

Members:

Stan Retz, Chairperson

Peggy Crooks

Herman Cole

Elizabeth Galfo, M.D.

Jerry Noffel

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
DECEMBER 04, 2017 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

- I. Public Comments
- II. FY2017 Audit Update-Moore Stephens Lovelace
- III. IT Disaster Backup Location- Mr. Newberry
- IV. Adjournment



MEMORANDUM

To: Audit Committee

From: Michael Sitowitz
Controller

Subject: Unaudited Financial Statements

Date: November 28, 2017

Attached to the memorandum are draft copies of the unaudited Financial Statements for review prior to the meeting on December 4, 2017.

Should you have any questions or concerns, please feel free to contact me at 268-6164 or e-mail me at michael.sitowitz@parrishmed.com.

Pro Forma

North Brevard County Hospital District

**Draft Financial Statements
and Supplementary Information
For the Years Ended September 30, 2017 and 2016**

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Pro Forma

NORTH BREVARD COUNTY HOSPITAL DISTRICT

**BALANCE SHEETS
SEPTEMBER 30, 2017 AND 2016**

	2017	2016
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents - Note 3	\$ 6,036,400	\$ 6,758,894
Restricted assets - Held by trustee and required for current liabilities - Note 3	2,209,415	2,177,964
Patient accounts receivable - net of estimated uncollectibles of \$14,643,871 and \$16,172,820, respectively - Note 10	16,391,099	18,443,454
Supplies	2,318,009	2,292,624
Prepaid expenses and other assets	5,665,048	6,097,084
Total current assets	32,619,971	35,770,020
RESTRICTED ASSETS - Note 3:		
Temporarily donor-restricted net position	279,971	300,988
Funded depreciation	65,281,628	68,437,543
Held by trustee - Note 5	3,012,511	3,010,919
Total restricted assets, less current portion	68,574,110	71,749,450
OTHER ASSETS:		
Net pension asset - Note 6	14,745,419	-
Deposits and other assets	4,348,448	2,069,955
Investments - Note 3	16,037,195	16,731,493
Total other assets	35,131,062	18,801,448
CAPITAL ASSETS - Note 4:		
Land	9,351,346	9,946,078
Improvements to land	5,785,878	3,074,797
Buildings and improvements	133,853,131	138,345,550
Equipment	88,053,961	86,958,898
Construction in progress	7,475,636	5,134,333
Total capital assets	244,519,952	243,459,656
Less accumulated depreciation	(165,450,615)	(157,688,679)
Net capital assets	79,069,337	85,770,977
DEFERRED OUTFLOWS		
Pension	8,382,602	7,872,482
Series 2008 Bond refunding	10,366,260	10,765,257
Total deferred outflows	18,748,862	18,637,739
TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 234,143,342	\$ 230,729,634

(Continued)

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NORTH BREVARD COUNTY HOSPITAL DISTRICT

BALANCE SHEETS

SEPTEMBER 30, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
LIABILITIES, DEFERRED INFLOWS, AND NET POSITION		
CURRENT LIABILITIES:		
Accounts payable	\$ 18,514,628	\$ 14,080,646
Accrued health insurance and workers' compensation - Note 6	1,717,374	1,844,428
Accrued employee personal leave bank - Note 11	2,934,693	3,141,679
Accrued salaries	2,093,274	1,427,374
Accrued medical malpractice - Note 11	281,881	588,143
Other current liabilities	2,777,141	2,675,290
Estimated third-party settlements - Note 2	1,054,116	314,565
Current portion of long-term debt and capital lease obligations - Note 5	2,521,206	2,435,891
Total current liabilities	<u>31,894,313</u>	<u>26,508,016</u>
OTHER LIABILITIES:		
Accrued medical malpractice - Note 11	1,175,966	612,163
Accrued other post employment benefits	876,697	786,907
Net pension liability	-	425,460
Total other liabilities	<u>2,052,663</u>	<u>1,824,530</u>
LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS:		
Net of current portion - Note 5	<u>93,794,863</u>	<u>96,298,314</u>
Total liabilities	<u>127,741,839</u>	<u>124,630,860</u>
COMMITMENTS AND CONTINGENCIES		
DEFERRED INFLOWS		
Pension	<u>3,071,292</u>	<u>98,307</u>
Total deferred inflows	<u>3,071,292</u>	<u>98,307</u>
NET POSITION:		
Net invested in capital assets	5,108,610	9,670,336
Restricted by donors - Note 7	279,971	300,988
Restricted for debt service	5,221,926	5,188,883
Unrestricted	92,719,704	90,840,260
Total net position	<u>103,330,211</u>	<u>106,000,467</u>
TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	<u>\$ 234,143,342</u>	<u>\$ 230,729,634</u>

(Concluded)

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NORTH BREVARD COUNTY HOSPITAL DISTRICT

**STATEMENTS OF REVENUES, EXPENSES,
AND CHANGES IN NET POSITION**

YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
OPERATING REVENUE:		
Net patient service revenue - net of provision for bad debt of \$20,396,773 and \$23,757,661, respectively - Note 2	\$ 129,227,119	\$ 142,149,493
Other operating revenue	3,101,571	2,923,529
Total operating revenue	<u>132,328,690</u>	<u>145,073,022</u>
OPERATING EXPENSES:		
Salaries and wages	46,575,990	48,078,122
Employee benefits	1,986,076	17,586,927
Medications and supplies	23,202,511	24,543,182
Professional fees and contractual services	27,457,389	27,370,032
Other operating expenses	12,874,170	11,840,622
Depreciation	10,617,015	11,517,505
Interest expense	3,593,479	3,733,760
Total operating expenses	<u>126,306,630</u>	<u>144,670,150</u>
OPERATING INCOME (LOSS)	<u>6,022,060</u>	<u>402,872</u>
NONOPERATING REVENUES (EXPENSES):		
Investment income, net - Note 3	6,747,074	8,100,599
Other nonoperating expenses, net - Note 1	(15,444,044)	(12,758,707)
Total nonoperating revenue (expenses), net	<u>(8,696,970)</u>	<u>(4,658,108)</u>
LOSS BEFORE CAPITAL CONTRIBUTIONS	<u>(2,674,910)</u>	<u>(4,255,236)</u>
CAPITAL CONTRIBUTIONS	<u>4,654</u>	<u>1,094,861</u>
CHANGE IN NET POSITION	<u>(2,670,256)</u>	<u>(3,160,375)</u>
NET POSITION:		
Beginning of year	<u>106,000,467</u>	<u>109,160,842</u>
End of year	<u>\$ 103,330,211</u>	<u>\$ 106,000,467</u>

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**OTHER SUPPLEMENTARY INFORMATION
FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016**

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NORTH BREVARD COUNTY HOSPITAL DISTRICT

SUPPLEMENTARY INFORMATION - CONSOLIDATING BALANCE SHEET SEPTEMBER 30, 2017

	North Brevard County Hospital District Operating Parrish Medical Center (Obligated Group)	North Brevard Medical Support, Inc.	Eliminations	North Brevard County Hospital District
ASSETS				
CURRENT ASSETS:				
Cash and cash equivalents	\$ 2,513,369	\$ 3,523,031	\$ -	\$ 6,036,400
Restricted assets - held by trustee and required for current liabilities	2,209,415	-	-	2,209,415
Patient accounts receivable - net	16,406,442	-	(15,343)	16,391,099
Supplies	2,318,009	-	-	2,318,009
Prepaid expenses and other assets	6,031,425	755,994	(1,122,371)	5,665,048
Total current assets	<u>29,478,660</u>	<u>4,279,025</u>	<u>(1,137,714)</u>	<u>32,619,971</u>
RESTRICTED ASSETS:				
Temporarily donor-restricted net position	279,971	-	-	279,971
Funded depreciation	65,281,628	-	-	65,281,628
Held by trustee	3,012,511	-	-	3,012,511
Total restricted assets	<u>68,574,110</u>	<u>-</u>	<u>-</u>	<u>68,574,110</u>
OTHER ASSETS:				
Net pension asset	14,745,419	-	-	14,745,419
Deposits and other assets	5,113,934	4,334,614	(5,100,100)	4,348,448
Investments	16,037,195	-	-	16,037,195
Total other assets	<u>35,896,548</u>	<u>4,334,614</u>	<u>(5,100,100)</u>	<u>35,131,062</u>
CAPITAL ASSETS:				
Land	9,201,346	150,000	-	9,351,346
Improvements to land	5,785,878	-	-	5,785,878
Buildings and improvements	130,682,380	3,170,751	-	133,853,131
Equipment	86,983,882	1,070,079	-	88,053,961
Construction in progress	7,475,636	-	-	7,475,636
	<u>240,129,122</u>	<u>4,390,830</u>	<u>-</u>	<u>244,519,952</u>
Less accumulated depreciation	(162,685,960)	(2,764,655)	-	(165,450,615)
Net capital assets	<u>77,443,162</u>	<u>1,626,175</u>	<u>-</u>	<u>79,069,337</u>
DEFERRED OUT FLOWS				
Pension	8,382,602	-	-	8,382,602
Series 2008 Bond refunding	10,366,260	-	-	10,366,260
Total deferred outflows	<u>18,748,862</u>	<u>-</u>	<u>-</u>	<u>18,748,862</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS				
	<u>\$ 230,141,342</u>	<u>\$ 10,239,814</u>	<u>\$ (6,237,814)</u>	<u>\$ 234,143,342</u>

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Pro Forma

Board of Directors and Audit Committee North Brevard County Hospital District

NORTH BREVARD COUNTY HOSPITAL DISTRICT

SUPPLEMENTARY INFORMATION - CONSOLIDATING BALANCE SHEET SEPTEMBER 30, 2017

	North Brevard County Hospital District Operating Parrish Medical Center (Obligated Group)	North Brevard Medical Support, Inc.	Eliminations	North Brevard County Hospital District
LIABILITIES AND NET POSITION				
CURRENT LIABILITIES:				
Accounts payable	\$ 18,355,620	\$ 1,296,722	\$ (1,137,714)	\$ 18,514,628
Accrued health insurance and workers' compensation	1,717,374	-	-	1,717,374
Accrued employee personal leave bank	2,934,693	-	-	2,934,693
Accrued salaries	2,093,274	-	-	2,093,274
Accrued medical malpractice	172,775	109,106	-	281,881
Other current liabilities	2,777,141	-	-	2,777,141
Estimated third party settlements	1,054,116	-	-	1,054,116
Current portion of long-term debt & capital lease obligations	2,483,911	37,295	-	2,521,206
Total current liabilities	31,588,904	1,443,123	(1,137,714)	31,894,313
OTHER LIABILITIES:				
Accrued medical malpractice	563,422	612,544	-	1,175,966
Accrued other post employment benefits	876,697	-	-	876,697
Other liabilities	-	5,100,100	(5,100,100)	-
Net pension liability	-	-	-	-
Total other liabilities	1,440,119	5,712,644	(5,100,100)	2,052,663
LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS:				
Net of current portion	93,596,438	198,425	-	93,794,863
Total liabilities	126,625,461	7,354,192	(6,237,814)	127,741,839
COMMITMENTS AND CONTINGENCIES				
DEFERRED INFLOWS				
Pension	3,071,292	-	-	3,071,292
Total deferred inflows	3,071,292	-	-	3,071,292
NET POSITION:				
Net invested in capital assets	3,508,442	1,600,168	-	5,108,610
Restricted by donors	279,971	-	-	279,971
Restricted for debt service	5,221,926	-	-	5,221,926
Unrestricted	91,434,250	1,285,454	-	92,719,704
Total net position	100,444,589	2,885,622	-	103,330,211
TOTAL LIABILITIES AND NET POSITION	\$ 230,141,342	\$ 10,239,814	\$ (6,237,814)	\$ 234,143,342

(Concluded)

Pro Forma

Board of Directors and Audit Committee
North Brevard County Hospital District

NORTH BREVARD COUNTY HOSPITAL DISTRICT

**SUPPLEMENTARY INFORMATION - CONSOLIDATING BALANCE SHEET
SEPTEMBER 30, 2016**

	North Brevard County Hospital District Operating Parrish Medical Center (Obligated Group)	North Brevard Medical Support, Inc.	Eliminations	North Brevard County Hospital District
ASSETS				
CURRENT ASSETS:				
Cash and cash equivalents	\$ 6,363,354	\$ 395,540	\$ -	\$ 6,758,894
Restricted assets - held by trustee and required for current liabilities	2,177,964	-	-	2,177,964
Patient accounts receivable - net	18,446,683	-	(3,229)	18,443,454
Supplies	2,292,624	-	-	2,292,624
Prepaid expenses and other assets	8,252,472	101,175	(2,256,563)	6,097,084
Total current assets	<u>37,533,097</u>	<u>496,715</u>	<u>(2,259,792)</u>	<u>35,770,020</u>
RESTRICTED ASSETS:				
Temporarily donor-restricted net position	300,988	-	-	300,988
Funded depreciation	68,437,543	-	-	68,437,543
Held by trustee	3,010,919	-	-	3,010,919
Total restricted assets	<u>71,749,450</u>	<u>-</u>	<u>-</u>	<u>71,749,450</u>
OTHER ASSETS:				
Net pension asset	-	-	-	-
Deposits and other assets	16,512	2,053,443	-	2,069,955
Investments	16,731,493	-	-	16,731,493
Total other assets	<u>16,748,005</u>	<u>2,053,443</u>	<u>-</u>	<u>18,801,448</u>
CAPITAL ASSETS:				
Land	9,796,078	150,000	-	9,946,078
Improvements to land	3,074,797	-	-	3,074,797
Buildings and improvements	135,187,137	3,158,413	-	138,345,550
Equipment	85,913,545	1,045,353	-	86,958,898
Construction in progress	4,624,815	509,518	-	5,134,333
	238,596,372	4,863,284	-	243,459,656
Less accumulated depreciation	(155,232,374)	(2,456,305)	-	(157,688,679)
Net capital assets	<u>83,363,998</u>	<u>2,406,979</u>	<u>-</u>	<u>85,770,977</u>
DEFERRED OUTFLOWS				
Pension	7,872,482	-	-	7,872,482
Series 2008 Bond refunding	10,765,257	-	-	10,765,257
Total deferred outflows	<u>18,637,739</u>	<u>-</u>	<u>-</u>	<u>18,637,739</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS	<u>\$ 228,032,289</u>	<u>\$ 4,957,137</u>	<u>\$ (2,259,792)</u>	<u>\$ 230,729,634</u>

(Continued)

Pro Forma

Board of Directors and Audit Committee
North Brevard County Hospital District

NORTH BREVARD COUNTY HOSPITAL DISTRICT

SUPPLEMENTARY INFORMATION - CONSOLIDATING BALANCE SHEET

SEPTEMBER 30, 2016

	North Brevard County Hospital District Operating Parrish Medical Center (Obligated Group)	North Brevard Medical Support, Inc.	Eliminations	North Brevard County Hospital District
LIABILITIES AND NET POSITION				
CURRENT LIABILITIES:				
Accounts payable	\$ 13,993,830	\$ 2,346,608	\$ (2,259,792)	\$ 14,080,646
Accrued health insurance and workers' compensation	1,844,428	-	-	1,844,428
Accrued employee personal leave bank	3,141,679	-	-	3,141,679
Accrued salaries	1,427,374	-	-	1,427,374
Accrued medical malpractice	588,143	-	-	588,143
Other current liabilities	2,675,290	-	-	2,675,290
Estimated third party settlements	314,565	-	-	314,565
Current portion of long-term debt & capital lease obligations	2,402,803	33,088	-	2,435,891
Total current liabilities	26,388,112	2,379,696	(2,259,792)	26,508,016
OTHER LIABILITIES:				
Accrued medical malpractice	612,163	-	-	612,163
Accrued other post employment benefits	786,907	-	-	786,907
Net pension liability	425,460	-	-	425,460
Total other liabilities	1,824,530	-	-	1,824,530
LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS:				
Net of current portion	96,060,553	237,761	-	96,298,314
Total liabilities	124,273,195	2,617,457	(2,259,792)	124,630,860
COMMITMENTS AND CONTINGENCIES				
DEFERRED INFLOWS				
Pension	98,307	-	-	98,307
Total deferred inflows	98,307	-	-	98,307
NET POSITION:				
Net invested in capital assets	7,263,358	2,406,978	-	9,670,336
Restricted by donors	300,988	-	-	300,988
Restricted for debt service	5,188,883	-	-	5,188,883
Unrestricted	90,907,558	(67,298)	-	90,840,260
Total net position	103,660,787	2,339,680	-	106,000,467
TOTAL LIABILITIES AND NET POSITION	\$ 228,032,289	\$ 4,957,137	\$ (2,259,792)	\$ 230,729,634

(Concluded)

Pro Forma

Board of Directors and Audit Committee
North Brevard County Hospital District

NORTH BREVARD COUNTY HOSPITAL DISTRICT

**SUPPLEMENTARY INFORMATION - CONSOLIDATING STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
YEAR ENDED SEPTEMBER 30, 2017**

	North Brevard County Hospital District Operating Parrish Medical Center (Obligated Group)	North Brevard Medical Support, Inc.	Eliminations	North Brevard County Hospital District
OPERATING REVENUE:				
Net patient service revenue	\$ 129,227,119	\$ -	\$ -	\$ 129,227,119
Other operating revenue	3,101,571	-	-	3,101,571
Total operating revenue	132,328,690	-	-	132,328,690
OPERATING EXPENSES:				
Salaries and wages	46,575,990	-	-	46,575,990
Employee benefits	1,986,076	-	-	1,986,076
Medications and supplies	23,228,107	-	(25,596)	23,202,511
Professional fees and contractual services	27,457,389	-	-	27,457,389
Other operating expenses	14,597,170	-	(1,723,000)	12,874,170
Depreciation	10,617,015	-	-	10,617,015
Interest expense	3,593,479	-	-	3,593,479
Total operating expenses	128,055,226	-	(1,748,596)	126,306,630
OPERATING (LOSS)	4,273,464	-	1,748,596	6,022,060
NONOPERATING REVENUES (EXPENSES):				
Investment income, net	6,745,859	1,215	-	6,747,074
Other nonoperating expenses, net	(10,947,332)	(2,754,116)	(1,748,596)	(15,444,044)
Internal grants	(3,298,842)	3,298,842	-	-
Total nonoperating revenues (expenses), net	(7,494,315)	545,941	(1,748,596)	(8,696,970)
LOSS BEFORE CAPITAL CONTRIBUTIONS	(3,220,851)	545,941	-	(2,674,910)
CAPITAL CONTRIBUTIONS	4,654	-	-	4,654
CHANGE IN NET POSITION	\$ (3,216,197)	\$ 545,941	\$ -	\$ (2,670,256)

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Board of Directors and Audit Committee
North Brevard County Hospital District

NORTH BREVARD COUNTY HOSPITAL DISTRICT

**SUPPLEMENTARY INFORMATION - CONSOLIDATING STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
YEAR ENDED SEPTEMBER 30, 2016**

	North Brevard County Hospital District Operating Parrish Medical Center (Obligated Group)	North Brevard Medical Support, Inc.	Eliminations	North Brevard County Hospital District
OPERATING REVENUE:				
Net patient service revenue	\$ 142,149,493	\$ -	\$ -	\$ 142,149,493
Other operating revenue	2,923,529	-	-	2,923,529
Total operating revenue	145,073,022	-	-	145,073,022
OPERATING EXPENSES:				
Salaries and wages	48,078,122	-	-	48,078,122
Employee benefits	17,586,927	-	-	17,586,927
Medications and supplies	24,543,182	-	-	24,543,182
Professional fees and contractual services	27,370,032	-	-	27,370,032
Other operating expenses	11,840,622	-	-	11,840,622
Depreciation	11,517,505	-	-	11,517,505
Interest expense	3,733,760	-	-	3,733,760
Total operating expenses	144,670,150	-	-	144,670,150
OPERATING (LOSS)	402,872	-	-	402,872
NONOPERATING REVENUES (EXPENSES):				
Investment income, net	8,100,599	-	-	8,100,599
Other nonoperating expenses, net	(9,968,963)	(2,789,744)	-	(12,758,707)
Internal grants	(2,799,488)	2,799,488	-	-
Total nonoperating revenues (expenses), net	(4,667,852)	9,744	-	(4,658,108)
LOSS BEFORE CAPITAL CONTRIBUTIONS	(4,264,980)	9,744	-	(4,255,236)
CAPITAL CONTRIBUTIONS	1,094,861	-	-	1,094,861
CHANGE IN NET POSITION	\$ (3,170,119)	\$ 9,744	\$ -	\$ (3,160,375)

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
Aluino Ochoa, M.D., President/Medical Staff
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Patricia Alexander, M.D., Designee
Kenneth McElynn, M.D., Designee
Christopher Manion, M.D., Designee
Gregory Cuculino, M.D.
Pamela Tronetti, D.O., Designee

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, DECEMBER 4, 2017
12:00 P.M.
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the October 2, 2017 meeting
- II. Public Comment
- III. Vision Statement
- IV. Dashboard Review
- V. Oro 2.0
- VI. Opioid Focus
- VII. Other
- VIII. 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 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 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 SUPPORT, 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 October 02, 2017 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.,
Christopher Manion, M.D.
Kenneth McElynn, M.D.
George Mikitarian (non-voting)
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Gregory Cuculino M.D.
Pamela Tronetti, MD

Member(s) Absent:

Peggy Crooks (excused)
Aluino Ochoa, M.D. (excused)

CALL TO ORDER

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

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Crooks and approved (9 ayes, 0 nays, 0 abstentions). Ms. Fitzgerald, Mr. Noffel, and Drs. Galfo, Manion, and Shah were absent when the vote was taken.

PUBLIC COMMENTS

None

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

PUBLIC COMMENTS

None

QUALITY DASHBOARD REVIEW

Mr. Loftin reviewed the Value Dashboard included in the agenda packet and discussed each indicator score as it relates to clinical quality and cost. Copies of the PowerPoint slides presented are appended to the file copy of these minutes.

ORO 2.0 HIGH RELIABILITY ORGANIZATIONAL ASSESSMENT

Mr. Loftin shared with the committee the Oro 2.0 High Reliability Organizational Assessment and discussed the contents of the assessment.

HAND HYGIENE

Dr. McElynn and Emily Appleton shared with the committee the importance of hand hygiene, results of an in-house hand washing study and the goal to a 100% hand washing result.

OPIOID CRISIS

Ms. Sellers shared with the committee the new PMC initiative and safe care pledge to help address the Opioid crisis. Dr. Elizabeth Galfo will serve as the board liaison with the PMC staff to assist with the concept development. Discussion ensued and the following motion was made by Ms. Rupe, seconded by Mr. Cole and approved (10 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE PARRISH MEDICAL CENTER MANGEMENT AND STAFF TO CONSULT WITH CLINICIANS TO DESIGN AN APPROACH TO HELP ADDRESS THE OPIOID CRISIS.

OTHER

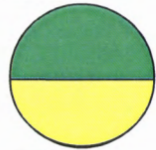

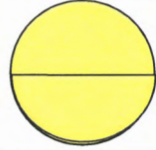
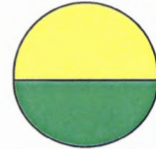
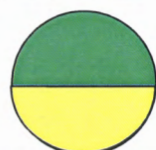
No other business was discussed.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:58 p.m.

Herman A. Cole, Jr.
Chairman

Board Value Dashboard: December 2017

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; August, September, October)

FINANCE COMMITTEE MEMBERS:

Stan Retz, Chairperson
Peggy Crooks, Vice Chairperson
Jerry Noffel
Elizabeth Galfo, M.D.
Robert Jordan
Billie Fitzgerald
Herman Cole (ex-officio)
George Mikitarian, President/CEO (non-voting)
Aluino Ochoa, M.D., (alternate)

**TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, DECEMBER 4, 2017
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approval of minutes (October 02, 2017)

Motion: To recommend approval of the October 02, 2017 minutes as presented.

- II. Public Comments
- III. Report from Titusville City Council Liaison- Scott Larese
- IV. Bond Closing Update – Mr. Sitowitz
- V. Financial Review – Mr. Sitowitz
- 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 October 02, 2017 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairman
Herman A. Cole, Jr.
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert Jordan
George Mikitarian (non-voting)
Jerry Noffel
Pamela Tronetti, M.D.

Member(s) Absent:

Peggy Crooks
Aluino Ochoa, 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. Retz called the meeting to order at 1:30 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE AUGUST 7, 2017 MEETING MINUTES, AS PRESENTED.

PUBLIC COMMENTS

Mr. Bradford introduced Drew Waterman as the new Vice President of Ambulatory Services at PMC.

FINANCIAL REVIEW

Mr. Sitowitz summarized the August 2017 financial statements.

BLOOD CULTURE INSTRUMENT PROJECT #18-401-01

Mr. Sitowitz summarized the memorandum contained in the packet relative to the request to purchase the budgeted item, the Blood Culture Instrument/Incubation System. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Jordan and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE PURCHASE OF THE BLOOD CULTURE INSTRUMENT (PROJECT# 18-401-01) AT A TOTAL COST NOT TO EXCEED THE BUDGETED AMOUNT OF \$213,242.00.

DATA DOMAIN UPGRADE PROJECT#18-721-04

Mr. Sitowitz summarized the memorandum contained in the packet relative to the request to purchase the budgeted item, Data Domain materials. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Jordan and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE PURCHASE OF THE DATA DOMAIN MATERIALS (PROJECT#18-721-04) AT A TOTAL COST NOT TO EXCEED THE BUDGETED AMOUNT OF \$159,198.22.

DISPOSAL OF SURPLUS PROPERTY

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Fitzgerald, and approved (7 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 FS274.05 AND FS274.96.

OTHER

No other business was discussed.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:48p.m.

Stan Retz
Chairperson



MEMORANDUM

To: Budget & Finance Committee

From: Michael Sitowitz
Controller

Subject: Bond Closing Update

Date: November 27, 2017

On Tuesday November 14, 2017 the District completed an advanced refunding on the remaining 2008 bond issue with Siemens. The Series 2017 Loan is for \$25,000,000 with a fixed interest rate of 3.22%, Mandatory Tender Date is November 1, 2027, with a final Maturity date of October 1, 2043.

The debt service reserve fund, principal payment account and interest payment account totaling \$3,264,691 were used to pay down the outstanding 2008 bonds. The payoff amount of the 2008 bonds was \$27,696,779 and has been put in escrow, defeasing the bonds.

Cost of issuance was \$294,912, which included bond Counsel, Borrower's Counsel, Lenders' Counsel, Financial Advisor, Trustee, Trustee's Counsel and Verification Agent

During the meeting on December 4, 2017 we will discuss the savings the District will recognize from the refunding.

Should you have any questions or concerns, please feel free to contact me at 268-6164 or e-mail me at michael.sitowitz@parrishmed.com.

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, DECEMBER 4, 2017
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the October 2, 2017 meeting.
- II. Reading of the Huddle
- III. Public Comment
- IV. Open Forum for PMC Physicians
- V. USSSA Project Update – Messrs. Bradford and Waterman
- VI. Attorney Report – Mr. Boyles
- VII. Other
- VIII. Executive Session (if necessary)

ADJOURNMENT

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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 October 02, 2017 in the Executive Conference Room.

The following members were present:

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

Members Absent:

Peggy Crooks

Also in attendance were the following Board members:

Billie Fitzgerald
Jerry Noffel
Maureen Rupe
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 2:02 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo and approved (4 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE AUGUST 7, 2017 MEETINGS AS PRESENTED

READING OF THE HUDDLE

Dr. Galfo read the Weekly Huddle.

PUBLIC COMMENT

There were no public comments.

OPEN FORUM FOR PHYSICIANS

No physicians spoke.

YMCA

Mr. Mikitarian shared with the Committee the opportunity to collaborate with the YMCA on a Community Integrated Health program. Dan Ickes, Kelly Prather shared with the Committee what the collaboration would consist of and the programs associated with it. Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Retz and approved (4 ayes, 0 nays, 0 abstentions)

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS ADOPT THE PROPOSED RESOLUTION OF THE BOARD OF DIRECTORS OF THE BREVARD COUNTY HOSPITAL DISTRICT CONCERNING DEVELOPING ARRANGEMENTS WITH CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ORGANIZATION, INC. ("YMCA").

WFTV

The WFTV representatives did not give an update due to technical difficulties. They will return at the November meeting to update the Committee.

POLICY REVIEW

Mr. Mikitarian presented two hospital policies for review. The policies are in relation to retaining legal counsel. Mr. Jordan suggested that the two policies be integrated. Mr. Boyles will review and ensure they are current and any items being sent to the attorneys for review are appropriate. The draft revised policy will be presented at the November meeting for review and discussion. Mr. Noffel noted that the attorney fees need to also be reviewed.

ATTORNEY REPORT

Mr. Boyles updated the Committee on the status of the McKesson matter. Mr. Boyles also commented to the Committee that any questions regarding fees or other issues involving the attorneys can be addressed with them at any time.

ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 3:31 p.m.

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



ARRON LAMPKIN/FOR FLORIDA TODAY

Work is about 93 percent complete on the USSSA Space Coast Complex in Viera.

Tourism home run on deck at stadium complex

Tournaments planned for ex-spring training location

Dave Berman FLORIDA TODAY
USA TODAY NETWORK - FLORIDA

A packed schedule of baseball and softball tournaments at the former Space Coast Stadium complex in Viera also will pack local hotels, restaurants and retailers with young athletes and their families.

The complex is being redeveloped by the U.S. Specialty Sports Association, in a more than \$30 million project.

Kevin Reynolds, general manager of what has been renamed the USSSA Space Coast Complex, told tourism officials this week that he expects 45



Reynolds

to 50 weekend or weeklong events a year there.

But the numbers could be higher. Sixty-one such events are listed on a preliminary 2018 schedule for the complex.

As part of a deal with Brevard County, \$10 million of the upgrade cost is coming from revenue generated by Brevard County's 5 percent Tourist Development Tax on hotel rooms and other short-term rentals.

The USSSA is picking up the rest of the cost —

See **STADIUM**, Page 6A

Stadium

Continued from Page 3A

more than \$20 million. The association is guaranteeing that its events will generate at least 75,000 nights a year of hotel room rentals for each of its first three years of operation in Viera, and 100,000 nights a year after that.

Space Coast tourism officials spent much of Wednesday at the stadium complex. The Brevard County Tourist Development Council and its Sports Committee both held their monthly meetings there, with a tour of the complex sandwiched in between the two meetings. Later in the day, tourism and USSSA officials participated in a ribbon-cutting ceremony for the complex.

Construction work continues in advance of the first tournament scheduled there on Jan. 12-14, which Reynolds expects will attract 50 to 60 teams.

Upgrades to the complex — which will have 15 fields with artificial turf and lights to accommodate night play — are about 93 percent complete.

Reynolds said the fields can be adjusted by using portable outfield fences for baseball and softball and for various ages and skill levels of players. The distance from home plate to the outfield fence can range from 225 feet to 385 feet.

The complex also will have sophisticated scoreboards, video facilities for live online broadcasts of games and equipment to track such things as the speed of pitches.

"This is just a dream come true," USSSA Chairman, Executive Director and Chief Executive Officer Don DeDonatis said in remarks during the ribbon-cutting ceremony Wednesday night at home plate in the main stadium.

About 400 people attended the ceremony, many of whom came to Florida from throughout the country for USSSA's annual convention, being held this week in

Daytona Beach. (Brevard County did not have a hotel or convention facility large enough to handle the USSSA convention.)

Space Coast Office of Tourism Executive Director Eric Garvey cited the "amazing partnership" between the county and the USSSA to redevelop the stadium complex.

That facility previously was the spring training home of the Washington Nationals major league baseball team, which moved its operations to West Palm Beach. It also was the home of the Class A minor league Brevard County Manatees, which moved to Kissimmee and were renamed the Florida Fire Frogs.

Former Brevard County Commissioner Robin Fisher, who helped spearhead the deal between the county and USSSA while he was in office, said this was one of the accomplishments he is most proud of while serving on the county commission.

"I think it's going to be a game-changer for Brevard County," Fisher said.

Capitalizing on visitors to Brevard County for USSSA events is among the major campaign strategies of the Space Coast Office of Tourism marketing plan for the coming year. That plan was approved this week by the Tourist Development Council and its Marketing Committee.

That segment of the strategy calls for the tourism agency to "engage with the USSSA new customer base" through social media and other ways to extend the stay of players and their families beyond the end of the tournament. The message is: "Don't play and run. Stay a day or two after the game to experience our beaches."

In addition to USSSA youth baseball and softball tournaments, the USSSA Pride professional women's softball team of the National Pro Fastpitch league will be based at the Viera complex in 2018, as it was this year. DeDonatis said a Chinese professional women's softball team also may be based in Viera in 2018.

In August, the stadium complex also will host the

Women's Baseball World Cup, featuring national teams from throughout the world.

USSSA also is looking to expand its presence in Brevard County through participation in two other proposed capital projects that have received the support of the Brevard County Commission and the Brevard County Tourist Development Council:

- One project calls for \$8 million in upgrades to the Viera Regional Park's sports complex, including making it "a tournament-quality venue," primarily for soccer and lacrosse, with seven lighted fields with synthetic turf. USSSA hopes to hold multiday tournaments at the complex. County commissioners agreed to set aside \$5 million from the Tourist Development Tax for the project.

- The other calls for creation of a \$23 million indoor multiuse sports arena and hotel project in downtown Titusville. The project would include both publicly financed and privately financed components. The proposal calls for construction of a \$12 million, 50,000-square-foot facility. The sports arena would focus on youth sports, and could be used for basketball, volleyball, indoor lacrosse, gymnastics, field hockey, archery, cheerleading and dance events. The facility also could be used for meetings, catered events, concerts and other special events. County commissioners agreed to set aside \$7 million from the Tourist Development Tax for the project.

USSSA will have about 20 full-time employees at its Viera headquarters, plus a number of part-timers to work its events and maintain the facilities.

The smaller fields have sponsorship agreements with various sporting goods companies. USSSA is seeking a deal with a company for naming rights to the overall complex and the larger fields.

Dave Berman is government editor at FLORIDA TODAY.

Contact Berman at 321-242-3649 or dberman@floridatoday.com.
Twitter: @bydaveberman
Facebook: /dave.berman.54

A WHOLE NEW *Ball Game*





USSSA Comes To Brevard

By Ryan Randall

Brevard County's Space Coast Stadium had been hosting professional baseball games since 1994, but when the Washington Nationals announced the team was moving to West Palm Beach and the minor league Brevard County Manatees played its final season there in 2016, uncertainty loomed over the iconic regional stadium.

Rather than go after another professional team, county leaders threw a slider over the plate when many expected a fastball. When the Washington Nationals announced its plans to leave the Space Coast, county leaders reached a deal with the United States Specialty Sports Association (USSSA) for the stadium. In April, the USSSA broke ground on expanding the land around the ballpark to create the USSSA Space Coast Stadium & Athletic Complex, a 15-field complex that will host amateur baseball and softball games. The organization will also host flag football and soccer events at the stadium and Viera Regional Park.

The organization's USSSA Pride of the National Pro Fastpitch League will also play at Space Coast Stadium. USSSA will spend \$22 million on the construction of the fields and renovation of the existing park, while the county will contribute \$10 million.

The area's economy is expected to benefit greatly from the addition of the USSSA and its year-round tournaments. The organization guarantees 75,000 hotel room nights in the first year, which will generate \$375,000 a year off revenue from the Tourism Development Tax. The organization also guarantees 100,000 nights in the third year, generating \$500,000 in tax revenue.

A Shift In The Process

The hotel room number was mutually negotiated by the county and the organization, according to Eric Garvey,

executive director at Brevard County Tourist Development Council (TDC).

The number was also based off data from USSSA's previous residence in Kissimmee at Osceola County Stadium. When the TDC became involved in the search for new occupants, it wanted to ensure there would be a greater impact on tourism than what the previous tenants generated.

While MLB spring training took place at Space Coast Stadium for 22 years, the ballpark became a point of contention after the Marlins left and the Expos-turned-Nationals arrived. After unsuccessful talks with county leaders, the Nationals announced a move to Osceola County in 2013. Although the plan fell through, local leaders felt it was time to move on from spring training due to both the amount of money requested by the Nationals to upgrade the facilities and offers from other counties.

"By the time I got here in 2014, the community had settled on the fact that Major League Baseball wasn't the right business to be in," Garvey said. "At that time, the Nationals were being recruited to Palm Beach County with big money. They were dangling over \$100 million for a new complex, and I think our community realized it wasn't in the game and didn't need to be in the game. It just wasn't a good fit anymore."

A Perfect Match

Word got to county leaders that USSSA was interested in moving, and a full-court press was put on the organization to bring it in. When asked what made the area a fit for USSSA, Garvey noted the access to I-95, which benefits hotels brands because they can space out their buildings close to the highway.

He also noted destinations such as the Kennedy Space Center and the beaches as places for visiting families to have fun. In addition to the hotels and landmarks benefiting from USSSA, Brevard County's retail and food industries will benefit as well.

"I get excited when I think about the local restaurants and shops that won't have to necessarily depend totally on the local economy," said Garvey. "They'll get a lot of upside from the tourist economy to make them more successful."

USSSA CEO Don DeDonatis said the speed in which the county moved, from visiting the site to finalizing a deal, was the fastest he's ever seen. In addition to the construction around the stadium, the offices in the stadium were renovated to accommodate USSSA headquarters. Having to hold off events for months while spring training teams used their stadiums in Osceola County and at Disney Wide World of Sports, DeDonatis said having their own facility provides greater options.

"What it does now is give us the flexibility of bringing more events in of greater stature," DeDonatis said. "So we'll be able to bring in a host of other tournaments that we've never had the opportunity to bring in before and we'll be able to do it any time we want to."

Space Coast Stadium has evolved from a spring training destination to a place that will be a haven for amateur sports and provide a consistent revenue stream for the county. What once was almost an abandoned stadium is now a place county leaders are confident will be a family destination for years to come. ♣



USSSA Space Coast Stadium & Athletic Complex - rendering

EDUCATION COMMITTEE

Billie Fitzgerald, Chairperson
Herman A. Cole, Jr. (ex-officio)
Elizabeth T. Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Maureen Rupe, Vice Chairperson
Ashok Shah, M.D.
Aluino Ochoa, M.D.
George Mikitarian, President/CEO (Non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, DECEMBER 4, 2017
(IMMEDIATELY FOLLOWING EXECUTIVE COMMITTEE)
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Environment of Care Presentation – Mrs. Ellis & Mr. Westbay
- II. Other
- III. Executive Session (if necessary)

ADJOURNMENT

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**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
DECEMBER 4, 2017
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 (October 2, 2017)
- V. Open Forum for PMC Physicians
- VI. Recognition(s)
 - A. Vidya Hate, MD has successfully completed the 2017 Maintenance of Certification assignment for American Board of Obstetrics and Gynecology.
 - B. Denis Perez, MD has successfully completed the 2017 Maintenance of Certification assignment for American Board of Obstetrics and Gynecology.
 - C. Simon Symeonides, MD has successfully completed the 2017 Maintenance of Certification assignment for American Board of Internal Medicine.
 - D. Ethan Alan Webb, MD has successfully completed the 2017 Maintenance of Certification assignment for American Board of Internal Medicine
- VII. Public Comments
- VIII. Unfinished Business

IX. New Business

- A. Environment of Care Annual Review – Mrs. Ellis & Mr. Westbay

Motion: To approve the Annual Environment of Care Report as presented.

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

- A. Resignations - **For Information Only**

- James Gregory Clark, MD (Associate/Emergency Medicine)
Effective October 2, 2017/Appointed May 6, 2013.

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

XII. Consent Agenda

XIII. 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)

XIV. Process and Quality Report – Mr. Mikitarian

- A. Other Related Management Issues/Information
- B. Hospital Attorney - Mr. Boyles

XV. Other

BOARD OF DIRECTORS MEETING
DECEMBER 4, 2017
PAGE 3

XVI. Closing Remarks – Chairman

XVII. Executive Session (if necessary)

XVIII. 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 October 02, 2017 in Conference Room 2/3/4/5, First Floor. The following members were present:

Herman A. Cole, Jr., Chairman
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D

Member(s) Absent:
Peggy Crooks
Billie Fitzgerald

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 4:17 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 Mr. Retz and approved (7 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. Fitzgerald and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE AUGUST 7, 2017 MEETING MINUTES, AS PRESENTED.

NEW VP AMBULATORY SERVICES

Mr. Cole introduced Drew Waterman as the new Vice President of Ambulatory Services.

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- North Brevard Medical Support Liaison Report

None

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-2048, ADVANCE DIRECTIVES, AS PRESENTED.

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE AMENDMENT TO THE MEDICAL STAFF RULES & REGULATIONS TO ADD PATIENT BLOOD MANAGEMENT COMMITTEE (FORMERLY THE BLOOD TRANSFUSION COMMITTEE).

Resignations/Retirements

Resignations & retirements were noted for information only, no action required.

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Jordan and approved (7 ayes, 0 nays, 0 abstentions).

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

A. Finance Committee

1. Recommend to the Board of Directors to approve the purchase of the Blood Culture Instrument (Project #18.401.01) at a total cost not to exceed the budgeted amount of \$213,242.
2. Recommended to the Board of Directors to approve the purchase of the Data Domain materials (Project #18-721-04) at a total cost not to exceed the budgeted amount of \$159,198.22.
3. 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.

B. Executive Committee

1. Recommend the Board of Directors adopt the proposed Resolution of the Board of Directors of the North Brevard County Hospital District Concerning Developing Arrangements with Central Florida Young Men's Christian Organization, Inc. ("YMCA).

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 and on the consent agenda.

Educational, Governmental and Community Relations Committee

Ms. Fitzgerald reported that the Educational Committee did not meet.

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. Loftin noted that Parrish was once again recertified in Stroke by the Joint Commission. Mr. Loftin recognized Marsha Richardson and the team for their hard work. Ms. Rupe gave recognition to Chris Mc Alpine for his attendance and talk at the League of Women Voters meeting. Mr. Cole announced the upcoming event, Boots and Bandits benefit for the Women's Center.

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 4:23 p.m.

Herman A. Cole, Jr.
Chairman



ENVIRONMENT OF CARE

2017

ANNUAL REPORT

By

William Westbay/Deena Ellis

Environment of Care Task Force Chair and Safety Officer

November 28, 2017

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I. ENVIRONMENT OF CARE (EOC) EXECUTIVE SUMMARY:

A. **Code Pink** : The Parrish Medical Center (PMC)/Parrish Healthcare Center (PHC) Emergency Plan was activated July 17, 2017. Shortly after 10:00 a.m. a Code Pink drill was conducted.

Actions Taken:

1. Made all efforts to cover all exits from the Women's Center with enough staff.
2. Atrium exits were all covered with care partners.
3. Security officers were also posted at public access entrances and checked bags of anyone trying to leave.
4. Explored opportunities for updated infant alarm system.

B. **Code Purple:** PMC/PHC's Emergency Plan was again activated September 9, 2017 for Hurricane Irma, a Level 2 Hurricane traveling up the state, which produced extensive damage and power outages. It yielded patient surge after the storm with an assortment of treatment needs.

1. PMC was the only acute-care hospital in a 50 mile radius accepting patients prior to storm lockdown and after post-storm recovery.
2. PMC Care Partner debriefings captured feedback that will improve future Emergency Plan activations.

C. **Assistant Secretary for Preparedness and Response Grants (ASPR):** An undetermined amount will be received. Funds are now administered by the *Central Florida Disaster Medical Coalition (CFDMC)* to member hospitals as a group.

II. EOC SCOPE:

EOC scope includes all PMC and PHC inpatient and ambulatory clinical sites. The purpose and scope of EOC management plans ensures required areas are monitored and evaluated for hazards. EOC Management Plans address issues related to patient, visitor, care partner and medical staff safety. EOC Management Plan Evaluations and Management Plans are annually reviewed and approved by the EOC Task Force, PMC Administration, and the hospital board.

PMC and PHC departments providing EOC services are as follows:

- A. Plant Services (Maintenance)
- B. Environmental Services (Housekeeping, Hazardous Waste Pickup)
- C. Security Department
- D. Clinical Equipment
- E. Dietary Department
- F. Nursing Services and other clinical and non-clinical support departments

The EOC Chairman directs the EOC Task Force, a key program. Needed changes are noted in 2017 Management Plan Evaluations, and are incorporated into 2018 Management Plans.

EOC program elements are as follows:

- A. EOC Management Plans, Evaluations, and Performance Improvements.
- B. Orientation & Education for new PMC and PHC employees; annually for current employees.
- C. Employee Health Program and Worker Compensation.
- D. Safety & Security Management.
- E. Life Safety (Protection of PMC & PHC assets from fire and the products of combustion).
- F. Emergency Preparedness.
- G. Waste Management and Hazard Surveillance.
- H. Clinical Equipment including FDA Equipment Recalls, Reporting, and Failure Analysis.
- I. Utility Management.

III. STATEMENT OF CONDITIONS:

PMC's Statement of Conditions¹ and The Joint Commission (TJC) electronic Statement of Conditions are maintained, reviewed, evaluated, and revised when necessary by the EOC Task Force Chairman. Starting in 2017, TJC requires EOC Life Safety defects to be corrected within 60 days. PMC had no Life Safety Defects in 2017.

TJC recommended approval of a *Life Safety Equivalency* permitting storage of Start-2-Finish disaster carts in PMC stairwells A and B to CMS on June 11, 2014.

IV. MANAGEMENT PLAN OBJECTIVES:

The primary objective of the PMC and PHC's EOC program² is to maintain a safe and reliable facility, and an appropriate healing environment. Plan objectives are designed to minimize adverse occurrences through recognition, evaluation, and elimination of workplace safety hazards. The EOC Task Force strives to be proactive in addressing and eliminating safety hazards, and being in compliance.

¹ See PHC Policy 9500-4013 for *Statement of Conditions* approval qualifications.

² See PHC Policy 9500-4013 for more information,

EOC Management Plan Objectives have been evaluated for 2017, with individual plans revised and updated for 2018, as follows:

A. Employee Safety:

1. Minimize safety hazards by continuing EOC Rounds at regular intervals.
2. Improve worker safety by continuing to monitor employee health program.
3. Implement a worker injury prevention and investigation program.
4. Improve worker safety by comprehensive new-hire and department specific safety hazard job orientation.

B. Life Safety:

1. Educate Care Partners as to appropriate Life Safety actions with "RACE" and "PASS".
2. Conduct required fire drills and re-drills required by CMS/TJC/AHCA.
3. Ensure PMC and PHC are in compliance with 2012 NFPA life safety codes with EOC Rounds.
4. Ensure all Care Partners receive fire prevention education annually.
5. Maintain effective smoke abatement and fire extinguishment equipment.

C. Hazardous Materials & Waste Management Plan:

1. Maintain a high level of awareness among Care Partners handling hazardous, chemical, bio-medical, and nuclear waste.
2. Ensure competent Care Partners conduct regular Hazardous Waste, Bio-medical, and Radioactive Holding Room safety inspections.

D. Security Management Plan:

1. Conduct regular security patrols throughout all PMC & PHC facilities.
2. Identify, develop, educate, and implement security practices.
3. Investigate, manage, and address issues concerning security and safety.
4. Monitor use of identification badges by physicians, care partners, and vendors.
5. Ensure Security Officers responding to hazardous spills are properly trained.

E. Emergency Management Plan:

1. Ensure PMC and PHC readiness to provide medical support to the community and other healthcare facilities when needed.
2. Maintain communication with Brevard County Emergency Operations Center in Rockledge, Florida.
3. Ensure that PMC's emergency response plans correspond to the National Incident Management System³ (NIMS).
4. Maintain readiness and effective levels of Care Partner NIMS training to respond to external or internal disasters.

F. Clinical Equipment Management Plan:

1. Ensure PMC medical equipment is maintained, safe and reliable.
2. Ensure PMC Care partners safely use Clinical Equipment.
3. Ensure PMC Care Partners know whom to report Clinical Equipment problems.
4. Ensure PMC Care partners know how to determine if Clinical Equipment has been maintained properly.

³ See PHC Policies 9500-4010 & 9500-4015 for more information

G. Utility Management Plan:

- 1. Ensure PMC and PHC utilities are maintained appropriately.
- 2. Respond to PMC and PHC utility outages in a timely fashion.
- 3. Provide reliable utility services to Care Partners and PMC and PHC facilities.
- 4. Ensure back-up utility equipment is available and maintained correctly.
- 5. Ensure adequate potable water is available.

V. MANAGEMENT PLAN STANDARDS:

EOC Management plans are evaluated on the basis of completing objectives, monitoring performance indicators (PI), and meeting standards of acceptable practice, as follows:

A. EMPLOYEE SAFETY MANAGEMENT

- 1. EOC Task Force met at least quarterly? Yes
- 2. EOC Rounds conducted at least semi-annually for all clinical areas? Yes
- 3. EOC Rounds conducted annually for all non-clinical areas? Yes
- 4. Employee Safety Plan reviewed by EOC quarterly? Yes

B. LIFE SAFETY MANAGEMENT

- 1. PMC and PHC Fire Plan approved during 2017 by TFD Fire Marshal? Yes
- 2. Required fire drills, one per shift per quarter, completed? Yes
- 3. Interim Life Safety Measures were implemented as needed? Yes
- 4. Life Safety Plan PI was reviewed by EOC quarterly? Yes

C. HAZARDOUS MATERIALS AND WASTE MANAGEMENT

- 1. All policies/programs are up to date? Yes
- 2. SDS Information is current and available? Yes
- 3. Chemical spills are reported and handled properly? Yes
- 4. Hazardous chemicals were disposed of properly? Yes
- 5. Hazardous Mat/Waste PI reviewed quarterly by EOC Task Force? Yes

D. SECURITY MANAGEMENT

- 1. Safety & Security Management Plans/policies were evaluated and updated? Yes
- 2. Care Partners in sensitive areas were educated on the security issues? Yes
- 3. Security rounds were conducted at regular intervals? Yes
- 4. The Security Plan PI was reviewed by EOC Task Force quarterly? Yes

E. EMERGENCY MANAGEMENT

- 1. Emergency Management Plans were evaluated and updated? Yes
- 2. Consolidated Emergency Management Plan approved by the B.E.O.C.? Yes
- 3. PMC's Emergency Plan was activated at least twice? Yes
- 4. Plan activations were critiqued and follow-up actions were addressed? Yes
- 5. Management Plan PI's were reviewed by the EOC task force quarterly? Yes

F. CLINICAL EQUIPMENT MANAGEMENT

- 1. Preventive maintenance program addresses risk and reliability? Yes
- 2. A current list of all clinical equipment is maintained? Yes
- 3. Quality Risk Management (QRM) was notified of equipment problems? Yes
- 4. Clinical Equipment Plan PI was reviewed by EOC Task Force quarterly? Yes

G. UTILITY MANAGEMENT

- | | |
|--|-----|
| 1. Sodexo's Building Maintenance Program addresses risk and reliability? | Yes |
| 2. A current list of utilities is maintained by Plant Services? | Yes |
| 3. Failure procedures are developed and communicated to Care Partners? | Yes |
| 4. Outages and shutdowns are communicated to Care Partners? | Yes |
| 5. Utilities Management Plan PI reviewed By EOC Task Force quarterly? | Yes |

VI. MANAGEMENT PLAN EFFECTIVENESS:

Plan	Discussion	Actions/Follow-up
Worker Safety	A) Lost Work Day Rate (LWDR) & OSHA Reportable Incidents (ORI) will continue as performance indicators (PI).	A) Emphasize <i>LWDR & ORI PI</i> indicators & safety programs to produce continued savings in insurance & worker's comp. costs.
	B) EOC Rounds were conducted on a regular basis in 2017.	B) Weekly EOC Rounds contributed to PMC's AHJ/AHCA/TJC 2017 success will continue during 2018.
Life Safety	A) Review the 2017 fire door assessment and make recommendations for a repair or replacement program	A) currently we have a repair and replacement program in place which will continue into 2018
Hazardous Materials & Waste Management	A) Sodexo's Environmental Services (EVS) care partners retrieve hazardous materials & bio-medical waste from regulated (RCRA) areas. PMC's Safety & Security Manger is responsible for overall Haz Mat/Waste Mgt. program performance.	A) Care Partner training did not improve Pharma-RCRA hazardous waste performance. Specific unit actions, including methods improvement & additional care partner education, must be identified to improve PI performance.
Security	A) PI tracked number of domestic violence and work place violence individually threshold not to exceed 2 per qtr	A) outcome was downward trend not monitored in 2018
Emergency Management	A) Incident Command requires a high level of organization for rapid & effective disaster response.	A) A replacement Incident Command is under construction in the new Mission Control area scheduled for 2018 completion.
	B) An automated care partner notification system is needed for faster disaster response. Budget approval will be required.	B) Hospitals no longer receive ASPR Grants directly, which are now made to Healthcare Coalitions for group disbursement.
Utility Management	A) % completion of Life Safety preventative maintenance work orders is critical to the EOC.	A) % completion of preventative maintenance work orders could be tracked as a PI.
	B) Utility PI was serious sewage blockages.	B) Utility PI for 2018 will be tracking blocked medical gases and RPT in facility.
Clinical Equipment	A) Quick Resolution of Clinical Equipment corrective work orders & Life Support preventative maintenance work orders is critical to positive patient outcomes.	A) Threshold of Clinical Equipment corrective work orders was 85%, & Life Support preventative work orders threshold was 100%; tracked & as a performance Indicator.
	B) PI Monitoring of defibrillator PM battery testing will replace bed repairs for 2017	B). Reviewed threshold of 0% during PM testing and no batteries failures for 2017

VII. 2017 EOC ANNUAL PLAN EVALUATIONS AND INDICATORS:

A. Employee Safety Management Plan Evaluation

**By
Jean Hallett, COHN
November 13, 2017**

Scope: The Environmental and Employee Safety Management Plan is evaluated annually as to scope, objectives, performance, and effectiveness. The Environmental and Employee Safety Plan includes all PMC and PHC care partners and facilities.

Care Partner is an inclusive term referring to PHC employees, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.

Department Directors and Managers are responsible for implementing and enforcing employee workplace safety. Directors and Managers are provided with appropriate safety program guidelines and are directed to maintain current awareness of the Safety Plan and to ensure its effective implementation within their department(s). Each employee is responsible for attending safety education programs and for understanding how the material relates to his or her specific job requirements. Employees are responsible for following the safety guidelines set forth in the Safety Plan. Employee attendance is monitored, and a list of nonattendance is provided to Managers/Directors for follow-up.

Objectives:

1. To assure a safe work environment in compliance with Federal and State regulatory agencies and accepted local practices.
2. Monitor, track, and trend employee injuries throughout the medical center and healthcare centers.
3. Effectively use environmental rounding data.
4. Develop, implement and monitor care partner knowledge of The Environmental and Employee Safety Plan.

Performance:

1. **Incident Reporting and Investigation:** Employee injury incidents are documented within PMC's Risk Management documentation system. Reports of employee injuries and incidents are directed to the Risk Management and Human Resources/Employee Health to perform an analysis of these incidents. The findings of this analysis are reported to the Safety Committee. The incident analysis is intended to provide an opportunity to identify trends or patterns that can then be used to identify necessary improvements or changes to the Employee Safety Management Plan in order to control or prevent future occurrences.

2. **Monthly Environment of Care (EOC) Rounds participation:** Employee Health/Human Resources participates in the monthly EOC rounds and uses data from those rounds to identify continuing education opportunities for employees, Directors or Managers.
3. **New Employee Orientation:** Employee/Care Partner safety education/orientation and training begins with the New Employee/Care Partner Orientation and continues on an ongoing basis with department-specific safety training, job-specific safety training, and a series of programs required for all employees on an annual basis.
4. **Annual Continuing Education:** Annual Continuing Education includes self-directed computer-based learning modules. These modules contain learning materials and tests. These modules can be used by individual employees or as a guide for group presentations. Directors or Managers determine the most appropriate method of instruction for employees in their department or unit. Modules are reviewed and/or revised as necessary. New modules are developed when the need is identified. All employees at Parrish Medical Center and Parrish Healthcare Centers are required to participate in annual safety training education.
5. **Department-Specific Training:** Directors/Managers are responsible for ensuring that new employees are oriented to department-specific safety policies and procedures and specific job-related hazards.
6. **Contract Employees:** Assessment and education is done at the time of assignment regarding safety management.

Effectiveness: Safety performance indicators are established annually as part of our strategic planning process (The Game Plan) and are tracked and reviewed monthly at the Board, executive management and departmental levels. Ongoing performance monitoring is conducted. The following performance monitors have been established:

1. Measure compliance with annual safety and competency education for employees and physicians.
 - a. %NetLearning Completed on Time | Goal 100% | FY17 YTD 90%
 - b. %Annual Competency Compliance | Goal 100% |FY17 YTD 95%
2. Review and analyze
 - a. Number of OSHA–recordable lost workdays (per 100 FTEs) | Goal ≤ 0.9 | FY17 YTD 0.22

Safety goals are set at the national top decile and monthly review of the data affords us the opportunity to develop appropriate education and training plans while applying Lean Six Sigma methodology for continuous improvement. Our safety plan remains effective and will continue in 2018.

Employee Safety Plan FY 18: The current performance indicator to track lost time will continue in 2018. Below are FY18 Employee Safety Indicators to be measured and monitored:

1. Measure compliance with annual safety and competency education for care partners.
 - a. %NetLearning Completed on Time | Goal 100%
 - b. %Annual Competency Compliance | Goal 100%

2. Review and analyze the following indicators:
 - a. Number of OSHA–recordable lost workdays (per 100 FTEs) | Goal \leq 0.9
 - b. Injuries by cause
 - c. Injuries by body part
 - d. Needle sticks and body fluid exposures

B. 2017 Life Safety Management Plan Evaluation

By
William Westbay, Director of Facilities
November 27, 2017

Scope: The PMV and PHC Life Safety Management Plan promotes a safe, controlled, healing environment in all Parrish Medical Center’s facilities, owned, leased, or rented, and includes all PHC care partners. **The 2017 Life Safety Management Plan was deemed effective by the EOC Task Force.**

The First Objective is to educate all care partners as to actions that must take place when a Life Safety event occurs, as indicated by the acronym, “**RACE**”; Rescue, Alarm, Confine, Extinguish/Evacuate, and “**PASS**”; Point, Aim, Squeeze, Sweep. Life Safety education is required during initial orientation for all new care partners. Current care partners are required to annually complete computer-based learning on Life Safety.

The Second Objective is to hold three (3) fire drills per quarter per shift, in rotating areas, in PMC’s main hospital. One (1) fire drill per quarter is held in all other PHC buildings. Additional fire drills are held to meet ILSM requirements dictated by construction, equipment or system failures and makeup (learning) drills as dictated by unit performance.

The Third Objective is to ensure the competency of all care partners regarding life safety. New care partners are oriented by the Security Manager regarding life safety. Current PHC care partners must complete a life safety computer-based learning course annually.

Performance Indicator (PI): Monitor the number of fire doors per smoke compartment that must be adjusted for proper operation in 2017. We completed a fire door assessment with a repair and replacement program in place for 2017-2018. The Life Safety PI for 2018 will monitor the number of medical gas valves blocked and RPT safety checks (power strips). Also, life safety egress will be trended for EOC.

PHC’s Hazard Vulnerability Analysis (VHA): HVA’s for all TJC ambulatory locations listed on TJC’s BBI were completed.

ILSM: 2017 Construction projects in PMC's main hospital were documented with Infection Control Risk and Interim Life Safety Measure assessments and reviewed with appropriate personnel.

2017 Plan Changes: The % completion of Life Safety and Utility Critical preventative maintenance work orders will be the EOC Utility Performance Indicator, with a threshold of 100%.

C. 2017 Hazardous Materials & Waste Management Plan Evaluation

By
Deena Ellis, Safety & Security Manager
November 28, 2017

Scope: The Hazardous Materials & Waste Management Plan scope, objectives, and performance indicators are reviewed annually, and applied to all facilities owned and operated by Parrish Medical Center (PMC). Plan results provide an indication of plan effectiveness. **The 2017 Hazardous Materials Waste Management Plan was deemed effective by the EOC Task Force.**

It is the intent of the EOC Hazardous Materials Management Plan to promote a safe, controlled, and comfortable environment of care that is compliant with Federal, State, County, and Local regulatory laws. Compliance is mandated by several accrediting agencies, and applies to hazardous materials in use or generated by all facilities owned, operated, or leased by PMC. Hazardous Materials and Waste Management Program responsibilities are divided among the various departments contributing to PMC's waste stream, and the departments that collect the waste stream. Departments who contribute to the PMC waste stream must appoint Hazardous Waste Material Officers for their departmental waste streams.

The Clinical Laboratory is a major contributor of chemical hazardous waste to PMC's waste stream. The Clinical Laboratory Safety Officer will manage the Clinical Laboratory Chemical Hazardous Waste stream in 2018. To ensure safe storage, the Environmental Services Manager will conduct and document weekly safety inspections of the Chemical Hazardous Waste Holding Room on PMC's back dock, including the process of storing, labeling, and preparing for shipment of hazardous waste to disposal sites.

Summary reports will be presented at regular intervals to the EOC Task Force, along with problems, solutions, and recommendations.

The First Objective is to ensure annual Department of Transportation Hazardous Materials Safety training for all EVS Care Partners who transport Hazardous Waste at PMC, and is a responsibility of the EVS Hazardous Materials Officer.

The Second Objective is to reduce the amount of waste leaving PMC. This will be accomplished by providing continuing education to all care partners throughout the organization by the Green Team.

The Third Objective is to expand the recycling program to other PMC locations, starting with PHC at PSJ.

The Fourth Objective is to reduce the amount of improperly segregated waste in the Sharps, Biomedical, Pharmaceutical, and RCRA Hazardous waste streams from areas all areas of PMC. This responsibility is shared with departmental Hazardous Waste Material Officers.

The Fifth Objective is to audit PMC facilities for Florida Administrative Code 64E-16 compliance.

Program Administration: In 2017 the Security Manager, will oversee and share responsibility for Laboratory chemical hazardous waste, bio-hazardous waste, chemo hazardous waste, and pharmaceutical waste with those PMC departments contributing to the waste. EVS has the responsibility for removal of hazardous materials waste. Radioactive waste is to be removed by the Diagnostic Imaging Department. The compilation of EOC Hazardous Materials Waste Management Plan reports, annual evaluations, and quarterly EOC performance improvement indicators will be the joint responsibility of EVS and those departments contributing to the waste.

The Laboratory Safety Officer, the Manager of EVS, the Diagnostic Imaging Safety Officer, and the Pharmacy Safety Officer represent their respective departments in matters pertaining to Hazardous Materials, including program monitoring objectives from their respective areas. Monitoring includes visits to PMC off-site locations to ensure regulatory compliance. Permitting is done for waste disposal registrations for new facilities as they are transitioned to PMC facilities, and are renewed each August by the Security Hazardous Waste Materials Officer.

2017 Success Items:

1. Transition Sodexo's Waste Management program to a PMC program.
2. Increase RCRA/Pharma hazardous waste training for Care Partners.
3. Identify best PMC practices for segregation of RCRA/Pharma waste.
4. Identify a valid performance indicator for the Hazardous Waste program.

2018 PI indicators: Perform 95% of the weekly Hazardous material back dock holding room inspections using previous developed checklist as a guideline. Conduct regular inspection of all hazard materials storage spaces during scheduled EOC rounds to insure safe handling equipment is available, correct PPR is available and storage areas is clean orderly and adequate in size.

D. 2017 Security Management Plan Evaluation

By
November 15, 2017
Deena Ellis, Security Manager

Scope: The Environment of Care Security Management Plan addresses security issues concerning patients, visitors, care partners and property of Parrish Medical Center. This Plan includes all Parrish Medical Center personnel and facilities.

- The purpose of providing security is to protect care partners, patients, and visitors from harm and to aid in promoting a safe and secure environment of care as well as deterring criminal activity and safeguarding the assets of the organization at all times.

Objectives: The objectives of the plan are to protect staff, patients, and visitors from harm and promote a safe and secure environment of care. Selected objectives of the plan are:

- Conduct security and safety patrols throughout the hospital campus and satellite facility locations. These patrols have proved to be an integral, necessary and effective element of the security plan. Because of the need and effectiveness, they will continue into 2018.
- Identify, develop, and educate care partners in areas of violent situations, vulnerability and security sensitive areas. Continued coordination with the Education Department and department directors has had a positive impact with care partners. This year we will add coordination and development using a recent Risk Assessment with a focus on violence and active shooter situations. This program has been developed and is in place in several areas, however there is more to do and we will continue this program in 2018.
- Continue to improve the knowledge and abilities of the Security Department to handle and de-escalate violent situations by increasing education, defensive training, physical de-escalation, and an emphasis on verbal de-escalation, complete with certification in CPI (non-violent crisis intervention). We will continue to look at other de-escalation training options. As part of the required knowledge base and the effectiveness and usefulness, we will continue into 2018.
- Investigate, manage, document, and trend security and safety related incidents. This objective is effective as it provides information, data and opportunities to focus on the most urgent needs as part of our daily responsibilities. *This has proven to be highly effective in providing changing information and will continue into 2018.*
- Monitor all parking areas on the hospital campus and areas immediately surrounding the campus. Continue to ensure that ambulance entrance and roadways are kept clear at all times. *This objective is effective and will continue as part of our daily responsibilities.*
- Monitor Physician, care partner, vendor and visitor access in secured areas and observe the proper use and display of identification or visitor badges. *This objective has proven to be effective and is ongoing, and will continue as part of our security procedures.*
- Continue to improve relationships with local law enforcement and the fire department. Plan, practice and drill together to improve responses and procedures necessary in a real event. Continue to learn from each other to

improve safety responses in all areas. *This objective has proven to be effective and is ongoing, and will continue as part of our security procedures.*

Evaluation of Performance Indicators for 2017:

- Track the number of domestic violence and workplace violence incidents individually. The threshold will not exceed 2 per quarter as determined by the Security Manager. In 2016 there was an overall increase in domestic violence incidents and concerns in the last 6-8 months. *The primary performance indicator for 2017 was to determine the level of incidents and if this trend continues to increase, regarding care partners vs. non-care partners, and even the level of violence. Although there have been incidents, the overall trend has gone down. This will not be an indicator in 2018.*
- Track the number of fire drills requiring a need to “do-over” due to incorrect locations or incomplete information. Monitor types of extinguishers brought to the scene using the drills as a training opportunity. Maintain the threshold of 1 per quarter. *This was successful, but we will continue and track to ensure continued effectiveness and opportunities.*
- Track vendor and visitor badging numbers at the main entrance to establish a baseline for entry numbers. At the same time we will be tracking Care Partners access at all badged entrances to establish a baseline number to determine if the need is there for additional lockdowns and reduce entry or failure points. This will be a new tracking item for the 2018 year.

E. Emergency Management Plan Evaluation

**By
Deena Ellis Safety Officer
November 28, 2017**

Scope: The EOC Emergency Management Plan addresses how PMC prepares, responds, mitigates, and recovers from disasters and emergencies, based on an all-hazards approach, and includes all PMC personnel and facilities. **The 2017 Emergency Management plan was judged effective by the EOC Task Force.**

Objectives:

- Annual Hazard Vulnerability Assessments (HVA's) are used to assess the likely impact of emergencies, and to guide the development of PMC's Emergency Management Plan (EMP). HVA's are reviewed annually to determine if circumstances of likely emergencies have changed.
- PMC's EMP clearly defines the process for initiation and activation of emergency plans, including the Incident Command structure, conditions requiring activation of the plan, and the individual(s) responsible for plan activation.
- PMC's EMP includes a current Incident Command chart illustrating how PMC's Incident Command staff is organized, and will work with the Brevard Emergency

Operations Center (BEOC) and other community agency Incident Command structures.

- PMC's EMP includes a current list of governmental and commercial organizations that must be notified to effectively implement the emergency plan, and includes the agency or organization name, the basic organization function, the telephone or other contact numbers, and a list of contact personnel.
- PMC's EMP includes a list of key staff needed for scaleable plan implementation, and procedures for contacting them. The contact procedure includes on-site and remote contact processes.
- PMC's EMP includes a description of the methods of identification of care partners, facility staff, and community responders. Community responders may include law enforcement, fire service personnel, media, and volunteer organizations.
- PMC's EMP includes a list of critical response requirements. A list of on-duty staff that will be assigned (i.e., Job Action Sheets) to critical response positions is included in the Incident Command System.
- PMC's EMP Plan includes processes that address support of staff and staff family members, identifying critical supplies, monitoring consumption, metering supplies to maximize response effectiveness, and a process for re-supply. Processes are incorporated into individual department plans as appropriate.
- PMC's EMP includes a list of organizations that can be used as alternate care sites, with current contact information.
- Utility failure response plans are current.
- Backup systems for internal and external communications systems are in place.
- Appropriate facilities for managing biological, chemical, radioactive isolation, and decontamination are in place, and tested as necessary.
- Staff's knowledge of their role in the EMP is evaluated annually. Changes in EMPs are incorporated into the annual mandatory net learning education curriculum.

Performance Indicator (PI) : Emergency Preparedness is emphasized during initial employee orientation, and computer-based learning modules are required for all PMC employees annually. The Emergency Management Performance Indicator was previously changed to require a minimum of one exercise, drill, or operations training per quarter; this indicator was monitored during 2017, and will continue to be monitored during 2018.

2017 Plan Changes: PMC's Emergency Management Plan is being updated with related policies, procedures, charts, Hazard Vulnerability Assessments, and changes shown to be needed by the two Emergency Plan activations during 2017.

F. Utility Management Plan Evaluation

By
William Westbay, Director of Facilities
November 27, 2017

Scope: The Environment of Care (EOC) 2017 Utilities Management Plan promotes a safe, controlled, healing environment in all of Parrish Medical Center's facilities for all PMC care partners. Original Equipment Maintenance (OEM) requirements are met or exceeded for all PMC and PHC Utility systems. **The EOC Task Force judged the performance of the 2017 Utilities Management plan as effective.**

The First Objective is to maintain and/or increase the operational reliability of all of PMC and PHC's utility systems by performing regular preventative maintenance and testing based on Original Equipment Manufacturers (OEM) requirements, local conditions, equipment condition and age.

The Second Objective is to ensure that updated operational plans and disaster recovery procedures exist for major utility functions when there is a prolonged utility failure. Emergency Operation Plans and Incident Command procedures are revised as necessary.

The Third Objective is to continue compliance with Code and Joint Commission (TJC) requirements. Regular run tests are conducted on all generators with connected loads as required by Code. Emergency generation readiness is demonstrated by successfully completing a full load run when required by Code/TJC.

The Fourth Objective is to address TJC standards regarding nosocomial infections, and elements previously added to the PMC Utilities Management Plan to reduce the possibility of nosocomial infections by cooling tower and domestic water management.

Performance Indicator (PI): PI indicators for 2018 will include monitoring pressurization (negative and positive) of critical rooms in the hospital to include quarterly reports of out of compliance rooms.

2018 Plan Changes: The % completion of Utility Critical preventative maintenance work orders will be the EOC Utility Performance Indicator, with a threshold of 100%.

G. Clinical Equipment (CE) Management Plan Evaluation

By
Kathryn Robinson, Manager of Clinical Equipment
November 27, 2017

Scope: The Clinical Equipment Management Program is designed to assure selection of appropriate clinical equipment to support the medical care processes and EOC of

PMC, to assure effective preparation of staff responsible for the use or maintenance and repair of the equipment, and to assure continual availability of safe, effective equipment through planned maintenance, timely repair, ongoing education, training, and evaluation of all events that could have an adverse impact on the safety of patients or care partners. This program applies to PMC, and all associated PMC clinics and medical practices. CE uses an Alternative Equipment Maintenance Strategy called Minuteman when OEM standards are not available. CE continues to follow OEM standards on all imaging, radiological, and laser equipment.

The First Objective is to enhance the EOC through selection, use, testing, and maintenance of Clinical Equipment.

The Second Objective is to maintain an accurate Clinical Equipment inventory.

The Third Objective is to educate care partners who use clinical equipment to identify deficiencies, failures, and user errors to help prevent unnecessary injury to patients and care partners.

The Fourth Objective is to ensure that care partners using clinical equipment perform at acceptable levels, limiting the potential for patient injury due to equipment failure or misuse.

The Fifth Objective is to conduct electrical safety checks on all loaner, rental, demonstration, and physician owned clinical equipment brought into PMC and PHC facilities. When Clinical equipment is found that did not receive an electrical safety inspection, the responsible director is informed, and the equipment is taken out of service until the equipment passes a CE safety check.

The Sixth Objective is to use the *Minuteman Risk Factor Preventative Maintenance Program* as an **Alternative Equipment Maintenance Strategy** to OEM standards on clinical equipment, as follows:

1. Equipment requiring 95% monthly preventative maintenance completion rate,
2. Equipment requiring annual preventative maintenance,
3. Equipment not requiring preventative maintenance,
4. Life support equipment requiring 100% monthly preventative maintenance.

2017 Plan Performance Indicator (PI): This PI tracked the number of bed footboards broken each month. The threshold of 25 per quarter was not exceeded during Quarters 1-3 of 2017. This PI was changed after the third quarter when bed repairs were moved to a Stryker contracted service.

Added to the 2017-2018 Clinical Equipment Performance Indicator (PI) will be the number of battery failures found during routine defibrillator preventive maintenance. Battery failure threshold will be "0". When the *threshold* is exceeded, a review of all PMC defibrillator batteries will be immediately checked to verify condition, failure mode, and next step(s) of action will be recommended to the Environment of Care Task Force Chairman in writing.

For 2018 the PI indicators will be electrical and battery failures for infusion pumps, and bed alarms with regard to the effectiveness of those plugged in or broken via the bed or nurse call system. These will be reported quarterly to the EOC task force.

2017 plan Changes: There are no changes to the plan.

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

NOVEMBER 21, 2017

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held November 21, 2017, at 6:00 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Aluino Ochoa, Chairman, called the meeting to order at 6:03 pm.

REVIEW AND APPROVAL OF MINUTES

The following motion was made, seconded, and approved unanimously.

***ACTION TAKEN:* MOTION TO APPROVE THE PREVIOUS MEETING MINUTES (SEPTEMBER 19, 2017 AND OCTOBER 17, 2017) AS WRITTEN AND DISTRIBUTED.**

ACTION TAKEN: Noted by the Committee.

The Joint Commission

The 2017 Hospital National Safety Patient 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.

Quality

The Committee reviewed the Board Quality minutes (August 7, 2017 and September 18, 2017), and the Quality Value Dashboard for August 2017. Copies are appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

NEW BUSINESS – Medical Staff Rules & Regulations Amendment

The Committee reviewed the request for the revision to the Medical Staff Rules & Regulations regarding “Restraints”. The revision is appended to the file copy of these minutes. Because there was not a quorum at the October 17, 2017, this revision was approved by email to be sent out to the medical staff for a one-month comment period and this motion is to be ratified at this meeting. Discussion ensued and the following motion was made, seconded and approved unanimously.

***ACTION TAKE:* MOTION TO RATIFY THE EMAIL MOTION FOR A REVISION TO THE TO THE MEDICAL STAFF RULES & REGULATIONS REGARDING**

“RESTRAINTS” TO BE SENT TO THE MEDICAL STAFF FOR ONE (1) MONTH COMMENT PERIOD.

Resignation(s)

The Committee reviewed the following resignation(s). A copy is appended to the file copy of these minutes.

- James Gregory Clark, MD (Associate/Emergency Medicine) – Effective October 2, 2017/
Appointed May 6, 2013

ACTION TAKEN: Noted by Committee.

Recognitions:

The Committee reviewed the following recognition(s). Copies are appended to the file copy of these minutes.

- Vidya Haté, MD – completed 2017 Maintenance of Certification assignment for American Board of Obstetrics and Gynecology. Certification valid through December 31, 2018.
- Denis Pérez, MD – completed 2017 Maintenance of Certification assignment for American Board of Obstetrics and Gynecology. Certification valid through December 31, 2018.
- Simon Symeonides, MD - completed 2017 Maintenance of Certification assignment for American Board of Internal Medicine. Certification valid through April 1, 2018.
- Ethan Alan Webb, MD - completed 2017 Maintenance of Certification assignment for American Board of Internal Medicine. Certification valid through April 1, 2018.

Request for Leave of Absence – James Kim, MD

The request for a leave of absence regarding James Kim, MD was moved to Executive Session.

ACTION TAKEN: Noted by Committee.

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* – October 2017 and November 2017

Information/Education items sent by Courier to the Medical Staff to be noted in the minutes.

Copies are appended to the file copy of these minutes.

(Carry Over from October packet)

1. Memo from Pharmacy (9/22/17): Diazepam Injection Outage
2. Flyer: Grand Rounds – October 3, 2017, Speaker – Richard Joseph, MD

3. Flu Shot Notification

4. Education Material and Attestation – October 2017
 - Alarm Management
 - Baker Act
 - Impairment Recognition Issues Specific to LIPs
 - Use & Management of Patient Restraints
 - Medical Staff Role & Responsibilities During a Disaster

5. Meditech Enhancements – October 4, 2017

6. Meditech Enhancements – October 11, 2017

(November packet)

1. Flyer: Flu Shot Locations and Times

2. Pharmacy Memorandum (October 24, 2017): Morphine Outage

3. Memorandum and Flyer (November 1, 2017): New, Web-Based Policy Management Tool Implemented - PolicyStat

4. Memorandum (November 3, 2017): Holiday Gift of Gratitude – Ham, Turkey and/or Pie

5. Flyer: The Doctors' Goodwill Foundation Healthy Lifestyle Expo – November 3, 2017

6. Email (November 3, 2017) – BIMDA CME Conference – November 18, 2017

7. Pharmacy Memorandum (November 9, 2017): Hydromorphone/Morphine Outage

8. Flyer: Meditech Downtime – Wednesday 15, 2017

9. Meditech Enhancements – October 18, 2017

10. Meditech Enhancements – November 1, 2017

11. Meditech Enhancements – November 8, 2017
12. Meditech Enhancements – November 15, 2017

ACTION TAKEN: Noted by the Committee.

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 (August 7, 2017 and September 18, 2017), Public Hearing minutes (September 18, 2017) and Second Public Hearing minutes (September 25, 2017) from the November Board of Directors packet. Copies are appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

CONSENT AGENDA

Dr. Ochoa asked the Committee if anyone wished to remove an item. None were removed. Copies are appended to the file copy of these minutes.

Discussion ensued regarding the following that were approved via email after the October meeting where a quorum was not present. A motion was made, seconded and approved unanimously to ratify the following for documentation in the minutes.

ACTION TAKEN: MOTION TO RATIFY THE FOLLOWING CONSENT AGENDA ITEM(S) THAT WERE APPROVED BY EMAIL FOLLOWING THE OCTOBER MEETING:

- A-1. Revised Total Knee Replacement Order – Preoperative (E3282ab)
- A-2. Revised Total Hip Replacement Order – Preoperative (E3285ab)
- B. Revised Policy #9500-2065, Oxygen Therapy

Discussion ensued and the following motion was made, seconded and approved unanimously.

ACTION TAKEN: MOTION TO APPROVE THE FOLLOWING CONSENT AGENDA ITEM(S):

- A-1. Revised Total Knee Replacement Order – Preoperative (E3282ab): Reviewed and approved by the Ortho Physicians 10/25/17. Approval to add a consult order for Post-Op Medical Management.

- A-2. Revised Total Hip Replacement Order – Preoperative (E3285ab): Reviewed and approved by the Ortho Physicians 10/25/17. Approval to add a consult order for Post-Op Medical Management.**
- A-3. Revised Total Knee Replacement Order – Postoperative (E3283ab): Reviewed and approved by the Ortho Physicians 10/25/17. Approval to add a consult order for Post-Op Medical Management. Lovenox Medication should NOT be pre-checked.**
- A-4. Revised Total Hip Replacement Order – Postoperative (E3281ab): Reviewed and approved by the Ortho Physicians 10/25/17. Approval to add a consult order for Post-Op Medical Management. Lovenox Medication should NOT be pre-checked.**
- B-1. Revised ED Abdominal Pain/Gyn (E3342) – Reviewed and Approved by all Necessary personnel 10/20/17-11/15/17. Approval to add an order for C. Trach/NGonorrhoeae, RNA – Urine.**
- B-2. Revised ED Vag Pack (E3343) – Reviewed and Approved by all Necessary personnel 10/20/17-11/15/17. Approval to add an order for C. Trach/NGonorrhoeae, RNA – Urine.**
- B-3. Revised ED Vaginal Bleeding (E3351ab) – Reviewed and Approved by all Necessary personnel 10/20/17-11/15/17. Approval to add an order for C. Trach/NGonorrhoeae, RNA – Urine.**

Discussion ensued regarding the following that were approved via email and were approved in preparation for the Joint Commission Triennial survey. (Items E, F, and H were approved by the Board of Directors on November 6, 2017). A motion was made, seconded and approved unanimously to ratify the following for documentation in the minutes.

ACTION TAKEN: MOTION TO RATIFY THE FOLLOWING CONSENT AGENDA ITEM(S) THAT WERE APPROVED BY THE MEDICAL EXECUTIVE COMMITTEE BY EMAIL AND WERE APPROVED. (ITEMS E, F, & H WERE APPROVED BY THE BOARD OF DIRECTORS ON NOVEMBER 6, 2017):

- C. Revised Policy 9500-2022 – Use and Management of Patient Restraints**
- D. Revised Policy 9500-2025 – Infection Control and Prevention**
- E. Revised Policy 9500-2053 – Determination of Neurological Death Adults**
- F. Revised Policy 9500-2057 – Donation After Determination of Death**

- G. Revised Policy 9500-2058 – Organ/Tissue/Eye Donation**
- H. Delete Policy 9500-2011 – Organ/Tissue Donation for Transplantation; Brain Death Protocol**
- I. Policy 9500-2070 (New) – Medication Reconciliation**

COMMITTEE REPORT(S)

The Committee reviewed the committee minute(s) of Cancer Committee (September 5, 2017), Infection Control Committee (August 24, 2017), Intensive Care Committee (August 10, 2017 and November 1, 2017), Pharmacy & Therapeutics Committee (August 23, 2017 and October 25, 2017), Transfusion Committee (September 21, 2017), Radiation Safety Committee (August 1, 2017) and Utilization Management/Medical Record Committee (August 29, 2017). 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 COMMITTEE REPORT(S) AS PRESENTED.

(Requested Action): In the Transfusion Committee (September 21, 2017) minutes, the Medical Executive Committee was requested to reassess 30,000 platelet count as a Critical Value. Discussion ensued and the following motion was made, seconded and approved unanimously.

ACTION TAKEN: MOTION TO LEAVE 30,000 PLATELET COUNT AS A CRITICAL VALUE UNCHANGED.

CLINICAL DEPARTMENT REPORT(S)

The Committee reviewed the department minute(s) of Anesthesiology (August 16, 2017), Family Practice (August 14, 2017 and November 13, 2017), Medicine (October 17, 2017), Pathology (September 28, 2017), Pediatrics (August 18, 2017) and Surgery (September 5, 2017). 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 CLINICAL DEPARTMENT REPORT(S) AS PRESENTED.

OPEN FORUM

Dr. Carmona would like to know if the time limit for locum tenens is a Joint Commission requirement.

ACTION ITEM: Medical Staff Services will research time limitation regulations for locum tenens.

MEETINGS

- A. Ad Hoc Credentials Review Committee Executive Session, December 4, 2017, Vice President - Nursing Conference Room, Time TBD
- B. Quality Committee, December 4, 2017, Executive Conference Room (ECR), Noon
- C. Budget & Finance Committee, December 4, 2017, Executive Conference Room
- D. Board of Directors Executive Committee, December 4, 2017, Executive Conference Room
- E. Board of Directors Executive Session, December 4, 2017, Executive Conference Room, (To commence no earlier than 2:00 pm)
- F. Educational, Governmental and Community Relations Committee, December 4, 2017, First Floor, Conference Center
- G. Planning, Physical Facilities and Properties Committee, December 4, 2017, First Floor, Conference Center
- H. Board of Directors, December 4, 2017, First Floor, Conference Center, (To commence following the last Board Committee meeting no earlier than the posted time).
- I. Joint Conference Committee – TBA
- J. 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.
- K. 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 6:17 pm.

Aluino Ochoa, MD
President/Medical Staff

Pedro Carmona, MD
Secretary - Treasurer

October 24, 2017

Vidya N. Hate, M.D.
494 N WASHINGTON AVE
Titusville, FL 32796

Dear Doctor Hate,

Congratulations! We are pleased to inform you that you have satisfactorily completed your 2017 Maintenance of Certification (MOC) assignments.

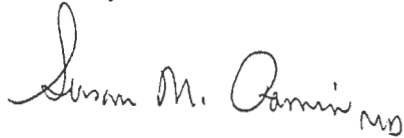
As of the date of this letter, you have earned 28 AMA Category 1 CME credits for completing the 2017 Part II and Part IV MOC requirements. Your CMEs will be awarded by the American College of Obstetricians and Gynecologists.

You should have already received your 2017 MOC label insert. If you have not, please contact the MOC Division at MOC@abog.org.

Your certification in Obstetrics and Gynecology is valid through 12/31/2018. The ABOG MOC program is a continuous process, and to maintain your certification, you must apply and participate each year. The application for next year's program will be available through your ABOG Member Login page beginning in January 2018.

Please use this letter to provide documentation of your current 2017 ABOG certification for your hospital(s). Thank you for your continued participation in MOC.

Sincerely,

Susan M. Ramin, M.D.
Associate Executive Director

SMR

ABOG ID: 872420

September 16, 2017

ABO+G

Maintenance of Certification
American Board of Obstetrics and Gynecology
2915 Vine Street
Dallas, TX 75204
Phone: (214) 721-7510
Fax: (214) 871-1943

Denis Alberto Perez, M.D.
494 N Washington Ave
Titusville, FL 32796

Dear Doctor Perez,

Congratulations! We are pleased to inform you that you have satisfactorily completed your 2017 Maintenance of Certification (MOC) assignments.

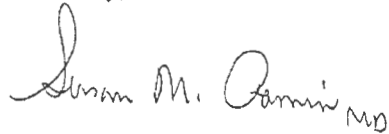
As of the date of this letter, you have earned 25 AMA Category 1 CME credits for completing the 2017 Part II MOC requirements. Your CMEs will be awarded by the American College of Obstetricians and Gynecologists.

You should have already received your 2017 MOC label insert. If you have not, please contact the MOC Division at MOC@abog.org.

Your certification in Obstetrics and Gynecology is valid through 12/31/2018. The ABOG MOC program is a continuous process, and to maintain your certification, you must apply and participate each year. The application for next year's program will be available through your ABOG Member Login page beginning in January 2018.

Please use this letter to provide documentation of your current 2017 ABOG certification for your hospital(s). Thank you for your continued participation in MOC.

Sincerely,



Susan M. Ramin, M.D.
Associate Executive Director

SMR

ABOG ID: 917903

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American Board
of Internal Medicine*

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08/03/2017

Richard J. Baron, MD
President
Chief Executive Officer

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Dr. Simon T. Symeonides
3223 Bellwind Circle
FL 32955-5156

Dear Dr. Symeonides:

Congratulations! You have now met the requirements to recertify in Internal Medicine.

The enclosed form gives the date in which your new certificate will be mailed, allows you to confirm how your name will appear on the certificate, and provides an opportunity to order multiple copies of your certificate.

Your certification will remain valid as long as you continue to meet ABIM's Maintenance of Certification (MOC) program requirements. The MOC program offers a peer-designed formal structure for continuous professional development and a recognizable way to communicate to your colleagues and patients that you are staying current in knowledge and practice (i.e., engaging in MOC activities regularly). To be reported as "Participating in MOC", you will need to be enrolled in the program and complete an MOC activity every two years. To remain certified, you will need to earn 100 points every five years and pass an exam every 10 years.

ABIM is committed to working with the internal medicine community to continually improve its programs so they are relevant and valuable to physicians. To learn about ongoing discussions and opportunities for you to provide input, please visit the Transforming ABIM blog (<http://transforming.abim.org/>) for regular updates. You can also share your thoughts and opinions with me via e-mail at rbaronmd@abim.org.

We will regularly send you MOC reminders and information that will alert you to important deadlines. I hope you find them informative and straightforward. If your contact information has changed recently be sure to log in to your home page at www.abim.org to update your e-mail and/or mailing address. Check your MOC Status Report regularly to track your progress in completing MOC requirements.

If you have any questions regarding your new certificate or the MOC program, please call 1-800-441-ABIM (2246), Mon. - Fri., 8:30 a.m. to 8 p.m. ET, Sat., 9 a.m. to 12 p.m. ET, or e-mail us at request@abim.org.

On behalf of ABIM, I wish you continued success throughout your career and look forward to hearing from you.

Respectfully,

Richard J. Baron, MD, MACP
President and CEO

Enclosures: Certificate information



510 Walnut Street | Suite 1700 | Philadelphia, PA | 19106-3699 | 800.441.2246 | www.abim.org | request@abim.org

Richard J. Baron, MD
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Rajeev Jain, MD

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Robert D. Siegel, MD

Dr. Ethan Alan Webb

06/12/2017
ABIM ID: 170334

Dear Dr. Webb:

Congratulations! On behalf of the American Board of Internal Medicine (ABIM), I am pleased to inform you that you passed your Spring 2017 Internal Medicine Maintenance of Certification (MOC) Examination. This significant achievement marks your latest accomplishment toward maintaining your certification, demonstrating your continued commitment to the profession and your patients.

The following Score Report provides you with details about your exam performance. Please sign in at ABIM.org to check your MOC Status Report to see what other requirements you may need to meet to maintain your certification.

If you have met all of your MOC requirements, your new certificate will be mailed to you.

Again, congratulations! I wish you continued success throughout your career and we look forward to working with you as you strive to stay current in your medical knowledge. If you have questions, please call 1-800-441-ABIM (2246), Mon. – Fri., 8:30 a.m. to 8 p.m. ET, or send us an e-mail.

Respectfully,

Richard J. Baron, MD, MACP
President and CEO

Erwin, Jonda

From: Judy Rogers <Judy_Rogers@teamhealth.com>
Sent: Monday, October 02, 2017 5:08 PM
To: Erwin, Jonda
Cc: John Lewis; GREGORY CUCULINO
Subject: [External Sender] FW: Re: ***URGENT***Parrish Form Past Due - Reappraisal Forms Not Received

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

Jonda-

Please see below and accept this as Dr. James G. Clark's resignation of privileges at Parrish Medical Center, effective today, 10/2/17.

Thank you,

Judy Ann Rogers
Credentials Coordinator, Emergency Medicine
TeamHealth
office: 865.985.7184 | fax: 865.694.5126

From: J. Clark [mailto:RoyalArch@yahoo.com]
Sent: Monday, October 2, 2017 4:52 PM
To: Judy Rogers <Judy_Rogers@teamhealth.com>
Subject: [EXTERNAL] Re: ***URGENT***Parrish Form Past Due - Reappraisal Forms Not Received

Yes please

Sent from my iPhone

On Oct 2, 2017, at 8:42 AM, Judy Rogers <Judy_Rogers@teamhealth..com> wrote:

No, sir. So you would like to resign your privileges from Parrish?

Thank you,

Judy Ann Rogers
Credentials Coordinator, Emergency Medicine
TeamHealth
office: 865.985.7184 | fax: 865.694.5126