Members:
Michael Sitowitz, Chairperson (July 1, 2017-June 30, 2020)
Michael Allen, Vice-Chairperson (July 1, 2016 – June 30, 2019)
Stan Retz (January 1, 2016-December 31, 2019)
Julia Reyes-Mateo (July 1, 2016 – June 30, 2019)
Dawn Hohnhorst (April 1, 2016 – March 31, 2019)
Warren Berry (January 1, 2016- December 31, 2019)

PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE
NOVEMBER 6, 2017 @ 10:00 A.M.
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

I. Review and approval of minutes (August 7, 2017)

Motion: To recommend approval of the August 7, 2017 minutes as presented.

I. Public Comments

II. Quarterly Pension and 403(b) and 457(b) Investment Reports – Bott-Anderson

III. Investment Policy Annual Review – Mr. Sitowitz

Motion: Recommend the Budget and Finance Committee approve the Pension Investment Guideline Policy (9500-5004) as presented with as presented.

PARRISH MEDICAL CENTER
PENSION ADMINISTRATIVE COMMITTEE MEETING
AUGUST 7, 2017

The members of the Pension Administrative Committee met in the Executive Conference Room on August 7, 2017 at 11:05 a.m. The following representing a quorum, were present:

Pension Administration Committee:
Michael Sitowitz, Chairperson
Michael Allen, Vice-Chairperson
Stan Retz
Dawn Hohnhorst
Julia Reyes-Mateo

Absent/Excused:
Warren Berry

Others Present:
Pamela Perez, Recording Secretary
Tim Anderson, Bott-Anderson

Call To Order

The meeting was called to order by the Chairperson at 11:05 a.m.

Review and Approval of Minutes

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

Motion: To approve the PAC minutes of May 1, 2017as presented.

Public Comments

No public comments presented

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

Tim Anderson from Bott-Anderson update the Committee the Pension, 403(b) and 457(b) Investment Reports. Tim Anderson opened with the Market Commentary. The Pension portfolio had a 4.03% vs. an index return of 2.68% for the quarter, a fiscal year-to-date return of 9.38% vs 8.85% and a return of 14.24% vs. 12.25% for the trailing 12 months.

Mr. Sitowitz made note that a Rebalancing may need to be made. This may need to happen as a result of the number of payouts from the plan. Additionally, the policy does state a rebalancing does need to happen on an annual basis. Bott Anderson will monitor.

There has been growth in the 403(b) now that it is the retirement plan for employees. The 457(b) plan is performing well.

The following 403(b) funds are being watched;

- Allianz NFJ Small Cap Value (4th consecutive quarter)
- Fidelity Advisor Leveraged Company Stock (4th consecutive quarter)
- Invesco Charter Fund (formerly AIM) (4th consecutive quarter)

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

- Goldman Sachs Growth (3rd consecutive quarter)

The following 457(b) manager has been removed from the watch list:

- Dreyfus International Bond fund

403(b) Summary Plan Description (SPD)

Mr. Sitowitz updated the Committee on the final Summary Plan Description document. The document has been reviewed by PMC care partners and the Pension attorney at Gray Robinson. The final version will be circulated to the PMC care partners.

Membership Renewal for Michael Sitowitz

Mr. Sitowitz's membership on the committee is due for renewal. The following motion was made by Ms. Hohnhorst, seconded by Ms. Reyes-Mateo and approved without objection.

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

Adjournment

There being no further business, the meeting was adjourned at 11:38 a.m.

_____

Michael Sitowitz, Chairman

SUBJECT
PENSION INVESTMENT GUIDELINES

POLICY CATEGORY: ADMINISTRATIVE EFFECTIVE DATE: 1/1/01

APPROVALS	DISTRIBUTION
_____ Date:_____ Initiated By: Michael Sitowitz, Controller _____ Date_____ George Mikitarian, President/CEO _____ Date:_____ Herman Cole, Chairman, Board of Directors REVISED: 11/03/03, 11/07/05, 7/10/06, 11/5/07, 11/09, 11/10, 11/11, 8/13 REVIEWED: 11/01/04, 11/06/06, 11/14, 11/15, 11/16	1. Administrative Manual 2. Application Xtender 3. iCare

POLICY

The Pension Administrative Committee (the "Committee") and the North Brevard County Hospital District (the "District") maintain that an important determinant of future investment returns is the expression and periodic review of investment objectives. To that end, the Committee and the District have adopted this statement of Investment Policy.

In fulfilling its fiduciary responsibility, the Committee and the District recognizes that the North Brevard County Hospital District, a Special Tax District operating Parrish Medical Center Pension and Trust Agreement (the "Plan") is an essential vehicle for providing income benefits to retired participants or their beneficiaries. The Committee and the District also recognizes that the obligations of the investment fund for the Plan are long-term and that the investment policy should be made with a view toward performance and return over a number of years.

The Committee recognizes that the general investment objective is to maximize return consistent with risks incumbent in each investment. The Committee shall achieve the general investment objective of the Plan commensurate with applicable statutes or requirements. The Committee and the District further acknowledge that Section 112.661 of the Florida Statutes shall supersede any conflicting provisions of law guiding Plan investments. Objectives, in order of importance are: Principal and Safety, Liquidity and Return on Investment.

In order to achieve a rate of return commensurate with the standards stated in this investment policy, the Committee shall identify performance standards, investment guidelines and limits necessary to guarantee compliance with the Committee's standards by all named fiduciaries.

In addition to policies and objectives outlined herein, Hospital management may also employ strategies outlined and approved by the District's board of directors (the "Board of Directors") from time to time.

RESPONSIBILITIES/DECISION MAKING AUTHORITY

The investment policy statement and periodic transactions shall be reviewed by the Committee on a regular basis to make certain that the investment activities bear a relationship to a broader risk management strategy of the Plan. On a reasonable basis, the Committee and/or its designee, the Chief Financial Officer, and in their absence, the Controller, will be responsible for formulating individual investment strategies, monitoring investment performance, establishing maximum tolerable loss limits, and making recommendations for policy changes to the Committee.

The Committee and/or its designee, the Chief Financial Officer and/or the Controller shall also assure that adequate records and reports of transactions and commitments for future transactions be maintained.

To carry out their duties the Committee and/or its designee, the Chief Financial Officer and/or the Controller are empowered to execute securities purchases and sales, direct delivery of investments into and out of safekeeping, cause securities to be reregistered in the name of the Plan, designate Committee-approved Investment Managers to execute trades within the restrictions of this policy, and authorize wire transfer of funds for settlement of purchases, consistent with the limitations set forth in this policy.

Unless otherwise prohibited by law, from time to time, investments may be made which are not specifically authorized providing they are deemed to be in the best interest of the Plan and the recommendation is jointly made by the Committee and Chief Executive Officer. Prudence should be exercised when making investment decisions. The investment industry standard known as the "Prudent Person Rule" shall be followed to insure investment decisions are made in the Plan's best interest. This rule states that investments should be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion, and intelligence exercise in the management of their own affairs, not for speculation but for investment considering the probable safety of their capital, as well as the probable income to be derived from the investment. Once such investment is made, formal notification shall be set forth in the minutes of the next Committee meeting.

RECORD KEEPING/REPORTING

The Committee and/or his designee, the Chief Financial Officer must keep timely and accurate records of all portfolio activities. The following records must also be maintained and made available upon request from the Investment Managers:

1. Securities register that details all the transactions to include description of the security, the cost, maturity, par value, date of issue, date of purchase, coupon rate, registered

status, interest payment dates, effective rate of return, safekeeping location, amortization or accrual of premiums or discounts, if any, and final disposition.

2. A ledger for the monthly balance, premium, discount, accrued interest receivable, interest income, and gains or losses on the investment portfolio by investment account number. It shall be the responsibility of the Controller to reconcile all general ledger accounts to the individual investment account records as of each month-end to ensure the accounts are in balance.

3. A monthly investment report shall be issued by the Investment Managers to the Committee and/or his designee, the Chief Financial Officer and/or the Controller, which at a minimum sets forth the following information:

   a) For each account (by class or type):

      - the par value
      - total cost value (book value)
      - weighted yield based on cost
      - total market value, weighted market yield, aggregate unrealized gain or loss from book, and income earned (all as of the report date)

      For the total portfolio:

      - the beginning cost and market value
      - the ending cost and market value
      - net contributions to the account
      - net withdrawals from the account
      - net cash flow to the account and income earned by the account (if different)
      - total return for the account on a cost and market value basis for the month and the previous 11 months
      - trailing quarter return on a cost and market value basis
      - fiscal year to day return on a cost and market value basis
      - trailing one year return on a cost and market value basis

   b) Also provided shall be a short narrative of the investment portfolio prospectus including strategies used by the Investment Manager and commentary on current market conditions affecting the portfolio's performance.

   c) The Committee or Chief Financial Officer and/or the Controller shall provide this information, or summaries thereof, to the Board of Directors on a quarterly or semi-annual basis; unless an issue arises that requires the ~~Board's~~Board of Director's attention sooner.

4. Along with performance, security and market information, a trading summary should be provided to the Committee each quarter from each Investment Manager. The trading summary should outline the overall trading strategies employed by the Investment Manager given the market conditions and why the portfolio is structured the way it is at

that time. Information should include discussion of trades executed in the portfolio for the period under review and why they were executed at that time.

PORTFOLIO COMPOSITION

The Plan's investment portfolio shall exclusively consist of investments permitted by Section 112.661(5), Florida Statutes, as amended or relevant future statutes. This portfolio shall be maintained with a level of liquidity at least equal to 30 days of cash expenses, and in addition, at least 10% of fixed income investments will have maturities of one year or less.

Total Pension Funds Asset Mix – The Plan's assets shall be invested with specialist managers with a target ultimate allocation of 30% fixed income, 60% equities and 10% alternatives. The Target Asset Allocation shall be as follows:

	Target Asset Allocation*		
Asset Class	**Target Weight**	**Maximum Weight**	**Market Index**
Fixed Income			
Short Dur Gov't/Corp	0%	50%	ML Domestic Mstr 1-3 yr
Inter. Dur Gov't/Corp	30%	50%	Barclays Gov/Cred Intrm
Long Dur Gov't/Corp	0%	50%	Barclays US Long Credit A
Total	**30%**	**n/a**	
Equities/Alternatives			
Large Cap Growth	17.5%	60%	Russell 1000 Growth
Large Cap Value	17.5%	60%	Russell 1000 Value
Mid Cap Core	10%	60%	Russell Mid Cap
Small Cap Core	10%	60%	Russell 2000
International	5%	60%	MSCI EAFE
Total	**60%**	n/a	
Alternatives	10%	12%**	TBD – Area Specific

*While the "Target Asset Allocation" is meant to be a guide for the deployment of assets, the Committee shall, on a continuous basis, evaluate whether the Allocation continues to most likely accomplish the Objectives for the portfolio as discussed above.

**As later discussed in the section titled "Alternatives" below, the growth of the target weighting shall be limited to 12%.

ALTERNATIVES

The Committee may authorize an allocation of this portfolio to an asset class known as Alternative Investments. Alternative Investments involve investing in non-traditional asset

classes and in traditional asset classes structured in a non-traditional manner. Managers of such investments are expected to use their specific investment skills to generate long-term equity-like returns that are not highly correlated to traditional asset classes. Alternative Investment strategies, such as long vs. short, tactical asset allocation, distress securities, managed futures, commodities, and arbitrage strategies may be used in the portfolios to enhance investment returns, reduce volatility of portfolios and increase overall portfolio diversification.

Furthermore, Alternative Investments may also include Real Estate Investment Trust (REIT) Manager(s), Real Estate Limited Partnerships and Hedge Fund of Fund managers, in which case the underlying investments will be assessed to confirm compliance with applicable law, and any additional expenses required by these investments, such as management fees and unrelated business taxable income shall be included in assessing whether an investment's costs are reasonable, as required by Florida Statutes Section 215.47(2)(e) and this Policy. Hedge Fund of Fund managers shall exhibit the following characteristics:

- Fund of Fund Hedge Funds will be held in the forms of professionally managed pooled limited partnership investments offered by professional investment managers with proven records of superior performance over time.
- Fund of Fund Hedge Funds are subject to the same due diligence process as traditional investments, however due to their unique nature, additional criteria are to be considered.
- Transparency of the underlying hedge funds and to some degree their individual positions.
- Liquidity terms of the fund of funds may include lock-up periods and frequency of withdrawals
- No significant degree of leverage utilized at the limited partnership level.
- Financial commitment of the General Partner in the fund.

Each investment in Alternative Investments must be specifically approved by the Committee and such class of investments must never exceed **12%** of the portfolio (10**%** target investment plus a maximum of 2**%** deviation as described in the above table). At the time of commitment to a particular Alternative investment manager, the Committee will specifically address investment goals for such an investment. With the advice of the individual or entity that recommends investments or investment managers ("Investment Consultant"), the Committee shall agree to a benchmark against which to evaluate ongoing performance of the Alternative Investments in the overall asset allocation model.

QUALITY – PERMITTED INVESTMENTS

Generally, the managers are expected to invest in readily marketable, high quality stocks, bonds, and cash equivalents. Private placements, restricted stocks, and nominally or closely held public issues for which the market is severely restricted or thinly traded, or any investment, which would jeopardize the tax-exempt status of the District are prohibited.

Additionally, the following quality factors and limitations should be met:

1.) **Fixed Income** – The Pension Fund may be invested in fixed income securities, as deemed prudent, including U.S. Government, agency obligations and corporate bonds. The average quality rating of bonds must be investment grade A or better, as judged by Moody's or S&P rating services. In any case, no more than 10% of the fixed income securities should be below investment grade, as defined by Moody's or S&P. Under no circumstances should the duration of the fixed income portion of the portfolio be longer than 125% of the Barclays Government/Credit Intermediate Index. The Budget and Finance Committee does not want an excessively long fixed income portfolio subject to interest rate risk.

2.) **Equities** – The Committee wishes to hold issues of high quality, marketable securities. Each equity manager must maintain an overall portfolio quality comparable to the applicable equal weighted Russell or MSCI Index. Equity managers must include a statement regarding their comparable overall portfolio quality within each quarterly report to the Committee.

3.) **Prohibited Investments** – In addition to the preceding general quality guidelines, the following categories of securities or security transactions are not permissible for investment without the Committee's prior written approval:

a) Short sales.

b) Non-covered or Non-collateralized Put and Call Options.

c) Margin purchases or lending or borrowing money.

d) Letter stocks, private placements, or direct placements.

e) Restricted stocks, and nominally or closely held public issues for which the market IS severely restricted or thinly traded.

f) Commodities or futures, or options on futures.

g) Warrants.

h) Equity securities of any company which have a record of less than three years continuous operation, including the operation of any predecessor

i) Foreign equity securities not listed on one of the major U.S. exchanges, including NASDAQ.

j) Bonds and cash equivalents denominated in foreign currencies or securities of foreign issuers including foreign financial institutions (American Depository Receipts or Canadian Issues denominated in U.S. dollars are allowed).

k) Volatile derivative or synthetic instruments, specifically Interest

Only Strips (IOs), Principal Only Strips (POs), Residuals, Accrual Bonds, Z Bonds, Accretion Bonds, Inverse Floaters, and any other derivative securities or strategies that do not comply with the basic investment objectives of this policy, which emphasizes the preservation of principal consistent with conservative asset growth. Specifically prohibited are securities whose characteristics as implemented by the manager include potentially high price volatility and whose returns are speculative or leveraged (when considered together with liquid/short term securities positions) or whose marketability may be severely limited.

l) Direct / title holding real estate or mortgage investments.

m) Securities of the investment manager, the custodian/trustee, their parent, or subsidiaries (excluding Money Market Funds).

n) Security loans.

DERIVATIVES AND REVERSE REPURCHASE AGREEMENTS

Investments in any derivative products, if specifically authorized by this investment policy within the permitted investments section, may be considered only if the Committee and/or its designee, the Chief Financial Officer and/or the Controller has developed sufficient understanding of the derivative products and had the expertise to manage them. For purposes of this policy, a derivative product is a financial instrument, the value of which depends on, or is derived from, the value of one or more underlying assets or index or asset values. The use of reverse repurchase agreements, if specifically authorized by this investment policy or the Committee, shall be limited to transactions where the proceeds are intended to provide liquidity and for which the Committee and/or its designee, the Chief Financial Officer and/or the Controller has sufficient resources and expertise.

A. COMPETITIVE PURCHASE OR SALE OF SECURITIES

The Committee will seek to confirm or add into the applicable contracts that it shall be the responsibility of the Investment Manager(s) to obtain competitive bids for the purchase or sale of securities and execute based on best price available in the market. A log of bids obtained shall be maintained by each Investment Manager and made available to the Board and the Committee upon request. In the rare instance when competitive bids are not available for a security being purchased, the Investment Manager shall fully document such condition at the time of the trade and advise the Committee and/or its designee, the Chief Financial Officer and/or the Controller of actions taken by the Investment Manager to assure best price and best execution in light of the Plan's cash flow needs.

SELECTION, REVIEW, WATCH LIST AND REPLACEMENT OF MANAGERS

The Committee will establish a process for selecting investment managers for the Pension Funds. The total Portfolio and the individual manager's performance will be measured utilizing returns calculated net of investment management fees as follows:

A) Total Portfolio – The total return objective for the total Portfolio is to earn at least 50bps per year in excess of the asset weighted blended index return as computed by the investment consultant. The Asset Weighted Blend Index return is comprised of the various market indices in proportion to the actual asset mix.

B) Individual Asset Manager Performance Review and Evaluation – Individual asset managers are expected to not only outperform their passive alternative, but also their style peer group. Underperforming managers will be placed on a watch list and eventually replaced based on the following timing schedule:

1. If a manager underperforms its specific passive alternative/benchmark (Russell 1000 Growth, Russell 1000 Value, etc.), or falls below the 33rd Percentile peer comparison (measured over the past rolling 3 and 5 year periods) for two consecutive or three out of five quarters, the manager is formally placed on a watch list.

2. Watch list status triggers a meeting with the investment consultant to discuss performance.

3. Once placed on the watch list, continued underperformance for two additional quarters warrants replacement consideration. An analysis of performance shall be prepared by the investment consultant and reviewed by the President and/or his designee, the Chief Financial Officer and/or the Controller. The President and/or his designee, the Chief Financial Officer and/or the Controller will then present the findings with the consultant during a meeting of the Committee.

4. If replacement is recommended, a replacement search will be undertaken by the Investment Consultant.

5. If the decision is made to retain the manager, the manager will remain on the watch list until performance improves or a replacement decision is made.

The Committee is aware of, and appreciates the fact that other variables must be taken into account other than benchmark and peer performance evaluation. Such variables include up/downside capture ratios, risk/return analysis, style drift, manager turnover, fee track record and style within a style analysis. Such variables will be provided as part of the analysis.

The Committee reserves the right to change these guidelines at any time and will make the Manager aware of any changes in writing.

It is intended that the Investment Managers, Consultant, and Committee review this document annually. In this regard, the Investment Manager's interest in consistency in these matters is recognized and will be taken into account when changes are being considered. If at any time the investment managers feel that the specific objectives herein cannot be met, or the guidelines

constrict performance, the Committee should be so notified in writing. By initialing and continuing acceptance of this Investment Policy Statement, the Investment Manager accepts the provisions of this document. The Committee shall submit a copy of this policy to each Investment Manager, along with an addendum outlining their respective responsibilities and reporting requirements. The addendum should be signed by the Investment Manager and returned to the Committee for filing.

ANNUAL OR FISCAL YEAR RE-BALANCE OF THE ASSET STYLE:

Rebalancing - From time to time, but no less than once a year, the Committee shall address the asset allocation of the portfolios and rebalance the portfolio to the targets in the preceding table or affirm the asset allocation of the portfolio. Annual rebalancing is not required.

COMMUNICATIONS AFFECTING INVESTMENT MANAGERS

A. It shall be incumbent upon the investment managers and the custodian to apprise the Committee of all transactions. On a monthly basis each manager shall supply an accounting statement that will include a summary of all receipts and disbursements, the cost and the market value of all assets and their percentage of the fund invested in equities, fixed income and money market investments. On a quarterly basis each manager shall provide an analysis of the quality of the assets, a summary of common stock diversification and attendant schedules. In addition, each manager shall deliver each quarter a report detailing the fund's performance, adherence to the investment policy, forecast of the market and economy, portfolio analysis and current assets of the trust. Written reports shall be provided to the Committee at the quarterly meetings. Each manager will provide immediate written and telephone notice to the Committee and the performance monitor of any significant market related or non-market related event. The Committee has retained a monitoring service to evaluate and report on a quarterly basis the rate of return and relative performance of the fund.

B. Meetings: The Committee will meet at least semi-annually with the investment consultant representative to review the performance report. At least annually, the Committee will meet with or communicate in writing with each investment manager to discuss performance results, economic outlook, investment strategy and tactics and other pertinent matters affecting the fund.

C. The investment managers will immediately disclose any securities presently held which are not in compliance with this Policy. Furthermore, as part of its regular quarterly report, each manager shall include a listing of all fixed income securities and money market or short term investments held showing their credit ratings.

D. When the Fund owns securities, which complied with this Policy at time of purchase, that are subsequently downgraded below permissible levels, the investment manager will dispose of such securities at the earliest feasible date.

E. The Committee may recapture commission dollars, as appropriate in light of all circumstances.

F. The investment manager shall notify the Committee of any and all material events regarding the investment manager or any other agent, parent company or entity related to the investment manager and shall furnish the Committee with the Securities Exchange Commission (SEC) Form ADV, Part II, annually.

G. The equity managers will be responsible to vote all proxy statements, maintain documentation on their votes and outcome of the results. Annually, each manager maybe requested to submit a summary of the proxy activity for the prior 12 months.

H. The Committee, by delivery of this Investment Policy Statement to the Plan's actuary, communicates the following:

- Plan asset/investments for which a fair market value is not provided must be excluded from the assets used to determine annual funding cost;

- For each actuarial valuation, the Committee shall, with the advice of its investment professionals and its actuary, determine the total expected annual rates of return that will be earned by the Fund for the current year, for each of the next several years and for the long term.

CUSTODIAN AND SAFEKEEPING

Any securities in the investment portfolio should be held with a third party, and all securities purchased by and all collateral obtained by the Plan, should be properly designated as an asset of the Plan by the custodian. No withdrawal of such securities in whole or in part shall be made from safekeeping, except by the Committee and/or its designee, the Chief Financial Officer or an authorized staff member.

The Committee may also receive bank trust receipts in return for investment of surplus funds in securities. Any trust receipts received must enumerate the various securities held, together with the specific number of each security held. The actual securities on which the trust receipts are issued may be held by any bank depository chartered by the United States Government or the State of Florida or their designated agents. Securities transactions between a broker/dealer and the custodian involving purchase or sale of securities by transfer of money or securities must be made on a "delivery vs. payment" basis, if applicable, to ensure that the custodian will have the security or money, as appropriate, in hand at the conclusion of the transaction.

INTERNAL CONTROLS

The Committee and/or its designee the Chief Financial Officer and/or the Controller shall establish a written policy for the implementation of a system of internal controls, designed to prevent losses of funds which might arise from fraud, employee error, misrepresentation by third parties, or imprudent actions. This internal control policy shall provide for a review of the Plan's controls by independent auditors as part of any financial audit periodically required by the Plan.

A. System of Controls – The President and/or his designee, the Chief Financial Officer and/or the Controller, is responsible for establishing and maintaining an internal control structure

designed to ensure that the assets of the District are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires estimates and judgments by management.

Accordingly, the President and/or his designee, the Chief Financial Officer and/or the Controller shall establish a process for periodic independent review by an external auditor to assure compliance with policies and procedures. The internal controls shall address the following points:

1. Control of collusion. Collusion is a situation where two or more employees are working in conjunction to defraud their employer.

2. Separation of transaction authority from accounting and record keeping. By separating the person who authorized or performs the transaction from the people who record or otherwise account for the transaction, a separation of duties is achieved.

3. Custodial safekeeping. Securities purchased from any bank or dealer including appropriate collateral (as defined by Florida Statute) shall be placed with an independent third party for custodial safekeeping.

4. Avoidance of physical delivery securities. Book entry securities are much easier to transfer and account for since actual delivery of a document never takes place. Delivered securities must be properly safeguarded against loss or destruction. The potential for fraud and loss increases with physically delivered securities.

5. Clear delegation of authority to subordinate staff members. Subordinate staff members must have a clear understanding of their authority and responsibilities to avoid improper actions. Clear delegation of authority also preserves the internal control structure that is contingent on the various staff positions and their respective responsibilities.

6. Written confirmation of telephone transactions for investments and wire transfers. Due to the potential for error and improprieties arising from telephone transactions, all telephone transactions should be supported by written communications and approved by the appropriate person. Written communications may be via letter, fax and/or email and must be from an authorized person.

7. Development of a wire transfer agreement with the lead bank or third party custodian. This agreement should outline the various controls, security provisions, and delineate responsibilities of each party making and receiving wire transfers.

8. Delivery vs. Payment – All trades where applicable will be executed by delivery vs. payment (DVP). This ensures that securities are deposited in the eligible financial institution prior to the release of funds. Securities will be held by a third party custodian as evidenced by safekeeping receipts.

9. A monthly investment report shall be issued by the Investment Managers to the Committee and/or his designee, the Chief Financial Officer for submission to the Board of Directors, which at a minimum sets forth the information listed above in sub-section 3 of the Record Keeping / Reporting section.

FLORIDA STATUTES AND APPLICABLE DISTRICT ORDINANCES

Investment of the Plan assets shall be subject to the limitations and conditions set forth in Section 215.47 (1) - (6), (8), (9), (11), and (17) , Florida Statutes ~~(2012)~~, unless otherwise authorized by law or ordinance. No additional investment may be made in the investment category which exceeds the applicable limit, unless authorized by law or ordinance.

REPORTING REQUIREMENTS

The Investment Policy Statement shall, upon adoption or amendment by the Committee and approval by the Hospital Board, be filed with the Department of Management Services, the Plan's sponsor, and the consulting actuary.

The determination of the expected rates of return shall be filed with the Department of Management Services, with the Plan's sponsor, and the consulting actuary.

The Committee shall prepare, at least annually, a report of investment activities for submission to the Hospital Board, and make available, upon request, the same to the public.

CONTINUING EDUCATION

It will be the responsibility of the Committee and/or its designee, the Chief Financial Officer and/or the Controller, to the extent that such individuals are responsible for making investment decisions for the Hospital's assets, to complete 8 hours annually of continuing education in subjects or courses of study related to investment practices and products.

Summary report: Litéra® Change-Pro 7.5.0.185 Document comparison done on 10/31/2017 11:12:03 AM	
Style name: Default Style	
Intelligent Table Comparison: Active	
Original DMS: iw://FSDMS/ORLANDO1/11609864/1	
Modified DMS: iw://FSDMS/ORLANDO1/11609864/2	
Changes:	
Add	11
~~Delete~~	1
~~Move From~~	0
Move To	0
Table Insert	0
~~Table Delete~~	0
Table moves to	0
~~Table moves from~~	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	12

Members:
Stan Retz, Chairperson
Peggy Crooks
Herman Cole
Elizabeth Galfo, M.D.
Jerry Noffel

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
NOVEMBER 06, 2017 11:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

I. Review and approval of minutes (September 18, 2017)

Motion: To recommend approval of the September 18, 2017 minutes as presented.

II. Public Comments

III. FY2017 Audit Plan-Moore Stephens Lovelace

IV. Revenue Cycle Update – Mr. Sitowitz

V. Corporate Compliance Update – Anual Jackson

VI. Adjournment

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
AUDIT COMMITTEE

A regular meeting of the Audit Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on September 18, 2017 at 2:12 p.m. in the Executive Conference Room. The following members were present:

Stan Retz, Chairperson
Herman Cole
Peggy Crooks (absent-excused)
Elizabeth Galfo M.D
Jerry Noffel

Other Attendees:
Michael Sitowitz
Pamela Perez
Anual Jackson
Robert Ondrizek
Erin Head
Chris Tyson
Natalie Sellers
Edwin Loftin
Billie Fitzgerald

Call to Order

Mr. Retz called the meeting to order at 2:12 p.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 1, 2017 meeting as presented.

Public Comment

No public comment

Update Revenue Cycle

Mr. Sitowitz gave an overview of the following:

- Monthly cash collection was at 101%
- Overall A/R days are at 53 days
- DNFB at July 2017 was at $16 mil
- Current Days Cash on Hand at 245 days
- Debt Service Coverage Ratio 2.4

Corporate Compliance Update

Mr. Jackson updated the committee on some areas of government agency audits which include the following:

- KEPRO did a review of short stay admissions.
  - 10 claims reviewed
  - 5 did not meet criteria as IP status
  - 3 Documentation Concerns
  - 2 Orders not signed until after D/C
  - Process correction made and now orders reflect a signature or absence of one. RI assisting as well.

- Compliance Hotline Update From May 2017- August 2017
  - 15 calls
  - 0 Were significant
  - 0 Breaches

Adjournment

There being no further business, the meeting adjourned at 2:49 p.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.
George Mikitarian (non-voting)
Jerry Noffel
Aluino Ochoa, M.D., President/Medical Staff
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Patricia Alexander, M.D., Designee
Kenneth McElynn, M.D., Designee
Christopher Manion, M.D., Designee
Gregory Cuculino, M.D.
Pamela Tronetti, D.O., Designee

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, NOVEMBER 6, 2017
12:00 P.M.
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the September 18, 2017 meeting

II. Public Comment

III. Vision Statement

IV. 2017 Fall Leap Frog

V. Dashboard Review

VI. Oro 2.0

VII. Opioid Metrics

VIII. Other

IX. Executive Session (if necessary)

ADJOURNMENT

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

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD). THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUUPORT, 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 September 18, 2017 in the Executive Conference Room. The following members were present.

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

Member(s) Absent:
Pamela Tronetti, D.O. (excused)
Patricia Alexander, M.D. (excused)

CALL TO ORDER

Mr. Cole called the meeting to order at 3:01 p.m.

VISION STATEMENT

Mr. Loftin summarized the committee's vision statement.

PUBLIC COMMENTS

None

QUALITY DASHBOARD REVIEW

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

ORO 2.0 *HIGH* RELIABILITY ORGANIZATIONAL ASSESSMENT

Mr. Loftin shared with the committee the second item on the assessment timeline which is to determine assessment process. Committee will be emailed an individual assessment and the result will be compiled and discussed at the November meeting.

HIIN

Item to be discussed at a future meeting.

OPIOID CRISIS

Ms. Sellers shared with the committee the new PMC initiative and safe care pledge to help address the Opioid crisis. Dr. Elizabeth Galfo will serve as the board liaison with the PMC staff to assist with the concept development. Discussion ensued and the following motion was made by Ms. Rupe, seconded by Mr. Cole and approved (10 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO APPROVE THE PARRISH MEDICAL CENTER MANAGEMENT AND STAFF TO CONSULT WITH CLINICIANS TO DESIGN AN APPROACH TO HELP ADDRESS THE OPIOID CRISIS.**

OTHER

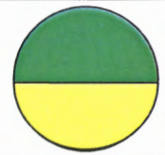
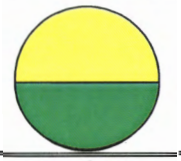
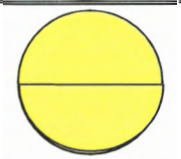
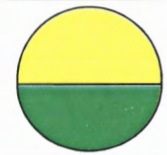
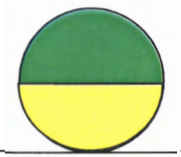
No other business was discussed.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:58 p.m.

Herman A. Cole, Jr.
Chairman

Board Value Dashboard: August 2017

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

CMS/IHI Triple Aim

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

Value= Quality/Cost

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

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

TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, NOVEMBER 6, 2017
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION

CALL TO ORDER

I. Review and approval of minutes (September 18, 2017)

Motion: To recommend approval of the September 18, 2017 minutes as presented.

II. Public Comments

III. Report from Titusville City Council Liaison- Scott Larese

IV. Quarterly Investment Reports (Pension/Operating) – Bott-Anderson

V. Annual Investment Policies Review – Mr. Sitowitz (Include Operating Investment?)

Motion: Recommend the Board of Directors approve the Operating Funds Investment Policy (9500-5003) with no changes from the prior year.

Motion: Recommend the Board of Directors approve the Pension Investment Guidelines Policy (9500-5004) as presented.

VI. Series 2017 Bonds – Hamlin Capital Advisors, LLC & Angela Abbott

Motion: Recommend the Board of Directors approve the resolution authorizing the issuance of the revenue refunding bonds, series 2017 for an amount not to exceed $26 Million and the execution and delivery of the documents in substantially the forms attached as exhibits A-C to the resolution.

VII. Interlocal Agreement with Halifax – Mr. Sitowitz

Motion: Recommend to the Board of Directors to approve the attached Interlocal Agreement with Halifax Hospital Medical Center Taxing District.

VIII. Financial Review – Mr. Sitowitz

IX. Quarterly FY17 Capital Update – Mr. Sitowitz

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

XI. 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).

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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 September 18, 2017 in the Executive Conference Room. The following members, representing a quorum, were present:

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

Member(s) Absent:
None

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

CALL TO ORDER

Mr. Retz called the meeting to order at 1:16 p.m.

PUBLIC COMMENTS

None

FINANCIAL REVIEW

Mr. Sitowitz summarized the July 2017 financial statements.

DATA CENTER UPS REPLACEMENT PROJECTS-PROJECT#17-721-01&#18-721-01

Mr. Sitowitz summarized the memorandum contained in the packet relative to the release of funds for the budgeted purchase of materials to support the Data Center Uninterrupted Power Supply Replacement Projects. Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE PURCHASE OF MATERIALS TO RECERTIFY UPS UNIT AND CONNECT PMC DATA CENTER TO A 2ND INDEPENDENT POWER SOURCE (PROJECT #17-721-01) AT A TOTAL COST NOT TO EXCEED THE BUDGETED AMOUNT OF $155,000.**

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

ACTION TAKEN: **MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE PURCHASE OF A NEW UPS UNIT AT PMC AND ADD NET NEW UPS AT PSJ (PROJECT #18-721-01) AT A TOTAL COST NOT TO EXCEED THE BUDGETED AMOUNT OF $376,000.**

INTER-GOVERNMENTAL TRANSFER LIP

Mr. Sitowitz summarized the memorandum contained in the packet relative to the State of Florida Letter of Agreements for the IGT's for LIP. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Crooks and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO AUTHORIZE MANAGEMENT TO ENTER INTO A LETTER OF AGREEMENT WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION TO FUND LIP IN AN AMOUNT NOT TO EXCEED $1,943,168.**

INTER-GOVERNMENTAL TRANSFER DSH

Mr. Sitowitz summarized the memorandum contained in the packet relative to the State of Florida Letter of Agreements for the IGT's for DSH. Discussion ensued and the following motion was made by Mr. Cole, seconded by Ms. Fitzgerald and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO AUTHORIZE MANAGEMENT TO ENTER INTO A LETTER OF AGREEMENT WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION TO FUND DSH IN AN AMOUNT NOT TO EXCEED $626,460.**

ADVANCE REFUNDING OF REMAINING 2008 BOND ISSUE

Mr. Sitowitz noted that the Ad Hoc committee met earlier this afternoon and discussed the 2008 bonds. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Cole and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO AUTHORIZE MANAGEMENT TO NEGOTIATE TERMS WITH SIEMENS FOR AN ADVANCED REFUNDING OF THE REMAINING SERIES 2008 BONDS IN AN AMOUNT NOT TO EXCEED $28,000,000 AND TO HIRE FOLEY LARDNER, LLP AS BOND COUNCIL AND ANGELA ABBOTT AS BORROWERS COUNCIL TO DRAFT AND REVIEW DOCUMENTS.**

OTHER

No other business was discussed.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:36p.m.

Stan Retz
Chairperson

PARRISH
MEDICAL CENTER

MEMORANDUM

To: Budget & Finance Committee

From: Michael Sitowitz
Controller

Subject: **Annual Investment Policies Review**

Date: October 30, 2017

It is our responsibility to insure that the operating funds investment policy is periodically reviewed and updated, and that the policy is in conformance with Chapter 218, Part IV, Florida Statutes, and specifically, Section 218.415, Florida Statutes, as amended, or relevant future statutes.

The pension investment policy has the same requirement under Section 112.661 of the Florida Statutes.

Both the operating funds investment policy and the pension investment guidelines policy were reviewed by management, Bott Anderson and the attorney's for compliance with Florida Statute and any possible changes/updates.

The operating funds investment policy was deemed to be up to date as written and approve by the board at the meeting in November 2016. As such we recommend no changes to the policy.

The pension investment guidelines policy had some minor changes; the most notable was adding the title of Controller as a designee. This change was previously made to the operating funds investment policy.

Motion: Recommend the Board of Directors approve the Operating Funds Investment Policy (9500-5003) with no changes from the prior year.

Motion: Recommend the Board of Directors approve the Pension Investment Guidelines Policy (9500-5004) as presented.

Should you have any questions or concerns, please feel free to contact me at 268-6164 or e-mail me at michael.sitowitz@parrishmed.com.

SUBJECT
OPERATING FUNDS INVESTMENT POLICY

POLICY CATEGORY: FINANCE EFFECTIVE DATE 4/28/92

APPROVALS	DISTRIBUTION
_____Date:_____ Initiated By: Michael Sitowitz, Controller _____Date:_____ George Mikitarian, President/Chief Executive Officer _____Date:_____ Herman Cole, Jr., Chairman, Board of Directors Revised: 9/95, 11/03, 11/05, 11/06, 11/07, 11/09, 11/11, 8/13 Reviewed: 7/99, 3/00, 10/14, 10/15, 11/15	1. Administrative Manual 2. Application Xtender 3. iCare

POLICY

It is the purpose of this policy to establish the objectives, responsibilities, composition, procedures, record keeping and reporting requirements for North Brevard County Hospital District (the "District") d/b/a Parrish Medical Center (the "Hospital") investment portfolio. Furthermore, the purpose of this investment policy is to establish objectives and standards of care and to define suitable/authorized investment instruments and investment guidelines for each investment program. The investment portfolios of the Hospital include both cash accounts and those assets deployed for investment with asset managers. This policy only pertains to the invested assets. This investment policy shall not apply to pension funds, trust funds or funds related to the issuance of debt where there are other existing policies or indentures in effect.

It will be the responsibility of the President and/or his designee, the Chief Financial Officer to insure that this policy is periodically reviewed and updated, that this policy is in conformance with Chapter 218, Part IV, Florida Statutes, and specifically, Section 218.415, Florida Statutes, as amended, or relevant future statutes, and that the investment portfolio is managed consistent with the Hospital's Business Plan, as well as general asset liability management strategies of the Hospital.

The need for an investment policy is due to the increased volatility of interest rates, greater competition, and the increased relative importance of investment earnings compared to income from operations. These forces have combined to narrow the spread between the Hospital's revenues and expenses. The investment portfolio is an earning asset as well as a major source of the Hospital's liquidity. This creates the need for active management and sound administration of the investment portfolio. This written investment policy serves as the framework for the development of the Hospital's investment strategy and is the basis for measuring portfolio performance.

In addition to policies and objectives outlined herein, Hospital management may also employ strategies outlined and approved by the District's board of directors (the "Board of Directors") from time to time.

OBJECTIVES

Changes in the investment portfolio can have a profound impact on the Hospital's activities and must complement the Hospital's Business Plan and general asset-liability program. The order of the priorities in the management of the Hospital's investment portfolio shall be:

A. Principal and Safety – The foremost objective of this investment program is the preservation of the principal. Portfolio diversification must be adequate to assure preservation of principal and to minimize the risk.

B. Liquidity – The portfolio shall be managed in such a manner that funds are available to meet reasonably anticipated cash flow requirements in an orderly manner. The portfolio asset allocation model takes into account anticipated liquidity needs.

C. Generation of Income – The use of the Hospital assets to generate additional income is an important enhancement tool. This involves management of investments which, within defined limits, will provide income exceeding that which can be earned from the Florida State Board of Administration Local Government Surplus Funds Trust Fund (Florida Statutes Chapter 218.405 as amended or relevant future statutes).

D. Inflation Protection – It is the intent of the asset allocation model contained in this policy to significantly outpace inflation.

E. Return on investment / yield – All investments will be made striving to maximize portfolio return, consistent with the stated quality, safety and liquidity restrictions of the asset allocation model. Investment returns shall be secondary to the requirements for quality, safety and liquidity.

F. Understanding of Risk – The various asset styles, which comprise the asset allocation model, will be structured in a manner that most efficiently matches the model's investment risk and return characteristics with its long-term purposes and objectives. Short-term volatility and uncertainty of investment results are recognized as real, but not overriding risks, and will be managed appropriately through specific asset allocation strategies and diversification based upon the portfolios' investment time horizon and the fiduciaries stated risk limits. Consistent with this view, the portfolios will be evaluated on a "total return", rather than on a "yield" basis and the total return earned shall be particularly measured with risk taken in mind. At all times, investments should be made with the judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of capital as well as the probable income to be derived from the investment.

RESPONSIBILITIES/DECISION MAKING AUTHORITY

The Board of Directors has the ultimate responsibility of insuring that the policies of the Hospital are being followed.

The investment policy statement and periodic transactions shall be reviewed by the President and/or his designee, the Chief Financial Officer and/or the Controller on a regular basis to make certain that the investment activities bear a relationship to a broader risk management strategy of the Hospital. The overall policy shall be reviewed by the Investment Committee not less than annually in November of each year. On a monthly basis, the President and/or his designee, the Chief Financial Officer, and in their absence, the Controller, will be responsible for formulating individual investment strategies, monitoring investment performance, establishing maximum tolerable loss limits, and making recommendations for policy changes to the Investment Committee, who are responsible for advancing such recommendations, if warranted, to the Board of Directors.

The President and/or his designee, the Chief Financial Officer and/or the Controller shall also assure that adequate records and reports of transactions and commitments for future transactions be maintained.

To carry out their duties the President and/or his designee, the Chief Financial Officer and/or the Controller are empowered to execute securities purchases and sales, direct delivery of investments into and out of safekeeping, cause securities to be reregistered in the name of the Hospital, designate Board-approved Investment Managers to execute trades within the restrictions of this policy, and authorize wire transfer of funds for settlement of purchases, consistent with the limitations set forth in this policy.

Unless otherwise prohibited by law, from time to time, investments may be made which are not specifically authorized providing they are deemed to be in the best interest of the Hospital and the recommendation is jointly made by the President and Chief Financial Officer and/or the Controller, and providing further that such investments are approved by resolution of the Board of Directors as required by Section 218.415(16)(i), Florida Statutes. Prudence should be exercised when making investment decisions. The investment industry standard known as the "Prudent Person Rule" shall be followed to insure investment decisions are made in the Hospital's best interest. This rule states that investments should be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion, and intelligence exercise in the management of their own affairs, not for speculation but for investment considering the probable safety of their capital, as well as the probable income to be derived from the investment. Once such investment is made, formal notification shall be set forth in the minutes of the next Investment Committee meeting.

RECORD KEEPING/REPORTING

The President and/or his designee, the Chief Financial Officer must keep timely and accurate records of all portfolio activities. The President and/or his designee, the Chief Financial Officer is responsible for keeping specially detailed and accurate records for tax-exempt note or bond proceeds such that compliance with the Internal Revenue Code of 1986 and any amendments is assured. The President and/or his designee, the Chief Financial Officer is responsible for making sure the relevant arbitrage rebate calculations and required reporting to the Internal Revenue Service is performed for these issues. The following records must also be maintained and made available upon request from the Investment Managers:

A. Securities register that details all the transactions to include description of the security, the cost, maturity, par value, date of issue, date of purchase, coupon rate, registered status, interest payment dates, effective rate of return, safekeeping location, amortization or accrual of premiums or discounts, if any, and final disposition.

B. A ledger for the monthly balance, premium, discount, accrued interest receivable, interest income, and gains or losses on the investment portfolio by investment account number. It shall be the responsibility of the Controller to reconcile all general ledger accounts to the individual investment account records as of each month-end to ensure the accounts are in balance.

C. A monthly investment report shall be issued by the Investment Managers to the President and/or his designee, the Chief Financial Officer, which at a minimum sets forth the following information:

1. For each account (by class or type):

    a) the par value
    b) total cost value (book value)
    c) weighted yield based on cost
    d) total market value, weighted market yield, aggregate unrealized gain or loss from book, and income earned (all as of the report date)

2. For the total portfolio:

    a) the beginning cost and market value
    b) the ending cost and market value
    c) net contributions to the account
    d) net withdrawals from the account
    e) net cash flow to the account and income earned by the account (if different)
    f) total return for the account on a cost and market value basis for the month and the previous 11 months
    g) trailing quarter return on a cost and market value basis
    h) fiscal year to day return on a cost and market value basis
    i) trailing one year return on a cost and market value basis

D. Also provided shall be a short narrative of the investment portfolio prospectus including strategies used by the Investment Manager and commentary on current market conditions affecting the portfolio's performance.

E. Along with performance, security and market information, a trading summary should be provided to the Hospital each quarter from each Investment Manager. The trading summary should outline the overall trading strategies employed by the Investment Manager given the market conditions and why the portfolio is structured the way it is at that time. Information should include discussion of trades executed in the portfolio for the period under review and why they were executed at that time.

PORTFOLIO COMPOSITION

The Hospital's investment portfolio shall exclusively consist of investments permitted by Section 218.415(16), Florida Statutes, as amended or relevant future statutes. This portfolio shall be maintained with a level of liquidity at least equal to 30 days of cash expenses, and in addition, at least 10% of fixed income investments will have maturities of one year or less.

Total Operating Reserves Asset Mix – The Operating Reserves' assets shall be invested with specialist managers with a target ultimate allocation of 60% fixed income, 30% equities and 10% alternatives. The Target Asset Allocation shall be as follows:

	Target Asset Allocation*		
Asset Class	Target Weight	Maximum Weight	Market Index
Fixed Income			
Short Dur Gov't/Corp	30%	60%	ML Domestic Mstr 1-3 yr
Inter. Dur Gov't/Corp	30%	60%	Barclays Gov/Cred Intrm
Long Dur Gov't/Corp	0%	60%	Barclays US Long Credit A
Total	**60%**	**n/a**	
Equities/Alternatives			
Large Cap Growth	7.5%	30%	Russell 1000 Growth
Large Cap Value	7.5%	30%	Russell 1000 Value
Mid Cap Core	5%	30%	Russell Mid Cap
Small Cap Core	5%	30%	Russell 2000
International	5%	30%	MSCI EAFE
Total	**30%**	n/a	
Alternatives	10%	12%**	TBD – Area Specific

*While the "Target Asset Allocation" is meant to be a guide for the deployment of assets, the Budget and Finance Committee shall, on a continuous basis, evaluate whether the Allocation continues to most likely accomplish the Objectives for the portfolio as discussed above.

**As discussed later in the section titled "Alternatives" below, the growth of the target weighting

shall be limited to 12%.

EXIGENT CIRCUMSTANCES

Special power is reserved, after approval of the Chief Executive Officer and Chairman of the Board, to move the portfolio to a risk free position in the face of emergency circumstances whereby the delay involved in the decision making process of the full Budget and Finance Committee may cause irreparable harm.

ALTERNATIVES

The Budget and Finance Committee may authorize an allocation of this portfolio to an asset class known as Alternative Investments. Alternative Investments involve investing in non-traditional asset classes and in traditional asset classes structured in a non-traditional manner. Managers of such investments are expected to use their specific investment skills to generate long-term equity-like returns that are not highly correlated to traditional asset classes. Alternative Investment strategies, such as long vs. short, tactical asset allocation, distress securities, managed futures, commodities, and arbitrage strategies may be used in the portfolios to enhance investment returns, reduce volatility of portfolios and increase overall portfolio diversification.

Furthermore, Alternative Investments may also include Real Estate Investment Trust (REIT) Manager(s), Real Estate Limited Partnerships and Hedge Fund of Fund managers. Hedge Fund of Fund managers shall exhibit the following characteristics:

- Fund of Fund Hedge Funds will be held in the forms of professionally managed pooled limited partnership investments offered by professional investment managers with proven records of superior performance over time.
- Fund of Fund Hedge Funds are subject to the same due diligence process as traditional investments, however due to their unique nature, additional criteria are to be considered.
- Transparency of the underlying hedge funds and to some degree their individual positions.
- Liquidity terms of the fund of funds may include lock-up periods and frequency of withdrawals
- No significant degree of leverage utilized at the limited partnership level.
- Financial commitment of the General Partner in the fund.

Each investment in Alternative Investments must be specifically approved by the Budget and Finance Committee, after recommendation is made by the Investment Committee, and such class of investments must never exceed **12%** of the portfolio (10% target investment plus a maximum of 2% deviation as described in the above table). At the time of commitment to a particular Alternative investment manager, the Budget and Finance Committee, upon recommendation from the Investment Committee, will specifically address investment goals for such an investment. With the advice of the Investment Consultant, the Committee shall agree to a benchmark against which to evaluate ongoing performance of the Alternative Investments in the overall asset allocation model.

QUALITY – PERMITTED INVESTMENTS

Generally, the managers are expected to invest in readily marketable, high quality stocks, bonds, and cash equivalents. Private placements, restricted stocks, and nominally or closely held public issues for which the market is severely restricted or thinly traded, or any investment, which would jeopardize the tax-exempt status of the District are prohibited.

Additionally, the following quality factors and limitations should be met:

A. **Fixed Income** – The Operating Reserves may be invested in fixed income securities, as deemed prudent, including U.S. Government, agency obligations and corporate bonds. The average quality rating of bonds must be investment grade A or better, as judged by Moody's or S&P rating services. In any case, no more than 10% of the fixed income securities should be below investment grade, as defined by Moody's or S&P. Under no circumstances should the duration of the fixed income portion of the portfolio be longer than 125% of the Barclays Government/Credit Intermediate Index. The Budget and Finance Committee does not want an excessively long fixed income portfolio subject to interest rate risk.

B. **Equities** - The Budget and Finance Committee wishes to hold issues of high quality, marketable securities. Each equity manager must maintain an overall portfolio quality comparable to the applicable equal weighted Russell or MSCI Index. Equity managers must include a statement regarding their comparable overall portfolio quality within each quarterly report to the Budget and Finance Committee.

C. **Prohibited Investments** - In addition to the preceding general quality guidelines, the following categories of securities or security transactions are not permissible for investment without the Budget and Finance Committee's prior written approval:

1. Short sales.

2. Non-covered or Non-collateralized Put and Call Options.

3. Margin purchases or lending or borrowing money.

4. Letter stocks, private placements, or direct placements.

5. Restricted stocks, and nominally or closely held public issues for which the market is severely restricted or thinly traded.

6. Commodities or futures, or options on futures.

7. Warrants.

8. Equity securities of any company which have a record of less than three years continuous operation, including the operation of any predecessor

9. Foreign equity securities not listed on one of the major U.S. exchanges, including

NASDAQ.

10. Bonds and cash equivalents denominated in foreign currencies or securities of foreign issuers including foreign financial institutions (American Depository Receipts or Canadian Issues denominated in U.S. dollars are allowed).

11. Volatile derivative or synthetic instruments, specifically Interest Only Strips (IOs), Principal Only Strips (POs), Residuals, Accrual Bonds, Z Bonds, Accretion Bonds, Inverse Floaters, and any other derivative securities or strategies that do not comply with the basic investment objectives of this policy, which emphasizes the preservation of principal consistent with conservative asset growth. Specifically prohibited are securities whose characteristics as implemented by the manager include potentially high price volatility and whose returns are speculative or leveraged (when considered together with liquid/short term securities positions) or whose marketability may be severely limited.

12. Direct / title holding real estate or mortgage investments.

13. Securities of the investment manager, the custodian/trustee, their parent, or subsidiaries (excluding Money Market Funds).

14. Security loans.

DERIVATIVES AND REVERSE REPURCHASE AGREEMENTS

Investments in any derivative products, if specifically authorized by this investment policy within the permitted investments section, may be considered only if the President and/or his designee, the Chief Financial Officer has developed sufficient understanding of the derivative products and had the expertise to manage them. For purposes of this policy, a derivative product is a financial instrument, the value of which depends on, or is derived from, the value of one or more underlying assets or index or asset values. The use of reverse repurchase agreements, if specifically authorized by this investment policy or the Board of Directors, shall be limited to transactions where the proceeds are intended to provide liquidity and for which the President and/or his designee, the Chief Financial Officer has sufficient resources and expertise. All approved institutions and dealers transacting repurchase agreements shall be required to execute and perform as stated in the Master Repurchase Agreement. All repurchase agreement transactions shall adhere to the requirements of the Master Repurchase Agreement as specified in Section 218.415(11), Florida Statutes.

COMPETITIVE PURCHASE OR SALE OF SECURITIES

It shall be the responsibility of the Investment Manager(s) to obtain competitive bids for the purchase or sale of securities and execute based on best price available in the market that meets the cash flow needs of Hospital and current market conditions. A log of bids obtained shall be maintained by each Investment Manager and made available to the hospital upon request. In the rare instance when competitive bids are not available for a security being purchased, the Investment Manager shall fully document such condition at the time of the trade and advise the

President and/or his designee, the Chief Financial Officer of actions taken by the Investment Manager to assure best price and best execution in light of the Hospital's cash flow needs and current market conditions have been obtained.

SELECTION, REVIEW, WATCH LIST AND REPLACEMENT OF MANAGERS

The Budget and Finance Committee will establish a process for selecting investment managers for the Operating Reserves. This process will be followed and executed by the Investment Committee, with conclusions provided to the Budget and Finance Committee to be approved by the Board of Directors of the District.

The total Portfolio and the individual manager's performance will be measured utilizing returns calculated net of investment management fees as follows:

A. Total Portfolio – The total return objective for the total Portfolio is to earn at least 50bps per year in excess of the asset weighted blended index return as computed by the investment consultant. The Asset Weighted Blend Index return is comprised of the various market indices in proportion to the actual asset mix.

B. Individual Asset Manager Performance Review and Evaluation – Individual asset managers are expected to not only outperform their passive alternative, but also their style peer group. Underperforming managers will be placed on a watch list and eventually replaced based on the following timing schedule:

1. If a manager underperforms its specific passive alternative/benchmark (Russell 1000 Growth, Russell 1000 Value, etc.), or falls below the 33rd Percentile peer comparison (measured over the past rolling 3 and 5 year periods) for two consecutive or three out of five quarters, the manager is formally placed on a watch list.

2. Watch list status triggers a meeting with the investment consultant to discuss performance.

3. Once placed on the watch list, continued underperformance for two additional quarters warrants replacement consideration. An analysis of performance shall be prepared by the investment consultant and reviewed by the President and/or his designee, the Chief Financial Officer and/or the Controller. The President and/or his designee, the Chief Financial Officer and/or the Controller will then present the findings with the consultant during a meeting of the Budget and Finance Committee.

4. If replacement is recommended, a replacement search will be undertaken by the Investment Consultant.

5. If the decision is made to retain the manager, the manager will remain on the watch list until performance improves or a replacement decision is made.

The Budget and Finance Committee, through the Investment Committee, is aware of, and appreciates the fact that other variables must be taken into account other than benchmark and peer performance evaluation. Such variables include up/downside capture ratios, risk/return analysis, style drift, manager turnover, fee track record and style within a style analysis. Such variables will be provided as part of the analysis.

The Budget and Finance Committee reserves the right to change these guidelines at any time and will make the Manager aware of any changes in writing.

It is intended that the investment managers, consultant, and Budget and Finance Committee review this document annually. In this regard, the investment manager's interest in consistency in these matters is recognized and will be taken into account when changes are being considered. If at any time the investment managers feel that the specific objectives herein cannot be met, or the guidelines constrict performance, the Budget and Finance Committee should be so notified in writing. By initialing and continuing acceptance of this Investment Policy Statement, the investment manager accepts the provisions of this document. The Budget and Finance Committee shall submit a copy of this policy to each investment manager, along with an addendum outlining their respective responsibilities and reporting requirements. The addendum should be signed by the investment manager and returned to the Budget and Finance Committee for filing.

ANNUAL OR FISCAL YEAR RE-BALANCE OF THE ASSET STYLE:

From time to time, but no less than once a year, the Budget and Finance Committee, with specific input from the Investment Committee, shall address the asset allocation of the portfolios and rebalance the portfolio to the targets in the preceding table or affirm the asset allocation of the portfolio. Annual rebalancing is not required.

COMMUNICATIONS AFFECTING INVESTMENT MANAGERS

It shall be incumbent upon the investment managers and the custodian to apprise the Budget and Finance Committee of all transactions. On a monthly basis each manager shall supply an accounting statement that will include a summary of all receipts and disbursements, the cost and the market value of all assets and their percentage of the fund invested in equities, fixed income and money market investments. On a quarterly basis each manager shall provide an analysis of the quality of the assets, a summary of common stock diversification and attendant schedules. In addition, each manager shall deliver each quarter a report detailing the fund's performance, adherence to the investment policy, forecast of the market and economy, portfolio analysis and current assets of the trust. Written reports shall be provided to the Budget and Finance Committee at the quarterly meetings. Each manager will provide immediate written and telephone notice to the Budget and Finance Committee and the performance monitor of any significant market related or non-market related event. The Budget and Finance Committee has retained a monitoring service to evaluate and report on a quarterly basis the rate of return and relative performance of the fund.

Meetings: The Investment Committee will meet at least semi-annually with the investment consultant representative to review the performance report. At least annually, the Investment Committee will meet with or communicate in writing with each investment manager to discuss performance results, economic outlook, investment strategy and tactics and other pertinent matters affecting the fund.

The investment managers will immediately disclose any securities presently held which are not in compliance with this Policy. Furthermore, as part of its regular quarterly report, each manager shall include a listing of all fixed income securities and money market or short term investments held showing their credit ratings.

When the Fund owns securities, which complied with this Policy at time of purchase, that are subsequently downgraded below permissible levels, the investment manager will dispose of such securities at the earliest feasible date.

The Budget and Finance Committee may recapture commission dollars, as appropriate in light of all circumstances.

The investment manager shall notify the Budget and Finance Committee of any and all material events regarding the investment manager or any other agent, parent company or entity related to the investment manager and shall furnish the Budget and Finance Committee with the Securities Exchange Commission (SEC) Form ADV, Part II, annually.

The equity managers will be responsible to vote all proxy statements, maintain documentation on their votes and outcome of the results. Annually, each manager maybe requested to submit a summary of the proxy activity for the prior 12 months.

CUSTODIAN AND SAFEKEEPING

Any securities in the investment portfolio should be held with a third party, and all securities purchased by and all collateral obtained by the Hospital, should be properly designated as an asset of the Hospital by the custodian. No withdrawal of such securities in whole or in part shall be made from safekeeping, except by the President and/or his designee, the Chief Financial Officer or an authorized staff member.

The Board of Directors may also receive bank trust receipts in return for investment of surplus funds in securities. Any trust receipts received must enumerate the various securities held, together with the specific number of each security held. The actual securities on which the trust receipts are issued may be held by any bank depository chartered by the United States Government or the State of Florida or their designated agents. Securities transactions between a broker/dealer and the custodian involving purchase or sale of securities by transfer of money or securities must be made on a "delivery vs. payment" basis, if applicable, to ensure that the custodian will have the security or money, as appropriate, in hand at the conclusion of the transaction.

INTERNAL CONTROLS

The President and/or his designee the Chief Financial Officer and/or the Controller shall establish a written policy for the implementation of a system of internal controls, designed to prevent losses of funds which might arise from fraud, employee error, misrepresentation by third parties, or imprudent actions by employees of the Hospital. This internal control policy shall provide for a review of the Hospital's controls by independent auditors as part of any financial audit periodically required by the Hospital.

System of Controls – The Controller is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the Hospital are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires estimates and judgments by management.

Accordingly, the Controller shall establish a process for periodic independent review by an external auditor to assure compliance with policies and procedures. The internal controls shall address the following points:

A. Control of collusion. Collusion is a situation where two or more employees are working in conjunction to defraud their employer.

B. Separation of transaction authority from accounting and record keeping. By separating the person who authorized or performs the transaction from the people who record or otherwise account for the transaction, a separation of duties is achieved.

C. Custodial safekeeping. Securities purchased from any bank or dealer including appropriate collateral (as defined by Florida Statute) shall be placed with an independent third party for custodial safekeeping.

D. Avoidance of physical delivery securities. Book entry securities are much easier to transfer and account for since actual delivery of a document never takes place. Delivered securities must be properly safeguarded against loss or destruction. The potential for fraud and loss increases with physically delivered securities.

E. Clear delegation of authority to subordinate staff members. Subordinate staff members must have a clear understanding of their authority and responsibilities to avoid improper actions. Clear delegation of authority also preserves the internal control structure that is contingent on the various staff positions and their respective responsibilities.

F. Written confirmation of telephone transactions for investments and wire transfers. Due to the potential for error and improprieties arising from telephone transactions, all telephone transactions should be supported by written communications and approved by the appropriate person. Written communications may be via letter, fax and/or email and must be from an authorized person.

G. Development of a wire transfer agreement with the lead bank or third party custodian. This agreement should outline the various controls, security provisions, and delineate responsibilities of each party making and receiving wire transfers.

H. Delivery vs. Payment – All trades where applicable will be executed by delivery vs. payment (DVP). This ensures that securities are deposited in the eligible financial institution prior to the release of funds. Securities will be held by a third party custodian as evidenced by safekeeping receipts.

I. A monthly investment report shall be issued by the Investment Managers to the President and/or his designee, the Chief Financial Officer for submission to the Board of Directors, which at a minimum sets forth the information listed above in sub-section (c) of the Record Keeping / Reporting section. Such reports shall be available to the public as required by Section 218.415(15), Florida Statutes.

CONTINUING EDUCATION

It will be the responsibility of the President and/or his designee, the Chief Financial Officer and/or the Controller, to the extent that such individuals are responsible for making investment decisions for the Hospital's assets, to complete 8 hours annually of continuing education in subjects or courses of study related to investment practices and products.

SUBJECT
PENSION INVESTMENT GUIDELINES

POLICY CATEGORY: ADMINISTRATIVE EFFECTIVE DATE: 1/1/01

APPROVALS	DISTRIBUTION
_____ Date:_____ Initiated By: Michael Sitowitz, Controller _____ Date_____ George Mikitarian, President/CEO _____ Date:_____ Herman Cole, Chairman, Board of Directors REVISED: 11/03/03, 11/07/05, 7/10/06, 11/5/07, 11/09, 11/10, 11/11, 8/13 REVIEWED: 11/01/04, 11/06/06, 11/14, 11/15, 11/16	1. Administrative Manual 2. Application Xtender 3. iCare

POLICY

The Pension Administrative Committee (the "Committee") and the North Brevard County Hospital District (the "District") maintain that an important determinant of future investment returns is the expression and periodic review of investment objectives. To that end, the Committee and the District have adopted this statement of Investment Policy.

In fulfilling its fiduciary responsibility, the Committee and the District recognizes that the North Brevard County Hospital District, a Special Tax District operating Parrish Medical Center Pension and Trust Agreement (the "Plan") is an essential vehicle for providing income benefits to retired participants or their beneficiaries. The Committee and the District also recognizes that the obligations of the investment fund for the Plan are long-term and that the investment policy should be made with a view toward performance and return over a number of years.

The Committee recognizes that the general investment objective is to maximize return consistent with risks incumbent in each investment. The Committee shall achieve the general investment objective of the Plan commensurate with applicable statutes or requirements. The Committee and the District further acknowledge that Section 112.661 of the Florida Statutes shall supersede any conflicting provisions of law guiding Plan investments. Objectives, in order of importance are: Principal and Safety, Liquidity and Return on Investment.

In order to achieve a rate of return commensurate with the standards stated in this investment policy, the Committee shall identify performance standards, investment guidelines and limits necessary to guarantee compliance with the Committee's standards by all named fiduciaries.

In addition to policies and objectives outlined herein, Hospital management may also employ strategies outlined and approved by the District's board of directors (the "Board of Directors") from time to time.

RESPONSIBILITIES/DECISION MAKING AUTHORITY

The investment policy statement and periodic transactions shall be reviewed by the Committee on a regular basis to make certain that the investment activities bear a relationship to a broader risk management strategy of the Plan. On a reasonable basis, the Committee and/or its designee, the Chief Financial Officer, and in their absence, the Controller, will be responsible for formulating individual investment strategies, monitoring investment performance, establishing maximum tolerable loss limits, and making recommendations for policy changes to the Committee.

The Committee and/or its designee, the Chief Financial Officer and/or the Controller shall also assure that adequate records and reports of transactions and commitments for future transactions be maintained.

To carry out their duties the Committee and/or its designee, the Chief Financial Officer and/or the Controller are empowered to execute securities purchases and sales, direct delivery of investments into and out of safekeeping, cause securities to be reregistered in the name of the Plan, designate Committee-approved Investment Managers to execute trades within the restrictions of this policy, and authorize wire transfer of funds for settlement of purchases, consistent with the limitations set forth in this policy.

Unless otherwise prohibited by law, from time to time, investments may be made which are not specifically authorized providing they are deemed to be in the best interest of the Plan and the recommendation is jointly made by the Committee and Chief Executive Officer. Prudence should be exercised when making investment decisions. The investment industry standard known as the "Prudent Person Rule" shall be followed to insure investment decisions are made in the Plan's best interest. This rule states that investments should be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion, and intelligence exercise in the management of their own affairs, not for speculation but for investment considering the probable safety of their capital, as well as the probable income to be derived from the investment. Once such investment is made, formal notification shall be set forth in the minutes of the next Committee meeting.

RECORD KEEPING/REPORTING

The Committee and/or his designee, the Chief Financial Officer must keep timely and accurate records of all portfolio activities. The following records must also be maintained and made available upon request from the Investment Managers:

1. Securities register that details all the transactions to include description of the security, the cost, maturity, par value, date of issue, date of purchase, coupon rate, registered

status, interest payment dates, effective rate of return, safekeeping location, amortization or accrual of premiums or discounts, if any, and final disposition.

2. A ledger for the monthly balance, premium, discount, accrued interest receivable, interest income, and gains or losses on the investment portfolio by investment account number. It shall be the responsibility of the Controller to reconcile all general ledger accounts to the individual investment account records as of each month-end to ensure the accounts are in balance.

3. A monthly investment report shall be issued by the Investment Managers to the Committee and/or his designee, the Chief Financial Officer and/or the Controller, which at a minimum sets forth the following information:

   a) For each account (by class or type):

   - the par value
   - total cost value (book value)
   - weighted yield based on cost
   - total market value, weighted market yield, aggregate unrealized gain or loss from book, and income earned (all as of the report date)

   For the total portfolio:

   - the beginning cost and market value
   - the ending cost and market value
   - net contributions to the account
   - net withdrawals from the account
   - net cash flow to the account and income earned by the account (if different)
   - total return for the account on a cost and market value basis for the month and the previous 11 months
   - trailing quarter return on a cost and market value basis
   - fiscal year to day return on a cost and market value basis
   - trailing one year return on a cost and market value basis

   b) Also provided shall be a short narrative of the investment portfolio prospectus including strategies used by the Investment Manager and commentary on current market conditions affecting the portfolio's performance.

   c) The Committee or Chief Financial Officer and/or the Controller shall provide this information, or summaries thereof, to the Board of Directors on a quarterly or semi-annual basis; unless an issue arises that requires the ~~Board's~~Board of Director's attention sooner.

4. Along with performance, security and market information, a trading summary should be provided to the Committee each quarter from each Investment Manager. The trading summary should outline the overall trading strategies employed by the Investment Manager given the market conditions and why the portfolio is structured the way it is at

that time. Information should include discussion of trades executed in the portfolio for the period under review and why they were executed at that time.

PORTFOLIO COMPOSITION

The Plan's investment portfolio shall exclusively consist of investments permitted by Section 112.661(5), Florida Statutes, as amended or relevant future statutes. This portfolio shall be maintained with a level of liquidity at least equal to 30 days of cash expenses, and in addition, at least 10% of fixed income investments will have maturities of one year or less.

Total Pension Funds Asset Mix – The Plan's assets shall be invested with specialist managers with a target ultimate allocation of 30% fixed income, 60% equities and 10% alternatives. The Target Asset Allocation shall be as follows:

	Target Asset Allocation*		
Asset Class	**Target Weight**	**Maximum Weight**	**Market Index**
Fixed Income			
Short Dur Gov't/Corp	0%	50%	ML Domestic Mstr 1-3 yr
Inter. Dur Gov't/Corp	30%	50%	Barclays Gov/Cred Intrm
Long Dur Gov't/Corp	0%	50%	Barclays US Long Credit A
Total	**30%**	**n/a**	
Equities/Alternatives			
Large Cap Growth	17.5%	60%	Russell 1000 Growth
Large Cap Value	17.5%	60%	Russell 1000 Value
Mid Cap Core	10%	60%	Russell Mid Cap
Small Cap Core	10%	60%	Russell 2000
International	5%	60%	MSCI EAFE
Total	**60%**	n/a	
Alternatives	10%	12%**	TBD – Area Specific

*While the "Target Asset Allocation" is meant to be a guide for the deployment of assets, the Committee shall, on a continuous basis, evaluate whether the Allocation continues to most likely accomplish the Objectives for the portfolio as discussed above.

**As later discussed in the section titled "Alternatives" below, the growth of the target weighting shall be limited to 12%.

ALTERNATIVES

The Committee may authorize an allocation of this portfolio to an asset class known as Alternative Investments. Alternative Investments involve investing in non-traditional asset

classes and in traditional asset classes structured in a non-traditional manner. Managers of such investments are expected to use their specific investment skills to generate long-term equity-like returns that are not highly correlated to traditional asset classes. Alternative Investment strategies, such as long vs. short, tactical asset allocation, distress securities, managed futures, commodities, and arbitrage strategies may be used in the portfolios to enhance investment returns, reduce volatility of portfolios and increase overall portfolio diversification.

Furthermore, Alternative Investments may also include Real Estate Investment Trust (REIT) Manager(s), Real Estate Limited Partnerships and Hedge Fund of Fund managers, in which case the underlying investments will be assessed to confirm compliance with applicable law, and any additional expenses required by these investments, such as management fees and unrelated business taxable income shall be included in assessing whether an investment's costs are reasonable, as required by Florida Statutes Section 215.47(2)(e) and this Policy. Hedge Fund of Fund managers shall exhibit the following characteristics:

- Fund of Fund Hedge Funds will be held in the forms of professionally managed pooled limited partnership investments offered by professional investment managers with proven records of superior performance over time.
- Fund of Fund Hedge Funds are subject to the same due diligence process as traditional investments, however due to their unique nature, additional criteria are to be considered.
- Transparency of the underlying hedge funds and to some degree their individual positions.
- Liquidity terms of the fund of funds may include lock-up periods and frequency of withdrawals
- No significant degree of leverage utilized at the limited partnership level.
- Financial commitment of the General Partner in the fund.

Each investment in Alternative Investments must be specifically approved by the Committee and such class of investments must never exceed **12%** of the portfolio (10**%** target investment plus a maximum of 2**%** deviation as described in the above table). At the time of commitment to a particular Alternative investment manager, the Committee will specifically address investment goals for such an investment. With the advice of the individual or entity that recommends investments or investment managers ("Investment Consultant"), the Committee shall agree to a benchmark against which to evaluate ongoing performance of the Alternative Investments in the overall asset allocation model.

QUALITY – PERMITTED INVESTMENTS

Generally, the managers are expected to invest in readily marketable, high quality stocks, bonds, and cash equivalents. Private placements, restricted stocks, and nominally or closely held public issues for which the market is severely restricted or thinly traded, or any investment, which would jeopardize the tax-exempt status of the District are prohibited.

Additionally, the following quality factors and limitations should be met:

1.) **Fixed Income** – The Pension Fund may be invested in fixed income securities, as deemed prudent, including U.S. Government, agency obligations and corporate bonds. The average quality rating of bonds must be investment grade A or better, as judged by Moody's or S&P rating services. In any case, no more than 10% of the fixed income securities should be below investment grade, as defined by Moody's or S&P. Under no circumstances should the duration of the fixed income portion of the portfolio be longer than 125% of the Barclays Government/Credit Intermediate Index. The Budget and Finance Committee does not want an excessively long fixed income portfolio subject to interest rate risk.

2.) **Equities** – The Committee wishes to hold issues of high quality, marketable securities. Each equity manager must maintain an overall portfolio quality comparable to the applicable equal weighted Russell or MSCI Index. Equity managers must include a statement regarding their comparable overall portfolio quality within each quarterly report to the Committee.

3.) **Prohibited Investments** – In addition to the preceding general quality guidelines, the following categories of securities or security transactions are not permissible for investment without the Committee's prior written approval:

a) Short sales.

b) Non-covered or Non-collateralized Put and Call Options.

c) Margin purchases or lending or borrowing money.

d) Letter stocks, private placements, or direct placements.

e) Restricted stocks, and nominally or closely held public issues for which the market IS severely restricted or thinly traded.

f) Commodities or futures, or options on futures.

g) Warrants.

h) Equity securities of any company which have a record of less than three years continuous operation, including the operation of any predecessor

i) Foreign equity securities not listed on one of the major U.S. exchanges, including NASDAQ.

j) Bonds and cash equivalents denominated in foreign currencies or securities of foreign issuers including foreign financial institutions (American Depository Receipts or Canadian Issues denominated in U.S. dollars are allowed).

k) Volatile derivative or synthetic instruments, specifically Interest

Only Strips (IOs), Principal Only Strips (POs), Residuals, Accrual Bonds, Z Bonds, Accretion Bonds, Inverse Floaters, and any other derivative securities or strategies that do not comply with the basic investment objectives of this policy, which emphasizes the preservation of principal consistent with conservative asset growth. Specifically prohibited are securities whose characteristics as implemented by the manager include potentially high price volatility and whose returns are speculative or leveraged (when considered together with liquid/short term securities positions) or whose marketability may be severely limited.

l) Direct / title holding real estate or mortgage investments.

m) Securities of the investment manager, the custodian/trustee, their parent, or subsidiaries (excluding Money Market Funds).

n) Security loans.

DERIVATIVES AND REVERSE REPURCHASE AGREEMENTS

Investments in any derivative products, if specifically authorized by this investment policy within the permitted investments section, may be considered only if the Committee and/or its designee, the Chief Financial Officer and/or the Controller has developed sufficient understanding of the derivative products and had the expertise to manage them. For purposes of this policy, a derivative product is a financial instrument, the value of which depends on, or is derived from, the value of one or more underlying assets or index or asset values. The use of reverse repurchase agreements, if specifically authorized by this investment policy or the Committee, shall be limited to transactions where the proceeds are intended to provide liquidity and for which the Committee and/or its designee, the Chief Financial Officer and/or the Controller has sufficient resources and expertise.

A. COMPETITIVE PURCHASE OR SALE OF SECURITIES

The Committee will seek to confirm or add into the applicable contracts that it shall be the responsibility of the Investment Manager(s) to obtain competitive bids for the purchase or sale of securities and execute based on best price available in the market. A log of bids obtained shall be maintained by each Investment Manager and made available to the Board and the Committee upon request. In the rare instance when competitive bids are not available for a security being purchased, the Investment Manager shall fully document such condition at the time of the trade and advise the Committee and/or its designee, the Chief Financial Officer and/or the Controller of actions taken by the Investment Manager to assure best price and best execution in light of the Plan's cash flow needs.

SELECTION, REVIEW, WATCH LIST AND REPLACEMENT OF MANAGERS

The Committee will establish a process for selecting investment managers for the Pension Funds. The total Portfolio and the individual manager's performance will be measured utilizing returns calculated net of investment management fees as follows:

A) Total Portfolio – The total return objective for the total Portfolio is to earn at least 50bps per year in excess of the asset weighted blended index return as computed by the investment consultant. The Asset Weighted Blend Index return is comprised of the various market indices in proportion to the actual asset mix.

B) Individual Asset Manager Performance Review and Evaluation – Individual asset managers are expected to not only outperform their passive alternative, but also their style peer group. Underperforming managers will be placed on a watch list and eventually replaced based on the following timing schedule:

1. If a manager underperforms its specific passive alternative/benchmark (Russell 1000 Growth, Russell 1000 Value, etc.), or falls below the 33rd Percentile peer comparison (measured over the past rolling 3 and 5 year periods) for two consecutive or three out of five quarters, the manager is formally placed on a watch list.

2. Watch list status triggers a meeting with the investment consultant to discuss performance.

3. Once placed on the watch list, continued underperformance for two additional quarters warrants replacement consideration. An analysis of performance shall be prepared by the investment consultant and reviewed by the President and/or his designee, the Chief Financial Officer and/or the Controller. The President and/or his designee, the Chief Financial Officer and/or the Controller will then present the findings with the consultant during a meeting of the Committee.

4. If replacement is recommended, a replacement search will be undertaken by the Investment Consultant.

5. If the decision is made to retain the manager, the manager will remain on the watch list until performance improves or a replacement decision is made.

The Committee is aware of, and appreciates the fact that other variables must be taken into account other than benchmark and peer performance evaluation. Such variables include up/downside capture ratios, risk/return analysis, style drift, manager turnover, fee track record and style within a style analysis. Such variables will be provided as part of the analysis.

The Committee reserves the right to change these guidelines at any time and will make the Manager aware of any changes in writing.

It is intended that the Investment Managers, Consultant, and Committee review this document annually. In this regard, the Investment Manager's interest in consistency in these matters is recognized and will be taken into account when changes are being considered. If at any time the investment managers feel that the specific objectives herein cannot be met, or the guidelines

constrict performance, the Committee should be so notified in writing. By initialing and continuing acceptance of this Investment Policy Statement, the Investment Manager accepts the provisions of this document. The Committee shall submit a copy of this policy to each Investment Manager, along with an addendum outlining their respective responsibilities and reporting requirements. The addendum should be signed by the Investment Manager and returned to the Committee for filing.

ANNUAL OR FISCAL YEAR RE-BALANCE OF THE ASSET STYLE:

Rebalancing - From time to time, but no less than once a year, the Committee shall address the asset allocation of the portfolios and rebalance the portfolio to the targets in the preceding table or affirm the asset allocation of the portfolio. Annual rebalancing is not required.

COMMUNICATIONS AFFECTING INVESTMENT MANAGERS

A. It shall be incumbent upon the investment managers and the custodian to apprise the Committee of all transactions. On a monthly basis each manager shall supply an accounting statement that will include a summary of all receipts and disbursements, the cost and the market value of all assets and their percentage of the fund invested in equities, fixed income and money market investments. On a quarterly basis each manager shall provide an analysis of the quality of the assets, a summary of common stock diversification and attendant schedules. In addition, each manager shall deliver each quarter a report detailing the fund's performance, adherence to the investment policy, forecast of the market and economy, portfolio analysis and current assets of the trust. Written reports shall be provided to the Committee at the quarterly meetings. Each manager will provide immediate written and telephone notice to the Committee and the performance monitor of any significant market related or non-market related event. The Committee has retained a monitoring service to evaluate and report on a quarterly basis the rate of return and relative performance of the fund.

B. Meetings: The Committee will meet at least semi-annually with the investment consultant representative to review the performance report. At least annually, the Committee will meet with or communicate in writing with each investment manager to discuss performance results, economic outlook, investment strategy and tactics and other pertinent matters affecting the fund.

C. The investment managers will immediately disclose any securities presently held which are not in compliance with this Policy. Furthermore, as part of its regular quarterly report, each manager shall include a listing of all fixed income securities and money market or short term investments held showing their credit ratings.

D. When the Fund owns securities, which complied with this Policy at time of purchase, that are subsequently downgraded below permissible levels, the investment manager will dispose of such securities at the earliest feasible date.

E. The Committee may recapture commission dollars, as appropriate in light of all circumstances.

F. The investment manager shall notify the Committee of any and all material events regarding the investment manager or any other agent, parent company or entity related to the investment manager and shall furnish the Committee with the Securities Exchange Commission (SEC) Form ADV, Part II, annually.

G. The equity managers will be responsible to vote all proxy statements, maintain documentation on their votes and outcome of the results. Annually, each manager maybe requested to submit a summary of the proxy activity for the prior 12 months.

H. The Committee, by delivery of this Investment Policy Statement to the Plan's actuary, communicates the following:

- Plan asset/investments for which a fair market value is not provided must be excluded from the assets used to determine annual funding cost;

- For each actuarial valuation, the Committee shall, with the advice of its investment professionals and its actuary, determine the total expected annual rates of return that will be earned by the Fund for the current year, for each of the next several years and for the long term.

CUSTODIAN AND SAFEKEEPING

Any securities in the investment portfolio should be held with a third party, and all securities purchased by and all collateral obtained by the Plan, should be properly designated as an asset of the Plan by the custodian. No withdrawal of such securities in whole or in part shall be made from safekeeping, except by the Committee and/or its designee, the Chief Financial Officer or an authorized staff member.

The Committee may also receive bank trust receipts in return for investment of surplus funds in securities. Any trust receipts received must enumerate the various securities held, together with the specific number of each security held. The actual securities on which the trust receipts are issued may be held by any bank depository chartered by the United States Government or the State of Florida or their designated agents. Securities transactions between a broker/dealer and the custodian involving purchase or sale of securities by transfer of money or securities must be made on a "delivery vs. payment" basis, if applicable, to ensure that the custodian will have the security or money, as appropriate, in hand at the conclusion of the transaction.

INTERNAL CONTROLS

The Committee and/or its designee the Chief Financial Officer and/or the Controller shall establish a written policy for the implementation of a system of internal controls, designed to prevent losses of funds which might arise from fraud, employee error, misrepresentation by third parties, or imprudent actions. This internal control policy shall provide for a review of the Plan's controls by independent auditors as part of any financial audit periodically required by the Plan.

A. System of Controls – The President and/or his designee, the Chief Financial Officer and/or the Controller, is responsible for establishing and maintaining an internal control structure

designed to ensure that the assets of the District are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires estimates and judgments by management.

Accordingly, the President and/or his designee, the Chief Financial Officer and/or the Controller shall establish a process for periodic independent review by an external auditor to assure compliance with policies and procedures. The internal controls shall address the following points:

1. Control of collusion. Collusion is a situation where two or more employees are working in conjunction to defraud their employer.

2. Separation of transaction authority from accounting and record keeping. By separating the person who authorized or performs the transaction from the people who record or otherwise account for the transaction, a separation of duties is achieved.

3. Custodial safekeeping. Securities purchased from any bank or dealer including appropriate collateral (as defined by Florida Statute) shall be placed with an independent third party for custodial safekeeping.

4. Avoidance of physical delivery securities. Book entry securities are much easier to transfer and account for since actual delivery of a document never takes place. Delivered securities must be properly safeguarded against loss or destruction. The potential for fraud and loss increases with physically delivered securities.

5. Clear delegation of authority to subordinate staff members. Subordinate staff members must have a clear understanding of their authority and responsibilities to avoid improper actions. Clear delegation of authority also preserves the internal control structure that is contingent on the various staff positions and their respective responsibilities.

6. Written confirmation of telephone transactions for investments and wire transfers. Due to the potential for error and improprieties arising from telephone transactions, all telephone transactions should be supported by written communications and approved by the appropriate person. Written communications may be via letter, fax and/or email and must be from an authorized person.

7. Development of a wire transfer agreement with the lead bank or third party custodian. This agreement should outline the various controls, security provisions, and delineate responsibilities of each party making and receiving wire transfers.

8. Delivery vs. Payment – All trades where applicable will be executed by delivery vs. payment (DVP). This ensures that securities are deposited in the eligible financial institution prior to the release of funds. Securities will be held by a third party custodian as evidenced by safekeeping receipts.

9. A monthly investment report shall be issued by the Investment Managers to the Committee and/or his designee, the Chief Financial Officer for submission to the Board of Directors, which at a minimum sets forth the information listed above in sub-section 3 of the Record Keeping / Reporting section.

FLORIDA STATUTES AND APPLICABLE DISTRICT ORDINANCES

Investment of the Plan assets shall be subject to the limitations and conditions set forth in Section 215.47 (1) - (6), (8), (9), (11), and (17) , Florida Statutes ~~(2012)~~, unless otherwise authorized by law or ordinance. No additional investment may be made in the investment category which exceeds the applicable limit, unless authorized by law or ordinance.

REPORTING REQUIREMENTS

The Investment Policy Statement shall, upon adoption or amendment by the Committee and approval by the Hospital Board, be filed with the Department of Management Services, the Plan's sponsor, and the consulting actuary.

The determination of the expected rates of return shall be filed with the Department of Management Services, with the Plan's sponsor, and the consulting actuary.

The Committee shall prepare, at least annually, a report of investment activities for submission to the Hospital Board, and make available, upon request, the same to the public.

CONTINUING EDUCATION

It will be the responsibility of the Committee and/or its designee, the Chief Financial Officer and/or the Controller, to the extent that such individuals are responsible for making investment decisions for the Hospital's assets, to complete 8 hours annually of continuing education in subjects or courses of study related to investment practices and products.

Summary report: Litéra® Change-Pro 7.5.0.185 Document comparison done on 10/31/2017 11:12:03 AM	
Style name: Default Style	
Intelligent Table Comparison: Active	
Original DMS: iw://FSDMS/ORLANDO1/11609864/1	
Modified DMS: iw://FSDMS/ORLANDO1/11609864/2	
Changes:	
Add	11
~~Delete~~	1
~~Move From~~	0
Move To	0
Table Insert	0
~~Table Delete~~	0
Table moves to	0
~~Table moves from~~	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	12

PARRISH
MEDICAL CENTER

MEMORANDUM

TO: Board of Directors

FROM: Michael Sitowitz
Controller

SUBJECT: Bond Resolution and Summary of Key Documents and Exhibits

DATE: October 30, 2017

In preparation for the meeting of November 6, 2017, attached for your consideration is the Resolution approving the Series 2017 Bonds, together with various documents to be attached as exhibits. You, as Board members, should read everything but please focus on the particular points noted below. Also, please note that the documents to be attached as exhibits to the Resolution will be sent via e-mail on Wednesday, November 1, in substantially final form. The Financing Agreement and the Bond Indenture will have some non-material open items when they are e-mailed to you on Wednesday. The Resolution delegates to the Chairman and certain officers and members of the management team the authority to negotiate and sign the final versions of the Bond Indenture, Finance Agreement and related documents.

Background to Resolution

The Resolution approves and authorizes the following matters, among others:

- the issuance of the Series 2017 Bonds and the pledge of security (net revenues only) for payment of the Series 2017;
- execution and delivery of Bond documentation attached as exhibits, explained in more detail below;
- the parameters for the sale of the Series 2017 Bonds to Siemens Public, Inc. (Section 3.1);
- the appointment of the following for the Bonds (Section 2.3):
    - a bond trustee for the Series 2017 Bonds (TD Bank, National Association);
    - ratification of a master trustee (TD Bank, National Association);

- the designation of any one of Chairman, Chief Executive Officer, Chief Financial Officer or Controller to negotiate and execute documents in connection with the issuance of the Series 2017 Bonds ("Authorized Representative").

Description of Documents and Exhibits:

Ratification of Master Trust Indenture (between the District and the Master Trustee)

The District has an existing Master Trust Indenture in place with TD Bank, N.A. The Master Indenture contains covenants of the District regarding the amount of debt service coverage and liquidity it must maintain, the circumstances under which it can incur additional debt, and the extent to which it can sell or dispose of assets. It requires the District to maintain insurance and provide financial reporting, among other things. It provides the District with the flexibility to issue additional debt obligations using the same covenants under the Master Indenture, if the Board approves the issuance of additional debt obligations. As a reminder, the security for the District's obligations does not include a mortgage.

Following the issuance of the Series 2017 Bonds (and the related loan from Siemens), the District will have two outstanding loans and accordingly two outstanding Supplemental Indentures under the Master Indenture. The following table presents a list of prior and existing obligations, the related Supplement, their purpose and an indication of whether the Supplement remains an existing contract:

Obligation Number	Supplement Year	Purpose	Outstanding
1	2008	2008 Bonds	No
2	2009	Raymond James swap	No
3	2009	Raymond James swap	No
4	2010	Raymond James swap	No
5	2010	Raymond James swap	No
6	2014	Regions loan	Yes
7	2017	Siemens loan	Yes

Exhibit A – Supplemental Indenture for Obligation No. 7 (between the District and the Master Trustee) -

Supplemental Indenture for Obligation No. 7 is a supplement to the Master Trust Indenture and provides for the District to issue a promissory note (Obligation No. 7) showing its obligation to pay the debt service on the Series 2017 Bonds. Supplemental Indenture for Obligation No. 7 ties the Master Indenture to the Series 2017 Bonds being issued.

Exhibit B - Bond Indenture (between the District and the Trustee)

The Bond Indenture contains all of the specifics relating to the details about the proposed Series 2017 Bonds, including without limitation the form of the Series 2017 Bonds, the term for the Series 2017 Bonds of approximately 10 years, the interest rate for the Series 2017 Bonds (noting that the

Series 2017 Bonds will bear interest at a fixed rate), how payments are made on the Series 2017 Bonds, and how the District's relationship with the Bond Trustee is governed.

Exhibit C – Financing Agreement (between the District and the Bondholder)

The Financing Agreement contains the terms on which the Bondholder (Siemens) is willing to purchase the Series 2017 Bonds from the District. The key terms of the Financing Agreement are as follows:

- Amount: Not to exceed $26,000,000, all to be used for refunding the Series 2008 Bonds. The par amount of the Series 2017 Bonds is currently expected to be between $25,000,000 and $26,000,000
- Security: No change in security provisions from existing bonds.
- Rate: Fixed rate during the 10-year commitment period.
- PV Savings: The District expects both PV savings and annual savings as a result of the transaction.
- Commitment Period: _10-year commitment period at which time the remaining principal amount of bonds will be due. Accordingly, there is a refinance risk.
- Amortization Period: __Twenty-six year amortization period, matching the final maturity of the Series 2008 Bonds being refinanced (2043).
- Prepayment Restrictions: No prepayment for the first two years; 2.00% prepayment penalty years three and four; 1.00% prepayment penalty in years five and six; no prepayment restrictions or penalties thereafter.
- Fees: No lender commitment fee. There is a cap on the attorney's fees for Siemens' counsel.
- Closing costs are currently estimated to be approximately 1.3% of the par amount of the Series 2017 Bonds.
- Covenants: Same financial covenants as running for the benefit of Regions Bank, with one notable exception: there is an event of default to the extent the District's liquidity falls below 45 days).

We are recommending the following motion:

MOTION TO APPROVE THE RESOLUTION AUTHORIZING THE ISSUANCE OF THE REVENUE REFUNDING BONDS, SERIES 2017 FOR AN AMOUNT NOT TO EXCEED $26 MILLION AND THE EXECUTION AND DELIVERY OF THE DOCUMENTS IN SUBSTANTIALLY THE FORMS ATTACHED AS EXHIBITS A-C TO THE RESOLUTION.

If you have any questions, please do not hesitate to contact me at 268-6333 x8503 or e-mail me at michael.sitowitz@parrishmed.com.

NORTH BREVARD COUNTY HOSPITAL DISTRICT

RESOLUTION

Adopted November 6, 2017

**Authorizing Not Exceeding $26,000,000
North Brevard County Hospital District
Revenue Refunding Bonds
(Parrish Medical Center), Series 2017
and Approving Certain Agreements**

RESOLUTION

RESOLUTION APPROVING AND AUTHORIZING THE EXECUTION AND DELIVERY OF SUPPLEMENTAL INDENTURE FOR OBLIGATION NO. 7 AND BOND INDENTURE, EACH DATED AS OF NOVEMBER 1, 2017, AS SUPPLEMENTED, ALL IN CONNECTION WITH THE ISSUANCE BY THE DISTRICT OF THE DISTRICT'S REVENUE REFUNDING BONDS (PARRISH MEDICAL CENTER), SERIES 2017, IN AN AGGREGATE PRINCIPAL AMOUNT NOT EXCEEDING $26,000,000, FOR THE PURPOSE OF REFUNDING CERTAIN OUTSTANDING INDEBTEDNESS PREVIOUSLY ISSUED ON BEHALF OF PARRISH MEDICAL CENTER AND PAYING COSTS OF ISSUANCE OF THE BONDS AND THE REFUNDING OF THE REFUNDED BONDS; PLEDGING CERTAIN REVENUES AND FUNDS AS SECURITY FOR THE BONDS; APPROVING THE FORM AND AUTHORIZING THE EXECUTION OF A FINANCING AGREEMENT; AUTHORIZING A NEGOTIATED SALE AND AWARDING SALE OF THE BONDS TO THE PURCHASER AND APPROVING THE CONDITIONS AND CRITERIA FOR SUCH SALE; DELEGATING TO AUTHORIZED REPRESENTATIVES OF THE BOARD THE AUTHORITY TO EXECUTE AND DELIVER ALL OF SAID DOCUMENTS AND INSTRUMENTS, AND ANY OTHER DOCUMENTS AND INSTRUMENTS IN CONNECTION WITH THE SALE AND ISSUANCE OF THE BONDS, IF APPROPRIATE; AUTHORIZING OFFICERS AND AUTHORIZED REPRESENTATIVES TO DO AND PERFORM ALL OTHER ACTS AND THINGS REQUIRED TO EFFECTUATE SALE AND ISSUANCE OF THE BONDS; PROVIDING AN EFFECTIVE DATE.

WHEREAS, pursuant to Chapter 2003-362, Laws of Florida, as amended (the "Act"), the North Brevard County Hospital District (the "District") was established as a governmental body corporate and politic with jurisdiction extending territorially throughout a portion of Brevard County, Florida; and

WHEREAS, the Board of the District (the "Board"), is authorized by the Act, among other things, to provide by resolution at one time, or from time to time, for the issuance of revenue bonds of the District in order to carry out the purposes of the Act; and

WHEREAS, the District presently owns and operates health care facilities in Brevard County, Florida (the "County"); and

WHEREAS, the District has previously issued the outstanding Revenue Refunding Bonds, Series 2008 (Parrish Medical Center Project) (the "Series 2008 Bonds"), the proceeds of which were used to (a) finance all or a part of the cost of the acquisition, construction and equipping of an outpatient healthcare center, a cardiac catheterization lab and certain routine operating capital projects pursuant to the Act, (b) refund the District's Auction Rate Revenue Bonds, Series 2000 (Parrish Medical Center Project) (the "Series 2000 Bonds"), (c) refund the District's Auction Rate Revenue Bonds, Series 2005 (Parrish Medical Center Project) (the "Series 2005 Bonds"), (d) fund a reserve fund for the Series 2008 Bonds, and (e) pay certain costs with respect to the issuance of the Series 2008 Bonds and refunding the Series 2000 Bonds and the Series 2005 Bonds; and

WHEREAS, the Board has determined to issue revenue bonds in an aggregate principal amount not to exceed $26,000,000 (the "Bonds") pursuant to the provisions of the Bond Indenture (as hereinafter defined) in order to (a) refund certain of the District's outstanding Series 2008 Bonds, in an aggregate principal amount of approximately $26,800,000 (the "Refunded Bonds"), and (b) pay certain costs with respect to the issuance of the Bonds and the refunding of the Refunded Bonds (collectively, the "Finance Plan"); and

WHEREAS, in addition to using proceeds of the Bonds to finance the costs of the Finance Plan, the Board has determined to contribute the amounts held by the trustee for the Refunded Bonds in the debt service reserve fund established and maintained for the Series 2008 Bonds; and

WHEREAS, it is deemed necessary and desirable and will serve a public purpose for the District to refund the Refunded Bonds; and

WHEREAS, the Board previously has entered into a Master Indenture (as hereinafter defined) to govern the issuance from time to time of indebtedness of the District; and

WHEREAS, the Board intends to supplement the Master Indenture by executing and delivering a Supplemental Indenture for Obligation No. 7 (as hereinafter defined) and Obligation No. 7 described therein, which will secure the Bonds; and

WHEREAS, the District is advised that due to the present volatility of the market for public obligations such as the Bonds, it is in the best interest of the District to sell the Bonds by a negotiated sale, allowing the District to enter into the market at the most advantageous time, rather than any specified advertised future date, thereby permitting the District to obtain the best possible price, interest rates and other terms for the Bonds and, accordingly, the District does hereby find

and determine that it is in the best financial interest of the District that a negotiated sale of the Bonds be authorized; and

WHEREAS, the District is advised that it is in the best interest of the District to enter into a Financing Agreement (as hereinafter defined) with Siemens Public, Inc. (the "Purchaser") to provide for the extension of credit by the Purchaser to the District by purchase by the Purchaser of the Bonds at a negotiated sale upon terms acceptable to the District as hereinafter authorized, and to authorize the execution and delivery of the Financing Agreement in the manner and upon the terms hereinafter provided; and, upon the execution of the Financing Agreement by the District and the Purchaser, to sell the Bonds to the Purchaser pursuant to the terms and provisions of the Financing Agreement; and

WHEREAS, the District is advised that because the terms of the Bonds cannot be determined on the date of adoption of this Resolution, it is in the best interest of the District to delegate to Authorized Representatives of the Board, in the manner hereinafter provided, the authority to determine the terms of the Bonds not specified herein, including but not limited to their maturity date and redemption provisions; and

WHEREAS, it is necessary and appropriate that the District appoint a Bond Trustee for the Bonds.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT:

ARTICLE I.

GENERAL

Section 1.1. Definitions. Terms not defined herein shall have the meanings assigned to such terms in Section 1.1 of the Master Indenture and Article 1 of the Bond Indenture. In addition to words and terms defined in the **WHEREAS** sections above, the Master Indenture, the Bond Indenture or elsewhere defined in this Resolution, the following words and terms as used in this Resolution shall have the following meanings, unless some other meaning is plainly intended:

"Authorized Representative" means, in connection with the Bonds, each acting individually of (a) the Chairman of the Board, (b) the Chief Executive Officer of the District, (c) the Chief Financial Officer of the District, (d) the Controller of the District, and (e) such other officers, employees or agents of the District as shall be from time to time designated by Certificate of the Board.

"Bond Counsel" means Foley & Lardner LLP, or another firm of nationally recognized bond counsel knowledgeable in matters of municipal finance.

"Bond Indenture" means that certain Bond Indenture to be dated as of November 1, 2017, entered into between the Bond Trustee and the District, relating to the Bonds, substantially in the form attached hereto as Exhibit B.

"Bonds" or "Series 2017 Bonds" means the North Brevard County Hospital District Revenue Refunding Bonds (Parrish Medical Center), Series 2017 issued pursuant to this Resolution.

"Bond Trustee" means TD Bank, National Association, together with its successor or successors as Bond Trustee, acting as the Bond Trustee under the provisions of the Bond Indenture.

"Financing Agreement" shall mean the Financing Agreement to be executed by the District and the Purchaser, substantially in the form attached hereto as Exhibit C.

"Master Indenture" means the Master Trust Indenture between the District and the Master Trustee, dated as of July 1, 2008, as supplemented and amended.

"Master Trustee" means TD Bank, National Association, together with its successor or successors as Master Trustee, acting as the Master Trustee under the provisions of the Master Indenture.

"Maximum Purchase Price" shall have the meaning in Section 3.1 hereof.

"Resolution" means this Resolution, duly adopted by the Board on the date hereof.

"Supplemental Indenture for Obligation No. 7" means the Supplemental Indenture for Obligation No. 7 dated as of November 1, 2017, entered into by the District and the Master Trustee, and Obligation No. 7 to be issued thereunder, securing the Bonds, substantially in the form attached hereto as Exhibit A.

Section 1.2. Rules of Construction. Words of the masculine gender shall be deemed and construed to include correlative words of the feminine and neuter genders. Unless the context shall otherwise indicate, words used herein shall include the plural as well as the singular number. The word "person" shall include any individual, corporation, partnership, limited liability company, joint venture, association, joint stock company, trust, unincorporated organization or governmental or any agency or political subdivision thereof.

Section 1.3. Authority for Resolution. This Resolution is adopted pursuant to the provisions of the Act, the Florida Constitution and other applicable provisions of law.

Section 1.4. Resolution to Constitute Contract. In consideration of the purchase and acceptance of the Bonds by those who shall hold the same from time to time, the provisions of this Resolution shall be a part of the contract of the District with the Purchaser, and shall be deemed to be and shall constitute a contract between the District and the Purchaser, and its successors and assigns. The pledges made in this Resolution and the provisions, covenants and agreements herein set forth to be performed by or on behalf of the District shall be for the benefit, protection and security of the Purchaser, and its successors and assigns, in accordance with the terms of this Resolution and the Financing Agreement.

ARTICLE II.

APPROVAL OF ISSUANCE OF THE BONDS; APPROVAL OF INDENTURES AND AGREEMENTS

Section 2.1. Ratification of Master Indenture; Authorization and Approval of Supplemental Indenture for Obligation No. 7 and Bond Indenture. The Board hereby ratifies the Master Indentures. The Board hereby authorizes and approves the execution and delivery of the Supplemental Indenture for Obligation No. 7 and the Bond Indenture, in substantially the forms attached hereto as Exhibit A and Exhibit B, respectively, with such insertions, filling in of blanks, changes or deletions as are approved by the Authorized Representative, with the execution by the Authorized Representative being conclusive evidence of the Board's approval of the final form of said respective documents with such insertions, filling in of blanks, changes or deletions.

In addition to the delegation made to the Authorized Representative in the paragraph above, the Authorized Representative, in consultation with legal counsel to the District, is hereby authorized on behalf of the District, to approve and ratify each and every covenant and undertaking (including related definitions and terms) set forth in the Supplemental Indenture for Obligation No. 7 and the Bond Indenture upon such terms and conditions as the Authorized Representative deems to be in the best interest of the District, the execution and delivery of such documents by an Authorized Representative being conclusive evidence of the Authorized Representative's and the Board's approval of such covenants and undertakings.

Section 2.2. Authorization and Approval of the Bonds. There is hereby authorized and approved one or more series or subseries of Bonds of the District, in an aggregate principal amount not exceeding $26,000,000, all pursuant to, in accordance with and subject to the terms and provisions of the Bond Indenture. For the purposes of any limitation contained herein on the aggregate principal amount of Bonds, the principal amount thereof shall be the initial principal amount on the date of issuance thereof. The Bonds authorized hereunder shall be issued for the purpose of refunding the Refunded Bonds and paying certain costs with respect to the issuance of the Bonds and the refunding of the Refunded Bonds. The Finance Plan is hereby approved.

The Bonds shall be dated their date of delivery, shall bear interest payable on each Interest Payment Date therefor, at such rates, shall be numbered and shall mature, subject to prior redemption, on such maturity dates, and shall contain all other details, terms, forms and provisions as are set forth in the Bond Indenture and as shall be determined in accordance with the provisions hereof relating to the sale of the Bonds and the execution of the Financing Agreement.

Section 2.3. Appointment of Bond Trustee and Ratification of Master Trustee. TD Bank, National Association is hereby appointed Bond Trustee for the Bonds under the Bond Indenture, and TD Bank, National Association is hereby ratified as Master Trustee, Paying Agent and Bond Registrar under the Master Indenture.

ARTICLE III.

MATTERS RELATING TO SALE OF THE BONDS

Section 3.1. Sale of the Bonds; Authorization of Execution and Delivery of Financing Agreement. Based on the findings stated in the recitals hereto, the District hereby accepts the proposal of the Purchaser to provide for the extension of credit by the Purchaser to the District and a negotiated sale of the Bonds from the District to the Purchaser pursuant to the terms of the Financing Agreement is hereby authorized.

The Board hereby authorizes and approves the execution and delivery of the Financing Agreement, in substantially the form attached hereto as Exhibit C, with such insertions, filling in of blanks, changes or deletions as are approved by the Authorized Representative, with the execution by the Authorized Representative being conclusive evidence of the Board's approval of the final form of said document with such insertions, filling in of blanks, changes or deletions. The Authorized Representative is hereby authorized to approve, execute and deliver the Financing Agreement for and on behalf of the District pursuant to the terms hereof and to award the sale of the Bonds to the Purchaser for a purchase price which shall not be more than Twenty-Six Million Dollars ($26,000,000) (the "Maximum Purchase Price") to be issued in the form of one (1) typewritten certificate registered in the name of the Purchaser, issued in a principal amount equal to or less than the Maximum Purchase Price, bearing interest during the Initial Interest Rate Period (as defined in the Financing Agreement) at a rate not to exceed 4.5% per annum, with a final maturity date not later than October 1, 2043 and such other final terms and conditions as are set forth in the Financing Agreement.

Prior to the execution and delivery of the Financing Agreement, the Purchaser shall file with the Authorized Representative the disclosure statement required by Section 218.385(6), Florida Statutes, as amended. The Authorized Representative and the other officers, agents and employees of the District are hereby authorized and directed to conclude the issuance and delivery of the Bonds in accordance with the provisions of this Resolution and the Financing Agreement.

Section 3.2. Authorization of Execution of Certificates and Other Instruments. The Authorized Representative is hereby authorized and directed, under the official seal of the District, to execute and deliver certificates of the District certifying such facts as the District's attorney, counsel to the Purchaser or Bond Counsel shall require in connection with the issuance, sale and delivery of the Bonds, and to execute and deliver such other documents, instruments and agreements as shall be necessary or desirable to perform the District's obligations under this Resolution, the Master Indenture, the Bond Indenture, the Supplemental Indenture for Obligation No. 7 and the Financing Agreement and to consummate the transactions contemplated hereby and thereby. Such certificates and instruments shall include, but shall not be limited to, an Escrow Deposit Agreement relating to the Refunded Bonds, a Tax Agreement between the District and the Bond Trustee and certain filings to be made with the State of Florida and the Internal Revenue Service.

ARTICLE IV.

MISCELLANEOUS

Section 4.1. No Personal Liability. No representation, statement, covenant, warranty, stipulation, obligation or agreement herein contained, or contained in the Bonds, or in any certificate or other instrument to be executed on behalf of the District in connection with the issuance of the Bonds, shall be deemed to be a representation, statement, covenant, warranty, stipulation, obligation or agreement of any member, officer, employee or agent of the District in his or her individual capacity, and none of the foregoing persons nor any officer of the District executing the Bonds, or any certificate or other instrument to be executed in connection with the issuance of the Bonds, shall be liable personally thereon or be subject to any personal liability or accountability by reason of the execution or delivery thereof.

Section 4.2. No Third-Party Beneficiaries. Except such other persons as may be expressly described herein or in the Bonds, nothing in this Resolution, or in the Bonds, expressed or implied, is intended or shall be construed to confer upon any person other than the District and the Bondholders any right, remedy or claim, legal or equitable, under and by reason of this Resolution or any provision hereof, or of the Bonds, all provisions hereof and thereof being intended to be and being for the sole and exclusive benefit of the District and the Persons who shall from time to time be Bondholders.

Section 4.3. Severability of Invalid Provisions. If any one or more of the covenants, agreements or provisions of this Resolution shall be held contrary to any express provision of law or contrary to the policy of express law, though not expressly prohibited, or against public policy, or shall for any reason whatsoever be held invalid, then such covenants, agreements or provisions shall be null and void and shall be deemed separable from the remaining covenants, agreements and provisions of this Resolution and shall in no way affect the validity of any of the other covenants, agreements or provisions hereof or of the Bonds issued hereunder.

Section 4.4. Effective Date. This Resolution shall take effect immediately upon its adoption.

PASSED, APPROVED AND ADOPTED this 6th day of November, 2017.

BOARD OF NORTH BREVARD COUNTY HOSPITAL DISTRICT

(SEAL)

By:_____
Chairman

ATTEST:

By:_____
Secretary

EXHIBIT A

SUPPLEMENTAL INDENTURE FOR OBLIGATION NO. 7

EXHIBIT B

BOND INDENTURE

EXHIBIT C

FINANCING AGREEMENT

PARRISH
MEDICAL CENTER

MEMORANDUM

To: Budget & Finance Committee

From: Michael Sitowitz
Controller

Subject: **Interlocal Agreement with Halifax**

Date: October 31, 2017

Working with Michael Bittman, attorney with Board and Cassel and Halifax Hospital Medical Center Taxing District (Halifax) management anticipates entering into an Inter-local agreement with Halifax. The interlocal agreement is attached for your reference.

The primary purpose of the interlocal agreement is to obtain $200,000 in increased Medicaid funding under the Low-Income Pool (LIP) program. The benefit to Halifax is to relieve it of excess LIP funds it would owe by designating LIP payments to other public hospitals. The arrangement will be submitted to the Florida Agency for Health Care Administration (AHCA) to transfer LIP funds in their records.

Under the interlocal agreement, PMC will receive a wire transfer from Halifax in the amount of $4,434,000. PMC will then transfer $4,234,000 to an account identified by Halifax. PMC will retain the difference of $200,000 for providing care to Medicaid, underinsured and uninsured individuals.

The interlocal agreement provides that Halifax will indemnify PMC for any loss associated with the transaction. The risk of loss for this agreement is very low.

Motion: Recommend to the Board of Directors to approve the attached Interlocal Agreement with Halifax Hospital Medical Center Taxing District.

Should you have any questions or concerns, please feel free to contact me at 268-6164 or e-mail me at michael.sitowitz@parrishmed.com.

INTERLOCAL AGREEMENT

THIS INTERLOCAL AGREEMENT, pursuant to Section 163.01, Florida Statutes, is made and entered into this ____ day of _____, 2017, by and between the Halifax Hospital Medical Center Taxing District (Halifax), and North Brevard County Hospital District, d/b/a Parrish Medical Center (PMC).

Background

On October 19, 2005, the Centers for Medicare and Medicaid Services (CMS) approved the 1115 Research and Demonstration Waiver Application for the State of Florida. On December 8, 2005 the Florida Legislature enacted House Bill 3B, authorizing implementation of the Waiver effective July 1, 2006. The Waiver Special Terms and Conditions establishes the Low Income Pool (LIP) to ensure continued government support for the provision of health care services to Medicaid, underinsured and uninsured populations. The LIP consists of a capped annual allotment of $1 billion total computable for each year of the 5 year demonstration period. The Waiver was subsequently renewed through June 30, 2014 with LIP capped at $1 billion for each of those three years, with additional extensions through June 30, 2022 allowing various LIP amounts.

Funds in the LIP may be used for health care expenditures (medical care costs or premiums) that would be within the definition of medical assistance in Section 1905(a) of the Social Security Act. These health care expenditures may be incurred by the State, by hospitals, clinics, or by other providers for uncompensated medical care costs of medical services for the uninsured, Medicaid shortfall (after all other Title XIX payments are made), may include premium payments for provider access systems (PAS) and insurance products for such services provided to otherwise uninsured individuals, as agreed upon by the State and CMS.

Local governments, including hospital taxing districts such as Halifax and PMC, provide funding for the non-federal share of the $1 billion LIP distributions. No state funds are included in the appropriations.

This Interlocal Agreement is entered into by Halifax and PMC, public agencies as defined in section 163.01(3)(b), Florida Statutes, in pursuance of the provisions of the Waiver, and pursuant to section 163.01, Florida Statutes.

Agreement

In consideration of the matters contained in this Agreement, and other good and valuable consideration acknowledged by the parties, the parties agree as follows:

1. Halifax will designate $4,000,000.00 of its intergovernmental transfers (IGTs) previously paid to the Agency for Health Care Administration (AHCA) for the period covering Waiver Demonstration Year 9 as intended for PMC.

2. It is intended that the above action by Halifax (the "designation") will result in a reduction in LIP DY 9 payments to Halifax of $4,434,000.00, and an increase in LIP DY 9 payments to PMC of $4,434,000.00. The designation will be accomplished by a letter or other communication acceptable to AHCA.

3. Immediately upon confirmation that the designation is acceptable to AHCA, Halifax will transfer $4,434,000.00 to an account identified by PMC. Immediately upon receipt of the funds transferred by Halifax, PMC will transfer $4,234,000.00 to an account identified by Halifax.

4. Halifax covenants and agrees that to the extent permitted by law, it shall indemnify, defend and hold harmless PMC and its officers, directors, employees and agents from and against any and all losses, obligations, costs, liabilities, damages, actions, suits, causes of action, claims, demands, settlements, judgments or other expenses, including, but not limited to, reasonable attorneys' fees and expenses, which are asserted against, imposed upon, or incurred or suffered by, such indemnified party and which arise out of or result from this Agreement.

5. Each party shall bear its own costs and attorney's fees.

6. This Agreement shall inure to the benefit of and be binding on each party's successors, assigns, heirs, administrators, representatives and trustees.

7. The signatories to this Agreement, acting in a representative capacity, represent that they are duly authorized to enter into this Agreement on behalf of the respective parties.

8. This Agreement shall be construed in accordance with the provisions of the laws of Florida. Venue for any action arising from this Agreement shall be in Brevard County, Florida.

9. This Agreement is intended by the parties as a final expression of their agreement with respect to the matters specified therein, is intended as the exclusive statement of the terms of this Agreement, and supersedes and replaces any prior agreements between the parties, whether written or oral. No modification or waiver of any provision shall be valid unless a written amendment to the Agreement is properly executed by the parties.

10. The parties agree to execute such documents as may be necessary to carry out the intent and provisions of this Agreement.

11. By signing this Agreement, each party acknowledges receipt of the other party's Arrangements Policies and Procedures, including the Code of Conduct, Physician Referral and Anti-Kickback and Stark Law policies and procedures ("Policies and Procedures"). Each party hereby certifies that they have been provided the Policies

and Procedures. In the event any employee or agent of either party becomes a Covered Person as defined by the Halifax Health Corporate Integrity Agreement, the parties agree such persons will complete the required training. Furthermore, each party agrees not to violate the Anti-Kickback Statute and the Stark Law with respect to the performance of this Agreement.

12. Halifax acknowledges that once this Agreement is fully executed, PMC will file this Agreement with clerks of the circuit courts in Brevard and Volusia Counties pursuant to section 163.01(11), Florida Statutes.

HALIFAX HOSPITAL MEDICAL CENTER TAXING DISTRICT

By: _____ Date:_____
Print or Type Name: Eric M. Peburn
Title: Chief Financial Officer

STATE OF FLORIDA)
) ss
COUNTY OF VOLUSIA)

The foregoing instrument was acknowledged before me this _____ day of _____, 2017 by Eric M. Peburn as Chief Financial Officer for Halifax Hospital Medical center Taxing District.

_____
(Signature of the Notary Public

_____
(Print, Type of Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

NORTH BREVARD COUNTY HOSPITAL DISTRICT
D/B/A PARRISH MEDICAL CENTER

By: _____ Date:_____
Print or Type Name: George Mikitarian
Title: President/Chief Executive Officer

By: _____ Date:_____
Print or Type Name: Michael Sitowitcz
Title: Interim Chief Financial Officer

STATE OF FLORIDA)
) ss
COUNTY OF BREVARD)

The foregoing instrument was acknowledged before me this _____ day of _____, 2017 by _____ as Chief Executive Officer for North Brevard County Hospital District, d/b/a Parrish Medical Center.

_____
(Signature of the Notary Public

_____
(Print, Type of Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

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

DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, NOVEMBER 6, 2017
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE

CALL TO ORDER

I. Approval of Minutes
Motion to approve the minutes of the September 18, 2017 meeting.

II. Reading of the Huddle

III. Public Comment

IV. Open Forum for PMC Physicians

V. WFTV- Ms. Sellers

VI. USSSA Project Update – Messrs. Bradford and Waterman

VII. Attorney Report – Mr. Boyles

VIII. Other

IX. Executive Session (if necessary)

ADJOURNMENT

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

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD).

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

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EXECUTIVE COMMITTEE

A regular meeting of the Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on September 18, 2017 in the Executive Conference Room.

The following members were present:

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

Members Absent:
None

Also in attendance were the following Board members:
Billie Fitzgerald
Jerry Noffel
Maureen Rupe
Ashok Shah, M.D.

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

CALL TO ORDER

Mr. Jordan called the meeting to order at 4:30 p.m.

READING OF THE HUDDLE

Dr. Galfo read the Weekly Huddle.

PUBLIC COMMENT

There were no public comments.

OPEN FORUM FOR PHYSICIANS

No physicians spoke.

HALIFAX AGREEMENT

Mr. Mikitarian noted the advantages of having the same medical records system, clinical integration, etc., with Halifax Health. Mr. Boyles presented to the committee an Inter-local Agreement, and a Master Management Agreement with Halifax Health. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Cole and approved (5 ayes, 0 nays, 0 abstentions)

ACTION TAKEN: **MOTION TO RECOMMEND THE BOARD OF DIRECTORS ADOPT THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT AUTHORIZING ENTERING INTO AN INTERLOCAL AGREEMENT BETWEEN HALIFAX HEALTH AND NORTH BREVARD COUNTY HOSPITAL DISTRICT.**

Discussion further ensued and the following motion was made by Dr. Galfo, seconded by Mr. Cole and approved (5 ayes, 0 nays, 0 abstentions)

ACTION TAKEN: **MOTION TO RECOMMEND THE BOARD OF DIRECTORS ADOPT THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT AUTHORIZING ENTERING A MASTER MANAGEMENT SERVICES AND CROSS-COVERAGE AGREEMENT BETWEEN HALIFAX HEALTH AND NORTH BREVARD COUNTY HOSPITAL DISTRICT.**

BREVARD HEALTH ALLIANCE

Mr. Mikitarian notified the committee that the current agreement with Brevard Health Alliance is expiring and is requesting we allow the agreement to lapse without renewing. Discussion ensued and the following motion was made by Ms. Crooks, seconded by Ms. Rupe and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO RECOMMEND THE BOARD OF DIRECTORS TO APPROVE PARRISH MEDICAL CENTER MANAGEMENT NOT TO RENEW THE BHA AGREEMENT AND ALLOW AGREEMENT WITH BHA TO LAPSE.**

ATTORNEY REPORT

None

ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 4:46 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.
Robert L. Jordan, Jr., C.M.
Maureen Rupe, Vice Chairperson
Ashok Shah, M.D.
Aluino Ochoa, M.D.
George Mikitarian, President/CEO (Non-voting)

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, NOVEMBER 6, 2017
(IMMEDIATELY FOLLOWING EXECUTIVE COMMITTEE)
EXECUTIVE CONFERENCE ROOM

CALL TO ORDER

I. Approval of Minutes – August 7, 2017

Motion to approve the minutes of the August 7, 2017 meeting.

II. Continuous Improvement Project Presentation – Readmission

III. Other

IV. Executive Session (if necessary)

ADJOURNMENT

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

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD).

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUUPORT, 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 August 7, 2017 in the Executive Conference Room, Second Floor. The following members were present:

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

Member(s) Absent:

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

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 3:13 p.m.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Mr. Cole, seconded by Dr. Shah and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO APPROVE THE MINUTES OF THE MAY 1, 2017 AND JUNE 5, 2017 MEETINGS AS PRESENTED.**

PSI-90

Ms. Head presented to the committee Patient Safety Indicators. She summarized the PSI-90 components; and discussed the tools utilized, multidisciplinary team, and ongoing training and competencies. Copies of the PowerPoint slides are appended to the file copy of these minutes.

OTHER

No other items were presented.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:28 p.m.

Billie Fitzgerald
Chairperson

DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
NOVEMBER 6, 2017
NO EARLIER THAN 3:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

I. Pledge of Allegiance

II. PMC's Vision – *Healing Families – Healing Communities*

III. Approval of Agenda

IV. Review and Approval of Minutes (September 18, 2017 Regular Meeting, September 18, 2017 First Public Hearing, and September 25, 2017 Second Public Hearing)

V. Open Forum for PMC Physicians

VI. Public Comments

VII. Unfinished Business

VIII. New Business

A. Recommend the Board of Directors approve Determination of Neurological Death in Adults, Policy 9500-253, revised to replace Organ/Tissue Donation for Transplantation, Brain Death Protocol 9500-2011, as presented.

B. Recommend the Board of Directors approve Donation After Circulatory Determination of Death, Policy 9500-2057, revised to replace Organ/Tissue Donation for Transplantation, Brain Death Protocol 9500-2011, as presented.

C. Recommend the Board of Directors approve Organ/Tissue/Eye Donation, Policy 9500-2058, revised to replace Organ/Tissue Donation for Transplantation, Brain Death Protocol, 9500-2011, as presented.

IX. Medical Staff Report Recommendations/Announcements – Dr. Ochoa

A. Resignations - **For Information Only**

- James Clark, MD (Associate/Emergency Department)
  Effective October 2, 2017/Appointed May 6, 2013.

X. Public Comments (as needed for revised Consent Agenda)

XI. Consent Agenda

A. Finance Committee

1. Recommend to the Board of Directors approve the Operating Funds Investment Policy (9500-5003) with no changes from the prior year.

2. Recommend the Board of Directors approve the Pension Investment Guidelines Policy (9500-5004) as presented.

3. Recommend the Board of Directors approve the resolution authorizing the issuance of the revenue refunding bonds, series 2017 for an amount not to exceed $26 Million and the execution and delivery of the documents in substantially the forms attached as exhibits A-C to the resolution.

XIII. Committee Reports

A. Quality Committee – Mr. Cole

B. Budget and Finance Committee – Mr. Retz

C. Executive Committee – Mr. Jordan

D. Educational, Governmental and Community Relations Committee – Ms. Fitzgerald

E. Planning, Physical Facilities & Properties Committee (Did Not Meet)

XIV. Process and Quality Report – Mr. Mikitarian

A. Other Related Management Issues/Information

B. Hospital Attorney - Mr. Boyles

XV. Other

XVI. Closing Remarks – Chairman

XVII. Executive Session (if necessary)

XVIII. Open Forum for Public

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED. PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT MS. LISA CAVALLERO, EXECUTIVE DIRECTOR OF SUPPORT SERVICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6190 OR (321) 383-9829 (TDD).

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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center was held on September 18, 2017 in Conference Room 2/3/4/5, First Floor. The following members were present:

Herman A. Cole, Jr., Chairman
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

Member(s) Absent:
None

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

CALL TO ORDER

Mr. Cole called the meeting to order at 5:17 p.m.

PLEDGE OF ALLEGIANCE

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

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

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

APPROVAL OF AGENDA

Mr. Cole asked for approval of the agenda in the packet. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (9 ayes, 0 nays, 0 abstentions).

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

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no comments from the public.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS- North Brevard Medical Support Liaison Report

Mr. Retz presented the North Brevard Medical Support Liaison report from the February 9th meeting.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

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

***ACTION TAKEN:* MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-2026, PRIMARY STROKE CENTER ADMINISTRATIVE SUPPORT, AS PRESENTED.**

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

***ACTION TAKEN:* MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE POLICY 9500-8001, EVENT REPORTING REGARDING MEDICAL DEVICES, AS PRESENTED.**

Resignations/Retirements

Resignations & retirements were noted for information only, no action required.

PUBLIC COMMENTS

There were no public comments regarding the revised consent agenda.

CONSENT AGENDA

Discussion ensued and the following motion was made by Dr. Galfo, seconded by Ms. Rupe and approved (9 ayes, 0 nays, 0 abstentions).

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

A. Quality Committee

1. Recommend the Board of Directors to approve the Parrish Medical Center management and staff to consult with clinicians to design an approach to help address the opioid crisis.

B. Finance Committee

1. Recommend to the Board of Directors to approve the purchase of materials to recertify UPS unit and connect PMC data center to a 2nd independent power source (Project #17-721-01) at a total cost not to exceed the budgeted amount of $155,000.

2. Recommend to the Board of Directors to approve the purchase of a new UPS unit at PMC and add net new UPS at PSJ (Project #18-721-01) at a total cost not to exceed the budgeted amount of $376,000.

3. Recommend to the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund LIP in an amount not to exceed $1,943,168.

4. Recommend to the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund DSH in an amount not to exceed $626,460.

5. Recommend to the Board of Directors to authorize management to negotiate terms with Siemens for an advanced refunding of the remaining Series 2008 bonds in an amount not to exceed $28,000,000 and to hire Foley Lardner, LLP as bond council and Angela Abbott as borrowers council to draft and review documents.

C. Executive Committee

1. Recommend the Board of Directors adopt the Resolution of the Board of Directors of the North Brevard County Hospital District authorizing entering into interlocal agreement between Halifax Health and North Brevard County Hospital District

2. Recommend the Board of Directors adopt the Resolution of the Board of Directors of the North Brevard County Hospital District authorizing entering master management services and cross-coverage agreement

between Halifax Health and North Brevard County Hospital District.

3. Recommend the Board of Directors to approve Parrish Medical Center management not to renew the BHA Agreement and allow agreement with BHA to lapse.

COMMITTEE REPORTS

Quality Committee

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

Budget and Finance Committee

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

Executive Committee

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

Educational, Governmental and Community Relations Committee

Ms. Fitzgerald reported that the Educational Committee did not meet.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Committee did not meet.

PROCESS AND QUALITY REPORT

Mr. Noffel presented to the Board a suggestion that the policy of what the attorneys review needs to be reviewed and or revised. Mr. Noffel noted that many items are sent to the attorneys for review but should only have to be reviewed by the management team. Mr. Mikitarian noted that including the attorneys in the review process allows for two points of opinions to be considered rather than just one. Discussion ensued and it was agreed by the committee to have the current policy reviewed.

Hospital Attorney

Legal counsel had no report.

OTHER

None

CLOSING REMARKS

There were no closing remarks.

OPEN FORUM FOR PUBLIC

No members of the public spoke.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 5:26 p.m.

Herman A. Cole, Jr.
Chairman

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER – SPECIAL MEETING
PUBLIC HEARING

The Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center held a special meeting and Public Hearing on September 18, 2017 at 5:01 p.m. in Conference Room 2/3/4/5, First Floor. This Special Meeting and Public Hearing was rescheduled from September 11, 2017 to September 18, 2017 as a result of Hurricane Irma, and pursuant to the State of Florida Department of Revenue "Emergency Order Implementing Provisions of Executive Order 17-235 (Re: Hurricane IRMA)".

The following members, representing a quorum, were present:

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

Member(s) Absent:
Ashok Shah MD

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 5:06 p.m. and stated that this is the first of two public hearings to establish the millage rate and budget for FY2017-2018 as required by the Laws of Florida.

TENTATIVE MILLAGE RATE

Mr. Cole asked if there were any public comments and/or questions regarding the tentative millage rate of $0.0000 per $1,000 valuation. No comments or questions were presented by the public. Mr. Cole than asked for comments and/or questions from the Board of Directors regarding the millage rate of $0.0000 per $1,000 in valuation. No comments or questions were presented by the Members of the Board of Directors. Discussion ensued and the following motion was made by Ms. Galfo, seconded by Mr. Jordan and approved (8 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO APPROVE TO ADOPT THE TENTATIVE MILLAGE RATE OF $0.0000 FOR FY2017-2018.**

TENTATIVE BUDGET FOR FY2017-2018

Mr. Cole asked if there were any public comments and/or questions relative to the tentative budget for FY2017-2018 as presented. No comments or questions were presented. Mr. Cole then asked for comments and/or questions from the Board of Directors regarding the tentative budget for FY2017-2018 as presented. No comments or questions were presented by the Members of the Board of Directors. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Crooks and approved (8 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO APPROVE TO ADOPT THE TENTATIVE BUDGET FOR FY2017-2018 AS PRESENTED.**

SECOND PUBLIC HEARING

Mr. Cole announced that the second public hearing will be held on Monday, September 25, 2017 at 5:01 p.m. in the Executive Conference Room on the second floor.

ADJOURNMENT

There being no further business to discuss, the public hearing adjourned at 5:10 p.m.

Peggy Crooks,
Secretary

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER – SPECIAL MEETING
SECOND PUBLIC HEARING

The Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center held a special meeting on September 25, 2017 at 5:23 p.m. in the Executive Conference Room, Second Floor. The following members, representing a quorum, were present:

Herman A. Cole, Jr.
Billie Fitzgerald
Robert L. Jordan, Jr., C.M.
Jerry Noffel (via telephone)
Stan Retz, CPA
Ashok Shah, M.D.

Member(s) Absent:
Peggy Crooks (excused)
Elizabeth Galfo, M.D.(excused)
Maureen Rupe (excused)

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

CALL TO ORDER

Mr. Cole called the special meeting to order at 5:23 p.m. and stated that this is the second of two special public hearings to establish the millage rate and budget for FY2017-2018 as required by the Laws of Florida.

TENTATIVE MILLAGE RATE

Mr. Cole stated the tentative millage rate of $0.0000 per $1,000 valuation is the prior year operating millage levy. Mr. Cole asked if there were any questions or comments from the public. No comments or questions were presented. A copy of the resolution is appended to the file copy of these minutes. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Retz and approved (5 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO APPROVE TO ADOPT THE MILLAGE RESOLUTION RATE OF $0.0000 PER $1,000 VALUATION FOR FY2017-2018.**

TENTATIVE BUDGET FOR FY2017-2018

Mr. Cole asked if there were any comments and/or questions from the public relative to the tentative budget for FY2017-2018 as presented. No comments or questions were presented. The following motion was made by Mr. Retz, seconded by Ms. Ftizgerald and approved (5 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO APPROVE TO ADOPT THE FINAL BUDGET FOR FY2017-2018 AS PRESENTED.**

ADJOURNMENT

There being no further business, the meeting adjourned at 5:26 p.m.

Peggy Crooks,
Secretary

Other Attendees:
Jeremy Bradford, Vice President, Operations
Pamela Perez, Secretary
Chris McAlpine, Sr. Vice President, Administration Transformation
George Mikitarian, President/CEO
Natalie Sellers, Vice President, Communications, Community & Corporate Service
Mike Sitowitz, Controller (via telephone)

DRAFT
Work in Progress

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

POLICY TITLE: Determination of Neurological Death Adults	POLICY #: 9500-2053	REPLACES POLICY #: 9500-2011
	EFFECTIVE DATE: 09/01/2017	Page: Page 1 of 6
POLICY SCOPE: Parrish Healthcare and Affiliates	REVIEWED: N/A	
DEVELOPED BY: Perioperative Services	REVISED: N/A	
APPROVALS: Executive Management: _____ Chairperson, Medical Executive Cmte: _____ President/CEO: _____ Chairperson, Board of Directors: _____	REPOSITORY: Corporate Compliance iCare	

I. POLICY STATEMENT

Parrish Medical Center (PMC) recognizes the continuing need for human organs and tissues for transplantation and medical research, and will collaborate with the Organ Procurement Organization (OPO) to identify and refer all potential donor candidates. Hospital leadership believes that the prnciples of preservation of quality of life and compassionate delivery of healthcare are inherent in organ and tissue recovery for transplantation and medical research.

In compliance with Federal and State laws, when, based on accepted medical standards, a patient is at, or near death, the hospital President/CEO, or his designee, shall notify the designated OPO. The OPO, in accordance with law, shall evaluate the suitability of organ tissue donation, access the donor registry, and if necessary request consent from the family of the deceased patient.

II. PURPOSE

To provide standardization guidelines for the determination of death by neurological criteria, also known as "brain death," in adults.

DEFINITIONS

A. **Neurological Death** - Death by neurological criteria is defined as the irreversible loss of the capacity for consciousness combined with the irreversible loss of all brain and brainstem functions, including the capacity to breathe. Death determined by neurological criteria is

equivalent to the death of the individual, even though the heart continues to beat and spinal cord functions may persist.

B. **Death** is defined in Florida Statutes, section 382.009as: for legal and medical purposes, where respiratory and circulatory functions are maintained by artificial means of support so as to preclude a determination that these functions have ceased, the occurrence of death may be determined where there is the irreversible cessation of the functioning of the entire brain, including the brainstem.

III. PROCEDURES

A. Notification Of Translife:
Any patient being considered for brain death testing should be referred to TransLife to allow for medical screening for organ donation. TransLife notification should follow established clinical triggers for the referral of potential organ donors. (Refer to Hospital Policy for Organ/Tissue/Eye Donation).

B. PROCEDURE FOR THE DECLARATION OF DEATH BASED ON NEUROLOGICAL CRITERIA:
1. Physician Involvement
Determination of death in Florida shall be made in accordance with currently accepted medical standards by two licensed physicians. One physician shall be the treating physician, and the other physician shall be a board-eligible or board-certified neurologist, neurosurgeon, internist, pediatrician, surgeon, or anesthesiologist. Both examiners must perform all of the physical examination requirements, or the examination should be performed in full detail with both examiners present. Only one apnea test needs to be performed. No declaring physician can be involved in the subsequent anatomical donation process or surgery.
2. Establishing Irreversibility
Irreversibility is demonstrated by:
   a. Establishing an etiology of coma capable of causing brain cell death to the degree that is compatible with brain death;
   b. Demonstrating total loss of brainstem function, including spontaneous respirations in the setting of hypercarbia and acidosis, and;
   c. Excluding potentially reversible causes.
3. Excluding Confounding Conditions
It must be determined whether any conditions exist that may depress or otherwise limit the assessment of neurological functions, even though they may not themselves directly affect brainstem functions. Such conditions may include but are not limited to:
   a. Hypothermia (temperature less than 36 degrees Celsius or its equivalent)
   b. Hypotension, defined as a systolic blood pressure <100 mmHg
   c. Severe electrolyte disturbance
   d. Treatable metabolic disorders (including acid-base disorders, hepatic or renalencephalopathy, endocrine dysfunction, hyperammonemia and severe

heperosmolar states)
e. Drug intoxication or effects (particularly narcotics, barbiturates, sedative and hypnotics)
f. Presence of neuromuscular blocking agents.

If one of the above conditions is present and cannot be corrected, an ancillary test should be performed in addition to the clinical examination outlined below.

4. Clinical Criteria
   a. The cause and irreversibility of the condition has been established
   b. There must be complete loss of life-sustaining brain function as evidenced by the presence of each and all of the criteria D2a, D2b and D2c in order to establish a clinical diagnosis of brain death.
      i. Coma – The patient should be observed for spontaneous movement and response to noxious stimuli applied cranially and peripherally. There must be no brain-mediated responses, (including decorticate or decerebrate posturing, dyskinesias, myoclonus or seizures) spontaneously or in response to noxious stimuli.

         Since the spinal cord may be intact, some reflex responses may be present, including deep tendon reflexes, plantar reflexes, triple flexion of the legs, toe flexion or extension on plantar stimulation, superficial abdominal reflexes, and raction of the blood pressure to noxious stimulation. Complex motor movement ("Lazarus sign") may also be observed, and require clinical expertise and/or ancillary testing to exclude cerebral origin.

   c. Absence of Brainstem Reflexes
      i. The pupils must be mid-size or larger and non-reactive to bright light. Care should be taken that atropine or related drugs have not been given. Small pupils should also alert the clinician to the possibility of drug effect.
      ii. If testing is not contraindicated (e.g. due to cervical spine injury), oculocephalic ("doll's eye") and oculovestibular (ice water caloric) responses must be absent.
      iii. During caloric stimulation, the head should be at 30 degrees above the horizontal, and the integrity of the tympanic membrane and patency of the ear canal ensured. Sixty (60) seconds of constant exposure to ice water in each ear should be used. Both ears should be tested separately, with a 5-minute period before testing the contralateral ear.
      iv. Corneal and pharyngeal (gag) reflexes must be absent.
      v. No cough response to deep bronchial suctioning.
      vi. No movement of the head, face or eyes in response to painful stimulation.
      vii. No spontaneous respiration.

   d. Apena – An apnea test should be performed in the hemodynamically stable patient. The apnea test is meant to test for lack of responsiveness to CO2 challenge (PaCO2

equal to or greater than 60mmHg or a 20mm HG rise in PaCO2 above baseline PaCO2 in individuals who are known CO2 retainers) and respiratory acidosis (ph equal to or less than 7.3). It is not a test of hypoxic stimulation.

Prior to apnea test, the patient should be preoxygenated with 100% to a PaO2 of >200mm Hg, and the PaO2 should be normalized to 40mm Hg +/-5mm Hg (assuming the patient is not a known CO2 retainer). Blood pressure should be supported with vasopressors as needed to maintain the systolic blood pressure greater than 100mm Hg. If the patient is requiring a large dose of vasopressor medications to achieve this pressure, consideration should be given to obtaining an ancillary test in lieu of performing the apnea test to avoid cardiovascular collapse during testing.

The patient should then be disconnected from the ventilator, and a catheter attached to an oxygen source delivering at least 6 liters/min of 100% O2 placed to the level of the carina. The patient should then be constantly observed for 8-10 minutes. The chest and abdominal wall should be observed for movement suggestive of respiratory effort, and the monitor observed for evidence of hypotension/hypoxia. If not spontaneous respiratory effort is observed, an arterial blood gas should be obtained at 8-10 minutes. If the arterial blood gas shows a pCO2 greater than 60mm Hg or a rise greater than 20mm Hg above baseline in a chronic CO2 retainer, apnea has been established and the patient can be pronounced dead by neurological criteria. If these blood gas criteria have not been met, but the patient was hemodynamically stable during the procedure, the apnea test can be repeated for a longer period of time, after again pre-oxygenating the patient and re-establishing normocarbia.

If instability prevents completion of the test, the test should be aborted, and an ancillary test performed. Indications to abort the apnea test are:

i. Oxygen saturation <85% for > 30 seconds
ii. Systolic blood pressure <90mm Hg

e. Ancillary Testing - Any uncertainty in the completion or clinical interpretation of parts D.2.b or D.2.c should be resolved by an ancillary study. An ancillary test should not be used as a substitute for a clinical determination of brain death. Acceptable ancillary tests include: nuclear medicine cerebral blood flow (SPECT), catheter-based conventional cerebral angiography or transcranial Doppler to confirm the absence of blood flow to the brain parenchyma, or an electroencephalogram (EEG) to confirm the absence of electro-cerebral activity. All ancillary tests must be performed in accordance with national standards specific to brain death determination.

f. Communication with Family
The patient's family is not asked to participate in or to make the decision that the patient has met neurological criteria for declaration of death. The family should be informed that evaluation for neurological death is taking place, and also when the

determination has been made. The family is then informed that even though the patient has spontaneous cardiac activity, the patient is legally dead. Family permission is not required for the removal of the ventilator when a determination of death by neurological criteria has been made. However, a reasonable amount of time should be allowed for the family to visit the patient and come to terms with the diagnosis prior to the removal of the ventilator. Consideration should be given to patients and families with specific religious and cultural beliefs regarding brain death and end-of-life care, and the bioethics committee and/or faith ministries may be helpful in resolving any disagreements.

g. Documentation Of Death By Neurological Criteria
   i. The attending/treating and consulting physicians must document brain death declaration in the patient's medical record. (See Sample Brain Death Examination and Certification Form). The documentation should include confirmation that the prerequisites for brain death testing were met, an evaluation of the brainstem reflexes and the results of this evaluation, as well as the results of the apnea test and/or any ancillary test.
   ii. Each signature must include a date and time.
   iii. Date and time of second declaration is the patient's legal time of death.
   iv. Ensure notification of brain death to patient's legal authorizing authority, and document notice in the medical records. If notice has not been given, the medical record shall reflect the attempts to identify and notify.

C. Special Circumstances – Barbiturates in Brain Death Testing (I.E. Pentobarbital)
The use of barbiturates as a brain protective strategy is common practice in the head injury patients. However, this treatment can confound or confuse the brain death declaration in many patients and special care should be taken when evaluating a brain death declaration in the presence of barbiturates.

A full assessment of the barbiturates medication administration should be made prior to declaring brain death. Physicians should evaluate the following:

1. What barbiturates were given? Assess dose and duration of treatment.
2. How is the medication metabolized and/or excreted (i.e., liver, kidneys, both)?
b. Are these organ(s) functioning normally?
3. Is there a serum level or the possibility of obtaining a serum level for the drug?
4. What is the half-life of this medication?
5. Was brain death testing done at a time sufficient after administration to allow the medication to clear the system?
6. If the physician staff is able to facilitate brain death without barbiturate effect, then declaration with a Clinical Exam (brain stem reflex testing and apnea testing consistent with brain death) is sufficient.

Note: The CBF cannot replace the clinical exam and should only be accepted as a companion to one part of the clinical exam.

If the hospital cannot confirm that the barbiturate effect was absent during the brain death exam (i.e., through serum levels or adequate time off the barbiturate prior to declaration), then additional testing to assess the brain stem is required.

The use of ancillary testing to declare brain death in the presence of barbiturates is required. Special care should be taken when evaluating these tests as a means for declaring brain death.

In the presence of barbiturates, a clinical exam cannot reliably be obtained. Therefore an assessment of the brain stem is essential to the declaration of brain death. Ancillary testing can provide this brain stem assessment but the testing is specific and the documentation must be clear. The type of ancillary testing required for declaration of brain death in the presence of barbiturates is a Cerebral Angiography (4-vessel angio) or a Cerebral Blood Flow study (CBF) where the brain stem is able to be visualized (SPECT). These ancillary tests can visualize blood flow to the brain stem, a requirement for brain death declaration.

D. Catastrophic Brain Injury Guidelines

For those patients who have not been declared brain dead, TransLife recommends the Catastrophic Brain Injury Guidelines (CBIGs) to avoid the instability of patients prior to and during brain and to preserve the opportunity for donation & successful organ transplants.
Consider obtaining a critical care consult if not already involved in patient care.

1. Maintain SBP<90 (MAP>60)
    a. Consider invasive hemodynamic monitoring
    b. Adequate hydration: Ensure adequate hydration to maintain euvolemia
    c. Vasopressor support: If hypotensive post adequate rehydration, utilize Levophed 0.03 mcg/kg/min, Dopamine 3-5 mcg/kg/min; (max does 20 mcg/kg/min) as the first pressor of choice followed by Neosynephriane 50 mcg/min; (max dose mcg/min.).
2. Maintain urine output >0.5 ML/KG/HR <300 ML/HR (Consider DI if >300 ML/HX X2 Hours.
    a. Treat Diabetes Insipidus with Vasopressin IV drip 0.5-2.5 units/hour, if UO still > 300ml/hr
    b. If UO falls below 1ml/kg/hr, assess fluid status – may need rehydration or BP support
3. Maintain PO2 > 100, CO2 23-45
    a. Adequate ventilation: 5.0-8.0 cm/h2o PEEP; consider vent changes to maintain CO2 35-45
    b. Aggressive respiratory hygiene if not contraindicated by patient's condition (suction and turn every 2 hours)
    c. Respiratory treatments to prevent bronchospasm.
4. Maintain PH 7.35-7.45, Bicarb 22-26
    a. Consider vent changes to maintain pH WNL

b. If pH <7.20 give 1 amp Bicarb. Recheck ABG in 1 hr and repeat if needed until pH >7.29
c. If continued acidosis consider evaluating alternative sources of acidosis with appropriate treatment.

5. Other orders to consider
   a. Monitor and treat electrolytes maintain the following:
      i. Sodium: 134-145 mmol/L
      ii. Potassium: 3.5-5.0 mmol/L
      iii. Magnesium: 1.8-2.4 meq/L
      iv. Phosphorus: 2.0-4.5 mg/Dl
      v. Ionized Calcium: 1.12-1.3 mmol/L
   c. Monitor glucose and treat with insulin drip if needed (keep 80-150 mg/dl) rather than SQ
   d. Monitor and treat Hgb, Hct, Coagulation Factors (especially if gunshot wound to the head, or other penetrating head injury)
      i. Maintain Hbg > 8.0 g/gL; and Hct > 30%
      ii. If PT > 18.0; give 2 units FFP
      iii. If Fibrinogen 70-100; give 2 units FFP. If <70; give cryoprecipitate
      iv. If platelets <50; give 6 pack of platelets
      *Remember to re-check labs after treatment.
   e. Maintain temp 36-37 Celsius with bair hugger/warmer-cooling blanket.

E. Potential Organ Donor
If TransLife has identified a patient as a potential donor, TransLife staff will discuss the patient's ability to donate with legal authorizing authority to ensure an informed authorization. Bedside caregivers should not introduce organ donation to the families at the time of grave prognosis, during the explanation of brain death determination, or at any time without prior collaboration with TransLife. (Refer to Hospital Policy #9500-2058 – Organ/Tissue/Eye Donation).

IV. REFERENCES

A. Florida Brain Death Statute, §382.009
B. American Academy of Neurology; Neurology Today, June 17, 2010, Volume 10, Issue 12; Practice Parameter Update: Determining Brain Death in Adults (an evidence based review).
C. Report of the Quality Standards Subcommittee of the American Academy of Neurology, Neurology 2010; 74:1911-1918.
D. Neurocritical Care Society Brain Death ToolKit; Sample Hospital Brain Death Policy (2015)

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

POLICY TITLE: Donation After Circulatory Determination of Death	**POLICY #:** 9500-2057	**REPLACES POLICY #:** 9500-2011
	EFFECTIVE DATE: 09/01/2017	**Page:** Page 1 of 6
POLICY SCOPE: Parrish Healthcare and Affiliates	**REVIEWED:** N/A	
DEVELOPED BY: Perioperative Services	**REVISED:** N/A	
APPROVALS: Executive Management: _____ Chairperson, Medical Executive Cmte: _____ President/CEO: _____ Chairperson, Board of Directors: _____	**REPOSITORY:** Corporate Compliance iCare	

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In compliance with Federal and State laws, when, based on accepted medial standards, a patient is at, or near death, the hospital President/CEO, or his designee shall, notify the designated organ procurement organization (OPO). The OPO, in accordance with law, shall evaluate the suitability of organ or tissue donation, access the donor registry, and if necessary, request consent from the family of the deceased patient.

II. PURPOSE

The purpose of this policy is to outline the process, standards, and criteria for Donation after Circulatory Determination of Death (DCDD).

III. DEFINITIONS

Appropriate candidates for DCDD shall be those patients who meet all the following criteria.

1. The patient has a non-recoverable illness or injury that has caused neurological devastation and/or other system failure resulting in ventilator dependency. For example, patients who are ventilator dependent, or dependent on ventricular assist device, pacemaker or ECMO.
2. The patient has not met criteria for declaration of brain death as set forth by hospital policy.
3. A decision is made with the family and physician to withdrawal mechanical ventilator and all sustaining artificial therapies.

IV. PROCEDURES

A. TransLife shall be notified of a hospital referral when there is consideration by family or physician for the withdrawal of mechanical ventilator and all artificial support; and prior to physician discussion with the family regarding withdrawal option. Note: Referral must occur prior to ventilator withdrawal to allow for the opportunity of organ donation.

B. Potential Organ Donor Evaluation
   a. TransLife Coordinator will review the medical record to evaluate the patient and determine medical suitability in coordination with TransLife Medical Director.
   b. If the patient is determined to be a candidate for DCDD, the TransLife Coordinator will consult with the physician regarding the timing of family care discussions.
   c. The decision to stop treatment should be made prior to any mention or discussion of donation with the patient's family.
   d. TransLife is not involved in making the decision to withdrawal artificial support.

C. Donor Authorization
   1. Following the family and physician's decision to withdraw support, the TransLife Coordinator will huddle with bedside care providers in order to assess the timing of the donation discussion, and to collaborate with the care team on a plan to ensure the most compassionate and sensitive approach.
   2. The donation discussion is to be conducted by a TransLife representative and is to include: modification of DNR decision so that care is not decelerated, explanation of the donation process, options for determining when and where extubation should occur, recovery procedure, arterial line placement, and use of anti-coagulants

D. Patient Management – To facilitate organ recovery, the patient must be hemodynamically supported for organ perfusion until the withdrawal of ventilator support occurs. The TransLife Coordinator will request medical consults and laboratory studies to assist in the determination of organ viability and placement. If lungs are being considered, a bronchoscopy will be requested.

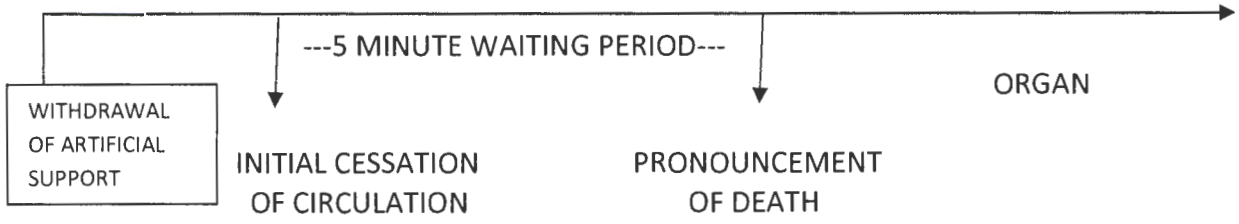
E. Withdrawal of Artificial Support – The withdrawal of ventilator support, extubation, and the administration of comfort care medications are performed under the direction of the attending/treating physician or physician designee in accordance with hospital policy. The

pronouncing physician must not be directly involved with either the TransLife or transplant teams.

Withdrawal shall occur in the operating room or an area nearby. Healthcare professionals in attendance during the removal of ventilator support shall include, patient's attending/treating physician or physician designee, critical care nurse, respiratory therapist, and organ recovery coordinator. Family members may also elect to attend the withdrawal and be present until death occurs. Utmost attention shall be given to protect the dignity and the rights of the donors and their families.
Comfort care medicines are administered by the physician or hospital staff in accordance with hospital policy. Paralytic agents are prohibited. Neither TransLife staff nor any member of the transplant team are involved in the determination, guidance, or administration of comfort care medications.

F. Determination of Circulatory Death
   1. The attending/treating physician or physician designee shall be in attendance during the removal of ventilator and all artificial support procedures. Death is pronounced after determining that irreversible cessation of all respiratory and circulatory functions have occurred. After the initial cessation of circulation, 5 minutes waiting period must take place prior to the pronouncement of death. Surgical recovery of organs shall not begin until the pronouncement of death.
      a. The three required elements of the criteria for cardio-pulmonary death are observation for not less than five minutes of simultaneous and irreversible:
         i. Unresponsiveness,
         ii. Apnea, and
         iii. Absent circulation. Loss of circulation denotes no mechanical circulatory function.
      b. The irreversible cessation of circulatory function is recognized by persistent cessation of functions during an appropriate period of observation as demonstrated by one of the following:
         i. Five minutes of ventricular fibrillation, or
         ii. Five minutes of electrical asystole (for example, no complexes agonal baseline drift only), or
         iii. Five minutes of pulseless electrical as determined by arterial line or Doppler, and noninvasive blood pressure (BP) cuff.

G. Responsibilities



1. TransLife:
   a. Medical Screening
   b. Obtains authorization from legally authorized person(s)
   c. Allocates available organs
   d. Collaborates with patient's physician regarding medical management
      Obtains authorization for release of organs, tissues and eyes from Medical Examine (when appropriate)
   e. Supports the donor family throughout the process
   f. Provides all relevant information and timely updates to the respective recovery teams.
2. Patient's Physician or Designee:
   a. Medical management of the patient
   b. Withdrawal of ventilator and all artificial support
   c. Ordering/administering comfort care measures
   d. Determination of death
   e. Administration of anti-coagulant at the time of extubation.
3. Transplant Centers:
   a. Complying with TransLife and hospital policies regarding their exclusion from donor management, patient extubation, and determination of death.

H. Donation Process:
   1. The attending/treating physician shall document in accordance with hospital policy the basis for the decision to withhold or withdrawal life-sustaining measures in the medical record.
   2. Donation option will be presented by a TransLife Coordinator following the family's decision to withdraw ventilator and all artificial support.
   3. If a reportable medical examiner case, TransLife will contact the Medical Examiner to request release for organ, tissue and eye donation.
   4. The patient must be maintained on a ventilator and hemodynamically supported for organ perfusion until the withdrawal of support occurs.
   5. TransLife staff will work collaboratively with the ICU staff, and transplant teams to set up an approximate operating room time that reflects organ placement requirements with the family's wishes.
   6. TransLife staff will meet with the hospital OR Team to ensure preparedness and smooth process.
   7. Patient is transferred to the operating room or nearby area from the ICU with a portable cardiac monitor, arterial pressure monitor, and portable pulse-oximeter under the care of the attending/treating physician or physician designee and accompanied by a nurse and respiratory therapist after the following issues have been addressed:
      a. Medical suitability for DCDD donation has been determined
      b. Donor authorization has been obtained
      c. OR time is set
      d. Transplant Team is present
   8. A DCDD huddle is facilitated by the hospital and TransLife staff to ensure:
      a. Confirmation of patient identification

   b. Process for withdrawal
   c. Review of authorization forms
   d. Roles and responsibilities
   e. Discussion regarding outcome plans (pre-determined room)
9. The patient will be surgically prepped and partially draped prior to pronouncement of death if taking place outside the surgical suite.
10. If extubation is to occur in the OR, the transplant center(s) surgical recovery team(s) may be present and drape, but shall not be present in the surgical suite prior to the withdrawal of ventilator support and shall remain outside of the room until death has been declared.
11. If withdrawal occurs outside of the surgical suite, the transplant center recovery team must remain in the surgical suite until the donor is declared and brought into the OR.
12. The withdrawal of mechanical ventilation and the administration of comfort medicines are the responsibility of hospital staff and are performed under the direction of the attending/treating physician or physician designee in accordance with hospital policy.
13. Members of the TransLife and transplant teams must not participate in any aspect of the withdrawal process.
14. The TransLife Coordinator(s) may remain in the room during withdrawal as a passive observer of the patient's hemodynamics and to:
    a. Determine warm ischemic time,
    b. Complete organ procurement documentation
    c. Make the decision whether to proceed with organ recovery.
15. Death is pronounced following 5 minutes of observed persistent apnea and non-perfusing rhythm by the attending/treating physician or physician designee, who must not be directly involved with either the TransLife or transplant teams. The physician will record the date and time of death in the medical record.
16. Following pronouncement, the donor will be transferred by the TransLife team to the OR for organ recovery (if not already in the OR).
17. After pronouncement, the family (if present) will be escorted from the area and critical care staff can leave.
18. If the patient does not arrest within designated time frame, he or she is returned to a predetermined assigned room where comfort measures will be maintained. TransLife Coordinator is to notify the Attending/Treating Physician and legal authorizing aurthority of the patient's status.
19. Hospital Reimbursement:
    All TransLife charges incurred following declaration of death and authorization obtained for organ recovery should be billed to TransLife. Your TransLife representative can provide you with the appropriate mailing address.

V. REFERENCES

1. Florida Statutes (2014). Title XLIV Health Care Advance Directives. §765.101-113, §765.301-309, §765.401, and §765.404.
2. Bernat, J., D'Alessandro, A., Port, F., Bleck, T., Heard, S.; Mediana, J., Delmonico, F>(2006) Report of national conference on donation after cardiac death. American Journal of Transplantation, 6,281-291.

3. Joint Commission Standard, TS.01.01.01
4. Centers of Medicare and Medicaid Services, 42 CFR Part 482
5. Management of the Potential Organ Donor in the ICU: Society of Critical Care Medicine/American College of Chest Physicians/Association of Organ Procurement Organization Consensus Statement: Critical Care Medicine (June 2015)

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

POLICY TITLE: Organ/Tissue/Eye Donation	POLICY #: 9500-2058	REPLACES POLICY #: 9500-2011
	EFFECTIVE DATE: 09/01/2017	Page: Page 1 of 6
POLICY SCOPE: Parrish Healthcare and Affiliates	REVIEWED: N/A	
DEVELOPED BY: Perioperative Services	REVISED: N/A	
APPROVALS: Executive Management: _____ Chairperson, Medical Executive Cmte: _____ President/CEO: _____ Chairperson, Board of Directors: _____	REPOSITORY: Corporate Compliance iCare	

I. POLICY STATEMENT

Parrish Medical Center (PMC) recognizes the continuing need for human organs and tissues for transplantation and medical research, and will collaborate with the Organ Procurement Organization to identify and refer all potential donor candidates. Hospital leadership believes that the principles of preservation of quality of life and compassionate delivery of healthcare are inherent in organ and tissue recovery for transplantation and medical research.

In compliance with Federal and State laws, when, based on accepted medical standards, a patient is at, or near death, the hospital President/CEO, or his designee shall, notify the designated organ procurement organization (OPO). The OPO, in accordance with law, shall evaluate the suitability of organ or tissue donation, access the donor registry, and if necessary, request consent from the family of the deceased patient.

II. PURPOSE

This policy is to provide a framework for the donation process from the initial identification and timely referral of potential organ, tissue and eye donors; to the evaluation and medical management of potential organ donors; encompassing a uniform structure for the presentation of the donation option to patients and families, and concluding with the OR process.

III. DEFINITIONS

A. **Clinical Triggers**: Mutually established criteria for the referral of "imminent deaths" which ensure timely notification to TransLife of potential organ donors.

B. **Donation After Brain Death**: Organ donation involving a patient whose death is due to neurological criteria, and determination of death is made in accordance with state law and currently accepted medical standards, and for whom medical suitability and authorization for organ donation has been determined by TransLife.

C. **Donation After Circulatory Determination of Death (DCDD)**: Organ donation involving a patient for whom there is a decision to withdraw from ventilator and all artificial support (compassionate extubation), and for whom medical suitability and authorization has been secured by TransLife. Organs are donated following the determination and pronouncement of circulatory death.

D. **Effective Request Process**: A collaborative process between Hospital and TransLife staff that culminates in the donation request to the family using tested and proven methodology incorporating a trained donation agency requestor.

E. **Organ Donation**: Refers to kidneys, heart, liver, lungs, pancreas and intestine.

F. **Tissue Donation**: Refers to cartilage, bone, tendons, ligaments, and soft tissue including skin, heart valves and saphenous veins.

IV. PROCEDURES

Care Partners who fail to comply with this policy will be counseled following the Parrish Healthcare performance and disciplinary counseling guidelines.

A. Donation Agencies
   1. Organ: TransLife Organ & Tissue Donation Services
   2. Tissue: TransLife Organ & Tissue Donation Services
   3. Eye: Keralink

B. Identification of Potential Organ/Tissue/Eye Donors
   Every patient death is to be referred to allow for medical screening by the tissue and/or eye donation agency(s). Every imminent death is to be referred to allow for medical screening for organ donation by TransLife. Referral notification for all potential donors is to occur irrespective of patient's age, medical diagnosis, medical/social history, and Medical Examiner case status.
   1. Potential Organ Donors: Referral of imminent death is defined as a referral of a ventilator-dependent patient meeting and ONE of the following Clinical Triggers for referral of a potential organ donor.
      a. Glasgow Coma Score of 5 or less and any possible neurological insult
      b. Plan to discuss the withdrawal of ventilator and all artificial support with family or legally authorized person(s). Note: Referral must occur prior to withdrawal to allow for the opportunity of organ donation.

c. Absence of TWO or more brainstem reflexes:
   i. no pain response
   ii. no pupillary response
   iii. no corneal reflex
   iv. no cough
   v. no gag
   vi. no eye movement (doll's eyes)
   vii. no response to cold calorics (signs of impending brain death)

d. Family mentions organ donation
   Potential Tissue/Eye Donors: Referral of a potential tissue or eye donor is to involve the referral of every patient death, including the deaths of those patients previously referred while on a ventilator and ruled out as potential organ donors. All Hospital referrals will be triaged by the TransLife Call Center to the appropriate tissue/eye donation agency for medical screening. Note: Criteria for organ, tissue and eye donation are quite different, subject to change, and are best addressed directly by experts in these areas.

C. Timely Donor Notification
Potential Organ Donors: The referral of a potential donor should occur ideally within ONE HOUR of a patient meeting a clinical trigger for TransLife notification. Timely notification is further defined as a referral that occurs prior to any measures taken to decelerate treatment of that patient, thus preserving the option of organ donation for patients and families.
Potential Tissue Donors: The referral of a patient death should occur as quickly as possible after the death of a patient, and always within one hour of asystole.

D. How To Make A Referral
A referral is made by calling TransLife's 24-hour line at 1-800-458-7570 and having the following information available:
1. Patient's Name / Unit / Medical Record Number
2. Age / Date of Birth / Gender
3. Admission Date
4. Weight
5. Diagnosis and Pertinent Medical History
6. For tissue and eye referrals made following cardiac death, you may also be asked about lab results and treatment provided.

E. Referral Documentation
Documentation of the Referral Number and instruction from the donation agency shall be made on the following:
1. Deceased Patient Checklist
2. Organ/Tissue/Eye Donation Referral Form (Attachment "A" – Organ/Tissue/Eye Donation Referral Form)

F. Determination of Medical Suitability

The Hospital will provide access to (and when requested copies of) the medical record, including laboratory studies and diagnostic tests to TransLife and donation agencies for the purpose of determining medical suitability, and to ensure patient safety in the release of donated organs, tissue and eyes to transplant patients.

G. Medical Management of a Potential Organ Donor

Hospital staff will provide supportive medical management to the potential organ donor to preserve the opportunity for donation while TransLife determines medical suitability and pursues authorization. TransLife can provide the Hospital with established donor management guidelines as a resource.

1. Physicians may be asked by the TransLife Coordinator to provide consultations necessary to ensure the suitability of the organs for transplant. These may include , but are not limited to bronchoscopy, echocardiograms, central line insertion, cardiac catherizations, chest x-rays, or additional testing to confirm the brain death diagnosis.
2. Following brain death declaration and donor authorization, TransLife assumes the responsibility of maintaining organ viability for transplantation. The TransLife Coordinator will guide the medial management in accordance with TransLife's Medical Director. The hospital will provide a trained ICU Nurse to continue providing supportive care to the donor patient throughout the ICU stay and to order diagnostic tests, etc., as requested by TransLife Coordinator. (1:1 care is preferable when staffing permits.)
3. If a potential DCDD donor, the care and management of the patient will remain under the direction of the attending/treating physician or physician designee. This includes the extubation and the administration of comfort care medications. (See DCDD Policy)

H. Obtaining Donor Authorization

Only trained donation requestors from TransLife or the donation agencies shall offer the option of donation and provide information to the legally authorized person(s) about the donation process. Donation or the donation agency should not be mentioned to families at the time of referral (prior to donor screening) or at any time without prior collaboration with TransLife or authorized requestor from a donation agency.

1. If the patient had previously completed a donor document or online donor registration, this will serve as the legal authorization for the medical record.
2. In the absence of a completed anatomical gift (donor document or online donor registration), the representative from the donation agency is to service in the role of trained requestor. The donation decision for the decedent is to be made in the following order of priority, as defined by state anatomical gift law:
    a. Designated health surrogate
    b. Spouse;
    c. Adult son or daughter;
    d. Either parent;
    e. Adult brother or sister
    f. Adult grandchild
    g. Grandparent
    h. A close personal friend, as defined in §765.101;
    i. A guardian of the decedent at the time of his or her death; or

j. A court appointed representative ad litem

3. If an organ donor, TransLife will provide a signed donor authorization form or copy of the donor document or online registry for inclusion in the patient's medical record.

I. Effective Request Process (ERP) for Potential Organ Donors

Collaboration among Hospital and TransLife staff is to ensure that the donation pathway is always protected on behalf of patients and families and that the request for the donation of organs, tissues and eyes is made in the most sensitive and compassionate manner, both in keeping with federal guidelines and excellent end-of-life care.

Team Huddles are key to the ERP and consist of brief meetings coordinated by the TransLife representative, as follows:

Criteria for Team Huddle

1. After Medical suitability has been determined
2. Shift Change
3. Family/Care Team are discussing withdrawal of ventilator and all artificial support
4. Family brings up donation
5. Brain death has been determined
6. Patient is hemodynamically unstable
7. At the request of either Hospital or TransLife staff

Participants

1. TransLife Coordinator
2. Bedside Nurse
3. Treating Physician
4. Resident
5. Support Staff (when appropriate); pastoral care, palliative care, child life, social work, respiratory care, other

J. Medical Examiner Cases

If the case falls under jurisdiction of the Medical Examiner, the TransLife Coordinator will contact the appropriate person(s) to request authorization for organ donation. A copy of the donor chart and a copy of the donor authorization form, will be prepared for the Medical Examiner by TransLife.

K. Organ Recovery

The TransLife Coordinator will facilitate communication with all involved parties; i.e. donor family, appropriate hospital staff, medical examiner, tissue and eye programs, and transplant recovery teams.

1. TransLife Coordinator will notify the Hospital Operating Room (OR) as soon as possible after donor authorization is obtained for the organ recovery. Factors affecting OR time include:
    a. Stability of the potential donor and /or potential recipient
    b. Distance of visiting recovery teams
    c. Weather conditions, and
    d. Donor family needs and cultural beliefs
2. Hospital personnel required:
    a. Donation after Brain Death – The Hospital is to provide an Anesthesiologist, circulating nurse and scrub technician. TransLife will provide guidelines to the Anesthesiologist to maintain and monitor the donor's intra-operative perfusion and oxygenation until after the aorta is clamped or until released by the recovery surgeons.
    b. Donation after Circulatory Death – The patient must be maintained on a ventilator and hemodynamically supported for organ perfusion until the withdrawal of support occurs.

The donor is transferred with a portable cardiac monitor, arterial pressure monitor, and portable pulse oximeter from the ICU to the OR or nearby area under the care of the attending/treating physician or physician designee and is accompanied by a nurse and respiratory therapist. (See DCDD Policy)

L. Hospital Reimbursement

The recovery agency will be responsible for all costs related to the evaluation and recovery of organs, tissues and eyes for transplantation.

1. Following organ recovery, the Hospital will provide TransLife with an itemized statement of charges for reimbursement.

M. Quality Improvement

The hospital will provide TransLife with a structured report of all patient deaths and access to the medical record for the purpose of performing retrospective chart review according to a designated schedule, in keeping with the Medicare Conditions of Participation for Hospitals.

The Hospital will work collaboratively with TransLife and donation agencies to ensure ongoing education programs for all staff involved in the donation process.

V. REFERENCES

A. Florida Statutes (2008). Title XLIV Civil Rights. Chapter 765.510-765.546 Anatomical Gifts:§765.512. Persons who may make anatomical gift.

B. Joint Commission Standard, TS.01.01.01

C. Centers for Medicare and Medicaid Services, 42 CFR Part 482

D. Organ Procurement Organization Disclosure under HIPAA §164.512

E. Clarifying Standards Applicability to Organ Procurement Organizations; Joint Commission Perspectives: Volume 34, Issue 5, May 2014

ORGAN/TISSUE/EYE DONATION REFERRAL FORM

CALL 1-800-458-7570 (TransLife 24-Hour Hotline) within ONE HOUR of Clinical Trigger event

VENTILATOR PATIENTS: Potential ORGAN Donors

MUST CALL PRIOR TO EXTUBATION

Date/Time of Referral: _____

Person making Referral: _____

Referral Reference #: _____

Name of Donation Coordinator: _____

Communication from Donation Program:

- TransLife will monitor clinical course by phone.
- TransLife will arrive on-site to further evaluate for organ donation,
- Donor authorization obtained.
- Patient has been ruled out for organ donation.

Must CALL BACK at time of cardiac death to allow screening for tissue and donation, and document referral below.

Clinical Triggers for Organ Donor Referral

Call within 1 HOUR if any ONE of the following occurs for your vent-dependent patient:

- Glasgow Coma Score of 5 or less and any possible neuro insult
- Absence of 2 or more brainstem reflexes:
  - » Pupil Response
  - » Cough
  - » Gag
  - » Response to Painful Stimuli
  - » Eye Movement (Doll's Eyes)
  - » No response to Cold Calorics
- Consideration of withdrawal of ventilator and all artificial support; i.e. plan to discuss with family. Must call prior to withdrawal to allow for the opportunity of organ donation.
- Family asks about donation

Potential TISSUE/EYE Donors

REFER ALL PATIENT DEATHS

Date/Time of Referral: _____

Person making Referral: _____

Referral Reference #: _____

Name of Screener returning Call: _____

Communication from Donation Program:

O YES ☐ NO The deceased patient is medically suitable for Tissue Donation

O YES ☐ NO The deceased patient is medically suitable for Cornea Eye Donation

Clinical Triggers for Tissue/Eye Donor Referral

Call ASAP and always within 1 HOUR after a death occurs - prior to release of the body to a funeral home.

1. Obtain a phone number where the family can be reached within the next few hours, i.e. cell phone, neighbor or friend's home phone.

2. Ensure body is refrigerated ASAP to preserve the opportunity for tissue donation.

Refer regardless of patient age, history or diagnosis. Medical Examiner cases should not be excluded from donor referral.
Please refrain from discussing donation with families.

ORGAN/TISSUE DONATION FOR TRANSPLANTATION; BRAIN DEATH PROTOCOL

POLICY TYPE: Clinical Practice
EFFECTIVE DATE: 10/27/86

APPROVALS

_____ Date:_____.
INITIATED BY: Loretta Beorlegui, Executive Director, Critical Care Services

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

_____ Date: _____.
George Mikitarian, President/CEO

_____ Date:_____.
Herman Cole, Jr., Chairman, Board of Directors

REVISED/REVIEWED: 03/90, 07/91, 06/95, 08/98, 3/03, 7/03, 1/09, 06/11, 09/14

DISTRIBUTION

1. Administrative Manual
2. I-Care

POLICY

Parrish Medical Center (PMC) recognizes the continuing need for human organs and tissues for transplantation and medical research, and will collaborate with the Organ Procurement Organization to identify and refer all potential donor candidates. Hospital leadership believes that the principles of preservation of quality of life and compassionate delivery of healthcare are inherent in organ and tissue recovery for transplantation and medical research.

In compliance with Federal and State laws, when, based on accepted medical standards, a patient is at, or near death, the hospital President/CEO, or his designee shall, notify the designated organ procurement organization (OPO). The OPO, in accordance with law, shall evaluate the suitability of organ or tissue donation, access the donor registry, and if necessary, request consent from the family of the deceased patient.

- PMC will ensure that every patient/surrogate or family is given the opportunity to make an anatomical gift in the event of patient death.

- PMC has established affiliations for required referrals for organ, tissue and eye donation inquiries with TransLife Organ, Tissue TransLife Organ & Tissue Donation Services, TBI-Orlando (Medical Eye Bank of Florida) RTI Donor Services

- Clinical Triggers have been defined by TransLife for timely Hospital notification of a potential organ and tissue donor; to delineate the difference between the procedures for donation after brain death and donation after cardiac death; to specify the restrictions with regards to obtaining donor authorization; to enhance understanding and

collaboration between Hospital and donation teams; and to ensure Hospital compliance with state and federal regulations. **(Attachment "A")**

REFERRAL PROCEDURE

Every death and every imminent death is to be referred regardless of patient's age, medical diagnosis, medical/social history, and Medical Examiner case status.

A. Timely notification of imminent death is defined as a referral made within 1 hour of a ventilator-dependent patient meeting any ONE of the following Clinical Triggers for referral of a potential organ donor:

   a. Glasgow Coma Score of 5 or less.
   b. Withdrawal of life support is being considered by physician or family. Referral must occur prior to withdrawal to allow for the opportunity of organ donation.
   c. Absence of two or more brain stem reflexes" pupils fixed and dilated, no gag, no cough, no spontaneous respiration, and no purposeful movement in response to painful stimuli.
   d. Family mentions organ donation.

   Timely notification is further defined as a referral that occurs prior to any measures taken to decelerate treatment of that patient, thus preserving the option of organ donation.

B. If TransLife determines that a patient is not a candidate for organ donation, a second Hospital referral is to be made at cardiac death to permit screenings for tissue and eye donation. Criteria for organ, tissue and eye donation are quite different, subject to change, and are best addressed directly by experts in these areas.

C. Timely death notification is defined as a referral made within 1 hour of cardiac death, and prior to release of the body to the funeral home. The body should be refrigerated as quickly as possible to preserve the option of tissue donation.

D. Organ and tissue donation should not be mentioned to the family at the time of referral or at any time without prior collaboration with TransLife. It is especially important not to raise a family's hopes for organ donation before completion of TransLife medical evaluation.

E. A referral is made by calling 1-800-458-7570 (24 hour referral) and having the following information available:

a. Patient's Name/Unit/Medical Record Number
b. Age/Date of Birth/Gender
c. Admission Date
d. Weight
e. Diagnosis and Pertinent Medical History

For referrals made following cardiac death, it is helpful to provide alternative telephone numbers where the families who have left the hospital might be reached within the next few hours. Oftentimes, tissue and eye donation is not possible because the next-of-kin cannot be located within the time constraints that allow for donation.

F. All referrals shall be recorded on the patient's Routine Inquiry Form.

POTENTIAL ORGAN DONOR EVALUATION

A. TransLife Coordinator will review the medical chart to evaluate the patient and determine medical suitability.

B. The Physician of record is to inform the family of the patient's grave prognosis of imminent death and death. Organ donation should not be discussed at this time. Families need time to absorb and understand the medical information that is being shared.

C. Hospital staff will provide supportive medical management to the potential organ donor to preserve the opportunity for organ donation while TransLife determines suitability. TransLife can provide the Hospital with established donor management guidelines as a resource.

DONOR AUTHORIZATION

A. The TransLife Coordinator will consult with Hospital staff in order to gain an understanding of pertinent family dynamics, assess the family's readiness to be offered the option of organ donation, and to collaborate with the patient's care team on a plan for the most sensitive discussion.

B. TransLife staff is to serve as the requestor.

C. If the patient had previously completed a donor document or online donor registration, this will serve as the legal authorization for the medical record. Per Florida law, a donor document or registration is irrevocable after the donor's death.

D. In the absence of a completed anatomical gift (donor document or online donor

registration) or actual notice of opposition by a higher priority class, the donation decision for the decedent is to be made in the following order of priority:

- Designated health surrogate
- The spouse of the decedent;
- An adult son or daughter of the decedent;
- Either parent of the decedent;
- An adult brother or sister of the decedent;
- An adult grandchild of the decedent;
- A grandparent of the decedent;
- A close personal friend, as defined in s.765.101. A guardian of the decent at the time of his or her death, or
- A court appointed representative ad litem

F. If donor authorization is obtained, TransLife will conduct a medical/social history review.

G. TransLife will provide a signed donor authorization form for inclusion in the patient's medical record.

MEDICAL EXAMINER CASES

TransLife will ensure notification of the Medical Examiner before the donation of any organs and/or tissues if the patient is considered a reportable medical examiner case. Appropriate documentation, which will include a copy of the donor chart and a copy of the donor authorization form, will be prepared for the Medical Examiner, by TransLife.

Deaths reportable to the Medical Examiner include:

- When any person dies in the Florida:
  1. Of criminal violence.
  2. By accident.
  3. By suicide.
  4. Suddenly, when in apparent good health.
  5. Unattended by a practicing physician or other recognized practitioner.
  6. In any prison or penal institution.
  7. In police custody.
  8. In any suspicious or unusual circumstance.
  9. By criminal abortion.
  10. By poison.
  11. By disease constituting a threat to public health.
  12. By disease, injury, or toxic agent resulting from employment.

- When a dead body is brought into the state without proper medical certification.
- When a body is to be cremated, dissected, or buried at sea.

Notification of the Medical Examiner shall be recorded on the patient's Routine Inquiry Form.

DONATION PROCESS

Donation after Brain Death

A. Two physicians must independently perform a clinical exam to establish and document brain death. One shall be the Attending/Treating Physician and the other shall be a board-eligible or board-certified neurologist, neurosurgeon, internist, pediatrician, surgeon or anesthesiologist. For patients treated in the Emergency Department, the ED physician may be considered the attending/treating physician. Nether declaring physician may assist in the recover or transplantation of the donor organs. (Refer to e-forms "Certification of Brain Death" and "Brain Death Clinical Exam")

B. Once the brain death declaration and appropriate authorization is obtained, TransLife assumes the responsibility of maintaining organ viability for transplantation. The TransLife Coordinator will guide the medical management in accordance with TransLife's Medical Director.

C. The Hospital will provide a trained ICU nurse to continue providing supportive care to the donor patient throughout the ICU stay and to order lab tests, etc., as requested by TransLife Coordinator (1:1 care is preferable when staffing permits)

D. The Hospital/Physician may be asked by the TransLife Coordinator to provide consultations necessary to ensure the suitability of the organs for transplant. These may include, but are not limited to bronchoscopy, Central Line Insertion, echocardiograms, cardiac catherizations and chest x-rays.

E. The TransLife Coordinator will facilitate communication with all involved parties; i.e. donor family, appropriate hospital staff, medical examiner, tissue and eye recovery program personnel, and transplant recovery teams.

F. TransLife Coordinator will notify the Hospital OR as soon as possible after donor authorization is obtained for the potential organ recovery.

G. The Hospital will make an OR suite available for the organ recovery.

H. TransLife will schedule the organ recovery with the OR staff. Factors affecting OR time include:

a. stability of the potential donor
b. distance of visiting recovery teams
c. weather conditions, and
d. donor family needs and cultural beliefs

I. TransLife will communicate with the transplant centers to facilitate arrival of the surgical recovery teams.

J. Hospital OR personnel necessary include anesthesiologist, circulating nurse and scrub technician.

K. TransLife will provide guidelines to the Anesthesiologist to maintain and monitor the donor's intra-operative perfusion and oxygenation until after the aorta is clamped or until released by the recovery Surgeons.

L. Refer to Hospital policy regarding care of the body post-mortem.

Donation after Cardiac Death

A. Attending/Treating Physician shall document (in accordance with Hospital policy) the basis for the decision to withhold or withdraw life-sustaining measure in the medical record.

B. Donation option will be presented by a TransLife Coordinator following the family's decision to withdraw artificial support.

C. The patient must be maintained on a ventilator and hemodynamically supported for organ perfusion until the withdraw of support occurs.

D. Families may elect to attend the withdrawal of support. Utmost attention shall be taken to protect the dignity and the rights of the donors and their families.

E. Comfort care of the patient and the family will be provided/ensured.

F. Removal of artificial support is to occur in a designated area close to the OR.

G. Patient is transferred (with a cardiac monitor and pulse-oximeter) under the care of the Attending/Treating Physician and accompanied by a nurse and respiratory therapist to a designated area after the following issues have been addressed:

a. Medical suitability for DCD donation has been determined
b. Donor authorization has been obtained
c. OR time is set
d. Transplant Team is present

H. Mechanical ventilation is removed. The Transplant Recovery Coordinators and the Recovery Team must not participate in the weaning process. Care of the patient remains under the direction of the Attending/Treating Physician until death is pronounced.

I. Cardiac status will be monitored. Apnea and pulselessness will be documents for 5 minutes by the Attending/Treating Physician.

J. Death will be pronounced following 5 minutes of documented pulselessness by the Attenting/Treating Physician who must not be involved in either the recovery or transplant team. The Physician will record the date and time of death in the medical record.

K. Following pronouncement, the donor will be transferred by the TransLife team to the OR for organ recovery.

L. If the patient does not expire within designated time frame, he or she is returned to designated room where comfort measures will be maintained. TransLife Coordinator is to notify the Attending/Treating Physician and next-of-kin of the patient's status.

REFERRAL OF POTENTIAL TISSUE AND EYE/CORNEA DONORS

A. These are non-ventilated patients who experience cardiac death.

B. Notify the Nursing Supervisor of the expiration and initiate "Inquiry for Organ Donation" (P-348) form that contains all the required elements of referral documentation.

C. Notify TransLife as soon as possible after death has been pronounced and prior to calling the funeral home.

D. Notify TransLife of the Neonatal death of stillbirths 40 weeks and over, and of the death of all live births.

E. The TransLife Operator will determine whether or not the patient may be a potential tissue or eye/cornea donor. If so, the Operator will notify the appropriate agency's

Coordinator who will be responsible for determining donor suitability and for obtaining consent for donation from the surrogate/next-of-kin.

TISSUE DONOR MANAGEMENT AND RECOVERY SERVICES

A. The Tissue Recovery Coordinator will contact the referring person and request specific information in order to determine donor suitability. This information will include:

1. Medical and social history
2. Date of admission
3. Any medications
4. Any blood or fluids given prior to death
5. Height and weight
6. If a Medical Examiner's case or not
7. Legal Surrogate/Next of Kin (relationship, telephone number where they can be reached).
8. Funeral Home (if known)
9. Time patient was taken to morgue or Funeral Home.

B. If the patient meets criteria, the Coordinator will be responsible for contacting the family and requesting consent. If consent is obtained, the Coordinator will complete the following steps:

1. Request permission from the Medical Examiner, if needed.

2. Notify the Nursing Supervisor for assistance with retrieval arrangements.

3. Contact the designated Funeral Home, and inform them of the decision to donate.

C. The Coordinator will be responsible for coordinating the operative recovery of tissue and will contact the Nursing Supervisor to request an OR room. The recovery will take place at a time approved by the OR staff. The Recovery Agency will provide all necessary staff and equipment for the recovery.

D. If OR space is not available or the family has given permission to move the patient to a different site, the Coordinator will make arrangements to transport the patient to a specific tissue recovery site.

EYE/CORNEA DONOR MANAGEMENT AND RECOVERY SERVICES

A. Referral and determination of suitability processes are consistent with the previously described tissue recovery process.

B. The Eye Bank Coordinator will coordinate the recovery of donated eyes. The recovery can be performed in the OR after organ donations or before tissue donation, in the donor's room, in the PMC morgue, or at the Funeral Home.

HOSPITAL REIMBURSEMENT

All TransLife charges incurred following declaration of brain death and consent obtained for organ recovery should be billed to TransLife.

DONOR TRACKING SYSTEM

PMC shall maintain a centralized system to record the receipt and disposition of all organs and tissues transplanted in the hospital. The system shall include:

1. the organ or tissue type;
2. the donor identification number;
3. the name and license number of the procurement or distribution center supplying the organ tissue;
4. recipient information, including, at a minimum the patient's name and identification number;
5. the name of the physician performing the transplant;
6. the date the hospital received the organ or tissue; and
7. the date of the organ or tissue transplant.

PMC will submit this information to TransLife on a quarterly basis.

OTHER TRANSLIFE RESPONSIBILITIES

A. The Executive Director of TransLife (or designee) will participate in a program assessment meeting with designated personnel of Parrish Medical Center as needed.

B. TransLife will meet with Parrish Medical Center staff, as requested, to review the events of individual cases.

C. A representative of TransLife will conduct death record reviews in an anonymous manner to evaluate the effectiveness of the organ/tissue donation effort.

D. PMC will work in cooperation with the OPO and Eye/Tissue Bank in reviewing all death records in an effort to improve processes for identification of potential donors.

E. Hospital personnel involved in the recovery of donated organs, eyes, and tissue will be notified of the outcome of the donation(s) by the agency involved.

F. In respect for the right to privacy of the donor's family and the recipient(s), only non-identifying information regarding the outcome of the donation will be shared with the donor family, referring physician, and all other personnel directly involved in the donor process.

G. The Inquiry for Organ Donation form (P-348) also contains Release of Body information and becomes a part of the permanent Medical Record. Health Information will utilize the Death Reports to compile a Death Log.

H. Any opportunities for PMC's improvement in the referral process will be identified by an OPO review plan and addressed through the PI process.

DEFINITIONS

A. Brain Death (F.S. 382.009)

1. For legal and medical purpose, where respiratory and circulatory functions are maintained by artificial means of support so as to preclude a determination that these functions have ceased, the occurrence of death may be determined where thee is the irreversible cessation of the functioning of the entire brain, including the brain stem.

B. Death (F.S. 765.511)

1. The absence of life as determined, in accordance with currently accepted medical standards, by the irreversible cessation of all respiratory and circulatory function, or as determined in accordance with F.S. 382.009, by the irreversible functions of the entire brain, including the brain stem.

C. Donor Gifts

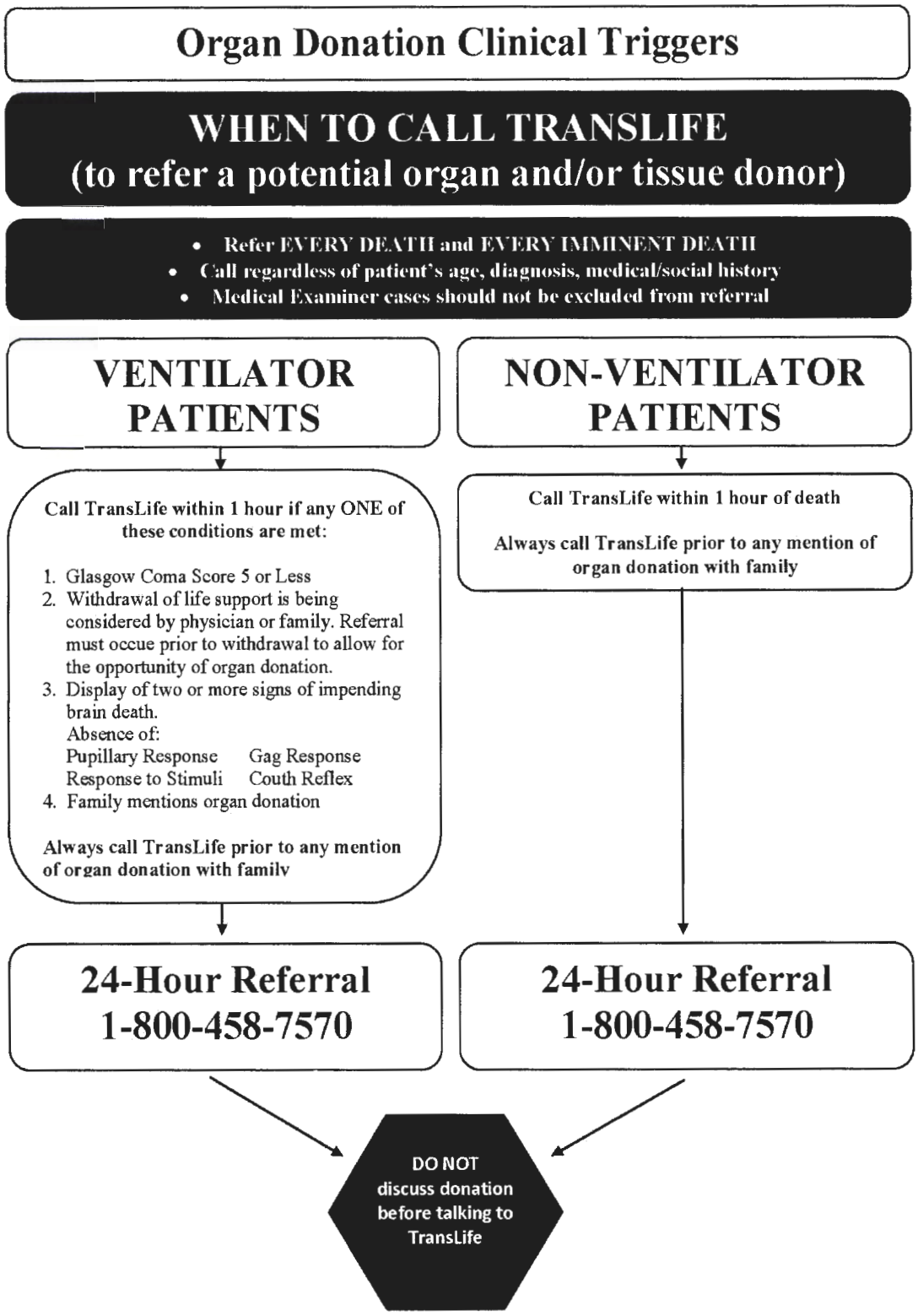
1. Organ Donor: An individual who makes an anatomical gift of his or her vital organs.

a. Vital Organs: heart, lungs, kidneys, liver, and pancreas.

2. Tissue Donor: An individual who makes an anatomical gift of his or her body soft tissue or bones.

3. Eye/Cornea Donor: An individual who makes an anatomical gift of his or her eyes or corneas.

4. Whole Body Donor: An individual who makes an anatomically gift of his or her whole body for the purpose of research and anatomical study.


Organ Donation Clinical Triggers
WHEN TO CALL TRANSLIFE
(to refer a potential organ and/or tissue donor)
• Refer EVERY DEATH and EVERY IMMINENT DEATH
• Call regardless of patient's age, diagnosis, medical/social history
• Medical Examiner cases should not be excluded from referral
VENTILATOR PATIENTS
NON-VENTILATOR PATIENTS
Call TransLife within 1 hour if any ONE of these conditions are met:
1. Glasgow Coma Score 5 or Less
2. Withdrawal of life support is being considered by physician or family. Referral must occue prior to withdrawal to allow for the opportunity of organ donation.
3. Display of two or more signs of impending brain death.
Absence of:
Pupillary Response Gag Response
Response to Stimuli Couth Reflex
4. Family mentions organ donation
Always call TransLife prior to any mention of organ donation with family
Call TransLife within 1 hour of death
Always call TransLife prior to any mention of organ donation with family
24-Hour Referral
1-800-458-7570
24-Hour Referral
1-800-458-7570
DO NOT discuss donation before talking to TransLife

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

OCTOBER 17, 2017

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held October 17, 2017, at 6:00 pm in the Conference Center. A quorum was not present.

Because the Hospital Leadership has implemented a November 1, 2017 deadline regarding Joint Commission related items, it was the consensus of the members present to implement any of these items on the agenda and bring them back to the next MEC meeting on November 21, 2017 for revision or ratification.

Aluino Ochoa, MD
President/Medical Staff

Pedro Carmona, MD
Secretary - Treasurer

Erwin, Jonda

From: Judy Rogers <Judy_Rogers@teamhealth.com>
Sent: Monday, October 02, 2017 5:08 PM
To: Erwin, Jonda
Cc: John Lewis; GREGORY CUCULINO
Subject: [External Sender] FW: Re: ***URGENT***Parrish Form Past Due - Reappraisal Forms Not Received

---

Jonda-

Please see below and accept this as Dr. James G. Clark's resignation of privileges at Parrish Medical Center, effective today, 10/2/17.

Thank you,

Judy Ann Rogers
Credentials Coordinator, Emergency Medicine
TeamHealth
office: 865.985.7184 | fax: 865.694.5126

From: J. Clark [mailto:RoyalArch@yahoo.com]
Sent: Monday, October 2, 2017 4:52 PM
To: Judy Rogers <Judy_Rogers@teamhealth.com>
Subject: [EXTERNAL] Re: ***URGENT***Parrish Form Past Due - Reappraisal Forms Not Received

Yes please

Sent from my iPhone

On Oct 2, 2017, at 8:42 AM, Judy Rogers <Judy_Rogers@teamhealth..com> wrote:

> No, sir. So you would like to resign your privileges from Parrish?
>
> Thank you,
>
> **Judy Ann Rogers**
> Credentials Coordinator, Emergency Medicine
> TeamHealth
> office: 865.985.7184 | fax: 865.694.5126