OUR MISSION

To improve the health of our community by delivering compassionate innovative care through exceptional people doing extraordinary works.

OUR VISION

To be the best choice in healthcare.
MISSION

CORE VALUES

CORE BEHAVIORS

PATIENT

To improve the health of our community by delivering compassionate innovative care through extraordinary works.

Quality • Integrity • Compassion • Respect • Responsibility
Commitment
54 community citizens give of their time to serve on Munroe’s Boards

Hospital Board
• Kulbir Ghumman - Chair *
• Jim Schneider - Vice Chair
• Srisha Rao, MD - Secretary/Treasurer *
• Lt. Col. Ed Johnson
  - Immediate Past Chair *
• Charles Dassance, Ph.D.
• Ravi Chandra, MD *
• Ed King, MD
• Chuck Koch
• Joe Hanratty *
• Ron Ewers
• Jon Kurtz *
• Joan Stearn
• Mike Jordan, MD *
  * Trustee

Foundation Board
• Bill Chambers, Chair
• George Kirkland, Vice-Chair
• Craig Curry, Immediate Past Chair
• Marcie Bailey
• Terry Crawford
• Frank DeLuca
• Craig Gillum
• Richard (Dick) Goss
• Randy Klein
• Jim Maguire
• Crystal McCall
• Kevin McDonald
• Judy O'Farrell
• Brian O'Connor
• Joan Fletcher

Auxiliary Board
• Jackie Mullen - President
• Mary Ellen Ames - 1st Vice President
• Lolly Dobson - 2nd Vice President
• Richard Grosso - 3rd Vice President
• Sandy Ketchum - Recording Secretary
• B.J. Collins - Treasurer
• Charles Shaw - Parliamentarian
• Millie Young
• Joan Haigh
• Bill Stockmaster
• Jim Walls
• Kathy Dell
• Kirsti Napolitano
• Helen Ming
• John Renyhart
• Laura Martin
• Nancy Buckland
• Louise Thompsett
• Mary Blahut
• Bonne Wagner
• Linda Ayotte
• Sonia Davila
• George Williams
• Josephine Ferruzza
• Ruby Parker
• Val Jones
Munroe Regional Medical Center
Board of Directors
Committees

Executive Committee
(Meets monthly)
Kulbir Ghumman
Chairman

Finance Committee
(Meets monthly)
Lt. Col. Ed Johnson
Chairman

Audit Committee
(Meets quarterly)
Jim Schneider
Chairman

Building & Properties Committee
(Meets quarterly)
Jim Schneider
Chairman

Human Resources Committee
(Meets quarterly)
Mike Jordan, MD
Chairman

Quality Committee
(Meets quarterly)
Ed King, MD
Chairman
Munroe Regional Medical Center
Facts & Figures (Oct 1, 2008 – Sept 30, 2009)

Year Founded: 1898.
Number of beds: 421.
Number of employees: 2,481.
Number of active volunteers: 1,750.
Number of affiliated physicians: 603.
Number of adult admissions annually: 24,077.
Number of ED visits annually: 96,306.

Number of inpatient / outpatient surgeries performed annually: 11,857.
Number of outpatient registrations: 51,609.
Number of cardiac, thoracic and vascular surgeries performed annually: 1,430.
Number of cardiac catheterization procedures performed annually: 19,053.
Number of newborns delivered annually: 2,930.
“Munroe’s Value Equation”

\[
\frac{\text{Quality}}{\text{Cost}} = \text{Value}
\]

FY 06: Implement Strategic Initiatives

- Continue Physician Development and Recruitment.

- Cardiovascular Program:
  - Medical Director Agreement/Incentives.
  - Electrophysiology.
  - South-County Referral Base.

- Women and Children Services:
  - Focus on Family.

- Surgical Services:
  - 2nd Floor Pacemakers.
  - 1 Additional OR.
  - Neurologist Recruitment.
  - Stroke Designation.
  - MRI.
  - Re-establish Orthopedic Market Position.
  - Facility Plan Refinement.
  - Position for Supplemental Funding.
Strategic Program’s Master Facility Plan 2005-2010: reference page 13

FY 06-10: Operational Opportunities

- Productivity Improvement.
- Capacity & Throughput.
- (H-Works).
- Implantable Cost and Utilization Improvements.
- Hospitalists / Intensivists.

- Pension Plan Alternatives.
- LIP Match $$ Improvement.
- Physician Development and Recruiting.
- EMSA Participation.
- Sovereign Immunity Pursuits.
Strategic Imperatives

- Quality & Patient Safety.
- Operations Improvement.
- Service Line Development.
- Physician Integration / Alignment.
Quality & Patient Safety

Discuss:

• 2010 Priorities.
• Accolades & Awards.
• HCAHPS: Patients' Perspectives of Care Survey.
• AHCA Report: Healthcare Performance Outcome Data.
• 100 Top Hospitals: Cardiovascular Benchmark Study 2009.
• Intensivist Program.
FY 2010 Quality & Patient Safety Priorities

– Patient Throughput.
– Implement Aviation Safety model / Lean Six Sigma.
– Implement evidence based order set development process.
– Develop value based purchasing plan.
– Initiate Physician Leadership program.
– Implement Antibiotic Stewardship Program.
– Obtain Chest Pain Center certification.
Summary: Accolades & Awards

• Consumer Choice Award – Marion County’s Most Preferred Hospital for Overall Quality & Image and Best Doctors & Nurses for seven consecutive years.  
  National Research Corporation

• One of only eight hospitals in Florida to be recognized as one of the state’s “Top Hospitals” for nurses.  
  ADVANCE for Nurses news magazine’s third annual readers’ choice survey

• The only three-time recipient of the Beacon Award for Critical Care Excellence in the state of Florida and one of only seven recipients recognized three or more times in the United States.  
  American Association of Critical Care Nurses

• Designated a Bariatric Center of Excellence.  
  American Society for Metabolic & Bariatric Surgery

• Diabetes Outpatient Services Received the Gold Seal of Approval  
  By Joint Commission
Summary: Accolades & Awards

• The only community hospital in the nation to be named one of the 100 Top Hospitals® for cardiovascular care ten times.
  
  Thomson Reuters/Modern Healthcare

• The only Heart Hospital in Central and North Central Florida to be Ranked Among the Top 10% in the Nation for Overall Cardiac Services - 5 Years in a Row (2006-2010). Also, one of only 29 hospitals in the nation with this distinction.
  
  HealthGrades

• One of only 12% of hospitals in the United States to be recognized as an Accredited Chest Pain Center and the only Accredited Chest Pain Center in Marion County.
  
  Society of Chest Pain Centers

• Recognized as The only Primary Stroke Center in Marion County
  
  By Joint Commission

• One of only nine Palliative Care programs in the nation to receive the 2009 Quality Palliative Care Leadership Award.
  
  National Consensus Project for Quality Palliative Care
100 Top Hospitals: Cardiovascular Benchmark Study 2009 – CABG Patients

RISK-ADJUSTED MORTALITY INDEX

Professed hospital is statistically AS expected.
(95% confidence)

\[0.56, 0.63, 0.95\]

1. Benchmark Hospitals are the winners in the comparison group: \(n = 30\)
2. Peer Hospitals are the non-winners in the comparison group: \(n = 499\)

Source: Thomson Reuters 100 Top Hospitals Cardiovascular Benchmark Study Report 2009
100 Top Hospitals: Cardiovascular Benchmark Study 2009 – Post-Op Infection Rates

RISK-ADJUSTED POST-OPERATIVE INFECTION RATE

- Profiled Hospital: 0.47
- Benchmark Median: 0.64
- Peer Group Median: 0.83

Source: Thomson Reuters 100 Top Hospitals Cardiovascular Benchmark Study Report 2009

1. Benchmark Hospitals are the winners in the comparison group: n = 30
2. Peer Hospitals are the non-winners in the comparison group: n = 499
100 Top Hospitals: Cardiovascular Benchmark Study 2009 – Post-Op Hemorrhage

Source: Thomson Reuters 100 Top Hospitals Cardiovascular Benchmark Study Report 2009

1. Benchmark Hospitals are the winners in the comparison group: n = 30
2. Peer Hospitals are the non-winners in the comparison group: n = 499
100 Top Hospitals: Cardiovascular Benchmark Study 2009 – All Cardiovascular Patients

Source: Thomson Reuters 100 Top Hospitals Cardiovascular Benchmark Study Report 2009

1. Benchmark Hospitals are the winners in the comparison group: n = 30
2. Peer Hospitals are the non-winners in the comparison group: n = 499
HCAHPS Measures – Updated April 2010
“Willingness to Recommend this Hospital”

Munroe Regional 73%
Shands 73%
Villages 68%
Leesburg Regional 68%
Ocala Regional 66%
Citrus Memorial 65%
Seven Rivers 62%

US Average - 68%
Florida – 64%

Source: www.hospitalcompare.hhs.gov
Summary: AHCA 2008-2009 Data  
(Released 4-2-2010)

- **Mortality Rate** for all 13 reported inpatient procedures is below state averages.
  - This translates to over 50 lives saved annually.
- **Readmission Rates** for 72 of 82 procedures and conditions are below expected values.
- **Risk Adjusted Length of Stay (LOS)** is 4.3 days, below the expected value of 4.6.
  - This 6.5 % decrease equals 26 additional beds in capacity.
- Our LOS has decreased another 8% from this data.
  - Equivalent to another 32 additional beds in capacity.
### Data Samples: AHCA Florida’s Health Finder
July 2008 – June 2009
Munroe & (State)

<table>
<thead>
<tr>
<th>Quality Indicators /Mortality Rate</th>
<th>Observed Rate</th>
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</thead>
<tbody>
<tr>
<td>Acute Myocardial Infarction Mortality Rate (heart attack)</td>
<td>3.85%</td>
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<td>(5.15% )</td>
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<td>Congestive Heart Failure Mortality Rate</td>
<td>1.44%</td>
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<td>(1.80%)</td>
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<td>Hip Fracture Mortality Rate</td>
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<td>(1.36%)</td>
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<td>Pneumonia Mortality Rate</td>
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<td>(2.90%)</td>
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<tr>
<td>Acute Stroke</td>
<td>4.69%</td>
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<tr>
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<td>(6.90%)</td>
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<tr>
<td>Coronary Artery Bypass Graft</td>
<td>0.47%</td>
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<tr>
<td></td>
<td>(1.68%)</td>
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### AHCA Florida’s Health Finder (cont.) (Data examples)
#### Munroe & (State)

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<thead>
<tr>
<th>Quality Indicators /Mortality Rate</th>
<th>Observed Rate</th>
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<tbody>
<tr>
<td>Gastrointestinal Hemorrhage</td>
<td>0.43%</td>
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<td></td>
<td>(1.34%)</td>
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</table>

<table>
<thead>
<tr>
<th>Complications/ Infection Rates</th>
<th>Observed Rate</th>
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</thead>
<tbody>
<tr>
<td>Post Operative Sepsis</td>
<td>1.90%</td>
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<td></td>
<td>(1.42%)</td>
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<tr>
<td>Infections due to medical care</td>
<td>0.03%</td>
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<td>(0.13%)</td>
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<tr>
<td>Postoperative pulmonary embolism (DVT)</td>
<td>0.53%</td>
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<td></td>
<td>(0.73%)</td>
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<tr>
<td>Decubitus Ulcer</td>
<td>0.46%</td>
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<td></td>
<td>(0.47%)</td>
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<tr>
<td>Iatrogenic Pneumothorax</td>
<td>0.08%</td>
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<tr>
<td></td>
<td>(0.06%)</td>
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</table>
Intensivist Program

- Program initiated in May, 2009.
- Physicians trained and accredited in Critical Care now staff the ICU on-site 7 days per week and 5 nights per week (on-call 2 nights per week).
- Fewer than 10% of hospitals have an Intensivist Program and even fewer have this extent of coverage.

Results:
- Reduction in time that patients spend on ventilators by one third.
- 13% reduction in length of stay (LOS)
- Near elimination of acquired pneumonias for patients on ventilators.
- Introduction of new technology for patients with severe lung injury (nitric oxide therapy, specialty ventilators).
- Hypothermia care for patients surviving cardiac arrest.
Operations Improvement

Discuss:

• Cost Reduction
• Labor Productivity
• Revenue Cycle Enhancements
• Patient Throughput
• Service Re-evaluation (Process)
June 29, 2009.

“Munroe has a very competitive cost structure placing it in the best quartile of both U.S. and Florida hospitals.”

William Cleverley, Ph.D.
President, Cleverley & Associates
<table>
<thead>
<tr>
<th>County</th>
<th>CAA Rank</th>
<th>Standard Cost per Adj. Adm.</th>
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<td>Hernando</td>
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<td>Hillsborough</td>
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<td>Indian River</td>
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<td>5,255</td>
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<td>Pinellas</td>
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<td>5,213</td>
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<td>Escambia</td>
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<td>5,165</td>
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<td>5,035</td>
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<td>5,012</td>
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<td>Bay</td>
<td>24</td>
<td>4,853</td>
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<tr>
<td>Brevard</td>
<td>25</td>
<td>4,542</td>
</tr>
</tbody>
</table>

Source: AHCA 2007 Hospital Financial Data Book
Hospital Cost Index® - 2007

- Munroe: 90.2
- Leesburg: 93.6
- AHCA: 100.9
- Low Cost: 90.4
Recent Cost Saving Initiatives

Highlights…

• $4 million in labor savings
• 6.5% increase in productivity
• 50 RN travelers @ 2/08 reduced to 0 3/09
• $2.5 million in supply cost reductions
• $1.2 million savings in contract renegotiations
• 2.5 million reduction in implantable devices cost

$10.5 Million in COST SAVINGS
VHASE
Operational Scorecard
VHASE
Total Expense

Total Facility Level - Total Expense per CMI Weighted Adjusted Discharge

Munroe
VHASE
Total Worked Hours

Total Facility Level - Total Worked Hours (Excl Provider) per CMI Weighted Adjusted Discharge

Value

Munroe
Revenue Cycle Enhancements

• 2009 initiatives resulted in $1.9 million in net revenue.

• Revenue Cycle Team reduced net accounts receivable days outstanding by 9.21 days.
  – resulting in $6.5 million additional cash.

• Team Implemented a 100% review of inpatient Medicare discharges by a third-party.
  – Results indicate the coding accuracy at Munroe is 98.5%, which is "Best in Class" when compared to national trends.
Patient Throughput Team Structure

Steering Committee
Dr. McPherson (Chair)    Paul Clark
Helen Dalton    Pam Michell
Mike Robertson    Vickie Sullivan
Carl Candullo    Dan O’Connor

Patient Placement/House Census Protocol
Sponsor: Helen Dalton
Team Lead: Joy Bauer
Penny Ettinger
Team members:
Wendy Milam
Inf Control
Greg Cobb

Staffing Effectiveness
Sponsor: Dan O’Connor
Team Lead: Vicky Nelson
Team Members:
Pam Gaffney
IS (Lynn or Trisha)

ED Process
Sponsor: Vickie Sullivan
Team Lead: Nancy Burgess/Dr. Biondolillo
Team Members:
Karen Lappi
Joy Nunez
IS (Lynn or Trisha)

Discharge Process
Sponsor: Dr. McPherson
Team Lead: Carolyn Porter, Pam Gaffney
Team Members:
Sunny Collins
Ladonna Kellum
Judi Thriemer

Clinical Processes
Sponsor: Dr. McPherson
Team Lead: Dr. Seek
Team Members:
Hospitalist leads

Additional Steering & Team Support
Admin: Kathy Hurley
Data & Process: PI Dept
IT Support
Patient Throughput

Success Stories

- **Emergency Department:**
  - ED has not been “on divert” since August, 2009.
  - Record number of ED visits in March, 2010.

- **EMS:**
  - 23 ambulances have arrived in 30 minutes *with no delay in care.*
  - 50+ ambulances in 12 hours now fairly common *(an ambulance every 15 minutes)*
  - No delays in EMS returns to service since August, 2009

- **Housekeeping:**
  - Over 120 beds cleaned in 8 hour shift (out of 401)
Patient Throughput

Key “Patient” Throughput Statistics

- **Emergency Department**

- **Housekeeping**
  - Greater than 50% reduction in time to respond to a room clean.

- **Patient Placement**
  - Over 90% of direct admissions placed within 90 minutes.

- **Clinical Effectiveness**
  - LOS reduced from 4.9 to 4.5 days with same level of severity of illness.
Evaluation - Service Line Re-evaluations

- Is this service line / program in keeping with the medical center’s mission and vision?
- What impact does this service line / program have on our strategic imperatives?
- What is the financial performance of this service line / program?
- How many patients / community does this service line / program serve?
- If such a service line / program is still needed by patients and families we serve, what other resources are available in the community?
- What impact does this service line have on indigent care?
- Does this service line / program have any indirect benefits (non-financial or financial) to other service lines within the medical center?
- Is it possible for this service / program to be outsourced?
- If this service line / program is eliminated, what impact will it have on: Any specific departments? Associates in general? Physicians? Community?
Examples: Service Line Re-evaluations

Heart Failure Treatment Center

*Issues:* Annual loss exceeded $400,000, volume growth not achieved and reimbursement methodology from Medicare precluded break even point.

Inpatient Diabetes

*Issues:* Annual loss exceeded $365,000 and Inpatient diabetes education is not reimbursed by Medicare.

OP Patient Chemotherapy

*Issues:* Small volume of patients, high risk associated with drugs administered and unable to provide sufficient chemo-certified nurses on duty.
Service Line Development

Discuss:

• Munroe Heart
• Munroe Orthopedics
• Munroe Bariatrics
• OR Expansion
• Parkinson’s Program: LSVT
• Health Resource Line (HRL)
Munroe Heart Update

Munroe Heart Sees Record Numbers:

– **January 2010** - Open Heart Market Share was 93% (Jan 2009 – 79.35%).
– **March 2010** - 521 patients seen in our cath lab.
– **March 2010** - 52 Open-Heart surgeries done, highest number since April 2005.
Munroe Heart Update

- **July 2009** - “New” Phillips Cath Lab opened to patients.
- **March 2010** Munroe Heart opens Marion County’s first Electrophysiology Lab (EP) - the region’s most advanced “state-of-the-art” program
- **January 2010** - Munroe launches “Young” Women In Red Program creating first program in the nation aimed at educating Girl Scouts on heart disease, nutrition and wellness. 200 girls in first program. Already waiting list for next program.
- Flagship *Women In Red* program hits 3,150 member mark in 3 years.
Munroe Heart in the Villages

- Since April 2008 Munroe Heart’s physicians have participated in 38 Village lectures addressing a total of 2,400 attendees.
- 99% of seminar attendees said they’d recommend Munroe Heart to their family and friends.
- (January 2009) Village Heart Office opens.
- Village Heart Office sees 2,532 patient visits to physicians and Diabetic Education Program (Jan. 2009 – March 2010).
2008/2009 Cardiovascular Community Outreach/Education Summary

492 “heart related” events and seminars reaching a combined audience of 40,834.

Example of outreach programs:
- Prestige 55 lectures & events
- Worksite Wellness Screenings
- Health Expos
- Munroe Heart Tours
- Munroe Heart Community Lectures
- Women In Red
- Health Resource Line
- Parish Nurses & Health Ministry lectures

Additional programs in 2010 include:
- “Young” Women in Red Lectures & Events
- Neighbors Saving Neighbors – AED Program
Munroe Orthopedics Update

• Orthopedic Program:
  – Developed Orthopedic Advisory Board.
  – Launched the development of the Orthopedic Center of Excellence.
  – Oct. 1, 2009 - opened the Munroe Orthopedic Outpatient office in Ocala’s Applewood Office park.
Orthopedic Case Volume Comparisons:
• FY 09 YTD = 715 cases
• FY 10 YTD = 1,034 cases
➢ 319 case improvement (44.6% increase)
Bariatrics Update

- Center of Excellence.
- Bariatrics steering committee.
- Designated bariatric patient care unit.
- Specialized nursing care.
- Safe lifting environment taught to all staff.
- Bariatric nutritional counseling taught by registered dietitians.
- Physical therapy screenings for all patients.
- Collaboration between Surgery, Respiratory Therapy, and Anesthesiology developing bariatric-specific respiratory protocols to prevent complications post-op.
Operating Room Expansion
Update – Project Completed Feb 20, 2010
(meeting the needs of our community and physician customers)

• **Scope:**
  – 3 OR’s. (25% increase in surgical capacity)
  – 20 Bed Recovery Room.
  – 70 Seat Visitor & Family Lounge.

• **Cost:**
  – $6.5 million.

**Note:**

Oct – March 2010 vs. Oct – March 2009 Munroe has had a record surgical volume – a 13% increase.
Parkinson’s Program
LSVT - Lee Silverman Voice Training

• Unique speech and physical therapy program for patients with Parkinson’s Disease.
• 4 days per week, 4 consecutive weeks.
• Munroe had first LSVT certified therapist in Marion County.
• Most licensed LSVT professionals in Central Florida (6).
• Only LSVT comprehensive “wellness program” in the State for people who have completed LSVT.
• Program now offered at LifeTime Centers at TimberRidge, Oakland Hills, and Ocala.
Munroe’s Health Resource Line

- Staffed by service coordinator and a registered nurse.
- Answer community questions on heart care, emergency medicine, diabetes, neuroscience, women’s health etc…
- Schedule classes, screenings and lectures.
- Physician referral service.
- In 2009, the Health Resource Line made 4,632 referrals to physicians, received 248 nurse triage calls and received 13,189 calls from the community.
Physician Integration / Alignment

Discuss:

• Affiliated physicians by specialty
• Recruited physicians
• Highlights: Medical Staff development plan
<table>
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<tr>
<th>Specialty</th>
<th>Active Staff</th>
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<tbody>
<tr>
<td>Allergy and Immunology</td>
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<td>Anesthesiology</td>
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<tr>
<td>Pathology</td>
<td>4</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>25</td>
</tr>
<tr>
<td>Perfusionist</td>
<td>10</td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>3</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>41</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>5</td>
</tr>
<tr>
<td>Podiatry</td>
<td>10</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>5</td>
</tr>
<tr>
<td>Psychology</td>
<td>3</td>
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<tr>
<td>Pulmonology</td>
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<tr>
<td>Radiation Oncology</td>
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<tr>
<td>Radiology Diagnostic</td>
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<tr>
<td>Rheumatology</td>
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<tr>
<td>Urological Surgery</td>
<td>11</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>5</td>
</tr>
</tbody>
</table>

603 Affiliated Physicians & Staff By Specialty

360 Active Staff
Physicians Recruited To Community By Munroe (past 5 years)

• Family Practice (5)
• Internal Medicine (1)
• Orthopedics (2)
• General Surgery (1)
• ENT (1)
• Intensivist (3)
• Plastic Surgery (1)
• Bariatrics / Vascular Surgery (1)
• OB/GYN (1)
• Electrophysiology (1)

17 Physicians Recruited
Medical Staff Recruiting Plan
2010 - 2012

• AmeriMed, Inc. developed a “needs assessment” based on the healthcare needs of the Marion County service area.

• Munroe Priority Community Physicians to Recruit
  – OB / GYN  (1)  2010
  – Bariatric Surgeon  (1)  2011
  – Orthopedic Surgeon  (1)  2010
  – Intensivist  (1)  2010
  – Nocturnist Hospitalists  (2) 2010, 2011
  – Surgical Hospitalists  (2) 2010, 2011
Key Community Support

Discuss:

- Munroe Foundation
- Munroe Volunteers & Auxiliary Services
Munroe Foundation
2009 Donor Analysis

1,650 donors contributed $1,756,618

- Individual: 68%
- Corporation: 18%
- Employee: 5%
- Organization: 9%
Munroe Foundation
Funding Initiatives for 2010

• Operating Room Expansion - $3.5 million ($2.5 million towards goal)
• 2009 Nursing & Clinical Scholarships - $100,000
Munroe Foundation

Equipment, Capital Needs and Scholarships
Funded by the Munroe Foundation 2006-2009

- $1,391,739 in equipment.
- $430,883 in capital needs.
- $300,000 in nursing scholarships.
- $50,000 in free mammogram screenings for uninsured women (343 screenings).
- $9,500 in associate catastrophe funding.

$2,182,122

- Palliative care family rooms
- Fetal monitors
- Mobile MRI
- Pre-screening labor rooms
- Recliners for heart patients
- Portable EKG machines
Volunteers / Auxiliary Program

- **Volunteers in 2009**
  - 1,750 adult, student and teenage volunteers providing service in over 72 hospital service areas.
  - Volunteers contributed 225,000 hours of service - the equivalent of $4.8 million in salaries & benefits.

- **Prestige 55 in 2009**
  - 23,409 active members.
  - 1,000 wellness / fitness programs.
  - 207 social / leisure programs.
  - 545 educational classes and 149 physician lectures provided (34,487 members attended and gave a 95% satisfaction score).
  - 30 visitation volunteers provided 11,760 visits to members.
  - 14,623 members chose Munroe for their care, generating over $142,814,000 in patient charges.
Volunteers / Auxiliary Program

- **Pastoral Care & Parish Nurse / Health Ministry**
  - 69 active volunteers provide compassionate care service to patients through “no one dies alone” program.
  - 153 Parish nurses reach out to 74 churches and their congregations.
  - 22 Pastoral Care volunteers and on-call clergy provided 22,803 patient visits.

- **Staff Extender Program**
  - 98 active volunteers working alongside staff.

Over last 3 years Auxiliary has raised / donated back to Munroe a total of $704,391
2009 Community Benefit Brief
### 2009 Community Benefit Overview

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care</td>
<td>$6.2 M</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$13.0 M</td>
</tr>
<tr>
<td><strong>Total Uncompensated Care</strong></td>
<td><strong>$19.2 M</strong></td>
</tr>
<tr>
<td>Unpaid cost of Medicaid</td>
<td>$9.5 M</td>
</tr>
<tr>
<td>Community Benefit programs:</td>
<td>$2.1 M</td>
</tr>
<tr>
<td><strong>Total Value of Quantifiable Benefits Provided to the</strong></td>
<td><strong>$30.8 M</strong></td>
</tr>
<tr>
<td>Community (at cost)</td>
<td></td>
</tr>
<tr>
<td>Less the Benefit to MRMC of taxes not paid due to tax exemption</td>
<td>$4.8 M</td>
</tr>
<tr>
<td><strong>Net Value of 2009 Community Benefit</strong></td>
<td><strong>$26.0 M</strong></td>
</tr>
</tbody>
</table>
$2.1 million – Community Benefit Programs

- $1.2 million – Payments to Physicians for Uncompensated Emergency Care
- $400 thousand – Heart of Florida Health Center
- $142 thousand – Patient Needs
- $185 thousand – Scholarships and Support
- $212 thousand – Contributed to Other Community Health Related Organizations.
Munroe’s 2009 Community Physician Lectures & Educational Classes

• Munroe physicians and clinicians spoke at 527 community lectures.
• An additional 545 educational classes covering a variety of topics were also held.
• Total of 58,823 community members attended these events.
Healthcare Reform
Cost: $940 billion over 10 years (includes impact of companion bill passed in reconciliation).

Savings: Deficit reduction of $143 billion over same period.
## Major Features Impacting Munroe

- **Coverage Expansion**
  - 32 million newly insured (94% of pop.)
  - Approx. half covered through expanded Medicaid (eligibility will move to 133% of Federal Poverty Guidelines)
  - Over 50% of Munroe’s charity patients are currently under 133% of Federal Poverty Guidelines (Munroe takes up to 200%).

- **Financing**
  
  **Coverage expansion funded in large part to cuts in Medicare and Medicaid**
  - $36 billion reduction in DSH payments.
  - $112 billion from reduction in inflation updates to Medicare rates.
  - Penalties related to re-admission rates and HAI’s.

- **Reform**
  - Pilot projects for “bundled” payments to hospitals and physicians.
  - Accountable care plans.
Health Reform Concerns and Questions

• **Coverage Expansion**
  – Who will provide all the primary care and preventive care for 32 million newly insured patients?
  – 20% of Florida’s 3.8 million population is uninsured (FloridaCare)
  – 67,800 Marion County citizens are uninsured (over 43,000 in 2004)
  – (FloridaCare) Pressure on hospital capacity and throughput /implications on facilities and access to capital.

• **Financing**
  – Timing: will cuts happen before additional revenue kicks in.
  – **Hospitals with thin margins and high Medicare/Medicaid payor mix less likely to weather financing implications.**

• **Reform**
  – Infrastructure requirements for implementation of accountable care plans
  – Challenges for communities that do not have large multi-specialty groups with close relationships with hospitals.
Health Reform Concerns and Questions

“Long term, we believe healthcare reform will be neutral to modestly positive for for-profit health systems, mildly credit-negative for pharmaceuticals and medical device manufacturers, and negative for not-for-profit hospitals . . . . Among not-for-profit hospitals and health systems, many stand-alone community hospitals will have difficulties dealing with future constraints on reimbursement from payers and demands to operate more efficiently. . . . we expect healthcare reform to contribute to additional consolidation . . . as many not-for-profit hospitals will struggle with these challenges.”

Moody’s Investors Service, Sector Comment March 2010.
Health Care Reform Rollout

- **2010** – Payment reductions to hospitals begin.
- **2012** – Quality/Value Initiatives introduced (pilot programs).
- **2013** – Penalties for high re-admission rates.
- **2014** – Medicaid expansion begin.
  - States begin establishing Health Insurance Exchanges.
  - DSH cuts take effect.
- **2015** – Penalties for HAI take effect.
Munroe Regional Medical Center
Estimated Healthcare Reform Impact
10 Year Total FY 2010 - 2019 (000's)

Total Reductions in Payment ($77,318)

Total New Net Revenue $41,950

Net Impact ($35,368)

Source: AHA payment calculator - H.R. 4872
Planning For Future Community Needs

Priorities:

• All private room accommodations.
• Expanded Emergency Department.
• Expanded and modernized Surgical Services.
• Expanded and modernized Obstetrical Services.
Thank You

Questions ?