QUALITY COMMITTEE
Herman A. Cole, Jr. (ex-officio)
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
George Mikitarian (non-voting)
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Pamela Tronetti, D.O., President/Medical Staff
Patricia Alexander, M.D., Designee
Greg Cuculino, M.D.
Christopher Manion, M.D., Designee
Aluino Ochoa, M.D., Designee

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, APRIL 2, 2018
NOON
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the February 5, 2018 meeting.

II. Vision Statement

III. Public Comment

IV. Dashboard Review

V. Patient Safety Movement Foundation - Overview of APSS

VI. Top 10 – 2018 Patient Safety Risks

VII. Safe Opioid Program

VIII. Other

IX. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE EDUCATION COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY EIGHT (48) HOURS PRIOR TO THE MEETING. FOR IN FORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD). THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUUPORT, INC. SHALL BE CONDUCTED.

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE

A regular meeting of the Quality Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on February 5, 2018 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Peggy Crooks
Gregory Cuculino M.D.
Billie Fitzgerald (12:16 p.m.)
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.,
Christopher Manion, M.D.
George Mikitarian (non-voting)
Jerry Noffel (12:16 p.m.)
Aluino Ochoa, M.D.
Stan Retz, CPA
Ashok Shah, M.D. (12:16 p.m.)
Pamela Tronetti, DO

Member(s) Absent:
Patricia Alexander, M.D. (excused)
Kenneth McElynn, M.D. (excused)
Maureen Rupe (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 12:07 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (9 ayes, 0 nays, 0 abstentions). Mrs. Fitzgerald, Mr. Noffel & Dr. Shah were not present when the vote was taken.

ACTION TAKEN: **MOTION TO APPROVE THE DECEMBER 4, 2017 MEETING MINUTES, AS PRESENTED.**

PUBLIC COMMENTS

None

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

QUALITY DASHBOARD REVIEW

Mr. Loftin reviewed the Value Dashboard included in the agenda packet and discussed each indicator score, with an emphasis on readmission data, as it relates to clinical quality and cost. Dr. Tronetti indicated she would like to be involved in the readmission initiative. Copies of the PowerPoint slides presented are appended to the file copy of these minutes.

ORO 2.0

Mr. Loftin indicated the ORO 2.0 information was entered into the system, however, it prompted additional questions. The Committee proceeded to review prior answers and addressed the new questions.

CITY LIAISON

Mr. Scott Larese handed out the latest edition of Titusville Talking Points, and addressed questions from the committee.

OPIOID FOCUS

Dr. Carmona highlighted points from a presentation he recently attended at the Brevard County Medical Society regarding Opioid statistics. Mr. Loftin noted the Education Committee would also hear a presentation later in the afternoon regarding Opioid marketing. Copies of the Power Point slides presented are appended to the file copy of these minutes.

OTHER

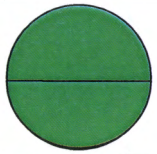
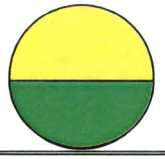
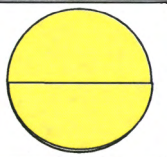
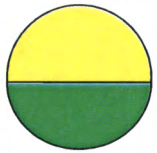
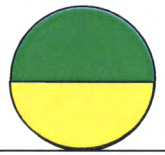
There was no other business brought before the committee.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:32 p.m.

Herman A. Cole, Jr.
Chairman

Board Value Dashboard: April 2018

Core Measures*	
Hospital Acquired Conditions	
Patient Experience	
E.D. Care	
Readmission	

CMS/IHI Triple Aim

- Better Care For Individuals
- Better Health for Populations
- Lower Costs Through Improvement

Value= Quality/Cost

(Most current 3 months of data; December, January, February)

PMC
Board Quality & Safety Committee

Value Dashboard

April 2018

PARRISH®
MEDICAL CENTER

Agenda

1. Vision Statement
2. Dashboard
3. APSS
4. Top 10
5. Safe Opioid Program

PARRISH MEDICAL CENTER

Quality Committee
Vision Statement

"Assure affordable access to safe, high quality patient care to the communities we serve."

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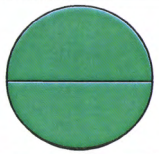
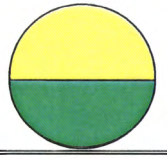
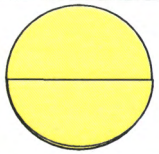
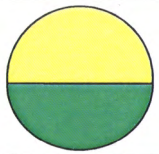
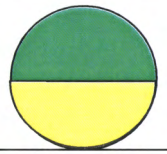
Board Value Dashboard: April 2018

Core Measures*	
Hospital Acquired Conditions	
Patient Experience	
E.D. Care	
Readmission	

CMS/IHI Triple Aim

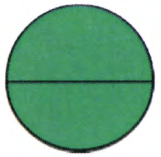
- Better Care For Individuals
- Better Health for Populations
- Lower Costs Through Improvement

Value= Quality/Cost

(Most current 3 months of data; December, January, February)

PARRISH MEDICAL CENTER

1. Core Measures



- Performance goals
  - ✓ Top 10% nationally for:
    - Overall ("bundle") scores
    - Scores on individual components
  - ✓ No unresolved sentinel events
  - ✓ Compliance with related care processes

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Updated March 2018

What's New

July – September 2017 is in final status.

October to December 2017 is in final status.

January to March 2018 is in concurrent status.

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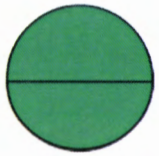
MEDICAL CENTER

1. Core Measures 2018



Conditions:

- Sepsis
- VTE
- Stroke
- Emergency Department Treatment Times
- Influenza Immunization
- Perinatal Care

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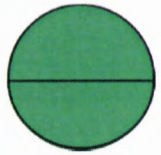
FY 20/ CY 18 Core Measures

Indicator	Hospital Compare 90th Percentile	Hospital Compare (July16 – June 17)	Vizient Top Quartile	Vizient Report (APR 16 – MAR 17)	Final Jul – Sep 2017	Final Oct –Dec 2017	Concurrent Jan – Mar 2018
Stroke	-	-	96%	93%	98%	97%	97%
Immunization	100%	96%	99%	96%	N/A	97%	100%
Perinatal Care	100%	100%	95%	100%	100%	100%	100%
VTE	100%	100%	98%	100%	100%	100%	100%
ED-1 (minutes)	176	348	307	421	310	313	353
ED-2 (minutes)	38	208	119	281	181	170	185
Sepsis	-	-	-	-	66%	64%	66%

*Immunization – Influenza only
*VTE – hospital acquired only
*Stroke measures reported to TJC only.

PARRISH MEDICAL CENTER

1. Core Measures



Quality Dashboard Scoring Criteria

- Green: All bundle and component scores in top 10%; no unresolved sentinel event or process variation
- Yellow: All bundle and component scores in top quartile; no unresolved sentinel event; minor unresolved process variation
- Red: Score(s) below top quartile and/or unresolved sentinel event and/or major process variation

PARRISH MEDICAL CENTER

1. Core Measures

Cost Dashboard Scoring Criteria

Ratio of cost versus Medicare reimbursement for HF, AMI, PN/COPD/TJ*

- Green: Cost within 90% of reimbursement
- Yellow: Cost within 75%
- Red: Cost below 75%

	Cost	DRG Payment	Ratio
HF/AMI/PN/ COPD/TJ[1]	$8754	$8,213	94%

1- Average/case

Source – Internal Cost/Reimbursement Review-TR and Treo

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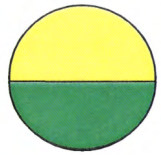
2. Hospital Acquired Conditions

- Conditions



  - Domain 1-
    - PSI-90 Complication/patient safety for selected indicators (composite)
    - PSI-3 Pressure ulcer rate
    - PSI-6 Iatrogenic pneumothorax, adult
    - PSI-8 Postoperative hip fracture rate
    - PSI-9 Perioperative hemorrhage or hematoma
    - PSI-10 Postoperative acute kidney injury requiring dialysis
    - PSI-11 Postoperative respiratory failure rate
    - PSI-12 Post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT)
    - PSI-13 Postoperative sepsis rate
    - PSI-14 Postoperative wound dehiscence
    - PSI-15 Accidental puncture or laceration

Source – Internal Review (iCare) – AHRQ, TR,TJC

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- Domain 2-
  - CLABSI Central line associate bloodstream infections
  - CAUTI Catheter associated urinary tract infections
  - SSI SSI-colon surgery
  - SSI SSI-abdominal hysterectomy
  - MRSA MRSA bacteremia
  - CDI Clostridium Difficile (C.Diff)
- Processes: Clinical indication/assessment documentation

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FY 19/ CY 17 Domain 1/PSI-90

Indicator	Leapfrog Best Perform Rate	Hospital Compare National Rate	PMC Current Hospital Compare Data (July 14-Sept 15)	Concurrent November-January 2017 Observed Occurrences
PSI-90 Composite Rate	N/A	1.00	0.93	Unable to give composite rate
PSI # 3 Occurrence	0.03	0.26	0.12	**0**
PSI # 6 Occurrence	0.19	0.40	0.34	0
PSI # 8 Occurrence	N/A	0.10	0.10	0
PSI # 9 Occurrence	N/A	4.78	4.28	0
PSI # 10 Occurrence	N/A	1.12	1.09	0
PSI # 11 Occurrence	2.13	11.89	12.28	0
PSI # 12 Occurrence	1.39	4.35	4.46	**3**
PSI # 13 Occurrence	N/A	5.94	5.06	0
PSI # 14 Occurrence	1.18	2.26	2.13	0
PSI #15 Occurrence	0.32	0.88	0.85	**0**

MEDICAL CENTER

Source- TRUVEN, CMS and Leapfrog ,Meditech
2/19/2018 ALM

Information regarding PSI Occurrences

Zero in November (validated)

1 in December (validated)

- PSI #12- hospital acquired post op blood clot in leg

2 in January (not validated)

- PSI #12 x 2- hospital acquired post op blood clot in lung

PARRISH MEDICAL CENTER

FY 19/ CY 17 Domain 2/HAI

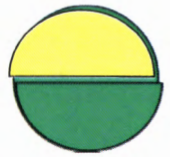
Indicator	Hospital Compare Best Perform Rate	Hospital Compare National Rate (4Q15-3Q16)	PMC Current Hospital Compare Data (4Q15– 3Q16)	Concurrent November-January 2107 Observed Occurrences
Domain 2: CDC NHSN measures	SIR rate	SIR rate	SIR rate	SIR
CAUTI	0.0000	0.949	0.247	0.694
CLABSI	0.0000	0.941	0	0.00
SSI	0.0000	0.946	0	0.00
MRSA	0.0000	0.959	2.967	0.00
CDI	0.1280	0.941	1.066	0.907

PARRISH MEDICAL CENTER

Source- TRUVEN, CMS and Leapfrog ,Meditech
2/19/2018 ALM

2. Hospital Acquired Conditions

Performance Goals



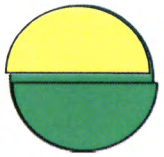
- No infections
- No falls with harm or bed sores
- Compliance with major care processes

Source – Goals established from IHI and CMS standards

PARRISH MEDICAL CENTER

2. Hospital Acquired Conditions

Quality Dashboard Scoring Criteria



- Green: rate of infections in "top" (i.e., fewest) 10%; rate of falls and bed sores in "top" (i.e., fewest) 10%; systematic compliance with care processes
- Yellow: rate of infections in top quartile; rate of falls and/or bed sores in top quartile; minor non-compliance with care processes
- Red: Hospital acquired infection and/or fall or bed sore rate outside of top quartile and/or major non-compliance with care processes

PARRISH® MEDICAL CENTER

2. Hospital Acquired Conditions

Cost Dashboard Scoring Criteria

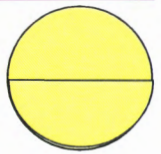
Cost avoidance for one VAP, CLABSI, CAUTI, Fall with Injury

- Green: No HAC program penalty
- Red: HAC program penalty

Source – Internal Cost/Reimbursement Review- TR, Treo

PARRISH MEDICAL CENTER

3. Patients' Hospital Experience



- Components
  - ✓ Patient perceptions of their inpatient experience; 9 indicators included in Value-Based Purchasing program
- Performance goals
  - ✓ Proposed Value-Based Purchasing incentive payment parameters
    - **Full payment for 90th percentile**
    - **No payment below 70th percentile**

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NRC Screen Shot

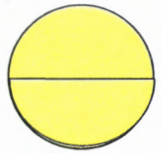
Catalyst Trend by Questions - *HCAHPS*

Mar 31, 2018

	NRC Average	Jan 2018		Feb 2018		Mar 2018		Total	
	Positive	Positive	n Size	Positive	n Size	Positive	n Size	Positive	n Size
HCAHPS: Drs explained things understandably	77.0	70.0	80	65.9	85	72.7	33	68.7	198
HCAHPS: Drs listened carefully to you	80.0	69.1	81	68.2	85	79.4	34	70.5	200
HCAHPS: Got help as soon as wanted	63.6	62.7	75	54.1	74	62.1µ	29	59.0	178
HCAHPS: Help going to bathroom as soon as wanted	69.3	61.1	54	65.4	52	63.2µ	19	63.2	125
HCAHPS: Nurses explained things understandably	75.7	71.6	81	74.1	85	**85.3**	34	75.0	200
HCAHPS: Nurses listened carefully to you	76.5	76.5	81	72.9	85	**88.2**	34	77.0	200
HCAHPS: Quiet around room at night	58.9	73.8	80	67.1	85	61.8	34	68.8	199
HCAHPS: Rate hospital	74.4	67.5	80	65.4	81	61.8	34	65.6	195
HCAHPS: Received info re: symptoms to look for	91.1	95.8	72	88.2	76	**96.7**	30	92.7	178
HCAHPS: Room kept clean during stay	72.8	78.5	79	71.1	83	81.8	33	75.9	195
HCAHPS: Staff described med side effects	50.8	55.0	40	38.5	39	52.6µ	19	48.0	98
HCAHPS: Staff talked about amount of pain		55.9	59	68.4	57	81.8µ	22	65.2	138
HCAHPS: Staff talked about how to treat pain		50.8	59	66.7	57	68.2µ	22	60.1	138
HCAHPS: Staff took preferences into account	46.4	35.1	77	34.6	81	33.3	33	34.6	191
HCAHPS: Talked about help you would need	86.3	88.9	72	86.8	76	89.3µ	28	88.1	176
HCAHPS: Told what medicine was for	78.0	80.0	40	71.8	39	**95.0µ**	20	79.8	99
HCAHPS: Treated w/courtesy/respect by Drs	87.5	79.0	81	77.1	83	87.9	33	79.7	197
HCAHPS: Treated w/courtesy/respect by Nurses	86.4	85.2	81	81.0	84	91.2	34	84.4	199
HCAHPS: Understood managing of health	54.5	40.5	79	51.9	81	58.8	34	48.5	194
HCAHPS: Understood purpose of medications	62.9	56.3	64	58.5	53	58.3µ	24	57.4	141
HCAHPS: Would recommend hospital to family	76.3	70.9	79	67.5	80	78.8	33	70.8	192

3. Patients' Hospital Experience

Quality Dashboard Scoring Criteria



- Green: Aggregate score at/above 90th percentile
- Yellow: Aggregate score at/above 70th percentile
- Red: Aggregate score below 70th percentile

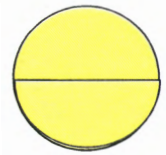
* note- This will follow the final VBP rulings.

Source – PRC reporting (iCare)- CMS

PARRISH MEDICAL CENTER

3. Patients' Hospital Experience

Cost Dashboard Scoring Criteria



Financial impact on VBP

- Green: Positive return on VBP dollars
- Yellow: 0 to -1.00% of VBP dollars
- Red: > -1.00% of VBP dollars

* note- This will follow the final VBP rulings.

Source – VHA VBP projection tool

PARRISH MEDICAL CENTER

4. Emergency Department Care

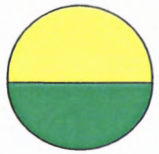
Definition	Actual	Goal
Pts Leave w/o Treatment	3.2%	<2%
Pts return and admit in less than 48 hrs	.66%	<2%
Door to Doc (Median)	21	< 25 min
Door to D/C (Average)	168	161
Decision to Bed (Median)	169	115

Source – Internal Review -CMS

PARRISH MEDICAL CENTER

4. Emergency Department Care

Quality Dashboard Scoring Criteria



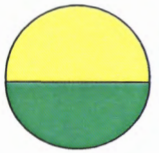
- Green: All performance goals met
- Yellow: Performance for all components at or below 1.5 times the target
- Red: One or more components above 1.5 times the target

Source – Goals established from ACEP and ENA

PARRISH MEDICAL CENTER

4. Emergency Department Care

Cost Dashboard Scoring Criteria



Emergency Department Budget Score

- Green: 90 or greater
- Yellow: 75-90
- Red: less than 75

Source – Internal Cost/Reimbursement Review

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5. Readmissions

Quality Dashboard Scoring Criteria

% of HF, AMI, Pn, COPD, Total Joint Readmissions*

- Green: Less than 8%
- Yellow: 8%-15%
- Red: > 15%

Dec	7.87
Jan	12.4
Feb	11.54
	10%

Source – HIS and DSC Review- AHCA, TJC-DSC

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Questions ?

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PSMF

APSS Review

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Actionable Patient Safety Solution (APSS)	Committment Owner
1 - Culture of Safety	Edwin Loftin
2A - Hand hygiene	Emily Leathers
2B - Catheter-Associated Urinary Tract Infections (CAUTI)	Alex Gutierrez
2C- Surgical Site Infections (SSI)	Matt Graybill
2D- Ventilator-Associated Pneumonia (VAP)	Imee Perez
2E- Clostridium Difficile Infection (CDI)	Alex Gutierrez
2F - Central Line-Associated Bloodstream Infections (CLABSI)	Alex Gutierrez
3A - Medication errors	Dave Ruta
3B - Antimicrobial Stewardship: The role of Pharmacy and the Microbiology La	Dave Ruta
3C - Improve prevention of severe hypoglycemia	Alex Gutierrez
3D - Pediatric adverse drug events	Alex Gutierrez
4 - Failure to Rescue: Monitoring for Opioid induced respiratory depression	Dave Ruta
5 - Anemia and Transfusion: A patient safety concern	Matt Graybill
6 - Hand-off Communication	ex Gutierrez/Matt Grayb
7A - Suboptimal Neonatal Oxygen Targeting	Melinda Hodges
7B - Failure to Detect Critical congenital heart disease(CCHD) in newborns	Melinda Hodges
8 - Airway safety	Susan Bentley
9- Early detection and treatment of sepsis	Matt Graybill
10 - Optimal resuscitation	Matt Graybill
11A - Postpartum hemorrhage (PPH)	Melinda Hodges
11B - Pre-Eclampsia	Melinda Hodges
12A - Venous Thromboembolism (VTE)	Alex Gutierrez
12B - Air Embolism	Matt Graybill
13A - Access to acute psychiatric beds	LeeAnn Cottrell
13B - Collaborative care planning	Brenda Wagner
14 - Falls	Jackie Wiseman
15 - Nasogastric feeding and drainage tube placement and verification	Alex Gutierrez

Questions ?

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Top 10 Patient Safety Concerns

ECRI

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1. Diagnostic Errors
2. Opioid Safety Across Continuum of care
3. Internal Care Coordination
4. Workarounds
5. Incorporating Health IT into Patient Safety Programs
6. Management of Behavioral Health Needs in Acute Care Settings
7. All-hazards Emergency Preparedness
8. Device Cleaning, Disinfection, and Sterilization
9. Patient Engagement and Health Literacy
10. Leadership Engagement in Patient Safety

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Opioid Crisis in the Community we serve

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The Kiplinger Letter

FORECASTS FOR EXECUTIVES AND INVESTORS

1100 13th Street NW, Washington, DC 20005 • kiplinger.com • **Vol. 95, No. 13**

Dear Client:

Washington, March 30, 2018

The opioid crisis has grown even more dire since we wrote you about it last autumn. More people are dying of overdoses. New, synthetic opioid drugs are more potent than prescription pills or heroin. Addiction poses an even bigger worry for businesses that are already struggling to find enough workers.

DRUG ABUSE

Most employers are alert to the problem. But too many are still unprepared for it. One survey says that 70% of firms have felt some effect of Rx drug abuse on their workforce...absenteeism, impaired performance, addicted family members, etc. But 80% don't have a drug-free workplace policy in place.

The financial costs of opioid misuse are steep: An estimated $95 billion in 2016 alone, from the hit to employer health plans, lost productivity, etc. Opioid abuse has probably removed 1 million people from the workforce in recent years...a huge drain.

Working-age men are especially vulnerable to getting hooked. It's a particular worry for employers such as builders, manufacturers, trucking firms, etc., which tend to hire a lot of young to middle-aged men.

ECONOMIC FORECASTS

GDP growth
3.0% in '18,
up from 2.3% in '17

Interest rates
10-year T-notes ending '18 at 3.3%
as government deficit estimates rise

Inflation
2.6% at end of '18,
from 2.1% in '17

Unemployment
Ending '18 at 3.8%,
down from 4.1% at end of '17

Crude oil
Trading from $60 to $65
per barrel in June

Retail sales
Rising 4.7% in '18, excluding cars
and gasoline; up from 4.1% in '17

Complete economic outlook at
kiplinger.com/outlooks

H
ER

What employers can do to fight the scourge: Set strong drug-free policies. That means: The right to search workspaces for drugs. Explicitly forbidding employees to show up high. Banning possession, use or distribution of drugs on the job. And, perhaps, setting up drug treatment plans for workers who test positive for opioids.

Make sure your drug tests check for major opioids, including synthetic ones, such as fentanyl and carfentanil. Traditional test panels don't cover many of them.

Work with health insurers to curb opioid prescriptions. Require enrollees to try nonopioid pain pills before an opioid can be prescribed. Cover physical therapy, chiropractic treatment and other nondrug approaches to relieving pain. Require folks who do get opioids to fill scripts at one pharmacy...no shopping around for extra pills.

Train supervisors to spot signs of addiction...mood swings, nausea, anxiety...

And to direct addicted workers to the help they need in order to get sober.

Above all, educate workers on the dangers and encourage them to seek help. Research shows that destigmatizing addiction gets better results than shaming people.

As for government action, there are some promising moves in the works. Congress just OK'd $6 billion in new funding to curb opioid abuse. Likely initiatives include more help for local law enforcement and funding for overdose rescue drugs. Lawmakers also want to give the Food and Drug Admin. more power to crack down on illegal opioids entering the U.S. from abroad and to curb supplies of prescription pills.

Some states are exploring innovative ideas, too. A N.H. program, for instance, will certify employers as "recovery-friendly workplaces" if they adopt promising policies for helping their workers get clean, so more folks can get back to gainful employment.

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HB 21 – Controlled Substances. To take effect July 1, 2018

- Requires prescribing practitioners complete a 2 hour training course on safe and effective prescribing of controlled substances prior to license renewal.
- Applies to acute pain. Does not restrict use for:
  - Cancer
  - A terminal condition
  - Palliative care
  - Serious trauma with severity score of 9 or greater
- Provides restrictions for outpatient Rx prescribing for acute pain:
  - Limits opioid Rx for Schedule II controlled substances to no more than 3 days. Can be increased to 7 days if determined to be medically necessary by the provider with proper documentation.
  - *Must co-prescribe an opioid antagonist (i.e. naloxone) when prescribing* Schedule II controlled substances for serious traumatic injury.

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- Exempts pain management clinics
- Requires dispensers to verify patient identity prior to dispensing
- Rewords the Prescription Drug Monitoring Program (PDMP) including:
  - Schedule V controlled substances must be reported
  - Requires prescribers consult PDMP before prescribing controlled substances
  - Allows sharing of FL PDMP data with other states
- Increases penalty for a patient or HCP who knowingly obtains or provides a controlled substance that is not medically necessary.
- Provides appropriations for FY 2018-19 of over $50,000,000

https://www.flsenate.gov/Committees/BillSummaries/2018/html/1799

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Questions ?

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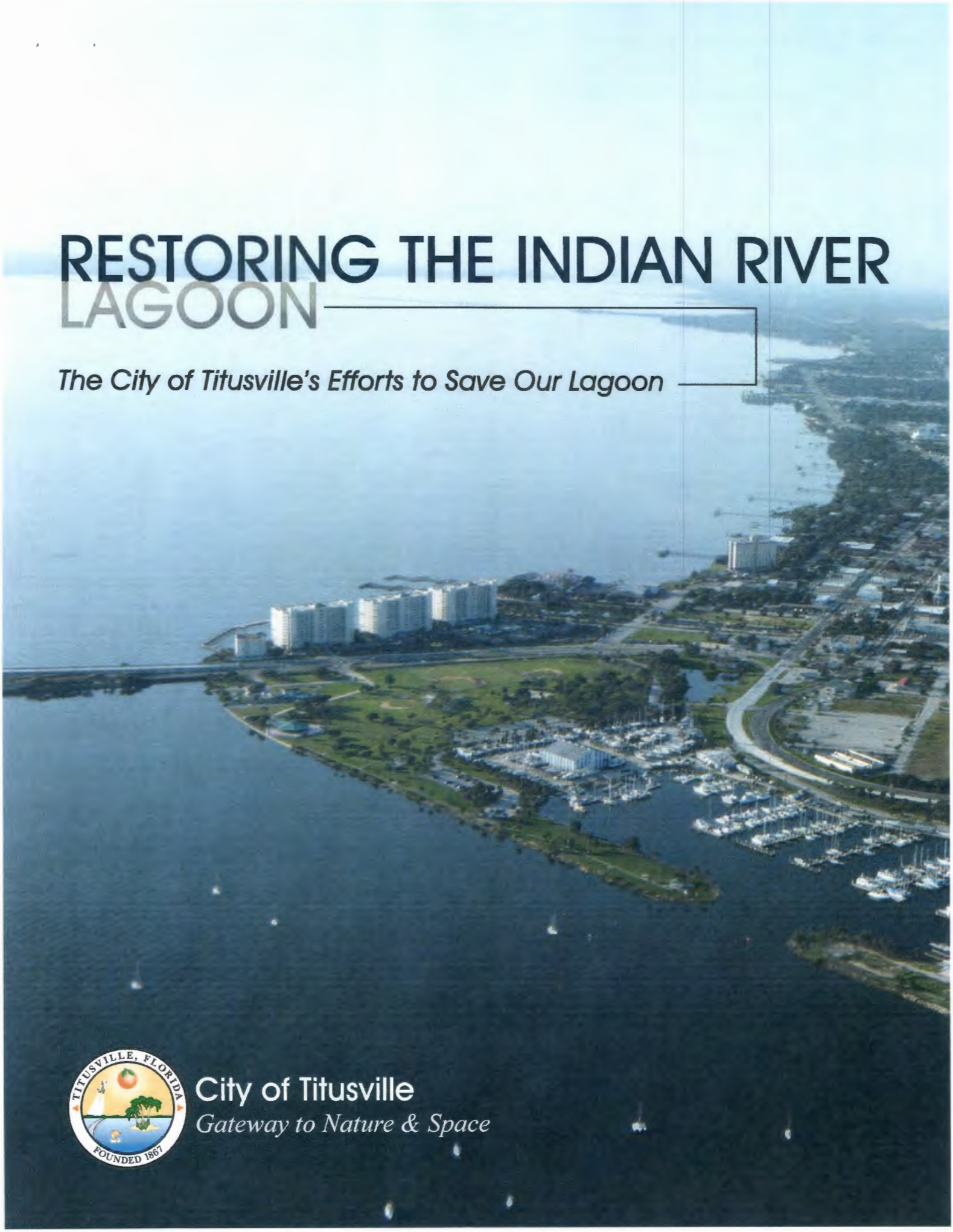
RESTORING THE INDIAN RIVER LAGOON

The City of Titusville's Efforts to Save Our Lagoon



City of Titusville

Gateway to Nature & Space

RESTORING THE INDIAN RIVER LAGOON

The City of Titusville is fortunate to sit on the banks of one of North America's most biologically diverse estuaries — the internationally renowned Indian River Lagoon (IRL). Not only is the lagoon home to thousands of plant and animal species, it is also a world-class recreational and commercial fishing destination, and an economic driver to the 38 cities and five counties which sit on its 156 miles of shoreline. Every year, the IRL brings $7.6 Billion to the regional economy, providing for 71,918 lagoon-related jobs, and supporting recreational opportunities for 1.6 million local residents and 7.4 million visitors.

The lagoon is in danger, however, and recent algal "superblooms" are contributing to the loss of 47,000 acres of sea grasses, as well as hundreds of manatees, dolphins, and other wildlife. The decline of the lagoon can potentially endanger the local economy and negatively impact the quality of life for the community. To that end, residents, businesses, and government agencies are seeking solutions to help restore the estuary to a healthy and vibrant condition.

The City of Titusville has been very successful working on many projects that will help restore our precious Indian River Lagoon. Here is an update on our projects and the associated funding:

Osprey Water Reclamation Facility Nutrient Removal Upgrade

Funding: $8,000,000 in grants from Brevard County Save Our Lagoon Fund.

Project Status: The projected nutrient removal for this project is 22,988 lbs. of nitrogen per year. To date we have selected a design engineer for the project and have finalized the scope of services for design.

Project Details: The reclaimed water currently produced at the facility has nutrients (nitrogen) in excess of what typical lawns and grasses can absorb. This project will improve the removal of nutrients from the reclaimed water by the facility to levels that lawns and grasses can absorb. When lawns are irrigated and especially over irrigated, which is common when using reclaimed water, the nutrients can pass through the soils and into the ground water. This ground water then flows to the Lagoon adding additional nutrients to the system. The additional nutrients can encourage algal blooms which in turn reduce water clarity, reduce available oxygen, and discourage the growth of sea grasses which are essential to a healthy lagoon.

Septic Systems Conversion to City Sewer

Funding: $660,000 in grants funding from Brevard County Save our Lagoon Fund.

Project Status: To date we have identified 18 septic sites that are feasible for conversion to city sewer, and divided them into two main areas. We have secured new continuing engineering consultants to assist with design, permitting, extension, and connection of sewer service to those sites.

Project Details: The Save Our Lagoon Project Plan developed by Brevard County recommended conversion of 33 septic systems to sewer for properties located on the Indian River Lagoon. A preliminary engineering study of the 33 septic conversion sites estimated by Brevard County revealed a number have already been converted to sewer and some are not feasible for conversion.

Draa Field Stormwater Park

Funding: $1,554,825 in grants from the Florida Department of Environmental Protection, St Johns River Water Management District , and Florida State Legislature.

FDEP 319 Grant	**$388,825**
SJRWMD Cost Share Grant	**$366,000**
FY15-16 General Appropriations Grant	**$800,000**
City of Titusville	**$255,000**

Project Status: Pond completed in 2016; littoral zone restoration planting also completed. Water quality testing occurrs on a regular basis, as required by grant funding.

Project Details: The Stormwater Pond (completed Sept. 2016) treats 105 acres. The effectiveness of the pond is checked by testing the amount of pollutants in the water as it enters the pond, and then again as it exits the pond. This testing will occur after rainfall events for at least a year after the pond is completed.

Littoral Zone Vegetation Planting

Funding: $60,000 in grants funding from the Florida Department of Environmental Protection.

Project Status: Installation complete, plant monitoring is underway.

Project Details: Shoreline plantings provide an important buffer between upland landscapes and waterbodies by taking up excess phosphorus and nitrogen originating from fertilizers, pet waste, and yard debris, as well as other pollutants carried by stormwater runoff.

Location: City owned ponds located at Royal Oak Dr & Saunders Pl and the north Brevard Senior Center

More Info: www.titusville.com/Page.asp?NavID=2230

Living Shoreline Plan & Demonstration Site

Funding: $40,600

Project Status: Coordinated with UCF to receive grant funding from the Indian River Lagoon National Estuary Program Living Shoreline Plan is complete, unfortunately our demonstration site did not survive hurricane Irma. University of Central Florida and the Marine Resources Council replanted the site on March 10, 2018.

Project Details: As part of collaboration between the City of Titusville, the University of Central Florida, the Indian River Lagoon National Estuary Program, and the St. Johns River Water Management District, a living shoreline plan was developed. This plan shows what kind of living shorelines should be implemented in Titusville and how you can install one on your property.

View the Plan: www.titusville.com/Page.asp?NavID=2399

Living Shoreline Outreach Program

Funding: $12,000 in grant funding from the Indian River Lagoon National Estuary Program.

Project Status: Informational Materials were mailed in February 2018 and a workshop was held on 2/15/18.

Project Details: Creation, printing and mailing of educational outreach materials. Copies of materials created are located online at www.titusville.com/Page.asp?NavID=2399

Nutrient Separating Baffle Boxes

Funding: Multiple (see chart next page).

Project Status: At the present time, there are six baffle boxes in varying stages of production to be installed at the following locations:

Main Street Basin • South Street Basin • Sycamore Basin
St. Teresa Basin • La Paloma Basin • Knox McRae Basin

Project Details: Second-generation Nutrient Separating Baffle Boxes are a structural Best Management Practice used for stormwater quality treatment. These devices remove leaves, trash, sand and their associated contents of nitrogen and phosphorus from receiving waters. The 2nd-generation box is designed to capture and store debris in a dry state to minimize nutrient leaching, allowing for easier maintenance. The addition of the nutrient removal media helps further reduce nitrogen and phosphorus levels in the stormwater.

More Info: Learn more details of the specific baffle box projects using the chart and map on the next page.

Area II Stormwater Treatment Trains Main St. & Sycamore Basins

Funding: Received $352,752 in grant funding from the Florida Department of Environmental Protection.

Project Status: Sycamore Baffle Box installation complete; Main St. Baffle Box construction is 50% complete. Water quality testing to commence after construction.

Knox McRae Basin Baffle Box

Funding: $105,000 in grant funding from the Florida State Legislature.

Project Status: Construction began October 23, 2017.

South Street Basin Baffle Box

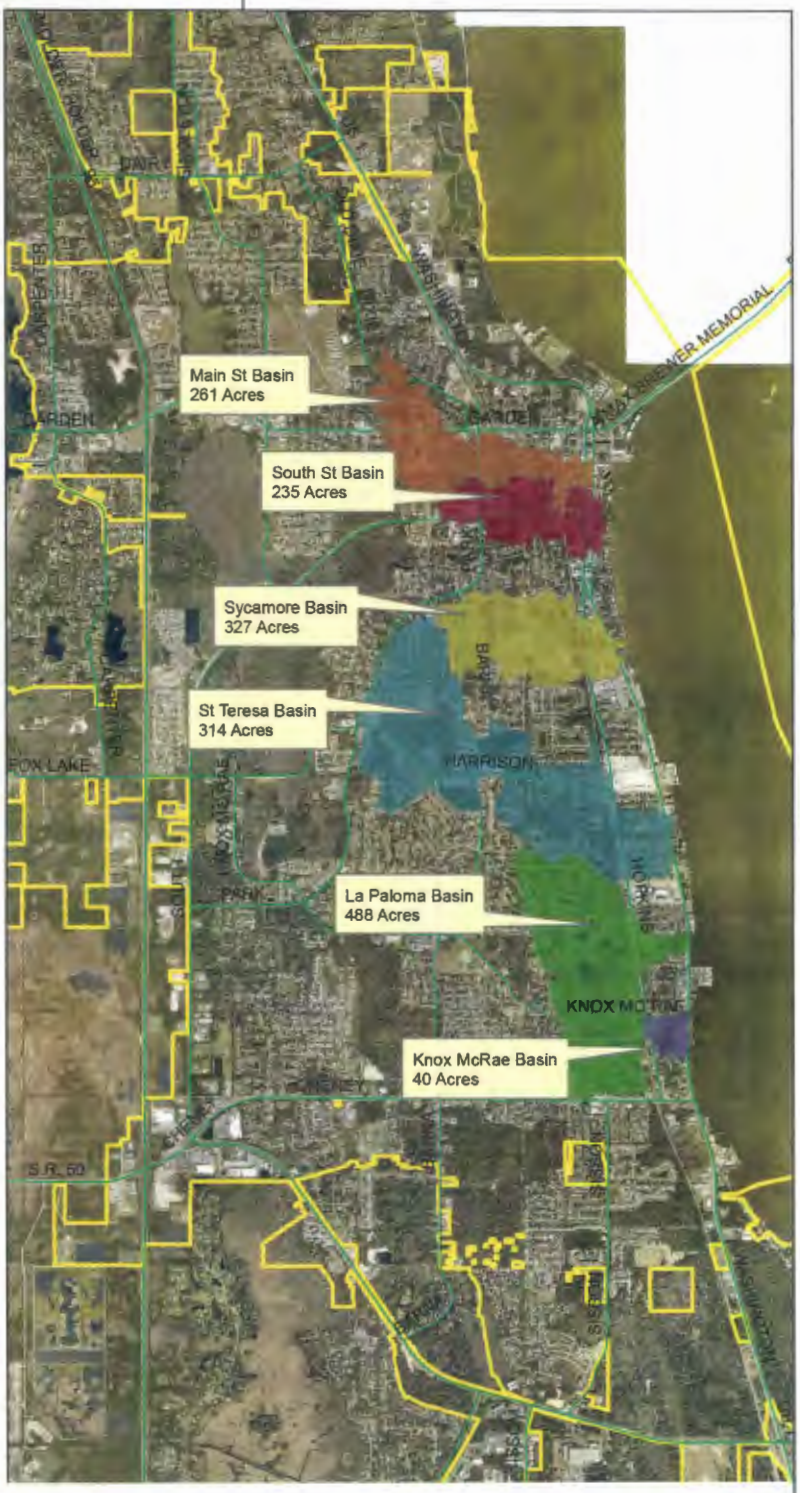
Funding: $110,000 in grant funding from the St Johns River Water Management District, $240,000 from the State Legislature and $86,856 from the Brevard County Save our Lagoon Fund.

Project Status: In design.

La Paloma Basin & St. Teresa Basin Baffle Boxes

Funding: Received $160,000 in grant funding from the Florida State Legislature and $481,096 from the Brevard County Save our Lagoon Fund.

Project Status: In design.



Titusville City Council is considering adoption of the Shoreline Protection Ordinance, in order to regulate development along the water's edge and better protect water quality of the Indian River Lagoon, as well as the shoreline and upland structures. This ordinance would accomplish the following:

Amends regulations applicable to bulkheads and seawalls; proposes alternative shoreline stabilization structures; sets forth standards for waterfront setbacks for septic systems and onsite sewage treatment systems; minimizes automobile-related runoff near the water's edge; and sets a limit on the amount of impervious surface allowed within a building setback from the water.

You can go to these websites for more information on the Indian River Lagoon and the efforts underway to protect it:

- www.helpthelagoon.org/education/history-indian-river-lagoon/
- www.irlcouncil.com/
- www.mrcirl.org/

FINANCE COMMITTEE MEMBERS:
Stan Retz, Chairperson
Peggy Crooks, Vice Chairperson
Jerry Noffel
Elizabeth Galfo, M.D.
Robert Jordan
Billie Fitzgerald
Herman Cole (ex-officio)
Christopher Manion, MD.
George Mikitarian, President/CEO (non-voting)
Pamela Tronetti, D.O., President/Medical Staff

TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, APRIL 2, 2018
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION

CALL TO ORDER

I. Review and approval of minutes (February 05, 2018)

Motion: To recommend approval of the February 05, 2018 minutes as presented.

II. Public Comments

III. Financial Review – Mr. Sitowitz

IV. Quarterly CQVA Update – Mr. Sitowitz

V. Disposal

Motion: To recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

VI. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE FINANCE COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT MS. LISA CAVALLERO, EXECUTIVE DIRECTOR, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 383-9829 (TDD).

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS FINANCE COMMITTEE. TO THAT EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS FINANCE COMMITTEE AND THE NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
BUDGET AND FINANCE COMMITTEE

A regular meeting of the Budget and Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on February 5, 2018 in the Executive Conference Room. The following members, representing a quorum, were present:

Herman A. Cole, Jr.
Stan Retz, Chairperson
Peggy Crooks, Vice Chairperson
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert Jordan
George Mikitarian (non-voting)
Jerry Noffel
Aluino Ochoa, M.D

Member(s) Absent:
None

A copy of the attendance roster of others present during the meeting is appended to the file copy of these minutes.

CALL TO ORDER

Mr. Retz called the meeting to order at 1:40 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO APPROVE THE DECEMBER 4, 2017 MEETING MINUTES, AS PRESENTED.**

PUBLIC COMMENTS

None

QUARTERLY INVESTMENT REPORTS

Messrs. Tim & John Anderson reviewed the 4th Quarter Performance for both the Operating and the Pension Funds. They presented a brief market update, discussed the Operating Fund and Pension Fund year-to-date and historical performance, and noted manager performance within the funds.

Mr. Retz noted action items from the Pension Committee earlier in the afternoon. Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions)

***ACTION TAKEN*: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE REPLACING ALLIANZ NFJ SMALL CAP INVESTMENT OPTION IN THE IRC 403B PLAN WITH MFS NEW DISCOVERY VALUE A FUND.**

Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE REPLACING AMERICAN CENTURY FUND AND FIDELITY ADVISOR LEVERAGED COMPANY STOCK FUND INVESTMENT OPTIONS IN THE IRC 403B PLAN WITH WILLIAM BLAIR SMALL-MED CAP GRN FUND.**

Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE REPLACING INVESCO CHARTER FUND WITH INVESTMENT OPTION IN THE IRC 403B PLAN WITH GLENMEAD LARGE CAP CORE PORT FUND.**

PENSION ACTUARIAL REPORT

Mr. Sitowitz summarized the memorandum contained in the agenda packet relative to the actuarial report. Discussion ensued and the following motion was made by Mr. Noffel, seconded by Mr. Cole and approved (8 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION TO RECOMMEND THE BOARD OF DIRECTORS ACCEPT THE PENSION PLAN ACTUARIAL VALUATION AS OF OCTOBER 1, 2017.**

Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO RECOMMEND THE BOARD OF DIRECTORS EFFECTIVE IMMEDIATELY ALLOW ADMINISTRATIVE EXPENSES APPLICABLE TO THE DEFINED BENEFIT PLAN BE PAID FROM THE TRUST FUND WITH ASSETS OF THE DEFINED BENEFIT PLAN AS ALLOWED BY LAW.**

FINANCIAL REVIEW

Mr. Sitowitz summarized the December 2017 financial statements.

DISPOSAL OF SURPLUS PROPERTY

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (8 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO DECLARE THE EQUIPMENT LISTED IN THE REQUESTS FOR DISPOSAL OF OBSOLETE OR SURPLUS PROPERTY FORMS AS SURPLUS AND OBSOLETE AND DISPOSE OF SAME IN ACCORDANCE WITH FS274.04 AND FS274.96.**

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:46 p.m.

Stan Retz
Chairperson

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
ScaleTronix, Wheelchair Scale	KN017738	12/9/1994	2200.00	00423	Unit unable to be repaired, No parts available from manufacturer.	0.00	1344-0

ACCOUNTS PAYABLE FEB 18 RECD

ACCOUNTS PAYABLE FEB 20 RECD

Requesting Department Hemodialysis 2-16-18 Department Director

Net Book Value (Finance) 0.00 02-23-18 EMC Member 2-19-18

Sr. VP Finance/CFO 3-13-18 President/CEO

Board Approval: (Date) CFO Signature

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Nellcor, Pulse Oximeter	KN023861	3/4/1998	2250.00	00588	Unit unable to be repaired, No parts available from manufacture.	0.00	1333

Requesting Department Womens Center L&D _____ Department ~~Director~~ Manager M Hodges RN 2.19.18

Net Book Value (Finance) 0.00 [signature] 02.23.18 EMC Member [signature] 2-19-18

Sr. VP Finance/CFO [signature] 3-13-18 President/CEO _____

Board Approval: (Date) _____ CFO Signature [signature]

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

EXECUTIVE COMMITTEE
Robert L. Jordan, Jr., C.M., Chairman
Herman A. Cole, Jr.
Peggy Crooks
Elizabeth Galfo, M.D.
Stan Retz, CPA
George Mikitarian, President/CEO (non-voting)

DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, APRIL 2, 2018
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the February 5, 2018 meeting.

II. Reading of the Huddle

III. Public Comment

IV. Open Forum for PMC Physicians

V. Halifax IT Partnership –Mr. Loftin

VI. Attorney Report – Mr. Boyles

VII. Other

VIII. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD).

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NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EXECUTIVE COMMITTEE

A regular meeting of the Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on February 5, 2018 in the Executive Conference Room.

The following members were present:

Robert L. Jordan, Jr., C.M., Chairman
Herman A. Cole, Jr.
Peggy Crooks
Elizabeth Galfo, M.D.
George Mikitarian (non-voting)
Stan Retz

Members Absent:
None

Also in attendance were the following Board members:
Billie Fitzgerald
Jerry Noffel
Ashok Shah, M.D.

A copy of the attendance roster of others present during the meeting is appended to the file copy of these minutes.

CALL TO ORDER

Mr. Jordan called the meeting to order at 2:47 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO APPROVE THE MINUTES OF THE DECEMBER 4, 2017 MEETING AS PRESENTED**

READING OF THE HUDDLE

Dr. Galfo read the Weekly Huddle.

PUBLIC COMMENT

There were no public comments.

OPEN FORUM FOR PHYSICIANS

Dr. Tronetti solicited input from committee members on what they would like to see during her tenure as Medical Staff President.

OMNI AGREEMENT

Mr. Mikitarian provided an operations update regarding an opportunity with OMNI to provide management services to Parrish Medical Group (PMG).

HALIFAX AGREEMENT

Mr. Mikitarian noted the recent Interlocal Agreement signed with Halifax Health. He advised within this agreement, Halifax will manage PMC's IT department and will provide staff. Both facilities will interchange staff to best suit needs.

ATTORNEY REPORT

Mr. Boyles noted the settlement agreement with McKesson was finalized last week and we expect funds to be disbursed this week.

He also noted that during the Education Committee, a presentation will be heard from a legal firm involved in a class action suit against pharmaceutical companies regarding Opioid marketing. He cautioned the Board to only listen to the presentation and not take any action until counsel has had a chance to weigh pros and cons.

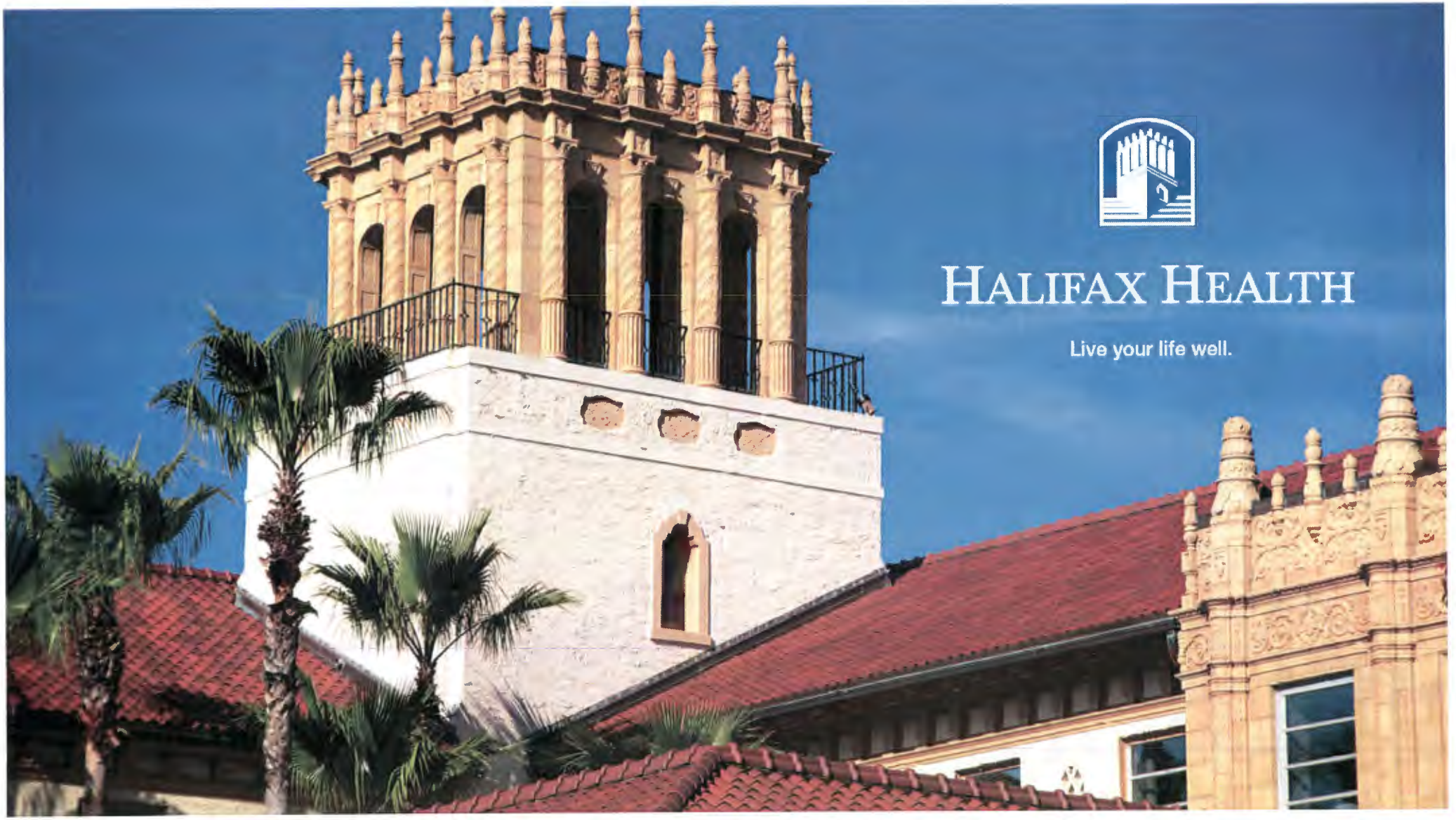
OTHER

Mr. Mikitarian noted that he and members of management recently met with representatives of Indian River Behavioral Health, a psychiatric facility being constructed due north of the hospital. He noted that IRBH has obtained CON as a pediatric facility with intent to convert to adult beds in the future.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 4:10 p.m.

Robert L. Jordan, Jr., C.M.
Chairperson


HALIFAX HEALTH
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Parrish Healthcare IT Hosting

Tom Stafford, VP & CIO

Halifax Health

HALIFAX HEALTH

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Agenda

- Halifax Health IT
- Stable Workforce & Infrastructure allows Innovation
- Halifax Health's Cybersecurity Philosophy
- Scope of the Hosting Services
- Timeline & Risk Mitigation
- Questions

Tom Stafford, Vice President & CIO

Education:

Bachelors of Science Aerospace Engineering

Masters of Science Mechanical Engineering

Career:

United States Navy

Medical Device Design and Manufacture

Healthcare IT

IT Accolades:

10th Best Place to work in IT 2015 – Computerworld

2nd Best Place to work in IT 2016 – Computerworld

5th Best Place to work in IT 2017 - Computerworld

Premier 100 Technology Leaders 2017 – Computerworld

105 Hospital and Health System CIOs to know in 2018 – Becker's Hospital Review

Halifax Health IT - 6 Years Ago...

IT had its own agenda, didn't always serve the organization

- *Lack of Trust Leaders*
- *End User Frustration*

Had too many Leaders and no cohesive Leadership

IT Projects coming at IT from every direction

Low Leadership Assessment Scores

Turnover Rate 30%

Rampant Shadow IT

Unreliable Aging Infrastructure

Halifax Health IT Today

Turnover rate < 6%

10th Best Place to Work in IT 2015

2nd Best Place to Work in IT 2016

5th Best Place to Work in IT 2017

Allied Caregiver of the Year 2014 and 2016

Team Member of the Month 2014 and 2016

High Leadership Assessment Scores

Highly Functioning Team

Successful Change Initiatives

- IT Rounding
- Infrastructure Refresh Schedule
- Enterprise IT Project Management
- Leadership Principles

IT Rounding

Assigned all team members a unit or area

Rounding Requirements

Value of Rounding

- *A Face to IT*
- *The "Why" Big Picture*

Infrastructure Refresh Schedule

The trusted deal with Capital

5 Year Rolling Capital Refresh Schedule

The Value of the Deal:

- Uptime - Metrics to prove it
- IT Staff Satisfaction

Infrastructure Refresh Schedule

Halifax Health Projected IT Infrastructure Capital Outlay									
Item	**Category**	**Refresh Rate (yrs)**	**IT Infrastucture Capital Projects**	**FY16**	**FY17**	**FY18**	**FY19**	**FY20**	**FY21**
1	End Point	4	DEVICE (DESKTOP/LAPTOP) REPLACEMENT	X	X	X	X	X	X
2	End Point	7	WOW REPLACEMENT	X	X	X	X	X	X
3	Infrastructure	6	UPS REPLACEMENT		X				
4	Infrastructure	20	DATACENTER COOLING	X					
5	Infrastructure	N/A	DATACENTER MIGRATION						
6	Misc	1	ENTERPRISE INFRASTUCTURE	X	X	X	X	X	X
7	Network	5	WIRED NETWORK CLOSET UPGRADES	X					X
8	Network	7	WIRELESS ACCESS POINT			X	X		
9	Network	8	NETWORK CORE REFRESH					X	
10	Network	10	WIRELESS CONTROLLER UPGRADE			X			
11	Network	N/A	LAB CLOSET RENOVATION	X					
12	Security	5	NAC BASED SECURITY	X					X
13	Security	5	INTERNAL FIREWALL	X					X
14	Security	5	EXTERNAL FIREWALL						X
15	Server	1	VMWARE SERVER VIRTUALIZATION LICENSES (Server Growth)	X	X	X	X	X	X
16	Storage	4	SAN STORAGE REPLACEMENT		X			X	
17	Storage	4	NAS				X		
18	Telephony	10	TELEPHONY REPLACEMENT (S1, S2, S3,...)	X					
19	Telephony	N/A	PBX ROOM CABLE CLEANUP/FIBER INFRASTRUCTURE OVERHAUL			X	X		
20	Telephony	N/A	SIEMENS PHONE SYSTEM REPLACEMENT						
			IT Projects Total	**X**	**X**	**X**	**X**	**X**	**X**

Enterprise IT Project Management

IT Based projects are managed by the PMO

- Preliminary Scope Statement
- TAC Approval
- PM Assigned
- Initiation, Planning, Execution & Control, Closing

Risk Assessments & Tech Reviews

- Required for BioMed and SAAS projects

Effective IT Leadership Principles

Top Ten Strengths

#	Item	Domain	Score	Vs. Overall Results	Vs. Nat'l Healthcare Avg
1	My work unit works well together.	Employee	4.65	+0.5	+0.44
2	The person I report to treats me with respect.	Manager	4.67	+0.33	+0.34
14	When appropriate, I can act on my own without asking for approval.	Manager	4.53	+0.58	+0.49
18	This organization supports me in balancing my work life and personal life.	Organization	4.67	+0.78	+0.82
30	Employees in my work unit make every effort to deliver safe, error-free care.	Employee	4.7	+0.37	+0.31
31	The person I report to encourages teamwork.	Manager	4.74	+0.54	+0.52
42	I respect the abilities of the person to whom I report.	Manager	4.56	+0.3	+0.31
45	The person I report to is a good communicator.	Manager	4.56	+0.53	+0.55
49	The person I report to gives me useful feedback.	Manager	4.51	+0.5	+0.47
3	I enjoy working with my coworkers.	Employee	4.67	+0.31	+0.26

Manager Domain Strengths

#	Item	Domain	Score	Vs. Overall Results	Vs. Nat'l Healthcare Avg
2	The person I report to treats me with respect.	Manager	4.67	+0.33	+0.34
14	When appropriate, I can act on my own without asking for approval.	Manager	4.53	+0.58	+0.49
31	The person I report to encourages teamwork.	Manager	4.74	+0.54	+0.52
42	I respect the abilities of the person to whom I report.	Manager	4.56	+0.3	+0.31
45	The person I report to is a good communicator.	Manager	4.56	+0.53	+0.55
49	The person I report to gives me useful feedback.	Manager	4.51	+0.5	+0.47

What actions on the part of the IT leadership influence these results?

IT Leadership Principles

Accessible

Visible

Approachable

Consistent

What actions on the part of the IT leadership influence these results?

IT Leadership Principles

Now that you have their Attention..

Have a connection

Keep
It
Simple

IT Leadership Principles

IT's Core Objectives

Customer Service

Maintaining Operational Stability

Enhancing Operational
and Strategic Initiatives

Safeguarding ePHI

IT Leadership Principles

Always Listen

Be a Storyteller

Celebrate Successes

Show them a future

IT Leadership Principles

These Principles Gain:

Trust

&

Confidence

(two way street)

Which Transforms into:

Engagement,

Empowerment

& Retention

IT Leadership Principles Summary

Accessible
Visible
Approachable
Consistency
Connections
KIS
Always Listen
Be a Storyteller
Celebrate Successes
Show the Future

Principles Gain

Trust
Confidence
Engagement
Empowerment
Retention

The Value of this Journey

Very Low Attrition

- Savings retraining & replacement
- Prevents existing employee frustration

Less Manager Intervention

- Focus more on the future
- Hallway Solutions

Organizational Trust

- Operationally Stability - uptime, issue resolution
- Cyber security requirements
- Collapse of shadow IT

Time to Innovate!

In summary...

Creating a stable workforce and stable infrastructure/systems

Allows for Intra-operability Innovations

Which leads to Clinical Efficiency

and...

Our caregivers can spend more time with their patients!

Innovation in Action

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Halifax Health's Cybersecurity Philosophy

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Bad Actors and Healthcare

- Who are the Bad Actors?
  - Financially Motivated Cybercriminals
  - Hacktivists
  - Hackers for Hire: RAAS
  - Nation State supports Actors
  - Malicious Insider

- How do they Attack?
  - Social Engineering
  - Network Vulnerabilities
  - Misuse of Credentials
  - Physical Penetration

Bad Actors and Healthcare

- Why do they attack Healthcare?

"We are valuable low lying fruit"

  - Health Record, includes Identity and other valuable information
  - Data doesn't change
  - Medical history is accurate for a lifetime
  - Healthcare is easier to Hack
  - Interoperability Requirements
  - Great delays between the breach and determining there was one

Data is used for Identity Theft, False Claims, Medical Research Trends, Medical Equipment and Drug Purchases

What are we Protecting?

- Patient Records (ex. ePHI)
- Research Data (ex. cancer treatments IP)
- Employee Sensitive Information (ex. PII)
- Business plans, (ex. bids, acquisition targets)
- Payment Card Information
- Medical Treatment Devices (ex. insulin pumps, imaging)
- Contracts (ex. with customers, suppliers, distributors)
- Employee log-in credentials
- Physician Compensation
- Clinical Studies Data

Halifax's Security Philosophy

eterrents

D^3

eception

etection

rd Party Assurance

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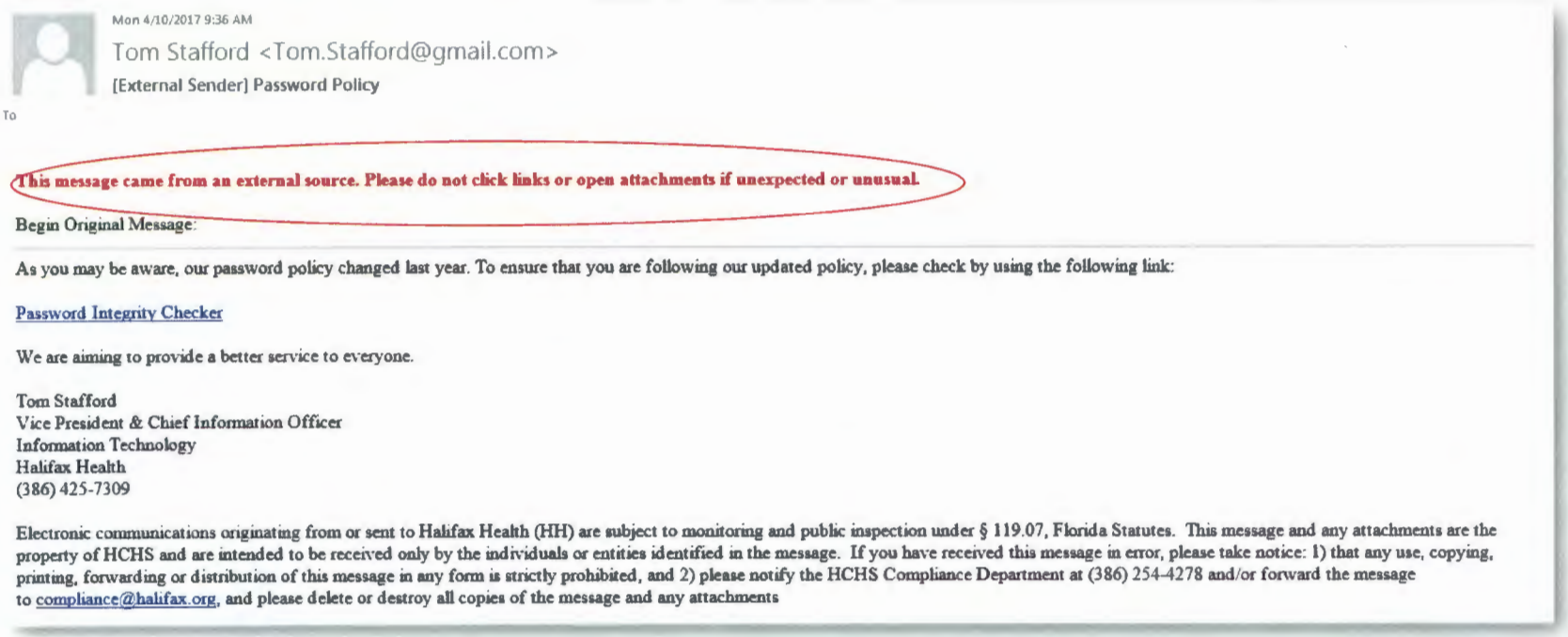
Deterrents? What about Defenses?

- The number one deterrent? The User
- Assisting the User
  - Training and Testing
    - Education, Education, Education
    - External Source warning in emails
    - Fake Phishing Tests
  - Technology Controls
    - Block Webmail
    - Block Malicious Sites
    - USB Privileges
    - External Storage Privileges
    - Local Admin Rights Privileges

Fake Phishing Email Tests



Mon 4/10/2017 9:36 AM

Tom Stafford <Tom.Stafford@gmail.com>

[External Sender] Password Policy

To

This message came from an external source. Please do not click links or open attachments if unexpected or unusual.

Begin Original Message:

As you may be aware, our password policy changed last year. To ensure that you are following our updated policy, please check by using the following link:

Password Integrity Checker

We are aiming to provide a better service to everyone.

Tom Stafford
Vice President & Chief Information Officer
Information Technology
Halifax Health
(386) 425-7309

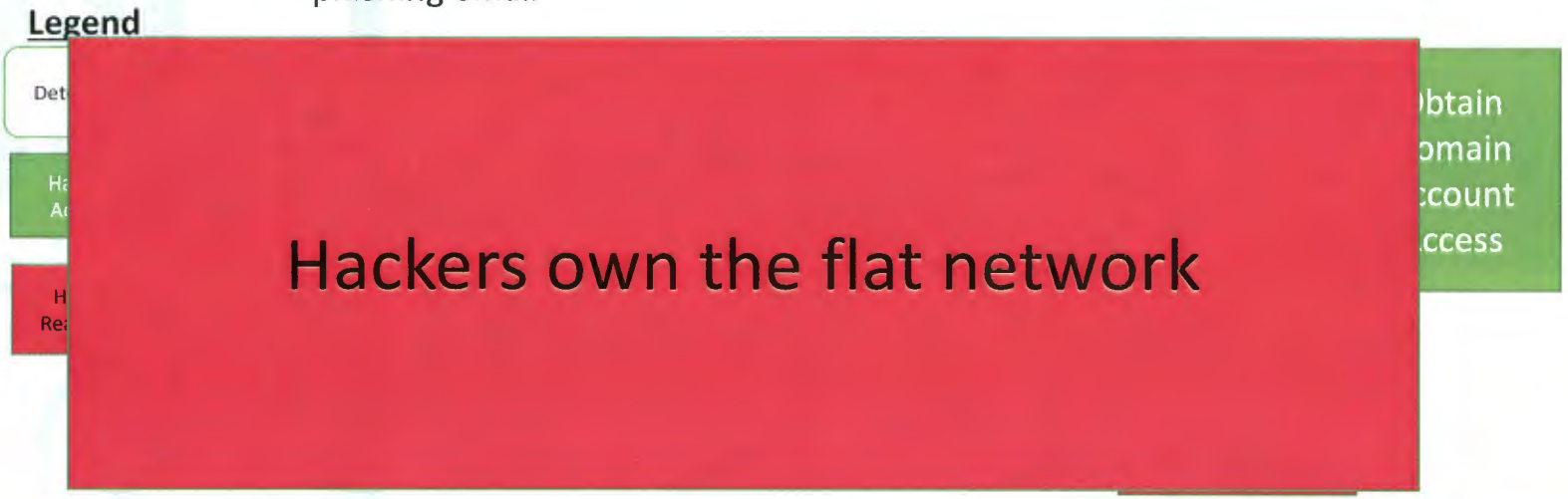
Electronic communications originating from or sent to Halifax Health (HH) are subject to monitoring and public inspection under § 119.07, Florida Statutes. This message and any attachments are the property of HCHS and are intended to be received only by the individuals or entities identified in the message. If you have received this message in error, please take notice: 1) that any use, copying, printing, forwarding or distribution of this message in any form is strictly prohibited, and 2) please notify the HCHS Compliance Department at (386) 254-4278 and/or forward the message to compliance@halifax.org, and please delete or destroy all copies of the message and any attachments

1.1% Click rate, was sent to 4,382 users.

Ransomware Threat and Deterrent Chain

IT Security is based on monitoring attack vectors and having deterrent chains in front of the data that is to be wiped, ransomed, or breached.

Attack Vector: Zero Day Ransomware attachment in phishing email



Last Deterrent: Network Segmentation
Last Mitigation: Air Gapped Backup

Lets Talk about Biomed

Why are they vulnerable?
The devices last longer than the available support for the operating system or the vendor will not patch the systems since they are FDA Class 2/3 devices.

WannaCry, HHS, and the FDA...
Notify customers within 30 days after vulnerability is found.

Patch within 60 days

Manufacturers are not there yet...

Lets Talk about Biomed

How do we reduce the risk?

New Devices:

- Do not demo or purchase new devices that have outdated Operating Systems and/or the manufacturer will not allow the device to be patched.
- Updated bid spec to include Halifax Health's IT and Biomed Specifications:

	IT SPECS:
1.	DOES THE SOFTWARE/DEVICE FUNCTION WITHOUT ANY CONNECTIVITY TO THE HALIFAX NETWORK (WIRED, WIRELESS OR INTERNET)?
2.	IF A WIRELESS DEVICE, DOES IT SUPPORT WPA2 ENTERPRISE WIRELESS STANDARD?
3.	WILL HALIFAX DATA BE ENTERED ON A WEB SITE, OR OTHERWISE TRANSMITTED ELECTRONICALLY?
4.	IS THE TECHNOLOGY CURRENT (SUCH AS JAVA, ADOBE, AND ANY OTHERS -NO XP, NO SERVER 2003) AND CAN IT BE PATCHED AND REPLACED AS NEW UPDATES AND VERSIONS ARE RELEASED?
5.	WILL THE SOFTWARE/DEVICE ACCEPT ANTI-VIRUS, ENCRYPTION, PATCHES AND SOFTWARE UPDATES AS PUSHED BY HALIFAX?

Lets Talk about Biomed

	BIOMED SPECS:
1.	MANUFACTURER SHOULD (OR MUST) FOLLOW FDA'S POST MARKET MANAGEMENT OF CYBERSECURITY IN MEDICAL DEVICES FOR PATCH MANAGEMENT
2.	MANUFACTURER SHOULD MAKE THE SECURITY PATCH AVAILABLE AT NO ADDITIONAL CHARGE WITH COMPLETE INSTRUCTIONS TO HALIFAX AS WELL AS THIRD PARTY SERVICE PROVIDERS WHO ARE MAINTAINING MEDICAL DEVICES ON BEHALF OF HALIFAX HEALTH
3.	PROVIDE MDS2 FORM WITH USER'S MANUAL TO HALIFAX IT SECURITY AS WELL AS CLINICAL ENGINEERING
4.	PROVIDE SYSTEM ARCHITECTURE AND INFRASTRUCTURE WITH DETAILED EXPLANATION OF INTEGRATION WITH INTERNAL/EXTERNAL INTERFACES
5.	PROVIDE CURRENT C.O.T.S OPERATING SYSTEM REVISION AS WELL AS PATHWAY/STRATEGY TO UPGRADE TO NEXT OS LEVEL

Biomed VARs can assist:

- Offer a service where they accumulate our requirements and provide recommendations of bio medical devices to review.
- Service is per modality

Lets Talk about Biomed

How do we reduce the risk?

Existing Devices:

- Vulnerability Scans will help determine what needs to be patched.
- Work with Biomed to determine type/location of devices
- Have your Biomed Department work with the vendors for them to patch the devices or to allow IT to patch the devices
- If they cannot be patched, bury the devices (Micro-Segmentation) behind the Internal Firewall prior to having them replaced with a non-vulnerable device

Detection and Deception

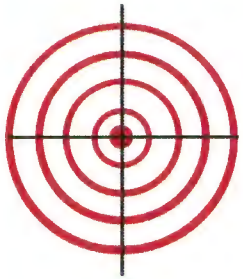
Detection (SIEMS):

- User Behavior
- Network Penetration

Deception:

- Honey pots
- Domain Account Verification

3rd Party (Digital Traders) Assurance



Don't be their Target

Does anyone know what Fazio Mechanical Systems did?

"BAA is not enough for Healthcare"

"We are only as strong as our weakest link"

Understanding our Digital Traders

- Mapping our existing digital traders
- Added controls so we are aware of new Digital Traders
- Quantify their Security Posture
- Auditing Them

Understanding your Digital Traders

Vendor Risk Assessment to be completed before contract is approved and to be included as an addendum to the contract. All scores must be either completed or N/A entered if not applicable. If there is a compensating control, please add it as a comment to the criteria.

NOTE: This questionnaire is sent to the vendor with only columns B (their rating) and D (Risk items). Columns A and C will be added when the questionnaire is returned so a total risk score can be calculated.

Background Information

Weight	0 - Meets 5 - Partial 10 - Does not Meet	Total Score	Data and Vendor Analysis Criteria
10	0	0	ePHI data
10	0	0	ePII data
7	0	0	Business Critical data
1	0	0	Summarized data
1	0	0	Unidentifiable data
7	0	0	Data sent to vendor
7	0	0	VPN tunnel required
7	0	0	Halifax creates data
9	0	0	Vendor manipulates data and returns it to Halifax
10	0	0	New vendor implementation
5	0	0	Adding module to existing software install
10	0	0	Does it meet HIPAA or other regulatory Compliance (JACHO, Meaningful Use, AHCA, etc)
10	0	0	Company has been in business for 5+ years
10	0	0	Company has proven profitability and/or sustainability for the terms of the contract
10	0	0	There have been no reported breaches, SIRT incidents, settled or pending lawsuits that would affect ongoing business operations within the last 5 years.
Total Data and Vendor Score		0	

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Understanding your Digital Traders

The vendor agrees that all answers are accurate. Upon request, Halifax is provided with documentation to support an answer at anytime during the contract period. This questionnaire is reviewed by the vendor on an annual basis. Halifax is notified of any changes prior to the annual review.

Weight	0 - Meets 5 - Partial 10 - Does not Meet	Total Score	Criteria	Comments
5		0	Vendor will participate in an audit of their employee access as requested.	Data in Halifax Data Center
10	0	0	Halifax is notified when vendor employee with access to Halifax data is terminated or no longer needs access.	Data in Halifax Data Center
5	0	0	Application is authenticated using Active Directory.	Data in Halifax Data Center
1	0	0	Vendor requires contractors, subcontractors, vendors, outsourcing ventures, or other external third-party contracts to include a Business Associate Agreement or other contractual agreement, to comply with HIPAA, PCI and other relevant rulings and regulations.	Data in Halifax Data Center
10		0	Contract documents the agreed transfer of customer's data when the relationship terminates.	Data in Halifax Data Center
10		0	Policies and system controls are in place to prevent Identity Theft.	Data in Halifax Data Center
10		0	Vendor has not had a reportable breach in the past 5 years. If there was a reportable breach, please describe.	Data in Halifax Data Center
			.	
5	0	0	All hardware and software must be current and fully supported by vendor including security patches. Halifax must be able to patch software and devices.	Cloud
10	0	0	Hardware is supplied by Halifax.	Both
10	0	g	Follows Payment Card Industry requirements and complies with all regulations.	Credit Card
10	0	0	Credit Card name, number or any other identifiable information is not provided to Halifax.	Credit Card

Average Risk Score Score	0

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How Strong are we?

Two ways to test this:

1. Do not - We only know if we fail...
   and my Title will have a whole new meaning

C areer

I s

O ver

2. Ethical Hacking and Penetration Testing

Parrish Healthcare
IT Hosting Scope

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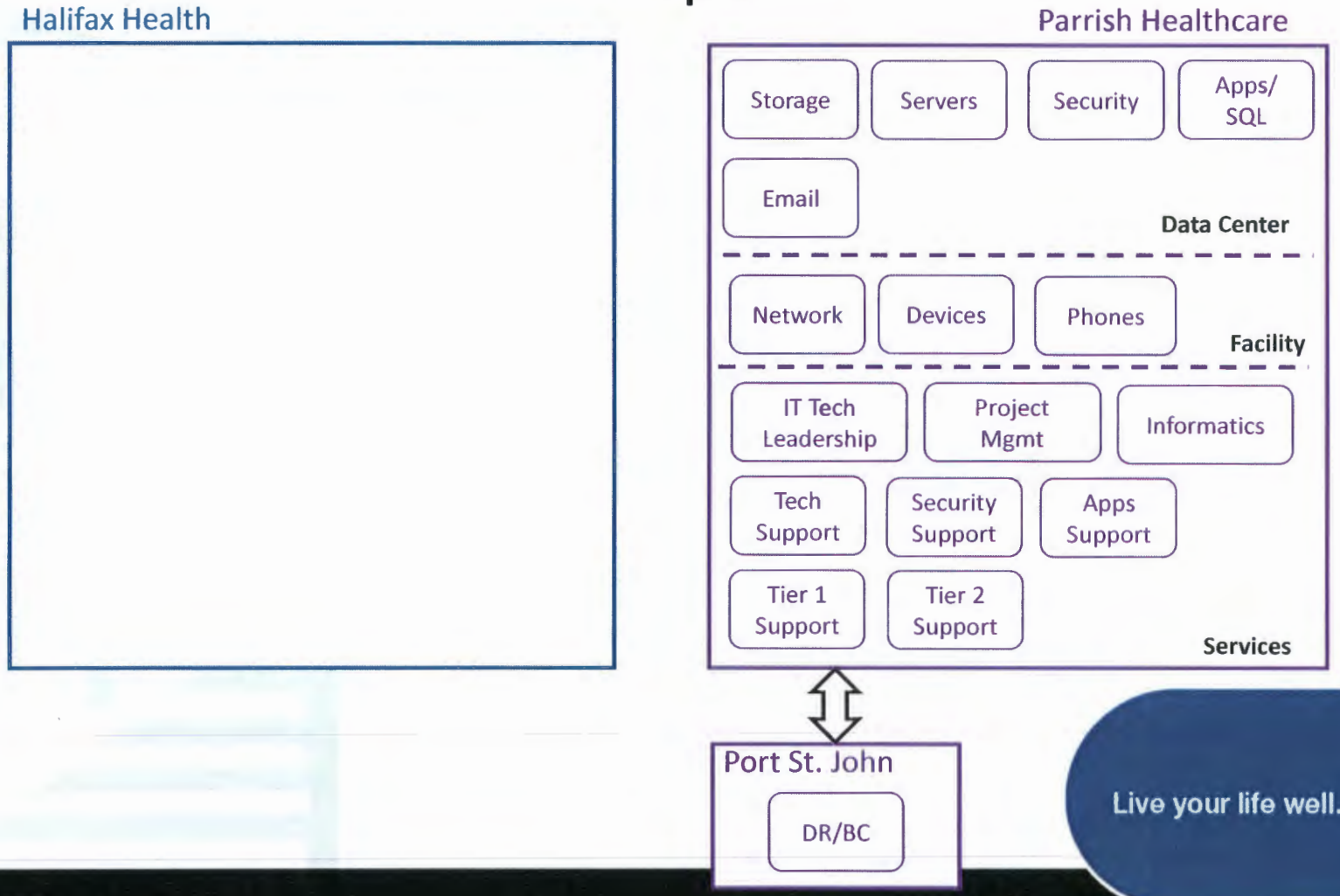
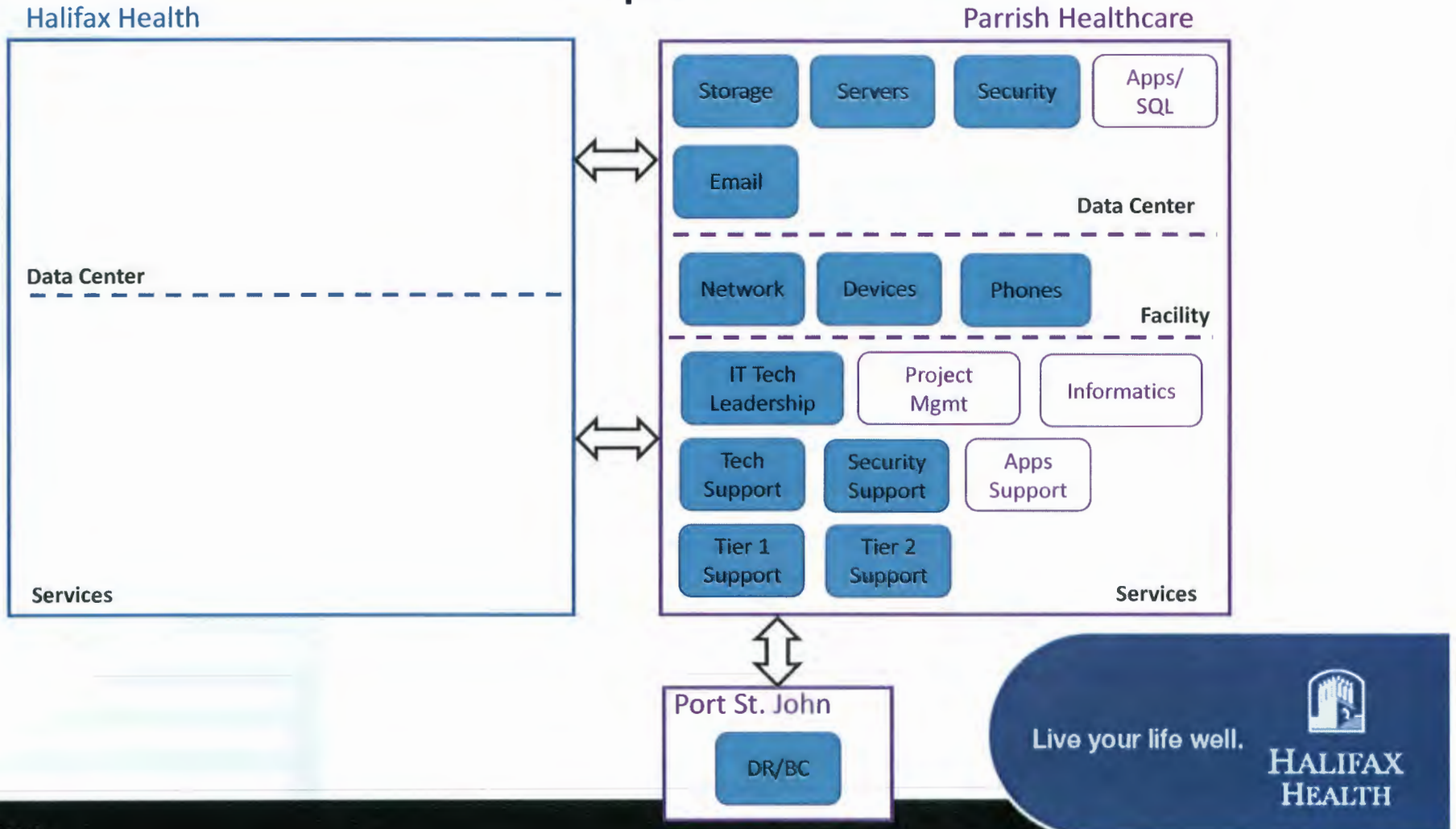
Scope

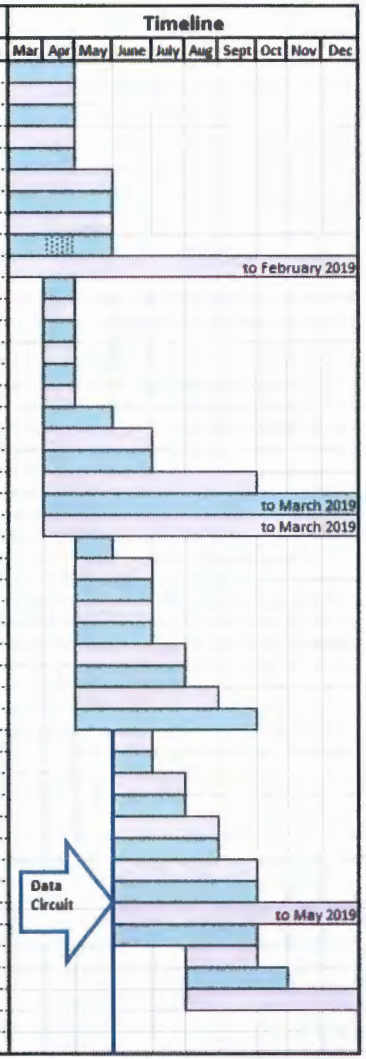

Halifax Health
Parrish Healthcare
Storage
Servers
Security
Apps/ SQL
Email
Data Center
Network
Devices
Phones
Facility
IT Tech Leadership
Project Mgmt
Informatics
Tech Support
Security Support
Apps Support
Tier 1 Support
Tier 2 Support
Services
Port St. John
DR/BC

Scope


Halifax Health
Data Center
Services
Parrish Healthcare
Storage
Servers
Security
Apps/ SQL
Email
Data Center
Network
Devices
Phones
Facility
IT Tech Leadership
Project Mgmt
Informatics
Tech Support
Security Support
Apps Support
Tier 1 Support
Tier 2 Support
Services
Port St. John
DR/BC

IT Hosting Project Portfolio & Risk Mitigation

Item	Scope	Risk Mitigation	Start Date	Duration
1	Start TAC	Improper strategy	3/1/2018	60
2	Review Existing Contracts/Renewals/Recurring Payments Etc	Financial opportunities	3/1/2018	60
3	Data Circuit Hardware	Network Failures/Network Service Interruptions	3/1/2018	60
4	Security/Dark Web Risk Assessment	Past Breach/Risk Landscape	3/1/2018	60
5	Data Domain Implementation/Migration	Failed Backup Restores/Ransomeware/Failures	3/1/2018	60
6	UPS Upgrade/Power Swap	Data Center Failures/Data Loss/Service Disruption	3/1/2018	90
7	Network Switch Replacement	Network Failures/Network Service Interruptions	3/1/2018	90
8	Data Circuit	Network Failures/Network Service Interruptions	3/1/2018	90
9	Tier 1 Implementation	Customer Service	3/1/2018	45/90
10	Firewall Implimentation/Optimization	Breach	3/1/2018	360
11	MS Software Licensing Review	MS Audit Penalties	4/1/2018	30
12	Network Risk Assessment	Breach	4/1/2018	30
13	Active Directory/Access Risk Assessment	Breach	4/1/2018	30
14	Security Incident Response Team (SIRT) Process	Breach Response	4/1/2018	30
15	Elevated Access Evaulation (2FA Remote Access)	Breach	4/1/2018	30
16	Assess Existing E-mail URL and Attachment Defense	Breach	4/1/2018	30
17	AV Upgrade	Vulnerabilities/Incompatibility with Software	4/1/2018	60
18	SIP Migration	Financial opportunities	4/1/2018	90
19	ASE Metro Ethernet Migration	Financial opportunities	4/1/2018	90
20	Replacement of Thin Clients	Vulnerabilities/Incompatibility with Software	4/1/2018	180
21	SecureLink (External Vendor 2FA)	Breach	4/1/2018	360
22	Security Awareness Program	Breach	4/1/2018	360
23	Domain Functional Level Upgrade/AD Cleanup	Vulnerabilities/Incompatibility with Software	5/1/2018	30
24	Network Review/Architecture Optimization	Service Disruption/System Stability	5/1/2018	60
25	Review Telecom Infrastructure/Architecture, Add HA at HH	Service Disruption/System Stability	5/1/2018	60
26	Internet of Things (IOT) Device Inventory	Breach	5/1/2018	60
27	Vulnerability/Patch Management Process	Breach	5/1/2018	60
28	Isilon Replacement/Migration	Service Disruption/Data Loss	5/1/2018	90
29	BC/DR Plan	Disaster	5/1/2018	90
30	SAN Migration/Replacement	Service Disruption/Data Loss	5/1/2018	120
31	Citrix Upgrade/Migration to VDI	Vulnerabilities/Incompatibility with Software	5/1/2018	150
32	HEAT Implentation w/inventory	Inefficiencies	6/1/2018	30
33	Start TCC	Inadaquate communication/approval of changes	6/1/2018	30
34	Security Information and Event Management (SIEM)	Breach	6/1/2018	60
35	Network Access Control (NAC)	Breach	6/1/2018	60
36	UCS Upgrade	Vulnerabilities/System Stability	6/1/2018	90
37	VMWare Upgrade/Migration	Vulnerabilities/Incompatibility with Software	6/1/2018	90
38	Exchange Upgrade to 2010/2013	Vulnerabilities/Incompatibility with Software	6/1/2018	120
39	Implement MDM/EMM (Device Security) , decomission Good	Data Leak, insecure mobile devices	6/1/2018	120
40	Replacement of Thick Clients/Laptops/Win 10 Implementati	Vulnerabilities/Incompatibility with Software	6/1/2018	360
41	Assessing WAN Connectivity and redundancy	Service Disruption/System Stability	6/1/2018	120
42	Netscaler Replacement move to F5	Vulnerabilities/Incompatibility with Software	8/1/2018	60
43	Encryption Upgrade	Breach	8/1/2018	90
44	User Provisiong Automation	Breach	8/1/2018	180
45	2FA Remote Access (Work w/Application Team)	Breach	TBD	120
46	Data Loss Prevention (DLP)	Vulnerabilities/Incompatibility with Software	TBD	TBD



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IT Hosting Project Portfolio & Risk Mitigation

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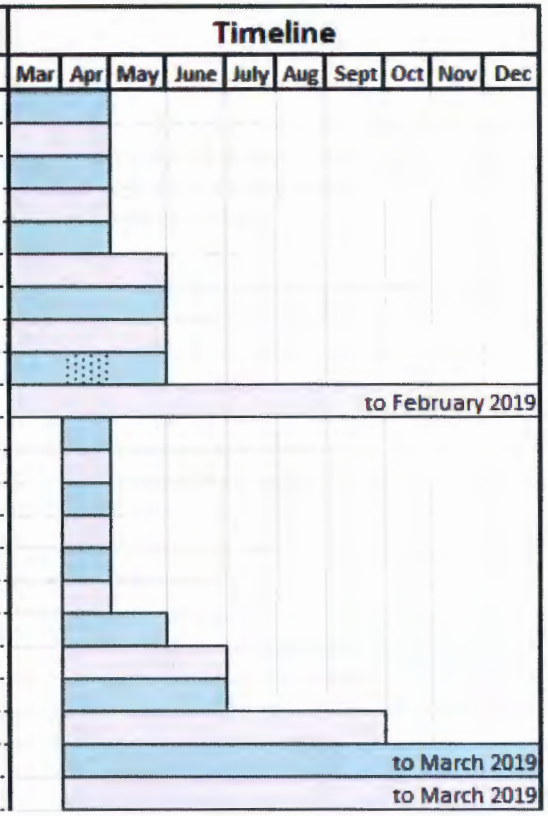
18	SIP Migration	Financial opportunities	4/1/2018	90
19	ASE Metro Ethernet Migration	Financial opportunities	4/1/2018	90
20	Replacement of Thin Clients	Vulnerabilities/Incompatibility with Software	4/1/2018	180
21	SecureLink (External Vendor 2FA)	Breach	4/1/2018	360
22	Security Awareness Program	Breach	4/1/2018	360



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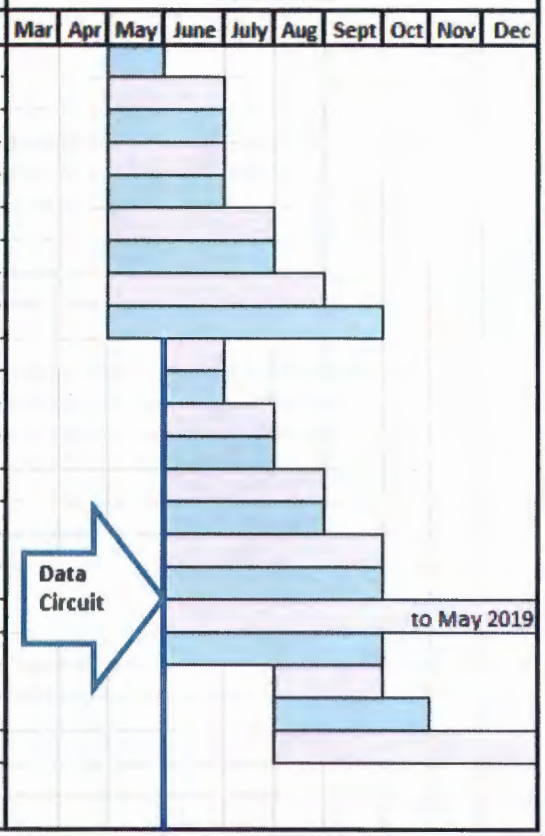
IT Hosting Project Portfolio & Risk Mitigation

Item	Scope	Risk Mitigation	Start Date	Duration
23	Domain Functional Level Upgrade/AD Cleanup	Vulnerabilities/Incompatibility with Software	5/1/2018	30
24	Network Review/Architecture Optimization	Service Disruption/System Stability	5/1/2018	60
25	Review Telecom Infrastructure/Architecture, Add HA at HH	Service Disruption/System Stability	5/1/2018	60
26	Internet of Things (IOT) Device Inventory	Breach	5/1/2018	60
27	Vulnerability/Patch Management Process	Breach	5/1/2018	60
28	Isilon Replacement/Migration	Service Disruption/Data Loss	5/1/2018	90
29	BC/DR Plan	Disaster	5/1/2018	90
30	SAN Migration/Replacement	Service Disruption/Data Loss	5/1/2018	120
31	Citrix Upgrade/Migration to VDI	Vulnerabilities/Incompatibility with Software	5/1/2018	150
32	HEAT Implentation w/inventory	Inefficiencies	6/1/2018	30
33	Start TCC	Inadaquate communication/approval of changes	6/1/2018	30
34	Security Information and Event Management (SIEM)	Breach	6/1/2018	60
35	Network Access Control (NAC)	Breach	6/1/2018	60
36	UCS Upgrade	Vulnerabilities/System Stability	6/1/2018	90
37	VMWare Upgrade/Migration	Vulnerabilities/Incompatibility with Software	6/1/2018	90
38	Exchange Upgrade to 2010/2013	Vulnerabilities/Incompatibility with Software	6/1/2018	120
39	Implement MDM/EMM (Device Security) , decomission Good	Data Leak, insecure mobile devices	6/1/2018	120
40	Replacement of Thick Clients/Laptops/Win 10 Implementatic	Vulnerabilities/Incompatibility with Software	6/1/2018	360
41	Assessing WAN Connectivity and redundancy	Service Disruption/System Stability	6/1/2018	120
42	Netscaler Replacement move to F5	Vulnerabilities/Incompatibility with Software	8/1/2018	60
43	Encryption Upgrade	Breach	8/1/2018	90
44	User Provisiong Automation	Breach	8/1/2018	180
45	2FA Remote Access (Work w/Application Team)	Breach	TBD	120
46	Data Loss Prevention (DLP)	Vulnerabilities/Incompatibility with Software	TBD	TBD



Questions?

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HALIFAX HEALTH

DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
APRIL 2, 2018
NO EARLIER THAN 3:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

I. Pledge of Allegiance

II. PMC's Vision – *Healing Families – Healing Communities*

III. Approval of Agenda

IV. Review and Approval of Minutes (February 5, 2018)

V. Recognition(s)

VI. Open Forum for PMC Physicians

VII. Public Comments

VIII. Unfinished Business

IX. New Business
A. North Brevard Medical Support Liaison Report – Mr. Retz

X. Medical Staff Report Recommendations/Announcements – Dr. Tronetti

XI. Public Comments (as needed for revised Consent Agenda)

Consent Agenda

A. Finance Committee

1. Recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

XIV. Committee Reports

A. Quality Committee – Mr. Cole

B. Budget and Finance Committee – Mr. Retz

C. Executive Committee – Mr. Jordan

D. Educational, Governmental and Community Relations Committee – Ms. Fitzgerald

E. Planning, Physical Facilities & Properties Committee (Did Not Meet)

XV. Process and Quality Report – Mr. Mikitarian

A. Other Related Management Issues/Information

B. Hospital Attorney - Mr. Boyles

XVI. Other

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

XIX. Open Forum for Public

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD).

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS. TO THE EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT AND NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
BOARD OF DIRECTORS – REGULAR MEETING

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center was held on February 5, 2018 in Conference Room 2/3/4/5, First Floor. The following members were present:

Herman A. Cole, Jr., Chairman
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Stan Retz
Ashok Shah, M.D

Member(s) Absent:
Maureen Rupe

A copy of the attendance roster of others present during the meeting is appended to the file copy of these minutes.

CALL TO ORDER

Mr. Cole called the meeting to order at 5:25 p.m.

PLEDGE OF ALLEGIANCE

Mr. Cole led the Board of Directors, staff and public in reciting the Pledge of Allegiance.

PMC'S VISION – *Healing Families – Healing Communities®*

Mr. Cole led the Board of Directors, staff and public in reciting PMC's Vision – *Healing Families – Healing Communities®*.

APPROVAL OF AGENDA

Mr. Cole asked for approval of the agenda in the packet. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (8 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO APPROVE THE AGENDA AS PRESENTED.**

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Crooks and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO APPROVE THE DECEMBER 4, 2017 MINUTES, AS PRESENTED.**

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no comments from the public.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS – 2018 Board of Director Committee Roster

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Shah and approved (8 ayes, 0 nays, 0 abstentions)

ACTION TAKEN**: MOTION TO APPROVE THE 2018 BOARD OF DIRECTOR COMMITTEE ROSTER, AS PRESENTED.**

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

Medical Staff resignations were noted as for information only, no action was required.

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

Discussion ensued regarding the revised consent agenda, and the following motion was made by Mr. Jordan, seconded by Mr. Noffel and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN**: MOTION TO APPROVE THE FOLLOWING REVISED CONSENT AGENDA ITEMS:**

A. Finance Committee

1. Recommend the Board of Directors accept the Pension Plan Actuarial Valuation as of October 2, 2017.

2. Recommend the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

3. Recommend the Board of Directors approve replacing Allianz NFJ Small Cap investment option in the IRC 403b plan with MFS New Discovery Value A Fund.

4. Recommend the Board of Directors approve replacing American Century Fund and Fidelity Advisor Leveraged Company Stock Fund investment options in the IRC 403b plan with William Blair Small-Mid Cap GRN Fund.

5. Recommend the Board of Directors approve replacing Invesco Charter Fund with investment option in the IRC 403b plan Glenmede Large Cap Core Port Fund.

6. Recommend the Board of Directors effective immediately allow administrative expenses applicable to the Defined Benefit Plan be paid from the Trust Fund with assets of the Defined Benefit Plan as allowed by law.

COMMITTEE REPORTS

Quality Committee

Mr. Cole reported all items were covered during the meeting.

Budget and Finance Committee

Mr. Retz reported all items were covered during the meeting and on the consent agenda.

Executive Committee

Mr. Jordan reported all items were covered during the meeting.

Educational, Governmental and Community Relations Committee

Ms. Fitzgerald reported that all items were covered during the meeting.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

None

Hospital Attorney

Legal counsel had no report.

OTHER

Mr. Sitowitz noted that Administration received a call from Dr. Kutryb' s office inviting the Board of Directors to their Grand Opening event scheduled for Thursday at 4:30 p.m.

CLOSING REMARKS

There were no closing remarks.

OPEN FORUM FOR PUBLIC

No members of the public spoke.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 5:03 p.m.

Herman A. Cole, Jr.
Chairman

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR

March 20, 2018

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held March 20, 2018, at 6:00 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER
Dr. Pamela Tronetti, President, called the meeting to order at 6:02 pm.

REVIEW AND APPROVAL OF MINUTES
The following motion was made, seconded, and approved unanimously.

***ACTION TAKEN*: MOTION TO APPROVE THE PREVIOUS MEETING MINUTES (February 20, 2018) AS WRITTEN AND DISTRIBUTED.**

ACTION TAKEN: Noted by the Committee.

The Joint Commission
The Committee reviewed the 2018 Hospital National Safety Patient Goals. The 2018 Hospital National Safety Goals will remain in the books and included in the packet each month as a resource. A copy is appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

Hospital Consumers Assessment of Healthcare Providers and Services (HCAHPS)
The Committee reviewed the current Hospital Consumers Assessment of Healthcare Providers and Services (HCAHPS) report. The questions related to physicians were highlighted.

ACTION ITEM: **Noted by the Committee. The HCAHPS results will be reviewed in detail quarterly going forward.**

Quality
The Committee reviewed the Board Quality minutes (January 8, 2018), and the Quality Value Dashboard for January 2018. Copies are appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

New Business
Dr. Tronetti noted that there was Medical Staff representation in person at Dr. Ben Storey's funeral including flowers sent from the entire Medical Staff. Dr. Tronetti will investigate the idea of donating money to Astronaut High School in Dr. Storey's memory.

For Information Only
The Committee noted the following for the Committee's review. Copies are appended to the file copy of these minutes.

1. Joint Commission *Perspectives* – March 2018
2. Meditech Enhancements- March 2018

ACTION TAKEN: **Noted by the Committee. Copies are appended to the file copy of these minutes.**

REPORT FROM ADMINISTRATION - Board of Directors Minutes, Game Plan Score Card, and Financials/Budget
The Committee reviewed the Board of Directors Regular Board of Directors Meeting minutes (January 8, 2018) from the January Board of Directors packet. Copies are appended to the file copy of these minutes.

Dr. Mathews discussed the process for transferring of patients for different services to Halifax. Dr. Symeonides and Dr. Cuculino also shared experience that this process is working well.

ACTION TAKEN: **Noted by the Committee.**

CONSENT AGENDA
Discussion ensued and a motion was made, seconded and approved unanimously.

ACTION TAKEN: **Motion to approve the following consent agenda item(s):**

1. **Approval to deactivate Newborn Oxygen Standing Orders –OXYHOOD (E84).**
2. **Approval to revise Consent for Hepatitis B Vaccination - Newborns (E96)**
3. **Approval for new order set Newborn Protocol Orders - Multi. (E3380)**
4. **Approval to revise Newborn Management - Admission - Nursery. (E218)**
5. **Approval for new order set Newborn Sepsis - Nursery. (E3379)**
6. **Approval to revise order set Hypoglycemia - Neonatal. (E306)**
7. **Approval for Protocol to be added to FF. Neonatal Abstinence Syndrome (NAS) Protocol. (E3382)**
8. **Approval for Protocol to be added to FF. Neonatal Hypoglycemia Protocol. (E3383)**
9. **Approval for Protocol to be added to FF. Newborn Protocol for ABO Incompatibility. (E3384)**
10. **Approval for Protocol to be added to FF. Newborn Hepatitis B Protocol. (E3385)**
11. **Approval for Protocol to be added to FF. Transcutaneous (TcB) Screening Protocol for Hyperbilirubinemia in Newborn Infants. (E3386)**
12. **Approval for Protocol to be added to FF. Neonatal Sepsis Screening Algorithm. (E3387)**
13. **Clinical Research Activities Policy, 9500-35**
14. **Reporting Loss of Controlled Substances Policy, 9500-2046**
15. **Retired- Medical Records Completion Policy, 9900-70B**

16. Utilization Management Plan

COMMITTEE REPORT(S)

The Committee reviewed the committee minute(s) of the following committees:

A. UM/MR Committee- February 21, 2018

A discussion ensued regarding the avoidable days report in relation to consultations.

***ACTION TAKEN*: Motion to request that HIM department bring data to MEC on consultation compliance and timeliness.**

B. MSRC- February 26, 2018

C. Pharmacy and Therapeutics Committee- February 28, 2018

D. Cancer Committee- March 6, 2018

A copy is appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and unanimously approved.

***ACTION TAKEN:* Motion to accept the committee report(s) as presented.**

CLINICAL DEPARTMENT REPORT(S)

The Committee reviewed the department minute(s) of the following departments:

A. Family Practice- February 12, 2018

B. Surgery- March 6, 2018

Copies are appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and unanimously approved.

***ACTION TAKEN:* Motion to accept the department report(s) as presented.**

OPEN FORUM

New limitations in the cafeteria will begin April 2 to address items that are included with the Medical Staff items vs. items that will need to be purchased out of pocket. A letter explaining the new limitations will be sent to the entire Medical Staff.

***ACTION TAKEN*: Noted by the Committee.**

It was shared that Managed Care has begun addressing coding in medical offices which is resulting in additional denials of high level codes if documentation does not support the level.

***ACTION TAKEN:* Noted by the Committee.**

It was shared that there are also denials for some diagnostic studies done in addition to the care provided.

***ACTION TAKEN*: Noted by the Committee. The Committee would like to review the authorization requirements for these services.**

Data has been requested in detail showing documentation compliance by physician. The reports presented to UMMR and MSRC will be included in the next meeting.

***ACTION TAKEN*: A formal presentation of this data will be made at the next MEC meeting.**

MEETINGS

A. Quality Committee, March 5, 2018, Executive Conference Room, Noon
B. Budget and Finance Committee, March 5, 2018, Executive Conference Room
C. Executive Session, March 5, 2018, Executive Conference Room
D. Executive Committee, March 5, 2018, Executive Conference Room
E. Educational, Governmental & Community Relations Committee March 5, 2018, First Floor, Conference Center
F. Board of Directors Planning, Physical Facilities and Properties Committee, March 5, 2018, Conference Center
G. Board of Directors, March 5, 2018, Conference Center (*To commence Immediately following the last Board Committee meeting at the posted time.)*
H. Medical Executive Committee, third Tuesday of each month, Conference Center, 6:00 pm
I. Medical Staff meetings – first Tuesday each quarter (March, June, and September at 6:00 pm. The annual meeting in December begins immediately following dinner at 5:30 pm), Conference Center
J. Credentials and Medical Ethics Committee, second Monday of each month, Conference Center, 5:30 pm

***ACTION TAKEN:* Noted by the Committee.**

ADJOURNMENT

There being no further business, the meeting adjourned at 6:55 pm.

Pamela Tronetti, DO
President/Medical Staff

Pedro Carmona, MD
Secretary - Treasurer