

HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY

MINUTES OF THE AUGUST 20, 2015 MEETING

(Open Session)

Attendees:

Attending Authority Board Members: Ralph Rosenberg; Dr. Charles Lingle; John Hayes; Lamar Reese; Fred Ghiglieri; Dr. Michael N. Laslie; Ferrell Moultrie; Dr. Edward Vance; and Joel Callins. Authority Legal Counsel: James E. Reynolds, Jr. Also present on behalf of Phoebe Putney Memorial Hospital, Inc. were: Joel Wernick; Brian Church; Dawn Benson; Joe Austin; and, Dr. Steven Kitchen; Recorder, Mary Barfield.

Absent Authority Members: None

Open Meeting and Establish a Quorum:

Chairman Rosenberg called the meeting to order at 7:30 A.M. in the Willson Board Room of Phoebe's Main Campus. Chairman Rosenberg thanked all the Members for their attendance and participation and he observed that a quorum was clearly present with every Authority Member being in attendance.

Approval of the Agenda:

The proposed Agenda had been previously provided to the Authority Members and a motion to adopt the proposed Agenda for the meeting was made by Dr. Lingle and seconded by Dr. Laslie, which motion was approved by all Authority Members. A copy of the Agenda as adopted is attached.

Approval of Minutes:

The proposed minutes of the open session meeting of April 9, 2915 of the Authority had likewise been provided to Members prior to this meeting and the same were considered for approval. Lamar Reese made a motion and Dr. Vance seconded the motion to approve the Minutes as previously provided. The motion passed unanimously by vote of all Members in attendance.

Financial Reports for the Authority:

Brian Church, CFO of Phoebe Putney Memorial Hospital, Inc., presented internal, unaudited Financial Report for the Authority as of fiscal year end, July 31, 2015. A copy of the Authority's Financial Statements and information as presented by Mr. Church is attached. After discussions and questions, Mr. Hayes made a motion, seconded by Mr. Callins, to approve the Authority Financial Report as presented.

Mr. Church also presented an operating and capital budget presentation for Phoebe Putney Memorial Hospital, all of which had recently been approved by the Hospital Board. A copy of this report is also attached.

CEO and Operational Reports:

Mr. Wernick spoke about recent significant transitions in leadership at Phoebe. He presented certain employees of Phoebe Putney Memorial Hospital who are now functioning at new leadership positions. Those presented included the following: Dawn Benson who replaced Tommy Chambliss as Senior Vice President and General Counsel for the System. Tommy Chambliss stepped down as General Counsel, but remains in an important part time role as Senior Vice President of Government Relations. Felicia Lewis who has been with Phoebe for 11 years, has replaced Annette Allen with multiple administrative duties which include serving as System Board Coordinator. Brian Church replaced Kerry Loudermilk as a Senior Vice President and the System's CFO. Prior to joining Phoebe, Brian worked in finance at Lee Memorial Hospital in Florida for 12 years. Richard Ray replaced Dave Baranski as Senior Vice President/Chief Human Resource Officer and Richard also serves as Chief Strategy Officer. Tom Sullivan has now assumed the role as Director for Phoebe Hospice. Mr. Wernick stated there is presently a vacant position for a single focus Director of Nursing, which the Hospital is seeking to fill. Currently that role is handled by Laura Shearer who is also handling other important roles as well.

Mr. Wernick complimented and thanked Authority Member and County Commissioner John Hayes, for arranging and hosting a recent Town Hall Meeting with participation by Mr. Wernick as Phoebe's CEO. The attendance was good and the input from the community with respect to Phoebe is always welcomed, with a view to improving service and healthcare for our community.

The Phoebe Sumter Medical Center was recently selected by Soliant Health as the 2015 most beautiful Hospital in the USA. It is growing and continuing to provide quality healthcare to that region as well as increasing medical specialty referrals at Phoebe.

Joe Austin, COO of Phoebe, gave a presentation regarding the proposed Phoebe Community Care Clinic. The Clinic is to be housed in the former Veterans' Administration Clinic building on Fourth Avenue just north of the ER, and the Clinic building is currently being renovated to accommodate the new use. When completed, the Clinic will definitely

serve to decrease ER traffic and wait time and patients not critically ill or injured can be redirected to the Clinic from the Emergency Room. Authority Member, Dr. Vance, is participating in this project and a major focus of the project is to educate the community so that they will know to go to the Clinic at appropriate times and so that they will be receptive to going across the street when appropriate. The Clinic is scheduled to open in January-February, 2016 and the community education phase will be ongoing in the meantime. Treating non-emergency patients in the Emergency Room is the cause of a substantial financial loss for Phoebe and it unnecessarily detracts from the true emergency cases because it ties up emergency resources. Portions of Mr. Austin's presentation are attached.

Brian Church presented certain aspects of the culmination of a two year project - the implementation of Health Systems' Meditech EMR (referred to as "Project One"). This project will standardize what is currently 15 different Health System activities, to create standardization. There will be 18 core teams, 35 consulting partners and over 400 super users. The project will entail the rewrite and union of 220 interfaces and the training of over 3500 employees across the Health System, all attempting to unify patients' electronic medical records so that better and more efficient medical care can be provided. A copy of Mr. Church's presentation is attached.

Closing of the Meeting:

A motion was made by Fred Ghiglieri and seconded by Dr. Laslie to close the meeting for purposes of: (i) engaging in privileged consultation with legal counsel; (ii) to discuss potentially valuable commercial plans, proposals or strategy that may be of competitive advantage in the operation of Phoebe Putney Memorial Hospital or its medical facilities, (iii) to discuss confidential matters or information pertaining to peer review or provided by a review organization as defined in O.C.G.A §31-7-131.

Mr. Rosenberg polled each individual Authority Member present with respect to his vote on the motion and each of the Members shown below voted to close the meeting, with no Member opposing:

Ralph Rosenberg	Yes
Dr. Charles Lingle	Yes
Fred Ghiglieri	Yes
Ferrell Moultrie	Yes
Lamar Reese	Yes
John Hayes	Yes
Dr. Michael Laslie	Yes
Joel Collins	Yes
Dr. Edward Vance	Yes

The motion having passed, the meeting closed.

Open Session Reconvened:

Following unanimous vote of all Members in attendance at the conclusion of the closed session, the meeting reopened at approximately 9:20 A.M., with Dr. Edward Vance having left the meeting during the closed session.

Additional Business:

None

Adjournment:

The meeting was adjourned at 9:30 A.M.

Mary Barfield
Mary Barfield, Recorder

AGENDA

HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA

(OPEN SESSION)
Meeting of August 20, 2015
(Willson Board Room)

- | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| I. | Open meeting and establish quorum | Chairman |
| II. | Consider Approval of Agenda (draft previously provided to Members) | Chairman |
| III. | Consideration of Open Session Minutes of April 9, 2015 meeting (draft previously provided to Members) | Chairman |
| IV. | Financial Reports | Brian Church |
| V. | Phoebe Putney Memorial Hospital, Inc. CEO and Operational Reports | Joel Wernick |
| VI. | Consideration of vote to close meeting for purposes of:
(i) engaging in privileged consultation with legal counsel;
(ii) to discuss potentially valuable commercial plans, proposals or strategy that may be of competitive advantage in the operation of Phoebe Putney Memorial Hospital or its medical facilities, and (iii) to discuss confidential matters or information pertaining to peer review or provided by a review organization as defined in O.C.G.A §31-7-131 | Chairman |
| VII. | Additional Business, if any | Chairman |
| IX. | Adjournment | Chairman |

FINANCIAL HIGHLIGHTS

HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GA

FISCAL YEAR ENDING JULY 31, 2015

	Operating Summary	June 30, 2015	Year-to-Date	
		Actual		
Revenues				\$91,663
Net Operating Revenue				\$91,663
Expenses				456,604
				(\$364,941)
Operating Income (Loss)				
				((\$364,941))
Non-Operating Income				350,000
Investment Income				0
Interest Expense				0
Net Investment Income (Loss)				0
Net Income				(\$14,941)

FY2016 Operating & Capital Budget



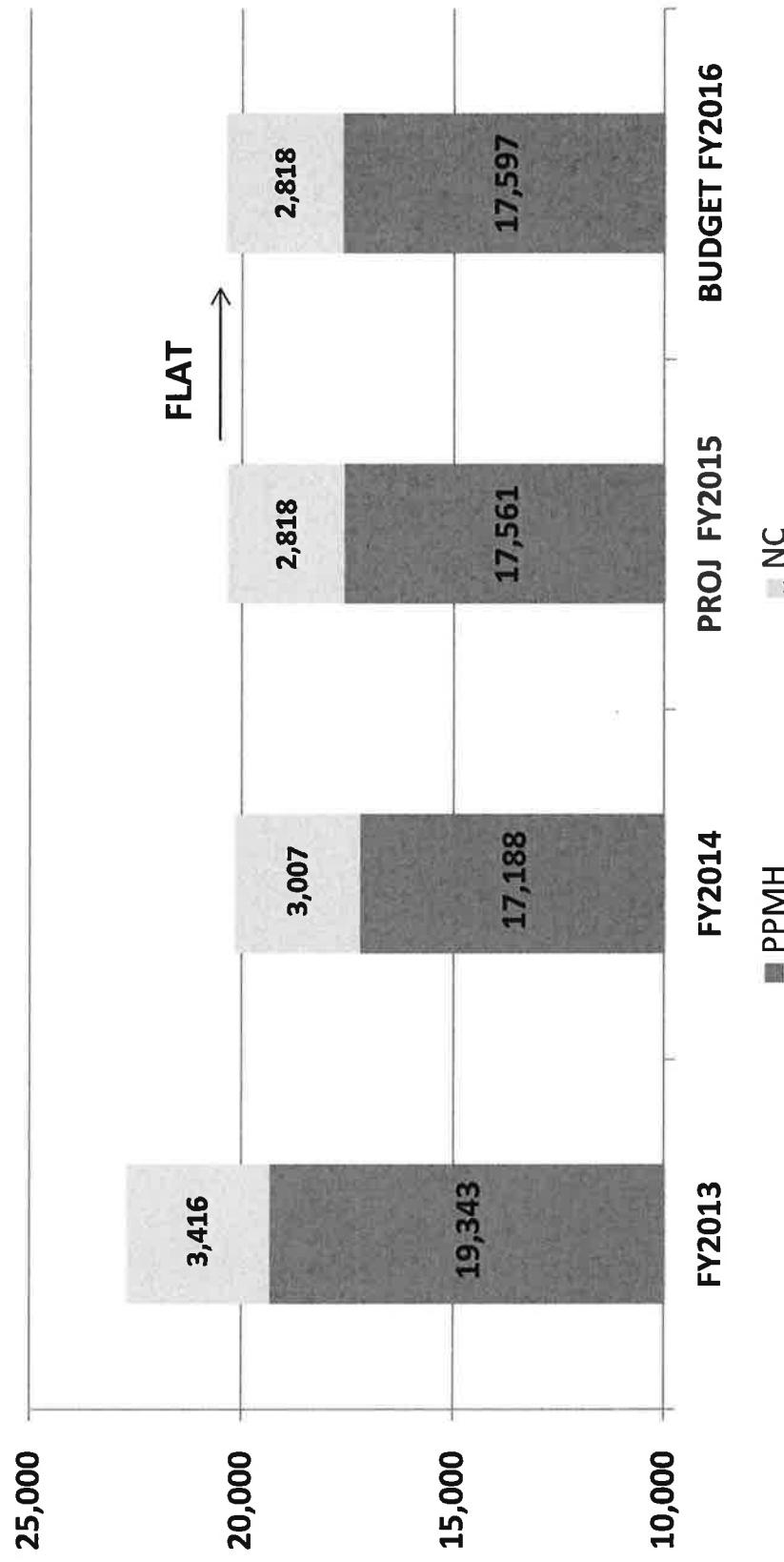
**PHOEBE PUTNEY
MEMORIAL HOSPITAL**

ALBANY, GEORGIA

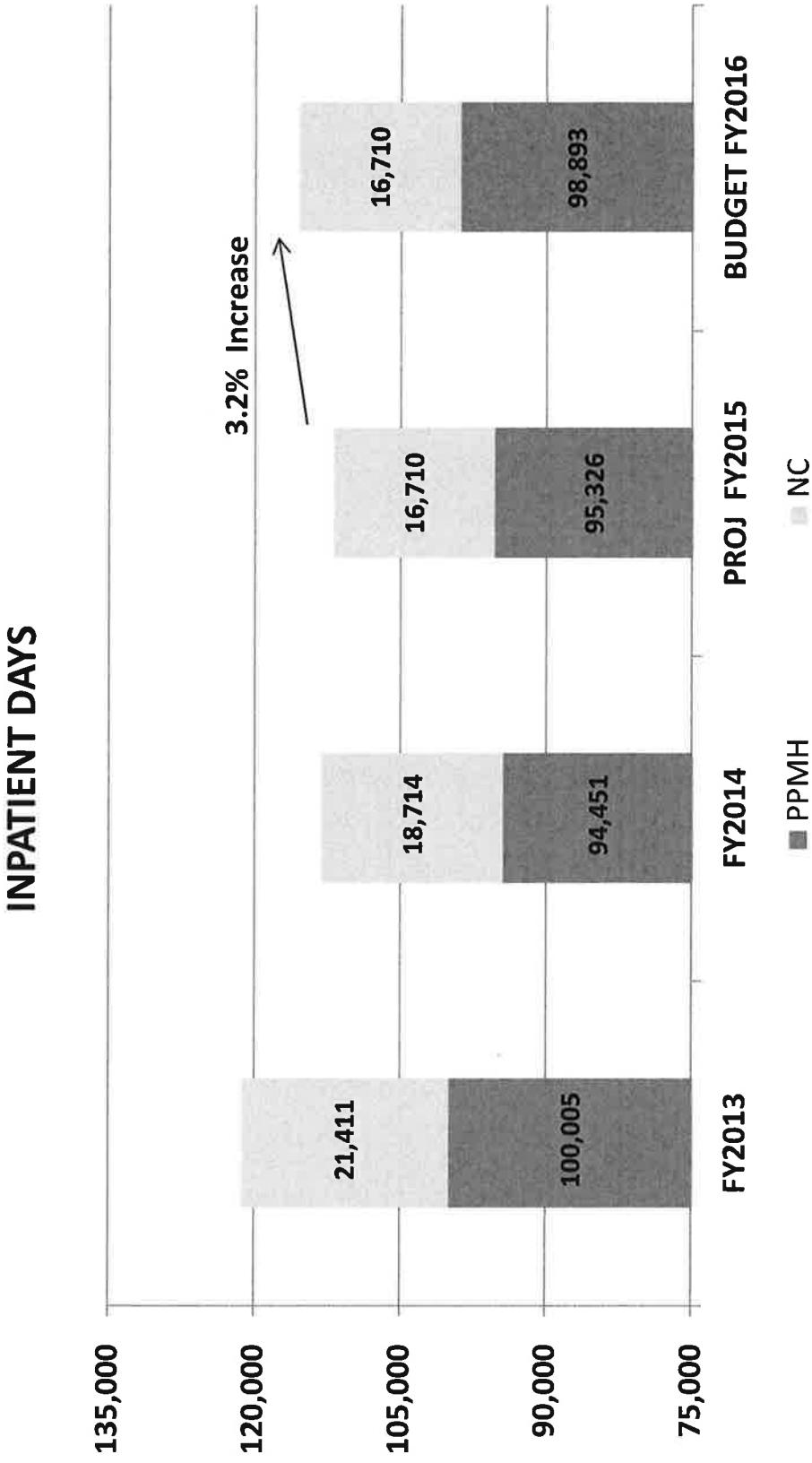
July 2015

Operating Outlook

ADMISSIONS

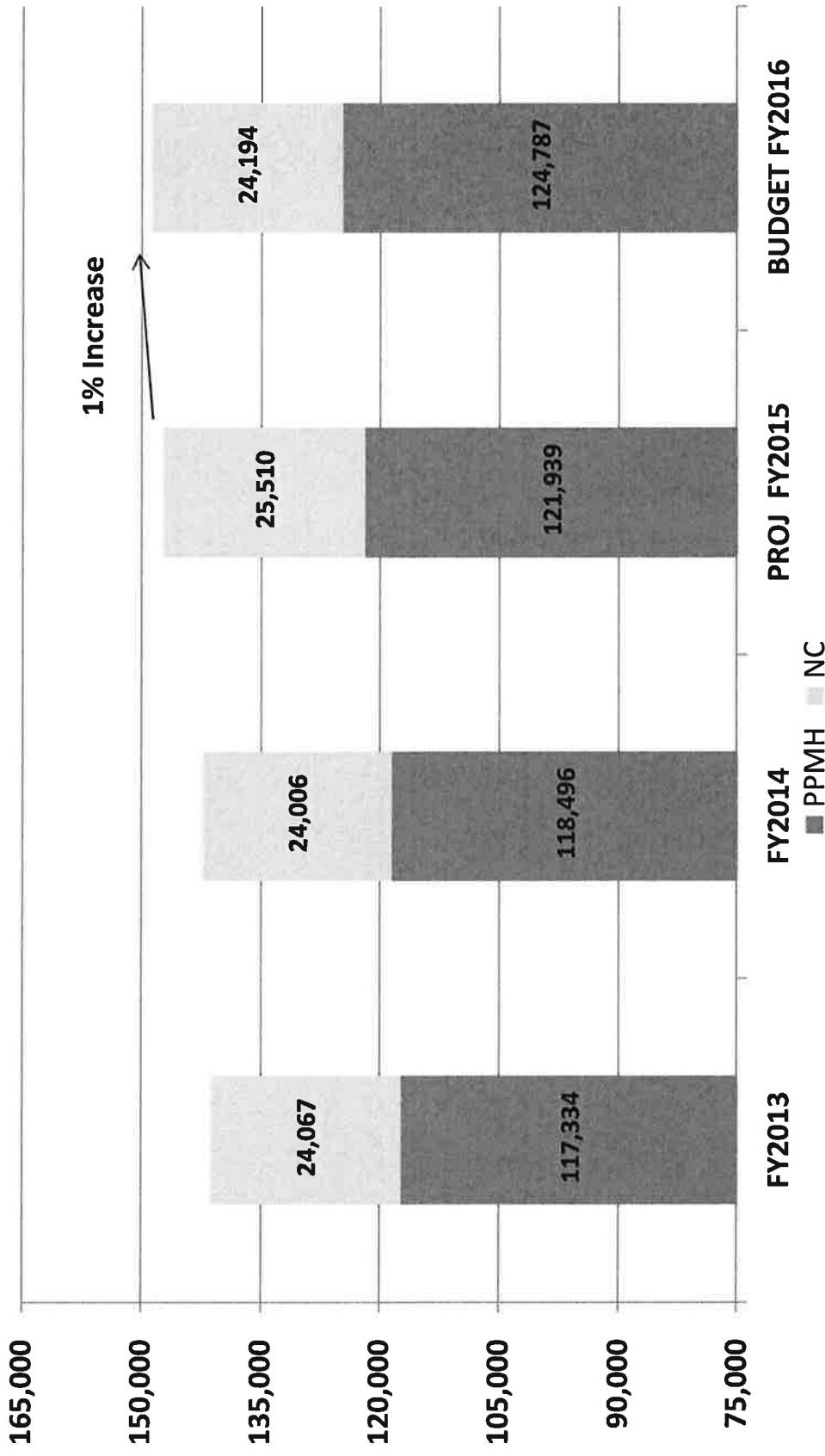


Operating Outlook



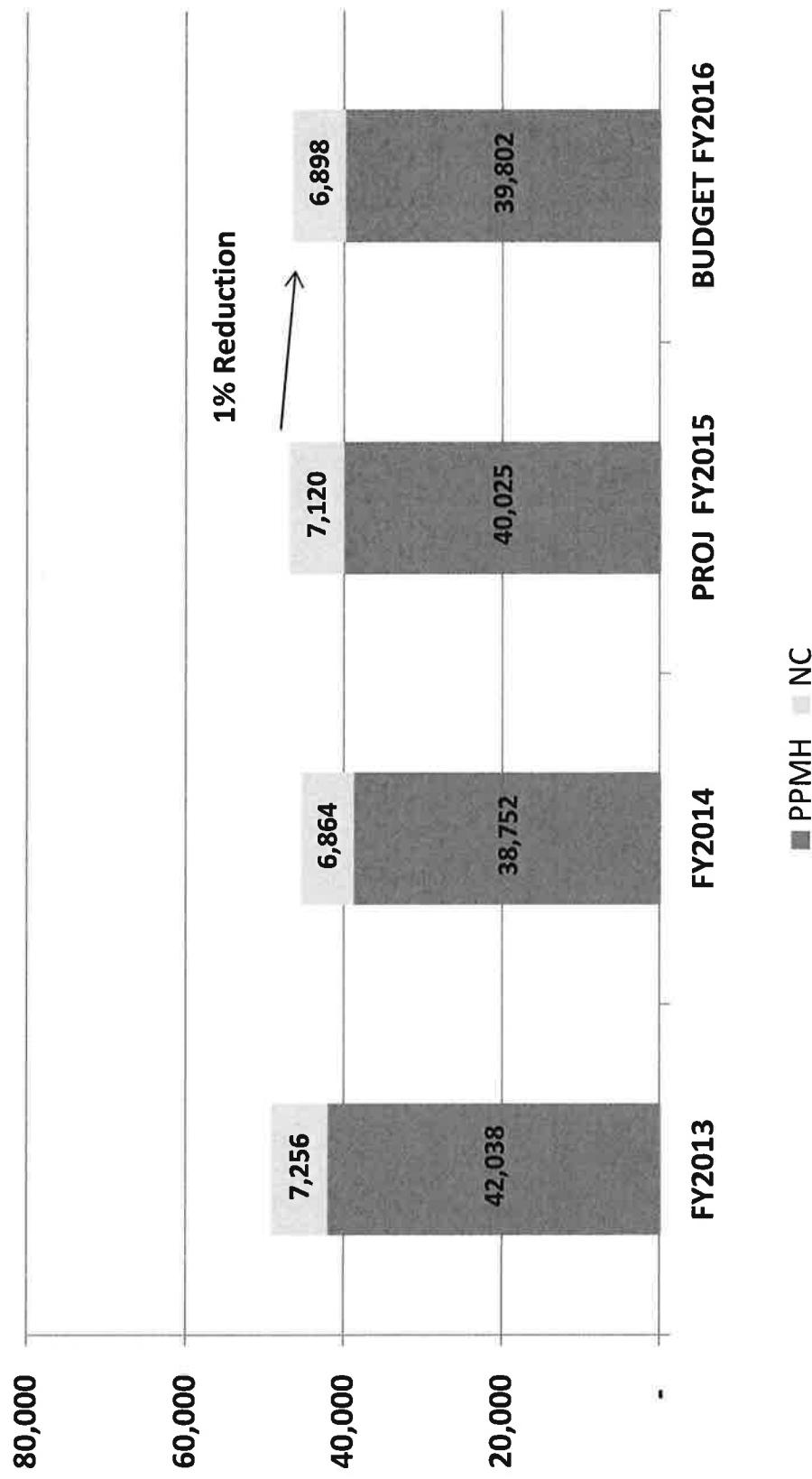
Operating Outlook

EQUIVALENT OUTPATIENT DAYS

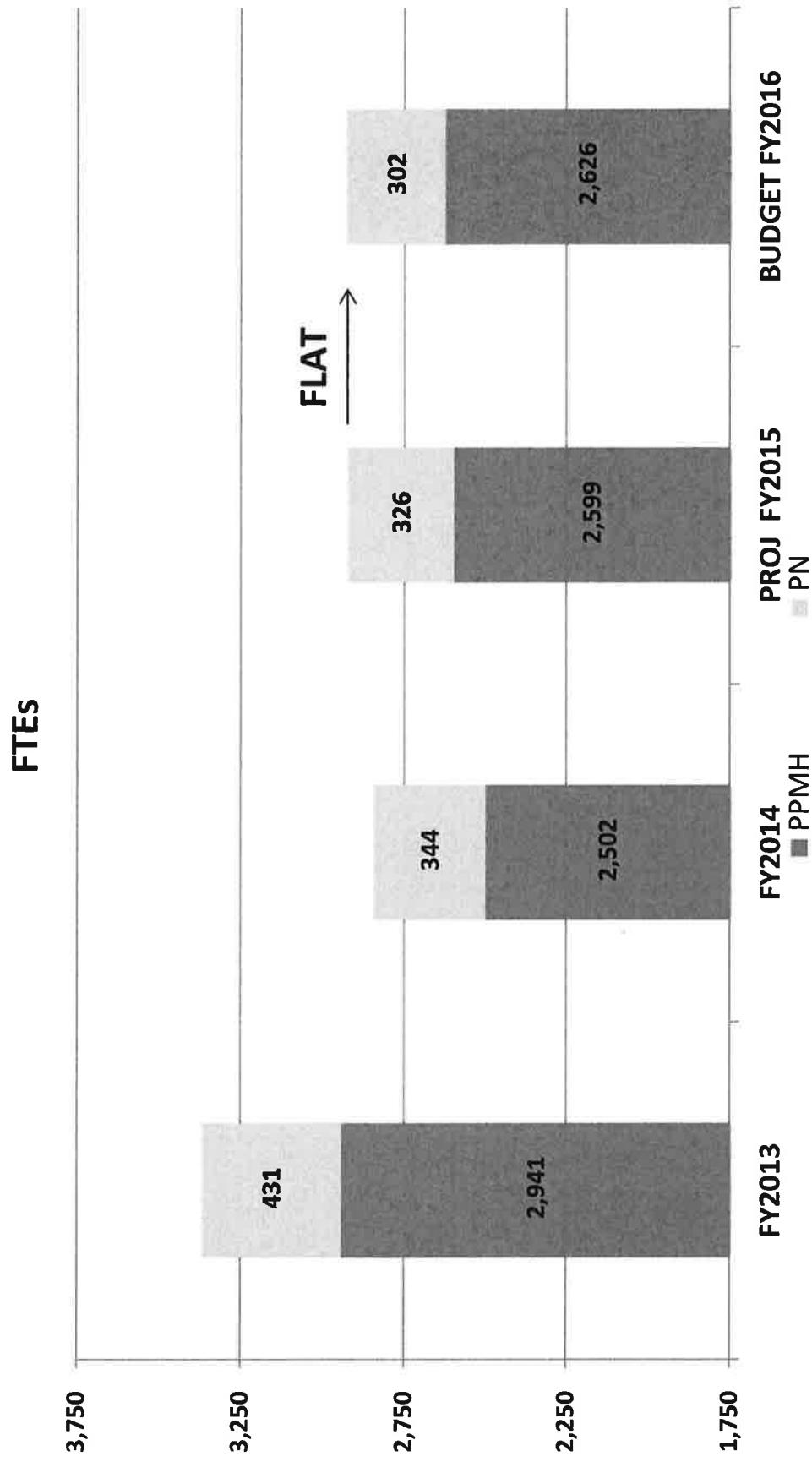


Operating Outlook

ADJUSTED ADMISSIONS



Operating Outlook



Operating Outlook

FTEs (Full Time Equivalent)

	FY2014	FY2015 June YTD	BUDGET FY2016
Phoebe Main	2,502	2,599	2,626
Phoebe North Campus	344	326	302
PPMH Combined	2,846	2,925	2,928
Phoebe Sumter	326	364	380
Phoebe Worth-no EMS	130	127	127
Phoebe Physician Group	711	691	686
Phoebe Health System	58	64	74

FTE/AOB (Adjusted Occupied Bed)

	FY2014	FY2015 June YTD	BUDGET FY2016
Phoebe Main	4.61	4.20	4.30
Phoebe North Campus	3.22	2.87	2.70
PPMH Combined	4.38	4.02	4.07
Phoebe Sumter	4.17	4.07	4.26
Phoebe Worth-no EMS	2.29	1.95	2.02
TOTAL	4.68	4.34	4.38

Note Total includes FTEs from Phoebe Physician Group and Phoebe Health System

PHOEBE PUTNEY MEMORIAL HOSPITAL

(In 000s)

	Actual 2014	Projected 2015	Budget 2016	Variance %
Gross Patient Revenue	\$ 1,389,397	\$ 1,431,600	\$ 1,439,397	0.5%
Other Operating Revenue	\$ 17,574.95	\$ 16,563.61	\$ 14,022	-15%
Deductions	(922,367)	(944,496)	(942,805)	0%
Net Revenue	\$ 484,605	\$ 503,667	\$ 510,614	1.4%
Operating Expenses	(506,928)	(511,591)	(521,485)	1.9%
Operating Income (Loss)	\$ (22,323)	\$ (7,924)	\$ (10,871)	37%
Non-Operating Income	3,446	3,145	3,314	5%
Investment Income	(602)	(1,333)	(4,136)	210%
Net Income	\$ (19,479)	\$ (6,113)	\$ (11,693)	91%
KEY STATISTICS:				
Operating Margin %	-4.6%	-10.6%	-2.1%	
Excess Margin %	-4.0%	-1.2%	-2.3%	
EBIDTA %	-13.3%	-10.0%	6.7%	

Informational - Consolidated

Phoebe Putney Health System, Inc.

(In 000s)

	Actual 2014	Annualized 2015	Budget 2016	Variance %
Gross Patient Revenue	\$ 1,773,005	\$ 1,844,096	\$ 1,866,510	1.2%
Other Operating Revenue	\$ 39,381	\$ 27,084	\$ 21,296	-21.4%
Deductions	\$ (1,165,275)	\$ (1,211,634)	\$ (1,215,873)	0.3%
Net Revenue	\$ 647,112	\$ 659,545	\$ 671,932	1.9%
Operating Expenses	\$ (655,032)	\$ (658,348)	\$ (667,903)	1.5%
Operating Income (Loss)	\$ (7,920)	\$ 1,197	\$ 4,030	236.6%
Non-Operating Income	\$ 6,508	\$ 5,727	\$ 4,760	-16.9%
Investment Income	\$ 39,559	\$ 9,483	\$ 13,577	43.2%
Reserve for Dorminy	\$ 22,684	\$ (168)	\$ -	-
Net Income	\$ 10,083	\$ 16,239	\$ 22,367	37.7%
Operating Margin %	-1.2%	0.2%	0.6%	
Excess Margin %	1.6%	2.5%	3.3%	
EBIDTA %	9.9%	10.5%	11.4%	

Capital Expenditure Budget

Strategic Projects	FY 2016
EMR Replacement - Meditech	20,000,000
Linear Accelerator replacement and HDR Project	5,300,000
Camilla Building Project	1,681,500
Expansion of Vascular Access Services	1,600,000
PPG Expansion and Growth	1,500,000
Inpatient Oncology Renovations (additional exp)	1,100,000
Beds/furniture	1,000,000
Zoll defibrillators - Phase 2	801,746
Revenue Cycle Software	750,000
Community Clinic	632,156
Computer Assisted Coding	600,000
Housewide Lighting Upgrade (Phase 1)	500,000
Nurse Call System Upgrade Phase 2	497,515
Rebrand Signage	400,000
Cardiology EP Office Relocation	350,000
Digital Portable X-ray Units	345,000
Taleo ATS -Human Resources Onboarding Upgrade	145,000
Impella Controller	130,000
Alaris Systems Manager Wireless for IV Pumps	128,930
Alaris Pharmacy Logistics Viewer and Charge Capture Viewer	51,655
Paging System	8,275

Capital Expenditure Budget

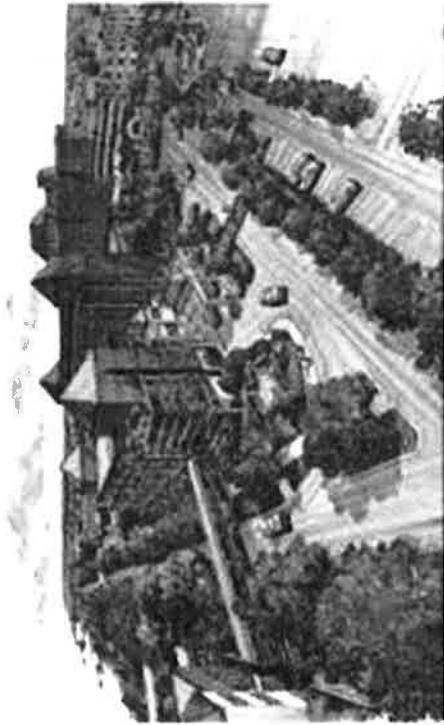
	FY 2016
Equipment-Repair-Replacement-Maintain the House	
Plant Ops - Projects and Equipment	
General Medical & Other	
Radiology	2,518,821
OR & Surgical Services	1,207,860
Women's & Children's	820,991
Medical Equipment	589,931
Pharmacy	374,000
Information Systems	272,685
PPG	252,438
Other Equipment	246,762
Cardiology	75,296
	48,312
	17,390
Sumter Capital	1,184,399
Worth Capital	425,125
Capital Contingency Funds	2,444,215
TOTAL CAPITAL BUDGET 2016	48,000,000

Capital Expenditure Budget

3 Year Projection

	FY 2016	FY 2017	FY 2018
Strategic Projects	37,521,777	35,250,000	34,750,000
Equipment-Repair-Replacement-Maintain the House	6,424,484	10,000,000	10,000,000
Sumter Capital	1,184,399	1,250,000	1,500,000
Worth Capital	425,125	500,000	500,000
Capital Contingency Funds	2,444,215	3,000,000	3,250,000
TOTAL	48,000,000	50,000,000	50,000,000

Fee Schedule Analysis



Market Forces Driving Costs and Reducing Reimbursement

Increased financial pressure on retaining and recruiting a high quality workforce (No Raise for Non-Clinical Staff in Over 3 Years)

Exponential Drug Cost Increases
Generics
Oncology

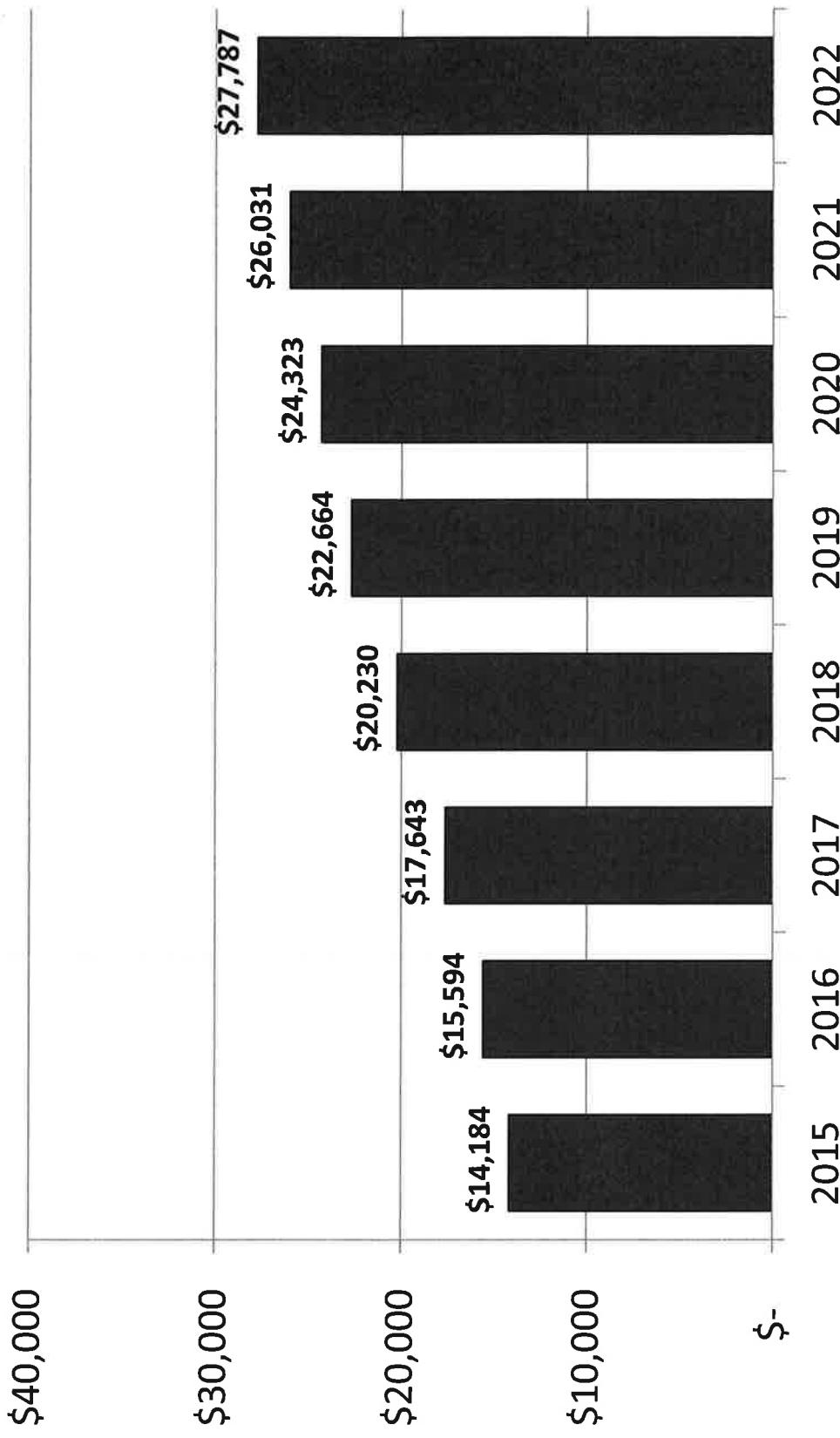
Lack of Medicaid Expansion in GA
GA is one of the states with highest uninsured %

Government Payment reductions (Medicare, DSH programs)

Increased Administrative Burdens/Cost placed on hospitals
Increased Regulations and compliance requirements
ICD-10 implementation
Electronic Medical Record requirements

Annual Increases on Supplies, Utilities, Food, Implants, etc.....

PPHS - ACA and Sequester Reductions in Reimbursement (Cumulative) (in millions)



For Six Fiscal Years – No Price Increase

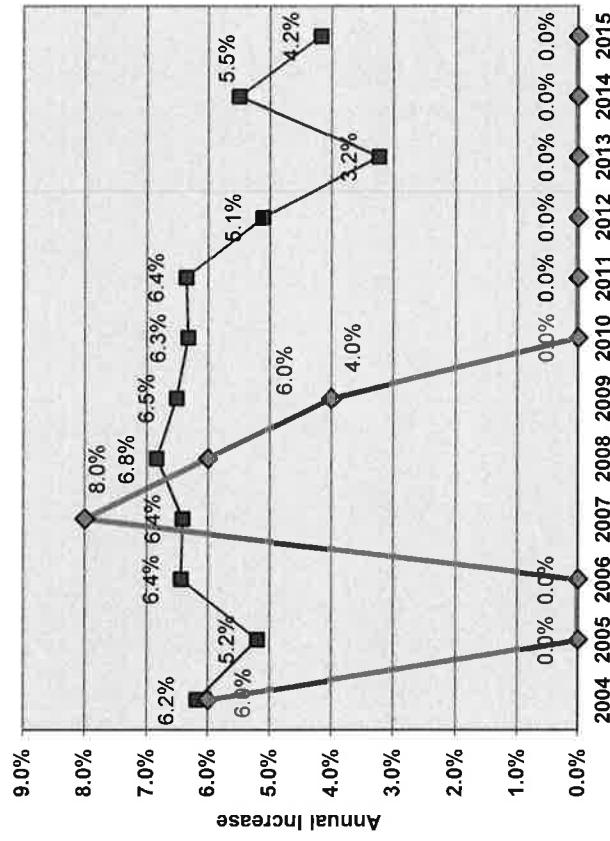
Eleven year history CPI increases >94%, PPMH price increases = 26%

PPMH Rate Increases vs. CPI-U

2004-2015

CPI-Hospital & Related Services

Source: U.S. Department of Labor



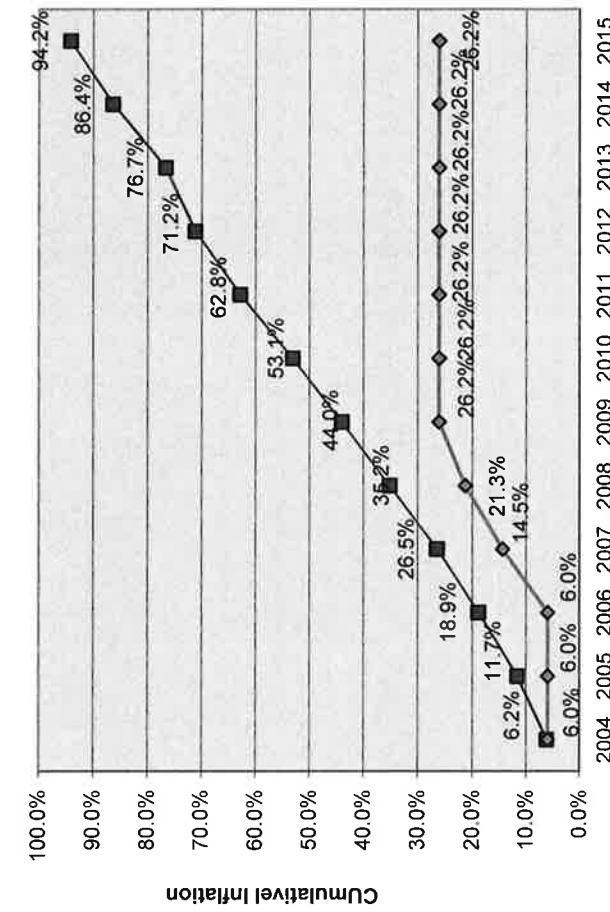
—■— CPI Annual Inflation-Hosp & Rel Svcs
—◆— PPMH Increases

PPMH Rate Increases vs. CPI-U

Cumulative 2004-2015

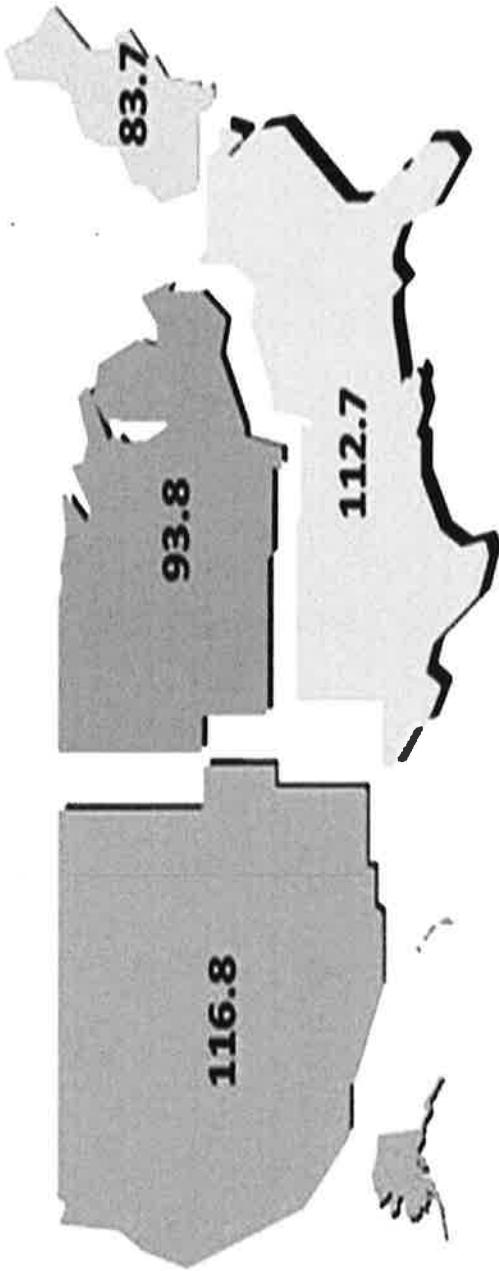
CPI-Hospital & Related Services

Source: U.S. Department of Labor

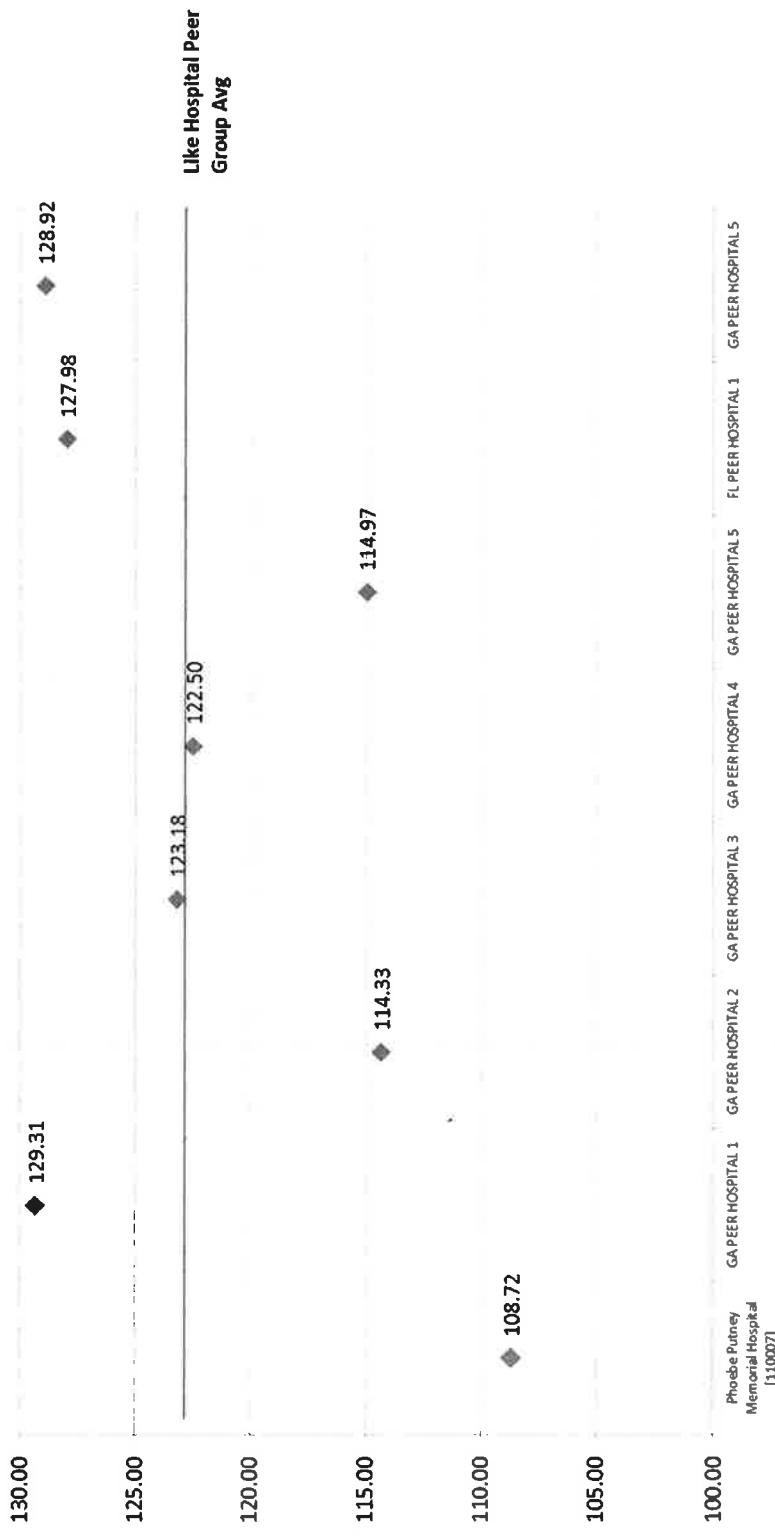


—■— CPI Cumulative %
—◆— PPMH Cumulative %

Cleverley + Associates developed the Hospital Charge Index® (HCI) to evaluate the charge positions of the hospitals across the US. This facility-level metric compares a hospital's Medicare charge per discharge and **Medicare charge per visit (both adjusted for case complexity and wage index differences)** with the U.S. medians for each value. By creating **a single metric that accounts for both inpatient and outpatient charges we can assess and compare overall charge positions.**



Hospital Charge Index (*Hospitals in Peer Group with Like Services*)





C+a

Competitive Pricing Report

Market Ring-Hospital Charge Index
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GroupCategory	Phoebe Putney Memorial Hospital [110007] 2013	GA Hospital PEER 1	GA Hospital PEER 2	GA Hospital PEER 3	GA Hospital PEER 4	GA Hospital PEER 5	GA Hospital PEER 6	GA Hospital PEER 7	GA Hospital PEER 8	GA Hospital PEER 9	GA Hospital PEER 10	FL Hospital PER 11	GA Hospital PER 12	Georgia ASCs [Group] 2013	Georgia Free Standing Rad [Group] 2013	Peer Group Average
Procedures																
Major Procedures - Other																
Major Procedures - Cardiovascular	118	108	104	68	93	132	185	169	64	124	58	228	421	135		
Eye Procedures - Other	116	144	73	127	144	134	173	146	117	198	157	217	109	148		
Eye Procedures - Cataract/Lens	127	267	95	249	163	256	65	115	50	109	55	129	115	152		
Eye Procedures - Non-major	159	267	96	183	341	257	119	31	214	214	226	51		164		
Oncology Procedures - Other	178	183	239	138	211	237	220	218	185	225	268	170	191	185		
Endoscopy Procedures - Radiation Therapy	232	180	215	147	121	220	429	40	415	415	346	296	51	252		
Endoscopy Procedures - Upper GI	257	323	251	250	122	223	204	446	239	227	207	59	131	203		
Endoscopy Procedures - Colonoscopy	159	140	260	100	223	265	260	670	280	233	92	127	256			
Endoscopy Procedures - Other	163	209	263	133	109	123	218	192	67	117	52	159	126			
Procedures - Dialysis	112	142	108	97	109	123	218	192	67	117	52	159	126	126		
Total	155	171	214	134	155	197	232	196	121	209	170	166	66	164	588	
Imaging																
Standard Imaging - Nuclear Medicine	481	368	251	245	383	524	424	489	308	377	623	335	244	383		
Standard Imaging - Breast/Chest	218	340	227	256	354	336	221	338	285	611	340	145				
Standard Imaging - Musculoskeletal	497	497	383	512	393	650	440	636	506	689	760	1656	152	314		
Standard Imaging - Other	89	134	177	126	196	195	350	438	288	513	911	911	225			
Advanced Imaging - CT/CTA Scan Brain/Head/Neck	532	599	630	630	791	725	642	802	665	688	802	274	274	677		
Advanced Imaging - CT/CTA Scan Other	521	696	677	627	752	768	623	634	669	707	787	264	264	655		
Advanced Imaging - MRI/MRA Brain/Head/Neck	394	547	470	180	654	606	369	443	493	137	716	312	448			
Advanced Imaging - MRI/MRA Other	319	503	412	361	574	686	423	531	446	152	674	313	443			
Echography/Ultrasoundography - Cardiac/Carotid Arteries	263	427	281	265	376	403	329	353	322	378	378	152	342			
Echography/Ultrasoundography - Other	428	526	369	292	397	598	421	629	586	594	121	137	417			
Imaging/Procedure	117	131	104	130	150	178	141	159	105	169	152	389	101	156		
Total	292	463	414	325	393	535	410	520	388	424	570	168	271	384		
Tests																
Total	354	602	478	389	539	703	614	507	353	720	635	531	157	482		
Therapies																
Therapy - Physical/Occupational	206	262	248	294	326	333	233	308	258	364	330	116				
Therapy - Speech/Hearing	277	285	274	304	451	321	199	379	365	390	371	552				
Total	216	263	250	295	356	333	232	319	294	371	405	116	280			
Room Rates (Cost Report)																
Routine Room Rate	502	736	615	679	983	798	1280						914			
ICU Room Rate	1,590	3,491	1,140	1,254	2,396	1,852	1,423	2,350					2,562	2,304		
CCU Room Rate	622							1,837	993	1,455			2,536	2,031		
Nursery Room Rate	99	695	572	495	146	560	1,031	1,219					1,031	783		
Total	882	2,086	1,705	731												

Transitions in Leadership



Dawn Benson
SVP/Chief Counsel



Brian Church
SVP/Chief Financial Officer



Tommy Chambliss
SVP/Government Relations



Felicia Lewis
Board Coordinator

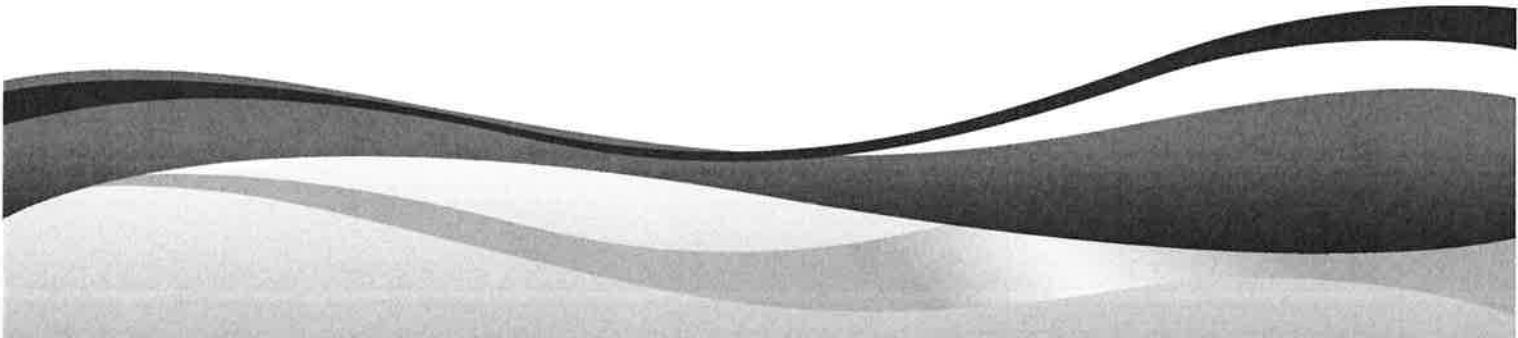


Richard Ray
SVP/Chief HR Officer & Chief Strategy Officer



2015 Most Beautiful
Hospital in America





PHOEBE

Phoebe Community Care Clinic

“Affordable Quality Care”

August 2015

Our Nation's Emergency Services

- The steady rise in the number of emergency patients (136 million in 2009¹) challenge everyone's access to timely emergency care.
- Patients who need to be seen in 1 to 14 minutes are being seen in twice that timeframe (37 minutes), according to the GAO in 2009.²
- The average price for treating a headache in the Emergency Dept is \$1700.00.³
- Effective solutions to over-crowding need to be created which offer high quality affordable access thereby safeguarding the health of our community.

1 - Centers for Disease Control and Prevention, 2011, National Hospital Ambulatory Medical Care Survey for 2009 Fact Sheet.

2 - United States Government Accountability Office, April 2009, *Hospital Emergency Departments: Crowding Continues to Occur, and Some Patients Wait Longer than Recommended Time Frames*.

3 - Caldwell N, Srebotnjak T, Wang TJ, Hsia R (2013) "How Much Will I Get Charged for This?" Patient Charges for Top Ten Diagnoses in the Emergency Department. PLOS ONE 8(2): e55491. doi:10.1371/journal.pone.0055491



- Main Campus – 61,345 visits FY14
 - FY14 Charges – \$97,207,556
 - FY14 Payments – \$19,669,495 (80%)
 - FY14 Loss (\$4,671,789)
 - FY15 – 63,624 visits
- North Campus – 41,269 visits FY14
 - FY14 Charges – \$57,694,406
 - FY14 Payments - \$9,956,937 (83%)
 - FY14 Loss (\$2,194,882)
 - FY15 – 42,229 visits

Main Campus Emergency Services



- Emergency Department Throughput
 - Discharge Home –182 min
 - VHA NTL Avg – 137 min
 - Admitted - 370 min
 - VHA NTL Avg – 275 min
 - Emergency Department LWBS
 - Main Campus – 4.1%
 - VHA GA Avg – 2.76%
- * Predictor of Patient Experience is
Wait Time



Tomorrow

Main Campus Emergency Services



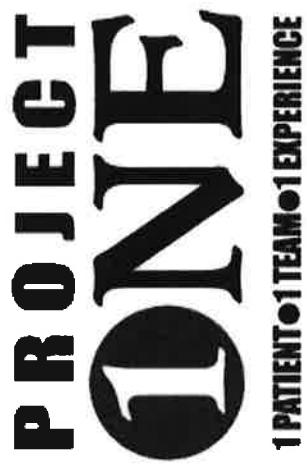
- Strategy – Future of Emergency Services

- Manage Our Volume – Right Care, Right Place, at the Right Time
 - Specialize resources based on patient type
 - Life Saving Care ~ Emergency Department (Main Campus)
 - General Illness & Injury Care ~ Convenient Cares
 - Convenient Affordable Access to Care



Community Care Clinic

- Fiscal Year 2016 - January
- Close to Main Emergency Center
 - Divert “Non-Emergent” patients to decompress department
 - Send patients to Emergency Department for higher level of care
- Affordable Access
 - Sliding scale basis based on income level
 - Cost effective delivery of care
 - Provide education to our community on Right Care, Right Place, at the Right Time.



Health System MEDITECH Implementation

Update

New





Strategic Initiative - Project One

It leverages the implementation of a new EMR (MEDITECH) to standardize processes in order to:

- Enhance patient safety
- Create efficiencies
- Increase effectiveness
- Engage the patient while appropriately allocating resources
- Leveraging technology in every aspect of day-to-day routines will automate paper processes in order to make the most current clinical and business information available to all parties real time
- It leverages standardized technology, content, and workflow across the health system.

Scope

- A two year long project
- Implementation of the MEDITECH EMR
- **Standardization of 15 different health system activities**
- 18 core teams consisting of 300 project team members across all the hospitals
- **The replacement of 18 advanced clinical and back office modules**
- The addition of 7 new systems to create standardization
- 35 consulting partners
- **Over 400 super users**
- **The rewrite of 220 interfaces**
 - reconfiguration of over 60, 3rd party systems
 - Replacement and the addition of hundreds of new PC's and point of care devices
- **Training of over 3500 employees across the health system**



Benefits

- A single electronic health record unites all care settings
- **Seamless integration, a consistent look and feel, and a common provider toolset across all facilities**
- Reduced Transcription Costs
- Standard billing process across the Health System
- **Reduction of duplicate testing – Less cost to the health system and reduced cost to the patient**
- Leverages standardized technology, content, and workflow across the health system to create a consistent look and feel for our staff and our patients
- Improved capture of structured data and improved documentation
- **Promotes collaboration between facilities**
- Decrease turnaround time for medication delivery, results reporting and completion of other diagnostic tests
- Standardized training for staff

STANDARDIZATION

Let's make history
in 3... 2...

All providers
must be
MDDIECH
certified by
September 15, 2015

PROJECT
ONE
INITIATIVE

We are working hard
behind the scenes, to enhance
your care experience.

Phoebe is
moving to an electronic
medical record system called
MEDITECH.

Your care team will now
have immediate access to
your health information across
the Phoebe health system.

Welcome to the
future of integrated
healthcare at Phoebe.

PROJECT
ONE

1 PATIENT • 1 TEAM • 1 EXPERIENCE

PROJECT
ONE

1 PATIENT • 1 TEAM • 1 EXPERIENCE

STATE OF GEORGIA
COUNTY OF DOUGHERTY

AFFIDAVIT RELATIVE TO CLOSED MEETING

Personally appeared before the undersigned, RALPH S. ROSENBERG, who having been duly sworn, deposes and states as follows:

1. I am over the age of 18 years, I am suffering under no disabilities and I am competent to testify to the matters contained herein.
2. I am the Chairperson of the Board of the Hospital Authority of Albany-Dougherty County, Georgia (the "Authority").
3. On the 20th day of August, 2015, at a meeting of the Authority Board, a motion was duly approved in a roll call vote for the Authority Board to go into closed session for the purposes of : (i) engaging in privileged consultation with legal counsel; (ii) to discuss potentially valuable commercial plans, proposals or strategy that may be of competitive advantage in the operation of Phoebe Putney Memorial Hospital or its medical facilities; and (iii) to discuss confidential matters or information pertaining to peer review or provided by a review organization as defined in O.C.G.A §31-7-131.
4. To the best of my knowledge and belief, the business conducted during the closed portion of the meeting was devoted solely to the above matters for which the meeting was closed.

This the 20th day of August, 2015.



Chairperson

Sworn to and subscribed before me this
20th day of August, 2015.

Mary S. Barfield
NOTARY PUBLIC (SEAL)
Dougherty County, Georgia
My Commission Expires: 4-8-19

