

Members:

Michael Sitowitz, Chairman (July 1, 2014-June 30, 2017)

Michael Allen, Vice-Chairman (July 1, 2016 – June 30, 2019)

Stan Retz (January 1, 2016-December 31, 2019)

Roberta Chaildin (July 1, 2016 – June 30, 2019)

Dawn Hohnhorst (April 1, 2016 – March 31, 2019)

Warren Berry (January 1, 2016- December 31, 2019)

PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE
FEBRUARY 6, 2017 @ 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

I. Public Comments

II. Review and approval of minutes (November 7, 2016)

Motion: To recommend approval of the November 7, 2016 minutes as presented.

III. Quarterly Investment Reports – Bott-Anderson

IV. Defined Benefit Plan Participant Statements – update – Mr. Sitowitz

V. 403b update – Mr. Sitowitz

VI. Adjournment

**PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE MEETING
NOVEMBER 7, 2016**

The members of the Pension Administrative Committee met in the Executive Conference Room on November 7, 2016 at 10:00 a.m. The following representing a quorum, were present:

Pension Administration Committee:

Michael Sitowitz, Chairman
Michael Allen, Vice-Chairman
Stan Retz
Warren Berry
Dawn Hohnhorst
Roberta Chaildin

Others Present: Pamela Perez, Recording Secretary
Peggy Crooks
Tim Anderson, Bott-Anderson
John Anderson, Bott-Anderson
Earl Denney, Integrity Fixed Income
Chris Caputo, Integrity Fixed Income
Tom Fant, Integrity Fixed Income
Farlin Halikman, Moore Stephens Lovelace

Call To Order

The meeting was called to order by the Chairman at 10:04 a.m.

Public Comments

No public comments presented

Review and Approval of Minutes

There was a correction to the minutes from the prior meeting. The term of service date for Roberta Chaildin needed to be corrected.

The following motion was made, noting the correction to the minutes, by Ms. Hohnhorst and seconded by Mr. Retz and approved without objection.

Motion: To approve the PAC minutes of August 1, 2016 as amended.

Introduction of Integrity Fixed Income

Earl Denney, Chris Caputo and Tom Fant introduced themselves to the committee and gave a brief overview of their personal backgrounds and their firm and the following was specifically mentioned:

- Active Managers
- Conservative Strategies
- Manage Only Fixed Income
- Sector Allocations
- Security Selection
- Firm Recognitions
 - Emerging Fixed Income Manager Recognition by Merging Manager Monthly
 - PSN
- Recently Added three additional team members to the firm
- Asset Growth up 50%

Quarterly Investment Update

Tim Anderson from Bott-Anderson presented to the Committee the Pension, 403(b) and 457(b) Investment Reports (copy appended). Tim Anderson opened with the Market Commentary. The Pension portfolio had a good quarter returning 2.63% vs. the blended index return of 2.54%. The results for the fiscal year were excellent, 12.69% vs. the blended benchmark return of 11.48%. Loomis had a great performance even with only being in place for 2 months.

The 403(b) and 457(b) plans are performing well, however, the following 403(b) funds are being watched; Invesco Charter Fund improved but is still on the watch list. Allianz NFJ Small Cap Value improved but is still on the watch list and if continues for another quarter will recommend replacement. Lastly, Fidelity Advisor Leveraged Company Stock remains on the watch list.

The following 403(b) managers are on the watch list:

- Allianz NFJ Small Cap Value
- Fidelity Advisor Leveraged Company Stock
- Invesco Charter Fund (formerly AIM)

The following 457(b) manager is on the watch list:

- Fidelity Advisor Leveraged

PIMCO Total Return has improved its performance and it is recommended to unfreeze.

Therefore the following motion was made by Mr. Sitowitz and seconded by Mr. Allen and approved without objection:

Motion: Recommend the Board of Directors approve unfreezing the Pimco Total Return Fund to allow new money be invested, this fund is in 457 Plan.

Defined Benefit Plan Update

Open enrollment going on now. Ms. Chaidin informed the committee that employees are making appointments to meet with MetLife. There will also be mailers going out.

Annual Investment Review

Mr. Sitowitz updated the committee to one change on the Pension Investment Policy which is under the reporting requirements, a modification to say that a copy will be made available upon request.

Therefore the following motion was made by Mr. Retz and seconded by Ms. Chaidlin and approved without objection:

Motion: Recommend the Board of Directors approve the Pension Plan Investment Policy with revision as presented.

Other Business

Mr. Sitowitz updated the committee on the following for retirees from July 2015 -September 2016:

- 80 Retirees
- 100% Vested
- 1 Disabled
- 1 Deceased

Adjournment

There being no further business, the meeting was adjourned at 11:04 a.m.

Michael Sitowitz, Chairman

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, FEBRUARY 6, 2017
NOON
CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Yellow Belt Certification – Mr. Paul Fender
- II. Other
- III. 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.

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
Khalid Siddiqui, M.D.
Pamela Tronetti, D.O., Designee

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, FEBRUARY 6, 2017
IMMEDIATELY FOLLOWING EDUCATION COMMITTEE
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the December 5, 2016 meeting.
- II. Vision Statement
- III. Public Comment
- IV. Board Quality New Member Introductions
- V. Bylaws Review
- VI. Dashboard Review
- VII. TJC – Leadership Standards
- VIII. TJC 2017 National Patient Safety Goals
- IX. 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 December 5, 2016 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Ara Deukmedjian, M.D.
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.,
George Mikitarian (non-voting)
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.

Member(s) Absent:

Peggy Crooks (excused)
Nabil Itani, D.O. (excused)
Ravi Rao, M.D. (excused)
Joseph Rojas, M.D. (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 12:05 p.m.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

PUBLIC COMMENTS

No public comments were made.

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.

CMS – NEW MEASURES

Mr. Loftin shared with the committee the new CMS proposed measures that will impact Integrated Care Certification. He noted that The Joint Commission is expected for the triennial survey between December 2017 – January 2018.

PROCESS IMPROVEMENT – MRSA REDUCTION PROGRAM

Mr. Loftin introduced Matt Graybill, Executive Director, Perioperative and Diagnostic Services, who discussed the MRSA Reduction Program. Mr. Graybill noted the background of Staphylococcus Aureus and the annual statistics. He noted the goal is prevention of MRSA infections. Copies of the PowerPoint slides presented are appended to the file copy of these minutes.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE OCTOBER 3, 2016 MEETING AS DISTRIBUTED.

TITUSVILLE CITY COUNCIL LIAISON

Mr. Scott Larese, City Manager addressed and updated the committee on the status of the Welcome Center, budget cycle and community workshop; splash pad park; a civic/multipurpose center at Sand Point Park; and the six month moratorium on medical marijuana.

OTHER

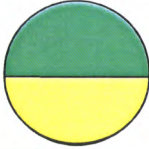
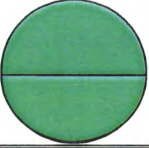
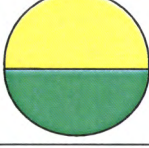
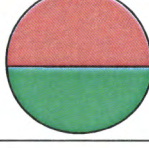
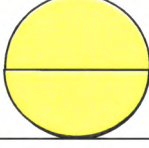
No other business was discussed.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:16 p.m.

Herman A. Cole, Jr.
Chairman

Board Value Dashboard: February 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; October, November, December)



PMC
Board Quality & Safety
Committee

Value Dashboard
February 2017



Agenda

1. Vision Statement
2. Board Quality New Member Introductions
3. By-laws Review
4. Dashboard
5. TJC – Leadership Standards
6. TJC 2017 National Patient Safety Goals



Quality Committee Vision Statement

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

Introductions

Dr. P. Tronetti

Dr. P. Alexander

Dr. K. McElynn

Dr. C. Manion

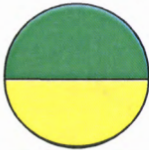
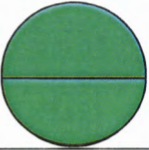
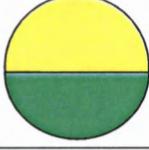

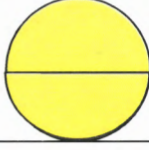
Dr. K. Siddiqui



By-Law Review



Board Value Dashboard: February 2017

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

CMS/IHI Triple Aim

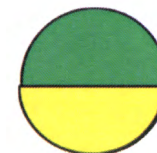
- Better Care For Individuals
- Better Health for Populations
- Lower Costs Through Improvement

Value= Quality/Cost



(Most current 3 months of data; October, November, December)

1. Core Measures



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

FY 18/ CY 16 Core Measures

Indicator	Hospital Compare 90 th Percentile	Hospital Compare (Apr 15 – Mar 16)	Vizient Top Quartile	Vizient Report (Apr 15 – Mar 16)	Final Apr – June 2016	Final Jul – Sep 2016	Concurrent Oct – Dec 2016
Stroke	100%	79%*	98%	93%	93%	100%	99%
Immunization	100%	95%	100%	95%	-	-	93%
Perinatal Care	100%	99%	97%	99%	100%	100%	100%
VTE	100%	100%	99%	98%	100%	100%	100%
ED-1 (minutes)	176	267	282	287	378	367	322
ED-2 (minutes)	39	130	111	147	211	225	184
Sepsis	-	-	-	-	31%	26%	44%

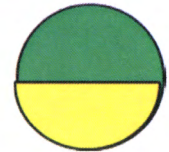
*Immunization – Influenza only

*VTE – Discharge instructions and hospital acquired only

*Reflects score for STK-4 only.



1. Core Measures



Quality Dashboard Scoring Criteria

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

1. Core Measures



Cost Dashboard Scoring Criteria

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

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

	Cost	DRG Payment	Ratio
HF/AMI/PN/ COPD/TJ ¹	\$10597	\$8247	78%

Oct. *

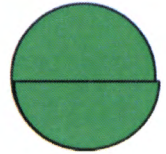
1- Average/case

Source – Internal Cost/Reimbursement Review-TR and Treo



2. Hospital Acquired Conditions

- ❑ Conditions



- ❑ PSI 90 indicators

- ✓ Ventilator acquired pneumonia
 - ✓ Catheter associated urinary tract infection
 - ✓ Central line blood stream infection
 - ✓ Falls with harm
 - ✓ Bed sores

- ❑ Processes: Central line checklist, others to be identified

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



Patient Safety Indicators

PSI-90

Patient Safety Indicator, PSI-90 Rate is a composite value of the following eight PSI indicators that factor into the value-based purchasing score.

- PSI-# 3 Dangerous bed sores
- PSI-04 Death from treatable serious complications
- PSI- #6 Collapsed lung caused by inserting a central venous catheter, a feeding tube , or even a pacemaker.
- PSI- #7 Serious infection in the blood acquired from a tube inserted into a central vein to deliver medication.
- PSI- #8 Hip Fracture resulting from a fall or trauma after surgery
- PSI- #12 Dangerous Blood Clot caused by damage to tissue during surgery.
- PSI- #13 Severe infection in blood post surgery
- PSI- #14 Post surgical wound splits occurring in abdominal surgeries
- PSI- #15 Accidental Puncture or Laceration during surgery



FY 18/ CY 16 PSI-90

Indicator	Hospital Compare Best Perform Rate	Hospital Compare National Rate	PMC Current Hospital Compare Data (July 13- June 15) Rate	Concurrent October-December 2016 Observed Occurrences
PSI-90 Composite Rate		0.90	0.72	Unable to give composite rate
PSI # 3 Occurrence	0	0.48	0.13	0
PSI #6 Occurrence	0.05	0.41	0.32	1
PSI #7 Occurrence	0	0.17	0.11	0
PSI #8 Occurrence	0.06	0.06	0.06	0
PSI #12 Occurrence	1.43	5.31	4.86	1
PSI #13 Occurrence	1.10	10.21	8.92	1
PSI #14 Occurrence	0	2.32	2.10	0
PSI #15 Occurrence	0.14	1.43	1.05	1
PSI 04 Occurrence	90.60	136.48	142.88	1

Source- TRUVEN, CMS and Leapfrog ,Meditech
1/16/2017 ALM



Information regarding PSI Occurrences

1 in October

- PSI #6 Pneumothorax

2 in November (Same patient had 2 PSI)

- PSI #4 Surgical Death from serious treatable complication
- PSI #12 Post Op Pulmonary Embolus

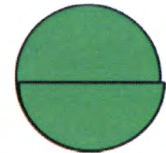
2 in December (Same patient had 2 PSI)

- PSI #13 Post op Sepsis
- PSI #15 Accidental Puncture peri-op



2. Hospital Acquired Conditions

Performance Goals



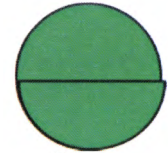
- No infections
- No falls with harm or bed sores
- Compliance with major care processes

Source – Goals established from IHI and CMS standards



2. Hospital Acquired Conditions

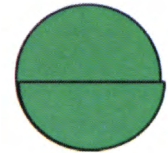
Quality Dashboard Scoring Criteria



- ❑ Green: No hospital acquired infections; rate of falls and bed sores in “top” (i.e., fewest) 10%; systematic compliance with care processes
- ❑ Yellow: No hospital acquired infections; rate of falls and/or bed sores in top quartile; minor non-compliance with care processes
- ❑ Red: Hospital acquired infection and/or fall or bed sore rate outside of top quartile and/or major non-compliance with care processes

2. Hospital Acquired Conditions

Cost Dashboard Scoring Criteria



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

- ❑ Green: Complete cost avoidance
- ❑ Yellow: no more than one incidence of cost due to HAC
- ❑ Red: Cost associated with more than one HAC

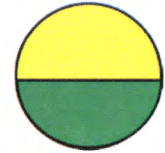
Source – Internal Cost/Reimbursement Review- TR, Treo



3. Patients' Hospital Experience

❑ Components

- ✓ Patient perceptions of their inpatient experience; 9 indicators included in Value-Based Purchasing program



❑ Performance goals

- ✓ Proposed Value-Based Purchasing incentive payment parameters
 - **Full payment for 90th percentile**
 - **No payment below 70th percentile**



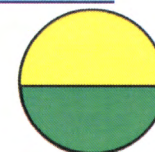
NRC Screen Shot

Catalyst Trend by Questions - HCAHPS

	NRC Average	Qtr 4 2016	Total
	Positive	Positive	Positive
HCAHPS: Did everything to help your pain	80.0	81.0	81.0
HCAHPS: Drs explained things understandably	77.1	70.2	70.2
HCAHPS: Drs listened carefully to you	79.9	72.5	72.5
HCAHPS: Got help as soon as wanted	63.8	62.6	62.6
HCAHPS: Help going to bathroom as soon as wanted	69.9	74.6	74.6
HCAHPS: Nurses explained things understandably	75.5	77.4	77.4
HCAHPS: Nurses listened carefully to you	76.4	79.9	79.9
HCAHPS: Pain well controlled during stay	65.3	61.6	61.6
HCAHPS: Quiet around room at night	59.1	62.4	62.4
HCAHPS: Rate hospital	74.0	68.3	68.3
HCAHPS: Received info re: symptoms to look for	91.1	89.8	89.8
HCAHPS: Room kept clean during stay	72.7	72.0	72.0
HCAHPS: Staff described med side effects	50.8	51.5	51.5
HCAHPS: Staff took preferences into account	45.3	44.6	44.6
HCAHPS: Talked about help you would need	85.9	88.2	88.2
HCAHPS: Told what medicine was for	78.1	78.3	78.3
HCAHPS: Treated w/courtesy/respect by Drs	87.4	82.3	82.3
HCAHPS: Treated w/courtesy/respect by Nurses	86.2	87.3	87.3
HCAHPS: Understood managing of health	53.9	52.9	52.9
HCAHPS: Understood purpose of medications	62.5	55.5	55.5
HCAHPS: Would recommend hospital to family	76.0	72.9	72.9

3. Patients' Hospital Experience

Quality Dashboard Scoring Criteria

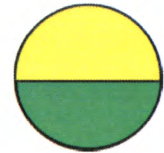


- ❑ Green: Aggregate score at/above 90th percentile
- ❑ Yellow: Aggregate score at/above 70th percentile
- ❑ Red: Aggregate score below 70th percentile

* note- This will follow the final VBP rulings.

3. Patients' Hospital Experience

Cost Dashboard Scoring Criteria



Financial impact on VBP

- ❑ Green: Positive return on VBP dollars
- ❑ Yellow: No Impact on VBP dollars
- ❑ Red: Negative Impact on VBP dollars

* note- This will follow the final VBP rulings.

Source – VHA VBP projection tool



4. Emergency Department Care

Definition	Actual	Goal
Pts Leave w/o Treatment	3.61% ↓	<2%
Pts return and admit in less than 48 hrs	0.82% ↓	<2%
Door to Doc (Median)	28 ↓	< 25 min
Door to D/C (Average)	164 ↓	161
Decision to Bed (Median)	189 ↓	115

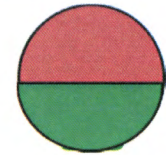


Source – Internal Review -CMS



4. Emergency Department Care

Quality Dashboard Scoring Criteria



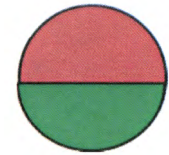
- ❑ Green: All performance goals met
- ❑ Yellow: Performance for all components at or below 1.5 times the target
- ❑ Red: One or more components above 1.5 times the target

Source – Goals established from ACEP and ENA



4. Emergency Department Care

Cost Dashboard Scoring Criteria



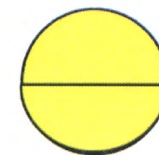
Emergency Department Budget Score

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

Source – Internal Cost/Reimbursement Review



5. Readmissions



Quality Dashboard Scoring Criteria

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

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

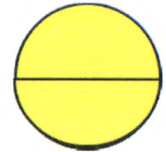
Oct	12.2
Nov	8.4
Dec	14.2
	11.7%



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



5. Readmissions



Cost Dashboard Scoring Criteria

Non-reimbursed cost of readmissions

- ❑ Green: = or <\$60,000
- ❑ Yellow: between \$60,001 and \$120,000
- ❑ Red: > \$120,000

Source – Internal Cost/Reimbursement Review



Questions ?



The Joint Commission Leadership Standards Review



I. Leadership Structure January

- A. Leadership Structure (LD.01.01.01)
- B. Leadership Responsibilities (LD.01.02.01)
- C. Governance Accountabilities (LD.01.03.01)
- D. The Chief Executive Responsibilities (LD.01.04.01)
- E. Medical Staff Accountabilities (LD.01.05.01)



II. Leadership Relationships February

- A. Mission, Vision, and Goals (LD.02.01.01)
- B. Conflict of Interest Among Leaders (LD.02.02.01)
- C. Conflict Management (LD.02.04.01)



III. Organization Culture and System Performance

Expectations March

- A. Culture of Safety and Quality (LD.03.01.01)
- B. Using Data and Information (LD.03.02.01)
- C. Organization wide Planning (LD.03.03.01)
- D. Communication (LD.03.04.01)
- E. Change Management and Performance Improvement (LD.03.05.01)
- F. Staffing (LD.03.06.01)

IV. Operations April

- A. Administration (LD.04.01.01, LD.04.01.03, LD.04.01.05, LD.04.01.06, LD.04.01.07, LD.04.01.11)
- B. Ethical Issues (LD.04.02.01, LD.04.02.03, LD.04.02.05)
- C. Meeting Patient Needs (LD.04.03.01, LD.04.03.07, LD.04.03.09, LD.04.03.11)
- D. Managing Safety and Quality (LD.04.04.01, LD.04.04.03, LD.04.04.05, LD.04.04.07)



Leadership Structure

II. Leadership Relationships

A. Mission, Vision, and Goals
(LD.02.01.01)

B. Conflict of Interest Among Leaders
(LD.02.02.01)

C. Conflict Management (LD.02.04.01)
Elements of Performance

EP Attributes

New	FSA	CMS	DOC
		§482.12	



LD.02.01.01: The mission, vision, and goals of the hospital support the safety and quality of care, treatment, and services.

Rationale: The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the hospital's mission, vision, and goals is to define how the hospital will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the hospital is most likely achieved when it is understood by all who work in or are served by the hospital.

Introduction: Introduction to Leadership Relationships, Standards LD.02.01.01 Through LD.02.04.01 How well leaders work together and manage conflict affects a hospital's performance. In fulfilling its role, the governing body involves senior managers and leaders of the organized medical staff in governance and management functions.

Good relationships thrive when leaders work together to develop the mission, vision, and goals of the hospital; encourage honest and open communication; and address conflicts of interest.



Elements of Performance:

1. The governing body, senior managers, and leaders of the organized medical staff work together to create the hospital's mission, vision, and goals.

EP Attributes

New	FSA	CMS	DOC
			D

2. The hospital's mission, vision, and goals guide the actions of leaders.

EP Attributes

New	FSA	CMS	DOC
			D

3. Leaders communicate the mission, vision, and goals to staff and the population(s) the hospital serves.

EP Attributes

New	FSA	CMS	DOC
-----	-----	-----	-----



LD.02.02.01: The governing body, senior managers and leaders of the organized medical staff address any conflict of interest involving leaders that affect or could affect the safety or quality of care, treatment and services. Note: This standard addresses conflict of interest involving individual members of leadership groups. For conflicts of interest among staff and licensed independent practitioners who are not members of leadership groups, see Standard LD.04.02.01.

Rationale: Conflicts of interest can occur in many circumstances and may involve professional or business relationships. Leaders create policies that provide for the oversight and control of these situations. Together, leaders address actual and potential conflicts of interest that could interfere with the hospital's responsibility to the community it serves.

Introduction: Introduction to Leadership Relationships, Standards LD.02.01.01 Through LD.02.04.01 How well leaders work together and manage conflict affects a hospital's performance. In fulfilling its role, the governing body involves senior managers and leaders of the organized medical staff in governance and management functions. Good relationships thrive when leaders work together to develop the mission, vision, and goals of the hospital; encourage honest and open communication; and address conflicts of interest.



Elements of Performance:

1. The governing body, senior managers, and leaders of the organized medical staff work together to define in writing conflicts of interest involving leaders that could affect safety and quality of care, treatment, and services.

EP Attributes

New	FSA	CMS	DOC
-----	-----	-----	-----

D

2. The governing body, senior managers, and leaders of the organized medical staff work together to develop a written policy that defines how conflict of interest involving leaders will be addressed.

EP Attributes

New	FSA	CMS	DOC
-----	-----	-----	-----

D

3. Conflicts of interest involving leaders are disclosed as defined by the hospital. EP Attributes

EP Attributes

New	FSA	CMS	DOC
-----	-----	-----	-----



LD.02.04.01: The hospital manages conflict between leadership groups to protect the quality and safety of care.

Rationale: Not applicable.

Introduction: Introduction to Leadership Relationships, Standards LD.02.01.01 Through LD.02.04.01 How well leaders work together and manage conflict affects a hospital's performance. In fulfilling its role, the governing body involves senior managers and leaders of the organized medical staff in governance and management functions.

Good relationships thrive when leaders work together to develop the mission, vision, and goals of the hospital; encourage honest and open communication; and address conflicts of interest.



Elements of Performance:

1. Senior managers and leaders of the organized medical staff work with the governing body to develop an ongoing process for managing conflict among leadership groups.

EP Attributes

New	FSA	CMS	DOC
-----	-----	-----	-----

2. The hospital implements the process when a conflict arises that, if not managed, could adversely affect patient safety or quality of care.

EP Attributes

New	FSA	CMS	DOC
-----	-----	-----	-----



Questions?



**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

QUALITY COMMITTEE

FEBRUARY 6, 2017

NAME

ADDRESS

Herman Cole

Billie Fitzgerald

Elizabeth Galfo MD

Robert Jordan

George Mikitarian

Edwin Loftin

DR. Ken McElroy

Stan Retz

Alvino Caliva MD

Maureen Rye

Christopher Manson MD

Khalid Siddiqui MD

Chris McAlpine

Jeremy Bradford

Natalie Sellers

Mike Sitowitz

**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

QUALITY COMMITTEE

FEBRUARY 6, 2017

NAME

ADDRESS

William Boyles	
John Kincillia	
Pam Perez	
Tracy Hodgins	
Anwal Jackson	
LeeAnn Cottrell	
Anna Maynard	
Alex Gutierrez	
Erin Head	
Marsha Richardson	
Josli Field	
Matt Graybill	
Paul Fendler	
George Korda	

FINANCE COMMITTEE MEMBERS:

Stan Retz, Chairman
Peggy Crooks, Vice Chairman
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, FEBRUARY 6, 2017
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approval of minutes (December 05, 2016)

Motion: To recommend approval of the December 05, 2016 minutes as presented.

- II. Public Comments
- III. Report from Titusville City Council Liaison- Scott Larese
- IV. Quarterly Investment Reports (Pension/Operating)– Bott-Anderson
- V. Sale/Leaseback of Property – Chris Mc Alpine/Michael Sitowitz

Motion: To recommend the Board of Directors approve the sale lease back of 7075 North US Highway 1, Port St. John and 845 Century Medical Drive, Titusville for \$6,249,600.

- VI. Financial Review – Mr. Sitowitz
- VII. Enacted Medicare Cuts Analysis 2017-2026 – Mr. Sitowitz
- VIII. Capital and Operating Budget Timelines
- IX. Disposal

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

- X. 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 December 5, 2016 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairman
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Christopher Manion, M.D.
George Mikitarian (non-voting)
Jerry Noffel

Member(s) Absent:

Peggy Crooks, Vice Chairman (excused)
Ara Deukmedjian, M.D. (excused)

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 1:27 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE OCTOBER 3, 2016 MEETING, AS PRESENTED.

PUBLIC COMMENTS

No public comments made.

FINANCIAL REVIEW

Mr. Sitowitz summarized the October 2016 financial statements.

ENERGY SAVINGS & HVAC IMPROVEMENTS

Mr. Bradford shared with the committee that FPL is raising rates approximately 19% beginning this year. This coupled with aging equipment necessitates the need to evaluate potential energy savings and improvements on the main campus and outlying buildings. Mr. Bradford noted all funding options are being evaluated.

OTHER

No other business was brought up.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 2:18 p.m.

Stan Retz
Chairman

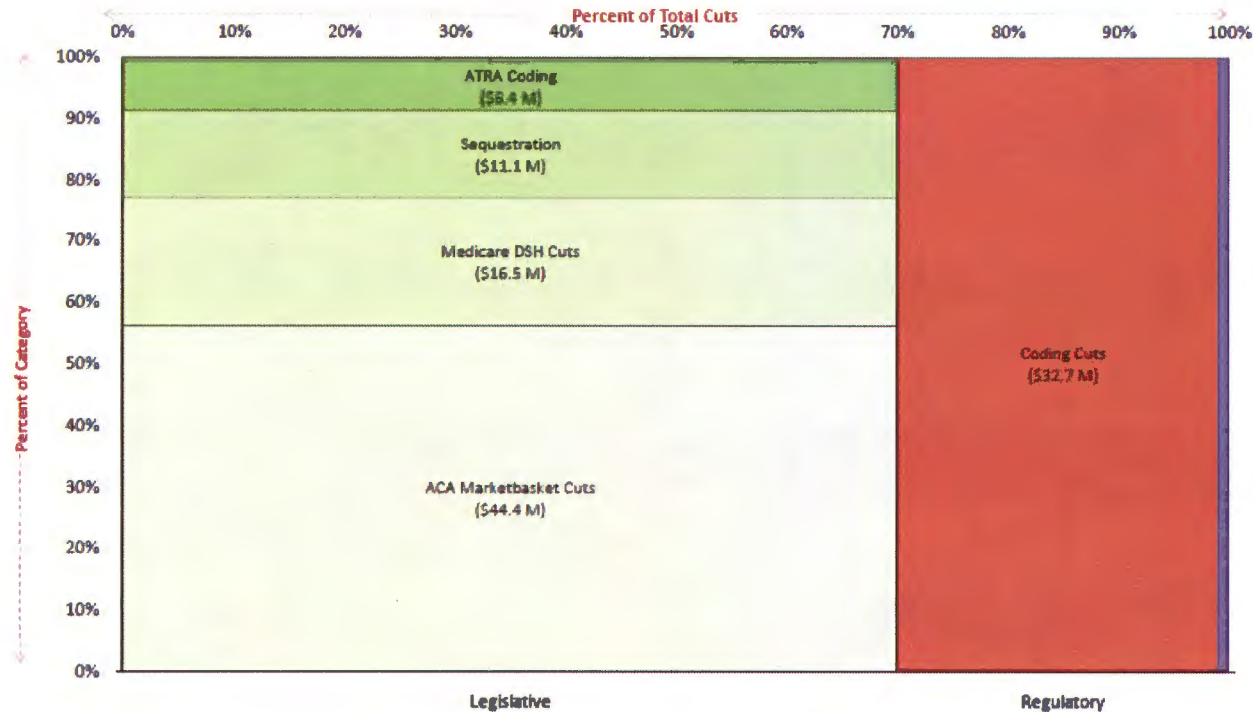
Budget and Finance Committee
Enacted Medicare Cuts 2010 - 2026

February 6, 2017

Enacted Medicare Cuts Analysis Relative Magnitude of Enacted Medicare Cuts

Parrish Medical Center

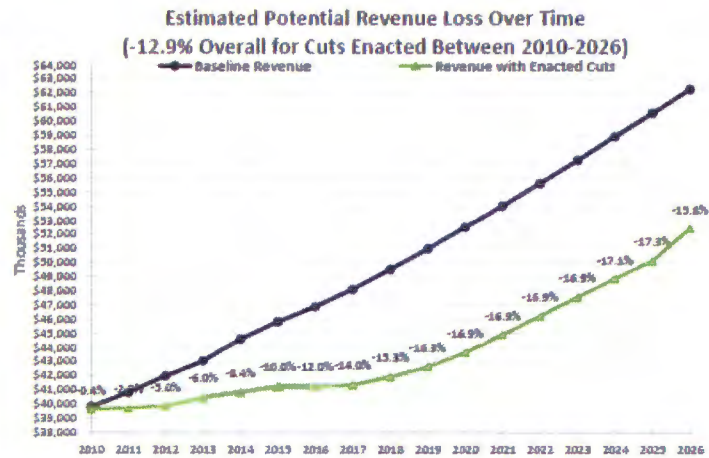
The graph below reflects the relative magnitude of each cut included in this analysis. Cuts are grouped together by category - with additional details in subsequent reports. The horizontal axis indicates the relative size of each category as a percent of the whole; the vertical axis indicates each individual cut's share of its category.



Cuts Enacted (2010-2026): Legislative	
ACA Marketbasket Cuts	(\$44,377,700)
Medicare DSH Cuts	(\$16,453,200)
Sequestration	(\$11,143,300)
ATRA Coding	(\$6,353,100)
Bad Debt at 65%	(\$511,700)
Total Legislative Cuts	(\$78,994,300)

Cuts Enacted (2010-2026): Regulatory	
Coding Cuts	(\$32,685,600)
LTCH SN Adjustment	\$0
Total Regulatory Cuts	(\$32,685,600)

Quality Based Payment Reform (2010-2026)	
Quality	\$1,612,700
Total Cuts Enacted	(\$110,067,200)

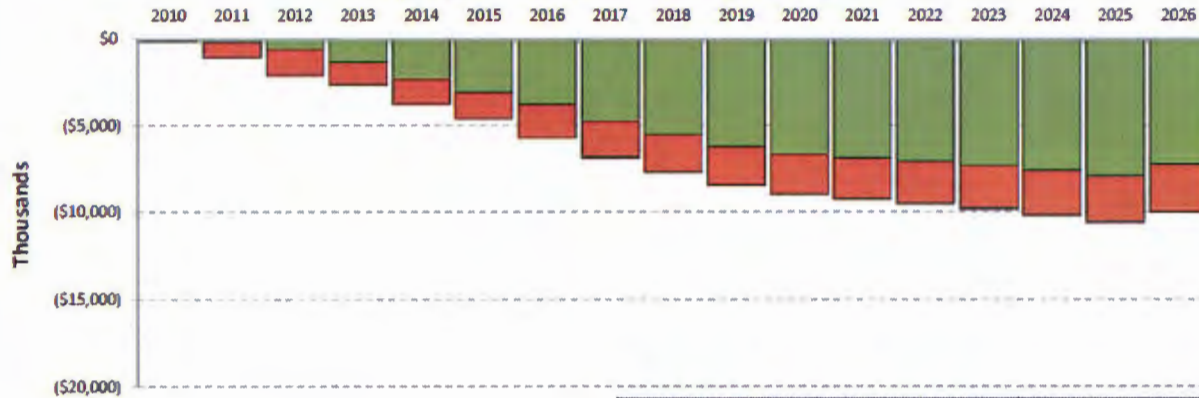


Enacted Medicare Cuts Analysis

Estimated Value of Enacted Cuts

Parrish Medical Center

This report provides additional detail on the estimates in the summary report. Impacts are separated into two windows: 2010-2016 and 2017-2026. Estimates shown for 2010-2016 include all existing legislative and regulatory cuts that have already been implemented. Estimates shown for 2017-2026 include the compounded effects of permanent/prospective cuts put into effect prior to 2017.



		Impact of Enacted Cuts (2010-2016)	Impact of Enacted Cuts (2017-2026)	Total Impact (2010-2026)	
Legislative (1)	ACA Marketbasket Cuts	IPPS Marketbasket Reduction	(\$3,837,800)	(\$22,896,500)	(\$26,734,300)
		OPPS Marketbasket Reduction	(\$2,177,100)	(\$13,156,100)	(\$15,333,200)
		IRF Marketbasket Reduction	\$0	\$0	\$0
		LTCH Marketbasket Reduction	\$0	\$0	\$0
		IPF Marketbasket Reduction	\$0	\$0	\$0
		HH Marketbasket Reduction	(\$454,700)	(\$1,855,500)	(\$2,310,200)
	SNF Marketbasket Reduction	\$0	\$0	\$0	
	Other Cuts	Sequestration (2.0% reduction to payments)	(\$2,852,500)	(\$8,290,800)	(\$11,143,300)
		Medicare DSH Cuts	(\$976,300)	(\$15,476,900)	(\$16,453,200)
		ATRA IPPS Retrospective Coding Adjustment	(\$1,129,300)	(\$5,223,800)	(\$6,353,100)
MACRA Post-Acute Marketbasket Cap		\$0	(\$155,300)	(\$155,300)	
	Reimbursable Bad Debt reduced to 65%	(\$131,900)	(\$379,800)	(\$511,700)	
Regulatory (2)	Coding	Inpatient Prospective Coding Reduction	(\$4,592,100)	(\$12,160,500)	(\$16,752,600)
		IPPS Retrospective Coding Adjustment	(\$1,345,300)	\$0	(\$1,345,300)
		OPPS Packaging Inflation Adjustment	(\$276,000)	(\$3,255,900)	(\$3,531,900)
		LTCH Prospective Budget Neutrality Adjustment	\$0	\$0	\$0
		HH Prospective Coding Reduction	(\$2,379,200)	(\$8,676,600)	(\$11,055,800)
	Other	LTCH Site-Neutral Adjustment	\$0	\$0	\$0
OBPP (3)	Readmissions Reduction Program	(\$4,300)	(\$49,300)	(\$53,600)	
	Hospital Acquired Condition Reduction Program	\$0	\$0	\$0	
	Value-based Purchasing	\$247,500	\$1,418,800	\$1,666,300	
Total Enacted Cuts		(\$19,909,000)	(\$90,158,200)	(\$110,067,200)	



MEMORANDUM

To: Board of Directors

From: George Mikitarian
President/CEO

Subject: Surplus Property

Date: January 30, 2017

Find enclosed a copy of a grant application made to the North Brevard Economic Development Zone by Space Coast FabLab. The request was made about a month ago and describes the intent of developing a "FabLab" here in Titusville.

It would be my intent to donate the list of surplus property, which is loaded with various IT equipment, to this proposed Titusville FabLab. All hard drive data would be deleted prior to the donation.

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

Request for Disposal of Obsolete or Surplus Property

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

KN Number	Description	Status Date	Aquired Date	Accum Depr	Book Value	Cost	Dept. #	Reason for Disposal
KN009278	WORD PROCESSING SYSTEM	11/3/1999	7/24/1989	10,000.00	-	10,000.00	721	Equipment Replaced
KN010607	JASON UPGRADE PACKAGE T&A SYSTEM	11/3/1999	11/9/1993	2,300.00	-	2,300.00	721	Equipment Replaced
KN020067	SOFTWARE PROGRAMMING 3M APR-DRG	11/3/1999	7/1/1995	640.00	-	640.00	721	Equipment Replaced
KN023262	SCANNER - CANON DR 3020 W/ADAPTEC 2940 KIT	1/13/2000	12/22/1999	4,000.00	-	4,000.00	721	Equipment Replaced
KN023265	SCANNER - CANON DR 3020 W/ADAPTEC 2940 KIT	1/13/2000	12/22/1999	4,000.00	-	4,000.00	721	Equipment Replaced
KN023266	SCANNER - CANON DR 3020 W/ADAPTEC 2940 KIT	1/13/2000	12/22/1999	4,000.00	-	4,000.00	721	Equipment Replaced
KN021112	PRINTER - HEWLETT PACKARD LASER TP4050N	4/13/2000	3/7/2000	1,399.00	-	1,399.00	721	Equipment Replaced
KN023331	PRINTER - HEWLETT PACKARD LASER HP4050N	4/13/2000	3/13/2000	1,434.00	-	1,434.00	721	Equipment Replaced
KN021118	SCANNER - CANON DR 3020 W/ADAPTEC 2940 KIT	5/14/2000	4/1/2000	4,985.00	-	4,985.00	721	Equipment Replaced
KN021119	SCANNER - CANON DR 3020 W/ADAPTEC 2940 KIT	5/14/2000	4/1/2000	4,985.00	-	4,985.00	721	Equipment Replaced
KN021120	SCANNER - CANON DR 3020 W/ADAPTEC 2940 KIT	5/14/2000	4/1/2000	4,985.00	-	4,985.00	721	Equipment Replaced
KN023341	OTG DISKXTENDER LEVEL D SOFTWARE	8/14/2000	7/5/2000	4,995.00	-	4,995.00	721	Equipment Replaced
KN021209	PRINTER - HEWLETT PACKARD LASER 4050N	8/14/2000	7/13/2000	1,471.50	-	1,471.50	721	Equipment Replaced
KN021306	PRINTER - HEWLETT PACKARD LASERJET 8000DN V	12/7/2000	10/4/2000	3,949.00	-	3,949.00	721	Equipment Replaced
KN021351	PRINTER - THERMAL DATAMAX ALLEGRO 2	12/15/2000	11/16/2000	1,418.87	-	1,418.87	721	Equipment Replaced
KN021365	PRINTER - HEWLETT PACKARD LASERJET 4050N	1/4/2001	12/13/2000	1,456.00	-	1,456.00	721	Equipment Replaced
KN021605	PRINTER - HEWLETT PACKARD LASER	4/12/2001	3/7/2001	7,293.00	-	7,293.00	721	Equipment Replaced
KN021606	PRINTER - HEWLETT PACKARD LASERJET 4050N	3/15/2001	3/14/2001	1,456.00	-	1,456.00	721	Equipment Replaced
KN021607	PRINTER - HEWLETT PACKARD LASERJET 4050N	3/15/2001	3/14/2001	1,491.00	-	1,491.00	721	Equipment Replaced
KN021644	COMPAQ PROLIANT SERVER DL380	6/9/2001	5/24/2001	21,674.00	-	21,674.00	721	Equipment Replaced
KN021657	PRINTER - HEWLETT PACKARD LASERJET 4050N	8/7/2001	7/20/2001	1,512.67	-	1,512.67	721	Equipment Replaced
KN021658	PRINTER - HEWLETT PACKARD LASERJET 4050N	8/7/2001	7/20/2001	1,512.67	-	1,512.67	721	Equipment Replaced
KN021659	PRINTER - HEWLETT PACKARD LASERJET 4050N	8/7/2001	7/20/2001	1,512.66	-	1,512.66	721	Equipment Replaced
KN021656	PRINTER - HEWLETT PACKARD LASERJET 4050N	8/7/2001	7/20/2001	1,476.00	-	1,476.00	721	Equipment Replaced

KN Number	Description	Status Date	Aquired Date	Accum Depr	Book Value	Cost	Dept. #	Reason for Disposal
KN021660	PRINTER - HEWLETT PACKARD LASERJET 4050N	8/7/2001	7/20/2001	1,476.00	-	1,476.00	721	Equipment Replaced
KN021655	PRINTER - HEWLETT PACKARD LASERJET 4050N	8/7/2001	7/20/2001	1,476.00	-	1,476.00	721	Equipment Replaced
KN021834	PRINTER - HEWLETT PACKARD 4100N LASERJET	11/13/2001	8/31/2001	1,456.00	-	1,456.00	721	Equipment Replaced
KN021680	PRINTER - HEWLETT PACKARD LASER HP4100N	10/11/2001	9/21/2001	1,517.50	-	1,517.50	721	Equipment Replaced
KN021681	PRINTER - HEWLETT PACKARD LASER HP4100N	10/11/2001	9/21/2001	1,517.50	-	1,517.50	721	Equipment Replaced
KN021900	QUADRAMED ENCODER INTERFACE	10/11/2001	9/28/2001	15,000.00	-	15,000.00	721	Equipment Replaced
KN021694	PRINTER - HEWLETT PACKARD 4100N LASER	11/13/2001	10/11/2001	1,557.50	-	1,557.50	721	Equipment Replaced
KN021693	PRINTER - HEWLETT PACKARD 8150HDN LASER	11/13/2001	10/11/2001	5,451.50	-	5,451.50	721	Equipment Replaced
KN021928	CITRIX XPE CLIENTS Q=60 & ACCESS LICENSES	12/17/2001	10/11/2001	23,376.00	-	23,376.00	721	Equipment and server has been replaced
KN023364	OCR FORMS PROCESSING STATION (IMAGE ONE)	3/6/2002	2/21/2002	25,770.00	-	25,770.00	721	Equipment Replaced
KN023398	KREG - WINREV BUDGET MODULES SOFTWARE	8/7/2002	6/30/2002	52,953.00	-	52,953.00	721	Software replaced
KN021951	SCOTT CARE PLATINUM DATA MANAGEMENT SYSTEM	10/10/2002	9/1/2002	13,200.00	-	13,200.00	721	Software replaced
KN027914	SERVER FOR VOICEMAIL	6/4/2003	5/7/2003	5,120.00	-	5,120.00	721	Equipment Replaced
KN028063	IS-REFURBISHED CISCO 3524 POWERED SWITCH	2/2/2004	1/7/2004	1,607.33	-	1,607.33	721	Equipment Replaced
KN028064	IS-REFURBISHED CISCO 3524 POWERED SWITCH	2/2/2004	1/7/2004	1,607.34	-	1,607.34	721	Equipment Replaced
KN027952	IS-REFURBISHED HP4100N LASER PRINTER	2/2/2004	1/14/2004	1,314.00	-	1,314.00	721	Equipment Replaced
KN027953	IS-REFURBISHED HP4100N LASER PRINTER	2/2/2004	1/14/2004	1,314.00	-	1,314.00	721	Equipment Replaced
KN028054	IS-REFURBISHED HP4100N LASER PRINTER	2/2/2004	1/14/2004	1,314.00	-	1,314.00	721	Equipment Replaced
KN028055	IS-REFURBISHED HP4100N LASER PRINTER	2/2/2004	1/14/2004	1,314.00	-	1,314.00	721	Software system replaced
KN028065	IS-REFURBISHED HP4100N LASER PRINTER	2/2/2004	1/14/2004	1,314.00	-	1,314.00	721	Software system replaced
KN028242	WIRELESS ACCESS POINTS-(69) REPLACEMENTS IN	11/10/2004	9/30/2004	18,609.30	-	18,609.30	721	Software system replaced
KN028315	HP CLJ5550DN LASERJET PRINTER - IN INFO SYST D	12/10/2004	11/19/2004	3,245.00	-	3,245.00	721	Equipment Replaced
KN028313	TIME AND ATTENDANCE INTERFACE - IS	12/10/2004	11/22/2004	10,000.00	-	10,000.00	721	Equipment Replaced
KN028378	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028379	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028380	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028381	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028382	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028383	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028384	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced

KN Number	Description	Status Date	Aquired Date	Accum Depr	Book Value	Cost	Dept. #	Reason for Disposal
KN028385	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028387	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028386	1.5 GHZ 256 MD 15XGA DVD CDRW LAPTOP	3/8/2005	2/2/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028389	NETSHELTER VX 424 ENCLOSURE	3/8/2005	2/8/2005	1,998.50	-	1,998.50	721	Equipment Replaced
KN028390	NETSHELTER VX 424 ENCLOSURE	3/8/2005	2/8/2005	1,998.50	-	1,998.50	721	Equipment Replaced
KN028392	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028393	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028394	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028397	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028398	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028408	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028409	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028410	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028411	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028413	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028414	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028415	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028416	1.5 GHZ 256 MB 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028395	1.5 GHZ 256 MR 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028396	1.5 GHZ 256 MR 15XGA DVD CDRW LAPTOP	4/11/2005	3/14/2005	1,145.00	-	1,145.00	721	Software replaced
KN028399	1.5 GHZ 256 MR 15XGA DVD CDRW LAPTOP	4/11/2005	3/24/2005	1,145.00	-	1,145.00	721	Equipment End of Life and has been replaced
KN028400	1.5 GHZ 256 MR 15XGA DVD CDRW LAPTOP	4/11/2005	3/24/2005	1,145.00	-	1,145.00	721	Equipment Replaced
KN028606	LAPTOPS FOR NURSING DEPT (Q=35) 06-721-0	2/10/2006	1/18/2006	29,025.00	-	29,025.00	721	Equipment Replaced
KN028624	CATALYST 3750 SWITCH (PROJECT # 05-721-02)	3/8/2006	2/28/2006	3,802.14	-	3,802.14	721	Equipment Replaced
KN028625	CATALYST 3750 SWITCH (PROJECT # 05-721-02)	3/8/2006	2/28/2006	3,802.14	-	3,802.14	721	Equipment Replaced
KN028626	CATALYST 3750 SWITCH (PROJECT # 05-721-02)	3/8/2006	2/28/2006	3,802.14	-	3,802.14	721	Equipment Replaced
KN028627	CATALYST 3750 SWITCH (PROJECT # 05-721-02)	3/8/2006	2/28/2006	3,802.14	-	3,802.14	721	Equipment Replaced
KN028623	CATALYST 3750 SWITCHE (PROJECT # 05-721-02)	3/8/2006	2/28/2006	3,802.16	-	3,802.16	721	Equipment Replaced
KN028622	GALVANON / CVM SERVER HARDWARE (PROJ#06-	4/6/2006	3/22/2006	24,376.10	-	24,376.10	721	Equipment Replaced
KN028647	ROUTERS FOR COMMUNITY CLINIC 06-7	6/9/2006	5/31/2006	3,008.04	-	3,008.04	721	Equipment Replaced
KN028689	KREG FINANCIAL SERVER (06-721-01)	9/6/2006	8/16/2006	5,750.00	-	5,750.00	721	Equipment Replaced
KN028670	DATAMAX LABLE PRINTER (06-721-01)	10/10/2006	9/6/2006	1,150.25	-	1,150.25	721	Equipment Replaced
KN028672	DATAMAX LABLE PRINTER (06-721-01)	10/10/2006	9/6/2006	1,150.25	-	1,150.25	721	Equipment Replaced

KN Number	Description	Status Date	Aquired Date	Accum Depr	Book Value	Cost	Dept. #	Reason for Disposal
KN028673	DATAMAX LABLE PRINTER (06-721-01)	10/10/2006	9/6/2006	1,150.25	-	1,150.25	721	Equipment Replaced
KN028671	DATAMAX LABLE PRINTER (06-721-01)	10/10/2006	9/6/2006	1,150.25	-	1,150.25	721	Equipment Replaced
KN028797	LAPTOPS (QTY=10) NOT PHYSICALLY TAGGED (0	1/8/2007	1/3/2007	7,960.00	-	7,960.00	721	Equipment Replaced
KN028968	IV PUMP REPLACEMENTS (07-721-01)	7/6/2007	3/7/2007	7,078.51	-	7,078.51	721	Partially replaced and partially in use
KN028873	SERVERS FOR INTRANET UPGRADE (07-721-01)	5/8/2007	4/25/2007	4,802.22	-	4,802.22	721	Replaced during 2013 refresh
KN028909	IPSWITCH WHATSUP GOLD PREM 11 1K DEV	6/11/2007	5/16/2007	1,475.00	-	1,475.00	721	Equipment Replaced
KN028969	WIRELESS SPECTRUM ANALYZER (07-721-01)	7/6/2007	5/16/2007	2,815.00	-	2,815.00	721	Equipment Replaced
KN028907	BACK-UP TAPE FOR PSJ	6/11/2007	5/30/2007	12,938.98	-	12,938.98	721	Equipment Replaced
KN029121	LAP TOPS FOR TROUBLESHOOT	7/3/2008	7/2/2008	1,506.50	-	1,506.50	721	Equipment Replaced
KN029142	LAP TOPS FOR TROUBLESHOOT	8/4/2008	7/2/2008	1,506.50	-	1,506.50	721	Equipment Replaced
KN029289	LAPTOP - BILL MOORE (CIO) (09-721-02)	4/6/2009	3/4/2009	2,656.66	-	2,656.66	721	Equipment Replaced
KN029294	LAPTOP - GEORGE MIKITARIAN (CEO)	5/5/2009	4/8/2009	2,102.66	-	2,102.66	721	Equipment Replaced
KN029286	UNITY VOICE UPGRADES (09-721-03)	10/9/2009	9/30/2009	18,041.15	-	18,041.15	721	Updated in 2013
KN029437	CISCO 2821 ROUTER (PMO)	3/5/2010	2/10/2010	4,072.38	-	4,072.38	721	Equipment Replaced
KN029438	CORE CAT 3750 SWITCH (PMO)	3/5/2010	2/10/2010	3,077.00	-	3,077.00	721	Equipment Replaced
KN029439	CORE CAT 3750 SWITCH (PMO)	3/5/2010	2/10/2010	3,077.00	-	3,077.00	721	Equipment Replaced

Requesting Department
 Net Book Value (Finance)
 Board Approval: (Date)
 Requestor Notified Finance
 Asset Disposed of or Donated
 Removed from Asset List (Finance)
 Requested Public Entity for Donation
 Entity Contact
 Telephone

Information Systems
 SC Johnson 12/19/16

Department Director
 Department Director Signature
 President/CEO
 President/CEO Signature
 Controller
 Controller Signature

Shawn Newberry

 George Mikitarian

 Michael Sitowitz
 Michael Sitowitz 12/19/16



**PROJECT
BASED
LEARNING**

OPENING DOORS WITH EDUCATION



**SPACE COAST
FABLAB**

GRANT APPLICATION

SUBMITTED TO:
BREVARD ECONOMIC DEVELOPMENT ZONE

BY:
PROJECT BASED LEARNING, INC.
DECEMBER 19, 2016

FOR

**SPACE COAST FABLAB
TITUSVILLE LOCATION**

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Introduction

Background

A Fab Lab is a technical prototyping platform for innovation and invention, providing stimulus for local entrepreneurship. A Fab Lab is also a platform for learning and innovation: a place to play, to create, to learn, to mentor, to invent. To be a Fab Lab means connecting to a global community of learners, educators, technologists, researchers, makers and innovators- -a knowledge sharing network that spans 30 countries and 24 time zones. Because all Fab Labs share common tools and processes, the program is building a global network, a distributed laboratory for research and invention.

A Fab Lab is generally equipped with an array of flexible tools that cover several different length scales and various materials, with the aim to make "almost anything", including technology-enabled products generally perceived as limited to mass production. The Fab Lab movement is closely aligned with the *Do It Yourself* (DIY), the open source hardware and the free and open source movement, and shares philosophy as also technology with them.

The Fab Lab program was initiated to explore how the content of information relates to its physical representation and how an under-served community can be powered by technology at the grassroots level. The program began as a collaboration between the Grassroots Invention Group and the Center for Bits and Atoms at the Media Lab in the Massachusetts Institute of Technology with a grant from the National Science Foundation (Washington, D.C.) in 2001.

Most FABLABs are attached to a larger organization, such as a museum, university, vocational training school or business and they vary widely in scale and function. While there is no unique operating model for them, they all strive to enable more people to participate in rapid fabrication and innovative prototyping through sharing similar tools, software and ideologies.

Space Coast FabLab in Palm Bay

Currently the largest Makerspace in Florida, the Space Coast FabLab services 3 colleges, many of the Brevard public and private k-12 schools, and many of the over 4000 registered home school students in Brevard County. Over four thousand students, tinkerers and enthusiasts pass through the FabLab annually, offering:

- Field trips for elementary, middle and high school students
- Classes ranging from basic fabrication to advanced equipment usage
- One-day workshops, intended as an introduction to an advanced topic that triggers the curiosity of the attendees
- Short courses that deepen the knowledge on a specific topic, software or process and are meant to develop new competencies

- A multiplicity of meetups and free events
- An open space for entrepreneurs, project teams and workgroups to hold their meetings
- Unparalleled networking opportunities for all its members

Social and Economic Impact

The Space Coast FabLab provides not only an outstanding platform for the creation and transfer of knowledge through practical education, but is also a bridge with the local industry, understanding the current competence needs of the local job market and creating the connection with talent, sparking interest and providing means for the development of workforce. This is done by targeting:

- Children via field trips, meetups, summer camps, and special events
- Young students and adults via classes, workshops, courses, internships, volunteering and hands-on opportunities for professional development
- Partnerships with organizations that support children and adults with intellectual, developmental and physical disabilities
- Entrepreneurs and small businesses, by providing low-cost rental space through Brevard Tech Village, as well as free access to the FabLab facilities
- Local companies, understanding their workforce requirements and needs, partnering for internship opportunities and providing volunteers
- Collaboration with educational and research institutions

Economic benefits are seen by:

- Local companies of any size, boosting productivity by providing them with capable, skilled individuals that require less training on the job
- Startups through the use of a platform to start their operations at zero cost
- Individuals that are pipelined into a world of higher skills, higher technical abilities and better pay rates.
- The entire Brevard community, through the presence of a development hub that provides medium and long-term growth of skilled labor, attracting investment and boosting the image of the entire Space Coast for businesses.

Project Partners

Currently, PBL works with a wide range of organizations and companies to service the Brevard community. These organizations include Florida Institute of Technology, Eastern Florida State College, University of Central Florida, Brevard Independent School District, Harris Corporation, Northrop Grumman, Brevard Workforce Commission, Bridges, and many others to increase opportunity and education within the Brevard community.

Space Coast FabLab: Titusville

The Grant requested through this document will be used to open the Titusville location of the Space Coast FabLab. Project Based Learning's new facility in Titusville is uniquely positioned to become a major attraction to both new business startups and the relocation of existing businesses considering North Brevard and the Space Coast as a new home.

Users and Need

Project Based Learning (PBL) started with the simple goal of assisting local University students with various technical design projects. To do so, it started the Space Coast FabLab in cooperation with the Massachusetts Institute Technology's (MIT) Center for Bits and Atoms. Since the time of formation, PBL has addressed the need for a community collaborative center for technical and vocational skills, learning, and research in conjunction with academic faculty and local commercial entities serving as entrepreneurial mentors.

Today, PBL offers courses, classes and workshops to the entire community through its 20,000-square foot facility in Palm Bay including over 300 K-12 students each month bussed in on field trips from Brevard County schools to be exposed to STEM activities such as 3D printing, electronic workshops, and laser fabrication. PBL promotes "engagement, outreach, and knowledge" within the community it serves.

The newest program to be offered by PBL in Titusville will include accredited, collegiate level vocational training targeted specifically toward existing and potential local employers. This program, offered in partnership with a nationally accredited college designated by the NSA as a center of excellence will enroll economically challenged students in vocational degree programs paired with a 20 hour per week internship centered on Cyber Security. Degree programs will expand to include electronics, and manufacturing/fabrication the second year.

The ultimate goal is not immediate training for a single group but rather a complete and sustainable pipeline of competent, well trained individuals that can rapidly adjust to employer needs and specific training requests from local industry. PBL's Space Coast FabLab in Titusville will offer the community similar resources to those found in Palm Bay with the addition of a vocational academic support center that works with local employers to mentor students in skills applicable to available positions.

Project Description

The PBL center will be located at 4005 Capron Road in Titusville and work with existing Titusville entities such as Co-Launch and the Space Museum. In addition to offering accredited vocational degree programs beginning with Cyber Security and electronics, PBL will also offer personal fabrication and prototyping facilities to the Co-Launch membership and coordinate field trip and workshop activities with the Space Museum. It is anticipated that over 200 K-12 students will participate in co-branded activities with PBL/Space Museum the first month of operation. Co-Launch has agreed to onsite training at their facilities and to extend an offer of free membership at PBL to their membership.

In addition to a robust offering in computer skills training, the PBL center will be equipped with both additive and subtractive manufacturing equipment and offer not only a creative center for the community but a fully functional vocational training center for technicians and skilled laborers. Attendees will be exposed to state of the art manufacturing processes, equipment and software through a series of classes, courses, and workshops. PBL center will quickly become a primary resource for companies seeking to find well trained, reliable employees and/or a source for proprietary training of specific corporate defined skill sets.

Facility Use

The Space Coast FabLab: Titusville will feature (not limited to):

- A Creative Space that includes: 3D Printers, routers, electronic development bays
- A Classroom Space with fully equipped computers and tools/equipment for training in areas such as coding, design, fabrication, robotics, etc.
- A Fabrication Space that includes subtractive manufacturing (conventional and/or CNC) machines, hand tools, bench tools, laser fabrication, etc.
- Meeting and conference room(s)
- Office Space for the staff

The systems and organization utilized by the Palm Bay location will be extended to the Titusville location.

Goals and Outcomes

It is the mission of PBL to “advance and support learning, collaboration, and opportunity”. The Titusville Fab Lab environment will promote collaboration and support both skill certification and targeted vocational training in support of local employers. Through the partnerships with local employers, students will receive hands on, practical experience and training that benefit the individual participant while at the same time increases the Northern Brevard skilled work force.

The Titusville Fab Lab will allow students, regardless of age or financial demographic to become knowledgeable in design concepts and skilled in the application and operation of technologies necessary to become valuable additions to the workforce, experiencing actual project completion in a collaborative environment that exposes them to multiple disciplines and an opportunity to work with engineers and entrepreneurs from the local area. As students learn to turn their ideas into objects, they will also learn how ideas become reality through the ability to work with others. Ideas from every corner of the community will interconnect at the Fab Lab, which will expose participants to interdisciplinary applications of technology and creativity normally only gained through experience in the work force.

Within the first two months of operation, PBL will begin building a pipeline of qualified skilled workers and have the first core group of 20 paid interns receiving on the job training in skills ranging from basic computer office skills to basic electronics to digital and laser fabrication.

The Titusville Fab Lab will give patrons the opportunity to use technologies that are becoming more prevalent in the workforce. It is a goal of the Fab Lab to provide resources to assist patrons in becoming strong members of the workforce. With the skills and knowledge they learn, patrons will have a competitive edge in the job market. The Fab Lab will also provide an arena for research and innovation.

Project Time Line

The creation of Space Coast FabLab: Titusville and implementation of the current Space Coast FabLab architecture to the location will be divided in three different phases, outlined below.

Phase 1

TASK NAME	START DATE	COMPLETION
Funding Accepted	Mon. 1/16/17	
Facility Setup		
Lease Signed	Mon. 1/16/17	Mon. 1/16/17
Leasehold Modifications	Mon. 1/16/17	Tue. 1/31/17
Initial Facility Setup	Mon. 1/16/17	Tue. 1/31/17
Employee Acquisition		
Management Placed	Mon. 1/16/17	Fri. 1/20/17
Initial Interns (20)	Mon. 1/16/17	Tue. 1/31/17
Partner Organization Activities		
CoLaunch Facility Installation	Mon. 1/23/17	Tue. 1/24/17
CoLaunch Personnel Training	Tue. 1/24/17	Fri. 1/27/17

Phase 2

TASK NAME	START DATE	COMPLETION
Facility Setup		
Order, Receive & Place Capital Equipment	Tue. 1/17/17	Tue. 2/28/17

Order & Receive Initial Consumables	Tue. 1/17/17	Fri. 2/17/17
Employee Acquisition		
Management Placed	Mon. 1/16/17	Fri. 1/20/17
Initial Interns Placed	Mon. 1/16/17	Tue. 2/28/17
Organization Activities		
First Courses Scheduled	Wen. 2/1/17	Mon. 2/6/17
Basic Classes Begin	Mon. 2/13/17	Tue. 2/28/17
First BISD Field Trips Scheduled	Wen. 2/1/17	Mon. 2/13/17
First Workshops Scheduled	Mon. 2/1/17	Tue. 2/28/17
Partner Organization Activities		
Space Museum Facility Installation	Mon. 2/6/17	Wen. 2/8/17
Space Museum Personnel Training	Wen. 2/8/17	Fri. 2/10/17
CoLaunch Opening Scheduled	Mon. 2/1/17	Tue. 2/28/17
Space Museum Opening Scheduled	Mon. 2/1/17	Tue. 2/28/17

Phase 3

TASK NAME	START DATE	COMPLETION
Facility Setup		
Modifications Complete, Equipment Placed		Wen. 3/15/17
Completely Operational		Wen. 3/15/17
Employee Acquisition		
Management Placed Fully Operational		Wen. 3/15/17
Initial Interns Placed Fully Operational		Wen. 3/15/17
Organization Activities		
Classes, Courses, & Workshops Fully Operational		
BISD Field Trips Fully Operational		
Partner Organization Activities		
Space Museum Workshops Fully Operational		Wen. 3/15/17
Space Museum Field Trips Fully Operational		Wen. 3/15/17
CoLaunch Activities Fully Operational		Wen. 3/15/17
Space Museum Classes Fully Operational		Wen. 3/15/17

Budget

It should be noted that PBL's Titusville location will be completely self-sustaining within the first year of operation. The request is based upon the need for initial employees, added equipment, materials/software, and minor facility alterations (primarily electrical wiring) all needed within the first year to make Titusville a viable option for accredited vocational training and skill certification.

In addition to a viable collaborative community center, Titusville will have a coordinated effort between PBL and other Titusville assets such as CO- Launch and the Space Museum. PBL has

agreed to furnish 3D printers and limited prototyping equipment and training to both facilities in an effort to coordinate training and use opportunities for the community.

The budget is divided in the following categories:

1. Payroll

A total of \$65,000 will be dedicated to payroll, accounted for as two staff members that will be executing the core roles of the organization, for a period of one year. This includes the man-hours required at the Palm-Bay facility to port and adapt the systems, organization and processes to the new location.

2. Facility Upgrades

A total of \$10,000.00 will be used towards renovating the facility, including:

Electrical Wiring improvements and air handling / exhaust systems in the shop facilities.

3. Equipment

A contribution of \$50,000.00 from this Grant will be made towards purchasing equipment, such as software, 3D printers, laser cutters, machines, tools and all other assets required for day-to day operations. These funds will be matched with \$85,000.00 from external contributors (see External Contributions on page 11), for a total of \$140,000.00 in equipment.

4. Consumables

Operation of the FabLab will require purchases of consumables for a total of \$25,000.00, including but not limited to: laser tubes, machine shop tooling, etc.

5. Facility Cost

This cost reflects a estimated property tax of \$6,000 for the 1st year of operation and basic utilities cost to include electricity, water, and waste disposal cost for the 1st year.

6. City of Titusville Contribution

Participation in this Grant is to be shared by the City of Titusville

The budget items described above are summarized in the following table:

Category	NBEDZ Contribution	External Contribution	Total
Payroll	\$35,000.00	-	\$65,000.00
Facility Upgrades	\$10,000.00	-	\$10,000.00
Equipment	\$50,000.00	\$85,000.00	\$140,000.00
Consumables	\$10,000.00	-	\$25,000.00
Facility Cost	\$20,000.00	\$62,000.00	\$82,000.00
City Of Titusville		\$75,000.00	\$75,000.00
Total	\$125,000.00	\$197,000.00	\$367,000.00

Projected Cash Flows

Revenues from Classes, Courses, Workshops, and Academic fees

Stream	Percentage	1st Year	2nd Year	3rd Year	4th Year
Grant Funding:	34%	\$260,000.00	\$286,000	\$314,600	\$346,060
Certifications	13%	\$100,000.00	\$110,000	\$121,000	\$133,100
Academic Support	20%	\$150,000.00	\$165,000	\$181,500	\$199,650
Workshops	8%	\$60,000.00	\$66,000	\$72,600	\$79,860
Classes and Courses	10%	\$75,000.00	\$82,500	\$90,750	\$99,825
Summer Camps	12%	\$90,000.00	\$99,000	\$108,900	\$119,790
Retail	3%	\$24,000.00	\$26,400	\$29,040	\$31,944
Total	100%	\$759,000.00	\$834,900.00	\$918,390.00	\$1,010,229.00

Costs of Classes, Courses, Workshops, and Academic fees

Stream	Percentage	1st Year	2nd Year	3rd Year	4th Year
Grant Funding:	32%	\$182,000.00	\$200,200.00	\$220,220.00	\$242,242.00
Certifications	13%	\$75,000.00	\$82,500.00	\$90,750.00	\$99,825.00
Academic Support	21%	\$120,000.00	\$132,000.00	\$145,200.00	\$159,720.00
Workshops	9%	\$54,000.00	\$59,400.00	\$65,340.00	\$71,874.00
Classes and Courses	9%	\$48,750.00	\$53,625.00	\$58,987.50	\$64,886.25
Summer Camps	13%	\$72,000.00	\$79,200.00	\$87,120.00	\$95,832.00
Retail	3%	\$16,800.00	\$18,480.00	\$20,328.00	\$22,360.80
Total	1	\$568,550.00	\$625,405.00	\$687,945.50	\$756,740.05

Projected 4yr. Cash Flow:

Stream	1st Year	2nd Year	3rd Year	4th Year
Revenues	\$959,000.00	\$1,054,900.00	\$1,160,390.00	\$1,276,429.00
Costs	\$722,550.00	\$794,805.00	\$874,285.50	\$961,714.05
Total	\$236,450.00	\$260,095.00	\$286,104.50	\$314,714.95

External Contributions

Upon acceptance by the NBEDZ, Maker Parts, Inc. (a Brevard Company that supports PBL) will contribute an initial \$65,000 in furniture, fixtures, and Equipment to assist in startup operations.

Lue Exline of cloudteam.com has similarly agreed to donate the use of the 10,000 square foot facility for the first year. This is the equivalent of a \$62,000.00 donation based upon a similar rate per square foot PBL currently pays at the other location. Mr. Exline has asked only that the property taxes be paid annually by PBL.

Payment Milestones

Payment Milestones would be divided into 4 segments, the first payment of \$40,000 upon lease signing to facilitate moving and basic facility set-up/ improvements and staffing with the balance paid in three equal segments paid upon completion of each phase as outlined in the timeline.

Evaluation and Deliverables

PBL's impact and performance can be measured in multiple ways. Monthly records are available showing BISD field trip participation and collaboration with the Space Museum, workshop attendance, class registrations, and most importantly intern placements. Additionally, CO-Launch classes and client assistance will be reported monthly.

Finally, joint presentations with NSF, SBA, and Technology companies will be held monthly targeted toward entrepreneurs, new startups and workforce development opportunities. Records of attendance to these free events will also be made available.

Quarterly reports of community activities, capstone projects, and community based workshops will be prepared in brochure form for use in promoting the North Brevard Community to prospective residents.

**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

BUDGET AND FINANCE COMMITTEE

FEBRUARY 6, 2017

NAME

ADDRESS

Stan Petz

Elizabeth Galfo MD

Robert Jordan

Billie Fitzgerald

Herman Cole

George Mikitarian

Alvino Agha MD

Maureen Repe

Mike Sitowitz

Chris McAlpine

Jeremy Bradford

Natalie Sellers

Tracy Hodgins

Pam Perez

Arnold Jackson

Tim Anderson

**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

BUDGET AND FINANCE COMMITTEE

FEBRUARY 6, 2017

NAME

ADDRESS

John Anderson

Lynne Ward

Felicia Rabstatt-Harris

Josh Field

George Korda

William Boyles

John Kencillia

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, FEBRUARY 6, 2017
2nd FLOOR, EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the December 5, 2016 meeting.
- II. Reading of the Huddle
- III. Public Comment
- IV. Open Forum for PMC Physicians
- V. 2017 Compliance Audit & Monitoring Work Plan – Mr. Jackson
Motion to approve the 2017 Compliance Audit & Monitoring Work Plan, as presented.
- VI. Attorney Report – Mr. Boyles
- VII. Other
- VIII. Executive Session (if necessary)

ADJOURNMENT

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

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

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 EXECUTIVE COMMITTEE. TO THE EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EXECUTIVE COMMITTEE AND NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

**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 December 5, 2016 in the Executive Conference Room.

The following members were present:

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

Members Absent:

Peggy Crooks (excused)

Also in attendance were the following Board members:

Elizabeth Galfo, M.D.
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 2:31 p.m.

REVIEW AND APPROVAL OF MINUTES

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 APPROVE THE MINUTES OF THE OCTOBER 3, 2016 MEETING AS PRESENTED.

READING OF THE HUDDLE

Mr. Cole read the Weekly Huddle.

Corporate Compliance

Auditing & Monitoring Work Plan Program Enhancement Objectives

Calendar Year 2017

Chief Compliance and Audit Officer



Audit Item	Reference	PMC	PMG	Responsible Party
Coding & Billing Audit ICD-10 DRG Coding E/M Coding Analysis and Audit E/M Coding Education	OIG, CMS, MAC, HMO			External Consultant & Corporate Compliance
Inpatient Admission Compliance 2-Midnight Hospital Policy	OIG, CMS, MAC			Corporate Compliance
Medicare Patient Notices Compliance Patient Appeals Right Letter Outpatient Observation Notice	CMS, MAC, COP, HMO			Corporate Compliance
Physician Financial Agreements Non-payroll Physicians Payments	OIG, DOJ			Corporate Compliance
IRS Section 501R Compliance Financial Assistance Policy Emergency Medical Policy	IRS, COP			Corporate Compliance
Non-discrimination Rule Compliance	OCR			Corporate Compliance
Off-site Medical Record Storage PHI Security Compliance	OCR, HIPAA Security Rule			HIPAA Compliance
HIPAA Security Analysis Electronic Protected Health Information	OCR, HIPAA Security Rule, Code of Federal Regulation			HIPAA Compliance

Acronym Legend:

OIG – Office of Inspector General

MAC – Medicare Administrative Contractor

DOJ – Department of Justice

OCR – Office for Civil Rights

HIPAA – Health Information Portability and Accountability Act

CMS – Centers for Medicare & Medicaid Services

COP – Conditions of Participation

IRS – Internal Revenue Service

HMO – Managed Care Health Maintenance Organization





Enterprise-Wide Compliance Program¹ - Policy Administration - Contract Administration Goals

Enterprise-wide Compliance Program	Enhancement Objectives	FSG	OIG	DOJ
Oversight & Management	A. Revise Program Plan/Charter B. Enhance Job Descriptions			
Policies & Procedures	A. Revise Code of Ethics--PHC Code B. Develop Management Compliance Handbook C. Develop Breach Response Manual			
Education & Training	A. Board Education – 2 hours per year B. Revise Compliance & HIPAA Training			
Investigation	A. Document Formal Investigation Manual B. Compliance Staff Investigation Training			
Reporting	A. Quarterly Program Report to Board of Directors			

Additional Responsibilities	Enhancement Objectives	Enterprise-wide
Policy Administration	Evaluate and Implement Electronic Policy Management System	
Contract Administration	Evaluate Contract Management Process, Enhance as Needed	

¹Regulatory Compliance, Investigations, Compliance Audit Services
Business Ethics, HIPAA Privacy and HIPAA Information Security Programs

Acronym Legend:

FSG – Federal Sentencing Guidelines OIG – Office of Inspector General DOJ – Department of Justice



PARRISH MEDICAL CENTER MEETING ATTENDANCE ROSTER

(roster will be attached to minutes)

**EXECUTIVE COMMITTEE MEETING
FEBRUARY 6, 2017**

NAME

ADDRESS

Robert Jordan

Herman Cole

Elizabeth Galfo MD

Stam Ritz

George Wilkinson

Billie Fitzgerald

Alvin Cohen MD

Kenn Loftin

Chris McAlpine

Jeremy Bradford

Natalie Sellers

Mike Sitowitz

Tracy Hodgins

Pam Perez

Amal Jackson

William Boyles

PARRISH MEDICAL CENTER MEETING ATTENDANCE ROSTER

(roster will be attached to minutes)

EXECUTIVE COMMITTEE MEETING

FEBRUARY 6, 2017

NAME

ADDRESS

John Kancilia

Georgy Kardia

Muhsen Ripe

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
FEBRUARY 6, 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 (December 5, 2016)
- V. Recognition(s)
 - A. Ricardo Rivera-Morales, MD recertified with the American Board of Internal Medicine in Pulmonary Disease.
 - B. Other
- VI. Open Forum for PMC Physicians
- VII. Public Comments
- VIII. Unfinished Business
- IX. New Business
 - A. Committee Assignments – Mr. Cole
- X. Medical Staff Report Recommendations/Announcements – Dr. Ochoa
 - A. Leave of Absence – Donna Ivery, MD, beginning February 1, 2017 - **For Information Only**
- XI. Public Comments (as needed for revised Consent Agenda)

BOARD OF DIRECTORS MEETING
FEBRUARY 6, 2017
PAGE 2

XII. Consent Agenda

A. Executive Committee

1. Recommend the Board of Directors approve the 2017 Compliance Audit & Monitoring Work Plan, as presented.

B. Finance Committee

1. Recommend the Board of Directors approve the sale lease back of 7075 North US Highway 1, Port St. John and 845 Century Medical Drive, Titusville for \$6,249,600.
2. Recommend the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

XIV. Committee Reports

A. Quality Committee – Mr. Cole

B. Budget and Finance Committee – Mr. Retz

C. Executive Committee – Mr. Jordan

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

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

XV. Process and Quality Report – Mr. Mikitarian

A. Other Related Management Issues/Information

B. Hospital Attorney - Mr. Boyles

XVI. Other

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

BOARD OF DIRECTORS MEETING
FEBRUARY 6, 2017
PAGE 3

XIX. Open Forum for Public

ADJOURNMENT

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**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 December 5, 2016 in Conference Room 2/3/4/5, First Floor. The following members were present:

Herman A. Cole, Jr., Chairman
Billie Fitzgerald
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 (excused)

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 3:06 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. Retz, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.

REVIEW AND APPROVE OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE SEPTEMBER 26, 2016 PUBLIC HEARING AND OCTOBER 3, 2016 MEETING MINUTES, AS PRESENTED.

RECOGNITIONS

Denis Perez, MD, PA-C has satisfactorily completed the 2016 Maintenance of Certification assignment.

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no public comments.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS – North Brevard Medical Support Liaison Report

Mr. Retz presented the North Brevard Medical Support Liaison report from the November 10th meeting.

Environment of Care – Annual Review

Mr. Bob Conner noted this was his final EOC review, as he was retiring at the end of the year. Mr. Cole wished him well on behalf of the Board. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Rupe and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND APPROVAL OF THE ANNUAL ENVIRONMENT OF CARE REPORT, AS PRESENTED.

Policy 9500-1036, Safety/Security Management Program

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

ACTION TAKEN: MOTION TO APPROVE POLICY 9500-1036 SAFETY/SECURITY MANAGEMENT PROGRAM, AS PRESENTED.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

Resignations

Resignations 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 Mr. Retz, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

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

- A. Executive Committee
 - 1. Motion to approve the Resolution of the Board of Directors of the North Brevard County Hospital District Regarding Amendment of the Amended and Restated Bylaws of the North Brevard County Hospital District.

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.

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 the Education Committee did not meet.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

Mr. Mikitarian noted that the Patient Safety Movement article, noting that PMC is the first in the world to commit to adopt all 12 initiatives, has run in journals in Algeria and India.

Hospital Attorney

Legal counsel had no report.

OTHER

No other business was discussed.

CLOSING REMARKS

Mr. Cole noted the next Committee and Board meetings would take place January 9, 2017, and wished everyone a Merry Christmas and Happy New Year.

OPEN FORUM FOR PUBLIC

There were no public comments made.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:18 p.m.

Herman A. Cole, Jr.
Chairman

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER**

2017 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES

BOARD OF DIRECTORS

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

OFFICERS

Herman A. Cole, Jr., Chairman
Robert L. Jordan, Jr., C.M., Vice Chairman
Peggy Crooks, Secretary
Stan Retz, Treasurer

COMMITTEES

EXECUTIVE COMMITTEE

Robert L. Jordan, Jr., C.M., Chairperson
Herman A. Cole, Jr., Vice Chairperson
Peggy Crooks, Secretary
Elizabeth Galfo, M.D., Member-at-Large
Stan Retz, CPA, Treasurer
George Mikitarian, President/Chief Executive Officer (Non-voting)

EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS

Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Maureen Rupe
Herman A. Cole, Jr. (ex-officio)
Ashok Shah, M.D.*
Aluino Ochoa, M.D., President/Medical Staff**
George Mikitarian, President/Chief Executive Officer (Non-voting)

FINANCE COMMITTEE

Stan Retz, CPA
Peggy Crooks
Herman A. Cole, Jr. (ex-officio)
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Aluino Ochoa, M.D., President/Medical Staff*
George Mikitarian, President/Chief Executive Officer (Non-voting)

PLANNING, PHYSICAL FACILITIES AND PROPERTIES COMMITTEE

Herman A. Cole, Jr. (ex-officio)
Billie Fitzgerald
Robert L. Jordan, Jr., C.M.
Maureen Rupe
Aluino Ochoa, M.D., President/Medical Staff*
George Mikitarian, President/Chief Executive Officer (Non-voting)

AUDIT COMMITTEE

Herman A. Cole, Jr. (ex-officio)
Peggy Crooks
Elizabeth Galfo, M.D.
Jerry Noffel
Stan Retz, CPA

QUALITY COMMITTEE

Herman A. Cole, Jr. (ex-officio)
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Khalid Siddiqui, M.D.
Aluino Ochoa, M.D., President/Medical Staff
George Mikitarian, President/Chief Executive Officer (Non-voting)
Pamela Tronetti, D.O. Designee/Medical Staff Review Committee
Patricia Alexander, M.D., & Kenneth McElynn, M.D., Designee/Utilization
Management/Medical Records Committee
Christopher Manion, M.D., Designee/Credentials and Medical Ethics Committee

JOINT CONFERENCE COMMITTEE

Herman A. Cole, Jr, Board Member
Peggy Crooks, Board Member
Robert L. Jordan, Jr., C.M., Board Member
Stan Retz, Board Member
Aluino Ochoa, M.D., President/Medical Staff, Chairman
Pamela Tronetti, D.O., Vice President/Medical Staff
MEC Member – To Be Determined
MEC Member – To Be Determined
George Mikitarian, President/Chief Executive Officer (Ex-Officio with Vote)

BOARD OF DIRECTORS AD HOC CREDENTIALS COMMITTEE

Jerry L. Noffel, Chairman
Herman A. Cole, Jr. (ex-officio)
Billie Fitzgerald
Ashok Shah, M.D.

BOARD LIAISON APPOINTMENTS

Joint Risk Management Committee

Ashok Shah, M.D.

Medical Staff Review Committee

Maureen Rupe

North Brevard Medical Support, Inc.

Stan Retz, CPA

*Medical Staff Representatives

**Designated as the alternate to represent Medical Staff in absence of primary delegate.
The Vice President of the Medical Staff will represent the President of the Medical Staff
in his absence at all Board meetings.

(January 27, 2017)

2017 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES
PAGE 5

SCHEDULE OF MEETINGS

Ad Hoc Credentials Review Committee Executive Session	–	First Monday TBD
Quality Committee	–	First Monday Noon
Budget and Finance Committee	–	First Monday 1:00 p.m.
Executive Committee	–	First Monday (Immediately following Budget and Finance)
Board of Directors Executive Session	–	First Monday (To commence no earlier than 1:30 p.m.)
Education Committee	–	First Monday (Immediately following Executive Session)
Planning Committee	–	First Monday (Immediately following Education Committee)
Board Meeting	–	First Monday (To begin no earlier than 3:00 p.m. or immediately following the last Committee meeting)
Audit Committee	–	TBA
Joint Conference Committee	–	TBA
Medical Executive Committee	–	Third Tuesday 6:00 p.m.
Medical Staff	–	First Tuesday March, June, September, December 6:00 p.m.

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

JANUARY 17, 2017

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held January 17, 2017, at 6:30 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Ochoa, Chairman, called the meeting to order at 6:30 pm. Dr. Ochoa welcomed the new members to the Medical Executive Committee (MEC): Dr. Richard Mayer (Diagnostic Imaging), Christopher Manion, MD (Family Practice) and Dr. Simon Symeonides (Member-At-Large). He also welcomed Jeremy Bradford (Administration Representative).

Election of Secretary-Treasurer

The floor was open for nominations for Secretary-Treasurer. Dr. Pedro Carmona was nominated. The following motion was made, seconded, and approved unanimously.

ACTION TAKEN: MOTION TO ELECT DR. PEDRO CARMONA AS SECRETARY - TREASURER.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE PREVIOUS MEETING MINUTES (December 20, 2016) AS WRITTEN AND DISTRIBUTED.

ACTION TAKEN: Noted by the Committee.

UNFINISHED BUSINESS - 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.

HCAHPS –Not Available

The HCAHPS matrix for January was not available.

ACTION TAKEN: Noted by the Committee.

Quality

The Committee reviewed the Board Quality minutes (November 7, 2016), and the Quality Value Dashboard for December 2016. Copies are appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

Thank you letter – Jess Parrish Medical Foundation

The Committee reviewed the thank you letter from the Jess Parrish Medical Foundation for the \$1,000 donation made by the Medical Executive Committee at the December 20, 2016 to the Care Partner Hardship Fund. A copy if appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

NEW BUSINESS – Composition, Duties, Meetings of the Medical Executive Committee (MEC) and 2017 Meeting Dates

The Committee reviewed the composition, duties, and meetings of the Medical Executive Committee (MEC) from the Medical Staff Bylaws and the 2017 MEC Meeting Dates. Copies are appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

Recognition(s)

The Committee reviewed the following recognition. A copy is appended to the file copy of these minutes.

- Ricardo Rivera-Morales, MD – recertified with the American Board of Internal Medicine in Pulmonary Disease.

ACTION TAKEN: Noted by Committee.

Leave of Absence – Donna Ivery, MD

The Committee reviewed a request from Donna Ivery, MD requesting a one-year leave of absence beginning February 1, 2017. A copy of the request is appended to the file copy of these minutes. The following motion was made, seconded and approved unanimously.

ACTION TAKEN: MOTION TO APPROVE A ONE-YEAR LEAVE OF ABSENCE FOR DONNA IVERY, MD BEGINNING FEBRUARY 1, 2017.

Policy 9900-67, Financial Interest

The Committee reviewed Policy 9900-67, Financial Interest and the forms for 2017 were passed out for the Committee to complete and sign. The executed copies will be an agenda item at the next meeting. A copy of the policy is appended to the file copy of these minutes.

ACTION TAKEN: Noted by Committee.

Reporting Requirement - 2016 Cardiac Catherization Procedures

The Committee will review the 2016 Cardiac Catherization Procedures Report per Policy 9900-22, Criteria for Diagnostic Cardiac Catheterization/Angiography Credentialing in February.

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* – January 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.

1. Meditech Enhancements – December 28, 2016
2. Meditech Enhancements – January 11, 2017
3. Meditech Enhancements – January 18, 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 (November 7, 2016) from the December Board of Directors packet (November 2015, FY2016). 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. Copies are appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and approved unanimously.

ACTION TAKEN: MOTION TO TABLE THE FOLLOWING CONSENT AGENDA ITEM:

- A. (TABLE) Order Sets List to retire due to inactivity

COMMITTEE REPORT(S) - None

CLINICAL DEPARTMENT REPORT(S) - None

OPEN FORUM

Dr. Barimo asked that referrals from the Pediatric Hospitalist be made to North Brevard Children's Medical Center. The Pediatric Hospitalist(s) do not have an outside office for follow-ups.

Dr. Barimo asked that the emergency room physician examine a pediatric patient before a CT is ordered by the midlevel.

The question was asked: Can Anesthesia be consulted for a pre-op assessment? The answer is yes.

The question arose regarding what is going through Risk Management and what is going to the departments?

ACTION ITEM: Medical Staff Services will bring the following policies to the next meeting:

- **9500-07 – Quality Improvement Performance Plan**
- **9500-8012 – Risk Management Plan**

MEETINGS

- A. Ad Hoc Credentials Review Committee Executive Session, February 6, 2017, Vice President - Nursing Conference Room, Time TBD
- B. Quality Committee, February 6, 2017, Executive Conference Room (ECR), Noon
- C. Budget & Finance Committee, February 6, 2017, Executive Conference Room
- D. Board of Directors Executive Committee, February 6, 2017, Executive Conference Room
- E. Board of Directors Executive Session, February 6, 2017, Executive Conference Room, (To commence no earlier than 2:00 pm)
- F. Educational, Governmental and Community Relations Committee, February 6, 2017, First Floor, Conference Center
- G. Planning, Physical Facilities and Properties Committee, February 6, 2017 First Floor, Conference Center
- H. Board of Directors, February 6, 2017, First Floor, Conference Center, (To begin no earlier than 4:30 pm immediately following the last Committee meeting).

MEDICAL EXECUTIVE COMMITTEE – REGULAR
JANUARY 17, 2017
PAGE 5

- 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, 6:00 pm.

ACTION TAKEN: Noted by the Committee.

ADJOURNMENT

There being no further business, the meeting adjourned at 6:48 pm.

Aluino Ochoa, MD
President/Medical Staff

Pedro Carmona, MD
Secretary - Treasurer



American Board
of Internal Medicine®

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12/27/2016

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Dr. Ricardo Rivera-Morales
3700 Oakhill Dr
Titusville, FL 32780-3521

Dear Dr. Rivera-Morales:

Congratulations! You have now met the requirements to recertify in Pulmonary Disease.

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



of brevard
HerCare
Modern Gynecology & Wellness

4346 S. Hopkins Ave
Titusville, FL 32780

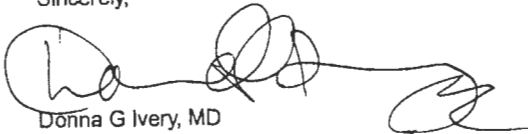
January 17, 2017

George Mikitarian, PhD
CEO, Parrish Medical Center
951 N Washington Ave
Titusville, FL 32780

Dear Mr. Mikitarian:

Happy New Year. I hope your holiday went well and all is well with you and your family.
I would like to request a leave of absence from the medical staff for a period of 1 year beginning
on Feb 1, 2017. Your consideration in this matter is greatly appreciated.

Sincerely,



Donna G Ivery, MD

www.hercareofbrevard.com

hercareofbrevard@gmail.com

321-267-3787

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MEDICAL FOUNDATION

At Parrish Health Village West
921 N. Washington Avenue
P.O. Box 2969
Titusville, Florida 32781-2969
Phone: 321-269-4066
Fax: 321-268-9658

www.parrishmedfoundation.com

January 12, 2017

Aluino Ochoa, MD
Parrish Medical Center Medical Staff
951 North Washington Avenue
Titusville, FL 32796-2111

Dear Dr. Ochoa,

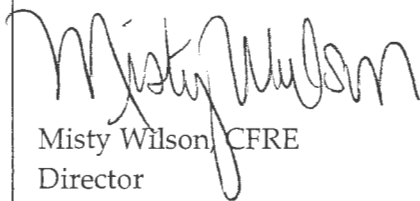
We all win! It is caring individuals like you that help us continue our vision of *Healing Families—Healing Communities®*. When the community works together, everyone benefits.

Thank you for your generous gift of \$1,000.00 to the Jess Parrish Medical Foundation. As you directed, your contribution will help ensure the success of Care Partner Hardship Fund, which confidentially assists employees who are experiencing a personal financial emergency and who have exhausted all other avenues for obtaining assistance.

Thanks to your philanthropic support we can continue our efforts to provide a significant healing impact on families in North Brevard County. For more information, please visit parrishmedfoundation.com or contact us at (321) 269-4066.

Again, thank you for making a difference and ensuring that we all win!

Sincerely,



Misty Wilson, CFRE
Director

*Thanks so much
for your continued
support!*

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