MINUTES

The Regular meeting of the Board of Commissioners of the North Broward Hospital District was held on Wednesday, June 27, 2012, at 4:00 p.m. in the conference center at Broward Health North, 201 East Sample Road, Deerfield Beach, Florida.

Notice of this meeting is attached to the official Minutes as EXHIBIT I. The official Agenda for this meeting, as presented for the consideration of the Board, is attached to the official Minutes as EXHIBIT II. Original registration sheets listing attendees, as well as those who wished to address the Board, are attached to the official Minutes on file in the Board of Commissioners’ office.

Chair Gustafson called the meeting to order at 4:00 p.m.

ROLL CALL

Commissioners:
Present: Commissioner Joel Gustafson – Chair
          Commissioner Jennifer O’Flannery Anderson – Vice Chair
          Commissioner Richard Paul-Hus - Treasurer/Secretary
          Commissioner Miguel Fernandez - Board Member
          Commissioner David Di Pietro - Board Member
          Commissioner Clarence McKee – Board Member
          Commissioner Debbie L. Kohl – Board Member

The invocation was given by The Reverend Steven O’Hala of St Elizabeth of Hungary Parish, followed by the Pledge of Allegiance led by Pauline Grant, CEO, Broward Health North.

SHINING STARS: The following employees were recognized as the 4th quarter Shining Stars. Each Shining Star received a certificate presented to them by the Chair: Rosemarie Haye, Financial Specialist, Annie L. Weaver Health Center, Community Health Services; Levar Alexander PCA-SMCU 8th Floor Broward Health North; Katherine Novak Selby, Nurse Practitioner Urgent Care, Broward Health Weston and Richard Evans-Distribution Tech, Materials Management, Broward Health Coral Springs.

COMMENTS FROM AUDIENCE: Representative Gwendolyn Clark Reed expressed her condolences on behalf of the residents of District 92 to Jasmin Shirley and her family on the passing of her father, Dr. Calvin Shirley.

Representative Clark Reed said that she was hoping that there will be more conversation about what was spoken about at the Primary Care and CRC meetings. She said that she has received a few calls about the evaluation and financial audits that have to be done by the public hospitals.
She said that residents are tuning in and wanting to know what this is going to lead to. Representative Clark Reed said that she has told her constituents that they are going to have to wait to see what the North Broward Hospital District Board decides.

**APPROVAL OF MINUTES**

1. Request approval of the Minutes of a Regular Meeting of the Board of Commissioners held May 30, 2012 Board of Commissioners meeting.

   It was moved by Commissioner Paul Hus, seconded by Commissioner Fernandez:

   THAT THE MINUTES OF THE REGULAR MEETING OF THE BOARD OF COMMISSIONERS HELD ON MAY 30, 2012 BE APPROVED AS PRESENTED.

   Motion carried unanimously.

**MEDICAL COUNCIL AGENDA**

2. **BROWARD HEALTH NORTH**

   Dr. Ford presented the following update:
   - Mammography Women’s Center had an open house on June 5th. Some of the elements were updated to make it a more user friendly area for women.
   - Open House for the completion of the PACU on June 19th. It was very well attended with members of the CRC, Commissioner Joel Gustafson and many residents of the community.
   - Joint Replacement had a reunion on June 20. Many of the patients are still coming from all over the country to see some of the physicians who have done their hip and joint replacements.

   Dr. Douglas Ford Chief of Staff of Broward Health North, reported that the Medical Council had reviewed and recommended for approval by the Board of Commissioners all exhibited Medical Staff Additions, Changes and Resignations; Allied Health Additions, Changes and Resignations; Medical Staff Reappointments; Allied Health Reappointments and Community Health Reappointments.

   It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Fernandez:

   THAT THE BOARD OF COMMISSIONERS APPROVE THE RECOMMENDATIONS OF BROWARD HEALTH NORTH’S MEDICAL COUNCIL OF ITEMS 2 (A-E):

   A. Medical Staff Additions, Changes and Resignations
   B. Allied Health Additions, Changes and Resignations
   C. Medical Staff Reappointments
D. Allied Health Reappointments
E. Community Health Reappointments

Motion carried unanimously.

3. BROWARD HEALTH IMPERIAL POINT

Dr. Groene presented the following update:

- Front page of the Sun Sentinel announced that Broward Health Imperial Point was the only Broward Health hospital to earn “A” rating for patient safety from the Leap Frog Group.
- Alfred Vaughn an RN from ICU received the BHIP Medical Staff Award for Appreciation. He received a Certificate and a check for $100.00 and his picture will be mounted in the main hall way.

Dr. Linda Groene, Chief of Staff of Broward Health Imperial Point, reported that the Medical Council had reviewed and recommended for approval by the Board of Commissioners all exhibited Medical Staff Changes and Additions; Medical Staff Reappointments; Allied Health Changes and Additions; and Allied Health Reappointments.

It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Paul Hus:

THAT THE BOARD OF COMMISSIONERS APPROVE THE RECOMMENDATIONS OF BROWARD HEALTH IMPERIAL POINT’S MEDICAL COUNCIL OF ITEMS 3.(A-D):

A. Medical Staff Changes and Additions
B. Medical Staff Reappointments
C. Allied Health Changes and Additions
D. Allied Health Reappointments

Motion carried unanimously.

4. BROWARD HEALTH CORAL SPRINGS

Dr. Greenspan provided the following update:

- New MRI will be up and running the week of July 9th.
- Broward Health raised over $58,000 for the March of Dimes for Babies. Drew Grossman is the Chair for the March of Dimes this year. The Broward County goal of $900,000 has already been surpassed and is currently at $930,000 and counting. Broward Health has been recognized as one of the top 10 fundraising teams for 2012.

Dr. Carrie Greenspan, Chief of Staff of Broward Health Coral Springs, reported that the Medical Council had reviewed and recommended for approval by the Board of
Commissioners all exhibited Medical Staff Appointments; Medical Staff Reappointments; Allied Health Appointments and Allied Health Reappointments.

It was moved by Commissioner Fernandez, seconded by Commissioner Kohl:

THAT THE BOARD OF COMMISSIONERS APPROVE THE RECOMMENDATIONS OF BROWARD HEALTH CORAL SPRINGS MEDICAL’S MEDICAL COUNCIL OF ITEMS 4 (A-C):

A. Medical Staff Appointments
B. Medical Staff Reappointments
C. Allied Health Appointments
D. Allied Health Reappointments.

Motion carried unanimously.

5. BROWARD HEALTH MEDICAL CENTER

Dr. Chokshi presented the following:

- Joint Commission is now at Broward Health Medical Center.
- Hybrid lab OR reached its potential--multi procedures have being done on the patients.
- BHMC will be receiving 85 new Medical/ Surgical beds that will be delivered on June 27th and 28th.
- BH Foundation’s event “Night of Million Reasons” raised $360,000 for the BH Infusion Center.
- Negotiating an academic affiliation with FIU.

Dr. Rajiv Chokshi, Chief of Staff of Broward Health Medical Center, reported that the Medical Council had reviewed and recommended for approval by the Board of Commissioners all exhibited Medical Staff Changes and Additions; Allied Health Changes and Additions; Community Health Services Changes and Additions; Medical Staff Reappointments; Allied Health Reappointments; and Community Health Services and Weston Urgent Care Center Reappointments.

It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Kohl:


A. Medical Staff Changes and Additions
B. Allied Health Changes and Additions
C. Community Health Services Changes and Additions
D. Medical Staff Reappointments
E. Allied Health Reappointments
F. Community Health Services and Weston Urgent Care Center Reappointments
Motion carried unanimously.

CEO REPORT:

Mr. Nask advised the Commissioners of the funeral arrangements for Dr. Calvin Shirley, father of Jasmin Shirley.

In addition, he provided the following update:
- Gold Coast Home Health passed its CHAP (Community Health Accreditation Program) Survey. CHAP surveys are made up of 25 standards and Gold Coast received only 3 required actions out of the 25 standards.
- Board Approved PACU at Broward Health North has opened.
- Moody’s has reaffirmed Broward Health’s rating at A2 with a stable outlook.
- Working in partnership with the Boys and Girls Club for an immunization program for the county which began this month.

At this time, Sara Howley showed a video of the events on Broward Health Day.

CFO REPORT:

Mr. Nask reported that for the year Broward Health is 1% below in total admissions from last year; which is about 800 admissions—300 admissions are tied to a specific event at BHIP which was a change in psych and 500 admissions moved to short stay cases. Mr. Nask stated that when those two numbers are added in with the admissions, Broward Health is equal to where they were last year. He also reported that there has been a substantial improvement in the payor mix. The uncompensated number has dropped about 10% and that is basically a result of getting patients onto the Medicaid program. ER total visits up about 2% or 4,000 visits; overall from a systems standpoint May was probably one of the better months BH had this year.

With regard to Financials: BH $9.3 million over budget on patient revenue; $7.4 million of which was related to Meaningful Use. Subtracting the Meaningful Use dollars, net revenue for the month was $1.9 million ahead of budget for patient revenue. For the month, BH shows a loss from operations of $3.4 million compared to a budget of $11.6 million. Mr. Nask said that if the $7.4 million is added back in, BH was ahead of budget by $800,000. YTD operating results were $6.2 million ahead of budget; and on the bottom line there is an operating loss of $1 million mostly due to investment income which is down, but some of it has rebounded in June. Labor statistics; salaries as a percent of net revenue 62.2% compared to 62.4% - ahead of budget and equal to last year. Overall, May was a good month and year to date right now is ahead of budget by $6 million.

Balance Sheet side, BH ended the month with 203 days of cash on hand; Days in Accounts Receivable dropped by 2 days to 50; cash to debt very strong - 223% of debt; and debt to capitalization 27.9% against a benchmark of 42.9%. Capital spending ratio is up to 106%.

Commissioner Di Pietro mentioned that BHIP has had some soft numbers month to month. He commented that Ms. Taylor stated that she was working on an action plan and
when it was completed, she was going to send him a copy. He said that he has yet to receive a copy of the action plan.

Ms. Taylor said that BHIP has developed a plan which will be presented to Mr. Nask and BHIP’s medical staff next week. She commented that there are tactics based on strategies to increase BHIP’s volume both inpatient/outpatient and emergency department. Ms. Taylor said once approved, it will be presented to the Commissioners.

Commissioner Di Pietro asked Ms. Taylor to explain why BHIP was experiencing the soft numbers. Ms. Taylor explained that there were a couple of reasons: 1) soft numbers in psychiatry—Atlantic Shores was closed for a while and BHIP was receiving their patients, they have reopened; and 2) some of the insurance plans are very strict about admitting patients so they will put them in observation status so this has changed the complexion of their numbers significantly.

Commissioner Di Pietro asked if Bonuses for administrators is somehow tied to whether BH has a positive budget and if there is $10 million left over at the end of the year, is that how bonuses are distributed to administrators. Mr. Nask replied yes. Commissioner Di Pietro asked when did that come to the Board for approval. Mr. Nask said that the incentive plan is approved in the July/August timeframe for the year. The Incentive Plan for this fiscal year was approved last year. Mr. Nask said that all of the financials and quality matrices were identified in a very detailed level. If the incentive plan stays in place, the plan will be reviewed again in July/August for the subsequent year.

Commissioner Di Pietro asked why isn’t this given back to the taxpayers and before the taxpayer issue, is it shared with all of the employees i.e., nurses and physicians or is it just shared with administration. Mr. Nask said that everyone participates in the payout except for physicians.

Commissioner O’Flannery Anderson stated that last year when the budget was presented prior to the budget workshop, the Incentive Plan was explained in detail to all the Commissioners and was also covered in detail at a Human Resource Committee meeting.

**GENERAL COUNSEL REPORT**

Mr. Goren advised the Commissioners that at the May 30th Board meeting, Commissioner Di Pietro made several announcements of potential conflicts. For the record, and under Chapter 112, Commissioner Di Pietro has filed the appropriate disclosure form 8B with the Clerk and is in compliance with the requirements of Chapter 112 Florida Statutes.

Mr. Goren announced that there are two cases pending against Broward Health: the Ramsey case which is pending in the Broward Circuit Court and the other is the Kelley Case. Both of which are scheduled to be placed on a trial dockets beginning in August. At this time, Mr. Goren said that under Chapter 286 Florida Statutes, in order to be able to discuss these cases with the Board in a Shade Session on July 25, following the regular meeting of the Board of Commissioners, he is required to seek approval for a Shade Session by the Board.
It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Fernandez that General Counsel be authorized to hold a Shade Session on July 25 for both the Ramsey and Kelley Cases. Motion carried unanimously.

Mr. Goren addressed Agenda Item 14, which he said may be more appropriate to be discussed under the General Counsel report. Chair Gustafson asked that Mr. Goren address Item 14 at this time.

Mr. Goren said that in the backup material there is a request from Tripp Scott. Shari McCarty who is a member of Tripp Scott law firm is seeking a waiver to assist Dr. Miransky in connection with his negotiations of a contract with Broward Health. Mr. Goren said that there is no conflict. He said that the waiver must be approved by the Board of Commissioners. Mr. Goren said, as a matter of history, the Board has not provided waivers in instances where law firms are litigating against the Broward Health in some form. However, the Board has permitted waivers regarding transactional work or other issues that otherwise do not cause a direct conflict.

Commissioner O’Flannery Anderson stated that Tripp Scott did the Bylaws for the Medical Staff. She asked if Tripp Scott was under contract to do anything else for Broward Health at the present. Mr. Goren said that they have two separate agreements, one is with the Medical Staff which is ongoing and the other is general assigned task matters which include general legal work when assigned. In this past year, there was also some legislative assistance from Jim Scott. There is no retainer relationship--they only work for Broward Health when asked.

Commissioner Di Pietro asked if the Gunster firm gave Broward Health a waiver letter for 21st Century. Mr. Goren said they did and the Gunster letter included physician contracting and the 21st Century matter which was approved by the Board as well.

Commissioner McKee said that he believes that a law firm should either work for the physician or Broward Health but not both. He said in going over the legal bills, Tripp Scott has done a lot of work for Broward Health over the past years. Commissioner McKee said he would oppose the waiver.

Commissioner Paul-Hus said that he has a conflict. He engages Tripp Scott on a regular basis, corporately and personally. Commissioner Paul-Hus recused himself from voting on this matter at the advice of General Counsel. Mr. Goren said that Commissioner Paul-Hus will file the appropriate form 8B which will be prepared and filed before the month end.

Commissioner Fernandez said that Shari McCarty has served on the CDTC Board with him and this is not an issue of economics. He said that he did not have a problem with Ms. McCarty representing this physician in this case.

It was moved by Commissioner Fernandez, seconded by Commissioner Kohl to approve the Tripp Scott waiver. Motion carried. 5 voted for, 1 opposed and 1 abstained.
Audit Committee – June 11, 2012 – Commissioner Debbie Kohl reported on the actions taken at the meeting: Brief report by Price Waterhouse Coopers indicated there were no issues at this time and they were getting full cooperation from management. Internal Audit conducted pharmacy audits and committees were created to address the findings of that audit. Audits of inventory on non pharmaceuticals indicated there were issues with vendor selection on that particular inventory. The committee addressed conflicts of interests and foreign corruption policies. A discharge planning audit was performed and records from May 1 to October 21, 2011 were reviewed; The Committee also reviewed Supply Chain savings and cell phone policy. The audit plan for the next fiscal year was approved. Compliance Officer gave regulatory updates at the Audit Committee meeting, policies and procedure committee report discussed hot line compliance committee training and education; HIPAA privacy security, auditing monitoring. There were 12 audits conducted and the Compliance Work Plan was approved for next fiscal year.

It was moved by Commissioner Fernandez, seconded by Commissioner Paul-Hus that the minutes of the June 11, 2012 Audit Committee meeting be approved as presented. Motion carried unanimously.

Quality Assessment and Oversight Committee – May 24, 2012 - Dr. Georges Boutin reported that there were no particular issues and all reports were routine.

It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Fernandez that the minutes of the May 24, 2012 Quality Assessment and Oversight Committee be approved as presented. Motion carried unanimously.

Pension and Investment Committee – June 8, 2012 - Commissioner Miguel Fernandez reported on the following: Board members in attendance: Commissioner Fernandez and Kohl. The Committee held its standard review with its three independent consultants: Segal Rogerscasey; Congress Asset Management and Northern Trust Company. The quarter ended strong with gains of 8.68% and 8.89% for unrestricted fund and the pension fund respectively, vs. a weighed benchmark index of 8.56%. The private equity investment, with the exception of one manager, continued to show strong results. Cumulatively the returns have been 12.4% annually since inception - 2007-2008. Northern Trust reviewed the donated funds investment. The fund consists of a very conservative portfolio but, historically, provides yearly conservative returns and continues to do so. The current annual yield on that fund is running about 3.1%. The subject of changing out one large cap manager, INTECH, was discussed with Segal Rogerscasey. This change-out would be due for performance. Segal will provide a list of possible replacement candidates at our next meeting as well as extending an invitation to INTECH to present.

The renewal of the Segal contract was discussed. Segal was hired in 2006. They have not had an increase since their hire and were requesting an increase. The Committee approved a three year extension with a 2% increase. The minutes that were originally provided stated the increase incorrectly, and new minutes have been provided.
The Committee heard two presentations from current Private Equity Managers, Trivest and Mt. Auburn, who are raising capital for new funds. The Committee voted to commit $5M and $3M from the unrestricted fund and pension fund respectively to Trivest, and to defer for the time being on Mt. Auburn.

It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner McKee that the minutes of the Pension and Investment Committee held on May 24, 2012 be approved as presented. Motion carried unanimously.

Building Committee – June 13, 2012 - Commissioner Jennifer O’Flannery Anderson informed the Board of Commissioners that Richard Polemeni presented the ADA update. BH will be spending about $17 million over the next 10 years to bring all of BH’s facilities up to ADA compliance. So far, BH has spent about $500,000 and it is anticipated that BH will spend about $1 1/2 million next year. Mr. Polemeni will be providing quarterly ADA updates.

The consent agenda contains a request to rename the Homeless Center that is being constructed “The Bernard P. Aliki Health Center.” Mr. Aliki had a wonderful long history with Broward Health and this is a nice way to recognize his commitment to the community and Broward Health.

There were also two presentations by Calvin Glidewell: the first one was some revisions to BH’s timeline and process order for the renovation of Chris Evert Children’s Hospital. BH is attempting to shorten the timeline on the construction by a year. Administration is changing the order of construction; specialty clinics for pediatrics will be second and the pediatric ER will be added last. This change is due to the realization that some specialty clinics are needed in the short order. These services are needed badly in the community by BH’s young patients and will be revenue generating as well, which helps in the financing and renovation of the project.

The last item discussed was an idea that Commissioner Di Pietro suggested about the possibility of a Heart Hospital. The committee looked at the components of a Heart Hospital and what kind of renovation would be needed at BHMC. This is not an item for the Building Committee so it was referred back to Administration.

Commissioner O’Flannery Anderson said that Mr. Polemeni also updated the Committee on all of the projects going on throughout the facilities.

It was moved by Commissioner Fernandez, seconded by Commissioner Kohl that the minutes of the June 13, 2012 Building Committee be approved as presented.

Discussion: Commissioner Di Pietro asked where BH was with the Heart Hospital so he did not lose track of it and what was the next step.

Mr. Nask informed the Commissioners that administration has been having some discussion with Dr. Chizner and trying to identify what the message would be, looking at some of the quality indicators, and working on some branding initiatives.
Commissioner Di Pietro suggested that it be placed on one of the Agendas after Administration had some time to do its research. He said that what he took from the Building Committee was that there is not a lot that was needed to be done to get it on line.

Commissioner Paul-Hus said that since there is no capital involved, ultimately, this is a branding issue. If the Board decides to move forward, it would go to Ms. Howley and her team to market essentially what Broward Health already has in a different way. Commissioner Paul-Hus asked if administration was doing any analysis on return on the branding portion.

Mr. Nask said that they were looking at quality numbers and what BH would need to market aside from the branding; the real issue is marketing from a quality, procedure and medical staff standpoint.

Mr. Glidewell said that essentially BHMC currently has a hospital within a hospital. However, right now administration is organizing and packaging what there is today and marketing it in a different way since no one is branding itself as a Heart Hospital. What needs to be done is to make the case by showing the Board what the contribution margin is today, what it could be with some additional marketing dollars, and do a little return on investment of those marketing dollars. Mr. Glidewell said that is what they are working on and he believes that they could have this information within the next several weeks.

Dr. Chokshi came forward and said that the medical council has not discussed this issue at all. In fact, he did not know about this and he feels that the physicians should be included in this discussion.

Chair Gustafson commented that this came up at the Building Committee and there was some discussion, but no decisions have been made. He said that certainly, the Board would want the medical council to provide input. Mr. Glidewell said that there was a planning session with the medical council and this matter did come up.

Mr. Nask said that the discussion he had with Dr. Chokshi was that once BH a plan for how and what is going to be rolled out, administration would sit down with the medical council and identify what the virtues of this program would be. Mr. Nask said administration first needs to document what needs to be done.

Following further discussion, Mr. Nask said that currently BH is in the process of gathering information and no decisions have been made with regard to a Heart Hospital.

**Motion carried unanimously.**

**Finance Committee** – June 20, 2012 - Commissioner Richard Paul-Hus reported that in addition to the CFO report, the International Program has gotten off to a great start and has doubled the amount of revenue that is being generated every month, plus there was a presentation on Quality by Debbie Rey.

It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Fernandez that the minutes of the June 20, 2012 Finance Committee be approved as presented. Motion carried unanimously.
Legal Affairs Committee – June 20, 2012 - Commissioner David Di Pietro reported that the first item on the agenda was a request for approval of the engagement and retention of special legal counsel for the Board—it was a general discussion raised by Commissioner Di Pietro about the Board seeking conflict free general counsel for issues that may arise in the very near future that the Commissioners will be dealing with. Commissioner Di Pietro feels that the Board should have some independent Board representation. Commissioner McKee made the motion to retain special counsel. Commissioner Di Pietro passed the gavel and made the second; however, the vote failed 5-2. The second issue of obtaining an opinion from the State’s AG regarding the Board’s judiciary obligation to the North Broward Hospital District, as it relates to its access and review of pertinent financial and legal information, was pulled by Commissioner Di Pietro because Agenda Items one and two were consolidated.

The third item was the May 2012 invoices from Arent Fox with regard to the OIG matter. Commissioner Di Pietro stated that the minutes should be corrected to reflect that he did not vote in favor of approving the invoices.

Items 4 and 5 on the agenda was to approve and renew the contract for BHN with Trauma Physician Network for 5 years for $1,655,800 per year with a 3% annual increase, and the Trauma contract for BHMC with Trauma & Critical Care Associates, PA for 5 years for $2,503,617 with a 3% annual increase. Both were voted on and approved.

Items 6 and 7- the approval for BHIP and BHCS contracts with Eagle Hospitalist Inc for a period of 3 years with a 2 year renewal. A couple of issues raised—BHIP is currently spending $380,000 and BH would increase that spending to $980,000; BHCS currently spends $760,000 and it would be increased to $1.9 million for a potential savings of $80,000. The vote was 5-2 in favor. Commissioner McKee and Commissioner Di Pietro voted against the Motion for approval of the arrangements.

Commissioner Di Pietro said that the other two items were pulled and were placed on the Discussion agenda.

It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Kohl that the minutes of the Legal Affairs Committee of June 20, 2012 be approved as amended.

Commissioner McKee said that he wanted to explain why he voted no for the Hospitalist program. He said he voted no because of the process with the RFP and not because of the validity of the program.

Motion carried unanimously.

AGENDA CHANGES—There were none

CONSENT AGENDA
Chair Gustafson entertained a motion to approve Items 6 through and including 13.

Commissioner Di Pietro pulled 6, 9, 12, and 13.

Chair Gustafson said that the motion would be to approve Items 7, 8, 10 and 11. It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Paul-Hus that Item 7, 8 10 and 11 be approved as listed on the Consent Agenda. Motion carried unanimously.


7. Request authorization for the President/CEO to name the newly constructed facility that will deliver primary care services to the homeless population, The Bernard P. Alicki Home Center.

8. Request authorization for the President/CEO to execute two twelve-month contracts with the State of Florida Department of Health for HIV/AIDS Inpatient Care Funding, in the amount of $141,916: and Outpatient Care Funding, in the amount of $158,976 for the period of July 1, 2012 to June 30, 2013, subject to General Counsel’s review and approval as to legal form and conditioned on no material changes in the approved business terms.

9. Request approval of Arent Fox Billings for the Month of May 2012 – OIG matter

10. Request Approval to renew the agreement with Trauma Physician Network, Inc. for a 5-year term commencing July 1, 2012 at $1,655,800 per year with a maximum of 3% annual increase for Broward Health North.

11. Request Approval to renew the agreement with Trauma & Critical Care Associates, P.A. for a 5-year term commencing July 1, 2012 at $2,503,617 per year with a maximum 3% annual increase for Broward Health Medical Center.

12. Approval for Broward Health Imperial Point to contract with Eagle Hospitalist Inc. for a period of three (3) years, with a two (2) year renewal option.

13. Approval for Broward Health Coral Springs to contract with Eagle Hospitalist Inc. for a period of three (3) years with a two (2) year renewal option.

ITEMS PULLED FROM CONSENT

Item 6. Acceptance of the Interim Financial Statement for the Month of May 2012. Commissioner Di Pietro said that he is concerned about the performance of BHIP so he will vote no to approve Item 6 until he can see some improvement in their performance.

It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Fernandez that the Board of Commissioners Accept the Interim Financial

Commissioner Paul-Hus asked Commissioner Di Pietro to clarify why he did not approve the financials. He said he understands the performance of a hospital trending in the wrong direction, but in terms of the interim financial statement what was his issue as it related to the financials.

Commissioner Di Pietro said that if you approve the financials, then in his opinion you approve the financial situation of each of the hospitals. If you don’t approve of it, then you vote no so that there is a reflection that you were not approving the current financial state of the hospitals. Commissioner Di Pietro said he approves of the general statement but not that one.

Commissioner Paul-Hus said that the statement reflects the performance. He asked if Commissioner Di Pietro was questioning the accounting or the performance. Commissioner Di Pietro said it was just the performance.

Item 9: Approval of Arent Fox Bills for May 2012.

It was moved by Commissioner Fernandez, seconded by Commissioner Kohl that the Arent Fox Bills for May 2012 be approved.

Discussion: Commissioner Di Pietro commented that there needs to be more detail in these bills. He said that he cannot ask the taxpayers to pay a $300,000 bill that has zero detail. He said that if you pull any item, there is no detail, it is all block billing. Commissioner Di Pietro said that one of the Commissioners or someone else needs to look at these bills in an un-redacted form.

Commissioner Fernandez said that if BH is asking Arent Fox to submit detailed bills, then BH should request that for all legal bills. He asked if this was going to be a policy of the Board. If BH requires Arent Fox to submit detailed invoices, then every other attorney needs to do the same. Commissioner Fernandez said that BH needs to be consistent.

Commissioner Di Pietro said that accountability is important and that was fine with him but someone needs to give these bills some oversight.

Chair Gustafson complimented the work that Commissioner Di Pietro has done in highlighting items that have been adjusted and removed from the Arent Fox bills. The Chair suggested that maybe at the Legal Affairs Committee there could be a specific policy that can address the billing issue.

Mr. Goren said that he has great respect for Commissioner Di Pietro’s concerns. The Arent Fox bills are one of many bills each month that are received. Mr. Goren and his law firm reviews every legal invoice that is submitted from every law firm that does business for Broward Health except for Risk related invoices which are reviewed by Sandy Johnson’s office. Mr. Goren said that when the billing relationship was set up with Arent Fox, one of the concerns was that it would be difficult to put strategic planning in the OIG billings. He said that there are other bills that are reviewed that
contain much more detail and clarity as to date, time and specific work that is being performed.

Mr. Goren said that if there is some manner in which they can seek clarification of these kinds of invoices, he would be happy to coordinate with the Chair.

Mr. Nask suggested that BH gets similar invoices like these for construction. It is not uncommon to have the internal audit department audit these bills. He suggested having Maria Panyi audit legal bills to make sure that they are submitting invoices for work that is being done.

Ms. Panyi said that last quarter her department did audit Arent Fox bills and there were questions that came up and recommendations that were made. Mr. Goren and Commissioner Di Pietro had a phone call with Arent Fox and later on there were similar issues that came back as pointed out by Commissioner Kohl. Ms. Panyi said that this is a reoccurring issue for her as well. She said that she can continue to audit and make recommendations but feels that a policy needs to be in place. BH needs to educate them and there should be an action plan in place. It is also important to make sure that they audit their bills as well.

Chair Gustafson said that he is referring this item to the Legal Affairs Committee.

**Motion carried—Commissioner Di Pietro opposed.**

12. Approval of the Contract with BHIP Hospitalist program.

*It was moved by Commissioner Fernandez, seconded by Paul-Hus for the Board of Commissioners approve Broward Health Imperial Point to contract with Eagle Hospitalist Inc. for a period of three (3) years, with a two (2) year renewal option.*

**Motion carried.** Commissioner Di Pietro and Commissioner McKee opposed.

13. Approval of the Contract with BHCS Hospitalist Program.

*It was moved by Commissioner Fernandez, seconded by Commissioner Paul-Hus that the Board of Commissioners approve Broward Health Coral Springs to contract with Eagle Hospitalist Inc. for a period of three (3) years, with a two (2) year renewal option.*

**Motion carried.** Commissioner Di Pietro and Commissioner McKee opposed

**DISCUSSION AGENDA**

14. Request approval for the Waiver of Conflict *(This item was approved under the General Counsel Report)*

15. Approval for an Affiliation with the Consortium for Excellence in Medical Education (CEME)
Dr. Boutin said that in the past the graduate education program was under NOVA for Osteopathic programs. It now appears that the Osteopathic Association has agreed to form a national system. Instead of reporting to NOVA they will now report to the Consortium. He said that this is basically a change in name.

Commissioner Di Pietro asked if this was approved by the Medical Counsel and Dr. Boutin said yes. He informed the Commissioners that this was brought before the GMEC and Medical Counsel for approval.

It was moved by Commissioner O’Flannery Anderson, seconded by Commissioner Fernandez that the Board of Commissioners approve an Affiliation with the Consortium for Excellence in Medical Education (CEME).

Motion carried unanimously.

16. Approval of the revised Fair Market Valuation Policy No. CR-004-070

Mr. Goren advised the Board that Ms. Donna Lewis, Chief Compliance Officer will describe the changes that occurred from the prior draft.

Commissioner Di Pietro said that former General Counsel’s (Mr. Goldstone) memorandum which was distributed to the Commissioners raised several issues with the current FMV policy. He asked Ms. Lewis if the current policy was amended before or after Mr. Goldstone’s departure. Ms. Lewis said that the current policy was effective April 2007 and Mr. Goldstone’s memo was written and circulated in May 2009, so the policy was in place prior to that date. However, it was revised in January 2009 and those revisions were basically cosmetic. She stated that the only revision was changing the name from North Broward Hospital District to Broward Health. Commissioner Di Pietro read from the Goldstone memo some inconsistencies in the policy which were noted by the former General Counsel that pertained to BH’s processes which may not be defensible. Commissioner Di Pietro also mentioned that in the memo Mr. Goldstone stated that in some cases FMVs are done in-house and did not take into account really important factors like FMVs are necessary to prove Stark and anti-kickback statute compliance in many cases. Commissioner Di Pietro asked if the revised proposed policy covered all of Goldstone’s issues.

Ms. Lewis said that they tried their best to include some standards to tighten up that basic FMV report so it is consistent throughout. Salary or compensation for physicians would be obtained from an external consultant. It would be maintained in-house in the compensation and benefits department so it is standard and consistent.

Commissioner Di Pietro, under subsection G6, said the Stark law allows for an advisory opinion. He then read the opinion. He asked if it would be advisable to send whatever is approved or not approved today to the Secretary of HHS for their review and ask them to make sure that BH is 100% compliant with the stark and anti-kickback regulations. Ms. Lewis said that in her experience as compliance officer and working in compliance for the last12 years, when an OIG advisory opinion is requested, it is usually for proposed
types of financial arrangements to make sure that they would be in compliance with Stark and anti-kickback. She said that she has not seen anyone provide their policy to the government and ask for input. Ms. Lewis said that she was open to whatever needs to be done.

Mr. Goren said that BH could certainly send the policy to the Secretary of HHS if they so wish.

Commissioner Di Pietro feels that in order to protect the Board, he is looking to have every precaution taken in approving this policy going forward.

Commissioner Di Pietro asked if BH had looked at South District’s FMV policy. He said he knows that they have one because whenever they give contracts to their Board, there is a summary of the FMVs to approve. Ms. Lewis said that BH has not reached out to South District but she will reach out to her compliance colleague to determine if they have a stand-alone FMV policy. She commented that not every institute has a stand-alone FMV policy. Commissioner Di Pietro felt that it was important to look at South District’s policy before approving the proposed revised BH FMV policy. Ms. Lewis said that the healthcare district of Palm Beach County did not have a stand-alone policy; it was built into the physician contracting policy.

Another issue Commissioner Di Pietro was concerned about which is not covered in the FMV policy was the spending policies. He said that he did not know what the spending policies were. He mentioned some items that he believed did not come before the Board which this policy does not address i.e. the Agarwal departure and Proton Beam. He feels that the FMV needs to intertwine with the purchasing policy before approving. Commissioner Di Pietro feels that there should be a dollar threshold in the FMV policy. Ms. Lewis said that BH has a separate Procurement Code and the Contract Review, Approval and Signature Authority Policy.

Mr. Nask said that Dr. Agarwal left in October 2011 and 21st Century started on their professional contract in October. Commissioner Di Pietro asked if it came before the Board. Mr. Nask said it did and so did the Proton matter in 2007. Mr. Nask said that the original buyout for the Proton from Still River was 30% of the price of the equipment and BH got it down to a million dollar payment and Still River still has not received FDA approval. Mr. Nask said that BH paid $500,000 deposit on the signing of the contract that went into escrow and then there was a success fee for them to reach the point where it worked and so there was another $500,000 payment. These payments were non-refundable. They did not reach their timeline so BH opted out of the Proton program. Commissioner Di Pietro asked when the checks were cut. Mr. Nask said he did not remember.

Commissioner Fernandez said that the Proton Beam program was an initiative of Alan Levine and there is no one on the current Board that was present when this was voted on.

Commissioner Di Pietro asked if Goldstone was correct in saying that BH should get FMVs for every contract or can BH do them internally and be in compliant with Stark.

Ms. Lewis said that there are different situations and that is why they have included the basic FMV and the enhanced FMV. If employing a physician and not considering work
RVU it can be done in-house; enhanced would include other types of financial arrangement, like hospitalist, ER physicians, radiologist and anesthesiologist that is when BH needs a third party study.

Commissioner Di Pietro feels that in the basic market study there needs to be a dollar threshold included in the policy. With regard to the enhanced FMV, he believes that it be brought to the Board or brought to the Chairman of the Board rather than just going to General Counsel. He believes that the Board should give some direction. Ms. Lewis said that the intent behind that area of the policy was to tighten internal controls so that one person within the system is requesting the FMVs and General Counsel, not opining on the FMVs, but having control over what is going out and what is coming back in. Ms. Lewis said that the current policy did not define basic or enhanced FMVs. She explained that the current policy was adopted from HCA which is a bigger system than BH and functions differently. It did not fit into Broward Health’s system and what BH does on a daily basis.

Commissioner Di Pietro said that there needs to be a conflict policy regarding FMVs. If a conflict occurs between a party that BH agrees to contract with, where does the conflict go? This revised policy does not define it. He suggested that possibly conflicts go to the Chairman of the Board and he could bring it back to the Board if needed and then a conflict policy would not be needed. Ms. Lewis said that the spirit of tightening up this policy was to ensure as Board members that they are meeting their fiduciary responsibility from a compliance perspective. Ms. Lewis said that BH has a policy in place, which has been tightened up and if followed, Broward Health should be okay. If there are problems, then she would report any inconsistency to the Board. Ms. Lewis said that she was open to any suggestions by the Board.

Commissioner Di Pietro said that after the contract is executed all FMVs should be presented to the Board with the acceptance of the contract. He understands that sometimes it would say “subject to” and he understands that FMV companies don’t move as quickly as needed, but at some point, every FMV should be given to the Board for review. He feels that the Commissioners are fiduciary members of this organization and any document that he individually requests or any other Commissioner requests should be provided to them. He commented that every contract that comes before them should have an FMV presentation to make sure that they are in compliance with federal statutes.

Commissioner Paul-Hus asked Mr. Goren what other counsel has advised BH on the FMV policy. Mr. Goren said it was Arent Fox and IHS. Commissioner Paul-Hus said that his reading of the background in terms as to whether this is an appropriate policy and should it be sent to the Secretary of HHS, is that Linda Baumann and her firm are the foremost experts on Stark law in the country /nationally. He asked Mr. Goren if that was true. Mr. Goren commented that it appears that a lot of people agree with that analysis; some would say not.

Commissioner Paul-Hus said that Linda Baumann is stating that this revised FMV policy is sufficient in meeting BH’s obligations with respect to FMVs. Mr. Goren said that the short answer would be yes.

Mr. Goren said that Commissioner Di Pietro raised the Goldstone open issue list which Ms. Baumann got to see because it was part of her assignment. Commissioner Paul-Hus
commented that when coming on the Board they were dealing with that issue with Linda Baumann. He said that they worked on addressing each one of those issues and substantially that list has been dealt with. Mr. Goren said that everything on that list has been attended to; not everything has been completed. Everything has been addressed in the context of what needed to be done, some things are still in process, and some things have been totally resolved. Linda Baumann knew of the Goldstone memo and for purposes of discussion that analysis included her consideration of the points raised in the FMV policy which she also reviewed.

Commissioner Paul-Hus said in terms of IHS performing FMVs analyses, IHS is one of the biggest, if not the biggest, firms in the state and performs more FMVs than anyone in the country. He asked Mr. Goren if Mary Heymans of IHS would be working on BH’s account on a regular basis. Mr. Goren replied yes. Commissioner Paul-Hus asked if their assessment of the BH revised policy was that it is a reasonable policy to get commercial reasonableness out of the contracts that BH was vetting. Mr. Goren said that IHS has reviewed the document and was supportive of its final conclusion.

Commissioner Di Pietro said that there is a colossal difference between self reporting and getting a subpoena and litigating with the United States of America. The damages could be colossal. Commissioner Di Pietro said that the Goldstone memo has been out since May 2009. In December of 2007, Spencer Levine gave a presentation to the Board on compliance wherein that Board recommended that they self report. A subpoena was received in 2011. He said that BH could have suffered minimal damages in 2007 and 2008 with self reporting. There is a reason why BH did not self report between 2008 and 2011 in the past three years. He said that he did not know the reason but this matter will be brought to the Legal Affairs committee. The difference between self reporting could have been one-three million dollars—BH is now looking at $100 million. He wants to know why BH did not self report—a shade session might be necessary to address that issue.

Mr. Nask asked what was to be self reported. Commissioner Di Pietro said the same contracts that the government is looking at. Mr. Nask said that what Spencer Levine proposed in December of 2007 was the engagement of Akerman Senterfitt/Ernst & Young to look at some of those outstanding contracts. However, there was never any discussion about self reporting. Mr. Nask said Spencer Levine felt that since there was an FMV policy in place going forward, he wanted to see how those other contracts were retroactively. There was no indication that there was self reporting required.

Mr. Goren said that under Florida law, there is no legal premise on which to have a shade session. For the purposes of the OIG matter, it is not a law suit and if there is a law suit it has been filed and sealed by a federal court judge. Mr. Goren explained that it’s a lawsuit that has been filed by a whistleblower. At this point, BH has the OIG and Department of Justice essentially investigating on a civil basis the conditions and facts of the 27 physicians listed. That was the basis for having discussions with Linda Baumann individually and those individual conversations should remain between the individual and Ms. Baumann.

Commissioner Di Pietro commented that if the Arent Fox law firm gave BH an opinion regarding our compliance and is now BH’s litigation counsel, it is an inherent conflict.
He then gave the reasons why it would be a conflict - counsel that does due diligence should never be the same as the counsel that litigates.

Mr. Goren said that Arent Fox is not BH’s litigation counsel. They are outside counsel for Stark and anti Kickback and Fraud and that is why they were hired. Mr. Goren stated that there is no litigation to defend; BH is in the investigatory stage.

**Commissioner Fernandez moved that the proposed revised FMV policy be approved as presented, seconded by Commissioner Paul-Hus.**

Discussion:

Commissioner Di Pietro: under #3G, obtaining enhanced FMV study, Page 5, he asked that the policy be amended to reflect that General Counsel is to be contacted and the Board would oversee the process of obtaining the FMV study. Vote showed 2 for; (Di Pietro and McKee) 2 opposed (Fernandez, O’Flannery Anderson and Paul-Hus) and Commissioner Kohl did not vote.

Commissioner Paul-Hus asked Commissioner Di Pietro for clarification. He said nothing changes but when we meet the threshold for enhanced FMV, General Counsel is contacted but he brings it back to the Legal Affairs Committee and the Board oversees the process. By overseeing the process, did he mean whether it goes to IHS or wherever? Commissioner Di Pietro said yes so the Board can have oversight.

Mr. Nask stated that the enhanced FMV will be conducted if the arrangement is over the 75% percentile and those arrangement would already come to the Board for approval.

Paul Echelard, Sr.VP/COO addressed the Board and explained the entire FMV process in detail. He said that the process could involve 4 or 5 phone calls a day for several days and asked if the Board want to be involved in that process.

Commissioner Paul-Hus—With respect to what was described by Mr. Echelard, he asked Commissioner Di Pietro if that is what he meant by oversight and why would the Board want to be involved in the process of obtaining the FMV study.

Commissioner Di Pietro said he believes there are a lot of pending contract disputes right now that are causing issues in the system according to information received by third parties and it always comes back to the FMV process. He feels it is important for the Board to be involved early on in the FMV process— not necessarily choosing the FMV vendor but at least being apprised of the process.

Commissioner Fernandez said that Commissioner Di Pietro was getting involved in the process and letting third party people come to him. He said what the Board is trying to do is stay out of the process and let administration do their job and after administration has done their job, they come to the Board for approval. Commissioner Fernandez said that if the Board inserts itself in that process, then it would just bring everything to halt.

Commissioner Di Pietro said that he and Commissioner Fernandez differ in philosophy, but he believes that is important when you have a 1.2 billion dollar organization that the Board be involved robustly in oversight.
Mr. Echelard said that administration does not know what percentile a contract fall under until the FMV is completed. Anytime a contract falls within the 75th percentile, it comes to the Board for approval.

Commissioner Di Pietro asked how many contracts are currently in dispute. Mr. Nask said that there are two; orthopedics and ER.

Commissioner Paul-Hus said it is their responsibility to put policies in place that oversee administration in order to do well for this system. We are sitting here debating how much we need to pay Linda Baumann’s firm, but this puts us in the position of getting those legal bills again in the future because BH is either going to be a bottom line organization or a political organization. Putting the Board in the process introduces politics that are not in the best interest of BH’s constituents. Commissioner Paul-Hus asked if BH was going to be a bottom line driven organization by empowering administration to operate the organization and then holding them accountable, or is the Board going to insert themselves in the processes. If that is the case, his fear was that they would be getting the calls because people will rely on them to weigh in and effect those decisions. He said that he wants to make sure that the Board puts a process in place and lets administration make decisions which the Board would either approve or not approve.

Commissioner Di Pietro said that holding someone accountable can be too late.

Chair Gustafson asked Commissioner Di Pietro to restate his amendment to Page 5, Para. 3G.

Commissioner Di Pietro said it should read: If an enhanced FMV study is necessary, General Counsel must be contacted and the Board will be responsible for overseeing the process to obtain the enhanced FMV study.

Roll call showed: Commissioner Gustafson No
Commissioner O’Flannery Anderson – No
Commissioner Paul- Hus No
Commissioner Fernandez No
Commissioner McKee Yes
Commissioner Kohl No
Commissioner Di Pietro Yes

Motion failed.

A motion by Committee Fernandez, seconded by Commissioner Paul-Hus to approve the revised FMV policy as presented. 5 for – 2 against (McKee and Di Pietro).

Mr. Goren said for the record, Commissioner Di Pietro did reserve the right to comment on the procurement policy as it applies to the dollars and cents which will be looked at by the Legal Affairs Committee.

Commissioner Di Pietro moved that BH seek an advisory opinion under the Stark Statute 42 USC 1.935, Section G6A, from the Secretary of HHS and provide them a copy of the
approved FMV policy to make sure that BH is in full compliance under federal Stark Law. The motion was seconded by Commissioner O’Flannery Anderson.

Commissioner Kohl asked at what cost is the federal government going to review the policy.

Chair Gustafson asked who would be requesting the opinion and was there a timeframe. Mr. Goren said if the Board directs legal to seek an opinion, he would consult with counsel to verify independently the benefit of the statute cited by the Commissioner to verify the access point to get that opinion. If for some reason it is something outside the box or is not available, General Counsel will advise the Board. However, if there is some other requirement or condition, he would inquire independently before filing that opinion and would advise them of some impediment to filing it.

Chair Gustafson asked if this could this be done before filing. Mr. Goren said that if it is the decision of the Board, he would do that and bring it back promptly.

Commissioner Di Pietro modified his motion to read: that the Board obtains an advisory opinion after General Counsel has the opportunity to consult with outside special counsel as related to health care issues that the Board seek an advisory opinion on the FMV policy to make sure BH is compliant with the federal Stark law. Motion seconded by Commissioner O’Flannery Anderson.

Chair Gustafson said that the only problem he had with the motion is that is says, ‘we seek an opinion’ and then we do it anyway regardless of what the opinion is. He suggested that the motion say—the Board pursue the possibly of seeking an opinion and direct counsel to give us information regarding that opinion.

Commissioner McKee asked what the difference is in asking for an opinion about the FMV policy as compared to the other opinions that were asked of the AG. He suggested that General Counsel put together a letter and show it to Linda Baumann and our lobbyist in Washington and see how it would be coordinated.

Kerry Ezrol advised the Board that there is a fee associated with getting the opinion. The cost is $86.00 per hour which the OIG charges on the time spent to research the issue and to respond, and an estimate of the fees can be requested in anticipation of the time that they will spend. Mr. Ezrol said that he did not believe that legal would require the assistance of Linda Baumann or Arent Fox to frame a letter requesting an advisory opinion. Mr. Ezrol said that the quick research indicates that it is unlikely that the OIG will issue an advisory opinion on the policy—it is typically limited to specific financial arrangements.

Commissioner Di Pietro said he was fine with the Chair’s amendment to his motion. Chair Gustafson asked if they could get the information prior to the Legal Affairs meeting on July 18th. Commissioner Di Pietro’s motion as amended passed unanimously.

**COMMENTS BY COMMISSIONERS**
Commissioner McKee informed the Board the Community Relations Counsel met at the 7th Avenue Family Center. Mr. Nask gave a presentation on the new law, 155.40 of the Florida Statutes regarding the sale or lease of municipal hospitals, which mandates that BH to obtain an evaluation of its assets, followed by Charlotte Mather giving an update on the session. There was a question as to whether this process was going to be open or closed. Commissioner McKee said that Mr. Nask made it clear that it needed to begin prior to December 31 and assured those in attendance that this would be an entirely open process and very transparent. They were also informed that the organization would not be sold or leased unless the Board thought it was in the public’s best interest.

Commissioner Di Pietro said that he was going to put House Bill 711 on the Legal Affairs agenda to discuss some of the pending issues. He also commented that he heard that the next appointment available at the 7th Avenue Family Health Center was not until November. He questions if BH was experiencing back flow into the ERs because of that backlog and if there are initiatives to help address this backlog.

Commissioner O’Flannery Anderson offered her condolences to Jasmin Shirley and her family. She said that the death of Dr. Shirley was a big loss to the community. She also congratulated Drew Grossman and his team for their fundraising efforts on behalf of the March of Dimes for Babies. She said it demonstrates how generous all of the staff, nurses and physicians are at Broward Health. Commissioner O’Flannery Anderson said it was a pleasure to go on the BH medical staff cruise and she wished everyone a happy summer and 4th of July.

NEXT REGULAR BOARD MEETING

The next regularly scheduled Board of Commissioners’ meeting will be held on July 25, 2012 at 4:00 p.m. in the Medical office Complex, Conference Center 1st Floor, Coral Springs Medical Center, 3100 Coral Hills Drive, Coral Springs, Florida.

Meeting adjourned at 7:05 p.m.

Respectfully submitted,
Richard Paul-Hus, Secretary/Treasurer

BY: Maryanne Wing

A FULL RECORDING OF THIS MEETING IS AVAILABLE ON TAPE