

Members:

Michael Sitowitz, Chairperson (July 1, 2014-June 30, 2017)
Michael Allen, Vice-Chairperson (July 1, 2016 – June 30, 2019)
Stan Retz (January 1, 2016-December 31, 2019)
Roberta Chaildin (July 1, 2016 – June 30, 2019)
Dawn Hohnhorst (April 1, 2016 – March 31, 2019)
Warren Berry (January 1, 2016- December 31, 2019)

PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE
MAY 1, 2017 @ 10:00 A.M.
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

- I. Review and approval of minutes (February 6, 2017 and March 6, 2017)

Motion: To recommend approval of the February 6, 2017 and the March 6, 2017 minutes as presented.

- II. Public Comments
- III. Quarterly Investment Reports – Bott-Anderson
- IV. GASB 67/68 report update – Michael Sitowitz
- V. Adjournment

**PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE MEETING
FEBRUARY 6, 2017**

The members of the Pension Administrative Committee met in the Executive Conference Room on February 6, 2017 at 11:11 a.m. The following representing a quorum, were present:

Pension Administration Committee:

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

Others Present:

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

Call To Order

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

Public Comments

No public comments presented

Review and Approval of Minutes

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

Motion: To approve the PAC minutes of November 7, 2016 as amended.

Quarterly Investment Update

Tim Anderson from Bott-Anderson presented to the Committee the Pension, 403(b) and 457(b) Investment Reports (copy appended). Tim Anderson opened with the Market Commentary. The Pension portfolio had a fiscal year-to-date return of .60% and a Calendar year-to-date return of 10.25%.

The 403(b) and 457(b) plans are performing well. However, the following 403(b) and 457(b) funds are being watched;

- Allianz NFJ Small Cap Value
- Fidelity Advisor Leveraged Company Stock

- Invesco Charter Fund (formerly AIM)

The following 457(b) managers are on the watch list:

- Dreyfus International Bond
- Goldman Sachs Growth

The following 457(b) managers have continued to underperform and recommended for a freeze:

- Fidelity Advisor Leveraged Company
- Invesco Small Cap Equity
- Wells Fargo Advantage Growth

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

Motion: Recommend the Board of Directors approve the following managers in the 457(b) plan be frozen so that no new monies may be added to the fund because of underperformance; Fidelity Advisor Leveraged Company, Invesco Small Cap Equity and Wells Fargo Advantage Growth.

Defined Benefit Plan Update

Ms. Chaildin updated the committee that statements will be sent out this coming week to employees. These statements take into account the plan freeze on September 30, 2016 and reflect the employees monthly benefit when they reach normal retirement.

Adjournment

There being no further business, the meeting was adjourned at 12:02 p.m.

Michael Sitowitz, Chairman

**PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE MEETING
MARCH 6, 2017**

The members of the Pension Administrative Committee met in the Executive Conference Room on March 6, 2017 at 10:16 a.m. The following representing a quorum, were present:

Pension Administration Committee:

Michael Sitowitz, Chairperson
Stan Retz
Dawn Hohnhorst

Absent/Excused:

Michael Allen, Vice-Chairperson
Roberta Chaildin
Warren Berry

Others Present:

Pamela Perez, Recording Secretary
Douglas Lozen, Foster & Foster

Call To Order

The meeting was called to order by the Chairperson at 10:16 a.m.

Public Comments

No public comments presented

Pension Investment Assumption Rate

Mr. Lozen informed the committee that the change in the assumption rate would be beneficial to act on now and not wait for the state to mandate their recommended rate. The following motion was made by Mr. Retz and seconded by Ms. Hohnhorst and approved without objection:

Motion: To recommend the Board of Directors approve reducing the investment assumption rate for the Defined Benefit Plan from 8.0% to 7.6% effective with

- ***The actuarial impact statement for the plan freeze and***
- ***The GASB 67/68 September 30, 2016 measure date***

Adjournment

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

Michael Sitowitz, Chairman

Members:

Stan Retz, Chairperson
Peggy Crooks
Herman Cole
Elizabeth Galfo, M.D.
Jerry Noffel

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MAY 1, 2017 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

- I. Review and approval of minutes (March 6, 2017)

Motion: To recommend approval of the March 6, 2017 minutes as presented.

- II. Public Comments
- III. Revenue Cycle Update – Mr. Sitowitz
- IV. Corporate Compliance Update – Anual Jackson
- V. 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 6, 2017 at 11:14 a.m. in the Executive Conference Room. The following members were present:

Stan Retz, Chairperson
Herman Cole (11:24 a.m.)
Peggy Crooks
Elizabeth Galfo M.D

Other Attendees:

Michael Sitowitz
Pamela Perez
Anual Jackson
Shawn Newberry

Call to Order

Mr. Retz called the meeting to order at 11:14 a.m.

Review and Approval of Minutes

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

Action Taken: Motion to approve the minutes of the January 9, 2017 meeting as presented.

Public Comment

No public comment

Update Revenue Cycle

Mr. Sitowitz gave an overview of the following:

- Monthly cash collection goal was exceeded at 103%
- Overall A/R days are down from 54 to 52 days
- DNFB at January 2017 was at \$12.3 mil

AUDIT COMMITTEE

March 6, 2017

Page 2

Corporate Compliance Update

Mr. Jackson updated the committee on some areas of government agency audits which include the following:

- Security Risk Meaningful Use Medicare Attestations Completed for 2016
- Review of privacy of information matter in the ED. Findings were that of a technical issue. Process improvement and staff education to be completed.
- Increase in audits, mostly government auditors. United Healthcare and Blue Cross Blue Shield increasing their audit activity
- RAC Audits are back in 2017. Reviews to include hospital Short Stay Admits and physician Evaluation and Management high level new and established office visit codes
- 2016 Compliance Hotline Update
 - 51 Compliance investigations resulting in 6 terminations by Human Resources

Adjournment

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

Stan Retz, 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, MAY 1, 2017
NOON
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes – March 6, 2017
- II. Yellow Belt Certification – Mr. Paul Fender
- III. Other
- IV. Executive Session (if necessary)

ADJOURNMENT

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

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

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS
COMMITTEE**

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on March 6, 2017 in the Executive Conference Room, Second Floor. The following members were present:

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

Member(s) Absent:
None

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

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 12:07 p.m.

ELECTION OF CHAIRPERSON AND VICE CHAIRPERSON

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

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

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

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

YELLOW BELT CERTIFICATION

Mr. Paul Fender briefly summarized work to date within Module 2, and proceeded to conclude Module 2, of the Lean 6 Sigma process. Copies of the PowerPoint slides are appended to the file copy of these minutes.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Mr. Cole, seconded by Dr. Shah and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE JANUARY 9, 2017 MEETING AS PRESENTED.

OTHER

No other items were presented.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:05 p.m.

Billie Fitzgerald
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
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, MAY 1, 2017
IMMEDIATELY FOLLOWING EDUCATION COMMITTEE
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the March, 2017 meeting.
- II. Vision Statement
- III. Public Comment
- IV. Dashboard Review
- V. Leapfrog
- VI. 2017 Top 10 Patient Safety Concerns
- 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 March 6, 2017 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Patricia Alexander, M.D.
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.,
Christopher Manion, M.D.
Kenneth McElynn, M.D.
George Mikitarian (non-voting)
Aluino Ochoa, M.D.
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Khalid Siddiqui, M.D.

Member(s) Absent:

Jerry Noffel (excused)
Pamela Tronetti, D.O. (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 1:16 p.m.

CITY COUNCIL LIAISON

Mr. Scott Larese, City Manager addressed and updated the committee on the status of the city bike trail; paving; and Tallahassee's proposed bill HB17, regarding home rule.

ELECTION OF OFFICERS

Mr. Cole opened the floor for nominations for Chairperson of Quality Committee, Mr. Jordan nominated Mr. Cole; Ms. Rupe 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, Dr. Galfo nominated Dr. Ochoa; Dr. Shah seconded the nominations and moved to close nominations on said name.

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

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (13 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE JANUARY 9, 2017 MEETING AS DISTRIBUTED.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

PUBLIC COMMENTS

No public comments were made.

QUALITY DASHBOARD REVIEW

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

THE JOINT COMMISSION LEADERSHIP STANDARDS

Mr. Loftin reminded the committee that PMC is due for the Integrated Care survey in April/May of 2017, and the triennial Joint Commission survey in January, 2018. He continued review of the Leadership Standards with the Committee.

OTHER

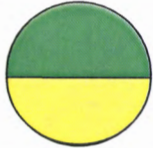
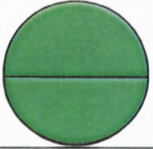
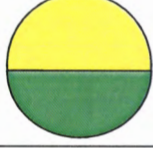

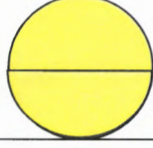
Mr. Loftin shared with the committee that PMC was selected as 2017 Women's Choice for Best Hospital for Women's Safety.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 2:04 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; January, February, March)

PMC
Board Quality & Safety
Committee

Value Dashboard

May 2017



Agenda

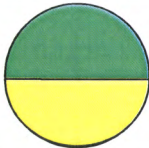
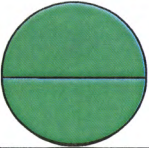
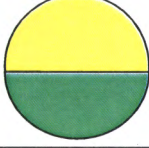
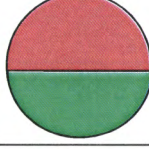
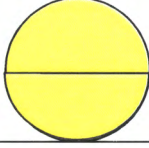
1. Vision Statement
2. Dashboard
3. LeapFrog
4. 2017 Top 10 Patient Safety Concerns
5. TJC – Leadership Standards
6. Other

Quality Committee Vision Statement

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



Board Value Dashboard: April 2017

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

CMS/IHI Triple Aim

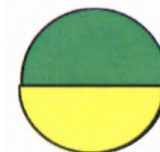
- Better Care For Individuals
- Better Health for Populations
- Lower Costs Through Improvement

Value= Quality/Cost

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



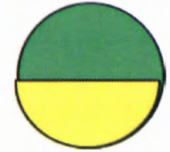
1. Core Measures



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



1. Core Measures 2017



Conditions:

Sepsis

VTE

Stroke

Emergency Department Treatment Times

Influenza Immunization

Perinatal Care



PARRISH[®]
MEDICAL CENTER

Updated April 2017

What's New

Updated Hospital Compare information using the most current preview report.

Updated Vizient information using the most recent data available from web site.

July - September 2016 is in final status.

October - December 2016 is in final status.

January - March 2017 is in concurrent status.



FY 19/ CY 17 Core Measures

Indicator	Hospital Compare 90 th Percentile	Hospital Compare (Oct 15 – Sep 16)	Vizient Top Quartile	Vizient Report (Oct 15 – Sep 16)	Final Jul – Sep 2016	Final Oct – Dec 2016	Concurrent Jan – Mar 2017
Stroke	100%	100%	97%	94%	100%	98%	98%
Immunization	100%	95%	99%	95%	-	93%	98%
Perinatal Care	100%	100%	97%	100%	100%	100%	100%
VTE	100%	100%	99%	99%	100%	100%	100%
ED-1 (minutes)	176	312	283	354	367	322	422
ED-2 (minutes)	39	167	108	211	225	184	226
Sepsis	-	-	-	-	26%	44%	66%

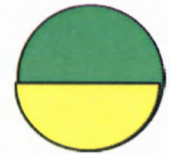
*Immunization – Influenza only

*VTE – Discharge instructions and hospital acquired only

*Reflects score for STK 4 only.



1. Core Measures



Quality Dashboard Scoring Criteria

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

1. Core Measures



Cost Dashboard Scoring Criteria

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

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

	Cost	DRG Payment	Ratio
HF/AMI/PN/ COPD/TJ ¹	\$9312	\$8211	88%

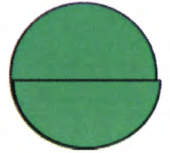
1- Average/case

Source – Internal Cost/Reimbursement Review-TR and Treo



2. Hospital Acquired Conditions

Conditions



PSI 90 indicators

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

Processes: Central line checklist, others to be identified

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

Patient Safety Indicators

PSI-90

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

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



FY 19/ CY 17 PSI-90

Indicator	Hospital Compare Best Perform Rate	Hospital Compare National Rate	PMC Current Hospital Compare Data (July 13- June 15) Rate	Concurrent December- January 2017 Observed Occurrences
PSI-90 Composite Rate	0.41	0.90	0.72	Unable to give composite rate
PSI # 3 Occurrence	0	0.48	0.13	0
PSI # 6 Occurrence	0.05	0.41	0.32	0
PSI # 7 Occurrence	0	0.17	0.11	Retired CY 2017
PSI # 8 Occurrence	0.06	0.06	0.06	0
PSI # 9 Occurrence New for 2017	Not Available	Not Available	Not Available	1
PSI # 10 Occurrence New for 2017	Not Available	Not Available	Not Available	0
PSI # 11 Occurrence New for 2017	Not Available	Not Available	Not Available	0
PSI # 12 Occurrence	1.43	5.31	4.86	0
PSI # 13 Occurrence	1.10	10.21	8.92	1
PSI # 14 Occurrence	0	2.32	2.10	0
PSI #15 Occurrence	0.14	1.43	1.05	1
PSI 04 Occurrence	90.60	136.48	142.88	1



Information regarding PSI Occurrences

2 in December (Same patient had 2 PSI)

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

1 in January

- PSI # 9 perioperative hemorrhage or hematoma rate

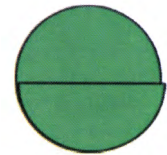
1 in February

- PSI #4 surgical death with serious treatable complications



2. Hospital Acquired Conditions

Performance Goals



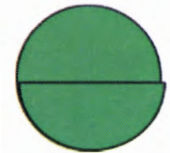
- No infections
- No falls with harm or bed sores
- Compliance with major care processes

Source – Goals established from IHI and CMS standards



2. Hospital Acquired Conditions

Quality Dashboard Scoring Criteria

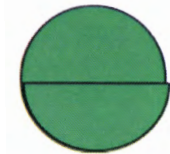


- ❑ Green: No hospital acquired infections; rate of falls and bed sores in “top” (i.e., fewest) 10%; systematic compliance with care processes
- ❑ Yellow: No hospital acquired infections; rate of falls and/or bed sores in top quartile; minor non-compliance with care processes
- ❑ Red: Hospital acquired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



2. Hospital Acquired Conditions

Cost Dashboard Scoring Criteria



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

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

Source – Internal Cost/Reimbursement Review- TR, Treo



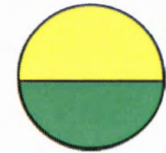
3. Patients' Hospital Experience

❑ Components

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

❑ Performance goals

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



NRC Screen Shot

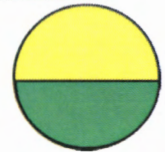
Catalyst Trend by Questions - HCAHPS

Apr 30, 2017

	NRC Average	Jan 2017		Feb 2017		Mar 2017		Apr 2017		Total	
	Positive	Positive	n Size	Positive	n Size	Positive	n Size	Positive	n Size	Positive	n Size
HCAHPS: Did everything to help your pain	80.0	77.0	61	79.7	59	82.0	50	63.6μ	11	78.5	181
HCAHPS: Drs explained things understandably	77.1	65.9	88	63.4	101	76.3	76	75.0μ	12	68.2	277
HCAHPS: Drs listened carefully to you	79.9	71.6	88	71.3	101	81.0	79	75.0μ	12	74.3	280
HCAHPS: Got help as soon as wanted	63.5	60.8	79	56.5	85	60.6	71	54.5μ	11	58.9	246
HCAHPS: Help going to bathroom as soon as wanted	69.7	73.4	64	71.4	56	69.6	56	71.4μ	7	71.6	183
HCAHPS: Nurses explained things understandably	75.6	75.0	88	74.3	101	77.2	79	58.3μ	12	74.6	280
HCAHPS: Nurses listened carefully to you	76.5	72.7	88	72.5	102	74.0	77	75.0μ	12	73.1	279
HCAHPS: Pain well controlled during stay	65.3	63.9	61	52.5	59	71.4	49	54.5μ	11	61.7	180
HCAHPS: Quiet around room at night	59.2	63.6	88	67.6	102	53.2	77	66.7μ	12	62.4	279
HCAHPS: Rate hospital	74.1	77.4	84	65.3	101	67.1	76	66.7μ	12	69.6	273
HCAHPS: Received info re: symptoms to look for	91.1	86.5	74	91.9	99	86.3	73	75.0μ	12	88.0	258
HCAHPS: Room kept clean during stay	72.7	80.2	86	74.3	101	70.1	77	50.0μ	12	73.9	276
HCAHPS: Staff described med side effects	50.8	54.8	42	37.0	54	57.1	42	57.1μ	7	49.0	145
HCAHPS: Staff took preferences into account	45.6	43.4	83	42.6	94	35.6	73	33.3μ	12	40.5	262
HCAHPS: Talked about help you would need	86.0	84.6	78	87.4	95	84.9	73	83.3μ	12	85.7	258
HCAHPS: Told what medicine was for	77.9	78.6	42	75.5	53	75.6	41	85.7μ	7	76.9	143
HCAHPS: Treated w/courtesy/respect by Drs	87.5	81.8	88	79.0	100	83.5	79	83.3μ	12	81.4	279
HCAHPS: Treated w/courtesy/respect by Nurses	86.3	85.1	87	87.0	100	87.0	77	75.0μ	12	85.9	276
HCAHPS: Understood managing of health	54.1	51.8	85	48.5	101	54.7	75	50.0μ	12	51.3	273
HCAHPS: Understood purpose of medications	62.7	54.3	70	59.2	76	48.2	56	66.7μ	9	55.0	211

3. Patients' Hospital Experience

Quality Dashboard Scoring Criteria



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

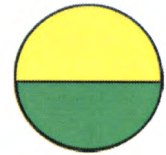
* note- This will follow the final VBP rulings.

Source – PRC reporting (iCare)- CMS



3. Patients' Hospital Experience

Cost Dashboard Scoring Criteria



Financial impact on VBP

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

* note- This will follow the final VBP rulings.

Source – VHA VBP projection tool



4. Emergency Department Care

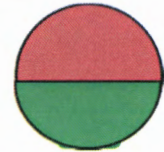
Definition	Actual	Goal
Pts Leave w/o Treatment	6.13% ↓	<2%
Pts return and admit in less than 48 hrs	0.66% ↓	<2%
Door to Doc (Median)	39 ↓	< 25 min
Door to D/C (Average)	181 ↓	161
Decision to Bed (Median)	260 ↓	115



Source – Internal Review -CMS

4. Emergency Department Care

Quality Dashboard Scoring Criteria



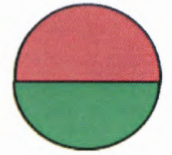
- ❑ Green: All performance goals met
- ❑ Yellow: Performance for all components at or below 1.5 times the target
- ❑ Red: One or more components above 1.5 times the target

Source – Goals established from ACEP and ENA



4. Emergency Department Care

Cost Dashboard Scoring Criteria



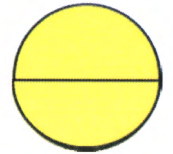
Emergency Department Budget Score

- 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*

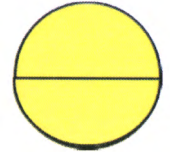
- Green: Less than 8%
- Yellow: 8%-15%
- Red: > 15%

Jan	21.8
Feb	9.2
Mar	13
	15%

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



5. Readmissions



Cost Dashboard Scoring Criteria

Non-reimbursed cost of readmissions

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

Source – Internal Cost/Reimbursement Review



Questions ?



LeapFrog
Spring 2017



My Score	My Letter Grade
3.3331	A
More Information	

LEAPFROG
HOSPITAL
SAFETY GRADE



The Leapfrog Group @LeapfrogGroup Apr 14
 33,000 lives could be saved if all hospitals performed at the level "A" hospitals do. Find your hospital's grade: hospitalsafetygrade.org pic.twitter.com/tcHjkQOizM



Parrish Medical Center One of 63 Hospitals Nationwide to Earn Straight-A Grades for Patient Safety Since 2012 by The Leapfrog Group

TITUSVILLE, FLA. (April 14, 2017)— [The Leapfrog Group](#), the nation’s leading nonprofit watchdog on hospital quality and safety, this week announced new [Leapfrog Hospital Safety Grades](#) and Parrish Medical Center once again earned an “A.” PMC has achieved straight-A grades since the inception of the Safety Grade in 2012, and is one of only 63 hospitals nationwide to attain this honor.

“I am incredibly proud of the impeccable and sustained safety record achieved by our talented and dedicated team of care partners,” said George Mikitarian, President /CEO, Parrish Medical Center. “Patients at Parrish Medical Center can rest assured that they are being cared for in one of the safest hospitals in the nation.”

“Straight ‘A’ hospitals are a rare breed. Not only do they achieve the highest national standards for safety, but they consistently maintain that level of excellence,” said Leah Binder, President and CEO of The Leapfrog Group. “That means that they put the well-being of their patients first, every hour of every day, year after year. We are proud to recognize that tireless commitment.”

Developed under the guidance of an Expert Panel, the Leapfrog Hospital Safety Grade uses 30 measures of publicly available hospital safety data to assign A, B, C, D and F grades to more than 2,600 U.S. hospitals twice per year. It is calculated by top patient safety experts, peer-reviewed, fully transparent and free to the public.

To see PMC’s full grade, and to access consumer-friendly tips for patients, visit www.hospitalsafetygrade.org or follow The Leapfrog Hospital Safety Grade on Twitter and Facebook. Consumers can also download the free Leapfrog Hospital Safety Grade mobile app for Apple and Android devices.



2017 Leapfrog Hospital Survey

- Medication Safety
 - Updated CPOE test
- Inpatient Surgery
 - Hospital and surgical volume (minimum volume standards)
 - Surgical appropriateness
- Maternity Care
 - Updated the sample size from 30 cases to 60 cases
 - Updated target from 80% to 90% for 3 process measures
- ICU Physician Staffing
 - Removed the question related to board approved budget



2017 Leapfrog Hospital Survey

- NQF Safe Practices Score
 - Reduced the number of safe practices from 8 to 5
- Managing Serious Errors
 - Removed the NHSN ICU-only CLABSI and CAUTI
 - Added the NHSN ICU and select wards measures for CLABSI/CAUTI
 - Manual data entry will be removed and the data will come directly from NHSN
- Medication Reconciliation
 - New measure: Number of unintentional medication discrepancies per patient
 - Sample size: 10 patients



2017 ECRI Top 10 Safety Concerns



-
1. Information Management in EHRs
 2. Unrecognized Patient Deterioration
 3. Implementation and Use of Clinical Decision Support
 4. Test Result Reporting and Follow-Up
 5. Antimicrobial Stewardship
 6. Patient Identification
 7. Opioid Administration and Monitoring in Acute Care
 8. Behavioral Health Issues in Non-Behavioral-Health Settings
 9. Management of New Oral Anticoagulants
 10. Inadequate Organization Systems or Processes to Improve Safety and Quality

The Joint Commission Leadership Standards Review



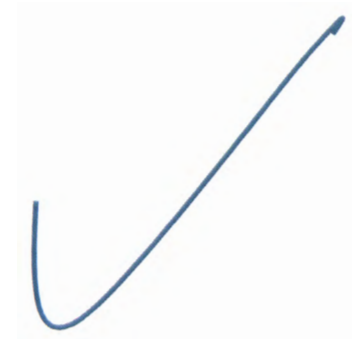
I. Leadership Structure January

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



II. Leadership Relationships February

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



III. Organization Culture and System Performance Expectations

March

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

IV. Operations April

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

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

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

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



LD.04.02.01: The leaders address any conflict of interest involving licensed independent practitioners and/or staff that affects or has the potential to affect the safety or quality of care, treatment, and services.

Introduction: Introduction to Operations, Standards LD.04.01.01 Through LD.04.04.07 Although some leaders may not be involved in the day-to-day, hands-on operations of the hospital, their decisions and work affect, either directly or indirectly, every aspect of operations. They are the driving force behind the culture of the hospital. Leaders establish the ethical framework in which the hospital operates, create policies and procedures, and secure resources and services that support patient safety and quality care, treatment, and services. Policies, procedures, resources, and services are all influenced by the culture of the hospital and, in turn, influence the culture.



Elements of Performance

1. The leaders define conflict of interest involving licensed independent practitioners or staff. This definition is in writing.

EP Attributes

New	FSA	CMS	DOC
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D

2. The leaders develop a written policy that defines how the hospital will address conflicts of interest involving licensed independent practitioners and/or staff.

EP Attributes

New	FSA	CMS	DOC
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D



-
3. Existing or potential conflicts of interest involving licensed independent practitioners and/or staff, as defined by the hospital, are disclosed.
 4. The hospital reviews its relationships with other care providers, educational institutions, manufacturers, and payers to determine whether conflicts of interest exist and whether they are within law and regulation.
 5. Policies, procedures, and information about the relationship between care, treatment, and services and financial incentives are available upon request to all patients and those individuals who work in the hospital, including staff and licensed independent practitioners.

LD.04.02.03: Ethical principles guide the hospital's business practices.

Elements of Performance

1. The hospital has a process that allows staff, patients, and families to address ethical issues or issues prone to conflict.
2. The hospital uses its process to address ethical issues or issues prone to conflict.
5. Care, treatment, and services are provided based on patient needs, regardless of compensation or financial risk-sharing with those who work in the hospital, including staff and licensed independent practitioners.



13. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Each resident who is entitled to Medicaid benefits is informed in writing, either at the time of admission or when the resident becomes eligible for Medicaid.

EP Attributes

New	FSA	CMS	DOC
		§483.10(b)(5)(i)(A)	D
		§483.10(b) (5)(i)(B)	
		§482.58(b) (1)	

14. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are informed when changes are made to the services that are specified in LD.04.02.03, EP 13.

EP Attributes

New	FSA	CMS	DOC
		§483.10(b) (5)(ii)	
		§482.58(b) (1)	



-
15. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: When a resident becomes eligible for Medicaid after admission to the hospital, the hospital charges the resident only the Medicaid-allowable charge.

EP Attributes

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

§483.12(a) (2)(v)
§482.58(b) (2)

16. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents are informed before or at the time of admission, and periodically during the resident’s stay, of services available in the facility and of charges for those services not covered under Medicare or by the facility’s per diem rate.

EP Attributes

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

§483.10(b) (6)
§482.58(b) (1)



LD.04.02.05: When internal or external review results in the denial of care, treatment, and services, or payment, the hospital makes decisions regarding the ongoing provision of care, treatment, and services, and discharge or transfer, based on the assessed needs of the patient.

Rationale: The hospital is professionally and ethically responsible for providing care, treatment, and services within its capability and law and regulation. At times, such care, treatment, and services are denied because of payment limitations. In these situations, the decision to continue providing care, treatment, and services or to discharge the patient is based solely on the patient's identified needs.

Elements of Performance

1. Decisions regarding the provision of ongoing care, treatment, and services, discharge, or transfer are based on the assessed needs of the patient, regardless of the recommendations of any internal or external review.



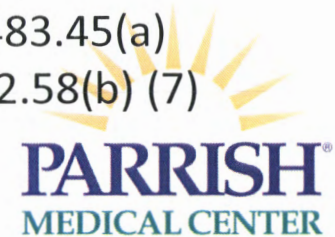
LD.04.03.01: The hospital provides services that meet patient needs.

Elements of Performance

1. The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.

EP Attributes

New	FSA	CMS	DOC
	§482.26	§482.27	§482.51(b) §482.54 §482.56
	§482.57	§482.62(c)	§483.15(g) (1) §483.45(a)
	(1) §483.45(a) (2)	§482.58(b) (5)	§482.58(b) (7)
	§482.54	§482.26(a)	



-
2. The hospital provides essential services, including the following:- Diagnostic radiology- Dietary- Emergency- Medical records- Nuclear medicine- Nursing care- Pathology and clinical laboratory- Pharmaceutical- Physical rehabilitation- Respiratory care- Social work Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.

EP Attributes

New	FSA	CMS	DOC
		§482.23	§482.24
		§482.24(a)	§482.25
		§482.26	§482.27
		§482.27(a)	§482.28
		§482.55	§482.56 §482.57
		§482.53	§482.26(a)
		§482.53	§482.25



-
3. The hospital provides at least one of the following acute-care clinical services:- Child, adolescent, or adult psychiatry- Medicine- Obstetrics and gynecology- Pediatrics- Treatment for addictions- Surgery Note: When the hospital provides surgical or obstetric services, anesthesia services are also available.

EP Attributes

New	FSA	CMS	DOC
		§482.51	§482.51(a)

26. For hospitals that use Joint Commission accreditation for deemed status purposes: Emergency laboratory services are available 24 hours a day, 7 days a week.

EP Attributes

New	FSA	CMS	DOC
		§482.27(a)	(1)



LD.04.03.07: Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.

Rationale: Comparable standards of care means that the hospital can provide the services that patients need within established time frames and that those providing care, treatment, and services have the required competence. Hospitals may provide different services to patients with similar needs as long as the patient’s outcome is not affected. For example, some patients may receive equipment with enhanced features because of insurance situations. This does not ordinarily lead to different outcomes. Different settings, processes, or payment sources should not result in different standards of care.

Elements of Performance

EP Attributes

New	FSA	CMS	DOC
	- Assessing,	§482.51	
	- Planning and Coordinating Care		



LD.04.03.09: Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Elements of Performance

1. Clinical leaders and medical staff have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement.

EP Attributes

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

§482.28 §482.22(a) (4)

2. The hospital describes, in writing, the nature and scope of services provided through contractual agreements.

EP Attributes

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

§482.12(e) §482.12(e) (2) §482.23(b) (6)
 §482.26 §482.27(a) §482.27(a) (2) §482.28
 §482.62(c) §482.12(a) (8) §482.12(a) (9)
 §482.22(a) (4) §482.22(a) (4)(i) §482.21
 §482.26(a)



3. Designated leaders approve contractual agreements.

EP Attributes

New	FSA	CMS	DOC
		§482.12(e) §482.28 §482.12(a) (9) §482.22(a) (4)	D



4. Leaders monitor contracted services by establishing expectations for the performance of the contracted services.

Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the “Medical Staff” (MS) chapter.

Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following: - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure the services provided by licensed independent practitioners will be within the scope of their privileges.

Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.

EP Attributes

New	FSA	CMS	DOC
		§482.12(e) §482.26	
		§482.27(a) §482.28	
		§482.12(a) (8) §482.12(a) (9)	
		§482.22(a) (4) §482.22(a) (4)(i) §482.21	



5. Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.

EP Attributes

New	FSA	CMS	DOC
		§482.12(e)§482.26 §482.28	D
		§482.12(a) (9)	
		§482.22(a) (4)	
		§482.21	



-
6. Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.

EP Attributes

New	FSA	CMS	DOC
		§482.12(e) §482.12(e) (1) §482.23(b) (6) §482.26 §482.28 §482.12(a) (9) §482.22(a) (4) §482.21 §482.21(e) (1)	



7. Leaders take steps to improve contracted services that do not meet expectations.
 Note: Examples of improvement efforts to consider include the following:-
 Increase monitoring of the contracted services.- Provide consultation or training to the contractor.- Renegotiate the contract terms.- Apply defined penalties.-
 Terminate the contract.

EP Attributes

New	FSA	CMS	DOC
		§482.12(e) (1)	
		§482.23(b) (6)	
		§482.26 §482.28	
		§482.21	

8. When contractual agreements are renegotiated or terminated, the hospital maintains the continuity of patient care.

EP Attributes

New	FSA	CMS	DOC
		§482.26 §482.26(a)	



-
10. Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same. * Footnote *: For law and regulation guidance on the Clinical Laboratory Improvement Amendments of 1988, refer to 42 CFR 493.

EP Attributes

New	FSA	CMS	DOC
		§482.27(a)	D



23. For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following:

- The distant site is a contractor of services to the hospital.
- The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation
- The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a) (4). (See also MS.13.01.01, EP 1) Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.

If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:

- The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13).
- The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site.



EP Attributes

New	FSA	CMS	DOC
		§482.22(c)D (6) §482.12(a) (8) §482.12(a) (9) §482.22(a) (3)(i) §482.22(a) (4) §482.22(a) (4)(i)	

LD.04.03.11: The hospital manages the flow of patients throughout the hospital.

Rationale: Managing the flow of patients throughout their care is essential to prevent overcrowding, which can undermine the timeliness of care and, ultimately, patient safety. Effective management of system-wide processes that support patient flow (such as admitting, assessment and treatment, patient transfer, and discharge) can minimize delays in the delivery of care. Monitoring and improving these processes are useful strategies to reduce patient flow problems.

Elements of Performance

1. The hospital has processes that support the flow of patients throughout the hospital.

EP Attributes

New	FSA	CMS	DOC
		§482.55(a) (2)	



-
2. The hospital plans for the care of admitted patients who are in temporary bed locations, such as the post anesthesia care unit or the emergency department.
 3. The hospital plans for care to patients placed in overflow locations.
 4. Criteria guide decisions to initiate ambulance diversion.

EP Attributes

New	FSA	CMS	DOC
			D



-
5. The hospital measures and sets goals for the components of the patient flow process, including the following:
- The available supply of patient beds
 - The throughput of areas where patients receive care, treatment, and services (such as inpatient units, laboratory, operating rooms, telemetry, radiology, and the post-anesthesia care unit)
 - The safety of areas where patients receive care, treatment and services - The efficiency of the nonclinical services that support patient care and treatment (such as housekeeping and transportation)
 - Access to support services (such as case management and social work)

EP Attributes

New	FSA	CMS	DOC
			D



-
6. The hospital measures and sets goals for mitigating and managing the boarding of patients who come through the emergency department. (Refer to NPSG.15.01.01, EPs 1 and 2; PC.01.01.01, EPs 4 and 24; PC.01.02.03, EP 3; PC.02.01.19, EPs 1 and 2) Note: Boarding is the practice of holding patients in the emergency department or another temporary location after the decision to admit or transfer has been made. The hospital should set its goals with attention to patient acuity and best practice; it is recommended that boarding time frames not exceed 4 hours in the interest of patient safety and quality of care.
 7. The individuals who manage patient flow processes review measurement results to determine whether goals were achieved. (Refer to NR.02.02.01, EP 4)

EP Attributes

New	FSA	CMS	DOC
			D



-
8. Leaders take action to improve patient flow processes when goals are not achieved. (Refer to PI.03.01.01, EP 4) Note: At a minimum, leaders include members of the medical staff and governing body, the chief executive officer and other senior managers, the nurse executive, clinical leaders and other members in leadership positions within the organization. (See the Glossary for the definition of leader.)

 9. When the hospital determines that it has a population at risk for boarding due to behavioral health emergencies, hospital leaders communicate with behavioral health care providers and/or authorities serving the community to foster coordination of care for this population. (Refer to LD.03.04.01, EPs 3 and 6)

Questions?



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, MAY 1, 2017
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)**

CALL TO ORDER

- I. Review and approval of minutes (March 06, 2017)

Motion: To recommend approval of the March 06, 2017 minutes as presented.

- II. Public Comments
- III. Report from Titusville City Council Liaison- Scott Larese
- IV. Quarterly Investment Update (Pension/Operating) – Bott Anderson
- V. Operating Account - Money Manager Replacement Discussion – Bott Anderson
- VI. Financial Review – Mr. Sitowitz
- VII. Orthopedic Service Line Equipment – Matthew Graybill

Motion: To recommend to the Board of Directors to approve the purchase of the Hana Bed/Table and Spider Arm Holder at a total cost not to exceed the amount of \$120,611.

- VIII. Network Infrastructure Switch Replacement – Justin Buckland

Motion: To recommend to the Board of Directors to approve the purchase of the network switch replacements (Project #17-721-05) at a total cost not to exceed the budgeted amount of \$253,135.

- IX. 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 6, 2017 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairman
Herman A. Cole, Jr.
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert Jordan
George Mikitarian (non-voting)
Aluino Ochoa, M.D. (2:25 p.m.)

Member(s) Absent:
Jerry Noffel (excused)

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

CALL TO ORDER

Mr. Retz called the meeting to order at 2:13 p.m.

ELECTION OF VICE CHAIRPERSON

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

ACTION TAKEN: MOTION TO ELECT PEGGY CROOKS AS VICE CHAIRPERSON OF THE FINANCE COMMITTEE.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo and approved (6 ayes, 0 nays, 0 abstentions). Dr. Ochoa was not present when the vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE JANUARY 9, 2017 MEETING, AS PRESENTED.

PUBLIC COMMENTS

No public comments made.

FINANCIAL REVIEW

Mr. Sitowitz summarized the January 2017 financial statements.

MEDITECH AUTHORIZATION AND REFERRAL MANAGEMENT

Mr. Sitowitz introduced Debbie David as Director of Patient Access. Ms. Davis summarized the memorandum contained in the packet relative to the purchase of a Meditech Authorization and Referral Management system. She noted that this will automate manual systems currently in place. Discussion ensued and the following motion was made by Ms. Crooks, seconded by Mr. Cole and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE PROPOSED, UNBUDGETED, MEDITECH AUTHORIZATION AND REFERRAL MANAGEMENT PROJECT AT A TOTAL NOT-TO-EXCEED CAPITAL COST OF \$58,000.

TUBE SYSTEM UPGRADE

Mr. Dillow summarized the memorandum contained in the packet relative to Tube System upgrades needed due to the age of the current system. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE PURCHASE OF THE TUBE SYSTEM UPGRADES (PROJECT #17-661-01) AT A TOTAL NOT-TO-EXCEED THE BUDGETED AMOUNT OF \$199,500.

PENSION INVESTMENT ASSUMPTION RATE

Mr. Sitowitz noted that the Pension Committee met earlier in the day and discussed the Pension Investment Assumption Rate, and the need to make an adjustment. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Ms. Crooks and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE REDUCING THE INVESTMENT ASSUMPTION RATE FOR THE DEFINED BENEFIT PLAN FROM 8.0% TO 7.6% EFFECTIVE WITH

- ***THE ACTUARIAL IMPACT STATEMENT FOR THE PLAN FREEZE AND***

- **THE GASB 67/68 SEPTEMBER 30, 2016 MEASURE DATE**

DISPOSAL OF SURPLUS PROPERTY

Discussion ensued and the following motion was made by Ms. Crooks, seconded by Mr. Cole, and approved (7 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 3:09p.m.

Stan Retz
Chairperson



MEMORANDUM

To: Finance Committee

From: Michael Sitowitz, Controller

Subject: Replacement of Money Manager - Lombardia

Date: April 24, 2017

On Friday April 7th, 2017, I was contacted by Lombardia, our international money manager, to let me know that they would be winding down the firm by the end of May. As a reminder, the funds are with Regions as custodian. I have instructed Bott Anderson to conduct a Money Manager Search and bring recommendations to our May 1st Finance Committee meeting.

After review of the recommendations the Finance committee will recommend a motion to the board.

Parrish Medical Center - International Manager Candidates

Manager vs Benchmark: Return through December 2016

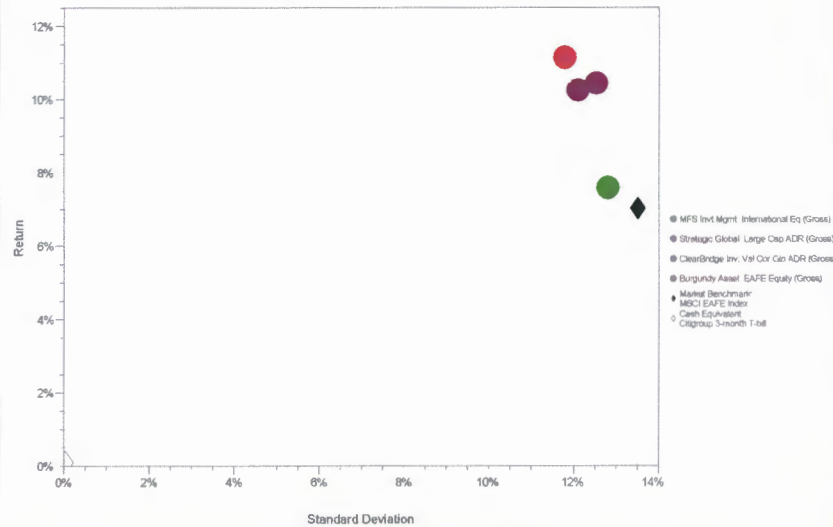
	1 year	2 years	3 years	4 years	5 years	Since Inception
MFS Invt Mgmt: International Eq (Gross)	0.84%	0.67%	-0.83%	3.99%	7.58%	7.89%
Strategic Global: Large Cap ADR (Gross)	0.72%	2.67%	2.00%	7.18%	10.44%	5.63%
ClearBridge Inv: Val Cor Glo ADR (Gross)	7.15%	2.74%	1.79%	8.79%	10.25%	6.38%
Burgundy Asset: EAFE Equity (Gross)	3.92%	7.27%	5.06%	8.98%	11.15%	8.98%
MSCI EAFE Index	1.51%	0.56%	-1.15%	4.46%	7.02%	N/A

Calendar Year Return

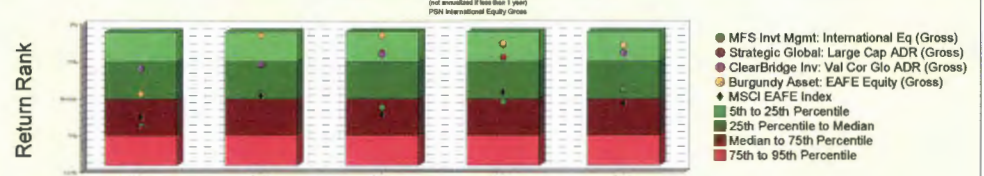
	2016	2015	2014	2013	2012
MFS Invt Mgmt: International Eq (Gross)	0.84%	0.49%	-3.75%	19.91%	23.23%
Strategic Global: Large Cap ADR (Gross)	0.72%	4.65%	0.68%	24.38%	24.50%
ClearBridge Inv: Val Cor Glo ADR (Gross)	7.15%	-1.48%	-0.08%	32.81%	16.28%
Burgundy Asset: EAFE Equity (Gross)	3.92%	10.72%	0.78%	21.66%	20.24%
MSCI EAFE Index	1.51%	-0.39%	-4.48%	23.29%	17.90%

Risk / Return

January 2012 - December 2016 (Single Computation)



Manager vs Universe: Return Rank through December 2016



Manager vs Universe

	Median Rank	Volatility of Rank	1 year 931 mng	2 years 907 mng	3 years 880 mng	4 years 833 mng	5 years 774 mng
MFS Invt Mgmt: International Eq (Gross)	49.70%	5.42	68.39%	46.69%	55.86%	51.68%	43.60%
Strategic Global: Large Cap ADR (Gross)	23.04%	4.50	70.11%	27.26%	18.89%	21.87%	18.89%
ClearBridge Inv: Val Cor Glo ADR (Gross)	17.49%	3.42	29.50%	26.58%	20.29%	13.33%	19.66%
Burgundy Asset: EAFE Equity (Gross)	12.83%	4.95	46.56%	7.28%	7.39%	12.62%	14.10%
MSCI EAFE Index	51.93%	5.87	62.28%	47.89%	60.67%	45.49%	53.06%

Up/Down Table

January 2012 - December 2016, Single Computation

	# of Months		Average Return (%)		Average Return (%) vs. Market		Average Return (%) vs. Style		Month (%)		1-Year (%)		Market Benchmark (%)			Style Benchmark (%)		
	Up	Down	Up	Down	Up Market	Down Market	Up Market	Down Market	Best	Worst	Best	Worst	Up Capture	Down Capture	R-Squared	Up Capture	Down Capture	R-Squared
MFS Invt Mgmt: International Eq (Gross)	35	25	3.12	-2.74	3.24	-2.45	3.16	-2.57	6.91	-10.85	29.68	-13.93	94.0	90.9	94.93	99.9	99.7	97.32
Strategic Global: Large Cap ADR (Gross)	36	24	3.16	-2.50	3.38	-2.14	3.38	-2.14	7.67	-10.11	32.76	-10.24	98.8	80.7	96.43	110.9	88.0	96.66
ClearBridge Inv: Val Cor Glo ADR (Gross)	37	23	3.12	-2.73	3.18	-1.93	3.22	-2.18	7.53	-9.69	34.11	-15.29	92.0	74.1	86.65	119.0	94.5	90.89
Burgundy Asset: EAFE Equity (Gross)	39	21	2.86	-2.62	3.20	-1.81	3.23	-2.05	8.79	-9.21	29.83	-1.95	92.6	69.8	83.92	117.0	92.3	92.40
MSCI EAFE Index	33	27	3.41	-2.74	3.41	-2.74	3.41	-2.74	7.82	-11.35	32.21	-14.80	100.0	100.0	100.00	100.6	99.6	99.65



MEMORANDUM

To: Finance Committee

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

Subject: Orthopedic Service Line Equipment Requests – Hana Table and Arm Holder

Date: April 24, 2017

This request is for the unbudgeted purchase of Surgical Bed/Table and one Surgical Arm Holder to support Orthopedic Service growth at PMC.

With the addition of Dr. Mosely, he will be performing Anterior Approach Hip Replacements. In order to perform these procedures, PMC will need to invest in a positioning device known as the Hana Bed/Table. In addition, this table also has the ability to be used as a backup fracture table for trauma procedures, as our previous backup table recently had to be retired. Request not to exceed \$99,707.

Furthermore, to support performing Shoulder Arthroscopy Procedures, we are requesting the Spider Arm Holder from Smith & Nephew. We reviewed options from two different vendors – Smith & Nephew and Arthrex. There are couple of reasons we chose to proceed with Smith & Nephew. First, there is consistency in service and knowledge of the product since it is what Dr. Mosely has used in previous organizations. And second, this vendor offers a growth rebate, whereby as PMC increases its spend with Smith & Nephew, we will receive a percentage of this money back each year, ultimately making this option more cost effective. Request not to exceed \$20,904.

Relating this request to the Gameplan, investing in this equipment will help us grow the Orthopedic Service line. Moreover, patients who seek to have the Anterior Approach Hip Replacements will not have to travel to other organizations both in and out of the county.

Representatives from the Surgical Services, 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.

Finally, we are evaluating arthroscopy imaging equipment, of which we hope to present a request in a future meeting.

Motion: To recommend to the Board of Directors to approve the purchase of the Hana Bed/Table and Spider Arm Holder at a total cost not to exceed the amount of \$120,611.



MEMORANDUM

To: Finance Committee

From: Justin Buckland Technical Services Manager

Subject: Network Infrastructure Switch Replacement
Project #17-721-05

Date: April 24, 2017

This request is for the budgeted purchase of the Network Infrastructure Switch Replacement project approved in the 2017 capital budget. Switches make up a large component of the Parrish Healthcare network infrastructure. A network switch's role is to connect computers to EHR systems and data.

Parrish Healthcare's existing switch infrastructure will no longer be supported in December of 2018.

By making this purchase at one-time, Parrish is receiving \$20,000 in equipment discounts and training credits for Information Technology care partners. The \$20,000 in equipment discounts will result in cost mitigation for future IT Infrastructure purchases.

Motion: To recommend to the Board of Directors to approve the purchase of the network switch replacements (Project #17-721-05) at a total cost not to exceed the budgeted amount of \$253,135.

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 1, 2017
2nd FLOOR, EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the March 6, 2017 meeting.
- II. Reading of the Huddle
- III. Public Comment
- IV. Open Forum for PMC Physicians
- V. Attorney Report – Mr. Boyles
- VI. Other
- VII. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on March 6, 2017 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
Maureen Rupe
Ashok Shah, M.D.

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 3:17 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE JANUARY 9, 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

Mr. Boyles advised that the timeframe for bids to be received on the two parcels of property recently approved for sale, has closed and no other bids were received.

ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 3:21 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 1, 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 (March 6, 2017)
- 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. Ochoa
 - A. Resignations - **For Information Only**
 - Douglas Boler, MD (Associate/Pain Management)
Effective 3/25/17 – Appointed 6/6/16
 - B. Compliments – 2017 Doctor's Day Compliment Cards via Jess Parrish Medical Foundation
- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda

BOARD OF DIRECTORS MEETING
MAY 1, 2017
PAGE 2

A. Finance Committee

1. Recommend to the Board of Directors to approve the purchase of the Hana Bed/Table and Spider Arm Holder at a total cost not to exceed the amount of \$120,611
2. Recommend to the Board of Directors to approve the purchase of the network switch replacements (Project #17-721-05) at a total cost not to exceed the budgeted amount of \$253,135.

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 – Ms. Fitzgerald
- 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
MAY 1, 2017
PAGE 3

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
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 6, 2017 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, CPA
Maureen Rupe
Ashok Shah, M.D

Member(s) Absent:
Jerry Noffel (excused)

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

CALL TO ORDER

Mr. Cole called the meeting to order at 3:50 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 (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE JANUARY 9, 2017 MEETING MINUTES, AS PRESENTED.

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

Mrs. Danica Romeyn completed a Public Appearance Request and spoke regarding her infant son, Everest, and their experiences with the Children's Center and the various program partners at the center. She stated a moms group offered her the chance to speak with others in similar situations and provided the opportunity for Everest to socialize with other children. She expressed her thanks and gratitude for the Children's Center and the JPMF.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS – North Brevard Medical Support Liaison Report

Mr. Retz presented the North Brevard Medical Support Liaison report from the February 9th meeting.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS – Resignations

Resignations were noted for information only, no action required.

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

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

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

- A. Educational, Governmental and Community Relations Committee
1. Recommend the Board of Directors approve the appointment of Billie Fitzgerald as Chairperson and Maureen Rupe as the Vice-Chairperson of the Educational, Governmental and Community Relations Committee.
- B. Quality Committee
1. Recommend the Board of Directors approve the appointment of Herman Cole as the Chairperson and Aluino Ochoa, M.D. as the Vice-Chairperson of the Quality Committee.
- C. Finance Committee
1. Recommend the Board of Directors approve the appointment of Peggy Crooks as the Vice-Chairperson of the Finance Committee.
 2. Recommend the Board of Directors approve the proposed, unbudgeted, Meditech Authorization and Referral Management project at a total not-to-exceed capital cost of \$58,000.
 3. Recommend the Board of Directors approve the purchase of the tube system upgrades (Project #17-661-01) at a total cost not to exceed the budgeted amount of \$199,500.
 4. Recommend the Board of Directors approve reducing the investment assumption rate for the Defined Benefit Plan from 8.0% to 7.6% effective with
 - The actuarial impact statement for the plan freeze and
 - The GASB 67/68 September 30, 2016 measure date
 5. 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 and on the consent agenda.

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 covered during the meeting and on the consent agenda.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

No additional information was presented.

Hospital Attorney

Legal counsel had no report.

OTHER

No other business was discussed.

CLOSING REMARKS

Mr. Cole noted the Nemours Children's Specialty Care open house at the Children's Center on March 9th from 5:00 – 6:30 pm.

OPEN FORUM FOR PUBLIC

There were no public comments made.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:01 p.m.

Herman A. Cole, Jr.
Chairman

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

APRIL 18, 2017

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held April 18, 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 7:31 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 21, 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.

HCAHPS –Not Available

The HCAHPS matrix was not available.

ACTION TAKEN: Noted by the Committee.

Quality

The Committee reviewed the Board Quality minutes (February 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.

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 will present the algorithm at the May MEC meeting.

NEW BUSINESS - Resignation(s)

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

- Douglas Boler, MD (Associate/Pain Management) – Effective March 25, 2017/Appointed June 6, 2016

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* – April 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. Doctors' Day Reminder Flyer – March 30, 2017
2. VITA Healthcare – Symposium on Palliative Care – April 8, 2017
3. Memo (April 10, 2017): Physician Dictation Room
4. Meditech Enhancements – March 29, 2017
5. Meditech Enhancements – April 5, 2017
6. Meditech Enhancements – April 12, 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 (February 6, 2017) from the January Board of Directors packet. A copy is appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

Compliments

The Committee reviewed 2017 Doctor's Day compliment cards received by the Jess Parrish Medical Foundation. Copies are 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 Infection Control Committee (February 23, 2017), and Pharmacy and Therapeutic Committee (February 22, 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 Pathology (March 9, 2017). A copy is 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 – None

MEETINGS

- A. Ad Hoc Credentials Review Committee Executive Session, May 1, 2017, Vice President - Nursing Conference Room, Time TBD
- B. Quality Committee, May 1, 2017, Executive Conference Room (ECR), Noon
- C. Budget & Finance Committee, May 1, 2017, Executive Conference Room
- D. Board of Directors Executive Committee, May 1, 2017, Executive Conference Room
- E. Board of Directors Executive Session, May 1, 2017, Executive Conference Room, (To commence no earlier than 2:00 pm)
- F. Educational, Governmental and Community Relations Committee, May 1, 2017, First Floor, Conference Center
- G. Planning, Physical Facilities and Properties Committee, May 1, 2017, First Floor, Conference Center
- H. Board of Directors, May 1, 2017, First Floor, Conference Center, (To commence following the last Board Committee meeting no earlier than the posted time).

MEDICAL EXECUTIVE COMMITTEE – REGULAR
APRIL 18, 2017
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- 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 7:33 pm.

Aluino Ochoa, MD
President/Medical Staff

Pedro Carmona, MD
Secretary - Treasurer

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Patricia Alexander
(First Name) (Last Name)

Thank you for taking such great care of me! You have gone above and beyond to ease my concerns during a very scary time. You are wonderful and very much appreciated!!

Sincerely Misty Wilson
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Dr. Victor Booboo Booboo
(First Name) (Last Name)

What a joy you are to have you in my life and taking care of me! Bless you

Sincerely Pat Manning PAT MANNING
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Victor Booboo
(First Name) (Last Name)

Thank you for your care and concern through these years - you are appreciated!

Sincerely Diane Styles
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Carlos Carrillo
(First Name) (Last Name)

He is a great Dr + surgeon. He is an excellent surgeon.
Thank You

Sincerely Gloria W Richard
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Juan Castro
(First Name) (Last Name)

I do like Dr Castro and hope + pray he is doing the best to help me with my cancer and terrible back aches and pain I also diabetic.

Sincerely Mary MARY Sean Newman Mary Jan Newman
(Print Name) I can't read (☹️ 😊 HA HA)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Rasiklal Delvadia
(First Name) (Last Name)

Thank you for taking such good care of us.

Sincerely CAROL & ALBERT SADOW
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Eugene Go
(First Name) (Last Name)

AS AN ENDOCRINOLOGIST He has helped Greatly
IN GETTING MY A1C down to Normal Range. ALSO
Arlene Radcliff, ARNP has been involved in getting
my Diabetes under Control.

Sincerely Paul Pelletier
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor EUGENE Go
(First Name) (Last Name)

I appreciate your thoroughness in carrying out your
responsibilities to the patient. It is always a pleasure
to visit you in your office. Thanks so much!

Sincerely ELIZABETH NETHING
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Madonna Hanna
(First Name) (Last Name)

Your attention to me and my health is a wonderful thing,
Although I have only recently been under your care I see your
attention to detail is amazing and appreciated.

Sincerely Benjamin Glenn
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor MADONNA HANNA,
(First Name) (Last Name)

You are still new in our community but already enjoy a special place in the hearts of your patients who benefit from your special care and concern!

Sincerely ELIZABETH NETHING
(Print Name)

Thanks!

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Remy Hanna,
(First Name) (Last Name)

Your attention to my health and well being is a positive factor in my life. I am now 89 going on 90 in June and it is all because of yourself and others who have taken good care of me. I respect you for what you do.

Sincerely Benjamin Glenn
(Print Name)

Thanks!

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Nabil Itani,
(First Name) (Last Name)

Thank you for taking your time and being interested in what we have to say. You especially helped my husband this past year. You + your staff are the best! Love Nik too!

Sincerely Donna + Dutch (Lawrence) Harold
(Print Name)

Thanks!

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Donna Ivery
(First Name) (Last Name)

THANKS for your excellent care this
past year.

Sincerely Madeline Klinko
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Biju Mathews
(First Name) (Last Name)

Thank you Dr. Mathews for the many
years you have devoted to care of my
health and heart problems. I am so grateful
for your consideration & patience with my diseases
at times.

Sincerely Anne M. Sheridan
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Biju Mathews
(First Name) (Last Name)

Thank you for taking such good care of us.

Sincerely CAROL & ALBERT SADOW
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor DAVID Mc MAHAN, M.D.
(First Name) (Last Name)

Thank you for my
care

Sincerely Joe Ed STREETER
(Print Name)



3 of 3

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor DAVID McMahon
(First Name) (Last Name)

Dr. McMahon has been monitoring my heart rate
with medication and regular checks.

Sincerely Paul Pelletier
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Robert McShane
(First Name) (Last Name)

Thank you for my successful hip
replacement. I could not walk without pain
before surgery. I appreciate your expertise
to relieve me from pain.

Sincerely Marlene Engen
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Andrew Minor
(First Name) (Last Name)

Thank you!

Sincerely Richard + Carolyn Frings
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor KIRAN MODI
(First Name) (Last Name)

DR. MODI - YOUR DEDICATION TO HEART CARE AND YOUR SKILL WITH TECHNOLOGY ALLOW ME TO LEAD A ACTIVE LIFE EVEN WITH A PACEMAKER. THANK YOU!

Sincerely AL KOLLER
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor ^{nurse} MARY ? (in Dr. M. Hanna's office) Mary Montanona
(First Name) (Last Name)

Mary - I appreciate your special, prompt attention to my requests like getting a prescription refilled quickly, answering my phone questions and leading me through the narrow back halls of Dr. Hanna's office!

Sincerely ELIZABETH (BETTY) NETHING
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor JAMES NICHOLS
(First Name) (Last Name)

PATIENCE, THOROUGHNESS, &
WISDOM IN THE CARE OF MY MOTHER
MRS. MARTHA E. ZELL

Sincerely MARTY ZELL
(Print Name)



1 of 3

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Alvino Ochoa
(First Name) (Last Name)

IN 2016 I WENT TO ER 3 TIMES - 2 OF THOSE VISITS
I WAS TREATED FOR A ESBL UTI. DR AL LISTENS TO
HIS PATIENTS AND IS VERY CARING DOCTOR, CHERYL GARDNER
ARNP-BC IS ALSO INVOLVED IN MY HEALTH CARE.

Sincerely Paul Pelletier
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Ravi Rao
(First Name) (Last Name)

Thank you!

Sincerely Richard + Carolyn Frings
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor

(First Name)

(Last Name)

What a joy to have you, Sudha + young ladies
in my life. Thank you for all you do! Bless you!

Sincerely

(Print Name)

PATRICIA MANNING (PAT)

Thanks!

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor

(First Name)

(Last Name)

I appreciate your advice and help with
my health issues. You were efficient and
prompt. Thank you.

Sincerely

(Print Name)

Marlene Engen

Thanks!

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor

(First Name)

(Last Name)

Thank you!

Sincerely

(Print Name)

Richard Frings

Thanks!

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor YASH BREARDEN
(First Name) (Last Name)

DR. BREARDEN - THANK YOU FOR YOUR
SURGICAL SKILL AND ALL THE FOLLOW-UP
OVER THE YEARS. YOU HELPED ME TO
BEAT PROSTATE CANCER. THANK YOU!

Sincerely AL KOUZAR
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Sachin Shenoy
(First Name) (Last Name)

Thank you!

Sincerely Carolyn Frings
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Anita Spitz
(First Name) (Last Name)

Thank you!

Sincerely Carolyn Frings
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Tanja Taival
(First Name) (Last Name)

You have treated and helped me and 2 of my daughters so much over the past few years. You are so helpful and caring about the big & small things. We love you!

Sincerely Donna Harold
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor MARIA TORRES
(First Name) (Last Name)

YOU COULD NOT BE MORE CARING.
LISTENING CARING AND USING
' WISDOM ' (AND HUMOR!)

Sincerely MARTY ZELL
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Pam Inonetti
(First Name) (Last Name)

My husband was under care for Alzheimers and she realized he needed hospice care. He has been under hospice care since last summer. He now has team care - nurse, aide, chaplain, social worker & Dr. I'm so grateful for Dr. Inonetti to see the chg. in my husband. Hospice has given my husband needed care in our home and emotional support for me.

Sincerely Julie Sibol
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Pamela Tronetti
(First Name) (Last Name)

Thank you from the bottom of my being, Dr. Tronetti. You have given me many years of your caring guidance, skill and knowledge to keep me many more years of happiness & life I hope!!!

Sincerely Anne M. Sheridan
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Pamela Tronetti
(First Name) (Last Name)

THANKS for your excellent care this past year!

Sincerely Betty McCracken and Maddeline Klunko's
(Print Name) daughter



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor SEYMOUR VERMA
(First Name) (Last Name)

PRIMARY CARE IS A KEY REASON I AM STILL ALIVE. THANK YOU DR. VERMA FOR YOUR SKILL IN PREVENTIVE MEDICINE

Sincerely AL KOLLER
(Print Name)



In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Allen Webb
(First Name) (Last Name)

Thank you!

Sincerely Richard Frings
(Print Name)

Thanks!

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Katie Willerson - is an ~~AAAP~~ ~~AA~~ ~~MSN~~, ARNP, ACCNP,
(First Name) (Last Name)

This woman is the kindest, caring person I've ever met.

Katie has/is doing her very best to care for me and truly acts she does care about me and what I'm going through. I truly love her and her loving, caring way.

Sincerely Mary Jean Newman MARY Jean Newman
(Print Name) ICANT READ (AAMA ☺)

Thanks!

In appreciation of YOUR SKILL and CARING HEART

National Doctors' Day • March 30

Dear Doctor Pedram Zendebrink
(First Name) (Last Name)

I want to gratefully acknowledge your wonderful and knowledgeable staff who compliment your own skills. Thank you for healing a nasty resisting wound. Thank you all.

Sincerely Anne M. Sheridan
(Print Name)

Thanks!