



MEMORANDUM

To: Board of Directors

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

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – December 5, 2022

Date: December 1, 2022

The Pension Committee will meet at 10:30 a.m. in the First Floor Conference Room 2/3/4/5.

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

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

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

The Planning Committee meeting has been canceled.

Pension Administrative Committee

Stan Retz, Chairperson (January 1, 2020 - December 31, 2022)

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

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

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

**PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE
DECEMBER 5, 2022 @ 10:30 A.M.
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Review and approval of minutes (August 1, 2022).

Motion: To recommend approval of the August 1, 2022 minutes as presented.

- I. Membership Renewal for Stan Retz – Mr. McAlpine

Motion: To recommend the Budget and Finance Committee approve the renewal of membership for Stan Retz for a two-year term from January 1, 2023 through December 31, 2025.

- II. Applicant for PAC Membership – Mr. McAlpine

- III. Quarterly Pension, 403(b) and 457(b) Investment Update – Anderson Financial Partners

- IV. MetLife Annual Plan Review

- V. Adjournment

**PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE MEETING
AUGUST 1, 2022**

The members of the Pension Administrative Committee met on August 1, 2022 at 10:39 a.m.
The following representing a quorum, were present:

Pension Administrative Committee:

Stan Retz, Chairperson
Chris McAlpine
Leigh Spradling
Casey Crouch

Others Present:

Pamela Perez, Recording Secretary
Stephanie Parham, Executive Assistant
Margie Williams, Administrative Assistant
Darrell Bacon, Director Financial Planning
Tim Anderson, Anderson Financial Partners
John Anderson, Anderson Financial Partners
Doug Lozen, Foster and Foster

Call to Order

The meeting was called to order by the Chairperson at 10:39a.m.

Review and Approval of Minutes

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

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

Resignation of Ms. Simpson

Mr. McAlpine informed the committee of the resignation submitted by Ms. Sylvia Simpson, noting that we will be actively recruiting for a replacement.

Pension Membership Renewals

Mr. McAlpine noted that Ms. Spradling's membership on the committee expired in March and approval for another two-year term is requested.

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

Motion: To recommend the Finance Committee approve the renewal of membership for Leigh Spradling to the Pension Committee for a two-year term from March 1, 2022 through March 1, 2024

Fee Increase

Mr. Lozen, Foster & Foster, reviewed the letter included in the agenda packet concerning fee increases. Discussion ensued and the following motion was made by Mr. Retz, seconded by Mr. Crouch and approved without objection.

Motion: To recommend the Finance Committee accept the proposed fee increase with Foster & Foster for FY 2022-2023 and to include future increases based on CPI with a maximum of 5% and a minimum of 2% per year increase.

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

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

Adjournment

There being no further business, the meeting was adjourned at 11:22a.m.

Stan Retz, Chairperson



Plan Review

**North Brevard County Hospital District d/b/a Parrish Medical Center 403(b) Plan |
1009831-01**
Reporting Period Ending September 30, 2022

Table of Contents

Executive Summary

Plan Assets

Asset Allocation

Plan Utilization

Participant Details

Contribution Analysis

Distributions

Loans

Services Offered

Glossary of Terms

Executive Summary

Plan Assets	As of 12/31/2020	As of 12/31/2021	As of 09/30/2022
Plan Asset Balance	\$34,343,554	\$39,284,121	\$33,217,019
<u>Account Reduction Loan Balance</u>	<u>\$191,678</u>	<u>\$316,481</u>	<u>\$284,597</u>
Total Plan Asset Balance	\$34,535,232	\$39,600,602	\$33,501,616

Cash Flow	01/01/2020 to 12/31/2020	01/01/2021 to 12/31/2021	01/01/2022 to 09/30/2022
Contributions	\$3,696,074	\$3,809,179	\$3,060,102
<u>Distributions</u>	<u>\$2,643,349</u>	<u>\$3,121,062</u>	<u>\$1,576,524</u>
Net Cash Flow	\$1,052,726	\$688,117	\$1,483,578

Executive Summary

Participants	12/31/2020	12/31/2021	09/30/2022
Eligibles	1,379	1,528	1,703
Participants Contributing	1,166	1,229	1,194
Active Participants with Balances	1,234	1,459	1,671
Terminated Participants with Balances	443	170	188
Participants with Loan Balance	58	68	66

Plan Utilization	12/31/2020	12/31/2021	09/30/2022
Participation Rate	84.55%	80.43%	70.11%
Average Participant Paycheck Contribution Percentage Rate*	4.67%	4.86%	4.87%
Average Participant Paycheck Contribution Dollar Amount**	\$248	\$254	\$392
Average Participant Contribution Amount***	\$3,119	\$2,922	\$2,336
Average Participant Balance	\$20,394	\$23,995	\$17,769
Investment Options in Plan with a Balance	19	19	19

*If your plan only allows participant paycheck elections by amount, this will reflect 0%.

**If your plan only allows participant paycheck elections by percent, this will reflect \$0.

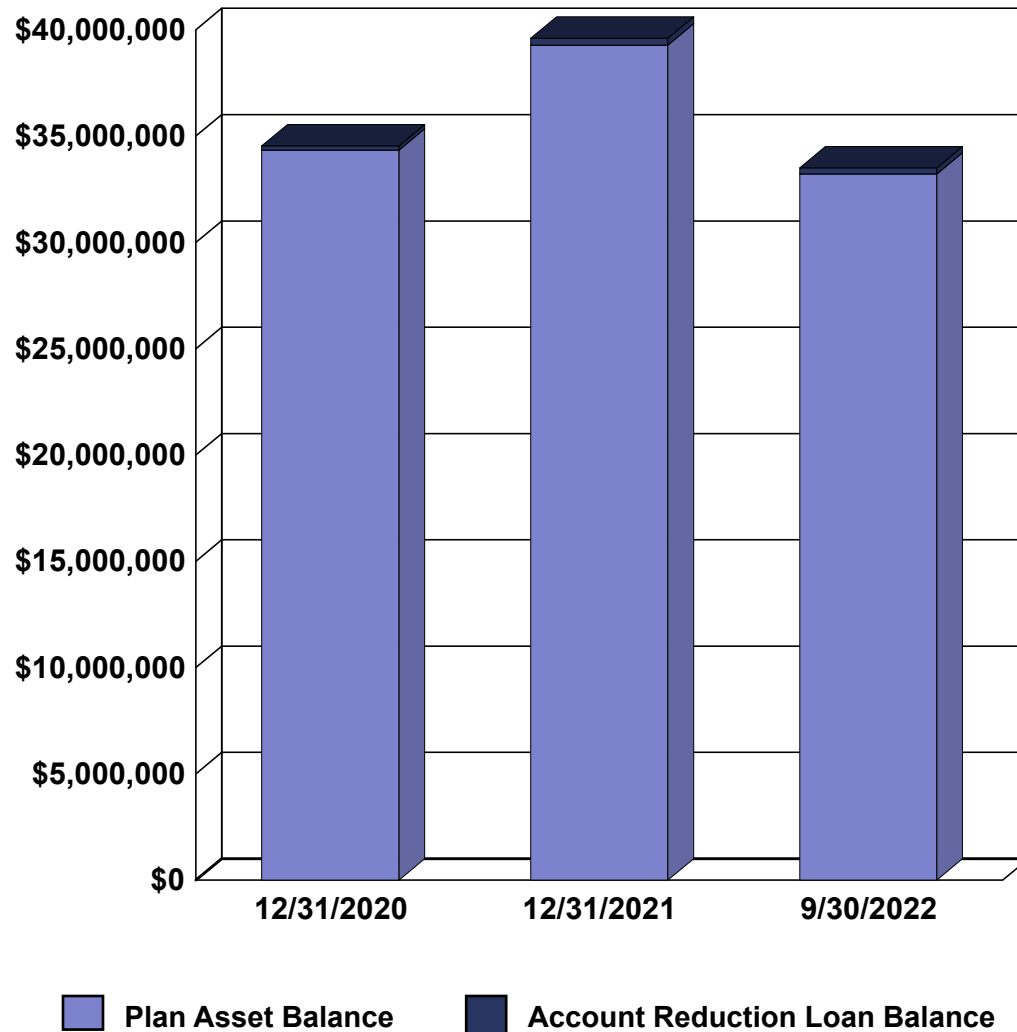
***Average of total contributions during the reporting period.

Figures provided represent plan information as of the reporting date listed. Please refer to the Glossary of Terms for a description of each figure's calculation.

Plan Assets

Your plan's total asset balance is illustrated here. Total asset balance includes the balances of all employed and previously employed participants, in addition to plan forfeiture assets. Total loan balance includes all outstanding loans.

Plan Asset History



% Change in Plan Assets

12/31/2021 to 09/30/2022	-15.40%
12/31/2020 to 12/31/2021	14.67%

Number of Investment Options

As of 09/30/2022, your plan offered **19** investment options.

Plan Asset History

(Includes Plan Asset Balance and Account Reduction Loan Balance)

09/30/2022	\$33,501,616
12/31/2021	\$39,600,602
12/31/2020	\$34,535,232

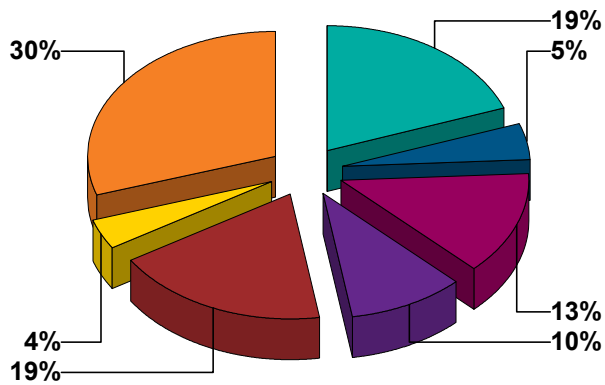
Asset Allocation

Asset Class	Investment Option	Assets As of 12/31/2021	% of Total	Number of Participants	Assets As of 09/30/2022	% of Total	Number of Participants
Asset Allocation	T. Rowe Price 2010 R (*)	\$3,441	0.01%	3	\$2,828	0.01%	4
	T. Rowe Price 2020 R (*)	\$581,818	1.48%	32	\$447,110	1.35%	36
	T. Rowe Price 2030 R (*)	\$3,424,215	8.72%	111	\$2,488,413	7.49%	152
	T. Rowe Price 2040 R (*)	\$1,742,138	4.43%	144	\$1,064,330	3.20%	175
	T. Rowe Price 2050 R (*)	\$2,475,038	6.30%	221	\$2,066,466	6.22%	277
	T. Rowe Price 2060 R (*)	\$300,588	0.77%	216	\$344,217	1.04%	340
			\$8,527,238	21.71%		\$6,413,363	19.31%
International Fund	American Funds EuroPacific Gr R3	\$2,343,718	5.97%	258	\$1,640,081	4.94%	248
		\$2,343,718	5.97%		\$1,640,081	4.94%	
Small Cap	Eaton Vance Atlanta Capital SMID-Cap A	\$1,645,190	4.19%	213	\$1,412,959	4.25%	209
	MFS New Discovery Value Fund Class A	\$1,659,544	4.22%	210	\$1,359,205	4.09%	208
	PIMCO StockPLUS Small Institutional	\$2,315,004	5.89%	220	\$1,604,970	4.83%	210
		\$5,619,738	14.31%		\$4,377,134	13.18%	
Mid Cap	Fidelity Advisor Value A	\$2,045,387	5.21%	219	\$1,686,362	5.08%	217
	William Blair Small-Mid Cap Gr N	\$2,238,917	5.70%	220	\$1,638,077	4.93%	211
		\$4,284,304	10.91%		\$3,324,438	10.01%	
Large Cap	American Century Equity Income - A	\$1,174,773	2.99%	201	\$1,151,969	3.47%	200
	Fidelity Blue Chip Growth Fund	\$2,682,353	6.83%	230	\$1,853,762	5.58%	226
	Fidelity Multi-Asset Index Fund	\$3,707,107	9.44%	211	\$2,745,088	8.26%	204
	Glenmede Large Cap Core Port	\$414,637	1.06%	34	\$324,313	0.98%	36
	Neuberger Berman Sustainable Equity Inv	\$167,965	0.43%	17	\$116,346	0.35%	17
		\$8,146,835	20.74%		\$6,191,477	18.64%	
Bond	TCW Total Return Bond I	\$1,643,806	4.18%	92	\$1,351,128	4.07%	87
		\$1,643,806	4.18%		\$1,351,128	4.07%	
Fixed	Strategic Value Annuity (Fixed Option)	\$8,718,482	22.19%	791	\$9,919,397	29.86%	763
		\$8,718,482	22.19%		\$9,919,397	29.86%	
Grand Total:		\$39,284,121	100.00%		\$33,217,019	100.00%	

**Your plan's default investment election(s).*

Asset Allocation by Age (As of 09/30/2022)

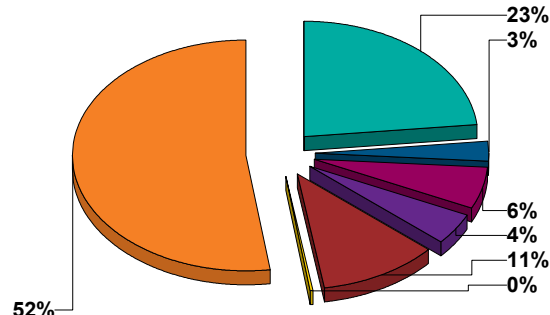
1,859 Participants
Your Plan's Asset Allocation



Asset Allocation	19%
International Fund	5%
Small Cap	13%
Mid Cap	10%
Large Cap	19%
Bond	4%
Fixed	30%
Total:	100%

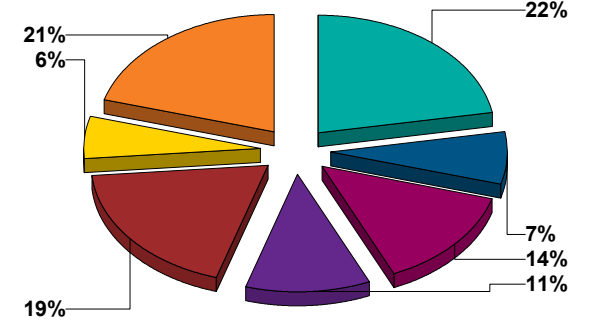
375 Participants

Age <=29



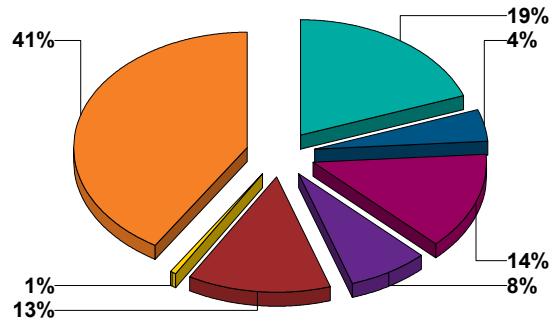
382 Participants

Age 50 - 59



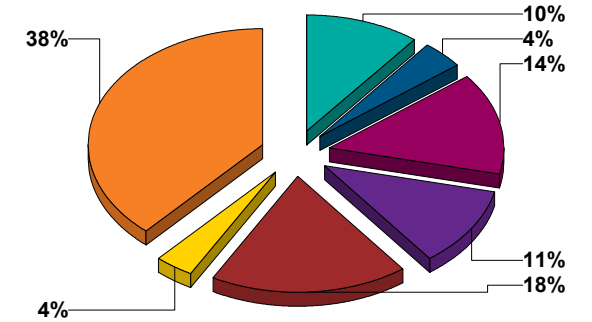
491 Participants

Age 30 - 39



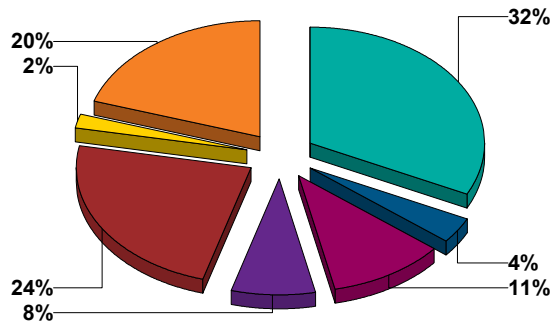
268 Participants

Age >=60



343 Participants

Age 40 - 49



0 Participants

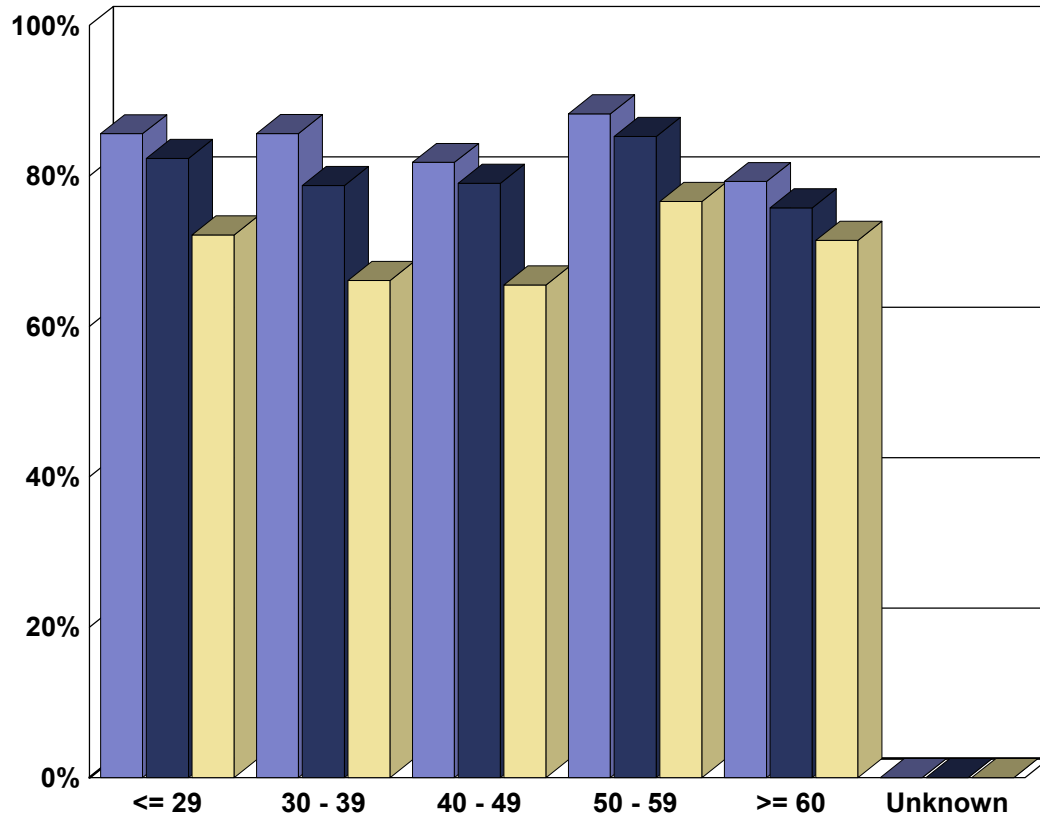
Age Unknown

There are no assets for this age group

Plan Utilization

Your plan's participation rates by age are shown here. Your plan's participation rate equals the total number of participants making regular contributions divided by the total number of eligibles.

Average Participation Rate by Age



of Contributing Participants as of 09/30/2022

259 300 205 265 165 0

12/31/2020
 12/31/2021
 09/30/2022

Participation Rate

As of 09/30/2022, the participation rate for your plan was **70.11%**.

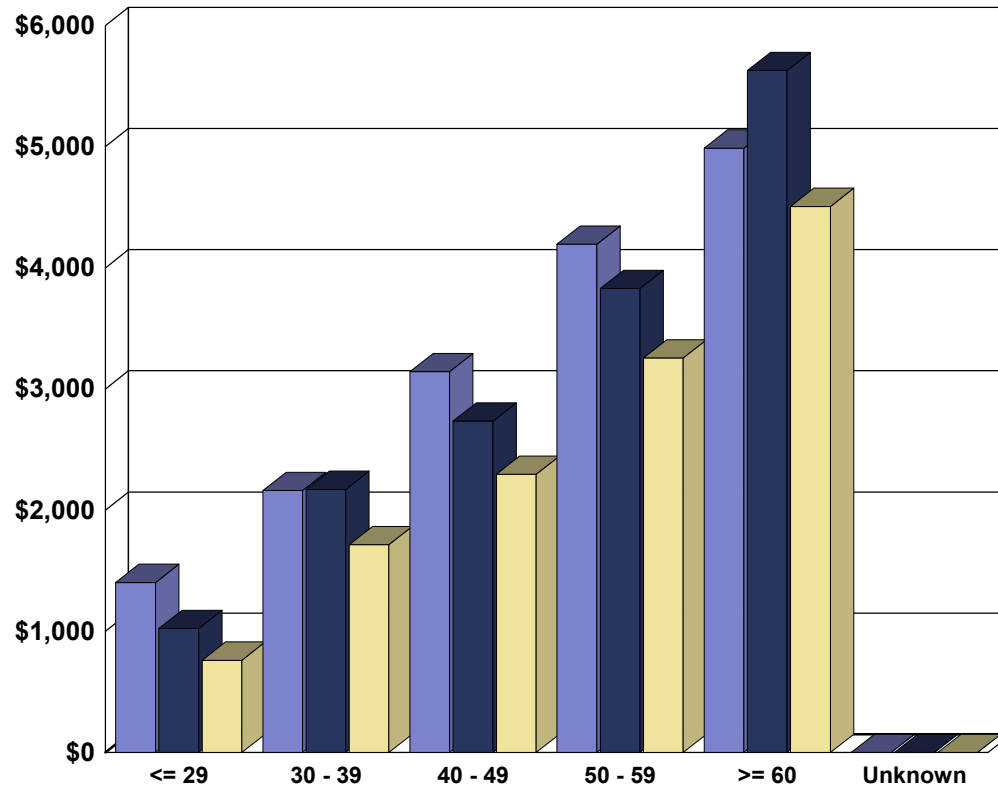
Defaulted Participants

Your plan has **1,194** employees participating in the plan. As of 09/30/2022, **780** of these employees have not made an active investment election and their contributions are currently being allocated to the plan's default investment option.

Plan Utilization

Your plan's average participant contribution amount by age is shown here. Your plan's average participant contribution amount equals the total amount of contributions divided by the total number of contributing participants.

Average Participant Contribution Amount by Age



of Contributing Participants as of 09/30/2022

259 300 205 265 165 0

■ 12/31/2020 ■ 12/31/2021 ■ 09/30/2022

Paycheck Contribution Information

As of 09/30/2022, your plan's average participant paycheck contribution percentage rate was **4.87%** per payroll period.**

As of 09/30/2022, your plan's average participant paycheck contribution dollar amount was **\$392** per payroll period.**

**If your plan only allows participant paycheck elections by percent (or amount) the value will reflect as 0% (or \$0).

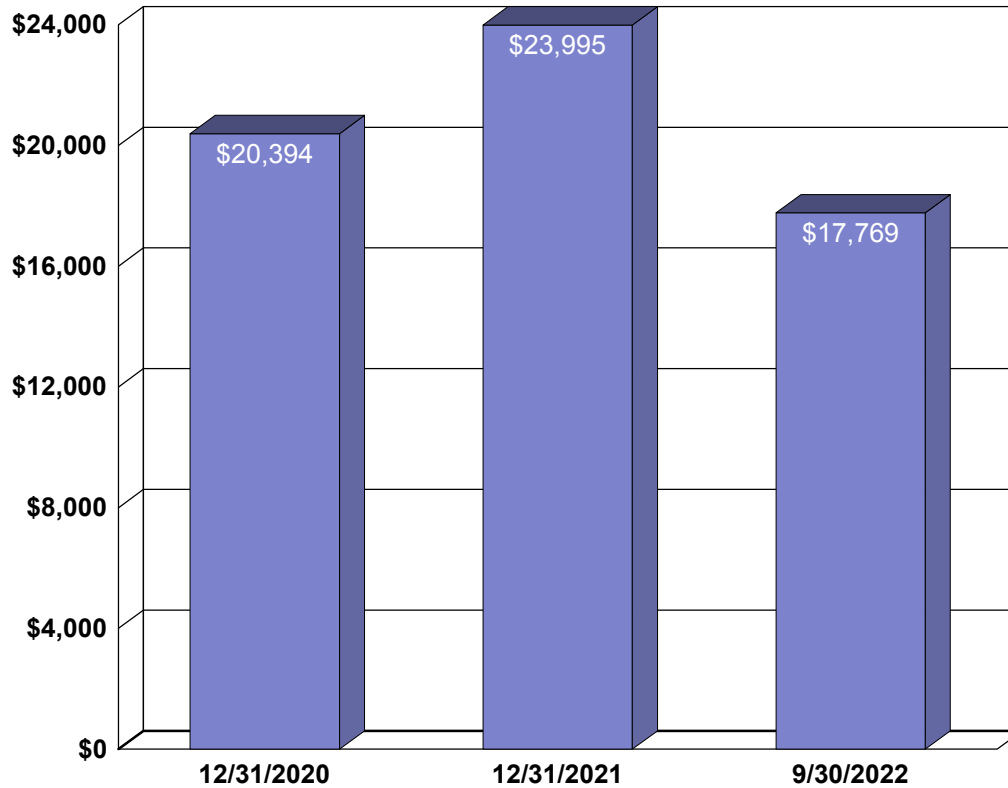
Average Participant Contribution Amount by Age

Age	2020	2021	2022
<=29	\$1,403	\$1,024	\$762
30 - 39	\$2,162	\$2,171	\$1,716
40 - 49	\$3,144	\$2,736	\$2,297
50 - 59	\$4,196	\$3,831	\$3,256
>=60	\$4,989	\$5,629	\$4,508
Unknown	\$0	\$0	\$0

Participant Details

Your plan's average participant balance and the average number of investment options held by your plan participants are shown here.

Average Participant Balance



of Participants with a Balance

1,677

1,629

1,859

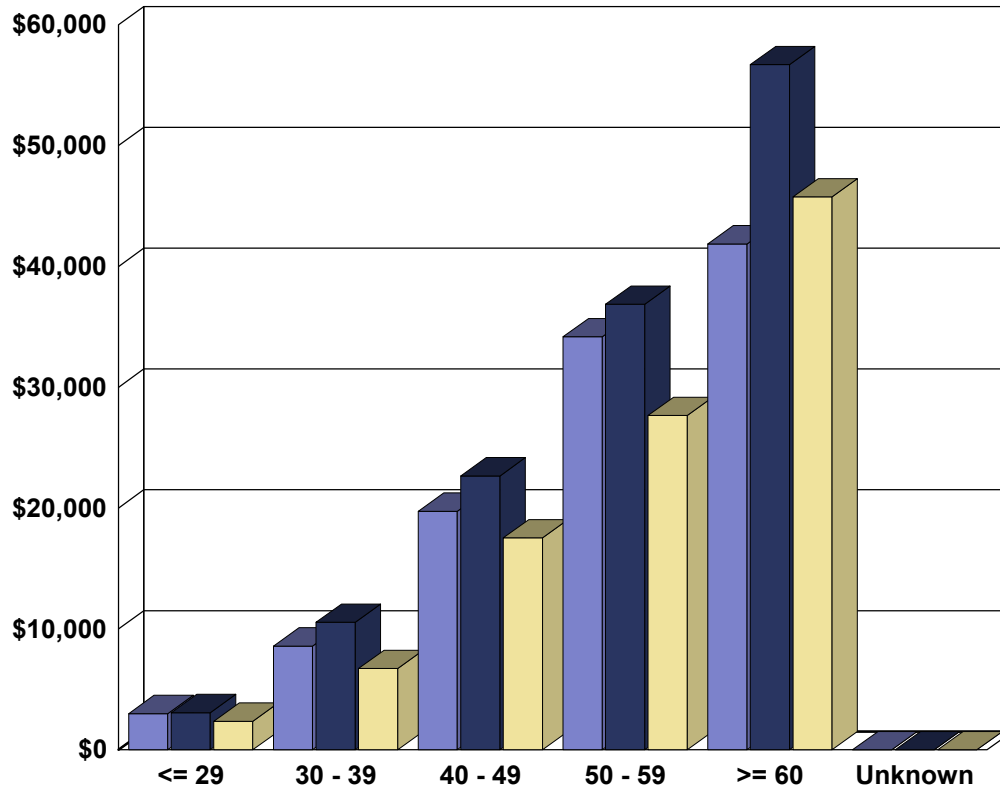
Number of Investment Options

As of 09/30/2022, participants in your plan held an average of **2.05** investment options.

Participant Details

Here is a breakdown of your plan's average participant balance by age, by year.

Average Participant Balance by Age



of Participants with a Balance as of 09/30/2022

375 491 343 382 268 0

■ 12/31/2020
 ■ 12/31/2021
 ■ 09/30/2022

Your Plan

Age	2020	2021	2022
<=29	\$2,990	\$3,069	\$2,354
30 - 39	\$8,581	\$10,553	\$6,726
40 - 49	\$19,742	\$22,667	\$17,540
50 - 59	\$34,175	\$36,877	\$27,661
>=60	\$41,871	\$56,698	\$45,764
Unknown	\$0	\$0	\$0
All Ages	\$20,394	\$23,995	\$17,769

Average Participant Account Balance

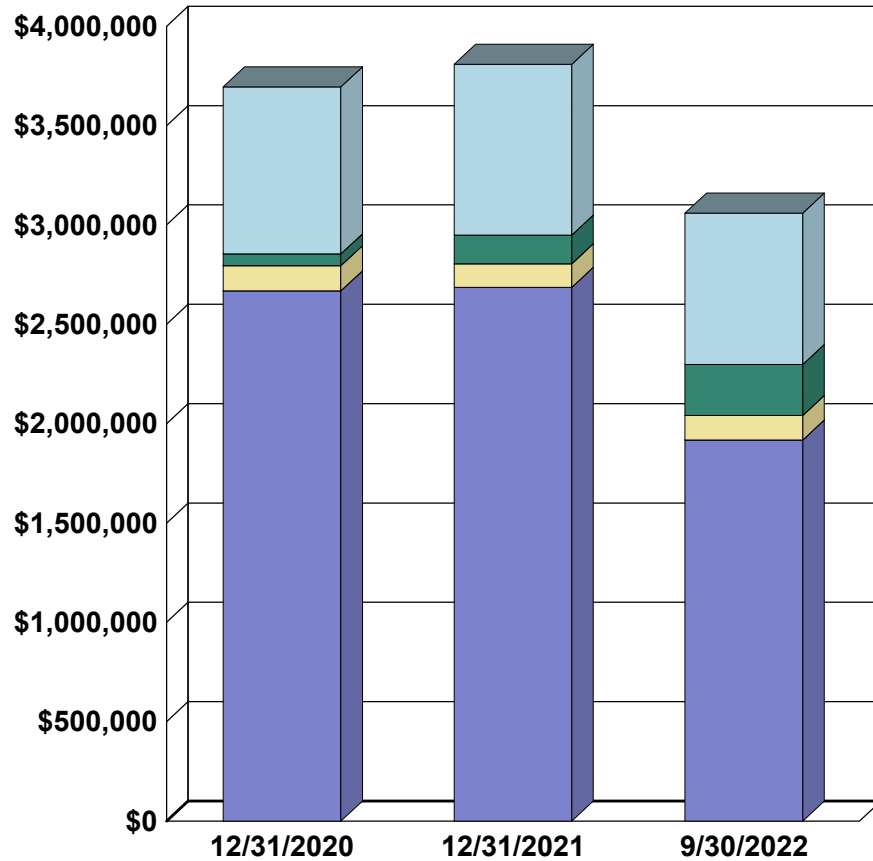
The average participant account balance for year-end 2018 was \$102,586.*

*Source: PLANSPONSOR Defined Contribution Survey, 2018, Overall Results

Contributions

Your plan's contribution amounts by money type are shown here.

Contributions by Money Type



Contribution Detail

<u>Money Type</u>	<u>01/01/2020</u> <u>to</u> <u>12/31/2020</u>	<u>01/01/2021</u> <u>to</u> <u>12/31/2021</u>	<u>01/01/2022</u> <u>to</u> <u>09/30/2022</u>
Before Tax	\$2,669,372	\$2,687,161	\$1,917,427
After Tax	\$0	\$0	\$0
Roth	\$126,607	\$118,608	\$124,093
Rollover	\$59,378	\$143,137	\$256,821
<u>Employer</u>	<u>\$840,718</u>	<u>\$860,273</u>	<u>\$761,761</u>
Total	\$3,696,074	\$3,809,179	\$3,060,102

Before Tax
 After Tax
 Roth
 Rollover
 Employer

Contribution Analysis

Asset Class	Investment Option	Contributions 01/01/2021 - 12/31/2021	% of Total	Number of Participants Contributing	Contributions 01/01/2022 - 09/30/2022	% of Total	Number of Participants Contributing
Asset Allocation	T. Rowe Price 2010 R (*)	\$150	0.00%	1	\$17	0.00%	1
	T. Rowe Price 2020 R (*)	\$63,583	1.67%	28	\$50,592	1.65%	27
	T. Rowe Price 2030 R (*)	\$432,441	11.35%	95	\$264,533	8.64%	115
	T. Rowe Price 2040 R (*)	\$201,504	5.29%	119	\$171,058	5.59%	124
	T. Rowe Price 2050 R (*)	\$265,212	6.96%	171	\$281,859	9.21%	181
	T. Rowe Price 2060 R (*)	\$111,787	2.93%	204	\$146,760	4.80%	258
		\$1,074,676	28.21%		\$914,819	29.90%	
International Fund	American Funds EuroPacific Gr R3	\$197,371	5.18%	196	\$130,193	4.25%	167
		\$197,371	5.18%		\$130,193	4.25%	
Small Cap	Eaton Vance Atlanta Capital SMID-Cap A	\$128,476	3.37%	159	\$94,202	3.08%	135
	MFS New Discovery Value Fund Class A	\$117,432	3.08%	157	\$85,195	2.78%	139
	PIMCO StockPLUS Small Institutional	\$157,610	4.14%	162	\$116,352	3.80%	143
		\$403,517	10.59%		\$295,749	9.66%	
Mid Cap	Fidelity Advisor Value A	\$108,377	2.85%	158	\$82,981	2.71%	143
	William Blair Small-Mid Cap Gr N	\$195,264	5.13%	174	\$129,163	4.22%	147
		\$303,641	7.97%		\$212,144	6.93%	
Large Cap	American Century Equity Income - A	\$109,047	2.86%	155	\$75,003	2.45%	134
	Fidelity Blue Chip Growth Fund	\$220,664	5.79%	177	\$165,431	5.41%	156
	Fidelity Multi-Asset Index Fund	\$188,260	4.94%	165	\$141,157	4.61%	141
	Glenmede Large Cap Core Port	\$15,987	0.42%	19	\$10,618	0.35%	18
	Neuberger Berman Sustainable Equity Inv	\$16,493	0.43%	10	\$10,657	0.35%	9
		\$550,451	14.45%		\$402,866	13.17%	
Bond	TCW Total Return Bond I	\$135,537	3.56%	59	\$89,654	2.93%	50
		\$135,537	3.56%		\$89,654	2.93%	
Fixed	Strategic Value Annuity (Fixed Option)	\$1,143,985	30.03%	462	\$1,014,678	33.16%	350
		\$1,143,985	30.03%		\$1,014,678	33.16%	
	Grand Total:	\$3,809,179	100.00%		\$3,060,102	100.00%	

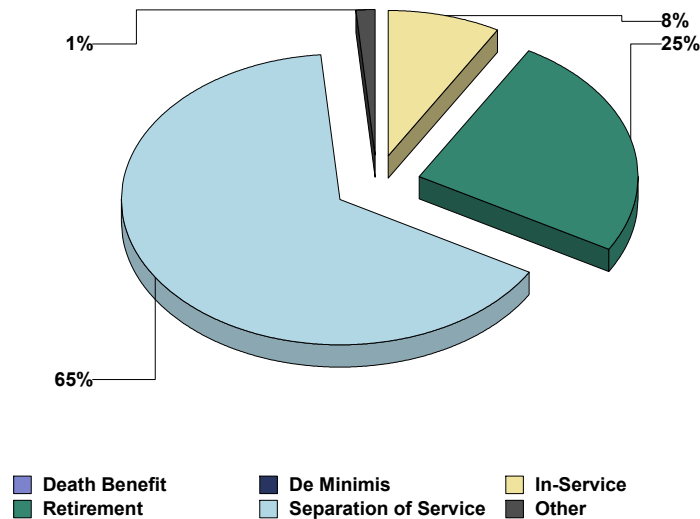
**Your plan's default investment election(s).*

Distributions

An overview of your plan's distribution activity is shown here, including distribution reasons, number of distributions and percentage of rollovers / transfers versus payment to self.

Reasons for Distribution As of 09/30/2022

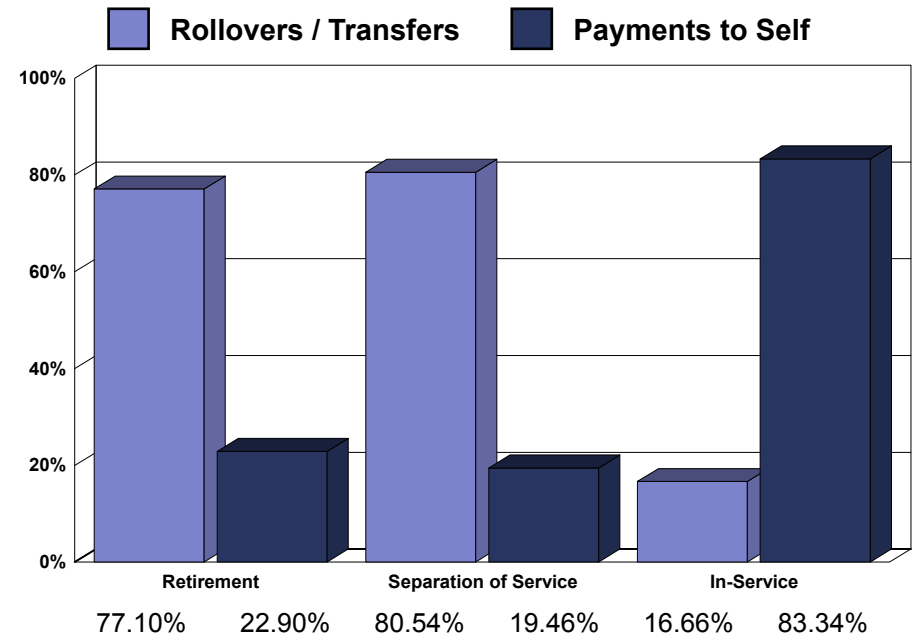
Percentages are based on dollar amount of distributions.



Comparing Common Distribution Reasons

As of 09/30/2022

Percentages are based on dollar amount of distributions.



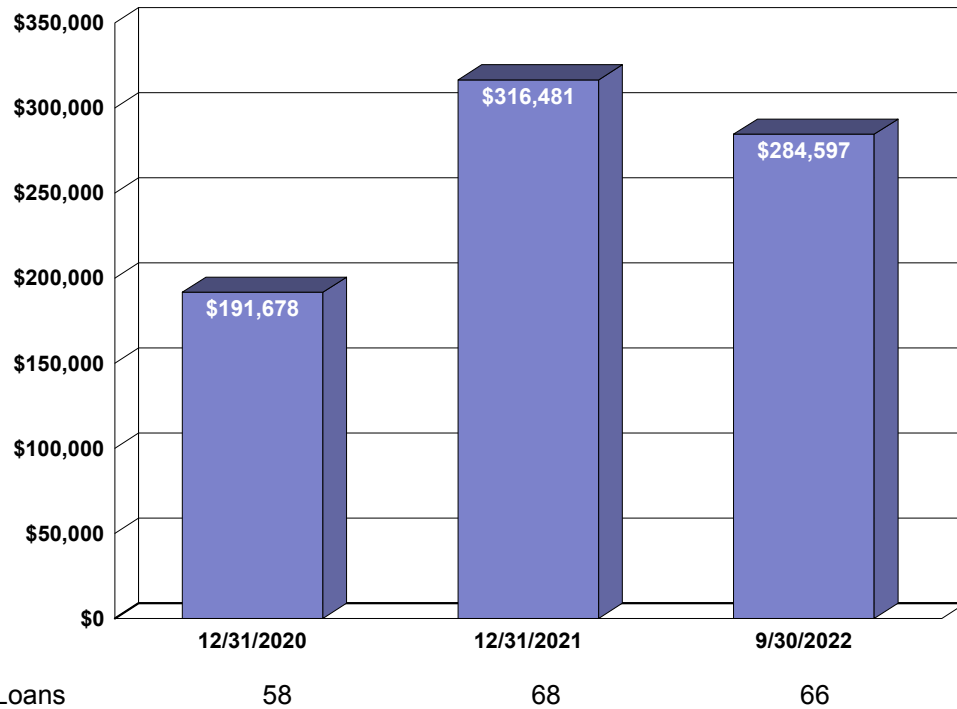
Distributions

	<u>Number</u>	<u>Amount</u>	<u>Percentage of Distribution Amounts Rolled Over / Transferred</u>
01/01/2022 to 09/30/2022	115	\$1,576,524	72.96%
01/01/2021 to 12/31/2021	433	\$3,121,062	78.39%
01/01/2020 to 12/31/2020	158	\$2,643,349	76.79%

Loans

Here is a breakdown of your plan's total outstanding loan balance, newly issued loans and loans that have defaulted during each period. The number of plan participants with loans and the average loan balance are also shown.

Total Outstanding Loan Balance



Loan Details

As of 09/30/2022, **66** participants in your plan had an outstanding loan. The average loan balance of all outstanding participant loans for your plan was **\$4,312**.

As of 09/30/2022, **4.00%** of your plan participants had an outstanding loan.

New Loans

Defaulted Loans

	<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>
01/01/2022 to 09/30/2022	11	\$70,236	3	\$9,251
01/01/2021 to 12/31/2021	21	\$196,190	3	\$6,728
01/01/2020 to 12/31/2020	14	\$86,638	4	\$6,243

Services Offered

Administrative Services	Available Today / Information	Administrative Services	Available Today / Information
Years on System	13.42	Loans Available	Yes
Online Statements	Yes	Online Loan Initiation	No
Beneficiary Recordkeeping	Yes	Loan File Feeds	Yes
Online Enrollment	Yes	Automatic Enrollment	Yes
Deferral Recordkeeping	Yes	Default Percentage	2.00%
To-Do List	No	Auto Escalation Percentage	N/A
Advisory Services	No	Auto Escalation Percentage Maximum	N/A

Glossary of Terms

Term	Description
Account Reduction Loan Balance	The total amount of all active, outstanding loans held by plan participants. Loans that have been offset or deemed as a distribution are not included.
Active Participants with Balances	Plan participants who are actively employed and have a balance.
Contributions	Amounts deposited for all money types, both regular payroll and single rollovers. Assets that are added to the plan during conversion to our recordkeeping system are not included.
Defaulted Loan	A loan that is not current on all loan assessments, which are due by the prior quarter-end; when this occurs, the loan will default as of the next quarter-end. The outstanding amount with accrued interest as of the default date will be tax-reported for the calendar year in which it defaulted.
Distributions	All full and partial withdrawals for every disbursement reason and tax reason code. In this report, the five most common distribution types are illustrated individually; any other types are combined into the “Other” category.
Eligibles	Participants who have met age and service requirements and are actively employed. The count is based upon participant information that has been transmitted to or input by the plan on the recordkeeping system.
Funds in Plan with a Balance	Count of funds or investment options within the plan’s fund lineup that have balances greater than \$0.01 are included. This includes any plan stock awaiting purchase and self-directed brokerage products, as applicable.
Loan Balance (Average)	The average of all outstanding loan balances in the plan. This includes defaulted loan balances, but does not include offset or deemed loan balances.

Glossary of Terms

Term	Description
Net Cash Flow	The plan's total contributions less total distributions. Forfeited amounts and loan balances are not included in this calculation.
Participant Balance (Average)	The average balance of all actively employed and terminated plan participants. Only participant balances that are \$0.01 or greater are included. This balance does not include any outstanding loan amounts.
Participant Contribution Amount (Average)	The total amount of plan contributions for all money types divided by the number of contributing participants, both currently employed or employed during the reporting period.
Participant Paycheck Contribution Dollar Amount (Average)	For plans that utilize our deferral recordkeeping services, this is the average amount of all dollar amount deferrals that have been established by actively employed participants for any held employee money types during the reporting period. Only participant deferral amounts that are greater than \$0.01 are included.
Participant Paycheck Contribution Percentage Rate (Average)	For plans that utilize our deferral recordkeeping services, this is the average rate of all percentage deferrals that have been established by actively employed participants for any held employee money types during the reporting period. Only participant deferral amounts that are greater than 1% are included.
Participants Contributing	The number of actively employed plan participants who have regular payroll contributions during the reporting period.

Glossary of Terms

Term	Description
Participants with Loan Balance	The number of individual plan participants who have an outstanding loan balance. This includes participants with defaulted loans, but does not include participants with offset or deemed loans.
Participation Rate	The percentage of the eligible employees participating in the plan; this figure is derived by dividing the total number of contributing participants by the total number of eligible employees. The rate is based upon participant information that is transmitted to or input by the plan on the recordkeeping system.
Payments to Self	A distribution that is taken for any qualifying reason in which the distribution proceeds are made payable directly to the participant.
Plan Asset Balance	A rollup of all contributions and deposit types, transfers in / out, interest and dividends, change in value, fees and withdrawals, and forfeiture assets.
Rollovers	A distribution that is taken for a qualifying reason in which the distribution proceeds are rolled over into an eligible plan, traditional IRA or Roth IRA.
Terminated Participants with Balances	Plan participants who are no longer employed, but have a balance.
Total Participating	The number of eligible participants actively contributing to and participating in the plan. The rate is based upon participant information that is transmitted to or input by the plan on the recordkeeping system.

Glossary of Terms

Term	Description
Total Plan Asset Balance	A rollup of all contributions and deposit types, transfers in / out, interest and dividends, changes in value, fees and withdrawals, and forfeiture assets plus the total amount of all active, outstanding participant loans.
Transfers	A distribution that is taken for a qualifying reason in which the proceeds are disbursed as a permissible plan transfer.

QUALITY COMMITTEE

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

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

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the August 1, 2022 and October 3, 2022 meetings.

II. Vision Statement

III. My Story

IV. Dashboard

V. CMS Quality Public Reporting

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 August 1, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present.

Elizabeth Galfo, M.D., Chairperson
Robert L. Jordan, Jr., C.M.
Herman A. Cole, Jr.
Billie Fitzgerald
Stan Retz, CPA
Billy Specht
Christopher Manion, M.D.
Gregory Cuculino M.D.
Kiran Modi, M.D.
George Mikitarian (non-voting)

Members absent:

Maureen Rupe, Vice Chairperson (excused)
Jerry Noffel (excused)
Ashok Shah, 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 12:05 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOVED TO APPROVE THE MAY 2, 2022 MINUTES OF THE QUALITY COMMITTEE, AS PRESENTED.

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

ACTION TAKEN: MOVED TO APPROVE THE JUNE 6, 2022 MINUTES OF THE QUALITY COMMITTEE, AS PRESENTED.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

RECOGNITION

Mr. Jordan recognized Dr. Conley for his 28 years of service at Parrish Medical Center and presented him with a plaque on behalf of the Board of Directors. Dr. Conley thanked the Board and his fellow Care Partners.

MY STORY

Mr. Loftin shared the story of Jessica and the healing experience she received through PMC Care Partner, Christine.

QUALITY DASHBOARD REVIEW

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

CITY LIAISON

The Quality Committee recessed at 12:41 p.m. and the Executive Committee convened for the purpose of the report from the City Manager. The Quality Committee resumed at 12:44 p.m.

TJC LEADERSHIP STANDARDS REVIEW

Mr. Loftin noted that COVID had a significant impact on the triannual survey which took place virtually in January 2021. PMC was previously required to participate in a one-day onsite Life Safety Survey. This survey will no longer take place and as an alternative the term for survey purposes will now end in 2023 instead of 2024.

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

OTHER

There was no other business brought before the committee.

ADJOURNMENT

There being no further business to discuss, the Quality Committee meeting adjourned at 12:56 p.m.

Elizabeth Galfo, M.D.
Chairperson

**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 October 3, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present.

Maureen Rupe
Robert L. Jordan, Jr., C.M.
Herman A. Cole, Jr.
Stan Retz, CPA
Billy Specht
Jerry Noffel (via phone)
Ashok Shah, M.D.
Christopher Manion, M.D.
George Mikitarian (non-voting)

Members absent:
Elizabeth Galfo, M.D., Chairperson (excused)
Billie Fitzgerald (excused)
Kiran Modi, M.D. (excused)
Biju Mathews, M.D., President/Medical Staff (excused)
Francisco Garcia, M.D. (excused)
Gregory Cuculino M.D. (excused)

CALL TO ORDER

Mr. Jordan called the meeting to order at 12:02 p.m.

REVIEW AND APPROVAL OF MINUTES

Mr. Jordan noted that the approval of the August 1, 2022 minutes will be tabled to the November 7, 2022 meeting due to a lack of a quorum.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

MY STORY

Mr. Loftin shared the story of Roger and his successful journey with the PMC Sleep Center.

QUALITY DASHBOARD REVIEW

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

TJC LEADERSHIP STANDARDS REVIEW CONTINUED

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

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



Healing Families – Healing Communities®

parrishhealthcare.com

Board of Directors

Quality Committee Presentation



Healing Families – Healing Communities®

parrishhealthcare.com

Quality Agenda

December 5, 2022

1. Approval of Minutes
2. Vision Statement
3. My Story
4. Dashboard
5. CMS Quality Public Reporting
6. Other
7. Executive Session

Quality Committee

Vision Statement

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



Healing Families – Healing Communities®

parrishhealthcare.com

My Story



Healing Families – Healing Communities®

parrishhealthcare.com

Dashboard



Healing Families – Healing Communities®

parrishhealthcare.com

Performance dashboard

Description	Definition	Sep	Jul-Sep	Opportunity
Stroke	Stroke management compliance	100%	85.6%	Goal: 100%
Sepsis	Severe Sepsis and Septic Shock Management bundle compliance	39%	52%	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	0.28	Goal: 0
Readmission	All cause 30 day readmissions	7.9%	9.97%	Goal: 8.0%
Person Centered flow	Inpatient and outpatient emergency department throughput	472	462	164 *weighted goal

Public Reporting Results



Healing Families – Healing Communities®

parrishhealthcare.com

Patient Safety Indicators (PSI)

What?

- PSIs provide information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care.

Composite Measure- PSI 90

Individual Measures

- PSI 03 Pressure Ulcer Rate
- PSI 06 Iatrogenic Pneumothorax Rate
- PSI 08 In-Hospital Fall with Hip Fracture Rate
- PSI 09 Perioperative Hemorrhage or Hematoma Rate
- PSI 10 Post-Operative Acute Kidney Injury Requiring Dialysis Rate
- PSI 11 Postoperative Respiratory Failure Rate
- PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- PSI 13 Postoperative Sepsis Rate
- PSI 14 Postoperative Wound Dehiscence Rate
- PSI 15 Unrecognized Accidental Puncture or Laceration Rate

Goal is 1 or less

PMC past score

- 2020- 1.57
- 2021- 1.53

Patient Safety Indicators (PSI)

How Measured?

- PSIs are determined using claims based data from coding the individual medical record (Physician Documentation) after a patient has been discharged

Patient Safety Indicators (PSI)

When?

- Frequency of data releases-Annual
- Omissions-July 2022 data was not released and included the reporting time period of 3rd Quarter CY2019-2nd Quarter CY 2021

PSIs and Public Reporting

Included in:

1. Hospital-Acquired Condition Reduction Program
2. Hospital Compare Public Reporting
3. Leapfrog
4. Star Ratings
5. Value Based Purchasing

Call to action 2019

Time to put PI plans into place

Who-

- All Clinical Care partners
- HIM/Coding Care partners
- Quality Care partners

Results to date:

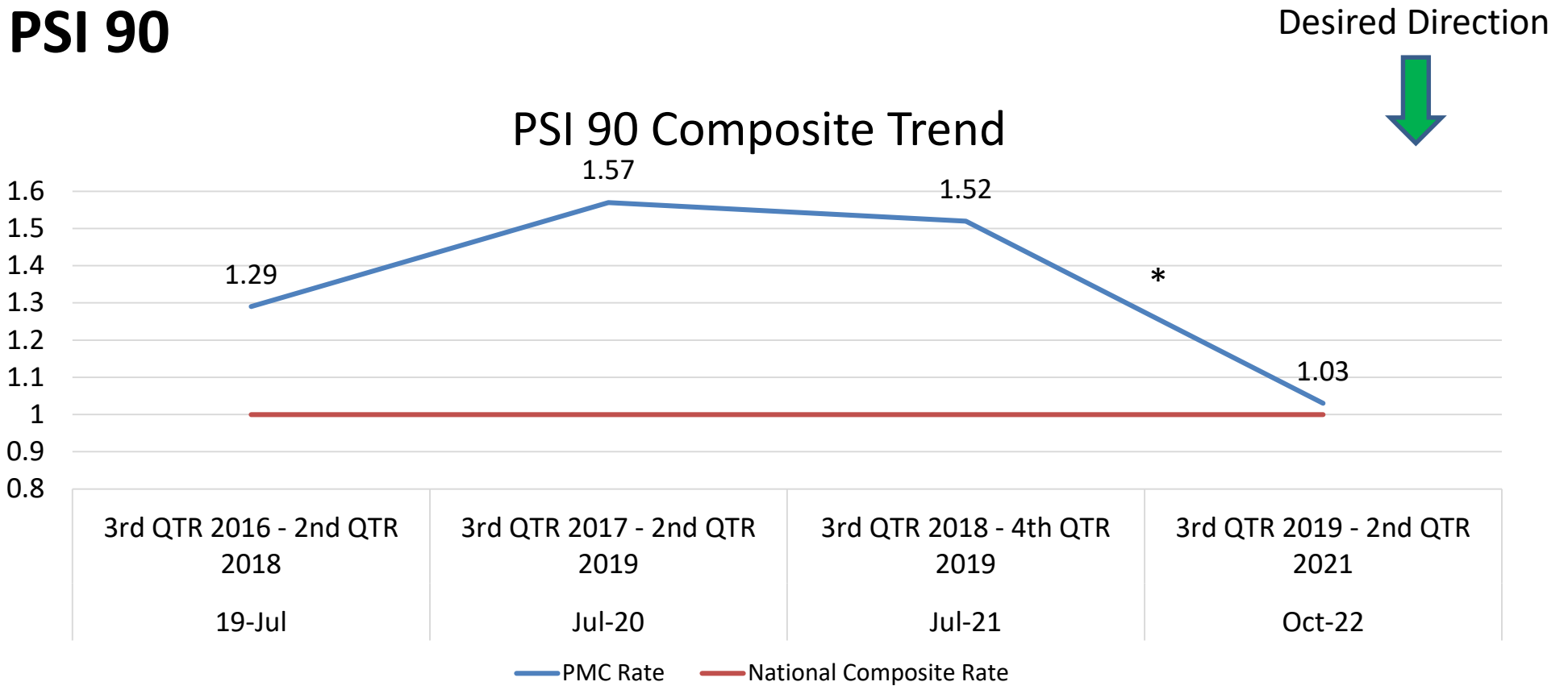


Healing Families – Healing Communities®

parrishhealthcare.com

Composite-Patient Safety and Adverse Events

PSI 90



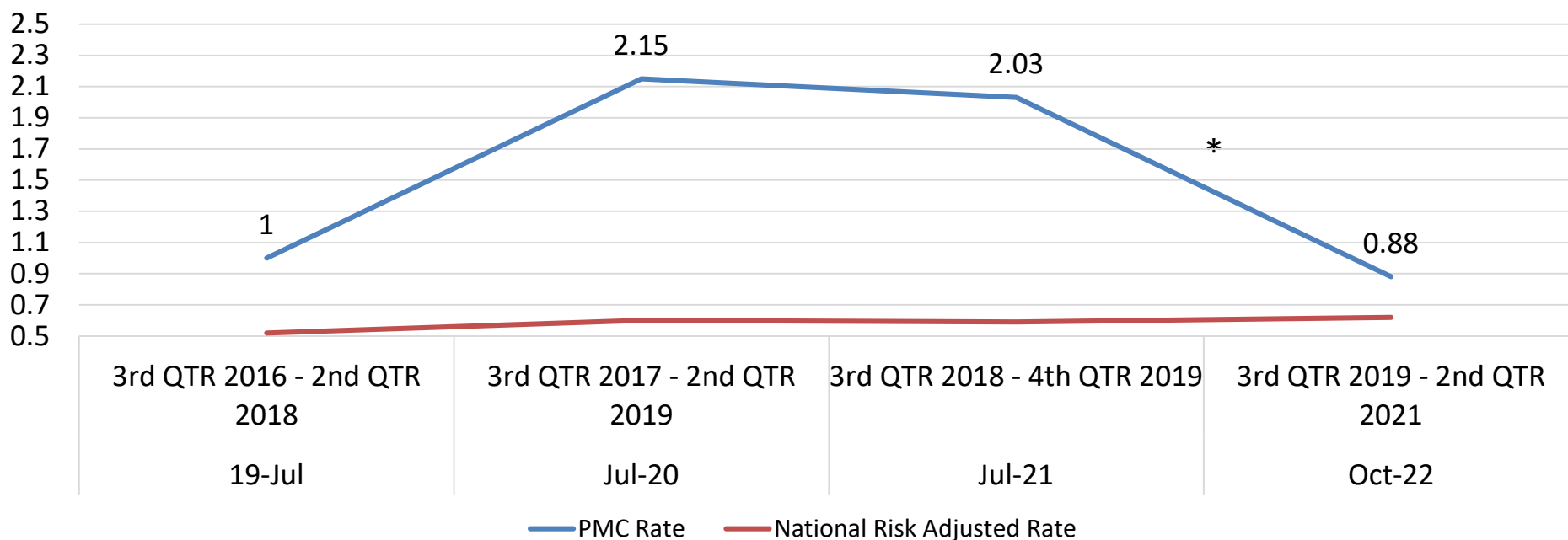
Pressure ulcer

PSI 3

Desired Direction



PSI 3 Pressure Ulcer Rate



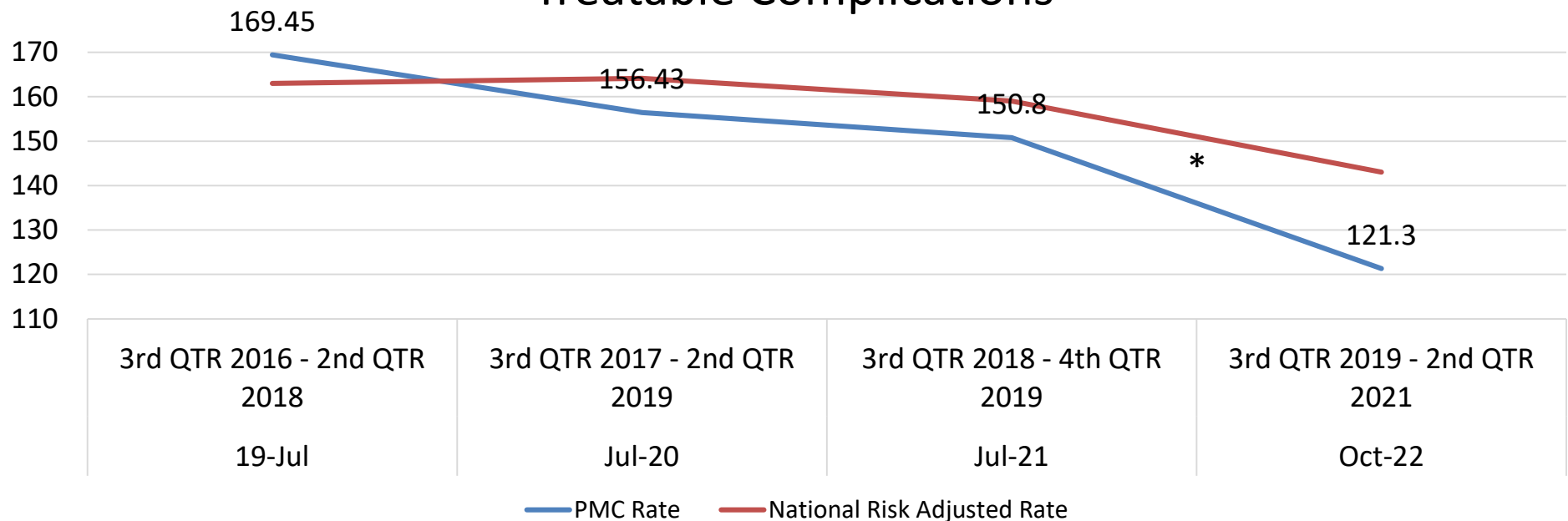
Death among surgical inpatients with serious treatable complications

PSI 4

Desired Direction



PSI 4 Death Among Surgical Inpatients with Serious Treatable Complications



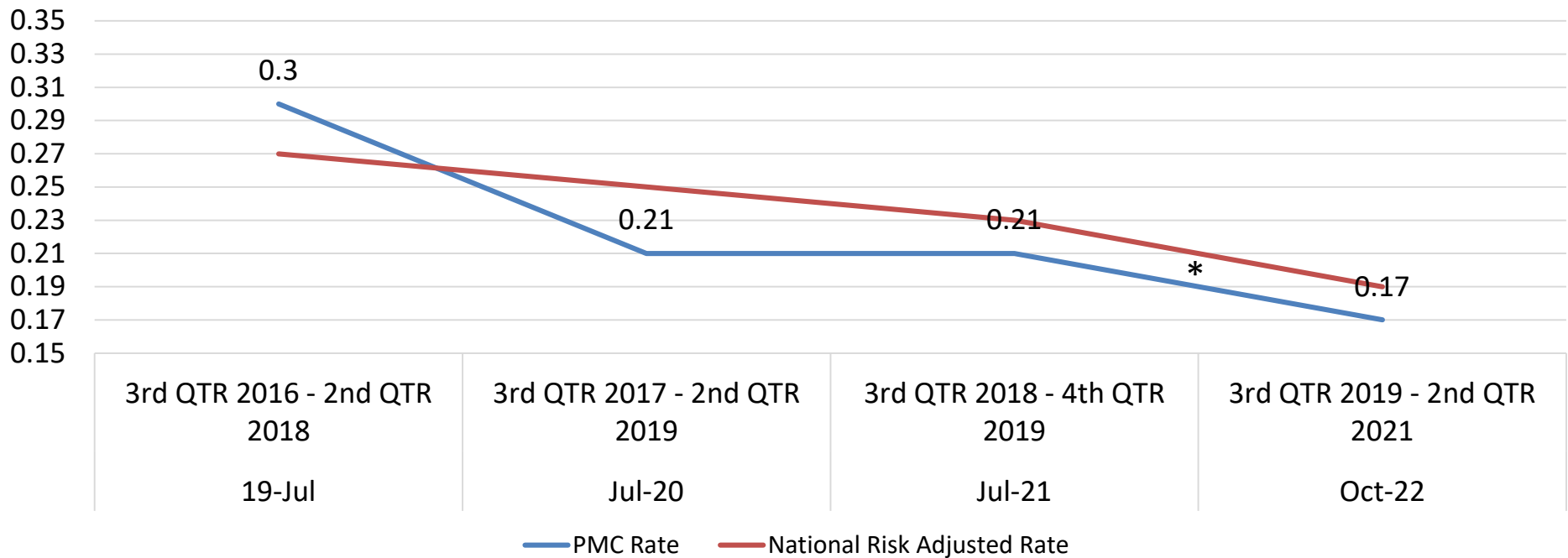
Iatrogenic pneumothorax

PSI 6

Desired Direction



PSI 6 Iatrogenic Pneumothorax



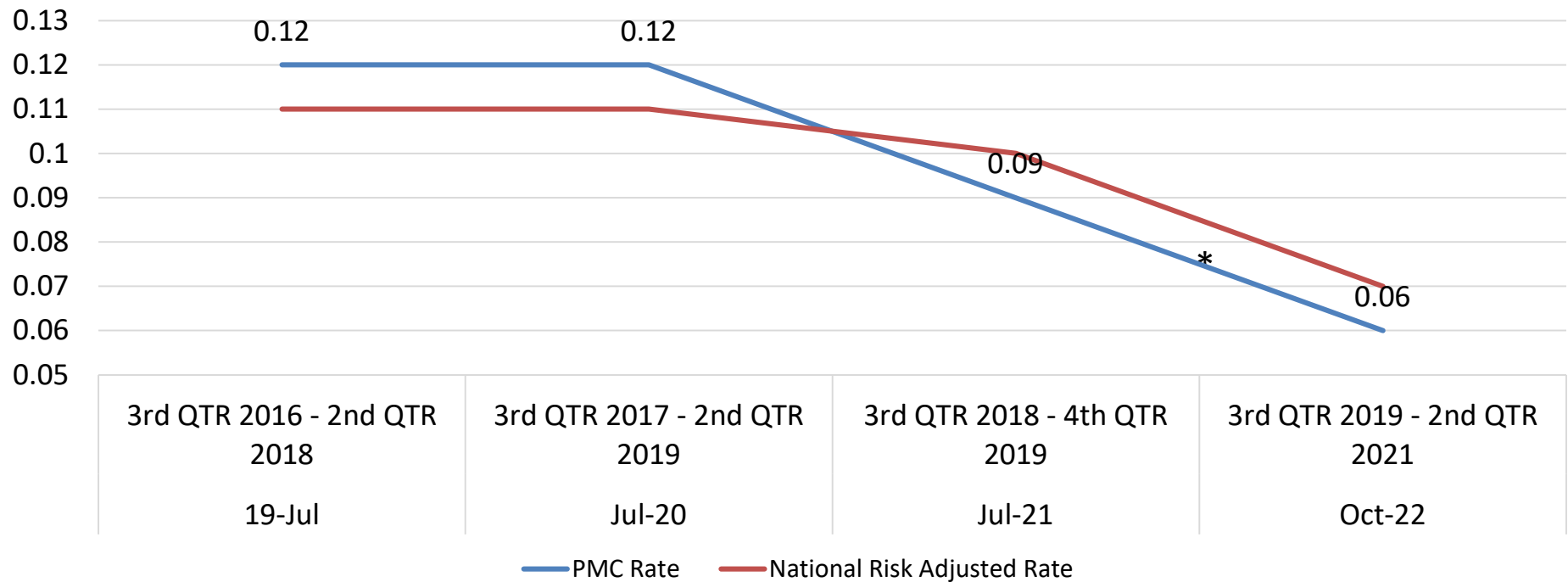
In hospital fall with hip fracture

PSI 8

Desired Direction



PSI 8 In hospital fall with hip fracture



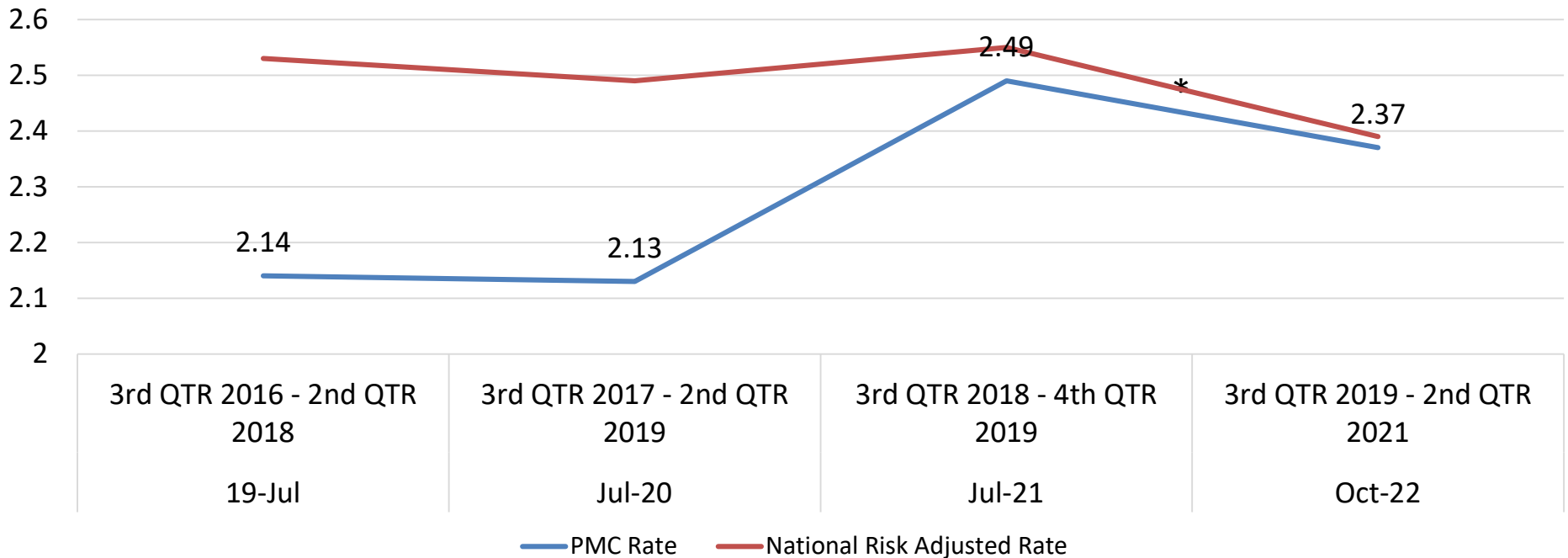
Postoperative hemorrhage or hematoma

PSI 9

Desired Direction



PSI 9 Postoperative hemorrhage or hematoma

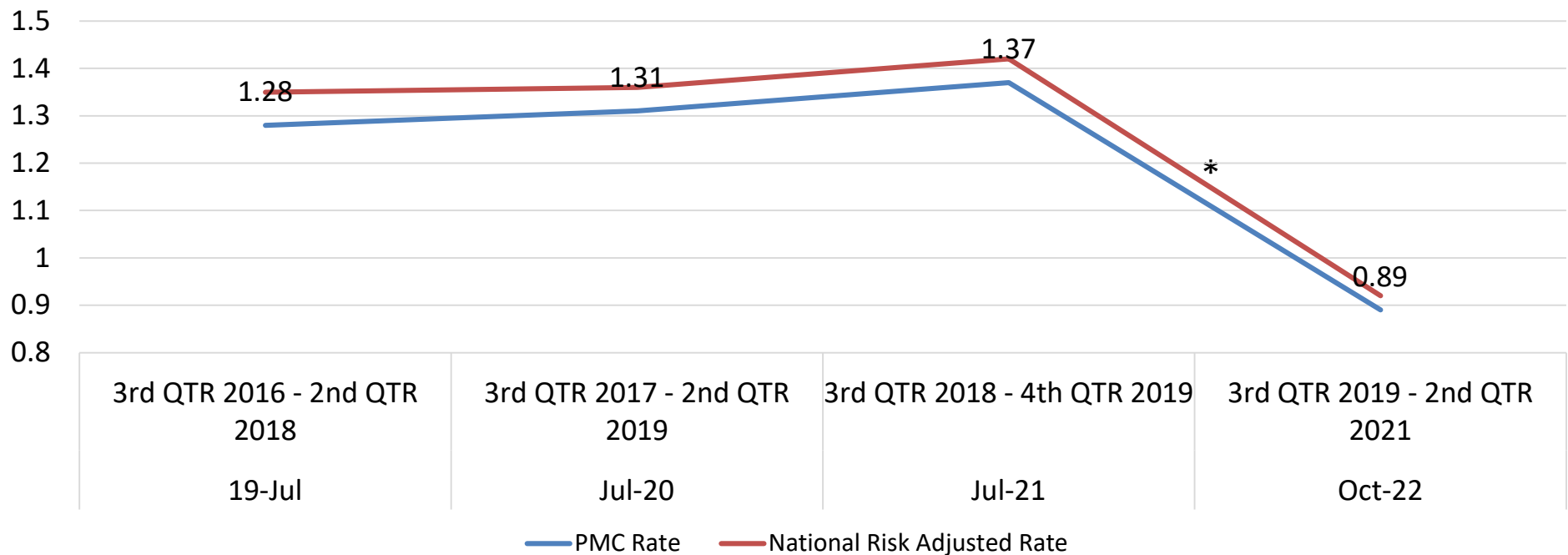


Postoperative acute kidney injury requiring dialysis

PSI 10

Desired Direction


PSI 10 Postoperative acute kidney injury requiring dialysis



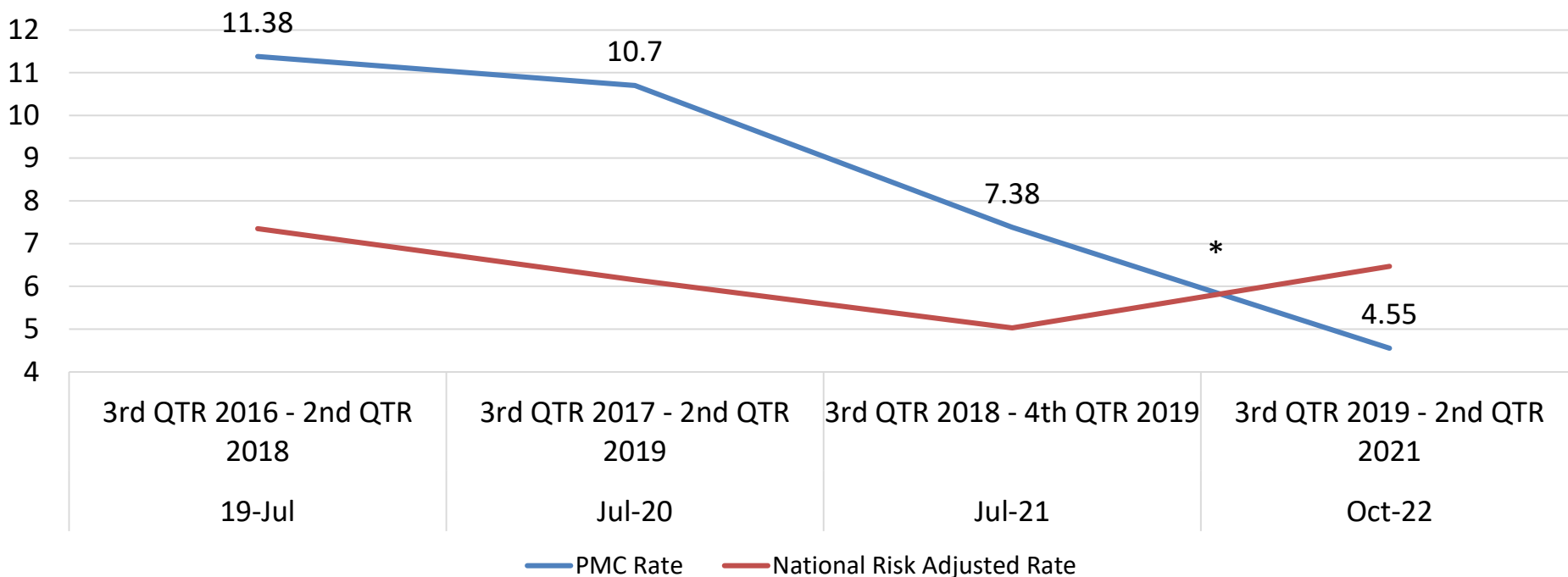
Postoperative Respiratory Failure

PSI 11

Desired Direction



PSI 11 Postoperative Respiratory Failure



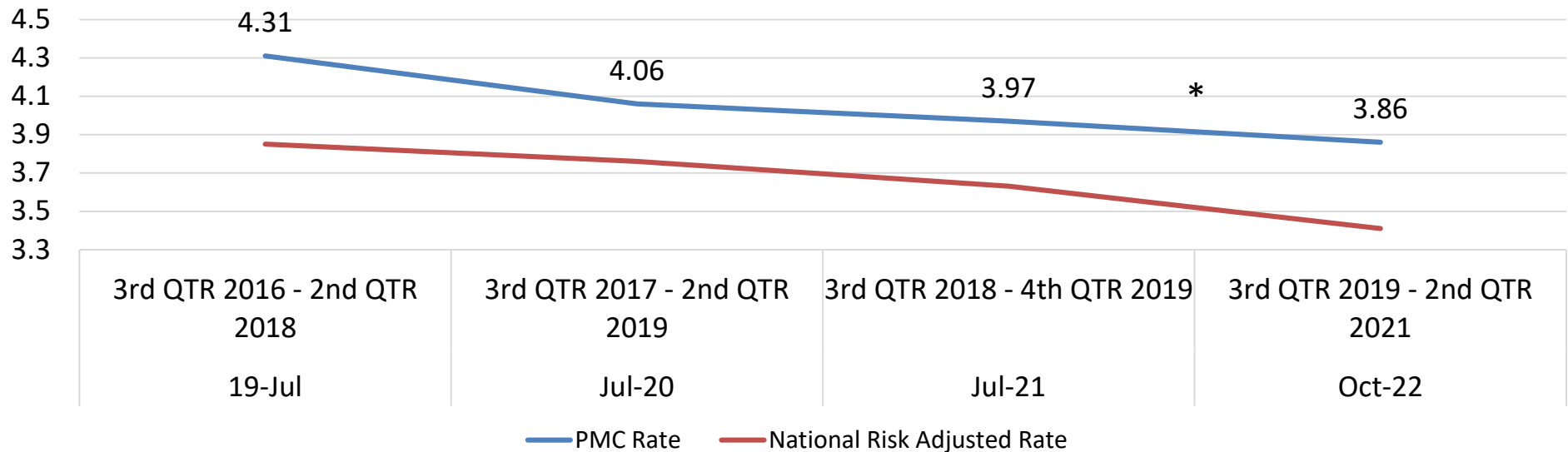
Perioperative Pulmonary Embolism or Deep Vein Thrombosis

PSI 12

Desired Direction



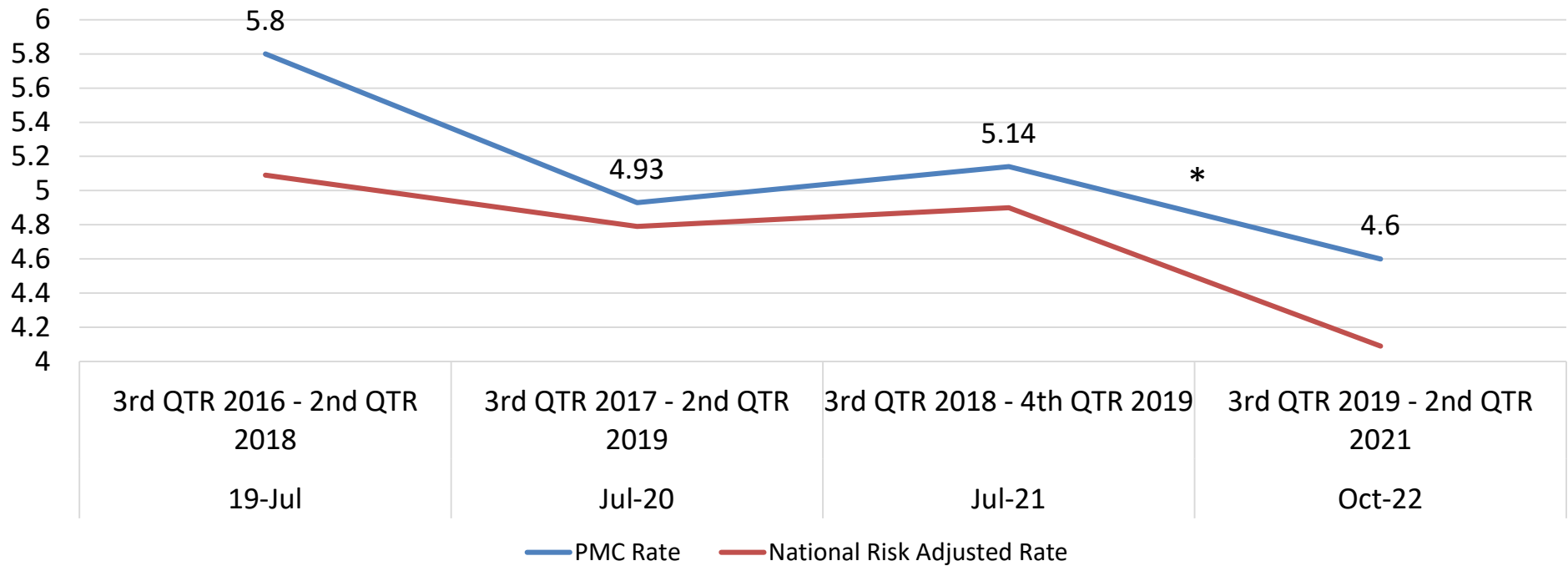
PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis



Postoperative Sepsis Rate

PSI 13

PSI 13 Postoperative Sepsis Rate



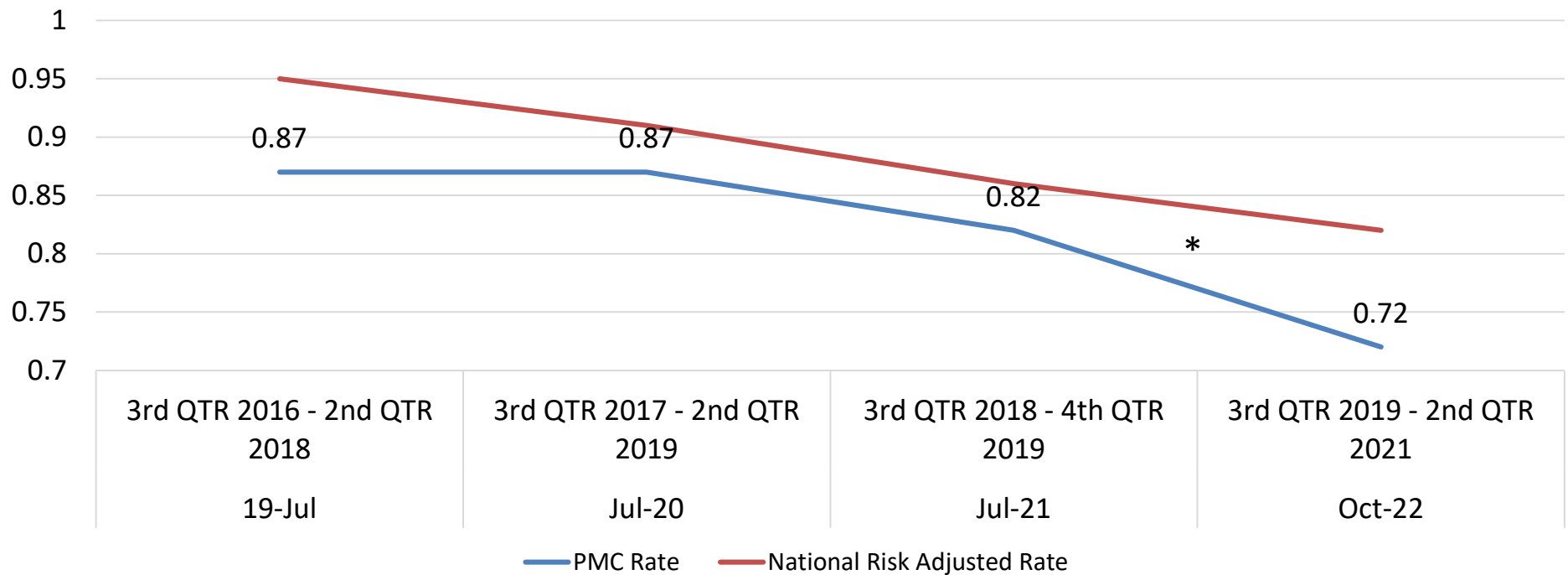
Postoperative Wound Dehiscence

PSI 14

Desired Direction



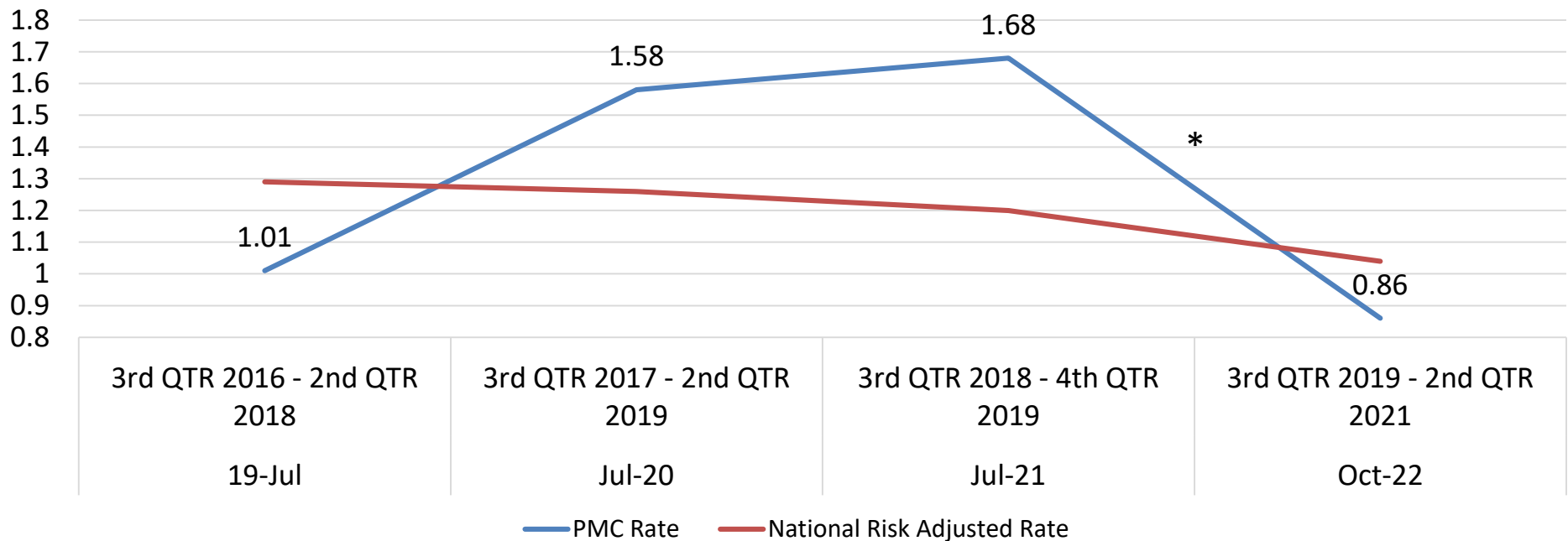
PSI 14 Postoperative Wound Dehiscence



Abdominopelvic Accidental Puncture or Laceration Rate

PSI 15

PSI 15 Abdominopelvic Accidental Puncture or Laceration



How?

- Coding software notifies Clinical Documentation of potential chart meeting PSI criteria
- Clinical Documentation submits a ticket to Quality to review chart
- Quality reviews charts weekly for quality of care concerns and documentation
- Approved for final coding and billing

Questions?



Healing Families – Healing Communities®

parrishhealthcare.com

FINANCE COMMITTEE

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

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

CALL TO ORDER

- I. Approval of minutes.

Motion: To recommend approval of the October 3, 2022 meeting.

- II. Public Comments

- III. Financial Review – Ms. Penick

- IV. Pension Membership Renewal for Stan Retz

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

- V. TD Bank Signer's Resolution – Ms. Penick

Motion to recommend the Board of Directors approve the Signer's Resolution of the Board of Directors of North Brevard County Hospital District for TD Bank and designating authorized signers as presented.

- VI. FY23 Capital Budget Request | MRI Lease Buyout – Mr. Loftin

Motion to recommend the Board of Directors to approve the buyout of the MRI Lease at Titus Landing at fair market value (FMV), at a total cost not to exceed the amount of \$239,181.

- VII. Disposal

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

- VIII. Executive Session (if necessary)

ADJOURNMENT

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

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 October 3, 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.
Billy Specht
Maureen Rupe
Jerry Noffel (via phone)
Ashok Shah, M.D.
Biju Mathews, M.D. (12:42 p.m.)
Christopher Manion, M.D.
George Mikitarian (non-voting)

Member(s) Absent:

Billie Fitzgerald (excused)
Elizabeth Galfo, M.D. (excused)

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

CALL TO ORDER

Mr. Cole called the meeting to order at 12:34 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Retz seconded by Dr. Shah and approved (7 ayes, 0 nays, 0 abstentions). Dr. Mathews was not present at the time the vote was taken.

ACTION TAKEN: MOVED THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE AUGUST 1, 2022 MEETING MINUTES OF THE FINANCE COMMITTEE, AS PRESENTED.

PUBLIC COMMENTS

There were no public comments.

FINANCIAL REVIEW

Mr. Bacon summarized the August financial statements of the North Brevard County Hospital District and the year to date financial performance of the Health System. Mr. Bacon reviewed actions taken to reduce expenses.

FY 2023 CAPITAL BUDGET

Mr. Bacon summarized the memo contained in the agenda packet concerning the FY 2023 Capital Budget. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Rupe and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOVED THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE FY 2023 CAPITAL BUDGET IN THE AMOUNT OF \$2,000,000.00.

DISPOSALS

Obsolete and surplus property as specified in the Board materials was presented to the Finance Committee for disposal. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Shah and approved (7 ayes, 0 nays, 0 abstentions).

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

OTHER

Mr. Mikitarian noted that the capital presented today is of a routine nature, adding that there will be future capital items to come before the committee as part of a proforma profit and loss statement, related to new programs and services.

ADJOURNMENT

There being no further business to discuss, the Finance Committee meeting adjourned at 12:42 p.m.

Herman A. Cole, Jr.
Chairman

North Brevard County Hospital District d/b/a Parrish Medical Center
Signer's Resolution

The undersigned, the duly elected and qualified secretary of the North Brevard County Hospital District dba Parrish Medical Center, a 501(c)(3) corporation (hereinafter referred to as the "Corporation"), hereby certifies that the following Resolutions were duly adopted by the Board of Directors of said Corporation, said Resolutions having been adopted on the 5th day of December, 2022, and that said Resolutions have not been modified or rescinded and are still in full force and effect as of the date hereof.

RESOLVED, that the Board of Directors of North Brevard County Hospital District dba Parrish Medical Center hereby appoints TD Bank, N.A. (hereinafter referred to as the "Bank") Custodian of certain financial assets of the Corporation; and

FURTHER RESOLVED, that the persons designated below are hereby authorized and empowered to take such actions and to execute and deliver such documents as may be necessary to discharge the Corporation's obligations with respect to the appointment of the Bank as Custodian and with respect to issuing instructions to enable the Bank to discharge its obligations as Custodian of the Corporation's assets:

Printed Name	Title	Signature
<u>George Mikitarian</u>	<u>President/CEO</u>	_____
<u>Robert L. Jordan, Jr., C.M.</u>	<u>Board Chairman</u>	_____
<u>Elizabeth Galfo, M.D.</u>	<u>Board Secretary</u>	_____

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the _____ day of _____, 20__.

Printed Name: Elizabeth Galfo, M.D.
Title: Board Secretary

STATE OF _____
COUNTY OF _____, ss.

Personally appeared the above-named _____, the Secretary of _____, who made oath that the foregoing Certificate by him/her subscribed is true.

Printed Name:
Notary Public/Attorney at Law



MEMORANDUM

To: Finance Committee

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

Subject: FY23 Capital Budget Request – MRI Lease Buyout

Date: November 28, 2022

This request is for the budgeted capital lease buyout of the Magnetic Resonance Imager (MRI) at Titus Landing.

The commencement of this lease was February 16, 2018 for a term of sixty (60) months. A full assessment of this equipment was recently performed with considerations given to the equipment quality, service and cost. Representatives from the Diagnostic Imaging, Clinical Engineering, Finance, Administration, and more have been involved in the analysis, evaluation, and the decision.

Based on these considerations, at this time, we are requesting your approval to buyout the lease of the MRI at Titus Landing.

Motion: To recommend to the Board of Directors to approve the buyout of the MRI Lease at Titus Landing at fair market value (FMV), at a total cost not to exceed the amount of \$239,181.

RTH 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.

KN Number	Asset Description	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. No.
KN028707	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC00162	Oboslete	0.00	1.333
KN028807	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC00246	Oboslete	0.00	1.467
KN028709	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC00457	For Exchange	0.00	1.381
KN028711	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC00545	For Exchange	0.00	1.316
KN028715	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC00702	For Exchange	0.00	1.427
KN029200	LIFEPAK 20 DEFIBRILATOR	2/11/2009	9,390.25	PMC00708	For Exchange	0.00	1.427
KN028700	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC00771	For Exchange	0.00	1.356
KN028704	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC00812	For Exchange	0.00	1.336
KN028702	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC00925	For Exchange	0.00	1.351
KN028706	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01209	For Exchange	0.00	1.352
KN028712	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01281	For Exchange	0.00	1.464
KN028703	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01327	For Exchange	0.00	1.483
KN028699	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01344	For Exchange	0.00	1.312
KN028696	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01354	For Exchange	0.00	1.342
KN028693	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01390	For Exchange	0.00	1.381
KN028698	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01408	For Exchange	0.00	1.381
KN028710	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01500	For Exchange	0.00	1.421
KN028701	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01511	For Exchange	0.00	1.333
KN028698	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01608	For Exchange	0.00	1.381
KN028691	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01634	For Exchange	0.00	1.342
KN028708	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01638	For Exchange	0.00	1.381
KN028705	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01766	For Exchange	0.00	1.429
KN028714	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC01803	For Exchange	0.00	1.356
KN028694	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC02022	For Exchange	0.00	1.314
KN028692	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC02058	For Exchange	0.00	1.344
KN028695	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC02162	For Exchange	0.00	1.344
KN028716	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC02236	For Exchange	0.00	1.467
KN028808	LIFEPAK 20 DEFIBRILATOR	12/13/2006	7,900.74	PMC03265	For Exchange	0.00	1.319
KN029555	LIFEPAK 20 DEFIBRILATOR	4/15/2009	9,409.25	PMC03701	For Exchange	0.00	1.42
KN028713	LIFEPAK 20 DEFIBRILATOR	12/13/2006	5,892.50	PMC04181	For Exchange	0.00	1.781
KN029570	LIFEPAK 20 DEFIBRILATOR	6/21/2010	9,409.25	PMC04192	For Exchange	0.00	1.427
KN029881	LIFEPAK 20 DEFIBRILATOR	7/1/2011	9,409.25	PMC06153	For Exchange	0.00	1.466

Requesting Department

Net Book Value (Finance)

6.1 Frantz 11/22/22

Sr. VP Finance/CFO

Board Approval: (Date)

Requestor Notified Finance

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Department Director

Marcus [Signature] 9/21/22

EMC Member

[Signature] 9.26.2022

President/CEO

(CFO Signature)

[Signature]

Asset #	KN#	SN#	Fedex tracking number
PMC00162	KN028707	34618129	7779 2393 9320
PMC00246	KN028807	34635659	7779 2392 8070
PMC00457	KN028709	34635665	7779 2392 8595
PMC00545	KN028711	34635652	7779 2393 9283
PMC00702	KN028715	34635679	7779 2393 9434
PMC00708	KN029200	37593260	7779 2392 7452
PMC00771	KN028700	34632639	7779 2394 0173
PMC00812	KN028704	34632625	7779 2392 7989
PMC00925	KN028702	34619625	7779 2392 8790
PMC01209	KN028706	34635660	7779 2392 8426
PMC01281	KN028712	34632619	7779 2392 7452
PMC01327	KN028703	34632612	7779 2392 8426
PMC01344	KN028699	34635657	7779 2392 8665
PMC01354	KN028696	34619626	7779 2392 7989
PMC01390	KN028693	34632635	7779 2392 8161
PMC01408	KN028698	34632643	7779 2393 8070
PMC01500	KN028710	34635670	7779 2393 9434
PMC01511	KN028701	34632642	7779 2393 9320
PMC01608	KN028698	34635654	7779 2393 9401
PMC01634	KN028691	34632617	7779 2392 6971
PMC01638	KN028708	34635711	7779 2392 8790
PMC01766	KN028705	34635663	7779 2392 8161
PMC01803	KN028714	34635662	7779 2393 8910
PMC02022	KN028694	34635666	7779 2393 9283
PMC02058	KN028692	34635658	7779 2393 8910
PMC02162	KN028695	34635653	7779 2393 9401
PMC02236	KN028716	34635677	7779 2392 6971
PMC03265	KN028808	34632648	7779 2392 8595
PMC03701	KN029555	37801792	7779 2392 9010
PMC04181	KN028713	30421507	7779 2392 9010
PMC04192	KN029570	37801813	7779 2394 0173
None	KN029881	37805361	7779 2392 8665

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028691 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028716 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: 1.312 1 MED/TELEMETRY								
KN028699	LIFEPAK 20 DEFIBRILLATOR (CE#03568)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							-----	-----
							7900.74	0.00
DEPARTMENT: 1.314 1 MED/ONCOLOGY								
KN028694	LIFEPAK 20 DEFIBRILLATOR (CE#03561)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							-----	-----
							7900.74	0.00
DEPARTMENT: 1.316 1 ORTHO/SURG/PEDS								
KN028711	LIFEPAK 20 DEFIBRILLATOR (CE#03585)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							-----	-----
							7900.74	0.00
DEPARTMENT: 1.333 1 WOMENS CENTER								
KN028701	LIFEPAK 20 DEFIBRILLATOR (CE#03570)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
KN028707	LIFEPAK 20 DEFIBRILLATOR (CE#03578)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							-----	-----
							15801.48	0.00
DEPARTMENT: 1.342 1 ICU 2ND								
KN028691	LIFEPAK 20 DEFIBRILLATOR (CE#03564)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
KN028696	LIFEPAK 20 DEFIBRILLATOR (CE#03565)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							-----	-----
							15801.48	0.00
DEPARTMENT: 1.344 1 HEMODIALYSIS								
KN028692	LIFEPAK 20 DEFIBRILLATOR (CE#03563)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							-----	-----
							7900.74	0.00
DEPARTMENT: 1.351 1 O R								
KN028702	LIFEPAK 20 DEFIBRILLATOR (CE#03571)		ACTIVE	02/09/07	12/13/06		7900.74	0.00

DATE: 11/22/22 @ 1646
 USER: FRANZAL

Parrish Medical Center FA *Live*
 CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028691 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028716 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
							7900.74	0.00
DEPARTMENT: 1.352 1 GI								
KN028706	LIFEPAK 20 DEFIBRILLATOR		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							7900.74	0.00
DEPARTMENT: 1.356 1 PACU(RR)								
KN028700	LIFEPAK 20 DEFIBRILLATOR (CE#03569)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
KN028714	LIFEPAK 20 DEFIBRILLATOR (CE#03573)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							15801.48	0.00
DEPARTMENT: 1.381 1 ER DEPT								
KN028693	LIFEPAK 20 DEFIBRILLATOR (CE#03562)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
KN028698	LIFEPAK 20 DEFIBRILLATOR (CE#03567)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
KN028708	LIFEPAK 20 DEFIBRILLATOR (CE#03580)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
KN028709	LIFEPAK 20 DEFIBRILLATOR (CE#03579)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							31602.96	0.00
DEPARTMENT: 1.421 1 RADIOLOGY								
KN028710	LIFEPAK 20 DEFIBRILLATOR (CE#03584)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							7900.74	0.00
DEPARTMENT: 1.427 1 DIAG C/PSJ								
KN028715	LIFEPAK 20 DEFIBRILLATOR (CE#03574)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							7900.74	0.00
DEPARTMENT: 1.429 1 MRI								
KN028705	LIFEPAK 20 DEFIBRILLATOR (CE#03583)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							7900.74	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028691 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028716 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								
KN028712	LIFEPAK 20 DEFIBRILLATOR (CE#03586)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							-----	-----
							7900.74	0.00
DEPARTMENT: 1.467 1 CATH LAB								
KN028697	LIFEPAK 20 DEFIBRILLATOR (CE#03566)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
KN028716	LIFEPAK 20 DEFIBRILLATOR (CE#03575)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							-----	-----
							15801.48	0.00
DEPARTMENT: 1.781 1 EDUCATION								
KN028713	ACLS LIFEPAK 20 DEFIBRILLATOR (CE#03572)		ACTIVE	02/09/07	12/13/06		5892.50	0.00
							-----	-----
							5892.50	0.00
TOTAL FOR CLASS:							179708.78	0.00

DATE: 11/22/22 @ 1646
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028691 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028716 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-PT/H&F MOVABLE EQUIP-PT H&F OPERATING

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.483 1 CARDIAC REHAB								
KN028703	LIFEPAK 20 DEFIBRILLATOR (CE#03581)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							-----	-----
							7900.74	0.00
							TOTAL FOR CLASS:	7900.74 0.00

DATE: 11/22/22 @ 1648
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028807 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028807 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: 1.467 1 CATH LAB								
KN028807	LIFEPAK 20 DEFIBRILLATOR (CE#03769)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							7900.74	0.00
TOTAL FOR CLASS:							7900.74	0.00

DATE: 11/22/22 @ 1649
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN029200 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN029200 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-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.427 1 DIAG C/PSJ								
KN029200	LIFEPAK DEFIB		ACTIVE	03/05/09	02/11/09		9390.25	0.00
							-----	-----
							9390.25	0.00
TOTAL FOR CLASS:							9390.25	0.00

DATE: 11/22/22 @ 1650
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028808 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028808 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: 1.319 1 WOUND CARE								
KN028808	LIFEPAK 20 DEFIBRILLATOR (CE#03770)		ACTIVE	02/09/07	12/13/06		7900.74	0.00
							----- 7900.74	0.00
TOTAL FOR CLASS:							7900.74	0.00

DATE: 11/22/22 @ 1652
USER: FRANZAL

Parrish Medical Center FA *Live*
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN029555 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN029555 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-NBMRI MOVEABLE EQUIPMENT NORTH BREVARD MRI

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	RET TYPE	RET TYPE DATE	COST	BOOK
DEPARTMENT: 1.420 1 N BREVARD MRI										
KN029555	LIFEPAK 20 DEFIBRILATORS		RETIRED	09/25/14	04/15/09	09/25/14	OBSOL	09/25/14	9409.25	0.00
									----- 9409.25	----- 0.00
TOTAL FOR CLASS:									9409.25	0.00

DATE: 11/22/22 @ 1653
 USER: FRANZAL

Parrish Medical Center FA *Live*
 CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN029570 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN029570 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-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	RET TYPE	RET. TYPE DATE	COST	BOOK
DEPARTMENT: 1.427 1 DIAG C/PSJ										
KN029570	LIFEPAK 20 - DEFIBRILATOR W/ MONITOR (CE#0523)		RETIRED	12/07/15	06/21/10	12/07/15	OBSOL	12/07/15	9409.25	0.00
									9409.25	0.00
TOTAL FOR CLASS:									9409.25	0.00

DATE: 11/22/22 @ 1654
 USER: FRANZAL

Parrish Medical Center FA *Live*
 CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN029881 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN029881 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-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	RET TYPE	RET TYPE DATE	COST	BOOK
DEPARTMENT: 1.466 1 NEURODIAGNOSITCS										
KN029881	LIFEPACK 20 DEFIBRILATOR		RETIRED	10/21/21	07/01/11	10/04/21	OBSOL	10/04/21	9409.25	0.00
									----- 9409.25	----- 0.00
TOTAL FOR CLASS:									9409.25	0.00



Healing Families – Healing Communities®

parrishmed.com

Finance Committee

FYTD October 31, 2022 – Performance Dashboard

Indicator	FYTD 2023 Actual	FYTD 2023 Budget	FYTD 2022 Actual
IP Admissions	385	435	348
LOS	4.7	4.7	6.0
Surgical Cases	438	496	393
ED Visits	2,503	2,595	2,293
OP Volumes	6,763	6,830	6,672
Hospital Margin %	-3.63%	10.16%	-6.62%
Investment Income \$	\$2.3 Million	\$0.3 Million	\$2.2 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, DECEMBER 5, 2022
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes

Motion to approve the minutes of the October 3, 2022 meeting.

- II. Reading of the Huddle

- III. Attorney Report – Mr. Boyles

A. EMS/County Update

- IV. Other

- V. Executive Session (if needed)

ADJOURNMENT

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

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

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

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

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

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

Members Absent:

Elizabeth Galfo, M.D. (excused)

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

CALL TO ORDER

Mr. Retz called the meeting to order at 12:43 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOVED TO APPROVE THE AUGUST 1, 2022 MEETING MINUTES OF THE EXECUTIVE COMMITTEE OF THE BOARD, AS PRESENTED.

READING OF THE HUDDLE

Mr. Cole read the Weekly Huddle.

ATTORNEY REPORT

No Attorney report was presented

OTHER

Mr. Mikitarian shared that Administration received notice that there are several foundations offering support to healthcare workers that suffered property damage from hurricane Ian, adding that this information will be shared with Care Partners.

EXECUTIVE COMMITTEE
OCTOBER 3, 2022
PAGE 2

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 12:49 p.m.

Stan Retz, CPA
Chairman

RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT INITIATING INTERGOVERNMENTAL CONFLICT RESOLUTION PROCEDURES PURSUANT TO CHAPTER 164 OF THE FLORIDA STATUTES WITH BREVARD COUNTY TO RESOLVE THE CONFLICT OVER EMERGENCY MEDICAL TRANSPORT DIVERSION ISSUES; PROVIDING AN EFFECTIVE DATE

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 County Hospital District (the “District”) is a special hospital district of the State of Florida created by special act of the Florida Legislature in 1953 by Chapter 28924, Laws of Florida, re-codified by Ch. 2003-362, Laws of Florida.

Whereas, in 2019 District staff members met with elected Brevard County officials and Brevard County staff members regarding issues concerning ambulances being diverted from Parrish Medical Center resulting in patients being taken hospital locations further from Parrish Medical Center.

Whereas, this practice is continuing, and in August 2022 the District again contacted Brevard County staff and elected officials.

Whereas, the District has information that Brevard County continues to allow patients to be diverted to hospitals other than Parrish Medical Center even though the District has objected to Brevard County’s unsafe actions and practices and even though the District has expressed its desire to work with Brevard County over the last few years.

Whereas, this practice of diverting patients to hospitals in areas which are further than Parrish Medical Center is in many instances dangerous to patients, and may even result in death.

Whereas, the Florida Governmental Conflict Resolution Act (the “Act”), Chapter 164, Florida Statutes, sets forth the Legislature’s intent that conflicts between governmental entities be resolved to the greatest extent possible without litigation.

Whereas, the purpose and intent of the Act is to enhance intergovernmental coordination efforts by creation of a conflict resolution procedure that can provide an equitable, expeditious, effective and inexpensive method for resolution of conflicts between and among local and regional governmental entities.

Whereas, it is the intent of the District to initiate the conflict resolution procedures provided by the Act prior to proceeding with litigation to resolve the dispute concerning the emergency medical transport issues.

Now, therefore, be it resolved by the Board of the North Brevard County Hospital District that:

1. The recitals above are true and correct and form a part of this Resolution.
2. The District hereby initiates the conflict resolution process pursuant to Chapter 164, Florida Statutes, regarding the dispute concerning the emergency medical transport issues with Brevard County.
3. Pursuant to Subsection 164.1052(1), Florida Statute, the District will send to the chief administrator of Brevard County, within five days of the passage of this Resolution, a certified copy of the Resolution and a letter stating the nature of the conflict, the reason for initiating the conflict resolution process, the proposed date and location for the conflict assessment meeting, and suggestions regarding the officials who should be present at the conflict assessment meeting.
4. This Resolution shall take effect immediately upon its adoption.

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 5th day of December, 2022.

BOARD OF NORTH BREVARD COUNTY
HOSPITAL DISTRICT

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

ATTEST:

By: _____
Elizabeth Galfo, MD, Secretary

EDUCATION COMMITTEE

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, DECEMBER 5, 2022
IMMEDIATELY FOLLOWING EXECUTIVE SESSION
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Review and Approval of Minutes

Motion to approve the minutes of the October 3, 2022 meeting.

- II. Implementation Strategy for the Community Health Needs Assessment – 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 October 3, 2022 at 1:06 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:
Billie Fitzgerald, Chairperson (excused)

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

CALL TO ORDER

Ms. Rupe called the meeting to order at 1:06 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOVED TO APPROVE THE MINUTES OF AUGUST 1, 2022 EDUCATION COMMITTEE MEETING, AS PRESENTED.

INTERVENTIONAL RADIOLOGY PRESENTATION

Dr. Gabriel Werder presented to the committee a detailed overview of the Interventional Radiology procedures performed at PMC and the processes surrounding those procedures.

OTHER

No other items were presented.

ADJOURNMENT

There being no further business to discuss, the Educational, Governmental and Community Relations Committee meeting adjourned at 1:51 p.m.

Maureen Rupe
Vice Chairperson

MEMORANDUM

TO: Board of Directors

FROM: Natalie Sellers, SVP, Communications, Community & Corporate Services

SUBJECT: Community Health Needs Assessment 2022-2025 Strategic Implementation Plan

DATE: December 2022

In September, the Board of Directors approved the acceptance of the 2022-2025 Community Health Needs Assessment and approved PMC to develop the associated Strategic Implementation Plan to focus on three identified priorities: **Access to Health Care Services, Heart Disease & Stroke, and Diabetes.**

At that time, I presented that PMC's Strategic Implementation Plan would be presented during the January Board of Director's meeting for approval. I am pleased to be able to present the plan to you a month early for approval to allow us to begin implementation at the start of the New Year.

The full implementation plan is attached for your reference. Upon Board approval, the plan will be made available online. As a reminder, according to federal health reform legislation not-for-profit hospitals must conduct a Community Health Needs Assessment (CHNA) once every three years and develop a plan to meet the health needs of the community served. North Brevard's 2022-2025 Community Health Needs Assessment is now available online at parrishhealthcare.com/communitybenefit.

Parrish Medical Center | Parrish Healthcare

2022 – 2025

COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY



Contents

I.	STEERING COMMITTEE	3
II.	INTRODUCTION AND BACKGROUND	4
III.	Executive Summary	4
IV.	Mission Vision Values.....	4
V.	How the Implementation Strategy was Developed	4
VI.	IDENTIFIED COMMUNITY HEALTH NEEDS.....	5
VII.	Social Determinants of Health	7
VIII.	Significant Health Needs	8
IX.	CARE NAVIGATION A PERSON-CENTERED APPROACH.....	8
	A. Focus on Person-Centered (Whole Person) Care.....	9
	B. Measures of Successful Care Navigation Program	9
X.	Strategic Areas of Focus & Planned Actions	9
	A. Access to Health Care Services	9
	B. Heart Disease & Stroke Prevalence	10
	C. Diabetes Prevalence.....	10
	D. Planned Actions.....	10
XI.	Conclusion	12

I. STEERING COMMITTEE

- Board of Directors, North Brevard County Hospital District
 - Robert Jordan, Jr. Chairman
 - Stan Retz, Vice Chairman
 - Herman Cole, Jr. Col. USAF (Ret.), Treasurer
 - Elizabeth Galfo, MD, Secretary
 - Maureen Rupe, Member at Large
 - Billie Fitzgerald
 - Jerry Noffel
 - Ashok Shah, MD
 - Billy Specht
- Executive Management Committee, Parrish Healthcare
 - George Mikitarian, President/CEO, Parrish Healthcare
 - Chris McAlpine, SVP, Network Development/Transformation
 - Edwin Loftin, SVP, Acute Care Services/CNO
 - Natalie Sellers, SVP, Communications, Community & Corporate Services
- Clinical Alignment Care Partners, Parrish Healthcare
 - Susan Bentley, Care Navigator
 - Lara Chicone, Behavioral Health Navigator
 - LeeAnn Cottrell, Executive Director, Information Governance
 - Ericka Jacobs, Manager, Communications & People Development
 - Heather Minnear, Community Health Navigator
 - Peggy McLaughlin, Diabetes Care Navigator
 - Kristina Weaver, Director Care Navigation
- Community Health Partners (CHP) Members and Key Informant Participants include, but are not limited to, representatives from:

2-1-1 Brevard, Inc.	Brevard C.A.R.E.S.
Brevard County	Circles of Care, Inc.
CareerSource Brevard	Hospice of St. Francis
First United Methodist Church of Titusville	Indian River Medical Office
Fl. Dept. of Health in Brevard County	North Brevard Medical Support, Team Health
Indian River City United Methodist Church	Park Avenue Baptist Church
MedFast Urgent Care Centers, LLC	REF Nurse LLC
North Brevard Children's Medical Center	St. James AME Church
Women's Center	United Way of Brevard County
Parrish Healthcare (PMC, PMG, PHN)	Space Coast Health Care Center
St. Francis Pathways to Healthcare	Happenings Health Bridge LLC
Space Coast Health Foundation	Brevard County Health Department
Greater St. James Missionary Baptist Church	Palm Point Behavioral Health
All Black AB	Community of Hope
Children's Home Society	Franklin Special Events
Florida Healthcare Plans	Holy Spirit Catholic Church
HealthSouth Sea Pines Rehabilitation Hospital	National Veterans Homeless Support
Jess Parrish Medical Foundation	Parrish Home Health
North Brevard Charities Sharing Center	St. Luke's Presbyterian Church
Port St. John Community Foundation	The Children's Center
St. Mary Missionary Baptist Missionary Church	Titusville City Government
Titusville Area Chamber of Commerce	Titusville Playhouse
Titusville Fire Department	
Tobacco Free Florida	

II. INTRODUCTION AND BACKGROUND

According to federal health reform legislation not-for-profit hospitals must conduct a Community Health Needs Assessment (CHNA) once every three years and develop a plan to meet the health needs of the community served. The federal guidelines require that the CHNA and Implementation Plan be adopted by an authorized governing body of the hospital before the last day of the taxable year or previous two taxable years. If needed, the Implementation Plan has an additional four and a half months for adoption after the end of the taxable year in which the hospital facility is required to complete its CHNA report. In compliance with the federal guidelines, PMC is pleased to present the following CHNA and Implementation Plan, which has been reviewed and approved by the North Brevard County Hospital District Board of **Directors on December _____, 2022.**

III. Executive Summary

North Brevard County Hospital District, d/b/a Parrish Medical Center, is an independent, not-for-profit; public community hospital founded nearly 60 years ago by the State of Florida. Parrish Medical Center, now known as Parrish Healthcare, has grown from a 28-bed single story hospital to an integrated network of healthcare providers. Parrish Healthcare includes:

- Parrish Medical Center: a Mayo Clinic Care Network member and a 210-bed acute care hospital
- Parrish Healthcare Centers: featuring outpatient diagnostics, urgent care, physician offices and other services
- Parrish Medical Group: a NCQA-certified multi-specialty physician group featuring primary care and specialty care practices throughout North Brevard County
- Parrish Health & Wellness Center
- Parrish Home Health Care
- Parrish Sleep Center
- Parrish Wound Healing Center
- Parrish Health Network®: a regional network of healthcare providers, services, and insurers.

IV. Mission Vision Values

Mission | Healing Experiences For Everyone All The Time®

Vision | Healing Families—Healing Communities®

Values | Safety, Loyalty, Integrity, Compassion, Excellence, Stewardship

V. How the Implementation Strategy was Developed

The implementation strategy was developed after the comprehensive Community Health Needs Assessment (“CHNA”) was completed. The CHNA was approved during a special meeting of the Board of Directors held on Monday, September 13, 2022. The full CHNA report may be found at the following link: www.parrishhealthcare.com/communitybenefit.

Upon the completion of the assessment, Parrish Healthcare convened a group of key community stakeholders to evaluate, discuss and prioritize the findings within the assessment, which occurred on August 4, 2022.

A group of approximately 30 community stakeholders (representing a cross-section of Parrish Healthcare care partners, community-based agencies and organizations) convened to evaluate, discuss, and prioritize the health issues for our community. The meeting was led and facilitated by a PRC representative which included a presentation of key findings from the CHNA and ending with a prioritization exercise.

The group, using an online voting platform, assigned priority to the identified health needs (i.e., Areas of Opportunity). The following are the results of the prioritization exercise:

1. Mental Health
2. Substance Abuse
3. Heart Disease & Stroke
4. Access to Health Care Services
5. Nutrition, Physical Activity & Weight
6. Diabetes
7. Cancer
8. Infant Health
9. Tobacco Use
10. Respiratory Disease
11. Potentially Disabling Conditions
12. Injury & Violence

Of note, Mental Health, Substance Abuse and Nutrition, Physical Activity & Weight remained in the top five from the previous reporting period (2019-2022). Access to Health Care Service and Heart Disease & Stroke replaced Diabetes and Cancer in the top five.

VI. IDENTIFIED COMMUNITY HEALTH NEEDS

The significant health needs that have been identified in the CHNA are as listed below. The description of each health need set forth below was taken from the CHNA report. Please refer to the full CHNA report for further information regarding each health need.

1. **Heart Disease and Stroke.** Controlling risk factors for heart disease and stroke remain a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. Of the 2022 survey respondents 97% had a high blood pressure screening in the past two years and 92.9% were screened for high cholesterol in the past five years.
2. **Access to Health Care.** Around half (47.6%) of Primary Service Area adults report having healthcare coverage through private insurance. Another 36.4% report having coverage via a government-sponsored program (e.g., Medicaid, Medicare, military benefits). Around 16% (up from 12%) report not having health insurance coverage. Outside of insurance, the barriers to accessing health care, appointment availability and finding a doctor impacted the greatest share of the Primary Service Area adults. Of note, significant improvements since 2016 were reported in cost and convenience of a doctor visit and cost of prescriptions.
3. **Potentially Disabling Conditions.** Among the Primary Service Area respondents, most report having at least one chronic health condition. In fact, 48% of Primary Service Area adults report having three or more chronic conditions. Compared with people without disabilities, people

with disabilities are more likely to: have trouble getting healthcare, be overweight, have lower employment, use tobacco and do not receive dental care. Other disabling conditions reported the Primary Service Area is a high rate of arthritis and rheumatism, as well as issues with vision, hearing and dementia.

4. **Cancer.** Although there are continued advances in cancer research, detection and treatment, cancer remains a leading cause of death in the U.S., second to only heart disease. Cancer-related checkups are recommended during routine doctors' visits. A total of 15% of surveyed adults reported having ever been diagnosed with cancer. The most common types include skin cancer (36.5%), breast cancer (15.6%), and prostate cancer (14.4%).
5. **Respiratory Disease.** Asthma and chronic obstructive pulmonary disease ("COPD") are significant public health burdens. Specific methods of detection, intervention and treatment exist that may reduce this burden and public health. The burden of such respiratory diseases affects individuals, their families and their communities. Acute respiratory infections, such as pneumonia and influenza, are the eighth leading cause of death in the nation.
6. **Diabetes.** The rate of diabetes mellitus continues to increase in the United States and throughout the world. This disease (i) can lower life expectancy by up to 15 years, (ii) increase the risk of heart disease by 2 to 4 times, and (iii) is the leading cause of kidney failure, lower limb amputations and adult-onset blindness. People from minority populations are more frequently affected by type 2 diabetes and minority groups constitute 25% of all adult patients with diabetes in the U.S. In the primary service area, 17.8% (up from 14.6%) of adults have been diagnosed with diabetes and diabetes was described by some as a "major problem" in the community. Another 10.2% of adults have been diagnosed with "pre-diabetes" or "borderline diabetes." Among adults who have not been diagnosed with diabetes, 59.5% report having had their blood sugar level tested within the past three years.
7. **Nutrition, Physical Activity/Weight.** Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Diet and weight are related to health status. Generally, most Americans need to improve some aspect of their diet. Physical activity can also improve the health and quality of life in humans, regardless of disease or disability. Around half of adults nationwide receive enough aerobic activity per day. Seven out of ten adults in the Primary Service Area are overweight.
8. **Mental Health.** Mental health and physical health are closely connected. Mental health plays a major role in people's ability to participate in health-promoting behaviors. While most Primary Service Area adults rate their overall mental health favorably, 21.2% (up from 17.6%) believe their mental health is "fair" or "poor." More than one quarter of Primary Service Area adults (25%) have been diagnosed by a physician as having a depressive disorder. Further, many Primary Service Area adults experience signs of chronic depression and varying levels of stress. Among those rating mental health as a "major problem" in the community, they cite reasons which include: (i) limited providers, (ii) limited substance detox programs; (iii) cost; (iv) wait time to see a provider; and (v) insurance barriers.

9. **Substance Abuse.** Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative health outcomes. The effects of substance abuse are cumulative, and can significantly contribute to social, physical, and public health problems. Advances in research have led to evidence-based strategies to effectively address substance abuse. In the community, alcohol, heroin/other opioids and cocaine/crack were identified as the top three most problematic.
10. **Tobacco Use.** Tobacco use is the single most preventable cause of death and disease in the United States. According to Healthy People 2030, “Although smoking is widespread, it is more common in certain group including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education level.” Among all surveyed households in the Primary Service Area, 5.7% report that someone has smoked cigarettes, cigars, or pipes in their home on an average of four or more times per week over the past month. Of the 5.7%, 4.9% is among households with children. Tobacco use can cause: cancer, heart disease, lung disease and premature birth. Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages.
11. **Injury and Violence.** Injuries are the leading cause of death for Americans ages 1 to 44 and a leading cause of disability for all ages regardless of sex, race/ethnicity or socioeconomic status. In fact, injuries and violence have a significant impact on the well-being of Americans by contributing to: premature death, disability, poor mental health, high medical costs and low productivity. Interventions addressing these social and physical factors have the potential to prevent unintentional violence and injuries.
12. **Oral Health.** Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions or show feelings and emotions. There has been significant improvement in oral health over the last 50 years in the United States. Social determinants affect oral health include, namely, people with lower levels of education and income, and people from specific racial/ethnic groups have higher rates of disease. Further, people with disabilities and other health conditions, such as diabetes, are more likely to have poor oral health.

VII. Social Determinants of Health

Social determinants of health (SDOH) have a major impact on people’s health, well-being and quality of life. SDOH also contribute to wide health disparities and inequities. Healthy People 2030 advocates for public health organizations and their partners, in sectors like education, transportation, and housing, to take action to improve the conditions in people’s environments beyond promoting healthy choices. Examples of SDOH include:

- Safe housing, transportation and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities and income

- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Most surveyed adults in the Primary Service Area report no significant difficulty understanding written health information. However, 11.5% did report that written health information is “seldom” or “never” easy to understand. Parrish Healthcare has made health literacy a focused initiative since 2016 and with these latest reported results we can assume these efforts are making a positive difference and should be continued.

VIII. Significant Health Needs

Within the 2019 Implementation Strategy, we challenged ourselves with taking on all 12 Areas of Priority. An evaluation of our past activities associated with the 2019 CHNA can be found as an appendix within the attached CHNA report. To briefly summarize the evaluation of our past activities, Parrish Healthcare together with our integrated network and community health partnerships are making a difference. Our community is benefiting from the many dedicated resources, investments, initiatives, programs and services already in place and ongoing that serve to address each area of priority. However, more focused work and continued efforts are necessary in order to achieve population health targets established by Healthy People 2030, CMS, and others.

Based on these results and the evaluation of our past activities, we recommended and the Board approved narrowing our focus to three Areas of Priority from which to develop PMC’s 2022-2025 Implementation Strategy:

- (1) Access to Health Care Services,
- (2) Heart Disease & Stroke, and
- (3) Diabetes.

Parrish Healthcare believes that by narrowing our focus to these three key priorities, meaningful improvement can be achieved across the board.

IX. CARE NAVIGATION A PERSON-CENTERED APPROACH

As the nation’s first certified integrated care system,¹ we are proud to be a leader in transforming healthcare from fragmented care to coordinated, collaborative care. We do this through our unwavering commitment to our mission, vision and values, and to continuous improvement. As part of our integrated care model, we implemented many effective strategies to meet the needs of the people and communities we serve including our care navigation program.

The objectives of a patient care navigation program are to: (a) improve access to health care services by linking patients and families to primary care services, specialist care, and community-based health and social services; (b) provide a holistic patient/person-centered care approach to get to know the person; understand their unique

¹ Integrated care certification was awarded by The Joint Commission, an independent, not-for-profit organization that accredits and certifies nearly 21,000 healthcare organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards. Parrish Healthcare’s first integrated care certification was earned in 2016, and was recertified in 2019.

circumstances; (c) identify and resolve barriers to care such as any SDOH; and (d) provide patient education and support to foster adherence to self-management regimen.

Our Care Navigators work one on one with patients and actively guide them through the healthcare system. Our navigators work on the person's/patient's behalf to overcome barriers that are in the way of the patient receiving the care and treatment they require. The specific patient populations with which our care navigators work include persons fighting cancer, overcoming substance use disorders, as well as those learning to live with diabetes, heart failure, chronic obstructive pulmonary disease, sleep disorders, mental illness, among other chronic and potentially disabling conditions.

A. Focus on Person-Centered (Whole Person) Care

Parrish Healthcare developed its care navigation program within a person-centered/whole person framework. This approach extends beyond the traditional disease-focused model, to one that is holistic. A holistic model is a whole person model that recognizes the interplay of exercise, nutrition, environment, mental health stressors, and other factors, on one's overall health. Moreover, a holistic model empowers patients and incorporates a philosophy of wellness at any stage of care. To that end, the health needs to be addressed during the period of this Implementation Strategy are more fully described as follows:

B. Measures of Successful Care Navigation Program

Within each of the identified areas of priority the Care Navigation Program is a strategic imperative. The success of the Care Navigation Program will be measured by the effectiveness of removing barriers to access:

- Conversion rate of uninsured/under insured within the navigation program who successfully have been enrolled in affordable option(s), such as Medicaid, Medicare, or other eligible program.
- Conversion rate of patients without an established PCP to having a PCP within the navigation program.
- Percent of patients within the navigation program with identified SDOH need reporting improvement;
- Percent of patients within the navigation program that adhere to Parrish Healthcare's prescribed, evidence-based condition-specific care maps and clinical pathways;
- Percent of patients within the navigation program completing timely, age and gender specific early detection health screenings;
- Reduction in avoidable ER visits among patients within the navigation program;
- Reduction of avoidable hospital readmissions among patients within the navigation program.

X. Strategic Areas of Focus & Planned Actions

A. Access to Health Care Services

Access to Health Care Services means the timely use of personal health services to achieve the best health outcomes. It generally requires three distinct steps: (1) Gaining entry to the health care system (usually through insurance coverage); (2) Accessing a location where needed health care services are provided (geographic availability), (3) Finding a health care provider whom the patient trusts and can communicate with (personal

relationship); and (4) Removing barriers related to Social Determinants of Health (SDOH). Feedback as top concerns from the key informants during the prioritization exercise related to opportunities with Access to Health Services included:

- Lack of Health Insurance
- Barriers to Access:
 - ✓ Related to appointment availability with PCP and finding a PCP
 - ✓ Related to SDOH (transportation, food insecurity, housing, literacy, etc.)
- Primary Care Physician Ratio
- Emergency Room Utilization
- Ratings of Local Health Care

B. Heart Disease & Stroke Prevalence

Feedback as top concerns from the key informants during the prioritization exercise related to opportunities with Heart Disease & Stroke Prevalence included:

- Leading Cause of Death
- Heart Disease Prevalence
- Stroke Deaths
- High Blood Pressure Prevalence
- High Cholesterol Prevalence

C. Diabetes Prevalence

Feedback as top concerns from the key informants during the prioritization exercise related to opportunities with Diabetes Prevalence included:

- Diabetes Prevalence
- Kidney Disease Prevalence
- Ranked as top concern by key informants

D. Planned Actions

Planned Actions	Access to Health Care Services	Heart Disease & Stroke	Diabetes (Kidney Disease)	Ratings
Maintain Joint Commission Integrated Care Certification.	✓	✓	✓	✓
Maintain national quality accreditations (e.g. Baby-Friendly, Primary Stroke, Commission on Cancer).	✓	✓		✓
Utilize community outreach mechanisms to raise awareness and educate the North Brevard county adult population about available resources.	✓	✓	✓	✓
Rank in the top 10% in the nation for quality and safety as measured by CMS, LeapFrog, and other national health ranking agencies	✓	✓	✓	✓
Utilize evidence-based health screenings and risk assessments within community, primary care, hospital, and post-acute settings.	✓	✓	✓	✓
Utilize care navigator program to offer interventions and care coordination to remove barriers and improve adherence to the self-management regimen.	✓	✓	✓	✓

Collaborate with area providers and coordinate care within Parrish Healthcare’s integrated care delivery system (e.g. PHN, PMG, Mayo, etc.).	✓	✓	✓	✓
Utilize evidence-based state, regional and national resources such as Vizient Southeast to develop policies, protocols, and training for care partners (employees, medical staff, volunteers); e.g. behavioral health screenings, SDOH screenings, safe prescribing protocols, zero harm policy, etc.	✓	✓	✓	✓
Continue to serve as the area’s lowest cost, highest quality provider	✓	✓	✓	✓
Offer financial assistance to qualified patients and helps patients with no insurance to qualify for Medicaid, Medicare or other means of coverage.	✓			
Affiliate with most commercial insurances plans and participate in Medicare and Medicaid and continue to qualify as a Disproportionate Share Hospital.	✓			
Develop and implement policies and protocols to screen patients for Social Determinants of Health upon admission/entry into the system.	✓			
Operate Parrish Medical Group (PMG) primary and specialty care providers; nationally certified as a medical home; expand network of providers to improve availability of appointments and provider ratios.	✓	✓	✓	✓
Partner with MedFast Urgent Care Center, one of the area’s largest networks of urgent care centers to provide quality alternative for non-emergency care needs.	✓	✓	✓	
Partner with Space Coast Health Centers, a federally qualified look-alike for improved access to primary, specialty and behavioral health care to the medically underserved.	✓	✓	✓	
Leverage Community Health Partnership services to complement and close gaps in care (Parrish Sleep Center, Pathways, St. Francis Reflections Hospice, Parrish Home Health, Dialysis Center, etc.)	✓	✓	✓	
Continue to support Peer Recovery program within the Emergency Department for persons ready to address their substance abuse condition.	✓	✓	✓	
Improve care coordination for mental health and substance abuse co-occurring conditions through facilitation of “direct hand-offs” in Emergency Departments and Primary Care Offices to the next level of care.	✓	✓	✓	
Implement a congregational wellness program led by a Parrish Healthcare community nurse to facilitate congregational, faith-based wellness initiatives to include health education classes, health coaching and preventative wellness screenings.	✓	✓	✓	
Offer Employee Wellness Programs focused on primary care assignments, health coaching and preventative wellness screenings	✓	✓	✓	
Operate Health & Wellness Center	✓	✓	✓	
Implement chronic care management and remote patient monitoring program to support post-acute disease management.	✓	✓	✓	
Anticipated Impact	Access to Health Care Services	Heart Disease & Stroke	Diabetes	Ratings
Increase the proportion of North Brevard adult population who complete an age, gender, condition-specific health risk assessment and screening and receive referrals to needed resources.	✓	✓	✓	✓
Improve community perception of access to providers and services.	✓	✓	✓	✓
Increase in early detection of disease among population served.	✓	✓	✓	✓
Reduce avoidable hospital readmissions among population served.	✓	✓	✓	✓
Reduce avoidable emergency room visits among population served.	✓	✓	✓	✓
Improve access to primary care in North Brevard.	✓	✓	✓	✓
Improve access to disease-management programs/services in North Brevard	✓	✓	✓	✓

Planned Resources	Access to Health Care Services	Heart Disease & Stroke	Diabetes	Ratings
Health and social service providers either through direct employ or via PHN (E.g. primary care, oncologists, radiologists, pulmonologists, cardiologists, endocrinologists, etc.).	✓	✓	✓	✓
Care Navigator program.	✓	✓	✓	✓
Educational, awareness raising materials.	✓	✓	✓	✓
People, time, resources for outreach activities (health fairs, screening events, support groups, workshops, in-kind/cash donations, etc.).	✓	✓	✓	✓
Post-Acute Rehab Services.	✓	✓	✓	✓
Sleep Disorders Center and respiratory therapy.	✓	✓	✓	✓
People, time, resources for advocacy and building community activities and civic, governmental board involvement (e.g., Economic Development Commission, Vizient, Joint Commission, American Lung, American Heart, American Cancer, etc.).	✓	✓	✓	✓
Health and Wellness Center Resources	✓	✓	✓	✓
Occupational Health Services	✓	✓	✓	✓
Planned Collaboration	Access to Health Care Services	Heart Disease & Stroke	Diabetes	Ratings
PHN/PMG primary care, specialists, tertiary providers.	✓	✓	✓	✓
Space Coast Health Care Center	✓	✓	✓	✓
Area University Student Programs: (e.g. graduate nursing, psychology students, etc.).	✓	✓	✓	✓
Community Health Partnership members (e.g. law enforcement, city and county government, schools, churches, social services, Rotary Clubs, Boys and Girls Club, etc.).			✓	
Eckerd Connects	✓		✓	
Area advocacy groups: (E.g. Commission on Cancer, LeapFrog, Patient Safety Foundation, State legislators, etc.).	✓	✓	✓	
Circles of Care	✓			
SNFist program	✓	✓	✓	
Measurements	Access to Health Care Services	Heart Disease & Stroke	Diabetes	Ratings
HealthAware risk assessment completion rates (community)	✓	✓	✓	✓
HEIDS data (primary care setting)	✓	✓	✓	✓
CMS Core Set compliance (acute care setting including Behavioral and SDOH screenings)	✓	✓	✓	✓
Care Navigation program enrollment data	✓	✓	✓	✓
Game Plan performance data	✓	✓	✓	✓
Care Navigation program referral data	✓	✓	✓	✓
Community Benefit Inventory for Social Accountability (CBISA)	✓	✓	✓	✓
Communications (media) metrics (e.g. reach, frequency)	✓	✓	✓	✓
Incident Reports (RL solutions)	✓	✓	✓	✓

XI. Conclusion

Written comments regarding the CHNA or the implementation Strategy may be submitted to Parrish Healthcare by contacting communications@parrishmed.com, or calling 321.268-6110, or by mail to:

Parrish Healthcare
 Communications Department
 951 N. Washington Avenue
 Titusville, FL 32796





Community Health Needs Assessment
2022-2025 Strategic Implementation Plan Summary

Healing Families – Healing Communities®

parrishhealthcare.com



2022 PRC Community Health Needs Assessment

Parrish Medical Center Primary Service Area
Northern Brevard County, Florida



Bruce Lockwood
Senior Vice President, Community Health



Healing Families – Healing Communities®

parrishhealthcare.com

Background

- According to federal health reform legislation not-for-profit hospitals must conduct a Community Health Needs Assessment (CHNA) once every three years and develop a plan to meet the health needs of the community served.
- All previous needs assessments and associated implementation plans are available online at parrishhealthcare.com/communitybenefit.

Top Three Areas of Priority

- Access to Health Care
- Heart Disease & Stroke
- Diabetes

Planned Actions (Sampling)

Planned Actions	Access to Health Care Services	Heart Disease & Stroke	Diabetes (Kidney Disease)	Ratings
Maintain Joint Commission Integrated Care Certification.	✓	✓	✓	✓
Maintain national quality accreditations (e.g. Baby-Friendly, Primary Stroke, Commission on Cancer).	✓	✓		✓
Utilize community outreach mechanisms to raise awareness and educate the North Brevard county adult population about available resources.	✓	✓	✓	✓
Rank in the top 10% in the nation for quality and safety as measured by CMS, LeapFrog, and other national health ranking agencies	✓	✓	✓	✓
Utilize evidence-based health screenings and risk assessments within community, primary care, hospital, and post-acute settings.	✓	✓	✓	✓
Utilize care navigator program to offer interventions and care coordination to remove barriers and improve adherence to the self-management regimen.	✓	✓	✓	✓

Anticipated Impact of Actions

Anticipated Impact	Access to Health Care Services	Heart Disease & Stroke	Diabetes	Ratings
Increase the proportion of North Brevard adult population who complete an age, gender, condition-specific health risk assessment and screening and receive referrals to needed resources.	✓	✓	✓	✓
Improve community perception of access to providers and services.	✓	✓	✓	✓
Increase in early detection of disease among population served.	✓	✓	✓	✓
Reduce avoidable hospital readmissions among population served.	✓	✓	✓	✓
Reduce avoidable emergency room visits among population served.	✓	✓	✓	✓
Improve access to primary care in North Brevard.	✓	✓	✓	✓
Improve access to disease-management programs/services in North Brevard.	✓	✓	✓	✓

Planned Resources

Planned Resources	Access to Health Care Services	Heart Disease & Stroke	Diabetes	Ratings
Health and social service providers either through direct employ or via PHN (E.g. primary care, oncologists, radiologists, pulmonologists, cardiologists, endocrinologists, etc.).	✓	✓	✓	✓
Care Navigator program.	✓	✓	✓	✓
Educational, awareness raising materials.	✓	✓	✓	✓
People, time, resources for outreach activities (health fairs, screening events, support groups, workshops, in-kind/cash donations, etc.).	✓	✓	✓	✓
Post-Acute Rehab Services.	✓	✓	✓	✓
Sleep Disorders Center and respiratory therapy.	✓	✓	✓	✓
People, time, resources for advocacy and building community activities and civic, governmental board involvement (e.g., Economic Development Commission, Vizient, Joint Commission, American Lung, American Heart, American Cancer, etc.).	✓	✓	✓	✓
Health and Wellness Center Resources	✓	✓	✓	✓
Occupational Health Services	✓	✓	✓	✓

Planned Collaboration

Planned Collaboration	Access to Health Care Services	Heart Disease & Stroke	Diabetes	Ratings
PHN/PMG primary care, specialists, tertiary providers.	✓	✓	✓	✓
Space Coast Health Care Center	✓	✓	✓	✓
Area University Student Programs: (e.g. graduate nursing, psychology students, etc.).	✓	✓	✓	✓
Community Health Partnership members (e.g. law enforcement, city and county government, schools, churches, social services, Rotary Clubs, Boys and Girls Club, etc.).			✓	
Eckerd Connects	✓		✓	
Area advocacy groups: (E.g. Commission on Cancer, LeapFrog, Patient Safety Foundation, State legislators, etc.).	✓	✓	✓	
Circles of Care	✓			
SNFist program	✓	✓	✓	

Measurements of Success

Measurements	Access to Health Care Services	Heart Disease & Stroke	Diabetes	Ratings
HealthAware risk assessment completion rates (community)	✓	✓	✓	✓
HEIDS data (primary care setting)	✓	✓	✓	✓
CMS Core Set compliance (acute care setting including Behavioral and SDOH screenings)	✓	✓	✓	✓
Care Navigation program enrollment data	✓	✓	✓	✓
Game Plan performance data	✓	✓	✓	✓
Care Navigation program referral data	✓	✓	✓	✓
Community Benefit Inventory for Social Accountability (CBISA)	✓	✓	✓	✓
Communications (media) metrics (e.g. reach, frequency)	✓	✓	✓	✓
Incident Reports (RL solutions)	✓	✓	✓	✓

Questions?



Healing Families – Healing Communities®

parrishhealthcare.com

**BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
DECEMBER 5, 2022
NO EARLIER THAN 2:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Pledge of Allegiance
- II. PMC's Vision – *Healing Families – Healing Communities*
- III. Approval of Agenda
- IV. Review and Approval of Minutes (October 3, 2022 Regular Meeting.)
- V. Recognitions
 - A. New Providers (memo included)
- VI. Open Forum for PMC Physicians
- VII. Public Input and Comments***₁
- VIII. Unfinished Business***
- IX. New Business***
- X. Medical Staff Report Recommendations/Announcements
- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda***
 - A. Finance
 1. To recommend the Board of Directors approve the renewal of membership for Stan Retz for a three-year term from January 1, 2023 to December 31, 2025.
 2. Motion to recommend the Board of Directors approve the Signer's Resolution of the Board of Directors of North Brevard County Hospital District for TD Bank and designating authorized signers as presented.

BOARD OF DIRECTORS MEETING

DECEMBER 5, 2022

PAGE 2

3. Motion to recommend the Board of Directors approve the buyout of the MRI Lease at Titus Landing at fair market value (FMV), at a total cost not to exceed the amount of \$239,181.
4. Motion: To recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

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

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

XIII. Committee Reports

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

XIV. Process and Quality Report – Mr. Mikitarian

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

XV. Other

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

**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 2:02 p.m. on October 3, 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
Ashok Shah, M.D.
Jerry Noffel (via phone)
Maureen Rupe

Member(s) Absent:

Elizabeth Galfo, M.D. (excused)
Billie Fitzgerald (excused)

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 2:02 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 Dr. Shah and approved (6 ayes, 0 nays, 0 abstentions).

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

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Specht and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOVE TO APPROVE THE MINUTES OF THE AUGUST 1, 2022 REGULAR MEETING OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER, AS PRESENTED.

OPEN FORUM FOR PMC PHYSICIANS

Dr. Mathews shared concerns from the medical staff, adding that he will remind the members of the medical staff they are welcome to attend the public committee meetings and Board meeting.

PUBLIC COMMENTS

There were no public comments.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

There was no new business.

CONSENT AGENDA

Discussion ensued regarding the consent agenda, and the following motion was made by Mr. Cole, seconded by Dr. Shah and approved (6 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 FY 2023 Capital Budget in the amount of \$2,000,000.00.
2. 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.

COMMITTEE REPORTS

Quality Committee

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

Planning, Physical Facilities and Properties Committee

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

PROCESS AND QUALITY REPORT

Mr. Loftin summarized a recent RFP from Brevard EMS for Medical Director. PMC was not notified of the RFP. A follow up meeting was held earlier today (Oct. 3, 2022) to correct procurement and voting procedures. PMC is on record with the county of its many concerns regarding EMC and patient safety.

Mr. Mikitarian provided a brief history of the issue regarding Brevard EMS and EMT drivers routing patients away from PMC. Mr. Mikitarian added that this is still an ongoing issue and he has notified Commissioner Pritchett that this behavior puts patients' lives in jeopardy.

Hospital Attorney

Legal counsel had no report.

OTHER

There was no other business to come before the Board.

CLOSING REMARKS

There were no closing remarks.

ADJOURNMENT

There being no further business to discuss, the Parrish Medical Center Board of Directors meeting adjourned at 2:48 p.m.

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR SESSION MINUTES
November 15, 2022**

Present: B. Mathews, MD, M. Navas, MD, C. Manion, MD, R. Patel, MD, D. Barimo, MD, K. Patel, MD, J. Rojas, MD, C. Fernandez, MD, Chris Jacobs, MD, A. Ochoa, MD, G. Cuculino, MD, G. Mikitarian, H. Cole

Absent: P. Carmona, MD, I. Rashid, MD, C. McAlpine, R. Rivera-Morales, MD

The meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on November 15, 2022 at 5:30 pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER.

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

I. REVIEW AND APPROVAL OF MINUTES

Motion to approve the Regular Session minutes of October 18, 2022 as written and distributed. *Motion was made by Dr. Manion, seconded by Dr. Ochoa and unanimously approved.*

II. OLD BUSINESS: None

III. NEW BUSINESS:

***Policies requiring review:* distributed prior to meeting, need vote to renew as written/distributed:**

RETIRE Pandemic Influenza Plan 9500-4005 (Replaced by Emerging Infectious Disease Pandemic Response and Recovery Plan).

Medical Records Completion (please recall this is the policy reviewed last month that notes Sleep Studies will be tracked effective January 1, 2023).

E. Studies or tests requiring physician interpretation in the hospital setting:

1. Cardiopulmonary, neurodiagnostic, pulmonary function tests, and other hospital setting studies must be documented within twenty four (24) hours of test completion for admitted patients and seven days for outpatients.

Abbreviations Management

Animals in the Healthcare Environment

Routing of Standing Orders

Dr. Mathews urged the room to be vigilant in their attention to not using abbreviations.

Motion to Retire (1) and Approve the policies was made by Dr. Rojas, seconded by Dr. Cuculino and unanimously approved. PolicyStat was updated accordingly, Proxy, B. Mathews.

CONSENT AGENDA - STANDING ORDERS

- ED Code Stemi Protocol (E3344) - Added pre-checked Aspirin order under Medications. Added pre-checked ED Stemi Interventionalist.
- Orthopedic Standing Orders (E18ab) - Added: Outpatient Procedure and Observation check boxes, Check boxes to Laboratory orders and included COVID order, Consult Anesthesia for regional block order, Vancomycin order under Medications. Under Medications, we changed Ancef 1g and 2g to 2g \leq 120kg and 3g $>$ 120kg.
- Gynecology - Preoperative (E179ab) - Added checkbox for Outpatient Procedure. Added Acetaminophen order under Medications. Unchecked COVID order.
- Cesarean Delivery - Preoperative (E174ab) - Added Acetaminophen order under Medications. Unchecked COVID order.
- Pediatric Admission (E3639abc) – Multiple Revisions, Review like a new order set.

The motion to approve the Consent Agenda as written and distributed was made by Dr. Rojas, seconded by Dr. Manion and unanimously approved.

Report from Administration: Mr. Mikitarian took the opportunity to thank everyone who supported the effort during Hurricane Nicole. In addition, Mr. Mikitarian congratulated Colonel Herman Cole on his win for City Council member. Congratulations Colonel Cole!

Report from the Board: None

The Minutes from the REGULAR session of the Board of Directors of September 12, 2022 was attached. *(Noted for the minutes.)*

Committee Reports: (Attached, entered into the minutes.)

Minutes, Quality Committee Board of Directors, September 12, 2022 *attached*

CMEC Regular Session, November 14, 2022 *attached*

Pharmacy & Therapeutics Committee Minutes, October 26, 2022 *attached*

Department Reports: (Attached, entered into the minutes.)

Minutes, Department of Medicine October 18, 2022

Minutes, Department of OB/GYN October 19, 2022

Minutes, Department of Emergency Medicine, October 25, 2022

Open Forum: Dr. Rojas expressed frustration with the time to load MRI that are relatively current, not archived. Dr. Mathews stated that he would ask Neil to reach out to Dr. Rojas.

Dr. Mathews updated the committee on progress regarding adding another Interventional Cardiologist noting that Dr. Melchor Gonzalez would be joining x10/month beginning December 16, 2022.

Adjournment: There being no further business the meeting adjourned at 5:44pm.

B. Mathews, MD
President Medical Staff

Christopher Manion, MD
Secretary Treasurer

NEXT MEETING: December 20, 2022



Healing Families – Healing Communities®

parrishhealthcare.com

Welcome New Provider

Dennis Tishko, MD, FACS – Thoracic Surgery

Medical School:

Doctor of Medicine – University
of Cincinnati

Residency: General Surgery –
Harvard Medical School

Fellowships: Cardiothoracic
Surgery – University of
Wisconsin



Welcome New Provider

Peng Yu, B. Med, MS, PhD – General Surgery

Medical School:

PhD in Vascular Surgery – Fudan
University

Residency: General Surgery –
University at Buffalo



Welcome New Provider

Brian Burnbaum, MD – Anesthesiology

Medical School:

Doctor of Medicine – Albert
Einstein College of Medicine

Internship: Internal Medicine; St.
Vincent's Hospital

Residency: Anesthesiology –
Icahn School of Medicine at
Mount Sinai



Welcome New Provider

Richard R. Gammon, MD – Pathology

Medical School:

Doctor of Medicine – Drexel
University School of Medicine

Residency: Clinical Pathology –
Ohio State University

Fellowship: Transfusion –
University of Virginia

