



35th Legislature of the Virgin Islands

Committee on Health, Hospitals and Human Services

Honorable Senator Ray Fonseca, Chairman

Testimony of:

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Earle B. Ottley Legislative Hall

Good morning Honorable Senator Ray Fonseca, Chairman of the Committee on Health, Hospitals and Human Services (“HHS”), Honorable Committee Members, Other Senators of the 35th Legislature of the U.S. Virgin Islands present, and the listening and viewing audience. I am Douglas Koch; Fellow of the American College of Health Executives (FACHE) and I am the Chief Executive Officer (CEO) of the Governor Juan F. Luis Hospital and Medical Center (“JFL”). I appreciate the opportunity to be here with you this morning to discuss our recent move into JFL North, current staffing levels, current recruitment activities, wait times at the ER, and the on-going situation with the boarders.

To assist with this presentation today are Chief Nursing Officer, Darice Plaskett, RN, MSA, FACHE; Chief Operating Officer, Hazel Philbert, BSN, RN, MBA, MSHS, CPHQ; Chief Medical Officer, Mavis Matthew, MD (joining remotely); Chief Legal Counsel, B. Patricia Welcome (joining remotely); Chief Information Officer, Gregory Bryant (joining remotely); Interim Executive Vice-President of Finance, Rosalie Javois; and Public Information Officer, James J. Rollins (joining remotely).

I want to begin by thanking our incredible JFL staff, the staff of the Territorial Hospital Redevelopment Team, and the Territorial Governing Board for our successful move from JFL to JFL North. On April 22, 2023, the first patient arrived at 7:15 am to JFL North and the last patient arrived at 12:17. We had a total census of 35 at the beginning of the morning, four were discharged during the move, and a total of 31 moved. We had incredible support and partnerships with FEMA, Office



of Disaster Recovery, Department of Health, Virgin Islands Territorial Emergency Management Agency, Virgin Islands Territorial Emergency Management Agency, Department of Education, Department of Property & Procurement, Virgin Islands Fire Service, Twin City and AeroMD, Virgin Islands Water and Power Authority, CaribSupply, National Guard, everyone at government house, the Senate, and our dedicated Board.

As you are aware, JFL North represents a temporary hardened structured hospital consisting of fifty-three (53) inpatient beds. This is broken down into twenty-three (23) medical surgical beds, twelve (12) critical care beds, ten (10) labor and delivery beds, four (4) neonatal intensive care, four (4) pediatric beds. This is relatively the same number of beds that we had available in JFL Main. The new emergency room at JFL North is expanded with twenty-six (26) beds between our ER and Fast Track areas, plus an additional four (4) rooms available for Behavioral Health holding, until appropriate placement can be arranged for either as an outpatient or inpatient care off-island.

Our new facility has several innovative technologies such as our laboratory analyzers that can process up to twenty-five (25) times more specimens in one cycle as was previously available. We also have a new 128 slice CT (Computed Tomography) scanner that allows us to scan a patient in a faster period, which will increase the quality of images due to less motion artifact. Our new surgical suites are built to the latest standards and have a much larger square footage that will allow our surgeons and staff to have the much-needed space for the different technologies used. Our nursing teams can provide better quality of care by having monitoring systems at the bedside but also at a centralized nursing station so they can monitor patients.

While there are many nice features of JFL North, we should not forget that this is a temporary structure and there are plenty of drawbacks and challenges that we will need to overcome in the weeks, months, and years to follow. Our teams are actively working to ensure we have the necessary preventative maintenance contracts and support systems to maintain our JFL North operations. Our collective goal needs to be on making JFL North work for now, while we focus our attention on designing and constructing a replacement hospital for the St. Croix community. We look forward to working collaboratively with this Committee as that process continues.

The official invitation to provide testimony today requested: a list of all x-ray equipment over \$10,000 and what equipment is needed; a list of all physician specialties currently staffed, as well as those still



needed; all accounts payable to include Pafford Staffing; all accounts receivables; our plan to improve the wait time in the ER; and, our plan for boarders. These will be covered in the following testimony, along with other operational priority areas.

With the recent opening of JFL North, we have added two new pieces of radiology equipment to our program. Those include a Philips x-ray unit and a Philips 128 slice CT (Computed Tomography) scanner. The other x-ray equipment over \$10,000 is found in (Exhibit A).

While we are fortunate to have added newer technology such as the CT scanner to our Imaging Department, the JFL hospital is without several basic Imaging needs. Our current list of imaging equipment that is needed includes: Fluoroscopy, Nuclear Medicine, portable x-ray unit, c-arm, ultrasound, cardiac catheterization lab, stress testing and MRI. Each of these units vary in cost from \$25,000 to multi-million dollar investments. These projects are currently being evaluated and will come forward through our Board for future considerations as part of our capital budget request process. Due to the excessive cost of each of these and the on-going support cost, it is extremely important that we do the necessary due diligence and return on investment (ROI) analysis.

JFL currently has thirty and a half (30.5) staff physicians. (See Exhibit B). An additional thirty-five (35) staff physicians are needed to bring us up to full capacity. For your convenience, we have provided a breakdown of the physician's needs assessment by specialty. It is also important to note that JFL does not necessarily need to employ all these specialties. As Exhibit B shows, there are another fifteen (15) physicians with privileges to provide services at JFL not employed by the hospital. Clearly there are exceptionally talented physicians in this territory, and we welcome and encourage them to apply for privileges and support care locally at the only hospital in St. Croix. Much of our time over the last year has been ensuring that JFL North becomes operational, now that we have accomplished that, we must earn the trust of local physicians by consistently providing them with a high quality and efficient place to practice medicine.

Our accounts payable continues to improve. While the current outstanding balance is at approximately \$19 million, it is worth mentioning that we have decreased our accounts payable over the last 3 years from \$35 million to \$19 million. This has been accomplished by working closely with the Legislature, the Office of Management and Budget (OMB), Department of Finance and our Board to settle some legacy outstanding debts. You specifically asked about our Pafford Staffing, to date we have not



received an invoice for our ten percent (10%) obligation for the past three months for Pafford Staffing services. We do use other staffing agencies, Aya and Anders. At the end of March, our balance was \$155K and \$236K, respectively, which are current.

Our Accounts Receivable continues to improve by increasing our collection rate through the implementation of our Craneware system. Because of our limited capacity of JFL main and our limited ability to grow our gross revenue has only been growing by 2%, but our net patient revenue has improved by 19% over the past 2 years. We are working in collaboration with the Board to reconcile our receivables with a reconciled number of \$21 million. Based upon our current collection rate we expect to collect approximately \$10 million over the next 3 months.

Exhibit C will show our average wait times for the past year by month. While we have a goal to see patients within 25 minutes, you can see our average ER wait time from 1<sup>st</sup> contact to seeing a physician is 81 minutes. We know this is longer than we want it to be, and certainly longer than our patients want it as well. It is also especially important to note that all our patients are triaged upon arrival and those with critical life-threatening issues are immediately taken to exam rooms and treated. As you would expect this causes delays for those patients with less urgent needs. To provide further context these slides show the average ED wait times by state. The average wait time in the US is currently 145 minutes (about 2 and a half hours). Again, it is important to note that these times are reflective of (non)life-threatening emergencies. Emergency Department wait times are a complex, hospital-wide issue that is impacted by resources such as staffing levels, treatment room and bed capacity, radiology and laboratory turnaround times, physician specialist consultation, etc. For all these reasons, JFL has established a multidisciplinary teams called the EDIT (Emergency Department Improvement Team) to plan, oversee, and monitor quality improvement strategies to reduce ED wait times. One of the benefits of this type of multidisciplinary team is that different disciplines bring different perspectives and knowledge about the challenges, underlying causes, and are engaged in the potential solutions.

Moreover, JFLN has a designated ED/Fast Track space with four treatment areas. Aggressive plans are in motion to utilize this to reduce the non-emergent, minor complaints waiting times.

The long-standing issue of EMTALA has plagued this territory for decades and is largely outside of the control of the hospitals. In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of



the Social Security Act imposes specific obligations on Medicare-participating hospitals, such as the Juan F. Luis Hospital, that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

The long-standing Boarders at both Juan F. Luis and the Schneider Regional is primarily due to a lack of long-term care beds in the territory. Our Case Management Department continues to work closely with the Department of Human Services and other transitional care and home assistance services to facilitate the placement of disposition/boarder patients. This is an ongoing and continuous effort to reduce extended length of stay for patients and to improve the timeliness of discharge placement for patients that do not require acute hospitalization. There are presently three (3) boarders, and our case managers are working diligently to find appropriate discharge placements. This is a notable improvement from just a few months ago when the number exceeded (10) ten. As mentioned above, the collaborative effort of many agencies and individuals has contributed to lowering the number of boarders at JFL.

I would like to take this opportunity to update the committee on a few other recent changes at JFL. Dr. Raymond Cintron resigned from his Chief Medical Officer position, effective April 3, 2023. Dr. Cintron served as the CMO (Chief Medical Officer) of JFL for the past seven years. We will begin the recruitment efforts for a permanent CMO in the coming weeks. It will take some time to find the right leader to support and partner with the hospital's medical staff. Until such time, I am extremely excited to announce that Dr. Mavis Matthew has accepted the Interim Chief Medical Officer role. She began her role on April 1st. Dr. Matthew has practiced pediatric medicine in St. Croix since 1987. She also previously held the Chief Medical Officer role at JFL in 2016 and was the Commissioner of Health during the Turnbull administration.

Recruitment and Retention of permanent staff continues to be one of JFL's top strategic priorities and is critical to our future success. For the past several years, JFL has had multiple interim HR (Human Resources) leaders. Due to the extreme importance HR plays in every organization, we are moving forward with a permanent leader over this department. Ms. Patricia Canegata has been hired



as our new Chief of Human Resources and will be joining our Executive Team on May 8, 2023. I want to personally thank Nichole Samuel-Miller for her time as our most recent Interim VP of HR. JFL is also working collaboratively with Schneider Regional Medical Center on recruitment efforts and is focusing on the development of innovative marketing and advertising materials to recruit new talent and reduce our reliance on contracted labor.

I surely do not need to explain to this committee that our country is experiencing a national healthcare staffing crisis. The American Nurses Association (ANA) stated there are more registered nurse jobs available than in any other profession in the United States. The U.S. Bureau of Labor Statistics projects that more than 275,000 additional nurses are needed from 2020 to 2030. The average age of a registered nurse in the U.S. is 51 years old and more than a third of nurses said they plan to leave their current roles by the end of the year due to burnout and stressful work environments. Our territory hospitals are just like every other hospital in this country that has been relying on contracted labor. JFL is currently supplemented by contracted staff (15 Travel RNs and 2 X-Ray/CT Techs), and 25 PAFFORD RNs and 5 Registered Respiratory Therapist (RRT). The contractual arrangement with Pafford that is 90% subsidized through DOH will conclude on May 11th. Our leaders are working proactively to address these problems. We have recently completed the negotiations with the Virgin Islands Licensed Practical Nurse Association and the Virgin Islands Registered Nurses' Association. These new wage agreements will put the hospitals at a more competitive pay plan to recruit permanent Advanced Practice Nurses (APRN), RNs, and LPNS. Negotiations are still ongoing with the Registered Nurses' Leadership Union (RNLU).

JFL's clinical partnership with the UVI School of Nursing continues to be very productive and mutually beneficial. May 2022, JFL reestablished its Graduate Nurse Program as one of its recruitment initiatives. Nine (9) of the fourteen (14) graduating nurses participated in JFL's Graduate Nurse Program and a total of seven (7) have successfully passed the NCLEX-RN are now on staff. So far, JFL has hired ten (10) RNs from the 2022 nursing graduate class.

There are now 10 prospective nurse graduates in May 2023. JFL has already planned a recruitment fair and open house for May 9th and hopes to recruit all 10-perspective nurse graduates to participate in the Graduate Nurse Program.



As our teams focus on recruiting and retaining the best staff, we are also focusing on the quality of care being provided. With the continued transition into JFL North our regulatory compliance with the Center for Medicare & Medicaid Services (CMS) conditions of participation is a top priority. Note that there is no distinction between the regulatory standards for a temporary hospital or a brick-and-mortar facility. JFL has worked towards this goal to ensure compliance with regulatory requirements and provide safe quality care for our patients is in place.

JFL also recognizes the need to augment revenue to stabilize our systems that are key to the delivery of quality patient care for the people of St. Croix. Our focus on improving efficiency and quality will help us increase our overall volume of patients through the facility. We also recognize the need to restore some of the revenue generating outpatient services for which we were once the sole provider of and at least reclaim a percentage of that market. The opening of JFL North combined with the demanding work to decrease our Boarder population has created an opportunity for our organization to grow and reintroduce service lines that have been abandoned in past years.

As I begin to close today's testimony, I want the Committee and the community to know that we value your insights, feedback, and suggestions. Since my start in this position, this Committee has repeatedly stressed the need for a PIO (Public Information Officer). Our newly hired PIO, Mr. James (Jay) Rollins is leading JFL's efforts on community engagement and communications. Mr. Rollins has lived on St. Croix since 2015 and comes with close to 20 years' experience in communications, marketing, and public relations. Efforts have already been made to improve the JFL website and our social media presence. JFL's Facebook page has seen a 195% increase in reach and our Instagram page is up 199% in reach since January 2023. These increases, combined with radio talk shows and television appearances by me and other JFL leaders, along with radio and newspaper ads, and community events will allow for increased efficiency in the communication loop with those we serve.

## CONCLUSION

As always, the JFL Executive Team thanks Honorable Senator Roy Fonseca, Chairman on the Committee on Health, Hospitals and Human Services, and all the Committee members of Health, Hospitals and Human Services for granting us the opportunity to provide this testimony today. As I stated on a recent radio show, I believe my new title should be Chief Thank You Officer, as I am constantly thanking so many individuals and groups for their on-going support. A special thank you



to the Governor and his team and the support of Legislature. Our Board of Directors continue to demonstrate their commitment to our hospitals, and I thank them for their ongoing dedication. The entire JFL Family deserves our appreciation, and my executive leadership team has moved obstacle after obstacle to get us where we are today and cannot thank them enough for the long days, sleepless nights, and time away from family. Finally, to the community of St. Croix, thank you for the overwhelming support, grace and love you have shown for JFL.

I will now turn the presentation over to Mr. Darryl Smalls, Executive Director of the Hospital Redevelopment Team, to walk us through further details of JFL North and our transition. Mr. Smalls will also layout an overview of current and future projects including the critical admin building, 5-acre parking lot, Cassava Gardens off-site location and our progress on conceptual designs of a replacement hospital. We look forward to answering any additional questions you may have.





## EXHIBIT B

Medical Services/Specialty	Proposed No. of Staff	Current No. of Staff	No. of Staff Needed	Additional Staff with Privileges
Physician Assistants	6	2	4	1
	<ul style="list-style-type: none"> <li>• Internal Medicine and ED</li> </ul>			
Advanced Practice Nurse (APRN)	4	0	4	1
Certified Nurse Midwives	6	6	0	1
Certified Nurse Anesthetists (CRNA)	3	1PD	3FT	
	<ul style="list-style-type: none"> <li>• Operating Room</li> </ul>			
Psychologists	1	1	0	0
<b>Total</b>				



# Average ER Wait Times

Number of ED Visits:	April 2022: 1017	May 2022: 1086	June 2022: 956	July 2022: 1080
<ul style="list-style-type: none"> <li>First Contact to Doctor:</li> </ul> <b>Target 25 minutes</b>	<b>77 Minutes</b>	<b>72 Minutes</b>	<b>63 Minutes</b>	<b>76 Minutes</b>
Number of ED Visits:	August 2022: 1054	September 2022: 1046	October 2022: 1139	November 2022: 1189
	<b>84 Minutes</b>	<b>126 Minutes</b>	<b>97 Minutes</b>	<b>107 Minutes</b>
Number of ED Visits:	December 2022: 1038	January 2023: 1278	February 2023: 1110	December: 1193
	<b>63 Minutes</b>	<b>107 Minutes</b>	<b>75 Minutes</b>	<b>70 Minutes</b>
<b>Average: 84.8 Minutes</b>				