- **Considerations & Recommendations:**
 - Very high values may indicate low volume and a potential opportunity to evaluate staff productivity

Path Forward:

- ✓ Connect with Hendry Regional Medical Center or with Northwest Florida Community Hospital to talk about staffing efficiency levels and how this is monitored and altered to control costs

Number of FTEs / (Inpatient days - NF swing days - Nursery days) * (Total patient revenue / (Total inpatient revenue - inpatient NF revenue - Other LTC revenue)) / Days in period

AVERAGE DAILY CENSUS – SWING/SNF BEDS

Average Daily Census – Swing/SNF Beds measures the average number of swing beds occupied per day.

- **Observations:**
 - Decreased from last year, and remains low
 - Below national median and FL CAHs
- **Considerations & Recommendations:**
 - Drive swing bed census levels up as much as possible
 - Increase swing bed availability
 - Promote swing bed options and partnerships with other hospitals
 - Target rehabilitation centers

Path Forward:

- ✓ Formalize an MOU with Tallahassee Memorial Hospital
- ✓ Reach out to Lake Butler Hospital, Northwest Florida Community Hospital, or Wauchula about ways to promote swing bed services in the community

SNF swing-bed days/ Days in period

George E. Weems Memorial Hospital

CFO Narrative

For the Month ended July 31, 2019

July was a strong month with 13 inpatient admissions and 0 swingbed admits. ER visits were down but, still good at 504 visits. Clinic visits were down. EMS runs at 181 now reflect actual runs not just billable runs.

Income Statement:

Patient Revenue was up from prior month by \$169,000 at 1.3 million. Contractual allowances and bad debt at \$109,560 after adjustments remain conservatively estimated. We received our Hitech monies of 40,126. Expenses were up. Expenses of note Repairs and maintenance was up \$8,000 the single highest item was \$1,950 for a damper repair, \$4,950 to repair the A/C unit at the West clinic, salaries were up \$26,000 partially on increased volumes, general liability expense was down \$2,433 after a premium rebate, Contract services was down \$7,950 as we had no need for physical therapy, Contract services were lower than June's expense but a little high, July had hopefully, a one time \$3,322 expense for fire watch. After subsidies, we show a gain of \$1,171,648 for the month and a gain of 477,778 year to date.

Balance Sheet:

Cash was at \$407,247

Net Receivables were \$1,107,490

Days Cash on Hand dropped to 18.5

Current ratio is 1.3

Respectfully submitted:

William H. Storck

Franklin County Health System
INCOME STATEMENT SUMMARY

BY UNIT

FISCAL 2019

31-Aug-19

	Month to date Hospital Actual	Hospital Budget	Month to date Carrabelle Actual	Carrabelle Budget	Month to date Apalach Actual	Apalach Budget	Month to date System Actual	System Budget
Gross Revenue	1,014,078	860,949	66,943	48,885	89,829	32,511	1,314,483	1,185,092
Deductions from Revenue	663,205	630,519	23,568	27,679	22,524	16,680	775,131	741,991
Net Patient Revenue	350,873	230,430	43,375	21,206	67,405	15,831	539,352	445,134
% of Deductions	65.4%	73.2%	35.2%	56.6%	25.0%	51.3%	59.0%	62.6%
Operating Expenses								
Salaries / Wages	236,020	214,671	21,794	19,925	17,062	18,508	357,164	348,852
Employee Benefits	79,568	55,265	604	5,322	606	3,075	98,509	89,963
Professional Fees	30,865	-	1,710	-	1,174	-	34,749	-
Purchased Services	19,981	-	718	-	1,172	-	21,991	-
Supplies	51,527	44,238	1,222	926	317	929	59,040	28,340
Lease & Rent	5,080	-	298	-	298	-	12,981	-
Repairs & Maintenance	1,203	19,794	-	-	-	-	4,972	3,039
Utilities	21,096	-	2,509	-	1,689	-	27,695	-
Insurance	(21,948)	-	154	-	129	-	(20,324)	-
Other	91,527	170,831	590	3,595	192	324	93,181	231,999
Depreciation	14,364	-	-	-	-	-	14,364	-
Total Operating expenses	529,283	504,799	29,999	29,768	22,599	22,836	704,322	702,193
Operating Profit (Loss)	(178,410)	(274,369)	13,776	(8,562)	44,806	(7,005)	(164,970)	(257,059)
NON Operating Income								
Subsidies	142,348	85,746	10,000	10,000	-	-	216,036	73,688
Other Non Operating Income	2,534	20,854	-	-	-	-	2,534	71,917
Grant Income	10,656	-	-	-	-	-	10,656	150
Total Non Operating Items	155,538	106,600	10,000	10,000	-	-	229,226	145,755
Net Profit (Loss)	(22,872)	(167,769)	23,776	1,438	44,806	(7,005)	64,256	(111,304)

Franklin County Health System
 INCOME STATEMENT SUMMARY
 BY UNIT

FISCAL 2019

August 2019

Actual July

	Month to date Hospital Actual	Hospital Budget	Month to date EMS Actual	EMS Budget	Month to date Carrabelle Actual	Carrabelle Budget	Month to date Apalach Actual	Apalach Budget	Month to date System Actual	System Budget
Gross Revenue	1,368,478	860,949	139,921	114,182	67,728	48,885	25,845	32,511	1,595,972	1,185,092
Deductions from Revenue	(231,891)	630,519	86,607	67,114	30,621	27,679	5,103	16,680	(109,560)	741,991
Net Patient Revenue	1,600,369	230,430	47,314	47,068	37,107	21,206	20,742	15,831	1,705,532	445,134
% of Deductions	-16.9%	73.2%	64.7%	58.8%	45.2%	56.6%	19.7%	51.3%	-6.9%	62.6%
Operating Expenses										
Salaries / Wages	222,990	214,671	76,798	77,427	22,667	19,925	17,612	18,508	340,067	348,852
Employee Benefits	48,248	55,265	10,866	18,476	1,149	5,322	103	3,075	60,366	89,963
Professional Fees	58,930	-	1,000	-	-	-	-	-	59,930	-
Purchased Services	43,339	-	120	-	869	-	988	-	45,316	-
Supplies	32,182	44,238	5,791	1,161	40	926	767	929	38,780	28,340
Lease & Rent	15,106	-	900	-	298	-	298	-	16,602	-
Repairs & Maintenance	6,879	19,794	4,545	2,336	-	-	5,371	-	16,795	3,039
Utilities	25,872	-	3,540	-	2,828	-	761	-	33,001	-
Insurance	15,816	-	2,278	-	154	-	129	-	18,377	-
Other	35,679	170,831	5,149	18,250	1,102	3,595	225	324	42,155	231,999
Depreciation	14,354	-	-	-	-	-	-	-	14,354	-
Total Operating expenses	519,406	504,799	110,987	117,650	29,106	29,768	26,254	22,836	685,753	702,193
Operating Profit (Loss)	1,080,963	(274,369)	(63,673)	(70,582)	8,000	(8,562)	(5,512)	(7,005)	1,019,779	(257,059)
NON Operating Income										
Subsidies	-	85,746	63,688	63,688	10,000	10,000	-	-	73,688	73,688
Other Non Operating Income	78,181	20,854	-	-	-	-	-	-	78,181	71,917
Grant Income	-	-	-	-	-	-	-	-	-	150
Total Non Operating Items	78,181	106,600	63,688	63,688	10,000	10,000	-	-	151,869	145,755
Net Profit (Loss)	1,159,144	(167,769)	15	(6,894)	18,000	1,438	(5,512)	(7,005)	1,171,648	(111,304)

Now it's your turn!

***WHAT DO YOU WANT
HEALTHCARE TO LOOK LIKE
IN FRANKLIN COUNTY?***