



MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Mark Storey, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – January 6, 2020

Date: December 18, 2019

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, the Education Committee and Board of Directors regularly scheduled meeting will be held immediately following, however no earlier than 3:00 p.m.

The Planning Committee meeting has been canceled.

Members:

Stan Retz, Chairperson

Peggy Crooks

Herman Cole

Jerry Noffel

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
JANUARY 06, 2020 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

- I. Review and approval of minutes (September 09, 2019)

Motion: To recommend approval of the September 09, 2019 minutes as presented.

- II. Public Comments

- III. FY2019 Final Audit Report-Moore Stephens Lovelace (MSL)

Motion: To recommend to the Board of Directors to accept the Fiscal Year 2019 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. Corporate Compliance Update -- Annual Jackson

- V. 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 September 09, 2019 at 10:00 a.m. in the Executive Conference Room. The following members were present:

Stan Retz, Chairperson
Herman Cole
Peggy Crooks
Jerry Noffel

Other Attendees:

Kent Bailey, Vice President Finance
Pamela Perez, Administrative Assistant
Anual Jackson, Director, Corporate Compliance
Jeff Goolsby, Moore Stephens Lovelace

Call to Order

Mr. Retz called the meeting to order at 10:03 a.m.

Review and Approval of Minutes

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

Action Taken: Motion to approve the minutes of the May 06, 2019 meeting as presented.

Public Comment

No public comment

FY19 Audit Plan

Mr. Goolsby discussed with the committee the audit plan with Moore Stephens Lovelace for FY19. Mr. Goolsby mentioned that the interim audit had pleasant results. In the process of reviewing the plan, discussion ensued regarding the retention of one Audit firm to audit all entities that fall under the North Brevard County Hospital District for financial reporting purposes.

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

AUDIT COMMITTEE

SEPTEMBER 9, 2019

Page 2

Action Taken: Motion to retain one Auditing Firm for all entities that fall under the North Brevard County Hospital District for financial reporting purposes during the earliest feasible fiscal year end.

Mr. Goolsby advised that the audit fieldwork will continue in early November and a draft report will be provided before the winter holiday. The final audit report will be presented at the January 2020 committee meeting.

Mr. Retz presented to the committee the idea to develop an internal audit function. At the next meeting, this topic will be added to the agenda for further discussion.

Corporate Compliance Update

Mr. Jackson will update the committee at the next meeting.

Adjournment

There being no further business, the meeting adjourned at 10:39 a.m.

Stan Retz, Chairperson

QUALITY COMMITTEE

Herman A. Cole, Jr. (ex-officio)
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Mary Storey, 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 6, 2020
NOON
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the November 4, 2019 meeting.

II. Vision Statement

III. Public Comment

IV. "My Story"

V. Dashboard Review

VI. Peer to Peer Update

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 4, 2019 in the Executive Conference Room. The following members were present.

Herman A. Cole, Jr., Chairman
Billie Fitzgerald
Robert L. Jordan, Jr., C.M. (12:18 p.m.)
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Joseph Rojas, M.D., President/Medical Staff (12:06 p.m.)
Kiran Modi, M.D.
Gregory Cuculino M.D.
George Mikitarian (non-voting)

Members absent:

Peggy Crooks (excused)
Elizabeth Galfo, M.D. (excused)
Jeram Chapla, M.D. (excused)
Christopher Manion, M.D. (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 12:04 p.m.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: APPROVE THE SEPTEMBER 9, 2019 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 two different approaches for a physician or nurse introducing a patient they are caring for. First describes the patient, second describes the person. Mr. Loftin explained that we are to never forget who the person is or the path they have taken; we must first get to know them as a person.

QUALITY DASHBOARD REVIEW

Mr. Loftin reviewed the November 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.

CULTURE OF SAFETY REVIEW

Mr. Loftin presented on Culture of Safety, noting this means an organization is focused on high reliability. He added PMC chooses this culture of safety because we are committed to zero harm.

CITY LIAISON

The Quality Committee recessed at 12:52 p.m. and the Executive Committee convened for the purpose of the report from the City Manager. The Quality Committee resumed at 12:59 p.m.

CHOOSING WISELY

Ms. Smith presented to the committee on Choosing Wisely, a national initiative focused on evidence based sets of recommendations to help patients and physicians determine if care is appropriate and affordable. Ms. Smith noted that PMC launched its Choosing Wisely initiative in April of 2019, adding that Dr. Cuculino will be the physician champion.

Mr. Mikitarian noted that PMC is actively reviewing and evaluating the recommendations, adding that we are already in line with over half of the best practice recommendations.

OTHER

Mr. Cole asked if the flu shot was mandatory for PMC physicians. Dr. Rojas explained it is not required but recommended. Mr. Mikitarian added he will provide data and sample policies from other facilities regarding employee participation for flu shots at a future meeting.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 1:17 p.m.

Herman A. Cole, Jr.
Chairman



BOARD OF DIRECTORS
QUALITY COMMITTEE PRESENTATION

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January 2020 Quality Agenda

1. Vision Statement
2. My Story
3. Quality Dashboard
 - Mother/Baby
4. Peer to Peer Update
5. 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 2020**

Performance Dashboard

Description	Nov	Sept-Nov	Actual YTD (CY)	Opportunity
Zero Harm	75%	50%	53%	Stroke, Sepsis, inpatient immunization, early elective delivery
HAI	0	0	6	
Readmission	11.03%	9.2%	9.12%	
Person Centered Flow	212	216	236	
Person Experience	63/67.3	70.0/73.3	72.2/70.4	Rating/Recommend

Mother Baby Focus

- Critical Congenital Heart Defects (CCHD)
- The Joint Commission new standards

Critical Congenital Heart Defect (CCHD)

- Congenital heart defect (CHD) is most common birth defect in the US affecting 1% of all births in the US
- 1 in 4 babies born with CHD have a critical congenital heart defect (CCHD) requiring treatment and or surgery
- CCHD screening and early detection improve outcomes
- 4.2% of all neonatal deaths are due to CHD
- CCHD screening is a noninvasive test

CCHD Diagnosis is a malformation of the heart, valves, or connection to Aorta.

- All newborns at PMC are screened for CCHD after 24 hours of age, all positive screens are reported promptly to the Pediatrician and further testing including Echocardiogram and EKG are obtained as ordered and referrals and or transfer to NICU are made as appropriate.

References:

CDC, assessed 7/25/16: <http://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html>

AAP assessed 7/25/16: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Newborn-Screening-for-CCHD.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>

CCHD Timeline

- 2011 Articles began appearing in peer review journals indicating the need for early screening for CCHD.
 - The screening recommended was using pulse ox in the NICU setting to identify newborns at risk for cardiac disease.
 - *Kemper AR, Mahle WT, Martin GR, Cooley WC, Kumar P, Morrow WR, Kelm K, Pearson GD, Glidewell J, Grosse SD, Howell RR. Strategies for implementing screening for critical congenital heart disease. **Pediatrics**. November 2011; 128:e1259–e1267*

2011-2012 research and discussion continues.

9/2012 Procedure # 5065 “Critical Congenital Heart Disease Screening (CCHD) or Pre and Post Ductal Pulse Ox screening for Newborns” approved

- 12/19/2012 Nursery started performing CCHD screenings and documenting in Nursery workbook (This was made part of Discharge checklist)
- 100% of all newborns are screened within 24 hr of Birth
- 7/2013 Florida Legislature mandates CCHD screening.

Results to date:

- 3 positive screenings

All 3 were transferred to Nemours NICU for further assessment and treatment. Two that we have follow up on are:

- 1 had a Critical Congenital Heart defect requiring surgery for Ventricular Septal defect (VSD) and Coarctation of the Aorta . The child has done excellent.
- 1 had Transposition of the great arteries and required surgery. The child has done excellent.

Joint Commission

Standards Update

Joint Commission Standards Update



Prepublication Requirements

• Issued August 21, 2019 •



New Standards for Perinatal Safety

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-8578 or visit <http://www.jcinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective July 1, 2020

PC.06.01.01

Reduce the likelihood of harm related to maternal hemorrhage

- 6/18
 - Performance Improvement Project Charter initiated for Post-partum Hemorrhage - PSMF APPS 11A
 - AWHONN evidence information provided to all mothers on admission
- 10/18 Hemorrhage Cart and devices placed in practice – with Staff Education and Training
- 3/2019 Protocols, Risk Assessment, and order set finalized.
- 8/22/19 Hemorrhage drill conducted

PC.06.01.03

Reduce the likelihood of harm, related to maternal severe hypertension/preeclampsia

- 6/18
 - Performance Improvement Project Charter initiated for Hypertension in Pregnancy –PSMF APPS 11B
 - All patients receive colored coded Post Birth Warning Signs handout from AWHONN on admission
- 4/19 Hypertension in Pregnancy (HIP) order set and protocol approved at the OB/GYN Department Meeting
- 11/19 Maternal Early Warning Signs info placed in all triage rooms and Birthing Rooms

Questions?

Peer Review Update

Questions?

FINANCE COMMITTEE MEMBERS:

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)
Mark Storey, M.D., President/Medical Staff

**TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, JANUARY 06, 2020
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Review and approve of minutes (November 4, 2019)

Motion: To recommend approval of the November 4, 2019 minutes as presented.

- II. Public Comments
- III. Financial Review – Mr. Bailey
- IV. 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 951 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 November 4, 2019 in the Executive Conference Room. The following members, representing a quorum, were present:

Stan Retz, Chairperson
Jerry Noffel
Robert Jordan, Jr., C.M.
Billie Fitzgerald
Herman A. Cole, Jr.
Joseph Rojas, M.D
George Mikitarian (non-voting)

Member(s) Absent:

Peggy Crooks, Vice Chairperson (excused)
Elizabeth Galfo, M.D. (excused)
Christopher Manion, 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 1:25 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: APPROVE THE SEPTEMBER 9, 2019 MEETING MINUTES, AS PRESENTED.

PUBLIC COMMENTS

There were no public comments.

FINANCIAL REVIEW

Mr. Mikitarian summarized the September 2019 financial statements.

**CAPITAL REQUISITION FOR CORE NETWORK UPGRADE AND VOICE
INFRASTRUCTURE**

Mr. Stafford summarized the memorandum contained in the packet relative to the Core Network Upgrade and Voice Infrastructure. Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE PURCHASE OF NEW CORE NETWORK INFRASTRUCTURE AND VOICE INFRASTRUCTURE AT A TOTAL COST NOT TO EXCEED \$217,728.56.

DISPOSAL OF SURPLUS PROPERTY

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

ACTION TAKEN: MOTION TO RECOMMEND 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 FS274.04 AND FS274.96.

ADJOURNMENT

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

Stan Retz
Chairperson



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Finance Committee

FYTD November 30, 2019 – Performance Dashboard

Indicator	FYTD 2020 Actual	FYTD 20 Budget	FYTD 19 Actual
IP Admissions	935	1,001	1,017
LOS	4.5	4.0	4.4
Surgical Procedures	1,183	1,145	1,150
ED Visits	6,252	6,087	6,484
OP Volumes	31,304	32,146	30,904
Hospital Margin %	3.58%	5.83%	5.53%
Investment Income \$	\$2.3 million	\$0.6 million	-\$2.4 million
EBIDA Margin %	7.39%	6.09%	-11.58%
EBIDA Margin %- Excluding Invest Income	-1.45%	3.88%	-0.76%



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Finance Committee

FYTD November 30, 2019 – Performance Dashboard

Indicator	FYTD 2020 Actual	FYTD 20 Budget	FYTD 19 Actual
IP Admissions	935	1,001	1,017
LOS	4.5	4.0	4.4
Surgical Procedures	1,183	1,145	1,150
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OP Volumes	31,304	32,146	30,904
Hospital Margin %	3.58%	5.83%	5.53%
Investment Income \$	\$2.3 million	\$0.6 million	-\$2.4 million
EBIDA Margin %	7.39%	6.09%	-11.58%
EBIDA Margin %- Excluding Invest Income	-1.45%	3.88%	-0.76%

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 6, 2020
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Approval of Minutes

Motion to approve the minutes of the November 4, 2019 meeting.

- II. Reading of the Huddle
- III. Public Comment
- IV. Attorney Report – Mr. Boyles
- V. Other
- VI. 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.

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**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 4, 2019 in the Executive Conference Room. The following members were present:

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

Members Absent:

Elizabeth Galfo, M.D. (excused)
Peggy Crooks (excused)

Also in attendance, and appointed to serve on the Executive Committee for this meeting only, 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 12:53 p.m.

CITY LIAISON

The Quality Committee suspended its agenda and the Executive Committee convened at 12:53 p.m. for the purpose of the report from the City Manager, Mr. Scott Larese. Mr. Larese provided the latest edition of Titusville Talking Points, and addressed questions from the committee. The Committee recessed at 12:59 p.m. to resume the Quality Committee.

REVIEW AND APPROVAL OF MINUTES

The Executive Committee reconvened at 1:42 p.m. Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Retz and approved (3 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: APPROVED THE MINUTES OF THE SEPTEMBER 9, 2019 MEETING AS PRESENTED.

PUBLIC COMMENT

There were no public comments.

ATTORNEY REPORT

Mr. Boyles noted there will be items coming up in this meeting that will require a quorum. Mr. Boyles suggested to the Chairman of the committee that he appoint two or more other Board members for this meeting only to be certain a quorum was present based on potential recusals of committee members.

Mr. Jordan appointed Ms. Fitzgerald, Ms. Rupe, Dr. Shah and Mr. Noffel to the Executive Committee for this meeting only.

Mr. Boyles added that there are only seven Board members present today, and three must recuse themselves on certain matters because of the appearance of a conflict of interest leaving four members to vote at the BOD meeting. Therefore, what is approved during this committee meeting will not be approved during the Board of Directors meeting, as there will not be a quorum.

Mr. Cole raised the question of calling a special meeting of the Board of Directors later this week instead of waiting for the December meeting to vote on these matters.

REPORT ON CEO COMPENSATION

Mr. Cole shared that he and Mr. Boyles met to discuss CEO Compensation as directed in the October meeting. He noted that while the Board feels that Mr. Mikitarian should receive a salary increase, they will proceed with honoring his request to forego any increase.

“LO TIGNOV” Letter/OTHER RELATED MATTERS

Mr. Zumpano summarized the memorandum previously emailed to the Board regarding the two forged documents, the letter for Lo Tignov, Inc. to the Florida Secretary of State of Florida and the Complaint filed with the Florida Bar purportedly from the medical staff of Parrish Medical Center. Mr. Zumpano commended the three Board members, Mr. Cole, Mr. Jordan and Mr. Retz named in the Lo Tignov Letter for recusing themselves, adding that the District has been victim of a crime.

Mr. Retz noted he did have suggested edits to the memo, relating to dates, distance and ownership. Mr. Zumpano noted he will make those corrections. Mr. Retz also questions his need to recuse himself as he was not mentioned directly in the body of the “Lo Tignov” letter. Mr. Zumpano

explained that Mr. Retz was implicated in the transcript of minutes of documents referenced and still recommends Mr. Retz abstains from voting.

Mr. Boyles summarized two resolutions contained in the packet relative to authorizing audits and investigations regarding the use of PMC property and resources in connection with the unauthorized practice of Law Complaint to the Florida Bar and in connection with the August 19, 2019 Lo Tignov, Inc letter to the Florida Department of State.

Mr. Cole again raised the question of calling a special meeting of the Board of Directors so as not to delay the investigation. Mr. Zumpano agreed a special meeting should be called as soon as possible.

Mr. Boyles noted at least eight members must be present with the three recusing, to have a quorum. A Special Meeting is tentatively scheduled for Friday November 8, 2019 at 5:00 p.m.

Discussion ensued and the following motion was made by Mr. Noffel, seconded by Ms. Fitzgerald and approved (4 ayes, 0 nays, 0 abstentions). Mr. Cole, Mr. Jordan and Mr. Retz each formally recused themselves because of an appearance of a conflict of interest since each was identified in the Lo Tignov, Inc. Letter. Each read the Form 8B to be filed with the District aloud.

ACTION TAKEN: APPROVED THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER AUTHORIZING AN AUDIT AND INVESTIGATION REGARDING THE USE OF PARRISH MEDICAL CENTER PROPERTY AND RESOURCES IN CONNECTION WITH THE UNAUTHORIZED PRACTICE OF LAW COMPLAINT TO THE FLORIDA BAR REGARDING DR. CRAIG DELIGDISH.

Discussion ensued and the following motion was made by Ms. Rupe, seconded by Dr. Shah and approved (4 ayes, 0 nays, 0 abstentions). Mr. Cole, Mr. Jordan and Mr. Retz each formally recused themselves, because of an appearance of a conflict of interest since each was identified in the Lo Tignov, Inc. Letter. Each read the Form 8B to be filed with the District aloud.

ACTION TAKEN: APPROVED THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER AUTHORIZING AN AUDIT AND INVESTIGATION REGARDING THE USE OF PARRISH MEDICAL CENTER PROPERTY AND RESOURCES IN CONNECTION WITH THE AUGUST 19, 2019 LO TIGNOV, INC. LETTER ADDRESSED TO THE FLORIDA DEPARTMENT OF STATE.

CYBER SECURITY

Mr. Stafford summarized the security event that happened on October 16, 2019. He noted the threat was caught and no data left PMC systems. He further described security measures in force to protect the data of the District.

OTHER

Mr. Jordan read aloud the Form 8B filed at the October 7, 2019 Executive Committee meeting, recusing himself from voting on CEO Compensation.

Mr. Jordan noted that an amendment to the compensation paid under the employment contract for the CEO of Parrish Medical Center came before the Parrish Medical Center Board of Directors for a vote on October 7, 2019. He did not vote on the issue because he has a business relationship with the CEO. The CEO has loaned him money, and the promissory note provides that the repayment terms are a fixed amount plus a percentage of the profits of the business each year.

OPEN FORUM FOR PHYSICIANS

No physicians spoke.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 3:32 p.m.

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

EDUCATION COMMITTEE

Billie Fitzgerald, Chairperson
Herman A. Cole, Jr. (ex-officio)
Elizabeth T. Galfo, M.D.
Maureen Rupe
Ashok Shah, M.D.
Mark Storey, M.D.
George Mikitarian, President/CEO (Non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, JANUARY 6, 2020
IMMEDIATELY FOLLOWING EXECUTIVE SESSION
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

I. Review and Approval of Minutes

Motion to approve the minutes of the November 4, 2019 meeting.

II. Do No Harm – Ms. Sellers

III. Other

IV. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on November 4, 2019, at 6:24 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

Billie Fitzgerald, Chairperson
Herman A. Cole, Jr.
Maureen Rupe
Ashok Shah, M.D.
Joseph Rojas, M.D.
George Mikitarian (non-voting)

Member(s) Absent:

Elizabeth T. Galfo, M.D. (excused)

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

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 6:24 p.m.

BOARD ASSESSMENT QUESTIONNAIRE

Mr. Cole welcomed back Mr. Jim Lifton who recently administered the Board Self-Assessment. Mr. Lifton summarized the rationale, process and responses to the questionnaire. A copy of his PowerPoint is appended to the minutes.

OTHER

No other items were presented.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 6:45 p.m.

Billie Fitzgerald
Chairperson



Healing Families – Healing Communities®

parrishmed.com

VIDEO

<https://stopedviolence.org/>

Home > Providers

March 11, 2019 12:19 PM

Healthcare workers face violence 'epidemic'

Lydia Courré

TWEET SHARE SHARE EMAIL PRINT



Doctor Resting Head on Wall

Getty Images

f 70.4K i 78.2K



BLOG JOBS HOSPITAL REVIEWS CAREER GUIDES NURSING EDUCATION ▾ ORGA

NEWS

August 12, 2019

Nurses Say Violent Assaults Against Healthcare Workers Are a Silent Epidemic



By: Nurse.org Staff

f t p in e

By Lee Nelson

With only six months on the job as a registered nurse, Angela Simpson got hit hard on the top of her head by an agitated dementia patient. His IV had stopped which hurt him, and she was trying to help him.



DO NO HARM



Public notice – zero tolerance
Policy enhancements

We pledge to provide a safe and healing environment for everyone all the time.

- ▶ Acts of violence against healthcare professionals is becoming a national epidemic.
- ▶ From verbal abuse to physical assaults, healthcare professionals, especially in our emergency departments, face the threat of violent outbursts every single day as they care for patients.

It is not part of the job. IT IS NOT OK.

- ▶ Incidents of physical abuse/assault/battery against a healthcare professional are a felony.

Contact your supervisor to report all incidents of verbal or physical abuse.



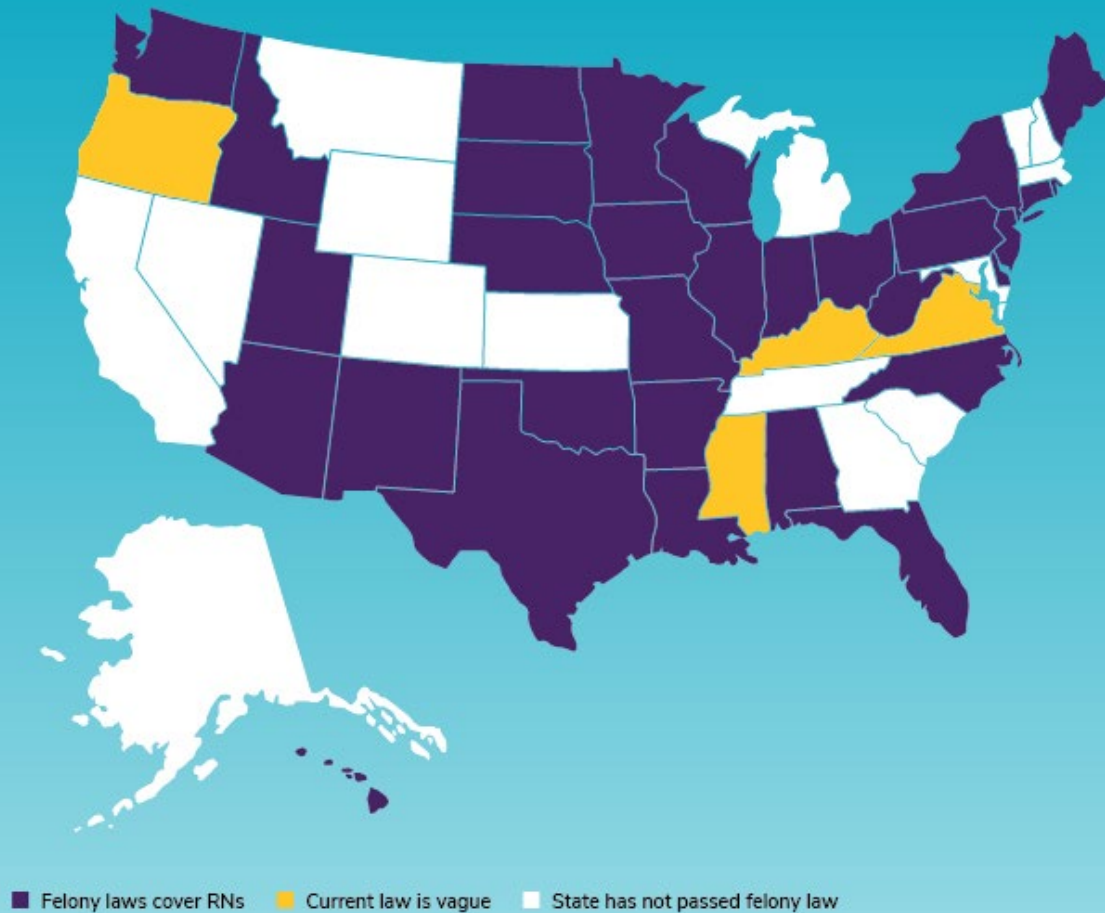
parrishhealthcare.com

Healing Families—Healing Communities®

Healing Families – Healing Communities®

parrishmed.com

States With Enhanced Penalties for Workplace Violence Against Emergency Nurses



Florida is one of 32 states that make it a [felony to assault a health care worker](#) or emergency medical personnel.

Legislation moves to Senate

- In Dec. the U.S. House of Representatives voted to approve the Workplace Violence Prevention for Health Care and Social Services Act of 2019.
- The bill now moves to the Senate for consideration.

Thank you!



Safe Care Our Pledge

- ✓ We will save lives with our healing safe care practices.
- ✓ We advocate for patient safety and healthcare equity.
- ✓ We partner with patients, family members, and the communities we serve to fulfill our mission to provide healing experiences for everyone all the time.®
- ✓ We affirm the patient's right to define who family members are.
- ✓ We collaborate to achieve healthcare safety across the care continuum, working with other like-minded people, groups, organizations and systems that promote, integrate and activate patients and families as partners for the purpose of preventing and eliminating harm and improving access to safe, quality care.

WE PERSONALLY COMMIT TO:

- Do no harm and to prevent and eliminate harm in healthcare;
- Strengthen systems for measurably improving safety and quality;
- Eliminate unnecessary care;
- Make shared decisions about treatments and outcomes our cultural norm;
- Adhere to evidenced-based practices and culturally supported behaviors to achieve safe and equitable care everywhere;
- Be transparent, authentic, and respectful in all that we do, and
- Be guided by our mission, vision and values:

- ✓ **Mission** | Healing Experiences for Everyone All the Time®
 - ✓ **Vision** | Healing Families—Healing Communities®
 - ✓ **Values** | Safety, Loyalty, Integrity, Compassion, Excellence, Stewardship
- Sincerely, Parish Healthcare Care Partners



parishhealthcare.com



Healing Families – Healing Communities®

parishmed.com

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
JANUARY 6, 2020
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 (November 4, 2019 Regular Meeting and November 8, 2019 Special Meeting)
 - V. Recognitions(s)
 - 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 9500-5014, Financial Assistance, as presented.**
 - X. Medical Staff Report Recommendations/Announcements – Dr. Storey
 - A. Motion to recommend the Board of Directors approve the amendment to the Rules and Regulations, Section IV, to include a fine of \$100.00 per documentation variance for any variances occurring past the initial nine (9) variances as outlined in the medical records completion policy. Any outstanding balance of these fines will be considered at the time of reappointment. This proposed Rules and Regulations and policy change was sent to the entire medical staff for the 30 day review and response period.**
- Resignations – **For Information Only**
- 1. Nitin Hate, MD
 - 2. Huijian Wang, MD
 - 3. Cecil Robertson, MD
 - 4. Juan Santiago, MD

5. **Rodolfo Torres, MD**
6. **John Flaherty, ND**
7. **Katherine Braley, MD**
8. **Tanmay Patel, MD**
9. **Simon Symeonides, MD**
10. **Jyothi Krishnamurthy, MD**
11. **Madonna Hanna, MD**
12. **Michael, Sorbello, DO**

- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda
 - A. Audit
 - To recommend the Board of Directors to accept the Fiscal Year 2019 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
- XI. 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)
- XII. Process and Quality Report – Mr. Mikitarian
 - A. Other Related Management Issues/Information
 - B. Hospital Attorney - Mr. Boyles
- XIII. Other
- XIV. Closing Remarks – Chairman
- XV. Executive Session (if necessary)
- XVI. 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.

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**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR
December 17, 2019**

Present: D. Barimo, V. Hate, C. Manion B. Mathews, R. Patel, A. Ochoa J. Rojas, M. Storey M. Sorbello, R. Jordan, G. Mikitarian

Absent: P. Tronetti, G. Cuculino, K. Modi, V. Williams, P. Carmona

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was December 17, 2019, at 5:30 PM in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Joseph Rojas, called the meeting to order at 5:36 pm.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: Motion to approve the previous meeting minutes (November 19, 2019) as written and distributed.

UNFINISHED BUSINESS

None at this time.

FOLLOW-UP MEC ITEMS

- I. Report for Length of Stay for intubated patients in ICU – Report is being prepared by administration and will be provided at a future meeting.

NEW BUSINESS

Quality Review – Quality Data was not presented at this meeting.

INFORMATION/EDUCATION:

Joint Commission Perspectives – December 2019 – Information was emailed for review prior to meeting.

ACTION TAKEN: Noted by Committee

Information /Education items to the Medical Staff to Be Noted in Minutes –

1. *Meditech Enhancements* – Information was emailed for review prior to meeting.

ACTION TAKEN: Noted by Committee.

REPORT FROM ADMINISTRATION: George Mikitarian thanked Dr. Rojas for his service as President of Medical Staff.

REPORT FROM THE BOARD: Nothing to report at this time.

CONSENT AGENDA:

Discussion ensued and a motion was made, seconded, and approved unanimously:

- A. Policy: Use and Management of Patient Restraints
- B. Policy: Determination of Neurological Death Adults
- D. CAT Protocols have been reviewed and approved by ICU Committee. Multiple changes have been made.
 - i. E3167: CAT Hypotension W/O SIRS/Sepsis Protocol.
 - ii. E3163: CAT Acute Change in LOC Protocol
 - iii. E3169: CAT Chest Pain Protocol
 - iv. E3165: CAT Acute Hemorrhage Protocol
 - v. E3172: CAT Sepsis Protocol
 - vi. E3166: CAT Cardiac Dysrhythmia Protocol

Further discussion ensued in regards to the open medical staff vote for the proposed Rules and Regulations change. A motion was made, seconded, and approved to keep the proposed changes and send the Rules and Regulations proposal and this policy below to the Board of Directors for further approval:

- C. Policy: Medical Records Completion 9500

MEDICAL STAFF RESIGNATIONS:

- a. Nitin Hate, MD 12/31/19
- b. Huijian Wang, MD- 12/31/19
- c. Cecil Robertson, MD- 12/31/19
- d. Juan Santiago, MD- 12/31/19
- e. Rodolfo Torres, MD- 12/31/19
- f. John Flaherty, MD- 12/31/19
- g. Katherine Braley, MD- 12/31/19
- h. Tanmay Patel, MD- 12/31/19
- i. Simon Symeonides, MD- 12/31/19
- j. Jyothi Krishnamurthy, MD- 1/4/20
- k. Madonna Hanna, MD- 2/3/20

ACTION TAKEN: Accepted by Committee.

MEDICAL STAFF LEAVE OF ABSENCE:

- A. Begin FMLA- Christina Caito, MD- 11/22/19

ACTION TAKEN: Accepted by Committee.

COMMITTEE REPORTS:

- A. UM/MR 11/20/19
- B. Clinical Alignment 11/1/19

ACTION TAKEN: Noted by Committee.

CLINICAL DEPARTMENT REPORTS:

- A. Family Medicine 12/2/19
- B. Surgery- 12/3/19
- C. Anesthesia- 12/11/19

ACTION TAKEN: Noted by Committee.

OPEN FORUM

Department of Surgery Chairperson for 2020 will be Dr. John Zambos.

Meeting attendance will be reported out in January 2020 with letters of noncompliance for 2019 meetings going to providers.

ACTION TAKEN: Noted by Committee.

ADJOURNMENT

There being no further business, the meeting adjourned to the executive session at 5:48 PM.

Joseph Rojas, MD
President/Medical Staff

Christopher Manion, MD
Secretary – Treasurer

**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 November 4, 2019 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:

Peggy Crooks (excused)
Elizabeth Galfo, M.D. (excused)

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

CALL TO ORDER

Mr. Cole called the meeting to order at 6:45 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 Ms. Fitzgerald 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 SEPTEMBER 9, 2019 REGULAR MEETING, SEPTEMBER 9, 2019 FIRST PUBLIC HEARING, SEPTEMBER 23, 2019 SECOND PUBLIC HEARING AND SEPTEMBER 23, 2019 SPECIAL MEETING MINUTES AS PRESENTED.

RECOGNITIONS

There were no recognitions.

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no public comments.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

Discussion ensued and the following motion was made by Mr. Fitzgerald, seconded by Mr. Jordan and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-166, TRADEMARK AND LOGO USAGE/CORPORATE BRANDING STANDARDS, AS PRESENTED.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

Resignations – **For Information Only**

1. Susan Agrama, MD – Hospitalist
2. Wendy Doyle, PA-C – Medicine/Cardiology
3. Modupeola Abiodun, MD – Refer and Follow
4. Jyothi Krishnamurthy, MD – Medicine/Hospitalist

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

Discussion ensued regarding the consent agenda, 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 FOLLOWING REVISED
CONSENT AGENDA ITEMS:***

A. Finance

1. 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. **To recommend to the Board of Directors to approve the purchase of new Core Network Infrastructure and Voice Infrastructure at a total cost not to exceed \$217,728.56.**

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 covered 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

Mr. Cole notes the JPMF Gala was fantastic, thanking Bill and Laura Boyles for their continued support. Mr. Boyles shared that his wife thought this was the best one yet, adding that the speaker this year was wonderful.

Ms. Rupe shared that she recently had family visiting from out of town. While here they utilized the Parrish Health and Fitness center. She said her guest was very impressed with the facility; the staff was very friendly and she has never been to one quite like it.

OPEN FORUM FOR PUBLIC

No members of the public spoke.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 6:50 p.m.

Herman A. Cole, Jr.
Chairman

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

A special meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center was held on November 8, 2019 in the Executive Conference Room, Second Floor. The following members were present:

Stan Retz
Jerry Noffel
Billie Fitzgerald
Maureen Rupe
Ashok Shah, M.D.
Elizabeth Galfo, M.D.

Member(s) Absent:

Peggy Crooks (excused)
Herman A. Cole, Jr., Chairman (excused)
Robert L. Jordan, Jr., C.M. (excused)

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

ACTION TAKEN: MOTION TO APPROVE THAT MR. RETZ ACT AS CHAIRPERSON FOR THE PURPOSE OF THIS MEETING ONLY.

CALL TO ORDER

Mr. Retz called the meeting to order at 5:04 p.m.

PUBLIC COMMENTS

There were no public comments.

“LO TIGNOV” LETTER/OTHER RELATED MATTERS

Mr. Zumpano (via phone) requested that Mr. Boyles please confirm there is a quorum at this meeting. Mr. Boyles confirmed there is a quorum present.

Mr. Zumpano summarized the memorandum previously provided to the Board regarding the two forged documents, one from Lo Tignov, Inc. (which representatives of Lo Tignov, Inc. have indicated they did not send) and one from the medical staff at Parrish Medical Center to the Florida Bar on Parrish Medical Center Letterhead (which is presumed to be a forgery). He added that the forged letter to the Florida Department of State named Mr. Cole, Mr. Jordan and Mr. Retz by name.

Mr. Boyles summarized the two resolutions contained in the agenda packet. He added that both resolutions were approved by the Executive Committee at the November 4, 2019 meeting, however were not approved by the Board as the Board did not have a quorum at that time to act on these resolutions. Mr. Boyles explained that the first resolution will authorize Gray Robinson to work with Mr. Jackson, Chief Compliance & Audit Officer to audit and investigate the use of the District's property and resources in connection with the August 19, 2019 Lo Tignov, Inc letter to the Florida Department of State.

Mr. Boyles noted the second Resolution addressed the Florida Bar complaint purportedly prepared on PMC letterhead, and will authorize Gray Robinson to work with Mr. Jackson, Chief Compliance & Audit Officer to audit and investigate the use of the District's property and resources used in preparation of the Florida Bar Complaint.

Discussion ensued and the following motion was made by Mr. Noffel, seconded by Dr. Galfo and approved (5 ayes, 0 nays, 0 abstentions). Mr. Retz formally recused himself from this vote because of an appearance of a conflict of interest since he was named in the Lo Tignov Inc. letter. He read the Form 8B disclosure form to be filed with the District aloud.

ACTION TAKEN: APPROVED THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER AUTHORIZING AN AUDIT AND INVESTIGATION REGARDING THE USE OF PARRISH MEDICAL CENTER PROPERTY AND RESOURCES IN CONNECTION WITH THE AUGUST 19, 2019 LO TIGNOV, INC. LETTER ADDRESSED TO THE FLORIDA DEPARTMENT OF STATE.

Discussion ensued and the following motion was made by Mr. Noffel, seconded by Dr. Shah and approved (5 ayes, 0 nays, 0 abstentions). Mr. Retz formally recused himself from this vote because of an appearance of a conflict of interest since he was named in the Lo Tignov Inc. letter. He read the Form 8B disclosure form to be filed with the District aloud.

ACTION TAKEN: APPROVED THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER AUTHORIZING AN AUDIT AND INVESTIGATION REGARDING THE USE OF PARRISH MEDICAL CENTER PROPERTY AND RESOURCES IN CONNECTION WITH THE UNAUTHORIZED PRACTICE OF LAW COMPLAINT TO THE FLORIDA BAR REGARDING DR. CRAIG DELIGDISH.

Dr. Galfo noted she felt the Board should also address the false digital campaign against Parrish Medical Center, rather than wait for a future meeting.

Mr. Zumpano noted that depending on the outcome of the investigations, this matter may be related and he would agree it makes sense to approve today.

Discussion ensued and the following motion was made by Dr. Galfo, seconded by Ms. Rupe and approved (5 ayes, 0 nays, 0 abstentions). Mr. Retz formally recused himself from this vote because of an appearance of a conflict of interest since he was named in the Lo Tignov Inc. letter. He read the Form 8B disclosure form to be filed with the District aloud.

ACTION TAKEN: APPROVED IF DEEMED APPROPRIATE BY GRAY ROBINSON AND ZUMANO PATRICIOS IN CONNECTION WITH EXECUTIVE MANAGEMENT OF THE DISTRICT TO PURSUE THE INVESTIGATION OF THE PRESENCE OF A COORDINATED FALSE DIGITAL CAMPAIGN AGAINST PARRISH MEDICAL CENTER.

OPEN FORUM FOR PUBLIC

No members of the public spoke.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 5:47 p.m.

Herman A. Cole, Jr.
Chairman



MEDICAL STAFF
GENERAL RULES AND REGULATIONS
Amended: ~~May 6, 2019~~ Nov. 21, 2019

MEDICAL STAFF GENERAL RULES AND REGULATIONS
PAGE 9

- Chief Complaint
- History of Present Illness
- Medications/Allergies
- Past Medical/Surgical History
- Family History
- Social History
- Inventory by body system
- Review of systems:
 - HEENT
 - Pulmonary
 - Cardiovascular
 - Gastrointestinal
 - Genitourinary
 - Musculoskeletal
 - Neurological
 - Hematologic/Lymphatic
 - Endocrine
- Comprehensive physical assessment to include at a minimum:
 - Vital Signs
 - ENT
 - Respiratory
 - Neck
 - Lungs
 - Abdomen/GI
 - Neurological
 - Extremities
 - Skin
 - Cardiovascular
- Recommendations/Plan

If the H&P has been performed prior to admission, an updated physical examination must be performed and documented using the computerized EMR. An H&P can be updated utilizing the following:

- The anesthesia assessment note on the day of the surgery/procedure for those patients undergoing procedures requiring anesthesia
- The moderate sedation assessment/reassessment note on the date of the procedure for those patients undergoing procedures utilizing moderate sedation.

A. Inpatient:

- Inpatient stays more than 24 hours require an H&P documented using the computerized EMR.
- Inpatient stays less of than 24 hours may require an H&P documented in the EMR or ~~legible~~ a typed copy of a complete H&P including all of the required items listed above, performed no more than 30 days prior to admission.

MEDICAL STAFF GENERAL RULES AND REGULATIONS
PAGE 10

- The H&P update must include an appropriate assessment to include a physician examination of the patient to update any components of the patient's current medical status that may have changed, if applicable.

B. Inpatient/Outpatient Surgery

- Inpatient and Outpatient surgeries require an H&P documented in the EMR or a legible typed copy of a complete H&P, performed no more than 30 days prior to the procedure.
- The H&P, including all updates and assessments, must be included in the patient's medical record, except in emergency situations, prior to the start time of the procedure/surgery.

C. Obstetric:

- The current obstetrical record shall include a complete prenatal record. The prenatal record may be a legible copy of the attending physician's office record. This record should be provided to the Hospital before admission. An updated H&P must be entered in the EMR that includes pertinent additions to the history and subsequent changes in the physical findings.
- For antepartum admissions/observation visits, a prenatal H&P can be utilized as long as it is updated within 24 hours of admission. The H&P update must include an appropriate assessment to include a physical examination of the patient to update any components of the patient's current medical status that may have changed, if applicable.

D. Outpatient blood transfusions, diagnostic procedures performed under local anesthesia and IV conscious sedation, therapeutic epidural blocks, therapeutic blocks, central lines, central venous catheters, and chest tubes require an electronic progress note documenting the reason for procedure/diagnostic test and any pertinent historical or physical findings all of which shall be entered into the EMR in lieu of an H&P.

E. Dentistry/Podiatry/Psychology:

- For dentistry and podiatric patients, a Physician Medical Staff Appointee shall document an H&P into the EMR prior to surgery. Dentists, podiatrists, and psychologists are responsible for the part of their patient's history and physical examination that relates to dentistry, podiatry, or psychology. Oral and maxillofacial surgeons who admit patients without underlying health problems may perform a complete admission history and physical examination, and assess the medical risks of the procedure on the patient if they have been granted clinical privileges to do so.

F. Emergency Procedure/Surgery:

- An admission note should contain a statement from the surgeon that delaying the surgery would constitute a hazard to the patient. The note should document a brief history and the physical findings. This admission note may be entered in by using the EMR. The preoperative diagnosis must be documented by using the EMR's problem list.

- Discharge Instructions
- Discharge Disposition

In order to provide pertinent information for use by any health care professional, the provider shall also complete the Discharge Plan.

Cancer Staging Form

Each primary cancer that is diagnosed, has a treatment plan developed, and/or is treated at Parrish Medical Center, is required to be staged according to the current standards outlined in the AJCC Cancer Staging Manual. A complete staging form should include the following documentation: Values for T, N, M, stage grouping, physician signature, and date of completion. If the managing physician/surgeon is uncomfortable in completing the Cancer Staging form, then he/she will record in the medical record to be completed by the Cancer Program Director.

Notification and Completion of Incomplete Medical Records and Suspension

All requirements regarding the documentation timeframes, notification of deficient medical records, notification of delinquent medical records, suspension, and multiple suspensions can be found in organizational Policy No. 9500, "Medical Records Completion". A fine of \$100.00 per documentation variance will be assessed for any variances occurring past the initial nine (9) variances as outlined in the Medical Records Completion Policy. Any outstanding balance of these fines will be considered at the time of reappointment.

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It is the responsibility of the provider to check the aging status of any and all deficiencies (any incomplete portion of the medical record requiring a Medical Staff member's action such as dictation, signature, orders, etc.) by accessing the electronic medical records system. A medical record shall not be considered complete until all elements are completely documented and authenticated by the Medical Staff Appointee or until it is ordered administratively closed by the Utilization Management/Medical Records Committee.

Medical Records are considered delinquent if not complete within fourteen (14) days from the date deficiencies are assigned and will lead to suspension of the provider's clinical privileges as outlined in organizational Policy No. 9500, "Medical Records Completion".

Possession and Access

Records may be removed from the hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the hospital and shall not otherwise be taken away without the permission of the Chief Executive Officer or his designee. Unauthorized removal of medical records from the hospital shall be turned over to the Medical Executive Committee for appropriate action.

In case of readmission of a patient, all previous records shall be available for the use of the attending physician. This shall apply whether the patient is attended by the same physician or by another physician.

Medical Staff Appointees may have access to all of the records of patients under their direct care for the purpose of bona fide study and research consistent with preserving the confidentiality of



Origination:	10/2016
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	12/2019
Next Review:	3 years after approval
Areas:	Business Office
Tags:	9500
Applicability:	Parrish Medical Center

Financial Assistance, 9500-5014

POLICY SCOPE:

Parrish Medical Center, Parrish Health Center at Port St. John and Parrish Health and Fitness Center

POLICY STATEMENT

Parrish Medical Center provides financial assistance to qualified individuals to facilitate their access to emergency and other medically necessary care. Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Parrish Medical Center's procedure for completing and submitting a financial assistance application or obtaining other forms of payment or financial assistance and to contribute to the cost of their care based on their individual ability to pay. In order to manage its resources responsibly and to allow Parrish Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, Parrish Medical Center offers, and considers financial assistance, as the payer of last resort. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so.

PURPOSE

Parrish Medical Center is committed to providing financial assistance to persons who have healthcare needs and are uninsured, ineligible for a government program, or otherwise unable to pay for emergency or other medically necessary care based on their individual financial situation. Consistent with our mission, **Healing Experiences for Everyone all the Time®**, Parrish Medical Center's Board of Directors establishes this policy for the provision of patient financial assistance (charity care). The purpose of this policy is to ~~ensure that~~ provide a systematic method for identifying and providing financial ~~capacity of people~~ assistance to individuals served within the North Brevard County Hospital District. Parrish Medical Center provides care for emergency medical conditions, without discrimination as to age, gender, geographic location, cultural background, physical mobility, sexual orientation, gender identification, or race, to individuals who are in need ~~health care does not prevent them from seeking or receiving care. Parrish Medical Center provides care for emergency medical conditions to all people~~ of emergent and other medically necessary services regardless of ~~age, gender, geographic location, cultural background, physical mobility or~~ the patient's financial ability to pay.

Parrish Medical Center widely publicizes the availability of financial assistance within the hospital and within the community served by the hospital. Among other things, Parrish Medical Center makes this policy, the financial assistance application, and a plain language summary of this policy widely available in English and Spanish.

Definitions

For the purpose of this policy, the terms below are defined as follows:

- A. **AGB:** Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- B. **Clinically Unstable:** Patient is unfit for financial intervention based on clinical analysis.
- C. **Elective or Non-Urgent:** These are defined as a condition in which the next available date for scheduled admission or visit/procedure is not considered to cause an adverse effect on the patient's health or welfare.
- D. **Emergent:** Emergent is defined as a condition in which the life or limb of the patient is in immediate danger and in which any delay in administering treatment or care would significantly increase such danger.
- E. **EMTALA:** The Federal Emergency Medical Treatment and Labor Act, 42 U.S.C. 1395dd.
- F. **Extraordinary Collection Actions (ECAs)** – A list of collection activities, as defined by the Internal Revenue Service (IRS) and United States Department of Treasury, which healthcare organizations may take against an individual to obtain payment for care only after Reasonable Efforts have been made to determine if the individual is eligible for financial assistance. These actions include reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions. Please reference the Halifax Health Patient Collections Policy (attached as Schedule 4) for a more detailed description of how ECAs are employed.
- G. **Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to ~~Internal Revenue Service~~ **IRS** rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
- H. **Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
 - 1. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
 - 2. Noncash benefits (such as food stamps and housing subsidies) do not count;
 - 3. Determined on a before-tax basis;
 - 4. Excludes capital gains or losses;
 - 5. If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count)
- I. **Financial Assistance (Charity Care):** Healthcare services that have been or will be provided but are never expected to result in cash inflows. ~~Financial assistance~~ **Charity** care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.
- J. **FPG:** The Federal Poverty Guidelines as updated annually in the Federal Register by the United States Department of Health and Human Services.

- K. **Gross charges:** The total charges at the organization's full established rates for the provision of patient care before deductions from revenue are applied.
- L. **Medically necessary:** As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).
- M. **Parrish Medical Center facilities:** For purposes of financial assistance eligibility, this policy extends to services provided at Parrish Medical Center facilities – specifically, the "Covered Facilities" listed on Schedule 1.
- N. **Reasonable Efforts:** In general, Reasonable Efforts may include: considering third-party proprietary data to determine a patient's financial status and/or the request and requirement of patient personal or professional financial information. The request and collection of this information will be for the sole intent of making presumptive determinations of eligibility for full or partial assistance, evaluation for external coverage or assistance program qualification, or financial reductions. Parrish Medical Center will make a Reasonable Effort to provide all patients with written and oral notifications about the FAP and application process by posting FAP information on our website, providing this information in person, by mail or via email. FAP documents will also be available as hand-outs at Parrish Medical Center (at least in the Emergency Department and Registration/admission areas), Parrish Health Center at Port St. John and Parrish Health and Fitness Center.
- O. **Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
- P. **Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.
- Q. **Urgent:** Urgent is defined as a condition in which the health of the patient is in need of ~~immediately~~immediate attention and in which any prolonged delay in administering treatment would jeopardize the health of the patient.

Commitment to Provide Emergency Medical Care

Parrish Medical Center provides, without discrimination, as to age, gender, geographic location, cultural background, physical mobility, sexual orientation, gender identification, race or financial ability to pay, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Parrish Medical Center will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Parrish Medical Center patients in a non-discriminatory manner, pursuant to Parrish Medical Center's EMTALA policy.

Overview

This policy:

- A. Describes services eligible for financial assistance
- B. Describes what Parrish Medical Center facilities are covered by this policy
- C. Explains whether affiliated providers a patient may encounter at Parrish Medical Center participate in

Parrish Medical Center's financial assistance program

- D. Establishes eligibility criteria for financial assistance
- E. Describes the method by which patients may apply or be considered for financial assistance
- F. Explains the process to appeal a denied financial assistance request
- G. Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy, and limits the amounts that Parrish Medical Center will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amounts generally billed (allowed) for commercially insured and Medicare patients
- H. Describes how Parrish Medical Center will widely publicize the policy within the hospital and the community served by the hospital
 - I. Describes the actions that Parrish Medical Center may take in the event of nonpayment
- J. Provides all relevant Parrish Medical Center contact information for matters involving financial assistance or help with the financial assistance process

Eligible Services

This policy applies only to charges for emergency and other medically necessary care provided by Parrish Medical Center at its Parrish Medical Center facilities.

- A. Emergent and Urgent services are eligible services under this policy.
- B. Non-Urgent services (services that are not Emergent or Urgent) are eligible services under this policy; however, patients must be financially cleared prior to services, when possible. Those patients who are not cleared through the financial clearance process may be rescheduled until clearance is obtained.
- C. Elective cosmetic (i.e. cosmetic implants, hearing aid, dental, and sterilization reversal) and weight loss (i.e. bariatric) services are not eligible for financial assistance under this policy.

Determinations regarding the classification of services as Emergent, Urgent, or Non-Urgent are made by the referring physician and the Parrish Medical Center Medical Advisor.

Facilities and Providers Covered by the Financial Assistance Policy

Attached to this policy as **Schedule 1** is a list of all providers, in addition to Parrish Medical Center itself, delivering emergency or other medically necessary care at Parrish Medical Center that specifies which providers are covered by this policy and which are not covered. The physicians and para-professionals that provide patient care or that refer patients to the hospital are independent contractors, and Parrish Medical Center does not have control over their billing practices. The Financial Assistance Policy does not cover services provided by physicians and para-professionals that independently bill for their professional services or who refer patients to Parrish Medical Center.

Eligibility Criteria and Methods by Which Patients May Apply or be Considered for Financial Assistance

Eligibility for financial assistance is determined on a case by case basis, and Parrish Medical Center may use one of two methodologies to determine financial assistance awards: 1) Financial Assistance Application, ~~and (see Schedule 2), and 2) Presumptive Financial Assistance award.~~ Special circumstances will be considered as part of the review process, and, if deemed eligible for financial assistance, may require exceptions to the above stated eligibility criteria. Patients may be eligible for partial financial assistance. ~~Patients with bad debt accounts that are greater than 240 days old from first bill date are no longer eligible for Financial Assistance.~~

The deadline for application of consideration for patient financial assistance is to be not greater than 240 days following the issuance of the first post-discharge statement for the outstanding balance. If within that time frame the patient is able to provide additional information to support determination of 100% financial assistance qualification, accounts within twelve months (12) of the patient's eligibility date and placed with a collection agency will be closed. Parrish Medical Center will adjust the balance request the agency recall adverse credit reporting action related to the eligible debt(s).

If the patient qualifies for partial (less than 100%) financial assistance, the account balance will be adjusted to reflect this discount, however placed accounts will not be returned from the collection agency and adverse credit action may still be reflected on the patient's credit report.

Parrish Medical Center may deny a financial assistance application, or may reverse financial assistance that was previously granted under this policy, if it determines that a patient/guarantor submitted false, misleading, or fraudulent information in order to obtain financial assistance.

An individual may apply for financial assistance under this policy by submitting a completed financial assistance application, including required documentation, as set forth in **Schedule 2**. Applications are available:

- A. Electronically from the Parrish Medical Center website;
- B. By requesting, by mail or phone, from the Parrish Medical Center Business Office an application to be sent by U.S. Mail service to a home address;
- C. In person at the Registration or Guest Services Desk of all Parrish Medical Center facilities covered by this policy; and
- D. In person at the Parrish Medical Center Business Office.

Completed financial assistance applications must be submitted with all requested supporting documentation to the Parrish Medical Center Business Office. Patient assistance staff may request additional information to clarify inconsistencies or to make an accurate determination of income, assets and/or financial need.

Applications may be submitted in person or mail at the following address:

Parrish Medical Center Business Office
North Building
951 N. Washington Avenue
Titusville, FL 32796
Telephone: 321-268-6158

Financial Assistance Eligibility Criteria

The following criteria will be used to determine a patient's eligibility for financial assistance for emergency and other medically necessary care under this Financial Assistance Policy.

- A. Parrish Medical Center will make every reasonable effort to assist patients in exploring alternative means of assistance, including Medicare, Medicaid or coverage through the Health Insurance Marketplace.
- B. Income and assets
1. Household income less than 200% of Federal Poverty Level (adjusted for family size) (**see Schedule 3**)
 2. Household assets, other than income, insufficient to cover the cost of care; including, but not limited to:
 - ~~a. Bank accounts; stocks and bonds; bankruptcy, probate and insurance claims; and account receivables~~
 - ~~b. Assets excluded from consideration: any retirement plan such as a 401(k) plan, Keogh plan, and profit sharing plan established and maintained for retirement benefits through yearly tax deductible contributions to the plan. Note: Monthly proceeds from any of these plans will be considered as part of this evaluation~~
 - a. Bank accounts; stocks and bonds; bankruptcy, probate and insurance claims; and account receivable.
- ~~Residency requirement: Citizen of United States of America; or otherwise legally residing in the United States of America, permanently or temporarily and a resident of the North Brevard County Hospital District as defined by the following postal zip codes:~~
- ~~1. 32754~~
 - ~~2. 32780~~
 - ~~3. 32784~~
 - ~~4. 32782~~
 - ~~5. 32783~~
 - ~~6. 32796~~
 - ~~7. 32927~~
- C. Non residents presenting for services due to an emergency will be considered for Financial Assistance.
- D. Patient has no health insurance coverage and is:
1. Ineligible for financial subsidy to purchase health insurance on a state or federal health insurance exchange
 2. Ineligible for Medicare
 3. Ineligible for Medicaid coverage, as demonstrated by documentation of application denial
 4. Ineligible for Medicaid coverage until Medicaid share of cost has been reached

Financial Assistance Care Pass Card

Parrish Medical Center offers a Care Pass Card to those patients qualifying for Financial Assistance. This

allows a patient to receive continued Financial Assistance for a period of 6 months on future visits from the date of service approved. The Care Pass card once issued is available to individuals with household income between 200% and 400% of the Federal Poverty Level (adjusted for family size). Based on FPG, a patient can qualify for either 60%, 80% or 100% discount.

Residency requirement: Citizen of United States of America; or otherwise legally residing in the United States of America, permanently or temporarily and a resident of the North Brevard County Hospital District as defined by the following postal zip codes:

1. 32754

2. 32780

3. 32781

4. 32782

5. 32783

6. 32796

7. 32927

Conditions of Ineligibility for Financial Assistance

Patients may ~~te~~not be eligible if any of the following apply:

- A. Individuals with health insurance
- B. Individuals who do not cooperate with ~~our onsite~~Parrish Medical Center's on-site representatives to determine first Medicaid eligibility or exchange programs.
- C. Failure to submit the Parrish Medical Center Financial Assistance Application form within established time periods (per Parrish Medical Center Collection Policy)
- D. Failure to provide supporting documentation for the Financial Assistance Application

Patient Balances after Insurance

Patient balances after insurance including, but not limited to co-payments, co-insurance, and deductibles may be considered for financial assistance based on the following criteria:

- A. Residency requirements as listed above
- B. Household income is less than or equal to 200% FPG (adjusted for family size)

Presumptive Financial Assistance

~~There are occasions when Parrish Medical Center may have reason to believe that a patient is eligible for financial assistance, but circumstances prevent a financial assistance application from being submitted or documentation is lacking that would support the provision of financial assistance.~~

~~Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Parrish Medical Center may use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Once determined and approved, due to the inherent nature of the presumptive circumstances, a 100% write-off of the account balance will be granted. Presumptive eligibility may be determined on the basis~~

~~of individual life circumstances that may include:~~

Presumptive Charity is part of the Parrish Medical Center Financial Assistance Program. Presumptive Eligibility is a process that is used as a courtesy to the patient to determine whether patients qualify for free or discounted (Charity) care before they submit a financial assistance application. This process may include a review of previous eligibility determinations, program enrollment resources, and/or other information to verify your financial need. The following facts may be considered:

- A. Homeless
- B. Participation in Women, Infants and Children programs (WIC)
- C. Food Stamp eligibility
- D. Subsidized school lunch program eligibility
- E. Eligibility for other state or local assistance programs that is unfunded
- F. Low income / subsidized housing is provided with an address
- G. Patient is deceased with no known estate
- H. Patient is eligible for assistance under the Crime Victims Act or Sexual Assault Act
 - I. Patient's valid address is considered low income or subsidized housing
- J. Patient files bankruptcy
- K. Patient is deemed to have minimal financial resources based on a proprietary third party tool utilized by the facility

Patients will be considered for presumptive charity care, if external resources indicate that household family income does not exceed 200% of the current FGP and the patient has no other form of coverage for medically necessary services.

Financial Assistance Awards

If Parrish Medical Center determines that the above financial assistance eligibility has been met, the patient will receive a discount from gross charges for all eligible services as described in the chart below.

FPL updated each calendar year	Discount from Gross Charges				
Program	% of Federal Poverty Level (FPL) Guidelines based on Household size	Financial Assistance Award	Patient Responsibility		
Financial Assistance	100% <u>0%</u>	to <u>to</u>	200%	100%	0%
Financial Assistance Above FPL <u>Financial Assistance Above FPL</u>	201% <u>201%</u> <u>Over 249%</u>	to <u>to</u>	400% <u>249%</u> <u>400%</u>	60%, 70% or 80% <u>80%</u> <u>60%</u>	Based on AGB <u>Based on AGB</u>

After a patient has been determined to be eligible for financial assistance, that patient shall not be responsible for any future bills based on undiscounted gross charges.

Basis for Calculating Amounts Charged to Patients

Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amounts generally billed ~~to individuals who have insurance covering such care~~ (AGB) to individuals who have insurance covering such care.

Parrish Medical Center uses the Look-Back Method to determine AGB. Under this method, AGB is calculated by dividing the sum of all of its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers during a prior 12-month period by the sum of the associated gross charges for those claims. Parrish Medical Center will begin applying the AGB percentage by the 120th day after the end of the 12-month period used in the calculation. Members of the public may obtain the current AGB percentage free of charge via the hospital contact information set forth below.

Parrish Medical Center does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this policy.

Measures to Widely Publicize the Availability of Financial Assistance

Notification about financial assistance offered by Parrish Medical Center shall be disseminated by various means, including, but not limited to:

- A. Notice to patients before discharge (as part of the patient registration process or upon discharge) and on patient statements
- B. Posting of notification in:
 1. Emergency Department
 2. Registration Department (Admissions)
 3. Hospital Business Office
 4. Other public places as Parrish Medical Center may elect.
- C. Parrish Medical Center shall publish and publicize this Financial Assistance Policy and its related application forms, and a plain language summary of this policy on ~~facility websites~~ the hospital facilities' website (<https://www.parrishhealthcare.com>), in brochures available in patient access sites and at other places within the community served by the hospital as Parrish Medical Center may elect.
- D. Notices and summary information (including but not limited to on the hospital facilities website) shall be provided in English and Spanish.
- E. Referral of patients for financial assistance may be made by any member of Parrish Medical Center staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors.
- F. Paper copies of this Financial Assistance Policy and its related application forms, and a plain language

summary of this policy, are available upon request and without charge via the hospital contact information listed below.

Actions Taken in the Event of Nonpayment

Information regarding the actions that Parrish Medical Center may take in the event of nonpayment are described in a separate ~~Billing and Collection~~ [Patient Collections](#) policy [\(see Schedule 4\)](#). Members of the public may obtain a free copy of this separate policy from Parrish Medical Center via the hospital contact information listed below.

Regulatory Requirements

In implementing this policy, Parrish Medical Center management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

[- Florida Agency for Health Care Administration - Florida Title XIX Inpatient Hospital Reimbursement Plan - Requirements for 501\(c\)\(3\) Hospitals Under the Affordable Care Act - Section 501r](#)

Hospital Contact Information

Phone number for Billing Questions:	800-737-9140
Website:	www.parrishmed.com
Mailing and in-person address:	Parrish Medical Center Business Office North Building 951 N. Washington Avenue Titusville, FL 32796

Attachments

Schedule 1: Provider List

Schedule 2: ~~Federal Poverty Guidelines~~ [Financial Assistance Application and Documentation Requirements](#)

Schedule 3: ~~Financial Assistance Application and Documentation Requirements~~ [Federal Poverty Guidelines](#)

[Schedule 4: Patient Collections Policy](#)

All revision dates:

12/2019, 10/2016

Attachments:

A: Schedule 1: Provider List

B: Schedule 2: Financial Assistance Application and Documentation Requirements

C: Schedule 3: Federal Poverty Guidelines

Approval Signatures

Step Description	Approver	Date
Board of Directors	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	12/2019
Executive Management Committee	Executive Management Committee [AJ]	12/2019

Step Description	Approver	Date
Compliance	Corporate Compliance [NV]	12/2019
Executive Management	Arvin Lewis	12/2019
	Joni Hoffman: Director Patient Financial Services	12/2019

Applicability

Parrish Medical Center

COPY

Schedule 1: Provider List

Covered Facilities

The following Parrish Medical Center facilities are covered by, and will apply, financial assistance awards to medical services provided:

- Parrish Medical Center (main campus)
951 North Washington Avenue
Titusville, FL 32796
- Parrish Health Center (Port St. John)
5005 Port St. John Parkway
Port St. John, FL 32927
- Parrish Health and Fitness Center
2210 Cheney Highway
Titusville, FL 32780

Non-Covered Facilities and Providers

The following facilities and providers are not covered by and are not obligated to follow or honor the Parrish Medical Center Financial Assistance policy:

- The Children's Center
5650 South Washington Avenue
Titusville, FL 32780
- North Brevard Medical Support
951 North Washington Avenue
Titusville, FL 32796
- Parrish Medical Group
5005 Port St. John Parkway
Port St. John, FL 32927
- Medfast Urgent Care Center
3045 Columbia Blvd
Unit 108A
Titusville, FL 32780
- 5005 Port St. John Parkway
Port St. John, FL 32927
- Team Health ER Physicians
431 Park Village Road Suite A
Knoxville, TN 37923

(888)952-6772

- Team Health Anesthesia
Parrish Anesthesia Specialists
PO Box 636842
Cincinnati, OH 45263-6842
(877)307-4554
- Team Health Anesthesia CRNA
Community Health Network of Central Florida Inc.
PO Box 850001
Orlando FL 32885-0718
(877)307-4554
- Space Coast Radiology
PO Box 15659
Clearwater, FL 33766-5659
(866) 833-9300
- Carmona Pathology
PO BOX 1226
Indianapolis, IN 46206-1226
(877)261-5494

Schedule 2: Financial Assistance Application and Documentation Requirements

Attached as a separate document. This is currently a word document and not a part of the policy.

For Non-Self Employed

PARRISH MEDICAL CENTER
951 N. WASHINGTON AVE.
TITUSVILLE, FL 32796
321-268-6158

TO APPLY FOR FINANCIAL ASSISTANCE, YOU MUST BRING THE FOLLOWING DOCUMENTS WHICH ARE APPLICABLE TO YOUR FINANCIAL SITUATION IN ORDER TO COMPLETE YOUR APPLICATION:

- 3 MONTHS PROOF OF INCOME (THIS INCLUDES RECENT CONSECUTIVE PAYSTUBS FOR PATIENT, AND SPOUSE (IF APPLICABLE)...**MUST INCLUDE GROSS INCOME**BANK STATEMENTS WILL NOT BE USED AS PROOF OF INCOME****)
- PROOF OF UNEMPLOYMENT
- CHILD SUPPORT RECEIVED (YOU MAY OBTAIN AT COURTHOUSE)
- ANNUAL STATEMENT OF SOCIAL SECURITY, PENSION, OR ANNUITY
****BANK STATEMENTS WILL NOT BE USED AS PROOF OF BENEFITS****
- LAST YEAR'S COMPLETED TAX RETURN ALL PAGES
- PROOF OF RESIDENCY AND IDENTIFICATION (DRIVER'S LICENSE OR PICTURE ID FOR ALL ADULTS, AND SOCIAL SECURITY CARD FOR ALL MEMBERS OF HOUSEHOLD)
- LAST 3 MONTHS CONSECUTIVE BANK STATEMENTS...MUST PROVIDE ALL BANK ACCOUNTS ON WHICH YOUR NAME IS LISTED (**CHECKING/ SAVINGS/MONEY MARKET, ETC.**)
ALL PAGES ARE REQUIRED!!!MUST BE IN STATEMENT FORMAT, WILL NOT ACCEPT TRANSACTION HISTORY**
- LETTER OF SUPPORT IF ANYONE IS PROVIDING YOU WITH ROOM/BOARD OR ANY FINANCIAL ASSISTANCE TO MAINTAIN YOUR LIVING SITUATION
- IF SELF-EMPLOYED** YOU WILL BE REQUIRED TO SUBMIT ADDITIONAL DOCUMENTATION
- PLEASE COMPLETE ALL ATTACHED DOCUMENTS AND RETURN TO THE BUSINESS OFFICE IN PERSON TO COMPLETE REMAINING PROCESS

****IF YOU DO NOT BRING THE REQUIRED DOCUMENTS, YOU MAY HAVE TO RETURN TO COMPLETE THE FINANCIAL ASSISTANCE PROCESS AT ANOTHER TIME.**

For Self-Employed

**PARRISH MEDICAL CENTER
951 N. WASHINGTON AVE.
TITUSVILLE, FL 32796
321-268-6158**

TO APPLY FOR FINANCIAL ASSISTANCE, YOU MUST BRING THE FOLLOWING DOCUMENTS WHICH ARE APPLICABLE TO YOUR FINANCIAL SITUATION IN ORDER TO COMPLETE YOUR APPLICATION:

- 12 MONTHS PROOF OF INCOME (THIS INCLUDES RECENT CONSECUTIVE PAYSTUBS FOR PATIENT, AND SPOUSE (IF APPLICABLE)...**MUST INCLUDE GROSS INCOME**BANK STATEMENTS WILL NOT BE USED AS PROOF OF INCOME** (Please Note Additional documents may be required if you are Self-Employed)**
- CHILD SUPPORT RECEIVED (YOU MAY OBTAIN AT COURTHOUSE)
- ANNUAL STATEMENT OF SOCIAL SECURITY, PENSION, OR ANNUITY ****BANK STATEMENTS WILL NOT BE USED AS PROOF OF BENEFITS****
- IF SELF-EMPLOYED...QUARTERLY TAX STATEMENTS OR BOOKS SHOWING ALL INCOME AND EXPENSES (PROFIT/LOSS STATEMENT) FOR ONE YEAR...ALL BUSINESS BANK ACCOUNT STATEMENTS YEAR-TO-DATE- ONE YEAR (COMPLETE 12 MONTHS)
- LAST TWO YEAR'S COMPLETED TAX RETURN ALL PAGES (PERSONAL AND BUSINESS)
- PROOF OF RESIDENCY AND IDENTIFICATION (DRIVER'S LICENSE OR PICTURE ID FOR ALL ADULTS, AND SOCIAL SECURITY CARD FOR ALL MEMBERS OF HOUSEHOLD)
- LAST 12 MONTHS CONSECUTIVE BANK STATEMENTS...MUST PROVIDE ALL BANK ACCOUNTS ON WHICH YOUR NAME IS LISTED (**CHECKING/ SAVINGS/MONEY MARKET, PERSONAL AND BUSINESS, ETC.**) **ALL PAGES ARE REQUIRED!!!**MUST BE IN STATEMENT FORMAT, WILL NOT ACCEPT TRANSACTION HISTORY****
- LETTER OF SUPPORT IF ANYONE IS PROVIDING YOU WITH ROOM/BOARD OR ANY FINANCIAL ASSISTANCE TO MAINTAIN YOUR LIVING SITUATION PERSONAL AND/OR BUSINESS PARTNERSHIPS
- IF SELF-EMPLOYED** YOU MAY BE REQUIRED TO SUBMIT ADDITIONAL DOCUMENTATION DEPENDING ON YOUR SPECIFIC SITUATION
- PLEASE COMPLETE ALL ATTACHED DOCUMENTS AND RETURN TO THE BUSINESS OFFICE IN PERSON TO COMPLETE REMAINING PROCESS

■
****IF YOU DO NOT BRING THE REQUIRED DOCUMENTS, YOU MAY HAVE TO RETURN TO COMPLETE THE FINANCIAL ASSISTANCE PROCESS AT ANOTHER TIME.**



COMMUNITY CARE APPLICATION

ACCOUNT NUMBER(S): _____

PATIENT: _____ SS#: _____ Dependents/Adults
In Household: _____

GUARANTOR: _____ SS#: _____

SPOUSE: _____ SS#: _____ Yearly Gross Income
\$ _____

ADDRESS: _____ PHONE# _____

Have you applied for Medicaid, Medically Needy, or other State/Federal Assistance? Yes No.

Are you pregnant? Yes No Do you have minor children? Yes No. Are you disabled or receiving SSDI? Yes No.

Does applicant qualify for Medicaid? Yes No. Does applicant qualify for any other state or Federal Programs Yes No

List programs applicant may qualify for: _____ Patient / Applicant **does not** qualify for Medicaid: _____

Dependents/Adults In Household		For additional dependents please add		
	Name	Relationship	Age	Date of Birth
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Place of Employment: (Guarantor) _____ Phone: _____

Place of Employment: (Spouse) _____ Phone: _____

Monthly Income

Are you self-employed or own your own business? Yes No If yes please provide financial statements with application.

Employment: Guarantor: _____	Child Support _____
Employment _____	Rentals _____
Social Security _____	Real Estate _____
Veteran Administration _____	Other _____
Unemployment _____	Work Comp _____
	Total Monthly Income: _____

Monthly Expenses

Rent _____	1 st Car Payment _____
1 st Mortgage _____	2 nd Car Payment _____
2 nd Mortgage _____	Car insurance _____
Electric Gas _____	Water _____
Child Care _____	Telephone _____
Health Insurance _____	Cable T.V. _____
Medical Bills _____	Internet _____
Credit Cards _____	Food _____



Adjusted Monthly Income: _____

Total Monthly Expenses: _____

LIQUID ASSETS

Name Of Bank/Credit Union _____
Savings Account _____
Checking Account _____
Other _____
Other _____

Balances _____
Balances _____
Balances _____
Balances _____
Balances _____

TOTAL LIQUID ASSETS \$ _____

NON-LIQUID ASSETS

Real Estate _____
2nd Automobile _____
Boat _____
Life Insurance _____
Loans _____
** Value of 1st Automobile _____

Stocks _____
Bonds _____
CD's _____
Other _____
Other _____
** Value of Homestead _____

TOTAL NON-LIQUID ASSETS \$ _____

TOTAL ASSETS \$ _____

Letter of Support: By Signing this letter of support this in no way obligates you for the patient's bills.

I, _____ provide room and board and or financial assistance for _____

_____. Signed by, _____

Relationship _____ Date _____

Proof Of Income Must Accompany This Application *****

I _____ certify that my family income for the past 12 months has been \$ _____ and can be verified by contacting the following employer(s):

Company: _____ Phone: _____

Company: _____ Phone: _____

I hereby authorize Parrish Medical Center to verify the information on this application by whatever means necessary. I further understand that this could mean contacting my employer, my bank or running a credit report.

I understand that to be eligible for this program, I must be willing to apply for any and all State and Federal programs or private sources available to pay this bill. I also understand that this application can be re-evaluated at any time if Parrish Medical Center finds it necessary.

I further certify the foregoing information given by me on this application is true and accurate in accordance with 817.50 of public law 79-725, providing information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second degree. Should any changes occur as to the information given by me on the application, I agree to promptly notify Parrish Medical Center.

SIGNATURE OF PATIENT AND/OR GUARANTOR: _____ Date: _____

SPOUSE SIGNATURE: _____ Date: _____

WITNESSED BY: _____ Date: _____

Schedule 3: Federal Poverty Guidelines

Based on Federal Poverty Guidelines Effective January 11, 2019

	2019 Poverty Guideline	Eligible for 100% Financial Assistance	Eligible for 80% Partial Assistance	Eligible for 60% Partial Assistance
Family Size	FPG	200% FPG	250% FPG	400% FPG
1	\$12,490	\$24,980	\$31,225	\$49,960
2	\$16,910	\$33,820	\$42,275	\$67,640
3	\$21,330	\$42,660	\$53,325	\$85,320
4	\$25,750	\$51,500	\$64,375	\$103,000
5	\$30,170	\$60,340	\$75,425	\$120,680
6	\$34,590	\$69,180	\$86,475	\$138,360
7	\$39,010	\$78,020	\$97,525	\$156,040
8	\$43,430	\$86,860	\$108,575	\$173,720

For families/households with more than 8 persons, add \$4,420 for each additional person.