



MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Aluino Ochoa, M.D., President/Medical Staff

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – January 9, 2017

Date: January 3, 2017

The Ad Hoc Credentials Review Committee will meet at 11:30 a.m. on Monday, January 9, 2017, where the Committee will review credentialing and privileging files as they relate to medical staff appointment/reappointment.

The Education Committee will convene at noon, which will be followed by the Quality, Budget and Finance Committee, and then Executive Committee meetings. City Manager, Scott Larese, if available, will be giving the City Council liaison report at the Quality Committee.

The Board of Directors will meet in executive session no earlier than 1:30 p.m. Following the Board of Directors Executive Session, the 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, Chairman
Peggy Crooks
Herman Cole
Elizabeth Galfo, M.D.

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
NOVEMBER 7, 2016 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

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

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

- II. Public Comments

- III. FY2016 Audit Report – Moore Stephens Lovelace

Motion: To recommend the Board of Directors approve the Fiscal Year 2016 Audited Financial Statements, Report on Compliance and Internal Controls, Management Letter, the Debt Compliance Letter and Investment Compliance Letter.

- IV. Update-Revenue Cycle – Mr. Sitowitz

- V. Corporate Compliance Update – Anual Jackson

- VI. Adjournment

EDUCATION COMMITTEE

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, JANUARY 9, 2017
NOON
CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Review and Approval of Minutes (March 7, 2016)
- II. Yellow Belt Certification – Mr. Paul Fender
- 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 MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD).

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
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 March 7, 2016 in Conference Room 2/3/4/5, First Floor. The following members were present:

Billie Fitzgerald, Chairperson
Ara Deukmedjian, M.D (3:21 p.m.)
Elizabeth T. Galfo, M.D.
Robert L. Jordan, Jr., C.M.
George Mikitarian (non-voting)
Maureen Rupe, Vice Chairperson
Ashok, Shah, M.D.

Member(s) Absent:

Herman A. Cole, Jr. (excused)
Khadidja Koraibaa, M.D. (excused)

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

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 3:03 p.m.

ELECTION OF CHAIRMAN AND VICE CHAIRMAN

Ms. Fitzgerald opened the floor for nominations of Chairman of the Committee. Ms. Rupe nominated Ms. Fitzgerald; Mr. Retz seconded the nomination and moved to close the nominations on said name.

ACTION TAKEN: MOTION TO APPROVE THE APPOINTMENT OF BILLIE FITZGERALD AS CHAIRMAN OF THE EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE.

Ms. Fitzgerald opened the floor for nominations of Vice Chairman of the Committee. Mr. Jordan nominated Ms. Rupe; Mr. Retz seconded the nomination and moved to close the nominations on said name.

ACTION TAKEN: MOTION TO APPROVE THE APPOINTMENT OF MAUREEN RUPE AS VICE CHAIRMAN OF THE EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (5 ayes, 0 nays, 0 abstentions). Dr. Deukmedjian was not present when the vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE SEPTEMBER 14, 2015 MEETING AS PRESENTED.

ETHICS AND THE SUNSHINE LAW PRESENTATION

Mr. Jackson introduced Tim Wilkes, from the firm of GrayRobinson, who gave a PowerPoint presentation on Ethics and the Sunshine Law. Mr. Wilkes summarized ethics; prohibited acts; voting conflicts; competing financial interests; gifts and the disclosure of; financial disclosure; what, where and when to disclose; the Sunshine Law; permissible closed session meetings; and public records. Copies of the PowerPoint slides are appended to the file copy of these minutes.

OTHER

No other items were presented.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:54 p.m.

Billie Fitzgerald
Chairperson

PI Process at PMC

Yellow Belt Certification Course

This course will teach you about the process improvement philosophy used at PMC – **Lean Six Sigma** (broken down into four learning modules).

- Each module builds on the previous
- Knowledge retention Exam at the end of the course



Jellyfish

- Funny-looking creatures with no brain, no blood, and no heart that have drifted along on ocean currents for ***millions*** of years.
- We will use the word to PREVENT our meeting from drifting.



Jellyfish Rule

If any team member feels the conversation is heading off course or delving into an inappropriate level detail, they can (and should) employ the word to indicate that opinion.

Simply say:

“Jellyfish” or

“I think we’re having a jellyfish moment” or

“Did I just see a jellyfish swim by?”



Paper Airplane Exercise (15mins)

Directions:

1. Fold airplane and write your name on the wing (1 minute)
2. Only rule: it must be a winged craft (you can't just crumple the paper into a ball)
3. Objective is distance



Debrief Discussion: (5mins)

1. If you had to do the activity over with no restrictions what would you do differently?
2. If you had to build 1000 planes in an hour as a group that all met or exceeded the winner's distance mark (on the first flight – no rework) ...what would the process look like? And how would you ensure consistency & quality?
3. How many processes in the organization are set up to deliver the same kind of "first pass yield"?



-
- Why is it important to PMC?
 - Why is it important to me?



Module 1: Work Systems and Processes

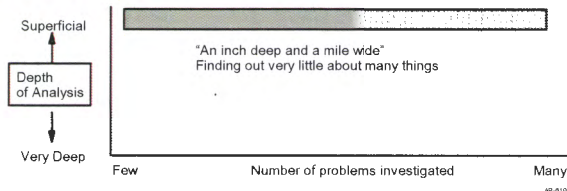


What is Lean Six Sigma?

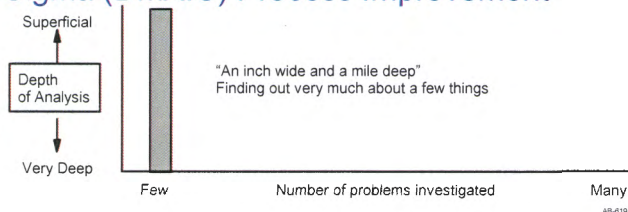
- Six Sigma originated back in the late '70s/early '80s at Motorola. (and later Toyota)
- Six Sigma was originally intended for the manufacturing industry to **improve processes and eliminate defects**, but later was extended to other industries like healthcare.
- “Lean” also came from manufacturing and was designed to **improve process flow and reduce waste**.
- The two were combined into Lean Six Sigma, the philosophy we use at PMC today.



Conventional Problem-Solving



Six Sigma (DMAIC) Process Improvement



Measurement systems

- **Measurement:** Data from the past; almost always 'driving using the rear view mirror'
- Example: Plotting your average driving speed on a run chart over a month
- **Monitoring:** Real time understanding of the situation so that management can be more dynamic
- Example: Using the speedometer to gauge speed as you drive.



So where do we start...

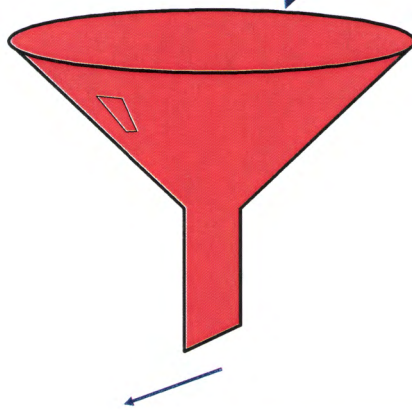
- Work systems: measurement systems (PMC game plan)

Measure	Measure Owner	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL Cause readmission rate (Overall)	Cottrell/Harris	7.7%	12.3%	11.9%	9.4%	12.5%	12.0%	9.7%

- Process management: examples include monitoring with specification limits, policies/procedures, goals/targets, and process maps (PMAPs).



Defining the problem



Key Questions – Problem Statement

- What is the problem?
- When, or under what conditions, does the problem occur?
- Where does the problem occur?
- What is the extent of the problem?
- What is the impact of the problem?

Problem Statement

- A problem statement has the form: **WHAT** is wrong, **WHERE** is the problem, **WHEN** it happened, **TO WHAT EXTENT** and **I KNOW THAT BECAUSE..**”
- Problem statement should be: clear, concise and specific; should not include causes and solutions.



-
- **LD.04.04.01 : Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)**
 - Program: Hospital
 - Chapter: Leadership
 - Introduction to Operations, Standards LD.04.01.01 Through LD.04.04.07: Although some leaders may not be involved in the day-to-day, hands-on operations of the hospital, their decisions and work affect, either directly or indirectly, every aspect of operations. They are the driving force behind the culture of the hospital. Leaders establish the ethical framework in which the hospital operates, create policies and procedures, and secure resources and services that support patient safety and quality care, treatment, and services. Policies, procedures, resources, and services are all influenced by the culture of the hospital and, in turn, influence the culture.
 - Rationale: N/A
 - Elements of Performance:
 - **EP3 – Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.**



• **Group exercise: (10mins)**

1. Answer the following questions about your problem

EP3 – Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.

- ✓ What is the problem?
- ✓ When, or under what conditions, does the problem occur?
- ✓ Where does the problem occur?
- ✓ What is the extent of the problem?
- ✓ What is the impact of the problem?

2. Construct a rough draft problem statement

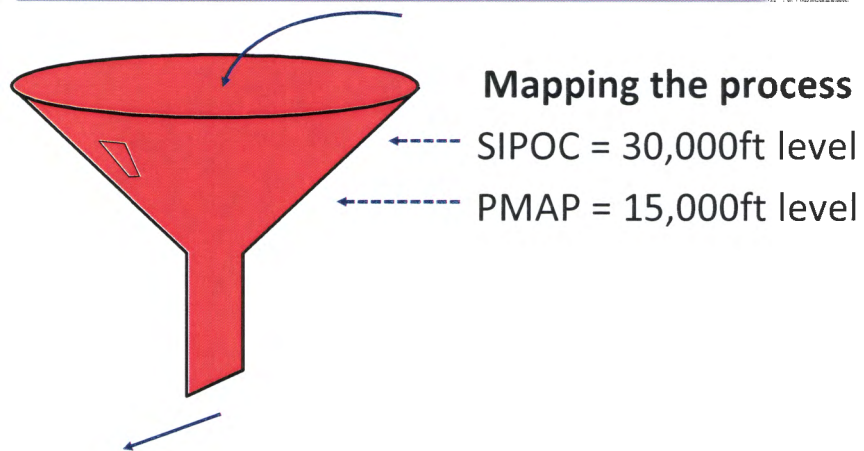
- ✓ A problem statement has the form: WHAT is wrong, WHERE is the problem, WHEN it happened, TO WHAT EXTENT and I KNOW THAT BECAUSE..”
- ✓ Problem statement should be: clear, concise and specific; should not include causes and solutions.

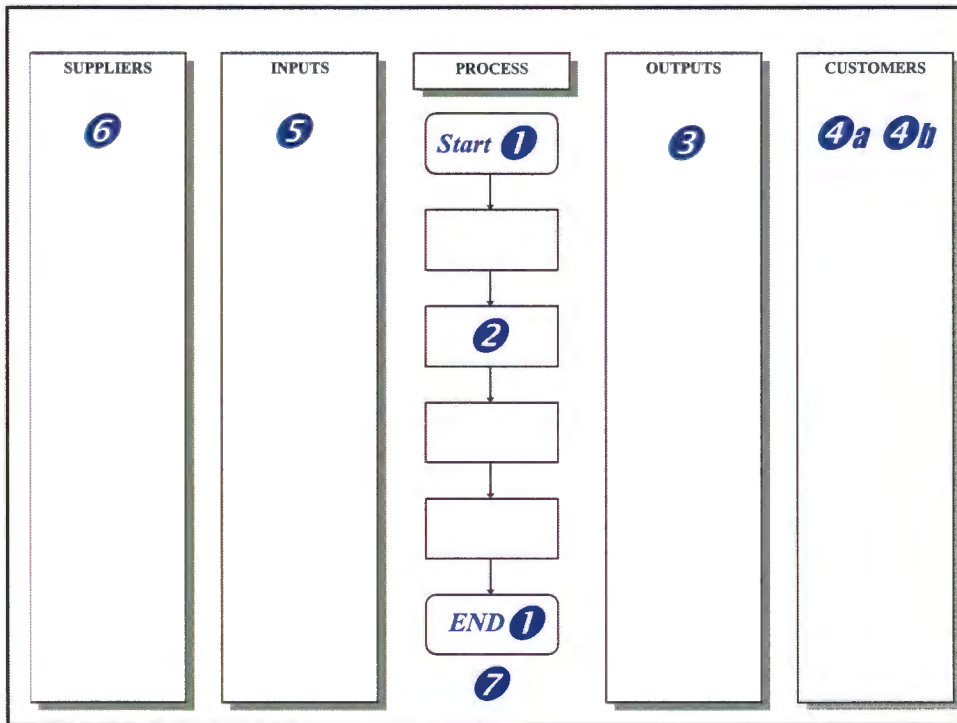
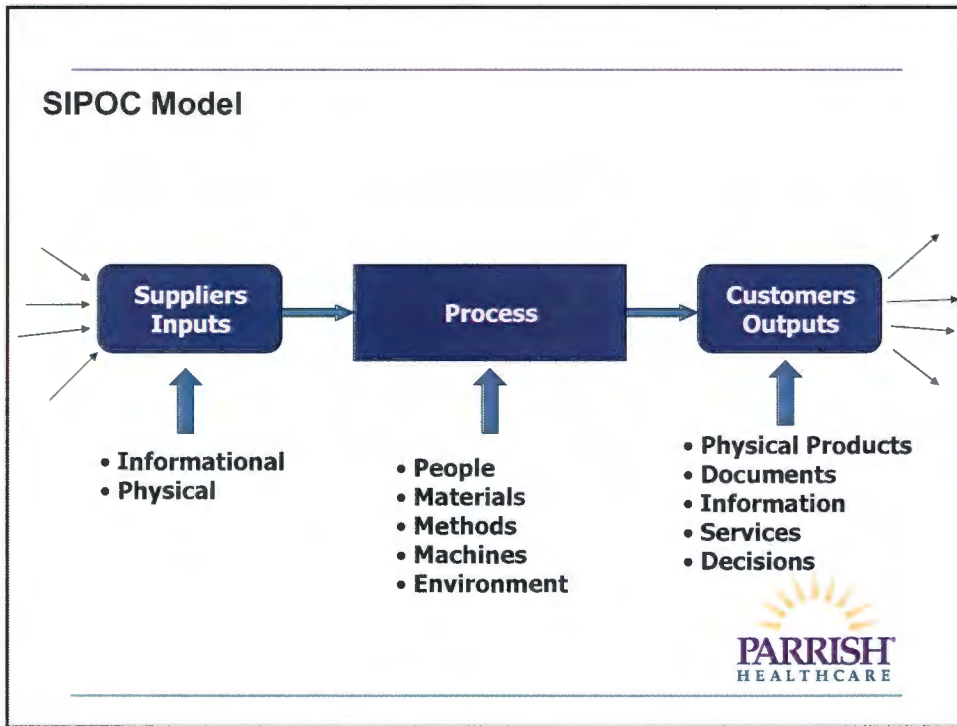


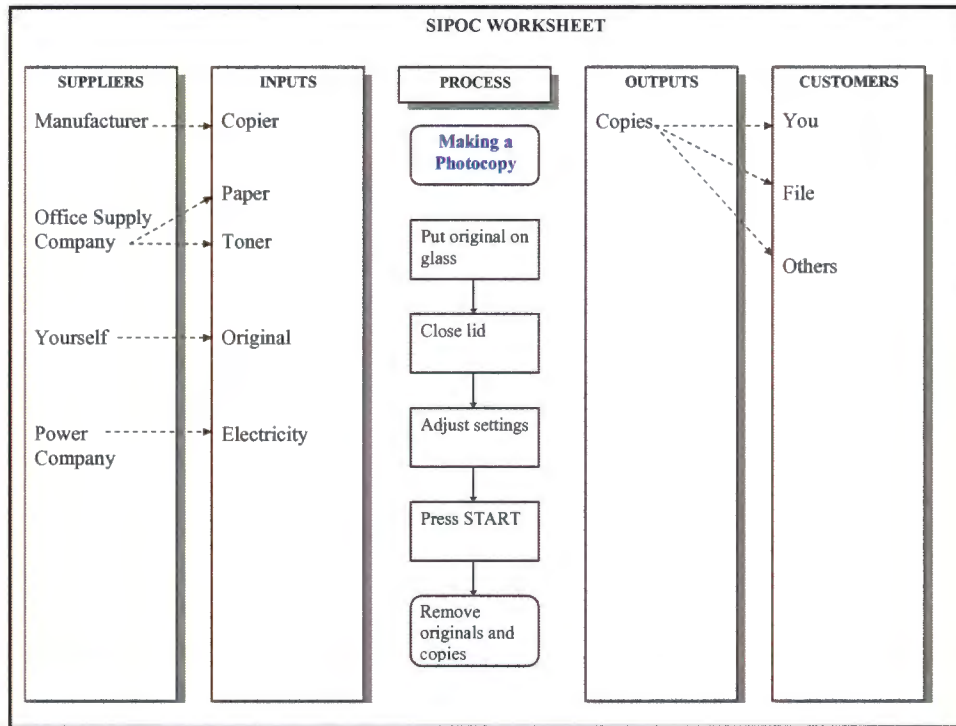
Debrief (5 mins)



Module 2: Measurement systems & Voice of the Customer (VOC)







Methods for Collecting Customer Data

- Interviews (phone, in person)
- Focus Groups
- Surveys
- Sales/Office Visits
- Direct Customer Observation
- Market Research
- Benchmarking
- Customer complaints
- Call Centers
- Customer Service Calls
- Warranty Claims
- Web Activity
- Claims, credits
- Former customers



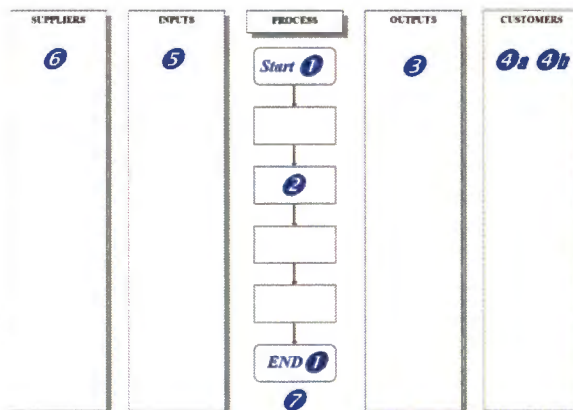
Measures:

- Process measure (Ps) – How the system works (day-to-day operations)
- Ex: % compliance/accuracy with med rec
- Outcome Measure (Qs) - The final product or results
- Ex: Reduced readmits caused by improper med rec



Group Exercise (30mins)

- Create a SIPOC
- Determine Customer requirements for each stakeholder
- Translate the customer requirements into process(Ps) and/or outcome (Qs) measures.
- Report out (5mins each)



Module 3: Process Improvement using DMAIC – Part 1



-
- Signs that Process Improvement may be needed:
 - Missed deadlines
 - High rework rates
 - Customer complaints for cycle time, cost, and/or service quality
 - High employee turnover or unacceptable labor costs
 - Poor benchmark results with similar organizations
 - Need to successfully introduce a new process
 - Need to effectively analyze and implement information systems technology
 - Seven Types of Waste
 - Overproduction (excess quantities, production before customers need them)
 - Extra Processing/Correction (rework)
 - Inventory
 - Waiting (queuing)
 - Motion (extra steps)
 - Transport (unnecessary movement)
 - Defects (does not meet customer specifications)



DMAIC: 5 Steps

1. **Define**
 - Define the project's purpose
 - Collect background information on the process and your customers' needs and requirements
2. **Measure**
 - Gather information on the current situation to provide a clearer focus for your improvement effort
 - Identify the possible root causes of problems
 - Confirm them with data
3. **Analyze**
 - Identify top root causes (segment further if necessary)
 - Select root causes
4. **Improve**
 - Brainstorm and test potential solutions that address the root causes selected (ex. Research, Articles, Best practices)
 - Use data to evaluate results
 - Select final solution(s)
5. **Control**
 - Standardize your work methods or processes
 - Anticipate future improvements



Project Charter

- Clarifies what is expected
- Focuses the team
- Aligned with organizational priorities
- Communication vehicle

Project Charter



Project Name:
 Project Lead:
 Executive Champion:
 Physician Champion:
 Team Members:
 Process Impacted:
 Reported Start Date:
 Expected Completion Date:

Element	Description of Element	Black Belt(s) Assigned:		
		Project Charter		
1. Project Description	Brief background and project's purpose			
2. Process Description	Brief description of the process in which opportunity exists			
3. Business Case	Brief explanation of the expected improvement, or other justification			
4. Benefit to External Customers	Who are the final customers and what benefits will they see?			
5. Problem Statement	Problem and goal statement (project's purpose)			
6. Project Objectives	What are the performance metrics such as throughput, quality, inventory, defects, yield, costs, etc.? What improvement is targeted?	Performance Metrics		
		Process Measure	Current (As-Is) Value	Future (To-Be) Value
		Outcome Measure		
		Financial Measure		
7. Scope Statement	Which parts of the process will be investigated and which parts will be excluded?			
8. Proposed Methods	Which design and analysis concepts, techniques or IT tools are going to be used?			
9. Key Deliverables	What improvements will be produced as a result of the project (relate directly to PMAC's game plan)			
10. Schedule	Key project milestones & dates		Project Start Date:	
Updated as of:	"D" - Define Phase		"D" Completion Date:	
	"M" - Measure Phase		"M" Completion Date:	
	"A" - Analyze Phase		"A" Completion Date:	
	"I" - Improve Phase		"I" Completion Date:	
	"C" - Control Phase		"C" Completion Date:	

Check sheets and Pareto Charts

- Check sheets are basic forms that help standardize data collection by providing specific spaces where people should record data

Defines what data is being collected → Checkout Line Delays

Cashier Wendy Date May 19

Reason	Frequency	Comments
Price check needed		
No cashier available		
Register out of tape		Has room for comments
Not enough money		
Forgot item		
Wrong item		
Manager assistance needed		Correct cashier error, OK check
Other		

Lists the characteristics or conditions of interest

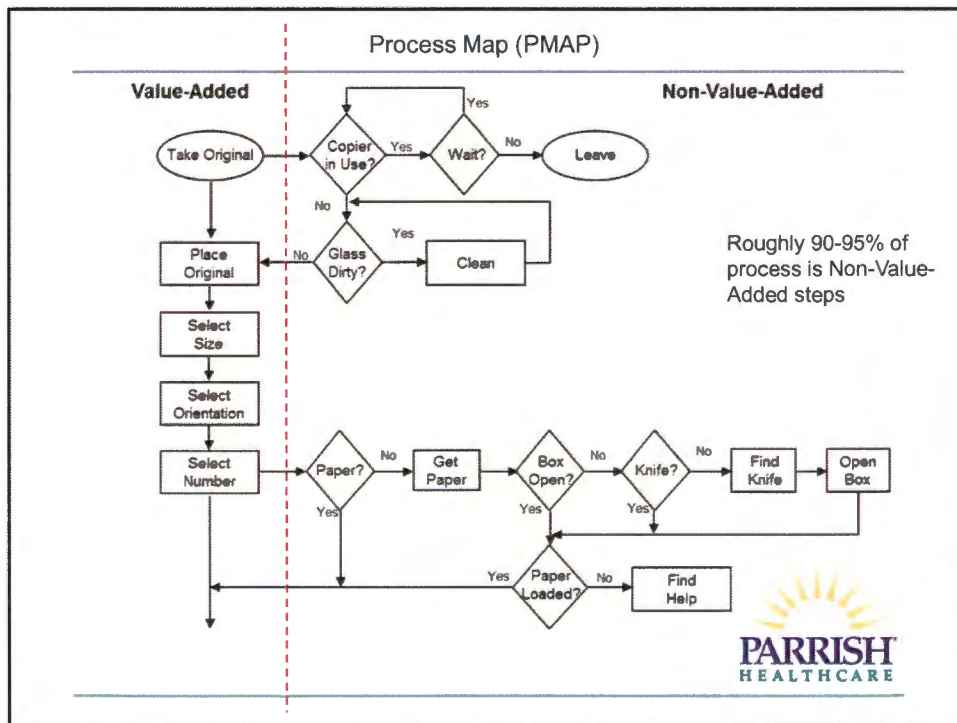
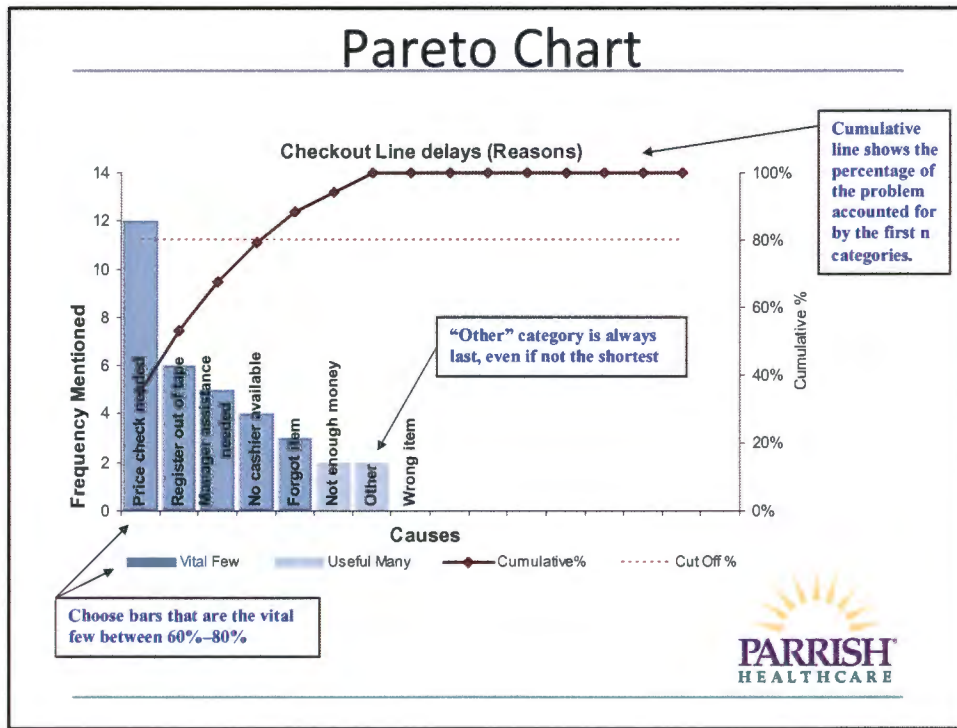
Includes place to put the data

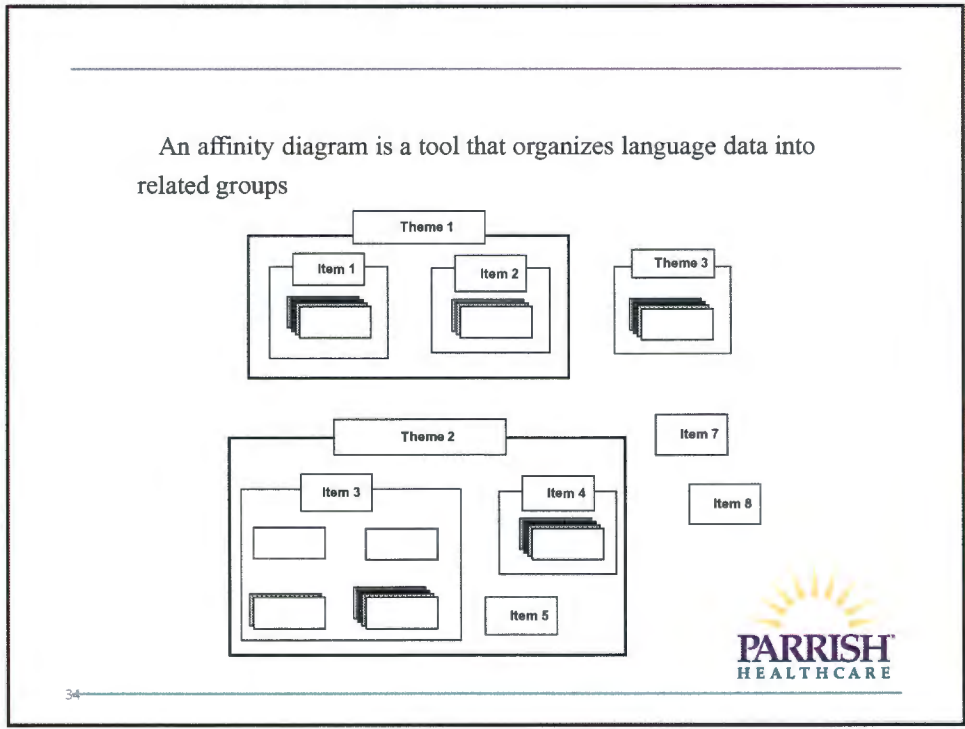
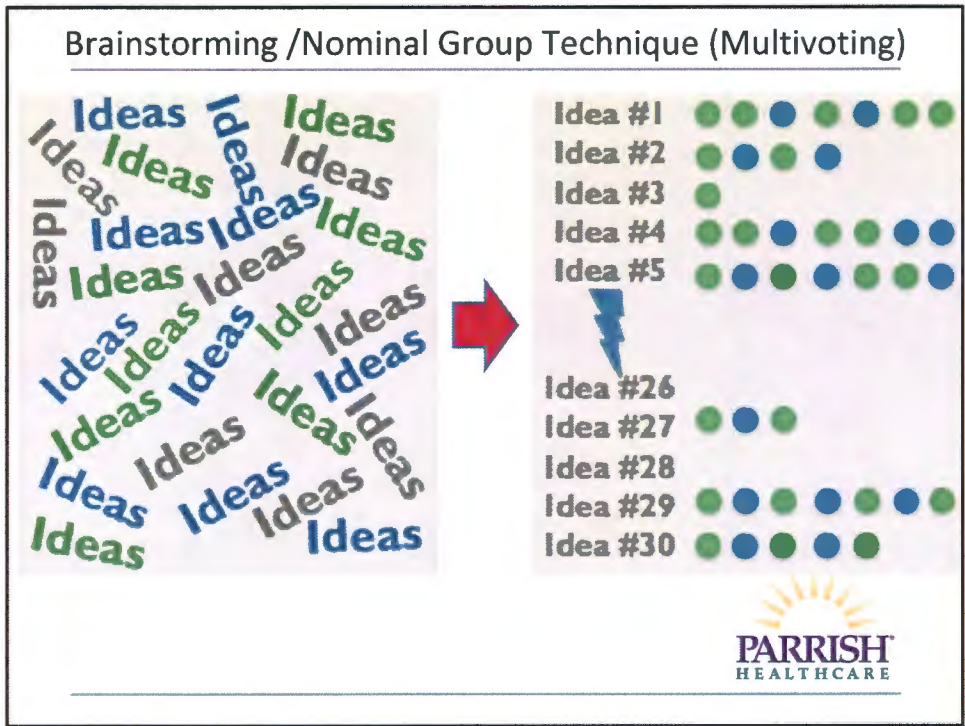
May want to add space for tracking stratification factors

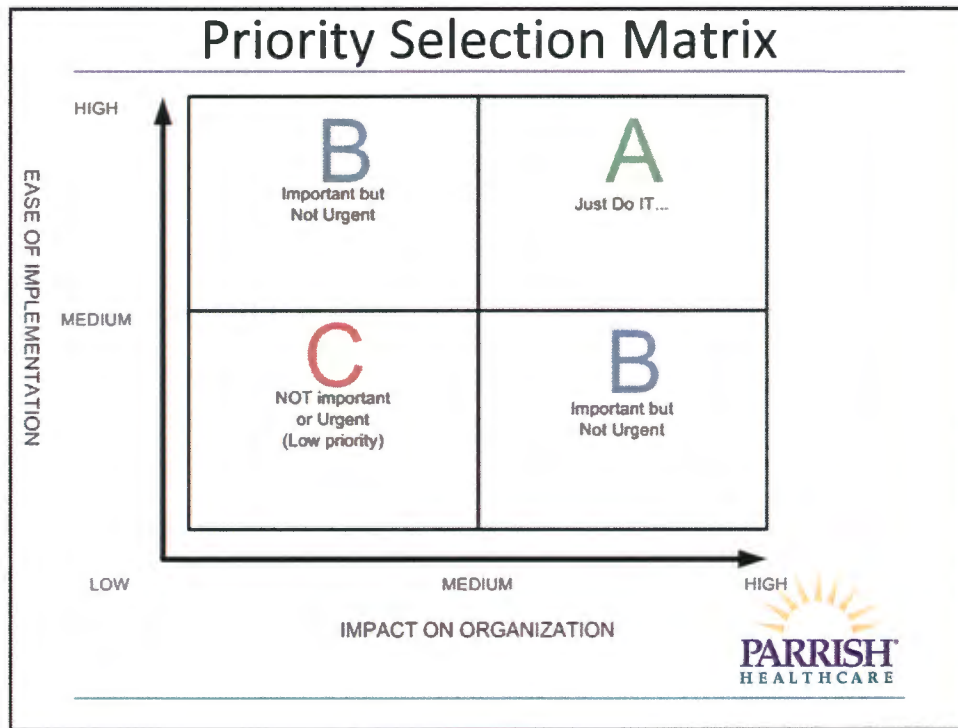
Check sheets and Pareto Principle

- The Pareto principle says that the bulk of a problem is often concentrated in only a few categories
- You can often solve a problem by attacking these “vital few” categories
- Sometimes called the 80/20 rule:
- 80% of the problem is due to 20% of the contributing factors









Speeding Ticket - Rate Root Cause Analysis

WHY: Got caught speeding

- Because I was late for work

WHY was I late for work?

- Because I got up late

WHY did I get up late?

- Because the alarm clock didn't work

WHY didn't the alarm clock work?

- Because the batteries were dead

WHY were the batteries dead?

Because I forgot to replace them.

Actions: Get alarm clock that plugs into the wall or replace batteries at set intervals before they run out

Group Exercise (20 mins)

-Work through the 5whys for your area

-Brainstorm: Generate a list of

POTENTIAL Solutions

“How might we...”



Module 4: Process Improvement
using DMAIC – Part 2



DMAIC: 5 Steps

1. **Define**
 - Define the project's purpose
 - Collect background information on the process and your customer's needs and requirements
2. **Measure**
 - Gather information on the current situation to provide a better focus for your improvement effort
 - Identify the possible root causes of problems
 - Confirm them with data
3. **Analyze**
 - Identify root-cause causes (segment further if necessary)
 - Select root causes
4. **Improve**
 - Brainstorm and test potential solutions that address the root causes selected (ex. Research, Articles, Best practices)
 - Use data to evaluate results
 - Select final solution(s)
5. **Control**
 - Standardize your work methods or processes
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Failure Modes and Effects Analysis (FMEA)

- Systematic, proactive method of evaluating a process
- –Identify where and how it might fail
- –Assess the relative impact of different failures
- –Identify the parts of the process most in need of change
- FMEA includes analysis of:
 - –Steps in the process
 - –Failure modes (What could go wrong?)
 - –Failure causes (Why would the failure happen?)
 - –Failure effects (What would be the consequences of each failure?)

Failure Mode & Effects Analysis

1. Select a process to evaluate with FMEA
2. Recruit a multidisciplinary team
3. Meet together to list all the steps in the process
4. List failure modes and causes

For each failure mode, assign a numeric value for

- Likelihood of occurrence (1-10)
- Likelihood of detection (1-10)
- Severity (1-10)

5. Evaluate the results

- Multiply numbers to get a Risk Priority Number (RPN)
- Total RPN is the sum of all step and failure mode RPNs

FMEA

Process Step	Key Process Input	Potential Failure Mode	Potential Failure Effects	S E V	Potential Causes	O C C U R	Current Controls	D E T	R P N	Actions Recommended
What is the process step?	What is the Key Process Input?	In what ways does the Key Input go wrong?	What is the impact on the Key Output Variables (Customer Requirements) or internal requirements?	How severe is the effect on the customer?	What causes the Key Input to go wrong?	How often does cause of FME occur?	What are the existing controls and procedures (inspection and test) that prevent with the cause or the Failure Mode? Should include an SOP number.	How well can you detect cause of FME?		
									0	
									0	

FMEA RANKINGS

Rating	Severity	Occurrence	Detection
10	Death	Several times every shift	Cannot detect
9	Injury to patient	At least once every shift	Extremely low probability of detection
8	Delay in necessary treatment	At least once per day	Low probability of detection
7	Elopement / AMA	Once every 3-4 days	Only detectible with some effort
6	Extreme dissatisfaction	Once per week	Easily detected after the fact
5	Total wait > 3 hours	Once per month	EMStat controls in place
4	Minor dissatisfaction/complaint	Once every 3-6 months	Easily detected if checked
3	Minor nuisance, can be overcome	Once per year	Key staff aware in real time
2	Unnoticed, minor effect	Once every 2-5 years	Likely detection, correctible
1	Unnoticed, no effect on performance	Once every 6-100 years	Obvious to all, easily corrected

Severity = likely impact of a failure
 Occurrence = how often the cause will occur
 Detection = how likely we are to know if the cause has occurred

Cause & Effect Diagram (Fishbone)

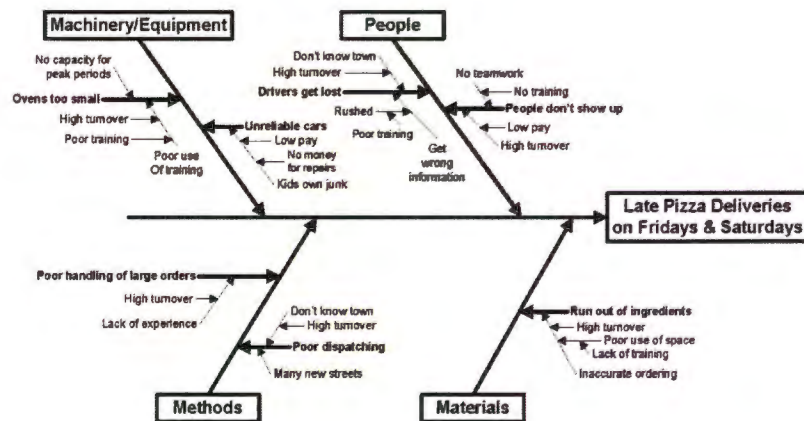
Service Process:

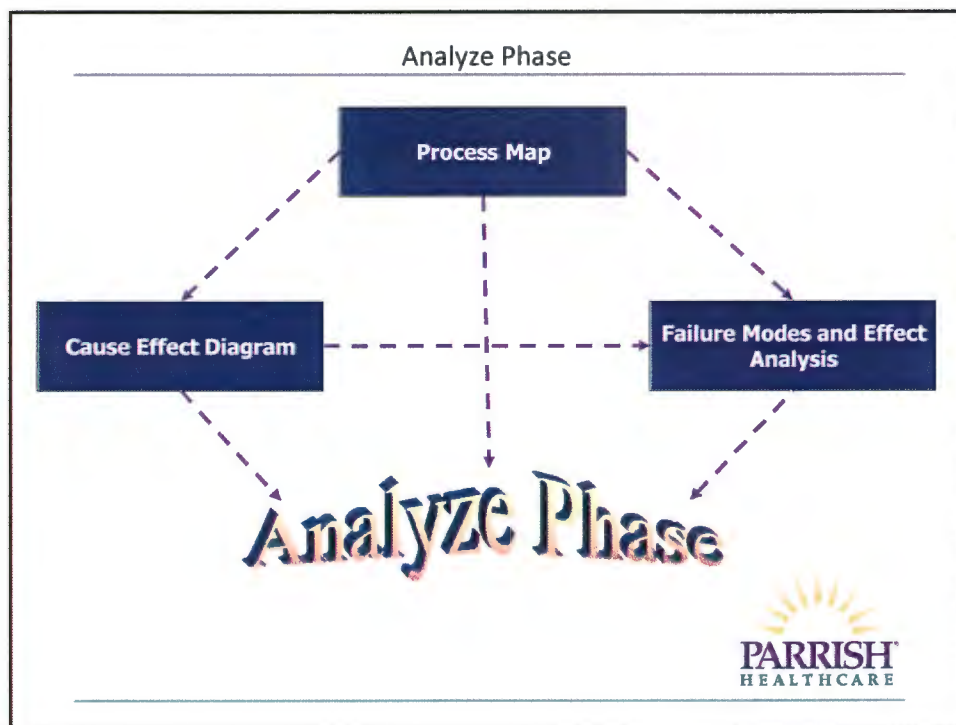
- People
- Policies (higher-level decision rules)
- Plant (equipment and space)
- Procedures (steps in a task)
- Environment (buildings/logistics, and space)
- Measurement (calibration & data collection)

Production Process:

- People (the human element)
- Methods (how work is done)
- Machines/Equipment
- Materials (components/raw materials)
- Mother nature/environment (buildings/logistics, and space)
- Measurement (calibration & data collection)

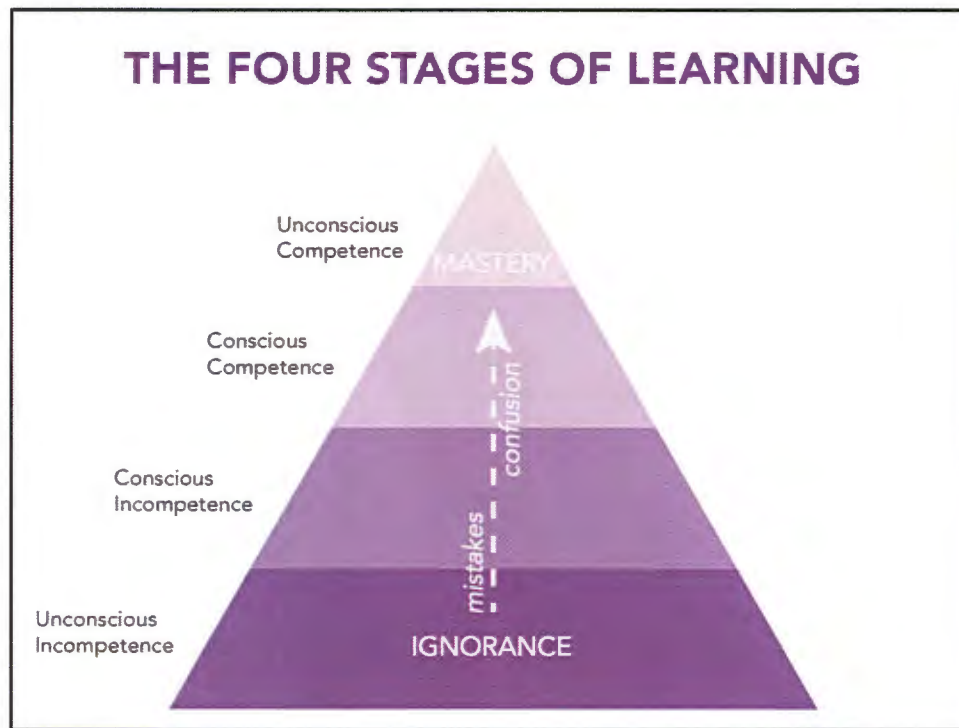
Cause & Effect (Fishbone) Diagram Example





Why Rapid Cycle Test (RCT)?

- Increase the belief that the change will result in improvement
- Predict how much improvement can be expected from the change
- Learn how to adapt the change to conditions in the local environment
- Evaluate costs and side-effects of the change
- Minimize resistance upon implementation
- RCT's should not last more than 2 weeks



How Do We sustain the changes we just made?

Control Basics:

- Standardize and document the changes to the process components (SOP's)
- Establish ongoing monitoring (Game plan)
- Review the monitored results
- Hand off, key learning and next steps



Group Exercise (20 mins)

-List Reduction (reduce the list from previous exercise)

-As a group, pick the top 3 solutions that you want to test and design a rapid cycle test.

Report out (5 mins each team)



Tools & Templates

- How-To's and templates now available on iCare:
 - Go to...Game Plan tab > Process Improvement > Related Documents
 - Project charter
 - SIPOC
 - Check Sheets/Pareto analysis
 - FMEA
 - Gantt Chart



Questions About Six Sigma?

Final Exam & course evaluation



**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

**EDUCATIONAL/GOVERNMENTAL & COMMUNITY RELATIONS COMMITTEE
JANUARY 9, 2017**

NAME

ADDRESS

Billie Fitzgerald

Maureen Rupe

George Mikitarian

Ashok Shale MD

Stan Retz

Herman Cole

Elizabeth Galford MD

Robert Jordan

Jerry Noffel

Peggy Crooks

Alvin Ochoa MD

Dwight Fender

Edwin Loftin

William Boyles

John Kmcilie

Jeremy Bradford

**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

**EDUCATIONAL/GOVERNMENTAL & COMMUNITY RELATIONS COMMITTEE
JANUARY 9, 2017**

NAME

ADDRESS

Natalie Sellers

Mike Sitowitz

Josh Field

QUALITY COMMITTEE

Herman A. Cole, Jr. (ex-officio)
Peggy Crooks
Ara Deukmedjian, M.D., President/Medical Staff
Billie Fitzgerald
Elizabeth Galfo, M.D.
Nabil Itani, D.O. or Designee
Robert L. Jordan, Jr., C.M.
George Mikitarian (non-voting)
Jerry Noffel
Ravi Rao, M.D. or Designee
Stan Retz, CPA
Joseph Rojas, M.D. or Designee
Maureen Rupe
Ashok Shah, M.D.

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, JANUARY 9, 2017
IMMEDIATELY FOLLOWING EDUCATION COMMITTEE
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the November 7, 2016 meeting.
- II. Vision Statement
- III. Public Comment
- IV. Dashboard Review – Mr. Loftin
- V. The Joint Commission (TJC) – Leadership Standards
- VI. Other
- VIII. Executive Session (if necessary)

ADJOURNMENT

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

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD). THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL 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 November 7, 2016 in the Executive Conference Room. The following members were present.

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

Member(s) Absent:

Nabil Itani, D.O. (excused)
Jerry Noffel (excused)
Ravi Rao, M.D. (excused)
Joseph Rojas, M.D. (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 12:14 p.m.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

PUBLIC COMMENTS

No public comments were made.

QUALITY DASHBOARD REVIEW

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

HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN)

Mr. Loftin shared with the committee that Parrish Medical Center participates in Vizient's Hospital Improvement Innovation Network (HIIN), and recently received their Outstanding Commitment Award; Performance Achievement Award; and Outstanding Performer Award.

LEAPFROG

Mr. Loftin announced that Leapfrog recently released their annual hospital grades and Parrish Medical Center received an A. PMC has consistently received A's since 2012.

TITUSVILLE CITY COUNCIL LIAISON

Mr. Scott Larese, City Manager addressed the committee, and distributed the latest edition of the Titusville Talking Points. He noted the Hail and Farewell event to recognize incoming and outgoing Councilmembers scheduled for November 17th.

PATIENT SAFETY MOVEMENT

Mr. Loftin discussed the Patient Safety Movement and noted that participants of the movement were entered into the President Carter Fishing Trip. PMC was the #2 institution that submitted a commitment with the highest number of lives saved. Mr. Sitowitz was selected to attend an exclusive fishing trip with former President Jimmy Carter and his wife, Rosalynn, along with a select few other guests.

OTHER


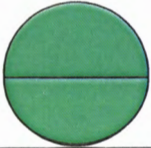
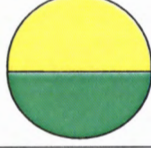
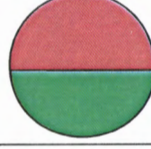
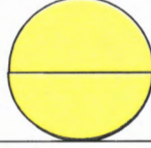
No other business was discussed.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:13 p.m.

Herman A. Cole, Jr.
Chairman

Board Value Dashboard: December 2016

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

CMS/IHI Triple Aim

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

Value= Quality/Cost

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



PMC
Board Quality & Safety
Committee

Value Dashboard

January 2017



Agenda

1. Vision Statement
2. Dashboard
3. TJC – Leadership Standards
4. Other

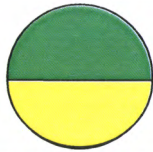
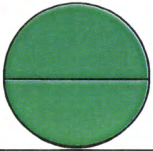
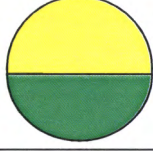
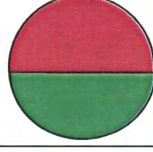
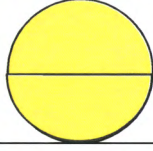


Quality Committee Vision Statement

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



Board Value Dashboard: December 2016

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

CMS/IHI Triple Aim

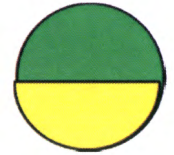
- Better Care For Individuals
- Better Health for Populations
- Lower Costs Through Improvement

Value= Quality/Cost



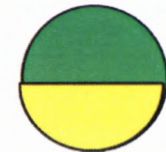
(Most current 3 months of data; September, October, November)

1. Core Measures



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

1. Core Measures 2016



Conditions:

Sepsis

VTE

Stroke

Emergency Department Treatment Times

Influenza Immunization

Perinatal Care



FY 18/ CY 16 Core Measures

Indicator	Hospital Compare 90 th Percentile	Hospital Compare (Apr 15 – Mar 16)	Vizient Top Quartile	Vizient Report (Apr 15 – Mar 16)	Final Apr – June 2016	Final Jul – Sep 2016	Concurrent Oct – Dec 2016
Stroke	100%	79%*	98%	93%	93%	100%	91%
Immunization	100%	95%	100%	95%	-	-	91%
Perinatal Care	100%	99%	97%	99%	100%	100%	100%
VTE	100%	100%	99%	98%	100%	100%	100%
ED-1 (minutes)	176	267	282	287	378	367	335
ED-2 (minutes)	39	130	111	147	211	225	196
Sepsis	-	-	-	-	31%	26%	40%

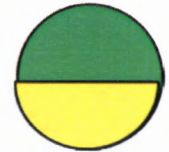
*Immunization – Influenza only

*VTE – Discharge instructions and hospital acquired only

*Reflects score for STK 4 only.



1. Core Measures



Quality Dashboard Scoring Criteria

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

1. Core Measures



Cost Dashboard Scoring Criteria

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

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

	Cost	DRG Payment	Ratio
HF/AMI/PN/ COPD/TJ ¹	\$10198	\$7982	78%

Oct. *

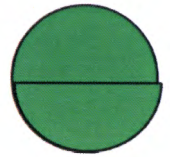
1- Average/case

Source – Internal Cost/Reimbursement Review-TR and Treo



2. Hospital Acquired Conditions

- ❑ Conditions



- ❑ PSI 90 indicators

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

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

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



Patient Safety Indicators

PSI-90

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

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



FY 17/ CY 15 PSI-90

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

Source- TRUVEN, CMS and Leapfrog ,Meditech
12/20/2016 ALM



Information regarding PSI Occurrences

1 in September

- PSI #15 Accidental Puncture

1 in October

- PSI #6 Pneumothorax

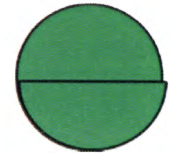
2 in November

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



2. Hospital Acquired Conditions

Performance Goals



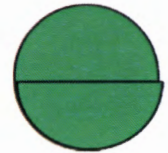
- No infections
- No falls with harm or bed sores
- Compliance with major care processes

Source – Goals established from IHI and CMS standards



2. Hospital Acquired Conditions

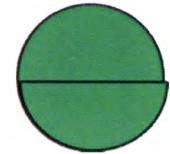
Quality Dashboard Scoring Criteria



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

2. Hospital Acquired Conditions

Cost Dashboard Scoring Criteria



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

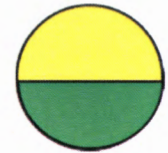
- Green: Complete cost avoidance
- Yellow: no more than one incidence of cost due to HAC
- Red: Cost associated with more than one HAC

Source – Internal Cost/Reimbursement Review- TR, Treo



3. Patients' Hospital Experience

❑ Components











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

❑ Performance goals

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

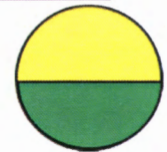


NRC Screen Shot

	Improvement Planning	Benchmarks	
Overall		NRC Average*	Qtr 4 2016†
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	 	73.9%	68.5%
Highest Scores more...		NRC Average*	Qtr 4 2016†
<input checked="" type="checkbox"/> Discharge Information		88.3%	90.2%
<input checked="" type="checkbox"/> Communication with Nurses		79.3%	80.1%
<input checked="" type="checkbox"/> Communication with Doctors		81.4%	73.8%
Lowest Scores more...		NRC Average*	Qtr 4 2016†
<input checked="" type="checkbox"/> Care Transitions		53.2%	48.2%
<input checked="" type="checkbox"/> Communication About Meds		64.5%	61.0%
<input checked="" type="checkbox"/> Responsiveness of Hospital Staff		66.4%	66.2%
Legend			
Green - score is equal to or greater than the NRC Average			
Yellow - score is less than the NRC Average, but may not be significantly			
Red - score is significantly less than the NRC Average			
▽ - Warning: n-size is low!			
* - Data is not final and subject to change.			
PR - Percentile Rank.			

3. Patients' Hospital Experience

Quality Dashboard Scoring Criteria



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

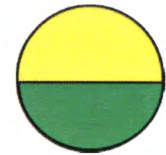
* note- This will follow the final VBP rulings.

Source – PRC reporting (iCare)- CMS



3. Patients' Hospital Experience

Cost Dashboard Scoring Criteria



Financial impact on VBP

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

* note- This will follow the final VBP rulings.

Source – VHA VBP projection tool



4. Emergency Department Care

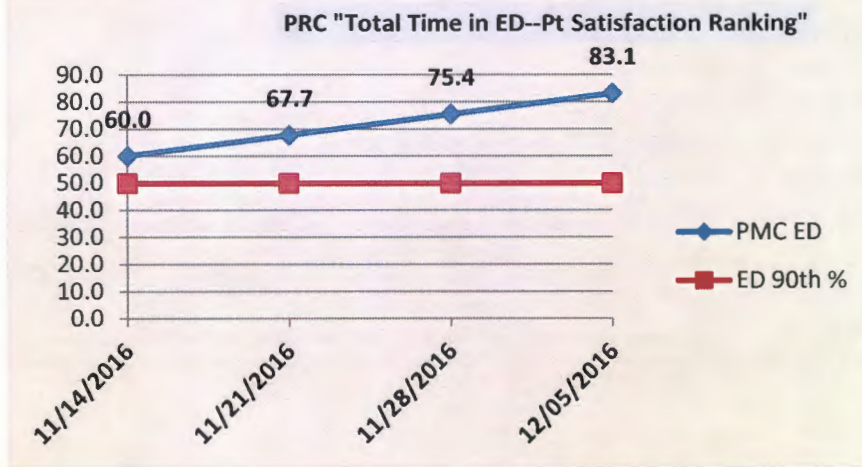
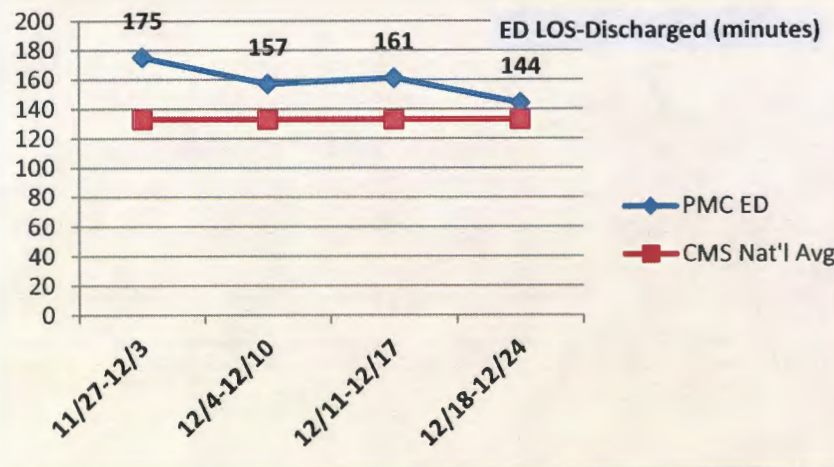
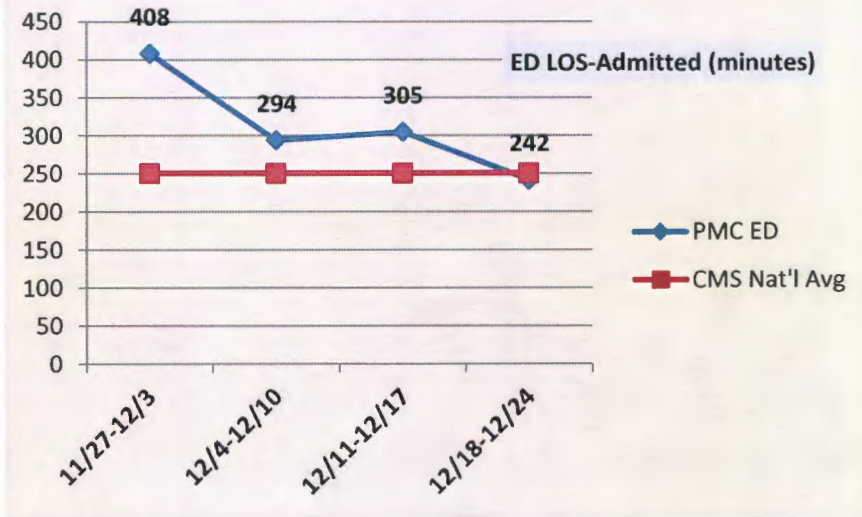
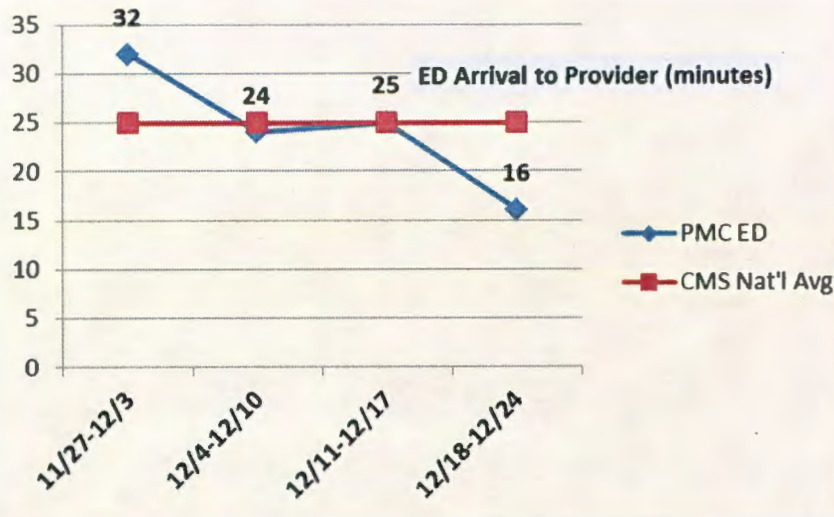
Definition	Actual	Goal
Pts Leave w/o Treatment	5% ↓	<2%
Pts return and admit in less than 48 hrs	0.82% ↓	<2%
Door to Doc (Median)	34 ↓	< 25 min
Door to D/C (Average)	177 ↓	161
Decision to Bed (Median)	202 ↓	115



Source – Internal Review -CMS

Parrish Medical Center – ED Throughput Update

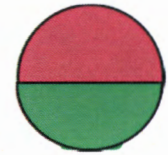
12/27/2016



MEDICAL CENTER

4. Emergency Department Care

Quality Dashboard Scoring Criteria



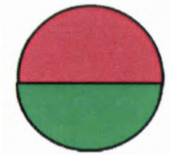
- ❑ Green: All performance goals met
- ❑ Yellow: Performance for all components at or below 1.5 times the target
- ❑ Red: One or more components above 1.5 times the target

Source – Goals established from ACEP and ENA



4. Emergency Department Care

Cost Dashboard Scoring Criteria



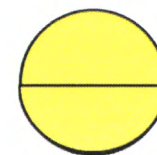
Emergency Department Budget Score

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

Source – Internal Cost/Reimbursement Review



5. Readmissions



Quality Dashboard Scoring Criteria

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

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

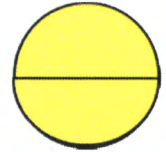
Sept	12.2
Oct	12.2
Nov	6.8
	10.2%



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



5. Readmissions



Cost Dashboard Scoring Criteria

Non-reimbursed cost of readmissions

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

Source – Internal Cost/Reimbursement Review



Questions ?



The Joint Commission Leadership Standards Review



I. Leadership Structure January

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

II. Leadership Relationships February

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



III. Organization Culture and System Performance

Expectations March

A. Culture of Safety and Quality (LD.03.01.01)

B. Using Data and Information (LD.03.02.01)

C. Organization wide Planning (LD.03.03.01)

D. Communication (LD.03.04.01)

E. Change Management and Performance
Improvement (LD.03.05.01)

F. Staffing (LD.03.06.01)

IV. Operations April

A. Administration (LD.04.01.01, LD.04.01.03, LD.04.01.05,
LD.04.01.06, LD.04.01.07, LD.04.01.11)

B. Ethical Issues (LD.04.02.01, LD.04.02.03, LD.04.02.05)

C. Meeting Patient Needs (LD.04.03.01, LD.04.03.07, LD.04.03.09,
LD.04.03.11)

D. Managing Safety and Quality (LD.04.04.01, LD.04.04.03,
LD.04.04.05, LD.04.04.07)



Leadership Structure

LD.01.01.01: The hospital has a leadership structure. Rationale: Every hospital has a leadership structure to support operations and the provision of care. In many hospitals this structure is formed by three leadership groups: the governing body, senior managers, and the organized medical staff. In some hospitals there may be two leadership groups, and in others only one. Individual leaders may participate in more than one g

Elements of Performance

- 1 The hospital identifies those responsible for governance.

EP Attributes

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

§482.12



2 The governing body identifies those responsible for planning, management, and operational activities.

EP Attributes

New	FSA	CMS	DOC
		§482.12(d) (7)(ii) §482.12	

3 The governing body identifies those responsible for the provision of care, treatment, and services. (See also NR.01.01.01, EP 3)

EP Attributes

New	FSA	CMS	DOC
		§482.22	



LD.01.02.01: The hospital identifies the responsibilities of its leaders.

Rationale: Many responsibilities may be shared by all leaders. Others are assigned by the governing body to senior managers and the leaders of the organized medical staff. Hospital performance depends on how well the leaders work together to carry out these responsibilities.

Elements of Performance

1 Senior managers and leaders of the organized medical staff work with the governing body to define their shared and unique responsibilities and accountabilities. (See also NR.01.01.01, EP 3)

EP Attributes

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



4 For hospitals that use Joint Commission accreditation for deemed status purposes: The chief executive officer, medical staff, and nurse executive make certain that the hospital wide quality assessment and performance improvement and training programs address problems identified by the individual responsible for infection prevention and control and that corrective action plans are successfully implemented. (See also IC.03.01.01, EP 7)

EP Attributes

New	FSA	CMS	DOC
		§482.42(b) (2)	
		§482.42(b) (1)	



LD.01.03.01: The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Rationale: The governing body's ultimate responsibility for safety and quality derives from its legal responsibility and operational authority for hospital performance. In this context, the governing body provides for internal structures and resources, including staff, that support safety and quality.

Elements of Performance

1 The governing body defines in writing its responsibilities.

EP Attributes

New	FSA	CMS	DOC
		§482.12	D



2 The governing body provides for organization management and planning.

EP Attributes

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

§482.12(d) (7)(i)
 §482.12

3 The governing body approves the hospital's written scope of services. (See also PC.01.01.01, EP 7) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to the "Medicare Requirements for Hospitals" appendix.

EP Attributes

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

§482.12(f)D (1) §482.26 §482.27(a)
 (2) §482.51(a) §482.52 §482.52(a)
 §482.52(b) §482.53(a) §482.54
 §482.55 §482.56 §482.56(a)
 §482.57(a) §482.54 §482.53 §482.53



4 The governing body selects the chief executive responsible for managing the hospital.

EP Attributes

New	FSA	CMS	DOC
		§482.12(b)	

5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)

EP Attributes

New	FSA	CMS	DOC
		§482.12(e) (1) §482.52(b) §482.53(a) §482.53(c) §482.54 §482.55 §482.56(a) §482.57(a) §482.21(e) (1) §482.54 §482.53 §482.53	



6 The governing body works with the senior managers and leaders of the organized medical staff to annually evaluate the hospital's performance in relation to its mission, vision, and goals.

EP Attributes

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

§482.21(e) (1)

8 The governing body provides the organized medical staff with the opportunity to participate in governance.

EP Attributes

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

§482.12(d)
(7)(ii)
§482.12(a)
(10)



9 The governing body provides the organized medical staff with the opportunity to be represented at governing body meetings (through attendance and voice) by one or more of its members, as selected by the organized medical staff.

EP Attributes

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

§482.12(a) (10)

10 Organized medical staff members are eligible for full membership in the hospital's governing body, unless legally prohibited.

EP Attributes

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

§482.12(a) (10)



21 For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital's organization and services, involve all departments and services, and include services provided under contract. (For more information on contracted services, see Standard LD.04.03.09)

EP Attributes

New	FSA	CMS	DOC
		§482.21	



LD.01.04.01: A chief executive manages the hospital.

Rationale: Not applicable.

Elements of Performance

1 The chief executive provides for the following: Information and support systems. **EP Attributes**

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

3 The chief executive provides for the following: Physical and financial assets. **EP Attributes**

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

5 The chief executive identifies a nurse leader at the executive level who participates in decision making. (See also NR.01.01.01, EP 3 for specific nurse leader responsibilities)
EP Attributes

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



LD.01.05.01: The hospital has an organized medical staff that is accountable to the governing body.

Rationale: Not applicable.

Elements of Performance

2 The organized medical staff is self governing. (Refer to the bulleted list describing self governance in the Overview to the "Medical Staff" [MS] chapter.)

EP Attributes

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

4 The governing body approves the structure of the organized medical staff.

EP Attributes

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

§482.22(b)
§482.22(b) (1)



6 The organized medical staff is accountable to the governing body.

EP Attributes

New	FSA	CMS	DOC
		§482.12(a) (5) §482.22(b) §482.22	

7 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff.

EP Attributes

New	FSA	CMS	DOC
		§482.22(b) (3)(i) §482.22(b) (3)(ii) §482.22(b) (3)(iii)	



8 For hospitals that use Joint Commission accreditation for deemed status purposes: There is a single organized medical staff.

EP Attributes

New	FSA	CMS	DOC
		§482.22	



2017 100 SafeCare Hospitals



PRESS RELEASE UPDATED: JAN 9, 2017 08:09 EST

Fourth consecutive 100 SafeCare Hospitals Listing

Lexington, KY, January 9, 2017 (Newswire.com) - For the fourth year in a row, The SafeCare Group® has published the 100 SafeCare Hospitals® listing. Unlike other designations, 100 SafeCare Hospitals® is not an award that hospitals receive; 100 SafeCare Hospitals® is a distinction that hospitals earn based upon performance in the comprehensive, evidence-based metrics of the Centers of Medicare and Medicaid (CMS) value based program (HVBP), readmissions reduction program (HRRP), and acquired complications reduction program (HACRP).

"Just two percent of US hospitals earn the prestigious 100 SafeCare Hospitals® distinction," said Yisrael M. Safeek, MD, MBA, CPE, FACPE, Chairman and CEO. "We believe that this listing would incentivize doctors, nurses and hospitals to improve care and reduce unnecessary errors that harm patients. The listings reflect a balanced scorecard representing quality, patient safety, and efficiency of care provided at those hospitals. Hospitals that performed poorly on these evidence-based metrics receive a financial penalty from the Centers of Medicare and Medicaid Services."

PMC – Top 100

4th consecutive year



**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

QUALITY COMMITTEE

JANUARY 9, 2017

NAME

ADDRESS

Herman Cole	
Robert Jordan	
Elizabeth Galfo MD	
Peggy Crooks	
Alvin Cohen MD	
Jerry Nofel	
Stan Retz	
Maureen Rupe	
Billie Fitzgerald	
Ashok Shah MD	
Edwin Loftin	
Jeremy Bradford	
Linda Carnillo	
Natalie Sellers	
Mitee Sitavitz	
William Boyles	

**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

QUALITY COMMITTEE

JANUARY 9, 2017

NAME

ADDRESS

John Kincilia

Chris McAlpine

Tracy Hudgus

Pam Perez

Pedro Carmona MD

LeeAnn Cottrell

Natt Graybill

Paul Fender

Auna Naynard

Marsha Richardson

Amual Jackson

Josh Field

Kristina Weaver

Erin Head

Scott Laruse

FINANCE COMMITTEE MEMBERS:

Stan Retz, Chairman
Peggy Crooks, Vice Chairman
Jerry Noffel
Elizabeth Galfo, M.D.
Christopher Manion, M.D.
Herman Cole (ex-officio)
George Mikitarian, President/CEO (non-voting)
Aluino Ochoa, M.D., (alternate)

**TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, JANUARY 9, 2017
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approval of minutes (November 07, 2016)

Motion: To recommend approval of the November 07, 2016 minutes as presented.

- II. Public Comments
- III. Report from Titusville City Council Liaison- Scott Larese
- IV. Financial Review – Mr. Sitowitz

- V. Space Coast Hospital Services Inc. Dissolution Agreement – Mr. Sitowitz

Motion: To recommend to the Board of Directors to approve the dissolution agreement for Space Coast Hospital Services, Inc., as presented.

- VI. Space Coast Rabbi, LLC Operating Agreement – Mr. Sitowitz

Motion: To recommend to the Board of Directors to approve the operating agreement for Space Coast Rabbi, LLC, as presented.

- VII. Quarterly FY16 Final Capital Update & FY 17 Capital Update – Mr. Sitowitz
- VIII. Quarterly Clinical CQVA Analysis – Mr. Sitowitz

IX. Disposal

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

X. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Budget and Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on November 7, 2016 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairman
Herman A. Cole, Jr.
Peggy Crooks, Vice Chairman
Ara Deukmedjian, M.D. (1:30 p.m.)
Elizabeth Galfo, M.D.
George Mikitarian (non-voting)

Member(s) Absent:

Christopher Manion, M.D. (excused)
Jerry Noffel (excused)

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

CALL TO ORDER

Mr. Retz called the meeting to order at 1:18 p.m.

PUBLIC COMMENTS

No public comments made.

QUARTERLY INVESTMENT REPORTS

Messrs. John & Tim Anderson reviewed the 3Rd Quarter Performance Reviews for both Operating and Pension Funds. Mr. Tim Anderson presented a brief market update and Mr. John Anderson noted the Operating and Pension Funds and year-to-date and historical values, and manager reports. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Ms. Crooks and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE UNFREEZING THE PIMCO TOTAL RETURN FUND TO ALLOW NEW MONEY BE INVESTED, THIS FUND IS IN THE 457 PLAN.

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

***ACTION TAKEN:* MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE PENSION PLAN INVESTMENT POLICY WITH REVISION AS PRESENTED.**

POWER WELLNESS

Ms. Carrillo introduced Jaime Lehotsky and Peg Brave from Power Wellness who gave an overview of the company history, core values and services and their medically integrated model. Malcolm Sina and Allen Goins from AG-Sina Medical One, LLC gave an overview of their corporate directives, experience and projects. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved (4 ayes, 0 nays, 0 abstentions) Dr. Deukmedjian was not present when the vote was taken.

***ACTION TAKEN:* MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO AUTHORIZE MANAGEMENT TO ENTER INTO A NON-BINDING LETTER OF INTENT WITH AG-SINA MEDICAL ONE, LLC, AND PERFORM THE NECESSARY DUE DILIGENCE REQUIRED TO DEVELOP A JOINT VENTURE RELATIONSHIP CONSISTENT WITH THE LETTER OF INTENT AND DEVELOP A PURCHASE AND SALE AGREEMENT FOR THE HEALTH & FITNESS CENTER LOCATED AT 2210 CHENEY HIGHWAY, TITUSVILLE, FL 32780.**

SURPLUS PROPERTIES

Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Cole and approved (4 ayes, 0 nays, 0 abstentions) Dr. Deukmedjian was not present when the vote was taken.

***ACTION TAKEN:* MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE RESOLUTIONS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DECLARING SURPLUS REAL PROPERTY AT 2210 CHENEY HIGHWAY, TITUSVILLE, FLORIDA 32780.**

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

***ACTION TAKEN:* MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE RESOLUTIONS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DECLARING SURPLUS REAL PROPERTY AT 7075 N. U.S. HIGHWAY 1, COCOA, FLORIDA 32927.**

FINANCIAL REVIEW

Mr. Sitowitz summarized the September 2016 financial statements.

HOSPITAL LIP/DSH LETTER OF AGREEMENT

Mr. Sitowitz noted that there was a request from AHCA regarding Medicaid funding under the LIP program. Discussion ensued and the following motion was made by Ms. Crooks, seconded by Mr. Cole, and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE MANAGEMENT ENTERING INTO A LETTER OF AGREEMENT WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION FOR INCREASED MEDICAID FUNDING UNDER THE LIP PROGRAM FOR THE PERIOD OF JULY 1, 2016 THROUGH JUNE 30, 2017 AND TO PAY THE STATE AN AMOUNT NOT TO EXCEED THE TOTAL OF \$34,600, PENDING A POSITIVE RESPONSE FROM THE AGENCY FOR HEALTH CARE ADMINISTRATION ON THE FINAL DISTRIBUTION OF FUNDS.

OTHER

Mr. McAlpine noted that additional renovations to 845 Century Medical Drive are required to bring the electrical system to NRC regulations, as well as modifications to the cooling system, drainage, and roof replacement. Discussion ensued and the following motion was made by Mr. Cole, seconded by Ms. Crooks, and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE MANAGEMENT'S REQUEST TO AMEND THE RENOVATION BUDGET FOR THE CANCER CENTER LOCATED AT 845 CENTURY MEDICAL DRIVE AND APPROVE AN ADDITIONAL EXPENDITURE NOT TO EXCEED \$374,000.00.

ANNUAL INVESTMENT POLICY REVIEW

Mr. Sitowitz noted the Operating Investment policy was due for renewal and proposed the removal of the managers listing. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo and approved (5 ayes, 0 nays, 0 abstentions)

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE OPERATING INVESTMENT POLICY WITH REVISION AS PRESENTED.

DISPOSAL OF SURPLUS PROPERTY

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

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO DECLARE THE EQUIPMENT LISTED IN THE REQUEST FOR DISPOSAL OF OBSOLETE OR SURPLUS PROPERTY FORMS AS SURPLUS AND OBSOLETE AND DISPOSE OF SAME IN ACCORDANCE WITH FS274.05 AND FS274.96 INCLUDING THE HOME HEALTH EQUIPMENT AS LISTED.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:04 p.m.

Stan Retz
Chairman

**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

BUDGET AND FINANCE COMMITTEE

JANUARY 9, 2017

NAME

ADDRESS

Stan Retz	
Peggy Crooks	
Jerry Noffel	
Elizabeth Gialfo MD	
Christopher Maniow MD	
Herman Cole	
Georgy Ukritarian	
Alvaro Ochoa MD	
Ashok Shah MD	
Peggy Crooks	
Robert Jordan	
Maureen Ruyf	
Billie Fitzgerald	
Eduvi Lottin	
Jeremy Bradford	
Chris HeAlpue	

**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

BUDGET AND FINANCE COMMITTEE

JANUARY 9, 2017

NAME

ADDRESS

Linda Carrillo	
Natalie Sellers	
Melie Sitowitz	
William Boyles	
John Kunoilia	
Tracy Hudgens	
Pam Perez	
Rob Wildermuth	
Darrell Bacon	
Lynn Ward	
Felicia Rabsatt-Harris	
Jeff Goodsky	
Anwal Jackson	
Joske Field	
Robert Dillow	

EXECUTIVE COMMITTEE

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

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, JANUARY 9, 2017
2nd FLOOR, EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the November 7, 2016 meeting.
- II. Reading of the Huddle
- III. Public Comment
- IV. Open Forum for PMC Physicians
- V. Attorney Report – Mr. Boyles
- VI. Other
- VII. Executive Session (if necessary)

ADJOURNMENT

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

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

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

A regular meeting of the Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on November 7, 2016 in the Executive Conference Room.

The following members were present:

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

Members Absent:

None

Also in attendance were the following Board members:

Ashok Shah, M.D.

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 3:19 p.m.

READING OF THE HUDDLE

Dr. Galfo read the Weekly Huddle.

PUBLIC COMMENT

There were no public comments.

OPEN FORUM FOR PHYSICIANS

Dr. Deukmedjian expressed his enjoyment in working with the Board, and noted he is always available to assist the Board in the future.

INAPPROPRIATE REFERRALS BY PHYSICIANS

Discussion ensued regarding a complaint received from a patient regarding receiving a predetermined referral form for a non-CMS certified Home Care company. Mr. Mikitarian noted the issue was being investigated. Proper communication would be provided to the MEC.

MEDICAL STAFF CREDENTIALING

Mr. Boyles gave a presentation giving an overview of Medical Staff Credentialing under Federal and State law, the Board Bylaws, and the Medical Staff Bylaws rules and regulations. He discussed the credentialing process, qualifications for membership on the Medical Staff, procedures for reappointment, and the basis for determination of privileges. Copies of the PowerPoint are appended to the file copy of these minutes.

MEMORANDUM OF VOTING CONFLICT

Mr. Jordan announced due to a business relationship with Mr. Mikitarian, he abstained from the vote concerning CEO compensation at the October 3, 2016 meeting. He provided a copy of the Form 8B, Disclosure of Voting Conflict, to the Directors present. He then read the Form 8B Disclosure of Voting Conflict. A copy of this form is appended to the file copy of these minutes.

DISTRICT BYLAW REVIEW

Mr. Boyles noted that the Board is required every even year to review and make recommendations to the North Brevard County Hospital District Bylaws. He noted that the proposed changes will not require Medical Staff review as the changes do not affect the Medical Staff. Therefore the Amended Bylaws will be presented for approval at the next Executive Committee and Board meetings.

ATTORNEY REPORT

There was no additional report by legal counsel.

ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 4:12 p.m.

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

**PARRISH MEDICAL CENTER
MEETING ATTENDANCE ROSTER**

(roster will be attached to minutes)

**EXECUTIVE COMMITTEE MEETING
JANUARY 9, 2017**

NAME

ADDRESS

Stan Ritz

Peggy Cronin

Jerry Rappel

Elizabeth Gulto

Herman Cote

George Mikitarian

Alvin Ochso

Ashen Shah

Robert Jordan

Maureen Rupe

Billie Kitzgield

Edwin Loftin

Jerry Bradford

Chris McAlpine

Wanda Cimillo

Natalia Setter

PARRISH MEDICAL CENTER MEETING ATTENDANCE ROSTER

(roster will be attached to minutes)

EXECUTIVE COMMITTEE MEETING
JANUARY 9, 2017

NAME

ADDRESS

Mike Sironitz

William Bayles

John Karcilia

Barth Hagens

Arnold Jackson

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
JANUARY 9, 2017
NO EARLIER THAN 3:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Pledge of Allegiance
- II. PMC's Vision – *Healing Families – Healing Communities*
- III. Approval of Agenda
- IV. Secretary's Report and Election of Officers
- V. Review and Approval of Minutes (November 7, 2016)
- VI. Recognition(s)
 - A. Robin Fisher, County Commissioner, District 1
 - B. Ara Deukmedjian, M.D., President, Medical Staff
 - C. Vidya Hate, MD has successfully completed the 2016 Maintenance of Certification assignment.
 - D. Other
- VII. Open Forum for PMC Physicians
- VIII. Public Comments
- IX. Unfinished Business
- X. New Business
- XI. Medical Staff Report Recommendations/Announcements – Dr. Ochoa

- A. **Recommend the Board of Directors approve that an associate medical staff member should take call if (1) the response time can be mtg (MS Bylaws), (2) if they do more than 35 admissions/procedures per annum, (3) a formal agreement is in place with an active medical staff member, and (4) a majority of their practice is done in the geographic boundaries (MS Bylaws).**
- B. Resignations – **For Information Only**
- Laura Haver, PA-C – Effective December 31, 2016/Appointed January 7, 2013.
 - Sonya Pease, MD – Effective December 31, 2016/Appointed September 6, 2010.
 - Michelle Rogers, CRNA – Effective September 8, 2016/Appointed August 1, 2011.
 - Jessica Swanson, ARNP – Effective December 6, 2016/Appointed March 4, 2013.
 - Wendy Worsley, MD – Effective December 31, 2016/Appointed October 7, 2003.

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

XIII. Consent Agenda

A. Finance Committee

1. Recommend the Board of Directors to approve the dissolution agreement for Space Coast Hospital Services, Inc., as presented.
2. Recommend to the Board of Directors to approve the operating agreement for Space Coast Rabbi, LLC, as presented.
3. Recommend the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

XIV. Committee Reports

- A. Quality Committee – Mr. Cole
- B. Budget and Finance Committee – Ms. Crooks
- C. Executive Committee – Mr. Jordan

BOARD OF DIRECTORS MEETING
JANUARY 9, 2017
PAGE 3

- D. Educational, Governmental and Community Relations Committee – Ms. Fitzgerald
- E. Planning, Physical Facilities & Properties Committee (Did Not Meet)
- XV. Process and Quality Report – Mr. Mikitarian
 - A. Other Related Management Issues/Information
 - B. Hospital Attorney - Mr. Boyles
- XVI. Other
- XVII. Closing Remarks – Chairman
- XVIII. Executive Session (if necessary)
- XIX. Open Forum for Public

ADJOURNMENT

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

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

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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center was held on November 7, 2016 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:

Jerry Noffel (excused)

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

CALL TO ORDER

Mr. Cole called the meeting to order at 4:44 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 (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.

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

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

ACTION TAKEN: MOTION TO RECOMMEND APPROVAL OF POLICY 9500-7021 NO COMPETE & CONFIDENTIALITY AGREEMENT, AS PRESENTED.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

Rules and Regulations

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE REVISION TO THE MEDICAL STAFF RULES AND REGULATONS FOR CATH LAB START TIME NON-COMPLIANCE.

Resignations

Resignations were noted for information only, no action required.

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

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

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

A. Pension Committee

1. Recommend the Board of Directors approve unfreezing the Pimco Total Return Fund to allow new money be invested, this fund is in the 457b Plan.
2. Recommend the Board of Directors approve the Pension Plan Investment Policy with revisions as presented.

B. Finance Committee

1. Recommend the Board of Directors approve the Resolutions of the North Brevard County Hospital District declaring surplus real property at 2210 Cheney Highway, Titusville, Florida 32780.
2. Recommend the Board of Directors approve the Resolutions of the North Brevard County Hospital District declaring surplus real property at 7075 N. U.S. Highway 1, Cocoa, Florida 32927.
3. Recommend to the Board of Directors to approve management entering into a letter of Agreement with the Agency for Health Care Administration for increased Medicaid funding under the LIP program for the period of July 1, 2016 through June 30, 2017 and to pay the state an amount not to exceed the total of \$34,600, pending a positive response from the Agency for Health Care Administration on the final distribution of funds.
4. 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.
5. Recommend the Board of Directors authorize Management enter into a non-binding Letter of Intent with AG-Sina Medical One, LLC, and perform the necessary due diligence required to develop a Joint Venture relationship consistent with the Letter of Intent and develop a Purchase and Sale Agreement for the Health & Fitness Center located at 2210 Cheney Highway, Titusville, FL 32780.

6. Recommend the Board of Directors approve management's request to amend the renovation budget for the Cancer Center located at 845 Century Medical Drive and approve an additional expenditure not to exceed \$374,000.00.
7. Recommend the Board of Directors approve the Operating Investment Policy with revision as presented.

COMMITTEE REPORTS

Quality Committee

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

Budget and Finance Committee

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

Executive Committee

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

Educational, Governmental and Community Relations Committee

Ms. Fitzgerald reported the Education Committee did not meet.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

No additional information was presented.

Hospital Attorney

Legal counsel had no report.

OTHER

No other business was discussed.

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

**ANNUAL MEDICAL STAFF MEETING
DECEMBER 6, 2016**

The annual meeting of the Medical Staff of the North Brevard County Hospital District operating Parrish Medical Center was held on Tuesday, December 6, 2016 at 6:00 pm in the Conference Center. A quorum was determined to be present.

Dr. Deukmedjian, President, called the meeting to order at 6:24 pm.

Herman Cole, Chairman/Board of Directors

Mr. Herman Cole, Chairman/Board of Directors spoke to the medical staff about the accomplishments that PMC has obtained in the past year and expressed his appreciation to the medical staff for their part in making these happen. He is looking forward to working with the medical staff next year.

ACTION TAKEN: Noted by Medical Staff.

REVIEW AND APPROVAL/ACCEPTANCE OF MINUTES

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

***ACTION TAKEN:* MOTION TO ACCEPT THE SEPTEMBER 6, 2016 MEDICAL STAFF MINUTES AS WRITTEN.**

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

***ACTION TAKEN:* MOTION TO ACCEPT THE SEPTEMBER 20, 2016, OCTOBER 20, 2016 AND NOVEMBER 16, 2016 MEDICAL EXECUTIVE COMMITTEE MINUTES AS WRITTEN.**

Medical Staff Bylaws Proposed Amendment

Dr. David McMahon, Chairman of the Bylaws Committee reviewed with the medical staff a proposed Medical Staff Bylaws amendment approved at the Medical Executive Committee meeting on September 20, 2016. This proposal was distributed to the medical staff after this meeting and again prior to this meeting. Ballots were distributed to each voting member when they signed in. Discussion ensued and the following motion was passed by written ballot by a vote of 44-yes and 9-no.

***ACTION TAKEN:* MOTION TO SEND A FAVORABLE RECOMMENDATION TO THE BOARD OF DIRECTORS THAT AN ASSOCIATE MEDICAL STAFF MEMBER SHOULD TAKE CALL IF (1) THE RESPONSE TIME CAN BE MET (MS BYLAWS), (2) IF THEY**

DO MORE THAN 35 ADMISSIONS/PROCEDURES PER ANNUM, (3) A FORMAL AGREEMENT IS IN PLACE WITH AN ACTIVE MEDICAL STAFF MEMBER, AND (4) A MAJORITY OF THEIR PRACTICE IS DONE IN THE GEOGRAPHIC BOUNDARIES (MS BYLAWS).

ACTION ITEM: The ballots will remain on file in Medical Staff Services for 1 year.

Staff Medical Election

Dr. David McMahon conducted the election.

- The floor was opened the floor for nominations for President-Elect. Dr. Pamela Tronetti was nominated and accepted the nomination.

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

ACTION TAKEN: MOTION TO CLOSE NOMINATIONS.

- The vote for President Elect was taken by oral vote.

ACTION TAKEN: DR. PAMELA TRONETTI WAS ELECTED PRESIDENT-ELECT.

- The floor was opened for nominations for Members-at-Large. The following nominations were taken from the floor: Dr. Ravi Rao and Dr. Simon Symeonides were nominated from the floor and accepted the nominations.

ACTION TAKEN: MOTION TO CLOSE NOMINATIONS.

- The vote for the 1st & 2nd Members-at-Large were taken by oral vote.

ACTION TAKEN: DR. RAVI RAO AND DR. SIMON SYMEONIDES WERE ELECTED MEMBERS-AT-LARGE

ACTION TAKEN: Noted by Medical Staff.

DESTROYED BALLOTS

Note: Ballots from MS Meeting on 12-1-15 were destroyed on December 1, 2016.

ACTION TAKEN: Noted by Medical Staff.

2017 Department Chairs

Dr. Deukmedjian announced the following elected 2017 department chairs:

- Anesthesia – Vanessa Williams, MD
- Diagnostic Imaging – Richard Mayer, MD
- Emergency Medicine – Khalid Siddiqui, MD
- Family Practice – Christopher Manion, MD*
- Medicine – Biju Mathews, MD
- Obstetrics/Gynecology – Christina Caito, DO
- Pathology – Pedro A. Carmona, MD
- Pediatrics – Douglas Barimo, MD
- Surgery – Ramesh Patel, MD

*Dr. Pamela Tronetti was elected President Elect and cannot be Chairman of Family Practice. Dr. Christopher Manion verbally said that he will be the Chairman. QRM will send out ballots by fax and the vote will be ratified at the next meeting of Family Practice.

TREASURER'S REPORT

Dr. Itani stated that he had the treasure's report for FY16 and if anyone in the medical staff would like to review it to see him after the meeting.

ACTION TAKEN: Noted by Medical Staff.

RECOGNITIONS

Dr. Deukmedjian recognized the following physicians and extended congratulations:

New Physicians:

- Brian Ratzel, MD – Active/Emergency Medicine (October 2016)
- John Zellis, MD – Associate/Wound Care (October 2016)
- Susan Love, DPM – Associate Professional/Podiatry (November 2016)
- Yusef Sayeed, MD – Associate/PM&R (November 2016)
- Keziah Sully, MD – Associate/PM&R (November 2016)
- Shelly McLaren, MD – Active/Pediatrics-Nemours (November 2016)
- Katherine Braley, MD – Consulting/Pediatric Cardiology-Nemours (November 2016)
- Charles Thompson, MD – Associate/Wound Care Only (November 16, 2016)

ACTION TAKEN: Noted by Medical Staff.

Certifications/Recertifications

- Denis Pérez, MD has completed the 2016 Maintenance of Certification assignments by the American Board of Obstetrics and Gynecology. Current certification is valid through December 31, 2017.

ACTION TAKEN: Noted by Medical Staff.

Years of Service:

- Joseph Ford, MD – Active/Anesthesiology – Appointed November 7, 2011 – 5 years
- Jyothi Krishnamurthy, MD – Associate/Hospitalist – Appointed December 5, 2011 – 5 years
- Ravi Rao, MD – Active/Cardiology – Appointed October 9, 2006 – 10 years
- Surya Rao, MD – Active/Cardiology – Appointed October 9, 2006 – 10 years
- Fairuz Matuk, MD – Associate/Neurosurgery - Appointed October 21, 1986 – 30 years
- Fred Kodesch, MD – Affiliate/Ophthalmology - Appointed December 16, 1986 – 30 years
- Linda Kodesch, MD – Active-Refer & Follow/Allergy - Appointed December 16, 1986 – 30 years
- **Special Presentation (plaque):** Sami Salib, MD – Active/Urology – Appointed October 17, 1978 – 38 years
- **Special Presentation (plaque):** Yash Sachdev, MD – Active/Urology – Appointed October 17, 1978 – 38 years

ACTION TAKEN: Noted by Medical Staff.

President Presentation

Dr. Aluino Ochoa, President Elect presented a plaque to Dr. Ara Deukmedjan thanking him for his two years of leadership of the PMC Medical Staff.

ACTION TAKEN: Noted by Medical Staff.

Resignations:

- Justin Dzik, MD – Associate/Emergency Medicine – effective December 31, 2016/
Appointed February 3, 2014
- Khadidja Koraijaa, MD – Active/Internal Medicine – effective August 9, 2016/
Appointed November 7, 2011

ACTION TAKEN: Noted by Medical Staff.

OPEN FORUM

Dr. James Glenn gave a short PowerPoint presentation about the Brevard County Medical Society. A copy is appended to the file copy of these minutes. He told the medical staff that applications were available on the sign-in table if anyone was interested in joining.

Dr. Bhalani thanked the medical staff for their support of Doctors' Goodwill Foundation this year.

ACTION TAKEN: Noted by Medical Staff.

Dr. Deukmedjian acknowledged and expressed appreciation to the entire Food and Nutrition staff for the delicious meal served to the Medical Staff.

MEETING SCHEDULE

- A. North Brevard Medical Support, Inc., TBA, Executive Conference Room.
- B. Board of Directors Budget and Finance Committee, first Monday of each month scheduled at 1:00 pm, Executive Conference Room.
- C. Board of Directors Executive Session, first Monday of each month to commence no earlier than 2:00 pm, Executive Conference Room.
- D. Board of Directors Executive Committee, first Monday of each month immediately following Board of Directors Executive Session, Executive Conference Center.
- E. Board of Directors Educational, Governmental & Community Relations Committee, first Monday of each month, immediately following Board of Directors Executive Committee, Conference Center.
- F. Board of Directors Planning, Physical Facilities and Properties Committee, first Monday of each month, immediately following Educational, Governmental and Community Relations Committee, Conference Center.
- G. Board of Directors, first Monday of each month, Conference Center
(To commence no earlier than 4:30 pm or immediately following Board Committee meeting.)
- H. Medical Executive Committee, third Tuesday of each month, Conference Center, 6:30 pm
- I. Medical Staff meetings – first Tuesday in March, June and September. Annual meeting will be December 1 with dinner at 6:00 pm
- J. Credentials and Medical Ethics Committee, second Monday of each month, Conference Center, 6:00 pm

MEDICAL STAFF MEETING
DECEMBER 6, 2016
PAGE 6

ADJOURNMENT

There being no further business the meeting adjourned at 7:06 p.m.

Ara Deukmedjian, MD
President/Medical Staff

Nabil Itani, MD
Secretary/Treasurer

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

DECEMBER 20, 2016

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held December 20, 2016, at 6:00 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Deukmedjian, President, called the meeting to order at 6:06 pm.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE PREVIOUS MEETING MINUTES (NOVEMBER 14, 2016) AS PRESENTED.

UNFINISHED BUSINESS - The Joint Commission

The new 2017 Hospital National Safety Patient Goals were included in the packet and will remain in the books as a resource. A copy is appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

HCAHPS - None

Quality - None

Follow-up MEC Item – None

NEW BUSINESS - Recognition(s)

The Committee noted the recognition(s):

- Vidya Haté, MD – Satisfactorily completed the 2016 Maintenance of Certification (MOC) assignment – Valid through 12/31/17.

ACTION TAKEN: Noted by the Committee.

Resignations

- Laura Haver, PA-C – Effective December 31, 2016/Appointed January 7, 2013
- Sonya Pease, MD – Effective December 31, 2016/Appointed September 6, 2010
- Michelle Rogers, CRNR – Effective September 9, 2016/Appointed August 1, 2011
- Jessica Swanson, ARNP – Effective December 6, 2016/Appointed March 4, 2013
- Wendy Worsley, MD – Effective December 31, 2016/Appointed October 7, 2003

For Information Only

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

1. Joint Commission *Perspectives* – December 2016

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

Copies are appended to the file copy of these minutes.

1. Memo (November 11, 2016): Self Defense/Active Shooter De-escalation Training
2. Chlorine Dosing letter from City of Titusville Water Resources Department (November 17, 2016)
3. Meditech Enhancements – November 16, 2016
4. Meditech Enhancements – December 7, 2016
5. Meditech Enhancements – December 14, 2016
6. Meditech Enhancements – December 21, 2016

ACTION TAKEN: Noted by the Committee.

REPORT FROM ADMINISTRATION - Board of Directors Minutes, Game Plan Score Card, Financials/Budget, and Compliments – Not Available

CONSENT AGENDA

Dr. Deukmedjian asked the Committee if anyone wished to remove an item. Item A was removed until January.

Removed: A. Order sets List to retire due to inactivity – A hardcopy of all order sets to be retired are available in Medical Staff Services and will available at the meeting for review.

ACTION TAKEN: Noted by the Committee.

COMMITTEE REPORT(S)

The Committee reviewed the committee minute(s) of Cancer Committee (September 6, 2016), Intensive Care Committee (November 3, 2016), and Pharmacy & Therapeutics Committee (December 7, 2016). Copies are appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and unanimously approved.

ACTION TAKEN: MOTION TO ACCEPT THE COMMITTEE REPORT(S) AS PRESENTED.

CLINICAL DEPARTMENT REPORT(S)

The Committee reviewed the department minute(s) of Family Practice (November 14, 2016), OB/Gyn (November 16, 2016), Pathology (November 22, 2016) and Pediatrics (August 19, 2016 and December 9, 2016). Copies are appended to the file copy of these minutes. Discussion

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

ACTION TAKEN: MOTION TO ACCEPT THE CLINICAL DEPARTMENT REPORT(S) AS PRESENTED.

OPEN FORUM

- Dr. Deukmedjian reported that there would not be a success check to the medical staff this year. In order for a success check to be awarded, the hospital financials must be in excess of 3% of the bottom line.
- Dr. Tronetti suggested that a donation be made to the Care Partner Hardship Fund. The motion was made, seconded and approved unanimously.

ACTION TAKEN: MOTION TO DONATED \$1000 TO THE CARE PARTNER HARDSHIP FUND.

MEETINGS

- A. Ad Hoc Credentials Review Committee Executive Session, January 9, 2017, Vice President Nursing Conference Room, Time TBD
- B. Quality Committee, January 9, 2017, Executive Conference Room (ECR), Noon
- C. Budget & Finance Committee, January 9, 2017, Executive Conference Room
- D. Board of Directors Executive Committee, January 9, 2017, Executive Conference Room
- E. Board of Directors Executive Session, January 9, 2017, Executive Conference Room, (To commence no earlier than 2:00 pm)
- F. Educational, Governmental and Community Relations Committee, January 9, 2017, First Floor, Conference Center
- G. Planning, Physical Facilities and Properties Committee, January 9, 2017, First Floor, Conference Center
- H. Board of Directors, January 9, 2017, First Floor, Conference Center, (To begin no earlier than 4:30 pm immediately following the last Committee meeting).
- I. Joint Conference Committee – TBA
- J. Medical Staff Meetings – first Tuesday each quarter (March, June, and September) at 6:00



American Board of Obstetrics and Gynecology
2915 Vine Street
Dallas, TX 75204
Phone: (214) 871-1619
Fax: (214) 871-1943

November 22, 2016

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

Dear Doctor:

Congratulations! I am pleased to inform you that you have satisfactorily completed the 2016 Maintenance of Certification assignments.

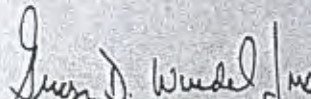
As of this date, you have earned 35 AMA Category 1 CME credits for completion of the 2016 Part II MOC requirements. These will be awarded by the American College of Obstetricians and Gynecologists.

You should have received a 2016 MOC label insert from Jim Henry, Inc. within 60 days from the time of your MOC application.

Your certification in Obstetrics and Gynecology is valid through 12/31/2017. The ABOG MOC program is a continuous certification process, and you must participate each year. The application for the 2017 program will be available through your ABOG Member Login page beginning January 7, 2017.

Please use this letter to provide documentation of your certification for your hospital(s).

Sincerely yours,


George D. Wendel, Jr. M.D.
Director of Maintenance of Certification

GDW

ABOG ID: 872420

Erwin, Jonda

From: Myra Greene <Myra_Greene@teamhealth.com>
Sent: Tuesday, November 15, 2016 4:21 PM
To: Erwin, Jonda
Subject: Sonya Pease- No Reappointment -

Importance: High

Hi Jonda,

Sorry I should of told you Dr Pease is not going to renew her privileges.

We will just let them end on the 12/31/2016. I will send you a term letter by then.

Thanks

Kind Regards,

Myra Greene

Credentialing Coordinator

TeamHealth Anesthesia

7111 Fairway Drive Suite 450 | Palm Beach Gardens, FL 33418

office: 561.623.2044 | Fax: 865-531-6932

email: Myra_Greene@teamhealth.com

www.teamhealth.com | [facebook.com/teamhealth](https://www.facebook.com/teamhealth) | @TeamHealth

Named among "The Worlds Most Admired Companies" by Fortune magazine for 2015. Named among "Great Places to Work" by Becker's Hospital Review in 2015

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Erwin, Jonda

From: Worsley, Wendy
Sent: Tuesday, December 20, 2016 10:19 AM
To: Erwin, Jonda
Subject: RESIGNATION

Parrish Medical Services

To Whom it may Concern,

I have accepted a position at the VA and am respectfully resigning my privileges at Parrish Medical Center as of December 31, 2016. I have enjoyed working with all of you and wish you all the best in the future.

Sincerely,

Wendy L. Worsley, MD