



## MEMORANDUM

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**To:** Board of Directors

**Cc:** Bill Boyles, Esquire  
Aluino Ochoa, M.D.

**From:** George Mikitarian  
President/CEO

**Subject:** Board/Committee Meetings – February 6, 2023

**Date:** February 1, 2023

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**The Pension Committee will meet at 10:00 a.m. in the first-floor conference room.**

**The Investment Committee will meet at 11:00 a.m. in the first-floor conference room.**

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

**The Quality Committee will convene at 12:00 p.m., which will be followed by the Finance Committee, and then Executive Committee meetings.**

**The Board of Directors will meet in executive session no earlier than 1:30 p.m.** Following the Board of Directors Executive Session, the Education Committee and Board of Directors regularly scheduled meeting will be held immediately following, however no earlier than 2:00 p.m.

**The Planning Committee meeting has been canceled.**

**Pension Administrative Committee**

Stan Retz, Chairperson (January 1, 2023 - December 31, 2025)

Chris McAlpine (February 1, 2022 – January 31, 2025)

Leigh Spradling (March 1, 2022 – March 1, 2024)

Casey Crouch (December 06, 2021 – December 05, 2023)

Jacqueline Hurley (December 5, 2022 – March 1, 2023)

**PARRISH MEDICAL CENTER  
PENSION ADMINISTRATIVE COMMITTEE  
FEBRUARY 6, 2023 @ 10:00 A.M.  
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Review and approval of minutes (December 5, 2022).

***Motion: To recommend approval of the December 5, 2022 minutes as presented.***

- I. Pension Actuarial Report as of October 1, 2022 – Mr. Lozen, Foster & Foster

***Motion: To recommend the Finance Committee accept the Pension Plan Actuarial Valuation as of October 1, 2022.***

- II. MetLife Annual Plan Review
- III. Quarterly Pension, 403(b) and 457(b) Investment Update
- IV. Adjournment

**PARRISH MEDICAL CENTER  
PENSION ADMINISTRATIVE COMMITTEE MEETING  
DECEMBER 5, 2022**

The members of the Pension Administrative Committee met on December 5, 2022 at 10:33 a.m. The following representing a quorum, were present:

Pension Administrative Committee:

Stan Retz, Chairperson  
Chris McAlpine  
Leigh Spradling  
Casey Crouch

Others Present:

Stephanie Parham, Executive Assistant  
Marty Penick, Director Accounting  
Tommi Middleton, Interim Director Financial Planning  
Tim Anderson, Anderson Financial Partners  
John Anderson, Anderson Financial Partners  
Julie Reyes-Mateo, Executive Director, Human Resources

**Call to Order**

The meeting was called to order by the Chairperson at 10:33a.m.

**Review and Approval of Minutes**

The following motion was made by Ms. Spradling and seconded by Mr. Crouch and approved without objection:

*Action Taken: Motion to approve the PAC minutes of August 1, 2022 meeting as presented.*

**Pension Membership Renewals**

Mr. McAlpine noted that Mr. Stan Retz membership on the committee will be expiring at the end of December 2022 and asked that his membership be renewed for another three year period.

The following motion was made by Mr. Crouch and seconded by Ms. Spradling and approved without objection.

**Motion: To recommend the Board of Directors approve the renewal of membership for Stan Retz for a three-year term from January 1, 2023 through December 31, 2025.**

**Applicant for PAC Membership**

Mr. McAlpine noted that due to Ms. Simpsons resignation there is a seat to fill on the committee. Mr. McAlpine reviewed the membership application received from Ms. Jacquelin Hurley.

Discussion ensued and the following motion was made by Ms. Spradling and seconded by Mr. Crouch and approved without objection:

Pension Administrative Committee Meeting  
December 5, 2022

***Motion: To recommend the Board of Directors approve the appointment of membership for Jacqueline Hurley to the Pension Committee to serve the duration of Ms. Sylvia Simpsons term ending on March 1, 2023***

**Quarterly Pension, 403(b) and 457(b) Investment Update**

Tim Anderson, Anderson Financial Partners, gave a brief economic commentary and reviewed the quarterly summary for the Pension Fund in addition to the summary of performance from the fund managers.

**MetLife Annual Plan Review**

The committee began the annual plan review for the 403(b) plan. Mr. Ray Abbruzzese and Mr. David Johnson from MetLife will attend the next regularly scheduled meeting to address any questions.

**Adjournment**

There being no further business, the meeting was adjourned at 11:12a.m.

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Stan Retz, Chairperson



**Investment Committee:**

Jerry Noffel, Chairperson

Stan Retz, CPA

Billy Specht

TENTATIVE AGENDA  
INVESTMENT COMMITTEE  
NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
MONDAY, FEBRUARY 6, 2023, NO EARLIER THAN 11:00 A.M.  
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

- I. Review and approval of minutes September 12, 2022.

***Motion: To recommend approval of the September 12, 2022 meeting minutes as presented.***

- II. Quarterly Investment Performance Update – Anderson Financial Partners
- III. Adjournment

**NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
INVESTMENT COMMITTEE  
SEPTEMBER 12, 2022  
EXECUTIVE CONFERENCE ROOM**

The Investment Committee of the North Brevard County Hospital District Board of Directors met on September 12, 2022 at 1:40 p.m. The following members were present:

Stan Retz  
Billy Specht

Absent-Excused:

Jerry Noffel, Chairperson

Others present:

Darrell Bacon, Director of Financial Planning  
Stephanie Parham, Executive Assistant  
Tim Anderson, Anderson Financial Partners  
John Anderson, Anderson Financial Partners

**Call to Order**

Mr. Retz called the meeting to order at 1:40 p.m.

**Review and Approval of Minutes**

The following motion was made by Mr. Specht, seconded by Mr. Retz, and approved without objection.

*Action Taken: Motion to approve the minutes of the May 2, 2022 meeting as presented.*

**Anderson Financial Partners**

Tim Anderson, Anderson Financial Partners, provided a brief economic update as well as a brief update on the Operating Fund performance.

Mr. Anderson also discussed a line of credit payoff opportunity and addressed questions from the committee.

**Adjournment**

There being no further business the meeting adjourned at 2:27 p.m.

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Stan Retz, Vice Chairperson

## **QUALITY COMMITTEE**

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
QUALITY COMMITTEE  
MONDAY, FEBRUARY 6, 2023  
12:00 P.M.  
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

### **CALL TO ORDER**

I. Approval of Minutes

*Motion to approve the minutes of the December 5, 2022 meeting.*

II. Vision Statement

III. My Story

IV. Dashboard

V. Pressure Injury Prevention (PIP)

VI. Other

VII. Executive Session (if necessary)

### **ADJOURNMENT**

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

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110. THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

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

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

Elizabeth Galfo, M.D., Chairperson  
Maureen Rupe  
Robert L. Jordan, Jr., C.M.  
Stan Retz, CPA  
Billy Specht  
Ashok Shah, M.D.  
Christopher Manion, M.D.  
Biju Mathews, M.D., President/Medical Staff (12:15 p.m.)  
Gregory Cuculino M.D.  
George Mikitarian (non-voting)

Members absent:  
Billie Fitzgerald (excused)  
Herman A. Cole, Jr. (excused)  
Jerry Noffel (excused)  
Kiran Modi, M.D. (excused)  
Francisco Garcia, M.D. (excused)

**CALL TO ORDER**

Dr. Galfo called the meeting to order at 12:06 p.m.

**REVIEW AND APPROVAL OF MINUTES**

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Specht and approved (8 ayes, 0 nays, 0 abstentions). Dr. Mathews was not present at the time the vote was taken.

***ACTION TAKEN: MOVED TO APPROVE THE AUGUST 1, 2022 AND OCTOBER 3, 2022 MINUTES OF THE QUALITY COMMITTEE, AS PRESENTED.***

**VISION STATEMENT**

Mr. Loftin summarized the committee's vision statement.

**MY STORY**

Mr. Loftin shared the story of Randy and the healing experience provided to him during his stay at Parrish Medical Center

**QUALITY DASHBOARD REVIEW**

Mr. Loftin reviewed the Quality Dashboard discussing each indicator score as it relates to clinical quality and cost. Copies of the Power Point slides presented are appended to the file copy of these minutes.

**CMS QUALITY PUBLIC REPORTING**

Mr. Loftin reviewed the public reporting results for CMS patient safety indicators.

**OTHER**

There was no other business brought before the committee.

**ADJOURNMENT**

There being no further business to discuss, the Quality Committee meeting adjourned at 12:35 p.m.

Elizabeth Galfo, M.D.  
Chairperson



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# Board of Directors

## Quality Committee Presentation



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# Quality Agenda

**February 6, 2023**

1. Approval of Minutes
2. Vision Statement
3. My Story
4. Dashboard
5. Pressure Injury Prevention (PIP)
6. Other
7. Executive Session



# Quality Committee

## Vision Statement

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



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# My Story



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# Dashboard



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# Performance dashboard

Description	Definition	Nov	Sept-Nov	Opportunity
Stroke	Stroke management compliance	100%	97%	Goal: 100%
Sepsis	Severe Sepsis and Septic Shock Management bundle compliance	55%	47%	Goal: 76%
Early Elective Delivery	Percentage of elective deliveries among mothers with uncomplicated pregnancies at 37 and 38 weeks gestation	0%	0%	Goal: 0%
HAI	Hospital onset MRSA bacteremia	0.00	0.00	Goal: 0
Readmission	All cause 30 day readmissions	8.91%	8.72%	Goal: 8.0%
Person Centered flow	Inpatient and outpatient emergency department throughput	350	403	164 *weighted goal

# Pressure Injury Prevention

ICU Focus

# Introduction

- Pressure injuries are the breakdown of skin integrity due to some types of unrelieved pressure
- Pressure injuries are associated with pain and potential death
- Some patients are at increased risk to pressure injuries.
  - Risk is determined by utilizing Braden Score

# Define

## PMC Hospital Acquired Pressure Injury (HAPI)

- Focus area ICU
- Baseline HAPI occurrence CY 2020:

64

or

5.3/month



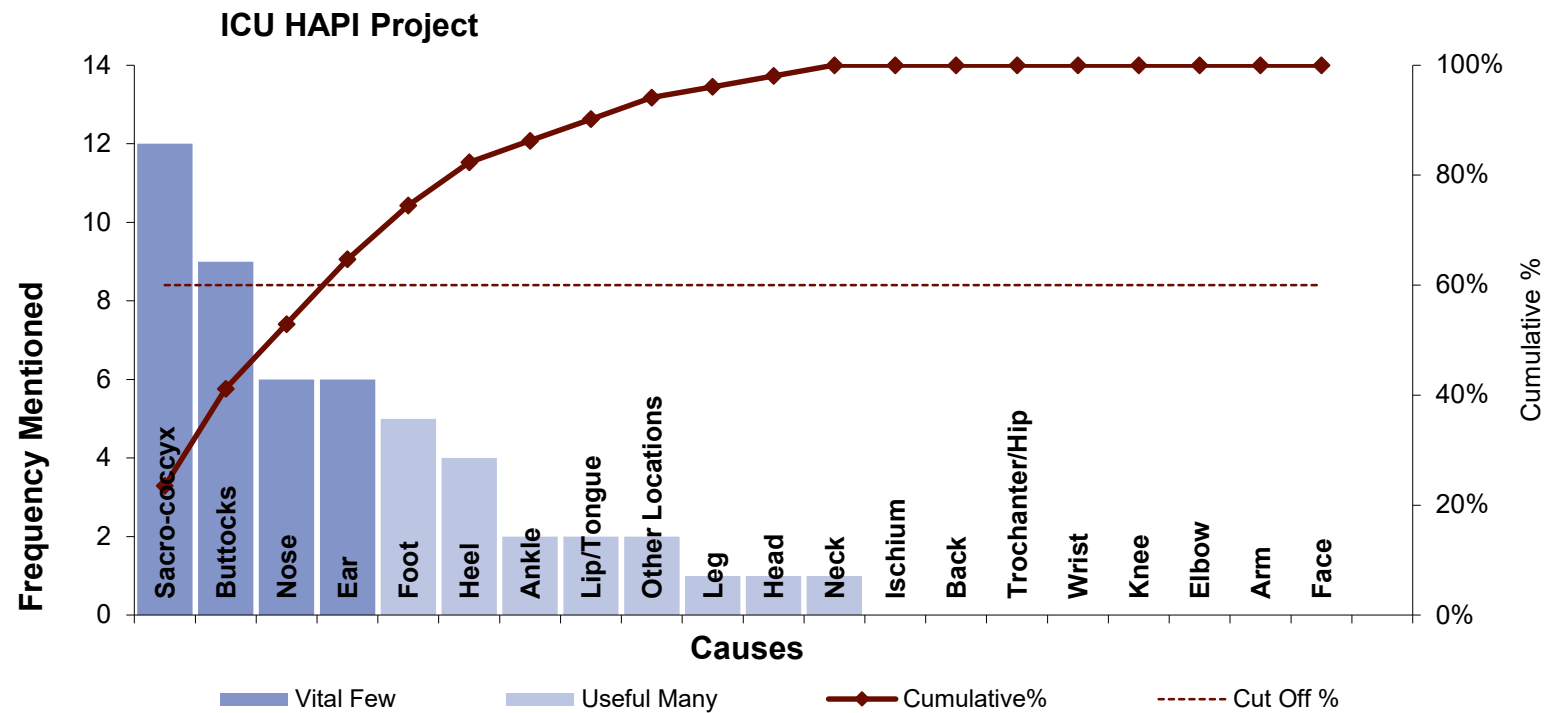
# Measure

Pressure injuries in ICU:

1. Location of a pressure injury
2. Medical device pressure injuries

# Analyze

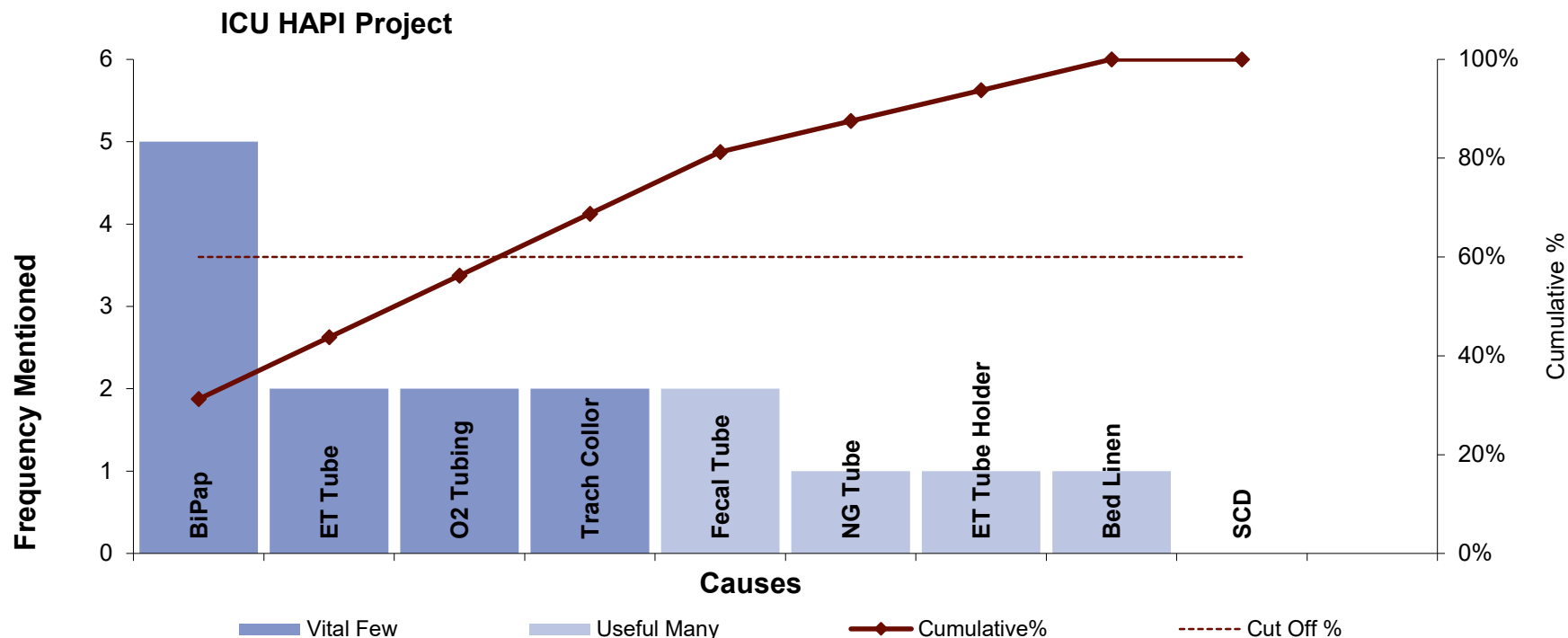
## HAPI by Body Location Pareto Chart



- The first 4 causes cover 64.71% of total defects

# Analyze

## HAPI by Medical Device Pareto Chart



- The first 4 causes cover 68.75% of total defects

# Improve

- Built in department specific education
- Bipap under the nose
- Pressure Ulcer Prevention (PUP) bundle audit

# Improve

## PUP Bundle Audits

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Braden Score Documented

Q4H ETT Repositioning sign

Patient weight within range

Boots

Low Air Loss Mattresses (LAL)

HeelZup

Pressure redistribution icon

Body Wedge

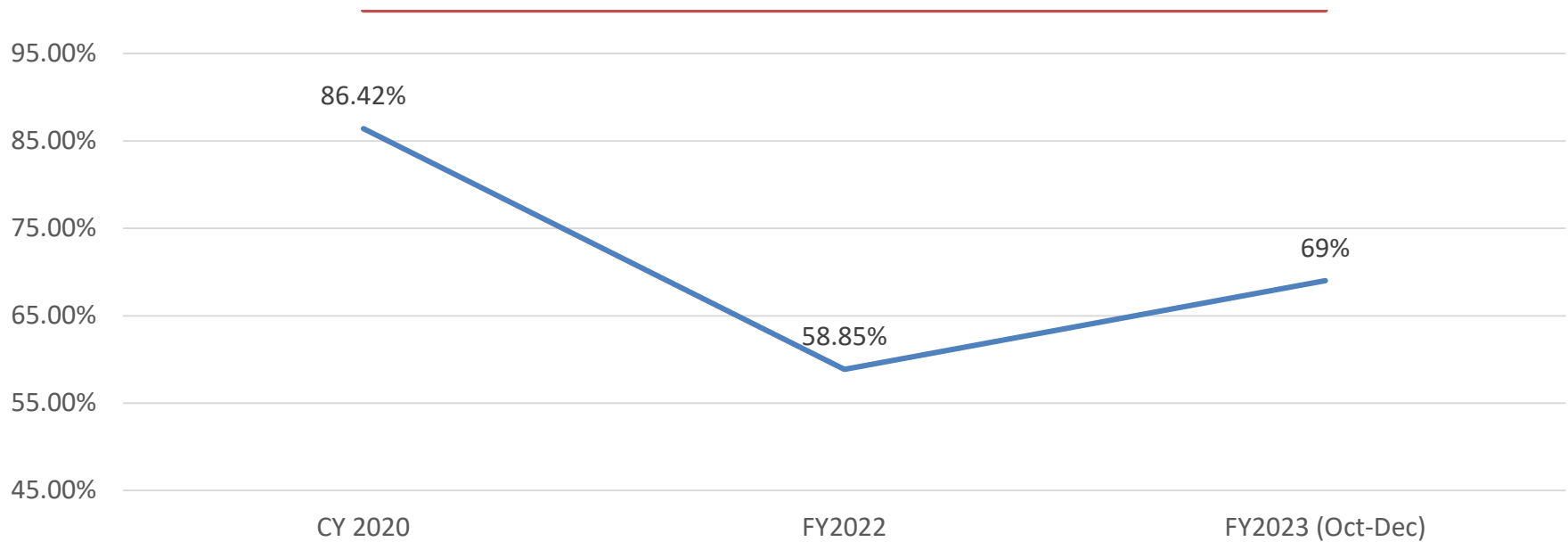
Q2H Turning sign

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# Improve

## PUP Bundle Compliance

PUP Bundle Compliance



# Questions?



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FINANCE COMMITTEE

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

**FINANCE COMMITTEE MEETING  
NORTH BREVARD COUNTY HOSPITAL DISTRICT OPERATING  
PARRISH MEDICAL CENTER  
MONDAY, FEBRUARY 6, 2023  
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5  
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)**

CALL TO ORDER

- I. Approval of minutes.

***Motion: To recommend approval of the December 5, 2022 meeting.***

- II. Public Comments

- III. Financial Review – Mr. Eljaiek

- IV. Pension Actuarial Report as of October 1, 2022

***Motion: To recommend the Board of Directors approve the Pension Plan Actuarial Valuation as of October 1, 2022.***

- V. Capital Purchase – Hemochron Signature Elite Instrument – Mr. Loftin

***Motion: To recommend the Board of Directors approve the purchase of two (2) Hemochron Signature Elite instruments for the new EP Cardiology Program, at a total cost of \$27,525.***

- VI. Capital Budget Request – Endoscope/Colonoscopy Instrumentation and Equipment Lease Buyout – Mr. Loftin

***Motion: To recommend to the Board of Directors to approve the buyout of the endoscope and colonoscopy instrumentation and equipment at Parrish Medical Center at fair market value (FMV), at a total cost not to exceed the amount of \$187,620.***

- VII. Disposal

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



## VIII. Executive Session (if necessary)

### ADJOURNMENT

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

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

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

Stan Retz, Vice Chairperson  
Robert Jordan, Jr., C.M.  
Elizabeth Galfo, M.D.  
Billy Specht  
Maureen Rupe  
Ashok Shah, M.D.  
Biju Mathews, M.D.  
Christopher Manion, M.D.  
George Mikitarian (non-voting)

Member(s) Absent:

Jerry Noffel (excused)  
Herman A. Cole, Jr., Chairperson (excused)  
Billie Fitzgerald (excused)

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

**CALL TO ORDER**

Mr. Retz called the meeting to order at 12:37 p.m.

**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOVED THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE OCTOBER 3, 2022 MEETING MINUTES OF THE FINANCE COMMITTEE, AS PRESENTED.***

**PUBLIC COMMENTS**

There were no public comments.

**FINANCIAL REVIEW**

Ms. Penick summarized the October financial statements of the North Brevard County Hospital District and the year to date financial performance of the Health System.

**Pension renewal for Stan Retz**

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

***ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE RENEWAL OF MEMBERSHIP FOR STAN RETZ FOR A THREE-YEAR TERM FROM JANUARY 1, 2023 TO DECEMBER 31, 2025.***

**TD BANK SIGNER'S RESOLUTION**

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

***ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE SIGNER'S RESOLUTION OF THE BOARD OF DIRECTORS OF NORTH BREVARD COUNTY HOSPITAL DISTRICT FOR TD BANK AND DESIGNATING AUTHORIZED SIGNERS AS PRESENTED.***

**FY23 CAPITAL BUDGET REQUEST | MRI LEASE BUYOUT**

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

***ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE BUYOUT OF THE MRI LEASE AT TITUS LANDING AT FAIR MARKET VALUE (FMV), AT A TOTAL COST NOT TO EXCEED THE AMOUNT OF \$239,181.00.***

**DISPOSALS**

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

***ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS TO DECLARE THE EQUIPMENT LISTED IN THE REQUEST FOR DISPOSAL OF OBSOLETE OR SURPLUS PROPERTY AS SURPLUS AND OBSOLETE AND DISPOSE OF SAME IN ACCORDANCE WITH FS274.05 AND FS274.96.***

**OTHER**

**Cigna Update**

Mr. McAlpine summarized the letter sent by Cigna to community members stating that effective December 16, 2022, PMC and our employed physicians will be considered out of Cigna's network due to non-renewal of the contract.

Mr. McAlpine noted that he would like the committee to be aware that back on August 1, 2019 PMC discovered that Cigna unilaterally stopped paying PMC under the Cigna/PMC contract for IV outpatient services. The issue was then addressed with several different people within Cigna; Vice President, Network Management North Florida Diane Wilkosz, Assistant Vice President Network Management Ron Bechor, Institutional Network Administrator Phil Oszczepinski and Provider Contract Negotiator Lee Shupsky, all to no avail.

This issue has continued and PMC is now owed a total of \$1,376,760.00 – Cigna admits this amount is owed to PMC. Cigna continues to tell PMC that Cigna will pay part of the amount and Cigna believes PMC will accept a lesser amount because PMC does not want to jeopardize PMC's relationship with Brevard Public School or with Brevard County who are both insured with Cigna. PMC continues to negotiate this issue in addition to negotiating a new physician agreement, but the failure of Cigna to pay PMC has remained outstanding.

Cigna has sent PMC notes indicating that they know that they are obligated to pay \$1.3 million. Cigna continues to say Cigna will pay part of it back and have another part repaid through another mechanism. PMC continues to ask that Cigna simply pay the entire amount to PMC. Cigna has sent PMC correspondence stating that a complete payment will disrupt the market and cause hardship to accounts.

Trade journals indicate that Cigna has achieved record numbers of subscribers this year and record profits this year. Once again, a multibillion-dollar company making hundreds of millions in profit, yet \$1.3 million that Cigna owes to PMC is still outstanding.

Two years ago, PMC began working with Brevard Public Schools and the teacher's union on a separate account, and the Silver Network was created. Gold member level is inclusive of all hospitals, Silver level is PMC only. In the first year of the newly structured Silver Network, the Gold Member level came in at \$12 million over budget, while the Silver level came in at \$2 million under budget. PMC has reminded Cigna of these numbers that Cigna generated with Cigna's own data.

Mr. Mikitarian noted that in the last quarter Cigna recorded \$179 billion in net revenues. Cigna's cash is up 700% and net is up 67%. Mr. Mikitarian explained that people in the insurance business will tell you that insurance companies make most of their money not by the fees that members pay them, but by the money they withhold from hospitals and how many days they can withhold the money while earning interest on it. In PMC's case, they are doing both; they are holding our money and not paying us.

PMC has the 3<sup>rd</sup> lowest healthcare cost in the state. By sending subscribers to other hospitals, subscribers will be spending 200-300% more.

Cigna is using tactics from corporate office. PMC has no plans to cave in. PMC works every day to keep healthcare cost down. The latest state report says PMC is 30-50% less expensive on everything compared to any other hospitals in Brevard County. This is how a big insurance company wants to treat us, a big insurance company that made more in the last quarter than most countries do in the world. Cigna can try whatever tactics it wants, but PMC is not budging.

PMC did not budge the last time this same type of practice happened with Cigna or last time it happened with Blue Cross and they both came back and paid more than PMC initially asked for. They realized that paying PMC was less expensive than subscribers going to other hospitals.

Mr. Mikitarian added that PMC will send out a press release on social media and on PMC's webpage explaining PMC's position. In addition, there are calls scheduled this week with the Brevard County Manager and the School Superintendent to explain and share our position.

Dr. Galfo inquired about legal recourse for Cigna's breach of contract by lack of payment. Mr. Mikitarian explained that would be a civil matter. The unions of the County and School Board should be suing their employers for messing up their health insurance. Now the subscriber's premiums will go up which is more money out of their paychecks. Not to mention, going to other hospitals will cost them exponentially more.

Mr. Mikitarian further explained that the School Board and Brevard County do not have sufficient insurance plans. When Brevard County enters into a contract, it's supposed to be equal for everyone, which means there needs to be healthcare providers within 10 miles of every employee of the School Board and of Brevard County. Without PMC included in the insurance plan, there is insufficient hospital coverage to reach every subscriber/employee within 10 miles. The School Board and Brevard County will cause the employees to pay more for insurance, and there will be insufficient hospital coverage under Cigna for the employees.

The County and School Board are now out of compliance, Cigna is out of compliance, pressure is now on employees to put pressure on their employers because their healthcare costs are going up. PMC has never caved and has always won.

Dr. Mathews inquired about interest on the money owed by Cigna to PMC. Mr. Mikitarian noted it is \$1.6 million after interest.

Mr. Mikitarian explained that unless PMC sticks up for itself, nobody else will. This is what big entities try to do to entities PMC's size.

It is important to note there is no impact on use of emergency services; those will continue to be covered as in the past. PMC charges Cigna back the rack rate and Cigna will continue to lose money.

Mr. Lewis added that the team has been working on this issue since the beginning. Cigna admitted they owe the money. PMC did agree to a two-year payback initially, however, they are now insisting they cannot do better than three years with no interest, and this is not acceptable to PMC.

Mr. Mikitarian added that PMC is holding back salaries, not doing equity adjustments, asked all the leaders to donate 40 hours of vacation time for PMC to meet bond covenants, and Cigna is holding back money rightfully owed to PMC.

**ADJOURNMENT**

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

Stan Retz  
Vice Chairman



PARRISH MEDICAL CENTER, INC.  
PENSION PLAN AND TRUST FUND AGREEMENT

ACTUARIAL VALUATION  
AS OF OCTOBER 1, 2022

CONTRIBUTIONS APPLICABLE TO THE  
PLAN/FISCAL YEAR ENDING SEPTEMBER 30, 2024

GASB 67/68 DISCLOSURE INFORMATION  
AS OF SEPTEMBER 30, 2022



**FOSTER & FOSTER**  
ACTUARIES AND CONSULTANTS

February 1, 2023

Board of Trustees  
Parrish Medical Center, Inc.  
Pension Plan and Trust Fund Agreement

Re: Parrish Medical Center, Inc. Pension Plan and Trust Fund Agreement

Dear Board:

We are pleased to present to the Board this report of the annual actuarial valuation of the Parrish Medical Center, Inc. Pension Plan and Trust Fund Agreement. Included are the related results for GASB Statements No. 67 and No. 68. The funding valuation was performed to determine whether the assets and contributions are sufficient to provide the prescribed benefits and to develop the appropriate funding requirements for the applicable plan year. The calculation of the liability for GASB results was performed for the purpose of satisfying the requirements of GASB Statements No. 67 and No. 68. Use of the results for other purposes may not be applicable and may produce significantly different results.

The valuations have been conducted in accordance with generally accepted actuarial principles and practices, including the applicable Actuarial Standards of Practice as issued by the Actuarial Standards Board, and reflect laws and regulations issued to date pursuant to the provisions of Chapter 112, Florida Statutes, as well as applicable federal laws and regulations. In our opinion, the assumptions used in the valuations, as adopted by the Board of Trustees, represent reasonable expectations of anticipated plan experience.

The funding percentages and unfunded accrued liability as measured based on the actuarial value of assets will differ from similar measures based on the market value of assets. These measures, as provided, are appropriate for determining the adequacy of future contributions, but may not be appropriate for the purpose of settling a portion or all of its liabilities. Future actuarial measurements may differ significantly from the current measurements presented in this report for a variety of reasons including: changes in applicable laws, changes in plan provisions, changes in assumptions, or plan experience differing from expectations. Due to the limited scope of the valuations, we did not perform an analysis of the potential range of such future measurements.



In conducting the valuations, we have relied on personnel, plan design, and asset information supplied by the Parrish Medical Center, Inc., financial reports prepared by the custodian bank, and the actuarial assumptions and methods described in the Actuarial Assumptions section of this report. While we cannot verify the accuracy of all this information, the supplied information was reviewed for consistency and reasonableness. As a result of this review, we have no reason to doubt the substantial accuracy of the information and believe that it has produced appropriate results. This information, along with any adjustments or modifications, is summarized in various sections of this report.

Additionally, we used third-party software to model (calculate) the underlying liabilities and costs. These results are reviewed in the aggregate and for individual sample lives. The output from the software is either used directly or input into internally developed models that apply the funding and accounting rules to generate the results. All internally developed models are reviewed as part of the valuation process. As a result of this review, we believe that the models have produced reasonable results. We do not believe there are any material inconsistencies among assumptions or unreasonable output produced due to the aggregation of assumptions.

The total pension liability, net pension liability, and certain sensitivity information shown in this report are based on an actuarial valuation performed as of October 1, 2021. The total pension liability was rolled-forward from the valuation date to the plan's fiscal year ending September 30, 2022 using generally accepted actuarial principles. It is our opinion that the assumptions used for this purpose are internally consistent, reasonable, and comply with the requirements under GASB No. 67 and No. 68.


The undersigned are familiar with the immediate and long-term aspects of pension valuations, and meet the Qualification Standards of the American Academy of Actuaries necessary to render the actuarial opinions contained herein. All of the sections of this report are considered an integral part of the actuarial opinions.


To our knowledge, no associate of Foster & Foster, Inc. working on valuations of the program has any direct financial interest or indirect material interest in the Parrish Medical Center, Inc., nor does anyone at Foster & Foster, Inc. act as a member of the Board of Trustees of the Pension Plan and Trust Fund Agreement. Thus, there is no relationship existing that might affect our capacity to prepare and certify this actuarial report.

If there are any questions, concerns, or comments about any of the items contained in this report, please contact us at 239-433-5500.

Respectfully submitted,

Foster & Foster, Inc.

By:   
\_\_\_\_\_  
Douglas H. Lozen, EA, MAAA  
Enrolled Actuary #20-7778

By:   
\_\_\_\_\_  
Sara E. Carlson, ASA, EA, MAAA  
Enrolled Actuary #20-8546

Enclosures

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SUMMARY OF REPORT

The regular annual actuarial valuation of the Parrish Medical Center, Inc. Pension Plan and Trust Fund Agreement, performed as of October 1, 2022, has been completed and the results are presented in this Report. The contribution amounts set forth herein are applicable to the plan/fiscal year ending September 30, 2024.

The contribution requirements, compared with those set forth in the October 1, 2021 actuarial valuation report, are as follows:

Valuation Date	10/1/2022	10/1/2021
Applicable to Fiscal Year Ending	<u>9/30/2024</u>	<u>9/30/2023</u>
Minimum Required Contribution	\$0	\$0

Experience since the prior valuation has been less favorable than expected, relative to the Plan’s actuarial assumptions. The primary sources of unfavorable experience included a 5.49 % investment return (net of fees, Actuarial Asset Basis) that fell short of the 6.85% assumption and unfavorable retirement and termination experience. These losses were partially offset by a gain due to actual benefits that were less than expected.

## CHANGES SINCE PRIOR VALUATION

### Plan Changes

There have been no changes in benefits since the prior valuation.

### Actuarial Assumption/Method Changes

The PBGC lump sum interest rate (used for valuation of Vested Accrued Benefits as of January 9, 2006) changed from 0.87% for the first five years, 2.74% for the next 15 years and 3.16% thereafter to 5.10%, 5.83% and 5.68%, respectively.

COMPARATIVE SUMMARY OF PRINCIPAL VALUATION RESULTS

	<u>10/1/2022</u>	<u>10/1/2021</u>
A. Participant Data		
Actives	316	349
Service Retirees	116	106
Beneficiaries	0	0
Disability Retirees	6	6
Terminated Vested	<u>236</u>	<u>233</u>
Total	674	694
Payroll Under Assumed Ret. Age	N/A	N/A
Annual Rate of Payments to:		
Service Retirees	2,009,014	1,788,888
Beneficiaries	0	0
Disability Retirees	89,186	90,509
Terminated Vested	1,131,940	1,075,553
B. Assets		
Actuarial Value (AVA)	67,947,994	66,031,950
Market Value (MVA)	59,533,522	74,327,898
C. Liabilities		
Present Value of Benefits		
Actives		
Retirement Benefits	13,621,004	15,224,823
Disability Benefits	92,738	114,048
Death Benefits	150,615	174,571
Vested Benefits	1,361,350	1,928,404
Service Retirees	20,756,236	18,432,009
Beneficiaries	0	0
Disability Retirees	796,525	792,587
Terminated Vested	7,431,474	7,867,655
PV of Future Non-Invest. Exp.	<u>509,223</u>	<u>534,689</u>
Total	44,719,165	45,068,786

C. Liabilities - (Continued)	<u>10/1/2022</u>	<u>10/1/2021</u>
Total Normal Cost	0	0
Present Value of Future Normal Costs (EAN)	376,847	516,409
Accrued Liability (Retirement)	13,450,240	15,009,241
Accrued Liability (Disability)	88,287	108,279
Accrued Liability (Death)	144,547	166,994
Accrued Liability (Vesting)	1,165,786	1,640,923
Accrued Liability (Inactives)	28,984,235	27,092,251
PV of Future Non-Invest. Exp.	<u>509,223</u>	<u>534,689</u>
Total Actuarial Accrued Liability (EAN AL)	44,342,318	44,552,377
Total Actuarial Accrued Liability (Aggregate)	67,947,994	66,031,950
Unfunded Actuarial Accrued Liability (UAAL)	0	0
Funded Ratio (AVA / EAN AL)	153.2%	148.2%

D. Actuarial Present Value of Accrued Benefits	<u>10/1/2022</u>	<u>10/1/2021</u>
Vested Accrued Benefits		
Inactives	28,984,235	27,092,251
Actives	15,340,953	15,949,161
Member Contributions	<u>0</u>	<u>0</u>
Total	44,325,188	43,041,412
Non-vested Accrued Benefits	<u>0</u>	<u>1,492,686</u>
Total Present Value Accrued Benefits (PVAB)	44,325,188	44,534,098
Funded Ratio (MVA / PVAB)	134.3%	166.9%
Increase (Decrease) in Present Value of Accrued Benefits Attributable to:		
Plan Amendments	0	
Assumption Changes	0	
Plan Experience	77,159	
Benefits Paid	(3,226,159)	
Interest	2,940,090	
Other	<u>0</u>	
Total	(208,910)	



Valuation Date Applicable to Fiscal Year Ending	10/1/2022 <u>9/30/2024</u>	10/1/2021 <u>9/30/2023</u>
E. Pension Cost		
Normal Cost	\$0	\$0
Administrative Expenses	0	0
Payment Required to Amortize Unfunded Actuarial Accrued Liability (as of 10/1/2022)	0	0
Minimum Required Contribution	0	0
F. Past Contributions		
Plan Years Ending:	<u>9/30/2022</u>	
Minimum Required Contribution	0	
Actual Contributions Made:		
Sponsor	<u>1,625,000</u>	
G. Net Actuarial (Gain)/Loss	N/A	

H. Schedule Illustrating the Amortization of the Total Unfunded Actuarial Accrued Liability as of:

<u>Year</u>	<u>Projected Unfunded Actuarial Accrued Liability</u>
-------------	---

N/A – Aggregate Actuarial Cost Method

I. 5 Year Comparison of Investment Return on Market Value and Actuarial Value

		<u>Market Value</u>	<u>Actuarial Value</u>	<u>Assumed</u>
Year Ended	9/30/2022	-17.62%	5.49%	6.85%
Year Ended	9/30/2021	23.72%	11.75%	7.10%
Year Ended	9/30/2020	8.75%	9.86%	7.35%
Year Ended	9/30/2019	4.31%	7.97%	7.60%
Year Ended	9/30/2018	10.51%	8.57%	7.60%

STATEMENT BY ENROLLED ACTUARY

This actuarial valuation was prepared and completed by me or under my direct supervision, and I acknowledge responsibility for the results. To the best of my knowledge, the results are complete and accurate, and in my opinion, the techniques and assumptions used are reasonable and meet the requirements and intent of Part VII, Chapter 112, Florida Statutes. There is no benefit or expense to be provided by the plan and/or paid from the plan's assets for which liabilities or current costs have not been established or otherwise taken into account in the valuation. All known events or trends which may require a material increase in plan costs or required contribution rates have been taken into account in the valuation.

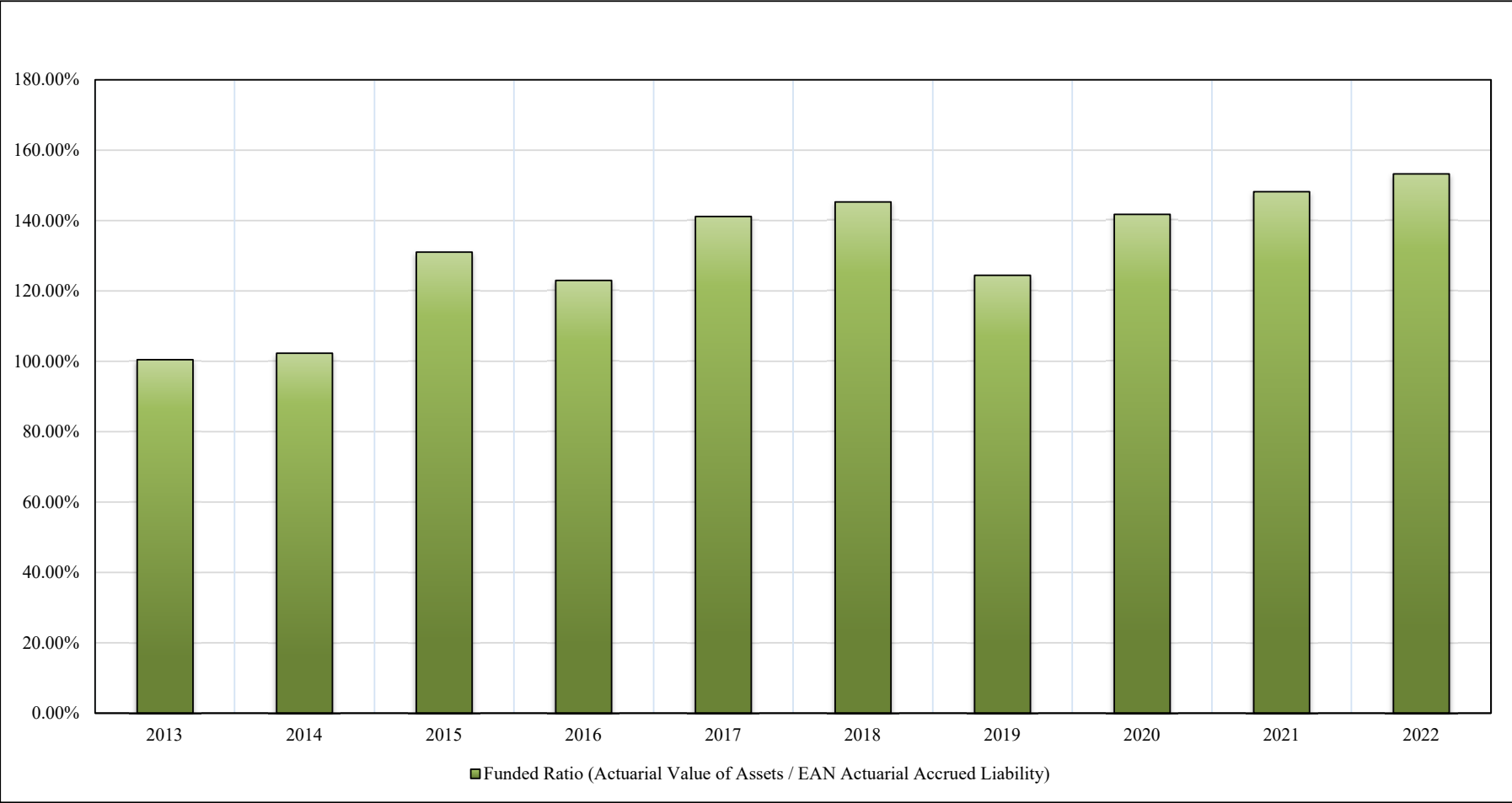


Douglas H. Lozen, EA, MAAA  
Enrolled Actuary #20-7778

Please let us know when the report is approved by the Board and unless otherwise directed we will provide a copy of the report to the following office to comply with Chapter 112 Florida Statutes:

Mr. Keith Brinkman  
Bureau of Local  
Retirement Systems  
Post Office Box 9000  
Tallahassee, FL 32315-9000

# HISTORY OF FUNDING PROGRESS



## ACTUARIAL ASSUMPTIONS AND METHODS

### Mortality Rate

#### *Healthy Active Lives:*

**Female:** PubG.H-2010 for Employees.

**Male:** PubG.H-2010 for Employees, set back one year.

#### *Healthy Retiree Lives:*

**Female:** PubG.H-2010 for Healthy Retirees.

**Male:** PubG.H-2010 (Below Median) for Healthy Retirees, set back one year.

#### *Beneficiary Lives:*

**Female:** PubG.H-2010 (Below Median) for Healthy Retirees.

**Male:** PubG.H-2010 for Healthy Retirees, set back one year.

#### *Disabled Lives:*

PubG.H-2010 for Disabled Retirees, set forward three years.

All rates are projected generationally with Mortality Improvement Scale MP-2018. We feel this assumption sufficiently accommodates future mortality improvements.

The previously described mortality assumption rates were mandated by Chapter 2015-157, Laws of Florida. This law mandates the use of the assumptions used in either of the two most recent valuations of the Florida Retirement System (FRS). The above rates are those outlined in Milliman's July 1, 2021 FRS valuation report for non-special-risk employees, with appropriate adjustments made based on plan demographics.

### Interest Rate

6.85% per year compounded annually, net of investment related expenses. This is supported by the target asset allocation of the trust and the expected long-term return by asset class.

### Lump Sum Assumptions

The minimum guaranteed lump sum (the frozen vested accrued benefit as of January 9, 2006) is based on the Plan-specific 1971 Group Annuity Mortality Table for Males and an assumed PBGC discount rate as of each October 1 of the valuation year. For the October 1, 2022 valuation, we utilized segment rates equal to 5.10% for the first five years, 5.83% for the next 15 years and 5.68% thereafter. Effective 2021, the PBGC uses IRS 417(e)(3) interest rates for valuing lump sums.

The base lump sum is based on 8.00% per annum, compounded annually, and the mortality table prescribed by the Secretary of the Treasury in accordance with Section 417(e)(3)(A)(ii)(I) of the Internal Revenue Code, as applicable for the year in which the valuation is performed. This is in accordance with the Plan's definition of Actuarial Equivalence.

Lump Sum Elections

60% of Members separating employment immediately eligible for retirement are assumed to take a lump sum. 75% of Members separating employment not immediately eligible to commence a monthly benefit are assumed to take a lump sum. These rates were adopted by the Board as a result of an Actuarial Experience Study dated September 10, 2021.

Salary Increases

Not Applicable. Benefits are frozen as of October 1, 2016.

Inflation

2.8% per year.

Payroll Growth

None necessary for amortization purposes under Aggregate Cost Method.

Administrative Expenses

Liability for future non-investment related expenses is the present value of the future anticipated expenses over 15 years, based on the average of actual expenses incurred in the prior two fiscal years (\$51,831).

Normal Retirement

<u>Number of Years after first Eligible</u>	<u>Current Retirement Rates <sup>1</sup></u>
0 – 3	25%
4 – 9	20%
10+	10%

<sup>1</sup> 100% at Age 70, regardless of years after first eligibility.

These rates were adopted by the Board as a result of an Actuarial Experience Study dated September 10, 2021.

Early Retirement

Commencing at eligibility for Early Retirement (Age 55 with 20 years of Credited Service), Members are assumed to retire with an immediate benefit at the rate of 10% per year. This assumption was adopted by the Board as the result of an Actuarial Experience Study dated September 10, 2021.

Termination Rates

<u>Age</u>	<u>Service</u>	<u>Termination Rates</u>
<60	<10	15%
	10 – 19	10%
	20 – 29	6%
	30+	0%
60 - 64	<30	15%
	30+	0%
65+	All Svc	0%

These rates were adopted by the Board as a result of an Actuarial Experience Study dated September 10, 2021.

Disability Rates

<u>Age</u>	<u>Disability Rates</u>
20	0.007%
25	0.009
30	0.011
35	0.014
40	0.019
45	0.030
50	0.051
55	0.096
60	0.166
65	----

The sample disability rates were adopted by the Board as a result of an Actuarial Experience Study dated September 10, 2021.

Post Retirement COLA

Not applicable.

Funding Method

Aggregate Actuarial Cost Method.

## GLOSSARY

Actuarial Value of Assets is the asset value used in the valuation to determine contribution requirements. It represents the plan's Market Value of Assets (see below), with adjustments according to the plan's Actuarial Asset Method. These adjustments produce a "smoothed" value that is likely to be less volatile from year to year than the Market Value of Assets.

Aggregate Actuarial Cost Method (Level Dollar) is the method used to determine required contributions under the Plan. The use of this method involves the systematic funding of the Normal Cost.

Market Value of Assets is the fair market value of plan assets as of the valuation date. This amount may be adjusted to produce an Actuarial Value of Assets for plan funding purposes.

Normal (Current Year's) Cost Rate is the current year's cost for benefits yet to be funded and is determined in the aggregate as the ratio of (a) and (b) as follows:

- (a) The present value of benefits for all Plan participants, less the actuarial value of assets.
- (a) The total expected future working lifetime of the active participants, determined as of the valuation date.

The Normal Cost dollar requirement is the ratio of (a) and (b), multiplied by the Total Active Participants as of the valuation date.

Present Value of Benefits is the single sum value on the valuation date of all future benefits to be paid to current plan participants.

Total Required Contribution is equal to the Normal Cost plus an adjustment for interest according to the timing of sponsor contributions during the year.



## DISCUSSION OF RISK

ASOP No. 51, Assessment and Disclosure of Risk Associated with Measuring Pension Obligations and Determining Pension Plan Contributions, states that the actuary should identify risks that, in the actuary's professional judgment, may reasonably be anticipated to significantly affect the plan's future financial condition.

Throughout this report, actuarial results are determined using various actuarial assumptions. These results are based on the premise that all future plan experience will align with the plan's actuarial assumptions; however, there is no guarantee that actual plan experience will align with the plan's assumptions. It is possible that actual plan experience will differ from anticipated experience in an unfavorable manner that will negatively impact the plan's funded position.

Below are examples of ways in which plan experience can deviate from assumptions and the potential impact of that deviation. The aggregate gain or loss resulting from the current-year experience differing from the assumptions is amortized over the average future working lifetime of the plan's active membership. When assumptions are selected that adequately reflect plan experience, gains and losses typically offset one another in the long term, resulting in a relatively low impact on the plan's contribution requirement associated with plan experience. When assumptions are too optimistic, the plan's contribution requirements could potentially grow to an unmanageable level.

- Investment Return: When the rate of return on the Actuarial Value of Assets falls short of the assumption, this produces a loss representing assumed investment earnings that were not realized. Further, it is unlikely that the plan will experience a scenario that matches the assumed return in each year as capital markets can be volatile from year to year. Therefore, contribution amounts can vary in the future.
- Demographic Assumptions: Actuarial results take into account various potential events that could happen to a plan participant, such as retirement, termination, disability, and death. Each of these potential events is assigned a liability based on the likelihood of the event and the financial consequence of the event for the plan. Accordingly, actuarial liabilities reflect a blend of financial consequences associated with various possible outcomes (such as retirement at one of various possible ages). Once the outcome is known (e.g. the participant retires) the liability is adjusted to reflect the known outcome. This adjustment produces a gain or loss depending on whether the outcome was more or less favorable than other outcomes that could have occurred.

### Impact of Plan Maturity on Risk

For newer pension plans, most of the participants and associated liabilities are related to active members who have not yet reached retirement age. As pension plans continue in operation and active members reach retirement ages, liabilities begin to shift from being primarily related to active members to being shared amongst active and retired members. Plan maturity is a measure of the extent to which this shift has occurred. It is important to understand that plan maturity can have an impact on risk tolerance and the overall risk characteristics of the plan. For example, closed plans with a large amount of retired liability do not have as long of a time horizon to recover from losses (such as losses on investments due to lower than expected investment returns) as plans where the majority of the liability is attributable to active members. For this reason, less tolerance for investment risk may be warranted for highly mature closed plans with a substantial inactive liability. Similarly, mature closed plans paying substantial retirement benefits resulting in a small positive or net negative cash flow can be more sensitive to near term investment volatility, particularly if the size of the fund is shrinking, which can result in less assets being available for investment in the market.

To assist with determining the maturity of the plan, we have provided some relevant metrics in the table following titled “Plan Maturity Measures and Other Risk Metrics”. Highlights of this information are discussed below:

- The Support Ratio, determined as the ratio of active to inactive members, has decreased from 568.6% on October 1, 2012 to 88.3% on October 1, 2022, indicating that the plan has been maturing during the period.
- The Accrued Liability Ratio, determined as the ratio of the Inactive Accrued Liability, which is the liability associated with members who are no longer employed but are due a benefit from the plan, to the Total Accrued Liability, is 65.4%. With a plan of this maturity, losses due to lower than expected investment returns or demographic factors may result in larger increases in contribution requirements than would be needed for a less mature plan. Please note Chapter 112, Florida Statutes, requires that the plan sponsor contributes the minimum required contribution; thus, there is minimal solvency risk to the plan.
- The Funded Ratio, determined as the ratio of the Actuarial Value of Assets to the Total Accrued Liability, has increased from 106.5% on October 1, 2012 to 153.2% on October 1, 2022.
- The Net Cash Flow Ratio, determined as the ratio of the Net Cash Flow (contributions minus benefit payments and administrative expenses) to the Market Value of Assets, decreased from -0.1% on October 1, 2012 to -2.8% on October 1, 2022. The current Net Cash Flow Ratio of -2.8% indicates that contributions are not currently covering the plan's benefit payments and administrative expenses.

It is important to note that the actuary has identified the risks in this section as the most significant risks based on the characteristics of the plan and the nature of the project, however, it is not an exhaustive list of potential risks that could be considered. Additional advanced modeling, as well as the identification of additional risks, can be provided at the request of the audience addressed on page 2 of this report.

## PLAN MATURITY MEASURES AND OTHER RISK METRICS

	<u>10/1/2022</u>	<u>10/1/2021</u>	<u>10/1/2017</u>	<u>10/1/2012</u>
<u>Support Ratio</u>				
Total Actives	316	349	650	870
Total Inactives	358	345	266	153
Actives / Inactives	88.3%	101.2%	244.4%	568.6%
 <u>Accrued Liability (AL) Ratio</u>				
Inactive Accrued Liability	28,984,235	27,092,251	17,398,233	7,918,744
Total Accrued Liability (EAN)	44,342,318	44,552,377	41,679,981	43,866,575
Inactive AL / Total AL	65.4%	60.8%	41.7%	18.1%
 <u>Funded Ratio</u>				
Actuarial Value of Assets (AVA)	67,947,994	66,031,950	58,813,949	46,730,757
Total Accrued Liability (EAN)	44,342,318	44,552,377	41,679,981	43,866,575
AVA / Total Accrued Liability (EAN)	153.2%	148.2%	141.1%	106.5%
 <u>Net Cash Flow Ratio</u>				
Net Cash Flow <sup>1</sup>	(1,663,747)	(3,388,524)	(5,559,092)	(27,387)
Market Value of Assets (MVA)	59,533,522	74,327,898	60,740,810	48,734,856
Ratio	-2.8%	-4.6%	-9.2%	-0.1%

<sup>1</sup> Determined as total contributions minus benefit payments and administrative expenses.

STATEMENT OF FIDUCIARY NET POSITION  
SEPTEMBER 30, 2022

<u>ASSETS</u>	COST VALUE	MARKET VALUE
Cash and Cash Equivalents:		
Short Term Investments	2,034,535.11	2,034,535.11
Money Market	81,566.28	81,566.28
Cash	36,315.32	36,315.32
 Total Cash and Equivalents	 2,152,416.71	 2,152,416.71
Receivables:		
Investment Income	169,196.18	169,196.18
 Total Receivable	 169,196.18	 169,196.18
Investments:		
Fixed Income	24,733,465.87	21,554,924.62
Equities	22,477,841.48	21,031,730.08
Miscellaneous	3,716,264.81	4,720,930.90
Stocks	5,911,923.39	7,626,784.21
Pooled/Common/Commingled Funds:		
Real Estate	1,519,681.82	2,410,720.42
 Total Investments	 58,359,177.37	 57,345,090.23
 Total Assets	 60,680,790.26	 59,666,703.12
 <u>LIABILITIES</u>		
Payables:		
Lump Sum Distributions	130,181.57	130,181.57
Benefit Payments	2,999.76	2,999.76
 Total Liabilities	 133,181.33	 133,181.33
 NET POSITION RESTRICTED FOR PENSIONS	 60,547,608.93	 59,533,521.79

STATEMENT OF CHANGES IN FIDUCIARY NET POSITION  
FOR THE YEAR ENDED SEPTEMBER 30, 2022  
Market Value Basis

ADDITIONS

Contributions:			
Employer		1,625,000.00	
Total Contributions			1,625,000.00
Investment Income:			
Net Realized Gain (Loss)	(436,308.38)		
Unrealized Gain (Loss)	(14,064,567.72)		
Net Increase in Fair Value of Investments		(14,500,876.10)	
Interest & Dividends		1,753,047.01	
Less Investment Expense <sup>1</sup>		(382,799.97)	
Net Investment Income			(13,130,629.06)
Total Additions			(11,505,629.06)
<u>DEDUCTIONS</u>			
Distributions to Members:			
Benefit Payments		2,029,993.02	
Lump Sum Distributions		1,196,165.76	
Total Distributions			3,226,158.78
Administrative Expense			62,588.02
Total Deductions			3,288,746.80
Net Increase in Net Position			(14,794,375.86)
NET POSITION RESTRICTED FOR PENSIONS			
Beginning of the Year			74,327,897.65
End of the Year			59,533,521.79

<sup>1</sup>Investment related expenses include investment advisory, custodial and performance monitoring fees.

ACTUARIAL ASSET VALUATION  
September 30, 2022

Actuarial Assets for funding purposes are developed by recognizing the total actuarial investment gain or loss for each Plan Year over a five year period. In the first year, 20% of the gain or loss is recognized. In the second year 40%, in the third year 60%, in the fourth year 80%, and in the fifth year 100% of the gain or loss is recognized. The actuarial investment gain or loss is defined as the actual return on investments minus the actuarial assumed investment return. Actuarial Assets shall not be less than 80% nor greater than 120% of Market Value of Assets.

Plan Year Ending	Gain/(Loss)	<u>Gains/(Losses) Not Yet Recognized</u>				
		Amounts Not Yet Recognized by Valuation Year				
		2022	2023	2024	2025	2026
09/30/2018	1,747,061	0	0	0	0	0
09/30/2019	(2,010,290)	(402,058)	0	0	0	0
09/30/2020	866,327	346,532	173,267	0	0	0
09/30/2021	10,288,568	6,173,140	4,115,426	2,057,712	0	0
09/30/2022	(18,165,107)	(14,532,086)	(10,899,065)	(7,266,044)	(3,633,023)	0
<b>Total</b>		<b>(8,414,472)</b>	<b>(6,610,372)</b>	<b>(5,208,332)</b>	<b>(3,633,023)</b>	<b>0</b>

<u>Development of Investment Gain/(Loss)</u>	
Market Value of Assets, 09/30/2021	74,327,898
Contributions Less Benefit Payments & Admin Expenses	(1,663,747)
Expected Investment Earnings*	5,034,478
Actual Net Investment Earnings	(13,130,629)
2022 Actuarial Investment Gain/(Loss)	<u>(18,165,107)</u>

\*Expected Investment Earnings = 0.0685 \* [74,327,898 + 0.5 \* (1,663,747)]

<u>Development of Actuarial Value of Assets</u>	
(1) Market Value of Assets, 09/30/2022	59,533,522
(2) Gain/(Loss) Not Yet Recognized	<u>(8,414,472)</u>
(3) Actuarial Value of Assets, 09/30/2022, (1) - (2)	67,947,994
<b>(A) 09/30/2021 Actuarial Assets:</b>	<b>66,031,950</b>
<b>(I) Net Investment Income:</b>	
1. Interest and Dividends	1,753,047
2. Realized Gain (Loss)	(436,308)
3. Unrealized Gain (Loss)	(14,064,568)
4. Change in Actuarial Value	16,710,420
5. Investment Expenses	<u>(382,800)</u>
<b>Total</b>	<b>3,579,791</b>
<b>(B) 09/30/2022 Actuarial Assets:</b>	<b>67,947,994</b>
Actuarial Assets Rate of Return = 2I/(A+B-I):	5.49%
Market Value of Assets Rate of Return:	-17.62%
Actuarial Gain/(Loss) due to Investment Return (Actuarial Asset Basis)	(886,414)
10/01/2022 Limited Actuarial Assets:	67,947,994

CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
 SEPTEMBER 30, 2022  
 Actuarial Asset Basis

REVENUES

Contributions:		
Employer	1,625,000.00	
Total Contributions		1,625,000.00
Earnings from Investments:		
Interest & Dividends	1,753,047.01	
Net Realized Gain (Loss)	(436,308.38)	
Unrealized Gain (Loss)	(14,064,567.72)	
Change in Actuarial Value	16,710,420.00	
Total Earnings and Investment Gains		3,962,590.91
	EXPENDITURES	
Distributions to Members:		
Benefit Payments	2,029,993.02	
Lump Sum Distributions	1,196,165.76	
Total Distributions		3,226,158.78
Expenses:		
Investment related <sup>1</sup>	382,799.97	
Administrative	62,588.02	
Total Expenses		445,387.99
Change in Net Assets for the Year		1,916,044.14
Net Assets Beginning of the Year		66,031,949.65
Net Assets End of the Year <sup>2</sup>		67,947,993.79

<sup>1</sup>Investment related expenses include investment advisory, custodial and performance monitoring fees.

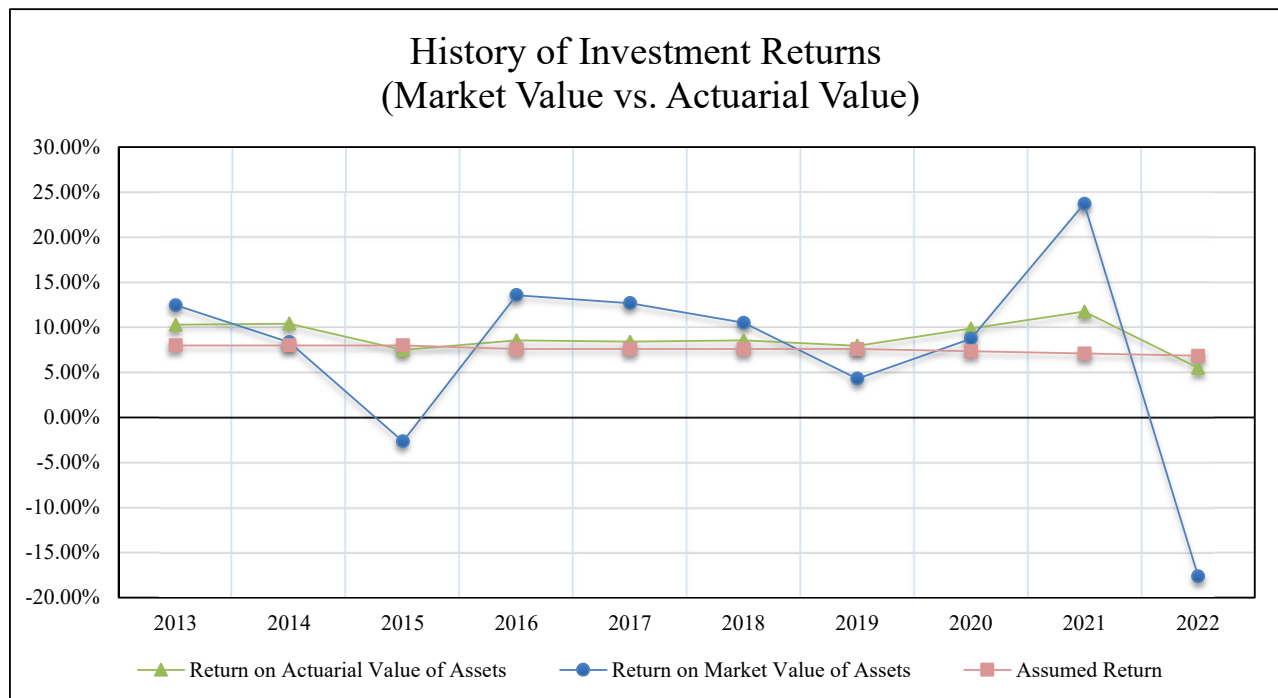
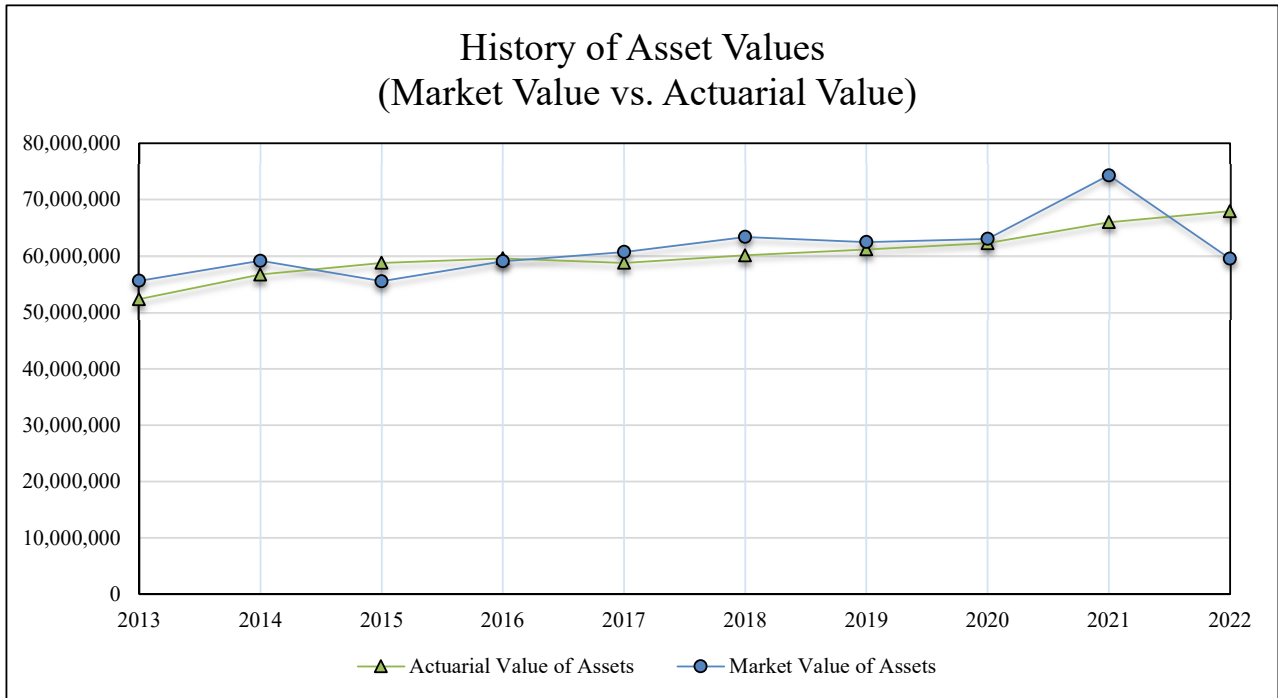
<sup>2</sup>Net Assets may be limited for actuarial consideration.

SPONSOR CONTRIBUTIONS IN EXCESS OF MINIMUM REQUIREMENT  
FOR THE FISCAL YEAR ENDED (FYE) SEPTEMBER 30, 2022

(1) Required Sponsor Contributions	\$0.00
(2) Less 2021 Prepaid Contribution	0.00
(3) Less Actual Sponsor Contributions	<u>(1,625,000.00)</u>
(4) Sponsor Contributions in Excess of Minimum Requirement Applied to Reduce Unfunded Actuarial Accrued Liability as of September 30, 2022	(\$1,625,000.00)



## HISTORY OF ASSET VALUES AND INVESTMENT RETURNS



## STATISTICAL DATA

	<u>10/1/2022</u>	<u>10/1/2021</u>	<u>10/1/2020</u>	<u>10/1/2019</u>
<u>Actives</u>				
Number	316	349	399	456
Average Current Age	50.6	49.9	49.0	48.4
Average Age at Employment	33.6	33.7	34.0	34.4
Average Past Service	17.0	16.2	15.0	14.0
Average Annual Salary	N/A	N/A	N/A	N/A
<u>Service Retirees</u>				
Number	116	106	104	97
Average Current Age	71.4	71.5	71.2	71.5
Average Annual Benefit	\$17,319	\$16,876	\$17,131	\$16,622
<u>Beneficiaries</u>				
Number	0	0	0	1
Average Current Age	N/A	N/A	N/A	81.8
Average Annual Benefit	N/A	N/A	N/A	\$2,968
<u>Disability Retirees</u>				
Number	6	6	6	6
Average Current Age	62.9	65.3	64.3	63.3
Average Annual Benefit	\$14,864	\$15,085	\$15,085	\$15,085
<u>Terminated Vested</u>				
Number	236	233	213	202
Average Current Age	54.9	54.4	55.3	55.2
Average Annual Benefit <sup>1</sup>	\$5,289	\$5,516	\$5,698	\$5,692

<sup>1</sup> The Average Annual Benefit reflects only participants due annuities.

## AGE AND SERVICE DISTRIBUTION

### PAST SERVICE

AGE	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30+	Total
15 - 19												0
20 - 24												0
25 - 29						8						8
30 - 34						13	4	1				18
35 - 39						12	13	10	1			36
40 - 44						10	13	18	2	1		44
45 - 49						6	8	7	6	2		29
50 - 54						9	9	10	5	5	3	41
55 - 59						6	8	13	11	11	9	58
60 - 64						7	5	16	13	6	8	55
65+						6	3	8	5	2	3	27
Total	0	0	0	0	0	77	63	83	43	27	23	316

## VALUATION PARTICIPANT RECONCILIATION

### 1. Active lives

a. Number in prior valuation 10/1/2021	349
b. Terminations	
i. Vested (partial or full) with deferred annuity	(18)
ii. Full lump sum distribution received	(7)
c. Deaths	
i. Beneficiary receiving benefits	0
ii. No future benefits payable	(1)
d. Disabled	0
e. Retired	(7)
f. Continuing participants	316
g. New entrants	<u>0</u>
h. Total active life participants in valuation	316

### 2. Non-Active lives (including beneficiaries receiving benefits)

	Service Retirees, Vested Receiving	Receiving Death Benefits	Receiving Disability Benefits	Vested (Deferred Annuity)	<u>Total</u>
a. Number prior valuation	106	0	6	233	345
Retired	12	0	0	(5)	7
Vested (Deferred Annuity)	0	0	0	18	18
Vested (Due Refund)	0	0	0	0	0
Hired/Terminated in Same Year	0	0	0	0	0
Death, With Survivor	0	0	0	0	0
Death, No Survivor	(2)	0	(1)	0	(3)
Disabled	0	0	1	(1)	0
Lump Sum Distribution	0	0	0	(9)	(9)
Rehires	0	0	0	0	0
Expired Annuities	0	0	0	0	0
Data Corrections	0	0	0	0	0
b. Number current valuation	116	0	6	236	358

## SUMMARY OF CURRENT PLAN

<u>Eligibility</u>	Full-time or part-time employees who regularly work at least 20 hours per week and five (5) months per year and who perform at least 1000 hours of service per year may participate after 1 year of continuous service. The defined benefit pension plan was closed and frozen effective September 30, 2016.
<u>Continuous Service</u>	Total years and completed months of continuous employment as an eligible employee participating in the Plan. If the employee has previously received a cash-out of the value of a previous benefit, service will be credited only if the prior service is purchased.
<u>Earnings</u>	Basic compensation paid at the base rate, excluding commissions, overtime, bonuses and any other non-regular payments.
<u>Average Monthly Earnings</u>	Average Compensation for the highest 60 consecutive months of the 10 years immediately preceding retirement or termination. The average is frozen as of October 1, 2016.
<u>Member Contributions</u>	None.
<u>Employer Contributions</u>	Remaining amount required in order to pay current costs and amortize unfunded past service cost, if any, as provided in Part VII, Chapter 112, F.S.
<u>Normal Retirement</u>	
Date	Earlier of: 1) age 65, regardless of Continuous Service, 2) age 60 and 25 years of Continuous Service, or 3) 30 years of Continuous Service, regardless of Age.
Benefit	1.75% of Average Monthly Earnings up to \$1,000, plus 1.50% of average Monthly Earnings in excess of \$1,000, times Continuous Service. Benefit accruals are frozen as of October 1, 2016.
Form of Benefit	Life Annuity (options available).
<u>Early Retirement</u>	
Eligibility	Age 55 with 20 years of Continuous Service.
Benefit	Accrued benefit, reduced 6.67% for each of the first five years, and 3.33% for each of the next five years by which the benefit commencement date precedes Age 65.

Vesting

Schedule

Years of Service

Vested Percentage

Less than 5

None

5

50%

6

60

7

70

8

80

9

90

10 or More

100

Benefit Amount

Member will receive the vested portion of his (her) accrued benefit payable at the otherwise Early (reduced) or Age 65.

Disability

Eligibility

10 years of Continuous Service

Exclusions      Disability resulting from use of drugs, illegal participation in riots, service in military, etc.

Benefit

Normal Retirement benefit accrued to date of disability (no reduction for commencement before Normal Retirement date). Accrued benefits are frozen as of October 1, 2016.

Duration

Payable for life or until recovery (as determined by the Board).

Death Benefits

Eligibility

5 years of Continuous Service

Benefit

Accrued benefit as of the date of death, payable as a lump sum.

<u>ASSETS</u>	MARKET VALUE
Cash and Cash Equivalents:	
Short Term Investments	2,034,535
Money Market	81,566
Cash	36,316
Total Cash and Equivalents	2,152,417
Receivables:	
Investment Income	169,196
Total Receivable	169,196
Investments:	
Fixed Income	21,554,925
Equities	21,031,730
Miscellaneous	4,720,931
Stocks	7,626,784
Pooled/Common/Commingled Funds:	
Real Estate	2,410,721
Total Investments	57,345,091
Total Assets	59,666,704
<u>LIABILITIES</u>	
Payables:	
Lump Sum Distributions	130,182
Benefit Payments	3,000
Total Liabilities	133,182
NET POSITION RESTRICTED FOR PENSIONS	59,533,522

STATEMENT OF CHANGES IN FIDUCIARY NET POSITION  
FOR THE YEAR ENDED SEPTEMBER 30, 2022  
Market Value Basis

ADDITIONS

Contributions:

Employer	1,625,000	
Total Contributions		1,625,000

Investment Income:

Net Increase in Fair Value of Investments	(14,500,876)	
Interest & Dividends	1,753,047	
Less Investment Expense <sup>1</sup>	(382,800)	
Net Investment Income		(13,130,629)
Total Additions		(11,505,629)

DEDUCTIONS

Distributions to Members:

Benefit Payments	2,029,993	
Lump Sum Distributions	1,196,166	
Total Distributions		3,226,159
Administrative Expense		62,588
Total Deductions		3,288,747
Net Increase in Net Position		(14,794,376)

NET POSITION RESTRICTED FOR PENSIONS

Beginning of the Year		74,327,898
End of the Year		59,533,522

<sup>1</sup>Investment related expenses include investment advisory, custodial and performance monitoring fees.



**NOTES TO THE FINANCIAL STATEMENTS**  
(For the Year Ended September 30, 2022)

*Plan Administration*

The Plan is a single-employer defined benefit pension plan. The Hospital Board may appoint a committee of four or more persons to be known as the Pension Administrative Committee to assist with the administration of the Plan. At least one member of the Committee shall come from each of the following groups:

- a member of the Board;
- a member of the management group of the Employer;
- an Employee of the Employer;
- a representative from the Employer's community.

Full-time or part-time employees who regularly work at least 20 hours per week and five (5) months per year and who perform at least 1000 hours of service per year may participate after 1 year of continuous service. The defined benefit pension plan was closed and frozen effective September 30, 2016.

*Plan Membership as of October 1, 2021:*

Inactive Plan Members or Beneficiaries Currently Receiving Benefits	112
Inactive Plan Members Entitled to But Not Yet Receiving Benefits	233
Active Plan Members	349
	694

*Benefits Provided*

The Plan provides retirement, termination, disability and death benefits.

A summary of the benefit provisions can be found in the October 1, 2021 Actuarial Valuation Report for Parrish Medical Center, Inc. Pension Plan and Trust Fund Agreement prepared by Foster & Foster Actuaries and Consultants.

*Contributions*

Member Contributions: None.

Employer Contributions: Remaining amount required in order to pay current costs and amortize unfunded past service cost, if any, as provided in Chapter 112, Florida Statutes.

*Investment Policy:*

The following was the Board's adopted asset allocation policy as of September 30, 2022:

Asset Class	Target Allocation
Large Cap Equity	35%
Mid and Small Cap	20%
International Equity	5%
Alternatives	10%
Fixed Income	30%
Total	100%

*Concentrations:*

The Plan did not hold investments in any one organization that represent 5 percent or more of the Pension Plan's Fiduciary Net Position.

*Rate of Return:*

For the year ended September 30, 2022, the annual money-weighted rate of return on Pension Plan investments, net of Pension Plan investment expense, was -17.62 percent.

The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested.

## NET PENSION LIABILITY OF THE SPONSOR

The components of the Net Pension Liability of the Sponsor on September 30, 2022 were as follows:

Total Pension Liability	\$ 43,511,637
Plan Fiduciary Net Position	\$ (59,533,522)
Sponsor's Net Pension Liability	<u>\$ (16,021,885)</u>
Plan Fiduciary Net Position as a percentage of Total Pension Liability	136.82%

*Actuarial Assumptions:*

The Total Pension Liability was determined by an actuarial valuation as of October 1, 2021 updated to September 30, 2022 using the following actuarial assumptions:

Inflation	2.80%	
Salary Increases	N/A	Benefits are frozen as of September 30, 2016.
Discount Rate	6.85%	
Investment Rate of Return	6.85%	

*Mortality Rate Healthy Active Lives:*

Female: PubG.H-2010 for Employees.

Male: PubG.H-2010 for Employees, set back one year.

*Mortality Rate Healthy Retiree Lives:*

Female: PubG.H-2010 for Healthy Retirees.

Male: PubG.H-2010 (Below Median) for Healthy Retirees, set back one year.

*Mortality Rate Beneficiary Lives:*

Female: PubG.H-2010 (Below Median) for Healthy Retirees.

Male: PubG.H-2010 for Healthy Retirees, set back one year.

*Mortality Rate Disabled Lives:*

PubG.H-2010 for Disabled Retirees, set forward three years.

All rates are projected generationally with Mortality Improvement Scale MP-2018.

The above described mortality assumption rates were mandated by Chapter 2015-157, Laws of Florida. This law mandates the use of the assumptions used in either of the two most recent valuations of the Florida Retirement System (FRS). The above rates are those outlined in Milliman's July 1, 2021 FRS valuation report for non-special-risk employees. We feel this assumption sufficiently accommodates future mortality improvements.

The most recent actuarial experience study used to review the other significant assumptions was dated September 10, 2021.

The Long-Term Expected Rate of Return on Pension Plan investments can be determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of Pension Plan investment expenses and inflation) are developed for each major asset class.

For 2022 the inflation rate assumption of the investment advisor was 2.50%.

These ranges are combined to produce the Long-Term Expected Rate of Return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

Best estimates of geometric real rates of return for each major asset class included in the Pension Plan's target asset allocation as of September 30, 2022 are summarized in the following table:

<u>Asset Class</u>	<u>Long Term Expected Real Rate of Return<sup>1</sup></u>
Large Cap Equity	10.0%
Mid and Small Cap	10.0%
International Equity	10.0%
Alternatives	10.0%
Fixed Income	4.5%

<sup>1</sup> Source: Anderson Financial Partners, Inc.

*Discount Rate:*

The Discount Rate used to measure the Total Pension Liability was 6.85 percent.

The projection of cash flows used to determine the Discount Rate assumed that Plan Member contributions will be made at the current contribution rate and that Sponsor contributions will be made at rates equal to the difference between actuarially determined contribution rates and the Member rate. Based on those assumptions, the Pension Plan's Fiduciary Net Position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the Long-Term Expected Rate of Return on Pension Plan investments was applied to all periods of projected benefit payments to determine the Total Pension Liability.

	1% Decrease	Current Discount Rate	1% Increase
	<u>5.85%</u>	<u>6.85%</u>	<u>7.85%</u>
Sponsor's Net Pension Liability	\$ (12,938,055)	\$ (16,021,885)	\$ (18,659,454)

**SCHEDULE OF CHANGES IN NET PENSION LIABILITY AND RELATED RATIOS**  
Last 2 Fiscal Years

	<u>09/30/2022</u>	<u>09/30/2021</u>
Total Pension Liability		
Service Cost	204,975	394,962
Interest	2,948,462	2,846,366
Changes of benefit terms	-	-
Differences between Expected and Actual Experience	(866,981)	(893,533)
Changes of assumptions	-	4,082,572
Benefit Payments, including Refunds of Employee Contributions	<u>(3,226,159)</u>	<u>(3,347,451)</u>
Net Change in Total Pension Liability	(939,703)	3,082,916
Total Pension Liability - Beginning	<u>44,451,340</u>	<u>41,368,424</u>
Total Pension Liability - Ending (a)	<u>\$ 43,511,637</u>	<u>\$ 44,451,340</u>
Plan Fiduciary Net Position		
Contributions - Employer	1,625,000	-
Net Investment Income	(13,130,629)	14,646,256
Benefit Payments, including Refunds of Employee Contributions	(3,226,159)	(3,347,451)
Administrative Expense	<u>(62,588)</u>	<u>(41,073)</u>
Net Change in Plan Fiduciary Net Position	(14,794,376)	11,257,732
Plan Fiduciary Net Position - Beginning	<u>74,327,898</u>	<u>63,070,166</u>
Plan Fiduciary Net Position - Ending (b)	<u>\$ 59,533,522</u>	<u>\$ 74,327,898</u>
Net Pension Liability - Ending (a) - (b)	<u>\$ (16,021,885)</u>	<u>\$ (29,876,558)</u>
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	136.82%	167.21%
Covered Payroll	N/A	N/A
Net Pension Liability as a percentage of Covered Payroll	N/A	N/A

**Notes to Schedule:**

*Changes of assumptions:*

For measurement date 09/30/2021, the following the changes were made to the assumptions as a result of the experience study dated September 10, 2021:

- 1) Investment return assumption was reduced from 7.10% to 6.85%, net of investment related expenses.
- 2) Adjusted the normal and early retirement rates, resulting in generally more retirements than previously assumed.
- 3) Adjusted the assumed rates of withdrawal, resulting in generally more withdrawals than previously assumed.  
Additionally, moved from an age-based table to an age and service-based table.
- 4) Reduced the lump sum election assumption from 100% to 60% for those separating employment immediately eligible for retirement and 75% for all other vested members.
- 5) Reduced the disability rates by 90%.

## SCHEDULE OF CONTRIBUTIONS

Last 2 Fiscal Years

Fiscal Year Ended	Actuarially Determined Contribution	Contributions in relation to the Actuarially Determined Contributions	Contribution Deficiency (Excess)	Covered Payroll	Contributions as a percentage of Covered Payroll
09/30/2022	\$ -	\$ 1,625,000	\$ (1,625,000)	N/A	N/A
09/30/2021	\$ -	\$ -	\$ -	N/A	N/A

Notes to Schedule

Valuation Date: 10/01/2020

Actuarially determined contribution rates are calculated as of October 1, two years prior to the end of the fiscal year in which contributions are reported.

Methods and assumptions used to determine contribution rates can be found in the October 1, 2020 Actuarial Valuation for Parrish Medical Center, Inc. Pension Plan and Trust Fund Agreement prepared by Foster & Foster Actuaries and Consultants.

**SCHEDULE OF INVESTMENT RETURNS**  
Last 2 Fiscal Years

Fiscal Year Ended	Annual Money-Weighted Rate of Return Net of Investment Expense
09/30/2022	-17.62%
09/30/2021	23.72%

## NOTES TO THE FINANCIAL STATEMENTS

(For the Year Ended September 30, 2023)

### *Plan Description*

The Plan is a single-employer defined benefit pension plan. The Hospital Board may appoint a committee of four or more persons to be known as the Pension Administrative Committee to assist with the administration of the Plan. At least one member of the Committee shall come from each of the following groups:

- a member of the Board;
- a member of the management group of the Employer;
- an Employee of the Employer;
- a representative from the Employer's community.

Full-time or part-time employees who regularly work at least 20 hours per week and five (5) months per year and who perform at least 1000 hours of service per year may participate after 1 year of continuous service. The defined benefit pension plan was closed and frozen effective September 30, 2016.

### *Plan Membership as of October 1, 2021:*

Inactive Plan Members or Beneficiaries Currently Receiving Benefits	112
Inactive Plan Members Entitled to But Not Yet Receiving Benefits	233
Active Plan Members	349
	694
	694

### *Benefits Provided*

The Plan provides retirement, termination, disability and death benefits.

A summary of the benefit provisions can be found in the October 1, 2021 Actuarial Valuation Report for Parrish Medical Center, Inc. Pension Plan and Trust Fund Agreement prepared by Foster & Foster Actuaries and Consultants.

### *Contributions*

Member Contributions: None.

Employer Contributions: Remaining amount required in order to pay current costs and amortize unfunded past service cost, if any, as provided in Chapter 112, Florida Statutes.

### *Net Pension Liability*

The measurement date is September 30, 2022.

The measurement period for the pension expense was October 1, 2021 to September 30, 2022.

The reporting period is October 1, 2022 through September 30, 2023.

The Sponsor's Net Pension Liability was measured as of September 30, 2022.

The Total Pension Liability used to calculate the Net Pension Liability was determined as of that date.

### *Actuarial Assumptions:*

The Total Pension Liability was determined by an actuarial valuation as of October 1, 2021 updated to September 30, 2022 using the following actuarial assumptions:

Inflation	2.80%	
Salary Increases	N/A	Benefits are frozen as of September 30, 2016.
Discount Rate	6.85%	
Investment Rate of Return	6.85%	

*Mortality Rate Healthy Active Lives:*

Female: PubG.H-2010 for Employees.

Male: PubG.H-2010 for Employees, set back one year.

*Mortality Rate Healthy Retiree Lives:*

Female: PubG.H-2010 for Healthy Retirees.

Male: PubG.H-2010 (Below Median) for Healthy Retirees, set back one year.

*Mortality Rate Beneficiary Lives:*

Female: PubG.H-2010 (Below Median) for Healthy Retirees.

Male: PubG.H-2010 for Healthy Retirees, set back one year.

*Mortality Rate Disabled Lives:*

PubG.H-2010 for Disabled Retirees, set forward three years.

All rates are projected generationally with Mortality Improvement Scale MP-2018.

The above described mortality assumption rates were mandated by Chapter 2015-157, Laws of Florida. This law mandates the use of the assumptions used in either of the two most recent valuations of the Florida Retirement System (FRS). The above rates are those outlined in Milliman's July 1, 2021 FRS valuation report for non-special-risk employees. We feel this assumption sufficiently accommodates future mortality improvements.

The most recent actuarial experience study used to review the other significant assumptions was dated September 10, 2021.

The Long-Term Expected Rate of Return on Pension Plan investments can be determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of Pension Plan investment expenses and inflation) are developed for each major asset class.

For 2022 the inflation rate assumption of the investment advisor was 2.50%.

These ranges are combined to produce the Long-Term Expected Rate of Return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

Best estimates of geometric real rates of return for each major asset class included in the Pension Plan's target asset allocation as of September 30, 2022 are summarized in the following table:

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Long Term Expected Real Rate of Return<sup>1</sup></u>
Large Cap Equity	35%	10.0%
Mid and Small Cap	20%	10.0%
International Equity	5%	10.0%
Alternatives	10%	10.0%
Fixed Income	30%	4.5%
<u>Total</u>	<u>100%</u>	

<sup>1</sup> Source: Anderson Financial Partners, Inc.

*Discount Rate:*

The Discount Rate used to measure the Total Pension Liability was 6.85 percent.

The projection of cash flows used to determine the Discount Rate assumed that Plan Member contributions will be made at the current contribution rate and that Sponsor contributions will be made at rates equal to the difference between actuarially determined contribution rates and the Member rate. Based on those assumptions, the Pension Plan's Fiduciary Net Position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the Long-Term Expected Rate of Return on Pension Plan investments was applied to all periods of projected benefit payments to determine the Total Pension Liability.



## CHANGES IN NET PENSION LIABILITY

	Increase (Decrease)		
	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability
	(a)	(b)	(a)-(b)
Reporting Period Ending September 30, 2022	\$ 44,451,340	\$ 74,327,898	\$ (29,876,558)
Changes for a Year:			
Service Cost	204,975	-	204,975
Interest	2,948,462	-	2,948,462
Differences between Expected and Actual Experience	(866,981)	-	(866,981)
Changes of assumptions	-	-	-
Changes of benefit terms	-	-	-
Contributions - Employer	-	1,625,000	(1,625,000)
Net Investment Income	-	(13,130,629)	13,130,629
Benefit Payments, including Refunds of Employee Contributions	(3,226,159)	(3,226,159)	-
Administrative Expense	-	(62,588)	62,588
Net Changes	(939,703)	(14,794,376)	13,854,673
Reporting Period Ending September 30, 2023	\$ 43,511,637	\$ 59,533,522	\$ (16,021,885)

*Sensitivity of the Net Pension Liability to changes in the Discount Rate.*

	Current		
	1% Decrease	Discount Rate	1% Increase
	5.85%	6.85%	7.85%
Sponsor's Net Pension Liability	\$ (12,938,055)	\$ (16,021,885)	\$ (18,659,454)

*Pension Plan Fiduciary Net Position.*

Detailed information about the pension Plan's Fiduciary Net Position is available in a separately issued Plan financial report.

**FINAL PENSION EXPENSE AND DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED  
INFLOWS OF RESOURCES RELATED TO PENSIONS  
FISCAL YEAR SEPTEMBER 30, 2022**

For the year ended September 30, 2022, the Sponsor has recognized a Pension Expense of -\$2,442,075.

On September 30, 2022, the Sponsor reported Deferred Outflows of Resources and Deferred Inflows of Resources related to pensions from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between Expected and Actual Experience	1,094,418	2,846,893
Changes of assumptions	4,042,462	-
Net difference between Projected and Actual Earnings on Pension Plan investments	-	8,295,946
Employer contributions subsequent to the measurement date	1,625,000	-
Total	<u>\$ 6,761,880</u>	<u>\$ 11,142,839</u>

The outcome of the Deferred Outflows of resources related to pensions resulting from Employer contributions subsequent to the measurement date has been recognized as a reduction of the net Pension Liability in the year ended September 30, 2022.

Other amounts reported as Deferred Outflows of Resources and Deferred Inflows of Resources related to pensions will be recognized in Pension Expense as follows:

Year ended September 30:	
2023	\$ (871,644)
2024	\$ (1,096,788)
2025	\$ (1,979,814)
2026	\$ (2,057,713)
2027	\$ -
Thereafter	\$ -

**PRELIMINARY PENSION EXPENSE AND DEFERRED OUTFLOWS OF RESOURCES AND  
DEFERRED INFLOWS OF RESOURCES RELATED TO PENSIONS  
FISCAL YEAR SEPTEMBER 30, 2023**

For the year ended September 30, 2023, the Sponsor will recognize a Pension Expense of \$726,180.

On September 30, 2023, the Sponsor reported Deferred Outflows of Resources and Deferred Inflows of Resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between Expected and Actual Experience	480,968	2,494,617
Changes of assumptions	2,346,712	-
Net difference between Projected and Actual Earnings on Pension Plan investments	8,414,471	-
Employer contributions subsequent to the measurement date	TBD	-
Total	TBD	\$ 2,494,617

The outcome of the Deferred Outflows of resources related to pensions resulting from Employer contributions subsequent to the measurement date will be recognized as a reduction of the net Pension Liability in the year ended September 30, 2023.

Other amounts reported as Deferred Outflows of Resources and Deferred Inflows of Resources related to pensions will be recognized in Pension Expense as follows:

Year ended September 30:	
2024	\$ 2,319,488
2025	\$ 1,436,462
2026	\$ 1,358,563
2027	\$ 3,633,021
2028	\$ -
Thereafter	\$ -

## SCHEDULE OF CHANGES IN NET PENSION LIABILITY AND RELATED RATIOS

Last 2 Fiscal Years

Reporting Period Ending	09/30/2023	09/30/2022
Measurement Date	<u>09/30/2022</u>	<u>09/30/2021</u>
Total Pension Liability		
Service Cost	204,975	394,962
Interest	2,948,462	2,846,366
Changes of benefit terms	-	-
Differences between Expected and Actual Experience	(866,981)	(893,533)
Changes of assumptions	-	4,082,572
Benefit Payments, including Refunds of Employee Contributions	<u>(3,226,159)</u>	<u>(3,347,451)</u>
Net Change in Total Pension Liability	(939,703)	3,082,916
Total Pension Liability - Beginning	44,451,340	41,368,424
Total Pension Liability - Ending (a)	<u><u>\$ 43,511,637</u></u>	<u><u>\$ 44,451,340</u></u>
Plan Fiduciary Net Position		
Contributions - Employer	1,625,000	-
Net Investment Income	(13,130,629)	14,646,256
Benefit Payments, including Refunds of Employee Contributions	(3,226,159)	(3,347,451)
Administrative Expense	<u>(62,588)</u>	<u>(41,073)</u>
Net Change in Plan Fiduciary Net Position	(14,794,376)	11,257,732
Plan Fiduciary Net Position - Beginning	74,327,898	63,070,166
Plan Fiduciary Net Position - Ending (b)	<u><u>\$ 59,533,522</u></u>	<u><u>\$ 74,327,898</u></u>
Net Pension Liability - Ending (a) - (b)	<u><u>\$ (16,021,885)</u></u>	<u><u>\$ (29,876,558)</u></u>
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	136.82%	167.21%
Covered Payroll	N/A	N/A
Net Pension Liability as a percentage of Covered Payroll	N/A	N/A

### **Notes to Schedule:**

#### *Changes of assumptions:*

For measurement date 09/30/2021, the following the changes were made to the assumptions as a result of the experience study dated September 10, 2021:

- 1) Investment return assumption was reduced from 7.10% to 6.85%, net of investment related expenses.
- 2) Adjusted the normal and early retirement rates, resulting in generally more retirements than previously assumed.
- 3) Adjusted the assumed rates of withdrawal, resulting in generally more withdrawals than previously assumed.  
Additionally, moved from an age-based table to an age and service-based table.
- 4) Reduced the lump sum election assumption from 100% to 60% for those separating employment immediately eligible for retirement and 75% for all other vested members.
- 5) Reduced the disability rates by 90%.

## SCHEDULE OF CONTRIBUTIONS

Last 2 Fiscal Years

Fiscal Year Ended	Actuarially Determined Contribution	Contributions in relation to the Actuarially Determined Contributions	Contribution Deficiency (Excess)	Covered Payroll	Contributions as a percentage of Covered Payroll
09/30/2022	\$ -	\$ 1,625,000	\$ (1,625,000)	N/A	N/A
09/30/2021	\$ -	\$ -	\$ -	N/A	N/A

Notes to Schedule

Valuation Date: 10/01/2020

Actuarially determined contribution rates are calculated as of October 1, two years prior to the end of the fiscal year in which contributions are reported.

Methods and assumptions used to determine contribution rates can be found in the October 1, 2020 Actuarial Valuation for Parrish Medical Center, Inc. Pension Plan and Trust Fund Agreement prepared by Foster & Foster Actuaries and Consultants.

## EXPENSE DEVELOPMENT AND AMORTIZATION SCHEDULES

**The following information is not required to be disclosed but is provided for informational purposes.**

**FINAL COMPONENTS OF PENSION EXPENSE**  
**FISCAL YEAR SEPTEMBER 30, 2022**

	Net Pension Liability	Deferred Inflows	Deferred Outflows	Pension Expense
Beginning balance	\$ (21,701,742)	\$ 4,934,914	\$ 4,661,696	\$ -
Employer Contributions made after September 30, 2021	-	-	1,625,000	-
<b>Total Pension Liability Factors:</b>				
Service Cost	394,962	-	-	394,962
Interest	2,846,366	-	-	2,846,366
Changes in benefit terms	-	-	-	-
Differences between Expected and Actual Experience with regard to economic or demographic assumptions	(893,533)	893,533	-	-
Current year amortization of experience difference	-	(1,002,512)	(613,450)	(389,062)
Change in assumptions about future economic or demographic factors or other inputs	4,082,572	-	4,082,572	-
Current year amortization of change in assumptions	-	-	(1,787,764)	1,787,764
Benefit Payments, including Refunds of Employee Contributions	(3,347,451)	-	-	-
Net change	<u>3,082,916</u>	<u>(108,979)</u>	<u>3,306,358</u>	<u>4,640,030</u>
<b>Plan Fiduciary Net Position:</b>				
Projected Net Investment Income	4,357,689	-	-	(4,357,689)
Difference between projected and actual earnings on Pension Plan investments	10,288,567	10,288,567	-	-
Current year amortization	-	(3,167,547)	(402,058)	(2,765,489)
Benefit Payments, including Refunds of Employee Contributions	(3,347,451)	-	-	-
Administrative Expenses	(41,073)	-	-	41,073
Net change	<u>11,257,732</u>	<u>7,121,020</u>	<u>(402,058)</u>	<u>(7,082,105)</u>
Ending Balance	<u><u>\$ (29,876,558)</u></u>	<u><u>\$ 11,946,955</u></u>	<u><u>\$ 7,565,996</u></u>	<u><u>\$ (2,442,075)</u></u>

**PRELIMINARY COMPONENTS OF PENSION EXPENSE**  
**FISCAL YEAR SEPTEMBER 30, 2023**

	Net Pension Liability	Deferred Inflows	Deferred Outflows	Pension Expense
Beginning balance	\$ (29,876,558)	\$ 11,946,955	\$ 7,565,996	\$ -
Employer Contributions made after September 30, 2022	-	-	TBD*	-
Total Pension Liability Factors:				
Service Cost	204,975	-	-	204,975
Interest	2,948,462	-	-	2,948,462
Changes in benefit terms	-	-	-	-
Differences between Expected and Actual Experience with regard to economic or demographic assumptions	(866,981)	866,981	-	-
Current year amortization of experience difference	-	(1,219,257)	(613,450)	(605,807)
Change in assumptions about future economic or demographic factors or other inputs	-	-	-	-
Current year amortization of change in assumptions	-	-	(1,695,750)	1,695,750
Benefit Payments, including Refunds of Employee Contributions	(3,226,159)	-	-	-
Net change	<u>(939,703)</u>	<u>(352,276)</u>	<u>(2,309,200)</u>	<u>4,243,380</u>
Plan Fiduciary Net Position:				
Contributions - Employer	1,625,000	-	(1,625,000)	-
Projected Net Investment Income	5,034,478	-	-	(5,034,478)
Difference between projected and actual earnings on Pension Plan investments	(18,165,107)	-	18,165,107	-
Current year amortization	-	(2,580,391)	(4,035,081)	1,454,690
Benefit Payments, including Refunds of Employee Contributions	(3,226,159)	-	-	-
Administrative Expenses	(62,588)	-	-	62,588
Net change	<u>(14,794,376)</u>	<u>(2,580,391)</u>	<u>12,505,026</u>	<u>(3,517,200)</u>
Ending Balance	<u>\$ (16,021,885)</u>	<u>\$ 9,014,288</u>	<u>TBD</u>	<u>\$ 726,180</u>

\* Employer Contributions subsequent to the measurement date made after September 30, 2022 but made on or before September 30, 2023 need to be added.



## AMORTIZATION SCHEDULE - INVESTMENTS

Increase (Decrease) in Pension Expense Arising from the Recognition of the of Differences Between Projected and Actual Earnings on  
Pension Plan Investments

Plan Year Ending	Differences Between		2022	2023	2024	2025	2026	2027	2028	2029	2030
	Projected and Actual Earnings	Recognition Period (Years)									
2022	\$ 18,165,107	5	\$ -	\$ 3,633,023	\$ 3,633,021	\$ 3,633,021	\$ 3,633,021	\$ 3,633,021	\$ -	\$ -	\$ -
2021	\$ (10,288,567)	5	\$ (2,057,715)	\$ (2,057,713)	\$ (2,057,713)	\$ (2,057,713)	\$ (2,057,713)	\$ -	\$ -	\$ -	\$ -
2020	\$ (866,330)	5	\$ (173,266)	\$ (173,266)	\$ (173,266)	\$ (173,266)	\$ -	\$ -	\$ -	\$ -	\$ -
2019	\$ 2,010,291	5	\$ 402,058	\$ 402,058	\$ 402,058	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2018	\$ (1,747,061)	5	\$ (349,412)	\$ (349,412)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2017	\$ (2,935,771)	5	\$ (587,154)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Increase (Decrease) in Pension Expense			\$ (2,765,489)	\$ 1,454,690	\$ 1,804,100	\$ 1,402,042	\$ 1,575,308	\$ 3,633,021	\$ -	\$ -	\$ -

## AMORTIZATION SCHEDULE - CHANGES OF ASSUMPTIONS

Increase (Decrease) in Pension Expense Arising from the Recognition of the Effects of Changes of Assumptions

Plan Year Ending	Changes of Assumptions	Recognition Period (Years)	2022	2023	2024	2025	2026	2027	2028	2029	2030
2021	\$ 4,082,572	4	\$ 1,020,643	\$ 1,020,643	\$ 1,020,643	\$ 1,020,643	\$ -	\$ -	\$ -	\$ -	\$ -
2020	\$ 370,157	5	\$ 74,031	\$ 74,031	\$ 74,031	\$ 74,031	\$ -	\$ -	\$ -	\$ -	\$ -
2019	\$ 472,090	6	\$ 78,682	\$ 78,682	\$ 78,682	\$ 78,682	\$ -	\$ -	\$ -	\$ -	\$ -
2016	\$ 3,656,761	7	\$ 522,394	\$ 522,394	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2014	\$ 736,112	8	\$ 92,014	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Increase (Decrease) in Pension Expense			\$ 1,787,764	\$ 1,695,750	\$ 1,173,356	\$ 1,173,356	\$ -	\$ -	\$ -	\$ -	\$ -

## AMORTIZATION SCHEDULE - EXPERIENCE

Increase (Decrease) in Pension Expense Arising from the Recognition of the Effects of Differences between Expected and Actual Experience

Plan Year Ending	Differences Between		2022	2023	2024	2025	2026	2027	2028	2029	2030
	Expected and Actual Experience	Recognition Period (Years)									
2022	\$ (866,981)	4	\$ -	\$ (216,746)	\$ (216,745)	\$ (216,745)	\$ (216,745)	\$ -	\$ -	\$ -	\$ -
2021	\$ (893,533)	4	\$ (223,384)	\$ (223,383)	\$ (223,383)	\$ (223,383)	\$ -	\$ -	\$ -	\$ -	\$ -
2020	\$ (532,461)	5	\$ (106,492)	\$ (106,492)	\$ (106,492)	\$ (106,492)	\$ -	\$ -	\$ -	\$ -	\$ -
2019	\$ (1,177,650)	6	\$ (196,275)	\$ (196,275)	\$ (196,275)	\$ (196,275)	\$ -	\$ -	\$ -	\$ -	\$ -
2018	\$ (2,772,290)	7	\$ (396,041)	\$ (396,041)	\$ (396,041)	\$ (396,041)	\$ -	\$ -	\$ -	\$ -	\$ -
2017	\$ 3,366,776	7	\$ 480,968	\$ 480,968	\$ 480,968	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2016	\$ (562,243)	7	\$ (80,320)	\$ (80,320)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2015	\$ 1,059,852	8	\$ 132,482	\$ 132,482	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Increase (Decrease) in Pension Expense			\$ (389,062)	\$ (605,807)	\$ (657,968)	\$ (1,138,936)	\$ (216,745)	\$ -	\$ -	\$ -	\$ -



## MEMORANDUM

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**To:** Finance Committee

**From:** Cynthia Kuehn, Director Laboratory Services

**Subject:** FY23 Capital Budget Request–Laboratory Hemochron Signature Elite Instruments.

**Date:** January 31, 2023

---

This request is for the capital purchase of the Hemochron Signature Elite Laboratory Instruments for the new EP Cardiology program at Parrish Medical Center (PMC).

The new equipment will be used in the Cath laboratory during procedures to provide critical Activated Clotting Testing to monitor the patient’s coagulation status during the procedure. These instruments provide a quick result turn around time needed to reduce the potential of strokes.

Based on the new EP cardiology program this testing is needed during the procedures and requesting your approval to purchase this equipment.

Representatives from the Cardiac Cath Lab, Clinical Laboratory Services, and Administration have been involved in and the decision.

***Motion: Recommend the Board of Directors approve the purchase of two (2) Hemochron Signature Elite instruments for the new EP Cardiology program, at a total cost of \$27,525.***



## MEMORANDUM

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**To:** Finance Committee

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

**Subject:** FY23 Capital Budget Request – Endoscope/Colonoscope Instrumentation and Equipment Lease Buyout

**Date:** February 1, 2023

---

This request is for the budgeted capital lease buyout of the endoscope and colonoscope instrumentation and equipment at Parrish Medical Center.

The commencement of this lease was February 1, 2021 for a term of twenty-seven (27) months. A full assessment of this equipment was recently performed with considerations given to the equipment quality, service and cost. Representatives from the Surgical Services, Clinical Engineering, Finance, Administration, and more have been involved in the analysis, evaluation, and the decision.

Based on these considerations, at this time, we are requesting your approval to buyout the lease of the endoscope and colonoscope instrumentation and equipment at Parrish Medical Center.

***Motion: To recommend to the Board of Directors to approve the buyout of the endoscope and colonoscope instrumentation and equipment at Parrish Medical Center at fair market value (FMV), at a total cost not to exceed the amount of \$187,620.***

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (provided by Finance Dept)	Dept.
805 Century Medical Drive-LND	KN028864	02/06/07	94,338.68		Sold	94,338.68	1.680
805 Century Medical Drive -Building	KN028863	02/06/07	494,334.67		Sold	100,926.52	1.680
805 Century Medical Drive-Flooring	KN029349	06/30/09	7,387.09		Sold	0.00	1.661
805 Century Medical Drive-Painting	KN029350	06/30/09	4,070.00		Sold	0.00	1.661

TOTAL BOOK VALUE \$195,265.20

Requesting Department:

Finance

Net Book Value (Finance)

*A. Ennes* 1/13/23  
*[Signature]* 1/20/23

Sr. VP Finance/CFO

Board Approved (CFO Signature)

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

Department Director

*[Signature]*  
*[Signature]*

EMC Member

1.18.23

President/CEO

*[Signature]* 1/23/23

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028863 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING  
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028864 THRU ASSET CLASS: ENB THRU DEPARTMENT: ENB

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:  
 THRU STATUS DATE: ENB THRU ACQUIRED DATE: ENB THRU RETIRE DATE: ENB THRU RETIRE TYPE: ENB THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 DEPARTMENT: 1.680 1 OFF-SITE PROPERTY

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
--------	-------------	------	--------	----------	----------	----------	------	------

CLASS: BLD-805 CENTURY BUILDING - 805 CENTURY MEDICAL DRIVE

KN028863	805 CENTURY MEDICAL DRIVE (BUILDING)		ACTIVE	04/13/07	02/06/07		494334.67 ✓	100926.52 ✓
							-----	-----
							494334.67	100926.52

CLASS: LND-805 CENTURY LAND - 805 CENTURY MEDICAL DRIVE

KN028864	805 CENTURY MEDICAL DRIVE (LAND)		ACTIVE	04/13/07	02/06/07		94338.68 ✓	94338.68 ✓
							-----	-----
							94338.68	94338.68

TOTAL FOR DEPARTMENT: 588673.35 195265.20

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN029349 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING  
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN029350 THRU ASSET CLASS: END THRU DEPARTMENT: END  
 FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:  
 THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 DEPARTMENT: 1.661 1 PLANT SRV

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: BLD-805 CENTURY BUILDING - 805 CENTURY MEDICAL DRIVE								
KN029349	FLOORING FOR 805 CENTURY MEDICAL DRIVE		ACTIVE	07/09/09	06/30/09		7387.09	0.00
KN029350	PAINTING OF 805 CENTURY MEDICAL DRIVE		ACTIVE	07/09/09	06/30/09		4070.00	0.00
							----- 11457.09	0.00
TOTAL FOR DEPARTMENT:							11457.09	0.00



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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (provided by Finance Dept)	Dept.
Deep Fryer Battery (Kitchen)	KN022088	12/11/02	10,634.00		obsolete/unrepairable	-0-	651
Deep fryer Battery (Café)	KN022096	12/11/02	10,634.00		obsolete/unrepairable	-0-	651

TOTAL BOOK VALUE \$0.00

Requesting Department:

Food and Nutrition

Net Book Value (Finance)

Sr. VP Finance/CFO

Board Approved (CFO Signature)

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

\_\_\_\_\_

*A. Freeman* 1/13/23

*[Signature]* 1/20/23

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Director

EMC Member

President/CEO

*[Signature]* 1-12-23

*[Signature]* 1/13/23

*[Signature]* 1/23/23

DATE: 01/13/23 @ 1101  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN022088  
THRU ASSET NUMBER: KN022088

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.651 1 FOOD & NUTRITION								
KN022088	FRYER/FILTER/DMP		ACTIVE	12/11/02	04/24/02		10634.00	0.00
							-----	-----
							10634.00	0.00
TOTAL FOR CLASS:							10634.00	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
 THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN022056  
 THRU ASSET NUMBER: KN022056

FROM ASSET CLASS: BEGINNING  
 THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
 THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
 THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
 THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
 THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
 THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
 THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-HOSP

MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.651		1 FOOD & NUTRITION						
KN022056	FRYERS W/FILTER & GAS CONNECTION KIT		ACTIVE	12/11/02	04/24/02		10634.00	0.00
							10634.00	0.00
TOTAL FOR CLASS:							10634.00	0.00

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

**Request for Disposal of Obsolete or Surplus Property**

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Stretcher chair	KN028026	12/9/2003	4573.00	PMC03283	Stretcher not safe for patient use, no parts available.	0	1.300
Stryker stretcher	KN023437	7/30/2002	4854.40	PMC02298	Removed from service.	0	1.300

Requesting Department ① Beds Department Director Matt F. Anger 12/29/2022  
 Net Book Value (Finance) 2.74,000 1/12/23 EMC Member 500 1.4.23  
 Sr. VP Finance/CFO [Signature] 1/20/23 President/CEO [Signature] 1/23/23  
 Board Approval: (Date) \_\_\_\_\_ CFO Signature \_\_\_\_\_  
 Requestor Notified Finance \_\_\_\_\_  
 Asset Disposed of or Donated \_\_\_\_\_  
 Removed from Asset List (Finance) \_\_\_\_\_  
 Requested Public Entity for Donation \_\_\_\_\_  
 Entity Contact \_\_\_\_\_  
 Telephone \_\_\_\_\_

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM      FROM ASSET NUMBER: KN028026      FROM ASSET CLASS: BEGINNING      FROM DEPARTMENT: BEGINNING  
 THRU FACILITY: SYSTEM      THRU ASSET NUMBER: KN028026      THRU ASSET CLASS: END      THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING      FROM ACQUIRED DATE: BEGINNING      FROM RETIRE DATE: BEGINNING      FROM RETIRE TYPE: BEGINNING      FROM RETIRE TYPE DATE:  
 THRU STATUS DATE: END      THRU ACQUIRED DATE: END      THRU RETIRE DATE: END      THRU RETIRE TYPE: END      THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-SDSC      MOVEABLE EQUIP - NORTH BLDG (OLD SDSC)

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.319      1 WOUND CARE								
KN028026	STRETCHER CHAIR WOUND CARE		ACTIVE	12/09/03	11/05/03		4573.20	0.00
							----- 4573.20	----- 0.00
TOTAL FOR CLASS:							4573.20	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN023437 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING  
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN023437 THRU ASSET CLASS: END THRU DEPARTMENT: END  
 FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:  
 THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.351 I O R								
KN023437	STRETCHER - EXTENDED STAY		ACTIVE	12/11/02	07/30/02		4854.40	0.00
							----- 4854.40	----- 0.00
TOTAL FOR CLASS:							4854.40	0.00

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

**Request for Disposal of Obsolete or Surplus Property**

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Stryker stretcher	KN028026	11/05/2003	4,573.20	PMC03283	Stretcher not safe for patient use, no parts available.	0	1.319
Stryker stretcher	KN023437	7/30/2002	4,854.40	PMC02298	Removed from service.	0	1.351

Requesting Department - Beds Department Director Maria F. [Signature] 12/21/2022  
 Net Book Value (Finance) [Signature] 12/23/22 EMC Member [Signature] 12/21/22  
 Sr. VP Finance/CFO [Signature] 1/20/23 President/CEO [Signature] 1/20/23  
 Board Approval: (Date) \_\_\_\_\_ CFO Signature \_\_\_\_\_  
 Requestor Notified Finance \_\_\_\_\_  
 Asset Disposed of or Donated \_\_\_\_\_  
 Removed from Asset List (Finance) \_\_\_\_\_  
 Requested Public Entity for Donation \_\_\_\_\_  
 Entity Contact \_\_\_\_\_  
 Telephone \_\_\_\_\_

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM      FROM ASSET NUMBER: KN028026      FROM ASSET CLASS: BEGINNING      FROM DEPARTMENT: BEGINNING  
 THRU FACILITY: SYSTEM      THRU ASSET NUMBER: KN028026      THRU ASSET CLASS: END      THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING      FROM ACQUIRED DATE: BEGINNING      FROM RETIRE DATE: BEGINNING      FROM RETIRE TYPE: BEGINNING      FROM RETIRE TYPE DATE:  
 THRU STATUS DATE: END      THRU ACQUIRED DATE: END      THRU RETIRE DATE: END      THRU RETIRE TYPE: END      THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 DEPARTMENT: 1.319      1 WOUND CARE

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MSQ-SDSC      MOVEABLE EQUIP - NORTH BLDG (OLD SDSC)								
KN028026	STRETCHER CHAIR WOUND CARE		ACTIVE	12/09/03	11/05/03		4573.20	0.00
							-----	-----
							4573.20	0.00
TOTAL FOR DEPARTMENT:							4573.20	0.00



DATE: 12/22/22 @ 1207  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUES REPORT

PAGE 1

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN023437  
THRU ASSET NUMBER: KN023437

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
DEPARTMENT: 1.351 I O R

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN023437	STRETCHER - EXTENDED STAY		ACTIVE	12/11/02	07/30/02		4854.40	0.00
							4854.40	0.00
TOTAL FOR DEPARTMENT:							4854.40	0.00

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

**Request for Disposal of Obsolete or Surplus Property**

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Bladder scanner	KN028566	11/3/2005	10345.00	PMC00441	Bladder scanner unable to be calibrated, no parts available. Removed from service.	0	1.381 ED

Requesting Department - ED      Department Director Maurice F. Auger 12/6/2022  
 Net Book Value (Finance) 0      EMC Member B... 12-7-22  
 Sr. VP Finance/CFO [Signature]      President/CEO [Signature]  
 Board Approval: (Date) 1/20/23      CFO Signature [Signature]  
 Requestor Notified Finance \_\_\_\_\_  
 Asset Disposed of or Donated \_\_\_\_\_  
 Removed from Asset List (Finance) \_\_\_\_\_  
 Requested Public Entity for Donation \_\_\_\_\_  
 Entity Contact \_\_\_\_\_  
 Telephone \_\_\_\_\_

DATE: 12/07/22 @ 1110  
USER: FRANZAL

Parrish Medical Center EA \*Live\*  
CURRENT VALUE REPORT

PAGE 1

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028566 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING  
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028566 THRU ASSET CLASS: END THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:  
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
--------	-------------	------	--------	----------	----------	----------	------	------

DEPARTMENT: 1.375

1 SPD

KN028566	BLADDER SCAN 3000 W/ROLLING CART		ACTIVE	12/09/05	11/30/05		10345.00	0.00
							10345.00	0.00

TOTAL FOR CLASS: 10345.00 0.00



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# Finance Committee

## FYTD December 31, 2022 – Performance Dashboard

Indicator	FYTD 2023 Actual	FYTD 2023 Budget	FYTD 2022 Actual
IP Admissions	1,150	1,320	1,203
LOS	4.7	4.7	5.3
Surgical Cases	1,250	1,324	1,216
ED Visits	7,671	7,697	7,315
OP Volumes	20,203	19,882	19,205
Hospital Margin %	-1.46%	9.71%	2.56%
Investment Income \$	\$3.7 Million	\$0.9 Million	\$3.0 Million

## **EXECUTIVE COMMITTEE**

Stan Retz, CPA, Chairman

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

Herman A. Cole, Jr.

Elizabeth Galfo, M.D.

Maureen Rupe

George Mikitarian, President/CEO (non-voting)

**DRAFT AGENDA  
EXECUTIVE COMMITTEE  
NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
MONDAY, FEBRUARY 6, 2023  
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5  
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

### **CALL TO ORDER**

- I. Approval of Minutes

*Motion to approve the minutes of the December 5, 2022 meeting.*

- II. Reading of the Huddle

- III. Attorney Report – Mr. Boyles

- IV. Other

- V. Executive Session (if needed)

### **ADJOURNMENT**

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

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

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

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

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

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

Members Absent:

Herman A. Cole, Jr. (excused)

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

**CALL TO ORDER**

Mr. Retz called the meeting to order at 1:28 p.m.

**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOVED TO APPROVE THE OCTOBER 3, 2022 MEETING MINUTES OF THE EXECUTIVE COMMITTEE OF THE BOARD, AS PRESENTED.***

**READING OF THE HUDDLE**

Dr. Galfo read the Weekly Huddle.

**ATTORNEY REPORT**

Mr. Mikitarian summarized the longstanding issue with Brevard County EMS, noting that the County Emergency Medical Services has continued to divert ambulances away from Parrish Medical Center. Gray Robinson has been asked to investigate our formal options as our informal paths have not been successful long-term.

Mr. Loftin reviewed several instances of patient harm due to the diversion of ambulances.

Ms. Ramos shared the Florida Statute regarding action against the County resulting in two options. Option one is to proceed with the conflict resolution process, which included a series of steps, and if not resolved, ends in litigation. Option two is to bypass the conflict resolution process and move ahead with litigation.

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

***ACTION TAKEN:* MOVED TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT INITIATING INTERGOVERNMENTAL CONFLICT RESOLUTION PROCEDURES PURSUANT TO CHAPTER 164 OF THE FLORIDA STATUTE WITH BREVARD COUNTY TO RESOLVE THE CONFLICT OVER EMERGENCY MEDICAL TRANSPORT DIVERSION ISSUES.**

**OTHER**

There was no other business to come before the committee.

**ADJOURNMENT**

There being no further business to discuss, the committee adjourned at 2:05 p.m.

Stan Retz, CPA  
Chairman



## FOR IMMEDIATE RELEASE

CONTACTS: Natalie Sellers, MS, APR, FACHE, Natalie.sellers@parrishmed.com

951 N. Washington Ave.  
Titusville, FL 32796

### “OMNI HEALTHCARE, INC. LOSES AGAIN”

#### Eviction of OMNI for Failure to Pay Rent

- OMNI stopped paying Parrish Medical Center any rent in August 2020 – about **twenty-nine** months ago. Dr. Deligdish personally guaranteed such rent payments and did not pay them either.
  - Despite knowing that it would have to leave the facility, OMNI chose not to plan the transition of care for cancer patients.
  - Parrish Medical Center did and stands ready to care for the residents of our community. Patients will not have to travel as far as 50 miles for treatment. Local physicians have confirmed that they are available to care for any patients. OMNI has simply refused to call such physicians.
- OMNI’s CFO admitted under oath to the Judge that OMNI **had the money** to pay Parrish Medical Center the rent it owed, but simply decided not to pay pursuant to the terms of its lease.
- Given OMNI’s failure to pay rent owed, Parrish Medical Center had to spend money on lawyers and take OMNI to Court. After fighting OMNI in Court for nineteen months, the Court ruled “in favor of granting summary eviction.”
- The Court found that:
  - “Omni completely quit paying their rent and other charges in August of 2020”
  - “The evidence established that Omni was seriously delinquent in paying its rent obligation. Omni is in default of the Leases pursuant to the Leases’ terms and provisions.”
  - “Pursuant to the terms of the Leases and the evidence presented, both Leases have also expired.”
  - Parrish “is entitled to recover from Omni immediate possession of the real properties located at 845 Century Medical Drive, Titusville 32796, Suite A and Suite B.”
  - OMNI is required to immediately surrender possession of the leased Premises to” Parrish Medical Center.”
- Importantly, Parrish Medical Center cares for its patients and for the members of our community and has taken steps to assist patients with any transition of care resulting from OMNI’s eviction. For years, Parrish Medical Center has been at the forefront of cancer care needed by members of our community. Parrish Medical Center’s Cancer Program was first accredited by the American College of Surgeons Commission on Cancer (CoC) in 1989 and is one of the few CoC recognized programs in Brevard County.
- Last year, Parrish Medical Center hired Dr. Robert K. Oldham an internationally recognized oncology/hematology specialist to care for patients in our community. Since

arriving at Parrish Medical Center, Dr. Oldham has cared for hundreds of patients. Indeed, Dr. Oldham's skills are so well respected that he has even received referrals from OMNI physicians.

- Because OMNI was going to be evicted for failing to pay rent, Parrish Medical Center began preparations to assist any patients with transition of care issues so that they could be cared for locally. Dr. Oldham was hired, and Parrish Medical Center has arranged transition of care with local radiation oncologists. Parrish Medical Center has set up a contact number for assistance with any transition of care issues -- Parrish Medical Center's Oncology Department can be reached at 321-268-6831.

#### **Brevard County Circuit Court Orders Payment of \$626,258.52**

- A Brevard County Circuit Court ordered OMNI to pay past due and current rent into the court registry.
- On February 1, 2022, a Brevard County Circuit Court ordered the payment to Parrish Medical Center of all the funds deposited by OMNI into the court registry – \$626,258.52. And since that time, OMNI has been depositing over \$20,000 a month into the court registry.

#### **Fifth District Court of Appeal Dismisses OMNI's Appeal**

- On February 3, 2023, the Fifth District Court dismissed OMNI's appeal of the order distributing \$626,258.52 to Parrish Medical Center.

#### **Restraining Order against Dr. Deligdish**

- A North Carolina Judge has entered a restraining order titled temporary restraining order against Dr. Deligdish, OMNI's president, and in favor of a dosimetrist, who Deligdish has alleged created a website cataloging numerous litigations involving OMNI and Dr. Deligdish.

#### **Dr. Deligdish Has Been Chastised by the Mayo Clinic**

- On December 16, 2021, Mayo Clinic's Legal Department sent Dr. Deligdish a letter demanding the immediate removal of any references to Mayo's name and trademarks from Dr. Deligdish's communications and accusing him of falsely associating OMNI Healthcare, Inc. with a non-existent "Mayo Health Network."

#### **The University of Central Florida College of Medicine**

- The University of Central Florida College of Medicine terminated Dr. Deligdish's voluntary position at the University for failing to follow its instructions to cease and desist from using its name in his signature block.

###

**About Parrish Healthcare:** Parrish Healthcare, America's first Joint Commission Integrated Care Certified network, includes Parrish Medical Center, one of the nation's most recognized hospitals for clinical quality, patient safety, and healing environments; Parrish Medical Group, NCQA certified patient-centered medical homes; and Parrish Health Network, a network of healthcare providers, insurers and others working together to improve quality and safety and lower healthcare costs on behalf of individuals, families and businesses.

February 3, 2023



951 N. Washington Ave.  
Titusville, FL 32796  
321-268-6111  
parrishmed.com

### **“PARRISH MEDICAL CENTER – WE EXIST TO SERVE YOU”**

Parrish Medical Center exists to serve its patients and our community. For years, Parrish Medical Center has been at the forefront of cancer care needed by members of our community. Parrish Medical Center’s Cancer Program was first accredited by the American College of Surgeons Commission on Cancer (CoC) in 1989 and is one of the few CoC recognized programs in Brevard County.

Recently physicians in our community may have received letters, or seen postings from, by, or on behalf of, OMNI with inflammatory language (for example in letters sent out in mid to late January). Parrish Medical Center disagrees with the content of these letters, and condemns inflammatorily misleading statements, such as: “Since 2021, Parrish has been trying to evict OMNI from the cancer center OMNI built, with the intent of replacing OMNI’s physicians with its own.” It is Parrish Medical Center’s position that this statement does not accurately reflect reality, as it omits the central point of the litigation won by Parrish Medical Center against OMNI – OMNI failed to pay its rent for more than one year. Physicians and members of our community may have read alarming statements in such correspondence, such as “patients to travel 30-50 miles” or having to “travel significant distances for their care.” Again, it is Parrish Medical Center’s position that these statements do not accurately reflect Parrish Medical Center’s capacity or relationships with our local available providers.

Because we care about our physicians, patients, and care about the community we serve, Parrish Medical Center wishes to provide the following information.

### **WELCOME DR. OLDHAM TO PARRISH MEDICAL CENTER**

#### **(INTERNATIONALLY RECOGNIZED ONCOLOGY/HEMATOLOGY SPECIALIST)**

Recently, Parrish Medical Center hired Dr. Robert K. Oldham an internationally recognized oncology/hematology specialist to care for patients in our community. Since arriving at Parrish Medical Center, Dr. Oldham has cared for hundreds of patients. Indeed, Dr. Oldham’s skills are so well respected that physicians throughout the North Brevard Community already refer to his practice despite his recent arrival at Parrish Medical Center. OMNI physicians have already been referring patients to Dr. Oldham.

### **EVICTON OF OMNI FOR NON-PAYMENT**

Unfortunately, Parrish Medical Center, its Chief Executive Officer, and other personnel, have been the subject of what Parrish Medical Center considers to be retaliatory actions in and out of court by OMNI and Dr. Craig Deligdish – its President. Parrish Medical Center commends the restraint and steadfast attention by our personnel to the operations of our hospital and to

you – it's patients. It is Parrish Medical Center's position that it's personnel may not be alone in receiving multiple unacceptable communications from Dr. Deligdish. Recently, a North Carolina court granted a Dosimetrist (who had formerly rendered services for OMNI) a restraining order against Dr. Deligdish.

On February 1, 2023 the Brevard County Circuit Court ruled that OMNI must vacate Parrish Medical Center's premises at 845 Century Medical Drive. This is welcome news to Parrish Medical Center who prevailed against OMNI, for failing to pay under the lease, in this lawsuit after 19 months of litigation.

#### **COURT ORDERS OMNI TO PAY PARRISH MEDICAL CENTER**

On February 1, 2022, the Brevard County Circuit Court ordered the payment of OMNI's funds (previously required to be deposited into the court registry) to Parrish Medical Center. The amount of unpaid rent distributed to Parrish Medical Center at the time? \$626,258.52. OMNI has had to deposit on a monthly basis of over \$21,000 in rent into the court registry, and Parrish Medical Center will seek its payment of the remaining unpaid rent and additional amount owed. Among other case highlights, OMNI's CFO admitted under oath to the Judge that OMNI had the money to pay Parrish Medical Center the rent it owed, but decided not to pay pursuant to the terms of its lease.

On February 3, 2023, an appellate court dismissed OMNI's appeal of the distribution of \$626,258.52 and ruled that Parrish Medical Center is provisionally entitled to its appellate attorneys' fees should Parrish Medical Center ultimately be found to be the prevailing party.

#### **A TRANSITION WELL UNDER-TAKEN**

About twenty-nine months ago, OMNI stopped paying Parrish Medical Center rent for the cancer center that OMNI was operating next to Parrish Medical Center. Because OMNI was going to be evicted for failing to pay rent, Parrish Medical Center began preparations to assist any patients with transition of care issues so that they could be cared for locally. Dr. Oldham has been hired, and Parrish Medical Center has arranged transition of care with local radiation oncologists. For assistance with any transition of care issues, please contact Parrish Medical Center's Oncology Department at 321-268-6831.

Parrish Medical Center is committed to its Cancer Program. Parrish Medical Center is committed to the well-being of the members of our community.



**EDUCATION COMMITTEE**

Billie Fitzgerald, Chairperson

Maureen Rupe, Vice Chairperson

Robert L. Jordan, Jr., C.M. (ex-officio)

Ashok Shah, M.D.

Aluino Ochoa, M.D.

George Mikitarian, President/CEO (Non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE  
MONDAY, FEBRUARY 6, 2023  
IMMEDIATELY FOLLOWING EXECUTIVE SESSION  
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

**CALL TO ORDER**

- I. Review and Approval of Minutes

*Motion to approve the minutes of the December 5, 2022 meeting.*

- II. SiVATS – Dr. Tishko

- III. Other

- IV. Executive Session (if necessary)

**ADJOURNMENT**

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

**PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.**

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

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

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on December 5, 2022 at 2:11 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

Maureen Rupe, Vice Chairperson  
Robert L. Jordan, Jr., C.M.  
Ashok, Shah, M.D.  
Biju Mathews, M.D  
George Mikitarian (non-voting)

Member(s) Absent:

Billie Fitzgerald, Chairperson (excused)

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

**CALL TO ORDER**

Ms. Rupe called the meeting to order at 2:11 p.m.

**REVIEW AND APPROVAL OF MINUTES**

The following motion was made by Dr. Galfo, seconded by Mr. Specht, and approved (4 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOVED TO APPROVE THE MINUTES OF OCTOBER 3, 2022 EDUCATION COMMITTEE MEETING, AS PRESENTED.***

**IMPLEMENTATION STRATEGY FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT**

Ms. Sellers summarized the memorandum contained in the packet relative to the Community Health Needs Assessment 2022-2025 Strategic Implementation Plan. Discussion ensued and the following motion was made by Mr. Jordan seconded by Mr. Retz and approved (4 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT 2022-2025 STRATEGIC IMPLEMENTATION PLAN.***

**OTHER**

No other items were presented.

**ADJOURNMENT**

There being no further business to discuss, the Educational, Governmental and Community Relations Committee meeting adjourned at 2:21 p.m.

Maureen Rupe  
Vice Chairperson



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# Dennis J. Tishko, MD, FACS

## Thoracic Surgeon

Director, Thoracic Surgery  
Parrish Medical Center  
Titusville, FL

Clinical Assistant Professor of Surgery  
Florida State University

# Background

**Case Western Reserve University**  
**University of Cincinnati Medical School**  
**Harvard University - Surgical Residency**

## **Fellowships:**

**Cleveland Clinic Foundation - Cleveland, OH**  
**University of Wisconsin - Madison, WI**

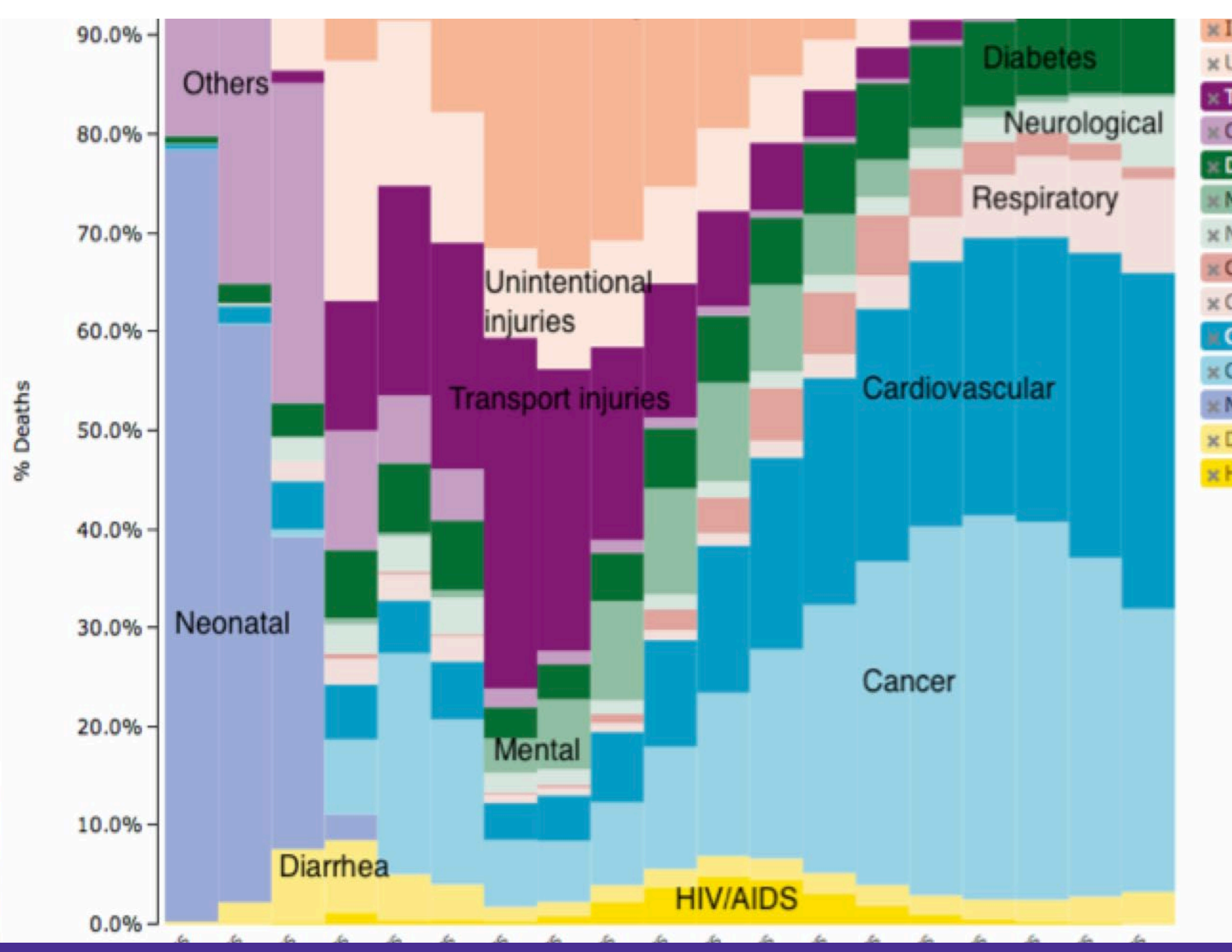
# THORACIC SURGERY

- General or Pure Thoracic  
Noncardiac and nonvascular

**Lungs, Mediastinum, Nodes,  
Chest wall, Ribs, Airways,  
Esoph, Diaphragm**

# Conditions

Lung cancer  
Pulmonary Nodules / Biopsy  
Pleural/Pericardial Effusions  
Empyema - Infections  
Pneumothorax  
Abnormal CT / CXR  
Mediastinal masses  
Trauma



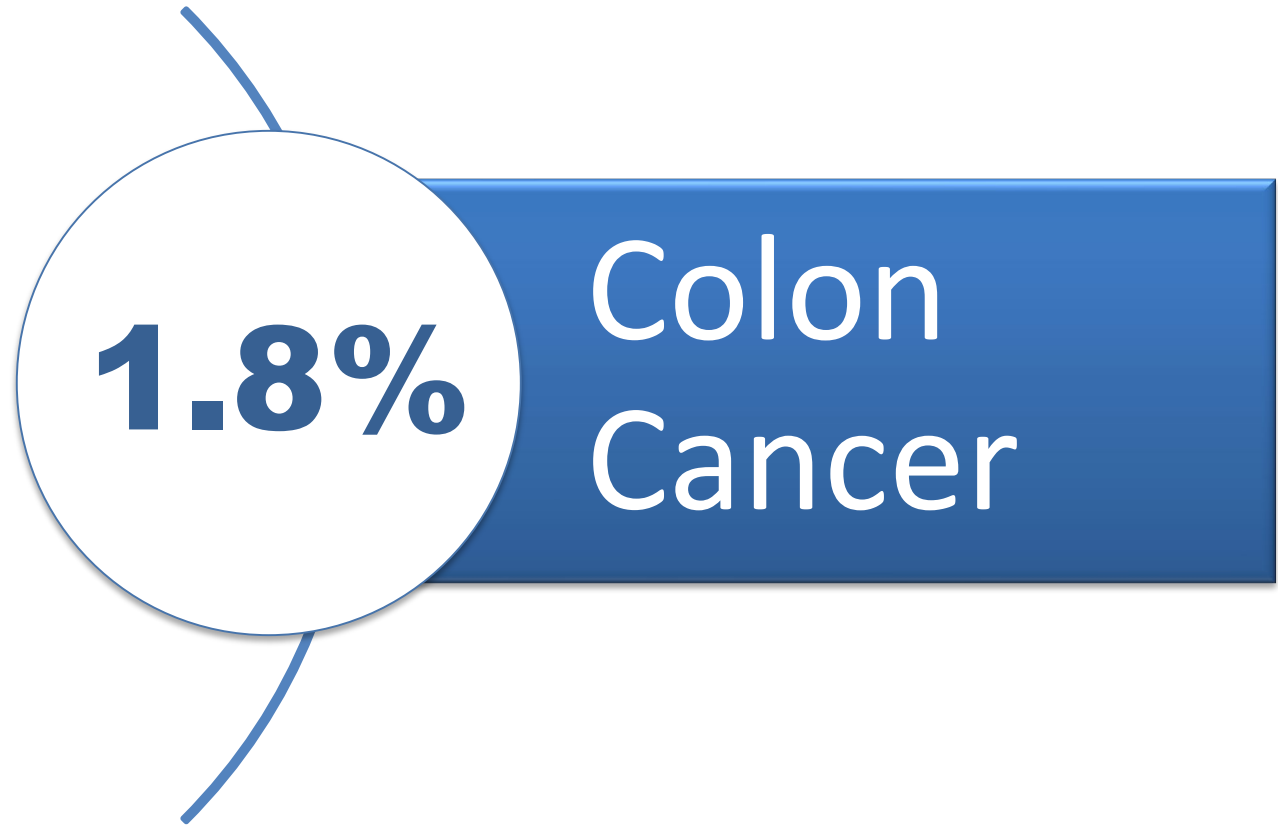
**CANCER IS THE LEADING CAUSE**

**OF DEATH from age 35 – 83**

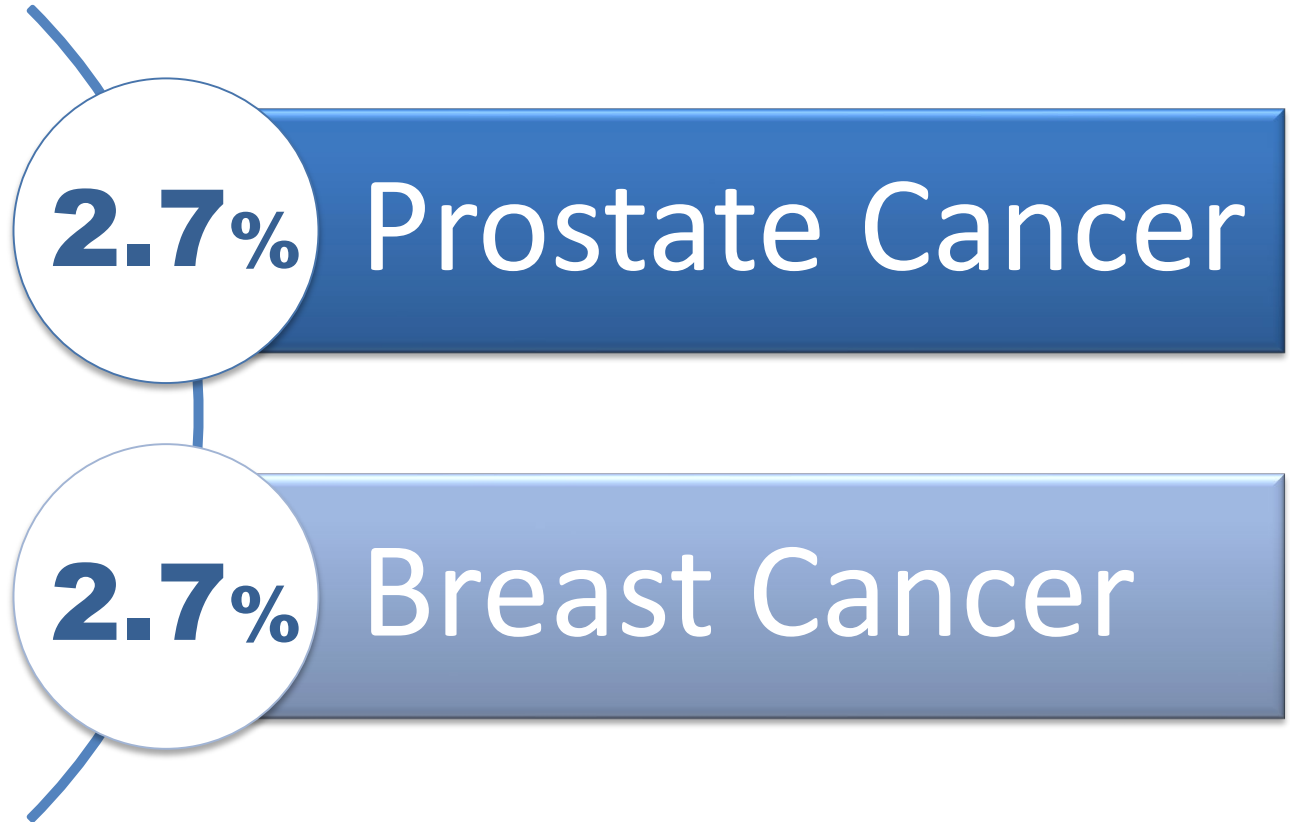
**613,000/yr**

**(>83yo - Heart Disease )**

# Lifetime risk of Death (%)

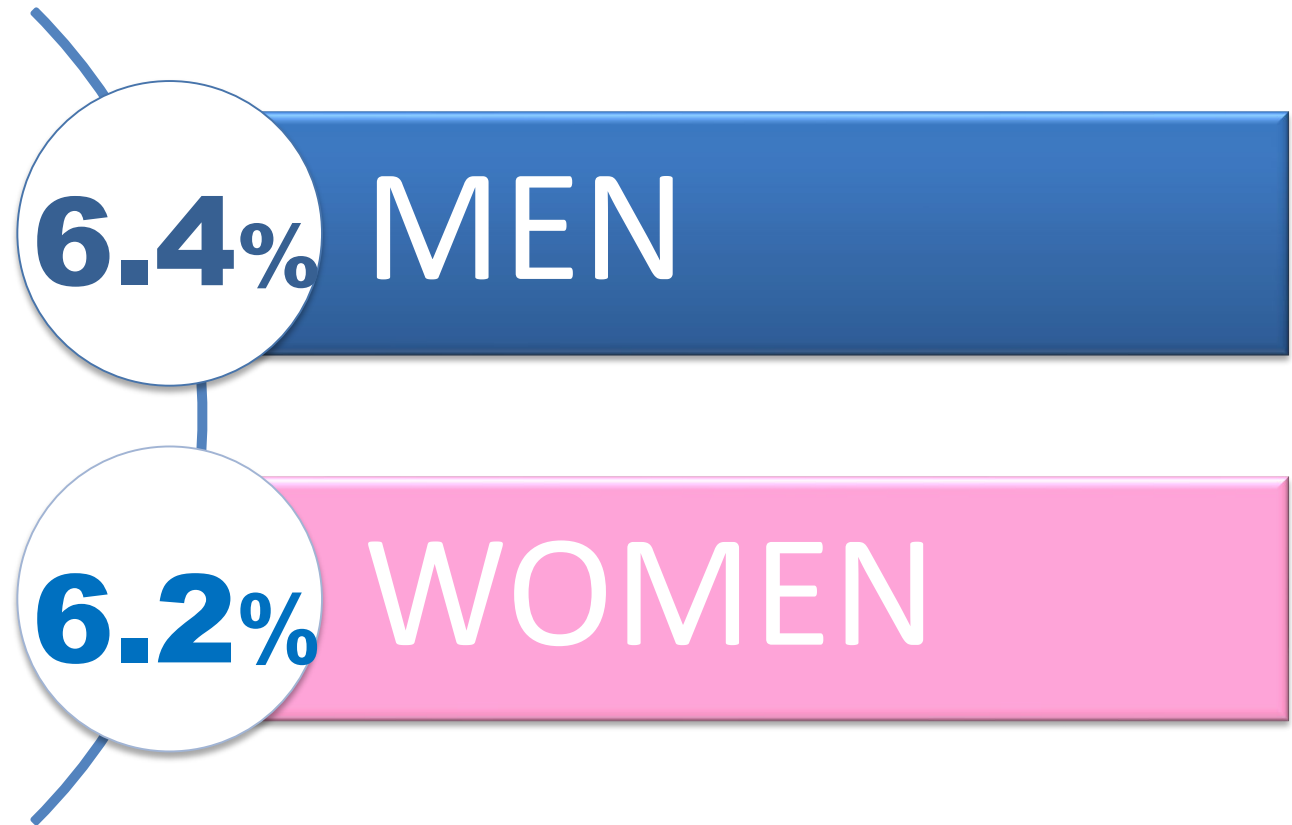


# Lifetime risk of Death (%)





# LIFETIME RISK OF DEATH FROM LUNG CANCER



# 5 year Survival Rates

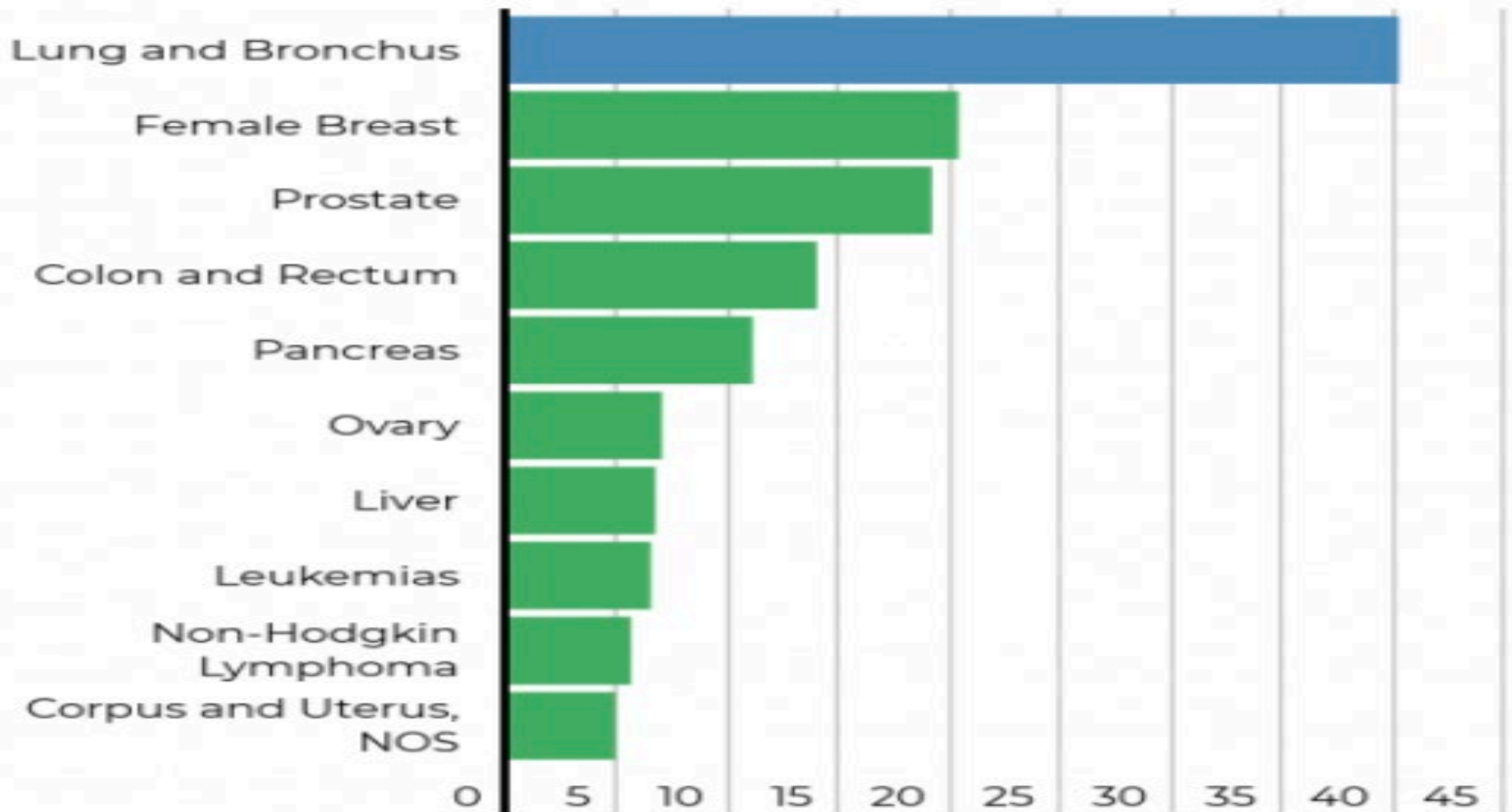
Prostate Cancer – 98%

Breast Cancer – 95%

Lung Cancer – 18%\*

\*caught late

## Age-adjusted rate of cancer deaths (per 100k).



A330-300



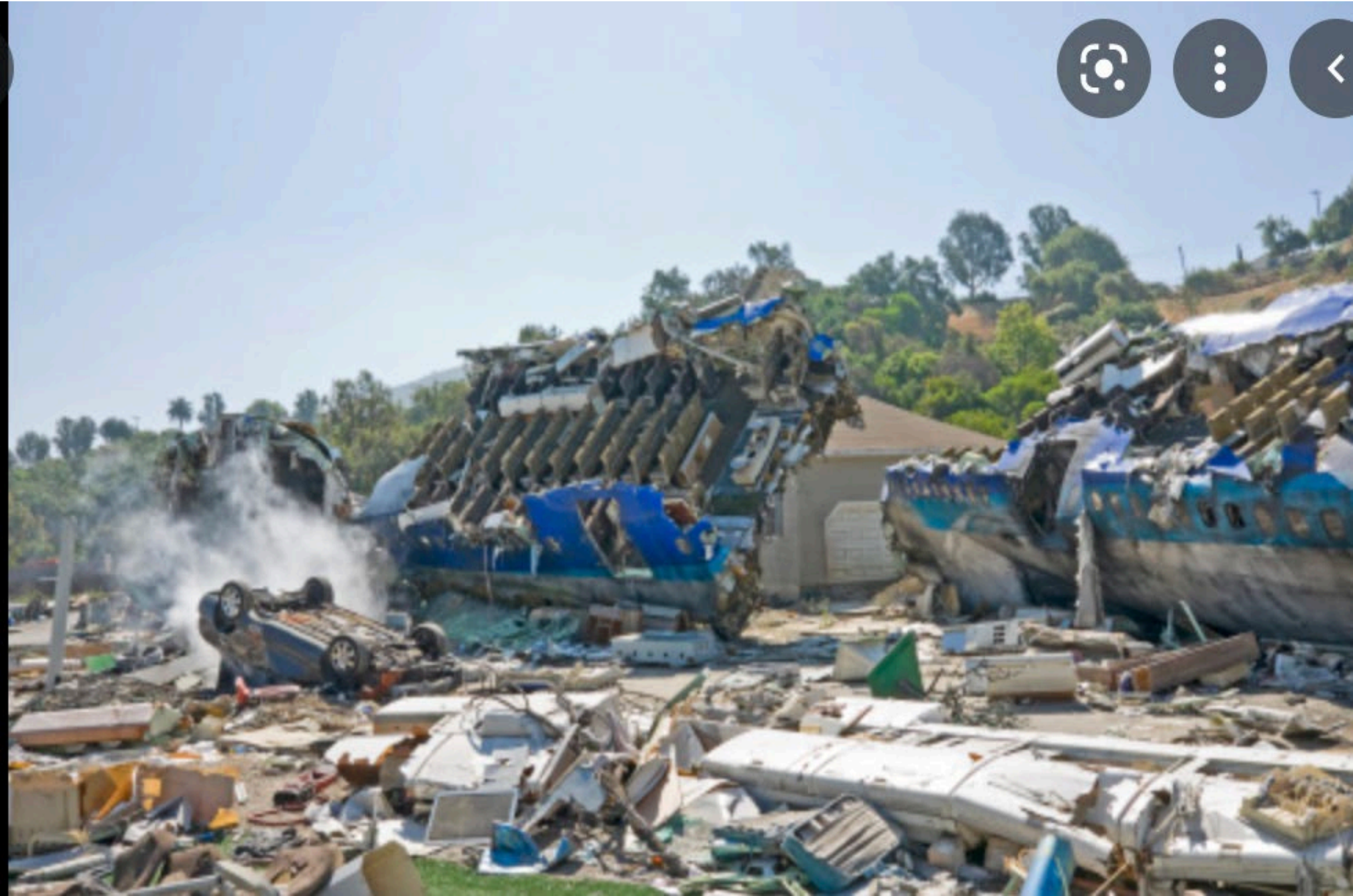


Every single day, *YEAR AFTER YEAR*





# ***DECADE after DECADE***













# Lung cancer kills MORE people than:

Breast cancer

Prostate cancer

Thyroid cancer

Brain cancer

Uterine cancer

Endocrine cancer

*ALL* Childhood cancers

*ALL* Domestic Violence, and

*ALL* MURDERS ---

# ***COMBINED !!***

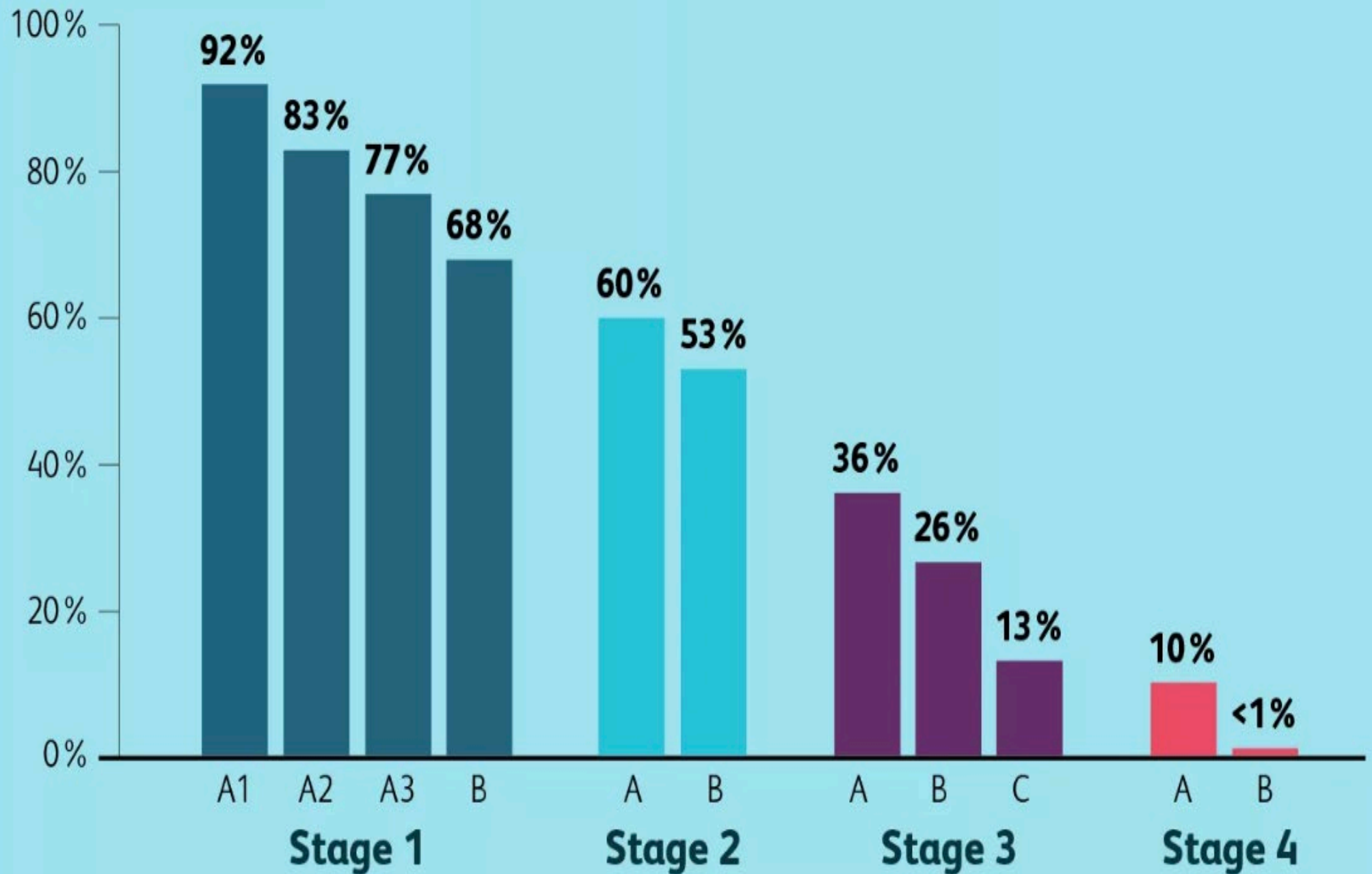








# Non-Small Cell Lung Cancer: 5-Year Survival Rates



# Late stage DX = dismal survival

**US (entire)**

**40% late stage DX**

**South FL**

**65% late stage DX**

**We MUST do better!**

**Screening is the key**

# SCREENING CT SCAN

High Speed

Low Dose

Fast- scan time 4 seconds

Painless

No IV, no needles

# Who Should Be Screened?

Smokers and ex-smokers

Age 50 – 80


20 Pk – Yrs

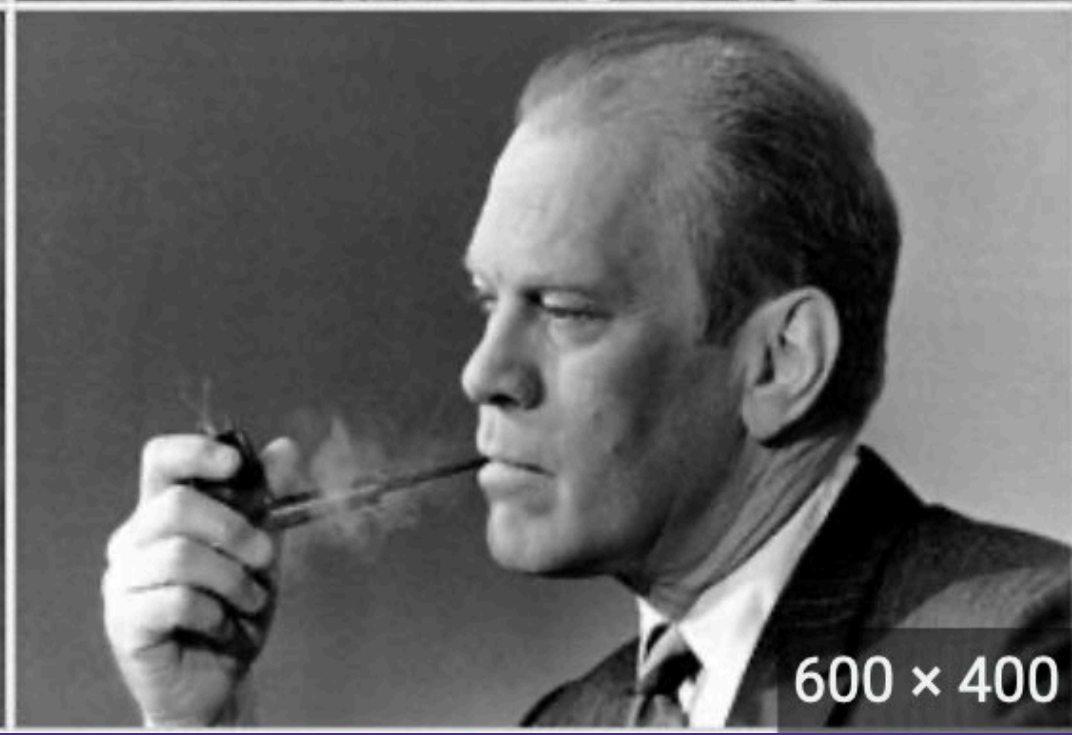
Quit <15Y







 | Published 2008



600 × 400





He's one of the best  
 we ever had here. While his  
 doctor may say (after hours  
 of work) he's actually on call  
 24 hours a day.

The doctor is a brilliant,  
 a diplomat, and a kindly  
 sympathetic human being  
 all in one, no matter how  
 long and hard his schedule.



According to a recent Nationwide survey:

# MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS survey branch of medicine—(11,000)  
 in all—were queried in this nationwide study  
 of cigarette preferences. Three leading research  
 organizations made the survey. The gist of the query  
 was—What cigarette do you smoke, Doctor?

The brand named most was Camel!

The rich, full flavor and cool mildness of Camel's  
 superb blend of choice tobaccos seem to have the  
 same appeal to the smoking tastes of doctors as to  
 millions of other smokers. If you are a Camel  
 smoker, this performance getting doctors will hardly  
 surprise you. If you're not—well, try Camels now.



Your "T-Zone" Will Tell You...

I for Taste...  
 I for Thrust...

That's your  
 growing ground  
 for any cigarette.  
 See if Camels  
 don't suit your  
 "T-Zone" to a "T."



**CAMELS** Castler Tobacco

# We make Virginia Slims especially for women because they are biologically superior to men.

That's right, *superior*.  
 Women are more resistant  
 to starvation, fatigue,  
 exposure, shock, and  
 illness than men are.

Women have two "X"  
 chromosomes in their sex  
 cells, while men have only  
 one "X" chromosome and  
 a "Y" chromosome...which  
 some experts consider to be  
 the inferior chromosome.

They are also less  
 inclined than men to  
 congenital baldness,  
 Albinism of the  
 eyes, improperly  
 developed sweat  
 glands, color  
 blindness of

the red-green type, day blind-  
 ness, defective hair follicles,  
 defective iris, defective tooth enamel,  
 double eyelashes, skin cysts,

shortsightedness, night-  
 blindness, nomadism,  
 retinal detachment, and  
 white occipital locks  
 of hair.

In view of these and  
 other facts, the makers of  
 Virginia Slims feel it  
 highly inappropriate that  
 women continue to use the  
 fat, stubby cigarettes  
 designed for mere men.



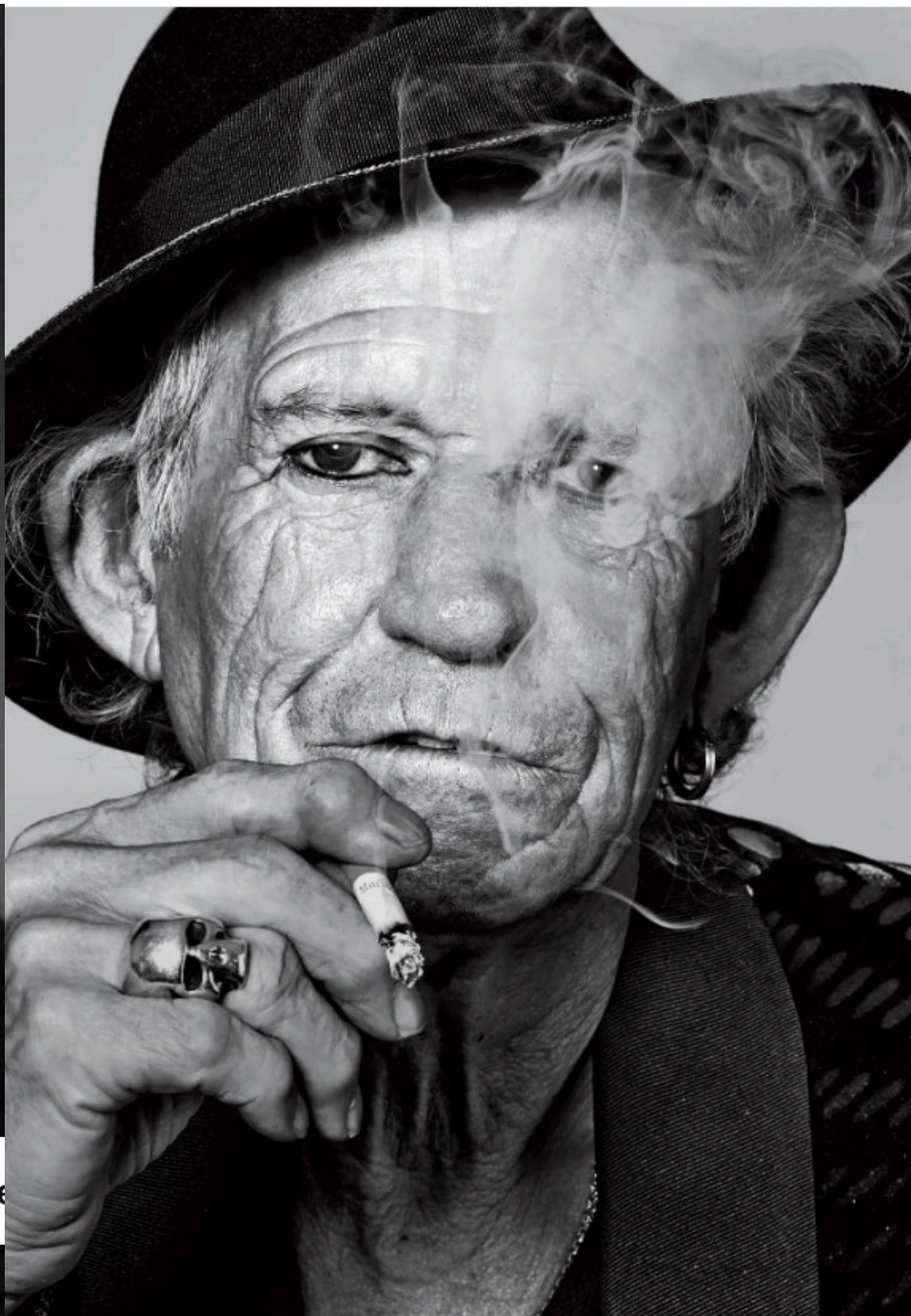
**Virginia Slims.**

Slimmer than the fat cigarettes men smoke.  
 With rich Virginia flavor women like.

You've come a long way, baby.

533 x 736





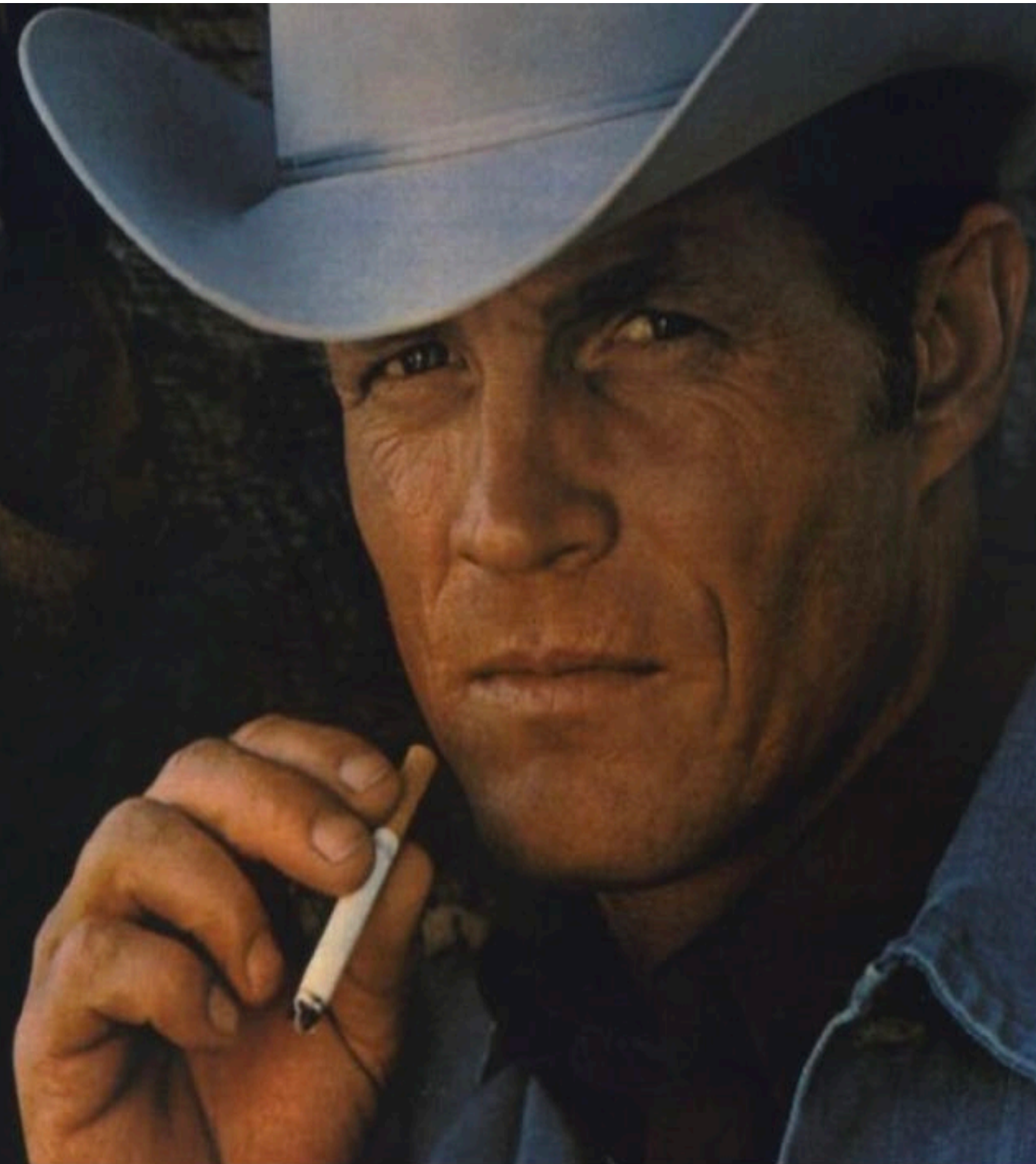
More



Come to  
where the  
flavor is.



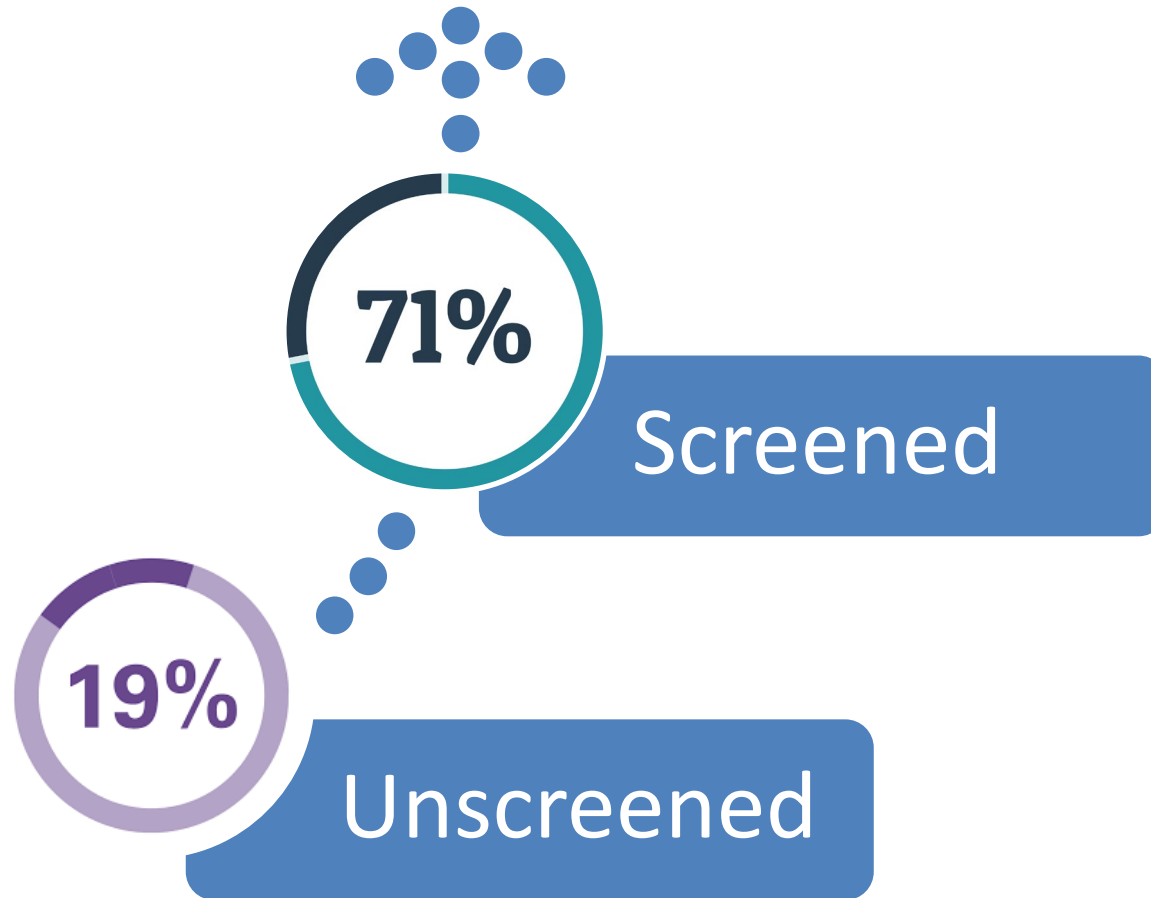
Marlboro Red or Longhorn 100's—  
you get a lot to like.







# 5yr SURVIVAL: Screened vs. Unscreened



# NELSON Study (NL)



Confirmed US Study

**26%**

Decreased men's risk of death

**61%**

Decreased women's risk of death

[News](#) > [Medscape Medical News](#) > [Conference News](#) > [ASCO 2018](#)

# Lung Cancer Screening Rates Only 2% Across US

Liam Davenport

May 22, 2018



**“Every man prefers belief to fact”**

**-Seneca, 4 BC-65 AD**

*-Roman dramatist, philosopher, & politician*

**Nearly four in 10 Americans (39%) believe cancer can be cured solely through alternative therapies such as enzyme and oxygen therapy, diet, vitamins, and minerals. 47% ages 18-39**

## News Releases



### National Survey Reveals Surprising Number of Americans Believe Alternative Therapies Can Cure Cancer

ASCO's second annual National Cancer Opinion Survey also shows caregivers and rural Americans struggle to afford and access cancer care

**FOR IMMEDIATE RELEASE**

October 30, 2018

**Contact**

Aaron Tallent

**“If I have cancer, I don’t want to know”**



# 93-100% SURVIVAL NO LONGER DEATH SENTENCE WHEN CAUGHT EARLY

**Table 2**  
Outcomes with sublobar resection of malignant GGO lesions

Study	n	Stage	Size (cm)	GGO Criteria	% Wedge	% Segment	% Lobectomy	% 5-y Survival		% Recurrence	
								OS	DFS	Local	Any
Yoshida et al, <sup>44</sup> 2005 <sup>a</sup>	50	cl	<2	Pure	60	12	28	100	100	0	0
Yamada et al, <sup>50</sup> 2004	39	—	<2	Pure	72	10	18	—	—	0	0
Nakata et al, <sup>46</sup> 2003 <sup>a</sup>	33	cla	≤1	Pure	100	0	0	—	—	0	0
Nakamura et al, <sup>72</sup> 2004	27	—	—	Pure	97 <sup>b</sup>	3 <sup>b</sup>	0 <sup>b</sup>	94	—	0	0
Mun and Kohno, <sup>58</sup> 2007	27	—	—	Pure	88 <sup>c</sup>	2 <sup>c</sup>	10 <sup>c</sup>	100	(70) <sup>d</sup>	0	0
Okada et al, <sup>65</sup> 2003	88	—	<3	>50% <sup>e</sup>	11 <sup>b</sup>	50 <sup>b</sup>	39 <sup>b</sup>	99	—	—	—
Kondo et al, <sup>66</sup> 2002	66	—	<2	>50%	0	52	48	100	100	0	0
Kodama et al, <sup>68</sup> 2001 #3765	52	—	≤2	>50%	40	31	29	—	(100) <sup>f</sup>	0	0
Ikeda et al, <sup>69</sup> 2004	44	—	<2	>50%	70 <sup>b</sup>	13 <sup>b</sup>	17 <sup>b</sup>	100	—	0	0
Yamato et al, <sup>45</sup> 2001 <sup>a</sup>	42	cla	≤2	>50%	81	5	14	—	—	0	0
Watanabe et al, <sup>48</sup> 2005 <sup>a</sup>	34	cla	<2	>50%	41	59	0	—	—	0	3
Ichiki et al, <sup>67</sup> 2011	33	cla	<2	>50%	46	54	0	100	100	0	0
Matsuguma et al, <sup>70</sup> 2004	31	cla	≤3	>50%	—	—	—	—	—	0	0
Koike et al, <sup>47</sup> 2009 <sup>a</sup>	20	cl	—	>50%	96	4	0	93	93	0	0

Lung cancer screening  
will save more lives  
than mammography  
and colonoscopy  
*combined!*

# Lung Screening

- Doubles # early Cancers from 20% to 40%
- INCREASES resection rate
- Early cancer survival >90%
- Proper treatment is critical

# Surgical Treatment of Lung Cancer

- ✓ Best chance for CURE = SURGICAL
- ✓ NCCN Treatment of choice Stage I, II and ?III
- ✓ Curative for Stage I (>90% survival)
- ✓ Early detection is critical
- ✓ If it **can** come out, it **should** come out
- ✓ Delays **KILL**

# Lung Cancer Resections



Wedge Resection



Segmentectomy

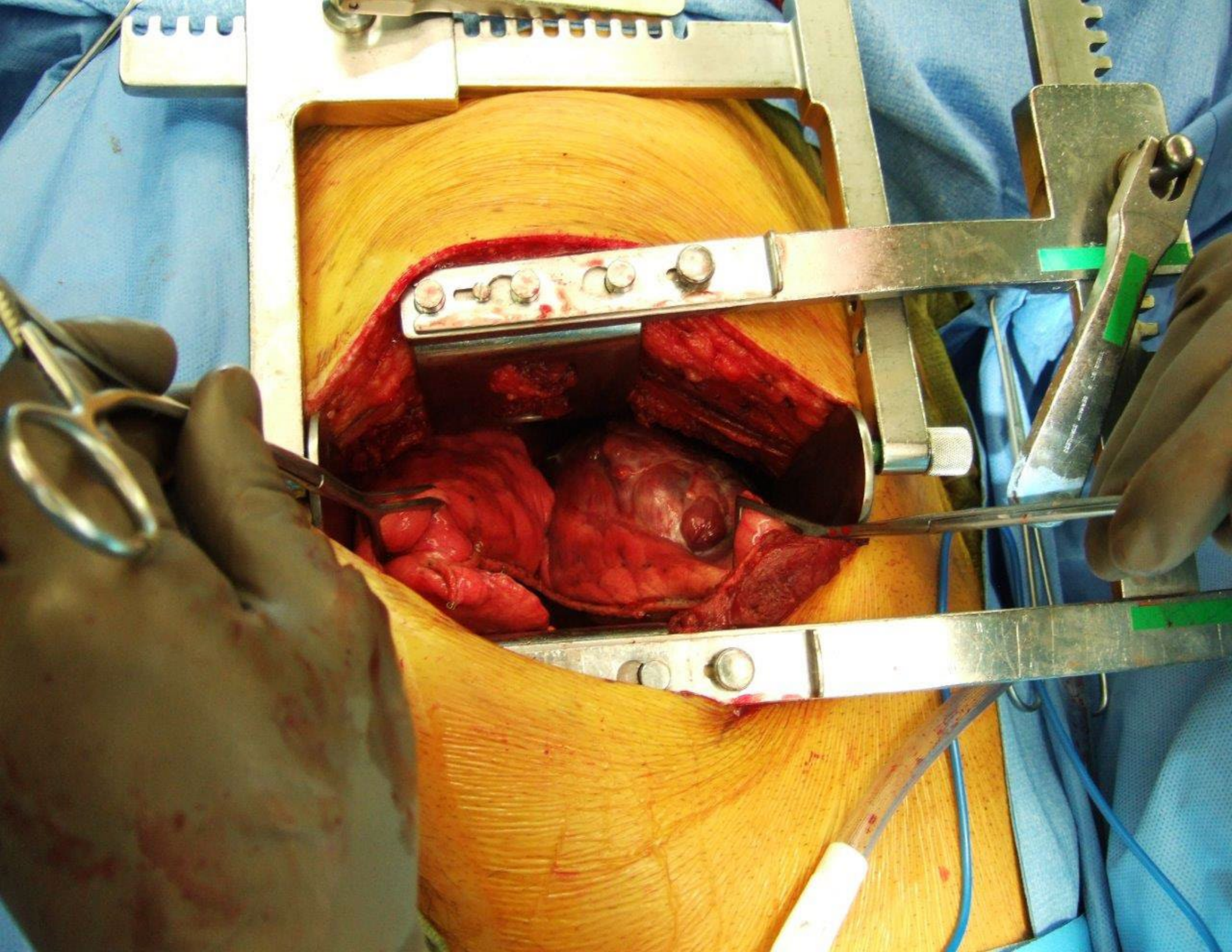


Lobectomy

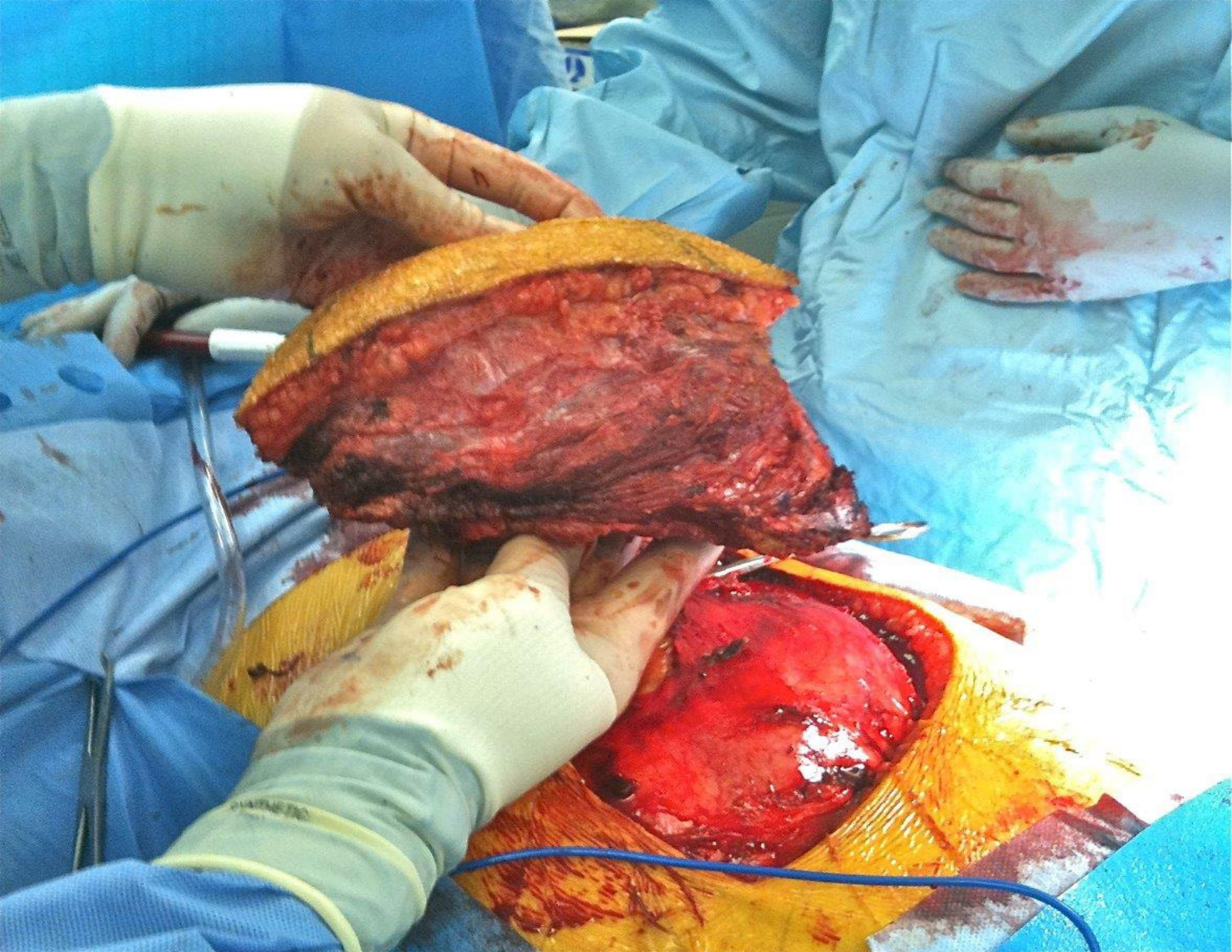


Pneumonectomy





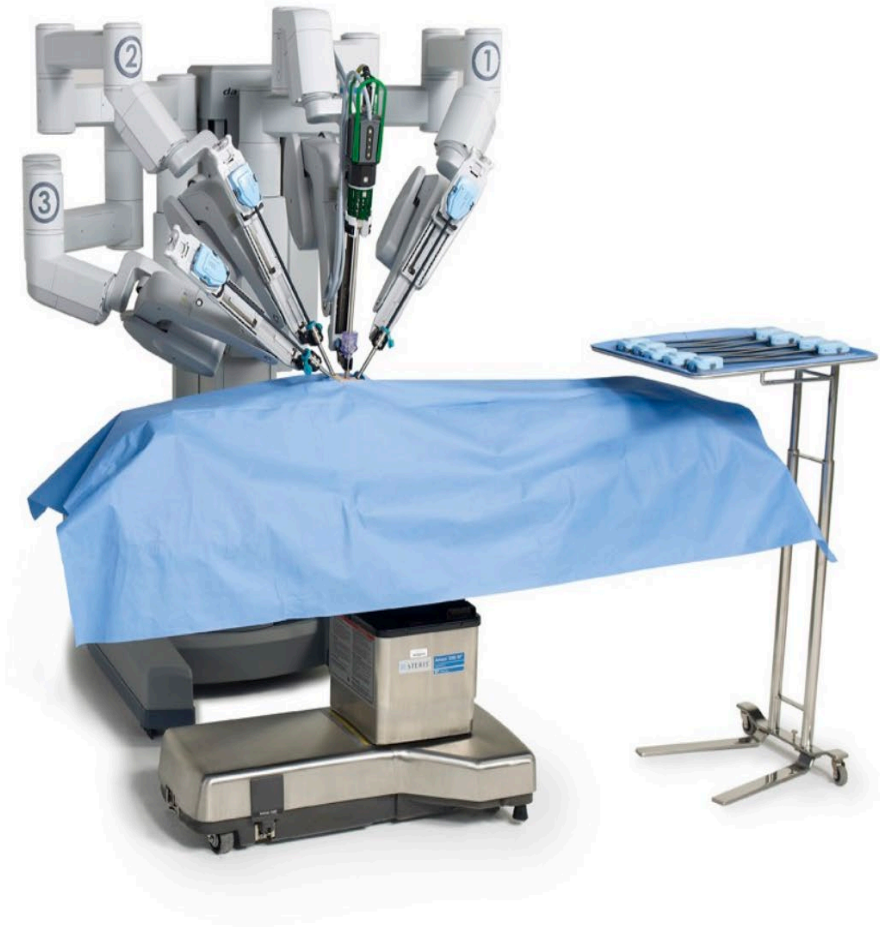


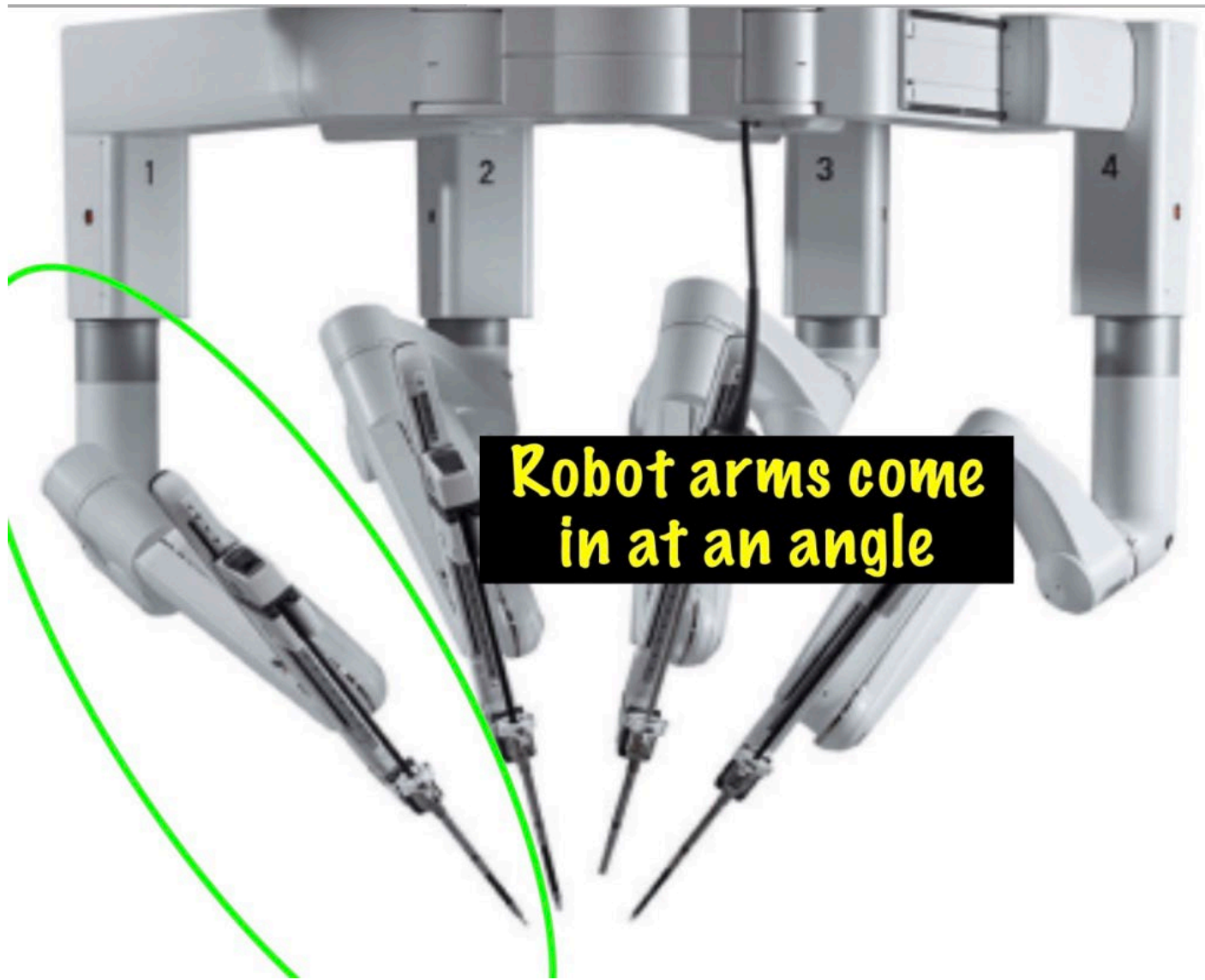




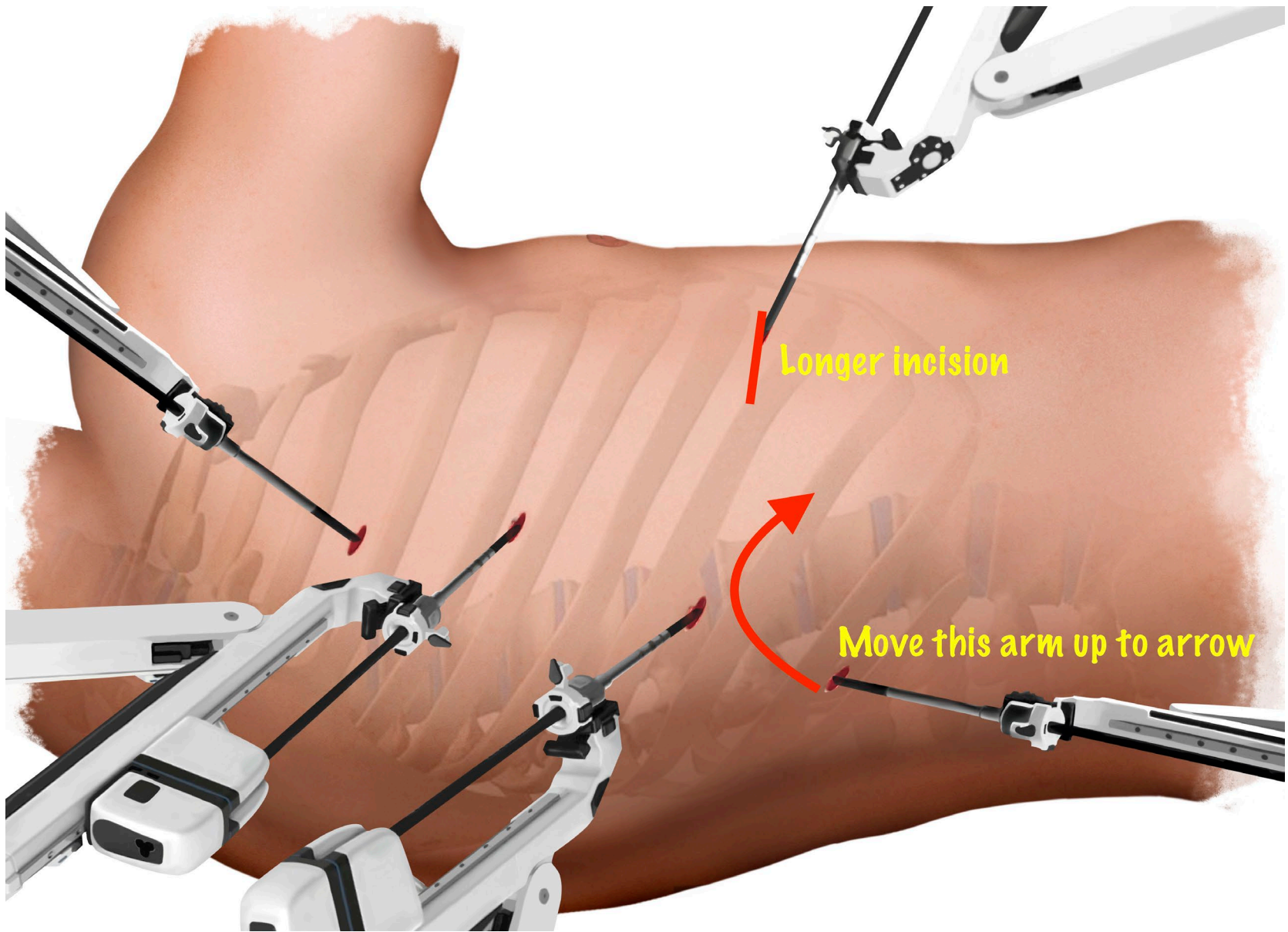




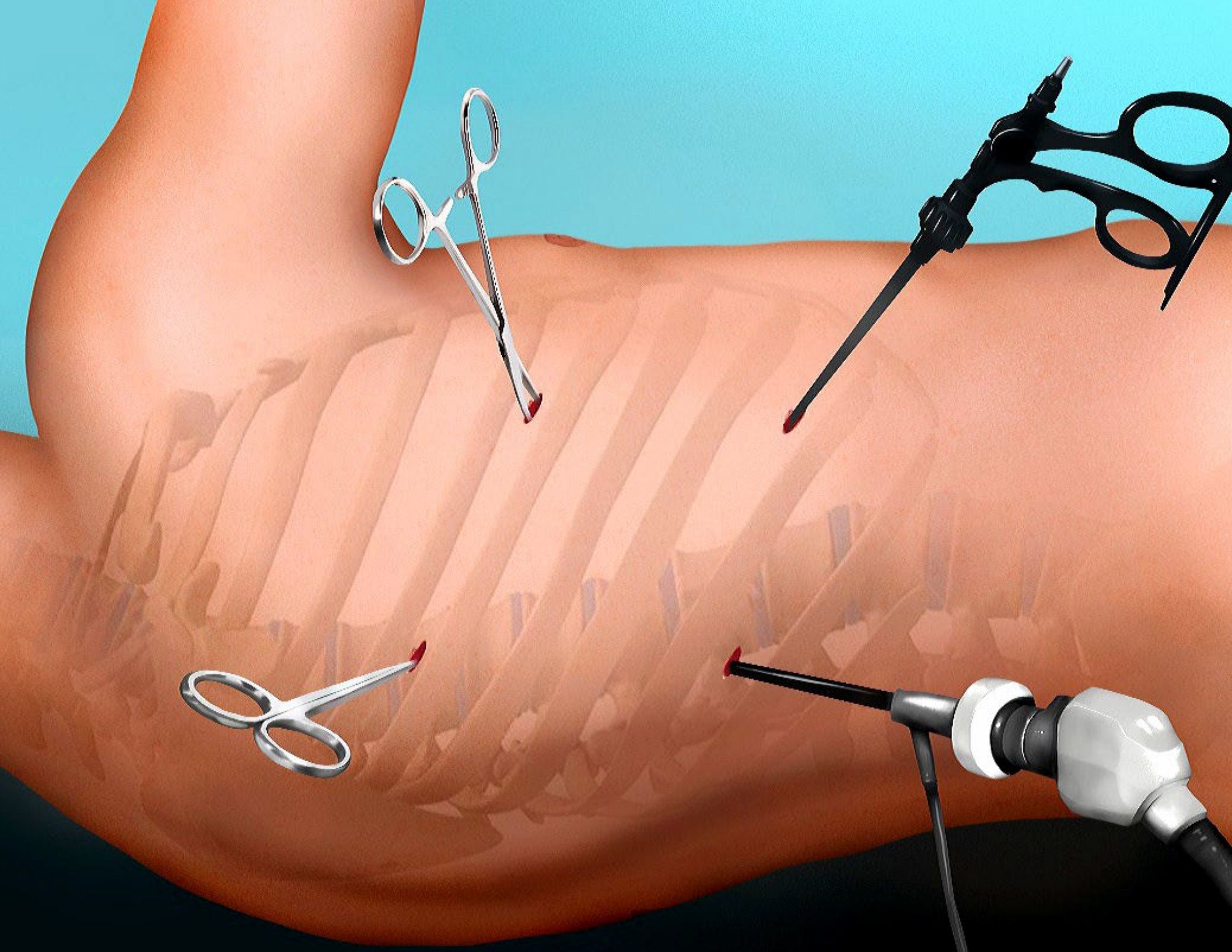




**Robot arms come  
in at an angle**



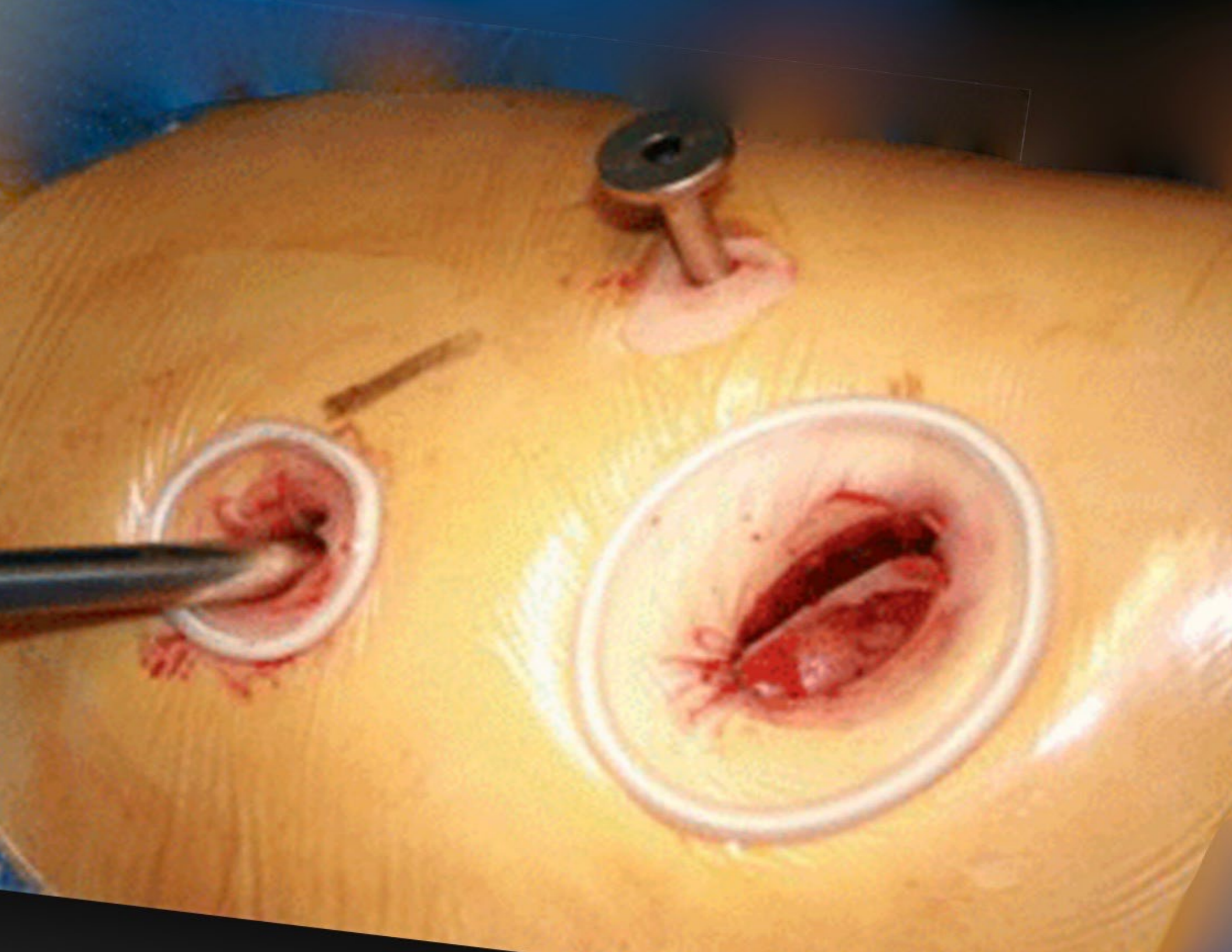




**Considered minimally invasive:**

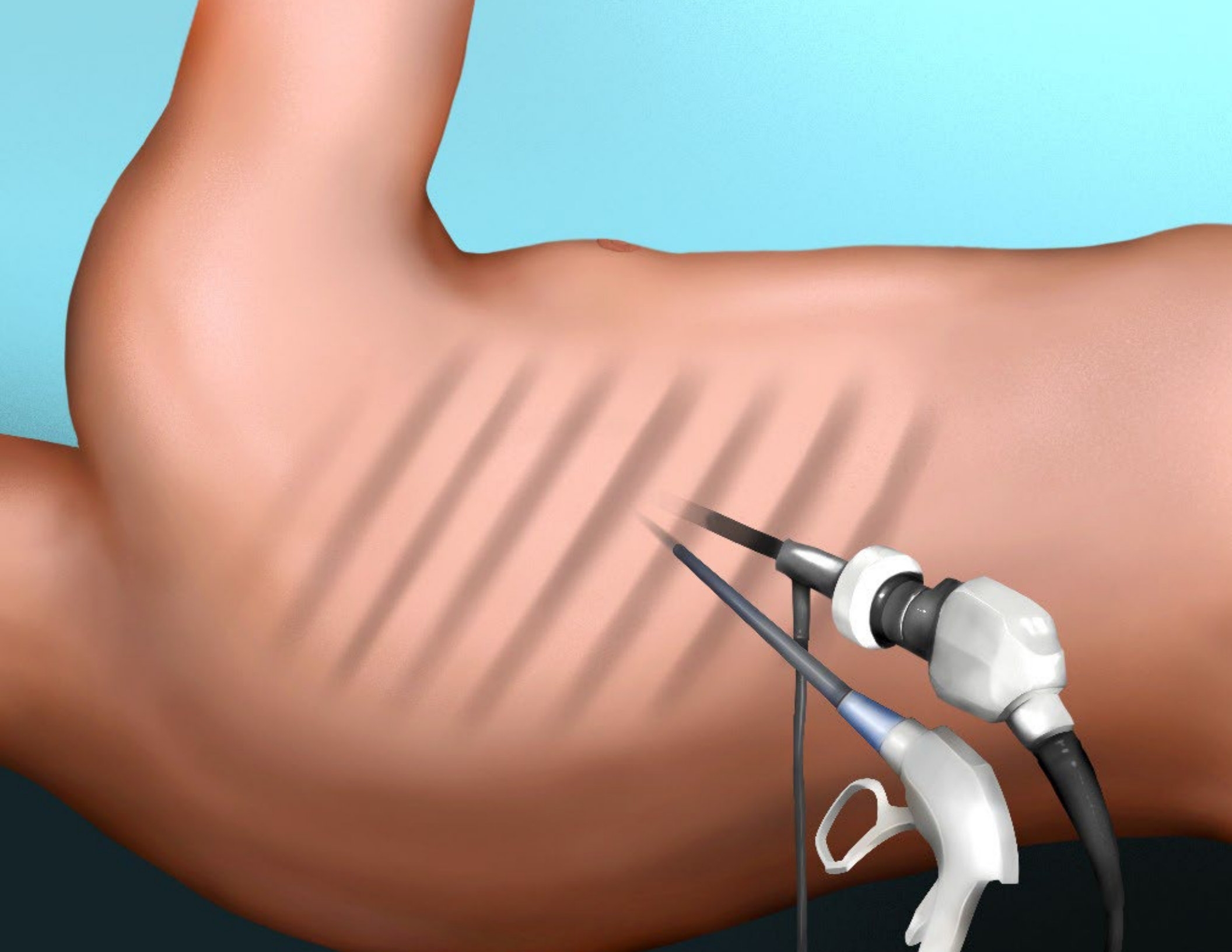






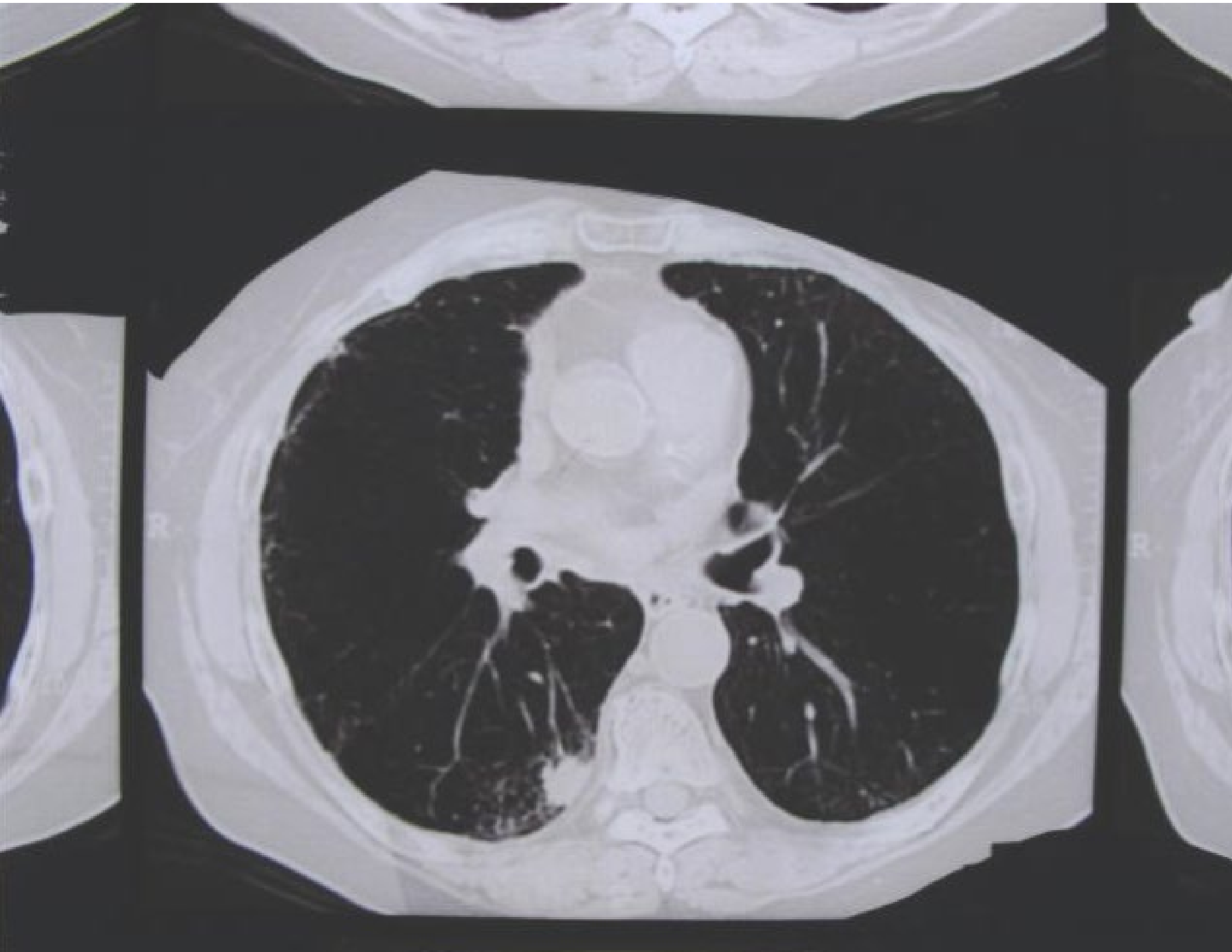
# Single Incision Video Assisted Thoracic Surgery (SIVATS)

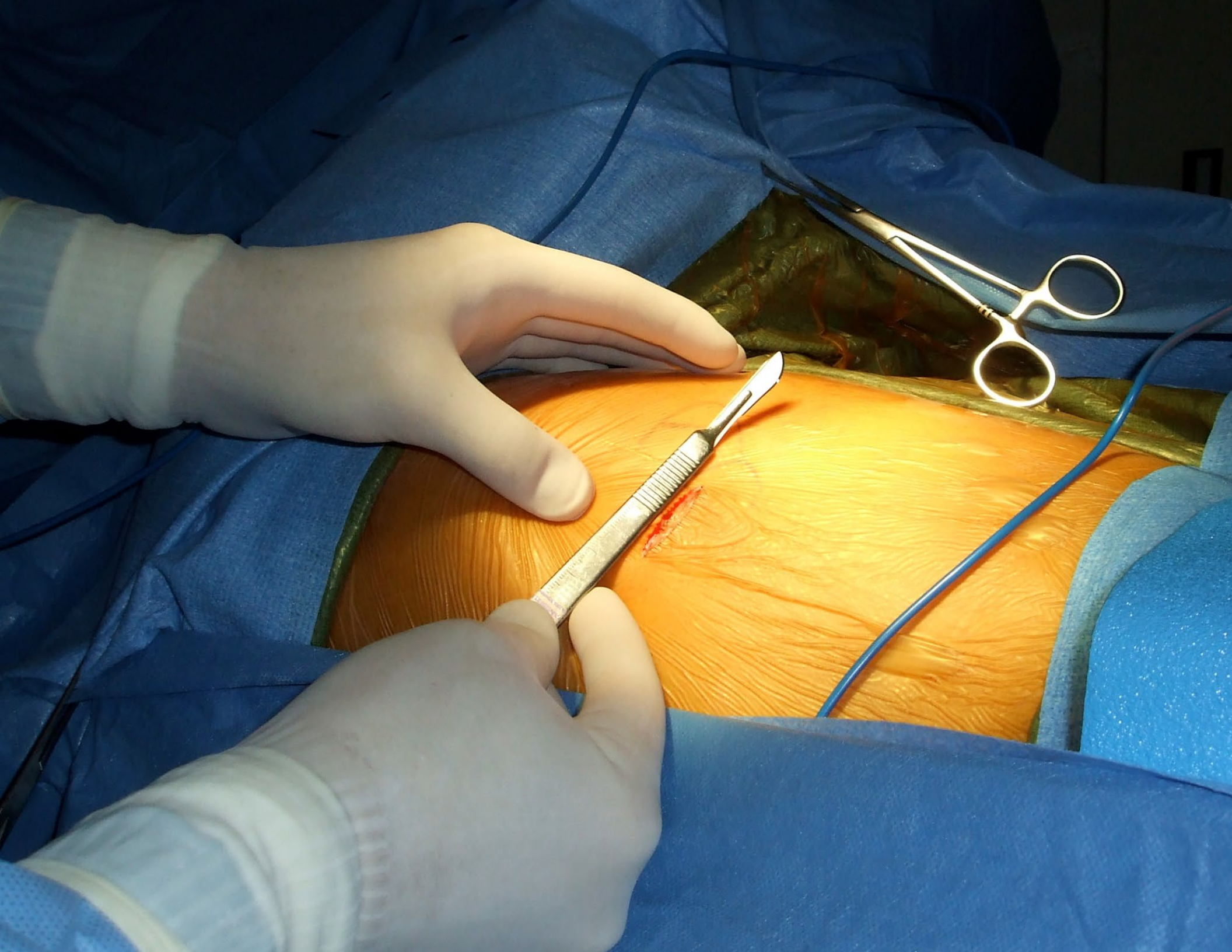
- Single incision for rapid recovery / return to function
- Minimally invasive
- Shorter length of stay
- Less pain
- Faster recovery
- Compromised patients
- Expanded pool of candidates



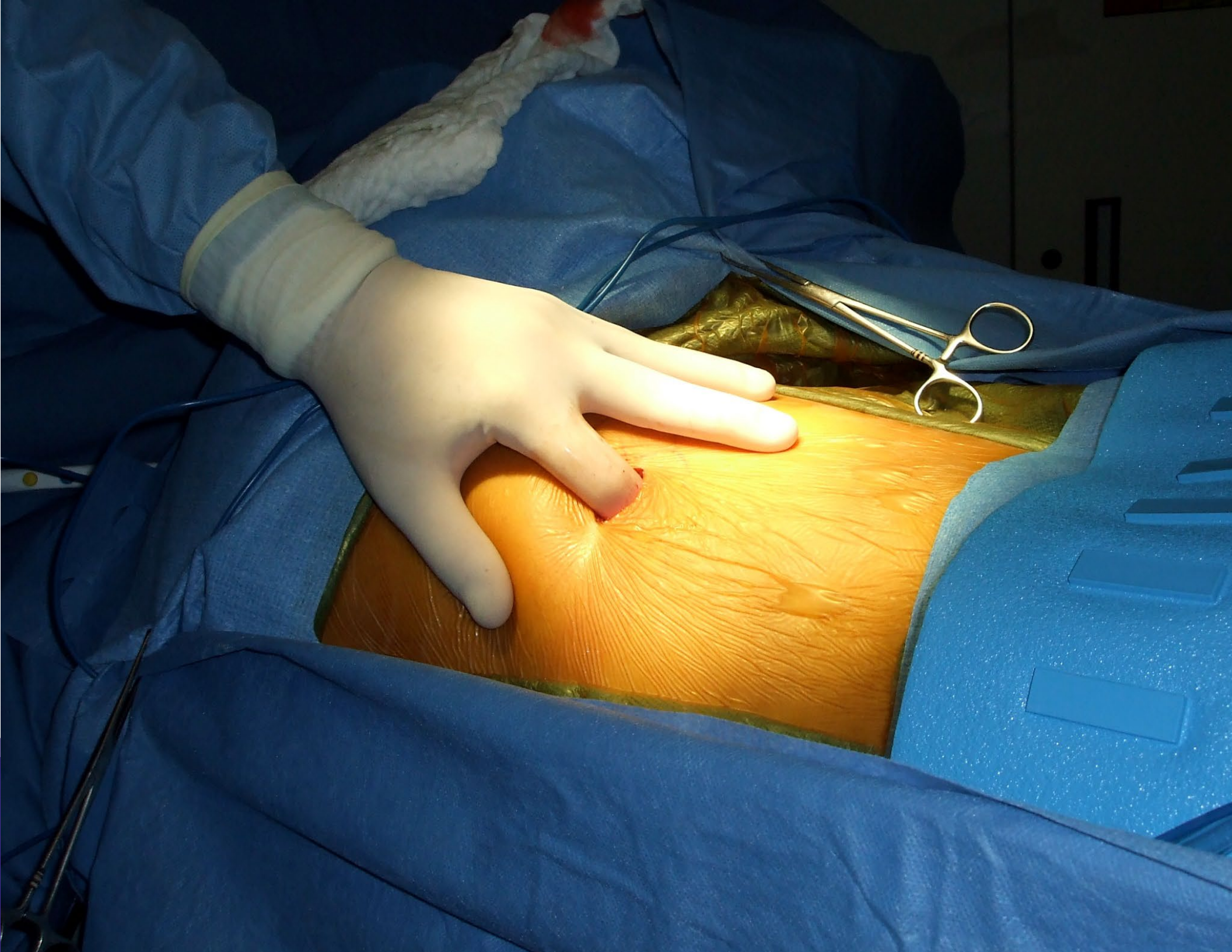




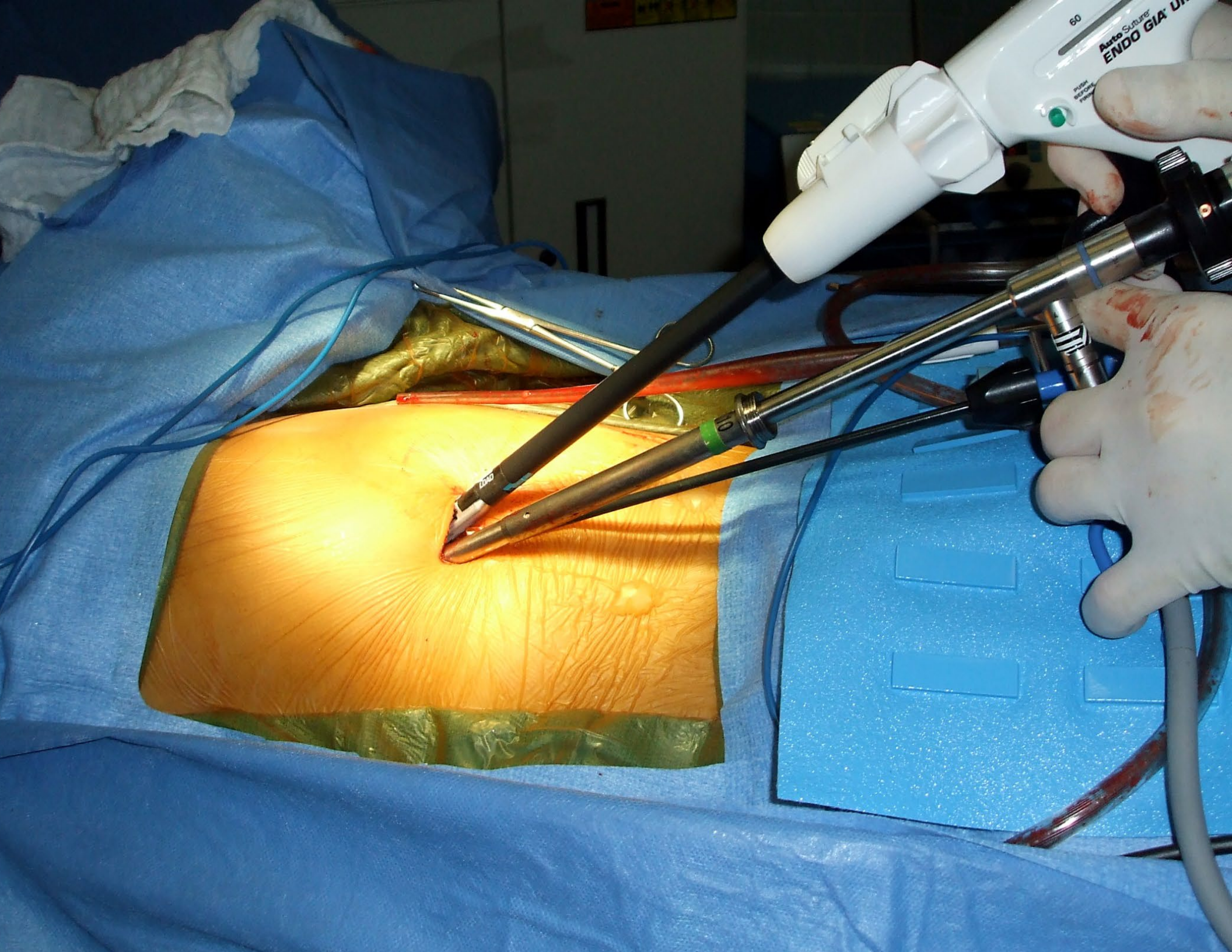












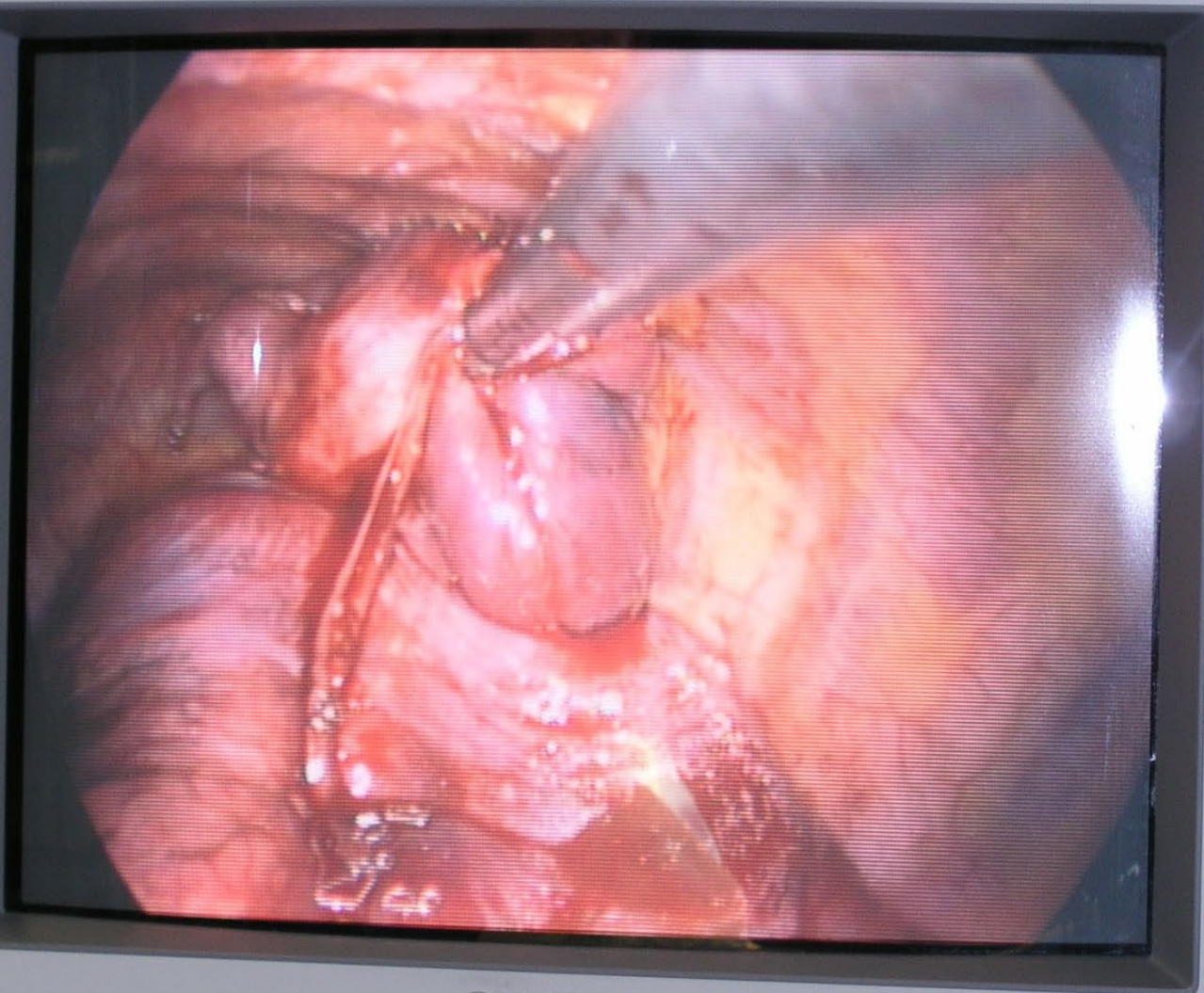




Trinitron

DANGER  
EXPLOSION HAZARD DO NOT  
USE IN THE PRESENCE OF  
FLAMMABLE ANESTHETICS

DANGER  
RISK OF EXPLOSION  
DO NOT OPERATE IN PRESENCE  
OF FLAMMABLE ANESTHETICS



SONY

PVM-200MD10  
MANUFACTURED IN JAPAN

Control panel of the Sony Trinitron monitor, featuring various adjustment knobs and buttons:

- APERTURE (MIN MAX)
- BRIGHT (MIN MAX)
- CHROMA (MIN MAX)
- PHASE (MIN MAX)
- CONTRAST (MIN MAX)
- VOLUME (MIN MAX)
- POWER (ON/OFF)
- REACTIVE (ON/OFF)
- Other controls: LINE, SUPERCOMPACT, SPLIT, HOLD, STILL, EJECT, SHARP, CALIBRATE, SYNC, LOCK, and various function buttons.















# Patient Management

Extensive pre-operative education

Multidisciplinary interaction

Meticulous

Consistent

Early and aggressive ambulation

D/C Home 1-3 days

Superb clinical outcomes for patient and community

# Lung cancer kills MORE people than:

Breast cancer

Prostate cancer

Thyroid cancer

Brain cancer

Uterine cancer

Endocrine cancer

*ALL* Childhood cancers

*ALL* Domestic Violence, and

*ALL* MURDERS ---

# **COMBINED !!**

**DRAFT AGENDA  
BOARD OF DIRECTORS MEETING - REGULAR MEETING  
NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
FEBRUARY 6, 2023  
NO EARLIER THAN 2:00 P.M.,  
FOLLOWING THE LAST COMMITTEE MEETING  
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

**CALL TO ORDER**

- I. Pledge of Allegiance
- II. PMC's Vision – *Healing Families – Healing Communities*
- III. Approval of Agenda
- IV. Recognitions(s)
  - A. New Providers (memo included)
- V. Review and Approval of Minutes (December 5, 2022 Regular Meeting)
- VI. Open Forum for PMC Physicians
- VII. Public Input and Comments\*\*\*<sup>1</sup>
- VIII. Unfinished Business\*\*\*
- IX. New Business\*\*\*
  - A. 2023 Board of Directors Committee Roster – Mr. Jordan

***Motion to approve the 2023 Board of Director Committee Roster, as presented.***

- X. Medical Staff Report Recommendations/Announcements
- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda\*\*\*
  - A. Finance
    - 1. **Motion to recommend the Board of Directors approve the Pension Plan Actuarial Valuation as of October 1, 2022.**

- 2. Motion to recommend the Board of Directors approve the purchase of two (2) Hemochron Signature Elite Instruments for the new EP Cardiology Program, at a total cost of \$27,525.**
  - 3. Motion: To recommend to the Board of Directors to approve the buyout of the endoscope and colonoscope instrumentation and equipment at Parrish Medical Center at fair market value (FMV), at a total cost not to exceed the amount of \$187,620.**
  - 4. Motion to recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.**
- 

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

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

XIII. Committee Reports

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

XIV. Process and Quality Report – Mr. Mikitarian

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

XVI. Other

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

**BOARD OF DIRECTORS MEETING**

**FEBRUARY 6, 2023**

**PAGE 3**

**ADJOURNMENT**

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

**PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.**

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

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



*Healing Families – Healing Communities®*

[parrishhealthcare.com](http://parrishhealthcare.com)



# Welcome New Provider

## **Melchor E. Gonzalez, MD, FACC – Interventional Cardiology**

Medical School: Doctor of Medicine – Central del Este University (San Pedro de Macoris, DR)

Residency: Internal Medicine – Abington Memorial Hospital (Abington, PA)

Fellowships: Cardiology – Allegheny University Hospitals (Philadelphia, PA)

Interventional Cardiology – Albert Einstein Medical Center (Philadelphia, PA)



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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center (the District) was held at 2:22 p.m. on December 5, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present:

Robert L. Jordan, Jr., C.M., Chairman  
Stan Retz, Vice Chairman  
Billy Specht  
Elizabeth Galfo, M.D.  
Ashok Shah, M.D.  
Maureen Rupe

Member(s) Absent:

Jerry Noffel (excused)  
Billie Fitzgerald (excused)  
Herman A. Cole, Jr. (excused)

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

**CALL TO ORDER**

Mr. Jordan called the meeting to order at 2:22 p.m.

**PLEDGE OF ALLEGIANCE**

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

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

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

**APPROVAL OF MEETING AGENDA**

Mr. Jordan requested approval of the meeting agenda in the packet as revised. Discussion ensued and the following motion was made by Mr. Specht, seconded by Mr. Retz and approved (6 ayes, 0 nays, 0 abstentions).

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

**REVIEW AND APPROVAL OF MINUTES**

Discussion ensued and the following motion was made by Dr. Galfo, seconded by Dr. Shah and approved (6 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOVE TO APPROVE THE MINUTES OF THE OCTOBER 3, 2022 REGULAR MEETING, AS PRESENTED.***

**OPEN FORUM FOR PMC PHYSICIANS**

There were no physician comments.

**PUBLIC COMMENTS**

There were no public comments.

**UNFINISHED BUSINESS**

There was no unfinished business.

**NEW BUSINESS**

There was no new business.

**CONSENT AGENDA**

Discussion ensued regarding the consent agenda, and the following motion was made by Dr. Galfo, seconded by Mr. Specht and approved (6 ayes, 0 nays, 0 abstentions).

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

Consent Agenda

**A. Pension**

- 1. Motion to recommend the Board of Directors approve the appointment of membership for Jacqueline Hurley to the Pension Committee to serve the duration of Ms. Sylvia Simpsons term ending on March 1, 2023**

**B. Finance**

1. Motion to recommend the Board of Directors approve the renewal of membership for Stan Retz for a three-year term from January 1, 2023 to December 31, 2025.
2. Motion to recommend the Board of Directors approve the Signer's Resolution of the Board of Directors of North Brevard County Hospital District for TD Bank and designating authorized signers as presented.
3. Motion to recommend the Board of Directors approve the buyout of the MRI

Lease at Titus Landing at fair market value (FMV), at a total cost not to exceed the amount of \$239,181.

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

**C. Executive**

1. **Motion to recommend the Board of Directors approve the Resolution of the North Brevard County Hospital District initiating Intergovernmental Conflict Resolution Procedures pursuant to Chapter 164 of the Florida Statutes with Brevard County to resolve the conflict over Emergency Medical Transport Diversion issues.**

**D. Education**

1. **Motion to recommend the Board of Directors approve the Community Health Needs Assessment 2022-2025 Strategic Implementation Plan, as presented.**

**COMMITTEE REPORTS**

**Quality Committee**

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

**Finance Committee**

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

**Executive Committee**

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

**Educational, Governmental and Community Relations Committee**

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

**Planning, Physical Facilities and Properties Committee**

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

**PROCESS AND QUALITY REPORT**

Mr. Mikitarian shared that Lester Eljaiek has accepted the position as CFO and will be attending the January meeting.

**Hospital Attorney**

Legal counsel had no report.

**OTHER**

There was no other business to come before the Board.

**CLOSING REMARKS**

Mr. Jordan shared that the recent Gift of Light event was spectacular.

**ADJOURNMENT**

There being no further business to discuss, the Parrish Medical Center Board of Directors meeting adjourned at 2:29 p.m.

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING PARRISH MEDICAL CENTER  
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR SESSION MINUTES  
January 17, 2023**

**Present:** C. Manion, MD, R. Patel, MD, K. Patel, MD, C. Jacobs, MD, G. Cuculino, MD, G. Mikitarian, P. Carmona, MD, L. Stuart, MD, A. Ochoa, MD, M. Navas, MD, C. Fernandez, MD, B. Mathews, MD, R. Jordan

**Absent:** C. McAlpine, K. George, MD

The meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on January 17, 2023 at 5:30 pm in the Conference Center. A quorum was determined to be present.

**CALL TO ORDER.**

Dr. Ochoa called the meeting to order at 5:31 pm.

**I. REVIEW AND APPROVAL OF MINUTES**

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

- I. OLD BUSINESS:** There was an omission in the Minutes of November, 2022. The Critical Value List was sent out electronically for comment/vote, was amended but the final list was not published within the Minutes.

*Dr. Carmona's note indicated:* Besides the update on the glucose critical value already approved, I am proposing removing Covid 19 positive results and adding Lactic acid greater than or equal to 4 mmol/L to the list. (Attached.) *Noted for the minutes.*

**II. NEW BUSINESS:**

**CONSENT AGENDA - STANDING ORDERS**

- MSE Sepsis (E3414) - Updated CBC to CBC & Differential.
- MSE Stroke (E3417) - Updated CBC to CBC & Differential.
- Paracentesis - Postoperative (E44b) - Multiple Revisions.
- General Surgery - Pre (E1053) - Multiple Revisions.



- Pneumonia Pediatric (E1236abc) - Multiple Revisions.
- Skin and Soft Tissue Infection Ped (E1238abc) - Multiple Revisions.
- Fever Without a Source Ped (E1227abc) - Multiple Revisions.
- Pre EP / Ablation Orders (E3696) - New Order Set.

**The motion to approve the Consent Agenda as written and distributed (in block) was made by Dr. Stuart, seconded by Dr. Navas and unanimously approved.**

**Report from Administration:** None

**Report from the Board:** Mr. Jordan took the opportunity to wish the committee members a Happy New Year, and to thank them for their hard work in the prior year, and the year to come.

**Committee Reports:**

The Minutes from the REGULAR session of the Board of Directors of January 9, 2023 were entered into the minutes as written and distributed.

**Department Reports:** None

**Open Forum:**

Dr. Cuculino spoke to the pending plan to admit patients who are in the ED in excess of 24 hours if they have been accepted to a transfer facility awaiting bed availability at the accepting facility. Discussion raised issues of DRG (Diagnosis-related group), who gets paid? Transfer by definition implies return, or transfer back to original facility. More details will follow.

Dr. Cuculino raised the idea of extending the term of the President of the Medical staff from one to two years. Extending the term would allow the President to ramp up, be thoroughly integrated into the system, prior to the next election. Note, the provisional period of one year disallows for all new physicians to participate.

Dr. Navas shared the news of the OB/GYN Department having received the Baby Friendly designation after a strenuous qualifying period. Dr. Navas also noted that Dr. Adrian Roznowski would be joining us on January 23, 2023 as Locum's (hospital based, no office visits).

Dr. Fernandez noted that we are now doing contrast Mammography.

**Adjournment:** There being no further business the meeting adjourned at 5:47 pm.

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Aluino Ochoa, MD  
President Medical Staff

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Christopher Manion, MD  
Secretary Treasurer

**NEXT MEETING: FEBRUARY 21, 2023**

# Clinical Laboratory Critical Value List



The following is a list of critical values established at Parrish Medical Center:

Test	Critical Value	
Absolute Neutrophil Count (ANC#)	< 0.50 Th/mm <sup>3</sup>	
Acetaminophen	> 150 µg/mL @ 4 hours post-ingestion > 50 µg/mL @ 12 hours post-ingestion	
AFB Stain	Positive for AFB	
Alcohol, Blood	Low: none	High: ≥0.3 gm/dL
Bacterial Contamination on Transfused Platelets	Positive Bacterial Contamination on Transfused Platelets	
Bilirubin, Total	Low: none	High: ≥15 mg/dL (Newborn to 1 yr)
Blood Culture	Positive	
Blood Urea Nitrogen (BUN)	Low: none	High: ≥100 mg/dL
Calcium (Serum, plasma)	Low: ≤7 mg/dL	High: ≥13 mg/dL
Carbamazepine	Low: none	High: ≥20 µg/mL
Carbon Dioxide (CO <sub>2</sub> Serum, plasma)	Low: ≤15 mmol/L	High: ≥40 mmol/L
Covid-19 RNA/Antigen *All outpatient Covid-19 RNA/Antigen positive results that are obtained overnight will be called in the morning during 1 <sup>st</sup> shift.	Positive	
CSF Culture, Stain, or Serological Testing (Includes send-out reports)	Positive	
CSF Gram Stain, Fungal Stain	Positive	
Digoxin	Low: none	High: ≥2.5 ng/mL
Direct Antiglobulin Test (DAT) on Cord Blood	Positive	
Glucose (Serum, plasma) *During glucose tolerance testing: if the glucose result from the draw following a critical result returns to normal, the results will be faxed to the physician office with the comment "Results faxed to physician office."	Low: ≤50 mg/dL	High: ≥400 mg/dL Exception: Glucose Tolerance. See explanation to the left.
Glucose in Newborns (age 0-3 days)	Low: <40 mg/dL	High: >300 mg/dL
HCO <sub>3</sub>	Low: <10 mmol/L	High: >40 mmol/L
Hematocrit	Low: ≤20% (preop ≤30%)	High: ≥60% (Adults)
Hemoglobin Newborn (age 0-2 months) Adults & Infants 3 months and older	Low: ≤7 gm/dL (preop ≤10 gm/dL)	High: ≥20 gm/dL
Influenza A H1	Positive	
Joint Fluid	Positive Gram Stain and/or Culture	
Lithium		High: >1.7 mmol/L
Magnesium	Low: ≤1.0 mg/dL	High: >5.0 mg/dL
Malarial Smear	Positive	
Phenobarbital	Low: none	High: >55 µg/mL
PCO <sub>2</sub>		High: >46 mmHg
pH (Arterial) Newborn (age 0-3 days) Adults	Low: < 7.3 < 7.35	High: > 7.55

# Clinical Laboratory Critical Value List



Test	Critical Value	
PO <sub>2</sub> Newborn (age 0-3 days)	Low: < 50 %	
Adults	< 60 %	
Phosphorus	Low: < 1 mg/dL	High: none
Platelet Count	Low: < 30,000/mm <sup>3</sup>	High: none
Potassium	Low:	High:
0 – 2 Days old	≤ 3.4 mmol/L	≥ 7.1 mmol/L
2 Days – 1 yr old	≤ 3.3 mmol/L	≥ 7.1 mmol/L
Older than 1 yr	≤ 2.9 mmol/L	≥ 6.4 mmol/L
Adult (no hemolysis)	≤ 3.0 mmol/L	≥ 6.0 mmol/L
Pregnancy Test on Pre-Op Specimen	Positive	
PT INR	Low: none	High: ≥ 5.0
PTT	Low: none	High: ≥ 125 seconds
Salicylate	Low: none	High: ≥ 30 mg/dL
Sodium	Low: ≤ 120 mmol/L	High: ≥ 160 mmol/L
Tacrolimus	Abnormal High	
Theophylline	Low: none	High: ≥ 25 µg/mL
Troponin I High Sensitivity *During cardiac marker monitoring, the first critical troponin will be called. Subsequent critical values do not need to be called.	Low: none	High: Any individual value ≥ 50.0 pg/mL or any increase of > 20 pg/mL between a result and either prior result in that series (the delta).
Urine Ketones in Newborns	Present	
Urine Glucose in Newborns	Present	
Valproic Acid	Low: none	High: ≥ 150 µg/mL
Venous pH	Low: < 7.20	High: ≥ 7.60
ERWBC	Low: < 3.0 Th/mm <sup>3</sup>	High: none

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

**2023 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES**

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**BOARD OF DIRECTORS**

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

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Robert L. Jordan, Jr., C.M., Chairman  
Stan Retz, CPA, Vice Chairman  
Elizabeth Galfo, M.D., Secretary  
Herman A. Cole, Jr., Treasurer

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Robert L. Jordan, Jr., C.M., Vice Chairperson  
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Herman A. Cole, Jr., Treasurer  
Maureen Rupe Member-at-Large  
George Mikitarian, President/Chief Executive Officer (Non-voting)

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Maureen Rupe,  
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Aluino Ochoa, M.D., President/Medical Staff\*  
George Mikitarian, President/Chief Executive Officer (Non-voting)

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Jerry Noffel  
Billy Specht  
Maureen Rupe  
Christopher Manion, M.D.\*  
Aluino Ochoa, M.D., President/Medical Staff\*\*  
George Mikitarian, President/Chief Executive Officer (Non-voting)

**2023 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES**

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**PLANNING, PHYSICAL FACILITIES AND PROPERTIES COMMITTEE**

Robert L. Jordan, Jr., C.M. (ex-officio)  
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Billie Fitzgerald  
Billy Specht  
Ashok Shah, M.D.  
Aluino Ochoa, M.D., President/Medical Staff\*  
George Mikitarian, President/Chief Executive Officer (Non-voting)

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Herman A. Cole, Jr.  
Stan Retz, CPA  
Elizabeth Galfo, M.D.

**QUALITY COMMITTEE**

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Robert L. Jordan, Jr., C.M. (ex-officio)  
Stan Retz, CPA  
Herman A. Cole, Jr.  
Billie Fitzgerald  
Jerry Noffel  
Maureen Rupe  
Ashok Shah, M.D.  
Billy Specht  
Greg Cuculino, M.D.  
Aluino Ochoa, M.D., President/Medical Staff  
Kiran Modi, M.D., Designee/Medical Staff Review Committee  
Francisco Garcia, M.D., Designee/Utilization Management/Medical Records Committee\*\*  
Christopher Manion, M.D., Designee/Credentials and Medical Ethics Committee  
George Mikitarian, President/Chief Executive Officer (Non-voting)

**JOINT CONFERENCE COMMITTEE**

Board Member  
Board Member  
Board Member  
Board Member  
Aluino Ochoa, M.D., President/Medical Staff, Chairman  
Pedro Carmona, M.D., Vice President/Medical Staff  
MEC Member – To Be Determined  
MEC Member – To Be Determined  
George Mikitarian, President/Chief Executive Officer (Ex-Officio with Vote)



**2023 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES  
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**BOARD OF DIRECTORS AD HOC CREDENTIALS COMMITTEE**

Robert L. Jordan, Jr., C.M. (ex-officio)  
Elizabeth Galfo, M.D.  
Billie Fitzgerald  
Ashok Shah, M.D.

**INVESTMENT COMMITTEE**

Robert L. Jordan, Jr., C.M. (ex-officio)  
Stan Retz, CPA  
Herman A. Cole, Jr.

**BOARD LIAISON APPOINTMENTS**

**Joint Risk Management Committee**

Ashok Shah, M.D.

**Medical Staff Review Committee**

Ashok Shah, M.D.

**North Brevard Medical Support, Inc.**

Stan Retz, CPA

\*Medical Staff Representatives

\*\*Designated as the alternate to represent Medical Staff in absence of primary delegate.  
The Vice President of the Medical Staff will represent the President of the Medical Staff  
in his absence at all Board meetings.

(February 2, 2023)

## 2023 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES

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### SCHEDULE OF MEETINGS

Ad Hoc Credentials Review Committee Executive Session	–	First Monday TBD
Quality Committee	–	First Monday Noon
Finance Committee	–	First Monday (Immediately following Quality)
Executive Committee	–	First Monday (Immediately following Finance)
Board of Directors Executive Session	–	First Monday (To commence no earlier than 1:30 p.m.)
Education Committee	–	First Monday (Immediately following Executive Session)
Planning Committee	–	First Monday (Immediately following Education Committee)
Board Meeting	–	First Monday (To begin no earlier than 2:00 p.m. or immediately following the last Committee meeting)
Audit Committee	–	TBA
Joint Conference Committee	–	TBA
Medical Executive Committee	–	Third Tuesday 5:30 p.m.
Medical Staff	–	First Tuesday March, June, September, December 5:30 p.m.



*Healing Families – Healing Communities®*

[parrishhealthcare.com](http://parrishhealthcare.com)

# Community Outreach & Involvement

January 2023

# January Involvement

## Events and Classes

- Decoding Diabetes Education Class
- Early Steps Play Date
- Tools to Quit Smoking
- Blue Origin | Safety Day
- Martin Luther King Day Celebration
- Space Race benefitting United Way

# Martin Luther King Day

## Jan. 16, 2023

### Isaac Campbell Park

- \$2,500 sponsorship benefitting Boyz2Men with Purpose
- Care Navigation team, Heather Minnear and Lara Chicone; and representative from Space Coast Health Centers
  - Blood pressure checks, stroke education and risk assessments



# Boyz2Men with Purpose



They partner with the judicial system, schools, and other organizations to engage youth to participate in life skills programs to prepare for future jobs.



# Space Race

## Jan. 20, 2023

- **\$5,000 sponsorship benefitting United Way**
- **750 “racers”**
- **750 race bags with Parrish Healthcare Information**

Maricelis Foster, Jessica Ruiz, Chris Rich, Caitlyn Ramsey, Esther Porta, Lester Eljaiek, Leigh Spradling, Kristina Weaver, Ericka Jacobs, Beth Fields & Dana Dolin



# Blue Origin Safety Day

## Jan. 26, 2023



- 1400 employees attended
- Care Navigation Team:
  - Michele Roberge, Sleep Center – Sleep screenings
  - Peggy McLaughlin, Care Navigation – Diabetes education
  - Heather Minnear, Care Navigation – Stroke education and risk assessments
  - Meghan Johnson, Health & Wellness Center – Body mechanics education

# Addressing CHNA Priorities

**Access to Care | Diabetes | Heart Disease**



# Athletic Training Program

## AHS | THS | SCHS | CHS



- Athletic Trainers on the fields of four high schools
- In January 306 student athletes were served
- Screenings, including heart screenings in partnership with Who we Play For

AT team, led by Dr. Allotta and Director Kellie Way: Lindsay Minthorn, Kaci Montgomery, Emily Lewis, Nicole Yacobino and Salma Gilliard



# Decoding Diabetes

## Education Class & Support Group

- Led by Certified Diabetes Care and Education Specialist, Peggy McLaughlin, RN
- Nutrition and meal planning
- Physical wellness
- Preventing complications
- Much more!



Class & Support Group meet monthly.

# Stroke & Heart Failure Survivor Support Groups



This group is led by care partner, Janet Rooks, a clinical social worker, and the groups meet monthly.

# Tools to Quit Smoking



- Partnership with Tobacco Free Florida
- Facilitated by instructor from Florida Health Department
- Free class meets monthly



# Other Outreach & Support Group

## Mom's Group, meets weekly

- This group is for mothers with babies birth to six months.
- The group talks about infant feeding, sleeping, milestones, car seats, play, development, birth control, post-partum care, post-partum depression, dietary needs and more.
- Facilitated by care partner, Teri Newman.



# Other Outreach & Support Group

## Fearless Café, meets monthly

A casual discussion about:

- Advanced directives
- Power of attorney
- Wills
- Living wills
- The often scary conversations about death and dying.

Facilitated by care partner, Janet Rooks and a member of Reflections of St. Francis.



# Other Outreach & Support Group

## Caring for Caregivers, meets bimonthly

- This support group helps caregivers learn how they can care for themselves while also caring for a loved one.
- Facilitated by care partner, Janet Rooks.



# Community Involvement

## January 2023

2,939 community members benefited from our outreach

Free programs and services valued at **\$20,291**

*Thank You*