

**TESTIMONY TO
THE COMMITTEE ON HEALTH, HOSPITALS, AND HUMAN
SERVICES**

**The Honorable Senator Ray Fonseca
Chair of the Committee**

**TESTIMONY BY:
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THE GOVERNOR JUAN F. LUIS HOSPITAL AND MEDICAL CENTER

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1 Good morning, Honorable Senator Ray Fonseca, Chair of the Committee on Health, Hospitals &
2 Human Services, esteemed Senators of the 36th Legislature of the U.S. Virgin Islands, and members
3 of the listening and viewing audience.

4 I am Darlene A. Carty Baptiste, Chief Executive Officer of the Governor Juan F. Luis Hospital and
5 Medical Center (JFL). Before we delve into today's testimony, I would like to take a moment to
6 introduce myself formally. I come with over 25 years of experience in health, business, and education
7 and have led projects across administration, budgeting, education, outreach, and case management. I
8 have served in many jurisdictions, including Florida, the British Virgin Islands, Anguilla, and the U.S.
9 Virgin Islands. In my previous roles, I've served as the Director of Practice Operations for the
10 Advanced Radiation Therapy Department at the Orlando Health Cancer Institute, Group Facility
11 Administrator for DaVita Kidney Care (Central Florida), Chief Executive Officer for the B.V.I. Health
12 Services Authority, Executive Director for Acute Alternative Medical Group, Chief Executive Officer
13 for the Health Authority of Anguilla, and USVI Health Commissioner.

14 My vision for JFL is to foster a dynamic environment where we not only navigate uncertainty but
15 thrive in it. By cultivating robust internal and external collaborations, alongside a strategic
16 organizational framework, JLF will remain competitive and resilient, ready to seize opportunities as
17 they arise. I also want to express my sincere gratitude to the Governing Board of Directors for their
18 trust and confidence in my leadership.

19 Joining me today to assist with this testimony are Interim Senior Vice President of Finance, Rosalie
20 Javois; Chief Nursing Officer, Darice Plaskett; Chief Human Resources Officer, Patricia Canegata;
21 Chief Legal Counsel, B. Patricia Welcome; and Chief of Staff, James Rollins.

22 Thank you for the opportunity to testify on JFL's strategic initiatives, including efforts to address
23 staffing shortages, reduce emergency room (ER) wait times, resolve the ongoing patient disposition
24 crisis, and provide an update on accounts payable. I look forward to today's discussion.

25 **Addressing Staffing Shortages**

26 The impact of staffing shortages on the healthcare industry has been the subject of much speculation.
27 The shrinking populace and limited pool have contributed to the inadequate availability of a trained
28 health-specific workforce. At JFL, addressing this shortage is a top priority, particularly in three critical
29 areas: nursing, allied health, and medical (physician) staff. Today, I will focus on these high-priority
30 workforce challenges and our efforts to strengthen recruitment and retention.

31 **Nursing** - We have made remarkable strides in stabilizing our nursing workforce, with a total of 22
32 full-time registered nurses hired in FY '24 and FY '25 to date. This underscores our commitment to
33 excellence and efforts to reduce our reliance on travel nurses. Currently, we do not have any travel
34 nurses. The successful completion of negotiations for the Collective Bargaining Agreements (CBAs)
35 with the Virgin Islands Licensed Practical Nurses Association (VILPN), the Virgin Islands Nurses
36 Association (VISNA), and the Registered Nurse Leadership Union (RNLU) has significantly enhanced
37 our ability to recruit and retain nurses. We are proud to offer competitive benefits and incentives that
38 ensure our nursing salaries are on par with market compensation.

39 We continue to focus on stabilizing our nursing staffing levels, particularly in critical and specialized
40 areas such as the Emergency Department, Intensive Care, and Neonatology. These areas demand
41 highly specialized nursing training and experience to provide optimal care for critically ill patients.

42 To address this need, we continue to build on our collaboration with the University of the Virgin
43 Islands (UVI) School of Nursing through our Graduate Nurse-Residency (GNR) Program. We have
44 successfully onboarded 34 local nurses through the GNR program to date. The GNR program
45 provides new graduates and inexperienced nurses with structured training and mentorship allowing
46 the opportunity to gain experience in different nursing specialties. By investing in mentorship,
47 continuing education, and staff development, we can strengthen our nursing workforce for the long
48 term.

49 **Allied Health** - Allied health professionals provide specialized skills and services for comprehensive
50 patient care. These professionals including surgical technicians, CT/X-ray technologists, ultrasound
51 technologists, echocardiography technologists, and dietitians play an essential role in ensuring that

52 diagnostic and surgical procedures run efficiently. With a deficit in allied health professionals, as
53 observed nationally, JFL has supplemented the need for allied health professionals with agency staff.

54 To address this, we entered the negotiation phase with Seafarer's International Union (SIU) in June
55 2024 to explore sustainable solutions. As this issue remains our priority, we are expected to reconvene
56 negotiations in 2025. Completing these negotiations will empower us to develop competitive
57 recruitment and retention strategies, significantly reduce employee turnover rates, and position JFL as
58 a competitive employer for allied health professionals.

59 **Medical (Physician) Staff** - JFL continues to navigate the ongoing physician shortage, with 33 active
60 physicians on staff while some critical specialty positions remain unfilled. To help bridge this gap, JFL
61 supplements the deficit with locum coverage, ensuring continued access to care. By February 21, 2025,
62 we have expended \$520,726.03 in locums, with an outstanding balance of \$827,097.10 owed to
63 individual locums, not including miscellaneous and staffing agency costs.

64 Our first strategic goal to improve physician recruitment and retention is set to take shape as we work
65 to refine the physician compensation model. We look forward to collaborating with our sister hospital
66 on this important initiative.

67 The recent approval of our National Health Service Corps (NHSC) site application is an asset in our
68 recruitment strategy. It empowers us to effectively attract and retain healthcare professionals through
69 NHSC programs that offer valuable loan repayment, scholarship opportunities, and other attractive
70 benefits. This makes JFL a preferred choice for providers ready to serve in designated shortage areas
71 and we will be prepared to adapt to any changes in the national trajectory.

72 Lastly, we will devise a marketing strategy designed to attract medical talent inclusive of digital
73 campaigns through social media and direct engagement. We remain committed to implementing
74 strategic initiatives to stabilize and strengthen our workforce, ensuring high-quality care for our
75 community.

76 **Reducing Emergency Department Wait Times**

77 The Emergency Department (ED) wait times remain a major priority of focus, as this directly impacts
78 the quality and efficiency of the ED services and community satisfaction. Recognizing that emergency

79 room delays stem from multiple factors, we employed a multidisciplinary approach to tackle these
80 issues.

81 To drive significant improvements, we re-established the Emergency Department Improvement Team
82 (EDIT) Committee in May 2024, focusing on enhancing ED throughput—the time patients spend
83 from arrival to departure in the ED. This committee meets monthly and includes key departments:
84 Nursing, Medical Staff, Quality, Radiology, Laboratory, Executive Leadership, Patient Access, Patient
85 Experience, Case Management, and Housekeeping.

86 The EDIT Committee evaluates and tracks essential data, including turnaround times (TAT) for ED
87 visits, diagnostic testing, & imaging, left without being seen (LWBS) rates, and discharges against
88 medical advice (AMA). The EDIT also focuses on refining patient triage processes, optimizing staffing
89 levels, and streamlining discharge procedures to create a more responsive and efficient emergency care
90 system.

91 We recognize several challenges affecting patient throughput that we are actively addressing, including
92 financial and supply constraints, staffing shortages in the Emergency Department, Laboratory, and
93 Radiology, limited bed availability, the "boarder" crisis with 50% of Medical/Surgical beds occupied
94 by a boarder, and the increased patient influx stemming from Medicaid coverage loss. Through our
95 efforts with the EDIT Committee, we are committed to finding effective solutions and improving our
96 overall operational capacity.

97 In addition to internal process improvements, public education plays a vital role in reducing
98 unnecessary emergency room visits. Many individuals seek emergency care for non-life-threatening
99 conditions that could be better managed at urgent care facilities or primary care clinics. Our strategy
100 involves heightening community outreach efforts to educate the public on when to visit the emergency
101 room versus when to seek alternative care and the process of how patients are seen based on acuity
102 levels. This initiative aims to reduce overcrowding in the ED and ensure that those with the most
103 urgent medical needs receive timely attention.

104 Finally, we recognize that patient experience and communication are integral to improving emergency
105 care. To enhance satisfaction and transparency, our strategy involves more patient experience
106 touchpoints throughout the ED. These touchpoints include improved signage and regular status

107 updates from staff. By addressing these key areas, we are committed to reducing ER wait times and
108 improving patient throughput.

109 **Boarder/Disposition Patients Crisis Overview**

110 Currently, JFL houses 8 disposition patients and pays for three disposition patients housed at Casa de
111 Salud, Puerto Rico at an average of \$5,100.00 monthly each as of March 2020. These patients no
112 longer require acute hospital care but cannot be discharged due to a lack of available placements and
113 guardianship issues. Their prolonged stay in the hospital significantly contributes to bed shortages,
114 impacting our ER wait times and our ability to admit new patients in need of critical care. Disposition
115 patients incur a significant cost to our hospital. Note that the daily room rate in the Medical-Surgical
116 Unit is \$1,758.48 - this equates to \$52,754.40 per month per disposition patient, which does not
117 include medication, supplies, staffing, and other overhead costs and increases uncompensated care.
118 The lack of community resources such as skilled nursing homes, rehabilitation centers, or long-term
119 care facilities, which would be suitable for many of our boarders to care for their specific needs,
120 including recreation and socialization, is a significant challenge.

121 To facilitate timely placements, we continue to collaborate closely with the Department of Health
122 (DOH) and the Department of Human Services (DHS) through regularly scheduled meetings to
123 provide status updates and discuss the plan for the disposition patients at JFL. These partnerships are
124 essential in identifying suitable facilities, securing necessary resources, and streamlining the transition
125 process for patients who require specialized care beyond our hospital setting.

126 Despite these challenges, we have made progress. This calendar year, two patients have been
127 successfully placed at Herbert Grigg Home for the Aged, with one additional placement currently
128 pending. This demonstrates the effectiveness of our ongoing efforts to find appropriate solutions for
129 patients who are no longer in need of hospitalization. However, the demand for placements continues
130 to outpace availability, requiring continued advocacy and system-wide improvements.

131 We are seeing an increase in patients, particularly seniors and those with behavioral health needs,
132 remaining in the hospital without a clear care plan. Limited resources and caregiver challenges can
133 make it difficult for families to coordinate long-term support, leading to extended hospital stays. This

134 places added pressure on both families and the healthcare system. To better support these patients,
135 we must strengthen policies, enhance coordination, and expand community-based resources.

136 Finally, public education on this matter is crucial. Many people are unaware of how “boarders” affect
137 not only individual patients but also the broader healthcare system. By raising awareness, we can
138 encourage families, caregivers, and policymakers to support sustainable solutions that prevent
139 unnecessary hospital stays and ensure that all patients receive proper care in the right environment.

140 Through continued collaboration, advocacy, and education, we remain committed to addressing these
141 challenges and improving patient disposition processes for the benefit of both our hospital and the
142 community.

143 **Accounts Payable Overview**

144 Throughout the testimony, we highlighted several key areas that directly impact JFL’s financial
145 stability, including uncompensated care. Notably, accounts payable have significantly decreased from
146 \$54 million to \$19.9 million over the past six years. However, there has been a recent upward trend,
147 with payables increasing between fiscal year (FY) 2023 and the present. As of the close of FY 2024,
148 accounts payable stood at \$17.8 million, which has since carried over into FY 2025, rising by an
149 additional \$2.2 million to a total of \$19.9 million as of February 2025.

150 We acknowledge the need for further process enhancements to our revenue cycle processes to support
151 vendor commitments for supplies, medications, and other services. This is a high priority focus for
152 our hospital. To address this, JFL and SRMC collaborated on a joint RFP for contracted services to
153 address the opportunities for improvements to optimize billing and coding, charge capture, and
154 ultimately collections.

155 We are also working on immediate steps to address cash flow challenges at our hospital. These include:

- 156 - Increase real-time collection for all medical services
- 157 - Itemized review of denied and rejected claims
- 158 - Right size JFL through workforce productivity and evaluation
- 159 - Increase automation supplies management and inventory control
- 160 - Conducting a workflow analysis for business administration and operations
- 161 - Strengthening internal controls and monitoring of claims processing

162 - Revisiting internal access to the clearinghouse

163 **Conclusion**

164 Despite evolving healthcare challenges, JFL remains steadfast in its mission to drive improvement
165 with compassion and respect while implementing strategic solutions to address staffing shortages, ER
166 wait times, patient disposition challenges, and financial sustainability. We extend our deepest gratitude
167 to our dedicated staff, whose unwavering commitment ensures the best possible care for our patients.
168 We also thank our Board of Directors for their leadership, the Governor and the Executive Branch,
169 for their ongoing collaboration, and this legislative body for its continued support. We stand ready to
170 answer any questions.