

Members:

Stan Retz, Chairperson

Peggy Crooks

Herman Cole

Jerry Noffel

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MARCH 05, 2018 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

- I. Review and approval of minutes (January 8, 2018)

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

- II. Public Comments
- III. Revenue Cycle Update– Mr. Sitowitz
- IV. Corporate Compliance Update – Mr. Jackson
- V. Adjournment

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

A regular meeting of the Audit Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on January 08, 2018 at 11:05 a.m. in the Executive Conference Room. The following members were present:

Stan Retz, Chairperson
Herman Cole
Peggy Crooks
Elizabeth Galfo M.D 11:28a.m.
Jerry Noffel 11:18a.m.

Other Attendees:

Michael Sitowitz
Pamela Perez
Anual Jackson
Chris Tyson
Robert Wildermuth
Robert Ondrizek
Jamie Wasson
Elizabeth Kump
Brenda Wagner
Jeff Goolsby, Moore Stephens Lovelace
Nate Davenport, Moore Stephens Lovelace

Call to Order

Mr. Retz called the meeting to order at 11:05 a.m.

Review and Approval of Minutes

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

Action Taken: Motion to approve the minutes of the November 06, 2017 meeting as presented.

Public Comment

No public comment

Update Revenue Cycle

Mr. Sitowitz gave an overview of the following:

- Monthly cash collection was at 102% YTD
- Overall A/R days are at 49 days at the end of November
- A/R over 90 days at 27% at the end of November
- DNFB at 9.3 days at the end of November
- Bond Covenants
 - Debt Service Coverage 1.2
 - Days Cash on Hand are at 244 days

Corporate Compliance Update

Mr. Jackson will present an update at the next Audit Committee Meeting.

R1

Ms. Wagner updated the committee on the new R1 services. Ms. Wagner gave an overview of the services provided by R1 and the cases they have reviewed and assisted us with.

FY 17 Final Audit Report

Jeff Goolsby and Nate Davenport both gave overviews of the areas of the audit. No adjustments and no problems noted. The following motion was made by Ms. Crooks and seconded by Dr. Galfo and approved without objection:

Motion: To recommend to the board of director to accept the fiscal year 2017 audit report as presented.

Executive Session

The PMC Board Committee members on the Audit Committee met with the Auditors for an Executive Session.

Adjournment

There being no further business, the meeting adjourned at 11:59 a.m.

Stan Retz, Chairperson

QUALITY COMMITTEE

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, MARCH 5, 2018
IMMEDIATELY FOLLOWING EDUCATION COMMITTEE
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Election of Chairperson & Vice Chairperson
- II. Approval of Minutes
Motion to approve the minutes of the January 8, 2018 meeting.
- III. Vision Statement
- IV. Public Comment
- V. Dashboard Review
- VI. Sepsis
- VII. Safe Opioid Program
- VIII. Mission Control
- IX. Other
- X. Executive Session (if necessary)

ADJOURNMENT

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

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

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

A regular meeting of the Quality Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on January 8, 2018 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Peggy Crooks
Gregory Cuculino M.D.
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.,
Christopher Manion, M.D.
George Mikitarian (non-voting)
Jerry Noffel
Aluino Ochoa, M.D.
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D. (12:14 p.m.)
Pamela Tronetti, DO

Member(s) Absent:

Patricia Alexander, M.D. (excused)
Kenneth McElynn, M.D. (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 12:10 p.m.

CITY LIAISON

Mr. Scott Larese discussed the US1/Garden Street Cumberland Farms project, and gave updates on the progress at Riverfront Park, the old K-Mart property, and a new strip mall anchor at SR405/SR50.

REVIEW AND APPROVAL OF MINUTES

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

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

PUBLIC COMMENTS

None

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

JOINT COMMISSION SURVEY

Mr. Loftin updated the committee on the recent Joint Commission triennial survey. He noted there were four (4) surveyors on site for three (3) days, and the surveyors were very complimentary towards the entire organization.

QUALITY DASHBOARD REVIEW

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

ORO 2.0

Mr. Loftin disseminated the Oro 2.0 High Reliability Organizational Assessment and stated the committee would be addressing the remaining 11 questions.

OPIOID FOCUS

Mr. Loftin shared with the committee the Joint Commission surveyors had a discussion regarding 18 upcoming Standards changes – several in Pain Management. Discussion ensued and Mr. Cole noted that he was approached by Mr. Charpentier about his law firm presenting to a future Education meeting regarding an Opioid Pharmaceutical class action lawsuit. It was noted that the presentation will take place at the January Education Committee meeting.

OTHER

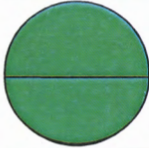

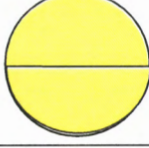
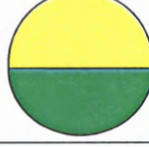
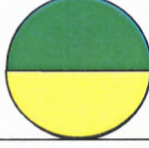
There was no other business brought before the committee.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:04 p.m.

Herman A. Cole, Jr.
Chairman

Board Value Dashboard: February 2018

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

CMS/IHI Triple Aim

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

Value= Quality/Cost

(Most current 3 months of data; November, December, January)

PMC
Board Quality & Safety
Committee

Value Dashboard

March 2018



Agenda

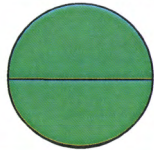
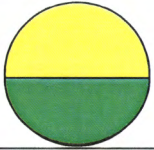
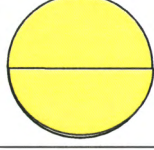
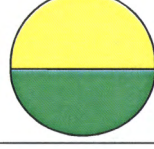
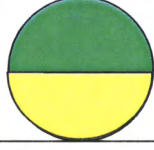
1. Vision Statement
2. Dashboard
3. Sepsis
4. Safe Opioid Program
5. Mission Control

Quality Committee Vision Statement

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



Board Value Dashboard: February 2018

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

CMS/IHI Triple Aim

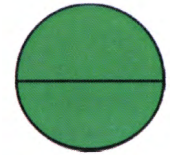
- Better Care For Individuals
- Better Health for Populations
- Lower Costs Through Improvement

Value= Quality/Cost



(Most current 3 months of data; November, December, January)

1. Core Measures



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

Updated February 2018

What's New

Updated Hospital Compare to reflect the April 2018 Preview Information

April – June 2017 is removed.

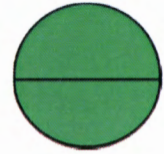
July – September 2017 is in final status.

October to December 2017 is in final status.

January to March 2018 is in concurrent status.



1. Core Measures 2018



Conditions:

Sepsis

VTE

Stroke

Emergency Department Treatment Times

Influenza Immunization

Perinatal Care



FY 20/ CY 18 Core Measures

Indicator	Hospital Compare 90 th Percentile	Hospital Compare (July 16 – June 17)	Vizient Top Quartile	Vizient Report (APR 16 – MAR 17)	Final Jul – Sep 2017	Final Oct – Dec 2017	Concurrent Jan – Mar 2018
Stroke	-	-	96%	93%	98%	97%	95%
Immunization	100%	96%	99%	96%	N/A	97%	100%
Perinatal Care	100%	100%	95%	100%	100%	100%	100%
VTE	100%	100%	98%	100%	100%	100%	100%
ED-1 (minutes)	176	348	307	421	310	313	370
ED-2 (minutes)	38	208	119	281	181	170	201
Sepsis	-	-	-	-	66%	64%	64%

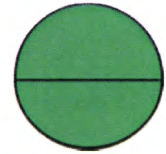
*Immunization – Influenza only

*VTE – hospital acquired only

*Stroke measures reported to TJC only.



1. Core Measures



Quality Dashboard Scoring Criteria

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

1. Core Measures



Cost Dashboard Scoring Criteria

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

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

	Cost	DRG Payment	Ratio
HF/AMI/PN/ COPD/TJ ¹	\$9,353	\$8,495	91%



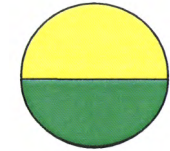
1- Average/case

Source – Internal Cost/Reimbursement Review-TR and Treo



2. Hospital Acquired Conditions

Conditions



Domain 1-

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

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



□ Domain 2-

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

□ Processes: Clinical indication/assessment documentation

FY 19/ CY 17 Domain 1/PSI-90

Indicator	Leapfrog Best Perform Rate	Hospital Compare National Rate	PMC Current Hospital Compare Data (July 14-Sept 15)	Concurrent November-January 2017 Observed Occurrences
PSI-90 Composite Rate	N/A	1.00	0.93	Unable to give composite rate
PSI # 3 Occurrence	0.03	0.26	0.12	0
PSI # 6 Occurrence	0.19	0.40	0.34	0
PSI # 8 Occurrence	N/A	0.10	0.10	0
PSI # 9 Occurrence	N/A	4.78	4.28	0
PSI # 10 Occurrence	N/A	1.12	1.09	0
PSI # 11 Occurrence	2.13	11.89	12.28	0
PSI # 12 Occurrence	1.39	4.35	4.46	3
PSI # 13 Occurrence	N/A	5.94	5.06	0
PSI # 14 Occurrence	1.18	2.26	2.13	0
PSI #15 Occurrence	0.32	0.88	0.85	0



MEDICAL CENTER

Information regarding PSI Occurrences

Zero in November (validated)

1 in December (validated)

- PSI #12- hospital acquired post op blood clot in leg

2 in January (not validated)

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



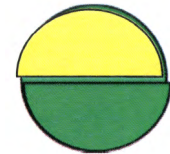
FY 19/ CY 17 Domain 2/HAI

Indicator	Hospital Compare Best Perform Rate	Hospital Compare National Rate (4Q15-3Q16)	PMC Current Hospital Compare Data (4Q15- 3Q16)	Concurrent November-January 2107 Observed Occurrences
Domain 2: CDC NHSN measures	SIR rate	SIR rate	SIR rate	SIR
CAUTI	0.0000	0.949	0.247	0.694
CLABSI	0.0000	0.941	0	0.00
SSI	0.0000	0.946	0	0.00
MRSA	0.0000	0.959	2.967	0.00
CDI	0.1280	0.941	1.066	0.907



2. Hospital Acquired Conditions

Performance Goals



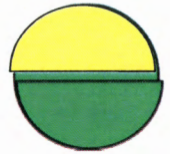
- No infections
- No falls with harm or bed sores
- Compliance with major care processes

Source – Goals established from IHI and CMS standards



2. Hospital Acquired Conditions

Quality Dashboard Scoring Criteria

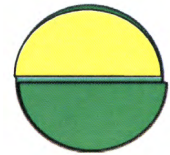


- ❑ Green: rate of infections in “top” (i.e., fewest) 10%; rate of falls and bed sores in “top” (i.e., fewest) 10%; systematic compliance with care processes
- ❑ Yellow: rate of infections in top quartile; rate of falls and/or bed sores in top quartile; minor non-compliance with care processes
- ❑ Red: Hospital acquired infection and/or fall or bed sore rate outside of top quartile and/or major non-compliance with care processes

2. Hospital Acquired Conditions

Cost Dashboard Scoring Criteria

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



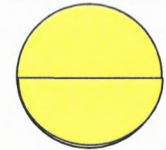
- ❑ Green: No HAC program penalty
- ❑ Red: HAC program penalty

Source – Internal Cost/Reimbursement Review- TR, Treo



3. Patients' Hospital Experience

❑ Components



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

❑ Performance goals

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



NRC Screen Shot

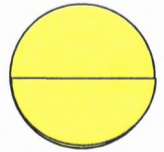
Catalyst Trend by Questions - HCAHPS

Mar 02, 2018

	NRC Average	Nov 2017		Dec 2017		Jan 2018		Total	
	Positive	Positive	n Size	Positive	n Size	Positive	n Size	Positive	n Size
HCAHPS: Did everything to help your pain	80.0	70.6	51	77.2	57			74.1	108
HCAHPS: Drs explained things understandably	77.0	67.6	71	72.7	77	70.0	80	70.2	228
HCAHPS: Drs listened carefully to you	80.0	69.0	71	76.3	76	69.1	81	71.5	228
HCAHPS: Got help as soon as wanted	63.6	57.4	68	53.7	67	62.7	75	58.1	210
HCAHPS: Help going to bathroom as soon as wanted	69.3	69.6	46	59.6	47	61.1	54	63.3	147
HCAHPS: Nurses explained things understandably	75.7	73.2	71	79.2	77	71.6	81	74.7	229
HCAHPS: Nurses listened carefully to you	76.5	80.3	71	80.5	77	76.5	81	79.0	229
HCAHPS: Pain well controlled during stay	65.0	64.0	50	69.0	58			66.7	108
HCAHPS: Quiet around room at night	58.9	60.6	71	74.0	77	73.8	80	69.7	228
HCAHPS: Rate hospital	74.4	66.2	68	68.9	74	67.5	80	67.6	222
HCAHPS: Received info re: symptoms to look for	91.1	95.0	60	94.3	70	95.8	72	95.0	202
HCAHPS: Room kept clean during stay	72.8	71.4	70	78.7	75	78.5	79	76.3	224
HCAHPS: Staff described med side effects	50.8	40.0	35	59.4	32	55.0	40	51.4	107
HCAHPS: Staff took preferences into account	46.4	44.6	65	41.7	72	35.1	77	40.2	214
HCAHPS: Talked about help you would need	86.3	93.4	61	94.0	67	88.9	72	92.0	200
HCAHPS: Told what medicine was for	78.0	77.8	36	84.4	32	80.0	40	80.6	108
HCAHPS: Treated w/courtesy/respect by Drs	87.5	83.1	71	81.3	75	79.0	81	81.1	227
HCAHPS: Treated w/courtesy/respect by Nurses	86.4	84.5	71	88.3	77	85.2	81	86.0	229
HCAHPS: Understood managing of health	54.5	54.5	66	52.8	72	40.5	79	48.8	217
HCAHPS: Understood purpose of medications	62.9	74.5	51	59.3	54	56.3	64	62.7	169
HCAHPS: Would recommend hospital to family	76.3	68.2	66	70.8	72	70.9	79	70.0	217

3. Patients' Hospital Experience

Quality Dashboard Scoring Criteria

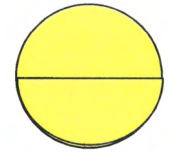


- ❑ Green: Aggregate score at/above 90th percentile
- ❑ Yellow: Aggregate score at/above 70th percentile
- ❑ Red: Aggregate score below 70th percentile

* note- This will follow the final VBP rulings.

3. Patients' Hospital Experience

Cost Dashboard Scoring Criteria



Financial impact on VBP

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

* note- This will follow the final VBP rulings.

4. Emergency Department Care

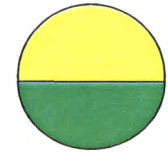


Definition	Actual		Goal
Pts Leave w/o Treatment	2.5%	↓	<2%
Pts return and admit in less than 48 hrs	.71%	↓	<2%
Door to Doc (Median)	18	↓	< 25 min
Door to D/C (Average)	158	↓	161
Decision to Bed (Median)	180	↓	115

Source – Internal Review -CMS

4. Emergency Department Care

Quality Dashboard Scoring Criteria

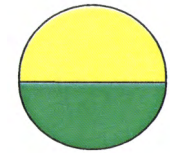


- ❑ Green: All performance goals met
- ❑ Yellow: Performance for all components at or below 1.5 times the target
- ❑ Red: One or more components above 1.5 times the target

Source – Goals established from ACEP and ENA

4. Emergency Department Care

Cost Dashboard Scoring Criteria



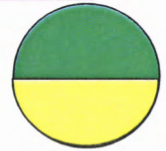
Emergency Department Budget Score

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

Source – Internal Cost/Reimbursement Review



5. Readmissions



Quality Dashboard Scoring Criteria

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

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

Nov	9.8
Dec	7.87
Jan	12.4
	9.3%



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



Questions ?



Sepsis

- Matt Graybill - Executive Director, Diagnostic, Emergency, Oncology and Surgical Services
- Gregory Cuculino, MD – Emergency Department Medical Director



Rory Staunton



<https://www.youtube.com/watch?v=cypQFXPrQD4&feature=youtu.be>



Define: Problem Statement

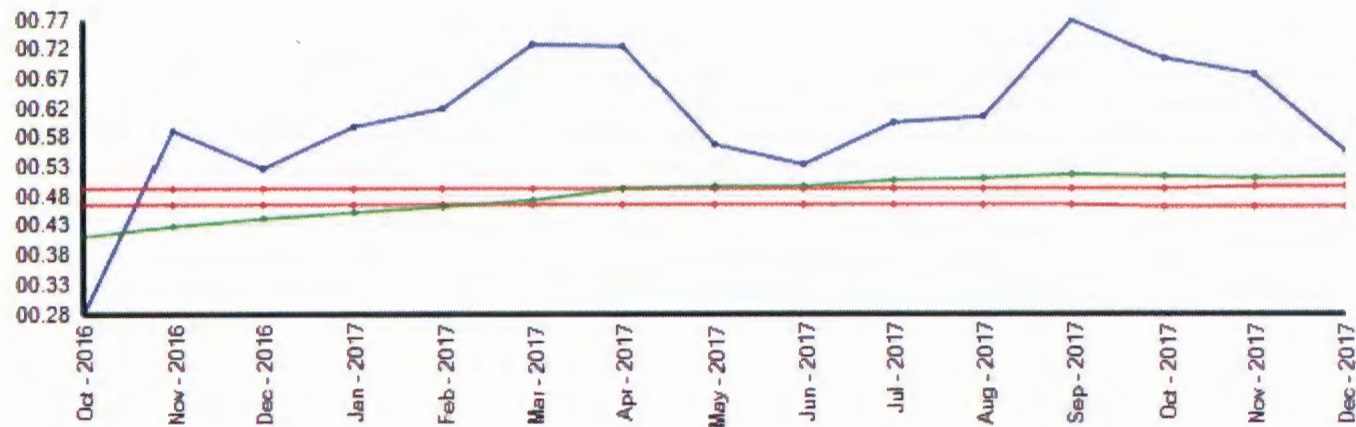
- Sepsis is a growing threat worldwide. It is the most common cause of death in U.S. Hospitals and nearly 15% of all sepsis deaths are preventable. PMC's complications and mortality measures are worse than national top decile. Linear trends show we are moving in the right direction, but opportunity still exists.
- DMAIC Initiated
 - Define
 - Measure
 - Analyze
 - Implement
 - Control



Measure – Core Measure Compliance

Benchmark: All Core Measures Hospitals

Benchmark Comparison Chart for 02/02/18



© 2018 Truven Health Analytics LLC

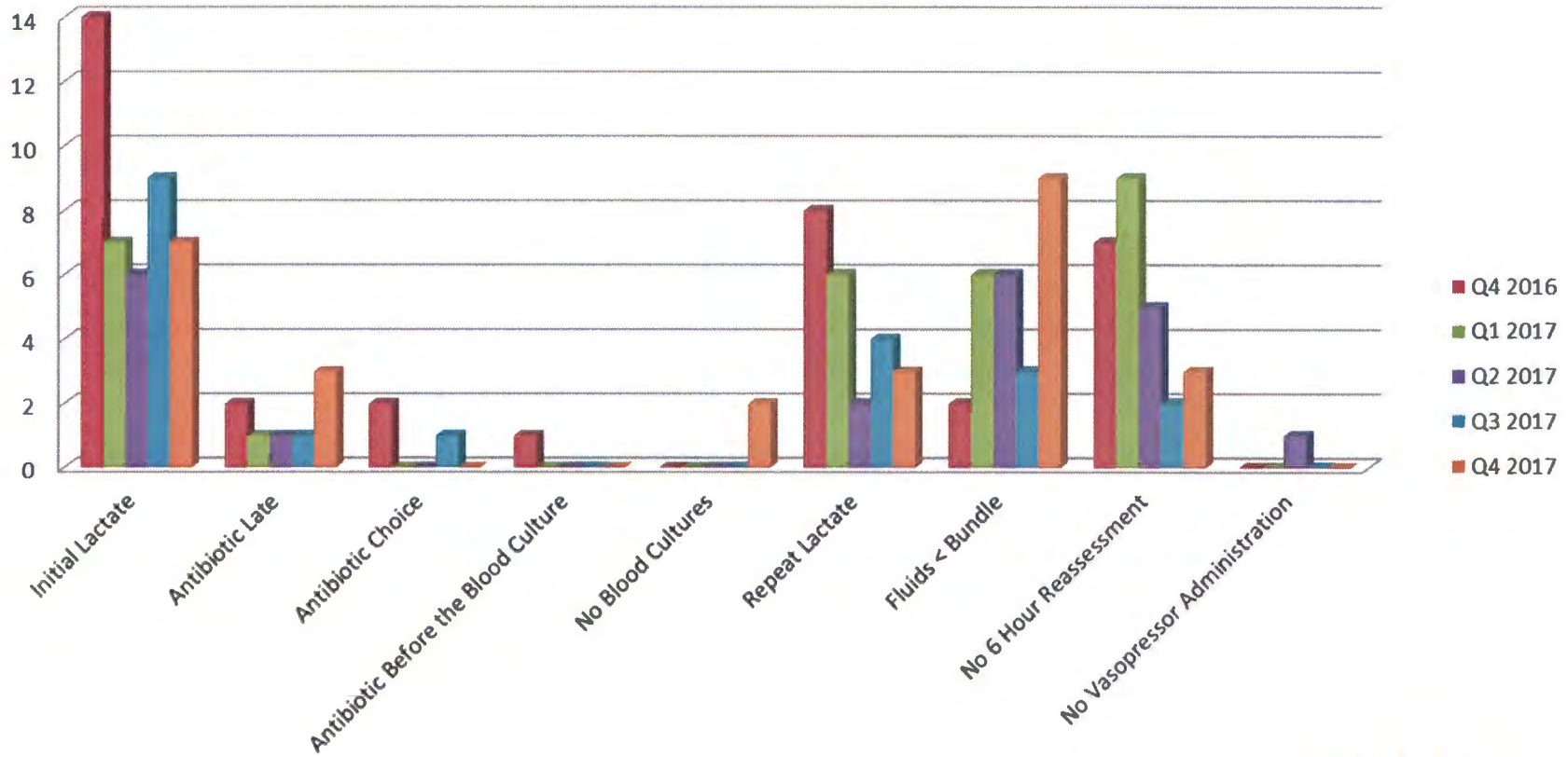
Chart Legend:

- The blue line represents your observed value.
- The red lines represent the upper and lower control limits.
- The green line shows the All Core Measures Hospitals benchmark value.



Measure – Where Fallouts?

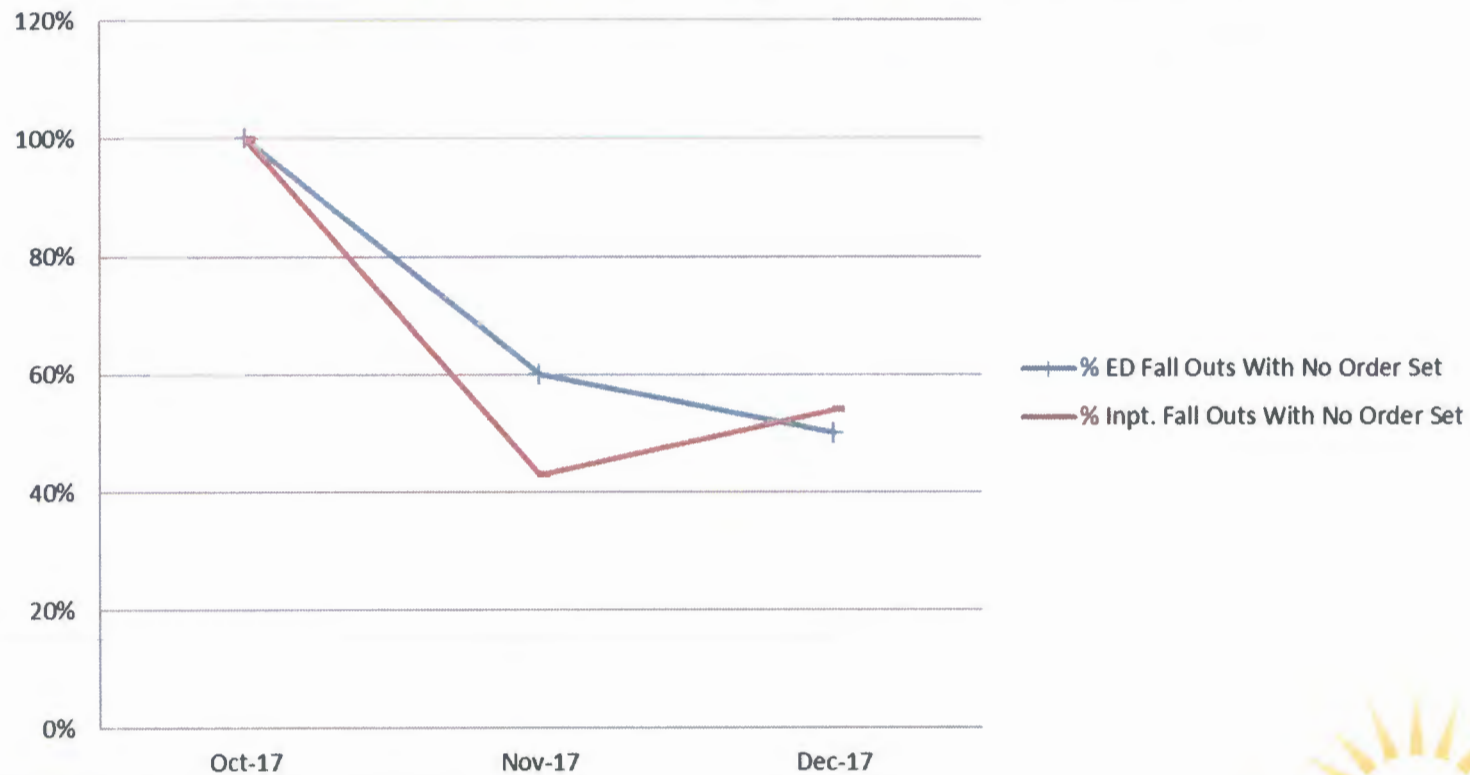
Sepsis Fall Outs By Quarter Q4 2016 to Q4 2017



Analyze – Root Causes

Sepsis Order Set Usage With Fall Outs

Percentage of Fall Outs Not Utilizing the Order Sets



Improve - Hospital Throughput

- Sepsis Committee
- Sepsis Dashboard
- Actionable Patient Safety Solution (APSS)
- Screening
- Order Sets
- Alerts – “Code Sepsis”
- Continuous Monitoring/Case Reviews

Improve –Complication & Mortality Measures

Compared to
U.S. National
Average (mean)

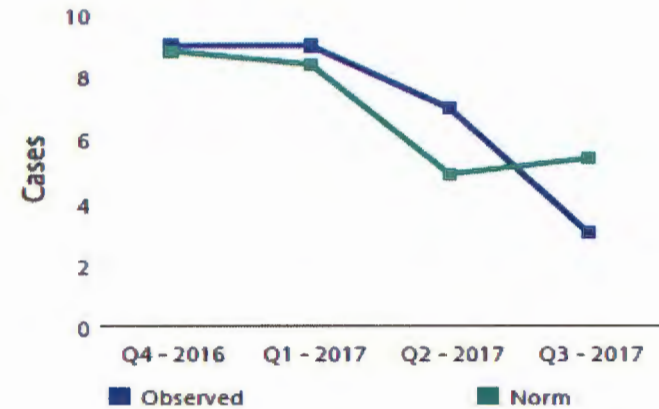
Complications

(Risk adjusted)



Mortality

(Risk adjusted)



Compared to
All Hospitals
(Top 10%)

Complications

(Risk adjusted)



Mortality

(Risk adjusted)

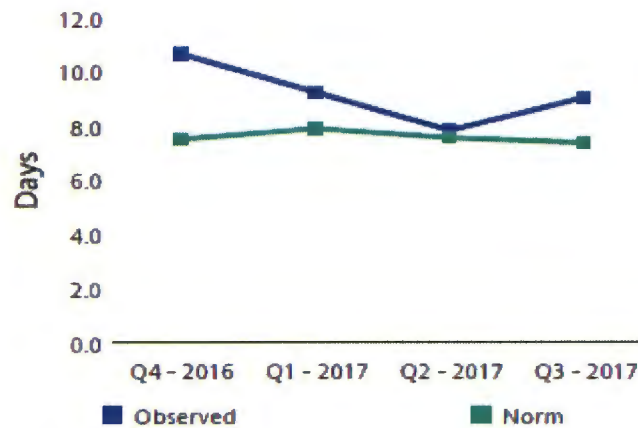


Improve – Length of Stay & Readmission Measures

Compared to
U.S. National
Average (mean)

Average LOS

(Lawfully adjusted)



Readmission

(Risk adjusted)



Average LOS

(Severity adjusted)



Readmission

(Risk adjusted)



Compared to
All Hospitals
(Top 10%)

Control

- TBD...

Sepsis Educational Summit March 8

Date: Thursday, March 8, 2018

Time: 7:30 – 9 am

Location: PMC Conference Rooms

Overview: Join the Emergency Department medical director, ICU intensivist and critical care education coordinator as they discuss Sepsis. Information will include epidemiology, morbidity, mortality, treatment goals, the RN perspective and role, a case presentation and a question and answer session.

1.5 hours of CEU's will be offered for this course.

RSVP: Please email PMCEducation@parrishmed.com by Monday, March 5 to reserve your spot.



Questions ?

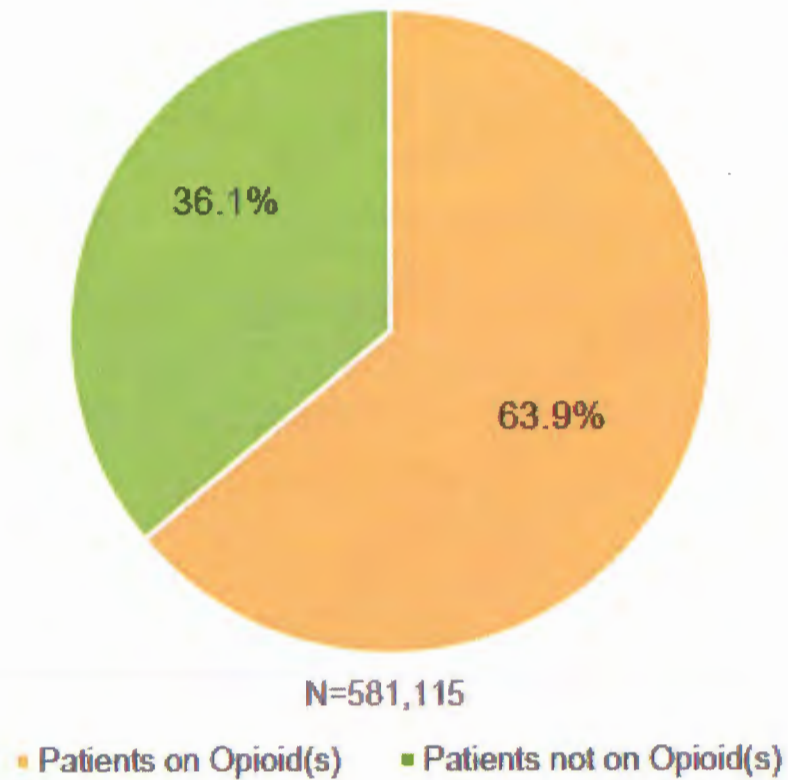


Opioid Crisis in the Community we serve

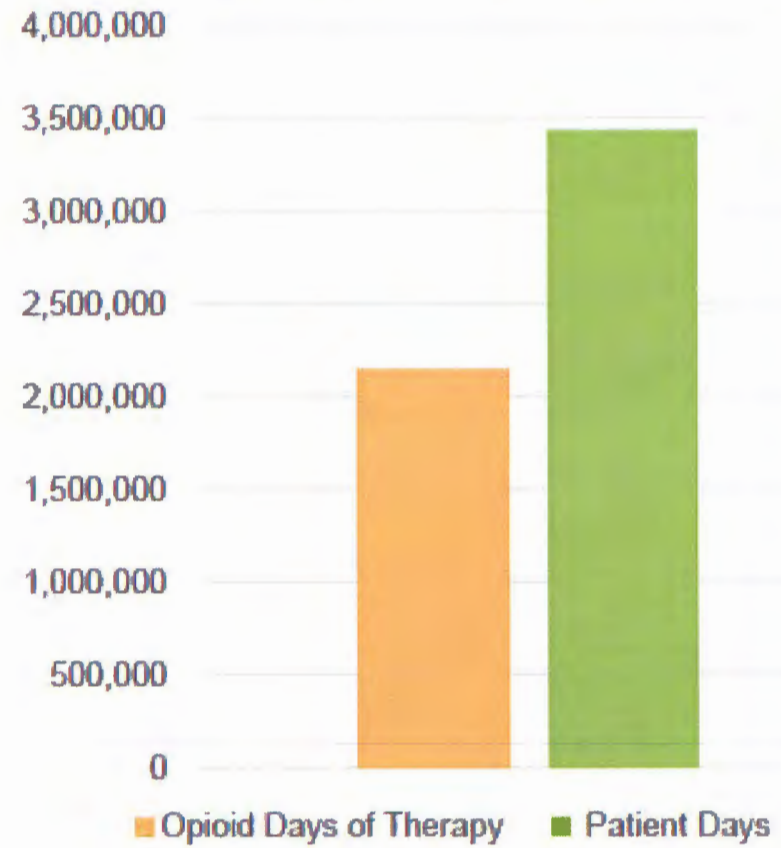


Inpatient Opioid Use

Percent of Patients on Opioids

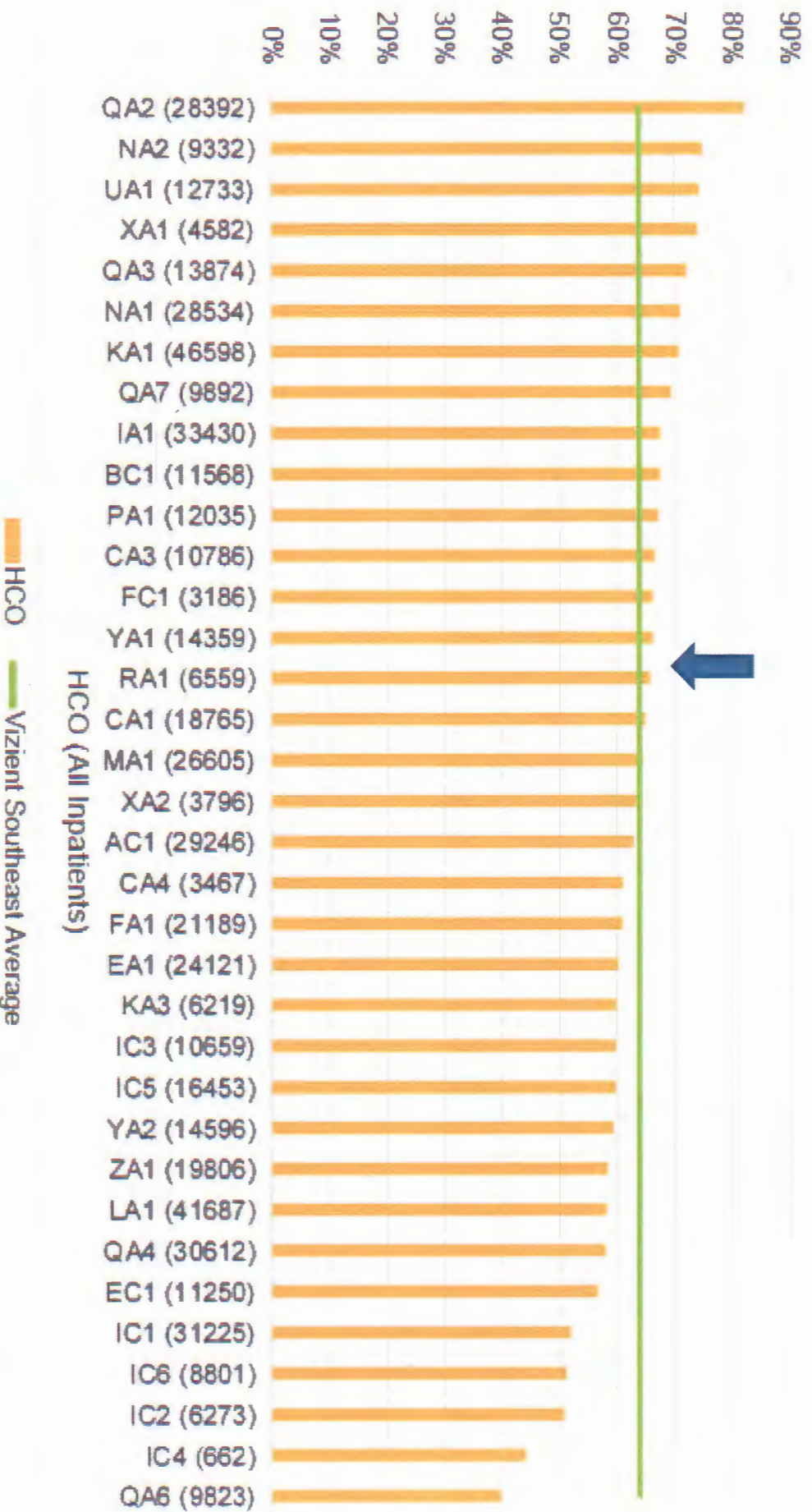


Opioid Days of Therapy



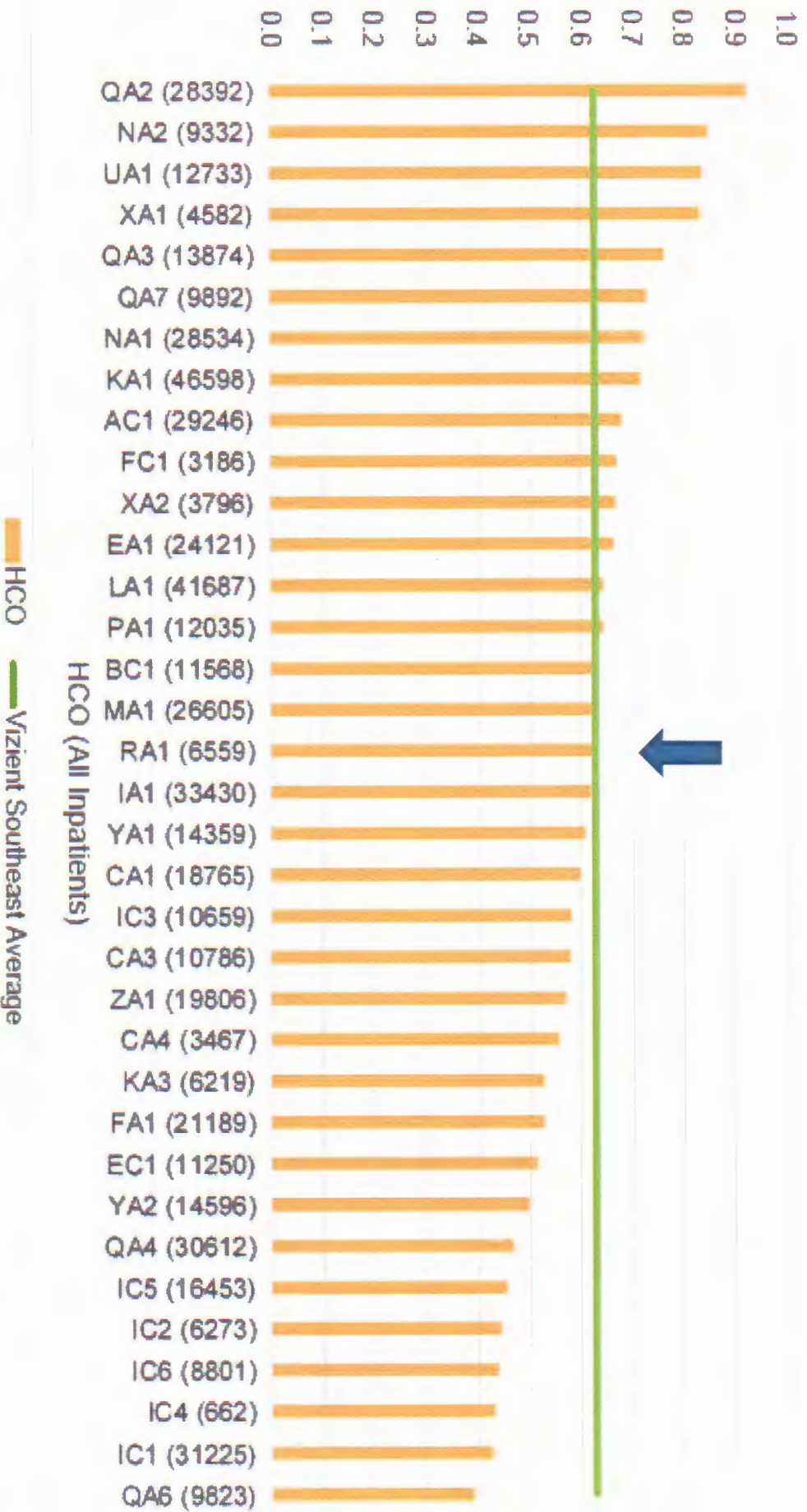
Source: Truven CareDiscovery Advance
Inpatient Discharges 7/1/2016 – 6/30/2017

Percent of Inpatients Receiving One or More Opioids



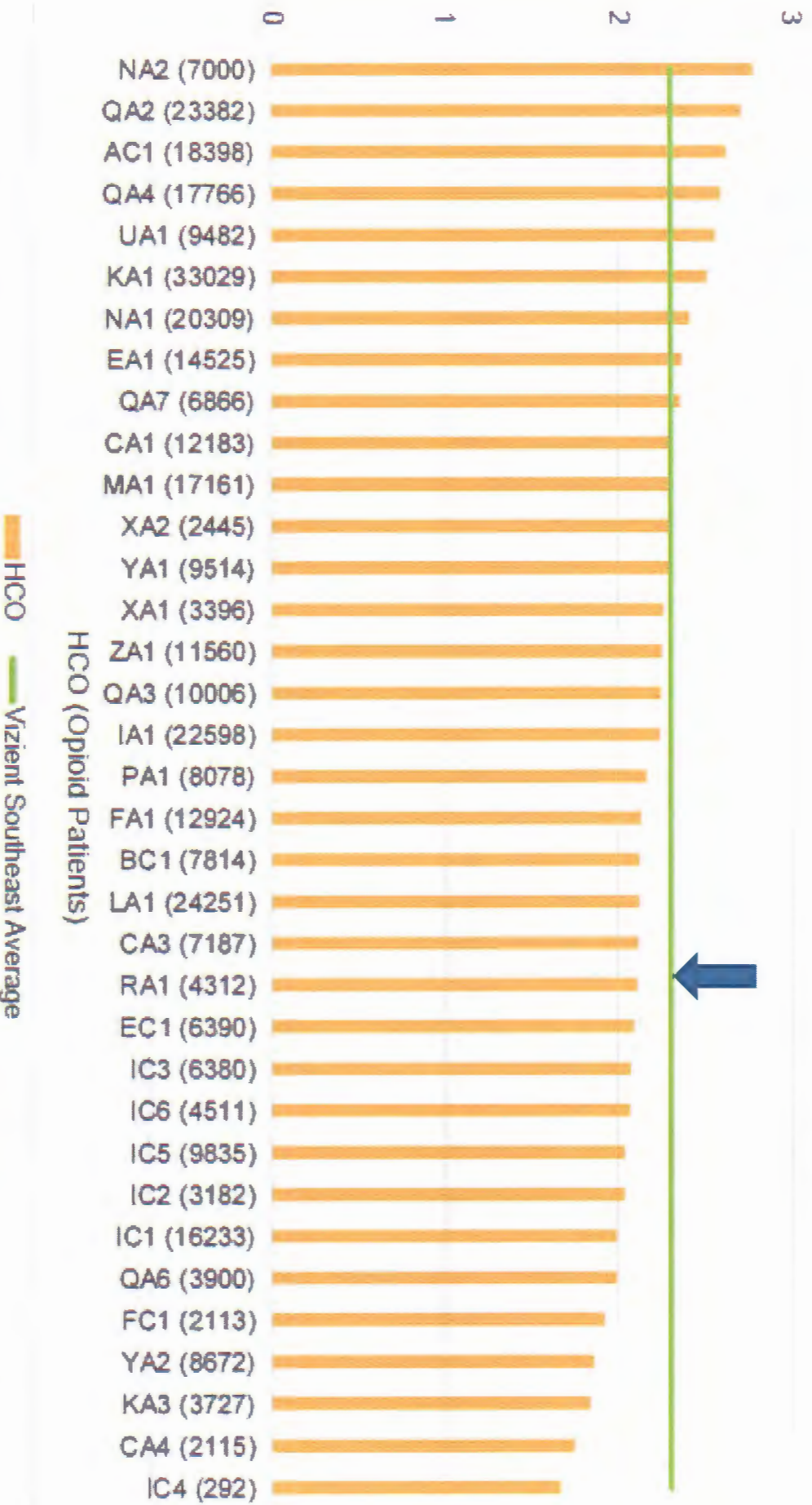
Source: Truven CareDiscovery Advance
 Inpatient Discharges 7/1/2016 – 6/30/2017

Opioid Days of Therapy per Patient Day



Source: Truven CareDiscovery Advance
 Inpatient Discharges 7/1/2016 – 6/30/2017

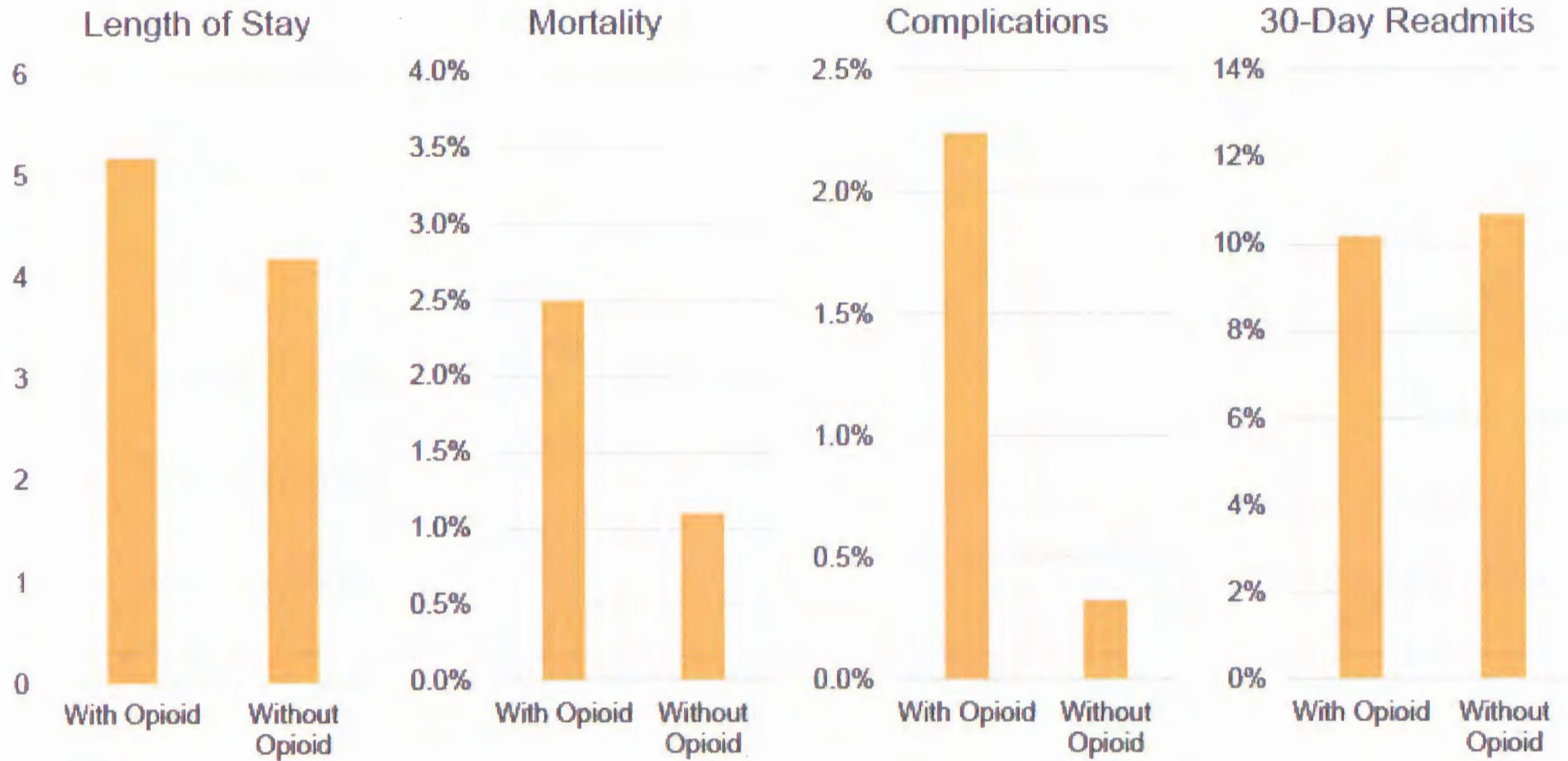
Average Number of Opioids Administered per Patient



Source: Truven CareDiscovery Advance
 Inpatient Discharges 7/1/2016 – 6/30/2017

28 | Vizient Southeast | Confidential information

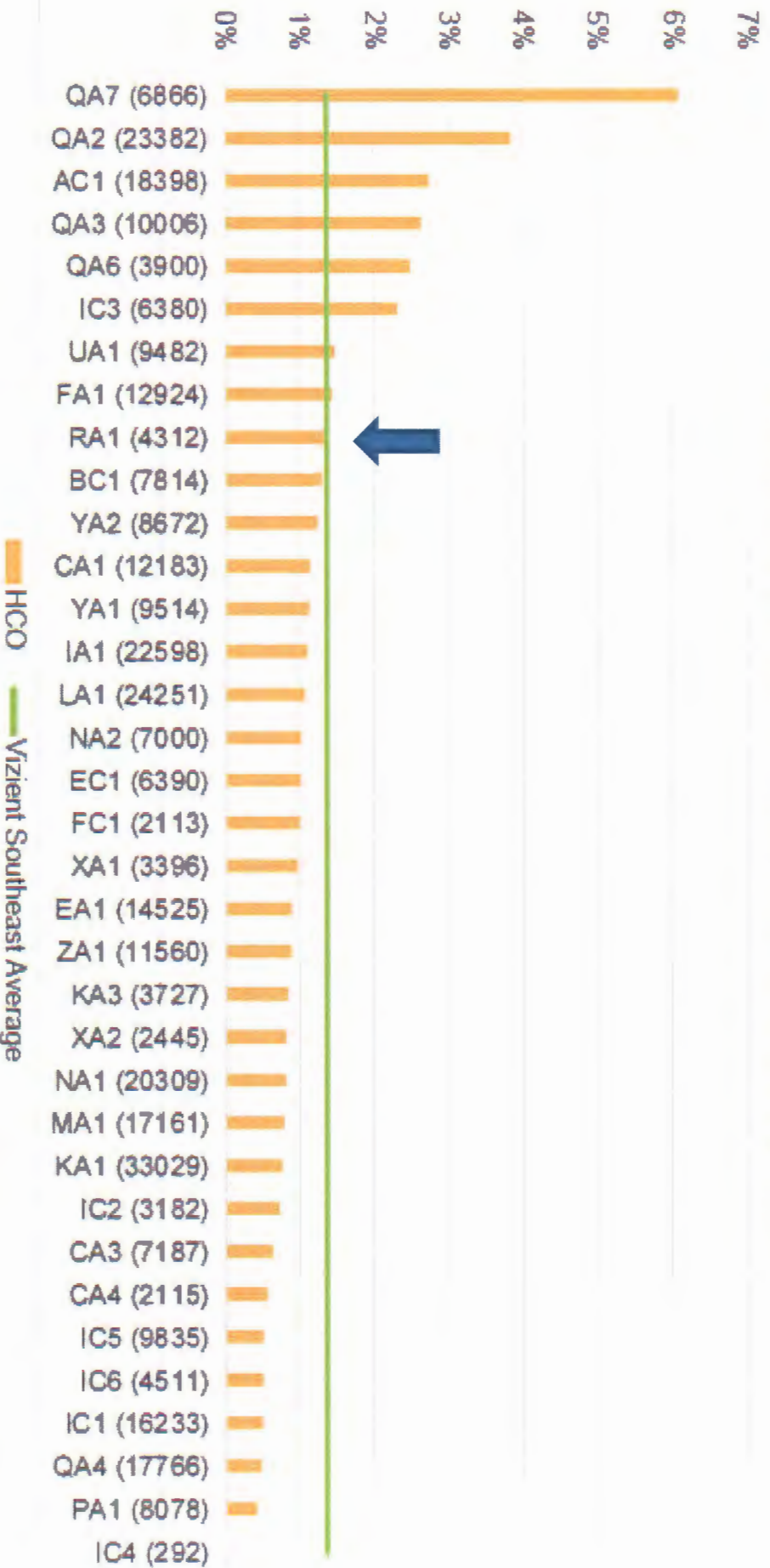
Outcomes



Source: Truven CareDiscovery Advance
Inpatient Discharges 7/1/2016 – 6/30/2017

Hospital-Acquired Adverse Opioid Event

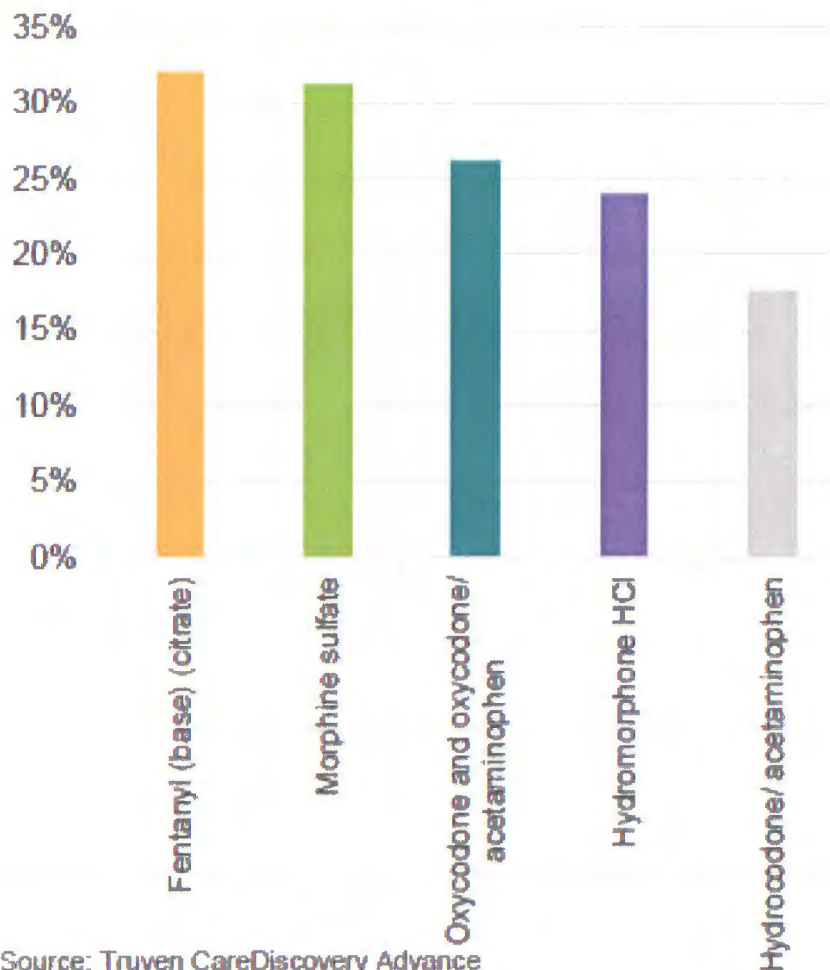
Nalaxone Utilization After Receiving an Opioid



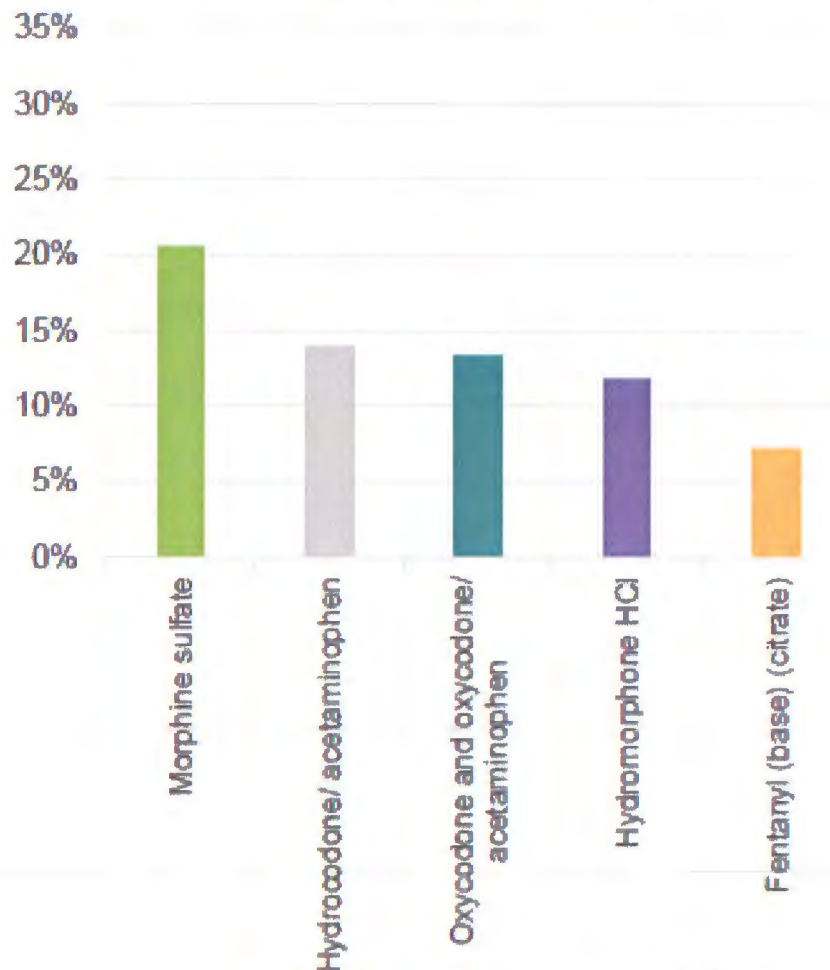
Source: Truven CareDiscovery Advance
 Inpatient Discharges 7/1/2016 - 6/30/2017

Percent of Inpatients Receiving Top 5 Opioids

All Inpatients



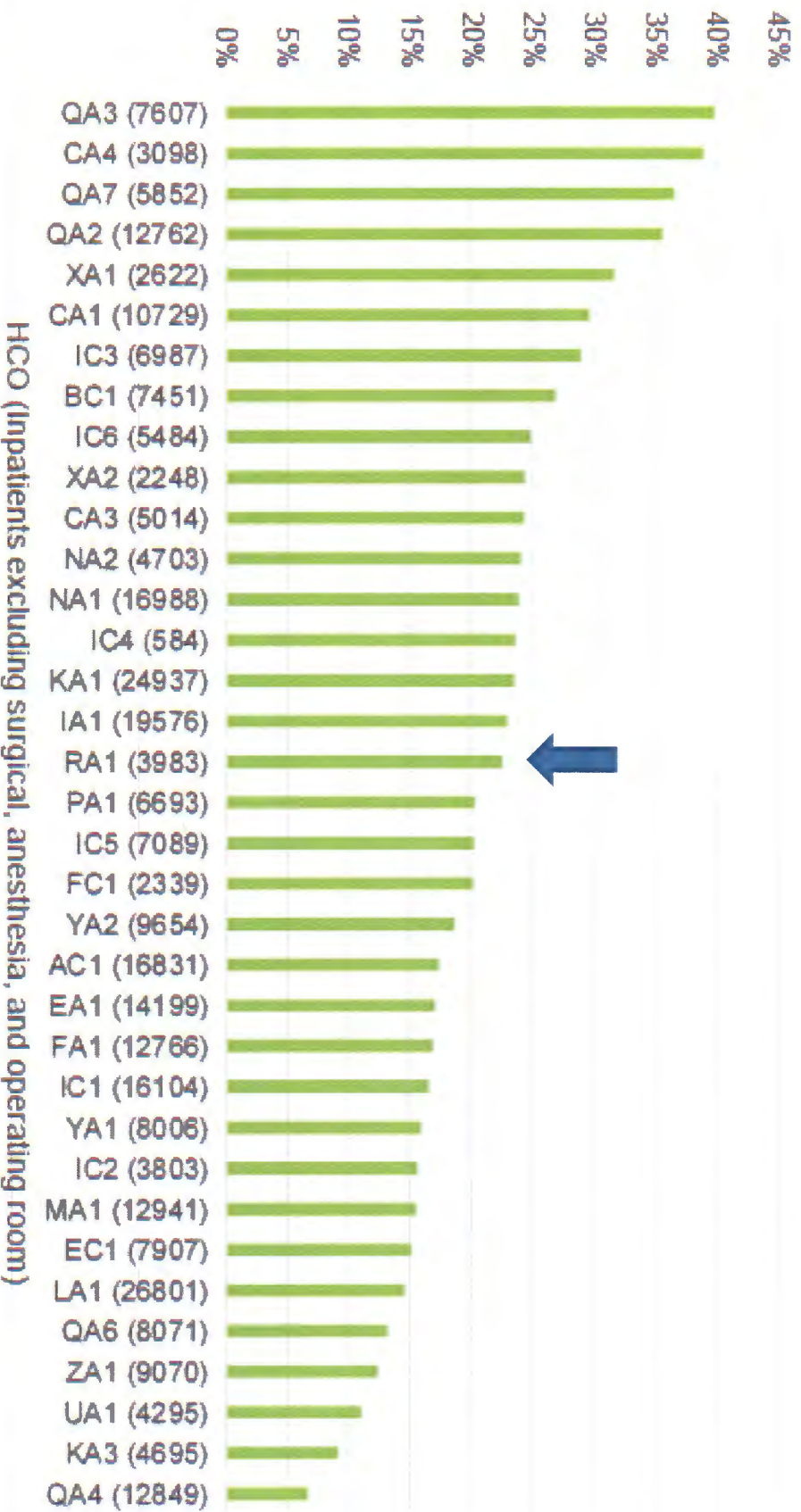
All Inpatients
Excluding Surgical MS-DRGs and patients with Anesthesia or Operating Room Services



Source: Truven CareDiscovery Advance
Inpatient Discharges 7/1/2016 – 6/30/2017

Morphine Sulfate Utilization

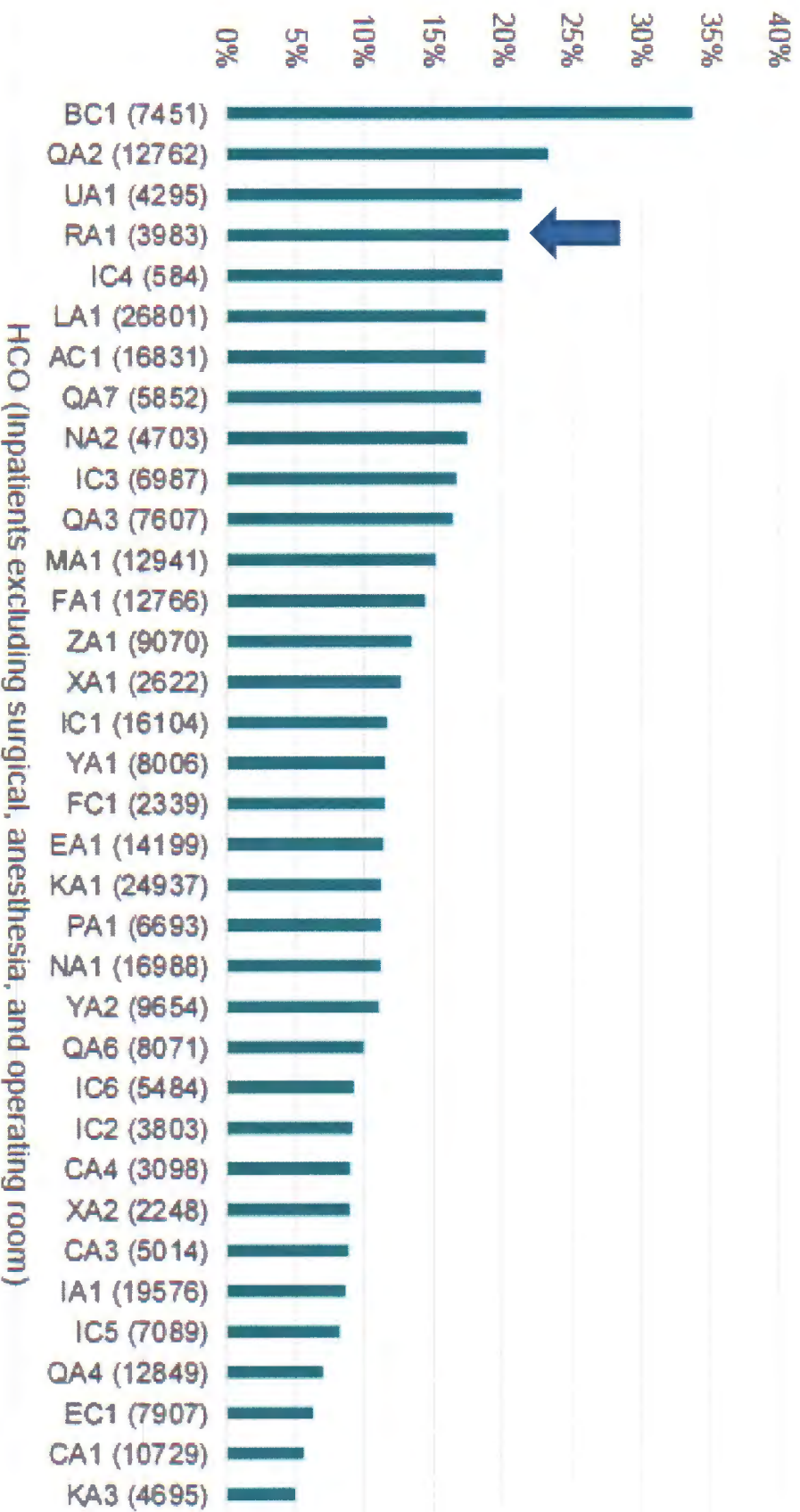
Excluding Surgical MS-DRGs and patients with Anesthesia or Operating Room Services



Source: Truven CareDiscovery Advance
Inpatient Discharges 7/1/2016 – 6/30/2017

Oxycodone and/or Oxycodone/Acetaminophen Utilization

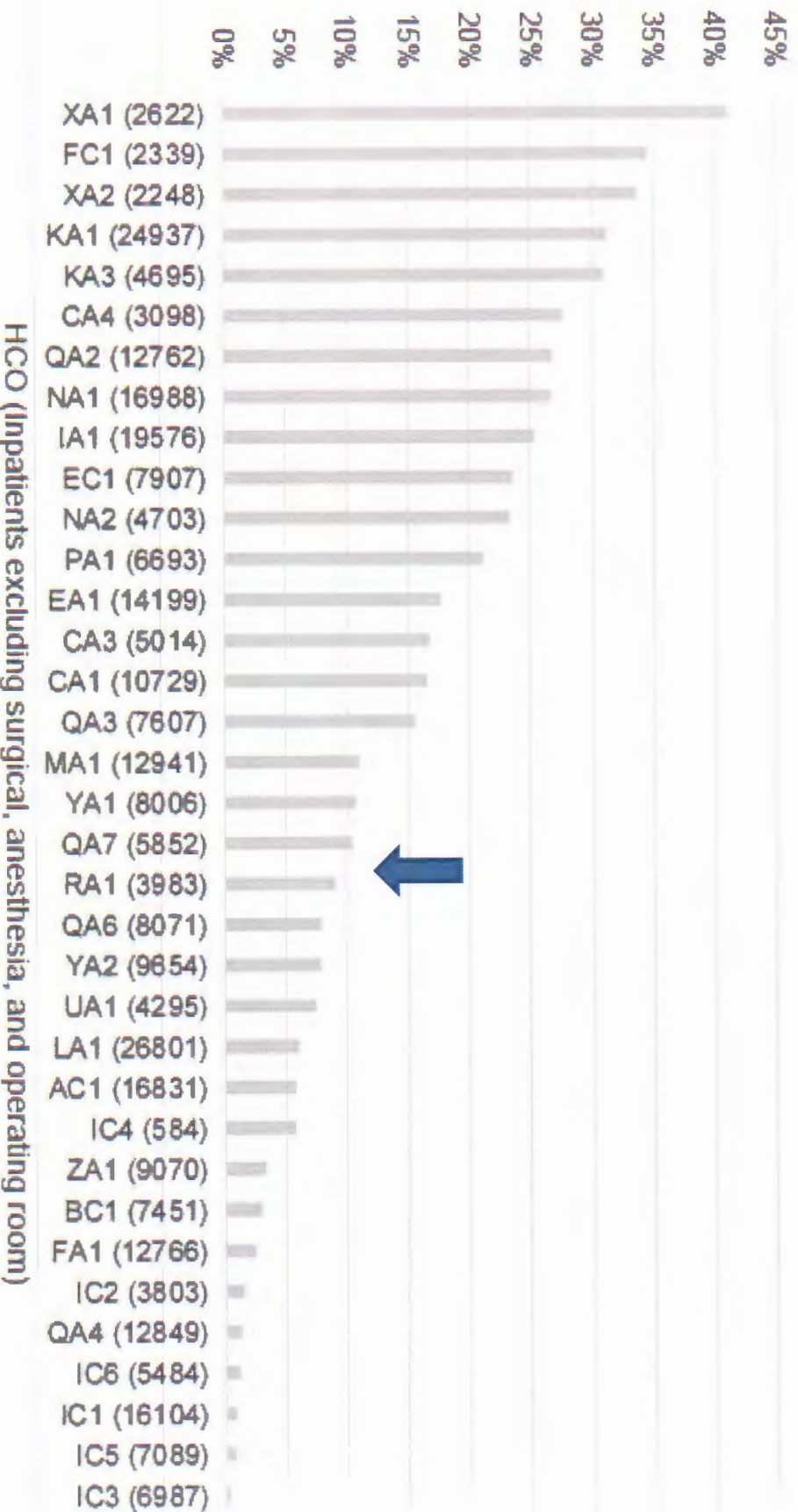
Excluding Surgical MS-DRGs and patients with Anesthesia or Operating Room Services



Source: Truven CareDiscovery Advance
 Inpatient Discharges 7/1/2016 – 6/30/2017

Hydrocodone/Acetaminophen Utilization

Excluding Surgical MS-DRGs and patients with Anesthesia or Operating Room Services

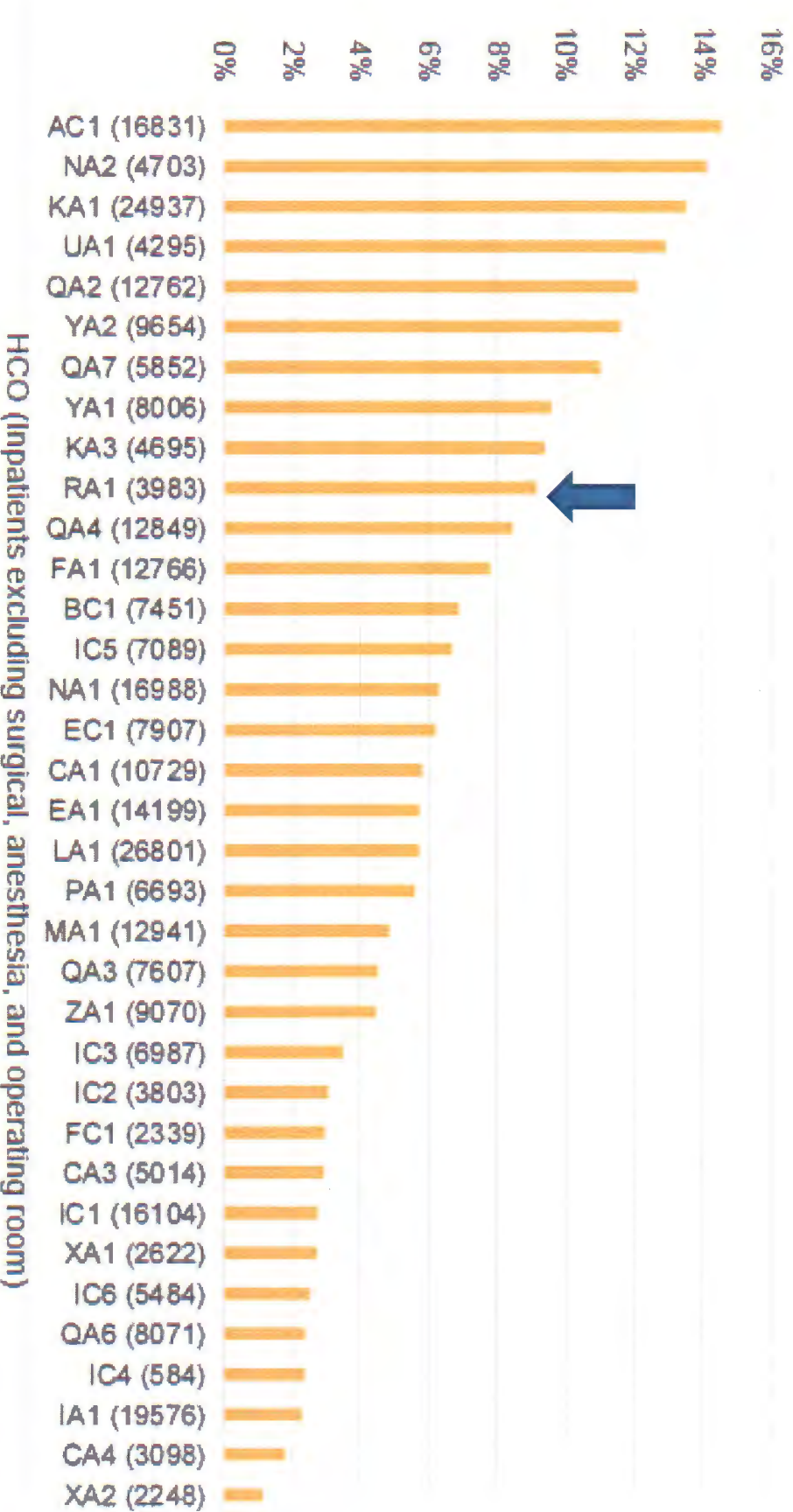


HCO (Inpatients excluding surgical, anesthesia, and operating room)

Source: Truven CareDiscovery Advance
 Inpatient Discharges 7/1/2016 – 6/30/2017

Fentanyl Utilization

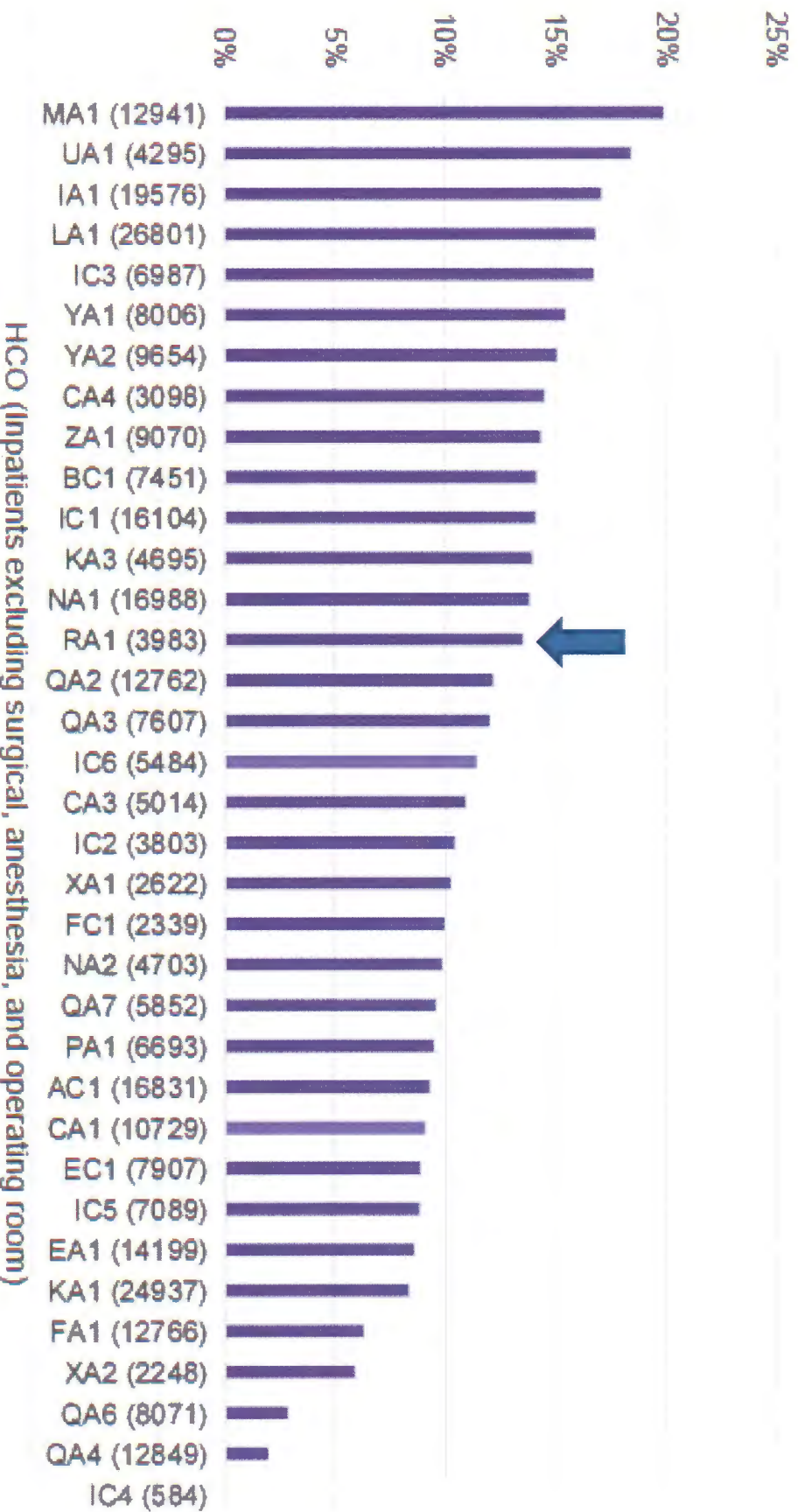
Excluding Surgical MS-DRGs and patients with Anesthesia or Operating Room Services



Source: Truven CareDiscovery Advance
Inpatient Discharges 7/1/2016 – 6/30/2017

Hydromorphone HCl Utilization

Excluding Surgical MS-DRGs and patients with Anesthesia or Operating Room Services

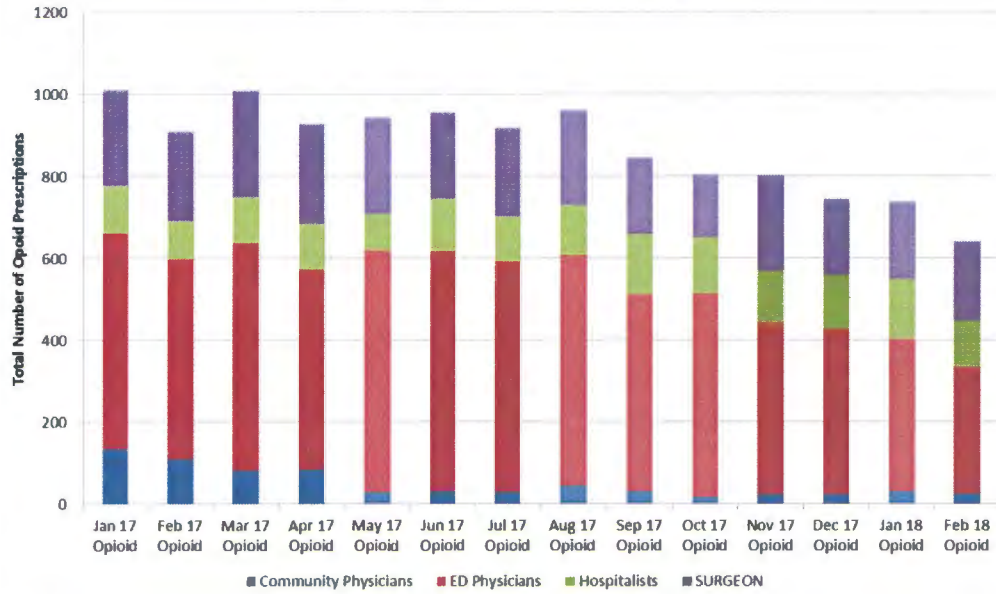


Source: Truven CareDiscovery Advance
 Inpatient Discharges 7/1/2016 – 6/30/2017

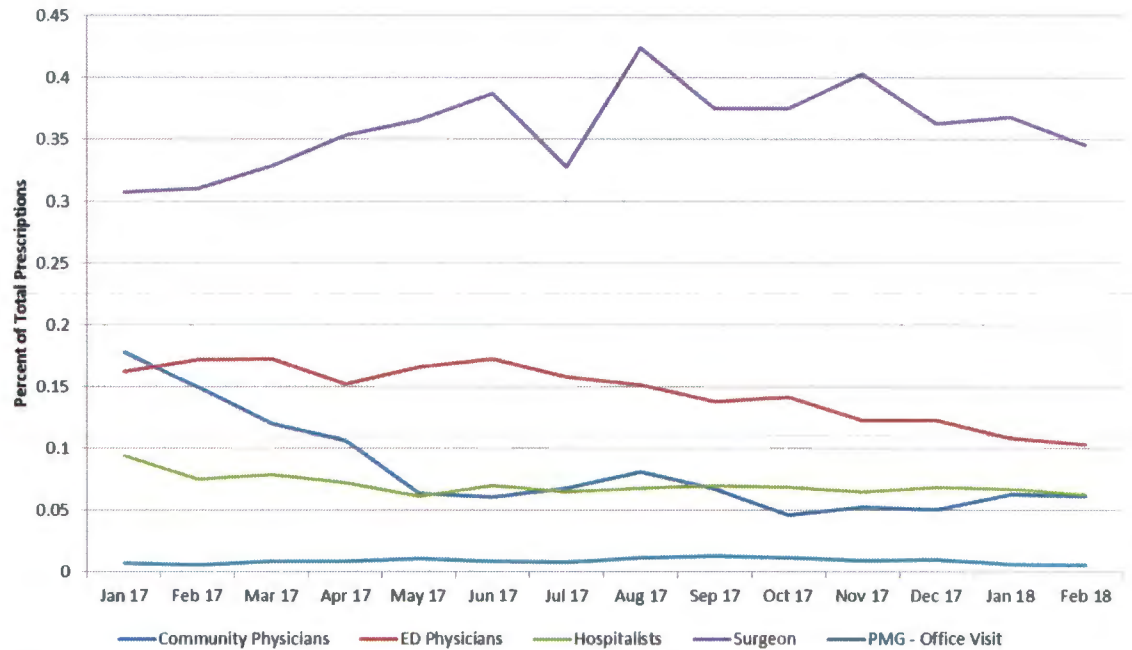
Percent of DC Prescriptions for CY 2017

Total	ED	Hospitalists	Procedure	All Other
12308	6889	1696	3007	716
75846	40353	22613	5380	7499
88154	47242	24309	8387	8215
13.96%	14.58%	6.98%	35.85%	8.72%

Parrish Medical Center Prescriptions prescribed on DC (Opioid)



Parrish Healthcare Opioid Prescriptions



Questions ?



Parrish Mission Control



Vizient Southeast Joint COO & CFO Meeting Agenda

Noon March 8 to Noon March 9, 2018
Mayo Clinic Florida | Kinne Auditorium, Cannady Building

March 8, 2018

<u>Time</u>	<u>Topic</u>	<u>Presenter</u>
12:00 – 12:30 pm	Lunch & Networking at Mayo Clinic Florida	
12:30 – 1:00 pm	Welcome & Introductions	Kay Thiemann, Associate Administrator, <i>Mayo Clinic Florida</i> Kevin Lockett, Chief Financial Officer, <i>Mayo Clinic Florida</i> Cynthia Hare, President <i>Vizient Southeast</i>
1:00 – 1:30 pm	Mayo Clinic Florida: Market, Enterprise & Strategies	Kay Thiemann & Kevin Lockett, <i>Mayo Clinic Florida</i>
1:30 – 2:30 pm	Healthcare Sustainability: Technology Will Change it, but in Different Ways Than You Think	Steve Brozak, President, <i>WBB Securities, LLC</i>
2:30 – 2:45 pm	Vizient Southeast Portal: Design Enhancements	Joe Regan, VP Performance Improvement, <i>Vizient Southeast</i>
2:45 – 4:15 pm	Mayo Clinic Florida Tours: <ul style="list-style-type: none">Simulation Center: <i>The J. Wayne and Delores Barr Weaver Multidisciplinary Simulation Center is a 10,000 sq. ft. facility containing replicas of all major clinical spaces at the Jacksonville campus. There are 9 simulation rooms and 3 classrooms to accommodate the nearly 10,000 learners per year who experience the center's innovative educational initiatives and learn from the highly qualified faculty. The center is involved in a robust community outreach initiative that reaches out to students from a variety of backgrounds and age ranges. The</i>	

center partners with industry to bring the newest technology and training methods to Mayo to ensure best practice and patient care.

- **Cyclotron & 3D Printing for Patient Care: MCF PET Radiochemistry Facility Tour**

The Positron Emission Tomography (PET) radiochemistry facility at Mayo Clinic Florida will advance the clinical practice and promote innovative molecular imaging research and education. The PET radiochemistry facility primarily includes a GE cyclotron and the state-of-the-art radiochemistry laboratory. A cyclotron is a particle accelerator, which will enable the production of PET radionuclides. Our facility is under construction and expected to be operational this year for research purposes and by 2nd quarter 2019 for clinical PET tracers. The radiochemistry laboratory will manufacture a wide variety of PET radiopharmaceuticals. Specifically, four FDA approved PET drugs will be prepared for clinical use and multiple PET radiopharmaceuticals for Molecular Imaging research. All procedures involving the human use of PET radiopharmaceuticals will comply with the FDA federal regulation cGMP guidance.

MCF 3D Printing: *While touring the PET radiochemistry facility, 3D Printing at MCF for Clinical (Surgical) and Educational purposes will be discussed. 3D printed anatomic models will be shown that have been created to assist surgeons not only for surgical planning but also to be used as guides during surgery and in one case used as a template to reconstruct a chest wall. In close collaboration with the MCF Simulation Center models have been created to assist training of residents and fellows.*

4:15 pm

Travel to One Ocean Resort & Spa

6:15 pm

Meet in Hotel Lobby to walk to Reception and Dinner at Ocean 60

March 9, 2018

<u>Time</u>	<u>Topic</u>	<u>Presenter</u>
7:15 am	Check out of One Ocean Resort & Spa & Drive to Mayo Clinic Florida	
8:00 – 8:30 am	Breakfast & Networking at Mayo Clinic Florida	
8:30 – 10:00 am	Building Your Oncology Program: Sg2 Study of Vizient Southeast Members	Tim Remus, Ph.D., Director Cancer Service Line Strategy, Sg2
10:00 – 10:15 am	Break	
10:15 – 11:00 am	Martin Health System's Clinically Integrated Network	Chuck Cleaver, Chief Financial Officer <i>Martin Health System</i>
11:00 – 11:45 am	Individualized Medicine Presentation	Sanjay P. Bagaria, M.D., Sr. Associate Consultant, <i>Mayo Clinic Florida</i>
11:45 – 12:00 pm	Debrief and Input for Fall 2018 Meeting	
12:00 pm	Box Lunch & Departure	

FINANCE COMMITTEE MEMBERS:

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

**BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, MARCH 5, 2018
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Election of Vice Chairperson
- II. Review and approval of minutes (January 08, 2018)

Motion: To recommend approval of the January 08, 2018 minutes as presented.

- III. Public Comments
- IV. Financial Review – Mr. Sitowitz
- V. Capital Budget and Operating Budget Timelines – Mr. Sitowitz
- VI. Disposal

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

- VII. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Budget and Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on January 8, 2018 in the Executive Conference Room. The following members, representing a quorum, were present:

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

Member(s) Absent:
None

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

CALL TO ORDER

Mr. Retz called the meeting to order at 1:11 p.m.

REVIEW AND APPROVAL OF MINUTES

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

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

PUBLIC COMMENTS

None

CAPITAL REFURBISHMENT – 1905 JESS PARRISH COURT

Mr. Bradford summarized the memorandum contained in the packet relative to the old MRI Facility Refurbishment. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mrs. Fitzgerald and approved (9 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE A GRANT TO NBMS FOR THE STRUCTURAL REFURBISHMENT OF 1905 JESS PARRISH COURT AS PRESENTED, AT AN AMOUNT NOT TO EXCEED \$200,903. THIS MOTION IS CONTINGENT UPON APPROVAL OF THE NORTH BREVARD MEDICAL SUPPORT BOARD TO ACCEPT SAME SAID CONDITIONS.**

CAPITAL BED PROJECT

Mrs. Crooks recommended removal of the Patient Bed Project, Item V on the agenda.

FINANCIAL REVIEW

Mr. Sitowitz summarized the November 2017 financial statements.

DISPOSAL OF SURPLUS PROPERTY

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

***ACTION TAKEN:* MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO DECLARE THE EQUIPMENT LISTED IN THE REQUESTS FOR DISPOSAL OF OBSOLETE OR SURPLUS PROPERTY FORMS AS SURPLUS AND OBSOLETE AND DISPOSE OF SAME IN ACCORDANCE WITH FS274.04 AND FS274.96.**

ADJOURNMENT

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

Stan Retz
Chairperson

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
Char Broiler in Cafe	022059	4/24/2002	\$1,675.00		Non-operational. It is not repairable.	0.00	1.651

Requesting Department Food & Nutrition Department Director Lisa Cavallero

Net Book Value (Finance) -0- EMC Member [Signature] 1/22/18

Sr. VP Finance/CFO [Signature] 2/5/18 President/CEO [Signature]

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

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

EXECUTIVE COMMITTEE

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

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, MARCH 5, 2018
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes
Motion to approve the minutes of the January 8, 2018 meeting.
- II. Reading of the Huddle
- III. Public Comment
- IV. Open Forum for PMC Physicians
- V. WFTV – Mrs. Sellers
- VI. Attorney Report – Mr. Boyles
- VII. Other
- VIII. Executive Session (if necessary)

ADJOURNMENT

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

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

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

A regular meeting of the Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on January 8, 2018 in the Executive Conference Room.

The following members were present:

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

Members Absent:

None

Also in attendance were the following Board members:

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

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 1:51 p.m.

REVIEW AND APPROVAL OF MINUTES

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

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

READING OF THE HUDDLE

Dr. Galfo read the Weekly Huddle.

PUBLIC COMMENT

There were no public comments.

OPEN FORUM FOR PHYSICIANS

Dr. Tronetti advised the committee that she was taking her new role as Medical Staff President, seriously and looking forward to the opportunity to change a few things.

MCKESSON UPDATE

Mr. Jay Brennan, Esquire, gave a status updated on the McKesson case. Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Retz and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE RESOLUTIONS OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT AUTHORIZING SETTLEMENT OF LEGAL ACTION WITH MCKESSON TECHNOLOGIES, INC., A DELEWARE CORPORATION.

PROJECT UPDATE

Mr. Bradford updated the committee on the sports related project. He advised draft documents are being reviewed by all parties and legal before a formal agreement will be brought back to the Board.

ATTORNEY REPORT

Mr. Boyles summarized the three (3) resolutions in the packet relative to properties on Century Medical Drive. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Cole and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT AUTHORIZING SALE OF REAL PROPERTY LOCATED AT 805 CENTURY MEDICAL DRIVE.

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

ACTION TAKEN: MOTION TO APPROVE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT AUTHORIZING SALE OF REAL PROPERTY LOCATED AT 830 CENTURY MEDICAL DRIVE.

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

ACTION TAKEN: MOTION TO APPROVE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT AUTHORIZING SALE OF REAL PROPERTY LOCATED AT 836 CENTURY MEDICAL DRIVE.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 2:22 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.
George Mikitarian, President/CEO (Non-voting)
Maureen Rupe
Pamela Tronetti, D.O.

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, MARCH 5, 2018
NOON
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Election of Chairperson & Vice Chairperson
- II. Healing Work Environment – Mrs. Sellers
- III. Safe Culture Team – Hand Hygiene – Mr. Loftin
- IV. Other
- V. 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.

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

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on January 8, 2018 in the Executive Conference Room, Second Floor. The following members were present:

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

Member(s) Absent:

Ashok, Shah, M.D. (excused)

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

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 4:14 p.m.

REVIEW AND APPROVAL OF MINUTES

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

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

ETHICS AND THE SUNSHINE LAW PRESENTATION

Mr. Jackson introduced Tim Wilkes, from the firm of GrayRobinson, who gave a PowerPoint presentation on Ethics and the Sunshine Law. Mr. Wilkes summarized ethics; prohibited acts; voting conflicts; competing financial interests; gifts and the disclosure of; financial disclosure; what, where and when to disclose; the Sunshine Law; permissible closed session meetings; and public records. Copies of the PowerPoint slides are appended to the file copy of these minutes.

EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS
COMMITTEE
JANUARY 8, 2018
PAGE 2

OTHER

No other items were presented.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:55 p.m.

Billie Fitzgerald
Chairperson

**Parrish Medical Education
Committee Meeting
Sexual Harassment Briefing
March 5, 2018**

**Susan T. Spradley, Esquire
GrayRobinson, P.A.
301 East Pine Street, Suite 1400
Orlando, FL 32801
susan.spradley@gray-robinson.com**

Sexual Harassment and the #MeToo Movement

- Increase in sexual harassment assertions and claims
- PR considerations prevail over legal issues
 - Claims being “tried” in social media vs. agency (EEOC) and court proceedings
 - Engage PR now/communication crisis plan
- Surface of dated/stale legal claims and settlements
- Questioning of HR’s effectiveness

Avoidance May Have Unintended Consequences

- “Pence Rule” may not be best option
- Consider potential adverse impact on career development
 - Networking opportunities
 - Mentoring
 - Advancement

Parrish Healthcare's Policy

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

Policy #9500-7022

The Policy

- Applies to all who “work” for or on behalf of Parrish Healthcare
 - Employees, the Board, volunteers, medical staff, consultants . . .
 - No one is excluded
- Coverage is broad
 - Discrimination, harassment, retaliation, rudeness, unprofessional and disruptive behavior

The Policy

- Encourages dignity, decency and respect in all communications
- Prohibits Bullying
- Romantic Associations
 - Problematic if give appearance of bias, favoritism, dissention
 - Must disclose
- Prohibits Retaliation
- Procedures established to report and investigate conduct

Best Practices

- Message/tone begins at the top
 - Accountability of those in power
- Culture of respect and civility
- Train managers on responsibilities
 - Looking the other way is not acceptable
 - Hold accountable in performance appraisals

Best Practices

- Training
 - Management, Non-management, Board
 - Live or computer based so long as its interactive
 - Need more than a click through to next screen
 - More buy-in for training
 - Those at highest level of organization should participate
 - Train on discrimination, harassment, retaliation, reporting

Best Practices

- Know the policies and follow
 - Reporting complaints
 - Investigation procedures
 - Anti-retaliation
- Must have rigorous, effective, and prompt investigative process
 - Use neutral trained third party when appropriate
 - HR must be effective and empowered to act

Best Practices

- Take appropriate disciplinary action against wrongdoer
 - Increased level of discipline / adverse consequences is expected
- Follow up to be sure matter is resolved

THANK YOU!

Redefining Hand Hygiene

Safe Care Culture Team



Healing Families – Healing Communities®
parrishhealthcare.com

Safe Care Starts in Our Hands

Education

- Care Partners
- Germinators

Safe Care Pledge

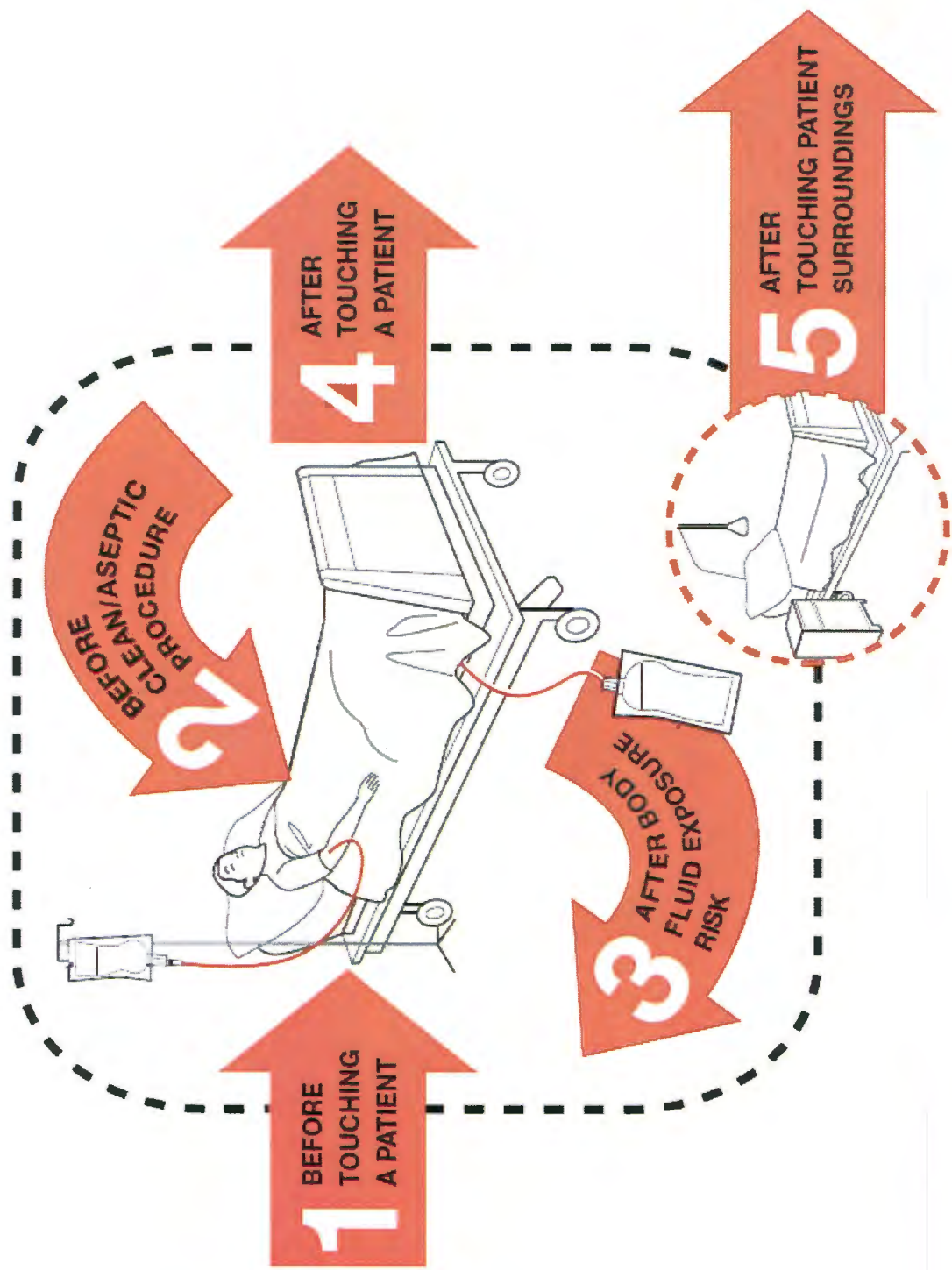
Go Live: 4/2/2018

- Expectation: 100% compliance




Healing Families – Healing Communities®

parrishhealthcare.com



How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b



2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



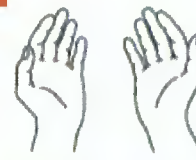
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



Wet hands with water;



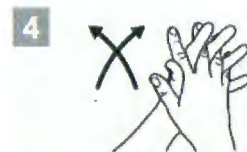
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



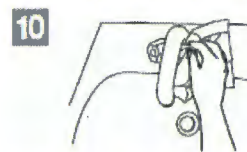
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



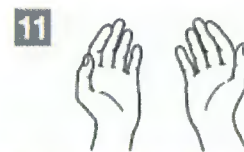
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MARCH 5, 2018
NO EARLIER THAN 3:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Pledge of Allegiance
- II. PMC's Vision – *Healing Families – Healing Communities*
- III. Approval of Agenda
- IV. Review and Approval of Minutes (January 8, 2018)
- V. Recognition(s)
- VI. Open Forum for PMC Physicians
- VII. Public Comments
- VIII. Unfinished Business
- IX. New Business
- X. Medical Staff Report Recommendations/Announcements – Dr. Tronetti
- XI. Public Comments (as needed for revised Consent Agenda)

Consent Agenda

A. Finance Committee

1. Recommend to the Board of Directors to 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.

XIV. Committee Reports

A. Quality Committee – Mr. Cole

BOARD OF DIRECTORS MEETING
MARCH 5, 2018
PAGE 2

- B. Budget and Finance Committee – Ms. Crooks
 - C. Executive Committee – Mr. Jordan
 - D. Educational, Governmental and Community Relations Committee – Ms. Fitzgerald
 - E. Planning, Physical Facilities & Properties Committee (Did Not Meet)
- XV. Process and Quality Report – Mr. Mikitarian
- A. Other Related Management Issues/Information
 - B. Hospital Attorney - Mr. Boyles
- XVI. Other
- XVII. Closing Remarks – Chairman
- XVIII. Executive Session (if necessary)
- XIX. Open Forum for Public

ADJOURNMENT

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

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

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

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MARCH 5, 2018
NO EARLIER THAN 3:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Pledge of Allegiance
- II. PMC's Vision – *Healing Families – Healing Communities*
- III. Approval of Agenda
- IV. Review and Approval of Minutes (January 8, 2018)
- V. Recognition(s)
- VI. Open Forum for PMC Physicians
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Consent Agenda

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BOARD OF DIRECTORS MEETING
MARCH 5, 2018
PAGE 2

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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center was held on January 8, 2018 in Conference Room 2/3/4/5, First Floor. The following members were present:

Herman A. Cole, Jr., Chairman
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Stan Retz
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 4:56 p.m.

PLEDGE OF ALLEGIANCE

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

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

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

APPROVAL OF AGENDA

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

ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.

REVIEW AND APPROVAL OF MINUTES

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

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

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

RECOGNITIONS

Aluino Ochoa, MD

Mr. Cole, on behalf of the Board, thanked Dr. Ochoa for serving as Medical Staff President for the last year. Dr. Ochoa thanked the Board for their support and collaborative efforts. Dr. Ochoa was presented a gift certificate as a token of appreciation.

Donna Ivery, MD

Dr. Ivery has successfully completed the 2017 Maintenance of Certification assignment for the America Board of Obstetrics and Gynecology.

Behzad Oskouei, MD

Dr. Oskouei has successfully completed certification in Cardiovascular Disease by the American Board of Internal Medicine.

PUBLIC COMMENTS

There were no comments from the public.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS - North Brevard Medical Support Liaison Report

Mr. Retz presented the North Brevard Medical Support Liaison report from the December 7, 2017 meeting.

Community Health Needs Assessment

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT, AS PRESENTED.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

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

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE AMENDMENT TO THE MEDICAL STAFF RULES & REGULATIONS REGARDING "RESTRAINTS".

Request for ED Exemption

Douglas Barimo, MD, has given his one-year notice request for Emergency Department Exemption. No action from the Board of Directors is required.

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

Discussion ensued regarding the revised consent agenda, and Mr. Boyles recommended removal of Item 1A, and the following motion was made by Mr. Jordan, seconded by Ms. Crooks and approved (7 ayes, 0 nays, 0 abstentions). Dr. Galfo and Mr. Noffel were not present when the vote was taken.

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

A. Finance Committee

1. Recommend the Board of Directors approve a grant to NBMS for the structural refurbishment of 1905 Jess Parrish Court as presented, as at amount not to exceed \$200,903. This motion is contingent upon approval of the North Brevard Medical Support Board to accept same said conditions.

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

B. Executive Committee

1. Motion to approve Resolutions of the Board of Directors of the North Brevard County Hospital District authorizing settlement of legal action with McKesson Technologies, Inc., a Delaware Corporation.
2. Motion to approve Resolutions of the Board of Directors of the North Brevard County Hospital District authorizing sale of real property located at 805 Century Medical Drive.
3. Motion to approve Resolutions of the Board of Directors of the North Brevard County Hospital District authorizing sale of real property located at 830 Century Medical Drive.
4. Motion to approve Resolutions of the Board of Directors of the North Brevard County Hospital District authorizing sale of real property located at 836 Century Medical Drive.

COMMITTEE REPORTS

Quality Committee

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

Budget and Finance Committee

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

Executive Committee

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

Educational, Governmental and Community Relations Committee

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

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

None

Hospital Attorney

Legal counsel had no report.

OTHER

There was no other business brought before the Board.

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 5:03 p.m.

Herman A. Cole, Jr.
Chairman

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

February 20, 2018

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held February 20, 2018, at 6:00 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Pamela Tronetti, President, called the meeting to order at 6:07 pm.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE PREVIOUS MEETING MINUTES (JANUARY 16, 2018) AS WRITTEN AND DISTRIBUTED.

ACTION TAKEN: Noted by the Committee.

The Joint Commission

The Committee reviewed the 2018 Hospital National Safety Patient Goals. The 2018 Hospital National Safety Goals will remain in the books and included in the packet each month as a resource. A copy is appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

Hospital Consumers Assessment of Healthcare Providers and Services (HCAHPS)

The Committee reviewed the current Hospital Consumers Assessment of Healthcare Providers and Services (HCAHPS) report. The questions related to physicians were highlighted.

ACTION ITEM: Noted by the Committee.

Quality

The Committee reviewed the Board Quality minutes (December 4, 2017), and the Quality Value Dashboard for February 2018. Copies are appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

Physician's Lounge Discussion

The Committee discussed the survey that Food & Nutrition conducted regarding the physician's lounge preferences. A copy of the survey results is attached to the file copy of these minutes.

There was a discussion regarding options offered to continue to lower costs associated with physician dining. The medical executive committee is in agreement with the suggestion that certain foods have limited availability under the physician plan, particularly the bottled beverages, prepackaged food items, and certain candy bar/snack items. The final decision will be made by subject so/Parrish administration.

ACTION ITEM: Dr. Tronetti will follow up with Food and Nutrition.

Donna Ivery, MD – LOA

It was brought to the attention of the Committee that Donna Ivery's leave of absence was up on February 1 and Medical Staff Services has not received the follow-up from her to terminate her leave. Dr. Ivery's medical staff appointment and privileges will expire on February 1, 2018.

ACTION TAKEN: Noted by the Committee.

ACTION ITEM: Dr. Tronetti discussed Dr. Ivery regarding her leave of absence and will follow up with Medical Staff Services for appropriate termination.

Reporting Requirement - 2017 Cardiac Catherization Procedures

The Committee discussed the 2017 Cardiac Catherization Procedures Report per Policy 9900-22, Criteria for Diagnostic Cardiac Catheterization/Angiography Credentialing. The following motion was made, seconded, and approved unanimously.

ACTION TAKEN: Motion to review and edit the 9900-22 policy to reflect what is outlined in the Cardiology Privileges form for criteria.

Policy 9900-67, Financial Interest

The executed Financial Interest forms for 2018 were shared with the Committee electronically for review. Copies of the executed forms are appended to the file copy of these minutes.

ACTION TAKEN: Noted by Committee.

For Information Only

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

1. Joint Commission *Perspectives* – February 2018

Information/Education items to be noted in the minutes.
Copies are appended to the file copy of these minutes.

1. Grand Rounds- March 20, 2018

- a. Speaker- Shehzad Niazi, MD, FRCPC: “Impact of psychiatric comorbidities on high-value cancer care”

ACTION TAKEN: Noted by the Committee.

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

The Committee reviewed the Board of Directors Regular Board of Directors Meeting minutes (December 4, 2017) from the December Board of Directors packet. Copies are appended to the file copy of these minutes.

ACTION TAKEN: Noted by the Committee.

Dr. Tronetti reported some of the goals/recommendation for the medical staff as requested by the Board at their last meeting including an active role in combating the opioid crisis, improving HCAHPS scores, using computerized order entry, and working as a team with the Board. The MEC was asked to discuss their goals and recommendations for the upcoming year to present to the Board and a discussion ensued about the sense of camaraderie, teamwork, the need for recruitment and retention of physicians, subspecialist coverage, retention of employees, and interactive discussion with the Board, administration and physicians.

CONSENT AGENDA

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

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

- A. Approval to update Mechanical Ventilation Standing Orders- Order Set in Meditech and add paper copy to FormFast for downtime use. “Change #4 to say Manage and Wean per Respiratory Therapy Protocols and delete page 2 because protocols are taking its place.” (E423).**
- B. Approval for “Predicted Body Weight and Tidal Volumes Charts” to be added to Formfast and attached to appropriate downtime order sets. (E3373)**
- C. Approval for “FEV Predicted Values Charts” to be added to Formfast and attached to appropriate downtime order sets. (E3374)**
- D. Approval for “ARDS Mechanical Ventilation Protocol” to be added to Formfast and attached to appropriate downtime order sets. (E3369)**
- E. Approval for “Ventilator Weaning Protocol” to be added to Formfast and attached to appropriate downtime order sets. (E3372)**
- F. Approval for “Ventilator Management Protocol” to be added to Formfast and attached to appropriate downtime order sets. (E3370)**

COMMITTEE REPORT(S)

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

- EMR Governance Committee- February 15, 2018
- Intensive Care Committee- February 8, 2018

A copy is appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and unanimously approved.

***ACTION TAKEN:* MOTION TO ACCEPT THE COMMITTEE REPORT(S) AS PRESENTED.**

CLINICAL DEPARTMENT REPORT(S)

The Committee reviewed the department minute(s) of the following departments:

- Family Practice- February 12, 2018
- Anesthesia- February 7, 2018
- Emergency Medicine- January 23, 2018
- Patient Blood management- January 18, 2018

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

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

OPEN FORUM

Pictures of the new physicians will be provided on the bulletin board in the Physician's Lounge and included in the MEC meeting packets

ACTION TAKEN: Noted by the Committee.

Dr. Barimo asked if the Committee would like to purchase a plaque and gift card for former Medical Staff Services care partner.

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

***ACTION TAKEN:* MOTION FOR MEDICAL STAFF MEMBERS TO PURCHASE THESE ITEMS ON BEHALF OF THE MEDICAL STAFF AS PRESENTED.**

Dr. Carmona asked for assistance with the Medical Staff bank account signing authority as the Treasurer of the Committee. He will reach out to other members with signing authority to discuss.

ACTION TAKEN: Noted by the Committee.

MEETINGS

- A. Quality Committee, March 5, 2018, Executive Conference Room, Noon
- B. Budget and Finance Committee, March 5, 2018, Executive Conference Room
- C. Executive Session, March 5, 2018, Executive Conference Room
- D. Executive Committee, March 5, 2018, Executive Conference Room
- E. Educational, Governmental & Community Relations Committee March 5, 2018, First Floor, Conference Center
- F. Board of Directors Planning, Physical Facilities and Properties Committee, March 5, 2018, Conference Center
- G. Board of Directors, March 5, 2018, Conference Center (*To commence Immediately following the last Board Committee meeting at the posted time.*)
- H. Medical Executive Committee, third Tuesday of each month, Conference Center, 6:00 pm
- I. Medical Staff meetings – first Tuesday each quarter (March, June, and September at 6:00 pm. The annual meeting in December begins immediately following dinner at 5:30 pm), Conference Center
- J. Credentials and Medical Ethics Committee, second Monday of each month, Conference Center, 5:30 pm

ACTION TAKEN: Noted by the Committee.

ADJOURNMENT

There being no further business, the meeting adjourned at 7:30 pm.

Pamela Tronetti, DO
President/Medical Staff

Pedro Carmona, MD
Secretary - Treasurer