REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON APRIL 20, 2007

I. CALL TO ORDER AND ROLL CALL

Chairman Dennis called the meeting to order on Friday, April 20, 2007, at 4:00 p.m., in the board room at Good Samaritan Medical Center, West Palm Beach. The following members of the Commission were found to be present: Chairman Michael Dennis, M.D., Vice Chairman Robert Friedman, Commission Member Richard Furlaud, Commission Member Norman Goldblum, and Commission Member Norman Traverse, M.D.

Others present:

Mayor McDonald
Paul Echelard, CEO
Dr. Robert Green - Oncologist
Dr. Neal Rothschild - Oncologist
Dr. Robert Scoma - Thoracic Surgery
Dr. Robert Raymond - Gastroenterology
Dr. Timothy Mark - Internal Medicine
Dr. Jordan Grabel - Back/Spine Surgery/Neurological Surgery
Dr. Karen Flannery - Internal Medicine/Hospitalist
Dr. Maria Zequeira - Internal Medicine/Hospitalist
Mr. Joseph A. Ierardi
Ms. Judy Goodman
Dr. Conroy, Palm Beach Civic Association Civic Association

II. SITE VISIT - GOOD SAMARITAN MEDICAL CENTER

Dr. Dennis advised that, for the past 15 months, the Medical Care Commission (MCC) had been investigating medical issues countywide. He reviewed the following reasons for today's meeting at Good Samaritan Medical Center:

- The key to this venue was primarily to provide open discussion to hear the physicians' visions of what Good Sam could and should be.

- During the presentation of the McKinsey Report on Good Samaritan Medical Center, it had been stated that there needed to be greater physician interdependence with the hospital.

- The viability of Good Samaritan Medical Center as a resource for the community.

- The future of Good Sam, a for-profit facility with a four-year obligation from Tenet Health Care.

Dr. Dennis stated that a primary goal of the MCC was to assess the medical needs of the Town of Palm Beach. He noted that the MCC was in the process of producing a very comprehensive Medical Care Guide, which would be provided to the residents of Palm Beach.

The physicians and staff commented on some of the problems facing Good Sam as follows:

- Economics
- Staffing:
  - Shortages from the janitor up.
  - Physician Issue
  - Nursing Issue
- Sovereign immunity
  - Florida's onerous malpractice law
- Quality of Care

Dr. Conroy questioned whether Good Sam would suffer when JFK became a teaching hospital and the response was that it would not. Discussion ensued regarding this issue.

In response to Mr. Ierardi, the physicians advised that it would make a difference if the hospital was a not-for-profit hospital and had sovereign immunity.

Dr. Dennis questioned the need for both Good Sam and St. Mary's, and the response was that the two hospitals performed different services; they served different types of clients; and St. Mary's had a trauma center. It was noted that Good Sam could not be a hospital that was everything to everyone, and the three Tenet Hospitals - Good Sam, St. Mary's, Palm Beach Gardens - should be considered as an integrated system.

In response to the comment that Good Sam should never have been sold to Tenet Health

Care, Dr. Dennis noted that six years ago no one other than Tenet had stepped forward to buy the hospital.

The physicians and staff of Good Sam and the Commission Members commented as follows:

- The deterioration of Good Sam.
- The residents of the Town of Palm Beach were altruistic and their principal focus had always been on Good Samaritan Medical Center.
- The suggestion that the focus should be on the entire community, not just on the Island.
- What was good, what was being done right, and what could the MCC and Good Sam do together.
- The McKinsey Report suggested hospitals rethink their business models in order to become more efficient; and that hospitals must make an investment. It questioned what hospitals could do to produce better efficiency and quality.
- The suggestion of a hybrid hospital.
- Questioned whether there was cohesion between administration and staff. *(Medical staff advised they had a better relationship now with the administration than in the past.)*
- Good Sam's need for a good public relations program.
- The lack of cardiac and stroke care at Good Sam.
- Emergency room care.
- The growing Hospitalist profession that arose out of the establishment of concierge doctors. Hospitalists were coordinators for primary care physicians.
- The Commission requested that the physicians and staff of Good Sam advise them as to what it was they wanted in order for the MCC to assist them in providing better services.

The following solutions were suggested by the physicians and staff of Good Sam:

- Establish a county hospital to assist with the uninsured and sovereign immunity.
- Resolve the "three-strike" law.
- Centralized computer data system for maintaining medical records. *(The State of Florida had begun the process for an electronic medical records system.)*
- Fund hospitals through donations; establish foundations to raise money.
- Approach the Palm Beach County Health District for assistance.
- The hiring of a neurologist.
- Collaboration/communication was key.

In response to Commission Member Stein's suggestion that with Tenet's approval, a very well known consulting firm be brought in to study the hospital, Ms. Goodman advised that was what McKinsey had done for Tenet.

In response to the Commission's request for a wish list from the staff of Good Sam, the following items were mentioned in addition to those mentioned previously:

- Reimbursements to doctors should be on top of the list.
- Hire more nurses.
- Increase nurses' salaries.
- Capability to lobby Emergency Medical Treatment and Active Labor Act (EMTALA) - use of good law for bad purposes.
- Sovereign Immunity

Dr. Flannery, Hospitalist, commented that she too had visions and volunteered to assist the Medical Care Commission. She noted that she was not employed by Tenet, but she did not want to overstep legal restrictions.

Dr. Dennis thanked Good Sam for their participation in today's meeting. He noted that, today, the Commission had gained a liaison person, Dr. Karen Flannery.

III. ANY OTHER MATTERS

There were none.

IV. ADJOURNMENT

There being no further business, the April 20, 2007 Medical Care commission meeting was adjourned at 5:50 p.m.

_____
Michael Dennis, M.D.
Chairman