

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
Gregory Cuculino, M.D.
Pamela Tronetti, D.O., Designee

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, OCTOBER 02, 2017
12:00 P.M.
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the August 7, 2017 meeting
- II. Public Comment
- III. Vision Statement
- IV. Dashboard Review
- V. Hand Hygiene
- VI. Oro 2.0
- VII. Opioid Metrics
- VIII. Other
- IX. 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 August 7, 2017 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Patricia Alexander, M.D.
Peggy Crooks
Billie Fitzgerald (12:20 p.m.)
Elizabeth Galfo, M.D. (12:12 p.m.)
Robert L. Jordan, Jr., C.M.,
Christopher Manion, M.D. (12:20 p.m.)
Kenneth McElynn, M.D.
George Mikitarian (non-voting)
Jerry Noffel (12:22 p.m.)
Aluino Ochoa, M.D. (12:19 p.m.)
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D. (12:23 p.m.)
Gregory Cuculino, M.D.

Member(s) Absent:

Pamela Tronetti, D.O. (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 12:09 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Crooks and approved (9 ayes, 0 nays, 0 abstentions). Ms. Fitzgerald, Mr. Noffel, and Drs. Galfo, Manion, and Shah were absent when the vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE MAY 1, 2017 AND JUNE 5, 2017 MEETINGS AS DISTRIBUTED.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

PUBLIC COMMENTS

Dr. Siddiqui introduced Greg Cuculino, MD, as the new head of the Emergency Department. Dr. Cuculino will also take Dr. Siddiqui's place on the Quality Committee.

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.

PATIENT SAFETY MOVEMENT

Mr. Loftin shared with the committee a video prepared by Mr. Joe Kiani, Patient Safety Movement, noting the goal to get to zero preventable deaths by 2020.

TJC INTEGRATED CARE CERTIFICATION UPDATE

Mr. Loftin shared with the committee that TJC was on site for two-days last week for the purpose of the Integrated Care Certification extension survey, adding LHC and Royal Oaks Nursing Home to the certification. Mr. Loftin noted the surveyor was very complimentary of the hospital, staff, and physicians.

TJC – DR. CHASSIN

Mr. Loftin shared with the committee a video by Mark Chassin, President/CEO of The Joint Commission, discussing high reliability organizations with exemplary safety records.

Mr. Loftin noted that since 2012, PMC has consistently received an "A" rating from the Leapfrog Group. He noted that Ms. Leah Binder, President/CEO of Leapfrog will be on-site August 8th to assess and tour PMC. He invited all Board & Committee members to join her in the atrium at 2:00 p.m. for a presentation.

CITY OF TITUSVILLE LIASION

Scott Larese, City Manager distributed the latest edition of Titusville Talking Points, and addressed questions by the Committee.

OTHER

No other business was discussed.



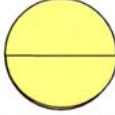


QUALITY COMMITTEE
AUGUST 7, 2017
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ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:15 p.m.

Herman A. Cole, Jr.
Chairman

Board Value Dashboard: August 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; May, June, July)

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, OCTOBER 02, 2017
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approval of minutes (August 7, 2017)

Motion: To recommend approval of the August 7, 2017 minutes as presented.

- II. Public Comments

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

- IV. Financial Review – Mr. Sitowitz

- V. Blood Culture Instrument Project#18-401-01 – Mr. Graybill

Motion: To recommend to the Board of Directors to approve the purchase of the Blood Culture Instrument (Project #18-401-01) at a total cost not to exceed the budgeted amount of \$213,242.

- VI. Data Domain Upgrade Project #18-721-04 – Messrs. Loftin & Blewitt

Motion: To recommend to the Board of Directors to approve the purchase of the Data Domain materials (Project #18-721-04) at a total cost not to exceed the budgeted amount of \$159,198.22.

- VII. Disposal

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

VIII. Executive Session (if necessary)

ADJOURNMENT

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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).

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

A regular meeting of the Budget and Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on August 7, 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)
Jerry Noffel
Aluino Ochoa, M.D.

Member(s) Absent:
None

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

CALL TO ORDER

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

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE MAY 1, 2017 AND JUNE 5, 2017, MEETING MINUTES, AS PRESENTED.

PUBLIC COMMENTS

Mr. Sitowitz introduced Chris Tyson as the new Accounting Manager.

QUARTERLY INVESTMENT UPDATE

Mr. Tim Anderson reviewed the 2nd Quarter Performance for both the Operating and the Pension Funds. He presented a brief market update, discussed the Operating Fund and Pension Fund the year-to-date and historical performance, and noted manager performance within the funds.

HOME DIALYSIS JOINT VENTURE PARTNERSHIP WITH DAVITA

Mr. Bradford summarized the memorandum contained in the packet relative to a proposed home dialysis partnership with DaVita. Mr. Dion Atchison from DaVita shared with the committee a brief presentation of the program. Discussion ensued and the following motion was made by Mr. Cole, seconded by Ms. Crooks and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE PROPOSED HOME DIALYSIS INVESTMENT IN THE AMOUNT NOT TO EXCEED \$395,200. THE INVESTMENT WILL HOLD NBMS'S STAKE IN WOODFORD DIALYSIS, LLC AT 40%. THIS MOTION IS CONTINGENT UPON APPROVAL OF THE NORTH BREVARD MEDICAL SUPPORT BOARD TO ACCEPT SAME SAID CONDITIONS.

FINANCIAL REVIEW

Mr. Sitowitz summarized the June 2017 financial statements. Discussion ensued regarding the projected volumes at Port Canaveral. Mr. Sitowitz noted that next month he will report on those volumes.

FY 2018 CAPITAL BUDGET

Mr. Sitowitz summarized the memorandum contained in the packet relative to the 2018 Capital Budget. He noted that 35 items have been requested, five of which will come back before the board for approval, due to their amounts. Discussion ensued and the following motion was made by Ms. Crooks, seconded by Dr. Galfo and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS APPROVE THE FY 2018 CAPITAL BUDGET IN THE AMOUNT OF \$2,300,000.

FY 2018 MAJOR BUDGET VOLUME ASSUMPTIONS & OPERATING BUDGET

Mr. Sitowitz summarized the memorandum contained in the packet relative to the 2018 Major Budget Volume Assumptions and Operating Budget. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE FY 2018 MAJOR VOLUME ASSUMPTIONS AND OPERATING BUDGET WITH AN OPERATING MARGIN OF 2.0% AS PRESENTED.

PENSION MEMBERSHIP RENEWAL – MICHAEL SITOWITZ

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

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE RENEWAL PENSION MEMBERSHIP FOR MICHAEL SITOWITZ FOR A THREE-YEAR TERM FROM JULY 1, 2017 THROUGH JUNE 30, 2020.

QUARTERLY CLINICAL QUALITY VALUE ANALYSIS UPDATE

Mr. Sitowitz noted this item was for information only and no action was required.

QUARTERLY FY17 CAPITAL UPDATE.

Mr. Sitowitz noted this item was for information only and no action was required.

PUBLIC HEARING DATES

Mr. Sitowitz noted this item was for information only and no action was required.

ADVANCE REFUNDING OF REMAINING 2008 BOND ISSUE

Mr. Sitowitz noted that the Ad Hoc committee met earlier this afternoon and discussed the 2008 bonds. Discussion ensued and the following motion was made by Mr. Cole, seconded by Ms. Crooks and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO AUTHORIZE HAMLIN CAPITAL ADVISORS TO EXPLORE A FORMAL PROPOSAL FROM SIEMENS FOR THE ADVANCE REFUNDING OF THE REMAINING PORTION OF THE 2008 BOND ISSUE.

DISPOSAL OF SURPLUS PROPERTY

Discussion ensued and the following motion was made by Mr. Cole, seconded by Ms. Crooks, and approved (8 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 discussed.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 2:09p.m.

Stan Retz
Chairperson



MEMORANDUM

To: Finance Committee

From: Matthew F. Graybill, Executive Director of Perioperative and Diagnostic Services

Subject: Blood Culture Instrument - Capital Budget FY18
Project #18-401-01

Date: September 20, 2017

This request is for the budgeted purchase of a Blood Culture Instrument/Incubation System that will reside in the Microbiology Department within the Lab. This replacement supports basic diagnostics in our laboratory.

We reviewed alternative options and for several reasons chose this vendor and model. First, it will support the volume of blood culture tests and replace the current two (2) instruments. Septicemia is a life threatening disease and is one of the top diagnoses at our hospital. The process is critical to grow and detect organisms to allow the Microbiologist to then identify the organism and a treatment plan to begin. So having a reliable instrument that can assist with this is vital. Second, the instrument manufacturer is the same, so end user familiarity with the equipment means quicker time to learn to use, troubleshoot, and process specimens. Lastly, the new designs offer improved technology with onboard scanning, enhanced indicators and surveillance reporting capabilities, and plastic medical bottles all of which improve safety.

Relating this request to the organizational Gameplan, the purchase of the units will improve system reliability, ultimately improving/sustaining high quality patient outcomes as a result of providing timely blood culture reports impacts patient diagnosis and treatment. In addition, providing the care partners with the reliable proper functioning equipment to do the job should have a positive impact on care partner and patient satisfaction. Moreover,

Representatives from the Laboratory Services, Clinical Engineering, Nursing Informatics, and Information Technologies have been involved in the evaluation and the selection of the system and we will continue their involvement as we work through implementation of this product.

Motion: To recommend to the Board of Directors to approve the purchase of the Blood Culture Instrument (Project #18-401-01) at a total cost not to exceed the budgeted amount of \$213,242.



MEMORANDUM

To: Finance Committee

From: Edwin Loftin, VP Acute Care/CNO
Bill Blewitt, Interim CIO

Subject: Data Domain Upgrade Project
Project #18-721-04

Date: September 25, 2017

This request is for the budgeted purchase of the Data Domain Upgrade Project approved in the 2018 capital budget. The Data Domains are a crucial component of Parrish Healthcare's storage array and provide essential functionality to ensure that our patient data is maintained in a secure and reliable fashion.

Parrish Healthcare's existing Data Domains are at end of support and are scheduled to be replaced.

By making this purchase at one-time, Parrish is receiving \$37,000 in equipment discounts.

Motion: To recommend to the Board of Directors to approve the purchase of the Data Domain materials (Project #18-721-04) at a total cost not to exceed the budgeted amount of \$159,198.22.

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Pump, Infusion, Syringe	KN024363	8/23/2002	1611.00	01012	Units are obsolete, no parts available.	0.00	1358
Pump, Infusion, Syringe	KN024365	8/23/2002	1611.00	01013		0.00	
Pump, Infusion, Syringe	KN024362	8/23/2002	1611.00	01064		0.00	
Pump, Infusion, Syringe	KN024370	8/23/2002	1611.00	01099		0.00	
Pump, Infusion, Syringe	KN024368	8/23/2002	1611.00	01132		0.00	
Pump, Infusion, Syringe	KN024364	8/23/2002	1611.00	01178		0.00	
Pump, Infusion, Syringe	KN024361	8/23/2002	1611.00	01322		0.00	
Pump, Infusion, Syringe	KN024366	8/23/2002	1611.00	02833		0.00	

Requesting Department Anesthesia 1358 Department Director *Matthew [Signature]*
 Net Book Value (Finance) 0.00 *Johnson 09-18-17* EMC Member *[Signature]*
 Sr. VP Finance/CFO *Michael [Signature]* *9-20-17* President/CEO _____
 Board Approval: (Date) _____ CFO Signature *[Signature]*
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

Control #	Facility Asset #	Prior Control #	Cost Ctr (Dept)	Location	Mfg Name	Device Type	Device Description	Model	Serial #	Equip Owner	Service Coverage
01012	KN024363	04308	Anesthesia 2nd: 1358	2nd floor	Baxter	GB14010	Pump, Infusion, Syringe	INFUSOR	12050113SR	Facility	Full Service (Standard Hrs)
01013	KN024365	04306	Anesthesia 2nd: 1358	2nd floor	Baxter	GB14010	Pump, Infusion, Syringe	INFUSOR	12050197SR	Facility	Full Service (Standard Hrs)
01064	KN024362	04309	Anesthesia 2nd: 1358	2nd floor	Baxter	GB14010	Pump, Infusion, Syringe	INFUSOR	12050122SR	Facility	Full Service (Standard Hrs)
01099	KN024370	04312	Anesthesia 2nd: 1358	2nd floor	Baxter	GB14010	Pump, Infusion, Syringe	INFUSOR	12060039SR	Facility	Retired
01132	KN024368	04303	Anesthesia 2nd: 1358	2nd floor	Baxter	GB14010	Pump, Infusion, Syringe	INFUSOR	12050181SR	Facility	Full Service (Standard Hrs)
01178	KN024364	04307	Anesthesia 2nd: 1358	2nd floor	Baxter	GB14010	Pump, Infusion, Syringe	INFUSOR	12050186SR	Facility	Retired
01322	KN024361	04310	Anesthesia 2nd: 1358	2nd floor	Baxter	GB14010	Pump, Infusion, Syringe	INFUSOR	12050176SR	Facility	Full Service (Standard Hrs)
02833	KN024366	04305	Anesthesia 2nd: 1358	2nd floor	Baxter	GB14010	Pump, Infusion, Syringe	INFUSOR	12050151SR	Facility	Full Service (Standard Hrs)

Purchases 8/23/2002

PO 0106050 4611

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

Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
Analyzer, Coagulation, Basic	29880	04-2013	26,923.00	04493	Unit is not field repairable. See attached service report.	0.00	401

Requesting Department Lab, chemistry 1404

Department Director *Michael F. Cyler* 7-27-17

Net Book Value (Finance) 0.00 *William 08-15-17*

Sr. VP Finance/CFO *Michael Anthony* 9-7-17

EMC Member *BT*

President/CEO *JM*

Board Approval: (Date) _____ (CFO Signature) _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Parrish Medical Center

Control #: 04493

04493



Fac Asset: None

Cost Ctr (Dept): 1404: Lab (Chemistry)

CM Work Order
74457

Equipment Information		Cost Ctr (Exp): 1404: Lab (Chemistry)	Warr Parts End: 03/05/2009
Descrpt: Analyzer, Coagulation, Basic		Eq Status: Active	Warr Labor End: 03/05/2009
Mfg: Beckman Coulter		Eq Priority: 3 - Risk Score 11 - 14	On PM Program: Yes
Model: ACL TOP		Eq Owner: Leased - Capital	Requires Battery: No
Serial #: 07120874		Dflt Tech: Bunting, Clyde R	Battery #:
Building: Main		Svc Cvg: Record Keeping Only	Last Battery Chg:
Location: Lab		Vend Sys ID:	Next Battery Chg:

Equip Technology Level New Recent Average (Current) Old (Functional) Obsolete

Equip Physical Condition Excellent Good Average Poor Poor / Broken

Maintenance History (Last 3 Service Events)

WO #	Orig WO #	Date Opened	Date Closed	WO Status	WO Type	Requested By	Problem/Failure
70766		09/01/2016	09/09/2016	Completed	PM-Scheduled	Scheduled Pm	Non-Failure type work order
65100		09/01/2015	09/08/2015	Completed	PM-Scheduled	Scheduled Pm	Non-Failure type work order
61275		01/03/2015	01/06/2015	Completed	Repair Requested	Laurie	Adjustment/Calibration Problem

Work Requested Request Date: 06/26/2017 Request Time: 11:11

Requested By: Belinda Phone #: 6692

WO Recvd Via: Telephone WO Priority: Routine

WO Type: Repair Requested Repeat Call: Repeat of WO #:

Tech Assigned: Bunting, Clyde R Vendor Assigned:

Work Requested: Recurring problems with reagent probes 1 and 2.

Work Performed

Problem/Failure: Hardware Failure WO Risk: Low

Response Time Hrs: 0.00 Down Time Hrs: 2.57

Electrical Safety Tests: Ground: Ohms Leakage: microA

Work Performed: Machine can not be repaired, "Not a field fixable issue" Instrument is non-functional. See attached, filing out disposal requests forms and removing from service.

Part Number	Part Description	Vendor	SCTM PO #	Quantity	Billable	Cust PO #

Technician / Vendor	Time In	Time Out	Hours	Hrs Type	Labor Type	Svc Date	SCTM PO #	Billable	Cust PO #
Bunting, Clyde R	13:00	13:45	0.75	Administrative	Biomed	06/26/2017		<input checked="" type="checkbox"/>	

Record Test Equipment Used on Work Order

Control #	Description	Manufacturer	Serial #

WO Status: Completed Date Closed: 06/26/2017 Time Closed: 13:45

Completed By: *[Signature]* Date: 6/26/17

74457

* Lease Buyout - PMC purchased 04-2013 gfw



Instrumentation Laboratory

A Werfen Company

INCIDENT REPORT / INSTALLATION REPORT

e-IR Num. 100203298

Page 1 of 1

Werfen USA, LLC
180 Hartwell Road
Bedford, MA 01730
Telephone (800) 678 0710

SERVICE LOCATION			
Name	PARRISH MEDICAL CENTER		
Street	951 N WASHINGTON AVE		
City	TITUSVILLE	State FL	ZIP 32796-2111
Contact	NATALIA DAYE		
Phone	3212686692	Ext	
Email	belinda.slater@parrishmed.com		
Department			
Bill-to party	0000205376	PARRISH MEDICAL CENTER	

DETAIL			
Model	2800-11	Serial Number	07120874
	ACL Top	Software Version	5.2.0
DMS #		Soft. Parameters	16.5
Manuf.	IL	Interface	
Call Nr.	2002380642	Call Date	4/27/17
		Call Time	19:25:04
Call Type	CO	Dispatch Dt.	2017-04-27
		Dispatch Tm.	19:27:00
Customer PO		Date PO	
Engineer	ZAMT5616	JON DUNSHEE	
Billing Code	B07 SERVICE CONTRACT	Labor Code	10 ON SITE REPAIR
Contract Exp.Dt.	12/20/17	PM Type	

REPORTED PROBLEM
01160- Probe reagent 1 and 2 coordinates errors.

PROBLEM OBSERVED
05/01/2017 Reagent probe 1 and 2 coordinate errors.

CORRECTIVE ACTION
05/01/2017 Could not remove reagent side covers due to probes being too low. Upon further investigation the Reagent side arm mounts have pulled out of the chassis, allowing the drop in the probe heights. Contacted Worldwide Service manager. This is not a Field fixable issue. The instrument would have to be sent to Bedford for refurbishment and retro fit of IL arms. Service and Sales Managers contacted to escalate issue. Instrument is non-functional, unable to report results.

VERIFICATION
System Verification not performed; analyzer not functional, unable to report results.

Billing Code	B07 - SERVICE CONTRACT	Labor Code	35 - FSE SUPPORT
Fault Code	F10 - INSTRUMENT RELIABILITY		

TIMES

Date	Start Time	End Time	Rate Type	Labor (Hours)	Travel (Hours)	Price	Extended Amount	Billing Code
5/1/17	12:15	15:15	Business hou	3	4.5	355	2,662.5	B07 - SERVICE CONTRACT
Total				3	4.5			

JON DUNSHEE	ZAMT5616	Completed <input checked="" type="checkbox"/>	Estimated Total	2,662.50	USD
WORK PERFORMED BY	ENGINEER MEMO NO.		Billable Amount	0.00	USD

Engineer signature

Customer signature

Date 5/1/17

Signed by Belinda Slater

Total is an estimate only and does not include applicable sales tax and shipping charges.

SYSTEM VALIDATION: For Medical Devices - Regulatory requirements call for a final validation of instrument repair and system readiness. The final validation of instrument repair and system readiness can only be obtained through a successful QC run using the laboratory's quality control system. This repair record and the laboratory's quality control records comprise the quality documents associated with this instrument repair. Copies of these records may be required by Instrumentation Laboratory of regulatory authorities to complete technical investigations or quality audits. We appreciate your cooperation if requested to provide copies of your QC data related to this repair.

Customer Reminder: Correct INR setup as described in the Operators Manual ensures correct INR reporting. Erroneous patient results may be reported if the instrument is not setup to report INR values correctly. Please contact IL Technical Support at 800-678-0710 for assistance.

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
Ultrasonic, Doppler	028193	09-2004	2504.20	2815	Unit is not economically repairable.	0.00	

Requesting Department Vascular lab, 1468 Department Director *Michael A. Jones* 8/7/17

Net Book Value (Finance) 0.00 *Supp Mon 08-15-17* EMC Member *[Signature]*

Sr. VP Finance/CFO *Michael A. Jones* 9-7-17 President/CEO *[Signature]*

Board Approval: (Date) _____ (CFO Signature) _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

EXECUTIVE COMMITTEE

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

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, OCTOBER 02, 2017
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the August 7, 2017 meeting.
- II. Reading of the Huddle
- III. Public Comment
- IV. Open Forum for PMC Physicians
- V. WFTV- Ms. Sellers
- VI. YMCA – Mr. Mikitarian
- VII. Policy Review – Mr. Mikitarian
- VIII. Attorney Report – Mr. Boyles
- IX. Other
- X. 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 August 7, 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
Jerry Noffel
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 2:10 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Retz and approved (4 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE MAY 1, 2017 AND JUNE 5, 2017 MEETINGS 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 noted the District has 3 parcels of property which are no longer needed by the District and are required by Parrish Medical Center Policy No. 9500-23 to be declared as surplus, prior to being offered for bid to be sold. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo and approved (5 ayes, 0 nays, 0 abstentions)

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS ADOPT THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DECLARING AS SURPLUS REAL PROPERTY THE PROPERTY AT 830 CENTURY MEDICAL DRIVE, TITUSVILLE, FLORIDA 32796.

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS ADOPT THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DECLARING AS SURPLUS REAL PROPERTY THE PROPERTY AT 836 CENTURY MEDICAL DRIVE, TITUSVILLE, FLORIDA 32796.

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS ADOPT THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DECLARING AS SURPLUS REAL PROPERTY THE PROPERTY AT 805 CENTURY MEDICAL DRIVE, TITUSVILLE, FLORIDA 32796.

In addition, Mr. Boyles noted that there are several Parrish Medical Center Policies which have been updated that will be considered today by the Board of Directors. He noted GrayRobinson, P.A. is in the final review stages of each Policy and asked that the Board approve each of the Policies with the proviso that more editorial changes can be made based on GrayRobinson, P.A.'s recommendations and that if substantive changes are made to the Policy it should come back to the Board for reconsideration.

ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 2:33 p.m.

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

EDUCATION COMMITTEE

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, OCTOBER 2, 2017
(IMMEDIATELY FOLLOWING EXECUTIVE COMMITTEE)
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Approval of Minutes – August 7, 2017
- II. Continuous Improvement Project Presentation – 1ST Year Retention
- 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).

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

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on August 7, 2017 in the Executive Conference Room, Second Floor. The following members were present:

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

Member(s) Absent:

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

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 3:13 p.m.

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 MAY 1, 2017 AND JUNE 5, 2017 MEETINGS AS PRESENTED.

PSI-90

Ms. Head presented to the committee Patient Safety Indicators. She summarized the PSI-90 components; and discussed the tools utilized, multidisciplinary team, and ongoing training and competencies. Copies of the PowerPoint slides are appended to the file copy of these minutes.

OTHER

No other items were presented.

EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS
COMMITTEE
AUGUST 7, 2017
PAGE 2

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:28 p.m.

Billie Fitzgerald
Chairperson

DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
OCTOBER 02, 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 (August 7, 2017)
- V. Open Forum for PMC Physicians
- VI. Public Comments
- VII. Unfinished Business
- VIII. New Business
- IX. Medical Staff Report Recommendations/Announcements – Dr. Ochoa
 - A. **Motion to Recommend the Board of Directors approve policy 9500-2048, Advance Directives, as presented.**
 - B. **Motion to Recommend the Board of Directors approve the amendment to the Medical Staff Rules & Regulations to add Patient Blood Management Committee (formerly the Blood Transfusion Committee).**
 - C. Resignations - **For Information Only**
 - George Arcos, DO (Consulting/Occupational Medicine)
Effective July 27, 2017/Appointed February 6, 2017.
 - James Bomhard, MD (Associate/Hospice)
Effective September 15, 2017/Appointed January 7, 2013.

BOARD OF DIRECTORS MEETING
OCTOBER 2, 2017
PAGE 2

- Keziah Sully, MD (Associate/PM&R)
Effective August 18, 2017/Appointed November 7, 2016.
 - Jorge Perez DeArmas, MD (Active/ Hematology Oncology)
Effective October 1, 2017/ Appointed December 6, 2010.
- D. Retirements – **For Information Only**
- Jonathan Charles, MD (Associate/Pathology)
Effective December 31, 2017. Appointed November 3, 2014.
- E. Leave of Absence **For Information Only**
- Robert Anderson, M.D. (Effective April 1, 2018).
- X. Public Comments (as needed for revised Consent Agenda)
- XI. Consent Agenda
- A. Finance Committee
1. Recommend to the Board of Directors to approve the purchase of the Blood Culture Instrument (Project #18-401-01) at a total cost not to exceed the budgeted amount of \$213,242.
 2. Recommend to the Board of Directors to approve the purchase of the Data Domain materials (Project #18-721-04) at a total cost not to exceed the budgeted amount of \$159,198.22.
 3. Recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.
- XIII. Committee Reports
- A. Quality Committee – Mr. Cole
- B. Budget and Finance Committee – Mr. Retz
- C. Executive Committee – Mr. Jordan
- D. Educational, Governmental and Community Relations Committee – Ms. Fitzgerald
(Did not meet)
- E. Planning, Physical Facilities & Properties Committee (Did Not Meet)

BOARD OF DIRECTORS MEETING
OCTOBER 2, 2017
PAGE 3

- 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

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 August 7, 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:
None

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

CALL TO ORDER

Mr. Cole called the meeting to order at 3:29 p.m.

PLEDGE OF ALLEGIANCE

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

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

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

APPROVAL OF AGENDA

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

ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE MAY 1, 2017 AND JUNE 5, 2017 MEETING MINUTES, AS PRESENTED.

RECOGNITIONS

Juan Perez, MD has successfully completed the 2017 Pulmonary Disease Maintenance of Certification (MOC)

Ethan Webb, MD has successfully completed the 2017 Internal Medicine Maintenance of Certification (MOC).

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no comments from the public.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

Mr. Boyles noted that these policies are still being review by counsel, and if any substantial changes are required, they will be brought back to the Board for approval.

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-7021, NON-COMPETE, NON-DISCLOSURE AND CONFIDENTIALITY, AS PRESENTED.

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-1029, PATIENT COMPLAINT/GRIEVANCE PROGRAM, AS PRESENTED.

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-7022, HEALING WORK ENVIRONMENT, AS PRESENTED.

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-1026, CONFERENCE SPACE, AS PRESENTED.

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-2031, COMMUNICATION WITH SENSORY IMPAIRED OR LANGUAGE BARRIER PATIENTS, AS PRESENTED.

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-7028, FAMILY MEDICAL LEAVE ACT (FMLA), AS PRESENTED.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE REVISED UTILIZATION MANAGEMENT PLAN, AS PRESENTED.

Resignations/Retirements

Resignations & retirements 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. Crooks and approved (9 ayes, 0 nays, 0 abstentions).

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

A. Finance Committee

1. Recommend the Board of Directors approve the proposed home dialysis investment in the amount not to exceed \$395,200. The investment will hold NBMS's stake in Woodford Dialysis, LLC at 40%. This motion is contingent upon approval of the North Brevard Medical Support Board to accept same said conditions.
2. Recommend the Board of Directors approve the FY 2018 Capital Budget in the amount of \$2,300,000.
3. Recommend the Board of Directors approve the fiscal year 2018 Major Volume Assumptions and Operating Budget with an operating margin of 2.0% as presented.
4. Recommend the Budget and Finance Committee approves the renewal of Pension membership for Michael Sitowitz for a three-year term from July 1, 2017 through June 30, 2020.
5. 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.
6. Recommend the Board of Directors authorize Hamlin Capital Advisors to explore a formal proposal from Siemens for the Advance Refunding of the remaining portion of the 2008 bond issue.

B. Executive Committee

1. Recommend the Board of Directors adopt the Resolution of the Board of Directors of the North Brevard County Hospital District declaring as Surplus Real Property the property located at 830 Century Medical Drive,

Titusville, Florida 32796.

2. Recommend the Board of Directors adopt the Resolution of the Board of Directors of the North Brevard County Hospital District declaring as Surplus Real Property the property located at 836 Century Medical Drive, Titusville, Florida 32796.
3. Recommend the Board of Directors adopt the Resolution of the Board of Directors of the North Brevard County Hospital District declaring as Surplus Real Property the property located at 805 Century Medical Drive, Titusville, Florida 32796.

COMMITTEE REPORTS

Quality Committee

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

Budget and Finance Committee

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

Executive Committee

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

Educational, Governmental and Community Relations Committee

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

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

No additional information was presented.

Hospital Attorney

Legal counsel had no report.

OTHER

Ms. Hodges, Women’s Center Director and Ms. Jennifer Floyd, Healthy Start updated the Board on the Baby Box initiative. Ms. Hodges noted that Baby Boxes are offered to all families delivering at PMC, to promote safe sleeping. To date, over 700 boxes have been distributed, and a year’s worth are on hand for distribution. Ms. Floyd noted that PMC is the only Brevard County hospital supplying Baby Boxes.

CLOSING REMARKS

There were no closing remarks.

OPEN FORUM FOR PUBLIC

No members of the public spoke.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:44 p.m.

Herman A. Cole, Jr.
Chairman

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

SEPTEMBER 19, 2017

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held September 19, 2017, at 6:00 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Aluino Ochoa, Chairman, called the meeting to order at 6:06 pm.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE PREVIOUS MEETING MINUTES (AUGUST 15, 2017) AS WRITTEN AND DISTRIBUTED.

ACTION TAKEN: Noted by the Committee.

The Joint Commission

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

ACTION TAKEN: Noted by the Committee.

Quality

Copies of the Board Quality minutes and the Quality Value Dashboard were not available due to the Board of Directors meeting being rescheduled after Hurricane Irma.

ACTION TAKEN: Noted by the Committee.

NEW BUSINESS – Medical Staff Rules & Regulations Amendment

The Committee reviewed the tally of votes (25 agree/1 disagree) after the one (1) month comment period regarding the request for the addition of the Patient Blood Management Committee (formerly known as the Transfusion Committee) to the Medical Staff Rules & Regulations. It is part of the charter that this Committee will be a Medical Staff committee. Discussion ensued and the following motion was made, seconded and approved unanimously.

ACTION TAKE: MOTION TO SEND A FAVORABLE RECOMMENDATION TO THE BOARD OF DIRECTORS TO APPROVE THE AMENDMENT TO THE MEDICAL STAFF RULES & REGULATIONS TO ADD PATIENT BLOOD MANAGEMENT COMMITTEE (FORMERLY THE BLOOD TRASFUSION COMMITTEE).

NEW BUSINESS – LOA – Robert Anderson, MD

The Committee reviewed an email from Dr. Robert Anderson requesting a leave of absence for one year beginning April 1, 2018. A copy of the request is appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and approved unanimously.

ACTION TAKEN: MOTION TO APPROVE THE REQUEST FOR A ONE YEAR LEAVE OF ABSENCE REQUESTED BY ROBERT ANDERSON, MD BEGINNING APRIL 1, 2018.

Retirement – Jonathan Charles, MD

The Committee reviewed an email from Jonathan Charles, MD (Associate/Pathology) who is retiring effective December 31, 2017. Dr. Charles was appointed November 3, 2014.

ACTION TAKEN: Noted by the Committee.

Resignation(s)

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

- George Arcos, DO (Consulting/Occupational Medicine) – Effective July 27, 2017/ Appointed February 6, 2017
- James Bomhard, MD (Associate/Hospice) – Effective September 15, 2017/Appointed January 7, 2013
- Keziah Sully, MD (Associate/PM&R) – Effective August 18, 2017/Appointed November 7, 2016
- Jorge Perez DeArmas, MD (Active/Hematology Oncology) – Effective October 1, 2017/Appointed December 6, 2010

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* – September 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. Article: A Framework for Achieving Clinical Integration: How Parrish Medical Center became the first in the nation to earn The Joint Commission's Gold Seal for Integrated Care Certification

2. Memo from Pharmacy (8/14/17): PMC Antibiogram and Antibiotic Selections
3. Memo from Pharmacy (8/14/17): Formulary Additions
4. Memo from Lab (8/15/17): Beta Hydroxybutyrate Test
5. Flyer: Meditech Downtime
6. Flyer from Brenda Shutter (9/6/17): Sepsis App
7. Meditech Enhancements – August 16, 2017
8. Meditech Enhancements – August 23, 2017
9. Meditech Enhancements – August 30, 2017
10. Meditech Enhancements – September 20, 2017

ACTION TAKEN: Noted by the Committee.

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

Copies of the Board of Directors minutes were not available due to the Board of Directors meeting being rescheduled after Hurricane Irma.

ACTION TAKEN: Noted by the Committee.

CONSENT AGENDA

Dr. Ochoa asked the Committee if anyone wished to remove an item. None were removed. Copies are appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and approved unanimously.

ACTION TAKEN: MOTION TO APPROVE THE FOLLOWING CONSENT AGENDA ITEM(S):

- A-1. Revised Chest Pain – Low Risk – Adult Order (E1225ab)
- A-2. Chronic Obstructive Pulmonary Disease – Adult Order (E660abc)
- A-3. Heart Failure – Adult Order (E343ad)
- A-4. ICU Cardiac Patient – Admit Order (E1016ab)

- A-5. Post Cardiac Catheterization/Percutaneous Coronary Intervention (PCI)/Peripheral Angiography Standing Orders (E280ab)**
- A-6. Total Knee Replacement – Post Operative – Adult**
- A-7. Total Hip Replacement – Post Operative - Adult**
- B. Revised Policy 9500-2048 – Advance Directives (Forward to BOD)**
- C. Revised Policy 9500-2052 – Teleneurology for the Stroke Inpatient (Forward to BOD)**
- D. Revised Policy 9500-8000 – Wheelchair, Stretcher & Electric Scooter Use**

COMMITTEE REPORT(S) - None

ACTION TAKEN: Noted by the Committee.

CLINICAL DEPARTMENT REPORT(S)

The Committee reviewed the department minute(s) of Diagnostic Imaging (August 15, 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

ACTION TAKEN: Noted by the Committee.

MEETINGS

- A. Ad Hoc Credentials Review Committee Executive Session, October 2, 2017, Vice President - Nursing Conference Room, Time TBD
- B. Quality Committee, October 2, 2017, Executive Conference Room (ECR), Noon
- C. Budget & Finance Committee, October 2, 2017, Executive Conference Room
- D. Board of Directors Executive Committee, October 2, 2017, Executive Conference Room
- E. Board of Directors Executive Session, October 2, 2017, Executive Conference Room, (To commence no earlier than 2:00 pm)

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

ACTION TAKEN: Noted by the Committee.

ADJOURNMENT

There being no further business, the meeting adjourned at 6:12 pm.

Aluino Ochoa, MD
President/Medical Staff

Pedro Carmona, MD
Secretary - Treasurer



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

POLICY TITLE: Advance Directives	POLICY #: 9500-2048	REPLACES POLICY #: n/a
	EFFECTIVE DATE: 11/21/2014	Page 1 of 158
POLICY SCOPE: Parrish Healthcare and Affiliates	REVIEWED: (dates)	
DEVELOPED BY: (Department)	REVISED: (dates)	
APPROVALS: Executive Management: _____ Chairperson, Medical Executive Cmte: _____ President/CEO: _____ Chairperson, Board of Directors: _____	REPOSITORY: Corporate Compliance iCare	

I. POLICY STATEMENT

Parrish Medical Center (PMC) ensures that all adult patients will be provided the opportunity to learn about and/or make a valid advance directive to indicate their decisions about life-prolonging treatment, and/or to appoint a proxy to speak for them, should they lose their decision-making capacity or the ability to communicate choices.

PMC recognizes that the artificial prolongation of life for a person with a terminal condition may secure for them only a precarious and burdensome existence, while providing nothing medically necessary or beneficial.

In order that the rights and expressed intentions of a person with such a condition will be respected, even after they are no longer able to communicate their wishes, and to encourage communication among the patient, their family, and their physician, PMC supports and complies with Federal regulations and Florida Statue 765, recognizing the right of a competent adult to make an advance directive instructing their physician to provide, withhold, or withdraw life-prolonging procedures.

A valid advance directive is followed regardless of a patient's race, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay or source of payment. No patient will be discriminated against with regard to the provision of care or based on whether the patient has executed an advance directive.

When ~~conflicts about compliance with an advance directive arises~~conflicts about compliance with an advance directive arise, any care partner or physician may request further guidance from the Ethics Committee by contacting the Risk Manager.

II. PURPOSE

Advance Directives are expressions of an individual's health care wishes, and may be in the form of witnessed written documents or oral statements.

In accordance with Centers for Medicare & Medicaid Services § 482.13 and 489 Subpart 1, Florida Administrative Code 58A-2.0232, 59A3.254, and Florida Statute 765, all adult patients being admitted to PMC will be provided written information about health care advance directives. Patients will also be provided assistance in completing these directives when requested.

An advance directive executed in another state in compliance with the law of that state, or of this state will be recognized as valid.

PMC acknowledges that the legal requirements to establish 'Do Not Resuscitate' Orders are state specific. When individuals present legal documentation of DNR status from another state, the individual's intention will be honored, and Florida specific criteria to continue DNR status will be addressed with the individual or family to ensure the patient's wishes are honored while receiving care at PMC.

III. DEFINITIONS

- A. ~~See Appendix A.~~ Advance Directive – document or documentation allowing a person to give directions about future health care or to designate another person(s) to make health care decisions if the individual loses decision-making capacity. Advance directives may include living wills, durable powers of attorney, do-not-resuscitate (DNR) orders, right-to-die documents, or similar documents listed in the Patient Self-Determination Act that express the person's preferences.
- B. Attending physician - the primary physician who has responsibility for the treatment and care of the patient.
- C. Cardiopulmonary resuscitation – measures to restore cardiac function or to support **ventilation** in the event of cardiac arrest or respiratory arrest. The term does not include measures to improve ventilation and cardiac functions in the absence of an arrest.
- D. Close personal friend – Any person eighteen (18) years of age or older who has **exhibited** special care and concern for a patient, and, who presents an affidavit to the healthcare facility or to the attending or treating physician stating that they are a friend of the patient; they are willing and able to become involved in the patient's health care, and they have maintained such regular contact with the patient as to be familiar with the patient's activities, health, religious, or moral beliefs.
- E. 'Do not resuscitate' order – A written medical order prepared by the attending physician that documents instructions by an adult patient, the patient's HCS or appointed proxy, that in the event the patient suffers a cardiac or respiratory arrest, cardiopulmonary resuscitation will be withheld.

- F. **End-stage condition** – A condition that is caused by injury, disease, or illness, which *has* resulted in severe and permanent deterioration, indicated by incapacity and complete physical dependency, and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective.
- G. **Family**- as defined by the Institute for Patient and Family Centered Care, “family” refers to two or more persons who are related in any way – biologically, legally, or emotionally. Patients and families define their “family.”
- H. **Healthcare decision** – Applies to informed consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures and mental health treatment; the decision to apply for private, public, government, or veteran’s benefits to defray the cost of health care; the right of access to all records of the patient/individual reasonably necessary for the HCS to make decisions involving care and treatment of the patient as well as applying for benefits; or the decision to make an anatomical gift.
- I. **Healthcare facility** – A hospital, nursing home, hospice, home health agency, or health maintenance organization licensed in the state of Florida.
- J. **Healthcare provider** – Any person licensed, certified, or otherwise authorized by law to administer health care in the practice of the profession or ordinary course of business
- K. **Incapacity or Incompetent** – The patient is physically or mentally unable to communicate a willful and knowing health care decision.
- L. **Informed consent** – Consent voluntarily given by a person after sufficient explanation and disclosures of the subject matter involved to enable the person to have a general understanding of the procedure, the potential risks and complications of the procedure, the benefits of the procedure, and the alternatives to the procedure to make a healthcare decision without undue influence or coercion.
- M. **Life-prolonging procedure** – Any medical procedure, treatment, or intervention that utilizes mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function, and, when applied to the patient in a terminal condition, serves only to prolong the process of dying. These terms do not include the administration of medication or performance of a medical procedure to provide comfort care to a patient or to alleviate their pain.
- N. **“Living will” or “declaration** – a witnessed document in writing, voluntarily executed by the principal in accordance with Florida Statute 765.302; or a witnessed oral statement made by the principal expressing the principal’s instructions concerning life-prolonging procedures.
- O. **Persistent vegetative state** – Characterized by a permanent and irreversible condition of unconsciousness in which there is the absence of voluntary action or cognitive behavior of any kind, and, an inability to communicate or interact purposefully with the environment.

P. Proxy – A competent adult who has not been expressly designated to make healthcare decisions for a particular incapacitated individual, but who, nevertheless, is authorized pursuant to Florida Statute 765.401 to make health care decisions for said individual.

Q. Surrogate – Any competent adult expressly designated by a patient to make health care decisions on behalf of the patient upon the patient's incapacity.

A. Terminal condition – A condition caused by injury, disease, or illness from which there is no reasonable probability of recovery and which, without treatment, can be expected to cause death.

IV. PROCEDURES

I. Hospital Management of Advance Directives

A. Registration's Role:

- a. Provide patients with AHCA form "Health Care Advance Directives: The Patient's Right to Decide". Patients have the right to refuse receipt of this information. If refused, patients will be asked to indicate this on the Consent of Admission Form E526-2 by checking the box next to "Declined Advance Directives" and signing the form.
- b. Document whether patients have existing advance directives. Nursing will be responsible for follow-up action if advance directives exist, but are not currently available in the medical record.
- c. If additional information is requested or assistance is needed in completing an advance directive, Nursing will be responsible for the follow-up action and documentation.
- d. Advance Directives are not a requirement of admission or treatment.

B. Nursing's Role:

- a. Assess and document the existence of a patient's advance directive on the initial admission assessment.
- b. *If an advance directive exists and is available*, the nurse will acknowledge the advance directive and inquire whether the patient wants it as is. The patient has the option to review or revise their advance directive prior to it being placed within the medical record.
- c. *If a copy of the advance directive is not available for the record*,
 - i. Attempt to document the substance of the advance directive and/or report the name of proxy in the directive (only if patient can articulate and agrees to provide the information verbally) on the initial assessment of the advance directive.
 - ii. Encourage the patient/family to bring the advance directive as soon as feasible;
 - iii. Verify whether prior advance directive is in medical records.
 - iv. The patient may also be offered the ability to create a new advance directive. Five Wishes, Florida Living Will, Healthcare Surrogate documents, are available on the Nursing Units.

The Advance Directive screen will remain on the nurse's EMR Worklist until all follow-up action and documentation is completed.

C. Physician's Role:

- a. The attending physician shall review an advance directive contained in the patient's chart and discuss its content with the patient and/or the patient's healthcare representative.
- b. The physician shall document a summary of all discussions with the patient or significant others concerning the patient's advance directive.
- c. If an advance directive exists, but a copy is not available for the record, the attending physician in consultation with the decision maker shall make important care decisions, using substituted judgment or best interest criteria as appropriate. Any information on the substance and/or proxy documented in the chart will assist to guide care decisions. When anyone involved desires, the Ethics Committee may be consulted.
- d. The physician will incorporate the executed Advance Directive in the patient's treatment plan.
- e. The patient has the option to review and revise his/her advance directive at any time.

4. When Advance Directive Becomes Effective:

Three elements must be true:

- a. The attending physician determines and documents that the patient has lost decision-making capacity.
- b. A valid, executed advance directive is available in the healthcare setting.
- c. The patient has an end-stage condition, is in a persistent vegetative state, or the patient's physical condition is terminal.

5. Documentation of Patient's Condition

Physicians will certify that a patient has an end-stage condition, is in a persistent vegetative state, or the patient's physical condition is terminal utilizing Section 2 of the Physician End-of-Life Certification Form [\(E203\)](#)

6. When an Advance Directive is Not Valid Due to Lack of Witnessing/Signatures:

If the advance directive is incomplete due to lack of witnesses, anyone over the age of 18, except a proxy, can service as a witness.

a) **7. Determining the Validity of an Advance Directive:**

To be valid:

- a. An advance directive must be signed and dated by, or at the direction of the patient in the presence of two adult witnesses. A principal unable to sign the document may, in the presence of two witnesses, direct that another person sign the principal's name as required.
- b. The designated proxy or healthcare representative cannot act as a witness for the patient.
- c. Out-of-state advance directives will be honored.
- d. Do not resuscitate orders are governed by the individual State Law. Patients from other states requesting DNR Status in Florida will be assisted with completion of the Florida State Do Not Resuscitate Order.

(a)

(b) 8. Determination of Loss of Decision-Making Capacity

- a. A patient is presumed to be capable of making healthcare decisions. Incapacity may not be inferred from the person's voluntary hospitalization for mental illness or from their mental retardation. If the patient's capacity is in question, the attending physician will evaluate the patient. The attending physician may request a psychiatric evaluation for this purpose.
- b. One or more physicians must confirm the attending physician's determination in writing **unless** the patient's loss of decision-making capacity is clearly apparent and the healthcare representative concurs. Part 1 of Form E203-1, Physician End of Life Certification Form (~~Appendix C~~) may be used to document a patient's lack of capacity.
- c. During the patient's admission, the patient's capacity shall be periodically evaluated. If the patient is determined to have regained capacity to make their own treatment decisions by both the attending and consulting physicians, the authority of the HCS is suspended. Appropriate notation shall be entered in the patient's medical record.

II. Determination of Patient Condition

Before life-prolonging procedures may be withheld or withdrawn the physician must document in the medical record that the patient has an end-stage condition, is in a persistent vegetative state, or the patient's physical condition is terminal. ~~Section 2 of Complete~~ Form 203-1 Physician End of Life Certification Form may be used for this purpose.

C. Designating a healthcare surrogate (HCS):

1. Individuals who are capable of making decisions for themselves may designate a surrogate to make healthcare decisions for them when they are no longer able to make decisions for themselves.
2. The Designation of Healthcare Surrogate Form shall be signed or contain a signature acknowledged by the patient in the presence of two (2) attesting adult witnesses, one (1) of whom may not be the spouse, blood relative, heir to the patient's estate or responsible for paying the patient's healthcare costs. The HCS may not sign as a witness.
3. A patient unable to sign in the presence of witnesses may direct another person to sign their name.
4. An exact copy of the designation will be provided to the HCS.
5. An alternate HCS may be designated, providing the designation is explicit. The alternate surrogate may assume their duties as HCS for the patient if the original HCS is unwilling or unable to perform their duties.
6. Unless the document states a time of termination, the designation shall remain in effect until revoked by the patient.
7. If a patient is determined to have a terminal or end stage condition, the healthcare provider is obligated to comply with the declaration of the patient, or treatment decision of their HCS, if the patient is determined to not be competent.
8. The law does not require a healthcare provider to commit any act that is contrary to their moral or ethical beliefs concerning life prolonging procedures.
9. A healthcare provider who refuses, or is unwilling to comply with the declaration of the patient, must transfer the patient to another healthcare provider within seven (7) days.

D. Revocation or expiration of HCS designation during hospitalization:

1. Dissolution or annulment of the marriage of the patient revokes the designation of the spouse as HCS unless otherwise expressly provided.
2. The designation of a HCS may be revoked at any time by a competent patient:
 - a. By means of a signed, ~~dated~~, dated written revocation (E3203) or by executing a subsequent designation of a HCS.
 - b. By means of an oral expression.
 - c. By physical destruction of the Advance Directive by the patient or another in the patient's presence.
 - d. Upon revocation, the designation form shall immediately be removed from the chart. The nurse in charge shall:
 - e. Document the revocation and removal of the form in the progress notes.
 - f. Notify the attending physician and document the time and date of notification in the nursing notes.

E. The Proxy

If an incapacitated or developmentally disabled patient has not executed an advance directive, or designated a surrogate to execute an advance directive, and no alternate surrogate is designated, then healthcare decisions may be made for the patient by any of the following individuals, in the following order of priority, if no individual in a prior class is reasonably available, willing, or competent to act:

1. Judicially appointed guardian of the patient
2. Patient's spouse
3. Adult child of patient (if more than one child, a majority of adult children who are reasonably available for consultation)
4. Parent of patient
5. Adult sibling (if more than one sibling, a majority of adult siblings who are reasonably available for consultation)
6. Adult relative who has exhibited special care and concern for the patient and who has maintained regular contact with the patient and who is familiar with the patient's activities, health, and religious or moral beliefs
7. A close friend of the patient
8. Clinical social worker that is a graduate of a court-approved guardianship program or licensed pursuant to Florida Statute 491. Documentation of efforts to locate proxies from prior classes must be recorded in the patient's record.

F. Restrictions on Providing Consent

Unless the principal expressly delegates such authority to the surrogate in writing, or a surrogate or proxy has sought and received court approval, a surrogate or proxy may not provide consent for:

- Abortion, sterilization, electroshock therapy, psychosurgery, or experimental treatments that have not been approved by a federal institutional review board, or voluntary admission to a mental health facility.
- Withholding or withdrawing life-prolonging procedures from a pregnant patient prior to viability.

G. Persistent Vegetative State – No Advance Directive – No Proxy

For persons in a persistent vegetative state, as determined by the attending physician, who have no advance directive and for whom there is no evidence indicating what the person would have wanted under such conditions, and for whom, after a reasonably diligent inquiry, no family or friends are available or willing to service as a proxy, life prolonging procedures may be withheld or withdrawn under the following conditions:

1. The person has a judicially appointed guardian with authority to consent to medical treatment; and
2. The guardian and the person's attending physician, in consultation with the Ethics Committee, conclude that the condition is permanent and that there is no medical probability of recovery, and ~~that withholding or withdrawing life-prolonging procedures~~ that withholding or withdrawing life-prolonging procedure is in the best interest of the patient.

H. Do Not Resuscitate (DNR) Orders and Documentation

1. Any competent patient, with or without a terminal condition, has the right to refuse resuscitation.
2. The terms "do not resuscitate," "DNR," and "no code" refer to the suspension of the otherwise automatic initiation of CPR.
3. When a patient (or their designated representative) and their physician determine they do not wish resuscitation measures, their physician will enter orders for "Do Not Resuscitate" (DNR) and sign Florida Do Not Resuscitate form, so that all members of the healthcare team are aware of the patient's wishes.
4. Telephone orders may be accepted but require that the ordering physician authenticate within twenty-four (24) hours. CPR is automatically initiated if there is no "do not resuscitate" order in the medical record. ~~Telephone orders may be accepted but require that the ordering physician sign them within twenty four (24) hours.~~
5. In addition to entering the 'do not resuscitate' order in the patient's medical record, the physician must verbally inform the nursing staff that such an order has been given to ensure that the order is known and understood at the time it is written. ~~The required paperwork must be completed within 24 hours of the physician order for DNR.~~
- 6.5. The orders or decision to withhold or withdraw life-~~sustaining-prolonging~~ treatment must be supported by documentation in the progress notes of the circumstances surrounding the decision. Such decisions should be reviewed whenever a change in the patient's condition warrants a review. All reviews should be documented in the patient's medical record.
- 7.6. The goal is to relieve the patient's suffering and to maintain the patient's comfort and dignity.
- 8.7. In the event that a dispute arises concerning the issuance of an order to withhold or withdraw treatment, the matter may be referred to the Ethics Committee for review and guidance.
- 9.8. A copy of the Florida Do Not Resuscitate Order form ~~DNR orders~~ are scanned into the information system program so that they may be retrieved by healthcare staff ~~at time of a patient's for any admission~~ future admissions. Refer to Nursing Procedure 14.5.02.
9. Staff may use the "DNR Checklist" (E3147) (Appendix B) as a tool to determine appropriate forms for completion

~~10. Revocation of DNR order can be done at any time either orally or in writing, by physical destruction, by failure to present it, or by orally expressing a contrary intent by the patient or the patient's health care surrogate. The patient can revoke the form in the same manner if they were the one to sign the form. Only those that signed the form (patient, healthcare surrogate or healthcare proxy) may revoke the form, 64J-2.018, FAC. Indicate revocation by placing a diagonal line through the form with date and signature. In addition the Request for DNR, Advance Directive, and /or Authorization Revocation (E3203) must be completed.~~

~~10. Patient Competent – Complete Florida Do Not Resuscitate form, having form signed by patient and physician, obtain Physician Order to execute status within hospital. Fax to Medical Records for scanning into Application Extender. Original Form returned to patient at discharge. Ensure copy of Florida Do Not Resuscitate form placed on chart for scanning.~~

~~11. Patient Competent- Request 'Refusal Life Prolonging Procedure' (E271) and recommend living will be completed.~~

~~12.11. Patient Not Competent, Terminal, with Living Will – Living will must be in medical records, Physician completes Sections 1 and 2 of Form 203-1 Physician End-of-Life Certification Form certifying terminal condition and patient's lack of capacity. Physician places No Code order. If patient is anticipated to leave the facility, proxy and physician will also sign Florida DNR form. Forms are to be faxed to Medical Records for scanning into Application Extender. Upon discharge original Florida DNR form signed by proxy/surrogate and Form 203-1 will be placed in discharge packet.~~

~~13.12. Patient Not Competent, Terminal, no Living Will - Healthcare surrogate/proxy will sign proxy Agreement for DNR or Withhold or Withdraw Life-Prolonging Procedures agreement (P-160), Physician completes Sections 1 and 2 of Form 203-1 Physician End-of-Life Certification Form certifying terminal condition and patient's lack of capacity. Physician places-enters No Code order. If patient is anticipated to leave the facility, proxy and physician will also sign Florida DNR form. Forms are to be faxed to Medical Records for scanning into Application Extender. Upon discharge original Florida DNR form signed by proxy/surrogate and Form 203-1 will be placed in discharge packet.~~

I. Do Not Resuscitate (DNR) During Surgery (See Policy #9900-58)

J. Withholding or Withdrawing Life-Prolonging Procedures

1. Withholding or withdrawing of life prolonging procedures is a separate decision from a "Do Not Resuscitate" order.
2. This would include not implementing life prolonging procedures prior to a cardiac/respiratory arrest (e.g. not placing an end-stage COPD patient on a ventilator or removing a patient from life support equipment).
3. This does not include the administration of medication or performance of any medical procedure deemed necessary to provide comfort, care or to alleviate pain.
4. Patient requirements:

- i. Must be eighteen (18) years of age.
- ii. Have a terminal or end-stage condition.
- iii. Be in a persistent vegetative state (PVS), characterized by permanent and irreversible condition of unconsciousness in which there is:
 - iv. The absence of voluntary action or cognitive behavior of any kind.
 - v. An inability to communicate or interact purposefully with the environment.
 - vi. The act does not apply to individuals with a debilitating disease or condition if the individual does not meet the definition of terminally ill.

Documentation requirements:

5. The patient's attending physician and one (1) other physician, ~~not employed by the hospital or healthcare facility~~, must separately examine the patient to determine that the patient has a terminal, end-stage condition, or a persistent vegetative state.
6. The findings of the examination must be documented in the medical record progress notes or on specific forms designated for this purpose (e.g. Form 203-1, Physician End of Life Certification or Do Not Resuscitate Orders).
- ~~6-7.~~ After appropriate documentation that the patient is in a terminal condition and not competent, an order may be written to withhold life-prolonging procedures.
- ~~7-8.~~ Prior to withdrawal of any life support measures, Translife must be contacted to coordinate any potential organ procurement/donation issues related to the patient.

K. ~~Process for Organ Donation and Brain Death Protocol (See Policy #9500-2011)~~

V. **Management of the Advance Directive in the Continuum of Care (Pre-Hospitalization, Emergency Setting, and Outpatient Services):**

A. **Pre-Hospitalization:**

1. If the patient or family presents the paramedic with an advance directive it should be brought to the hospital for inclusion in the patient record, brought to the attention of the attending physician, and documented on the patient's chart upon arrival to PMC.
2. In accordance with Florida Law, paramedics are required to initiate resuscitative efforts unless the patient/family has presented a valid Florida Do Not Resuscitate Order. If patient/family presents a living will with a request to discontinue resuscitation – resuscitative efforts will be initiated/continued until the patient arrives at PMC and undergoes evaluation by the Emergency Room physician.

B. **Emergency Department:**

1. To ensure a patient's legal right to receive information about advance directives, patients will be provided the AHCA form "Health Care Advance Directives: The Patient's Right to Decide". Patients have the right to refuse receipt of this information. This should be provided prior to requesting a patient signature on Form E133, "Consent for Outpatient Testing/Therapy".
2. Patients requesting additional information on Advance Directives may be offered Five Wishes advance directive booklet or may be referred to PMC Palliative Care at (321) 268-6675 for community education events on advance directives.

- ~~3.~~ Patients presenting advance directives to staff will be accepted for inclusion in the medical records. Verify most current copy is in the EHR or copy and place on chart. Staff will fax the directives to PMC Medical Records and will rReturn the originals to the patient prior to discharge.
- ~~4.3.~~ If the patient or family presents the physician with an advance directive, the physician will, when time permits and without endangering the patient's life, make a reasonable review of the advance directive and determine whether the patient lacks decision-making capacity and if it can be honored.
- ~~5.4.~~ Patients who are subsequently admitted for Observation or Inpatient care will follow hospital procedures for collection, retention and documentation of advance directive information.

C. Outpatient Services:

Management of the advance directive in the outpatient setting varies dependent on the scope of services provided.

- ~~6.5.~~ **Senior Consultation Center, Parrish Home Health, and the Dialysis Center** provide information on advance directives and collect advance directives onsite. If a patient presents advance directives to staff, staff will fax the directives to PMC Health Information Management and return the originals to the patient.
- ~~7.6.~~ **All other Outpatient Departments** that utilize form E133, "Consent for Outpatient Testing/Therapy", will offer patients information on Advance Directives prior to requesting a patient's signature on the form. Advance Directives are not collected or retained onsite; however, if a patient presents advance directives to staff, staff will fax the directives to refer patient to provide copy to PMC Medical Records Health Information Management. and return the originals to the patient.
- ~~8.7.~~ Patients requesting additional information on Advance Directives may be referred to PMC Palliative Care at (321) 268-6675.
- ~~9.8.~~ The PMC advance directive policy is communicated to the patient/family at their request or as appropriate to the patient's care, treatment, services provided.
- ~~10.9.~~ **Emergency situations**
Within 250 yards of hospital – Dial "11", state the emergency. Emergency Room staff provides services. If patient arrests prior to ER staff arrival, begin CPR unless the patient prior to the arrest presented a valid yellow Florida DNR.

Beyond 250 yards of hospital – Dial "911", keep patient comfortable until emergency responders arrive. If patient arrests prior to EMS arrival begin CPR unless the patient prior to the arrest presented a valid yellow Florida DNR.

a) ACCOUNTABILITY AND AUTHORITY

~~The Palliative Care Program Coordinator is responsible for maintaining, supporting and evaluating the respective program policy. The policy will undergo review whenever a change occurs and/or or every other year.~~

VI. CROSS REFERENCES

9900-58 Do Not Resuscitate (DNR) During Surgery

9500-2021 Code Blue Response

9500-2011 Process for Organ Donation and Brain Death Protocol

9500-2035 Ethics #

9500-8012, Risk Management Plan

Five Wishes

Nursing Procedure 14.5.02 DO NOT RESUSCITATE (DNR) Documentation

E133 Consent for Outpatient Testing/Therapy

E160 Proxy Agreement for DNR or to Withhold or Withdraw Life Prolonging Procedures

E203 Physician End of Life Certification Form

E271 Refusal of Life Prolonging Procedures

E3147 DNR Checklist

E3190 Letter of Alternate Healthcare Surrogate

E3203 Request for DNR, Advance Directive, and /or Authorization Revocation

E8A Florida Living Will Declaration

E8B Designation of Healthcare Surrogate

E526 Consent of Admission Form

B.A. REFERENCES

^A
2016 Florida Statute. Title XLIV CIVIL RIGHTS, Chapter 765. Health Care Advance Directives.

Centers for Medicare & Medicaid Services, HHS, § 489, Subpart 1. Advance Directives.

Florida Administrative Code 58A-2.0232, 59A3.254

RI.01.05.01: The hospital addresses patient decisions about care, treatment, and services received at the end of life.

~~PMC Policies # 9500-2035, Ethics; 9500-8012, Risk Management Plan; 9500-2011 Organ Donation; and 9900-58 Do Not Resuscitate (DNR) During Surgery~~

APPENDIX A

1. DEFINITIONS

Advance Directive— A witnessed written document or oral statement in which instructions are given by a principle or in which the principle's desires are expressed concerning any aspect of the principle's health care, and includes, but is not limited to, the designation of a healthcare surrogate, a living will, or an anatomical gift.

Attending physician— the primary physician who has responsibility for the treatment and care of the patient.

Cardiopulmonary resuscitation— measures to restore cardiac function or to support **ventilation** in the event of cardiac arrest or respiratory arrest. The term does not include measures to improve ventilation and cardiac functions in the absence of an arrest.

Close personal friend— Any person eighteen (18) years of age or older who has **exhibited** special care and concern for a patient, and, who presents an affidavit to the healthcare facility or to the attending or treating physician stating that they are a friend of the patient; they are willing and able to become involved in the patient's health care, and they have maintained such regular contact with the patient as to be familiar with the patient's activities, health, religious, or moral beliefs.

'Do not resuscitate' order— A written medical order prepared by the attending physician that documents instructions by an adult patient, the patient's HCS or appointed proxy, that in the event the patient suffers a cardiac or respiratory arrest, cardiopulmonary resuscitation will be withheld.

End-stage condition— A condition that is caused by injury, disease, or illness, which **has** resulted in severe and permanent deterioration, indicated by incapacity and complete physical dependency, and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective.

Healthcare decision— Applies to informed consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures and mental health treatment; the decision to apply for private, public, government, or veteran's benefits to defray the cost of health care; the right of access to all records of the principle reasonably necessary for the HCS to make decisions involving care and treatment of the patient as well as applying for benefits; or the decision to make an anatomical gift.

Healthcare decision— Applies to no consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures; the decision to apply for private, public, government, or veteran's benefits to defray the cost of health care; or, the right of access to all records of the principle reasonably necessary for the HCS to make decisions involving care and treatment of the patient as well as applying for benefits.

Healthcare facility— A hospital, nursing home, hospice, home health agency, or health maintenance organization licensed in the state of Florida.

Healthcare provider— Any person licensed, certified, or otherwise authorized by law to administer health care in the practice of the profession or ordinary course of business

Incapacity or Incompetent—The patient is physically or mentally unable to communicate a willful and knowing health care decision.

Informed consent—Consent voluntarily given by a person after sufficient explanation and disclosures of the subject matter involved to enable the person to have a general understanding of the procedure, the potential risks and complications of the procedure, the benefits of the procedure, and the alternatives to the procedure to make a healthcare decision without undue influence or coercion.

Life-prolonging procedure—Any medical procedure, treatment, or intervention that utilizes mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function, and, when applied to the patient in a terminal condition, serves only to prolong the process of dying. These terms do not include the administration of medication or performance of a medical procedure to provide comfort care to a patient or to alleviate their pain.

“Living will” or “declaration”—a witnessed document in writing, voluntarily executed by the principal in accordance with Florida Statute 765.302; or a witnessed oral statement made by the principal expressing the principal’s instructions concerning life-prolonging procedures.

Persistent vegetative state—Characterized by a permanent and irreversible condition of unconsciousness in which there is the absence of voluntary action or cognitive behavior of any kind, and, an inability to communicate or interact purposefully with the environment.

Principal—a competent adult executing an advance directive and on whose behalf healthcare decisions are to be made.

Proxy—A competent adult who has not been expressly designated to make healthcare decisions for a particular incapacitated individual, but who, nevertheless, is authorized pursuant to Florida Statute 765.401 to make health care decisions for said individual.

Surrogate—Any competent adult expressly designated by a principle to make health care decisions on behalf of the principle upon the principle’s incapacity.

Terminal condition—A condition caused by injury, disease, or illness from which there is no reasonable probability of recovery and which, without treatment, can be expected to cause death.

APPENDIX B DNR Checklist

VI.

PARRISH MEDICAL CENTER
DNR CHECK LIST

Competent or Competent Terminal
Not Competent Has Living
Not Competent No Living
Reside DN (Proxy/Fam sign)

PARRISH MEDICAL CENTER
DNR CHECK LIST

Competent or Competent Terminal
Not Competent Has Living
Not Competent No Living
Reside DN (Proxy/Fam sign)

APPENDIX C PHYSICIAN END OF LIFE CERTIFICATION (FORM E-203-1)

~~PHYSICIAN END OF LIFE CERTIFICATION FORM~~

(Name of Patient): _____

~~1. CAPACITY TO MAKE HEALTH CARE DECISIONS:~~

~~It is my opinion, within a reasonable degree of medical probability, that this patient lacks the capacity to make health care decisions for himself or herself, and that there is no reasonable probability that this patient will recover such capacity.~~

SIGNATURE _____ DATE _____

~~2. DETERMINATION OF PATIENT CONDITION:~~

~~This is to certify that the undersigned has examined the above patient and has diagnosed that he/she has a Terminal Condition, has an End Stage Condition or is in a Persistent Vegetative State.~~

~~I further certify that to the best of my knowledge, information and belief, the patient is not pregnant, and I am not aware of any diagnosis of pregnancy.~~

SIGNATURE _____ DATE _____

~~3. WITHHOLDING OR WITHDRAWING LIFE PROLONGING PROCEDURES:~~

~~(Two Signatures Required*)~~

~~I recommend life prolonging procedure(s) be withheld or withdrawn.~~

ATTENDING PHYSICIAN _____ DATE _____

AGREEMENT BY CONSULTING PHYSICIAN (Required)* _____ DATE _____

PARRISH MEDICAL CENTER
Titusville, Florida 32796
PHYSICIAN END OF LIFE CERTIFICATION FORM

* (See Definitions & Instructions on page 2)

REV: 9/09 E-203

A. APPENDIX D

PROXY AGREEMENT

PARRISH MEDICAL CENTER
Titusville, Florida 32796

PATIENT REPRESENTATIVE OR PROXY AGREEMENT FOR A:

~~VII.VI. DO NOT RESUSCITATE ORDER (DNR), OR TO WITHHOLD OR WITHDRAW LIFE-PROLONGING PROCEDURES~~

~~After discussion, this agreement is entered into between _____, M.D., the attending physician of _____, a patient in the PARRISH MEDICAL CENTER, and _____ hereinafter referred to as patient's representative.~~

~~In consideration of the mutual representations and conditions hereof, the attending physician and patient's representative have consulted with respect to the patient's condition and agree as follows:~~

- ~~1. That the attending physician has diagnosed and certified in writing that the above named patient is in a terminal condition, has an end stage condition, or is in a permanent vegetative state (PVS). (See definitions on reverse side of form.) The attending physician further represents that the patient lacks capacity, or is otherwise physically or mentally incapable of communication.~~
- ~~2. That the patient's representative represents and warrants to the attending physician that to the best of their knowledge and belief, there is no judicially appointed guardian of the patient, and that the patient has not designated in writing any other person(s) to make treatment decisions for him should he be diagnosed as suffering from a terminal condition, an end stage disease be comatose, and lack capacity or ability to communicate.~~
- ~~3. That to the best of the patient's representative's knowledge and belief, there is no Living Will (in accordance with F.S. 765) or having made such declarations, there under did not revoke such declaration.~~
- ~~4. That the patient's representative represents that to the best of his knowledge and belief, the patient would want any life-prolonging procedure (e.g.: "any medical procedure, treatment, or intervention, including artificially provided sustenance and hydration, which sustains, restores, or supplements a spontaneous vital function") withheld or withdrawn if he were cognizant of his condition.~~
- ~~5. That the patient's representative, on behalf of the patient, requests that life-prolonging procedures be withheld or withdrawn from the patient. This does not include the administration of medication or performance of any medical or procedure deemed necessary to provide comfortable care or to alleviate pain.~~
- ~~6. That the attending physician and patient's representative represent to each other that this agreement to withhold or withdraw life-prolonging procedures for the patient is consistent with the express or implied intentions of the patient and made in good faith in accordance with Section 765, Florida Statutes.~~

~~IN WITNESS WHEREOF, the parties have executed this agreement at _____ o'clock AM / PM on the _____ day of _____, 20_____.~~

WITNESS ATTENDING PHYSICIAN

WITNESS PATIENT'S REPRESENTATIVE: (Check One)
 Health Care Surrogate
 Spouse
 Durable Power of Attorney for Healthcare
 Court Appointed Guardian
 Other (specify) _____

N BEL

Page 1 of 2

REV. 11/02

P-160

APPENDIX D — PROXY AGREEMENT (Continued)**Definitions:**

"Terminal Condition": A condition caused by injury, disease, or illness from which there is no reasonable probability of recovery and which, without treatment, can be expected to cause death.

"End Stage Condition": A condition that is caused by injury, disease, or illness which has resulted in severe and permanent deterioration, indicated by incapacity and complete physical dependency, and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective.

"Persistent Vegetative State": A persistent vegetative state (PVS) characterized by a permanent and irreversible condition of unconsciousness in which there is:

1. The absence of voluntary action or cognitive behavior of any kind; and
2. An inability to communicate or interact purposefully with the environment.

Page 2 of 2

REV. 11/02

P-160

TALLY

Medical Staff Questionnaire Memorandum dated July 21, 2017 (Attached)

Recommended revisions approved by the MEC on 7-18-17:

- Adding Patient Blood Management Committee (formerly Blood Transfusion Committee) to the Medical Staff Rules & Regulations as a Medical Staff Committee.

25 I agree with the proposed revisions

1 I disagree with the proposed revisions

Copies of the votes are on file in Medical Staff Services appended to the file copy of the minutes.

(MEC – September 19, 2017)



MEMORANDUM (Distributed by In-house Mail and posted in Physician's Lounge)

TO: Medical Staff

FROM: Aluino Ochoa, MD
President/Medical Staff *Aluino Ochoa*

SUBJECT: Proposed Amendment – General Medical Staff Rules & Regulations
Patient Blood Management Committee

DATE: July 21, 2017

Your input is requested on proposed changes to the General Medical Staff Rules and Regulations. In accordance with action taken at the March 2005 general medical staff meeting, a one-month comment period is provided for Medical Staff input prior to the Medical Executive Committee (MEC) taking final action and forwarding a recommendation to the Board of Directors.

Attached to this memorandum is the recommended amendment(s) approved for one-month comment period by the MEC on July 18, 2017 regarding adding Patient Blood Management Committee (formerly Blood Transfusion Committee) to the Medical Staff Rules & Regulations. It is in the charter that this committee will be a Medical Staff Committee.

If you have any questions, please contact Medical Staff Services at 268-6362. Thank you.

Attachments

pc: Medical Executive Committee
President/CEO
Medical Staff Services

=====
 I agree with the proposed revisions.

I disagree with the proposed revisions.

Comments (if applicable): _____

Signature – Please print last name next to signature

Date

FAX OR EMAIL TO: 268-6364 or Jonda.erwin@parrishmed.com

**Parrish Medical Center
Patient Blood Management Committee
Member Guidelines/Responsibilities**

Adopted: 06/22/2017	Revised:	Approved:
---------------------	----------	-----------

PURPOSE AND OBJECTIVES

The Patient Blood Management Committee is a committee of the Medical Staff, responsible for ensuring the safe and effective use of blood and blood products. This Committee reports to the Medical Staff Review Committee.

MEMBERSHIP GUIDELINES AND RESPONSIBILITIES

A. Membership

The Blood Bank Medical Director, the Blood Bank Section Chief, the One Blood Medical Director, Quality Risk Management, Representative from Hematology-Oncology, ICU/Hospitalist Service, Surgery, Patient Care Areas such as Nursing, Anesthesia, and other service as recommended by the committee. If a member is unavailable to attend a meeting, a designee will attend in their place. The Chair will preferably be a clinician with interest in Transfusion Medicine. Only physicians will be voting members.

Criteria for membership include the following:

- Respected by fellow care partners
- Problem-solving attitude
- Availability to serve of the committee
- Commitment to the purpose and objectives of the committee and participation in decision-making

B. Duties

- Establish protocols and reviews/revises policies/procedures for blood product utilization management, including but not limited to:
 - Single unit transfusion practices.
 - Hemoglobin levels before transfusions.
 - Blood warmers.
- Implement interdisciplinary blood conservation modalities, including but not limited to:
 - Reductions of unnecessary lab tests, frequency of blood sampling, and discard/waste volumes.
 - Red cell recovery program in the Operating Room (Cell Saver).

- Establishes criteria and monitors blood and blood product usage for appropriate utilization and cost effectiveness.
- Develop and provide Patient Blood Management education for emergency and elective hospital admissions, targeting physicians, nurses, pharmacists and other healthcare staff.
- Report Transfusion Reactions and any adverse events.
- Oversee operational and clinical practices to ensure compliance to regulatory standards dictated by outside agencies such as TJC, FDA, and CAP.
- Collaborates with other committees and departments as needed to ensure the safe and effective use of blood and blood products.
- Continuously monitor the effectiveness of the Patient Blood Management program, and use the results of this monitoring to in medical staff educations sessions as part of continuous quality improvement (CQI) and provide an annual report to the Medical Staff Review Committee.

C. Meetings

The Patient Blood Management Committee will meet as deemed necessary by the Chair, but not less than quarterly.

REFERENCES

OneBlood, Inc. Commodity Circle, Orlando, FL
The Joint Commission
AABB Technical Manual, Current Edition
CAP Checklist
Medical Staff General Rules and Regulations, North Brevard County Hospital District
Operating Parish Medical Center

Erwin, Jonda

From: Charles, Jonathan
Sent: Thursday, August 24, 2017 2:24 PM
To: Erwin, Jonda
Subject: Retirement

Dear Jonda,

I am resigning from the medical staff of Parrish Medical Staff as of December 31, 2017, because I am retiring.

I thank you and the medical staff for all your trust and understanding.

Sincerely yours,

Jonathan Charles, MD

September 1, 2017

Parrish Medical Center

951 North Washington Ave., Titusville, Florida 32796

Dear Hospital Administrator and medical staff colleagues,

This letter is to notify you that I am resigning my privileges from Parish Medical center as a medical staff physician effective October 1 2017.

I have accepted a position with another hospital that will further my growth and development in my career. I wish to thank you and all my colleagues at Parish medical center for all your help, professional courtesy, and support. I have immensely enjoyed working here as a hematology oncology medical staff physician for the past seven years.

Sincerely,


Jorge V Perez De Armas

Erwin, Jonda

From: ROBERT ANDERSON <msubob1@msn.com>
Sent: Wednesday, September 06, 2017 8:52 AM
To: Erwin, Jonda
Subject: [External Sender] Leave of absence

WARNING: This message came from an external source. Please do not click links or open attachments if unexpected or unusual.

Jonda
Please forward a revision of my request. I now plan to continue at PMC until April 1.
Thanks
Bob Anderson M D

Sent from my iPad
Bob Anderson

Erwin, Jonda

From: ROBERT ANDERSON <MSUBOB1@msn.com>
nt: Friday, August 25, 2017 3:19 PM
To: Erwin, Jonda
Cc: Joe Flynn; ROBERT ANDERSON; sunnypoint1@earthlink.net; Kirit Patel
Subject: [External Sender] Leave of Absence

WARNING: This message came from an external source. Please do not click links or open attachments if unexpected or unusual.

Hi Jonda,

I would like to request a one year leave of absence starting Jan 10, 2018. Could you please forward this request as appropriate

Thank You

Robert L. Anderson MD

Erwin, Jonda

From: Sheila Quinones <sheila.quinones@prospirapc.com>
Sent: Thursday, August 31, 2017 10:28 AM
To: Erwin, Jonda
Subject: Re: [External Sender] Parish Reappointment

Effective August 25, 2017

Sheila Quinones
Marketing Liaison



Spine, Orthopedics and Rehabilitation
A Prospira PainCare Center of Excellence
308 S. Harbor City Blvd., Suite A | Melbourne, FL 32901
(321) 312-4685 Direct or Ext. 106 | (321) 733-0064
(321) 733-7970 Fax
sheila.quinones@prospirapc.com Email

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On Aug 31, 2017, at 9:57 AM, Erwin, Jonda <Jonda.Erwin@parrishmed.com> wrote:

What is the effective date of Dr. Arcos resignation and I will use this email as his resignation.

From: Sheila Quinones [<mailto:sheila.quinones@prospirapc.com>]
Sent: Thursday, August 31, 2017 9:51 AM
To: Erwin, Jonda
Cc: Carla Hosterman
Subject: [External Sender] Parish Reappointment

WARNING: This message came from an external source. Please do not click links or open attachments if unexpected or unusual.

Hi Jonda,

I just received your message. Please forward any request for reappointment to Carla Hosterman, copied on this email.

Dr. Arcos has relocated to Texas and is no longer with our practice.

The providers are not good at checking their emails so I'm sure Dr. Dowdell has not seen this request.

Thank you,

Sheila Quinones
Marketing Liaison

<image001.png>

Spine, Orthopedics and Rehabilitation
A Prospira PainCare Center of Excellence
308 S. Harbor City Blvd., Suite A | Melbourne, FL 32901
(321) 312-4685 Direct or Ext. 106 | (321) 733-0064
(321) 733-7970 Fax
sheila.quinones@prospirapc.com Email

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Erwin, Jonda

From: James Bomhard <jbomhard@hospiceofstfrancis.com>
Sent: Wednesday, August 09, 2017 2:23 PM
To: Erwin, Jonda
Subject: [External Sender] Recredentialing

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Jonda, I have taken a full time position with Community Hospice of Northeast Florida in Jacksonville. My last day with HOSF will be Sept 15.

James S. Bomhard MD, FAAFP

Board Certified in Family Medicine and Hospice and Palliative Medicine



Phone: 321-269-4240
Toll Free: 866-269-4240
Fax: 321-269-5428
www.hospiceofstfrancis.com
Main Office: 1250-B Grumman Pl, Titusville, FL 32780
Melbourne Office: 4875 N Wickham Rd, Suite 104, Melbourne, FL 32940

Care for patients...support for loved ones.

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Erwin, Jonda

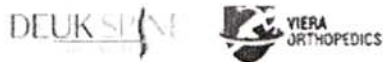
From: Karen Foley <kfoley@millenniummedical.com>
Sent: Thursday, August 17, 2017 3:53 PM
To: Erwin, Jonda
Subject: * [External Sender] Dr Sully last day of employment with us is Friday 8/18/2017 *

WARNING: This message came from an external source. Please do not click links or open attachments if unexpected or unusual.


Melissa A Burgos-Martir, MD will be replacing Dr Sully.

Karen Foley
Executive Administrative Assistant
Direct: 321-775-1288
Scan to email: kfoley@millenniummedical.com
www.deukspine.com
www.vierahealthandwellness.com

God is good all the time!



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