



MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Joseph Rojas, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – August 5, 2019

Date: September 4, 2019

The Audit Committee will meet at 10:00 a.m. in the Executive Conference room.

The Investment Committee will meet at 10:30 a.m. in the Executive Conference room.

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

The Quality Committee will convene at 12:00 p.m., which will be followed by the Budget and Finance Committee, and then Executive Committee meetings. City Manager, Scott Larese, if available, will be giving the City Council liaison report at the Executive Committee

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

The Board of Directors First Public Hearing is scheduled for 5:01 p.m.

The Education and Planning Committee meetings have been canceled.

Members:

Jerry Noffel, Chairperson

Peggy Crooks

Stan Retz

**TENTATIVE AGENDA
INVESTMENT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, SEPTEMBER 09, 2019, 10:30 AM
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Public Comment
- II. Investment Structure Assessment – Anderson Financial Partners
- III. Investment Policy Review
- IV. Adjournment



Origination:	01/2001
Effective:	12/2018
Last Approved:	12/2018
Last Revised:	12/2018
Next Review:	12/2019
Areas:	<i>Finance</i>
Tags:	<i>9500</i>
Applicability:	<i>Parrish Medical Center</i>

Pension Investment Guidelines, 9500-5004

I. POLICY STATEMENT

- A. 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.
- B. 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.
- C. 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.
- D. 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.
- E. 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.

II. RESPONSIBILITIES/DECISION MAKING AUTHORITY

- A. 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 Vice President Finance, 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.

- B. The Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance shall also assure that adequate records and reports of transactions and commitments for future transactions be maintained.
- C. To carry out their duties the Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance are empowered to execute securities purchases and sales, direct delivery of investments into and out of safekeeping, cause securities to be re-registered 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.
- D. Unless 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.

III. 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:

- 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 Vice President Finance 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 Committee 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
3. 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.
 4. The Committee or Chief Financial Officer shall provide this information, or summaries thereof, to the Board on a quarterly or semi-annual basis; unless an issue arises that requires the Board's attention sooner.
- D. 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.

IV. 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*		Market Index
	Target Weight	Maximum Weight	
Asset Class	Weight	Weight	Market Index
<u>Fixed Income</u>			
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%	<u>n/a</u>	
Alternatives		<u>10%</u>	<u>12%**</u>	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%.

V. 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\(2\)\(e\)](#). Hedge Fund of Fund managers shall exhibit the following characteristics:

- A. 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.
- B. 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.
- C. Transparency of the underlying hedge funds and to some degree their individual positions.
- D. Liquidity terms of the fund of funds may include lock-up periods and frequency of withdrawals
- E. No significant degree of leverage utilized at the limited partnership level.
- F. 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.

VI. 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 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.
- B. **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.
- 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 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.
Commodities or futures, or options on futures.
 6. Warrants.
 7. Equity securities of any company which have a record of less than three years continuous operation, including the operation of any predecessor
 8. Foreign equity securities not listed on one of the major U.S. exchanges, including NASDAQ.
 9. 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).
 10. 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.

11. Direct / title holding real estate or mortgage investments.
12. Securities of the investment manager, the custodian/trustee, their parent, or subsidiaries (excluding Money Market Funds).
13. Security loans.

VII. 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 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 has sufficient resources and expertise.

VIII. 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 of actions taken by the Investment Manager to assure best price and best execution in light of the Plan's cash flow needs.

IX. 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 Vice President Finance. The President and/or his designee, the Chief Financial Officer and/or the Vice President Finance 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.
- C. The Committee reserves the right to change these guidelines at any time and will make the Manager aware of any changes in writing.
- D. 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.

X. 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.

XI. 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:
 - 1. Plan asset/investments for which a fair market value is not provided must be excluded from the assets used to determine annual funding cost;
 - 2. 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.

XII. 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.

XIII. INTERNAL CONTROLS

The Committee and/or its designee the Chief Financial Officer and/or the Vice President Finance 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 Vice President Finance, 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.
- B. Accordingly, the President and/or his designee, the Chief Financial Officer and/or the Vice President Finance 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.

XIV. 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](#) , 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.

XV. REPORTING REQUIREMENTS

- A. 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.
- B. 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.
- C. 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.

XVI. CONTINUING EDUCATION

It will be the responsibility of the Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance, 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.

All revision dates:

12/2018, 11/2017

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors [SP]	12/2018
President/CEO	George Mikitarian: President/CEO [AJ]	11/2018
EMC	Michael Sitowitz: Controller	11/2018
Compliance	Corporate Compliance [NV]	11/2018
Executive Management	Michael Sitowitz: Controller	11/2018
	Michael Sitowitz: Controller	11/2018

Applicability

Parrish Medical Center

COPY



Origination:	04/1992
Effective:	12/2018
Last Approved:	12/2018
Last Revised:	12/2018
Next Review:	12/2021
Areas:	<i>Finance</i>
Tags:	<i>9500</i>
Applicability:	<i>Parrish Medical Center</i>

Operating Funds Investment Policy, 9500-5003

REPLACES POLICY #: n/a

I. POLICY STATEMENT

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 and/or the Vice President Finance 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.

II. 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 out-pace 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.

III. 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 Vice President Finance 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/or the

Vice President Finance, 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 Vice President Finance 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 Vice President Finance are empowered to execute securities purchases and sales, direct delivery of investments into and out of safekeeping, cause securities to be re-registered 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 Vice President Finance, 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.

IV. RECORD KEEPING/REPORTING

The President and/or his designee, the Chief Financial Officer and/or the Vice President Finance must keep timely and accurate records of all portfolio activities. The President and/or his designee, the Chief Financial Officer and/or the Vice President Finance 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 Vice President Finance 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 and/or the Vice President Finance, 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.

V. PORTFOLIO COMPOSITION

The Hospital's investment portfolio shall exclusively consist of investments permitted by [Section 218.415\(16\)](#), Florida Statutes, as amended or provided by 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%.

VI. 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.

VII. 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:

- A. 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.
- B. 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.
- C. Transparency of the underlying hedge funds and to some degree their individual positions.
- D. Liquidity terms of the fund of funds may include lock-up periods and frequency of withdrawals
- E. No significant degree of leverage utilized at the limited partnership level.
- F. 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, retained by the District, the Committee shall agree to a benchmark against which to evaluate ongoing performance of the Alternative Investments in the overall asset allocation model.

VIII. 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.

IX. 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 or the Vice President Finance 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 or the Vice President Finance 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.

X. 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 and/or the Vice President Finance 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.

XI. 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 Vice President Finance. The President and/or his designee, the Chief Financial Officer and/or the Vice President Finance 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, investment 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.

XII. 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.

XIII. 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.

XIV. 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 and/or the Vice President Finance or another 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.

XV. INTERNAL CONTROLS

The President and/or his designee the Chief Financial Officer and/or the Vice President Finance 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 Vice President Finance 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 Vice President Finance 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 and/or the Vice President Finance 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.

XVI. CONTINUING EDUCATION

It will be the responsibility of the President and/or his designee, the Chief Financial Officer and/or the Vice President Finance, 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.

All revision dates:

12/2018, 11/2016, 08/2013, 11/2011, 11/2009, 11/2007, 11/2006, 11/2005, 11/2003, 09/1995

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors [SP]	12/2018
President/CEO	George Mikitarian: President/CEO [AJ]	11/2018
EMC	Michael Sitowitz: Controller	11/2018
Compliance	Corporate Compliance [NV]	11/2018
Executive Management	Michael Sitowitz: Controller	11/2018
	Michael Sitowitz: Controller	11/2018

Applicability

Parrish Medical Center



Origination:	05/2009
Effective:	12/2018
Last Approved:	12/2018
Last Revised:	12/2018
Next Review:	12/2019
Areas:	<i>Finance</i>
Tags:	<i>9500</i>
Applicability:	<i>Parrish Medical Center</i>

403-b Plan and 457-b Plan Investment Guidelines, 9500-97

POLICY TYPE: ADMINISTRATIVE

I. POLICY STATEMENT

This investment policy statement sets forth the process that the Pension Administrative Committee has adopted to make investment-related recommendations to the Board of Directors of the North Brevard County Hospital District, doing business as Parrish Medical Center (the "Board") with respect to assets of the Parrish Medical Center 403-b Plan ("403-b Plan") and the Parrish Medical Center 457-b Plan ("457-b Plan"), collectively referred to as the Plans in compliance with the standards of fiduciary conduct. Employee Retirement Income Security Act of 1974 ("ERISA") does not apply to the Plans, and any references to ERISA are used for illustrative purposes because of the depth of guidance available. A failure to satisfy ERISA standards will not result in the penalties and liabilities provided under ERISA. The policy identifies the investment goals and objectives of the Plans, sets out processes for recommending investments, and specifies the procedures and relevant measurement indices to be used in assessing ongoing investment performance, in accordance with the stated investment objectives. These guidelines do not constitute a contract or a statement of mandatory requirements, but are instead an explanation of the general principles established for the recommended selection and retention of the investment options.

The investment policy statement will be used as the basis for measuring and evaluating future investment performance and will itself be reviewed, at least annually in November, by the Pension Administrative Committee

II. PROCEDURES

Defined Roles. The parties involved in the management of the Plans' assets include, but are not limited to:

- A. **Pension Administrative Committee.** The Pension Administrative Committee shall supervise the investment of the assets of the Plans and make recommendations to the Board concerning selection and retention of the investment options available under the Plans. Accordingly, the Pension Administrative Committee shall have authority to monitor and recommend the Board's selection of specific funds, and/or appoint Investment Managers. Recommendations of the Pension Administrative Committee on the investment policy, the selection of investments fund(s) and/or investment manager(s), performance analysis and investment monitoring, etc., may but need not be based on the recommendations of an

investment consultant (Consultants) engaged to advise the Pension Administrative Committee on such matters.

- B. **Participants.** Participants in the Plans are authorized to direct the investment of assets in their accounts, selecting from the investment funds offered under the Plan as they deem appropriate to meet their own retirement savings objectives. Participants may exchange and transfer amounts in their accounts among the various investment options, on a daily basis (subject to restrictions applicable to the fund or investment vehicle, if any).
- C. **Consultant(s).** The duties and responsibilities of the Plan's consultant(s)(who are also sometimes referred to as investment consultants) include: preparing periodic performance evaluation reports; assisting the Pension Administrative Committee with the analysis of the performance review; assisting the Pension Administrative Committee in developing and reviewing the Plans' investment fund(s) selection; and providing professional investment education services to the Pension Administrative Committee.
- D. **Written records.** The Pension Administrative Committee shall create and maintain written records of all recommendations relating to the choice and ongoing monitoring of investment funds under the Plans. Minutes shall be taken of all meetings, noting time and place, attendees, matters discussed and decisions reached. The minutes shall document investigation, facts and the reasoning that went into the making of such decisions to issue specific recommendations to the Board. Relevant documents or materials used by the Pension Administrative Committee in its process may be included in such minutes.
- E. **Committee procedures.** The Pension Administrative Committee shall promptly adopt written procedures for the conduct of meetings and for decision-making, which shall include but not be limited to: the frequency of meetings, quorum rules, the method of calling regular and special meetings; the voting requirements (e.g., majority or "super majority"), and special positions and duties of committee members (chair, secretary, etc.).

III. PLANS INVESTMENT PHILOSOPHY

General Philosophy:

The Pension Administrative Committee shall recommend investment options under the Plans to the Board in order to – (1) provide a wide range of investment opportunities in various asset classes, so as to allow for diversification and cover a wide risk/return spectrum; (2) maximize returns within reasonable and prudent levels of risk; (3) provide returns comparable to returns for similar investment options; and (4) control investment and management costs to the Plans and participants.

The Pension Administrative Committee shall recommend a diverse range of investment vehicles to the Board – consisting of a combination of mutual funds that will enable participants to meet their individual retirement savings needs and other financial goals. In any case, participants shall be able at all times to diversify the investment of their accounts among at least three investment vehicles with disparate risk/return characteristics, and with a frequency appropriate in light of the volatility of the investments.

The Pension Administrative Committee shall recommend such investment vehicles to the Board based upon such investment vehicles stated investment objectives or investment type and historical risk/return performance. To the extent that the Pension Administrative Committee recommends mutual funds as investment options, the Pension Administrative Committee also intends to base its recommendation on the funds' historical adherence to their stated investment objectives.

The Pension Administrative Committee shall reevaluate each asset class and investment vehicle based upon the foregoing criteria, *no less frequently than semi-annually*, in order to determine the continuing suitability of

each such option under the Plans.

IV. RECOMMENDATION AND MONITORING OF INVESTMENT OPTIONS

Recommendation of investment options: The Pension Administrative Committee shall adopt and issue a recommendation of the Plans' investment options (with the assistance of the Plans' investment consultant, if any) to the Board, and shall set forth and describe each selected investment option in [Appendix A](#) for the 403-b Plan and [Appendix B](#) for the 457-b Plan to this investment policy statement. Criteria shall include but not be limited to the following:

- A. The investment option's volatility and performance relative to benchmarks chosen by the Investment Committee;
- B. The investment option's demonstrated adherence to stated investment objectives;
- C. Competitiveness of fees and expense ratios, compared to similar investments;
- D. Turnover of fund portfolio;
- E. The organization's size, structure, and history; management profile and investment philosophy; staff experience and depth; and technological commitment to research; and
- F. Performance, relative to other investment vehicles (funds) within the same style or sector over a rolling 3 or 5-year period in the top 25% (25th percentile) of the appropriate peer group universe.

Monitoring of investment options: The Pension Administrative Committee shall evaluate the results of the existing investment funds on a timely basis, but not less than semi-annually. Performance comparisons will be made against the representative performance universe and market indices selected by the Pension Administrative Committee for each investment, as described in detail in [Appendix A](#) for the 403-b Plan and [Appendix B](#) for the 457-b Plan.

In an instance where an investment option's performance is consistently below appropriate market indices and peer groups, the Committee will undertake additional steps. Those steps will include reviewing performance on a more frequent basis, ensuring that the investment option is still meeting its stated objective, and meeting with representatives of the investment manager. The Committee also reserves the right, at its discretion, to recommend the addition, replacement, or deletion of an investment option if problems persist.

Evaluation reports created pursuant to monitoring activities will be provided to the Board for its consideration.

V. COORDINATION WITH PLAN DOCUMENTS

Notwithstanding any of the foregoing, if any term or condition of this investment policy statement conflicts with any term or condition of the Plans' documents, the terms and conditions of the Plans' documents shall control.

VI. REVIEW AND REVISION OF THE INVESTMENT POLICY STATEMENT

The Board reserves the right to amend this investment policy statement at any time and from time to time, as it deems necessary or appropriate. The Pension Administrative Committee shall recommend amendments to this investment policy statement as necessary to comply with any amendment to the Plans' documents and/or any change in federal or other applicable law that may affect the investment of the Plans' assets. As changes

occur in the investment options selected for the Plans, the Pension Administrative Committee shall amend **Appendix A and B**, in order to maintain the accuracy of the document.

This investment policy statement and any future revisions will be filed with the State of Florida in accordance with applicable law.

Appendix A

Parrish Medical Center 403-b Plan

Investment Options

Sector/Style	Investment Option
Intermediate Term Bond	TCW Total Return Bond I (TGLMX)
Large Cap Growth	Fidelity Blue Chip Growth Fund (FBGRX)
Large Cap Blend	Glenmeade Large Cap Core Port (GTLOX)
Large Cap Blend	Neuberger Berman Socially Responsible Fund (NBSRX)
Large Cap Value	American Century Equity Income A (TWEAX)
Mid Cap Growth	William Blair Small-Mid Cap Growth N (WSMNX)
Mid Cap Value	Fidelity Advisor Value A (FAVFX)
Small Cap Growth	Eaton Vance Atlanta Cap SMID Cap A (EAASX)
Small Cap Value	MFS New Discovery Value Fund Class A (NDVAX)
Small Cap Blend	PIMCO StocksPLUS Small Institutional (PSCSX)
Foreign Blend	American Funds EuroPacific Gr R3 (RERCX)
Large Cap Blend Index	Fidelity Four In One Index Fund (FFNOX)
Target Retirement	T. Rowe Price Retirement 2010 Adv (PARAX)
Target Retirement	T. Rowe Price Retirement 2020 Adv (PARBX)
Target Retirement	T. Rowe Price Retirement 2030 Adv (PARCX)
Target Retirement	T. Rowe Price Retirement 2040 Adv(PARDX)
Target Retirement	T. Rowe Price Retirement 2050 Adv (PARFX)
Money Market Equiv	Met Life Strategic Value Annuity (SVA)

Appendix B

Parrish Medical Center 457-b Plan

Investment Options

Sector/Style	Investment Option
Balanced Funds	Franklin Income Fund - Class A American Balanced Fund R3 Invesco Equity and Income Fund Class A The Income Fund of America Class R3

Sector/Style	Investment Option
Europe Stock	Invesco Euro Growth A
Large Cap Blend	Dreyfus Appreciation
Large Cap Value	Invesco Comstock Fund Class A Invesco Growth and Income Class A
Large Cap Growth	AMCAP Fund Class R3 Fidelity Advisers Stock Select All Cap A Wells Fargo Advantage Growth A
Mid-Cap Blend	Fidelity Advisor Leveraged Co Stk A
Mid-Cap Growth	Baron Growth R Fidelity Advisor Stock Selector Mid Cap Fund Class A Goldman Sachs Growth Opportunity A
Cash/Money Market	Nationwide Government Money Market Fund Class R6
Small Cap Blend	Invesco Small Cap Equity A
Small Cap Value	AB Discovery Value Class A American Century Small Cap Value Adv
International Bond	Dreyfus International Bond A
International Stocks	American Funds EuroPacific Gr R3 Dodge & Cox International Stock Fund Cambiar Aggressive Value Fund Class I American Funds New Perspective R3
International Pacific/Asia	Blackrock Asian Dragon Fund Inc. A
Inflation Adjusted Bond	Vanguard Inflation - Protected Securities Fund Class I American Century Inflation Adj Bond A
High Yield Bond	Vanguard High-Yield Corporate Fund - Class I
Intermediate Term Bond	Delaware Corp. Bd. A Dodge & Cox Income Fund PIMCO Total Return TCW Total Return
World Stock	Oppenheimer Global Opportunities A
Real Estate	Fidelity Advisor International Real Estate Fund Class A Fidelity Advisor Real Estate Fund Class A

All revision dates:

12/2018, 11/2012, 11/2009

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors [SP]	12/2018

Step Description	Approver	Date
President/CEO	George Mikitarian: President/CEO [AJ]	11/2018
EMC	Michael Sitowitz: Controller	11/2018
Compliance	Corporate Compliance [NV]	11/2018
Executive Management	Michael Sitowitz: Controller	11/2018
	Michael Sitowitz: Controller	11/2018

Applicability

Parrish Medical Center

COPY

Members:

Stan Retz, Chairperson

Peggy Crooks

Herman Cole

Jerry Noffel

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
SEPTEMBER 09, 2019 10:00 A.M.
EXECUTIVE CONFERENCE ROOM

Call to Order

- I. Review and approval of minutes (May 06, 2019)

Motion: To recommend approval of the May 06, 2019 minutes as presented.

- II. Public Comments
- III. FY 2019 Audit Plan – Moore, Stephens, Lovelace
- IV. Corporate Compliance Update – Mr. Jackson
- V. Adjournment

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

A regular meeting of the Audit Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on May 06, 2019 at 11:00 a.m. in the Executive Conference Room. The following members were present:

Stan Retz, Chairperson
Herman Cole
Peggy Crooks
Jerry Noffel

Other Attendees:

Kent Bailey, Vice President Finance
Pamela Perez
Anual Jackson

Call to Order

Mr. Retz called the meeting to order at 11:16 a.m.

Review and Approval of Minutes

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

Action Taken: Motion to approve the minutes of the January 07, 2019 meeting as presented.

Public Comment

No public comment

Audit Engagement Letter FY19

Mr. Bailey presented to the committee the engagement letter with Moore Stephens Lovelace for the upcoming audit for FY19. Mr. Bailey did mention the date under the Section "Term" should be January 31, 2020.

Motion: To recommend approval of the Moore Stephens Lovelace Engagement Letter for the FY19 audit as presented.

Corporate Compliance Update

Mr. Jackson updated the committee on the following:

- Once a quarter the Compliance office runs an employee listing with the Office of Inspector General for any outliers.

Adjournment

There being no further business, the meeting adjourned at 11:26 a.m.

Stan Retz, Chairperson

QUALITY COMMITTEE

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, SEPTEMBER 9, 2019
NOON
EXECUTIVE CONFERENCE ROOM**

CALL TO ORDER

- I. Vision Statement – Mr. McAlpine
- II. Public Comment
- III. “My Story” – Ms. Cottrell
- IV. The Joint Commission Stroke Recertification – Ms. Fackler
- V. Dashboard Review – Ms. Cottrell
- VI. Update 100 Top – Ms. Leathers/Ms. Cottrell
- VII. Sources of Strength – Ms. Sellers
- VIII. Opioid Safety
- IX. Other
- X. Executive Session (if necessary)

ADJOURNMENT

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

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



BOARD OF DIRECTORS
QUALITY COMMITTEE PRESENTATION

Healing Families – Healing Communities®

parrishmed.com

Board Quality & Safety Committee

**Value Dashboard
September 2019**

September 2019 Quality Agenda

1. Vision Statement
2. My Story
3. TJC Stroke Recertification
4. Quality Dashboard
5. Update 100 Top
6. Sources of Strength
7. Opioid Safety
8. Executive Session

Quality Committee Vision Statement

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

“My Story”

PMC Primary Stroke Program



PMC Primary Stroke Center

December 2004
Awarded DSC

September 2017
Recertified

August 2019
Recertified



Top 5 Reasons to Pursue Certification

- Designation for excellence in the care of stroke patients
- Creates a loyal, cohesive clinical team
- Assists organizations in establishing a consistent approach to care, reducing variation and the risk of error
- Demonstrates commitment to a higher standard of clinical service
- Provides a framework to improve patient outcomes

Program Leadership & Management

ER Medical Director

Greg Cuculino, MD

Program Medical Director

Brian Ratzel, MD

Program Leader/Director of Emergency and Critical Care

Michele Fackler, MSN, RN

Inpatient Services

Executive Director

Mary Paredero, MSN, RN

Perioperative, Emergency and Critical Care Services

Executive Director








Matt Graybill, MSHA, RN

Person Centered Program Structure

Stroke Committee

- Emergency Department
- ICU
- Cardiovascular Unit
- Case Management
- TJC Coordinator
- Clinical Informatics
- Hospitalist Group
- Medical Staff Neurology
- Diagnostic Imaging (CT)
- Laboratory
- Rehabilitation
- Pharmacy
- Food & Nutrition
- Support Group Coordinator
- Community Services

Stroke Community Care Map

Virtual 	Primary Care 	Urgent Care 	Emergency Room 	Inpatient Discharge 	Skilled Nursing Facility 	Home Community 
Discuss	Discuss	Discuss	Discuss	Discuss	Discuss	Discuss
My Story My CVA action plan Health Literacy Emmi patient education	My Story My CVA action plan Health Literacy Emmi patient education	My Story My CVA action plan Health Literacy Emmi patient education	My Story My CVA action plan Health Literacy Emmi patient education	My Story My CVA action plan Health Literacy Emmi patient education	My Story My CVA action plan Health Literacy Emmi patient education	My Story My CVA action plan Health Literacy Emmi patient education

Community Outreach

- Stroke Support Group
- Caregiver Support Group
- Health Fairs
- Self Risk Assessments/Aware
- BEFAST Campaign
- Community Presentations
- PMC Publications
- Patient Portal
- PMC Website
- Patient Education

Survey findings - RFI

1. Medical record contains sufficient information to justify care, treatment, and services provided.
2. Patient Assessment

Survey findings - leading practices

1. Involvement and Support from Leaders
2. Consistent answers from care partners across the organization.
3. 100% Swallow Study prior to Oral Intake
4. Rehab and CT care partners BLS requirement
5. Transition of Care- Best Practice

Questions / Discussion

Dashboard

Performance Dashboard

Description	July	May-July	Actual YTD (CY)	Opportunity
Zero Harm	67%	49.5%	54.5%	Stroke, Sepsis, inpatient immunization
HAI	0 / 1.26	3 / 4.19	6 / 12.22	
Readmission	8.05%	8.27%	9.16%	
Person Centered Flow	212	221	250	
Person Experience	82.9/80.5	75.5/70.9	72.8/70.8	Overall/Recommend

30 Day Readmission Rate

Definition:

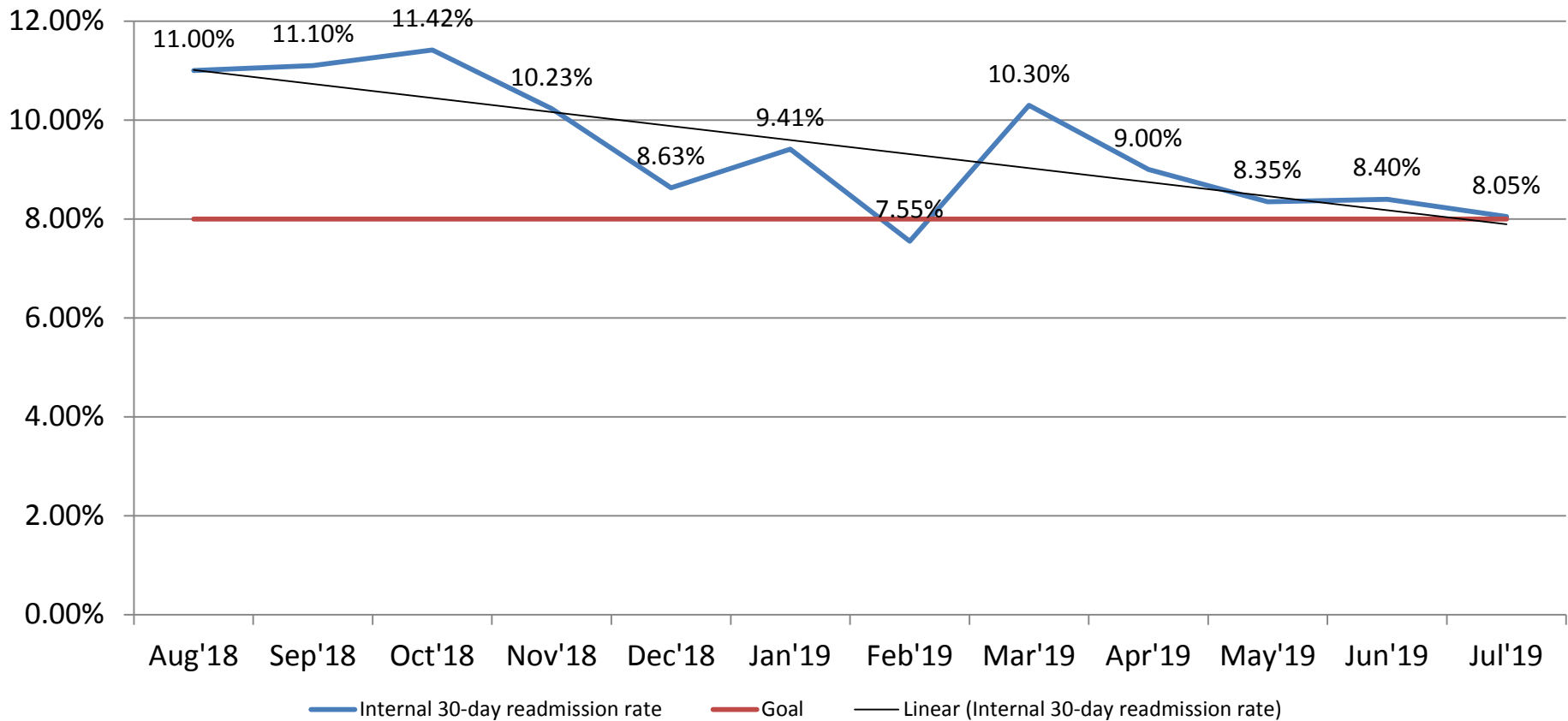
Patients who are readmitted for any reason within 30 days of previous discharge

Performance improvement projects:

Partners in healing

Care navigation program

30 Day Readmissions



Length of Stay

Definition:

Average length of stay from admission date to discharge date

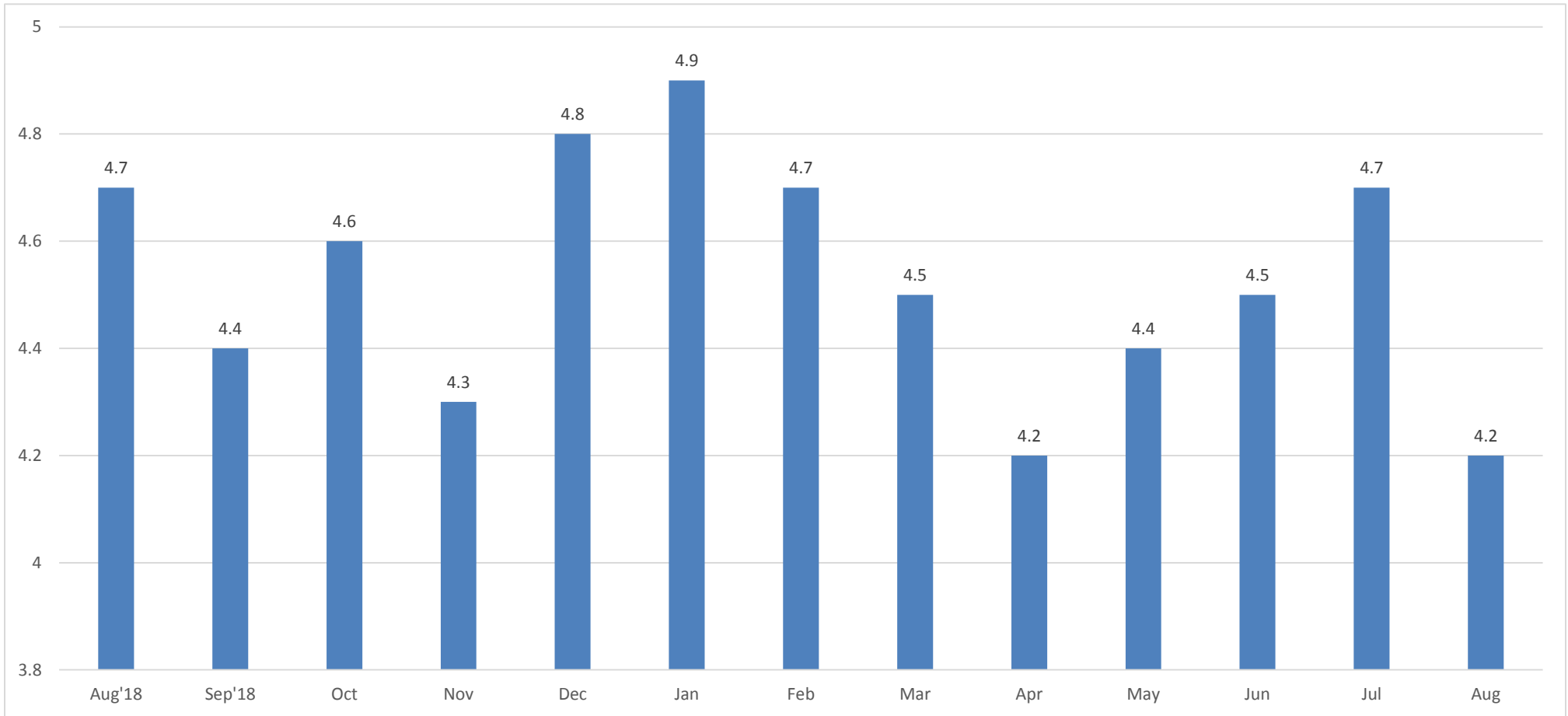
Performance improvement projects:

Care team rounds

Intent to discharge

Observation

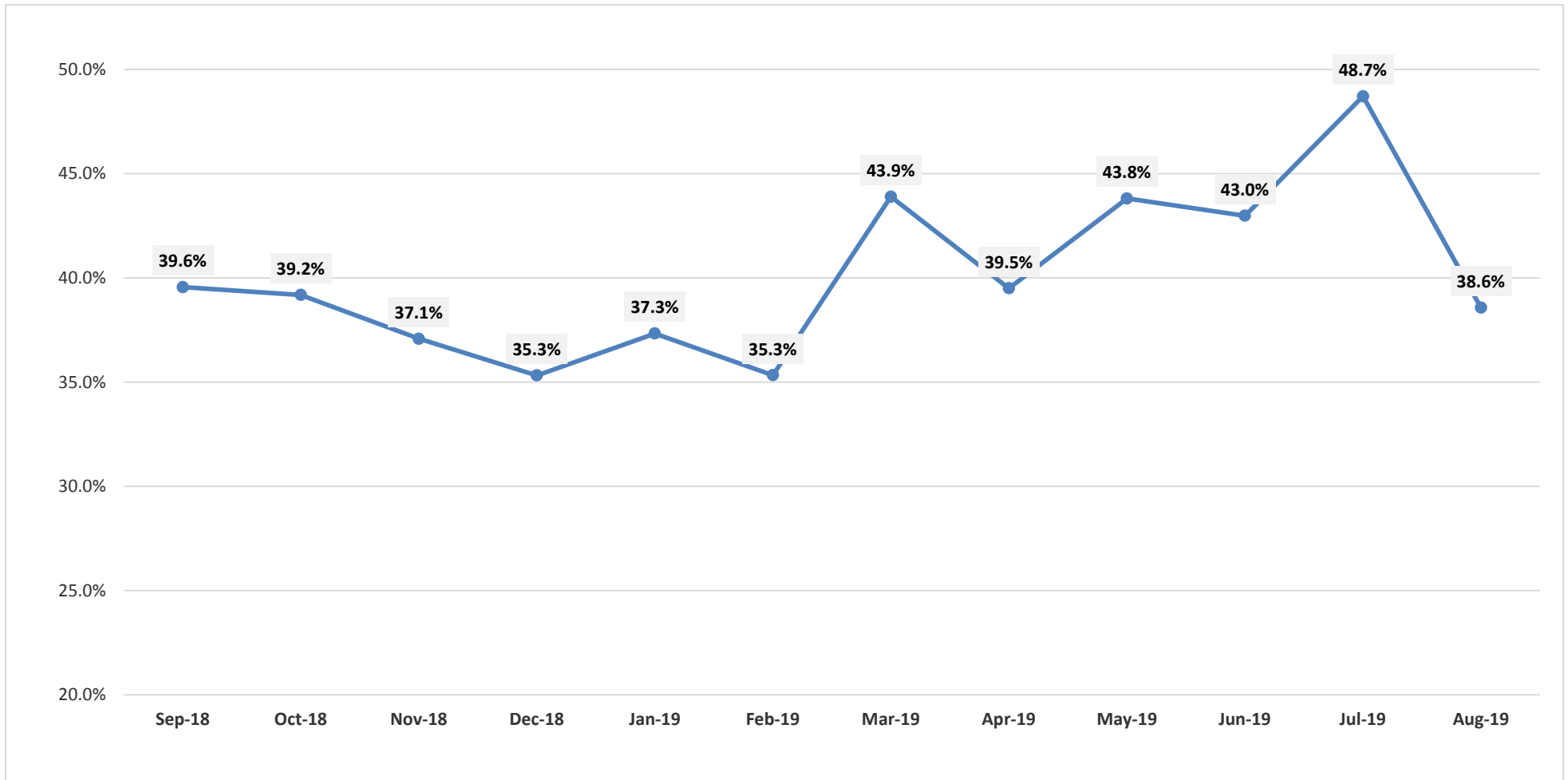
Length of Stay



Data Source: Global Stats - Finance

Date: September 7, 2019

Observation



Data Source: Global Stats - Finance

Date: September 7, 2019

Top 100 Update

Quality Metrics



30 - Day Readmissions	↑
Complications	↓
Cost	↑
ED Throughput	↓
Length of Stay	↓
Medicare Spend	↑
Mortality	↓
30 - day Mortality rate	↓
HAI Index	↑
HCAHPS Score	↓
Operating Profit Margin	↑

Strengths:

MSDRG CLINICAL POPULATIONS (7 MEASURES)

- Heart failure & shock
- Septicemia or severe sepsis w/o MV 96+ hours
- Cardiac arrhythmia & conduction disorders

PERFORMANCE MEASURES (ALL 11 MEASURES)

- HAI Index

Opportunities:

MSDRG CLINICAL POPULATIONS (7 MEASURES)

- Major joint replacement or reattachment of lower extremity
- Simple pneumonia & pleurisy
- Hip & femur procedures except major joint

PERFORMANCE MEASURES (ALL 11 MEASURES)

- Complications
- Cost
- 30 - day Mortality rate

Questions?

Out of the Darkness

Walk to Fight Suicide



North Brevard County Out of the Darkness Walk
Saturday, October 5th 2019
Chain of Lakes Park
2300 Truman Scarborough Way, Titusville, FL
Register at afsp.org/NorthBrevard



Opioids

Questions?

FINANCE COMMITTEE MEMBERS:

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

**TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, SEPTEMBER 09, 2019
EXECUTIVE CONFERENCE ROOM
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)
SECOND FLOOR, ADMINISTRATION**

CALL TO ORDER

- I. Public Comments
- II. Financial Review – Mr. Bailey
- III. Equipment Refresh Project – Mr. Bailey
- IV. Inter-Governmental Transfer – Disproportionate Share – Mr. Bailey

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 for SFY 2020 in an amount not to exceed \$688,956.

- V. Inter-Governmental Transfer – Low Income Pool – Mr. Bailey

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 for SFY 2020 in an amount not to exceed \$1,270,353.

- VI. Disposal

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

VII. Executive Session (if necessary)

ADJOURNMENT

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

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

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

MEMORANDUM

TO: Budget & Finance Committee
FROM: Kent Bailey, Vice President - Finance
SUBJECT: **Inter-Governmental Transfer (IGT)-Disproportionate Share (DSH) SFY 2020**
DATE: September 9, 2019

The State of Florida released the Letter of Agreements (LOA's) for the IGT's for DSH.

We have the opportunity to receive SFY 2020 DSH funding with an IGT investment by PMC of \$688,956. The DSH amount PMC receives is subject to determination by AHCA. As of the date of this memo, the final DSH amount for SFY 2020 has not been received from AHCA. For SFY 2019, PMC received DSH payments of \$1,417,291 and made IGT payments of \$654,006, for a net DSH amount of \$763,285. We expect that the SFY 2020 net DSH amount will be greater than the amount received for SFY 2019.

Signed LOA's are due to be returned to the State no later than October 1, 2019.

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 for SFY 2020 in an amount not to exceed \$688,956.

Should you have any questions or concerns, please feel free to contact me at 268-6111 – Ext. 8503 or e-mail me at Kent.Bailey@parrishmed.com.

Disproportionate Share Hospital Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) is made and entered into in duplicate on the 9th day September 2019, by and between **North Brevard County Hospital District on behalf of Parrish Medical Center**, and the State of Florida, **Agency for Health Care Administration** (the "**Agency**"), for good and valuable consideration, the receipt and sufficiency of which is acknowledged.

DEFINITIONS

"Charity care" or "uncompensated charity care" means that portion of hospital charges reported to the Agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment, for care provided to a patient whose family income for the twelve (12) months preceding the determination is less than or equal to two-hundred (200) percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds twenty-five (25) percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity.

"Disproportionate share program" means specific allocations are established within the General Appropriations Act and any limitations established pursuant to chapter 216, the agency shall distribute, pursuant to this section, moneys to hospitals providing a disproportionate share of Medicaid or charity care services by making quarterly Medicaid payments as required.

"Disproportionate Share Hospital (DSH)" means a hospital that has a Medicaid inpatient utilization rate of not less than one percent.

"Intergovernmental Transfers (IGTs)" means transfers of funds from a non-Medicaid governmental entity (e.g., counties, hospital taxing districts, providers operated by state or local government) to the Medicaid agency. IGTs must be considered a bona fide donation pursuant to 42 CFR § 433.54.

"Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

A. GENERAL PROVISIONS

1. Per Senate Bill 2500, the General Appropriations Act of State Fiscal Year 2019-2020, passed by the 2019 Florida Legislature, the North Brevard County Hospital District and the Agency agree that the North Brevard County Hospital District will remit IGT funds to the Agency in an amount not to exceed the total of **\$688,956**.
 - a. The North Brevard County Hospital District and the Agency have agreed that these IGT funds will only be used to increase the provision of health services for the charity care of the North Brevard County Hospital District and the State of Florida at large.

2. The North Brevard County Hospital District will return the signed LOA to the Agency no later than October 1, 2019.
3. The North Brevard County Hospital District will pay IGT funds to the Agency in an amount not to exceed the total of **\$688,956**. The North Brevard County Hospital District will transfer payments to the Agency in the following manner:
 - a. Per Florida Statute 409.908, annual payments for the months of July 2019 through June 2020 are due to the Agency no later than October 31, 2019 unless an alternative plan is specifically approved by the agency.
 - b. The Agency will bill the North Brevard County Hospital District when payment is due.
4. The North Brevard County Hospital District and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA.
 - a. Audits and Records
 - i. The North Brevard County Hospital District agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this LOA in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.
 - ii. The North Brevard County Hospital District agrees to assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.
 - iii. The North Brevard County Hospital District agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.
 - b. Retention of Records
 - i. The North Brevard County Hospital District agrees to retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this LOA for a period of six (6) years after termination of this LOA, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings.
 - ii. Persons duly authorized by the Agency and federal auditors shall have full access to and the right to examine any of said records and documents.
 - iii. The rights of access in this section must not be limited to the required retention period but shall last as long as the records are retained.

c. Monitoring

- i. The North Brevard County Hospital District agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the North Brevard County Hospital District which are relevant to this LOA.

d. Assignment and Subcontracts

- i. The North Brevard County Hospital District agrees to neither assign the responsibility of this LOA to another party nor subcontract for any of the work contemplated under this LOA without prior written approval of the Agency. No such approval by the Agency of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation of the Agency in addition to the total dollar amount agreed upon in this LOA. All such assignments or subcontracts shall be subject to the conditions of this LOA and to any conditions of approval that the Agency shall deem necessary.

5. This LOA may only be amended upon written agreement signed by both parties. The North Brevard County Hospital District and the Agency agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
6. The North Brevard County Hospital District confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned charity care supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
7. The North Brevard County Hospital District agrees the following provision shall be included in any agreements between the North Brevard County Hospital District and local providers where IGT funding is provided pursuant to this LOA: "Funding provided in this Agreement shall be prioritized so that designated IGT funding shall first be used to fund the Medicaid program and used secondarily for other purposes."
8. This LOA covers the period of July 1, 2019 through June 30, 2020 and shall be terminated June 30, 2020.
9. This LOA may be executed in multiple counterparts, each of which shall constitute an original, and each of which shall be fully binding on any party signing at least one counterpart.

DSH Local Intergovernmental Transfers (IGTs)	
Program / Amount	State Fiscal Year 2019-2020
DSH Program	\$688,956
Total Funding	\$688,956

WITNESSETH:

IN WITNESS WHEREOF, the parties have caused this page Letter of Agreement to be executed by their undersigned officials as duly authorized.

North Brevard County Hospital District

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION**

SIGNED
BY: _____

SIGNED
BY: _____

NAME: George Mikitarian

NAME: _____

TITLE: President/CEO

TITLE: _____

DATE: September 9, 2019

DATE: _____

MEMORANDUM

TO: Budget & Finance Committee
FROM: Kent Bailey, Vice President - Finance
SUBJECT: **Inter-Governmental Transfer (IGT) – Low Income Pool (LIP) SFY 2020**
DATE: September 9, 2019

The State of Florida released the Letter of Agreements (LOA's) for the IGT's for LIP.

We have the opportunity to receive \$2,828,663 in LIP funding with an IGT investment by PMC of \$1,270,353. The net LIP payment to PMC is \$1,558,310. The net LIP amount PMC receives is a function of the estimated cost of charity provided. Changes in the level of charity care and the related estimated costs causes the net LIP to vary year to year. The net LIP amount for SFY 2020 is \$85,326 less than SFY 2019.

Signed LOA's are due to be returned to the State no later than October 1, 2019.

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 for SFY 2020 in an amount not to exceed \$1,270,353.

Should you have any questions or concerns, please feel free to contact me at 268-6111 – Ext. 8503 or e-mail me at Kent.Bailey@parrishmed.com.

Low Income Pool Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) is made and entered into in duplicate on the 9th day of September 2019, by and between **North Brevard County Hospital District on behalf of Parrish Medical Center** and the State of Florida, **Agency for Health Care Administration** (the "**Agency**"), for good and valuable consideration, the receipt and sufficiency of which is acknowledged.

DEFINITIONS

"Charity care" or "uncompensated charity care" means that portion of hospital charges reported to the Agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, bad debt, or Medicaid and Children's Health Insurance Program (CHIP) shortfall. The state and providers that are participating in Low Income Pool (LIP) will provide assurance that LIP claims include only costs associated with uncompensated care that is furnished through a charity care program and that adheres to the principles of the Healthcare Financial Management Association (HFMA) operated by the provider.

"Intergovernmental Transfers (IGTs)" means transfers of funds from a non-Medicaid governmental entity (e.g., counties, hospital taxing districts, providers operated by state or local government) to the Medicaid agency. IGTs must be considered a bona fide donation pursuant to 42 CFR § 433.54.

"Low Income Pool (LIP)" means providing government support for safety-net providers for the costs of uncompensated charity care for low-income individuals who are uninsured. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, "bad debt," or Medicaid and CHIP shortfall.

"Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

A. GENERAL PROVISIONS

1. Per Senate Bill 2500, the General Appropriations Act of State Fiscal Year 2019-2020, passed by the 2019 Florida Legislature, the North Brevard County Hospital District and the Agency agree that the North Brevard County Hospital District will remit IGT funds to the Agency in an amount not to exceed the total of **\$1,270,353**.
 - a. The North Brevard County Hospital District and the Agency have agreed that these IGT funds will only be used to increase the provision of health services for the charity care of the North Brevard County Hospital District and the State of Florida at large.
 - b. The increased provision of charity care health services will be accomplished through the following Medicaid programs:

- i. LIP payments to hospitals, federally qualified health centers, Medical School Physician Practices, community behavioral health providers, and rural health centers pursuant to the approved Centers for Medicare & Medicaid Services Special Terms and Conditions.
2. The North Brevard County Hospital District will return the signed LOA to the Agency no later than October 1, 2019.
3. The North Brevard County Hospital District will pay IGT funds to the Agency in an amount not to exceed the total of **\$1,270,353**. The North Brevard County Hospital District will transfer payments to the Agency in the following manner:
 - a. Per Florida Statute 409.908, annual payments for the months of July 2019 through June 2020 are due to the Agency no later than October 31, 2019 unless an alternative plan is specifically approved by the agency.
 - b. The Agency will bill the North Brevard County Hospital District when payment is due.
4. The North Brevard County Hospital District and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA.
 - a. Audits and Records
 - i. The North Brevard County Hospital District agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this LOA in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.
 - ii. The North Brevard County Hospital District agrees to assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.
 - iii. The North Brevard County Hospital District agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.
 - b. Retention of Records
 - i. The North Brevard County Hospital District agrees to retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this LOA for a period of six (6) years after termination of this LOA, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings.
 - ii. Persons duly authorized by the Agency and federal auditors shall have full access to and the right to examine any of said records and documents.

- iii. The rights of access in this section must not be limited to the required retention period but shall last as long as the records are retained.

c. Monitoring

- i. The North Brevard County Hospital District agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the North Brevard County Hospital District which are relevant to this LOA.

ci. Assignment and Subcontracts

- i. The North Brevard County Hospital District agrees to neither assign the responsibility of this LOA to another party nor subcontract for any of the work contemplated under this LOA without prior written approval of the Agency. No such approval by the Agency of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation of the Agency in addition to the total dollar amount agreed upon in this LOA. All such assignments or subcontracts shall be subject to the conditions of this LOA and to any conditions of approval that the Agency shall deem necessary.

- 5. This LOA may only be amended upon written agreement signed by both parties. The North Brevard County Hospital District and the Agency agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
- 6. The North Brevard County Hospital District confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned charity care supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
- 7. The North Brevard County Hospital District agrees the following provision shall be included in any agreements between the North Brevard County Hospital District and local providers where IGT funding is provided pursuant to this LOA: "Funding provided in this Agreement shall be prioritized so that designated IGT funding shall first be used to fund the Medicaid program (including LIP or DSH) and used secondarily for other purposes."
- 8. This LOA covers the period of July 1, 2019 through June 30, 2020 and shall be terminated June 30, 2020.
- 9. This LOA may be executed in multiple counterparts, each of which shall constitute an original, and each of which shall be fully binding on any party signing at least one counterpart.

LIP Local Intergovernmental Transfers (IGTs)	
Program / Amount	State Fiscal Year 2019-2020
LIP Program	\$1,270,353
Total Funding	\$1,270,353

WITNESSETH:

IN WITNESS WHEREOF, the parties have caused this page Letter of Agreement to be executed by their undersigned officials as duly authorized.

North Brevard County Hospital District

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION**

SIGNED
BY: _____

SIGNED
BY: _____

NAME: George Mikitarian

NAME: _____

TITLE: President/CEO

TITLE: _____

DATE: September 9, 2019

DATE: _____

SFY 2019-20
PROJECTED NET PAYMENTS FOR LIP

Medicaid ID	Provider	Charity Care Cost	Ratio of Charity Care Costs to Commercial Costs	Tier	Self-Funded Tiers Model						
					% Gross Charity Payment	Total LIP Payment	LIP IGTs Provided to Fund Tier	Additional LIP IGTs Provided for 1% Minimum and Tier 1	Total LIP IGTs Provided	Net (Total LIP Payment - LIP IGTs)	% of Net Payment to Charity Care Cost
010094300	AdventHealth Carrollwood	\$ 7,203,951	20.75%	1	9.49%	\$ 683,324	\$ -	\$ -	\$ -	\$ 683,324	9.49%
010101300	AdventHealth North Pinellas	\$ 5,000,490	23.04%	1	9.49%	\$ 474,317	\$ -	\$ -	\$ -	\$ 474,317	9.49%
010102900	AdventHealth Tampa	\$ 30,275,903	24.77%	1	9.49%	\$ 2,871,794	\$ 1,550,769	\$ -	\$ 1,550,769	\$ 1,321,025	4.36%
010109500	AdventHealth Walsman	\$ 8,250,313	19.83%	1	9.49%	\$ 782,576	\$ 422,591	\$ -	\$ 422,591	\$ 359,985	4.36%
010269100	AdventHealth Wauschula	\$ 557,507	21.45%	1	9.49%	\$ 52,882	\$ -	\$ -	\$ -	\$ 52,882	9.49%
010149400	AdventHealth Zephyrhills	\$ 5,385,230	24.64%	1	9.49%	\$ 510,811	\$ -	\$ -	\$ -	\$ 510,811	9.49%
010123100	Baptist Medical Center - Nassau	\$ 3,845,596	23.07%	1	9.49%	\$ 364,771	\$ -	\$ -	\$ -	\$ 364,771	9.49%
012041300	Bartow Regional Medical Center	\$ 3,816,785	27.23%	1	9.49%	\$ 361,043	\$ -	\$ -	\$ -	\$ 361,043	9.49%
010095600	Cape Canoveral Hospital	\$ 6,122,103	19.64%	1	9.49%	\$ 589,707	\$ -	\$ -	\$ -	\$ 589,707	9.49%
010171100	Flegler Hospital	\$ 10,071,470	17.89%	1	9.49%	\$ 955,320	\$ 515,873	\$ -	\$ 515,873	\$ 439,447	4.36%
012034100	HealthSouth Treasure Coast Rehabilitation Hospital	\$ 552,239	31.88%	1	9.49%	\$ 52,382	\$ -	\$ -	\$ -	\$ 52,382	9.49%
010041200	Hialeah Hospital	\$ 5,151,270	25.82%	1	9.49%	\$ 488,619	\$ -	\$ -	\$ -	\$ 488,619	9.49%
010008100	Holmes Regional Medical Center	\$ 25,632,918	21.97%	1	9.49%	\$ 2,431,388	\$ -	\$ -	\$ -	\$ 2,431,388	9.49%
010104400	Indian River Medical Center	\$ 7,210,905	18.42%	1	9.49%	\$ 683,984	\$ 369,351	\$ -	\$ 369,351	\$ 314,633	4.36%
010173700	Jay Hospital	\$ 834,341	29.11%	1	9.49%	\$ 79,141	\$ -	\$ -	\$ -	\$ 79,141	9.49%
010191500	Kindred Hospital-South Florida- Hollywood	\$ 1,065,232	35.21%	1	9.49%	\$ 101,042	\$ -	\$ -	\$ -	\$ 101,042	9.49%
010276800	Kindred Hospital-Bay Area-St Petersburg	\$ 448,458	28.52%	1	9.49%	\$ 42,638	\$ -	\$ -	\$ -	\$ 42,638	9.49%
010164800	Lakeland Regional Medical Center	\$ 26,796,187	17.97%	1	9.49%	\$ 2,541,159	\$ 1,372,226	\$ -	\$ 1,372,226	\$ 1,168,933	4.36%
010107800	Leesburg Regional Medical Center	\$ 5,786,696	17.10%	1	9.49%	\$ 548,310	\$ 296,087	\$ -	\$ 296,087	\$ 252,223	4.36%
010116800	Manatee Memorial Hospital	\$ 13,144,111	29.95%	1	9.49%	\$ 1,246,773	\$ 673,257	\$ -	\$ 673,257	\$ 573,516	4.36%
010121400	Mannars Hospital	\$ 3,005,834	20.00%	1	9.49%	\$ 285,495	\$ -	\$ -	\$ -	\$ 285,495	9.49%
010154100	Mease Duncelin Hospital	\$ 5,558,409	30.88%	1	9.49%	\$ 527,238	\$ -	\$ -	\$ -	\$ 527,238	9.49%
010158300	Monon Plant Hospital	\$ 23,988,237	10.00%	1	9.49%	\$ 2,275,303	\$ -	\$ -	\$ -	\$ 2,275,303	9.49%
010152800	Monon Plant North Bay Hospital	\$ 12,049,876	51.34%	1	9.49%	\$ 1,142,504	\$ -	\$ -	\$ -	\$ 1,142,504	9.49%
010031500	Naselle Community Hospital	\$ 19,042,810	18.80%	1	9.49%	\$ 1,806,289	\$ -	\$ -	\$ -	\$ 1,806,289	9.49%
010693100	North Tampa Behavioral Health	\$ 19,019,871	36.69%	1	9.49%	\$ 87,180	\$ -	\$ -	\$ -	\$ 87,180	9.49%
011519300	Northside Hospital	\$ 5,932,758	18.12%	1	9.49%	\$ 562,747	\$ -	\$ -	\$ -	\$ 562,747	9.49%
003297500	Palm Bay Hospital	\$ 8,122,015	35.80%	1	9.49%	\$ 770,407	\$ -	\$ -	\$ -	\$ 770,407	9.49%
011988100	Regional Medical Center Bayonet Point	\$ 6,275,423	17.29%	1	9.49%	\$ 595,250	\$ -	\$ -	\$ -	\$ 595,250	9.49%
010323300	Sacred Heart Hospital on the Emerald Coast	\$ 6,336,116	18.02%	1	9.49%	\$ 601,007	\$ -	\$ -	\$ -	\$ 601,007	9.49%
002012700	Sacred Heart Hospital on the Gulf	\$ 2,273,453	36.05%	1	9.49%	\$ 215,646	\$ -	\$ -	\$ -	\$ 215,646	9.49%
010095600	South Florida Baptist Hospital	\$ 10,634,164	36.87%	1	9.49%	\$ 1,008,696	\$ -	\$ -	\$ -	\$ 1,008,696	9.49%
012022700	St. Anthony's Hospital	\$ 19,471,058	25.16%	1	9.49%	\$ 1,846,510	\$ -	\$ -	\$ -	\$ 1,846,510	9.49%
010097800	St. Joseph's Hospital	\$ 57,191,912	17.42%	1	9.49%	\$ 5,424,888	\$ -	\$ -	\$ -	\$ 5,424,888	9.49%
011984900	Tampa Community Hospital	\$ 2,746,267	18.71%	1	9.49%	\$ 260,495	\$ -	\$ -	\$ -	\$ 260,495	9.49%
010062500	Westchester General Hospital	\$ 1,621,368	17.28%	1	9.49%	\$ 153,793	\$ -	\$ -	\$ -	\$ 153,793	9.49%
010189900	Winter Haven Hospital	\$ 15,422,061	26.90%	1	9.49%	\$ 1,462,846	\$ 799,937	\$ -	\$ 799,937	\$ 672,909	4.36%
Tier 1: High Utilization Private Hospitals		\$ 367,732,853				\$ 34,880,955	\$ 5,990,091	\$ -	\$ 5,990,091	\$ 28,890,864	
012040500	Broward Health Coral Springs	\$ 2,666,857	4.30%	2	100.00%	\$ 2,666,857	\$ 1,152,154	\$ 45,531	\$ 1,197,685	\$ 1,469,172	55.09%
010921500	Broward Health Inpatient Point	\$ 2,718,368	6.46%	2	100.00%	\$ 2,718,368	\$ 1,174,408	\$ 46,411	\$ 1,220,819	\$ 1,497,549	55.09%
010012500	Broward Health Medical Center	\$ 21,097,153	14.75%	2	100.00%	\$ 21,097,153	\$ 9,114,536	\$ 360,192	\$ 9,474,731	\$ 11,622,422	55.09%
010021800	Broward Health North	\$ 8,625,320	12.32%	2	100.00%	\$ 8,625,320	\$ 3,726,371	\$ 147,260	\$ 3,873,631	\$ 4,751,689	55.09%
011971700	Cape Coral Hospital	\$ 10,278,747	21.34%	2	100.00%	\$ 19,278,747	\$ 4,440,696	\$ 175,489	\$ 4,616,185	\$ 5,692,562	55.09%
010192300	Desoto Memorial Hospital	\$ 1,982,706	32.25%	2	100.00%	\$ 1,982,706	\$ -	\$ -	\$ -	\$ 1,982,706	100.00%
010193600	Doctors Memorial Hospital	\$ 276,494	12.17%	2	100.00%	\$ 276,494	\$ -	\$ -	\$ -	\$ 276,494	100.00%
010004800	Ed Fraser Memorial Hospital	\$ 1,723,159	25.94%	2	100.00%	\$ 1,723,159	\$ -	\$ -	\$ -	\$ 1,723,159	100.00%
010080300	George E. Weems Memorial Hospital	\$ 529,168	23.26%	2	100.00%	\$ 529,168	\$ -	\$ -	\$ -	\$ 529,168	100.00%
011134100	Gulf Coast Medical Center Lee Memorial Health System	\$ 13,197,836	16.31%	2	100.00%	\$ 13,197,836	\$ 5,701,821	\$ 225,327	\$ 5,927,148	\$ 7,270,688	55.09%
010184200	Holifax Health Medical Center	\$ 18,953,009	10.97%	2	100.00%	\$ 18,953,009	\$ 8,188,211	\$ 323,585	\$ 8,511,796	\$ 10,441,213	55.09%
010226100	Homeside Hospital	\$ 23,823,229	51.75%	2	100.00%	\$ 23,823,229	\$ 10,292,278	\$ 406,734	\$ 10,699,012	\$ 13,124,217	55.09%
010106100	Jackson Hospital	\$ 2,346,348	14.35%	2	100.00%	\$ 2,046,348	\$ -	\$ -	\$ -	\$ 2,046,348	100.00%
010042100	Jackson Memorial Hospital	\$ 138,763,020	32.86%	2	100.00%	\$ 168,793,020	\$ 40,988,561	\$ 1,858,911	\$ 48,847,472	\$ 59,177,548	55.09%
010151500	Johns Hopkins All Children's Hospital	\$ 2,329,429	1.82%	2	100.00%	\$ 2,329,429	\$ -	\$ -	\$ -	\$ 2,329,429	100.00%
010822700	Lake Butler Hospital	\$ 921,179	69.17%	2	100.00%	\$ 921,179	\$ -	\$ -	\$ -	\$ 921,179	100.00%
010144300	Lakeside Medical Center	\$ 748,348	9.98%	2	100.00%	\$ 748,348	\$ -	\$ -	\$ -	\$ 748,348	100.00%
012005700	Larkin Community Hospital	\$ 2,483,130	19.25%	2	100.00%	\$ 2,483,130	\$ -	\$ -	\$ -	\$ 2,483,130	100.00%
010110900	Lee Memorial Hospital	\$ 35,197,433	17.24%	2	100.00%	\$ 35,197,433	\$ 15,205,242	\$ 600,625	\$ 15,807,167	\$ 19,390,266	55.09%
010345400	Memorial Hospital Viera	\$ 2,316,025	3.12%	2	100.00%	\$ 2,316,025	\$ 1,060,585	\$ 39,542	\$ 1,040,127	\$ 1,275,898	55.09%
010222900	Memorial Hospital Pembroke	\$ 5,665,784	12.18%	2	100.00%	\$ 5,665,784	\$ 2,404,569	\$ 95,025	\$ 2,499,594	\$ 3,066,190	55.09%
010252100	Memorial Hospital West	\$ 7,726,709	4.89%	2	100.00%	\$ 7,726,709	\$ 3,339,147	\$ 131,818	\$ 3,470,965	\$ 4,256,644	55.09%
010206000	Memorial Regional Hospital	\$ 33,008,211	10.85%	2	100.00%	\$ 33,008,211	\$ 14,280,438	\$ 563,550	\$ 14,823,988	\$ 18,184,223	55.09%
004987000	Memours Children's Hospital	\$ 811,618	1.39%	2	100.00%	\$ 811,618	\$ -	\$ -	\$ -	\$ 811,618	100.00%
010069500	Nicklaus Children's Hospital	\$ 212,692	0.13%	2	100.00%	\$ 212,692	\$ -	\$ -	\$ -	\$ 212,692	100.00%
010010200	Parrish Medical Center	\$ 2,828,663	7.49%	2	100.00%	\$ 2,828,663	\$ 1,222,999	\$ 48,294	\$ 1,270,353	\$ 1,558,310	55.09%

NORTH BREVARD COUNTY HOSPITAL DISTRICT
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Spacelabs EKG cart	021717	12/17/2001	9450	2651	Obsolete, donated to DGW.	\$ 0	1973
ESU analyzer, Biotek	018104	08/02/2010	309	5310	Obsolete, unit retired	\$ 0	1684
Defibrillator analyzer.	007042	08/02/2010	1,122	5317	Obsolete, unit retired	\$ 0	1684
Bed scale hoist	029553	04/20/2010	3,600	5260	unit retired, donated to DGW.	\$ 374.46	1302
Bed scale hoist	028043	12/19/2003	3,770	5310	unit retired, donated to DGW.	\$ 0	1312
Stretcher, total lift	019655	03/30/1998	7,562	3235	unit retired, donated to DGW.	\$ 0	1300
Analyzer, cholesterol	None	11/05/2007	1,809	4218	unit retired, donated to DGW.	0	1464
Contrast injector	027662	12/11/2003	13,690.04	1739	unit retired, donated to DGW.	\$ 0	1423
Mobilett Plus HP	None	01/10/2004	8,552	1754	unit retired, donated to DGW.	0	1421

Requesting Department _____ Department Director _____

Net Book Value (Finance) A. Francis 8/28/19 EMC Member [Signature]

Sr. VP Finance/CFO K. Bailey 9/5/19 President/CEO _____

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

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 02651 Parent #: None

Prior Control #: 04220

Facility Asset #: KN021717

Vendor System ID:

Cost Ctr (Dept): 1972 - Space Coast Specialty

Cost Ctr (Expense): 1972 - Space Coast Specialty

Alt Manufacturer: Spacelabs Medical

Manufacturer: 377 - Spacelabs Medical

Alt Description: ECG Interpretation System

Device Code/Desc: GB01018 - ECG, Multi Channel

Model: Eclipse Plus

Serial #: 92301-000130

Software Version:

Building: Main

Location: CE Storage

Room #:

Comments: Unit retired, to be disposed of. DGW
Service Provider CM: SCTM
Service Provider PM: SCTM

Purchase Date: 12/17/2001 Purchase Cost: 7,900.00

Date In-Service: 09/14/2004 PO Number:

Warranty Information

Start Date: Vendor:

CM Labor End: CM Parts End:

PM Labor End: PM Parts End:

Service Coverage: C6 - Storage - Active

Equipment Status: B - Storage - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 4: Old (Functional) Phys Cond: 4: Poor

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Battery #: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:

PM Schedule:

Responsible Tech: 168583032 - _dept, ce

Created On: 09/14/2004 Created By: .Net SqlClient Data

Equipment Detail (Print)

Entity:	0071 - Parrish Medical Center		
Control #:	05310	Parent #:	None
Prior Control #:	None		
Facility Asset #:	KN018104		
Vendor System ID:			
Cost Ctr (Dept):	1684 - Clinical Equipment		
Cost Ctr (Expense):	1684 - Clinical Equipment		
Alt Manufacturer:	BioTek Instruments		
Manufacturer:	94 - BioTek Instruments		
Alt Description:	Analyzer, Electrosurgical Unit		
Device Code/Desc:	TE02004 - Analyzer, Electrosurgical Unit		
Model:	RF302		
Serial #:	91091		
Software Version:			
Building:	South		
Location:	CE Shop		
Room #:			
Comments:	Unit found in service 7/2016 Retire not used - CA		

Purchase Date: Purchase Cost: 309.00

Date In-Service: 08/02/2010 PO Number:

Warranty Information

Start Date:	<input type="text"/>	Vendor:	<input type="text"/>
CM Labor End:	<input type="text"/>	CM Parts End:	<input type="text"/>
PM Labor End:	<input type="text"/>	PM Parts End:	<input type="text"/>

Service Coverage: RT - Retired

Equipment Status: R - Retired (Retired On: 07/28/2016)

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 5: Obsolete Phys Cond: 4: Poor

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program:	<input type="checkbox"/>	PM Procedure:	<input type="text"/>
PM Schedule:	<input type="text"/>		
Responsible Tech:	<input type="text"/>		

Created On: 08/06/2010 Created By: Sherry Shelley

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 05317 Parent #: None

Prior Control #: None

Facility Asset #: KN007042

Vendor System ID:

Cost Ctr (Dept): 1684 - Clinical Equipment

Cost Ctr (Expense): 1684 - Clinical Equipment

Alt Manufacturer: BioTek Instruments

Manufacturer: 94 - BioTek Instruments

Alt Description: Analyzer, Defibrillator

Device Code/Desc: TE02001 - Analyzer, Defibrillator

Model: QED-3S

Serial #: 2042

Software Version:

Building: South

Location: CE Shop

Room #:

Comments: Unit found in service
7/2016 Retire not used - CA

Purchase Date: Purchase Cost: 1,122.00

Date In-Service: 08/02/2010 PO Number:

Warranty Information

Start Date: Vendor:

CM Labor End: CM Parts End:

PM Labor End: PM Parts End:

Service Coverage: RT - Retired

Equipment Status: R - Retired (Retired On: 07/28/2016)

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 4: Old (Functional) Phys Cond: 4: Poor

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:

PM Schedule:

Responsible Tech:

Created On: 08/06/2010 Created By: Sherry Shelley

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 05260 Parent #: None

Prior Control #: None

Facility Asset #: KN029553

Vendor System ID:

Cost Ctr (Dept): 1302 - Nursing Admin 2nd

Cost Ctr (Expense): 1302 - Nursing Admin 2nd

Alt Manufacturer: Cardinal Health

Manufacturer: 2039 - Cardinal Health

Alt Description: Scale, Bed, Hoist

Device Code/Desc: GB16002 - Scale, Bed, Hoist

Model: 750

Serial #: E12710-0181

Software Version:

Building: Main

Location: 4th Floor Storage

Room #:

Comments: Unit retired, to be disposed of.
Frame S/N E14910-0158
Tech Contact: 447-670-5007

Purchase Date: 04/20/2010 Purchase Cost: 3,600.00

Date In-Service: 06/01/2010 PO Number: 0175940

Warranty Information

Start Date: 04/27/2010 Vendor:

CM Labor End: 04/27/2011 CM Parts End: 04/27/2011

PM Labor End: PM Parts End:

Service Coverage: C8 - Full Service (Standard Hrs)

Equipment Status: A - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 4: Old (Functional) Phys Cond: 4: Poor

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:

PM Schedule:

Responsible Tech: 168583032 - _dept, ce

Created On: 07/09/2010 Created By: Sherry Shelley

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 00448 Parent #: None

Prior Control #: 05310

Facility Asset #: KN028043

Vendor System ID:

Cost Ctr (Dept): 1312 - Telemetry/Cardiac 4th

Cost Ctr (Expense): 1312 - Telemetry/Cardiac 4th

Alt Manufacturer: ScaleTronix

Manufacturer: 348 - ScaleTronix

Alt Description: Scale, Bed, Hoist

Device Code/Desc: GB16002 - Scale, Bed, Hoist

Model: 2002

Serial #: 2002-2253

Software Version:

Building: Main

Location: 4th

Room #:

Comments: Unit retired, to be disposed of.
Service Provider CM: SCTM
Service Provider PM: SCTM

Purchase Date: 12/19/2003 Purchase Cost: 3,650.00

Date In-Service: 12/19/2003 PO Number: 0117399

Warranty Information

Start Date:		Vendor:	
CM Labor End:		CM Parts End:	
PM Labor End:		PM Parts End:	

Service Coverage: C8 - Full Service (Standard Hrs)

Equipment Status: A - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 4: Old (Functional) Phys Cond: 4: Poor

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Battery #: Has Alarm:

PM Information

Equip on PM Program:	<input type="checkbox"/>	PM Procedure:	<input type="text"/>
PM Schedule:	<input type="text"/>		
Responsible Tech:	168583032 - _dept, ce		

Created On: 05/18/2004 Created By: MMAdmin

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 03235 Parent #:

Prior Control #: none

Facility Asset #: KN019655

Vendor System ID:

Cost Ctr (Dept): 1300 - Beds

Cost Ctr (Expense): 1300 - Beds

Alt Manufacturer: Wy East Medical

Manufacturer: 1585 - Wy East Medical

Alt Description: Stretcher

Device Code/Desc: GB01067 - Stretcher

Model: Totalift II

Serial #: 3757

Software Version:

Building: Main

Location: PMC

Room #:

Comments:

Purchase Date: 03/30/1998 Purchase Cost: 7,562.00

Date In-Service: 02/01/2006 PO Number: 65357

Warranty Information

Start Date: Vendor:

CM Labor End: CM Parts End:

PM Labor End: PM Parts End:

Service Coverage: TM - Time and Materials

Equipment Status: A - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 5: Obsolete Phys Cond: 4: Poor

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:

PM Schedule:

Responsible Tech: 168583032 - _dept, ce

Created On: 02/13/2006 Created By: Tammy A

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 03235 Parent #:

Prior Control #: none

Facility Asset #: KN019655

Vendor System ID:

Cost Ctr (Dept): 1300 - Beds

Cost Ctr (Expense): 1300 - Beds

Alt Manufacturer: Wy East Medical

Manufacturer: 1585 - Wy East Medical

Alt Description: Stretcher

Device Code/Desc: GB01067 - Stretcher

Model: Totalift II

Serial #: 3757

Software Version:

Building: Main

Location: PMC

Room #:

Comments:

Purchase Date: 03/30/1998 Purchase Cost: 7,562.00

Date In-Service: 02/01/2006 PO Number: 65357

Warranty Information

Start Date:		Vendor:	
CM Labor End:		CM Parts End:	
PM Labor End:		PM Parts End:	

Service Coverage: TM - Time and Materials

Equipment Status: A - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 5: Obsolete Phys Cond: 4: Poor

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program:	<input type="checkbox"/>	PM Procedure:	
PM Schedule:			
Responsible Tech:	168583032 - _dept, ce		

Created On: 02/13/2006 Created By: Tammy A

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 04219 Parent #: None

Prior Control #: None

Facility Asset #: None

Vendor System ID:

Cost Ctr (Dept): 1464 - EKG/Exercise Testing 1st

Cost Ctr (Expense): 1464 - EKG/Exercise Testing 1st

Alt Manufacturer: Cholestech

Manufacturer: 626 - Cholestech

Alt Description: Analyzer, Cholesterol

Device Code/Desc: LB02010 - Analyzer, Cholesterol

Model: LDX

Serial #: AA64716

Software Version:

Building: Main

Location: CE

Room #:

Comments: 800-733-0404
12/1 2010 Changed PM to June and CC to 1464 CA.
06/14/2010 Unit was donated to Doctors Goodwill Patient

Purchase Date: 11/05/2007 Purchase Cost: 1,809.02

Date In-Service: 11/29/2007 PO Number: 0153811

Warranty Information

Start Date:	11/04/2007	Vendor:	
CM Labor End:	11/05/2008	CM Parts End:	11/05/2008
PM Labor End:		PM Parts End:	

Service Coverage: C8 - Full Service (Standard Hrs)

Equipment Status: A - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 3: Average (Current) Phys Cond: 3: Average

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program:	<input type="checkbox"/>	PM Procedure:	
PM Schedule:			
Responsible Tech:	168583032 - _dept, ce		

Created On: 11/29/2007 Created By: Sherry Shelley

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 04218 Parent #: None

Prior Control #: None

Facility Asset #: None

Vendor System ID:

Cost Ctr (Dept): 1464 - EKG/Exercise Testing 1st

Cost Ctr (Expense): 1464 - EKG/Exercise Testing 1st

Alt Manufacturer: Axiom Diagnostic

Manufacturer: 2646 - Axiom Diagnostic

Alt Description: Printer, Ink

Device Code/Desc: GB01056 - Printer, Ink

Model: SKGGS0031E

Serial #: C073622823

Software Version:

Building: Main

Location: Cardio Vascular Room

Room #:

Comments: 12/1 2010 Changed CC to 1464 CA.
Dept inventory Report 7/13 - Unit retired, could not locate.

Purchase Date: 11/05/2007 Purchase Cost: 0.00

Date In-Service: 11/29/2007 PO Number: 0153811

Warranty Information

Start Date: Vendor:

CM Labor End: 11/05/2008 CM Parts End: 11/05/2008

PM Labor End: PM Parts End:

Service Coverage: RT - Retired

Equipment Status: R - Retired (Retired On: 08/30/2013)

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 3: Average (Current) Phys Cond: 1: Excellent

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:

PM Schedule:

Responsible Tech:

Created On: 11/29/2007 Created By: Sherry Shelley

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 01739 Parent #: None

Prior Control #: 05307

Facility Asset #: KN027662

Vendor System ID:

Cost Ctr (Dept): 1423 - CAT SCAN 1st

Cost Ctr (Expense): 1423 - CAT SCAN 1st

Alt Manufacturer: Liebel Flarsheim

Manufacturer: 456 - Liebel Flarsheim

Alt Description: Contrast Injector, CT

Device Code/Desc: DI06002 - Contrast Injector, CT

Model: CT9000

Serial #: 0702-5024

Software Version:

Building: Main

Location: 1st

Room #:

Comments: Unit replaced by CTM 04286, which was previously located at HHV.
Service Provider CM: SCTM
Service Provider PM: SCTM

Purchase Date: 12/11/2003 Purchase Cost: 0.00

Date In-Service: 06/03/2004 PO Number:

Warranty Information

Start Date: Vendor:

CM Labor End: CM Parts End:

PM Labor End: PM Parts End:

Service Coverage: RT - Retired

Equipment Status: R - Retired (Retired On: 12/30/2010)

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 3: Average (Current) Phys Cond: 3: Average

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:

PM Schedule:

Responsible Tech:

Created On: 06/03/2004 Created By: MMAdmin

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 01754 Parent #:

Prior Control #: none

Facility Asset #: none

Vendor System ID:

Cost Ctr (Dept): 1421 - Diagnostic Imaging 1st

Cost Ctr (Expense): 1421 - Diagnostic Imaging 1st

Alt Manufacturer: Siemens

Manufacturer: 364 - Siemens

Alt Description: Rad Unit, Mobile, Battery Powered

Device Code/Desc: DI14011 - Rad Unit, Mobile, Battery Powered

Model: MOBILETT Plus HP

Serial #: 30532S11

Software Version:

Building: Main

Location: 1st

Room #:

Comments: Service Provider CM: SCTM
Service Provider PM: SCTM

Purchase Date: Purchase Cost: 8,552.00

Date In-Service: 01/10/2004 PO Number:

Warranty Information

Start Date:	Vendor:
CM Labor End:	CM Parts End:
PM Labor End:	PM Parts End:

Service Coverage: C9 - Full Service w/ Options (Standard Hrs)

Equipment Status: A - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 3: Average (Current) Phys Cond: 5: Poor / Broken

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program: <input type="checkbox"/>	PM Procedure:
PM Schedule:	
Responsible Tech:	253191015 - Matthews, Samuel P

Created On: 06/10/2004 Created By: MMAdmin

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Centrifuge, table top	019645	02/09/1998	4,779	1569	Unit is obsolete and not working.	0	1407
Centrifuge, table top		09/7/2007	200	4149	Unit is obsolete and not working.	0	1404
Centrifuge, plasma seperator	029327	1/11/2010	1330.58	5094	Centrifuge has numerous errors and no longer supported, removed from service.	0	1406
Centrifuge, table top	029326	1/11/2010	1330.58	5095		0	1406

Requesting Department laboratory / clinical engineering Department Director Andy Keef mgr. 5/30/19
 Net Book Value (Finance) W. Francis 8/27/19 EMC Member David Debra 9/13/19
 Sr. VP Finance/CFO 4/20/19 9/5/19 President/CEO _____
 Board Approval: (Date) _____ CFO Signature [Signature]
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

Equipment Detail (Print)

Entity:	0071 - Parrish Medical Center		
Control #:	01569	Parent #:	
Prior Control #:	03330		
Facility Asset #:	KN019645		
Vendor System ID:			
Cost Ctr (Dept):	1407 - Lab (Histology)		
Cost Ctr (Expense):	1407 - Lab (Histology)		
Alt Manufacturer:	Shandon Lipshaw		
Manufacturer:	358 - Shandon Lipshaw		
Alt Description:	Centrifuge, Table Top		
Device Code/Desc:	LB03006 - Centrifuge, Table Top		
Model:	CYTOSPIN 3		
Serial #:	MA1435A9801		
Software Version:			
Building:	Main		
Location:	1st/Lab/Histology		
Room #:			
Comments:	Unit is obsolete and not working. Retired from service 5/17/2019.		

Purchase Date:	02/09/1998	Purchase Cost:	4,779.00
Date In-Service:	05/27/2004	PO Number:	64520

Warranty Information

Start Date:		Vendor:	
CM Labor End:		CM Parts End:	
PM Labor End:		PM Parts End:	
Service Coverage:	C8 - Full Service (Standard Hrs)		
Equipment Status:	A - Active		
Department Check:	Unknown - Dept	Equip Owner:	H - Facility
Tech Level:	5: Obsolete	Phys Cond:	5: Poor / Broken

Report Down Time:	<input type="checkbox"/>		
Service Manual On-Hand:	<input type="checkbox"/>	Operators Manual On-Hand:	<input type="checkbox"/>
Requires Battery:	<input type="checkbox"/>	Has Alarm:	<input type="checkbox"/>

PM Information

Equip on PM Program:	<input type="checkbox"/>	PM Procedure:	
PM Schedule:			
Responsible Tech:	168583032 - _dept, ce		
Created On:	05/27/2004	Created By:	MMAdmin

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center
Control #: 04149 Parent #: none
Prior Control #: none
Facility Asset #: none
Vendor System ID:
Cost Ctr (Dept): 1404 - Lab (Chemistry)
Cost Ctr (Expense): 1404 - Lab (Chemistry)
Alt Manufacturer: IEC
Manufacturer: 414 - IEC
Alt Description: Centrifuge, Table Top
Device Code/Desc: LB03006 - Centrifuge, Table Top
Model: SPINETTE
Serial #: 2380006294
Software Version:
Building: Main
Location: Chemistry
Room #:
Comments: Unit is obsolete and not working.
Retired from service 5/17/2019.

Purchase Date: Purchase Cost: 200.00
Date In-Service: 09/07/2007 PO Number:

Warranty Information

Start Date: Vendor:
CM Labor End: CM Parts End:
PM Labor End: PM Parts End:
Service Coverage: NC - No Coverage
Equipment Status: A - Active
Department Check: Unknown - Dept Equip Owner: H - Facility
Tech Level: 5: Obsolete Phys Cond: 5: Poor / Broken

Report Down Time:
Service Manual On-Hand: Operators Manual On-Hand:
Requires Battery: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:
PM Schedule:
Responsible Tech: 168583032 - _dept, ce
Created On: 09/07/2007 Created By: Sherry Shelley

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 05094 Parent #: None

Prior Control #: None

Facility Asset #: KN029327

Vendor System ID:

Cost Ctr (Dept): 1406 - Lab (Hematology)

Cost Ctr (Expense): 1406 - Lab (Hematology)

Alt Manufacturer: Cardinal Health

Manufacturer: 2039 - Cardinal Health

Alt Description: Centrifuge, Plasma Separator

Device Code/Desc: LB03004 - Centrifuge, Plasma Separator

Model: Plasma Prep

Serial #: 1009CH01005

Software Version:

Building: Main

Location: Lab/Storage

Room #:

Comments: Centrifuge has numerous errors, no longer supported.
Retired and removed from service. 5/17/2019
860-125C SP Brand
Call 400-400

Purchase Date: 01/11/2010 Purchase Cost: 1,286.64

Date In-Service: 01/18/2010 PO Number: 0173165

Warranty Information

Start Date: 01/11/2010 Vendor:

CM Labor End: 01/11/2011 CM Parts End: 01/11/2011

PM Labor End: PM Parts End:

Service Coverage: C8 - Full Service (Standard Hrs)

Equipment Status: A - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 5: Obsolete Phys Cond: 5: Poor / Broken

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:

PM Schedule:

Responsible Tech: 168583032 - _dept, ce

Created On: 02/01/2010 Created By: Sherry Shelley

Equipment Detail (Print)

Entity:	0071 - Parrish Medical Center		
Control #:	05095	Parent #:	None
Prior Control #:	None		
Facility Asset #:	KN029326		
Vendor System ID:			
Cost Ctr (Dept):	1406 - Lab (Hematology)		
Cost Ctr (Expense):	1406 - Lab (Hematology)		
Alt Manufacturer:	Cardinal Health		
Manufacturer:	2039 - Cardinal Health		
Alt Description:	Centrifuge, Plasma Separator		
Device Code/Desc:	LB03004 - Centrifuge, Plasma Separator		
Model:	Plasma Prep		
Serial #:	1009CH01004		
Software Version:			
Building:			
Location:	Lab/Storage		
Room #:			
Comments:	Centrifuge has numerous errors, no longer supported. Retired and removed from service. 5/17/2019 Plasma Prep Centrifuge 7000-0000-1-050		

Purchase Date:	01/11/2010	Purchase Cost:	1,286.64
Date In-Service:	01/18/2010	PO Number:	0173165

Warranty Information

Start Date:	01/11/2010	Vendor:	
CM Labor End:	01/11/2011	CM Parts End:	01/11/2011
PM Labor End:		PM Parts End:	

Service Coverage:	C8 - Full Service (Standard Hrs)		
Equipment Status:	A - Active		
Department Check:	Unknown - Dept	Equip Owner:	H - Facility
Tech Level:	5: Obsolete	Phys Cond:	4: Poor

Report Down Time:	<input type="checkbox"/>		
Service Manual On-Hand:	<input checked="" type="checkbox"/>	Operators Manual On-Hand:	<input checked="" type="checkbox"/>
Requires Battery:	<input type="checkbox"/>	Has Alarm:	<input type="checkbox"/>

PM Information

Equip on PM Program:	<input type="checkbox"/>	PM Procedure:	
PM Schedule:			
Responsible Tech:	168583032 - _dept, ce		
Created On:	02/01/2010	Created By:	Sherry Shelley

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Centrifuge, table top	019645	02/09/1998	4,779	1569	Unit is obsolete and not working.		1407
Centrifuge, table top		09/7/2007	200	4149	Unit is obsolete and not working.		1404
Centrifuge, plasma separator	029327	1/11/2010	1,286.64	5094	Centrifuge has numerous errors and no longer supported, removed from service.		1406
Centrifuge, table top	029326	1/11/2010	1,286.64	5095			1406

Requester *Duplicate form* _____ Department Director _____
 Net Book Value _____ EMC Member *[Signature]* _____
 Sr. VP I _____ President/CEO _____
 Board A _____ CFO Signature _____

Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

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

Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Centrifuge, table top	18183	3/27/1995	898.71	1652	Unit does not work and obsolete.	0	

Requesting Department 1404 Lab, chemistry Department Director *Amthekent* 3/4/2019

Net Book Value (Finance) *A. Frank* 8/27/19 EMC Member *Drew Watson* 9/13/19

Sr. VP Finance/CFO *K. Bailey* 9/5/19 President/CEO _____

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

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 01652 Parent #: None

Prior Control #: 02878

Facility Asset #: KN018183

Vendor System ID:

Cost Ctr (Dept): 1404 - Lab (Chemistry)

Cost Ctr (Expense): 1404 - Lab (Chemistry)

Alt Manufacturer: Heraeus

Manufacturer: 642 - Heraeus

Alt Description: Centrifuge, Table Top

Device Code/Desc: LB03006 - Centrifuge, Table Top

Model: 75003538

Serial #: 219652

Software Version:

Building: Main

Location: Lab/Storage

Room #:

Comments: Unit is obsolete and not functional.
Removed from service 3/1/2019
Service Provider CM: SCTM
Service Provider PM: SCTM

Purchase Date: 03/27/1995 Purchase Cost: 728.00

Date In-Service: 06/03/2004 PO Number:

Warranty Information

Start Date: Vendor:

CM Labor End: CM Parts End:

PM Labor End: PM Parts End:

Service Coverage: C8 - Full Service (Standard Hrs)

Equipment Status: A - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 5: Obsolete Phys Cond: 5: Poor / Broken

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:

PM Schedule:

Responsible Tech: 168583032 - _dept, ce

Created On: 06/03/2004 Created By: MMAdmin

Equipment Detail (Print)

User Defined Fields

1 and 2: Original Contract

3 and 4:

5 and Numeric: 0.0000

Modified On: 03/04/2019

Modified By: Clyde R Bunting

Last PM Opened: 80048

Last CM Opened: 82905

Last PM Completed: 80048

Last CM Completed: 82905

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Water bath, Tissue float	017399	12/14/1993	1841.08	1562	Compressor overheats and shuts down. Unit obsolete and out of support.	0	1407

Requesting Department Laboratory, Pathology Department Director Cynthia Kuch
 Net Book Value (Finance) A. Francis 8/27/19 EMC Member Drew Weber 9/13/19
 Sr. VP Finance/CFO B. Bauer 9/15/19 President/CEO _____
 Board Approval: (Date) _____ CFO Signature [Signature]
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center
Control #: 01562 Parent #: None
Prior Control #: 02610
Facility Asset #: KN017399
Vendor System ID:
Cost Ctr (Dept): 1407 - Lab (Histology)
Cost Ctr (Expense): 1407 - Lab (Histology)
Alt Manufacturer: Shandon Lipshaw
Manufacturer: 358 - Shandon Lipshaw
Alt Description: Water Bath, Tissue Float
Device Code/Desc: LB01056 - Water Bath, Tissue Float
Model: 243103000005
Serial #: 2430130
Software Version:
Building: Main
Location: 1st/Lab/Histology
Room #:
Comments: Unit compressor trips off, machine over 25 years old and no parts available. Retired and removed from service. 7/17/2019.
Service Provider: CM, CCTM

Purchase Date: 12/14/1993 Purchase Cost: 1,875.00
Date In-Service: 05/27/2004 PO Number: 27606

Warranty Information

Start Date: Vendor:
CM Labor End: CM Parts End:
PM Labor End: PM Parts End:

Service Coverage: C8 - Full Service (Standard Hrs)
Equipment Status: A - Active
Department Check: Unknown - Dept Equip Owner: H - Facility
Tech Level: 5: Obsolete Phys Cond: 5: Poor / Broken

Report Down Time:
Service Manual On-Hand: Operators Manual On-Hand:
Requires Battery: Has Alarm:

PM Information

Equip on PM Program: PM Procedure:
PM Schedule:
Responsible Tech: 168583032 - _dept, ce

Created On: 05/27/2004 Created By: MMAdmin

Parrish Medical Center

Control #: 01562
 Cost Ctr (Dept): 1407: Lab (Histology)

Fac Asset: KN017399

CM Work Order
84664

<u>Equipment Information</u>		Cost Ctr (Exp): 1407: Lab (Histology)	Warr Parts End:
Descrip: Water Bath, Tissue Float	Eq Status: Active		Warr Labor End:
Mfg: Shandon Lipshaw	Eq Priority 3 - Risk Score 11 - 14		On PM Program: Yes
Model: 243103000005	Eq Owner: Facility		Requires Battery: No
Serial #: 2430130	Dflt Tech: Bunting, Clyde R		Battery #:
Building: Main	Svc Cvg: Full Service (Standard Hrs)		Last Battery Chg:
Location: 1st/Lab/Histology	Vend Sys ID:		Next Battery Chg:

Equip Technology Level New Recent Average (Current) Old (Functional) Obsolete

Equip Physical Condition Excellent Good Average Poor Poor / Broken

Maintenance History (Last 3 Service Events)

WO #	Orig WO #	Date Opened	Date Closed	WO Status	WO Type	Requested By	Problem/Failure
80037		08/01/2018	08/13/2018	Completed	PM-Scheduled	Scheduled Pm	Non-Failure type work order
75166		08/01/2017	08/02/2017	Completed	PM-Scheduled	Scheduled Pm	Non-Failure type work order
70150		08/01/2016	08/12/2016	Completed	PM-Scheduled	Scheduled Pm	Non-Failure type work order

Work Requested Request Date: 07/15/2019 Request Time 07:42

Requested By: Valerie Hannen Phone #: 7506

WO Recvd Via: MMWA WO Priority: Routine

WO Type: Repair Requested Repeat Call: Repeat of WO #: _____

Tech Assigned: Bunting, Clyde R Vendor Assigned: _____

Work Requested: The Histobath overheated and shut itself down.
 LOCATION: HISTOLOGY

Work Performed

Problem/Failure: Hardware Failure WO Risk: Low

Response Time Hrs: 0.00 Down Time Hrs: 0.00

Electrical Safety Tests: Ground: _____ Ohms Leakage: _____ microA

Work Performed: Checked the unit and found the compressor overheats and shuts down. Plant eng checked the compressor and the freon used is no longer made and support is discontinued. Informed the dept and removed from service.

Part Number	Part Description	Vendor	SCTM PO #	Quantity	Billable	Cust PO #

Technician / Vendor	Time In	Time Out	Hours	Hrs Type	Labor Type	Svc Date	SCTM PO #	Billable	Cust PO #
Bunting, Clyde R	13:30	14:30	1.00	Regular	Biomed	07/15/2019		<input type="checkbox"/>	
Bunting, Clyde R	09:30	10:15	0.75	Regular	Biomed	07/17/2019		<input type="checkbox"/>	

Record Test Equipment Used on Work Order

Control #	Description	Manufacturer	Serial #

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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 TITUSVILLE, FLORIDA

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Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (provided by Finance Dept)
STRYKER chair by Medline	KN028027	11/05/03	4573.20	03445	No longer needed in wound care at P.S.I	0

TOTAL BOOK VALUE _____ **\$0.00**

Requesting Department: Rehab

Net Book Value (Finance) A. Frank 8/27/19

Sr. VP Finance/CFO K. Bailey 9/15/19

Board Approved (CFO Signature) _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Department Director Marsha Quinn

EMC Member [Signature] 9/3/19

President/CEO [Signature]

Requested Public Entity for Donation

Entity Contact

Telephone

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	Plant #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Refrigerator cooler	028484	6/13/05	5249.03	17525	Kendro Laboratory Product. Unit obsolete and out of support.	\$ 0	1404
Kendo Lab cooler inventory # KN028484, Serial # S24P-115612-TP							

Requesting Department Lab Department Director Cindy Kuehn / Clyde Bunting
 Net Book Value (Finance) W. P. Francis 8/27/19 EMC Member [Signature] 8-30-19
 Sr. VP Finance/CFO [Signature] 9/5/19 President/CEO _____
 Board Approval: (Date) _____ CFO Signature [Signature]
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

Perez, Pam

From: Kuehn, Cynthia
Sent: Tuesday, August 27, 2019 10:05 AM
To: Perez, Pam; Greene, Kaitlyn
Cc: Strenecky, Stephen; Celia, Paul
Subject: FW: Lab cooler disposal
Attachments: Request For Disposal 17525 laboratory 2 door refrigerator.doc

Importance: High

Hello,

Is this scheduled for the next board meeting? This is presently located outside engineering and has to be removed ahead of the hurricane. Is it possible to get permission to dispose of or do we need to have engineering bring this back in for storage? Paul needs to clear the area ahead of the potential storm.

Cindy

From: Kuehn, Cynthia
Sent: Monday, July 29, 2019 10:25 AM
To: Bunting, Clyde; Greene, Kaitlyn
Cc: Slater, Belinda; Strenecky, Stephen
Subject: RE: Lab cooler disposal

Hello,

I have cc Stephen in engineering so all are aware of the status of disposal and this form will go to the next board meeting for approval.

Kendo Lab cooler inventory # KN028484, Serial # S24P-115612-TP

Cindy

Cynthia Kuehn BS MLS (ASCP)
Manager, Laboratory

Parrish Medical Center
951 N. Washington Avenue
Titusville, Florida 32796
parrishmed.com
P: 321-268-6333 Ext. 7512 F: 321-268-6152
Cynthia.Kuehn@Parrishmed.com
Healing Experiences for Everyone All the Time®

From: Kuehn, Cynthia
Sent: Friday, July 26, 2019 4:05 PM
To: Bunting, Clyde; Greene, Kaitlyn
Cc: Slater, Belinda
Subject: RE: Lab cooler disposal

Thank you Clyde for filling out the form

Cindy

Cynthia Kuehn BS MLS (ASCP)
Manager, Laboratory



Parrish Medical Center
951 N. Washington Avenue
Titusville, Florida 32796
parrishmed.com
P: 321-268-6333 Ext. 7512 F: 321-268-6152
Cynthia.Kuehn@Parrishmed.com
Healing Experiences for Everyone All the Time®

From: Bunting, Clyde
Sent: Friday, July 26, 2019 11:26 AM
To: Greene, Kaitlyn
Cc: Slater, Belinda; Kuehn, Cynthia
Subject: Lab cooler disposal


Hi Kaitlyn,

I'm trying to Cindy with the disposal for their old cooler. I've stared the form but need the purchase cost and date. Can you help or let me know who to ask?

Plant asset # 17525

Thanks,
Clyde the

Clyde Bunting
BMET III
Clinical Equipment



Parrish Medical Center
951 North Washington Avenue
Titusville, FL 32796

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Function generator	007701	08/02/2010		5315	Failed calibration, obsolete	0	1.684
Display, Video	027858	06/30/1999	833.00	0159	Display does not work, obsolete	0	1.684
Patient simulator	017729	8/02/2010	515.00	5321	Obsolete, failed calibration.	0	1.684

Requesting Department CE Department Director Kathryn Robinson
 Net Book Value (Finance) A. Francis 8/27/19 EMC Member B. J. 8.30.19
 Sr. VP Finance/CFO K. Bailey 9/5/19 President/CEO _____
 Board Approval: (Date) _____ CFO Signature [Signature]
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

Equipment Detail (Print)

Entity:	0071 - Parrish Medical Center		
Control #:	05315	Parent #:	None
Prior Control #:	None		
Facility Asset #:	KN007701		
Vendor System ID:			
Cost Ctr (Dept):	1684 - Clinical Equipment		
Cost Ctr (Expense):	1684 - Clinical Equipment		
Alt Manufacturer:	Medi-Cal		
Manufacturer:	753 - _Not Found (Waiting for Addition)		
Alt Description:	Generator, Function		
Device Code/Desc:	TE03001 - Generator, Function		
Model:	210		
Serial #:	335		
Software Version:			
Building:	South		
Location:	CE Shop		
Room #:			
Comments:	Unit failed annual calibration and can not be repaired. Removing from service and being retired.		

Purchase Date: Purchase Cost: 0.00

Date In-Service: 08/02/2010 PO Number:

Warranty Information

Start Date:	<input type="text"/>	Vendor:	<input type="text"/>
CM Labor End:	<input type="text"/>	CM Parts End:	<input type="text"/>
PM Labor End:	<input type="text"/>	PM Parts End:	<input type="text"/>

Service Coverage: C8 - Full Service (Standard Hrs)

Equipment Status: A - Active

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 4: Old (Functional) Phys Cond: 5: Poor / Broken

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program:	<input type="checkbox"/>	PM Procedure:	<input type="text"/>
PM Schedule:	<input type="text"/>		
Responsible Tech:	168583032 - _dept, ce		

Created On: 08/06/2010 Created By: Sherry Shelley

Equipment Detail (Print)

Entity: 0071 - Parrish Medical Center

Control #: 00159 Parent #: None

Prior Control #: 03731

Facility Asset #: KN027858

Vendor System ID:

Cost Ctr (Dept): 1684 - Clinical Equipment

Cost Ctr (Expense): 1684 - Clinical Equipment

Alt Manufacturer: Panasonic

Manufacturer: 295 - Panasonic

Alt Description: Video, Display

Device Code/Desc: GB19003 - Video, Display

Model: P-70

Serial #: FC7541150

Software Version:

Building: CE

Location: SHOP

Room #:

Comments: Display does not work. Unit obsolete and not repairable.
Service Provider CM: SCTM

Purchase Date: 06/30/1999 Purchase Cost: 833.00

Date In-Service: 05/17/2004 PO Number:

Warranty Information

Start Date:	Vendor:
CM Labor End:	CM Parts End:
PM Labor End:	PM Parts End:

Service Coverage: RT - Retired

Equipment Status: R - Retired (Retired On: 03/04/2019)

Department Check: Unknown - Dept Equip Owner: H - Facility

Tech Level: 5: Obsolete Phys Cond: 5: Poor / Broken

Report Down Time:

Service Manual On-Hand: Operators Manual On-Hand:

Requires Battery: Has Alarm:

PM Information

Equip on PM Program: <input type="checkbox"/>	PM Procedure:
PM Schedule:	
Responsible Tech:	

Created On: 05/17/2004 Created By: MMAdmin

Equipment Detail (Print)

Entity:	0071 - Parrish Medical Center		
Control #:	05321	Parent #:	None
Prior Control #:	None		
Facility Asset #:	KN017729		
Vendor System ID:			
Cost Ctr (Dept):	1684 - Clinical Equipment		
Cost Ctr (Expense):	1684 - Clinical Equipment		
Alt Manufacturer:	BioTek Instruments		
Manufacturer:	94 - BioTek Instruments		
Alt Description:	Simulator, Patient, Pulse Oximeter		
Device Code/Desc:	TE07006 - Simulator, Patient, Pulse Oximeter		
Model:	INDEX-H		
Serial #:	100686		
Software Version:			
Building:	South		
Location:	CE Shop		
Room #:			
Comments:	Unit found in service Unit failed annual calibration and can not be repaired. Removing from service and being retired. CB.		

Purchase Date:		Purchase Cost:	515.00
Date In-Service:	08/02/2010	PO Number:	

Warranty Information

Start Date:		Vendor:	
CM Labor End:		CM Parts End:	
PM Labor End:		PM Parts End:	
Service Coverage:	C8 - Full Service (Standard Hrs)		
Equipment Status:	A - Active		
Department Check:	Unknown - Dept	Equip Owner:	H - Facility
Tech Level:	4: Old (Functional)	Phys Cond:	5: Poor / Broken

Report Down Time:	<input type="checkbox"/>		
Service Manual On-Hand:	<input type="checkbox"/>	Operators Manual On-Hand:	<input type="checkbox"/>
Requires Battery:	<input type="checkbox"/>	Has Alarm:	<input type="checkbox"/>

PM Information

Equip on PM Program:	<input type="checkbox"/>	PM Procedure:	
PM Schedule:			
Responsible Tech:	168583032 - _dept, ce		
Created On:	08/06/2010	Created By:	Sherry Shelley

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

00117811

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Bipap Vision	KN028130	4/22/2004	11621.00	00901	Unit unable to be repaired	0.00	1461

Requesting Department Respiratory _____ Department Director Susan Bentley Susan Bentley

Net Book Value (Finance) 0.00 Kaitlyn Greene 12/26/18 EMC Member Ed [Signature] 12.11.18

Sr. VP Finance/CFO _____ President/CEO _____

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Bipap Vision Duplicate form	11501.00	00901	Unit unable to be repaired	0.00	1461

Requesting Department Respiratory _____ Department Director Susan Bentley _____
 Net Book Value (Finance) 0.00 Kathleen Drane 5/30/19 EMC Member [Signature]
 Sr. VP Finance/CFO _____ President/CEO _____
 Board Approval: (Date) _____ CFO Signature _____
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

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

Request for Disposal of Obsolete or Surplus Property

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

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Burdick Eclipse Plus ECG	KN023471	9/01/2002	8520.83	00067	Parts not Available	\$0	1477

Requesting Department _____ Department Director Felecia Rabsatt

Net Book Value (Finance) A. Francis 8/27/19 EMC Member [Signature]

Sr. VP Finance/CFO K. Bauer 9/5/19 President/CEO [Signature]

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

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

EXECUTIVE COMMITTEE

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

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, SEPTEMBER 9, 2019
2nd FLOOR, EXECUTIVE CONFERENCE ROOM
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Reading of the Huddle
- II. Public Comment
- III. Report from Titusville City Council Liaison – Scott Larese
- IV. Legal Update, Federal Case – Mr. Zumpano
- V. Managed Care Discussion – Mr. Zumpano
- VI. Radiology Services – Mr. 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.

ZUMPANO PATRICIOS

312 Minorca Avenue | Coral Gables, FL 33134
Ph: (305) 444-5565 | Fax: (305) 444-8588
www.zplaw.com

September 3, 2019

VIA ELECTRONIC MAIL

Board of Directors
Parrish Medical Center
951 North Washington Ave.
Titusville, FL 32796

Re: **Executive Summary of Federal Case Brought by Health First Physicians
(Case No. 6:18-cv-00487-RBD-DCI)**

Dear Chairman Cole and Members of the Board:

As the PMC Board is aware, the federal court lawsuit was initiated by 7 physician oncologists (the "Health First Physicians") who were previously privileged at Parrish Medical Center ("PMC"). The Health First Physicians sought injunctive relief and damages from the United States District Court for the Middle District of Florida (the "Court") regarding the non-renewal of their privileges, alleging that: 1) their procedural due process rights under federal statutes (i.e. 42 USC 1983) were violated; and 2) PMC's Medical Staff bylaws had been breached. The Court has ordered summary judgment in favor of PMC on all counts brought by the Health First Physicians against PMC.

A Brief History of the Proceedings

The crux of the Health First Physicians' claims was that the MEC and the PMC Board had been misled by statements that requests had been made of the Health First Physicians to provide PMC with information regarding the treatment of our cancer patients. The Health First Physicians claimed that these purported misleading statements led to the MEC's December 19, 2017 adoption of a motion to support the PMC Board in a then prospective (then yet to be voted upon) PMC Board recommendation whether to renew the Health First Physicians' privileges. The Health First Physicians claimed that Dr. Mikitarian submitted false statements to the PMC Board that PMC had made numerous requests of Health First Physicians to provide PMC with data, and specifically focused on a memorandum documenting the attempts to retrieve the data, as well as a draft letter to each physician requesting the data. As more specifically discussed below, the Court found that Dr. Mikitarian's statements were accurate and supported.

MIAMI | CHICAGO | NEW YORK | SALT LAKE CITY

ARGENTINA | BAHAMAS | BRAZIL | CHILE | COSTA RICA | CZECH REPUBLIC
DOMINICAN REPUBLIC | FRANCE | GERMANY | INDIA | ITALY | KEY WEST | MEXICO | NEW YORK | PANAMA | POLAND | SPAIN

The PMC Board subsequently decided to deny the Health First Physicians' reappointment applications at its January 8 Meeting. Dr. Mikitarian then sent each of the Health First Physicians a letter notifying them of the denial and the expiration of their privileges. That letter offered the Health First Physicians an opportunity to appear before the PMC Board for an interview and appeal the decision as the PMC Medical Staff Bylaws would permit. The Health First Physicians initially accepted the interview offer but then didn't respond to Dr. Mikitarian's requests for dates for the interviews and later forwent the interviews.

It is important to note that during the process, and even to date, the outstanding data requests were never satisfied. Nonetheless, PMC was working with the Commission on Cancer to obtain its accreditation despite the missing data. Under the leadership and perseverance of Senior Vice President Chris McAlpine and his staff, the accreditation renewal was eventually obtained.¹

Initially, the Court granted the Health First Physicians a preliminary injunction on their procedural due process claim, and it ordered PMC to provide them with a hearing before a neutral decisionmaker where the Health First Physicians were represented by counsel and

¹It is also important to note that throughout the process, there was correspondence between counsel for PMC and counsel for the Health First Physicians. Was Health First itself involved in coordinating the respective legal maneuvers by the Health First Physicians? Of interest, the Court noted in its Order:

Health First decided it would handle the entire situation through its legal department, taking the position that it didn't need to hand over the data as PMC was wrongfully attempting to deny these reappointment applications since Plaintiffs had no clinical issues.

Without exhaustively detailing the body of correspondence between the parties, and/or their respective counsel, there was: a) a December 5th, 2017 letter from Dr. Mikitarian requesting the data and referencing that the data had been requested prior on multiple occasions, b) a December 8th, 2017 response from Health First's Senior Vice President, General Counsel responding with, among other positions, that "Your December 5th correspondence requests documents from [the physician] which are unrelated to his pending application for reappointment..."; c) a December 18th, 2017 reply to Health First's Senior Counsel, General Counsel from PMC's counsel, including the position, that PMC's Medical Staff bylaws encompass a duty to comply with the data requests, and that the outstanding data was required for accreditation purposes; d) December 29, 2017 letters to the Health First Physicians, that included an invitation to a hearing before an Ad-Hoc Committee of the PMC Board; e) a flurry of letters in January and February, including regarding the parties' respective positions on the PMC Medical Staff Bylaws, procedures, and status of privileges, etc. And there was also, a March 29th, 2018 letter from PMC's counsel (subsequently mischaracterized by the Health First Physicians' counsel) that among other points, memorialized that it was PMC's impression the Health First Physicians did not "...want to pursue any of the process offered by PMC in its communications..."

presented witness testimony and evidence (“Ad Hoc Committee”). Among the Ad Hoc Committee’s findings: (a) the Health First Physicians were aware of the unfulfilled requests for Patient Data and even if they did not have control of the data, they had a duty to supply it, or cause it to be supplied, as part of their obligations as staff members of PMC; and (b) the denial of the Health First Physicians reappointment to the medical staff was appropriate under the Medical Staff Bylaws based on their failure to provide, or cause to be provided, the patient data.

The Health First Physicians then submitted exceptions to the Ad Hoc Committee’s recommendation, and subsequently appeared before Dr. Mikitarian, who following oral argument issued his ruling denying the exceptions. Dr. Mikitarian too concluded that denial of reappointment was appropriate.

The Health First Physicians then appealed Dr. Mikitarian’s disposition to the PMC Board. The PMC Board unanimously affirmed Dr. Mikitarian’s disposition to deny the applications for reappointment. That disposition by the PMC Board signified that the Health First Physicians no longer had privileges at PMC. Importantly, the Court cited that the PMC Board “found no information that would contravene its January 8, 2018 decision regarding the Health First Physicians’ reappointment applications.”

Instead of filing an appeal of the PMC Board in state court, the Health First Physicians filed an amended complaint with the Court and moved for a second preliminary injunction to restore their privileges pending trial. (Doc. 67.) That time the Health First Physicians were denied the injunction - the Court found that the Health First Physicians had then already received a full panoply of procedural due process; and that they had not established a likelihood of success on the merits for their two other claims. And following the close of discovery, the parties moved for summary judgment against the other.

The Court’s Findings

On August 22, 2019, the Court granted summary judgment in favor of PMC on all counts. Among the statements of the Court were:

- 1) “...at bottom, this dispute revolves around the thinly veiled effort of Health First to flex its muscle in the long running, heavily litigated, ‘scorched earth’ turf war for Brevard County’s health care business. The plaintiff physicians here, all imminently qualified in the field of oncology, have been employed as foot soldiers in the intractable hostilities. Whether Health First has any concern for the reputation of their employee

physicians, or the unfettered delivery of health care services to Brevard County citizens, or simply disregards this as unfortunate but necessary collateral damage is unclear. No sacrifice is too great when it's not yours."

- 2) "... PMC may invoke § 395.0191(7) immunity over its denial of Plaintiffs' reappointment applications because, as stated in the Second PI Order, "the Bylaws allow issues outside the realm of clinical competence to be considered when evaluating a staff member's reappointment application," such as demonstrated professional ability and clinical judgment, professional ethics, discharge of staff obligations, and compliance with the Bylaws... This echoes criteria § 395.0191(4) lists for determining a staff member's eligibility for privileges. Since Plaintiffs' claim is borne out of PMC's evaluation of their reappointment applications, § 395.0191(7) applies."
- 3) Regarding the PMC processes that followed the Court's initial order granting the initial preliminary injunction: "And through that hearing, followed by Plaintiffs exhausting the appeal process, Plaintiffs received 'the full panoply of due process protections.'" (citing its prior February 4, 2019 Order and quoting a prior case from the United States Court of Appeals for the Eleventh Circuit.)
- 4) "Yet all Plaintiffs admitted in their depositions that they had been informed and/or asked about Health First providing PMC data for accreditation purposes before the December Board meeting... So Plaintiffs' own testimony refutes their contention that Dr. Mik[i]tarian [sic] 'spoke falsely and with malice . . . when he advised PMC's Board that multiple requests for reaccreditation data were made to Physicians...' As such, their assignment of intentional fraud on these grounds is baseless."
- 5) Further the Court ruled that Dr. Mikitarian's statements that PMC's accreditation was in jeopardy (due to the failure of the Health First Physicians to provide, or cause to be provided, the data) were also accurate. The Court cited that the record: "...actually reveals that PMC fought tooth and nail to gain re-accreditation and succeeded despite this missing data. PMC worked with the CoC's [Commission on Cancer] surveyor to brainstorm and create workarounds to get at this missing data from another angle, via records it could obtain."
- 6) The Court further complemented PMC for its tenacity and perseverance citing the Health First Physicians' own evidence against them: "Plaintiffs' evidence shows that

PMC didn't take no for an answer and still endeavored to obtain accreditation. But PMC's success does not mean the refusal to provide data didn't undermine and obstruct this process."

- 7) The Court ruled that PMC's decision to deny the Health First Physicians reappointment for privileges because they failed to turn over, or cause to be turned over, the data requested for accreditation purposes satisfied substantive due process principles given that PMC's grounds for the "denial were 'reasonably related [to][sic] the operation of the hospital,' 'fairly administered', 'geared by a rationale compatible with hospital responsibility,' and relevant to their pending applications."

Observation

We live in an age where patient centered data and hospital quality initiatives are inextricably tied to patient well-being. That PMC's Board, CEO and Managed Care Officers, stood firm for that principle - despite the fierce opposition faced from other interests - is both inspiring and comforting. In one of the largest instances of physician privileges non-renewal of which we are aware, the message is clear - hospital quality initiatives matter, and no one should be exempt from doing their part to contribute the appropriate supporting data.

PMC's Board of Directors, CEO George Mikitarian, Senior Vice President Chris McAlpine, and counsel for PMC - Joe Zumpano and Leon Patricios - fought hard for this landmark ruling that has already received national attention. This ruling has potential implications nationally in favor of hospitals seeking data from physicians applicable to their quality of care initiatives for the benefit of patients.

Sincerely

ZUMPANO PATRICIOS, P.A.



Joseph I. Zumpano

*

*

*

This Executive Summary does not constitute an official Firm opinion in accordance with the standards of opinions of Florida counsel for legal opinions to third parties in commercial and real estate transactions, and no opinion is implied.

MIAMI | CHICAGO | NEW YORK | SALT LAKE CITY

ARGENTINA | BAHAMAS | BRAZIL | CHILE | COSTA RICA | CZECH REPUBLIC
DOMINICAN REPUBLIC | FRANCE | GERMANY | INDIA | ITALY | KEY WEST | MEXICO | NEW YORK | PANAMA | POLAND | SPAIN

DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
SEPTEMBER 9, 2019
NO EARLIER THAN 3:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

- I. Pledge of Allegiance
- II. PMC's Vision – *Healing Families – Healing Communities*
- III. Approval of Agenda
- IV. Recognitions(s)
- V. Open Forum for PMC Physicians
- VI. Public Comments
- VII. Unfinished Business
- VIII. New Business
 - A. Motion to Recommend the Board of Directors approve the Administrative Closure of Incomplete Medical Records Policy, as presented.**
 - B. Motion to Recommend the Board of Directors approve the Inspection and Reproduction of Public Records Policy, as presented.**
 - C. Motion to Recommend the Board of Directors approve the Institutional Review Board Policy, as presented.**
 - D. Motion to Recommend the Board of Directors approve the Consumer Generated Media (CGM) and Social Media Guidelines Policy, as presented.**
 - E. Motion to Recommend the Board of Directors approve the Drug and Alcohol Free Work Place Policy, as presented.**
 - F. Motion to Recommend the Board of Directors approve Policy 9500-2023, Primary Stroke Center Admin Support, as presented**
 - G. North Brevard Medical Support, Inc, Liaison Report –Mr. Retz**

BOARD OF DIRECTORS MEETING

SEPTEMBER 9, 2019

PAGE 2

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

Resignations – **For Information Only**

- 1. Nasir Hasan, MD - Hospitalist**
- 2. Kamal Patel, MD - Pain Management**
- 3. Sameer Draviam, MD – Emergency Medicine**
- 4. John Papavasiliou, MD – Emergency Medicine**
- 5. Nadia Echevarria, MD – Hospitalist**

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

XI. Consent Agenda

A. Finance Committee

1. Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund DSH for SFY 2020 in an amount not to exceed \$688,956.
2. Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund LIP for SFY 2020 in an amount not to exceed \$1,270,353.
3. Recommend the Board of Directors declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

XI. Committee Reports

A. Quality Committee – Mr. Cole

B. Budget and Finance Committee – Mr. Retz

C. Executive Committee – Mr. Jordan

D. Educational, Governmental and Community Relations Committee (Did Not Meet)

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

XII. Process and Quality Report – Mr. Mikitarian

A. Other Related Management Issues/Information

B. Hospital Attorney - Mr. Boyles

XIII. Other

XIV. Closing Remarks – Chairman

BOARD OF DIRECTORS MEETING

SEPTEMBER 9, 2019

PAGE 3

XV. Executive Session (if necessary)

XVI. Open Forum for Public

ADJOURNMENT

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

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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Origination: N/A
Effective: Upon Approval
Last Approved: N/A
Last Revised: N/A
Next Review: 3 years after approval
Areas: HIM
Tags:
Applicability: Parrish Medical Center

Administrative Closure Of Incomplete Medical Records

POLICY STATEMENT

The Health Information Management (HIM) Department of Parrish Healthcare is to make every effort to ensure that medical records are completed in accordance ~~to the time frames~~ with the timeframes delineated in the organizational policy, Medical Records Completion, prior to placement in permanent file. If a physician permanently leaves Parrish without completing all medical records, completion will be obtained via the method outlined below or the records may be administratively closed by the authority of the HIM Director and the Chair of the Utilization Management/ Medical Records Committee.

PROCEDURES

The following steps will be followed in order to obtain a complete medical record:

1. Members of the Parrish Medical Staff are required to complete medical records electronically in the Electronic Medical Record (EMR). In the event that a physician is not able to electronically document or electronically authenticate reports and/or orders in this manner, the physician will be asked to sign a paper version of the documents. The signed documents will be scanned into the EMR.
2. If the physician has left Parrish with incomplete medical records and can be contacted, a copy of the incomplete portions of the record will be sent via registered mail to the physician for completion. The physician will be asked to return the completed records within 72 hours of receipt.
3. If the physician has left Parrish with incomplete medical records and cannot be contacted, an alternate physician can be identified and the record may be reassigned for completion. If an alternate physician cannot be identified, then the records will be reassigned to the ChiefChair of the Department.
4. If the alternate physician and the ChiefChair of the Department are unwilling or unable to complete the records, the incomplete records will be reported to the Utilization Management/Medical Records Committee for recommendation to remove the records from incomplete status and administratively close them. The HIM Director will deem them suitable for permanent record storage and shall remove the records from incomplete status by execution of the Declaration of Incomplete Medical Record which will then be scanned into the EMR in place of the incomplete records.
5. All deficiencies that have been administratively closed will be presented to the Medical Executive Committee for informational purposes.

REFERENCES

~~A. Medial Staff Rules and Regulations~~

Medial Staff Rules and Regulations

All revision dates:

Attachments:

[Declaration of Incomplete Medical Records](#)

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	08/2019
MEC	Joseph Rojas [EH]	06/2019
Compliance	Corporate Compliance [NV]	05/2019
Executive Management	Arvin Lewis	02/2019
	Erin Head: Director HIM/Quality	01/2019

Applicability

Parrish Medical Center

COPY



**Health Information Management
Declaration of Incomplete Medical Record**

Patient Name: _____

Date of Birth: _____

Attending Provider: _____

Medical Record Number: _____

Date (s) of Service : _____

Per hospital policy 9500.6005, the Health Information Management Department of Parrish Medical Center (PMC) will make every effort to ensure that medical records are completed in accordance with the time frame delineated in the *Medical Staff Rules and Regulations* prior to placement in permanent file.

Having exhausted every effort to complete this medical record, this medical record is being closed with incomplete documentation due to:

- The healthcare provider, _____, is not in the regional area and is unavailable to provide a signature.
- The healthcare provider, _____, denies being the author of the entry and the author cannot be verified or validated.
- The healthcare provider, _____, has died or due to a physical/mental condition can no longer provide a signature.
- Other: _____

The entries remain _____ days incomplete.

The documentation that remains incomplete (e.g. physician order is missing physician signature):

Chair of UMMR

Date

Time

Director of Health Information Management

Date

Time



Origination: 03/1991
Effective: Upon Approval
Last Approved: N/A
Last Revised: 08/2019
Next Review: 3 years after approval
Areas: Administration
Tags: 9500
Applicability: Parrish Medical Center

Inspection and Reproduction of Public Records

~~POLICY TYPE: ADMINISTRATIVE~~

POLICY STATEMENT

It is the policy of the North Brevard County Hospital District to comply with all ~~legal~~ requests for inspection and reproduction of public records as defined by Florida law.

PURPOSE

The purpose of this policy is to establish the procedure for release of any public records in a manner which assures timely and reasonable compliance, while recognizing all applicable exemptions, including protection of patient confidentiality.

Designation of Custodian of Public Records:

The Chief Executive Officer of Parrish Medical Center is hereby designated the Custodian of all public records of the North Brevard County Hospital District and is charged with the responsibility and authority designated such position by the laws of the State of Florida and this policy. In the absence of the Chief Executive Officer for any period of time extending beyond the time for reasonable compliance to permit inspection or reproduction of any public records, the "Administrator-on-call" of Parrish Medical Center shall serve as alternate Custodian.

Authority of custodian of Public Records:

The Custodian is exclusively authorized by this policy:

- A. To receive requests for the inspection or reproduction on any public records
- B. To determine and assert any exemptions provided under general or special law
- C. To authorize and schedule the time, place and circumstances for the inspection of any public records
- D. To authorize and schedule the assembly and reproduction of any public records
- E. ~~To determine the amount of any payment requesting party as provided by law, or is not provided by law, then the actual cost of duplication or special service charges.~~ To determine the amount of the special service charge for the extensive use of clerical or supervisory labor or extensive information technology resources and the actual cost of duplication.
- F. The Custodian is further authorized by this policy to establish procedures for the reporting or release of

routine statistical and other operating information normally provided by Parrish Medical Center to other governmental or healthcare agencies or as a participant in any healthcare or other information surveys.

Procedure to Request and Inspect Public Records:

Except to the extent determined exempt, all public records of the North Brevard County Hospital District shall be available for inspection and examination by any person, at any reasonable time, under reasonable conditions, and under supervision of the Custodian or his designee.

- A. "Reasonable time" means between 9:00 a.m. and 5:00 p.m. Monday through Friday, except holidays.

~~"Reasonable notice" means a written and dated request directed to the Custodian specifying the public records to be inspected and examined, the date and time when such inspection is requested, the names of the persons to participate in such inspection, and the estimated time required to complete such inspection.~~

~~If any requesting party fails or refuses written request, then the Custodian shall be entitled to confirm any oral request in writing in order to assure full compliance and to avoid any unnecessary delay or reproduction costs.~~

- B. "Reasonable conditions" means at such locations at Parrish Medical Center designated by the Custodian as shall allow for inspection with minimum disruption to the facilities, personnel and normal operations of Parrish Medical Center.

- C. "Supervision" means in the continuous presence of the Custodian or his designee. The reasonable availability of the Custodian or his designee shall be considered in scheduling any inspection or providing for the temporary disruption of any inspection.

- D. If the nature of volume of public records requested to be inspected and examined is such as to require extensive use of clerical or supervisory assistance, the Custodian shall have the authority and discretion to charge a special service charge, which shall be reasonable and shall be based on the actual labor cost (salary plus benefits) incurred for such extensive use of personnel.

Procedure for Reproduction of Public Records:

Any person entitled to inspection of any public records of the North Brevard County Hospital District shall also be entitled to be furnished a copy of such public records upon payment of the fee prescribed by law.

For purposes of this policy:

- A. One-sided copies of not more than 14 inches by 8 ½ inches shall be subject to payment of such amount per copy as specified in ~~Florida Statutes Section 119.07(1)~~, Subsection 119.07(4)(a)1 of the Florida Statutes
- B. Not more than an additional five cents shall be charged for duplication of the second page of any two-sided documents.
- C. For all other copies, the requesting party shall pay the actual cost of material and supplies for duplication and reproduction, ~~excluding labor~~.
- D. If the nature of volume of public records requested to be copied is such as to require extensive use of clerical or supervisory labor or extensive information technology resources, ~~clerical or supervisory~~

~~assistance by personnel of Parrish Medical Center~~, or both, the Custodian shall have the authority and discretion to charge a special service charge, which shall be reasonable and shall be based on the actual labor cost (salary plus benefits) incurred for such extensive use of personnel. This charge shall be in addition to the cost of actual duplication.

- E. The Custodian shall have no obligation to create new records, answer questions about records, or reformat existing records. The Custodian shall have the discretion to do so provided a reasonable service charge for the actual cost of labor and other resources necessary to prepare ~~or provide to any such special report or summary is approved and paid by the~~ requesting ~~party special reports or summaries that are not otherwise maintained as a regular public record. The Custodian shall have the discretion to prepare such special reports or summaries provided a reasonable service charge for the actual cost of labor and other resources necessary to prepare such special report or summary is approved and paid by the requesting~~ party.

Procedure for Refusal by Custodian to Permit Inspection or Reproduction:

In those circumstances when the Custodian believes an exemption from inspection or reproduction exists, he shall:

- A. Delete or excise from the public record only that portion of the record with respect to which an exemption is asserted and provide for inspection or reproduction the nonexempt remained of such record; and
- B. State to the requesting party the basis of exemption which the Custodian contends to be applicable, including the statutory citation for such exemption; and
- C. State if required by the requesting party, state in writing and in particularity the reason for asserting such exemption ~~is required by the person seeking the right of inspection or reproduction.~~

Unauthorized Release of Public Records:

Any disclosure in violation of this policy by any director, employee or agent of the North Brevard County Hospital District, other than as permitted by the Custodian, shall be grounds for suspension, termination or other disciplinary action, ~~notwithstanding such disclosure is limited to matters of public record.~~

All revision dates:

08/2019, 03/2003

Attachments:

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	08/2019
Compliance	Corporate Compliance [NV]	07/2019
	Chris Mcalpine: Sr V.P. Administration Transformation	01/2019

Applicability

Parrish Medical Center

COPY



Current Status: Pending

PolicyStat ID: 4797787



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Tags: 9500
Applicability: Parrish Medical Center

Institutional Review Board

~~POLICY TYPE: ADMINISTRATIVE~~

POLICY STATEMENT

To ensure the protection of human research subjects and to comply with all Federal regulations, the Institutional Review Board of record for Parrish Medical Center will be the Western Institutional Review Board (WIRB).

The ~~Director of Pharmacy~~ Senior Vice President Transformation/Network Development will be designated as the Human Protections Administrator for the institution. Any investigator proposing a study will first contact the Human Protections Administrator who will coordinate efforts to see if the proposed study is one that the institution is willing to participate in. If the proposed study is determined to be potentially beneficial, the Human Protections Administrator will contact the WIRB to initiate protocol, principle investigator, and informed consent reviews. Investigators may not contact the WIRB directly for study approval.

The WIRB reviews, and has the authority to approve, require modification in, or disapprove all human subject research activities, including proposed changes in previously approved research.

The WIRB conducts continuing review of approved research at intervals appropriate to the degree of risk, but not less than once per year.

The WIRB has the authority to suspend or terminate previously approved research that is not being conducted in accordance with the WIRB's requirements, or that has been associated with unexpected serious harm to subjects.

Parrish Medical Center Officials may not authorize or approve the ~~conduction~~ conducting of human subjects research that has not been approved by the WIRB. Research approved by WIRB may be subject to further review and approval or disapproval by officials of the hospital to ensure the local context of studies.

This Policy takes the place of policy 9500-132, Institutional Review Board - Review of Studies and Policy 9500-133, Institutional Review Board - Informed Consent.

All revision dates:

08/2019, 11/2001, 08/2001, 07/1997

Attachments:

[Initial Review of Investigational Studies](#)
[Institutional Review Board Enhancements](#)

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	08/2019
Compliance	Corporate Compliance [NV]	07/2019
	Chris Mcalpine: Sr V.P. Administration Transformation	01/2019

Applicability

Parrish Medical Center

COPY

PROCEDURE

INITIAL REVIEW OF INVESTIGATIONAL STUDIES

Referencing Policy: 9500-131, Institutional Review Board

The following steps must be followed for the initial review of any investigational protocol requiring Parrish Medical Center Institutional Review Board review. Such a protocol may involve, but is not limited to, those involving a drug, biologic agent, or device.

1. A copy of the complete proposed protocol, consent form, and Principle Investigator (PI) contact information is to be sent to the Parrish Medical Center Human Protections Administrator (Director of Pharmacy). The Principle Investigator shall not contact the Western Institutional Review Board (WIRB) directly for a review.
2. The Human Protections Administrator will review the protocol and consult with hospital staff or community representatives (ex. clergy or non-clinical persons), as appropriate, to determine if the protocol is one that hospital deems as beneficial to the community. A copy of the submitted information will be kept on file.
3. The results of the hospital evaluation will be sent to the requestor in writing. If the hospital determines that the study needs IRB review, the Human Protections Administrator will also send the appropriate paperwork to the PI for WIRB submission.
4. The hospital shall not assume financial responsibility for any aspect of WIRB initial review or changes to research.
5. When all required information is completed, it should be returned to the Human Protections Administrator along with another complete copy of the proposed protocol and informed consent.
6. The hospital will attach a cover letter and send the packet of information to the WIRB for their review.
7. Only upon written WIRB approval of a proposed protocol and informed consent may an investigational study be initiated.
8. If a protocol is approved all conditions specified by the WIRB must be followed. The Investigator will be responsible for communications with the WIRB for any changes to research (ex. amendments to the protocol, consent form changes and advertisements) and any financial considerations resulting from them.

Effective Date: 12/10/01

Reviewed:

Revised:

Institutional Review Board Enhancements

Parrish Medical Center has elected to partner with an independent Institutional Review Board (IRB) to help us to assure that we are compliant with all current and future legal and ethical responsibilities in the protection of human research subjects. This organization is the Western Institutional Review Board (WIRB). WIRB is the oldest independent IRB in the country. They are internationally known and provide services in every state.

The Western Institutional Review Board will take over the ongoing review of all currently active investigational studies and will evaluate proposed future investigational protocols, review the principle investigator, review informed consents, and conduct the required continuing reviews. In addition to their legal expertise, WIRB has a very rapid review response time that will help us respond to proposed investigational studies much faster than before.

In compliance with requirements of the U.S. Department of Health and Human Services, Office for Human Research Protections (OHRP) Parrish Medical Center has designated Michael Mustard, Director of Pharmacy, to act as our Human Protections Administrator. He will serve as the point of contact between anyone requesting consideration of a research protocol and the Western Institutional Review Board. The WIRB should not to be contacted directly for study approval. The hospital will review all proposed investigational studies to assure that they are consistent with our local values before submittal to WIRB.

Revised policy 9500-131, Institutional Review Board, reflects these changes.



Current Status: Pending

PolicyStat ID: 4921652



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Applicability: Parrish Medical Center
 North Brevard Medical Support
 Parrish Healthcare

Consumer Generated Media (CGM) and Social Media Guidelines

~~POLICY STATEMENT~~ POLICY STATEMENT

To protect the Parrish Medical Center | Parrish Healthcare ("PMC's") brand, reputation and other organizational interests, participation in CGM, communications and postings by PMC care partners in Consumer Generated Media (employees CGM) Social Media postings, medical staff, volunteers, and Board of Directors and other CGM and Social Media Activities (as defined below) by Care Partners (as defined below) must be done within established policy guidelines. The objective of this document is to set forth corporate policy and guidance, specifically for the participation in CGM postings, including, but not limited to social or networking sites, technology and Social Media Activities and all other similar or related forums, online communities, blogs, or cloud based media and technologies. PMC reserves the right to pursue any and all other similar or related media legal and equitable actions and rights should it determine that a violation of this policy has resulted in any form of harm or damage to PMC through any participation in CGM or Social Media Activities in breach of this policy. PMC reserves the right to pursue any and all legal actions should it determine that a violation of this policy has resulted in any form of damage to PMC.

~~PURPOSE~~ PURPOSE

This policy applies to all participation and communication in CGM and Social Media Activities in and through all forms of media (as defined above and CGM and technologies, including, but not limited to, to those identified in the definitions section. The purpose of this policy is to assure ensure: i) CGM and Social Media Activities including without limit postings, communications and other participation made by Care Partners on behalf of Parrish Medical Center PMC are consistent with the hospital's employee handbook, standards of behavior policies, media and release of information policies, and and other related or future policies; as well as applicable laws, including laws concerning privacy, confidentiality, data privacy, cybersecurity, copyright and trademarks, trademark, trade secret and other intellectual property; and ii) that care partners Care Partners' use communications and CGM and Social Media Activities in all forms of media (CGM or other) is are done within established policy guidelines.

~~SCOPE~~ SCOPE

This policy applies to all departments, all care partners Care Partners and all Hospital hospital-affiliated entities including, but not limited to, employees who are employed by the Hospital, hospital or who are employed by another employer but who, with Hospital hospital permission, work on Hospital hospital premises/properties or

who are vendors or sales representatives who do business with the ~~Hospital~~hospital.

~~DEFINITIONS~~DEFINITIONS

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

A. **Consumer Generated Media (CGM)**— Consumer Generated Media (CGM) is an inclusive term referring to a variety of media and sources of content, communications and information ~~that~~which are created, initiated, circulated and used by consumers for the purpose of educating each other about products, brands, services, personalities and issues ~~and includes, but~~ CGM is not limited to further understood as follows:

1. ~~Television~~CGM may be conducted through various forms and formats of media and technology including television, video, photographs, newspapers, magazines, radio, books, texting, Social Media, etc.;

2. ~~On~~CGM is conducted through on-demand access to content anytime, anywhere, on any digital or mobile device, as well as interactive user feedback, creative participation, comments, communications and community formation around the media content

~~Having characteristics of being manipulated, networkable, compressible and interactive~~

3. ~~Interactivity~~CGM also incorporates interactivity (e.g. technology related forums, digital/virtual networking communities, blogs, microblogs, wikis, vlogs, etc.)

a. For example Wikipedia, is an online encyclopedia, combining Internet accessible digital text, images and video with web-links, creative participation of contributors, interactive feedback of users and formation of a participant community of editors and donors for the benefit of non-community readers. ~~Facebook, LinkedIn, YouTube, Twitter, etc. are examples of the CGM model, in which most users are also participants.~~

B. **Care Partners** – an inclusive term referring to employees, medical staff members, auxiliary volunteers, Auxiliary members, and ~~Board of Directors members~~board of directors.

C. **CGM Postings**—CGM and Social Media Activities - applies to the act of interacting, participating, liking, following, communicating, contributing or posting comments, opinions, photos, videos, and other forms of communication or expression, that expedites conversation and allows readers, viewers, or listeners to participate in the creation or development of the media content (e.g. blogs, microblogs, wikis, vlogs, etc), including, but not limited to on Social Media networking sites, and other online communities, technology related forums, interactive sites, mobile applications, and blogs. ~~Common venues for media postings are Facebook, LinkedIn, MySpace, YouTube, Twitter, etc.~~

~~**Libel and Slander**— The First Amendment does not cover unprotected forms of defamation, including libelous or slanderous speech. **Libel and Slander** occur when a person or entity communicates false information that damages the reputation of another person or entity. **Slander** occurs when the false and defamatory communication is spoken and heard. **Libel** occurs when the false and defamatory communication is written and seen. The laws governing libel and slander, which are collectively known as defamation, are the same.~~

D. **Defamation** – Defamation is the act of damaging the reputation of someone, and includes Slander and Libel. **Libel and Slander** occur when a person or entity communicates false information that damages the reputation of another person or entity. **Slander** occurs when the false and defamatory communication is spoken and heard. **Libel** occurs when the false and defamatory communication is written and seen. The First Amendment does not cover unprotected forms of defamation, including libelous or slanderous

speech.

- E. **Personal Device** – is a term used to identify personal electronic equipment including, but not limited to, a mobile device, personal computer, laptop, iPad or tablet, owned or used by a Care Partner, not owned or provided by PMC.
- F. **PMC Media Site** – is a term used to identify third-party owned platforms including certain Social Media platforms, where PMC owns, has branded or otherwise operates or provides a designated account, and alternatively includes other related or PMC sponsored online communities.
- G. **Social Media** – Social Media includes a variety of third-party platforms, including, but not limited to Facebook, Instagram, LinkedIn, YouTube, Twitter, Snapchat, Pinterest, Tumblr, and Reddit.

PROCEDURES

Care Partners who fail to comply with this policy ~~will~~may be counseled and/or disciplined following the ~~Parrish Healthcare~~PMC's performance and disciplinary counseling guidelines, which may include progressive disciplinary action up to and including termination.

- A. **Personal participation in CGM and Social Media Activities.** This policy is not intended to limit, restrict, or monitor Care Partners personal CGM and Social Media Activities, on Personal Devices, outside of work, outside of actions taken in their official capacity. Personal participation in CGM and Social Media Activities are governed by the Terms and Conditions – Personal CGM and Social Media Activities.
- B. **Official PMC participation in CGM and Social Media Activities.** All media inquiries should be directed to PMC's Communications Department, in accordance with PMC's Release of Information Policy. Only PMC's Communications Department may arrange for, or provide information about official business to the media. Additionally, responses, questions, and comments to individuals who have posted on a PMC Media Site must be coordinated with and posted by PMC's Communications Department. All use of PMC Media Sites and related communities are governed by the Terms and Conditions – PMC CGM and Social Media Communities set forth below.
- C. **Freedom of Information Act and e-discovery laws and policies** - All CGM and Social Media Activities on PMC Media Sites shall clearly indicate that any articles and any other content posted or submitted for posting are subject to public disclosure. Relevant public records retention laws and schedules apply to CGM and Social Media Activities and content. Records required to be maintained pursuant to PMC's retention schedule, [Policy 9500-53](#), to our best efforts shall be maintained for the required retention period in a format that preserves the integrity of the original record and is easily accessible using the approved PMC platforms and tools.

TERMS & CONDITIONS – PERSONAL CGM AND SOCIAL MEDIA ACTIVITIES

~~**Freedom of Information Act and e-Discovery Laws and Policies** – All PMC media sites and CGM postings shall clearly indicate that any articles and any other content posted or submitted for posting are subject to public disclosure. Relevant public records retention laws and schedules apply to social networking content. Records required to be maintained pursuant to PMC's retention schedule, [Policy 9500-53](#), shall be maintained for the required retention period in a format that preserves the integrity of the original record and is easily accessible using the approved PMC platforms and tools.~~

~~**Personal Media Postings** – This policy is not intended to limit, restrict, or monitor personal media usage activities outside of work. It is important to understand that the line between public and private, personal~~

and professional is often blurred in media. While communication through media postings in an unofficial capacity is primarily a *personal* matter, this is not the same as it being *private* [10-1259 United States v. Jones (01/23/2012)]. In many cases, written conversations inside these networks can be found through search engines such as Google. Even in cases where only your contacts can see what you write, there is a possibility that one of them will forward what you say and make it visible to a wider audience. As a result, personal conversations within media networks should be considered public rather than private. Use good judgment and common sense and follow the guidelines provided within PMC's Release of Information/Permission to Photograph policy #9500-14.

1. ~~PMC Care Partner CGM postings made while at work may be captured [Electronic Communications Privacy Act of 1986 (ECPA).]~~
 2. ~~If you use your PMC title, identifying oneself as a PMC employee or by other affiliation with PMC, your personal comments or content could potentially affect the reputation and interests of PMC.~~
 3. ~~When using personal media sites, care partners must use their personal e-mail address NOT their PMC address, as their primary means of identification.~~
 4. ~~When publishing content to a personal media account, employees and others covered by this policy must avoid stating, implying, or creating the impression that they are speaking in an official capacity or on behalf of the medical center or that their activity is endorsed by PMC.~~
 5. ~~When posting comments that pertain to PMC, an effective way of distinguishing personal views from matters that fall within official PMC duties is to include a disclaimer in connection with personal media postings to make it clear that the views expressed are personal views and not those of PMC. An appropriate disclaimer would be "the postings on this site are my own and do not necessarily reflect the views of PMC."~~
 6. ~~If PMC is a subject of the comment you are creating, be clear and open about the fact that you are an associate and make it clear that your views do not represent those of PMC, fellow associates, members, patients, suppliers, and/or people working on behalf of PMC.~~
 7. ~~Respect all copyright and intellectual property laws. For PMC's protection as well as your own, it is critical to show proper respect for the laws governing copyright, fair use of copyrighted material owned by others, trademarks and other intellectual property, including PMC's own copyrights, trademarks and brands.~~
 8. ~~Personal media postings should not contain photos, video or other images of coworkers, that could be viewed as malicious, obscene, threatening, or intimidating, or that may constitute harassment or bullying.~~
 9. ~~Personal media postings should never contain Protected Health Information (PHI). Photos, video, or other images of patients or their family should never be used.~~
- A. All Care Partners should understand there is a legal responsibility involved with CGM and Social Media Activities. Though Care Partners are free to post their own personal views on Social Media platforms, Care Partners should know that some of their CGM and Social Media Activities may lead to irreparable harm to PMC, its employees or other third parties, or may violate certain PMC policies and standards, including this policy or state and federal laws. Moreover, certain CGM and Social Media Activities may violate the rights of others when untrue, defamatory or legally protected information is posted. This policy is intended to balance PMC's duties and legitimate business objectives with its Care Partners' personal rights and responsibilities. The intent is not to interfere with a Care Partners' protected personal, legal or constitutional rights, therefore, PMC does not seek to restrict or limit a Care Partners' activities/communications if they are protected by applicable law. Regardless of the terms used in this policy it is

not intended to be interpreted in such a manner to restrict protected personal employee communications.

It is important to understand that the line between public and private, personal and professional is often blurred in media. While communication through media postings in an unofficial capacity is primarily a personal matter, this is not the same as it being private. [10-1259 United States v. Jones (01/23/2012)]. In many cases, written conversations inside these networks, including CGM and Social Media Activities, can be found through search engines such as Google. Even in cases where only your contacts can see what you write, there is a possibility that one of them will forward what you say and make it visible to a wider audience. As a result, personal conversations within Social Media networks should be considered public rather than private. Use good judgment and common sense and follow the guidelines provided within this policy, PMC's Release of Information/Permission to Photograph policy, and any other related or future policies.

When you identify yourself as an employee of PMC through CGM and Social Media Activities, and on PMC Media Sites, you are connected to other Care Partners, employees, patients, and suppliers. Communicate online with respect for others. Remember that information shared via CGM and Social Media Activities is generally public information that could easily be viewed by our Care Partners, employees, patients and suppliers. Exercise caution with regard to exaggeration, colorful language, guesswork, obscenity, copyrighted materials, confidential and proprietary information, legal conclusions and derogatory remarks or characterizations in any way related to PMC.

1. PMC Care Partner personal CGM and Social Media Activities occurring while at work, or through PMC owned devices, networks or systems, may be captured [Electronic Communications Privacy Act of 1986 (ECPA)]
 2. When participating in personal CGM and Social Media Activities, Care Partners must use a personal email address, NOT their PMC address, as their primary means of identification and for registration.
 3. Avoid using your PMC title to identify yourself as a PMC employee, or by other affiliation with PMC, in your personal comments, content or CGM and Social Media Activities, as that could potentially affect or harm the reputation and interests of PMC, or cause an unauthorized affiliation or association with PMC and your CGM and Social Media Activities.
- B. Express only your personal opinions. Never represent yourself as a spokesperson for PMC in your personal CGM and Social Media Activities. If PMC is a subject of the content you are creating, be clear and open about the fact that you are a Care Partner and make it clear that your views do not represent those of PMC fellow Care Partners, patients, vendors, suppliers or people working on behalf of PMC.
- C. If you do publish a blog or post online related to the work you do or subjects associated with PMC, make it clear that you are not speaking on behalf of PMC.
- D. It is best to include a disclaimer such as "The comments and postings on this site are my own and do not necessarily reflect the views of my employer."
- E. Do not to post statements stating, implying, or creating the impression that your activity is endorsed by PMC.
1. Respect all copyright, trademark and intellectual property laws and rights of third-parties. For PMC's protection as well as your own, it is critical to show proper respect for the laws governing data privacy, privacy and publicity, copyright, fair use of copyrighted material owned by others, trademarks and other intellectual property, including PMC's own copyrights, trademarks and brands. Never use PMC's logo, trademark or proprietary graphics or photographs of PMC's for non-business

related purposes without seeking prior written permission from the Communications Department (info@parrishmed.com).

2. Personal CGM and Social Media Activities should not contain photos, video or other images of coworkers or third-parties, without their permission, or that could be viewed as malicious, obscene, threatening, discriminatory, or intimidating, or that may constitute harassment or bullying.
3. Personal media postings should never contain Protected Health Information (PHI), or personally identifiable information (PII) of another individual. Photos, video, or other images of patients or their families should never be used.

- F. Use of ~~personal electronic devices to access media sites~~ Personal Devices to participate in CGM and Social Media Activities during work hours or in work areas should be kept to a minimum such as during scheduled breaks. Refer to related PMC policy(ies).
- G. Engaging in ~~media activity~~ CGM and Social Media Activities that ~~contains~~ contain defamatory, offensive, harassing, discriminatory, obscene, vulgar, pornographic, slanderous, or unlawful speech, creates a real threat of immediate disruption in the workplace ~~(such as, , Such language including all~~ intemperate, abusive, or insulting language), is prohibited.
- H. Engaging in ~~media activity~~ CGM and Social Media Activities that intends to interfere with the maintenance of proper discipline and/or damages, harms or impairs the reputation or efficiency of PMC or its employees is prohibited.
- I. Any defamatory statements, including without limit, about PMC, vendors, contractors or customers, patients, competitors or current or former care partners are prohibited.

~~Official Participation in CGM Postings. PMC's official website is www.parrishmed.com. Only PMC's Service & People Excellence department may arrange for or provide for other media platforms and tools to provide information about official business.~~

1. ~~Per PMC's Release of Information/Permission to Photograph policy, #9500-14, information about Parrish Medical Center shall be released by the authority of the Director of Service & People Excellence or an authorized designee. All provisions within policy 9500-14 apply to this CGM policy, including but not limited to:~~
 - a. ~~It is strictly prohibited for any care partner to use PMC Media for personal use.~~
 - b. ~~CGM should never contain Protected Health Information (PHI). PMC Care Partners shall not respond directly to any PMC official media postings.~~
2. ~~Responses, questions, and comments to individuals who have posted on a PMC media site must be coordinated with and posted by the Service & People Excellence department.~~

~~TERMS & CONDITIONS – PMC CGM~~ ~~COMMUNITIES~~ TERMS & CONDITIONS – PMC MEDIA SITES

Any and all users of PMC ~~official media~~ Media Site ~~(social or other)s~~ must adhere to the following terms and conditions, which are subject to change without notice. ~~Terms are subject to change without notice and may not be accessible in court.~~

- A. Individuals using ~~the PMC-sponsored online communities~~ Media Sites should refrain from using, displaying, copying or disclosing trade secrets, private or confidential information or copyrighted materials

(written, audio, video and all other electronic forms) that violate copyrights or fair use laws, as well as language that is obscene, defamatory, derogatory, profane, libelous, threatening, harassing, abusive, discriminatory, hateful, or humiliating to another person or entity.

- B. ~~PMC reserves the right to restrict or remove any content that is deemed in violation of this policy or any applicable laws.~~ PMC reserves the right to restrict, delete or remove any content that is deemed in violation of this policy or any applicable laws, including without limit, any infringing material or defamatory statements. We are committed to respecting the intellectual property rights of other parties, and we ask our Care Partners, to do the same. Pursuant to Digital Millennium Copyright Act (DMCA), Title 17, United States Code, Sections 512(c)(2) and (3), notifications of claimed copyright infringement for materials displayed, or available, on any PMC Media Site should be sent to the Communications Department, for review and removal if warranted.
- C. PMC reserves the right to review all online comments, postings and other interactions on PMC Media Sites, before they are posted, and to edit them to preserve readability for other users.
~~PMC reserves the right to use social media and networking sites to screen job applicants.~~
- D. ~~In~~ When posting material, interacting, or engaging on PMC ~~sponsored sites~~ Media Sites, PMC ~~care partners~~ Care Partners and other users agree:
1. Not to post material that PMC determines is threatening, offensive, harassing, discriminatory, illegal, vulgar, obscene, pornographic, defamatory, slanderous, or hostile ~~towards~~ toward any individual or entity.
 2. Not to post phone numbers or email addresses of yourself or any other individual or entity in the body of your comment — you cannot assume the good intentions of everyone who reads them.
 3. Not to post material that is fraudulent or violates or infringes on the rights of PMC or any individual or entity, including privacy or publicity rights, or copyright, trademark, or intellectual property ~~or publication~~ rights.
 4. Not to post material that promotes or advertises a commercial product or solicits business or membership or financial or other support in any business, group or organization, related to a financial or non-work related matter. All such posts must be presented and approved by the ~~Service & People Excellence department~~ Communications Department (~~info@parrishmed.com~~ info@parrishmed.com.)
 5. Not to post chain letters, post the same comment multiple times, or otherwise distribute "spam" via PMC ~~sponsored sites~~ Media Sites.
 6. Not to allow any other individual or entity to use your identification for posting or viewing comments.
 7. Not to post comments under multiple names or using another person's name.
 8. Not to post anonymous content on PMC ~~sites~~ Media Sites.
 9. Not to post political content or endorsements of political ~~or religious messages or endorsements of~~ political parties, candidates or groups, or comments that might be construed as lobbying or as support of a particular candidate or party by PMC.
 10. Not to post religious messages or comments that might be construed as support of a particular religion, by PMC.
 11. Not to post express or implied endorsements of non-PMC products, services or entities, including contractors and their products and services.

12. Not to post or transmit any information or software which contains a virus, Trojan horse, worm, malware or other harmful component.
13. Not to post or transmit material that encourages or provides instructional information about illegal activities, in particular hacking, cracking or distribution of counterfeit software or goods.
14. Not to violate any applicable law or regulation, including without limitation any local, state, provincial, national or international law, any export control laws, or any regulations promulgated by any state or federal authority.
15. Not to frame, repackage, or otherwise redistribute any portion of the PMC Media Site, or services offered by PMC.

E. PMC reserves the following rights:

1. Ban future posts from persons who ~~repeatedly~~ violate our Terms and Conditions. We may ~~affect~~effect such bans by refusing posts from specific email addresses or IP addresses, canceling registration rights, or through other means as necessary.
2. Remove or edit comments at any time, whether or not they violate these Terms and Conditions.
3. By posting a comment or other material to PMC-~~sponsored sites~~ Media Sites, users give PMC the irrevocable right and license to exercise and use all copyright, trademark, publicity, and moral rights with respect to any content you provide, which includes using your submission for any purpose in any form and on any media, including but not limited to: displaying, modifying, reproducing, distributing, creating other works from, and publishing your submission.
4. Users agree to indemnify and hold harmless PMC, its affiliates, directors, officers, employees, successors and assigns against any damages, losses, liabilities, judgments, causes of action, costs or expenses (including reasonable attorneys' fees and costs) arising out of any claim by a third party relating to any material a user has posted on a PMC-~~sponsored sites~~ Media Site.
5. Not to respond to every posting, especially those that address individual medical issues.
6. To amend this policy without notice in our judgment to address issues that may arise and changes in our operations or the law.
7. By posting a comment or material of any kind on a PMC system/network, the user hereby agrees to the Terms and Conditions set forth above.

~~POLICY IMPLEMENTATION~~ POLICY IMPLEMENTATION

Violations of this policy may result in progressive disciplinary action up to and including termination. If you have questions or need further guidance please contact your ~~human resources~~ Human Resources representative.

All revision dates:

08/2019, 10/2012

Attachments:

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	08/2019
Compliance	Corporate Compliance [NV]	07/2019
Executive Management	Natalie Sellers: Vice President, Communications, Community & Corpor	03/2019
	Natalie Sellers: Vice President, Communications, Community & Corpor	03/2019

Applicability

North Brevard Medical Support, Parrish Healthcare, Parrish Medical Center

COPY



Current Status: *Pending*

PolicyStat ID: 6039686



Origination: 01/2019
Effective: Upon Approval
Last Approved: N/A
Last Revised: 08/2019
Next Review: 3 years after approval
Areas: Administration
Tags: 482.23, 9510-27, HR, Human Resources
Applicability: Parrish Medical Center
 North Brevard Medical Support
 Parrish Healthcare

Drug and Alcohol Free Work Place

POLICY STATEMENT

In compliance with the Drug-Free Workplace Act of 1988, North Brevard County Hospital District d/b/a Parrish Medical Center | Parrish Healthcare ("Parrish Healthcare") has a longstanding commitment to provide a safe, quality-oriented and productive healing work environment. Alcohol and drug abuse poses a threat to the health and safety of our care partners, the patients we have the honor to serve, and to the security of our equipment and facilities. For these reasons, Parrish Healthcare is committed to the elimination of drug and alcohol use and abuse in the workplace.

PURPOSE

Parrish Healthcare prohibits the unlawful use, possession, sale or attempt to sell, manufacture, or distribution of drugs or other controlled substances on or off duty. The use or possession of alcoholic beverages while on duty, or reporting for duty while under the influence of drugs or alcohol, is also expressly prohibited. This policy will be administered in compliance with Parrish Healthcare's Healing Work Environment Policy 9500-7022, the Americans with Disability Act and other applicable federal and state legislation.

This policy shall apply to all care partners and all applicants for employment of Parrish Healthcare. All care partners are required to abide by the provisions of this policy as a condition of employment.

The human resource (HR) department is responsible for policy administration.

DEFINITIONS

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

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

and vehicles owned, leased or managed by Parrish Healthcare or any site on which Parrish Healthcare is conducting business.

- D. Illegal drug means a substance whose use or possession is controlled by federal law but that is not being used or possessed under the supervision of a licensed health care professional. (Controlled substances are listed in Schedules I-V of 21 C.F.R. Part 1308.)
- E. "Refuse to cooperate" means to obstruct the collection or testing process; to submit an altered, adulterated or substitute sample; to fail to show up for a scheduled test; to refuse to complete the requested drug testing forms; or to fail to promptly provide specimen(s) for testing when directed to do so, without a valid medical basis for the failure. Employees who leave the scene of an accident without justifiable explanation prior to submission to drug and alcohol testing will also be considered to have refused to cooperate and will automatically be subject to discharge.
- F. "Under the influence of alcohol" means an alcohol concentration equal to or greater than .04, or actions, appearance, speech or bodily odors that reasonably cause a supervisor to conclude that an employee is impaired because of alcohol use.
- G. "Under the influence of drugs" means a confirmed positive test result for illegal drug use per this policy. In addition, it means the misuse of legal drugs (prescription and possibly OTC) when there is not a valid prescription from a physician for the lawful use of a drug in the course of medical treatment (containers must include the patient's name, the name of the substance, quantity/amount to be taken and the period of authorization).

PROCEDURES

A. Employee Assistance

1. Parrish Healthcare will assist and support care partners who voluntarily seek help for drug or alcohol problems before becoming subject to discipline or termination under this or other Parrish Healthcare policies. Such care partners will be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Care partners may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety-sensitive or require driving, or if they have violated this policy previously. Once a drug test has been initiated under this policy, unless otherwise required by the Family and Medical Leave Act or the Americans with Disabilities Act, the care partner will have forfeited the opportunity to be granted a leave of absence for treatment, and will face possible discipline, up to and including termination/discharge.
2. Care partners should report to work fit for duty and free of any adverse effects of any drug--legally prescribed or over-the-counter(OTC) or illegal drugs--or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. However, Parrish Healthcare care partners are prohibited from misusing legally prescribed or over-the-counter (OTC) drugs. Care partners must consult with their doctors about the medications' effect on their fitness for duty and ability to work safely, and they must promptly disclose any work restrictions to their supervisor.

B. Work Rules

1. Whenever care partners are working, are operating any Parrish Healthcare vehicle, are present on Parrish Healthcare premises or are conducting company-related work offsite, they are prohibited from:

- a. Using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia).
 - b. Being under the influence of alcohol or an illegal drug as defined in this policy.
 - c. Possessing or consuming alcohol.
2. The presence of any detectable amount of any illegal drug, illegal controlled substance or alcohol in a care partner's body system, while performing company business or while in a company facility, is prohibited.
 3. Parrish Healthcare will also not allow care partners to perform their duties while taking prescribed drugs that are adversely affecting their ability to safely and effectively perform their job duties.
 - a. Care partners taking a prescribed medication must carry it in a container labeled by a licensed pharmacist or be prepared to produce the container if asked.
 4. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

C. Required Testing

1. Pre-employment

- a. Applicants being considered for hire must pass a drug test before beginning work or receiving an offer of employment.
- b. Refusal to submit to testing will result in disqualification of further employment consideration.

2. Reasonable suspicion

- a. Care partners are subject to testing when there is a reasonable suspicion that a care partner is using or has used drugs and/or is under the influence of drugs or alcohol.
- b. Care partners are subject to testing based on (but not limited to) observations of apparent workplace use, possession or impairment. HR should be consulted before sending an employee for testing.
- c. Reasonable Suspicion Observation Checklist to document specific observations and behaviors that create a reasonable suspicion that an employee is under the influence of illegal drugs or alcohol. Examples include:
 - i. Observable phenomena while at work, such as direct observation of drug or alcohol use or of the physical symptoms or manifestations of being under the influence of drugs or alcohol;
 - a. Odors (smell of alcohol, body odor or urine).
 - b. Movements (unsteady, fidgety, dizzy).
 - c. Eyes (dilated, constricted or watery eyes, or involuntary eye movements).
 - d. Face (flushed, sweating, confused or blank look).
 - e. Speech (slurred, slow, distracted mid-thought, inability to verbalize thoughts).
 - f. Emotions (argumentative, agitated, irritable, drowsy).
 - g. Actions (yawning, twitching).
 - h. Inactions (sleeping, unconscious, no reaction to questions).
 - ii. Abnormal conduct or erratic behavior while at work or a significant deterioration in work

performance;

- iii. An independently corroborated report of drug use provided by a reliable and credible source;
 - iv. Evidence that a care partner has used, possessed, sold, solicited or transferred drugs while working or while in or on the employer's vehicle, machinery, or equipment.
- d. When reasonable suspicion testing is warranted, both management and HR will meet with the care partner to explain the observations and the requirement to undergo a drug and/or alcohol test within two hours. Refusal by a care partner will be treated as a positive drug test result and will result in immediate termination of employment.
- e. Under no circumstances will the care partner be allowed to drive himself or herself to the testing facility (if off site). A HR representative must accompany the care partner to the testing site. Arrangement shall be made for the care partner to be transported home.
- f. Any care partner who in good faith based on reasonable suspicion reports a violation of this Policy and any supervisory or management care partner who investigates or takes action in good faith based on reasonable suspicion shall not be harassed, retaliated against, or discriminated against in any way for making reports or taking any action hereunder.
3. Post-accident
- a. Care partners are subject to testing when they cause or contribute to an occupational on-the-job accident, injury or illness that have a potential to cause harm to themselves, another care partner or patients.
 - b. Care partners who cause or contribute to an occupational on-the-job accident, injury or illness when there is reasonable suspicion of impairment may be required to submit to testing.
 - c. Care partners are subject to testing when they cause or contribute to accidents that damage Parrish Healthcare property (equipment, facilities, vehicles, etc.).
 - d. A circumstance that constitutes reasonable suspicion will be presumed to arise in any instance involving an occupational on-the-job accident, injury or illness in which a care partner was providing care to a patient or who was operating an motorized vehicle is found to be responsible for causing the accident.
 - e. All care partners in positions involving direct patient care may be subject to additional testing as permitted by law.
 - f. All care partners who have participated in a drug or alcohol rehabilitation treatment program during the course of their employment may be required to submit to unannounced follow up testing as allowable by law.
 - g. In any of these instances, the investigation and subsequent testing must take place within two hours following the accident, if not sooner. Refusal by care partner will be treated as a positive drug test result and will result in immediate termination of employment.
4. Collection and Testing Procedures
- a. Drug Use information shall be disclosed both before and after drug testing. Individuals shall list all prescription and non-prescription drugs they are currently using or have used in the last month, as well as any information they consider relevant to the test.
 - b. Care partners subject to alcohol testing will be directed, or escorted, to a Parrish Healthcare's

-designated testing facilit(ies) and directed to provide breath specimens. Breath specimens will be tested by trained technicians using federally approved breath alcohol testing devices capable of producing printed results that identify the care partner.

- i. If a care partner's breathe alcohol concentration is .04 or more, a second breath specimen will be tested approximately 20 minutes later. The results of the second test will be determinative. Alcohol tests may, however, be a breath, blood or saliva test, at Parrish Healthcare's discretion. For purposes of this policy, test results generated by law enforcement or medical providers may be considered by Parrish Healthcare as work rule violations.
- c. Applicants and care partners subject to drug testing will be escorted/directed to Parrish Healthcare's -designated testing facilit(ies) and directed to provide urine specimens. Applicants and care partners may provide specimens in private unless they appear to be submitting altered, adulterated or substitute specimens.
- d. The following is a list of drugs for which Parrish Healthcare may test. Under reasonable suspicion criteria, Parrish Healthcare may also test for any other drugs identified under Chapter 440, Florida Statutes.
 - i. Alcohol
 - ii. Amphetamines
 - iii. Cannabinoids
 - iv. Cocaine
 - v. Phencyclidine
 - vi. Methaqualone
 - vii. Opiates
 - viii. Barbituates
 - ix. Benzodiazophines
 - x. Methadone
 - xi. Propoxyphene
 - xii. Meperidine
- e. Where indicated, specimens may be tested for other illegal drugs.
- f. Medical Marijuana
 - i. The possession or use of medical marijuana is not allowed on Parrish's premises. If an applicant or employee with a legal referral for marijuana (for the treatment of a medical condition) tests positive based on the substance limits for the drug test, it will be reported by the lab as a "positive drug test" and will be treated in accordance with all other positive drug tests. Employees and applicants shall be given an opportunity to provide any information relevant to the test, including identification of currently or recently used prescription or non-prescription medications as well as any legal referral for marijuana use for the treatment of a medical condition. There are no additional exceptions for applicants or employees with legal referrals for marijuana.

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g. Complete Testing Procedure is available upon request.

5. Consequences

- a. Applicants who refuse to cooperate in a drug test or who test positive will not be hired and will not be allowed to reapply/retest in the future.
- b. Care partners who test positive, or otherwise violate this policy, will be subject to discipline, up to and including termination.
- c. Depending on the circumstances, the care partner's work history/record and any state law requirements, Parrish Healthcare may offer a care partner who violates this policy or tests positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies determined by Parrish Healthcare for a minimum of one year but not more than two years as well as a waiver of the right to contest any termination resulting from a subsequent positive test. If the care partner either does not complete the rehabilitation program or tests positive after completing the rehabilitation program, the care partner will be immediately discharged from employment.

6. Medical Staff and Independent Contractors

- a. When the Chief Executive Officer, or designee, has reasonable suspicion to believe that a member of the Medical Staff or an independent contractor of the Parrish Healthcare has violated this Policy, the CEO, or designee, shall report the same to the Chairman of the Board of Directors and the President of the Medical Staff, the three of whom shall constitute a committee to take appropriate action.
- b. Pending committee review and testing, either the CEO, his designee, or the President of the Medical Staff, may take immediate action to suspend such member of the Medical Staff or independent contractor from exercising privileges or performing duties.
- c. The committee shall have the authority to require appropriate screening for the suspected violation. If such member of the Medical Staff or independent contractor refuses to consent to such screening, the same shall constitute grounds to terminate privileges in accordance with the Medical Staff Bylaws, or in the case of an independent contractor, grounds to terminate the contract. If the results of such testing confirm a violation of this Policy by a member of the Medical Staff, the committee may recommend initiation of appropriate disciplinary proceedings in accordance with the Medical Staff Bylaws. Results of such screening shall be confidential and will become a part of the Medical Staff member's privileges file.

7. Confidentiality

- a. All information, interviews, reports, statement memoranda, and test results, written or otherwise, received by Parrish Healthcare as part of this drug-testing program are confidential communications. Unless authorized by state laws, rules or regulations, Parrish Healthcare will not release such information without a written consent form signed voluntarily by the person tested.

8. Inspections

- a. Parrish Healthcare reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband. All care partners may be asked to cooperate in inspections of their persons, work areas and property that might conceal a drug, alcohol or other contraband. Care partners who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including termination.

9. Crimes Involving Drugs

- a. Parrish Healthcare prohibits all care partners, including care partners performing work under government contracts, from manufacturing, distributing, dispensing, possessing or using an illegal drug or alcohol in or on company premises or while on duty.
- b. Parrish Healthcare care partners are also prohibited from misusing legally prescribed or over-the-counter (OTC) drugs.
- c. Law enforcement personnel may be notified, as appropriate, when criminal activity is suspected. Parrish Healthcare does not desire to intrude into the private lives of its care partners but recognizes that care partners' off-the-job involvement with drugs and alcohol may have an impact on the workplace. Therefore, Parrish Healthcare reserves the right to take appropriate disciplinary action for drug use, sale or distribution while off-the-job.
- d. All care partners who are convicted of, plead guilty to or are sentenced for a crime involving an illegal drug are required to report the conviction, plea or sentence to HR within five days. Failure to comply will result in automatic termination. Cooperation in complying may result in suspension without pay to allow management to review the nature of the charges and the care partner's past record with Parrish Healthcare.

D. Enforcement

- 1. The HR director is responsible for policy interpretation, administration and enforcement. Care Partners who fail to comply with this policy will be counseled following the Parrish Healthcare performance and disciplinary counseling guidelines.

REFERENCES

F.S. 440.102 Rules of the Florida Department of Labor and Employment Security, Division of Workers' Compensation

Work Environment Policy 9500-7022

Americans with Disability Act

~~Effective and Revision Dates: 7/01, 10/01, 5/02, 9/02, 7/03, 9/05, 5/09, 12/08~~

All revision dates:

08/2019, 02/2019, 01/2019

Attachments:

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	08/2019
Compliance	Corporate Compliance [NV]	08/2019
	Natalie Sellers: Vice President, Communications, Community & Corpor	08/2019

Applicability

North Brevard Medical Support, Parrish Healthcare, Parrish Medical Center

COPY



Current Status: Pending

PolicyStat ID: 6749038



Origination: 08/2013
Effective: Upon Approval
Last Approved: N/A
Last Revised: 11/2017
Next Review: 2 years after approval
Areas: Acute Care Services
Tags: 9500, TJC
Applicability: Parrish Medical Center
 North Brevard Medical Support
 Parrish Healthcare

Primary Stroke Center Admin Support, 9500-2026

Replaces Policy #: 9500-237

I. POLICY

Parrish Medical Center (PMC) is committed to providing excellent stroke care to the North Brevard community. The structures and processes of the PMC Primary Stroke Center are defined, implemented and evaluated accordingly.

Program support and authority for PMC's organization-wide performance improvement include the Board of Directors, Board Quality Committee, Chief Executive Officer/CEO, Senior VP, Professional Services/Administration, VP of Acute Care Services/CNO, Senior VP of Finance/CFO, Medical Executive Committee Chairman, and the Clinical Alignment Team.

II. REFERENCES

- A. The Joint Commission 2017 DSC standards for Primary Stroke Center, DSCR 1 EP 2: The program defines the accountability of its leader(s).

All revision dates:

11/2017

Attachments:

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors	pending
President/CEO	George Mikitarian: President/CEO [AJ]	08/2019
MEC	Joseph Rojas [EH]	08/2019
Compliance	Corporate Compliance [NV]	08/2019
Executive Management	Edwin Loftin: SR Vice President/CNO	08/2019
	Michele Fackler: Director, Emergency & Critical Care Services	08/2019

Applicability

North Brevard Medical Support, Parrish Healthcare, Parrish Medical Center

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**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR
August 20, 2019**

<p>Present: J. Rojas, M. Storey, P. Tronetti, D. Barimo, G. Cuculino, V. Hate, C. Manion, A. Ochoa, R. Patel, M. Sorbello, E. Loftin, G. Mikitarian, H. Cole Absent: P. Carmona, B. Mathews, K. Modi, V. Williams,</p>
--

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held August 20, 2019, at 5:30 PM in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Joseph Rojas, called the meeting to order at 5:30 pm.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: Motion to approve the previous meeting minutes (July 16, 2019) as written and distributed.

UNFINISHED BUSINESS

None at this time.

FOLLOW-UP MEC ITEMS

A. Lumbar Puncture policy- The policy edits were reviewed as presented.

ACTION TAKEN: A motion was made and seconded to approve the edits as presented.

NEW BUSINESS

Quality Review – Quality Data was presented.

ACTION TAKEN: Noted by Committee.

INFORMATION/EDUCATION:

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

ACTION TAKEN: Noted by Committee

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

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

ACTION TAKEN: Noted by Committee.

REPORT FROM ADMINISTRATION: AHCA was onsite to conduct an inspection, and TJC is expected later this week for our DSC recertification.

ACTION TAKEN: Noted by Committee

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

CONSENT AGENDA:

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

- A. Anticoagulation Management Program- 9500-2016
- B. Vehicle Safety Program- 9500-165
- C. Primary Stroke Center Admin Support- 9500-2026
- D. E774df Alteplase (Activase, t-PA) for Acute Ischemic Stroke Patients Inclusion/Exclusion Criteria. This was reviewed with minor formatting and wording edits made.

MEDICAL STAFF RESIGNATIONS:

- A. Nasir Hasan, MD- Hospitalist (July 31, 2019)
- B. Kamal Patel, MD- Pain Mgmt (August 6, 2019)
- C. Sameer Draviam, MD- Emergency Medicine (August 1, 2019)
- D. John Papavasiliou, MD- Emergency Medicine (August 1, 2019)

MEDICAL EXECUTIVE COMMITTEE – REGULAR

PAGE 2

E. Nadia Echevarria, MD- Hospitalist (Nov. 30, 2019)

ACTION TAKEN: Noted by Committee.

MEDICAL STAFF LEAVE:

A. Begin leave of absence- Madonna Hanna, MD- 8/13/19-11/5/19

B. Begin leave of absence- Victor Boodhoo, MD- 7/1/19-8/30/19

C. Return from leave of absence- Laura Costa, APRN- 7/29/19

ACTION TAKEN: Accepted by Committee.

COMMITTEE REPORTS:

A. ICU- 8/8/19

ACTION TAKEN: Noted by Committee.

CLINICAL DEPARTMENT REPORTS:

A. Medicine- 7/16/19 – No peer review.

B. Pediatrics- 7/19/19

ACTION TAKEN: Noted by Committee.

OPEN FORUM

Reappointment for Category A is coming up in September.

ACTION TAKEN: Noted by Committee.

Meeting attendance report for 2018 has been requested.

ACTION TAKEN: Noted by Committee. MSS will provide meeting attendance at upcoming meeting.

Some physicians are listed incorrectly in physician lookup on website.

ACTION TAKEN: Administration will follow up and address incorrect listings.

ADJOURNMENT

There being no further business, the meeting adjourned to the executive session at 6:00 PM.

Joseph Rojas, MD
President/Medical Staff

Christopher Manion, MD
Secretary - Treasurer

BOARD OF DIRECTORS MEETING – REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, SEPTEMBER 9, 2019

Consent Agenda

A. Finance Committee

1. Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund DSH for SFY 2020 in an amount not to exceed \$688,956.
2. Recommend the Board of Directors to authorize management to enter into a letter of agreement with the Agency for Health Care Administration to fund LIP for SFY 2020 in an amount not to exceed \$1,270,353.
3. Recommend the Board of Directors declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.
4. **Recommend the Board of Directors approve retaining single Auditing Firm for all entities that fall under the North Brevard County Hospital District for financial reporting purposes during the earliest feasible fiscal year end.**
5. **Recommend the Board of Directors approve the acquisition of approximately twelve hundred and fifty new computers; laptops, desktops and handheld computers, as well as ancillary equipment and materials such as cables, etc. with the option to purchase or lease to acquire said equipment.**

TENTATIVE AGENDA
BOARD OF DIRECTORS - SPECIAL MEETING
PUBLIC HEARING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, SEPTEMBER 09, 2019 5:01 P.M.
FIRST FLOOR, CONFERENCE CENTER

CALL TO ORDER

- I. First of two special public hearings to establish the millage rate and budget for FY2019-2020 as required by Laws of Florida (LD.2.50)
- II. Tentative millage rate of \$0.0000 per \$1,000 valuation is the prior year operating millage levy (LD.2.50).
 - A. Public comments and/or questions
 - B. Adopt tentative millage rate

Motion: To adopt the tentative millage rate of \$0.0000 for FY2019-2020

- III. Tentative Budget for FY2019-2020 (LD.2.50)
 - A. Public comments and/or questions
 - B. Adopt tentative budget

Motion: To adopt the tentative budget for FY2019-2020

- IV. Announce special Board meeting (second public hearing) Monday, September 23, 2019 at 5:01 p.m. in Second Floor, Executive Conference Center.

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, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FIVE (5) DAYS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 383-9829 (TDD).

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

**PARRISH HEALTHCARE
BUDGET OVERVIEW INFORMATION SHEET
FOR FY 2019 PROJECTION AND FY 2020 BUDGET**

	PROJECTED 9/30/2019	BUDGET 9/30/2020
STATISTICAL DATA		
Patient Days	26,958	24,776
Adjusted Patient Days	72,815	69,644
Admissions	6,113	6,194
Adjusted Admissions	16,511	17,411
Average Length of Stay (Days)	4.41	4.00
Average Daily Census	73.9	67.7
Emergency Department Visits	37,256	35,766
Outpatient Volumes	180,781	178,739
Deliveries	542	548
Surgical and Special Procedures	6,757	6,784
STAFFING		
Full Time Equivalents	868	866
FINANCIAL OVERVIEW		
Gross Patient Revenue	614,845,948	618,221,839
Deductions from Revenue	484,753,180	486,922,411
Operating Expenses	124,772,271	124,050,293
Per Adjusted Patient Day:		
Revenue	8,444	8,877
Deductions	6,657	6,992
Operating Expenses	1,714	1,781
Per Adjusted Admissions:		
Revenue	37,238	35,508
Deductions	29,359	27,967
Operating Expenses	7,557	7,125
Summary of Deductions from Revenue:		
Medicare	287,672,648	292,444,374
Medicaid	68,248,611	68,623,855
HMO/PPO	51,514,918	49,898,354
Community Care	14,531,099	14,472,197
Bad Debts	16,844,780	16,625,561
Other	45,941,124	44,858,069
Total Deductions from Revenue	484,753,180	486,922,411

AD VALOREM TAXES
PUBLIC HEARING DATES

1ST PUBLIC HEARING DATE

Regulations:

Must be conducted not before 65 days after 6/30/19 and within 80 days after 6/30/19.

Tentative date set for September 09, 2019 (Monday) at 5:01 p.m. in Conference Room 2345. The regular meetings of the Board of Directors and the Committees of the Board of Directors are also set for September 9th (Monday).

2ND PUBLIC HEARING DATE

Regulations:

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

Tentative date set for September 23, 2019 (Monday) at 5:01 p.m. in the Executive Conference Room, Administration, 2nd Floor.

Note: The newspaper ad for the 2nd public hearing is to be published within 15 days of the 1st public hearing. The tentative date for this publishing is set for September 19, 2019 (Thursday).

ATTACHMENT: Confirmation from Brevard County Board of County Commissioners re: Public Hearings on County and School Budgets.

August 16, 2019

✉ Jill Hayes , Director (mailto:jill.Hayes@brevardfl.gov)

✉ Budget Office (mailto:Budget.Office@BrevardCounty.us)



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Budget Office

Re: Public Hearings on County and School Budgets

In accordance with the requirements of Florida Statutes, Chapter 200.065, notice is given concerning the dates of the scheduled public hearings on the ad valorem tax rates and budgets of the Brevard County School Board and the Brevard County Board of County Commissioners for the fiscal year beginning October 1, 2019.

The Brevard County School Board will hold public hearings on its ad valorem tax rates and budget: for the fiscal year beginning July 1, 2019 on:

Thursday - July 25, 2019 at 5:30 P.M. and

Tuesday - September 10, 2019 at 5:30 P.M.

The Brevard County Board of County Commissioners will hold public hearings on its ad valorem tax rates and budget for the fiscal year beginning October 1, 2019 on:

Thursday - September 12, 2019 at 5:30 P.M. and

Tuesday - September 24, 2019 at 5:30 P.M.

If there are any questions concerning these meetings, please call the Brevard County Budget Office at 321-633-2153.

About the Budget Office

The Brevard County Budget Office is responsible for the development of the annual Operating and five year Capital Improvement Program budgets. Through coordination with departments and County Administration, we strive to present a budget that adheres to the vision and guidance of the Brevard County Board of County Commissioners while maximizing limited resources. Our goal on this website is to