

**SUMMARY MINUTES**  
**Chairman's Meeting**  
**Indian River County Hospital District**  
**Hospital District Conference Room**  
**February 18, 2016**  
**9:00 AM**

ATTENDEES:                    Thomas Spackman, MD.                    Allen Jones  
   Dr. Michael Weiss                         Eugene Feinour  
   Marybeth Cunningham                    Ann Marie McCrystal  
   Val Zudans, MD

OTHER ATTENDEESS:        Ann Marie Suriano                         Jennifer Peshke, Esq.  
   Kate Voss                                     Jennifer Frederick  
   Myra Weiss                                  Matt Reiser  
   Keith Ghezzi                                Michael Felix  
   Janet Bagely

***Convene Meeting – Dr. Spackman, Chairman***

Mr. Feinour convened the monthly chairman's meeting of the IRCHD at 3:00 PM by welcoming those in attendance. He discussed the pending efforts that the District is involved in such as the Community Health Needs Assessment ("CHNA") and strategic planning. He feels they are moving in a positive direction and that the joint meeting with the Hospital, which is scheduled for Friday February 19, 2016, will strengthen the relationship between the two boards. Further, he stated it was important to build on the momentum they currently have and to not lose sight of their goals. He introduced Mrs. Cunningham to discuss her presentation on the Community Health Needs Assessment.

***Community Health Needs Assessment, Marybeth Cunningham***

Mrs. Cunningham stated that this assessment will be the topic for tomorrow's joint meeting with IRMC. Today she would be discussing the assessment in greater detail for the Trustees. By way of background, Mrs. Cunningham stated that this assessment was a community driven process made up of contributions from IRMC, the District, the Health Department, VNA, TCCH, and Whole Family. The agencies hired a consultant to collect and review the quantitative data. The consultant also conducts key informant interviews with leaders in the community, to gain their perspective as well. Additionally there were 15 focus groups, made up of around 200 participants, from the community. These focus groups were asked what they felt the largest health care issue was in the community, as well as their feelings on access to care. She explained that this type of data compilation is known as qualitative data, which is directly tied to people's opinions and experiences. There was also an Advisory Committee made up of community organizations such as Healthy Start, along with government agencies such as the county

Commission, sheriff's office, and the school board. Mrs. Cunningham further stated that at the end of the process they were able to identify some priority needs that are affecting the community. They separated the priority needs into two categories. The first being 'Long Healthy Lives', whose mission is through the adoption of healthier lifestyle behaviors and access to health services, individuals will live long healthy lives. The second is 'Healthy Moms, Healthy Kids', whose mission is through the adoption of quality preventative care, children are born healthier and develop on track. Mrs. Cunningham discussed the priority needs from each category and stated that some of these statistics were very alarming. It was also discussed by the Trustees that many of the issues effect an older population, which Indian River County is considered to have. A few of the main focuses for 'Healthy Kids, Healthy Moms' is childhood obesity and infant mortality. Dr. Zudans questioned if these issues are deemed to be the most important because of the community feedback or actual data. Mrs. Cunningham stated that it was a combination of both quantitative data which is taken from the hospital, health department and the state of Florida databases, along with qualitative data. These results showed that Indian River County has high incidences of these issues and were higher than the average for the state of Florida. The other priority issues were discussed by Mrs. Cunningham, which included emergency room diversion, high mortality rate from cancer, unintentional injuries, mental health, chronic disease, oral health, and childhood obesity. The trustees discussed these issues at length and shared ideas on how to best combat the problems. It was also discussed that some of the community agencies may take a leadership role in providing education and additional care to the community regarding some of these high priority issues. Additionally, Dr. Spackman stated that the hospital would be holding a public meeting on April 8<sup>th</sup> from 8AM-12PM at the Richardson Center to unfold their strategic plan. This meeting will be open to the public.

***District Strategic Planning, Michael Felix***

Mr. Felix stated that much of what was presented by Mrs. Cunningham is also incorporated into the strategic plan. He stated that what is effective and what the research shows around social change theory, is that multiple things need to happen simultaneously in a community environment in order to implement change. He feels that Board education is a top priority in tackling and understanding the best practices that will produce change. Mr. Felix discussed the events which led up to collecting the information for the strategic plan which included single meetings with the trustees and community leaders which gave them a lot of input. He and Mrs. Suriano also met with the agencies that the District funds, to get further insight on the health needs of the community and the Districts role in that. From those meetings Mr. Felix used that information to prepare this draft plan with goals and reviewed the same with the District staff. The District staff then developed action steps for each goal which would describe the steps needed to be taken to complete the goal. He gave the Trustees an additional handout that addressed reinventing America's health care system and asked that they review the document because it contained key information that would be beneficial to this process. Mr. Felix stated that through his research on the District, it became clear to him that there was no mission or vision statement, as well as they had not outlined any core values. He feels that through this process that there will be an opportunity to clear up the roles and responsibilities of the Trustees, as well as the role of the District staff. He believes this is done by spending time reviewing board governance and he has made that a major goal in the plan. The mission and vision statements were discussed at length by Mr. Felix and the Trustees. Further, Mr. Felix stated that the mission statement should reflect the best practices that will produce change and be

sustainable. Dr. Spackman raised the issue concerning the language within the Special Act that states the District is to support indigent care and questioned whether this would fit into the District's new mission. Mrs. Peshke stated that the Special Act is written in very broad terms, but that entities owned by the District are required to treat indigent patients, however they chose to reimburse for these services is solely up to the District.

Next, Mr. Felix discussed the core value statements which are meant to guide the District towards their mission and vision. The five core values decided on were stewardship, partnership, integrity, respect, accountability, and leadership. The acronym "SPIRAL" was developed from these values, as a way to easily remember them. Further, Mr. Felix discussed the goals, objectives and action steps associated with implementing the strategic plan in detail with the Trustees and the Trustees provided their feedback on the same. It was also discussed that certain Trustees would take leadership roles carrying out the goals. Mr. Felix stated that he would be adding a fifth goal titled 'communication plan', which would outline how the District would communicate their mission and vision to the residents of Indian River County. This communication plan would also provide information that would help differentiate the District from the hospital. Mr. Felix stated that he and the District staff created action steps, which steps outline exactly what actions need to be taken by District staff or a Trustee, in order for the goal to be obtained or completed. Those will be reviewed with the Trustees, once the strategic plan has been finalized. Mr. Felix explained that because this is a two year strategic plan, many of those actions steps will evolve and change over time, due to new information and strategies that will arise from the implementation of this plan. Dr. Ghezzi, the hospital's strategic planning consultant stated that the hospital's plan is very focused on the operations of the hospital and fixing some festering issues. He feels this is another good faith effort that will show the hospital's collaborative effort in this process as a whole. Mr. Felix stated that he and Dr. Ghezzi have been working closely together and he hopes through this they will see a leadership plan emerge for the District and an operations plan for the hospital. Additionally, the Indigent Care Agreement ("ICA") was discussed by the Trustees and tying metrics to performance outcomes of the hospital and other agencies. Mr. Felix reminded the Trustees that next year they would be reevaluating the ICA and this would give them an opportunity to put language into the agreement regarding metrics on performance outcomes. Dr. Ghezzi stated CMS released a whole new set of metrics on February 16<sup>th</sup>, which they are currently reviewing. He will incorporate those into the hospital strategic plan so they are with current standard. Additionally, he stated it sometimes happens where hospitals chase too many metrics and aren't successful. He is proposing they try to get to only the most meaningful metrics and he would be willing to share those with the District, should they meet any of their needs. It was further discussed by Mr. Felix his recommendations on future program funding strategies. He would like to see the District examine opportunities on increasing the funding to include the 'Asset, Limited, Income Constrained, Employed' population or "ALICE". Currently, there is an estimated 17,000 people who fall under this category, living in Indian River County, per the report conducted by the United Way. This population is considered to live slightly above the poverty level, which work primarily in the service industry and cannot afford health insurance or premiums associated with the Affordable Care Act. The final strategic plan will be presented at the regular monthly meeting on Thursday, March 25, 2016.

***Trustee Matters/General Discussion***

Mr. Feinour asked Dr. Spackman to give a brief rundown of what he expects will happen at tomorrow's joint meeting with the hospital. Dr. Spackman reviewed the meeting's agenda with the Trustees and stated that the District is the host for this meeting and he will be making most of the opening comments. He will discuss that both groups are in the midst of their own strategic plans and he feels it is a good opportunity to use this as the focus for the joint meeting. Since the CHNA has now been completed, he and Dr. Hockmeyer felt that this assessment could be the focus of the meeting and the need for continued follow up. Mr. Feinour reminded the Trustees that while there may be other issues pending between both boards, this is not the time or place to discuss those and they should remain focused and stay on topic.

***Adjourn***

The meeting was adjourned at 11:15 AM