



MEMORANDUM

To: Board of Directors

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

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – January 9, 2023

Date: January 4, 2023

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.

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, JANUARY 9, 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 November 7, 2022 meeting.

II. Vision Statement

III. My Story

IV. Dashboard

V. Stroke Management

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 November 7, 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.
Herman A. Cole, Jr.
Stan Retz, CPA
Billy Specht
Billie Fitzgerald
Ashok Shah, M.D.
Christopher Manion, M.D.
Gregory Cuculino M.D.
George Mikitarian (non-voting)

Members absent:

Jerry Noffel (excused)
Kiran Modi, M.D. (excused)
Biju Mathews, M.D., President/Medical Staff (excused)
Francisco Garcia, M.D. (excused)

CALL TO ORDER

Dr. Galfo called the meeting to order at 12:04 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Cole and approved (10 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOVED TO APPROVE THE SEPTEMBER 12, 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 Ann and her successful journey with the help of PMC Case Managers.

QUALITY DASHBOARD REVIEW

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

TJC LEADERSHIP STANDARDS REVIEW CONTINUED

Mr. Loftin continued discussion from the October meeting regarding Parrish Medical Center Board of Directors governance and leadership standards as set forth in the standards of The Joint Commission and as applicable to the Hospital.

CITY LIAISON

The Quality Committee recessed at 12:27 p.m. and the Executive Committee convened for the purpose of the report from the City Manager. The Quality Committee resumed at 12:32 p.m.

OTHER

There was no other business brought before the committee.

ADJOURNMENT

There being no further business to discuss, the Quality Committee meeting adjourned at 12:33 p.m.

Elizabeth Galfo, M.D.
Chairperson



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Board of Directors

Quality Committee Presentation



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Quality Agenda

January 9, 2023

1. Approval of Minutes
2. Vision Statement
3. My Story
4. Dashboard
5. Stroke Management
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	Oct	Aug-Oct	Opportunity
Stroke	Stroke management compliance	90%	97%	Goal: 100%
Sepsis	Severe Sepsis and Septic Shock Management bundle compliance	47%	46%	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	0.14	Goal: 0
Readmission	All cause 30 day readmissions	9.31%	9.15%	Goal: 8.0%
Person Centered flow	Inpatient and outpatient emergency department throughput	388	480	164 *weighted goal

Stroke



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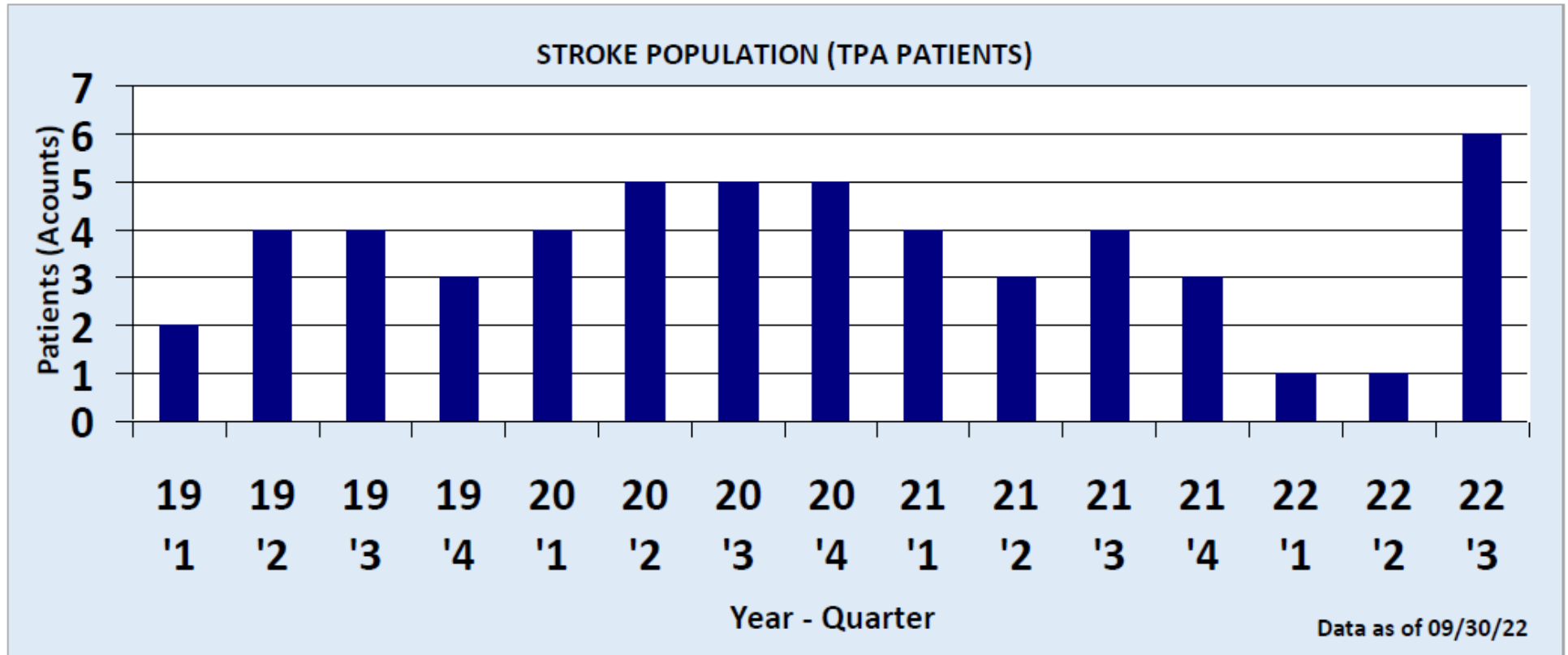
parrishhealthcare.com

Stroke Performance Measures

Indicator	Description	Q2 2022	Q3 2022	Oct 2022
STK-1	VTE Prophylaxis	100% n=19	100% n=18	100% n=8
STK-10	Assess Rehab	94% n=16	100% n=17	100% n=8
STK-2	DC Antithrombotic	100% n=16	100% n=17	100% n=6
STK-3	Anticoagulant At. Fib	75% n=4	N/A n=0	N/A n=0
STK-4	Thrombolytic Therapy	N/A n=0	100% n=3	100% n=1

STK-5	Antithrombotic EOD 2	100% n=15	100% n=12	100% n=7
STK-6	DC Statin	94% n=16	100% n=17	100% n=8
STK-8	Stroke Education	91% n=11	78% n=9	100% n=7
CSTK-01	NIHSS	90% n=21	90% n=20	90% n=10
STK-OP1	Door to transfer (median in minutes)	Apr(0)=N/A May(2)=10 42 Jun(6)=236	Jul(2)=188 Aug(1)=233 Sep(1)=843	Oct(1)=159

Inpatient TPA Administration



During Joint Commission Stroke Survey a Performance Improvement Opportunity was Identified.

TPA Administration- Goal 50% <60 min

Performance Improvement

Door to TPA

Goal: National standard of care for eligible patients with acute ischemic stroke is to receive alteplase (TPA) ≤ 60 minutes from arrival

Opportunity: Achieve goal in at least 50% of patients who present with stroke

Performance Improvement

Door to TPA

Measure:

- Several factors at play to reach goal
 - Door to Code Stroke Activation
 - Door to CT results time
 - Door to lab results time
 - Door to TPA administration

Performance Improvement

Door to TPA

Analyze:

Chart audits performed and initial focus identified

Performance Improvement

Door to TPA

Improve:

1. Remove any delay in calling Code Stroke
2. Obtain blood glucose immediately upon code activation
3. Straight to CT

TPA Administration

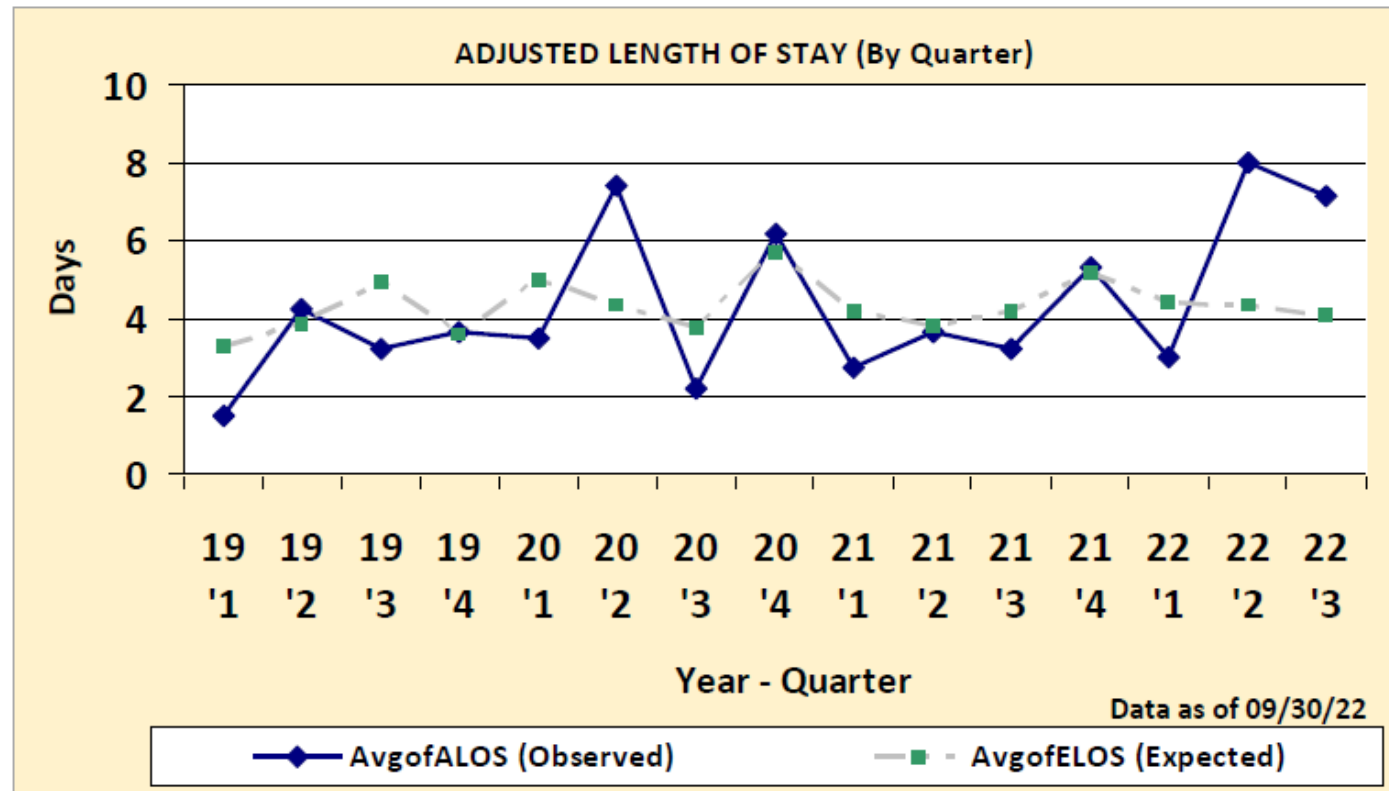
Since performance improvement implementation

Month	Jul.	Aug.	Sep.	Oct.	Nov.
# TPA Administered	2	3	1	1	7
# Code Stroke	41	68	98	37	50
Met Goal	100%	67%	0%	100%	86%

Overall 78% success rate

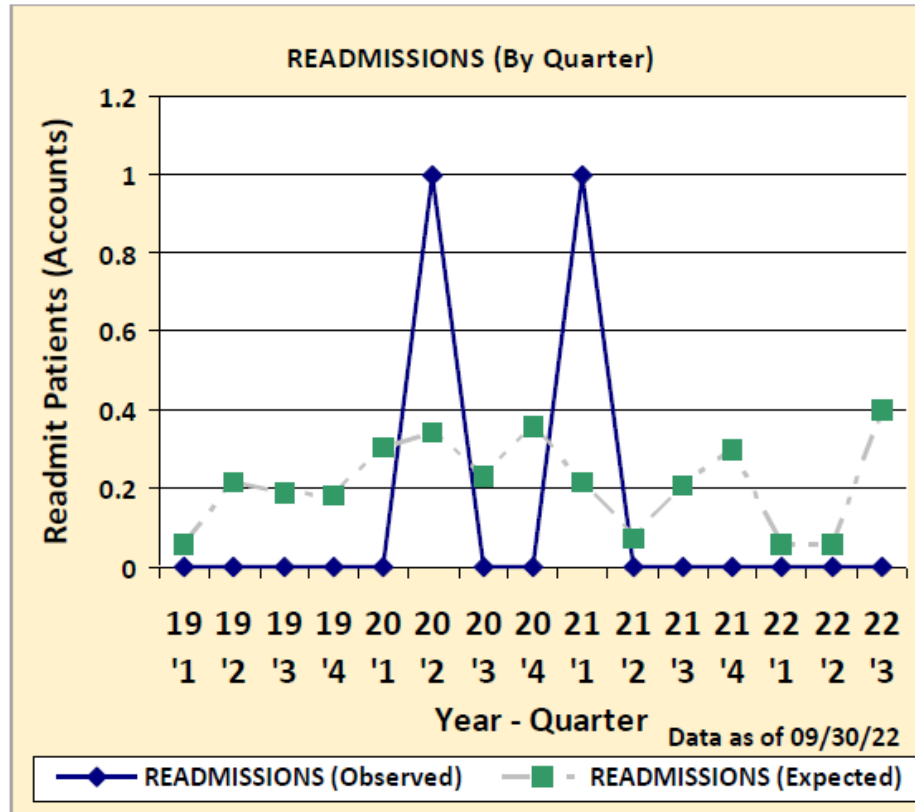
TPA Outcome Metrics

Adjusted Length of Stay



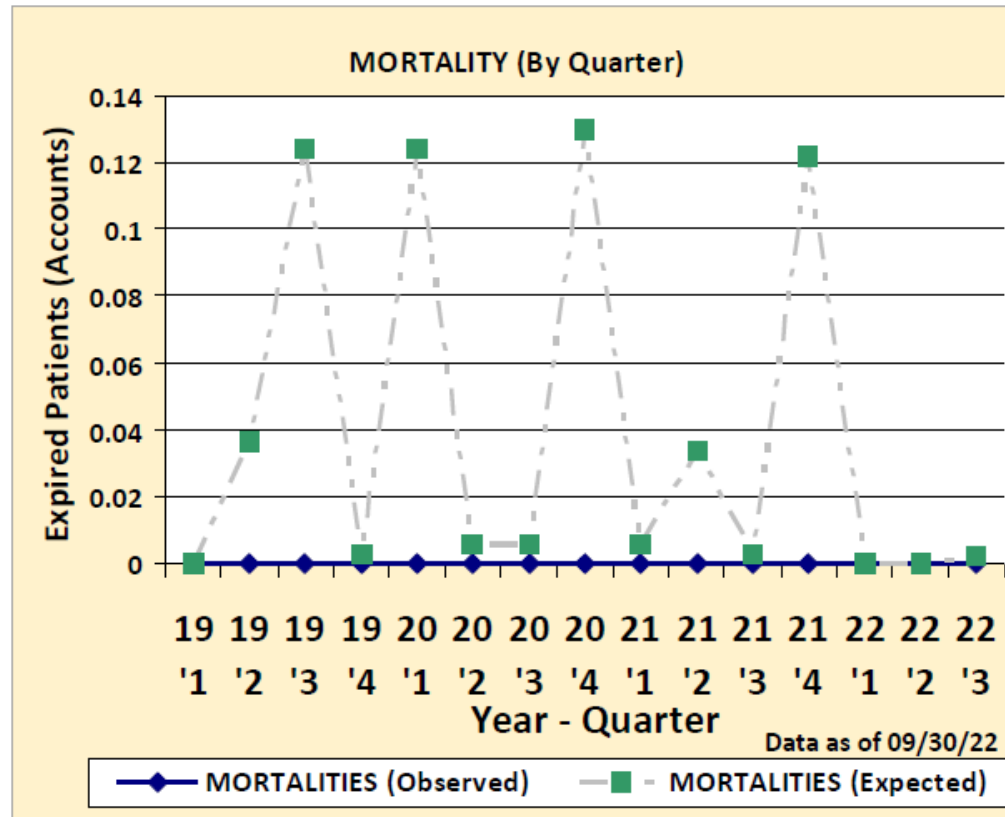
TPA Outcome Metrics

Readmissions



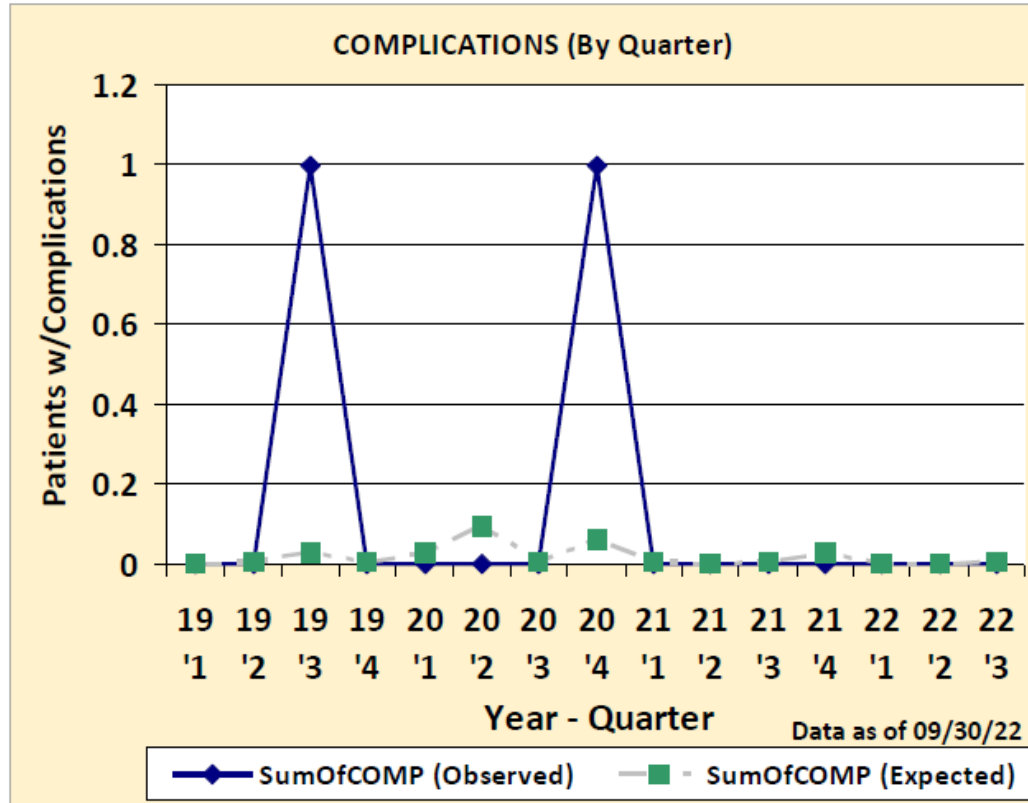
TPA Outcome Metrics

Mortality

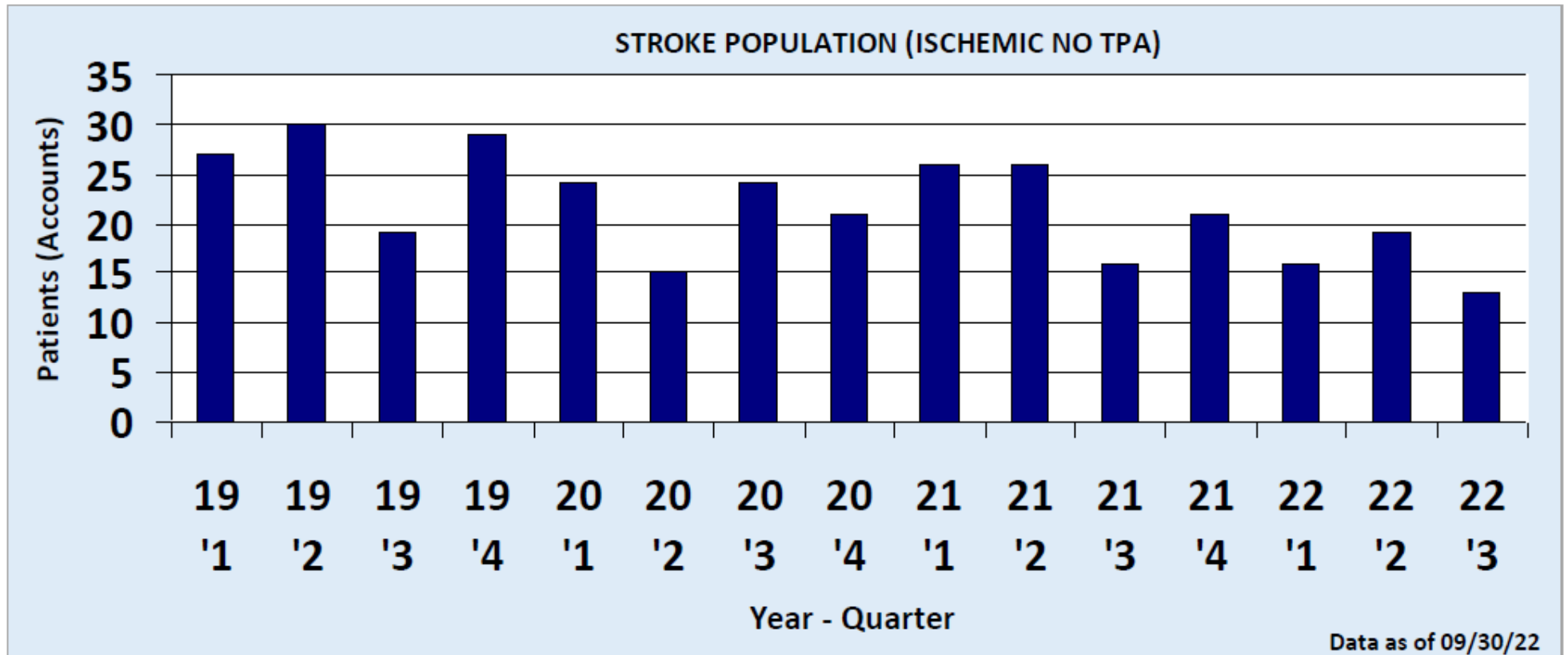


TPA Outcome Metrics

Complications

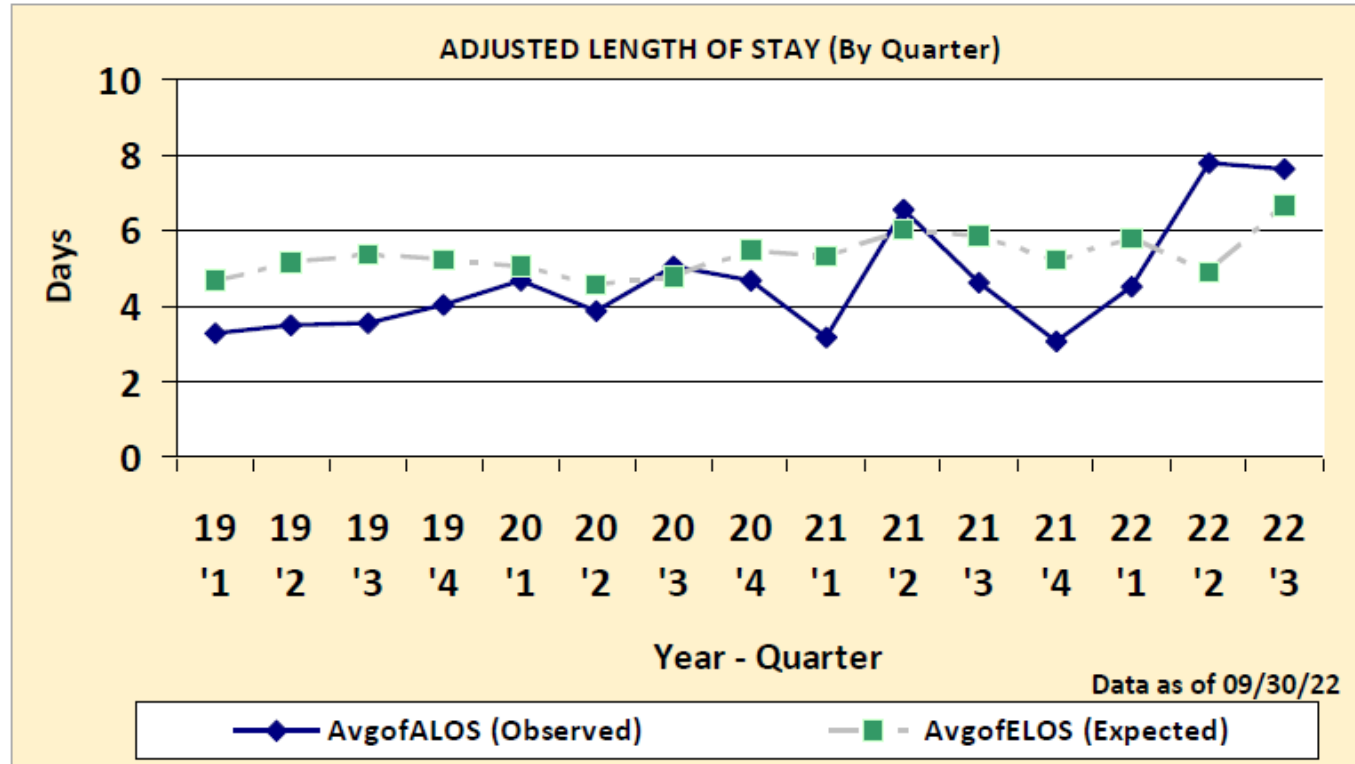


Ischemic Stroke Population



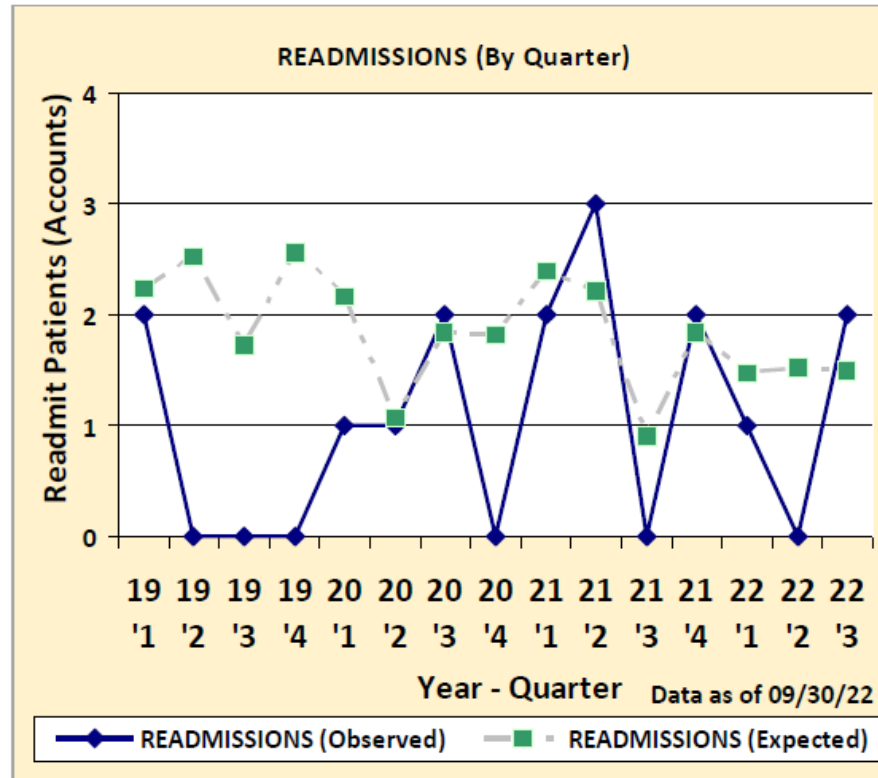
Ischemic Stroke Population Outcomes

Adjusted Length of Stay



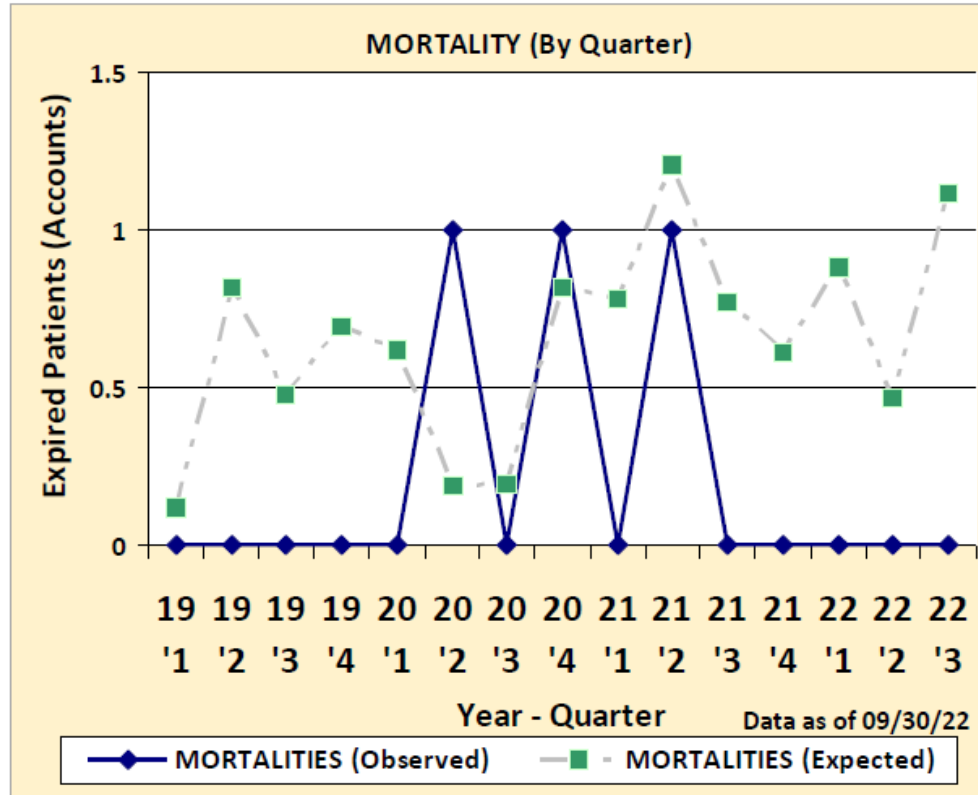
Ischemic Stroke Population Outcomes

Readmissions



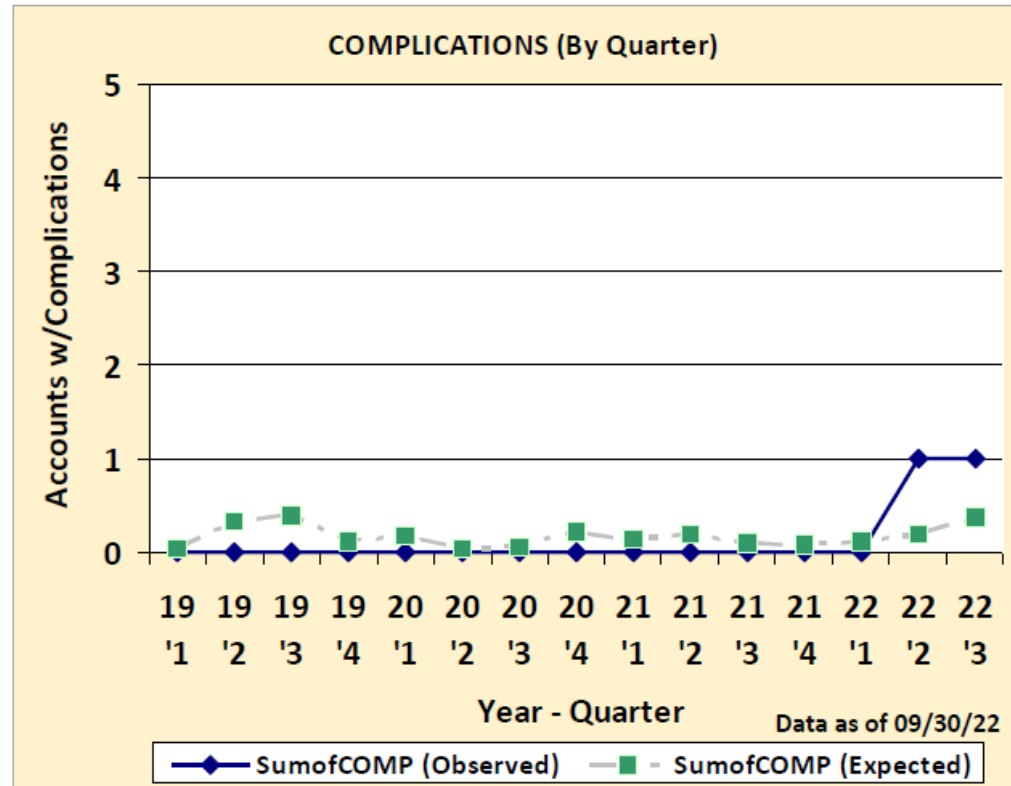
Ischemic Stroke Population Outcomes

Mortality



Ischemic Stroke Population Outcomes

Complications



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.
Alunio 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, JANUARY 9, 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 November 7, 2022 meeting.

II. Public Comments

III. Financial Review – Mr. Eljaiek

IV. 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.

V. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on November 7, 2022 in Conference Room 2/3/4/5, First Floor. The following members, representing a quorum, were present:

Herman A. Cole, Jr., Chairperson
Stan Retz, Vice Chairperson
Robert Jordan, Jr., C.M.
Billie Fitzgerald
Elizabeth Galfo, M.D.
Billy Specht
Maureen Rupe
Ashok Shah, M.D.
Biju Mathews, M.D. (12:40 p.m.)
Christopher Manion, M.D.
George Mikitarian (non-voting)

Member(s) Absent:

Jerry Noffel (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. Cole called the meeting to order at 12:33 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan seconded by Mr. Specht and approved (9 ayes, 0 nays, 0 abstentions). Dr. Mathews was not present at the time the vote was taken.

ACTION TAKEN: MOTION THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE SEPTEMBER 12, 2022 MEETING MINUTES OF THE FINANCE COMMITTEE, AS PRESENTED.

PUBLIC COMMENTS

There were no public comments.

FINANCIAL REVIEW

Ms. Penick summarized the September financial statements of the North Brevard County Hospital District and the year to date financial performance of the Health System. Ms. Penick also answered questions from the Board.

QUARTERLY INVESTMENT PORTFOLIO UPDATE

Messrs. Tim Anderson & John Anderson reviewed the Performance for both the Operating Fund and the Pension Fund. They presented a brief market update, discussed the Operating Fund and Pension Fund year-to-date and historical performance, and noted manager performance within each of the funds.

FY23 CAPITAL BUDGET REQUEST | REPLACEMENT VENTILATORS

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Specht and approved (10 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE PURCHASE OF REPLACEMENTS FOR FOUR (4) VENTILATORS AT A TOTAL COST NOT TO EXCEED THE AMOUNT OF \$174,401.

OTHER

There was no other business to come before the committee.

ADJOURNMENT

There being no further business to discuss, the Finance Committee meeting adjourned at 1:08 p.m.

Herman A. Cole, Jr.
Chairman

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. #
Light, Exam, Ceiling Mounted, X10	KN024015	04/23/1998	18,957.00	PMC01403	ED room 7 / 8 trauma overhead lights not working.	0.00	1.381 ED
	KN024806	11/8/2002	N/A	PMC01402	Units are obsolete and not repairable. Removed from service.	0.00	1.381 ED
	KN024807	11/8/2002	N/A	PMC01307		0.00	1.381 ED
	KN023837	12/23/1997	20,530.34	PMC01305		0.00	1.381 ED

Requesting Department - Emergency Department Department Director *[Signature]* 11/17/2022
 Net Book Value (Finance) *[Signature]* 11/21/22 EMC Member *[Signature]* 11.21.22
 Sr. VP Finance/CFO _____ President/CEO *[Signature]* 12/5/22
 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 _____

DATE: 11/21/22 @ 1243
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN024015
THRU ASSET NUMBER: KN024015

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: 1.381		1 ER DEPT						
KN024015	LIGHT - SURGICAL (DUAL) W/CEILING MOUNT & DUAL	ACTIVE		11/03/99	04/23/98		18957.00	0.00
							----- 18957.00	0.00
TOTAL FOR CLASS:							18957.00	0.00

DATE: 11/22/22 @ 1642
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

PAGE 1

CREATED BY USER: FRANZAL

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THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN023837 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: BEGINNING
THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE: END

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

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	RET TYPE	RET TYPE DATE	COST	BOOK		
DEPARTMENT: 1.381 1 ER DEPT												
KN023837	LIGHT-SURGICAL AX 10/10 RM#2			PROJ#96-351-14	RETIRE	10/22/20	12/23/97	10/05/20	OBSOL	10/05/20	20530.34	0.00
											----- 20530.34	----- 0.00
TOTAL FOR CLASS:									20530.34	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.
Ultrasound Console	015580	9/19/96	27,865 ⁰⁰		obsolete	-0-	1.426
Angiograph Suite lease	025857	6/7/2006	119,817. ¹³		obsolete	-0-	1.426

TOTAL BOOK VALUE \$0.00

Requesting Department:

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

International Radiology
 (M) A. Franoy 9/13/22 (M) 10/20/22
James 10/26/22

Department Director

EMC Member

President/CEO

Mary
9/14/22
12/15/22

DATE: 09/13/22 @ 1612
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUES REPORT

PAGE 1

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN018880 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN018880 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: 1.426 1 INTERVENTIONAL RAD

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN018880	ULTRASOUND CONSOLE		ACTIVE	11/03/99	09/19/96		27865.00	0.00
							27865.00	0.00
TOTAL FOR DEPARTMENT:							27865.00	0.00

DATE: 09/13/22 @ 1613
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUES REPORT

CREATED BY USER: FRANZAL

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THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028857 THRU ASSET CLASS: END THRU DEPARTMENT: END

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

FACILITY: SYSTEM
DEPARTMENT: 1.426 1 INTERVENTIONAL RAD

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
CLASS: MEQ-HOSP	MOVEABLE EQUIP - HOSPITAL							
KN028857	ANGIOGRAPH SUITE LEASE BUYOUT (06-426-10)		ACTIVE	04/13/07	06/07/06		119817.13	0.00
							----- 119817.13	----- 0.00
TOTAL FOR DEPARTMENT:							119817.13	0.00

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

Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (provided by Finance Dept)	Dept.
MAMMOSCOPE-RAD X MODEL	KN018729	11/03/99	18,780.00		NO LONGER HAVE	— 0 —	1.421
DMR MAMMO UNIT	KN020074	05/01/95	72,625.00		NO LONGER HAVE	— 0 —	1.421
MAMMO PROCESSOR MIN-R	KN027672	11/20/02	13,750.00		NO LONGER HAVE	— 0 —	1.421

TOTAL BOOK VALUE \$0.00

Requesting Department:

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. Francis 9/13/22 10/26/20
10/26/22

Department Director

EMC Member

President/CEO

Maria P. 9/14/22
12/15/22

DATE: 09/13/22 @ 1453
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

PAGE 1

CREATED BY USER: FRANZAL

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THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN018729 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	SYS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.421 1 RADIOLOGY								
KN018729	MAMMOSCOPE - RADX MODEL MS604A W W/FILM JACKET.		ACTIVE	11/03/99	03/26/96		18780.00	0.00
						
							18780.00	0.00
TOTAL FOR CLASS:							18780.00	0.00

DATE: 09/13/22 @ 1454
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN020074
THRU ASSET NUMBER: KN020074

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: 1.421		1 RADIOLOGY						
KN020074	DMR MAMMO UNIT W/PADDLE ACCESS		ACTIVE	11/03/99	05/01/95		72625.00	0.00
							72625.00	0.00
TOTAL FOR CLASS:							72625.00	0.00

DATE: 09/13/22 @ 1455
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

PAGE 1

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN027672
THRU ASSET NUMBER: KN027672

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: 1.421		1 RADIOLOGY						
KN027672	MAMMOGRAPHY PROCESSOR MIN-R. WITH STAND		ACTIVE	12/11/02	11/20/02		13750.00	0.00
							----- 13750.00	----- 0.00
TOTAL FOR CLASS:							13750.00	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. #
Vital signs monitor. Procure 400	KN021984	9/28/2002	2721.00	PMC01883	Unit is no longer functional, no parts available. Removed from service.	0.00	1.314 5 th floor

Requesting Department 5th floor Department Director Helen Chulayas 10/20/22
 Net Book Value (Finance) 0.00 EMC Member [Signature] 10.20.22
 Sr. VP Finance/CFO [Signature] 10/26/22 President/CEO [Signature] 12/15/22
 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 _____

DELIVERED OCT 20 2022
to Edwina RP

DATE: 10/21/22 @ 0849
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN021984
THRU ASSET NUMBER: KN021984

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: 1.314								
1 MED/ONCOLOGY								
KN021984	VITAL SIGNS MONITOR - DINOMAP		ACTIVE	11/08/02	10/01/02		2721.00	0.00
							-----	-----
							2721.00	0.00
TOTAL FOR CLASS:							2721.00	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	KN027876	11/7/2007	5000.00	PMC02565	Stretcher hydraulics no longer functional and rusty frame. Removed from service.	-0-	1.381 Emergency Dept.

Requesting Department - Respiratory Department Director *Mary E. Jones* 10/21/22
 Net Book Value (Finance) *MP* *A. James* 11/22/22 EMC Member *Bob Jones* 10.25.22
 Sr. VP Finance/CFO _____ President/CEO *M* 12/5/22
 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 _____

DATE: 11/22/22 @ 1555
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

PAGE 1

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN027876 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN027876 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: 1.381 1 ER DEPT								
KN027876	BIG WHEEL STRYKER STRETCHERS		ACTIVE	12/07/07	11/07/07		5000.00	0.00
							----- 5000.00	0.00
TOTAL FOR CLASS:							5000.00	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. #
Fetal monitor, Philips	KN029727	10/22/2010	15,821.20	PMC02422	Unit is obsolete and no longer supported. Removed from service.	0.00	1.333 L&D
Fetal monitor, Philips	KN029728	10/22/2010	9,079.32	PMC00167		0.00	1.333 L&D
Fetal monitor, Philips	KN029729	10/22/2010	9,079.32	PMC00143		0.00	1.333 L&D
Fetal monitor, Philips	KN029730	10/22/2010	15,821.20	PMC02837		0.00	1.333 L&D
Fetal monitor, Philips	KN029731	10/22/2010	15,821.20	PMC00154		0.00	1.333 L&D
Fetal monitor, Philips	KN029732	10/22/2010	15,821.20	PMC02832		0.00	1.333 L&D
Fetal monitor, Philips	KN029733	10/22/2010	15,821.20	PMC00166		0.00	1.333 L&D

Requesting Department - Womens ctr / L&D Department Director *Marilyn Lewis* 10/21/22
 Net Book Value (Finance) *0* EMC Member *B. Francis* 11/22/22
 Sr. VP Finance/CFO _____ President/CEO *[Signature]* 12/5/22
 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 _____

DATE: 11/22/22 @ 1556
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029727
THRU ASSET NUMBER: KN029727

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: 1.333								
1 WOMENS CENTER								
KN029727	PHILIPS FETAL MONITORING SYSTEM		ACTIVE	11/07/12	10/31/12		15821.20	0.00
							-----	-----
							15821.20	0.00
TOTAL FOR CLASS:							15821.20	0.00

DATE: 11/22/22 @ 1558
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN029728 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN029728 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: 1.333 1 WOMENS CENTER								
KN029728	PHILIPS FETAL MONITORING SYSTEM		ACTIVE	11/07/12	10/31/12		9079.32	0.00
							----- 9079.32	----- 0.00
TOTAL FOR CLASS:							9079.32	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. #
Drager Fabius GS, Anesthesia machine	KN028812	07/06/2007	42,415.67 ✓	PMC00963	Unit no longer functional, no parts available. Removed from service.	0	1.358 Anesthesia
Mindray patient monitor	KN029532	02/03/2011	11,360.53 ✓	PMC01057		0	1.358 Anesthesia
Maquet Servo-I Ventilator	KN029331	07/09/2009	25,940.58 ✓	PMC02609		0	1.461 Respiratory

Requesting Department - Respiratory Department Director *[Signature]* 10/21/22

Net Book Value (Finance) *[Signature]* 10/21/22 EMC Member *[Signature]* 10.25.22

Sr. VP Finance/CFO _____ President/CEO _____

Board Approval: (Date) _____ CFO Signature *[Signature]* 12/15/22

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: KN028812 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028812 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: 1.358 1 ANESTH								
KN028812	ANESTHESIA MACHINE (07-351-24) CE#03855		ACTIVE	07/06/07	04/25/07		42415.67	0.00
							----- 42415.67	0.00
TOTAL FOR CLASS:							42415.67	0.00

DATE: 10/20/22 @ 1707
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

PAGE 1

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN029532 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN029532 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: 1.358 1 ANESTH								
KN029532	MEDICAL GAS ANALYZER (CE#05472)		ACTIVE	02/03/11	01/12/11		11360.53	0.00
							11360.53	0.00
TOTAL FOR CLASS:							11360.53	0.00

DATE: 10/20/22 @ 1709
 USER: FRANZAL

Parrish Medical Center FA *Live*
 CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN029331 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN029331 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: 1.461 1 RESPIRATORY								
KN029331	SERVO I ADULT VENTILATOR (CE#04878)		ACTIVE	07/09/09	06/24/09		25940.58	0.00
							----- 25940.58	----- 0.00
TOTAL FOR CLASS:							25940.58	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, Steris	KN021181	5/11/2000	3452.13	PMC02291	Stretcher hydraulics no longer functional and rusty frame. Removed from service.	0.00	1.69 Beds.
Stretcher, Hill Rom	KN023447	7/2/2002	4533.35	PMC04114		0.00	1.36 Beds

Requesting Department - Beds/SPD Department Director *Maria Ely 10/28/2022*

Net Book Value (Finance) *11.7.22* EMC Member *11.7.22*

Sr. VP Finance/CFO President/CEO *12/5/22*

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

DATE: 11/07/22 @ 1625
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN021181 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN021181 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: 1.464 1 STRESS LAB								
KN021181	STRETCHER - HORIZON AIRGLIDE		ACTIVE	06/09/00	05/11/00		3452.13	0.00
							-----	-----
							3452.13	0.00
TOTAL FOR CLASS:							3452.13	0.00

DATE: 11/07/22 @ 1626
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN023447 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN023447 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: 1.356 I PACU(RR)								
KN023447	STRETCHER - TRAUMA SERIES BIG WHEEL		ACTIVE	12/11/02	07/02/02		4533.35	0.00
							----- 4533.35	0.00
TOTAL FOR CLASS:							4533.35	0.00

SNORTH 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	KN028656	5/26/2006	3004.00	PMC02588	Stretcher hydraulics no longer functional and rusty frame. Removed from service.	- 0 -	1.316 Ortho

Requesting Department - Ortho / Peds / Surg Department Director *[Signature]* 11/21/22
 Net Book Value (Finance) *[Signature]* 11/22/22 EMC Member *[Signature]* 11.21.22
 Sr. VP Finance/CFO _____ President/CEO *[Signature]* 12/1/22
 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 _____

DATE: 11/22/22 @ 1538
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028656 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028656 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: 1.316 1 ORTHO/SURG/PEDS								
KN028656	DINAMAP PROCARE 420 MONITOR	(06-316-03)	ACTIVE	07/06/06	06/28/06		3004.00	0.00
							----- 3004.00	0.00
TOTAL FOR CLASS:							3004.00	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. #
Stryker stretcher	KN023435	7/30/2002	4,854.40	PMC02299	Stretcher not safe for patient use, no parts available. Removed from service.	0	1.367
Stryker stretcher	KN027373	10/1/2002	3,699.10	PMC01846		0	1.367

Requesting Department - Beds _____ Department Director *M. F. Jones* 11/2/22
 Net Book Value (Finance) *A. Francis* 11/22/22 EMC Member *[Signature]* 11.21.22
 Sr. VP Finance/CFO _____ President/CEO _____
 Board Approval: (Date) _____ CFO Signature *[Signature]* 12/5/22
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

DATE: 11/18/22 @ 1325
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN023435 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN023435 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: 1.381 1 ER DEPT								
KN023435	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

DATE: 11/18/22 @ 1327
 USER: FRANZAL

Parrish Medical Center FA *Live*
 CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN027373 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN027373 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: 1.381 1 ER DEPT								
KN027373	STRETCHER - TRAUMA SERIES		ACTIVE	12/11/02	10/01/02		3699.10	0.00
							----- 3699.10	----- 0.00
TOTAL FOR CLASS:							3699.10	0.00



Healing Families – Healing Communities®

parrishmed.com

Finance Committee

FYTD November, 30, 2022 – Performance Dashboard

Indicator	FYTD 2023 Actual	FYTD 2023 Budget	FYTD 2022 Actual
IP Admissions	756	871	747
LOS	4.6	4.7	5.2
Surgical Cases	897	889	821
ED Visits	5,114	5,135	4,661
OP Volumes	13,640	13,462	13,119
Hospital Margin %	-0.47%	9.89%	-2.45%
Investment Income \$	\$5.4 Million	\$0.6 Million	\$1.0 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, JANUARY 9, 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 November 7, 2022 meeting.

- II. Reading of the Huddle

- III. Attorney Report – Mr. Boyles

- IV. District Bylaws Approval – Mr. Boyles

Motion to approve the Resolution of the Board of Directors of the North Brevard County Hospital District Regarding the Amended and Restated Bylaws of the North Brevard County Hospital District.

- V. Abbott Service Renewal Contract – Mr. Loftin

Motion to approve the Resolution of The Board of Directors of The North Brevard County Hospital District Approving Entering into the Abbott Agreement for Laboratory Instrument Services.

- VI. Other

- VII. 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 November 7, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Members Absent:
None

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

CALL TO ORDER

Mr. Retz called the meeting to order at 12:27 p.m.

CITY LIAISON

The Quality Committee suspended its agenda and the Executive Committee convened at 12:27 p.m. for the purpose of the report from the City Manager, Mr. Scott Larese. Mr. Larese distributed the latest Titusville Talking Points and also addressed members questions. The Executive Committee recessed at 12:32 p.m. to resume the Quality Committee.

REVIEW AND APPROVAL OF MINUTES

The Executive Committee reconvened at 1:09 p.m. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE SEPTEMBER 12, 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. Boyles noted that it was time for the update and review of the bylaws. He requested the committee notify him of any changes or concerns and will return with a full report in December.

EXECUTIVE COMMITTEE

NOVEMBER 7, 2022

PAGE 2

Mr. Boyles summarized the memo previously provided regarding CEO compensations, adding that Mr. Mikitarian again requests no increase. Discussion ensued regarding alternatives. Mr. Boyles noted that the Compensation Committee will meet and review.

OTHER

There was no other business to come before the committee.

ADJOURNMENT

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

Stan Retz, CPA
Chairman

RESOLUTION
of the
BOARD OF DIRECTORS
of the

NORTH BREVARD COUNTY HOSPITAL DISTRICT

**REGARDING AMENDMENT AND RESTATEMENT OF
THE AMENDED AND RESTATED BYLAWS OF THE
NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH
MEDICAL CENTER(“RESOLUTION”)**

RECITALS

Whereas, the members of the Board of Directors (the “Board”) of the North Brevard County Hospital District (the “District), d/b/a/ Parrish Medical Center (the “Hospital”), a special hospital district in Brevard County, Florida, wish to tentatively adopt the amendment and restatement of the Amended and Restated Bylaws of the North Brevard County Hospital District including certain editorial revisions; and

Whereas, these editorial revisions were made and included in the latest version of such Amended & Restated Bylaws of the North Brevard County Hospital District attached hereto as Exhibit A; and

Whereas, pursuant to policy #9900-30, the Board found that the amendment and restatement should be submitted to the Medical Executive Committee (MEC) of the Parrish Medical Center Medical Staff for review; therefore it is

RESOLVED

Resolved that the Board, pursuant to the terms of the District’s enabling legislation in Chapter 2003-362, *Laws of Florida*:

1. determines that the District would be best served by amending and restating the Amended and Restated Bylaws of the North Brevard County Hospital District to make certain editorial changes set forth therein.
2. hereby refers, pursuant to Board Policy the amendment and restatement of the Amended and Restated Bylaws of the North Brevard County Hospital District attached hereto as Exhibit “A” to the MEC for review and comment.

This Resolution shall take effect immediately upon its adoption.

PASSED, APPROVED AND ADOPTED this _____ day of January, 2023.

BOARD OF NORTH BREVARD COUNTY
HOSPITAL DISTRICT

By: _____
Robert L. Jordan, Jr. Chairman

ATTEST:

By: _____
Elizabeth Galfo, MD, Secretary

RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT APPROVING ENTERING INTO THE ABBOTT AGREEMENT FOR LABORATORY INSTRUMENT SERVICES.

The Board of Directors of North Brevard County Hospital District, d/b/a Parrish Medical Center, at a public meeting duly called and held, at which sufficient notice was provided and a quorum was present, hereby adopts the following recitals and resolution:

Whereas, The North Brevard Hospital District dba Parrish Medical Center (Parrish) currently has an active policy that its agreements shall include the governing law as the State of Florida and venue for any cause of action concerning such agreement as the courts of Brevard County Florida, and

Whereas, the policy includes a provision that the Board of Directors of Parrish (Parrish Board) may waive either or both of these requirements, and

Whereas, the proposed agreement between Parrish and Abbott Laboratories (Abbott Agreement) does not include such otherwise required provisions, and

Whereas, Whereas the Parrish Board wishes to approve the Abbott Agreement without the normal required governing law and venue provisions waiving said policy,

Now, therefore, the Parrish Board enacts and approves the following resolution:

RESOLVED, the Parrish Board approves entering into the Abbott Agreement for laboratory instrument services, attached to this resolution as Exhibit A in spite of such Abbott Agreement not including the normally required terms concerning governing law and venue and thus not meeting the North Brevard County Hospital District requirements established by policy, and further the Parrish Board hereby waives such policy requirements for the Abbott Agreement.

Roll call vote was as follows:

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

PASSED, APPROVED AND ADOPTED this 9th day of January 9, 2022.

BOARD OF NORTH BREVARD COUNTY

HOSPITAL DISTRICT

By: _____
Robert L. Jordan, Jr., Chairman

ATTEST:

By: _____
Elizabeth Galfo, MD, Secretary

Equipment Service Program Agreement

ABBOTT LABORATORIES INC., 100 ABBOTT PARK ROAD, D-943, CP1-4, ABBOTT PARK, ILLINOIS 60064-6095
ADDEQUIPMENTSERVICE@abbott.com

FOR IMMEDIATE ASSISTANCE, DIRECT ALL REQUESTS FOR SERVICE TO: 1-877-4-ABBOTT (1-877-422-2688)

Date of Quotation	8/12/2022	Contract Term (Months)	12		
Customer Number	50216787	Start Date	7/24/2022	End Date	7/23/2023
Sales Info	EFABD - Gonzalez, Caitlin	Billing Address:			
Equipment Location ("Customer"):		PARRISH MEDICAL CENTER			
NORTH BREVARD COUNTY HOSPITAL dba PARRISH MED CENTER		951 N WASHINGTON AVE			
951 N WASHINGTON AVE		TITUSVILLE, FL, 32796-2163			
TITUSVILLE, FL, 32796-2163		TITUSVILLE, FL, 32796-2163			
National Account Affiliation:					

Please review addresses for accuracy. Provide corrections or detail if not shown above.

Customer (identified above by Customer Name) and Abbott Laboratories Inc. ("Abbott") enter into this Equipment Service Program Agreement ("Agreement") agreeing to be legally bound by the terms and conditions set forth below:

EQUIPMENT	SERVICE LIST NUMBER	SERIAL CODE	SERVICE PACKAGE	ANNUAL COST	PAYMENT INTERVAL	PAYMENT AMOUNT
ALNTY I PROCESSING MODU	01DP5-01	AI04778	AOS Next Day	\$ 20,700.00	Monthly	\$ 1,725.00
ANNUAL TOTAL				\$ 248,400.00		\$ 20,700.00

Equipment: "Equipment" in this Agreement shall refer to all equipment set forth in the above table identified by a Service List Number.

Billing Amount: This Agreement obligates Customer to the payment amount shown herein. Payment is due and payable upon invoicing. If Customer requires a P.O. reference in invoice, it is Customer's responsibility to provide a P.O. with this Agreement upon execution. Lack of a P.O. reference does not release Customer from payment according to 4. Payment Terms.

ADDITIONAL CONSIDERATIONS:

EFFECTIVE DATE. This Agreement becomes effective when signed by Customer and Abbott. For invoicing purposes, this Agreement shall be deemed to have commenced on the date of the Abbott representative's signature ("Effective Date") except if Service Package is associated with Equipment that is not currently at Customer site, then associated invoicing will begin sixty (60) days post Equipment shipment. The Agreement will, unless terminated earlier as provided for herein, remain in effect for the period of time set forth as the "Contract Term."

SERVICE COVERAGE. The identity of the Service Package purchased is set forth above. A full description of purchased Service and Service Coverage appears in the attached Exhibit.

ABBOTT RESPONSIBILITY. An Abbott Service Representative will be available to respond to Customer's questions, make on-site calls and provide specifically scheduled maintenance. Unless otherwise set forth elsewhere in this Agreement, Abbott's routine Services (including replacement parts) forming the Service Coverage are included in Customer's Total Service Package Price. Other Services (or services and parts provided outside of Service Coverage and not appearing in the Service Package Description) may be subject to an additional charge.

CUSTOMER RESPONSIBILITY.

Under this Agreement, Customer remains responsible for properly operating, maintaining and protecting the Equipment as more fully set forth in the operations manual. The reliability and accuracy of the Equipment can be affected by a variety of factors, and it is important that Customer carefully read, understand and follow the instructions contained in the operations manual, reagent package insert and/or any other information provided by Abbott. Failure to operate, maintain and/or protect the Equipment may result in damage and adversely affect its reliability and accuracy. Equipment damage and repair arising out of Customer's negligence or misconduct in failing to properly follow instructions and warnings contained in the operations manual, package inserts, Customer communications, etc. is Customer's responsibility and may result in the voiding of any existing warranties and, in Abbott's discretion, early termination of this Agreement.

Unless otherwise set forth in this Agreement, the following items required to repair or maintain Equipment are not covered under this Agreement, and Customer shall be responsible for their purchase and proper use: (a) Abbott products, including tests, as well as other consumables (such as printer paper, batteries, photometric lamps, probes, cuvettes, or any item identified in the operations manual as consumable supplies); (b) disposables; and (c) components and accessories (including any item identified as part of an accessory kit or Customer maintenance kit, but not including the Preventative Maintenance kit). Site visits made by an Abbott Service Representative at Customer's request, which are outside the scope of the Agreement, are not part of Customer's Service Coverage and will be furnished subject to an additional charge at Abbott's then-current time and materials rates.

EQUIPMENT RELOCATION. Customer shall provide Abbott with prior written notice at least ten (10) days in advance of moving and relocating the Equipment from its installed site; Abbott may provide field service support for a de-installation and re-installation of Equipment related to relocation and may charge a fee for such services on a time and materials basis according to Abbott's then-current rates. Improper moving may damage the integrity of the Equipment and, as such, any such damage arising from the unilateral relocation of Equipment by Customer may, in Abbott's discretion, terminate any existing warranties and this Agreement except for any outstanding obligations due and owing.

ABBOTTLINK. Should Customer use AbbottLink in conjunction with Abbott systems, Customer understands that AbbottLink is intended to transmit connected systems operational data, which may be used by Abbott and third parties providing services and products to Customer for troubleshooting, complaint investigation, performance monitoring, improvement, research, development, inventory management, usage analytics, billing and other related purposes. In addition, AbbottLink may be used to send system updates, to provide remote service and to facilitate Abbott's delivery of third party services and products to Customer. The terms and conditions for Customer's use of such third party services and products are to be provided to Customer separately by the applicable third parties. The use of AbbottLink does not in any way change the responsibilities of either Abbott or Customer, including, but not limited to, Customer's reporting and maintenance responsibilities. The data transmitted to Abbott by AbbottLink will not contain any protected health information or other confidential information related to physicians and/or patients.

PRICE ADJUSTMENTS / MODIFICATIONS. During the Contract Term, following the first anniversary of the Effective Date ("Contract Anniversary"), not more than once per calendar year, Abbott may increase prices for the Customer Equipment Service Commitment by an amount not to exceed three and a half percent (3.5%). Abbott shall notify Customer in writing at least thirty (30) days before the effective date of any such increase.

PAYMENT TERMS. Payment terms are net thirty (30) days. Past due balances are subject to a service charge of one and one-half percent (1 1/2%) per month or the highest rate allowed by law, whichever is lower. Unless Customer is fully exempt from all taxes, Customer is required to pay all federal, state and local taxes that may be imposed on the Service Package. Customer shall reimburse Abbott for any such taxes paid by Abbott. Abbott shall add any such applicable taxes to the invoice. If Customer is tax-exempt, Customer must provide Abbott with a copy of its tax-exempt certification via email (fin-custsaletaxexempt@abbott.com). Service charges supersede termination and remain due and payable until instrument pick up by carrier.

DISCOUNT DISCLOSURE. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to Customer constitute a discount under applicable law (42 U.S.C. § 1320a-7b(b)(3)(A)). Abbott will provide detail pertaining to such discounts and the allocation of total net purchase dollars for Abbott Equipment, Service, Supplies and miscellaneous purchases upon Customer's request. Customer may have an obligation to report such discounts to any State or Federal program that provides reimbursement to Customer for the items to which the discount applies, and, if so, Customer shall fully and accurately report such discounts. Further, Customer shall retain invoices and other price documentation and make them available to Federal or State officials upon request.

TERMINATION

FOR UNCURED MATERIAL BREACH. Either party may terminate this Agreement in the event of a Material Breach (as defined below) by the other party that, if possible to cure, remains uncured thirty (30) days after written notice specifying the breach is given by the non-breaching party to the breaching party. A "Material Breach" is defined as: (a) the failure of a party to fully comply with and perform any and all terms and conditions of this Agreement; (b) the making of assignment for the benefit of creditors by a party; (c) the institution of bankruptcy, reorganization, liquidation or receivership proceedings by or against a party; (d) insolvency of a party.

FOR EQUIPMENT UPGRADE. Should Customer elect to upgrade the Equipment under this Agreement to the next generation Abbott equipment, Customer may terminate this Agreement without penalty with thirty (30) days written notice to Abbott at the address provided at the top of this Agreement.

FOR CONVENIENCE. If, prior to the expiration of the Contract Term, Customer terminates this Agreement for any reason other than as set forth in Section 6.1 or Section 6.2, Customer shall immediately provide Abbott with ninety (90)-day written notice of termination either to the postal address or email address listed above and immediately pay Abbott a termination fee ("Termination Fee") equal to fifty percent (50%) of the contractual amount remaining to be paid by Customer to Abbott for the remainder of the Contract Term. The parties agree that the Termination Fee represents reasonable compensation to Abbott for its losses and expenses resulting from Customer's early termination of this Agreement, and not a penalty.

Equipment Service Program Agreement

NOTICES. Unless otherwise indicated in this Agreement, all notices, and required approvals, consents, and agreements referenced in this Agreement shall be given in writing, and delivered by First-Class Mail, postage prepaid, by Certified Mail, return receipt requested, by reputable overnight carrier, or via e-mail at the appropriate address listed within the header of this Agreement.

ACCEPTANCE AND DISCONTINUATIONS. Abbott reserves the right, upon notice and without liability to: (a) reject Customer's request for Service and/or (b) permanently or temporarily discontinue offering certain Services and/or Service Packages. In the event that Customer's Service Package under this Agreement is either temporarily or permanently discontinued, the parties will use commercially reasonable efforts to identify and arrange for a Service Package that most closely fits Customer's needs and cost constraints.

SERVICE WARRANTY. Abbott warrants that with the exception of software which shall be covered by a separate software license agreement warranty, the repair or replacement parts furnished under this Agreement and installed by an Abbott Service Representative shall be free from defect for ninety (90) days from installation date and service furnished under this Agreement will be free from defects in workmanship for thirty (30) days, commencing on the installation date. **ABBOTT MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO, WARRANTIES AS TO MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR ANY OTHER MATTER.** All warranty work will be done during Business Hours.

INSTRUMENT WARRANTY (New Purchased Equipment Only). The Equipment warranty will cover defects in workmanship and materials during normal use by the original purchaser and will last for a period of twelve (12) months. The Equipment warranty does not cover defect or malfunctions, which 1) are not reported to Abbott during the warranty period and within one week of occurrence; 2) result from chemical decomposition or corrosion; 3) are caused primarily by failure to comply with any requirement or instruction contained in the applicable Abbott operations manual; and/or 4) result from maintenance, repair or modification performed without Abbott's authorization.

PERIPHERALS WARRANTY. Peripherals are covered under the applicable manufacturer's warranty, where "Peripherals" shall mean any printer, keyboard and/or monitor provided by Abbott with Equipment.

UPTIME GUARANTEE. For Equipment covered under an applicable service agreement, Abbott guarantees that the Equipment will be operational (capable of producing clinical test results) and will maintain a level of uptime equal to or better than the up-time percentage stated in the Service Exhibit ("Uptime Guarantee"), excluding planned maintenance (i.e., preventative maintenance or system upgrades). Equipment is considered to be "up" when it can generate reportable results or function in the way for which it is intended and is based on a twenty-four (24) hours per day, seven (7) days per week, annual basis. Uptime Guarantee requires AbbottLink connectivity at eighty percent (80%) or higher, a Customer instrument maintenance score of greater than ninety percent (90%), and operation by only Abbott certified laboratory technicians. The Uptime Guarantee is limited to electrical and mechanical hardware failures, excluding operator-replaceable supplies and consumables that require onsite Abbott field service representative intervention and/or failures caused by operator errors, Customer site discrepancies, reagents, calibrators, controls, natural disasters, or any environmental problems beyond Abbott's control. Non-operational or "Downtime" is calculated using twenty-four (24) hours per day, seven (7) days per week, on annualized basis. The uptime report will be provided on a quarterly basis as part of the regular business reviews. The official documentation to determine Downtime duration will be Abbott's field service representative's service order which Customer will review at the conclusion of each repair. The Uptime Guarantee is limited to new Equipment instrumentation, while integrated Equipment calculations are independent for each module as outlined on the service order. On an annual basis, if a qualifying Architect piece of Equipment does not meet the Uptime Guarantee stated herein, Abbott will provide a credit certificate for up to one-thousand dollars (\$1,000) towards direct billed services or a direct billed annual service contract extension. Failure to meet the Uptime Guarantee shall not constitute a breach of contract or default under this Agreement. The aforesaid shall constitute the Customer's sole and exclusive remedy for failure to meet the Uptime Guarantee and in lieu of any other rights or remedies.

ASSIGNMENT. Customer may not assign or transfer this Agreement without Abbott's prior written consent.

GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the laws of the state of Illinois, excluding choice of law provisions.

CONFIDENTIALITY. The terms and conditions of this Agreement, including pricing, are confidential information, and may not be disclosed to a third party by Customer, except (a) as required by applicable law, in the opinion of Customer's counsel, (b) to Customer's designated group purchasing organization for purchases under this Agreement and (c) to Customer's advisors and agents under an obligation of confidentiality with respect to this Agreement no less restrictive than Customer's confidentiality obligation to Abbott under this Section 15. This Section 15 shall survive for a period of five (5) years from the date of expiration or termination of this Agreement.

FORCE MAJEURE. Except as expressly stated in this Agreement, Abbott shall not be liable for any failure to perform hereunder due to labor strikes, lockouts, war, terrorist acts, epidemics, fires, floods, natural disasters, water damage, riots, government acts or orders, interruption of transportation, inability to obtain materials upon reasonable prices or terms, or any other causes beyond its control.

ENTIRE AGREEMENT. This Agreement, all its Exhibit(s) and all other items specifically incorporated by reference herein, represent the entire understanding between Customer and Abbott with respect to the subject matter contained within the Agreement and supersedes all prior agreements concerning the same. Orders or requests received for Service are subject to acceptance by Abbott's corporate office at Abbott Park, Illinois. All terms and conditions contained in any form issued by Customer shall be null and void and entirely superseded by the terms and conditions of this Agreement, unless specifically accepted in writing by Abbott.

DOCUMENT MODIFICATIONS. To be legally effective, any modification, amendment or change made to this Agreement shall be in writing, signed by the parties.

COUNTERPARTS. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of which together shall constitute one and the same agreement. Each party acknowledges that an original signature, electronically applied signature, or a legible copy thereof transmitted electronically in a portable document format (PDF) shall constitute an original signature for purposes of this Agreement.

AGREED TO AND ACCEPTED THIS:	
CUSTOMER	ABBOTT LABORATORIES INC.
Signature:	Signature:
Print Name:	Print Name:
Date:	Date:
Title:	Title:
E-mail address:	Abbott Customer Number:

Equipment Service Program Agreement

ABBOTT LABORATORIES INC., 100 ABBOTT PARK ROAD, D-943, CP1-4, ABBOTT PARK, ILLINOIS 60064-6095

The below table defines Abbott's available Service Packages. Refer to page 1 of this Agreement for identification of Service Packages for Equipment. Unless otherwise stated, the components of the Service Package described below are provided during the hours identified in the table as the covered service hours for Customer's selected Service Coverage ("On-Site Coverage Hours").

SERVICE PACKAGE DESCRIPTIONS	ALWAYS ON ¹	ALWAYS ON Second Day	ALWAYS ON Next Day	ALWAYS ON Same Day
TELEPHONE SUPPORT				
LIVE TECHNICAL TELEPHONE SUPPORT: 24-hour, 7-days/week @ 1-800-323-9100	Included	Included	Included	Included
SMARTPATH: Intelligent telephone system recognizes and routes Customer based on service number	Included	Included	Included	Included
FASTPATH: Priority telephone call routing is based on service entitlement response, highest to lowest.	Included	Included	Included	Included
FIELD SUPPORT				
ON-SITE SERVICE: Field service representative dispatched to Customer location to perform on-site service. Coverage includes field service representative's labor and travel during regular business hours.	Included	Included	Included	Included
SECOND DAY RESPONSE: On-site service will be scheduled to arrive two (2) covered service days from request.	Included	Included	Included	Included
NEXT DAY RESPONSE: Next covered business day on-site response on requests made within the On-Site Coverage Hours of the previous day. Excludes manufacturer recommended maintenance, predictive alerts, and Customer responsibilities as defined in the Agreement.	Available Option		Included	Included
SAME DAY RESPONSE: Same day on-site response on requests made three (3) hours before the end of a day covered by On-Site Coverage Hours. For service requests received with less than three (3) hours remaining in a day covered by On-Site Coverage Hours, on-site service response is scheduled for the first covered day following the receipt of such request. Excludes manufacturer recommended maintenance, predictive alerts, and Customer responsibilities as defined in the Agreement.	Available Option			Included
BUSINESS HOURS COVERAGE: Monday – Friday, 8:30 AM – 5:00 PM, excluding holidays ³ .	Included	Included	Included	Included
EXTENDED WEEKDAY COVERAGE: Monday – Friday, 8:30 AM – 11:00 PM, excluding holidays ³ . Automation Only: Service calls made outside of covered service hours will be billed a flat rate of \$2,500 per service call.	Available Option		Available Option	Available Option
EXTENDED WEEKEND COVERAGE: Saturday & Sunday, 8:30 AM – 5:00 PM, excluding holidays ³ . Automation Only: Service calls made outside of covered service hours will be billed a flat rate of \$2,500 per service call.	Available Option		Available Option	Available Option
FULL-EXTENDED COVERAGE: Monday – Friday, 8:30 AM – 11:00 PM, Saturday & Sunday, 8:30 AM – 5:00 PM, excluding holidays ³ . Automation Only: Service calls made outside of covered service hours will be billed a flat rate of \$2,500 per service call	Available Option		Available Option	Available Option
TOTAL 24 X 7 COVERAGE: 24-hour, 7 days/week, including holidays ³ . (Not available in all geographical areas.)	Available Option			Available Option*
UPTIME GUARANTEE: Abbott guarantees Architect Equipment will be operational (meaning able to produce accurate outputs of On-Site Coverage Hours, excluding Preventative Maintenance time) per applicable percentage in a year.		98% ²	99% ²	99% ²
MAINTENANCE AND REPAIR				
REPLACEMENT PARTS: Parts used to complete Instrument repairs in accordance with manufacturer recommendations supplied at no additional charge, excluding consumables and accessories.	Included	Included	Included	Included
MANUFACTURER RECOMMENDED MAINTENANCE: Abbott recommended maintenance procedures that optimize Equipment performance & reliability. Performed, during Regular Business Hours, excluding public holidays. Additional maintenance procedures available for purchase.	Included	Included	Included	Included
MANUFACTURER RECOMMENDED OPERATIONAL AND SAFETY IMPROVEMENTS: Required Instrument Software and/or Equipment upgrades, excluding integration of new assays, application of non-approved reagents, or assay file optimization.	Included	Included	Included	Included
LABORATORY SERVICES				
REMOTE DIAGNOSTIC CONNECTIVITY (AbbottLink): Event driven remote diagnostics to optimize system performance. (Only available on supported Equipment – Installation of AbbottLink required.)	Included	Included	Included	Included
PREDICTIVE ALERTS: Proprietary notifications sent to Resourceful Professionals and/or Customers that predict services enhance Equipment operational efficiency. AbbottLink connectivity required.		Included	Included	Included
PROACTIVE REAL-TIME MONITORING: Equipment monitoring for analyzer errors that could result in loss of productivity and instrument failure. AbbottLink connectivity required.		Included	Included	Included
INSTANT VIRTUAL PRESENCE: Abbott remote support (with Customer permission) to remotely "see" and interact with instrument via screen share, enabling rapid diagnosis and resolution of problems. AbbottLink connectivity required.		Included	Included	Included
eUPDATES: Downloadable updates for instrument and assay content via "Abbott Mail" icon on the ARCHITECT or Alinity instrument's screen. AbbottLink connectivity required.		Included	Included	Included
BUSINESS REVIEWS: Operational and Executive Business Reviews to review operational, financial and loyalty metrics as agreed upon between Abbott and Customer.		Included	Included	Included
MY LAB PORTAL: Portal access to manage Equipment utilization and performance.	Included	Included	Included	Included
RESOURCE PROFESSIONAL: Abbott provides a team of service professionals to consult and support on general service and business needs, as well as providing certified technical service. Resourceful Professionals use Active Sense Technologies to access daily key performance indicators allowing for maximum uptime operations.		Included ²	Included ²	Included ²

Always On base service is designated for Hematology instruments only.
Availability based on geographical service area.

Holidays referenced herein means Abbott company holidays.

PARRISH
MEDICAL CENTER

TITUSVILLE, FLORIDA
NORTH BREVARD COUNTY HOSPITAL
DISTRICT

AMENDED AND RESTATED
BYLAWS

Adopted by the Board of Directors
_____, ~~2020~~202

BYLAWS
OF
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER

TABLE OF CONTENTS

OBJECTIVES	1
DEFINITIONS	2
ARTICLE I. BOARD OF DIRECTORS	3
1.1 LOCATION OF PRINCIPAL OFFICE	3
1.2 LOCATION OF MEETINGS	3
1.3 ORDER OF BUSINESS AT REGULAR AND SPECIAL MEETINGS	4
1.4 QUORUM	4
1.5 PARTICIPATING MANNER OF VOTING	4
1.6 MEETING DATE	5
1.7 MINUTES	5
1.8 ATTENDANCE AND REMOVAL	6
1.9 CODE OF ETHICS	6
ARTICLE II. OFFICERS	7
2.1 OFFICERS	7
2.2 ELECTION AND TENURE	8
2.3 VACANCIES	8
2.4 DUTIES OF OFFICERS	9
2.4-1 CHAIRPERSON	9
2.4-2 VICE CHAIRPERSON	9
2.4-3 TREASURER	9
2.4-4 SECRETARY	10
2.5 LEGAL COUNSEL	10

TABLE OF CONTENTS
(continued)

	Page
ARTICLE III. BOARD COMMITTEES	10
3.1 GENERAL	10
3.1-1 APPOINTMENT AND TERM	10
3.1-2 REPORTS AND AUTHORITY OF BOARD COMMITTEES	11
3.1-3 MEETINGS	11
3.1-4 QUORUM	11
3.1-5 OTHER COMMITTEE MEMBERS	12
3.2 EXECUTIVE COMMITTEE	13
3.2-1 COMPOSITION	13
3.2-2 FUNCTIONS	13
3.3 FINANCE COMMITTEE	15
3.3-1 COMPOSITION	15
3.3-2 FUNCTIONS	15
3.4 PLANNING, PHYSICAL FACILITIES, AND PROPERTIES COMMITTEE	16
3.4-1 COMPOSITION	16
3.4-2 FUNCTIONS	16
3.5 EDUCATIONAL, GOVERNMENTAL, AND COMMUNITY RELATIONS COMMITTEE	17
3.5-1 COMPOSITION	17
3.5-2 FUNCTIONS	17
3.6 JOINT CONFERENCE COMMITTEE	19
3.6-1 COMPOSITION	19
3.6-2 FUNCTIONS	19
3.6-3 AGENDA	19
3.6-4 REPORTS	20
3.7 AUDIT COMMITTEE	20
3.7-1 COMPOSITION	20
3.7-2 FUNCTIONS	20

TABLE OF CONTENTS

(continued)

	Page
3.8 COMPENSATION COMMITTEES FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND FOR OTHER HOSPITAL SENIOR MANAGEMENT.....	23
3.8-1 (a) COMPOSITION OF THE COMPENSATION COMMITTEE FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER.....	23
3.8-1 (b) COMPOSITION OF THE COMPENSATION COMMITTEE FOR OTHER HOSPITAL SENIOR MANAGEMENT.....	23
3.8-2 FUNCTIONS.....	23
3.9 QUALITY COMMITTEE.....	25
3.9-1 COMPOSITION.....	25
3.9-2 FUNCTIONS.....	25
3.10 INVESTMENT COMMITTEE.....	27
3.10-1 COMPOSITION.....	27
3.10-2 FUNCTIONS.....	27
ARTICLE IV. CHIEF EXECUTIVE OFFICER.....	28
4.1 APPOINTMENT.....	28
4.2 AUTHORITY AND DUTIES.....	28
ARTICLE V. MEDICAL STAFF.....	30
5.1 ORGANIZATION.....	30
5.2 MEDICAL STAFF BYLAWS.....	30
5.3 MEMBERSHIP.....	31
5.4 INSTITUTIONAL NEED.....	31
5.5 CONTRACT PHYSICIANS.....	32
ARTICLE VI. QUALITY ASSESSMENT AND IMPROVEMENT.....	32
6.1 BOARD RESPONSIBILITY.....	32
6.2 DELEGATION TO ADMINISTRATION AND TO THE MEDICAL STAFF.....	32
6.2-1 TO ADMINISTRATION.....	32
6.2-2 TO THE MEDICAL STAFF.....	33
6.3 INDEMNIFICATION.....	34

TABLE OF CONTENTS
(continued)

	Page
ARTICLE VII. HOSPITAL AUXILIARY.....	35
7.1 NAME AND PURPOSE.....	35
7.2 ORGANIZATION AND GOVERNMENT.....	35
7.3 OTHER VOLUNTEER SERVICES.....	35
ARTICLE VIII. THE ACT.....	35
ARTICLE IX. AMENDMENTS.....	36
ARTICLE X. PROCEDURES.....	36
APPENDIX 1.9-1(I).....	38
POLICY.....	39
ACTIVE MEMBER ATTESTATION STATEMENT.....	I
APPENDIX 3.7.....	II

BYLAWS
OF
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER

PREAMBLE

In accordance with Chapter 2003-362, Laws of Florida, as amended by the Florida Legislature from time to time, the Board of Directors of the North Brevard County Hospital District do hereby make and adopt the following Bylaws for the District and for the governing of the Medical Staff of such Hospital within the District.

OBJECTIVES

The objectives of the North Brevard County Hospital District shall be:

- To establish, construct, own, operate, equip, repair, lease and maintain a Hospital or Hospitals, and other health care facilities within the North Brevard County Hospital District service area, with permanent facilities that include inpatient beds, emergency services and outpatient medical services to provide diagnosis and treatment for the sick and injured and associated services such as may be developed.
- To carry on any educational activities and scientific research related to rendering care to the sick and injured, or to the promotion of health, that in the opinion of the Board of the North Brevard County Hospital District may be justified by the facilities, personnel, funds, and other requirements that are, or can be, made available.

- To do or perform any other act consistent with the Enabling Act, the purposes enumerated in these Bylaws and any other activity not otherwise prohibited by law.
- To participate, so far as circumstance may warrant, in any activity designed and, carried on to promote the general health of the community.

DEFINITIONS

1. AUXILIARY means the Parrish Medical Center Auxiliary which is ~~an organization~~ group of volunteers that serves as a part of the Hospital under the authority of the Board and management of the District to render service to the Hospital, its patients, and visitors.
2. BOARD COMMITTEE means standing and special committees established by the Board of Directors.
3. BOARD OF DIRECTORS or BOARD means the governing body of the Hospital.
4. CHAIR means an individual serving as a presiding member of a Board Committee as set forth in the Bylaws.
5. CHAIRPERSON means the individual elected by the Board to serve as its Chairperson and presiding officer of the Board.
6. CHIEF EXECUTIVE OFFICER/PRESIDENT means the individual appointed by the Board to act on its behalf in the overall administrative management of the Hospital.
7. CLINICAL PRIVILEGES mean the rights granted to a practitioner to render those diagnostic, therapeutic, medical, dental, podiatric, or surgical services, specifically delineated to him or her.
8. EX-OFFICIO means service as a member of a body by virtue of an office or position held and, unless expressly prohibited, means with voting rights.

9. HOSPITAL means the North Brevard County Hospital District as created under The Act, and doing business as Parrish Medical Center.
10. MEDICAL STAFF means all practitioners who are granted privileges by the Board to attend patients or to provide other diagnostic, therapeutic, teaching, or research services in the Hospital.
11. MEDICAL STAFF MEMBERSHIP STATUS means all matters relating to medical staff appointment and reappointment to clinical services and other clinical unit affiliations, and to staff category assignments.
12. MEDICO-ADMINISTRATIVE OFFICER means a practitioner, engaged by the Hospital either full or part-time in an administratively responsible capacity, whose activities also include clinical responsibilities such as direct patient care or supervision of these patient care activities of other practitioners under his direction.
13. PHYSICIAN means an individual with an M.D. or D.O. degree who is fully licensed by the State of Florida to practice medicine in all its phases.
14. PRACTITIONER means, unless otherwise expressly limited, any fully licensed physician, dentist, or podiatrist, applying for or exercising clinical privileges in this Hospital.
15. THE ACT means the law designated as Chapter 2003-362, Laws of Florida, as amended by the Florida Legislature from time to time.

ARTICLE I. BOARD OF DIRECTORS

1.1 LOCATION OF PRINCIPAL OFFICE

The principal office and regular meeting place of the Board of the North Brevard County Hospital District shall be in the Parrish Medical Center, 951 North Washington Avenue, Titusville, Florida.

1.2 LOCATION OF MEETINGS

Regular and special meetings of the Board of the North Brevard County Hospital District shall be held in the Parrish Medical Center, 951 North Washington Avenue, Titusville, Florida. Any regular or special meetings may also be held in another facility within the North Brevard County Hospital District as determined by the Board and/or if necessary to accommodate public attendance in excess of the meeting facilities available at the Hospital.

1.3 ORDER OF BUSINESS AT REGULAR AND SPECIAL MEETINGS

At regular and special meetings of the Board, business shall be transacted in such order as the Board may from time to time determine. At any meeting called in conformity to the foregoing provisions, there shall be no required limitations upon the nature or number of matters which may be heard and acted upon unless otherwise prohibited by Florida Statutes.

1.4 QUORUM

A quorum at a regular or special meeting of the Board means a majority of members of the Board then holding office, but not less than five (5).

1.5 PARTICIPATING MANNER OF VOTING

Voting upon all matters coming before the Board shall be by voice vote, unless a vote by roll call shall be demanded by a member of the Board in which case the Secretary shall call the roll and the manner of voting of each member shall be noted in the minutes. The Chairperson and all members present shall vote on all matters coming before the Board. No member shall participate in any matter which inures to his or her special private gain or loss or the special private gain or loss of any principal by whom he or she is retained or to the parent organization or subsidiary of a corporate principal by which he or she is retained or which he or she knows would inure to the special private gain or loss of a relative or business associate of the member, without first disclosing the nature of the interest in the matter. Such disclosure, indicating the nature of the conflict, shall be made in a written memorandum filed with the Secretary and shall be

incorporated in the minutes; if the disclosure is initially made orally at a meeting attended by the member, the written memorandum disclosing the nature of the conflict shall be filed within fifteen (15) days with the Secretary and shall be incorporated in the minutes. Voting shall be in conformance with Section 112.3143, Florida Statutes. No member shall vote in an official capacity upon any measure which would inure to his or her special private gain or loss; which he or she knows would inure to the special private gain or loss of any principal by whom he or she is retained or to the parent organization or subsidiary of a corporate principal by which he or she is retained, other than an agency as defined in s. 112.312(2); or which he or she knows would inure to the special private gain or loss of a relative or business associate of the member . Such member shall, prior to the vote being taken, publicly state to the Board the nature of the member's interest in the matter from which he or she is abstaining from voting and, within 15 days after the vote occurs, disclose the nature of his or her interest as a public record in a memorandum filed with the Secretary, who shall incorporate the memorandum in the minutes.

1.6 MEETING DATE

The Board shall annually at its regular January meeting prepare a schedule of the dates and time of its regular meetings and file the same with the Board of County Commissioners of Brevard County and the City of Titusville. Special meetings of the Board may be called at any time by the Chairperson, or in the Chairperson's absence by the Vice Chairperson, or any three members of the Board.

1.7 MINUTES

Board and Board Committee minutes shall be in writing and shall reflect the action taken. In addition, the minutes shall reflect the motion, the names of the members who made motions, and those who made seconds thereto, the fact that discussion was had by the Board (or Board

Committee), and the recording of the vote taken, nay votes recorded by name. In addition to the foregoing, the minutes should include the following information:

- (a) The date of the meeting;
- (b) The members in attendance;
- (c) The members who were absent (with or without excuse);
- (d) Others present;
- (e) When the meeting was called to order and by whom;
- (f) Whether the meeting was a regular or special meeting;
- (g) That a quorum was present;
- (h) The approval of any previous minutes; and
- (i) The time of adjournment.

1.8 ATTENDANCE AND REMOVAL

Members are expected to attend all special and regular meetings. Members must have seventy-five percent (75%) attendance unless excused by the Chairperson. Any Board member may be removed from office in the event a request for removal for proven violation of policies and procedures established by the Board is approved by two-thirds (2/3) of the membership of the Board and in the event the majority of the Governing Board responsible for appointing such member approves of such removal without the necessity of any requirement of advice and consent as provided herein for appointment.

1.9 CODE OF ETHICS

1.9-1 In carrying out their responsibilities, the members of the Board, ex-officio and other committee members are obligated:

- (a) To acquaint themselves with laws, regulations, and policies relating to public hospitals and specifically to the Hospital, and to observe and enforce them.

- (b) To support the principle that the basic function of the members of the Board is policy making, not administrative.
- (c) To represent at all times the entire Hospital community.
- (d) To transact Hospital business only in Board meetings, realizing that individual members have no legal status to bind the Board outside of such meetings.
- (e) To give the Chief Executive Officer full administrative authority for properly discharging his or her professional duties, and to hold him or her responsible for acceptable results.
- (f) To recognize that the Chief Executive Officer has full responsibility to represent the full Board for the day to day operation of the Hospital.
- (g) To treat all information relating to Hospital employees, patients, and personnel as confidential, except for information deemed public under Florida law.
- (h) To accept and support Board decisions once they are made and to make a good faith effort to assist in carrying them out effectively.
- (i) To bring to the attention of the other members of the Board and to the Chief Executive Officer any possible conflict of interest, and to support and comply with the Policy regarding Restrictions on Anti-Competitive Activity and Competing Financial Interests of Board members attached to and incorporated herein by reference as Appendix 1.9-1(i).

ARTICLE II. OFFICERS

2.1 OFFICERS

The officers of the Hospital shall be a Chairperson, a Vice-Chairperson, a Secretary, and a Treasurer and such other officers as the Board may elect or appoint, including without limitation

additional Vice-Chairpersons, Assistant Secretaries, and Assistant Treasurers. The Board shall appoint a Chief Executive Officer to carry out the duties and responsibilities as outlined in Article IV. The Chief Executive Officer shall have such title as designated by the Board.

2.2 ELECTION AND TENURE

The Board shall, as their first order of business, on the first regular meeting in January every odd year, elect the officers described in Section 2.1 with the exception of the Chief Executive Officer. Officers elected shall serve a term of two (2) years. Members of the Board seeking appointment to an office shall submit their name and proposed office to the Secretary of the Board on or before December 30 preceding the January Board meeting. The Secretary of the Board shall prepare and present a ballot to the Board that contains the names and offices to which members of the Board seek election. Additional nominations for any office may be made from the floor at such meeting.

2.3 VACANCIES

Should a vacancy in Board membership occur, the vacancy on the Board shall be appointed in accordance with the Act and applicable Florida Statutes, as amended. Should any officer of the Board resign his or her office while at the same time retaining membership on the Board or should a vacancy in any office occur due to the discontinuance of Board membership on the part of the officer, the office shall be filled by election of the Board to be held at the next succeeding Board meeting after such vacancy or resignation occurs. As provided in Section 2.2, the Secretary or Chief Executive Officer shall submit any prospective officer's names to the Board. The Secretary shall prepare and present a ballot to the Board that contains the names of any prospective officer. Additional nominations for the office may be made from the floor at such meeting. The Board shall vote upon the names submitted along with any other floor nominations

from the Board for the vacant office. The newly elected officer shall serve for the remainder of the term of the resigning officer.

2.4 DUTIES OF OFFICERS

2.4-1 CHAIRPERSON

The Chairperson is the presiding officer of the Board and presides at all meetings of the Board. Except as otherwise specified, the Chairperson shall also serve as an ex-officio member of all Board Committees. The Chairperson may sign on behalf of the Hospital any documents or instruments which the Board has authorized to be executed, except where the signing and execution thereof is expressly delegated by the Board or by these bylaws to some other officer or agent, or required by law to be otherwise signed or executed. The Chairperson shall also perform all duties incident to the office of Chairperson and such other duties as may be prescribed by the Board from time to time. The Chairperson shall be responsible for establishing the agenda and order of business for each Board meeting and shall have full discretion regarding scheduling of pending business.

2.4-2 VICE CHAIRPERSON

The Vice-Chairperson shall perform such duties as may be assigned by the Board or the Chairperson. In the absence of the Chairperson or when, for any reason, the Chairperson is unable or refuses to perform his or her duties, the Vice-Chairperson shall perform those duties with full powers of, and subject to the restrictions on, the Chairperson. When there is more than one Vice-Chairperson, the Vice-Chairperson will assume the Chairperson's responsibilities and authority in the order of their designation or, if no designation, in the order of their election.

2.4-3 TREASURER

The Treasurer shall keep or cause to be kept correct and accurate accounts of the properties and financial transactions of the Hospital and in general perform all duties incident to the office and

such other duties as may be assigned from time to time by the Chairperson or the Board. The Treasurer may delegate any of his or her duties to any duly elected or appointed Assistant Treasurers or to the Hospital's Vice President - Finance or Controller, if no Vice President - Finance is then serving. The Treasurer shall serve at all times as Chairperson of the Finance Committee.

2.4-4 SECRETARY

The Secretary shall provide for the keeping of minutes of all meetings of the Board and Board Committees, and shall assure that such minutes are filed with the records of the Hospital. The Secretary shall give or cause to be given appropriate notices in accordance with these bylaws, or as required by law, and shall act as custodian of all Board records and reports and of the Board seal, assuring that it is affixed, when required by law, to documents executed on behalf of the Board. The Secretary shall also keep or cause to be kept a roster showing the names of the current members of the Board and their addresses. The Secretary shall perform all duties incident to the office and such other duties as may be assigned from time to time by the Board or Chairperson of the Board. The Secretary may delegate any of his or her duties to any duly elected or appointed Assistant Secretary or a Recording Secretary.

2.5 LEGAL COUNSEL

The Board shall retain the services of a qualified licensed attorney to represent the Board, who shall serve at the pleasure of the Board.

ARTICLE III. BOARD COMMITTEES

3.1 GENERAL

3.1-1 APPOINTMENT AND TERM

Except as specified in these Bylaws, all Board Committee members shall be appointed by the Chairperson of the Board at the annual meeting of the Board, or at the next meeting. All

appointments shall be subject to the approval of the Board. Each Board Committee at its organizational meeting shall select a Chair and Vice Chair unless otherwise provided herein. In the event of the absence of the Chair, the Vice- Chair shall serve as Chair. The Chair and all other members of each standing committee shall hold office until the next annual meeting of the Board, or until their successors are appointed and approved. The Chair and all other members of any special committee shall hold office until the sooner occurrence that the assigned task of such special committee is completed or the next annual meeting of the Board. The Chairperson of the Board shall have the power to fill any vacancies that occur on Board Committees for the remaining term of any vacancy.

3.1-2 REPORTS AND AUTHORITY OF BOARD COMMITTEES

All Board Committees shall maintain written minutes of their meetings available to the Board and shall report in writing to the Board, as necessary or requested. The functions and responsibilities of each standing committee of the Board shall be as provided in these Bylaws or as otherwise assigned by the Chairperson or specified by resolution of the Board. The functions and responsibilities of any special committee shall be limited to the scope and term of such assigned task as specified by resolution of the Board.

3.1-3 MEETINGS

Each committee of the Board shall meet at such dates and times as necessary to accomplish its duties and as designated by the Board at its regular January meeting. Special meetings of any Board committee may be called at any time by its Chair or any three members of the committee.

3.1-4 QUORUM

A majority of the voting members of a Board Committee constitutes a quorum for the transaction of business at any meeting of such committee. A majority vote of the members present shall be required for committee actions. In the absence of a quorum, a committee Chair may designate

any Board member present at such meeting to serve as a voting alternate. If in attendance, the President of the Medical Staff shall serve as a voting alternate for any absent physician member of a committee. Any voting alternate so appointed shall participate during the continuation of such meeting until a quorum is later established by appearance of the regular committee member for whom such voting alternative has been appointed. Any regular committee member shall commence participation upon the conclusion of any discussion and/or vote of the matter under review by the committee at the time of such member's appearance at the meeting.

3.1-5 OTHER COMMITTEE MEMBERS

In order to assist the Board and its various committees in furtherance of the Hospital's mission and goals, the Chairperson of the Board may submit for Board approval additional voting members for each Board Committee who are not members of the Board or the Chief Executive Officer, and if two (2) are selected, consideration shall be given to having at least one (1) an active member of the Medical Staff. The Executive Committee and the Joint Conference Committee shall be exempt from this provision. The prospective members shall be subject to the following:

- (a) The qualifications of any potential committee member must be credible and documented. Particular expertise, position in the community, demonstrated abilities, and resumes should be considered.
- (b) Any potential committee member must submit his or her application and statement of qualifications in writing, acknowledging that his or her membership on the Board Committee binds them to attend the requisite committee meetings and appropriate Board meetings, he or she is able to vote on Board Committee matters without abstention because of conflict of interest and he or she is bound by all applicable provisions of each section of these Bylaws specifically including

Sections 1.8 and 1.9, and the Policy regarding Restrictions on Anti-Competitive Activity and Competing Financial Interests of Board Members attached to and incorporated herein by reference as Appendix 1.9-1(i).

- (c) Any potential Board Committee member may not have or may not reasonably plan on having directly or indirectly a significant business or financial relationship with the Hospital. “Indirectly” shall mean, but not be limited to, a relationship through ownership of an artificial entity or by a closely-related family member. “Closely-Related” shall have the meaning set forth in Appendix 1.9-1(i), Section 6a.
- (d) Any additional voting member of any Board Committee who is not a member of the Board shall not serve as Chair of that Board Committee.

3.2 EXECUTIVE COMMITTEE

3.2-1 COMPOSITION

The Executive Committee shall be composed of the Chairperson of the Board, the Vice-Chairperson, who shall serve as Chair, the Secretary, the Treasurer and Board member-at-large elected by the Board. The Chief Executive Officer shall serve as a nonvoting member.

3.2-2 FUNCTIONS

The Executive Committee shall be charged with the following responsibilities:

- (a) The Executive Committee shall, during intervals between the meetings of the Board, have the authority to take such action as is necessary to meet emergencies arising between meetings of the Board, and in cases where delayed action might be harmful to the institution. The action taken by the Executive Committee shall be confirmed by the Board at its next subsequent meeting. Minutes of the Executive Committee shall be distributed to all members of the Board.

- (b) The Executive Committee shall review the Bylaws and Governing Board policies at least every two (2) years. Except as otherwise required, the Executive Committee shall meet in November of every even year and prepare a report to the Board, recommending revisions or amendments to the same. If no revisions or amendments are recommended, the report shall so state. All proposed amendments to the Bylaws shall be presented to the Board as provided in Article IX.
- (c) Upon the request of the Chief Executive Officer, the Executive Committee shall review the action of the Medical Executive Committee with regard to initial medical staff appointments, clinical privileges, and/or reappointments and make recommendations to the full Board prior to final Governing Board action, and any other circumstance felt necessary by the Chairperson.
- (d) Assess the general results and effectiveness of the Quality Assessment and Improvement Program, evaluate changes that have been made or should be made to improve the quality and efficiency of patient care within the Hospital and make recommendations as warranted by its findings.
- (e) Annually review the peer review procedures conducted by the Hospital.
- (f) The Executive Committee shall be responsible and oversee all compliance matters for the Hospital including, but not limited, to those compliance matters relating to Federal and State regulations. As such, the Executive Committee shall work with and coordinate with the Chief Corporate Compliance Officer of the Hospital concerning such compliance matters and shall regularly (at least annually) receive reports from the Chief Corporate Compliance Officer concerning ongoing compliance matters and compliance efforts within the Hospital.

- (g) Perform such other related duties as may be assigned.

3.3 FINANCE COMMITTEE

3.3-1 COMPOSITION

The Finance Committee shall consist of the Board Treasurer as Chair and at least three (3) other members of the Board. In addition, one representative of the Medical Staff, nominated by the President of the Medical Staff and appointed by the Chairperson of the Board shall serve on the Finance Committee as a voting member. The Chief Executive Officer shall serve as a nonvoting member.

3.3-2 FUNCTIONS

The Finance Committee shall be charged with the responsibility to:

- (a) Review the financial feasibility of Hospital projects and undertakings referred to it by the Board or Chairperson of the Board, and make recommendations thereon to the Board.
- (b) Make recommendations to the Board concerning the general fiscal affairs of the Hospital.
- (c) Review and make recommendations to the Board concerning the Hospital's annual operating budget, the capital expenditure budget, and requirements for long-term financing.
- (d) Routinely review the financial statements and appraise the Hospital's operating performance.
- (e) Make recommendations to the Board concerning the financial condition and operation of the Hospital.
- (f) Review and make appropriate reports and recommendations to the Board concerning the financial implications of personnel policies of the Hospital;

including compensation, employment practices, employee benefits, employee health and welfare services, retirement programs and staffing practices.

- (g) Make recommendations to the Board regarding the Hospital insurance program which is designed to protect the fiscal and financial resources of the Hospital.
- (h) Perform such other related duties as may be assigned to it.

3.4 PLANNING, PHYSICAL FACILITIES, AND PROPERTIES COMMITTEE

3.4-1 COMPOSITION

The Planning, Physical Facilities, and Properties Committee shall consist of the Chairperson and at least three (3) other members of the Board. In addition, the President of the Medical Staff will serve as a voting member and the Chief Executive Officer will serve as a nonvoting member.

3.4-2 FUNCTIONS

The Planning, Physical Facilities, and Properties Committee shall be charged with the responsibility to:

- (a) Review and make recommendations to the Board concerning short and long-range development plans for the Hospital to assure that a comprehensive program of services is attuned to meeting the healthcare needs of the community and the purposes of the Hospital, to the extent feasible within the Hospital's resources.
- (b) Oversee the maintenance of the physical plants, including the planning and maintenance of the grounds, and submit recommendations to the Board.
- (c) Develop and review plans for the improvement or expansion of buildings and other permanent improvements including parking areas and streets, and shall generally oversee any construction work from a policy standpoint.

- (d) Provide information to the Board on changes and trends in the healthcare field and the community which may influence the modification of Hospital services and facilities.
- (e) Perform such other related duties as may be assigned to it.

3.5 EDUCATIONAL, GOVERNMENTAL, AND COMMUNITY RELATIONS COMMITTEE

3.5-1 COMPOSITION

The Educational, Governmental, and Community Relations Committee shall consist of the Chairperson and at least two (2) other members of the Board. In addition, one representative of the Medical Staff, nominated by the President of the Medical Staff and approved by the Board, will serve as a voting member. The Chief Executive Officer will serve as a nonvoting member.

3.5-2 FUNCTIONS

The Educational, Governmental, and Community Relations Committee shall be charged with the responsibility to:

- (a) Every six (6) months, review the educational programs to be conducted by the Hospital over the next six month period; review objectives for those educational programs to be offered; make suggestions to improve educational programs; receive and review reports of the educational activities for the previous six (6) months; review the line item budget(s) established for educational programming presented by the Hospital and recommend changes or acceptance of such budget(s) to the Board.
- (b) Act as a liaison between the Jess Parrish Medical Foundation, Inc. (the “Foundation”), and the Board to review health related programs presented by the

Foundation for the benefit of the Hospital and community, as well as any fund raising activity that benefits the Hospital.

- (c) Recommend to the Board the development of community relationships with civic, governmental, educational and professional organizations based on the community's current health care needs, issues, activities, goals and future plans of the Hospital.
- (d) Use all reasonable means to educate itself, the Board, the Foundation, the medical staff, Hospital employees, and the community concerning existing, pending and proposed changes to the healthcare system, the restructuring of healthcare financing and any and all issues and activities which may affect the quality of health care.
- (e) Study and recommend programs to educate the public as to the essential needs of the Hospital, seek to promote a general understanding and awareness of the Hospital's facilities/services through a planned program of public education and information, cooperating with national, state and local associations to stimulate support in the community for the Hospital's facilities and programs.
- (f) Develop and maintain a comprehensive orientation program for new members of the Board based on input from Board members, management, and the medical staff; be responsible for the annual review of existing orientation programs, gathering input from the Board for modifications, deletions, additions and changes to the program; develop and maintain a continuing educational program based on present healthcare issues, future healthcare trends, and the identified informational needs of the Board.

- (g) Distribute to the Board in October of every odd year a Board self-evaluation with results tabulated and reported at the November Board meeting for discussion.
- (h) Make periodic reports and recommendations to the Board as requested.
- (i) Perform such other related duties as may be assigned.

3.6 JOINT CONFERENCE COMMITTEE

3.6-1 COMPOSITION

The Committee shall be composed of four (4) members from the Board, the Chief Executive Officer, and four (4) members of the Medical Staff who shall be the President, Vice President, and two (2) members of the Medical Executive Committee appointed by the President of the Medical Staff. Members of Hospital senior management shall attend as directed from time to time by the Chief Executive Officer. All recommendations shall require a two-thirds (2/3) vote of the total membership of the committee. The Chair of the Joint Conference Committee shall alternate with the Chairperson of the Board serving as Chair during even numbered years and the President of the Medical Staff during odd numbered years.

3.6-2 FUNCTIONS

The Committee shall serve as an educational and liaison group to promote open communication between the Board, Administration and the Medical Staff regarding appropriate matters, including, but not limited to the following:

- (a) Communication
- (b) Bylaws
- (c) Reports of the Medical Staff
- (d) Credentials
- (e) Quality Improvement
- (f) The Joint Commission and its Standards

3.6-3 AGENDA

The agenda shall be prepared jointly by the Chairperson of the Board, the Chief Executive Officer and the President of the Medical Staff.

3.6-4 REPORTS

The Joint Conference Committee shall transmit written reports of its actions to the Board and the Medical Staff.

3.7 AUDIT COMMITTEE

3.7-1 COMPOSITION

The Audit Committee shall be comprised of a Chair and three (3) other members of the Board all appointed by the Chairperson of the Board.

3.7-2 FUNCTIONS

The Audit Committee shall be charged with the following responsibilities:

- (a) Make regular reports to the Board.
- (b) Review the annual audited financial statements with management, including major issues regarding accounting and auditing principles and practices as well as the adequacy of internal controls that could significantly affect the Hospital's financial statements.
- (c) Review an analysis prepared by management and the independent auditor of significant financial reporting issues and judgments made in connection with the preparation of the Hospital's financial statements.
- (d) Meet periodically with management to review the Hospital's major financial risk exposures and the steps management has taken to monitor and control such exposures.

- (e) Review major changes to the Hospital’s auditing and accounting principles and practices suggested by the independent auditor or management.
- (f) Recommend to the Board the appointment of the independent auditor, which firm is ultimately accountable to the Committee and the Board.
- (g) Recommend the fees to be paid to the independent auditor for approval by the Board.
- (h) Receive periodic written reports from the independent auditor regarding the auditor’s independence (including, without limitation, describing all relationships between the independent auditors and the Hospital) discuss such reports with the auditor, and if so determined by the Committee, recommend that the Board take “appropriate action to satisfy itself of the independence of the auditor.”
- (i) Evaluate together with the Board the performance of the independent auditor and, if so determined by the Committee, recommend that the Board replace the independent auditor.
- (j) Meet with the independent auditor prior to the audit to review the planning and staffing of the audit.
- (k) Discuss with the independent auditor the matters required to be discussed ~~by Auditing Standard No. 16~~ pursuant to [Public Company Accounting Oversight Board auditing standards for audits of financial statements for fiscal years ending on or after December 15, 2020 including those applicable to governmental entities and specifically AU Section 800](#) relating to the conduct of the audit.
- (l) After the audit, review with the independent auditor the result of the audits, any problems or difficulties the auditor may have encountered, and any management letter provided by the auditor and the Hospital’s response to that letter. Such

review should include any difficulties encountered in the course of the audit work, including any restrictions on the scope of activities or access to required information and any changes and recommendations made as a result of the audit including, without limitation, change in internal control and in accounting methods.

- (m) Advise the Board with respect to the Hospital's policies and procedures regarding compliance with the Hospital's Code of Conduct related to or disclosed by the audit.
- (n) Review with the Hospital's legal counsel legal matters that may have a material impact on the financial statements.
- (o) Meet at least annually with the Vice President - Finance/Chief Financial Officer and the independent auditor in separate sessions.
- (p) Conduct investigations (including but not limited to the engagement of outside experts as approved by management and the Executive Committee of the Board, so long as such experts' fee are less than Ten Thousand Dollars (\$10,000)) to resolve disagreements, if any, between the independent auditor and management, or to assure compliance with the Hospital's Code of Conduct.
- (q) Review quarterly financial statements with management and the independent auditor.
- (r) Operate in accordance with the principles and terms of the Audit Committee Charter attached as Appendix 3.7 to these Bylaws. While the Audit Committee has the responsibilities and powers set forth herein and in its Charter, it shall be the duty and responsibility of Hospital management to determine that the

Hospital's financial statements are complete and accurate and are in accordance with the U.S. generally accepted accounting principles.

3.8 COMPENSATION COMMITTEES FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND FOR OTHER HOSPITAL SENIOR ~~MANAGEMENT~~LEADERSHIP

3.8-1 (a) COMPOSITION OF THE COMPENSATION COMMITTEE FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER

This Committee shall be composed of one member who shall be the Director serving in the position of Chairperson of the Board. This Committee shall be supported by the Hospital's legal counsel (or his/her representative) and/or such other selected individual(s) in the discretion of the Chairperson of the Board.

3.8-1 (b) COMPOSITION OF THE COMPENSATION COMMITTEE FOR OTHER HOSPITAL SENIOR ~~MANAGEMENT~~LEADERSHIP

This Committee shall be composed of two members who shall be those currently serving in the positions of Chairperson of the Board and President/Chief Executive Officer of the Hospital. This Committee shall be supported by the Hospital's legal counsel (or his/her representative) and/or such other selected individual(s) in the discretion of this Committee's members.

3.8-2 FUNCTIONS

(a) FUNCTIONS OF THE COMPENSATION COMMITTEE FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER

This Committee shall review the Hospital's corporate goals and objectives in the context of the compensation arrangements provided for the President/Chief Executive Officer. This Committee shall develop and integrate a compensation program for the President/Chief Executive Officer into the Hospital's strategic planning process.

The principal functions of this Committee are:

- (i) Periodically (at least annually) review and analyze Hospital compensation arrangements with the President/Chief Executive Officer.

(ii) Work with the Hospital’s legal counsel or external consultants to evaluate and compare hospital senior management compensation trends on national, regional, and local levels to ensure that the President/Chief Executive Officer compensation is reasonable and appropriately established.

(iii) Develop Hospital compensation arrangements and programs for the President/Chief Executive Officer, including the base salary, systems for incentive compensation, non- cash compensation, and other supplemental compensation programs for approval by the Board.

(iv) Negotiate, on behalf of the Board, compensation arrangements regarding the President/Chief Executive Officer employment contract and/or severance and retirement packages.

(b) FUNCTIONS OF THE COMPENSATION COMMITTEE FOR OTHER

HOSPITAL SENIOR ~~MANAGEMENT~~LEADERSHIP

This Committee shall review the Hospital’s corporate goals and objectives in the context of the compensation arrangements provided for the ~~following Hospital senior management: (i) Vice~~

~~President – Finance, (ii) Senior Vice President – Transformation/Network Development, (iii)~~

~~Senior Vice President – Acute Care Services/CNO , (iv) Vice President – Ambulatory Services,~~

~~and (v) Vice President – Communications, Community and Corporate Services~~

~~(collectively,~~Hospital Senior Leadership consisting of those individuals whose title is commonly

known as Vice Presidents, Senior Vice Presidents, Executive Vice President, CFO and similarly

titled positions (“Senior ~~Staff~~Leadership”). This Committee shall develop and integrate a

Senior ~~Staff~~Leadership compensation program into the Hospital’s strategic planning process.

The principal functions of the Committee are:

- (a) Periodically (at least annually) review and analyze Hospital compensation arrangements with Senior Staff.
- (b) Work with the Hospital's legal counsel or external consultants to evaluate and compare hospital ~~senior management~~Senior Leadership compensation trends on national, regional, and local levels to ensure that the Senior ~~Staff~~Leadership compensation is reasonable and appropriately established.
- (c) Develop Hospital compensation arrangements and programs for Senior ~~Staff~~Leadership, including the base salary, systems for incentive compensation, non- cash compensation, and other supplemental compensation programs for approval by the Board and the Chief Executive Officer.
- (d) Negotiate, on behalf of the Board, and with the authority of the CEO, the compensation packages and/or severance and retirement packages of Senior ~~Staff~~Leadership members.

3.9 QUALITY COMMITTEE

3.9-1 COMPOSITION

The Quality Committee shall be comprised of a Chair and at least four (4) other members of the Board. In addition, the President of the Medical Staff and the chairs or their designees of the following Medical Staff committees: Medical Staff Bylaws Committee, Utilization Management/Medical Records Committee, and Credentials and Medical Ethics Committee, will serve as voting members, and the Chief Executive Officer will serve as a nonvoting member. The Quality Committee Chair shall be elected annually by a majority of Quality Committee members.

3.9-2 FUNCTIONS

The principle function of the Quality Committee shall be to fulfill the responsibilities outlined in Article VI of these Bylaws regarding Quality Assessment and Improvement. The Committee will provide the mechanism through which Hospital administration and the Medical Staff are held accountable for the activities delegated to them in Article VI. The Quality Committee will take a proactive approach as it advises the Board regarding policies to “improve the overall quality and efficiency of patient care in the Hospital” and in the community, for instance, by setting/recommending adoption of standards and guidelines for quality care. The Quality Committee is designed to work in collaboration with the Medical Staff and Administration to achieve the Board’s safety and quality goals. The Quality Committee shall act in collaboration with Medical Staff committees. In addition, non-standing committees of the Board that deal primarily with quality, clinical outcomes, etc. will report to the Quality Committee. The Committee’s responsibilities include, but are not limited to the following:

- (a) Receive periodic reports from the Patient Care Improvement Committee, and advise the Board regarding patient care improvement at the Hospital.
- (b) Receive periodic reports from the Medical Executive Committee and/or Medical Directors, as they relate to quality, and advise the Board regarding what action, if any, is to be taken regarding the reports.
- (c) Establish measures for clinical outcomes and identify appropriate comparative standards; monitor the hospital’s performance against these standards; report findings and recommended actions to the Board.
- (d) Reviews and comment on the clinical findings of all licensure, accreditation, and certification surveys of the Hospital.
- (e) Review and comment on the Hospital’s Physician Manpower Plan.

- (f) Review and comment on all proposed amendments to the Medical Staff bylaws relating to quality of care.
- (g) Review and comment on the results of all community services needs surveys or studies involving the Hospital's markets or service areas.
- (h) Review and comment on the reasonableness of all proposed physician services agreements with the Hospital or its affiliates.
- (i) Request and review, at its discretion, reports from any individual, group, or committee related to quality.

3.10 INVESTMENT COMMITTEE

3.10-1 COMPOSITION

The Investment Committee shall be comprised of no more than five (5) members all of whom shall be members of the Finance Committee and all of whom shall be appointed by the Chairperson of the Board. The Vice President – Finance /Chief Financial Officer shall also be a member of the Investment Committee.

3.10-2 FUNCTIONS

The Investment Committee shall be charged with the responsibility to:

- (a) Review investment and performance of the Operating Funds of the Hospital.
- (b) Oversee the actions of the Pension Administration Committee and Trustees for the North Brevard County Hospital District Pension Plan and its implementation of the Pension Investment Guidelines of the Board of Directors (Policy Number 9500-5004).
- (c) Implement the provisions of the Operating Funds Investment Policy of the North Brevard County Hospital District (Policy Number 9500-5003).
- (d) Report, from time-to-time, to the Board concerning the performance of the Operating Funds and implementation of Policy Number 9500-5003.

(e) Recommend institutions which will serve as depositories for operating funds and investments.

(f) Perform such other actions as may be assigned from time-to-time by the Board.

ARTICLE IV. CHIEF EXECUTIVE OFFICER

4.1 APPOINTMENT

The Board of Directors shall select and appoint a competent experienced Hospital administrator to serve as the Chief Executive Officer and to be the direct executive representative of the Board in the management of the Hospital. The Chief Executive Officer shall be given the necessary authority and be held responsible for the management of the Hospital in all its departments subject only to the policies enacted by the Board and to such orders as may be issued by the Board pertaining to the administration of the Hospital.

4.2 AUTHORITY AND DUTIES

The Chief Executive Officer, subject to the directions of the Board, shall have the following authority and duties:

- (a) Prepare and submit to the Board for approval a plan for the organization of the personnel concerned with the operation of the Hospital.
- (b) Select, employ, control and have authority to discharge any Hospital employee. Employment shall be subject to budget authorization granted by the Board.
- (c) Report to the Board at regular and special meetings all significant items of business of the Hospital and make recommendations concerning the disposition thereof.
- (d) Submit regularly, in cooperation with the appropriate committees of the Board, periodic reports showing the patient care and professional services rendered and

the financial activities of the Hospital, and prepare and submit any budget data that may be required by the Board.

- (e) Attend all meetings of the Board when possible and attend meetings of the various committees of the Board when so required by the Committee Chairperson.
- (f) Serve as a liaison between the Board and the Medical Staff of the Hospital. The Chief Executive Officer will cooperate with the Medical Staff and will endeavor to secure like cooperation on the part of all concerned with rendering professional services to the end that the patients may receive the best possible care.
- (g) Make recommendations concerning the purchase of equipment, supplies, and services by the Hospital.
- (h) Keep informed of all new developments in the medical and administrative areas of Hospital administration.
- (i) Oversee the physical plant, Hospital building and grounds; and keep them in good state of repair, conferring with the appropriate committee of the Hospital Board in major matters, but carrying out routine repairs and maintenance without such consultation.
- (j) Supervise all business affairs such as the records of financial transactions, collection of accounts and purchase and issuance of supplies, and be certain that all funds are collected and expended to the best possible advantage.
- (k) Supervise the preservation of the permanent medical records of the Hospital and act as designated custodian of all Hospital records.
- (l) Select, secure and keep in force, in companies duly authorized to do business in Florida, or in such other programs as approved by the Board, such insurance as is necessary including but not limited to physical property, liability, malpractice,

vehicle, fire, extended coverage insurance, and such other insurance, and in such amounts as may be deemed proper.

- (m) Designate, in writing, other individuals by name or position who are, in order of succession, authorized to act during any period of absence of the Chief Executive Officer from the Hospital.
- (n) Perform such other duties as the Board shall from time to time direct.

ARTICLE V. MEDICAL STAFF

5.1 ORGANIZATION

The Board of the Hospital has the ultimate authority for the management of the Hospital.

Pursuant to this authority, the Board has created a Medical Staff organization to be known as the Medical Staff of Parrish Medical Center. Membership in this Medical Staff organization is a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Bylaws.

5.2 MEDICAL STAFF BYLAWS

The Medical Staff shall collaborate with the Board in drafting the Medical Staff Bylaws, Rules and Regulations. Procedures for the review and consideration of all applications for appointment or reappointment to the Medical Staff or any action to suspend, terminate, modify or restrict the privileges of any member of the Medical Staff shall be established in the Medical Staff Bylaws.

Neither the Medical Staff nor the Board may unilaterally amend or suspend the Medical Staff Bylaws, Rules and Regulations and when adopted by the Medical Staff and approved by the Board, they shall become binding jointly upon both bodies. Nothing contained in the Medical Staff Bylaws and Rules and Regulations shall be contrary to any State or Federal laws, the terms of the Act, or the provisions of these Bylaws. In the event there should exist any conflict or any inconsistency between these Bylaws and the Bylaws, Rules and Regulations of the Medical Staff,

the inconsistency will be referred to the Joint Conference Committee for recommendation to and final determination by the Board.

5.3 MEMBERSHIP

Medical Staff membership status shall be granted by the Board in its sole discretion on such terms and conditions as the Board deems proper in order to provide the best available professional care to Hospital patients. All applications for membership to the Medical Staff and/or the granting of clinical privileges shall be presented in writing to and on forms prescribed and provided only by the Chief Executive Officer.

5.4 INSTITUTIONAL NEED

The needs and resources of the Hospital will be considered in making appointments to the Medical Staff and in granting clinical privileges to staff members. All appointments and grants of privileges must be consistent with the needs and resources of the Hospital which include:

- (a) Preservation of a relationship between the facilities available and the number of practitioners requiring access to these facilities which will allow the most effective patient care. Such facilities include the number of hospital beds, operating rooms and special equipment and/or treatment areas.
- (b) Provision of both general and special medical services, particularly those not otherwise available either in the Hospital or in the primary service area.
- (c) Satisfactory participation by all members of the Medical Staff in the professional activities of that body and demonstrated support of the Hospital's mission and goals.
- (d) Satisfactory demonstration of the capability to work cooperatively and professionally with fellow members of the Medical Staff and with all categories of Hospital employees.

- (e) Preservation of the Hospital's Quality Assessment and Improvement Program to include assurances and findings that the quality of patient care will not be adversely affected by any practitioner's inability to maintain an appropriate level of proficiency because of an insufficient number of patients or applicable procedures, the Medical Staff's inability to assure necessary assistance or qualified supervision, or the Hospital's inability to provide sufficient facilities.
- (f) Satisfactory adoption and adaptation related to electronic medical records and other technology implemented by the Hospital.
- (g) Satisfactory performance related to quality measures adopted by the Hospital or its payors.

5.5 CONTRACT PHYSICIANS

A practitioner employed by the Hospital, either part-time or full-time, in a purely administrative capacity or with no patient admitting privileges is subject to the regular personnel policies of the Hospital and to the terms of his or her contract or other conditions of employment and need not be a member of the Medical Staff.

ARTICLE VI. QUALITY ASSESSMENT AND IMPROVEMENT

6.1 BOARD RESPONSIBILITY

The Board shall establish, maintain, support and exercise oversight of an ongoing Quality Assessment and Improvement Program that includes specific and effective review, evaluation and monitoring mechanisms to assess, preserve and improve the overall quality and efficiency of patient care in the Hospital.

6.2 DELEGATION TO ADMINISTRATION AND TO THE MEDICAL STAFF

6.2-1 TO ADMINISTRATION

The Board delegates to the administration and holds it accountable for providing the administrative assistance reasonably necessary to support and facilitate the implementation and ongoing operation of the Hospital's Quality Assessment and Improvement Program as it concerns non-medical professional personnel and technical staffs and patient care units, and for analyzing information and acting upon problems involving technical, administrative and support services and Hospital policy.

6.2-2 TO THE MEDICAL STAFF

The Board delegates to the Medical Staff and holds it accountable for conducting specific activities that contribute to the preservation and improvement of the quality of patient care provided by the Medical Staff members in the Hospital. These activities include:

- (a) Systematic evaluation of practitioner performance against explicit, pre-determined criteria.
- (b) Ongoing monitoring of critical aspects of care, including but not limited to antibiotic and drug usage, transfusion practices, surgical outcomes, infections, morbidities and mortalities, and monitoring of unexpected clinical occurrences.
- (c) Review of utilization of the Hospital's resources to provide for their proper and timely allocation to patients.
- (d) Review and recommend to the Board only those clinical privileges to practitioners that are consistent with the recognized needs and facilities of the Hospital as provided in Section 5.4 of these Bylaws.
- (e) Provision for continuing professional education, including needs identified through the review, evaluation and monitoring activities of the Quality Assessment and Improvement Program developments.

- (f) Definition of the clinical privileges which may be appropriately granted within the Hospital and within each service, delineation of clinical privileges for members of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment, and participation in assigning patient care responsibilities to other health care professionals consistent with individual qualifications and demonstrated ability.
- (g) Management of clinical affairs, including enforcement of clinical policies and consultation requirements, initiation of disciplinary actions, surveillance of requirements for performance monitoring and for the exercise of newly- acquired clinical privileges, and like clinically-oriented activities.
- (h) Such other measures as the Board may deem necessary for the preservation and improvement of the quality and efficiency of patient care, after giving due consideration to the advice of the Medical Staff, Hospital administration, or other professionals.

6.3 INDEMNIFICATION

The Hospital shall indemnify, each Board member, officer, employee and agent of the Hospital in the manner and to extent provided by the laws of the State of Florida, as amended from time to time. The indemnification shall apply to all matters whenever arising. The right of indemnification herein provided shall be in addition to any and all rights to which any director, officer, agent or employee might otherwise be entitled and the provision hereof shall neither impair nor adversely affect such rights. Such indemnification shall extend to each member of the Medical Staff serving as an officer of the Medical Staff or on any committee or department of the Hospital or Medical Staff, or otherwise participating in any Hospital or Medical Staff activity conducted pursuant to these or the Medical Staff bylaws, against any claims made against any

Medical Staff member as a result of good faith actions taken on behalf of the Hospital, as long as there is no evidence of misconduct on the part of the staff member and the staff member follows all Hospital approved procedures in connection with any peer review, credentialing or other activities.

ARTICLE VII. HOSPITAL AUXILIARY

7.1 NAME AND PURPOSE

The Board has authorized the creation of a volunteer ~~organization~~group under the oversight and direction of the Board of Directors of the Hospital and management of the Hospital to provide volunteers services at the Hospital called “The Parrish Medical Center Auxiliary”. The purpose of this ~~organization~~group of volunteers is to render volunteer services to the Hospital, its patients, and visitors ~~as are approved by~~subject to the direction and oversight of the administration of the Hospital ~~and the Board of Directors of the Auxiliary~~. Any funds which may accumulate as a result of these activities will be used in such a manner as will benefit the Hospital or the Jess Parrish Medical Foundation, Inc., ~~with the exception of necessary operating funds~~as determined from time to time by the Administration of the Hospital. Such funds shall be the property of the Hospital.

7.2 ORGANIZATION AND GOVERNMENT

The Auxiliary will be organized to be of service to the Hospital and is responsible to the Hospital Board through the Chief Executive Officer or his designee. ~~The Auxiliary must be a member in good standing of the Association of Florida Healthcare Auxiliaries Volunteers. The management and control of property and funds of the Auxiliary shall be vested in its Executive Committee. The Auxiliary shall have its own Bylaws and any amendments, deletions, or revisions thereof shall be subject to and require the review and approval of the Hospital Board.~~

7.3 OTHER VOLUNTEER SERVICES IS IT OK TO DELETE?

Other individuals or organized groups who wish to perform volunteer services in the Hospital, shall first obtain a letter of agreement delineating the authorized term and scope of services from the Chief Executive Officer or his designee.

ARTICLE VIII. THE ACT

The exercise any of the authorities or duties of the Board by these Bylaws, shall be guided by the provisions contained in Chapter 2003-362, Laws of Florida, as amended from time to time by the Florida Legislature, creating the Hospital District, and defining the procedures, requirements and limitations, pertaining to such authorities or duties.

ARTICLE IX. AMENDMENTS

Amendments to these Bylaws may be made by a majority vote of not less than five (5) members of the Board present at any regular or special meeting of the Board, provided that the proposed amendment shall have been presented either at a prior meeting or through the mail to each director not less than ten (10) days prior to the meeting and further provided such amendment has been reviewed in accordance with such additional policies or procedures as adopted by the Board.

ARTICLE X. PROCEDURES

All meetings and affairs of the Board, the Hospital, the Medical Staff, ~~the Auxiliary,~~ and all committees thereof shall be conducted in accordance with Robert's Rules of Order, as revised from time to time, except as otherwise provided by law, or these bylaws, or unless a majority of those in attendance and entitled to vote at any such meeting shall elect not to do so. Provided, failure to comply with Robert's Rules of Order, as revised, from time to time shall not invalidate any action of the Board or any Committees of the Board.

APPROVED and adopted by the Governing Board this _____ day of _____,
~~2020~~20_____.

_____, Chairperson

_____, Secretary

Adopted: November 15, 1983
Implemented: January 1, 1984
Amended: July 19, 1988
Implemented: August 1, 1988
Amended: Article 1.5, September 20, 1988
Amended: Article 1.5, February 28, 1989
Amended: Article 2.2, September 26, 1989
Amended: Article 3.2-1(d), October 28, 1990
Amended: Article 3.5-2 (k) change to (l) December 18, 1990
Amended: Article 5.5-5 December 18, 1990
Amended: Definition #12 March 26, 1991
Amended and Restated: December 15, 1992
Amended: Article 3.5-2, September 8, 1993
Amended: Article 3.1-5, 3.2-1, February 7, 1994
Amended: Article 3.1-4, September 11, 1995
Amended: Article 1.1.1, June 2, 1997
(New Section: Article 1.1.2, June 2, 1997)
Amended: November 2, 1998
Amended: September 8, 1999
Amended: December 02, 2002
Amended: April 3, 2006
Amended: June 6, 2007
Amended: January 5, 2009
Amended: August 6, 2012
Amended: October 5, 2015
Amended: December 5, 2016
Amended: January 7, 2019
Amended: ~~_____~~December 7, 2020

APPENDIX 1.9-1(i)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
POLICY REGARDING RESTRICTIONS ON COMPETING
FINANCIAL INTERESTS AND ANTI-COMPETITIVE ACTIVITY OF
MEMBERS OF THE BOARD OF DIRECTORS**

RECITALS

WHEREAS, the North Brevard County Hospital District (“District”), d/b/a Parrish Medical Center (the “Hospital”), pursuant to its public mission, is committed to providing District residents with a broad range of cost-effective, quality patient care services;

WHEREAS, the Hospital Board of Directors (the “Board”), pursuant to the District’s enabling legislation and bylaws, has the duty and authority to establish appropriate policies and procedures for the governance, management, and operation of the Hospital including, but not limited to, a policy regarding competing financial interests and anti-competitive activity of Active Members (as defined in Section 1 of this Appendix 1.9-1(i)) to protect the integrity of Board decision-making and fiscal soundness of the Hospital;

WHEREAS, if individuals with competing financial interests are allowed to serve on the Board or committees of the Board, such individuals might use their relationship with the Hospital and information obtained from the Hospital to benefit themselves or their competing financial interests at the expense of the Hospital, thus undermining the ability of the Hospital to continue to serve its public purpose and provide a broad range of quality, cost effective services for District residents;

WHEREAS, if Active Members are allowed to engage in activities that promote the interests of Hospital competitors at the expense of the Hospital then such activities could also undermine the ability of the Hospital to continue to serve its public purpose;

WHEREAS, the Board has determined that it is in the best interest of the District to establish a policy prohibiting such Active Members from serving who have an incentive, directly or indirectly, by virtue of possessing competing financial interest or engaging in anti-competitive activity, to jeopardize the fiscal soundness of the Hospital;

WHEREAS, the State of Florida has enacted certain legal standards for public officials regarding conflicts of interest to which Active Members are subject and this Policy is meant to supplement, and not replace, this existing body of law; and

WHEREAS, the federal government also has an interest in preserving the public benefit of certain organizations, including the District, to whom it has granted an exemption from federal income taxation.

NOW, THEREFORE, it is resolved that the Board shall adopt the following policy regarding competing financial interests and anti-competitive activity of Active Members (“Policy”):

POLICY

1. **Duty of Loyalty.** All members of the Board, together with ex-officio and other members of committees of the Board and the President of the Medical Staff (collectively referred to as "Active Members"), have a legal and ethical duty of undivided loyalty and to exercise the utmost good faith in their relationships with and for the Hospital, to act in the best interests of the Hospital, and to exercise their responsibilities with due care and loyalty to the Hospital’s interests.

2. **Prohibition on Competing Financial Interests.** Individuals who have a Competing Financial Interest, as defined in this Policy, shall not serve as an Active Member, either on an appointed, elected, or ex-officio basis, unless such Competing Financial Interest violation under this Policy is waived by resolution of the Board under circumstances determined by the Board to be in the Hospital’s best interest.

3. **Prohibition on Anti-Competitive Activity.** Active Members are prohibited from engaging in Anti-Competitive Activity, as defined in this Policy, unless such Anti-Competitive Activity violation under this Policy is waived by resolution of the Board under circumstances determined by the Board to be in the Hospital’s best interest.

4. **Sanctions.** The Board, in accordance with the Act and its Bylaws, shall proceed to remove any Active Member who violates this Policy and who refuses to resign when requested by the Board.

5. **Board Appointment.** The Chief Executive Officer and Board shall actively encourage public officials and bodies with Active Member appointment power not to appoint to the Board any individual in violation of this Policy.

6. **Definitions.**

For purposes of this Policy:

a. The term “Competing Financial Interest” shall mean a financial interest held by an Active Member, a closely-related family member of an Active Member, or a trust, estate, business, company, partnership, or other organization or enterprise of an Active Member or closely-related family member of an Active Member, in a Hospital Competitor which appears to conflict with his or her decisions or actions as an Active Member. Examples of interests deemed to be Competing Financial Interests under this Policy are included on Exhibit A attached hereto. These examples are not exhaustive and the Board shall be free to determine on a case by case basis whether other circumstances qualify as a Competing Financial Interest.

For purposes of this definition, “closely-related” shall mean related by blood or marriage as father, mother, husband, wife, son, daughter, or any other direct lineal

ancestor or descendant, sister, brother, uncle, aunt, nephew, niece, first cousin, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law.

b. The term “Anti-Competitive Activity” shall mean the support of, or engaging in, a policy, transaction or conduct that directly or indirectly provides a financial benefit to a Hospital Competitor to the detriment of the Hospital or District residents. Examples of Anti-Competitive Activities under this Policy are included on Exhibit B attached hereto. These examples are not exhaustive and the Board shall be free to determine on a case by case basis whether other circumstances qualify as an Anti-Competitive Activity.

c. The term “Hospital Competitor” shall mean a facility or business:

(1) with a level of competition against the Hospital that is substantial in relation to the total business of the Hospital; or

(2) within a 50 mile radius of the Hospital that is an acute care general hospital, a medical/surgical hospital, a specialty hospital, a rehabilitation center, an extended care facility or nursing home, an outpatient or inpatient surgery center, an emergency center, a home health service, a health maintenance organization or similar direct care provider, an ambulance service, a birthing center or an inhalation, respiratory or physical therapy center, a clinic with a primary mission to treat Acquired Immune Deficiency Syndrome or similar diseases, or an entity providing Ancillary Medical Care Services (as hereinafter defined).

For purposes of this definition, “Ancillary Medical Care Services” shall mean and include, (i) any form of testing for diagnostic or therapeutic purposes, (ii) provision or operation of a laboratory (including, without limitation, a pathology laboratory or a clinical laboratory), (iii) diagnostic imaging services (which include, without limitation, the following testing facilities: fluoroscopy, x-ray, plane film radiography, computerized tomography (CT), ultrasound, radiation therapy, mammography and breast diagnostics, nuclear medicine testing and magnetic resonance imaging), (iv) physical therapy services, or respiratory therapy service, and (v) the provision of any medical or related service to or for any person that is in addition to the examination and diagnosis of patients performed directly by a physician or by other health care professionals under the direct supervision of a physician, or a facility operated for the provision of any such service.

Notwithstanding the foregoing, Hospital Competitor shall not mean a physician medical office practice providing laboratory and diagnostic imaging to any such physician’s own patients, so long as such services are merely ancillary and incidental to such physician’s primary medical practice and do not constitute the physician’s primary medical practice or specialty nor the predominant services rendered by such physician to physician’s patients and so long as such patients for whom such laboratory or diagnostic imaging services are performed are not referred to such physician primarily for the purpose of obtaining such laboratory or diagnostic imaging services.

7. **Procedures for Addressing Policy Violations.** Whenever there is reason to believe that a violation of this Policy exists, the Board shall consider the matter during a public

meeting, unless an exemption is provided under law. A member of the Board subject to the inquiry shall be entitled to vote unless prohibited by law.

8. **Procedures for Investigating Violations of this Policy.** The Hospital shall be authorized to collect and maintain appropriate financial and other data to investigate and support decisions relating to this Policy. To this end, when reasonable suspicion exists that a violation of this Policy has occurred, the Hospital Chief Executive Officer (“CEO”) or his/her designee shall have the authority to demand and receive from each Board Member, for review by the Hospital’s senior administration or its legal counsel, financial information, records and such other information related to the potential violation under review. Any failure by a Board member to furnish information requested by the CEO pursuant to this Policy within thirty (30) days shall constitute a violation of this Policy.

9. **Disclosure of Competing Financial Interests and Anti-Competitive Activity.** Active Members shall annually complete a prescribed form (attached and incorporated into this Policy, as may be amended from time to time) to disclose Competing Financial Interests and to verify the absence of Anti-Competitive Activity on the part of the Active Member. Any failure by an Active Member to submit an attestation form as described in this Section 9 by January 30 of each year of the Active Member’s service and to update the form within thirty (30) days after acquisition of any Competing Financial Interest or participation in any Anti-Competitive Activity shall constitute a violation of this Policy.

10. **Application of this Policy.** This Policy is intended to supplement, but not replace, any Florida law governing ethical conduct and conflicts of interest applicable to public officials.

EXHIBIT A

Examples of Competing Financial Interests

Examples of Competing Financial Interests that may be considered as disqualifying for Active Members under this Policy include, but are not limited to, the following:

- a. Direct or indirect investment in, holding indebtedness of, or having a compensation arrangement with a Hospital Competitor;
- b. Employment by, or participation in, the administration, management, or governance of a Hospital Competitor. This description includes, but is not limited to, the following positions: Member of the Board of Directors, Medical Staff Officer, Medical Staff Executive Committee Member, Committee Chairperson or Vice Chairperson, Medical Director or a member of a Planning Committee;
- c. Employment by, or practice with, a medical group practice that is primarily or significantly affiliated with a Hospital Competitor; and
- d. Affiliation with a Hospital Competitor that may reasonably give rise to a concern that the individual may not be entirely impartial and disinterested in making decisions in the best interests of the Hospital.

The following are examples of financial interests that, without more, generally shall not be considered to be Competing Financial Interests under this Policy:

- a. Membership on the medical staff of a Hospital Competitor;
- b. Medical practice in the same specialty as employed physicians of the Hospital; and
- c. Passive investment(s) in publicly traded stocks of a Hospital Competitor.

EXHIBIT B

Examples of Anti-Competitive Activities

Examples of Anti-Competitive Activities that may be considered as disqualifying for Active Members under this Policy include, but are not limited to, the following:

- a. Public or private promotion of a Hospital Competitor at the expense of the Hospital;
- b. Diverting away from the Hospital, through referrals unrelated to patient preference or medical needs, or through other means, District residents to a Hospital Competitor;
- c. Public display of disruptive actions against the Hospital that harm the Hospital's image or reputation in the community; and
- d. Employment by, or participation in, the administration, management, or governance of a Hospital Competitor. This description includes, but is not limited to, the following positions: Member of the Board of Directors, Medical Staff Officer, Medical Staff Executive Committee Member, Committee Chairperson or Vice Chairperson, Medical Director or a member of a Planning Committee.

The following are examples activities that, without more, generally shall not be considered to be Anti-Competitive Activities under this Policy:

- e. Non-public efforts, within the Hospital channels, to suggest improvements or to make constructive changes, such as to improve health care quality, access to care, or customer service;
- f. Participation in health-related or other educational civic activities in the District;
- g. Reporting of legal, professional, or ethical problems of persons or entities, either internally within the Hospital, or to government officials;
- h. Membership on the medical staff of a Hospital Competitor;
- i. Medical practice in the same specialty as employed physicians of the Hospital;
- j. Lawful activities unrelated to the competitive business interests of the Hospital; and
- k. Affiliation with a Hospital Competitor that may reasonably give rise to a concern that the individual may not be entirely impartial and disinterested in making decisions in the best interests of the Hospital.

ACTIVE MEMBER ATTESTATION STATEMENT

I have read and understand the North Brevard County Hospital District Policy Regarding Restrictions on Competing Financial Interests and Anti-Competitive Activity of Active Members.

In accordance with this Policy, while I am a member of the Board of Directors, the President of the Medical Staff, or a member of a Board of Directors committee, I shall not engage in any personal or business activity in violation of the Policy. Further, in accordance with this Policy, below I have set forth all my existing Competing Financial Interests and Anti-Competitive Activity as described in this Policy. I agree to either resign my position with the Board or a committee of the Board or to completely divest and disassociate with any activity or interest in violation of this Policy before accepting or continuing my Board position with the Hospital or on a committee of the Board. I further understand that, in accordance with this Policy, I am responsible for providing to the Chief Executive Officer of Parrish Medical (“CEO”) or his/her designee within thirty (30) days any information requested by the CEO in order to ensure my compliance with this Policy and any refusal or delay on my part in providing this information will be considered a violation of this Policy.

I understand that the purpose of this Policy is far reaching and it may cover situations not specifically addressed in this Policy. Accordingly, I understand that this Policy is meant to supplement, but not to replace, (i) any applicable laws governing conflicts of interest applicable to members of the governing body of public hospitals, and (ii) good judgment. Thus, I will respect this Policy’s spirit and purpose as well as its wording.

My existing Competing Financial Interests and Anti-Competitive Activity are reported in the following space:

I attest that the following is true and correct. I agree to update this statement within thirty (30) days after I acquire any Competing Financial Interest or engage in any Anti-Competitive Activity not previously fully disclosed.

By: _____

Date: _____

APPENDIX 3.7

AUDIT COMMITTEE CHARTER

The Audit Committee is appointed by the Chairperson of the Board of Directors (the “Board”) of the North Brevard County Hospital District (the “Hospital”) to assist the Board in monitoring (1) the integrity of the financial statements of the Hospital, and (2) the independence and performance of the Hospital’s external auditors.

There shall be four (4) members of the Audit Committee, including one (1) member appointed as Chair by the Chairperson of the Board. The committee will be composed solely of directors who are independent of the management of the Hospital and are free of any relationship that, in the opinion of the Board, may interfere with their exercise of independent judgment as a committee member.

All members must be or become financially literate and at least one (1) member must have accounting or related financial management experience (i.e., experience as a Chief Executive Officer, or Chief Financial Officer of a business, or as a Certified Public Accountant, or similar experience), in each case it shall be in the judgment of the Chairperson of the Board.

The committee shall meet at least four (4) times per year or more frequently as circumstances require. A majority of the members must be present to constitute a quorum. The committee may ask members of management or others to attend the meetings and provide pertinent information as necessary. Meetings must be conducted in accordance with Florida Statute §286 and Article I, Section 24 of the Florida Constitution, unless the subject matter of the meeting allows the

committee to meet in executive session. The committee is expected to maintain free and open communication with management and the independent auditors. The Audit Committee shall:

- (a) Make regular reports to the Board.
- (b) Review the annual audited financial statements with management, including major issues regarding accounting and auditing principles and practices as well as the adequacy of internal controls that could significantly affect the Hospital's financial statements.
- (c) Review an analysis prepared by management and the independent auditor of significant financial reporting issues and judgments made in connection with the preparation of the Hospital's financial statements.
- (d) Meet periodically with management to review the Hospital's major financial risk exposures and the steps management has taken to monitor and control such exposures.
- (e) Review major changes to the Hospital's auditing and accounting principles and practices as suggested by the independent auditor or management.
- (f) Recommend to the Board the appointment of the independent auditor, which firm is ultimately accountable to the Committee and the Board.
- (g) Recommend the fees to be paid to the independent auditor for approval by the Board.
- (h) Receive periodic written reports from the independent auditor regarding the auditor's independence (including, without limitation, describing all relationships between the independent auditors and the Hospital) discuss such reports with the

auditor, and if so determined by the Committee, recommend that the Board take appropriate action to satisfy itself of the independence of the auditor.

- (i) Evaluate together with the Board the performance of the independent auditor and, if so determined by the Committee, recommend that the Board replace the independent auditor.
- (j) Meet with the independent auditor prior to the audit to review the planning and staffing of the audit.
- (k) Discuss with the independent auditor the matters required to be discussed by Auditing Standard No. 16 relating to the conduct of the audit.
- (l) After the audit, review with the independent auditor the result of the audits, any problems or difficulties the auditor may have encountered and any management letter provided by the auditor and the Hospital's response to that letter. Such review should include any difficulties encountered in the course of the audit work, including any restrictions on the scope of activities or access to required information and any changes and recommendations made as a result of the audit including, without limitation, change in internal control and in accounting methods.
- (m) Advise the Board with respect to the Hospital's policies and procedures regarding compliance with the Hospital's Code of Ethics related to or disclosed by the Audit.
- (n) Review with the Hospital's legal counsel legal matters that may have a material impact on the financial statements.

- (o) Meet at least annually with the Vice President – Finance / Chief Financial Officer and the independent auditor in separate sessions.
- (p) Conduct investigations (including but not limited to the engagement of outside experts as approved by management and the Executive Committee of the Board of Directors, so long as such experts' fee is less than ~~One~~Two Thousand Dollars (~~\$1,000~~2,000) to resolve disagreements, if any, between the independent auditor and management, or to assure compliance with the Hospital's Code of Ethics.
- (q) Review quarterly financial statements with management and the independent auditor. While the Audit Committee has the responsibilities and powers set forth in this Charter, it shall be the duty and responsibility of Hospital management to determine that the Hospital's financial statements are completed and accurate and are in accordance with the U.S. generally accepted accounting principles applicable to the North Brevard County Hospital District.

Summary report:	
Litera® Change-Pro for Word 10.9.0.460 Document comparison done on 12/19/2022 2:29:43 PM	
Style name: Ileen	
Intelligent Table Comparison: Active	
Original DMS: iw://FSDMS/ACTIVE/6775091/21	
Modified DMS: iw://FSDMS/ACTIVE/6775091/23	
Changes:	
<u>Add</u>	33
Delete	33
Move From	0
<u>Move To</u>	0
<u>Table Insert</u>	0
Table Delete	0
<u>Table moves to</u>	0
Table moves from	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	66

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, JANUARY 9, 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 November 7, 2022 meeting.

- II. Holiday Wrap-up – Ms. Sellers

- 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 November 7, 2022 at 1:49 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

Billie Fitzgerald, Chairperson
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:
None

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

CALL TO ORDER

Ms. Rupe called the meeting to order at 1:49 p.m.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Mr. Jordan, seconded by Mr. Specht, and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOVED TO APPROVE THE MINUTES OF SEPTEMBER 12, 2022 EDUCATION COMMITTEE MEETING, AS PRESENTED.

CARDIAC ELECTROPHYSIOLOGY

Dr. Ajit Janardhan presented to the committee a detailed overview of Atrial Fibrillation diagnosis and treatment, and the Electrophysiology procedures performed at PMC. He further explained the benefits to the general public and healthcare system of performing these procedures at PMC.

OTHER

No other items were presented.

ADJOURNMENT

EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE

OCTOBER 3, 2022

PAGE 2

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



Healing Families – Healing Communities®

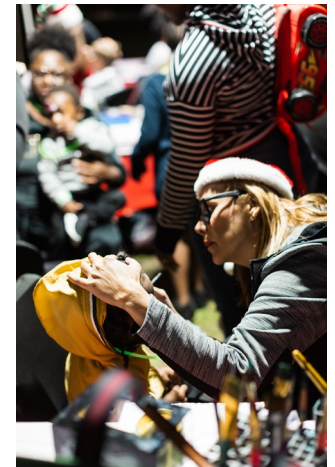
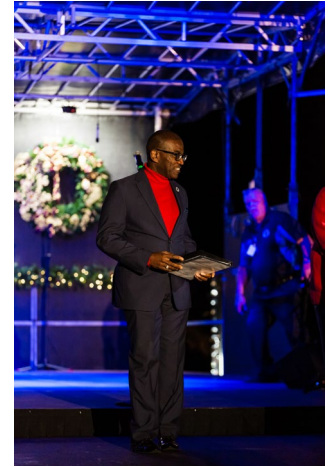
parrishhealthcare.com

Holiday Outreach 2022

Care Partner and Community Involvement

32nd Annual Gift of Light

- Volunteers:
 - Care partners - 35
 - Space Force JROTC – 10
 - UCF, College of Nursing – 10
- Community Partners:
 - Titusville Fire Department
 - Titusville Police Department
 - Kennedy Space Center Visitor Center



32nd Annual Gift of Light

- Sponsors:
 - Title Sponsor | *Ron Norris GMC, Buick, Honda, Ford*
 - Fireworks Sponsor | *Injury Centers of Brevard*
 - North Pole Sponsor | *Affordable Dentures and Implants*
 - North Star Sponsors | *Coastal Health Systems of Brevard; The Broome Law Firm and Florida Health Care Plans*
 - Santa's Workshop Sponsor | *Graphic Press*



Breakfast with Santa

- Approximately 200 attendees!



Port St. John Christmas Parade

1st Place | Christmas Spirit

- Parrish Healthcare | The ❤️ of the Community
- 14 volunteers
 - John Hensley
 - Natalie Sellers
 - Jo Connell
 - Stacy Hunt
 - Terry Deal (The Grinch)
 - Ericka Jacobs & Family
 - Leigh Spradling
 - Erik Claybaugh & Family



Annual Holiday Gift

- Every Parrish Healthcare care partner received choice of Turkey/Ham/Pies/Make a donation
- Donated 120 hams, 112 turkeys and 288 pies to local food bank



Ericka Jacobs, John Hensley, Kristina Crabtree, Leigh Spradling, Stacy Hunt, Alexis Woodring, Shannon Lapinski, Laurie Ponzio, Dana Dolin, Tammy Hebert, Jessica Manning, David Pearce, Taylor Ray, Bobby Cansdale and Nathaniel Taylor

Community Donations

- North Brevard Charities, Eckerd Connects, Senior Santa Program, Lifepointe and Under the Bridge Ministries
- Supported more than 200 children with presents
- Provided basic essentials for countless adults



**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
JANUARY 9, 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. Dr. Mathews
 - B. Jerald Smith
- V. Secretary's Report and Election of Officers
- VI. Review and Approval of Minutes (November 7, 2022 Regular Meeting)
- VII. Open Forum for PMC Physicians
- VIII. Public Input and Comments***¹
- IX. Unfinished Business***
- X. New Business***
 - A. **North Brevard Medical Support, Inc, Liaison Report –Mr. Retz**
 - B. **Motion to recommend the Board of Directors approve the Workplace Violence Prevention Program policy, as presented.**
- XI. Medical Staff Report Recommendations/Announcements
- XII. Public Comments (as needed for revised Consent Agenda)
- XIII. Consent Agenda***

BOARD OF DIRECTORS MEETING

JANUARY 9, 2023

PAGE 2

A. Finance

1. **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**

B. Executive

1. **Motion to approve the Resolution of the Board of Directors of the North Brevard County Hospital District Regarding the Amended and Restated Bylaws of the North Brevard County Hospital District.**
2. **Motion to approve the Resolution of The Board of Directors of The North Brevard County Hospital District Approving Entering into the Abbott Agreement for Laboratory Instrument Services.**

. ***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 ***]

XIV. 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

XV. Process and Quality Report – Mr. Mikitarian

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

XVI. Other

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

BOARD OF DIRECTORS MEETING

JANUARY 9, 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.

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

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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center (the District) was held at 2:23 p.m. on November 7, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:

Jerry Noffel (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 2:23 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. Cole, seconded by Mr. Retz and approved (8 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 Mr. Cole, seconded by Dr. Galfo and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOVE TO APPROVE THE MINUTES OF THE SEPTEMBER 12, 2022 REGULAR MEETING, SEPTEMBER 12, 2022 FIRST PUBLIC HEARING, AND SEPTEMBER 26, 2022 SECOND PUBLIC HEARING OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER, 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

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

ACTION TAKEN: MOTION TO APPROVE THE VEHICLE SAFETY PROGRAM POLICY, AS PRESENTED.

CONSENT AGENDA

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

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

Consent Agenda

A. Finance

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

COMMITTEE REPORTS

Quality Committee

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

Finance Committee

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

Executive Committee

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

Educational, Governmental and Community Relations Committee

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

Planning, Physical Facilities and Properties Committee

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

PROCESS AND QUALITY REPORT

No additional information was presented.

Hospital Attorney

Legal counsel had no report.

OTHER

There was no other business to come before the Board.

CLOSING REMARKS

Mr. Jordan thanked Dr. Mathews for all he has been doing in serving the Hospital and the Medical Staff and wished everyone a happy Thanksgiving.

ADJOURNMENT

There being no further business to discuss, the Parrish Medical Center Board of Directors meeting adjourned at 2:30 p.m.

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



Origination: 12/2001
Effective: Upon Approval
Last Approved: N/A
Last Revised: 12/2022
Next Review: 1 year after approval
Areas: Security
Tags: 9500
Applicability: Parrish Healthcare System-Wide

Workplace Violence Prevention Program

POLICY TYPE: Administrative

~~I. POLICY STATEMENT~~

~~It is the policy of Parrish Medical Center (PMC) that violence, which exists within our society, shall not be permitted to infuse itself into our workplace. Violence towards care partners, medical staff, patients, visitors, or other customers of PMC by any person shall not be tolerated. It is our intent to provide an environment that is functionally safe, and to provide an all-inclusive approach to managing the consequences of any event of violence. PMC will maintain zero tolerance for violence of any kind in the workplace.~~

~~I. CARE PARTNERS~~

- ~~A. Acts and/or threats of violence, or threats of any sort, direct or implied, by a care partner shall not be tolerated.~~
- ~~B. A care partner engaging in such conduct shall be subject to progressive discipline up to, and including immediate termination.~~
- ~~C. A care partner shall be subject to a psychological examination, if indicated, in order to determine fitness for continued duty, including whether the care partner represents a continuing threat of violence within the workplace.~~
- ~~D. Refusing to submit to a psychological examination, after a threat and/or act of violence, shall be deemed insubordination, and shall be grounds for immediate termination.~~
- ~~E. A care partner who receives a threat by a co-worker or other person, or who hears, observes, reads, or otherwise becomes aware of a threat and/or other hostile act, whether the threat is direct or implied, is obligated by this policy to report the fact to his/her immediate supervisor.~~
- ~~F. To the greatest extent possible, the confidentiality of an individual who reports a threat of violence shall be preserved.~~
- ~~G. All acts and/or threats of violence will be considered a very serious matter, and will be fairly investigated by their supervisor and/or director with the assistance of the Human Resources Department and the Safety and Security Department.~~
- ~~H. The incident shall be documented and reported to the Manager, Safety and Security Department, and the Risk Manager.~~

~~II. RISK FACTORS:~~

- ~~A. Healthcare workers face an increased risk of work related assaults stemming from several factors,~~

~~including: The prevalence of hand guns and other weapons among patients, their families, or friends.~~

~~B. Increasing numbers of acute and chronic mentally ill persons now being released from hospitals without follow up care, or who refuse medication, and can no longer be hospitalized involuntarily unless they pose immediate threat to themselves or others.~~

~~C. The availability of drugs and/or money in hospitals.~~

~~D. Situational and circumstantial factors such as unrestricted movement of visitors in the hospital, distraught family members, and occasional long waiting times, which lead to client frustration over inability to obtain needed services promptly.~~

~~E. Low staffing levels during times of specific increased activities such as meal times, visiting times, or when staff is transporting patients.~~

~~F. Occasional isolated work assignments in remote locations with patients during examination or treatment.~~

~~G. Lack of training of staff in recognizing and managing escalating hostile and assaulting behavior.~~

~~III. RESTRICTION OF FIREARMS OR WEAPONS:~~

~~A. Firearms or weapons are prohibited in all PMC facilities, and shall include concealed, and/or open carrying of firearms/weapons into the facility by patients, visitors, or care partners.~~

~~**Note:** Security and law enforcement officers, with proper credentials, are exempt from this policy, e.g., Parrish Medical Center Security, and on duty Titusville Police Officers, County Deputy Sheriffs, Florida Highway Patrol, Corrections Officers, etc.~~

~~B. Weapons include, but are not limited to:~~

~~1. Handguns, rifles, shot guns, or tear gas guns.~~

~~2. Knives 3 inches or longer in blade length, metallic knuckles, slingshots, or clubs.~~

~~3. Any destructive device containing an explosive, incendiary, or poisonous gas.~~

~~4. Stun guns or any other electronic device capable of causing physical harm.~~

~~**Exception:** Defensive devices such as mace or pepper sprays are not considered weapons for the purpose of this policy, and may be carried by care partners for protection in accordance with applicable laws.~~

~~5. PMC security shall confiscate any weapon brought onto PMC premises until it may be safely returned. Weapons may be transferred to local law enforcement authorities if the Manager, Safety and Security Department determines it is necessary.~~

~~6. PMC security is authorized to search any container, box, purse, locker, or vehicle on Parrish Medical Center property when a Security officer has probable cause to believe that such object or vehicle contains a weapon described in Section III, B.~~

~~IV. REPORTING/RESPONSE:~~

~~A. Any threat or act of violence should be immediately reported to the Security Officer on duty.~~

~~1. The Security Officer will immediately conduct a preliminary investigation to determine the seriousness of the threat or act.~~

- ~~2. If the Security Officer determines that there is significant danger to a patient, care partner, or visitor, the Titusville Police Department will be notified.~~
- ~~3. The CEO/designated, administrator on call, Safety Officer, Nurse Administrator, and Risk Manager shall be notified.~~
- ~~4. If a patient's life or state of health is in jeopardy, a Security Officer will be immediately posted in the general area of the patient's room and the Titusville Police will be requested to respond.~~

V. TRAINING AND EDUCATION:

- ~~A. All PMC care partners shall understand the concept of "universal precautions for violence", e.g., that violence should be expected, but can be avoided or mitigated through preparation.~~
- ~~B. The Manager of the Safety and Security Department shall develop, in coordination with the Education Department, an education program to train all care partners during initial orientation, and department/unit meetings. Refresher training for all care partners is required annually.~~
- ~~C. Topics to be covered shall include the following:

 - ~~▪ Workplace violence and prevention policy.~~
 - ~~▪ Risk factors that cause or contribute to assaults.~~
 - ~~▪ Early recognition of escalating behavior and warning signs that may lead to assaults.~~
 - ~~▪ Ways of preventing or diffusing volatile situations or aggressive behavior.~~
 - ~~▪ Standard response action plan for violent situations, including availability of assistance, response to alarms, and communication procedures.~~
 - ~~▪ Ways to protect ones self and coworkers including the use of the buddy system.~~
 - ~~▪ Policies/procedures for reporting workplace violence.~~
 - ~~▪ Policies/procedures for obtaining medical care, consulting, or workers compensation after a violent episode or injury.~~~~

Reference:

Occupational Safety and Health Act

Workplace Violence Prevention Program

Table of Contents

BACKGROUND.....
 3

POLICY STATEMENT.....
 4

PURPOSE.....
 4

SCOPE.....
 4

DEFINITIONS.....
..... 4

Parrish Healthcare
("PHC").....
4

Care
Partners.....
..... 4

PHC
Mission.....
..... 4

PHC
Vision.....
..... 4

PHC
Values.....
..... 4

Weapons.....
..... 5

Workplace
Violence.....
..... 5

Zero Tolerance for Workplace
Violence.....
..... 5

ROLES AND
RESPONSIBILITIES.....
..... 6

Governing Body (Board of
Directors).....
..... 6

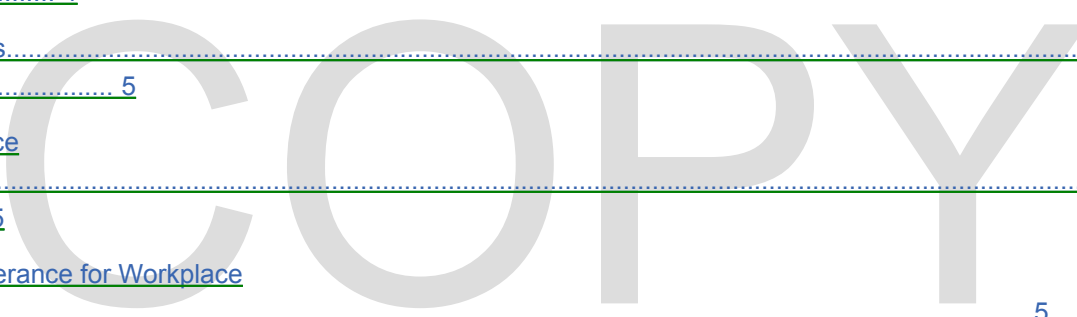
Executive Management
Committee.....
..... 6

Care Partners (Including Medical Staff
Members).....
..... 6

Management (Department Heads, Managers and
Supervisors).....
..... 7

Environment of Care Committee (EOCC)
.....
..... 8

Safety and Security Department
.....
..... 9



<u>Employee Assistance Program</u>	9
<u>Communications (Public Information Officer)</u>	9
<u>Corporate Compliance</u>	10
<u>Education</u>	10
<u>Employee Health</u>	10
<u>Facilities and Plant Management</u>	10
<u>Human Resources</u>	11
<u>Medical Staff Services is responsible for:</u>	11
<u>Risk Management</u>	11
<u>PREVENTING WORKPLACE VIOLENCE</u>	12
<u>Work Environment</u>	12
<u>Adoption of Healing Environment Design Principles</u>	12
<u>Restriction of Firearms or Weapons</u>	12
<u>Performance Management</u>	13
<u>Security Measures and Emergency Prevention Controls</u>	13
<u>Safe Care Practice Controls</u>	14
<u>Communication and Education Controls</u>	15

Care Partner Support Services	16
Early Intervention Imperative	16
Take Appropriate Action	16
Forms of Workplace Violence and Risks Factors	17
Forms of Violence	17
Risk Factors	17
Recognizing Warning Signs and Response	19
RELATED POLICIES	22
REFERENCES	23

BACKGROUND

According to the American Hospital Association (AHA), hospitals and health systems have long had robust protocols in place to detect and deter violence against their employees (care partners). However, violence against hospital employees has markedly increased nationally. Media have widely reported about patients or family members physically or verbally abusing hospital staff.

Parrish Healthcare (PHC) care partners have experienced acts of violence perpetrated by patients and visitors. We experienced first-hand the senseless tragedy of an active shooter event that took the lives of two people—one of our care partners and the patient for whom she was caring. PHC also experienced what happens when Domestic Violence spills into the workplace. We lost a care partner in our parking lot at the hands of her estranged husband. In our Emergency Department care partners have been subjected to physical assaults (kicking, punching, etc.) and to verbal abuse by patients and visitors.

PHC commits to zero tolerance and will prosecute to the fullest extent permitted by applicable law any person perpetrating threats or acts of violence within any of our properties.

Workplace violence has severe consequences for the entire health care system. It can cause physical and psychological injury for healthcare professionals, as well as negatively impacting our ability to provide quality patient care. Healthcare professionals cannot provide person-centered, healing care if they are afraid for their personal safety; are distracted by disruptive patients, family members, visitors, or coworkers; or if traumatized from prior violent interactions.

PHC has developed this Workplace Violence Prevention Program as part of its overarching Quality Improvement Performance Plan (QIPP) to be a reference guide to support our care partner family to raise awareness of the issue; to increase ability to recognize early warning signs of potentially violent situations; and to know how to respond.

This document further identifies departmental experts who care partners can call on to help them assess, defuse, and/or resolve a situation, and includes prevention tips and additional resources.

POLICY STATEMENT

Pursuant to Parrish Healthcare's (PHC) Quality Improvement Performance Plan and Healing Work Environment and Standards of Behavior Policy, it is our policy to provide work environments free from violence, harassment, intimidation and other disruptive behavior. PHC commits to zero tolerance for acts or threats of violence towards care partners, medical staff, patients, visitors, or other customers of PHC.

PURPOSE

The purpose of PHC's Workplace Violence Prevention Program is to support healing work environments in which violent or potentially violent situations are effectively addressed with a focus on prevention by increasing care partner understanding of the nature of the issue, how to respond to it, and how to prevent it.

SCOPE

This plan applies to the entire Parrish Healthcare (PHC) system.

DEFINITIONS

Parrish Healthcare ("PHC")

Is an inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. and its affiliates, such as Parrish Medical Group, Parrish Health Network and The Children's Center.

Care Partners

Is an inclusive term describing our Board of Directors, employees, medical staff members, volunteers as well as vendors and contractors doing work on behalf of Parrish Medical Center | Parrish Healthcare.

PHC Mission

Healing Experiences For Everyone All The Time®

PHC Vision

Healing Families—Healing Communities®

PHC Values

Safety, Loyalty, Integrity, Compassion, Excellence, Stewardship

Weapons

Weapons include, but are not limited to:

- Handguns, rifles, shot guns, or tear gas guns.
- Knives, metallic knuckles, slingshots, or clubs.
- Any destructive device containing an explosive, incendiary, or poisonous gas.
- Stun guns or any other electronic device capable of causing physical harm.
- **Exception:** Defensive devices such as mace or pepper sprays are not considered weapons for the purpose of this policy, and may be carried by care partners for protection in accordance with applicable laws.

Workplace Violence

Any threatening or aggressive behavior or verbal abuse that occurs in the work setting. This includes, but is not limited to, assault, battery, stabbing, suicidal and homicidal ideations, sex crimes, threats or obscene electronic or written communications, stalking, intimidation or harassment of any nature.

Zero Tolerance for Workplace Violence

A violation of this policy by any individual on PHC property shall be considered misconduct and shall lead to disciplinary and/or legal action, as appropriate. This prohibition against threats and acts of violence applies to all persons, including, but not limited to: PHC care partners, contract and temporary staff, vendors/contractors, patients and visitors.

ROLES AND RESPONSIBILITIES

It is up to every care partner to help keep PHC a safe workplace for everyone all the time.

The expectation is that care partners treat each other, as well as patients and visitors with dignity and respect and in accordance with our mission, vision, values and Healing Work Environment and Standards of Behavior Policy. Depending on the incident, and the resources available, one or more of the experts in the following departmental areas may be called upon to help within their particular field of expertise to help assess, investigate, and/or respond to a violent or potentially violent situation.

Governing Body (Board of Directors) is responsible for:

- governing in accordance with medical center bylaws and enabling legislation;
- governing in accordance with healthcare regulatory agencies (e.g. CMS, Joint Commission, AHCA);
- governing in accordance with PHC mission, vision and values which serve to ensure PHC exhibits equal concern for the safety and health of care partners, patients and visitors;
- exercising authority for PHC's Quality Improvement Performance Plan and adoption of related programs and policies as recommended by PHC's President/CEO;
- appointing the Safety Officer;
- Adoption of the Safe Care Pledge.

Executive Management Committee (EMC) is responsible for:

- enforcing PHC's commitment to zero tolerance for workplace violence;
- ensuring PHC exhibits equal concern for the safety and health of care partners, patients and visitors;
- setting strategic direction consistent with PHC's mission, vision and values;
- establishing a system of accountability and resource allocation ensuring alignment with strategic direction and compliance with applicable laws and regulatory agencies (CMS, Joint Commission, AHCA, etc.);

- sustaining commitment to the healing environment principles and Safe Care Pledge;
- assigning appropriate authority and resources to the Board appointed Safety Officer;
- participating in the daily safe care (morning) huddles;
- participating within PHC's emergency incident command structure.

Care Partners (Including Medical Staff Members) are responsible for:

- their own behavior, treating everyone in a manner consistent with PHC's mission, vision, values and standards of behavior;
- being familiar with PHC policies and procedures as they relate to the position;
- knowing and understanding the Workplace Violence Prevention Program;
- promptly reporting acts/threats of violence to immediate supervisor and alerting Security; this includes if a care partner:
 - receives a threat by a co-worker or other person;
 - hears, observes, reads, or otherwise becomes aware of a threat and/or other hostile act, whether the threat is direct or implied
- cooperating fully in investigations/assessments of allegations of workplace violence, which may:
 - subject a care partner to a psychological examination, if indicated, to determine fitness for duty;
 - care partners refusing to submit to a psychological examination, after a threat and/or act of violence, shall be deemed insubordinate and shall be grounds for progressive discipline up to and including termination;
- being familiar with the service provided by the Employee Assistance Program (EAP) and contacting Human Resource/Employee Health for assistance when necessary;
- alerting immediate supervisor, Security, and/or Human Resources about restraining or protective court orders related to domestic situations so that assistance can be offered accordingly;
- alerting immediate supervisor and Security about any patients, visitors and/or family members who are known to have been violent or threatening in the past, or who are at risk for exhibiting violent behavior;
- understanding that acts and/or threats of violence, or threats of any sort, direct or implied, by a care partner shall not be tolerated;
- understanding that engaging in such conduct shall be subject to progressive discipline up to, and including immediate termination;

Management (Department Heads, Managers and Supervisors) are additionally responsible for:

- holding self and subordinates accountable to the Workplace Violence Prevention Program and all other related policies and procedures;
- managing the performance of care partners appropriately and effectively;
- taking all reported acts and/or threats of violence seriously and immediately alert Security and Human Resources;
- participating in investigations of all acts and/or threats of violence and similar disruptive behavior in a timely fashion and taking the necessary corrective action(s);
- documenting all reported acts and/or threats of violence within PHC's incident reporting system in a timely and effective fashion;
- participating in the daily safe care (morning) huddles and raising patient or care partner safety concerns when appropriate;
- participating in the weekly Just Culture meetings;
- providing feedback to care partners regarding the outcome of their reported acts and/or threats of violence;
- being aware of situations that have the potential to produce acts and/or threats of violence and promptly

addressing them with all concerned parties;

- encouraging care partners who show signs of stress or evidence of possible domestic violence to seek assistance and advising them of such resources as the Employee Assistance Program;
- requesting, where appropriate, assistance from departmental expert(s);
- participating within PHC emergency incident command structure, as needed;
- assuring, where needed, that employees have time and opportunity to attend training, e.g., conflict resolution, stress management, etc.

Environment of Care Committee (EOCC) is responsible for:

- Chaired by the Safety Officer and includes the following disciplines:
 - Human Resources/Employee Health
 - Safety & Security
 - Risk Management
 - Facilities/Plant Services
 - Communications
 - Quality and Infection Prevention
 - Medical Staff Representative
 - Nursing Administration
 - Executive Management
- conducting regular Environment of Care rounds to assist in assessing the physical environment for life safety improvement opportunities in compliance with regulatory agencies (e.g. CMS, Joint Commission, AHCA);
- routine assessment of physical and social environments (building and grounds) for potential life-safety concerns and environmental stressors such as space, lighting, temperature, noise level, etc.);
- assisting Safety and Security with threat assessment and response activities;
- documenting identified issues promptly into the workorder system and/or incident reporting system to be addressed accordingly;
- preparing trend reports and other analyses of safety and health incident report data to management for continuous improvement activities; and
- assisting in emergency preparedness activities;

Safety and Security Department is responsible for:

- conducting annual worksite(s) threat assessment;
- responding to security alerts in accordance with established policies;
- providing security and helping to defuse violent situations;
- providing technical advice and support regarding physical security matters;
- providing analysis of incidents, including the characteristics of assailants and victims; accounting of what occurred before and during the incident, relevant details of the incident and its outcome; identifying jobs/ locations with the greatest risk of violence, and leading preventative procedures to mitigate risk of assault;
- maintaining an ongoing security awareness program;
- conducting investigations of threats or incidents of violence;
- requesting, where appropriate, assistance from departmental expert(s);
- acting as liaison with local authorities and outside law enforcement agencies; and
filing charges against persons for acts of violence within PHC owned and/or leased buildings, when appropriate and when having authority;
- participating on EOCC;

- participating in the daily safe care (morning) huddles;
- participating in the weekly 'Just Culture' meetings;
- participating within PHC's emergency incident command structure;
- managing the Safety and Security Management Program; Emergency Management Plan; and others as assigned;
- conducting regular safety and emergency drills;
- evaluating effectiveness of existing security measures.

Employee Assistance Program is responsible for:

- providing consultation and guidance to management in dealing with employees who exhibit performance or conduct problems;
- providing problem assessment for employees experiencing personal problems on and off the job;
- providing short-term counseling and referral service to employees;
- referring employees needing long-term counseling to appropriate treatment resources; and
- conducting, at the direction of Human Resources, psychological (threat) assessments of care partners, when requested.

Communications (Public Information Officer) is responsible for:

- administering PHC's Crisis Communications Plan;
- administering PHC's Release of Information policy and procedures;
- servicing as advisor to departments and EMC;
- participating on the EOCC;
- participating in the daily safe care (morning) huddles;
- participating in weekly Just Culture meetings;
- participating within PHC's emergency incident command structure;
- producing and distributing communication materials as needed (e.g. Emergency Codes Quick Reference Guides throughout the system; distributing Safe Care Pledge, Zero Tolerance Policy signage, etc.)

Corporate Compliance is responsible for:

- providing regulatory advice and support to governing board, executive management and department heads.

Education is responsible for:

- participating on EOCC;
- participating in the weekly Just Culture meetings;
- administering the e-Learning system and annual competencies process;
- providing guidance on adult learning principles;
- sourcing, creating, and updating learning modules;
- coordinating regular learning opportunities for care partners;
- conducting periodic learning and development gap analysis;
- leading and facilitating PHC's new care partner and clinical orientations

Employee Health is responsible for:

- participating on EOCC;
- participating in the weekly Just Culture meetings;
- providing first aid in a medical emergency and refers care partners to ER or appropriate community medical resources;

- making referrals for fitness for duty screenings, including referrals to Employee Assistance Program (EAP);
- participating in the management of PHC's Worker's Safety Management Plan.

Facilities and Plant Management is responsible for:

- participating on EOCC;
- participating in the weekly Just Culture meetings;
- participating in daily safe care (morning) huddles;
- serving as advisor to departments and EMC;
- maintenance and management of life safety and engineering controls;
- maintenance of the PHC's property(ies);
- prioritizing response to work orders placed related to safety concerns;
- participating in safety and security analysis of PHC properties;
- participating within PHC's emergency incident command structure.

Human Resources is responsible for:

- assisting in assessing and investigating allegations of workplace violence raised by employees, supervisors, and/or managers, as requested;
- providing technical expertise and consultation to help supervisors determine what course of administrative action is most appropriate in specific situations, including use of PHC's Problem Solving process and procedures;
- participating on the EOCC;
- participating in the weekly Just Culture meetings;
- participating within PHC's emergency incident command structure, as needed;
- providing advice and counsel regarding personnel rules and regulations; and offering training courses to assist employees to deal with situations which may lead to potential violence, e.g., conflict resolution, stress management, negotiation skills, etc.;
- administering Human Resources and Employee Health Policies and Procedures (e.g. Healing Work Environment and Standards of Behavior, Employee Assistance Program, Employee Relations functions, Problem Solving Procedure, etc.).

Medical Staff Services is responsible for:

- orienting new and existing members of the medical staff to PHC policies and procedures;
- assuring compliance with Medical Staff bylaws which include provisions related to disruptive behaviors;
- appointing a representative to participate on the EOCC;
- participating within PHC's emergency incident command structure, as needed;
- providing medical staff members with relevant education opportunities during annual general medical staff meeting and departmental meetings in coordination with the Education department.

Risk Management is responsible for:

- administering the incident reporting system;
- participating on the EOCC;
- participating within PHC's emergency incident command structure, as needed;
- leading the weekly Just Culture meetings;
- participating in the daily safe care (morning) huddles;
- providing trend reports and data upon which the appropriate functional areas can respond with actions plan as necessary;

- providing advice and assistance to management on risk management matters:

PREVENTING WORKPLACE VIOLENCE

An important component of an effective workplace violence program is the strategy regarding prevention. This section focuses on awareness and preventive measures that can be taken to address threatening, intimidating, and/or potentially violent behavior. Becoming familiar with the PHC's policies and plan regarding workplace violence is an important step in preventing workplace violence. It is imperative that all care partners, including medical staff members, understand the policies and the plan. Department Heads are expected to discuss the policies and this plan with their respective care teams so that they understand how to handle intimidating, threatening, or violent incidents as well as understand the consequences of such behavior (such as disciplinary and/or adverse action up to and including removal and criminal charges).

Work Environment

There are many factors that contribute to preventing workplace violence. Among those include creating a professional, healthy and healing work environment. PHC's strategies to achieve a healing work environment include, but are not necessarily limited to:

Adoption of Healing Environment Design Principles

The concept of a healing environment was introduced by PHC to the community in 2002. PHC's architecture and design incorporates each of the seven healing environment elements as recommended by the Center for Health Design:

- A. Nature
- B. Color
- C. Light
- D. Environment
- E. Security
- F. Wayfinding
- G. Culture

Research indicates that environments play an integral role in the healing of the mind, body and spirit. Fluid, soothing, calming circular design are used throughout PHC facilities. Healing environments positively impact respiratory rate, blood pressure, stomach contractions, and levels of stress hormones.

Restriction of Firearms or Weapons

Firearms or weapons are prohibited in all PHC facilities, and shall include concealed, and/or open carrying of firearms/weapons into the facility by patients, visitors, or care partners. This policy is not intended to prohibit individuals from keeping lawfully possessed firearms locked inside a private motor vehicle in PHC's parking lot. Note: Security and law enforcement officers, with proper credentials, are exempt from this policy, e.g., PHC Security, and on-duty Titusville Police Officers, County Deputy Sheriffs, Florida Highway Patrol, Corrections Officers, etc.

- PHC security shall confiscate any weapon brought onto PHC premises until it may be safely returned. Weapons may be transferred to local law enforcement authorities if the Manager, Safety and Security

Department determines it is necessary.

- PHC Security is authorized to search any container, box, purse, locker, or vehicle on PHC property when a Security officer has probable cause to believe that such object or vehicle contains a weapon.

Performance Management

PHC maintains a high-performing, safe, and healing work environment that empowers people to aspire to be their very best and inspires commitment to our shared mission, vision and values. This is accomplished through:

- knowing, understanding, and holding yourself and others accountable to adhering to PHC's Healing Work Environment & Standards of Behavior Policy;
- promoting sincere, open, and timely communication among care partners and offering opportunities for professional development;
- fostering a 'caring for the care giver', family-friendly work environment;
- managing established mechanisms for complaints and concerns (reference Problem-Solving Procedure);
- supporting work/life balance issues guided by PHC's Flexible Work Arrangement policy; proper management of Personal Leave Bank utilization;
- maintaining impartial and consistent discipline for care partners who exhibit improper conduct and poor performance.

Security Measures and Emergency Prevention Controls

- assessment of new construction plans or physical changes to the facility to eliminate or reduce hazards;
- displaying "No Weapons" signage at entrances to PHC facilities;
- displaying "Zero Tolerance" policy signage at entrances to PHC facilities;
- providing on-site security personnel and/or 24-7 video surveillance to respond to requests for assistance;
- establishing liaison with law enforcement, including providing said authorities with physical layouts of facilities;
- requiring care partner photo identification badges coded for appropriate access to secure areas;
- establishment of controlled access procedures:
 - limiting access points for visitors and care partners;
 - visitor check-in procedure;
 - designated badge access only areas;
 - designated secured access areas e.g. mother/baby unit
 - enforcement of after-hours visiting and procedures
- installation and maintenance of alarm systems and other security devices, including, but not limited to, panic buttons, cellular phones and private channel radios:
 - use of metal detectors, installed or hand held, where appropriate;
 - use of closed-circuit video recording for high-risk areas on a 24-hour basis;
 - use of curved mirrors in hallway intersections or concealed areas;
 - use of enclosed nurses' stations, deep service counters, bullet-resistant/shatter-proof glass in high risk reception, triage and admitting areas;
- placement of locks on all unused doors to minimize access, in accordance with fire codes;
- arrangement of furniture in waiting rooms, treatment rooms and counseling rooms to prevent entrapment of care partners or visitors;
- installation of bright effective indoor and outdoor lighting; prompt replacement of burnt out lights, broken windows and locks;

- establishment and maintenance of comprehensive emergency response plan and conducting routine drills for such emergencies as Security Alert (formerly Code Gray), Bomb Threat (formerly Code Black), or Active Shooter (formerly Code Silver).

Safe Care Practice Controls

- clearly stating to patients, visitors and employees that violence is not permitted or tolerated;
- requiring employees to report all assaults or threats to a supervisor or manager;
- provision of management support during emergencies;
- prompt response to all complaints of workplace violence;
- establishment of a trained response team for emergency response;
- provision of properly trained security officers to deal with aggressive behavior;
- provision of timely information to people in waiting rooms and adoption of strategies to reduce wait times;
- provision of mental health providers and resources for people in crisis (e.g. on-site psychiatrist, behavioral health navigator, Peer Recovery Specialist);
- establishment of standard patient assessment and screening protocols for depression/suicide/Baker Act, etc.:
 - supervising movements of Baker Act/suicide risk/psychiatric patients throughout the facility;
 - assigning safety sitters as appropriate;
- establishment of standard restraints usage policies and procedures for patients at risk for causing harm to themselves or others;
- adoption of Safe Care Pledge and conducting daily safe care (morning) huddles;
- assuring that adequate staff is available during patient transfers, emergency responses, at mealtimes, at night;
- establishment of a list of "restricted visitors" for patients with a history of violence or gang activity; copies of the list available at security checkpoints, nurses' stations and visitor sign-in areas;
- controlling access to facilities other than waiting rooms, particularly drug storage or pharmacy areas;
- discouraging employees from working alone in emergency areas or walk-in clinics, particularly at night when assistance is not immediately available;
- establishing a system, such as chart tags, logbooks or verbal census reports, to identify patients with assault or threatening behavior problems;
- routine rounding to remove tools or possessions left by visitors or maintenance staff that could be used inappropriately by patients or staff;
- establishment of a post-incident response to assist victims of workplace violence with short- and long-term physical and psychological injuries
 - employees who are victims of violence shall be provided with medical and emotional treatment;
 - employees who have been the victims of violence shall receive immediate physical evaluations, be removed from the worksite and treated for acute injuries. Additionally, referrals shall be made for appropriate evaluation, treatment, counseling and assistance both at the time of the incident and for any follow-up treatment necessary.

Communication and Education Controls

Communication and education functions are centralized within one department from which content and messaging is controlled. This is particularly effective on occasions when the Crisis Communication Plan is activated. With regard to PHC's Workplace Violence Program, it is communicated through PolicyStat, our centralized repository for all system policies and procedures. Care partners are educated through our eLearning platform. Additionally, PHC's Communications, Education and Human Resources departments

collaborate to provide supportive education about such topics as conflict resolution, stress reduction, etc. This is accomplished through:

- : new Care Partner Orientation;
- : assigning mandatory review and acknowledgement of policy understanding at 90-days of employment and annually thereafter;
- : assigning mandatory annual training specific to roles and positions;
- : assigning remedial training to support performance improvement or corrective action plans;
- : collaborating with Safety and Security to coordinate specialized de-escalation training for our security care partners and others as identified;
- : using available communication channels (internal and external) to inform patients, visitors and care partners of PHC's zero tolerance commitment.

Care Partner Support Services

A variety of resources are available to assist care partners in coping with problems originating in, or being brought to, the workplace. Care partners should begin by contacting their immediate supervisor, manager or department head and/or Human Resources. Human Resources will connect care partners with our Employee Assistance Program Counselors, and other resources accordingly.

Early Intervention Imperative

Alert management early, if you have a concern. Intervening early in a threatening or potentially violent situation is imperative to preventing its escalation. Early intervention often defuses the initial situation and give the supervisor an opportunity to thoroughly review options for resolution. Intervention sets the tone for how the situation will be resolved so it must be handled skillfully.

Take Appropriate Action

Department Heads and supervisors are expected to take necessary action. All care partners must know that violence in the workplace will not be tolerated and that appropriate action will be taken if threats of violence or violence occurs.

Complaint Procedure

If you witness or are subjected to any conduct you believe violates this policy, you must speak to, write, or otherwise contact your direct supervisor or, Human Resources as soon as possible. Your complaint should be as detailed as possible, including the names of all individuals involved and any witnesses.

PHC will directly and thoroughly investigate all complaints of workplace violence and will take prompt corrective action, including discipline or termination of employment. PHC reserves the right to contact law enforcement, if appropriate.

If you become aware of an imminent violent act or threat of an imminent violent act, immediately contact appropriate law enforcement and then contact PHC's security department.

Forms of Workplace Violence and Risks Factors

Forms of Violence

According to The Joint Commission, violence against healthcare professionals occurs in virtually all settings.

The following are examples of the various forms of violence against healthcare professional and not intended to be an inclusive list:

- concealing or using a weapon;
- physical assault upon oneself or another person;
- actions which damage, destroy, or sabotage property;
- intimidating or frightening others;
- harassing, stalking, or showing undue focus on another person;
- physically aggressive acts, such as shaking fists at another person, kicking, pounding on desks, punching a wall, angrily jumping up and down, screaming at others;
- verbal abuse including offensive, profane and vulgar language; and
- threats (direct or indirect), whether made in person or through letters, phone calls, or electronic mail.

Risk Factors

- prevalence of hand guns and other weapons;
- increasing numbers of acute and chronic mentally ill persons now being released from hospitals without follow-up care, or who refuse medication, and can no longer be hospitalized involuntarily unless they pose immediate threat to themselves or others;
- availability of drugs and/or money in hospitals;
- situational and circumstantial factors such as unrestricted movement of visitors in the hospital, distraught family members, and occasional long waiting times, which lead to frustration and irritability;
- low staffing levels during times of specific increased activities such as meal times, visiting times, or when staff is transporting patients;
- occasional isolated work assignments in remote locations with patients during examination or treatment;
- lack of training of staff in recognizing and managing escalating hostile and assaulting behavior.

Care Partner Performance and/or Conduct

A common type of workplace violence is that among co-workers. Be mindful of **performance and/or conduct problems** as they may be warning signs of potential trouble. A care partner may be dealing with domestic violence; personal or work stressors; depression; grief; or feeling overwhelmed. These, if left unaddressed, could lead to threatening or violent conduct. Being present for each other and maintaining open lines of communication are keys to effectively managing performance and preventing issues from escalating. Caring for the caregivers helps us to fulfill our mission—Healing Experiences For Everyone All The Time®. Following are some warning signs of which to be mindful (listing is not intended to be all inclusive):

- **attendance problems** – excessive sick leave, excessive tardiness, leaving work early, improbable excuses for absences;
- **decreased productivity** – making excessive mistakes, poor judgment, missed deadlines, wasting work time and materials;
- **inconsistent work patterns** – alternating periods of high and low productivity and quality of work, inappropriate reactions, overreaction to criticism, and mood swings;
- **concentration problems** – easily distracted and often has trouble recalling instructions, project details, and deadline requirements;
- **safety issues** – more accident prone, disregard for personal safety as well as equipment and machinery safety, needless risks;
- **poor health and hygiene** – marked changes in personal grooming habits;
- **unusual/changed behavior** – inappropriate comments, threats, throwing objects;

- evidence of possible drug or alcohol use/abuse:
- evidence of serious stress in the employee's personal life – crying, excessive phone calls, recent separation:
- continual excuses/blame – inability to accept responsibility for even the most inconsequential errors; and/or
- unshakable depression – low energy, little enthusiasm, despair.

Don't ignore warning signs. Don't make excuses like, "that's just the way Joe is," or "it's none of my business." If you think someone may be a threat to themselves or others, alert your supervisor and/or Security right away. Actual threats should always be taken seriously and responded to immediately.

Recognizing Warning Signs and Response

Potential or actual violent situations usually escalate if not defused. The following illustrates escalation levels of violence and tips for responding.

Level One (Early Warning Signs)

The person is:

- intimidating/bullying;
- discourteous/disrespectful;
- uncooperative; and/or
- verbally abusive.

Response When Early Warning Signs Occur at Level One

- Observe the behavior in question.
- Report concerns to your supervisor to seek help in assessing/responding to the situation:
 - If the offending person is the reporting care partner's immediate supervisor, the care partner should notify the next level of supervision.
 - If the offending person is not a care partner, the immediate supervisor is still the appropriate individual to receive notification of the concern and provide initial response.
- Document the observed behavior in question:
 - If the offending person is a care partner follow PHC's problem-solving procedure.
 - If the offending person is not a care partner use PHC's incident reporting system (RLSolutions).
- If offending person is a care partner, the supervisor should **Meet** with the offending care partner to discuss concerns. Follow these procedures:
 - Schedule private time and place.
 - Coordinate any necessary Human Resources participation.
 - Get straight to the point.
 - Ask the care partner for his or her input.
 - Ask the care partner what should be done about the behavior.
 - Ask how you can help.
 - Identify the performance and/or conduct problems that are of concern.
 - Identify the steps you would like to see to correct problems.
 - Set limits on what is acceptable behavior and performance.
 - Establish time frames to make changes and subsequent consequences for failing to correct behavior and/or performance.
 - Follow PHC's problem solving and corrective action policies and procedures.

Level Two (Escalation of the Situation)

The person:

- Exhibits Level One behaviors:
- refuses to follow instructions, policies and procedures:
- sabotages equipment and steals property for revenge:
- verbalizes wishes to hurt self or others:
- sends threatening note(s) to care partners, management, or others:
- and/or sees self as victimized by others (me against them).

Response When the Situation Has Escalated to Level Two

- If situation warrants, **Alert** Security, dial 11 or ext. 6565.
- Immediately **Contact** the supervisor and, if needed, the supervisor will contact other appropriate official(s) such as HR and/or a member of EMC to assist in assessing/responding to the situation.
- If necessary, **Secure** your own safety and the safety of others, including contacting people who are in danger.
- **Document** the observed behavior in question:
 - If the offending person is a care partner follow PHC's problem-solving procedure.
 - If the offending person is not a care partner use PHC's incident reporting system (RLSolutions).
- If offending person is a Care Partner:
 - Follow Level One Escalation Procedure above, or depending on the seriousness of the situation call for assistance from Security and/or HR to help assess/respond, if needed.
 - Avoid an audience when meeting with the care partner.
 - Remain calm, speaking slowly, softly, and clearly.
 - Ask the care partner to sit down; see if s/he is able to follow directions.
 - Ask questions relevant to the observed behavior such as:
 - What can you do to try to regain control of yourself?
 - What can I do to help you regain control?
 - What do you hope to gain from your behavior?
 - Why do you believe you need to behave this way to achieve that?
 - Recommend the care partner take advantage of PHC's Employee Assistance Program counseling services for anger management.

Level Three (Further Escalation – Usually Resulting in an Emergency Response)

The person displays intense anger resulting in:

- suicidal threats:
- physical fights:
- destruction of property:
- display of extreme rage; and/or
- utilization of weapons to harm others.

Response When Situation is a Level Three Emergency

- Security care partners are authorized to respond and assist where necessary to de-escalate situations.
- **Remain Calm** and **Secure** your personal safety first.
 - **Leave** the area if your safety is at risk.

- Any person may report a threat or act of violence to Security:
 - Dial 0 on any hospital phone and request a Security Officer;
 - Care Partners dial 6565 and report a Security Alert (formerly Code Gray);
 - If the situation is active, dial 11 to report a Security Alert.
 - If a gun is involved, dial 11 to report Active Shooter (formerly Code Silver).
- For Care Partners who work off-site (not on the Parrish Medical Center) campus:
 - Call for help from team members
 - Call 9-911 for police assistance, then
 - Use the 6565 or 11 extension to notify Safety & Security of the situation
- Cooperate with security and/or law enforcement personnel when they have responded to the situation.
- Once security/law enforcement personnel are on the scene, they will assume control of the situation.
- Witnesses should be prepared to provide a description of the violent or threatening person, details of what was observed, and the exact location of the incident.
- Supervisor to Document the incident using PHC's incident reporting system.

Domestic Violence Warning Signs

Watch for early warning signs. The victim may show symptoms such as:

- increased fear;
- emotional episodes;
- signs of physical injury;
- victims, as well as perpetrators, also show signs of work performance deterioration;
- intervening when early warning signs occur, even though violence may not yet have been committed at work, a serious incident may be prevented:
 - Follow Level One Response Procedures
- If it is known that care partner is being affected by domestic violence it is important to provide support and assistance. Not only is the person at risk for more and usually escalated violence, but it has an impact on the safety and productivity of the entire work force.
- Below are some tips for supervisors when helping a care partner is affected by domestic violence.
 - Talk with the care partner about your concerns for their wellbeing and of the possibility of the violence extending into the workplace;
 - Recommend that the care partner contact Human Resources for assistance. PHC offers several immediate resources to help victims connect The Women's Center advocates; emergency assistance for safe housing and transportation as well as access to the Employee Assistance Program.

Response Involving Domestic Violence

In the event the perpetrator shows up at work with the intent of harming the care partner and any others who happen to be in the way or involved, follow Level Three procedures to respond to the immediate crisis.

RELATED POLICIES

The following policies are available on PolicyStat and support PHC's Workplace Violence Prevention Program:

- Active Shooter (formerly Code Silver)
- Crisis Intervention and De-Escalating Levels
- Department Procedure Care of the Person at Risk for Harm of Self or Others
- Duress Button and Alarm Response

- [Emergency Operations Plan](#)
- [Engineering Controls \(Safety Chapter\)](#)
- [Guidelines for Resolving Medical Staff/Hospital Personnel Communication Problems](#)
- [Healing Work Environment & Standards of Behavior](#)
- [Interim Life Safety & Infection Control Risk Assessment](#)
- [Procedure Care of the Person at Risk for Harm of Self or Others](#)
- [Patient Care Sitter \("Safety Sitter\) Procedure](#)
- [Patient Leaving Against Medical Advice](#)
- [Returning Property to Baker Marchman Patients](#)
- [Reporting Loss of Controlled Substances](#)
- [Risk Management Program](#)
- [Safety/Security Management Program](#)
- [Safety and Security Cell Phone Use](#)
- [Security Management Plan](#)
- [Security of a Baker and Marchman Act Patient](#)
- [Security Threat Notification for Women's Center](#)
- [Taser and Use of Force Procedure](#)
- [Trespass Warnings](#)
- [Violence/Security Alert \(formerly Code Gray\)](#)
- [Weapons on Property](#)
- [Worker's Safety Management Plan](#)

REFERENCES

This document was developed using the Department of Labor's Workplace Violence Prevention Program as a template and repurposing much of the relevant content therein. Additional resources and references include:

- [Department of Labor, Occupational Safety and Health Administration](#)
- [Workplace Violence Prevention Resources, American Hospital Association](#)
- [The Joint Commission Sentinel Event Alert 45, 49](#)
- [The Joint Commission Accreditation Standards EC.02.01.01, EP 17; EC.04.01.01, EP 1; HR.01.05.03, EP 29; and LD.03.03.01, EP 9](#)

All revision dates:

12/2022, 12/2001

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Board of Directors	Robert Jordan: Board Member	pending
President/CEO	George Mikitarian: President/CEO [AJ]	12/2022
Executive Management Committee	Executive Management Committee [AJ]	12/2022

Step Description	Approver	Date
Policy Management	Policy Management [PP]	11/2022
Executive Management	Natalie Sellers: Sr Vice President, Communications, Community & Cor	11/2022
	Natalie Sellers: Sr Vice President, Communications, Community & Cor	11/2022

Applicability

North Brevard Medical Support, Parrish Medical Center

COPY

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR SESSION MINUTES
December 20, 2022**

Present: C. Manion, MD, R. Patel, MD, D. Barimo, MD, K. Patel, MD, J. Rojas, MD, Chris Jacobs, MD, G. Cuculino, MD, G. Mikitarian, I. Rashid, MD

Absent: B. Mathews, P. Carmona, MD, M. Navas, MD, C. Fernandez, MD, C. McAlpine, R. Rivera-Morales, MD, H. Cole, A. Ochoa, MD

The meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on December 20, 2022 at 5:30 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER.

Dr. B. Mathews and Dr. R. Patel being unavailable, Dr. C. Manion, MD, Secretary/Treasurer called the meeting to order at 5:36 pm.

I. REVIEW AND APPROVAL OF MINUTES

Motion to approve the Regular Session minutes of November 15, 2022 as written and distributed. *Motion was made by Dr. Barimo, seconded by Dr. Rojas and unanimously approved.*

II. OLD BUSINESS: None

III. NEW BUSINESS:

I. The 2021 NCM (Nutritional Care Manual) Updates (attached)

The document was distributed for review, signed by R. Patel, MD (Immediate Past President) and G. Mikitarian, President/CEO, Parrish Healthcare. The NCM will be returned to J. Garsow, Dietitian for JC readiness.

2.

CONSENT AGENDA - STANDING ORDERS

- Labor Epidural Analgesia E672 – Added Hypotension (SBP <100 or >20%); Removed continuous bladder irrigation is ordered, please indicate time of catheter traction release; Added if straight catheter: *every 6 hours PRN for retention; Added Epidural Infusion: Fentanyl 2 mcg/ml/Ropivacaine 0.12%, Basal Rate: PCA Dose: Delay: One-hour Limit: Prechecked Diphenhydramine HCl 25mg IV Q4HPRN inj; Prechecked Ephedrine 10 mg IV PRN inj; Changed Fentanyl / Bupivacaine to Fentanyl / Ropivacaine

- Interdisciplinary Case Management Guide (E1196ab) - Review for Deactivation.
- HIPAA Authorization to Use and Disclose Protected Health Information for Community Education (E3536) - Review for Deactivation
- Paracentesis - Preoperative (E44a) - Multiple Revisions.
Caesarean Delivery - Preoperative (E174ab) - We updated the Azithromycin order to 500 mg IV ONE Preop @ 250 ml/hr (from 1000 mg), and changed the cefazolin

- Order from 3000 mg to 3 gm iv one @ 115 ml/hr for Patient > 120 kg.

- MSE Asthma COPD Mod/Severe - (E3403)
MSE Change in Mental Status - (E3404)
MSE Alcohol Intoxication - (E3401)
MSE GI Bleed - (E3407)

MSE New Onset Seizure - (E3412)

MSE Seizure with HX of Same - (E3413)
MSE Lower Abdominal Pain - (E3410)
MSE

Nausea/Vomiting/Diarrhea - (3411)

MSE Sickle Cell - (E3415)

MSE On Coumadin with Bleeding - (E3422)

MSE Vaginal Bleeding Unk. Pregnancy - (E3437)

MSE Renal Colic - (E3438)

MSE Weakness - (E3439)

MSE Upper Abdominal Pain - (E3418)

MSE Vaginal Bleeding + Pregnancy (E3419)

MSE Suspected OD - (E3420)

MSE Severe Nausea/Vomiting/Diarrhea (E3421)

For all above, we updated the CBC order to CBC & Differential.

- MSE Asthma/COPD Mild Order Set (E3402)
Upper Respiratory Infection - Adult Order Set (E3645)
Upper Respiratory Infection - Peds Order Set (E3646)

For all above, we added Chest X-Ray 1V Portable as an option, and the CBC order has been updated to CBC & Differential

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

Report from Administration: Mr. Mikitarian took the opportunity to update the Committee members on the Cigna resolution and thanked the leadership and members of the School Board in addition to the county officers for their cooperation and support during this time.

Report from the Board: None, however Mr. Mikitarian asked if there was any update regarding the missing Quality (OPPE) data to close out the tabled reappointment applications. There has been none to date.

Committee Reports:

The Minutes from the REGULAR session of the Board of Directors of October 3, 2022 were entered into the minutes as written and distributed.

Department Reports:

The Minutes of the General Medical Staff Meeting, December 5, 2022 were entered into the minutes as written and distributed.

Electronic Vote recorded: On December 14, 2022 the 2022 Utilization Management Plan was distributed electronically. Via return vote, the Plan was approved as written and distributed. *(Attached).*

Open Forum:

Dr. Kevat Patel noted a recent incident in which a member of the nursing team removed a central line without alerting the Physician. The committee unanimously agreed that the Physician must be notified prior to taking the action, and Dr. K. Patel will follow up with Nursing leadership accordingly. The topic however raised a question regarding central line utilization and do we capture that information for central lines, PICCS, mid lines? Action to relay the question to E. Leathers, Quality Mgr.

Dr. Barimo noted that this is his last MEC meeting after 15 years of participation, Dr Lauren Stuart will take the reigns as Chair, Department of Pediatrics. He urged all Department Chairs to appoint the “next generation” of leaders and to encourage greater participation on committees notably, the Credentials & Medical Ethics Committee.

Adjournment: There being no further business the meeting adjourned at 5:52 pm.

B. Mathews, MD
President Medical Staff

Christopher Manion, MD
Secretary Treasurer

NEXT MEETING: January 17, 2023

Parrish Medical Center

UTILIZATION MANAGEMENT PLAN 2022

Revised: 11/87, 12/89, 01/91, 08/92, 05/93, 09/95, 09/96, 09/97, 09/98, 09/99, 12/00, 03/02, 10/02, 09/03, 01/04, 01/05, 03/06, 7/06, 3/07, 3/08, 3/09, 4/10, 5/11, 4/12, 3/13, 4/14, 02/15, 4/16, 4/17/3/18, 11/19, 5/20, 11/22

Parrish Medical Center
UTILIZATION MANAGEMENT PLAN
2022

- I.*** *Introduction and Scope of Functions*
- II.*** *Authority*
- III.*** *Purpose*
- IV.*** *Utilization Management Committee*
- V.*** *Objectives*
- VI.*** *Confidentiality*
- VII.*** *Conflict Of Interest*
- VIII.*** *Individual Written Plan of Care*
- IX.*** *Methods of Review & Review Process*
- X.*** *Conduct of Reconsideration*
- XI.*** *Committee Reports and Records*
- XII.*** *Developing a Corrective Plan Linking the Results to Continuing Medical Education*
- XIII.*** *Relationship to Third Party Payers*
- XIV.*** *Hospital Administration*
- XV.*** *Physician Advisor and Review Personnel*
- XVI.*** *Discharge Planning and Case Management*
- XVII.*** *Performance Improvement Program*
- XVIII.*** *Revision and Review*
- XIX.*** *Acceptance and Approval*

Parrish Medical Center Utilization Management Plan

I. Introduction and Scope of Functions (42CFR456.50-145)

Parrish Medical Center (PMC) Utilization Management Plan contains references to both Utilization Management and Utilization Review. Utilization Management applies to the committee responsible for the Utilization Management Program and reflects the broader scope of efforts to effectively manage resource utilization, while maintaining quality patient care.

Utilization Review refers to the actual process of reviewing patient care. This plan has been developed and approved by the Utilization Management Committee, the Medical Executive Committee, the Board of Directors, and complies with regulatory requirements. This document contains the fundamental requirements of a comprehensive Utilization Management Plan that satisfies Medicare Conditions of Participation, Medicaid program requirements, all federally funded program requirements and case and utilization management requirements for all payers.

II. Authority

Parrish Medical Center (PMC) will perform all utilization review under the direction of the Utilization Management and Medical Record Committee (UM/MRC) and in accordance with the Code of Federal Regulations, 42 CFR 456.50 – 456.145, and the State of Florida Agency for Health Care Administration (AHCA) guidelines, and all private review agencies contracted for review functions. Utilization Management at PMC is recognized as a section of the overall Performance Improvement Plan of PMC. The Utilization Management and Medical Record Committee is responsible for the utilization process at PMC with minutes forwarded to the Medical Executive Committee (MEC) for review and comments/actions. The Chairman of the UM/MRC serves as a member of the Board's Quality Committee.

The Utilization Management Committee has been established as a standing committee of the Medical Staff in accordance with the medical staff by-laws. This plan will be the working document governing the Utilization Management Program's operations.

III. Purpose (42CFR456.141)

The purpose of the Utilization Management Plan is to assess and improve the delivery of care to all patients, regardless of payment source, in an efficient and cost-effective manner. For all payor sources, the criteria set that is used to determine admission appropriateness at PMC is Milliman Care Guidelines (MCG). The geometric length of stay by DRG serves as a benchmark for the patient's length of stay during the patient's hospitalization.

Under the UM plan, the organization will:

1. Outline processes to review the medical necessity of admissions, extended stays, timeliness of services provided by the hospital or through referral contracts, and appropriateness of setting
2. Outline process for concurrent and retrospective utilization review for identification of opportunities to enhance services in a cost-effective manner
3. Delineate the responsibilities and authority of personnel for conducting internal utilization review, for conducting delegated review under managed care contracts and facilitating external review under managed care and other payer contracts
4. Outline processes to review outlier cases based on extended length of stay and/or extraordinarily high costs
5. Define processes to review potential overutilization, underutilization, and inefficient utilization of resources

6. Define processes for coverage determinations, denials, appeals, and peer review
7. Identify framework for reporting, corrective action, and documentation requirements for the utilization management process, including over/underutilization and inefficient allocation of resources

IV. Utilization Management Committee (42CFR456.105-106)

A. Composition

The committee shall be comprised of at least five (5) members of the Active Medical Staff with one (1) designated chairman. The committee will also include four (4) non-physician members appointed by the Chief Executive Officer with the approval of the Chairman. The non-physician members shall represent nursing service, health information services, case management, and finance/administration, and shall have voting privileges.

B. Meeting Frequency

The Utilization Management Committee will meet at least six (4) times per year or more frequently if deemed necessary by the Chairman.

V. Objectives

The objectives of the program are to:

- Implement an effective and timely program of pre-admission, admission, and concurrent review in accordance with federal and state guidelines by using pre-established, evidence-based, and approved guidelines.
- Assure the appropriate allocation of the hospital's resources in providing optimal quality patient care in the most cost-effective manner.
- Identify patterns of practice or repeated occurrences that affect the efficient provision of quality patient care and the ability to obtain optimal reimbursement for services performed.
- Systematically review the pattern of practice using approved, evidence-based guidelines to prioritize each in terms of impact on patient care.
- Address effective methods of altering inappropriate resource use and assuring optimal reimbursement.
- Assure that the methods are implemented, and the solutions are effective through the performance improvement-monitoring program.
- Assure the development, maintenance, and execution of an effective Utilization Management Plan and review/revise as necessary.
- Monitor the appropriate utilization of beds and support services through concurrent and retrospective reviews of the necessity for inpatient admissions, appropriate duration of stays, and timely and appropriate use of diagnostic and therapeutic services.

- Monitor denials and assist in appeals as appropriate. Address any trends identified through the quality improvement methodology.
- Provide ongoing education to patients, families, and physicians to assist them in making quality, cost-effective healthcare decisions.

VI. Confidentiality (42CFR456.113)

Confidentiality shall be maintained, using best efforts to respect of the patient's right to privacy, and in keeping with the hospital policy and confidentiality statement. As with all patient specific information, the identities of individual recipients in Utilization Review records and reports will be kept confidential.

All persons involved in utilization management and review activities, whether hospital employees or members of the medical staff, shall maintain the confidentiality of the patient's medical record. The identity of any physician or other health care practitioner under review will be kept confidential; he/she will be identified by number in any documentation. All utilization review statistics, records, and reports shall be stored in the locked offices of the Health Information Management Department. All committee findings, reports, recommendations, and statistics shall be maintained as confidential.

The procedures of the utilization review program shall be open to review by the Department of Health and Human Services (designee), Medicare Review Agency, The Joint Commission and others as designated by the hospital Chief Executive Officer (CEO).

VII. Conflict of Interest (42CFR456.106)

To comply with federal and state regulations, the Utilization Management Committee will consist of physician members who do not have direct financial interest in any Hospital. Reviews shall not be conducted by any person who has a professional interest in the care of the patient or a significant financial interest in the care of the patient(s) whose case(s) is/are being reviewed. The Medical Staff Services shall maintain copies of certification for each physician member of the Utilization Management Committee indicating that they have no financial interest in any hospital.

VIII. Individual Written Plan of Care (42CFR456.80)

- A. A physician, physician's assistant or nurse practitioner must certify for each recipient that inpatient services in a hospital are/were needed. The need for inpatient services will be certified at the time of admission or, if an individual applies for assistance while in the hospital, before the Medicaid agency authorizes payment. The physician will provide each patient with a plan of care in the medical record. And will be reviewed with the patient prior to discharge.
- B. The plan of care must include:
 1. Diagnosis, symptoms, complaints, and complications indicating the need for admission.
 2. A description of the functional level of the individual.
 3. Any orders, as appropriate:
 - a. Medications;
 - b. Treatments;
 - c. Restorative and Rehabilitative Services;

- d. Activities;
 - e. Case Management and Social Services;
 - f. Diet;
 - 4. Risk for readmission
 - 5. Patient's goals
 - 6. Plans for continuing care, as appropriate; and
 - 7. Plans for discharge, as appropriate.
- C. Orders and activities must be developed in accordance with physician's instructions.
 - D. Orders and activities must be reviewed and revised as appropriate by all personnel involved in the care of an individual.
 - E. Review of each plan of care and re-certification must be made by the physician, or other personnel involved in the patient's care, at least every 60 days for inpatients, or every 30 days for outpatients
 - F. Certification is determined by the physician in accordance with regulatory and third-party payer requirements.
 - G. Plan of Care is included in the discharge documentation and is part of the Continuity of Care (CCD) documentation that is sent to the Referrals upon discharge.

IX. Methods of Review and Review Process (42CFR456.134)

- A. Selection of Patients to be considered for review:
 - 1. Pre-admission certification, admission and concurrent review shall be conducted on Medicare Medicaid patients to ensure that prescribed criteria for medical necessity is in compliance and that pre-procedure approval is granted on all applicable cases.
 - 2. Worker's Compensation cases will be reviewed to assure that services rendered are associated with the injury and/or require an inpatient level of care.
 - 3. Inpatients and outpatients are subject to review regardless of payer source.
 - 4. Patients admitted under one of the categories requiring pre-admission certification under Quality Improvement Organization (QIO) standard or individual commercial insurance standards.
 - 5. Any patient where an identified utilization concern is brought to the attention of the Case Management Department.
 - 6. Patients requiring procedures that are not available at PMC, thereby needing to be transferred to another facility for procedure, and patients being transferred to PMC from other facilities.
 - 7. All patients that have been readmitted within 30 days will be reviewed by Quality and the Care Navigation Team.
- B. Performance of Review
 - 1. The patient's medical record includes information needed for the Utilization Management Committee to perform utilization review. This information must include:
 - a. Identification of the patient
 - b. The name of the patient's physician
 - c. Date of admission

- d. Reasons and plan for continued stay, if applicable
 - e. Other supporting material that the committee believes appropriate to be included in the record.
 - f. Certification and re-certification information and data to support.
 - g. Date of operating room reservation, if applicable.
 - h. Justification of emergency admission, if applicable.
2. Reviews falling under this Utilization Management plan shall be conducted concurrently and/or retrospectively by the Director of Case Management, the Case Managers, Physician Advisor or designee and/or by the Utilization Management Committee.
 3. Commercial Insurers who request access to medical records must follow hospital policy: Administrative Policy #9500-50 "Patient Medical Record Review by Outside Agencies".

C. Review Criteria:

The review criteria utilized for admission and continued stay utilization review will be the most current edition of Milliman Care Guidelines (MCG) available.

D. Pre-Admission Review

1. In accordance with regulatory and third-party payer requirements, pre-admission certification is performed through Patient Registration/Financial Services prior to or at the time of admission with Case Management support as needed. Case Management support includes, but is not limited to, review of the case in person or via phone, and ongoing education with Patient Registration/Financial Services regarding certification process.
2. The Case Managers using the approved criteria may review elective and urgent (non-elective) admissions to assure medical necessity of patient admission to determine appropriate patient status (i.e.: ambulatory, outpatient observation or inpatient admission) in accordance with regulatory and third-party payer requirements.
3. If the patient does not meet criteria/guidelines for admission, Case Management will notify the Attending Physician to discuss the admission criteria/guidelines in accordance with regulatory and third-party payer requirements as outlined in the hospital's policy and procedures.

E. Admission Review

1. Case Management has been designated to perform the admission utilization review function by the Utilization Management Committee.
2. A Registered Nurse Case Manager (RNCM) shall review each specified admission within one day from the time of admission. The Case Manager shall screen the admission using MCG. The admission may be justified by meeting the MCG guidelines.

Time limits for admission (42CFR456.125): Review of each Medicaid recipient's admission to the hospital is conducted (a) within one business day after admission, or (b) within one business day after the hospital is notified of the application for Medicaid, for an individual who applies while in the hospital.

3. The RNCM will contact the attending physician for additional information in accordance with regulatory and third-party payer requirements when needed to support justification for admission, as outlined in hospital policy and procedures.
4. The Utilization Management Committee will make a final decision on a recipient's need for admission and give notice of an adverse final decision within two working days of admission or within third-party payer requirements. Written notice of any adverse final decision on the need for admission (42CFR456.123 [e] through [g]) will be sent to hospital administration, attending physician, Medicaid agency, recipient, and if possible, the next of kin or sponsor.
5. Within one day of admission, the RNCM will initiate the utilization review process. If the admission criterion is met, the admission is approved in accordance with regulatory and third-party payer requirements. The first continued stay review date is assigned after the initial review. All admission and subsequent patient reviews will be documented in the computerized utilization review process until the patient is discharged from the hospital per hospital's policy and procedures.

The computerized review process will be maintained in the computerized system per regulatory and third-party payer requirements.

F. Continued Stay Review

1. Once the admission is approved, continued stay reviews will be performed by the RNCM.
 - a. Every 72 hours (or every three business days at a minimum) from the previous review date, until the time of patient discharge; or
 - b. As deemed necessary by the reviewers, when problems or trends are identified, or as required by regulatory and third-party payers.
2. The Geometric Mean Length of Stay (LOS) by DRG as published in the Federal Register will be used as a guideline for length of stay comparisons. This may vary depending on the age/disability group of the patient.
3. Patient charts shall be reviewed, by the above personnel, for the level of service provided and the need for continued hospitalization. MCG guidelines will be used in screening cases with admission dates as of June 2013. If the MCG criteria are met, the hospital day will be considered justified.
4. If it becomes apparent that the MCG criteria are not met and further hospitalization is not justified, the reviewer shall contact the Attending Physician. If the Attending Physician agrees, he/she shall discharge the patient. If there are undocumented factors, which will result in the guidelines being met, the Attending Physician shall provide documentation and the continued stay shall be justified in accordance with regulatory and consistent with third-party payer requirements.
5. If the Attending Physician concurs that further hospitalization is not justified, but the patient objects to the discharge, the patient can explore their options to appeal the discharge in accordance with regulatory or third-party payor requirements. Medicare recipients have a right to appeal the discharge as indicated in the Important Message from Medicare Notice, which is given to the patient within 48 hours of inpatient admission and discharge, in accordance with regulatory requirements as appropriate. If the Medicare review agency concurs with the attending physician and hospital that further hospitalization is not justified, or if the patient objects to the discharge and does not appeal the discharge, the case manager shall issue the Detailed Notice of Non-

coverage (HINNs) or request a copy of the denial letter issued by the third-party payer as appropriate. Hospital policy and procedure regarding this process will be in accordance with regulatory and third-party payer requirements.

Notification of adverse decision for continued stay complies with CFR456.137. There is no allowance for grace days. The effective date of an in-house denial for Medicaid recipients is midnight of the day medical necessity ceases to exist. A copy of the Notification of Adverse Final Decision will be provided to hospital administration, attending physician, Medicaid agency, recipient, and if possible, the next of kin or sponsor. (42CFR456.124 Notification of Adverse Decision)

6. If the MCG criteria is not met and the Attending Physician does not agree to discharge, the Case Manager shall escalate the case to the Physician Advisor or Utilization Management/Medical Record Committee member for review or request a copy of the denial letter issued by the third-party payer as appropriate. Hospital policy and procedure regarding this process will be in accordance with regulatory and third-party payer requirements. The Utilization Management Committee will make a final decision on a recipients need for continued stay and give notice of an adverse final decision within one working day after the assigned continued stay review dates or within third party payer requirements. Written notice of any adverse final decision on the need for continued stay under CFR456.135 [f] through [h] will be sent to hospital administration, attending physician, Medicaid agency, recipient, and if possible, the next of kin or sponsor.

X. Conduct of Reconsideration

- A. Conduct of Reconsideration will be performed in accordance with regulatory and third-party payer requirements.
- B. Procedures for Conduct of Reconsideration are outlined in hospital policy and procedure.

XI. Committee Reports and Records

- A. The initial and continued review dates and information shall be recorded and maintained at a minimum of five years or until the Chief Financial Officer (CFO) verifies that the cost report has officially closed for that time period.
- B. The Utilization Management Committee shall maintain the minutes or records of each committee meeting including the actions taken regarding admission or continued stay of any patient reviewed, and the reasons for such actions. The Committee will report on identified trends associated with over-utilization, under-utilization, and inefficient allocation of resources. Copies of such reports and records shall be made available to the committee members, the hospital CEO, the Executive Committee of the Medical Staff, and the Board of Directors.
- C. The Director of Case Management shall be responsible for maintaining individual and aggregate patient data with respect to the reviews. He/She shall be responsible for distribution of the reports to appropriate individuals. All utilization review findings shall be considered confidential.

XII. Developing a Corrective Plan Linking the Results to Continuing Medical Education

- A. The Director of Case Management, or designee, shall select diagnosis/problems etc. for which admission seems consistently inappropriate for focused review. Appropriate supporting data shall be obtained through retrospective profile monitoring. If such areas are identified, the members of the hospital Utilization Management Committee will consider methods for their correction or prevention.

- B. When there is a delay with support services, verbal contact with the involved department is made to expedite appropriate utilization. A trend of repeated delays will require a corrective action plan to be completed, implemented, and monitored for effectiveness by the department manager or director.
- C. Utilization related concerns (including supportive services and delays in provision of supportive services) are identified through both the referrals of the Case Manager's pattern analysis and the Performance Improvement process.
- D. During the continued stay review process, the reviewers will also be monitoring possible avoidable days (i.e., problems with delays, unavailability of hospital services, delays in test results, social or placement problems, missed orders, delays attributed to physician convenience, preference, etc.) that lead to unnecessary days of hospitalization. The Director of Case Management, or designee, will analyze avoidable days for patterns or trends. This information will be reported to the Utilization Management Committee, hospital departments, and medical staff in the form of the Avoidable Day Report, so that appropriate measures can be taken to improve the process.
- E. The Case Manager during the concurrent review process will screen under-utilization of services.
 1. Patient records will be screened for patient care services that are not ordered and/or provided. Records will also be reviewed to determine appropriate utilization of ICU, telemetry beds as well as monitoring follow-up on abnormal test results. When concerns are identified, the Case Manager will notify the Director of Case Management, or designee for immediate intervention.
 2. Concurrently, the Case Manager(s) will review records to ascertain that MCG guidelines are being met prior to discharge of the patient. If MCG guidelines are met and a discharge order is not written, the Case Manager will contact the Attending Physician.
 3. The Director of Case Management, or designee, and the Case Managers will work with the QRM Director, or designee, to compare data to peer norms to identify any pattern of under-utilization by physician or DRG.
 4. At the Utilization Management Committee meetings, appropriateness review of designated high-volume radiology, cardiopulmonary, laboratory, and other hospital services will be reported as trends are identified. As concerns are identified, recommendations for improvement can be made.
 5. While performing concurrent review, quality improvement opportunities are identified utilizing the medical staff QI screening criteria. Recommendations for action and resultant implementations shall be the responsibility of the Medical Staff and shall be documented as part of the continuing education function.
- F. Data analysis and reporting of monthly summary reports of collected data will be given to the Utilization Management Committee. The Director of Case Management or designee will assure distribution to the appropriate individuals.

XIII. Relationship to Third Party Payers

- A. The hospital shall be responsible to see that individuals involved in the Utilization Review function are made aware of the mechanics of receiving the presenting claim to third party payers; including the fiscal intermediary, the basis upon which payment is allowed by the intermediary, the conditions under which the intermediary denies claims and the claims appeal data about a case shall be open to review by fiscal

intermediaries, state agencies, and the QIO. Information and data shall be protected to assure confidentiality.

- B. The Case Management department, Business Office, and Utilization Management Committee shall review payment denials, as appropriate, to determine if the denial was justified or has potential for appeal per regulatory and third-party payer requirements (see hospital policy and procedure). At its discretion, the Case Management Department may engage third party review firms/organizations to assist in this process. Further, third party firms may be engaged to provide education and assist medical staff in making quality, cost effective healthcare decisions.

XIV. Hospital Administration

- A. The Hospital Administration through the Case Management Department shall provide assistance to assure the proper functioning of the Utilization Management Program and assure that information is properly assembled, forms are provided, providing clerical assistance and meeting space, and by acting as liaison with all departments.
- B. Administration shall be responsible for considering and acting upon decisions and recommendations stemming from the Utilization Management function with respect to hospital policy, procedures, and staffing. At its discretion, Administration may engage third party firms/organizations to assist in the evaluation of the recommendations, education, and the development of hospital policies, procedures, and staffing models.

XV. Physician Advisor and Review Personnel

- A. The Physician Advisor or designee may be a member of the Utilization Management Committee and will be available on business days to communicate with the Case Managers regarding questionable admission and concurrent review cases. The Case Manager will seek specific assistance and advice from the Physician Advisor or designee including, but not limited to, the following situations:
 1. Whenever the Case Manager has reason to believe that an admission, continued stay, or ancillary service is not medically necessary based on criteria/guideline.
 2. Whenever the Case Manager is unable to make a decision as to whether there is medical necessity for acute care even when guidelines are clearly met.
 3. Whenever the Case Manager believes there is an Avoidable Day screen met.
 4. To assist in the implementation of discharge planning when delayed by patient, family, and/or Attending Physician.
 5. Perform or assist with Resource Management studies, DRG-focused studies, and Quality Action Teams pertinent to the functions of Utilization Management.
- B. The Physician Advisor or designee has the authority to initiate denial of an admission or extension of length- of-stay (pending QIO review and concurrence when required). In most instances, the Physician Advisor or designee shall render a decision within twenty-four (24) hours as to the approval or denial of an admission or continued stay. The Director of Case Management, who reports to the Executive Director, Information Governance, shall oversee review activities. Personnel qualified to follow directives of the Utilization Management Committee and to apply guidelines and regulations will perform Utilization Review. Sufficient qualified reviewers will be assigned to meet the requirements of reviews.

XVI. Discharge Planning and Case Management

- A. The process of discharge planning begins prior to or at admission for all patients, as a multidisciplinary process. The RNCM(s) are available to facilitate potential post-hospitalization needs.
- B. The RNCM and Care Navigation Team is available to work with the Attending Physician, multidisciplinary team, patient, and patient's family or caregiver to ensure continuity of care post discharge.
- C. An open referral system is used so that the initial planning is not delayed until the physician writes an order. Input is sought from other health care professionals such as nursing and other ancillary services.
- D. An appropriate member of the case management department is available to assess potential discharge needs, when requested, within one business day of the patient's admission and facilitates discharge planning as needed.
- E. Discharge planning activities include but are not limited to provisions or referrals for services required to improve or maintain health status post discharge such as nursing home placement or home health care. An appropriate member of the Case Management department also provides other resources such as assistance with obtaining financial assistance, adoptions, and guardianship programs.
- F. All high-risk patients with a risk score above 15 will be reviewed and followed by care navigation and will be referred to case management to be assessed by an RN CM. All patients that have been readmitted or left the hospital AMA will also be referred to a care navigator for follow-up post discharge.

XVII. Performance Improvement Program

- A. Utilization Management is one of the components of a hospital Performance Improvement Program. During concurrent and retrospective review, the Case Manager(s) will screen patient records for quality concerns. If any concerns are identified, they will be referred to the QRM Department.
- B. Medical care evaluation studies are conducted as part of the Performance Improvement process. The purpose of these studies is to benchmark current practices to "Best Practice" standards and to improve patient throughput processes. Selection and conduction of these studies is based on high volume, high charges/costs, and identifiable trends in collected patient data. The content of these studies includes length of stay, ancillary cost/charges, benchmark data, avoidable day trends, and medical necessity for performance of ancillary testing. The data utilized in performance of these studies is obtained from the Vizient, CMS, , and the patient's medical record.

XVIII . Revision and Review

- A. The Utilization Management program, written plan, department organization, criteria/guidelines, and length of stay norms will be reviewed and amended as appropriate at least on an annual basis and will be revised as appropriate to reflect the findings of the hospital's utilization management activities and Utilization Management Committee's recommendations.

XIX. Acceptance and Approval

LeeAnn Cottrell, Executive Director, Information Governance

Date

Kiran Modi, MD Chairman
Utilization Management/Medical Records Committee

Date

Biju Mathews, M. D., President, Medical Staff

Date

George Mikitarian, President/CEO

Date

Robert Jordan, Chairman, Board of Directors

Date