

LFIR # 2035

I. Project Title	Madison County Memorial Hospital Operating Room	
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2. Senate Sponsor Loranne Ausley

3. Date of Request 02/05/2021

4. Project/Program Description

To increase local healthcare services, increase jobs, and retain local tax dollars by minimizing outmigration for health services. Access to surgical care in rural areas is a critical need. Rural patients on average are older, poorer, and less mobile than patients in metropolitan areas. Madison has a 1 to 9,204 physician to resident ratio and a lack of specialty healthcare services. A robust Operating Room connects the organization to a variety of healthcare specialists to increase access to services.

5. State Agency to receive requested funds A

Agency for Health Care Administration

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	350,000	100%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	0	0%	
Total Project Costs for Fiscal Year 2021-2022	350,000	100%	

8. Has this project previously received state funding? Yes

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2020-21	0	350,000	176A	Yes	

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

Yes



If yes, indicate the amount of funds received and what the funds were used for.

\$4,659,483.37 has been received and the funds were used for Personal Protective Equipment for Hospital Staff (Surgical masks, goggles, and protective clothing), Infection Control Supplies/Equipment/Building Adjustments (Plexiglass installations, HVAC filtration upgrades, isolation rooms, hand sanitizer, and cleaning supplies) and Hospital Staffing hours to prevent, prepare for, and respond to the Coronavirus. Loss revenue due to decline in patient volume due to COVID.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other	Variety of equipment, technology and supplies to finish outfitting the operating room and connect to surgical specialist.	350,000			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6) 350,000					

12. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Enhance quality of life by continuously improving the health of the people in our community by correcting and improving disease management via surgery.

b. What activities and services will be provided to meet the intended purpose of these funds?

Access to quality health care for general surgery and allows the opportunity to engage in relationships with other surgical specialist and nursing homes in the region.

c. What direct services will be provided to citizens by the appropriation project?

Surgical procedures for open and laparoscopic hernia repair and gallbladder removal, appendicitis, amputations, gastrostomy feeding tube insertion, hemorrhoid removal, specialty intravenous catheters, and orthopedic specialist procedures.

d. Who is the target population served by this project? How many individuals are expected to be served?

The service area in Madison county which has a population of 19,224. The surrounding four-county region includes Lafayette, Hamilton, Jefferson, and Suwannee which is prominently served and includes an additional population of over 81,000 aggregately. The hospital serves additional counties in the region including Taylor, Columbia, and South Georgia.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?



To increase access to care in rural areas, as measured by EHR registrations. The NRHA estimates that eight jobs are created for every Physician recruited to work in a community health care facility (National Rural Health Association, n.d.). Also, it is estimated that more than 40 percent of rural patients have to travel 20 plus miles to receive specialty care (National Rural Health Association, n.d.). A six month patient panel audit revealed that MCMH served over 6,303 patients in the Emergency Room alone. Of these 6,303 patients, 60 were diagnosed with Gallbladder issues; 13 were diagnosed with appendicitis; 18 were diagnosed with hernias. These numbers total 91 patients that had to travel 40 to 60 or more miles to seek surgical care elsewhere to have these diagnoses repaired. An analysis of other rural hospitals that are providing general surgical procedures indicates an annual average of 1,071.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties

for failing to meet deliverables or performance measures provided for the contract?

CMS requires certain quality measures be analyzed, tracked, and trended, and ongoing monitoring of surgical site infections, retained foreign body, wrong site surgery, adverse outcomes relating to a complication caused by operating room staff. Penalties imposed by the AHCA are unknown until such time a deficient practice warrants a penalty. Failure to meet certain criteria can also affect reimbursement.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Madison County Memorial Hospital is the owner and recipient of the funding request and facilities.



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14. Requestor Contact Information

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	b. Organization	Madison County Memorial Hospital						
	c. E-mail Address	tstevens@mcmh.us						
	d. Phone Number	er (850)235-1969 Ext.						
15.	15. Recipient Contact Information							
	a. Organization	Madison	Madison County Memorial Hospital					
	b. Municipality and County Madison							
	c. Organization Ty	be						
	□For Profit Entity							
	⊠Non Profit 501(c)(3)						
	□Non Profit 501(c	Non Profit 501(c)(4)						
	□Local Entity	□Local Entity						
	□University or Co	College						
	□Other (please sp	e specify)						
	d. First Name	Tammy		Last Name	Stevens			
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	f. Phone Number	(850)235	-1969					
16.	Lobbyist Contact I	nformatio	n					
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address							
	d. Phone Number							