

Members:

Michael Sitowitz, Chairperson (July 1, 2017-June 30, 2020)

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

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

Julia Reyes-Mateo (July 1, 2016 – June 30, 2019)

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

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

PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE
MAY 7, 2018 @ 10:00 A.M.
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

- I. Review and approval of minutes (February 5, 2018)

Motion: To recommend approval of the February 5, 2018 minutes as presented.

- II. Public Comments
- III. Distribution Stats – Julia Reyes-Mateo
- IV. Quarterly Pension and 403(b) and 457(b) Investment Reports – Bott-Anderson

**PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE MEETING
FEBRUARY 5, 2017**

The members of the Pension Administrative Committee met in the Executive Conference Room on February 5, 2018 at 11:07 a.m. The following representing a quorum, were present:

Pension Administration Committee:

Michael Sitowitz, Chairperson
Michael Allen, Vice-Chairperson
Stan Retz
Dawn Hohnhorst

Absent/Excused:

Julia Reyes-Mateo
Warren Berry

Others Present:

Pamela Perez, Recording Secretary
John Anderson, Bott-Anderson
Tim Anderson, Bott-Anderson

Call To Order

The meeting was called to order by the Chairperson at 11:07 a.m.

Review and Approval of Minutes

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

Motion: To approve the PAC minutes of November 6, 2017 as presented.

Public Comments

No public comments presented

Pension Actuarial Report

Douglas Lozen from Foster & Foster presented the Pension Actuarial Report (copy appended). Discussion ensued and the following motion was made by Mr. Retz, seconded by Mr. Allen and approved without objection.

Motion: Recommend the Budget and Finance Committee accepts the Pension Plan Actuarial valuation as of October 1, 2017 as presented.

Mr. Lozen informed the committee that the legal, actuary, and other applicable expenses should be paid directly by the Trust Fund going forward. Discussion ensued and the following motion was may be Mr. Retz and seconded by Ms. Hohnhorst and approved without objection.

Motion: Recommend the Board of Directors effective immediately allow administrative expenses applicable to the Defined Benefit Plan be paid from the Trust Fund with assets of the Defined Benefit Plan as allowed by law.

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

John Anderson from Bott-Anderson update the Committee the Pension, 403(b) and 457(b) Investment Reports. John Anderson opened with the Market Commentary. The Pension portfolio had a 4.53% Fiscal YTD return and a calendar YTD return of 17.89%.

The following 403(b) plans have been on the watch list for consecutive quarters; therefore Bott-Anderson presented options for new fund managers.

- Allianz NFJ Small Cap Value
- American Century Heritage
- Fidelity Advisor Leveraged Company Stock
- Invesco Charter Fund

The following fund managers were reviewed and agreed upon by the committee members:

- MFS New Discovery Value A Fund
- William Blair Small-Mid Cap GRN Fund
- Glenmede Large Cap Core Port Fund

Discussion ensued and the motions for the replacement managers were as follows;

Motion was made by Mr. Retz and seconded by Ms. Hohnhorst and approved without objection.

Motion: Recommend the Board of Directors approve replacing Allianz NFJ Small Cap Investment option in the IRC 403b plan with MFS New Discovery Value A Fund.

Motion: Recommend the Board of Directors approve replacing American Century Fund and Fidelity Advisor Leveraged Company Stock Fund Investment options in the IRC 403b plan with William Blair Small-Med Cap GRN Fund.

Motion: Recommend the Board of Directors approve replacing Invesco Charter Fund with investment option in the IRC 403b plan with Glenmead Large Cap Core Port Fund.

Adjournment

There being no further business, the meeting was adjourned at 11:57 a.m.

Michael Sitowitz, Chairman

Members:

Stan Retz, Chairperson

Peggy Crooks

Herman Cole

Jerry Noffel

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MAY 07, 2018 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

- I. Review and approval of minutes (March 5, 2018)

Motion: To recommend approval of the March 8, 2018 minutes as presented.

- II. Public Comments
- III. Revenue Cycle Update– Mr. Sitowitz
- IV. 501(r) – Community Health Needs Assessment – Update – Mr. Sitowitz
- V. Corporate Compliance Update – Mr. Jackson
- VI. Adjournment

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

A regular meeting of the Audit Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on March 05, 2018 at 11:16 a.m. in the Executive Conference Room. The following members were present:

Stan Retz, Chairperson
Herman Cole
Peggy Crooks
Jerry Noffel 11:26 a.m.

Other Attendees:

Michael Sitowitz
Pamela Perez
Anual Jackson

Call to Order

Mr. Retz called the meeting to order at 11:16 a.m.

Review and Approval of Minutes

The following motion was made by Mr. Cole, seconded by Ms. Crooks, and approved without objection.

Action Taken: Motion to approve the minutes of the January 08, 2018 meeting as presented.

Public Comment

No public comment

Update Revenue Cycle

Mr. Sitowitz gave an update on R1. 181 cases have been reviewed totaling 6 mil in charges. Expecting to collect 1.4 mil dollars with an R1 expense of \$268,000.

Mr. Sitowitz gave an overview of the following:

- Cash collection was at 102% YTD
- Overall A/R days are at 48 days
- DNFB just over 20 mil; related to a coding issue. At the end of February the amount is down to just over 19 mil.
- Bond Covenants
 - Debt Service Coverage 1.2
 - Days Cash on Hand are at 244 days

AUDIT COMMITTEE

MARCH 05, 2018

Page 2

A letter from the IRS requesting an Audit of the Community Health Needs has been received. Finance will be working on the audit.

Corporate Compliance Update

Mr. Jackson updated the committee on the following:

- Policy administration program called PolicyStat has been fully implemented.
- Himage conducted and audit of 100 charts and we scored above 95% accuracy.
- Work Plan/Assessment of compliance function for Corporate Compliance underway for 2018/2019.
- 10 Hotline reviews between Jan-Feb 2018
 - 5 resulted in investigations
 - 2 Unsubstantiated
 - 1 Education provided
 - 2 still assessing

Adjournment

There being no further business, the meeting adjourned at 11:56 a.m.

Stan Retz, Chairperson

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, MAY 7, 2018
NOON
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the March 5, 2018 meeting.

II. Vision Statement

III. Public Comment

IV. Dashboard Review

V. Provider Dashboard

a. MEC

b. PMG

c. Hospitalist

VI. Safe Opioid Program

VII. Other

VIII. Executive Session (if necessary)

ADJOURNMENT

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

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

MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL 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 March 5, 2018 in the Executive Conference Room. The following members were present.

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

CALL TO ORDER

Mr. Cole called the meeting to order at 12:07 p.m.

ELECTION OF OFFICERS

Mr. Cole opened the floor for nominations for Chairperson of Quality Committee. Mr. Jordan nominated Mr. Cole; Ms. Crooks seconded the nomination and moved to close nominations on said name.

ACTION TAKEN: MOTION TO ELECT HERMAN COLE AS CHAIRPERSON OF THE QUALITY COMMITTEE.

Mr. Cole opened the floor for nominations for Vice Chairperson. Mr. Cole nominated Dr. Tronetti; Mr. Jordan seconded the nominations and moved to close nominations on said name.

ACTION TAKEN: MOTION TO ELECT DR. PAMELA TRONETTI AS VICE-CHAIRPERSON OF THE QUALITY COMMITTEE.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Ms. Crooks, seconded by Mr. Retz and approved (14 ayes, 0 nays, 0 abstentions). Mrs. Fitzgerald, Mr. Noffel & Dr. Shah were not present when the vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE JANUARY 8, 2018 MEETING MINUTES, AS PRESENTED.

PUBLIC COMMENTS

None

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

QUALITY DASHBOARD REVIEW

Mr. Loftin reviewed the Value Dashboard included in the agenda packet and discussed each indicator score, with an emphasis on discharge times coinciding with pharmacy availability. Copies of the PowerPoint slides presented are appended to the file copy of these minutes.

SEPSIS

Mr. Graybill and Greg Cuculino, M.D., presented to the committee the DMAIC initiative to address Sepsis. Copies of the PowerPoint slides presented are appended to the file copy of these minutes.

CITY LIAISON

Mr. Scott Larese updated the committee on new City developments and addressed questions from the committee.

OPIOID FOCUS

Mr. Loftin presented Opioid inpatient use and statistics related to our community and addressed looking at ensuring the patient is being prescribed appropriately. Copies of the Power Point slides presented are appended to the file copy of these minutes.

MISSION CONTROL

Ms. Cottrell updated the committee on the progress of Mission Control. Phase 2 of the project has been completed. Daily debriefings have expanded to seven days a week and the process for care team rounds will be revamped. The committee went to the Mission Control area and was given a tour.

QUALITY COMMITTEE
MARCH 5, 2018
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OTHER

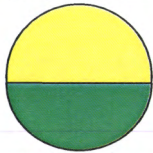
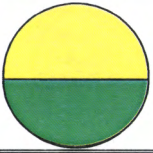
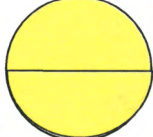
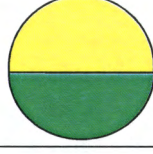
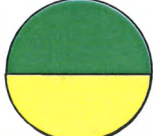
There was no other business brought before the committee.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 2:15 p.m.

Herman A. Cole, Jr.
Chairman

Board Value Dashboard: May 2018

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; January, February, March)



PMC
Board Quality & Safety
Committee

Value Dashboard

May 2018



Agenda


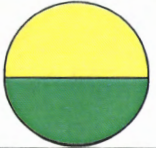
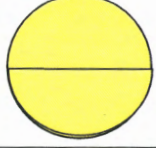
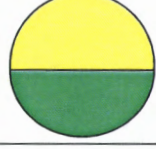
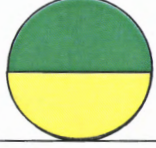
1. Vision Statement
2. Board Dashboard
3. Provider Dashboard
 1. MEC
 2. PMG
 3. Hospitalist
4. Safe Opioid Program

Quality Committee Vision Statement

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



Board Value Dashboard: May 2018

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

CMS/IHI Triple Aim

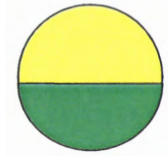
- Better Care For Individuals
- Better Health for Populations
- Lower Costs Through Improvement

Value= Quality/Cost

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



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

Updated April 2018

What's New

July -- September 2017 is in final status.

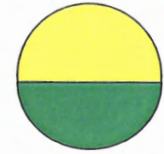
October to December 2017 is in final status.

January to March 2018 is in concurrent status.

Updated Vizient Benchmarking data 4/1/16 to 9/30/17



1. Core Measures 2018



Conditions:

Sepsis

VTE

Stroke

Emergency Department Treatment Times

Influenza Immunization

Perinatal Care



FY 20/ CY 18 Core Measures

Indicator	Hospital Compare 90 th Percentile	Hospital Compare (July 16 – June 17)	Vizient Top Quartile	Vizient Report (APR 16 – Sep 17)	Final Jul – Sep 2017	Final Oct – Dec 2017	Concurrent Jan – Mar 2018
Stroke	-	-	96%	92%	98%	97%	97%
Immunization	100%	96%	99%	97%	N/A	97%	98%
Perinatal Care	100%	100%	96%	100%	100%	100%	100%
VTE	100%	100%	95%	100%	100%	100%	100%
ED-1 (minutes)	176	348	294	462	310	313	350
ED-2 (minutes)	38	208	123	319	181	170	187
Sepsis	-	-	55%	62%	66%	64%	68%

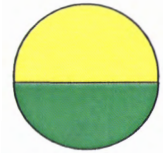
*Immunization – Influenza only

*VTE – hospital acquired only

*Stroke measures reported to TJC 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	\$9514	\$8,672	91%



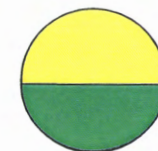
1- Average/case

Source – Internal Cost/Reimbursement Review-TR and Treo



2. Hospital Acquired Conditions

□ Conditions



□ Domain 1-

- PSI-90 Complication/patient safety for selected indicators (composite)
- PSI-3 Pressure ulcer rate
- PSI-6 Iatrogenic pneumothorax, adult
- PSI-8 Postoperative hip fracture rate
- PSI-9 Perioperative hemorrhage or hematoma
- PSI-10 Postoperative acute kidney injury requiring dialysis
- PSI-11 Postoperative respiratory failure rate
- PSI-12 Post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT)
- PSI-13 Postoperative sepsis rate
- PSI-14 Postoperative wound dehiscence
- PSI-15 Accidental puncture or laceration

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



□ Domain 2-

- CLABSI Central line associate bloodstream infections
- CAUTI Catheter associated urinary tract infections
- SSI SSI-colon surgery
- SSI SSI-abdominal hysterectomy
- MRSA MRSA bacteremia
- CDI Clostridium Difficile (C.Diff)

□ Processes: Clinical indication/assessment documentation

FY 19/ CY 17 Domain 1/PSI-90

Indicator	Leapfrog Best Perform Rate	Hospital Compare National Rate	PMC Current Hospital Compare Data (July 14-Sept 15)	Concurrent January-March 2018 Observed Occurrences
PSI-90 Composite Rate	N/A	1.00	0.93	Unable to give composite rate
PSI # 3 Occurrence	0.03	0.26	0.12	0
PSI # 6 Occurrence	0.19	0.40	0.34	0
PSI # 8 Occurrence	N/A	0.10	0.10	0
PSI # 9 Occurrence	N/A	4.78	4.28	1
PSI # 10 Occurrence	N/A	1.12	1.09	0
PSI # 11 Occurrence	2.13	11.89	12.28	1
PSI # 12 Occurrence	1.39	4.35	4.46	2
PSI # 13 Occurrence	N/A	5.94	5.06	0
PSI # 14 Occurrence	1.18	2.26	2.13	0
PSI #15 Occurrence	0.32	0.88	0.85	0



MEDICAL CENTER

Information regarding PSI Occurrences

2 in January (validated)

- PSI #12 x 2- hospital acquired post op blood clot in lung

Zero in February (not validated)

2 in March (not validated)

- PSI # 9
- PSI # 11



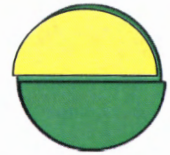
FY 19/ CY 17 Domain 2/HAI

Indicator	Hospital Compare Best Perform Rate	Hospital Compare National Rate (4Q15-3Q16)	PMC Current Hospital Compare Data (4Q15- 3Q16)	Concurrent January-March 2018 Observed Occurrences
Domain 2: CDC NHSN measures	SIR rate	SIR rate	SIR rate	
CAUTI	0.0000	0.949	0.247	2
CLABSI	0.0000	0.941	0	0
SSI	0.0000	0.946	0	0
MRSA	0.0000	0.959	2.967	0
CDI	0.1280	0.941	1.066	3



2. Hospital Acquired Conditions

Performance Goals



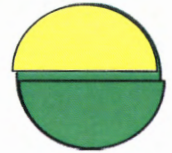
- No infections
- No falls with harm or bed sores
- Compliance with major care processes

Source – Goals established from IHI and CMS standards



2. Hospital Acquired Conditions

Quality Dashboard Scoring Criteria



- ❑ Green: rate of infections in “top” (i.e., fewest) 10%; rate of falls and bed sores in “top” (i.e., fewest) 10%; systematic compliance with care processes
- ❑ Yellow: rate of infections in top quartile; 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, CLABSI, CAUTI, Fall with Injury

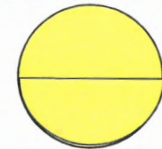
- ❑ Green: No HAC program penalty
- ❑ Red: HAC program penalty

Source – Internal Cost/Reimbursement Review- TR, Treo



3. Patients' Hospital Experience

□ Components



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

□ Performance goals

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



NRC Screen Shot

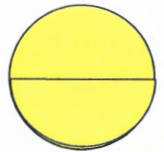
Catalyst Trend by Questions - HCAHPS

May 06, 2018

	NRC Average	Jan 2018		Feb 2018		Mar 2018		Apr 2018		Total	
	Positive	Positive	n Size	Positive	n Size	Positive	n Size	Positive	n Size	Positive	n Size
HCAHPS: Drs explained things understandably	77.0	70.0	80	65.9	85	73.5	102	68.2μ	22	69.9	289
HCAHPS: Drs listened carefully to you	80.0	69.1	81	68.2	85	75.7	103	81.0μ	21	72.1	290
HCAHPS: Got help as soon as wanted	63.6	62.7	75	54.1	74	56.7	90	61.1μ	18	58.0	257
HCAHPS: Help going to bathroom as soon as wanted	69.1	61.1	54	65.4	52	60.7	56	66.7μ	12	62.6	174
HCAHPS: Nurses explained things understandably	75.7	71.6	81	74.1	85	79.8	104	90.9μ	22	76.7	292
HCAHPS: Nurses listened carefully to you	76.4	76.5	81	72.9	85	78.6	103	77.3μ	22	76.3	291
HCAHPS: Quiet around room at night	58.8	73.8	80	67.1	85	64.4	104	68.2μ	22	68.0	291
HCAHPS: Rate hospital	74.2	67.5	80	65.4	81	63.4	101	68.2μ	22	65.5	284
HCAHPS: Received info re: symptoms to look for	90.9	95.8	72	88.2	76	96.7	91	100.0μ	19	94.2	258
HCAHPS: Room kept clean during stay	72.6	78.5	79	71.1	83	81.2	101	63.6μ	22	76.1	285
HCAHPS: Staff described med side effects	50.8	55.0	40	38.5	39	60.8	51	33.3μ	12	50.7	142
HCAHPS: Staff talked about amount of pain	67.3	55.9	59	68.4	57	65.4	78	86.7μ	15	65.1	209
HCAHPS: Staff talked about how to treat pain	63.9	50.8	59	66.7	57	60.3	78	53.3μ	15	58.9	209
HCAHPS: Staff took preferences into account	46.3	35.1	77	34.6	81	36.7	98	31.6μ	19	35.3	275
HCAHPS: Talked about help you would need	86.2	88.9	72	86.8	76	93.3	90	84.2μ	19	89.5	257
HCAHPS: Told what medicine was for	78.0	80.0	40	71.8	39	90.4	52	61.5μ	13	79.9	144
HCAHPS: Treated w/courtesy/respect by Drs	87.5	79.0	81	77.1	83	81.2	101	81.8μ	22	79.4	287
HCAHPS: Treated w/courtesy/respect by Nurses	86.3	85.2	81	81.0	84	90.3	103	81.0μ	21	85.5	289
HCAHPS: Understood managing of health	54.3	40.5	79	51.9	81	63.0	100	42.9μ	21	52.0	281
HCAHPS: Understood purpose of medications	62.9	56.3	64	58.5	53	62.5	72	42.1μ	19	57.7	208
HCAHPS: Would recommend hospital to family	76.1	70.9	79	67.5	80	70.7	99	61.9μ	21	69.2	279

3. Patients' Hospital Experience

Quality Dashboard Scoring Criteria

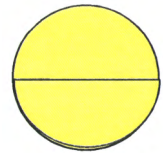


- ❑ Green: Aggregate score at/above 90th percentile
- ❑ Yellow: Aggregate score at/above 70th percentile
- ❑ Red: Aggregate score below 70th percentile

* note- This will follow the final VBP rulings.

3. Patients' Hospital Experience

Cost Dashboard Scoring Criteria



Financial impact on VBP

- ❑ Green: Positive return on VBP dollars
- ❑ Yellow: 0 to -1.00% of VBP dollars
- ❑ Red: > -1.00% of VBP dollars

* note- This will follow the final VBP rulings.

Source – VHA VBP projection tool



4. Emergency Department Care

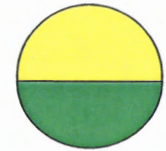
Definition	Actual	Goal
Pts Leave w/o Treatment	2.2% ↓	<2%
Pts return and admit in less than 48 hrs	.62% ↓	<2%
Door to Doc (Median)	16 ↓	< 25 min
Door to D/C (Average)	147 ↓	161
Decision to Bed (Median)	180 ↓	115



Source – Internal Review -CMS

4. Emergency Department Care

Quality Dashboard Scoring Criteria

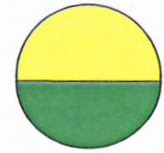


- ❑ Green: All performance goals met
- ❑ Yellow: Performance for all components at or below 1.5 times the target
- ❑ Red: One or more components above 1.5 times the target

Source – Goals established from ACEP and ENA

4. Emergency Department Care

Cost Dashboard Scoring Criteria



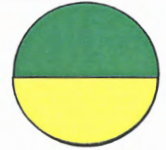
Emergency Department Budget Score

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

Source – Internal Cost/Reimbursement Review



5. Readmissions



Quality Dashboard Scoring Criteria

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

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

Jan	12.4
Feb	11.54
Mar	10.58
	11%



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



Provider Dashboards



PMG



Hospitalist



Measure	Source	Baseline	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD	Target	Stretch Goal
HCAHPS												
Communication with Doctors	NRC	74%			76%			73%		75%	89%	89%
Quality Indicators												
Mortality	Truven	0.88	0.98	0.83	1.46	1.32	1.50	0.73	*	1.14	2.62	0.71
30 Day Readmission rates	Drive	9.6%	12.3%	9%	3.92%	6.8%	7.67%	10.42%	*	8.27%	8%	8%
Cases with HAC	Truven	1.09	1.95	3.31	0.49	1.01	3.60	2.22	*	2.10	0	0
Sepsis Bundle	Truven	97%	86%	98%	92%	91%	90%	88%	98%	91.89%	100%	100%
HIM Compliance												
H&P outside of timeframe	HIM	15	0	1	0	0	0	0	*	1	0	0
DC Summary outside of timeframe	HIM	124	0	0	0	0	0	0	*	0	0	0
Op Report outside of timeframe (if applicable)	HIM	6	0	0	0	0	0	0	*	0	0	0
Immediate Post Op Note outside of timeframe (if applicable)	HIM	0	1	0	0	0	0	0	*	1	0	0
Coding and CDI Queries Responses	HIM	97.50%	100%	100%	100%	100%	100%	100%	*	100.00%	100%	100%
Documentation Quality	HIM	93.92%	100.00%	100.00%	100%	100%	100%	100%	*	100.00%	80%	95%
CPOE Utilization (%)	NSI	74.50%	80.00%	75.00%	80%	78%	76%	78%	78%	77.86%	75%	85%
Utilization Management												
Severity adjusted GMLOS	Drive	6	5.59	5.08	3.78	5.4	4.99	5.06	*	4.98	3.65	3.65
Avoidable days	CM	28	26	40	29	33	27	15	*	170	20	0
Discharge time with target before 2pm, orders written by certain time,	Drive	29%	19%	32%	22%	32%	26%	29%	*	26.7%	50%	100%



MEC



2018 Medical Staff Department Game Plan
Medical Staff - Dr. Tronetti

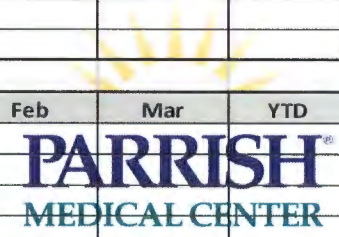
Objective	Measure	Owner	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Goal
Healing Communities										

Objective	Measure	Owner	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Goal
Healing Experience	HCAHPs Star Rating									>4
	Care from Doctors		73.7%	68.8%	71.2%	67.1%	65.0%	76.2%		88.4%
	Discharge Information		91.8%	96.4%	95.5%	95.5%	87.1%	96.6%		92.1%
	Overall rating of hospital		72.2%	70.0%	68.6%	71.2%	66.7%	61.3%		85.1%
	Care Transitions		46.3%	60.3%	55.9%	43.1%	53.3%	62.3%		62.5%

Objective	Measure	Owner	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Goal	
System Reliability	LeapFrog Hospital Safety Score - 2x/Year									A	
	SafeCare Hospital Safety Score - Yearly									Top 100	
	% CPOE Compliance		73.8%	74.0%	74.8%	74.5%	75.1%	75.0%	74.5%	75.0%	
	ALL Cause readmission rate (Overall)		11.5%	8.4%	9.2%	9.8%	8.0%	9.8%	9.4%	8.0%	
	% within Adjusted GMLOS (DRG LOS to ALOS)		74.3%	76.0%	74.6%	75.8%	77.3%	TBD	75.6%	95.0%	
	Patient Safety Indicators (PSI-90) - Truven		0	0	1	2	0	3	6	0	
	Mortality Rate										
	Hospital Compare (CMS) Star Rating (Qtrly from preview)		4								>4star
	Avoidable days		48	52	37	36	22	27	18.5	40	
Standing Order Set Compliance										85.0%	

Objective	Measure	Owner	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Goal
Engaged Partners	Myrounding - TBD									TBD

Objective	Measure	Owner	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Goal
Community Investment	Cost of Care - Antimicrobial Stewardship									
	Cost of Care Sepsis									
	Cost of Care CHF									
	Cost of Care AMI									
	Cost of Care PN									
	Cost of Care COPD									



Questions ?

Opioid Crisis in the
Community we serve



Questions ?

Vizient Southeast Pain Assessment and Management Standards Action Plan

Name	Parrish Medical Center
Owner	Anna Maynard, Accreditation Coordinator
Start Date	04/19/2018
End Date	08/19/2018

Latest Update: 4/19/2018

No.	Action	Owner	Standard	Element(s) of Performance	Workout Session	Status	Update 1
1	Anna to facilitate a workgroup to create a tool for documenting the information required per the Safe Opioid Use policy.	Anna Maynard	Leadership; LD.04.03.13	EP1 - Hospital has leader or leadership team responsible for pain management and safe opioid prescribing and develops and monitors performance improvement activities.	60		
2a	LeeAnn and Dr. Ruff to determine screening criteria for identifying patients at high risk for opioid related adverse drug events.	LeeAnn Cottrell, Exec Dir. Information Governance; Jeffrey Ruff, Pharmacy Clinical Coordinator	Provision of Care; PC.01.02.07	EP6 - Hospital monitors patients identified as high risk for adverse outcomes related to opioid treatment.	90		
2b	LeeAnn and Dr. Ruff to determine how this information will be captured and where it will flow i.e. reflex order monitoring, alert similar to sepsis risk.	LeeAnn Cottrell, Exec Dir. Information Governance; Jeffrey Ruff, Pharmacy Clinical Coordinator	Provision of Care; PC.01.02.07	EP6 - Hospital monitors patients identified as high risk for adverse outcomes related to opioid treatment.	90		
3	Kristina and Education Team to review nonpharmacologic options and communicate with nursing staff to ensure awareness of other pain treatment modalities.	Kristina Crabtree, Education Coordinator - M/S	Leadership; LD.04.03.13	EP2 - Hospital provides nonpharmacologic pain treatment modalities.	30		
4	Dawn to further investigate best approach for documenting nonpharmacologic pain treatment interventions and reassessments.	Dawn Mackey, Clinical Systems Trainer	Provision of Care; PC.01.02.07	EP7 Hospital reassesses and responds to the patient's pain through evaluation and documentation of responses to pain interventions, progress towards pain goals, side effects of treatment, and risk factors for ADEs caused by treatment.	30		
5a	Vizient Southeast to share information on education resources and CMEs on opioid safety with PMC. (Send to Anna who will distribute to others.)	Sandy Karseras, Vizient Southeast	Leadership; LD.04.03.13	EP 3 - Hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and safe use of opioid medications.	30		
5b	Kristina to add this opioid safety education to nursing continuing education .	Kristina Crabtree, Education Coordinator - M/S	Leadership; LD.04.03.13	EP 3 - Hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and safe use of opioid medications.	60		
5c	Dr. Galfo to add this opioid safety education to OPPE .	Betsy Galfo MD, CMO Hospice of St. Francis	Leadership; LD.04.03.13	EP 3 - Hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and safe use of opioid medications.	60		
6	Dawn to revamp 2-1-1 statement given to patients, and incorporate pain management verbiage.	Dawn Mackey, Clinical Systems Trainer	Provision of Care; PC.01.02.07	EP4 - Hospital develops pain treatment plan based on evidence-based practices and patient's clinical condition, past medical history, and PM goals.	30		
7	Kristina to add opioid education at discharge as an agenda item on the next Patient Education Committee meeting.	Kristina Crabtree, Education Coordinator - M/S	Provision of Care; PC.01.02.07	EP8 - Hospital educates patient/family on discharge plans related to pain management to include: PM plan of care, side effects of PM treatment ; ADLs that might exacerbate pain, and safe use, storage and disposal of opioids.	30		

Approximate 120-Day Schedule

30 days	05/19/2018
60 days	06/19/2018
90 days	07/19/2018
120 days	08/19/2018



ALL PMG Providers

Measure	Source	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD	Target	Stretch Goal	Trend over Time
PCAHPS																	
Overall PMG Provider Star rating	NRC/FRH			4.34			4.63								4	4.5	
Provider Communication - Provider explained things in a way that was easy to understand	NRC/FRH			92%			91%								90%	97.8%	
Provider Communication - Provider listened carefully to patient	NRC/FRH			93%			92%								90%	98.3%	
Provider Communication - Provider showed respect for what patients think and feel	NRC/FRH			94%			92%								90%	98.9%	
Provider Communication - Provider spent enough time with patient	NRC/FRH			92%			91%								90%	97.6%	
Provider Communication - Provider knew important information about patient's condition	NRC/FRH			81%			82%								90%	94.6%	
PCMH metrics from PCAHPS / Provider Communication Composite	NRC/FRH			92%			91%								90%	97.8%	
Quality Indicators																	
HEIDIS Star rating	PHN			2.2			3.4								4	4.5	
MIPS/MACRA Compliance	Partner/FRH			81%			100%								90%	100%	
HIM Compliance																	
Quarterly Quality Chart Review (Documentation, Quality Indicators, Closure of Notes/Review of Lab Bins)	PMG			97%			96%								90%	95%	
DC Summary outside of timeframe	HIM														0	0	
Op Report outside of timeframe (if applicable)	HIM														0	0	
Immediate Post Op Note outside of timeframe (if applicable)	HIM														0	0	
Utilization Management																	
Outmigration (PMG -Family Practice Titus Landing)	Drive/FRH			28%			36%								<10%		
Outmigration (PMG -Family Practice PSJ/Other)	Drive/FRH			32%			34%								<10%		
PMG Medicare Risk Adjust (MRA) score	PHN			0.956			0.895								1.3		
Integrated Care																	
Discharge Goal Assessment	FHCP/PHN						TBD								>90%	100%	•
Health Literacy Assessment Compliance	FHCP/PHN						92%								>90%	100%	•
Self-Management Assessment Compliance	FHCP/PHN						92%								>90%	100%	•

"N/A" = Data Not Available at Submission

FINANCE COMMITTEE MEMBERS:

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

**TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, MAY 7, 2018
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approval of minutes (March 05, 2018)

Motion: To recommend approval of the March 05, 2018 minutes as presented.

- II. Public Comments
- III. Quarterly Investment Update (Pension/Operating) – Bott Anderson
- IV. Financial Review – Mr. Sitowitz
- V. FY19 Major Budget Volume Assumptions – Mr. Sitowitz

Motion: To recommend the Board of Directors approve the fiscal year 2019 Major Budget Volume Assumptions.

- 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.

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 March 5, 2018 in the Executive Conference Room. The following members, representing a quorum, were present:

Herman A. Cole, Jr.
Stan Retz, Chairperson
Peggy Crooks, Vice Chairperson
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert Jordan
George Mikitarian (non-voting)
Jerry Noffel
Christopher Manion, M.D.
Pamela Tronetti, D.O.

Member(s) Absent:
None

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

CALL TO ORDER

Mr. Retz called the meeting to order at 2:16 p.m.

ELECTION OF VICE CHAIRPERSON

Mr. Retz opened the floor for nominations for Vice Chairperson of the Finance Committee. Mr. Jordan nominated Ms. Crooks; Mr. Cole seconded the nomination and moved to close nominations on said name.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE JANUARY 8, 2018 MEETING MINUTES, AS PRESENTED.

PUBLIC COMMENTS

None

FINANCIAL REVIEW

Mr. Sitowitz summarized the January 2018 financial statements. Ms. Wagner gave an update on R1. From August 2017 to January 2018 there have been 180 cases reviewed by R1 and seeing a positive return on the reviews.

CAPITAL BUDGET AND OPERATING TIMELINES

Mr. Sitowitz shared with the committee important dates with regard to the budgeting process and noted that the process will kick off in April, finalizes in June and presented to the committee in August. The first Public Hearing is scheduled for September 10th and the Second Public Hearing is scheduled for September 24th.

DISPOSAL OF SURPLUS PROPERTY

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

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

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 2:35 p.m.

Stan Retz
Chairperson



MEMORANDUM

To: Budget & Finance Committee

From: Michael Sitowitz, Controller

Subject: **FY19 Major Budget Volume Assumptions**

Date: April 30, 2018

Attached please find the budget overview information sheet

Major Budget Volume Assumptions

In building the budget volume assumptions for FY2019, we considered the following external factors:

- Modeling to forecast future volumes based upon historical trends.
- Full year of volume at Parrish Healthcare at Port Canaveral and Titus Landing.
- Given the limited number of physician recruitment over the last three years and only one or two anticipated in 2019, we did not add any additional hospital volume for new physician recruitment to the community.

The major volume assumptions are the key drivers of our budget, if they change for whatever reasons all budgeted items impacted by volume are adjusted accordingly. The volume indicators drive the revenue and a majority of the expense items, including FTEs (Full-time equivalents) and supplies. The major volume assumptions are linked to individual department's volume, so any change in the major assumptions will change all departments that would be impacted by that change.

Therefore we propose the following motion:

Motion: To recommend the Board of Directors approve the fiscal year 2019 Major Volume Assumptions.

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

**PARRISH HEALTHCARE
MAJOR VOLUME ASSUMPTIONS
FOR FY 2018 PROJECTION AND FY 2019 BUDGET**

		Actual	Actual			% Inc/-Dec
Actual	Budget	6 Mths	6 Mths	Projected	Budget	Proj. 2018
2017	2018	2017	2018	2018	2019	to Bud 2019

A. INPATIENT UTILIZATION HISTORY AND PRELIMINARY GOALS

1. Admissions by Service							
Total	6,194	6,531	3,317	2,977	5,873	5,881	0.1%
Newborn	644	661	339	329	632	651	3.1%
2. Patient Days by Service							
Total	29,513	29,074	15,983	14,122	27,538	26,189	-4.9%
Newborn	1,456	1,502	770	688	1,341	1,347	0.4%
3. Total Average LOS	4.76	4.45	4.82	4.74	4.69	4.45	-5.0%
4. Average Daily Census - Inpatient	80.86	79.65	87.82	77.59	75.45	71.75	-4.9%
4a. Average Daily Census - Observation	15.71	15.54	15.49	19.23	18.48	19.01	2.9%
5. Inpatient Surgery	1,376	1,418	704	704	1,380	1,384	0.3%
6. Inpatient Special Procedures	745	834	385	381	745	767	3.0%
7. Inpatient Cardiac Caths (Includes PTCA's)	671	731	345	313	619	620	0.1%

B. OUTPATIENT UTILIZATION HISTORY AND PRELIMINARY GOALS

1. Observation Patients - Admits	3,356	3,321	1,655	2,010	3,863	3,975	2.9%
2. Emergency Room Visits	41,851	42,403	21,354	20,780	41,016	41,139	0.3%
3. Ambulatory and Physician Operations	157,795	173,716	79,013	88,047	170,705	215,540	26.3%
4. Outpatient Surgery	2,158	2,052	902	1,236	2,617	2,624	0.3%
5. Outpatient Special Procedures	1,615	1,753	860	771	1,497	1,500	0.2%
6. Outpatient Cardiac Caths (Includes PTCA's)	955	996	517	495	925	929	0.4%

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. #
Spacelabs monitor	019139	02/24/1997	12,801.98	1507	Units are not functioning, parts no longer available or supported.	0.00	
Spacelabs monitor	021021	11/10/1999	4,735.00	0337		0.00	
Spacelabs monitor	020688	12/24/1998	3,780.00	0960		0.00	
Spacelabs monitor	028091	1/22/2004	3,947.00	0308		0.00	

Requesting Department Womens Center/L&D 3rd W: 1333 Department Director ^{Manager} M. Hodges
 Net Book Value (Finance) 0.00 EMC Member [Signature] 4-16-18
 Sr. VP Finance/CFO [Signature] President/CEO [Signature]
 Board Approval: (Date) _____ CFO Signature [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, MAY 7, 2018
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the March 5, 2018 meeting.
- II. Reading of the Huddle
- III. Public Comment
- IV. Open Forum for PMC Physicians
- V. CEO Performance Review – Mr. Boyles
- VI. Attorney Report – Mr. Boyles
- VII. Other
- VIII. Executive Session (if necessary)

ADJOURNMENT

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

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

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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 March 5, 2018 in the Executive Conference Room.

The following members were present:

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

Members Absent:

None

Also in attendance were the following Board members:

Billie Fitzgerald
Jerry Noffel
Ashok Shah, M.D.

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 2:35 p.m.

REVIEW AND APPROVAL OF MINUTES

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 APPROVE THE MINUTES OF THE JANUARY 8, 2018 MEETING AS PRESENTED

READING OF THE HUDDLE

Dr. Galfo read the Weekly Huddle.

PUBLIC COMMENT

There were no public comments.

OPEN FORUM FOR PHYSICIANS

Dr. Tronetti mentioned the need for more recruitment and retention of subspecialty physicians in addition to retention of employees at the physician practices. Dr. Tronetti made mention that the Medical staff would like to have separate joint meetings with PMC administration and the board. Dr. Shah pointed out that the Executive Committee is an open forum for physicians and they are encouraged to attend.

OMNI AGREEMENT

Mr. Mikitarian provided an operations update regarding an opportunity with OMNI to provide management services to Parrish Medical Group (PMG).

WFTV

The WFTV representatives gave a video presentation of the current Strategic Digital Marketing Tools being used to market PMC.

ATTORNEY REPORT

Mr. Boyles noted that during the attorneys' research into participating in the Opioid lawsuit that the board needed to be aware that with the time and resources needed to research and provide the data necessary for the lawsuit that the gain may not be beneficial. Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Retz and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE MANAGEMENT NOT TO PARTICIPATE IN THE OPIOID LAWSUIT AT THIS TIME AS PARRISH MEDICAL CENTER HAS ALREADY INITIATED AN OPIOID SAFETY CAMPAIGN.

OTHER

Mr. Jordan inquired about the referrals and accessibility for cancer patients treated by Health First physicians. Mr. Mikitarian confirmed that PMC is accessible to all patients for medical care.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 3:41 p.m.

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

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MAY 7, 2018
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 (March 5, 2018)
- V. Recognition(s)
- VI. Open Forum for PMC Physicians
- VII. Public Comments
- VIII. Unfinished Business
- IX. New Business
- X. Medical Staff Report Recommendations/Announcements – Dr. Tronetti
- XI. Public Comments (as needed for revised Consent Agenda)

Consent Agenda

A. Finance Committee

1. Recommend to the Board of Directors to approve the fiscal year 2019 Major Budget Volume Assumptions.
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.

BOARD OF DIRECTORS MEETING
APRIL 2, 2018
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XIV. Committee Reports

- A. Quality Committee – Mr. Cole
- B. Budget and Finance Committee – Mr. Retz
- C. Executive Committee – Mr. Jordan
- D. Educational, Governmental and Community Relations Committee – Ms. Fitzgerald
- E. Planning, Physical Facilities & Properties Committee (Did Not Meet)

XV. Process and Quality Report – Mr. Mikitarian

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

XVI. Other

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

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.

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

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

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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center was held on March 5, 2018 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.
Jerry Noffel
Stan Retz
Ashok Shah, M.D.
Maureen Rupe

Member(s) Absent:

None

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

CALL TO ORDER

Mr. Cole called the meeting to order at 4:47 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 (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE JANUARY 8, 2018 MINUTES WITH THE CORRECTION TO THE MINUTES WITH REGARDS TO THE FINANCE COMMITTEE REMOVING THE ITEM V, PATIENT BED PROJECT, ON THE AGENDA, FOR ADMINISTRATION TO GATHER FURTHER INFORMATION.

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

Chaplain Jerald Smith recognized Dr. Ben Storey for his years of service provided in the community. Chaplain Smith led the board and public in a moment of silence.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

None

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

None

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

Discussion ensued regarding the revised consent agenda, and the following motion was made by Mr. Jordan, seconded by Mr. Noffel and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE FOLLOWING REVISED 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.

B. Executive Committee

1. Recommend to the Board of Directors to approve management not to participate in the Opioid lawsuit at this time as Parrish Medical Center has already initiated an Opioid Safety Campaign.

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 that all items were covered during the meeting.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

None

Hospital Attorney

Legal counsel had no report.

OTHER

No other business was discussed.

CLOSING REMARKS

There were no closing remarks.

OPEN FORUM FOR PUBLIC

No members of the public spoke.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:51 p.m.

Herman A. Cole, Jr.
Chairman

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

April 17, 2018

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held April 17, 2018, at 6:00 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Pamela Tronetti, 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 (March 20, 2018) as written and distributed.

The Joint Commission

The Committee reviewed the 2018 Hospital National Safety Patient Goals. The 2018 Hospital National Safety Goals will remain 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.

Hospital Consumers Assessment of Healthcare Providers and Services (HCAHPS)

The Committee reviewed the current Hospital Consumers Assessment of Healthcare Providers and Services (HCAHPS) report. The questions related to physicians were highlighted. Dr. Tronetti noted that the Medical Staff is working hard on patient satisfaction and we have seen noticeable improvement.

ACTION ITEM: Noted by the Committee.

Quality

The Committee reviewed the Board Quality minutes (February 5, 2018), and the Quality Value Dashboard for February 2018. Copies are appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

New Business

Dr. Tronetti noted that the scholarship fund for Dr. Ben Storey is still in progress. She will report back to the committee when more detail is available.

ACTION TAKEN: Noted by the Committee.

The new C. Diff algorithm was shared and explained by Dr. Symeonides and Dr. Carmona. A copy is appended to the file copy of these minutes.

ACTION TAKEN: Motion to accept and support the new C. Diff Algorithm as presented.

MEDICAL EXECUTIVE COMMITTEE – REGULAR

April 17, 2018

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The Opioid Stewardship plan was shared and Dr. Tronetti asked if anyone was interested in being a physician representative on the Opioid Stewardship PI team. Dr. Rojas volunteered to participate. The committee requested to view the comparison information prepared by Vizient to compare opioid usage at Parrish to other Vizient hospitals. There was also discussion about the need to review ordersets that include pain management. This will be coordinated through the Orderset Governance process and brought forward to the MEC for approval as needed.

ACTION TAKEN: The Vizient Opioid usage comparison information will be presented at the next MEC meeting.

Dr. Tronetti asked the committee if they were in favor of continuing the Doctor's Day gifts provided by the hospital. There was discussion that the medical staff appreciates the gift, even if it is something small to acknowledge them.

ACTION TAKEN: Motion to continue the Doctor's Day gifts annually.

Dr. Tronetti updated the committee that the Medical Staff Services office has two open positions and the HIM/MSS Director is actively recruiting for both positions.

ACTION TAKEN: Noted by the Committee.

The authorization requirements for in-hospital radiologic studies discussion was tabled until the next meeting where Dr. Manion will present.

ACTION TAKEN: Noted by the 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* – April 2018
2. Pharmacy Drug Shortages memo- April 2018
3. Upcoming Grand Rounds- April 23, 2018
 - a. A question was asked regarding the subject matter of Grand Rounds and if they were all going to be cancer related. Dr. Tronetti mentioned that if anyone is interested in presenting CME sessions, to contact HIM/MSS Director to coordinate a CME offering. Dr. Symeonides expressed interest in doing a presentation.
4. Meditech Enhancements- April 2018

ACTION TAKEN: Noted by the Committee. Copies are appended to the file copy of these minutes.

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 (February 5, 2018) from the February Board of Directors packet. Copies are appended to the file copy of these minutes.

Herman Cole noted the improvements in HCAHPS and thanked the physicians for their hard work.
ACTION TAKEN: Noted by the Committee.

CONSENT AGENDA

Discussion ensued and a motion was made, seconded and approved unanimously.

ACTION TAKEN: Motion to approve the following consent agenda item(s):

1. Approval of revisions to Brain Death Clinical Exam (E1295). Edits requested per Imee and approved by Intensivists and Neurologists.
2. Approval of revisions to Admission Standing Orders: Internal Medicine / Nephrology (E339). Changed name of order from Admission Standing Orders: Dr. Verma and added order for VTE prophylaxis.
3. Approval of policy 9500-47 Routing of Standing Orders

COMMITTEE REPORT(S)

The Committee reviewed the committee minute(s) of the following committees:

1. Infection Control Committee March 22, 2018
2. Sepsis Committee April 3, 2018

A copy is appended to the file copy of these minutes. 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 the following departments:

- A. Medicine April 17, 2018

Copies are appended to the file copy of these minutes. The following motion was made, seconded and unanimously approved.

ACTION TAKEN: Motion to accept the department report(s) as presented.

OPEN FORUM

Dr. Carmona mentioned that there are many quality initiatives going on in the organization and the information is not always being presented to the Medical Staff. Dr. Carmona will serve as the designee to bring information to MEC from the Board Quality meeting.

ACTION TAKEN: Noted by the Committee.

Dr. Rojas requested more regulation on the use of TigerConnect (TigerText) for notifying physicians on-call. For urgent matters, TigerConnect should only be used in addition to calling and/or paging the physicians.

ACTION TAKEN: HIM/MSS Director will follow up with Corporate Compliance and PBX operators to ensure policies for using TigerConnect, calling, and paging are adequate for patient care.

MEDICAL EXECUTIVE COMMITTEE – REGULAR

April 17, 2018

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MEETINGS

Upcoming meeting schedules are posted and available in the Medical Staff

ACTION TAKEN: Noted by the Committee.

ADJOURNMENT

There being no further business, the meeting adjourned at 7:09 pm.

Pamela Tronetti, DO
President/Medical Staff

Pedro Carmona, MD
Secretary - Treasurer