

**Members:**

Stan Retz  
Peggy Crooks  
Jerry Noffel

TENTATIVE AGENDA  
BOARD OF DIRECTORS AD HOC COMMITTEE  
NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
MONDAY, AUGUST 7, 2017 10:00AM  
EXECUTIVE CONFERENCE ROOM

Call to Order

- I. Public Comments
- II. Review and approval of minutes (October 18, 2016 and November 7, 2016)

***Motion: To recommend approval of the October 18, 2016 and November 7, 2016 minutes as presented.***

- III. Advanced Refunding Discussion – Mr. Sitowitz
- IV. Adjournment

NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
BOARD OF DIRECTORS  
AD HOC COMMITTEE  
OCTOBER 18, 2016

An Ad Hoc Committee of the North Brevard County Hospital District Board of Directors met on October 18, 2016 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairman  
Peggy Crooks  
Jerry Noffel

Others Present:  
George Mikitarian, CEO  
Michael Sitowitz, Controller  
Pamela Perez, Financial Assistant  
Paul Towell, Hamlin Capital Advisors  
Jeff Hess, Berkeley Research Group

**Call to Order**

Mr. Retz called the meeting to order at 3:24 p.m.

**Review and approval of Minutes**

The following motion was made by Ms. Crooks, seconded by Mr. Noffel and approved without objection.

***Motion: To approve the AdHoc Committee minutes of September 29, 2016  
as amended.***

**BRG Update**

Jeff Hess from Berkeley Research Group updated the committee on the status of the following topics:

- \$16.2 mil implemented in recurring financial improvements
- Over 90 initiatives
- Workforce
- Unplanned Expenses
- Physician Practices
- Cash Collections
- A/R
- DNFB

Ad Hoc Committee

June 27, 2016

Page 2 of 2

### **Refunding**

Paul Towell spoke to five scenarios regrading rated and non rated bonds. The following are items the committee would like to have for the next meeting:

- Present Value Savings on Regions
- Total Dollar raised/New Debt
- Advance Refunding
- Add Siemens
- Run Parallel Analysis

### **Adjournment**

There being no further business, the meeting adjourned at 5:07 p.m.

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Stan Retz, Chairman

NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
BOARD OF DIRECTORS  
AD HOC COMMITTEE  
NOVEMBER 7, 2016

An Ad Hoc Committee of the North Brevard County Hospital District Board of Directors met on November 7, 2016 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairman  
Peggy Crooks, entered at 9:25am  
Jerry Noffel (absent-excused)

Others Present:  
Michael Sitowitz, Controller  
Pamela Perez, Financial Assistant  
Mike Armstrong, Hamlin Capital Advisors  
Sharon Ioannidis, Hamlin Capital Advisors

**Call to Order**

Mr. Retz called the meeting to order at 9:00 a.m.

**Refunding**

Sharon Ioannidis from Hamlin Capital reviewed the following items for rated, non-rated and Siemens:

- AIC
- Avg. Annual Savings
- PV Savings
- Maturity
- New Covenants

Next step will be to fully explore more with Siemens and gather more information, schedule a call with Siemens and BRG and develop a closing timeline.

Ad Hoc Committee  
June 27, 2016  
Page 2 of 2

**Adjournment**

There being no further business, the meeting adjourned at 9:49 a.m.

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Stan Retz, Chairman

**Members:**

Michael Sitowitz, Chairperson (July 1, 2014-June 30, 2017)  
Michael Allen, Vice-Chairperson (July 1, 2016 – June 30, 2019)  
Stan Retz (January 1, 2016-December 31, 2019)  
Julia Reyes-Mateo (July 1, 2016 – June 30, 2019)  
Dawn Hohnhorst (April 1, 2016 – March 31, 2019)  
Warren Berry (January 1, 2016- December 31, 2019)

PARRISH MEDICAL CENTER  
PENSION ADMINISTRATIVE COMMITTEE  
AUGUST 7, 2017 @ 11:00 A.M.  
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

- I. Review and approval of minutes (May 1, 2017)

***Motion: To recommend approval of the May 1, 2017 minutes as presented.***

- II. Public Comments
- III. Quarterly Investment Update – Bott-Anderson
- IV. 403b Summary Plan Description (SPD) Review – Michael Sitowitz
- V. Membership Renewal for Michael Sitowitz

***Motion: Recommend the Budget and Finance Committee approves the renewal of membership for Michael Sitowitz for a three-year term from July 1, 2017 through June 30, 2020.***

**PARRISH MEDICAL CENTER  
PENSION ADMINISTRATIVE COMMITTEE MEETING  
MAY 1, 2017**

The members of the Pension Administrative Committee met in the Executive Conference Room on May 1, 2017 at 10:06 a.m. The following representing a quorum, were present:

Pension Administration Committee:

Michael Sitowitz, Chairperson  
Stan Retz  
Dawn Hohnhorst

Absent/Excused:

Michael Allen, Vice-Chairperson  
Roberta Chaildin  
Warren Berry

Others Present:

Pamela Perez, Recording Secretary  
Julia Reyes Mateo  
John Anderson, Bott-Anderson  
Tim Anderson, Bott-Anderson  
Douglas Lozen, Foster & Foster

**Call To Order**

The meeting was called to order by the Chairperson at 10:06 a.m.

**Review and Approval of Minutes**

The following motion was made by Ms. Hohnhorst and seconded by Mr. Berry and approved without objection.

***Motion: To approve the PAC minutes of February 6, 2017 and the March 6, 2017 minutes as amended.***

**Public Comments**

No public comments presented

**Appointment for Replacement for Roberta Chaildin**

Mr. Sitowitz nominated Julia Reyes Mateo to replace the vacant position of Roberta Chaildin as a committee member for the remainder of Ms. Chaildin's term which expires June 30, 2019.

The following motion was made by Mr. Retz and seconded by Ms. Hohnhorst and approved without objection.

***Motion: To recommend the Board of Directors approve the appointment of Julia Reyes Mateo to the Pension Administrative Committee for the position vacated by Roberta Chaildin for the remainder of the term which expires June 30, 2019.***

### **Quarterly Investment Reports-Pension, 403(b) and 407(b)**

Tim Anderson from Bott-Anderson update the Committee the Pension, 403(b) and 457(b) Investment Reports. Tim Anderson opened with the Market Commentary. The Pension portfolio had a fiscal year-to-date return of 5.15% and a Calendar year-to-date return of 4.52%.

The 403(b) and 457(b) plans are performing well.

The following 403(b) funds are being watched;

- Allianz NFJ Small Cap Value
- Fidelity Advisor Leveraged Company Stock
- Invesco Charter Fund (formerly AIM)

The following 457(b) managers are on the watch list:

- Dreyfus International Bond
- Goldman Sachs Growth

### **GASB 67/68 Report/Pension Actuarial Report**

Douglas Lozen from Foster & Foster updated that at the last meeting there was a vote to reduce the investment assumption rate from 8% to 7.6% and that has been reflected in the study. Mr. Lozen also gave a brief summary of the Pension Actuarial Report. A summary of this report is as follows:

For contribution requirements, the Total Required Contribution is \$0.00. The Experience since the prior valuation has been less favorable than expected. The primary source for the unfavorable experiences included heavier retirement and termination experience than expected, a decrease in the PBGC lump sum interest rate from 1.25% to 0.50%. Mortality was also updated according to changes required by the Laws of Florida. These losses were partially offset by an 8.54% investment return, exceeding the 7.6% assumption.

The plan is currently showing as being overfunded.

The following motion was made by Ms. Hohnhorst, seconded by Mr. Sitowitz and approved without objection.

***Motion: To recommend the Budget and Finance Committee accept the Pension Plan Actuarial valuation as of October 1, 2016.***



**Adjournment**

There being no further business, the meeting was adjourned at 10:58 a.m.

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Michael Sitowitz, Chairman

## **QUALITY COMMITTEE**

Herman A. Cole, Jr. (ex-officio)  
Peggy Crooks  
Billie Fitzgerald  
Elizabeth Galfo, M.D.  
Robert L. Jordan, Jr., C.M.  
George Mikitarian (non-voting)  
Jerry Noffel  
Aluino Ochoa, M.D., President/Medical Staff  
Stan Retz, CPA  
Maureen Rupe  
Ashok Shah, M.D.  
Patricia Alexander, M.D., Designee  
Kenneth McElynn, M.D., Designee  
Christopher Manion, M.D., Designee  
Khalid Siddiqui, M.D.  
Pamela Tronetti, D.O., Designee

**NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
QUALITY COMMITTEE  
MONDAY, AUGUST 7, 2017  
12:00 P.M.  
EXECUTIVE CONFERENCE ROOM**

### **CALL TO ORDER**

- I. Approval of Minutes  
*Motion to approve the minutes of the May 1, 2017 & June 5, 2017 meeting.*
- II. Vision Statement
- III. Public Comment
- IV. Dashboard Review
- V. Patient Safety Movement
- VI. TJC – Integrated Care Certification (ICC) Update
- VII. TJC – Dr. Chassin
- VIII. 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 MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD). 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 SUUPPORT, 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 May 1, 2017 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman  
Billie Fitzgerald  
Elizabeth Galfo, M.D.  
Robert L. Jordan, Jr., C.M.,  
Christopher Manion, M.D.  
Kenneth McElynn, M.D.  
George Mikitarian (non-voting)  
Jerry Noffel  
Aluino Ochoa, M.D.  
Stan Retz, CPA  
Maureen Rupe  
Ashok Shah, M.D.  
Khalid Siddiqui, M.D.

Member(s) Absent:

Peggy Crooks (excused)  
Patricia Alexander, M.D. (excused)  
Pamela Tronetti, D.O. (excused)

**CALL TO ORDER**

Mr. Cole called the meeting to order at 1:05 p.m.

**REVIEW AND APPROVAL OF MINUTES**

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Retz and approved (12 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE MARCH 6, 2017 MEETING AS DISTRIBUTED.***

**VISION STATEMENT**

Mr. Loftin summarized the committee's vision statement.

**PUBLIC COMMENTS**

No public comments were made.

**QUALITY DASHBOARD REVIEW**

Mr. Loftin reviewed the Value Dashboard included in the agenda packet and discussed each indicator score as it relates to clinical quality and cost. Copies of the PowerPoint slides presented are appended to the file copy of these minutes.

**LEAPFROG**

Mr. Loftin announced that the spring Leapfrog scores were released. PMC was one of sixty-three hospitals nationwide, who has consistently achieved an "A" rating since 2012. He noted that scoring criteria will change in the fall of 2017.

**2017 TOP 10 PATIENT SAFETY CONCERNS**

Mr. Loftin shared with the committee, the 2017 ECRI top 10 safety concerns.

**THE JOINT COMMISSION LEADERSHIP STANDARDS**

Mr. Loftin reviewed the Joint Commission's Operations Leadership Standards with the Committee.

**OTHER**

No other business was discussed.

**ADJOURNMENT**

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

Herman A. Cole, Jr.  
Chairman

**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 June 5, 2017 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman  
Patricia Alexander, M.D.  
Peggy Crooks (12:08 p.m.)  
Billie Fitzgerald  
Robert L. Jordan, Jr., C.M.,  
Christopher Manion, M.D.  
George Mikitarian (non-voting)  
Jerry Noffel (12:08 p.m.)  
Stan Retz, CPA  
Maureen Rupe  
Ashok Shah, M.D. (12:08 p.m.)  
Khalid Siddiqui, M.D.

Member(s) Absent:

Elizabeth Galfo, M.D. (excused)  
Kenneth McElynn, M.D. (excused)  
Aluino Ochoa, M.D. (excused)  
Pamela Tronetti, D.O. (excused)

**CALL TO ORDER**

Mr. Cole called the meeting to order at 12:07 p.m.

**REVIEW AND APPROVAL OF MINUTES**

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Retz and approved (8 ayes, 0 nays, 0 abstentions). Ms. Crooks, Mr. Noffel, and Dr. Shah were absent when the vote was taken.

***ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE APRIL 3, 2017 MEETING AS DISTRIBUTED.***

**VISION STATEMENT**

Mr. Loftin summarized the committee's vision statement.

### **PUBLIC COMMENTS**

No public comments were made.

### **QUALITY DASHBOARD REVIEW**

Mr. Loftin reviewed the Value Dashboard included in the agenda packet and discussed each indicator score as it relates to clinical quality and cost. Copies of the PowerPoint slides presented are appended to the file copy of these minutes.

### **CULTURE OF SAFETY**

Mr. Loftin shared with the committee that The Joint Commission is sending safety surveys prior to an organization's triennial survey. The surveys are utilized on site when assessing the organization and again at the exit conference. Mr. Loftin indicated that the Game Plan drives each of the key areas and they are constantly reassessed.

### **HOSPITAL COMPARE**

Mr. Loftin shared with the committee, a preview of the July update on CMS's Hospital Compare website. He indicated that PMC maintained a 4-star rating and noted the opportunities and strengths.

### **THE JOINT COMMISSION LEADERSHIP STANDARDS**

Mr. Loftin reviewed the remaining Joint Commission's Operations Leadership Standards with the Committee.

### **CITY OF TITUSVILLE LIASION**

Scott Larese, City Manager updated the Committee on various projects and noted that Phase 1 of Titus Landing is complete; Splash Pad opening June 10<sup>th</sup>; landscaping and painting to US1/Main Street complete; Café Chocolate/Bank Bldg. has been sold; Kloibler's has been sold; Cumberland Farms on Cheney Hwy to open min-July and a second location is planned at US1/Garden Street.

### **MARKETING OVERIVIEW**

Mr. Mikitarian noted the reason PMC is able to achieve high scores on Quality and Safety on a monthly basis, and we are the only board Lean Six Sigma Yellow Belt certified, is due to the ongoing emphasis on Quality and Safety. Ms. Sellers introduced representatives from WFTV who acknowledged that PMC has a good story to tell, and shared the multi-faceted campaign which is ongoing. Discussion ensued regarding the digital campaign and it was noted updates will be presented quarterly.

QUALITY COMMITTEE  
JUNE 5, 2017  
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**OTHER**


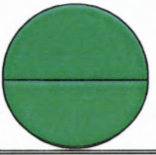
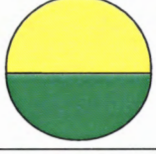
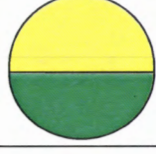
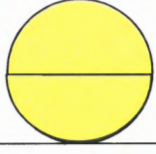
No other business was discussed.

**ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 1:46 p.m.

Herman A. Cole, Jr.  
Chairman

# Board Value Dashboard: August 2017

Core Measures*	
Hospital Acquired Conditions	
Patient Experience	
E.D. Care	
Readmission	

## CMS/IHI Triple Aim

- Better Care For Individuals
- Better Health for Populations
- Lower Costs Through Improvement

**Value= Quality/Cost**

(Most current 3 months of data; April, May, June)



FINANCE COMMITTEE MEMBERS:

Stan Retz, Chairperson  
Peggy Crooks, Vice Chairperson  
Jerry Noffel  
Elizabeth Galfo, M.D.  
Robert Jordan  
Billie Fitzgerald  
Herman Cole (ex-officio)  
George Mikitarian, President/CEO (non-voting)  
Aluino Ochoa, M.D., (alternate)

**TENTATIVE AGENDA  
BUDGET & FINANCE COMMITTEE MEETING - REGULAR  
NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
MONDAY, AUGUST 7, 2017  
EXECUTIVE CONFERENCE ROOM  
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)  
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approval of minutes (May 1, 2017 and June 5, 2017)

*Motion: To recommend approval of the May 1, 2017 and June 5, 2017 minutes as presented.*

- II. Public Comments
- III. Report from Titusville City Council Liaison- Scott Larese
- IV. Quarterly Investment Update – Bott-Anderson
- V. Home Dialysis Joint Venture Partnership with DaVita – Mr. Bradford

*Motion: Recommend the Board of Directors approve the proposed home dialysis investment in the amount not to exceed \$395,200. The investment will hold NBMS's stake in Woodford Dialysis, LLC at 40%. This motion is contingent upon approval of the North Brevard Medical Support Board to accept same said conditions.*

- VI. Financial Review – Mr. Sitowitz
- VII. FY 2018 Capital Budget – Mr. Sitowitz

*Motion: Recommend the Board of Directors approve the FY 2018 Capital Budget in the amount of \$2,300,000.*

VIII. FY 2018 Major Budget Volume Assumptions & Operating Budget – Mr. Sitowitz

***Motion: Recommend the Board of Directors approve the fiscal year 2018 Major Volume Assumptions and Operating Budget with an operating margin of 2.0% as presented.***

IX. Pension Membership Renewal for Michael Sitowitz – Mr. Sitowitz

***Motion: Recommend the Budget and Finance Committee approves the renewal of Pension membership for Michael Sitowitz for a three-year term from July 1, 2017 through June 30, 2020.***

X. Quarterly Clinical Quality Value Analysis Update – Mr. Sitowitz

XI. Quarterly FY17 Capital Update – Mr. Sitowitz

XII. Public Hearing Dates (**For Information Only**) – Mr. Sitowitz

XIII. 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.***

XIV. 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 MS. LISA CAVALLERO, EXECUTIVE DIRECTOR, AT 95I NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 383-9829 (TDD).

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  
BUDGET AND FINANCE COMMITTEE**

A regular meeting of the Budget and Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on May 1, 2017 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairman  
Herman A. Cole, Jr.  
Billie Fitzgerald  
Elizabeth Galfo, M.D.  
Robert Jordan  
George Mikitarian (non-voting)  
Jerry Noffel  
Aluino Ochoa, M.D.

Member(s) Absent:

Peggy Crooks (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 12:39 p.m.

**QUARTERLY INVESTMENT UPDATE**

Messrs. John & Tim Anderson reviewed the 1st Quarter Performance for both the Operating and the Pension Funds. Mr. Tim Anderson presented a brief market update and Mr. John Anderson noted for the Operating Fund and Pension Fund the year-to-date and historical performance. He also outlined the manager performance.

**OPERATING ACCOUNT – MONEY MANAGER REPLACEMENT**

Mr. John Anderson briefed the committee concerning recent actions by money manager, Lombardia Capital Partners (“Lombardia”). He noted that Lombardia recently lost its international investment management team and has decided to close its doors, necessitating the need to find replacement managers for the international portion of the Operating portfolio. Mr. Anderson presented three manager options for replacement. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Cole and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE REPLACING LOMBARDIA CAPITAL PARTNERS WITH STRATEGIC GLOBAL ADVISORS (SGA) LARGE CAP INTERNATIONAL ADR AND CLEAR BRIDGE INVESTMENTS VALUE CORE GLOBAL ADR AS THE INTERNATIONAL MANAGERS FOR THE OPERATING PORTFOLIO.**

**CITY COUNCIL LIAISON**

Mr. Scott Larese, City Manager addressed and updated the committee on the status of the city, and distributed the most recent Titusville Talking Points.

**RECESS**

Mr. Retz recessed the meeting at 1:05 p.m.

**RECONVENE**

Mr. Retz reconvened the meeting at 2:10 p.m.

**REVIEW AND APPROVAL OF MINUTES**

Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION TO APPROVE THE MARCH 6, 2017 MEETING, AS PRESENTED.**

**PUBLIC COMMENTS**

No public comments made.

**FINANCIAL REVIEW**

Mr. Sitowitz summarized the March 2017 financial statements. Discussion ensued regarding the reimbursement reductions by the state and federal government, amount of uncompensated and charity care, options for additional funding and the potential funding each option might produce. All agreed management's response over the last several years had placed the District in a good current position, however, future adjustments would continue to be needed.

**ORTHOPEDIC SERVICE LINE EQUIPMENT**

Mr. Matt Graybill summarized the memorandum contained in the packet relative to the Hana Bed/Table and Spider Arm Holder. Discussion ensued and the following motion was made by Mr. Noffel, seconded by Mr. Cole and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE PURCHASE OF THE HANA BED/TABLE AND SPIDER ARM HOLDER AT A TOTAL COST NOT TO EXCEED THE AMOUNT OF \$120,611.**

**NETWORK INFRASTRUCTURE SWITCH REPLACEMENT**

Mr. Sitowitz summarized the memorandum contained in the packet relative to the budgeted network infrastructure switch. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Cole and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE PURCHASE OF THE NETWORK INFRASTRUCTURE SWITCH REPLACEMENTS (PROJECT #17-721-05) AT A TOTAL COST NOT TO EXCEED THE BUDGETED AMOUNT OF \$253,135.**

**OTHER**

Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Cole and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION TO RECOMMEND THE BOARD OF DIRECTORS ACCEPT THE PENSION PLAN ACTUARIAL VALUATION AS OF OCTOBER 1, 2016.**

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Cole and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE APPOINTMENTS OF JULIA REYES MATEO TO THE PENSION ADMINISTRATIVE COMMITTEE FOR THE POSITION VACATED BY ROBERTA CHAILDIN FOR THE REMAINDER OF THE TERM WHICH EXPIRES JUNE 30, 2019.**

**ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 3:02p.m.

Stan Retz  
Chairperson

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

A regular meeting of the Budget and Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on June 5, 2017 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairman  
Herman A. Cole, Jr.  
Peggy Crooks  
Billie Fitzgerald  
Robert Jordan  
George Mikitarian (non-voting)  
Jerry Noffel

Member(s) Absent:

Elizabeth Galfo, M.D. (excused)  
Aluino Ochoa, 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 2:34 p.m.

**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOTION TO APPROVE THE APRIL 3, 2017 MEETING, AS PRESENTED.***

**PUBLIC COMMENTS**

No public comments made.

**FINANCIAL REVIEW**

Mr. Sitowitz summarized the April 2017 financial statements. Discussion ensued regarding the budgeting process which is currently under way. Mr. Sitowitz introduced Robert (Bob) Ondreizk as the new Director of Patient Financial Services.

**OPHTHALMOLOGY SERVICE LINE EQUIPMENT**

Mr. Matt Graybill summarized the memorandum contained in the packet relative to Surgical Eye Stretchers, Surgical Microscope, and Surgical Vision System. Discussion ensued and the following motion was made by Ms. Crooks, seconded by Ms. Fitzgerald and approved (6 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE UNBUDGETED PURCHASE OF THE SURGICAL EYE STRETCHERS, THE SURGICAL MICROSCOPE, AND THE SURGICAL VISION SYSTEM AT A TOTAL COST NOT TO EXCEED THE AMOUNT OF \$259,519.08***

**DISPOSAL OF SURPLUS PROPERTY**

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

***ACTION TAKEN: 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.***

**OTHER**

No other business was discussed.

**ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 3:19p.m.

Stan Retz  
Chairperson



## MEMORANDUM

---

**To:** Stan Retz, Chairman  
Budget & Finance Committee

**From:** Jeremy Bradford, Vice President – Operations, Outpatient Services, and  
Business Development

**Subject:** Home Dialysis Joint Venture Partnership with DaVita

**Date:** July 27, 2017

---

Parrish Medical Center, on behalf of North Brevard Medical Support, Inc. (NBMS), has engaged in discussions with DaVita to add to the current partnership, Woodford Dialysis, LLC, to provide home dialysis services at Titus Landing. The collaboration with DaVita is a strategic partnership which will allow us to expand home dialysis services, providing the high quality care of which our community is accustomed, while increasing financial efficiencies. This venture will keep our investment at 40%.

The total investment in the joint venture for home dialysis is \$988,000. Contributions are based on the percentage of joint venture ownership. NBMS's portion will remain at 40%, which is \$395,200. Funding will first come from NBMS's share of accumulated earnings with the remaining funds coming from cash calls. The proposed funding schedule is outlined below.

- 14.4%, or \$ 56,841 upon agreement execution
- 49.2%, or \$194,349 30 days after the start of construction
- 28.6%, or \$112,561 90 days after the start of construction
- 7.8%, or \$ 31,449 30 days after Certificate of Occupancy.

Woodford Dialysis, LLC already has a lease with PMC for on-site dialysis on the first floor of Titus Landing. It is anticipated that home dialysis will occupy 2,590 sf of space on the third floor of Titus Landing, for a lease period of 10 years. The first patient treated is anticipated on or around April 1, 2019.



Therefore, we make the following motion:

***Motion: Recommend the Board of Directors approve the proposed home dialysis investment in the amount not to exceed \$395,200. The investment will hold NBMS's stake in Woodford Dialysis, LLC at 40%. This motion is contingent upon approval of the North Brevard Medical Support Board to accept same said conditions.***

Should you have any questions or concerns, please do not hesitate to contact me at [Jeremy.bradford@parrishmed.com](mailto:Jeremy.bradford@parrishmed.com) or 268-6106.



**MEMORANDUM**

---

**To:** Budget & Finance Committee  
**From:** Michael Sitowitz  
Controller  
**Subject:** **FY 2018 Capital Budget**  
**Date:** July 30, 2017

---

Attached is the FY 2018 Capital Budget item listing in department order. The total capital budget is \$2,300,000. As you will note, we highlighted five items totaling \$1,196,798 which represent capital expenditures over \$150,000 per item. These five items will need to be brought back before the Board for approval before the purchase can be made in FY 2018 which is in accordance with Policy No. 9500-2.

The remaining thirty items total \$967,771 and will be purchased during our normal operating activities. Any purchase that exceeds the approved amount or not approved as part of the budget, will be purchased utilizing our general contingency, which has been established this year at \$135,431 for all Capital related items.

We recommend the approval of the attached capital budget.

***Motion: Recommend the Board of Directors approve the FY 2018 Capital Budget in the amount of \$2,300,000.***

Should you have any questions, please do not hesitate to contact me at 268-6351 or email me at [michael.sitowitz@parrishmed.com](mailto:michael.sitowitz@parrishmed.com).

Attachment

**Parrish Medical Center  
FY 2018 Capital Budget**

<b>Proposal Name</b>	<b>Capital ID</b>	<b>Proposed Capital</b>
<b>Fiscal Year 2018 - Routine Equipment</b>		
Spacelabs Newborn Monitors	18-333-01	52,261
Nursery Radiant Warmer Admission Bed (Drager Babytherm 8004)	18-336-01	13,636
Ultrasound Transducers	18-342-01	5,825
Hemodialysis Machine and RO System	18-344-01	32,050
Stryker Neptune Waste Management System	18-351-01	35,695
Lease Buyout - Calfirst Lease Schedule 9 - Cataract Equipment	18-351-01	16,869
Telescope 5mm/30degree	18-351-02	5,597
Olympus 5mm 0 degree HD Endoeye	18-351-03	22,200
Blood Culture Instrument	18-401-01	213,242
Chemistry Instrument Electrolytes Whole Blood	18-401-03	28,000
Microscope	18-401-04	11,493
Blood Bank Platelet Incubator and Rotator	18-401-05	6,187
LEASE BUYOUT - DXH800 Hematology Analyzer	18-401-07	9,000
Cytospin	18-412-01	9,655
Computed Radiography to Digital Radiography Conversion for Xray	18-421-01	139,307
McKesson PACS Infrastructure Upgrade	18-421-02	102,832
Nuclear Medicine Equipment	18-424-01	9,000
ICAD - Mammo Software Upgrade with Density Upgrade	18-427-01	33,851
Pediatric Sleep Trancutaneous Monitor	18-428-01	14,251
Angiojet - Blood Clot TX	18-467-01	37,000
Impella-Mini Heart Pump	18-467-02	50,773
Security Portable Radios	18-663-02	14,134
Fiscal Year 2018 Contingency	18-702-01	135,431

**998,289**

<b>Fiscal Year 2018 - Plant</b>		
PMC Exterior Sign replacement	18-661-02	15,009
Badge access readers	18-663-03	19,998
UPS Replacement	18-721-01	376,000

**411,007**

<b>Fiscal Year 2018 - IS</b>		
Lease Buyout - Calfirst Lease Schedule 10 - IT Equipment	18-721-02	132,162
UCS Servers	18-721-03	286,000
Data Domain	18-721-04	161,556
Citrix Netscaler	18-721-07	91,436
Network Infrastructure	18-721-06	160,000
Quadramed Affinity - Staffing Export Interface	18-745-01	4,500
ADP Scheduler Interface for Quadramed Acuity Plus	18-745-02	17,500
ADP Virtual Edge - Interface	18-745-03	6,000
ADP Shift Diff Modifications	18-745-04	25,550
ADP Performance Manager - Implementation	18-745-05	6,000

**890,704**

**Total Capital Budget for FY 2018**

**2,300,000**



## MEMORANDUM

---

**To:** Budget & Finance Committee

**From:** Michael Sitowitz, Controller

**Subject:** **FY18 Major Budget Volume Assumptions & FY18 Operating Budget**

**Date:** July 30, 2017

---

Attached please find the budget overview information sheet

### **Major Budget volume assumptions**

In building the budget volume assumptions for FY2018, we considered the following external factors:

- Modeling to forecast future volumes based upon historical trends.
- A shift of OP Diagnostic visits from PMC and PSJ to Parrish Healthcare Titus Landing. Approximately 5.0% of PMC OP Diagnostics are expected to shift to this location.
- Volume related to the opening of Parrish Healthcare at Port Canaveral
- An increase in surgical volume related to Ophthalmology and Orthopedics
- Given the limited number of physician recruitment over the last three years and only one or two anticipated in 2018, we did not add any additional hospital volume for new physician recruitment to the community.

The major volume assumptions are the key drivers of our budget, if they change for whatever reasons all budgeted items impacted by volume are adjusted accordingly. The volume indicators drive the revenue and a majority of the expense items, including FTEs (Full-time equivalents). The major volume assumptions are linked to individual department's volume, so any change in the major assumptions will change all departments that would be impacted by that change.

### **Operating Budget**

The major budget volume assumptions referred to above were the basis for the FY18 operating budget. The result is a budgeted operating margin of 2.0%.

Therefore we propose the following motion:

***Motion: Recommend the Board of Directors approve the fiscal year 2018 Major Volume Assumptions and Operating Budget with an operating margin of 2.0% as presented.***

Should you have any questions, please feel free to contact me at 268-6164 or by e-mail at [michael.sitowitz@parrishmed.com](mailto:michael.sitowitz@parrishmed.com).



BUDGET OVERVIEW INFORMATION SHEET  
 NORTH BREVARD COUNTY HOSPITAL DISTRICT  
 DBA PARRISH MEDICAL CENTER  
 FY 2017/2018 BUDGET

	ANNUALIZED 09/30/2017	BUDGET 09/30/2018
<b>STATISTICAL DATA</b>		
Patient Days	30,484	29,074
Adjusted Patient Days	83,915	85,115
Admissions	6,371	6,531
Adjusted Admissions	17,538	19,120
Average Length of Stay (Days)	4.78	4.45
Average Daily Census	83.5	79.7
Emergency Department Visits	42,128	42,403
Outpatient Referrals	67,848	81,418
Deliveries	645	661
Operations	5,894	6,057
<b>STAFFING</b>		
Full Time Equivalents	935	906
<b>OPERATIONS OVERVIEW</b>		
Gross Patient Revenue	619,837,259	629,901,765
Deductions from Revenue (1)	488,431,760	495,700,634
AHCA and Public Assistance	1,598,715	1,695,148
Operating Expense (includes AHCA & Public Assistance)	129,886,099	131,633,428
<b>Per Adjusted Patient Day:</b>		
Revenue	7,386	7,401
Deductions	5,821	5,824
AHCA and Public Assistance	19	20
Operating Expense (includes AHCA and Public Assistance)	1,548	1,547
<b>Per Adjusted Admissions:</b>		
Revenue	35,343	32,945
Deductions	27,850	25,926
Public Assistance Assessment	91	89
Operating Expense	7,406	6,885
<b>(1) Explanation of Deductions from Revenue:</b>		
Medicare	291,494,829	295,832,875
Medicaid	63,430,373	64,374,348
HMO/PPO and Other	101,328,842	102,836,824
Community Care	10,916,428	12,115,937
Bad Debts	21,261,288	20,540,650
Total Deductions from Revenue	488,431,760	495,700,634

AD VALOREM TAXES  
PUBLIC HEARING DATES

1ST PUBLIC HEARING DATE

Regulations:

Must be conducted not before 65 days after 6/30/17 and within 80 days after 6/30/17.

Tentative date set for September 11, 2017 (Monday) at 5:01 p.m. in Conference Room 2345. The regular meetings of the Board of Directors and the Committees of the Board of Directors are also set for September 11th (Monday).

2ND PUBLIC HEARING DATE

Regulations:

Must be conducted not before two days after newspaper add and not more than five days after newspaper add.

Tentative date set for September 25, 2017 (Monday) at 5:01 p.m. in the Executive Conference Room, Administration, 2<sup>nd</sup> Floor.

Note: The newspaper ad for the 2nd public hearing is to be published within 15 days of the 1st public hearing. The tentative date for this publishing is set for September 14, 2017 (Friday).

ATTACHMENT: Confirmation from Brevard County Board of County Commissioners re: Public Hearings on County and School Budgets dated June 22, 2017.

July 31, 2017



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the official website for Brevard County Government

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- Reports
- Ten Yr Expenditure Analysis
- Useful Links

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### Budget Office



#### *In the spotlight at Brevard County Budget Office*

Re: Public Hearings on County and School Budgets

In accordance with the requirements of Florida Statutes, Chapter 200.065, notice is given concerning the dates of the scheduled public hearings on the ad valorem tax rates and budgets of the Brevard County School Board and the Brevard County Board of County Commissioners for the fiscal year beginning October 1, 2017.

The Brevard County School Board will hold public hearings on its ad valorem tax rates and budget for the fiscal year beginning July 1, 2017 on:

- Thursday - July 27, 2017 at 5:30 P.M. and
- Thursday - September 7, 2017 at 5:30 P.M.

The Brevard County Board of County Commissioners will hold public hearings on its ad valorem tax rates and budget for the fiscal year beginning October 1, 2017 on:

- Tuesday - September 12, 2017 at 5:30 P.M. and
- Tuesday - September 26, 2017 at 5:30 P.M.

If there are any questions concerning these meetings, please call the Brevard County Budget Office at 633-2153.

#### About the Budget Office

The Brevard County Budget Office is responsible for the development of the annual Operating and five year Capital Improvement Program budgets. Through coordination with departments and County Administration, we strive to present a budget that adheres to the vision and guidance of the Brevard County Board of County Commissioners while maximizing limited resources. Our goal on this website is to provide transparent and comprehensive budget information that is easily accessible by our stakeholders; residents, visitors, staff and County Management.

On our website, users can access proposed (July through September), current year (effective October 1<sup>st</sup> each year) and prior year budgets. Readers may also find information about the budget process, applicable state and local directives, a budget-in-brief, FAQ's and links to associated websites.

We are committed to making our website as informative and as user-friendly as possible, and welcome suggestions that will enhance its appearance and/or content.

#### Budget Office

2725 Judge Fran Jamieson Way  
Viera, FL 32940  
(321) 633-2153

Director Jill Hayes

- Email the Budget Office
- Like Brevard County on Facebook!
- Follow Brevard County on Twitter!

Contact Webmaster about this website's content, services, or technical issues.  
Board of County Commissioners  
2725 Judge Fran Jamieson Way Viera, FL 32940  
Tel: (321) 633-2000 or Florida Relay 1-800-955-8771

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

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

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Phototherapy unit	KNO10031	11/12/86	963.05	00558	obsolete	Ø	336
Phototherapy unit	KNO15170	3/28/88	1,077. <sup>10</sup>	00559	obsolete	Ø	336
Phototherapy <sup>Bilirubin</sup> light	KNO28547	10/12/05	1,791.58	02977	obsolete / new technology	Ø	336

RECEIVED  
 FINANCE  
 6-19-17

Requesting Department Nursery 1.336      Department Director M. Hodges RNS  
 Net Book Value (Finance) Jamie Wasson via telephone      EMC Member 6-5-17  
 Sr. VP Finance/CFO Michael Strong 6-19-17      President/CEO [Signature]  
 Board Approval: (Date) \_\_\_\_\_      CFO Signature \_\_\_\_\_  
 Requestor Notified Finance \_\_\_\_\_  
 Asset Disposed of or Donated \_\_\_\_\_  
 Removed from Asset List (Finance) \_\_\_\_\_  
 Requested Public Entity for Donation \_\_\_\_\_  
 Entity Contact \_\_\_\_\_  
 Telephone \_\_\_\_\_



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

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

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
VALLEY LAB CART	KN020777	01-1999	675.39	01191	Obsolete	0.00	10352
3 TIER METAL CART W/WHEELS	KN004104	1980			Obsolete	0.00	1352
3 TIER METAL CART W/WHEELS	KN001836	1984			Obsolete	0.00	1352
PILL CAM /EQUIP &COMPUTER	KN029583	02-2010	46,187.79	05151	Obsolete	0.00	10352

Requesting Department PERIOPERATIVE SERVICES

Department Director MATTHEW GRAYBILL *Matthew Graybill* 5/19/17

Net Book Value (Finance) 0.00 *0.00* *06-16-17*

EMC Member *Bob* *5-23-17*

Sr. VP Finance/CFO *Michael Anthony* *6-19-17*

President/CEO *CM*

Board Approval: (Date) \_\_\_\_\_

CFO Signature \_\_\_\_\_

Requestor Notified Finance \_\_\_\_\_

Asset Disposed of or Donated \_\_\_\_\_

Removed from Asset List (Finance) \_\_\_\_\_

Requested Public Entity for Donation \_\_\_\_\_

Entity Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**EXECUTIVE COMMITTEE**

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

**DRAFT AGENDA  
EXECUTIVE COMMITTEE  
NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
MONDAY, AUGUST 7, 2017  
2<sup>nd</sup> FLOOR, EXECUTIVE CONFERENCE ROOM**

**CALL TO ORDER**

- I. Approval of Minutes  
*Motion to approve the minutes of the May 1, 2017 & June 5, 2017 meeting.*
  
- II. Reading of the Huddle
  
- III. Public Comment
  
- IV. Open Forum for PMC Physicians
  
- V. Attorney Report – Mr. Boyles
  - Resolutions Declaring Surplus Properties
    - 830 Century Medical Drive
    - 836 Century Medical Drive
    - 805 Century Medical Drive
  
- VI. Other
  
- VII. 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 MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD).

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 May 1, 2017 in the Executive Conference Room.

The following members were present:

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

Members Absent:

Peggy Crooks

Also in attendance were the following Board members:

Billie Fitzgerald  
Jerry Noffel  
Maureen Rupe  
Ashok Shah, M.D.

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 3:09 p.m.

**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE MARCH 6, 2017 MEETING AS PRESENTED.***

**READING OF THE HUDDLE**

Dr. Galfo read the Weekly Huddle.

**PUBLIC COMMENT**

There were no public comments.

**OPEN FORUM FOR PHYSICIANS**

No physicians spoke.

**ATTORNEY REPORT**

No Attorney report was presented.

**OTHER**

Mr. Mikitarian shared with the committee PMC's financial position which has allowed for investments within the community by way of a new replacement hospital, new Port St. John facility, and endeavors at Titus Landing and Port Canaveral, all while retaining cash reserves.

**ADJOURNMENT**

There being no further business to discuss, the meeting was adjourned at 3:47 p.m.

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

**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 June 5, 2017 in the Executive Conference Room.

The following members were present:

Robert L. Jordan, Jr., C.M., Chairman  
Herman A. Cole, Jr.  
Peggy Crooks  
George Mikitarian (non-voting)  
Stan Retz

Members Absent:

Elizabeth Galfo, M.D. (excused)

Also in attendance were the following Board members:

Billie Fitzgerald  
Jerry Noffel  
Maureen Rupe  
Ashok Shah, M.D.

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 1:48 p.m.

**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE APRIL 3, 2017 MEETING AS PRESENTED.***

**PHYSICIAN MANPOWER PLAN**

Mr. Jim Lifton, Lifton & Associates, addressed the committee regarding the Physician Manpower Plan. He noted he recently engaged in physician interviews with Florida Health Network physicians in order to update the plan. Discussion ensued regarding the Network's plan, improved

infrastructure and growth, as well as opportunities and challenges. Mr. Mikitarian noted the Affordable Care Act requires integrated care and care coordination. He noted the purpose of the network is to get all providers/services under one umbrella, sharing information and lowering costs. The Network is comprised of high quality, low cost providers, which translate into a higher star rating and higher reimbursement.

**FAREWELL – LINDA CARRILLO**

Mr. Mikitarian noted that this would be Linda Carrillo's last Committee/Board meeting. Ms. Carrillo addressed the Committee and noted it has been a rewarding experience, personally and professionally. She noted that she is leaving to care for an elderly family member, and has truly enjoyed working with everyone. Mr. Jordan thanked Ms. Carrillo for her dedication and wished her well on behalf of the Board.

**PUBLIC COMMENT**

There were no public comments.

**OPEN FORUM FOR PHYSICIANS**

No physicians spoke.

**ATTORNEY REPORT**

No Attorney report was presented.

**ADJOURNMENT**

There being no further business to discuss, the meeting was adjourned at 3:24 p.m.

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

**RESOLUTIONS OF THE BOARD OF DIRECTORS  
OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT  
DECLARING SURPLUS REAL PROPERTY**

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

**DECLARATION OF  
SURPLUS REAL PROPERTY**

*Whereas*, 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 (the "Act"); and

*Whereas*, the Act authorizes the Board of Directors of the District (the "Board") to sell surplus real property owned by the District and provides a number of procedures that the District is required to follow to sell such real property; including, but not limited to the following:

1. The District must hold a public hearing, either at a regular or special meeting called for such purpose, after publishing notice in a newspaper of general circulation specifically describing the real property (if the hearing is held at a special meeting, notice must be published at least fourteen (14) days prior to the hearing);

2. At the public hearing, by Resolution of the Board, it must be determined that (i) the real property is not presently needed by the District for carrying out its purposes as provided in the Act, (ii) there is not a future need for the real property, and (iii) the property should be declared surplus real property;

3. After the real property is designated as surplus, the Board must obtain an appraisal of the real property from an independent appraiser;

4. After receipt of the appraisal, the real property must be advertised for sale in a newspaper of general circulation at least fourteen (14) days prior to the date of receipt of bids; and

5. The Board must allow potential buyers to submit bids, which must be sealed; however, the Board reserves the right to reject all bids; and

*Whereas*, the District previously adopted a policy to classify as surplus any of its personal or real property that is obsolete or the continued use of which is uneconomical or inefficient, or which serves no useful function (the "Policy"), as more particularly described in **Exhibit "A,"** in particular in the section entitled "Procedures for Recommendation to the Board of Directors for the Disposal of Real Property;" and

*Whereas*, the District presently owns an office building located at 830 Century Medical Drive, Titusville, Florida 32796 (the "Property"), as more particularly described in **Exhibit "B;"** and

*Whereas*, the Board finds based on the foregoing facts that declaring the Property as surplus real property is in the best interests of the District and the residents of the District; and

*Whereas*, the District desires to comply with the Act, Florida Statutes and the Policy in declaring the Property as surplus real property; now, therefore be it

*Resolved*, that the Board finds that the Property is not presently needed by the District for carrying out its purposes; and, be it further

*Resolved*, that the Board finds there is not a future need by the District for the Property; and, be it further

*Resolved*, that the Board has and will comply with all of the procedures it is required to follow to sell surplus real property under the Act, Florida Statutes and the Policy and that the Board hereby declares the Property as surplus real property; and, be it further

*Resolved*, that the Board directs that the Property be advertised for sale in a newspaper of general circulation in North Brevard County, Florida at least fourteen (14) days prior to the date sealed bids to purchase the Property are due; and, be it further

*Resolved*, that the Board reserves the right to reject all bids; and, be it further

*Resolved*, that the Board directs an appraisal be obtained to establish the value of the Property; and, be it further

#### GENERAL AUTHORIZING RESOLUTION

*Resolved*, that each officer of the District be, and the same hereby is, authorized, empowered, and directed for, in the name of, and on behalf of the District to do all acts, and take all actions, and prepare all papers, instruments, and documents, and do all other things in connection with the matters and transactions contemplated by these resolutions, which such officer in his sole discretion approves as being proper, appropriate, or necessary in connection therewith, with the signature of the officer so acting being deemed conclusive evidence of his approval.

*SIGNATURE PAGE FOLLOWS*



These Resolutions shall take effect immediately upon their adoption.

PASSED, APPROVED AND ADOPTED this \_\_\_ day of August, 2017.

BOARD OF NORTH BREVARD COUNTY  
HOSPITAL DISTRICT

By: \_\_\_\_\_  
Herman A. Cole Jr., Chairman

ATTEST:

By: \_\_\_\_\_  
Billie Fitzgerald, Secretary

**EXHIBIT "A"**

**DISPOSAL OF SURPLUS PROPERTY POLICY**

PARRISH MEDICAL CENTER  
POLICY MEMORANDUM

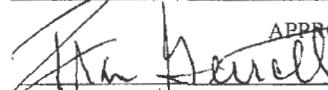
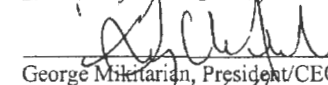
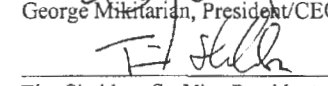
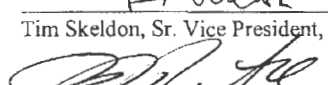
POLICY NO. 9500-23  
PAGE 1 OF 4

**SUBJECT**  
**DISPOSAL OF SURPLUS PROPERTY**

POLICY TYPE: ADMINISTRATIVE

EFFECTIVE DATE: 05/17/79

CATEGORY: LEGAL & REGULATORY

APPROVALS	DISTRIBUTION
 Date: <u>09/14/09</u> Initiated By: Fran Gerret, Director, Materials Management	1. Administration Manual
 Date: <u>09/14/09</u> George Miketarian, President/CEO	2. Board of Directors
 Date: <u>09/14/09</u> Tim Skeldon, Sr. Vice President, Finance/CFO	3. Departments
 Date: <u>09/14/09</u> J. J. Parrish III, Chairman, Board of Directors	
REVISED: 5/4/01; 1/7/02, 9/09	

**POLICY**

It shall be the policy of Parrish Medical Center to classify as surplus any of its personal or real property that is obsolete or the continued use of which is uneconomical or inefficient, or which serves no useful function.

**PROCESS FOR RECOMMENDATION TO THE BOARD OF DIRECTORS FOR THE DISPOSAL OF SURPLUS PERSONAL PROPERTY:**

- A. PMC department directors who consider property in their department no longer serviceable will prepare and forward a written request for inspection and disposal of the obsolete item.

The Request for Disposal of Obsolete or Surplus Property form (located on ICARE), shall contain the following information;

- a. asset control number of the property (KN#)
- b. description of the property; including make, model
- c. reason for disposal
- d. recommended method of disposal
- e. physical location of property

Once the Request for Disposal of Obsolete or Surplus Property is EMT approved, indicating that the EMT has inspected the item, it will be forwarded to the Sr. Vice President of Finance for approval before being submitted to the President/CEO. Upon approval by the President/CEO, the request shall be submitted to the hospital board for final disposition. Requesting departments should retain a

**DISPOSAL OF SURPLUS PROPERTY****POLICY NO. 9500-23  
PAGE 2 OF 4**

copy of the request form, and may not remove, transfer, or dispose of property from the department until final Board approval for disposition.

- B. Once Board approval is received the Finance Department shall notify the requesting department that the property has been approved for disposal. The department director should then submit a work order to EVS (Housekeeping) or Plant Services Departments, depending on the type of asset for removal. The requestor copy of the original Request for Disposal of Obsolete or Surplus Property form will be signed and dated by the department removing the asset. A copy of the form will be retained by the department and a copy provided for the Director of Materials Management. Based on the Board approved disposition, the Director of Materials Management will dispose of the asset in accordance with Florida Statutes, providing a signed and dated copy of the request form to the Finance Department, once the asset has been discarded, donated or sold.

**PROCESS FOR THE HOSPITAL BOARD OF DIRECTORS FOR DISPOSAL OF SURPLUS PROPERTY:**

- A. The Board shall consider any list of unserviceable personal property as recommended by the President/CEO and the Sr. Vice President - Finance/CFO of the hospital. The minutes of any such hospital meeting shall reflect the deliberation of the Board and the fact that the property is obsolete, uneconomical, inefficient, or serves no useful function.
- B. Thereafter, the Board may classify as surplus and instruct the Sr. Vice President - Finance/CFO to dispose of all such items in accordance with Florida Statutes.
- C. The Sr. Vice President, Finance/CFO will make recommendations to the Board of Directors as to the removal of any capital assets that cannot be located and are listed on the capital asset ledger.

**PROCESS FOR THE HOSPITAL DIRECTOR OF MATERIALS MANAGEMENT TO FOLLOW:**

- A. Property classified as surplus by PMC shall first be offered as surplus property to other governmental units in the PMC taxing district with a request for competitive bids, or in the absence of competitive bids, as a donation on a first requested basis.
- B. In the event no acceptable bid is received within sixty (60) calendar days, the property shall be offered to such other governmental units along with the information in Item C, below.
- C. Each offer to governmental units shall disclose the value, conditions, and age of the property offered for disposal. The most acceptable bid shall be determined by the Director, Materials Management. Costs of transferring the disposal property shall be arranged and paid by the successful bidder.

**ALTERNATIVE PROCESS:**

- A. In the event the procedures described in A, B, and C above do not result in a disposal of the approved surplus property, the President/CEO shall be authorized to dispose of such surplus property to any

**DISPOSAL OF SURPLUS PROPERTY**

**POLICY NO. 9500-23  
PAGE 3 OF 4**

person. If the disposal property is without commercial value, it may be donated, destroyed, or abandoned (by approved methods).

- B. Under the alternative procedure herein, if the value of the property is estimated to be more than one hundred dollars (\$100), but less than two hundred dollars (\$200), such property shall be sold to the highest responsible bidder after a request for bids, or by public auction.

In the event the value of the property is estimated to be two hundred dollars (\$200) or more, the property may be sold only to the highest responsible bidder, or by public auction, after publication of notice not less than one (1) week no more than two (2) weeks prior to sale. The publication notice shall be in accordance with Florida Statutes 274.06.

**PROCESS FOR RECOMMENDATION TO THE BOARD OF DIRECTORS FOR THE DISPOSAL OF SURPLUS REAL PROPERTY:**

- A. The Board of Directors of the District must hold a public hearing to determine that the real property is not presently needed by the District for carrying out the purposes of Chapter 28924, Laws of Florida, as amended, that there is not a future need for the property, and that the property should be declared surplus.
- B. The public hearing must be held at either a regular meeting or a special meeting called for such purpose after publishing a notice in a newspaper of general circulation specifically describing the real property proposed to be declared surplus; this notice must be published at least fourteen (14) days prior to the holding of a special meeting.
- C. After the Board determines by resolution that real property is surplus, it must obtain an appraisal of the property from an independent appraiser.
- D. After receipt of the appraisal, the District may negotiate an exchange of the surplus property for other property needed by the District so long as the district obtains consideration equivalent to the appraised value of the surplus property.
- E. In the alternative, the District may sell the surplus property after advertising the same for sale in a newspaper of general circulation at least fourteen (14) days prior to the date of receipt of bids. The District must require sealed bids, reserving the right to reject all bids. The surplus property may be sold only to the highest bidder for cash.

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

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

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

Asset Description	Asset Control KN #	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Code *	Decontamination Complete	
						Y,N,NA	Initial

\*Disposition Codes:  
 Discard after Salvage of Parts  S    Discard  D    Donate  N    Store  T

Requesting Department: \_\_\_\_\_ Department Director \_\_\_\_\_  
 Net Book Value (Finance) \_\_\_\_\_ EMC Member \_\_\_\_\_  
 Sr. VP Finance/CFO \_\_\_\_\_ President/CEO \_\_\_\_\_  
 Board Approved (CFO Signature) \_\_\_\_\_  
 Requestor Notified Finance \_\_\_\_\_  
 Asset Disposed of or Donated \_\_\_\_\_  
 Removed from Asset List (Finance) \_\_\_\_\_  
 Requested Public Entity for Donation \_\_\_\_\_  
 Entity Contact \_\_\_\_\_  
 Telephone \_\_\_\_\_

File: (Finance/Patient/Disposal Request)  
 cc: Risk Manager  
 Patient Safety Officer

**EXHIBIT "B"**

**LEGAL DESCRIPTION OF THE PROPERTY FOR BOTH 830 AND 836 CENTURY MEDICAL DRIVE WHICH WHEN SURVEYED WILL BE SPLIT BETWEEN THE TWO FACILITIES ALL SUBJECT TO RELEVANT GOVERNMENTAL APPROVALS**

A part of Lots 16 and 17, CENTURY MEDICAL PLAZA, as recorded in Plat Book 29, at Page 9, of the Public Records of Brevard County, Florida, more particularly described as follows:

Commence at the Southwest corner of the aforesaid Lot 17, run thence N 25 deg. 43 min. 10 sec. W along the Westerly line of said Lot 17, a distance of 190.00 feet to the Point of Beginning of the lands herein described, thence continue N 25 deg. 43 min. 10 sec. W along the Westerly line of Lot 17 and the Westerly line of Lot 16, a distance of 435.40 feet; thence S 65 deg. 35 min. 00 sec. E, a distance of 286.57 feet to a point on the Easterly line of Lot 16, said point lying on the arc of a circular curve concave Easterly having a radius of 75.00 feet and at which point a radial line bears S 73 deg. 33 min. 47 sec. E; thence Southerly along the arc of said curve and along the Easterly line of Lot 16 through a central angle of 42 deg. 54 min. 05 sec. a distance of 56.16 feet to the point of tangency; thence S 26 deg. 27 min. 52 sec. E along the Easterly line of Lot 16 and the Easterly line of Lot 17, a distance of 167.43 feet; thence S 65 deg. 24 min. 50 sec. W, a distance of 166.49 feet to the Point of Beginning.

**RESOLUTIONS OF THE BOARD OF DIRECTORS  
OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT  
DECLARING SURPLUS REAL PROPERTY**

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

**DECLARATION OF  
SURPLUS REAL PROPERTY**

*Whereas*, 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 (the "Act"); and

*Whereas*, the Act authorizes the Board of Directors of the District (the "Board") to sell surplus real property owned by the District and provides a number of procedures that the District is required to follow to sell such real property; including, but not limited to the following:

1. The District must hold a public hearing, either at a regular or special meeting called for such purpose, after publishing notice in a newspaper of general circulation specifically describing the real property (if the hearing is held at a special meeting, notice must be published at least fourteen (14) days prior to the hearing);

2. At the public hearing, by Resolution of the Board, it must be determined that (i) the real property is not presently needed by the District for carrying out its purposes as provided in the Act, (ii) there is not a future need for the real property, and (iii) the property should be declared surplus real property;

3. After the real property is designated as surplus, the Board must obtain an appraisal of the real property from an independent appraiser;

4. After receipt of the appraisal, the real property must be advertised for sale in a newspaper of general circulation at least fourteen (14) days prior to the date of receipt of bids; and

5. The Board must allow potential buyers to submit bids, which must be sealed; however, the Board reserves the right to reject all bids; and

*Whereas*, the District previously adopted a policy to classify as surplus any of its personal or real property that is obsolete or the continued use of which is uneconomical or inefficient, or which serves no useful function (the "Policy"), as more particularly described in **Exhibit "A,"** in particular in the section entitled "Procedures for Recommendation to the Board of Directors for the Disposal of Real Property;" and

*Whereas*, the District presently owns an office building located at 836 Century Medical Drive, Titusville, Florida 32796 (the "Property"), as more particularly described in **Exhibit "B;"** and

*Whereas*, the Board finds based on the foregoing facts that declaring the Property as surplus real property is in the best interests of the District and the residents of the District; and

*Whereas*, the District desires to comply with the Act, Florida Statutes and the Policy in declaring the Property as surplus real property; now, therefore be it

*Resolved*, that the Board finds that the Property is not presently needed by the District for carrying out its purposes; and, be it further

*Resolved*, that the Board finds there is not a future need by the District for the Property; and, be it further

*Resolved*, that the Board has and will comply with all of the procedures it is required to follow to sell surplus real property under the Act, Florida Statutes and the Policy and that the Board hereby declares the Property as surplus real property; and, be it further

*Resolved*, that the Board directs that the Property be advertised for sale in a newspaper of general circulation in North Brevard County, Florida at least fourteen (14) days prior to the date sealed bids to purchase the Property are due; and, be it further

*Resolved*, that the Board reserves the right to reject all bids; and, be it further

*Resolved*, that the Board directs an appraisal be obtained to establish the value of the Property; and, be it further

#### GENERAL AUTHORIZING RESOLUTION

*Resolved*, that each officer of the District be, and the same hereby is, authorized, empowered, and directed for, in the name of, and on behalf of the District to do all acts, and take all actions, and prepare all papers, instruments, and documents, and do all other things in connection with the matters and transactions contemplated by these resolutions, which such officer in his sole discretion approves as being proper, appropriate, or necessary in connection therewith, with the signature of the officer so acting being deemed conclusive evidence of his approval.

*SIGNATURE PAGE FOLLOWS*



These Resolutions shall take effect immediately upon their adoption.

PASSED, APPROVED AND ADOPTED this \_\_\_ day of August, 2017.

BOARD OF NORTH BREVARD COUNTY  
HOSPITAL DISTRICT

By: \_\_\_\_\_  
Herman A. Cole Jr., Chairman

ATTEST:

By: \_\_\_\_\_  
Billie Fitzgerald, Secretary

**EXHIBIT "A"**

**DISPOSAL OF SURPLUS PROPERTY POLICY**

PARRISH MEDICAL CENTER  
POLICY MEMORANDUM

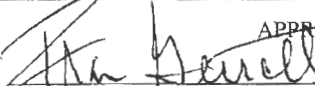
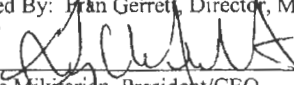
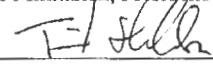

POLICY NO. 9500-23  
PAGE 1 OF 4

**SUBJECT**  
**DISPOSAL OF SURPLUS PROPERTY**

POLICY TYPE: ADMINISTRATIVE

EFFECTIVE DATE: 05/17/79

CATEGORY: LEGAL & REGULATORY

**APPROVALS**  
 Date: 09/14/09  
Initiated By: Fran Gerrett, Director, Materials Management  
 Date: 09/14/09  
George Miketarian, President/CEO  
 Date: 09/14/09  
Tim Skeldon, Sr. Vice President, Finance/CFO  
 Date: 09/14/09  
J. J. Parrish III, Chairman, Board of Directors

**DISTRIBUTION**

1. Administration Manual
2. Board of Directors
3. Departments

REVISED: 5/4/01; 1/7/02, 9/09

**POLICY**

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**DISPOSAL OF SURPLUS PROPERTY**

**POLICY NO. 9500-23  
PAGE 2 OF 4**

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- B. Once Board approval is received the Finance Department shall notify the requesting department that the property has been approved for disposal. The department director should then submit a work order to EVS (Housekeeping) or Plant Services Departments, depending on the type of asset for removal. The requestor copy of the original Request for Disposal of Obsolete or Surplus Property form will be signed and dated by the department removing the asset. A copy of the form will be retained by the department and a copy provided for the Director of Materials Management. Based on the Board approved disposition, the Director of Materials Management will dispose of the asset in accordance with Florida Statutes, providing a signed and dated copy of the request form to the Finance Department, once the asset has been discarded, donated or sold.

**PROCESS FOR THE HOSPITAL BOARD OF DIRECTORS FOR DISPOSAL OF SURPLUS PROPERTY:**

- A. The Board shall consider any list of unserviceable personal property as recommended by the President/CEO and the Sr. Vice President - Finance/CFO of the hospital. The minutes of any such hospital meeting shall reflect the deliberation of the Board and the fact that the property is obsolete, uneconomical, inefficient, or serves no useful function.
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person. If the disposal property is without commercial value, it may be donated, destroyed, or abandoned (by approved methods).

- B. Under the alternative procedure herein, if the value of the property is estimated to be more than one hundred dollars (\$100), but less than two hundred dollars (\$200), such property shall be sold to the highest responsible bidder after a request for bids, or by public auction.

In the event the value of the property is estimated to be two hundred dollars (\$200) or more, the property may be sold only to the highest responsible bidder, or by public auction, after publication of notice not less than one (1) week no more than two (2) weeks prior to sale. The publication notice shall be in accordance with Florida Statutes 274.06.

**PROCESS FOR RECOMMENDATION TO THE BOARD OF DIRECTORS FOR THE DISPOSAL OF SURPLUS REAL PROPERTY:**

- A. The Board of Directors of the District must hold a public hearing to determine that the real property is not presently needed by the District for carrying out the purposes of Chapter 28924, Laws of Florida, as amended, that there is not a future need for the property, and that the property should be declared surplus.
- B. The public hearing must be held at either a regular meeting or a special meeting called for such purpose after publishing a notice in a newspaper of general circulation specifically describing the real property proposed to be declared surplus; this notice must be published at least fourteen (14) days prior to the holding of a special meeting.
- C. After the Board determines by resolution that real property is surplus, it must obtain an appraisal of the property from an independent appraiser.
- D. After receipt of the appraisal, the District may negotiate an exchange of the surplus property for other property needed by the District so long as the district obtains consideration equivalent to the appraised value of the surplus property.
- E. In the alternative, the District may sell the surplus property after advertising the same for sale in a newspaper of general circulation at least fourteen (14) days prior to the date of receipt of bids. The District must require sealed bids, reserving the right to reject all bids. The surplus property may be sold only to the highest bidder for cash.

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

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

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Asset Description	Asset Control KN #	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Code	Decontamination Complete	
						Y,N,NA	Initial

\*Disposition Codes:  
 Discard after Salvage of Parts  S      Discard  D      Donate  N      Store  T

Requesting Department: \_\_\_\_\_ Department Director \_\_\_\_\_  
 Net Book Value (Finance) \_\_\_\_\_ EMC Member \_\_\_\_\_  
 Sr. VP Finance/CFO \_\_\_\_\_ President/CEO \_\_\_\_\_  
 Board Approved (CFO Signature) \_\_\_\_\_  
 Requestor Notified Finance \_\_\_\_\_  
 Asset Disposed of or Donated \_\_\_\_\_  
 Removed from Asset List (Finance) \_\_\_\_\_  
 Requested Public Entity for Donation \_\_\_\_\_  
 Entity Contact \_\_\_\_\_  
 Telephone \_\_\_\_\_

File (Finance/Other/Disposal Request)  
 cc: Risk Manager  
 Patient Safety Officer

## EXHIBIT "B"

### LEGAL DESCRIPTION OF THE PROPERTY FOR BOTH 830 AND 836 CENTURY MEDICAL DRIVE WHICH WHEN SURVEYED WILL BE SPLIT BETWEEN THE TWO FACILITIES ALL SUBJECT TO RELEVANT GOVERNMENTAL APPROVALS

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**RESOLUTIONS OF THE BOARD OF DIRECTORS  
OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT  
DECLARING SURPLUS REAL PROPERTY**

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

**DECLARATION OF  
SURPLUS REAL PROPERTY**

*Whereas*, 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 (the "Act"); and

*Whereas*, the Act authorizes the Board of Directors of the District (the "Board") to sell surplus real property owned by the District and provides a number of procedures that the District is required to follow to sell such real property; including, but not limited to the following:

1. The District must hold a public hearing, either at a regular or special meeting called for such purpose, after publishing notice in a newspaper of general circulation specifically describing the real property (if the hearing is held at a special meeting, notice must be published at least fourteen (14) days prior to the hearing);

2. At the public hearing, by Resolution of the Board, it must be determined that (i) the real property is not presently needed by the District for carrying out its purposes as provided in the Act, (ii) there is not a future need for the real property, and (iii) the property should be declared surplus real property;

3. After the real property is designated as surplus, the Board must obtain an appraisal of the real property from an independent appraiser;

4. After receipt of the appraisal, the real property must be advertised for sale in a newspaper of general circulation at least fourteen (14) days prior to the date of receipt of bids; and

5. The Board must allow potential buyers to submit bids, which must be sealed; however, the Board reserves the right to reject all bids; and

*Whereas*, the District previously adopted a policy to classify as surplus any of its personal or real property that is obsolete or the continued use of which is uneconomical or inefficient, or which serves no useful function (the "Policy"), as more particularly described in **Exhibit "A,"** in particular in the section entitled "Procedures for Recommendation to the Board of Directors for the Disposal of Real Property;" and

*Whereas*, the District presently owns an office building located at 805 Century Medical Drive, Titusville, Florida 32796 (the "Property"), as more particularly described in **Exhibit "B;"** and

*Whereas*, the Board finds based on the foregoing facts that declaring the Property as surplus real property is in the best interests of the District and the residents of the District; and

*Whereas*, the District desires to comply with the Act, Florida Statutes and the Policy in declaring the Property as surplus real property; now, therefore be it

*Resolved*, that the Board finds that the Property is not presently needed by the District for carrying out its purposes; and, be it further

*Resolved*, that the Board finds there is not a future need by the District for the Property; and, be it further

*Resolved*, that the Board has and will comply with all of the procedures it is required to follow to sell surplus real property under the Act, Florida Statutes and the Policy and that the Board hereby declares the Property as surplus real property; and, be it further

*Resolved*, that the Board directs that the Property be advertised for sale in a newspaper of general circulation in North Brevard County, Florida at least fourteen (14) days prior to the date sealed bids to purchase the Property are due; and, be it further

*Resolved*, that the Board reserves the right to reject all bids; and, be it further

*Resolved*, that the Board directs an appraisal be obtained to establish the value of the Property; and, be it further

#### **GENERAL AUTHORIZING RESOLUTION**

*Resolved*, that each officer of the District be, and the same hereby is, authorized, empowered, and directed for, in the name of, and on behalf of the District to do all acts, and take all actions, and prepare all papers, instruments, and documents, and do all other things in connection with the matters and transactions contemplated by these resolutions, which such officer in his sole discretion approves as being proper, appropriate, or necessary in connection therewith, with the signature of the officer so acting being deemed conclusive evidence of his approval.

*SIGNATURE PAGE FOLLOWS*



These Resolutions shall take effect immediately upon their adoption.

PASSED, APPROVED AND ADOPTED this \_\_\_\_ day of August, 2017.

BOARD OF NORTH BREVARD COUNTY  
HOSPITAL DISTRICT

By: \_\_\_\_\_  
Herman A. Cole Jr., Chairman

ATTEST:

By: \_\_\_\_\_  
Billie Fitzgerald, Secretary

**EXHIBIT "A"**

**DISPOSAL OF SURPLUS PROPERTY POLICY**

PARRISH MEDICAL CENTER  
POLICY MEMORANDUM

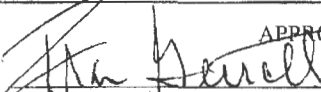
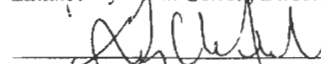
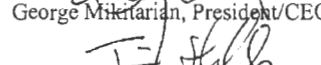
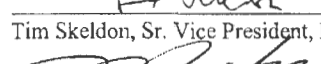
POLICY NO. 9500-23  
PAGE 1 OF 4

**SUBJECT**  
**DISPOSAL OF SURPLUS PROPERTY**

**POLICY TYPE:** ADMINISTRATIVE

**EFFECTIVE DATE:** 05/17/79

**CATEGORY:** LEGAL & REGULATORY

<b>APPROVALS</b>	<b>DISTRIBUTION</b>
 Initiated By: Fran Gerrett, Director, Materials Management	1. Administration Manual
 George Mikertarian, President/CEO	2. Board of Directors
 Tim Skeldon, Sr. Vice President, Finance/CFO	3. Departments
 J. J. Parrish III, Chairman, Board of Directors	
<b>REVISED:</b> 5/4/01; 1/7/02, 9/09	

**POLICY**

It shall be the policy of Parrish Medical Center to classify as surplus any of its personal or real property that is obsolete or the continued use of which is uneconomical or inefficient, or which serves no useful function.

**PROCESS FOR RECOMMENDATION TO THE BOARD OF DIRECTORS FOR THE DISPOSAL OF SURPLUS PERSONAL PROPERTY:**

- A. PMC department directors who consider property in their department no longer serviceable will prepare and forward a written request for inspection and disposal of the obsolete item.

The Request for Disposal of Obsolete or Surplus Property form (located on ICARE), shall contain the following information;

- a. asset control number of the property (KN#)
- b. description of the property; including make, model
- c. reason for disposal
- d. recommended method of disposal
- e. physical location of property

Once the Request for Disposal of Obsolete or Surplus Property is EMT approved, indicating that the EMT has inspected the item, it will be forwarded to the Sr. Vice President of Finance for approval before being submitted to the President/CEO. Upon approval by the President/CEO, the request shall be submitted to the hospital board for final disposition. Requesting departments should retain a

**DISPOSAL OF SURPLUS PROPERTY**

**POLICY NO. 9500-23  
PAGE 2 OF 4**

copy of the request form, and may not remove, transfer, or dispose of property from the department until final Board approval for disposition.

- B. Once Board approval is received the Finance Department shall notify the requesting department that the property has been approved for disposal. The department director should then submit a work order to EVS (Housekeeping) or Plant Services Departments, depending on the type of asset for removal. The requestor copy of the original Request for Disposal of Obsolete or Surplus Property form will be signed and dated by the department removing the asset. A copy of the form will be retained by the department and a copy provided for the Director of Materials Management. Based on the Board approved disposition, the Director of Materials Management will dispose of the asset in accordance with Florida Statutes, providing a signed and dated copy of the request form to the Finance Department, once the asset has been discarded, donated or sold.

**PROCESS FOR THE HOSPITAL BOARD OF DIRECTORS FOR DISPOSAL OF SURPLUS PROPERTY:**

- A. The Board shall consider any list of unserviceable personal property as recommended by the President/CEO and the Sr. Vice President - Finance/CFO of the hospital. The minutes of any such hospital meeting shall reflect the deliberation of the Board and the fact that the property is obsolete, uneconomical, inefficient, or serves no useful function.
- B. Thereafter, the Board may classify as surplus and instruct the Sr. Vice President - Finance/CFO to dispose of all such items in accordance with Florida Statutes.
- C. The Sr. Vice President, Finance/CFO will make recommendations to the Board of Directors as to the removal of any capital assets that cannot be located and are listed on the capital asset ledger.

**PROCESS FOR THE HOSPITAL DIRECTOR OF MATERIALS MANAGEMENT TO FOLLOW:**

- A. Property classified as surplus by PMC shall first be offered as surplus property to other governmental units in the PMC taxing district with a request for competitive bids, or in the absence of competitive bids, as a donation on a first requested basis.
- B. In the event no acceptable bid is received within sixty (60) calendar days, the property shall be offered to such other governmental units along with the information in Item C, below.
- C. Each offer to governmental units shall disclose the value, conditions, and age of the property offered for disposal. The most acceptable bid shall be determined by the Director, Materials Management. Costs of transferring the disposal property shall be arranged and paid by the successful bidder.

**ALTERNATIVE PROCESS:**

- A. In the event the procedures described in A, B, and C above do not result in a disposal of the approved surplus property, the President/CEO shall be authorized to dispose of such surplus property to any

**DISPOSAL OF SURPLUS PROPERTY**

**POLICY NO. 9500-23  
PAGE 3 OF 4**

person. If the disposal property is without commercial value, it may be donated, destroyed, or abandoned (by approved methods).

- B. Under the alternative procedure herein, if the value of the property is estimated to be more than one hundred dollars (\$100), but less than two hundred dollars (\$200), such property shall be sold to the highest responsible bidder after a request for bids, or by public auction.

In the event the value of the property is estimated to be two hundred dollars (\$200) or more, the property may be sold only to the highest responsible bidder, or by public auction, after publication of notice not less than one (1) week no more than two (2) weeks prior to sale. The publication notice shall be in accordance with Florida Statutes 274.06.

**PROCESS FOR RECOMMENDATION TO THE BOARD OF DIRECTORS FOR THE DISPOSAL OF SURPLUS REAL PROPERTY:**

- A. The Board of Directors of the District must hold a public hearing to determine that the real property is not presently needed by the District for carrying out the purposes of Chapter 28924, Laws of Florida, as amended, that there is not a future need for the property, and that the property should be declared surplus.
- B. The public hearing must be held at either a regular meeting or a special meeting called for such purpose after publishing a notice in a newspaper of general circulation specifically describing the real property proposed to be declared surplus; this notice must be published at least fourteen (14) days prior to the holding of a special meeting.
- C. After the Board determines by resolution that real property is surplus, it must obtain an appraisal of the property from an independent appraiser.
- D. After receipt of the appraisal, the District may negotiate an exchange of the surplus property for other property needed by the District so long as the district obtains consideration equivalent to the appraised value of the surplus property.
- E. In the alternative, the District may sell the surplus property after advertising the same for sale in a newspaper of general circulation at least fourteen (14) days prior to the date of receipt of bids. The District must require sealed bids, reserving the right to reject all bids. The surplus property may be sold only to the highest bidder for cash.

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

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

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

Asset Description	Asset Control KN #	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Code *	Decontamination Complete	
						Y,N,NA	Initial

\*Disposition Codes:  
 Discard after Salvage of Parts  S    Discard  D    Donate  N    Store  T

Requesting Department: \_\_\_\_\_ Department Director: \_\_\_\_\_  
 Net Book Value (Finance): \_\_\_\_\_ EMC Member: \_\_\_\_\_  
 Sr. VP Finance/CFO: \_\_\_\_\_ President/CEO: \_\_\_\_\_  
 Board Approved (CFO Signature): \_\_\_\_\_  
 Requestor Notified Finance: \_\_\_\_\_  
 Asset Disposed of or Donated: \_\_\_\_\_  
 Removed from Asset List (Finance): \_\_\_\_\_  
 Requested Public Entity for Donation: \_\_\_\_\_  
 Entity Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

File (Finance/Patient Disposal Recuse)  
 cc: Risk Manager  
 Patient Safety Officer

**EXHIBIT "B"**

**LEGAL DESCRIPTION**  
**(805 Century Medical Drive, Titusville, Florida 32796)**

Lot 9 excluding the north 50' thereof, and all of Lot 10, CENTURY MEDICAL PLAZA, according to the plat thereof, recorded in Plat Book 29, Page 9, Public Records of Brevard County, Florida.

**EDUCATION COMMITTEE**

Billie Fitzgerald, Chairperson  
Herman A. Cole, Jr. (ex-officio)  
Elizabeth T. Galfo, M.D.  
Robert L. Jordan, Jr., C.M.  
Maureen Rupe, Vice Chairperson  
Ashok Shah, M.D.  
Aluino Ochoa, M.D.  
George Mikitarian, President/CEO (Non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE  
MONDAY, AUGUST 7, 2017  
(IMMEDIATELY FOLLOWING EXECUTIVE COMMITTEE)  
EXECUTIVE CONFERENCE ROOM**

**CALL TO ORDER**

- I. Approval of Minutes – May 1, 2017 & June 5, 2017
- II. Continuous Improvement Project Presentation – PSI-90
- 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 MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD).**

**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 May 1, 2017 in the Executive Conference Room, Second Floor. The following members were present:

Herman A. Cole, Jr.  
Billie Fitzgerald, Chairperson  
Elizabeth T. Galfo, M.D.  
Robert L. Jordan, Jr., C.M.  
George Mikitarian (non-voting)  
Maureen Rupe, Vice Chairperson  
Ashok, Shah, M.D.

Member(s) Absent:

Aluino Ochoa, 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 12:09 p.m.

**REVIEW AND APPROVAL OF MINUTES**

The following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (6 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE APRIL 3, 2017 MEETING AS PRESENTED.***

**YELLOW BELT CERTIFICATION**

Mr. Paul Fender briefly summarized for the committee, Modules 1-4 and addressed questions. He administered the final exam for the Lean Six Sigma Course. Copies of the PowerPoint slides are appended to the file copy of these minutes.

**OTHER**

No other items were presented.



EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS  
COMMITTEE  
MAY 1, 2017  
PAGE 2

**ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 12:38 p.m.

Billie Fitzgerald  
Chairperson

**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 June 5, 2017 in the Executive Conference Room, Second Floor. The following members were present:

Herman A. Cole, Jr.  
Billie Fitzgerald, Chairperson  
Robert L. Jordan, Jr., C.M.  
George Mikitarian (non-voting)  
Maureen Rupe, Vice Chairperson  
Ashok, Shah, M.D.

Member(s) Absent:

Elizabeth T. Galfo, M.D. (excused)  
Aluino Ochoa, 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**

Ms. Fitzgerald called the meeting to order at 3:46 p.m.

**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE APRIL 3, 2017 MEETING AS PRESENTED.***

**HOSPITAL THROUGHPUT AND CAPACITY MANAGEMENT**

Mr. Graybill acknowledged that it was determined there was a hospital throughput improvement opportunity. Using Lean Six Sigma methodology, the DMAIC process was initiated. Ms. Cottrell advised that Mission Control continues to be implemented, as Security, Case Management, and Switchboard have all been relocated within Mission Control. Discussion ensued regarding ED times from ED to admission and admission to floor; goal of 50% discharged by 2:00 pm; care planning; inpatient/outpatient status, and control engagement. Copies of the PowerPoint slides are appended to the file copy of these minutes.

EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS  
COMMITTEE  
JUNE 5, 2017  
PAGE 2

**OTHER**

No other items were presented.

**ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 4:06 p.m.

Billie Fitzgerald  
Chairperson

**DRAFT AGENDA  
BOARD OF DIRECTORS MEETING - REGULAR MEETING  
NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
AUGUST 7, 2017  
NO EARLIER THAN 3:00 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 (May 1, 2017 & June 5, 2017)
- V. Recognition(s)
  - A. Juan Perez, MD – Successfully completed 2017 Pulmonary Disease Maintenance of Certification (MOC)
  - B. Ethan Webb, MD – Successfully completed 2017 Internal Medicine Maintenance of Certification (MOC)
- VI. Open Forum for PMC Physicians
- VII. Public Comments
- VIII. Unfinished Business
- IX. New Business
  - A. **Motion to Recommend the Board of Directors approve Policy 9500-7021, Non-Compete, Non-Disclosure and Confidentiality, as presented.**
  - B. **Motion to Recommend the Board of Directors approve Policy 9500-1029, Patient Complaint/Grievance Program, as presented.**
  - C. **Motion to Recommend the Board of Directors approve Policy 9500-7022, Healing Work Environment, as presented.**
  - D. **Motion to Recommend the Board of Directors approve Policy 9500-1026, Conference Space, as presented.**

- E. **Motion to Recommend the Board of Directors approve Policy 9500-2031, Communication with Sensory Impaired or Language Barrier Patients, as presented.**
  - F. **Motion to Recommend the Board of Directors approve Policy 9500-7028, Family Medical Leave Act (FMLA), as presented.**
- X. Medical Staff Report Recommendations/Announcements – Dr. Ochoa
- A. Consent Agenda from July 18, MEC:
    - **Recommend the Board of Directors approve the revised Utilization Management Plan, as presented.**
  - B. Resignations - **For Information Only**
    - Emily Costello, ARNP (AHP/Emergency Department)  
Effective 6/4/17 – Appointed 4/1/02
  - C. Retirements – **For Information Only**
    - Miguel Rivera, MD (Associate/Neurology)  
Effective 6/1/17 – Appointed 7/17/72
- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda
- A. Finance Committee
    - 1. Recommend the Board of Directors approve the proposed home dialysis investment in the amount not to exceed \$395,200. The investment will hold NBMS’s stake in Woodford Dialysis, LLC at 40%. This motion is contingent upon approval of the North Brevard Medical Support Board to accept same said conditions.
    - 2. Recommend the Board of Directors approve the FY 2018 Capital Budget in the amount of \$2,300,000.
    - 3. Recommend the Board of Directors approve the fiscal year 2018 Major Volume Assumptions and Operating Budget with an operating margin of 2.0% as presented.
    - 4. Recommend the Budget and Finance Committee approves the renewal of Pension membership for Michael Sitowitz for a three-year term from July 1, 2017 through June 30, 2020.

BOARD OF DIRECTORS MEETING  
AUGUST 7, 2017  
PAGE 3

5. 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.

XIII. Committee Reports

- A. Quality Committee – Mr. Cole
- B. Budget and Finance Committee – Mr. Retz
- C. Executive Committee – Mr. Jordan
- D. Educational, Governmental and Community Relations Committee – Ms. Fitzgerald
- E. Planning, Physical Facilities & Properties Committee (Did Not Meet)

XIV. Process and Quality Report – Mr. Mikitarian

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

XV. Other

1. Recruitment Assistance – Drs. Mathews & Mody
2. Baby Boxes – Ms. Hodges & Ms. Floyd

XVI. Closing Remarks – Chairman

XVII. Executive Session (if necessary)

XVIII. Open Forum for Public

**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 MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD).

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**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 was held on May 1, 2017 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:

Peggy Crooks (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 4:34 p.m.

**PLEDGE OF ALLEGIANCE**

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

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

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

**APPROVAL OF AGENDA**

Mr. Cole asked for approval of the agenda in the packet. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (8 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.***

**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOTION TO APPROVE THE MARCH 6, 2017 MEETING MINUTES, AS PRESENTED.***

**RECOGNITIONS**

Mr. Paul Fender noted that the Board of Directors, earlier in the Education Committee Meeting, all successfully passed the Lean Six Sigma Yellow Belt Certification exam. Mr. Fender presented each member their certificate of completion and congratulated the Board.

**OPEN FORUM FOR PMC PHYSICIANS**

There were no physician comments.

**PUBLIC COMMENTS**

There were no comments from the public.

**UNFINISHED BUSINESS**

There was no unfinished business.

**NEW BUSINESS**

There was no new business.

**MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS – Resignations**

Resignations were noted for information only, no action required.

**PUBLIC COMMENTS**

There were no public comments regarding the revised consent agenda.

**CONSENT AGENDA**

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



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

A. Finance Committee

1. Recommend the Board of Directors approve replacing Lombardia Capital Partners with Strategic Global Advisors (SGA) Large Cap International ADR and Clear Bridge Investments Value Core Global ADR as the international managers for the operating portfolio.
2. Recommend the Board of Directors accept the Pension Plan Actuarial valuation as of October 1, 2016.
3. Recommend the Board of Directors approve the appointment of Julia Reyes Mateo to the Pension Administrative Committee for the position vacated by Roberta Chaildin for the remainder of the term which expires June 30, 2019.
4. Recommend to the Board of Directors to approve the purchase of the Hana Bed/Table and Spider Arm Holder at a total cost not to exceed the amount of \$120,611
5. Recommend to the Board of Directors to approve the purchase of the network switch replacements (Project #17-721-05) at a total cost not to exceed the budgeted amount of \$253,135.

**COMMITTEE REPORTS**

**Quality Committee**

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

**Budget and Finance Committee**

Mr. Retz reported all items were covered during the meeting and on the consent agenda.

**Executive Committee**

Mr. Jordan reported all items were covered during the meeting.

**Educational, Governmental and Community Relations Committee**

Ms. Fitzgerald reported all items were covering during the meeting.

**Planning, Physical Facilities and Properties Committee**

Mr. Jordan reported the Planning Committee did not meet.

**PROCESS AND QUALITY REPORT**

No additional information was presented.

**Hospital Attorney**

Legal counsel had no report.

**OTHER**

No other business was discussed.

**CLOSING REMARKS**

There were no closing remarks.

**OPEN FORUM FOR PUBLIC**

Ms. Misty Wilson advised the Jess Parrish Medical Foundation has a successful golf tournament benefiting the Children's Center. The event played out at La Cita County Club and the Great Outdoors venues and raised \$65k.

**ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 4:11 p.m.

Herman A. Cole, Jr.  
Chairman

**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 was held on June 5, 2017 in Conference Room 2/3/4/5, First Floor. The following members were present:

Herman A. Cole, Jr., Chairman  
Peggy Crooks  
Billie Fitzgerald  
Robert L. Jordan, Jr., C.M.  
Jerry Noffel  
Stan Retz, CPA  
Ashok Shah, M.D

Member(s) Absent:

Elizabeth Galfo, M.D. (excused)  
Maureen Rupe (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 4:06 p.m.

**PLEDGE OF ALLEGIANCE**

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

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

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

**APPROVAL OF AGENDA**

Mr. Cole asked for approval of the agenda in the packet. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Retz and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.***

**REVIEW AND APPROVAL OF MINUTES**

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Fitzgerald and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO APPROVE THE APRIL 3, 2017 MEETING MINUTES, AS PRESENTED.***

**OPEN FORUM FOR PMC PHYSICIANS**

There were no physician comments.

**PUBLIC COMMENTS**

There were no comments from the public.

**UNFINISHED BUSINESS**

There was no unfinished business.

**NEW BUSINESS**

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 APPROVE POLICY 9500-7022, HEALING WORK ENVIRONMENT & STANDARDS OF BEHAVIOR, AS PRESENTED.***

Discussion ensued and the following motion was made by Ms. Fitzgerald, seconded by Mr. Jordan and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-2028, PARTNERS-IN-CARE WELCOME POLICY, AS PRESENTED.***

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Crooks and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-1033, SIX SIGMA GOVERNANCE COUNCIL (SSGC) STRUCTURE, AS PRESENTED.***

**MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS – Resignations**

Resignations were noted for information only, no action required.

**PUBLIC COMMENTS**

There were no public comments regarding the revised consent agenda.

**CONSENT AGENDA**

Discussion ensued and the following motion was made by Ms. Crooks, seconded by Mr. Jordan and approved (7 ayes, 0 nays, 0 abstentions).

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

- A. Finance Committee
  - 1. Recommend to the Board of Directors to approve the unbudgeted purchase of the Surgical Eye Stretchers, the Surgical Microscope, and the Surgical Vision System at a total cost not to exceed the amount of \$259,519.08
  - 2. 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. Cole reported all items were covered during the meeting.

**Budget and Finance Committee**

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

**Executive Committee**

Mr. Jordan reported all items were covered during the meeting.

**Educational, Governmental and Community Relations Committee**

Ms. Fitzgerald reported all items were covering during the meeting.

**Planning, Physical Facilities and Properties Committee**

Mr. Jordan reported the Planning Committee did not meet.

**PROCESS AND QUALITY REPORT**

No additional information was presented.

**Hospital Attorney**

Legal counsel had no report.

**OTHER**

No other business was discussed.

**CLOSING REMARKS**

There were no closing remarks.

**OPEN FORUM FOR PUBLIC**

No member of the public spoke.

**ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 4:09 p.m.

Herman A. Cole, Jr.  
Chairman

DRAFT  
Work in Progress



Parrish Medical Center | North Brevard County Hospital District  
Parrish Healthcare Centers  
Parrish Medical Group | North Brevard Medical Support, Inc.  
Parrish Health Network

<b>POLICY TITLE:</b> Non-Compete and Confidentiality Agreement	<b>POLICY #:</b> 9500-7021	<b>REPLACES POLICY #:</b> 9500-162
	<b>EFFECTIVE DATE:</b> 05/01/1997	<b>Page:</b> Page 1 of 4
<b>POLICY SCOPE:</b> Parrish Medical Center and Affiliates	<b>REVIEWED:</b> n/a	
<b>DEVELOPED BY:</b> Human Resources   Corporate Services	<b>REVISED:</b> 04/99; 02/17	
<b>APPROVALS:</b>  Executive Management: _____  President/CEO: _____  Chairperson, Board of Directors: _____	<b>REPOSITORY:</b> Corporate Compliance iCare	

**I. POLICY**

As part of the consideration undertaken by the North Brevard County Hospital District, operating Parrish Medical Center, and North Brevard Medical Support, Inc., operating Parrish Medical Group and Parrish Health Network, hereinafter referred to as "Employer", to protect its legitimate business interests, including, but not limited to, trade secrets, valuable confidential business information, the Employer's relationship with its clients, as well as the specialized training provided to Employee during his/her tenure with Employer, the Employer will require that all newly hired Management members and other specific positions identified by the President/CEO to sign the Non-compete, Non-disclosure and Confidentiality Agreement.

The interviewing Executive Management /Management member will review this policy with the candidate at the time of interview. A signature will be required at the time of the signing of the letter of offer/employment confirmation. Employment will not be confirmed until this Agreement is executed. This requirement is part of the hiring and employment process. Failure to comply with this policy will negate any severance due or paid to employee and any payments will be refunded to Employer should the Employee violate this policy.

**II. DEFINITIONS**

**A. Employer** - as part of the consideration undertaken by the North Brevard County Hospital District, operating Parrish Medical Center, and North Brevard Medical Support, Inc.,

operating Parrish Medical Group and Parrish Health Network, hereinafter referred to as "Employer".

- B. **Management** has leadership responsibility for a functional area (department) within the organization. Members of management supervise, manage or direct the work of others either directly or indirectly.
- C. **Executive Management** means Vice President or above.



**NON-COMPETE AND CONFIDENTIALITY AGREEMENT**

THIS NON-COMPETE AND CONFIDENTIALITY AGREEMENT (hereinafter “The Agreement”), entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between \_\_\_\_\_, hereafter called “Employee”, and North Brevard County Hospital District, d/b/a Parrish Medical Center, a Florida Corporation, hereinafter called “Employer.”

WHEREAS, Employer, as part of the consideration of hiring and employing and/or continuing to employ Employee, and of providing special training to Employee, the sufficiency of which is hereby acknowledged, the parties agree that in the event Employee terminates his/her employment with Employer, Employee will not compete with Employer in accordance with the terms and conditions outlined herein.

NOW THEREFORE, it is agreed to follows:

1. Non-Disclosure: During the term of Employee’s employment with the Employer and following the Employee’s cessation of employment, whether by discharge, voluntary termination, or any form of involuntary termination, the Employee agrees to treat all confidential information received or acquired during the course of employment on a strictly confidential basis, and will not disclose or use, give, loan, sell or otherwise dispose of, or make available to any person, firm or corporation, directly or indirectly, any such confidential information either during or subsequent to Employee’s employment.
2. Non-Compete: The Employee agrees to a period of one (1) year after the cessation of his/her employment he/she shall not be employed by or work for any other competing hospital or medical provider or entity (which provides competing service to Employer) as an employee, independent contractor, consultant or otherwise, within the geographical area which is serviced by the Employer except with written approval by the President/CEO and/or Board of Directors. Such approval shall not be unreasonably withheld.
3. The foregoing restrictions are being undertaken by Employer to protect its legitimate business interests, including but not limited to, trade secrets, valuable confidential business information, and the Employer’s relationship with its clients, as well as the specialized training provided to Employee during his tenure at Employer.
4. The Employee further agrees to pay the Employer all costs and expenses incurred by the Employer relating to enforcement of this Agreement, including attorney’s fees and costs incurred by Employer’s breach of this Agreement.
5. Failure to comply with this policy will negate any severance due or paid to employee, and any such payments will be refundable to employer, should employee violate this policy.

IN WITNESS WHEREOF, the undersigned have executed this Agreement on the date shown below.

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
DATE

State of Florida  
County of Brevard

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name and Commission #/Exp.

Parrish Medical Center

By: \_\_\_\_\_

State of Florida  
County of Brevard

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name and Commission #/Exp.

DRAFT  
Work in Progress



Parrish Medical Center | North Brevard County Hospital District  
Parrish Healthcare Centers  
Parrish Medical Group  
Parrish Health Network

<b>POLICY TITLE:</b> Non-Compete, <del>Non-Disclosure</del> and Confidentiality Agreement	<b>POLICY #:</b> 9500-7021	<b>REPLACES POLICY #:</b> 9500-162
	<b>EFFECTIVE DATE:</b> 05/01/1997	<b>Page:</b> Page 1 of <b>44</b>
<b>POLICY SCOPE:</b> <u>Parrish Medical Center and Affiliates</u>	<b>REVIEWED:</b> n/a	
<b>DEVELOPED BY:</b> Human Resources   Corporate Services	<b>REVISED:</b> 04/99; <u>02/17</u>	
<b>APPROVALS:</b>  Executive Management: _____ President/CEO: _____ Chairman, Board of Directors: _____	<b>REPOSITORY:</b> Corporate Compliance iCare	

**I. POLICY**

As part of the consideration undertaken by the North Brevard County Hospital District, operating Parrish Medical Center, and North Brevard Medical Support, Inc., operating Parrish Medical Group and Parrish Health Network, hereinafter referred to as "Employer", to protect its legitimate business interests, including, but not limited to, trade secrets, valuable confidential business information, the Employer's relationship with its clients, as well as the specialized training provided to Employee during his/her tenure with Employer, the Employer will require that all newly hired Management ~~Council~~ members and other specific ~~staff~~ positions identified by the President/CEO to sign the Non-~~solicitation-competite~~, Non-disclosure and Confidentiality Agreement.

The interviewing Executive Management ~~Committee~~/Management ~~Council~~ member will review this policy with the candidate at the time of interview. A signature will be required at the time of the signing of the letter of offer/employment confirmation. Employment will not be confirmed until this Agreement is executed. This requirement is part of the hiring and employment process effective May 1, 1997.

Failure to comply with this policy will negate any severance due or paid to employee and any payments will be refunded to Employer should the Employee violate this policy.

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**II. DEFINITIONS**

**A. Employer** As part of the consideration undertaken by the North Brevard County Hospital District, operating Parrish Medical Center, and North Brevard Medical Support, Inc.,

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operating Parrish Medical Group and Parrish Health Network, hereinafter referred to as "Employer".

B. **Management** has leadership responsibility for a functional area (department) within the organization. Members of management supervise, manage or direct the work of others either directly or indirectly.

C. **Executive Management** means Vice President or above.

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**NONSOLICITATION AND**  
**NON-COMPETE AND CONFIDENTIALITY AGREEMENT**

THIS ~~NONSOLICITATION AND NON-COMPETE AND~~ CONFIDENTIALITY AGREEMENT (hereinafter "The Agreement"), entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ and \_\_\_\_\_ between \_\_\_\_\_, hereafter called "Employee", and North Brevard County Hospital District, d/b/a Parrish Medical Center, a Florida Corporation, hereinafter called "Employer."

WHEREAS, Employer, as part of the consideration of hiring and employing and/or continuing to employ Employee, and of providing special training to Employee, the sufficiency of which is hereby acknowledged, the parties agree that in the event Employee terminates his/her employment with Employer, Employee will not compete with Employer in accordance with the terms and conditions outlined herein.

NOW THEREFORE, it is agreed to follow:

1. Non-Disclosure: During the term of Employee's employment with the Employer and following the Employee's cessation of employment, whether by discharge, voluntary termination, or any form of involuntary termination, the Employee agrees to treat all confidential information received or acquired during the course of employment on a strictly confidential basis, and will not disclose or use, give, loan, sell or otherwise dispose of, or make available to any person, firm or corporation, directly or indirectly, any such confidential information either during or subsequent to Employee's employment.
2. Non-Compete: The Employee agrees to a period of one (1) year after the cessation of his/her employment he/she shall not be employed by or work for any other competing hospital or medical provider or entity (which provides competing service to Employer) as an employee, independent contractor, consultant or otherwise, within the geographical area which is serviced by the Employer except with written approval by the President/CEO and/or Board of Directors. Such approval shall not be unreasonably withheld.
3. The foregoing restrictions are being undertaken by Employer to protect its legitimate business interests, including but not limited to, trade secrets, valuable confidential business information, ~~the and the~~ Employer's relationship with its clients, as well as the specialized training provided to Employee during his tenure at Employer.
4. The Employee further agrees to pay the Employer all costs and expenses incurred by the Employer relating to enforcement of this Agreement, including attorney's fees and costs incurred by Employee's breach of this Agreement.
- 4.5. Failure to comply with this policy will negate any severance due or paid to employee, and any such payments will be refundable to employer, should employee violate this policy.

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IN WITNESS WHEREOF, the undersigned have executed this Agreement on the date shown below.

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
DATE

State of Florida  
County of Brevard

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name and Commission #/Exp.

Parrish Medical Center

By: \_\_\_\_\_

State of Florida  
County of Brevard

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name and Commission #/Exp.





Parrish Medical Center  
 Parrish Healthcare Centers  
 Parrish Medical Group  
 Parrish Health Network

DRAFT  
 Work in Progress

<b>POLICY TITLE:</b> Patient Complaint/Grievance Program	<b>POLICY #:</b> 9500-1029	<b>REPLACES POLICY #:</b> 9500-24
	<b>EFFECTIVE DATE:</b> 01/20/1981	<b>Page:</b> Page 1 of 6
<b>POLICY SCOPE:</b> Parrish Healthcare and Affiliates	<b>REVIEWED:</b> n/a	
<b>DEVELOPED BY:</b> Administration   Risk Management	<b>REVISED:</b> 01/81; 09/90; 07/94; 10/95; 06/99; 09/02; 01/06; 01/11; 04/17	
<b>APPROVALS:</b>  Executive Management: _____  President/CEO: _____  Chairperson, Board of Directors: _____	<b>REPOSITORY:</b> Corporate Compliance iCare	

**I. PURPOSE**

This policy provides a mechanism for initiation, review and, when possible, prompt resolution of patient complaints/grievance concerning the quality of care or service received. The presentation of a complaint/grievance will in no way compromise the quality of a patient’s current care or access to future care.

**II. DEFINITIONS**

- A. **Care Partner Present:** Any hospital care partner present at the time of the complaint or who can quickly be at the patient’s location to resolve the patient’s complaint (*i.e.*, nursing, administration, nursing supervisors, patient advocates, etc.).
- B. **Care Partners** are defined as an inclusive term referring to Parrish Healthcare employees, medical staff members, auxiliary members, and Board of Directors members, as well as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, and independent contractors, regardless of position.
- C. **Care Team (clinical):** A patient-centered model of care, emphasizing safety and efficiency that enable all members of the team caring for patients to offer individual expertise and contribute to patient care in a concerted fashion.
- D. **Complaint:** Any written or verbal expression of displeasure or dissatisfaction with service received that can be immediately resolved by the care partner present and/or with the assistance of the Patient Experience (customer service) Professional.
- E. **Family**, as defined by the Institute for Patient and Family Centered Care, “family” refers to two or

more persons who are related in any way – biologically, legally, or emotionally. Patients and families define their “family.”

- F. **Grievance:** A written or verbal complaint (when a patient issue cannot be resolved promptly by the care partner present) that is made to the hospital by a patient, or the patient’s representative, regarding the patient’s care, abuse, neglect, or issues related to race, color, national origin, age, disability, sex, gender identity, gender expression, and nonconformity with gender stereotypes. The hospital’s compliance with the Centers for Medicare and Medicaid Services (CMS) Hospital Conditions of Participation (CoP) or a Medicare beneficiary’s right to appeal a premature discharge. **For the purposes of this policy, a letter, email, or fax from a patient or his/her healthcare surrogate to Parrish Medical Center or any of its affiliates are considered “written.” In-person or phone call complaints from the patient and/or the patient’s representative are considered “verbal.”**
1. **Complaints Posted on Social Media Websites.** Posts on social media websites like Twitter or Facebook are not grievances. If a complaint is posted on a social media website, including any one of Parrish Healthcare’s social media sites, we will respond with contact information for our Patient Experience Representative.
  2. **Patient Account and Billing Issues.** Generally, patient account and billing issues are not grievances. Help with patient account and billing issues, will be directed to Patient Financial Services.

Patient complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services, will be directed to the office of Risk Management, which serves as the organization’s Title of Section 1557 Coordinator. Such complaints will follow the procedure outlined within the attached Appendix C to Part 92—Section 1557 of the Affordable Care Act Grievance Procedure.

- G. **“Grievance Committee”** means a group of persons delegated by the organization’s Governing Board to review and resolve the Grievances the organization receives in a manner that complies with the Medicare CoP grievance process requirements. The committee includes the Patient Experience Professional, Risk Management, appropriate manager(s)/director(s), and appropriate member(s) of Executive Management.
- H. **Patient** refers to any person seeking healthcare or actively receiving healthcare treatments, diagnostic tests, screenings, assessment, medications, or education from any entity related to Parrish Healthcare.

### III. POLICY

It is our commitment to provide healing experiences for our patients, their families and visitors. Patients shall have the ability to file a complaint or grievance as part of the patient rights process and in compliance with the Medicare CoP. The organization’s Governing Board delegates responsibility to



the Grievance Committee.

Complaints will be reviewed, and assistance provided to resolve concerns in a timely manner. In the pursuit of excellent service, Parrish Healthcare (PH) empowers its employees to address patient, family, and other visitor complaints within the limits of their capabilities. As such, any individual who receives a complaint is expected to take ownership of the issue and make every effort to resolve that issue, taking into account policies and procedures of their department and Parrish Healthcare.

#### IV. PROCESS

- A. The Patient Rights and Responsibilities are posted throughout the facility and has information regarding how to report issues to the Patient Experience Professional. Each patient will be given or offered a copy of their Patient Rights and Responsibilities as part of the registration process. The mechanism for initiating a complaint is outlined in this document.
- B. Care Partner(s) Present that become aware of a patient or family concern or complaint about patient care, patient rights, or who become aware of a concern or complaint are authorized to attempt to resolve the concern or complaint as promptly as the circumstances allow, in a courteous and reasonable manner. The department lead, manager, or director should be made aware of and, if necessary, participate in the resolution process prior to contacting the Patient Experience Professional. If it becomes necessary to involve the Patient Experience Professional, a team approach with the department's leadership will be used to resolve the issue.
- C. If the patient calls persons other than the direct care team and has not tried to resolve the issue with the involved unit/department, the contacted individual should immediately call the unit or department involved. If the care partners present are able to resolve the patient complaint at that time, it is not a grievance.
- D. Patient complaints that become grievances also include situations where a patient or a patient's representative telephones the organization with a complaint regarding patient care or with an allegation of abuse, neglect, discrimination or failure of the hospital to comply with CMS requirements. Those post-hospital verbal communications regarding patient care that would routinely have been handled by care partners present if the communication had occurred during the stay **are not** required to be defined as a grievance unless the care partners present and/or Patient Experience Professional are unable to handle the complaint that day. At that time, the complaint will be considered a grievance and shall be referred to Risk Management for resolution.
- E. The organization's Risk Management Department shall incorporate patient Complaints/Grievances into the Complaint/Grievance data set for aggregation, analysis, and reporting quarterly to the designated Grievance Committee, Hospital Quality Improvement Committee, Medical Executive Committee (MEC), and Governing Board.
- F. If grievances cannot be resolved within seven (7) days, a letter must be sent to the patient or patient's representative that acknowledges receipt of the complaint, and a statement that a response should be reviewed within a stated period of time.

- G. Patient grievances will be investigated and the resolution decision will be conveyed to the patient or patient's representative by letter. The letter will contain:
1. Name of the hospital/system
  2. Name of the contact person
  3. Steps taken on behalf of the patient to investigate the grievance
  4. The result of the grievance process
  5. Mail Date, which will be considered date of completion for the purpose of this policy.
- H. A grievance is considered resolved when the patient is satisfied with the actions taken on his/her behalf. When there are situations where the organization has taken appropriate and responsible actions to resolve the grievance and the patient remains unsatisfied, the organization considers the Grievance closed. All documentation of patient communication will be maintained by Hospital Risk Management.
- Appeal Rights: If resolution is not achievable and complainant would like to pursue the concern outside the organization, the patient has appeal rights.
- Consumer Assistance Unit: 1-888-419-3456 or
  - AHCA 2727 Mahan Drive, Bldg. 1, Tallahassee, FL 32308, or
  - Joint Commission: 1-800-994-6610
- I. Billing Complaints will be directed to Patient Financial Services. If a billing concern also involves a service or quality-of-care concern the procedure for a complaint should be followed.
- J. Medicare patients have a right to appeal a coverage decision, premature discharge, or to file a complaint regarding the quality of their care. Case Management will investigate premature discharge issues. The Patient Experience Professional will investigate concerns regarding general customer service and patient advocate related issues. Risk Management will investigate concerns regarding quality of care as well as Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) issues.
- K. Responsible Person - Risk Management is responsible for ensuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed at the Hospital/organization, and that instances of non-compliance with this policy are reported to Administration.
- L. Appendix C to Part 92—Section 1557 of the Affordable Care Act Grievance Procedure
1. It is the policy of Parrish Healthcare not to discriminate on the basis of race, color, national origin, sex, age or disability. Parrish Healthcare has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557

prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities.

2. Section 1557 and its implementing regulations may be examined in the office of:

Risk Manager

951 North Washington Avenue

Titusville, FL 32796

(321) 225-7409, who has been designated to coordinate the efforts of Parrish Healthcare to comply with Section 1557.

3. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Parrish Healthcare to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.
4. Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
5. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
6. The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Parrish Healthcare relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
7. The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
8. The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Administrator/Chief Executive Officer/Board of Directors/etc.) within 15 days of receiving the Section 1557 Coordinator's decision. The (Administrator/Chief Executive Officer/Board of Directors/etc.) shall issue a written decision in response to the appeal no later than 30 days after its filing.
9. The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights.

10. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

11. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.
12. Parrish Healthcare will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

## V. REFERENCES

- A. Appendix C to Part 92—Section 1557 of the Affordable Care Act
- B. CMS State Operations Manual, Condition of Participation CoP 482.13
- C. The Joint Commission Hospital Accreditation Standards 2016 manual. Standard RI.01.07.01

SUBJECT  
PATIENT GRIEVANCE PROGRAM

POLICY TYPE: ADMINISTRATIVE

EFFECTIVE DATE: 1/20/81

APPROVALS

DISTRIBUTION

\_\_\_\_\_  
Date: \_\_\_\_\_  
INITIATED BY: Natalie Sellers, VP Communications, Community  
& Corporate Services

1. I-Care
2. Board of Directors

\_\_\_\_\_  
Date: \_\_\_\_\_  
David McMahon, M.D., Chairman, Medical Executive Committee

\_\_\_\_\_  
Date: \_\_\_\_\_  
George Mikitarian, President/CEO

\_\_\_\_\_  
Date: \_\_\_\_\_  
Herman Cole, Chairman, Board of Directors

REVISED: 1/81; 9/90; 7/94; 10/95; 6/99; 9/02; 1/06, 1/11  
REVIEWED:

**PATIENT GRIEVANCE AND CONCERN PROCEDURE**

It is our commitment to provide healing experiences for our patients, their families and visitors. When this standard is not met, the patient or the family has the right to have complaints reviewed by Parrish Medical Center. The presentation of a concern will in no way compromise the quality of a patient's current care or access to future care.

**POLICY**

Patients or their representatives are advised that Parrish Medical Center has an internal grievance process to facilitate the open communication of any complaints they may have encompassing any aspect of care or services received at Parrish Medical Center.

Patient/family complaints will be reviewed, and assistance provided to resolve concerns in a timely manner. In the pursuit of excellent service, Parrish Medical Center empowers its employees to address patient, family, and other visitor complaints within the limits of their capabilities. As such, any individual who receives a complaint should take ownership of the issue and make every effort to resolve that issue, taking into account policies and procedures of their department and Parrish Medical Center.

**DEFINITIONS**

Complaint: Any written or verbal concern shared by a patient/family regarding services received at Parrish Medical Center that can be promptly resolved by care partner present, manager, or their designee(s).



Care Partner Present: Any hospital care partner present at the time of the complaint or who can quickly be at the patient's location to resolve patient complaints. Care Partners are defined as employees, medical staff or volunteers.

Grievance: A written, emailed or verbal complaint (when a patient issue cannot be resolved promptly by care partner present) that is made to the hospital by a patient, or the patient's representative, regarding the patient's care, abuse, neglect, or issues related to the hospital's compliance with the CMS Hospital Conditions of Participation or a Medicare beneficiary's right to appeal a premature discharge. For the purposes of this policy, an email or fax is considered "written." Patient requests and patient satisfaction survey responses are treated as grievances.

### **PROCESS**

- 1) The Patient Bill of Rights posted throughout the facility has information regarding how to report issues to the Patient Experience Professional. Each patient will be given a copy of their Patient Rights and Responsibilities as part of the admission process. The mechanism for initiating a complaint is outlined in this document.
- 2) Care Partners are required to give immediate attention to requests, concerns and complaints expressed by patients or their authorized representatives, by taking ownership until the problem is resolved or a resolution plan is agreed to with the patient. The department lead, manager, or director should be made aware of and, if necessary, participate in the resolution process prior to contacting the Service Excellence Department. If it becomes necessary to involve the Service Excellence Department, the Patient Experience Professional will work with the department's leadership to resolve the issue.
- 3) Patient complaints that become grievances also include situations where a patient or a patient's representative telephones the hospital with a complaint regarding patient care or with an allegation of abuse or neglect, or failure of the hospital to comply with CMS requirements. Those post-hospital verbal communications regarding patient care that would routinely have been handled by care partners present if the communication had occurred during the stay are not required to be defined as a grievance unless the staff present are unable to handle the complaint that day.
- 4) If a grievance cannot be resolved within ten (10) days, a letter must be sent to the patient or patient's representative that acknowledges receipt of the complaint, and a statement that a response should be reviewed within a stated period of time.
- 5) Patient grievances will be investigated and the resolution decision will be conveyed to the patient or patient's representative by letter. The letter will contain:
  - a) Name of the hospital
  - b) Name of the contact person
  - c) Steps taken on behalf of the patient to investigate the grievance
  - d) The result of the grievance process
  - e) Date of completion

- 6) A grievance is considered resolved when the patient is satisfied with the actions taken on their behalf. Situations where the hospital has taken appropriate actions on the patient's behalf to resolve the patient's grievance and the patient or patient's representative remains dissatisfied with the hospital's actions must be reviewed with the Risk Manager before the grievance is closed.

Appeal Rights: If resolution is not achievable and complainant would like to pursue the concern outside the hospital, the patient has appeal rights.

- Consumer Assistance Unit: 1-888-419-3456 or
- AHCA 2727 Mahan Drive, Bldg. 1, Tallahassee, FL 32308, or
- Joint Commission: 1-800-994-6610

- 7) Billing Complaints will be resolved within the billing office. If a billing concern also involves a service or quality-of-care concern the procedure for a complaint should be followed.
- 8) Medicare patients have a right to appeal a coverage decision, premature discharge, or to file a complaint regarding the quality of their care. Case Management will investigate premature discharge issues. The Patient Experience Professional and Quality Resource Management will investigate concerns regarding quality of care issues.
- 9) Summary information for all complaints and grievances will be forwarded to Quality Risk Management for review and analysis.



Parrish Medical Center | North Brevard County Hospital District  
 Parrish Healthcare Centers  
 Parrish Medical Group  
 Parrish Health Network

<b>POLICY TITLE:</b> Healing Work Environment & Standards of Behavior (Non-Discrimination, Anti-Harassment & Bullying, Romantic Associations)	<b>POLICY #:</b> 9500-7022	<b>REPLACES POLICY #:</b> 9500-214; 9500-59; 9500-39; 9510-017
	<b>EFFECTIVE DATE:</b> 02/01/1989	<b>Page:</b> Page 1 of 9
<b>POLICY SCOPE:</b> Parrish Healthcare Centers and Affiliates	<b>REVIEWED:</b> 11/95	
<b>DEVELOPED BY:</b> Human Resources   Corporate Services	<b>REVISED:</b> 06/95; 06/99; 03/03, 1/09, 03/17	
<b>APPROVALS:</b>  Executive Management: _____  President/CEO: _____  Chairperson, Board of Directors: _____	<b>REPOSITORY:</b> Corporate Compliance iCare	

**I. POLICY STATEMENT**

Parrish Healthcare (PH) prohibits unlawful discrimination, harassment, intimidation or exploitation of any kind and will not tolerate unprofessional or disruptive behavior that is contrary to its mission, vision and values. All care partners or any person working for or on behalf of PH (defined as Care Partner), including but not limited to temporary personnel, consultants and independent contractors, regardless of their positions are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. In addition, PH will not tolerate retaliation against any Care Partner for making a good-faith report of prohibited behaviors and/or conduct, or for cooperating with or participating in any investigation of alleged prohibited conduct. Appropriate disciplinary action will be taken against any Care Partner, or person working for or on behalf of PH, who violates this policy up to and including termination.

**II. PURPOSE**

Parrish Healthcare (PH) maintains a high-performing, safe, and healing work environment in which all people are treated with dignity, decency, respect, and in keeping with its mission, vision and values. In compliance with all applicable federal, state and local laws and regulations, PH enforces this policy in accordance with the following definitions and guidelines.



### III. DEFINITIONS

#### A. Care Partner

Employees or any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, independent contractors, vendors, volunteers, and medical staff members, regardless of position.

#### B. Professional Conduct

All Care Partners are expected to act in a professional, responsible, and courteous manner at all times. Inappropriate or unprofessional behaviorconduct is disruptive and unproductive. Inappropriate conduct is cause for discipline, up to and including immediate termination. In the context of this policy, it is impossible to identify all standards of conduct that are unacceptable. PH expects that Care Partners will use common sense and good judgment. However, PH's judgment, as guided by compliance with the law, and not that of any individual Care Partner, is the benchmark for what is acceptable and what is not. A Care Partner's conduct is not made acceptable solely because the Care Partner believes it to be. Nor may a Care Partner excuse his or her conduct because this policy does not specifically prohibit the objectionable conduct. PH expects that each Care Partner recognizerecognizes that inappropriate conduct, from rudeness to theft, is unacceptable. The decision as to what is inappropriate is at PH's sole discretion as guided by compliance with the law.

#### C. Discrimination

Discrimination is strictly prohibited by a variety of federal, state and local laws, including Title VII of the Civil Rights Act 1964, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. This policy is intended to comply with the prohibitions stated in these anti-discrimination laws. It is a violation of PH's policy to discriminate in the provision of employment opportunities, benefits or privileges; to create discriminatory work conditions; or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race, color, national origin, age, religion, disability status, gender, sexual orientation, gender identity or expression, genetic information ~~or~~, marital status, or any other category protected under the law.

#### D. Harassment

For purposes of this policy, harassment is any form of unlawful employment discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited under PH's anti-harassment policy. Harassment is also any verbal or physical conduct in violation of any federal or state law, rule or regulation designed to threaten, intimidate or coerce an employee, co-worker, Care Partner, or any person working for, or on behalf of PH if such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment or is used as a basis for any employment decisions. Verbal taunting (including racial and ethnic slurs) that impairs his or her ability to perform his or her job is included in the definition of harassment. The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

1. Verbal harassment includes comments that are offensive or unwelcome regarding a person's national origin, race, color, religion, gender or gender identity, sexual orientation, age, or disability, including epithets, slurs and negative stereotyping.
2. Nonverbal harassment includes distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility, aversion or disrespect toward an individual or group because of national origin, race, color, religion, age, gender or gender identity, sexual orientation, pregnancy, disability, marital or other protected status.

#### **E. Sexual Harassment**

Sexual harassment is [also](#) a form of unlawful employment discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited under PH's anti-harassment policy. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment is defined as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to or rejection of such conduct is used as the basis for employment decisions or such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment". Sexual harassment occurs when unsolicited and unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature:

1. Is made explicitly or implicitly a term or condition of employment.
2. Is used as a basis for an employment decision.
3. Unreasonably interferes with a Care Partner's work performance or creates an intimidating, hostile or otherwise offensive environment.

Sexual harassment may take different forms. The following examples of sexual harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

1. Verbal sexual harassment includes, but is not limited to, innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks and threats; requests for any type of sexual favor; and verbal abuse or "kidding" that is oriented toward a prohibitive form of harassment.
2. Nonverbal sexual harassment includes the distribution, display or discussion of any written or graphic material, including calendars, posters and cartoons that are sexually suggestive or show hostility toward an individual or group because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters and notes, facsimiles, e-mail, photos, text messages, tweets and Internet postings; or other form of communication that is oriented toward a prohibitive form of harassment.
3. Physical sexual harassment includes but is not limited [to](#) unwelcome, unwanted physical contact, such as touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, etc.

PH prohibits harassment, including sexual harassment, of any kind, and will take appropriate and immediate action in response to complaints or knowledge of violations of this policy.

## F. Hostile Work Environment

Hostile work environment harassment can take many forms including any action of a verbal or physical nature that creates an intimidating, hostile, or offensive environment. ~~#~~ Such harassment may be verbal, physical and even visual. An occurrence of hostile work environment can be inappropriate touching, demeaning jokes, statements, or suggestive, discriminatory, or offensive posters and pictures posted in the workplace. When a work atmosphere in which a pattern of such offensive behavior occurs and when the conduct is sufficiently severe or pervasive as to have the purpose ~~of~~ effect of unreasonably interfering with work performance, a hostile work environment may exist. PH prohibits the aforementioned conduct and will take appropriate and immediate action in response to complaints or knowledge of violations.

## G. Bullying

Care Partners have the right to conduct their work in a safe and healing work environment without disorderly or undue interference from other employees. PH prohibits Care Partners from violating this right of their co-workers. PH defines bullying as repeated inappropriate behavior~~conduct~~, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment. The following examples of bullying are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

1. Physically harming others.
2. Verbally abusing others.
3. Using intimidation tactics and making threats.
4. Sabotaging another's work.
5. Stalking others.
6. Making malicious, false and harmful statements about others.
7. Publicly disclosing another's private information.

## H. Romantic Associations

Consensual, romantic associations, particularly between management and non-management Care Partners create an atmosphere in which bias, favoritism, dissention, inability or unwillingness to make decisions based solely on job-related considerations becomes difficult, if not impossible. Even the appearance that such associations impact job-related decisions or operations is inappropriate and unacceptable. Furthermore, such associations can evolve into situations which foster actual or alleged harassment, including sexual harassment, in the workplace. As such, PH prohibits all Care Partners from creating and/or maintaining any romantic associations with other Care Partners which adversely impact the performance of the employee, co-workers, Care Partners, the work environment, and/or the efficient and safe operation of the hospital.

If a romantic association arises, it is the responsibility of both parties to inform their supervisors~~managers~~ and Human Resources. PH reserves the right to ask one, or both of the parties to resign employment to avoid conflicts of interest or if such a relationship is creating an adverse impact on the working environment.



## I. Retaliation

~~No hardship, loss, benefit or penalty may be imposed on~~ A Care Partner ~~in response to~~ may not be retaliated against for:

1. Filing or responding to a bona fide complaint of discrimination or harassment.
2. Appearing as a witness in the investigation of a complaint.
3. Serving as an investigator of a complaint.

Retaliation or attempted retaliation in response to lodging a complaint or invoking the complaint process is a violation of this policy. Any person who is found to have violated this aspect of the policy will be subject to sanctions up to and including termination of employment.

## IV. PROCEDURES

PH is committed to promptly and thoroughly investigate all complaints of harassment, discrimination, bullying, retaliation, or violations of the standards of behavior/conduct in accordance with this policy. All complaints will be handled swiftly and confidentially, to the extent possible (but is not guaranteed), in light of the need to take appropriate corrective action. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.

### A. Responding to Conduct in Violation of Policy

1. Employee/Care Partners, including *any person working for or on behalf of PH*

If a Care Partner believes that he or she has been subject to conduct in violation of this policy, he or she may address the situation directly and immediately with the individual, if possible. If the inappropriate conduct does not cease, or if the Care Partner is unable to or is uncomfortable with addressing the conduct directly, he or she should report the incident to his or her own ~~supervisor or~~ manager/director or to human resources (HR) as soon as possible. It is helpful, ~~but not required~~, to provide a written record of the date, time and nature of the incident(s) and the names of any witnesses. If an employee/Care Partner does not provide a written statement, he or she may be asked to provide a follow-up written statement. [We are concerned that a supervisor will not take the appropriate actions. We suggest that a Care Partner must report to HR or a manager or director.]

2. Management ~~and supervisors~~

Management ~~and supervisors~~ must deal expeditiously and fairly with allegations of harassment or other inappropriate conduct within their departments whether or not there has been a written or formal complaint. They must:

- a. Take all complaints or concerns of alleged or possible harassment, discrimination, retaliation, or other inappropriate conduct seriously no matter how minor or who is involved.
- b. Ensure that ~~harassment~~ the alleged discriminatory, harassing, or inappropriate conduct is immediately reported to HR so that a prompt and impartial investigation can occur.
- c. Take any appropriate action to prevent retaliation or prohibited conduct from recurring during and after any investigations or complaints.

- d. If they observe ~~harassment, discrimination~~ harassing, discriminatory or inappropriate conduct, management ~~and supervisors are~~ is required to report such conduct to HR

Managers ~~and supervisors~~ who knowingly allow or tolerate harassment, discrimination or retaliation, including the failure to immediately report such misconduct to HR, are in violation of this policy and subject to discipline.

### 3. Human Resources (HR)

HR ~~are~~ is responsible for:

- a. Ensuring that both the individual filing the complaint (hereafter referred to as the "complainant") and the accused individual (hereafter referred to as the "respondent") are aware of the seriousness of a harassment ~~or~~ discrimination or retaliation complaint.
- b. Explaining PH's Workplace Conduct policy and investigation procedures to the complainant and the respondent.
- c. Exploring informal means of resolving complaints.
- d. Notifying the police if criminal activities are alleged.
- e. Arranging for an investigation of the alleged harassment and the preparation of a written report.
- f. Submitting a written report summarizing the results of the investigation and making recommendations to designated company officials.
- g. Notifying the complainant and the respondent of the corrective actions to be taken, if any, and administering those actions.

## B. Complaint Resolution Procedures

To initiate a formal investigation into an alleged violation of this policy, Care Partners may be asked to provide a written statement about the alleged misconduct to HR. Complaints should be submitted as soon as possible after an incident has occurred. HR may assist the complainant in completing the statement. To ensure the prompt and thorough investigation of a complaint, the complainant should provide as much of the following information as is possible:

1. The name, department and position of the person or persons allegedly violating the Workplace Conduct policy.
2. A description of the incident(s), including the date(s), location(s) and the presence of any witnesses.
3. The effect of the incident(s) on the complainant's ability to perform his or her job, or on other terms or conditions of his or her employment.
4. The names of other individuals who might have been subject to the same or similar harassment or discriminatory treatment.
5. What, if any, steps the complainant has taken to try to stop the conduct.
6. Any other information the complainant believes to be relevant to the complaint.

## C. Discipline

Care Partners who violate this policy are subject to appropriate disciplinary action up to and including termination. Persons who violate this policy may also be subject to civil damages or criminal penalties.

#### D. Confidentiality

All inquiries, complaints and investigations are treated confidentially to the extent possible while keeping in mind HR's desire to conduct a thorough investigation. Information is revealed strictly on a need-to-know basis. HR will take steps to ensure that the complainant is protected from retaliation. All information pertaining to a complaint or investigation is maintained by HR in secure files. All witnesses, including the complaining Care Partner and the alleged wrongdoer, are advised to keep information related to the investigation confidential , to the extent permitted, and may be asked to sign an agreement to that effect. Information contained in a formal complaint is kept as confidential as possible. However, PH cannot guarantee the confidentiality of the process to anyone, as you never know what may come of the investigation down the road.

#### E. Workplace Investigation | Obligation to Maintain Confidentiality and Avoid Retaliation/Coercion

1. Once an investigation has begun, all involved parties must maintain a professional and non-retaliatory demeanor. Inappropriate and unprofessional behavior includes:
  - a. Discussion concerning the incident or complaint and the investigation ("office gossip" and the like) to the extent prohibited by law.
  - b. Interfering with the investigation, conducting your own independent investigation.
  - c. Joking about the incident or complaint with others.
  - d. Rushing to judgment and taking sides.
  - e. Coercion or intimidation of the complainant or witnesses.
  - f. Texting, e-mailing, using social networking or otherwise discussing the incident or ~~complaint with others~~ complaint that is being investigated in an inappropriate, threatening or disruptive manner.
  - g. Ignoring the complainer or witnesses in meetings, in e-mails and during office activities.
2. Retaliatory conduct is prohibited. Some examples of retaliatory behavior include:
  - a. Threatening action or criticizing a Care Partner for filing a complaint or providing information.
  - b. Firing, demoting, disciplining the worker or otherwise treating the Care Partner/complainant differently for filing a valid a complaint or participating in an investigation.
  - c. Discussing the incident or complaint with the Care Partner/complainant or witnesses, to the extent prohibited by law. This could be viewed as coercion.
  - d. Discussing the incident or complaint with anyone inside the Company other than those with a business need to know, such as human resources and legal counsel, to the extent prohibited by law.
  - e. Discussing the incident or complaint with anyone outside the Company, such as customers, vendors, suppliers and other colleagues, to the extent prohibited by law.

**F. Other Available Procedures**

The procedures available under this policy do not preempt or supersede any legal procedures or remedies otherwise available under local, state or federal law. [In addition, nothing in the policies and procedures are an attempt to violate a person's Section 7 rights as provided under the National Labor Relations Act.](#)

**V. REFERENCES**

- A. TJC 2015 Hospital Manual LD.03.01.01 EP 4 and EP 5
- B. Title VII of Civil Rights Act of 1964
- C. Age Discrimination Act of 1975
- D. American Disability Act of 1990
- E. U.S. Equal Employment Opportunity Commission. Types of Discrimination. Retrieved April 11, 2017 from [https://www.eeoc.gov/laws/types/sexual\\_harassment.cfm](https://www.eeoc.gov/laws/types/sexual_harassment.cfm)[https://www.eeoc.gov/laws/types/sexual\\_harassment.cfm](https://www.eeoc.gov/laws/types/sexual_harassment.cfm)

<b>Summary report:</b> <b>Litéra® Change-Pro 7.5.0.185 Document comparison done on 6/9/2017</b> <b>2:21:06 PM</b>	
<b>Style name:</b> Default Style	
<b>Intelligent Table Comparison:</b> Active	
<b>Original DMS:</b> iw://FSDMS/ORLANDO1/11040404/1	
<b>Modified DMS:</b> iw://FSDMS/ORLANDO1/11040404/3	
<b>Changes:</b>	
<u>Add</u>	53
<del>Delete</del>	22
<del>Move From</del>	0
<u>Move To</u>	0
<u>Table Insert</u>	0
<del>Table Delete</del>	0
<u>Table moves to</u>	0
<del>Table moves from</del>	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
<b>Total Changes:</b>	<b>75</b>





<b>POLICY TITLE:</b> Conference Meeting Space Reservations and Use Guidelines	<b>POLICY #:</b> 9500-1026	<b>REPLACES POLICY #:</b> 9500-82
	<b>EFFECTIVE DATE:</b> 01/15/1991	Page 1 of 6
<b>POLICY SCOPE:</b> Parrish Healthcare and Affiliates	<b>REVIEWED:</b> n/a	
<b>DEVELOPED BY:</b> Communications, Community, and Corporate Services	<b>REVISED:</b> 11/97, 1/98, 1/04, 12/05, 5/08, 8/12, 10/14, 06/17	
<b>APPROVALS:</b>  Executive Management: _____  President/CEO: _____  Chairperson, Board of Directors: _____	<b>REPOSITORY:</b>  Corporate Compliance iCare	

**I. PURPOSE**

This policy establishes guidelines for reserving conference/meeting space at any Parrish Healthcare (PH) facility.

**II. POLICY STATEMENT**

Individuals, organizations or groups that wish to reserve a PH conference/ meeting space shall comply with this policy and support the PH mission, vision, and values. Failure to do so shall result in the reservation being withdrawn and participants asked to immediately leave the facility. Parrish Healthcare reserves the right to refuse the use of its facilities at its discretion.

**III. DEFINITIONS**

- A. **Care Partner** is an inclusive term referring to Parrish Healthcare employees, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.
- B. **Parrish Healthcare** is an inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. d/b/a Parrish Medical Group and its affiliates.

- C. **Mission:** Healing Experiences for everyone all the time®
- D. **Vision:** Healing Families—Healing Communities®
- E. **Values:** Safety, Loyalty, Integrity, Compassion, Excellence, Stewardship

#### IV. Work-related Business Use Procedures

All PH care partners (employees, medical staff, volunteers) who wish to reserve conference/event/meeting space for work-related reasons, such as department meetings, must enter a space reservation request through the online conference room scheduling system.

#### V. PUBLIC-USE PROCEDURES

- A. Read and acknowledge this policy.
- B. Complete, sign and return Conference Space Rental & Usage Agreement.
- C. Public-Use Space Reservation Guidelines:
  - 1. Space reservations are restricted to organizations/groups with which PH has an existing business or service contract/agreement.
  - 2. Space for public-use is reserved on an “as-available” basis.
  - 3. Nonprofit groups will need to provide proof of their 501c3 nonprofit status.
  - 4. Care Partners who wish to reserve space for family and friends for non work-related purposes, such as baby showers, birthday parties, etc. shall follow public-use guidelines and procedures.
  - 5. Space provided for public use does not constitute endorsement by PH of the groups or individuals using the space or their beliefs.
  - 6. Space provided for public use does not constitute or imply sponsorship.
  - 7. Disclosure of third party sponsorships of is required at the time of application completion. Third party sponsorships by alcohol- or tobacco-related companies or any competing entity is strictly prohibited.

#### VI. Space Use Restrictions

- A. Religious worship, political fundraising, or functions not otherwise related to PH’s mission, or in violation of any of its policies.
- B. Use by any competing entity is prohibited.
- C. Smoking or use of Tobacco products of any kind is strictly prohibited.
- D. Alcohol, outside food, or appliances are prohibited unless special permission is granted and documented on the rental agreement. Failure to obtain appropriate permission may result in group, organization or individual to be denied future access to PH conference/ meeting spaces.
- E. **Attaching anything to the walls, doors, windows or ceilings is strictly prohibited, i.e., (taping, pinning, sticking, etc.).**
- F. Guide dogs and service animals for persons with disabilities are permitted. No other animals are permitted.

## VII. Space set up/break down

- A. Standard classroom configuration of the tables and chairs is provided.
- B. PH shall not be responsible for setting up any configurations other than standard classroom style.
- C. **Spaces must be left in the same condition they were found.** This includes returning the space to classroom configuration.
- D. All conference/meeting spaces will be locked after scheduled meetings are completed and on weekends. Security will be responsible for locking and unlocking PH main campus conference center after 5pm Monday-Friday, and on the weekends.

## VIII. Audiovisual & Technical Support:

- A. Audiovisual (AV) needs should be identified when the space reservation is made.
- B. PH-provided AV equipment will, to the best of our ability, be in working order.
- C. Outside AV equipment may be brought in and used; however PH accepts no responsibility or liability for said equipment. **AV technical support is not available.**
- D. PH provided AV equipment will be supported to the best of our ability Monday-Friday, from 8:00am-4:30pm. **AV technical support is not available on evenings and weekends.**

## IX. Signs/signage:

- A. Signs or posters placed anywhere on PH properties or within PH buildings must be preapproved by the Vice President, Communications, Community and Corporate Services, or designee, per PH policy.

## X. Publicity/Promotion

- A. Publicity for public events or meetings is the sole responsibility of the requesting group/organization/individual. Publicity should not imply sponsorship by, or affiliation with, PH, unless agreement to such sponsorship has been provided in writing by the Vice President, Communications, Community and Corporate Services, or designee.
- B. All publicity referencing PH by name must be reviewed and approved prior to publishing in accordance with PH's Service Mark Usage policy [#9500-7003].
- C. PH Vice President, Communications, Community and Corporate Services must be notified if/when conference/event/meeting organizers are inviting or expecting news media.

## XI. Rights and Responsibilities:

- A. PH reserves the right to reassign conference/event/meeting space as needed to ensure maximum efficiency and service.
- B. PH reserves the right to update and/or change its conference/event/meeting space general use criteria without notice.
- C. PH reserves the right to refuse the use of its facilities at its discretion

- D. Renters of PH’s conference/event/meeting space are responsible to pay rental deposits and fees.

**XII. Public-Use Space Rental Fees**

- A. Rental fees are subject to change at PH’s discretion and without notice. A 50% deposit to hold the space will be required within 24 hours of placing the reservation or the reservation will be canceled. The remaining balance will be due no later than the day of the scheduled reservation.

**Parrish Medical Center Main Campus  
951 N. Washington Avenue, Titusville**

- Audiovisual Equipment Available upon request at the Main Campus only.

<b>Location:</b>	<b>Capacity:</b>	<b>Rental Fee:</b>
Conference Room 1	36 with tables/chairs 56 without tables (chairs only)	\$100/4 hours
Conference Room 2/4	30 with tables/chairs 50 without tables (chairs only)	\$100/4 hours
Conference Room 3/5	30 with tables/chairs 50 without tables (chairs only)	\$100/4 hours
Conference Room 2/3/4/5	70 with tables/chairs 100 without tables (chairs only)	\$200/4 hours
Conference Room 6	13 with table (table cannot be moved)	\$75/4 hours
Women’s Center Conf Room	15 with tables/chairs	\$75/4 hours
Cardio/DI Small Conf Room	8 with tables/chairs <b>(Internal Use Only)</b>	
Cardio/DI Lounge	24 with tables/chairs <b>(Internal Use Only)</b>	
Lab/Conf Room	14 people with tables/chairs <b>(Internal Use Only)</b>	

**AV Equipment Rental Fees**

<b>Equipment</b>	<b>4 hours or less</b>	<b>DAILY RATE</b>
LCD Projector	\$50.00	\$100.00
ELMO unit (Only available M-F 8a-4:30pm)	\$50.00	\$100.00
Wireless Microphone	\$7.50	\$12.00

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### Heritage Hall

#### Health Village West, 951 N. Washington Ave, Titusville

- AV Equipment Available: Smart Cart Podium, Projector & Projection Screen, 2 Flat-Screen TV's for presentations (on north & south walls).
- Other Amenities: Ice machine & sink, restrooms, pantry with refrigerator.
- Restricted Use: Must be a program or service related to seniors, caregivers, or those with chronic conditions. During normal business hours (M–F, 8:00am–4:30pm) a key can be picked up from the Philanthropy House. After normal business hours, please contact the Concierge Desk, ext. 6104.

Heritage Hall	<b>Capacity:</b> 24 with tables/chairs, 45 (chairs only)	<b>Rental Fee:</b> \$250/4 hours
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#### Health & Fitness Center 2210 Cheney Highway (Hwy 50), Titusville

Meeting Room #4	<b>Capacity:</b> 20 people with tables 40 people without tables (chairs only)	<b>Rental Fee:</b> \$100/4 hours
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#### Parrish Healthcare at Port St. John 5005 Port St. John Parkway, Port St. John, FL

Conference Room 1 (Manatee)	<b>Capacity:</b> 42 with tables/chairs 56 without tables (chairs only)	<b>Rental Fee:</b> \$250/4 hours
Conference Rooms 2 & 3 (Pelican/Osprey)	<b>Capacity:</b> 16 with tables/chairs 30 without tables (chairs only)	<b>Rental Fee:</b> \$175/4 hours

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#### Parrish Healthcare Center | Port Canaveral 390 Challenger Road, Cape Canaveral, FL

Port Canaveral Conference Room	<b>Capacity:</b> 20 people with tables/chairs <b>(Internal Use Only)</b>
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- Available M-F 7am-7pm, Weekends 7am-4pm

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#### Parrish Healthcare Center | Titus Landing

**250 Harrison Street, Titusville, FL**

- Available M-F 8am-5pm

	<b>Capacity:</b>	<b>Rental Fee:</b>
Conference Room A	22 people with tables/chairs <b>(Internal use only)</b>	
Conference Room B	10 people with tables/chairs <b>(Internal use only)</b>	

CONFIDENTIAL



SUBJECT

Conference/Event/Meeting Space Reservations and Use Guidelines

POLICY TYPE: ADMINISTRATIVE

EFFECTIVE DATE: 01/15/91

APPROVALS

DISTRIBUTION

Date: \_\_\_\_\_

1. iCare

INITIATED BY:

Natalie Sellers, Vice President, Communications, Community & Corporate Services

Date: \_\_\_\_\_

George Mikitarian, President/CEO

Date: \_\_\_\_\_

Herman Cole, Chairman, Board of Directors

REVISED: 11/97, 1/98, 1/04, 12/05, 5/08, 8/12, 3/14

POLICY

This policy establishes guidelines for reserving conference/event/meeting space at any Parrish Medical Center (PMC) facility. Parrish Medical Center reserves the right to refuse the use of its facilities at its discretion. Organizations that wish to reserve a conference/event/meeting space must support and uphold the mission, vision and values at PMC. Failure to do so will result in the reservation being withdrawn and participants asked to immediately leave the facility.

**I. Space Reservation Guidelines:**

- a. Space is reserved on an "as available" basis.
- b. PMC departments/care partners are given first priority.
- c. Civic, not-for-profit/nonprofit, charitable groups/organizations:
  - i. Nonprofit groups will need to provide proof of their nonprofit status, 501 3(c).
  - ii. Rental fees are waived unless a fee is charged to attendees.
- d. For-profit, commercial organizations/groups:
  - i. Space reservations are restricted to organizations/groups with which PMC has an existing business or service contract/agreement.
  - ii. Rental fees apply.
- e. Space provided for public use does not constitute endorsement by PMC of the groups or individuals using the space or their beliefs.
- f. Space provided for public use does not constitute or imply sponsorship.
- g. Disclosure of third party sponsorships of conferences/events/meetings is required at the time of application completion. Third party sponsorships by alcohol or tobacco-related companies or any competing entity are prohibited.

**II. Catering:**

- a. Outside food or appliances require special permission at the time space reservation is made. PMC's Food & Nutrition Department will arrange/provide catering.
- b. Any group/organization/individual that fails to obtain appropriate permission may be denied future access to conference/event/meeting space at PMC facilities.

**III. Event set up/break down:**

- a. Standard classroom configuration of the tables and chairs is provided.
- b. Groups/organizations/individuals requiring a space configuration other than standard classroom style will be responsible for their own setup and be required to reset the space back into classroom configuration immediately following conference/event/meeting.
- c. Spaces must be left in the same condition they were found, or the reserving group/organization/individual will be assessed a housekeeping fee per the fee schedule herein.
- d. PMC reserves the right to deny any group/organization/individual from future use of conference space.

**IV. Audiovisual & Technical Support:**

- a. Audiovisual (AV) needs should be identified when the space reservation is made.
- b. PMC provided AV equipment will, to the best of our ability, be in working order.
- c. Outside AV equipment may be brought in and used; however PMC accepts no responsibility or liability for said equipment. **AV technical support is not available.**
- d. Organizations/Groups/Individuals bringing in their own equipment should be prepared with their own technical support solution.
- e. PMC provided AV equipment will be supported to the best of our ability Monday-Friday, from 8 am to 4:30 pm. **AV technical support is not available on evenings and weekends.**

**V. Signs/signage:**

- a. Attaching anything to the walls, doors, windows or ceilings is strictly prohibited, i.e., (taping, pinning, sticking, etc.).
- b. Signs or posters placed anywhere on PMC properties or within PMC buildings must be preapproved by Vice President, Communications, Community and Corporate Services, or designee, per medical center policy.
- c. Easels and display panels can be requested or placed inside the conference spaces.

**VI. Publicity:**

- a. Publicity for public events is the sole responsibility of the requesting group/organization/individual.
- b. Publicity should not imply sponsorship by, or affiliation with, Parrish Medical Center, unless agreement to such sponsorship has been provided in writing by the Vice President, Communications, Community and Corporate Services, or designee.
- c. All publicity referencing Parrish Medical Center by name must be reviewed and approved prior to publishing in accordance with Parrish Medical Center's Service Mark Usage policy [#9500-166].



**VII. Animal Access:**

- a. Guide dogs and assistance animals for persons with disabilities are permitted with special permission attained at the time space reserved.
- b. Leash is required at all times and muzzle, if necessary. No other animals are permitted.

**VIII. Media:**

- a. PMC Vice President, Communications, Community and Corporate Services must be notified if/when conference/event/meeting organizers are inviting or expecting news media.

**IX. Rights and Responsibilities:**

- a. PMC reserves the right to reassign conference/event/meeting space as needed to ensure maximum efficiency and service.
- b. PMC reserves the right to update and/or change its conference/event/meeting space general use criteria without notice.
- c. PMC reserves the right to refuse the use of its facilities at its discretion.
- d. Renters of PMC's conference/event/meeting space are responsible to pay rental deposits and fees. Space reservation price list is available as **Attachment A**, and rental agreement available as **Attachment B**.

**X. Space Use Restrictions**

- a. Parrish Medical Center conference/event/meeting spaces cannot be used for religious worship, political fundraising, or functions not otherwise related to the medical center's mission or in violation of any of its policies, such as, but not limited to, its nonsolicitation and distribution policy [9500-18].
- b. Parrish Medical Center prohibits the use of its conference/event/meeting spaces by any competing entity.
- c. Parrish Medical Center is a tobacco-free/smoke-free environment [Policy 9500-15]. Smoking or use of Tobacco products of any kind is strictly prohibited.
- d. Parrish Medical Center does not permit alcohol to be distributed on its properties.

**PMC CARE PARTNERS**

All PMC care partners (employees, medical staff, volunteers) who wish to reserve conference/event/meeting space must enter a space reservation request through the online conference room scheduling system. PMC care partners and their immediate family members may also request a space reservation for personal functions in accordance with the rental agreement, Attachment B.

Independent services that don't require a space reservation (i.e., catering only, laptop only, projector only) should also be requested through the online conference room scheduling system.

All conference/event/meeting spaces will be locked after scheduled meetings are completed and on weekends. Security will be responsible for locking and unlocking PMC main campus conference center after 5 pm Monday-Friday, and on the weekends.

**DELETE**

**ATTACHMENT A**

**Conference/Event/Meeting Space & Rental Fees**

Request for these rooms should be entered through online Conference Space Scheduling system or by calling 321-268-6110.

**Parrish Medical Center Main Campus**

**951 N. Washington Avenue, Titusville**

- Audiovisual Equipment Available upon request.

<b>Location:</b>	<b>Capacity:</b>	<b>Rental Fee:</b>
Conference Room 1	36 with tables/chairs 56 without tables (chairs only)	\$100/4 hours
Conference Room 2/4	30 with tables/chairs 50 without tables (chairs only)	\$100/4 hours
Conference Room 3/5	30 with tables/chairs 50 without tables (chairs only)	\$100/4 hours
Conference Room 2/3/4/5	70 with tables/chairs 100 without tables (chairs only)	\$200/4 hours
Conference Room 6	13 with table (table cannot be moved)	\$75/4 hours
Women’s Center Conf Room	15 with tables/chairs	\$75/4 hours
Cardio/DI Small Conf Room	8 with tables/chairs <b>(Internal Use Only)</b>	
Cardio/DI Lounge	24 with tables/chairs <b>(Internal Use Only)</b> (computer/projection screen/must reserve DI keyboard & mouse)	
Lab/Conf Room	14 people with tables/chairs <b>(Internal Use Only)</b>	

**Heritage Hall**

**Health Village West, 951 N. Washington Ave, Titusville**

- Audiovisual Equipment Available: Smart Cart Podium, Projector & Projection Screen, 2 Flat-Screen TV’s for presentations (on north & south walls).
- Other Amenities: Ice machine & sink, restrooms, pantry with refrigerator.
- Restricted Use: Must be a program or service related to seniors, caregivers, or those with chronic conditions. During normal business hours (M–F, 8:00 am–4:30 pm) a key can be picked up from the Philanthropy House. After normal business hours, please contact the Concierge Desk, ext. 6104.

**Capacity:**

**Rental Fee:**



**CONFERENCE/EVENT/MEETING SPACE  
RESERVATIONS AND USE GUIDELINES**

**POLICY NO. 9500-82  
PAGE NO. 6 OF 6**

Heritage Hall 24 with tables/chairs, 45 (chairs only) \$200/4 hours  
**Health & Fitness Center**  
 2210 Cheney Highway (Hwy 50), Titusville

Meeting Room #4 **Capacity:** 20 people with tables **Rental Fee:** \$100/4 hours  
 40 people without tables (chairs only)

The equipment available for meetings is as follows:

TV/VCR	Projection screen
Overhead Projector	Cable TV
White Board	Kitchen (limited use)
Slide Projector	

**Parrish Healthcare at Port St. John**  
 5005 Port St. John Parkway, Port St. John, FL

Conference Room 1 (Manatee) **Capacity:** 42 with tables/chairs **Rental Fee:** \$200/4 hours  
 56 without tables (chairs only)

Conference Rooms 2 & 3 16 with tables/chairs \$100/4 hours  
 (Pelican/Osprey) 30 without tables (chairs only)

**AV Equipment Rental Fees**

<b>Equipment</b>	<b>4 hours or less</b>	<b>DAILY RATE</b>
LCD Projector	\$50.00	\$100.00
ELMO unit (Only available M-F 8a-4:30pm)	\$50.00	\$100.00
Overhead Projector	\$7.50	\$12.00
TV/VCR/DVD (PORTABLE)	\$12.50	\$20.00
A Frame Easel	N/C	N/C
Flip Chart Easel with pad & markers	\$10.00 each	\$10.00 each
Laser Pointer	\$5.00	\$5.00
Wireless Microphone	\$7.50	\$12.00

**ATTACHMENT B**

**Parrish Medical Center  
Conference Space Rental & Usage Agreement**

1. A deposit of \$100.00 is required 14 days in advance to reserve a conference room.
2. If a reservation is NOT cancelled 7 days prior to the event, then the deposit will NOT be refunded.
3. Parrish Medical Center is not responsible for any items left in the conference rooms.
4. No outside food or beverage is permitted in the conference rooms without preapproval.
5. Alcohol is prohibited.
6. Prices are subject to availability and may change without notice.
7. Credit will not be given for equipment or services ordered but not used.
8. All material and equipment furnished by the Parrish Medical Center will remain the property of Parrish Medical Center and will be removed only by Parrish Medical Center.
9. All equipment will be returned in satisfactory condition. Lost or missing equipment will be charged to the client.
10. Outside appliances are not permitted.
11. Items such as posters, banners, plaques, signs, tape, tacks and the like are not permitted on conference room walls, doors or ceilings.
12. I have received a copy of the Conference Space [9500-82] policy and will abide by this policy.

Parrish Medical Center prides itself as being "One of America's Finest Healing Environments®": please conduct yourself in a manner conducive to our environment.

Client Print _____	Date _____
Client Signature _____	Contact phone _____
PMC Print _____	Date _____
PMC Signature _____	Contact phone _____

**Original will be retained by Parrish Medical Center. Copy will be retained by client.**



<b>POLICY TITLE:</b> Communication with Sensory Impaired or Language Barrier Patients	<b>POLICY #:</b> 9500-2031	<b>REPLACES POLICY #:</b> 9500-128
	<b>EFFECTIVE DATE:</b> 05/01/1996	<b>Page:</b> 1 of 7
<b>POLICY SCOPE:</b> Parrish Healthcare and Affiliates	<b>REVIEWED:</b> 3/17	
<b>DEVELOPED BY:</b> Administration   Acute Care Services	<b>REVISED:</b> 5/96, 7/99, 12/00, 1/08, 3/17	
<b>APPROVALS:</b>  Executive Management: _____  Executive Management: _____  President/CEO: _____  Chairperson, Board of Directors: _____	<b>REPOSITORY:</b>  Corporate Compliance iCare	

## I. PURPOSE

This policy sets forth a plan that accommodates individuals with the special needs defined in Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Patient Protection and Affordable Care Act, and the Americans with Disabilities Act (ADA) of 1990 which prohibits discrimination on the basis of disability in the delivery of healthcare services. The regulation implementing these Acts requires that sensory impaired individuals, including the blind and the hearing impaired, be provided with auxiliary aids at no cost to allow them an equal opportunity to participate in and benefit from healthcare services. The decision of the method to be used for communication requires the input of the patient, or the patient's family/partners-in-care. Their choice must be given weight.

Parrish Healthcare (PH) is committed to full compliance with federal and state laws barring discrimination on the basis of disability. Parrish Healthcare recognizes its obligations to ensure effective communication with persons who are deaf, hard of hearing or visually impaired or persons with limited English language proficiency. Parrish Healthcare is committed to pro-actively assessing communication needs as well as providing the highest quality of services to all who use them. Qualified language interpreters and/or other auxiliary aids and services are necessary to provide equal access to hospital services for deaf and hard of hearing individuals as well as those individuals that are visually impaired.

## II. DEFINITIONS

- A. **"Parrish Healthcare"** Is an inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. d/b/a Parrish Medical Group and its affiliates.

- B. The term “**point of initial entry**” refers to each point of initial entry into PH, such as the Emergency Department.
- C. “**Patient**” refers to any person seeking healthcare or actively receiving healthcare treatments, diagnostic tests, screenings, assessment, medications, or education from any entity related to PH.
- D. “**Family**” as defined by the Institute for Patient and Family Centered Care, “family” refers to two or more persons who are related in any way – biologically, legally, or emotionally. Patients and families define their “family.”
- E. “**Partners-in-Care**” are person(s) identified by the patient, who are family members and/or friends or other individuals that are present to support the patient during the course of the patient’s health care experience with PMC and may exercise the patient’s visitation rights on the patient’s behalf if patient is unable to do so. The support person(s) may provide emotional and/or social support and comfort according to the patient’s preference. Such individual(s) may or may not be an individual legally responsible for making medical decisions on the patient’s behalf.
- F. “**Care Partner**” is an inclusive term referring to PH employees, medical staff members, auxiliary members, and Board of Directors members.
- G. “**Interprofessional Care Team (non-clinical)**” is a group of healthcare professionals from within their own profession, with people outside their profession and with patients and their families to bring together diverse knowledge, skills and perspectives to support the patient during the course of the patients’ health care experience.
- H. The term “**auxiliary aids and services**” refers to those auxiliary aids and services that are necessary to ensure (i) effective communication between persons with disabilities and care partners, and (ii) that persons with disabilities are not excluded, denied services, segregated, or otherwise treated differently than other persons because of the absence of auxiliary aids and services, unless it would result in an undue burden to PH. Auxiliary aids may include:
- qualified interpreters on-site or through video remote interpreting (VRI) services;
  - notetakers;
  - written materials; exchange of written notes;
  - telephone handset amplifiers;
  - voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices;
  - large print materials;
  - accessible electronic and information technology;
- I. The term “**qualified interpreter**” means an interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters. Someone who has only a rudimentary familiarity of sign language or finger spelling is not a “qualified interpreter” under this Policy or the ADA. Likewise, someone who is fluent in sign language but who does not possess the ability to process spoken



communication into the proper signs or to observe someone else signing and change his or her signed or finger-spelled communication into spoken words is not a qualified sign language interpreter.

- J. The term “**video remote interpreting**” (VRI) service means an interpreting service that uses video conference technology over dedicated lines or wireless technology offering high-speed, wide-bandwidth video connection that delivers high-quality video images.
- K. The term “**text telephone**” (TTY) – also known as TDD – refers to a device that allows people with hearing or speech impairments to communicate over the telephone using some form of keyboard input and visual display output.
- L. The term “**service animal**” means an animal that is trained to do work or perform tasks for an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. The work done or tasks performed must be directly related to the individual’s disability and may include, but are not limited to, guiding an individual who is visually impaired or blind, alerting an individual who is deaf or hard of hearing, pulling a wheelchair, assisting with mobility or balance, alerting and protecting an individual who is having a seizure, retrieving objects, alerting an individual to the presence of allergens, providing physical support and assistance with balance and stability to an individual with a mobility disability, helping an individual with a psychiatric or neurological disability by preventing or interrupting impulsive or destructive behaviors, reminding an individual with mental illness to take prescribed medications, calming an individual with posttraumatic stress disorder during an anxiety attack, or doing other specific work or performing other special tasks. A service animal is not a pet. The term “service animal” is limited to a dog or miniature horse. The crime-deterrent effect of an animal’s presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for purposes of this definition.

### III. POLICY STATEMENT

Parrish Healthcare care partners will provide qualified sign-language or other language interpreters and/or other appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities and/or individuals with limited English language proficiency. This includes an obligation to provide effective communication to family and/or partner-in-care of patients who are persons with disabilities. To achieve that goal, PH care partners will inform patients with disabilities and the sensory-impaired family/partner-in-care of patients of the availability, at no cost to them, of qualified interpreters and/or other auxiliary aids, and will provide each service upon request.

### IV. PROCEDURE

#### A. Designation of ADA Coordinator(s).

PH will designate one or more employees or officers to serve as its ADA Coordinator(s). The ADA Coordinator(s) will know where the appropriate auxiliary aids are stored and how to operate them, and will be responsible for ensuring their maintenance, repair, replacement, and distribution.

PH will circulate broadly throughout its facilities the name, telephone numbers, function, and office location of its ADA Coordinator(s), including a TTY number that may be called by deaf persons in order to obtain the assistance of the ADA Coordinator(s). The ADA Coordinator(s) will distribute information



regarding PH's sign language interpreting agency. **Guide for Care Partners needing Services for Sensory Impaired or Language Barrier Persons found on I-Care located under the letter "L".**

The ADA Coordinator(s) will work in collaboration with PH's Human Resources Departments and PMC's Nurse Educator(s) to ensure that all PH care partners are trained on the auxiliary aids and services described in this Policy. The ADA Coordinator(s) are listed as follows:

1. PMC Emergency Department Charge Nurses (all shifts), call ext. 6130
2. PMC House Supervisors (all shifts), call ext. 6666
3. PH Patient Experience Professional (M-F, 8 am – 5 pm), call ext. 6685

## **B. Procedure for Sensory (Hearing or Visually) Impaired Patients**

### **1. Initial Intake of Patients who are Deaf or Hearing Impaired**

- a. **Proactive Assessment.** PH care partners will begin assessing the individual needs of a patient either at the time an appointment or admission is scheduled, upon arrival at its Emergency Department, upon admission, or upon receipt of notification that a deaf person is being transported to a PH entity.
- b. When such a determination is made, and as soon as the patient's condition reasonably allows, the nurse, physician or other PH care partner overseeing the provision of care will present the person who is sensory impaired with a copy of "Services for Sensory Impaired Persons" in the form of Attachment A to this Policy (hereinafter, "the Notice"). If the patient is a minor or is unable to provide consent for medical treatment, the presentation will be made to the patient's family/partner-in-care, if present. The care partner present will help the patient complete the Notice when necessary.
- c. The Care Partner present will consult with the patient to ensure his/her preferred method(s) of communication, as well as the equipment preferred to ensure effective communication, are properly expressed on the Notice.
- d. Care partners will then promptly inform the ADA Coordinator of any equipment needs requested by or on behalf of the patient. The completed Notice, or all information contained in the completed Notice, will then be included with the patient's health record.

### **2. Interpreting Services**

- a. **Prompt Call for Qualified Interpreters, when needed.** Immediately upon completing the EMR assessment and Notice requirements and determining need, PH care partners involved with the patient will promptly schedule or otherwise promptly call for a qualified interpreter to be provided.
- b. **Prearranging Guaranteed Access to Qualified Interpreters.** PH will enter into an agreement with a qualified sign language interpreting agency. The agreement must

specify that an interpreter will be made available as soon as possible after the request is made. **Waiver and Assessment forms found in forms fast or on I-Care.**

- c. Video Remote Interpreting (VRI) Services. PH will arrange for (i) real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images; and (ii) adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI. **Waiver and Notice forms found in forms fast or on I-Care.**
  - i. Available upon request through ADA Coordinator(s).

### 3. Restricted Use of Other Interpreters.

- a. If a person who is deaf rejects PH's offer of a free qualified interpreter and instead (i) specifically requests that an accompanying adult interpret or facilitate communication, (ii) the accompanying adult agrees to provide such assistance, and (iii) reliance on that adult is appropriate under the circumstance, PH may rely on that adult to facilitate communications with the patient. PH shall secure a signed waiver form found in forms fast or on I-Care) and place the waiver in the patient's health record. A patient who initially executes the waiver can change his or her mind at any time simply by telling a PH care partner present that they want an interpreter to be provided by PH.
- b. In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available, PH care partners will immediately contact a qualified interpreter, and, until the interpreter's arrival, PH care partners present may use flash cards, pictograph forms, written notes, charts, diagrams and its best efforts to provide the most effective communication possible until such time as the qualified interpreter arrives, including, in appropriate circumstances, the use of family members or friends who are not qualified interpreters.

### 4. Telephone (TTY) Services

- a. In addition to interpreting services and the other auxiliary aids and services defined previously, PH will offer TTYs or telephones with amplified sound and which are hearing aid compatible, as appropriate, for persons who are deaf. TTY Telephone is available to any of our patients upon request through our house supervisor (Mission Control).
- b. All patient telephones come with a volume adjustment dial which enables patient to increase or decrease the volume of the other party.
- c. A dual handset phone is available to any of our patients upon request through house supervisor (Mission Control).

### 5. Laptop for Hearing Impaired

- a. A simple-to-use laptop is available for hearing impaired patients, and is stored in the nursing supervisor's office ~~on the 3<sup>rd</sup> floor.~~
- b. A PH care partner will use the password located on the laptop to login and will open the icon on the screen.
- c. Patient will then log in using their phone number and password (this is the patient's own information). Patient must have an account to use this software.

#### C. Patients who are Visually Impaired or Blind

1. PH will provide appropriate auxiliary aids and services for visually impaired patients including large print materials and reading to the patient and/or his or family member/partner-in-care.
2. Service Animals are allowed.

#### D. Family Members/Partners-in-Care with Disabilities

1. Whenever a patient, whether disabled or not, is accompanied by a family member/partner-in-care who is deaf, hard of hearing, or visually impaired, and who would reasonably be expected to desire or be authorized to communicate with PH care partners about the patient (including those who would normally receive information concerning the status of a patient's health, participate in any treatment decision, play a role in communicating the patient's needs, condition, history or symptoms to PH care partners, or help the patient act on any information, advice or instructions provided by PH care partners), PH will offer at no charge to family member/partner-in-care (or patient) those auxiliary aids and service, including qualified sign language interpreters, necessary for effective communication.

#### V. Guide for Care Partners

- A. In accordance with Parrish Healthcare's Policy 9500-2031, Services for Sensory (Vision, Hearing, Speech) Impaired Persons, and Persons with Limited English Proficiency, we have an agreement with **Language Services Associates** to provide:

1. Foreign Language Interpreters: **1-877-274-9745, Access Code: 8005260#**
  - a. Provide your name, phone number, department and the language that you need.
2. Sign Language Interpreters: **1-866-827-7028, Account Code: 1362**
  - a. Video Remote Interpretation via **interpretrac.lsaweb.com**
  - b. Tablet in the Emergency Department via Charge Nurse or Security |  
**Username: parrish**  
**Password: parrish2!**
3. Patients with aphasia will have information provided to both them and a family member through aids identified by a Speech therapist.

- B. Other Resources:

1. All patient telephones come with a volume adjustment dial which enables patient to increase or decrease the volume of the other party.
2. A dual handset is available to any of our patients upon request through house supervisor (Mission Control).
3. FLORIDA RELAY TDD\TTY (Telecommunication Deaf Device) **1-800-955-8771**.

C. Reference Materials

1. iCare – keywords: Interpreter Services, Language Services

**VI. REFERENCES**

- A. Patient Complaint/Grievance Policy #9500-1029
- B. US Department of Health and Human Services Office for Civil Rights Fact Sheet on Section 504 of the Rehabilitation Act of 1973
- C. U.S. Department of Justice Americans with Disabilities Act ADA HOME PAGE
- D. Appendix C to Part 92—Section 1557 of the Patient Protection and Affordable Care Act



PARRISH MEDICAL CENTER  
POLICY MEMORANDUM

SUBJECT

COMMUNICATION WITH IMPAIRED OR LANGUAGE BARRIER PATIENTS

DEPARTMENT: Administration

EFFECTIVE DATE: 05/01/96

APPROVALS

DISTRIBUTION

\_\_\_\_\_  
INITIATED BY: Edwin Loftin, Vice President, Nursing  
Date: 1/30/08

1. Administrative Manual

\_\_\_\_\_  
George Mikitarian, President/CEO  
Date: 1/30/08

2. Departments

\_\_\_\_\_  
GOVERNING BOARD:  
Date: N/A

REVISED: 7/99, 12/00, 1/08

POLICY

Parrish Medical Center will provide for appropriate communication with patients who experience communication barriers.

Patients who speak a language other than English will have an interpreter located through resources identified by Parrish Medical Center and arranged by Nursing management personnel. Parrish Medical Center contracts with Certified Language International, 1-800-225-5254, customer code 203197.

Patients with visual impairment will have necessary information voiced or read to them.

Patients with hearing impairment will be communicated within their preferred method of communication. (e.g. Sign language or lip reading).

- All patient telephones come with a volume adjustment dial which enables patient to increase or decrease the volume of the other party.
- An analog speakerphone is available to any of our patients upon request through Information Systems.
- A Telecommunications Device for the Deaf (TDD) is available 24 hours a day through the Nursing Administrative Office or Administrative Supervisor.

Telephone Communication: Parrish Medical Center provides TDD - (407) 268-6499. Patients with aphasia will have information provided to both them and a family member through aids identified by a Speech therapist.

***COMMUNICATION WITH HEARING IMPAIRED OR  
LANGUAGE BARRIER PATIENTS***

**HEARING IMPAIRED**

**FLORIDA RELAY TDD**

(Telecommunication Deaf Device)

1-800-955-8770

\*Need to specify telephone service and number for billing purposes

**SPACE COAST CENTER FOR INDEPENDENT LIVING**

321-633-6011

(Resource for scheduling interpreter assistance)

**LANGUAGE BARRIER**

**CERTIFIED LANGUAGE INTERNATIONAL**

(Contract Service)

1-800-225-5254

Access No.

203197

Provide your name, phone number, department and the language that you need.



<b>POLICY TITLE:</b> Family and Medical Leave Act (FMLA)	<b>POLICY #:</b> 9500-7028	<b>REPLACES POLICY #:</b> n/a
	<b>EFFECTIVE DATE:</b> May 2017	<b>Page: 1 of 12</b>
<b>POLICY SCOPE:</b> Parrish Medical Center and Affiliates	<b>REVIEWED:</b> n/a	
<b>DEVELOPED BY:</b> Corporate Services	<b>REVISED:</b> n/a	
<b>APPROVALS:</b>  Executive Management: _____  President/CEO: _____  Chairperson, Board of Directors: _____	<b>REPOSITORY:</b> Corporate Compliance iCare	

**I. PURPOSE**

Parrish Healthcare will provide Family and Medical Leave (FMLA) to its eligible employees. The organization posts the mandatory FMLA Notice and upon hire provides all new employees with notices required by the U.S. Department of Labor (DOL) on Employee Rights and Responsibilities under the Family and Medical Leave Act in the State of Florida. The function of this policy is to provide employees with a general description of their FMLA rights. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law. Direct questions, concerns, or disputes with this policy, to Human Resources in writing.

**II. DEFINITIONS**

- A. **Eligible Employee** is one who:
  1. Works for a *covered employer*;
  2. Has worked for the employer for at least *12 months*;
  3. Has at least *1,250 hours of service* for the employer during the 12 month period immediately preceding the leave
  
- B. **Covered Employer** is a:



1. Private-sector employer, with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer;
  2. Public agency, including a local, state, or Federal government agency, regardless of the number of employees it employs; or
  3. Public or private elementary or secondary school, regardless of the number of employees it employs.
- C. **Spouse:** Under the FMLA, a “spouse” means a husband or wife, including those in same-sex marriages, which were made legal in all 50 United States as of June 26, 2015.
- D. **Parent:** Parent means a biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the employee when the employee was a child. This term does not include parents “in law.”
- E. **Son or Daughter:** Son or daughter means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under age 18, or age 18 or older and “incapable of self-care because of a mental or physical disability” at the time that FMLA leave is to commence.
- F. **In Loco Parentis:** The FMLA regulations define in loco parentis as including those with day-to-day responsibilities to care for or financially support a child. Employees who have no biological or legal relationship with a child may, nonetheless, stand in loco parentis to the child and be entitled to FMLA leave. Similarly, an employee may take leave to care for someone who, although having no legal or biological relationship to the employee when the employee was a child, stood in loco parentis to the employee when the employee was a child, even if they have no legal or biological relationship.
- G. **Serious Injury or Health Condition,** is an illness, injury, impairment or physical or mental condition that involves *inpatient care* (defined as an overnight stay in a hospital, hospice or residential medical care facility; any overnight admission to such facilities is an automatic trigger for FMLA eligibility) or *continuing treatment* by a health care provider. Examples include the following:
1. Continuing treatment by a health care provider that results in an incapacity (inability to work, attend school or participate in other daily activities) of more than three consecutive calendar days with either two or more in-person visits to the health care provider within 30 days of the date of incapacity OR one in-person visit to the health care provider with a regimen of continuing treatment, such as prescription medication, physical therapy, etc. In either situation, the first visit to the health care provider must occur within seven days of the first date of incapacity.
  2. Chronic conditions that require periodic visits to a health care provider continue over an extended period of time and may cause episodic rather than continuing periods of incapacity of more than three days. Incapacity for pregnancy or prenatal care (any such

- incapacity is FMLA-protected regardless of the period of incapacity). For example, a pregnant employee may be unable to report to work due to severe morning sickness.
3. Permanent or long-term conditions such as Alzheimer's, severe stroke or terminal disease.
  4. Conditions requiring multiple treatments and recovery from treatments, such as cancer, severe arthritis and kidney disease.
  5. Treatment for substance abuse by a healthcare provider or by a provider of healthcare services on referral by a health care provider.
  6. **In the case of a servicemember** of the Armed Forces (including a member of the National Guard or Reserves), Serious Injury means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and
  7. **In the case of a veteran** who was a servicemember of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered servicemember, serious injury means a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank or rating.
  8. Outpatient status, with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.
  9. The FMLA regulations **specifically exclude** the following conditions, unless inpatient care or complications develop that would meet the above criteria: cosmetic treatments, common colds, flu, ear aches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontia problems, and periodontal disease.

### III. POLICY STATEMENT

Under this policy, Parrish Healthcare will grant up to 12 weeks (or up to 26 weeks of military caregiver leave to care for a covered servicemember with a serious injury or illness) during a 12-month period to eligible employees in accordance with all applicable Family and Medical Leave Act (FMLA) laws, rules and regulations. The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy.

### IV. PROCEDURE

#### A. Requesting Leave:

1. All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to Human Resources. A Request for Leave Form must be completed for all leave taken under this policy. The form is available in Human Resources.

2. Within five business days after the employee has provided this notice, Human Resources will complete and provide the employee with the Department of Labor Notice of Eligibility and Rights.
3. When the need for the leave is foreseeable, the employee must provide the employer with at least 30 days' notice. When an employee becomes aware of a need for FMLA leave less than 30 days in advance, the employee must provide notice of the need for the leave as soon as practicable after the need for leave arises.
4. When the need for FMLA leave is not foreseeable, the employee must comply with the organization's Attendance Policy and its usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.
5. Calling in "sick" does not qualify as notice of the need for FMLA leave.
6. Failure to provide adequate information to Human Resources to classify a leave request as FMLA-covered may result in the delay or denial of rights under this policy to protection for the absence, or failure to comply with the organization's attendance policy may result in progressive disciplinary action up to and including termination.

#### **B. Intent to Return to Work From FMLA Leave**

1. On a basis that does not discriminate against employees on FMLA leave, the organization may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.

#### **C. Eligibility and Amount of Leave available**

To qualify to take family or medical leave under this policy, the employee must meet all of the following conditions:

1. The employee must have worked for the company for 12 months or 52 weeks
2. The employee must have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. The 1,250 hours do not include time spent on paid or unpaid leave. Consequently, these hours of leave should not be counted in determining the 1,250 hours eligibility test for an employee under FMLA.
3. The organization uses a rolling calendar, which looks back 12 months, each time an employee requests FMLA leave, the employer uses that date and measures 12 months back. An employee would be eligible for any remaining FMLA leave they have not used in the preceding 12-month period.
4. An eligible employee can take up to 26 weeks for military caregiver leave during a single 12-month period. For this military caregiver leave, the company will measure the 12-month period as a rolling 12-month period measured forward. FMLA leave already taken for other FMLA circumstances will be deducted from the total of 26 weeks available.

#### **D. Types of Leave Covered**

1. To qualify as FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:
  - a. The birth of a child and in order to care for that child.
  - b. The placement of a child for adoption or foster care and to care for the newly placed child.
  - c. To care for a spouse, child or parent with a serious health condition.
  - d. The serious health condition of the employee that makes the employee unable to perform the functions of the employee's position.
2. Employees with questions about what illnesses are covered under this FMLA policy or under the organization's sick leave policy are encouraged to consult with Human Resources.
3. If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the organization may designate all or some portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.
4. **Qualifying exigency leave** for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty.
  - a. An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to 12 weeks of leave for reasons related to or affected by the family member's call-up or service. The *qualifying exigency must be one of the following*:
    - i. *short-notice deployment*
    - ii. *military events and activities*
    - iii. *child care and school activities*
    - iv. *financial and legal arrangements*
    - v. *counseling*
    - vi. *rest and recuperation*
    - vii. *post-deployment activities, and*
    - viii. *additional activities that arise out of active duty, provided that the employer and employee agree, including agreement on timing and duration of the leave.*
  - b. Eligible employees are entitled to FMLA leave to care for a current servicemember of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list.

- c. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserves, and members on the permanent disability retired list.
- d. In order to care for a covered servicemember, an eligible employee must be the spouse, son, daughter, or parent, or next of kin of a covered servicemember.
  - i. A “son or daughter of a covered servicemember” means the covered servicemember's biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered servicemember stood in loco parentis, and who is of any age.
  - ii. A “parent of a covered servicemember” means a covered servicemember's biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered servicemember. This term does not include parents “in law.”
  - iii. The “next of kin of a covered servicemember” is the nearest blood relative, other than the covered servicemember's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember's next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember's only next of kin. For example, if a covered servicemember has three siblings and has not designated a blood relative to provide care, all three siblings would be considered the covered servicemember's next of kin. Alternatively, where a covered servicemember has a sibling(s) and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered servicemember's next of kin. An employer is permitted to require an employee to provide confirmation of covered family relationship to the covered servicemember pursuant to § 825.122.
- e. “Covered active duty” for members of a regular component of the Armed Forces means duty during deployment of the member with the Armed Forces to a foreign country.
  - i. Covered active duty or call to covered active duty status in the case of a member of the Reserve components of the Armed Forces means duty

- during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation, in accordance with 29 CR 825.102.
- ii. The leave may commence as soon as the individual receives the call-up notice. (Son or daughter for this type of FMLA leave is defined the same as for child for other types of FMLA leave except that the person does not have to be a minor.) This type of leave would be counted toward the employee's 12-week maximum of FMLA leave in a 12-month period.
- f. Military caregiver leave (also known as covered servicemember leave) to care for an injured or ill servicemember or veteran.
- i. An employee whose son, daughter, parent or next of kin is a covered servicemember may take up to 26 weeks in a single 12-month period to take care of leave to care for that servicemember.
  - ii. Next of kin is defined as the closest blood relative of the injured or recovering servicemember.

#### **E. Employee Status and Benefits During Leave**

1. While an employee is on leave, the organization will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work.
2. If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the organization will require the employee to reimburse the organization the amount it paid for the employee's health insurance premium during the leave period.
3. While on paid leave, the employer will continue to make payroll deductions to collect the employee's share of the premium.
4. The organization will provide 15 days' notification prior to the employee's loss of coverage.
5. If the employee contributes to a life insurance or disability plan, the organization will continue making payroll deductions while the employee is on paid leave. While the employee is on unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums, or the organization may elect to maintain such benefits during the leave and pay the employee's share of the premium payments. If the employee does not continue these payments, the organization may discontinue coverage during the leave. If the organization maintains coverage, the organization may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

#### **F. Employee Status After Leave**



1. An employee who takes leave under this policy may be asked to provide a fitness for duty (FFD) clearance from the health care provider. This requirement will be included in the organization's response to the FMLA request.
2. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms.
3. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions.

**G.** Under limited circumstances where restoration to employment will cause "substantial and grievous economic injury" to its operations, an employer may refuse to reinstate certain highly-paid, salaried "key" employees. In order to do so, the employer must notify the employee in writing of his/her status as a "key" employee (as defined by FMLA), the reasons for denying job restoration, and provide the employee a reasonable opportunity to return to work after so notifying the employee. **Use of Paid and Unpaid Leave.**

**H.**

1. An employee who is taking FMLA leave because of the employee's own serious health condition or the serious health condition of a family member must use FMLA leave concurrently with any accrued Personal Leave Bank (PLB), including Extended Illness Benefit (EIB) during the otherwise unpaid time, to the extent permitted by law and in compliance with the organization's PLB (9500-7024) and EIB (9500-7025) Policies.
2. Leave for the birth of the child and for an employee's serious health condition, including workers' compensation leave (to the extent that it qualifies), will be designated as FMLA leave and will run concurrently with FMLA. For example, if an employer provides six weeks of pregnancy disability leave, the six weeks will be designated as FMLA leave and counted toward the employee's 12-week entitlement. The employee may then be required to substitute accrued paid leave as appropriate before being eligible for unpaid leave for what remains of the 12-week entitlement. An employee who is taking leave for the adoption or foster care of a child must use any accrued Personal Leave Bank (PLB), including Extended Illness Benefit (EIB) during the otherwise unpaid time, to the extent permitted by law and in compliance with the organization's PLB (9500-7024) and EIB (9500-7025) Policies.
3. An employee who is using military FMLA leave for a qualifying exigency must use FMLA leave concurrently with any accrued Personal Leave Bank (PLB), including Extended Illness Benefit (EIB) during the otherwise unpaid time, to the extent permitted by law and in compliance with the organization's PLB (9500-7024) and EIB (9500-7025) Policies.
4. An employee using FMLA military caregiver leave must use FMLA leave concurrently with any accrued Personal Leave Bank (PLB), including Extended Illness Benefit (EIB) during the otherwise unpaid time, to the extent permitted by law and in compliance with the organization's PLB (9500-7024) and EIB (9500-7025) Policies.

**I. Intermittent Leave or a Reduced Work Schedule**



1. The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 workweeks (or 26 workweeks to care for an injured or ill servicemember over a 12-month period).
2. The organization may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when leave for the employee or employee's family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care.
3. For the birth, adoption or foster care of a child, the organization and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one year of the birth or placement of the child.
4. If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with the organization before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

**J. Certification for the Employee's Serious Health Condition**

1. The organization will require certification for the employee's serious health condition. Employee has the duty to provide a complete certification and to work with the employer to provide the information requested in the certification so that PMC may evaluate the employee's request for FMLA.
2. The employee must respond to such a request within 15 days of the request.
3. Failure to provide certification may result in a denial of continuation of leave.
4. Medical certification will be provided using the Department of Labor Certification of Health Care Provider for Employee's Serious Health Condition.
5. With employee's permission, the organization may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The organization will not use the employee's direct supervisor for this contact. Before the company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the organization will obtain the employee's permission for clarification of individually identifiable health information.
6. The organization has the right to ask for a second opinion if it has reason to doubt the certification. The organization will pay for the employee to get a certification from a second doctor, which the organization will select. The organization may deny FMLA leave to an employee who refuses to release relevant medical records to the health

care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the organization will require the opinion of a third doctor. The organization and the employee will mutually select the third doctor, and the organization will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

#### **K. Certification for the Family Member's Serious Health Condition**

1. The organization will require certification for the family member's serious health condition. The employee must respond to such a request within 15 days of the request.
2. Failure to provide certification may result in a denial of continuation of leave.
3. Medical certification will be provided using the Department of Labor Certification of Health Care Provider for Family Member's Serious Health Condition.
4. With employee's permission the organization may directly contact the employee's family member's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official.
5. The organization will not use the employee's direct supervisor for this contact. Before the organization makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the organization will obtain the employee's family member's permission for clarification of individually identifiable health information.
6. The organization has the right to ask for a second opinion if it has reason to doubt the certification. The organization will pay for the employee's family member to get a certification from a second doctor, which the organization will select. The organization may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion.
7. If necessary to resolve a conflict between the original certification and the second opinion, the organization will require the opinion of a third doctor. The organization and the employee will mutually select the third doctor, and the organization will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

#### **L. Certification of Qualifying Exigency for Military Family Leave**

1. The organization will require certification of the qualifying exigency for military family leave. The employee must respond to such a request within 15 days of the request. Failure to provide certification may result in a denial of continuation of leave. This

certification will be provided using the Department of Labor Certification of Qualifying Exigency for Military Family Leave.

**M. Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave**

1. The organization will require certification for the serious injury or illness of the covered servicemember. The employee must respond to such a request within 15 days of the request.
2. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the Department of Labor Certification for Serious Injury or Illness of Covered Servicemember.

**N. Recertification**

1. The organization may request recertification for the serious health condition of the employee or the employee's family member no more frequently than every 30 days unless circumstances have changed significantly, or if the organization receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave, or in the case of an employee using FMLA on an intermittent basis, in conjunction with an absence from work. Otherwise, the organization may request recertification for the serious health condition of the employee or the employee's family member every six months in connection with an FMLA absence. The organization may provide the employee's health care provider with the employee's attendance records and ask whether need for leave is consistent with the employee's serious health condition.

**O. Fitness-for-Duty**

1. In order for an employee to return from a medical leave. A fitness-for-duty statement must be provided to Human Resources at least three (3) work days before the desired return-to-work day (or as soon as possible if less). Failure to provide the statement may result in a delay in the employee's return to work. The Employee Health Nurse is responsible for the final determination on the clearance of an employee to return to work. In addition, the Employee Health Nurse is responsible for evaluating the physical and mental requirements of positions to establish return to work requirements.

**P. Responsible Person**

1. Parrish Healthcare's Human Resources Department is responsible for ensuring that all personnel adhere to the requirements of this policy.

**Q. Enforcement**

- a. Parrish Healthcare may take progressive disciplinary action, up to and including termination, against employees whose conduct violates this or other Parrish Healthcare policies and practices unless otherwise provided under law. If an employee fails to meet the requirements of this policy for FMLA leave, their request for leave may be denied. Any period of absence not covered by this policy will be administered under Parrish Healthcare's Attendance Policy (9510-48).

#### **V. REFERENCES**

- A. FMLA -US Department of Labor [www.dol.gov/whd/fmla](http://www.dol.gov/whd/fmla)
- B. Personal Leave Bank Policy 9500-7024
- C. Extended Leave Bank Policy 9500-7025
- D. Attendance Policy- 9510-48

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

**JUNE 13, 2017**

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held June 13, 2017, at 5:30 pm in the Conference Center. A quorum was determined to be present.

**CALL TO ORDER**

Dr. Aluino Ochoa, Chairman, called the meeting to order at 8:02 pm.

**REVIEW AND APPROVAL OF MINUTES**

The following motion was made, seconded, and approved unanimously.

***ACTION TAKEN: MOTION TO APPROVE THE PREVIOUS MEETING MINUTES (MAY 16, 2017) AS WRITTEN AND DISTRIBUTED.***

***ACTION TAKEN:*** Noted by the Committee.

**The Joint Commission**

The 2017 Hospital National Safety Patient Goals will remain in the books and included in the packet each month as a resource. A copy is appended to the file copy of these minutes.

***ACTION TAKEN:*** Noted by the Committee.

**Quality**

The Committee reviewed the Board Quality minutes (April 3, 2017), and the Quality Value Dashboard for April 2017. Copies are appended to the file copy of these minutes.

***ACTION TAKEN:*** Noted by the Committee..

**Follow-up MEC Item(s) – William Rylander, MD – Request for Emergency Department Exemption**

The Committee reviewed the completion of a one-year notice (May 2016) from William Rylander, MD requesting to be exempt from emergency department call. Discussion had ensued at the May meeting regarding whether there will be adequate gastroenterology coverage if Dr. Rylander is granted exemption. A copy is appended to the file copy of these minutes. Dr. Ochoa spoke with Dr. William Rylander and Dr. Amar Hemaïdan as directed by the MEC but he was unavailable to report. The following motion was made, seconded and approved unanimously.

***ACTION TAKEN: MOTION TO TABLE UNTIL DR. OCHOA CAN GIVE HIS REPORT TO THE MEC.***

**UNFINISHED BUSINESS – Quality Performance Algorithm**

**ACTION ITEM (February 21, 2017):** Dr. Tronetti will rework the algorithm in the policy for submission. Dr. Tronetti was given copies of the following policies:

- 9500-07 – Quality Improvement Performance Plan
- 9500-8012 – Risk Management Plan

**UPDATE:** Dr. Tronetti will present the algorithm at the July MEC meeting.

**NEW BUSINESS – Honorary Staff**

The Committee reviewed the email from Dr. Pedro Carmona requesting that Luis Quintero, MD be granted Honorary medical staff for his years of services to PMC. The following motion was made. There was no second.

**ACTION TAKEN (FAILED):** MOTION TO CHANGE THE MEDICAL STAFF CATEGORY OF LUIS QUINTERO, MD TO HONORARY.

**Resignation(s)**

The Committee reviewed the following resignation(s). A copy is appended to the file copy of these minutes.

- Emily Costello, ARNP (AHP/Emergency Department) – Effective June 4, 2017/Appointed April 1, 2002

**ACTION TAKEN:** Noted by Committee.

**Retirement(s)**

The Committee reviewed the following retirement(s). A copy is appended to the file copy of these minutes.

- Miguel R. Rivera, MD (Associate/Neurology) – Effective June 1, 2017/Appointed July 17, 1972

**ACTION TAKEN:** Noted by Committee.

**For Information Only**

The Committee noted the following for the Committee's review. Copies are appended to the file copy of these minutes.

1. Joint Commission *Perspectives* – June 2017

Information/Education items sent by Courier to the Medical Staff to be noted in the minutes. Copies are appended to the file copy of these minutes.



1. (Email from Bill Blewitt - May 15, 2017) Ransomware Attacks and Employee Compliance with Policies
2. (Flyer) Brevard County Medical Society – General Membership Meeting, May 25, 2017
3. (Flyer) General Cancer Conference, May 23, 2017, 12:30 pm, Conference Center
4. Meditech Enhancements – May 23, 2017
5. Meditech Enhancements – June 7, 2017

**ACTION TAKEN:** Noted by the Committee.

**REPORT FROM ADMINISTRATION - Board of Directors Minutes, Game Plan Score Card, and Financials/Budget**

The Committee reviewed the Board of Directors Regular Board of Directors Meeting minutes (April 3, 2017) from the June Board of Directors packet. A copy is appended to the file copy of these minutes.

**ACTION TAKEN:** Noted by the Committee.

**CONSENT AGENDA** - None

**COMMITTEE REPORT(S)**

The Committee reviewed the committee minute(s) of Infection Control Committee (May 18, 2017). Discussion ensued and the following motion was made, seconded and unanimously approved.

**ACTION TAKEN: MOTION TO ACCEPT THE COMMITTEE REPORT(S) AS PRESENTED.**

**CLINICAL DEPARTMENT REPORT(S)**

The Committee reviewed the department minute(s) of Anesthesiology (May 17, 2017), and Family Practice (May 8, 2017). Copies are appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and unanimously approved.

**ACTION TAKEN: MOTION TO ACCEPT THE CLINICAL DEPARTMENT REPORT(S) AS PRESENTED.**

**OPEN FORUM** – None

**ACTION TAKEN:** Noted by the Committee.



**MEETINGS**

- A. Ad Hoc Credentials Review Committee Executive Session, August 7, 2017, Vice President - Nursing Conference Room, Time TBD
- B. Quality Committee, August 7, 2017, Executive Conference Room (ECR), Noon
- C. Budget & Finance Committee, August 7, 2017, Executive Conference Room
- D. Board of Directors Executive Committee, August 7, 2017, Executive Conference Room
- E. Board of Directors Executive Session, August 7, 2017, Executive Conference Room, (To commence no earlier than 2:00 pm)
- F. Educational, Governmental and Community Relations Committee, August 7, 2017, First Floor, Conference Center
- G. Planning, Physical Facilities and Properties Committee, August 7, 2017, First Floor, Conference Center
- H. Board of Directors, August 7, 2017, First Floor, Conference Center, (To commence following the last Board Committee meeting no earlier than the posted time).
- I. Joint Conference Committee – TBA
- J. Medical Staff Meetings – first Tuesday each quarter (March, June, and September) at 6:00 pm. The annual meeting in December begins immediately following dinner at 5:30 pm, Conference Center.
- K. Credentials and Medical Ethics Committee, second Monday of each month, Conference Center, 5:30 pm.

***ACTION TAKEN: Noted by the Committee.***

**ADJOURNMENT**

There being no further business, the meeting adjourned at 8:07 pm.

Pamela Tronetti, DO  
President-Elect/Medical Staff

Pedro Carmona, MD  
Secretary - Treasurer

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

**JULY 18, 2017**

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held July 18, 2017, at 5:30 pm in the Conference Center. A quorum was determined to be present.

**CALL TO ORDER**

Dr. Aluino Ochoa, Chairman, called the meeting to order at 6:40 pm.

**REVIEW AND APPROVAL OF MINUTES**

The following motion was made, seconded, and approved unanimously.

***ACTION TAKEN: MOTION TO APPROVE THE PREVIOUS MEETING MINUTES (JUNE 13, 2017) AS WRITTEN AND DISTRIBUTED.***

***ACTION TAKEN:*** Noted by the Committee.

**The Joint Commission**

The 2017 Hospital National Safety Patient Goals will remain in the books and included in the packet each month as a resource. A copy is appended to the file copy of these minutes.

***ACTION TAKEN:*** Noted by the Committee.

**Quality**

There were no Board Quality minutes or the Quality Value Dashboard available for review because the Board of Directors did not meet in July.

***ACTION TAKEN:*** Noted by the Committee.

**Follow-up MEC Item(s) – William Rylander, MD – Request for Emergency Department Exemption**

The Committee reviewed the completion of a one-year notice (May 2016) from William Rylander, MD requesting to be exempt from emergency department call. Discussion had ensued at the May meeting regarding whether there will be adequate gastroenterology coverage if Dr. Rylander is granted exemption. A copy is appended to the file copy of these minutes. Dr. Ochoa spoke with Dr. William Rylander and Dr. Amar Hemaïdan as directed by the MEC but he was unavailable to report. The following motion was made, seconded and approved unanimously.

***ACTION TAKEN: MOTION CONTINUES TO BE TABLED.***

**UNFINISHED BUSINESS – Quality Performance Algorithm**

**ACTION ITEM (February 21, 2017): Dr. Tronetti will rework the algorithm in the policy for submission. Dr. Tronetti was given copies of the following policies:**

- 9500-07 – Quality Improvement Performance Plan
- 9500-8012 – Risk Management Plan

**UPDATE: The policies above are being revised. Dr. Tronetti's algorithm is being reviewed as part of the revision.**

**NEW BUSINESS – Medical Staff Rules & Regulations Amendment**

The Committee reviewed the request for the addition of the Patient Blood Management Committee (formerly known as the Transfusion Committee) to the Medical Staff Rules & Regulations. It is in the charter that this Committee will be a Medical Staff committee. Discussion ensued and the following motion was made, seconded and approved unanimously.

***ACTION TAKE: MOTION TO SEND OUT TO THE MEDICAL STAFF THE AMENDMENT TO THE MEDICAL STAFF RULES & REGULATIONS TO ADD PATIENT BLOOD MANAGEMENT COMMITTEE (FORMERLY THE BLOOD TRASFUSION COMMITTEE) FOR ONE (1) MONTH COMMENT PERIOD.***

**Recognition(s)**

The Committee reviewed the following recognition(s). A copy is appended to the file copy of these minutes.

- A. Juan Perez, MD – Passed Spring 2017 Pulmonary Disease Maintenance of Certification (MOC)
- B. Ethan Alan Webb, MD - Passed Spring 2017 Internal Medicine Maintenance of Certification (MOC)

***ACTION TAKEN:*** Noted by Committee. A congratulatory letter will be sent.

**For Information Only**

The Committee noted the following for the Committee's review. Copies are appended to the file copy of these minutes.

1. Joint Commission *Perspectives* – July 2017

Information/Education items sent by Courier to the Medical Staff to be noted in the minutes. Copies are appended to the file copy of these minutes.

1. Memo from Jeff Ruff, PharmD/Pharmacy Clinical Coordinator (June 30, 2017):  
Pantoprazole (Protonix ®) IV Outage

2. Memo from Erin Head, Director of HIM/Quality/Medical Staff Services (June 30, 2017)  
– Nuance Transcription Downtime
3. Hypertype, Inc. – Dictation Procedures
4. (Email) Meditech Downtime for Server Maintenance – July 19
5. Meditech Enhancements – June 14, 2017
6. Meditech Enhancements – June 28, 2017
7. Meditech Enhancements – July 5, 2017

***ACTION TAKEN:*** Noted by the Committee.

**REPORT FROM ADMINISTRATION - Board of Directors Minutes, Game Plan Score Card, and Financials/Budget**

There were no Board minutes available for review because the Board of Directors did not meet in July.

***ACTION TAKEN:*** Noted by the Committee.

**CONSENT AGENDA**

Dr. Ochoa asked the Committee if anyone wished to remove an item. None were removed. Copies are appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and approved unanimously.

***ACTION TAKEN:*** MOTION TO APPROVE THE FOLLOWING CONSENT AGENDA ITEM(S):

- A. ***ACTION TAKEN:*** Motion to send a favorable recommendation to the Board of Directors to approve revised Policy 9500-2025 – Infection Control and Prevention.
- B. ***ACTION TAKEN:*** Motion to approve (New) Policy 9500-2006 – Concurrent and Overlapping Surgeries/Procedures.
- C. ***ACTION TAKEN:*** Motion to approve (New) Policy 9500-2056 – Ultrasound Guided Peripherally Inserted Mid-Line IV Catheter.
- D. ***ACTION TAKEN:*** Motion to send a favorable recommendation to the Board of Directors to approve revised Policy 9900-70A – Medical Records Completion Policy.

- E. ***ACTION TAKEN: Motion to favorable recommendation to the Board of Directors to approve the revised Utilization Management Plan.***

**COMMITTEE REPORT(S)**

The Committee reviewed the committee minute(s) of Cancer Committee (December 6, 2016 and March 7, 2017), Intensive Care Committee (June 15, 2017), Pharmacy & Therapeutics Committee (June 28, 2017), and Utilization Management/Medical Record Committee (June 14, 2017). Discussion ensued and the following motion was made, seconded and unanimously approved.

***ACTION TAKEN: MOTION TO ACCEPT THE COMMITTEE REPORT(S) AS PRESENTED.***

**CLINICAL DEPARTMENT REPORT(S)**

The Committee reviewed the department minute(s) of OB/Gyn (May 15, 2017), Pathology (May 24, 2017), and Surgery (June 6, 2017). Copies are appended to the file copy of these minutes. Discussion ensued and the following motion was made, seconded and unanimously approved.

***ACTION TAKEN: MOTION TO ACCEPT THE CLINICAL DEPARTMENT REPORT(S) AS PRESENTED.***

**OPEN FORUM**

The subject of the Medicine Reconciliation forms was brought up in regards to the Emergency Room nurses including the form when the patient is transferred.

***ACTION TAKEN: Noted by Committee and there will be appropriate follow-up.***

**MEETINGS**

- A. Ad Hoc Credentials Review Committee Executive Session, August 7, 2017, Vice President - Nursing Conference Room, Time TBD
- B. Quality Committee, August 7, 2017, Executive Conference Room (ECR), Noon
- C. Budget & Finance Committee, August 7, 2017, Executive Conference Room
- D. Board of Directors Executive Committee, August 7, 2017, Executive Conference Room
- E. Board of Directors Executive Session, August 7, 2017, Executive Conference Room, (To commence no earlier than 2:00 pm)

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- F. Educational, Governmental and Community Relations Committee, August 7, 2017, First Floor, Conference Center
- G. Planning, Physical Facilities and Properties Committee, August 7, 2017, First Floor, Conference Center
- H. Board of Directors, August 7, 2017, First Floor, Conference Center, (To commence following the last Board Committee meeting no earlier than the posted time).
- I. Joint Conference Committee – TBA
- J. Medical Staff Meetings – first Tuesday each quarter (March, June, and September) at 6:00 pm. The annual meeting in December begins immediately following dinner at 5:30 pm, Conference Center.
- K. Credentials and Medical Ethics Committee, second Monday of each month, Conference Center, 5:30 pm.

***ACTION TAKEN: Noted by the Committee.***

**ADJOURNMENT**

There being no further business, the meeting adjourned at 7:00 pm.

Aluino Ochoa, MD  
President/Medical Staff

Pedro Carmona, MD  
Secretary - Treasurer



# Parrish Medical Center

## UTILIZATION MANAGEMENT PLAN 2017~~6~~

**Parrish Medical Center**  
**UTILIZATION MANAGEMENT PLAN**  
**20176**

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

**Parrish Medical Center  
Utilization Management Plan**

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

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

Utilization Review refers to the actual process of reviewing patient care. This plan has been developed and approved by the Utilization Management Committee, the Medical Executive Committee, the Board of Directors, and complies with regulatory requirements.

**II. Authority**

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

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

**III. Purpose (42CFR456.128-129)**

The purpose of the Utilization Management Plan is to assess and improve the delivery of care to all patients, regardless of payment source, in an efficient and cost-effective manner. The plan describes the methods for conducting review of the appropriateness and medical necessity of admissions, continued stays, supportive services, and for providing discharge planning. For all payor sources, the criteria set that is used to determine admission appropriateness at PMC is Milliman Care Guidelines (MCG). The case managers use the geometric length of stay by DRG as a benchmark for the patient's length of stay during the patient's hospitalization.

The Utilization Management Program addresses over and underutilization and inefficient allocation of resources. The appropriateness, clinical necessity, and timeliness of support services provided directly by the hospital, or through referral contracts are also evaluated through this program. The program also performs concurrent and retrospective review for identification of opportunities that may exist to enhance services in a cost effective manner.

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

##### A. Composition

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

##### B. Meeting Frequency

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

#### V. Objectives

The objectives of the program are to:

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

## **VI. Confidentiality (42CFR456.113)**

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

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

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

## **VII. Conflict of Interest (42CFR456.106)**

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

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

- A. A physician, physician's assistant or nurse practitioner must certify for each recipient that inpatient services in a hospital are/were needed. The need for inpatient services will be certified at the time of admission or, if an individual applies for assistance while in the hospital, before the Medicaid agency authorizes payment. The physician will provide each patient with a plan of care in the medical record.
- B. The plan of care must include:
  - 1. Diagnosis, symptoms, complaints, and complications indicating the need for admission.
  - 2. A description of the functional level of the individual.
  - 3. Any orders, as appropriate::
    - a. Medications;
    - b. Treatments;
    - c. Restorative and Rehabilitative Services;
    - d. Activities;
    - e. Case Management and Social Services;
    - f. Diet;
  - 4. Plans for continuing care, as appropriate; and
  - 5. Plans for discharge, as appropriate.
- C. Orders and activities must be developed in accordance with physician's instructions.
- D. Orders and activities must be reviewed and revised as appropriate by all personnel involved in the care of an individual.

- E. Review of each plan of care and re-certification must be made by the physician, or other personnel involved in the patient's care, at least every 60 days for inpatients, or every 30 days for outpatients
- F. Certification is determined by the physician in accordance with regulatory and third party payer requirements.

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

- A. Selection of Patients to be considered for review:
  - 1. Pre-admission certification, admission and concurrent review shall be conducted on Title XVIII (Medicare), and Title XIX (Medicaid) patients to ensure that prescribed criteria for medical necessity is in compliance and that pre-procedure approval is granted on all applicable cases.
  - 2. Worker's Compensation cases will be reviewed to assure that services rendered are associated with the injury and/or require an inpatient level of care.
  - 3. Inpatients and outpatients are subject to review regardless of payer source.
  - 4. Patients admitted under one of the categories requiring pre-admission certification under **Quality Improvement Organization (QIO) standard PRO** ~~(Peer Review Organization) Standards~~, or individual commercial insurance standards.
  - 5. Any patient where an identified utilization concern is brought to the attention of the Case Management Department.
  - 6. Patients requiring procedures that are not available at PMC, thereby needing to be transferred to another facility for procedure, and patients being transferred to PMC from other facilities.
- B. Performance of Review
  - 1. The patient's medical record includes information needed for the Utilization Management Committee to perform utilization review. This information must include:
    - a. Identification of the patient
    - b. The name of the patient's physician
    - c. Date of admission
    - d. Reasons and plan for continued stay, if applicable
    - e. Other supporting material that the committee believes appropriate to be included in the record.
    - f. Certification and re-certification information and data to support.
    - g. Date of operating room reservation, if applicable.
    - h. Justification of emergency admission, if applicable.
  - 2. Reviews falling under this Utilization Management plan shall be conducted concurrently and/or retrospectively by the Director of Case Management, the Case Managers, Physician Advisor or designee and/or by the Utilization Management Committee.
  - 3. Commercial Insurers who request access to medical records must follow hospital policy: Administrative Policy #9500-50 "Patient Medical Record Review by Outside Agencies" and Case Management Policy #7400-1015 "Chart Reviews Performed by Non-Hospital Personnel".



## C. Review Criteria:

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

## D. Pre-Admission Review

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

## E. Admission Review

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

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

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

after the initial review. All admission and subsequent patient reviews will be documented **in the computerized utilization review process on the worksheet** until the patient is discharged from the hospital per hospital's policy and procedures.

The computerized review **process worksheet** will be maintained in the Allscript's computer system per regulatory and third party payer requirements.

F. Concurrent Review

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

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

6. If the **MCG criteria is Milliman and Robertson guidelines are** not met and the Attending Physician does not agree to discharge, the Case Manager shall escalate the case to the Physician

Advisor or Utilization Management/Medical Record Committee member for review, or request a copy of the denial letter issued by the third party payer as appropriate. Hospital policy and procedure regarding this process will be in accordance with regulatory and third party payer requirements. The Utilization Management Committee will make a final decision on a recipient's need for continued stay and give notice of an adverse final decision within one working day after the assigned continued stay review dates or within third party payer requirements. Written notice of any adverse final decision on the need for continued stay under CFR456.135 [f] through [h] will be sent to hospital administration, attending physician, Medicaid agency, recipient, and if possible, the next of kin or sponsor.

## **X. Conduct of Reconsideration**

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

## **XI. Committee Reports and Records**

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

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

- A. The Director of Case Management, or designee, shall select diagnosis/problems etc. for which admission seems consistently inappropriate for focused review. Appropriate supporting data shall be obtained through retrospective profile monitoring. If such areas are identified, the members of the hospital Utilization Management Committee will consider methods for their correction or prevention.
- B. When there is a delay with support services, verbal contact with the involved department is made to expedite appropriate utilization. A trend of repeated delays will require a corrective action plan to be completed, implemented, and monitored for effectiveness by the department manager or director.
- C. Utilization related concerns (including supportive services and delays in provision of supportive services) are identified through both the referrals of the Case Manager's pattern analysis and the Performance Improvement process.
- D. During the continued stay review process, the reviewers will also be monitoring possible avoidable days (i.e., problems with delays, unavailability of hospital services, delays in test results, social or placement problems, missed orders, delays attributed to physician convenience, preference, etc.) that lead to



unnecessary days of hospitalization. The Director of Case Management, or designee, will analyze avoidable days for patterns or trends. This information will be reported to the Utilization Management Committee, hospital departments, and medical staff in the form of the Avoidable Day Report, so that appropriate measures can be taken to improve the process.

- E. The Case Manager during the concurrent review process will screen under-utilization of services.
1. Patient records will be screened for patient care services that are not ordered and/or provided. Records will also be reviewed to determine appropriate utilization of ICU, telemetry beds as well as monitoring follow-up on abnormal test results. When concerns are identified, the Case Manager will notify the Director of Case Management, or designee for immediate intervention.
  2. Concurrently, the Case Manager(s) will review records to ascertain that ~~MCG Milliman and Robertson guidelines~~ are not being met prior to discharge of the patient. If ~~MCG Milliman and Robertson guidelines~~ are met and a discharge order is not written, the Case Manager will contact the Attending Physician.
  3. The Director of Case Management, or designee, and the Case Managers will work with the QRM Director, or designee, to compare data to peer norms to identify any pattern of under-utilization by physician or DRG.
  4. At the Utilization Management Committee meetings, appropriateness review of designated high-volume radiology, cardiopulmonary, laboratory, and other hospital services will be reported as trends are identified. As concerns are identified, recommendations for improvement can be made.
  5. While performing concurrent review, quality improvement opportunities are identified utilizing the medical staff QI screening criteria. Recommendations for action and resultant implementations shall be the responsibility of the Medical Staff and shall be documented as part of the continuing education function.
- F. Data analysis and reporting of monthly summary reports of collected data will be given to the Utilization Management Committee. The Director of Case Management or designee will assure distribution to the appropriate individuals.

### **XIII. Relationship to Third Party Payers**

- A. The hospital shall be responsible to see that individuals involved in the Utilization Review function are made aware of the mechanics of receiving the presenting claim to third party payers; including the fiscal intermediary, the basis upon which payment is allowed by the intermediary, the conditions under which the intermediary denies claims and the claims appeal data about a case shall be open to review by fiscal intermediaries, state agencies, and the ~~QIO.PRO~~. Information and data shall be protected to assure confidentiality.
- B. The Case Management department, Business Office, and Utilization Management Committee shall review payment denials, as appropriate, to determine if the denial was justified or has potential for appeal per regulatory and third party payer requirements (see hospital policy and procedure). At its discretion, the Case Management Department may engage third party review firms/organizations to assist in this process. Further, third party firms may be engaged to provide education and assist medical staff in making quality, cost effective healthcare decisions.

#### XIV. Hospital Administration

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

#### XV. Physician Advisor and Review Personnel

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

#### XVI. Discharge Planning and Case Management

- A. The process of discharge planning begins prior to or at admission for all patients, as a multidisciplinary process. The **RNCM Case Manager(s) are available to facilitate screens all patients to identify their** potential post-hospitalization needs.
- B. The **RNCM is available to Case Manager** works with the Attending Physician, **multidisciplinary team,** patient, and patient's family **or caregiver** to insure continuity of care post discharge.

- C. An open referral system is used so that the initial planning is not delayed until the physician writes an order. Input is sought from other health care professionals such as nursing and other ancillary services.
- D. **An appropriate member of the case management department is available to** ~~The Case Manager~~ assesses potential discharge needs, **when requested,** within one **business working** day of the patient's admission and facilitates discharge planning as needed.
- E. Discharge planning activities include, but are not limited to provisions **or referrals for, or referral to, services for services** required to improve or maintain health status post discharge such as nursing home placement or home health care. **An appropriate member of the Case Management department** ~~The Case Managers~~ also provides other resources such as assistance with obtaining financial assistance, adoptions and guardianship programs.

## XVII. Performance Improvement Program

- A. Utilization Management is one of the components of a hospital Performance Improvement Program. During the course of concurrent and retrospective review, the Case Manager(s) will screen patient records for quality concerns. If any concerns are identified they will be referred to the QRM Department.
- B. Medical care evaluation studies are conducted as part of the Performance Improvement process. The purpose of these studies is to benchmark current practices to "Best Practice" standards and to improve patient throughput processes. Selection and conduction of these studies is based on high volume, high charges/costs, and identifiable trends in collected patient data. The content of these studies include length of stay, ancillary cost/charges, benchmark data, avoidable day trends, and medical necessity for performance of ancillary testing. The data utilized in performance of these studies is obtained from the **Vizient Volunteer Hospital Association,** CMS, Truven program, ~~MSM software,~~ and the patient's medical record. Currently, there are four (4) studies in process.

## XVIII . Revision and Review

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



**XIX. Acceptance and Approval**

~~Brenda Wagner, Connie Hoops, Interim~~ Director, Case Management \_\_\_\_\_ Date

~~Jeram Chapla, M. D. Nabil Itani, D. O.,~~ Chairman \_\_\_\_\_ Date  
Utilization Management/Medical Records Committee

~~Aluino Ochoa Ara-Deukmedjian,~~ M. D., President, Medical Staff \_\_\_\_\_ Date

George Mikitarian, President/CEO \_\_\_\_\_ Date

Herman A. Cole, Jr., Chairman, Board of Directors \_\_\_\_\_ Date



Richard J. Baron, MD  
*President  
Chief Executive Officer*

Dr. Juan Jesus Perez

ABIM BOARD OF DIRECTORS

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06/18/2017

ABIM ID: 127828

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*Secretary*

Dear Dr. Perez:

Sonia A. Madison, MS  
*Treasurer*

Congratulations! On behalf of the American Board of Internal Medicine (ABIM), I am pleased to inform you that you passed your Spring 2017 Pulmonary Disease Maintenance of Certification (MOC) Examination. This significant achievement marks your latest accomplishment toward maintaining your certification, demonstrating your continued commitment to the profession and your patients.

Vineet Arora, MD

Roger W. Bush, MD

Yul D. Ejnes, MD

The following Score Report provides you with details about your exam performance. Please sign in at ABIM.org to check your MOC Status Report to see what other requirements you may need to meet to maintain your certification.

Marianne M. Green, MD

Rajeev John, MD

Debra L. Ness, MS

If you have met all of your MOC requirements, your new certificate will be mailed to you.

Again, congratulations! I wish you continued success throughout your career and we look forward to working with you as you strive to stay current in your medical knowledge. If you have questions, please call 1-800-441-ABIM (2246), Mon. – Fri., 8:30 a.m. to 8 p.m. ET, or send us an e-mail.

Robert D. Siegel, MD

Respectfully,

Richard J. Baron, MD, MACP  
President and CEO



American Board  
of Internal Medicine®

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Richard J. Baron, MD  
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Chief Executive Officer*

Dr. Ethan Alan Webb

06/12/2017  
ABIM ID: 170334

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Dear Dr. Webb:

Congratulations! On behalf of the American Board of Internal Medicine (ABIM), I am pleased to inform you that you passed your Spring 2017 Internal Medicine Maintenance of Certification (MOC) Examination. This significant achievement marks your latest accomplishment toward maintaining your certification, demonstrating your continued commitment to the profession and your patients.

The following Score Report provides you with details about your exam performance. Please sign in at ABIM.org to check your MOC Status Report to see what other requirements you may need to meet to maintain your certification.

If you have met all of your MOC requirements, your new certificate will be mailed to you.

Again, congratulations! I wish you continued success throughout your career and we look forward to working with you as you strive to stay current in your medical knowledge. If you have questions, please call 1-800-441-ABIM (2246), Mon. – Fri., 8:30 a.m. to 8 p.m. ET, or send us an e-mail.

Respectfully,

Richard J. Baron, MD, MACP  
President and CEO

NEUROLOGIC ASSOCIATES OF CENTRAL BREVARD  
DR. MIGUEL RIVERA AND DR. ROBERTO MIXCO  
DIPLOMATES AMERICAN ACADEMY OF PSYCHIATRY AND NEUROLOGY  
1395 N. COURTENAY PKWY  
SUITE 106  
MERRITT ISLAND, FL 32953  
321-452-1224

June 1, 2017

Jonda Erwin, CPCS  
Parrish Medical Center  
Medical Staff Services  
951 North Washington Avenue  
Titusville, Florida 32796-2194

RE: NOTICE OF RETIREMENT OF DR. MIGUEL R. RIVERA FROM MEDICAL PRACTICE  
EFFECTIVE IMMEDIATELY DUE TO MEDICAL REASONS

Dear Jonda:

It has been my pleasure to work with you over the years.

I am sorry to say that I am retiring from medical practice immediately due to medical reasons. I will be working with the office as closely as possible to assist in making this transition go as smoothly as possible. Since I have retired I am returning the invoice for the medical staff dues with this notice. If you have any questions, please direct them to my office manager, Pat Valluzzi.

Again, it has been a pleasure working with you over years.

Sincerely,



Miguel R. Rivera, M.D.

## Hudgens, Tracy

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**From:** Mikitarian, George  
**Sent:** Wednesday, July 19, 2017 8:16 PM  
**To:** Hudgens, Tracy  
**Subject:** Fwd: [External Sender]

For August Board book.

Sent via the Samsung Galaxy S7, an AT&T 4G LTE smartphone

----- Original message -----

**From:** Biju Mathews <[btmathews2@hotmail.com](mailto:btmathews2@hotmail.com)>  
**Date:** 7/19/17 5:45 PM (GMT-05:00)  
**To:** "Mikitarian, George" <[George.Mikitarian@parrishmed.com](mailto:George.Mikitarian@parrishmed.com)>  
**Cc:** "Naresh Mody, MD" <[nvmody@aol.com](mailto:nvmody@aol.com)>  
**Subject:** [External Sender]

WARNING: This message came from an external source. Please do not click links or open attachments if unexpected or unusual.

George

Dr Valin has joined a practice in Daytona.  
We will be recruiting a new physician and would like recruitment assistance

Biju mathews

Naresh Nody

Sent from my iPhone