

**MINUTES OF THE COMMITTEE MEETING  
MASSILLON CITY COUNCIL  
HELD MONDAY, JANUARY 8, 2018  
CLOSING OF AFFINITY MEDICAL CENTER**

**COUNCILMAN MANSON** – Let's get started. We all know that the hospital is the most important issue in Massillon right now. And I'm sure almost everybody here is from hospital. There might be a couple of other people here. I asked the Mayor if maybe should would do ten minutes or so here at the start and let us know what's been going on for the last several days. I know she's talked to some people and then we'll have some participation, but we don't have a lot of information; I can tell you that right now. So, start off with whatever we can. Mayor, would you like to come up, please?

**MAYOR CATAZARO-PERRY** – Good Evening, Madam President, Members of Council and our community. We received a phone call on Friday morning to say that the hospital would be closing. It followed up with a letter from the CEO of Affinity Medical Center stating that they would cease admitting patients after January 21, 2018 and close the hospital shortly thereafter and that was about it. That was our communication. So, unfortunately, it happened on a Friday morning and we had very little time to do any kind of research, homework, looking at statistics, trying to reach and get answers. So, what we did do was we pulled together a meeting with area physicians and local business leaders and we met in my office at 4:00 p.m. Friday afternoon. And some of the physicians are here in the audience this evening. It is a great concern of ours that the hospital Quorum chose to close this hospital in this short period of time and it puts our citizens at risk. Their health, welfare and safety completely are at risk. So, what David is passing out to you right now is we have assembled letters, combined letter, at this point from myself, our Law Director, Senator Scott Oelslager, Rep. Thomas West, Commissioner Regula, Rep. Bob Gibbs, Kirk Schuring, Speaker Pro Tem, Janet Creighton and Bill Smith. I will also share with you that Jim Renacci has written a personal letter and Rob Portman is sending one, Tim Bryan as well as Sherrod Brown. The entire community cannot believe the timeline that was given to us for our hospital to close by February 4<sup>th</sup>. So, what we are doing at this point is we are seeking an injunction to stop the closing of the hospital and Kirk Schuring has contacted Attorney General, Mike DeWine and they're working on that today. Again, it happened on a Friday, so everyone is gone for the weekend and they're only able to start today. Over the weekend, I met with a group of physicians that have a possible interest in purchasing the hospital. That is going to be a huge feat if that should happen and would have our full support. We also have learned that there could be interest in other entities that may come in to help in our community. But nothing concrete that I can report to you today. It is devastating and a travesty to the Massillon community that we have this short timeline. I did speak with Quorum today. I spoke with Marty Smith and he is second in command at Quorum and we asked them to extend this timeline. They would not comply with that at all. They said that they were going to reach out to some entities, as well, to see if there's any interest in purchasing the hospital and would convene once again by telephone at the beginning of the week. I believe that this corporation is heartless. I think they're gutless. They're not here. They're not here to see our community in a panic-mode. I've gotten e-mails from family's that have high-risk family members that are scared and elderly calling my office crying, "What are we going to do?". They're used to having this hospital here in the area. We have a No. 1 heart program, in-surgeon and can help with cardiac arrest immediately. Do heart cath; balloon patients so that their arteries are open. We have excellent surgeons. Most of these people I grew up with; I'm a nurse and I grew up in the hospital. So, most of these people, I know personally. And it is a travesty for the Massillon community. So, we are fighting with everything we have. We have another meeting tomorrow afternoon in my office with the physicians. Many are here tonight and staff from Affinity and they'd like to speak to Council to let you know how important and what a travesty this is. The closing of the doors of our hospital. So, with that, I will be happy to entertain questions. At this point, they're

not giving us many answers. I will tell you that Quorum is selling six other hospitals. Why not ours? Why not sell our facility? They say they can't find a buyer. I think that they can and they should continue to look forward a buyer in the future. But, that hospital can make money if they do it the right way. So, are there any questions from Council members? I'd like to ask Council and President to allow the members that took time out of their busy schedules to be here tonight.

**COUNCILMAN MANSON** – Yes. We will take comments. Now, just like the Mayor said, there's not a lot of information that any of us have right now. So, if anybody wants to come up and make some comments? But if we start getting into a lot of repetitious stuff, we'll just try to hold that back a little, but, come up. There's a sign-in sheet, sign your name in please and make comments and if you have any questions, we'll try to answer them.

**DR. CHRYSOS** – Hello. I'd just like to make a few comments. First, about the service we provide for this community. For those of you who are not aware exactly what is that we do. As you know, I approached by in 2007 by then the CEO, Ron Berman, of Affinity Medical Center. At that point in time there was Doctors, and I think this campus was closed. I think the Massillon Hospital campus was closed and we made a decision to consolidate the two hospitals and bring everything, all the services, to this institution. Especially after we had a chance to look at the facilities and we felt that the layout of this hospital was best for the heart program that we intending to start. So, we started building the facility for the heart program and did our first case in November 2008. The program, immediately was profitable. I did discussions almost on a day-to-day basis with Ron Berman who told me that the year before we started the program, they lost \$16 million dollars and the first year after the heart program was started, they made \$4 million dollars. Some of that was because of the loss of Doctors Hospital, the year before. But they were actually cited as the most profitable and biggest turn around in hospital for the whole company which encompasses several hundred hospitals. Since then, our volumes have just grown. Which leads us to believe and question, "Why are they not profitable?" And it's something I've never really understood. So, that's something that should really be investigated because there may be some corporate accounting that may actually explain some of this. The service we provided with the community is, I think, something that just cannot go away. Today, if somebody is having a heart attack in Massillon or a stroke, they can go to our emergency room and I'm speaking only from the heart surgery and cardiovascular standpoint. I'm not talking about all the other services that are provided by the physicians here. I'm going to speak about my specialty and I'll let some of the other doctors talk as well. Somebody's having a heart attack in Massillon, Ohio, they come to the emergency room. We work hard to open that artery that's blocking in 90 minutes and we are extremely successful in doing that. We are an accredited chest pain center and that's saying a lot. Our heart program has the best statistics in town. So, this year alone, we're up 25%. So, we have done our part and I think the service we provide speaks for itself. The service we provide for the community is a life and death situation. If somebody is dying, we have literally saved their lives and there's testimony that we can back and look and come up with. There's some published in the newspapers of people who basically came to our hospital and they're lives are saved. I'm sure that some of even know someone who came to Affinity Medical Center when they on death's doorstep. This is something that, at all cost, cannot happen. I would like to make a suggestion. I think and I tried to call you (Mayor) earlier today and share this with you, I think Wooster actually owns the hospital and may be interesting or it may be worthwhile to look into how they going about doing that and I know they're profitable and I know they're a smaller hospital than ours. I'd say that is something that we should really investigate. Secondly, how we keep the hospital is something I have no expertise in. I will certainly do what I can to help and I think I speak for my partner and virtually, every physician in the hospital. I'll be happy to answer any questions. Yes?

**COUNCILWOMAN CUNNINGHAM** – Dr. Chryssos, a panic-mode that's going on right now within the hospital facility, I'm not sure how to ask this, would the physicians be scrambling to try to find other locations to go to or are they willing to wait a few weeks to see if this is going to happen or not?

**DR. CHRYSSOS** – According to the contracts, we're all going to get paid through, I believe, early March, March 6<sup>th</sup>. That's the letter that we received. Some of us have contracts that go beyond that date, some don't. The biggest question for everybody is insurance; health insurance and that is something that is pressing on everybody. There are also nurses and ancillary personnel and other members of our hospital community. We have bills to pay and have to have a job and so, they are scrambling. There are a lot of people scrambling. Some of the physicians can stay on and I'm also actively looking. But, I'm also willing to wait. I've stake my heart and soul into this and I don't want to walk away if we can at all possibly save it. But, you know, we have to move fast and we have to deal with some issues that need to be dealt with to see if we can restructure this somehow. May be advantageous to go to a non-for-profit and that may actually help the bottom line. But, I don't how you go about doing that. But, to answer your question, we are willing to wait, some of us.

**COUNCILWOMAN CUNNINGHAM** – Thank you.

**DR. CHRYSSOS** – Yes.

**COUNCILMAN CHOVAN** – From everything I've read, it looks like the parent company is not really saying you're losing money. You're saying that you're not profitable as it needs to be for shareholders. Do you know out of the area hospitals here, are you or could you be the low-cost providers of service here?

**DR. CHRYSSOS** – I don't the answer to that question. I am in not involved in dollars and cents. All I am saying is that and I have some, and I can't name sources, but I have been told that the books have been manipulated and this may be perfectly legal by a big company to show some expenses here for tax purposes. And so, that needs to be investigated and I think Kathy and I talked about that and that really needs to be looked at. Because I find it hard to believe that as busy as we have been that we're actually losing as much money as they say. As a physician, and I've solicited with Administration to come help me cut costs. They've never done it. We have done as much as we can ourselves, but they have never really asked the physicians to do their part in cutting costs. Now they may have done so with the nursing staff and I'm going to ask some of the nurses to come up and talk about that specifically and I have gone to them, "How much are we spending to do an open heart?" and they have never provided me with the help that I need to know that where some of the other hospitals have done just that. And you have to do it. It's a business plan. You have to do it. But they've never done it.

**COUNCILMAN CHOVAN** – Just one more thing. I will tell you, this past March I actually was admitted to the hospital. They thought it might be a heart attack, but as it turns out, it was not. It was something totally unrelated. The care that I got there was outstanding. Everybody, it started with our own EMS guys then the emergency room and so forth. But I have been constantly fighting with Affinity since then. The administration, pardon the expression, "Sucks". (Applause). My wife and I were this close to trying to start an insurance fraud investigation. I mean, it's just terrible and I think you guys are getting caught in the middle with an administration that, maybe they're "cooking" the books, maybe they're not. Maybe you invest in a chest and trauma center like this, knowing full well somewhere down the line, if you have to close it, you can write off a ton of money against the profit you make elsewhere.

**DR. CHRYSOS** – And that might be why they're just closing it instead of selling because the write-off may be actually better. Those are things that we need to investigate. Now, let's say that the hospital cannot support all the services that we have now, I believe if you just have a cath lab and emergency services, it would provide the life and death support that you would need. For example, somebody's having a heart attack, a functional cath lab with a competent cardiologist on-call would cover that. And the same thing with strokes and I'll let the emergency room physicians speak about that. So, you don't necessarily have to have a full-service facility to provide the emergency needs of the community although I would have to say it would be a shame. Thank you.

**COUNCILMAN MANSON** – We're going to want a transcript of this. So, let's make sure we have these names of these people coming up and then sometime in the next week, I'd like to get a transcript.

**COUNCIL CLERK ROLLAND** – I can post them on the website.

**COUNCILMAN MANSON** – That will be fine.

**DR. ALAN MESHAKOW** – I've been in the community since 1979, both at Doctors Hospital and Massillon. One thing I want to point out, Dr. Chryssos has spoken very elegantly about the chest program, we were also a certified trauma center. That's a national certification from the American College of Surgeons. We go through routine surveys. Our trauma volume has gone up every year. The reason it goes up every year is because the squads trust us. We've gotten feedback from Massillon Fire that brings us patients and multiple other squads that we give the best treatment, the faster treatment, than any other ER in the county. The only reason we're not higher than a level three is because we don't have a neuro-surgeon. And we probably never will by our size. But, other than that, we had surgical residents which the other hospitals in town don't have, which gives us a quicker response time. Our emergency physicians, of course, are all trauma-trained. We have a team of trauma surgeons who have all taken in certified ATLS. So, the trauma is another big part of our being front door to the community and again, with significant trauma, minutes are life or death. So, I just wanted to make sure that you are aware of the trauma aspects and that the team we put together at Affinity for the trauma services. Thank you.

**DR. VASH GABRAIL** – I'm a medical oncologist. I'm in practice in my own cancer center which I own. I also have a corner of businesses where we have on-site clinics. To your question, is Affinity able to provide cost-effective services? Yes, they can. We use Affinity as the provider for the clinics because of access and because of the cost. For those who say poor people who say Affinity is not making money, it's losing money, I just give simple statistics. Three days ago, that's exactly Friday, the day they announced to close Affinity. The American Hospital Association issued their financial statements. In 2016, the net profit for the 48,000 hospitals in the U.S., net profit was \$73 billion dollars. 2017, the net profit was \$78 billion dollars. Do the math, that's about 7% growth in net profit for American Hospitals. I just look at the statistics and told we're going a great job. 200+ open heart surgeries, that is beyond statistics for a small hospital. Also, consider the quality that they are providing. I personally am interested in the City of Massillon but also, I'm interested in the hospital itself. Just for my own business sense because it helps my clients and my patients because I admit them there sometimes. When you start looking into the operation of the hospital, the hospital and their billing, I think Milan, you said they are inefficient. That's the most underestimated statement of the evening, so far. They are horribly inefficient. They have awesome staff. Great nurses and great physicians. But when it comes to their billing, when comes to...we can give you examples of their sloppiness in their billing. I truly believe its start for the city and the community physicians and businessmen to get together and buy this thing and keep it open. Thank you.

**DR. MIKE MUSSO** – I'm a general surgery resident at Affinity. I'm the chief resident of both surgery program at the hospital. My wife is Dr. Jody Musso, she's also a resident at Affinity. Affinity is not only a medical center here in the community. It's also a training center. We have an emergency medical residency. We have general surgery residency and we have an orthopedic surgery residency. So, not only are we treating the community, we're also training future physicians for the community. My wife and I were both approached by Affinity in early November about coming back and that was originally our intention was to come back and serve the community that we've been in for the past seven years. I actually started here as a medical student and then stayed on through the general surgery resident. Enjoy the community, love the hospital. The hospital is a family. It's my second family and this is where I wanted to come and set up shop and be an attending surgeon after I finish my training. Not only do we train residents but we also train medical students. We have two medical schools that send medical students to us for their third and fourth clinical rotations. We also train CRNA's from a number of universities and nursing students as well. So, we are a multiple area training center that we would not only be losing, but the residents that are currently established at Affinity would have to go to other programs. So, myself and my wife are lucky. We have five months left in our training. We have to go to another hospital for five months, but ultimately, we would move on from there. I have residents who just started their training. Their eight months in, nine months into their training that were planning on finishing their five years here at Affinity Medical Center that will now need to uproot their lives again and move to another institution. Now, the hospital is required to find us spots. We will continue our training, but it won't be in the family that we planned on finishing in. We aren't going to be training under the attendings that we signed on with. I'm not going to be finishing and graduating from Affinity Medical Center. I'll be graduating from somewhere else. So, our training will continue, but, we will miss out on the family that is Affinity Medical Center. And I think that everyone that is sitting behind me right now is a testament to what Affinity Medical Center is. It's not just a hospital. We are a family together. We work together, day in and day out. You get to know each other and that's what I'm up here to speak about is the training and the family that I've grown into here at Affinity here in Massillon, Ohio. So, I'll take any questions if anybody has questions about training. Thank you.

**DR. ANTHONY PERRY** – I just want to make a comment. Of course, you guys all know who I am, Dr. Perry and happen to be marry to someone over there. I just want to make a comment. Do not believe any of the numbers that you hear from Quorum; anything they may state. There's, I know, there's got to be billions of dollars of denials. As you said, the administration sucks. So, does their billing and so does their denial process. Everything goes to Tennessee including the physicians who are now acquired by Affinity. All their billing goes to Tennessee. They do it for all their hospitals. So, there's no way they're actively pursuing denials like we do in our own office. We're privately owned. We're doing that every day to reverse denials and there's probably millions of dollars that they left on the table were never even went after that they could be more profitable than they are. And I just wanted to just agree with what he said, this is definitely a family. I've been in practice twenty-four years in this area. I stayed in here because of some of these people. I went to school with some of these attendings and I was also scared to death when I was being trained by some of these attendings. But, they're family and you do not get this experience. I go to all three hospitals and I can tell you right now, you do not get the experience that you do at Affinity that you do at Aultman and Mercy. It's way different because this really is a family. So, that's all the comment I wanted to say.

**DR. BRET ULRICH** – I'm the Director of the Emergency Dept. at Affinity. I've been there almost four years. I've been a nurse for twenty years. We really need your help. Not necessarily to buy the hospital to fix the situation, but to do all you can and I thank you, Mayor, for starting things Friday to try and...the timing of the announcement was poor, underhanded. The presentation in the

announcement was poor and underhanded and in general, the City of Massillon has something that is on the cusp of just so much potential beyond what it already is and we really need your help to salvage all that we can. A lot of damage has been done in one weekend. A lot of damage as far as generating panic. Generating fear and it's unfair to try to get your employees to wait. To get your doctors to wait and we're really trying as hard as we can. Everybody has families to feed and people to take care of and it's just trying to find a way to give us thirty more seconds on the clock. Give us another hour so that we can have the opportunity to look into more of these issues. To look at their underhanded techniques and to try to find a way that they can, one, be accountable and two, make a real effort to keep our doors open. Make a real effort to partner with somebody and present that. And that's really what we need a lot of help with. Let me go through a few numbers. When I started in 2014, the heart program was doing well, but we could do a lot better. As of today, as of 2017, if you have a stemmie, on average and you come to my waiting room, we advise you to call 911, but if you come to my waiting room, we'll have that vessel opened and lot of this, the cath lab, ER, surgical, radiology that's here because they believe in their hospital and there's lots of people not here who believe in their hospital. 47.5 minutes, we'll have that vessel opened. The goal is 90 minutes. Within that 90 minutes, we're getting external referrals into our cath lab at 83 minutes and getting their vessels open. That's within the 90 percentiles of where the nation is. The best hospitals. The top 10% of hospitals. You have that in your community. Caths have gone up 1,800, 1900, 2200 cases this year. We have just recruited a very talented interventional cardiologist. We've just recruited an extremely talented cardiothoracic surgeon to complement our already very talented cardiothoracic surgeon. The emergency department has gone up by 2,000 visits the previous two years. This was the first year we kind of plateaued at 30,256 visits. Our door to doctor when I started was around 45 minutes. We're at 27 minutes on average and that's not just because the billboards are out there. That's what we're striving to provide to our community. Total surgeries; you look at the other institutions and they're good institutions and sure, they're happy to take more volume. But this scares them. They've had emergency meetings all weekend. Mercy's get units open that they were going to close for construction because they're not sure what they're going to do. Their ER is slammed and overloaded, especially this time of year with flu season. Now, everybody had a volume decrease across the board in 2017. Percentages might vary. We might have been 10%, they might have 9% or 8%. We've kind of been in the same boat. I talk to them, I collaborate with on emergency preparedness and other things and we're all in the same boat. But our surgical services, our cardiothoracic services, trauma, 271 in 2015. 274 in 2016. 307 in 2017. It was actually closer to 330, but the trauma criteria sometimes changes and that, again, is testament to what the EMS thinks of us. What the community thinks of us and how we're going to use this. So, if there's any way you can help, we'd greatly appreciate it. Thank you.

**CINDA KEENER** — I'm the Cardiac Cath Lab Director. Bret and I worked together today with the surgical residents to get these numbers together for you and we have some paper copies if you want. I can pass those around as well. But it doesn't make much sense when we look at the numbers that we've consistently gone up in numbers in all of these areas and one of the things that I've been looking at, I just want to say a little bit on my background. I'm an R.N. My expertise is as a clinical nurse. I'm not an accountant I'm not a coder; I am none of those things, but that falls a little bit into my job as the director to look into these things and make sure that we're billing properly. Having said that, in the past six months, my staffing finally got a level where I wasn't in the cases all the time and I was able to start digging in deeper and looking at some things and I found some very disturbing things where we were not charging appropriately. We were not billing appropriately. It was getting through the coders which, by the way, are corporate coders. I found some things and started asking questions and went back and we found over \$439,000 of mischarges on one CPT code. I brought this to their attention back in August. I've asked many questions about rebilling; how do I do this? What do we do? I have gotten zero help. So, begs the questions, why? Is this why we are losing

money? Because these things are not working appropriately. It is the responsibility of the corporation to have in place for us, the correct processes to get this done. No slight to myself, but that's not my expertise. So, when I go for questions, I've brought this to the attention of many people at the administrative level and it has gone nowhere. Since we went live with Cerner Charting, which is the computer charting we are required by the government to...we didn't have to go with Cerner necessarily, but we had to go to computerized charting. So, that's the program they went with. The installation and that entire process, I think, is part of what has led to some of this problem. I have over 40 CPT codes in my department alone that do not cross over from the Cerner system to the HMF billing system. So, we have to do a manual work around, every time. A lot of my staff who has come, this is how much this means to them and I brought this to administration's attention to get us from this. They've left it on my shoulders to fix it by myself. It makes no sense. So, are we really losing money or are we not capturing the money that we should. And that's where I left it with them and, obviously, the rug was pulled out from under us on Friday. I just want to say that particular day and Bret will back me up here; we holding patients in our ED for ICU beds because our volume is high. So, those are the things that are very concerning to me from this corporation not supporting us as a business. I know last Friday, too, because we had to hold patients and that's become a consistent thing in our department is that we have to hold patients because there's literally, nowhere for them to go. So, we are recovering them in our beds and if we're able to send them home, we are making special arrangements and really doing a lot of bed juggling to make things happen. Plus, they did major cuts back in March. So, we've been working on a shoe string staff.

**DR. MIKE MUSSO** – Just to add to it, we made a bunch of reduction back in March. We cut a lot of FTE's. Eliminated a lot of positions and that's been ongoing for well over a year. So, the hospital itself and presented with each problem, are doing all we can creatively, too. To make ourselves more profitable. If Quorum was engaged, they would listen to the previous manager of finance, Steve, and would have brought in two billing specialist who would have paid for themselves in a week. Because updating those charges, aligning what you should be billing for what you're doing appropriately, then there wouldn't be, and this is Cath Lab, one department. One department is missing out on, not the whole hospital. One department is missing out on, under one code, \$400,000 in billing.

**CINDA KEENER** – In my department alone there's probably close to 100 CPT codes just for my department alone and the CPT code is something that's set forth by CMS. It does matter where you are in the country. It's always the same CPT code for the procedures. So, my thought and I think this is a logical line of thinking is, if I, a nurse with no coding background, no real expertise in this. If I can find one CPT code that's missing over \$400,000 worth of charges, how many are we missing in the hospital? And there's a lot of CPT codes in the hospital. And then we've asked for help. We've been told that's it's each individual director's responsibility. Well, again, I'm clinical. Bret is an R.N., he's clinical. We're hired as clinicians. We're not hired as expertise in coding and that's where that conversation stopped.

**BRET ULRICH** – I'll add one more comment. Those numbers those 47 minutes, 83 minutes that are below national goals, are gone. You're getting shipped cross town; you're not going to come close to that. They're going to have double the census. They can't even get you into the doors. Maybe that's a three-month, six months that they can fix, but that's what's going to happen.

**CINDA KEENER** – I'm so sorry. This isn't about the billing and things, but just with Bret what he's talking about because these times that we talk about are so, so important when you're talking heart muscle and that's what are passion is with the Cath Lab. It's obviously saving our patients and make sure we save heart muscle and that is a concern. I know that Aultman and Mercy are not that far away, but when you're having an emergency, they are extremely far away. It is not an easy commute

from here to there. One of the things I worry about, my husband is a fireman. Not in Massillon Fire, but over in Canton. But, how this is going affect Massillon Fire Dept. It is difficult for the firemen to outside of their district. I know because my husband's a fireman and paramedic and you're going to have Massillon Fire running outside of their district consistently. My fear is that to make things work, are they going to have to rely on private ambulance/EMS which then causes a whole cascade of problems for the residents of this area where they're those private to hard billing your residents and they're not getting the services that they deserve. Thank you.

**DR. SHYAM BHAHTA** – I'm a cardiologist at Affinity Medical Center. We'd like to thank all of you for hearing us out because this is really unprecedented. In 2010 with the Affordable Care Act became law, it was predicted that 20% of hospitals would close over the next 10 years just due to all the changes that the law brought. But, it was expected that those were smaller hospitals. Smaller than what we have here at Affinity. In rural areas that did not expand Medicaid and certainly hospitals that were not anywhere near as busy or as productive as our hospital is. As multiple people here have pointed out, at Affinity of last year, we did over 400 stint procedures. That's as many as some of the academic centers across the country. We did about 250 open heart surgeries including about 100 to 125 valve surgeries which is also pretty impressive. We don't have the fingerprint of a hospital that's failing. When you come into our hospital, when you come to the emergency department, it's a brand-new emergency department. The coronary care unit and ICU's are state-of-the-art. Our cath lab is better than some of the bigger ones that I have worked in and it's surely a state-of-the-art facility. It's not always obvious from the outside. We're a small community and it's a small hospital, but it truly has state-of-the-art care. We have outstanding outcomes. So, when I received the news on Friday, and I was actually out of town, I was actually doing some course work. It was totally unexpected. We knew it was a big meeting and we knew that something big was going to be announced, but, I don't think any of us imagine in a million years that it would be that the hospital is closing without any sort of warning or any sort of signs that things were closing. Hospitals that are closed, it doesn't happen overnight. It's usually a slow process and it usually revolves around declining admissions, declining ER visits, declining procedures. It's kind of a slow death and then, eventually, somebody makes the decision to close it. So, when we heard the news on Friday that Affinity was being closed in 30 days, that was just completely unprecedented. I think the second thing is that due to the significant shortage of doctors across the country, especially here in Ohio. Especially in the rural parts of Ohio and we're a major teaching hospital for Ohio Heritage College of Osteopath of Medical, I'm proud to be a faculty member there, I'm not an osteopathic physician, but I'm proud to be on the faculty there and students that go to osteopathic schools are much more likely to go into primary care and other specialties that are really big in the rural communities. So, and students that train at our hospital are much more likely to come back for residency training. General surgery, we have a great general surgery residency and there's a significant shortage of surgeons in the rural communities. And residents that train in hospital are much more likely to join there and to stay in practice. And I think that if Affinity were to close, that would further exacerbate the shortage that we're going to see in rural parts of Ohio as well as all across the country. So, that's something to keep in mind as well. Going back to 2008 during the economic recession health care is probably one of the few industries that actually created jobs. While just about every other industry especially in automotive and manufacturing which were really big in Ohio especially in rural Ohio, but health care actually created jobs. It was actually a big area of growth and when you see that 800 people are going to lose their jobs by this closure and 300 physicians are going to be losing their jobs, that's a big impact on the local community and I think it's really unfortunate that what's really a gem in our community is going to be shut without any sort of input from us. As some people know, I'm also doing my MBA degree. And the reason I'm pursuing my MBA is that we as physicians and health care providers need to be more involved in the management of our hospitals. Unfortunately for far too long, we've delegated that authority to people in the business world who may know business, but they don't know health

care. They don't take care of patients. They don't understand that their financial decisions are having a human impact on not just the people that work here, but the patients and the community. So, I think this is great...this is really impressive that the kind of outpouring of emotion we've seen with the hospital closing. Most people just would accept it and walk away. But, I'm really fascinated by how aggressive everybody's been and just how passionate people are about this hospital and community. I do think the concept of public ownership of the hospital and we should look into it. If there's a way to allow the community to buy the hospital, that might be something worth pursuing. I know it's very challenging to find a corporate buyer or even a local buyer from one of the area health systems. So, one thing that should be explored is should we as a community pursue a public ownership of the hospital and then you could appoint your own Board of Directors and own administrators to run the place and not rely on a distant corporation to make decisions for us. Thank you.

**COUNCILMAN CHOVAN** – Earlier you talked about possibility of physicians to own the hospital. Are any of you in here friends or associate with any of the doctors from Western Reserve up in Cuyahoga Falls? Do you know how they pulled it off or what their structure looks like? Here's why I'm asking this, not so much that I really care about that, but if you really want to get a true idea of what's really happening within the corporations, put together a buyer group. Do a letter of intent and then through due diligence, you got the chance to ask what every dime was spent on whatever and if you're missing income, that's the kind of stuff you do through discovery when you're buying a business. So, whether it's a physician group, a public group or a combination, I think until that happens and that they would sell the hospital, I think we're just kind of at a loss. Nobody knows where to go with it until you can actually get the permission to do that. Just my statement, I don't have any question.

**DR. BHAHTA** – And that's why we ask for help because it took Dr. Kent approximately two years to gather the amount of capital that he needed and then move forward. He also needed a 40% ownership at the time of Summa to pull that off and to lease Western Reserve from Summa. Not having to buy the building, working collaboratively and lot of top end doctors invested in it. A lot of very good doctors like you have here in this room right now. However, being under handed and hitting the gas, Quorum's really taken any opportunity for us to be active, to be engaged in the process in making a difference of what happens to this community. It's not just this hospital, it's what happens to this community. You lose all those services. You lose a lot. We're just excited that another fire station was going to be opened soon. We celebrate what they celebrate. Me and Chief (Fire) have collaborated on a lot of things. There's so many things. The ripple is huge. If we could get that clock, if we could get that time. Had we been given that time 18 months ago, these doctors would have taken it very seriously in taking action. Had this corporation, who obviously doesn't care about this community or the people that in it, given the opportunity for the right thing to be done, we would be looking at those things.

**COUNCILMAN CHOVAN** – That's the one thing that bothers me because it sounded like, from everything that I've read, like Quorum's been looking for several years at the operations. The fact that they're giving you such a short deadline before they're going to padlock everything, tells me that their minds already made up and write-off; they don't give a darn about the community, but the write-off might be what they're looking for. So, unless, Kathy, you're talking about an injunction, unless we can do something like that to postpone things and given time to really digest this a little bit, I'm not sure where to go from here for you.

**DR. BHAHTA** – We're hoping to have a little more on numbers to give to you tomorrow and see what else, working collaboratively towards. But, they've really cut us on the clock. They just hit the gas and we are left without a lot of options. Thank you.

**WILLIAM SHEHAN** – I'm one of the nurses. I don't have numbers, I just want to speak for the nurses. Most of us have been there for a long time. My wife and I both work there. I started in 1997, left and came back because it was Affinity. I'm willing to go down to bottom of the ocean with this thing. I don't want to leave. I don't want to start over. And my other concern too, this isn't just Massillon. Canal Fulton, it's going to affect everybody if this hospital closes. Thank you.

**KATHLEEN HAN** – I'm a registered nurse. I've been at this for 24 years and I to address something else. I want to talk about the unions. Five years ago, when we voted, many of us, we never supported the union. We lost by one vote. The union got in, I believe, by one vote. It was 51 to 49. There are some legitimate concerns with nurses. We've lost ancillary staff, Quorum has cut our numbers so, you do feel like you're short staffed. So those are some legitimate complaints, but the way the union has gone about their tactics. I'm embarrassed. Many days, what I see in the paper, I'm embarrassed. Their tactics and them over the years trying to embarrass Quorum and their legal fees. I mean, that has to play into a lot of the budget problems. If they're talking about the lawyer fees is one of the reasons, I would love, if the nurses could have a chance to vote today, I would like, if there's any potential buyers, I believe we would unanimously vote the union gone. We don't have a union contract so I believe we can still take a vote to get them out. I'm just talking about a few of my coworkers I have talked to, but we would love to take another vote and just dismember the union. That's how I feel. I don't know about my coworkers (applause), but we would love to see them gone. So, I don't know if that puts Quorum's legal fees or has something to do with the finances. We're ready to support anything. And it's not just from this past week. I have felt this way every since the union started five years ago. I've not been a union supporter.

**COUNCILMAN MANSON** – Is there anybody else that wants to come up?

**DR. MONA SHAY** – I'm a practicing gastroenterologist in the area. I'm also Chief of the medical staff at the hospital and I'm also an employed physician. I've been in practice for 20 years. I'm a product of our education program. I did my student years here. I did my residency here. I went off to the state up north and did my fellowship and recruited to come back. We had a very viable, very profitable corporation. Unfortunately, we had trouble recruiting. This area as many businesses have a very difficult time recruiting young physicians back to the area. And that's why our training program is so important. Because of this situation, we had a hard time recruiting. I have two senior partners and I didn't want the crust of the business to fall on my shoulders. So, several years ago, I encouraged my partners to enter into an agreement with the hospital and we sold our practice almost three and a half years ago and to be honest, it's been totally mismanaged. It's been an embarrassment. We've had non-stop patient complaints and as of a week ago we actually submitted a registered letter from our attorneys hold Quorum in breach of our contracts. We looked to walk away. It's been extremely mismanaged in the last six months. We've had numerous employees leave our practice. We've had people leave to come back to the hospital because they thought it was more stable. We lost employees to other hospitals. We lost employees to retirement and medical leave. And those position were never posted so that, in a matter of three months, we were down six employees and my partners and I couldn't continue to function taking care of patients the way that we were used to. We were turning patients away. We were turning patients away from our good referring physicians and they're going elsewhere. So, the volume substantially affected so that we actually expected some announcement to be occurring this past week. However, the announcement that we expected was some type of acquisition of the hospital. So, when we heard the closure, it was a complete surprise. I've been involved with the administrative role for 15 years or so, since I've been affiliated with the hospital. I've held directorships of the educational program and I've been Chief of Staff several times. Several years ago, we explored the opportunity of having a physician

syndication, physician ownership of the hospital. I went down to Texas, at that time the hospital was owned by Tri-Ad and so, we are educated on what that would entail. Lately, a group of us have gotten together and the Mayor has sat in on this and we looked at various ways that we may have a syndicated or hospital owned entity and I'm very familiar with Rob Kent. With what they have done at Western Reserve and also his business plan with his multi-specialty group. Thank you.

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DIANE ROLLAND, CLERK

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PAUL MANSON, PRO TEM