



MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Ramesh Patel, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – January 4, 2021

Date: December 28, 2020

The Audit Committee will meet at 11:00 a.m. in the Executive Conference room.

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

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

The Board of Directors will meet in executive session no earlier than 1:30 p.m. Following the Board of Directors Executive Session, Board of Directors regularly scheduled meeting will be held immediately following, however no earlier than 3:00 p.m.

The Education and Planning Committee meetings have been canceled.

Audit Committee:

Stan Retz, Chairperson

Peggy Crooks

Elizabeth Galfo, M.D.

Herman Cole (ex-officio)

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
JANUARY 04, 2021 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

- I. Review and approval of minutes (November 02, 2020)

Motion: To recommend approval of the November 02, 2020 minutes as presented.

- II. Public Comments

- III. FY2020 Final Audit Report- MSL

Motion: To recommend to the Board of Directors to accept the Fiscal Year 2020 audit results and reports:

- ***Audited Financial Statements and Supplementary Information***
- ***Report on Internal Control and Compliance***
- ***Communications With the Board of Directors and Audit Committee***
- ***Management Letter***

- IV. MSL PPP Loan Engagement Letter, Non-Audit Service

- V. Corporate Compliance Update – Mr. Jackson

- VI. Adjournment

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

A regular meeting of the Audit Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on November 2, 2020 at 11:00 a.m. in the Executive Conference Room. The following members were present:

Stan Retz, Chairperson
Peggy Crooks
Elizabeth Galfo, M.D.
Herman Cole

Other Attendees:

Kent Bailey, Vice President Finance
Pamela Perez, Administrative Assistant
Anual Jackson, Director, Corporate Compliance
Farlen Halikman, MSL
Jeff Goolsby, MSL
Nate Davenport, MSL

Call to Order

Mr. Retz called the meeting to order at 11:02 a.m.

Review and Approval of Minutes

The following motion was made by Mr. Cole, seconded by Ms. Galfo, and approved without objection.

Action Taken: Motion to approve the minutes of the January 06, 2020 meeting as presented.

Public Comment

No public comment

FY20 Audit Plan

Nate Davenport, MSL, gave an overview of the areas of the audit, timeline for the audit and scope of work. Mr. Davenport noted that there would be a Single Audit performed for the Provider Relief Funds and for FEMA due to their amounts meeting the threshold for single audits.

Corporate Compliance Update

Mr. Jackson informed the committee that both CMS and First Coast had temporarily suspended their audits due to the pandemic but as of August have resumed. First Coast has focused on Rehabilitation audits.

In regards to the Compliance Hot Line, there were 40 reported compliance concerns calls in 2020 compared to 24 in 2019. Thirty-one percent of the cases were reported through the anonymous hotline compared to sixty-nine percent reporting directly to the compliance office indicating care partners are comfortable in reporting directly to the compliance office and confident in the privacy of their reporting.

Compliance will be conducting audits on medical directorships and co-management arrangements over the next month.

Adjournment

There being no further business, the meeting adjourned at 11:49 a.m.

Stan Retz, Chairperson

QUALITY COMMITTEE

Elizabeth Galfó, M.D.
Herman A. Cole, Jr. (ex-officio)
Peggy Crooks
Billie Fitzgerald
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Ramesh Patel, M.D., President/Medical Staff
Jeram Chapla, M.D., Designee
Greg Cuculino, M.D.
Christopher Manion, M.D., Designee
Kiran Modi, M.D., Designee
George Mikitarian (non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, JANUARY 4, 2021
12:00 P.M.
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the November 2, 2020 meeting.

II. Vision Statement

III. Public Comment

IV. “My Story”

V. Dashboard Review
1. PSI – 3 focus

VI. Joint Commission Triennial Review

VII. Other

VIII. Executive Session (if necessary)

ADJOURNMENT

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

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

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

A regular meeting of the Quality Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on November 2, 2020 in Conference Room 2/3/4/5, First Floor. The following members were present.

Elizabeth Galfo, M.D., Chairperson
Herman A. Cole, Jr., Vice Chairperson
Peggy Crooks (12:10 p.m.)
Billie Fitzgerald
Robert L. Jordan, Jr., C.M.
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Mark Storey, M.D., President/Medical Staff
Gregory Cuculino M.D.
Christopher Manion, M.D.
George Mikitarian (non-voting)

Members absent:

Jerry Noffel (excused)
Jeram Chapla, M.D. (excused)
Kiran Modi, M.D. (excused)

CALL TO ORDER

Dr. Galfo called the meeting to order at 12:08 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Cole and approved (10 ayes, 0 nays, 0 abstentions). Ms. Crooks was not present at the time the vote was taken.

ACTION TAKEN: APPROVE THE SEPTEMBER 14, 2020 MEETING MINUTES, AS PRESENTED.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

PUBLIC COMMENTS

There were no public comments.

MY STORY

Mr. Loftin shared an audio clip of a family member expressing her sincere gratitude for the kindness and compassion shown to her mother by Parrish Medical Center Care Partners.

QUALITY DASHBOARD REVIEW

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

READMISSION FOCUS

Mr. Loftin shared background and definitions relating to the Hospital Readmissions Reduction Program.

INFECTION PREVENTION PROFESSIONAL

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Cole and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE APPOINTMENT OF MS. EMILY LEATHERS AS INFECTION PREVENTION PROFESSIONAL, AS RECOMMENDED BY THE INFECTION PREVENTION COMMITTEE AND MEDICAL EXECUTIVE COMMITTEE.

OTHER

There was no other business brought before the committee.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 12:46 p.m.

Elizabeth Galfo, M.D.
Chairperson



BOARD OF DIRECTORS
QUALITY COMMITTEE PRESENTATION

Healing Families – Healing Communities®

parrishmed.com

January 2021 Quality Agenda

1. Approval of Minutes
2. Vision Statement
3. Public Comment
4. My Story
5. Dashboard
 1. PSI-3
6. Joint Commission Virtual Survey
7. Executive Session

Quality Committee Vision Statement

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

“My Story”

Board Quality & Safety Committee

Value Dashboard

January

2021

Performance Dashboard

Description	Nov	Sep-Nov	Actual YTD (CY)	Opportunity
Zero Harm	33%	32.7%	49.6%	*Nov* 1 out of 3 = 33% Stroke Goal: 100% Actual 90% Sepsis Goal: 76% Actual 71% EED Goal 0% Actual 0%
HAI	0.00	1.25	1.05	
Readmission	10.19%	10.33%	10.45%	
Person Centered Flow	270	257	239	
Person Experience	80	68.9	69	

Better than expected

As expected

Needs Improvement

Questions?

PSI-3 Focus

Hospital Acquired Pressure Injury

Hospital Acquired Pressure Injury

HAPI

- Result in significant patient harm
- Cost as much as \$70,000 to treat
- Increase length of stay
- Premature mortality

Pressure Ulcer Rate Description

Patient Safety Indicator (PSI) 3

- Stage III or IV pressure ulcers or unstageable (secondary diagnosis) per 1,000 discharges among patients

Problem Statement

- PMC opportunity for improvement
- July 2017-June 2019 data:
 - PMC=2.15
 - Goal – 0.0

Braden Score

- Pressure ulcer assessment tool
 - Consistent documentation
 - Increased accuracy of pressure injury risk
 - Improved patient outcomes
- Patients with a total score of 16 or less are considered to be at risk of developing pressure ulcers; 12 or less is high risk

Voice of the customer

AHRQ Questionnaire

- Perceptions on wound care/pressure ulcer management
- Average score 45.2/55
- Area of opportunity:
 - “My clinical judgement is better than any risk assessment tool”

Chart reviews

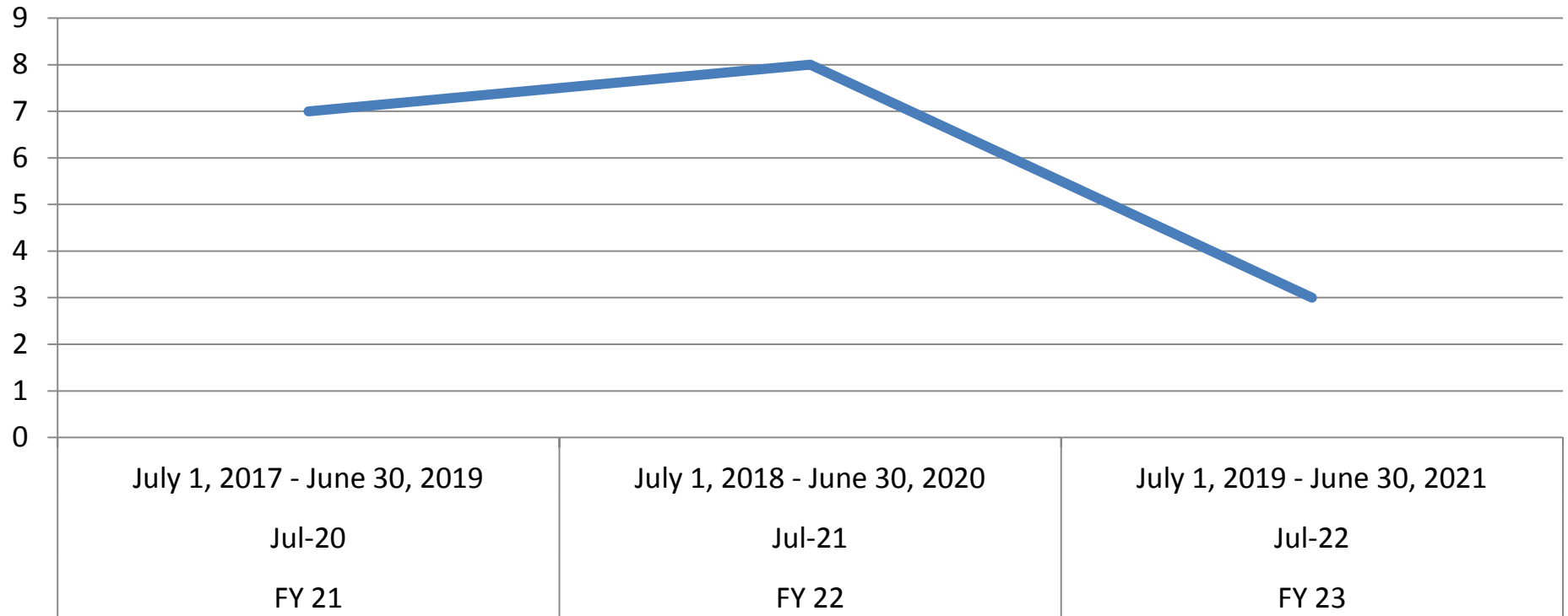
- Braden score assessment initiates the Pressure Ulcer Prevention (PUP) bundle
- Chart reviews found that the admission Braden Score accuracy was only 33%

Improve

- Mandatory education on Braden Score
- Completed December 2020
- Chart reviews occurring to measure improvement in admission Braden Score

CMS reporting

PSI 3



Next Steps

- PUP bundle compliance

Questions?

2021 Triennial Joint Commission Survey

Questions?

FINANCE COMMITTEE

Stan Retz, Chairperson
Peggy Crooks, Vice Chairperson
Jerry Noffel
Elizabeth Galfo, M.D.
Robert Jordan
Billie Fitzgerald
Herman Cole (ex-officio)
Christopher Manion, MD.
George Mikitarian, President/CEO (non-voting)
Ramesh Patel, M.D., President/Medical Staff

**TENTATIVE AGENDA
FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, JANUARY 04, 2021
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)**

CALL TO ORDER

- I. Public Comments
- II. Review and approve minutes of (November 02, 2020)

Motion: To recommend approval of the November 02, 2020 minutes as presented.

- III. Financial Review – Mr. Bailey
- IV. Parrish Medical Center v. Metrus Settlement – Gray Robinson

Motion To approve the proposed settlement in the Metrus Energy dispute and authorize the President and Chief Executive Officer to execute the settlement agreement and all documents necessary to implement the settlement agreement.

- V. 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.

- VI. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Budget and Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on November 2, 2020 in Conference Room 2/3/4/5, First Floor. The following members, representing a quorum, were present:

Stan Retz, Chairperson
Peggy Crooks, Vice Chairperson
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Robert Jordan, Jr., C.M.
Billie Fitzgerald
Mark Storey, M.D.
Christopher Manion, M.D.
George Mikitarian (non-voting)

Member(s) Absent:

Jerry Noffel (excused)

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

CALL TO ORDER

Mr. Retz called the meeting to order at 12:54 p.m.

REVIEW AND APPROVAL OF MINUTES

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: APPROVE THE SEPTEMBER 14, 2020 MEETING MINUTES, AS PRESENTED.

PUBLIC COMMENTS

There were no public comments.

FINANCIAL REVIEW

Mr. Bailey summarized the September 2020 financial statements.

QUARTERLY INVESTMENT REPORTS

Messrs. Tim & John Anderson reviewed the 3rd Quarter Performance for both the Operating and the Pension Funds. They presented a brief market update, discussed the Operating Fund and Pension Fund year-to-date and historical performance, and noted manager performance within the funds.

WIRELESS ACCESS POINT REPLACEMENTS

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

ACTION TAKEN: APPROVAL OF THE WIRELESS ACCESS POINT REPLACEMENT PROJECT, STRATA ID 20-721-01, IN THE AMOUNT NOT TO EXCEED \$223,250.00.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:39 p.m.

Stan Retz
Chairperson



December 30, 2020

TO: Finance Committee, North Brevard County Hospital District

FROM: Kent Bailey, Vice-President, Finance

CC: George Mikitarian, President and Chief Executive Officer

RE: Metrus Energy Dispute Settlement Proposal

The North Brevard County Hospital District (District) and the parties involved in the Metrus Energy dispute have reached a proposed settlement in connection with the energy savings arrangement that was entered into in 2017.

Significant financial terms of the proposed settlement are as follows:

1. Annual payments of \$250,000 (payable quarterly) over the 14 year term of the arrangement, with credit for payments previously made, a payment of \$27,852.93 at closing, and annual payments of \$250,000 over the remaining 11.5 year term (years 3 through 14) of the arrangement.
2. \$1.00 buyout of the energy-saving assets after the 14 year term.
3. The District will maintain and insure the energy-saving assets.

The \$250,000 annual payment is consistent with the findings of expected annual energy savings by a third-party expert retained by the District. Further, the net present-value of the amounts that will ultimately be paid by the District is less than the original cost of the equipment. For these reason, approval of the proposed settlement agreement is recommended and requested from the North Brevard Hospital District Finance Committee and Board of Directors.

Motion to approve the proposed settlement in the Metrus Energy dispute and authorize the President and Chief Executive Officer to execute the settlement agreement and all documents necessary to implement the settlement agreement.



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Finance Committee

FYTD November 30, 2020 – Performance Dashboard

Indicator	FYTD 2021 Actual	FYTD 2021 Budget	FYTD 2020 Actual
IP Admissions	884	851	935
LOS	4.8	4.0	4.5
Surgical Procedures	696	999	1,183
ED Visits	5,252	6,346	6,252
OP Volumes	8,678	9,963	10,188
Hospital Margin %	5.39%	7.87%	3.58%
Investment Income \$	\$4.3 Million	\$0.6 million	\$2.3 million
EBIDA Margin %	16.50%	7.53%	7.39%
EBIDA Margin %- Excluding Invest Income	0.92%	5.13%	-1.45%

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. #
Warming Unit	029703			pmc 00472	transfer to inf ctr	\$ 609.90	1.351

Requesting Department 1.351 Department Director Maurice F. Ayres 9/9/2020
 Net Book Value (Finance) A. Francis 4/29/20 EMC Member Barry 9.30.20
 Sr. VP Finance/CFO Kurt Bailey 10/2/20 President/CEO _____
 Board Approval: (Date) _____ CFO Signature [Signature] 10/2/20
 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

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Anesthesia, Monitor, Bispectral Index	KN021865	8/3/1999	3600.00	1017	Patient leads are no longer available. Units are also obsolete and cannot be serviced, removed from service.	-0-	OR 1358
	KN021074	8/3/1999	3600.00	1125		-0-	OR 1358
	KN021074	8/3/1999	3600.00	1085		"	OR 1358
	KN021865	8/3/1999	3600.00	1146		-0-	OR 1358
	KN021865	8/3/1999	3600.00	1167		"	OR 1358
	KN021865	8/3/1999	3600.00	1200		"	OR 1358
	KN021760	10/9/2002	4409.00	2328		-0-	ICU 1342
	KN021759	10/9/2002	4409.00	2329	-0-	ICU 1342	
	KN021758	10/9/2002	4409.00	2330	-0-	ICU 1342	

Requesting Department _____ Department Director Matthew F. A. Jones 9/9/2020
 Net Book Value (Finance) 0. Processing 4/29/20 EMC Member Edna 9.30.20
 Sr. VP Finance/CFO Ken Bailey 10/2/20 President/CEO _____
 Board Approval: (Date) _____ CFO Signature [Signature] 10/2/20
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

Control #	Facility Asset Cost Ctr		Mfg Name	Device Description	Model	Serial #	Location	Purchase	Purchase	PO Number
	#	(Dept)						Date	Cost	
00661	<i>none</i>	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A20000	C05579	floor/OR 7	8/3/1999	3600	77874
01017	KN021865	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A20000	C05683	2nd floor	8/3/1999	3600	77874
01053	<i>none</i>	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A2000	C05649	OR 8	8/3/1999	3600	
01085	KN021074	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A20000	C05729	floor/OR 4	8/3/1999	3600	77874
01125	KN021074	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A20000	C05729	2nd floor	8/3/1999	3600	81556
01146	KN021865	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A20000	C05556	2nd floor	8/3/1999	3600	77874
01167	KN021865	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A2000	C05650	2nd floor	8/3/1999	3600	77874
01200	KN021865	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A20000	C05306	2nd floor	8/3/1999	3600	77874
01275	none	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A20000	c010358	floor/CE	10/1/2000	5000	
01326	none	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A20000	C05681	2nd floor	8/3/1999	3600	77874
01347	none	1358	Aspect Medical Systems	Anesthesia, Monitor, Bispectral Index	A20000	C05684	floor/OR 2	8/3/1999	3600	77874
02328	KN021760	1342	Spacelabs Medical	Anesthesia, Monitor, Bispectral Index	90482	001140	floor/ICU	10/9/2002	4409	
02329	KN021759	1342	Spacelabs Medical	Anesthesia, Monitor, Bispectral Index	90482	001155	floor/ICU	10/9/2002	4409	
02330	KN021758	1342	Spacelabs Medical	Anesthesia, Monitor, Bispectral Index	90482	001065	floor/ICU	10/9/2002	4409	

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)	Department No.
CABINET - MICROFICHE 10 DRAWER (6)	KN021704	10.18.2001	\$6,540		Obsolete	0	717
CABINET - MULTIMEDIA ROLL FILM 112 DRAWER	KN021711	10.18.2001	\$1,465		Obsolete	0	717
FILING SYSTEM DIAGNOSTICS	KN027746	1.15.2003	\$96,249		Obsolete	0	717

Requesting Department HIM Department Director *[Signature]*

Net Book Value (Finance) A. Franz 9/9/20 EMC Member *[Signature]*

Sr. VP Finance/CFO *[Signature]* 9/22/20 President/CEO *[Signature]* 10/21/20

Board Approval: (Date) _____ (CFO Signature) _____

Requestor Notified Finance 8/31/2020

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

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
CHAIR - SIDE, OPEN BK, ARM , STEEL FRAME W/COF	KN018688	1/22/1996	210.38		Missing	-0-	1.734
CHAIR - DESK, HIGH BK, W/O ARM, PNEU HGT	KN018730	1/22/1996	331.27		Missing	-0-	1.734
SCANNER - CANON DR3020	KN021347	11/8/2000	5,110.00		Missing	-0-	1.734

Requesting Department Parrish Medical Center/Medical Staff Office Department Director Dianne Hultenius

Net Book Value (Finance) A. [Signature] EMC Member (P. [Signature])

Sr. VP Finance/CFO [Signature] President/CEO [Signature]

Board Approval: (Date) _____ (CFO Signature) [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

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Asset Description	Asset Control KN#	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
John Deere Gator	28324	2004	\$5750		No longer Needed	-0-	1.665
John Deere Gator	30034	2013	\$8484		No longer needed	-0-	1.661
2 seat Golf cart	21022	2007	\$2785		No longer needed	-0-	1.663
6 seat Golf cart	30109	Unknown	\$4000		No longer working	-0-	1.661

Requesting Department Plant Eng. Department Director Jeff Riley
 Net Book Value (Finance) 0 EMC Member Barry 10-9-20
 Sr. VP Finance/CFO Kurt Bradley 10/13/20 President/CEO
 Board Approval: (Date) _____ (CFO Signature) [Signature]
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
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 Entity Contact _____
 Telephone _____

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

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
Beverage/Ice Machine	KN022073	4/24/02	16,754.00		Unrepairable/to be replaced	-0-	1.651

Requesting Department Food & Nutrition Department Director [Signature] 10/09/2020 Ronald Troub
 Net Book Value (Finance) [Signature] 10/15/20 EMC Member [Signature] 10-12-20
 Sr. VP Finance/CFO [Signature] 10/20/20 President/CEO [Signature] 10/23/20
 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. #
C-Arm, mobile Siemens Arcadis Sn 20208	None	5/16/2006 Purchased Used		PMC00381 CTM03514	Equipment is not working. Units are EOL and no longer supported. Units already retired in finance.	Zero -0-	1351
C-Arm, mobile Siemens Siremobile 2000, sn 1441	018045	Before 2004		PMC01153 CTM02026	Taken to the shell for disposition.	Zero -0-	1351

Requesting Department: OR/Imaging Imaging 1351 Department Director Daryl Adams M.D. [Signature]
 Net Book Value (Finance) zero, already retired [Signature] EMC Member [Signature] 10.15.20 10/14/20
 Sr. VP Finance/CFO [Signature] President/CEO [Signature] 10/23/20
 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)	Department No.
Gas Tilting Skillet	KN024374	4/24/2002	5113		Unrepairable/To Be Replaced by Capital Project 20-651-C2	-0-	1.651
Gas Fired Steam Kettle	KN024371	4/24/2002	23418		Unrepairable/To Be Replaced by Capital Project 20-651-C2	-0-	1.651
Table Top Kettle	KN022091	4/24/2002	3670		Unrepairable/To Be Replaced by Capital Project 20-651-C2	-0-	1.651
Range with Griddle & Ovens	KN022086	4/24/2002	4044		Unrepairable/To Be Replaced by Capital Project 20-651-C2	-0-	1.651
Vulcan Convection Gas Steamer	KN030290	3/4/15	13614.88	10yr life	Unrepairable/To Be Replaced by Capital Project 20-651-C2	6013.11	1.651

Requesting Department Food & Nutrition Department Director Ronald Troub *[Signature]* 10/29/2020

Net Book Value (Finance) 10/29/20 EMC Member 10.30.2020

Sr. VP Finance/CFO [Signature] 11/9/20 President/CEO [Signature] 11/11/20

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)	Department No.
LAMINAR FLOW FLUME HOOD 6' CLASS II	027567	10/16/02	\$6,201.00	UNK	OBSOLETE AND UNREPAIRABLE	-0-	1.430

Requesting Department Pharmacy Eric Renker Department Director Eric Renker, PharmD
 Net Book Value (Finance) A. Payne EMC Member Edwin Loftin 11/30/20
 Sr. VP Finance/CFO Kent Bailey 12/4/20 President/CEO George Mikitarian
 Board Approval: (Date) _____ (CFO Signature) [Signature]
 Requestor Notified Finance _____
 Asset Disposed of or Donated Disposed of 11/24/2020
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation Not repairable/Not applicable
 Entity Contact _____
 Telephone _____

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

Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	Old CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Spacelabs display monitor - ICU	024535	10/9/2002		2056	Units are non-functional, obsolete and cannot be repaired.	0	1342
Spacelabs display monitor - ICU	024547	10/8/2002		2062		0	1342
Spacelabs display monitor - ICU	024952	10/9/2002		2317		0	1342
Spacelabs display monitor - ICU	024953	10/8/2002		00056		0	1342
Stretcher	028024	11/5/2003		03435		0	1300

Requesting Department: ICU ICU Department Director Mandy [Signature] 11/19/2020
 Net Book Value (Finance) 2. [Signature] 11/24/20 EMC Member [Signature] 11.23.20
 Sr. VP Finance/CFO [Signature] 12/22/20 President/CEO _____
 Board Approval: (Date) _____ CFO Signature [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
Stan Retz, CPA
Elizabeth Galfo, M.D.
George Mikitarian, President/CEO (non-voting)

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, JANUARY 4, 2021
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes

Motion to approve the minutes of the November 2, 2020 meeting, as presented.

- II. Reading of the Huddle

- III. Public Comment

- IV. Report from Titusville City Council Liaison – Scott Larese

- V. Amended and Restated PMC Corporate Compliance Program – Mr. Jackson

Motion to approve the Resolution of the Board of Directors of the North Brevard County Hospital District Regarding the updated North Brevard County Hospital District Corporate Compliance Program.

- VI. Attorney Report – Mr. Boyles

- VII. Other

- VIII. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on November 2, 2020 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Members Absent:
None

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 2:59 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Ms. Crooks, seconded by Dr. Galfo and approved (4 ayes, 0 nays, 0 abstentions). Mr. Cole was not present at the time the vote was taken.

ACTION TAKEN: APPROVE THE SEPTEMBER 14, 2020 MEETING MINUTES, AS PRESENTED.

READING OF THE HUDDLE

Ms. Crooks read the Weekly Huddle.

PUBLIC COMMENT

There were no public comments.

ATTORNEY REPORT

No attorney report was presented.

HOSPITAL DISTRICT BYLAWS

Mr. Boyles referenced the draft Amended and Restated Bylaws contained in the agenda packet, noting he is speaking with Dr. Storey regarding whether the revisions are required to go to MEC for approval, as the changes are not clinical in nature. If MEC is required to approve, the Board will tentatively approve the Bylaws in December subject to MEC approval. If MEC approval is not required, the Board will approve in December and the Bylaws will take effect January 1, 2021.

OTHER

There was no other business to discuss.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 3:05 p.m.

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

Resolution
of the
BOARD OF DIRECTORS
of the
NORTH BREVARD COUNTY HOSPITAL DISTRICT

**REGARDING UPDATED NORTH BREVARD COUNTY HOSPITAL
DISTRICT dba PARRISH MEDICAL CENTER (“PMC”)
PMC CORPORATE COMPLIANCE PROGRAM (“RESOLUTION”)**

RECITALS

Whereas, the members of the Board of Directors (the “Board”) of the North Brevard County Hospital District (the “District), d/b/a/ Parrish Medical Center (the “Hospital”), a special hospital district in Brevard County, Florida, have been provided with an updated PMC Corporate Compliance Program attached hereto as Exhibit “A”; and

Whereas, the Board wishes to approve such updated PMC Corporate Compliance Program.

RESOLVED

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

1. determines that the District would be best served by adopting the updated PMC Corporate Compliance Program attached hereto.
2. hereby adopts the updated PMC Corporate Compliance Program (proposed January 4, 2021) attached hereto as Exhibit “A” and incorporated into this Resolution for the purpose of making certain updates as set forth therein.

This Resolution shall take effect immediately upon its adoption.

PASSED, APPROVED AND ADOPTED this _____ day of January, 2021.

BOARD OF NORTH BREVARD COUNTY
HOSPITAL DISTRICT

By: _____
Herman A. Cole, Jr., Chairman

ATTEST:

By: _____
Peggy Crooks, Secretary



Current Status: Pending

PolicyStat ID: 8896032



Origination: N/A
Effective: Upon Approval
Last Approved: N/A
Last Revised: N/A
Next Review: 1 year after approval
Areas: Corporate Compliance
Tags:
Applicability: Parrish Medical Center

PMC Corporate Compliance Program

PURPOSE

The Corporate Compliance Program policy provides an overview of Parrish Medical Center's ("PMC") Corporate Compliance Program and sets expectations related to Compliance. PMC's Corporate Compliance Program policy formally documents PMC's commitment to having an effective compliance program as addressed in the United States Sentencing Commission (Federal Sentencing Guidelines).

SCOPE

Applies to all PMC departments, care partners and agents performing services on behalf of PMC.

POLICY STATEMENT

PMC voluntarily established and fundamentally designed its compliance program to promote prevention, detection, and resolution of instances of conduct that do not conform to federal and state healthcare program requirements and do not conform to PMC internal standards of conduct, policies and procedures. PMC's Corporate Compliance Program (the "Program") assists with ensuring the organization remain focused on what is right, ethical and fair for our patients and care partners. PMC is committed to conducting its business ethically and in compliance with federal and state healthcare program statues and regulations and to its internal standards of conduct, policies and procedures.

The Program is expected to be a dynamic program that provides a flexible framework for adopting to PMC's changing environment. The Program is to be continually evaluated by the Chief Corporate Compliance Officer, the Board Executive Committee and the PMC Board of Directors to ensure that the Program functions as intended.

Following the guidance for an effective compliance program detailed in the Federal Sentencing Guidelines, the Office of Inspector General Hospital Compliance Program Guidance, the Office of Inspector General Supplemental Compliance Program Guidance, and the Deficit Reduction Act of 2005, PMC's Program will encompass the following compliance program elements:

- A. Program Oversight and Administration
- B. Written Policies, Procedures and Standards of Conduct
- C. Training and Education
- D. Risk Assessment, Auditing and Monitoring

- E. Anonymous Disclosure Program
- F. Respond to Reported Offenses
- G. Disciplinary Guidelines, Enforcement and Corrective Actions
- H. Exclusion Screening

The implementation of the Program elements is to be detailed in documented standards of conduct, compliance policies, procedures, and plans; all separate documents supporting the Program.

DEFINITIONS

When used in this policy, these terms have the following meanings:

- A. **Care Partner:** 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. **Compliance.** Adherence to applicable federal and state laws, regulations and other governments, and organizational standards, policies and procedures.
- C. **Compliance Program.** The program developed by PMC to promote compliance with all relevant federal and state laws and regulations, and with PMC's Compliance policies and procedures.
- D. **Corrective Action.** Reasonable steps to respond appropriately to noncompliance after detection and to prevent recurrence, which may require modifications to the Corporate Compliance Program and supporting policies, procedures and plans.
- E. **Executive Ethics and Compliance Committee:** PMC's hospital executive management compliance committee.
- F. **Federal Health Care Program.** Any plan or program that provides health benefits, directly or indirectly, through insurance or otherwise is funded in whole or in part by the United States Government, including but not limited to Medicare and Medicaid.
- G. **Parrish Healthcare:** 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.

PROGRAM INTRODUCTION

All persons associated with PMC are expected to act ethically and in accordance with applicable laws, regulations, and policies. The Corporate Compliance Office is a resource for education, monitoring processes, and for supporting efforts aimed at regulatory compliance. Corporate Compliance Office is available to advise and assist with applicable policies, rules and regulations. Everyone at PMC is accountable for compliance results.

The standards of conduct described in this Program and in the Parrish Medical Center Code of Business Ethics and Business Conduct represent PMC's corporate policy. PMC maintains an open door policy, whereby each care partner, is urged to seek guidance from or to report violations of this Program or of healthcare program requirements using PMC's Corporate Compliance Reporting System (the "Reporting System"). Reports will be treated confidentially to the extent reasonably possible, and there will be no retribution for reporting conduct that a reasonable person acting in good faith would have believed to be fraudulent or

erroneous.

Care partners failure to observe the provisions of this Program and or not complying with federal and state healthcare requirements can result in damage to PMC's professional reputation and can result in serious consequences including PMC's termination of a care partner's employment or relationship. Criminal charges, including substantial civil monetary fines and exclusion from federal healthcare programs can also be assessed to PMC and care partners.

PROGRAM MISSION STATEMENT

- A. Compliance Standards and Procedure. To establish compliance standards and procedures reasonably capable of reducing the prospect of wrongful conduct.
- B. Responsibility of Compliance. To appoint specific high-level individuals (Management and Executive Management Council) with overall responsibility to oversee compliance with such standards and procedures.
- C. Human Resource Management. To exercise due care with respect to investigating the background of potential care partners so as not to delegate substantial discretionary authority to individuals with a propensity to engage in unlawful activities.
- D. Effective Communication. To take reasonable steps to communicate effectively the compliance standards and procedures to all care partners by, for example, mandatory training sessions, and the dissemination of publications.
- E. Effective Compliance. To take reasonable steps to achieve compliance, for example, by utilizing monitoring and auditing systems, and by publicizing a reporting system whereby care partners can report perceived wrongful conduct by others without fear of retribution.
- F. Consistent Enforcement and Discipline. To consistently enforce its standards through appropriate disciplinary mechanisms including, but not limited to, discipline of individuals for failure to detect noncompliance.
- G. Corrective Action. To take reasonable steps to respond appropriately to noncompliance after detection and to prevent recurrence, which may require modifications to the Program.

PROGRAM STANDARDS OF CONDUCT

- A. **Legal Activities.** PMC and its care partners will strive to ensure all activity by or on behalf of PMC is in compliance with all applicable federal, state and local laws, both civil and criminal.
- B. **Effective Compliance.** In addition to complying with the law, it is also the policy of PMC to comply with standards of conduct which ensure compliance with such laws. Specifically, it is the policy of PMC to bill only for services rendered, to code the services rendered accurately, to properly and accurately document the medical necessity and appropriateness of all services rendered and to maintain patient confidentiality and privacy.
- C. **Reporting Suspected Violations.** Any care partner of PMC who has knowledge of activities that he or she believes may violate the law has an obligation, after learning of such activities, to report the matter promptly via the Reporting System. Reports may be made anonymously and care partners will not be penalized for reports made in good faith. This Policy will be consistently enforced. Failure to report known violations, failure to detect violations due to negligence or reckless conduct and making false reports shall be considered a violation of this policy and grounds for disciplinary action, including termination.

- D. **Effective Communication.** PMC will take steps to communicate its standards and procedures to all care partners by requiring participation in training programs where indicated and by disseminating information that explains in a practical manner what is required. This will include dissemination of the Statement of Commitment to the Program and Acknowledgment of Receipt of the Code of Business Ethics and Business Conduct by each care partner. The Program, in its entirety, shall be readily accessible to care partners within their designated departments.
- E. **Monitoring and Auditing.** PMC will take steps to achieve compliance with its standards by utilizing monitoring and auditing systems reasonably designed to detect misconduct by its care partners, and by having in place and publicizing a reporting system whereby care partners can report misconduct by others within the organization without fear of retribution.
- F. **Corrective Action.** After a violation has been detected, PMC will take all reasonable steps to respond appropriately and to prevent further similar violations, including any necessary modifications to its plan to prevent and detect violations of the law.
- G. **Ethical Business Practices.** Business transactions with vendors, contractors and other third parties shall be transacted free from improper offers or solicitation of gifts or favors or other improper inducements in exchange for referrals or influence or assistance in a transaction.
- H. **Business Integrity.** PMC will strive to maintain the highest standards of quality and integrity.
- I. **Lawful Activities.** PMC will not engage in any activity or scheme intended to defraud anyone of money, property or honest services.
- J. **Strict Adherence.** No care partner of PMC has any authority to act contrary to the provisions of the laws or these standards of conduct, or to authorize, direct or condone violations by any other employee.
- K. **Confidentiality and Privacy of Information.** PMC will strive to maintain the confidentiality of patients and other confidential information in accordance with applicable legal and ethical standards.
- L. **Business Opportunities; Conflicts of Interests.** PMC's care partners will not use their positions to profit personally or to assist others in profiting in any way at the expense of PMC, and shall avoid potential or apparent conflicts of interest.
- M. **Accurate Business Information.** PMC will strive to ensure that all accounts, financial reports, tax returns and other documents including, but not limited to, those submitted to governmental agencies are accurate, clear and complete; and will strive to ensure that all entries in PMC's books and records accurately reflect each transaction.
- N. **Adherence to Program.** PMC's care partners will strive to ensure that their own conduct and the conduct of anyone reporting to them complies with PMC's Code of Business Ethics and Business Conduct and PMC's Corporate Compliance Program.
- O. **Amendments and Modifications to Program.** This Program is intended to communicate current policies regarding compliance. PMC reserves the right to change, modify, or waive any or all of its provisions. If any care partner has a question concerning a particular provision contained herein, or concerning any practice not addressed in this document, he or she should consult with the Chief Corporate Compliance Officer.

PROGRAM OVERSIGHT AND ADMINISTRATION

A. General Oversight and Appointments

1. The PMC Board of Directors have charged the Board Executive Committee to be responsible and

oversee all compliance matters for the hospital including, but not limited to those compliance matters relating to Federal and State regulations. As such, the Executive committee shall work with and coordinate with the Chief Corporate Compliance Officer of the hospital concerning such compliance matters and shall regularly (at least annually) receive reports from the Chief Corporate Compliance Officer concerning ongoing compliance matters and compliance efforts within the hospital.

2. PMC shall designate a Chief Corporate Compliance Officer to oversee, implement, administer, and monitor the Program. The Chief Corporate Compliance Officer is administratively responsible to the President/CEO and has the ability to make unfiltered compliance activity reports to the Board.

B. Chief Corporate Compliance Officer Duties

The primary responsibilities of the Chief Corporate Compliance Officer shall include:

1. overseeing and monitoring the implementation and day-to-day activities of the Program;
2. developing and implementing policies, procedures, and practices designed to assist with ensuring compliance with the Federal and State health care program requirements; and
3. reporting on a regular basis to the Board, Board Executive Committee, the President/Chief Executive Officer and the Executive Ethics and Compliance Committee concerning compliance matters and assisting them in establishing methods to improve efficiency and quality of services and to reduce vulnerability to fraud, abuse and waste.

C. Chief Corporate Compliance Officer Authority

The Chief Corporate Compliance Officer shall have authority to review all documents and other information that are relevant to compliance activities, including, but not limited to, patient records, billing records, and records concerning the marketing efforts and arrangements with care partners.

D. Compliance Resources

The Chief Corporate Compliance Officer shall have the full resources of PMC at his or her disposal to carry out these functions and to implement the Compliance Program.

E. Outside Assistance

The Chief Corporate Compliance Officer, with the approval of the President/Chief Executive Officer or the Board, may retain legal counsel or other consultants as deemed necessary or desirable to assist in carrying out these functions. It is the intention of the Board that all communications between the Chief Corporate Compliance Officer and counsel be privileged to the fullest extent of law.

F. Compliance Committee

A hospital executive compliance committee shall be established and members of the committee shall be appointed by the President/Chief Executive Officer with assistance by the Chief Corporate Compliance Officer. The Chief Corporate Compliance Officer shall serve as the Chairperson of the hospital executive compliance committee. The compliance committee shall meet at least quarterly and shall support the Chief Corporate Compliance Officer in fulfilling his/her responsibilities, to include without limitation, promoting of the Program, ensuring compliance policies and standards of conduct are in place and effective to promote adherence to the Program and to prevent, detect, and mitigate wrongdoing, and the analysis of PMC's risk areas.

The following positions are appointed members of the Compliance Committee:

1. Chief Corporate Compliance Officer, Committee Chairperson;
2. President/CEO;
3. SVP Administration/Chief Transformation Officer;

4. SVP Acute Care Services/CNO;
5. SVP Communications, Community & Corporate Services;
6. VP Finance; and
7. Other departments will be invited to meetings as needed.

G. Compliance Records

The Chief Corporate Compliance Officer shall maintain a permanent record of compliance and compliance committee findings, proceedings and actions and shall make a report thereon to the Board. These records and reports are intended to be privileged to the fullest extent permitted by law.

REFERENCES

United States Sentencing Commission: Chapter 8 Section 8B2.1. Effective Compliance Program:
<https://www.ussc.gov/guidelines/2018-guidelines-manual/2018-chapter-8>

OIG Compliance Program Guidance for Hospitals: <https://oig.hhs.gov/authorities/docs/cpghosp.pdf>

OIG Supplement Program Guidance for Hospitals: <http://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf>

42 U.S. Code 1396a(a)(68) Section 6032 of the Deficit Reduction Act http://www.ssa.gov/OP_Home/ssact/title19/1902.htm

HCCA-OIG: Measuring Compliance Program Effectiveness - A Resource Guide (January 2017)
<https://oig.hhs.gov/compliance/compliance-resource-portal/files/HCCA-OIG-Resource-Guide.pdf>

U.S. Department of Justice Criminal Division: Evaluation of Corporate Compliance Programs (Updated June 2020) <http://www.justice.gov/criminal-fraud/page/file/937501/download>

Bylaws of North Brevard County Hospital District Operating Parrish Medical Center

Parrish Medical Center Code of Business Ethics and Business Conduct

Code of Federal Regulations: 42 CFR 482.11 - Condition of Participation: Compliance with Federal, State and local laws <http://www.govinfo.gov/content/pkg/CFR-2012-title42-vol5/pdf/CFR-2012-title42-vol5-chapIV.pdf>

Joint Commission Standard LD.04.01.01, EP 2. The hospital complies with law and regulation

Joint Commission Standard LD.04.02.03, Ethical principles guide the hospital's business practices

Joint Commission Standard LD.03.01.01, EP 4. Leaders develop a code of conduct

All revision dates:

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
President/CEO	George Mikitarian: President/CEO	pending
Executive Ethics and Compliance Committee	Executive Ethics and Compliance Committee [AJ]	12/2020
	Anual Jackson: Chief Compliance & Audit Officer	12/2020

Applicability

Parrish Medical Center

COPY



Origination:	N/A
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	N/A
Next Review:	1 year after approval
Areas:	Corporate Compliance
Tags:	
Applicability:	Parrish Medical Center

PMC Corporate Compliance Program

Introduction

PURPOSE

The Corporate Compliance Program policy provides an overview of Parrish Medical Center's ("PMC") Corporate Compliance Program and sets expectations related to Compliance. PMC's Corporate Compliance Program policy formally documents PMC's commitment to having an effective compliance program as addressed in the United States Sentencing Commission (Federal Sentencing Guidelines).

SCOPE

Applies to all PMC departments, care partners and agents performing services on behalf of PMC.

POLICY STATEMENT

PMC voluntarily established and fundamentally designed its compliance program to promote prevention, detection, and resolution of instances of conduct that do not conform to federal and state healthcare program requirements and do not conform to PMC internal standards of conduct, policies and procedures. PMC's Corporate Compliance Program (the "Program") assists with ensuring the organization remain focused on what is right, ethical and fair for our patients and care partners. PMC is committed to conducting its business ethically and in compliance with federal and state healthcare program statues and regulations and to its internal standards of conduct, policies and procedures.

The Program is expected to be a dynamic program that provides a flexible framework for adopting to PMC's changing environment. The Program is to be continually evaluated by the Chief Corporate Compliance Officer, the Board Executive Committee and the PMC Board of Directors to ensure that the Program functions as intended.

Following the guidance for an effective compliance program detailed in the Federal Sentencing Guidelines, the Office of Inspector General Hospital Compliance Program Guidance, the Office of Inspector General Supplemental Compliance Program Guidance, and the Deficit Reduction Act of 2005, PMC's Program will encompass the following compliance program elements:

- A. Program Oversight and Administration
- B. Written Policies, Procedures and Standards of Conduct
- C. Training and Education

- D. Risk Assessment, Auditing and Monitoring
- E. Anonymous Disclosure Program
- F. Respond to Reported Offenses
- G. Disciplinary Guidelines, Enforcement and Corrective Actions
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The implementation of the Program elements is to be detailed in documented standards of conduct, compliance policies, procedures, and plans; all separate documents supporting the Program.

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- C. **Compliance Program.** The program developed by PMC to promote compliance with all relevant federal and state laws and regulations, and with PMC's Compliance policies and procedures.
- D. **Corrective Action.** Reasonable steps to respond appropriately to noncompliance after detection and to prevent recurrence, which may require modifications to the Corporate Compliance Program and supporting policies, procedures and plans.
- E. **Executive Ethics and Compliance Committee:** PMC's hospital executive management compliance committee.
- F. **Federal Health Care Program.** Any plan or program that provides health benefits, directly or indirectly, through insurance or otherwise is funded in whole or in part by the United States Government, including but not limited to Medicare and Medicaid.
- G. **Parrish Healthcare:** 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.

PROGRAM INTRODUCTION

All persons associated with PMC are expected to act ethically and in accordance with applicable laws, regulations, and policies. The Corporate Compliance Office is a resource for education, monitoring processes, and for supporting efforts aimed at regulatory compliance. Corporate Compliance Office is available to advise and assist with applicable policies, rules and regulations. Everyone at PMC is accountable for compliance results.

The standards of conduct described in this ~~Plan~~Program and in the Parrish Medical Center Code of Business Ethics and Business Conduct represent ~~Parrish Medical Center's ("PMC") corporate policy. PMC maintains an open door policy, whereby each employee, is urged to seek guidance from or report violations of this Plan or the law directly via~~ PMC's corporate policy. PMC maintains an open door policy, whereby each care partner, is urged to seek guidance from or to report violations of this Program or of healthcare program requirements

using PMC's Corporate Compliance Reporting System (the "Reporting System"). ~~For purposes of this Plan document, the word "employee" shall mean PMC's officers, directors, managers, employees, medical staff, physicians, contractors and agents, since they all have an affirmative and ethical duty to come forward and report fraudulent or erroneous conduct, so that it may~~ Reports will be corrected. ~~Reports will be~~ treated confidentially to the extent reasonably possible, and there will be no retribution for reporting conduct that a reasonable person acting in good faith would have believed to be fraudulent or erroneous.

~~Failure~~ Care partners failure to observe the provisions of this ~~Plan~~ Program and or not complying with federal and state healthcare requirements can result in ~~serious consequences for~~ damage to PMC's ~~employees, professional reputation and can result in serious consequences~~ including ~~termination of employment, and criminal charges, and for PMC, including substantial civil monetary fines, exclusion from the Federal healthcare programs, and damage to~~ PMC's professional reputation ~~termination of a care partner's employment or relationship. Criminal charges, including substantial civil monetary fines and exclusion from federal healthcare programs can also be assessed to~~ PMC and care partners.

~~Parrish Medical Center Corporate Compliance Plan Mission Statement~~

PROGRAM MISSION STATEMENT

- A. Compliance Standards and Procedure. To establish compliance standards and procedures reasonably capable of reducing the prospect of wrongful conduct.
- B. Responsibility of Compliance. To appoint specific high-level individuals (Management and Executive Management Council) with overall responsibility to oversee compliance with such standards and procedures.
- C. Human Resource Management. To exercise due care with respect to investigating the background of potential ~~employees~~ care partners so as not to delegate substantial discretionary authority to individuals with a propensity to engage in unlawful activities.
- D. Effective Communication. To take reasonable steps to communicate effectively the compliance standards and procedures to all ~~employees~~ care partners by, for example, mandatory training sessions, and the dissemination of publications.
- E. Effective Compliance. To take reasonable steps to achieve compliance, for example, by utilizing monitoring and auditing systems, and by publicizing a reporting system whereby ~~employees~~ care partners can report perceived wrongful conduct by others without fear of retribution.
- F. Consistent Enforcement and Discipline. To consistently enforce its standards through appropriate disciplinary mechanisms including, but not limited to, discipline of individuals for failure to detect noncompliance.
- G. Corrective Action. To take reasonable steps to respond appropriately to noncompliance after detection and to prevent ~~reoccurrence~~ recurrence, which may require modifications to the ~~Corporate Compliance Plan~~ Program.

~~Parrish Medical Center Corporate Compliance Plan Code of Conduct~~

PROGRAM STANDARDS OF CONDUCT

- A. **Legal Activities.** PMC and its ~~employees~~care partners will strive to ensure all activity by or on behalf of PMC is in compliance with all applicable federal, state and local laws, both civil and criminal.
- B. **Effective Compliance.** In addition to complying with the law, it is also the policy of PMC to comply with standards of conduct which ensure compliance with such laws. Specifically, it is the policy of PMC to bill only for services rendered, to code the services rendered accurately, to properly and accurately document the medical necessity and appropriateness of all services rendered and to maintain patient confidentiality and privacy.
- C. **Reporting Suspected Violations.** Any ~~employee~~care partner of PMC who has knowledge of activities that he or she believes may violate the law has an obligation, after learning of such activities, to report the matter promptly via the Reporting System. Reports may be made anonymously and ~~employees~~care partners will not be penalized for ~~truthful~~ reports made in good faith. This Policy will be consistently enforced. Failure to report known violations, failure to detect violations due to negligence or reckless conduct and making false reports shall be considered a violation of this policy and grounds for disciplinary action, including termination.
- D. **Effective Communication.** PMC will take steps to communicate its standards and procedures to all ~~employees~~care partners by requiring participation in training programs where indicated and by disseminating information that explains in a practical manner what is required. This will include dissemination of the Statement of Commitment to the ~~Compliance Plan~~Program and Acknowledgment of Receipt of the ~~Corporate Compliance Plan~~-Code of Business Ethics and Business Conduct by each ~~employee~~care partner. The ~~Corporate Compliance Plan~~Program, in its entirety, shall be readily accessible to ~~employees~~care partners within their designated departments.
- E. **Monitoring and Auditing.** PMC will take steps to achieve compliance with its standards by utilizing monitoring and auditing systems reasonably designed to detect misconduct by its ~~employees~~care partners, and by having in place and publicizing a reporting system whereby ~~employees~~care partners can report misconduct by others within the organization without fear of retribution.
- F. **Corrective Action.** After a violation has been detected, PMC will take all reasonable steps to respond appropriately and to prevent further similar violations, including any necessary modifications to its plan to prevent and detect violations of the law.
- G. **Ethical Business Practices.** Business transactions with vendors, contractors and other third parties shall be transacted free from improper offers or solicitation of gifts or favors or other improper inducements in exchange for referrals or influence or assistance in a transaction.
- H. **Business Integrity.** PMC will strive to maintain the highest standards of quality and integrity.
- I. **Lawful Activities.** PMC will not engage in any activity or scheme intended to defraud anyone of money, property or honest services.
- J. **Strict Adherence.** No ~~employee~~care partner of PMC has any authority to act contrary to the provisions of the laws or these standards of conduct, or to authorize, direct or condone violations by any other employee.
- K. **Confidentiality and Privacy of Information.** PMC will strive to maintain the confidentiality of patients

and other confidential information in accordance with applicable legal and ethical standards.

- L. **Business Opportunities; Conflicts of Interests.** PMC's employeescare partners will not use their positions to profit personally or to assist others in profiting in any way at the expense of PMC, and shall avoid potential or apparent conflicts of interest.
- M. **Accurate Business Information.** PMC will strive to ensure that all accounts, financial reports, tax returns and other documents including, but not limited to, those submitted to governmental agencies are accurate, clear and complete; and will strive to ensure that all entries in PMC's books and records accurately reflect each transaction.
- N. **Adherence to PlanProgram.** PMC's employeescare partners will strive to ensure that their own conduct and the conduct of anyone reporting to them complies with ~~this Code of Conduct and~~ PMC's Code of Business Ethics and Business Conduct and PMC's Corporate Compliance PlanProgram.
- O. **Amendments and Modifications to PlanProgram.** This PlanProgram is intended to communicate current policies regarding compliance. PMC reserves the right to change, modify, or waive any or all of its provisions. If any employeecare partner has a question concerning a particular provision contained herein, or concerning any practice not addressed in this document, he or she should consult with the Chief Corporate Compliance Officer.

~~Compliance Plan Oversight – Chief Compliance Officer and Compliance Committee~~

~~A. General Oversight and Appointments~~

- ~~1. PMC shall appoint a Chief Compliance Officer and Compliance Committee to oversee, implement, administer, and monitor the Compliance Plan. The Chief Compliance Officer and Compliance Committee are accountable to PMC's Board of Directors and shall coordinate the compliance effort.~~
- ~~2. PMC's Board has appointed Anual Jackson as the Chief Compliance Officer.~~
- ~~3. PMC's Board has ratified the individuals who hold the following positions to the Compliance Committee:~~
 - ~~a. Director of Human Resources;~~
 - ~~b. Director of Health Information Services;~~
 - ~~c. Environment of Care Hazardous Waste Commitment Chairperson;~~
 - ~~d. Director of Pharmacy;~~
 - ~~e. Director of Business Office;~~
 - ~~f. Administrative Director of Clinical Laboratory;~~
 - ~~g. Chief Financial Officer;~~
 - ~~h. Director of Home Health;~~
 - ~~i. PMC Legal Counsel; and Chief Compliance Officer, who will serve as the Chairperson of Compliance Committee.~~

~~B. Chief Compliance Officer Duties~~

~~The primary responsibilities of the Chief Compliance Officer shall include:~~

- ~~1. overseeing and monitoring the implementation of the Compliance Plan;~~

- ~~2. reporting on a regular basis to the Board, the Chief Executive Officer and the Compliance Committee on the progress of implementation and~~
- ~~3. assisting them in establishing methods to improve efficiency and quality of services and to reduce vulnerability to fraud, abuse and waste;~~
- ~~4. periodically revising the Plan in light of changes in the organizational needs and in the law and policies and procedures of government and private payor health plans;~~
- ~~5. development, coordinating and participating in a multifaceted educational and training program that focuses on the elements of the Compliance Plan and seeks to ensure that all appropriate employees are knowledgeable of, and comply with, pertinent federal and state standards;~~
- ~~6. ensuring that medical staff and independent contractors are aware of the requirements of the Compliance Plan, especially with respect to coding, billing and marketing, among other things;~~
- ~~7. coordinating personnel issues with the Human Resources Department to ensure that proper background checks have been completed for all employees and independent contractors;~~
- ~~8. assisting the Business Office in coordinating internal compliance review and monitoring activities, including annual or periodic audits and reviews;~~
- ~~9. independently investigating and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action with all Hospital departments, providers, sub-providers, agents and, if appropriate, independent contractors; and~~
- ~~10. developing policies and programs that encourage employees to report suspected fraud and other improprieties without fear of retaliation.~~

~~C. Chief Compliance Officer Authority~~

~~The Chief Compliance Officer shall have authority to review all documents and other information that are relevant to compliance activities, including, but not limited to, patient records, billing records, and records concerning the marketing efforts and arrangements with other parties, including employees, independent contractors, suppliers, agents, and physicians and other professionals on staff.~~

~~D. Compliance Resources~~

~~The Chief Compliance Officer shall have the full resources of the Hospital at his or her disposal to carry out these functions and to implement the Compliance Plan.~~

~~E. Outside Assistance~~

~~The Chief Compliance Officer, with the approval of the Chief Executive Officer or the Board, may retain legal counsel or other consultants as deemed necessary or desirable to assist in carrying out these functions. It is the intention of the Board that all communications between the Chief Compliance Officer and counsel be privileged to the fullest extent of law.~~

~~F. Compliance Committee~~

~~A Compliance Committee shall be appointed by the Chief Executive Officer with assistance by the Chief Compliance Officer. The Compliance Officer shall serve as the Chairperson of the Compliance Committee.~~

~~G. Compliance Committee Duties~~

~~The Compliance Committee's functions shall include:~~

- ~~1. analyzing the environment in which PMC does business, the legal requirements with which it must comply and specific risk areas;~~

- ~~2. assessing existing policies and procedures that address these areas for possible incorporation into the Compliance Plan;~~
- ~~3. working with appropriate departments to develop standards of conduct and policies and procedures to promote adherence to the Compliance Plan;~~
- ~~4. recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out compliance standards, policies and procedures as part of its daily operations;~~
- ~~5. determining the appropriate strategy/approach to promote compliance with the Plan and detection of any potential violation;~~
- ~~6. developing a system to solicit, evaluate and respond to complaints and problems; and~~
- ~~7. the Compliance Committee may also address other functions as the Compliance Plan is integrated into and becomes part of the overall operating structure and daily routine of PMC.~~

H. Compliance Records

~~The Compliance Committee shall maintain a permanent record of its findings, proceedings and actions and shall make a report thereon to the Board. These records and reports are intended to be privileged to the fullest extent permitted by law.~~

PROGRAM OVERSIGHT AND ADMINISTRATION

A. General Oversight and Appointments

1. The PMC Board of Directors have charged the Board Executive Committee to be responsible and oversee all compliance matters for the hospital including, but not limited to those compliance matters relating to Federal and State regulations. As such, the Executive committee shall work with and coordinate with the Chief Corporate Compliance Officer of the hospital concerning such compliance matters and shall regularly (at least annually) receive reports from the Chief Corporate Compliance Officer concerning ongoing compliance matters and compliance efforts within the hospital.
2. PMC shall designate a Chief Corporate Compliance Officer to oversee, implement, administer, and monitor the Program. The Chief Corporate Compliance Officer is administratively responsible to the President/CEO and has the ability to make unfiltered compliance activity reports to the Board.

B. Chief Corporate Compliance Officer Duties

The primary responsibilities of the Chief Corporate Compliance Officer shall include:

1. overseeing and monitoring the implementation and day-to-day activities of the Program;
2. developing and implementing policies, procedures, and practices designed to assist with ensuring compliance with the Federal and State health care program requirements; and
3. reporting on a regular basis to the Board, Board Executive Committee, the President/Chief Executive Officer and the Executive Ethics and Compliance Committee concerning compliance matters and assisting them in establishing methods to improve efficiency and quality of services and to reduce vulnerability to fraud, abuse and waste.

C. Chief Corporate Compliance Officer Authority

The Chief Corporate Compliance Officer shall have authority to review all documents and other information that are relevant to compliance activities, including, but not limited to, patient records, billing records, and records concerning the marketing efforts and arrangements with care partners.

D. Compliance Resources

The Chief Corporate Compliance Officer shall have the full resources of PMC at his or her disposal to carry out these functions and to implement the Compliance Program.

E. Outside Assistance

The Chief Corporate Compliance Officer, with the approval of the President/Chief Executive Officer or the Board, may retain legal counsel or other consultants as deemed necessary or desirable to assist in carrying out these functions. It is the intention of the Board that all communications between the Chief Corporate Compliance Officer and counsel be privileged to the fullest extent of law.

F. Compliance Committee

A hospital executive compliance committee shall be established and members of the committee shall be appointed by the President/Chief Executive Officer with assistance by the Chief Corporate Compliance Officer. The Chief Corporate Compliance Officer shall serve as the Chairperson of the hospital executive compliance committee. The compliance committee shall meet at least quarterly and shall support the Chief Corporate Compliance Officer in fulfilling his/her responsibilities, to include without limitation, promoting of the Program, ensuring compliance policies and standards of conduct are in place and effective to promote adherence to the Program and to prevent, detect, and mitigate wrongdoing, and the analysis of PMC's risk areas.

The following positions are appointed members of the Compliance Committee:

1. Chief Corporate Compliance Officer, Committee Chairperson;
2. President/CEO;
3. SVP Administration/Chief Transformation Officer;
4. SVP Acute Care Services/CNO;
5. SVP Communications, Community & Corporate Services;
6. VP Finance; and
7. Other departments will be invited to meetings as needed.

G. Compliance Records

The Chief Corporate Compliance Officer shall maintain a permanent record of compliance and compliance committee findings, proceedings and actions and shall make a report thereon to the Board. These records and reports are intended to be privileged to the fullest extent permitted by law.

REFERENCES

United States Sentencing Commission: Chapter 8 Section 8B2.1. Effective Compliance Program:
<https://www.ussc.gov/guidelines/2018->

OIG Compliance Program Guidance for Hospitals: <https://oig.hhs.gov/authorities/docs/cpghosp.pdf>

OIG Supplement Program Guidance for Hospitals: <http://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf>

42 U.S. Code 1396a(a)(68) Section 6032 of the Deficit Reduction Act http://www.ssa.gov/OP_Home/ssact/title19/1902.htm

HCCA-OIG: Measuring Compliance Program Effectiveness - A Resource Guide (January 2017)
<https://oig.hhs.gov/compliance/compliance-resource-portal/files/HCCA-OIG-Resource-Guide.pdf>

[U.S. Department of Justice Criminal Division: Evaluation of Corporate Compliance Programs \(Updated June 2020\) http://www.justice.gov/criminal-fraud/page/file/937501/download](http://www.justice.gov/criminal-fraud/page/file/937501/download)

[Bylaws of North Brevard County Hospital District Operating Parrish Medical Center](#)

[Parrish Medical Center Code of Business Ethics and Business Conduct](#)

[Code of Federal Regulations: 42 CFR 482.11 - Condition of Participation: Compliance with Federal, State and local laws http://www.govinfo.gov/content/pkg/CFR-2012-title42-vol5/pdf/CFR-2012-title42-vol5-chapIV.pdf](http://www.govinfo.gov/content/pkg/CFR-2012-title42-vol5/pdf/CFR-2012-title42-vol5-chapIV.pdf)

[Joint Commission Standard LD.04.01.01, EP 2. The hospital complies with law and regulation](#)

[Joint Commission Standard LD.04.02.03, Ethical principles guide the hospital's business practices](#)

[Joint Commission Standard LD.03.01.01, EP 4. Leaders develop a code of conduct](#)

All revision dates:

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
President/CEO	George Mikitarian: President/CEO	pending
Executive Ethics and Compliance Committee	Executive Ethics and Compliance Committee [AJ]	12/2020
	Anual Jackson: Chief Compliance & Audit Officer	12/2020

Applicability

Parrish Medical Center

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
JANUARY 4, 2021
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. Recognitions(s)
 - A. Dr. Mark Storey
- V. Secretary's Report and Election of Officers
- VI. Review and Approval of Minutes (November 2, 2020 Regular Meeting)
- VII. Open Forum for PMC Physicians
- VIII. Public Input and Comments***₁
- IX. Unfinished Business***
- X. New Business***
- XI. Medical Staff Report Recommendations/Announcements
- XII. Public Comments (as needed for revised Consent Agenda)
- XIII. Consent Agenda***
 - A. Audit
 - 1. **To recommend to the Board of Directors to accept the Fiscal Year 2020 audit results and reports:**

- 2. Audited Financial Statements and Supplementary Information**
- 3. Report on Internal Control and Compliance**
- 4. Communications With the Board of Directors and Audit Committee**
- 5. Management Letter**

B. Finance

- 1. Motion to recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.**
- 2. Motion To approve the proposed settlement in the Metrus Energy dispute and authorize the President and Chief Executive Officer to execute the settlement agreement and all documents necessary to implement the settlement agreement.**

C. Executive

- 1. Motion to approve the Resolution of the Board of Directors of the North Brevard County Hospital District Regarding the updated North Brevard County Hospital District Corporate Compliance Program.**

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

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

XIV. Committee Reports

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

XV. Process and Quality Report – Mr. Mikitarian

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

BOARD OF DIRECTORS MEETING

JANUARY 4, 2021

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XVI. Other

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center was held at 3:05 p.m. on November 2, 2020 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:
Jerry Noffel (excused)

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

CALL TO ORDER

Mr. Cole called the meeting to order at 3:05 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 Dr. Galfo, seconded by Dr. Shah 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 Ms. Crooks, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE SEPTEMBER 14, 2020 REGULAR MEETING, SEPTEMBER 14, 2020 FIRST PUBLIC HEARING, AND SEPTEMBER 28, 2020 SECOND PUBLIC HEARING) AS PRESENTED.

RECOGNITIONS

There were no recognitions.

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

A member of the public spoke at this time, regarding an email previously sent to the Board of Directors. A copy of the public appearance request is appended to the file copy of these minutes.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

There was no new business.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

There were no recommendations or announcements.

PUBLIC COMMENTS

There was no revised consent agenda.

CONSENT AGENDA

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

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

A. Quality

1. Recommend to the Board of Directors to approve the appointment of Ms. Emily Leathers as Infection Prevention Professional, as recommended by the Infection Prevention Committee and Medical Executive Committee.

B. Finance

1. Recommend to the Board of Directors to approve the Wireless Access Point Replacement project, Strata ID 20-721-01, in an amount not to exceed \$223,250.00.

COMMITTEE REPORTS

Quality Committee

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

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 the Education Committee meeting has been postponed to December 7, 2020.

Planning, Physical Facilities and Properties Committee

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

PROCESS AND QUALITY REPORT

Mr. Mikitarian reminded the Board that we are now in the window for both our Joint Commission and Integrated Care Certifications surveys.

Hospital Attorney

Mr. Boyles noted that in order for management to communicate the Boards decision on joining the proposed class action lawsuit, the Board needs a motion to release the decision from Executive Session. Discussion ensued, and the following motion was made by Dr. Galfo, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE RELEASE OF THE DECISION RELATING TO JOINING THE CLASS ACTION LAWSUIT MADE IN THE EXECUTIVE SESSION MEETING.

Mr. Boyles took this time to remind the Board of the importance of keeping matters discussed in Executive Session confidential.

OTHER

No other business was discussed.

CLOSING REMARKS

There were no closing remarks.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:16 p.m.

Herman A. Cole, Jr.
Chairman