

QUALITY COMMITTEE

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, JUNE 5, 2017
12:00 P.M.
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the April 3, 2017 meeting.
- II. Vision Statement
- III. Public Comment
- IV. Dashboard Review
- V. Leading a Culture of Safety
- VI. Hospital Compare
- VII. TJC – Leadership Standards
- VIII. 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
QUALITY COMMITTEE**

A regular meeting of the Quality Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on April 3, 2017 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Patricia Alexander, M.D.
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.,
Kenneth McElynn, M.D.
George Mikitarian (non-voting)
Jerry Noffel
Aluino Ochoa, M.D.
Stan Retz, CPA
Ashok Shah, M.D.
Khalid Siddiqui, M.D.
Pamela Tronetti, D.O.

Member(s) Absent:

Peggy Crooks (excused)
Billie Fitzgerald (excused)
Christopher Manion, M.D. (excused)
Maureen Rupe (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 1:03 p.m.

CITY COUNCIL LIAISON

Mr. Scott Larese, City Manager addressed and updated the committee on the status of the city bike trail; paving; Wawa's interest; and Budget process.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Retz, seconded by Mr. Jordan and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE FEBRUARY 6, 2017 MEETING AS DISTRIBUTED.

VISION STATEMENT

Ms. Cottrell summarized the committee's vision statement.

PUBLIC COMMENTS

No public comments were made.

QUALITY DASHBOARD REVIEW

Ms. Cottrell 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.

SERIOUS SAFETY EVENT RATE (SSER)

Ms. Cottrell defined a SSE is an event where best or expected practice does not occur and is followed by serious harm to a patient. PMC's goal is zero harm to our patients, and has achieved that goal since September 2016.

THE JOINT COMMISSION LEADERSHIP STANDARDS

Ms. Cottrell reviewed the Joint Commission's Administrative Leadership Standards with the Committee.

OTHER

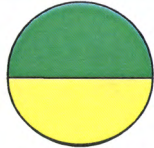
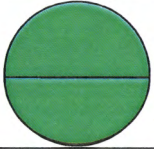
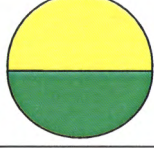
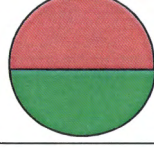
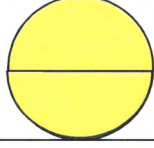
Mr. Loftin shared with the committee that PMC was recently selected as 2017 Women's Choice for Best Hospital for Women's Safety.

ADJOURNMENT

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

Herman A. Cole, Jr.
Chairman

Board Value Dashboard: April 2017

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

CMS/IHI Triple Aim

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

Value= Quality/Cost

(Most current 3 months of data; February, March, April)



FINANCE COMMITTEE MEMBERS:

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

**TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, JUNE 5, 2017
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approval of minutes (April 03, 2017)

Motion: To recommend approval of the April 03, 2017 minutes as presented.

- II. Public Comments

- III. Report from Titusville City Council Liaison- Scott Larese

- IV. Financial Review – Mr. Sitowitz

- V. Ophthalmology Service Line Equipment – Mr. Graybill

Motion: To recommend to the Board of Directors to approve the unbudgeted purchase of the Surgical Eye Stretchers, the Surgical Microscope, and the Surgical Vision System at a total cost not to exceed the amount of \$259,519.08

- VI. 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.

- VII. 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.

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**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 April 3, 2017 in the Executive Conference Room. The following members, representing a quorum, were present:

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

Member(s) Absent:

Peggy Crooks (excused)
Billie Fitzgerald (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 2:44 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Cole and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE FEBRUARY 6, 2017 MEETING, AS PRESENTED.

PUBLIC COMMENTS

No public comments made.

FINANCIAL REVIEW

Mr. Sitowitz summarized the February 2017 financial statements. Discussion ensued regarding the recent rating update by Fitch, whereby they affirmed the BBB rating, and has removed Watch Evolving.

QUARTERLY FY17 CAPITAL UPDATE

Mr. Sitowitz noted the remaining \$900K of the \$1.7M Capital Budget left to be implemented. Discussion ensued regarding the Port Canaveral and Titus Landings projects, both projected to open in July.

QUARTERLY COVA UPDATE

Mr. Sitowitz shared with the committee the team's goal for 2017 is \$500k in savings, and noted to date \$221k has been achieved.

DISPOSAL OF SURPLUS PROPERTY

Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved (6 ayes, 0 nays, 0 abstentions)

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

OTHER

No other business was brought before the committee.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:19p.m.

Stan Retz
Chairperson



MEMORANDUM

To: Finance Committee

From: Matthew F. Graybill, Executive Director of Surgical, Diagnostic, Cardiology and Emergency Services

Subject: Ophthalmology Service Line Equipment Requests

Date: May 30, 2017

This request is for the unbudgeted purchase of three Surgical Eye Stretchers, a Surgical Microscope, and a Surgical Vision System to support Ophthalmology Service growth at PMC.

To support the growing volume within the Ophthalmology Service Line, PMC is requesting to add three Surgical Eye Stretchers from Stryker. This investment is not to exceed the amount of \$19,275.08.

In addition, we are requesting to replace the current Alcon Infiniti Vision System that was placed in service in June 2009 with the new Alcon Centurion Vision System; as well as the current Alcon Surgical Microscope that was placed in service in March 2005 with the new Alcon Luxor Surgical Microscope. This investment is not to exceed the amount of \$240,244. The Alcon Infiniti Vision system will be traded-in resulting in a gain of \$102,694 on the disposal.

Investing in the requested vendors, makes and models selected would increase our inventory and standardize the technology/equipment platform used at PMC. It would also provide improved consistency in service and knowledge of the product for preparation, use, and support services.

Relating this request to the Game plan, investing in this equipment will help us grow the Ophthalmology Service line. Finally, it may positively impact care partner engagement and satisfaction knowing that have properly functioning equipment needed to provide care.

Representatives from the Surgical Services, the Medical Staff, Clinical Engineering, Finance, and more have been involved in the analysis, evaluation, and the selection of the equipment requested and we will continue their involvement as we work through implementation of this product.

Financial information, such as projected volumes and margin/case, will be discussed at the meeting.

Motion: To recommend to the Board of Directors to approve the unbudgeted purchase of the Surgical Eye Stretchers, the Surgical Microscope, and the Surgical Vision System at a total cost not to exceed the amount of \$259,519.08

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
ValleyLab Force 2 Electrosurgery Unit	KN016890	03/19/1991	5495.22	01321	Unit unable to be repaired	0.00	1351
Olympus, Probe Warner		11/10/2005	50.00	03079	unable to be repaired	0.00	1351

Requesting Department Special Procedures Department Director Connie Harsby *Melvin F. Cuyler* 3/15/17
 Net Book Value (Finance) 0.00 *Morgan* 04-25-17 EMC Member *Bob* 3-21-17
 Sr. VP Finance/CFO *Michael Anthony* 5-1-17 President/CEO _____
 Board Approval: (Date) _____ CFO Signature *CM*
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

APR 18 REC'D
ACCOUNTS
PAYABLE

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
RO System	020938	5/03/99	6772.28	00144	Obsolete	0	1.344
Dialysis Unit	020939	5/03/99	13860.51	00145	Obsolete	0	1.344

Requesting Department HEMODIALYSIS 1.344 J.P. Department Director _____
 Net Book Value (Finance) 0.00 - Johnson 04-25-17 EMC Member B. Davis 4/14/17
 Sr. VP Finance/CFO Michael Anthony 5.1.17 President/CEO _____
 Board Approval: (Date) _____ CFO Signature _____
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

EXECUTIVE COMMITTEE

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

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, JUNE 5, 2017
2nd FLOOR, EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the April 3, 2017 meeting.
- II. Reading of the Huddle
- III. Public Comment
- IV. Open Forum for PMC Physicians
- V. Marketing Overview – Ms. Sellers
- VI. Physician Manpower Plan – Mr. Jim Lifton, Lifton & Associates
- VII. Attorney Report – Mr. Boyles
- VIII. Other
- IX. Executive Session (if necessary)

ADJOURNMENT

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

A regular meeting of the Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on April 3, 2017 in the Executive Conference Room.

The following members were present:

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

Members Absent:

Peggy Crooks

Also in attendance were the following Board members:

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 12:44 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE FEBRUARY 6, 2017 MEETING AS PRESENTED.

READING OF THE HUDDLE

Dr. Galfo read the Weekly Huddle.

PUBLIC COMMENT

There were no public comments.

OPEN FORUM FOR PHYSICIANS

No physicians spoke.

ATTORNEY REPORT

No Attorney report was presented.

OTHER

Mr. Mikitarian distributed and discussed the FHA Capitol Update, which summarizes actions and current House Bills currently going through committees.

ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 1:01 p.m.

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

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, JUNE 5, 2017
(IMMEDIATELY FOLLOWING EXECUTIVE COMMITTEE)
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes – April 3, 2017
- II. Continuous Improvement Project Presentation
- III. Other
- IV. Executive Session (if necessary)

ADJOURNMENT

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**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 April 3, 2017 in the Executive Conference Room, Second Floor. The following members were present:

Herman A. Cole, Jr., Acting Chairperson
Elizabeth T. Galfo, M.D.
Robert L. Jordan, Jr., C.M.
George Mikitarian (non-voting)
Aluino Ochoa, M.D. (12:33 p.m.)
Ashok, Shah, M.D.

Member(s) Absent:

Billie Fitzgerald, Chairperson
Maureen Rupe, Vice Chairperson

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 12:09 p.m.

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).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE FEBRUARY 6, 2017 MEETING AS PRESENTED.

YELLOW BELT CERTIFICATION

Mr. Paul Fender briefly summarized work to date within Modules 1-3, and proceeded to conclude Module 4, of the Lean 6 Sigma process, and noted the final exam would take place next month. Copies of the PowerPoint slides are appended to the file copy of these minutes.

OTHER

No other items were presented.

EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS
COMMITTEE
APRIL 3, 2017
PAGE 2

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 12:43 p.m.

Herman A. Cole, Jr.
Acting Chairperson

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

CALL TO ORDER

- I. Pledge of Allegiance
- II. PMC's Vision – *Healing Families – Healing Communities*
- III. Approval of Agenda
- IV. Review and Approval of Minutes (April 3, 2017)
- V. Recognition(s)
- VI. Open Forum for PMC Physicians
- VII. Public Comments
- VIII. Unfinished Business
- IX. New Business
 - A. **Motion to Recommend the Board of Directors approve Policy 9500-7022, Healing Work Environment & Standards of Behavior, as presented.**
 - B. **Motion to Recommend the Board of Directors approve Policy 9500-2028, Partners-in-Care Welcome Policy, as presented.**
 - C. **Motion to Recommend the Board of Directors approve Policy 9500-1033, Six Sigma Governance Council (SSGC) Structure, as presented.**
- X. Medical Staff Report Recommendations/Announcements – Dr. Ochoa
 - A. Resignations - **For Information Only**
 - Cherie Roxburgh, ARNP (AHP/Dr. Rylander)
Effective 2/17/17 – Appointed 4/2/12

BOARD OF DIRECTORS MEETING
JUNE 5, 2017
PAGE 2

- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda
 - A. Finance Committee
 - 1. Recommend to the Board of Directors to approve the unbudgeted purchase of the Surgical Eye Stretchers, the Surgical Microscope, and the Surgical Vision System at a total cost not to exceed the amount of \$259,519.08
 - 2. 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.
- XIII. Committee Reports
 - A. Quality Committee – Mr. Cole
 - B. Budget and Finance Committee – Mr. Retz
 - C. Executive Committee – Mr. Jordan
 - D. Educational, Governmental and Community Relations Committee (Did Not Meet)
 - E. Planning, Physical Facilities & Properties Committee (Did Not Meet)
- XIV. Process and Quality Report – Mr. Mikitarian
 - A. Other Related Management Issues/Information
 - B. Hospital Attorney - Mr. Boyles
- XV. Other
- XVI. Closing Remarks – Chairman
- XVII. Executive Session (if necessary)
- XVIII. Open Forum for Public

BOARD OF DIRECTORS MEETING
JUNE 5, 2017
PAGE 3

ADJOURNMENT

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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center was held on April 3, 2017 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:

Peggy Crooks (excused)
Billie Fitzgerald (excused)
Maureen Rupe (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 4:08 p.m.

PLEDGE OF ALLEGIANCE

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

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

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

APPROVAL OF AGENDA

Mr. Cole asked for approval of the agenda in the packet. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE FEBRUARY 6, 2017 MEETING MINUTES, AS PRESENTED.

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no comments from the public.

UNFINISHED BUSINESS

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Shah and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THAT AN ASSOCIATE MEDICAL STAFF MEMBER SHOULD TAKE CALL IF (1) THE RESPONSE TIME CAN BE MET AS PROVIDED IN THE MEDICAL STAFF BYLAWS, (2) THE ASSOCIATE MEDICAL STAFF MEMBER PERFORMS MORE THAN 35 ADMISSIONS/PROCEDURES PER ANNUM AT PARRISH MEDICAL CENTER, (3) A FORMAL AGREEMENT IS IN PLACE WITH AN ACTIVE MEDICAL STAFF MEMBER (IN THE SAME SPECIALITY/SUBSPECIALITY AS APPLICABLE) UNDER WHICH THE ASSOCIATE MEDICAL STAFF MEMBER HAS A FORMAL MEDICAL/LEGAL RELATIONSHIP WITH THE ACTIVE MEDICAL STAFF MEMBER OR HIS/HER PRACTICE, AND (4) A MAJORITY OF THE ASSOCIATE MEDICAL STAFF MEMBER'S PRACTICE IS PERFORMED IN THE GEOGRAPHIC BOUNDARIES OF NORTH BREVARD COUNTY HOSPITAL DISTRICT (MS BYLAWS).

NEW BUSINESS – North Brevard Medical Support Liaison Report

There was no new business.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS – Resignations

Resignations were noted for information only, no action required.

PUBLIC COMMENTS

There were no public comments regarding the consent agenda.

CONSENT AGENDA

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

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

- A. Finance Committee
 - 1. 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.

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 all items were covering during the meeting.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

No additional information was presented.

Hospital Attorney

Legal counsel had no report.

OTHER

No other business was discussed.

CLOSING REMARKS

There were no closing remarks.

OPEN FORUM FOR PUBLIC

There were no public comments made.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:11 p.m.

Herman A. Cole, Jr.
Chairman



Parrish Medical Center | North Brevard County Hospital District
Parrish Healthcare Centers
Parrish Medical Group
Parrish Health Network

POLICY TITLE: Healing Work Environment & Standards of Behavior (Non-Discrimination, Anti-Harassment & Bullying, Romantic Associations)	POLICY #: 9500-7022	REPLACES POLICY #: 9500-214; 9500-59; 9500-39; 9510-017
	EFFECTIVE DATE: 02/01/1989	Page: 1 of 6
POLICY SCOPE: Parrish Healthcare Centers and Affiliates	REVIEWED: 11/95	
DEVELOPED BY: Human Resources Corporate Services	REVISED: 06/95; 06/99; 03/03, 1/09, 7/16	
APPROVALS: Executive Management: _____ President/CEO : _____ Chairperson, Board of Directors: _____	REPOSITORY: Corporate Compliance iCare	

I. POLICY STATEMENT

Parrish Healthcare (PH) prohibits unlawful discrimination, harassment, intimidation or exploitation of any kind and will not tolerate unprofessional or disruptive behavior that is contrary to its mission, vision and values. All employees or any person working for or on behalf of PH (defined as Care Partner), including but not limited to temporary personnel, consultants and independent contractors, regardless of their positions are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. In addition, PH will not tolerate retaliation against any care partner for making a good-faith report of prohibited behaviors and/or conduct, or for cooperating with or participating in any investigation of alleged prohibited conduct. Appropriate disciplinary action will be taken against any employee, or person working for or on behalf of PH, who violates this policy up to and including termination.

II. PURPOSE

Parrish Healthcare (PH) maintains a high-performing, safe, and healing work environment in which all people are treated with dignity, decency, respect, and in keeping with its mission, vision and values. In compliance with all applicable federal, state and local laws and regulations, PH enforces this policy in accordance with the following definitions and guidelines.

III. DEFINITIONS

A. Care Partner

Employees or any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, independent contractors, volunteers, and medical staff members, regardless of position.

B. Professional Conduct

All care partners are expected to act in a professional, responsible, and courteous manner at all times. Inappropriate or unprofessional behavior is disruptive and unproductive. Inappropriate conduct is cause for discipline, up to and including immediate termination. In the context of this policy, it is impossible to identify all standards of conduct that are unacceptable. PH expects that care partners will use common sense and good judgment. However, PH's judgment, and not that of any individual care partner, is the benchmark for what is acceptable and what is not. A care partner's conduct is not made acceptable solely because the employee believes it to be. Nor may a care partner excuse his or her conduct because this policy does not specifically prohibit the objectionable conduct. PH expects that employees recognize that inappropriate conduct, from rudeness to theft, is unacceptable. The decision as to what is inappropriate is at PH's sole discretion.

C. Discrimination

Discrimination is strictly prohibited by a variety of federal, state and local laws, including Title VII of the Civil Rights Act 1964, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. This policy is intended to comply with the prohibitions stated in these anti-discrimination laws. It is a violation of PH's policy to discriminate in the provision of employment opportunities, benefits or privileges; to create discriminatory work conditions; or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race, color, national origin, age, religion, disability status, gender, sexual orientation, gender identity or expression, genetic information or marital status.

D. Harassment

For purposes of this policy, harassment is any verbal or physical conduct designed to threaten, intimidate or coerce an employee, co-worker, care partner, or any person working for, or on behalf of PH. Verbal taunting (including racial and ethnic slurs) that impairs his or her ability to perform his or her job is included in the definition of harassment. The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

1. Verbal harassment includes comments that are offensive or unwelcome regarding a person's national origin, race, color, religion, gender or gender identity sexual orientation, age, or disability, including epithets, slurs and negative stereotyping.
2. Nonverbal harassment includes distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility, aversion or disrespect toward an individual or group because of national origin, race, color, religion, age, gender or gender identity, sexual orientation, pregnancy, disability, marital or other protected status.

E. Sexual Harassment

Sexual harassment is a form of unlawful employment discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited under PH's anti-harassment policy. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment is defined as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to or rejection of such conduct is used as the basis for employment decisions or such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment. Sexual harassment occurs when unsolicited and unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature:

1. Is made explicitly or implicitly a term or condition of employment.
2. Is used as a basis for an employment decision.
3. Unreasonably interferes with a care partner's work performance or creates an intimidating, hostile or otherwise offensive environment.

Sexual harassment may take different forms. The following examples of sexual harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

1. Verbal sexual harassment includes, but is not limited to, innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks and threats; requests for any type of sexual favor; and verbal abuse or "kidding" that is oriented toward a prohibitive form of harassment.
2. Nonverbal sexual harassment includes the distribution, display or discussion of any written or graphic material, including calendars, posters and cartoons that are sexually suggestive or show hostility toward an individual or group because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters and notes, facsimiles, e-mail, photos, text messages, tweets and Internet postings; or other form of communication that is oriented toward a prohibitive form of harassment.
3. Physical sexual harassment includes but is not limited to unwelcome, unwanted physical contact, such as touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, etc.

PH prohibits harassment, including sexual harassment, of any kind, and will take appropriate and immediate action in response to complaints or knowledge of violations of this policy.

F. Hostile Work Environment

Hostile environment harassment can take many forms including any action of a verbal or physical nature that creates an intimidating, hostile, or offensive environment. It may be verbal, physical and even visual. An occurrence of hostile environment can be inappropriate touching, demeaning jokes, or suggestive posters and pictures posted in the workplace. When a work atmosphere in which a pattern of such offensive behavior occurs and when the conduct is sufficiently severe or pervasive as to have the purpose or effect of unreasonably interfering with work performance, a hostile environment may exist. PH prohibits the aforementioned conduct and will take appropriate and immediate action in response to complaints or knowledge of violations.

G. Bullying

Care Partners have the right to conduct their work in a safe and healing work environment without disorderly or undue interference from other employees. PH prohibits care partners from violating this right of their co-workers. PH defines bullying as repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment. The following examples of bullying are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

1. Physically harming others.
2. Verbally abusing others.
3. Using intimidation tactics and making threats.
4. Sabotaging another's work.
5. Stalking others.
6. Making malicious, false and harmful statements about others.
7. Publicly disclosing another's private information.

H. Romantic Associations

Consensual, romantic associations, particularly between management and non-management care partners create an atmosphere in which bias, favoritism, dissention, inability or unwillingness to make decisions based solely on job-related considerations becomes difficult, if not impossible. Even the appearance that such associations impact job-related decisions or operations is inappropriate and unacceptable. Furthermore, such associations can evolve into situations which foster actual or alleged sexual harassment in the workplace. As such, PH prohibits all care partners from creating and/or maintaining any romantic associations with other care partners which adversely impact the performance of the employee, co-workers, care partners, the work environment, and/or the efficient and safe operation of the hospital.

If a romantic association arises, it is the responsibility of both parties to inform their supervisors and Human Resources. PH reserves the right to ask one, or both of the parties to resign employment to avoid conflicts of interest or if such a relationship is creating an adverse impact on the working environment.

I. Retaliation

No hardship, loss, benefit or penalty may be imposed on a care partner in response to:

1. Filing or responding to a bona fide complaint of discrimination or harassment.
2. Appearing as a witness in the investigation of a complaint.
3. Serving as an investigator of a complaint.

Retaliation or attempted retaliation in response to lodging a complaint or invoking the complaint process is a violation of this policy. Any person who is found to have violated this aspect of the policy will be subject to sanctions up to and including termination of employment.

IV. PROCEDURES

PH is committed to promptly and thoroughly investigate all complaints of harassment, discrimination, bullying, or violations of the standards of behavior in accordance with this policy. All complaints will be handled swiftly and confidentially to the extent possible in light of the need to take appropriate corrective action. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.

A. Responding to Conduct in Violation of Policy

1. *Employees/care partners, including any person working for or on behalf of PH*

If care partner believes that he or she has been subject to conduct in violation of this policy, he or she may address the situation directly and immediately with the individual, if possible. If the inappropriate conduct does not cease, or if the care partner is unable to or uncomfortable with addressing the conduct directly, he or she should report the incident to his or her own supervisor or manager/director or to human resources (HR) as soon as possible. It is helpful, but not required, to provide a written record of the date, time and nature of the incident(s) and the names of any witnesses.

2. *Management and supervisors*

Management and supervisors must deal expeditiously and fairly with allegations of harassment or other inappropriate conduct within their departments whether or not there has been a written or formal complaint. They must:

- a. Take all complaints or concerns of alleged or possible harassment, discrimination or other inappropriate conduct seriously no matter how minor or who is involved.
- b. Ensure that harassment or inappropriate conduct is immediately reported to HR so that a prompt and impartial investigation can occur.
- c. Take any appropriate action to prevent retaliation or prohibited conduct from recurring during and after any investigations or complaints.
- d. If they observe harassment, discrimination or inappropriate conduct, management and supervisors are required to report to HR

Managers and supervisors who knowingly allow or tolerate harassment, discrimination or retaliation, including the failure to immediately report such misconduct to HR, are in violation of this policy and subject to discipline.

3. *Human Resources*

HR are responsible for:

- a. Ensuring that both the individual filing the complaint (hereafter referred to as the "complainant") and the accused individual (hereafter referred to as the "respondent") are aware of the seriousness of a harassment or discrimination complaint.
- b. Explaining PH's Workplace Conduct policy and investigation procedures to the complainant and the respondent.
- c. Exploring informal means of resolving complaints.

- d. Notifying the police if criminal activities are alleged.
- e. Arranging for an investigation of the alleged harassment and the preparation of a written report.
- f. Submitting a written report summarizing the results of the investigation and making recommendations to designated company officials.
- g. Notifying the complainant and the respondent of the corrective actions to be taken, if any, and administering those actions.

B. Complaint Resolution Procedures

To initiate a formal investigation into an alleged violation of this policy, care partners may be asked to provide a written statement about the alleged misconduct to HR. Complaints should be submitted as soon as possible after an incident has occurred. HR may assist the complainant in completing the statement. To ensure the prompt and thorough investigation of a complaint, the complainant should provide as much of the following information as is possible:

1. The name, department and position of the person or persons allegedly violating the Workplace Conduct policy.
2. A description of the incident(s), including the date(s), location(s) and the presence of any witnesses.
3. The effect of the incident(s) on the complainant's ability to perform his or her job, or on other terms or conditions of his or her employment.
4. The names of other individuals who might have been subject to the same or similar harassment.
5. What, if any, steps the complainant has taken to try to stop the conduct.
6. Any other information the complainant believes to be relevant to the complaint.

C. Discipline

Employees who violate this policy are subject to appropriate disciplinary action up to and including termination. Persons who violate this policy may also be subject to civil damages or criminal penalties.

D. Confidentiality

All inquiries, complaints and investigations are treated confidentially to the extent possible while keeping in mind HR's desire to conduct a thorough investigation. Information is revealed strictly on a need-to-know basis. HR will take steps to ensure that the complainant is protected from retaliation. All information pertaining to a complaint or investigation is maintained by HR in secure files. All witnesses, including the complaining care partner and the alleged wrongdoer, are advised to keep information related to the investigation confidential and may be asked to sign an agreement to that effect. Information contained in a formal complaint is kept as confidential as possible. However, PH cannot guarantee the confidentiality of the process to anyone, as you never know what may come of the investigation down the road.

E. Workplace Investigation | Obligation to Maintain Confidentiality and Avoid Retaliation/Coercion

1. Once an investigation has begun, all involved parties must maintain a professional and non-retaliatory demeanor. Inappropriate and unprofessional behavior includes:

- a. Discussion concerning the incident or complaint and the investigation ("office gossip" and the like).
 - b. Interfering with the investigation, conducting your own independent investigation.
 - c. Joking about the incident or complaint with others.
 - d. Rushing to judgment and taking sides.
 - e. Coercion or intimidation of the complainant or witnesses.
 - f. Texting, e-mailing, using social networking or otherwise discussing the incident or complaint with others.
 - g. Ignoring the complainer or witnesses in meetings, in e-mails and during office activities.
2. Retaliatory conduct is prohibited. Some examples of retaliatory behavior include:
- a. Threatening action or criticizing an employee for filing a complaint or providing information.
 - b. Firing, demoting, disciplining the worker or otherwise treating the employee/complainant differently.
 - c. Discussing the incident or complaint with the employee/complainant or witnesses. This could be viewed as coercion.
 - d. Discussing the incident or complaint with anyone inside the Company other than those with a business need to know, such as human resources and legal counsel.
 - e. Discussing the incident or complaint with anyone outside the Company, such as customers, vendors, suppliers and other colleagues.

F. Other Available Procedures

The procedures available under this policy do not preempt or supersede any legal procedures or remedies otherwise available under local, state or federal law.

V. REFERENCES

TJC 2015 Hospital Manual LD.03.01.01 EP 4 and EP 5
Title VII of Civil Rights Act of 1964
Age Discrimination Act of 1975
American Disability Act of 1990
Equal Employment Opportunity Commission (EEOC)



Parrish Medical Center | North Brevard County Hospital District
 Parrish Healthcare Centers
 Parrish Medical Group
 Parrish Health Network

POLICY TITLE: Partners-in-Care Welcome Policy	POLICY #: 9500-2028	REPLACES POLICY #: 9500-27
	EFFECTIVE DATE: 12/01/1979	Page: Page 1 of 4
POLICY SCOPE: Parrish Healthcare and Affiliates	REVIEWED: n/a	
DEVELOPED BY: Administration	REVISED: 12/78; 5/79; 11/81; 6/84; 9/84; 2/85; 7/85; 7/88; 5/89; 11/89; 7/97; 7/01; 9/01; 11/08; 2/11; 2/13; 11/15; 02/17	
APPROVALS: Executive Management: _____ Executive Management: _____ President, Medical Executive Cmte: _____ President/CEO: _____ Chairman, Board of Directors: _____	REPOSITORY: Corporate Compliance iCare	

I. PURPOSE

The purpose of this policy is to provide guidelines that supports and welcomes 24/7 presence and participation of a family member and/or partner-in-care in the patient's care experience during their emergency room visit, hospital and/or healthcare center visits. The welcome policy is determined by administration in collaboration with the medical staff and approved by the governing board for and in the best interests of the patient.

II. POLICY STATEMENT

Parrish Healthcare (PH) is committed to creating an environment supportive of patient and family-centered care, positive health outcomes and the safety and security of patients, their families, guests, our care partners (employees, medical staff, volunteers), and the community we serve.

III. DEFINITIONS

A. **Patient** refers to any person seeking healthcare or actively receiving healthcare treatments, diagnostic tests, screenings, assessment, medications, or education from any entity related to Parrish Healthcare.

- B. **Family** as defined by the Institute for Patient and Family Centered Care, “family” refers to two or more persons who are related in any way – biologically, legally, or emotionally. Patients and families define their “family.”
- C. **Partners-in-Care** are person(s) identified by the patient, who are family members and/or friends or other individuals that are present to support the patient during the course of the patient’s health care experience with and may exercise the patient’s visitation rights on the patient’s behalf if patient is unable to do so. The support person(s) may provide emotional and/or social support and comfort according to the patient’s preference. Such individual(s) may or may not be an individual legally responsible for making medical decisions on the patient’s behalf.
- D. **Care Partner** Is an inclusive term referring to Parrish Healthcare employees, medical staff members, auxiliary members, and Board of Directors members, as well as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, and independent contractors, regardless of position.
- E. **Care Team (clinical)** a patient-centered model of care, emphasizing safety and efficiency, that enable all members of the team caring for patients to offer individual expertise and contribute to patient care in a concerted fashion.
- F. **Interprofessional Care Team (non-clinical)** is a group of healthcare professionals from within their own profession, with people outside their profession and with patients and their families to bring together diverse knowledge, skills and perspectives to support the patient during the course of the patients’ health are experience.

IV. PROCEDURES

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

- A. PH recognizes that family members and/or partners-in-care play an important part in the patient’s healing process.
- B. Family members and/or partners-in-care, according to patient preferences, are respected as essential members of the patient’s health care team in sharing information and providing support and comfort during their emergency room visit, hospital stay, and/or healthcare center visit. They enhance quality and safety. They also provide pertinent information essential to the care plan.
- C. Family/Partners-in-Care, as identified by the patient, provides essential information during their time in our health care system and also during the transition to home or community care.

- D. In the unique event that family member/partner-in-care presence would need to be limited to ensure safety or confidentiality, PH care partners will work with the family member/partner-in-care to continue the visit as soon as possible.

Examples for when family member/partner-in-care presence may need to be restricted include a court order limiting or restraining contact, behavior that is a direct threat to patients, families, care partners, or others in the immediate environment, or is disruptive of the functioning of the care unit.

- E. Patient preference and patient wishes will be given priority.
- F. The number of people welcomed at the bedside at one time during a hospital stay will be determined in collaboration with the patient, family and interprofessional care team. In situations where there are shared rooms, this negotiation will include the other patient and his or her family. To ensure safety, considerations will also be given to the physical limitations of the space.
- G. Alternative visitors (e.g. Pets and/or animal-assisted therapy) must be pre-arranged with the interprofessional team.

V. HOSPITAL VISITING HOURS

There are no specified visiting hours. However, in the hospital, quiet time has been designated for the hours of 8 PM until 7 AM every day to promote a restful healing environment for our patients.

VI. INTENSIVE CARE UNIT

The number of people welcomed at the bedside at one time during an Intensive Care Unit stay will be determined in collaboration with the patient, family and interprofessional care team. To ensure safety, family and visitors must be at least 15 years old and considerations will also be given to the physical limitations of the space.

VII. RESPONSIBLE PERSON

PH's Vice President, Acute Care Services/Chief Nursing Officer is responsible for ensuring that all personnel adhere to the requirements of this policy, that these procedures are implemented and followed, and that instances of noncompliance with this policy are reported first through the chain of command and if unable to resolve by management reported through the Grievance Program, as outlined in Policy 9500-1029.

VIII. ENFORCEMENT

All care partners whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy

will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination.

IX. REFERENCES

- A. CMS regulations revising the Medicare Conditions of Participation as set forth at 42 CFR § 482.13(h)
- B. www.shipmangoodwin.com/Sample_Hospital_Patient_Visitation_Policy (THE LANGUAGE IS NOT A PATIENT – AND FAMILY – CENTERED STATEMENT)
- C. Patient Rights and Responsibilities
- D. The Joint Commission RI.01.01.01, EP 2, EP28
- E. Institute for Patient and Family-centered care (2011) Changing Hospital Visiting Policies and Practices: Supporting Family Presence and Participation. Bethesda, MD: Author.
- F. How-to Guide: Multidisciplinary Rounds. Cambridge, Massachusetts: Institute for Healthcare Improvement; February 2015. Accessed 2/28/2017 from www.ihc.org

DRAFT
Work in Progress



Parrish Medical Center | North Brevard County Hospital District
Parrish Healthcare Centers
Parrish Medical Group
Parrish Health Network

POLICY TITLE: Six Sigma Governance Council (SSGC) Structure	POLICY #: 9500-1033	REPLACES POLICY #: 9500-297
	EFFECTIVE DATE: 2/24/2014	Page: 1 of 2
POLICY SCOPE: Parrish Healthcare and Affiliates	REVIEWED: 04/17	
DEVELOPED BY: Administration	REVISED: 04/17	
APPROVALS: Executive Management: President/CEO: Chairperson, Board of Directors:	REPOSITORY: Corporate Compliance iCare	

I. PURPOSE

The purpose of this policy is to establish structure for the identification, prioritization, implementation, regular review, and sustainability of all Parrish Medical Center (PMC) Parrish Healthcare (PH) process improvement initiatives and assuring the consistent, standardized use of Lean Six Sigma principles and methodologies.

II. DEFINITIONS

- A. Lean Six Sigma is a fact-based, data-driven philosophy of improvement that values defect prevention and detection. It drives customer/patient satisfaction and bottom line results by reducing variation, waste, and cycle time, while promoting the use of work standardization and flow, thereby creating a competitive advantage. It applies anywhere variation and waste exist and every care partner should be involved.
- B. DMAIC is the Lean Six Sigma structured process improvement and prioritization approach that means to Define, Measure, Analyze, Improve and Control.
- C. Care Partner is an inclusive term referring to PH employees, medical staff members, auxiliary members, and Board of Directors members.
- A.D. _____

III. POLICY COUNCIL COMPOSITION

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The Six Sigma Governance Council (SSGC) is a multi-disciplinary committee responsible to the President/CEO and Board of Directors of Parrish Medical Center. It will be comprised of the members of the Executive Management Committee (EMC) and select black and green belts.

Members of the Board of Directors will participate at the Board of Directors' discretion. Medical Staff, Department Directors, and Managers will be invited to participate as needed.

IV. PROCEDURE

A. Responsibilities

1. Provide Fiscal Oversight and Guidance.
 - a. Sanction (approve/deny) and prioritize process improvement initiatives relative to strategic significance.
 - b. Review process improvement initiatives.
 - c. Suggest high-impact projects (as needed).
2. Oversee implementation of projects.
 - a. Review project timelines and resources.
 - b. Remove formal and informal barriers.
 - c. Approve deployment of Green/Black belt resources as necessary.
3. ~~Approve~~ Recommend new policies or Policy and Procedure changes as needed to the Board of Directors.
4. Review project failures analysis and approve recommended solutions for future project planning.

B. Frequency of Meetings

The SSGC will convene quarterly to evaluate results of process improvement initiatives and provide strategic direction for future process improvement initiatives as needed to the Board of Directors.

C. Key Outcome Measure(s)

1. The SSGC's ~~governance council's~~ key outcome measures will include (but not limited to) the following:
 - a. Systemic adherence to relevant Process Improvement Policies & Procedures.
 - b. Systemic adherence to Six Sigma methodology (DMAIC).

V. REFERENCES

The Joint Commission |D.04.04.01| EP's 1-4. (See also PI.01.01.01 Ep's 1, 3, 4, 6-8,11,14 and 15)

Quality Improvement Plan, Policy 9500-1032

Game Plan procedural guide

Comment [FP1]: EL/Anna may need to provide any additional EP's that this refers to.

**NORTH BREVARD COUNTY HOSPITAL
OPERATING
PARRISH MEDICAL CENTER MEDICAL STAFF
GENERAL MEDICAL STAFF MEETING
MARCH 7, 2017**

The general meeting of the Medical Staff of the North Brevard County Hospital District operating Parrish Medical Center was held on Tuesday, March 7, 2017, at 6:00 pm in the Conference Center. A quorum was determined to be present.

Dr. Ochoa, President, called the meeting to order at 6:00 pm.

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 DECEMBER 6, 2016 MEDICAL STAFF MINUTES AS WRITTEN.**

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

***ACTION TAKEN:* MOTION TO ACCEPT THE DECEMBER 20, 2016, JANUARY 17, 2017, AND FEBRUARY 21, 2017 MEDICAL EXECUTIVE COMMITTEE MINUTES AS WRITTEN.**

RECOGNITIONS

Dr. Ochoa recognized the following physicians and extended congratulations:

New Physicians:

- Tanmay Patel, MD (Internal Medicine/Hospitalist) – January 2017
- Diego Yangco, MD (Internal Medicine/Hospitalist) – January 2017
- Alan Hodgdon, MD (Emergency Medicine) – January 2017
- Faryal Siddiqui, MD (Pediatrics) – February 2017
- Wayne Mosley, MD (Orthopedics) – February 2017
- Craig Deligdish, MD (Hematology/Oncology) – February 2017
- George Arcos, DO (Occupational Medicine) – February 2017
- Brian Dowdell, MD (Occupational Medicine) – February 2017
- Jorge Hurtado, MD (Hematology Oncology) – March 2017

ACTION TAKEN: Noted by Medical Staff.

Certifications/Recertifications

- Vidya Haté, MD – completed the 2016 MOC assignments by the American Board of Obstetrics and Gynecology.

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

ACTION TAKEN: Noted by Medical Staff.

Years of Service (5-year increments):

- Imran Rashid, MD (Nephrology) – 15 years (March 2002)
- James Giebink, MD (Radiation Oncology) – 35 years (February 1982)
- Yash Sachdev, MD (Urology) – 40 years (January 1977)
- Victor Boodhoo, MD – Special Presentation/Plaque - 39 years (July 1978)

ACTION TAKEN: Noted by Medical Staff.

Resignations:

- Sonya Pease, MD (Anesthesiology) – Effective December 31, 2016/Appointed September 6, 2010
- Wendy Worsley, MD (Family Practice) – Effective December 31, 2016/Appointed October 7, 2003
- Joan McNeela, DPM (Podiatry) – Effective February 1, 2017/Appointed February 21, 1984
- Patrick Sonser, MD (Pain Management) – Effective February 21, 2017/Appointed August 3, 2009

ACTION TAKEN: Noted by Medical Staff.

NEW BUSINESS – None

ACTION TAKEN: Noted by Medical Staff.

OPEN FORUM – Jess Parrish Medical Foundation Golf Tournament

Dr. Biju Mathews encouraged the medical staff to play or sponsor the Jess Parrish Medical Foundation Golf Tournament. A copy of the flyer is appended to the file copy of these minutes and was available on the sign-in table.

ACTION TAKEN: Noted by 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

MEDICAL STAFF MEETING
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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 the posted time 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

ADJOURNMENT

There being no further business the meeting adjourned at 6:16 p.m.

Aluino Ochoa, MD
President/Medical Staff

Pedro Carmona, MD
Secretary/Treasurer

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR
MAY 16, 2017**

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held May 16, 2017, at 6:00 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Aluino Ochoa, Chairman, called the meeting to order at 6:08 pm.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE PREVIOUS MEETING MINUTES (APRIL 18, 2017) AS WRITTEN AND DISTRIBUTED.

ACTION TAKEN: Noted by the Committee.

The Joint Commission

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

ACTION TAKEN: Noted by the Committee.

Quality

The Committee reviewed the Board Quality minutes (March 6, 2017), and the Quality Value Dashboard for April 2017. Copies are appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

Follow-up MEC Item(s) – William Rylander, MD – Request for Emergency Department Exemption

The Committee reviewed the completion of a one-year notice (May 2016) from William Rylander, MD requesting to be exempt from emergency department call. Discussion ensued regarding whether there will be adequate gastroenterology coverage if Dr. Rylander is granted exemption. A copy is appended to the file copy of these minutes. The following motion was made, seconded and approved unanimously.

ACTION TAKEN: MOTION TO TABLE.

ACTION ITEM: Dr. Ochoa will talk to Dr. William Rylander and Dr. Amar Hemaidan regarding gastroenterology call.

UNFINISHED BUSINESS – Quality Performance Algorithm

ACTION ITEM (February 21, 2017): Dr. Tronetti will rework the algorithm in the policy for submission. Dr. Tronetti was given copies of the following policies:

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

UPDATE: Dr. Tronetti was absent will present the algorithm at the June MEC meeting.

NEW BUSINESS - Resignation(s)

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

- Cherie Roxburgh, ARNP (AHP/Dr. William Rylander) – Effective February 17, 2017/Appointed April 2, 2012

ACTION TAKEN: Noted by Committee.

For Information Only

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

1. Joint Commission *Perspectives* – May 2017

Information/Education items sent by Courier to the Medical Staff to be noted in the minutes. Copies are appended to the file copy of these minutes.

1. March 2017 Pharmacy Department – Antimicrobial Stewardship – Acute Kidney Injury from Vancomycin with Piperacillin/Tazobactam or Cefepime
2. April 2017 Pharmacy Department – Antimicrobial Stewardship – Invasive Systemic Infection Post-Hospital for Diabetic Foot Ulcer
3. (Flyer) Educational Symposium on Procalcitonin Testing – May 15, 12:30pm-2:00pm, CR 3/5 – Speaker: Shylah Kirch, MBA, BSN, RN
4. (Flyer) BIMDA Medical Expo – May 6, 2017 – Hilton Rialto Melbourne
5. April 26, 2017 Memo: Resignation of Linda Carrillo, Assistant Vice President – Ambulatory Services
6. Meditech Enhancements – April 12, 2017
7. Meditech Enhancements – May 3, 2017
8. Meditech Enhancements – May 10, 2017

ACTION TAKEN: Noted by the Committee.

REPORT FROM ADMINISTRATION - Board of Directors Minutes, Game Plan Score Card, and Financials/Budget

The Committee reviewed the Board of Directors Regular Board of Directors Meeting minutes (March 6, 2017) from the May Board of Directors packet. A copy is appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

CONSENT AGENDA - None

COMMITTEE REPORT(S)

The Committee reviewed the committee minute(s) of Pharmacy and Therapeutic Committee (April 26, 2017). 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 Diagnostic Imaging (April 18, 2017), Emergency Medicine (April 25, 2017), Medicine (April 18, 2017), and Pediatrics (April 21, 2017). Copies are appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and unanimously approved.

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

OPEN FORUM

Dr. Vanessa Williams spoke about colleagues taking the request for a consult from Anesthesia seriously instead of patronizing the request. As Discussion ensued, it was stopped to be discussed in executive session.

ACTION TAKEN: Noted by the Committee.

Dr. Ramesh Patel expressed concern about local physicians sending out vascular cases to Orlando instead of PMC.

ACTION TAKEN: Noted by the Committee.

MEETINGS

- A. Ad Hoc Credentials Review Committee Executive Session, June 5, 2017, Vice President - Nursing Conference Room, Time TBD

MEDICAL EXECUTIVE COMMITTEE – REGULAR

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- B. Quality Committee, June 5, 2017, Executive Conference Room (ECR), Noon
- C. Budget & Finance Committee, June 5, 2017, Executive Conference Room
- D. Board of Directors Executive Committee, June 5, 2017, Executive Conference Room
- E. Board of Directors Executive Session, June 5, 2017, Executive Conference Room, (To commence no earlier than 2:00 pm)
- F. Educational, Governmental and Community Relations Committee, June 5, 2017, First Floor, Conference Center
- G. Planning, Physical Facilities and Properties Committee, June 5, 2017, First Floor, Conference Center
- H. Board of Directors, June 5, 2017, First Floor, Conference Center, (To commence following the last Board Committee meeting no earlier than the posted time).
- I. Joint Conference Committee – TBA
- J. Medical Staff Meetings – first Tuesday each quarter (March, June, and September) at 6:00 pm. The annual meeting in December begins immediately following dinner at 5:30 pm, Conference Center.
- K. Credentials and Medical Ethics Committee, second Monday of each month, Conference Center, 5:30 pm.

ACTION TAKEN: Noted by the Committee.

ADJOURNMENT

There being no further business, the meeting adjourned at 6:35 pm.

Aluino Ochoa, MD
President/Medical Staff

Pedro Carmona, MD
Secretary - Treasurer