



MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Biju Mathews, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – November 7, 2022

Date: November 2, 2022

The Audit 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 Finance Committee, and then Executive Committee meetings.

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 2:00 p.m.

The Planning Committee meeting has been canceled.

George has invited one of or CFO candidates, who will be onsite Monday and Tuesday interviewing, to attend the Committee and Board meeting.

Members:

Stan Retz, Chairperson
Robert L. Jordan, Jr., C.M. (ex-officio)
Jerry Noffel
Herman Cole, Jr.
Elizabeth Galfo, M.D.
Billy Specht

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
NOVEMBER 07, 2022 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

- I. Review and approval of minutes (June 6, 2022)

Motion: To recommend approval of the June 6, 2022 minutes as presented.

- II. Public Comments
- III. FY 2022 Audit Plan - MSL
- 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 June 6, 2022 at 11:02 a.m. in the Executive Conference Room. The following members were present:

Stan Retz, Chairperson
Robert Jordan, Jr., C.M. (absent/excused)
Herman Cole
Elizabeth Galfo, M.D.
Billy Specht (absent/excused)

Other Attendees:

Anual Jackson, Corporate Compliance, Chief Compliance and Audit Officer
Darrell Bacon, Director Financial Planning
Stephanie Parham, Executive Assistant

Call to Order

Mr. Retz called the meeting to order at 11:02 a.m.

Review and Approval of Minutes

The following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved without objection.

Action Taken: Motion to approve the minutes of the March 7, 2022 meeting as presented.

Public Comments

None.

Audit Engagement Letter

Mr. Bacon presented to the committee the engagement letter with MSL for the upcoming audit for FY22. Discussion ensued regarding retaining audit services from MSL.

The following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved without objection.

Motion: To recommend approval of the Moore Stephens Lovelace Engagement Letter for the FY22 audit as presented.

**AUDIT COMMITTEE
JUNE 6, 2022**

Corporate Compliance Update

Mr. Jackson updated the committee on a complaint filed with the Office for Civil Rights regarding discrimination. The OCR validated the information provided by PMC and found that no further action was needed, the case was closed.

Mr. Jackson informed the committee of a recent compliance coding audit, reviewing 300 claims. PMC overall accuracy was 96%. Mr. Jackson noted there will be a review of PMG as well.

In regards to the Compliance Hot Line, there were 14 reported compliance concern calls with a majority of the calls being related to HIPAA Privacy.

Adjournment

There being no further business, the meeting adjourned at 11:38 a.m.

Stan Retz, Chairperson

QUALITY COMMITTEE

Elizabeth Galfo, M.D., Chairperson
Robert L. Jordan, Jr., C.M. (ex-officio)
Billy Specht
Billie Fitzgerald
Herman A. Cole, Jr.
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Biju Mathews, M.D., President/Medical Staff
Greg Cuculino, M.D.
Kiran Modi, M.D., Designee
Francisco Garcia, M.D., Designee
Christopher Manion, M.D., Designee
George Mikitarian (non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, NOVEMBER 7, 2022
12:00 P.M.
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the September 12, 2022 meeting.

II. Vision Statement

III. My Story

IV. Dashboard

V. TJC Leadership Standards Review - continued

VI. Other

VII. 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 THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110. 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 September 12, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present.

Elizabeth Galfo, M.D., Chairperson
Maureen Rupe, Vice Chairperson
Robert L. Jordan, Jr., C.M.
Herman A. Cole, Jr.
Billie Fitzgerald
Stan Retz, CPA
Billy Specht
Jerry Noffel
Ashok Shah, M.D.
Christopher Manion, M.D.
Kiran Modi, M.D.
George Mikitarian (non-voting)

Members absent:
Biju Mathews, M.D., President/Medical Staff (excused)
Francisco Garcia, M.D. (excused)
Gregory Cuculino M.D. (excused)

CALL TO ORDER

Dr. Galfo called the meeting to order at 3:01 p.m.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

MY STORY

Mr. Loftin shared the correspondence received from Mr. Brown summarizing the excellent care he received throughout his stay at PMC.

QUALITY DASHBOARD REVIEW

Mr. Loftin reviewed the September Quality Dashboard discussing 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.

QUALITY COMMITTEE

SEPTEMBER 12, 2022

PAGE 2

TJC LEADERSHIP STANDARDS REVIEW

Mr. Loftin continued discussion from the August meeting regarding Parrish Medical Center Board of Directors governance and leadership standards as it applies to The Joint Commission, noting that the hospital's culture, systems, and leadership structure and relationships all come together to shape and drive its operations.

OTHER

There was no other business brought before the committee.

ADJOURNMENT

There being no further business to discuss, the Quality Committee meeting adjourned at 3:15 p.m.

Elizabeth Galfo, M.D.
Chairperson



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Board of Directors

Quality Committee Presentation



Healing Families – Healing Communities®

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Quality Agenda

November 7, 2022

1. Approval of Minutes
2. Vision Statement
3. My Story
4. Dashboard
5. TJC Leadership Standards Review- continued
6. Other
7. Executive Session

Quality Committee

Vision Statement

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



Healing Families – Healing Communities®

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My Story



Healing Families – Healing Communities®

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Dashboard



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Performance dashboard

Description	Definition	Aug	Jun-Aug	Opportunity
Stroke	Stroke management compliance	100%	75%	Goal: 100%
Sepsis	Severe Sepsis and Septic Shock Management bundle compliance	52%	67%	Goal: 76%
Early Elective Delivery	Percentage of elective deliveries among mothers with uncomplicated pregnancies at 37 and 38 weeks gestation	0%	0%	Goal: 0%
HAI	Hospital onset MRSA bacteremia	0.40	0.26	Goal: 0
Readmission	All cause 30 day readmissions	10.1%	11.1%	Goal: 8.0%
Person Centered flow	Inpatient and outpatient emergency department throughput	579	446	164 *weighted goal

The Joint Commission Leadership Chapter Standards



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Overview:

The safety and quality of care, treatment, and services depend on many factors, including the following:

- A culture that fosters safety as a priority for everyone who works in the hospital
- The planning and provision of services that meet the needs of patients
- The availability of resources – human, financial, and physical – for providing care, treatment, and services
- The recruitment and retention of competent staff and other care providers
- Ongoing evaluation of and improvement in performance

To determine the hospital's culture, Surveyor may ask Leaders:

- How does the hospital meet the needs of the population served?
- By what ethical standards will the hospital operate?
- What does the hospital want to accomplish through its work?

What are the Surveyors looking for from Leadership?

- How you work together to fulfill the hospital's mission.
- How you model the hospital's mission to collaborate, communicate, solve problems, manage conflict, and maintain ethical standards.
- That you have a common goal.
- That senior managers are communicating the activities to Leadership
- What resources the hospital needs and how they secure those resources.

Leadership Chapter Sections

- Leadership Structure ✓
- Leadership Relationships ✓
- Hospital Culture and System Performance Expectations ✓
- Operations

Leadership Operations

- LD.04.01.01 The hospital complies with law and regulation.
- LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.
- LD.04.01.05 The hospital effectively manages its programs, services, sites, or departments.
- LD.04.01.07 The hospital has policies and procedures that guide and support patient care, treatment, and services.
- LD.04.01.10 Hospital leaders provide oversight for emergency management activities.
- LD.04.01.11 The hospital makes space and equipment available as needed for the provision of care, treatment, and services.
- LD.04.02.01 The leaders address any conflict of interest involving licensed independent practitioners and/or staff that affects or has the potential to affect the safety or quality of care, treatment, and services.
- LD.04.02.03 Ethical principles guide the hospital's business practices.

Leadership Operations- Cont.

- LD.04.02.05 When internal or external review results in the denial of care, treatment, and services, or payment, the hospital makes decisions regarding the ongoing provision of care, treatment, and services, and discharge or transfer, based on the assessed needs of the patient.
- LD.04.03.01 The hospital provides services that meet patient needs.
- LD.04.03.07 Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.
- LD.04.03.08 Reducing health care disparities for the hospital's patients is a quality and safety priority.

LD.04.01.01 The hospital complies with law and regulation.

Standard Introduction and Rationale

Introduction to Operations, Standards LD.03.07.01 Through LD.04.03.11

Although some leaders may not be involved in the day-to-day, hands-on operations of the hospital, their decisions and work affect, either directly or indirectly, every aspect of operations. They are the driving force behind the culture of the hospital. Leaders establish the ethical framework in which the hospital operates, create policies and procedures, and secure resources and services that support patient safety and quality care, treatment, and services.

- 1 The hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission.
482.11(b)(1)§482.11(b)(2)§482.27...ESP-1
- 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
§482.11(a)§482.12(d)(5)§482.12(d)(5) continued...ESP-1
- 3 Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
§482.25(b)(1)§482.12
- 17 For hospitals that use Joint Commission accreditation for deemed status purposes:
The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.
§482.30§482.30(a)(1)§482.30(a)(2)...

- 18 For hospitals that use Joint Commission accreditation for deemed status purposes:
Utilization review activities are implemented by the hospital in accordance with the plan.
§482.30(a)(1)§482.30(a)(2)§482.30(b)...

LD.04.01.03 The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.

1 **Leaders solicit comments** from those who work in the hospital when developing the operational and capital budgets. (See also NR.01.01.01, EP 3)
§482.12(d)(7)(ii)

3 **The operating budget reflects the hospital's goals and objectives.**
Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix A [AXA] for the language of this CMS requireme
§482.12(d)(2)§482.12(d)(3)§482.12(d)(4)...ESP-1

4 The **governing body approves** an annual operating budget and, when needed, a long-term capital expenditure plan.
§482.12(d)(1)§482.12(d)(2)§482.12(d)(3)...ESP-1

LD.04.01.05 The hospital effectively manages its programs, services, sites, or departments.

Rationale for LD.04.01.05

Leaders at the program, service, site, or department level create a culture that enables the hospital to fulfill its mission and meet its goals. They support staff and instill in them a sense of ownership of their work processes. Leaders may delegate work to qualified staff, but the leaders are responsible for the care, treatment, and services provided in their areas.

2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.

§482.28§482.28(a)(1)(i)§482.28(a)(1)(ii)...ESP-1

3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. (See also NR.01.01.01, EP 5)

§482.25(a)§482.26(c)(1)§482.28...ESP-1

- 4 Staff are held accountable for their responsibilities.
§482.21(e)(4)§482.12
- 5 Leaders provide for the coordination of care, treatment, and services among the hospital's different programs, services, sites, or departments. (See also NR.01.01.01, EP 1)
§482.54(a)§482.55(a)(2)
- 6 For hospitals that use Joint Commission accreditation for deemed status purposes:
The hospital's emergency services are directed and supervised by a qualified member of the medical staff.
§482.55(a)(1)§482.55(b)(1)
- 7 For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services:
- Anesthesia
 - Nuclear medicine
 - Respiratory care
- §482.52§482.57(a)(1)§482.53(a)(1)ESP-1

- 8 For hospitals that use Joint Commission accreditation for deemed status purposes:
The hospital assigns one or more individuals who are responsible for outpatient services.
§482.54(b)(1)
- 9 For hospitals that use Joint Commission accreditation for deemed status purposes:
The anesthesia service is responsible for all anesthesia administered in the hospital.
§482.52
- 25 The hospital designates an individual to serve as the radiation safety officer who is responsible for making certain that radiologic services are provided in accordance with law, regulation, and organizational policy. This individual has the necessary authority and leadership support to do the following:
- Monitor and verify compliance with established radiation safety practices (including oversight of dosimetry monitoring)
 - Provide recommendations for improved radiation safety
 - Intervene as needed to stop unsafe practices
 - Implement corrective action
- ESP-1

LD.04.01.07 The hospital has policies and procedures that guide and support patient care, treatment, and services.

- 1 **Leaders review, approve, and manage** the implementation of policies and procedures that guide and support patient care, treatment, and services. (See also NR.02.03.01, EP 2; RI.01.07.01, EP 1)
§482.23(c)(4)§482.25§482.51(a)(3)...ESP-1

LD.04.01.10 Hospital leaders provide oversight for emergency management activities.

- 2 Senior hospital leadership directs implementation of selected hospital wide improvements in emergency management based on the following:
- Examine the emergency management planning reviews at least every two years
 - Review of the evaluations of all emergency response exercises and all responses to actual emergencies
 - Determination of which emergency management improvements will be prioritized for implementation, recognizing that some emergency management improvements might be a lower priority and not taken up in the near term (See also EM.17.01.01, EP 2)

LD.04.01.11 The hospital makes **space and equipment** available as needed for the provision of care, treatment, and services.

Rationale for LD.04.01.11

The **resources allocated to services provided by the hospital have a direct effect on patient outcomes.** Leaders should place highest priority on high-risk or problem-prone processes that can affect patient safety. Examples include infection control, medication management, use of anesthesia, and others defined by the hospital.

3 The interior and exterior space provided for care, treatment, and services **meets the needs of patients.**

§ 482.41(d)(1)§482.41(d)(3)§482.41(d)ESP-1

4 The grounds, equipment, and special activity areas **are safe, maintained, and supervised.**

ESP-1

5 The leaders provide for equipment, information systems, supplies, and other resources.

§482.21(e)(4)§482.41(d)(2)§482.51(b)...ESP-1

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

- 2 The leaders follow a written policy that defines situations that represent a conflict of interest involving licensed independent practitioners and/or staff and how the hospital will address these conflicts of interest. ESP-1
- 3 Existing or potential conflicts of interest involving licensed independent practitioners and/or staff, as defined by the hospital, are disclosed.
- 4 The hospital reviews its relationships with other care providers, educational institutions, manufacturers, and payers to determine whether conflicts of interest exist and whether they are within law and regulation.
- 5 Policies, procedures, and information about the relationship between care, treatment, and services and financial incentives are available upon request to all patients and those individuals who work in the hospital, including staff and licensed independent practitioners.

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

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

Rationale for LD.04.02.05

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

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

- 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.

§482.26§482.27§482.51(b)...

- 2 The hospital provides essential services, including the following:

- Diagnostic radiology
- Dietary
- Emergency
- Medical records
- Nuclear medicine
- Nursing care
- Pathology and clinical laboratory
- Pharmaceutical
- Physical rehabilitation
- Respiratory care
- Social work

§482.12(f)(1)§482.23§482.24(a)...ESP-1

- 3 The hospital provides at least one of the following acute care clinical services:
- Child, adolescent, or adult psychiatry
 - Medicine
 - Obstetrics and gynecology
 - Pediatrics
 - Treatment for addictions
 - Surgery

§482.51§482.51(a)ESP-1

- 26 For hospitals that use Joint Commission accreditation for deemed status purposes:
Emergency laboratory services are available 24 hours a day, 7 days a week.
- §482.27(a)(1)ESP-1

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

Rationale for LD.04.03.07

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

- 1 Variances in staff, setting, or payment source do not affect outcomes of care, treatment, and services in a negative way.
§482.51

Reducing health care disparities for the hospital's patients is a quality and safety priority.

Introduction to Standard LD.04.03.08

Although health care disparities are often viewed through the lens of social injustice, they are first and foremost a quality of care problem. Like medication errors, health care–acquired infections, and falls, health care disparities must be examined, the root causes understood, and the causes addressed with targeted interventions. Hospitals need established leaders and standardized structures and processes in place to detect and address health care disparities. These efforts should be fully integrated with existing quality improvement activities within the hospital, such as activities related to infection prevention and control, antibiotic stewardship, and workplace violence. The Elements of Performance (EPs) in Standard LD.04.03.08 focus on fundamental processes, such as identifying a leader, understanding patients' health-related social needs (HRSNs), stratifying key measures, and developing a plan to address one or more target, that will help hospitals start to address health care disparities as a quality and safety issue.

The EPs provide flexibility in their scope to accommodate hospitals at different stages on the path forward and will serve as a foundation for future work to address health care disparities and achieve equity. Standard LD.04.03.08 states, “Reducing health care disparities for patients is a quality and safety priority.” This standard is placed in the "Leadership" (LD) chapter because success demands leadership. Achieving health care equity will require commitment, vision, creativity, and sustained effort at all levels, including the C-suite and the board.

Rationale for LD.04.03.08

Health-related social needs (HRSNs) are frequently identified as root causes of disparities in health outcomes. Understanding individual patients' HRSNs can be critical for designing practical, patient-centered care plans; however, hospitals vary in their capacity to do this. Due to differences in patient populations served, the availability of community resources, and health care hospital capacity, it is acceptable for each hospital to focus on the social needs that are most practical and relevant for its unique situation. Similarly, the hospital may determine what information about potential interventions, services, and resources in its community are needed to address the HRSNs of its patients. EP 2 allows hospitals the flexibility to determine which patients to target for assessment of HRSNs and which HRSNs to assess and connect to resources. It is essential for hospitals to understand the specific disparities that may exist at their institution. This process begins with stratifying existing measures. Hospitals may differ in the patient information they collect, the quality and safety measures they use, and their ability to perform data analyses. Hospitals may focus their analyses on measures that affect all patients (for example, experience of care, readmissions) or concentrate on a well-known area of persistent disparity (for example, diabetes, blood pressure control). Understanding which processes and outcomes vary by sociodemographic characteristics allows a hospital to explore the possible root causes of a health care disparity and to tailor interventions to improve care.

If stratified analyses show differences across groups, hospitals should work to understand the root causes of the differences and develop actions to address disparities when they are identified. Hospitals are required to address one topic, even if they identify multiple disparities. The hospital should develop an action plan that defines the health care disparity and the specific population(s) of focus, the hospital's improvement goal, the strategies and resources needed to achieve the goal, and the process that will be used to monitor and report progress. Assessing progress and evaluating whether a hospital's efforts to reduce health care disparities are successful can also inform the hospital if it should revise its action plan or provide additional resources. Leaders, practitioners, and staff need to be aware of the hospital's initiatives to address health care disparities and be informed of their potential role in those initiatives. It is also important to update leaders, practitioners, and staff about the challenges and successes of the hospital's efforts to improve care for all patients.

- 1 The hospital designates an individual(s) to lead activities to reduce health care disparities for the hospital's patients.

ESP-1

2 The hospital assesses the patient's health-related social needs (HRSNs) and provides information about community resources and support services.

Examples of a patient's HRSNs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity

3 The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.

- Age
- Gender
- Preferred language
- Race and ethnicity

4

- 4 The hospital develops a **written action plan** that describes how it will address at least one of the health care disparities identified in its patient population.
- 5 The hospital **acts** when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.
- 6 At least **annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress** to reduce identified health care disparities.

December: LD 4 Cont, Overall TJC,CMS



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Questions?



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FINANCE COMMITTEE

Herman A. Cole, Jr. Chairperson
Stan Retz, CPA, Vice Chairperson
Robert L. Jordan, Jr., C.M., (ex-officio)
Jerry Noffel
Billie Fitzgerald
Billy Specht
Maureen Rupe
Ashok Shah, M.D.
Elizabeth Galfo, M.D.
Christopher Manion, M.D.
Biju Mathews, M.D., President/Medical Staff
George Mikitarian, President/CEO (non-voting)

**TENTATIVE AGENDA
FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, NOVEMBER 7, 2022
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)**

CALL TO ORDER

- I. Approval of minutes.

Motion: To recommend approval of the September 12, 2022 meeting.

- II. Public Comments

- III. Financial Review – Ms. Penick

- IV. Quarterly Investment Portfolio Update – Anderson Financial Partners

- V. FY23 Capital Budget Request | Replacement Ventilators – Mr. Loftin

Motion to recommend the Board of Directors to approve the purchase of the replacement of four (4) ventilators at a total cost not to exceed the amount of \$174,401.

- VI. 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 THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

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
FINANCE COMMITTEE**

A regular meeting of the Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on September 12, 2022 in Conference Room 2/3/4/5, First Floor. The following members, representing a quorum, were present:

Herman A. Cole, Jr., Chairperson
Stan Retz, Vice Chairperson
Robert Jordan, Jr., C.M.
Billie Fitzgerald
Elizabeth Galfo, M.D.
Billy Specht
Maureen Rupe
Jerry Noffel
Ashok Shah, M.D.
Biju Mathews, 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. Cole called the meeting to order at 3:16 p.m.

PUBLIC COMMENTS

There were no public comments.

FINANCIAL REVIEW

Mr. Bacon summarized the July financial statements of the North Brevard County Hospital District and the year to date financial performance of the Health System. Mr. Bacon reviewed actions taken to reduce expenses. He also noted that the Health System line of credit maturity date has been extended to October 7, 2022.

Mr. Boyles shared that the Florida Legislature passed a required \$15.00 per hour minimum wage for health care providers providing services to Medicaid patients through its appropriations bill which is being implemented through AHCA. In this regard AHCA has published information implementing a \$15 per hour required minimum hourly wage for certain positions providing direct patient care to Medicaid patients.

Mr. Bacon noted that additional funds have been secured from FEMA and thanked Ms. Middleton and her team for their hard work securing such additional funds from FEMA.

CAPITAL REQUEST, OPERATING ROOM LIGHTS

Mr. Loftin summarized the material contained in the agenda packet concerning a Capital request for operating room lights for Operating Room 1. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Jordan and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOVED THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE PURCHASE OF THE REPLACEMENT OF THE SURGICAL LIGHTS AND ASSOCIATED IMAGING INTEGRATION SYSTEM IN OPERATING ROOM (OR) 1 AT A TOTAL COST NOT TO EXCEED THE AMOUNT OF \$197,712.42.

FY 2023 MAJOR BUDGET VOLUME ASSUMPTIONS AND OPERATING BUDGET

Mr. Bacon summarized the material contained in the agenda packet concerning the FY 2023 Major Budget Volume Assumptions and Operating Budget. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Jordan and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOVED THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE FY 2023 MAJOR VOLUME ASSUMPTIONS AND THE FY 2023 OPERATING BUDGET, AS PRESENTED.

INTERGOVERNMENTAL TRANSFER DSH

Mr. Bacon summarized the material as presented concerning the State of Florida Letter of Agreements for the Intergovernmental Transfers (IGT's) for Disproportionate Share Hospital (DSH). Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Shah and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE AUTHORIZING MANAGEMENT TO ENTER INTO A LETTER OF AGREEMENT WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION TO FUND MEDICAID DSH FOR SFY 2023.

INTERGOVERNMENTAL TRANSFER – LOW INCOME POOL (LIP)

Mr. Bacon summarized the memorandum as presented regarding the State of Florida Letter of Agreements for the IGT's for LIP. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE AUTHORIZING MANAGEMENT TO ENTER INTO A LETTER OF AGREEMENT WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION TO FUND LIP FOR SFY 2023.

INTERGOVERNMENTAL TRANSFER – HOSPITAL DPP

Mr. Bacon summarized the memorandum as presented regarding the State of Florida Letter of Agreement for the IGT's for Hospital Disproportionate Share (DPP). Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Specht and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE AUTHORIZING MANAGEMENT TO ENTER INTO A LETTER OF AGREEMENT WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION TO FUND HOSPITAL DPP FOR YEAR 2.

INTER-GOVERNMENTAL TRANSFER – PHYSICIAN DPP

Mr. Bacon summarized the memorandum as presented regarding the State of Florida Letter of Agreements for the IGT's for Physician DPP. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE AUTHORIZING MANAGEMENT TO ENTER INTO A LETTER OF AGREEMENT WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION TO FUND PHYSICIAN DPP FOR SFY 2023.

DISPOSALS

Obsolete and surplus property as specified in the Board materials was presented to the Finance Committee for disposal. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Jordan and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS DECLARE THE EQUIPMENT LISTED IN THE REQUEST FOR DISPOSAL OF OBSOLETE OR SURPLUS PROPERTY FORMS AS SURPLUS AND OBSOLETE AND DISPOSE OF SAME IN ACCORDANCE WITH FS 274.05 AND FS 274.96.

PUBLIC HEARING DATES

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

ADJOURNMENT

There being no further business to discuss, the Finance Committee meeting adjourned at 4:03 p.m.

Herman A. Cole, Jr.
Chairman



MEMORANDUM

To: Finance Committee

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

Subject: FY23 Capital Budget Request – Ventilators (Standard – Year 2)

Date: October 17, 2022

This request is for the budgeted capital replacement of four (4) ventilators at Parrish Medical Center (PMC).

A full assessment of our ventilator fleet was performed in 2020. PMC currently owns 14 ventilators, ten (10) Maquet Servo-I models, and four (4) Getige Servo-U models (purchased in 2022). The Servo-I make and model has become obsolete for parts and service through the original equipment manufacturer. The fleet age is four (4) purchased 10/9/2002, five (5) purchased 6/2/2009, and one (1) purchased 6/28/2016. In 2021, exacerbated by the COVID-19 pandemic, PMC our overall usage increased substantially.

Based on age, usage, obsolescence and growth of our Respiratory Isolation unit, at this time, we are requesting your approval to replace four (4) additional ventilators now. This year's request is the second year of a multi-year plan to replace our aging inventory and potentially look to increase our fleet of ventilators future years.

Representatives from the Respiratory Therapy, Intensive Care, 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 this year's project and due diligence of a future year's needs.

Motion: To recommend to the Board of Directors to approve the purchase of the replacement of four (4) ventilators at a total cost not to exceed the amount of \$174,401.



Healing Families – Healing Communities®

parrishmed.com

Finance Committee

FYTD September 30, 2022 – Performance Dashboard

Indicator	FYTD 2022 Actual	FYTD 2022 Budget	FYTD 2021 Actual
IP Admissions	4,820	5,400	5,389
LOS	5.6	4.3	5.3
Surgical Procedures	5,259	5,562	5,108
ED Visits	29,629	31,612	30,530
OP Volumes	49,773	53,711	52,845
Hospital Margin %	5.56%	8.64%	5.44%
Investment Income \$	-\$11.4 Million	\$4.7 Million	\$14.3 Million

EXECUTIVE COMMITTEE

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

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, NOVEMBER 7, 2022
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes

Motion to approve the minutes of the September 12, 2022 meeting.
- II. Reading of the Huddle
- III. Report from Titusville City Council Liaison – Scott Larese
- IV. Attorney Report – Mr. Boyles
- V. Other
- VI. Executive Session (if needed)

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 THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

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 September 12, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present:

Stan Retz, CPA, Chairman
Robert L. Jordan, Jr., C.M., Vice Chairman
Herman A. Cole, Jr.
Maureen Rupe (excused)
Elizabeth Galfo, M.D.
George Mikitarian (non-voting)

Members 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 4:04 p.m.

READING OF THE HUDDLE

Dr. Galfo read the Weekly Huddle.

ATTORNEY REPORT

Mr. Boyles discussed the recent appropriation legislation passed by the Florida Legislature which required a minimum wage for health care providers providing services to Medicaid Patients. He indicated that the Florida legislation being implemented by AHCA required the leadership of Medicaid healthcare providers to attest by October 1, 2022 that all employees providing patient care to Medicaid patients are receiving at minimum \$15 per hour in wages. The legislation provides both civil and criminal penalties for failure to implement these requirements. The Healthcare system is working diligently to be in compliance.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 4:14 p.m.

Stan Retz, CPA
Chairman

EDUCATION COMMITTEE

Billie Fitzgerald, Chairperson
Maureen Rupe, Vice Chairperson
Robert L. Jordan, Jr., C.M. (ex-officio)
Ashok Shah, M.D.
Biju Mathews, M.D.
George Mikitarian, President/CEO (Non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, NOVEMBER 7, 2022
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 of the September 12, 2022 meeting.

II. Cardiac Electrophysiology– Dr. Janardhan

III. Other

IV. Executive Session (if necessary)

ADJOURNMENT

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

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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 September 12, 2022 at 4:20 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

Billie Fitzgerald, Chairperson
Robert L. Jordan, Jr., C.M.
Maureen Rupe, Vice Chairperson
Ashok, Shah, M.D.
Biju Mathews, 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 4:20 p.m.

COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Ms. Sellers summarized the Community Health Needs Assessment Report. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Shah and approved (5 ayes, 0 nays, 0 abstentions)

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

OTHER

No other items were presented.

ADJOURNMENT

There being no further business to discuss, the Educational, Governmental and Community Relations Committee meeting adjourned at 4:29 p.m.

Billie Fitzgerald
Chairperson

AJIT JANARDHAN, MD. PH.D

- Ajit Janardhan, M.D., Ph.D. is triple board certified in Internal Medicine, Cardiovascular Diseases and Clinical Cardiac Electrophysiology.
- After earning his Bachelor of Science and Master of Science in Biomedical Engineering at Boston University, Dr. Janardhan attended the State University of New York at Stony Brook where he earned his Ph.D. in Genetics and received his Medical Degree (M.D.). He completed his Residency and Fellowship training at the Washington University in St. Louis and Barnes-Jewish Hospital in Internal Medicine, Cardiology and Cardiac Electrophysiology.
- Dr. Janardhan's professional interests and advanced training include implantable device therapy and catheter ablation of arrhythmias (abnormal heart rhythms). He is subspecialty trained in the insertion and management of pacemakers, defibrillators, cardiac resynchronization therapy devices, leadless- and His- bundle pacing and the ablation of atrial and ventricular arrhythmias. He remains actively interested in cutting edge therapies for his patients, and has published numerous peer reviewed scientific journal articles, book chapters, and presented at scientific conferences.



NEW PROCEDURES

- Dr. Janardhan's professional interests and extensive training include:
 - **Device therapy** and **radiofrequency ablation** of atrial fibrillation, supraventricular tachycardias and ventricular tachycardia, as well as treating cryptogenic stroke, syncope and the prevention of sudden cardiac death.
 - He is subspecialty trained in the **insertion and management of pacemakers, insertion and management of defibrillators, and cardiac resynchronization therapy (CRT) devices, and in the ablation of atrial and ventricular arrhythmias.**

VOLUME ASSUMPTIONS

Dr. AJ Expected Service Scope		Buxton Est. Demand 2023		Market Capture %		Expected PMC Volumes		Expected Volume By DRG & Payor
		PMC Service Area	Brevard County	PMC Service Area	Brevard County	Service Area	Brevard County	Totals By DRG
DRG273	Percutaneous intracardiac procedures w/MCC	7	44	15%	5%	1	2	3
DRG274	Percutaneous intracardiac procedures w/o MCC	25	150	15%	5%	4	6	10
DRG308	Cardiac arrhythmia & conduction disorders w/MCC	90	562	15%	5%	14	24	37
DRG309	Cardiac arrhythmia & conduction disorders w/CC	158	989	15%	5%	24	42	65
DRG310	Cardiac arrhythmia & conduction disorders w/o MCC/CC	213	1332	15%	5%	32	56	88
DRG312	Syncope & collapse	103	636	15%	5%	15	27	42
							Total Volume	245
							Weekly Avg.	5

Base procedure volume

Growth

Year 1	34%
Year 2	29%
Year 3	25%
Year 4	18%
Year 5	13%

GOT AFIB?

**THE LATEST TREATMENT TECHNIQUES
THAT IMPROVE YOUR QUALITY OF LIFE**

Ajit Janardhan, MD, PhD, FHRS, FACC

Cardiac Electrophysiology

OUTLINE

- What is Atrial Fibrillation (AF)?
- Why is AF bad?
- How is AF treated?

OUTLINE

- *What is Atrial Fibrillation (AF)?*
- *Why is AF bad?*
- *How is AF treated?*

WHAT IS ATRIAL FIBRILLATION?

- Additional, abnormal electrical impulses cause an irregular heart beat that is known as AF
- AF often leads to poor outcomes

WHAT IS ATRIAL FIBRILLATION?

*AF often feels like a fluttering in the chest,
but some people with AF do not notice symptoms.*



WHAT IS ATRIAL FIBRILLATION?



OUTLINE

- What is Atrial Fibrillation (AF)?
- **Why is AF bad?**
- How is AF treated?

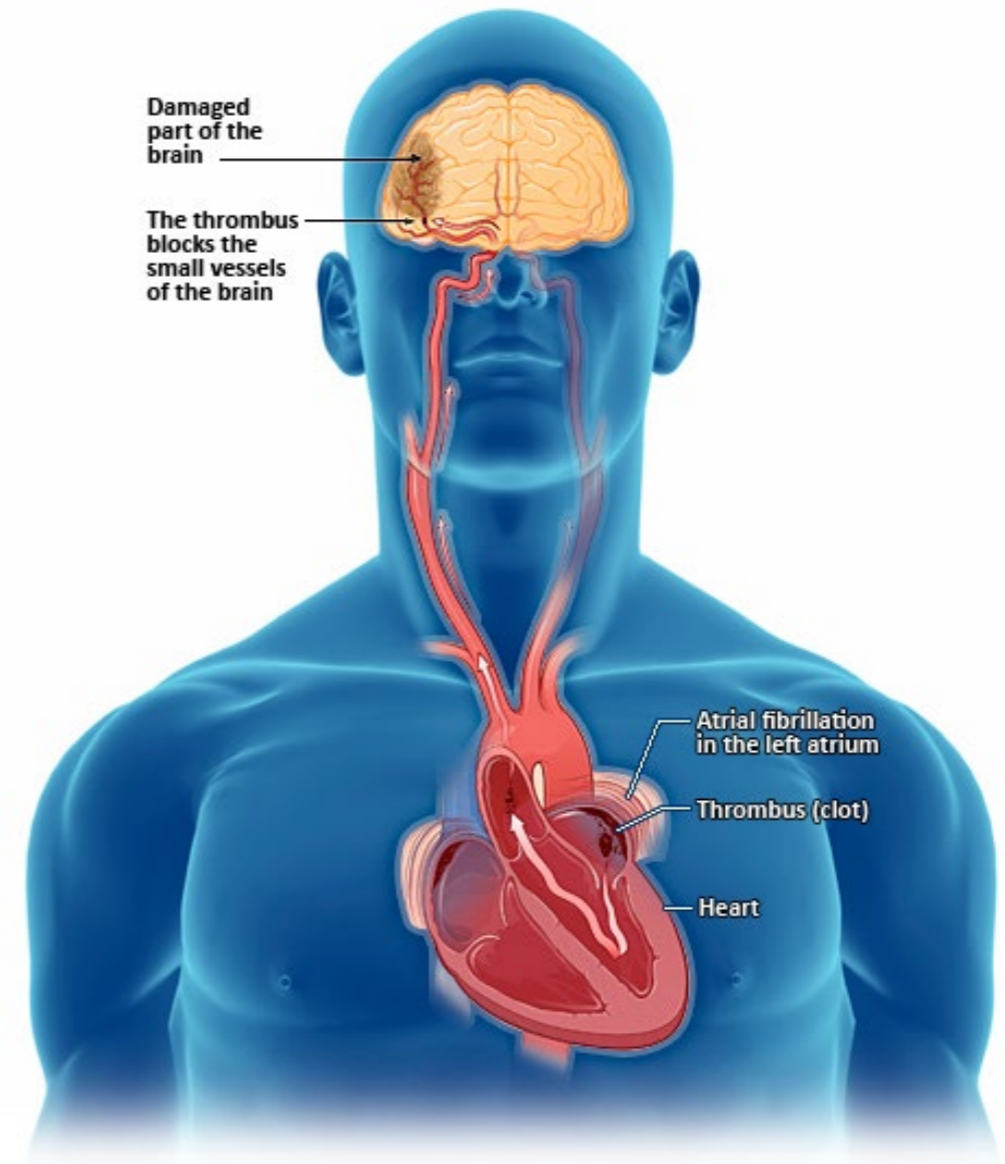
WHY IS AF BAD?

- **Symptoms:**

- **Fatigue, shortness of breath, feeling tired, weakness**
- **Palpitations** - feeling of “extra” or extremely rapid heartbeats

- **Complications**

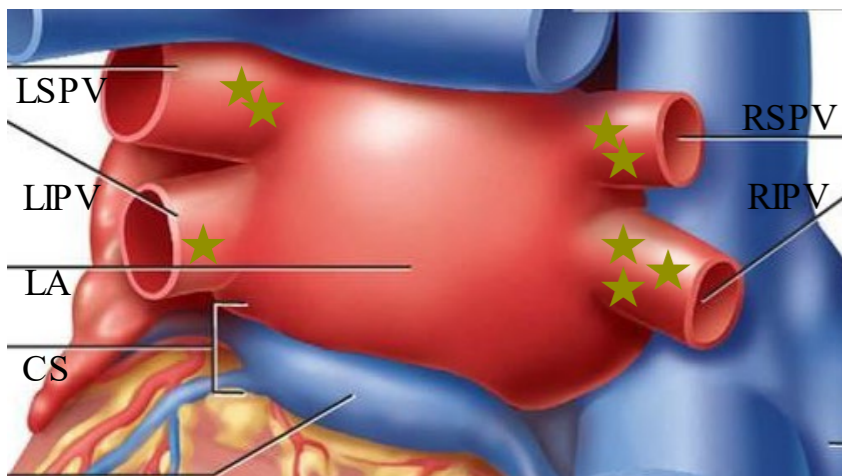
- **Blood clots** can cause **strokes** or **embolism** and damage major organs (kidneys, intestines, etc.)
- **Congestive Heart Failure (CHF)**



AF IS A CHRONIC, PROGRESSIVE DISEASE

- **Paroxysmal AF**

- AF that starts and stops on its own
- Often highly symptomatic



Time

AF IS A CHRONIC, PROGRESSIVE DISEASE

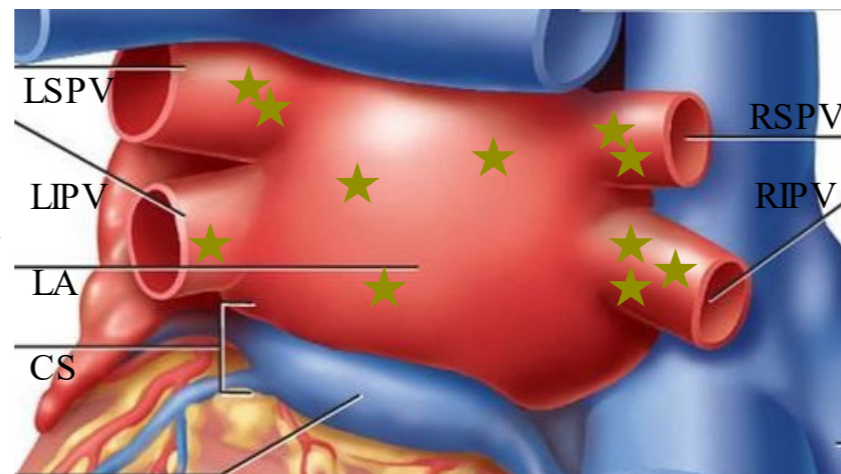
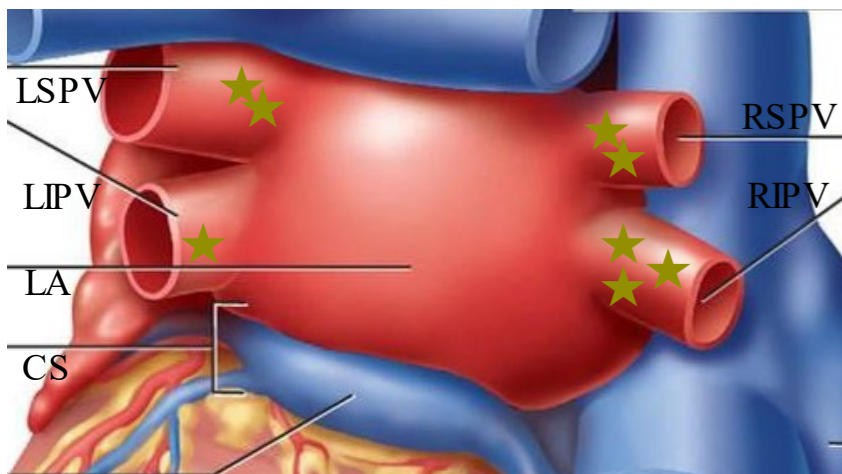
• Paroxysmal AF

- AF that starts and stops on its own
- Often highly symptomatic



• Persistent AF

- AF that lasts longer than a week
- Often requires Cardioversion (Electric shock)



Time

AF IS A CHRONIC, PROGRESSIVE DISEASE

• Paroxysmal AF

- AF that starts and stops on its own
- Often highly symptomatic



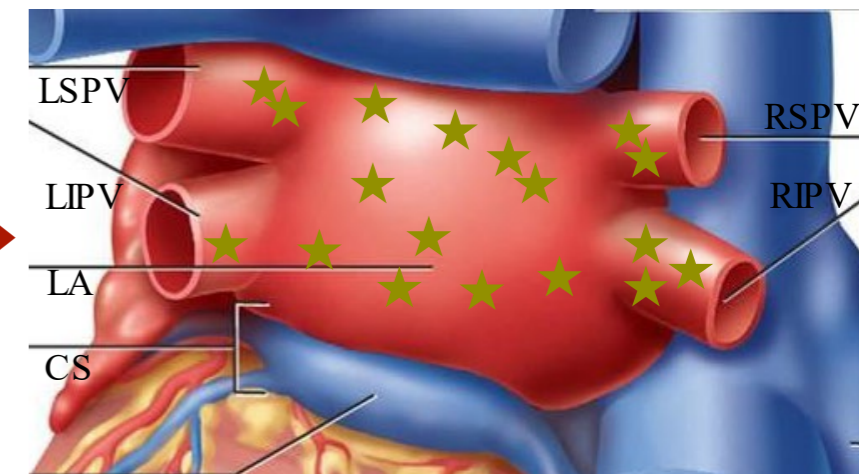
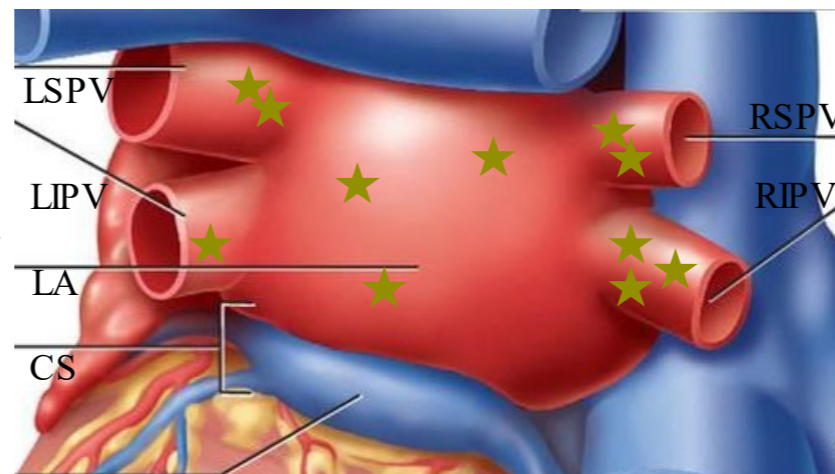
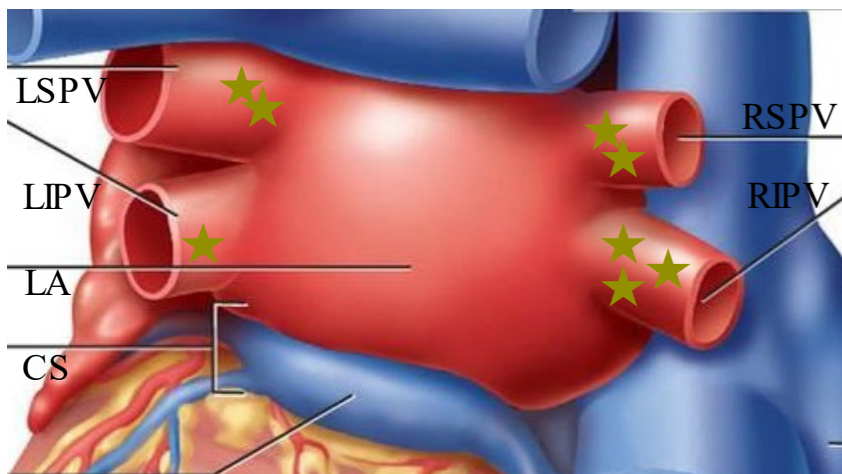
• Persistent AF

- AF that lasts longer than a week
- Often requires Cardioversion (Electric shock)



• Longstanding Persistent AF

- AF lasting more than 1 year
- “Chronic AF”



Time

OUTLINE

- What is Atrial Fibrillation (AF)?
- Why is AF bad?
- **How is AF treated?**

TREATMENT OF SYMPTOMATIC AF

1. BLOOD THINNERS:

3. Temporary Treatments

- **Anti-arrhythmic Medications**

- Not very effective, have side effects

- **Cardioversion (electric shock)**

- Requires hospital visit, anesthesia, doesn't last

2. RATE CONTROL

4. Curative Treatments

- Risk Factor Reduction (for all)

- **Catheter Ablation procedure**

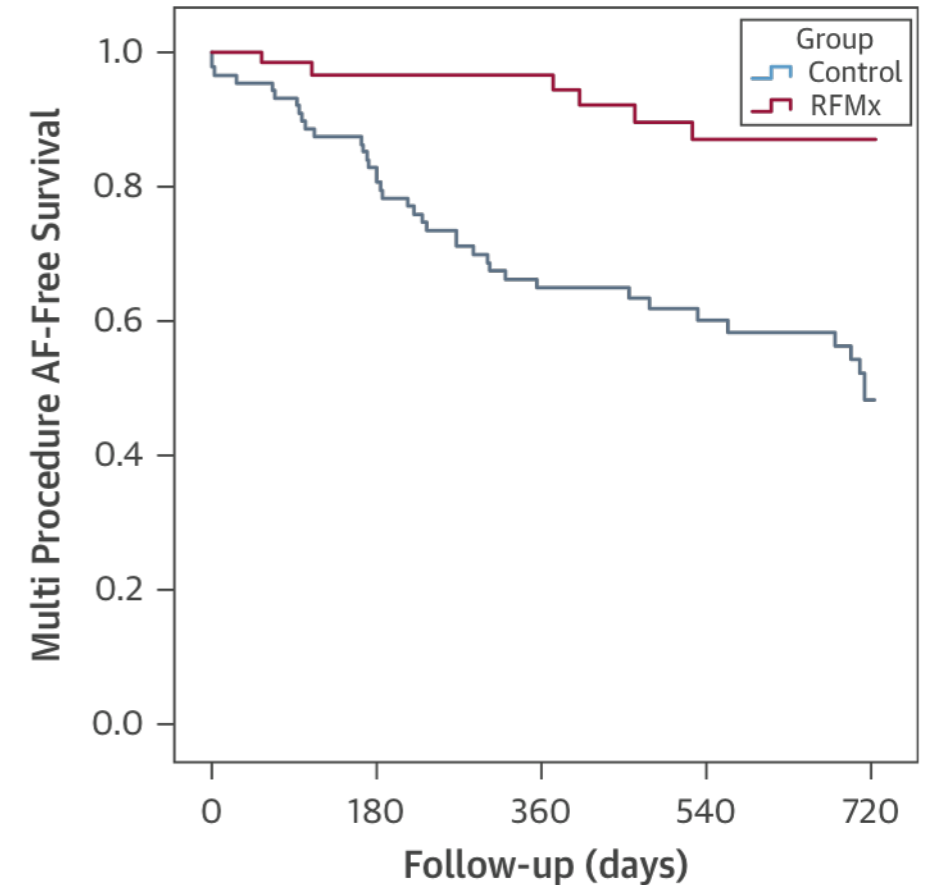
RISK FACTOR REDUCTION FOR AF

- Sleep Apnea
- Blood Pressure
- Moderate Exercise
- Reduce Alcohol
- Weight reduction

Aggressive Risk Factor Reduction Study for Atrial Fibrillation and Implications for the Outcome of Ablation

The ARREST-AF Cohort Study

Rajeev K. Pathak, MBBS,* Melissa E. Middeldorp,* Dennis H. Lau, MBBS, PhD,* Abhinav B. Mehta, MACTST,†
Rajiv Mahajan, MD,* Darragh Twomey, MBBS,* Muayad Alasady, MBBS,*† Lorraine Hanley, BSc,*
Nicholas A. Antic, MBBS, PhD,‡ R. Doug McEvoy, MBBS, MD,‡ Jonathan M. Kalman, MBBS, PhD,§
Walter P. Abhayaratna, MBBS, PhD,|| Prashanthan Sanders, MBBS, PhD*



ADVANCED TREATMENT OF AF

• Paroxysmal AF

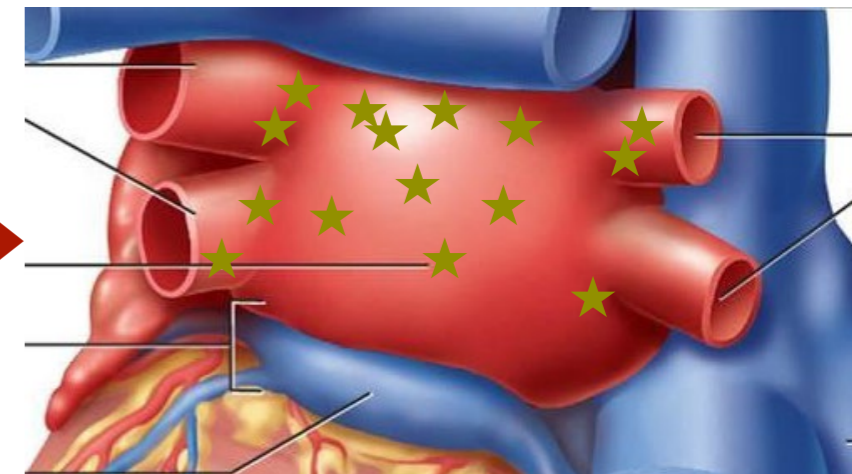
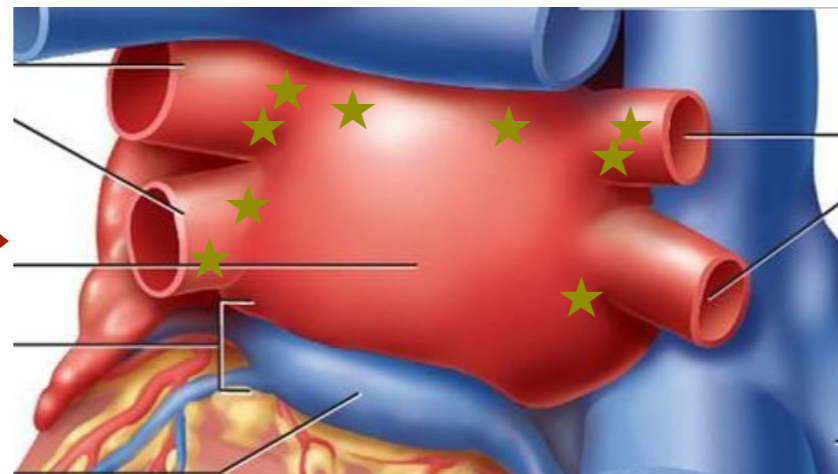
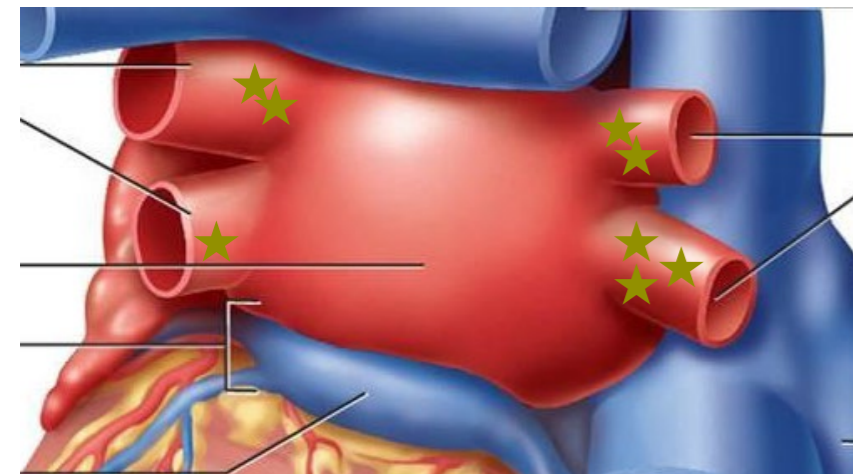
- Success rate 80-90% for RF ablation
- Clear targets for ablation

• Persistent AF

- Catheter ablation is 60-70% curative
- Improved with medications

• Longstanding Persistent

- Catheter ablation + medications
- Hybrid MAZE 80-90% curative



Catheter Ablation

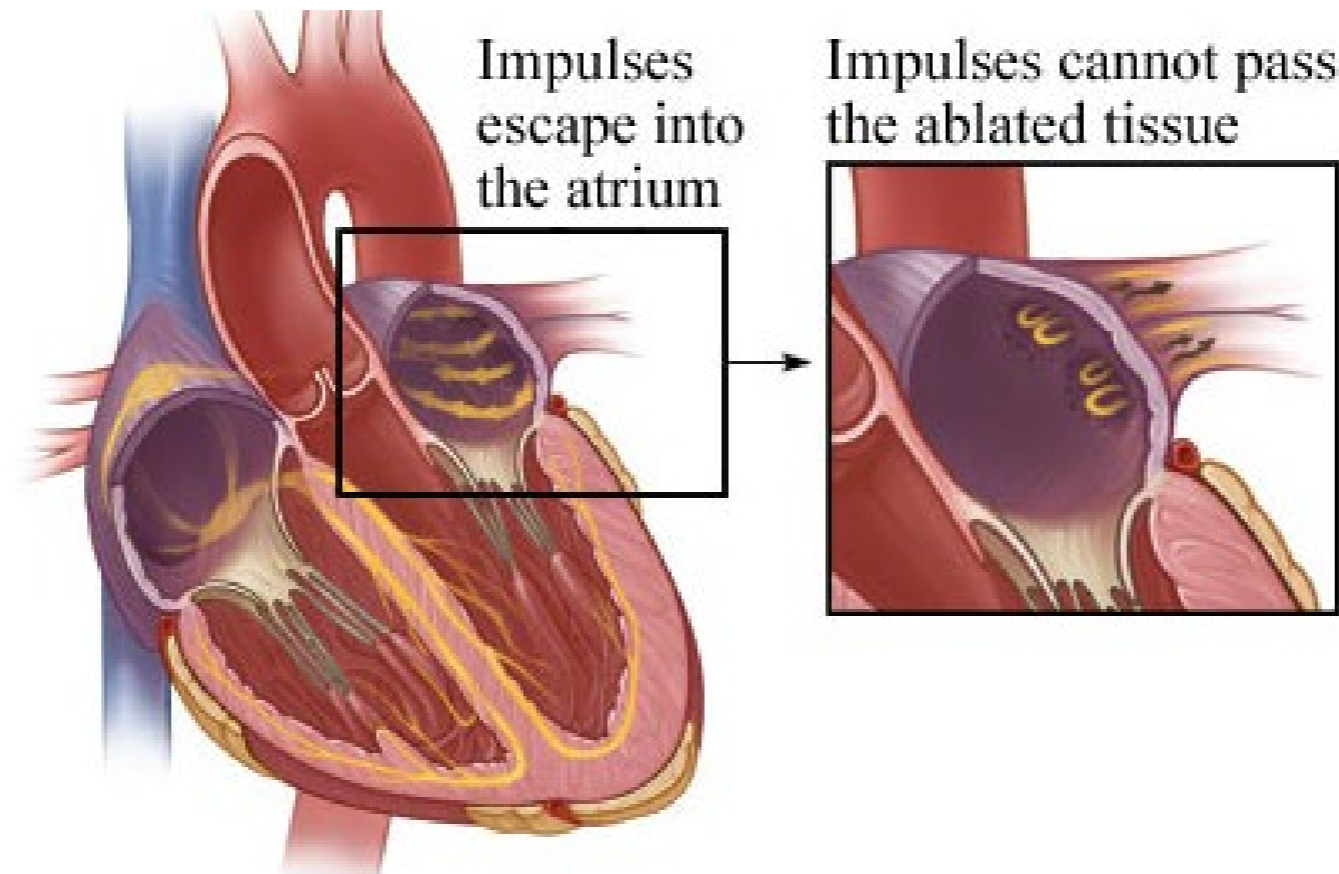
Hybrid MAZE,
AVNode/Pacer

CATHETER ABLATION OF AF

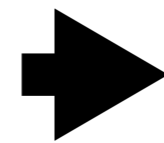


CATHETER ABLATION OF AF

PAROXYSMAL AND PERSISTENT AF



Atrial
Fibrillation
Present



No
Atrial
Fibrillation

CATHETER ABLATION OF ATRIAL FLUTTER



AV NODE ABLATION



CONCLUSIONS

- AF is a chronic, progressive disease.
- Catheter ablation procedures decrease symptoms, improve quality of life and in some, reduces mortality
- Catheter ablation may eliminate the need to take some medications for life
- **We want to bring this important therapy to Parrish Medical Center**



THANK YOU!

Ajit H. Janardhan, MD, PhD, FHRS, FACC

Cardiac Electrophysiology

Parrish Medical Group

DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
NOVEMBER 7, 2022
NO EARLIER THAN 2:00 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 (September 12, 2022 Regular Meeting, September 12, 2022 First Public Hearing, and September 26, 2022 Second Public Hearing)
- V. Recognitions
- VI. Open Forum for PMC Physicians
- VII. Public Input and Comments***¹
- VIII. Unfinished Business***
- IX. New Business***
 - A. **Motion to recommend the Board of Directors approve the Vehicle Safety Program Policy, as presented.**
- X. Medical Staff Report Recommendations/Announcements
- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda***
 - A. Finance
 1. Motion to recommend the Board of Directors approve the purchase of the replacement of four (4) ventilators at a total cost not to exceed the amount of \$174,401.

. ***¹ Pursuant to PMC Policy 9500-154:

- non-agenda items – 3 minutes per citizen

BOARD OF DIRECTORS MEETING

NOVEMBER 7, 2022

PAGE 2

- agenda items for board action -- 3 minutes per citizen, permitted prior to board discussion for regular agenda action items and prior to board action on consent agenda
- 10 minute total per citizen
- must be related to the responsibility and authority of the board or directly to an agenda item [see items marked ***]

XIII. Committee Reports

- A. Quality Committee
- B. Finance Committee
- C. Executive Committee
- D. Educational, Governmental and Community Relations Committee
- E. Planning, Physical Facilities & Properties Committee

XIV. Process and Quality Report – Mr. Mikitarian

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

XV. Other

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

ADJOURNMENT

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ANY MEMBER OF THE PUBLIC THAT WILLFULLY INTERRUPTS OR DISTURBS A MEETING OF THE BOARD OF DIRECTORS IS SUBJECT TO REMOVAL FROM THE MEETING BY AN OFFICER AND SUCH OTHER ACTIONS AS MAY BE DEEMED APPROPRIATE AS PROVIDED IN SECTION 871.01 OF THE FLORIDA STATUTES.

**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 (the District) was held at 4:31 p.m. on September 12, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present:

Robert L. Jordan, Jr., C.M., Chairman
Stan Retz, Vice Chairman
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Billie Fitzgerald
Billy Specht
Ashok Shah, M.D.
Jerry Noffel
Maureen Rupe

Member(s) Absent:
None

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 4:31 p.m.

PLEDGE OF ALLEGIANCE

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

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

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

APPROVAL OF MEETING AGENDA

Mr. Jordan requested approval of the meeting agenda in the packet as revised. Discussion ensued and the following motion was made by Mr. Specht, seconded by Mr. Cole and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOVED TO APPROVE THE REVISED MEETING AGENDA OF THE BOARD OF DIRECTORS OF THE DISTRICT AS PRESENTED.

OPEN FORUM FOR PMC PHYSICIANS

Dr. Mathews shared that he has invited Dr. Janadarhan to attend a future Board meeting. It was suggested that he provide a presentation during Education Committee regarding his specialty and his medical practice.

PUBLIC COMMENTS

There were no public comments.

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 its August 4, 2022 meeting.

RESPONSIBILITY MATRIX POLICY

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

ACTION TAKEN: MOTION TO APPROVE THE RESPONSIBILITY MATRIX POLICY, AS PRESENTED.

CONSENT AGENDA

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

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

Consent Agenda

A. Finance

1. Motion: Recommend the Board of Directors approve the purchase of the replacement of the surgical lights and associated imaging integration system in operating room (OR) 1 at a total cost not to exceed the amount of \$197,712.42.
2. Motion: Recommend the Board of Directors approve the FY 2023 Major

Volume Assumptions and the FY 2023 Operating Budget, as presented.

3. Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Medicaid DSH for SFY 2023.
4. Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund LIP for SFY 2023.
5. Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Hospital DPP for year 2.
6. Motion: Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund Physician DPP for SFY 2023
7. 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.

B. Education

1. Motion to recommend the Board of Directors approve the Community Health Needs Assessment Report as presented.

COMMITTEE REPORTS

Quality Committee

Dr. Galfo reported all items were covered during the Quality Committee meeting.

Finance Committee

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

Executive Committee

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

Educational, Governmental and Community Relations Committee

Ms. Fitzgerald reported all items were covered during the Education, Governmental and Community Relations Committee meeting.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Physical Facilities and Properties Committee did not meet.

PROCESS AND QUALITY REPORT

No additional information was presented.

Hospital Attorney

Legal counsel had no report.

OTHER

There was no other business to come before the board.

CLOSING REMARKS

There were no closing remarks.

ADJOURNMENT

There being no further business to discuss, the Parrish Medical Center Board of Directors meeting adjourned at 4:40 p.m.

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER – SPECIAL MEETING
PUBLIC HEARING**

The Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center held a special meeting and Public Hearing on September 12, 2022 at 5:01 p.m. in Conference Room 2/3/4/5, First Floor. The following members, representing a quorum, were present:

Robert L. Jordan, Jr., C.M.
Stan Retz, CPA
Jerry Noffel
Ashok Shah MD
Maureen Rupe
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Billie Fitzgerald

Member(s) Absent:

Billy Specht (excused)

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 5:01 p.m. and stated that this is the first of two public hearings to establish the millage rate and budget for FY2022-2023 for the North Brevard County Hospital District as required by the Laws of Florida.

TENTATIVE MILLAGE RATE

Mr. Jordan asked if there were any public comments and/or questions regarding the tentative millage rate of \$0.0000 per \$1,000 valuation. No comments or questions were presented by the public. Mr. Jordan then asked for comments and/or questions from the Board of Directors regarding the millage rate of \$0.0000 per \$1,000 in valuation. No comments or questions were presented by the Members of the Board of Directors. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE AND ADOPT THE TENTATIVE MILLAGE RATE OF \$0.0000 FOR FY2022-2023.

TENTATIVE BUDGET FOR FY 2022-2023

Mr. Jordan asked if there were any public comments and/or questions relative to the tentative budget for FY2022-2023 as presented. No comments or questions were presented. Mr. Jordan then asked for comments and/or questions from the Board of Directors regarding the tentative budget for FY2022-20223 as presented. No comments or questions were presented by the Members of the Board of Directors. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Cole and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE AND ADOPT THE TENTATIVE BUDGET FOR FY2022-2023 AS PRESENTED.

SECOND PUBLIC HEARING

Mr. Jordan announced that the second public hearing will be held on Monday, September 26, 2022 at 5:01 p.m.

ADJOURNMENT

There being no further business to discuss, the public hearing adjourned at 5:04 p.m.

Elizabeth Galfo, M.D.
Secretary

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER – SPECIAL MEETING
SECOND PUBLIC HEARING**

The Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center held a special meeting on September 26, 2022 at 5:01 p.m. The following members, representing a quorum, were present:

Robert L. Jordan, Jr., C.M.
Stan Retz, CPA
Billy Specht
Jerry Noffel
Maureen Rupe
Ashok Shah, M.D.

Member(s) Absent:

Herman A. Cole, Jr. (excused)
Billie Fitzgerald (excused)
Elizabeth Galfo, 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

Mr. Jordan called the special meeting to order at 5:01 p.m. and stated that this is the second of two special public hearings to establish the millage rate and budget for FY2022-2023 as required by the Laws of Florida.

TENTATIVE MILLAGE RATE

Mr. Jordan stated the tentative millage rate of \$0.0000 per \$1,000 valuation is the prior year operating millage levy. Mr. Jordan asked if there were any questions or comments from the public. A member of the public spoke at this time. A copy of the public appearance request is appended to the file copy of these minutes. A copy of the resolution is appended to the file copy of these minutes. Discussion ensued and the following motion was made by Mr. Retz, seconded by Mr. Specht and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE TO ADOPT THE MILLAGE RESOLUTION RATE OF \$0.0000 PER \$1,000 VALUATION FOR FY2022-2023.

TENTATIVE BUDGET FOR FY2022-2023

Mr. Jordan asked if there were any comments and/or questions from the public relative to the tentative budget for FY2022-2023 as presented. A member of the public spoke at this time. A copy of the public appearance request is appended to the file copy of these minutes. The following motion was made by Mr. Retz, seconded by Dr. Shah and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE TO ADOPT THE FINAL BUDGET FOR FY2022-2023 AS PRESENTED.

ADJOURNMENT

There being no further business, the meeting adjourned at 5:16 p.m.

Elizabeth Galfo, M.D.
Secretary

Other Attendees:

George Mikitarian, President/CEO

Chris McAlpine, Sr. Vice President, Administration Transformation

Natalie Sellers, Sr. Vice President, Communication, Community and Corporate Services

Stephanie Parham, Executive Assistant

Thomasina Middleton, Senior Financial Planner

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR SESSION MINUTES
October 18, 2022**

Present: B. Mathews, MD, M. Navas, MD, I. Rashid, MD, C. Manion, MD, R. Patel, MD, D. Barimo, MD, R. Rivera-Morales, MD, K. Patel, MD, J. Rojas, MD, C. Fernandez, MD, Chris Jacobs, MD and N. Sellers

Absent: C. McAlpine, G. Mikitarian, G. Cuculino, MD, H. Cole, P. Carmona, MD

The meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on October 18, 2022 at 5:30 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER.

Dr. B. Mathews, MD, President, called the meeting to order at 5:32pm.

I. REVIEW AND APPROVAL OF MINUTES

Motion to approve the Regular Session minutes of September 20, 2022 as written and distributed. *Motion was made by Dr. Manion, seconded by Dr. Rojas and unanimously approved.*

II. OLD BUSINESS: None

III. NEW BUSINESS: Triennial Order Review

Email from Dr. Navas noting NO discontinuances and/or Edits necessary attached.

Methotrexate Protocol for Ectopic Pregnancy

Obstetric Induction – Augmentation-Pitocin

Preterm Labor – L&D

Obstetric Induction – Misoprostol

Oxytocin Challenge Test

Motion to approve as written and distributed made by Dr. Rojas, seconded by Dr. Barimo and unanimously approved.

Motion to discontinue ED Numb Gums and EDIT Code Stemi Protocol while approving all others was made by Dr. Barimo, seconded by Dr. Rojas, and unanimously approved.

ED Code Stemi Protocol (Edits required)

MSE Alcohol Intoxication

MSE New Onset Seizure

Exposure – Non PMC – Exposed

MSE Asthma – COPD Mild

MSE Seizure with History of Same

Exposure – Non PMC

MSE Asthma- COPD Mod-Severe

MSE Suspected Overdose

ED Numb Gums – (Discontinue)

Motion to approved the following Medicine Triennial Orders as written and distributed was made by Dr. Rojas, seconded by Dr. Barimo and unanimously approved.

Pneumonia – Adult

Acute Renal Failure – Adult

Amiodarone IV Ventricular Arrhythmia Orders

Anticoagulation Monitoring Protocol

Argatroban Order

Group B Streptococcus Prophylaxis

Heparin Drip Sliding Scale

Impella Heparin Drip

Insulin Sliding Scale

Potassium Replacement Protocol

Prandial Insulin Order Set

IP Pre-Tx for Pts with Previous reaction to Iodinated Contrast Media Protocol

Praxbind – Pradaxa Reversal

Kcentra – Anticoag Reversal

Ice Post Cardiac Arrest Induced Hypothermia Orders

ICU Hypertensive Crisis

Mechanical Ventilation Standing Orders

ICU Cardiac Patient – Admit

ICU Insulin Protocol for Hyperglycemia – Not DKA

Awaiting Review/Return: (Diagnostic Imaging) *NOTED for the minutes.*

Post Biopsy

PO Liver Biopsy

Post-Lumbar Puncture

Post-Myelogram Standing Orders

Paracentesis Standing Orders

Post Picc Line Insertion

Post Thoracentesis Standing Orders

I. Consent Agenda:

- Total Hip Replacement - Preoperative - Adult (E3285ab) - Added "Consult Anesthesiologist for Regional Block for Post-op Pain Control" order under Consults. Changed COVID Order from pre-checked to unchecked box.
- Total Knee Replacement - Preoperative - Adult (E3282ab) - Added "Consult Anesthesiologist for Regional Block for Post-op Pain Control" order under Consults. Changed COVID Order from pre-checked to unchecked box.
- Cerebral Spinal Fluid Standing Orders (E268) - Removed "unchecked Daily"; Viral Meningitis Comp, CSF; Removed Tube # on West Nile Virus, Cytomegalovirus, HSV, and Lyme Disease. Added EPSTEIN-Barr Virus DNA, QL (0.3 mL); Varicella-Zoster Virus DNA PCR (0.3mL); *Note minimum required volume in parentheses.
- Hypoglycemia Protocol - Adult (E05a) - Under Dextrose dosage to 999 ml/hr for 15 min. We added "with POC Machine" in "Restest blood glucose..." order under 5A, and repeated under 5b. After 3 assessments of blood glucose, recheck BG in 1 hour (instead of 15 minutes), If BG is 70mg/dL or greater after treatment, run D5 1/2NS @30mL/hr x 6 hours (time frame is new), Removed checkboxes.
- Hypoglycemia Protocol - Children (E05b) - Added description of child under title. D10W and D25% under section B updated to: D10W 250 ml IV Bag 5 mL/kg up to 150 ml, and D25% IV syringe 2 mL/kg up to 60 ml over 5 minutes. Removed checkboxes.

Motion was made by Dr. Manion to accept the Order Sets as written and distributed, seconded by Dr. Rojas and unanimously approved.

II. Report from Administration: None

III. Report from the Board: The minutes of the Board of Director's August 1, 2022 REGULAR session was attached as written and distributed. ***Noted for the minutes.***

IV. Committee Reports:

1. CMEC Regular Session, September 12, 2022 ***attached and noted for the minutes.***

V. Open Forum:

Dr. Mathews returned to the Covid PAT & Day of testing/swab discussed in the September session. Did anyone have any concerns with the motion as discussed prior? Any additional thoughts/edits necessary? None

**VI. Adjournment: There being no further business the meeting adjourned at 5:48pm.
NEXT MEETING November 15, 2022**

Biju Mathews, MD
President, Medical Staff

Christopher Manion, MD
Secretary/Treasurer, Medical Staff



Origination	09/1997	Areas	Risk Management
Last Approved	N/A	Applicability	Parrish Medical Center
Effective	Upon Approval	Tags	9500
Last Revised	10/2022		
Next Review	1 year after approval		

Vehicle Safety Program

~~POLICY TYPE: RISK MANAGEMENT~~

~~I. 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.~~

~~II. 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 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. Designate drivers may not use PMC vehicle for personal or unauthorized reasons. 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 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 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. An employee may not operate a hospital vehicle while under the influence of drugs or alcohol 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. 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. 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 his or her driver's license or driving privileges suspended or revoked must report that status to his or her supervisor as soon as possible.
12. An employee may not operate cellular or mobile 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 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 his or her supervisor or Department Director within thirty days of final adjudication if convicted or 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 and if injured, an employee incident report using the corporate designated event reporting system. If involved in an accident, the Designated Driver must complete an accurate report concerning all the vital information and submit to his or her supervisor within 24 hours of the time of the accident. All reports shall 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.~~

I. PURPOSE

To assure that all PHC authorized drivers meet specified standards and education requirements to be an "authorized driver".

II. SCOPE

This policy is applicable to all departments that have designated driver positions in staffing.

III. POLICY STATEMENT

PHC Employees and Auxilians whose job description or position duties include the use of a PHC owned vehicle to accomplish the job description or position duties must be a PHC authorized driver.

All authorized drivers must meet the qualifications and requirements outlined in this policy and procedure at all times in order to be and remain an authorized driver.

The use of a PHC vehicle shall be for PHC business purposes only.

Any Authorized Driver who is an employee must have a current Florida Driver License. Persons coming from another state may use the out of state license at time of application and hire, and must have a Florida Driver License within thirty (30) days of hire.

Any Authorized Driver who is a member of the Parrish Medical Center Auxiliary must have a current driver license in the state where such member is a resident. When such member becomes a Florida Resident, the member has thirty (30) days after declaring Florida residency in which to obtain a Florida Driver License, or lose the authorized driver status.

Continuing education shall be offered throughout each year for all drivers. General Mandatory education shall not exceed two (2) hours per calendar year. Additional mandatory education may be required as deemed necessary by proposal of the Risk Manager and approval of the Executive Management Committee.

All authorized drivers must report all moving traffic violations, accidents or arrests that occur during the use of a PHC vehicle or a non-PHC vehicle to their direct supervisor. Failure to report such events will result in the loss of authorized driving privileges.

IV. DEFINITIONS

A. **Authorized Driver:** A driver who meets the PHC requirements to be a driver of PHC owned vehicles.

B. **Care partner:** An inclusive term referring to Parrish Healthcare employees, 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.

C. **Department of Motor Vehicles (DMV):** This includes the Florida Department of Highway Safety and Motor Vehicles and its Division of Motorist Services as well as the governmental department or agency responsible for the issuance of driver licenses of any other state.

D. **iCare:** PHC intranet home page.

E. **Parrish Healthcare (PHC):** An inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. and its affiliates such as Parrish Medical Group.

V. PROCEDURE

A. HUMAN RESOURCES (HR)

1. Review the applicant's job description for use of PHC vehicle, if yes then:

- a. Assure inclusion of a copy of the applicant's current driver license(s) in the application/offer package.
 - i. If the driver license is from a state other than Florida, the applicant agrees to obtain a Florida Driver license within thirty (30) days of hire.
- b. If offer is to be made, obtain applicant's DMV record for the previous three years. Such information is pulled from any state in which the applicant is currently licensed to operate a motor vehicle.
- c. When received, review applicant's driving record in accordance with the Driver Evaluation Guide (See attachment A).
- d. If the applicant's driving record meets any of the criteria in the Driver Evaluation Guide, the offer of employment is not made for any position whose duties include being an authorized driver.
- e. If potential care partner does NOT meet any of the criteria in the Driver Evaluation Guide, the potential care partner is asked to complete the Drivers Written Test in Security. This test is to be completed within 30 days of hire.
 - i. The potential employee is provided a link to the Florida division Highway Safety and Motor Vehicles website for the Driver License Handbook prior to the person taking the written test
 - ii. Ask the potential employee if there was any accommodation made when they took the test for their license, if yes, an accommodation is made for this test
- f. If the potential care partner scores less than 80% on the Drivers Written Test, the applicant may retake the test one time. If the applicant is unable

to pass the written test after two (2) attempts, an offer is not made for a position that requires the person to drive a PHC vehicle.

2. For current care partners who apply to transfer to a job position that requires the use of PHC vehicle(s), use the steps in #1 above to assure the care partner meets the basic requirements for an "authorized driver":
 - a. Current Florida Driver License;
 - b. Meet none of the criteria in the Driver Evaluation Guide;
 - c. Pass the Drivers Written Test with a minimum score of 80%; and
 - d. Disclose all states in which the care partner has been licensed within the last three (3) years.
3. For Parrish Medical Center Auxiliary members whose position requires the use of a PHC vehicle, use the steps in #1 above to assure the member meets the basic requirements for an "authorized driver":
 - a. Current Driver License from the member's state of residence;
 - b. Meet none of the criteria in the Driver Evaluation Guide;
 - c. Pass the Drivers Written Test with a minimum score of 80%; and
 - d. Disclose all states in which the member has been licensed within the last three (3) years.
4. Assure all authorized drivers have a signed and witnessed "Commitment to Safety" document in the employee/auxiliary member individual file.
5. Conducts subsequent DMV record checks on all authorized drivers, during the common appraisal period from March 1 through April 30 every two (2) years (bi-annually).
6. Provide a list of approved drivers to Facilities with each update of such list.

B. SECURITY

1. Assist Human Resources in review of any DMV record against the Driver Evaluation Guide as requested.
2. Administer and grade the Drivers Written Test providing results to HR, Risk Management and the tested person's supervisor.
 - a. Test for new hires whose position is that of a courier is completed in the time between interview and hire offer, or prior to a transfer to a courier position.
 - b. Test for those new hires and transfers to a non-courier positions is completed within thirty days of hire or transfer.
3. Provide continuing education for all authorized drivers, both mandatory and optional, as deemed appropriate by Security and/or the Risk Manager. Mandatory education greater than 2 hours in any calendar year is approved by leadership as described in D. below.

C. FACILITIES

1. Maintain PHC vehicles through regular maintenance and inspection.
2. Assure Supply of the Vehicle Safety Inspection Form at the vehicle key kiosk.
3. Assure new drivers are activated and restricted drivers are deactivated in the kiosk.
4. Address any concerns presented regarding the Vehicle Safety Inspection Form.
5. Assure the maintenance of all PHC vehicles by providing routine maintenance in house or by a certified mechanic.
6. Provide additional safety inspections in addition to the routine inspections done by authorized drivers.
7. Assure repairs are done on PHC vehicles as reported or discovered by authorized drivers and Facilities staff.
8. Verify all damage reports/repair estimates and forward to Risk Management.

D. RISK MANAGEMENT

1. With the assistance of HR and Security, maintain a listing of all Authorized Drivers.
2. Assure automobile insurance is current on all vehicles at all times.
3. Review all traffic related incident reports as reported, conducting any additional investigation.
4. Work with insurer for any vehicle damage claims.
5. Maintain tracking and trending of accidents to determine preventive actions and/or education for authorized drivers.
6. Request additional written testing or mandatory education of one or more drivers as identified from driver record reports, or driver incidents.
7. Work with Security to identify and obtain mandatory education topics for both mandatory and optional education.
 - a. Obtain approval for mandatory education greater than 2 hours total in a calendar year by proposing to the Executive Committee for approval.

E. AUTHORIZED DRIVER RESPONSIBILITIES

1. Sign consent for PHC to obtain the driver's driving record every two (2) years
2. Pass the written driver test as requested (at hire for the position, and at any other time as may be requested by Risk Management).
3. Once authorized as a driver, attest to comply with Authorized Driver Commitment (See Attachment C).
4. Follow Facilities process for checking out a vehicle.
5. Return vehicle keys to the kiosk not later than the end of each work day.
6. Perform Vehicle Safety Check (Attachment B) each time a vehicle is checked out for use.
7. Inform Facilities staff of any issues with vehicle performance and/or issues with

items on the Vehicle Safety Checklist.

8. Contact Facilities staff when/if a vehicle breaks down while in use.
9. Contact the Risk Manager immediately after any traffic incident involving a PHC vehicle being driven by the authorized driver and complete an Incident Report as found in iCare.
10. Immediately report any moving violations, accidents or arrests that occur during the use of a personal or PHC vehicle to the authorized driver's supervisor/manager.
11. Attend 100% of PHC mandatory driver education.

E. DEPARTMENT HIRING AUTHORITY (DIRECTOR, MANAGER, SUPERVISOR)

1. Assure that all positions within a department requiring the position to drive a PHC owned vehicle have a job description reflecting such requirement.
2. Communicate any driver requirement needs to HR, working with HR to assure the correct positions have the correct requirements.
3. Assure a care partner meets the requirements of an authorized driver prior to allowing the care partner to drive a PHC owned vehicle.
4. Provide Risk Management any and all information received from an authorized driver concerning moving violations, accidents or arrests that occur during the use of ANY vehicle.
5. Assure that all employees who are Authorized Drivers maintain such status so long as the employee is an authorized driver.
6. Advise Security and Risk Management of any authorized driver transfer to a non-driving position and any resignation or termination of an authorized driver.

G. PHC VEHICLE INVOLVED IN AN ACCIDENT

1. Notify the proper law enforcement authorities for reporting regardless of how minor the accident appears to be.
 - a. Complete an event report in the PHC event reporting system, and
 - b. If injured, an employee event report in the PHC reporting system.
2. If the accident occurs on private property and law enforcement declines to make a report, the authorized driver obtains the following information from the driver of the other vehicle:
 - i. Driver name, address, phone number and driver license number;
 - ii. Vehicle Make, Model, color and license plate information; and
 - iii. Registered owner information from the vehicle registration, if different from the driver.
 - iv. All of the above information is to be obtained to the best of the authorized driver's ability if the other vehicle leaves the scene, or the driver of the other vehicle declines to wait for law enforcement to arrive.
 - i. Should the other driver decline to provide personal information, write a description of the other driver to provide to law

enforcement along with all information that is able to be obtained in i-iii above.

3. In completing a report with law enforcement or sharing information with another driver, DO NOT address who was at fault. Describe the accident factually.
4. Provide the telephone number of the hospital as a telephone number if one is required.
5. Do not sign anything at an accident scene other than a lawfully written ticket for a moving violation as written by a law enforcement officer.

H. OTHER

1. A potential driver may take the Drivers Written Test up to (2) times in order to achieve a passing score (80%).
 - a. Should the potential driver fail the written test two (2) times, the person becomes ineligible to be an authorized driver
 - b. If a person fails the written test two (2) times, the person may transfer to a non-driver position, or the person may be terminated.

All Revision Dates

10/2022, 10/2019, 05/2014, 09/2013, 08/2011, 04/2009, 12/2008, 08/2003

Attachments

[A: Driver Evaluation Guide](#)

[B: Vehicle Safety Inspection Form](#)

[C. Authorized Driver Commitment to Safety](#)

Approval Signatures

Step Description	Approver	Date
Board of Directors	Robert Jordan: Board Member	Pending
President/CEO	George Mikitarian: President/ CEO [PP]	10/2022
Executive Management Committee	Executive Management Committee [PP]	10/2022
Medical Executive Committee	Biju Mathews: Physician [JH]	09/2022

Policy Management	Policy Management [PP]	08/2022
Executive Management	Chris McAlpine: Sr V.P. Administration Transformation	08/2022
	Lori Thompson: Risk Manager	08/2022

COPY

**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

Authorized Driver Commitment to Safety

WHEN OPERATING A PHC VEHICLE THE UNDERSIGNED AUTHORIZED DRIVER AGREES TO:

- A. Drive defensively at all times. In traffic, be alert for mistakes or unexpected actions of others as well as exercise caution and keep alert for pedestrians and cross traffic at all times.
- B. 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.
- C. Be the only authorized driver of the PHC vehicle while such vehicle is signed out in my name.
- D. Use the PHC owned vehicle for PHC business only.
- E. Not transport hitchhikers or any other non-hospital business related passengers.
- F. Park the PHC owned vehicle 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.
- G. Remove the keys from the ignition and lock all means of entry to the PHC owned vehicle when such vehicle is left unattended.
- H. Wear seat belts at all times while driving a PHC vehicle. I am aware that Florida law allows a reduction in workers' compensation benefits if I am injured due to not wearing the seat belt when driving a PHC owned vehicle.
- I. Protect myself and the vehicle, and make every effort to avoid injuries to others in the event of a vehicle breakdown. I will attempt to move the PHC vehicle from the active lanes of the road/highway. If unable to do so, I will activate the emergency flashers and evacuate the vehicle and await assistance in a safe location off the roadway.
- J. Not attempt to make any mechanical repairs or change a flat tire in a dangerous situation. I may call for roadside assistance at my discretion. I may obtain such assistance by
 1. First calling the Facilities Department at the Hospital
 2. Obtaining road assistance using my personal roadside assistance
- K. Back up the vehicle as slowly and as carefully as possible.
- L. Not operate a hospital vehicle while under the influence of drugs or alcohol or medication, illness or extreme fatigue, which may affect my ability to judge distances, speed, and driving conditions and may slow my reaction time. Should I use any illegal substances or report to duty while impaired, I would be violating PHC's "Drug Free Workplace Policy" which may result in termination.
- M. Not smoke cigarettes, cigars, pipes, or use any tobacco or vaping product while driving or riding in a PHC owned or operated vehicle.
- N. Maintain a valid driver's license and maintain a motor vehicle driving record acceptable to PHC standards. Should my driver's license be suspended or revoked, I will report that status to my supervisor immediately.
- O. Not operate cellular or mobile telephone devices while driving a PHC owned vehicle. If I must use any electronic device, I will pull off the road in a safe manner and stop the vehicle before proceeding with the electronic device use.

Signature on Next Page

Attested to this _____ day of _____ 20 by:

_____ (Authorized Driver Printed Name)

_____ (Authorized Driver Signature)

Witness:

_____ (Witness Printed Name)

_____ (Witness Signature)

Original to Authorized Driver file, make a copy for Authorized Driver

DRIVER EVALUATION GUIDE

Name: _____

Department: _____ Date: _____

(a) INSTRUCTIONS

1. This guide is used to evaluate prospective ~~Designated Drivers~~ Authorized 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 an Authorized Driver ~~Designated Driver~~.

**PARRISH MEDICAL CENTER
VEHICLE SAFETY INSPECTION FORM**

(ATTACHMENT "B")

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RESPONSIBLE DEPARTMENT: _____

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

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BRAKES		
SEAT BELTS		
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REGISTRATION		
INSURANCE CARD		

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DATE REPORTED: _____ SUPERVISOR SIGNATURE: _____

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_____ (Authorized Driver Signature)

Witness:

_____ (Witness Printed Name)

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Original to Authorized Driver file, make a copy for Authorized Driver

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