



MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Mark Storey, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – February 3, 2020

Date: January 27, 2020

The Pension Committee will meet at 10:30 a.m. in the Executive Conference room.

The Ad Hoc Credentials Review Committee will meet at 11:30 a.m. where the Committee will review credentialing and privileging files as they relate to medical staff appointment/reappointment.

The Quality Committee will convene at 12:00 p.m., which will be followed by the Budget and Finance Committee, and then Executive Committee meetings.

The Board of Directors will meet in executive session no earlier than 1:30 p.m. Following the Board of Directors Executive Session, the Education Committee and Board of Directors regularly scheduled meeting will be held immediately following, however no earlier than 3:00 p.m.

The Planning Committee meeting has been canceled.

Members:

Stan Retz, Chairperson (January 1, 2020 - December 31, 2022)
Michael Allen, Vice-Chairperson (July 1, 2019 – June 30, 2022)
Chris McAlpine (February 4, 2019 – January 31, 2022)
Julia Reyes-Mateo (July 1, 2019 – June 30, 2022)
Dawn Hohnhorst (April 1, 2019 – March 31, 2022)

PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE
FEBRUARY 3, 2020 @ 10:30 A.M.
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

- I. Public Comments
- II. Review and approval of minutes (December 2, 2019).

Motion: To recommend approval of the December 02, 2019 minutes as presented.

- III. Pension Actuarial Report as of October 1, 2019 – Mr. Bailey, Mr. Lozen,
Foster & Foster

Motion: To recommend the Budget and Finance Committee accept the Pension Plan Actuarial Valuation as of October 1, 2019.

- IV. Applicants for PAC Membership– Mr. McAlpine
- V. Adjournment

**PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE MEETING
DECEMBER 2, 2019**

The members of the Pension Administrative Committee met in the Executive Conference Room on December 2, 2019 at 11:14 a.m. The following representing a quorum, were present:

Pension Administrative Committee:

Stan Retz, Chairperson
Michael Allen, Vice-Chairperson
Chris McAlpine
Dawn Hohnhorst
Julia Reyes-Mateo
Warren Berry (absent-excused)

Others Present:

Kent Bailey, VP Finance
Pamela Perez, Recording Secretary
Tim Anderson, Anderson Financial Partners

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

Call To Order

The meeting was called to order by the Chairperson at 10:03 a.m.

Public Comments

Ms. Diana Burnett presented to the committee the following questions, with responses from the Committee in italics;

1. Have there been any changes made to the plan since the freeze?
 - a. *No*
2. Early retirement-If you retire and return to work at Parrish are you required to pay back?
 - a. *If you had elected a monthly payout and return to work at PMC, your monthly payout has to be suspended until you resign or retire again.*
 - b. *If you chose the lump sum payout, you are not eligible for rehire. In choosing the lump sum payout, you have liquidated all monies in your retirement account.*
3. What would be the “unforeseen circumstances” that would cause the plan to be terminated?
 - a. *An example would be the District would cease to exist.*
 - b. *Anderson Financial Partners confirmed that the plan is more than sufficiently funded and there are protective measures that have been in place to protect the plan in case of a catastrophic event.*

Review and Approval of Minutes

The following motion was made by Mr. McAlpine and seconded by Ms. Hohnhorst and approved without objection.

Motion: To approve the PAC minutes of October 7, 2019 meeting as presented.

Quarterly Investment Reports-Pension, 403(b) and 407(b)

Mr. Tim Anderson, Anderson Financial Partners, opened up discussion to the committee with a market commentary. Mr. Anderson presented to the Committee the Pension portfolio performance update and reviewed the 403(b) and 457(b) Investment Reports. The plans are performing well with the exception of the following on the Watch/Replace List in the 403 b plan;

- Fidelity Advisor Value

And the following on the Watch/Replace List in the 457 b plan;

- Alliance Bernstein Small Mid Cap Value A
- American Funds AMCAP R3
- Blackrock Asian Dragon Inv. A
- Cambiar Aggressive Value Inv.
- BNY Mellon International Bond A
- Fidelity Advisor Real Estate A
- Fidelity Advisor Leveraged Company Stock A
- Fidelity Advisor Stock Select All Cap A
- Invesco Comstock A
- Invesco Growth and Income A

The Pension portfolio had a fiscal year-to-date return of 1.31% and a Calendar year-to-date return of 16.98%.

Mr. Anderson recommended that an annual meeting be arranged for Metlife to present to the committee statistics related to the portfolio.

Pension Membership Renewal

Mr. McAlpine noted that Mr. Retz' membership on the committee will be expiring at the end of December 2019 and asked that his membership be renewed for another three year period.

The following motion was made by Mr. McAlpine and seconded by Ms. Hohnhorst and approved without objection.

Motion: To recommend the Budget & Finance Committee approve the renewal of membership for Stan Retz for a three-year term from January 1, 2020 through December 31, 2022..

Pension Membership Opening

Mr. McAlpine noted that there will be an opening on the Pension Administrative Committee and information on applying will be provided to the care partners.

Adjournment

There being no further business, the meeting was adjourned at 10:56 a.m.

Stan Retz, Chairman

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.
Mary Storey, M.D., President/Medical Staff
Jeram Chapla, M.D., Designee
Greg Cuculino, M.D.
Christopher Manion, M.D., Designee
Kiran Modi, M.D., Designee
George Mikitarian (non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, FEBRUARY 3, 2020
NOON
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the December 2, 2019 meeting.

II. Vision Statement

III. Public Comment

IV. "My Story"

V. Dashboard Review

VI. Joint Commission – Governance and Leadership Review

VII. Other

VIII. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE QUALITY 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 THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110. 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 SUUPPORT, 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 2, 2019 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Stan Retz, CPA
Ashok Shah, M.D.
Joseph Rojas, M.D., President/Medical Staff (12:19 p.m.)
Christopher Manion, M.D.
George Mikitarian (non-voting)

Members absent:

Gregory Cuculino M.D. (excused)
Maureen Rupe (excused)
Jeram Chapla, M.D. (excused)
Kiran Modi, 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.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Ms. Crooks, seconded by Mr. Retz and approved (9 ayes, 0 nays, 0 abstentions) Dr. Rojas was not present at the time the vote was taken.

ACTION TAKEN: APPROVE THE OCTOBER 7, 2019 MEETING MINUTES, AS PRESENTED.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

PUBLIC COMMENTS

There were no public comments.

MY STORY

Mr. Loftin shared the story of Josie King, a child who's death was due to healthcare error, adding that healthcare errors are the third leading cause of death in the United States. Mr. Loftin shared a video interview of Josie's mother, Sorrel King detailing her journey to inspire everyone in healthcare to commit to zero harm.

QUALITY DASHBOARD REVIEW

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

BAR CODE SCANNING

Mr. Loftin detailed for the committee the importance of bar code scanning for medication administration and the processes implemented at PMC. He noted that each year an estimated 7,000 deaths are linked to medication errors in the United States, and studies show a 40 percent reduction in errors with the use of bar code administration.

OTHER

There was no other business brought before the committee.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 12:47 p.m.

Herman A. Cole, Jr.
Chairman



BOARD OF DIRECTORS
QUALITY COMMITTEE PRESENTATION

Healing Families – Healing Communities®

parrishmed.com

February 2020 Quality Agenda

1. Vision Statement
2. My Story
3. Quality Dashboard
 - Interventional Cardiology
4. Joint Commission-
 - Governance and Leadership review
5. Executive Session

Quality Committee Vision Statement

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

“My Story”

Board Quality & Safety Committee

Value Dashboard

February

2020

Performance Dashboard

Description	Dec	Oct-Dec	Actual YTD (CY)	Opportunity
Zero Harm	25%	33%	49%	Stroke, Sepsis, inpatient immunization, early elective delivery
HAI	0	0	6	
Readmission	14.13%	11.03%	9.31%	
Person Centered Flow	217	216	234	
Person Experience	68.1/66.7	68.1/71.2	71/68	Overall/Recommend



Healing Families – Healing Communities®

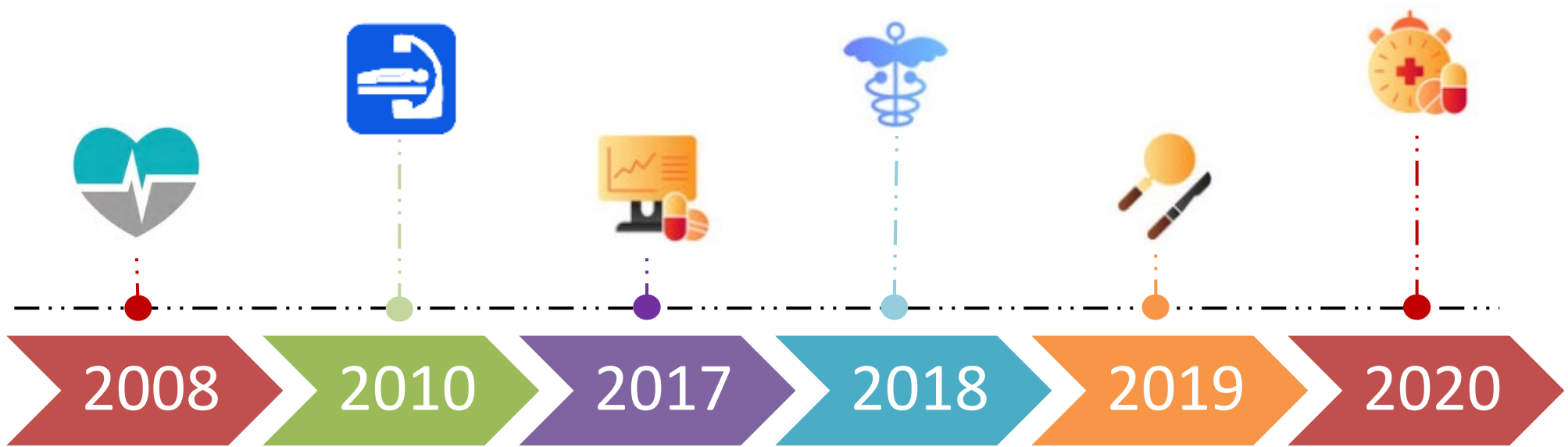
parrishmed.com

CARDIOVASCULAR CARE AND TREATMENT

Experts in the Art of Healing Your Heart, Lungs and Veins

Your Parrish Healthcare Cardiovascular team is a member of the Mayo Clinic Care Network and has a proven quality and safety track record in the prevention, diagnosis, treatment and rehabilitation of heart, pulmonary (lungs) and vascular disorders.





2008

2010

2017

2018

2019

2020

Cardiovascular Care Program
 Interventional program state approval to perform advanced heart-saving treatments

Transradial Catheterization
 Use wrist, not groin for catheter insertion. Safe, eliminate scarring, decrease bleeding complications, etc.

Angiojet
 Rapid blood clot busting/removal for quick restoration of blood flow.

Impella
 Advanced percutaneous cardiac assist device that pumps for the heart.

Penumbra
 Rapid blood clot aspiration from arteries and veins of various sizes.

Hemodialysis Circuit Maintenance
 Interventions to fix clots that build up in fistulas and grafts preventing patients from having dialysis.

NOVEMBER 5, 2018



PARRISH MEDICAL CENTER AMONG THE FIRST TO USE NEW, LEADING-EDGE CARDIOVASCULAR TECHNOLOGY— FDA-APPROVED IMPELLA CP HEART PUMP™

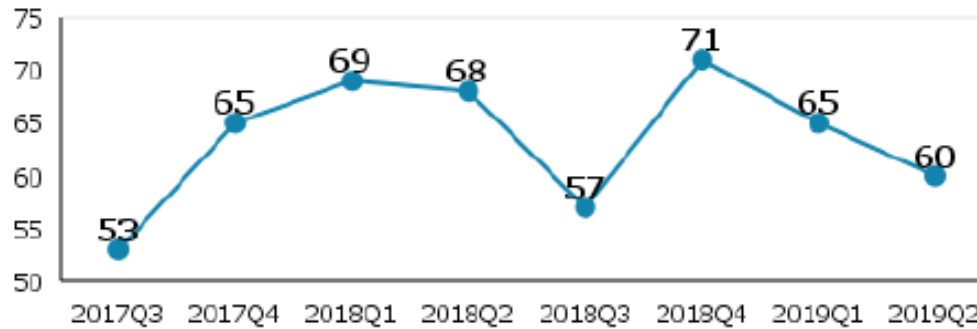
TITUSVILLE, FLA. (Nov. 5, 2018) — Parrish Medical Center is now using the new, minimally invasive technology called the Impella CP Heart Pump™. The medical device was first used by PMC's Cardiovascular team in August to reopen blocked coronary arteries of a patient who had suffered three heart attacks while in route to the emergency department.

The Impella™ is an advanced, percutaneous cardiac assist device that pumps for the heart. It allows the heart to rest during stent placement or balloon angioplasty. The device is inserted through a catheter in the patient's groin (femoral artery). This results in a much shorter recovery for patients.

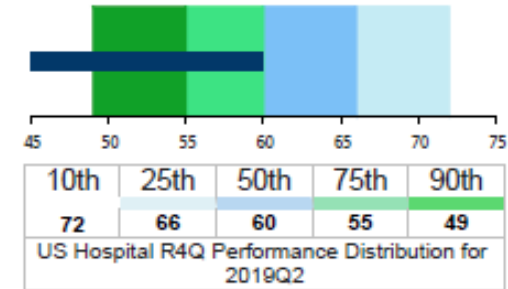
PMC's first Impella™ patient was treated well under national benchmarks of 90 minutes from arrival in the emergency room to the time the coronary artery was opened (door-to-balloon time.) More importantly, the patient experienced an excellent outcome and was able to return home to loved-ones.

"It is extremely gratifying to us to be able to provide this medically advanced cardiovascular treatment

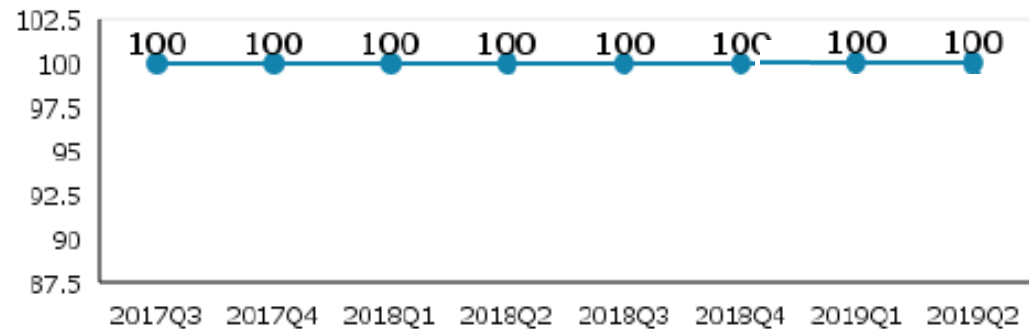
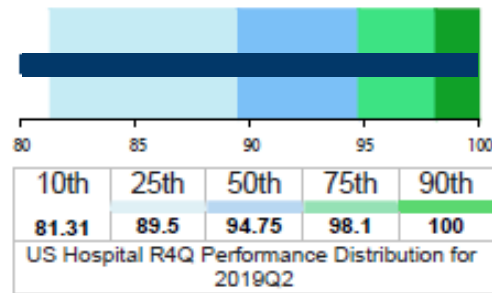
Median Time to Immediate PCI (STEMI patients)



Performance Trend



PCI within 90 minutes (STEMI patients)

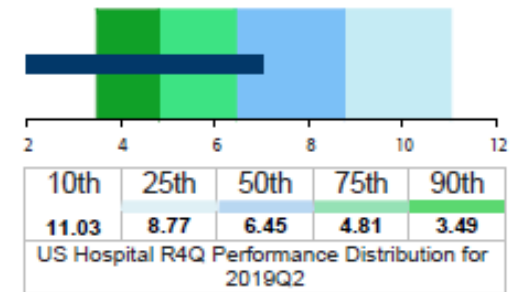


Performance Trend

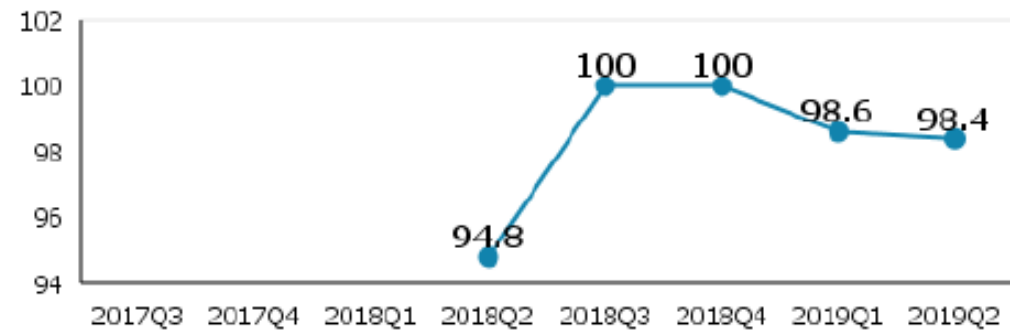
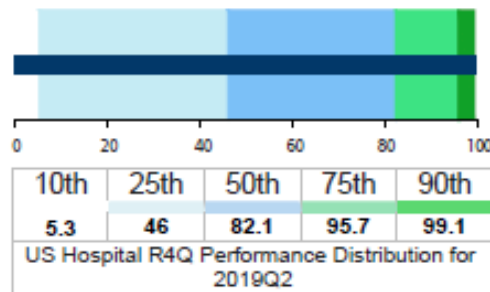
PCI in-hospital risk adjusted mortality (STEMI patients)



Performance Trend



Cardiac Rehab Referrals



Performance Trend

Cardiovascular Specialties

- Acute Myocardial Infarction (AMI), Heart Attack
- Arrhythmia, Atrial Fibrillation, Irregular Heartbeat
- Interventional and Peripheral
- Primary Stroke Care
- Heart Failure, Heart Valves
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes and Nutrition Services
- Cardiovascular Rehabilitation
- Sleep Disorders/Sleep Apnea
- Respiratory Therapy



Questions?

The Joint Commission Governance and Leadership

The safety and quality of care, treatment, and services depend on many factors, including the following:

- A culture that fosters safety as a priority for everyone who works in the hospital
- The planning and provision of services that meet the needs of patients
- The availability of resources—human, financial, and physical—for providing care, treatment, and services
- The existence of competent staff and other care providers
- Ongoing evaluation of and improvement in performance

The hospital's culture, systems, and leadership structure and relationships all come together to shape and drive its operations.

- ❖ "Leadership Structure,"
- ❖ "Leadership Relationships,"
- ❖ "Hospital Culture and System Performance Expectations,"
- ❖ "Operations."

I. Leadership Structure

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

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

- A. Culture of Safety and Quality (LD.03.01.01)
- B. Using Data and Information (LD.03.02.01)
- C. Organizationwide 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)
- G. Priorities for Performance Improvement (LD.03.07.01)
- H. Service/Process Design (LD.03.08.01)
- I. Safety Program (LD.03.09.01)
- J. Clinical Practice Guidelines (LD.03.10.01)

IV. Operations

A. Administration

(LD.04.01.01, LD.04.01.03, LD.04.01.05, LD.04.01.06, LD.04.01.07, LD.04.01.10, LD.04.01.11)

B. Ethical Issues

(LD.04.02.01, LD.04.02.03, LD.04.02.05)

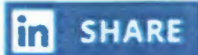
C. Meeting Patient Needs

(LD.04.03.01, LD.04.03.07, LD.04.03.09, LD.04.03.11, LD.04.03.13)

Questions?

Hospital groups call out CMS over star ratings methodology

Mackenzie Bean - Thursday, January 30th, 2020 [Print](#) | [Email](#)



CMS' [updated](#) its Overall Hospital Quality Star Ratings Jan. 28 with its existing methodology, a move several hospital groups have expressed their discontent with.

CMS has faced a range of criticism regarding the rating system's methodology, spurring the agency to delay several ratings updates since their 2016 launch. CMS [collected](#) more than 800 comments on its star ratings during a public comment period in 2019 and plans to [update](#) its methodology in 2021.

"While we appreciate that CMS is working on potential improvements to the star rating methodology for 2021, we strongly believe that today's republication of the flawed and misleading ratings do not advance the goal of providing the public with accurate, purposeful information about quality of care," Tom Nickels, executive vice president of the American Hospital Association, said in a statement to [AHA News](#).

America's Essential Hospitals also said it is "disappointed the agency continues to publicly post the ratings" in an emailed statement to [Becker's](#).

The group claims the current star ratings do not provide accurate information to guide healthcare consumers' care decisions.

In a [press release](#) announcing the star ratings update, CMS Administrator Seema Verma said Americans deserve updated information on hospitals' quality performance.

"While we look ahead to new star ratings proposals, today's updated star ratings use the existing methodology to ensure patients have the information they need," she said.

FINANCE COMMITTEE MEMBERS:

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

**TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, FEBRUARY 03, 2020
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approve of minutes (December 2, 2019)

Motion: To recommend approval of the December 2, 2019 minutes as presented.

- II. Public Comments

- III. Financial Review – Mr. Bailey

- IV. Pension Actuarial Report as of October 1, 2019 – Mr. Bailey

Motion: To recommend the Board of Directors accept the Pension Plan Actuarial Valuation as of October 1, 2019.

- V. Appointment of New Pension Committee Member- Mr. Bailey

- VI. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Budget and Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on December 2, 2019 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairperson
Peggy Crooks, Vice Chairperson
Jerry Noffel
Elizabeth Galfo, M.D. (12:57 p.m.)
Robert Jordan, Jr., C.M. (1:02 p.m.)
Billie Fitzgerald
Herman A. Cole, Jr.
Christopher Manion, M.D.
Joseph Rojas, M.D. (12:55 p.m.)
George Mikitarian (non-voting)

Member(s) Absent:
None

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

CALL TO ORDER

Mr. Retz called the meeting to order at 12:53 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Manion and approved (6 ayes, 0 nays, 0 abstentions). Dr. Galfo, Mr. Jordan and Dr. Rojas were not present at the time the vote was taken.

ACTION TAKEN: APPROVE THE OCTOBER 7, 2019 MEETING MINUTES, AS PRESENTED.

PUBLIC COMMENTS

There were no public comments.

FINANCIAL REVIEW

Mr. Bailey summarized the October 2019 financial statements.

PENSION AND INVESTMENT UPDATE

Mr. Anderson gave a brief update on the performance of the plans.

INTER-LOCAL AGREEMENT WITH HALIFAX HEALTH

Mr. Bailey summarized the memorandum contained in the packet relative to the Inter-local agreement with Halifax Health. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Cole and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE ATTACHED INTER-LOCAL AGREEMENT WITH HALIFAX HOSPITAL MEDICAL CENTER TAXING DISTRICT.

PENSION MEMBERSHIP RENEWAL FOR STAN RETZ

Ms. Crooks summarized the Pension membership renewal for Mr. Retz. Discussion ensued and the following motion was made by Mr. Jordan and seconded by Mr. Cole and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS TO APPROVE THE RENEWAL OF MEMBERSHIP FOR STAN RETZ FOR A THREE-YEAR TERM FROM JANUARY 1, 2020 TO DECEMBER 31, 2022.

DISPOSAL OF SURPLUS PROPERTY

Discussion ensued and the following motion was made by Ms. Crooks and seconded by Mr. Cole and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO 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 FS274.04 AND FS274.96.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:27 p.m.

Stan Retz
Chairperson



Healing Families – Healing Communities®

parrishmed.com

Finance Committee

FYTD December 31, 2019 – Performance Dashboard

Indicator	FYTD 2020 Actual	FYTD 20 Budget	FYTD 19 Actual
IP Admissions	1,408	1,518	1,547
LOS	4.4	4.0	4.5
Surgical Procedures	1,696	1,723	1,695
ED Visits	9,672	9,125	9,737
OP Volumes	44,481	46,134	43,509
Hospital Margin %	5.34%	5.25%	4.93%
Investment Income \$	\$3.8 million	\$0.9 million	-\$5.8 million
EBIDA Margin %	9.75%	5.51%	-20.30%
EBIDA Margin %- Excluding Invest Income	0.32%	3.26%	-1.33%

EXECUTIVE COMMITTEE

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

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, FEBRUARY 3, 2020
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes

Motion to approve the minutes of the December 2, 2019 meeting.

- II. Reading of the Huddle

- III. Public Comment

- IV. Report from Titusville City Council Liaison – Scott Larese

- V. Community Health Needs Assessment Report – Ms. Sellers

Motion to approve the Community Health Needs assessment Report 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 THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

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 2, 2019 in the Executive Conference Room. The following members were present:

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

Members Absent:
None

Also in attendance, and appointed to serve on the Executive Committee for this meeting only, were the following Board members:

Billie Fitzgerald
Jerry Noffel
Maureen Rupe (2:12 p.m.)

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 1:42 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: APPROVED THE MINUTES OF THE OCTOBER 7, 2019 MEETING AS PRESENTED.

PUBLIC COMMENT

There were no public comments.

MANAGED CARE

Mr. Waterman shared with the committee the rationale behind patients referred to individual independent labs. He noted that LabCorp is currently the reference lab for PMC. Mr. Waterman added that we are being proactive in sharing with the community that lab services at the hospital are not more expensive than services at independent labs, although that is the perception. Mr. Waterman added patients must have their blood taken at the facility of choice decided by their insurance company.

METRUS PAYMENT

Messrs. McAlpine, Loftin and Haggard (via phone) updated the committee on the ongoing discussion with Metrus Energy regarding the presentation made to PMC last year concerning energy savings. An agreement was subsequently signed with payment to be made for equipment installed based on energy savings. The study presented was prepared by Sodexo on behalf of Metrus Energy. The projected energy savings have not emerged and a third party engineer has found errors in the original study. PMC and Metrus have been working towards a resolution for payments to be made under the Agreement based on actual energy savings. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Ms. Rupe and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: THE BOARD OF DIRECTORS APPROVES A ONE-TIME PAYMENT OF \$200,000 TO METRUS REPRESENTING PROJECTED SECOND YEAR SAVINGS UNDER THE AGREEMENT WITH METRUS.

ATTORNEY REPORT

Mr. Boyles referenced the special meeting held last month. During that meeting the Board approved the audit and investigation regarding the use of Parrish Medical Center property and resources in connection with the false unauthorized practice of law complaint to the Florida Bar concerning Dr. Diligdish and also for the false August 19, 2019 Lo Tignov, Inc. letter to City and County Officials. Mr. Boyles noted that as of this meeting, the search has not revealed whether either letter originated within Parrish Medical Center or as a result of the use of its property or resources. A full report should be forthcoming at the January 6, 2020 meeting.

OTHER

Mr. Retz, Mr. Jordan and Mr. Cole read aloud the Form 8B filed at the November 4, 2019 Executive Committee meeting, recusing themselves from voting regarding certain matters related to Lo Tignov because of an appearance of a conflict of interest since each was identified in the Lo Tignov, Inc. letter. Mr. Retz also read aloud the Form 8B filed at the November 8, 2019 Special Board of Directors Meeting, recusing himself from voting regarding certain matters related to Lo Tignov because of an appearance of a conflict of interest since he was named in the Lo Tignov Inc. letter.

EXECUTIVE SESSION – STRATEGIC PLANNING

Mr. Boyles stated there is an item on the agenda that is a matter of Strategic Planning and is exempt from the open meetings law pursuant to Section 395.3035. He requested the Committee go into Executive Session to discuss this matter.

Ms. Weishaupt, Certified Shorthand Recorder, began recording at 2:29 p.m. at the beginning of the Executive Session regarding Strategic Planning.

The Strategic Planning Session concluded at 2:49 p.m. and Ms. Weishaupt stopped recording at this time.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 2:49 p.m.

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

Chairperson

Parrish Medical Center | Parrish Healthcare

2019 – 2022

**COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY**



Contents

I.	STEERING COMMITTEE MEMBERS.....	3
II.	INTRODUCTION AND BACKGROUND	4
III.	EXECUTIVE SUMMARY	4
IV.	MISSION VISION VALUES	4
V.	HOW THE IMPLEMENTATION STRATEGY WAS DEVELOPED	5
VI.	SIGNIFICANT HEALTH NEEDS ADDRESSED UNDER COMMON THEME	5
VII.	IDENTIFIED COMMUNITY HEALTH NEEDS	7
VIII.	CARE NAVIGATION FOCUSING ON BODY-WELLNESS-MIND.....	10
A.	Why Care Navigation is Critical to Implementation Strategy	10
B.	Focus on Body-Wellness-Mind.....	10
IX.	Conclusion.....	15

DRAFT

I. STEERING COMMITTEE MEMBERS

Parrish Medical Center | Parrish Healthcare

- Susan Bentley, Care Navigator
- Kiara Buckner, Communications Coordinator
- Valerie Carver, Client Health Navigator
- LeeAnn Cottrell, Executive Director, Information Governance
- Paul Fender, Manager Process Improvement
- Laurel Ivy, Care Navigator
- Heather Minnear, Care coordinator RN
- Peggy McLaughlin, Care Navigator
- Edwin Loftin, Sr. VP Acute Care
- Chris McAlpine, Sr. VP, Transformation
- Natalie Sellers, VP Communications/Community & Corporate Services
- Kristina Weaver, Director Care Navigation
- Community Health Partners (CHP) Members include, but are not limited to, representatives from:

2-1-1 Brevard, Inc.	Brevard C.A.R.E.S.
Brevard County	Cancer Centers of Brevard
CareerSource Brevard	Circles of Care, Inc.
First United Methodist Church of Titusville	Hospice of St. Francis
Fl. Dept. of Health in Brevard County	Indian River Medical Office
Indian River City United Methodist Church	North Brevard Medical Support, Team Health
MedFast Urgent Care Centers, LLC	OMNI Healthcare
North Brevard Children’s Medical Center	Park Avenue Baptist Church
Women’s Center	Parrish Medical Center Emergency Dept.
Parrish Medical Center	Parrish Occupational Health Clinic & Pharmacy
Parrish Medical Group	REF Nurse LLC
Parrish Senior Consultation Center	St. James AME Church
St. Francis Pathways to Healthcare	United Way of Brevard County

II. INTRODUCTION AND BACKGROUND

According to federal health reform legislation not-for-profit hospitals must conduct a Community Health Needs Assessment (CHNA) once every three years and develop a plan to meet the health needs of the community served. The federal guidelines require that the CHNA and Implementation Plan be adopted by an authorized governing body of the hospital before the last day of the taxable year or previous two taxable years. If needed, the Implementation Plan has an additional four and a half months for adoption after the end of the taxable year in which the hospital facility is required to complete its CHNA report. In compliance with the federal guidelines, PMC is pleased to present the following CHNA and Implementation Plan, which has been reviewed and approved by the North Brevard County Hospital District Board of Directors on February 3, 2020.

III. EXECUTIVE SUMMARY

North Brevard County Hospital District, d/b/a Parrish Medical Center, is an independent, not-for-profit; public community hospital founded nearly 60 years ago by the State of Florida. Parrish Medical Center, now known as Parrish Healthcare, has grown from a 28-bed single story hospital to an integrated network of healthcare providers. Parrish Healthcare includes:

- Parrish Medical Center: a Mayo Clinic Care Network member and a 210-bed acute care hospital
- Parrish Healthcare Centers: featuring outpatient diagnostics, urgent care, physician offices and other services
- Parrish Medical Group: a NCQA-certified multi-specialty physician group featuring primary care and specialty care practices throughout North Brevard County
- Parrish Medical Group Diagnostics: retail-based diagnostics
- Parrish Health & Fitness Center: a comprehensive medical wellness center
- Parrish Home Health Care
- Parrish Sleep Center
- Parrish Wound Healing Center
- Parrish Health Network®: a regional network of healthcare providers, services, and insurers.

IV. MISSION VISION VALUES

Mission | Healing Experiences For Everyone All The Time®

Vision | Healing Families—Healing Communities®

Values | Safety, Loyalty, Integrity, Compassion, Excellence, Stewardship

V. HOW THE IMPLEMENTATION STRATEGY WAS DEVELOPED

The implementation strategy was developed after the comprehensive Community Health Needs Assessment (“CHNA”) was completed. The CHNA was approved during a special meeting of the Board of Directors held on Monday, September 23, 2019. The full CHNA report may be found at the following link: www.parrishhealthcare.com/communitybenefit. Strategies and action plans were developed based on a consensus among steering committee members after input from each of the respective disciplines, including Parrish’s Community Health Partners (CHP), which functions as a community advisory panel.

Parrish Healthcare has created three broad categories of significant health needs –Body, Wellness and Mind –and formed subgroups under each category pertaining to each health need addressed in the CHNA. Parrish Healthcare has developed specific action plans to address the significant health needs of the community served, identified below:

VI. SIGNIFICANT HEALTH NEEDS ADDRESSED UNDER COMMON THEME

Parrish Healthcare’s significant health needs are being addressed under Body-Wellness –Mind as the common theme.

1. Body
 - a. Cancer
 - b. Respiratory Diseases
 - c. Heart Disease and Stroke
 - d. Diabetes
2. Wellness
 - a. Oral Health
 - b. Nutrition, Physical Activity and Weight
 - c. Tobacco Use
3. Mind
 - a. Mental Health
 - b. Substance Abuse
 - c. Injury and Violence

The only significant health needs not included in any one specific category above are “Access to Healthcare,” and “Potentially Disabling Conditions” because they are incorporated into *each or most* of the significant health needs identified. According to Healthy People, a program of nationwide health-promotion and disease-prevention goals set by the United States Department of Health and Human Service, access to quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It generally requires three distinct steps:

1. Gaining entry into the health care system (usually through insurance coverage);
2. Accessing a location where needed health care services are provided (geographic availability); and
3. Finding a health care provider whom the patient trusts and can communicate with (personal relationship).

Parrish Healthcare's integrated care model serves to address and/or remove barriers to health services:

- Cost of care
 - ✓ Parrish is the area's lowest cost provider
- Inadequate or no insurance coverage
 - ✓ Parrish affiliates with most insurances
 - ✓ Parrish offers financial assistance to qualified patients and helps patients with no insurance to qualify for Medicaid, Medicare or other means of coverage.
- Lack of availability of services
 - ✓ Parrish Medical Center offers acute care services
 - ✓ Parrish Medical Group (PMG) offers primary and specialty care providers
 - ✓ Parrish Health Network (PHN) provides community access to providers of most medical specialties and continuously serves to close gaps in care.
 - ✓ Parrish Medical Center (PMC) maintains membership in the Mayo Clinic Care Network, which offers community access to tertiary care specialists.
 - ✓ Parrish Home Health provides access to care upon transition to the home.
 - ✓ Parrish Health & Fitness Center provides health and wellness access.
- Lack of culturally competent care
 - ✓ Parrish Medical Center/Parrish Healthcare serves as the nation's first to earn the Joint Commission's Integrated Care certification. Culturally competent care is among the standards required to be met to earn the certification.

Given the importance of access to healthcare as described above, Parrish Healthcare has made addressing access to healthcare a top priority, including initiatives in each of the healthcare needs addressed herein. Also, given that potentially disabling conditions may be a result of access to healthcare deficiencies, Parrish Healthcare includes initiatives in each (or most) of the significant health needs addressed herein.

VII. IDENTIFIED COMMUNITY HEALTH NEEDS

The significant health needs that have been identified in the CHNA are as listed below. The description of each health need set forth below was taken from the CHNA report. Please refer to the full CHNA report for further information regarding each health need.

1. **Heart Disease and Stroke.** Controlling risk factors for heart disease and stroke remain a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. Three health-related behaviors which contribute markedly to cardiovascular disease include: poor nutrition, lack of physical activity and tobacco use. In fact, 9 in 10 Primary Service Area adults report one or more cardiovascular risk factors, such as being overweight, physically inactive or having high blood pressure or cholesterol.
2. **Access to Healthcare.** Around half of Primary Service Area adults report having healthcare coverage through private insurance. Another 38% report having coverage via a government-sponsored program (e.g., Medicaid, Medicare, military benefits). Around 12% report not having health insurance coverage. Outside of insurance, some individuals have difficulty accessing needed healthcare due to lack of physician availability or high cost of services.
3. **Potentially Disabling Conditions.** Among the Primary Service Area respondents, most report having at least one chronic health condition. In fact, 48% of Primary Service Area adults report having three or more chronic conditions. Compared with people without disabilities, people with disabilities are more likely to: have trouble getting healthcare, be overweight, have lower employment, use tobacco and receive dental care. Other disabling conditions reported the Primary Service Area is a high rate of arthritis and rheumatism, as well as issues with vision, hearing and dementia.
4. **Cancer.** Although there are continued advances in cancer research, detection and treatment, cancer remains a leading cause of death in the U.S., second to only heart disease. Cancer-related checkups are recommended during routine doctors' visits. Community screening levels were measured relative to three cancer sites: (i) female breast cancer (mammography); (ii) cervical cancer (Pap smear); and (iii) colorectal cancer (sigmoidoscopy and fecal occult blood test). Among women age 50-74, almost two-thirds have had a mammogram within the past two years, which is lower than U.S. and Florida findings. Among Primary Service Area women age 21 to 65, 72.5% have had a pap smear within the past 3 years. Among adults age 50-75, 71.6% have had a colorectal screening – which marks an unfavorable decline in screening since 2016.

5. **Respiratory Disease.** Asthma and chronic obstructive pulmonary disease (“COPD”) are significant public health burdens. Specific methods of detection, intervention and treatment exist that may reduce this burden and public health. The burden of such respiratory diseases affects individuals, their families and their communities. Acute respiratory infections, such as pneumonia and influenza, and the eighth leading cause of death in the nation.
6. **Diabetes.** The rate of diabetes mellitus continues to increase in the United States and throughout the world. This disease (i) can lower life expectancy by up to 15 years, (ii) increase the risk of heart disease by 2 to 4 times, and (iii) is the leading cause of kidney failure, lower limb amputations and adult-onset blindness. People from minority populations are more frequently affected by type 2 diabetes and minority groups constitute 25% of all adult patients with diabetes in the U.S. In the primary service area, 14.6% of adults have been diagnosed with diabetes and was described by some as a “major problem” in the community.
7. **Nutrition, Physical Activity/Weight.** Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Diet and weight are related to health status. Generally, most Americans need to improve some aspect of their diet. Physical activity can also improve the health and quality of life in humans, regardless of disease or disability. Around half of adults nationwide receive enough aerobic activity per day. Seven out of ten adults in the Primary Service Area are overweight.
8. **Mental Health.** Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to participate in health-promoting behaviors. While most Primary Service Area adults rate their overall mental health favorably, 17.6% believe their mental health is “fair” or “poor.” More than one quarter of Primary Service Area adults have been diagnosed by a physician as having a depressive disorder. Further, many Primary Service Area adults experience signs of chronic depression and varying levels of stress. Among those rating mental health as a “major problem” in the community, cite reasons which include: (i) limited providers, (ii) limited substance detox programs; (iii) cost; (iv) wait time to see a provider; and (v) insurance barriers.
9. **Substance Abuse.** Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative health outcomes. The effects of substance abuse are cumulative, and can significantly contribute to social, physical, and public health problems. Advances in research have led to evidence-based strategies to effectively address substance abuse. In the community, heroin/other opioids and alcohol were identified as the most problematic.

10. **Tobacco Use.** Tobacco use is the single most preventable cause of death and disease in the United States. Tobacco use can cause: cancer, heart disease, lung disease and premature birth. Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages.
11. **Injury and Violence.** Injuries are the leading cause of death for Americans ages 1 to 44 and a leading cause of disability for all ages regardless of sex, race/ethnicity or socioeconomic status. In fact, injuries and violence have a significant impact on the well-being of Americans by contributing to: premature death, disability, poor mental health, high medical costs and low productivity. Interventions addressing these social and physical factors have the potential to prevent unintentional violence and injuries.
12. **Oral Health.** Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions or show feelings and emotions. There has been significant improvement in oral health over the last 50 years in the United States. Social determinants affect oral health. Namely, people with lower levels of education and income, and people from specific racial/ethnic groups have higher rates of disease. Further, people with disabilities and other health conditions, such as diabetes, are more likely to have poor oral health.

DRAFT

VIII. CARE NAVIGATION FOCUSING ON BODY-WELLNESS-MIND

A. Why Care Navigation is Critical to Implementation Strategy

The goals of a patient care navigation program are to: (a) link patients and families to primary care services, specialist care, and community-based health and social services; (b) provide more holistic patient-centered care; and, (c) identify and resolve patient barriers to care.

As the nation's first certified integrated care system,¹ we are proud to be a leader in transforming healthcare from fragmented care to coordinated, collaborative care. We do this through our unwavering commitment to our mission, vision and values, and to continuous improvement. As part of our integrated care model, we implemented many effective strategies to meet the needs of the people and communities we serve.

Among these strategies is our Care Navigation Program. Our Care Navigators (who help guide patients through the healthcare system and work to overcome obstacles that are in the way of the patient receiving the care and treatment they require) have proven to be effective with patients and families fighting cancer, as well as those learning to live with diabetes, heart failure, chronic obstructive pulmonary disease, sleep disorders, among other chronic and potentially disabling conditions.

The team offers interventions to self-management care through: (a) cost-effective patient education and support that fosters adherence to the self-management regimen; (b) care coordination, linking the services of Primary Care Physicians, navigator, and community resources; and (c) motivation techniques to engage patients in diabetes (or other chronic condition) self-management.

B. Focus on Body-Wellness-Mind

Parrish Healthcare developed its care navigation program within a body-wellness-mind framework. This approach extends beyond the traditional disease focused model, to one that is holistic. A holistic model is a whole person model, a body-wellness-mind approach which recognizes the interplay of exercise, nutrition, environment, stress, and other factors, on one's overall health. Moreover, a holistic model empowers patients and incorporates a philosophy of wellness at any stage of care.

To that end, the health needs to be addressed during the period of this Implementation Strategy are grouped into body, wellness and mind categories, as more fully described as follows:

¹ Integrated care certification was awarded by The Joint Commission, an independent, not-for-profit organization that accredits and certifies nearly 21,000 healthcare organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. Parrish Healthcare's first integrated care certification was earned in 2016, and was recertified in 2019.

BODY

Parrish healthcare intends to understand the following initiatives to address the significant health needs identified relating to health issues affecting the body include (a) cancer; (b) respiratory disease; (c) heart disease and stroke; and (d) diabetes.

Planned Actions	Cancer	Respiratory Disease	Heart Disease & Stroke	Diabetes
Maintain Joint Commission Integrated Care Certification.	✓	✓	✓	✓
Maintain national quality accreditations (e.g. Primary Stroke, Commission on Cancer).	✓		✓	
Utilize community outreach mechanisms to raise awareness and educate the North Brevard county adult population about available resources.	✓	✓	✓	✓
Utilize evidence-based health screenings and risk assessments within community, primary care, hospital, and post-acute settings.	✓	✓	✓	✓
Utilize care navigator program to offer interventions to care through: (a) cost-effective patient education and support that fosters adherence to the self-management regimen; (b) care coordination, linking the services of Primary Care Physicians and other community resources; and (c) motivation techniques to engage patients in care management.	✓	✓	✓	✓
Collaborate with area providers and coordinate care within Parrish Healthcare’s integrated care delivery system (e.g. PHN, PMG, Mayo, etc.).	✓	✓	✓	✓
Utilize evidence-based state, regional and national resources such as National Patient Safety Foundation, Mayo Clinic Care Network to develop policies, protocols, and training for care partners (employees, medical staff, volunteers).	✓	✓	✓	✓
Operate comprehensive cancer program including outpatient Parrish Cancer.	✓			
Anticipated Impact	Cancer	Respiratory Disease	Heart Disease & Stroke	Diabetes
Increase in proportion of North Brevard adult population who complete an age, gender, condition-specific health risk assessment and screening and receive referrals to needed resources.	✓	✓	✓	✓
Improved community perception of access to providers and services.	✓	✓	✓	✓
Increase in early detection of disease among population served.	✓	✓	✓	✓

Planned Resources	Cancer	Respiratory Disease	Heart Disease & Stroke	Diabetes
Health and social service providers either through direct employ or via PHN (E.g. primary care, oncologists, radiologists, pulmonologists, cardiologists, endocrinologists, etc.).	✓	✓	✓	✓
Care Navigator program.	✓	✓	✓	✓
Educational, awareness raising materials.	✓	✓	✓	✓
People, time, resources for outreach activities (health fairs, screening events, support groups, workshops, in-kind/cash donations, etc.).	✓	✓	✓	✓
Post-Acute Rehab Services.	✓	✓	✓	✓
Sleep Disorders Center and respiratory therapy.	✓	✓	✓	✓
People, time, resources for advocacy and building community activities and civic, governmental board involvement (e.g., Economic Development Commission, Vizient, Joint Commission, American Lung, American Heart, American Cancer, etc.).	✓	✓	✓	✓
Planned Collaboration	Cancer	Respiratory Disease	Heart Disease & Stroke	Diabetes
Parrish Healthcare primary care, specialists, tertiary providers (PMG, PHN).	✓	✓	✓	✓
Area University Student Programs (E.g. graduate nursing, etc.).	✓	✓	✓	
Community Health Partnership members (e.g. law enforcement, city and county government, schools, churches, social services, etc.).	✓	✓	✓	✓
Area advocacy groups (E.g. Commission on Cancer, State legislators, etc.).	✓		✓	
Measurements Factors	Cancer	Respiratory Disease	Heart Disease & Stroke	Diabetes
HealthAware risk assessment completion rates (community)	✓	✓	✓	✓
HEIDS data (primary care setting)	✓	✓	✓	✓
CMS Core Set compliance (acute care setting)	✓	✓	✓	✓
Care Navigation program enrollment data	✓	✓	✓	✓
No. of early detection screenings performed	✓	✓	✓	✓
Referral data	✓	✓	✓	✓
Community Benefit Inventory for Social Accountability (CBISA)	✓	✓	✓	✓
Communications (media) metrics (e.g. reach, frequency)	✓	✓	✓	✓

WELLNESS

Parrish Healthcare intends to undertake the following initiatives to address the significant health needs identified relating to health issues affecting the body, including: (a) oral health; (b) nutrition, physical activity and weight; and (c) tobacco use.

Planned Actions	Oral Health	Nutrition, Physical Activity/Weight	Tobacco Use
Maintain Joint Commission Integrated Care Certification.	✓	✓	✓
Utilize community outreach mechanisms to raise awareness and educate the North Brevard county adult population about available resources.	✓	✓	✓
Utilize evidence-based health screenings and risk assessments within community, primary care, hospital, and post-acute settings.	✓	✓	✓
Utilize care navigator program to offer interventions to care through: (a) cost-effective patient education and support that fosters adherence to the self-management regimen; (b) care coordination, linking the services of Primary Care Physicians and other community resources; and (c) motivation techniques to engage patients in care management.	✓	✓	✓
Collaborate with area providers and coordinate care within Parrish Healthcare’s integrated care delivery system (e.g. PHN, PMG, Mayo, etc.).	✓	✓	✓
Utilize evidence-based state, regional and national resources such as National Patient Safety Foundation, Mayo Clinic Care Network to develop policies, protocols, and training for care partners.	✓	✓	✓
Operate comprehensive Health & Fitness Center.		✓	
Anticipated Impact	Oral Health	Nutrition, Physical Activity/Weight	Tobacco Use
Increase in proportion of North Brevard adult population who complete an age, gender, condition-specific health risk assessment and screening and receive referrals to needed resources.	✓	✓	✓
Improved community perception of access to providers and services.	✓	✓	✓
Increase in early detection of disease among population served.	✓	✓	✓
Planned Resources	Oral Health	Nutrition, Physical Activity/Weight	Tobacco Use
Health and social service providers either through direct employ or via PHN (e.g. primary care, health & fitness specialists, etc.).	✓	✓	✓
Care Navigator program.	✓	✓	✓
Educational and awareness raising materials.	✓	✓	✓
People, time, resources for outreach activities (health fairs, screening events, support groups, workshops, in-kind/cash donations, etc.).	✓	✓	✓
People, time, resources for advocacy and building community activities and civic, governmental board involvement (e.g., Economic Development Commission, Vizient, Joint Commission, American Lung, American Heart, American Cancer, etc.).	✓	✓	✓
Collaborate with area providers and coordinate care within Parrish Healthcare’s integrated care delivery system (e.g. PHN, PMG, Mayo, etc.).	✓	✓	✓

Planned Collaboration	Oral Health	Nutrition, Physical Activity/Weight	Tobacco Use
Parrish Healthcare primary care, specialists, tertiary providers (PMG, PHN).	✓	✓	✓
Area University Student Programs (e.g. graduate nursing, etc.).	✓	✓	✓
Community Health Partnership members (e.g. law enforcement, city and county government, schools, churches, social services, etc.).	✓	✓	✓
Area advocacy groups (e.g. Commission on Cancer, State legislators, etc.).	✓		✓
Measurements Factors	Oral Health	Nutrition, Physical Activity/Weight	Tobacco Use
HealthAware risk assessment completion rates (community)	✓	✓	✓
HEIDS data (primary care setting)	✓	✓	✓
CMS Core Set compliance (acute care setting)	✓	✓	✓
Care Navigation program enrollment data	✓	✓	✓
No. of early detection screenings performed	✓	✓	✓
Referral data	✓	✓	✓
Community Benefit Inventory for Social Accountability (CBISA)	✓	✓	✓
Communications (media) metrics (e.g. reach, frequency)	✓	✓	✓

MIND

Parrish Healthcare intends to undertake the following initiatives to address the significant health needs identified relating to health issues affecting the mind, including: (a) mental health; (b) substance abuse; and (c) injury and violence.

Planned Actions	Mental Health	Substance Abuse	Injury & Violence
Maintain Joint Commission Integrated Care Certification	✓	✓	✓
Utilize community outreach mechanisms to raise awareness and educate the North Brevard county adult population about available resources.	✓	✓	✓
Utilize evidence-based health screenings and risk assessments within community, primary care, hospital, and post-acute settings.	✓	✓	✓
Utilize care navigator program to offer interventions to care through: (a) cost-effective patient education and support that fosters adherence to the self-management regimen; (b) care coordination, linking the services of Primary Care Physicians and other community resources; and (c) motivation techniques to engage patients in care management.	✓	✓	✓
Collaborate with area providers and coordinate care within Parrish Healthcare's integrated care delivery system (e.g. PHN, PMG, ect).	✓	✓	✓
Utilize evidence-based state, regional and national resources such as Vizient Southeast to develop policies, protocols, and training for care partners (employees, medical staff, volunteers); e.g. safe prescribing protocols, zero harm policy, etc.	✓	✓	✓

Anticipated Impact	Mental Health	Substance Abuse	Injury & Violence
Increase in proportion of North Brevard adult population who complete an age, gender, condition-specific health risk assessment and screening and receive referrals to needed resources	✓	✓	✓
Improved community perception of access to providers and services.	✓	✓	✓
Reduce the amount of opioids being prescribe outside of safe-prescribing protocols.	✓	✓	✓
Planned Resources	Mental Health	Substance Abuse	Injury & Violence
Health and social service providers either through direct employ or via PHN (e.g. psychiatrist, peer recovery specialists, primary care, etc)	✓	✓	✓
Care Navigator program	✓	✓	✓
Educational , awareness raising materials	✓	✓	✓
People, time, resources for advocacy and building community activities and civic, governmental board involvement (e.g., Economic Development Commission, Vizient, Joint Commission, etc.)	✓	✓	✓
Planned Collaboration	Mental Health	Substance Abuse	Injury & Violence
Parrish Healthcare primary care, specialists, tertiary providers (PMG, PHN)	✓	✓	✓
Area University Graduate Student Programs (e.g. Florida Tech Psychology Students, graduate nursing, etc.)	✓	✓	✓
Community Health Partnership members (e.g. law enforcement, city and county government, schools, churches, social services, etc.)	✓	✓	✓
Area advocacy groups (Brevard Youth Mental Health Task Force, Eckerd Foundation, Hannah's Hero's)	✓	✓	✓
Area behavioral health providers and detox centers (e.g. Palm Point, Doctors' Goodwill, etc.)	✓	✓	✓
Measurements Factors	Mental Health	Substance Abuse	Injury & Violence
HealthAware risk assessment completion rates (community)	✓	✓	
HEIDS data (primary care setting)	✓	✓	
CMS Behavioral Health Core Set compliance (acute care setting)	✓	✓	
Care Navigation program enrollment data	✓	✓	✓
Referral data	✓	✓	✓
Incident reports (e.g. RL solutions)			✓
Community Benefit Inventory for Social Accountability (CBISA)	✓	✓	✓
Communications (media) metrics (e.g. reach, frequency)	✓	✓	✓

IX. Conclusion

Written comments regarding the CHNA or the implementation Strategy may be submitted to Parrish Healthcare by contacting communications@parrishmed.com, or calling 321.268-6110, or by mail to:

Parrish Healthcare
 Communications Department
 951 N. Washington Avenue
 Titusville, FL 32796

EDUCATION COMMITTEE

Billie Fitzgerald, Chairperson
Herman A. Cole, Jr. (ex-officio)
Elizabeth T. Galfo, M.D.
Maureen Rupe
Ashok Shah, M.D.
Mark Storey, 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 3, 2020
IMMEDIATELY FOLLOWING EXECUTIVE SESSION
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

I. Review and Approval of Minutes

Motion to approve the minutes of the December 2, 2019 meeting.

II. Vizient Inc., Person and Family Engagement – Mr. Loftin

III. Other

IV. 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 THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

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
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS
COMMITTEE**

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on December 2, 2019, at 4:35 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

Billie Fitzgerald, Chairperson
Herman A. Cole, Jr.
Maureen Rupe
Ashok Shah, M.D. (4:36 p.m.)
Joseph Rojas, M.D.
Elizabeth T. Galfo, M.D. (4:37 p.m.)
George Mikitarian (non-voting)

Member(s) Absent:
None

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

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 4:35 p.m.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Mr. Cole, seconded by Mr. Jordan, and approved (4 ayes, 0 nays, 0 abstentions). Dr. Galfo and Dr. Shah were not present at the time the vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF OCTOBER 7, 2019 MEETING, AS PRESENTED.

COMMUNITY HEALTH PRESENTATION

Ms. Weaver presented to the committee on the Care Navigation program, and how this program is evolving the Integrated Care program to reach outside the four wall of Parrish Medical Center and into the community we serve. This program reaches individuals in need of assistance and education before they become a patient.

OTHER

No other items were presented.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:46 p.m.

Billie Fitzgerald
Chairperson

Person and Family
Engagement-integrated
Quality and Safety
Change Package

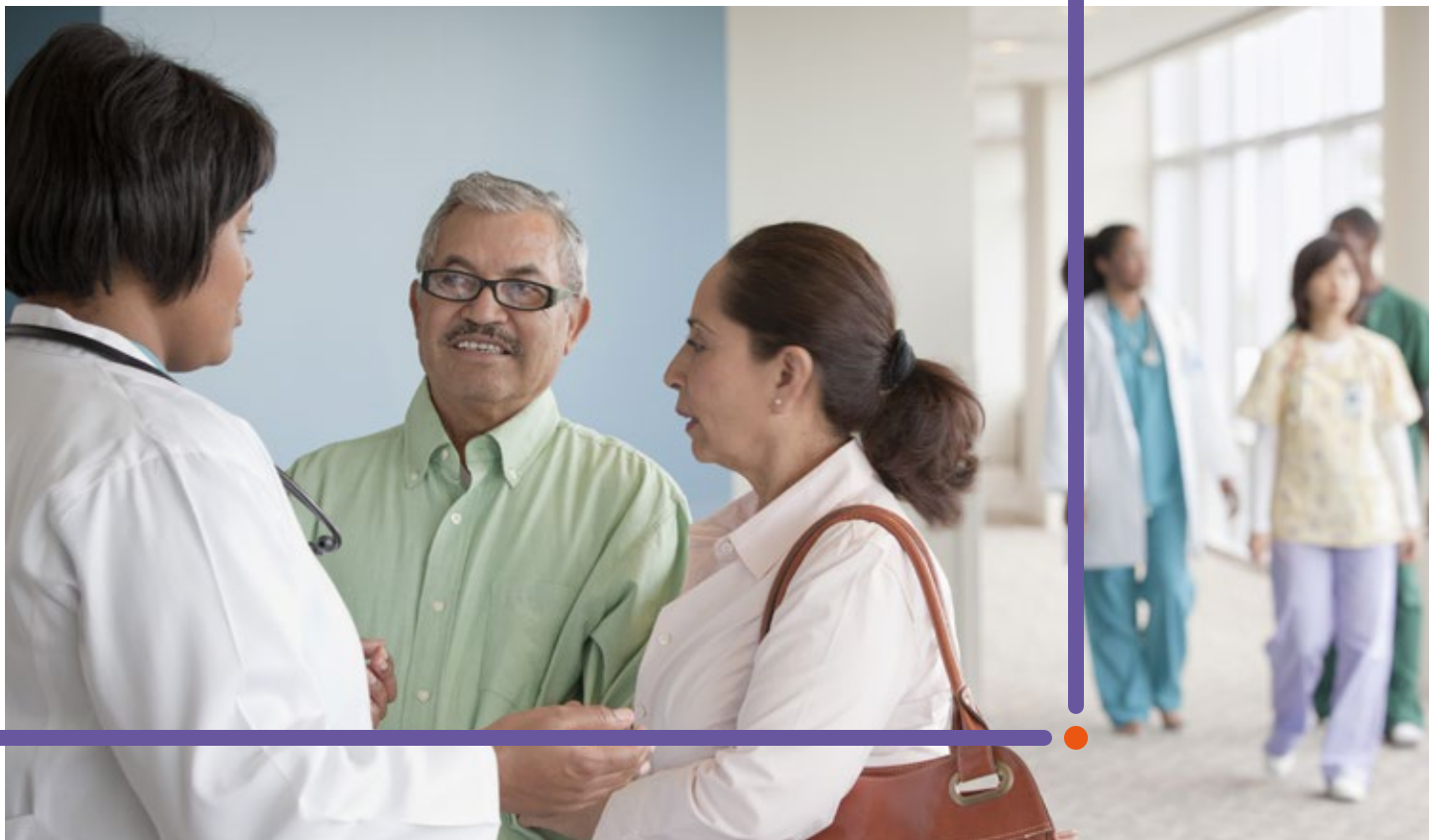


Table of contents

Introduction	3
Executive summary	3
Drivers of success.	4
Change package	5
Driver #1: PFE programs are managed as a strategic priority with board oversight.	6
Driver #2: PFAs are embedded in quality, safety and operational improvement efforts.	8
Driver #3: PFE programs are leveraged to foster continuous learning and innovation.	10
Project resources	11
Funding	11
References	11
Contributors	12

Introduction

The Centers for Medicare & Medicaid Services (CMS) Hospital Improvement Innovation Network (HIIN) is the first quality improvement program of its kind—a national program with a clear and direct focus on improving hospital quality and safety that uses person and family engagement (PFE) as a major change accelerator. With more than 4,000 hospital participants, the HIIN measures PFE by process indicators that promote engagement activities along the continuum of care. The Partnership for Patients Strategic Vision Roadmap for PFE outlines the five PFE metrics used to evaluate network performance of patient engagement at the point of care, organizational policy and protocol, and governance levels.¹

The HIIN PFE metrics include:

1. Hospital has a planning checklist that is discussed with every patient who has a scheduled admission.
2. Hospital conducts shift change huddles or bedside reporting with patients and family members in all feasible cases.
3. Hospital has a designated individual(s) with leadership responsibility and accountability for PFE.
4. Hospital has an active patient and family advisory council (PFAC) or at least one patient who serves on a patient safety or quality improvement committee or team.
5. Hospital has one or more patient(s) who serve on a governing and/or leadership board as a patient representative.

The Vizient® HIIN, one of 16, comprises 266 hospitals. As part of its work, the Vizient HIIN conducted an analysis to investigate whether hospitals reporting a higher implementation rate of the five HIIN PFE metrics also demonstrate better quality and safety results. Findings demonstrate a correlation between PFE being fully implemented and improvements in clinical outcomes; findings also identified specific activities and processes that most impact those improvements. This change package synthesizes the common themes observed at high-performing PFE hospitals and delineates a road map of leading practices and innovative approaches hospitals and health systems can use for quality, safety and operational improvements.

Executive summary

Person and family engagement (PFE), also referred to as patient and family engagement, is an approach to health care delivery and quality improvement that fosters partnerships with patients and families to drive clinical outcomes. Traditional health care improvement efforts have primarily relied on quality professionals and clinician teams to change processes for the betterment of patient outcomes, leaving out a key piece of the puzzle—health care consumers. A more holistic approach is now taking hold; health care organizations are using PFE to advance quality and safety. Although evidence is growing to support PFE as an outcomes improvement strategy, a lack of consensus continues in understanding the evidence of effective ways to increase adoption of PFE practices in

relationship to achievement of improved outcomes. This is partly due to the lack of scientific evidence showing the relationship between PFE and outcomes improvement.

A new Vizient report, “Examining the Relationship Between High-performing Person and Family Engagement Hospitals and Quality and Safety Performance,” however, demonstrated a statistical correlation between PFE and clinical outcomes improvements.² Analysis of quantitative data showed an above-average correlation of PFE implementation and outcomes improvement for patient falls with injury and 30-day potentially unplanned readmissions, the two quality and safety areas where patients and families were most frequently engaged in improvement efforts.

To understand how high-performing hospitals and health systems are deploying PFE in outcomes improvement, a thematic analysis was conducted of the qualitative data collected through participant interviews and organizational site visits. The series of common themes elevated through this analysis include the following, as demonstrated by the scored frequency distribution percentages:

- Patient and family advisory councils (86%)
- PFE in operations (79%)
- Organizational leadership (78%)

- Value of patient and family advisers (71%)
- Patient and family advisers on committees (64%)
- Measurement of PFE (45%)
- Patient and family advisers and the human resources function (44%)

The analysis presents the case for embedding PFE in health care improvement efforts. Quantitative and qualitative findings identified the framework, processes and activities that informed a change package for integrating PFE into quality and safety work.

Drivers of success

During the analysis, three primary drivers emerged that contributed to the success of PFE programs and improvements in outcomes from high-performing PFE hospitals.

Driver #1: PFE programs are managed as a strategic priority with board oversight

Executive leadership and staff manage high-performing PFE programs as part of quality, safety and operational improvement, and report outcomes to the board of directors.

Successful PFE programs:

- Align PFE with organizational vision/mission/values and drive organizational behaviors through explicit internal and external messaging.
- Dedicate staff and resources to develop a structured PFE program that includes a patient and family advisory council (PFAC).
- Identify, select and onboard patient and family advisers through standardized processes that include outreach to people who have experienced service issues.

Driver #2: Patient and family advisers (PFAs) are embedded into quality, safety and operational improvement efforts

Organization trains and educates PFAs to partner with clinical and operational staff and leaders to achieve quality, safety and operational improvement goals.

Successful PFE programs:

- Prepare PFAs to contribute to quality, safety and operational improvements.
- Prepare staff to partner with PFAs.
- Engage PFAs at the earliest possible point in process redesign to co-create solutions that avoid unnecessary delay, rework and cost.
- Find ways to track contributions made by PFAs, as well as their impact on outcomes.

Driver #3: PFE programs are leveraged to foster continuous learning and innovation

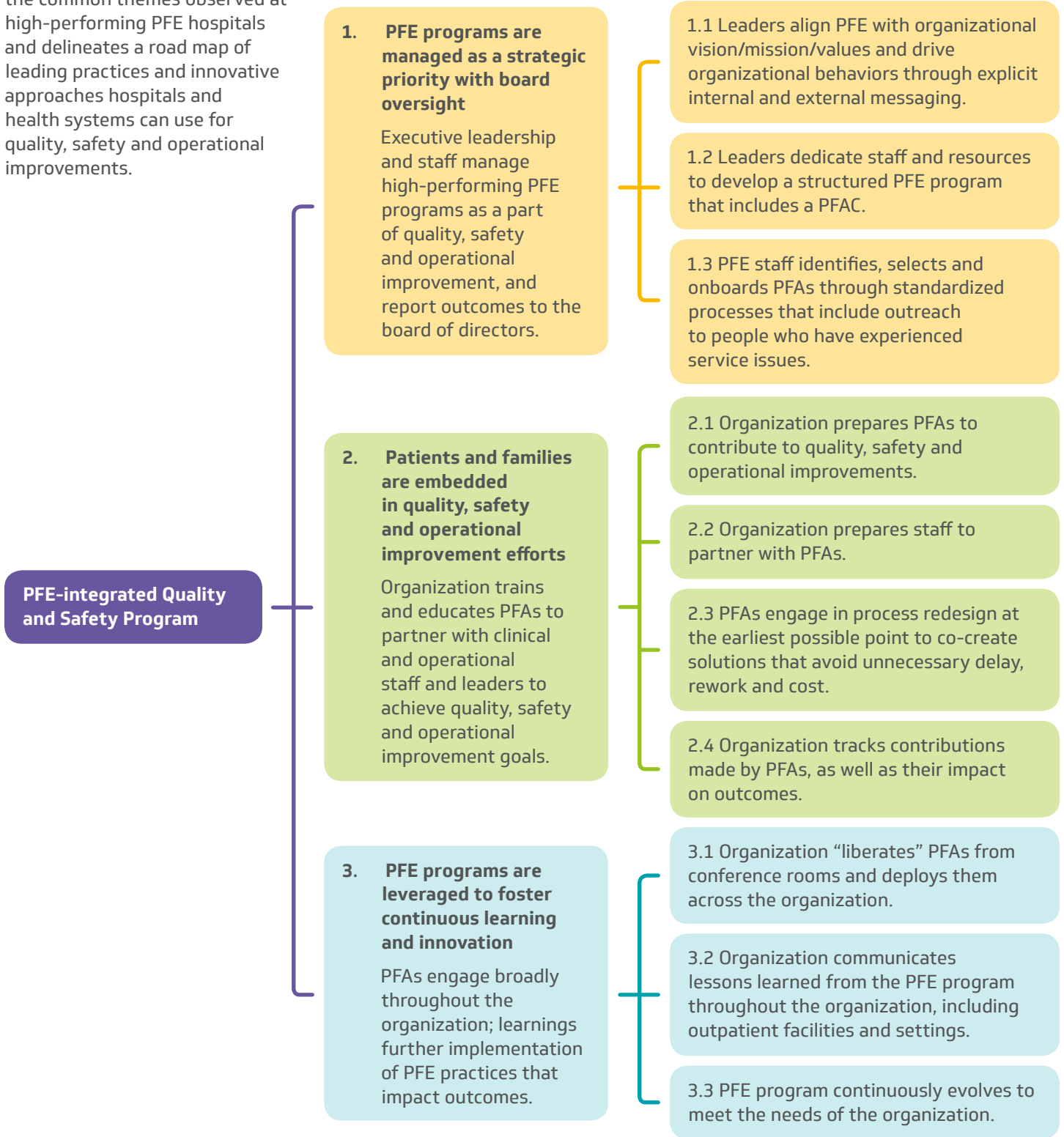
PFAs engage broadly throughout the organization; learnings further the implementation of PFE practices that impact outcomes.

Successful PFE programs:

- “Liberate” PFAs from conference rooms and deploy them across the organization.
- Spread lessons learned throughout the organization, including outpatient facilities and settings.
- Continually evolve to meet the needs of the organization.

Change package

This change package synthesizes the common themes observed at high-performing PFE hospitals and delineates a road map of leading practices and innovative approaches hospitals and health systems can use for quality, safety and operational improvements.



PFE-integrated Quality and Safety Program

1. PFE programs are managed as a strategic priority with board oversight
Executive leadership and staff manage high-performing PFE programs as a part of quality, safety and operational improvement, and report outcomes to the board of directors.

1.1 Leaders align PFE with organizational vision/mission/values and drive organizational behaviors through explicit internal and external messaging.

1.2 Leaders dedicate staff and resources to develop a structured PFE program that includes a PFAC.

1.3 PFE staff identifies, selects and onboards PFAs through standardized processes that include outreach to people who have experienced service issues.

2. Patients and families are embedded in quality, safety and operational improvement efforts
Organization trains and educates PFAs to partner with clinical and operational staff and leaders to achieve quality, safety and operational improvement goals.

2.1 Organization prepares PFAs to contribute to quality, safety and operational improvements.

2.2 Organization prepares staff to partner with PFAs.

2.3 PFAs engage in process redesign at the earliest possible point to co-create solutions that avoid unnecessary delay, rework and cost.

2.4 Organization tracks contributions made by PFAs, as well as their impact on outcomes.

3. PFE programs are leveraged to foster continuous learning and innovation
PFAs engage broadly throughout the organization; learnings further implementation of PFE practices that impact outcomes.

3.1 Organization "liberates" PFAs from conference rooms and deploys them across the organization.

3.2 Organization communicates lessons learned from the PFE program throughout the organization, including outpatient facilities and settings.

3.3 PFE program continuously evolves to meet the needs of the organization.

Driver #1: PFE programs are managed as a strategic priority with board oversight.

Executive leadership and staff manage high-performing PFE programs as part of quality, safety and operational improvement, and report outcomes to the board of directors.

1.1 Leaders align PFE with organizational vision/mission/values and drive organizational behaviors through explicit internal and external messaging

1.1.1 Organization embeds PFE in personnel management and organizational development

- Hiring practices incorporate standards and behaviors that support PFE.
- PFAs participate in interviewing key organizational leadership positions.
- New hire orientation, leadership development and other employee trainings feature patient stories or PFA speakers to bring organizational vision/mission/values to life.
- Employee annual goals or performance evaluations include PFE elements.

1.1.2 Leadership creates a pathway for PFE in strategic planning

- Executive leaders leverage the power of the patient voice (information gleaned through survey feedback, focus groups, patient and family advisers, etc.) to validate that strategic decisions serve the concerns of patients.
- Leadership demonstrates an eagerness to learn and improve PFE utilization by engaging with PFAs on strategic planning or improvement committees, regularly attending PFAC meetings as executive champions, and promoting PFE as an organizational improvement strategy.
- Executive leaders facilitate frequent connections between PFAs and the board of directors (e.g., regular reports about PFAC activity and impact are shared with the board, PFAs are members of the board or board committees and/or members of the board participate on PFACs).

1.1.3 Leaders proactively promote the PFE program internally and externally

- Organization formally recognizes PFAs internally (e.g., with hospital badges, photos posted on walls or virtual platforms, etc.).
- Leadership incorporates PFA stories or contributions into leadership, board and committee meetings; staff events and newsletters; intranet platforms; screen savers; posters and flyers; etc.
- Organization formally recognizes PFAs externally (e.g., on organizational websites, in patient informational materials, in organizational annual reports, in community relations activities, etc.).

1.2 Leaders dedicate staff and resources to develop a structured PFE program that includes a PFAC

1.2.1 All employees understand the relationship between PFE and outcomes improvement

- Leadership communicates evidence of the connection between PFE and improved outcomes to staff.
- Organization uses patient stories or PFA speakers liberally to educate and motivate staff across the organization.
- Graphic reminders visibly reinforce organizational commitment to PFE (e.g., pictures, posters, logos, credos, etc.).

1.2.2 Organization integrates PFE staff into quality, safety and operational improvement and provides PFE staff direct access to executive leadership

- PFE staff reports directly to executive leadership within the quality and safety department (or alternatively has an integrated or matrixed reporting relationship).
- PFE staff members build trusting relationships with leaders and staff and are seen as valuable collaborators.
- PFE staff actively promotes PFAs as improvement resources.
- PFE staff tracks skills and interests of PFAs (e.g., maintained in a database) to complement projects and/or committee work for maximum impact.

1.2.3 PFE program includes at least one PFAC

- Organizational charts include PFAC(s) and budget dollars are allocated for meetings (at a minimum).
- PFAC has a charter documenting its purpose, policies and procedures, including term limits, mechanisms for appointing and removing PFAC members, and succession planning.
- Staff liaison and executive champion administer PFAC.
- PFAC membership includes both staff and PFAs (equal or majority patient and family adviser members).

1.3 PFE staff identifies, selects and onboards PFAs through standardized processes that include outreach to people who have experienced service issues

1.3.1 PFE staff establishes and standardizes a process for continuous PFA recruitment

- Potential PFAs complete applications and interviews.
- Organization provides onboarding and orientation and includes detailed organizational vision/mission/values and quality and safety improvement components.

1.3.2 PFE staff establishes processes to accept PFA referrals from across the organization, including service recovery

- All staff members and leaders help identify potential PFAs through patient rounding, service recovery and grievance processes, where constructive feedback and concern for quality and safety were demonstrated.
- PFE staff intentionally seeks PFAs who reflect the diversity of patient populations served, as well as those who bring a sense of urgency to improving quality and safety.

Driver #2: PFAs are embedded in quality, safety and operational improvement efforts.

Organization trains and educates PFAs to partner with clinical and operational staff and leaders to achieve quality, safety and operational improvement goals.

2.1 Organization prepares PFAs to contribute to quality, safety and operational improvements

2.1.1 Organization provides training and education to PFAs to optimize their contributions

- Staff coaches PFAs to craft their story, develop storytelling skills and become effective public speakers.
- Organization teaches PFAs quality and safety improvement methodologies (e.g., rounding procedures, Lean, Six Sigma, root cause analysis, high reliability organization approaches).
- PFAs learn how providers are evaluated on safety, quality and patient experience, as well as who is doing the evaluating (e.g., CMS, accreditors, the Leapfrog Group, *U.S. News & World Report*, Hospital Consumer Assessment of Healthcare Providers and Systems vendors, etc.).

2.1.2 Committee, department and unit leaders partner with PFAs to gain a better understanding of specific issues, processes, procedures and acronyms

- PFA and leader meet prior to and debrief regularly after committee, department or unit meetings.
- Staff provides coaching to PFAs to speak up and proactively comment or raise questions during meetings to ensure that the user of care perspective is understood and considered.
- Leaders explain data to PFAs to create context for the organization's performance and allow PFAs to celebrate successes with staff as quality and safety improves.

2.2 Organization prepares staff to partner with PFAs

2.2.1 Organization trains staff members to expand their partnership capabilities with PFAs

- PFE staff meets with committee, department and unit leaders to explore opportunities to collaborate with PFAs.
- Organization educates staff about the ground rules for partnering with PFAs (e.g., frequent communication in layman's terms, respect for the knowledge and skills of PFAs, and inclusion in feedback loop — especially regarding how their input is being used).
- PFE staff coach employees to appreciate that PFAs will push the organization to be the best it can be—to move beyond the status quo and aim for attainment of the highest goals possible (e.g., zero infections, 100 percent compliance).

2.2.2 Organization creates opportunities for meaningful interactions between PFAs and staff that go beyond issues affecting patient experience or satisfaction scores

- PFAs serve on quality and safety committees or participate in operational improvement activities (e.g., patient rounding, serious safety event review and root cause analysis), advancing a culture of transparency and trust.
- Clinical committees appointed to reduce readmissions, falls, hospital-acquired infections, etc., include PFAs as full members.
- PFAs serve on new facility design and redesign committees to influence design decisions or raise concerns that arise from their experience as users of care.

2.3 PFAs engage in process redesign at the earliest possible point to co-create solutions that avoid unnecessary delay, rework and cost

2.3.1 PFA participation in improvement work, staff education and training programs, etc , begins in the development phase—not after work has already begun

- Quality and safety staff, as well as committee, department or unit leaders, present at PFAC meetings to gain insights as they launch new projects.
- Newly formed committees contact PFE staff seeking a PFA member.

2.3.2 Staff is held accountable for integrating the voice of the patient into quality and safety improvement efforts.

- Ideas or suggestions from PFAs are duly considered and explored, especially when conveying a sense of urgency about quality and safety matters.
- Quality and safety staff regularly attend PFAC meetings.

2.4 Organization tracks contributions made by PFAs, as well as their impact on outcomes

2.4.1 Improvements in outcomes over time are measured and tracked, including notations of PFA contributions

- Presentations regarding improvement work note PFA contributions.
- Organization invites PFAs to present findings alongside staff.

Driver #3: PFE programs are leveraged to foster continuous learning and innovation.

PFAs engage broadly throughout the organization; learnings further implementation of PFE practices that impact outcomes.

3.1 Organization “liberates” PFAs from conference rooms and deploys them across the organization

3.1.1 Organization treats PFAs as an extension of staff

- PFAs participate in unit and department meetings, town halls, all-employee events, etc.
- PFAs are developed and utilized as faculty or speakers alongside staff, both internally and at industry conferences or educational events.
- PFAs participate in creating research questions, overseeing research projects and evaluating results.
- Qualified PFAs are considered for appointment to the board of directors or full-time staff employment.

3.2 Organization communicates lessons learned from the PFE program throughout the organization, including outpatient facilities and settings

3.2.1 Organization synchronizes PFE implementation processes across health care settings

- PFE staff works with ambulatory staff and leaders to coach and guide development and implementation of PFE practices.
- Outpatient facilities and settings translate and apply hospital-based PFE practices regarding the identification, selection and onboarding of PFAs.

3.2.2 Organizations with multiple PFACs gather periodically to spread successful interventions and innovations

- Stories about game-changing insights or recommendations from PFAs (those that produce better outcomes, such as reduced falls, hospital-acquired infections, readmissions, etc.) become part of the narrative that is shared broadly throughout the organization.

3.3 PFE program continually evolves to meet the needs of the organization

3.3.1 Organization measures and evaluates PFE program annually for continuous quality improvement

- PFE staff reassesses and refines PFAC engagement annually, as well as PFA skills and interests.
- PFE staff and PFAs evaluate emerging improvement opportunities or change initiatives for the organization.

3.3.2 Organization examines options to grow its PFE program(s)

- Organization explores and tests implementation of additional PFACs and virtual PFE options, such as e-advisory programs.
- Organization engages with non-English speaking patients and families (e.g., Spanish-speaking PFAC, use of simultaneous interpretation during bedside rounding).
- Organization integrates PFE staff with employee engagement activities regarding quality, safety and satisfaction.

Project resources

Listed below are resources leveraged as part of Vizient’s project that might be helpful to any health care organization in the process of establishing an effective PFE program.

- Guide to Patient and Family Engagement in Hospital Quality and Safety. Agency for Healthcare Research and Quality website. <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/guide.html>.
- Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care. National Academy of Medicine website. <https://nam.edu/wp-content/uploads/2017/01/Harnessing-Evidence-and-Experience-to-Change-Culture-A-Guiding-Framework-for-Patient-and-Family-Engaged-Care.pdf>.
- Partnership for Patients Strategic Vision Roadmap for Person and Family Engagement (PFE); American Institutes for Research. <https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx?CategoryId=836894&EntryId=107862>.
- Person and Family Engagement Strategy. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Person-and-Family-Engagement-Strategy-Summary.pdf>.

Funding

The Vizient Hospital Improvement Innovation Network is supported under Contract Number HHSM-500-2016-00076C, Hospital Improvement Innovation Network, sponsored by the Centers for Medicare & Medicaid Services,

Department of Health and Human Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

References

1. Partnership for Patients Strategic Vision Roadmap for Person and Family Engagement (PFE); American Institutes for Research. Healthcare Communities website. <https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx?CategoryId=836894&EntryId=107862>. Published October 26, 2017. Accessed April 10, 2018.
2. “Examining the Relationship Between High-performing Person and Family Engagement Hospitals and Quality and Safety Performance.” Vizient, Irving, Texas. 2018, manuscript submitted for publication.

Contributors

Authors

Kellie Goodson, MS, CPXP

Director, HIIN and TCPI Delivery, Vizient

Armando Nahum

Principal

The Healthcare and Patient Partnership Institute

Martin J Hatlie, JD

President and CEO, Project Patient Care

The authors wish to acknowledge the entire project team, including Knitasha Washington, Karen Olson-Lemer, Tanya Lord, Michael Millenson and Lisa Morrise of Consumers Advancing Patient Safety, Gladys Epting of Vizient, and Pat Merryweather of Project Patient Care. Special thanks to John Scanlon of Financial Transformations, Inc., for giving his systems expertise, advice and guidance to the project team.

Technical Expert Panel

Technical Expert Panel members who also contributed to this project include:

Amy Berman

Patient Advocate and Senior Program Officer

The John A. Hartford Foundation

Alicia Cole

Patient Advocate and Founder

Alliance for Safety Awareness for Patients

Carl Flatley

Patient Advocate and Founder

American Sepsis Alliance

Susan Frampton

President

Planetree International

Michelle Johnston-Fleece

Senior Program Officer

National Academy of Medicine

Tom Workman

Principal Communication Researcher and Evaluator

American Institutes for Research

Jason Wolf

President

The Beryl Institute;

Founding Editor

Patient Experience Journal

Vizient would also like to thank all participating hospitals, with special recognition of the organizations listed below that hosted site visits.

- Cheyenne Regional Medical Center, Cheyenne, Wyo.
- Emory University Hospital, Atlanta, Ga.
- Medical University of South Carolina, Charleston, S.C.
- MedStar Franklin Square Medical Center, Baltimore, Md.
- Palmetto Health Richland, Columbia, S.C.
- Parrish Medical Center, Titusville, Fla.
- Sanford Hospital, Bismarck, N.D.
- Sebecook Valley Hospital, Pittsfield, Maine
- The Ohio State Wexner Medical Center, Columbus, Ohio
- University Hospitals Cleveland Medical Center, Cleveland, Ohio
- UCLA Ronald Reagan Medical Center, Los Angeles, Calif.



290 E. John Carpenter Freeway
Irving, TX 75062
(972) 830-0000
www.vizientinc.com

As the nation's largest member-driven health care performance improvement company, Vizient provides network-powered insights in the critical areas of clinical, operational, and supply chain performance and empowers members to deliver exceptional, cost-effective care.



Healing Families – Healing Communities®

parrishmed.com

Patient and Family Advisory Committee

A CMS and Vizient
Partnered Project

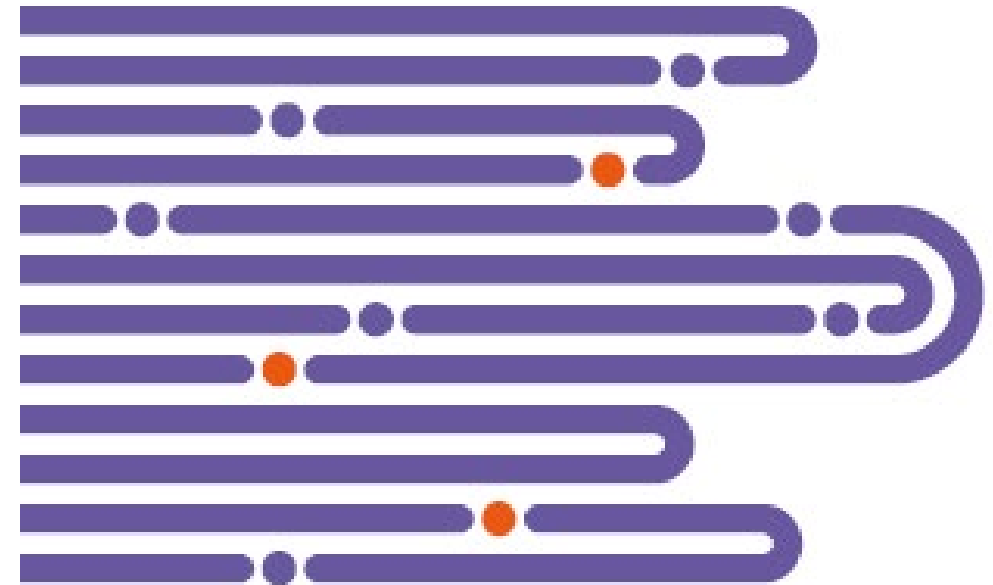


vizient®

Person and Family Engagement-integrated Quality and Safety Change Package



Examining the relationship
between high-performing
person and family engagement
hospitals and quality and
safety performance



Abstract

Person and family engagement (PFE), also referred to as patient and family engagement, is a health care delivery and quality improvement approach that fosters partnership with patients and families to drive clinical outcomes.

CMS - Centers for Medicare and Medicaid Services

- As part of HHS (Health and Human Services) provides health coverage (payor) to approximately one third of all Americans. Such a responsibility necessitates a focus on fostering a sustainable, high-quality health care system that affords patients and their families better care, better health, and lower health care costs—representing the three-part aim that guides CMS's work

HIIN -Hospital Improvement Innovation Network

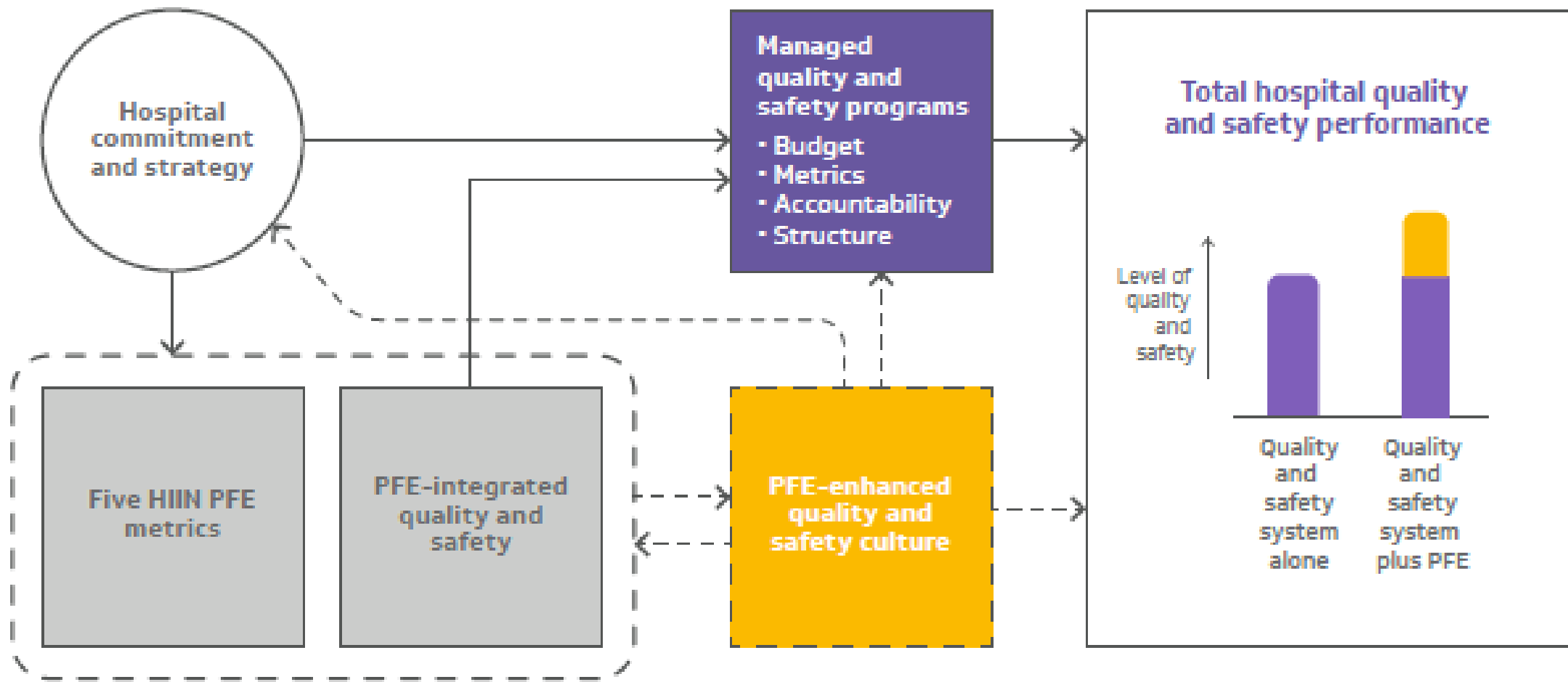
- The first quality improvement program of its kind — a national program with a clear and direct focus on improving hospital quality and safety that uses person and family engagement (PFE) as a major change accelerator

PFE - patient and family engagement

- Focuses on the relationship between patients and health care providers as they work together to “promote and support active patient and public involvement in health and healthcare and to strengthen their influence on healthcare decisions, at both the individual and collective levels.”

PFAC - Patient and Family Advisory Committee

- Organizations that empower patients and their family members to be engaged in improving standards of health care.



Driver #1: PFE programs are managed as a strategic priority with board oversight

1.1 Leaders align PFE with organizational vision/ mission/values and drive organizational behaviors through explicit internal and external messaging

1.2 Leaders dedicate staff and resources to develop a structured PFE program that includes a PFAC

1.3 PFE staff identifies, selects and onboards PFAs through standardized processes that include outreach to people who have experienced service issues

Driver #2: Patient and family advisers (PFAs) are embedded into quality, safety and operational improvement efforts

2.1 Organization prepares PFAs to contribute to quality, safety and operational improvements

2.2 Organization prepares staff to partner with PFAs

2.3 PFAs engage in process redesign at the earliest possible point to co-create solutions that avoid unnecessary delay, rework and cost

2.4 Organization tracks contributions made by PFAs, as well as their impact on outcomes

Driver #3: PFE programs are leveraged to foster continuous learning and innovation

3.1 Organization “liberates” PFAs from conference rooms and deploys them across the organization

3.2 Organization communicates lessons learned from the PFE program throughout the organization, including outpatient facilities and settings

3.3 PFE program continually evolves to meet the needs of the organization

Cheyenne Regional Medical Center, Cheyenne, Wyo.

Emory University Hospital, Atlanta, Ga.

Medical University of South Carolina, Charleston, S.C.

MedStar Franklin Square Medical Center, Baltimore, Md.

Palmetto Health Richland, Columbia, S.C.

Parrish Medical Center, Titusville, Fla.

Sanford Hospital, Bismarck, N.D.

Sebastian Valley Hospital, Pittsfield, Maine

The Ohio State Wexner Medical Center, Columbus, Ohio

University Hospitals Cleveland Medical Center, Cleveland, Ohio

UCLA Ronald Reagan Medical Center, Los Angeles, Calif.

Questions?

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
FEBRUARY 3, 2020
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 2, 2019)
- V. Recognitions(s)
- VI. Open Forum for PMC Physicians
- VII. Public Comments
- VIII. Unfinished Business
- IX. New Business

- A. 2020 Board of Directors Committee Roster – Mr. Cole

Motion to approve the 2020 Board of Director Committee Roster, as presented.

- B. **Motion to Recommend the Board of Directors approve the Organ, Tissue, and Eye Donation Policy, as presented.**

- X. Medical Staff Report Recommendations/Announcements – Dr. Storey

Resignations – **For Information Only**

- 1. Emmett Wayne Mosley, MD

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

- XII. Consent Agenda

- A. Finance

- 1. Recommend to the Board of Directors to accept the Pension Plan Actuarial Valuation as of October 1, 2019.

BOARD OF DIRECTORS MEETING

FEBRUARY 3, 2020

PAGE 2

XI. 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)

XII. Process and Quality Report – Mr. Mikitarian

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

XIII. Other

XIV. Closing Remarks – Chairman

XV. Executive Session (if necessary)

XVI. Open Forum for Public

ADJOURNMENT

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

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

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

**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 2, 2019 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:
None

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

CALL TO ORDER

Mr. Cole called the meeting to order at 4:46 p.m.

PLEDGE OF ALLEGIANCE

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

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

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

APPROVAL OF AGENDA

Mr. Cole asked for approval of the agenda in the packet. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Crooks and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Shah and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE OCTOBER 7, 2019 MEETING MINUTES AS PRESENTED.

RECOGNITIONS

Mr. Cole took this time to recognize Dr. Rojas for his service this past year as Medical Staff President. Mr. Cole added it has been a pleasure serving alongside Dr. Rojas and thanked him for all he has provided to Parrish Medical Center and to the Board of Directors.

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 14, 2019 meeting

Environment of Care Annual Review

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE ANNUAL ENVIRONMENT OF CARE REPORT AS PRESENTED.

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo, and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE ORGAN, TISSUE AND EYE DONATION POLICY, AS PRESENTED.

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Crooks, and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-8008, PATIENT SAFETY PLAN, AS PRESENTED.

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Shah, and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-2032, PATIENT IDENTIFICATION WRISTBANDS, AS PRESENTED.

Discussion ensued and the following motion was made by Ms. Crooks, seconded by Mr. Jordan, and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE PATIENTS LEAVING AGAINST MEDICAL ADVICE (AMA) POLICY, AS PRESENTED.

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo, and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-8012, RISK MANAGEMENT PROGRAM, & PLAN AS PRESENTED.

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Shah, and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-2035, ETHICS, AS PRESENTED.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

Resignations – For Information Only

1. Benjamin Nettleton, DO – Family Medicine
2. Laura Costa, APRN – Hospitalist

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

Discussion ensued regarding the consent agenda, and the following motion was made by Ms. Crooks, seconded by Dr. Shah and approved (9 ayes, 0 nays, 0 abstentions).

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

A. Finance

1. To recommend to the Board of Directors to approve the Inter-local agreements with Halifax Hospital Medical Center Taxing District.
2. To recommend to the Board of Directors to approve the renewal of membership for Stan Retz for a three-year term from January 1, 2020 through December 31, 2022.
3. 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.

B. Executive

1. **To recommend to the Board of Directors to approve a one-time payment of \$200,000.00 to Metrus representing projected first year savings under the agreement with Metrus.**

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.

Educational, Governmental and Community Relations Committee

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

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

No additional information was presented.

Hospital Attorney

Legal counsel had no report.

OTHER

No other business was discussed.

CLOSING REMARKS

Mr. Cole shared that Christmas on the Green will be December 15, 2019 at 2:30 p.m. and invited everyone to attend; he noted that all proceeds will benefit the Children's Hunger Network.

Mr. Cole added that The Gift of Light will be Thursday, December 5, 2019 from 5-7 p.m.

Mr. Jordan thanked Dr. Rojas for his services as Medical Staff President, adding that it has been a pleasure and he had offered much wisdom and humor.

Dr. Shah added that Dr. Rojas has brought years of experience to the Board.

OPEN FORUM FOR PUBLIC

No members of the public spoke.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 6:50 p.m.

Herman A. Cole, Jr.
Chairman

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR
January 21, 2020**

<p>Present: D. Barimo, P. Carmona, G. Cuculino, R. Henry, C. Manion, B. Mathews, A. Ochoa, R. Patel, J. Rojas, M. Storey, V. Williams, J. Zambos, H. Cole, G. Mikitarian Absent: J. Flynn, A. Hemaidan</p>
--

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was January 21, 2020, at 5:30 PM in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Mark Storey called the meeting to order at 5:31 pm. Dr. Storey introduced Dr. Henry.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: Motion to approve the previous meeting minutes (Dec. 17, 2019) as written and distributed.

UNFINISHED BUSINESS

None

FOLLOW-UP MEC ITEMS

None

NEW BUSINESS

Treasurer – The committee nominated Dr. Christopher Manion to be the Medical Staff Treasurer for 2020. The following motion was made, seconded, and unanimously approved:

ACTION TAKEN: Motion to elect Dr. Christopher Manion as the Medical Staff Treasurer for 2020.

Financial Interest Disclosure – Forms were provided to all members of the MEC and completed forms will be included in the agenda packet for the February MEC meeting.

ACTION TAKEN: Noted by the committee.

INFORMATION/EDUCATION:

Joint Commission Perspectives – January 2020 – Information was emailed for review prior to meeting.

ACTION TAKEN: Noted by Committee

Information /Education items to the Medical Staff to Be Noted in Minutes –

1. **Meditech Enhancements** – Information was emailed for review prior to meeting.

ACTION TAKEN: Noted by Committee

REPORT FROM ADMINISTRATION: George Mikitarian welcomed and congratulated Dr. Storey as the 2020 Medical Staff President.

REPORT FROM THE BOARD: Nothing to report.

CONSENT AGENDA: Discussion ensued and a motion was made, seconded, and approved unanimously to approve the following:

- a. Policy: Alarm Management, 9500-2049
- b. Order set: Neutropenic Fever – Adult

MEDICAL STAFF RESIGNATIONS:

- a. Emmett Wayne Mosley, MD- 1/9/2020

MEDICAL EXECUTIVE COMMITTEE – REGULAR
PAGE 2

ACTION TAKEN: Accepted by Committee.

LEAVE OF ABSENCE:

- a. Return from LOA- Christina Caito, DO 1/20/2020

ACTION TAKEN: Accepted by Committee.

COMMITTEE REPORTS:

- a. EMR Governance- 1/9/2020

ACTION TAKEN: Noted by Committee.

CLINICAL DEPARTMENT REPORTS:

- a. OB/GYN- 1/15/2020
- b. Pediatrics- 1/17/2020

ACTION TAKEN: Noted by Committee.

OPEN FORUM

Consult Requests – Discussion ensued regarding the proper workflow for contacting consultants prior to admitting patients if consultant is unavailable or the care cannot be provided here. The following motion was made, seconded, and unanimously approved:

ACTION TAKEN: Motion to obtain a report of unfulfilled consults to review at the next MEC meeting.

Choosing Wisely Campaign- Dr. Carmona would like to bring more information on the Choosing Wisely Campaign to the Medical Staff.

ACTION TAKEN: This information was presented to and adopted by the Board of Directors and the same information will be distributed to the Medical Staff.

Auto Accident Referrals- Discussion ensued regarding referrals for auto injuries.

ACTION TAKEN: Noted by the committee.

Physician Directory- Discussion ensued regarding the Parrish Physician Directory listings under the Orthopedics service line.

ACTION TAKEN: Non-surgical Orthopedists are listed as appropriate for this service line.

ADJOURNMENT

There being no further business, the meeting adjourned to the executive session at 5:55 PM.

Mark Storey, MD
President/Medical Staff

Christopher Manion, MD
Secretary - Treasurer

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

2020 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

2020 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES

PAGE 2

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

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

FINANCE COMMITTEE

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

2020 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES

PAGE 3

AUDIT COMMITTEE

Herman A. Cole, Jr. (ex-officio)
Peggy Crooks
Elizabeth Galfo, M.D.
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.
Greg Cuculino, M.D.
Mark Storey, M.D., President/Medical Staff
Kiran Modi, M.D., Designee/Medical Staff Review Committee
Jeram Chapla, M.D., Designee/Utilization Management/Medical Records Committee
Christopher Manion, M.D., Designee/Credentials and Medical Ethics Committee
George Mikitarian, President/Chief Executive Officer (Non-voting)

JOINT CONFERENCE COMMITTEE

Board Member
Board Member
Board Member
Board Member
Mark Storey, M.D., President/Medical Staff, Chairman
Ramesh Patel, M.D., Vice President/Medical Staff
MEC Member – To Be Determined
MEC Member – To Be Determined
George Mikitarian, President/Chief Executive Officer (Ex-Officio with Vote)

2020 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES
PAGE 4

BOARD OF DIRECTORS AD HOC CREDENTIALS COMMITTEE

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

INVESTMENT COMMITTEE

Peggy Crooks
Jerry Noffel
Stan Retz

BOARD LIAISON APPOINTMENTS

Joint Risk Management Committee

Jerry L. Noffel

Medical Staff Review Committee

Jerry L. Noffel

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, 2020)

2020 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 5:30 p.m.
Medical Staff	–	First Tuesday March, June, September, December 5:30 p.m.



Origination:	11/2017
Effective:	03/2020
Last Approved:	N/A
Last Revised:	01/2020
Next Review:	3 years after approval
Areas:	Periop
Tags:	9500, CMS, TJC
Applicability:	Parrish Healthcare System-Wide

Organ, Tissue, and Eye Donation

POLICY STATEMENT

Parrish Medical Center (PMC) recognizes the continuing need for human organs and tissues for transplantation and medical research, and will collaborate with the Organ Procurement Organization to identify and refer all potential donor candidates. Hospital leadership believes that the principles of preservation of quality of life and compassionate delivery of healthcare are inherent in organ and tissue recovery for transplantation and medical research.

In compliance with Federal and State laws, when, based on accepted medical standards, a patient is at, or near death, the hospital President/CEO, or his designee shall, notify the designated organ procurement organization (OPO). The OPO, in accordance with law, shall evaluate the suitability of organ or tissue donation, access the donor registry, and if necessary, request consent from the family of the deceased patient.

PURPOSE

This policy is to provide a framework for the donation process from the initial identification and timely referral of potential organ, tissue and eye donors; to the evaluation and medical management of potential organ donors; encompassing a uniform structure for the presentation of the donation option to patients and families, and concluding with the OR process.

DEFINITIONS

- A. **Clinical Triggers:** Mutually established criteria for the referral of "imminent deaths" which ensure timely notification to OurLegacy of potential organ donors.
- B. **Donation After Brain Death:** Organ donation involving a patient whose death is due to neurological criteria, and determination of death is made in accordance with state law and currently accepted medical standards, and for whom medical suitability and authorization for organ donation has been determined by OurLegacy.
- C. **Donation After Circulatory Determination of Death (DCDD):** Organ donation involving a patient for whom there is a decision to withdraw from ventilator and all artificial support (compassionate extubation), and for whom medical suitability and authorization has been secured by OurLegacy. Organs are donated following the determination and pronouncement of circulatory death.
- D. **Effective Request Process:** A collaborative process between Hospital and OurLegacy staff that culminates in the donation request to the family using tested and proven methodology incorporating a

trained donation agency ~~requestor~~requester.

- E. **Organ Donation:** Refers to kidneys, heart, liver, lungs, pancreas and intestine.
- F. **Tissue Donation:** Refers to cartilage, bone, tendons, ligaments, and soft tissue including skin, heart valves and saphenous veins.

PROCEDURES

Care Partners who fail to comply with this policy will be counseled following the Parrish Healthcare performance and disciplinary counseling guidelines.

A. Donation Agencies

1. Organ: OurLegacy Organ & Tissue Donation Services (~~formally~~formerly TransLife)
2. Tissue: Lions Eye (~~previously~~formerly RTI Donor Services)
3. ~~Eye: Cornea Gen (formally Keralink)~~Eye: Lions Eye

B. Identification of Potential Organ/Tissue/Eye Donors: Every patient death is to be referred to allow for medical screening by the tissue and/or eye donation agency(s). Every imminent death is to be referred to allow for medical screening for organ donation by OurLegacy. Referral notification for all potential donors is to occur irrespective of patient's age, medical diagnosis, medical/social history, and Medical Examiner case status.

1. Potential Organ Donors: Referral of imminent death is defined as a referral of a ventilator-dependent patient meeting and ONE of the following Clinical Triggers for referral of a potential organ donor.
 - a. Glasgow Coma Score of 5 or less and any possible neurological insult
 - b. Plan to discuss the withdrawal of ventilator and all artificial support with family or legally authorized person(s). Note: Referral must occur prior to withdrawal to allow for the opportunity of organ donation.
 - c. Absence of TWO or more brainstem reflexes:
 - i. no pain response
 - ii. no pupillary response
 - iii. no corneal reflex
 - iv. no cough
 - v. no gag
 - vi. no eye movement (doll's eyes)
 - vii. no response to cold calorics (signs of impending brain death)
 - d. Family mentions organ donation: Potential Tissue/Eye Donors: Referral of a potential tissue or eye donor is to involve the referral of every patient death, including the deaths of those patients previously referred while on a ventilator and ruled out as potential organ donors. All Hospital referrals will be triaged by the OurLegacy Call Center to the appropriate tissue/eye donation agency for medical screening.

C. Timely Donor Notification

Potential Organ Donors: The referral of a potential donor should occur ideally within ONE HOUR of a patient meeting a clinical trigger for OurLegacy notification. Timely notification is further defined as a

referral that occurs prior to any measures taken to decelerate treatment of that patient, thus preserving the option of organ donation for patients and families.

Potential Tissue Donors: The referral of a patient death should occur as quickly as possible after the death of a patient, and always within one hour of asystole.

D. How To Make A Referral

1. A referral is made by calling OurLegacy's 24-hour line at 1-800-458-7570 and having the following information available:
 - a. Patient's Name / Unit / Medical Record Number
 - b. Age / Date of Birth / Gender
 - c. Admission Date
 - d. Weight
 - e. Diagnosis and Pertinent Medical History
 - f. For tissue and eye referrals made following cardiac death, you may also be asked about lab results and treatment provided.

E. Referral Documentation

1. Documentation of the Referral Number and instruction from the donation agency shall be made on the following:
 - a. Deceased Patient Checklist
 - b. Organ/Tissue/Eye Donation Referral Form (Attachment "A" – Organ/Tissue/Eye Donation Referral Form)

F. Determination of Medical Suitability

The Hospital will provide access to (and when requested copies of) the medical record, including laboratory studies and diagnostic tests to OurLegacy and donation agencies for the purpose of determining medical suitability, and to ensure patient safety in the release of donated organs, tissue and eyes to transplant patients.

G. Medical Management of a Potential Organ Donor

1. Hospital staff will provide supportive medical management to the potential organ donor to preserve the opportunity for donation while OurLegacy determines medical suitability and pursues authorization. OurLegacy can provide the Hospital with established donor management guidelines as a resource.
 - a. Physicians may be asked by the OurLegacy Coordinator to provide consultations necessary to ensure the suitability of the organs for transplant. These may include , but are not limited to bronchoscopy, echocardiograms, central line insertion, cardiac catherizations, chest x-rays, or additional testing to confirm the brain death diagnosis.
 - b. Following brain death declaration and donor authorization, OurLegacy assumes the responsibility of maintaining organ viability for transplantation. The OurLegacy Coordinator will guide the medial management in accordance with OurLegacy's Medical Director. The hospital will provide a trained ICU Nurse to continue providing supportive care to the donor patient throughout the ICU stay and to order diagnostic tests, etc., as requested by OurLegacy Coordinator. (1:1 care is preferable when staffing permits.)
 - c. If a potential DCDD donor, the care and management of the patient will remain under the

direction of the attending/treating physician or physician designee. This includes the extubation and the administration of comfort care medications. (See [Donation After Circulatory Determination of Death Policy #9500-2057](#))

H. Obtaining Donor Authorization

1. Only trained donation requestors from OurLegacy or the donation agencies shall offer the option of donation and provide information to the legally authorized person(s) about the donation process. Donation or the donation agency should not be mentioned to families at the time of referral (prior to donor screening) or at any time without prior collaboration with OurLegacy or authorized requestor from a donation agency.
 - a. If the patient had previously completed a donor document or online donor registration, this will serve as the legal authorization for the medical record.
 - b. In the absence of a completed anatomical gift (donor document or online donor registration), the representative from the donation agency is to service in the role of trained requestor. The donation decision for the decedent is to be made in the following order of priority, as defined by state anatomical gift law:
 - i. Designated health surrogate
 - ii. Spouse;
 - iii. Adult son or daughter;
 - iv. Either parent;
 - v. Adult brother or sister
 - vi. Adult grandchild
 - vii. Grandparent
 - viii. A close personal friend, as defined in §765.101;
 - ix. A guardian of the decedent at the time of his or her death; or
 - x. A court appointed representative ad litem
 - c. If an organ donor, OurLegacy will provide a signed donor authorization form or copy of the donor document or online registry for inclusion in the patient's medical record.

I. Effective Request Process (ERP) for Potential Organ Donors

Collaboration among Hospital and OurLegacy staff is to ensure that the donation pathway is always protected on behalf of patients and families and that the request for the donation of organs, tissues and eyes is made in the most sensitive and compassionate manner, both in keeping with federal guidelines and excellent end-of-life care.

Team Huddles are key to the ERP and consist of brief meetings coordinated by the OurLegacy representative, as follows:

Criteria for Team Huddle	Participants
After Medical suitability has been determined	OurLegacy Coordinator
Shift Change	Bedside Nurse
Family/Care Team are discussing withdrawal of ventilator and all artificial	Treating Physician

support	
Family brings up donation	Resident
Brain death has been determined	Support Staff (when appropriate); pastoral care, palliative care, child life, social work, respiratory care, other
Patient is hemodynamically unstable	
At the request of either Hospital or OurLegacy staff	

J. Medical Examiner Cases: If the case falls under jurisdiction of the Medical Examiner, the OurLegacy Coordinator will contact the appropriate person(s) to request authorization for organ donation. A copy of the donor chart and a copy of the donor authorization form, will be prepared for the Medical Examiner by OurLegacy.

K. Organ Recovery: The OurLegacy Coordinator will facilitate communication with all involved parties; i.e. donor family, appropriate hospital staff, medical examiner, tissue and eye programs, and transplant recovery teams.

1. OurLegacy Coordinator will notify the Hospital Operating Room (OR) as soon as possible after donor authorization is obtained for the organ recovery. Factors affecting OR time include:

- a. Stability of the potential donor and /or potential recipient
- b. Distance of visiting recovery teams
- c. Weather conditions, and
- d. Donor family needs and cultural beliefs

2. Hospital personnel required:

- a. Donation after Brain Death – The Hospital is to provide an Anesthesiologist, circulating nurse and scrub technician. OurLegacy will provide guidelines to the Anesthesiologist to maintain and monitor the donor's intra-operative perfusion and oxygenation until after the aorta is clamped or until released by the recovery surgeons.
- b. Donation after Circulatory Death – The patient must be maintained on a ventilator and hemodynamically supported for organ perfusion until the withdrawal of support occurs. The donor is transferred with a portable cardiac monitor, arterial pressure monitor, and portable pulse oximeter from the ICU to the OR or nearby area under the care of the attending/treating physician or physician designee and is accompanied by a nurse and respiratory therapist. (See [Donation After Circulatory Determination of Death Policy #9500-2057](#))

L. Hospital Reimbursement: The recovery agency will be responsible for all costs related to the evaluation and recovery of organs, tissues and eyes for transplantation.

1. Following organ recovery, the Hospital will provide OurLegacy with an itemized statement of charges for reimbursement.

M. Quality Improvement: The hospital will provide OurLegacy with a structured report of all patient deaths and access to the medical record for the purpose of performing retrospective chart review according to a designated schedule, in keeping with the Medicare Conditions of Participation for Hospitals. The Hospital will work collaboratively with OurLegacy and donation agencies to ensure ongoing education programs for all staff involved in the donation process.

REFERENCES

- A. Florida Statutes (2008). Title XLIV Civil Rights. Chapter 765.510-765.546 Anatomical Gifts:§765.512. Persons who may make anatomical gift.
- B. Joint Commission Standard, TS.01.01.01
- C. Centers for Medicare and Medicaid Services, 42 CFR Part 482
- D. Organ Procurement Organization Disclosure under HIPAA §164.512
- E. Clarifying Standards Applicability to Organ Procurement Organizations; Joint Commission Perspectives: Volume 34, Issue 5, May 2014

All revision dates:

01/2020, 12/2019, 11/2017

Attachments:

[Organ Tissue Eye Donation_Attachment.doc](#)

Approval Signatures

Step Description	Approver	Date
Board of Directors	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	01/2020
Executive Management Committee	Executive Management Committee [AJ]	01/2020
Medical Executive Committee	Mark Storey [EH]	01/2020
Compliance	Corporate Compliance [NV]	01/2020
Executive Management	Edwin Loftin: SR Vice President/CNO	12/2019
	Matthew Graybill: Executive Director Periop/Diagnostic Services	12/2019

Applicability

North Brevard Medical Support, Parrish Healthcare, Parrish Medical Center



POLICY TITLE: Organ/Tissue/Eye Donation	POLICY #: 9500-2058	REPLACES POLICY #: 9500-2011
	EFFECTIVE DATE: 09/01/2017	Page: Page 1 of 7
POLICY SCOPE: Parrish Healthcare and Affiliates	REVIEWED: N/A	
DEVELOPED BY: Perioperative Services	REVISED: N/A	
APPROVALS: Executive Management: _____ Chairperson, Medical Executive Cmte: _____ President/CEO: _____ Chairperson, Board of Directors: _____	REPOSITORY: Corporate Compliance iCare	

I. POLICY STATEMENT

Parrish Medical Center (PMC) recognizes the continuing need for human organs and tissues for transplantation and medical research, and will collaborate with the Organ Procurement Organization to identify and refer all potential donor candidates. Hospital leadership believes that the principles of preservation of quality of life and compassionate delivery of healthcare are inherent in organ and tissue recovery for transplantation and medical research.

In compliance with Federal and State laws, when, based on accepted medical standards, a patient is at, or near death, the hospital President/CEO, or his designee shall, notify the designated organ procurement organization (OPO). The OPO, in accordance with law, shall evaluate the suitability of organ or tissue donation, access the donor registry, and if necessary, request consent from the family of the deceased patient.

II. PURPOSE

This policy is to provide a framework for the donation process from the initial identification and timely referral of potential organ, tissue and eye donors; to the evaluation and medical management of potential organ donors; encompassing a uniform structure for the presentation of the donation option to patients and families, and concluding with the OR process.

III. DEFINITIONS

- A. **Clinical Triggers:** Mutually established criteria for the referral of “imminent deaths” which ensure timely notification to TransLife of potential organ donors.
- B. **Donation After Brain Death:** Organ donation involving a patient whose death is due to neurological criteria, and determination of death is made in accordance with state law and currently accepted medical standards, and for whom medical suitability and authorization for organ donation has been determined by TransLife.
- C. **Donation After Circulatory Determination of Death (DCDD):** Organ donation involving a patient for whom there is a decision to withdraw from ventilator and all artificial support (compassionate extubation), and for whom medical suitability and authorization has been secured by TransLife. Organs are donated following the determination and pronouncement of circulatory death.
- D. **Effective Request Process:** A collaborative process between Hospital and TransLife staff that culminates in the donation request to the family using tested and proven methodology incorporating a trained donation agency requestor.
- E. **Organ Donation:** Refers to kidneys, heart, liver, lungs, pancreas and intestine.
- F. **Tissue Donation:** Refers to cartilage, bone, tendons, ligaments, and soft tissue including skin, heart valves and saphenous veins.

IV. PROCEDURES

Care Partners who fail to comply with this policy will be counseled following the Parrish Healthcare performance and disciplinary counseling guidelines.

- A. Donation Agencies
 1. Organ: TransLife Organ & Tissue Donation Services
 2. Tissue: TransLife Organ & Tissue Donation Services
 3. Eye: Keralink
- B. Identification of Potential Organ/Tissue/Eye Donors

Every patient death is to be referred to allow for medical screening by the tissue and/or eye donation agency(s). Every imminent death is to be referred to allow for medical screening for organ donation by TransLife. Referral notification for all potential donors is to occur irrespective of patient’s age, medical diagnosis, medical/social history, and Medical Examiner case status.

 1. Potential Organ Donors: Referral of imminent death is defined as a referral of a ventilator-dependent patient meeting and ONE of the following Clinical Triggers for referral of a potential organ donor.
 - a. Glasgow Coma Score of 5 or less and any possible neurological insult
 - b. Plan to discuss the withdrawal of ventilator and all artificial support with family or legally authorized person(s). Note: Referral must occur prior to withdrawal to allow for the opportunity of organ donation.

- c. Absence of TWO or more brainstem reflexes:
 - i. no pain response
 - ii. no pupillary response
 - iii. no corneal reflex
 - iv. no cough
 - v. no gag
 - vi. no eye movement (doll's eyes)
 - vii. no response to cold calorics (signs of impending brain death)

- d. Family mentions organ donation

Potential Tissue/Eye Donors: Referral of a potential tissue or eye donor is to involve the referral of every patient death, including the deaths of those patients previously referred while on a ventilator and ruled out as potential organ donors. All Hospital referrals will be triaged by the TransLife Call Center to the appropriate tissue/eye donation agency for medical screening. Note: Criteria for organ, tissue and eye donation are quite different, subject to change, and are best addressed directly by experts in these areas.

- C. Timely Donor Notification

Potential Organ Donors: The referral of a potential donor should occur ideally within ONE HOUR of a patient meeting a clinical trigger for TransLife notification. Timely notification is further defined as a referral that occurs prior to any measures taken to decelerate treatment of that patient, thus preserving the option of organ donation for patients and families.

Potential Tissue Donors: The referral of a patient death should occur as quickly as possible after the death of a patient, and always within one hour of asystole.

- D. How To Make A Referral

A referral is made by calling TransLife's 24-hour line at 1-800-458-7570 and having the following information available:

1. Patient's Name / Unit / Medical Record Number
2. Age / Date of Birth / Gender
3. Admission Date
4. Weight
5. Diagnosis and Pertinent Medical History
6. For tissue and eye referrals made following cardiac death, you may also be asked about lab results and treatment provided.

- E. Referral Documentation

Documentation of the Referral Number and instruction from the donation agency shall be made on the following:

1. Deceased Patient Checklist
2. Organ/Tissue/Eye Donation Referral Form (Attachment "A" – Organ/Tissue/Eye Donation Referral Form)

- F. Determination of Medical Suitability

The Hospital will provide access to (and when requested copies of) the medical record, including laboratory studies and diagnostic tests to TransLife and donation agencies for the purpose of determining medical suitability, and to ensure patient safety in the release of donated organs, tissue and eyes to transplant patients.

G. Medical Management of a Potential Organ Donor

Hospital staff will provide supportive medical management to the potential organ donor to preserve the opportunity for donation while TransLife determines medical suitability and pursues authorization. TransLife can provide the Hospital with established donor management guidelines as a resource.

1. Physicians may be asked by the TransLife Coordinator to provide consultations necessary to ensure the suitability of the organs for transplant. These may include , but are not limited to bronchoscopy, echocardiograms, central line insertion, cardiac catheterizations, chest x-rays, or additional testing to confirm the brain death diagnosis.
2. Following brain death declaration and donor authorization, TransLife assumes the responsibility of maintaining organ viability for transplantation. The TransLife Coordinator will guide the medial management in accordance with TransLife’s Medical Director. The hospital will provide a trained ICU Nurse to continue providing supportive care to the donor patient throughout the ICU stay and to order diagnostic tests, etc., as requested by TransLife Coordinator. (1:1 care is preferable when staffing permits.)
3. If a potential DCDD donor, the care and management of the patient will remain under the direction of the attending/treating physician or physician designee. This includes the extubation and the administration of comfort care medications. (See DCDD Policy)

H. Obtaining Donor Authorization

Only trained donation requestors from TransLife or the donation agencies shall offer the option of donation and provide information to the legally authorized person(s) about the donation process. Donation or the donation agency should not be mentioned to families at the time of referral (prior to donor screening) or at any time without prior collaboration with TransLife or authorized requestor from a donation agency.

1. If the patient had previously completed a donor document or online donor registration, this will serve as the legal authorization for the medical record.
2. In the absence of a completed anatomical gift (donor document or online donor registration), the representative from the donation agency is to service in the role of trained requestor. The donation decision for the decedent is to be made in the following order of priority, as defined by state anatomical gift law:
 - a. Designated health surrogate
 - b. Spouse;
 - c. Adult son or daughter;
 - d. Either parent;
 - e. Adult brother or sister
 - f. Adult grandchild
 - g. Grandparent
 - h. A close personal friend, as defined in §765.101;
 - i. A guardian of the decedent at the time of his or her death; or

- j. A court appointed representative ad litem
- 3. If an organ donor, TransLife will provide a signed donor authorization form or copy of the donor document or online registry for inclusion in the patient's medical record.

I. Effective Request Process (ERP) for Potential Organ Donors

Collaboration among Hospital and TransLife staff is to ensure that the donation pathway is always protected on behalf of patients and families and that the request for the donation of organs, tissues and eyes is made in the most sensitive and compassionate manner, both in keeping with federal guidelines and excellent end-of-life care.

Team Huddles are key to the ERP and consist of brief meetings coordinated by the TransLife representative, as follows:

Criteria for Team Huddle

1. After Medical suitability has been determined
2. Shift Change
3. Family/Care Team are discussing withdrawal of ventilator and all artificial support
4. Family brings up donation
5. Brain death has been determined
6. Patient is hemodynamically unstable
7. At the request of either Hospital or TransLife staff

Participants

1. TransLife Coordinator
2. Bedside Nurse
3. Treating Physician
4. Resident
5. Support Staff (when appropriate);
pastoral care, palliative care, child life,
social work, respiratory care, other

J. Medical Examiner Cases

If the case falls under jurisdiction of the Medical Examiner, the TransLife Coordinator will contact the appropriate person(s) to request authorization for organ donation. A copy of the donor chart and a copy of the donor authorization form, will be prepared for the Medical Examiner by TransLife.

K. Organ Recovery

The TransLife Coordinator will facilitate communication with all involved parties; i.e. donor family, appropriate hospital staff, medical examiner, tissue and eye programs, and transplant recovery teams.

1. TransLife Coordinator will notify the Hospital Operating Room (OR) as soon as possible after donor authorization is obtained for the organ recovery. Factors affecting OR time include:
 - a. Stability of the potential donor and /or potential recipient
 - b. Distance of visiting recovery teams
 - c. Weather conditions, and
 - d. Donor family needs and cultural beliefs
2. Hospital personnel required:
 - a. Donation after Brain Death – The Hospital is to provide an Anesthesiologist, circulating nurse and scrub technician. TransLife will provide guidelines to the Anesthesiologist to maintain and monitor the donor's intra-operative perfusion and oxygenation until after the aorta is clamped or until released by the recovery surgeons.
 - b. Donation after Circulatory Death – The patient must be maintained on a ventilator and hemodynamically supported for organ perfusion until the withdrawal of support occurs.

The donor is transferred with a portable cardiac monitor, arterial pressure monitor, and portable pulse oximeter from the ICU to the OR or nearby area under the care of the attending/treating physician or physician designee and is accompanied by a nurse and respiratory therapist. (See DCDD Policy)

L. Hospital Reimbursement

The recovery agency will be responsible for all costs related to the evaluation and recovery of organs, tissues and eyes for transplantation.

1. Following organ recovery, the Hospital will provide TransLife with an itemized statement of charges for reimbursement.

M. Quality Improvement

The hospital will provide TransLife with a structured report of all patient deaths and access to the medical record for the purpose of performing retrospective chart review according to a designated schedule, in keeping with the Medicare Conditions of Participation for Hospitals.

The Hospital will work collaboratively with TransLife and donation agencies to ensure ongoing education programs for all staff involved in the donation process.

V. REFERENCES

- A. Florida Statutes (2008). Title XLIV Civil Rights. Chapter 765.510-765.546 Anatomical Gifts:§765.512. Persons who may make anatomical gift.
- B. Joint Commission Standard, TS.01.01.01
- C. Centers for Medicare and Medicaid Services, 42 CFR Part 482
- D. Organ Procurement Organization Disclosure under HIPAA §164.512
- E. Clarifying Standards Applicability to Organ Procurement Organizations; Joint Commission Perspectives: Volume 34, Issue 5, May 2014

ORGAN/TISSUE/EYE DONATION REFERRAL FORM

CALL 1-800-458-7570 (TransLife 24-Hour Hotline) within ONE HOUR of Clinical Trigger event

<p style="text-align: center;">VENTILATOR PATIENTS: Potential ORGAN Donors</p> <p style="text-align: center; color: teal;">MUST CALL PRIOR TO EXTUBATION</p> <p>Date/Time of Referral: _____</p> <p>Person making Referral: _____</p> <p>Referral Reference #: _____</p> <p>Name of Donation Coordinator: _____</p> <p>Communication from Donation Program:</p> <ul style="list-style-type: none"> • TransLife will monitor clinical course by phone. • TransLife will arrive on-site to further evaluate for organ donation, • Donor authorization obtained. • Patient has been ruled out for organ donation. <p style="color: teal;">Must CALL BACK at time of cardiac death to allow screening for tissue and donation, and document referral below.</p>	<p style="text-align: center;">Clinical Triggers for Organ Donor Referral</p> <p>Call within 1 HOUR if any ONE of the following occurs for your vent-dependent patient:</p> <ul style="list-style-type: none"> • Glasgow Coma Score of 5 or less and any possible neuro insult • Absence of 2 or more brainstem reflexes: <ul style="list-style-type: none"> » Pupil Response » Cough » Gag » Response to Painful Stimuli » Eye Movement (Doll's Eyes) » No response to Cold Calorics • Consideration of withdrawal of ventilator and all artificial support; i.e. plan to discuss with family. Must call prior to withdrawal to allow for the opportunity of organ donation. • Family asks about donation
--	--

<p style="text-align: center;">Potential TISSUE/EYE Donors</p> <p style="text-align: center; color: teal;">REFER ALL PATIENT DEATHS</p> <p>Date/Time of Referral: _____</p> <p>Person making Referral: _____</p> <p>Referral Reference #: _____</p> <p>Name of Screener returning Call: _____</p> <p>Communication from Donation Program:</p> <p><input type="radio"/> YES <input type="checkbox"/> NO The deceased patient is medically suitable for Tissue Donation</p> <p><input type="radio"/> YES <input type="checkbox"/> NO The deceased patient is medically suitable for Cornea Eye Donation</p>	<p style="text-align: center;">Clinical Triggers for Tissue/Eye Donor Referral</p> <p>Call ASAP and always within 1 HOUR after a death occurs - prior to release of the body to a funeral home.</p> <ol style="list-style-type: none"> 1. Obtain a phone number where the family can be reached within the next few hours, i.e. cell phone, neighbor or friend's home phone. 2. Ensure body is refrigerated ASAP to preserve the opportunity for tissue donation.
--	---

Refer regardless of patient age, history or diagnosis. Medical Examiner cases should not be excluded from donor referral. Please refrain from discussing donation with families.