REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON MARCH 21, 2006

I. CALL TO ORDER AND ROLL CALL

The meeting of the Medical Care Commission was called to order on Tuesday, March 21, 2006, at 9:30 a.m., in the Town Council Chambers. On roll call, all members of the Commission were found to be present: Chairman Michael Dennis, Vice Chairman Robert Friedman, Commission Members Richard Furlaud, Norman Goldblum, Michael Stein, and Norman Traverse.

II. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Chair Dennis.

III. APPROVAL OF AGENDA

The Agenda was approved as printed.

IV. APPROVAL OF MINUTES OF THE MARCH 7, 2006, MEETING

The Medical Care Commission Report of March 7, 2006, was approved through consensus of the Commission.

V. RESIDENT SURVEY UPDATE

Chair Dennis reported that the survey was printed, and ready for mailing. Volunteers would help to prepare the 6,382 surveys for mailing tomorrow.

Chair Dennis provided a preface related to the mission of the Medical Care Commission, in order to familiarize those in attendance with the purpose and goals of the Medical Care Commission.

VI. GINA MELBY, CEO JFK MEDICAL CENTER

Gina Melby, CEO, JFK Medical Center, provided a power point presentation to give an overview of the accomplishments of JFK Medical Center.

Dr. John Rumball, Medical Director of JFK Emergency Department, addressed the Commission, stating that he was responsible for the administration of running the Emergency Department, which was the busiest emergency department in Palm Beach County, with 60,000 annual visits. A new facility had been opened in 2003, with 32 monitored beds, 5 of which were dedicated cardiac/trauma; 8 beds express care for less severe cases; there was a16 bed emergency decision unit used for people who are having work-ups pending admission or discharge. The emphasis at JFK Emergency Department was teamwork; an effort was made to have a physician and a nurse meet each ambulance upon arrival in the emergency department. He stressed the importance of public education to recognize the symptoms of heart attack and stroke.

Dr. Rumball noted that individuals arriving at the ER by Fire-Rescue or by private vehicle were all subject to a triage process; he stressed the importance of calling 9-1-1, rather than using a private vehicle, since a patient's condition could deteriorate on the way to the hospital, and the emergency vehicle could get there much faster.

Dr. Mark Goldstein, Medical Director of the JFK Stroke Program Center explained that a team of neurologists was on call to see acute stroke patients almost instantaneously. The ER doctors were specially trained to recognize stroke, as well as all of the things that are not stroke, and knew when to initiate the chain of events that result in a neurologist being called in; the service was provided 24/7 for acute coverage for stroke and stroke related emergencies.

Discussion took place regarding JFK's developing association with teaching institutions, how physicians and nurses are attracted to working in Palm Beach County, the cost of living in Palm Beach County, and the impact of recent hurricanes.

In response to Commission Member Stein, Ms. Melby explained the academic affiliations of JFK. Currently approximately 800-1000 students rotate through the facility with their nursing

internships. With regard to Florida Atlantic University, the goal of JFK was to eventually start up with an internal medicine program. At that time JFK would be a truly academic affiliated facility. The program would take several years to implement. She noted that the most important piece in a residency program was the participation of physicians in the community. She also noted that JFK had not worked with any out-of-state institutions.

Dr. Midwall, Medical Director of the Cardiovascular Lab at JFK, and also a professor at FAU, commented that FAU was in its second year of having a medical school; the first year class had numbered 16 students; this year there were 32 students in the first year class. In the third year they would go to Jackson Memorial for third year training. Many of the physicians at JFK are on the faculty at FAU. He commented that the vision for JFK was as a very important teaching hospital for FAU.

Ms. Melby responded to comments regarding the following points:

- Financial viability of the facility
- Support from the community in trying to resolve the medical malpractice issue.
- JFK working with each patient according to their needs.
- Dollars that are written off by the hospital, and caring or the uninsured.
- Physician recruitment.
- Occurrence reports.

Dr. Goldstein explained that the stroke program at JFK was put together so that anyone with stroke would be recognized at the earliest moment. A comprehensive program resulted in a fluidity that would not exist in a hospital that was not prepared to work in that type of emergency program. The physicians were available 24/7 at the facility. The stroke services at JFK would soon be expanded to the next level of standard of care involving other modalities, such as clot buster by artery, or by the use of certain devices that could actually go in and pull clots out.

Dr. James Jaffe, interventional neuroradiologist, commented that he was able to treat both hemorrhagic stroke and thrombotic strokes with catheters, without the need for neurosurgery. Also aneurysms that rupture, could be treated with catheter instead of surgery.

Chair Dennis called for comments from the public:

Ms. Madeline Greenberg suggested that JFK participate in more public relations and public education for residents in the south end of Palm Beach, and reach out to the community so that residents have more information about the hospital and its procedures.

Mr. Royall Victor commented that he had learned a great deal during this meeting. He expressed concern about the lack of young doctors coming to Florida, noting that malpractice was a primary concern, as well as the lack of the latest technology in Florida. The cost of housing also affected the issue.

Discussion took place regarding the malpractice problem in Florida, the need for the public to be provided with the facts, and presenting a united front to create legislation to help solve the problem.

Mr. Allen Wyett commented that he was present today as a private citizen, and not as a member of the Town Council. He commented that the presentation by JFK today was wonderful. He noted that there was not sufficient medical care available, other than JFK, to meet the standards of the wealthiest community in America. Good Samaritan was a wonderful hospital, however, it could not sustain itself during the next five years unless they became a full service hospital. He suggested that the Commission look into further establishing a viable facility at Good Samaritan for angioplasty, to then be followed by a facility for open heart surgery. He noted the availability of philanthropic donations from the community.

Commission Member Goldblum moved that the Medical Care Commission obtain demographic figures of growth in the area, and the loss of physicians over the past years, and present it to the Town Council in order to get some initiative started legally to go to the state representatives regarding the malpractice issue. Commission Member Friedman seconded the motion. On call of the Chair, the motion carried unanimously.

Commission Member Traverse suggested that when the study was completed, efforts should be made toward working with similar communities to agree on one standard piece of legislation, in order to present a united front to the public and to the newspapers.

Commission Member Furlaud commented that punitive damages contributed greatly to the malpractice problem.

Mr. Wyett clarified that there was substantial philanthropic money available to establish a

cardiac center to allow for emergency angioplasty, which would lead to restoring Good Samaritan to being a first class, full service hospital. He explained that one of the reasons JFK had such a good reputation was that they were an all-around facility. He noted that he had spent quite a bit of time in Tallahassee a few years ago, and had interviewed a number of legislators and had talked about malpractice; none of them said they wanted to touch it. He suggested that the community did not yet have the strength to wake up the members of the legislature, who were subject to the bombardment of attorneys who want to prevent the loss of their income. He suggested that using philanthropy to help pay the premiums would be a benefit in the short run, until the State of Florida modernized its whole medical system. He explained that many of the local doctors interested in moving forward were not yet ready to go public.

Chair Dennis commented that Dr. Midwall had pointed out that a center in Martin County would negatively impact Palm Beach Gardens Hospital and JFK, and a common sense approach must be taken. He extended an open invitation for anyone to come before the Medical Care commission and present thoughts and concepts which would be integrated with the Commission and its work.

VIII. NEXT MEETING MARCH 28, 2006

Chair Dennis reported that physicians would be present to discuss health concern and provider concerns in the area.

IX. ANY OTHER MATTERS

There were none.

X. ADJOURNMENT

The meeting of the Medical Care Commission of March 21, 2006, was adjourned at 11:45 a.m.

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Michael Dennis, M. D.
Chairman

Prepared by:
Susan A. Eichhorn
Town Clerk