**REPORT OF THE MEDICAL CARE COMMISSION MEETING**
**HELD ON NOVEMBER 21, 2005**

## I. CALL TO ORDER AND ROLL CALL

The first meeting of the Medical Care Commission was called to order at 2:00 p.m. on November 21, 2005 in the Town Hall Town Council Chambers. On roll call the following Commission Members were found to be in attendance: Ms. Margaret Bilotti, Dr. Michael Dennis, Mr. Robert Friedman, Mr. Richard Furlaud, Mr. Michael Stein, and Dr. Norman Traverse.

Others in attendance for all or part of the meeting were:

Mayor Jack McDonald
Town Council President William J. Brooks
Town Manager Peter B. Elwell
Fire-Rescue Chief Edward Moran
Fire-Rescue EMS Division Coordinator Brian Fuller
Town Clerk Susan A. Eichhorn

## II. PLEDGE OF ALLEGIANCE

Town Manager Peter B. Elwell led the Pledge of Allegiance.

## III. MAYOR MCDONALD ADDRESSES COMMISSION REGARDING ITS PURPOSE AND TIMETABLE AND APPOINTMENTS OF CHAIR AND VICE CHAIR

Mayor McDonald addressed the Commission, welcoming them and thanking them for serving on the Commission, as the services of the Commission would allow the Town to concentrate on important challenges in areas that it was not staffed to perform; the governmental reach of the Town would be greatly enhanced by the service of the Commission.

Mayor McDonald explained that the Town was one of an aged population, without a hospital, and with few doctors practicing in Town. Citizens relied upon medical services provided outside of the Town and outside of the control of the Town. He remarked that he believed that the level and range of medical services was inadequate, and that the future of one of the primary area hospitals was uncertain. Palm Beach needed close proximity to world class medical facilities, staffed with highly skilled professionals, who could provide expert care in a wide range of specialities. The care must be provided equally to rich and poor in Palm Beach County, however, an additional level of medical attention should be available to those who choose to pay for it. Palm Beach needs a high quality, full service, medical facility that could be easily accessed by those requiring immediate emergency care. He explained that his purpose in appointing the Medical Care Commission was as follows:

- Examine the range of medical services needed by our residents.
- Evaluate the quality of care related to currently provided services, with particular focus on emergency services, and on services provided by Good Samaritan Hospital.
- Review the viability of Good Samaritan Hospital as a continued community resource.
- During the evaluation process, Mayor McDonald urged the Commission to consider ideas that may result in recommendations to improve access to those needing indigent care.

Mayor McDonald advised that the duration of the Commission would be two years, and appointed Dr. Michael Dennis as Chair of the Medical Care Commission, and Mrs. Margaret Bilotti as Vice Chair of the Medical Care Commission.

## IV. COMMENTS FROM THE PUBLIC

Dr. Richard Conroy, Chair of the Health Committee for the Palm Beach Civic Association, addressed the Commission, stating that there were many problems involved with Good Samaritan Hospital. He explained that the reason for the problem with having specialists come to the emergency room was the increase in the chance of being sued; if malpractice companies were told that a physician was not going to go to the emergency room, premiums would be reduced a significant amount. It had now gotten to the point that young doctors were not coming to Palm Beach County, to replace the older doctors who had served their fifteen years in the emergency room. He recommended that the Commission members read the report issued by the Palm Beach Medical Society.

Mr. Ned Barnes, Palm Beach Civic Association, commented that the Palm Beach Civic

Association had a Health Care Committee, composed of residents, and had been working for several years. He offered the services of the Palm Beach Civic Association at any time.

Mrs. Yvelyne Marix addressed the Medical Care Commission, thanking Mayor McDonald for establishing the Medical Care Commission. She remarked that she had gone to Good Samaritan Hospital several times over the past years, and that the cleanliness standards of the hospital must be addressed, as well as other major health issues related to hospital care.

## V. INTRODUCTION OF STAFF

Town Manager Elwell introduced Town Clerk Susan Eichhorn, who would be assisting the Commission as a resource. In addition, the Town Manager's office would coordinate agendas for future meetings, and other communications for distribution. Mr. Elwell introduced Fire-Rescue Chief Edward J. Moran, and Fire-Rescue EMS Division Coordinator Brian Fuller, who were integrally involved in the leadership of the provision of emergency medical service to the residents of the Town. He commented that the Fire-Rescue Department was an important linkage between the resident who had an immediate need for help, and the hospitals and other health care facilities that were available to provide that help.

## VI. REVIEW OF FLORIDA'S GOVERNMENT IN THE SUNSHINE LAW AND LOGISTICAL ISSUES

Town Manager Elwell reviewed the highlights of the Sunshine Law, explaining that it required that the six Commission members do the business of the Commission together, in public. It would not prevent any individual research, or individual conversations with members of the public or service providers in the medical field. It was not possible for any Commission member to have a conversation, outside of a public meeting, with any one of the other Commission members, and members could not team up together to have a meeting, such as with a service provider. Under the laws of the State of Florida, anytime two Commission members were together discussing anything related to the business of the Commission, that would constitute a public meeting, and all public meetings needed public notice, an agenda, and a record made of the meeting. The Sunshine Law was a strong defense of the right of the public to observe the public business being done, and to participate in that business.

Mr. Elwell explained that any consultant contracted for by the Medical Care Commission could be interacted with by any individual Commission member in private.

Mr. Elwell cautioned that the Sunshine Law requirement could extend to meetings held, where only one Commission member may attend, but that member had been explicitly authorized to act on behalf of the Commission. He stressed that in most cases, the Commission would not want to empower any individual Commission member to act on behalf of the Commission, but rather allow research to be done in-between meetings by any one Commission member individually, and then bring the results of that research back to be discussed and acted upon by the entire group.

In response to Chair Dennis, Mr. Elwell advised that any Commission member could decide how much or how little to engage in conversations with the media concerning the Commission. There was no prohibition on an individual conversation with the media about the work of the Commission, however, care should be taken about differentiating about something which may be an individual Commission member's opinion, as compared with representing that as speaking on behalf of the Commission.

Mr. Elwell emphasized that there could be no communication of any fashion by any two members of the Commission, outside of a public meeting – whether it be by letter, e-mail, phone conversations, etc. He noted that any written work submitted by an individual Commission member could be circulated in preparation for the Commission coming together in a public meeting to discuss it; the material would be included in the agenda materials to prepare for the next meeting, with each Commission member having the benefit of what the one person had written, without the ability to respond to it, except at the public meeting. If a sub-committee was developed, that too would be subject to the Sunshine Law. He also noted that a message from a Commission member could not be conveyed to one or more of the other Commissioners through any staff member.

Discussion took place regarding the Sunshine Law and the ability of the Commission to function effectively. **Commission Member Stein expressed the opinion that the Sunshine Law would impede the Medical Care Commission's ability to fulfill its mission.**

Town Council President Brooks addressed the Commission, requesting that the Commission keep in mind the purpose of St. Mary's Hospital, which was established by the Allegheny Franciscan Nuns over 70 years ago to take care of God's poor. The changes that had taken place over that time resulted in many indigent people having to use the emergency room at the hospital as their primary care physician, which in turn had caused great problems with lawsuits for doctors. He urged the Commission to think of something that might establish sovereign immunity for physicians and medical care personnel, or even a limited immunity.

VII. DISCUSSION OF POTENTIAL NEED FOR STAFF ASSISTANCE AND/OR OTHER

RESOURCES

Mr. Elwell advised that Town staff would provide basic support and logistical needs of the Commission, however, the Commission would most likely have a need for more substantive support from staff or consultant, to gather and analyze information. Due to the existing workload of the Town staff, and due to the specific nature of the issues that the Commission would deal with, Mr. Elwell requested that the Commission give some thought to defining its needs in terms of professional or technical staff assistance. Funding for that would need to be authorized by the Town Council.

Commission Member Friedman distributed a bullet item list on what he believed the Commission should do, which included:

1. Surveying available health care services and providers.
2. Obtain demographics of the target area to determine need of these services.
3. Review the problems that become evident by the investigation, and look to solutions.
4. Create an advocacy group to pursue the lobbying for the needs that are required.

Ms. Bilotti commented that some form must be put to the group, and based on the restrictions, each Commission member should be assigned an information gathering project to research. Once all information had been gathered, possible recommendations could then be made.

Commission Member Furlaud suggested that the mission of the Commission should be formalized, so that the Commission would have clear direction on its purpose and what information would be needed to accomplish that purpose. He suggested that all Commission members could bring their ideas to a staff member, who could then come back to the Commission with a list of the issues.

Mayor McDonald commented that the Commission would need to decide its objectives, and then talk about what kind of staff assistance would be needed to fulfill those objectives. He suggested that it may be beneficial to have someone such as Gary Lickle, who chaired the Shore Protection Board , address the Commission to share information as to how that board accomplished its task. He also suggested that perhaps a representative of Good Samaritan could be requested to appear at the next meeting to have the opportunity to respond to questions from the Commission.

A representative from Good Samaritan Hospital, seated in the audience, acknowledged that Good Samaritan would welcome the opportunity to address the Commission.

Mayor McDonald recommended that the Commission be open to making recommendations

regarding the improvement of indigent care, as part of their report.

Mrs. Marix suggested that getting more people to come to the Medical Care Commission meetings was important, in order to obtain their input, and to gather more information for the Commission.

Commission members provided their thoughts as to the most important pieces of information that were necessary in order to begin:

Commission Member Furlaud suggested that facilities in the area providing health care be identified, and what types of facilities are provided at each; the quality of care issues would need to be measured by an expert familiar with that information.

Commission Member Traverse suggested that the Commission would need to prioritize what it wanted to accomplish, with the emergency angiography at the top of the list.

Commission Member Stein suggested that he would speak to people in the community, and start to compile a list of what people think is impeding the quality of care in the community.

Commission Member Friedman suggested that the Commission first needs to see what services and hospitals are available, and then refine that information. He suggested starting with the State Health Department.

Commission Member Bilotti suggested that many other organizations had already done some of the work, and the Commission would need to obtain that from them; an example was the Red Cross. The needs of the Town would also need to be assessed in order to determine if the providers offer what was needed. She noted that Palm Health Care, the residual of the Intracoastal Foundation Board, also had a wealth of information and statistics. She suggested that each Commission member be assigned a task, and present some information at the next meeting.

Commission Member Dennis encouraged the Commission to make a major effort to obtain as much information as possible from the people who are seeking health care; it may be advisable to do a well-designed health care survey to the entire Town.

Commission Member Furlaud commented that a staff director was needed to do what the Commission asked, and then provide the information for review of the Commission.

Commission Member Stein suggested that each Commission member could go to individual sources of information, and then feed that information to a staff person who would collect it and

synthesize it, or to one member of the Commission who could do that.

Town Manager Elwell observed that the Town staff did not have the expertise to assist the Commission in complex health issues. He noted that when the Shore Protection Board had come together, many of the members had little to no background in shore protection, and were learning together about the technical side of shore protection. At that time, Town staff had experience in developing a coastal protection program for the Town, and could bring that information to the members of that board. The Medical Care Commission, on the other hand, had strong background experience in the health care field, and there was a fundamental decision that would need to be made concerning whether the Commission could do some of the work individually, and then share it with the entire Commission. Staff could provide an assistant role in bringing the information into packets to share with the Commission members for public discussion. If the Commission believed that a more active level of staff support was needed, an appropriate consultant could be hired to provide additional expertise in the area of health care, who would be dedicated to serving the needs of the Commission.

**Commission Member Furlaud moved that a consultant/staff director be hired to assist the Medical Care Commission. The motion was seconded by Commission Member Friedman.**

Commission Member Friedman commented that there were many health care consultants who had come out of the Department of Health, who would know the demographics, etc., that the Commission would need to start with. He suggested contacting the Department of Health in this regard.

Town Manager Elwell commented that the Strategic Planning Board had met for several years, and had assistance from a consultant, who had particular expertise in strategic planning, and who had provided planning and development experience to a variety of communities. He explained that they had identified a budget that would provide the technical assistance, as well as other costs that were associated with the Board. He suggested that the Commission could feel comfortable identifying its needs, and then work on defining it, without feeling compelled to know exactly how the resource would be used, while making a decision about whether to ask for funding. He encouraged the Commission to first make its decision about how it might best function.

Commission Member Stein summarized that it would be useful to have a survey of available health services, and providers in the area, and an analysis of the services they provide; to also determine the area demographics, and the associated health needs; then the demographics and needs, compared to the providers and the services provided, to determine deficiencies. He explained that was an analytical job, and someone was needed that was capable of that type of survey work and analysis.

Town Manager Elwell expressed concern that for the Commission to function effectively, it would take a more intense level of effort, and someone serving in a part-time hourly basis, with some expertise in the field, would effectively meet the needs of the Commission.

**Upon call for a vote by Chair Dennis, all members of the Medical Care Commission were in favor of the motion to hire a consultant/staff director.**

Mayor McDonald mentioned that he had spoken to the City Commission in West Palm Beach in regard to the Medical Care Commission, and they had been very supportive, since they understood that the results would make medical care service and hospitals better, which would benefit the whole county. He noted that although the focus of the Medical Care Commission was the Town of Palm Beach, there was a lot of interest by any area utilizing the medical services in the community.

Commission Member Bilotti commented that there was such a huge off-island population in Town every day of the week, that those who work in the Town, – gardeners, nannies, teachers, and Town employees – must also be included in the analysis of needs and services.

In response to Council Member Stein, Mayor McDonald replied that it was rare for another municipality to contribute financially on matters that were being handled by another municipality; also, over the years, it had been learned that many benefits were gained by what was done in the Town of Palm Beach. He noted that political support would be available.

Town Manager Elwell clarified that the Commission was looking for a contractor, at an hourly rate, that would provide the assistance that it needs. He proposed that the Commission ask for an initial figure from the Town Council at the November 30, 2005, Town Council Meeting, to begin the process without specifically defining the scope of work. In the meantime, consideration could be given to finding the right person, and defining the scope of work. At the next meeting, Mr. Elwell advised that he could come back with a proposed scope of work, and perhaps even some ideas about who the person might be. At the time of the next meeting, the Commission would be working on refining the scope of work, and looking to hire someone.

**Commission Member Furlaud moved that the funding be requested from the Town Council at the November 30, 2005, Town Council Meeting. The motion was seconded by Commission Member Traverse. Upon call of the Chair, the motion carried unanimously.**

Town Manager Elwell suggested the amount of $20,000, as a reasonable amount to begin the process.

**Commission Member Friedman moved that the Commission request $20,000 funding from the Town Council at the November 30, 2005, Town Council Meeting. The motion was seconded by Commission Member Stein. Upon call of the Chair, the motion carried unanimously.**

In response to Commission Member Furlaud, Town Manager Elwell explained that the Commission members could interview possible prospects individually, or as a group at a public meeting.

Chair Dennis suggested that each Commission Member prepare a written statement, individually, ~~concerning the duties of the consultant/staff director,~~ **concerning the scope of work of the Commission, and submit it to Mr. Elwell.**

Mr. Elwell clarified that staff was not currently in a position to take on the task of hearing the ideas, and assimilating them in the near term. He did not want the Commission to have the expectation that Town staff would be able to provide assistance to leap the Commission forward in the initial phase of defining the issues. He suggested that it would be appropriate for each Commission member to write thoughts on the duties of the consultant; he would collect those thoughts, and assemble them and distribute them to the Commission members with the agenda for the next meeting. He explained that he could not circulate each Commission member's statement for the response of each Commission member, but he could circulate it to all of them simultaneously to help them prepare to come to the next meeting and discuss it.

In response to Commission Member Stein, Fire-Rescue Chief Edward Moran replied that the Fire-Rescue Department was probably the closest link between the patient, and the medical facility. The decision regarding where the patients were taken was related to their medical condition, and medical protocols, which included the definition of the closest adequate facility, as defined by state standards. He explained that those standards all fell within what the medical condition was – if the patient was having an acute MI, that clearly met the criteria for cardiac alert, the patient would have to be transported to either JFK Hospital, or Palm Beach Gardens Hospital, depending on which side of Okeechobee Blvd. they were located. If someone was having a stroke, at the current time they would go to JFK Hospital or Palm Beach Gardens Hospital. If someone had a serious accident, where trauma criteria was met, transport would be to Delray Medical Center or St. Mary's Hospital, depending on whether they were north or south of Southern Blvd. The decisions were made by the paramedics in the field, and oftentimes patient choice was the last thing considered; to try to explain to the family of the patients was often difficult. He explained that the Fire-Rescue Department had a wealth of experience dealing with the issues, first-hand, in the street, and there were many people in the department who would be more than willing to assist the Commission with any issues, including the Fire-Rescue Department Medical Director, Dr. Wolfe.

In response to Chair Dennis, Chief Moran replied that each hospital makes the decisions as to what skill level they have, their own financial levels – certain things were required to meet criteria for stroke alert or trauma alert 24 hours per day. Financial considerations were probably the biggest issue.

Town Manager Elwell noted that the Fire-Rescue staff could be a tremendous resource to the Commission as related to emergency care and the connectedness to the hospitals. The mission of the Commission was much greater than that, and it was necessary to be reasonable in the expectations of what staff could provide. He shared the concern that he had heard expressed by residents that it was a great quality of care from the moment that the call went into 9-1-1, until delivery to the hospital. There were also a variety of needs that residents had, that were not emergency needs, and the patient was not necessarily in contact with the excellent Fire-Rescue Department, but had a more direct relationship with a health care provider, that may or may not be adequate. For the component of the work of the Commission that would focus on emergency care and the connectedness to the hospitals, the Fire-Rescue Department would be an excellent resource.

Town Manager Elwell noted that it would be very appropriate for the Commission Chair to appear at the November 30, 2005, Town Council Meeting to participate in any conversation related to the request for funding.

## VIII. SET NEXT MEETING DATE

The next meeting of the Medical Care Commission was tentatively scheduled for Friday, December 9, 2005, at 2:00 p.m. in the Town Council Chambers, for the purpose of discussing the scope of work ~~of the proposed consultant/staff director~~ **for the Commission**. Each Commission Member would provide individual written statements as to the scope of work. Mr. Elwell confirmed that once the meeting date was finalized, the Commission would be informed of how much time in advance of that meeting date would be necessary in order for staff to receive the written comments, assimilate them, and distribute to all Commission members. If the meeting was scheduled for December 9, 2005, all comments from the Commission would need to be received by staff on Friday, December 2, 2005, so that the information could be distributed with the agenda on Monday, December 5, 2005, in preparation for the meeting on Friday, December 9, 2005.

[The next meeting was subsequently re-scheduled to be held on Friday, December 16, 2005, at 2:00 p.m.]

IX. ANY OTHER MATTERS
There were none.

X. ADJOURNMENT

There being no further business, the meeting of the Medical Care Commission was adjourned at 4:15 p.m.

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Michael Dennis
Chair

Prepared by:
Susan A. Eichhorn
Town Clerk

**Future Meeting Dates:**
Tentative - Friday, December 9, 2005 @2:00 p.m.
Town Council Chambers