DRAFT MINUTES
Agency for Health Care Administration (AHCA)
Pediatric Cardiac Technical Advisory Panel (PCTAP or Advisory Panel)
Date: September 20, 2019
Time: 9:00 A.M – 4:00 P.M. EST
Location: AHCA Headquarters, Tallahassee, Florida

Members Present: Alfred Asante-Korang, MD; Eric Eason, MD; Joel Hardin, MD; David Nykanen, MD; Jeremy Ringewald, MD; Biagio Pietra, MD; Gul Dadlani, MD

Staff Present: Molly McKinstry, Deputy Secretary; Jack Plagge, Manager Outpatient Services Unit; Bill Roberts, AHCA Deputy General Counsel; Nikole Helvey, AHCA Bureau Chief, Florida Center for Health Information and Transparency (Florida Center); Patricia Vidal, Data Dissemination and Communication Manager; Jess Hand and Adrienne Henderson, Florida Center.

Members on Phone: Melvin Almodovar, MD; Jorge McCormack, MD; Frank Scholl, MD; Michael Shillingford, MD;

Interested Parties: Bill Blanchard, MD; Gerold Schiebler, MD; Curt Fudge, MD; Rodgriguez

Call to Order, Welcome and Roll Call: Dr. David Nykanen welcomed the members, called roll and called the meeting to order.

Review and Approve March 28, 2019 Full Panel Meeting Minutes and July 11, 2019 Public Reporting Subcommittee Meeting Minutes: Dr. Nykanen motioned to approve the minutes. The motion was seconded and the minutes approved.

PCTAP Rule and Update Discussion

Agency Update on PCTAP Rule and PCTAP Rule Discussion: Deputy Secretary Molly McKinstry noted that a copy of the proposed draft rule language, and a cover letter from AHCA Secretary Mary Mayhew, were sent several days earlier to the PCTAP members. Ms. McKinstry added that a 'crosswalk' document was also circulated, showing the rule language suggested by PCTAP members with the proposed draft rule language side-by-side. She explained that the crosswalk document highlights major changes between the requested language and the draft rule language. Ms. McKinstry noted that the intent of the proposed draft rule language was to provide members with an opportunity to see rule recommendations in a standard rule format, and make changes to the draft before the onset of the rule making process.

Jack Plagge, Outpatient Services Licensure Unit Manager, provided an overview of the rule making process. Dr. Nykanen asked how the repeal of Certificate of Need (CON) would influence hospital licensure. Ms. McKinstry responded that the repeal of CON does not affect the Panel's statutory authority to suggest conditions for initial and/or ongoing hospital

licensure requirements. Mr. Plagge added that the rule is enforceable once it is posted on the Florida Administrative Register website, although this could vary depending on the nuances of different rules. Mr. Plagge clarified that rules do not typically repeat information in statute.

Members asked several questions and made suggestions regarding the draft rule language:

- Dr. Frank Scholl noted that the word "annually" should be added to section (2)5(b)4 of the proposed draft rule so that the sentence reads "At least 100 pediatric cardiac surgical procedures annually, averaged over a 2-year period".
- Dr. Biagio Pietra asked for clarification of the statutory authority for quality assurance requirements as written in statute 395.1055. Ms. McKinstry responded that 395.1055 grants statutory authority to develop quality assurance measures, but does not spell out the details of those measures.
- Dr. Joel Hardin recommended that the language in the rule be changed from "Pediatric Cardiac" to "Pediatric and Adult Congenital Cardiac" to reflect the language currently utilized by congenital heart programs for defining patients. Dr. Scholl responded that the language "pediatric cardiac" patients is already in the statute.

Dr. Nykanen led a discussion of the crosswalk document. The following changes were proposed:

1. Dr. Nykanen asked how item one applies to the Panel in terms of quality assurance development. Ms. McKinstry responded that the statute gives the Agency authority to draft rules for quality assurance based upon criteria recommended by the Panel.
4. Dr. Nykanen suggested all concerns regarding site visits be tabled until the scheduled site visit discussion later in the meeting.
6. Dr. Nykanen suggested changing the star requirement to the underlying values that the star system represents: the observed over expected mortality. Dr. Nykanen explained that there is an industry movement away from the star system used by STS. In order to anticipate this change, Dr. Nykanen suggested the rule adopt the intent of the star system by requiring all programs to maintain an adjusted observed over expected STS reported mortality with 95% confidence intervals that are less than or equal to 1.0. Additionally, a program with an observed over expected mortality ratio greater than 1.0 whose 95% confidence intervals do not include 1.0 will be subject to review. Dr. Scholl agreed with this suggestion. Dr. Alfred Asante-Korang responded that the star system was intended for public understanding and that care should still be taken to state this information in a way the public will understand. Dr. Nykanen responded that the rule will be used to evaluate programs, and thus it is incumbent upon the evaluators to understand these requirements.
7. Dr. Blanchard noted that the volume requirement was extensively debated, and the Panel recommended using the STS observed over expected mortality rather than volume. Dr. Scholl added concern that case complexity may not be accounted for by a volume requirement. Ms. McKinstry responded that there is room for discussion on this issue; however, volume standards are consistently used in rule to regulate programs. She added that specifications regarding the types of cases which count towards surgical volume could be determined by the Panel and included in the rule. Dr. Schiebler agreed with Ms.

McKinstry that surgical volume should be used to regulate programs. Dr. Nykanen noted the correlation between volume and outcome as well as the lack of consensus for what volume is associated with improved outcomes. Dr. Nykanen also noted his concern that volume standards may encourage poor decision making by cardiac programs. Dr. Jorge McCormack responded that defining what counts as a case is important, and that adult congenital heart should be included in surgical volumes. Dr. McCormack also noted that STS only counts pacemaker procedures when performed by surgeons, and suggested pacemaker surgeries placed by surgeons or electrophysiologists be counted in rule. Members agreed that the types of cases identified in item seven should be given further review.

Dr. Scholl asked when and how a rule can be revised, and Ms. McKinstry answered that rules can be revised at any time. Dr. Nykanen suggested defining cases as the STS defines cases and that pediatric be defined as patients under 18 or 21 years of age. Dr. Scholl recommended the volume number be the denominator used by STS for mortality determination inclusive of the following groups: neonates, infants, children and adults in the STS congenital database. Dr. Nykanen agreed this might be a solution and recommended the next meeting determine an exact surgical volume number. Dr. Eric Eason asked whether a surgical volume is required by statute. Mr. Plagge responded that volume falls under the quality of care category in statute. Dr. Eason stated that the Panel already reached consensus at the November 29, 2018 meeting to use the STS star system in lieu of surgical volume. Dr. Nykanen responded that the Agency has a clear interest in a volume number, and the Panel's task is to find common ground by coming up with a number at the next meeting.

Dr. McCormack and Dr. Nykanen discussed pediatric invasive electrophysiological studies and concluded that the 30 cases indicated in item seven should include pediatric and adult congenital heart patients. Dr. Nykanen and Agency staff discussed the inclusion of adult congenital cases toward the surgical volume, and concluded there is likely no conflict with statute if adult congenital cases are counted toward surgical volume. However, Ms. McKinstry noted the Agency will review this section. Dr. Curt Fudge stated the definition of *pediatric* is inconsistent and unclear and urged clarification in rule. Members discussed the definition of *pediatric patient* and urged further discussion to clarify this during future meetings. Ms. McKinstry stated that the Agency will review this definition and provide an update to the Panel.

7. Dr. Jeremy Ringewald noted that item seven includes a reference to coronary angioplasty, which is an obsolete term. Mr. Plagge stated this could be changed, and Dr. Nykanen agreed this language should be stricken from the draft.

17. Dr. Nykanen asked the basis for the mobilization time line in this item, and Mr. Plagge responded that the draft language is consistent with adult programs and emergency transport care. Dr. Nykanen responded that standards in adult programs are very different than pediatric programs. Dr. Ringewald noted that the most common emergency pediatric cardiac surgery, ECMO, would be done too late by the standards in the draft rule language. Members discussed what standards might be reasonable for pediatric programs and

concluded that “one hour” should replace the “30 minute and 2 hour” time periods in section 17.

20. Members requested that coronary angioplasty be stricken from item #20 and be replaced with congenital cardiac catheterization. Mr. Plagge explained this was only a repeat of a previous definition.

21. Dr. Nykanen stated that specific training is required for certain pediatric cardiology procedures, and the draft rule language is insufficient in this section. Mr. Plagge explained that additional credentials could be included, although if such credentialing incurs a certain cost, the rule will require legislative ratification. Dr. Nykanen stated that the Panel spent time defining the type of training required and feels strongly that such standards be included as a condition of licensure. Ms. McKinstry stated that the Agency would revisit the language suggested by the Panel in order to determine the fiscal impact. Members responded there likely would not be any fiscal impact, as the guidelines written by the Panel reflect the current minimum standards of care. Ms. McKinstry added that credential verification is primarily the responsibility of the hospital. Dr. Nykanen suggested the next meeting discuss qualifications and verification issues.

27. Dr. Nykanen asked how the language in 5(a) would be assessed by Agency staff. Ms. McKinstry explained that it is common for a rule to state that a hospital must have certain policies and procedures, without spelling out those policies in the rule. Mr. Plagge added that the hospital has a responsibility to review their policies and procedures regularly.

36. Members agreed that the word ‘register’ is not a term used in the industry. Members stated concern that the draft rule (as written) implies that every program must be required to accept adult congenital heart patients. Members agreed this requirement should be changed and possibly stricken.

43. Dr. Nykanen requested the words “as appropriate” be added to the requirement for life support.

58. Dr. Nykanen stated that the IAC is the only accreditation specific to pediatric and congenital heart disease and is an industry standard. Members agreed that no other accrediting organization exists, and recommend keeping the original requirement specifying IAC accreditation.

61. Dr. Nykanen asked whether <u>pediatric</u> specific radiologists, intensivists, and anesthesiologists should be specified in rule. Ms. McKinstry and members discussed how “pediatric training or experience” is commonly assessed. Dr. Nykanen clarified that the overall concern is that the rule be written in a way that ensures, for example, that pediatric patients are not admitted into adult ICU wards. Ms. McKinstry concluded that the Agency would look at this item for further review.

75. Dr. Nykanen stated the phrase “image intensifier” is outdated and should be removed.

85. Item (d)2 should read “have a field strength of > than or equal to 1.5 Tesla…”

101 and 102. Members requested the addition of an item “f” that includes “pediatric cardiac intensivist”.

PCTAP Administration and Operations

PCTAP Member Term Limit Discussion

Dr. Nykanen stated that he discussed PCTAP member term limits during his September 19, 2019 meeting with Secretary Mayhew. The PCTAP statute that went into effect on July 1, 2019 determines PCTAP member terms. Dr. Nykanen stated that current member terms were effective beginning July 1, 2019. Terms are for a period of two years and are (optionally) renewable once. Hospitals are encouraged to maintain a surgical and medical presence as their member representatives. In order to ensure continuity of membership, Dr. Nykanen asked if certain members could serve a flat four year term. AHCA Counsel Bill Roberts stated that such a four-year term is not mentioned in statute (395.1055) and thus such a requirement may be problematic. Ms. McKinstry added that a member might instead voluntarily opt not to renew a two-year term. Dr. Blanchard suggested half the members voluntarily accept two-year terms and half accept two-year terms and a two-year renewal. Dr. Nykanen stated this might be an option for maintaining continuity.

PCTAP At-Large Alternates Discussion

Dr. Nykanen explained that the PCTAP statute directs the Agency Secretary to appoint three at-large alternates to the Panel as representatives of the Florida community at large. He added that members feel strongly that at least one at-large alternate should be board certified in adult congenital heart disease. Two suggestions given for at-large alternate members were Dr. James Joyce of Jacksonville and Dr. Sabrina Phillips. Dr. Blanchard stated that members should come up with three names at the next PCTAP meeting. Members discussed the history and reasoning behind the at-large alternate nominations.

PCTAP Budgetary Appropriations

Dr. Nykanen requested an update from AHCA staff on the status of the $150,000 budgetary appropriate for PCTAP activities. Ms. Nikole Helvey responded that $50,000 has been allocated for a full time staff position, and hiring is underway for the position. The remaining $100,000 will cover contracts with the STS and the ACC as well as travel costs for members. Dr. Blanchard inquired as to the status of recurring PCTAP funds, noting that no such funds have been requested in the AHCA budget for the next year. Ms. Helvey responded that she understood the concern and would find out more regarding this matter. Ms. McKinstry responded that the budget had to be filed within a certain period, and there was no other reason for the absence of PCTAP funding. Dr. Blanchard asked how the Agency plans to fund recurring activities such as the STS contract. Dr. Blanchard also asked whether it would be appropriate for PCTAP advocates to request recurring funding from the legislature, naming AHCA as the beneficiary responsible for the allocation of such funds. Ms. McKinstry stated that since the legislative

funding was non-recurring, it would be appropriate for members to request recurring funding from the legislature. Dr. Blanchard asked whether the amount of $150,000 should be increased. Dr. Schiebler stated that he would make a legislative request for recurring monies and added that it would be helpful if the Agency could state the costs of the STS and ACC contracts so that the amount he requests will be sufficient.

Voting Membership Status:

Dr. Nykanen explained the context for discussing voting member status was to establish the status of voting members of hospitals with a revoked license. AHCA Chief Counsel Bill Roberts stated that if one of the ten statutorily appointed hospitals loses its license, the member appointed by the hospital becomes a non-voting member of the Panel. Dr. Nykanen clarified that this means membership is contingent on licensure, not on the determination of the Panel. Dr. Alfred Asante-Korang stated this issue came about because of questions concerning Johns Hopkins All Children's Hospital. However, Dr. Asante-Korang noted that Johns Hopkin's license was not suspended or revoked.

Site Visits Discussion:

Members and Deputy Secretary Molly McKinstry reviewed the statutory guidelines for PCTAP member site visits. Dr. Nykanen reminded the Panel that Sunshine Law prohibits two or more Panel members from discussing business that may come before the Panel, outside of a publicly noticed meeting. Dr. Blanchard provided an overview of the history of site visits under previous iterations of the Panel and the circumstances leading to the current Panel. Dr. Blanchard reviewed his discussion with Secretary Mayhew regarding future iterations of the Panel.

Deputy Secretary McKinstry stated that Secretary Mayhew wants to understand the goal of the Panel when performing site visits. Ms. McKinstry explained that the current legislative Panel framework is regulatory, and the purpose of regulatory site visits would be to determine compliance with statute and rules. Thus, a lack of facility compliance may result in sanctions. This means that members who participate in site visits may be witnesses in cases that result in sanctions. Ms. McKinstry acknowledged the Panel might have intended for site visits to serve a quality collaborative, rather than regulatory, function.

Dr. Scholl stated that the Panel would like regulatory authority and a quality collaborative. Dr. Scholl suggested that since members have sovereign immunity during site visits, and Sunshine Law limits one Panel member per site visit, the site visit committee should be comprised of the following: one Panel member, AHCA representatives, and other non-Panel member experts in the field. Dr. Scholl recommended site visits occur on a regular schedule, and asked whether non-panel members who serve on a site visit committee would share the sovereign immunity protection currently held by members. Dr. Blanchard noted that the statute only ensures sovereign immunity to Panel members. Dr. Schiebler asked whether the Agency could grant sovereign immunity by rule. Chief Counsel Roberts explained that sovereign immunity can only be granted by statute, not by rule, and thus does not apply to non-Panel

members under the current statute. Dr. Schiebler stated that granting sovereign immunity to non-Panel members serving on a site visit committee should be a top legislative priority.

Ms. McKinstry asked what the Panel envisions happening after a Panel member participates in a regulatory site visit and the Panel discusses the matter before it goes to the Agency. Dr. Blanchard responded that the Panel would review the findings and suggest corrective actions, if needed, to the Agency. Dr. Asante-Korang asked whether three Panel members could do a site visit separately and write separate reports to bring before the Panel. Chief Counsel Roberts said there could be no communication at all between the members performing the site visit. Dr. Scholl asked whether Panel members could be in the same room during an informational presentation on a site visit. Members pointed out that this could be problematic in the event that a sanctioned program objected to what may appear to be a potential Sunshine violation. Dr. Scholl suggested this could be avoided if an AHCA representative joined each Panel member throughout the visit. Dr. Biagio Pietra asked, and was informed, that materials shared during the site visit become public record.

Dr. Nykanen stated that regulatory site visits may not be the original intent of the Panel. He suggested an alternative to regulatory site visits: a program in trouble would trigger a recommendation by the Panel to the Secretary for a site visit review. Dr. Nykanen reminded the Panel that the Agency Secretary has the authority to perform site visits but is not required to do so. The Panel may make recommendations to the Secretary for a site visit when the Panel perceives there is a need for a program review. Members discussed different versions of site visits. Dr. Scholl asked whether members of the Panel could start a collaborative consortium outside of the PCTAP to focus on program quality. Members asked how AHCA normally ensures hospital licensure compliance. Ms. McKinstry reviewed the Agency mechanisms for compliance review and the role of accreditation and risk management as part of determining hospital facility compliance. Dr. Nykanen reviewed the recent history of Panel site visits and discussed the role of AHCA in quality collaborative versus regulatory site visits.
Members asked whether programs being reviewed could be invited to attend a PCTAP meeting in order for members to evaluate the program in compliance with Sunshine. Chief Counsel Roberts responded that the Panel's legislative mandate is currently as an advisory panel, not as an enforcing body, and cannot compel programs to appear before the Panel. Members agreed that obtaining sovereign immunity for non-Panel members would be important for the site visit committee. Members determined that further discussion would be needed to agree upon site visit recommendations to the Secretary. Dr. McCormack recommended the Panel revisit the idea of forming a quality collaborative unrelated to the Panel and AHCA.

STS and Public Reporting Subcommittee Update

Public Reporting Subcommittee STS Update

Dr. Scholl reviewed the minutes from the last subcommittee meeting. He asked for the STS letter to include a data request and a request for auditing programs. Dr. Scholl suggested members review the STS Excel spreadsheet line items at the next meeting so this information could be included with the STS letter data request. Dr. Scholl asked that the Agency add this to the agenda for the next meeting.

Dr. Scholl reviewed the STS Report Excel Documents circulated in the meeting packet. Dr. Nykanen asked whether the Agency rule should include language mandating all programs submit their STS report to the Agency. Dr. Scholl agreed this should be included in the rule. Dr. Nykanen asked whether this would circumvent the need for a data request from STS. Dr. Scholl responded that requesting the data from STS ensures continuity of access to granular data. Ms. Helvey added that separate legislation mandates the Agency contract with STS and ACC to obtain data reported pursuant to the PCTAP rule. Members agreed the priority should be to send a letter to STS requesting an estimate for these reports. Members discussed the various intervals of data reporting and data elements and ways to present the data to the public in a consumer friendly format. Ms. Helvey stated that she welcomed the Panel's assistance in formatting the data for the Agency transparency website.

Full Panel Vote on subcommittee recommendations

Dr. Scholl asked the Panel to vote on the following:

- Approval of the subcommittee recommended STS tables
- Hospitals required to submit full STS report to AHCA every six months
- AHCA provide an easily accessible link to the reports on the FloridaHealthFinder.gov website

Ms. McKinstry stated that the Agency will contract with the STS to obtain the data reported per the PCTAP statute. The statute implies the Agency will obtain this data from STS, and a recommendation that the hospitals report to the Agency may be problematic. Dr. Nykanen stated the Panel should stay within the statute. Dr. Schiebler requested a copy of the statute referenced by Ms. McKinstry. Agency staff agreed to circulate the statute.

Dr. Nykanen asked whether the vote would mean that the subcommittee recommendations would be put into rule. Ms. McKinstry responded that it may not be appropriate to put these recommendations in a rule, but the vote could be on a recommendation from PCTAP to the Agency for consideration. Dr. Nykanen called for a motion to approve this recommendation. Dr. Pietra made a motion to approve all three items for recommendation to the Agency, and Dr. Asante-Korang seconded the motion. There were no opposed.

Proposed Real Time Outcome Subcommittee

Dr. Eason suggested real-time outcomes as part of the Panel's ongoing public reporting. To this end, the Panel suggested the formation of a real-time outcomes subcommittee with Dr. Eason and Dr. Bob Hannon and any additional interested parties. Dr. Eason stated that he spoke with Dr. Hannan and Ms. Janet Kreutzer who both agreed the next step should be a request for a module that can pull data on a regular schedule from Cardio-Access information to publish on the Agency website. Dr. Nykanen stated that this discussion would be appropriate for a meeting of the real-time outcome subcommittee. Ms. McKinstry noted that the rule cannot specify a certain vendor, such as Cardio-Access, so the panel should specify the data elements, not the vendor, in a data request. Dr. Scholl proposed a motion that the Panel support the development of a Real Time Outcome Subcommittee chaired by Dr. Eason. Dr. Dadlani seconded the motion. There were no opposed. Ms. McKinstry suggested that the Agency share with the subcommittee how the Agency currently collects and audits data. Ms. Helvey reminded the Panel that legislation requires the Agency to contract with the ACC for cardiology data. Dr. Nykanen asked whether there was a need to continue the Transparency and Public Reporting Subcommittee. Members agreed to suspend the Public Reporting Subcommittee.

Public Comment:

Dr. Schiebler asked if payment can be denied to non-compliant institutions. Deputy Secretary McKinstry responded that most services are paid for through managed care plan agreements, and there are not regulations in place to prohibit managed care plans or Medicaid fee for service from making payments to programs in good licensure status. She also stated that a facility cannot serve the Medicaid Program if the program loses their license.

Dr. Schiebler provided an update on the legislative activity regarding cardiac issues (see attached). Action items in response to numbered items on this list are as follows:

3) Dr. Nykanen asked Ms. McKinstry for copies of similar reports so the Panel can structure the report appropriately.

4) Dr. Kristine Guleserian is no longer practicing in Florida. Thus, Nicklaus Children's Hospital needs to nominate new alternate member to the PCTAP.

Ms. Joni Silvestri of Shands Hospital in Gainesville stated her gratitude to the physicians and Agency staff to ensure safety and care of the patients. Ms. Silvestri asked how the data reported under section seven of the draft rule advances the goal of the Panel now that Certificate of Need has been eliminated. Deputy Secretary McKinstry stated that she will have the Agency review these portions of the draft rule to make sure the language is meaningful. Ms. Silvestri also noted that using DRG codes to report cardiac surgeries may be problematic as admissions and discharges do not always use DRG codes which reflect procedures accurately.

Ms. Silvestri added that cardiac trauma may not be captured under a Panel name that restricts the focus to "congenital" cardiac conditions.

Members discussed the name of the Panel and agreed that "Pediatric and Congenital Cardiac Advisory Panel" encompasses all patients under the purview of the Panel.

Meeting Summary

Member Action Items:

- Members requested future meetings on the third Thursday of every other month.
- The next meeting will be on October 15 from 5-6:30 and then every other month for an hour and a half meeting.
- The objective of next full Panel meeting will be to finalize the draft rule and decide on a number for the surgical volume.
- Members will suggest names for a third at-large alternate at the next full Panel meeting.
- Dr. Eric Eason will contact the Agency to schedule a meeting of the Real Times Outcome Subcommittee.
- Dr. Pietra will contact Dr. Jay Fricker to develop standards for heart lung transplantation.
- Dr. Nykanen and Dr. Blanchard will work on the statutorily mandated PCTAP report to the legislature.

Agency Action Items:

- The Agency will implement the Panel member changes to the draft rule detailed in the minutes and provide an updated draft rule at the next Panel meeting.
- The Agency will review the crosswalk document language in order to evaluate the following:
    - Section 7: the inclusion of adult congenital cases toward the surgical volume; the definition of a *pediatric patient.*
    - Section 21: the fiscal impact of the Panel accreditation recommendations.
    - Section 61: the assessment of "pediatric training or experience".
- The Agency will review the Certificate of Need references in section seven of the draft rule to ascertain whether this language is meaningful.
- The Agency will provide an update on the draft letter from the Secretary to the Department of Health based on the draft letter provided by Dr. Hudak regarding neonatal pulse-oximetry screenings.
- Members suggested the agenda of the next meeting include a discussion of a request to the legislature for recurring funding for the PCTAP.
- Members suggested the agenda of the next meeting include a discussion of how, when and if the Panel will evaluate pediatric and congenital cardiac programs.

- Members suggested the Agenda of the next meeting include a discussion of the STS Excel Spreadsheet.
- The Agency will provide Dr. Nykanen and Dr. Blanchard examples of reports to the legislature as a template for drafting the PCTAP Legislative Report.
- The Agency will provide the Panel with a copy of the statute that mandates the Agency contract with the STS to obtain the data reported per the PCTAP statute.
- The Agency will provide the Panel with information regarding current Agency procedures for collecting and auditing data.
- The Agency will contact the CEO of Nicklaus Children's Hospital for an appointment of a new alternate member.

Adjournment: Dr. Nykanen adjourned the meeting at 3:13 PM.