

September 4, 2019

VIA EMAIL & FEDEX

The Honorable Lawrence J. Hogan, Jr.
100 State Circle
Annapolis, Maryland 21401
Governor.mail@maryland.gov

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
Miller Senate Office Building
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The Honorable Shane E. Pendergrass
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The Honorable Charles J. Otto
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The Honorable Mary Beth Carozza
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The Honorable Craig N. Mathies Sr.
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The Honorable Ralph D. Taylor
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The Honorable Robert R. Neall
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Mr. Ben Steffen
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*Re: Summary of Public Informational Hearing Regarding Conversion of Edward W.
McCready Memorial Hospital to a Freestanding Medical Facility*

Dear Governor Hogan, Senators Kelley and Carozza, Delegates Pendergrass and Otto, County Manager Taylor, Councilman Mathies, Mssrs. Shrader and Steffen, and Ms. Brewster:

On behalf of McCready Foundation, Inc. and Peninsula Regional Medical Center, Inc.,
by and through the undersigned counsel and pursuant to MARYLAND CODE, HEALTH-GENERAL §

19-120(l)(6) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(iii), this letter and the accompanying enclosures provide a summary of the public informational hearing held by McCready Foundation, Inc. and Peninsula Regional Medical Center, Inc. in connection with their notice of intent filed with the Maryland Health Care Commission to convert Edward W. McCready Memorial Hospital to a freestanding medical facility.

As background, McCready Foundation Inc. d/b/a Edward W. McCready Memorial Hospital (“McCready”) and Peninsula Regional Medical Center, Inc. (“PRMC”), as joint applicants (together, the “Applicants”), filed a notice of intent and a request for an exemption from certificate of need review to convert Edward W. McCready Memorial Hospital to a freestanding medical facility with the Maryland Health Care Commission on July 30, 2019. This filing followed an Affiliation Agreement executed between Peninsular Regional Health System, Inc. (“PRHS”) and McCready on June 26, 2019, pursuant to which PRHS will become the sole corporate member of McCready Foundation, and each component of McCready will become participants in PRHS’s regional health care delivery system.

MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(2) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(ii) require that a hospital, within thirty days of filing a notice of intent to convert to a freestanding medical facility, hold a public informational hearing in the jurisdiction where the hospital is located. The public informational hearing must address: (1) the reasons for the proposed conversion; (2) plans for transitioning acute care services previously provided by the hospital to residents of the the hospital’s service area; (3) plans for addressing the health care needs of residents of the hospital’s service area; (4) plans of the hospital or the merged asset system that owns or controls the hospital for retraining and placement of displaced employees; (5) plans for the hospital’s physical plant and site; and (6) the proposed timeline for the conversion. The Applicants held a public informational on August 20, 2019, beginning at 6:00 p.m., at the McCready Hospital Community Room, Alice B. Tawes Nursing and Rehabilitation Center, located at 201 Hall Highway in Crisfield, Maryland. Within ten working days of holding the public informational hearing, the Applicants are required to provide a summary of the public hearing. At the hearing, the Applicants addressed each of the factors set forth in HEALTH GENERAL § 19-120(l)(2) and COMAR § 10.24.17.04(C)(3)(c)(ii).

Before holding the public informational hearing, the Applicants exceeded their regulatory obligations to ensure that the hearing was well attended. PRMC published notice of the hearing date and location on McCready’s website’s homepage and in the print and electronic versions of the The Daily Times, a newspaper of daily circulation, for no fewer than fifteen days prior to the public hearing. PRMC also purchased advertisements in the County News, a Somerset County newspaper, which circulates less than daily, announcing the date and location of the public hearing.

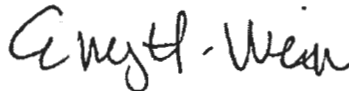
The public informational hearing lasted approximately one hour and fifteen minutes and was well attended. Kathleen Harrison, Chief Executive Officer of McCready and Steven E. Leonard, President and Chief Executive Officer of PRHS, hosted the public informational hearing. At the hearing, Ms. Harrison and Mr. Leonard reviewed a slide presentation that addressed each of the issues required by MARYLAND CODE, HEALTH-GENERAL § 19-120(1)(2) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(ii). Following the slide presentation, Ms. Harrison and Mr. Leonard answered questions from the audience. A transcript of the hearing is enclosed herewith as Exhibit A, and a copy of the slide presentation is enclosed herewith as Exhibit B. Notably, during the presentation Mr. Leonard mistakenly indicated in response to a question that, under Maryland Institute for Emergency Medical Services Systems ("MIEMSS") protocols, priority 1 patients would not be brought to the freestanding medical facility by EMS providers. In fact, MIEMSS protocols allow EMS providers to transport priority 1 patients who are *in extremis* to a freestanding medical facility. The day after the hearing, Mr. Leonard followed up directly with the person who asked the question to correct his misstatement.

Please contact me if you have any questions regarding the public informational hearing, the enclosed materials, or the Applicants' intent to convert Edward W. McCready Memorial Hospital to a freestanding medical facility.

Respectfully submitted,



James C. Buck
Gallagher Evelius & Jones, LLP
Counsel to Peninsula Regional Medical Center, Inc.



Emily H. Wein
Foley & Lardner, LLP
Counsel to McCready Foundation, Inc.

Enclosures

cc via email: **Senate Finance Committee**

The Honorable Brian J. Feldman, Vice Chair,
The Honorable Malcolm Augustine
The Honorable Pamela Beidle
The Honorable Joanne C. Benson
The Honorable Antonio Hayes
The Honorable Stephen S. Hershey, Jr.
The Honorable J. B. Jennings
The Honorable Katherine Klausmeier
The Honorable Benjamin F. Kramer
The Honorable Edward R. Reilly
David A. Smulski, Staff

House Health and Government Operations Committee

The Honorable Joseline A. Pena-Melnyk, Vice Chair
The Honorable Heather Bagnall
The Honorable Erek L. Barron
The Honorable Harry Bhandari
The Honorable Alfred C. Carr, Jr.
The Honorable Nick Charles
The Honorable Brian Chisholm
The Honorable Bonnie Cullison
The Honorable Terri L. Hill
The Honorable Steve Johnson
The Honorable Ariana B. Kelly
The Honorable Ken Kerr
The Honorable Nicholas R. Kipke
The Honorable Susan W. Krebs
The Honorable Robbyn Lewis
The Honorable Ric Metzgar
The Honorable Matthew Morgan
The Honorable Samuel I. Rosenberg
The Honorable Sid Saab
The Honorable Sheree Sample-Hughes
The Honorable Kathy Szeliga

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The Honorable Karen Lewis Young
Erin R. Hopwood, Staff

Somerset County Commission

The Honorable Charles Laird
The Honorable Eldon Willing
The Honorable Rex Simpkins
The Honorable Randy Laird

Theodore Delbridge, M.D., MIEMSS Executive Director
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program
Suellen Wideman, Esq., Assistant Attorney General
Steven E. Leonard, MBA, FACHE, President and Chief Executive Officer
Peninsula Regional Medical Center, Inc.
Kathleen Harrison, FACHE, Chief Executive Officer
McCready Foundation, Inc.
Andrew L. Solberg, A.L.S. Healthcare Consultant Services
Melvin (Chip) Hurley, Berkeley Research Group, LLC

EXHIBIT A

1 PENINSULA REGIONAL HEALTH SYSTEM

2 AND

3 MCCREADY HEALTH

4 PUBLIC INFORMATION HEARING

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6
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8 A public informational hearing in
9 reference to Peninsula Regional Health System
10 (PRHS) addressing the conversion of McCready
11 Hospital to a freestanding medical facility,
12 held, Tuesday, August 20, 2019, commencing at
13 6:04 p.m. at McCready Hospital Community Room,
14 Alice B. Tawes Nursing and Rehabilitation Center,
15 201 Hall Highway, Crisfield, Maryland.

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19
20
21 REPORTED BY: Linda Lindsey, CSR

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1 APPEARANCES:
 2 Steve Leonard, Ph.D., MBA, FACHE
 3 President/CEO PRMC
 4 Roger Follebout, Jr.
 5 Director Community Relations PRMC
 6 Christopher C. Hall,
 7 Vice President/Chief Business Officer
 8 Strategy and Business Development
 9 Kathleen Harrison, CEO
 10 McCready Health
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 17
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1 supporting us tonight.
 2 Also, Dr. Vijay is here and Dr. Mark
 3 Atkins is here. Thank you both for being here as
 4 well.
 5 Also tonight, we know that the purpose
 6 of this meeting is to share with you information
 7 about our recently announced affiliation with
 8 Peninsula Regional Health System and to share
 9 information about you with for transaction to
 10 become a freestanding medical facility.
 11 This meeting tonight is a regulatory
 12 requirement. It is part of the process that we
 13 need to go through to get approval to be -- um,
 14 begin this transition. And we're pleased to have
 15 the opportunity to share this information in a
 16 public forum like this. It's great.
 17 Some of you may have been previous
 18 employees. I see right now quite a few current
 19 employees. Some of you have been patients here
 20 in the past or are currently patients here. Some
 21 of you perhaps are even past board members, and

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1 PROCEEDINGS
 2 * * * * *
 3 MS. HARRISON: Good evening. First of
 4 all, I would like to thank all of you this is a
 5 wonderful turn out we're very happy to see so
 6 many people, that's important.
 7 We're here tonight to welcome you to
 8 this public meeting. I'm Kathy Harrison, I'm the
 9 CEO of McCready Health. With me tonight is Mr.
 10 Steve Leonard, the president and CEO of Peninsula
 11 Health System.
 12 Also I want to recognize Mr. Purnell, if
 13 you would stand up, please, our Board Chair here
 14 at McCready, and Mr. Herb Gary, who is the Board
 15 Chair for Peninsula Regional Health System.
 16 We have a wonderful representation of
 17 our board of directors. I would ask that you
 18 please stand up. Mr. Phoebus, Mr. Crockett, Ms.
 19 Heath, Mrs. Kitching, Mr. Blake, Dr. Bell, I'm
 20 sorry, Dr. Allen, Leslie Wilson and, um, Lloyd
 21 Tyler. Thank you very much for being here and

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1 you've worked very hard to maintain McCready
 2 Health and support McCready Health, and to keep
 3 it as a strong health care facility here in
 4 Crisfield. You should be very proud of that.
 5 This is a beautiful building we have
 6 here at the nursing home, the hospital itself
 7 just celebrated its 96th anniversary, a lot of
 8 blood, sweat and tears to maintain health care in
 9 Crisfield, we recognize that.
 10 But it's also true that you have
 11 witnessed during the years the deterioration of
 12 the building, the lack of having enough staff,
 13 some of our technology isn't state of the art,
 14 and we've had some trouble getting providers.
 15 And it is important that you understand
 16 that in order to keep healthcare here in
 17 Crisfield, we were given no choice, but we had to
 18 partner with another organization. And we're so
 19 very, very pleased and excited that that was
 20 Peninsula Regional Health Systems, because that
 21 will allow us to keep health care right here in

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1 Crisfield where it needs to be.
 2 So, Mr. Leonard is going to share some
 3 information with you tonight, um, and then, um,
 4 we're going to share some information with you
 5 about our transition plan. And then, we've --
 6 we're going to have a period for some questions
 7 and answers.
 8 And so, we would ask that you hold those
 9 questions until the end so that we can get
 10 through the presentation, because we may be able
 11 to answer some of questions as we're doing the
 12 presentation.
 13 So with -- with no other further ado, I
 14 will let Mr. Leonard start.
 15 MR. LEONARD: Thank you, Kathy. And as
 16 Kathy said, we do appreciate everyone being here
 17 this evening. This is an important step. Yes,
 18 it is required from a regulatory perspective, but
 19 for me personally, and I think for the members of
 20 our team here, it's really also an important step
 21 to start better knowing and getting to know the

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1 folks and community down here in this county like
 2 we do up in Salisbury. And, um, we are looking
 3 forward to going through that process.
 4 I have a little bit of background about
 5 PRMC and what's going on in the health system.
 6 One thing that I want to convey is that
 7 McCready is not alone in going through this
 8 process. This is very much a process that's
 9 going on in healthcare in general.
 10 Hospitals are coming together. It's a
 11 difficult environment, and we're navigating as --
 12 as multiple hospitals, coming together. New
 13 systems are forming. And in many ways McCready
 14 is becoming part of a new system.
 15 We're going through a very similar
 16 process with Nanticoke Health System up in
 17 Seaford. We actually have two mergers going on
 18 at the same time. And I think that's reflective
 19 of the environment.
 20 And I think that's one important take
 21 away that I want folks here in Crisfield to

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1 understand, is that healthcare is really asking
 2 organizations to come together because it is
 3 difficult in many ways to keep up with what's
 4 required to run a hospital.
 5 So I'm going to talk a little bit about
 6 the health system to let you know what's going
 7 on. I think most folks probably familiar with.
 8 We're going to talk about the transition
 9 plan, how do we plan on going through this
 10 process, and then we'll get to the questions and
 11 answers.
 12 One thing that's important is that when
 13 McCready went to identify potential partners,
 14 much like Nanticoke did. I think it's important
 15 you really for the things that make these things
 16 work are culture. And I think like our
 17 organization, McCready sought to keep health care
 18 local, and to identify a potential partner here
 19 on the Delmarva Peninsula, and we're proud to
 20 have been chosen.
 21 We share very similar values. Our

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1 missions are very much the same. Yes, I always
 2 tell people, we are becoming more and more
 3 experts, obviously, to take care of people when
 4 they're sick or injured, but just as importantly
 5 in the future, how do we take care of people and
 6 keep them healthy and well. And this is really
 7 why we're looking forward to working with the
 8 McCready organization in the new system to help
 9 folks here.
 10 This is a picture of the system today.
 11 Many folks, even if you're on the peninsula you
 12 might not realize, um, in many ways Peninsula has
 13 been servicing six counties. And I think that's
 14 another factor that I think that the McCready
 15 Board looked it up and said, who do we already
 16 have a natural relationship with.
 17 So up in Salisbury, as a tertiary care
 18 organization, we get referrals of patients from
 19 all the other hospitals on the peninsula. So, we
 20 look at this county and this county is important
 21 to us. Much like Wicomico and Worcester set

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1 (sic), Somerset is in our primary service area,
 2 and we're looking forward to continuing to serve
 3 the health and wellness of this community.
 4 That process started, anybody know this
 5 gentlemen right here? Anybody know him? Dr.
 6 Todd, right. That process started for us when
 7 Dr. Todd started doing open heart surgery back in
 8 '74. Some people may have had surgery by Dr.
 9 Todd or Buchness or Julian, or somebody they
 10 trained.
 11 And, um, this actually changed us when
 12 we started to do that many, many years ago, and
 13 thus, in some ways that the organization we -- we
 14 ultimately became.
 15 So our health -- our system at this
 16 point in time, McCready is joining PRMC, and
 17 we're actually the eighth largest hospital at
 18 this point in time. Really the full scope of
 19 services, which many of you may have experienced,
 20 if McCready couldn't take care of a patient for
 21 some reason, often we a -- patients would come up

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1 to Salisbury, and that process will continue.
 2 Lots of good things going on. I will
 3 tell you, I brag about our team quite often up
 4 there, and I'm happy to incorporate McCready into
 5 that team.
 6 There's not a lot of health care systems
 7 in the state of Maryland that can have all four
 8 of these recognitions for our team on one slide.
 9 There's actually only four hospitals in the State
 10 of Maryland.
 11 So, I always tell people, we're not
 12 perfect, there's things we can do better. But I
 13 can tell you, we have a great team that,
 14 ultimately, McCready is becoming a part of and
 15 will contribute to.
 16 The system in the future is looking
 17 radically different in many ways. As I
 18 mentioned, this is a diagram of what McCready is
 19 joining.
 20 We, obviously, have this stuff here in
 21 Salisbury, but all of this area is Nanticoke. We

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1 expect Nanticoke to come into our health system
 2 January 1st. We're going through that same
 3 process now.
 4 Here's, obviously, McCready. And then
 5 here are all of the other associated businesses
 6 and sites that ultimately the new system is
 7 forming.
 8 That new system, McCready will come in,
 9 Nanticoke will come in, and next year we're
 10 actually going to rename that system. It will
 11 not longer be called Peninsula Regional Health
 12 System, it's going to be called something else.
 13 They'll still have Nanticoke Memorial
 14 Hospital, Peninsula Regional Medical Center,
 15 McCready Health Pavilion, but they will be part
 16 of a new system, and that's really exciting.
 17 This is the type of activity that's
 18 needed to survive in the future of healthcare.
 19 As I mentioned, McCready is not alone, there's
 20 three or four hospital mergers going on within
 21 the State of Maryland right now very similar to

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1 this. So we're excited by this, because this
 2 allows all of us to make sure healthcare stays
 3 local, that it is governed by a group of folks
 4 local, as opposed to perhaps somewhere across the
 5 bridge, or perhaps even nationally.
 6 So I know this is very unnerving to go
 7 through something like this, but I can tell you
 8 we have a lot of confidence in what we're
 9 creating here. And I think, ultimately, McCready
 10 Health Pavilion is becoming part of a larger team
 11 that's really going to be well-positioned to
 12 service the entire Delmarva peninsula many
 13 generations into the future.
 14 So that's a little bit about us. I'm
 15 going to talk about the transition plan at this
 16 point in time, because I think that's what
 17 everybody really wants to hear.
 18 So, reasons for the conversion, I'm
 19 actually going to tag team a little bit with
 20 Kathy, because this is some of the stuff that,
 21 um, Kathy and the Board have been working

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1 through, um, as far as the -- as far as the
 2 facility.
 3 I think Kathy, do you want to talk a
 4 little bit about this?
 5 MS. HARRISON: Sure. Sure. As I
 6 mentioned in the beginning, you probably noticed
 7 that some of our building is -- is deteriorating
 8 in the hospital.
 9 You may walk through when it's a rainy
 10 day and we have some buckets sitting different
 11 places because the roof leaking or the windows
 12 are leaking.
 13 And the infrastructure itself is very
 14 aged, our air conditioning system, our heating
 15 system, um, and so, it's becoming more and more
 16 difficult and more and more expensive to try to
 17 maintain that.
 18 We know that to do a large renovation at
 19 this point is extremely costly. Um, we've looked
 20 at -- at some of that and -- and it's -- it's
 21 very, very costly, more than McCready could

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1 possibly do on its own.
 2 Um, and our physicians, patients,
 3 families, team members and our community, you
 4 expect more of a facility. You expect to come in
 5 and have better technology. You expect to come
 6 in and have enough of a nursing staff to take
 7 care of you, or physicians that are here to be
 8 able to see you. So it's -- it's your
 9 expectations are not being met by our hospital.
 10 Our average census is right now at two.
 11 Today we have one patient up in the
 12 medical/surgical department.
 13 We have three licensed beds, that's the
 14 smallest hospital in the State of Maryland for
 15 licensed beds. And we're required to have an
 16 average census of at least two, and we're
 17 struggling to meet that. And so that is a
 18 requirement of the -- the government, the federal
 19 government that we maintain that.
 20 And so, we're at risk if we can't do
 21 that, because that would mean that we're not

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1 meeting that particular standard and could lead
 2 to the federal government saying that we could no
 3 longer be a hospital. We don't want to be in
 4 that position and we do not want to wait until
 5 that happens.
 6 And so the -- the Board understands
 7 that, and that's why they decided that we need to
 8 move forward to -- to become something else.
 9 The Maryland Health Care Commission
 10 allows for us to either be a hospital or
 11 something called a freestanding medical facility.
 12 We're very, very fortunate, I will tell
 13 you I had a career in health care in
 14 Pennsylvania. Pennsylvania has nothing like the
 15 health care system of Maryland.
 16 For Maryland to allow us to become a
 17 freestanding medical facility is the perfect
 18 thing for Crisfield, because it allows us to
 19 still serve you. And we're going to talk about
 20 what services we're going to be able to offer you
 21 in a few minutes, but we can still service you,

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1 we can take care of your health care needs, and
 2 even do better than we're doing.
 3 But in order to be a freestanding health
 4 care facility we must be a part of a larger
 5 health care system.
 6 So you can see that one step led to
 7 another to get us here. So we're very fortunate
 8 that we are going to be able to -- to do that,
 9 and become a freestanding medical facility.
 10 And sometimes you'll hear us say FMA,
 11 and that stands for the freestanding medical
 12 facility, and as -- as you know, in health care
 13 we have alphabet soup. Everything has initials
 14 and we just get used to talking like that. So if
 15 tonight if we say that, that's what we mean FMA,
 16 freestanding facility.
 17 And it's as Mr. Leonard alluded to,
 18 today, in today's world there's a need for
 19 innovation in healthcare. It's no longer okay to
 20 just be a mediocre or just meets standards, you
 21 have to be the best. You have to win the

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1 accolades that Peninsula has been able to do to
 2 prove you're the best. To offer the best health
 3 care possible with the best physicians possible,
 4 um, and the best staff. The -- the IT system and
 5 the electronic medical records system, imaging,
 6 all the different technologies that are out
 7 there. The laboratory work, it's all important
 8 to keep up-to-date every single year, and it
 9 changes every single year.

10 In my lifetime, my background was
 11 radiology. We never did MRI, CT, ultrasounds or
 12 nuclear medicine through -- procedures when I
 13 first started out. And that technology has grown
 14 and grown and grown, so that today we can look at
 15 intricate parts of the brain with MRIs and those
 16 types of things. That is what we need to be able
 17 to have a healthier population.

18 And the State of Maryland, um, requires,
 19 as every state does, but the State of Maryland
 20 with all this other efficiency requires that you
 21 do it very efficient and very cost effective.

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1 And in order to do that, it's an -- it's a --
 2 it's economy, the more you do, the less it costs.

3 So when we're taking care of two
 4 patients, I have to have the same nursing staff
 5 here, the same physician staff here, the same
 6 laboratory, all of that, as if I had ten
 7 patients. But if I'm not even having two
 8 patients, you can see that it causes us some
 9 issues.

10 And we have been experiencing financial
 11 losses over the years. It is not easy to run
 12 this organization. We have this beautiful
 13 nursing home, right now we're almost filled with
 14 residents. Our assisted living on the fourth
 15 floor. We maintain this building and we still
 16 maintain the hospital, and it is a struggle. It
 17 is a struggle to be able to do that and keep up
 18 with that. It's like, as I just explained, the
 19 infrastructure, the structure of the hospital,
 20 and so forth. So that is -- that is why we're --
 21 we're here where we are today.

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1 MR. LEONARD: Thank you, Kathy.
 2 As we talk about this FMA concept, the
 3 next closest example is actually also here on
 4 Delmarva, it's in Cambridge, Dorchester General
 5 Hospital is actually going through this same
 6 process with Easton, where, ultimately,
 7 Dorchester General will become a freestanding
 8 medical facility. And in many ways, as I
 9 mentioned before, with many of the same -- for
 10 many of the same reasons.

11 So, our plan for transition into acute
 12 care services. Um, so we're, as -- as -- as --
 13 as in many things in health care we are dependent
 14 upon this regulatory stuff to happen. It's
 15 probably fair to say our Boards, I don't want to
 16 put Chairs on the spot, we came to an agreement
 17 in principle on this path probably a year ago.

18 But like -- like many things we had to
 19 go through certain processes and certain filings.
 20 And we worked through that process and, which was
 21 all very positive. The State wants to support

Page 21

1 this. And they allowed in ways a continued
 2 funding, as if -- as we are currently getting
 3 here at McCready to support the new freestanding
 4 medical facility. It's a little different, but
 5 their support of that allows us to go ahead with
 6 this idea of the freestanding medical facility.
 7 That process took awhile.

8 The next step in this process is we have
 9 filed an exemption request with the MHCC, on July
 10 30th, and that is another approval process. So,
 11 in the State of Maryland you need MHCC, Maryland
 12 Healthcare Commission to approve certain
 13 expansions, as well as approve certain
 14 conversions, which are often very similar to
 15 expansions.

16 So this in a sense, converting from a
 17 hospital to a freestanding medical facility, it
 18 has to be reviewed and approved by MHCC, and
 19 they've been very good to work with.

20 MEMS, the Maryland Emergency Medical
 21 System has to review our application, they have

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1 45 days to review that. We plan on having a
 2 full-service emergency department as a part of
 3 this, that was an important piece that the Board
 4 here at McCready advocated for, and we were glad
 5 to support a full-service emergency department.
 6 While there are some patients, if we are
 7 not going to have inpatient services here because
 8 of the low census, they're going to be
 9 transferred up to Salisbury. Maryland Emergency
 10 Medical System has to opine, say it's okay. We
 11 don't anticipate any issues, but that's part of
 12 the process.
 13 We expect at some point MHCC will give
 14 us a request for additional data points or
 15 questions. And then, hopefully, sometime before
 16 the end of the year this process is approved so
 17 that we can go ahead with the transition.
 18 So this is important to note because
 19 the -- this is the difference. A freestanding
 20 medical facility does not have inpatient care,
 21 and in this case does not have surgery. So what

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1 happens, patients who present to the FMF who need
 2 inpatient medical, surgical or critical care will
 3 be transferred up PRMC, okay, that's -- that's an
 4 important piece of this.
 5 All patients are stabilized at the
 6 freestanding facility by the emergency physician
 7 and clinical staff before being transferred. So,
 8 I will tell you, that's, um, we'll have that full
 9 functioning ER here.
 10 It will be the same physicians in the ER
 11 at Salisbury, Atlantic General and McCready.
 12 Same doctors. The nursing teams will be
 13 completely integrated. So in many ways we're
 14 excited that it's going to look and feel very
 15 much like a PRMC ER.
 16 Same medical record. But if you need to
 17 be transferred we would arrange for transfer up
 18 if you need to be admitted, okay.
 19 And obviously though, patients will have
 20 a choice. So let's say a patient, if it's a
 21 nonemergency situation, and that might be, we're

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1 a heart center, let's say it was not a heart
 2 center and they requested to go to Atlantic
 3 General, that could be honored as well, okay. If
 4 they chose -- if the patient chose to.
 5 But that's the plan, again,
 6 transitioning to an FMF is the acute care
 7 services and the OR are the major differences
 8 between the two.
 9 So there are two phases to this plan.
 10 Ultimately, I'm going to talk about building a
 11 new building for this freestanding medical
 12 facility, but that takes time, as you might
 13 imagine.
 14 So in Phase One we plan to change this
 15 process in place, in other words, we will do this
 16 here on campus, okay, while we work through
 17 building a new building which takes time.
 18 So a couple of things to point out. An
 19 emergency department will have up to six
 20 patients, okay, including airborne infection,
 21 isolation room, resuscitation room, a

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1 decontamination room, okay, if you're exposed to
 2 some sort of hazardous waste.
 3 It'll have two observation beds to the
 4 emergency department, that's important, too,
 5 because sometimes you come to the ER and you
 6 don't know if you're going to be admitted.
 7 So in this emergency department we'll
 8 have observation status. So perhaps the doctor
 9 might keep you there for several hours, and
 10 ultimately make a decision don't have to be
 11 admitted, okay. So we'll observation status
 12 here.
 13 We'll have an outpatient behavioral
 14 health facility with a group room, three
 15 consultation rooms, and three private offices.
 16 Diagnostic imaging. We will continue to
 17 have x-rays. We'll consider (sic) to have CT,
 18 all the things an emergency department needs,
 19 ultrasound impact readings. We'll have a
 20 laboratory here, specimen collection, blood,
 21 urine as well as specimen collection analyzers.

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1 We'll continue to have outpatient rehab, physical
 2 therapy with gym space. And then, a regulated
 3 clinic for physician partners to work in. And
 4 then, we'll have room for up to four providers,
 5 administrative staff and support services.
 6 That will all take place in largely the
 7 existing infrastructure we have here in the
 8 building, really not a lot of change. Just some
 9 little facility things, but nothing significant,
 10 some computers, some IT.
 11 The second floor which presently is the
 12 inpatient unit and pharmacy, those will be closed
 13 because we won't be providing inpatient services
 14 here. So that is -- that is Phase One of the --
 15 of the project.
 16 Phase Two, we have specced out, and you
 17 might have seen a pictorial, it's not the final
 18 document. It happens to be one architect's
 19 illustration of a potential solution. Somebody
 20 told me it looks like the library, there's just
 21 different things. But that is, we're going to be

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1 building a 20,000 -- 20, almost a 24,000 square
 2 foot building here, okay.
 3 The FMF, COMAR requirements require that
 4 it is within five miles, we have a piece of
 5 property identified with an option to purchase,
 6 we're going through that, about three and a half
 7 miles away. It's about a 25 million dollar
 8 investment, okay.
 9 That's one thing I want to point out is,
 10 our goal is to continue to providing good quality
 11 services here in this community, that's why we're
 12 looking to make that investment.
 13 My personal goal is to build the
 14 building and set of infrastructure so the next
 15 few generations, much like the last few in this
 16 building, really have state of the art high
 17 quality healthcare here in -- here in Crisfield.
 18 So, it'll continue to maintain all the
 19 rate -- regulated outpatient services, emergency,
 20 observation, ancillary, imaging, labs, family
 21 medicine, behavioral health. It'll have speech

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1 and physical therapy, infusion, lab blood draw
 2 services, all will be provided at the FMF.
 3 McCready Health Pavilion will be fully
 4 functional full-service ER, opened 24/7. Again,
 5 all the capabilities with the same doctors,
 6 same -- same -- the nurses will be cross-trained.
 7 And this EMS priority levels are two through
 8 four, okay. Two through four.
 9 I'm getting technical, my apologies,
 10 priority one's will go straight to PRMC.
 11 Priority one is typically someone who's not
 12 breathing and does not have a pulse, and likely
 13 would require more intervention, so. Um, they'll
 14 go right to PRMC via the EMS, but priority two
 15 through four will come here, okay, to the new ER.
 16 The facility has the following features,
 17 I got a little bit of detail for you but, ER,
 18 triage room, all of these meet the regulatory
 19 requirements from a size perspective. All of the
 20 regulatory codes, the buildings codes, a related
 21 staff, ambulance entrance, decontamination, two

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1 observation bed, things that I -- I already
 2 talked -- I already talked about.
 3 Phase Two continued. Um, as I mentioned
 4 before, part of the challenge is we were asked a
 5 lot of hard questions by the folks at the state
 6 PRMC, why don't you renovate the existing
 7 building instead of building a new one.
 8 So, as part of that process we had
 9 contractors do a full facility assessment of the
 10 existing building. And while the nursing home is
 11 beautiful and state of the art, these services
 12 are not provided in the nursing home, they're
 13 provided in 1980 -- 82 building or the 55
 14 building.
 15 Renovating that building would have been
 16 just about as much as the new building --
 17 building a new building. So it was felt it was
 18 better long-term investment to build something
 19 new. So, we, obviously, maintenance cost and all
 20 of those kinds of things.
 21 So all of those according to the new

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1 guidelines, and that's important, because the
 2 renovation cost with new guidelines are quite --
 3 quite significant.
 4 And as I mentioned, it's about 25
 5 million dollars is the anticipated expense.
 6 We'll fund that through our capital and likely
 7 through a bond issue which -- which is fine, and
 8 we can do that.
 9 It's going to take approximately 33
 10 months following Commission approval to build
 11 this. If you're like me that just feels too
 12 long, but the reality is, a building is
 13 complicated, building a health care facility is
 14 complicated, and this area Somerset County does
 15 have geographic considerations, low, wet, lots of
 16 dirt, all those kinds of things. It just takes
 17 longer to do site work and all that, so about 33
 18 months following approval.
 19 So our transition plan, our plans for
 20 addressing the health care needs of the residents
 21 of the area. I'm reading that because these are

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1 regulatory requirements. We touched on each one
 2 of these.
 3 So, again, our goal is to create viable
 4 and cost effective care, okay. There are a
 5 number of folks who come up to Salisbury for
 6 care. I'm exited being that we're going to be
 7 able to build something where folks can stay
 8 closer to home.
 9 When we ran analysis on this, people
 10 come to the ER, guess what, in the future
 11 environment I'm excited because folks can stay
 12 closer to home.
 13 And, um, we want to improve access to
 14 health care services to residents of Somerset
 15 County. Remember our mission, improve the health
 16 of the communities we serve. We've got two great
 17 doctors here, and if you need it add more, so
 18 that folks can get preventative care. So they
 19 might not need the ER, right. And they might be
 20 able to live healthier and -- and well, so we're
 21 looking forward to that.

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1 We're going to be collaborating. And in
 2 the future we do a community needs assessment for
 3 our services areas. So if you remember that
 4 county, those outlines of the all of the
 5 counties -- Chris, every three years?
 6 MR. HALL: Every three years.
 7 MR. LEONARD: Every three years we do a
 8 full community health needs assessment, where we
 9 do an intake of all of the different related
 10 needs and services that communities -- would
 11 benefit the communities.
 12 We'll be incorporating Somerset County,
 13 Crisfield, lower Somerset County into that
 14 process more significantly than we had in the
 15 past. And look forward to evolving what we're
 16 offering to meet those needs.
 17 As I mentioned, there'll be clinic,
 18 behavioral health, rehab services. Um, acute
 19 inpatient and surgery will be transitioned to
 20 PRMC or other facilities as appropriate. I say
 21 other facilities because some people have

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1 colonoscopies, people have gotten colonoscopies
 2 here, they might not go to the hospital. They
 3 have a few freestanding places that do
 4 colonoscopies, so by all means they may go to
 5 other -- other facilities, that's the patient's
 6 choice.
 7 And then, from a population health
 8 perspective, this is where the state is really
 9 and the hospitals really as an industry working
 10 more towards, is, again, how to keep people
 11 healthy and well, and that's something we have
 12 made significant investments in, and we're
 13 looking forward to working more down in this area
 14 as well.
 15 The next section of the transition plan
 16 is plan for job retraining and placement of
 17 McCready Hospital employees, this I can tell you
 18 is a very important topic, and everyone here
 19 would agree, it's something we had talked very
 20 early on with the Board of the McCready
 21 Foundation about what this means to jobs here

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1 in -- in Crisfield.

2 So, it's going to be staffed according

3 to requirements, obviously. If there's no

4 inpatient services and surgery, as examples,

5 those are some of the ones that we know now,

6 we're absolutely looking for places where folks

7 can either learn new skills, the ER is going to

8 have more staff, so perhaps people transition to

9 the ER. Or folks will have access to the jobs in

10 Salisbury at PRMC or one of our partner sites.

11 So any current employee's position that

12 are eliminated at McCre -- upon conversion or

13 otherwise will be -- and who are otherwise

14 qualified, absolutely are going to be considered

15 for positions at PRMC and prioritize.

16 This is the first time we've gone

17 through this, although it's one of the larger

18 efforts we've had. But our -- our people

19 department is pretty good at lining people up so

20 that we can find other opportunities for them.

21 I think the challenge is some of those

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1 might not be in Crisfield and I think that's

2 recognized. But there's a lot of folks who work

3 up at Salisbury who live in Crisfield and vice

4 versa, so, um, but more importantly that they

5 land on their feet is definitely a priority.

6 And, as I mentioned, they will be given priority.

7 I mentioned the priority. Hiring of

8 displaced employees based upon time service with

9 McCready and each employee's performance

10 evaluations. This is important for folks who

11 have longstanding careers with McCready that

12 history and tenure transfer over to PRMC. This

13 happens any time we do something like this.

14 We've had doctors offices come on board,

15 and the case with McCready, if I have 25 years of

16 great service to McCready, you're going to come

17 over with the equivalent for vacation time and

18 maintaining equity with our -- with our folks, so

19 that's -- that's -- that's important.

20 Any displaced employees who are rehired,

21 so let's say we have someone who we couldn't find

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1 a position for, as long as they're rehired within

2 12 months they will maintain that equity as if

3 they were rehired on day one, because sometimes

4 it doesn't happen on day one, but it may happen

5 within a year.

6 And finally, if there isn't an

7 opportunity that we can line up, we are going to

8 be offering severance pay depending upon length

9 of service with -- with McCready.

10 Again, the job opportunities, when

11 Nanticoke comes in and McCready come in, our

12 system is going to have about 5000 employees at

13 that point in time between Nanticoke, Peninsula,

14 McCready, and that doesn't include extras, our

15 joint venture partners, that's just pure

16 hospital. That is the people who work for the

17 system. So it's pretty optimistic that we can

18 find opportunities.

19 Our transition plan, as I mentioned we

20 have options on a piece of property about three

21 and a half miles away, some people might know

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1 about it, trees had been knocked down, and that's

2 where we're looking to develop the new facility.

3 I gave -- we've gotten questions about

4 what are we going to do with the existing

5 hospital building here on campus, that has yet to

6 be determined, quite frankly.

7 Obviously, the nursing home, we fully --

8 we plan fully on running that as is. We actually

9 have another nursing home in the health center

10 already, Genesis Nursing Home in Salisbury. We

11 plan on keeping this nursing home. It's a

12 beautiful facility -- I can't say off the record

13 because she's documenting everything.

14 (Laughing).

15 But if I had to come to a nursing home,

16 I would come here, it's absolutely gorgeous.

17 But, again, the existing hospital, I

18 think we have to ultimately make that

19 determination. It is aged in places. It is

20 possible we could find an alternative use. But,

21 again, renovation costs, we'll have to evaluate

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1 it. It is possible that parts of it may get torn
 2 down as well. I think it's something we have to
 3 work -- work through.
 4 Our proposed timeline, as I mentioned
 5 before, we're keeping our fingers crossed by the
 6 end of the year to have that completed.
 7 Phase One would occur at that point in
 8 time, and then Phase Two is anywhere between 22
 9 and 36 months, as I mentioned earlier, it was 33
 10 months, but I believe it's somewhere -- somewhere
 11 in that range.
 12 There is a conceptual drawing. I can
 13 guarantee that it might not look like that, but
 14 that is conceptual drawing.
 15 VOICE OF MAN: No ambulance.
 16 MR. LEONARD: What's that?
 17 VOICE OF MAN: There's no ambulance.
 18 MR. LEONARD: They like have ambulances
 19 separate from visitors. But, um, I think what I
 20 look forward to is doing the right thing for
 21 sustainable care in this community. We're big

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1 fans of doing it right so we don't have to come
 2 back and do something different. And if we have
 3 to make a 25 million dollar investment we want to
 4 make the right investment for the community so we
 5 can keep people healthy and well and close to
 6 home. And that's something we do in Ocean Pines,
 7 it's something we do in Sussex County, that's
 8 really what our mission is all about these days,
 9 and as I mentioned before we were proud to be
 10 chosen by McCready when they did explore these
 11 options.
 12 We are very grateful to the State to
 13 support the ongoing great regulation to allows us
 14 to do this. And I think it does end up being
 15 something that given today's health care
 16 environment works well for everyone.
 17 So with that, we will do questions and
 18 answers. And we have -- we have Roger here
 19 with -- we have a microphone that we will look to
 20 give out to folks to help the process.
 21 VOICE OF MAN: Thank you. My name is

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1 Robert Schreiber. The watermen are a very
 2 important resource here, and my understanding
 3 currently there is a heliport -- okay. My
 4 understanding there's a heliport here, I didn't
 5 see any mention of heliport in the new facility.
 6 I would assume an expanded emergency
 7 room facility and a heliport to support --
 8 MR. LEONARD: Absolutely true. It's not
 9 on the picture but on the property there -- it's
 10 a licensed emergency department, so it will have
 11 a helipad. It's a little further inland so we
 12 have to arrange transportation from the dock to
 13 the ER for patients who might come by boat, but
 14 that's something we're working through.
 15 VOICE OF MAN: I'd like to thank you for
 16 candor and sharing the information. I liked most
 17 what I heard, but I have a question.
 18 The Class 2 to Class 4 patients that
 19 you'll accept, and Class 1's go to Peninsula, is
 20 that regulatory or policy?
 21 MR. LEONARD: So COMAR in the definition

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1 FMF require -- that's actually COMAR and MEMS
 2 guided policy. So priority ones will -- are
 3 known to need inpatient stay. So I think their
 4 thought process is to get them some place like
 5 the hospital in Salisbury.
 6 But that is actually, we're following
 7 COMAR guidelines with MEMS as to what patients go
 8 to an FMF and what patients go to a full-service
 9 hospital.
 10 VOICE OF MAN: I will followup on that
 11 privately.
 12 MS. HARRISON: I will add that the
 13 majority of time right now we do not take
 14 priority one patients here at McCready.
 15 VOICE OF MAN: I understand that, but
 16 this would be closer, so there's a possibility of
 17 a class one patient driving past a medical
 18 facility which concerns me.
 19 MR. LEONARD: Yeah, I think that -- I --
 20 I know I understand, especially because you could
 21 have a walk-in turn into a Class 1 patient.

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1 MS. HARRISON: Right.

2 VOICE OF MAN: Exactly.

3 MR. LEONARD: I think there's what the

4 rules say that are probably followed the vast

5 majority of time. But there have been times

6 where we've gotten patients -- even we've gotten

7 patients that probably should have gone to Shock

8 Trauma first, but somebody makes a determination

9 and you kind of do the best you can in those

10 situations. And actually we can talk offline and

11 we'll be happy to followup with the MEMS

12 criteria, as far as that -- what that guidance

13 looks like.

14 VOICE OF MAN: Okay. Thank you.

15 MR. LEONARD: Thank you.

16 VOICE OF MAN: (Inaudible) Somerset

17 County Commissioner. First of all, I want to

18 thank you for setting some peoples mind at ease,

19 the clinic will still be open, even if the new

20 facility, as well as the old one.

21 The other thing was when you said

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1 observation beds for several hours that doesn't

2 seem like enough time to me, of course, I'm not a

3 health care expert, but I would think that should

4 be 24, 48 hours.

5 MR. LEONARD: It -- there's actually

6 very strict criteria for observation. So when I

7 said several, actually for Medicare it is up to

8 24, and perhaps even a little longer than that.

9 So, the doctors will have time to evaluate, more

10 than just several hours, but up to 24 hours.

11 Sometimes it is a little bit longer to

12 evaluate whether or not somebody needs inpatient

13 care.

14 VOICE OF MAN: My other concern is, we

15 have a wonderful ambulance squad here, I'm afraid

16 this is going to taxi, if we have a lot more runs

17 to Salisbury.

18 MS. HARRISON: Certainly.

19 VOICE OF MAN: I mean it's voluntary.

20 We pay two or three paramedic to be on-call. The

21 county is pretty much tapped out as far as hiring

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1 people. So, do you have any estimate on the

2 runs.

3 MS. HARRISON: I will tell you that our

4 board members, that's a very, very important part

5 of this, and we've talked about that in very

6 early meetings with Peninsula Regional, that

7 transportation is critical because we know even

8 today we have some delays. EMS can bring the

9 patient here, but then there's a delay getting it

10 to -- from the commercial service up the road to

11 Salisbury. And we have had meetings already.

12 And we've been working with LifeStar Ambulance to

13 try to improve the transportation from the new

14 FMF to Salisbury, so that we're not having our

15 local ambulance called off duty from here to

16 transport a patient up there when there isn't an

17 ambulance left to handle the patients here.

18 So we met with the local EMS. We've met

19 with LifeStar, we're working through that right

20 now to have that transportation issue resolved.

21 VOICE OF MAN: Thank you very much.

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1 VOICE OF MAN: (Inaudible) Crisfield. A

2 couple of my questions have already been

3 answered. I have a couple, if for instance under

4 the new system I go to the emergency room here,

5 will my general doctor be able to treat me under

6 this new system?

7 MR. LEONARD: So --

8 VOICE OF MAN: At the present time, for

9 instance, at the present time I come here, nine

10 out of ten times my general practitioner will be

11 here to take over and do what needs to be done.

12 So would that be able to happen under the new

13 system or will we be under the care --

14 MR. LEONARD: Likely different in some

15 ways. And I will say this, so ER physicians, I

16 think it's probably fair when you come into the

17 ER you're seen by an ER physician, that will --

18 part of those physicians will transition over to

19 Emergency Services Associates, which are the same

20 ER doctors that staff Peninsula, as well as AGH,

21 they will staff here.

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1 They will be primarily responsible for
 2 your care in the ER. It doesn't preclude a
 3 volunteer medical staff member to come into the
 4 ER to -- to talk with them. But likely though,
 5 if you're transferred as an inpatient you're
 6 going to go to Salisbury, you know, to being
 7 first taken care of on an inpatient basis.

8 VOICE OF MAN: Okay. That brings me to
 9 my next question. At the present time my general
 10 practitioner has privileges in PRMC. So if I go
 11 up there in a new situation, would he be able to
 12 treat me up there?

13 MR. LEONARD: They have privileges?
 14 VOICE OF MAN: Yes, sir.

15 MR. LEONARD: Sure. Actually, point of
 16 clarification. In this new FMF, the health
 17 pavilion actually becomes part of PRMC. We're
 18 going to be calling it McCready Health Pavilion,
 19 but for regulatory purposes it's legally part of
 20 PRMC, so the medical staff, we're actually
 21 working with Dr. Vijay and Atkins, they're

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1 actually going to be credentialed medical staff
 2 members of PRMC, and actually vis-versa.

3 So there's a level of integration there
 4 that actually may simplify things in some ways.

5 VOICE OF MAN: Well, that leads me to my
 6 third question, I think you just answered, I want
 7 to get there.

8 So the two doctors, the general
 9 practitioners that we have here now will be in
 10 contracts under the --

11 MR. LEONARD: That's what we're
 12 planning.

13 VOICE OF MAN: When will that be
 14 finalized, I'm going to ask, because I know as of
 15 one right now he hasn't been offered a contract.

16 MR. LEONARD: I don't have that answer
 17 for you at this point in time. Those things we
 18 are going through from a process prospective.

19 We currently have about 140 providers in
 20 our physician enterprise, and we're happy that
 21 the providers here are looking to join the team,

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1 but as far as when that process concludes, is
 2 actually premature for me to say, I don't know.

3 VOICE OF MAN: Thank you. I'm Phil
 4 Rigson, I have actually a couple of questions.

5 I heard nothing during the presentation
 6 about outpatient surgery. I'm assuming that will
 7 not be done at the new freestanding medical
 8 facility.

9 MR. LEONARD: That's correct.

10 VOICE OF MAN: Okay. Now you also, in
 11 one of your earlier slides you showed, I thought,
 12 several pavilions around the shore, is that or
 13 did I not see that correctly?

14 MR. LEONARD: We do as a system have
 15 multiple pavilions.

16 VOICE OF MAN: I mean, we could go visit
 17 one them just to see what they look like, so
 18 one's in Ocean Pines.

19 MR. LEONARD: Ocean Pines, we have
 20 multiple buildings. The Ocean Pines Health
 21 Pavilion is a -- there's multiple buildings

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1 there. It's a larger campus. But I would
 2 imagine it would be similar in many ways to
 3 something like that.

4 VOICE OF MAN: Okay.

5 MR. LEONARD: It's a little bit larger
 6 than one of those buildings, 25,000 square feet,
 7 those are 20,000 square foot.

8 VOICE OF MAN: Okay. And, finally, I --
 9 I, for one, am really excited by -- by what you
 10 all have put together. I know that this idea has
 11 been bounced around a number of years, at least,
 12 as Tom said. And thank you for putting it
 13 together. I'm looking forward to -- to the
 14 health care quality actually improving here in
 15 Crisfield.

16 MR. LEONARD: I would thank your Board
 17 and our Board coming together I think in doing
 18 really good things, so I would thank them.

19 VOICE OF MAN: Well, I know of a number
 20 of those, I used to be to on the board and we all
 21 discussed those together over the years. Thank

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<p>1 you.</p> <p>2 VOICE OF WOMAN: Hi, my name is</p> <p>3 Jeanette. I want to find out about -- a little</p> <p>4 bit more about the observation bed. I know you</p> <p>5 said you will be there, if need be -- oh, be</p> <p>6 there for a few hours, but if for some reason</p> <p>7 P -- PR --</p> <p>8 MR. LEONARD: PRMC.</p> <p>9 VOICE OF WOMAN: Yes. Go on yellow</p> <p>10 alert what happens?</p> <p>11 MR. LEONARD: We never go on yellow</p> <p>12 alert.</p> <p>13 VOICE OF WOMAN: Never?</p> <p>14 MR. LEONARD: I -- I will tell as</p> <p>15 compared to every other state, every hospital in</p> <p>16 the state of Maryland, we -- we, um, I'm trying</p> <p>17 to think if we've ever diverted in the last year</p> <p>18 or two, I can't think of a time we have diverted.</p> <p>19 VOICE OF WOMAN: I don't have to worry</p> <p>20 about that.</p> <p>21 MR. LEONARD: I -- I -- we're it --</p>	<p>1 VOICE OF WOMAN: So the same computer.</p> <p>2 MR. LEONARD: Same system.</p> <p>3 MS. HARRISON: Same computer.</p> <p>4 MR. LEONARD: Same computer system.</p> <p>5 VOICE OF WOMAN: Which is what?</p> <p>6 MR. LEONARD: Epic.</p> <p>7 Can I clarify one thing, sir, I just</p> <p>8 want to clarify a question this gentleman had.</p> <p>9 Could you go see one of the pavilions, we</p> <p>10 actually don't have a freestanding emergency</p> <p>11 department in our portfolio. So I just want to</p> <p>12 clarify that.</p> <p>13 All of our other centers are outpatient</p> <p>14 centers, but they don't have the freestanding ER</p> <p>15 portion to them, so I just want to clarify that.</p> <p>16 VOICE OF MAN: One other quick question.</p> <p>17 Probably more than one of us uses PRMC, I'm</p> <p>18 certainly one of them. It occurs to me that, if</p> <p>19 I have an emergency situation I show up here</p> <p>20 at -- at the, quote, facility. They could get</p> <p>21 the reverse availability, which is they can pull</p>
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<p>1 we're for the shore, quite frankly, and we take</p> <p>2 that seriously. And I always tell people in that</p> <p>3 chart there's about 500,000 people in our service</p> <p>4 area, so that's how many people in all those</p> <p>5 colored counties.</p> <p>6 And in the summertime guess who joins</p> <p>7 us, 300,000 people from the western shore. And</p> <p>8 what do they do? They have babies, strokes,</p> <p>9 heart attacks, and who takes care of them, we do.</p> <p>10 So we don't -- we don't divert.</p> <p>11 MS. HARRISON: I will also mention that</p> <p>12 this is going to make things more efficient when</p> <p>13 you need to be transferred, because your medical</p> <p>14 records is going to be the medical records that</p> <p>15 Peninsula uses, it's all going to be the same.</p> <p>16 And they'll be able to do all that</p> <p>17 paperwork and all of those documentations will be</p> <p>18 done electronic. And the system will already</p> <p>19 have you admitted because you came into a</p> <p>20 Peninsula Regional System. So, it should</p> <p>21 expedite --</p>	<p>1 all of my data down from PRMC, okay, that is</p> <p>2 something right now McCready doesn't do.</p> <p>3 Do you have this, do you have that,</p> <p>4 forget all that. They would immediately have</p> <p>5 everything there is to know about me.</p> <p>6 MS. HARRISON: That is a good point,</p> <p>7 thank you.</p> <p>8 VOICE OF WOMAN: My name is Renee, of</p> <p>9 course, I work here, bit I also volunteer with</p> <p>10 the ambulance, and I asked this at the employee</p> <p>11 meeting, but I have a feeling like I need</p> <p>12 clarification.</p> <p>13 MR. LEONARD: Sure.</p> <p>14 VOICE OF WOMAN: Our protocol right now</p> <p>15 state that we have a priority one, unstable</p> <p>16 patient, nonbreathing, no heart rate, we take</p> <p>17 them to the closest facility, stabilize them and</p> <p>18 the we transfer them to PRMC. How does that</p> <p>19 change when it comes to being a freestanding</p> <p>20 facility, are we going to be taking people who</p> <p>21 are in cardiac arrest to Salisbury and bypassing</p>

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1 doctors at the facility on the way?
 2 MR. LEONARD: So as -- as I mentioned,
 3 we'll go back and clarify this. We actually had
 4 quite a bit of conversation about this, because
 5 everyone is interested in this question.
 6 As a hospital that rule applies, based
 7 upon our understanding, it doesn't matter which
 8 hospital in the state you go to the closest
 9 hospital. But the FMF, once you become an FMF
 10 our understanding is that is different.
 11 So, that's what I do want to clarify and
 12 we'll make sure we get that information.
 13 VOICE OF MAN: I guess the underlying
 14 question here is, can someone survive 35 or 40
 15 minute trip to -- to PRMC --
 16 MR. LEONARD: Yeah.
 17 VOICE OF MAN: -- when you could have a
 18 five minute trip.
 19 MR. LEONARD: Yeah, and I think -- I
 20 think the thing is, I think, again, for the
 21 record, I'm not a doctor, but there are certain

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1 interventions that 35 minute of CPR, I want to go
 2 the -- I want to go to the cath lab, because I
 3 can maintain profusion to some degree, and I'm
 4 not going to have a definitive solution in a
 5 freestanding ER. My definitive solution is in a
 6 cath lab.
 7 So, I want to clarify, because again,
 8 you know, I think that this is an important
 9 question. But that could have something to do
 10 with it. If I'm a stroke, we have a neuro
 11 endovascular lab.
 12 There are quite a few things that, you
 13 know, in a freestanding lab, yes, you can do
 14 well, but the definitive solution involves much
 15 more complex services ultimately, so we'll find
 16 that out.
 17 VOICE OF MAN: -- got to get stabilized
 18 first.
 19 MR. LEONARD: You can maintain, but the
 20 ultimate stabilization is actually addressed in
 21 the root cause, and I think that's perhaps some

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1 of the thought processes.
 2 VOICE OF WOMAN: McCready never had
 3 those things either and they had to bring
 4 patients --
 5 MR. LEONARD: And then they had to be
 6 transferred up.
 7 VOICE OF WOMAN: Yeah, and it was a big
 8 time delay.
 9 MS. HARRISON: Right. Right. Exactly.
 10 And that's what we're trying to eliminate that
 11 waiting for a couple of hours sometimes for an
 12 ambulance when it's a critical patient. It's not
 13 been a good situation, and it's part of our not
 14 being able to deliver the health care to the area
 15 that --
 16 VOICE OF WOMAN: Are we going to be
 17 getting additional services at our new
 18 freestanding medical facility?
 19 MR. LEONARD: Our focus is, at this
 20 stage, has really been about attempting to see
 21 what existing services we can maintain in the new

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1 center. I think that's really where the focus
 2 has been.
 3 I think as we go through the community
 4 needs assessment and gather more information, I
 5 think then there's the opportunity to say what
 6 additional services may benefit folks to keep
 7 them healthy and well.
 8 But in our process to this point has
 9 been really what are the existing ones and how
 10 can we maintain those.
 11 VOICE OF WOMAN: Because we do -- I feel
 12 like we do need some additional services to get
 13 more patients and, I guess bring in more revenue
 14 some kind of way.
 15 MR. LEONARD: And -- and the revenue --
 16 the revenue is one aspect of but may be less
 17 important in some ways. But those are things
 18 we're going to be open to feedback for and want
 19 to understand.
 20 I think it may be fair to say, not to
 21 put Kathy on the spot, some new services require

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<p>1 capital investment, some things that may have 2 been good ideas and we want to do this but 3 perhaps we couldn't do previously, that we'll 4 want to explore going forward. 5 But I think through feed back and 6 community health needs assessment process, we're 7 going to look for those ways to do this. 8 I'm going to look for ways to have 9 people who currently come to Salisbury stay here. 10 Again, we actually can -- on the numbers we get, 11 we -- 12 VOICE OF WOMAN: We'll need some lights 13 on 413, too. To get people to drive down here, 14 we'll need -- we'll definitely need some lights. 15 MS. HARRISON: So, Ashia (phonetic), I 16 think, you know, this is a huge undertaking for 17 us to transition to this FMF. 18 And so, I think, you know, doing it 19 through our phases, our Phase One to be able to 20 do in place. And then to build the new building, 21 when we get through that, you know, then -- then</p>	<p>1 know, is there going to be room in the facility 2 to have offices -- 3 MR. LEONARD: I think -- I think those 4 are things we want to see continue to happen. I 5 think this document said up to four providers can 6 work in the clinic at one point in time. 7 So I know we have some providers who are 8 coming down, we want to see them continue. Um, 9 but again, we haven't gone through, you know, you 10 know, which forms and, you know, which ones may 11 benefit from more -- more of a presence. 12 Um, I will tell you we're also looking 13 at how do we do some of this through 14 telemedicine. Especially if you've had a 15 procedure that's gone routinely well, I might not 16 need to see a provider in person, I might perhaps 17 see them, you know, on TV. Those things we're 18 looking to kind of extend some of the 19 capabilities down here, but that -- that is a 20 thought process is what other stuff beside what 21 is to be down here.</p>
<p>Page 59</p> <p>1 we'll really begin to look what other services we 2 can offer and what should we offer, which gives 3 us some time to understand this system and to 4 figure out what we really need. 5 So, I don't think that was ever off the 6 table, but to bring anything like that new in 7 while we're trying to go through this 8 transition -- 9 VOICE WOMAN: I understand. 10 MS. HARRISON: -- just doesn't make good 11 sense for all of us. 12 VOICE OF WOMAN: I understand. 13 MS. HARRISON: Okay. 14 VOICE OF WOMAN: I'm Stephanie Howard, 15 I'm a local nurse, a nurse practitioner, I still 16 work in the ER here. 17 It kind of feeds off Ashia's request for 18 services and speciality services. Right now Dr. 19 Frye was coming once a week. At one point we had 20 ortho coming, it would be a great asset to get 21 even one day a week, a couple days a month, you</p>	<p>Page 61</p> <p>1 VOICE OF WOMAN: Along those lines, 2 cardiac rehab will that continue? 3 MR. LEONARD: So cardia rehab, we 4 understand there has been a program here. When 5 we went through the process to see what could 6 stand as far as enough volume, that is one that 7 we could not substantiate going forward in the 8 new model. 9 VOICE OF WOMAN: I think some of our 10 patients would be in disagreement because it 11 helps a lot. 12 MR. LEONARD: I -- I -- 13 VOICE OF WOMAN: No -- 14 MR. LEONARD: -- I think we have -- no 15 surprise there, I think we have cardiac rehab in 16 two different areas. I think the challenge is 17 having enough volume. I think that was part of 18 the -- part of the assessment was, is there 19 enough, because when you go through this process 20 with the state, you know, the state, as Kathy 21 mentioned, is looking, as they should, you know,</p>

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<p>1 how are we -- how are we spending money, and are 2 we able to -- because we're reg -- regulated on 3 this building. 4 And, um, it exists because it's 5 regulated. If the State didn't support this 6 there would be no services. So when they go 7 through this process it's service by service to 8 say what can be supported. 9 Another example is the nursing home will 10 continue to have occupational therapy because 11 that's inherent to a nursing home, but that was 12 one of the ambulatory environment that there 13 wasn't enough volume to support and they used the 14 data and the history to go through that process. 15 I'm sorry. The microphone still there. 16 VOICE OF WOMAN: Okay. 17 MR. LEONARD: But we'll get it up here. 18 VOICE OF WOMAN: Hi, my name is Tracey 19 (inaudible) I have a couple of questions. Um, 20 um, going back to, again, to the question of 21 additional services. There was a mental health</p>	<p>1 And the provider that was here, the 2 reason that he left was his own personal reasons, 3 it wasn't anything that was, you know, had to do 4 with the announcement about the affiliation. 5 VOICE OF WOMAN: Okay. 6 MS. HARRISON: Timing might have been 7 coincidental. 8 VOICE OF WOMAN: Okay. Very sudden. He 9 was here briefly, and then he was gone. 10 MS. HARRISON: So, yes, so we are aware 11 of that. 12 VOICE OF THE WOMAN: Okay. Okay. And 13 then, the information that was presented on those 14 slides, is that available on-line, because some 15 of it was very, very quick. Um, you know, for 16 you to be able to provide that on-line? 17 MR. LEONARD: We'll get something out in 18 the website. 19 VOICE OF WOMAN: McCready or PRMC? 20 MR. LEONARD: We'll -- we'll get it out 21 in both.</p>
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<p>1 provider here, um, I know that there is, um, they 2 have counseling services here, an actual mental 3 health provider. There was a nurse practitioner 4 here, briefly, providing services, and then, um, 5 my understanding was when the announcement was 6 made that PRMC was joining with McCready that 7 person left. And, um, now there's not an actual 8 provider that can prescribe and diagnose. 9 So, are you guys actively looking for a 10 provider, um, either as a psychiatrist or 11 psychiatric nurse practitioner? Because there is 12 a need for those services. But, um, you know -- 13 MS. HARRISON: So, yes, to answer your 14 question, actually we're actively working right 15 now with Peninsula Regional to have that service 16 provided again for us with a -- with a provider. 17 And that's -- we're actively working on 18 that. Um, you know, this is a time of year that 19 some of my colleagues are on vacation and so 20 forth, we haven't tied that up yet, but we are 21 actively working on that.</p>	<p>1 VOICE OF MAN: Two questions, and three 2 questions. 3 My question is, is the pricing for 4 services the same at every pavilion and hospital 5 within your system? Is the x-ray the same price 6 at PRMC as it's going to be at McCready Health 7 Pavilion? 8 MR. LEONARD: So that is a complicated 9 question. 10 VOICE OF WOMAN: I need an answer. 11 MR. LEONARD: Actually, the pricing at 12 McCready Health Pavilion will be the same pricing 13 as at PRMC main campus. They are both regulated 14 services. 15 They won't be the same as other 16 pavilions. We have other pavilions that have 17 different pricing. It is my understanding that 18 that will be less than what your current pricing 19 is. 20 VOICE OF WOMAN: Oh, it will be, I know 21 that.</p>

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1 MR. LEONARD: Probably significantly
 2 less. Because you're basically blending your ER
 3 rates into our 90,000 ER rates, and I think that
 4 will come to a pleasant surprise to many people.
 5 VOICE OF WOMAN: Great.
 6 VOICE OF MAN: George Friedly. You said
 7 that you were going to do away with the pharmacy,
 8 are you going to have one in the new
 9 freestanding, a pharmacy?
 10 MR. LEONARD: It'll be -- in a -- in a
 11 building like that there's automated dispensing
 12 cabinets to -- to give the emergency department
 13 all the medications they need.
 14 VOICE OF MAN: My second question, I
 15 guess, for you guys. You're trying to figure out
 16 what you're going to do with part of the old
 17 building. One of the biggest problems in
 18 Somerset County is drugs, and I think a drug
 19 rehab facility or something for that line would
 20 be a great purpose for this hospital.
 21 MR. LEONARD: That actually has been

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1 talked about --
 2 MS. HARRISON: Research.
 3 MR. LEONARD: -- in as one item or an
 4 option, so I think we'll look for those types of
 5 solution.
 6 VOICE OF MAN: Tom Hunter, is there any
 7 chance of expanding the nursing home?
 8 MR. LEONARD: We have not looked really
 9 at the nursing home, other than saying we want to
 10 continue operating it.
 11 And quite honestly, 98 percent of our
 12 effort in this process has been focused on the
 13 hospital portion of the process.
 14 So we looked at the nursing home and we
 15 said there is an important part of the community
 16 and we want to continue operating, but we
 17 actually have not done any type of, what I would
 18 call, strategic analysis on the nursing home,
 19 other than to say we want to make sure it does
 20 what it's doing.
 21 VOICE OF A WOMAN: I'm part of the

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1 radiology department here at McCready and I saw
 2 on the slide that we plan to transition with
 3 x-rays, CT and ultrasound, are you going to have
 4 mammography?
 5 MR. LEONARD: No.
 6 MS. HARRISON: No, we are not.
 7 VOICE OF WOMAN: Okay.
 8 MS. HARRISON: We are not. Again, with
 9 the, um, Peninsula Regional has a beautiful
 10 breast center that does not just do
 11 mammographies, but they can also do, you know,
 12 breast ultrasound, you know, followups that we
 13 are unable to do here.
 14 And that was one of the things that we
 15 looked at and evaluated and, no, we're not going
 16 to.
 17 VOICE OF WOMAN: That will be something
 18 that will end as December 2019?
 19 MS. HARRISON: When we transition to
 20 FMF, up until they will.
 21 VOICE OF WOMAN: And my other questions

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1 is when we do transition would we as employees
 2 benefit, such as being able to use their daycare
 3 facility?
 4 MR. LEONARD: Yes.
 5 VOICE OF MAN: My name is Stacey Milburn
 6 (phonetic). Um, the first question I have is my
 7 father is a patient of Dr. Vijay, and at this
 8 point given his status that he cannot walk we use
 9 a Hoyer Lift to be transferred from bed to a
 10 chair. Dr. Vijay comes in regularly to make
 11 house calls and I was wondering if something like
 12 that system can be continued? Because as I joke
 13 when Mr. Obama was president the only difference
 14 between moving my father and Mr. Obama was we
 15 didn't need guns. We didn't need the secret
 16 service. We didn't need guns. So that's my
 17 first question.
 18 And my second question was, um, you may
 19 have answered this but, um, when will we see the
 20 actual of this breaking ground at the new
 21 facility. I think there's a lot of Crisfield

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1 residence are going to say, we're not going to
 2 believe this until we actually see them digging
 3 ground.
 4 And the third question is and this may
 5 be totally irrelevant to what we're talking about
 6 here, I hear a lot things about computerized
 7 records, computerized records, computerized
 8 records. This may seem like the totally most
 9 stupid question in the world, sometimes when a
 10 computer goes down, as a CPA I often deal -- I
 11 deal with everyday with the Internal Revenue
 12 Service and the State of Maryland, computers go
 13 down and records get lost, that's why I keep
 14 paper files still.
 15 I know a lot of accountants say they
 16 don't, and then when they have to a find piece of
 17 paper (inaudible) to them.
 18 MR. LEONARD: Can I answer those three
 19 before you get to four?
 20 (Laughing).
 21 My memory is only so good. I think

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1 our -- we -- we understand that we want to learn
 2 as to how health care is provided locally and in
 3 this community.
 4 So I know we're still undergoing
 5 discussions with Dr. Vijay and Atkins, and
 6 they're -- they're doing a lot of great things we
 7 want to see continue.
 8 So I -- I couldn't answer specifically
 9 will they still do house calls, but I tell you
 10 they're kind of coming back. We actually, we
 11 have people doing lots of different things
 12 because sometimes if you do things well in the
 13 home, they don't have to come to hospital. So
 14 it's a --
 15 VOICE OF MAN: Correct. You're exactly
 16 right.
 17 MR. LEONARD: -- we do.
 18 As far as breaking ground goes, I don't
 19 have a date. A lot of this is -- is site
 20 specific. And I think what we're learning, is
 21 again, because we're building in -- in

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1 essentially low lying land, it's going to take a
 2 lot longer, so we just don't have a date on that.
 3 I get the whole thing "we'll believe it
 4 when we see it thing", I totally understand that.
 5 But, please know, I don't like to do things
 6 twice. So we're going to do it, we going to do
 7 it right. And, you know, when we do it'll --
 8 it'll get going. But it does take longer to get
 9 going it would seem here.
 10 Number two, by the way, we can't get
 11 going too far until we have approvals. So,
 12 that's -- that's part of our challenge.
 13 Number three, what happens when the
 14 record goes down. Thankfully there's people
 15 taking care of people, you know. And we have
 16 smart nurses, smart doctors, and you know what,
 17 don't let the computer get in the way of doing,
 18 you know, what you need to do.
 19 So we do actually practice these thing,
 20 believe it or not. You know, we shut the system
 21 off and we practice and all that kind of stuff.

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1 VOICE OF MAN: That's more than what the
 2 State and IRS do.
 3 MR. LEONARD: But that --
 4 VOICE OF MAN: That's more than the
 5 state and the IRS do. Frequently, they do not
 6 have records, and when you have a --
 7 MR. LEONARD: Yeah.
 8 VOICE OF MAN: -- a paper record it
 9 helps.
 10 MR. LEONARD: I won't get, you know,
 11 into a lot of the detail, but every single unit
 12 has a downtime computer, so as long as you have
 13 electricity it's constantly -- it's updated every
 14 day with a load of people's charts.
 15 So, um, we're -- it's not perfect, don't
 16 get me wrong, but at the end of the day if you
 17 have a life threatening situation, I have
 18 complete confidence in the nurses and doctors
 19 being able to take care of patients if something
 20 should happen.
 21 VOICE OF MAN: Plus you've got an

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<p>1 emergency power system.</p> <p>2 MR. LEONARD: We've lots of that. And</p> <p>3 this place will have that, too. You know, lots</p> <p>4 of generators, all that kind of stuff to keep on</p> <p>5 running.</p> <p>6 VOICE OF WOMAN: How many employees are</p> <p>7 you planning to have at this new freestanding</p> <p>8 medical facility? Or how many employees are you</p> <p>9 planning on employing?</p> <p>10 MR. LEONARD: So, 80, 90 something like</p> <p>11 that.</p> <p>12 MS. HARRISON: Close to 90.</p> <p>13 MR. LEONARD: Close to 90.</p> <p>14 VOICE OF WOMAN: Okay.</p> <p>15 MR. LEONARD: Again, that's not</p> <p>16 including the nursing home contingencies here.</p> <p>17 VOICE OF WOMAN: How many employees does</p> <p>18 McCready have, not including the nursing home?</p> <p>19 MS. HARRISON: So the number we have now</p> <p>20 is a little hard to define only because we share</p> <p>21 employees between the facilities. So, I don't</p>	<p>1 could get them more services because it's hard</p> <p>2 for them to come over.</p> <p>3 MR. LEONARD: So we -- we've had some</p> <p>4 programs to do, like telemedicine based services</p> <p>5 those are always things we're interested in</p> <p>6 exploring but haven't expounded upon those, you</p> <p>7 know, in the context of this effort, but we'll</p> <p>8 definitely keep that -- keep that in mind.</p> <p>9 VOICE OF MAN: Um, my name is</p> <p>10 (inaudible), I have been a security guard here</p> <p>11 for five years, um, I'm also a special police</p> <p>12 officer at PRMC, I've been there for a year.</p> <p>13 I was wondering if we would be able to</p> <p>14 use special police commission at the new facility</p> <p>15 once it is finished?</p> <p>16 MR. LEONARD: So there's going to be</p> <p>17 security at the new, um, emergency department.</p> <p>18 We have not made that decision whether there'll</p> <p>19 be -- we have special police officers on campus</p> <p>20 in Salisbury, thank you for being there, um, and</p> <p>21 that allows us to carry firearms, have arrest</p>
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<p>1 want to misquote and give a number that may not</p> <p>2 be accurate, and we're working through all that</p> <p>3 right now with the Human Resource Department here</p> <p>4 and at -- at Peninsula.</p> <p>5 But we do know from the application, we</p> <p>6 do know that there are some employees that will</p> <p>7 have opportunities, um, you know at Peninsula,</p> <p>8 but that number has not been just 100 percent</p> <p>9 defined because some are part-time employees,</p> <p>10 some are PRM employees, there's all kinds, you</p> <p>11 know, so --</p> <p>12 VOICE OF WOMAN: Right.</p> <p>13 MS. HARRISON: -- when we talk FTE</p> <p>14 numbers it may not be an accurate people number,</p> <p>15 understand? And I don't want to give incorrect</p> <p>16 information.</p> <p>17 VOICE OF WOMAN: Yes.</p> <p>18 VOICE OF WOMAN: Two questions. I think</p> <p>19 I'm okay.</p> <p>20 Just a thought, you probably haven't</p> <p>21 addressed this but services to the island, if we</p>	<p>1 capabilities, those type of things.</p> <p>2 We have not made the decision as to what</p> <p>3 level of service will be on the new FMF property.</p> <p>4 MS. HARRISON: However -- however, we</p> <p>5 have made the decision that there will be 24 by</p> <p>6 seven security at both the nursing home and the</p> <p>7 FMF, which is something that we haven't been</p> <p>8 able, so we will be expanding the security team.</p> <p>9 VOICE OF MAN: Um, the other question I</p> <p>10 have is about the old hospital. It is a</p> <p>11 historical landmark, it was built in 1923. It</p> <p>12 has a lot of memories for a lot of people, stuff</p> <p>13 like that, what's going to happen to that</p> <p>14 building once this new building's built?</p> <p>15 MR. LEONARD: So we haven't made that</p> <p>16 decision yet, but know that that point is not</p> <p>17 lost on us. I -- I tend to be -- like history</p> <p>18 and there's lots of perceived value in that -- in</p> <p>19 that type of history.</p> <p>20 So, but we haven't -- we haven't made</p> <p>21 the decision as of yet, but we do recognize that.</p>

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1 I think that will be a broader
 2 discussion, ultimately, after the transition, the
 3 new building is done.
 4 VOICE OF MAN: Another concern that had
 5 been brought up one time, I heard about it, is
 6 that the people getting Narcan, when they come in
 7 here, they're really mad because you took them
 8 off their high. They're mad as a hornet. The
 9 local police normally come in, drop them off, and
 10 they're gone.
 11 And the nurses in our ER and stuff have
 12 to deal with these people, not really a whole lot
 13 of security to protect -- to protect your nurses,
 14 and this is a serious issue that could really one
 15 day escalate, and now is the time to look into it
 16 before it's too late.
 17 MR. LEONARD: So that is something that
 18 I can tell you that I think about consistently,
 19 the safety of my team up in Salisbury is one of
 20 the utmost concerns to me. And as a -- as an old
 21 paramedic, I have been in those difficult

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1 situations in New York City. And, um, it's not
 2 good, it's not easy for the staff.
 3 So we're constantly looking, it's one of
 4 the reason there'll probably be special police
 5 officers and security officers who can help with
 6 that, and we will have security here.
 7 We're a little unfamiliar with some of
 8 the nuances with the local police, that's
 9 something we'll have to kind of understand. But
 10 I will let you know, it sounds a little bit like
 11 what happens in Salisbury as well, with people
 12 getting dropped off and then leaving it to our
 13 team to kind of manage.
 14 VOICE OF MAN: Yeah, because it would be
 15 the sheriff because you're outside the city
 16 limit.
 17 MS. HARRISON: So -- so --
 18 VOICE OF MAN: But they drop them off --
 19 MS. HARRISON: Right.
 20 VOICE OF MAN: -- and they leave them,
 21 and then it's up to your facility.

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1 MS. HARRISON: Right.
 2 VOICE OF MAN: And -- and, really it's
 3 the nurses or whoever is there who's there to
 4 control this person.
 5 MS. HARRISON: So as indicated, we're
 6 planning to increase the security that we have
 7 now so that at both the nursing home and the FMF,
 8 and the FMF that focus is going to be at the
 9 emergency room during the night because we won't
 10 be seeing outpatients during the middle of the
 11 night.
 12 So they will be stationed in the
 13 emergency room. They'll be security that we
 14 haven't been able to do now on a 24 by seven
 15 basis. Because, yes, we worry very much about
 16 our nurses safety and that type of situation.
 17 It's just not the Narcan patients that we have
 18 some issues with sometimes.
 19 MR. LEONARD: One of the first questions
 20 I got from Nanticoke as well, same themes, it's
 21 kind of health care in general it seems.

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1 VOICE OF MAN: I'm still confused about
 2 the ambulance situation. At the present time I
 3 think we have a great ambulance squad, and I
 4 think most of it is volunteer.
 5 Under this new thing, if I'm
 6 understanding correctly, um, let's say I'm at
 7 home, have a heart attack, call for an ambulance,
 8 let's say the ambulance here is out. If I
 9 understood correctly, you're going to have
 10 agreements with another service that is out of
 11 town, takes 15 or 20 minutes to get here.
 12 And then if I heard you correctly, if
 13 I'm either not breathing or having difficulties,
 14 you're not going to being to able stop at the new
 15 facility you're going to have to go directly to
 16 Salisbury. And you can die quite a few times
 17 between here and Salisbury, so that concerns me
 18 that they wouldn't be able to stop just to get
 19 you somewhat under control before they take off
 20 to go to Salisbury. That is a concern that I
 21 have at the present time.

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1 MR. LEONARD: So, that's one of the, you
 2 know, we're -- we're taking an official record so
 3 we can make sure we get all questions answered.
 4 So what we've quoted is what we believe
 5 to be the COMAR requirement. So what we're going
 6 to do is we're going to validate those
 7 requirements, okay, and make sure we publish them
 8 on -- on the website, the questions that were --
 9 especially this question, 'cause my sense of
 10 you've had lots of good questions, but this is a
 11 residual that we want to make sure we -- we get
 12 further understood. And perhaps more importantly
 13 explain this, the rationale.
 14 So that's to one of our homework items,
 15 we hear you as far as the concern, and we'll make
 16 we sure get not only what the requirements are
 17 but we'll make sure we engage MEMS to help
 18 them -- have them help us, you know, to
 19 understand it more.
 20 Is that a fair way to manage this?
 21 Okay.

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1 VOICE OF MAN: Student of the ex-cardiac
 2 rehab person, how about people in town that use
 3 the equipment --
 4 MR. LEONARD: I didn't -- I'm sorry?
 5 VOICE OF WOMAN: Is there going to be
 6 any equipment at all for the employees, if I
 7 don't have equipment?
 8 MR. LEONARD: At this point it's not at
 9 the new FMF, and there wouldn't be at this point,
 10 not planned to.
 11 VOICE OF MAN: My name is Rick Pollitt,
 12 I don't think I need a mic, but very -- I'm the
 13 City Manager here in Crisfield, and Mayor Barry
 14 Dize wanted to be here tonight but he couldn't,
 15 he was unavoidably detained elsewhere, but he
 16 asked me to come and welcome you to Crisfield for
 17 one thing.
 18 I would like to recognize Councilman
 19 Jimmy Ford from our City Council is also here,
 20 and I'm not sure if anyone else came here from
 21 the City Council.

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1 But if the Mayor was here, I know the
 2 first thing he would say to everyone associated
 3 with McCready Health and with everyone with
 4 Peninsula Regional, thank you.
 5 Thank you for making this partnership
 6 work. We're anticipating favorable responses to
 7 all your applications, all the approvals that
 8 you're going to need. But to contemplate
 9 Crisfield without a medical facility is beyond
 10 anything that we could entertain.
 11 And so we're delighted that we are still
 12 going to have a medical facility in Crisfield to
 13 do as much as we can for the people who need that
 14 service and that can be here.
 15 Kathy has been great keeping City Hall
 16 in the loop as things develop. I know one time
 17 over the winter we had to go to the Governor's
 18 office with Mayor Purnell and Kathy to get us
 19 over a couple of humps. Those things worked out
 20 well.
 21 We're working with you now on those

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1 infrastructure issues to see how to get water and
 2 sewer to your -- to your property, so City Hall
 3 is going to be involved.
 4 So, again, we thank you for getting us
 5 this far, and looking forward to having
 6 groundbreaking and the ribbon cutting. So thank
 7 you very much.
 8 MR. LEONARD: Thank you.
 9 (Clapping).
 10 MS. HARRISON: Anymore questions?
 11 All right. So we thank you again very
 12 much for coming. As Steve said, we will get some
 13 things posted on the website. We'll search for
 14 answers so we have definites, because we
 15 certainly want to make sure you have the right
 16 information. And have a lovely rest of the
 17 evening. Thank you.
 18 (Public Hearing concluded at 7:18 p.m.)
 19
 20
 21

1 STATE OF MARYLAND
2 COUNTY OF BALTIMORE:

3
4 I, Linda Lindsey, CSR, a Notary Public in
5 and for the State of Maryland, Baltimore County,
6 do hereby certify that the foregoing is a true
7 and accurate transcript of the above-mentioned
8 public hearing.

9 I further certify that I am not of
10 counsel to any of the parties nor in any way
11 interested in the outcome of the proceedings.

12 As witness, my hand and notarial seal
13 this 28th day of August, 2019.

14
15 _____
16 Linda Lindsey

17
18 My commission expires: December 21, 2019
19
20
21

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EXHIBIT B



PENINSULA
REGIONAL HEALTH SYSTEM



Public Information Hearing

Peninsula Regional Health System Integration with McCready Health

August 20, 2019

Tonight's Agenda and Objective

- 1. Welcome and Introductions**
2. Peninsula Regional Health System – Background and Information
3. Our Transition Plan
4. Questions and Answers

Tonight's Agenda and Objective

1. Welcome and Introductions
- 2. Peninsula Regional Health System – Background and Information**
3. Our Transition Plan
4. Questions and Answers

Mission

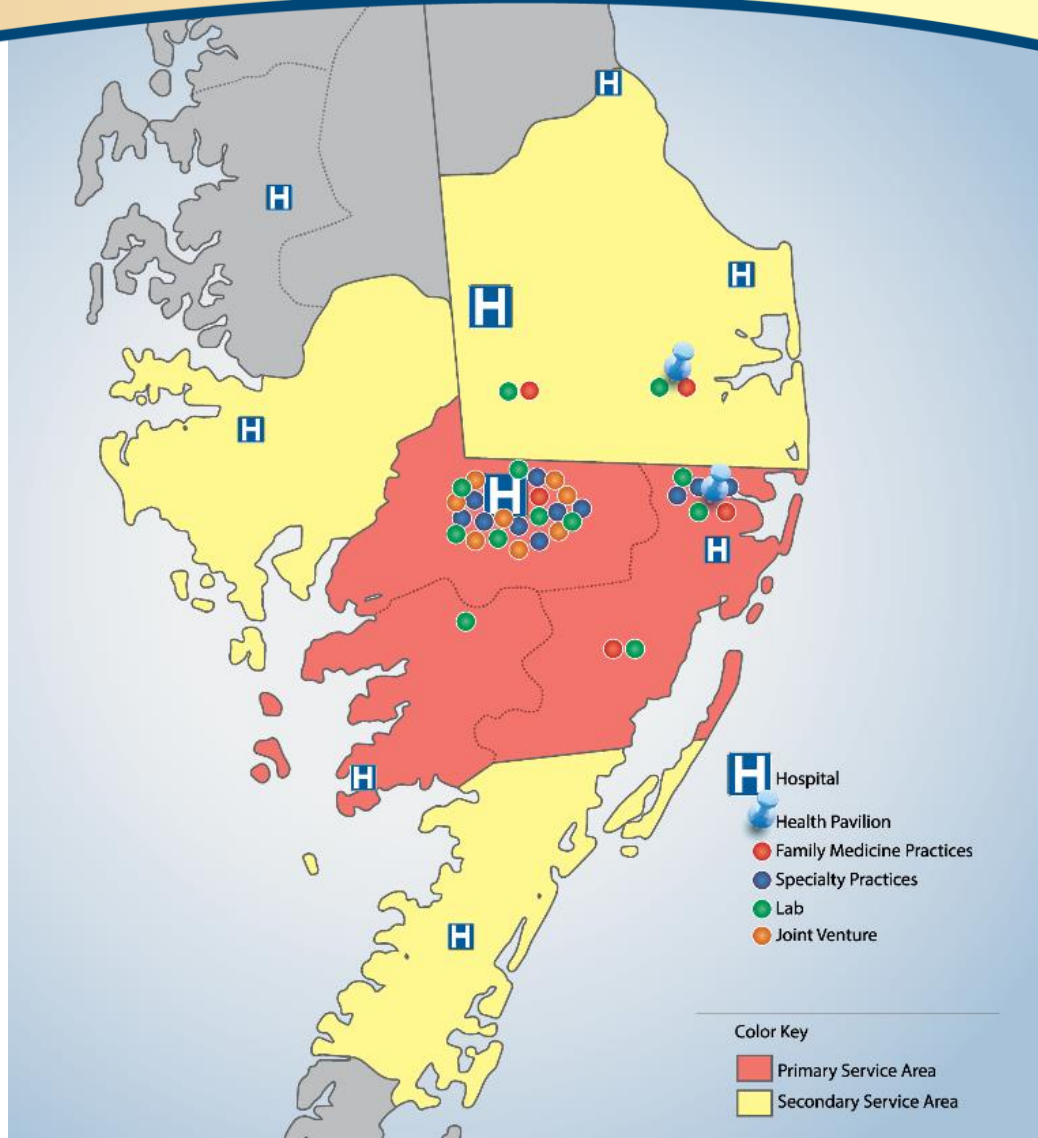
Improve the health of the communities we serve

Vision

To achieve comprehensive world-class health and wellness
across the continuum of care

Values

Respect | Service | Honesty | Safety | Accountability | Compassion



Population

Red

Primary Service Area = 186,806

Yellow

Secondary Service Area = 297,301

Total Service Area = 484,107

Five Year CAGR = 1%

Joint Ventures

- American HomePatient
- Delmarva Surgery Center LLC
- Peninsula Home Care
- Peninsula Home Care - Nanticoke
- Peninsula Imaging, LLC
- Your Doc's In
- Salisbury Rehabilitation and Nursing Center
- CoreLife

Family Medicine Practices (5 Locations)

- Peninsula Regional Family Medicine Laurel*
- Peninsula Regional Family Medicine Millsboro*
(Delmarva Health Pavilion Millsboro)
- Peninsula Regional Family Medicine Ocean Pines*
(Delmarva Health Pavilion Ocean Pines)
- Peninsula Regional Family Medicine Salisbury*
- Peninsula Regional Family Medicine Snow Hill*

Specialty Practices

- Peninsula Regional CV Surgical
- Peninsula Regional Endocrinology Salisbury*
- Peninsula Regional Endocrinology Berlin*
- Peninsula Regional Gastroenterology Medicine
- Peninsula Regional Neurosurgery*
- Peninsula Regional Neurology*
- Peninsula Regional Pain Management
- Peninsula Regional Pulmonary & Critical Care
- Peninsula Regional Gastroenterology Berlin*
- Peninsula Regional Oncology Salisbury
- Peninsula Regional Oncology Ocean Pines

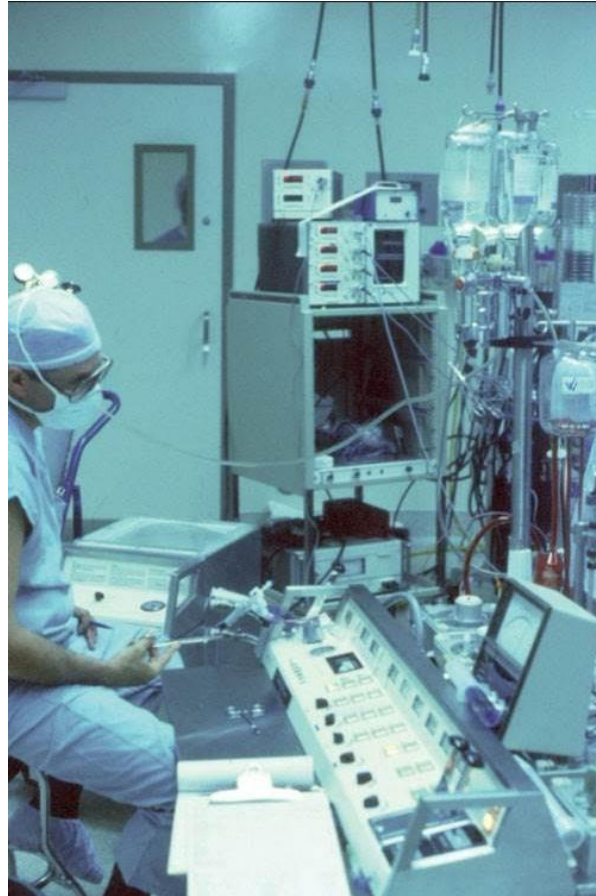
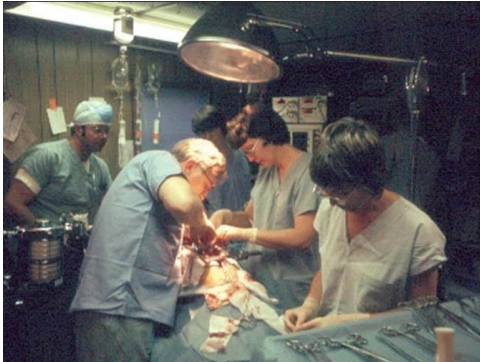
- Peninsula Surgery Center
- Peninsula Breast Center

*Lab services available

Health Pavilions

- Ocean Pines
- Millsboro

Clinical Pioneers – A Path to Tertiary Care



The health system comprises:

- PRMC – 8th largest hospital in Maryland by bed count; focused on tertiary level services (Trauma, Open and Structure Heart, Cancer Care, Neurosurgery, Behavioral Health and Women’s / Children Services)
- Women’s Center and Freestanding Surgery Center
- Health Pavilions: Salisbury, Millsboro and Ocean Pines
- Population health focused
- Seven joint ventures with other providers across the continuum of care
- Collaborations with providers across Maryland and one with a provider in Delaware

PRHS Awards and Recognitions





PENINSULA
REGIONAL HEALTH SYSTEM



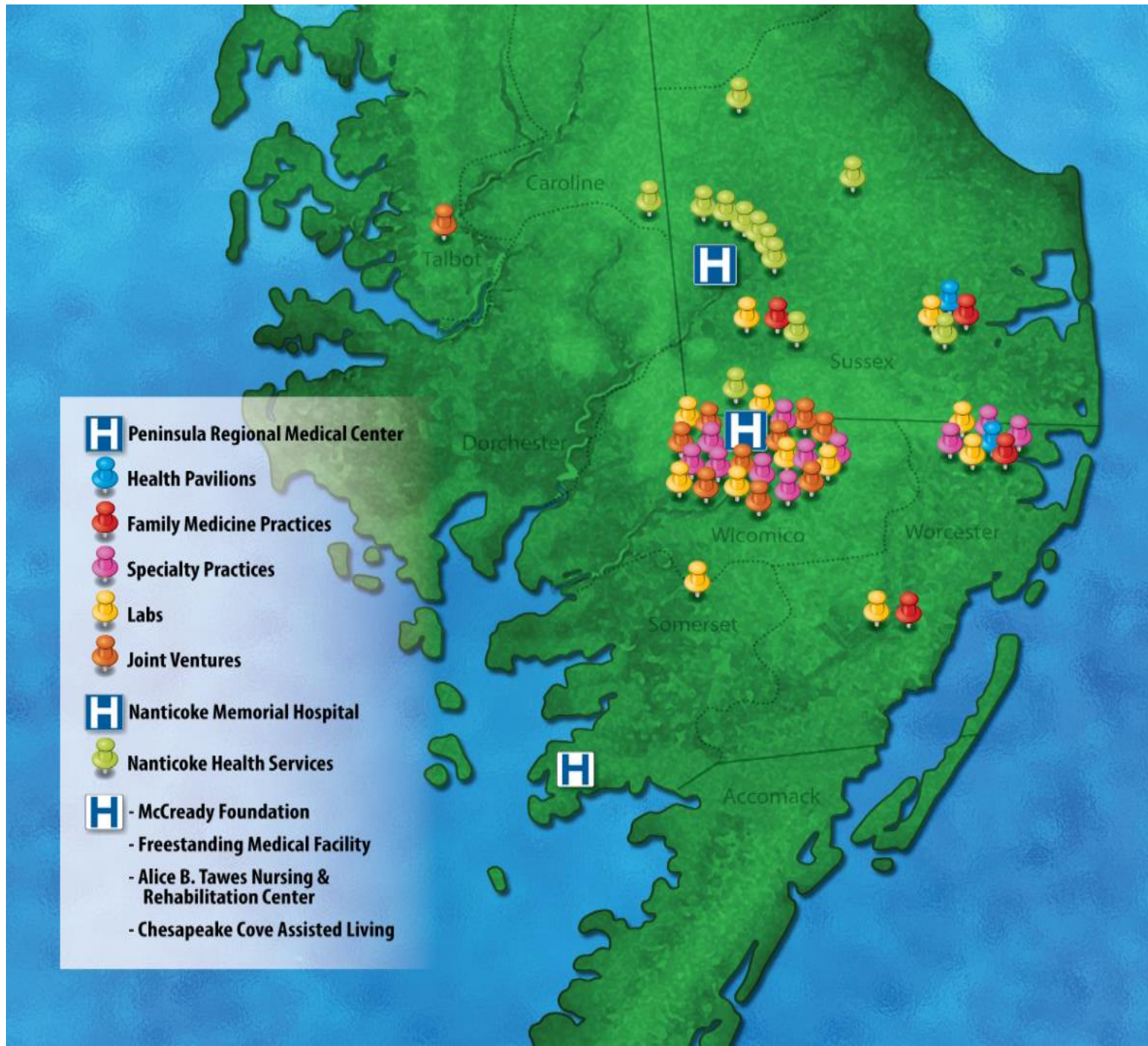
NANTICOKE

HEALTH SERVICES

Always Caring. Always Here.



**A
Combined
Health
System**



Tonight's Agenda and Objective

1. Welcome and Introductions
2. Peninsula Regional Health System – Background and Information
- 3. Our Transition Plan**
4. Questions and Answers



Our Transition Plan

Reasons for the Conversions

- Building is well beyond its useful life with numerous infrastructure issues
- Building renovation would be more costly
- Physicians, patients, families, team members and our community expect more modern facilities
- Average Daily Census below 2 (A CMS requirement to maintain Hospital status)
- Maryland Health Care Commission allows for either a Hospital or Free Standing Medical Center
- There is a need for innovative forward thinking healthcare
- The State of Maryland requires the industry to deliver more efficient and less expensive healthcare
- McCready has been experiencing financial losses and we must preserve health care services for the region.

Our Transition Plan

Plans for Transition Acute Care Services

- The projected timeline for the transitioning of acute care services currently provided at McCready Hospital will depend on the timing of regulatory approvals from Maryland Health Care Commission (MHCC).
 - PRHS filed an exemption request with the MHCC on July 30, 2019.
 - MIEMMS has 45 days to review
 - MHCC will review request for completeness
 - Anticipated approvals: December 2019
- Patients who present at the freestanding medical facility who need inpatient medical, surgical or critical care will, subject to the patient's individual medical needs and stated preference, be transferred to Peninsula Regional Medical Center or other area hospitals.
- All patients will be stabilized at the freestanding medical facility by the emergency physician and clinical staff before being transferred.
- All patients have a choice on where they will receive other non-emergent services.

Phase I – In Place

In sum, in **Phase One**, McCready Health Pavilion (In Place) will consist of:

1. An emergency department for up to six patients, including an airborne infection isolation room, resuscitation room, and a human decontamination room (staffed by board certified emergency physicians);
2. Two observation beds adjacent to the emergency department;
3. An outpatient behavioral health facility with a group room, three consultation rooms, and three private offices;
4. A diagnostic imaging suite with Radiography, computed tomography or CT, ultrasound, and a PACS reading room;
5. A laboratory with specimen collection areas for blood and urine as well as space for selected analyzers;
6. Outpatient Rehabilitation Medicine with gym space and two exam/private treatment rooms;
7. A regulated clinic with exam rooms and support spaces to accommodate up to four providers simultaneously; and
8. Administration, staff, and support spaces.

The second floor, which presently comprises McCready Hospital's inpatient unit and pharmacy, will be closed. Services currently provided at McCready Hospital that would not be available at McCready Health Pavilion include inpatient services, surgical services, electrocardiography, occupational therapy, and magnetic resonance imaging.



Phase II - New

Phase Two (New) McCready Health Pavilion,

- Approximately 23,990 gross square feet and 20,997 departmental gross square feet.
- It will continue to maintain an array of rate regulated outpatient services, including emergency and observation services, associated ancillary services including imaging and laboratory services, a family medicine primary care clinic, and a behavioral health clinic. Speech and physical therapy, infusion, and laboratory blood draw services will also be provided at the FMF.
- McCready Health Pavilion will be a fully functional, full service emergency department, open 24/7 with the capability of caring for patients categorized in EMS priority levels 2 through 4.

The facility will include the following features:

- An emergency department with one triage room at 140 square feet, three treatment rooms, each at 140 square feet, one resuscitation room at 250 square feet, two secure holding rooms, each being 80 square feet,
- Related staff and support spaces; including an ambulance entrance and decontamination facilities;
- A two bed observation unit with each patient room being approximately 120 square feet each;
- A regulated clinic with eight exam rooms at 120 square feet each, and related staff and support spaces;
- A diagnostic imaging suite with x-ray, CT, and related staff and support spaces;
- Space for outpatient behavioral health services with two consultation rooms at 100 square feet each, one group therapy room at 200 square feet, and related staff and support spaces;

Phase II - New (continued)

- A rehabilitation space for physical therapy with an open gym at 1,418 square feet, two private therapy rooms at 110 square feet each, and related staff and support spaces;
- A laboratory and automated medication dispensing system; and
- Administration and staff support spaces.

McCready Health Pavilion will be designed in accordance with the Facilities Guidelines Institute, Guidelines for Design and Construction of Hospitals 2018 Edition (“FGI Guidelines”), the 2015 National Fire and Protection Association 101 Life Safety Code, and the 2018 International Building Code. More specifically, McCready Health Pavilion will be designed considering the FGI Guidelines Part 2 – Hospitals, Section 2.2-3 Diagnostic and Treatment Facilities, and Section 2.3 – Specific Requirements for Freestanding Care Facilities.

The total project budget for Phase Two of McCready Health Pavilion is \$25,419,583. The proposed project will be funded through a bond issuance by PRHS.

PRMC intends to complete the construction of McCready Health Pavilion within approximately 33 months following Commission approval of this request for exemption from CON review.

Our Transition Plan

Plans for addressing the health care needs of residents of the area

- McCready's and PRHS's goal is to create a viable and cost efficient integrated delivery system to maintain and improve access to healthcare services for residents of Somerset County and the Eastern Shore of Maryland for the future.
- We'll collaborate further on Community Health Needs Assessment and the implementation plan covering Wicomico, Worcester and Somerset residents.
- The freestanding medical facility will also offer a clinic, outpatient behavioral health services, rehabilitation services, and diagnostic imaging. Acute inpatient and surgical services will transitioned to Peninsula Regional Medical Center or other facilities as appropriate to each patient's medical needs.
- PRHS's experience with population health will be extended to the area.



Our Transition Plan

Plan for Job Retraining and Placement of McCready Hospital Employees

- The freestanding medical facility will be staffed according to federal and state requirements. McCready and PRHS are continuing to develop a staffing plan for operation of the freestanding medical facility.
- Any current McCready employees whose positions are eliminated upon conversion of McCready hospital to a freestanding medical facility and who are otherwise qualified will be considered for open positions within PRHS, even if the available position is not identical to the position that was eliminated so long as the displaced employee could qualify for the available position with a reasonably limited amount of occupational training.
- PRHS has further committed to affording priority to McCready employees whose positions may be eliminated when considering placements in open positions within PRHS.



Our Transition Plan

Plan for Job Retraining and Placement of McCready Hospital Employees

- PRHS has further committed to affording priority to McCready employees whose positions may be eliminated when considering placements in open positions within PRHS.
- PRHS hiring of displaced McCready employees will be based on time of service with McCready and each employee's performance evaluations.
- Any displaced employees who are rehired by PRHS will be reinstated with their original date of hire and will be immediately eligible for benefits if rehired within twelve months of the effective date of their separation.
- Finally, severance pay will be offered to displaced McCready employees in varying amounts based on length of service. Part-time employees will be offered severance based on length of service on a pro-rated basis.

Commitment and Support for Our Team Members



Our Transition Plan

Plan for Existing McCready Hospital's Physical Plant

- Regulations require the new site to be within 5 miles of the existing Hospital
- PRHS has secured options on 4791 Crisfield Highway, approximately 3.5 miles East
- Looking to develop a new medical facility
- Existing hospital use will be evaluated.
- The Alice B. Tawes Nursing Home and Chesapeake Cove Assisted Living will continue to operate and are not impacted by the proposed planned to convert McCready Hospital to a freestanding medical facility

Our Transition Plan

Proposed timeline for the conversion

- Final approvals from MHCC – December 2019
- Phase I = conversion of current hospital to Free Standing Medical Facility
- Phase II = 24 – 36 months to build new facility –
Between January 2022 and January 2023



PENINSULA
REGIONAL HEALTH SYSTEM

Concept Drawing



Tonight's Agenda and Objective

1. Welcome and Introductions
2. Peninsula Regional Health System – Background and Information
3. Our Transition Plan
4. **Questions and Answers**