

Board of Commissioners Meeting

July 1, 2019 4:00pm - France Tower Conference Room A

HALIFAX HEALTH BOARD OF COMMISSIONERS MEETING

303 No. Clyde Morris Boulevard, Daytona Beach, FL France Tower Conference Room A 4:00 p.m., July 1, 2019

AGENDA

Call to Order Invocation & Pledge of Allegiance Roll Call	
Mission Statement	Page 4
Approval of Minutes (Action) • Board of Commissioners Meeting – May 6, 2019	Page 5
Approval of Agenda (Action)	
Medical Staff Report – Joseph Bianchi, MD (Action)	
Credentials Committee Actions	Page 9
Management Report – Jeff Feasel	Page 21
Strategic & Community Health Planning Committee – Jeff Feasel	Page 35
 Audit & Finance Committee Report – Eric Peburn (Information only) Audit & Finance Committee Minutes – May 2019 Investment Committee Minutes – March 2019 Capital Expenditures \$25,000 - \$50,000 (Working Capital) Bioquell Decontamination System - \$45,000 Meditech Software Corp. Management System - \$28,560 Cash Registers for Cafeterias, Cafe & Gift Shop - \$27,821 Affiliate Company Capital Expenditures - \$50,000 and Over Hospice Port Orange – Wind Retrofit – \$330,964 Hospice Ormond Beach - Wind Shutters - \$103,280 	Page 36 Page 39 Page 41 Page 42 Page 44 Page 46 Page 48 Page 49 Page 51
 Consent Agenda (Action) Halifax Health Hospice Advisory Board Appointment Financial Statements Ended May 2019 Capital Expenditures - \$50,000 and Over Mako Robotic Arm - \$790,000 - Resolution (Funding Source: Halifax Health Foundation) Desktop & Laptop Computers - \$500,000 (working capital) West Clyde Morris Infrastructure - \$400,000 (working capital) Storage Platform \$ Software - \$368,554 (working capital) Automatic Transfer Switch for Chiller - \$104,224 (working capital) Disposals - May 2019 Audit Reports 	Page 53 Page 54 Page 78 Page 79 Page 82 Page 84 Page 86 Page 88 Page 90 Page 91
Old Business (Information Only) • CIA Dashboard / Update April & May 2019	Page 93

HALIFAX HEALTH BOARD OF COMMISSIONERS MEETING

303 No. Clyde Morris Boulevard, Daytona Beach, FL France Tower Conference Room A 4:00 p.m., July 1, 2019

AGENDA

New Business

- Establish Proposed "Not to Exceed" Millage Rate
- Confirm date, time, location of Board & Audit & Finance Committee Combined Budget Workshop

MONDAY, August 5, 2019, 4:00 pm, France Tower Conf. Room A

Confirm date, time, location of First Public Hearing
 MONDAY, September 9, 2019, 5:05 pm, France Tower Conf. Room A

Additional Information

•	Affiliate Company Minutes	Page 97
•	Human Resources Reports April & May 2019	Page 104

Public Participation

Presentation(s)

•	Managing Agitation in Patients with Traumatic Brain Injury	Page 106
•	Family Medicine Residency Program FAFP Posters	Page 117
•	HHMC FY 2019 Financial Forecast	Page 120
•	FY 2020 Budget Update	Page 131

Next Meetings

• Monday, August 5, 2019

Budget Workshop (Board and Audit & Finance Committee) 4:00 pm, France Tower Conf. Room A

• Tuesday, September 9, 2019

Halifax Health Board Meeting – 4:00 pm, France Tower Conf. Room A Halifax Health First Public Hearing – 5:05 pm, France Tower Conf. Room A Closed Strategic Planning and Litigation meetings to follow (Pursuant to FS 395.3035 & FS 286.001)

Adjourn

HALIFAX HEALTH



OUR MISSION is to be the community healthcare leader through exceptional talent and superior patient centered service delivered in a financially sustainable manner.

OUR VISION is to develop talented teams dedicated to providing competent, accountable patient centered healthcare in a financially sustainable manner.

OUR VALUES:

Halifax Health will cultivate a positive workplace in which each team member is valued, respected, and has an opportunity for personal and professional growth. We will develop patient centered systems of care.

OUR SERVICE PHILOSOPHY:

Halifax Health will ensure that those we serve are treated with courtesy and respect in a safe, compassionate, and professional environment.

Halifax Health will provide exemplary medical, emotional, and spiritual care for each of our patients and their families.

Adopted 7/14/10

HALIFAX HOSPITAL MEDICAL CENTER BOARD OF COMMISSIONERS MEETING Held at 303 North Clyde Morris Boulevard, France Tower, Daytona Beach, FL May 6, 2019

Present: Harold Goodemote, Chairman

Carl W. Lentz, MD, Member (via phone)

Tom McCall, Secretary Glenn Ritchey, Member Susan Schandel, Treasurer

Also Present: Mary Jo Allen, Executive Director, Halifax Hospice

Margaret Crossman, MD, Sr. VP/Chief Medical Officer

Ben Eby, Director, Halifax Hospice

Jeff Feasel, President & Chief Executive Officer Kim Fulcher, VP/Chief Human Resource Officer Bill Griffin, Director, System Research & Planning

John Guthrie, Director, Communications Ammar Hemaidan, MD, Chief of Staff

Joni Hunt, Director, Local Government Affairs & Community Relations

Kelly Kwiatek, Sr. VP/General Counsel Arvin Lewis, Sr. VP/Chief Revenue Officer

Rob Love, Director, HHMC/HHMCPO/Deltona Emergency Department

Suzanne Lovelady, Director, Quality Improvement Ann Martorano, Chief Communication Officer

Lindsay Martin, Nurse Manager, Emergency & Trauma Services Jacob Nagib, Director, Engineering, Design & Construction

Eric Peburn, Exec. VP/Chief Financial Officer Matt Petkus, Vice President, Operations

Andy Pollock, Chaplain

Rafael Ramirez, Market Development Specialist Shawn Remington, Director, Manager, Finance Bill Rushton, Director, Internal Audit Services Shelly Shiflet, VP/Corporate Compliance Officer Keith Sofiak, Manager, Quality Programs & Analytics

Tom Stafford, VP/Chief Information Officer

Alberto Tineo, Sr. VP/Hospital Chief Operating Officer Tina Rodrigues, Accounting Manager, Corporate Accounting Bob Wade, Board Compliance Expert, Barnes & Thornburg, LLP

Tonja Williams, Chief Nursing Officer

Chairman Goodemote called the meeting to order at 4:05 p.m. The Invocation was given, Pledge of Allegiance recited, Mission Statement read and the roll was recorded.

APPROAL OF MINUTES

Discussion:

Mr. Goodemote requested approval of the following minutes:

- Board of Commissioners Meeting March 4, 2019
- Board of Commissioners Closed Litigation Meeting March 4, 2019

Halifax Health Board of Commissioners – May 6, 2019 - Page 1

Action: Mr. Ritchey moved to approve the minutes as presented. Mrs. Schandel

seconded the motion. Carried unanimously.

APPROVAL OF AGENDA

Action: Mrs. Schandel moved to approve the agenda. Mr. Ritchey seconded the

motion. Carried unanimously.

MEDICAL STAFF REPORT

<u>Credentials Committee Actions – March & April 2019</u>

Discussion: Dr. Hemaidan requested approval of application for Dr. Mircea Mihu,

Medicine/Critical Care, Associate, who will attend future meeting for personal

introduction.

Action: Mrs. Schandel moved to approve application for Dr. Mihu. Mr. Ritchey

seconded the motion. Carried unanimously.

Discussion: Dr. Hemaidan presented the following physician for approval of application

as recommended by the Credentials Committee:

Stephen Levine, MD, Surgery, Wound Care, Hyperbaric Medicine,

Associate

Action: Mrs. Schandel moved to approve Dr. Levine. Mr. McCall seconded the

motion. Carried unanimously.

Discussion: Dr. Hemaidan requested approval of Resident Affiliate applicants, which do

not require personal appearance:

Ariana N. Abid, Medicine/Family Medicine, Resident Affiliate

• Harry Blanke, MD, Medicine/Family Medicine, Resident Affiliate

• Michael Faille, MD, Medicine/Family Medicine, Resident Affiliate

• Eric Hough, MD, Medicine/Family Medicine, Resident Affiliate

Kristin LaBell, MD, Medicine/Family Medicine, Resident Affiliate

• Jackson Turner, MD, Medicine/Family Medicine, Resident Affiliate

Action: Mr. Ritchey moved to approve Drs. Abi, Blanke, Faille, Hough, LaBell and

Turner. Mrs. Schandel seconded the motion. Carried unanimously.

Discussion: Dr. Hemaidan requested approval of the following non-physician providers

as recommended by the Credentials Committee (Section B of attached

Credentials Actions).

• Philip Augustin, CRNA, Anesthesiology

• Daniel Burfield, APRN, General Surgery

Craig Caldwell, APRN, Neurosurgery

Maria Cundiff, APRN, Neurosurgery

Matthew Evans, CRNA, Anesthesiology

Amanda Gonzalez, CRNA, Anesthesiology

Taylor Harr, Dental Assistant, Oral/Maxillofacial Surgery

• Steven Mandzuk, RNFA, RN First Assist

• Brandy Pond, EPDA, Oral/Maxillofacial Surgery

Naomi Tipton, APRN, Vascular Surgery

Halifax Health Board of Commissioners – May 6, 2019 - Page 2

Action: Mrs. Schandel moved to approve non-physician providers as presented. Mr.

Ritchey seconded the motion. Carried unanimously.

Discussion: Dr. Hemaidan requested approval of the following reappointments and

privilege changes (Section C-G of attached Credentials Actions):

• Reappointment Physician Applications (Section C)

• Reappointment with Changes (Section D)

• Reappointment of Non-Physician Providers Applications (Section E)

• Additional Privileges/Deletions/Other (Section F)

Changes in Status (Section G)

Action: Mrs. Schandel moved to approve reappointment and privilege changes

(Sections C-G) as presented/attached. Mr. Ritchey seconded the motion.

Carried unanimously.

Discussion: Dr. Hemaidan requested Board Endorsement of Resignations, Leave of

Absence, Automatic Relinquishments.

Action: Mr. Ritchey moved to approve Resignations, Leave of Absence and

Automatic Relinquishments as presented. Mrs. Schandel seconded the

motion. Carried unanimously.

AUXILIARY REPORT

Discussion: Mr. WG Watts, Auxiliary Manager, provided the Semi-Annual Auxiliary

update (attached).

FOUNDATION REPORT

Discussion: Mr. Joe Petrock, Halifax Health Foundation Executive Director, provided the

Semi-Annual Foundation update (attached).

MANAGEMENT REPORT

Discussion: Fo

Following presentations were provided (full presentations attached):

- Emergency & Trauma Services (Stop the Bleed & Bike Week) Lindsay Martin
- Quality Update Q1 2019 Suzanne Lovelady & Keith Sofiak

Mr. Feasel highlighted several items in the management report (attached) and advised that 2018 Accomplishments (attached) had been distributed at each board members place for information.

STRATEGIC & COMMUNITY HEALTH PLANNING COMMITTEE

Discussion: Ms. Hunt provided an overview of 2019 legislative session, which included

an update on the proposed Amendment to the Halifax Enabling Act (presentation attached). Mr. Feasel recommended that we continue to move forward with UF Health/Shands agreement regardless of the Supreme

Court & Enabling Act outcome.

Action: Consensus reached by the board to continue with UF Health/Shands

agreement regardless of Supreme Court & Enabling Act outcome.

Halifax Health Board of Commissioners - May 6, 2019 - Page 3

AUDIT & FINANCE COMMITTEE REPORT

Discussion: Mr. Peburn reviewed the financial statements for March 2019 and the

updated FY 2019 Income Statement Forecast (attached), noting overall

improvement but still not at budget.

CONSENT AGENDA

Discussion: Mr. Goodemote requested approval of the Consent Agenda, which included

following items:

Financial Statements Ended March 2019

Audit Reports

Disposals

Action: Mr. Ritchey moved to approve the consent agenda as presented. Mrs.

Schandel seconded the motion. Carried unanimously.

OLD BUSINESS

Discussion: CIA Dashboard Reports for February 2019 & March 2019 were included in

packet.

NEW BUSINESS

OIG/Corporate Integrity Agreement

Discussion: Ms. Shiflet advised that the fifth and final CIA Annual Report had been filed

with the Office of the Inspector General. The LIRO (legal independent review organization) conducted their final Arrangements Review and there

were no material findings. Mr. Wade completed the Compliance

Effectiveness Review. The LIRO report and the Compliance Effectiveness

Review were included in the Annual Report.

PUBLIC PARTICIPATION

Discussion: Mrs. Pat Franklin, Daytona Beach resident and member of the Halifax Health

Associates, made the Board aware of recent challenges she experienced with 201 Building patient parking. Administration with work on solutions

with Halifax Associates.

ADDITIONAL INFORMATION

Discussion: HR Reports and Affiliate minutes included in board book.

NEXT MEETING

Discussion: Mr. Goodemote advised that the next Board of Commissioners meeting will

be held on July 1, 2019 in France Tower Conf. Room A

<u>ADJOURN</u>

Discussion: There being no further business, the meeting adjourned at 6:00pm.

Chairman Secretary

Halifax Health Board of Commissioners – May 6, 2019 - Page 4



TO: Members of the Board of Commissioners FROM: Joseph Bianchi, MD, Medical Staff Chief Elect

DATE: July 1, 2019

RE: Credentials Committee Actions, May 20, June 17, 2019

The Medical Staff report is attached for the Board's review and approval at the Board of Commissioner's meeting on July 1, 2019.

PHYSICIAN INTRODUCTION: (Mircea Mihu, MD, will attend when is working full time)

BOARD APPROVAL REQUIRED

A. INITIAL APPLICATIONS FOR PHYSICIANS *Action Required (Applicants present should introduce themselves to the BOC prior to a Motion to Approve for each applicant)* The following practitioners were required to appear before the **Credentials Committee on** May 20, June 17, 2019 and are presented to the Board of Commissioners for approval:

Osman Ahmad, MD Pediatrics/Pediatric Gastroenterology Associate

(Board certified)

John Janousek, MD Emergency Medicine

Associate - September Interview

(Board certified)

Jennifer Kolodchak, MD Emergency Medicine

Associate - September Interview

(Board certified)

Tomasz Kozlowski, MD Surgery/Transplant Surgery

Surgery/Transplant Surgery Associate (Board certified)

Raymond Sutkowski, MD Radiology/Teleradiology

Radiology/Teleradiology Courtesy - Interview Waived

(Board certified)

B. INITIAL APPLICATIONS FOR NON PHYSICIAN PROVIDERS – *Action Required (No appearance required; may propose Motion to Approve for entire group)*The following practitioners were reviewed and approved by the Credentials Committee on May 20, June 17, 2019 and are presented to the Board of Commissioners for approval:

Elizabeth Baker, PA **Emergency Medicine** Jennifer Chan, DO Larisa Davydova, CRNA Anesthesiology Albert Kabemba, MD Kristi Doke, CRNA Anesthesiology Albert Kabemba, MD Tara James, APRN Family Medicine Gerald Woodard, DO Ashley Kalin, APRN Orthopaedic Surgery Christopher Matthews, MD Robert Logano, CRNA Anesthesiology Albert Kabemba, MD Linda McIver, APRN Hospice/Palliative Care Raul Zimmerman, MD Patrick McRae, APRN Neonatology Jose A. Perez, MD

Hermite Saloman, CRNA

Anesthesiology

Miguel Rodriguez, MD

Michael Schwarz, PA

Orthopaedic Surgery

Christopher Matthews, MD

Magdalena K. Skowronska, APRN Neurology James Scott, MD, PhD

C - G. REAPPOINTMENTS AND PRIVILEGE CHANGES – *Action Required (No appearance required; may propose Motion to Approve for entire group)*

REAPPOINTMENT PHYSICIAN APPLICATIONS – SEE SECTION (C) OF THE REPORT
REAPPOINTMENT WITH CHANGES – SEE SECTION (D) OF THE REPORT
REAPPOINTEMENT NPP APPLICATIONS - SEE SECTION (E) OF THE REPORT
REQUESTS FOR ADDITIONAL PRIVILEGES/DELETIONS/OTHER - SEE SECTION (F) OF THE REPORT

CHANGES IN STATUS - SEE SECTION (G) OF THE REPORT

H. OTHER BUSINESS

Revised criteria for Transcatheter Aortic Valve Replacement (TAVR) - attachment A

BOARD ENDORSEMENT REQUIRED

I. RESIGNATIONS/LEAVE OF ABSENCE/AUTOMATIC RELINQUISHMENTS – The following practitioners have resigned from the Medical Staff, been granted a Leave of Absence, or have had their privileges automatically relinquished, for the reasons specified below:

Donald Commen	Consider	Chalman Danasa
<u>Practitioner</u>	<u>Specialty</u>	Status: Reason
Boyd, Adam, CRNA	Anesthesiology	No longer wishes to maintain privileges
Bunnell, John, MD	Hospice/Palliative Care	No longer wishes to maintain privileges
Denard, Antony, MD	Orthopaedic Surgery	No longer wishes to maintain privileges
Edge, Kayla, Dental Asst	Pediatric Dentistry	No longer wishes to maintain privileges
Freeman, Michael, MD	Reproductive Endocrinology	No longer wishes to maintain privileges
Frendak, Eric, CRNA	Anesthesiology	No longer wishes to maintain privileges
Gutierrez, Anna, APRN	Hospice/Palliative Care	No longer wishes to maintain privileges
James, Jeffrey, CCP	Perfusionist	No longer wishes to maintain privileges
Kendall, William, MD	Transplant Surgery	No longer wishes to maintain privileges
Kerr, Patrick, CRNA	Anesthesiology	No longer wishes to maintain privileges
Lawindy, Madiey, MD	Pediatrics	Retiring
Maya, Emeliine, Dental Assistant	Oral/Maxillofacial	No longer wishes to maintain privileges
Menck, Natalie, CRNA	Anesthesiology	No longer wishes to maintain privileges
Nguyen, Khanh, MD	Intra-operative Neuro- monitoring	No longer wishes to maintain privileges
Parris, Cecil, MD	Family Medicine	No longer wishes to maintain privileges
Santiago, Josephine, CRNA	Anesthesiology	No longer wishes to maintain privileges
Selai, Brian, CRNA	Anesthesiology	No longer wishes to maintain privileges
Simmons, Stevie, CRNA	Anesthesiology	No longer wishes to maintain privileges
Vasile, Dragos, MD	Internal Medicine	No longer wished to maintain privileges
Vickery, Brian, CRNA	Anesthesiology	No longer wishes to maintain privileges
Wandolowski, Keith CRNA	Anesthesiology	No longer wishes to maintain privileges
Weisz, Katie, PA	Gastroenterology	No longer wishes to maintain privileges
Williams, Donnette, MD	Family Medicine	No longer wishes to maintain privileges
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Resident Affiliate:		

Eko Charity MD

Eko, Charity, MD	Family Medicine	Graduate Resident Affiliate
Heyen, Benjamin, MD	Family Medicine	Graduate Resident Affiliate
Kandavanham, Suresh, MD	Family Medicine	Graduate Resident Affiliate
Pollard, Cory, MD	Family Medicine	Graduate Resident Affiliate
Williams, Kara, MD	Family Medicine	Graduate Resident Affiliate



BOARD OF COMMISSIONERS – July 1, 2019 CREDENTIALS COMMITTEE ACTIONS – May 20, June 17, 2019

FOR BOARD ACTION

A. INITIAL PHYSICIAN APPLICATIONS RECOMMENDED FOR APPROVAL

Osman Ahmad, MD Pediatrics/Pediatric Gastroenterology Associate

(Board certified)

John Janousek, MD Emergency Medicine Associate - September Interview

(Board certified)

Jennifer Kolodchak, MD Emergency Medicine Associate - September Interview

(Board certified)

Tomasz Kozlowski, MD Surgery/Transplant Surgery Associate

(Board certified)

Raymond Sutkowski, MD Radiology/Teleradiology Courtesy - Interview Waived

(Board certified)

B. INITIAL NON PHYSICIAN PROVIDERS RECOMMENDED FOR APPROVAL

{ARNPs and Physician Assistants serving in the Emergency Department are designated as Qualified Medical Providers and able to perform medical screening exams for emergency medical conditions.}

Elizabeth Baker, PA **Emergency Medicine** Jennifer Chan, DO Larisa Davydova, CRNA Anesthesiology Albert Kabemba, MD Kristi Doke, CRNA Anesthesiology Albert Kabemba, MD Tara James, APRN Gerald Woodard, DO Family Medicine Ashley Kalin, APRN Orthopaedic Surgery Christopher Matthews, MD Robert Logano, CRNA Albert Kabemba, MD Anesthesiology Hospice/Palliative Care Linda McIver, APRN Raul Zimmerman, MD Patrick McRae, APRN Neonatology Jose A. Perez, MD Hermite Saloman, CRNA Anesthesiology Miguel Rodriguez, MD Michael Schwarz, PA Orthopaedic Surgery Christopher Matthews, MD Magdalena K. Skowronska, APRN Neurology James Scott, MD, PhD

C. PHYSICIAN REAPPOINTMENTS RECOMMENDED FOR APPROVAL

Department of Anesthesiology

Silva, Ebel, MD Anesthesiology Active

Department of Emergency Medicine

Evens, Zabrina, MD Emergency Medicine Active
Highet, Bridget, MD Emergency Medicine Active
Patterson, Lyle, MD Emergency Medicine Active
Peterson, Daniel, MD Emergency Medicine Active
Viel, Stephen, MD Emergency Medicine Active

Department of Medicine

Cucchiarella, Mario C., MD Internal Medicine Active
Desai, Sureskumar, MD Pulmonology Active
Desai, Sureskumar, MD Internal Medicine Comm

Doughney, Kathleen, MDInternal MedicineCommunity AffiliateDunn, Luckey M., MDFamily MedicineCourtesy AffiliateEjie, Ukonu O., MDInfectious DiseaseActiveGarewal, Mandeep, MDNeurologyActiveGuirgis, Wagid F., MDFamily MedicineSenior Active

Hemaidan, Ammar, MD Gastroenterology Active
Horenstein, Joshua A., MD Cardiology Active
Mas, Juan, MD Allergy & Immunology Courtes

Mas, Juan, MD

Allergy & Immunology

McLaughlin, Edward T., MD

Allergy & Immunology

Courtesy Affiliate

Moses, Cheryl M., MD

Critical Care

Active

Moses, Cheryl M., MD Critical Care Active
Moulis, Harry, MD Gastroenterology Active
Obeid, Dany A., MD Pulmonology Courtesy Affiliate

Oglesby, Sharon M., MD Family Medicine Active Pontey, Eric, MD Family Medicine Family Medicine Active Rimpel, Ricardy, MD Family Medicine Active

Rosado, Jose L., MD Family Medicine Courtesy Affiliate

Suleiman, Saud E., MD Gastroenterology Active Wilson, Vance E., MD Cardiology Active

Department of Obstetrics/Gynecology

Cortez, Stephen, MD Obstetrics & Gynecology Senior Active
Esquivel, Patricia, MD Obstetrics & Gynecology Active
Modad, Patricia I., MD Gynecology Active

White, John, MD Obstetrics & Gynecology Senior Active

Department of Oncology

Sorathia, Abdul, MD Hematology/Oncology Active

Department of Pathology

No reappointments this month

Department of Pediatrics

Madejczyk, Katarzyna, MD Pediatrics Active
Thek, Kerry, MD Pediatric Gastroenterology Senior Active

Department of Psychiatry

Oh, Stephen, MD Psychiatry Senior Active Santos, Eric, MD Psychiatry Active

Department of Radiology

Cox, Joseph, MD Diagnostic Radiology Active Roberto, Craig, MD Diagnostic Radiology Active Tocci, Eric, MD Diagnostic Radiology Active

Department of Surgery

Bryan, James M., MD Orthopaedic Surgery Active
Craven, James, MD Otolaryngology Senior Active
Dunn, William, MD Retina Senior Active

Etienne, Annemarie, MD
Ophthalmology
Courtesy Affiliate
Holt, John, MD
Thoracic & Cardiovascular Surgery
Kennedy, Mark E., MD
Ophthalmology
Courtesy Affiliate
Martin, Jeffrey W., MD
Orthopaedic Surgery
Active

Meyers, Cary H., MD
Thoracic & Cardiovascular Surgery
Mirante, Joseph P., MD
Otolaryngology
Senior Active
Otolaryngology
Senior Active
Otolaryngology
Otolaryngology
Otolaryngology
Otolaryngology
Active

Munier, Michael A., MD

Patel, Nishita, MD

Ophthalmology

Active

Scaglia, Bennett P., MD

Urology

Staman, Jonathan A., MD

Retina

Courtesy

Thayer, Roger, DMD

Oral & Maxillofacial Surgery

Tolland, John T., MD

Colon/Rectal Surgery

Milita Mark MD

Constal Surgery

Active

White, Mark, MD
General Surgery
Wilkie, Caren, MD
General Surgery
Wilkie, Caren, MD
General Surgery
Active
Williams, Kathleen, MD
Colon/Rectal Surgery
Active

D. PHYSICIAN REAPPOINTMENTS (WITH CHANGES) RECOMMENDED FOR APPROVAL

Andah, Edmund, MD OB/GYN OB/GYN

(Associate to Active)

Andreoni, Kenneth, MD Surgery Transplant Surgery

(Associate to Courtesy Affiliate)

Bajorek, Sarah, DO Pediatrics Neonatology

(Associate to Active)

Bogdanowicz, Brian, MD Medicine Family Medicine

(Active to Courtesy Affiliate)

Grieper, Steven, DO Medicine Internal Medicine

(Associate to Active)

Jeanty, Jean-Claude, MD Pediatrics Pediatrics Pediatrics

(Active to Senior Active)

Jeroudi, Abdallah, MD Surgery Retina

(Associate to Courtesy Affiliate)

Johnson, Mark, MD Surgery Transplant Surgery

(Associate to Active)

Liberatore, Anna, MD Emergency Medicine Emergency Medicine

(Associate to Active)

Mai, Christopher, MD Medicine Nephrology

(Active to Courtesy Affiliate)

Masoodi, Hammad, MD Medicine Family Medicine

(Associate to Active)

Michael, Albert, MD Emergency Medicine Emergency Medicine

(Associate to Active)

Townsend, Tabitha, MD Oncology Hematology/Oncology

(Associate to Active)

Valin, Nathaniel, MD Medicine Cardiology

(Associate to Active)

Wahba, Nashwa, DO Medicine Internal Medicine

(Associate to Courtesy Affiliate)

E. NON PHYSICIAN PROVIDERS REAPPOINTMENTS RECOMMENDED FOR APPROVAL

{ARNPs and Physician Assistants serving in the Emergency Department are designated as Qualified Medical Providers and able to perform medical screening exams for emergency medical conditions.}

Brenner, Jeremy, PA Stephen Viel, MD **Emergency Medicine** Cassano, Candice, CRNA Albert Kabemba, MD Anesthesiology Copley, Kathryn, APRN **General Surgery** Joseph Bianchi, MD Ebersole, Sarah, CRNA Albert Kabemba, MD Anesthesiology Everett, Joel, PA John Penington, MD Family Medicine Gonzalez, Patricia, CRNA Albert Kabemba, MD Anesthesiology McComb, Brian, CRNA Albert Kabemba, MD Anesthesiology Metakes, Nicholas, CRNA Albert Kabemba, MD Anesthesiology Wells, Nicole, APRN Thendrex Estrella, MD Family Medicine

F. REQUEST(S) FOR ADDITIONAL PRIVILEGES / DELETIONS / OTHER RECOMMENDED FOR **APPROVAL**

Barry, Christine, APRN Withdrawal of: Insert Central Lines, Insert Chest Tubes, and Insert of

Arterial Lines

Chisholm, Shannon, PA Additional supervising physician: Tanuja Nemani, MD Gellermann, Diane, APRN Additional supervising physician: Tanuja Nemani, MD

Peterson, Vincent, DO Proctoring requirements completed: Percutaneous closure of ASD/PFO

G. CHANGE(S) IN STATUS/SPECIALTY/PRIVILEGES RECOMMENDED FOR APPROVAL

Kuhn, William, MD Neurosurgery Surgery

(LOA to Active)

H. OTHER BUSINESS

Revised criteria for Transcatheter Aortic Valve Replacement (TAVR) – attachment A

RECOMMENDATION/ACTION: APPROVAL BY THE BOARD OF COMMISSIONERS

BOARD ENDORSEMENT REQUIRED

I.RESIGNATIONS:

Boyd, Adam, CRNA Anesthesiology Bunnell, John, MD Denard, Antony, MD Edge, Kayla, Dental Asst Freeman, Michael, MD Frendak, Eric, CRNA Anesthesiology Gutierrez, Anna, APRN James, Jeffrey, CCP Perfusionist Kendall, William, MD Transplant Surgery Kerr, Patrick, CRNA

Lawindy, Madiey, MD Maya, Emeliine, Dental Assistant

Menck, Natalie, CRNA Nguyen, Khanh, MD Parris, Cecil, MD

Santiago, Josephine, CRNA Selai, Brian, CRNA Simmons, Stevie, CRNA Vasile, Dragos, MD Vickery, Brian, CRNA Wandolowski, Keith CRNA

Weisz, Katie, PA Williams, Donnette, MD Hospice/Palliative Care Orthopaedic Surgery Pediatric Dentistry

Reproductive Endocrinology

Hospice/Palliative Care

Anesthesiology **Pediatrics** Oral/Maxillofacial Anesthesiology

Intra-operative Neuro-monitoring

Family Medicine Anesthesiology Anesthesiology Anesthesiology Internal Medicine Anesthesiology Anesthesiology Gastroenterology Family Medicine

No longer wishes to maintain privileges Retiring

No longer wishes to maintain privileges No longer wished to maintain privileges No longer wishes to maintain privileges

Resident Affiliate:

Eko, Charity, MD Family Medicine Graduate Resident Affiliate Heyen, Benjamin, MD Family Medicine Graduate Resident Affiliate Kandavanham, Suresh, MD Family Medicine Graduate Resident Affiliate Pollard, Cory, MD Family Medicine Graduate Resident Affiliate Williams, Kara, MD Family Medicine Graduate Resident Affiliate

FOR INFORMATION ONLY

J. LEAVE OF ABSENCE:

Dineen, Martin, MD Fynes, Evan, MD Lawindy, Samuel, MD Singh, J. Peter, MD Urology Urology Urology Nephrology

K. LOCUM TENENS PHYSICIANS: Ongoing Privileges this month:

Currently providing services

Boilini, Henry, MD Fisher, Anton, DO Baker, Barry, MD Papandreou, Stavros, DO Reznikov, Boris, DO Psychiatry Psychiatry Emergency Services Emergency Services Emergency Services

HALIFAX HEALTH MEDICAL CENTER

BOARD OF COMMISSIONERS NEW PHYSICIAN PROFILES July 1, 2019

(Credentials Committee May 20, 2019, June 17, 2019)

Osman Ahmad, MD

Pediatric Gastroenterology

Osman Ahmad, MD, is requesting privileges in the Department of Pediatrics and is in practice with Town Center Medical Center.

Medical Education:

St Matthews University of Medicine - 2012

Residency:

Maimonides Medical Center 07/01/2012 to 06/30/2015

Fellowship:

Uab/ Childrens of Alabama 07/01/2015 to 06/30/2018

Pediatric Gastroenterology

Board Certification:

American Board of Pediatrics - Pediatrics

- Pediatric Gastroenterology- Eligible

John Janousek, MD Emergency Medicine

John Janousek, MD, is requesting privileges in the Department of Emergency Services and is in practice with Halifax Emergency Services.

Medical Education:

Eastern Virginia Graduate School of Med. - 1994

Residency:

Darnall Army Community Hospital 07/01/1994 to 06/30/1997

Emergency Medicine

Board Certification:

American Board of Emergency Medicine - Emergency Medicine

HALIFAX HEALTH MEDICAL CENTER

BOARD OF COMMISSIONERS NEW PHYSICIAN PROFILES July 1, 2019

(Credentials Committee May 20, 2019, June 17, 2019)

Jennifer Kolodchak, MD Emergency Medicine

Jennifer Kolodchak, MD, is requesting privileges in the Department of Emergency Services and is in practice with Halifax Emergency Services.

Medical Education:

Northwestern University Feinberg School of Medicine - 1998

Residency:

McGaw Medical Center of Northwestern University 07/01/1998 to 06/30/2002

Emergency Medicine

Board Certification:

American Board of Emergency Medicine - Emergency Medicine

Tomasz Kozlowski, MD Transplant Surgery

Tomasz Kozlowski, MD, is requesting privileges in the Department of Surgery and is in practice with Halifax Health Center for Transplant Services.

Medical Education:

Medical University of Warsaw - 1985

Internship:

Sch. of Med. SUNY at Stony Brook 07/01/1998 to 06/30/1999

General Surgery

Residency:

Sch. of Med. SUNY at Stony Brook 07/01/1999 to 06/30/2003

General Surgery

Fellowship:

Johns Hopkins Comprehensive Transplant Ctr 07/01/2003 to 06/30/2005

Transplant Abdominal

Board Certification:

American Board of Surgery - Surgery

HALIFAX HEALTH MEDICAL CENTER

BOARD OF COMMISSIONERS NEW PHYSICIAN PROFILES July 1, 2019

(Credentials Committee May 20, 2019, June 17, 2019)

Raymond Sutkowski, MD

Teleradiology

Raymond Sutkowski, MD, is requesting privileges in the Department of Radiology and is in practice with Radiology Associates of Ocala, P.A.

Medical Education:

American University of the Caribbean School of Medicine - 2012

Internship:

Kettering Medical Center 07/01/2012 to 06/30/2013

Internal Medicine

Residency:

Shands Hospital at the Univ. of Florida 07/01/2013 to 06/30/2017

Diagnostic Radiology

Fellowship:

Shands Hospital at the Univ. of Florida 07/01/2017 to 06/30/2018

Vascular/Interventional Radiology

Board Certification:

American Board of Radiology - Diagnostic Radiology and Interventional

HALIFAX HEALTH

Operator Requirements to perform Transcatheter Aortic Valve Replacement (TAVR)

Requirements for Interventional Cardiology:

- 1. **Fellowship Trained.** Proof of 1 additional year of training in advance interventional cardiology/structural heart interventions in a program that performs ≥ 150 TAVRs per year in the US. The cardiologist must present a letter of recommendation from their program director, be proctored in 5 cases at Halifax Health, and signed off as technically proficient by the designated Medical Director of the TAVR program and the Department Chair of the subsection of Cardiology.
- 2. Not Fellowship trained but meeting CMS criteria. Professional experience with 100 structural heart disease procedures lifetime, done as a primary operator (left sided procedures include EVAR, TEVAR, Balloon Aortic Valvuloplasty (BAV), aortic valve and mitral valve prosthetic leak closures and ventricular septal defect closures); or 30 left-sided structural procedures per year of which 60% must be BAV. Atrial septal defect and patent foramen ovale closure are not considered left-sided procedures. In addition individual must be proctored in 5 cases at Halifax Health, and signed off as technically proficient by the designated Medical Director of the TAVR program and the Department Chair of the subsection of Cardiology. The physician must also complete device-specific training as required by the manufacturer.
- 3. **Proctorship.** Cardiologists not fellowship trained nor meeting CMS criteria must be proctored in 50 cases at Halifax Medical Center and signed off as technically proficient by the designated Medical Director of the TAVR program and the Department Chair of the subsection of Cardiology. The physician must also complete device-specific training as required by the manufacturer.
- 4. Prior experience with peripheral vascular diagnostic procedures and interventions with documented ≥ 100 diagnostic procedures and ≥ 50 peripheral interventions as primary operator.
- 5. Must maintain a minimum \geq 25 Percutaneous Coronary Interventions at Halifax Medical Center annually.
- 6. Board Certified in Cardiology and Interventional Cardiology by the ABIM
- 7. Maintenance of privileges require the interventional cardiologist to perform 20 TAVR's per year with review of results based on TVT registry outcomes.

Requirement for Cardiothoracic Surgeon:

- 1. Formal Cardiothoracic Training in an AGME fellowship, with ≥ 100 career Aortic Valve Replacements including 10 high risk patients or more than 25 Aortic Valve Replacements in one year. Complete off-site TAVR didactics and simulation.
- 2. or \geq 50 Aortic Valve Replacements in 2 years and which include at least 20 Aortic Valve Replacements in the last year prior to TAVR initiation. Complete off-site TAVR didactics and simulation.
- 3. Board Certified in General Surgery and Thoracic Surgery.

*All procedures	counted	towards	the	fulfillment	of t	these	requirements	must	be	done	at an
academic institution in the US and certified by the institution Cath Lab Director.											

Source:

CMS, Journal of the American College of Cardiology

Revision approved by the Credentials Committee: 06/17/19



Halifax Health – Board of Commissioners Management Report – July 1, 2019

Presentations

Managing Agitation in Patients with Traumatic Brain Injury – Dr. Eugene Rankin Family Medicine Residency - Drs. Mallory McInnes, Michael Faille, Victoria Otaño Pereira

<u>Managing Agitation in Patients with Traumatic Brain Injury – Eugene Rankin, Ph.D.</u>

Neuropsychology is a psychology specialty profession that evaluates and treats the cognitive, behavioral and emotional aspects of injuries to the brain. A neuropsychologist is a doctoral level professional with specialty training in neuropsychology at the internship and residency levels, with the highest attainment of the profession becoming Board Certified. Presently, there are 68 Board Certified Neuropsychologists in the state of Florida.

Dr. Rankin, a Board Certified Clinical Neuropsychologist, joined Halifax Health/Brooks Rehabilitation Center for Inpatient Rehabilitation in November of 2016, where he was tasked with service to our Level II Trauma program on a half-time basis in management of agitation in traumatic brain injured patient, education of family and staff, and assistance with facilitating patient care as the patient moves through the health care system. He also serves a vital role at the Center for Inpatient Rehabilitation, and then completes service to our patients as they transition to the outpatient program, where he helps with important issues such as helping the patient reintegrate back into family and work life. He is one of the few professionals that treat our patients from the trauma bay to the outpatient clinic and beyond. He is also instrumental in developing our joint venture concussion program.

Dr. Rankin earned his Bachelor, Masters and Doctoral degrees from St. Louis University in St. Louis, MO; his internship at the VAMC in Memphis, Tennessee; and completed his two year residency at the University of Oklahoma in 1994. He has been in practice for 25 years, including rehabilitation facilities in Nebraska and Iowa before coming to Florida in 2001 to practice at Brooks Jacksonville. He has authored or coauthored 14 peer-reviewed journal articles or book chapters, 15 published abstracts and has made 36 scientific presentations.

Family Medicine Residency Program

The residency program continues to present the results from their ongoing Quality and Patient Safety projects at State and National conferences. In May, residents and faculty attended and presented at the Florida Academy of Family Physicians (FAFP), which is composed of more than 5,400 family medicine physicians, resident physicians, and medical students from across the state. FAFP works to advance the specialty of family medicine by promoting excellence and

improvement in the healthcare of all Floridians. Their priority is to help members to become the best family physicians they can be through effective communication, legislation/regulation, education, advocacy, research and motivation. Today we are pleased to welcome Dr. Mallory McInnes, Dr. Michael Faille and Dr. Victoria Ontano Pereira who will be presenting their posters.

Mallory McInnes, MD

Dr. McInnes is a 3rd year resident. She attended Auburn University in Alabama and graduated with a degree in biochemistry and a minor in psychology. She received her MD at the University of Miami - Miller School of Medicine. She then spent a year in OB/GYN Residency in New York, where she furthered her obstetric and gynecological skills before transferring to our Family Medicine program. Although Mallory loves obstetrics and gynecology, she has many interests including cosmetic dermatology, sports medicine, pain management, weight management, and preventative care. She is lead author on the presentation 'Weight Management: Diagnose It, Code It, Save Lives' which was selected for a podium presentation and subsequently awarded 1st place for scholarly research.

Michael Faille, MD

Dr. Faille is a 3rd year resident. He attended the University of Massachusetts Amherst for his undergraduate education where he earned his degree in Biochemistry and Molecular Biology. Dr. Faille obtain his medical degree from New York Medical College. Prior to entering residency, Dr. Faille was lucky enough to work for IBM in their Watson Health division. There he worked with Watson, IBM's artificial intelligence, and helped shape its current and future role in healthcare. Dr. Faille will present his group's work 'Assessing Understanding and Utilization of Medicare Wellness Visits: A Residency Perspective'.

Victoria Otaño Pereira, MD

Dr. Otaño Pereira was born and raised in Argentina and attended the University of North Georgia for her degree in Biology and obtained her medical degree at the University of Kansas School of Medicine. She serves as the American Academy of Family Physicians (AAFP) Liaison to the Latino Medical School Association (LMSA), with goals to increase diversity and create opportunities for Hispanic students in Family Medicine. Dr. Otaño Pereira not only presented her work at FAFP but was awarded 1st place in the McCarthy award (named for the former medical staff leader and executive director of Halifax Health). This award recognizes excellence in publication of medical research among residents. She is lead author on her group's work 'Identifying Health Disparities in our maternal and newborn patient population based on race and creating opportunities for improvement in their care'.

Deltona Medical Center Update

- Cladding the exterior of the building is at the last stage
- Work on all floors to complete the overhead utilities is 95% complete
- All radiology diagnostic rooms are receiving equipment (MRI, CT, etc.)
- All patient rooms are currently being equipped with all the required utilities and mock-up headwalls are currently being reviewed by clinical teams.
- Power house is currently on and being partially used
- Currently we are currently installing flooring in first floor
- All in all, work is going very well and we have had several courtesy visits by AHCA
 officials to review what has been done to date and we have received very positive
 comments. We are currently scheduled for 80% AHCA inspection starting the last week

- of April and ongoing until the end of June. The 100% AHCA inspections will start in July and will end in September.
- Mobilization, training and mock-up processes will take place in October and November.
- In coordination with Rafael Ramirez and Joni Hunt, coordinating tours for community leaders pending final dates and AHCA state visits coordination.
- Medical Office Building (MOB) block diagrams are complete and we are currently working with users for the final space requirements, construction will start this week.

Halifax Health Maternity Nurse Navigator Program

Halifax Health Medical Center has launched Volusia-Flagler's only Maternity Nurse Navigator Program. Shelley Jones, an advanced practice registered nurse in the Halifax Health-Center for Women and Infant Health, leads the program as the hospital's maternity nurse navigator.

Jones has more than 25 years of clinical experience as a labor and delivery nurse and a nurse practitioner for an obstetrics and gynecology practice. In her new role as maternity nurse navigator, Jones provides individualized, patient-centered care to mothers-to-be, new mothers, babies and their families.

"Those who are unfamiliar with the role of the maternity nurse navigator should know that they are there to serve as a mother's personal coach, advocate and friend from pregnancy through parenthood. A navigator is there to meet with you and your partner to collaborate, educate and help you set expectations so that you may have the best pregnancy, labor and delivery experience possible," Jones explains.

The first meeting with the maternity nurse navigator can be as early as 10-20 weeks gestation of pregnancy. The second meeting will occur at 20-30 weeks and the third will happen at 30-40 weeks. During these meetings, the maternity nurse navigator will answer any questions or concerns a mother may have as well as provide information on nutrition; maintaining a safe and active pregnancy; how to cope with pregnancy discomforts; activity and weight gain; hospital pre-registration; selecting classes and enrolling; tips for selecting a pediatrician; and finalizing a birth plan.

One to three weeks following delivery, the maternity nurse navigator will be available to meet to discuss community resources and support groups available; signs of postpartum depression; and breastfeeding concerns; as well as answer any other questions new parents may have.

There is no fee for services offered by Halifax Health's Maternity Nurse Navigator Program.

In addition to a maternity nurse navigator, expectant mothers will also find refreshed Labor and Delivery rooms at Halifax Health Medical Center. Twelve labor and delivery rooms were recently refurbished to present a spa-like feel. The rooms feature new artwork, essential oil diffusers and speakers that can provide relaxing music to mothers while in labor.

To learn more about Halifax Health Medical Center's Maternity Nurse Navigator Program or to schedule a tour of the Halifax Health-Center for Women and Infant Health, call 386.425.BABY (2229) or visit www.halifaxhealth.org/ob.

2019 Project Search Graduation

On May 30th, nine Project SEARCH Volusia County students from Halifax Health Medical Center received their diplomas and on May 31st, six Project SEARCH Volusia county students from Halifax Health Medical Center of Port Orange received their high school diplomas. A Graduation celebration was held in both locations giving recognition to these students.

This year's Project SEARCH Volusia County graduates from Halifax Health Medical Center are Ruby Dwyer, Zachary Gercak, Adam Grimes, Warren James, Justice McClain, Christopher Moore, Daniel Perez, Christian Rutherford and Dakota Warrenfeltz. Project SEARCH Volusia County graduates from Halifax Health Medical Center of Port Orange are Kayleigh Boucher, Blake Fosterling, Bethany Martin, Michael Reid, Sage Toriola and Sergio Toriola.

As the third graduating class, this program continues to have positive results. These students have completed their senior year at their respective high schools and had their diploma deferred for a year of special job-coached internships at both Halifax Health Medical Center and Halifax Health Medical Center of Port Orange.

The following graduates have jobs waiting for them:
Kayleigh Boucher, Dietary Aide, Halifax Health
Ruby Dwyer, Human Resources, Halifax Health
Zachary Gercak, Publix
Warren James, Patient Companion, CSO, Halifax Health
Justice McClain, Dietary Aide, Halifax Health
Bethany Martin, Dunkin Donuts
Christopher Moore, Publix
Daniel Perez, Publix
Michael Reid, Coastal Nursing Home
Sergio Toriola, Dietary Aide, Halifax Health

The Project SEARCH High School Transition Program is a unique, business-led, one-year school-to-work program that takes place entirely at the workplace. Total workplace immersion facilitates a seamless balance of classroom instruction, career exploration, and hands-on training through worksite rotations. The program provides real-life work experience to help youth with significant disabilities make successful transitions from school to adult life.

For a third consecutive year, Halifax Health has been a host site for this nationally recognized program and successful local joint venture between Volusia County Schools, Progressive Abilities Support Services (PASS) and the Florida Division of Vocational Rehabilitation.

Live Your Life Well Luncheon

On Monday, May 20, Halifax Health honored Mori Hosseini, chairman of the University of Florida Board of Trustees, during its Live Your Life Well Luncheon held at Halifax Health Medical Center of Daytona Beach. Hosseini was recognized for his instrumental role in Halifax Health's enabling legislation successfully and unanimously passing through the state legislature last month. With the bill's passing, Halifax Health can continue to provide healthcare services outside of the Halifax Hospital District.

The Live Your Life Well Luncheon Series is hosted quarterly to provide updates to community and business leaders on the healthcare programs and services offered by Halifax Health. Guests who attended Monday's luncheon learned more about the collaborations in heart and vascular care, transplant services and neurosurgery Halifax Health has with University of Florida Health and how they raise the quality of services and care available in the Volusia-Flagler area.

Boy Scout Golden Eagle Dinner

On May 9, Jeff Feasel was honored at the 2019 Annual Boy Scout Golden Eagle dinner. This dinner is an annual fundraising event which recognizes community leaders who exemplify the values described in the Boy Scout Oath to be physically strong, mentally awake and morally straight.

Team Member Appreciation Week

Halifax Health Team Member Appreciation Week 2019 was held from May 6^{th} – May 11^{th} . This year's gifts included a "Halifax Health" branded golf umbrella, and a canvas boat tote. The gifts were very well received among staff and were distributed all week in our specially decorated area on the eighth floor of the France Tower. Team member appreciation week include following festivities:

- Monday, May 6th, snack bags full of treats were delivered to each department. Patient care areas were restocked by the Food & Nutrition Department throughout the week.
- We had a "Complimentary Coffee Bar" starting on Monday that lasted throughout the week. Nursing also served juice and bagels to staff on the units.
- Themed baskets were on display for raffle all week with the proceeds benefiting a local charity "Resource for Women", Halifax Health's Employee Emergency Relief Fund (EERF), and Nursing Scholarships. There was also a daily nurse drawing all week and prizes were given.
- Tuesday, May 7th, a discounted meal was provided in the Cafeterias and Jeremiah's Italian ice was delivered to the nursing floors.
- Wednesday, May 8th, a Complimentary Meal was served by leadership. Off-site locations received pizza delivered by Domino's. There was also Nurse's "Wear Your Whites" day and the Chaplains visited various departments for a special "Healing Hands" prayer for clinicians.
- Thursday, May 9th, was the Annual Ice Cream social, which was served by leadership.
 This fun event is always a favorite among staff! Off-site locations received ice cream
 sandwiches provided by Ritter's Frozen Custard. Nursing also held their Annual 2019
 Nursing Ceremony to recognize and honor department specific Nurses of Excellence,
 Rookie Nurses, Quality Caregivers and Nursing Scholarship Recipients.
- Friday, May 10th, we had a Chips and Salsa Happy Hour provided for all. Nursing celebrated Florence Nightingale's birthday by delivering mini cupcakes to the nursing

units. They also arranged a Food Truck event in which 10% of sales went towards the Shared Governance Scholarship Fund.

Our Annual Halifax Health Team Member Appreciation Week is a great opportunity for us to engage, support, and thank our Team Members for all they do. The recognition shown for our nurses and all of our care providers helps to reinforce our culture of caring at Halifax Health.

Annual Team Member Recognition Banquet

This year's 2019 Team Member Recognition Banquet was held on Friday, May 24th at the Ocean Center Daytona Beach with 360 attendees. The theme was "The Almost Greatest Show on Earth". The stage was colorful and bright representing the Circus. Various videos, coupled with on-stage interaction, depicted the style, fads, stunts, and acts of circus performances.

Among those recognized at the banquet were the Team Member of the Year candidates, Service Pin Recipients, Volunteers, and Halifax 100 Club Members. This year we recognized 374 service pin recipients for reaching milestones of 5, 10, all the way to 45 years of service. This alone represents 5,105 years of service to Halifax Health. We also recognized 314 Volunteers, each with 100 hours of service or more, for donating 290,800 collective hours of their time on behalf of our organization.

2019 Award Winners Included:

- Nurse of Excellence Rena Curry, Center for Women & Infant Health
- Rookie Nurse of Excellence Shamally Ortiz, Surgical Care Unit
- TOWER Winners of the Year Jessica Facciponti, Darlynn Whiting, Amber Fryman
- Inpatient Quality Caregiver of the Year Chad Haywood, Department of Radiology
- Outpatient Quality Caregiver of the Year Lauri Meres, Department of Radiology
- Allied Health Quality Caregiver of the Year Jeana Ferguson, PBFA
- Team Member of the Year Tom Tsitas, Logistics HUB

The Annual Team Member Recognition Banquet is a long-standing tradition that Team Members look forward to. It is our opportunity to engage and support our staff in a creative and entertaining way. The recognition shown for these deserving Team Members helps to reinforce our culture of caring at Halifax Health.

Neonatal Intensive Care Unit (NICU) Reunion

On Saturday, May 11th we had the 3rd annual Halifax Health – Neonatal ICU reunion. There were around 75 people in attendance consisting of Neonatal ICU nurses, former nurses, volunteers, Neonatal ICU graduates and their families. This year's party was monster themed with monster related games and crafts. They had a face painter and a professional photographer and food catered by Chick-Fil-A.

Southeast Volusia Care Center 10th Anniversary Open House

Halifax Health - Hospice, Southeast Volusia Care Center, 4140 S. Ridgewood Ave., Edgewater, is celebrating 10 years of providing Southeast Volusia residents with compassionate hospice care. Open houses were held to tour the Care Center on May 21 and 22nd.

Father Lopez Students Enhance Memorial Walkway

On Saturday, May 18, members of Father Lopez Catholic High School's Chick-fil-A Leadership Academy installed pavers, a small wishing well, bench and birdfeeder along the Memorial Walkway at Halifax Health-Hospice Ormond Beach Care Center. The students hosted fundraisers to raise the monies needed for the enhancements.

Halifax Health - Foundation 2019 Bahama Casual Event Raises \$180,000

Halifax Health-Foundation raised \$180,000 during its 2019 Bahama Casual event held Friday, June 7 at The Shores Resort and Spa in Daytona Beach Shores. Attendees of the gala event were treated to lip sync performances featuring the music of Joan Jett and the Blackhearts, Donna Summer, Soul Train dancers and The Mustangs. Bee Gees tribute band, US Bee Gees, provided the evening's musical entertainment. Proceeds from the event will go towards the foundation's mission to support leading-edge healthcare for present and future generations in the Greater Daytona Beach Area.

Marketing/Communications Update

July 3. Free Car Seat Safety Check – Daytona Beach. Halifax Health – Healthy Communities is offering free car seat safety checks the first Wednesday of each month from 1:00-3:00 pm at Halifax Health Medical Center, France Tower. This program is presented in conjunction with SafeKids Volusia/Flagler Counties.

July 11. Stop the Bleed – Bleeding Control Basics. This free, one-hour training class led by members of Halifax Health's trauma and emergency medicine team teaches participants bleeding control basics, including how to help in a bleeding emergency before professional medical help arrives. Halifax Health Medical Center, France Tower, Conference Room F. Time: 2:00 pm. To register for training, go to www.halifaxhealth.org/stopthebleed. For additional information, please call 386.425.4201.

July 17. Suicide Prevention: QPR Training. Halifax Health and SMA Healthcare are partnering to present free classes that provide Question, Persuade, Refer (QPR) training. QPR is an instant response system, much like CPR, that includes proper questioning, practice, referral, and genuine persuasion in the event of a suicide crisis. The classes also provide training on how to identify the warning signs of suicide and the proper ways to deal with a crisis. Four Townes YMCA, Healthy Living Center, 280 Wolf Pack Run, Deltona. 6:00-8:00 p.m.

July 20. New Smyrna Beach Block Party. Join us for a day of free music and dancing, games for kids, face painting, giveaways, health screenings, healthy snacks and drinks, and family fun. Meet our Team Members and providers from: Halifax Health - Children's Medical Centers, Hospice, Pediatric Care, Oncology, Urgent Care, Halifax Health | Brooks Outpatient Rehabilitation & Primary Care. Location: Live Oak Cultural Center, 1050 Live Oak Street, New Smyrna Beach. Time: 11 am-2 pm.

July 27. Port Orange Family YMCA Sprint Triathlon. A part of the Live Your Life Well race series, this Tri-Y Triathlon includes swimming, biking and running. The race starts at 7:00 am at Aunt Catfish's, 4009 Halifax Drive, Port Orange. www.lylwseries.com.

- July 25. Free Car Seat Safety Check Deltona. Halifax Health Healthy Communities offers free car seat safety checks the fourth Thursday of every month for West Volusia residents. This program is presented in conjunction with SafeKids Volusia/Flagler Counties.
- June 1. Celebration of Life. Halifax Health Center for Oncology annually presents this event in recognition of National Cancer Survivors Day®. Approximately 300 hundred local physicians, clinicians and survivors attend this breakfast event at The Shores Resort & Spa, 2637 S. Atlantic Avenue, Daytona Beach Shores, 8:30-10:30 am.
- June 5. Free Car Seat Safety Check Daytona Beach. Halifax Health Healthy Communities is offering free car seat safety checks the first Wednesday of each month from 1:00-3:00 pm at Halifax Health Medical Center, France Tower. This program is presented in conjunction with SafeKids Volusia/Flagler Counties.
- June 12. Suicide Prevention: QPR Training. Halifax Health and SMA Healthcare are partnering to present free classes that provide Question, Persuade, Refer (QPR) training. QPR is an instant response system, much like CPR, that includes proper questioning, practice, referral, and genuine persuasion in the event of a suicide crisis. The classes also provide training on how to identify the warning signs of suicide and the proper ways to deal with a crisis. DeLand YMCA, Healthy Living Center, 761 E. International Speedway Blvd., DeLand. 6:00-8:00 p.m.
- June 13. Stop the Bleed Bleeding Control Basics. This free, one-hour training class led by members of Halifax Health's trauma and emergency medicine team teaches participants bleeding control basics, including how to help in a bleeding emergency before professional medical help arrives. Halifax Health Medical Center, France Tower, Conference Room F. Time: 11 am. To register for training, go to www.halifaxhealth.org/stopthebleed. For additional information, please call 386.425.4201.
- June 22. Ormond Beach Tri-Y Triathlon. A part of the Live Your Life Well race series. To register, visit www.lylwseries.com.
- June 23. Family Medicine Residency Program Graduation Gala. This event honored the 46th graduating class of the Halifax Health Family Medicine Residency Program and the 22nd graduate of the Halifax Health Sports Medicine Fellowship.
- June 27. Free Car Seat Safety Check Deltona. Halifax Health Healthy Communities offers free car seat safety checks the fourth Thursday of every month from 1:00-3:00 pm at Halifax Health Emergency Department of Deltona. This program is also presented in conjunction with SafeKids Volusia/Flagler Counties.



Board Meeting - July 2019 Monthly Award Winners

Team Member of the Month: Monthly recognition to honor outstanding Team Members who exemplify what Halifax Health is all about. They represent our Cornerstone culture and are role models to others. They receive a list of prize items along with a departmental reception with treats and refreshments.

May 2019 Team Member of the Month

Stacy Woodham

Dietary Operations Supervisor, Food and Nutrition

Stacy has been a Halifax Health Team Member since 2010. As Dietary Operations Supervisor, she directly oversees special functions, food production, and the Cooks at Halifax Behavioral Services. She is also responsible for scheduling, hiring, and on-boarding the patient service and food production sections of the department. Stacy is focused and organized, always remaining calm during stressful times, and produces favorable results.

Stacy is very efficient and has worked in almost every position in the department. She often has performance improvement ideas and makes recommendations for positive change. Stacy sees potential problems before they impact service and jumps in to help in any area needed. She exudes a "Be of Service Attitude" every day towards department staff and everyone with whom she comes into contact with.

We are proud to recognize Stacy as our May Team Member of the Month!



June 2019 Team Member of the Month

Ashley Wohlford

Marketing Specialist, Corporate Marketing & Communications

Ashley has been a Halifax Health Team Member since 2015. As a Marketing Specialist, she is responsible for consulting with her assigned service lines on marketing and growth initiatives then planning, preparing and executing those strategies in alignment with departmental goals. Her other responsibilities include writing copy, website work, media buying, and creating and monitoring campaigns on media channels. She is also involved with community events and various speaking engagements. Ashley has a great personality and sense of humor which she incorporates into her daily routine.

Ashley is very effective and is able to juggle many tasks at once, while remaining calm and professional. She has innovative ideas, thinks outside the box, rolls up her sleeves and helps whenever needed. Ashley is a proactive Team Member and is always looking to understand the patient's journey, demonstrating compassion, while upholding our image of Exceptional Service, Every Encounter, Every Day to Everyone.

We are proud to recognize Ashley as our June Team Member of the Month!



Volunteer of the Month: Monthly recognition to honor outstanding Volunteers who exemplify what Halifax Health is all about. They receive a \$50 Publix gift card from the Foundation and "Volunteer of the Month" designation on their badge.

Halifax Health Announces Joe Petrock Auxiliary Volunteers of the Month for May and June 2019



Janet Wisneski - May 2019

A member of the Halifax Health-Auxiliary since 2016, Wisneski has donated more than 762 hours of service as an information desk volunteer for Halifax Health Medical Center.

"An example of how great of a volunteer Janet is came from a patient who'd been recently discharged. He called us personally to share how much he appreciated Janet for her kindness and for going above and beyond to assist him," says Laura Dickason, information desk supervisor for Halifax Health Medical Center. She adds, "From a staff perspective, we definitely appreciate her. Janet is pleasant to work with and is very dependable. She really helps us out."



Donna Himes – June 2019

A member of the Halifax Health-Auxiliary since 2017, Himes has donated more than 767 hours of service in Halifax Health Medical Center's Stitch 'N Knit Department, which makes pillows, knitted caps, booties and mittens for the hospital's newborns and other patients.

"Donna is a conscientious and detailed worker that has taken on more and more responsibilities in the Stitch 'N Knit Department over the past several months. She also does extra sewing at home and will do anything that needs to be done in the sewing room," says Dorothy Storey, chairperson for the Stitch 'N Knit Department.

In addition to her Stitch 'N Knit Department duties, Himes serves as the recording secretary for the Halifax Health-Auxiliary.

Daisy Award: Monthly Nursing award chosen from nominations submitted by patients, families, and Team Members. The Nursing Governance Professional Development Council chooses two recipients per month. The winners receive a certificate, DAISY award pin, reserved parking space, and a sculpture entitled "A Healer's Touch."



Kolby Kerrutt, RN Clinical Decision Unit

Kolby is a highly skilled nurse who is really devoted to his patients. Kind, polite and hard working. I am recovering from a stroke and my hand is shaking trying to write this in bed. Kolby shows so much compassion to patients which makes him stand out among other nurses. I am a retired RN-Nursing Supervisor. I can tell an outstanding nurse when I see one. You should be proud of him. My ability to walk depends on possible discharge home. I live alone and I need to walk. He helps me and assists me and encourages me to walk. He understands my situation. His compassion made a big and significant difference in my recovery. So, it's my way to thank you, Mr. Kerrutt. Thank you from the bottom of my heart.



Celeste Harris, RN Medical Surgical Halifax Health - Port Orange

I love Celeste so much. I feel like I made a Real Friend. Celeste is by far, hands down, the best nurse I have ever had in my life. I'm 40-years-old. She talked to me and with me. Most importantly, she listened to everything I said. She was genuinely concerned about me, was caring, she was on time for all my medication time. She made sure I was comfortable and not in severe pain. She explained things to me. One thing I shared with Celeste is my past history of abuse, neglect, and how I struggle with opiates along with mental illness. Not only did she listen to me, but she also didn't pass judgment. She encouraged me and I know she was genuinely sincere. I got very emotional because she cares so much about me!

May 2019 Highlights:

- ➤ 23 Team Members recognized with 260 collective years of service.
- ➤ 22 Volunteers recognized with 17,000 collective hours of service.

Team Members with 25 Years of Service:

- Patricia Bohman, Scheduler, Surgical Services Twin Lakes
- Geraldine Pompey, Accountant II, Corporate Accounting and Finance

Volunteer Hours:

• Joan Gigicos, Auxiliary - 8,500 Hours



June 2019 Highlights:

- ➤ 48 Team Members recognized with 440 collective years of service.
- ➤ 26 Volunteers recognized with 29,700 collective hours of service.

Team Members with 25 Years of Service:

- Steven Green, Certified Surgical Tech, Surgical Services Medical Center of Port Orange
- Anna Jordan, RN Charge, Center for Oncology
- Richard Purcell, Certified Surgical Tech, Surgical Services Medical Center of Port Orange

Volunteer Hours:

- Roseanne Smith, Auxiliary 8,000 Hours
- Zee Rabb, Auxiliary 6,000 Hours





Strategic & Community Health Planning Committee Report will be provided at meeting

Halifax Hospital Medical Center Audit and Finance Committee Meeting

303 N. Clyde Morris Blvd., France Tower, Conference Room A

Wednesday, May 1, 2019

Present: Ted Serbousek, Chairman

Ammar Hemaidan, MD, Member & Member, Medical Staff

Greg Motto, Member Decker Youngman, Member

Not Present: Daniel Francati, Member & Vice Chairman, Board of Commissioners

Susan Schandel, Member & Treasurer, Board of Commissioners

Also Present: Eric Peburn, Executive VP/Chief Financial Officer

Bill Rushton, Director, Internal Audit Shelly Shiflet, Chief Compliance Officer

Lisa Tyler, Corporate Controller

Shawn Remington, Director, Corporate Finance

Arvin Lewis, SVP & CRO

Ben Eby, Director of Operations, Hospice Kelly Kwiatek, SVP & General Counsel

Jared Hamilton, Crowe

The meeting was called to order at 4:00 p.m. by Chairman Serbousek. Attendance was recorded.

IT SECURITY UPDATE

Discussion: An IT Security update was shared. Brief discussion ensued.

Action: None required.

MINUTES

Discussion: Minutes from the November 12, 2018 Investment Committee Meeting and February 27,

2019 Audit & Finance Committee Meeting were reviewed.

Action: Dr. Hemaidan moved to approve the minutes as presented and recommends approval by

the Halifax Health Board of Commissioners. Mr. Motto seconded the motion and it

carried unanimously.

AUDIT COMMITTEE

CORPORATE COMPLIANCE

Discussion: Monthly Compliance Program Update Dashboard

Ms. Shiflet presented the Compliance Dashboard for the months ended February 28, 2019

and March 31, 2018.

Action: None required.

INTERNAL AUDIT

Discussion: Mr. Rushton led committee members through IADA that included highlights of the FY

2019 Plan Status, Audit Plan Additions, Results of FY 19 Audit Projects and Summary of

two audit reports:

• DAVID Attestation Audit

• Administrative Payroll Component Audit

Discussion ensued regarding the Administrative Payroll Component Audit and that a typo was found in the Powerpoint (page 17 in meeting packet); there should not have been "1" identified "Low" under the Issues by Impact Level. As such, Mr. Peburn

requested this change be reflected in the minutes.

The status of the Deltona Construction audit was provided as well as audit follow-up

issues by month. A table of open audit action plans was provided in the presentation. Discussion ensued regarding exploration of using another audit firm in that Olivari and Associates has been handling for many years. Consensus was reached for Mr. Rushton to research another local firm.

In review of the open audit action plans, brief discussion ensued regarding the action plan deadlines versus revised dates and potential confusion regarding reporting and format. Mr. Serbousek requested that this report be updated to include the original due date in order to provide additional information to the committee on the timeliness of completing action plans.

Action: Mr. Motto moved to approve the two audits: DAVID Attestation and Administrative

Payroll Component. Mr. Youngman seconded the motion and it carried unanimously.

Action: Dr. Hemaidan moved to approve the Audit Plan and Additions. Mr. Youngman seconded

the motion and it carried unanimously.

FINANCE COMMITTEE

FINANCIAL REPORT

Discussion: Mr. Peburn led committee members through the Fiscal Year 2019 Income Statement

Forecast, updated with actual activity through March 31, 2019. Highlights resulted to brief discussion regarding revenue and expense assumptions, and the obligated group MADS

coverage ratio.

Action: Mr. Youngman moved to approve the March 2019 Financial Report and recommends

approval by the Halifax Health Board of Commissioners. Mr. Motto seconded the motion

and it carried unanimously.

ACQUISITIONS, LEASES & DISPOSALS

Discussion: Capital Investment Strategy, March 2019

Action: None required.

Discussion: Capital Expenditures \$50,000 and over

West Volusia Care Center Wind Retrofit \$236,667 (\$177,500 to be reimbursed by FEMA)

Action: Dr. Hemaidan moved to approve the Capital Expenditures, \$50,000 and over and

recommends approval by the Board of Commissioners. Mr. Motto seconded the motion

and it carried unanimously.

Discussion: Disposals, March 2019

Action: Mr. Motto moved to approve the disposals and recommends approval by the Board of

Commissioners. Mr. Youngman seconded the motion and it carried unanimously.

Discussion: Comparison of Projected and Actual Financial Results for Significant Projects

Action: No update; none required.

OLD BUSINESS

Discussion: Meeting Request Tracker/Checklist

Action: None required.

NEW BUSINESS

Discussion: FY 2020 Operating Budget Calendar

Action: None required.

INFORMATIONAL REPORTS

Discussion: The Schedule of Uses of Property Taxes for March 2019, the Discharged Based-Average

Length of Stay and Case Mix Index, the Investment Performance Report for March 2019, and the Capital Expenditures, \$25,000 - \$50,000 (none) were presented under Information

Only.

Action: None required.

OPEN DISCUSSION

Discussion: None

NEXT MEETING DATE: Monday, May 13, 2019, 4 p.m. Investment Committee Meeting

Wednesday, June 26, 2019, 4 p.m. Regular Meeting

ADJOURNMENT

Action: There being no further business, the meeting was adjourned.

Ted Serbousek, Chairman

Halifax Hospital Medical Center

Investment Committee Meeting, Sub Committee Audit & Finance Committee France Tower, Conference Room A, 303 N. Clyde Morris Blvd., Daytona Beach, FL 32114 Monday, March 11, 2019

Present: Dan Francati, Member & Member, Audit & Finance Committee & Vice Chairman,

Board of Commissioners Dave Graffagnino, Member

Greg Motto, Member, Audit & Finance Committee

Susan Schandel, Member & Member, Audit & Finance Committee & Treasurer, Board of

Commissioners Mike Walsh, Advisor

Decker Youngman, Member, Audit & Finance Committee

Via Phone: Ted Serbousek, Chairman & Chairman, Audit & Finance Committee

Also Present: Jeff Feasel, President & Chief Executive Officer

Eric Peburn, Executive Vice President & Chief Financial Officer

Kent Bailey, Director of Finance Lisa Tyler, Corporate Controller

Ben Eby, Director of Operations, Halifax Health Hospice

Kathleen Dulko, Ashford Investment Advisors Cathy Longstreth, Finance, Halifax Health Bryan Joseph, The Concord Advisory Group Bradford Stephan, The Concord Advisory Group Scott Santin, The Concord Advisory Group James Wesner, Marquette Associates

Michael Fleming, Vanguard Institutional Investor Group Philip Daubney, Vanguard Institutional Investor Group

The meeting was called to order at 4:05 p.m. by Vice-Chairman Francati.

Tim Fallon, Marquette Associates

Minutes

Discussion: Minutes from the November 12, 2018 Investment Committee meeting were reviewed.

Action: Ms. Schandel moved to approve the November 12, 2018 Investment Committee minutes as

presented. Mr. Graffagnino seconded the motion and it carried unanimously.

Old Business

Discussion: None.

New Business

Discussion: RFP, Investment Advisory Services

Mr. Bailey reported that in response to the investment advisory services request for proposal (RFP), three firms were onsite to present to the committee. The sample score card, team biographies and the executive summaries and presentations from each firm were included in

the meeting materials.

Action: None required.

Discussion: Investment Advisory Services Presentations

Representatives from each of the following three firms presented with questions/discussions

following each presentation:

• The Concord Advisory Group

- Marquette Associates, Inc.
- Vanguard Institutional Advisory Services

Each of the firms were dismissed and discussion ensued among committee members.

Action: Ms. Schandel moved that leadership negotiate with Marquette Associates, Inc. to meet terms

and finalize and execute an agreement to provide investment advisory services. Mr.

Graffagnino seconded the motion and it carried unanimously.

Financial Advisor, Quarterly Review

Discussion: Mr. Walsh, Ashford Investment Advisors, presented the investment review for the 4th calendar

quarter, ended 12/31/2018.

Action: It was determined that no action was required.

Informational Only

Discussion: Asset Allocation, February 2019

Action: None required.

Discussion: Investment Performance Report, January 2019

Action: None required.

Next Meeting: Monday, May 13, 2019, 4 p.m. - Regular scheduled meeting

Open Discussion

Discussion: None.

Adjournment

Ted Serbousek	

INFORMATIONAL REPORT June 2019

Capital Expenditures \$25,000 -- \$50,000

DESCRIPTION	DEPARTMENT	SOURCE OF FUNDS	TOTAL
Bioquell Decontamination System	Environmental Services	Working Capital	\$45,000
Meditech Software - Corporate Management System	Information Technology	Working Capital	\$28,560
Cash Registers for Cafeterias, Café and Gift Shop	Food and Nutrition	Working Capital	\$27,821

Operating Leases \$50,000 -- \$250,000

DESCRIPTION	DEPARTMENT	REPLACEMENT Y/N	LEASE TERMS	INTEREST RATE	MONTHLY PAYMENT



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Alberto Tineo, Executive Vice President and Chief Operating Officer

DATE: June 14, 2019

RE: Bioquell Decontamination System

Halifax Health Environmental Services is requesting funding to purchase a replacement Bioquell decontamination system.

The Bioquell system is a hydrogen peroxide vapor system that is used to decontaminate patient rooms and other hospital areas. The portable system can also be used at offsite locations.

The project was approved at the Capital Investment Committee meeting on May 15, 2019.

TOTAL CAPITAL COST \$45.000



Halifax Health

Project Evaluation

	Project Evaluation	
	Bioquell System	
	Chief Operating Officer	Alberto Tineo
	Assistant Manager, Environmental	Vince Acosta
	Financial Analysis	Roxanne Edmonds
	Summary	
	- Carriniary	
Purpose:		
This project is for the purchase	of a Bioquell decontamination system.	
Strategic Plan Core Compete	nov Achievement	Cornerstone:
Physician Integration	Achievement.	Safety X
Care Coordination		
		Compassion
Cost Management		Image
Information Technology Service Distribution		Efficiency
	X	
Financial Position		
Scale		
Managed Care Contracting		
Competitive Position		
Investment Request for Appr	oval \$45,000	

Recommendation for approval of the project is not based upon incremental return on investment.



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Arvin Lewis, Senior Vice President and Chief Revenue Officer CC: Tom Stafford, Vice President and Chief Information Officer

DATE: June 14, 2019

RE: Meditech Software - Corporate Management System

Halifax Health Information Technology is requesting funding to purchase software for a Meditech Corporate Management System. The system will allow us to create separate Health Care Information Systems (HCISs) under the corporate management umbrella and propagate dictionaries and builds from our standard content template that sits above the system. The corporate management system will allow us to decide what we will propagate to the different HCISs.

The project was approved at the Capital Investment Committee meeting on May 15, 2019.

TOTAL CAPITAL COST \$28,560



Halifax Health

Project Evaluation

Corporate Management Software for Meditech		
Chief Revenue Officer	Arvin Lewis	
Chief Information Officer	Tom Stafford	
Director, Healthcare Information System	s Judy Steiner	
Financial Analysis	Roxanne Edmonds	

Summary

Cornerstone:

Compassion

X

Safety

Image

Efficiency

Purpose:

This project is for the purchase of software for a Meditech Corporate Management System that will separate Health Care Information Systems (HCISs) under the corporate management umbrella and propagate dictionaries.

Strategic Plan Core Competency Achievement:

Physician Integration
Care Coordination
Cost Management
Information Technology
Service Distribution
Financial Position
Scale
Managed Care Contracting
Competitive Position

Investment Request for Approval \$28,560

Recommendation for approval of the project is not based upon incremental return on investment.



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Alberto Tineo, Executive Vice President and Chief Operating Officer

DATE: June 14, 2019

RE: Cash Registers for Cafeterias, Café and Gift Shop

Halifax Health Food and Nutrition is requesting funds to purchase six cash registers and related software for the main campus and Port Orange cafeterias, the France Tower Café and the Gift Shop. The current equipment and software is at end of life and is no longer supported.

The project was approved by the Capital Investment Committee meeting on May 15, 2019.

TOTAL CAPITAL COST \$27,821



Halifax Health

	Project Evaluation	
	Cash Registers	
	Chief Operating Officer	Alberto Tineo
	Manager, Food & Nutritional Services	Theresa Massie
	Financial Analysis	Roxanne Edmonds
	Summary	
Purpose:		
, ,	e of six cash registers and related software to replac terias, the France Tower Café and the Gift Shop tha	·
Strategic Plan Core Compet Physician Integration Care Coordination Cost Management Information Technology Service Distribution Financial Position	ency Achievement: X X	Cornerstone: Safety Compassion Image Efficiency X

Investment Request for Approval \$27,821

Managed Care Contracting Competitive Position

Scale

Recommendation for approval of the project is not based upon incremental return on investment.

CAPITAL EXPENDITURES & OPERATING LEASES

Halifax Health Hospice, Board of Directors, July 2019

Capital Expenditures \$50,000 and over

DESCRIPTION	DEPARTMENT	SOURCE OF FUNDS	TOTAL
Port Orange Care Center Wind Retrofit	Halifax Health Hospice	Working Capital	\$330,964
Ormond Beach Care Center Wind Shutters	Halifax Health Hospice	Working Capital	\$103,280

Operating Leases \$250,000 and over

DESCRIPTION	DEPARTMENT	REPLACEMENT Y/N	LEASE TERMS	INTEREST RATE	MONTHLY PAYMENT
				_	



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Eric Peburn, Executive Vice President and Chief Financial Officer

CC: Mary Jo Allen, VP Post Acute Care Services and Executive Director-Halifax Health

Hospice

DATE: June 19, 2019

RE: Port Orange Care Center Wind Retrofit

Halifax Health Hospice is requesting funds for the Port Orange Care Center Wind Retrofit Project. The purchase includes twenty-five (25) motorized roll-down shutters and a 150 KW impact rated emergency power generator which will harden the care center in preparation for wind events.

This is a cost-reimbursement contract for which quarterly requests for payment will be submitted throughout the project process. Per contract, FEMA will reimburse seventy-five percent of the costs, totaling \$248,223.

The project was approved by the Capital Investment Committee on June 19, 2019.

TOTAL CAPITAL COSTS \$330,964



Halifax Health

Project Evaluation

	Port Orange Care Center W	ind Retrotit & Generator
	Chief Financial Officer	Eric Peburn
	Executive Director, Hospice	Mary Jo Allen
	Director, Hospice	Benjamin Eby
	Financial Analysis	Roxanne Edmonds
	Summ	ary
Purpose:		
Orange Care Center to neip nar	den the center in preparation of wind e	vents.
Strategic Plan Core Competer Physician Integration Care Coordination Cost Management Information Technology Service Distribution Financial Position Scale Managed Care Contracting Competitive Position	X X	Cornerstone: Safety X Compassion Image Efficiency
Investment Request for Appro	oval \$330.964	

Recommendation for approval of the project is not based upon incremental return on investment.



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Eric Peburn, Executive Vice President and Chief Financial Officer

CC: Mary Jo Allen, VP Post Acute Care Services and Executive Director-Halifax Health

Hospice

DATE: June 14, 2019

RE: Ormond Beach Care Center Wind Shutters

Halifax Health Hospice is requesting funds for the Ormond Beach Care Center Wind Retrofit Project. The purchase includes thirty-nine (39) motorized roll-down shutters which will harden the care center in preparation for wind events.

This is a cost-reimbursement contract for which quarterly requests for payment will be submitted throughout the project process. Per contract, FEMA will reimburse seventy-five percent of the costs, totaling \$77,460.

The project was approved by the Capital Investment Committee on May 15, 2019.

TOTAL CAPITAL COSTS \$103,280



Halifax Health

Project Evaluation

Ormond Beach Care Center Wind Retrofit		
Chief Financial Officer	Eric Peburn	
Executive Director, Hospice	Mary Jo Allen	
Director, Hospice	Benjamin Eby	
Financial Analysis	Roxanne Edmonds	

Summary

Purpose

This project is for the purchase of 39 motorized roll-down shutters for the Ormond Beach Care Center to help harden the center in preparation of wind events.

Strategic Plan Core Competency Achievement:

Physician Integration
Care Coordination
X
Cost Management
Information Technology
Service Distribution
Financial Position
Scale
Managed Care Contracting
Competitive Position

Cornerstone: Safety

Compassion Image Efficiency Х

Investment Request for Approval

\$103,280

Recommendation for approval of the project is not based upon incremental return on investment.



TO: Jeff Feasel, President & CEO

FROM: Eric M. Peburn, Executive Vice President and CFO

CC: Mary Jo Allen, Executive Director

Ben Eby, Director of Hospice

DATE: July 1, 2019

RE: Appointment to Halifax Health Hospice Advisory Board

The Halifax Health Hospice Advisory Board has approved and respectfully requests consideration of the following appointment to the Advisory Board by the Halifax Health Hospice Board of Directors.

Advisory Board Appointment: Matthew Gable, Esq.

Mr. Gable is an attorney since 2006 and is head of the law firm, The Gable Law Firm, P.A., since 2011. His legal practice has primarily focused on the areas of real estate, corporate estate planning and association law.

In addition to running a fully functional legal practice, Mr. Gable is president and founder of Matthew's Gift, Inc., a non-profit organization that helps children with complex and critical medical conditions. The organization was started in 2016.

His professional development includes the following:

- President & CEO of Matthew's Gift
- Arnold/Winnie Palmer Foundation Board 2017 to date
- Halifax Hospital Foundation Board 2018 to date
- Youth Leader for Catholic Parrish 2015 through 2016
- Member, Ormond Beach Chamber of Commerce

Halifax Health

Summary Financial Narrative For the eight months ended May 31, 2019

The performance of Halifax Health (HH) compared to budget and long-range targets (S&P "A" rated medians) for key financial indicators is as follows.

	YTD	YTD	YTD Actual vs.	
Financial Indicator	Actual	Budget		
	FY 19	FY 19	Budget	
Total Margin	2.6%	3.5%	Unfavorable	
Operating Margin	1.0%	1.8%	Unfavorable	
EBIDA Margin	10.6%	11.4%	Unfavorable	
Operating EBIDA Margin	9.1%	9.7%	Unfavorable	
Adjusted Operating EBIDA Margin *	9.5%	9.5%	Neutral	
Days Cash on Hand	270	248	Favorable	
Cash to Debt	90.2%	82.7%	Favorable	
Debt to Capitalization	57.9%	57.0%	Unfavorable	
OG MADS Coverage	2.16	2.09	Favorable	
OG Debt to Capitalization	57.3%	56.4%	Unfavorable	

	YTD Actual
S&P "A"	FY 19 vs.
	S&P "A"
4.1%	Unfavorable
1.4%	Unfavorable
11.7%	Unfavorable
8.0%	Favorable
N/A	N/A
241	Favorable
221.6%	Unfavorable
26.4%	Unfavorable
3.80	Unfavorable
26.4%	Unfavorable

^{* -}Excludes investment income/loss of Foundation recorded as operating income.

Halifax Health Medical Center

Statistical Summary--

- Admissions for the month are greater than budget and prior year; and for the fiscal year-to-date are less than budget and greater than prior year.
- Patient days for the month and for the fiscal year-to-date are greater than budget and prior year.
 - Observation patient days for the month are less than budget and prior year; and for fiscal yearto-date are greater than budget and less than prior year.
- Surgery volumes for the month and fiscal year-to-date are less than budget and prior year.
- Emergency Room visits for the month are less than budget and greater than prior year; and for the fiscal year-to-date are less than budget and prior year.

Financial Summary --

- Net patient service revenue for the fiscal year-to-date is 0.3% less than budget.
- Total operating expenses for the fiscal year-to-date are 0.5% greater than budget.
- Gain from operations for the fiscal year-to-date of \$1.8 million compares unfavorably to budget by \$1.3 million.
- Nonoperating gains/losses for the fiscal year-to-date of \$8.0 million, primarily consisting of net investment income, compares favorably to the budgeted amount by \$3.4 million.
- The increase in net position for the fiscal year-to-date of \$9.9 million compares favorably to budget by \$2.0 million.

Halifax Health Hospice

Statistical Summary –

Patient days for the month and fiscal year-to-date are greater than budget and prior year.

Financial Summary --

- Net patient service revenue for the fiscal year-to-date is 4.6% greater than budget.
- Income from operations for the fiscal year-to-date of \$1.8 million compares favorably to budget by \$862,000.
- The increase in net position for the fiscal year-to-date of \$59,000 compares unfavorably to budget by \$3.3 million.

<u>Other Component Units</u> - Financial results of other component units is more favorable than budgeted expectations except for increases in unrealized investment losses of the Foundation of \$3.4 million.

Halifax Health Statistical Summary

		h Ended			H	Eight Mont		
2010		ay 31	X7		2010	May		3 7
<u>2018</u>	<u>2019</u>	<u>Budget</u>	<u>Var.</u>		<u>2018</u>	<u>2019</u>	<u>Budget</u>	<u>Var.</u>
				Inpatient Activity				
1,538	1,604	1,584	1.3%	HHMC Adult/Ped Admissions	12,672	12,785	13,016	-1.8%
175	172	177	-2.8%	HHMCPO Adult/Ped Admissions	1,414	1,447	1,441	0.4%
210	206	186	10.8%	Adult Psych Admissions	1,502	1,471	1,514	-2.8%
49	75	66	13.6%	Rehabilitative Admissions	501	584	537	8.89
1,972	2,057	2,013	2.2%	Total Adult/Ped Admissions	16,089	16,287	16,508	-1.3%
8,086	8,366	7,304	14.5%	HHMC Adult/Ped Patient Days	64,757	67,803	59,998	13.0%
515	541	620	-12.7%	HHMCPO Adult/Ped Patient Days	4,927	4,199	5,056	-17.0%
1,267	1,210	1,381	-12.4%	Adult Psych Patient Days	10,793	10,125	11,269	-10.2%
775	1,115	946	17.9%	Rehabilitative Patient Days	7,549	8,659	7,717	12.2%
10,643	11,232	10,251	9.6%	Total Adult/Ped Patient Days	88,026	90,786	84,040	8.0%
5.3	5.2	4.6	13.1%	HHMC Average Length of Stay	5.1	5.3	4.6	15.1%
2.9	3.1	3.5	-10.2%	HHMCPO Average Length of Stay	3.5	2.9	3.5	-17.3%
5.0	5.0	4.5	11.5%	HHMC/ HHMCPO Average Length of Stay	4.9	5.1	4.5	12.4%
6.0	5.9	7.4	-20.9%	Adult Psych Average Length of Stay	7.2	6.9	7.4	-7.5%
15.8	14.9	14.3	3.7%	Rehabilitative Length of Stay	15.1	14.8	14.4	3.2%
5.4	5.5	5.1	7.2%	Total Average Length of Stay	5.5	5.6	5.1	9.5%
343	362	331	9.6%	Total Average Daily Census	362	374	346	8.0%
905	677	862	-21.5%	HHMC Observation Patient Day Equivalents	7,179	6,669	6,790	-1.8%
209	147	174	-15.5%	HHMCPO Observation Patient Day Equivalents	1,629	1,684	1,366	23.3%
1,114	824	1,036	-20.5%	Total Observation Patient Day Equivalents	8,808	8,353	8,156	2.4%
36	27	33	-18.2%	Observation Average Daily Census	36	34	34	0.0%
145	126	139	-9.4%	HHMC Newborn Births	1,122	1,109	1,078	2.9%
273	255	261	-2.3%	HHMC Nursery Patient Days	2,037	2,154	1,949	10.5%
622	541	616	-12.2%	HHMC Inpatient Surgeries	5,004	4,791	5,136	-6.7%
12	6	9	-33.3%	HHMCPO Inpatient Surgeries	78	66	59	11.9%
634	547	625	-12.5%	Total Inpatient Surgeries	5,082	4,857	5,195	-6.5%
				<u>Inpatient Surgeries</u>				
186	159			Orthopedics	1,593	1,574		
149	96			Gastroenterology	1,163	957		
99	62			General Surgery	713	655		
39	41			Neurosurgery	317	335		
34	40			Cardiovascular/Thoracic Surg	257	243		
127	149			All Other	1,039	1,093		
634	547	625	<i>-</i> 12.5%	Total Inpatient Surgeries	5,082	4,857	5,195	-6.5 %

Halifax Health Statistical Summary

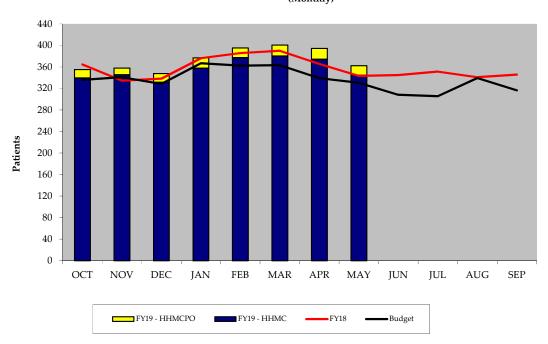
		h Ended			I	Eight Mont		
	Ma	ay 31				May	31	
<u>2018</u>	<u>2019</u>	<u>Budget</u>	<u>Var.</u>		<u>2018</u>	<u>2019</u>	<u>Budget</u>	Var.
				Outpatient Activity				
6,600	6,368	6,824	-6.7%	HHMC ED Registrations	55,162	51,090	57,040	-10.4%
2,640	2,688	2,758	-2.5%	HHMCPO ED Registrations	22,177	20,876	23,196	-10.0%
1,257	1,572	1,488	5.6%	Deltona ED Registrations	11,396	11,697	11,664	0.3%
10,497	10,628	11,070	-4.0%	Total ED	88,735	83,663	91,900	-9.0%
427	372	472	-21.2%	HHMC Outpatient Surgeries	3,108	2,976	3,539	-15.9%
129	128	115	11.3%	HHMCPO Outpatient Surgeries	1,007	879	903	-2.7%
286	272	270	0.7%	Twin Lakes Surgeries	2,461	2,221	2,322	-4.3%
842	772	857	-9.9%	Total Outpatient Surgeries	6,576	6,076	6,764	-10.2%
				Outpatient Surgeries				
178	193			General Surgery	1,270	1,333		
119	99			Gastroenterology	1,085	904		
128	69			Orthopedics	1,065	634		
86	82			OB/GYN	603	633		
55	67			Ophtalmology	463	412		
276	262			All Other	2,090	2,160		
842	772	857	-9.9%	Total Outpatient Surgeries	6,576	6,076	6,764	-10.2%
				<u>Cardiology Procedures</u>				
22	30			Open Heart Cases	205	168		
176	162			Cardiac Caths	1,345	1,190		
24	34			CRM Devices	232	214		
60	53			EP Studies	361	305		
282	279	263	6.1%	Total Cardiology Procedures	2,143	1,877	2,172	-13.6%
				Interventional Radiology Procedures				
100	102	97	5.2%	Vascular	695	699	673	3.9%
76	108	67	61.2%	Nonvascular	642	739	569	29.9%
176	210	164	28.0%	Total Interventional Radiology Procedures	1,337	1,438	1,242	15.8%
				HH Hospice Activity				
				Patient Days				
15,873	16,631	15,810	5.2%	Volusia/ Flagler	127,054	130,200	123,930	5.1%
1,705	1,726	1,891	-8.7%	Orange/ Osceola	11,595	13,110	13,971	-6.2%
17,578	18,357	17,701	3.7%	HH Hospice Patient Days	138,649	143,310	137,901	3.9%
F40	50 /	5 40	E 20/	Average Daily Census	500	5 0.4	E40	= 40
512	536	510	5.2%	Volusia/ Flagler	523	536	510	5.1%
55	56	61	-8.7%	Orange/ Osceola	48	54	57	-6.2%
567	592	571	3.7%	HH Hospice Average Daily Census	571	590	567	3.99

Halifax Health Statistical Summary

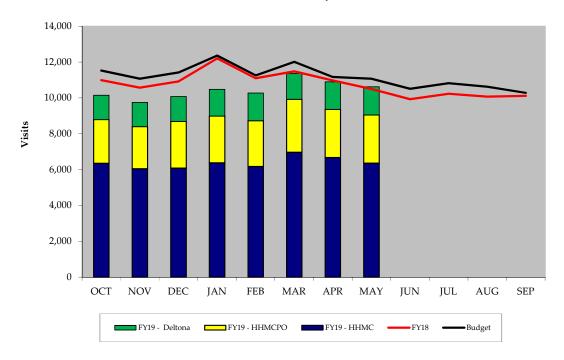
	Mont	h Ended		_	E	ight Mont	hs Ended	
	M	ay 31				May	31	
<u>2018</u>	<u>2019</u>	Budget	<u>Var.</u>		2018	<u>2019</u>	<u>Budget</u>	Var.
				Physician Practice Activity				
				Primary Care Visits				
626	549	565	-2.8%	Ormond Beach	4,044	4,068	4,672	-12.9%
1,117	1,155	1,052	9.8%	Daytona Beach	8,545	8,804	8,695	1.3%
617	640	861	-25.7%	Port Orange	5,163	4,900	7,117	-31.2%
183	306	472	-35.2%	Deltona	1,818	1,912	3,902	-51.0%
730	865	1,219	-29.0%	New Smyrna	6,053	6,322	9,554	-33.8%
655	625	597	4.7%	Ormond Beach (Women's/OB)	4,499	5,152	4,934	4.4%
353	357	575	-37.9%	Ormond Beach - Urgent Care	3,204	2,899	5,218	-44.4%
4,281	4,497	5,341	-15.8%	Primary Care Visits	33,326	34,057	44,092	-22.8%
				<u>Pediatric Visits</u>				
611	783	664	17.9%	Ormond Beach-CMC	4,682	6,477	5,204	24.5%
_	301	302	-0.3%	Ormond Beach-Primary Care	-	1,990	2,498	-20.3%
438	499	442	12.9%	Daytona Beach - Keech Street	2,722	3,664	3,536	3.6%
402	395	372	6.2%	Palm Coast-CMC	2,956	3,678	2,916	26.1%
508	498	486	2.5%	Port Orange-CMC	4,046	4,081	3,809	7.1%
1,959	2,476	2,266	9.3%	Pediatric Visits	14,406	19,890	17,963	10.7%
				Oncology Visits				
1,182	1,131	1,202	-5.9%	Daytona	8,630	7,824	8,779	-10.9%
619	550	595	-7.6%	Ormond	4,257	4,214	4,095	2.9%
823	839	860	-2.5%	New Smyrna	6,522	6,536	6,816	-4.1%
982	932	979	-4.8%	Port Orange	7,066	6,835	7,047	-3.0%
3,606	3,452	3,637	-5.1%	Total Medical Oncology Visits	26,475	25,409	26,737	-5.0%
1,330	1,352	1,267	6.7%	Daytona	10,459	10,041	9,933	1.1%
371	575	370	55.3%	New Smyrna	3,613	4,321	3,607	19.8%
1,701	1,927	1,638	17.7%	Total Radiation Oncology Visits	14,072	14,362	13,539	6.1%
5,307	5,379	5,275	2.0%	Total Oncology Visits	40,547	39,771	40,276	-1.3%

Halifax Health Statistical Summary - Graphic

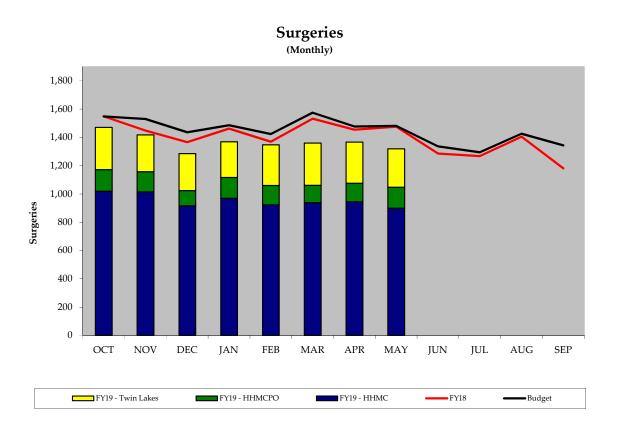
HHMC Average Daily Census (Monthly)



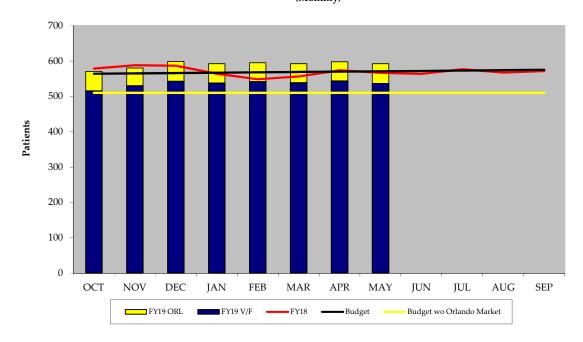
ED Visits (Monthly)



Halifax Health Statistical Summary - Graphic



Hospice Average Daily Census (Monthly)



Halifax Health Condensed Statement of Net Position (\$ in thousands)

	May 3	31	
•	2019	2018	Change
Assets			
Cash and cash equivalents	\$74,475	\$46,712	\$27,763
Investments	297,293	261,446	35,847
Board designated assets	28,314	45,254	(16,940)
Accounts receivable	65,587	69,274	(3,687)
Restricted assets whose use is limited	6,146	6,213	(67)
Other assets	45,632	54,512	(8,880)
Deferred outflow - swap	32,649	24,989	7,660
Deferred outflow - loss on bond refunding	14,936	15,842	(906)
Deferred outflow - pension	21,578	25,302	(3,724)
Property, plant and equipment	403,707	359,781	43,926
Total Assets	\$990,317	\$909,325	\$80,992
Liabilities and Net position			
Accounts payable	\$45,964	\$33,459	\$12,505
Other liabilities	87,120	97,638	(10,518)
Deferred inflow - pension	1,157	2,002	(845)
Net pension liability	57,505	69,923	(12,418)
Long-term debt	425,167	357,957	67,210
Premium on LTD, net	18,145	18,815	(670)
Long-term value of swap	32,649	24,989	7,660
Net position	322,610	304,542	18,068
Total Liabilities and Net position	\$990,317	\$909,325	\$80,992

Halifax Health Statement of Cash Flows

(\$ in thousands)

Month ended May 31, 2019	Month ended May 31, 2018	Variance		Eight Months ended May 31, 2019	Eight Months ended May 31, 2018	Variance
			Cash flows from operating activities:			
\$46,484	\$51,090	(\$4,606)	Receipts from third party payors and patients	\$371,394	\$346,853	\$24,541
(30,754)	(28,418)	(2,336)	Payments to employees	(192,535)	(204,155)	11,620
-	-	-	Payments to pension	(19,500)	(19,876)	376
(12,843)	(16,616)	3,773	Payments to suppliers	(150,544)	(121,659)	(28,885)
141	46	95	Receipt of ad valorem taxes	5,841	5,766	75
(3,198)	(2,185)	(1,013)	Receipt (payment) of State UPL funds, net	7,963	4,040	3,923
3,321	2,789	532	Other receipts	26,012	21,964	4,048
(3,811)	(3,802)	(9)	Other payments	(29,064)	(29,243)	179
(660)	2,904	(3,564)	Net cash provided by (used in) operating activities	19,567	3,690	15,877
			Cash flows from noncapital financing activities:			
20	67	(47)	Proceeds from donations received	311	538	(227)
134		134	Other nonoperating revenues, expenses and gains/(losses)	1,237	9	1,228
154	67	87	Net cash provided by noncapital financing activities	1,548	547	1,001
			Cash flows from capital and related financing activities:			
(979)	(314)	(665)	Acquisition of capital assets	(8,265)	(9,117)	852
(330)	(5,133)	4,803	Acquisition of capital assets- Deltona	(33,979)	(12,627)	(21,352)
-	-	-	Payment of long-term debt	-	(1,390)	1,390
(599)	(329)	(270)	Payment of interest on long-term debt	(10,851)	(8,991)	(1,860)
(1,908)	(5,776)	3,868	Net cash used in capital financing activities	(53,095)	(32,125)	(20,970)
			Cash flows from investing activities:			
1,921	516	1,405	Realized investment income (loss)	9,433	3,696	5,737
(1,813)	(74,491)	72,678	Purchases of investments/limited use assets	(40,331)	(78,833)	38,502
8,018	79,120	(71,102)	Sales/Maturities of investments/limited use assets	88,582	86,314	2,268
8,126	5,145	2,981	Net cash provided by investing activities	57,684	11,177	46,507
5,712	2,340	3,372	Net increase (decrease) in cash and cash equivalents	25,704	(16,711)	42,415
68,763	44,372	24,391	Cash and cash equivalents at beginning of period	48,771	63,423	(14,652)
\$74,475	\$46,712	\$27,763	Cash and cash equivalents at end of period	\$74,475	\$46,712	\$27,763

Halifax Health
Statements of Revenues, Expenses and Changes in Net Position
(\$ in thousands)

Actual Month Ended May 31, 2019	Actual Month Ended May 31, 2018	Favorable (Unfavorable) Variance		Actual Eight Months Ended May 31, 2019	Actual Eight Months Ended May 31, 2018	Favorable (Unfavorable) Variance
			Operating revenues:			
\$54,153	\$53,014	\$1,139	Net patient service revenue, before provision for bad debts	\$417,819	\$411,237	\$6,582
(7,365)	(7,049)	(316)	Provision for bad debts	(55,759)	(60,047)	4,288
46,788	45,965	823	Net patient service revenue	362,060	351,190	10,870
511	504	7	Ad valorem taxes	4,086	4,032	54
452	2,042	(1,590)	Other revenue, including investment income/(losses), net	16,352	18,808	(2,456)
47,751	48,511	(760)	Total operating revenues	382,498	374,030	8,468
			Operating expenses:			
23,423	23,252	(171)	Salaries and benefits	187,735	181,997	(5,738)
8,465	7,055	(1,410)	Purchased services	62,190	57,221	(4,969)
8,706	9,019	313	Supplies	68,360	67,985	(375)
2,258	2,151	(107)	Depreciation and amortization	18,050	17,085	(965)
1,651	1,401	(250)	Interest	12,983	11,349	(1,634)
518	573	55	Ad valorem tax related expenses	4,183	4,374	191
896	826	(70)	Leases and rentals	6,223	6,516	293
2,429	2,462	33	Other	18,860	18,967	107
48,346	46,739	(1,607)	Total operating expenses	378,584	365,494	(13,090)
(595)	1,772	(2,367)	Excess (deficiency) of operating revenues over expenses	3,914	8,536	(4,622)
			Nonoperating revenues, expenses, and gains/(losses):			
1,921	516	1,405	Realized investment income/(losses)	9,432	3,696	5,736
(3,545)	1,677	(5,222)	Unrealized investment income/(losses)	(4,695)	134	(4,829)
19	67	(48)	Donation revenue	310	538	(228)
134	-	134	Nonoperating gains/(losses), net	1,237	10	1,227
(1,471)	2,260	(3,731)	Total nonoperating revenues, expenses, and gains/(losses)	6,284	4,378	1,906
(\$2,066)	\$4,032	(\$6,098)	Increase (decrease) in net position	\$10,198	\$12,914	(\$2,716)

Halifax Health
Statements of Revenues, Expenses and Changes in Net Position
(\$ in thousands)

Actual	Static Budget	Favorable		Actual	Static Budget	Favorable
Month Ended	Month Ended	(Unfavorable)		Eight Months Ended	Eight Months Ended	(Unfavorable)
May 31, 2019	May 31, 2019	Variance		May 31, 2019	May 31, 2019	Variance
			Operating revenues:			
\$54,153	\$52,221	\$1,932	Net patient service revenue, before provision for bad debts	\$417,819	\$425,149	(\$7,330)
(7,365)	(7,756)	391	Provision for bad debts	(55,759)	(63,497)	7,738
46,788	44,465	2,323	Net patient service revenue	362,060	361,652	408
511	511	-	Ad valorem taxes	4,086	4,086	-
452	2,208	(1,756)	Other revenue, including investment income/(losses), net	16,352	17,672	(1,320)
47,751	47,184	567	Total operating revenues	382,498	383,410	(912)
			Operating expenses:			
23,423	24,479	1,056	Salaries and benefits	187,735	193,870	6,135
8,465	6,893	(1,572)	Purchased services	62,190	54,656	(7,534)
8,706	8,708	2	Supplies	68,360	68,584	224
2,258	2,203	(55)	Depreciation and amortization	18,050	17,706	(344)
1,651	1,610	(41)	Interest	12,983	12,879	(104)
518	530	12	Ad valorem tax related expenses	4,183	4,236	53
896	716	(180)	Leases and rentals	6,223	5,713	(510)
2,429	2,383	(46)	Other	18,860	19,054	194
48,346	47,522	(824)	Total operating expenses	378,584	376,698	(1,886)
(595)	(338)	(257)	Excess (deficiency) of operating revenues over expenses	3,914	6,712	(2,798)
			Nonoperating revenues, expenses, and gains/(losses):			
1,921	801	1,120	Realized investment income/(losses)	9,432	6,410	3,022
(3,545)	-	(3,545)	Unrealized investment income/(losses)	(4,695)	-	(4,695)
19	59	(40)	Donation revenue	310	471	(161)
134	21	113	Nonoperating gains/(losses), net	1,237	172	1,065
(1,471)	881	(2,352)	Total nonoperating revenues, expenses, and gains/(losses)	6,284	7,053	(769)
(\$2,066)	\$543	(\$2,609)	Increase (decrease) in net position	\$10,198	\$13,765	(\$3,567)

Halifax Health Medical Center Statements of Revenues, Expenses and Changes in Net Position (\$ in thousands)

Actual	Static Budget	Favorable		Actual	Static Budget	Favorable
Month Ended	Month Ended	(Unfavorable)		Eight Months Ended	Eight Months Ended	(Unfavorable
May 31, 2019	May 31, 2019	Variance		May 31, 2019	May 31, 2019	Variance
			Operating revenues:			
\$50,138	\$48,373	\$1,765	Net patient service revenue, before provision for bad debts	\$386,556	\$395,154	(\$8,598)
(7,294)	(7,670)	376	Provision for bad debts	(55,180)	(62,823)	7,643
42,844	40,703	2,141	Net patient service revenue	331,376	332,331	(955)
511	511	, -	Ad valorem taxes	4,086	4,086	-
1,844	1,436	408	Other revenue	12,818	11,495	1,323
45,199	42,650	2,549	Total operating revenues	348,280	347,912	
			Operating expenses:			
21,369	22,301	932	Salaries and benefits	172,106	176,793	4,687
7,136	5,770	(1,366)	Purchased services	51,743	45,852	(5,891)
8,497	8,509	12	Supplies	66,666	67,029	363
2,124	2,071	(53)	Depreciation and amortization	16,983	16,655	(328)
1,641	1,610	(31)	Interest	12,911	12,879	(32)
518	530	12	Ad valorem tax related expenses	4,183	4,236	
727	537	(190)	Leases and rentals	4,758	4,300	(458)
2,186	2,131	(55)	Other	17,142	17,052	(90)
44,198	43,459	(739)	Total operating expenses	346,492	344,796	(1,696)
1,001	(809)	1,810	Excess (deficiency) of operating revenues over expenses	1,788	3,116	(1,328)
			Nonoperating revenues, expenses, and gains/(losses):			
1,852	568	1,284	Realized investment income/(losses)	5,540	4,543	997
(699)	-	(699)	Unrealized investment income/(losses)	1,240	-	1,240
3	-	3	Donation revenue	55	-	55
134	21	113	Nonoperating gains/(losses), net	1,237	172	1,065
1,290	589	701	Total nonoperating revenues, expenses, and gains/(losses)	8,072	4,715	3,357
\$2,291	(\$220)	\$2,511	Increase (decrease) in net position	\$9,860	\$7,831	\$2,029

Halifax Health Medical Center Net Patient Service Revenue (\$ in thousands)

						(+,						
Actual	Actual		Actual		dget		Actua		Actua	1	Static Bu	dget
Month En	nded	Month En	ıded	Month Er	ıded		Eight Months	Ended	Eight Months	s Ended	Eight Months	s Ended
May 31, 2	2018	May 31, 2	019	May 31, 2	2019	_	May 31, 2018		May 31, 2019		May 31, 2019	
\$168,210	100.00%	\$176,930	100.00%	\$172,744	100.00%	Gross charges	\$1,333,444	100.00%	\$1,376,118	100.00%	\$1,401,983	100.00%
(9,927)	-5.90%	(16,399)	-9.27%	(11,204)	-6.49%	Charity	(83,826)	-6.29%	(113,065)	-8.22%	(91,764)	-6.55%
(108,951)	-64.77%	(110,393)	-62.39%	(113,167)	-65.51%	Contractual adjustments	(867,803)	-65.08%	(876,497)	-63.69%	(915,065)	-65.27%
49,332	29.33%	50,138	28.34%	48,373	28.00%	Gross charges, before provision for bad debts	381,815	28.63%	386,556	28.09%	395,154	28.19%
(6,951)	-4.13%	(7,294)	-4.12%	(7,670)	-4.44%	Provision for bad debts	(59,266)	-4.44%	(55,180)	-4.01%	(62,823)	-4.48%
\$42,381	25.20%	\$42,844	24.22%	\$40,703	23.56%	Net patient service revenue	\$322,549	24.19%	\$331,376	24.08%	\$332,331	23.70%

Halifax Health Hospice Statements of Revenues, Expenses and Changes in Net Position (\$ in thousands)

Actual Month Ended May 31, 2019	Static Budget Month Ended May 31, 2019	Favorable (Unfavorable) Variance		Actual Eight Months Ended May 31, 2019	Static Budget Eight Months Ended May 31, 2019	Favorable (Unfavorable) Variance
			Operating revenues:			
\$4,015	\$3,848	\$167	Net patient service revenue, before provision for bad debts	\$31,263	\$29,995	\$1,268
(71)	(86)	15	Provision for bad debts	(579)	(674)	95
3,944	3,762	182	Net patient service revenue	30,684	29,321	1,363
160	194	(34)	Other revenue	1,369	1,553	(184)
4,104	3,956	148	Total operating revenues	32,053	30,874	1,179
			Operating expenses:			
1,993	2,109	116	Salaries and benefits	15,106	16,533	1,427
1,278	1,081	(197)	Purchased services	10,102	8,472	(1,630)
209	198	(11)	Supplies	1,693	1,550	(143)
65	65	-	Depreciation and amortization	516	518	2
164	174	10	Leases and rentals	1,424	1,372	(52)
211	182	(29)	Other	1,365	1,444	79
3,920	3,809	(111)	Total operating expenses	30,206	29,889	(317)
184	147	37	Excess of operating revenues over expenses	1,847	985	862
			Nonoperating revenues, expenses, and gains/(losses):			
69	233	(164)	Realized investment income/(losses)	3,892	1,867	2,025
(2,846)	-	(2,846)	Unrealized investment income/(losses)	(5,935)	-	(5,935)
16	59	(43)	Donation revenue	255	471	(216)
(2,761)	292		Total nonoperating revenues, expenses, and gains/(losses)	(1,788)	2,338	(4,126)
(2,577)	\$439	(\$3,016)	Increase (decrease) in net position	\$59	\$3,323	(\$3,264)

Volusia Health Network / Halifax Management Systems Statements of Revenues, Expenses and Changes in Net Position (\$ in thousands)

Actual Month Ended May 31, 2019	Static Budget Month Ended May 31, 2019	Favorable (Unfavorable) Variance		Actual Eight Months Ended May 31, 2019	Static Budget Eight Months Ended May 31, 2019	Favorable (Unfavorable) Variance
\$0 -	\$0	\$0 -	Operating revenues: Net patient service revenue, before provision for bad debts Provision for bad debts	\$0 -	\$0	\$0
	-	-	Net patient service revenue	-	-	-
376	362		Other revenue	2,995	2,898	
376	362	14	Total operating revenues	2,995	2,898	97
			Operating expenses:			
49	59	10	Salaries and benefits	437	461	24
50	38	(12)	Purchased services	338	302	(36)
-	1	1	Supplies	1	5	4
69	67	(2)	Depreciation and amortization	551	533	(18)
10	-	(10)	Interest	72	-	(72)
5	5	-	Leases and rentals	41	41	-
1	3	2	Other	4	21	17
184	173	(11)	Total operating expenses	1,444	1,363	(81)
192	189	3	Excess of operating revenues over expenses	1,551	1,535	16
			Nonoperating revenues, expenses, and gains/(losses):			
-	-	-	Realized investment income/(losses)	-	-	-
-	-	-	Unrealized investment income/(losses)	-	-	-
-	-	-	Donation revenue	-	-	-
-	-	-	Nonoperating gains/(losses), net	-	-	-
	-	-	Total nonoperating revenues, expenses, and gains/(losses)		-	
\$192	\$189	\$3	Increase in net position	\$1,551	\$1,535	\$16

Halifax Health Foundation Statements of Revenues, Expenses and Changes in Net Position (\$ in thousands)

Actual Month Ended May 31, 2019	Static Budget Month Ended May 31, 2019	Favorable (Unfavorable) Variance		Actual Eight Months Ended May 31, 2019	Static Budget Eight Months Ended May 31, 2019	Favorable (Unfavorable) Variance
			Operating revenues:			
\$0	\$0	\$0	Net patient service revenue, before provision for bad debts	\$0	\$0	\$0
-	-	-	Provision for bad debts	-	-	-
-	-		Net patient service revenue	-	-	_
27	127	(100)	Realized investment income/(losses)	1,754	1,013	741
(2,034)	-	(2,034)	Unrealized investment income/(losses)	(3,360)	-	(3,360)
79	89	(10)	Donation revenue	776	713	63
-	-	-	Other revenue	-	-	-
(1,928)	216	(2,144)	Total operating revenues	(830)	1,726	(2,556)
			Operating expenses:			
12	10	(2)	Salaries and benefits	86	83	(3)
1	4	3	Purchased services	7	30	
-	-	-	Supplies	-	-	-
-	-	-	Depreciation and amortization	-	-	-
-	-	-	Interest	-	-	-
-	-	-	Leases and rentals	-	-	-
31	67	36	Other	349	537	188
44	81	37	Total operating expenses	442	650	208
(\$1,972)	\$135	(\$2,107)	Increase (decrease) in net position	(\$1,272)	\$1,076	(\$2,348)

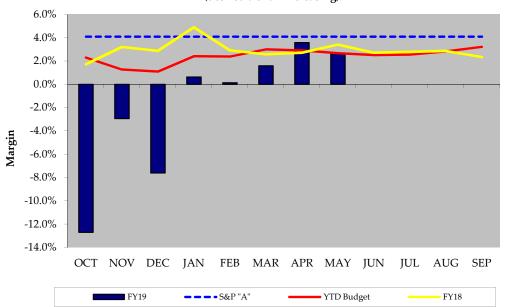
Halifax Health Medical Center (Obligated Group) Statements of Revenues, Expenses and Changes in Net Position (\$ in thousands)

Actual Month Ended May 31, 2019	Static Budget Month Ended May 31, 2019	Favorable (Unfavorable) Variance		Actual Eight Months Ended May 31, 2019	Static Budget Eight Months Ended May 31, 2019	Favorable (Unfavorable) Variance
			Operating revenues:			
\$50,138	\$48,373	\$1,765	Net patient service revenue, before provision for bad debts	\$386,556	\$395,154	(\$8,598)
(7,294)	(7,670)	376	Provision for bad debts	(55,180)	(62,823)	7,643
42,844	40,703	2,141	Net patient service revenue	331,376	332,331	(955)
511	511	-	Ad valorem taxes	4,086	4,086	-
1,844	1,436	408	Other revenue	12,818	11,495	1,323
45,199	42,650	2,549	Total operating revenues	348,280	347,912	368
			Operating expenses:			
21,369	22,301	932	Salaries and benefits	172,106	176,793	4,687
7,136	5,770	(1,366)	Purchased services	51,743	45,852	(5,891)
8,497	8,509	12	Supplies	66,666	67,029	363
2,124	2,071	(53)	Depreciation and amortization	16,983	16,655	(328)
1,641	1,610	(31)	Interest	12,911	12,879	(32)
518	530	12	Ad valorem tax related expenses	4,183	4,236	53
727	537	(190)	Leases and rentals	4,758	4,300	(458)
2,186	2,131	(55)	Other	17,142	17,052	(90)
44,198	43,459	(739)	Total operating expenses	346,492	344,796	(1,696)
1,001	(809)	1,810	Excess (deficiency) of operating revenues over expenses	1,788	3,116	(1,328)
			Nonoperating revenues, expenses, and gains/(losses):			
1,852	568	1,284	Realized investment income/(losses)	5,540	4,543	997
(699)	-	(699)	Unrealized investment income/(losses)	1,240	-	1,240
3	-	3	Donation revenue	55	-	55
(4,357)	763	(5,120)	Income (loss) from affiliates	338	5,934	(5,596)
134	21	113	Nonoperating gains/(losses), net	1,237	172	1,065
(3,067)	1,352	(4,419)	Total nonoperating revenues, expenses, and gains/(losses)	8,410	10,649	(2,239)
(\$2,066)	\$543	(\$2,609)	Increase (decrease) in net position	\$10,198	\$13,765	(\$3,567)

Halifax Health Financial Summary - Graphic

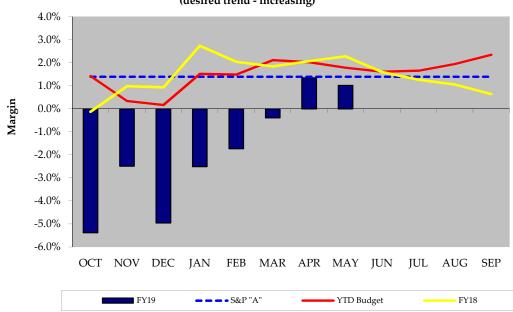
HH Total Margin

(Cumulative YTD Basis) (desired trend - increasing)



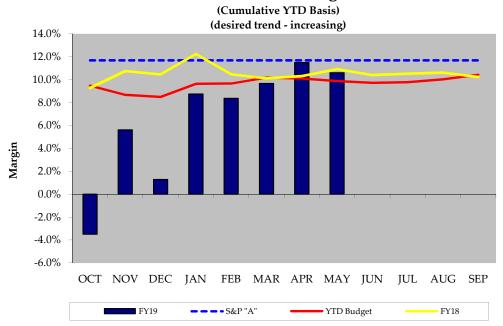
HH Operating Margin

(Cumulative YTD Basis)
(Excludes nonoperating gains and losses)
(desired trend - increasing)



Halifax Health Financial Summary - Graphic

HH EBIDA Margin



12.0%

10.0%

8.0%

6.0%

4.0%

2.0%

Margin

HH Adjusted Operating EBIDA Margin (Cumulative YTD Basis)

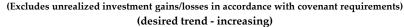
(Excludes nonoperating gains and losses)
(desired trend - increasing)

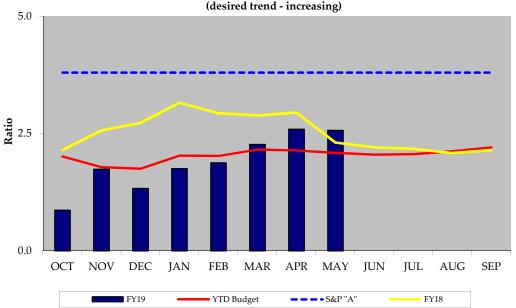


Halifax Health Financial Summary - Graphic

HH MADS Coverage Ratio

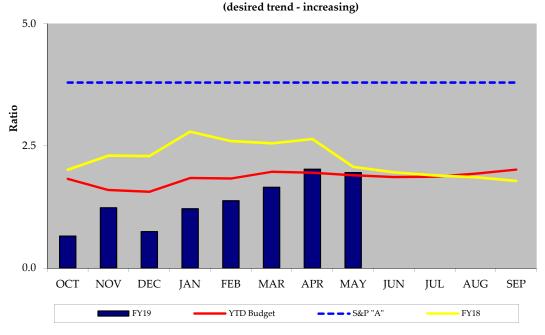
(Annualized Basis)





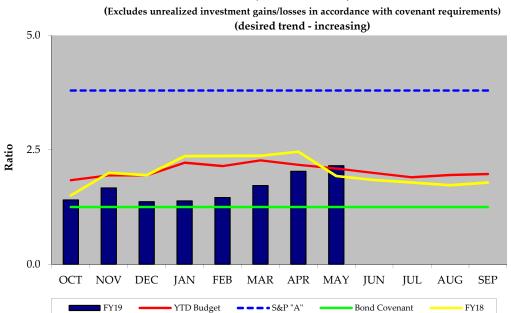
HH MADS Coverage Ratio - Operations Only

(Annualized Basis) (Excludes nonoperating gains and losses)



HHMC Obligated Group MADS Coverage Ratio

(Annualized Basis)

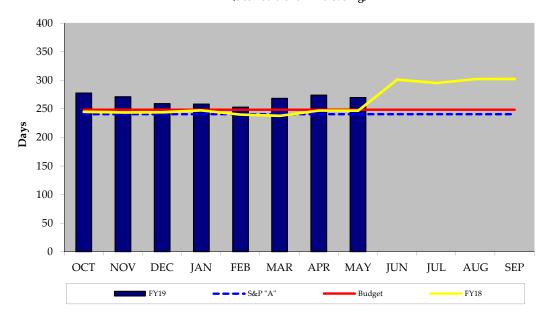


HHMC Obligated Group MADS Coverage Ratio - Operations Only

(Annualized Basis) (Excludes nonoperating gains and losses) (desired trend - increasing) 5.0 **Ratio** 2.5 0.0 DEC JUL SEP JAN FEB MAR APR MAY AUG YTD Budget ----S&P "A" Bond Covenant

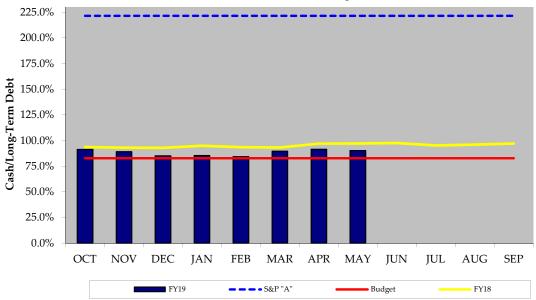
HH Days Cash on Hand

(Annualized Basis) (desired trend - increasing)



HH Cash/Debt

(Monthly) (desired trend - increasing)



HH Debt to Capitalization

(Monthly) (desired trend - decreasing) 80.0% 70.0% 60.0% Debt to Capitalization 50.0% 40.0%30.0% 20.0% 10.0% 0.0% NOV DEC MAR APR MAY JUN JUL AUG SEP JAN FEB

HH Days in A/R

■ Budget

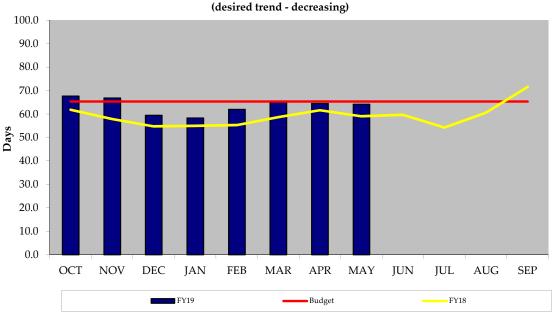
FY18

■ ■ ■ S&P "A"

(Annualized Basis) (desired trend - decreasing) 60.0 50.0 40.0 30.0 20.0 10.0 0.0 OCT NOV DEC JAN FEB MAR APR MAYJUN JUL AUG SEP FY19 ---- S&P "A" Budget FY18

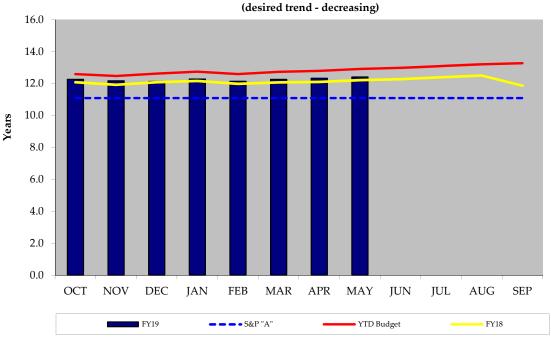
HH Average Payment Period

(Annualized Basis) desired trend - decreasing)



HH Average Age of Plant

(Annualized Basis)



Halifax Health Financial Ratios and Operating Indicators Definitions and Calculations

Indicator	Definition	Calculation
Total Margin *	Gauges the relative efficiency with which the System produces its output.	Net Income Total Revenues
EBIDA Margin *	Gauges the relative efficiency excluding capital costs with which the System produces its output.	Net income + Int + Depr + Amort Total Revenues
MADS Coverage Ratio *	Measures profitability relative to the Maximum Principal and Interest Payment of Debt	Net Income + Depr + Amort + Int Maximum Annual Debt Service
Days Cash on Hand	Measures the number of days of average cash expenses that the System maintains in cash and cash equivalents and unrestricted investments.	Unrestricted Cash and Investments (Total Expenses - Depr) / Days in Period
Cash to Long-term Debt	Measures the percentage of unrestricted cash and investments to long-term debt.	Unrestricted Cash and Investments Long-term Debt
Long-term Debt to Capitalization	Measures the reliance on long-term debt financing and ability to issue new debt.	Long-term Debt Long-term Debt + Net Position
Days in Accounts Receivable	Measures the average time that receivables are outstanding, or the average collection period.	Accounts Receivable Net Patient Service Revenue/ Days in Period
Average Payment Period	Provides a measure of the average time that elapses before current liabilities are paid.	Current Liabilities (Total Expenses - Depr) / Days in Period
Average Age of Plant	Provides a measure of the average age in years of the System's fixed assets.	Accumulated Depreciation Depreciation Expense
Operating Margin	Gauges the relative operating efficiency with which the System produces its output.	Excess of Operating Revenues Total Operating Revenues + Bad Debt
* Operations Only Indicators	Excludes realized and unrealized investment income, donations, and nonoperating gains and losses	

CAPITAL EXPENDITURES & OPERATING LEASES

Board of Commissioners, July 2019

Capital Expenditures \$50,000 and over

DESCRIPTION	DEPARTMENT	SOURCE OF FUNDS	TOTAL
Mako Robotic Arm	Department of Surgery	Halifax Health Foundation	\$790,000
Desktop and Laptop Computers	Information Technology	Working Capital	\$500,000
West Clyde Morris Infrastructure - Additional Approval	System Planning	Working Capital	\$400,000
Storage Platform and Software	Information Technology	Working Capital	\$368,554
Automatic Transfer Switch for Chiller	Facilities and Engineering Department	Working Capital	\$104,224

Operating Leases \$250,000 and over

DESCRIPTION	DEPARTMENT	REPLACEMENT Y/N	LEASE TERMS	INTEREST RATE	MONTHLY PAYMENT



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Alberto Tineo, Senior Vice President and Chief Operating Officer, Hospitals

CC: Matt Petkus, Vice President Operations

DATE: June 14, 2019 RE: Mako Robotic Arm

The Halifax Health Department of Surgery is requesting funding to purchase the Mako Total Knee Robotic-Arm Assisted Surgery system.

By using the Mako robot during total knee replacement, orthopedic surgeons are able to offer surgeries that are more precise and accurate, with fewer cuts to the bone, all while completely protecting soft tissues, ligaments, and blood vessels. The resulting surgery offers better outcomes with less blood loss and pain after surgery. Halifax Health performs over 400 total knee replacements annually and by offering this new technology surgeons will have a new tool to offer patients that suffer from debilitating knee joint pain.

The expenditures requested for the purchase of the Mako system would typically be subject to bid requirements based upon the Enabling Act of the District. The Mako robot is the only FDA approved robotic arm assisted knee joint replacement system. Approval of a Resolution by the Board of Commissioners is requested to by-pass the requirements due to the sole-source nature of the purchase.

The purchase of the Mako system was approved for funding by the Halifax Health Foundation at a meeting on Wednesday, June 19th.

TOTAL CAPITAL COSTS \$790,000



Halifax Health

Project Evaluation

Stryker: Mako Robotic Arm System

Chief Operating Officer Alberto Tineo
VP Operations Matthew Petkus
Manger, Surgical Services Eric Little
Financial Analysis Todd Aldrich

Summary	1

Purpose:

To enable surgeons to have a more predictable surgical experience when performing joint replacement surgery. Additional benefits include enhanced planning, dynamic joint balancing and assisted bone prep

Strategic Plan Core Competency Achievement:

Investment Request for Approval \$790,000

Cornerstone:

Safety Compassion Image Efficiency



RESOLUTION

WHEREAS, Chapter 2003-374 of the Laws of Florida (the "Enabling Act") prescribes certain bidding requirements for Halifax Hospital Medical Center (the "District") regarding purchases of supplies, commodities, equipment, and materials for its hospital and patient care facilities; and

WHEREAS, the Enabling Act additionally provides for an exception to such bidding requirements in the event the District determines that such supplies, commodities, equipment, and materials are obtainable from only one source or supplier; and

WHEREAS, District staff has determined that the purchase of the Stryker Mako™ System with Total Knee Application ("Mako System") would benefit District patients requiring knee replacement surgery by providing a more predictable surgical experience and enabling more accurate implant positioning and intraoperative adjustments to optimize implant placement; and

WHEREAS, the Mako System is only available through MAKO Surgical Corp., a wholly-owned subsidiary of Stryker Corporation; and

WHEREAS, the District Board of Commissioners is required to approve the purchase of supplies, commodities, equipment, and materials when the product is only obtainable from a sole source.

NOW THEREFORE BE IT RESOLVED as follows:

- 1. That the Board of Commissioners accepts the recommendation of District staff and authorizes the purchase of the Stryker MakoTM System with Total Knee Application from MAKO Surgical Corp. for the sum of Seven Hundred Ninety Thousand and 00/100 Dollars (\$790,000.00), and authorizes the purchase of this equipment for said amount as a sole source purchase in accordance with Section 19(2) of the Enabling Act.
- 2. That this resolution shall be effective upon its adoption.

 DONE AND RESOLVED this _____ day of _______, 2019.

 Chairman

 Secretary



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Arvin Lewis, Senior Vice President and Chief Revenue Officer CC: Tom Stafford, Vice President and Chief Information Officer

DATE: June 14, 2019

RE: Desktop and Laptop Computers

Halifax Health Information Technology (IT) is requesting funding to purchase desktop and laptop computers. The devices are part of an ongoing refresh cycle to ensure a reliable and stable computing environment within the IT enterprise.

The project will also include an upgrade to the latest Microsoft Windows 10 operating system.

The project was approved at the Capital Investment Committee meeting on May 15, 2019.

TOTAL CAPITAL COST \$500,000



Halifax Health

Project Evaluation

Desktop and Laptop Refresh Chief Revenue Officer

Chief Information Officer
Director, IT Technical Services
Financial Analysis

Arvin Lewis Tom Stafford Michael Marques Roxanne Edmonds

Summar	у

Purpose:

This project is for the purchase of desktops and laptops as part of an ongoing refresh cycle to ensure a reliable and stable computing environment within the IT enterprise.

Strategic Plan Core Competency Achievement:

Physician Integration
Care Coordination
Cost Management
Information Technology
Service Distribution
Financial Position
Scale
Managed Care Contracting
Competitive Position

Cornerstone:
Safety X
Compassion
Image
Efficiency X

Investment Request for Approval \$500,000

Recommendation for approval of the project is not based upon incremental return on investment.



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Bill Griffin, Director of Strategic Planning

CC: Eric Peburn, Executive Vice President and Chief Financial Officer

DATE: June 14, 2019

RE: West Clyde Morris Infrastructure - Additional Approval

Halifax Health is requesting approval for capital funds to complete the west Clyde Morris infrastructure project (spine road and underground utilities).

The Board of Commissioners approved \$2,530,000 for the infrastructure in November 2017. Additional costs to complete the project have been identified that are the result of several factors related to the design and specifications. These factors include additional work to obtain approval from FDOT, the City of Daytona Beach and to install conduit for underground utilities not included in the design.

In addition, the landscaping plan was Bahia sod only and is being upgraded to maintain our attractiveness standard.

The additional cost to complete this project is \$400,000.

There are signed Purchase and Sales Agreements with Highbridge and Next Chapter. Both of these Agreements include a provision for the purchasing party to pay their pro rata share of the cost of the infrastructure improvements. These transactions are scheduled to close in June for Next Chapter and August for Highbridge.

Purchaser	Acres	Sale Price	Initial	Additional	Closing
			Infrastructure	Infrastructure	
			Share	Share	
Highbridge	11.6	\$2,336,000	\$516,880	To Negotiated	July 2019
Next Chapter	13.44	\$2,688,000	\$609,841	\$30,500	August 2019
Remaining	30.76		\$1,403,279	\$339,000	
Parcels					

TOTAL CAPITAL COSTS \$400,000



Halifax Health

Project Evaluation

W. Clyde Morris Infrastructure Add Director, Strategic Planning	Bill Griffin
	Bill Griffin
Financial Analysis	Roxanne Edmonds
Summary	
Purpose:	
This project is for additional funds to complete the West Clyde Morris Infrastructu including work to obtain approval from FDOT, the City of Daytona Beach and to ir design.	
Strategic Plan Core Competency Achievement: Physician Integration Care Coordination Cost Management Information Technology Service Distribution Financial Position Scale Managed Care Contracting Competitive Position	Cornerstone: Safety Compassion Image Efficiency

Recommendation for approval of the project is not based upon incremental return on investment.



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Arvin Lewis, Senior Vice President and Chief Revenue Officer CC: Tom Stafford, Vice President and Chief Information Officer

DATE: June 14, 2019

RE: Storage Platform and Software

Halifax Health Information Technology is requesting funding to purchase a network storage system to replace an existing storage platform that is at its end-of-life. The platform is used to store the Picture Archive and Communications (PACS) system for digitized radiologic images and reports and other unstructured data.

The project was approved at the Capital Investment Committee meeting on May 15, 2019.

TOTAL CAPITAL COST \$368,554



Halifax Health

Project Evaluation

	Froject Evaluatio	11 1		
	Storage Platform			
	Chief Revenue Officer	Arvin Lewis		
	Chief Information Officer	Tom Stafford		
	Director, IT Technical Services	Michael Marques		
	Financial Analysis	Roxanne Edmonds	5	
	Summary			
Purpose:				
Strategic Plan Core Compete	ency Achievement:	Cornerstone:		
Physician Integration		Safety	Χ	
Care Coordination		Compassion		
Cost Management		Image		
Information Technology	Х	Efficiency	Χ	

Investment Request for Approval

Service Distribution Financial Position

Managed Care Contracting Competitive Position

Scale

\$368,554

Recommendation for approval of the project is not based upon incremental return on investment.



TO: Jeff Feasel, President and Chief Executive Officer

FROM: Eric Peburn, Executive Vice President and Chief Financial Officer CC: Jacob Nagib, Director, Engineering, Design and Construction

DATE: June 14, 2019

RE: Automatic Transfer Switch for Chiller

Halifax Health Facilities and Engineering Department is requesting funds to purchase an Automatic Transfer Switch (ATS) for the 1200 Ton Chiller operated by both normal power and an emergency generator.

The equipment will replace the current ATS which is old, deteriorating and beyond repair. The ATS also feeds emergency power for temporary boilers and chillers when needed for hurricane or other emergencies or repairs.

The project was approved at the Capital Investment Committee meeting on May 15, 2019.

TOTAL CAPITAL COSTS \$104,224



Halifax Health

Project Evaluation

ATS for Chiller for Generator #6

Chief Financial Officer Director, Facilities Manager, Facilities Financial Analysis Eric Peburn Jacob Nagib Chad Hutchinson Roxanne Edmonds

_					
Su	m	m	2	rv	

Purpose

This project is for the purchase of a new ATS for the 1200 T Chiller at generator #6 to replace the existing unit which is deteriorating and beyond repair.

Strategic Plan Core Competency Achievement:

Physician Integration
Care Coordination
X
Cost Management
Information Technology
Service Distribution
Financial Position
Scale
Managed Care Contracting
Competitive Position

Cornerstone:

Safety Compassion Image Efficiency



Investment Request for Approval

\$104,224

Recommendation for approval of the project is not based upon incremental return on investment.

Halifax Health Capital Disposals April / May 2019

The Board hereby deems the following property to be surplus in that: the items are obsolete, their continued use would be uneconomical or inefficient, or they serve no useful function. Disposition of said property is therefore authorized pursuant to Florida Statutes, Chapter 274.

			Date	Disposition	Original	Book
60505	LENOVO NOTEBOOK	IT	05/23/14	DAMAGED/IRREPAIRABLE	1,339.10	-
55467	KONICA MINOLTA BIZ HUB 350	HHPO ADMIN	01/25/19	DAMAGED/IRREPAIRABLE	3,160.00	-
56246	GAS FLOW ANALYZER	BIOMED	05/03/07	DAMAGED/IRREPAIRABLE	9,061.58	-
59824	RECLINER W/WOOD ARM CAPS	CARDIAC PULMONARY CARE UNIT(CPCU)	10/01/12	DAMAGED/IRREPAIRABLE	1,781.00	-
61470	ORCHESTRA GLIDER/RECLINER	LABOR & DELIVERY	10/01/12	DAMAGED/IRREPAIRABLE	1,772.50	
0009640	FOOD CUTTER HOBART	DIETARY	02/01/63	DAMAGED/IRREPAIRABLE	1,533.00	-
55599	BARIATRIC WHEELCHAIR SCALE	PORT ORANGE ED	12/28/06	DAMAGED/IRREPAIRABLE	2,007.72	334.64
RECLINERS (26)						
		ISC(6), 4 FT TELE(6), 5 FT NEURO(1), 6 FT				
575XX	08-09, 15, 19, 21, 24, 38, 51-52, 56-57, 59, 75, 86	ORTHO(8), 7 FT MED/SURG(5)	06/30/09	DAMAGED/IRREPAIRABLE	-	-
		ISC(6), 4 FT TELE(6), 5 FT NEURO(1), 6 FT				
576XX	02, 15, 19-21, 23-24, 28, 41, 43, 53, 61	ORTHO(8), 7 FT MED/SURG(5)	06/30/09	DAMAGED/IRREPAIRABLE	39,178.50	-
				Total to be Disposed:	59,833.40	334.64



To: Jeff Feasel, Chief Executive Officer

From: Bill Rushton, Audit Services Director

Date: June 19, 2019

Re: Audit Services Report for Board of Commissioners Packet

The Audit and Finance Committee assists the Board of Commissioners in its exercise of oversight of accounting and financial policies, operational controls and processes of the organization. This includes overseeing the audit plan, reviewing and approving audit reports and inquiring of auditors and management on internal controls to address risk. The Committee recommends acceptance of the following Final Audit Reports referenced #1 and #2. An executive summary of the audit is enclosed within the Board of Commissioners packet.

#	Approval Date	Project	Objective(s)	Risk Area(s)
1	5/1/2019	DAVID Attestation Audit	Determine if the Security Department's internal controls over Driver and Vehicle Information Database (DAVID) system are adequate to protect the data from unauthorized access and use.	Compliance
2	5/1/2019	Administrative Payroll Component Audit	Test whether controls over Halifax Staffing, Inc. Administrative payroll component and business expense were functioning as intended.	AP, Compliance, Payroll

1) DAVID Attestation Audit

Report Date: February 20, 2019

Location: Halifax Health

CONCLUSION

CONTEXT

changes in user access permissions.



OBJECTIVES

The objective of the audit was to determine if internal controls over Driver and Vehicle Information Database (DAVID) system are adequate to protect the data from unauthorized access and use.

SCOPE

The scope included examining and testing of overall compliance to the DAVID Memorandum of Understanding (MOU) as well as Halifax Health procedures governing user access controls.

Location(s): Halifax Health

Time Period: March 2019

Key Information System(s): DAVID

Data Selected: Access and Transaction activity from 3/3/19 through

3/9/19

Scope Exclusions: Not applicable

SUMMARY OF ISSUE RISKS

High Risk - 1

Moderate Risk - 1

Low Risk - 0

2) Administrative Payroll Component Audit

Report Date: March 2, 2018

Location:

Halifax Health

penalties.

HALIFAX HEALTH

AUDIT OBJECTIVES

 Test whether controls over Halifax Staffing, Inc. Administrative payroll and business expenses were functioning as intended.

AUDIT SCOPE

 Examined Administrative payroll and CEO expense transactions for the year ended December 31, 2018. This included controls governing the recording and reporting of Administrative payroll and CEO expenses.

Location: Halifax Health

Time Period: January 1, 2018 through December 31, 2018

Key Information System: Kronos, Meditech AP

Data Selected: Payroll Register and Deductions

Scope Exclusions: Not Applicable

AUDIT CONCLUSION

Based on agreed upon audit procedures performed no issues were identified.

Point of Contact (POC) not evaluating internal controls over DAVID

risk of noncompliance with the MOU. Management will develop required oversight procedures that will include transaction testing,

reconciling state and Halifax Health user lists, and documenting

DAVID is a Florida Highway Safety and Motor Vehicles Department

number. Halifax Health is provided access to the data because it's a Florida government entity with Security Department duties that

include enforcement of traffic and public safety laws. Every three years, Internal Audit Services performs an Attestation Audit, as

MOU. Team Members are at risk of losing their law enforcement certification, facing criminal charges and receiving monetary

required. The purpose of the audit was to evaluate if internal

controls prevent unauthorized access, use and distribution. Inadequate controls over DAVID can lead to the termination of

database that collects driver information, violations and personal data, such as home address, bank records and Social Security

resulted in improper access by Team Members to protected data and

CONTEXT

It's important Halifax Health maintain a high degree of financial integrity over accounting and reporting processes. As such, the Audit and Finance Committee members requested a recurring audit of Executives payroll and CEO's business expenses.

SUMMARY OF ISSUE RISKS

Low Risk - 0

Moderate Risk - 0

High Risk - 0



HALIFAX HEALTH

To: Audit and Finance Committee and Board of Commissioners

Cc: Jeff Feasel, Chief Executive Officer

From: Shelly Shiflet, Vice President, and Chief Compliance Officer

Date: May 20, 2019

Re: Compliance Dashboard Report for the month ended April 30, 2019

The Compliance Program Dashboard Report for April 2019 is attached.

Feel free to contact the Board's Compliance Expert, Robert Wade, Esq., or me regarding any questions on this report.

Mr. Wade can be reached at:

Bob.Wade@btlaw.com

Office: 574-237-1107

I can be reached at: Shelly.Shiflet@halifax.org

Office: 386-425-4970

Recommended Action: None. Information only.

Halifax Health Corporate Compliance Program Board Report – 4/30/19

ON TARGET





			ON TARGET ALERT
acknowledge the Code of Compliance training within 3 an additional hour of gener thereafter. Members of the	Condi 30 da al edi Board	uct within 3 ys of hire and ucation and dare require	ATION – Halifax Health's compliance program and Corporate Integrity Agreement requires most employees to 30 days of hire. Employees who are considered "Covered Persons" are required to complete 1 hour of general and annually thereafter. Managers and others who are considered "Arrangements Covered Persons" must complete 2 hours of arrangements training within 30 days of becoming an "Arrangements Covered Person," and annually ed to complete 6 hours (2 hours general, 2 hours arrangements, and 2 hours governance) of training within 30 days e status of education for Halifax Health's employees and other Covered Persons:
	>		Code of Conduct Attestation ¹
	1.	3,910	Number of Covered Persons and Board Members required to complete as of end of period
	2.	100%	% of Covered Persons who have completed (On Target at 100%)
	>		CIA Required Training ²
	1.	3,894	Number of Covered Persons and Board Members required to complete as of end of period
	2.	100%	% of Covered Persons who have completed (On Target at 100%)
II. SANCTION CHECKS - monthly. During the period:	Halif	ax Health's C	Corporate Integrity Agreement requires all "Covered Persons" be screened for exclusions from participation in federal programs
	>		Sanction Check for Covered Persons ³
	1.	4,871	Number of Covered Persons as of the end of the period
	2.	100%	% of Covered Persons above who had no sanctions, based on monthly sanction check results (On Target at 100%)
III. COMPLIANCE COMM leadership across service lines as	AITT s well	'EE – Halifax as representa	x Health has a Compliance Committee responsible for regulatory compliance matters, which meets monthly. Members of senior tives from Hospice and the Medical Staff are represented. During the period:
	1.	15	Number of members on Compliance Committee
	2.	93.3%	% of members who attended the meeting (On Target at 70% or Greater) – The last meeting date with approved minutes was 3/27/19.
	3.	3	Number of meetings in the last quarter (On Target if 2 or more)
IV. HELP LINE [844-251-18	80]	or halifa	axhealth.ethicspoint.com
	1.	3/36	Number of Help Line calls received during month/past 12 months
	2.	2/16	Of calls in 1, how many related to Human Resource issues
	3.	0	Number of open Help Line calls rated as High Priority as of 4/30/19
	4.	0	Number of open Help Line calls rated as High Priority as of 4/30/19
	5.	0	Number of Help Line calls closed since last month
V. COMPLIANCE ISSUES			
	1.	22	Number of issues open as of 3/31/19
	2.	30	Of the issues in item 1, remain open as of 4/30/19
	3.	8	Number of issues from item 1 closed as of 4/30/19
	4.	26%	Percent of open issues from item 1 closed (On Target at 25% or Greater)
			ealth's Compliance Program involves the development, implementation and monitoring of policies to ensure the organization ies, rules and regulations. During the period:
	1.	1	Number of Compliance Policies reviewed/ updated in the last month (On Target at 1)
VII. BILLING AND COD. Compliance Committee or the G			- Halifax Health will conduct reviews as part of scheduled audits or to investigate concerns brought to the attention of the r.
	1.	3	Number of concerns related to billing/coding received during the month
	2.	2	Number of concerns from #1 that required a billing/ coding review
	3.	2	Number of reviews from #1 still being investigated
		0	N. I. C. C. Wall I. P. C. St. C.

4.

5.

0

2

Number of reviews from #1 closed or pending Committee review

Number of reviews from #1 expected to require repayment/processing of claims

 $^{^{1}}$ Code of Conduct Attestation – employees and vendors who meet the definition of a $Covered\ Person\ and$ new Board Members.

² CIA Required Training – employees (except for housekeeping, maintenance, and foodservice employees), Medical Staff who are party to a *Focus Arrangement*, and vendors who meet the definition of a *Covered Person and* new Board Members.

³ Sanction Check for Covered Persons - employees, Medical Staff and vendors who meet the definition of a *Covered Person*.



HALIFAX HEALTH

To: Audit and Finance Committee and Board of Commissioners

Cc: Jeff Feasel, Chief Executive Officer

From: Shelly Shiflet, Vice President, and Chief Compliance Officer

Date: June 17, 2019

Re: Compliance Dashboard Report for the month ended May 30, 2019

The Compliance Program Dashboard Report for May 2019 is attached.

Feel free to contact the Board's Compliance Expert, Robert Wade, Esq., or me regarding any questions on this report.

Mr. Wade can be reached at: Bob.Wade@btlaw.com

Office: 574-237-1107

I can be reached at: Shelly.Shiflet@halifax.org

Office: 386-425-4970

Recommended Action: None. Information only.

Halifax Health Corporate Compliance Program Board Report – 5/31/19

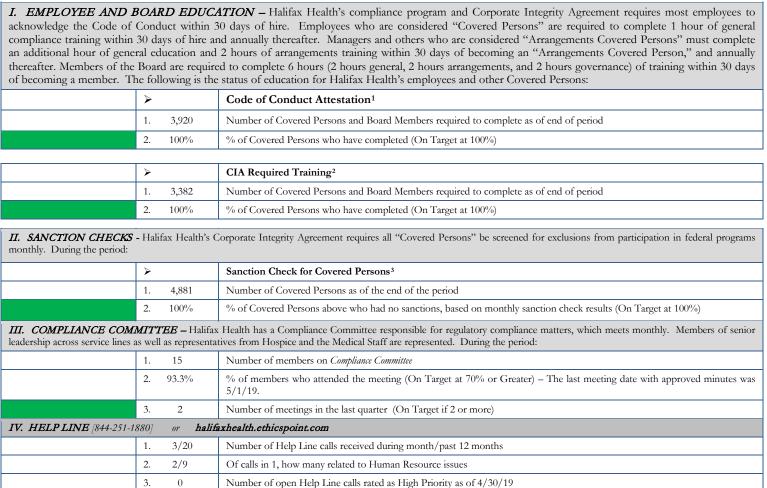
ON TARGET

0

3

5.





			1			
V. COMPLIANCE ISSUES						
	1.	39	Number of issues open as of 4/30/19			
	2.	7	Of the issues in item 1, remain open as of 5/31/19			
	3.	10	Number of issues from item 1 closed as of 5/31/19			
	4.	25%	Percent of open issues from item 1 closed (On Target at 25% or Greater)			

Number of open Help Line calls rated as High Priority as of 5/31/19

Number of Help Line calls closed since last month

VI. COMPLIANCE POLICIES – Halifax Health's Compliance Program involves the development, implementation and monitoring of policies to ensure the organization conducts business compliant with applicable statutes, rules and regulations. During the period:

1. 1 Number of Compliance Policies reviewed/ updated in the last month (On Target at 1)

VII. BILLING AND CODING REVIEWS - Halifax Health will conduct reviews as part of scheduled audits or to investigate concerns brought to the attention of the Compliance Committee or the Compliance Officer.

	1.	1	Number of concerns related to billing/coding received during the month
	2.	1	Number of concerns from #1 that required a billing/ coding review
	3.	1	Number of reviews from #1 still being investigated
	4.	0	Number of reviews from #1 closed or pending Committee review
5. 1 Number of reviews from #1 expected to require repayment/processing of claims		Number of reviews from #1 expected to require repayment/processing of claims	

¹ Code of Conduct Attestation – employees and vendors who meet the definition of a *Covered Person and* new Board Members.

² CIA Required Training – employees (except for housekeeping, maintenance, and foodservice employees), Medical Staff who are party to a *Focus Arrangement*, and vendors who meet the definition of a *Covered Person and* new Board Members.

³ Sanction Check for Covered Persons - employees, Medical Staff and vendors who meet the definition of a Covered Person.



FOUNDATION

Meeting Minutes May 16, 2019

Call to Order	7:54 A.M.				
	Andrew Leech, Halifax Health- Foundation President				
Roll Call	Present: Larry Bartlett, Lisa Bradley, Denise Breneman, Eleanor Callon, Dr. Pam Carbiener, Stacy Cunningham, Ray Donadio, Jeff Feasel, Dick Fornell, Matt Gable, Sherry Gailey, Mary Greenlees, John Guthrie, Buck Harris, Joni Hunt, Mike Jackson, Austin Keeler, Dean Kurtz, Andrew Leech, Margaret Lyon, Mary Maholias, George Mirabal, Bill Olivari, Glenn Padgett, Joe Petrock, Jennifer Quattrochi, Bud Ritchey, Cynthia Rose, Michelle Carter- Scott, Budd Severino, Edith Shelley, Greg Snell, Bobby Thigpen, Ninette Turay- Lewis, Lisa Tyler, Scott Vanacore, Linda Webster, W.G. Watts, Rick Wells, Dr. Alex White				
	New member: Dwight Selby				
	Patti Earl, Kathryn Nagib				
Review of Minutes	Andrew Leech, Halifax Health- Foundation President called for approval of the following minutes: 1. Full Board Meeting- March 27, 2019 2. Motion by Andrew Leech to approve the minutes from the full board meeting on March 27, 2019. Motion carried unanimously.				
New Members	Dwight Selby, Selby Realty Inc & Ormond Beach City Commissioner				
Board Approvals	April Hultz, RN Quality Improvement Coordinator presented to the board a new fall prevention program. - Using data from our Trauma Registry, we were able to calculate the critical need for a fall prevention program. - The cost is \$9,340.00 Motion by Glenn Padgett to approve the funds. Motion carried				
	unanimously. Please see attached for "Learn How to Save a Life"- Stop the Bleed information. This is a free event for the community provided by Halifax Health- Trauma Services.				

Presentation	Dr. Roland Torres, UF Health Neurosurgery at Halifax Health will be presenting on current technology and research in Traumatic Brain Injury.					
Reports	Cynthia Rose, Auxiliary, informed the board that the Auxiliary department currently has 201 volunteers. Of those volunteers 4,427 hours have been donated to the hospital.					
	Andrew Leech, Halifax Health- Foundation President called for approval of the following January financial report. Motion and second to accept report as presented. Motion carried. (Financial Report not included in packets, sent via e-mail)					
	Joe Petrock, Executive Director of the Foundation updated the Board on various Foundation projects and events.					
	April 27, 2019	Simons Angel Denim & Dice				
	May 20, 2019	Live Your Life Well Luncheon - UF				
	May, 2019	Haley Watson Surf Classic				
	June 7, 2019	Bahama Casual Event				
	June 17, 2019	Randy Dye's Golf Tournament				
	August 10, 2019	Embassy of Hope Gala				
	September 13, 2019	2nd Annual Sheriff's Gala				
	September 13, 2019	Trauma Talks 2019				
	October, 2019	ACS activites - Tanger				
	October 24 - 25,2019	46th Annual DIS Pro-Am Golf Classic				
	November 10, 2019	Howard Frank Memorial Deep Stack Poker				
	December, 2019	Molta Bella Shopping Event				
	Please contact the Foundation if you are interested in any of these events.					
President/CEO	Jeff Feasel, President and CEO of Halifax Health updated and answered					
Report	questions regarding all services provided by Halifax Health. Please see Management Report.					
	- Enabling Act signed by the Gov.					
	- Mental Health in the Community					
Meeting	9:05 A.M					
Adjourned	Andrew Leech, Halifax Health- Foundation President					

Next Foundation Board of Directors Meeting will be on July10, 2019. The meeting will be held in France Tower Conference Rooms E & F.

Andrew Leech, Halifax Health-Foundation President

HALIFAX HEALTHY COMMUNITIES Board of Directors Quarterly Meeting Minutes France Tower Conference Room "D" January 16, 2019

Members Present: Gwen Azama-Edwards, Chairperson Abs

Absent:

Ed Connor Bob Snyder

Patricia Boswell Jeff Davidson

Debbie Hinson Fisher

Jeff Feasel

Others Present: John Guthrie, Healthy Communities

Alicia Watson, Healthy Communities Steve Parris, Healthy Communities Cher Philio, Healthy Communities

The meeting was called to order at 4:05 p.m. Welcome ensued. On behalf of the Board, Chairperson Azama-Edwards opened the meeting with words of acknowledgement in recognition of Deanna Schaeffer's recent retirement. Chairperson Azama-Edwards expressed appreciation for Ms. Schaeffer's dedication and commitment to Halifax Health, the Healthy Communities Department as well as the children and families we serve.

CHAIRMAN'S REPORT/COMMENT:

Introduction of Healthy Communities' New Executive Director:

Chairperson Azama-Edwards introduced John Guthrie. She informed the Board that in addition to serving as the Vice President of Halifax Health's Corporate Communication's Department, Mr. Guthrie is the newly appointed Executive Director of Healthy Communities. Mr. Guthrie joined Halifax Health in 2013 and has been instrumental in positioning the organization as an invaluable asset within the communities we serve.

Mr. Guthrie stated that he is passionate about his role in healthcare as well as the community. After meeting with the Healthy Communities staff, Mr. Guthrie indicated that he is encouraged by the current position of the programs that was achieved under the leadership of Dee Schaeffer. He is excited by the growth potential as well as the opportunity to further expand current initiatives in hopes of increasing program accessibility to families.

<u>Healthy Kids and KidCare Outreach/Enrollment – Steve Parris:</u> Florida KidCare Enrollment

Mr. Parris reviewed the provided report (*Reference Florida KidCare Volusia and Flagler Counties*). He noted that the numbers continue to display a slow trend upward. The program enrollment is as follows:

- Medicaid (02/19) Volusia 53,022; and, Flagler 9,206
- MediKids (09/18) Volusia 841; and, Flagler 192
- Children's Medical Services (CMS) (09/18) Volusia 319; and, Flagler 69
- Healthy Kids (09/18) Volusia 4,875; and, Flagler 1,058

Mr. Parris informed the Board that he and Jeannette Pubill, Florida KidCare Specialist-West Volusia, recently attended a Florida KidCare focus group in Orlando. He is hopeful that the focus groups will assist Florida KidCare to improve its education and awareness throughout the state; thereby,

increasing its enrollment potential. Ms. Fisher inquired as to whether there was any discussion about bringing Florida KidCare back into the school system. Mr. Parris responded that he was not aware of any discussion at this time.

Mr. Parris informed the Board that the Florida Healthy Kids Corporation announced that there will be some funding opportunities coming available through grants that have not been available in recent years. He is hopeful that Healthy Communities will have some opportunity to access some of those funds to benefit the two-county area.

Ms. Boswell inquired as to whether Florida KidCare has a snapshot as to the estimated number of children eligible for the program who could be enrolled at one time and how close we are to filling that capacity. Mr. Parris stated that he is unaware of such information. However, the uninsured estimate for children in the State of Florida who could be insured is about 350,000 of which around 5.2% is attributed to Volusia County.

Due to the current gap in the full pay and subsidized costs, Mr. Guthrie stated that the development of a sliding fee scale would be beneficial. Mr. Parris replied that there has been some discussion regarding revising the premium for the full pay cost, but a definitive decision or methodology has not been determined to date. Discussion ensued.

KidCare Outreach

Mr. Parris reviewed the provided list of Healthy Communities' community activities (*Reference KidCare/Marketplace Outreach Activities and Program Highlights*).

Mr. Parris informed the Board that the West Volusia Hospital Authority funding application for FY2019-20 was submitted in request of \$74,363.15 to cover the cost to employ 1.5 FTE to conduct Florida KidCare Outreach and Enrollment as well as Healthcare Marketplace Enrollment assistance in the West Volusia areas. Although Mr. Parris won't have definitive information until the WVHA's budget is approved in September, he does not foresee an issue with the request being approved for another year. He anticipates having more information as to the status of the funding request sometime in July once the budget is finalized.

Safe Kids Outreach

Mr. Parris reported the following Safe Kids program update:

A. Child Passenger Safety Program

- Healthy Communities continues to hold monthly car seat check-up events at Halifax Medical Center on the 1st Wednesday of the month and at the Halifax Health – Emergency Department of Deltona on the 4th Thursday of each month.
- Staff continues to provide car seat checks/installations during the week at our office.
- Healthy Communities will be holding some check-up events in the coming months to provide car seats to low-income families with the funds from the \$5,000 grant awarded by the Chrysalis Community Foundation, Inc. The events will held in conjunction with Head Start staff at local day care facilities.
- A National Child Passenger Safety Certification Training Course was held January 28 31, 2019 at the Daytona Beach Police Department. Eight new technicians were certified.
- Mr. Parris completed a presentation regarding the Child Passenger Safety Program and "Never Leave Your Child Alone" in a hot car at the One Voice for Volusia meeting in April as part of its "Pinwheels for Prevention Panel."

B. 2019 Safe Kids Swim Scholarship Program

- Agreements have been mailed out to the City of Daytona and the YMCA for our 2019 Safe Kids Swim Scholarship Program. The goal is to provide scholarships for 800 children to receive water safety lessons. The Agreements are due back by April 26th.
- The application forms and flyers promoting the scholarships are being printed. They will
 be sorted and delivered to the Volusia County Schools mailroom for distribution to all
 elementary school students in early May.

Chairperson Azama-Edwards inquired as to whether the YMCA has been able to secure additional lifeguards. Mr. Parris stated that he is unaware. Mr. Guthrie added that their capacity at the individual locations is one of the items under review by the new CEO of the YMCA.

Mr. Parris stated that in addition to the children in its summer camp programs, the City of Daytona Beach will be extending its targeted population to engage children throughout the community.

C. Never Leave Your Child Alone - Kids In Hot Cars

• In 2019, a record number of 51 children died after being left in hot cars in the United States. 5 of last year's total deaths happened in Florida. This year to date, two children have died and both deaths occurred in Florida.

Mr. Parris requested the Board's support and advocacy in favor of SB 724 and HB 805. The purpose of these bills is as follows:

- Pool owners are required to have two separate barriers hindering access to a pool. The
 devices may include but are not limited to pool fencing, pool alarms, door locks, yard
 fencing, etc.
- When a home is sold, an inspection confirming that the two mandatory barriers are in place would be required for all homes with pools, to include both newly constructed as well as previously constructed and older homes.

Follow us on our Safe Kids Coalition of Volusia and Flagler Counties Facebook page. Find us and like us at www.facebook.com/safekidsvf.

Healthy Start

Ms. Philio reviewed the Healthy Start Screening Results for Service Delivery Area (Volusia & Flagler County Residents) FY 18/19 Qtr 3. She explained that the very top of the report lists the Quarterly goals and whether they have been met, and the prenatal screening rate is based on the number of infants born as opposed to the actual number of pregnancies. Therefore, those numbers can often be higher or lower than the actual numbers. As such, instead of using this data, Ms. Philio uses the provider data instead to determine how well the Volusia/Flagler area is progressing. In review of the report, Ms. Philio stated that all of the Healthy Start screening and consent goals were exceeded. The Quarter 3 rates were as follows:

- The infant screening rate of 95.03% exceeded the goal of 84.00%
- The prenatal screening rate of 88.48% didn't meet the goal of 78.00%
- The women consenting to the prenatal screen rate of 90.37% exceeded the goal of 90.00%
- The eligible prenatal referrals consenting to participation at the time of the screen rate of 99.26% exceeded the goal of 96.00%

Ms. Philio has met with Shelley Jones, the Paternity Nurse Navigator at Halifax. Ms. Philio will be helping to connect Ms. Jones with the Healthy Start participants who will be delivering at Halifax. Ms. Jones will be providing the participants with a wealth of information and behind the scenes tour prior to their arrival for delivery. Ms. Philio is also working with Dixie Morgese, Executive Director of the local Healthy Start Coalition to get Ms. Jones additional access to referral data.

Mr. Davidson inquired as to why the screening rate is not 100% if an equal number of infants were born and screened. Ms. Philio noted that there must be a discrepancy in the data. She will review the data and make the necessary correction.

Ms. Philio informed the Board of the national opioid epidemic. She stated that the number of babies being born addicted to opioids is on the rise. Healthy Start has hired Pier Recovery Specialists (PRS) to assist in its effort to reduce these numbers locally. A PRS must be a parent in recovery who is fighting to overcome their substance abuse issues. Additionally, a new organization by the name of Strongwell is integrating itself into the State of Florida and currently has a location in Deland. Strongwell is a referral program that assists pregnant moms to overcome opioid addiction. Ms. Philio will be touching base with the organization to see how they can partner with Healthy Start.

OTHER BUSINESS

Chairperson Azama-Edwards inquired as to the status of teenage births in comparison to adult births. Ms. Philio indicated that she does not have that data available. Ms. Boswell added that the number of teenage births has been declining nationally for quite some time, which has resulted in the health department shifting its focus to addressing unwanted pregnancy regardless of a woman's age.

Chairperson Azama-Edwards inquired as to whether Project Warm is an option for pregnant mothers upon release from jail. Ms. Philio stated that it is not as the jail does not have a standard procedure upon release. However, if Project Warm has an opening the mom can be connected with the Healthy Start program and Healthy Start can help the mom get into the program.

Ms. Philio informed the Board that Dixie Morgese has agreed to include funding in the Healthy Communities budget to cover the cost of car seats for Healthy Start clients.

Ms. Azama-Edwards inquired about the status of the Halifax Keech Health Center since the departure of Dr. Thorpe. Mr. Guthrie responded that a new physician has replaced Dr. Thorpe and marketing will begin promoting the clinic more. Ms. Boswell added that the health department will be moving into the old Children's Medical Services (CMS) building located next to Halifax Keech Health Center. However, the move is currently on hold due to the need for additional maintenance and repairs. She anticipates completion of the additional work by late August early September. Mr. Guthrie inquired as to what services will be provided at the new location. Ms. Boswell replied Women, Infant, and Children (WIC) services, family planning, immunizations, STD/HIV testing, Hepatitis testing, and dental hygiene for children to include minimal dental services such as, exams, cleaning, sealants, etc. Discussion ensued.

Mr. Guthrie informed the Board that he anticipates that there will be a rate cut in Medicaid business. The Certificate of Need (CON) legislation is still up in the air with no major impact anticipated at this time.

Mr. Guthrie informed the Board that Halifax has joined in suicide prevention efforts to encourage increased dialogue. A webpage has been developed as well as Question, Persuade, Refer (QPR) classes scheduled in collaboration with Stewart Marchman Center at the Healthy Living Centers located in the YMCA facilities throughout Volusia County. Additionally, as a result of the Sandy Hook Promise, Volusia County Schools has a suicide prevention program known as "Say Something". The purpose of Say Something is to encourage students to speak up freely without fear of consequence. The overall goal of these initiatives is to encourage individuals, young and old, to begin to discuss suicide as opposed to ignoring it. Mr. Guthrie stated that suicide prevention is an initiative in which he would like to see Healthy Communities become involved because he feels that our community is currently better set up for a crisis than it is for prevention, which creates a huge challenge. The school will be scheduling its training for some time next year. Discussion ensued.

Ms. Boswell informed the Board that Volusia County is now listed as a high risk county due to individuals dying of reasons other than old age. Infectious disease has a major impact on the risk factor locally. She noted that there were 5 cases of Hepatitis B in 2018, and to date there have been 35 cases in 2019. As a result, Hepatitis B vaccinations are being administered in the school system.

ADJOURNMENT

There being no further business, the meeting of April 17, 2019 adjourned. The next meeting is scheduled for Wednesday, July 17, 2019 at 4:00 p.m., unless otherwise notified.



HALIFAX HEALTH

Human Resources Executive Summary - April 2019



HALIFAX HEALTH

	Recruitment			Turnover			
^Vacancy Rate 4.	.60%	New Hires	87 *Annualized Turno	ver Rate	23.00%		
	,313	FT	68 *Annualized RN Tu		27.72%		
• • • • • • • • • • • • • • • • • • • •	34.1	PT	2 Terminated/Resigned		84		
	23.0	Casual Pool	17 Average Number of		4,034		
	39.3	Core RNs	20 Average Number of		3,496		
7 micu Freutin	9.5	Core ratio	20 Prorage runnoer of	11/11 Employees	3,170		
	Employee Relation	ons		Retention			
Employee of the Month: Rosie Gilbe	ert, Business Intelligence Devel	oper, Corporate Finance	Average Tenure of		7.93		
Service Awards 5 Year	12		A T 0	Active Employees	20.140/		
	12		Average Tenure 0		30.14%		
10 Year	0		Average Tenure 2	=	28.43%		
15 Year	6		Average Tenure 6		10.88%		
20 Year	1		Average Tenure >	10 yr	30.54%		
25 Year	0						
30 Year	2			Seperations			
35 Year	0		Average Tenure 0	=	54.76%		
40 Year	0		Average Tenure 2	- 5 yr	21.43%		
			Average Tenure 6	- 10 yr	7.14%		
			Average Tenure >	10 yr	16.67%		
*Organizational & Ta	lent Development		Comp	ensation			
**Inservice & Continuing Educati		Total Evaluations Due	350	Includes 6 Month and Annual Po	erformance Evals		
Number of Programs		Early/OnTime Evaluations	163	4			
Participants		Atte Evaluations	87	4			
Instructions Hours		Outstanding Evaluations	100	_			
*Computer Based Learning 4,04		041 Avg Score					
		Avg Hourly Rate	\$ 27.34				
*Continuing Physician Education		RN Referral Bonuses Paid \$ 3,000.00					
Number of Programs		17 At Max/Bonus Paid	\$ 4,087.00	<u>. </u>			
Participants		Tuition Reimbursements	<u>4@5173.14</u>				
		Sign On/Relocation Bonuses	\$ 17,500.00	<u>. </u>			
*Continuing Clinical Education		Nursing Loan Forgivness	3@7018.44				
Number of Programs		13					
Participants		25 Wo	Work / Life Benefits & Leave Programs				
*Medical Library		Total Employees on Leave	42	Number of Benefits Eligible	3,456		
Patrons		77 Worker's Compensation Claims	3	Number of 457 Plan Participants	52		
Article Sources		150 Leave of Absence Requests	8	Number of 403(b) PlanParticipants	3,587		
	<u> </u>	Family Medical Leave Act Request		1%-3% Contributions	2,692		
		Military Leave Requests	1	4% or Higher Contributions	895		
		Voluntary Summer Leave	1	* UNUM Wellness Claims Paid	21 @ \$1350		
		Number of Retirements	8	Disability Claims Paid	<u>∠1 ⊕ ψ1000</u>		
		Worker's Compensation Incidents	36	STD	7@\$9422.31		
		Administrative Leave	5	LTD	2@\$5235.95		
		Administrative Leave					
				Management	\$ -		
Auxilary			Visitor Access				
				_			
	4,427	Total Visitors	32,708	_			
Volunteer Hours			29,802	7			
Volunteer Hours		Halifax Main Campus	29,802				
Volunteer Hours		Halifax Main Campus HHPO	1,124				
Volunteer Hours		_					

^{**}Based on statistics reported by Date

*Annualized Turnover is multiplied by 12 to create a predictive nature.

This allows us to foresee the annual turnover rate if current rate doesn't change.

Divide by 12 to get the monthly value.

[^]Vacancy Rate = Open Positions

^{*}Turnover Rate = FT & PT Seperations

Average FT & PT Employees



HALIFAX HEALTH

Human Resources Executive Summary - May 2019



HALIFAX HEALTH

	Recruitment			Turnover			
^Vacancy Rate Number of Applications Average Days to Fill RNs Allied Health Team Member of the Month: Stacy Service Awards 5 Year 10 Year 15 Year	Core RNs 10		*Annualized Turnover Rate *Annualized RN Turnover Rate *Annualized RN Turnover Rate Terminated/Resigned Average Number of Employees Average Number of FT /PT Employees Average Tenure of Active Employees Active Employees Average Tenure 0 - 1 yr Average Tenure 2 - 5 yr Average Tenure 6 - 10 yr 10.9				
20 Year 25 Year 30 Year 35 Year 40 Year	5 2 0 0			Average Tenure > 10 yr Seperations Average Tenure 0 - 1 yr Average Tenure 2 - 5 yr Average Tenure 6 - 10 yr Average Tenure > 10 yr		30.24% 48.10% 26.58% 6.33% 18.99%	
*Organizational & T	alent Development			Compensation			
**Inservice & Continuing Educat Number of Programs Participants Instructions Hours *Computer Based Learning **Continuing Physician Education Number of Programs Participants **Continuing Clinical Education Number of Programs	8, 6, 3,	Total Evaluations Due 322 Early/OnTime Evaluations 234 Outstanding Evaluations 237 Avg Score Avg Hourly Rate RN Referral Bonuses Paid 17 At Max/Bonus Paid 239 Tuition Reimbursements Sign On/Relocation Bonuses Nursing Loan Forgivness 14		320 149 90 81 3.24 \$ 27.50 \$ 3,000.00 \$ 5,557.76 19 @ \$16,483.56 - 9 @ \$23,661.04		formance Evals	
Participants		Work / Life Benefits & Leave Programs					
*Medical Library Patrons Article Sources		Total Employees on Leave Worker's Compensation Claims 170 Leave of Absence Requests Family Medical Leave Act Reques Military Leave Requests Voluntary Summer Leave Number of Retirements Worker's Compensation Incidents Administrative Leave		49 Number of Benefits Eligible 3 Number of 457 Plan Particip 9 Number of 403(b) PlanParti 1%-3% Contributio 1 4% or Higher Cor 1 * UNUM Wellness Claims I 3 Disability Claims Paid 31 STD LTD Management	cipants ns ntributions	3,470 52 3,568 2,671 897 7@\$18,153.45 1@\$3,238.15	
Auxilary			Visitor Access				
Volunteer Hours	4,421	Total Visitors Halifax Main Campus HHPO HBS		31,007 28,194 1,696 1,117			

^{**}Based on statistics reported by Date

*Annualized Turnover is multiplied by 12 to create a predictive nature.

This allows us to foresee the annual turnover rate if current rate doesn't change.

Divide by 12 to get the monthly value.

[^]Vacancy Rate = Open Positions
Entire House

^{*}Turnover Rate = FT & PT Separations

Average FT & PT Employees

HALIFAX HEALTH



BRO©KS® Rehabilitation

halifaxhealth.org/brooks

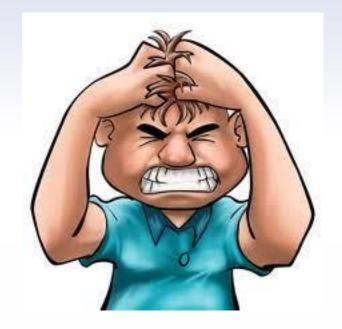
Comprehensive brain injury agitation management in the critical care setting: Preliminary results on a multidisciplinary neurobehavioral approach

Eugene J. Rankin, Ph.D., ABPP

- Agitation is a part of traumatic brain injury recovery.
- Management is complex and disorganized, especially in an ICU/ISC setting.
- Untreated agitated patients have longer length of stays, increased hospital costs, and cause potential injuries to the patient, staff and visitors.
- The goal was to manage agitation, improve patient, staff and visitor safety, reduce length of stay, and allow for a seamless transition of our TBI patients within the system.

Post-Traumatic Brain Injury Agitation: What is it?

 A stage of recovery following emergence from coma when a patient becomes restless, extremely irritable, distractible, impulsive and is unable to reason, with little to no insight, awareness or judgment.



The Neurobehavioral Approach

Assessment and Management

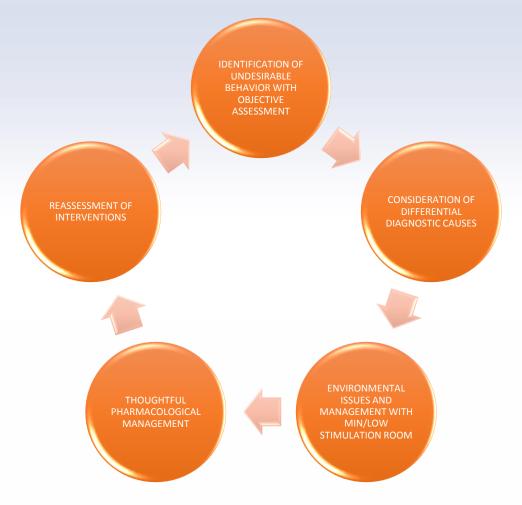
- Measure agitation with Agitated Behavior Scale (ABS) by RN each 12 hour shift.
- Daily rounding emphasizing physical and neurobehavioral recovery.
- Identifying confounding causes of agitation.

Interventions

- Thoughtful pharmacological management with Valproic Acid, Seroquel and PRN Haldol.
- MIN/LOW Stimulation rooms to limit visitors, reduce noise and maintain sleep-wake cycles
- Family education of TBI.



Comprehensive Agitation Management at Halifax Health/Brooks Rehabilitation



Halifax Minimal Stimulation Policy & Procedure

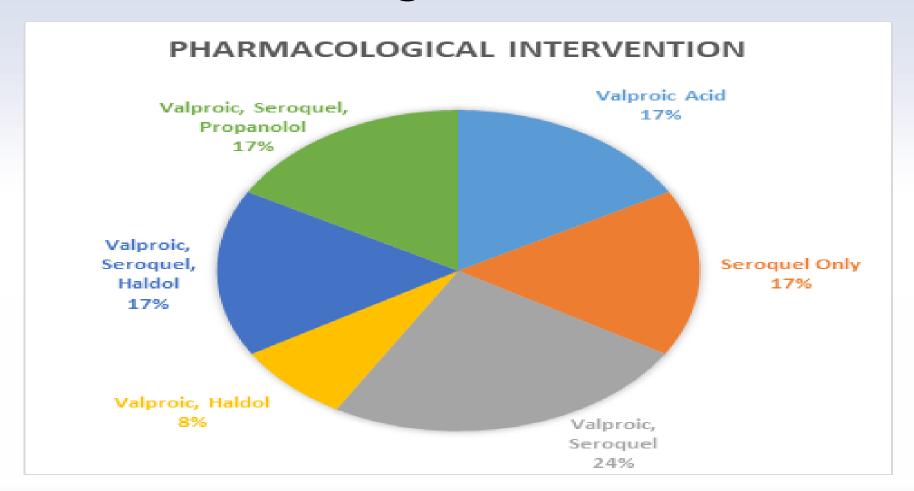


Please maintain a **quiet environment** within this room.

No more than two visitors allowed at a time and visits must be of a short duration. Keep lights dim and television volume low.



Pharmacological Intervention



Case Presentation

- 70 year old man status post traumatic brain injury secondary to fall who was admitted to Halifax Medical Center as a Trauma Alert I.
- Head CT showed small left temporal-parietal subdural hematoma and multiple small hemorrhagic contusions of the right frontal lobe.
- He has a past medical history of hypertension, atrial fibrillation, coronary artery disease, diabetes mellitus, GERD and obstructive sleep apnea.

Daily multidisciplinary rounding MIN/LOW stimulation rooms adopted hospitalwide

Computer Based Training modules on ABS for nurses

One-on-one education for nurses

How did we sustain change?

Neuropsychological follow-up through ICU, Inpatient Rehab, and Outpatient Services

Physician buy-in and active participation

Monthly meetings focused on TQIP benchmarks and outcomes



GENERAL OUTCOMES

- The agitated brain injury patient is no longer dreaded, but managed.
- We have an objective way to measure agitation, and we have a way to treat agitation.
- Serves as a tangible example of the Joint Venture partnership between Halifax Health and Brooks Rehabilitation.
- Demonstrates how hospital culture can be changed by evidence based practices developed in house.
- Provides a seamless transition of patients following critical care stabilization, and has allowed CIR to take patients at an agitated and confused stage of recovery.
- Agitated Behavior Scale is now used hospital wide for monitoring agitation from causes other than TBI, and outside facilities look for these scores in making acceptance determinations.
- The "MIN/LOW STIM" protocol is utilized hospital wide.
- This program was presented at the American College of Surgeons' Trauma Quality Improvement Program (Nov. 2019) and published in the <u>Journal of the Intensive Care Society</u>.

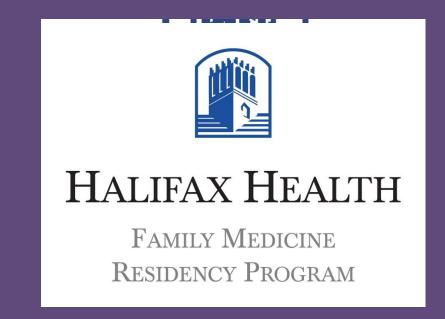


Questions are welcomed . . .

Do you have any questions or comments?







Weight Management: Diagnose It, Code It, Save Lives



Mallory McInnes MD, Kara L Williams MD, MPH & Emma Robertson Blackmore, PhD Halifax Health, Daytona Beach, FL

Background

- Obesity affects 40% of the US population, however it is not consistently addressed and managed by healthcare professionals (1,2).
- ❖ In a meta-analysis of 230 cohort studies, including over 30 million individuals, both obesity and overweight were associated with an increased risk of all-cause mortality (3).
- Increased BMI is significantly associated with increase in coronary heart disease, stroke, diabetes, chronic kidney disease, and cancers (4).
- Having a BMI of 30-35 kg/m2 decreased survival by 2-4 years, and BMI of 40-45 kg/m2 decreased survival by 8-10 years (5).
- Screening and identifying patients with this disease and creating a management plan appropriate to the patient and their comorbidities is needed.

Overall Project Aims

- ❖ To compare physicians in our clinic to the national average in terms of addressing BMI and treating obesity.
- ❖ To educate physicians on ways to efficiently use clinic time and appropriately bill for weight management in practice.
- ❖ Provide physicians materials to help guide patients to the right diet plan, provide a follow-up schedule to patients, and when to consider bariatric surgery with a patient.
- Create a "Health Report Card" for each patient as a tangible measure of their current risk factors and goals, and to visibly link obesity and CVD risk.

Methods

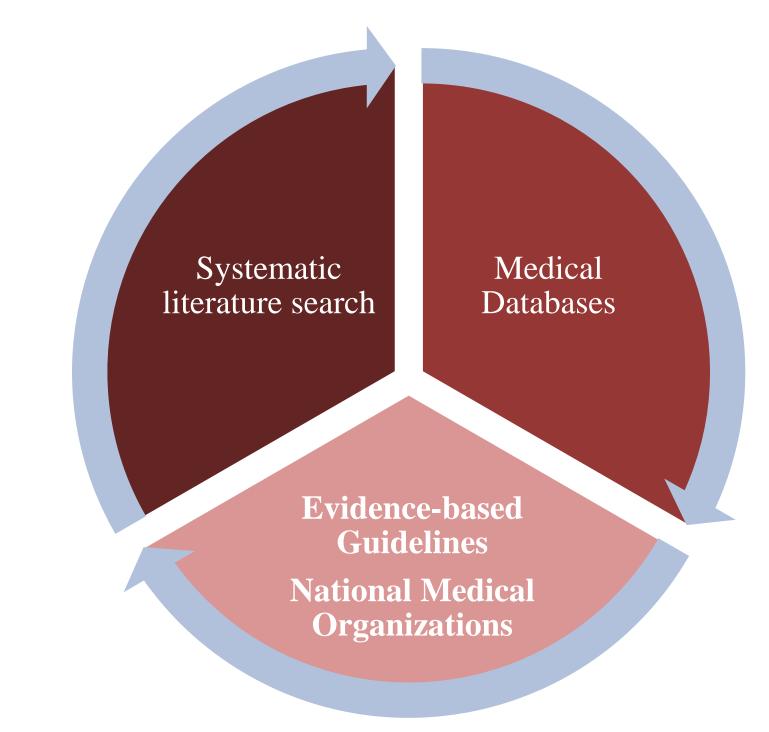
Data Collection & Comparison

All patient records from a randomly selected clinic day retrieved and reviewed

Clinical data abstraction for BMI, documentation of obesity, obesity management strategy

Rates compared to national prospective study of 9827 patients where 20% had obesity dx and 20% of those had management plan documented

Establish Evidence Base



Few well-designed prospective cohort studies or RCT comparing diets

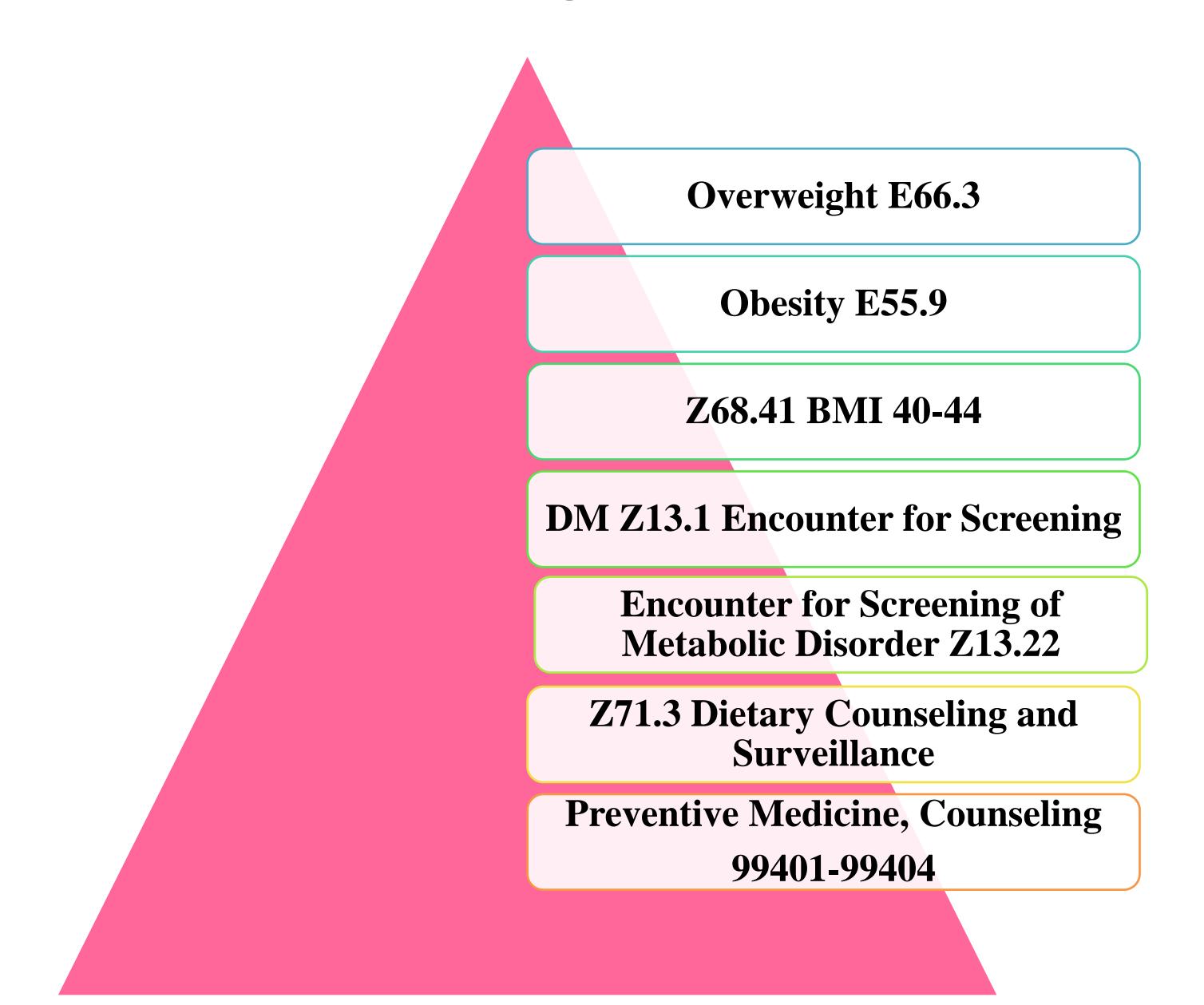
Variability in cultural influences on dietary patterns may contribute

Results

100% of patients had BMI objectively measured and documented.

47.6% of patients in our clinic had an obesity management plan documented (vs 20% in study). However, opportunity for improvement in documenting obesity as a diagnosis. Appropriate billing codes not consistently used.

Codes for treatment, screening and time



Discussion

- Compared to national data, within our clinic we do screen for obesity.
- However, our documentation using specific codes has room for improvement.
- Guidelines for "When to Refer to Bariatric Surgery" should be posted in all PCPs offices and considered when indicated.
- By giving each patient a Health Report Card, you are providing patients a tangible correlation between their BMI and CVD risk AND setting clear goals.

^{1.} Bray GA. The Battle of the Bulge: A History of Obesity Research, Dorrance, Pittsburgh 2007.

^{2.} Flegal KM, Carroll MD, Ogden CL, Johnson CL. Prevalence and trends in obesity among US adults, 1999-2000. JAMA 2002; 288:1723

^{3..} Aune D, Sen A, Prasad M, et al. BMI and all cause mortality: systematic review and non-linear dose-response meta-analysis of 230 cohort studies with 3.74 million deaths among 30.3 million participants. BMJ 2016; 353:i2156.

^{4.} Prospective Studies Collaboration, Whitlock G, Lewington S, et al. Body-mass index and cause-specific mortality in 900 000 adults: collaborative analyses of 57 prospective studies. Lancet 2009; 373:1083.

5. Chen Y, Copeland WK, Vedanthan R, et al. Association between body mass index and cardiovascular disease mortality in east Asians and south Asians: pooled analysis of prospective data from the Asia Cohort Consortium. BMJ 2013; 347:f5446.



Assessing Understanding and Utilization of Medicare Wellness Visits: A Residency Perspective

Benjamin Heyen MD, Ryan Harris MD, Suresh Kandavanam MD, Ariana Abid MD, Michael Faille MD, Nicholas Stagliano MD, Nicole Wilson MD, Melanie VanDemark MD
Halifax Health Family Medicine Residency

Introduction

- Medicare annual wellness visits (MAWV) are an essential part of a family medicine outpatient practice
- MAWV provide an opportunity to ensure optimal quality of care
- There are two different types of MAWV, including the Initial Preventive Physical Examination (IPPE) and the Annual Wellness Visit (AWV)
- Both types of visits review patient information, including health risks, medical history, and functional ability. They also include a focus on counseling with a written plan regarding future screenings
- These visits are covered under Medicare Part B
- In residency clinics, MAWV are underutilized and poorly understood due to lack of exposure
- Increasing recognition of eligible patients for MAWV is an important skill to develop early in a physician's training as well as learning correct documentation
- Accurate utilization is not only essential for billing purposes, but to provide quality patient care

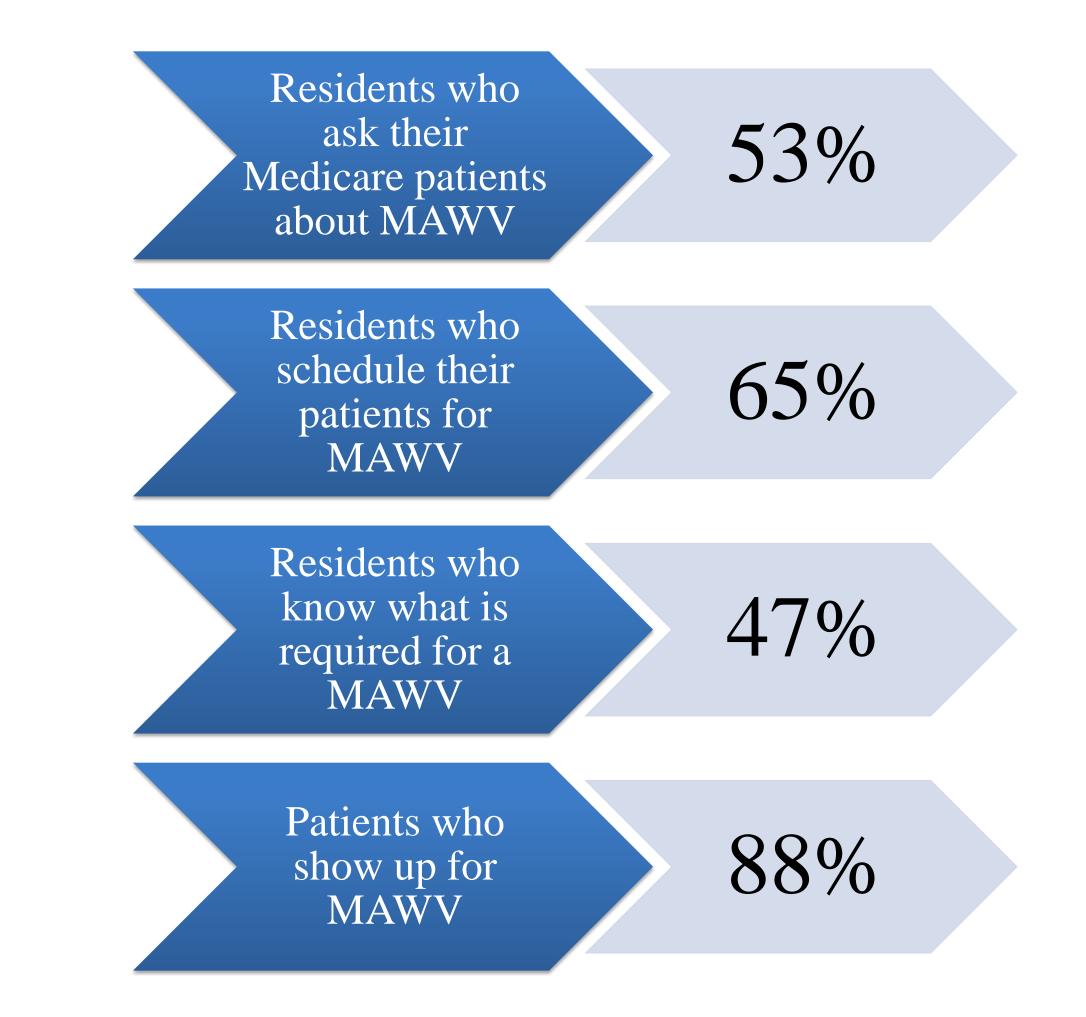
Objectives

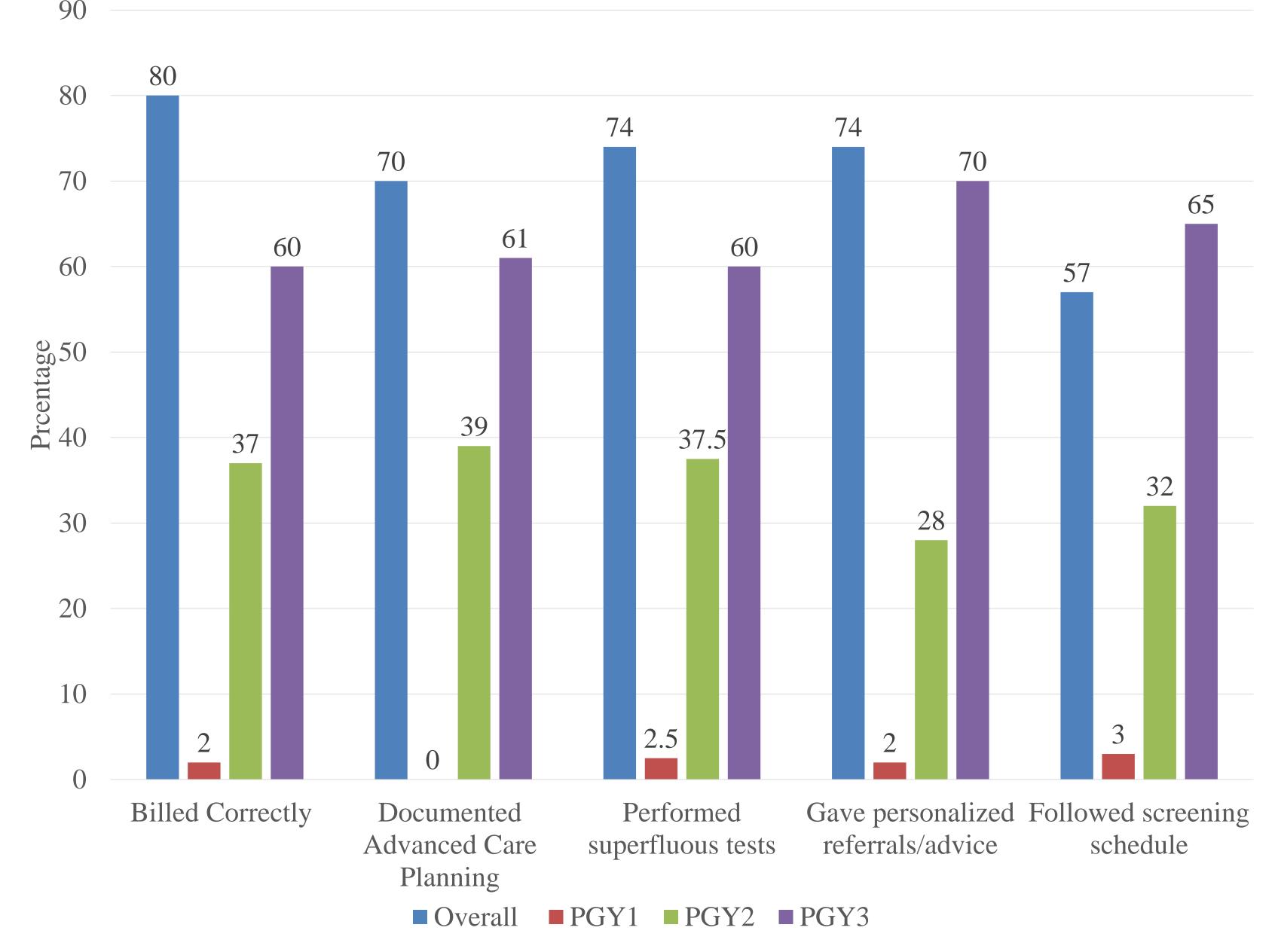
- Measure residents' understanding of the requirements for Medicare annual wellness visits
- Assess current compliance with completing MAWV for eligible patients in a residency clinic
- **Identify** gaps in knowledge about MAWV and to improve awareness for residents

Methods

- Baseline data was collected via surveys that were completed by the residents to gauge their understanding about completion of MAWV and the requirements
- Eligible patients with Medicare insurance in the residency clinic with completed MAWV encounters were collected via the electronic health record
- MAWV encounters that were performed by residents over the span of ten months, from February 2018 through November 2018, were audited to measure completeness

Results





Overall, the majority of visits were coded correctly and had documentation of discussions around advanced care planning. As expected, PGY-3 residents were more likely to correctly complete these aspects of the MAWV than less experienced residents. PGY-3s were also significantly more likely to provide personalized advice and referrals to patients (p<0.1) and were more likely to follow a screening schedule (65% vs 35%, p=0.1).

Discussion

- Knowledge is limited among residents regarding MAWV
 - Residents do not consistently ask their eligible patients about scheduling a MAWV
 - Patients do show up for MAWV, thus no show appointments do not account for the low percentage of MAWV performed
- There is a lack of education regarding MAWV in the residency setting
- PGY-3 residents were more likely to complete documentation appropriately compared to residents who were earlier in their training
 - However, this may be explained by PGY-3 residents having greater exposure to MAWV or seeking out this knowledge from attendings closer to their graduation
 - Analysis showed that 63% of PGY-2s and 42% of PGY-3s did not bill correctly
 - Unnecessary tests and examinations were performed by 60% of PGY-3s and 38% of PGY-2s

Opportunities for Improvement

- Clearly, there are opportunities to provide targeted education on testing within the MAWV so that physicians can be appropriately reimbursed.
- Education about MAWV needs to be started earlier in residency to promote correct habits going forward
- Future projects can focus on understanding how to increase awareness in residents and assessing effective teaching methods
- With a significant portion of residents entering the outpatient realm upon graduation, MAWV will be an important aspect of their career.
- The facets of a MAWV are especially applicable to family medicine due to the comprehensive care it provides and organizing information that is essential in the geriatric years, which are the majority of Medicare patients
- As family medicine physicians, accurate MAWV not only promote compensation efforts but provides encounters to improve quality healthcare and improve patient's well-being.

References

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Health Disparities Quality Improvement Project: Identifying Health Disparities in our maternal and newborn patient population based on race and creating opportunities for improvement in their care.

HALIFAX HEALTH
FAMILY MEDICINE
RESIDENCY PROGRAM

Victoria Otano Pereira MD, Samantha LaQua MD, Trang Van MD, Mallory McInnes MD, Cory Pollard MD, Michael Young MD, Phi Yen Nguyen Tuong MD & Emma Robertson Blackmore PhD

ABSTRACT

- In the United States, maternal and neonatal outcomes regarding morbidity and mortality differ by race.
- Recent studies showed an increased risk of unfavorable outcomes for minority mothers and newborns, especially for African Americans.
- During June of 2018, a CLER visit performed at our residency program brought to our attention an opportunity to improve our approach to Health Care Disparities in our patient population.
- As a result, we developed a QI project to specifically evaluate perinatal morbidity and mortality as they relate to health disparities, and uncover interventions to improve the health of our newborns.

OBJECTIVE

To examine differences in newborn outcomes by race concentrating on maternal risk factors

- Neonatal outcomes:
 - low birth weight (<2500g),
 - Neonatal Intensive Care Unit (NICU) admission
 - Apgar scores (1 and 5 minutes)
 - prematurity defined as being born before 37 weeks of gestational age (WGA)
 - rate of breastfeeding
- Maternal risk factors:
 - late to prenatal care (>20 WGA)
 - smoking during pregnancy
 - positive Urine Drug Screen (UDS).

Race was categorized as White vs non- white (minorities).

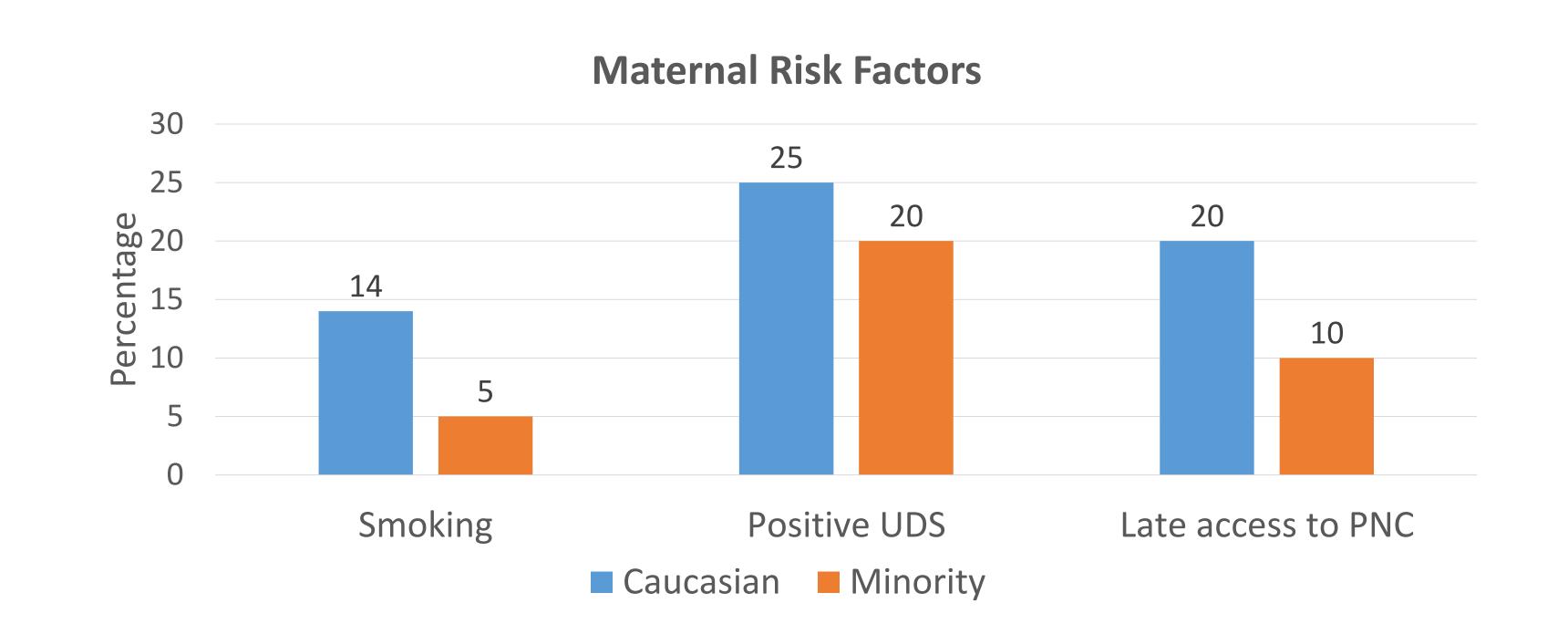
 Minority groups were consolidated due to reduced number of certain races.

METHODS

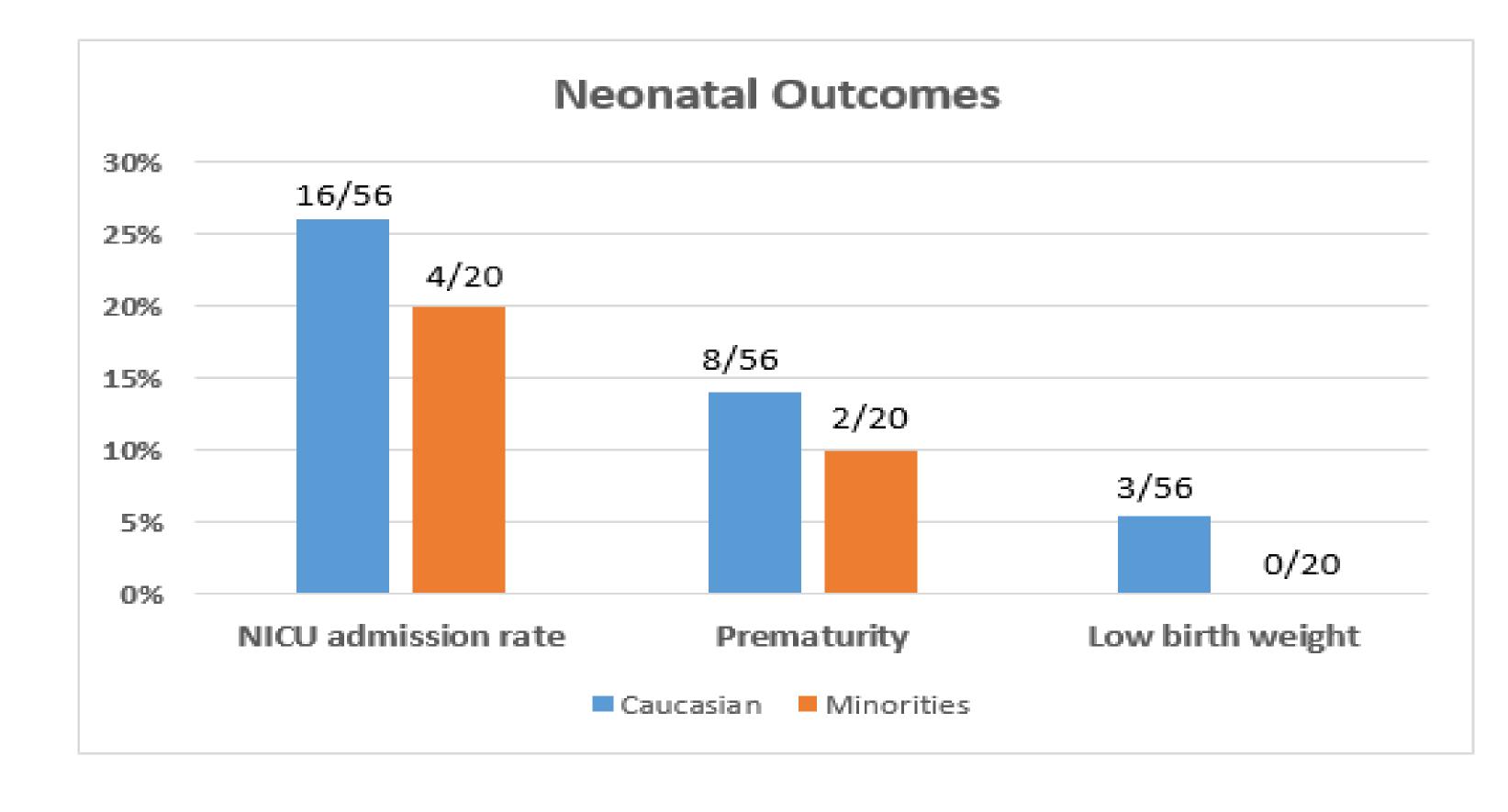
- Review of maternal and newborn charts during the month of July 2018.
- A total of 152 charts were reviewed (76 newborns and 76 mothers).
- All records were systematically reviewed from our EMR.
- Race was self-reported during registration and obtained from EMR records. All non- white patients were grouped as minorities for our review.

RESULTS

Out of 76 newborns, 56 (74%) were identified as white and 20 (26%) as minorities. Minority group is composed mainly of African American newborns (n=12), with some other races represented (Hispanic n= 6, Asian n=1, and Middle Eastern n=1).

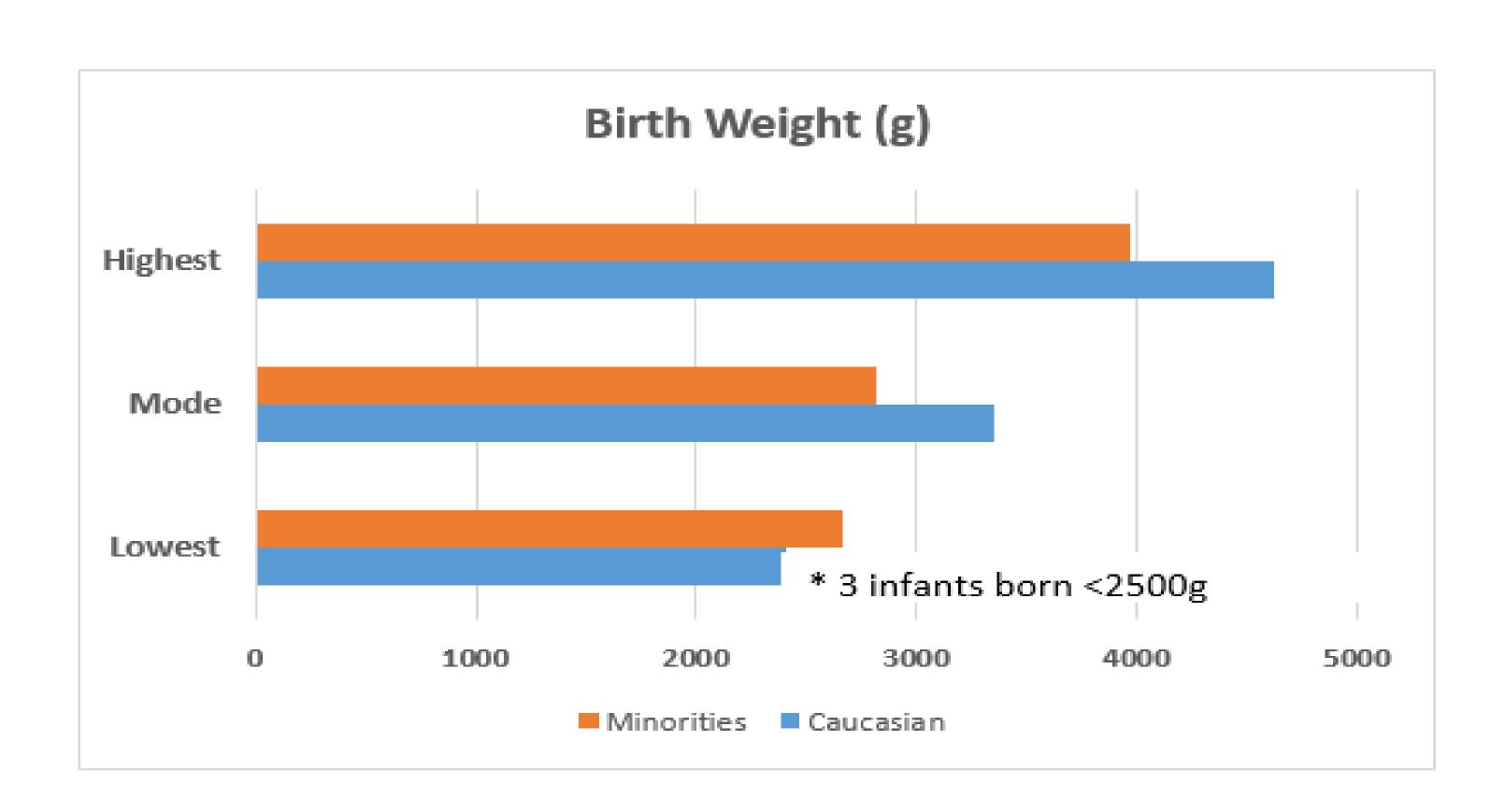






RESULTS

Very similar rates found on APGAR and Breastfeeding rates.



CONCLUSIONS

- We were able to collect and compare relevant health data for our maternal population.
- It is evident to us that health disparities in our hospital are mainly divided by socioeconomic status and access to health care, rather than by race.
- Some areas of improvement are possible ways to screen for health disparities as well as, smoking cessation counseling, and breastfeeding incentives point for our residents and faculty.
- We are currently using Narcotic Abstinence syndrome (NAS) scoring for newborns born to mothers who had positive UDS.
- Our Family Health Center is in the process of partnering with a nonprofit organization for pregnant teens to provide access to care.

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- Howell, Elizabeth A. et al. Site of delivery contribution to black-white severe maternal morbidity disparity American Journal of Obstetrics & Gynecology, Volume 215, Issue 2, 143 152
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FY 2019 Income Statement Monthly Forecast Halifax Health

Updated with Actual activity through May 31, 2019



Halifax Health Medical Center FY 2019 Income Statement Monthly Forecast -Updated with actual results from April and May

- FY 2019 October-May Financial Results
 - April and May's actual performance exceeded the re-forecast by \$8M
 - Revenues were higher than forecast by \$8M due to higher volumes and better than expected collections
 - Expenses were equal to the forecasted amounts
 - YTD Operating income is \$1.3M less than budget
- Obligated Group MADS Coverage ratio
 - Bond covenant is 1.25x and FY 2019 Budget is 1.97x
 - Updated Forecast is at 1.87x at 9/30/19 with \$16.5M cushion from 1.25x and a deficit of \$2.7M from Budget



Halifax Health Medical Center Net improvement on Operating Margin \$ in thousands

	Monthly	Annualized
Margin Improvements		
Revenue improvements	\$400	\$4,800
Positions eliminations	297	3,564
Other operational improvments	420_	5,040
Subtotal	1,117	13,404
Incremental expenses above budget:		
Hospitalists physican costs	\$180	\$2,160
Anesthesia physician costs	150	1,800
Adult Psych physician costs	80	960
Subtotal	410	4,920
Net improvement on operating margin	\$707	\$8,484

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Halifax Health Medical Center FY 2019 Actual and Projected with Margin Improvements Statements of Revenues, Expenses and Changes in Net Position (\$ in thousands)

				Actu	ıal				Projected Actual/Proj					Budget
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total	Tota
Operating revenues:	•												,	
Net patient service revenue	\$40,396	\$39,452	\$39,002	\$41,350	\$38,750	\$44,668	\$44,914	\$42,844	\$37,926	\$37,638	\$40,514	\$37,735	\$485,188	\$489
Ad valorem taxes	511	511	511	511	511	511	511	511	511	511	511	511	6,129	6
Other revenue	1,561	1,432	1,446	1,529	1,612	1,705	1,689	1,843	1,435	1,436	1,445	1,439	18,572	17
Total operating revenues	42,468	41,394	40,959	43,389	40,872	46,884	47,114	45,198	39,872	39,585	42,470	39,685	509,890	512
Operating expenses:														
Salaries and benefits	22,200	21,225	22,140	22,091	20,113	21,951	21,016	21,370	20,777	20,508	21,052	18,926	253,370	260
Purchased services	5,913	5,774	6,423	6,474	6,833	6,808	6,381	7,136	5,953	5,961	6,027	6,170	75,854	68
Supplies	8,472	8,292	7,948	8,882	7,609	8,537	8,430	8,497	7,890	7,920	8,694	8,097	99,267	99
Depreciation and amortization	2,142	2,134	2,140	2,094	2,131	2,101	2,116	2,123	2,038	2,032	2,029	1,976	25,058	2
Interest	1,610	1,630	1,602	1,594	1,597	1,627	1,611	1,641	1,610	1,610	1,610	1,610	19,351	1
Ad valorem tax related expenses	522	523	523	532	521	525	519	518	530	530	530	530	6,303	(
Leases and rentals	566	562	564	592	589	580	579	727	537	537	537	537	6,908	(
Other	2,160	2,176	2,050	2,130	2,018	2,340	2,081	2,186	2,131	2,131	2,131	2,131	25,668	25
Total operating expenses	43,586	42,316	43,389	44,389	41,410	44,470	42,733	44,198	41,466	41,230	42,611	39,979	511,778	511
Income (loss) from operations	(1,118)	(922)	(2,430)	(1,000)	(538)	2,414	4,381	1,000	(1,594)	(1,646)	(141)	(294)	(1,888)	1
Nonoperation revenues, expenses, and gains/(losses):														
Realized investment income/(losses)	293	1,271	220	438	520	489	457	1,851	40	72	43	90	5,784	(
Unrealized investment income/(losses)	(12)	166	592	444	42	558	149	(698)	-	-	-	-	1,241	
Donation revenue	-	-	3	8	6	25	9	3	-	-	-	-	55	
Nonoperation gains/(losses), net	209	199	179	89	179	136	112	134	100	100	100	100	1,637	
Total nonoperating revenues, expenses, and gains/(losses)	490	1,637	994	979	748	1,208	727	1,290	140	172	143	190	8,717	
Increase (decrease) in net position	(\$628)	\$715	(\$1,436)	(\$20)	\$209	\$3,622	\$5,108	\$2,290	(\$1,454)	(\$1,474)	\$2	(\$104)	\$6,829	\$8

Halifax Health Medical Center FY 2019 Actual and Projected Maximum Annual Debt Service Calculation (\$ in thousands)

MADS calculation	
Total income available for debt service	
MADS	

					Proje	ected					
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
\$3,135	\$7,448	\$9,162	\$12,386	\$16,281	\$23,074	\$31,760	\$38,512	\$40,705	\$42,874	\$46,515	\$49,997
\$2,233	\$4,467	\$6,700	\$8,934	\$11,167	\$13,401	\$15,634	\$17,867	\$20,101	\$22,334	\$24,568	\$26,801
1.40	1.67	1.37	1.39	1.46	1.72	2.03	2.16	2.03	1.92	1.89	1.87
\$343	\$1,864	\$787	\$1,219	\$2,322	\$6,323	\$12,217	\$16,177	\$15,580	\$14,956	\$15,805	\$16,496
(\$952)	(\$1,069)	(\$3,521)	(\$7,262)	(\$7,619)	(\$7,391)	(\$2,204)	\$1,231	\$698	\$651	(\$1,326)	(\$2,699)





MADS Coverage Ratio

Income Cushion from 1.25x

Income Deficit from Budget

Halifax Health (System) FY 2019 Income Statement Monthly Forecast -Updated with actual results from April and May

- FY 2019 October-May Financial Results
 - April and May's actual performance exceeded budget excluding for Foundation Unrealized Investment income/loss
 - Primarily due to higher inpatient volumes compared to budget
 - YTD Adjusted Operating EBIDA is equal to the YTD Budget at 9.5%
 - Excludes investment income/loss of Foundation recorded as operating income
- Year ending forecast shows \$2.5M variance from budgeted income from operations excluding projected Foundation investment losses of 2.5M.

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Halifax Health FY 2019 Actual and Projected

Statements of Revenues, Expenses and Changes in Net Position

(\$ in thousands)

				Actu	Actual						cted	I	Actual/Proj	Budget
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total	Total
Operating revenues:	<u></u>													
Net patient service revenue	\$44,109	\$43,216	\$42,876	\$45,343	\$42,253	\$48,649	\$48,826	\$46,788	\$41,573	\$41,413	\$44,295	\$41,400	\$530,740	\$533,68
Ad valorem taxes	511	511	511	511	511	511	511	511	511	511	511	511	6,129	6,12
Other revenue	478	2,579	(358)	4,575	3,045	2,411	3,168	451	2,208	2,208	2,217	2,211	25,194	26,51
Total operating revenues	45,098	46,306	43,029	50,428	45,809	51,571	52,505	47,750	44,291	44,132	47,023	44,121	562,063	566,32
Operating expenses:														
Salaries and benefits	24,184	23,101	24,144	24,026	21,899	23,982	22,975	23,424	22,859	22,625	23,181	20,898	277,298	286,30
Purchased services	7,121	7,029	7,653	7,830	8,083	8,191	7,817	8,465	7,049	7,087	7,155	7,271	90,752	82,16
Supplies	8,703	8,475	8,129	9,089	7,813	8,791	8,653	8,707	8,083	8,120	8,893	8,291	101,746	101,37
Depreciation and amortization	2,275	2,267	2,273	2,227	2,264	2,235	2,249	2,257	2,170	2,163	2,161	2,108	26,650	26,30
Interest	1,616	1,630	1,617	1,609	1,607	1,637	1,616	1,651	1,610	1,610	1,610	1,610	19,423	19,31
Ad valorem tax related expenses	522	523	523	532	521	525	519	518	530	530	530	530	6,303	6,35
Leases and rentals	739	737	747	789	777	766	772	896	714	717	717	714	9,084	8,57
Other	2,366	2,386	2,336	2,303	2,193	2,555	2,293	2,428	2,382	2,384	2,384	2,382	28,390	28,58
Total operating expenses	47,528	46,148	47,421	48,405	45,157	48,683	46,894	48,345	45,396	45,235	46,630	43,804	559,647	558,98
Income from operations	(2,430)	157	(4,392)	2,023	652	2,888	5,610	(595)	(1,105)	(1,103)	393	318	2,416	7,34
Nonoperating revenues, expenses, and gains/(losses):														
Realized investment income/(losses)	269	1,558	1,372	724	563	2,501	524	1,920	273	305	276	323	10,609	9,61
Unrealized investment income/(losses)	(3,411)	766	(4,581)	8,241	(2,283)	(1,289)	1,406	(3,544)	-	-	-	-	(4,694)	-
Donation revenue	1	9	114	94	7	46	19	19	59	59	59	59	546	70
Interest - bond issue costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nonoperating gains/(losses), net	209	199	179	89	179	136	112	134	100	100	100	100	1,637	25
Total nonoperating revenues, expenses, and gains/(losses)	(2,932)	2,531	(2,915)	9,149	(1,534)	1,394	2,062	(1,471)	432	464	435	482	8,098	10,5
Increase in net position	(\$5,362)	\$2,689	(\$7,308)	\$11,172	(\$882)	\$4,283	\$7,672	(\$2,066)	(\$673)	(\$639)	\$829	\$800	\$10,515	\$17,9

Appendix



Halifax Health Medical Center Obligated Group Reconciliation between FY 2019 Budget and Forecast Income Available for Debt Service \$ in thousands

		Income Available
A	FY 2019 Original Budget	\$52,696
	Net patient service revenue	(\$18,582)
	Realized investment income	(\$3,184)
	LOS - avoidable day costs	(\$1,574)
	Hospitalist physician costs	(\$1,200)
	Anesthesia physician costs	(\$1,200)
В	FY 2019 Initial Forecast without Margin Improvements (Actual Oct-Jan and projected Feb-Sept)	\$26,956
	Revenue improvements	\$600
	Position eliminations	\$1,780
	Reduce excess patient days	\$600
	Other operational changes	\$1,920
C	FY 2019 Initial Forecast with Margin Improvements (Actual Oct-Jan and projected Feb-Sept)	\$31,856

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Halifax Health Medical Center Obligated Group Reconciliation between FY 2019 Budget and Forecast (cont.) Income Available for Debt Service \$ in thousands

FY 2019 Initial Forecast with Margin Improvements (Actual Oct-Jan and projected Feb-Sept)	\$31,856
February variance to initial forecast:	
Expenses lower than initial forecast, primarily due to lower labor and supply costs	\$1,035
Realized investment income	\$408
Other	\$157
Sub-total	\$1,600
March variance to initial forecast	
Revenues higher than initial forecast	\$2,104
Realized investment income	\$397
Other	\$291
Sub-total	\$2,792
Re-forecast from April - Sept	\$1,571
FY 2019 Updated Forecast with Margin Improvements (Actual Oct- Mar and projected Apr-Sept)	\$37,819

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Halifax Health Medical Center Obligated Group Reconciliation between FY 2019 Budget and Forecast (cont.) Income Available for Debt Service \$ in thousands

D	FY 2019 Updated Forecast with Margin Improvements (Actual Oct- Mar and projected Apr-Sept)	\$37,819
	April variance to initial forecast:	
	Revenues higher than initial forecast	\$4,927
	Realized investment income	\$391
	Other	\$207
	Sub-total	\$5,525
	May variance to initial forecast	
	Revenues higher than initial forecast	\$2,933
	Realized investment income	\$968
	Sub-total	\$3,901
	Re-forecast from Jun - Sept (incremental improvement from initial forecast)	\$1,181
E	FY 2019 Updated Forecast with Margin Improvements (Actual Oct- May and projected Jun-Sept)	\$48,426

well.



FY 2020 Budget Update Agenda

- Key Factors in Setting Budget
- Budget Status and Next Steps
- Ad valorem tax schedules



FY 2020 Budget Update Key Factors in Setting Budget

- Achieve positive cash flow after capital and pension funding
- Targeting a 2% operating margin excluding Deltona Hospital
- Continuation of critical community services and benefits



FY 2020 Budget Update Current Status and Next Steps

- Current budget gap has been identified at \$9.8M with \$2.0M remaining to be identified to achieve 2% operating margin
- Management is currently working through the following improvements and will be focused on the following strategies:
 - Appropriate patient classification
 - Throughput efficiency
 - Continued focus on reducing the Length of Stay
 - Reduced supply expense
 - Reduce costs in overhead, non-clinical areas
 - Evaluation of non essential programs and services
 - Attrition not filling jobs as Team Members exit with the exception of direct patient care positions such as nursing
 - More effectively flexing staff on volumes and acuity even in non-flex, overhead departments
- Restructuring patient care management along with consultant (Clinical Intelligence) to improve operating margin at a sustainable level above 3%

Halifax Health Medical Center Preliminary Tax Base, Millage Rate and Estimated Tax Levies FY 2020 Budget * (\$ in thousands)

			Millage Rate, per 1,000								
	Tax Base	1.0000	0.7500	0.5000	Current Rate 0.3546	Rolled back Rate 0.3329					
FY 2020	\$18,581,089,383	\$18,581,089	\$13,935,817	\$9,290,545	\$6,588,854	\$6,185,785					

^{*} Based on Preliminary assessed total taxable value.

Appendix



Halifax Hospital Medical Center Schedule of Tax Bases, Tax Levies, and Millage Rates FY 2007 - 2020 (\$ in thousands)

								4		Preliminary Budget				
	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020 *
Tax Base (DR 420)	\$19,152,904	\$20,292,636	\$18,481,578	\$15,359,834	\$13,403,649	\$12,487,804	\$12,207,295	\$12,431,762	\$13,149,276	\$13,876,457	\$17,201,983	\$18,581,089	\$17,285,583	\$18,581,089
Gross Tax Levy	\$52,735	\$50,732	\$41,584	\$34,560	\$26,807	\$21,854	\$15,259	\$12,432	\$13,149	\$13,252	\$13,007	\$6,589	\$6,129	\$6,589
Millage Rate	2.750	2.500	2.250	2.250	2.000	1.750	1.250	1.000	1.000	0.9550	0.7561	0.3546	0.3546	0.3546

^{*} FY 2020 Millage rate is estimated based on the information provided from the preliminary tax value.

Halifax Health Medical Center Impact of Millage Rate

Non-Homesteaded Homeowner or Commercial/Investment Property FY 2020 Preliminary Budget ¹

	Prior Year	FY 2020 Budget	Percent Change
Millage rate, per 1,000	0.3546	0.3546	0.0%
Property value ²	\$175,000	\$185,610	6.1%
Exemptions	\$0	\$0	0.0%
Property taxes	\$62	\$66	6.1%
Tax Levy impact to homeowner		\$4	

¹ FY 2020 Millage rate is estimated based on the information provided from the preliminary tax value.

 $^{^2}$ FY 2020 Property Value increased 6.1% based on the average increase within the Halifax Taxing District excluding new construction.

Halifax Health Medical Center Impact of Millage Rate Homesteaded Homeowner FY 2020 Preliminary Budget ¹

	Prior Year	FY 2020 Budget	Percent Change
Millage rate, per 1,000	0.3546	0.3546	0.0%
Homestead Property value ²	\$175,000	\$178,325	1.9%
Exemptions	(\$50,000)	(\$50,000)	0.0%
Property taxes	\$44	\$46	2.7%
Tax Levy impact to homeowner		\$1	

¹ FY 2020 Millage rate is estimated based on the information provided from the preliminary tax value.

 $^{^2}$ FY 2020 Property Value (Assessed value) increased 1.019% due to the Consumer Price Index being lower than the Save Our Homes max cap of 3%.

Haliax Health Medical Center Schedule of Uses of Property Taxes FY 2020 Preliminary Budget *

	FY 2019 Actual/Projected 0.3546 Mill	FY 2020 Budget 0.3546 Mill
Gross property tax levy	\$6,129,468	\$6,588,854
Tax discounts and uncollectible taxes	(108,996)	(117,000)
Net property taxes collected	6,020,472	6,471,854
Amounts paid to Volusia County and Cities: Tax collector and appraiser commissions Volusia County Medicaid matching assessment Redevelopment taxes paid to Cities Subtotal	(204,996) (3,118,788) (321,252) (3,645,036)	(220,000) (3,150,000) (345,329) (3,715,329)
Net taxes available for community health, wellness and readiness	2,375,436	2,756,525
Amounts paid for community health and wellness services: Preventive health services (clinics, Healthy Kids, etc.) Physician services Trauma services Pediatric and neonatal intensive care services Child and adolescent behavioral services Subtotal	(687,056) (8,820,874) (6,355,646) (429,962) (905,612) (17,199,150)	(700,000) (8,950,000) (6,500,000) (450,000) (950,000) (17,550,000)
Deficiency of net taxes available to fund hospital operating expenses	(14,823,714)	(14,793,475)
Uncompensated care, at cost:		
Halifax Health patients at facilities inside of the Halifax Health tax district	(30,885,761)	(31,967,000)
Non-Halifax Health taxing district patients and other write-offs Subtotal	(21,622,695) (52,508,456)	(22,379,000) (54,346,000)
Total deficiency of net taxes available to fund hospital operating expenses and uncompensated care provided by Halifax Health, <i>at cost</i>	(\$67,332,170)	(\$69,139,475)

^{*} Based on Preliminary assessed total taxable value.



Halifax Health Medical Center Uses of Tax Dollars FY08 - FY20

