



MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Joseph Rojas, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – October 7, 2019

Date: October 3, 2019

The Pension Committee will meet at 11:00 a.m. in the Executive Conference room.

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

The Quality Committee will convene at 12:00 p.m., which will be followed by the Budget and Finance Committee, and then Executive Committee meetings. City Manager, Scott Larese, if available, will be giving the City Council liaison report at the Executive Committee

The Board of Directors will meet in executive session no earlier than 1:30 p.m. Following the Board of Directors Executive Session, the Board of Directors regularly scheduled meeting will be held immediately following, however no earlier than 3:00 p.m.

The Board of Directors will meet in executive session no earlier than 1:30 p.m. Following the Board of Directors Executive Session, the Education Committee and Board of Directors regularly scheduled meeting will be held immediately following, however no earlier than 3:00 p.m.

The Planning Committee meeting has been canceled.

Members:

Stan Retz, Chairperson (January 1, 2016 - December 31, 2019)
Michael Allen, Vice-Chairperson (July 1, 2016 – June 30, 2019)
Chris Mc Alpine (February 4, 2019 – January 31, 2022)
Julia Reyes-Mateo (July 1, 2016 – June 30, 2019)
Dawn Hohnhorst (April 1, 2019 – March 31, 2022)
Warren Berry (January 1, 2016- December 31, 2019)

PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE
OCTOBER 7, 2019 @ 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

- I. Review and approval of minutes May 06, 2019 and July 11, 2019 Special Meeting.

Motion: To recommend approval of the May 06, 2019 and July 11, 2019 Special Meeting minutes as presented.

- II. Public Comments
- III. MetLife Representatives
- IV. Pension Investment Assumption Rate Change– Mr. Bailey
- V. Adjournment

**PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE MEETING
MAY 06, 2019**

The members of the Pension Administrative Committee met in the Executive Conference Room on May 6, 2019 at 10:05 a.m. The following representing a quorum, were present:

Pension Administration Committee:

Stan Retz, Chairperson
Michael Allen, Vice-Chairperson
Chris Mc Alpine
Dawn Hohnhorst
Warren Berry (absent-excused)
Julia Reyes-Mateo (absent-excused)

Others Present:

Kent Bailey, VP Finance
Pamela Perez, Recording Secretary
John Anderson, Anderson Financial Partners
Tim Anderson, Anderson Financial Partners
Douglas Lozen, Foster & Foster (via phone)
Jerry Noffel

Call To Order

The meeting was called to order by the Chairperson at 10:05 a.m.

Review and Approval of Minutes

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

Motion: To approve the PAC minutes of February 4, 2019 as presented.

Public Comments

No public comments presented

Pension Investment Assumption Rate

Mr. Lozen spoke with the Committee about a glide-path approach with a reduction of 20-30 basis points a year. The Committee requested an impact statement showing what the reduction from 7.6% to 7.0% would have on the plan and pension expense. Mr. Lozen will provide the requested items at the next pension committee meeting.

Corporate Resolution DB Plan

Mr. Bailey updated the committee regarding the Amendment and Secretary's Certificate advising that the documents give better clarification regarding the Lump Sum distribution; created specific language.

Discussion ensued and the following motion was made by Ms. Hohnhorst and seconded by Mr. Mc Alpine and approved without objection.

Motion: To recommend the Budget and Finance Committee approve the resolution for the Parrish Medical Center Pension Plan and Trust Agreement as presented.

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

Tim Anderson opened with a Market Commentary. John Anderson from Anderson Financial Partners presented to the Committee the Pension portfolio performance update. Tim Anderson reviewed the 403(b) and 457(b) Investment Reports, the plans are performing well. The Pension portfolio had a fiscal year-to-date return of .31% and a Calendar year-to-date return of 10.74%.

The following fund manager in the 403b plan is on the watch list:

- Fidelity Advisor Value

In the 457b plan, Anderson Financial Partners informed the committee they could re-evaluate the current fund menu and propose a new fund menu. The committee agreed to the re-evaluation.

Plan Update

Mr. Bailey advised that the Plan is being reviewed including an assessment of the participant characteristics (age, years to retirement, ect.), size of accounts and the Plan over funded status. He will bring more information back at the next quarterly meeting.

Membership Renewal for Michael Allen and Julia Reyes-Mateo

Mr. Bailey noted that Mr. Allen's membership on the committee will be expiring at the end of June 2019 and asked that his membership be renewed for another three year period.

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

Motion: To recommend the Budget & Finance Committee approve the renewal of membership for Michael Allen for a three-year term from July 1, 2019 through June 30, 2022.

Mr. Bailey noted that Ms. Reyes-Mateo's membership on the committee will be expiring at the end of June 2019 and asked that her membership be renewed for another three year period.

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

Motion: To recommend the Budget & Finance Committee approve the renewal of membership for Julia Reyes-Mateo for a three-year term from July 1, 2019 through June 30, 2022.

Adjournment

There being no further business, the meeting was adjourned at 11:06 a.m.

Stan Retz, Chairman

**PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE SPECIAL MEETING
JULY 11, 2019**

The members of the Pension Administrative Committee met in the Executive Conference Room on July 11, 2019 at 1:21 p.m. The following representing a quorum, were present:

Pension Administration Committee:

Stan Retz, Chairperson
Michael Allen, Vice-Chairperson (Absent-excused)
Chris McAlpine
Dawn Hohnhorst
Warren Berry
Julia Reyes-Mateo

Others Present:

Yatzira Pabon-Padin
Rick Burke, Gray Robinson

Call To Order

The meeting was called to order by the Chairperson at 1:21 p.m.

Public Comments

No public comments presented

Pension Participant Discussion

Julia Reyes-Mateo and the Plan's attorney, Rick Burke, led a discussion regarding a long term employee (hired on June 13, 1988 and terminated on May 11, 2019) and Pension Plan participant who retired two months ago in reliance on information contained in her annual "pension statements" provided by Parrish, which indicated her normal retirement date to be October 1, 2018 (based on 30 years of continuous service). When the Plan's actuarial firm performed this participant's pension benefit calculation, they determined she should have not received credit for a year of service for the plan year ending September 30, 1998 (she was approximately 50 hours short of the required 1000 hours of service, although she completed more than 1000 hours of service on a calendar year basis). This information would have delayed the participant's normal retirement date until September 1, 2025 (although, as indicated above, she actually retired on May 11, 2019).

After a lengthy discussion of the factual background regarding this situation, the law relating to participant "detrimental reliance" in pension cases and the Committee's authority under the Pension Plan to determine all questions of eligibility to pension benefits, the following motion was made by Mr. McAlpine and seconded by Ms. Hohnhorst and approved without objection;

Motion: To approve the normal retirement date of 30 years of continuous service for the above-referenced participant.

Adjournment

There being no further business, the meeting was adjourned at 1:47 p.m.

Stan Retz, Chairman

QUALITY COMMITTEE

Herman A. Cole, Jr. (ex-officio)
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.
Joseph Rojas, M.D., President/Medical Staff
Jeram Chapla, M.D., Designee
Greg Cuculino, M.D.
Christopher Manion, M.D., Designee
Kiran Modi, M.D., Designee
George Mikitarian (non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, OCTOBER 7, 2019
NOON
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the August 5, 2019 meeting.

- II. Vision Statement
- III. Public Comment
- IV. "My Story"
- V. The Joint Commission Stroke Recertification
- VI. Dashboard Review
- VII. Sepsis
- VIII. HCAHPS
- IX. Opioid Safety
- X. Other
- XI. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE QUALITY 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 5, 2019 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D. (12:11 p.m.)
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D. (12:11 p.m.)
Joseph Rojas, M.D., President/Medical Staff
Christopher Manion, M.D.
Gregory Cuculino M.D.
George Mikitarian (non-voting)

Members absent:

Jeram Chapla, M.D. (excused)
Kiran Modi, M.D. (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 12:06 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Fitzgerald and approved (10 ayes, 0 nays, 0 abstentions). Ms. Rupe and Dr. Shah were not present at the time the vote was taken.

ACTION TAKEN: APPROVE THE MAY 6, 2019 AND JUNE 3, 2019 MEETING MINUTES, AS PRESENTED.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

PUBLIC COMMENTS

There were no public comments.

MY STORY

Mr. Loftin presented to the committee *My Story*; a story about the love, care and values demonstrated by care partners.

QUALITY DASHBOARD REVIEW

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

OPIOID SAFETY

Mr. Loftin addressed the committee regarding the FHA educational webinar viewed at the June 24, 2019 special meeting of the Quality Committee, noting that all requirements are being met.

CITY LIAISON

The Quality Committee recessed at 12:38 p.m. and the Executive Committee convened for the purpose of the report from the City Manager. The Quality Committee resumed at 12:49 p.m.

OTHER

Dr. Cuculino addressed the committee, regarding a recent meeting with the Brevard County Manager, County Commissioner, Parrish Medical Center and Brevard County EMS concerning the unnecessary diverting of Brevard EMS ambulances away from Parrish Medical Center to Holmes Regional Medical Center.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:21 p.m.

Herman A. Cole, Jr.
Chairman



September 25, 2019

George Mikitarian, DHA
President/Chief Executive Officer
North Brevard County Hospital District
951 North Washington Avenue
Titusville , FL 32796

Joint Commission ID #: 6938
Program: Advanced Primary Stroke Center
Certification Activity: 60-day Evidence of Standards
Compliance
Certification Activity Completed Date : 9/25/2019

Dear Dr. Mikitarian:

The Joint Commission is pleased to grant your organization a Passed Certification decision for all services reviewed under the applicable manual(s) noted below:

- **Disease Specific Care Certification Manual**

This certification cycle is effective beginning August 24, 2019 and is customarily valid for up to 24 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your certification decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your certification decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



BOARD OF DIRECTORS
QUALITY COMMITTEE PRESENTATION

Healing Families – Healing Communities®

parrishmed.com

Board Quality & Safety Committee

**Value Dashboard
October 2019**

October 2019 Quality Agenda

1. Vision Statement
2. My Story
3. TJC Stroke Recertification
4. Quality Dashboard
5. Sepsis- Matt Graybill
6. HCAHPS
7. Opioid Safety-Recovery Specialist Update – Dr Cuculino, M Graybill
8. Executive Session

Quality Committee Vision Statement

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

“My Story”

PMC Primary Stroke Program





September 25, 2019

George Mikitarian, DHA
President/Chief Executive Officer
North Brevard County Hospital District
951 North Washington Avenue
Titusville , FL 32796

Joint Commission ID #: 6938
Program: Advanced Primary Stroke Center
Certification Activity: 60-day Evidence of Standards
Compliance
Certification Activity Completed Date : 9/25/2019

Dear Dr. Mikitarian:

The Joint Commission is pleased to grant your organization a Passed Certification decision for all services reviewed under the applicable manual(s) noted below:

- **Disease Specific Care Certification Manual**

This certification cycle is effective beginning August 24, 2019 and is customarily valid for up to 24 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your certification decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your certification decision on Quality Check[®].

Congratulations on your achievement.

Sincerely,

A handwritten signature in black ink that reads "Mark Pelletier".

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



Questions / Discussion

Dashboard

Performance Dashboard

Description	August	June-Aug	Actual YTD (CY)	Opportunity
Zero Harm	67%	67%	56%	Stroke, Sepsis, inpatient immunization
HAI	0 / 1.12	1 / 3.67	6 / 13.26	
Readmission	7.58%	8.00%	9.02%	
Person Centered Flow	211	219	245	
Person Experience	72.5/74	75/74	73.3/70.9	Overall/Recommend

HCAHPs

Definition:

Percent of patients who answered 9 or 10 in the Overall Hospital HCAHPs question

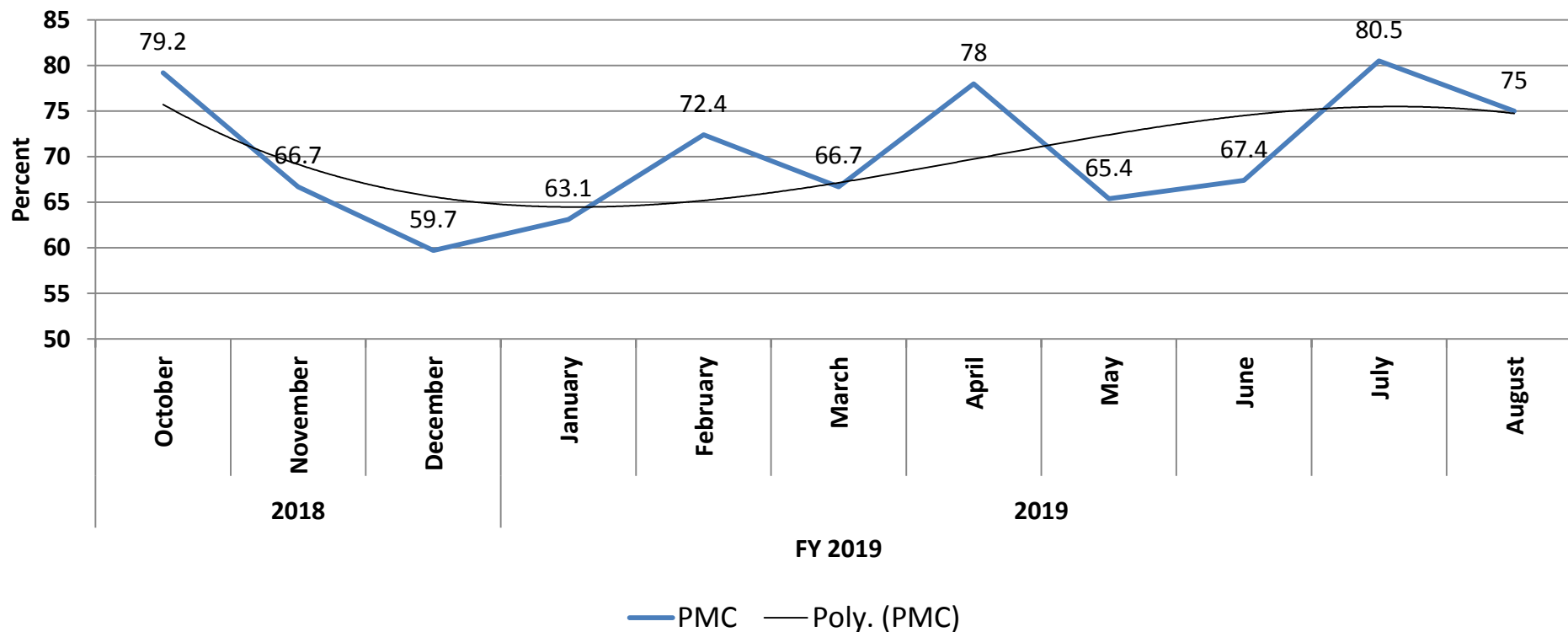
Performance improvement projects:

HCAHPS



Good

HCAHPS: Would recommend hospital to family



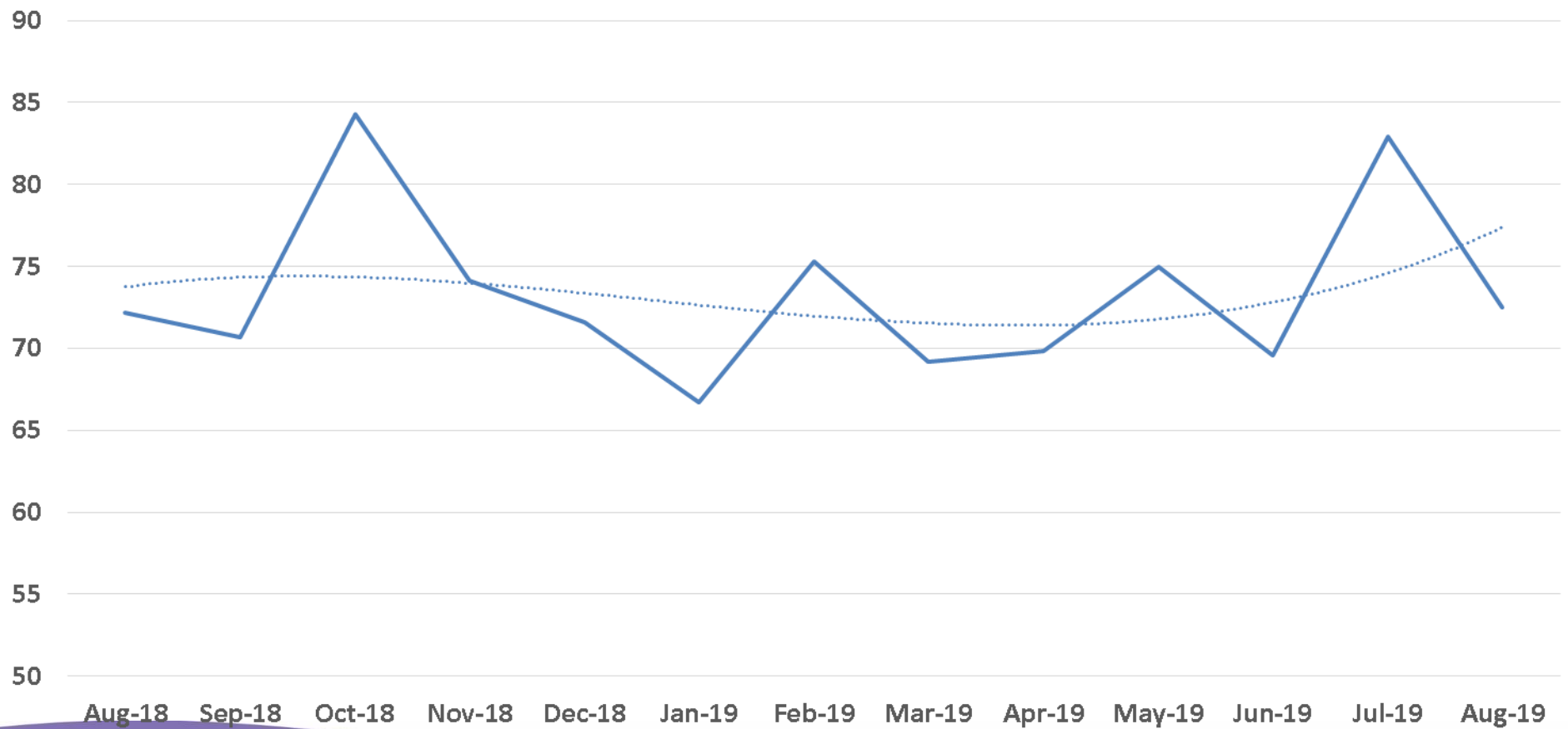
Data Source: NRC Health
Date: September 26, 2019

HCAHPS



Good

Overall Rating

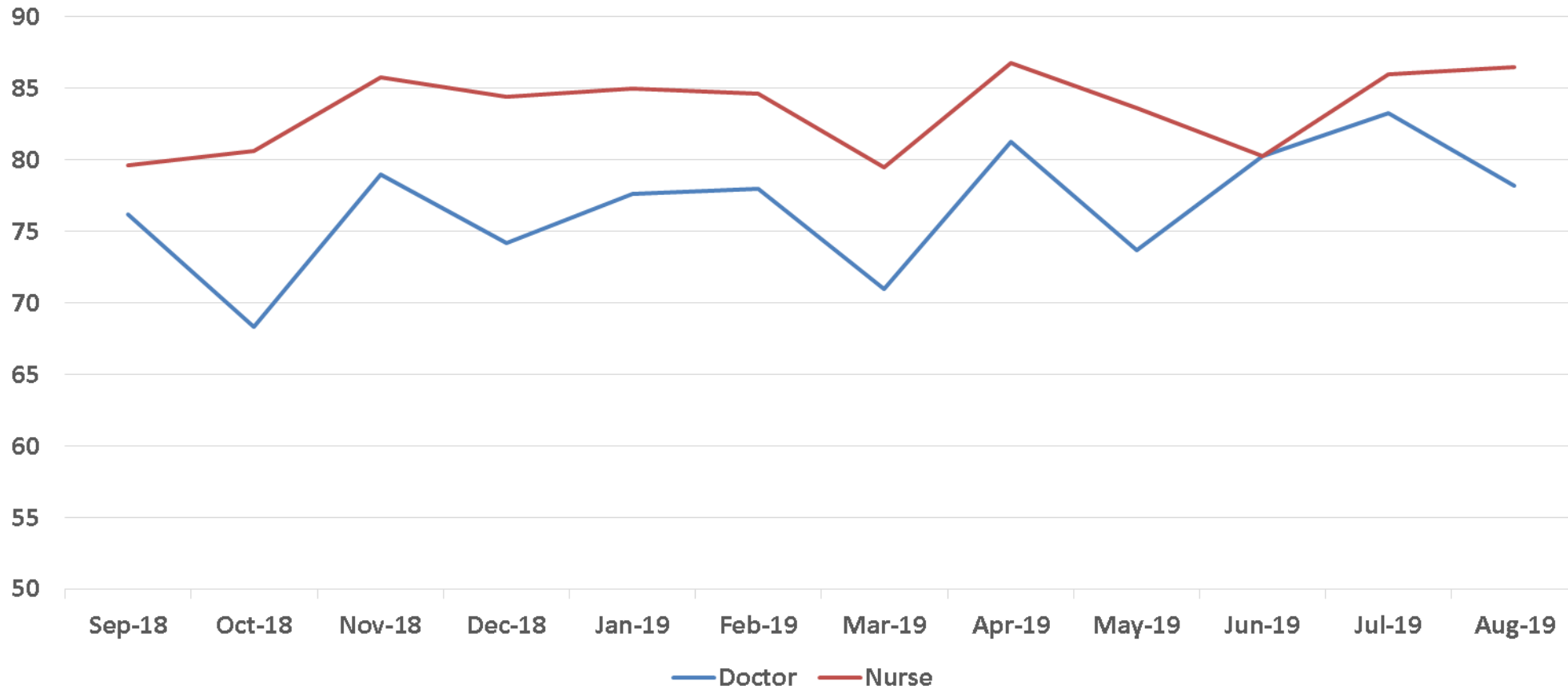


HCAHPS



Good

Doctor and Nurse

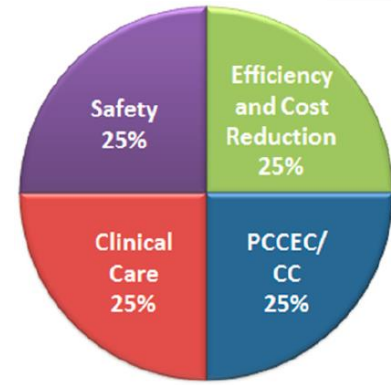


Questions?

SEPSIS

Sam Morrish

<https://patientsafetymovement.org/advocacy/patients-and-families/patient-stories/sam-morrish/>



Value Based Purchasing

Severe sepsis and septic shock are major healthcare problems, affecting millions of people around the world each year, killing one in four and often more, and increasing in incidence.⁷

7. AMN Healthcare Education Services. (2014). Management of Sepsis in the Adult. Retrieved from: <https://lms.rn.com/getpdf.php/2057.pdf>

The Agency for Healthcare Research and Quality lists sepsis as the most expensive condition treated in U.S. hospitals, costing more than \$20 billion in 2011.⁴

4. Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project Statistical Brief No. 160 August 2013. National inpatient hospital costs: the most expensive conditions by payer, 2011.

At least 10 to 15% of sepsis deaths are avoidable by vaccination, hygienic measures, early detection, and prompt treatment measures.⁶

6. World Sepsis Day PRNewswire. <http://www.world-sepsis-day.org>. September 11, 2014.

Severe sepsis is a growing problem in the United States with estimates of up to 3,000,000 hospitalizations per year.⁵

5. Wang, H., Shapiro, N., Angus, D. and Yealy, D. (2007). National estimates of severe sepsis in United States emergency departments. *Critical Care Medicine*, 35(8), pp.1928-1936.

Sepsis is the number one cause of death in the ICU in the U.S.²

2. Mayr, F. B., Yende, S., & Angus, D. C. (2014). Epidemiology of severe sepsis. *Virulence*, 5(1), 4-11. <http://doi.org/10.4161/viru.27372>

30

MILLION

people worldwide are affected by sepsis¹

1.6

MILLION

diagnoses each year in the U.S.¹

3rd

LEADING

CAUSE OF DEATH

claiming over 258,000 lives in the U.S. every year¹

25-30% MORTALITY RATE

Sepsis kills more individuals than prostate cancer, breast cancer, and HIV/AIDS combined^{1*}

2/3 OF SEPTIC PATIENTS

enter the health system via the Emergency Department¹

#1 CAUSE
of hospital readmission in U.S.²

>\$24 BILLION
in annual costs in the U.S.³

#1 COST
of hospitalization in the U.S.⁴

1.5%

increase in incidence of sepsis

EACH YEAR⁷

19%

of sepsis patients are rehospitalized within 30 DAYS⁸

19%








INCREASE
in spending from 2011-2019⁹

ANTIBIOTIC ADMINISTRATION

decreases the likelihood of death by

7.6% PER HOUR⁹

Sepsis Community Care Map

Virtual	Primary Care	Urgent Care	Emergency Room	Inpatient Discharge	Skilled Nursing Facility	Home Community
						
Discuss	Discuss	Discuss	Discuss	Discuss	Discuss	Discuss
My Story My Post ICU action plan Health Literacy Patient education	My Story My Post ICU action plan Health Literacy Patient education	My Story My Post ICU action plan Health Literacy Patient education	My Story My Post ICU action plan Health Literacy Patient education	My Story My Post ICU action plan Health Literacy Patient education	My Story My Post ICU action plan Health Literacy Patient education	My Story My Post ICU action plan Health Literacy Patient education
Care	Care	Care	Care	Care	Care	Care
<ul style="list-style-type: none"> eVisits eConsults Depression Aware Patient Portal Telehealth Home Health Online support groups 	<p>Manage Comorbid Care</p> <p>Screening:</p> <ul style="list-style-type: none"> PTSD Depression Cognitive deficits Pharmacological Management Medication reconciliation and review of adherence 	<p>Is this realistic?</p> <p>Diagnostics:</p> <ul style="list-style-type: none"> Echocardiogram CT Brain MRI Brain EKG <p>What do they do now?</p> <p>Screening:</p> <ul style="list-style-type: none"> PTSD Depression 	<p>Manage Comorbid Care</p> <p>Screening:</p> <ul style="list-style-type: none"> PTSD Depression Cognitive deficits Pharmacological Management Medication reconciliation and review of 	<p>Manage Comorbid Care</p> <ul style="list-style-type: none"> Prevention ABCDEF ICU Bundle* Sepsis protocol Limit use of sedation Avoid Sleep deprivation <p>Screening:</p> <ul style="list-style-type: none"> PTSD Depression 	<p>Manage Comorbid Care</p> <p>Follow the acute care discharge plan</p> <p>Screening:</p> <ul style="list-style-type: none"> PTSD Depression Cognitive deficits <p>Consults</p> <ul style="list-style-type: none"> Cardiology Psychiatry 	<p>Follow and adhere to COPD Action Plan.</p> <ul style="list-style-type: none"> Take daily medications Use oxygen as prescribed Continue regular exercise/diet plan <p>If enrolled in home care-</p>

Next Steps

- **“Homework”**
- **Material**
- **Social Media**
- **Presenters**

Opioids Recovery Specialist

Questions?

FINANCE COMMITTEE MEMBERS:

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

**TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, OCTOBER 07, 2019
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approve of minutes (August 5, 2019)

Motion: To recommend approval of the August 5, 2019 minutes as presented.

- II. Public Comments

- III. Financial Review – Mr. Bailey

- IV. Sterile Processing Cart Washer – Mr. Graybill

Motion: To recommend to the Board of Directors to approve the purchase of the replacement Sterile Processing Cart Washer at a total cost not to exceed the amount of \$180,360.00

- V. Stretcher Replacement Project – Mr. Graybill

Motion: To recommend to the Board of Directors to approve the purchase of the Replacement Stretchers at a total cost not to exceed the amount of \$169,463.00.

- VI. Pension Investment Assumption Rate – Mr. Bailey

Motion: To recommend to the Board of Directors to approve reducing the pension assumption rate for the defined benefit plan from 7.6% to 7.35% for the 10/1/2019 valuation.

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

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

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

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

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

A regular meeting of the Budget and Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on August 5, 2019 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairperson
Peggy Crooks, Vice Chairperson
Jerry Noffel (1:31 p.m.)
Elizabeth Galfo, M.D. (1:31 p.m.)
Robert Jordan, Jr., C.M.
Billie Fitzgerald
Herman A. Cole, Jr.
Joseph Rojas, M.D.
Christopher Manion, M.D.
George Mikitarian (non-voting)

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 1:30 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Cole and approved (7 ayes, 0 nays, 0 abstentions). Mr. Noffel and Dr. Galfo were not present at the time the vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE MAY 6, 2019 AND JUNE 3, 2019 MEETING MINUTES, AS PRESENTED.

PUBLIC COMMENTS

There were no public comments.

FINANCIAL REVIEW

Mr. Bailey summarized the June 2019 financial statements.

MARKET COMMENTARY

Messrs. John and Tim Andersen provided the committee market commentary.

CHILLER REPLACEMENT PORT ST. JOHN

Mr. Bailey summarized the memorandum contained in the agenda packet relative to the Port St. John Chiller Replacement. Mr. Bailey noted he is reporting back to the Committee the previous approval per the Emergency Replacement Policy. No further action is necessary.

CSI EQUIPMENT LEASING/RADIOLOGY

Mr. Bailey summarized the memorandum contained in the agenda packet relative to the CSI equipment lease for Radiology. Discussion ensued and the following motion was made by Ms. Crooks, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions). Dr. Manion was not present at the time the vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE CSI MASTER LEASE AND SCHEDULE ONE AS PRESENTED.

FY 2020 CAPITAL BUDGET

Mr. Bailey summarized the memorandum contained in the packet relative to the 2020 Capital Budget. Discussion ensued and the following motion was made by Ms. Crooks, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions). Dr. Manion was not present at the time the vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE FISCAL YEAR 2020 CAPITAL BUDGET IN THE AMOUNT OF \$2,000,000.

FY 2019 MAJOR BUDGET VOLUME ASSUMPTIONS & OPERATING BUDGET

Mr. Bailey summarized the memorandum contained in the packet relative to the 2020 Major Budget Volume Assumptions and Operating Budget. Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions). Dr. Manion was not present at the time he vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE ADJUSTED FISCAL YEAR 2020 MAJOR BUDGET VOLUME ASSUMPTIONS AND 2020 OPERATING BUDGET WITH A HOSPITAL MARGIN OF 5.6% AND TOTAL EBIDA MARGIN OF 6.6% AS PRESENTED.

PUBLIC HEARING DATES

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

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 2:25 p.m.

Stan Retz
Chairperson



MEMORANDUM

To: Finance Committee

From: Matthew F. Graybill, Executive Director of Surgical, Emergency and Critical Care Services

Subject: Sterile Processing Cart Washer

Date: September 9, 2019

This request is for the budgeted capital replacement of the Sterile Processing cart washer at Parrish Medical Center (PMC).

The current cart washer in Sterile Processing was purchased in 2002 when this facility was opened and has outlived its life expectancy. Over the last few years we have seen an increase in repair needs, and since October 2018 we have had 10+ repair requests leading to significant down time of the washer. This has led to manual washing which increases risks of contamination and employee injury.

Biomedical Engineer has a system of grading/rating the condition of equipment including factors such as age, obsolescence, repair history, etc. The scale used to score the equipment ranges from a one (1) being Excellent to a four (4) being Poor. The assessment based upon this scoring has the incumbent as a four (4) or being in Poor condition. .

If we do not replace this equipment, manual cart washing would be required. This may lead to an increase in infection risk, contamination risk, possibly employee injury, and added cost for staff to have to perform manually.

Representatives from the Acute Care Services, Clinical Engineering, Finance, Perioperative Services, and more have been involved in the analysis, evaluation, and the decision and we will continue their involvement as we work through the process and due diligence as described.

Motion: To recommend to the Board of Directors to approve the purchase of the replacement Sterile Processing Cart Washer at a total cost not to exceed the amount of \$180,360.



MEMORANDUM

To: Finance Committee

From: Matthew F. Graybill, Executive Director of Surgical, Emergency and Critical Care Services

Subject: Stretcher Replacement Project

Date: September 9, 2019

This request is for the budgeted capital replacement of patient stretchers throughout Parrish Healthcare (PHC).

A full assessment of our stretcher fleet was conducted in early 2019. At that time it was identified that, PHC owned approximately 98 total stretchers. Roughly 20 of these are located at offsite campuses such as Titus Landing, Port St. John and our Wound Care Center. At Parrish Medical Center (PMC) there are approximately 78 stretchers of different kinds including some that are only available to use for specialty needs such as Ophthalmology Surgery, and some that are very old and immobile, thus are stored/used in locations where they can remain fixed (i.e. Stress Lab). There are about 12 specialty stretchers. This leaves approximately 66 stretchers for everyday use at PMC main campus. The average age of a PHC stretcher is 12.9 years. The range is from 1 year to 28 years. The median age is 15 years.

Biomedical Engineering has a system of grading/rating the condition of equipment including factors such as age, obsolescence, repair history, etc. The scale used to score the equipment ranges from a one (1) being Excellent to a four (4) being Poor. The assessment based upon this scoring showed that 81% stretchers in our total fleet are scored a four (4). 5% are scored a three (3). 8% are scored a two (2). And only 3% are scored as a one (1). 3% were left as un-scored.

Starting this year, we are seeking to replace around 25 stretchers per year over the next 3 years, whereby we will eliminate all/most of the *poor* scoring and discontinued fleet of stretchers currently in circulation. As we would approach year 4, we will reconcile and determine the status and condition of the remaining inventory, as well as, continue to assess stretcher par needs, usage reports, volume and growth, etc. whereby we predict we will be able to reduce this number for replacement/addition to somewhere between 5-10 each year over the following 3 years or so. By Year 7-8, the Year 1 inventory will be starting to age again, and thus, continued assessment will occur.

Representatives from the Acute Care Services, Clinical Engineering, Finance, Administration, and more have been involved in the analysis, evaluation, and the decision and we will continue their involvement as we work through the process and due diligence as described.

Motion: To recommend to the Board of Directors to approve the purchase of the Replacement Stretchers at a total cost not to exceed the amount of \$169,463.

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. #
Refrigerator MOVEABLE EQUIP	030286	3/11/15	1693.48	-	Obsolete / No Longer have	931.50	1.430
Refrigerator	030287	3/11/15	1693.48	-	↓	931.50	1.430
Refrigerator	030288	3/11/15	1693.48	-		931.50	1.430
Refrigerator	030289	3/11/15	1693.48	-		✓	931.50

Requesting Department Pharmacy 1.430 * Department Director *Dominick Doria*
 Net Book Value (Finance) *J. Franco 9/25/19* EMC Member *B. [Signature] 9.27.19*
 VP Finance *Kent Bailey 2/27/19* President/CEO _____
 Board Approval: (Date) _____ VP Finance Signature *[Signature] 9/20/19*
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

12/19/18

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 #
Mobile Floor, ANKLE	028854	8/8/07	3,049.39	-	Never seen r+ / OBSOLETE	0	1.441
Treadmill	018749	4/18/96	5,022.50	-	OBSOLETE	0	1.441
Rowing	023023	4/18/95	700.00	-	OBSOLETE	0	1.441
Heating unit	02374	4.1.99	1,114.97	-	OBSOLETE	0	1.441

Requesting Department Rehab Department Director Marsha Quinn 9/10/19
 Net Book Value (Finance) 0 Airfrans 9/25/19 EMC Member Debra 9/27/19
 VP Finance Jim Bradley 9-27-19 President/CEO [Signature] 9/30/19
 Board Approval: (Date) _____ VP Finance Signature _____
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

12/19/18

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. #
NETWORK ID Mat	023897	10/97	1052	-		1052	1.471

Requesting Department Rehab Department Director Manisha Ch... 9/20/19
 Net Book Value (Finance) #1052 R. Fanning 9/25/19 EMC Member Dean... 9/27/19
 VP Finance Ant Bailey 7-27-19 President/CEO _____
 Board Approval: (Date) _____ VP Finance Signature [Signature] 9/26/19
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

12/19/18

Asset Inquiry

Facility: SYSTEM
Asset: KN023897
Status: ACTIVE

Class: ARTWORK
Department: 1.471

- General
- Amounts
- GL Distribution
- Schedules
- Comments
- CDS

	Value	Current Amount	Amount to Add	New Amount
1	COST	1052.00		1052.00
2	ACC DEPR	0		0.00
3	BOOK	1052.00		1052.00
4	SALVAGE	0		0.00
5	COST-SALVAGE	1052.00		1052.00
6				
7				
8				
9				
10				

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. #
Wall mounted Bands	017633	9/6/87	733.30	—	obsolete	0	1.481
Fluoro ultra 115	017393	11/3/93	5445.	—	obsolete	0	1.481
Recum stepper	018200	4/9/96	1890	01666	obsolete	0	1.481
UBC Cyber	019201	3/24/97	2530	01435	obsolete	0	1.481
Deep tank turb	021156	5/5/00	1238	—	obsolete	0	1.481
Pt. lift transfer	027566	10/10/02	4844.11	01421	obsolete	0	1.481
" " "System	027670	10/10/02	48.44.11	00802	obsolete	0	1.481
Multihip	015083	12/11/97	2515		obsolete	0	1.481

Requesting Department Rehab Department Director MCL 9/20/19
 Net Book Value (Finance) \$0 EMC Member D. Francis 9/25/19
 VP Finance Kurt Seiler 9/20/19 President/CEO
 Board Approval: (Date) _____ VP Finance Signature M 9/20/19
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

12/19/18



Device Details - CTM Tag #: 0071-01666

Device Details

Entity: 0071 - Parrish Medical Cent
 CTM Tag #: 01666
 Status:: Active
 Entity Tag #: none
 Old Tag #: 03514
 Cost Ctr/Dept: Physical Therapy (1481)
 Manufacturer: Life Plus
 Description: Exercise Unit, Stair Climber
 Common Name:
 Vendor Sys ID:
 Model: TRS3000
 Serial: 305339
 Building: PSM
 Location: PSM

Mission Critical: No
 On Schedule B: Yes

Purchasing Info

Purchase Date: 12/08/1998
 Cost: \$367.00
 PO: 00488
 Date In Service: 06/10/2004
 End of Support:

Warranty Info

Start Date:
 Parts ends on:
 Labor ends on:
 Svc Contract:

Service Info

Service Coverage: Time and Materials
 PM Schedule:
 Risk Level: Inappropriate Therapy or Misdiagnosis
 Physical Condition: Average
 Tech Level: Average (Current)
 Software Version:

WO Summary

Corrective Maintenance (CM) Last Opened: <u>20263 on 05/13/2008</u> Last Completed: <u>20263 on 05/16/2008</u> Total Opened: 4

Preventative Maintenance (PM) Last Opened: Last Completed: Total Opened: 0

Work Order History

WO #	Type	Description	Opened	Status	Closed
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Device Details - CTM Tag #: 0071-01435

Device Details

Entity: 0071 - Parrish Medical Cent
 CTM Tag #: 01435
 Status:: Active
 Entity Tag #: KN019201
 Old Tag #: 03137
 Cost Ctr/Dept: Physical Therapy (1481)
 Manufacturer: CYBEX
 Description: Exercise Unit, Mechanical
 Common Name:
 Vendor Sys ID:
 Model: 2460
 Serial: 2470P188812
 Building: Health & Fitness
 Location: 1st floor

Mission Critical: No
 On Schedule B: Yes

Purchasing Info

Purchase Date: 03/25/1997
 Cost: \$2,530.00
 PO: 55818
 Date In Service: 05/25/2004
 End of Support:

Warranty Info

Start Date:
 Parts ends on:
 Labor ends on:
 Svc Contract:

Service Info

Service Coverage: Time and Materials
 PM Schedule:
 Risk Level: Inappropriate Therapy or Misdiagnosis
 Physical Condition: Average
 Tech Level: Average (Current)
 Software Version:

WO Summary

<p>Corrective Maintenance (CM)</p> <p>Last Opened: Last Completed: Total Opened: 0</p>
--

<p>Preventative Maintenance (PM)</p> <p>Last Opened: Last Completed: Total Opened: 0</p>
--

Work Order History

WO #	Type	Description	Opened	Status	Closed
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Device Details - CTM Tag #: 0071-01421

Device Details

Entity: 0071 - Parrish Medical Cent
 CTM Tag #: 01421
 Status:: Active
 Entity Tag #:
 Old Tag #:
 Cost Ctr/Dept: Physical Therapy (1481)
 Manufacturer: Arjo
 Description: Hoist, Patient
 Common Name:
 Vendor Sys ID:
 Model: ALENTI
 Serial: 0228083
 Building: Main
 Location: 1st floor

Mission Critical: No
 On Schedule B: Yes

Purchasing Info

Purchase Date: 03/13/2003
 Cost: \$2,297.00
 PO:
 Date In Service: 05/21/2004
 End of Support:

Warranty Info

Start Date:
 Parts ends on:
 Labor ends on:
 Svc Contract:

Service Info

Service Coverage: Full Service (Standard Hrs)
 PM Schedule:
 Risk Level: Potential Cause of Patient Injury
 Physical Condition: Average
 Tech Level: Average (Current)
 Software Version:

WO Summary

Corrective Maintenance (CM)
Last Opened:
Last Completed:
Total Opened: 0

Preventative Maintenance (PM)
Last Opened: <u>2467 on 01/01/2005</u>
Last Completed: <u>2467 on 01/11/2005</u>
Total Opened: 1

Work Order History

WO #	Type	Description	Opened	Status	Closed
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Device Details - CTM Tag #: 0071-00802

Device Details

Entity: 0071 - Parrish Medical Cent
 CTM Tag #: 00802
 Status:: Active
 Entity Tag #: KN027670
 Old Tag #: 05145
 Cost Ctr/Dept: Physical Therapy (1481)
 Manufacturer: Arjo
 Description: Hoist, Patient
 Common Name:
 Vendor Sys ID:
 Model: ALENTI
 Serial: SEE0228082
 Building: Main
 Location: 3rd floor/PT

Mission Critical: No
 On Schedule B: Yes

Purchasing Info

Purchase Date: 10/09/2002
 Cost: \$2,297.00
 PO: 0105028
 Date In Service: 06/16/2004
 End of Support:

Warranty Info

Start Date:
 Parts ends on:
 Labor ends on:
 Svc Contract:

Service Info

Service Coverage: Full Service (Standard Hrs)
 PM Schedule:
 Risk Level: Potential Cause of Patient Injury
 Physical Condition: Average
 Tech Level: Average (Current)
 Software Version:

WO Summary

Corrective Maintenance (CM)
 Last Opened: 15830 on 07/24/2007
 Last Completed: 15830 on 08/03/2007
 Total Opened: 4

Preventative Maintenance (PM)
 Last Opened: 2459 on 01/01/2005
 Last Completed: 2459 on 01/11/2005
 Total Opened: 1

Work Order History

WO #	Type	Description	Opened	Status	Closed
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Healing Families – Healing Communities®

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Finance Committee

FYTD August 31, 2019 – Performance Dashboard

Indicator	Actual 2019	Budget 2019	FYTD 2018
IP Admissions	5,260	5,431	5,535
LOS	4.5	4.4	4.7
Surgical Procedures	6,225	5,755	5,861
ED Visits	34,625	37,778	36,905
OP Volumes	164,895	189,601	163,929
Hospital Margin %	3.3%	3.0%	3.3%
Investment Income \$	\$2.6 million	\$4.1 million	\$5.2 million
EBIDA Margin %	0.5%	3.4%	4.6%

EXECUTIVE COMMITTEE

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

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, OCTOBER 7, 2019
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes

Motion to approve the minutes of the August 5, 2019 meeting.
- II. Reading of the Huddle
- III. Public Comment
- IV. Report from Titusville City Council Liaison – Scott Larese
- V. Radiology Services – Mr. Waterman
- VI. Attorney Report – Mr. Boyles
 - A. CEO Compensation
- VII. Other
- VIII. Executive Session (if necessary)

ADJOURNMENT

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

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

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 5, 2019 in the Executive Conference Room. The following members were present:

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

Members Absent:
None

Also in attendance were the following Board members:

Ashok Shah, M.D.
Billie Fitzgerald
Maureen Rupe
Jerry Noffel

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 12:38 p.m.

CITY LIAISON

The Quality Committee suspended its agenda and the Executive Committee convened at 12:38 p.m. for the purpose of the report from the City Manager, Mr. Scott Larese. Mr. Larese distributed the latest copy of the Titusville Talking Points and updated the committee concerning new developments around the City. The Committee recessed at 12:49 p.m. to resume the Quality Committee.

REVIEW AND APPROVAL OF MINUTES

The Executive Committee reconvened at 2:40 p.m. 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 THAT THE MINUTES OF THE MAY 6, 2019 MEETING AND THE JUNE 3, 2019 MEETING ARE APPROVED AS PRESENTED.

READING OF THE HUDDLE

Dr. Galfo read the Weekly Huddle.

PUBLIC COMMENT

There were no public comments.

CODE OF BUSINESS ETHICS AND BUSINESS CONDUCT

Mr. Jackson summarized the resolution contained in the agenda packet relative to the Amendment and Restatement of the Code of Business Ethics and Business Conduct. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE RESOLUTION TO BE PRESENTED TO THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER REGARDING THE APPROVAL OF THE AMENDMENT AND RESTATEMENT OF THE CODE OF BUSINESS ETHICS AND BUSINESS CONDUCT OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT D/B/A PARRISH MEDICAL CENTER, AS PRESENTED.

OPEN FORUM FOR PHYSICIANS

No physicians spoke.

ATTORNEY REPORT

No Attorney report was presented.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 2:43 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.
Maureen Rupe
Ashok Shah, M.D.
Joseph Rojas, 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 7, 2019
IMMEDIATELY FOLLOWING EXECUTIVE SESSION
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

I. Review and Approval of Minutes

Motion to approve the minutes August 5, 2019 meeting

II. ACHE – Mr. Loftin

III. Board Assessment Questionnaire – Mr. Lifton

IV. Other

IV. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on August 5, 2019, at 3:10 p.m. in the Executive Conference Room, Second Floor. The following members were present:

Billie Fitzgerald, Chairperson
Herman A. Cole, Jr.
Elizabeth T. Galfo, M.D.
Maureen Rupe
Ashok Shah, M.D.
Joseph Rojas, M.D.
George Mikitarian (non-voting)

Member(s) Absent:
None

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

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 3:10 p.m.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Ms. Crooks, seconded by Mr. Jordan, and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF MAY 6, 2019 AND JUNE 3, 2019, AS PRESENTED.

PARTNERS IN HEALING

Chaplain Smith summarized for the committee the Parrish Medical Center Partners in Healing program, noting this service has partnered with the St. Gabriel's Episcopal Church No One Hungry program. Deacon Clark shared with the committee patient testimonials, emphasizing the importance of this partnership and the success of this program.

EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS
COMMITTEE
AUGUST 5, 2019
PAGE 2

OTHER

No other items were presented.

ADJOURNMENT

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

Billie Fitzgerald
Chairperson



Healing Families – Healing Communities®

parrishmed.com

3 Examples of applying Safety Across the Board

- Culture of Safety- Governance Leadership
- Transitions in Care-PSMF APSS
- Integrated Care-TJC

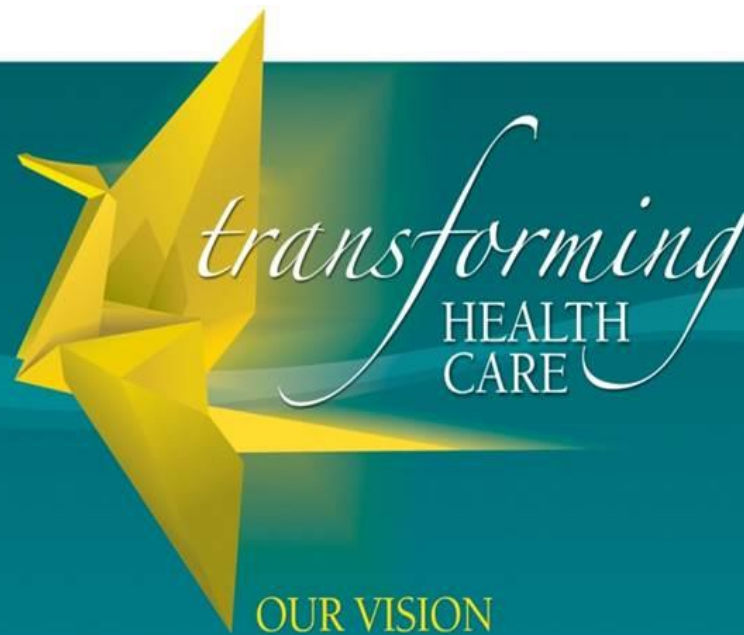
Transformational Journey

Serving as One of America's Finest Healing Healthcare Systems

- Serving Brevard County for 60 years
- Primary Service area = population 100,000+/-
- 210-bed acute care medical center
- Opened evidence-based healing hospital in 2002
- Care partners include 1200 employees, 300 volunteers and 165 physicians serving North Brevard County
- Member of the Mayo Clinic Care Network, the first in Central Florida



Culture of Safety



OUR VISION

Healing Families — Healing Communities®

OUR SHARED VALUES

Safety • Loyalty • Integrity • Compassion
Excellence • Stewardship

OUR MISSION

Healing Experiences for Everyone All the Time®

Transformational Journey

The Game Plan!



It matters which hospital you use.

Parrish Medical Center is among the nation's best in clinical care and patient experience, all while remaining Florida's lowest-cost hospital.

- Central Florida's No. 1 hospital
- America's No. 5 independent public hospital
- In the top 10 percent of all U.S. hospitals (No. 186 of 2,985)
- The most highly-rated General Clinical Hospital in all No. 1, 301, of 1,742 places before Parrish Medical Center
- Other Florida hospitals scored even lower!

#1 Hospital in Central Florida

HEALING EXPERIENCES FOR EVERYONE ALL THE TIME

GAME PLAN HIGHLIGHTS | APRIL 2018

Report of the Mission:

1. **Improve the Patient Patient-Take-Back Strategy**
The Patient-Take-Back Strategy (PTBS) is a key component of our patient experience strategy. It is designed to ensure that patients who are unable to pay for their care are not denied care. The PTBS is a key component of our patient experience strategy. It is designed to ensure that patients who are unable to pay for their care are not denied care.
2. **Cost Center Audit/Integration**
The Cost Center Audit/Integration (CCA) is a key component of our patient experience strategy. It is designed to ensure that patients who are unable to pay for their care are not denied care.

At a Glance in Progress (Using Year-to-Date Spreadsheets):

- 1. **Improve the Patient Patient-Take-Back Strategy**
- 2. **Cost Center Audit/Integration**

Minimum Steps of the Month (Target of Assessment on Hospital):

1. **Improve the Patient Patient-Take-Back Strategy**
2. **Cost Center Audit/Integration**

Game Plan

Educate

HEALING COMMUNITIES GAME PLAN SCORE CARD (Quality)

Measure	Target	Actual	Score
Community Health Assessment	100%	100%	100%
Community Health Improvement Plan	100%	100%	100%
Community Health Improvement Plan Implementation	100%	100%	100%
Community Health Improvement Plan Evaluation	100%	100%	100%

Assess

HEALING EXPERIENCE GAME PLAN SCORE CARD (Service)

Measure	Target	Actual	Score
Healing Experience for Patients and Families	100%	100%	100%
Healing Experience for Patients and Families (Patient Satisfaction)	100%	100%	100%
Healing Experience for Patients and Families (Patient Safety)	100%	100%	100%
Healing Experience for Patients and Families (Patient Access)	100%	100%	100%

Understand (Outpatient)

HEALTHY PEOPLE 2020 SECURITY GAME PLAN SCORE CARD (Quality/Targets)

Measure	Target	Actual	Score
Healthy People 2020 Security	100%	100%	100%
Healthy People 2020 Security (Patient Safety)	100%	100%	100%
Healthy People 2020 Security (Patient Access)	100%	100%	100%
Healthy People 2020 Security (Patient Satisfaction)	100%	100%	100%

Care (Inpatient)

ENGAGED PARTNERS GAME PLAN SCORE CARD (Program)

Measure	Target	Actual	Score
Engaged Partners	100%	100%	100%
Engaged Partners (Patient Safety)	100%	100%	100%
Engaged Partners (Patient Access)	100%	100%	100%
Engaged Partners (Patient Satisfaction)	100%	100%	100%

Maintain

COMMUNITY INVESTMENT GAME PLAN SCORE CARD (Programs)

Measure	Target	Actual	Score
Community Investment	100%	100%	100%
Community Investment (Patient Safety)	100%	100%	100%
Community Investment (Patient Access)	100%	100%	100%
Community Investment (Patient Satisfaction)	100%	100%	100%

Safe Care Our Pledge

- ✔ We will save lives with our healing safe care practices.
- ✔ We advocate for patient safety and healthcare equity.
- ✔ We partner with patients, family members, and the communities we serve to fulfill our mission to provide healing experiences for everyone all the time.®
- ✔ We affirm the patient's right to define who family members are.
- ✔ We collaborate to achieve healthcare safety across the care continuum, working with other like-minded people, groups, organizations and systems that promote, integrate and activate patients and families as partners for the purpose of preventing and eliminating harm and improving access to safe, quality care.

WE PERSONALLY COMMIT TO:

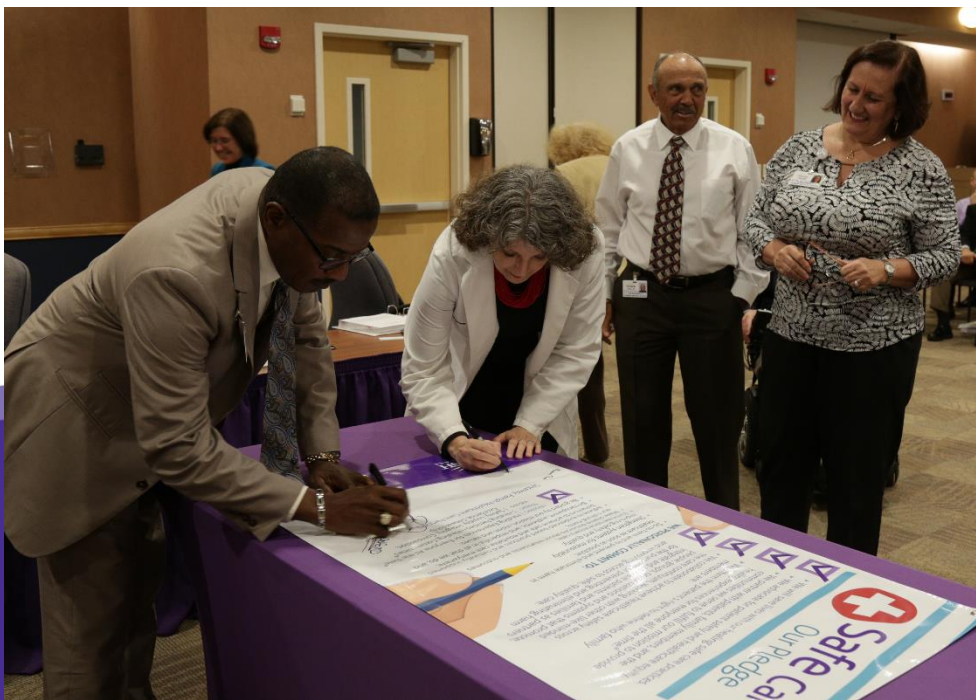
- Do no harm and to prevent and eliminate harm in healthcare;
- Strengthen systems for measurably improving safety and quality;
- Eliminate unnecessary care;
- Make shared decisions about treatments and outcomes our cultural norm;
- Adhere to evidenced-based practices and culturally supported behaviors to achieve safe and equitable care everywhere;
- Be transparent, authentic, and respectful in all that we do, and
- Be guided by our mission, vision and values:



Mission |
Vision |
Values |

Healing Experiences for Everyone All the Time®
Healing Families—Healing Communities®
Safety, Loyalty, Integrity, Compassion,
Excellence, Stewardship

Sincerely, Parrish Healthcare Care Partners

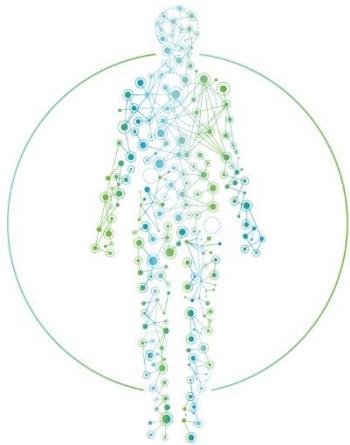


Healing Families – Healing Communities®
parrishmed.com

Transitions in Care

Putting Evidence into Practice

The Vision of ZERO



Patient Safety

M O V E M E N T

Seven Strategic Goals

Seven Strategic Goals

1. Unify the healthcare ecosystem (hospitals, healthcare technology companies, government agencies, policy makers, patient advocates, clinicians, engineers, payers, etc.)
2. Identify the challenges that are killing patients to create actionable solutions (Actionable Patient Safety Solutions)
3. Ask hospitals to implement Actionable Patient Safety Solutions (APSS)
4. Ask healthcare technology companies to share the data their devices generate in order to create a Patient Data Super Highway to help identify at-risk patients
5. Promote transparency and aligned incentives
6. Promote patient dignity & love
7. Educate providers, health professionals in training, patients, and families about patient safety.



Our Network

1. Hospitals & Healthcare Organizations

- Make a *Commitment*

2. Partners

- Sign the *Commitment to Action* letter

3. Healthcare Technology Companies

- Sign the *Open Data Pledge*

4. Patient & Family Advocates

- Share their *Patient Story*

5. Policy Makers

- Increase awareness and promote patient safety *Legislation*



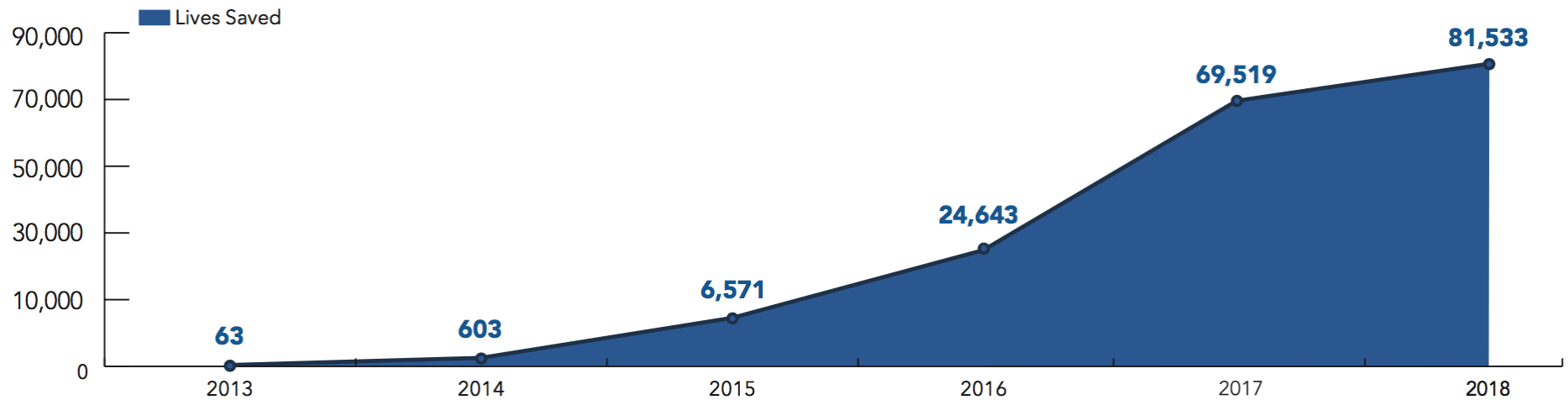
Actionable Patient Solutions (APSS)

<p>1. Culture of Safety</p>	<p>2. Healthcare Associated Infections</p> <p>2A 2B 2C 2D 2E 2F</p>	<p>3. Medications</p> <p>3A 3B 3C 3D 3E</p>	<p>4. Failure to Rescue: Monitoring for Opioid-induced Respiratory Depression</p>
<p>5. Anemia & Transfusions</p>	<p>6. Hand-off Communications</p>	<p>7. Neonatal Safety</p> <p>7A 7B</p>	<p>8. Airway Safety</p> <p>8A 8B</p>
<p>9. Sepsis</p> <p>9A 9B</p>	<p>10. Prevention & Resuscitation of In-Hospital Cardiac Arrest</p>	<p>11. Obstetric Safety</p> <p>11A 11B 11C</p>	<p>12. Embolic Events</p> <p>12A 12B</p>
<p>13. Collaborative Care Planning in Mental Health</p>	<p>14. Falls & Fall Prevention</p>	<p>15. Nasogastric Feeding & Drainage Tube Placement & Verification</p>	<p>16. Person & Family Engagement</p>

1	Culture of Safety
2	Healthcare-Associated Infections (HAIs) 2A Hand Hygiene 2B Catheter-Associated Urinary Tract Infections (CAUTI) 2C Surgical Site Infections (SSI) 2D Ventilator-Associated Pneumonia (VAP) 2E Clostridium Difficile Infection (CDI) 2F Central Line Associated Blood Stream Infections (CLABSI)
3	Medications 3A Medication Errors 3B Antimicrobial Stewardship 3C Improve Prevention of Insulin-Induced Hypoglycemia 3D Pediatric Adverse Drug Events (PADEs) 3E Standardizing and Safeguarding Acute Medication Administration
4	Failure to Rescue: Monitoring for Opioid-induced Respiratory Depression
5	Anemia & Transfusions
6	Hand-off Communications
7	Neonatal Safety 7A Suboptimal Neonatal Oxygen Targeting 7B Failure to Detect Critical Congenital Heart Disease (CCHD) in Newborns
8	Airway Safety 8A Safer Airway Management 8B Unplanned Extubation
9	Early Detection & Treatment of Sepsis 9A Early Detection & Treatment of Sepsis (HIC) 9B Early Detection & Treatment of Sepsis (LMIC)
10	Prevention and Resuscitation of In-Hospital Cardiac Arrest
11	Optimizing Obstetric Safety 11A Postpartum Hemorrhage (PPH) 11B Pre-eclampsia 11C Reducing Unnecessary C-Sections
12	Embolic Events 12A Venous Thromboembolism 12B Air Embolism
13	Collaborative Care Planning in Mental Health
14	Falls & Fall Prevention
15	Nasogastric Feeding Tube and Drainage Tube Placement and Verification
16	Person & Family Engagement

Impact to Date

Lives Saved Annually by Committed Hospitals*

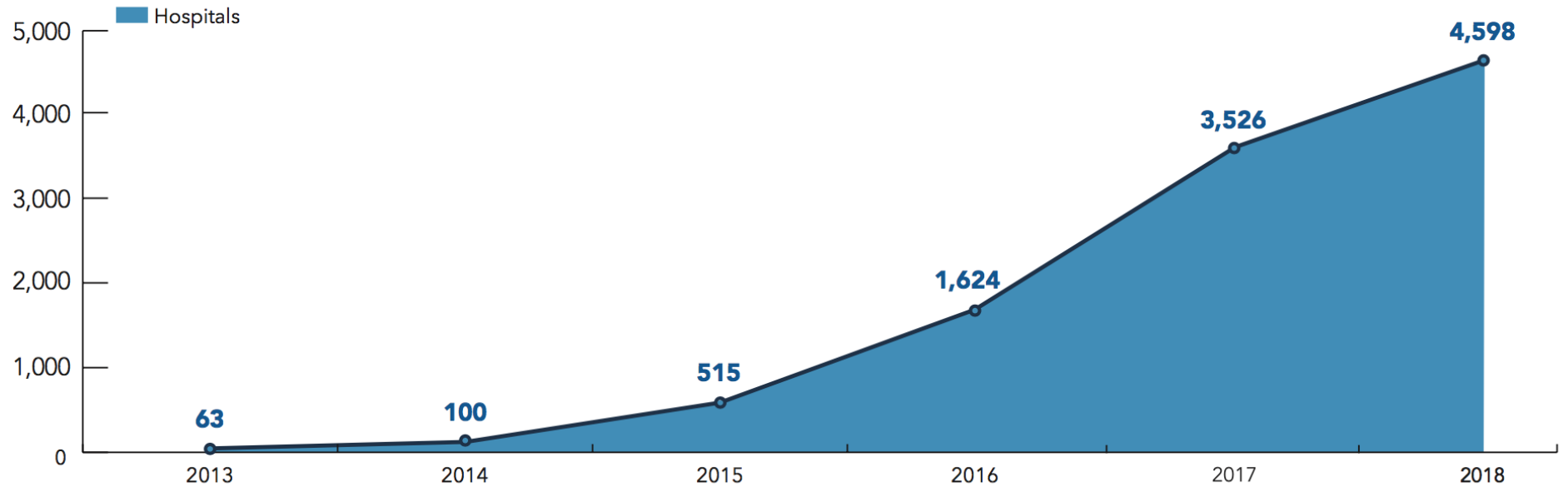


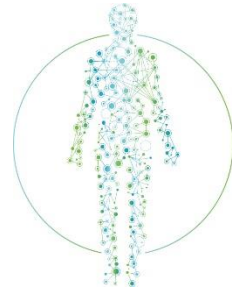
*Numbers are based on self-reported data provided by hospitals



Impact to Date

Hospitals Committed to ZERO





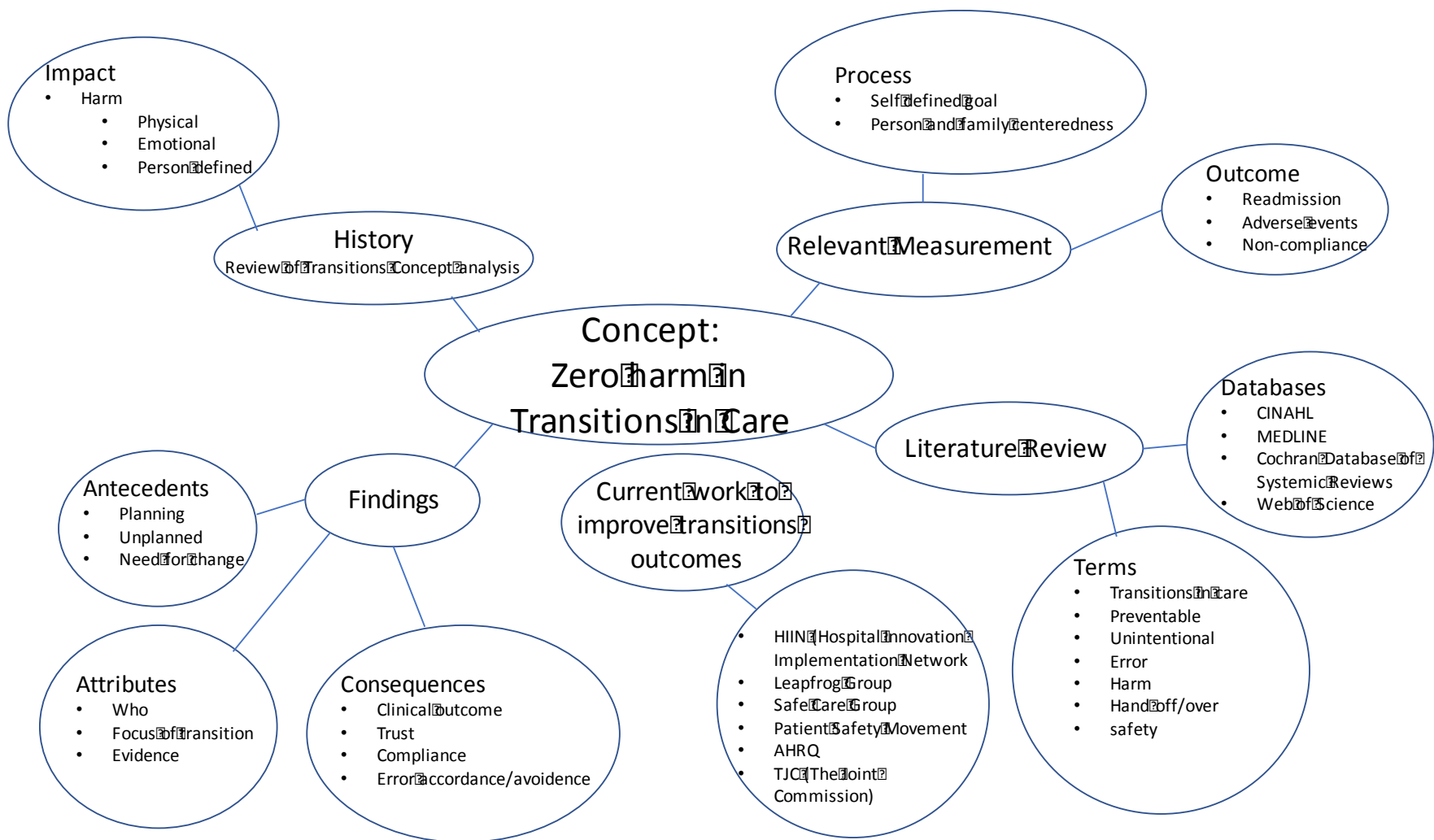
Patient Safety
MOVEMENT

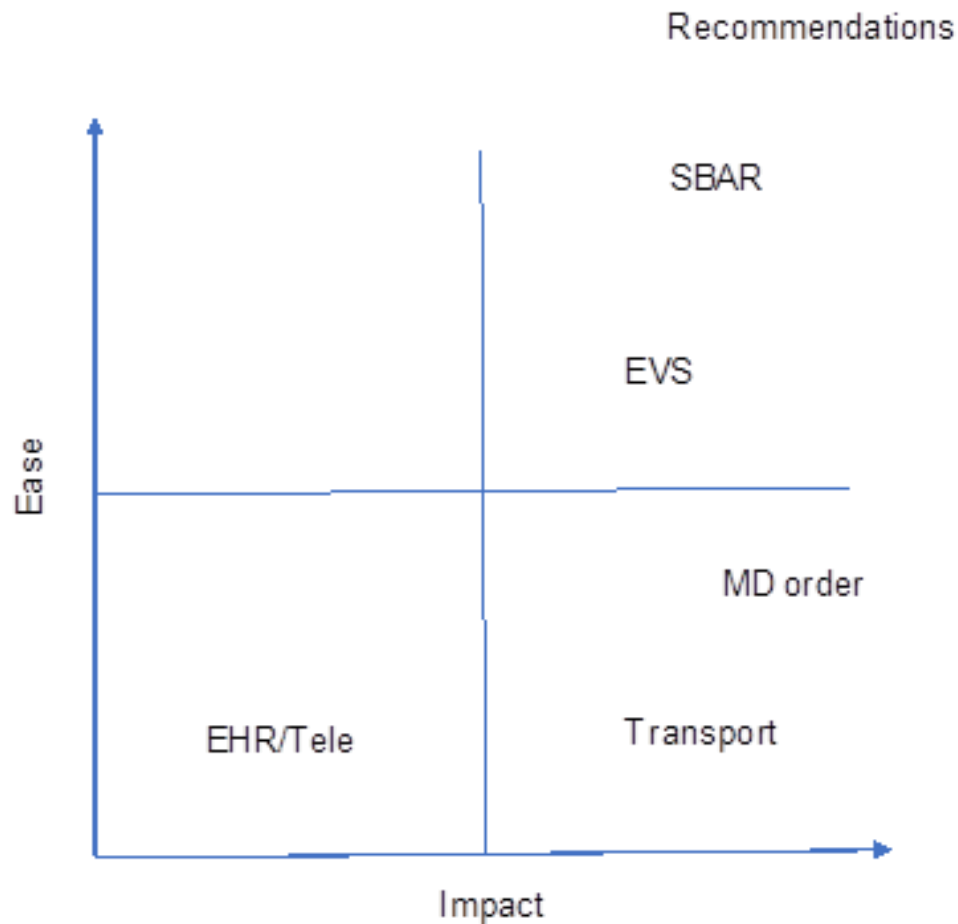
APSS in Action: Transitions in Care

Using Evidence based information from the PSMF and Performance Improvement methods and tools, what can be done.

Health Care errors are the 3rd leading cause of death in the US. Of those errors 40-60 % occur in transitions

Eliminate preventable
harm in transitions from
ED to Med/Surg; A
Doctoral Project.





Giving Report-

- Utilize EHR SBAR
- ED RN no longer call report
- When bed assigned accepting RN will review SBAR
- Additional Info (2 options)
 - Add comments to SBAR
 - Ensure access to secure texting

PMC
Evidence based Safe Hand-Off
ED to Med/Surg

DRAFT

S (Situation)

- Introduction of person- name, age, and baseline physiology
- Chief complaint on arrival
- Advanced Directives
- Allergies
- Admitting Diagnosis and Provider

B (Background)

- Past Medical History- chronic and relevant acute conditions, home medications
- Diagnostics- abnormal and relevant lab and imaging information
- Diagnostics awaiting results
- Current Condition/Problems: self-management goal, medical and nursing

A (Assessment)

- Current Status- any change from presenting condition
- Neurological status
- Vital Signs
- Assessment of condition related to admitting diagnosis
- Any abnormal findings- skin, wound
- Response to treatments including medications
- Health Literacy initiation

R (Recommendation)

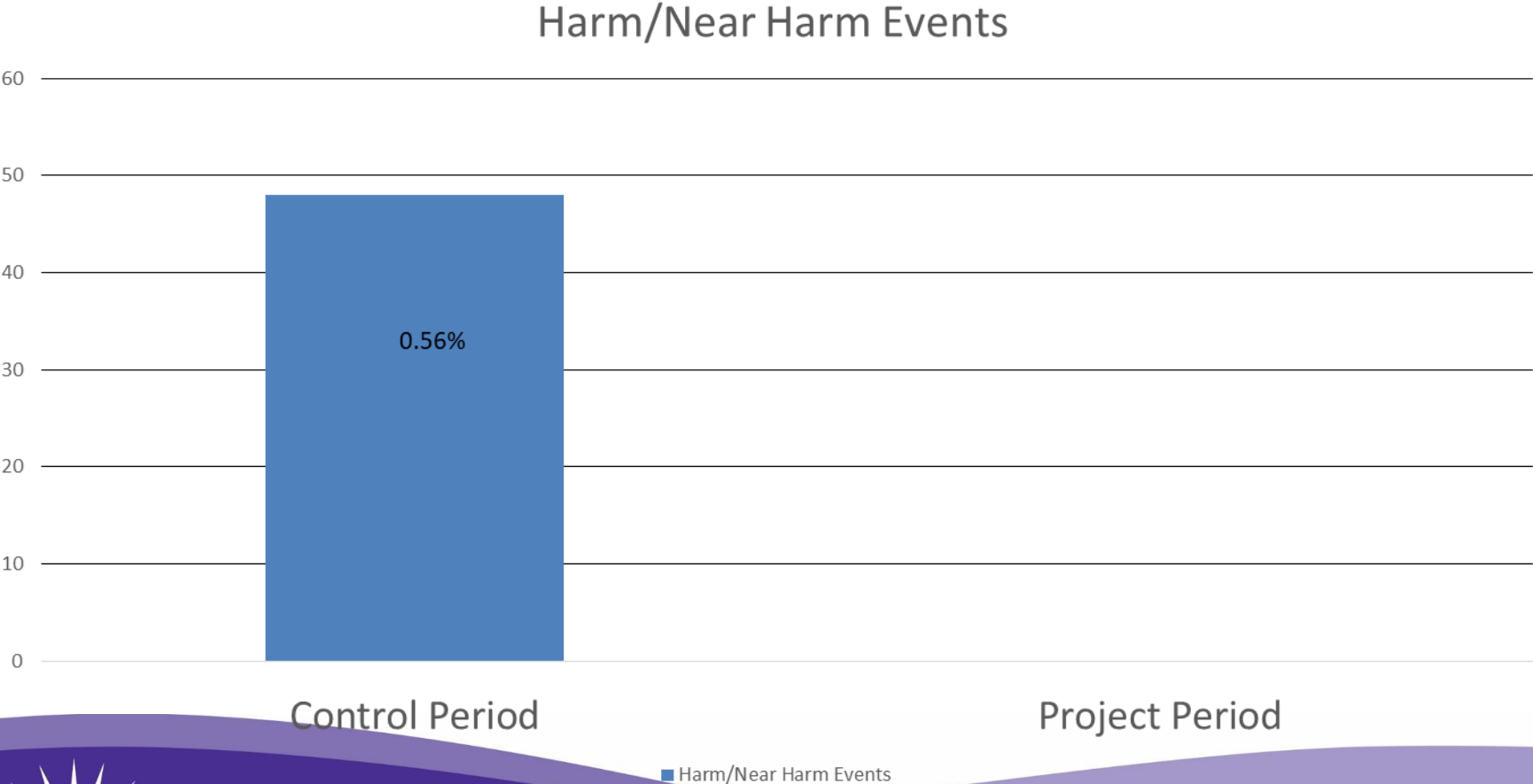
- Interventions needed within next 2 hours
- Current and anticipated person and family concerns and needs
- Review of problems and plan of care
- Review of self-management goal
- My- Story

Face to Face

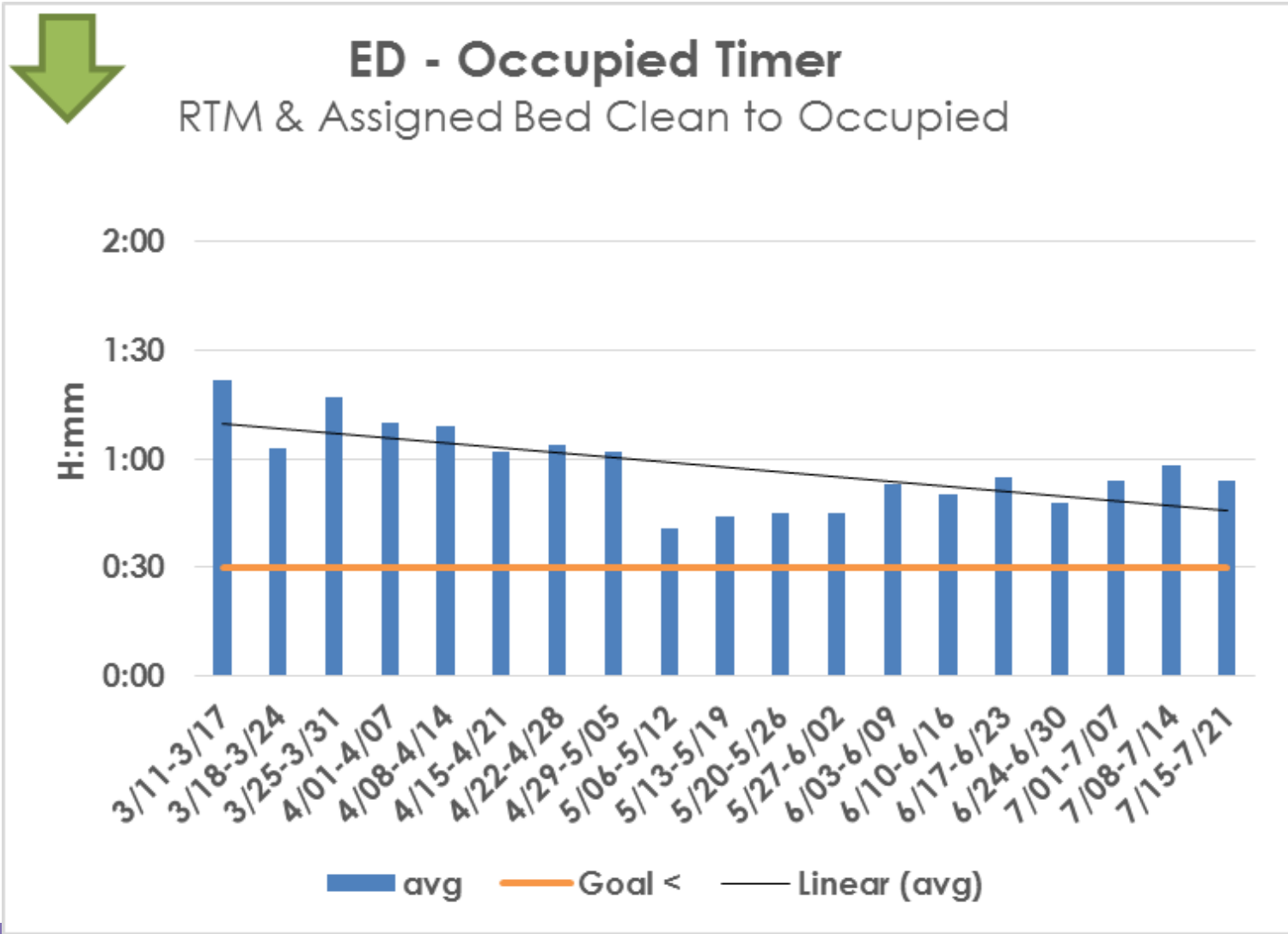
- Person, family, RN and RN actively participate in transition to Med/Surg location



Objective 1: Develop and implement a process for person centered transition in care from the ED to Med/Surg to eliminate harm.



Icing on the Cake



Integrated Care

What is Integrated Care?

Coordinated?

Owned?

Matrix?

Partnered?

Linear?

Joint Commission

Certified Integrated Care is:

- An evaluation of the integration of care across health care settings.
- Evidence based standards that focus on the integration of care between hospitals, ambulatory care, home care, and skilled nursing.
- Standards that reflect person and family centered care across continuum.
- Third party evaluation of essential connections of clinical care.

Transformational Journey

Why we chose to pursue ICC

- Mission, Vision, Values
- Strategic Focus, Leadership, and Innovation
- Love for our patients, families and community.

ICC and Parrish Healthcare



Healing Families – Healing Communities[®]

parrishmed.com

Lessons Learns

- Performance Improvement
- Self management- ICPC.01.01.01.
- When is a referral complete? ICPC.03.01.01
- Health Literacy- ICPC. 01.01.03
- Medication Reconciliation- ICPA.01.01.09
- When is a referral complete?-ICPC.03.01.01

Person and Family Centered Care with an obsession of zero preventable harm

Safety Across the Board and Zero Harm

- Begins with Governance Commitment
- Continues with people, process and Technology
- Must occur throughout continuum of person and family health journey

Questions?

Edwin Loftin DNP, MBA, RN, NEA-BC, FACHE
Senior VP Integrated and Acute Care/CNO
Parrish Healthcare

Edwin.loftin@parrishmed.com

DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
OCTOBER 7, 2019
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 5, 2019)
- V. Recognitions(s)
- VI. Open Forum for PMC Physicians
- VII. Public Comments
- VIII. Unfinished Business
- IX. New Business
 - A. Motion to Recommend the Board of Directors approve Policy 9500-7022, Healing Work Environment & Standards of Behavior (Non-Discrimination, Anti-Harassment & Bullying, Romantic Associations), as presented.**
 - B. Motion to Recommend the Board of Directors approve Policy 9500-165, Vehicle Safety Program, as presented.**
- X. Medical Staff Report Recommendations/Announcements – Dr. Rojas
 - Resignations – **For Information Only**
 - 1. Jennifer Ayrey, APRN – AHP/Family Practice**
 - 2. Diego Yangco, MD – Hospitalist**
- XI. Public Comments (as needed for revised Consent Agenda)

BOARD OF DIRECTORS MEETING

OCTOBER 7, 2019

PAGE 2

XII. Consent Agenda

A. Finance

1. To recommend to the Board of Directors to approve the purchase of the replacement Sterile Processing Cart Washer at a total cost not to exceed the amount of \$180,360.00
2. To recommend to the Board of Directors to approve the purchase of the Replacement Stretchers at a total cost not to exceed the amount of \$169,463.00.
3. To recommend to the Board of Directors to approve reducing the pension assumption rate for the defined benefit plan from 7.6% to 7.35% for the 10/1/2019 valuation.
4. 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.

XI. Committee Reports

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

XII. Process and Quality Report – Mr. Mikitarian

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

XIII. Other

XIV. Closing Remarks – Chairman

XV. Executive Session (if necessary)

XVI. Open Forum for Public

ADJOURNMENT

BOARD OF DIRECTORS MEETING

OCTOBER 7, 2019

PAGE 3

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

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

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

**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 5, 2019 in Conference Room 2/3/4/5, First Floor. The following members were present:

Herman A. Cole, Jr., Chairman
Stan Retz
Peggy Crooks
Jerry Noffel
Billie Fitzgerald
Robert L. Jordan, Jr., C.M.
Elizabeth Galfo, M.D.
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 3:29p.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 6, 2019 AND JUNE 3, 2019 MEETING MINUTES AS PRESENTED.

RECOGNITIONS

Chaplain Smith led the committee and audience in a prayer and moment of silence for Dr. Juan Perez.

Mr. Cole recognized Ms. Rupe as a 2019 Women Who Make a Difference Honoree, noting Ms. Rupe is more than deserving of this honor as she has always been an advocate for her community.

Mr. Cole recognized Mr. Jordan for the recent expansion of the Viera Charter School, adding that Mr. Jordan, as Chairman of the Viera Charter School Board, has led this school to great success.

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no public comments.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

There was no new business.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

Resignations – **For Information Only**

1. Richard Lartey, DO
2. Juan Perez, MD

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

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

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

A. Finance Committee

1. Recommend the Board of Directors approve the CSI Master Lease and Schedule one as presented.
2. Recommend the Board of Directors approve the fiscal year 2020 Capital Budget in the amount of \$2,000,000.
3. Recommend the Board of Directors approve the adjusted fiscal year 2020 Major Budget Volume Assumptions and 2020 Operating Budget with a hospital margin of 5.6% and total EBIDA margin of 6.5% as presented.

B. Executive Committee

1. Recommend the Board of Directors approve the Resolution of the Board of Directors of the North Brevard County Hospital District DBA Parrish Medical Center regarding the amendment and restatement of the Code of Business Ethics and Business Conduct of the North Brevard County Hospital District d/b/a Parrish Medical Center, as presented.

COMMITTEE REPORTS

Quality Committee

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

Budget and Finance Committee

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

Executive Committee

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

Educational, Governmental and Community Relations Committee

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

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

Mr. Mikitarian took this time to reiterate Mr. Loftin's reminder of the upcoming Joint Commission survey regarding the stroke certification.

Hospital Attorney

Legal counsel had no report.

OTHER

Mr. Jordan took this time to speak of the recent tragedies in Texas and Ohio, noting that we as a community take for granted the peace we have in Brevard County. Mr. Jordan noted that the police and other first responders need to be recognized for all they do, as they run towards the chaos not away from it. He asked that everyone thank them, as they truly appreciate it. Mr. Jordan shared his prayers to all that are hurting from these tragedies, adding how blessed Brevard County truly is.

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 3:40 p.m.

Herman A. Cole, Jr.
Chairman



Current Status: Pending

PolicyStat ID: 6713226



Origination: 02/1989
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2019
Next Review: 3 years after approval
Areas: Administration
Tags: 9500
Applicability: Parrish Medical Center
 North Brevard Medical Support
 Parrish Healthcare

Healing Work Environment / Standards of Behavior (Non-Discrimination, Anti-Harassment & Bullying, Romantic Associations) 9500-7022

REPLACES POLICY #:

9500-214; 9500-59; 9500-39; 9510-017

POLICY STATEMENT

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

PURPOSE

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

DEFINITIONS

A. Care Partner

Is an inclusive term referring to Parrish Healthcare Care Partners, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.

B. Professional Conduct

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

C. **Discrimination**

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

- D. Common Language PH believes that care partners should be permitted to speak their native language during non-working hours and outside of the working areas of the practice. PH also believes that it has a legitimate business purpose for requiring care partners to speak a common language in the workplace during extended conversations held in working areas of the practice, where their conversation can be easily overheard by either patients, visitors or other care partners, and that it also has a legitimate business purpose for requiring care partners to speak English in patient care areas, unless the care partner has been requested to speak another language to assist with patient care.

E. **Harassment**

For purposes of this policy, harassment is any form of unlawful employment discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited under PH's anti-harassment policy. Harassment is also any verbal or physical conduct in violation of any federal or state law, rule or regulation designed to threaten, intimidate or coerce a co-worker, Care Partner, or any person working for, or on behalf of PH if such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment or is used as a basis for any employment decisions. Verbal taunting (including racial and ethnic slurs) that impairs his or her ability to perform his or her job is included in the definition of harassment. The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

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

individual or group because of national origin, race, color, religion, age, gender or gender identity, sexual orientation, pregnancy, disability, marital or other protected status.

F. Sexual Harassment

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

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

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

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

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

G. Hostile Work Environment

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

H. Bullying

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

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

I. Romantic Associations

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

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

J. Retaliation

A Care Partner may not be retaliated against for:

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

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

PROCEDURES

PH is committed to promptly and thoroughly investigate all complaints of harassment, discrimination, bullying,

retaliation, or violations of the standards of conduct in accordance with this policy. All complaints will be handled swiftly and confidentially, to the extent possible (but is not guaranteed), in light of the need to take appropriate corrective action. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.

A. Responding to Conduct in Violation of Policy

1. Care Partners, including *any person working for or on behalf of PH*

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

2. Management

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

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

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

3. Human Resources (HR)

HR is responsible for:

- a. Ensuring that both the individual filing the complaint (hereafter referred to as the "complainant") and the accused individual (hereafter referred to as the "respondent") are aware of the seriousness of a harassment, discrimination or retaliation complaint.
- b. Explaining PH's Workplace Conduct policy and investigation procedures to the complainant and the respondent.
- c. Exploring informal means of resolving complaints.
- d. Notifying the police if criminal activities are alleged.
- e. Arranging for an investigation of the alleged harassment and the preparation of a written report.
- f. Submitting a written report summarizing the results of the investigation and making

recommendations to designated company officials.

- g. Notifying the complainant and the respondent of the corrective actions to be taken, if any, and administering those actions.

B. Complaint Resolution Procedures

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

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

C. Discipline

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

D. Confidentiality

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

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

1. Once an investigation has begun, all involved parties must maintain a professional and non-retaliatory demeanor. Inappropriate and unprofessional behavior includes:
 - a. Discussion concerning the incident or complaint and the investigation ("office gossip" and the like) to the extent prohibited by law.
 - b. Interfering with the investigation, conducting your own independent investigation.
 - c. Joking about the incident or complaint with others.

- d. Rushing to judgment and taking sides.
 - e. Coercion or intimidation of the complainant or witnesses.
 - f. Texting, e-mailing, using social networking or otherwise discussing the incident or complaint that is being investigated in an inappropriate, threatening or disruptive manner.
 - g. Ignoring the complainer or witnesses in meetings, in e-mails and during office activities.
2. Retaliatory conduct is prohibited. Some examples of retaliatory behavior include:
- a. Threatening action or criticizing a Care Partner for filing a complaint or providing information.
 - b. Firing, demoting, disciplining the worker or otherwise treating the Care Partner/complainant differently for filing a valid a complaint or participating in an investigation.
 - c. Discussing the incident or complaint with the Care Partner/complainant or witnesses, to the extent prohibited by law. This could be viewed as coercion.
 - d. Discussing the incident or complaint with anyone inside the Company other than those with a business need to know, such as human resources and legal counsel, to the extent prohibited by law.
 - e. Discussing the incident or complaint with anyone outside the Company, such as customers, vendors, suppliers and other colleagues, to the extent prohibited by law.

F. Other Available Procedures

The procedures available under this policy do not preempt or supersede any legal procedures or remedies otherwise available under local, state or federal law. In addition, nothing in the policies and procedures are an attempt to violate a person's Section 7 rights as provided under the National Labor Relations Act.

REFERENCES

- A. TJC 2015 Hospital Manual LD.03.01.01 EP 4 and EP 5
- B. Title VII of Civil Rights Act of 1964
- C. Age Discrimination Act of 1975
- D. American Disability Act of 1990
- E. U.S. Equal Employment Opportunity Commission. Types of Discrimination. Retrieved April 11, 2017 from https://www.eeoc.gov/laws/types/sexual_harassment.cfm

All revision dates:

07/2019, 06/2017, 03/2017, 01/2009, 03/2003, 06/1999, 06/1995

Attachments:

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	09/2019

Step Description	Approver	Date
Compliance	Corporate Compliance [NV]	09/2019
	Natalie Sellers: Vice President, Communications, Community & Corpor	07/2019

Applicability

North Brevard Medical Support, Parrish Healthcare, Parrish Medical Center

COPY



Origination: 09/1997
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2019
Next Review: 3 years after approval
Areas: Risk Management
Tags: 9500
Applicability: Parrish Medical Center

Vehicle Safety Program, 9500-165

POLICY TYPE: RISK MANAGEMENT

POLICY STATEMENT

Parrish Medical Center (PMC) understands and appreciates the importance of promoting employee safety and protecting assets, while entrusting hospital owned vehicles to specific employees to enable them to effectively perform their job responsibilities. The safe operation of vehicles is a major responsibility, and all PMC drivers are expected to comply with the PMC safety program at all times.

Accidents not only cause adverse effects upon the hospital's operation, but also increase repair costs and possible injury to staff and others. In addition, accidents cause delays in our service, and possible poor customer relations. The responsibility of the vehicle safety program rests with all who drive hospital owned vehicles.

Employees whose job description includes the requirement to drive a PMC owned or operated vehicle must meet PMC's corporate insurance carrier driver standards at all times. Motor vehicle driving reports are obtained and evaluated periodically to ensure compliance. An employee who is unable to meet the standards or fails to comply with the below listed procedures may not be eligible to operate a PMC vehicle and may be transferred to a non-driving position (if available) or terminated.

PROCEDURE

A. DRIVER SAFETY GUIDELINES

WHEN OPERATING PMC VEHICLE THE EMPLOYEE SHALL:

1. Have a responsibility to drive defensively at all times. When driving in traffic, the employee shall be alert for mistakes or unexpected actions of others. Employee shall ~~drive more slowly~~ exercise caution and keep alert for pedestrians and cross traffic when in very busy traffic situations.
2. Always comply with traffic regulations. Drive at speeds which permit safe stopping. Slow down at intersections and curves. Use appropriate turn signals well in advance of any turn. Avoid sudden stops - signal early and slow down gradually.
3. Employees whose job function requires driving a PMC owned or operated vehicle are **Designated Drivers**. Only **Designated Drivers** are allowed to operate hospital vehicles. ~~Not Designate drivers~~ may not use PMC vehicle for personal or unauthorized reasons. ~~Not transport hitchhikers~~ Hitchhikers or other non-hospital business related passengers are not authorized to travel in any hospital vehicle at any time.

4. When parking a vehicle, park properly - off any roadway where the vehicle will not interfere with the normal flow of traffic, and do not obstruct the view of other drivers.
5. Always remove the keys from the ignition when the vehicle is left unattended. Vehicles shall be locked when not occupied or attended.
6. Seat belts ~~will~~shall be used at all times.
 - a. Per FS.444.09(5) if an injury is caused by the knowing refusal of an employee to wear a safety appliance (e.g., seat belt), workers' compensation benefits may be reduced by twenty-five percent (25%).
7. In the event that a vehicle breakdown occurs, the driver shall protect him/herself and the vehicle, and ~~to~~ make every effort to avoid injuries to others. If a vehicle breakdown occurs and the driver is unable to move the vehicle off the active lanes of the highway, the driver must activate the emergency blinkers and evacuate the vehicle. The employee shall not attempt to make any mechanical repairs or change a flat tire in a dangerous situation. The employee may call for roadside assistance at his/her discretion.
8. When backing up operate the vehicle as slowly and as carefully as possible.
9. ~~Not~~An employee may not operate a hospital vehicle while under the influence of drugs or alcohol-~~Medication~~ or medication, illness or extreme fatigue, which may affect the employee's ability to judge distances, speed, and driving conditions and may slow his/her reaction time. Any use of illegal substances or reporting to duty while impaired is a violation of Parrish Medical Center Policy #9500-165 "Drug Free Workplace Policy" and may result in termination.
10. ~~Not~~An employee may not smoke cigarettes, cigars, pipes, or use any tobacco product while driving or riding in a hospital owned or operated vehicle.
11. ~~Maintain~~An employee must maintain a valid driver's license and maintain a motor vehicle driving record acceptable to PMC's corporate automobile insurance carrier. Any employee acting as a Designated Driver who has had ~~their~~his or her driver's license or driving privileges suspended or revoked must report that status to ~~their~~his or her supervisor as soon as possible.
12. ~~Not~~An employee may not operate cellular or mobile ~~telephones~~telephone devices while driving a hospital owned or operated vehicle. If a call is necessary, the driver must pull off the road in a safe manner and stop the vehicle before proceeding with the call.

B. DRIVER EVALUATION

1. Motor Vehicle Record checks (MVR) will be conducted by the Security Department for all personnel who are hired into positions that require the operation of a PMC owned or operated vehicle, or at the time a current employee transfers into such a position, or whose job description changes to require they drive a PMC vehicle. Security will also conduct an annual (within 90 days of anniversary date) MVR check on all Designated Drivers.
2. It is the responsibility of the Department Director to notify the Risk Manager and Security when an employee is assigned duties that require driving a PMC owned or operated vehicle.
 - a. The complete name and driver's license number must be forwarded to Security and the Risk Manager. Security will conduct a MVR check and forward it to the Department Director to enable the completion of the Driver Evaluation Form.
 - b. Before becoming a Designated Driver, the employee will be evaluated by a point system utilizing the "**Driver Evaluation Guide**" to determine if the employee is a good risk for operating

a vehicle safely (Attachment "A"). The Department Director will conduct this assessment before authorizing the employee to operate PMC vehicles.

- c. If the assessment indicates that the employee's driving history is not "questionable", then the employee may be authorized to drive PMC vehicles pending a final check by the corporate automobile insurance carrier. The Department Director will send a copy of the ~~employees drivers~~ employee's driver's license and evaluation form to the Risk Manager and Security.
 - d. The Risk Manager will forward the names of Designated Drivers to the hospital's automobile insurance agent.
 - e. When an employee resigns, or has driving responsibilities eliminated, the Risk Manager and Security must be notified.
3. Designated Drivers must report all adjudicated traffic related offenses, even if received while driving a non-PMC vehicle, to ~~your~~ his or her supervisor or Department Director within thirty days of final adjudication if convicted or ~~entered~~ entry of a plea of nolo-contendere. Employees will be responsible for paying all traffic fines received while driving a PMC vehicle.

C. DRIVER EDUCATION

1. All Designated Drivers will be required to complete a one-hour driver's safety education program within the first 90 days of being assigned driving responsibilities. If the test is not passed, with a score of 70% or greater, the driver will be required to repeat and pass the test prior to driving any PMC vehicle.
2. The Security Department Supervisor in coordination with the Safety Officer and the Risk Manager will develop and implement the PMC drivers' safety education program for new hires and existing Designated Drivers.
3. Security will check with the Department of Transportation to review driver records annually. If a minor violation is received, then the Designated Driver will be required to take and pass a refresher course prior to driving a PMC vehicle. If a DUI/DWI or other major infraction is found, a driver will not be permitted to drive a PMC vehicle.
4. Drivers/operators with any combination of the following in the preceding 36 months shall be considered unacceptable to operate a PMC vehicle:
 - a. DWI or DUI citation or conviction
 - b. 2 (two) major violations
 - c. 3 (three) minor violations
 - d. 2 (two) at-fault collisions
5. Drivers/operators with any combination of the following in the preceding 12 months shall be considered unacceptable to operate PMC vehicles:
 - a. DWI or DUI citation or conviction
 - b. More than 1 (one) collision
 - c. More than 1 (one) moving violation
 - d. More than 1 (one) collision and 1 (one) moving violation, unless resulting from the same incident
6. Definitions of Major & Minor Violations - (not limited to) Major Violations
 - a. Leaving the scene of an accident

- b. Homicide involving a vehicle
- c. Eluding a law enforcement officer
- d. Hit and run
- e. Driving with a suspended or revoked license
- f. Vehicular manslaughter
- g. Felony with a vehicle
- h. Racing/drag racing
- i. Fraudulent use of a driver's license
- j. Careless or reckless driving
- k. DUI, DWI or possession of a controlled substance
- l. Permitting an unlicensed person to drive
- m. Speed 20 MPH or more over posted speed limit

Minor Violations

- a. Any moving violation other than those set forth in the preceding section
- b. Speeding more than 10 MPH over posted speed limit
- c. Following too close to another vehicle
- d. Failure to stop for a red light or stop signal
- e. Failure to yield right-of-way

D. VEHICLE SAFETY AND MAINTENANCE

1. Each Medical Center department with permanently assigned vehicles shall be responsible for maintaining their respective vehicles in safe operating condition and coordinating vehicle maintenance and repairs with Plant Services or Materials Management Departments.
2. All PMC vehicles shall have routine maintenance and a safety inspection periodically by a mechanic. Department managers are responsible for ensuring the performance of routine preventive maintenance and safety inspections and maintaining the resulting records.
3. All PMC vehicles shall be visually inspected for defects at least every thirty days by the responsible department.
 - a. The inspection shall be performed by a Designated Driver, assigned driver or department supervisor/manager. Defects must be reported immediately to a supervisor or department manager, who will ensure that a work/repair order is submitted and that the vehicle is taken out of service until the defect is corrected.
 - b. The safety inspection shall be documented on the "Vehicle Safety Inspection Form" (Attachment "B").
 - i. The original copy shall be forwarded to the Security Department for filing. The reporting department will maintain a copy.
4. Departments with PMC owned or operated vehicles assigned must comply with the vehicle safety/maintenance program and ensure that scheduled maintenance is performed.

5. Departments with PMC owned or operated vehicles assigned will forward a quarterly report (FY) to the Environment of Care Task Force that details all instances of non-compliance with the provisions of this policy.

E. DRIVING ACCIDENTS AND ACCIDENT REVIEW

1. If involved in an accident with a PMC vehicle, the Designated Driver is required to notify the proper authorities immediately. Soon thereafter, the Designated Driver must complete a variance/incident report (~~P #149~~) and if injured, an employee incident report (~~P #248~~) using the corporate designated event reporting system. If involved in an accident, ~~a~~ the Designated Driver must complete ~~an~~ an accurate report concerning all the vital information ~~must be completed and turned into your~~ and submit to his or her supervisor within 24 hours of the time of the accident. All reports shall be forwarded to the ~~PMC reports will be forwarded to the PMC~~ Risk Manager within 24 hours.
2. The Designated Driver shall always notify his/her supervisor of any accident he/she is involved in while driving a PMC vehicle, no matter how minor, or who is at fault. The Designated Driver shall call his/her supervisor as soon as possible and report the accident. The Designated Driver shall be prepared to provide all the facts of the accident including information obtained so that a written accident report can be submitted to the insurer and other authorized individuals.
3. The Designated Driver is advised to never admit fault. The Designated Driver shall not discuss fault of the accident or sign anything for anyone except for an authorized representative of the hospital or the police/sheriff department.
4. The Risk Manager monitors vehicle collisions and conducts analysis and other activities to determine trends, identify problem areas, and, where applicable, make recommendations for preventative and corrective measures.

All revision dates:

07/2019, 05/2014, 09/2013, 08/2011, 04/2009, 12/2008, 08/2003

Attachments:

- A: [Driver Evaluation Guide](#)
- B: [Vehicle Safety Inspection Form](#)

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	09/2019
MEC	Joseph Rojas [EH]	08/2019
Compliance	Corporate Compliance [NV]	07/2019
Executive Management	Chris Mcalpine: Sr V.P. Administration Transformation	01/2019
	Lori Thompson: Risk Manager	10/2018

Applicability

Parrish Medical Center

**PARRISH MEDICAL CENTER
VEHICLE SAFETY INSPECTION FORM**

(ATTACHMENT "B")

VEHICLE DESCRIPTION: YR _____ MAKE _____ MODEL _____ INSPECTION DATE: _____

RESPONSIBLE DEPARTMENT: _____

DATE OF LAST SERVICE/MAINTENANCE: _____ PERFORMED BY: _____

SAFETY INSPECTION CHECKLIST		
	OK	NOT
HEADLIGHTS		
TURN SIGNALS		
TIRES		
EXTINGUISHER		
TAIL LIGHTS		
BRAKES		
SEAT BELTS		
WINDSHIELD WIPERS		
REGISTRATION		
INSURANCE CARD		

SAFETY INSPECTION COMPLETED BY: _____ DATE: _____

REPORT ALL DEFECTS TO YOUR SUPERVISOR IMMEDIATELY

DEFECT REPORTED BY: _____ REPORTED TO: _____

DATE REPORTED: _____ SUPERVISOR SIGNATURE: _____

DATE OF CORRECTIVE ACTION: _____

CORRECTIVE ACTION TAKEN: _____

ATTACH CORRECTIVE ACTION DOCUMENTATION TO THIS FORM

DRIVER EVALUATION GUIDE

Name: _____

Department: _____ Date: _____

(a) INSTRUCTIONS

1. This guide is used to evaluate prospective Designated Drivers to determine if eligible for an interim authorization to operate PMC vehicles.
2. This is a primary step but not the only step (driver test, prior employment and reference check, etc.) in the initial evaluation of a prospective driver employee.
3. The PMC commercial insurance carrier will provide conduct and provide authorization for the employee to be given a final authorization to operate PMC vehicles.

NOTE:

Studies have shown that drivers with prior convictions or accidents are several times more likely to have future convictions and accidents than drivers with no record. The studies reveal that compared to drivers with no prior record:

- Drivers with one accident or conviction in a three-year period are twice as likely to have another accident or conviction in the next year.
- Drivers with two convictions in a three-year period are three times as likely to have another accident or conviction in the next year.
- Drivers with three accidents or convictions in a three-year period are four times as likely to have another accident or conviction in the next year.
- Drivers with four or more convictions in a three-year period are four to seven times as likely to have an accident or conviction in the next year.

(2) Evaluating Motor Vehicle Reports

Questionable MVR's An MVR is considered "questionable" if it includes:

- A One serious violation during the past three years. Serious violations are:
- Reckless or negligent driving
 - Driving while impaired by or under the influence of alcohol or drugs
 - Homicide, negligent homicide, or involuntary manslaughter, or felony involving the use of a vehicle
 - Fleeing or attempting to elude police officers
 - Driving without a license or while license is suspended or revoked
 - Hit and run or failure to stop after an accident
 - Evading responsibility after an accident
 - Major speeding (20 or more MPH over limit depending on speed limit)
 - License suspensions or revocation
- B Two of the following occurrences during the past three years:
- Speeding (less than 20 MPH over limit depending on speed limit)
 - Speed greater than reasonable or prudent or too fast for conditions
 - Failure to yield
 - Failure to obey traffic sign or signal
 - Improper backing, turning, or passing
 - Following too closely
 - Careless operations of vehicle
 - Any other moving violation
 - "At-fault" accident
- C Three of the following occurrences during the past three years:
- Defective equipment
 - Oversize or overweight load
 - Operating without required equipment or warnings
 - Other equipment violations
 - Not 'at-fault' accident
 - Other non-moving violations

Any employee or prospective driver candidate whose MVR meets the criteria in "A", "B", or "C" categories, **will not** qualify as a good risk for driving Parrish Medical Center vehicles and is unable to qualify as a Designated Driver.

BOARD OF DIRECTORS MEETING – REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, OCTOBER 7, 2019

Consent Agenda

A. Finance

1. To recommend to the Board of Directors to approve the purchase of the replacement Sterile Processing Cart Washer at a total cost not to exceed the amount of \$180,360.00
2. To recommend to the Board of Directors to approve the purchase of the Replacement Stretchers at a total cost not to exceed the amount of \$169,463.00.
3. To recommend to the Board of Directors to approve reducing the pension assumption rate for the defined benefit plan from 7.6% to 7.35% for the 10/1/2019 valuation.
4. 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.
5. **To recommend to the Board of Directors to approve updating the default investment option to target date funds investment option for new employees.**

B. Executive

1. **To recommend to the Board of Directors to accept the CEO compensation report as written.**