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TESTIMONY TO THE 34TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON HEALTH, HOSPITALS, AND HUMAN SERVICES

Wednesday, May 3, 2023

Good afternoon, Honorable Senator Ray Fonseca, Chairman of the 35th Legislature's Committee on Health, Hospitals, and Human Services, other Senators present, and the listening and viewing audience. I am Attorney Tina M. Comissiong, Chief Executive Officer of the Schneider Regional Medical Center (SRMC).

Appearing with me are SRMC's Senior Leadership Team members:

- Ms. Kenisha Angol, Director of Finance
- Dr. Delphine Olivacce, Chief Nursing Officer
- Mr. Christopher Borgesen, Vice President of Operations
- Mr. Peter John Baptiste, Vice President of Facilities
- Mr. Brandon Richardson, Vice President of Information Technology
- and, Attorney Su-Layne Walker, Legal Counsel

Thank you for allowing Schneider Regional Medical Center the opportunity to appear before this Committee today. I want to start by saying thank you to our talented, committed team of SRMC employees. We are all working hard for our community – we are making Schneider Regional Medical Center the best place to get care AND the best place to give care.

ACCREDITATION SUCCESS

Schneider Regional Medical Center provides nationally-recognized, high quality care to our patients and our community. On September 30, 2022, the Roy L. Schneider Hospital and Myrah Keating Smith Community Health Center underwent a full accreditation from the Joint Commission and passed the inspection with flying colors – very, very high marks. The Joint Commission, which is an independent body that evaluates hospitals all over the country, found our facilities and operations to be in compliance with or exceeding the expectations of over 250 standards for the provision of quality healthcare. Our accreditation is valid for the next three years.

Additionally, in March of this year, SRMC had a separate unannounced Laboratory Services survey which we also successfully completed, and we anticipate receiving our accreditation certificate for our laboratory soon as well. We congratulate Ms. Tynell Francis, our Lab Operations Director – a Virgin Islander who we recruited to return home to work with us this year - and her team for a job well done with the Lab survey.

The positive assessments from the Joint Commission are a direct result of the hard work of the staff who show up every day to provide quality, compassionate care to our community. To them, and especially our Quality and Performance Improvement team, who took the lead on our surveys, I again say thank you for all that you do for our patients and our community.

EXPANDING ACCESS TO IMPORTANT MEDICAL SERVICES AND MEDICAL SPECIALTIES

One of our top areas of focus for 2023 is expanding access to important medical services and medical specialties that Virgin Islanders need. Last month, we opened an outpatient behavioral health clinic called the SRMC Wellness Clinic – staffed with an excellent Psychiatrist - Dr. Messervy, a psychologist, a therapist, and other clinical providers who specialize in mental health treatment. This past year, we also added two Virgin Islanders who are physicians to the SRMC team. These local, talented women are bringing new services and

treatments to our community. Dr. Immnet Habtes joined the SRMC team as a full-time pulmonologist and critical care physician – providing new pulmonary testing and treatments and expert advice on complex cases. Dr. Danielle Comissiong joined the SRMC team as a full-time general surgeon and is providing new minimally invasive procedures and using the latest techniques in surgery for a wide range of traumas and other surgical interventions. It is great to welcome back home two of our very own physicians.

We are now working very hard on re-establishing Interventional Cardiology services at SRMC. Adding an Interventional Cardiologist to our team will allow us to provide the immediate care a person needs if they are having a heart attack and will allow us to treat and manage other cardiac conditions right here on island before they worsen. Chronic heart conditions and heart disease affect a significant proportion of our population, and it is imperative that we find a way to provide these cardiology services so that our residents can receive the care they need at home. Through the excellent work of our newly re-established SRMC Foundation, we have secured a very generous donation of \$350,000 for the purchase of the cardiology equipment that we need to provide this service. We appreciate the support of this Committee for additional funding allocations for the operational aspects of the Interventional Cardiology program. This is truly a program with immediate, significant benefits that could literally save the life of anyone in our community, and it is money well spent in the public's interest.

We are also currently working on adding services in Gastroenterology. We need to be able to provide our community with important routine colonoscopy screening services that save lives. Early detection is KEY! No one in the community should have to wait months to get a basic diagnostic procedure such as a colonoscopy. We can avoid tragic outcomes by expanding access to this service in our District. We don't want our residents to have to travel off island and incur extra expenses related to routine diagnostic care. Securing additional equipment for endoscopy will allow SRMC to reduce the gaps in access to care that presently exist. It is good for our community to have that talented Gastroenterologist's or Endoscopist's expertise on-site to treat patients with GI conditions that come to the Emergency Room and are available locally to consult

on complex cases within the hospital. It is within our reach to save lives and avoid much more expensive outcomes – but it requires funding. We need to purchase two new pieces of equipment, which total approximately \$200,000, we need to do minor construction to optimize the space to allow for more patients to be seen, which totals approximately \$50,000, and we need to support the cost of the physician and nursing staffing for the program.

We know there is, unfortunately, a growing need for hemodialysis in our community, and we need to invest in expanding our capacity to provide this life-sustaining treatment. To better serve our community, we will need to expand the SRMC outpatient hemodialysis unit and add additional hemodialysis machines and a new RO water treatment system. The purchase and installation of hemodialysis machines and a water treatment system will cost approximately \$1.4 Million. There is also an additional cost for the construction that will need to be done to accommodate the additional patient care space. We have already begun the process of purchasing 4 new hemodialysis machines to replace our current ones that are past their end-of-life, but additional funding is needed to replace the remaining end-of-life machines and for obtaining the additional hemodialysis machines required to meet the growing demand for care.

We also continue recruiting for some other permanent medical staff members to maintain and expand our other already existing services. SRMC needs to add 2 ER MDs, 1 Nephrologist, 1 Psychiatrist, 1 Internal Medicine MD, 1 Orthopedic Surgeon, 1 OB/GYN, 2 Midwives, 4 CRNAs, and 1 ER PA to our team. Right now, we are filling those spots with expensive temporary locum tenens coverage.

RECRUITING AND RETAINING PERMANENT NURSING STAFF

A second major area of focus for SRMC for 2023 is recruiting and retaining permanent nursing staff. While recruiting permanent nursing staff had long been a challenge for our organization, the COVID-19 pandemic made it even more difficult. Higher salaries and generous sign-on bonuses from temporary nursing travel companies and more reasonable cost of living elsewhere have all been stymies to getting permanent staff to sign on at SRMC. We made

great strides over the past several months in renegotiating with the nursing Unions to fix our compensation packages so we can be more competitive and successfully recruit the professionals we need.

Our negotiations with our staff Registered Nurse Union, VISNA, are completed, and last week we received all of the signatures required to put the rate into effect. We have presented the new compensation and benefits package to agency registered nursing staff and are working to engage them to come on board as full-time permanent employees. Some contract registered nurses have already expressed interest in permanent employment with SRMC and are converting. If you know a registered nurse, please refer them to Schneider Regional Medical Center. We have a very, very attractive package now, and we need good nurses to help us take care of our patients.

Our negotiations with the Licensed Practical Nurse (LPN) Union are also completed, and the new rate has been implemented. Several LPNs who were functioning as Patient Care Technicians (due to pay) have converted over, and we continue to recruit LPNs from the community to join our team to serve on almost all our patient care units.

I would like to thank Governor Albert Bryan for his commitment to assisting with our recruitment and retention efforts through the allocation of \$8 million (\$2 Million per year for 4 years) in ARPA funding for critical clinical staffing. I would also like to thank Attorney Joss Springette, Chief Negotiator at the Office of Collective Bargaining, for her role in negotiating the new rates for the two nursing unions.

In total, we require approximately 117 registered nurses on staff to care for the patients in the hospital. Currently, we have 71 registered nurses on staff, approximately 60%, of our complement is filled. When I sat before this Committee last year, only 56% of our positions were filled. We have made slight progress, but we recognize that we still have a lot of work to do, especially in our ER and Perioperative Services Departments. In the ER, we only have 6 of our required 21 permanent registered nurse positions filled, which is only 29% of the permanent RN

staff we need. In the ICU, we have 7 of 13 required permanent registered nurse positions filled, which is 53% of the permanent RN staff we need. On the Medical Unit, we have 7 of 12 permanent registered nurse slots filled, which is 58% of the permanent R.N. staff we need. On the Surgical Unit, we have 5 of our 12 permanent RN slots filled, which is only 42% of what we require. We also have nursing vacancies at our Myrah Keating Smith Community Health Center, and we supplement with contract nurses to ensure we continue to provide 24/7 coverage to the residents and visitors of St. John.

Now that we have new competitive compensation packages, we will be aggressively working to hire more nurses. We have had an uptick in RN interviews since the start of the year. We anticipate onboarding 7 new licensed nurses within the next three weeks. For the month of March, we onboarded 3 RNs and 1 LPN.

We are also actively recruiting about 100 nursing students who will be graduating this year from several universities. We are in constant communication with over 40 nurses graduating from the University of Florida. We also had team members from SRMC travel to Puerto Rico to visit InterAmericana University to recruit nurses from their campus and alumni association membership and to meet with a recruiter based in Puerto Rico who can refer and place nurses from Puerto Rico in our organization.

To support new graduates, we are restarting our Graduate Nursing and Nurse Extern Programs this year. These programs provide both clinical and academic support for the graduates in their pursuit of a successful passage of the NCLEX exam. For reference, the NCLEX is the licensure required by RNs to actively practice in the US Virgin Islands.

IMPROVING THE FINANCIAL POSITION

In 2023, we must also continue to improve the financial position of our organization, which will, in turn, help us achieve our other strategic objectives, including stabilizing our supply

chain, advancing improvements on our facilities, adding and expanding access to services, retaining our staff, and progressing on our IT infrastructure projects.

Presently, our Accounts Payable and Accrued Liability stands at \$28 million, a number which has grown over the past year.

During fiscal year 2022, SRMC spent over \$3.8 Million in locum physician coverage and approximately \$5.5 Million for contract labor through staffing agencies to fill the gap of clinical vacancies. So far, for fiscal year 2023, the organization has spent over \$1.3 Million dollars in locum physician coverage and \$3.9 Million for contract labor through staffing agencies.

Due to our significant growth in expenses and our Accounts Payable, we have also fallen behind with our obligation to GERS and the GVI CIGNA Insurance program. SRMC acknowledges owing over \$690,000 in employee contributions and \$1.3 Million in employer contributions to GERS and approximately \$7.1 Million to the CIGNA insurance program. SRMC does not intentionally withhold payment to vendors; difficult decisions are made based on our cash on hand. Our executive team meets regularly to assess and prioritize the vendor payments that can be issued. This process is done to ensure we have critical medical supplies available and staff available to provide safe, quality healthcare.

We recognize that we have to both increase revenues and decrease expenses in order to improve the financial position of the organization. The expenses related to contract labor are not sustainable, and therefore we have implemented plans to continuously reduce the number agency of agency staff, with the ultimate goal of completely eliminating the use of staffing agencies. Reducing these expenses will better allow the organization to address the outstanding Accounts Payable debt.

On the revenue side, SRMC's current payor mix is very unfavorable. SRMC's major payors consist of Medicare, Medicaid, and the uninsured, and this care actually totals 77% of our business.

Patients seen or treated at SRMC under these three categories have little to no insurance, are enrolled in programs that pay below costs, such as Medicare and Medicaid, or simply lack the financial ability to pay their medical bills. Our payor mix is comprised of Self-Pay & Uninsured at 13%, Medicare at 39%, and Medicaid at 25.3%. Commercial insurances are currently only 19.8% of SRMC's business. We hope that with the improvements we are making at the hospital and structural changes, we can make to incentivize care at the hospital, we will see a more favorable payor mix in the near future. A better payor mix with more commercial insurance like CIGNA would help SRMC to offset the care that it provides to all as a community hospital.

A significant amount of Intra-Agency Debt is owed to SRMC from other government agencies. Provided with our testimony is a document indicating the amounts owed by several government agencies, primarily the Workman's Compensation program, which owes SRMC \$3.7 million for care provided to members of that program over the past 5 years. While SRMC has been charged \$275,000 each month to pay WAPA, there has been no garnishment of other agencies to pay SRMC for the services provided.

We are, however, very proud of the strong progress we are making in improving our billing and collecting efforts and our revenue cycle. We are seeing increased revenues. Currently, cash collections are up 11% from FY 2022 and continue to improve. Monthly cash collections over the past six months averaged \$4.3 Million – which is a stark improvement from previous years. Since putting a renewed focus on revenue cycle and restructuring to add staff on our billing and collecting and denials management teams over the past year, we have seen our monthly collections grow from \$3.5 Million on average per month in the past to somewhere between \$4.5 - \$5.2 Million per month over the past 8 months. We are confident that our collections will continue to improve as we continue to tackle revenue cycle improvements.

We also continue to stress the importance of productivity and efficiency at the department levels to help enhance our financial position. Our Department Heads and Managers are continuously looking at ways to cut costs as well as ways to increase revenues within their own departments.

With the help of our Department leaders and clinical teams, we have been able to realize several other successes related to increasing revenues and cutting costs:

- In just one month since the expansion of the Pulmonary Function Test (PFT) unit within Respiratory and in partnership with Dr. Habtes, SRMC's Pulmonologist, gross revenues have increased by 25%.
- The Pharmacy & Therapeutics (P&T) Committee identified and modified the formulary to remove a costly Hemodialysis medication and replace it with a cost saving alternative that can save us up to \$300,000 annually.
- The Radiology Department continues to see record months in gross revenue, with a \$132,000 increase between March 2022 and March 2023.
- In the Respiratory Department, gross revenues were more than \$350,000 above the monthly target.

FACILITIES INFRASTRUCTURE ENHANCEMENTS AND CAPITAL NEEDS

We are still affected by the hurricanes which severely impacted our facilities over 5 years ago. And while FEMA has obligated money for a complete rebuild, it will still be another 5 to 7 years before that work begins to take place. We must keep the building in safe working conditions to ensure that we are providing our patients and staff with a quality healthcare environment.

Maintaining the facilities remains a challenge because the repairs are costly and not budgeted for separately. We have made sure to take advantage of and use all of our available funding that had been dormant at the Public Financing Authority (PFA) to complete as many repairs as possible. We recently completed a repair of the roof of the Roy L. Schneider Hospital, which was very necessary to better prepare us for upcoming hurricane seasons by preventing further water damage to the facility.

We recently completed the repair of the fencing located on the fifth floor roof of the hospital. Now our patients who are on the Behavioral Health Unit can resume outdoor activities. We are very happy that we were able to make this a reality for these patients – even though it required using very tight operational funds, we had to do it for our patients' health, safety, healing, and well-being.

Our current capital list stands at just over \$10 million dollars. Our capital spending is inadequate to keep pace with improvements and upgrades in technology and to address the organization's infrastructure needs. Each year SRMC has had to defer capital improvements or use operating funds to meet "emergency" capital needs. Unlike other similarly positioned hospitals, SRMC does not have the ability to "set aside" funds for regular capital improvements. The inability to fund capital items will continue to affect operating costs as maintenance costs and emergency repairs will continue to increase.

Our Operating Room, Emergency Room, Radiology Department, Hemodialysis Department, and Laboratory Departments all have identified the equipment they need to purchase. Additionally, there are some facilities repairs and enhancements that are much needed in these departments to ensure continuity of operations and to allow us to better serve the community through the expansion of service lines.

\$1.9 Million of our projected capital expenses are related to facilities infrastructure enhancements. While it may seem possible to defer these, the replacement of the fire safety sprinklers, air handlers, and chiller pumps, and enhancements to our security systems, such as replacing CCTV equipment and installing improved security access controls, just to name a few, are very necessary for SRMC to maintain safe operations and remain in compliance with our regulatory bodies, CMS and the Joint Commission.

Approximately \$1.17 million worth of equipment is needed for the Operating Room to sustain our perioperative service line. SRMC needs to purchase new equipment, such as towers for laparoscopic procedures, cabinets to warm solutions, a washer for equipment sterilization, and scopes and monitors. This equipment will enable us to provide important screening procedures and expand our profitable, revenue generating services.

The upgrades needed for our Radiology and Laboratory Department will cost approximately \$1.5 million. SRMC needs to purchase new equipment to continue to support diagnostic testing at both RLSH and the Myrah Keating Smith Clinic on St. John. Additionally, we have to purchase several UPS machines which will protect our diagnostic equipment against electrical damage. The cost of one UPS is approximately \$140,000.00. Acquiring new radiology and laboratory equipment will allow us to continue to become more efficient in our turnaround time for resulting studies, especially in the ER. It will have a direct impact on improving wait times. It will reduce the number of tests we have to send away to be processed and shorten turnaround times for providing patients with their results.

SRMC needs to replace beds and monitoring equipment on both the pediatric and labor and delivery units. The estimated cost is \$296,000. These replacements are necessary for patient safety and the provision of quality care.

As healthcare technology improves and becomes more efficient, adopting IT advances are critical to our ability to keep pace with the larger landscape of the healthcare industry and remain competitive. We thank this Body for the support we have received thus far in funding these technological advancement initiatives. We need your continued support of funding for our IT initiatives so we can provide our community and our patients with connections to telemedicine, access to their records, virtual care, the ability to self-schedule their appointments, the ability to track their health status and metrics using wearables, and other user-friendly modern options for interacting with SRMC as a healthcare provider of choice.

We very much immediately need \$1 Million for the final payment for the Omnicell-Automated Medication & Supply Cabinets. We have already funded the first \$1 Million, but still need the additional \$1 Million to complete the purchase. These storage lockers account for 30,000 doses of medications and \$800,000 in charges each month. Our current cabinets are end of life, and SRMC has maintained them for over 20 years.

SRMC needs to install a disaster recovery solution. The cost for that solution is approximately \$1.5 Million. The disaster recovery solution is a backup for our secure sensitive medical data that could be potentially damaged in the event of a natural disaster. Having this in place allows us to ensure that no matter the incident, we can have access to all our patient data within 48 hours of an emergency.

I want to stress that all of the enhancements I've mentioned are for the overall betterment of the community. We want our residents to get timely access to routine services here at home when possible, and we want you to not have to worry about adding on costs for airfare and lodging to get checkups because the wait time for your routine screenings is at least six months. To do these things, we have to have both the infrastructure and manpower to successfully expand important service lines.

Included with our testimony is a complete list of all items I have discussed and their associated costs. I ask that the Committee support our requests for capital funding for these projects so SRMC can provide the best possible care to our people.

MEDITECH EXPANSE UPGRADE PROGRESS

In August 2022, we officially launched the MEDITECH ExpansE upgrade. This is a major technology infrastructure upgrade to move to a new version of Meditech, our Electronic Medical Record (EMR), and will help us to improve efficiencies, workflows, reduce errors, improve the patient experience, and maintain compliance to increasing reporting requirements from our regulatory agencies. Our anticipated go-live date is in October 2023.

Thank you to this Body and the Governor for your funding support for this initiative, and we hope that we can count on your continued support to ensure the success of the system.

SUPPLY CHAIN MANAGEMENT IMPROVEMENTS

SRMC continues to deal with the global effects of Covid-19 and the Russia-Ukraine war as it relates to manufacturing, distribution, inflation, and availability of pharmaceuticals and medical supplies. While our Group Purchasing Option (GPO) and self-negotiated contracts are helping to keep prices as low as possible, we have seen and expect to continue to see significant price increases on supplies. It has been projected that there may be anywhere up to double-digit percentage increases in pricing in the next series of contract issuances. Such increases are a significant factor contributing to our growing AP. Additionally, freight costs are an area of great concern given our location outside the continental United States and the increase in shipping costs.

To better manage our supply shortage situation, we have restarted our Value Analysis Committee to review any new requests for supplies and equipment. We want to ensure that we are reducing excessive expenditure while still offering the best products for patient care. SRMC's Procurement & Materials Management team continues to navigate the ever-changing landscape of the healthcare supply chain.

PATIENT CARE VOLUMES AND OPERATIONS

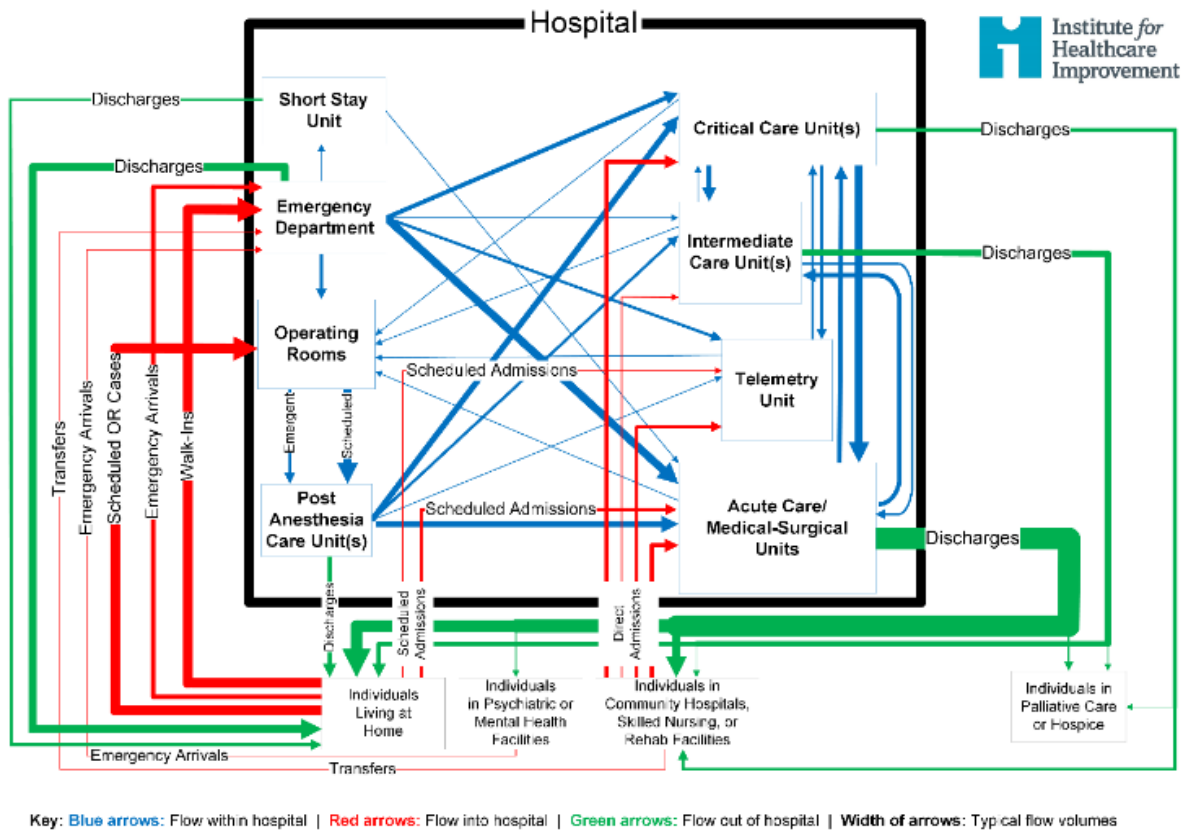
In 2022, our organization saw approximately 14,836 patients at the Roy L. Schneider Hospital's Emergency Room. We had 55 COVID+ admissions for 2022. SRMC has consistently had a census of 70 dialysis patients over the last year, to whom we provided approximately 2,101 outpatient Hemodialysis treatments. We have also had approximately 53,621 outpatient encounters in our other outpatient areas.

Over the past year, we have started changing our processes in our Laboratory and Radiology departments to make registering for and obtaining services more efficient and "patient-friendly". Our outpatient Rehabilitation Services have increased, and as of last month, we re-launched our Cardio Pulmonary Rehab Program.

PLANS TO ADDRESS WAIT TIMES IN THE EMERGENCY DEPARTMENT

The Emergency Department at SRMC functions as part of the larger safety net system for the St. Thomas/St. John communities. The flow and wait times through the Emergency Department are dependent on so many factors – including internal ones and external ones, such as whether there is sufficient primary care and/or insurance in the market. Making significant and sustainable changes to patient flow in the Emergency Department requires recognizing and addressing layers of issues. There is an interdependence (please see the included conceptual diagram below, which helps to visualize this) between the key components of the healthcare system, including the hospital and care settings outside of the hospital.

Figure 1. System Map: Patient Flow in the Hospital



To solve the problem of ED crowding and delays in admitting patients to the hospital, improvements in both external and internal factors are needed.

For the external factors, we must work together to address the environmental factors that lead to the growing use of the ED by the uninsured for non-emergent visits and the increasing acuity and number of chronic conditions of patients seeking services. The approach of tackling ED overuse as a community problem can help to truly resolve it. To draw patients away from seeking non-urgent care in the ED, we must educate patients to utilize primary and alternative care centers and adopt preventive care practices.

To improve patient flow in the ED, we also need to work together to address the biggest cause of the bottleneck in admitting patients who need to be admitted, which is our large population

of “Boarders” or unsafe discharge patients. The lack of community-based wrap-around services and nursing home placement options for these unsafe discharges has a direct impact on the throughput in the ED. Currently, SRMC has 13 unsafe discharges-7 on the Medical Unit, 3 on the Surgical Unit, and 3 on the Behavioral Health Unit. These patients are occupying beds intended for patients requiring acute care services for very extended periods of time, some as far back as 2018. As a result, patients needing acute care end up being cared for in the ED, leading to extremely long wait times for others waiting to get to the back of the ED to be seen.

To address the Boarder issue, we have been and will continue to collaborate with community partners to seek safe discharge options for the Boarders. We participate in regular meetings with key stakeholders, including our Territorial Hospital Board, the Department of Health, the Department of Human Services, OMB, and others in an effort to relocate the Boarders to the right care in the right place. And compliments to our Case Management team, who work hard to find placements with very few options available. In 2023, we only successfully discharged four boarders to either their homes or a long-term care facility. If SRMC has been, is currently, and for the near future likely will continue to shoulder the responsibility and cost for providing long-term care to these persons because other entities cannot accommodate them, then perhaps this Body can consider repurposing a portion of the funds that are allocated for the purpose of caring for these Virgin Islanders annually to the hospital.

Boarders are a big financial stressor to our organization. Although they remain in-house and receive care from our nurses, our medications, and our supplies daily, we have no ability to collect money for the care provided to them after the first 30 days of their stay. SRMC has a patient who has been at the hospital ready for discharge since 2018, more than 1,600 days, and incurred over \$2.6 million dollars in charges, of which over \$2.5 million is uncollectable. It is also important to note that these figures are based on Medicare rates, which are the lowest possible rate of reimbursement and well below our actual cost to provide care. Unreimbursed costs for our long-term patients exceed \$8 million. The Boarders further exacerbate the hospital’s financial

position, and they increase the demand for nursing staff as they are additional patients to account for when SRMC is maintaining regulatory nurse to patient ratios.

We recognize that there are also internal factors that we have to work on that affect patient flow. Emergency department patients routinely receive a number of complex diagnostic and screening services. The timely administration of these ancillary services and the prompt availability of test results is imperative for smooth hospital operations and efficient patient flow. SRMC has recently redesigned and is about to implement a new process to ensure prompt turnaround times in diagnostic testing. Our team has created standardized, nurse-driven, physician-approved standing nurse triage orders. These orders will facilitate the initiation and completion of laboratory and diagnostic testing during the initial triage process and immediate review of testing as soon as the patient is transported to the main ER for medical staff evaluation and treatment. We are getting the turnaround times for laboratory and diagnostic imaging down to approximately 45 minutes which is a recent, significant improvement in diagnostic turnaround times.

We have also implemented several other strategies to improve hospital-wide patient flow, which ultimately improves patient flow in the ED-

1. Convening an interdisciplinary team consisting of senior leaders, laboratory, diagnostic imaging, nurse managers, medical staff, support services, quality and performance improvement specialists, and frontline staff regularly to identify deficits or bottlenecks in organization-wide and ED flow.
2. Separating ED patients needs to be based on patient acuity. The care needs of patients identified as non-urgent can best be made through the FastTrack model of care. These low-acuity patients are seen quickly, diagnosed, and treated efficiently, and most patients are discharged home. The consistent provision of FastTrack services is hampered by the staffing shortage of professional registered nurses, advanced nurse practitioners, and

physician assistants. It is for this reason that the staffing of our ED, in particular, is a priority for us. Our wait times will drastically improve with more staff.

3. Enhancing Multidisciplinary Rounds (MDR) at SRMC. MDR is a model of care in which multiple members of the care team representing different disciplines come together to discuss the care of a patient in real time. This has proven to be a valuable tool in improving the quality, safety, patient experience, and patient flow. SRMC's MDR team members consist of physicians, nurse managers, social workers, physical therapists, and clinical dietitians. During these rounds, team members coordinate patient care, determine care priorities, establish daily goals, and plan for potential transfer or discharge.

Apart from the ED, we are always looking at ways to improve and expand upon the services we offer to our community. We strive to be your healthcare provider of choice when you have an option in the care that you receive.

COVID Response

On April 11, 2023, President Joe Biden signed a bill ending the COVID-19 national emergency due to the disease achieving endemicity which will be effective on May 11, 2023. And while we are no longer experiencing COVID-19 surges, we continue to monitor its ebbs and flows to inform our best practices. We still have our Highly Infectious Disease (HID) unit, though it has been mostly closed since January 26, 2023. We also still have the COVID Task Force in place that meets as needed to inform best practices. We expect to feel the effects of the pandemic as it relates to operating costs and supply chain issues well into 2024. As such, managing the effects of COVID-19 remains a priority for us at the hospital.

TERRITORIAL HOSPITAL REDEVELOPMENT TEAM

For an update on the rebuilding of our facilities, I will defer to our Chairman of the Territorial Board, Mr. Christopher Finch, and Mr. Darryl Smalls of the Territorial Hospital Redevelopment

Team. We are particularly excited about the progress that has been made with CKCI. Resuming medical oncology and important radiation oncology services to the VI is extremely important to us.

CLOSING REMARKS

I am committed and honored to work with such a fine team that is really dedicated and working hard to make our hospital the best that any small island has; we will continue to work with the THRT, our District and Territorial Boards, and the Gov. Juan F. Luis Hospital and its CEO Mr. Koch to improve healthcare for all residents in the TerritoryTerritory.

Our challenges are many, but with the commitment of all of us, we can ensure that our residents are able to receive the care that they need and deserve. Any of us could need the services of Schneider Regional Medical Center at any time – for ourselves or our loved ones and our visitors – it is in all of our best interests to support our community hospital and make it the best it can be.

I thank every member of our SRMC team who works towards our success and continued improvement.

We hope that this Committee and the 35th Legislature will continue to champion the improvement of our healthcare systems in the Territory through necessary and appropriate funding.

As you consider legislation this year, we ask that you look at the overall healthcare needs of the Territory and prioritize funding that supports patients, caregivers, and providers.

To the listening public: Come to us for your care. We have a dedicated team who do their best to make sure your healthcare needs are met. We have some very well trained, highly skilled nurses,

doctors, and technicians working right here at SRMC, and we encourage you to trust us with your care. I would also like to invite you to come to our “Dinner with a Doctor” series. Each month we host physicians who provide education on topics that impact our community. We have had talks on mental health awareness, diabetes and kidney health, and cancer screening, to name a few. Our next series will be held in June in the Sun Room located in the Cafeteria at the RLS Hospital. Please check our social media outlets for updates or our dashboard in the lobby of the hospital for more information on our upcoming “Dinner with a Doctor” events.

Again, thank you for allowing me to share these updates from SRMC with this Committee.

I hereby respectfully conclude my testimony. My team and I are available to respond to any questions you may have.

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